Implementation Plan **2019**

Omaha, NE

CHI Health Creighton University Medical Center - Bergan Mercy

CHI Health Immanuel

CHI Health Lakeside

CHI Health Midlands

A Joint Plan

CHI Health

CHI Health Immanuel Joint Implementation Strategy 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 strategy for the CHI Health Hospitals based in the Omaha Metro Area including:

- **CHI Health Immanuel**
- CHI Health Lakeside
- CHI Health Midlands
- CHI Health Creighton University Medical Center – Bergan Mercy
- Lasting Hope Recovery Center

While each of the CHI Health Metro Omaha Hospitals and Lasting Hope Recovery Center will jointly address three primary needs in the Omaha Metro community through the FY2020 – FY2022 Implementation Strategy Plan, CHI Health Immanuel's individual contributions in pursuit of successful execution of the plan are summarized in Table 1 below.

Table 1: CHI Health Immanuel Key Accountabilities- FY2020- 2022 Implementation Strategy Plan

CHI Health Immanuel ISP FY2020- 2022: Key Accountabilities	
Health Need Area	**Key Activities**
Behavioral Health	1.1.1: Operate an Integrated School- Based Mental Health program 1.1.4: Pursue the establishment of a Mental Health Center for Children and Families located on the CHI Health Immanuel Campus
Social Determinants of Health	2.2.1: Referral/ case management for patients experiencing homelessness 2.3.1: Provide financial support and promotion of the Bridges out of Poverty training program
Violence Prevention and Intervention	3.1.2: Support YouTurn's hospital response program for trauma victims and their families

See *Significant Health Needs to be Addressed* beginning on page 15 for the full CHI Health Metro Omaha Hospital/ Lasting Hope Recovery Center Joint Implementation Strategy Plan, complete with detail on community indicators, strategy, anticipated impact and key partners. Of note, substantial system- level contributions will also be leveraged in executing the planned strategies, as detailed in Table 5.

Details of each hospital/facility, 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. In 2019, Catholic Health Initiatives merged with Dignity Health to become Common Spirit health. CHI Health currently operates 14 hospitals, two stand-alone behavioral health facilities, a free standing emergency department, 179 employed physician practice locations and more than 11,000 employees in Nebraska and Western Iowa. 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

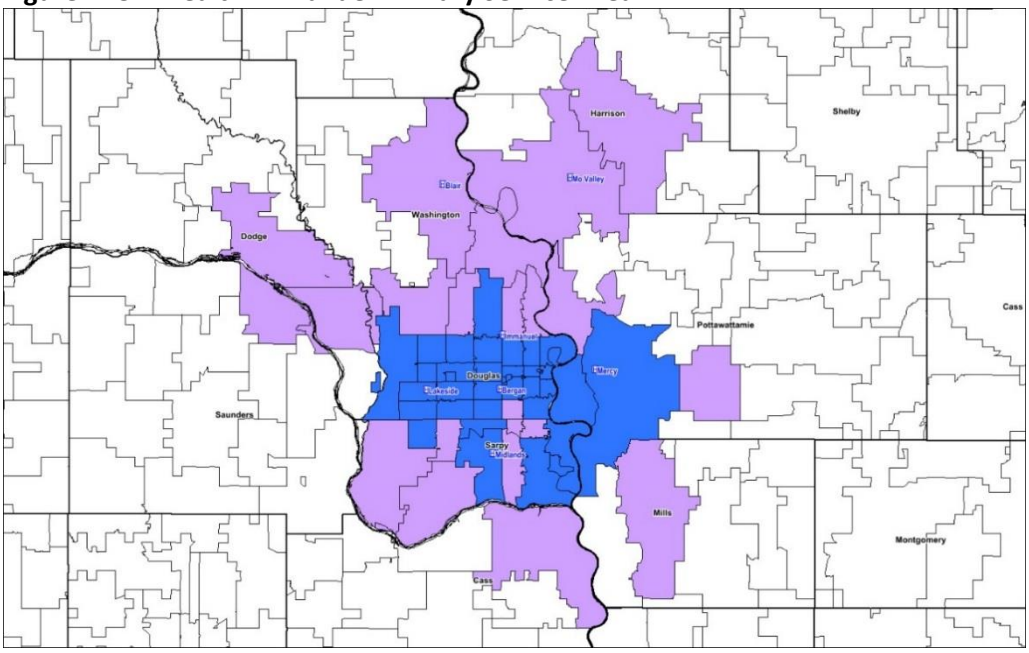
Preeminent performance, becoming the benchmark, putting forth our personal and professional best.

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

CHI Health Immanuel is located in Omaha, NE and largely serves the Omaha Metro area that consists of Douglas, Sarpy, and Cass Counties in Nebraska and Pottawattamie County in Iowa. These four counties were identified as the community for this CHNA, as they encompass the primary service for CHI Health hospitals located in the Omaha Metro Area, thus covering between 75% and 90% of patients served. These counties are considered to be and referred to as the "Omaha Metro Area."

Figure 1. CHI Health Immanuel Primary Service Area



The total population of all four counties included within the Omaha Metro is over 800,000. The Omaha Metro population is largely Non-Hispanic White, with greater diversity observed in Douglas County and to a lesser extent, Sarpy County, both of which are the most urban counties in the Omaha Metro Area. While Douglas County is the most diverse of the four counties, with 11% of the population identifying as Black or African American and 12% identifying as Hispanic, it is less diverse than the United States overall (13.4% Black or African American, 18.1% Hispanic). Cass County has the largest percentage of the population over the age of 65 years (16%), indicating unique health needs specific to the aging population.[1]

Implementation Strategy Process

In order to select priority areas and design meaningful, measureable strategies, leadership from each of the Omaha Metro CHI Health hospitals 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, root causes of health outcomes 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

[1] U.S. Census Bureau Quick Facts (v2018 estimate). Accessed January 2019. http://www.census.gov/quickfacts-

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

As a result of this review a joint implementation strategy plan (ISP) was determined as the best way to comprehensively address the health needs in the community. The plan as outlined below includes three types of strategies for the Omaha-based CHI Health hospitals: 1) strategies in which one hospital is driving the work, 2) strategies that are shared by several or all hospitals with varying roles and responsibilities, and 3) strategies that are led by a system team and the hospitals are engaged as partners and receive financial allocation for the work on a percent of net patient service revenue for tax reporting purposes.

To review the data that informed the development of CHI Health's Metro Omaha hospital joint implementation strategy plan, access the 2019 Community Health Needs Assessment at: https://www.chihealth.com/chna.

Prioritized Health Needs

During the CHNA process, the contracted consultant Professional Research Consultants (PRC), identified the "Areas of Opportunity" 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.

Table 1. Areas of Opportunity Identified in CHNA

PRC			
Health Need Statement	**Data and Rationale for High Priority**	**Trend**	**Hospital ISP Priority**
Access to Healthcare Services **Cited by 24.7% of key informants as a major problem and 46.2% characterized it as a moderate problem**	• 7.9% of Omaha Metro 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%),	• 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.	No* *Improving access to healthcare services remains integral to the pursuance of CHI Health's mission. See *Significant Health Needs Not Addressed* for

	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		more information on CHNA/ ISP priority selection.
Cancer **Cited by 32.4% of key informants as a major problem in the community and another 45.6% characterized it as a moderate problem**	• Age- adjusted cancer mortality rate is 166.2/ 100,000 population for the Omaha Metro, which is higher than the state average in Nebraska (157.0) and Iowa (163.3), as well as the national average (158.5) • The age- adjusted cancer mortality rate among Non-Hispanic Black residents of the Omaha Metro was 208.6/ 100,000 population between 2014-2016, which is significantly higher than for Non-Hispanic White residents (167.4) and for Metro Area Hispanic residents (90.5). • Lung cancer is the leading cause of cancer deaths in the Omaha Metro. The age- adjusted lung cancer death rate for the Omaha Metro is 44.4/ 100,000 population, which is higher than for the state of Nebraska (39.9), Iowa (43.0) and the nation (40.3). • Among Metro Area women age 21 to 65, 82.5% have had a Pap smear within the past 3 years. This is favorable compared to the NE and IA state average, but below the Healthy People 2020 target of 93% or higher. The rate of cervical cancer screening is lower in Northeast Omaha (75.5%) and Southeast Omaha (78.5%) than the Metro overall (82.5%).	• Cancer mortality has decreased over the past decade in the Metro Area from 185.5 (2007-2009) to 166.2 (2014-2016); the same trend is apparent in Nebraska and Iowa as well as nationally.	No
Dementia & Alzheimer's Diseases **Cited by 23.9% of key**	• Between 2014 and 2016, there was an annual average age-adjusted Alzheimer's disease mortality rate of 32.3 deaths per 100,000 population in the Metro Area. This is higher than the state of Nebraska (24.3), Iowa (30.3) and nationally (28.4).	• The Alzheimer's disease mortality rate has increased over time in the Metro Area from 25.7 (2007- 2009) to 32.3 (2014- 2016).	Yes

informants as a major problem in the community and another 49.3% characterized it as a moderate problem	• The average age- adjusted Alzheimer's disease mortality rate is 41.5 deaths per 100,000 population in Pottawattamie County, which is significantly higher than the counties of Douglas (30.8), Sarpy (30.6) and Cass (31.3).		
Diabetes **54.6% of key informants characterized *Diabetes* as a major problem in the community and another 28.4% cited it as a moderate problem**	• Between 2014 and 2016, there was an annual average age-adjusted diabetes mortality rate of 22.8 deaths per 100,000 population in the Metro Area. • The diabetes mortality rate in the Metro Area is more than twice as high among Non-Hispanic Blacks (55.7) than among Non- Hispanic Whites (20.9).	• No clear diabetes mortality trend is apparent in the Metro Area. In Nebraska, Iowa and the US, diabetes mortality rates have been largely stable between 2007- 2016.	No
Heart Disease & Stroke **Cited by 38.0% of key informants as a major problem in the community and another 38.0% characterized it as a moderate problem**	• Cardiovascular disease is a leading cause of death. • Between 2014 and 2016 there was an annual average age-adjusted heart disease mortality rate of 143.2 deaths per 100,000 population in the Metro Area. • The annual average age-adjusted heart disease mortality rate is 172.5 among Non-Hispanic Blacks in the Omaha Metro, compared to Non-Hispanic Whites (144.3) and Metro Area Hispanic residents (143.2). • Between 2014 and 2016, there was an annual average age-adjusted stroke mortality rate of 35.4 deaths per 100,000 population in the Metro Area. • The stroke mortality rate is considerably higher among Non-Hispanic Blacks (55.7), compared with Non-Hispanic Whites (34.3) and Metro Area Hispanics (27.6).	• The heart disease and stroke mortality rates have decreased in the Metro Area between 2007- 2016, echoing the decreasing trends across Nebraska, Iowa, and the US overall.	No
Injury & Violence	• 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 is an overall upward trend in the unintentional injury mortality rate in the Metro Area, echoing the rising trends reported in	Yes

45.1% of key informants characterized *Injury & Violence* as a major problem in the community and another 32.4% cited it as a moderate problem	• 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. • 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	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. • 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.	

	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).		
Mental Health **The greatest share of key informants (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 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.	Yes
Nutrition, Physical Activity & Weight **Cited by 50.3% of key informants as a major problem in the community and another 35.6% characterized it**	• 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. • 7 in 10 Metro Area adults (70.7%) are overweight, of those 33.5% are obese.	• 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 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.	No

as a moderate problem	• 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.	• 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.	
Respiratory Diseases **The greatest share (42.1%) of key informants characterized *Respiratory Disease* as a minor problem in the community, while 36.1% cited it as a moderate problem**	• Between 2014 and 2016, there was an annual average age-adjusted Chronic Lower Respiratory Disease (CLRD) mortality rate of 52.5 deaths per 100,000 population in the Metro Area. This is higher than both the state (Nebraska: 50.6 and Iowa: 48.5) and national (US: 40.9) average. • 9.1% of Metro Area adults suffer from chronic obstructive pulmonary disease (COPD), including emphysema and bronchitis. • Between 2014 and 2016, there was an annual average age-adjusted pneumonia influenza mortality rate of 16.3 deaths per 100,000 population in the Omaha Metro. This is higher than the state (Nebraska: 15.4 and Iowa: 13.2) and national (US: 14.6) average. • The annual average age-adjusted pneumonia influenza mortality rate is notably higher in Douglas County (17.7) and among Non-Hispanic Blacks (20.0), relative to Non-Hispanic Whites (16.5).	• Over the past decade, CLRD mortality has generally declined in the Metro Area. • The prevalence of COPD among Omaha Metro adults has increased over time from 7.4% in 2011 to 9.1% in 2018.	No
Sexually Transmitted Diseases **Cited by 50.4% of key informants as a major problem in the**	• Omaha Metro Area gonorrhea incidence rate in 2014 was 138.7 cases per 100,000 population, notably higher in Douglas County (195.8). • Omaha Metro Area chlamydia incidence rate in 2014 was 535.1 cases per 100,000 population, notably higher in Douglas County (734.1).	• Prevalence of chlamydia has increased over time in the Metro Area from 453.3 cases between 2005-2007 to 535.1 cases 518.6 cases between 2012-2014, echoing the state and US trends.	No

community and another 29.1% characterized it as a moderate problem	• Among unmarried Metro Area adults under the age of 65, the majority cites having one (44.1%) or no (38.3%) sexual partners in the past 12 months. However, 8.7% report three or more sexual partners in the past year. • 30.8% of unmarried Metro Area adults age 18 to 64 report that a condom was used during their last sexual intercourse.	• No clear gonorrhea prevalence trend. • The percentage of unmarried Omaha Metro adults between the ages of 18-64 reporting three or more sexual partners in the past year has increased from 3.3% in 2011 to 8.7% in 2018, with the sharpest increase in Sarpy/ Cass Counties combined. • Condom use has increased significantly in Douglas County as well as the combined Sarpy/Cass counties from 19.5% in 2011 to 30.8% in 2018 for the Omaha Metro overall.	
Substance Abuse **The greatest share (57.9%) of key informants characterized *Substance Abuse* as a major problem in the community, while 33.1% cited it as a moderate problem.**	• 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). • According to the CDC 2016 BRFSS data for Douglas County, 20.3% of county residents are binge drinkers (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	• 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 in the Omaha Metro has risen and fallen over the past decade, compared with a steadier upward trend nationally.	Yes

	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).		

Prioritization Process

Over 160 community stakeholders participated in the Live Well Omaha Changemaker Summit on November 5, 2018, co-sponsored by the local area hospital systems- CHI Health, Methodist Health System, Children's Hospital & Medical Center and Nebraska Medicine- along with several other public health and social service organizations, including: Douglas County Health Department, Sarpy Cass Department of Health and Wellness and the Pottawattamie County Public Health Department. The summit included a data presentation facilitated by PRC and concluded with a community voting session to derive focused priorities for the community. The Changemaker Summit community voting priorities are listed in Table 2.

Prioritization Criteria

Live Well Omaha Changemaker Summit participants were asked to consider the following criteria in voting for the top health needs for both adults and adolescent/children in the Omaha Metro:

- Do we have community capacity to address the problem?
- Would it move us toward our vision?
- Does it have alignment with current community efforts?

Electronic voting apparatuses were distributed to Summit participants, along with verbal instructions to rank the top five health opportunities they wanted to see the community collectively prioritize and work on. The community voting results are captured in Table 2. A tie breaker was needed to determine the fifth child and adolescent health priority, as both 'Cognitive & Behavioral Conditions' and 'Tobacco, Alcohol & Other Drugs' each received 10% of total votes. All Summit participants were asked to vote again for which of the two health needs should be prioritized and 'Tobacco, Alcohol & Other Drugs' received 55% of the tie breaking vote.

Prioritized Health Needs

As shown in Table 2, Changemaker Summit participants anonymously voted for the top five adult and child/ adolescent health issues for the Omaha community.

Table 2. "Health Opportunities" Prioritized by Changemaker Summit Attendees

Changemaker Summit: Community Voting Results	
Adult Health Opportunities	**Pediatric Health Opportunities**
Access to Healthcare Services	Access to Healthcare Services
Injury & Violence	Mental Health

Mental Health	Nutrition, Diabetes, Physical Activity & Weight
Nutrition, Diabetes, Physical Activity & Weight	Sexual Health
Substance Abuse	Tobacco, Alcohol & Other Drugs

Next, internal teams from the CHI Health Omaha Metro Hospitals reviewed these needs and determined priorities through consideration of the severity of the health issue, the population impacted (with special consideration to disparities and vulnerable populations), 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 that internal process, an inventory was taken of all existing CHI Health system work in each of the areas of opportunity. These strategies and initiatives are described in the section, 'Significant Health Needs Not Addressed.' The following three health needs were prioritized for the Omaha Metro CHI Health hospitals- Immanuel, Midlands, Lakeside and Creighton University Medical Center- Bergan Mercy and are synthesized in Table 3. Of note, while chronic diseases such as diabetes, heart disease and stroke were not prioritized in the FY2020- 2022 CHI Health Omaha Metro Hospitals' Implementation Strategy Plan (ISP), risk factors for chronic disease will be addressed through the social determinants of health priority. See *Implementation Strategy Plan* for key activities and anticipated impact.

Table 3. CHI Health Omaha Metro Hospital ISP Priorities & Scope

Health Priorities and Defined Scope- Fiscal Year 2020- 2022
1. **Behavioral Health-** mental health and substance abuse
2. Social Determinants of Health- hunger/ food access, housing and poverty
3. Violence Prevention- human trafficking, sexual assault/ domestic violence, gun violence and trauma informed care

Implementation Strategy Plan

The following plan describes the strategies, scope, key activities and anticipated impact in each of the three health priority areas - behavioral health, social determinants of health and violence- prioritized by the CHI Health Omaha Metro hospitals 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 at specific hospitals, as appropriate.

Significant Health Needs to be Addressed

Table 5. CHI Health Metro Omaha Hospital/ Lasting Hope Recovery Center Implementation Strategy Plan- FY2020- 2022

Priority Health Need #1: Behavioral Health	
Timeframe	FY2020-FY2022
Strategy & Scope	**1.1: Ensure access to clinic and community- based behavioral health services**
Goal	**Increase capacity of system and community-led efforts** to improve access to mental health and substance abuse services in the Omaha Metro.
Community Indicators	**CHNA 2016** • 10.3% of Omaha Metro adults reported their overall mental health as "fair" or "poor" • 17% of Metro Area adults currently smoke cigarettes, either regularly or occasionally • 11.1% of Douglas County adults who reports their typical day is "Extremely" or "Very" Stressful
	CHNA 2019 • 8.3% of Omaha Metro adults reported their overall mental health as "fair" or "poor" • 11.7% of Metro Area adults currently smoke cigarettes, either regularly or occasionally • 10.0% of Metro Area adults (10.9% in Douglas County) who report their typical day is "Extremely" or "Very" Stressful • 7.5% of Metro Area parents report that they have been told by a doctor or other healthcare provider that their school-age child had depression • 13.0% of Douglas County high school students report attempting suicide in the past year
Background	**Rationale:** • Mental health and substance abuse were identified as top health needs in the 2018 PRC CHNA for both adults and children/ adolescents. The greatest share of key informants (79.1%) characterized mental health as a major need in the community. **Contributing Factors:** • Service provider shortage, high cost, lack of insurance coverage, family and community dynamics, social support and stigma **National Alignment:** Healthy People 2020 objectives: • MHMD-2: Reduce suicide attempts by adolescents • SA-14: Reduce the proportion of persons engaging in binge drinking of alcoholic beverages (target for % of adults 18 years and older= 24.2%) • MHMD-11: Increase depression screening by primary care providers **Additional Information:** • Aligns with Behavioral Health Service Line Strategic Plan • Aligns with the Counties of Douglas, Sarpy and Cass Community Health Improvement Plan (CHIP): mental health priority
Anticipated Impact	• Improve continuum of care models to ensure access and utilization of mental health services • Increase capacity and workforce to address acute behavioral health needs • Increase supportive environments that reduce tobacco use
Partners	• Omaha Metro K-12 education system • Omaha Metro nursing programs

<table>
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Philanthropic community
Behavioral Health Coalitions (i.e. TEAM, NABHO, Alzheimer's Association)
Behavioral health community organizations (i.e. BEHCN)
Local Public Health Departments

</td></tr>
<tr><td>Key Activities</td><td colspan="2">In collaboration with community partners, the following represent activities the Omaha Metro CHI Health hospitals will either lead as a system or facility, support through dedicated funding and staff time or a combination thereof, as appropriate.</td></tr>
<tr><td></td><td>Activity:</td><td>Facility/ System Responsible:</td></tr>
<tr><td></td><td>1.1.1: Operate an Integrated School- Based Mental Health program</td><td>Immanuel</td></tr>
<tr><td></td><td>1.1.2: Provide support for individuals with Alzheimer's/ dementia and their caregivers</td><td>Lakeside/ System</td></tr>
<tr><td></td><td>1.1.3: Participate in the Sarpy County Mental Health Problem-Solving Task Force</td><td>Midlands</td></tr>
<tr><td></td><td>1.1.4: Pursue the establishment of a Mental Health Center for Children and Families located on the CHI Health Immanuel Campus to serve youth with acute and/ or chronic mental health needs and reduce Emergency Department utilization for accessing youth mental health care</td><td>Immanuel</td></tr>
<tr><td></td><td>1.1.5: Support a tobacco coalition at CHI Health Midlands that leads policy, systems and environmental changes that reduce the burden of tobacco usage in the Omaha Metro</td><td>Midlands</td></tr>
<tr><td></td><td>1.1.6: Lead policy/ advocacy efforts that expand access to behavioral health services</td><td>System</td></tr>
<tr><td></td><td>1.1.7: Address behavioral health work force shortage through educational partnerships</td><td>Lasting Hope Recovery Center</td></tr>
<tr><td></td><td>1.1.8: Operate an outpatient behavioral health clinic on site to facilitate improved continuum of care and reduced readmissions</td><td>Lasting Hope Recovery Center</td></tr>
<tr><td>Related Activities</td><td colspan="2">The following activities represent complementary efforts in which CHI Health system or an individual facility is addressing the identified health need through financial support, in-kind staff contribution or a combination thereof.

CHI Health offers integrated behavioral health services in CHI Health Primary Care Clinics in order to conveniently expand access to behavioral health services in a familiar setting.
CHI Health Primary Care Clinics use the Screening, Brief Intervention, and Referral to Treatment (SBIRT), a universal depression, drug and alcohol abuse screening and assessment tool designed for patients 12 years of age and older. SBIRT is administered annually during a wellness exam.

Additionally, CHI Health addresses the need for behavioral health services in the Omaha Metro through the following:

Operation of Lasting Hope Recovery Center, a 64-bed psychiatric treatment facility
Operation of a Pediatric Residential Treatment Facility (PRTF) located on the CHI Immanuel campus
Participation in various community health fairs and provide free screenings for anxiety and depression
Provision of free "Life U" toolkits to local school districts that cover the following health topics: mental health, bullying and preventing substance use

</td></tr>
<tr><td>Results (pending)</td><td colspan="2"></td></tr>
</table>

Priority Health Need #2: Social Determinants of Health		
Timeframe	FY2020-FY2022	
Strategy & Scope	**2.1: Hunger/ Food Access**	
Goal	**Reduce hunger and increase access to and consumption of healthy food in the Omaha Metro Area**	
Community Indicators	**CHNA 2016** • 20.4% of Metro Area adults worry "often" or "sometimes" worry about food running out before having money to buy more • 38.3% of Metro Area adults report eating five or more servings of fruits and/or vegetables per day • 46.6% of Metro Area parents report their child eats five or more servings of fruits and/or vegetables per day	
	CHNA 2019 • 11.3% of Metro Area adults worry "Often" or "Sometimes" worry about food running out before having money to buy more • 24.6% of Metro Area adults report eating five or more servings of fruits and/or vegetables per day • 34.9% of Metro Area parents report their child eats five or more servings of fruits and/or vegetables per day	
Background	**Rationale:** • 'Nutrition, Diabetes, Physical Activity and Weight' was ranked as one of the top five adult and child/ adolescent health opportunities in the Omaha Metro. **Contributing Factors:** • Poverty; food desert; lack of culturally relevant, healthy food options; education and resources to purchase and prepare healthy foods **National Alignment:** HP2020 guidelines: • (NSW- 12): Eliminate very low food security among children • (NSW- 13): reduce household food insecurity and in doing so reduce hunger • (NSW-14 and NSW-15.1): Increase the total contribution of fruits and vegetables to the diets of the population aged 2 years and older (respectively) **Additional Information:** • Alignment with "Healthy Food For All" community food security plan facilitated by United Way of the Midlands, with input from more than 60 community partners	
Anticipated Impact	• Increase access points for fresh, affordable food • Increase educational opportunities to improve consumption of healthy foods	
Partners	• Community service providers (e.g. Latino Center of the Midlands, City Sprouts, NE Extension, Big Garden)	
Key Activities	In collaboration with community partners, the following represent activities the Omaha Metro CHI Health hospitals will either **lead** as a system or facility, **support** through dedicated funding and staff time or a combination thereof, as appropriate.	
	Activity:	**Facility/ System Responsible:**
	2.1.1: Financial support and promotion of **Double Up Food Bucks**, a Supplemental Nutrition Assistance Program (SNAP) incentive program	System
	2.1.2: Provide financial support and in-kind contributions for the maintenance and expansion of **Community Gardens**	CUMC Bergan/ University Campus

	2.1.3: **Siembra Salud- 'Grow Wellness'** a backyard garden, home visiting and education program designed to increase food access for low-income Latino residents in East Omaha	System
	2.1.4: Support **Farmer's Markets** nutrition education programs	System
	2.1.5: Provide funding and in-kind support for the implementation of the **Share Our Table food security plan** in the Omaha Metro	System
Related Activities	The following activities represent complementary efforts in which CHI Health system or an individual facility is addressing the identified health need through financial support, in-kind staff contribution or a combination thereof. • CHI Health Lakeside and CHI Health Midlands offer free, 6-week "Get Cooking!" classes for families to learn how to shop for, prepare and enjoy healthy meals together Additionally, CHI Health addresses the need for healthy food access in the Omaha Metro through the following: • Financial support of *5-4-3-2-1 Go!,©* an evidence- based health promotion campaign suitable for schools, out of school programs and clinics that emphasizes the following healthy habits, consuming 5 fruits and vegetables daily, drinking adequate water (4 servings daily), consuming 3 servings of dairy daily, limiting screen time to 2 hours or less, and engaging in at least one hour of physical activity daily • Financial and in-kind support of the Live Well Omaha/ Live Well Omaha Kids collective impact coalition • Financial and in-kind support of the *"Gather"* Mobile Kitchen Classroom, an interactive learning lab used at farmer's markets, schools, health fairs and elsewhere to provide engaging, healthy cooking demonstrations • Provide financial contributions to community organizations and sponsor relevant events (e.g. Saving Grace, City Sprouts, Big Garden)	
Results (pending)		
Strategy & Scope	**2.2:** Identify patients experiencing homelessness and connect them with housing case managers in the community **to develop a sustainable housing solution**	
Goal	**2.2: Housing Stability**	
Community Indicators	**CHNA 2016** • No trend data available	
	CHNA 2019 • 20.1% of Metro Area adults reported they were "sometimes," "usually," or "always" worried or stressed about having enough money to pay their rent or mortgage	
Background	**Rationale:** • Socioeconomic factors influence an individual's health, accounting for up to 40% of the total influencing factors. In contrast, health care has a relatively modest influence on an individual's overall health, accounting for approximately 20% of total influence. **Contributing Factors:** • Economic conditions, available affordable housing stock, employment, education, mental health and substance abuse **National Alignment:** Healthy People 2020 objectives: • SDOH-4: Proportion of households that experience housing cost burden **Additional Information:** • Housing permanency as a determinant of health is increasingly being viewed as an opportunity to create healthier, more just communities. Other health systems, such as Kaiser Permanente are investing in housing as a way to holistically improve health.	
Anticipated Impact	Improve clinical and community connections to help individuals secure safe and affordable housing	

Partners	Together Inc. and other community-based organizations addressing housing	
Key Activities	In collaboration with community partners, the following represents activities the Omaha Metro CHI Health hospitals will either **lead** as a system or facility, **support** through dedicated funding and staff time or a combination thereof, as appropriate.	
	Activity:	**Facility/ System Responsible:**
	2.2.1: **Referral/ case management for patients experiencing homelessness**	Immanuel/ CUMC Bergan
Related Activities	The following activities represent complementary efforts in which CHI Health system or an individual facility is addressing the identified health need through **financial support, in-kind staff contribution or a combination thereof.** • Participation in and financial support of the Metro Area Continuum of Care for the Homeless (MACCH) • Provide financial and in-kind contributions to community organizations and sponsor relevant events (e.g. Together, Inc., Salvation Army)	
Results (pending)		
Goal	**2.3: Poverty Alleviation**	
Strategy & Scope	**Alleviate poverty in the Omaha Metro** through screening and identification of patients experiencing barriers in meeting their essential needs and connecting them with available resources in the community	
Community Indicators	**CHNA 2016** • 28.8% of Metro Area residents live below 200% of the federal poverty level • 37.0% of Metro Area children age 0-17 live below the 200% poverty threshold	
	CHNA 2019 • 28.2% of Metro Area residents live below 200% of the federal poverty level • 35.6% of Metro Area children age 0-17 live below the 200% poverty threshold	
Background	**Rationale:** • Impetus to shift toward value- based care requires the alignment of population health strategies with traditional health care focus on clinical factors to achieve positive, enduring health improvement **Contributing Factors:** • Social and economic conditions, employment, education, social support and environmental influences **National Alignment:** Healthy People 2020 objectives: • SDOH-3.1: Proportion of persons living in poverty • SDOH-3.2: Proportion of children aged 0-7 years living in poverty **Additional Information:** • CHI Health received a $1.2 million grant award in FY2020 from CHI National Mission and Ministry Fund to create a sustainability plan for Community Link and spread the use of screening and referral for social needs over three years.	
Anticipated Impact	• Increase the number of people in the Omaha Metro with education and resources to support self-sufficiency • Improve clinical processes to screen people for essential needs	
Partners	• Community service providers (i.e. Omaha Bridges out of Poverty, Food Bank for the Heartland, Empowerment Network)	

Key Activities	In collaboration with community partners, the following represents activities the Omaha Metro CHI Health hospitals will either **lead** as a system or facility, **support** through dedicated funding and staff time or a combination thereof, as appropriate.	
	Activity:	**Facility/ System Responsible:**
	2.3.1: Provide financial support and promotion of the **Bridges out of Poverty** training program	Immanuel/ CUMC Bergan
	2.3.2: **Develop and test screening and referral processes for social needs**	System
	2.3.3: Participate in internal and external **Workforce Development efforts** (e.g. Step Up summer internship program, Career Academy and Empowerment Network financial support)	System
Related Activities	The following activities represent complementary efforts in which CHI Health system or an individual facility is addressing the identified health need through **financial support, in-kind staff contribution or a combination thereof.** • Implementation of population health coaches and social workers in CHI Health Clinics to provide referrals for community resources such as: Medicaid, EBT, prescription, utility and housing assistance • Provision of financial and in-kind contributions to community organization and sponsor relevant events (e.g. United Way of the Midlands) • Convening of CHI Health Affinity Groups for mentorship, networking and leadership development of groups underrepresented in the CHI Health workforce • Employment of a Community Health Worker through CHI Health at Home (office located at CUMC Bergan)	
Results (pending)		

Priority Health Need #3: Violence Prevention and Intervention	
Timeframe	FY2020-FY2022
Goal	**Reduce violence in the Omaha Metro**
Strategy & Scope	**3.1: Partner with community organizations to prevent determinants of violence and lead hospital efforts to prevent re-traumatization after violence has occurred**
Community Indicators	**CHNA 2016** • 3.6% of respondents in the Omaha Metro Area report being a victim of a violent crime in the past five years • 9.2% of respondents in NE Omaha report being a victim of a violent crime in the past five years • 11.6% of Metro Area adult report that they have ever been threatened with physical violence by an intimate partner • 18% of Omaha Metro respondents consider their neighborhood to be “slightly safe” or “not at all safe.” • Age-adjusted homicide rate of 6.2/100,000 in Metro Area (2001-2013) (U.S.=5.3) • Violent crime rate in Douglas County = 4.8/1,000 population

<table>
<tr><td></td><td>CHNA 2019
1.3% of respondents in the Omaha Metro Area report being a victim of a violent crime in the past five years
1.8% of respondents in NE Omaha report being a victim of a violent crime in the past five years
13.6% of Metro Area adults report they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner
19% of Omaha Metro respondents consider their neighborhood to be “slightly safe” or “not at all safe”
Age-adjusted homicide rate of 5.6 deaths/ 100,000 in Metro Area (2014- 2016) (U.S.= 5.6)
Violent crime rate in Douglas County= 484.9/ 100,000 population (2012-2014)</td></tr>
<tr><td>Background</td><td>Rationale:
Ranked as a top health concern, according to the 2019 CHNA key informant survey and was re-affirmed as an area of focus through the Changemaker Summit November 2018
Contributing Factors:
Physical and social environment, individual behaviors, economic conditions, education
National Alignment:
Healthy People 2020 objectives:
IVP-11: Reduce unintentional injury deaths
IVP-29: Reduce homicides
IVP-39 (Developmental): Reduce violence by current or former intimate partners
IVP-8: Increase access to trauma care in the United States
IVP-30: Reduce firearm-related deaths
IVP-40 (Developmental): Reduce sexual violence
IVP-42: Reduce children’s exposure to violence
Additional Information:
Alignment with Mayor Jean Stothert’s Trauma Informed City Initiative</td></tr>
<tr><td>Anticipated Impact</td><td>Increase healthcare workforce capacity to provide appropriate care for victims of violence
Support community capacity to prevent and address priority issues of violence</td></tr>
<tr><td>Partners</td><td>Community-based organizations addressing domestic violence and sexual assault, including, but not limited to: Women’s Center for Advancement
Other community-based violence prevention organizations, including, but not limited to: YouTurn and NE Medicine</td></tr>
<tr><td>Key Activities</td><td>In collaboration with community partners, the following represents activities the Omaha Metro CHI Health hospitals will either lead as a system or facility, support through dedicated funding and staff time or a combination thereof, as appropriate.
<table>
<tr><th>Activity:</th><th>Facility/ System Responsible:</th></tr>
<tr><td>3.1.1: Expand the Forensic Nurse Examiner Program (formerly SANE)</td><td>System</td></tr>
<tr><td>3.1.2: Support YouTurn’s hospital response program for trauma victims and their families</td><td>CUMC Bergan/ Immanuel</td></tr>
<tr><td>3.1.3: Align with state- level efforts to identify victims of Human Trafficking in healthcare settings and provide support resources</td><td>System</td></tr>
<tr><td>3.1.4: Explore ongoing opportunities to promote Trauma Informed Care practices and align with Trauma Informed City Initiative</td><td>System</td></tr>
</table></td></tr>
<tr><td>Related Activities</td><td>The following activities represent complementary efforts in which CHI Health system or an individual facility is addressing the identified health need through financial support, in-kind staff contribution or a combination thereof.</td></tr>
</table>

	• CHI Health offers Stop the Bleed training and tourniquet kits to law enforcement, school and community members to prepare them to stabilize a victim(s) in the event of a mass casualty or other health emergency • Participation in the Nebraska Hospital Association: Workplace Violence Task Force • Offer Crisis Intervention Team (CIT) training for law enforcement • Provide financial and in-kind contributions to community organizations and sponsor relevant events: (e.g. Women's Center for Advancement, Empowerment Network, YouTurn) • Participation in Omaha 360, a community violence prevention and intervention coalition, focused on reducing gun violence in North Omaha
Results (pending)	

Significant Health Needs Not Addressed

In acknowledging the range of priority health issues that emerged from the CHNA process, CHI Health Omaha Metro Hospitals 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, but CHI Health system contributions are demonstrable in many of the health need areas, as described below.

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, CHI Health will continue to address access to healthcare services through financial support provided to the Magis Clinic, Hope Medical, federally qualified health centers- Charles Drew and One World Community Health Center- and through free health screenings and immunization clinics in the community.

Cancer- CHI Health did not prioritize cancer as a top health need based on the considerations above and in order to focus and meaningfully impact other areas of need. CHI Health will continue to perform existing cancer outreach throughout the community and financially support community partners such as the American Cancer Society, the Nebraska Cancer Coalition and Project Pink'd. Additionally, CHI Health Clinics are working to increase utilization of HPV vaccination to prevent cervical cancer.

Dementia and Alzheimer's Diseases- This need will be met through the behavioral health priority, which identifies, "providing support for individuals with Alzheimer's/ dementia and their caregivers" as a key activity. In addition, CHI Health Immanuel operates an inpatient and outpatient geriatric psychiatry program and recently opened a Neurological Institute. CHI Health provides financial support to the

Nebraska Alzheimer's Association for free care consultation for families with a loved one who has recently received a dementia/ Alzheimer's diagnosis.

Diabetes- CHI Health did not prioritize diabetes based on the considerations above and in order to focus and meaningfully impact other areas of need. CHI Health will continue performing diabetes outreach and education across the Omaha Metro Area, including through the integration of Certified Diabetes Educators into primary care clinics. See also Nutrition, Physical Activity & Weight Status for related activities.

Heart Disease and Stroke- While this need was not prioritized specifically, the focus on substance abuse through the behavioral health priority will have an impact on behavioral risk factors for heart disease and stroke, such as alcohol and substance abuse. Additionally, CHI Health offers programming designed to mitigate risk factors for heart disease and stroke through Heart and Sole/ Heart Failure 101 and offering heart healthy cooking classes. CHI Health is a financial supporter of the American Heart Association.

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 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.

Respiratory Diseases- CHI Health did not prioritize respiratory diseases based on the considerations above and in order to focus and meaningfully impact other areas of need. CHI Health will continue to provide the Breathe Better with COPD program, fiscal sponsorship and in- kind support of Tobacco Education and Advocacy of the Midlands (TEAM) and participate in community health fairs, offering free spirometry testing.

Sexually Transmitted Diseases- There is extensive existing work by community partners currently taking place around sexually transmitted diseases across the Omaha Metro area. Therefore, this is not an area that CHI Health prioritized. However, as mentioned in the Cancer section above, CHI Health Clinics are focusing on HPV vaccination for the prevention of cervical cancer.

Authorization

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

Appendix

CHI Health Immanuel's Community Health Needs Assessment Report 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