



Implementation Strategy

Fiscal Year 2023- 2025 Plan

CHI Health Nebraska Heart – Lincoln, NE

*A Joint Assessment
CHI Health St. Elizabeth*




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 Nebraska Heart Hospital (NHH) Community Health Needs Assessment and Implementation Strategy, the primary service area was defined as Lancaster County, NE, based on patient data for CHI Health St. Elizabeth and NHH, consideration of the county in which the hospitals are located, and partnering organization’s service areas.</p> <p>Zip codes representing 75% of the patient population in FY20: CHI Health NHH- 68516, 68601, 68801, 68901, 68521, 68310, 68507, 68506, 68504, 68803, 68355, 68510, 66508, 68505, 68410, 68467, 68522, 68502, 69101, 68526, 68066, 68512, 68305, 68818, 68873, 68847, 68333, 69138, 68434, 68347, 68361, 68446, 68632, 68503, 68420, 68370, 68701, 68508, 68404, 68465, 68450, 68520, 68003, 68017, 68853, 68430, 68466, 66548, 68979, 68065, 68524, 69001, 68787, 68845, 66411, 68883, 51640, 68955, 68437, 51652, 68642, 68949, 68661, 69130, 68358, 68301, 68340, 66945, 68528, 68653, 68624, 68876, 68328</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. Needs being addressed by strategies and programs are:</p> <ul style="list-style-type: none">● Access to Care● Behavioral Health
<p>Strategies and Programs to Address Needs</p> 	<p>As part of a joint FY23-25 Implementation Strategy, CHI Health Nebraska Heart Hospital and St. Elizabeth intend to take the following 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">○ Support and participate in a health department led work group addressing maternal and child health, barriers to care and increasing preventative health care access and quality in Lancaster County.○ Partner with community based organizations supporting health care access through alignment of services, development of referral processes, and increasing chronic disease management programming.● Behavioral Health<ul style="list-style-type: none">○ Participate in a health department led work group to support youth behavioral health needs, increase and coordinate access to services, and decrease suicide.○ Explore and formalize partnerships with community-based organizations to support the behavioral health continuum of

	<p>care in Lancaster County, and ensure processes for coordination of care are in place.</p>
<p>Anticipated Impact</p> 	<ul style="list-style-type: none"> ● Access to Care <ul style="list-style-type: none"> ○ Reduced need for non-emergent emergency department visits by increasing availability of relevant care access points and encouraging patient connection with a primary care provider (medical home) ○ Lower readmissions and increased use of preventive care due to improved collaboration across healthcare providers and community-based support services ● Behavioral Health <ul style="list-style-type: none"> ○ Increase number of individuals receiving behavioral health services in Lancaster County ○ Increase the capacity of health care workers and community organizations who are able to identify behavioral health needs and connect people with services
<p>Planned Collaboration</p> 	<ul style="list-style-type: none"> ● Lincoln Lancaster County Health Department ● Clinic with a Heart ● The Bridge Behavioral Health ● Cultural Centers of Lincoln ● CHI Health Clinics ● Schools ● Law Enforcement <p>A comprehensive list of potential partners can be found at https://www.chihealth.com/chna</p>
<p>Joint Implementation Strategy Plan</p> 	<p>This is a joint implementation strategy plan for CHI Health St. Elizabeth and Nebraska Heart Hospital.</p> <p>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.</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 Nebraska Heart Hospital (NHH) 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 NHH is located in Lincoln, Nebraska. NHH has 200 employees, is focused on cardiac care, and operates 63 beds. NHH services are also listed below.

Nebraska Heart Services and Treatment Areas:

- 64-Slice CT Scanning
- Anticoagulation Clinic
- Atrial Fibrillation
- Cardiovascular Health & Lipid Clinic
- Carotid Intima-Media Thickness
- Chest Pain Center
- Coronary Artery Bypass
- Echocardiogram
- Electrophysiology/Arrhythmia
- General Cardiology
- Heart Failure
- Heart Valve Center
- Holter Monitoring
- Imaging
- MUGA Heart Scan
- Nuclear Stress Test
- Pacemaker/ICD
- Stents
- Structural Heart
- TAVR
- Trans-myocardial Revascularization
- Treadmill Stress Test
- Valvular Procedures
- Vascular Disease
- Vein Clinic
- Women's Heart Program

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

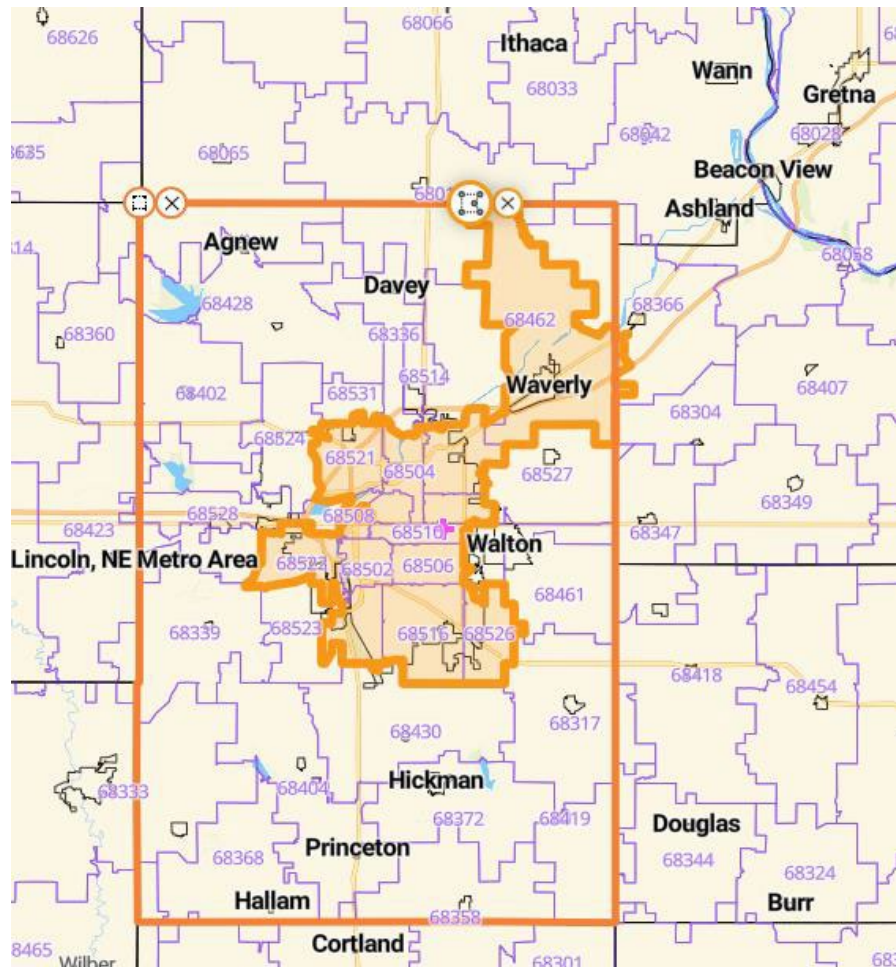
For the purpose of the CHNA and future implementation strategy, CHI Health St. Elizabeth and NHH have the same service area and consider the primary community to be the City of Lincoln and the surrounding County (Lancaster). Hospital leadership considered the county in which the hospital is located and the zip codes that represent 75% of discharges, and determined the CHNA service area to be the county as many of the zip codes that fall outside of the county are served by other healthcare organizations who are better suited to support local health needs (Figure 1). NHH is a specialty hospital with a broader catchment area, as seen by the list of zip codes below. For the purposes of this CHNA, NHH used the same service area as CHI Health St. Elizabeth. Lancaster County also aligns with the defined service area for the local public health department, Lincoln Lancaster County Health Department (LLCHD). Additionally, surrounding counties served by St. Elizabeth and NHH: Otoe, Johnson, Gage, Saline, Seward, York, Saunders, and Cass have licensed hospitals within the county boundaries. This was validated by an internal multi-disciplinary team [Community Benefit Action Team (CBAT)] representing CHI Health St. Elizabeth and NHH and aligns with a shared definition agreed upon with community partners including other local health systems.

Zip codes representing 75% of the patient population in FY20:

CHI Health St. Elizabeth- 68521, 68507, 68504, 68505, 68510, 68516, 68506, 68503, 68502, 68508, 68522, 68462, 68512, 68526

CHI Health NHH- 68516, 68601, 68801, 68901, 68521, 68310, 68507, 68506, 68504, 68803, 68355, 68510, 66508, 68505, 68410, 68467, 68522, 68502, 69101, 68526, 68066, 68512, 68305, 68818, 68873, 68847, 68333, 69138, 68434, 68347, 68361, 68446, 68632, 68503, 68420, 68370, 68701, 68508, 68404, 68465, 68450, 68520, 68003, 68017, 68853, 68430, 68466, 66548, 68979, 68065, 68524, 69001, 68787, 68845, 66411, 68883, 51640, 68955, 68437, 51652, 68642, 68949, 68661, 69130, 68358, 68301, 68340, 66945, 68528, 68653, 68624, 68876, 68328

Figure 1: CHI Health Lincoln CHNA Service Area¹



Community Description

Lancaster County includes residents living in the towns of Bennet, Davey, Denton, Firth, Hallam, Hickman, Lincoln, Malcolm, Panama, Raymond, Roca, Sprague, Waverly, and ten unincorporated villages. Lancaster County covers an area of 839 square miles in southeastern Nebraska, with Lincoln as the largest city and which serves as the Nebraska State Capitol.

The 2020 population estimate for Lancaster County is 322,608. The majority of Lancaster County residents live in the Lincoln urban area (90%).² Over the past several decades the minority population of Lincoln and Lancaster County has increased and the area has a higher percentage of foreign born persons than the State overall. Over the decade from 2010 to 2019, the increase in the Black (34.7%),

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

² Census Bureau Quick Facts. Accessed April 2022. Retrieved from <https://www.census.gov/quickfacts/fact/table/NE,US/PST045221>

American Indian and Alaska Native (22.5%), Asian (34.4%), multiracial (84.3%) and Hispanic or Latino (44.7%) populations is very large relative to the White alone population.³

A review of the socioeconomic factors shows that Lancaster County, and the State of Nebraska overall have a low unemployment rate. Interestingly, the percent of population ages 25 and over with completion of high school or post-secondary education in Lincoln and Lancaster County is higher than the State, however, poverty and unemployment are higher in Lincoln and Lancaster County than the State overall.⁴⁵ This could be attributed to the existence of the University of Nebraska Lincoln, located in Lincoln, but is still concerning that there are a larger percentage of individuals and families likely not affiliated with the University affected by poverty.

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	<ul style="list-style-type: none"> • Community Conversations topics - “underinsured”, “healthcare affordability and access”, “access to quality health information”, 	✓

³ US Census Bureau, American Community Survey. 2015-19. Source geography: Tract. Assessed February 2022. Retrieved from https://engagementnetwork.org/assessment/chna_report/

⁴ US Department of Education, EDData. Additional data analysis by CARES. 2018-19. Source geography: School District. Accessed February 2022. Retrieved from https://engagementnetwork.org/assessment/chna_report/

⁵ 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?
	<p>community health and awareness”, “lack of cultural respect”.</p> <ul style="list-style-type: none"> ● The population of Lancaster County is growing, especially in the over 65 age group, resulting in an increase in demand on health services. ● Minority populations are increasing compared to Non-Hispanic White. One challenge is that newcomers are not familiar with the healthcare system. There are currently 60 primary languages in the county. ● In 2019, Lancaster County respondents aged 18 to 64 indicated they did not have health care coverage (13.6%), which was significantly lower than Nebraska (17.1%). ● Respondents reporting no health care coverage was most common among non-Hispanic Black respondents (30.5%), Hispanic respondents (46.0%) and households making less than \$25,000 per year (44.7%). ● In 2019, Lancaster County residents reported a very similar proportion of individuals who had a routine check-up in the past year (71.8%) to the state of Nebraska (72.9%). ● The proportion of respondents reporting they needed to see a doctor but could not due to cost in the past year was similar between Lancaster County (12.7%) and Nebraska (12.6%). ● The proportion of residents reporting they had no personal doctor or health care provider was also similar between Lancaster County (19.8%) and Nebraska (20.4%). ● In 2019, 22.3% of births in Lancaster County occurred prior to 38 weeks of gestation. By race, Non-Hispanic American Indian and Alaska Native mothers had the highest percentage of premature birth (32.4%), followed by Non-Hispanic Black mothers (26.0%), Hispanic mothers (24.9%), and Non-Hispanic Asian mothers (23.5%). Mothers who had Medicaid (25.5%) also had a higher percentage of premature birth deliveries when compared to those with private insurance (21.2%). 	

Significant Health Need	Description	Intend to Address?
	<ul style="list-style-type: none"> In 2007, 84.0% of mothers received prenatal care, but by 2019 it appears only 80.1% of mothers received 1st trimester prenatal care. Mothers who are under 20 years are the least likely to initiate their prenatal care in the 1st trimester (57.1%) compared to 20-24 years (70.5%), 25-29 years (75.0%) and 30+ years (76.6%) in 2018. 	
Behavioral Health	<ul style="list-style-type: none"> Community Conversations topics - “mental health” Poor mental health days a little higher in the state, but continuing to see these numbers climb. The use of smokeless tobacco products, such as e-cigarettes, is an emerging issue since the last assessment. Rates are higher in Lancaster County (8.8%) than in Nebraska (5.9%) with 18-24 being the highest risk group. The proportion of adults reporting binge drinking in the past 30 days for Lancaster County (24.1%) was slightly higher than the state of Nebraska (20.9%). Nebraska overall has a lower proportion of binge drinking in the past 30 days than Lancaster County and the metric has remained stable since 2011. Males (30.2%) are more likely than females (18.0%) to report binge drinking. The highest risk group for binge drinking are young adults 18-34 years (37.0%), adults 35-44 years (29.3%), Non-Hispanic White respondents (24.6%) and Hispanic respondents (21.3%). A significant increase in alcohol use occurs between 10th grade (39.5%) and 11th grade (57.6%) suggesting that individuals in this age group are introduced to alcohol more frequently. The proportion of 8th to 12th grade youth who self-report smoking tobacco in the past 30 days has decreased to 4.4% in 2019 from 29.6% in 2001. This is lower than the US (6.0%), but slightly higher than Nebraska (4.2%). Females (5.2%) are more likely than males (3.2%) to report smoking tobacco in the past 30 days. There is also a significant increase between 11th grade (3.3%) and 12th grade (9.7%). 	✓

Significant Health Need	Description	Intend to Address?
Cancer	<ul style="list-style-type: none"> ● In 2019, the top seven causes of death by cancer for Lancaster County were cancers of the lung (21.3%), pancreas (8.8%), breast (8.1%), colon (7.7%), prostate (5.5%), leukemia (3.9%), esophagus (3.7%) and other (41.0%). By age, the rate of death due to cancer per 1,000 residents increases significantly starting in the 35-44 years group (25.45) to 45-54 years (76.88), 55-64 years (174.17), 65-74 years (850.74), 75-84 years (1,096.87) and 85+ years (1,713.78). ● Cancer has been the leading cause of death in Lancaster County since 1999. In 2019, cancers were the cause of death for 481 persons, and over the five-year period, 2015-2019, there were 2,343 deaths due to cancer. ● Cancer is the leading cause of death for the age group 45-54 years. ● Cervical cancer screenings were up-to-date for females 21-65 years old in Lancaster County (77.1%) at comparable rates to Nebraska (80.9%). Cervical cancer screening was most commonly up-to-date for those aged 35-44 years (86.3%) compared to those aged 21-34 years (72.6%), 45-54 years (78.3%) and 55-65 years (72.9%). Those with an income less than \$25,000 had the lowest rates of any group at 64.2%. 	
Chronic & Infectious Disease (Obesity, Diabetes, Cardiovascular Disease and related health behaviors)	<ul style="list-style-type: none"> ● Community Conversations topics - “prevention,” “healthy living,” “existing and current illness,” “community health and awareness,” “COVID-19” ● As of Aug 25, 2021, 264 deaths from Covid-19 and it is expected that infectious disease will be one of top five causes of death in 2020-2021 reporting. ● Heart disease is a top two cause of death for both men and women. ● Cerebrovascular disease (stroke) is one of the leading causes of death in Lancaster County. In 2019, the crude rate of stroke deaths was 33.1 per 100,000 population. ● Diabetes mellitus was the 7th leading cause of death in 2019 for the crude rate per 100,000 population, with 22.1 deaths per 100,000 population. 	

Significant Health Need	Description	Intend to Address?
	<ul style="list-style-type: none"> ● Since 2005, the crude diabetes death rate per 100,000 population in Lancaster County has remained between approximately 15-25 deaths, which represents approximately 45-75 deaths per year. ● Lancaster County BRFSS data showed the local percentage of overweight obese respondents (65.1%) was significantly lower than Nebraska overall (69.0%). Males (69.9%) were more likely to report being overweight or obese than females (60.0%). Non-Hispanic Black respondents (88.8%) and Hispanic respondents (80.9%) were more likely to report being overweight or obese than the general population (65.1%) and Non-Hispanic White respondents (65.0%). ● Fruit and Vegetable Consumption - Females (33.8% fruits, 17.2% vegetables) are less likely than males to report consuming less than 1 serving of fruits or vegetables per day (42.4% fruits, 24.2% vegetables). Non-Hispanic White respondents (38.3% fruits, 19.5%vegetables) were less likely than Non-Hispanic Black respondents (34.6% fruits, 30.0% vegetables) and Hispanic respondents (33.3% fruits, 37.7% vegetables) to report consuming less than one serving of fruits or vegetables per day. Income and education showed the strongest associations in Lancaster County to this outcome. 	
Social Determinants of Health	<ul style="list-style-type: none"> ● Community Conversations topics - “lack of cultural respect” ● Households with female householders/no spouse and children had a poverty rate of 30%, 5% of family households are living in poverty, among households with children, the rate is 8.4%. ● Cost burden is higher in Lancaster County than the state. The 2019 ACS estimated the median monthly housing costs for units with a mortgage was \$1,412, for units without a mortgage was \$551; and for renters it was \$852. The cost of housing as a percentage of household income for housing units with a mortgage was 35% or greater for 13.1% of households, but 6.8% for housing units without a mortgage and 37.4% for 	

Significant Health Need	Description	Intend to Address?
	<p>renters. For occupied housing units in Lancaster County, 13.4% were built in 1939 or earlier, 13.2% were built between 1940-1959, 25.5% between 1960-1979, 25.8% between 1980-1999, 3.7% between 2010- 2013 and 4.0% were built in 2014 or later. This is particularly significant when considering the need for improvements to overall infrastructure, for example in relation to household lead exposures for children.</p>	
Violence/Injury	<ul style="list-style-type: none"> ● Unintentional injuries, especially falls, are a significant source of morbidity in the county and they are the sixth leading cause of death overall. Unintentional injuries are the leading cause of death for individuals ages 1 to 44. ● The leading causes of death for 25-34 years were accidental deaths (28.6%) and intentional self-harm/suicide (14.3%). ● The percent of 8th to 12th grade youth in Lancaster County who reported being bullied while on school property in the past year was 23% in 2019, which was no significant change from 2009 (23.3%). Males (21.3%) were slightly less likely to report bullying than females (24.3%). ● Accidental deaths, or unintentional injury deaths, were the 4th leading cause of death in Lancaster County in 2019, with a crude accidental death rate of 38.8 deaths per 100,000 population. These represent the largest fraction of injury-related deaths in Lancaster County. Also included in this category would be deaths attributable to suicide (intentional self-harm) and homicides. In 2019, there were 8 homicides, 39 suicides and 123 accidental deaths. Males represented 6 of the homicides, 31 of the suicides and 80 of the accidental deaths. ● The use of smokeless tobacco products, such as e-cigarettes, is an emerging issue since the last assessment. Rates are higher in Lancaster County (8.8%) than in Nebraska (5.9%) with 18-24 being the highest risk group. Nearly 1 in 4 females (24.4%) reported suicidal ideation compared to 1 in 10 males (11.1%). 	

Significant Health Need	Description	Intend to Address?
	<ul style="list-style-type: none"> In 2019, the percent of 8th to 12th grade Lancaster County youth who reported making a plan to commit suicide in the past 12 months was 16.8%. This is only slightly lower than the percent of youth who reported that they were thinking about or seriously considering suicide in the past 12 months. Females are slightly more likely (18.1%) than males to engage in suicidal ideation (15.4%). There is no notable trend by grade. 	

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 St. Elizabeth prioritized Access to Care and Behavioral 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.

Cancer, Chronic, and Infectious Disease. The hospitals did not prioritize these health needs for three key reasons. First, there is a large body of existing efforts in the community that are working to reduce chronic disease and negative impacts associated with such diseases as cancer, heart disease, and stroke. Second, in order to maximize impact, St. Elizabeth and NHH have prioritized access to healthcare services as improving access points, reducing barriers to preventive care, and improving the quality of healthcare. Third, the hospitals have been awarded a grant to enhance oncology navigation in partnership with Nebraska Cancer Coalition and CHI Health Clinics. These efforts improve the ability of health care service providers and community partners to address chronic disease on an individual basis.

Social Determinants of Health. The hospitals did not write a specific strategy around this health area in order to focus on the needs prioritized. There is significant work in the community around the social determinants of health that CHI Health St. Elizabeth and NHH leadership and staff are actively involved in such as, participating on the Board of Directors for the Community Health Endowment, partnering with the health department to address community needs, and use and promotion of social needs referral platforms, such as Unite Us and MyLNK. The hospitals will also indirectly address the social determinants of health through a number of the activities that fall under the prioritized health needs below.

Violence/Injury. This health need was not prioritized in order to focus and meaningfully impact other areas of need. In FY21, CHI Health St. Elizabeth received a two-year grant to increase the capacity of the health system and community partners to identify and respond to human trafficking and interpersonal violence. This work is part of a system wide effort to prevent and treat violence in CHI Health communities that persists beyond the initial grant term. CHI Health St. Elizabeth also has a robust trauma program, in which prevention and outreach are integrated to support Lincoln and the

surrounding communities. Additionally, there is a robust network of partners addressing injury and violence prevention through the LLCHD Community Health Improvement Plan. CHI Health St. Elizabeth and NHH have long supported and will continue to support this work through financial and in-kind contributions.

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 the criteria listed below.

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.

CHI Health St. Elizabeth and NHH worked with LLCHD to complete the CHNA and identify the greatest community needs. In order to prioritize needs for the county, LLCHD hosted a Community Health Summit to strategize around community health. Four priority areas for identified:

- Access to Care
- Chronic Disease
- Behavioral Health
- Injury Prevention

Upon completion of the CHNA, the CBAT held a meeting 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 used the following prioritization 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

In order to select internal priorities, the hospitals considered information from the CHNA and subsequent community meetings and ultimately prioritized two health needs:

- Access to Care
- Behavioral Health

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 high-quality health care and coordination of health care and community-based health services across the community</p> <p>Anticipated Impact:</p> <ul style="list-style-type: none"> ● Reduced need for non-emergent ED visits by increasing availability of relevant care access points and encouraging patient connection with a primary care provider (medical home) ● Lower readmissions and improved use of preventive care due to improved collaboration across healthcare providers and community-based support services
Community Indicators	<p>CHNA 2016</p> <ul style="list-style-type: none"> ● 84.8% of Lancaster County adults have health insurance (ages 18-64) ● 75.7% of Lancaster County adults have a medical home (primary care provider) <p>CHNA 2019</p> <ul style="list-style-type: none"> ● 88.5% Lancaster County Adults with health insurance (ages 18-64) ● 82.3% of Lancaster County adults have a medical home (primary care provider) ● 10.2% of Lancaster County adults in 2016 report no doctor visit due to cost in past year ● 17.7% of Lancaster County adults report having no personal doctor (down from 24% in 2014) <p>CHNA 2022</p> <ul style="list-style-type: none"> ● 86.4% Lancaster County Adults with health insurance (ages 18-64) ● 12.7% of Lancaster County adults report no doctor visit due to cost in past year ● 19.8% of residents reported that they did not have a personal doctor or health care provider ● 71.8% of adults had a routine check-up in the past year

	<ul style="list-style-type: none"> Respondents reporting no health care coverage was most common among non-Hispanic Black respondents (30.5%), Hispanic respondents (46.0%) and households making less than \$25,000 per year (44.7%). 					
Strategy	Key Activities	Campus or System	Strategic Objectives			
			Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
1.1 Engage with community partners and key service providers in existing efforts to improve access points and coordination of health care services across the City of Lincoln and Lancaster County.	1.1.1 Support and participate in the LLCHD CHIP Access to Care work group and other community-based organizations to support work around maternal child health, preventative care, and barriers to care.	CHI Health St. Elizabeth & NHH		✓	✓	
	1.1.2 Identify and implement solutions to reduce preventable readmissions and optimize transitions of care.	CHI Health St. Elizabeth & NHH	✓	✓	✓	
	1.1.3 Partner with Aging Partners (Area Agency on Aging) to identify gaps in care specific to the aging and disabled populations and identify relevant actions and measures of success for identified work.	CHI Health St. Elizabeth & NHH		✓	✓	
	1.1.4 Explore and identify ways to promote improved alignment between primary and cardiovascular specialty care in the Lincoln community and identify relevant actions and measures of success for identified work.	NHH	✓		✓	✓
	1.1.5 Support the on-going or increased availability of evidence-based chronic disease management programming that leverages primary and specialty care access points (i.e.	CHI Health St. Elizabeth	✓		✓	

	tobacco cessation classes, diabetes self- management, heart failure, etc.) to encourage referral and feedback loop processes.	& NHH				
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"> ● MD Save offers low-cost, pre-paid care bundles for select services and procedures. ● NHH and St. Elizabeth host family medicine residencies to shadow providers, in partnership with Lincoln Medical Education Partnership, throughout a three-year residency program with financial support provided by the hospital. ● St. Elizabeth and NHH contribute an annual sponsorship to Madonna Rehabilitation’s Community Medical Transportation Program to offer free transportation to those who need support to access needed medical services. ● St. Elizabeth a high school career mentoring program, led by nurses and physicians to expose youth to healthcare careers. ● A family health center clinic located in Lincoln is being developed, with integrated behavioral health and a variety of services. 					
Planned Resources	The hospital will provide staff time, philanthropic cash grants, outreach communications, and program management support for these initiatives.					
Planned Collaborators	<ul style="list-style-type: none"> ● Nebraska Cancer Coalition ● City of Lincoln ● The Bridge Behavioral Health ● CHI Health Clinics ● Lincoln Lancaster County Health Department ● Cultural Centers of Lincoln ● Rural primary care providers ● Aging Partners 					



Health Need #2: Behavioral Health (mental health, substance use, and violence)

Goal & Anticipated Impact

Goal: Provide relevant and timely connections to care for those in need of mental health care or substance abuse recovery, and promote social and emotional wellness to reduce violence in the community.

Anticipated Impact:

- Increase number of individuals receiving behavioral health services in Lancaster County
- Increase the capacity of health care workers and community organizations who are able to identify behavioral health needs and connect people with services

Community Indicators

CHNA 2016

- The suicide death rate was 15.4 per 100,000 population (age adjusted)
- Frequent mental distress in the past 30 days 10.5% for adults 18 and older

CHNA 2019

- 9.8% of Lancaster county respondents report 14 or more 'poor' mental health days in last 30 (2016)
- Rate jumps to 21% among non-white and Hispanic
- Rate is at 31% for those living on \$15,000 or less, and at 15% for those living on between \$15,000-\$25,000/year
- Smokers report higher rate of 'poor' mental health days
- 25% of adults report binge or heavy drinking compared to 21% across NE and 13% among high performers
- 19% of high school students in 2017 report seriously considering attempting suicide during past 12 months (17.5% in 2015) Of 44 suicides documented in 2016 in Lancaster County, 2 were youth between ages of 15- 19, 17 were adults ages 25-34, 7 were adults age 35-44, 6 were adults 55-64

CHNA 2022

- Mental health was the leading health concern in the community health survey, followed by alcohol, drug, and tobacco use
- 3.6 was the average number of mentally unhealthy days reported in the past 30 days
- 23% of youth reported being bullied on school property in the past year

		<ul style="list-style-type: none"> 17% of Lancaster County youth = reported making a plan to commit suicide in the past 12 months 				
Strategy	Key Activities	Campus or System	Strategic Objectives			
			Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
2.1 Provide entry points for behavioral health care and engage in the behavioral health continuum to ensure proper referral of those needing care	2.1.1 Assess the barriers and need for integration of behavioral health services into primary care, including increased need for care coordination in the health care setting, and identify strategies for addressing known barriers.	CHI Health St. Elizabeth	✓		✓	✓
	2.1.2 Explore partnership with and support of community-based organizations providing behavioral health services, such as The Bridge.	CHI Health St. Elizabeth			✓	✓
	2.1.3 Support provider and staff resiliency through Grand Rounds presentations and explore other internal and community behavioral health needs through the alignment of the psychiatry department and mission integration.	CHI Health St. Elizabeth & NHH	✓	✓		
	2.1.4 Partner with the LLCHD behavioral health CHIP workgroup to support youth mental health, access to behavioral health care, and suicide, as well as other need areas identified by the workgroup.	CHI Health St. Elizabeth & NHH		✓	✓	✓
	2.1.5 Prevent violence and build capacity of the health care workforce to appropriately intervene when it is suspected. (St.	CHI Health St.	✓			✓

	Elizabeth)	Elizabeth				
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"> ● Support system advocacy efforts to increase behavioral health access and services in Nebraska. ● A family health center clinic located in Lincoln is being developed, with integrated behavioral health and a variety of services. 					
Planned Resources	<p>The hospital will provide staff time, philanthropic cash grants, outreach communications, and program management support for these initiatives.</p>					
Planned Collaborators	<ul style="list-style-type: none"> ● Nebraska Cancer Coalition ● The Bridge Behavioral Health ● CHI Health Clinics ● Lincoln Lancaster County Health Department ● Cultural Centers of Lincoln ● Rural primary care providers 					