

Implementation Strategy

Fiscal Year 2023-2025 Plan

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

Board approved 7.21.22



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At-a-Glance Summary

Community Served



CHI Health St. Mary's is located in Nebraska City, NE and largely serves Otoe County. CHI Health St. Mary's serves Otoe County including the zip codes that demonstrated 75-90% of served in calendar year 2019 (68410, 68305, 51652) as the primary service area. The population of these communities range in population from 57 in Burr, to 1,942 in Syracuse and 7,289 in Nebraska City.

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:



- Behavioral Health
- **Health Related Social Needs** (e.g. childcare, food, housing, transportation, etc.)

Strategies and Programs to Address Needs The hospital intends to take actions and to dedicate resources to address these needs, including:





- Provide mental health services for an integrated school- based mental health program that includes therapy services for students, facilitation of peer groups and training for parents and teachers
- Promote Region 5's Mental Health First Aid trainings in the community
- Implement a Medication Assisted Treatment (MAT) program as part of HRSA opioid grant
- Implement and sustain an Integrated BH primary care model
- Expand Crisis Prevention Intervention (CPI) training for staff and support
 CPI trainings in NE City Community Schools

Health Related Social Needs

- Support Partners for Otoe County's efforts to provide central navigation services to families in crisis and avoid system involvement
- Provide financial and in-kind support for the Bridges out of Poverty' Getting
 Ahead financial literacy program
- Provide financial support for Southeast District Health Department to deliver the Growing Great Kids home visiting program serving families with children 0-3 and at risk for poor maternal/ child health outcomes
- Provide leadership and in-kind support for community efforts to improve housing access and affordability led by the Nebraska City Area Economic Development Corporation

Explore the opportunity to launch an Early Childhood Education (ECE) center onsite/ near site to CHI Health St. Mary's hospital

Anticipated Impact



- Decrease in youth feeling sad or hopeless
- Increase in number of individuals who feel confident they can identify signs of mental health crisis and respond appropriately with resources
- Increase in the number of individuals receiving Medication Assisted Treatment (MAT) for addiction/ substance misuse
- Increase number of individuals receiving Behavioral Health services in Otoe County
- Reduce the need for Otoe County residents to travel outside the county to access Behavioral Health services
- Increase number of CHI Health staff that have completed Crisis Prevention
 Intervention (CPI) training
- Reduce incidence of workplace violence and enhance culture of safety for patients and staff
- Reduce poverty and improve health outcomes by building capacity of community service agencies to remediate health-related social needs
- Reduce poverty (increase participants' net income/decrease debt) and improve quality of life
- Increase early detection of developmental delays and expand access to community-based services through home-based assessment and referral
- Expand access to housing at various income levels and for various needs of population strata (young people, families with children, aging, etc.)
- Increase recruitment and retention of staff with young children
- Increase community capacity to provide high-quality, early childhood education

Planned Collaboration



- Nebraska City Community Schools
- Region 5 Behavioral Health Services
- Mission Field Residential Treatment and Nebraska City Community Schools
- Partners for Otoe County (P4OC)
- Bridges out of Poverty/ Southeast Nebraska Community Action (SENCA)
- Nebraska City Housing Authority
- Southeast District Health Department/ Growing Great Kids Program
- EDGE Nebraska City
- NE City Community Foundation
- NE City Area Economic Development Corporation
- NE City Chamber of Commerce

A complete list of resources and partners can be found in the Resource Inventory at https://www.chihealth.com/chna.

This document is publicly available online at the hospital's website, accessible at: www.chihealth.com/chna. Written comments on this report can be submitted to CHI Health, by completing this google form: https://forms.gle/V34LCQnhvYYdJUr36

Our Hospital and the Community Served

About the Hospital

CHI Health St. Mary's 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. Mary's is an eighteen-bed critical access hospital located in Nebraska City, Nebraska, which has served local residents for 95 years. CHI Health St. Mary's history dates back to 1872 when the Roman Catholic religious order for women, known as the Sisters of St. Mary (SSM) based out of St. Louis, Missouri founded hospitals throughout the Midwest. Since that time CHI Health St. Mary's has remained a cornerstone for the Otoe County community. In 1996, CHI Health St. Mary's became part of the Catholic Health Initiatives system and in 2014 joined the market-based organization, CHI Health, under the Catholic Health Initiatives umbrella.

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 St. Mary's, a critical access hospital, is located in Nebraska City, NE and largely serves Otoe County; including the zip codes that demonstrated 75-90% of served in calendar year 2019 (68410, 68305, 51652). Otoe County and the accordant zip codes above are the CHNA service area for CHI Health St. Mary's, as shown in Figure 1.



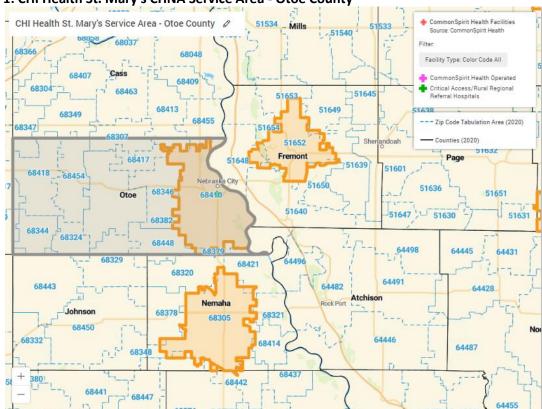


Figure 1: CHI Health St. Mary's CHNA Service Area - Otoe County

Community Description

CHI Health St. Mary's is located in Nebraska City, NE and largely serves Otoe County, which also serves as the County Seat for Otoe County. CHI Health St. Mary's serves a largely rural population over 616 square miles in Otoe County, Nebraska. Otoe County is home to ten communities with five school districts. The population of these communities range in population from 57 in Burr, to 1,942 in Syracuse and 7,289 in Nebraska City. CHI Health St. Mary's is located in Nebraska City and is approximately 50 miles from the Omaha Metropolitan Area and 50 miles from the northern Kansas border. For the purposes of the CHNA, Otoe County is considered the primary service area of CHI Health St. Mary's and is therefore the identified community, which include the following zip codes: 68410, 68305, and 51652.

Overall, Otoe County is slightly older, and is less diverse (predominantly non-Hispanic White), compared to the State of Nebraska. The proportion of Nebraska City's Hispanic population increased from 6.8% in 2014 to 15.1% in 2021. The Otoe County population experiences lower income, and lower Bachelor degree attainment than the state and U.S. Of the 20% of children living in poverty in Otoe County, 48.46% are Hispanic or Latino. Otoe County has seven designated Health Professional Shortage Areas (HPSA) including primary care, dental health and mental health disciplines. The HPSA scores for the

http://www.co.otoe.ne.us/webpages/about/about.html

¹ Visit Otoe County. Accessed March 2022https://visitotoecounty.com/attractions/

² About Otoe County, Accessed on March 2022 Retrieved from:

³ US Census Bureau QuickFacts accessed March 2022 http://www.census.gov/quickfacts

seven designated HPSAs range from 5- 17 from a score range of 0- 26, in which the higher the score denotes the greater the priority. There are currently no Medically Underserved Areas/Populations (MUA/P) in Otoe County.^{4,5}

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 Healthcare Services	 10% of Otoe County's population is uninsured compared to Nebraska at 11%. 16% of Southeast District Health Department (SEDHD) (serves Johnson, Nemaha, Otoe, Pawnee, and Richardson Counties) community survey respondents identified access to healthcare as one of the top three "important factors that contribute to high quality of life," while 13% identified it as one the three most important "health concerns." 29% of Otoe County residents "strongly disagree" with the following statement: "I have easy access to the medical specialists I need" and "I am able to get medical care whenever I need it." 	

⁴ HPSA Find. Accessed on March 2022. https://data.hrsa.gov/tools/shortage-area/hpsa-find

⁵ MUA Find. Accessed on March 2022. https://data.hrsa.gov/tools/shortage-area/mua-find

Significant Health Need	Description	Intend to Address?
Aging	 Otoe County has a slightly larger 65+ population (19.15%) when compared to NE (15.36%) Those 65+ account for 48.8% of the population with any disability 	
Behavioral health (Includes mental health, suicide & substance abuse)	 Ratio of population to mental health providers in Otoe County has improved from 1,970:1 to 1,600:1 but is significantly higher when compared to NE overall (360:1). Otoe County residents reported 3.6 poor mental health days in the last 30 days (similar to NE overall). 12% reported frequent mental distress in Otoe County, which is slightly higher than the State of Nebraska at 11%. 17% of Otoe County adults smoke and 23% report excessive drinking. In the community survey 48% of respondents identified alcohol dependency, 65% identified drug use, and 22% identified tobacco use as one of the top three "risky behaviors" in the community (attributable for the greatest impact on community health). Community members say, "mental health concerns are prominent," "COVID has had impact on mental health," and that "mental health providers are hard to find." 	
Cancer	 The cancer incidence rate in Otoe County is comparable to NE overall (461.9) and higher when compared to county peer group (443.1) and US overall (456.0). 17% of SEDHD community survey respondents identified cancer as one of the top three "health concerns." 	
Cardiovascular Disease	 Heart disease prevalence in Otoe County (5.5%) is lower when compared to US (6.7%), comparable when compared to NE (5.5). 18% of SEDHD community survey respondents identified heart disease and stroke as one of the top three "health concerns," 28% of community survey respondents identified poor eating habits as one of the top three most important "risky behaviors" in the community (behaviors that have the greatest impact on community health). 	

Significant Health Need	Description	Intend to Address?
Maternal & Child Health	 Although low birth weight (LBW) decreased from 8.4% of live births in 2014 to 6.3% in 2021, 8% of Hispanic live births experience LBW. The teen birth rate in Otoe County (18.8) is slightly higher when compared to Nebraska (17.6). 9% of community survey respondents identified not using birth control as one of the top three most important "risky behaviors" in our community (behaviors that have the greatest impact on community health). 	
Nutrition, Physical Activity, and Weight Status	 The percent of adults who are obese is trending upward in Otoe County (39% from 34%), as well as Nebraska overall (from 33% to 29%). Healthy People 2030 goal: 36%. 52% of community survey respondents identified not being overweight as one of the top three most important "risky behaviors" in our community (behaviors that have the greatest impact on community health). 	
Violence	 Injury deaths are slightly lower at 31.8/100,000 compared to NE at 39.3/100,000 age-adjusted death rate (per 100,000 population). 	

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. Mary's prioritized Behavioral Health and Health Related Social Needs, in order to most effectively focus resources and meaningfully impact the selected health issues. As described in the process below, 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.

Behavioral Health was identified as a priority area with existing partnerships and strategies. In addition, having basic and social needs is a critical component of a person's health and unmet health related social needs 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 St. Mary's will not write strategies to directly address the following needs, although relevant related work is highlighted where applicable below:

Access to Healthcare Services- In addition to the rationale stated above, access to care is a fundamental component of CHI Health's mission and strategy. CHI Health and CHI Health Clinic are currently working

to expand the portfolio of primary care access points including extended clinic hours and virtual care to ensure access to specialty care. In addition, CHI Health increases access to care through their financial assistance policy.

Aging - Beyond the rationale stated above, there is not additional work prioritized in this health need area. However, Blue Rivers Area Agency on Aging is leading efforts in Otoe County to address the needs of the aging population.

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

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

Maternal & Child Health - In addition to the rationale stated above, CHI Health St. Mary's has long supported, and will continue to support the Growing Great Kids program led by Southeast District Health Department, which is a home visiting program to support healthy development for pregnant mothers and babies age zero to three years of age, in the home. The hospital provides financial support and administrative guidance to the program that serves Otoe County and four other surrounding counties. CHI Health St. Mary's also provided leadership and funding support to P4OC which supported the Nebraska City Economic Development Corporation in hiring a part-time Early Childhood Development Coordinator.

Nutrition, Physical Activity, and Weight Status - This need will be addressed in part through our Health-Related Social Needs strategies and goals. In addition, CHI Health St. Mary's also operates the Nebraska City Community Garden, offering plots to those in need, as well as building capacity of community ownership and educational activities related to food production, harvesting, preparation, and sustainability. Additionally, CHI Health St. Mary's offers the Healthy Families program, an evidence-based lifestyle management program for families of children 8- 18 years of age with a high body mass index (BMI), referred by a doctor, to receive a free eight-week course on healthy eating, active living, and setting healthy goals as a family. The team will monitor progress and enrollment of this program to evaluate continued offering.

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

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.



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.
- 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.
- 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.

Community Benefit Action Team (CBAT)

In order to select priority areas and design meaningful, measurable strategies, CHI Health St. Mary's Community Benefit Action Team (CBAT), an interdisciplinary team of hospital leaders and staff, considered data and top health needs from the 2022 CHNA. For each top health need, the hospital took into consideration existing partnerships, available resources, the hospital's level of expertise, existing initiatives (or lack thereof), potential for impact, and the community's interest in the hospital engaging in that health area.

Throughout development of the plan, internal and community partners were consulted to ensure the appropriate strategies were selected, the right partners were engaged, and resources were leveraged. To further assure alignment and integration with the organization, Nursing, Care Management,

Foundation, Healthy Communities members have ongoing participation in hospital planning efforts which includes information from the CHNAs and implementation plans.

Prioritization Process

During the CHNA process, CHI Health St. Mary's CBAT Team identified the top health needs through consideration of various criteria, including: standing in comparison with benchmark data; identified trends; the magnitude of the issue in terms of the number of persons affected; and the perceptions of top health issues among key informants giving input to the process. This process can be reviewed in more detail in the CHNA posted at www.chihealth.com/chna, however Table 1, below shows the results of the 2022 CHNA and the eight identified health needs across Otoe County, Nebraska.

Upon completion of the CHNA, CHI Health St. Mary's CBAT held a meeting and gained input from community partners to further prioritize the top health needs as well as sought additional community validation from the hospital's community board and local health department. During these internal and external meetings the team took into consideration:

- the severity of each health issue
- factors driving the health needs
- the populations impacted (making special consideration to disparities and vulnerable populations)
- trends in the data
- existing partnerships
- available resources
- the hospital's level of expertise
- existing initiatives (or lack thereof)
- potential for impact, and
- the community's interest in the hospital engaging in that health area.

Through this process health related social needs (HRSN) (and more specifically the effects of poverty, food insecurity, and availability of quality housing) was identified as a driver of many poor health outcomes identified in Otoe County, Nebraska. Therefore, though not explicitly listed in the Significant Health Needs identified above, CHI Health St. Mary's has prioritized health related social needs, in acknowledgement of the relationship between food, housing, transportation, childcare, etc., on health behaviors and outcomes.

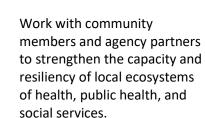
Community Health Strategic Objectives

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.

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



Strategies and Program Activities by Health Need

Health Need: Behavioral	Health
Goals & Anticipated Impact	Expand access to
Community Indicators	 CHNA 2016 The ratio of mental health providers to population in 2015 was 1,970:1 in Otoe County compared to 410:1 in Nebraska overall. Suicide rates have risen in the SEDHD five-county area CHNA 2019 Ratio of mental health providers to population is 1,970:1 compared to NE overall at 410:1. Suicide rates in SEDHD service area have risen since 2011 from 3.9 per 100,000 to 21.4 in 2014.



Health Need: Behavioral Health

• Community members report that "lack of awareness to identify mental health issues," and "ability to support those who need care" are key issues. In addition, respondents noted that social stigma prevents individuals from seeking help.

CHNA 2022

- Ratio of population to mental health providers in Otoe County has improved from 1,970:1 to 1,600:1 but is significantly higher when compared to NE overall (360:1).
- Otoe County residents reported 3.6 poor mental health days in the last 30 days (similar to NE overall).
- 12% reported frequent mental distress in Otoe County, which is slightly higher than the State of Nebraska at 11%.

	Key Activities	Strategic Objectives			
Strategy		Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
1.1 Expand access to mental health services for youth	1.1.1 Provide mental health services for an integrated school-based mental health program that includes therapy services for students, facilitation of peer groups and training for parents and teachers		√		
1.2 Partner with the Region to promote adult/ youth Mental Health First Aid training	1.2.1 Promote Region 5's Mental Health First Aid trainings in the community	√			
1.3 Provide Medication Assisted Treatment (MAT)	1.3.1. Implement a Medication Assisted Treatment (MAT) program as part of HRSA opioid grant				✓

Health Need: Behaviora	l Health				
4.1 Expand access to behavioral health services	4.1.1 Implement and sustain an Integrated BH primary care model		√		
5.1 Provide Crisis Prevention Intervention (CPI) training for staff	5.1.1 Expand Crisis Prevention Intervention (CPI) training for staff and support CPI trainings in NE City Community Schools ✓				
Related Activities	Connect with schools/businesses to identify the need as well as engage in Better Together.				
Planned Resources	The hospital will provide registered nurses, community health educators, philanthropic cash grants, outreach communications, and program management support for these initiatives.				
Planned Collaborators	 Nebraska City Community Schools Region 5 Behavioral Health Services Mission Field Residential Treatment and Nebraska City Community Schools 				

Health Need: Health R	Related Social Needs
Goals & Anticipated Impact	Goal: ■ Support ○ community efforts to address health-related social needs through effective service referrals and resource navigation ○ evidence-based programming to support financial literacy and goal setting among individuals living in poverty in Otoe County ■ Improve



Health Need: Health Related Social Needs

- o early detection of developmental delays and increase maternal and child health outcomes among individuals at risk due to low socioeconomic status
- o access and availability of affordable housing in Nebraska City
- o access to Early Childhood Education (ECE) for youth and workforce childcare

Anticipated Impact:

- Reduce poverty and improve health outcomes by building capacity of community service agencies to remediate health-related social needs and improve quality of life
- Increase early detection of developmental delays and expand access to community-based services through home-based assessment and referral
- Expand access to housing at various income levels and for various needs of population strata (young people, families with children, aging, etc.)
- Increase recruitment and retention of staff with young children
- Increase community capacity to provide high-quality, early childhood education

Community Indicators

CHNA 2016

- 15.1% of adults live in poverty in Nebraska City, compared to 10% in Otoe County and 12.4% in Nebraska overall
- 13.4% of children 0-18 are living in poverty in Otoe County compared to 16% across the State
- 3.7% unemployment in Otoe County, compared to 3.0% in Nebraska

CHNA 2019

- 13.6% of adults live in poverty in Nebraska City, compared to 9.1% in Otoe County and 10.8% in Nebraska overall
- 13% of children 0-18 are living in poverty in Otoe County compared to 14% across the State
- 3.4% unemployment in Otoe County, compared to 2.9% in Nebraska
- 31.8% of rentals where gross rent exceeds 30% of household income

CHNA 2022

• 15.3% of persons live in poverty in Nebraska City, compared to 8.4% in Otoe County and 9.2% in



Health Need: Health Related Social Needs

	Nebraska
•	19.57% children under age 18 are living in poverty in Otoe County compared to 13.91% across the
	state

•	1.1% unemployment rate in C	oe County, compared	to 1.3% in Nebraska
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	Key Activities	Strategic Objectives			
Strategy		Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
2.1 Connection to community- based services for unmet health needs	2.1.1 Support Partners for Otoe County's efforts to provide central navigation services to families in crisis and avoid system involvement		✓		
2.2 Promote financial literacy	2.2.1 Provide financial and in-kind support for the Bridges out of Poverty' Getting Ahead financial literacy program			✓	
2.3 Promote early detection of developmental delays and intervention for young children at greatest risk due to low SES	2.3.1 Provide financial support for Southeast District Health Department to deliver the Growing Great Kids home visiting program serving families with children 0-3 and at risk for poor maternal/ child health outcomes			✓	
2.4 Support community efforts to increase affordable housing	2.4.1 Provide leadership and in-kind support for community efforts to improve housing access and affordability led by the Nebraska City Area Economic Development Corporation			√	√

Health Need: Health F	elated Social Needs		
2.5 Engage in community efforts to address the lack of early childhood education	2.5.1 Explore the opportunity to launch an Early Childhood Education (ECE) center onsite/ near site to CHI Health St. Mary's hospital		
Related Activities	EDGE Nebraska City is developing 5th grade financial literacy curriculum American Rescue Plan Act (ARPA) funding		
Planned Resources	The hospital will provide philanthropic cash grants, outreach communications, and program management support for these initiatives.		
Planned Collaborators	 Partners for Otoe County (P4OC) Bridges out of Poverty/ Southeast Nebraska Community Action (SENCA) Nebraska City Housing Authority Southeast District Health Department/ Growing Great Kids Program EDGE Nebraska City NE City Community Foundation NE City Area Economic Development Corporation NE City Chamber of Commerce 		