

Implementation Plan 2019

CHI Health Schuyler – Schuyler, NE



CHI Health Schuyler Implementation Strategy Plan

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Introduction

This document outlines CHI Health Schuyler’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.

Details of CHI Health Schuyler, including its history and services, can be found 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 healthy 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, and 179 employed physician practice locations, and employs 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 Schuyler is located in Schuyler, NE and largely serves the Colfax County area. Colfax County was identified as the community for this CHNA, as it is the primary service area for CHI Health Schuyler. See Figure 1 below for a map of CHI Health Schuyler's Primary Service Area.

Figure 1: CHI Health Schuyler Primary Service Area



Source: CHI Health Planning Department, EPIC & PDR IP & OP CY2017 data

Schuyler is the most populated city and the county seat in Colfax County. Schuyler has a diverse population with 72.7% of Schuyler residents identifying as Hispanic and 23.1% Non-Hispanic White. Colfax County is similarly diverse, but to a lesser degree with 46.4% of residents identifying as Hispanic

and 48.6% identifying as Non-Hispanic White, compared to 11.0% Hispanic and 79% Non-Hispanic White for the state of Nebraska overall.¹

Implementation Strategy Process

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

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

Throughout development of the plan, numerous internal and community partners were consulted to ensure the appropriate strategies were selected, the right partners were engaged, and resources were leveraged through a partnership with the East Central District Health Department and by aligning with the community health improvement plan’s current and planned work.

To review the data that informed the development of CHI Health Schuyler’s implementation strategy plan, access the 2019 Community Health Needs Assessment at: <https://www.chihealth.com/chna>.

Prioritized Health Needs

Based upon data gathered for the Community Health Needs Assessment, GIS and Human Dimensions, LLC identified the following Community Health Needs for Colfax County based upon comparison to state and national data. All twelve of the community health needs are represented in Table 1, along with supporting data.

Table 1. Identified Health Needs in Colfax County

Community Health Needs for Colfax County	
Community Health Needs	Rationale for Selection
	<ul style="list-style-type: none"> ● Denotes Colfax County ➤ Denotes East Central District
Births to Teen Mothers	<ul style="list-style-type: none"> ● From 2011 to 2015, there were 67 births to teen mothers in Colfax County, comprising 7.6% of all births (state comparison: 5.9%). Birth teen rate (1,000 female population ages 15-19) is 1.8 times higher than the birth teen rate at

¹ U.S. Census Bureau Quick Facts. (V2018). Accessed February 2019.
<https://www.census.gov/quickfacts/fact/table/schuylercitynebraska,US,ne,colfaxcountynebraska/PST045218>

	<p>the state level (52.8 vs. 29, respectively). The teen birth rate for Colfax County is the 3rd highest in the State, after Thurston and Dawson counties.</p> <ul style="list-style-type: none"> ➤ From 2011 to 2015, there were 274 births to teen mothers in the East Central District, comprising 7.1% of all births (state comparison: 5.9%)
Cancer	<ul style="list-style-type: none"> • From 2011 to 2015, the rate of incidence of cancer in Colfax County was 417.2 per 100,000 (state comparison: 455.0 per 100,000). The rate of deaths due to cancer was 163.1 per 100,000 in Colfax County (state comparison: 185.3). • From 2007 to 2011, the rate of incidence of prostate cancer was 212.9 per 100,000 in Colfax County (state comparison: 151.6), and the rate of deaths due to prostate cancer was 39.9 per 100,000 (state comparison: 23.3 per 100,000). • From 2011 to 2015, the rate of incidence of breast cancer was 118.5 per 100,000 in Colfax County (second highest after Boone County; State comparison: 124.6). The rate of deaths due to breast cancer was 18.8 per 100,000 (state comparison: 20.1 per 100,000). • From 2011 to 2015, the rate of incidence of leukemia was 14.4 per 100,000 in Colfax County (state comparison: 14.2), and the rate of deaths due to leukemia was 8.5 per 100,000 (state comparison: 7.1 per 100,000). • From 2011 to 2015, the rate of incidence of prostate cancer was 88.1 per 100,000 in Colfax County (state comparison: 115.1). However, the rate of deaths due to prostate cancer was 28.7 per 100,000 (highest in ECDHD. State comparison: 20.2 per 100,000).
Community Water	<ul style="list-style-type: none"> • From 2010 to 2014, the level of nitrates in Colfax County community water systems was 5.0 mg/L (highest in ECDH. State comparison: 2.0 mg/l).
Educational Attainment*	<ul style="list-style-type: none"> • As of 2016, 71.5% of the over 25 population in Colfax County has at least a High School Degree or GED/Equivalent (state comparison: 90.7%). ➤ As of 2016, 86.3% of the over 25 population in the East Central District has at least a High School Degree or GED/Equivalent (state comparison: 90.7%).
First Trimester Prenatal Care	<ul style="list-style-type: none"> • As of 2015, 60.3% of all births in Colfax County received first trimester prenatal care (state comparison: 73.2%).
Health Insurance	<ul style="list-style-type: none"> • As of 2016, 11.7% of the total Colfax County population and 7.7% of the under 18 population was without health insurance (highest in ECDHD. State comparison: 9.7% and 5.3%, respectively). ➤ As of 2016, 5.5% of the under 18 population in East Central was without health insurance (state comparison: 5.3%).
Language	<ul style="list-style-type: none"> • As of 2015, 41.7% of the Colfax County population ages 5 and over spoke a language other than English at home (state comparison: 11.0%). ➤ As of 2015, 18.0% of the East Central population ages 5 and over spoke a language other than English at home (state comparison: 11.0%).

Motor Vehicle Safety	<ul style="list-style-type: none"> • From 2012 to 2016, the motor vehicle death rate in Colfax County was 41.9 per 100,000 (highest in ECDHD. State comparison: 12.9 per 100,000). ➤ From 2011 to 2015, the motor vehicle death rate in the East Central District was 21.9 per 100,000 (state comparison: 12.9 per 100,000). ➤ In 2015, 70.3% of East Central adults ages 18 and over reported that they always wear a seat belt when driving or riding in a car (state comparison: 75.4%).
Poverty	<ul style="list-style-type: none"> • As of 2016, 12.0% of the total population in Colfax County was in poverty (state comparison: 12.4%). • As of 2016, 16.0% of the under 18 population in Colfax County was in poverty (highest in ECDHD. State comparison: 16.4%). • A greater percentage of the Colfax County population participates in social programs such as WIC, Medicaid, Free and Reduced Meals, and Head Start, as compared to the state. ➤ As of 2016, 11.8% of the under 18 population in the East Central District was in poverty (state comparison: 16.4%).
Single Parent Households	<ul style="list-style-type: none"> • From 2000 to 2016, there was a 33.5% increase in single parent family households (highest in ECDHD. State comparison: 23.1% increase). • As of 2016, 69.7% of children in single mother family households in Colfax County were at or below poverty (state comparison: 55.5%). • In 2016, 53.4% of births in Colfax County were to unmarried women (state comparison: 29.8%). ➤ As of 2016, 24.4% of children in the East Central District lived in a single parent household (state comparison: 29.3%). ➤ As of 2016, 69.5% of children in single mother family households were at or below poverty (state comparison: 55.5%). ➤ In 2016, 35.6% of births in the East Central District were to unmarried women (state comparison: 32.9%).
Tuberculosis	<ul style="list-style-type: none"> • From 2007 to 2011, the rate of tuberculosis in Colfax County was 3.9 per 100,000 (state comparison: 1.6 per 100,000).
Unintentional Injury Deaths	<ul style="list-style-type: none"> • From 2011 to 2015, the rate of unintentional injury deaths per 100,000 population was 74.0 in Colfax County (state comparison: 40.0 per 100,000). ➤ From 2011 to 2015, the rate of unintentional injury deaths per 100,000 population was 54.7 in the East Central District (state comparison: 40.0 per 100,000).

*See *Significant Health Needs to be Addressed*. Educational attainment will be indirectly addressed through CHI Health Schuyler’s efforts to expand access to early childhood education.

Prioritization Process

Multiple layers of data and community input informed the health priorities identified for Colfax County. Findings from the *2017 East Central District Comprehensive Community Health Needs Assessment* were presented to the Colfax County community in June 2018. This information, along with internal hospital data, was presented to the CHI Schuyler Community Benefit Action Team on November 13, 2018. From

these meetings and an additional Community Health Improvement Plan (CHIP) meeting held in January 2019, the community prioritized four overarching health needs (detailed in Table 2 below).

Prioritization Criteria

Community health priorities were selected for Colfax County by stakeholders representing low-income, minority populations, medically underserved populations and the aging population. Priorities were based on the following criteria:

- Magnitude of the issue
- Potential impact to improve community health
- Social determinants of health
- Availability of resources to improve health
- Community support and capacity to address the issue

Prioritized Health Needs

The following four health priorities were defined by the Community Health Improvement Plan (CHIP) work groups and affirmed by the CHI Health Schuyler Community Benefit Action Team as representing the top health needs for Colfax County. Definitions for each health priority and supporting data rationale are provided in Table 2.

1. **Family Health & Wellness**
2. **Behavioral Health**
3. **Access to Care**
4. **Support for Families with Children in Poverty**

Table 2. Top Health Needs for Colfax County

Health Need	Supporting Data & Rationale	Hospital ISP Priority
Family Health & Wellness	<p>This focus area encompasses obesity, physical activity, and nutrition. In preceding years, progress has been made in the percentage of youth and adults who report being physically active on a daily basis, however 30% of Colfax County residents were obese in 2018, consistent with the state average².</p> <ul style="list-style-type: none"> • One in three (30.3%) East Central District adults reported no leisure time physical activity, compared to one quarter (25.3%) of adults statewide.³ • Additionally, just over half (54.8%) of East Central District youth reported being physically active on a daily basis in 2017.³ • During the 2016- 2017 school year, 36.3% of kindergarten- 6th grade students and 38.5% of 7th- 12th graders in the East Central District were overweight or obese.⁴ • Obesity was ranked third (29.3%) by East Central District Community Health Survey respondents as the most important health concern in their community.Error! Bookmark not defined. 	Yes

² County Health Rankings. 2018. Accessed November 2018.

<http://www.countyhealthrankings.org/app/nebraska/2018/rankings/colfax/county/factors/3/snapshot>

³ Youth Risk Behavior Survey. 2017.

⁴ 2017 East Central District Comprehensive Community Health Needs Assessment. GIS & Human Dimensions LLC.

	<ul style="list-style-type: none"> • Obesity and diabetes were ranked as the second and third ‘Top Perceived Health Concerns in Colfax County,’ according to the 2017 Community Health Survey (25.6%, 22% respectively). Error! Bookmark not defined. • Additionally, the age-adjusted diabetes- related death rate in Colfax County was significantly higher than the state and East Central District average. • Between 2011- 2015, the rate of diabetes- related deaths was 25.7 per 100,000 population in Colfax County, while the state average was 21.5 and the East Central District average was 17.6 during the same time period. ⁴⁵Error! Bookmark not defined.Error! Bookmark not defined. 	
Behavioral Health	<p>This need encompasses both mental health and substance abuse. According to the 2017 Community Health Survey, mental health was the greatest health service need (identified by 24.5% of 98 respondents).</p> <ul style="list-style-type: none"> • Substance abuse (inclusive of drugs and alcohol) ranked among the top health concerns and risky behaviors cited by Colfax County residents in the 2017 Community Health Survey. • A similar percentage of adults ages 18 and over in the East Central District have “ever been told they have depression,” compared to the state (17.7%, 17.5% respectively).⁶ • 23.7% of East Central District youth in 9th- 12th grade report feeling “hopeless and sad almost every day for two or more weeks in a row” sometime in the past year, and 11.9% have attempted suicide.³ • The rate of alcohol- related deaths per 100,000 population was 36.6 in Colfax County, compared to 33.2 in East Central District and 33.5 in the State of NE.^{4,5} • In 2016, 36.7% of East Central District 12th graders reported alcohol use in the past 30 days.⁷ <p>Now in the third and final year of CHI Health National Mission and Ministry Grant funding, it has been affirmed by community partners that the Colfax County Behavioral Health Coalition should continue to convene and seek additional funding, as several successful impacts have resulted from the collaboration, including:</p> <ul style="list-style-type: none"> ○ Expanded use of tele-psychiatry ○ School-based mental health counseling program ○ Mental Health First Aid training ○ Mobile Crisis Response program ○ School- based prevention curriculum, such as Capturing Kids Hearts and Building Healthy Relationships 	Yes
Access to Care	<p>This focus area was defined to encompass caring for the under and uninsured who experience barriers to accessing health care, as well as the need for generating greater awareness in the community about the importance of preventative health screening and participating in annual well checks at a patient’s medical home.</p>	Yes

⁵ Nebraska Department of Health and Human Services. 2012 and 2016 Vital Statistic Reports.

⁶ Behavioral Risk Factor Surveillance System. 2016.

⁷ Nebraska Risk and Protective Factor Student Survey. 2017.

	<ul style="list-style-type: none"> • 11.7% of Colfax County residents were uninsured in 2016, including 7.7% of youth under the age of 18. This was the highest uninsured rate among the total population (including adults and youth) reported in the East Central District; higher than the state uninsured average of 9.7%. Error! Bookmark not defined.⁶ • With regard to cancer, a specific goal of the Community Health Improvement Plan (CHIP) will be to improve early detection of cancer by increasing access and utilization of cancer screenings within the community. • In 2015, 57.4% of East Central District adults between 50-75 years of age were up-to-date on colon cancer screening, compared to 62.5% for the State of NE.⁶ • Access to Care was identified as a health priority in the previous CHNA and the community reaffirmed their commitment to this work through the Community Health Improvement Plan (CHIP). 	
<p>Support for Families with Children in Poverty</p>	<p>This need was identified in relation to the data regarding poverty and single-parent households.</p> <ul style="list-style-type: none"> • Support for Families with Children Living in Poverty was identified as a health priority in each of the two preceding CHNA reports released in 2012 and 2016. • As of 2016, 12.0% of the total population in Colfax County was in poverty (state comparison: 12.4%) and 16% of youth under the age of 18 were in poverty, which is the highest county rate in the East Central District.⁴ 	<p>Yes</p>

Implementation Strategy Plan

The following represent the significant health issues CHI Health Schuyler commits to addressing through targeted strategies, dedicated financial resources and staff time, as well as involvement in community coalitions and work groups to impact the root cause, where possible, and mitigate health disparities as observed in the community health needs assessment (CHNA).

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). Data may include (but is 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 CHI Schuyler, as appropriate.

Significant Health Needs to be Addressed

Priority Health Need #1: Access to Care	
Timeframe	FY2020-FY2022
Goal	Increase in Colfax County residents establishing a Patient Centered Medical Home (PCMH) and receiving annual preventive care
Strategy & Scope	1.1: Partner with schools, employers and community groups to conduct health screenings and provide education to the public on the importance of regular preventive care
Community Indicators	<p>CHNA 2016</p> <ul style="list-style-type: none"> • 10% of children under the age of 19 without health insurance • 19.7% of East Central adults (18 years and over) had no personal doctor or health care provider in 2014 (BRFSS, 2007-2015)
	<p>CHNA 2019</p> <ul style="list-style-type: none"> • 7.7% of Colfax County children under the age of 18 without health insurance (2016) • 18.4% of East Central adults (18 years and over) had no personal doctor or health care provider in 2015 (BRFSS, 2007-2015)
Background	<p>Rationale:</p> <ul style="list-style-type: none"> • Limited access to healthcare and resources inhibits people’s abilities to reach their full potential and can negatively affect their quality of life. • CHI Health Schuyler is located in a county that is a state primary care shortage area for family practice, pediatrics, obstetrics/gynecology and psychiatry. <p>Contributing Factors:</p> <ul style="list-style-type: none"> • Health literacy, health insurance, language/ cultural barriers <p>National Alignment: Healthy People 2020 objective:</p> <ul style="list-style-type: none"> • AHS-3: Increase the proportion of persons with a usual primary care provider <p>Additional Information:</p> <ul style="list-style-type: none"> • Access to care is a Community Health Improvement Plan (CHIP) priority for the East Central Health District.
Anticipated Impact	<ul style="list-style-type: none"> • Increase awareness about the importance of annual wellness exams for early detection and treatment of chronic disease • Increase the rate of Colfax County youth and adults who have had an annual wellness exam
Partners	<ul style="list-style-type: none"> • Schuyler Community Schools • CHI Health Clinics • Cargill • Lutheran Family Services • Marathon Health • East Central District Health Department • Colfax County Churches
Key Activities	<p>In collaboration with community partners, the following represents activities CHI Health will either lead as a system or facility, support through dedicated funding and staff time or a combination thereof, as appropriate.</p>
	Activities:

	<ul style="list-style-type: none"> • Participate in community events to provide education about wellness exams and primary prevention (NET event and quarterly Cargill safety events) • Conduct no/ low cost health screenings and well child checks (e.g. sports physicals)
Related Activities	<p>In addition to the specific strategies and key activities outlined above to address <i>Access to Care</i> (to be reported annually on Schedule H tax narrative), CHI Health also supports the following bodies of work related to this health need area:</p> <ul style="list-style-type: none"> • CHI Health Clinic strategic plan includes the improvement or expansion of: direct access options for primary care to include quick care placement, virtual health, and expanded primary care hours of operation. • Continue to offer telehealth for behavioral health consultation and medication management • Participate in community health fairs to increase awareness about available services and the importance of establishing a Patient Centered Medical Home for care continuity • Host ‘Teddy Bear Checks’ to introduce children and families to pediatric providers with the goal of improving well child check-up schedule adherence
Results (pending)	

Priority Health Need #2: Behavioral Health	
Timeframe	FY2020-FY2022
Goal	Reduce stigma and ensure access to clinic and community- based behavioral health services in Colfax County
Strategy & Scope	2.1: Promote mental health services and prevent substance misuse by partnering with community organizations through the Colfax County Behavioral Health Coalition
Community Indicators	<p>CHNA 2016</p> <ul style="list-style-type: none"> • 2.7 (average) days report of mentally unhealthy days reported in the past 30 days • 7.7% of ECDHD residents 18 and older reported mental health was not good on 14 or more of the past 30 days • 13.8% of ECDHD residents 18 and older reported being told they have depression • 7.7% of ECDHD residents 18 and older reported frequent mental distress in past 30 days
	<p>CHNA 2019</p> <ul style="list-style-type: none"> • 2.8 (average) days report of mentally unhealthy days reported in the past 30 days (County Health Rankings, 2016) • 6.5% of ECDHD residents 18 and older reported mental health was not good on 14 or more of the past 30 days • 17.7% of ECDHD residents 18 and older reported being told they have depression • 2.3% of ECDHD residents 18 and older reported symptoms of serious mental illness in the past 30 days

Background	<p>Rationale:</p> <ul style="list-style-type: none"> Alcohol and drug abuse were cited as the top health concern in Colfax County according to the 2017 Community Health Survey. <p>Contributing Factors:</p> <ul style="list-style-type: none"> lack of availability of services, high cost, lack of insurance coverage, family and community dynamics, social support and stigma <p>National Alignment: Healthy People 2020 objectives:</p> <ul style="list-style-type: none"> MHMD-11.1: Increase the proportion of primary care physician office visits where adults 19 years and older are screened for depression 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%) <p>Additional Information:</p> <ul style="list-style-type: none"> CHI Health Mission and Ministry Fund provided funding from FY2016- FY2019 to establish a behavioral health coalition and fund behavioral services/ programs in Colfax County.
Anticipated Impact	<ul style="list-style-type: none"> Increase awareness of existing and potential resources among community stakeholders Increase screening and early intervention for behavioral health to avoid the necessity of higher levels of care Increase capacity of internal staff and external partners to recognize and respond to mental health crises Reduce percentage of youth reporting feeling ‘worthless’ ‘some’ or ‘most of the time’ in the past 30 days (NE YRBS)
Partners	<ul style="list-style-type: none"> Schuyler Community Schools East Central District Health Department (in-school therapy program) Good Life Counseling and Support- crisis response hotline Region 4 Probation Colfax County District Attorney Schuyler Ministerial Association Colfax County Sheriff Department Schuyler Police Department
Key Activities	<p>In collaboration with community partners, the following represents activities CHI Health will either lead as a system or facility, support through dedicated funding and staff time or a combination thereof, as appropriate.</p> <p>Activities:</p> <ul style="list-style-type: none"> Support and promote school- based programming focused on building protective factors for academic success, prevention of sexual assault, domestic violence, dating violence and stalking, and support for suicide survivors <ul style="list-style-type: none"> Building Healthy Relationships Capturing Kids Hearts LOSS program Partner with the Region to deliver Mental Health First Aid Training (MHFA) Screen for depression in CHI Health primary care clinics (Schuyler, Clarkson and Howells)

Related Activities	<p>In addition to the specific strategies and key activities outlined above to address <i>Behavioral Health</i> (to be reported annually on Schedule H tax narrative), CHI Health also supports the following bodies of work related to this health need area:</p> <ul style="list-style-type: none"> • Financially support the in- school therapy program in Schuyler Community Schools and the Crisis Response Program • Participate in the Colfax County Tobacco Coalition and the Colfax County Juvenile Justice Collaboration • Continue to offer telepsychiatry for medication management and consultation • Update and distribute the Colfax County Behavioral Health Coalition Resource Guide in English and Spanish
Results (pending)	

Priority Health Need #3: Nutrition, Physical Activity & Weight Status

Timeframe	FY2020-FY2022
Goal	Decrease the percentage of Colfax County youth and adults who are overweight or obese
Strategy & Scope	3.1: Support family health and well-being through community events and programming that focuses on healthy eating and physical activity
Community Indicators	<p>CHNA 2016</p> <ul style="list-style-type: none"> • 66.8% of East Central adults ages 18 and over were overweight or obese (BMI 25 or higher) in 2013 • 40% or more of East Central 4th through 8th graders were overweight or obese (BMI 25 or higher) in 2013-2014 • 13.5% of East Central adults ages 18 met both aerobic physical activity and muscle strengthening recommendation in 2013 • 31% of adults have a BMI of 30 or more • 27% of adults (aged 20+) report no leisure-time physical activity
	<p>CHNA 2019</p> <ul style="list-style-type: none"> • 69.2% of East Central adults ages 18 and over were overweight or obese (BMI 25 or higher) in 2015 • 32.5% or more of East Central 4th through 8th graders were overweight or obese (BMI 25 or higher) in 2016-2017 • 15.9% of East Central adults ages 18 met both aerobic physical activity and muscle strengthening recommendation in 2015 • 31.8% of East Central adults had a BMI of 30 or more (2015) • 30.3% of East Central adults (aged 20+) report no leisure-time physical activity (2015)
Background	<p>Rationale:</p> <ul style="list-style-type: none"> • Adult obesity levels remain above U.S.; appears to be progress in childhood overweight however disparities exist across income levels and race; need to build on momentum and sustain efforts; Hospital has expertise, resources, and partnerships to leverage this work. Nutrition, physical activity, and obesity was identified as a health priority and CHIP focus by focus groups. Obesity and diabetes (#2 and #3 respectively) were ranked among the top health concerns in Colfax County according to the 2017 Community Health Survey. <p>Contributing Factors:</p>

	<ul style="list-style-type: none"> fruit and vegetable consumption, physical activity, access to healthy foods, socioeconomic status, access to culturally relevant foods, knowledge of healthy food preparation <p>National Alignment: Healthy People 2020 objectives:</p> <ul style="list-style-type: none"> (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) (NWS-10): Reduce the proportion of children and adolescents who are considered obese (PA-1): Reduce the proportion of adults who engage in no leisure-time physical activity (PA-3): Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity <p>Additional Information:</p> <ul style="list-style-type: none"> 2018 East Central District Health Department (ECDHD) Community Health Improvement Plan (CHIP) priority
Anticipated Impact	<ul style="list-style-type: none"> Increase in percentage of Colfax County youth reporting they engaged in 60 minutes of physical activity daily for the past week Increase in percentage of Colfax County youth reporting consumption of 5 fruits/ vegetables in the past week Increase in percentage of Colfax County adults engaging in a wellness activity in the past year
Partners	<ul style="list-style-type: none"> Schuyler Community Schools East Central District Health Department
Key Activities	<p>In collaboration with community partners, the following represents activities CHI Health will either lead as a system or facility, support through dedicated funding and staff time or a combination thereof, as appropriate.</p> <p>Activities:</p> <ul style="list-style-type: none"> Provide financial assistance and technical support to schools, out of school programs and clinics implementing <i>5-4-3-2-1 Go!</i>[®]
Related Activities	<p>In addition to the specific strategies and key activities outlined above to address <i>Nutrition, Physical Activity & Weight Status</i> (to be reported annually on Schedule H tax narrative), CHI Health also supports the following bodies of work related to this health need area:</p> <ul style="list-style-type: none"> CHI Health Schuyler sponsors and provides staff volunteers for Schuyler Sidewalk Marathon, Color Run and Labor Day Fun Run, each of which are community wellness events with a different primary audience. The goal of all three events is to catalyze sustained interest and participation in wellness activities. Provide financial support and promote community- based Zumba classes to patients at CHI Health Schuyler Provide financial support and promote water aerobics at Schuyler Municipal Pool to patients at CHI Health Schuyler Provide in-kind class/ meeting space for yoga and Schuyler Weight Watchers See priority health need #4 (below) for information related to Schuyler Farmer’s Market and Fresh Fruit and Vegetable Voucher Program

Results (pending)	
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Priority Health Need #4: Social Determinants of Health (Families with Children in Poverty)	
Timeframe	FY2020-FY2022
Goal	Alleviate poverty in Colfax County and help families with children meet essential needs
Strategy & Scope	4.1 Economic development: Support efforts to increase access to early childhood education in Colfax County
Community Indicators	<p>CHNA 2016</p> <ul style="list-style-type: none"> • 30% of children living in households headed by single parent • 15% of children under the age of 18 live in poverty
	<p>CHNA 2019</p> <ul style="list-style-type: none"> • 21.7% of Colfax County children living in households headed by single parent (2017) • 16% of Colfax County children under the age of 18 live in poverty (2016) <p>Kids Count Data Center Early Childhood Indicator: % of 3 and 4 year olds enrolled in school in Colfax County</p> <ul style="list-style-type: none"> • Baseline: 33.4% in Colfax County, compared to 44.4% for the State of Nebraska (2015) (https://datacenter.kidscount.org/data#NE/2/0/char/0)
Background	<p>Rationale:</p> <ul style="list-style-type: none"> • Improving the conditions in which we live, learn, work, and play will create a healthier population and workforce. As of 2016, 12.0% of the total population in Colfax County was in poverty (state comparison: 12.4%) and 16% of youth under the age of 18 were in poverty, which is the highest county rate in the East Central District. According to the 2018 Kids Count in NE report, Colfax County has between 25-49% of the necessary capacity of licensed child care facilities to provide early childhood education per 100 children under 6 years of age with all available parents working. <p>Contributing Factors:</p> <ul style="list-style-type: none"> • Lack of licensed early childhood education providers, socioeconomic status, workforce, immigration policy <p>National Alignment: Healthy People 2020 objectives:</p> <ul style="list-style-type: none"> • SDOH-3.2: proportion of children living in poverty, baseline: 22% of children ages 0 to 17 were living below the poverty threshold in 2010 (US) <p>Additional Information:</p> <ul style="list-style-type: none"> • Schuyler was selected as a priority community for the Nebraska Children and Families Foundation, ‘Communities for Kids Initiative.’ Schuyler has received a \$25,000 grant to implement an early childhood education (ECE) plan with the goal of increasing ECE community capacity. Data analysis conducted by Nebraska Children and Families Foundation demonstrates a significant lack of licensed child care providers available in Schuyler to support the needs of families with children, in which both parents participate in the labor force.
Anticipated Impact	<ul style="list-style-type: none"> • Expand access to early childhood education in Schuyler

Partners	<ul style="list-style-type: none"> • Nebraska Children and Families Foundation • Schuyler Community Schools • United Way • Schuyler Economic Development
Key Activities	<p>In collaboration with community partners, the following represents activities CHI Health will either lead as a system or facility, support through dedicated funding and staff time or a combination thereof, as appropriate.</p> <p>Activities:</p> <ul style="list-style-type: none"> • Create early childhood plan for Schuyler community • Explore feasibility of early childhood education sites in Schuyler • Seek braided funding to build a new early childhood education center in Schuyler
Related Activities	<p>In addition to the specific strategies and key activities outlined above to address <i>social determinants of health</i> and <i>poverty specifically</i> (to be reported annually on Schedule H tax narrative), CHI Health also supports the following bodies of work related to this health need area:</p> <ul style="list-style-type: none"> • Participate in and provide financial support to the Community Response Program • Participate in National League of Cities cohort
Results (pending)	
Strategy & Scope	4.2. Food Access: Lead efforts to increase access to healthy food for Colfax County residents living in poverty through collaborative programming and education.
Community Indicators	<p>CHNA 2016</p> <ul style="list-style-type: none"> • 30% of children living in households headed by single parent • 15% of children under the age of 18 live in poverty <p>CHNA 2019</p> <ul style="list-style-type: none"> • 21.7% of Colfax County children living in households headed by single parent (2017) • 16% of Colfax County children under the age of 18 live in poverty (2016) • 5.2% of residents overall and 12.8% of children are food insecure in Colfax County (2017) (source: Feeding America: Map the Meal Gap. 2019) • % of Colfax County youth/ adults reporting consumption of 5 fruits/ vegetables in the past week- need to establish baseline
Background	<p>Rationale:</p> <ul style="list-style-type: none"> • Low income individuals are at greatest risk of food insecurity and poor health outcomes related to an inadequate diet • Consumption of healthy foods is a protective factor for the development of chronic diseases, such as: diabetes, cancer, heart disease, obesity and stroke • A healthy diet is an effective component of chronic disease management <p>Contributing Factors:</p> <ul style="list-style-type: none"> • Socioeconomic status, low food access, skills in purchasing and preparing healthy foods <p>National Alignment: Healthy People 2020 objective:</p> <ul style="list-style-type: none"> • NSW-13: Reduce household food insecurity and in doing so reduce hunger (baseline: 14.6% of households in the US were food insecure in 2008; target= 6%)

	<p>Additional Information:</p> <ul style="list-style-type: none"> • CHI Health financially supports the Double Up Food Bucks Program in Omaha and Lincoln currently • CHI Health Schuyler partnering with NE Extension to become a Supplemental Nutrition Assistance Program (SNAP) participating farmer’s market
Anticipated Impact	<ul style="list-style-type: none"> • Decrease food insecurity • Increase access to, and consumption of, fresh fruits and vegetables • Increase nutrition knowledge among Farmer’s Market participants
Partners	<ul style="list-style-type: none"> • Nebraska Extension • Schuyler Area Chamber of Commerce • WIC • Schuyler Ministerial Food Pantry • Schuyler Community Schools • Salvation Army • Schuyler Senior Center (low income housing)
Key Activities	In collaboration with community partners, the following represents activities CHI Health will either lead as a system or facility, support through dedicated funding and staff time or a combination thereof, as appropriate.
	<p>Activities:</p> <ul style="list-style-type: none"> • Help coordinate and manage the Schuyler Farmer’s Market and Fresh Fruits and Vegetable Voucher Program • Explore the potential for implementing the Double Up Food Bucks Program in partnership with the Colfax County Chamber of Commerce
Related Activities	<p>In addition to the specific strategies and key activities outlined above to address <i>social determinants of health</i> and <i>food access</i> specifically (to be reported annually on Schedule H tax narrative), CHI Health also supports the following bodies of work related to this health need area:</p> <ul style="list-style-type: none"> • Population health coach supports diabetes management at Schuyler Clinic • Participate in Whole School, Whole Child, Whole Community (WSCC) grant (focusing on asthma, alternative breakfast and physical activity)
Results (pending)	

Significant Health Needs Not Addressed

In acknowledging the range of priority health issues that emerged from the CHNA process, CHI Health Schuyler prioritized the health issues above in order to most effectively focus resources and meaningfully impact the selected health issues. CHI Health Schuyler selected the same top health needs as identified by the community and will address each of those needs as described in the section above.

Authorization

The CHI Health Board of Directors approved and adopted this Implementation Plan on _____. In addition, the plan was presented and reviewed by the CHI Health Schuyler Community Board on May 30, 2019.

Appendix

CHI Health Schuyler'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.

