



Implementation Strategy

Fiscal Year 2023-2025 Plan

CHI Health Good Samaritan– Kearney, NE

*A Joint Assessment
Richard Young Behavioral Health*




Board approved 7.21.22






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At-a-Glance Summary

<p>Community Served</p> 	<p>For the purpose of the CHNA and this Implementation Strategy, CHI Health Good Samaritan/RYPBHC consider its primary community to be Buffalo County, Nebraska. This was determined by the Community Benefit Action Team (CBAT), an interdisciplinary team from the hospital. The CBAT took into account the county in which the hospital is located and reviewed the zip codes representing 75% of the hospital discharges.</p> <p>Zip codes representing 75% of the IP/ED discharges in FY20: 68847, 68845, 68850, 68840, 68869, 68836, 68959, 68801, 68949, 69130, 68876, 68822, 68853, 69101, 68803, 68863, 68924, 69138, 68862, 68848</p>
<p>Significant Community Health Needs Being Addressed</p> 	<p>The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are:</p> <ul style="list-style-type: none"> ● Access to Care ● Behavioral Health ● Social Determinants of Health
<p>Strategies and Programs to Address Needs</p> 	<p>The hospital intends to take actions and to dedicate resources to address these needs, including:</p> <ul style="list-style-type: none"> ● Access to Care <ul style="list-style-type: none"> ○ Partner with Two Rivers Public Health Department, Buffalo County Community Partners, HelpCare Clinic and other community partners, to support the health care access and related barriers, such as transportation, health literacy, and cost of services. ● Behavioral Health <ul style="list-style-type: none"> ○ Continue to partner with the community organizations to improve the continuum of services, utilization of best practices, and awareness of resources to ensure improved access to services in the region. ○ Integrate behavioral health services into primary care, and continue to build out other behavioral health integration pathways in the hospital system. ○ Prevent violence and mitigate violence once it occurs through education, awareness, and capacity building of internal staff and key partners, such as schools and crisis centers. ● Social Determinants of Health <ul style="list-style-type: none"> ○ Utilize Unite Us, a cloud- based social needs referral platform, to ensure patients are being referred for and accessing basic resources outside of the hospital.

	<ul style="list-style-type: none"> ○ Participate and support the efforts of numerous community partners, such as Buffalo County Community Partners, Residential Assistance to Families in Transition, and faith based organizations, to support the basic needs of the community.
<p>Anticipated Impact</p> 	<p>Access to Care</p> <ul style="list-style-type: none"> ● Improve accessibility and use of preventive care ● Increase the number of community residents who identify a primary care physician ● Reduce the number of community residents who report cost as a barrier to healthcare access <p>Behavioral Health</p> <ul style="list-style-type: none"> ● Reduce suicide rates, substance abuse, and those experiencing mentally unhealthy days <p>Social Determinants of Health</p> <ul style="list-style-type: none"> ● Increase awareness of resources, resource utilization, and positive health outcomes
<p>Planned Collaboration</p> 	<ul style="list-style-type: none"> ● Buffalo County Community Partners ● HelpCare Clinic ● Two Rivers Public Health Department ● Unite Nebraska ● SAFE Center ● Family Advocacy Network ● Nebraska Extension ● Region 3 ● South Central Behavioral Services <p>A complete list of resources and partners can be found in the Resource Inventory at https://www.chihealth.com/chna.</p>
<p>Joint Implementation Strategy Plan</p> 	<p>This is a joint implementation strategy plan for CHI Health Good Samaritan and Richard Young Behavioral Health Hospital (RYBHC).</p> <p>The hospitals' plan to jointly address three primary needs in the community, and individually own work within each health need area to contribute to the overall plan success</p>

This document is publicly available online at the hospital's website and accessible at: www.chihealth.com/CHNA. Written comments on this report can be submitted to CHI Health, by completing this [google form](#).

Our Hospital and the Community Served

About the Hospital

CHI Health Good Samaritan/ RYBHC is a part of CommonSpirit Health, one of the largest nonprofit health systems in the U.S., with more than 1,000 care sites in 21 states coast to coast, serving 20 million patients in big cities and small towns across America.

Established by the Sisters of the Saint Francis of Perpetual Adoration in 1924, CHI Health Good Samaritan is a 268-bed regional referral center in Kearney, Nebraska. Part of CHI Health, a member of CommonSpirit Health, CHI Health Good Samaritan provides specialty care to more than 350,000 residents of central Nebraska and northern Kansas. The hospital provides services including a state-designated Advanced Trauma Center featuring AirCare emergency helicopter transport, Maternity Center, NICU, advanced orthopedic care, comprehensive neurosurgery, a Primary Stroke Center, and a cancer center accredited by the American College of Surgeons Commission on Cancer. Richard Young Behavioral Health Center (RYBHC) is a department of Good Samaritan Hospital. Since opening in 1986 as a free-standing psychiatric facility, RYBHC has provided a broad continuum of care for patients aged 13 and older from intensive inpatient to outpatient services. CHI Health Good Samaritan has received the following awards and accreditation:

- America's 250 Best Hospitals Award™ (2022, 2021, 2020)
- America's 100 Best Critical Care™ (2022, 2021, 2020)
- America's 100 Best Gastrointestinal Surgery™ (2022, 2021, 2020)
- Gastrointestinal Care Excellence Award™ (2022, 2021, 2020)
- Pulmonary Care Excellence Award™ (2022, 2021)

Our Mission

The hospital's dedication to assessing significant community health needs and helping to address them in conjunction with the community is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Financial Assistance for Medically Necessary Care

It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay. This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary, and related materials are available in multiple languages on the hospital's website.



Description of the Community Served

Community Definition

For the purpose of the CHNA and this Implementation Strategy Plan, CHI Health Good Samaritan/RVBHC consider its primary community to be Buffalo County, Nebraska. This was determined by the Community Benefit Action Team (CBAT), an interdisciplinary team from the hospital. The CBAT took into account the county in which the hospital is located and reviewed the zip codes representing 75% of the hospital discharges (listed below). Based on these considerations, and the additional details below, Buffalo County was determined to be the CHNA service area for CHI Health Good Samaritan/RVBHC.

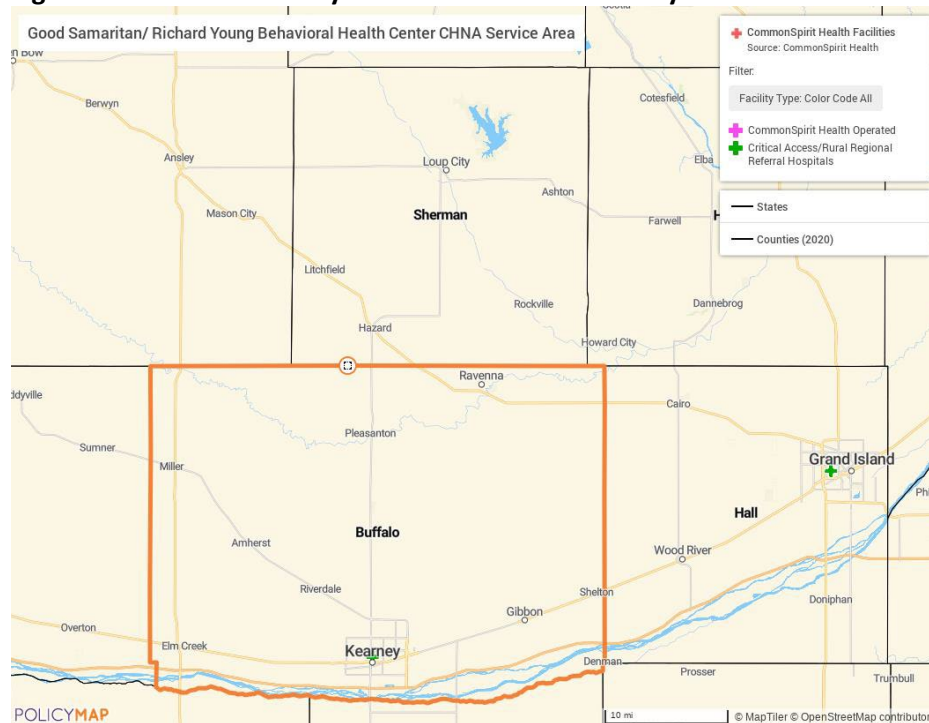
- Buffalo County is the geographic area from which a significant number of CHI Health Good Samaritan/RVBHC patients utilizing hospital services reside. While the CHNA considers other types of healthcare providers, hospitals are the single largest provider of acute care services. For this reason, the utilization of hospital services provides the clearest definition of the community. The zip codes that fall outside of Buffalo County are largely served by other health care organizations.
- CHI Health Good Samaritan/ RVBHC is also a partner in a countywide healthy community coalition known as Buffalo County Community Partners (BCCP) and the surrounding counties each have their own non-profit hospitals within their borders that are better suited to address local concerns. CHI Health Good Samaritan/ RVBHC resources and community benefit strategies have historically focused and will continue to focus on Buffalo County to have the greatest impact.
- As CHI Health Good Samaritan/ RVBHC work to address health needs in Buffalo County, they will also work to collaborate with the Two Rivers Public Health Department (TRPHD) which covers a seven-county region. As resources and capacity allows, CHI Health Good Samaritan/ RVBHC will also work to support and align with TRPHD to meet needs across county lines.

Zip codes representing 75% of the IP/ED discharges in FY20:

68847, 68845, 68850, 68840, 68869, 68836, 68959, 68801, 68949, 69130, 68876, 68822, 68853, 69101, 68803, 68863, 68924, 69138, 68862, 68848

Buffalo County is located in the central part of the state, just north of Interstate 80 and on the north side of the Platte River. Figure 1 depicts Buffalo County (in orange), which covers an area of 975 square miles including 10 communities with 50,084 residents.

Figure 1: CHNA Community Definition – Buffalo County¹



Community Description

Buffalo County’s population increased by 8.6% from 2010 to 2020 and was one of the two counties in the TRPHD district to see an increase in population. In 2019, White alone, not Hispanic or Latino individuals made up 90% of the population, which was lower than Buffalo County (95%). In the same year, 4.8% of residents in the county were born outside of the United States, a slight increase from the year before (4.6%). In 2019, 97.2% of Buffalo County residents were citizens.² Figure 1 also shows the population density of Buffalo County, demonstrating that the majority of the population resides in and around Kearney, Nebraska.

A review of the socioeconomic factors shows a median household income of \$57,064, which is comparable to the state (\$59,431), an estimated high school graduation rate higher than the state (90.7% and 87.6% respectively), and an unemployment rate lower than the state (0.9% and 1.3% respectively).^{2,3,4} Additionally, the rate of persons who spoke a language other than English at home is 8.0% in both Kearney and Buffalo County.

¹ PolicyMap. 2022. Accessed March 2022. PolicyMap Map retrieved from <https://commonspirit.policymap.com/>

² Census Bureau Quick Facts. Assessed April 2022. Retrieved from https://www.census.gov/quickfacts/fact/table/NE_US/PST045221

³ US Department of Education, EDFacts. Additional data analysis by CARES. 2018-19. Source geography: School District. Accessed February 2022. Retrieved from https://engagementnetwork.org/assessment/chna_report/

⁴ Bureau of Labor Statistics. 2022. Accessed February 2022. Source geography: County. Retrieved from: CARES Engagement Network. https://engagementnetwork.org/assessment/chna_report/

Community Assessment and Significant Needs

The health issues that form the basis of the hospital’s community health implementation strategy plan and programs were identified in the most recent CHNA report, which was adopted in April 2022. The CHNA contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods;
- Presentation of data, information and findings, including significant community health needs;
- Community resources potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding [CHNA](#).

Additional detail about the needs assessment process and findings can be found in the [CHNA report](#), which is publicly available on the hospital’s website or upon request from the hospital, using the contact information in the At-a-Glance Summary.

Significant Health Needs

The CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors and health care services, and also health-related social needs that have an impact on health and well-being.

Significant Health Need	Description	Intend to Address?
Access to Care	<ul style="list-style-type: none"> ● Access to care was identified as a priority through both the TRPHD and BCCP processes. ● Uninsured- 11.1% of Buffalo County residents (6.8% of children under 18 uninsured) lack healthcare coverage; disproportionately affects low-income households. ● Primary care physicians to population ratio (MD & DO Only, not including OBGyn) 1:1,100 Buffalo, 1:1,310 NE. ● Mental Health provider shortage area (1:270 Buffalo, 1:360 NE). ● Prescription drug coverage and medication management (many are underinsured). ● Buffalo County reported a shortage of specialty care professionals in the following specialty areas: <ul style="list-style-type: none"> ○ Family Practice ○ Psychiatry and Mental Health ○ General Internal Medicine ○ General Surgery ○ Primary Care 	✓

Significant Health Need	Description	Intend to Address?
	<ul style="list-style-type: none"> ● General Dentistry was the only specialty with no reported shortage in Buffalo County. ● Goal of BCCP Alzheimer’s & Dementia Coalition is to increase education and awareness of Alzheimer’s and Dementia related diseases across the County, and increase engagement on all levels of community by building partnerships to support those affected by Alzheimer’s and Dementia. ● 83% of Buffalo County adults feel it is important to have plans for future healthcare in the form of a living will or advance directive, BUT only 1/2 have reported creating one. ● Preventable hospital stays per 100,000 Medicare enrollees: 3,844 in Buffalo County, 3, 475 in NE. ● Needed to see doctor in past year, but couldn’t because of cost reached 18% in 2018 (increase from 8% in 2010). 	
Behavioral Health (includes mental health and substance abuse)	<ul style="list-style-type: none"> ● Limited access to services due to availability of providers, cost and stigma. ● Poor mental health days in past 30 days – 3.6 Buffalo County, 3.6 NE. ● 62.2% of all 2016 respondents reported using any alcohol in the past 30 days. Alcohol use increases with education and income. The 35-44 year old group reported the highest frequency of past 30-day alcohol use (BRFS). ● In 2016, 24.6% of Buffalo County respondents reported binge drinking (5 or more drinks for males, 4 for females in one sitting) in the past 30 days. Binge drinking was highest among the 35-44 year old group and/or higher household income group. Binge drinking was reported higher in males compared to females (BRFS). ● In 2018, 6.1% of TRPHD adults 18 years old and older reported they currently use smokeless tobacco products (State comparison: 5.2%). ● In 2018, 11.5% of TRPHD adult males 18 years old and older reported current smokeless tobacco use compared to 0.9% of TRPHD adult females 18 years and older. 	✓

Significant Health Need	Description	Intend to Address?
	<ul style="list-style-type: none"> ● In 2018, 39% of TRPHD 12th graders reported that they had used an e-cigarette in the last 30 days (State comparison: 37.3%). ● In 2016, the suicide death rate was 13.5 per 100,000 population in Buffalo County (TRPHD comparison: 13.7 per 100,000 population; State comparison: 11.9 per 100,000 population). ● For 8th graders, ease of obtaining substances increased from 2010 to 2018. ● 30% of youth respondents to the BRFSS felt sad or hopeless almost every day for two weeks or more in a row (up from 21% in 2010). 	
Chronic & Infectious Disease	<ul style="list-style-type: none"> ● In 2016, Buffalo County had the highest heart disease hospitalization rate (129.8 per 1,000 Medicare Beneficiaries, 65+) of all TRPHD counties (TRPHD: 102.0 per 1,000; NE: 102.8 per 1,000). ● Although the stroke death rate in Buffalo County was the lowest of all TRPHD counties, the stroke hospitalization rate (20.5 per 1,000 Medicare Beneficiaries, 65+) was the highest of all TRPHD counties (TRPHD: 17.3 per 1,000; NE: 17.9 per 1,000). ● In 2016, Buffalo County had the highest high blood pressure hospitalization rate (134.2 per 1,000 Medicare Beneficiaries, 65+) of all TRPHD counties (TRPHD: 105.2 per 1,000; NE: 113.1 per 1,000). ● 36% of adults have BMI of 30 or higher in Buffalo County, 31% in 2010. In 2016, the Non-Hispanic White population showed a higher cancer rate (507.2 per 100,000 population) than the Hispanic and/or NonWhite population (353.1 per 100,000 population) (TRPHD). ● In 2016, the TRPHD colorectal cancer incidence rate was 48.2 per 100,000 population (State comparison: 43.0 per 100,000 population). ● In 2016, the TRPHD oral cavity and pharynx cancer incidence rate was 14.0 per 100,000 population (11.6 per 100,000). 	

Significant Health Need	Description	Intend to Address?
	<ul style="list-style-type: none"> ● In 2018, 63.3% of TRPHD adults ages 50-75 years old reported they are up to date on colon cancer screening (State comparison: 68.7%). ● Other factors related to chronic disease includes access to care, medication management, disease self-management, and overall Social Determinants of Health (SDOH) ● In 2018, roughly one-third of TRPHD adults aged 18 and older (38.7%) had a flu vaccination in the past year, slightly lower than Nebraska (39.4%). The rate of flu vaccination was lower in TRPHD than Nebraska since 2012, except in 2016 (see Community Health Needs Assessment). ● 22% of adults in Buffalo County report no leisure-time physical activity, 23% NE. 	
Social Determinants of Health	<ul style="list-style-type: none"> ● In 2018, 14.1% of the Buffalo County population had an income below the poverty level (TRPHD: 12.8%; NE: 11.6%) ● The poverty percentage increased 0.6% from 2012 to 2018 (TRPHD: 0.5%; NE: -0.8%). ● In 2016, Buffalo County was the TRPHD county with the highest percentage (24.7%) of households with severe housing problems (TRPHD: 17.7%; NE: 12.8%). ● Since 2010, those “always/usually” worried or stressed about paying rent or mortgage has increased from 5% to 12% in 2018. ● Both the TRPHD and BCCP processes identified safe environment/quality housing as a priority. ● Based on U.S. Census data, the minority population in TRPHD is growing at a higher rate than the non-Hispanic White population. Since 2010, the number of people who were classified as racial or ethnic minorities increased 23% to an estimated population of 18,340 in 2018. Nearly one out of five residents in the TRPHD identify as a racial or ethnic a minority (18.9%). In contrast, the non-Hispanic White population in TRPHD decreased by 1.2% over the same eight years. ● The total Hispanic population in TRPHD has increased 1.6 times since 2000, growing from 	✓

Significant Health Need	Description	Intend to Address?
	8,608 individuals to 13,844 by 2018. The African American, Native American, and Asian/Pacific Islander populations also experienced an increase in population between 2010 and 2018 (80.1%, 33%, and 46.8%, respectively).	
Violence/Injury	<ul style="list-style-type: none"> ● Low crime and safe neighborhoods identified by 62% of respondents to the TRPHD Community Health Assessment Survey (2018) as an important factor of a healthy community. ● In 2016, the unintentional fall death rate in Buffalo County was 16.2 per 100,000 population (TRPHD comparison: 14.4 per 100,000 population; State comparison: 11.6 per 100,000 population). ● In 2016, the suicide death rate was 13.5 per 100,000 population in Buffalo County (TRPHD comparison: 13.7 per 100,000 population; State comparison: 11.9 per 100,000 population). ● In 2016, TRPHD had 22 motor vehicle crash deaths. The crude death rate was 22.6 per 100,000 population (State comparison: 11 per 100,000 population). ● In 2018, 54% of respondents had texted or emailed while driving in the past 30 days. 	✓

Significant Needs the Hospital Does Not Intend to Address

In acknowledging the range of priority health issues that emerged from the CHNA process, CHI Health Good Samaritan/RVBHC prioritized Access to Care, Behavioral Health, and 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.

Chronic and Infectious Disease. In order to meaningfully address the select priority health needs above and maximize impact, CHI Health Good Samaritan/RVBHC did not prioritize chronic and infectious disease for work on this ISP. However, the hospitals have prioritized access to healthcare services and these efforts may indirectly improve the ability of health care services and community partners to address chronic disease on an individual basis. Specifically, CHI Health Good Samaritan/RVBHC will be working closely with the HelpCare Clinic in Kearney to support chronic disease management and primary care services, and with TRPHD in their community-wide COVID-19 relief efforts. Additionally, the

hospital contributes significant in-kind and financial resources to Buffalo County Community Partners (BCCP), which actively manages a local coalition to address challenges related to healthy eating and an active living network. CHI Health Good Samaritan also offers a state-of-the-art Wellness Center that provides a variety of resources related to chronic disease management, including individual exercise equipment and group exercise classes.

Violence/Injury. In order to meaningfully address the selected priority health needs above and maximize impact, CHI Health Good Samaritan/ RYBHC did not prioritize work in this area. However, violence will be addressed through the behavioral health strategy as many of the programs and partners addressing the need, also support work around violence prevention recognizing the relationship between the two health areas. CHI Health Good Samaritan/RYPHC will also focus on addressing human trafficking and interpersonal violence by strengthening the capacity of health care workers to recognize and address violence, and also by supporting community partners who lead this work in Buffalo County and surrounding communities. The Foundation, Healthy Communities team, and hospital staff also support SafeKids, which provides outreach and education to youth to protect them from unintentional injury.

2022 Implementation Strategy

This section presents strategies and program activities the hospital intends to deliver, fund, or collaborate with others on to address significant community health needs over the next three years, including resources for and anticipated impacts of these activities.

Planned activities are consistent with current significant needs and the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

Creating the Implementation Strategy

The hospital is dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners. Internally, a CBAT, an interdisciplinary group including hospital leadership and staff representative of the different community benefit activities and service lines, is convened quarterly to review data, inform community benefit decisions, and address community health needs.

Purpose and Goals

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.

In order to select priority areas and design meaningful, measurable strategies, the CBAT reviewed the data and top health needs from the 2022 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.

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.

Prioritization Process

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

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

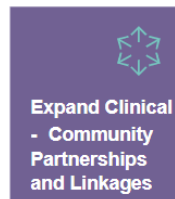
Community Health Strategic Objectives

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources and engagement of participants both inside and outside of the health care delivery system.

CommonSpirit Health has established four core strategic objectives for community health improvement activities. These objectives help to ensure that our program activities overall address strategic aims while meeting locally-identified needs.



Create robust alignment with multiple departments and programmatic integration with relevant strategic initiatives to optimize system resources for advancing community health.



Scale initiatives that complement conventional care to be proactive and community-centered, and strengthen the connection between clinical care and social health.




Work with community members and agency partners to strengthen the capacity and resiliency of local ecosystems of health, public health, and social services.



Partner, invest in, and catalyze the expansion of evidence-based programs and innovative solutions that improve community health and well-being.

Strategies and Program Activities by Health Need

 Health Need #1: Access to Care	
Goal & Anticipated Impact	<p>Goal: Ensure equitable access to clinic and community-based services (medical and behavioral), including preventive health care to improve the overall health of the community.</p> <p>Anticipated Impact:</p> <ul style="list-style-type: none"> ● Improve accessibility and use of preventive care ● Increase the number of community residents who identify a primary care physician ● Reduce the number of community residents who report cost as a barrier to healthcare access
Community Indicators	<p>CHNA 2016</p> <ul style="list-style-type: none"> ● 87.5% of adults and children have health insurance. ● 20.0% of Adults (18 and over) without a personal doctor or health care provider. ● 11.4% of adults (18 and over) unable to see a doctor due to cost in the past 12 months <p>CHNA 2019</p> <ul style="list-style-type: none"> ● 10% of adults and 4.2% of children under 19 are uninsured in Buffalo County ● 22.5% of Adults (18 and over) without a personal doctor or health care provider. ● 10.2% of adults (18 and over) unable to see a doctor due to cost in the past 12 months ● Primary care physicians (MD & DO Only) 1,110:1 Buffalo, 1,340:1 NE Mental Health provider shortage area (310:1 Buffalo, 420:1 NE, 330:1 Top US Performers) <p>CHNA 2022</p> <ul style="list-style-type: none"> ● 10% of Buffalo County residents lack healthcare coverage ● 18% of adults (18 and over) unable to see a doctor due to cost in the past 12 months (2018) ● 3.3 - Average number of physically unhealthy days reported in past 30 days (age-adjusted) ● 38.7% of TRPHD adults aged 18 and older had a flu vaccination in the past year (2018), slightly lower than Nebraska (39.4%). The rate of flu vaccination was lower in TRPHD than Nebraska since 2012, except in 2016

Strategy	Key Activities	Campus or System	Strategic Objectives			
			Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
1.1 Engage with local health and human service agencies to improve access to clinic and community based health services through optimization of service offerings, coordination of care, promotion of services, and insurance enrollment service to serve those most in need in Buffalo County.	1.1.1 Explore and identify opportunities for alignment with existing health care access improvement efforts through Two Rivers Public Health	CHI Health Good Samaritan		✓	✓	✓
	1.1.2. Support and partner with HelpCare Clinic through volunteer clinics to improve access for under/uninsured and improve diabetes management, through board participation, and financial support	CHI Health Good Samaritan		✓	✓	
Related Activities	<p>In addition to the specific strategies and key activities outlined above to address Access to Healthcare Services (to be reported annually on Schedule H tax narrative), CHI Health also supports the following bodies of work related to this health need area:</p> <ul style="list-style-type: none"> ● MD Save offers low-cost, pre-paid care bundles for select services and procedures. ● CHI Health Clinic strategic plan includes the improvement or expansion of direct access options for primary care. 					
Planned Resources	<ul style="list-style-type: none"> ● Funding ● Staff and partner time ● Medical supplies and equipment 					
Planned Collaborators	<ul style="list-style-type: none"> ● BCCP ● TRPHD ● HelpCare Clinic ● CHI Health Clinics ● Others to be determined 					




Health Need #2: Behavioral Health

Goal & Anticipated Impact	<p>Goal:</p> <ul style="list-style-type: none">● Provide relevant and timely care for those in need of mental health care or substance abuse recovery● Promote social and emotional wellness to prevent violence in the community and prevent violence and future traumatization once violence has occurred <p>Anticipated Impact:</p> <ul style="list-style-type: none">● As a result of increased community awareness, readiness to address behavioral health issues, and optimization of clinical behavioral health services, the community will realize a reduction in suicide rates, substance abuse, and those experiencing mentally unhealthy days.		
Community Indicators	<p>CHNA 2016</p> <ul style="list-style-type: none">● 14.7% of youth seriously considered attempting suicide in the past 12 months.● Suicide death rate 10.0 per 100,000 population (age-adjusted). <p>CHNA 2019</p> <ul style="list-style-type: none">● Age-adjusted suicide rate for Buffalo County unreliable (2017 data set)● Poor mental health days in past 30 – 3.0 Buffalo County, 3.2 NE● Excessive drinking 23% in Buffalo County, 21% NE Drug overdose deaths per 100,000 population (modeled) 6-7.9 Buffalo, 6.4 NE <p>CHNA 2022</p> <ul style="list-style-type: none">● Mental Health provider shortage area (1:270 Buffalo, 1:360 NE).● In 2016, the suicide death rate was 13.5 per 100,000 population in Buffalo County (TRPHD comparison: 13.7 per 100,000 population; State comparison: 11.9 per 100,000 population).		
			Strategic Objectives

Strategy	Key Activities	Campus or System	Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
<p>2.1 Collaborate with local community, public health, and health care partners to support community-based strategies to address mental illness, substance use, and violent behaviors, while continuing to build and optimize behavioral health services internally.</p>	<p>2.1.1 Continue to explore and build capacity for integration of behavioral health into primary care and further improve behavioral health access points within the behavioral health system of care (i.e. perinatal assessment and referral to clinics for postpartum depression screening)</p>	<p>CHI Health Good Samaritan & RYBHC</p>	<p>✓</p>			<p>✓</p>
	<p>2.1.2 Ensure continued participation and support of community partners that have an interest in behavioral health to ensure:</p> <ul style="list-style-type: none"> ● On-going community-based strategies to improve the stigma of mental illness; ● Inform the improvement of clinical service offerings; and ● Improve continuum of care models to ensure access and utilization of appropriate mental and physical health services. <p>Partnership may include alignment with TRPHD, South Central Behavioral Health Services, and Region 3.</p>	<p>CHI Health Good Samaritan & RYBHC</p>		<p>✓</p>	<p>✓</p>	<p>✓</p>
	<p>2.1.3 Support and participate in BCCP's multi-sector behavioral health coalition, which will focus on:</p> <ul style="list-style-type: none"> ● Promoting mental health awareness through evidence based training and education ● Continuing cross sector collaboration through facilitation and alignment of community resources ● Identifying barriers to accessing behavioral health 	<p>CHI Health Good Samaritan & RYBHC</p>			<p>✓</p>	<p>✓</p>

	<ul style="list-style-type: none"> resources Promoting easily understood and accessible behavioral health resources for all residents Providing space and opportunities for lived experience voices in behavioral health conversations and initiatives to inform the community work. 					
2.2 Prevent violence, intervene when suspected, and provide resources and support to victims of violence.	2.2.1 Support community and school-based programming to increase protective factors and reduce risk factors for violence	CHI Health Good Samaritan & RYBHC			✓	✓
	2.2.2 Increase health system and community capacity to identify victims of human trafficking and respond appropriately	CHI Health Good Samaritan & RYBHC	✓	✓	✓	✓
Related Activities	<p>In addition to the specific strategies and key activities outlined above to address Behavioral Health (to be reported annually on Schedule H tax narrative), CHI Health also supports the following bodies of work related to this health need area:</p> <ul style="list-style-type: none"> Good Samaritan Cancer Outreach program continuing existing work related to raising awareness around the dangers of youth smoking/Juuling System-wide effort related to expanding integration of behavioral health into primary care. System-level legislative advocacy to improve laws related to behavioral health services for patients and care teams 					
Planned Resources	<ul style="list-style-type: none"> Funding Staff and partner time 					
Planned Collaborators	<ul style="list-style-type: none"> Buffalo County Community Partners Two Rivers Public Health Department HelpCare Clinic CHI Health Clinics 					

	<ul style="list-style-type: none"> ● Region 3 ● South Central Behavioral Health ● Others to be determined
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 Health Need #3: Social Determinants of Health	
Goal and Anticipated Impact	<p>Goal: Capacity building of and connection to community-based services for unmet health and social needs.</p> <p>Anticipated Impact:</p> <ul style="list-style-type: none"> ● Through internal processes and partnership with key stakeholders, the community will have an increased awareness of resources, increase in accessing those resources, and overall more positive health outcomes.
Community Indicators	<p>CHNA 2016</p> <ul style="list-style-type: none"> ● 12% of residents in Buffalo County were uninsured ● 15% of children were in poverty ● 12% of residents reported severe housing problems <p>CHNA 2019</p> <ul style="list-style-type: none"> ● 13.6% persons in poverty (below 100% of the federal poverty line) ● 14.9% children in poverty (population under age 18 - children below the federal poverty line) ● 17.3% of children were experiencing food insecurity <p>CHNA 2022</p> <ul style="list-style-type: none"> ● 14.1% of the Buffalo County population had an income below the poverty level (TRPHD: 12.8%; NE: 11.6%) ● 13% of households report severe housing problems ● Since 2010, those “always/usually” worried or stressed about paying rent or mortgage has increased from 5% in 2010 to 12% in 2018 ● Both the TRPHD and BCCP processes identified safe environment/quality housing as a priority

Strategy	Key Activities	Campus or System	Strategic Objectives			
			Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
3.1 Ensure Buffalo County residents have access to basic needs through resource navigation, policy, systems and environmental changes.	<p>3.1.1 Partner and support BCCP which will create a diverse wellbeing collaboration across multiple sectors by:</p> <ul style="list-style-type: none"> ● Improving access to resources and services (food insecurity) through Unite Us and MyLNK, including supporting the release, promotion, utilization of the platform for social and health care sectors. ● Intentionally supporting efforts in diversity and inclusion as part of a Buffalo County wide focus to build and sustain a positive and welcoming learning, working, and living environment in our communities. ● Ensuring vulnerable people residing in Buffalo County have access to basic needs (healthy choices) by implementing multiple strategies that include providing information, building skills, providing support, reducing barriers/enhancing access, changing consequences/incentives, altering the physical design of the environment, and change policy and rules. ● Facilitate partner conversations and drive action on healthy food access: <ul style="list-style-type: none"> ○ Support UNL Extension efforts to build capacity at the Kearney Area Farmers Market (KAFM), expand Double Up Food Bucks, and promote SNAP through education at the market and schools. ○ Support KAFM capacity and systems for electronic banking transactions to be available 	CHI Health Good Samaritan & RYBHC		✓	✓	✓

	<p>at farmer’s markets.</p> <ul style="list-style-type: none"> ○ Promote DUBF and SNAP education through distribution of flyers and marketing materials 					
	3.1.2 Support housing insecurity efforts through BCCP, Residential Assistance to Families in Transition, internal SDOH screening processes and explore other community strategies and initiatives.	CHI Health Good Samaritan & RYBHC		✓	✓	✓
	3.1.3 Develop and test referral processes for social needs through Unite Us	CHI Health Good Samaritan & RYBHC	✓	✓	✓	✓
Related Activities	<p>In addition to the specific strategies and key activities outlined above to address Behavioral Health (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 Good Samaritan/RYBHC participates on several community boards that guide the work of social needs in the community, including Buffalo County Community Partners and HelpCare Clinic. Additionally, the hospital provides office and clinic space for these organizations. 					
Planned Resources	<ul style="list-style-type: none"> ● Funding ● Staff and partner time 					
Planned Collaborators	<ul style="list-style-type: none"> ● BCCP ● TRPHD ● HelpCare Clinic ● Residential Assistance to Families in Transition ● Others to be determined 					