



Implementation Strategy

Fiscal Year 2023-2025 Plan

CHI Health Schuyler – Schuyler, NE




Board approved
7.21.22



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At-a-Glance Summary

<p>Community Served</p> 	<p>For the purposes of the CHI Health Schuyler CHNA, the primary service area was defined as Colfax County, Nebraska. As a critical access hospital, the CHNA service area is defined as the county in which the hospital is located. Patients from the zip codes 68661 and 68601 in Colfax Country represent over 75% of the patient population in FY20. The portion of the zip codes that fall outside Colfax County is largely served by other healthcare organizations.</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"> ○ Collaborate with community partners to align resources, improve health care service provision, and education ● Behavioral Health <ul style="list-style-type: none"> ○ Convene a behavioral health coalition and participate in other community efforts to plan and provide training, align resources, and support behavioral health needs throughout the lifespan in Colfax County. ● Social Determinants of Health <ul style="list-style-type: none"> ○ Participate in and support community efforts to promote quality early childhood services and increased access to early childhood care and education. ○ Support food security initiatives by hosting the Schuyler Farmers Market, promoting WIC access, and partnering with community organizations addressing similar needs. ○ Continue to explore other social determinants of health strategies around housing, transportation, and economic wellbeing, internally and in partnership with the City of Schuyler.
<p>Anticipated Impact</p>	<ul style="list-style-type: none"> ● Access to Care <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.

- **Behavioral Health**
 - Increase awareness of existing and potential resources among community stakeholders.
 - Increase rate of 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.
- **Social Determinants of Health**
 - Increase quality and access to early childhood care in Colfax County.
 - Increase the percentage of Colfax County youth reporting consumption of five fruits/ vegetables in the past week.
 - Decrease food insecurity.

Planned Collaboration



- East Central District Health Department
- Schuyler Community Schools
- Community and Family Partnership
- Law Enforcement
- Cargill
- Churches
- CHI Health Clinic

A comprehensive list of potential partners can be found at <https://www.chihealth.com/chna>

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 Schuyler is a critical access hospital serving the communities of Schuyler, Clarkson, Howells, Leigh, and the residents of rural Colfax County in Nebraska. In addition to its 25 critical access beds, CHI Health Schuyler offers a wide variety of services to the residents of Colfax County. Services include 24-hour emergency services, inpatient medical and surgical care, outpatient observation, outpatient surgical and skilled services, which are provided locally for patients of all ages.

A full complement of outpatient diagnostic and therapeutic services are also available, such as laboratory, radiology, physical therapy, occupational therapy, speech therapy, sleep studies and cardiac rehabilitation. Home Care professional services and Durable Medical Equipment are also provided locally by CHI Health. Outpatient specialty physicians supplement the local medical staff by providing specialty clinics such as:

- Cardiology
- Gastrointestinal
- General surgery
- Gynecology
- Podiatry
- Tele-endocrinology
- Tele-psychiatry

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.

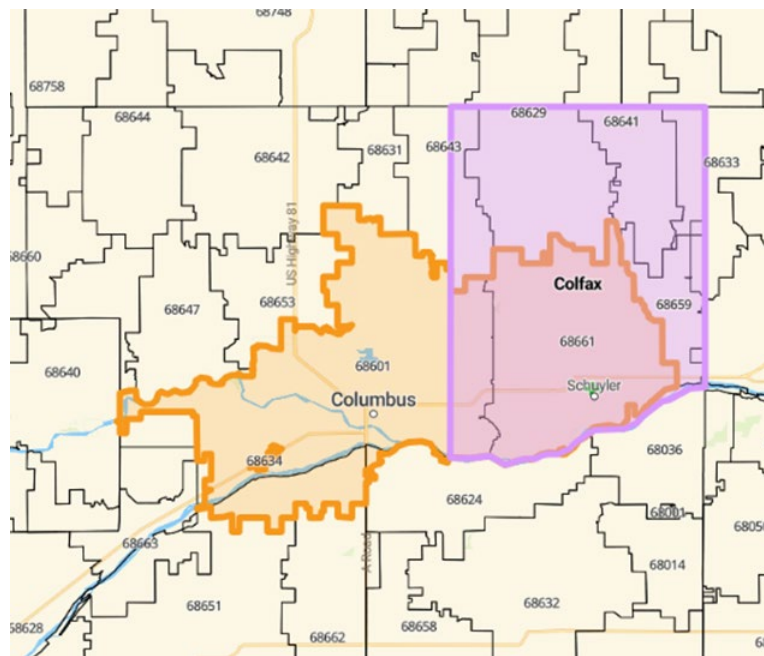


Description of the Community Served

Community Definition

CHI Health Schuyler is located in Schuyler, NE and largely serves the Colfax County area. As a critical access hospital, the CHNA service area for CHI Health Schuyler was determined to be the county in which it resides, Colfax County. See Figure 1 below for a map of the CHNA service area (purple) and CHI Health Schuyler's Primary Service Area. There are two zip codes that are represented by 76.6% of IP/ED discharges in FY20: 68661 and 68601 (orange). The zip code region that falls outside of Colfax County is largely served by other healthcare organizations.

Figure 1: CHI Health Schuyler CHNA and Primary Service Area¹



Community Description

Schuyler is the most populated city and the county seat in Colfax County. The data shows a largely diverse population with 74% of Schuyler residents identifying as Hispanic or Latino. Colfax County is similarly diverse, but to a lesser degree with 46% of residents identifying as Hispanic or Latino and 48% identifying as White alone, not Hispanic or Latino compared to 11.4% Hispanic or Latino for the state of Nebraska overall.²

Colfax County has a significantly lower percentage of residents 25+ years with a Bachelor's Degree or higher, when compared to Nebraska and the United States.⁴ The median household income in Colfax County (\$58,872) is lower than the state of Nebraska (\$61,439).² The rate of poverty in Colfax County (8.2%) is consistent with the state average (9.2%) and lower than Schuyler (13.8%), as is unemployment

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

² Census Bureau Quick Facts. Assessed April 2020. Retrieved from <https://www.census.gov/quickfacts/fact/table/NE,US/PST045221>

(Colfax: 1.0%, Nebraska: 1.3%).³⁴ Colfax County has higher percentages of uninsured individuals and children.³

Community Assessment and Significant Needs

The health issues that form the basis of the hospital’s community health implementation strategy 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 (includes behavioral and dental)	<ul style="list-style-type: none"> • As of 2019, 17.8% of the Colfax County population and 10.1% of the population under 18 were without health insurance (State comparison: 8.2% and 6.3%, respectively). • Across the state, nearly 1 in 2 Hispanic residents and 65% of Native Americans reported not having a personal doctor or health care provider. • Nearly 1 in 5 adults in the ECD do not have a personal doctor or health care provider and over 1 in 10 adults needed to see a doctor, but could not due to cost. 	✓

³ US Census Bureau, American Community Survey. 2015-19. Source geography: Tract. Assessed 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/

Significant Health Need	Description	Intend to Address?
Behavioral Health (includes mental health and substance abuse)	<ul style="list-style-type: none"> • Mental Health was the leading concern across the district shared by survey respondents (followed by bullying and drug misuse/ abuse). • According to the County Health Rankings, the smoking rate among adults in the ECDHD region was 15%, similar to the state smoking rate; however, the smoking rate in ECD remains higher than the Healthy People 2020 target (12%). • 1 in 4 ECD adults reported texting while driving a vehicle, 2 of 3 ECD adults did not always wear a seatbelt when driving or riding in a car, and nearly 2 of 3 adults in the ECD talked on a cell phone while driving in the past 30 days. • The death rate caused by alcohol-impaired driving in the ECDHD district (32%) was similar to the state rate (34%). Colfax (45%) counties experienced higher death rates caused by alcohol-impaired driving than the state. • In Colfax County, the average number of poor mental health days in the past 30 days was 3.3 (NE 3.5). • According to the Nebraska Youth Risk Behavior Survey (YRBS) 2018, on average, 1 of 3 ECD youth reported feeling depressed and over 1 out of 6 youth considered attempting suicide. Approximately 1 in 4 Nebraska high school youth reported feeling depressed compared to nearly 1 in 3 youth nationwide (24.1% vs 29.9%). Female students in Nebraska had a significantly higher rate of depression (31.4% vs. 17.1%), suicide ideation (18.0% vs. 11.3%), and of making a suicide plan (17.0% vs. 9.8%) compared to male students. • In Nebraska, suicide is the second leading cause of death for ages 15-34. • The 2020 County Health Rankings indicated 1 in 5 adults in the ECD reported binge drinking in the past 30 days and heavy drinking in the past 30 days, which was similar to the state rate (22%). • 66% of primary care providers report that they are unable to respond to people with behavioral 	✓

Significant Health Need	Description	Intend to Address?
	<p>health needs due to a shortage of mental health providers and to insurance barriers.</p> <ul style="list-style-type: none"> • In the ECD, there were an average of 2,875 people for every one mental health provider (range: 1310:1 to 5,440:1). • According to the 2016 Nebraska Behavioral Health Needs Assessment, only 47% of adults in Nebraska with any mental illness received treatment. 	
Cancer	<ul style="list-style-type: none"> • Cancer is a leading cause of death in the ECD and across the state. Four of the most common cancers are breast, colorectal, lung, and prostate. • Over 1 in 4 women ages 50-75 in ECD are not up to date on breast cancer screening. • One in six women aged 21-65 in ECD are not up to date on cervical cancer screening. • One in three 50-75 olds in ECD are not up to date on colon cancer screening. 	
Chronic Disease	<ul style="list-style-type: none"> • Colfax County was the only county within the ECD that experienced higher death rates from diabetes than the state (23 and 23.7 per 100,000 population, respectively). • Across all counties within the ECD, Colfax County suffered higher death rates from chronic diseases than the state, with the exception of cancer (150.3 and 154.8 per 100,000 population, respectively) and chronic lung disease (33.4 and 44.7 per 100,000 population, respectively). • Rate of Alzheimer’s Disease in Colfax County is higher at 37.5 per 100,000 population compared to Nebraska (23.7). • Proportion of people reporting poor or fair health in Colfax County is 19% compared to 14% in Nebraska. • Obesity rates in Colfax County are the same as the state (32%). 	

Significant Health Need	Description	Intend to Address?
	<ul style="list-style-type: none"> Just under one in three (29%) of Colfax County adults had no leisure time physical activity in the past 30 days. 	
Maternal and Child Health	<ul style="list-style-type: none"> The infant mortality rate (the number of infant deaths per 1,000 live births in the same year) in the US was 5.9 in 2016. Nebraska fairs a little bit better than the US with an infant mortality rate of 5. Infant mortality in Colfax County 8.9 infant deaths per 1,000 births. Births to teens age 15-19 show a stark disparity between Hispanic or Latino residents and non-Hispanic White residents. In Colfax and Platte counties, Hispanic or Latino teenagers give birth at much higher rates than non-Hispanic White teenagers. The teen birth rate in Colfax County was almost two times the rate of other counties in the ECD and higher than the state rate (an average of 25 and 21, respectively). 	
Social Determinants of Health	<ul style="list-style-type: none"> The percent of severe housing problems in Colfax County (13%) is the same as the state. Colfax County residents have a lower percentage of “some college” (35%) and “Bachelor’s Degree” (15%) compared to the state (71% and 32%, respectively). While lower than the state rate, nearly 1 in 10 residents in ECD are food insecure, lacking adequate access to food. Likewise, nearly 1 in 12 low-income residents do not live close to a grocery store in the ECD making access to healthy foods challenging. Many residents in ECD live on gravel roads that experience this variability in the maintenance of those roads. Mass transportation is very limited throughout the ECDHD district. 49% of the Colfax County population ages 5 and over spoke a language other than English at home (state comparison: 11.8%). 	✓

Significant Health Need	Description	Intend to Address?
	<ul style="list-style-type: none"> ● In Colfax County, 58.05% of students are eligible for free and reduced lunch (state: 49.63%). ● Non-citizens make up 22% of the population in Colfax County (NE: 4.4%). ● Population age 5+ with limited English proficiency in Colfax County is 32.27% (NE 5.1%). ● The social vulnerability index is a measure of the degree of social vulnerability in counties and neighborhoods across the United States, where a higher score indicates higher vulnerability. The ECD has a social vulnerability index score of 0.52, which is greater than the state average of 0.34. ● Population aged 16-19 not in school and not employed in Colfax County is 16.93% (NE: 4.52%) 	
Violence/Injury	<ul style="list-style-type: none"> ● While all counties within the ECDHD experienced higher death rates from unintentional injuries/accidents, Colfax and Nance counties experienced over two times as many deaths as the state (80, 89.4 and 37.2 per 100,000 population, respectively). 	

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 Schuyler 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. Having basic and social needs met 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 cause of poor health outcomes. In order to maximize resources and impact on the prioritized health need area above, CHI Health Schuyler will not write strategies to directly address the following needs, although relevant related work is highlighted where applicable.

Cancer, Chronic, and Infectious Disease. In order to meaningfully address the select priority health needs above and maximize impact, CHI Health Schuyler did not prioritize chronic disease for work on this ISP. However, the hospital has prioritized access to healthcare services and these efforts may indirectly improve the ability of healthcare services and community partners to address chronic disease

on an individual basis. CHI Health Schuyler will also continue to focus on these needs both internally and with community partners, such as East Central District Health Department, Good Neighbor Community Health Center, and Cargill, to coordinate care, increase services, and improve health outcomes.

Maternal and Child Health. CHI Health Schuyler did not write a specific strategy for this need area, however, this need area is addressed through many of the activities under Access to Care and Social Determinants of Health listed below.

Violence/Injury. In order to meaningfully address the select priority health needs above and maximize impact, CHI Health Schuyler did not prioritize work in this area. However, CHI Health Schuyler is involved in system wide efforts to ensure staff are trained to recognize and support victims of violence, such as through the tele-Forensic Nurse Examiner program, and collaborates with community partners addressing these needs in Schuyler and surrounding communities.

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 implementation strategy is a critical piece of this work to ensure we are appropriately and effectively working and partnering in our communities.

The goals of this implementation strategy 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 through a partnership with the East Central District Health Department and by aligning with the community health improvement plan's current and planned work.

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.

Multiple layers of data and community input informed the health priorities identified for Colfax County. Findings from the [2021 East Central District Comprehensive Community Health Needs Assessment](#) were presented to the Colfax County community in June 2021. In November 2021, the ECDHD held its first CHIP meeting with Platte and Colfax County representatives. Participants were given three sticky dots to vote on how the remaining four main issues should be prioritized, based upon the following criteria:

- Feasibility = Ease of change
- Values = our community cares about this, stakeholders are bought in
- Resources = Builds on current work
- Importance:
- Size = many people affected
- Seriousness = many deaths, disabilities, hospitalizations
- Trends = getting worse, not better
- Equity = some groups affected more
- Intervention = proven strategies exist

The following needs were prioritized by the group:

- Improve Community Health (21 votes)
- Create innovative, affordable housing (14 votes)
- Support Behavioral Health Outreach and Access (11 votes)
- Develop Cultural Inclusion and Opportunity (8 votes)
- Reduce Barriers to Healthy Living (3 votes)

The group was committed to working on two health areas and determined that *Improve Community Health* and *Creative Innovative, Affordable Housing* would be the top priorities to work on in the next three years. They began to develop Community Health Improvement Plans in the December 2021 meeting and will continue to convene around these issues throughout the CHIP cycle.

CHI Health Schuyler convened a meeting specifically for the Colfax Community to further validate and prioritize needs and participants agreed that Access to Care, Behavioral Health, and Social Determinants of Health would be the focus of the county specific work. This information was presented to the CHI Schuyler Community Benefit Action Team on January 6, 2022 and the CBAT began to determine strategies for the corresponding Implementation Strategy.

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:

- severity of the health issue
- population impacted (making special consideration to disparities and vulnerable populations)
- trends in the data
- existing partnerships
- available resources
- hospital's level of expertise
- existing initiatives (or lack thereof)
- potential for impact
- 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 quality clinic and community-based health services (medical and behavioral) to improve the overall health of all in the community.</p> <p>Anticipated Impact:</p> <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.
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). <p>CHNA 2022</p> <ul style="list-style-type: none"> ● 17.8% of the Colfax County population and 10.1% of the population under 18 were without health insurance (State comparison: 8.2% and 6.3%, respectively). ● Nearly 1 in 5 adults in the ECD do not have a personal doctor or health care provider and over 1 in 10 adults needed to see a doctor, but could not due to cost. ● Across the state, nearly 1 in 2 Hispanic residents and 65% of Native Americans reported not having a personal doctor or health care provider.

Strategy	Key Activities	Strategic Objectives			
		Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
1.1 Partner with schools, employers, clinics, and community groups to conduct health screenings and provide education to the public on the importance of regular preventive care	In collaboration with community based organizations and healthcare partners, the following represent activities CHI Health will either lead as a system or facility and support through dedicated funding and staff time or a combination thereof, as appropriate:				
	1.1.1 Participate in community events to provide education about wellness exams and primary prevention (ex. NET event and quarterly Cargill safety events)		✓	✓	
	1.1.2 Conduct no/ low cost health screenings		✓	✓	
	1.1.3 Promote early and continuous obstetric care for expecting mothers	✓	✓	✓	✓
	1.1.4 Increase access to care for youth through well-child checks, sports physicals, the Vaccines for Children program, and exploration and partnership with schools		✓	✓	
	1.1.5 Improve discharge and follow up procedures to reduce no shows			✓	✓
	1.1.6 Explore options to promote health literacy among residents			✓	✓

	<p>1.1.7 Work with CHI Health Clinics to support:</p> <ul style="list-style-type: none"> ● Blood pressure screening (hypertension measures) ● Diabetes screening/ management (A1C under 8) ● Medical home establishment and connection for patients ● Depression screening 	✓	✓	✓	
Related Activities	<p>In addition to the specific strategies and key activities outlined above to address Access to Care (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 virtual health and family health clinics. ● CHI Health Clinic is focusing on quality metrics related to hypertension and Hierarchical Condition Category Coding. ● 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 and family practice providers with the goal of improving well-child check-up schedule adherence. 				
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"> ● Schools ● Cargill ● Lutheran Family Services ● Marathon Health ● East Central District Health Department (ECDHD) ● Churches ● CHI Health Clinic 				



Health Need #2: Behavioral Health

Goal & Anticipated Impact

Goal: Reduce stigma and ensure access to clinic and community- based behavioral health services in Colfax County.

Anticipated Impact:

- Increase awareness of existing and potential resources among community stakeholders and reduce stigma regarding behavioral health care in the community.
- Increase rate of 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.

Community Indicators

CHNA 2016

- 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.

CHNA 2019

- 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 and 2.3% of ECDHD residents 18 and older reported symptoms of serious mental illness in the past 30 days.

CHNA 2022

- 3.3 (average) days report of mentally unhealthy days reported in the past 30 days.

	<ul style="list-style-type: none"> • 1 of 3 ECD youth reported feeling depressed and over 1 of 6 youth considered attempting suicide (NE YRBS). • Average of 2,875 people for every one mental health provider (ECD) • Mental Health was the leading concern across the district shared by survey respondents (followed by bullying and drug misuse/abuse). 				
Strategy	Key Activities	Strategic Objectives			
		Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
2.1 Promote mental health services and prevent substance misuse by partnering with community organizations	2.1.1 Convene a behavioral health coalition to identify needs and strategize around topics, such as: <ul style="list-style-type: none"> • Social Media • Substance use/ Vaping • Bullying • Schools- Building Healthy Relationships, Capturing Kids Hearts • Mental Health First Aid - youth and adult • Engage and partner with local clergy 		✓	✓	
	2.1.2 Work with CHI Health Clinic to promote depression screening and referral	✓	✓	✓	
	2.1.3 Support district CHIP efforts and partner with community-based organizations around behavioral health messaging, outreach, and support. Activities and partners may include: <ul style="list-style-type: none"> • United Way toolkit to use and promote • Platte County Behavioral Health meeting • Drug Prevention Coalition 			✓	✓

	<ul style="list-style-type: none"> Health Department CHIP work group 				
	2.1.4 Convene Critical Incident Stress Management debrief sessions for first responders, law enforcement, and others involved in community response	✓	✓		
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"> 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 Support system advocacy efforts to increase behavioral health access and services in Nebraska 				
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"> Schools East Central District Health Department (ECDHD) Good Life Counseling and Support Region 4, Probation District Attorney Schuyler Ministerial Association Sheriff Department Police Department 				



Health Need #3: Social Determinants of Health

Goal & Anticipated Impact	<p>Goal: Advocate for and contribute to the reduction of poverty in Colfax County by building community capacity and optimizing efficient resource navigation to meet the needs of families in poverty</p> <p>Anticipated Impact:</p> <ul style="list-style-type: none">● Increase the percentage of Colfax County youth reporting consumption of five fruits/ vegetables in the past week● Decrease food insecurity● Expand access to early childhood education in Schuyler
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.● 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">● 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).● 21.7% of Colfax County children living in households headed by single parent (2017).

	<ul style="list-style-type: none"> ● 16% of Colfax County children under the age of 18 live in poverty (2016). ● Kids Count Data Center Early Childhood Indicator: % of 3 and 4 year olds enrolled in school in Colfax County. Baseline: 33.4% in Colfax County, compared to 44.4% for the State of Nebraska (2015). ● 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. <p>CHNA 2022</p> <ul style="list-style-type: none"> ● The percent of severe housing problems in Colfax County (13%) is the same as the state. ● Colfax County residents have a lower percentage of “some college” (35%) and “Bachelor’s Degree” (15%) compared to the state (71% and 32%, respectively). ● Nearly 1 in 10 residents in ECD are food insecure, lacking adequate access to food ● Nearly 1 in 12 low-income residents do not live close to a grocery store in the ECD, making access to healthy foods challenging. ● Over half of Colfax County students (58.05%) are eligible for free and reduced lunch (state: 49.63%). ● Non-citizens make up 22% of the population in Colfax County (NE: 4.4%). ● Population age 5+ with limited English proficiency in Colfax County is 32.27% (NE 5.1%). 				
Strategy	Key Activities	Strategic Objectives			
		Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
3.1 Economic development: Support efforts to increase access to resources and services in Colfax County	3.1.1 Partner with City of Schuyler, ECDHD, Communities and Family Partnership, and others to continue to explore social determinants of health and economic drivers in Colfax County, such as: <ul style="list-style-type: none"> ● Transportation 			✓	✓

	<ul style="list-style-type: none"> ● Housing ● Economic well being ● Early Childhood 				
3.2 Food Access: Lead efforts to increase access to healthy food for Colfax County residents living in poverty through collaborative programming and education	3.2.1 Support and expand efforts to increase access to healthy and affordable food by supporting initiatives, such as: <ul style="list-style-type: none"> ● Host and coordinate the Schuyler Farmers Market ● Fund and coordinate a food voucher program in partnership with the Schuyler Area Chamber of Commerce ● Coordinate a WIC referral and food voucher program in Colfax County 			✓	✓
Related Activities	<p>In addition to the specific strategies and key activities outlined above to address social determinants of health and food access(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 the Whole School, Whole Child, Whole Community (WSCC) grant (focusing on asthma, alternative breakfast and physical activity). ● Participate in and provide financial support to the Community Response Program. ● 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 or Yoga classes 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. 				

Planned Resources	<ul style="list-style-type: none"> ● Funding ● Staff and partner time ● Farmers Market space
Planned Collaborators	<ul style="list-style-type: none"> ● Schools ● East Central District Health Department (ECDHD) ● NCCF ● Columbus Area United Way ● City of Schuyler ● Economic Development ● C4K ● WIC ● NE Extension ● Schuyler Area Chamber of Commerce ● Schuyler Ministerial Association - Colfax County Food Pantry ● Salvation Army, Senior Center ● Lutheran Family Services ● Mobile Food Pantry