

Implementation Plan 2019

CHI Health St. Mary's – Nebraska City, NE



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Introduction

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

Details regarding CHI Health St. Mary's, including the history and services, can be found in the CHNA report posted online at www.chihealth.com/chna.

Purpose and Goals of ISP

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

The goals of this ISP are to:

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

Organization Mission

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

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

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

Reverence

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

Integrity

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

Compassion

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

Excellence

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

This mission calls us to create healthier communities and we know that the health of a community is impacted beyond the services provided within our wall. This is why we are compelled, beyond providing excellent health care, to work with neighbors, leaders and partner organizations to improve community health. The following implementation plan outlines our commitment to this mission and to our communities.

Community Served by the Hospital

As a Critical Access Hospital, CHI Health St. Mary's primarily serves Otoe County, Nebraska as shown in Figure 1 below, with a secondary service area including the surrounding counties of Johnson and Nemaha in Nebraska, and Fremont in Iowa. The work of the following plan will primarily focus on Otoe County, thus covering between 75% and 90% of patients served. For purposes of the implementation strategy plan, St. Mary's took into consideration data specific to their patient population and surrounding geographies in order to determine the appropriate strategies, measures and scope of the plans. The specific scope is described in the plans below.

Figure 1: Map of Otoe County, Nebraska



Otoe County has primarily a rural population over 616 square miles. Otoe County is home to ten communities with four school districts. The population of these communities range from 61 in Lorton, to 1,600 in Syracuse and 6,547 in Nebraska City. St. Mary's is located in Nebraska City, which also serves as the County Seat for Otoe County and is approximately 50 miles from the Omaha Metropolitan Area and 50 miles from the northern Kansas border.

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

Implementation Strategy Planning Process

In order to select priority areas and design meaningful, measurable strategies, St. Mary's Community Benefit Action Team (CBAT), an interdisciplinary team of hospital leaders and staff, considered 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, St. Mary's considered potential other areas of need as defined by the IRS. As described in the IRS instructions for the Form 990, Schedule H for Hospitals, community need may be demonstrated through the following:

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

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

Prioritized Health Needs

Prioritization Process

During the CHNA process, CHI Health St. Mary’s CBAT Team identified the top health needs through consideration of various criteria, including: standing in comparison with benchmark data; identified trends; the magnitude of the issue in terms of the number of persons affected; and the perceptions of top health issues among key informants giving input to the process. This process can be reviewed in more detail in the CHNA posted at www.chihealth.com/chna, however Table 1, below shows the results of the 2019 CHNA and the eight identified health needs across Otoe County, Nebraska.

Table 1: Top Identified Health Needs from St. Mary's 2019 CHNA

Health Need Area
Access to Health Care Services
Aging Issues
Behavioral Health (to include mental health, suicide, and substance abuse)
Cancer
Cardiovascular Disease
Maternal & Child Health
Nutrition, Physical Activity, and Weight Status
Violence

Upon completion of the CHNA, St. Mary’s CBAT held a meeting and gained input from community partners to further prioritize the top health needs as well as sought additional community validation from the hospital’s community board and local health department. During these internal and external meetings the team took into consideration the severity of each health issue, factors driving the health needs, the populations impacted (making special consideration to disparities and vulnerable populations), the trends in the data, as well as existing partnerships, available resources, the hospital’s level of expertise, existing initiatives (or lack thereof), potential for impact, and the community’s interest in the hospital engaging in that health area. Through this process Social Determinants of Health (SDOH) (and more specifically the effects of poverty, food insecurity, and low availability of quality housing) was identified as drivers of these health needs across Otoe County, Nebraska. Therefore, it has been added to the list of Prioritized Health Needs in Table 2, which the hospital considered as part of this planning process.

Prioritization Criteria

As a result of the process described above, St. Mary’s selected and validated work to address one primary area of need [Social Determinants of Health (SDOH)] based on:

- Existing work in the community involving key community partners
- The hospital’s level of expertise
- The need to address root causes of many health needs to maximize impact of the hospital’s efforts

Prioritized Health Needs

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

Table 2: Prioritized Health Needs Identified in CHNA

Health Need Area	Rationale	Hospital Priority
Access to Healthcare Services	<ul style="list-style-type: none"> • 2014 County Health Rankings shows 11% of Otoe County population is uninsured compared to Nebraska (13%). • Survey respondents reported a ‘lack of appropriate providers’ and ‘lack of insurance coverage overall’ as the major contributors to this issue. 	No
Aging	<ul style="list-style-type: none"> • Compared to peer counties Otoe County is considered "moderate" in the percent of individuals with Alzheimer's/Dementia (10%). • Survey respondents reported “a lack of affordable housing for seniors” is the major issue for those in the aging population. 	No
Behavioral Health (Includes mental health, suicide & substance abuse)	<ul style="list-style-type: none"> • Ratio of mental health providers to population is 1,970:1 compared to NE overall at 410:1. • Suicide rates in SEDHD service area have risen since 2011 from 3.9 per 100,000 to 21.4 in 2014. • Community members report that “lack of awareness to identify mental health issues” and “ability to support those who need care” are key issues. In addition, respondents noted that social stigma prevents individuals from seeking help. • Suicide rates in SEDHD service area have risen since 2011 from 3.9/100,000 to 21.4/100,000 in 2014. The key issues selected by survey respondents included “social stigma” and “awareness among community members to provide the necessary support system to address those who are suicidal.” • Otoe County ranked “moderate” for smoking and “worse” for drinking among peer counties despite improved alcohol use trends. • Twenty three percent of 10th graders report ever trying illicit drugs. • Illegal drug use/abuse and alcohol and binge drinking were cited by community members as primary reasons for the issue. 	No
Cancer	<ul style="list-style-type: none"> • Despite substantial improvement in colorectal and lung cancer incidence and mortality, all cancers are the leading cause of death in SEDHD area. • SEDHD also reports low breast cancer screening rates. • Community members say “lack of awareness of the benefits of screening” and “utilization of available screening options” are ongoing issues. 	No
Cardiovascular Disease	<ul style="list-style-type: none"> • Is the second leading cause of death in SEDHD region • The incidence of coronary heart disease increased from 4.2% (2011) to 5.5% (2014). • Adults with a previous heart attack increased from 7.7% to 8.4%. 	No

	<ul style="list-style-type: none"> Community members cite “unhealthy lifestyle choices” as the biggest contributing factor to this issue. 	
Maternal & Child Health	<ul style="list-style-type: none"> Low birth weight (LBW) trended up from 6.8% of live births w/LBW to 8.4% in 2014 (HP2020 Goal 7.8%). The teen birth rate in Otoe County is slightly lower than Nebraska. “Teen risky behavior” and “women seeking prenatal care” is an issue according to community members. 	No
Nutrition, Physical Activity, and Weight Status	<ul style="list-style-type: none"> The percent of adults who are obese: Otoe County 34%, Nebraska 29%, Healthy People 2020 goal 30.5%. Data shows an increasing trend and Otoe County ranks 39 out of 45 peer counties. Community members ranked Obesity as a top need because “families are not able to make health a priority,” “low physical activity rates,” “access to facilities”, and “knowledge of how to access and prepare healthy foods.” 	No
Violence	<ul style="list-style-type: none"> Rate of violent crime in Otoe is low; however 60% of 8th graders report ever being bullied. Domestic abuse was the primary reason community members gave for selecting violence as an issue. 	No
Social Determinants of Health Identified by CBAT following completion of the CHNA	<ul style="list-style-type: none"> Nearly 1 in 5 children age 17 and under in the Southeast Health District live in poverty. <ul style="list-style-type: none"> Richardson and Pawnee counties were the highest in the district (30% and 24% respectively; state average 17%). Percent of Single parent households – NE 29%, Johnson County 28%; Pawnee County 29%; Otoe County 27%; Nemaha County 24%; Richardson County 21%. Percent of homes occupied by owner – NE 66%; Richardson County 75%; Johnson County 74%; Otoe County 74%; Nemaha County 71%; Pawnee County 77%. Percent of households with severe housing problems (at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen, or plumbing facilities) – NE 13%; Johnson County 13%; Otoe County 12%; Richardson County 11%; Nemaha County 11%; Pawnee County 11% 	Yes*

*See plan below for explanation and details

Implementation Strategy Plan

The following plan describes the goals, strategies, scope, key activities and anticipated impact for the health need area - social determinants of health prioritized over the next three year cycle spanning fiscal years 2020- 2022, which begins July 2019.

Evaluation Plan

For the health priority selected, 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. Additionally, the hospital will evaluate in an on-going manner, the need to support key activities and strategies financially in partnership with the community and other stakeholders.

Significant Health Needs to be Addressed

Priority Health Need: Social Determinants of Health (SDOH)	
Goal	Increase capacity of community-led efforts to address socioeconomic issues driving health disparities among Nebraska City and Otoe County residents.
Strategy & Scope	Continue to help steer and participate in an existing community effort to effectively address social drivers of poor health outcomes (such as poverty, lack of family supports for working parents, housing, and food insecurity) in Nebraska City and Otoe County, NE.
Timeframe	FY2020-FY2022
Community Indicators	<p>CHNA 2016</p> <ul style="list-style-type: none"> 15.1% of adults live in poverty in Nebraska City, compared to 10% in Otoe County and 12.4% in Nebraska overall 13.4% of children 0-18 are living in poverty in Otoe County compared to 16% across the State 3.7% unemployment in Otoe County, compared to 3.0% in Nebraska <p>CHNA 2019</p> <ul style="list-style-type: none"> 13.6% of adults live in poverty in Nebraska City, compared to 9.1% in Otoe County and 10.8% in Nebraska overall 13% of children 0-18 are living in poverty in Otoe County compared to 14% across the State 3.4% unemployment in Otoe County, compared to 2.9% in Nebraska 31.8% of rentals where gross rent exceeds 30% of household income
Background	<p>Rationale:</p> <ul style="list-style-type: none"> While nearly all community indicators above showed slight improvement from 2016 to 2019, social factors such as poverty, housing, and family-friendly employment were identified as drivers of stress, poor health, and poor quality of life for working age families in Otoe County 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 There is a growing tide of awareness across community sectors and an existing body of work through local coalitions to collectively address SDOH as a root cause of what is driving poor health and poor socioeconomic growth in the area It is anticipated that by addressing social needs, such as poverty and access to preventive care, the community will realize improvements on health needs that develop as a result of these socioeconomic factors, such as heart disease, cancer, and obesity. <p>Contributing Factors:</p> <ul style="list-style-type: none"> Rural nature of the area creates a general need for economic development related to higher paying jobs and affordable housing availability, as well as building community capacity to support those in poverty <p>National Alignment:</p> <ul style="list-style-type: none"> 15.1% of persons living below the poverty threshold (baseline measure – no target available) (HP2020) 22.0% of children 0-17 living in poverty (baseline measure – no target available) (HP2020) 34.6 percent of households that spend more than 30% of income on housing in 2007 (baseline measure – no target available) (HP2020) <p>Additional Information:</p> <ul style="list-style-type: none"> St. Mary's has just finished a three-year grant to build a collective impact coalition to address behavioral health issues in Otoe County <ul style="list-style-type: none"> Work was beginning to focus largely on poverty, and will be incorporated into the community-led effort Partners for Otoe County (P4OC) is a local coalition that recently received funding from the Nebraska Children & Families Foundation (NCF) to form a collective impact workgroup to assess and address gaps in early childhood programming in the area (P4OC originated out of St. Mary's Hospital and People United for Families in 2009)

	<ul style="list-style-type: none"> • CHI Health St. Mary's has long supported the Growing Great Kids program out of Southeast District Health Department, which provides for home visiting for at-risk families with children age 0-3 • Community Prosperity Initiative work (led by community leaders from multiple sectors) has convened in last two years to focus on economic development • There is an opportunity to explore how the different work described here aligns together, as similar community members/agencies are engaged in each body of work
Anticipated Impact	<ul style="list-style-type: none"> • Reduce poverty and improve health outcomes through building capacity of community services and agency collaborations to address individual health needs
Key Activities	<ul style="list-style-type: none"> • Provide leadership and funding support to the P4OC steering committee to build capacity and support growth of the coalition <ul style="list-style-type: none"> To serve as the backbone agency for larger, community-based, collective impact work addressing health, social, and economic factors to build a healthy community where every child and family thrives • Support evidence-based, community-based trainings or programming such as Bridges Out of Poverty or Mental Health First Aid as supported and aligned with P4OC Coalition objectives • Support Southeast District Health Department to offer the Growing Great Kids home visiting program serving families with children 0-3 and at risk for substance abuse and poor infant/maternal outcomes • Operate the Nebraska City Community Garden, offering plots to those in need, as well as building capacity of community ownership and educational activities related to food production, harvesting, preparation, and sustainability
Partners	<ul style="list-style-type: none"> • Partners for Otoe County • Nebraska City Housing Authority/BRANCH • Southeast District Prevention Partnership • Community Prosperity Initiative • Partners for Otoe County • Better Together (Economic opportunity, Social connections, Child & family development) • Community Prosperity Initiative (CPI) [Economic Development, Housing, Early childhood, Adult/Youth entrepreneurship, Tourism, Art, Recreation, Trails (TART)] • EDGE (Poverty) • Southeast District Health Department Prevention Partnerships (Regional work across a five-county area)
Relevant Related Activities	<p>In addition to the specific strategies and key activities outlined above to address <i>Social Determinants of Health</i> (to be reported annually on Schedule H tax narrative), CHI Health and CHI Health St. Mary's also supports the following bodies of work related to this health need area:</p> <ul style="list-style-type: none"> • MD Save offers low-cost, pre-paid care bundles for select services and procedures related to: Radiology, Laboratory, and Sleep Medicine • Promotion of violence prevention and social-emotional learning in schools and in partnership with local businesses.
Results	<i>PENDING</i>

Significant Health Needs Not Addressed

In acknowledging the range of priority health issues that emerged from the CHNA process, CHI Health Mercy Corning prioritized *Social Determinants of Health* in order to most effectively focus resources and meaningfully impact the selected health issues. As described in the process above, 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 area in order to select the priorities. Having basic and social needs is a critical component of a person's health and unmet social determinants are often key drivers of other health needs. Therefore, the hospital seeks to indirectly address the following health needs by addressing social needs as a root causes of poor health outcomes. In order to maximize resources and impact on the prioritized health need area above, Mercy Corning will not write strategies to directly address the following needs, although relevant related work is highlighted where applicable below.

Access. In addition to the rationale stated above, access to care is a fundamental component of CHI Health's Mission and strategy. CHI Health and CHI Health Clinic are currently working to expand the portfolio of primary care access points including extended clinic hours and virtual care to ensure access to specialty care.

Aging. In addition to the rationale stated previously, the hospital considers the work outlined on the plan above to be across the life span, and the aging population will be given special consideration during planning and implementation of relevant activities given the partners and existing work happening that aligns with the overall strategy described above.

Behavioral Health. In addition to the rationale stated above, St. Mary's has been leading an effort to address behavioral health needs through a local coalition for the past three years. Now community partners that have been participating in this coalition will be participating in the work described on the plan above to build community capacity to address identified health needs in the community, to include behavioral health.

Cancer. St. Mary's continues its efforts around improving screening rates for cancer through consistent quality improvement efforts. The recently implemented practices to screen 80% or more of the eligible patients for colon cancer, and participate in the Every Woman Matters campaign to improve breast cancer screening rates. St. Mary's also provides specialty cancer care clinics on-site in the rural location regularly.

Cardiovascular Disease. Beyond the rationale state above, there is not additional work prioritized in this health need area. However, as a Critical Access Hospital, St. Mary's recognizes the need to increase access to specialty care and holds a partnership with the Nebraska Heart Institute to provide superior heart and vascular care to the region.

Maternal & Child Health. In addition to the rationale stated above, St. Mary’s has long supported, and will continue to support the Growing Great Kids program led by Southeast District Health Department, which is a home visiting program to support healthy development for pregnant mothers and babies age zero to three years of age, in the home. The hospital provides financial support and administrative guidance to the program that serves Otoe County and four other surrounding counties.

Nutrition, Physical Activity, and Weight Status (Obesity). This need will be addressed in part through the work of the team to operate and maintain the Nebraska City Community Garden, which is outlined in the plan above. Additionally, the team has begun offering an evidence-based program for families of children 8-18 with a high body mass index (BMI) and referred by a doctor, to receive a free eight-week course on healthy eating, active living, and setting healthy goals as a family. The team will monitor progress and enrollment of this program to evaluate continued offering.

Violence. St. Mary’s has long supported violence prevention efforts in Otoe County by leading a United Against Violence coalition that brings together a multi-disciplinary community stakeholder group to implement social emotional learning curriculum in the schools, support the implementation of policies that prevent violence in the workplace and community, and generally promote awareness around the need to reduce violent behaviors. The hospital will work to sustain this work through the continuation of the coalition as part of the broader work led by the community.

Through the work described in the plan above, St. Mary’s will be able to work more collaboratively and provide valuable resources to an existing community collaborative that will indirectly address challenges related to barriers for the aging and vulnerable populations, behavioral health, maternal and child health, obesity, and violence.

Authorization

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

Appendix

CHI Health St. Mary’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.

