Implementation Plan **2019**

CHI Health Mercy – Council Bluffs, IA

CHI Health

Table of Contents

Introduction

This document outlines CHI Health Mercy Council Bluffs' (Mercy CB) Implementation Strategy Plan (ISP) to address the community's health needs, as determined by the 2019 Community Health Needs Assessment (CHNA), adopted by the Board on May 10, 2019.

Details of the hospital, including history and services, can be found in the 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

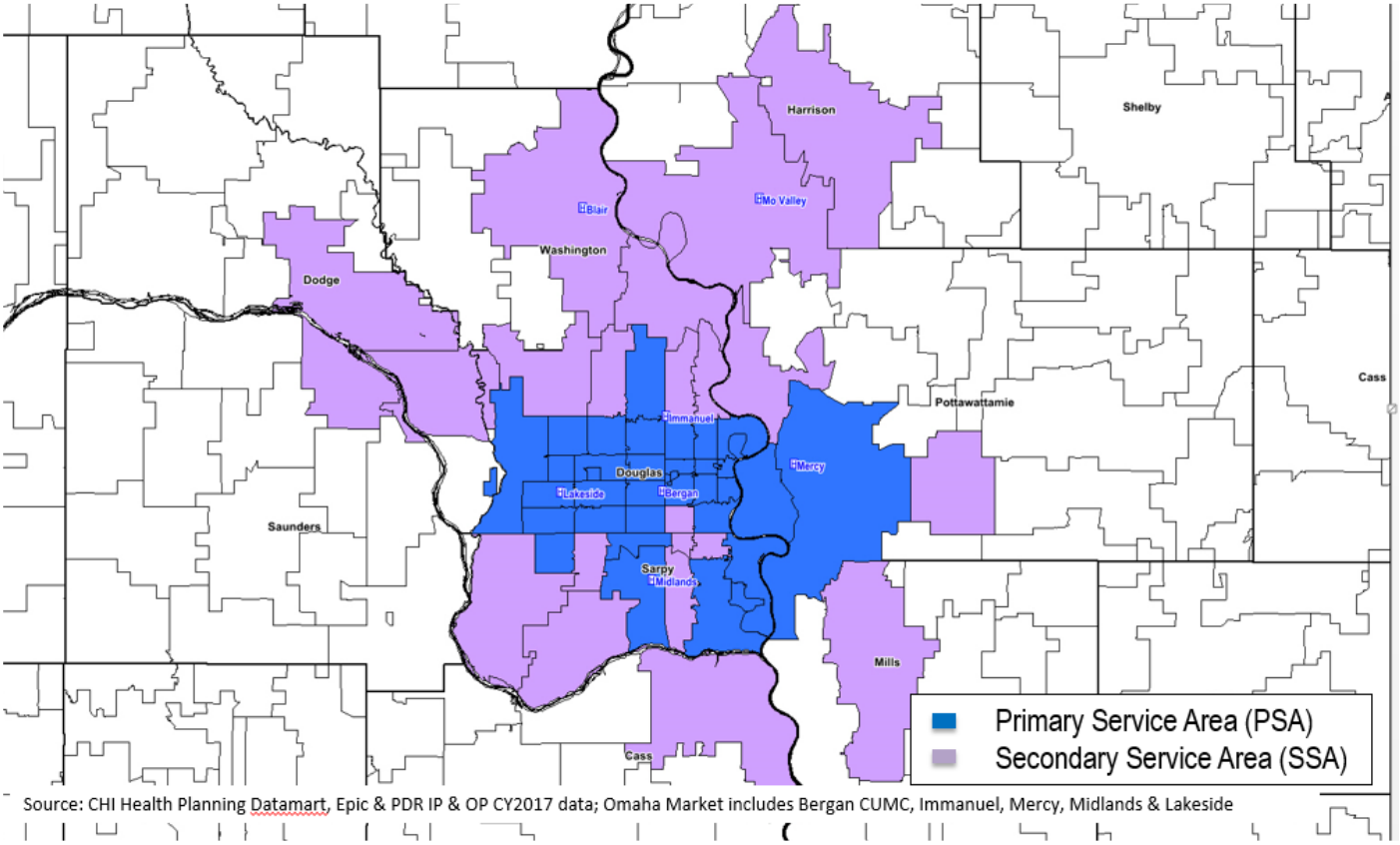
For the purpose of the 2019 CHNA and this implementation strategy, Mercy CB considers the primary community to be Pottawattamie and Mills Counties in Iowa. Mercy CB primarily serves Pottawattamie County and Mills County, Iowa, with a secondary service area including the surrounding counties of Harrison, Montgomery and Shelby, Iowa as shown in Figure 1 below. The work of the following plan will primarily focus on Pottawattamie and Mills Counties, thus covering over 75% of patients served by the hospital. This was determined based on service area as well as locations of other hospitals that will also implement CHNAs and implementation plans. CHI Health Missouri Valley (a critical access hospital) is located in Harrison County; Montgomery County Memorial Hospital, and Myrtue Medical Centers serve the counties of Montgomery and Shelby respectively, and there is no hospital located within Mills County. Additionally, Methodist Jennie Edmondson is located in Council Bluffs and is a regional health care center with over 200 beds. For purposes of the implementation strategy plan, Mercy CB took into consideration data specific to their patient population and surrounding geographies in order to determine the appropriate strategies, measures and scope of the plans. The specific strategies and scope of the plan is described below.

Pottawattamie County covers approximately 960 square miles including 16 communities with 93,386 residents. Council Bluffs is primarily a metropolitan area and makes up 67% of the Pottawattamie County population while the remaining communities are more rural in nature. There are 14 towns in Pottawattamie County, outside of Council Bluffs: Avoca, Carson, Carter Lake, Crescent, Hancock, Macedonia, McClelland, Minden, Neola, Oakland, Shelby, Treynor, Underwood and Walnut.

Mills County covers approximately 440 square miles including 8 rural communities with a total population of 15,068 residents. There are 7 incorporated towns in Mills County: Emerson, Glenwood, Hastings, Henderson, Malvern, Pacific Junction, Silver City and a portion of Tabor lies within the County border.

Further description of the county population demographics, socioeconomic factors, and unique characteristics can be found in the 2019 CHNA at www.CHIHealth.com/chna.

Figure 1: CHI Health Mercy Council Bluffs Service Area Map



Implementation Strategy Planning Process

In order to select priority areas and design meaningful, measureable strategies, Mercy CB's Community Benefit Action Team (CBAT), an interdisciplinary team of hospital leaders and staff, conducted an intensive planning sessions to review the data and top health needs from the 2019 CHNA. The team reviewed each top health need, and 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, Mercy CB 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, Mercy CB's CBAT Team 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, however Table 1 below shows the results of the 2019 CHNA and the top five identified health needs across Pottawattamie and Mills Counties in Iowa.

Table 1: Top Identified Health Needs from Mercy CB 2019 CHNA

Health Need Area
Access to Health Care Services
Behavioral Health (includes Mental Health and Substance Abuse)
Injury
Nutrition, Physical Activity, and Weight Status
Violence

Upon completion of the CHNA, Mercy CB's CBAT held two internal meetings and gained input from community partners to further prioritize the top health needs as well as sought additional community validation from the hospital's Patient Family Advisory Council and community guests. During these internal and external meetings the team took into consideration the severity of each health issue, factors driving the health needs, the populations impacted (making special consideration to disparities and vulnerable populations), the trends in the data, as well as 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. Through this process Social Determinants of Health (SDOH) (and more specifically the effects of poverty, food insecurity, and transportation) was identified as drivers of these health needs across both Pottawattamie and Mills Counties. Therefore, it has been added to the list of Prioritized Health Needs the hospital considered as part of this planning process.

Prioritization Criteria

In order to select priorities, the hospital considered information from the CHNA and subsequent community input meetings. Ultimately, Mercy CB prioritized two top health needs for work (Behavioral Health and SDOH) based on:

- Severity and impact on other health need areas
- Existing work that involved multiple community partners and resources
- Community's desire for the hospitals to continue engagement in related work

Prioritized Health Needs

Table 2, below describes the rationale for each of the top identified needs from the 2019 CHNA and 2019 Implementation Strategy Planning Process.

Table 2: Prioritized Health Needs

Health Need	Rationale	Trend	Hospital Priority
Access to Health Care Services Cited by 24.7% of key informants in the Omaha Metro CHNA process as a major problem and 46.2% characterized it as a moderate problem	• 7.9% of Omaha Metro residents and 4% of Mills County residents had no insurance coverage for healthcare expenses • 31.7% of Omaha Metro residents experienced some type of difficulty or delay in obtaining healthcare services in the past year • Top three barriers that prevented access to healthcare services in the past year: inconvenient office hours (11.9%), appointment availability (11.8%) and cost of prescriptions (10.5%) • 86.0% of Omaha Metro residents age 18+ have a particular place for care • 74.6% of children of respondents age 18+ have a particular place for care • 71.5% of Omaha Metro residents have had a routine checkup in the past year • 84.4% of children of respondents have had a checkup in the past year • The ratio of population to primary care providers for Mills County is 1,660:1 which is higher compared to Iowa (1,390:1) and the US (1,050:1).	• Rate of uninsured adults in Omaha is decreasing overall (12.1% in 2011, compared to 7.9% in 2018), but disparities persist. Among very low-income individuals, 22.1% reported having no insurance coverage, as did 23.1% of Hispanic respondents and 16.6% of Black respondents. • Rate of uninsured adults in Mills County is steadily declining since 2010: however, the ratio of population to primary care providers is trending upwards.	No
Behavioral Health (includes Mental Health & Substance Abuse) The greatest share of key informants in the Omaha Metro CHNA process (79.1%) characterized *Mental Health* as a major problem in the community and another 18.3% cited it as a moderate problem	• Between 2014 and 2016, there was an annual average age-adjusted suicide rate of 12.0 deaths per 100,000 population in the Metro Area. While the Omaha metro average is favorable compared to both state averages and the US overall, the rate in Pottawattamie County is significantly higher at 17.9 deaths per 100,000 population. • The suicide mortality crude death rate for Mills Co. was 16.1 per 100,000 population in 2015, higher than the national average. • Average age-adjusted number of mentally unhealthy days reported in past 30 days for Mills Co is 3.0. • The aging population in Mills Co. continues to face challenges leading to depression due to social isolation. • Ratio of population to mental health provider in Mills Co. is 2,150:1. • Between 2014 and 2016, the Metro Area reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 8.8 deaths per 100,000 population. • 26.0% of Omaha Metro adults are excessive drinkers (heavy and/or binge drinkers). • 20% of Mills Co. adults are excessive drinkers. • According to the CDC 2016 BRFSS data for Douglas County, 20.3% of county residents are binge drinkers	• The annual average age-adjusted suicide rate has increased over time in the Omaha Metro, from 10.3 between 2007- 2009 to 12.0 between 2014- 2016. During this same time period the rate has increased for Nebraska, Iowa and the US. • The cirrhosis/ liver disease mortality rate has increased in the Omaha Metro from a rate of 7.4 deaths per 100,000 population between 2007- 2009 to 8.8 between 2014- 2016, echoing both state and national trends. • The percentage of binge drinkers in Douglas County has increased from 17.0% in 2002 to 20.3% in 2016. • The annual average age-adjusted unintentional drug-related mortality rate	Yes*

The greatest share (57.9%) of key informants in the Omaha Metro CHNA process characterized *Substance Abuse* as a major problem in the community, while 33.1% cited it as a moderate problem.	(men having 5+ alcohol drinks on any one occasion or women having 4+ drinks on any one occasion). • Excessive drinking (heavy and/or binge drinking) is more prevalent among men (34.5%), younger adults (36.7% of 18- 24 year olds), upper-income residents (30.8% of mid/ high income earners), Non-Hispanic Whites (27.0%), and Hispanics (32.0%). • Between 2014 and 2016, there was an annual average age-adjusted unintentional drug-related mortality rate of 7.2 deaths per 100,000 population in the Omaha Metro. This compares favorably to Iowa (7.8) and the national average (US: 14.3), but is higher than the Nebraska state average (5.5).	in the Omaha Metro has risen and fallen over the past decade, compared with a steadier upward trend nationally.	
Injury 45.1% of key informants in the Omaha Metro CHNA process characterized *Injury & Violence* as a major problem in the community and another 32.4% cited it as a moderate problem	• Between 2014 and 2016, there was an annual average age-adjusted unintentional injury mortality rate of 35.5 deaths per 100,000 population in the Metro Area. • There was an annual average age-adjusted unintentional injury mortality rate of 39.4 deaths per 100,000 population in Mills County. • Falls make up the largest percentage of accidental deaths in the Omaha Metro (28.4%), followed by motor vehicle accidents (26.7%) and poisoning/ noxious substances (23.6%). • The annual average age-adjusted motor vehicle accident mortality rate for the Omaha Metro was 9.5 deaths per 100,000 between 2014- 2016. The rate is significantly higher in Pottawattamie (16.5 deaths per 100,000 population) than the Metro overall, and among Non-Hispanic Blacks (15.4) compared to Non-Hispanic Whites (9.3). • Between 2014 and 2016, there was an annual average age-adjusted fall-related mortality rate of 70.7 deaths (age 65+) per 100,000 population in the Metro Area. This is significantly higher than the Nebraska average (62.6) and the US overall (60.6), but lower than the Iowa average (89.7). It fails to satisfy the Healthy People 2020 goal of 47.0 deaths per 100,000 population.	• There is an overall upward trend in the unintentional injury mortality rate in the Metro Area, echoing the rising trends reported in Nebraska, Iowa, and the US overall. • Despite decreasing in the late 2000s, the Metro Area motor vehicle accident mortality rate has steadily increased in recent years, from 7.5 between 2009-2011 to 9.5 between 2014-2016. The rate has declined at the state (Nebraska and Iowa) and national level between 2007- 2016.	No
Nutrition, Physical Activity, & Weight Status Cited by 50.3% of key informants in the Omaha	• 24.6% of Metro Area adults report eating five or more servings of fruits and/or vegetables per day. This is significantly lower than national findings (US: 33.5%). • 22.1% of Metro Area adults report no leisure time physical activity. • 32.0% of Metro Area adults report using local parks or recreational centers for exercise at least weekly. • 42.0% of Metro Area adults report using local trails at least monthly.	• Fruit and vegetable consumption in the Omaha Metro has declined from 35.8% in 2011 to 24.6% in 2018. • The percentage of Omaha Metro adults reporting no leisure time physical activity has increased over time	No

Metro CHNA process as a major problem in the community and another 35.6% characterized it as a moderate problem	• 7 in 10 Metro Area adults (70.7%) are overweight, of those 33.5% are obese. • 27.2% of overweight/obese adults have been given advice about their weight by a health professional in the past year. • 54.3% of overweight/obese respondents are currently trying to lose weight. • 36% of Mills Co. adults are classified as obese. • 26% of Mills Co. adults report no leisure time physical activity.	from 16.7% in 2011 to 22.1% in 2018. • Weekly use of local parks or recreational centers in the Metro Area has dropped from 40.5% in 2011 to 32.0% in 2018. • Monthly use of local trails in the Metro has dropped from 49.8% in 2011 to 42.0% in 2018. • The prevalence of Metro area adults who are overweight or obese has increased from 67.5% in 2011 to 70.7% in 2018; and 30.3% in 2011 to 33.5% in 2018, respectively.	
Violence 45.1% of key informants in the Omaha Metro CHNA process characterized *Injury & Violence* as a major problem in the community and another 32.4% cited it as a moderate problem	• Between, 2014 and 2016, the violent crime rate in Mills County is 315.2 per 100,000 population. • Between 2014 and 2016, firearms in the Metro Area contributed to an annual average age-adjusted rate of 10.2 deaths per 100,000 population. This is higher than the state of Nebraska (9.2) and Iowa (8.2) average, but lower than the national average (11.1 deaths per 100,000 population). • The annual average age- adjusted rate of firearm mortality is nearly four times higher among Non-Hispanic Blacks (33.8) in the Omaha Metro than for Non-Hispanic Whites (8.5). • 36.4% of Metro Area adults has a firearm kept in or around their home and among homes with children, 36.4% keep a firearm in or around the home. • Between 2014 and 2016, there was an annual average age-adjusted homicide rate of 5.6 deaths per 100,000 population in the Metro Area. This is higher than the state of Nebraska (3.6) and Iowa (2.6) average and consistent with the US (5.6). • Significant racial disparity is observed in the annual average age-adjusted homicide rate. While the Omaha Metro rate overall is 5.6 deaths per 100,000 population, the rate for Non-Hispanic Blacks is 34.8, compared to 2.5 for Non-Hispanic Whites. • Between 2012 and 2014, there were a reported 410.4 violent crimes per 100,000 population in the Omaha Metro Area, exceeding both state (Nebraska: 271.2 and Iowa: 270.6) and national averages (US: 379.7). The violent crime rates in Pottawattamie (693.5) and Douglas Counties (484.9) far exceeded those of Cass (94.8) and Sarpy County (63.9).	• Firearm-related mortality has increased over time in the Omaha Metro from a rate of 9.4 deaths per 100,000 population between 2007- 2009 to 10.2 between 2014- 2016. During the same time period, rates having increased across Nebraska, Iowa, and the US overall. • The percentage of Omaha Metro residents reporting they keep a firearm in or around their home has increased over time, from 33.7% in 2011 to 36.4% in 2018. • No clear trend observed for Omaha Metro homicides, though the rate has been consistently higher than the state of Nebraska and Iowa average between 2007-2018.	No
Social Determinants	• Meeting basic and social needs is a critical component of health, and the community has identified poverty, low access to healthy foods, and		YES*

of Health (SDOH) Identified by CBAT following completion of the CHNA	low access to transportation as having a disparate impact on the health outcomes of some populations. • Various factors contribute to the incidence and prevalence of poverty, including education (secondary and post-secondary), and employment (availability of jobs and wages paid). • While unemployment in the Pottawattamie and Mills County areas is lower than the State and US overall, there is a general need for economic development of the area related to higher paying jobs and quality affordable child care for working families. • Additionally, while high school graduation rates are higher than the State and US overall, post-secondary education is below the State level in both Pottawattamie and Mills Counties.		

***See plan below for explanation and details**

Implementation Strategy Plan

The following plan describes the strategies, scope, key activities and anticipated impact in each of the two health priority areas - behavioral health and social determinants of health- prioritized by Mercy CB for work over the next three year cycle spanning fiscal years 2020-2022.

Evaluation Plan

For each health priority, the hospital will conduct an evaluation to demonstrate impact of the related strategies and 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 the hospital, as appropriate.

Significant Health Needs to be Addressed

Priority Health Need #1: Behavioral Health	
Goal	Address and improve behavioral health issues related to mental health and substance abuse that are creating health disparities and driving poor health outcomes.
1.1 Strategy & Scope	Evaluate internal opportunities to improve behavioral health services while continuing support, and alignment with Southwest Iowa Mental Health & Disability Services Region (Region) to promote improved crisis stabilization, care coordination, and behavioral health and detox services in Pottawattamie and Mills Counties.
Timeframe	FY2020-FY2022
Community Indicators	**CHNA 2016** • Age-adjusted suicide rate per 100,000: 16.5 (Pottawattamie), 11.5 (Mills), 13.20 (Iowa) • Average number of mentally unhealthy days in last 30: 3.1 (Pott.), 2.8 (Mills), 3.1 (Iowa) **CHNA 2019** • Age-adjusted suicide rate per 100,000: 17.9 (Pottawattamie), N/A (Mills), 13.20 (Iowa) • Ratio of population to mental health provider: 580:1 (Pott.), 2,150:1 (Mills), 700:1 (Iowa) • Percentage of adults reporting binge drinking: 20% (Pott.), 23% (Mills), 22% (Iowa) • Average age-adjusted number of mentally unhealthy days reported in past 30 days o Pottawattamie County 3.4 o Mills County 3.0
Background	**Rationale:** Mental health and substance abuse identified as top health needs in community-wide CHNAs in both Pottawattamie and Mills Counties. Of those experiencing "fair" or "poor" mental health, disparities exist based on income levels with lower income individuals reporting higher levels of "fair" or "poor" health. The suicide rate in both Pottawattamie and Mills County are higher than State and national rates overall. Suicides are higher among men than women, and are primarily Non-Hispanic white males **Contributing Factors:** High prevalence of substance abuse, access to clinical and community-based behavioral health services, a stigma attached to mental health issues, and aging population with lack of social supports and access to relevant services. **National Alignment:** • 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) **Additional Information:** Mercy CB Previously supported grant from CHI Mission & Ministry fund and need for crisis stabilization services and care coordination remains high in the two-county area
Anticipated Impact	Optimization of behavioral health services to provide the most relevant care for those in need, at the right time and place to reduce mental health crisis and mentally unhealthy days among community members.
Partners	• Southwest Iowa Mental Health & Disabilities Services Region (Region) o Various community stakeholders and partners engaged with the Region
Key Activities	• Convene internal stakeholders to o Ensure internal gaps in care and coordination are assessed o Identify relevant representation from the CHI Health Mercy and Behavioral Health Services team to engage in community/Region led conversations to address known gaps in the behavioral health-care continuum. Participate in community conversations and develop relevant action plans. o Monitor and inform the following activities through an internal Community Benefit Action Team (CBAT) ▪ Continue to participate in Region activities in a steering or informing capacity ▪ Ensure alignment with community-informed and Region-led strategies to: • Maximize crisis stabilization • Access to appropriate levels of care

	• Decrease wait times for patients needing behavioral health services and medication management • Care coordination • Detox services • Reduce no-show for first-time appointments to behavioral health services ▪ Support the offering of trainings to promote appropriate crisis response and care access levels such as *crisis de-escalation training, mental health first aid, etc.* ▪ Continued exploration and capacity building for integration of primary care and behavioral health services
Relevant Related Activities	In addition to the specific strategies and key activities outline above to address this health need, CHI Health also • Provides support the Mills County Public Health - Family Matters Substance Abuse Program • Supports the growth of tele-psych service offerings to rural SW Iowa
Results	*PENDING*

Priority Health Need #2: Social Determinants of Health (SDOH)	
Goal	Alleviate poverty by supporting local coalitions to offer evidence-based capacity and skill building courses to those affected by poverty and financial hardship, and improve healthcare delivery for those affected by poverty.
2.1 Strategy & Scope	Continue support and steering of *Bridges Out of Poverty (BOP)* to offer classes for those in poverty, and explore opportunities for related trainings for healthcare workers and social service providers in Pottawattamie and Mills Counties who support and serve those in poverty.
Timeframe	FY2020-FY2022
Community Indicators	**CHNA 2016** • Percent of population in poverty: 12.3% (Pottawattamie), 9.7% (Mills), 12.2% (Iowa) • Percent of children under 18 in poverty: 17.5% (Pottawattamie), 12.7% (Mills), 15.5% (Iowa) **CHNA 2019** • Percent of population in poverty: 11.8% (Pottawattamie), 8.2% (Mills), 12.3% (Iowa) • Percent of children under 18 in poverty: 14% (Pottawattamie), 11% (Mills), 13% (Iowa) • Food Environment Index (0-worst, 10-best): 7.7 (Pott.), 8.7 (Mills), 8.2 (Iowa) • Rate of food insecurity 11.6% (2015 United Way of the Midlands Food Mapping Paper)
Background	**Rationale: Meeting** basic and social needs is a critical component of health, and the community has identified poverty, low access to healthy foods, and low access to transportation as having a disparate impact on the health outcomes of some populations. **Contributing Factors:** Various factors contribute to the incidence and prevalence of poverty, including education (secondary and post-secondary), and employment (availability of jobs and wages paid). While unemployment in the Pottawattamie and Mills County areas is lower than the State and US overall, there is a general need for economic development of the area related to higher paying jobs and quality affordable child care for working families. Additionally, while high school graduation rates are higher than the State and US overall, post-secondary education is below the State level in both Pottawattamie and Mills Counties. **National Alignment:** • Healthy People 2020 benchmarks do not have a goal for the poverty objective, rather tracking from baseline which is o 15.1% of persons were living below the poverty threshold in 2010 and o 22% of children (0-17) were living below the poverty threshold in 2010 • 6.0% of households are food insecure (Healthy People 2020 benchmark objective) **Additional Information:** CHI Health Mercy Council Bluffs currently co-leads a local steering coalition focused on offering (BOP) in the Council Bluffs Area.
Anticipated Impact	Reduce poverty, and reduce the number of families struggling to access healthy foods.
Partners	• Bridges Out of Poverty (various partners and stakeholders participating) led by Omaha Bridges Out of Poverty • Public Health agencies – Mills County and Pottawattamie County
Key Activities	• Continue participating in steering of BOP organizing efforts in Council Bluffs/Pott. County • Ensure funding for local courses to be offered to individuals most at risk for poor health outcomes based on social and basic needs not being met • Provide leadership (board level) and resource support to The 712 Initiative for work related to improving healthy food access o Community gardens o Farmer's Market o Economic development efforts • Explore opportunities to align with Mills County Public Health in Glenwood to address relevant social factors impacting health disparately among certain populations (transportation and access to healthcare) • Explore opportunity to address healthy food access in partnership with the Mills County Health Department in Glenwood, IA

	• Explore opportunities to engage with local school districts to support the teaching of healthy eating and active living habits to children.
Relevant Related Activities	In addition to the specific strategies and key activities outline above to address this health need, CHI Health also supports the following work: • CHI Health Clinic promoting reading readiness to families to improve literacy and health literacy • MD Save (Radiology, Laboratory, Nutritional Counseling, Pulmonology, Sleep Medicine,
Results	*PENDING*

Significant Health Needs Not Addressed

In acknowledging the range of priority health needs that emerged from the CHNA process, Mercy CB has prioritized the health need areas above in order to most effectively focus resources and produce a positive impact. 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.

Access to Healthcare Services. Access to care is a fundamental component of CHI Health's Mission and strategy. This issue was not elevated to a priority for this particular plan because the intent was to identify additional strategies and initiatives that reach above and beyond CHI Health's typical business. For example, CHI Health has continued to expand its portfolio of primary care access points including extended clinic hours, Priority Care services (walk-in care), Quick Care, Virtual Care, and partnering with MedExpress for urgent care. Additional programs like MD Save, which allows patients to pre-purchase certain services at a discounted price, and the Medication Access Program (a prescription medication financial assistance program), are working to lower the cost of care to the consumer. In addition to providing the majority of care to the uninsured and underinsured in the Omaha Metro Area, Mercy CB will be working to align with AllCare Health Center and the newly developed Pottawattamie County Public Health department as work develops to address specific access-related strategies.

Injury. In order to meaningfully address the select priority health needs above and maximize impact, Mercy CB did not prioritize this health need area for work on this ISP. However, Mercy CB Trauma Team offers the evidence-based Stop the Bleed training to schools and community agencies to prevent loss of life during catastrophic events. Mercy CB will continue to invest in this work as community need and hospital capacity continue.

Nutrition, Physical Activity and Weight. This need will be addressed in part through the food access strategy under the Social Determinants of Health priority. There is significant existing work within CHI Health and the community, in the Omaha Metro Area to address nutrition, physical activity and weight status, such as the Healthy Families program, *5-4-3-2-1 Go!®*, Live Well Omaha, and free Get Cooking! classes offered at CHI Health Lakeside and CHI Health Midlands. Additionally, CHI Health provides financial support and in-kind contributions to organizations committed to this work, such as: City Sprouts, Big Garden/ "Gather" Mobile Kitchen Classroom, Live Well Omaha and the YMCA.

Violence. In order to meaningfully address the select priority health needs above and maximize impact, Mercy CB did not prioritize this health need area for work on this ISP. Importantly, CHI Health is working at the system level to ensure Sexual Assault Nurse Examiners (SANE) are available 24/7 at the hospital, and to improve trauma-informed care among emergency care, women's health, case managers, and clinic providers, while also seeking system-level strategies to address human trafficking.

Authorization

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

Appendix

All of the Community Health Needs Assessment Reports for CHI Health Mercy Council Bluffs 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.


CHI Health