CHI Health

Implementation Strategy

Fiscal Year 2023-2025 Plan

CHI Health St. Francis – Grand Island, NE

A Joint Plan

Skilled Nursing Unit- Long Term Care Hospital

Board approved 7.21.22

Table of Contents

At-a-Glance Summary

Community Served	For the purposes of the CHI Health St. Francis and the Skilled Nursing Unit - Long Term Care Hospital Community Health Needs Assessment and Implementation Strategy, the primary service area was defined as Hall County, NE, based on patient data that demonstrated 75-90% of patients served in calendar year 2019 resided in Hall County. This definition was determined by internal hospital leaders engaged in the hospital's Community Benefit Action Team (CBAT) and the local health department, Central District Health Department (CDHD). There were two zip codes that represent over 75% of inpatient/emergency department discharges in FY20: 68801 and 68603.
Significant Community Health Needs Being Addressed	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: ● **Access to Care** ● **Behavioral Health**
Strategies and Programs to Address Needs	The hospital intends to take actions and to dedicate resources to address these needs, including: ● **Access to Care** ○ Support a health department led work group to work collaboratively with health and safety net organizations to identify and address gaps in the continuum of health related services. ○ Partner with Grand Island Public Schools to continue supporting a wellness clinic addressing the physical and behavioral health needs of students. ● **Behavioral Health** ○ Participate in and support a health department led work group to align community efforts to leverage resources, improve access to services, and decrease barriers. ○ Promote and support community-based training and programs related to crisis response and the behavioral health continuum.
Anticipated Impact	● **Access to Care** ○ Improved collaboration between healthcare service providers and community service agencies ○ Increased percentage of residents who have a personal doctor ○ Reduced percentage of people unable to see a doctor due to cost ● **Behavioral Health**

	○ Reduced emergency department use for non-emergent care by connecting patients to primary care and/or federally qualified health center for ongoing and preventive care ○ Increased community capacity to respond to those in crisis as seen by the reduction of emergency department use for mental health, substance use issues or those affected by violence
Planned Collaboration 	● Central District Health Department ● Hall County Community Collaborative ● Heartland Health ● Third City Community Clinic ● Central Nebraska Council on Alcohol and Addiction A complete list of resources and assets that may be leveraged can be found at https://www.chihealth.com/chna.
Joint Implementation Strategy Plan 	This is a joint implementation strategy plan for CHI Health St. Francis and Skilled Nursing Unit (SNU) - Long Term Care Hospital. The hospitals plan to jointly address two primary needs in the community, and individually own work within each health need area to contribute to the overall plan success.

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 St. Francis & Skilled Nursing Unit (SNU) 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.

CHI Health St. Francis, located in Grand Island, Nebraska, is a nonprofit, faith-based healthcare provider. Founded in 1883 by the Sisters of St. Francis, this hospital is now a regional treatment center, with more than 100 physicians and 1,100 employees working together to build a healthier community.

The CHI Health St. Francis SNU received its license to practice in 1986, at the same time as a merger between Saint Francis Medical Center and Grand Island Memorial Hospital. The SNU provides inpatient skilled care to patients who require additional nursing, rehabilitative services after hospital discharge or cannot receive services in their home.

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 future implementation strategy, St. Francis & SNU considers its primary community to be Hall County, Nebraska. This definition was determined by internal hospital leaders engaged in the

hospital's Community Benefit Action Team (CBAT) and the local health department, Central District Health Department (CDHD).

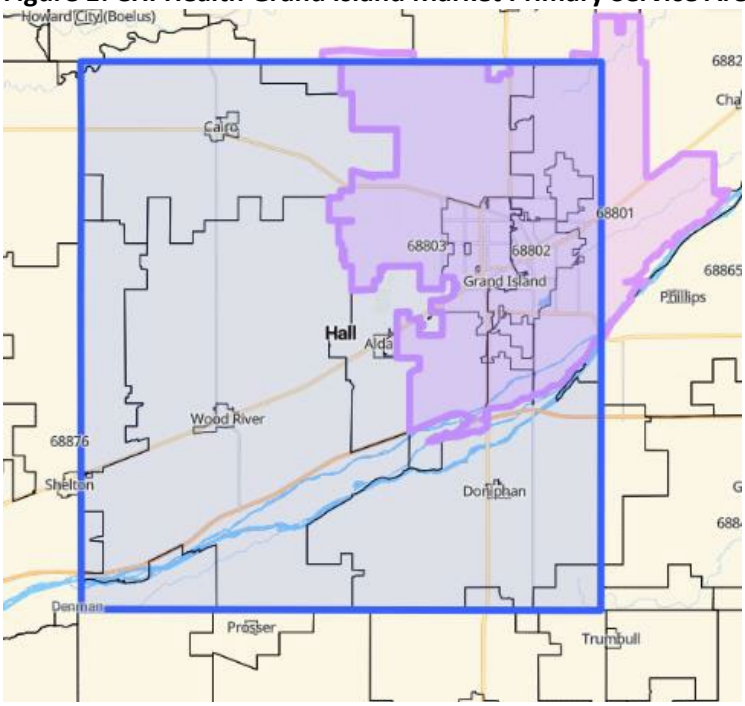
Key considerations for determining this community definition included the following:

- Hall County is the geographic area from which a significant number of St. Francis & SNU patients utilizing hospital services reside. While the CHNA considers other types of health care 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.
- Surrounding counties of Hamilton and Merrick also have a significant number of St. Francis & SNU patients, however, both counties have a local hospital which is also undergoing a CHNA process. In all three counties the hospitals are working closely with CDHD to ensure input from, and alignment with CDHD.

There are two zip codes that are represented by 76.49% of IP/ED discharges in FY20: 68801 and 68803.

Hall County covers approximately 550 square miles, including five communities with over 62,000 residents. It is bounded on the north by Howard County, on the east by Hamilton and Merrick, on the south by Adams and on the west by Buffalo.

Figure 1: CHI Health Grand Island Market Primary Service Area and CHNA Community (Hall County)[1]



[1] PolicyMap. 2022. Accessed March 2022. PolicyMap Map retrieved from https://commonspirit.policymap.com/

Community Description

As of 2019, 13.9% of residents in the county were born outside the United States and 90.9% were citizens, a slight increase from 2018. In 2019, 27.7% of the residents in Hall County were Hispanic.[2] Hall County is uniquely a multicultural community. Compared to neighboring counties of Hamilton and Merrick, with between one and two percent of their populations being foreign born, this is a significant portion of the Hall County population, and presents unique challenges for healthcare and other public sector services.

A review of the socioeconomic factors show Hall County is slightly below the state for median household income, and slightly higher in overall poverty rates. Poverty rates have increased slightly from 12.0% in 2018 to 12.8% in 2019 for Hall County, while there was a decrease from 10.8% to 9.2% for Nebraska overall. The percentage of children in poverty (17.2% for Hall County) has remained the same since 2018, and is lower than the state at 18.5%. When looking at the percentage of children in poverty in Hall County by race and ethnicity, we see a large disparity with 21.9% of Hispanic or Latino and 46.2% of Black or African American children in poverty. Hall County also has a higher percent of children living in single parent households at 29% compared to 21% across the state.[3] These disparities are seen at both the state and national levels. Since the 2019 CHNA, Hall County and Nebraska overall have seen improvement in unemployment rates. The percent of the population under 65 years of age without health insurance has dropped from 13.4% down to 11.9% in Hall County, and from 9.6% to 8.2% in Nebraska overall.[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.

[2] U.S. Census Bureau. American Community Survey 5- Year Estimates. 2015- 2019. Accessed March 2022. Retrieved from: Data USA. https://datausa.io/profile/geo/grandisland-ne/

[3] U.S. Census Bureau. American Community Survey 5- Year Estimates 2015-2019. Source geography: Tract. Accessed February 2022. Retrieved from: CARES Engagement Network. https://engagementnetwork.org/assessment/chna_report/

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	● The % of individuals uninsured in Hall County is worse than the Central District and state of NE (11.9% adults 65 years and older, 6.3% among youth under 18). ● Compared to the state, more residents in the CDHD region did not see a doctor due to cost, had no personal doctor or healthcare provider and no health coverage. ● The entirety of Hall County is designated as a Medically Underserved Area/Population for primary care. ● Cost of healthcare services can be a barrier to care for CDHD residents. Surpassing the state rate, about 1.5 out of every 10 adults aged 18-64 needed to see a doctor, but could not due to cost within the past year, and 1 in 5 adults aged 18-64 had no health care coverage. ● Nearly 1 in 5 adults in the CDHD district report not having a personal doctor or health care provider. Across the state, nearly 1 in 2 Hispanics reported not having a personal doctor or health care provider. ● Ratio of population to provider: Primary care physician 1,620:1 Hall County, 1,310:1 NE. ● Community highlighted needs related to: o Immigration status discrepancies affect accuracy of records o Access to quality child care (Heartland United Way) o Transportation o Homelessness o Care that is inclusive, trauma informed and focuses on vulnerable populations	✓
Behavioral Health	● In 2019, depression rates in the CDHD region were aligned with the state as a whole, but there	✓

Significant Health Need	Description	Intend to Address?
(Includes mental health & substance use)	are some disparities among males and females. 23% of females were told that they have depression compared to 12% of males and 12% of females reported poor mental health on 14 or more days in the past 30 days, compared to 9% of males. ● Suicide is the 9th leading cause of death in Nebraska, and the second leading cause of death for individuals aged 10-34. Hall County youth experience suicidal ideation and attempts in greater rates than the state average. ● In Hall County, approximately 1 in 4 Nebraska high school youth reported feeling depressed. ● Female students had a significantly higher rate of depression (31.4% vs. 17.1%), of considering a suicide attempt (18.0% vs. 11.3%) and of making a suicide plan (17.0% vs. 9.8%), compared to male students. ● In the CDHD, nearly 1 in 3 high school youth reported feeling depressed and 14% considered attempting suicide. ● Generally, emergency rooms and primary care offices are the most common place where people with behavioral health needs seek care. Often clinicians in these settings do not have the resources and/or training to appropriately respond to behavioral health needs. ● Overall, 66% of primary care providers report that they are unable to respond to people with behavioral health needs due to a shortage of mental health providers and insurance barriers. ● In the CDHD, there were an average of 1,731 people for every mental health provider. ● According to the 2016 Nebraska Behavioral Health Needs Assessment, only 47% of adults in Nebraska with any mental illness received treatment. Additionally, only 43% of youth in Nebraska with depression received treatment. ● Hall County has a lower provider per population ratio among dental and mental health services compared to the state and other counties within CDHD.	

Significant Health Need	Description	Intend to Address?
	● Youth substance abuse related to Juuling is on the rise according to schools and law enforcement. ● Drug and Opioid-related overdose fatalities are greater across the US than NE, however local law enforcement and human service agencies warn the rates are rising locally, and are concerned overdose fatalities are more prevalent among minority and low-income populations. ● Even though cigarette smoking was trending downwards in the CDHD district, e-cigarette usage was growing among CDHD adults, 1 in 5 adults in the district used e-cigarettes, just slightly under the state rate of 25%. ● Alcohol is the third-leading preventable cause of death in the US following tobacco and nutrition/physical activity. In 2019, 1 in 5 Nebraska adults binge drank or drank heavily (21.9%). ● The Nebraska BRFSS survey in 2019 indicated 17% of adults in the CDHD region reported binge drinking in the past 30 days, and nearly 5% of adults in the CDHD region reported heavy drinking in the past 30 days, both of which were similar to the US averages.	
Cancer	● While cancer mortality rates are declining overall, cancer remains a leading cause of death in the district and across the state. In the district, female breast cancer was the leading type of cancer diagnosed (106.8/100,000), which was lower than the state (127.4/100,000). Prostate cancer followed as a close second for CDHD district (106.0/100,000) and was lower than the state (116.9/100,000). ● Tobacco smoking remains the leading cause of lung cancer, responsible for about 80% of lung cancer deaths. Other causes include exposure to secondhand smoke and radon. ● The COVID-19 pandemic has impacted access to care and the percentage of people not up to date on cancer screenings will continue to become apparent as newer data becomes available. In	

Significant Health Need	Description	Intend to Address?
	2018, the CDHD region and Hall County had the following screening rates: ○ 1 in 3 50-75 years olds were not up to date on colon cancer screening. ○ 1 in 2 women ages 65-74 were not up to date on breast cancer screening. ○ 1 in 4 women ages 50-75 were not up to date on breast cancer screening. ○ 1 in 5 women aged 21-65 were not up to date on cervical cancer screening.	
Chronic Disease	● The death rate in Hall County due to chronic lung disease, cerebrovascular disease and diabetes were higher than the state. ● In Hall County, there are a total of 229 deaths due to lung disease. This represents an age-adjusted death rate of 63.9 per every 100,000 total population (NE 47.7%). ● Diabetes is the 7th leading cause of death in the US. Over the past 20 years, the number of adults diagnosed with diabetes has more than doubled. Weight and age are factors that impact the risk of diabetes and oftentimes, diabetes and heart disease are co-occurring. A person with diabetes is 2 times more likely to have heart disease or stroke, the leading causes of death. ● Nearly 40% of adults in CDHD reported consuming fruits less than 1 time per day and about 1 in 4 adults consumed vegetables less than 1 time per day. ● Roughly 1 in 3 adults in CDHD reported no leisure-time physical activity in the past 30 days and that number continues to increase. ● In Nebraska, there are dramatic gaps between racial/ethnic populations when looking at the state diabetes rates. Notably, African American/Black (15%), American Indian/Alaskan Native (16%), and Hispanic (14%) populations experience almost 2 times the rates of diabetes compared to non-Hispanic, White populations. ● Heart disease is one of the top two leading causes of death in the CDHD district and across the state.	

Significant Health Need	Description	Intend to Address?
	● Hall County experienced two times the death rate (43.5/100,000) due to Alzheimer's disease than the state (23.7/100,000). ● In Hall County there are a total of 16,909 adults aged 20 and older who reported having a BMI greater than 30.0. This represents 39.3% of the survey population (NE 33.3%). ● In Hall County the estimated prevalence of fair or poor health among adults aged 18 years and older was 18.40%. This value is based on the crude number of adults who report their general health status as "fair" or "poor" (NE 15.07%).	
Maternal, Infant, and Child Health	● The overall birth rate (15.7/1,000) and teen birth rate (38/1,000) in Hall County was higher than other counties in the CDHD district and state. ● The Infant Mortality Rate was 6 per 1,000, similar to the state. ● Community reports need for additional prenatal OB services within FQHC for local deliveries.	
Social Determinants of Health	● The community reports: ○ quality affordable housing is lacking in Hall County area ○ challenges with adequate housing for seniors transportation for seniors is a challenge in Hall County. ● Severe housing problems are reported among 16% of Hall County residents, higher than the state rate of 13%. ● Of the 23,096 total occupied housing units in the report area, 5,904 or 25.56% have one or more substandard conditions (24.95% in NE). ● In Hall County, 58.59% of public school students receive free and reduced lunch, which is higher than the state average of 45.64%. ● Population ages 3-4 enrolled in school is 36.31% (NE 43.48). ● 21.51% of the population aged 25 and older have obtained a Bachelor's level degree or higher (NE 31.91%). ● According to the latest American Community Survey (ACS), Hall County has a total of 5,556	

Significant Health Need	Description	Intend to Address?
	non-Citizens, or 9.07% of the total population of 61,265 persons, in contrast to the state average of 4.40% of the population and the national average of 6.83% non-Citizens living in the United States.	
Violence/Injury	● In the district, all counties experienced higher rates of death by injury than the state. The death by injury rate in Hall was nearly double the state. Leading causes of death by injury in NE were car accidents, suicide, unintentional falls and unintentional poisoning. ● In Hall County, there are a total of 39 deaths due to motor vehicle crashes. This represents an age-adjusted death rate of 13.0 per every 100,000 total population (NE 12.1%). ● Violent crime in Hall County is 288 per 100,000 (NE: 286). ● In Hall County, 2,121 property crimes occurred in 2014 and 2016 (two years). The property crime rate of 3,435.2 per 100,000 residents is higher than the statewide rate of 2,334.9 per 100,000.	

Significant Needs the Hospital Does Not Intend to Address

In acknowledging the range of priority health needs that emerged from the CHNA process, St. Francis & SNU have prioritized the health need areas above in order to most effectively focus resources and produce a positive impact. As described in the process above, the hospitals took into consideration existing partnerships, available resources, the hospital's level of expertise, existing initiatives (or lack thereof), potential for impact, and the community's interest in the hospital engaging in that area in order to select the priorities. The following identified needs will not be prioritized in this implementation strategy for the reasons described below.

Cancer and Chronic Disease. In order to meaningfully address the select priority health needs above and maximize impact, St. Francis & SNU did not prioritize work in this area. However, there is significant outreach and prevention work that will continue at the hospital, such as participation in health fairs, partnering with organizations serving the aging population, and a number of educational support groups that impact these health areas. Additionally, there are existing bodies of work being led by community partners, and St. Francis is engaged with this group to determine its role in addressing barriers to, and promoting healthy eating and active living across the community.

Maternal, Infant, and Child Health. The primary factors driving this health need are related to a shortage of obstetrics and gynecological providers. As the hospital will be working with the health department led work group to identify and address gaps in the continuum of healthcare and health related services for all, and in order to ensure resources can be leveraged to make impact in the prioritized health need area access to care, St. Francis & SNU will not be writing a strategy to address this specific health need. However, CHI Health St. Francis is working with Heartland Health to provide increased obstetrics and gynecological services at the federally qualified health center and will continue to explore opportunities to improve health outcomes both internally and with partners.

Social Determinants of Health. Leaders representing both hospitals are actively engaging on a regular basis with community partners who are currently doing work in this area, such as Grow Grand Island, Hall County Community Collaborative, and Central District Health Department. Much of the work to address this health need area focuses on improving social factors such as poverty and housing. While it will be important for the hospitals to support this work, the community is working on collective strategies and the hospital is determining its role in supporting the work as conversations progress. As such, St. Francis & SNU will not write a strategy to actively address this broad health need until the hospitals' roles become clearer.

Violence/ Injury. In order to meaningfully address the selected priorities, the hospital will not create a specific strategy around this health area. However, violence in the community 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. Additionally, St. Francis Foundation will continue to focus on addressing human trafficking and interpersonal violence by strengthening the capacity of health care workers to recognize and address violence, and also supporting community partners who lead this work in Grand Island 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 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. 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.

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 meetings to identify the top health needs to be prioritized for work, and 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, the population 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.

Prioritization Criteria

In order to select priorities, the hospitals considered information from the CHNA and subsequent community input meetings and ultimately prioritized Access to Healthcare Services and Behavioral Health for work based on:

- Severity and impact on other health need areas
- Hospitals' expertise and ability to make impact
- Community's interest in the hospital engaging in this work
- Existing work engaging various community partners

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 and Anticipated Impact	Goal: Ensure equitable access to clinic and community-based health services to improve the overall health of all in the community. Anticipated Impact: ● Improved collaboration between healthcare service providers and community service agencies ● Increased percentage of residents who have a personal doctor ● Reduced percentage of people unable to see a doctor due to cost
Community Indicators	**CHNA 2016** ● In 2014, the percentage of residents who needed to see a doctor but could not due to cost was 14.1%, which is higher than the State (11.9%) and has not reached the HP2020 Target of (9.0%). ● 18.2% of population age 16-64 in Central District three-county region is without health coverage, compared to 15.3% in Nebraska overall. **CHNA 2019** ● In 2017, the percentage of residents who needed to see a doctor but could not due to cost had increased to 15.6%, which is also higher than the State (11.7%) and the HP2020 Target of (9.0%). ● Ratio of primary care physician to population is 1,510:1 (Hall County) 1,320:1 (Nebraska). ● 24% of population has no personal doctor in Hall compared to 19.9% in Nebraska overall. ● 19% of population age 16-64 in Hall is without health coverage, compared to 14.7% in NE. ● 21.3% of pregnant women getting inadequate prenatal care compared to 17.2% in NE – (measure related to number of prenatal visits and trimester prenatal care started). **CHNA 2022** ● The % of individuals uninsured in Hall County is worse than the Central District and state of NE (11.9% adults 65 years and older, 6.3% among youth under 18).

	● Compared to the state, more residents in the CDHD region did not see a doctor due to cost, had no personal doctor, healthcare provider and/or lacked health coverage. ● The entirety of Hall County is designated as a Medically Underserved Area/Population for primary care. ● Ratio of population to provider: Primary care physician 1,620:1 Hall County, 1,310:1 NE.					
Strategy	**Key Activities**	**Campus or System**	**Strategic Objectives**			
			Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
1.1 Identify and address known barriers to accessing timely and effective health care in Hall County, to ensure services are coordinated, optimized, and promoted.	● 1.1.1 Collaborate with existing safety-net and health care providers through a health department led work group to identify and address gaps in the continuum of health and related services for all. Work may focus on: health care workforce (i.e. professional development, increasing the community health worker (CHW) workforce, etc.) ● capacity building of community partners ● identifying common barriers to accessing care and collectively work to address barriers	CHI Health St. Francis & SNU		✓	✓	✓
	1.1.2 Improving collaboration between emergency department and safety net providers to ensure referral of relevant patients to a medical home, communicating with the patients' primary care physician regarding ED visit, increasing outreach to reduce barriers to care (e.g. exploring further partnership with JBS Swift).	CHI Health St. Francis	✓	✓		
	1.1.3 Provide prevention/wellness and safety outreach for chronic disease and connection to health care services. (St. Francis)			✓	✓	

	1.1.4 Assess and address gaps in accessing healthcare services for the aging population specifically (SNU)			✓	✓	
	1.1.5 Explore work related to school-based primary health care and determine need and capacity to increase/improve services already offered by CHI Health St. Francis and affiliates in school settings.			✓	✓	
	1.1.6 Implement social needs screening and referral protocol using Unite Us to ensure efficient connection to community-based resources to remediate unmet health-related social needs.	CHI Health St. Francis & SNU	✓	✓	✓	✓
Related Activities	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 St. Francis & SNU also supports the following bodies of work related to this health need area: ● MD Save offers low-cost, pre-paid care bundles for select services and procedures. ● Grow Grand Island is a coalition focused on improving the community through economic growth. The organization has prioritized efforts to collaborate with healthcare services and address gaps in health-related services to increase the attractiveness of the community to working families. ● CHI Health will be building a Family Health Center in Grand Island to ensure greater access to primary care and specialty clinics. ● Partner with Grand Island Public Schools and Central Community College to create an Academy of Medical Sciences at CHI Health St. Francis. The Academy will have four pathways for high school students to be career ready when they graduate. ● Partnership with JBS Swift to ensure workers have access to a primary medical home and on-site connection to healthcare services.					
Planned Resources	The hospital will provide staff time, philanthropic cash grants, outreach communications, and program management support for these initiatives.					

Planned Collaborators	• Central District Health Department • Heartland Health • Third City Community Clinic • Grand Island Public Schools • CHI Health Clinics • Midlands Area Agency on Aging • Grand Generations • Mid-Plains Center for Behavioral Health • Transportation service providers • Language services providers

	**Health Need #2: Behavioral Health**
Goal and Anticipated Impact	Goal: • Improve service capacity for timely and effective outpatient behavioral health care and crisis response • Prevent violence and future traumatization once violence has occurred Anticipated Impact: • Reduced emergency department use for non-emergent care by connecting patients to primary care and/or federally qualified health center for ongoing and preventive care • Increased community capacity to respond to those in crisis as seen by the reduction of emergency department use for mental health, substance use issues or violence
Community Indicators	**CHNA 2016** • 6.6% of adults 18+ reported frequent mental distress in the past 30 days. The suicide death rate was 13.2 per 100,000 population (age adjusted). **CHNA 2019**

	● 11.0% of adults 18+ reported frequent mental distress (defined as "not good on 14 or more of the past 30 days) (NE at 10.5). ● Domestic assaults increased dramatically across all types: Aggravated, simple, and arrests for both types trending up dramatically since 2014. **CHNA 2022** ● 1 in 4 Nebraska high school youth reported feeling depressed. ● 23% of females were told that they have depression compared to 12% of males and 12% of females reported poor mental health on 14 or more days in the past 30 days, compared to 9% of males. ● Suicide is the 9th leading cause of death in Nebraska, and the second leading cause of death for individuals aged 10-34. Hall County is at higher risk for youth suicide ideation and attempts. ● 66% of primary care providers report that they are unable to respond to people with behavioral health needs due to a shortage of mental health providers and insurance barriers. ● Drug and Opioid-related overdose fatalities are greater across the US than NE, however local law enforcement and human service agencies warn the rates are rising locally, and are concerned overdose fatalities are more prevalent among minority and low-income populations.

Strategy	**Key Activities**	**Campus or System**	**Strategic Objectives**			
			Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
2.1 Engage with Central District Health Department, Hall County Community Collaborative (H3C), and other community partners to improve clinical and community-based behavioral health services, and address	2.1.1 Participate in and support a health department led work group to: ● Increase knowledge of behavioral health access points ● Align efforts, form partnerships to leverage community resources and improve access to services ● Identify and support preventative methods to address behavioral health needs prior to crisis	CHI Health St. Francis & SNU			✓	✓

gaps in care to ensure behavioral health services are optimized within Hall County.	2.1.2 Promote and support community-based trainings and programs related to crisis response for community-based public health and social service providers. Activities may include: ● Supporting Region 3 strategy to create a youth system of care ● Collaborating with law enforcement on involuntary commitments to improve the relevant placement for behavioral health patients (civil protective custody) and explore opportunities to advocate for legislative change alleviating challenges with placement ● Continuing support to family programs supporting parents and building stronger family connections (i.e. Rooted in Relationships and Circle of Security) and social emotional learning for children (i.e. Discovery Kids) ● Strategic planning around substance use and overdoses, with a focus on youth under 25	CHI Health St. Francis & SNU		✓	✓	✓
	2.1.3 Expand access to resources and provide support for individuals with Alzheimer's and related dementias and their caregivers	CHI Health St. Francis & SNU	✓	✓	✓	
2.2 Provide resources to and support to victims of violence	2.2.1 Support victims of violence by increasing the capacity of staff to recognize and respond to violence, support community partners leading violence prevention efforts and care for victims of violence, and increase the forensic nurse examiner workforce.	CHI Health St. Francis & SNU		✓	✓	✓
	In addition to the specific strategies and key activities outlined above to address Behavioral Health (to be reported					

Related Activities	annually on Schedule H tax narrative), CHI Health also supports the following bodies of work related to this health need area: ● 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. ● Maintain a permanent seat on the Hall County Community Collaborative's Board of Directors, an organization working to ensure resources are available to children and families in Hall County.
Planned Resources	● Staff and partner time ● Funding
Planned Collaborators	● Central District Health Department ● H3C Behavioral Health sub-coalition Region 3 (System of Care work) ● Central Nebraska Council on Alcoholism and Addictions (CNCAA) ● Others to be determined ○ Law enforcement ○ School districts