

Community Health Improvement

Strategic Action Plan Fiscal Year 2026 - 2028

Lasting Hope Recovery Center – Omaha, NE

A Joint Plan

Board approved October 2025



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At-a-Glance Summary

Community Served 	For the purposes of the Lasting Hope Recovery Center joint Community Health Needs Assessment (CHNA) and Implementation Strategy Plan (ISP), the primary service area was defined as the four counties that make up the Omaha Metro Area: Douglas, Sarpy, and Cass Counties in Nebraska, and Pottawattamie County in Iowa.
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 CHNA. Needs the hospitals intends to address with strategies and programs are: ● Behavioral Health ● Chronic Disease ● Maternal and Child Health ● Social Drivers of Health (SDOH)
Strategies and Programs to Address Needs 	The hospital intends to take actions and to dedicate resources to address these needs, including: ● Behavioral Health ○ Increase access to behavioral health services by supporting the behavioral health workforce ○ Increase access to behavioral health services by supporting community-based services and resources ○ Improve capacity to respond to violence and mental health crises by implementing hospital and clinic-based interventions ○ Support system-level changes that support behavioral health and substance abuse recovery ● Chronic Disease ○ Improve management of chronic diseases by improving post-hospital discharge care ○ Improve prevention and management of chronic diseases by supporting community-based resources ● Maternal and Child Health ○ Decrease maternal and child health inequities by supporting pre and post natal support programs ○ Decrease maternal and child health inequities by training CHI Health staff ○ Advocate for system level maternal and child health changes by participating in local and statewide groups working to address inequities ● Social Drivers of Health (SDOH) ○ Improve financial literacy by supporting community organizations working to educate community members ○ Increase unhoused community members' access to

healthcare by supporting organizations that provide health care and support services

- Reduce food waste by supporting organizations working to address it
- Reduce food insecurity and increase the consumption of fresh fruits and vegetables by supporting nutrition assistance and incentive programs
- Improve access to transportation by further exploring the barriers and planning for future interventions
- Reduce health disparities by connecting patients with social needs to community resources facilitated by Community Health Workers
- Expand diversity and equity in the healthcare workforce by expanding and developing healthcare career pathways to increase workforce recruitment, retention and diversity

This document outlines Lasting Hope Recovery Center's Implementation Strategy Plan (ISP) to address community health needs, as determined by the 2025 Community Health Needs Assessment (CHNA), adopted by the Board in April 2025. The following plan is a joint implementation strategy for the CHI Health hospitals based in the Omaha Metro Area including:

- CHI Health Creighton University Medical Center – Bergan Mercy
- CHI Health Immanuel
- CHI Health Lakeside
- CHI Health Midlands
- Lasting Hope Recovery Center
- Nebraska Spine

The hospitals plan to jointly address four primary needs in the community, and individually own work within each health need area to contribute to the overall plan success. Planned resources and collaborators to help address these needs, as well as anticipated impacts of the strategies and programs, are described in the "Strategies and Program Activities by Health Need" section of the document.

This document is publicly available online at the hospital's website. Written comments on this strategy and plan can be submitted via mail to CHI Health - The McAuley Fogelstrom Center (12809 W Dodge Red, Omaha, NE 68154 attn. Healthy Communities); electronically <https://forms.gle/KGRq62swNdQyAehX8> or by calling Ashley Carroll, Market Director, Healthy Communities & Population Health, at: (402) 343-4548.

Our Hospital and the Community Served

About the Hospital

Lasting Hope Recovery Center is a part of CommonSpirit Health, one of the largest nonprofit health systems in the U.S., with more than 2,200 care sites in 24 states coast to coast, serving patients in big cities and small towns across America.

Lasting Hope Recovery Center (LHRC), located in Omaha, Douglas County, Nebraska, is a 64-bed, adult psychiatric facility offering 24-hour mental health crisis assessment, triage and inpatient care. LHRC was created through a public-private partnership in 2008 to address the shortage of inpatient adult psychiatric beds in the Omaha metro area. LHRC provides office space for community-based organizations including Lutheran Family Services and Community Alliance's Safe Harbor Peer Crisis Services, allowing for easier access to resources for patients upon discharge. LHRC is an Adult Psychiatric Facility offering care for diagnoses including:

- Major Depression
- Bipolar Disorder
- Schizoaffective Disorder
- Multi-occurring Substance Use Disorders

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.

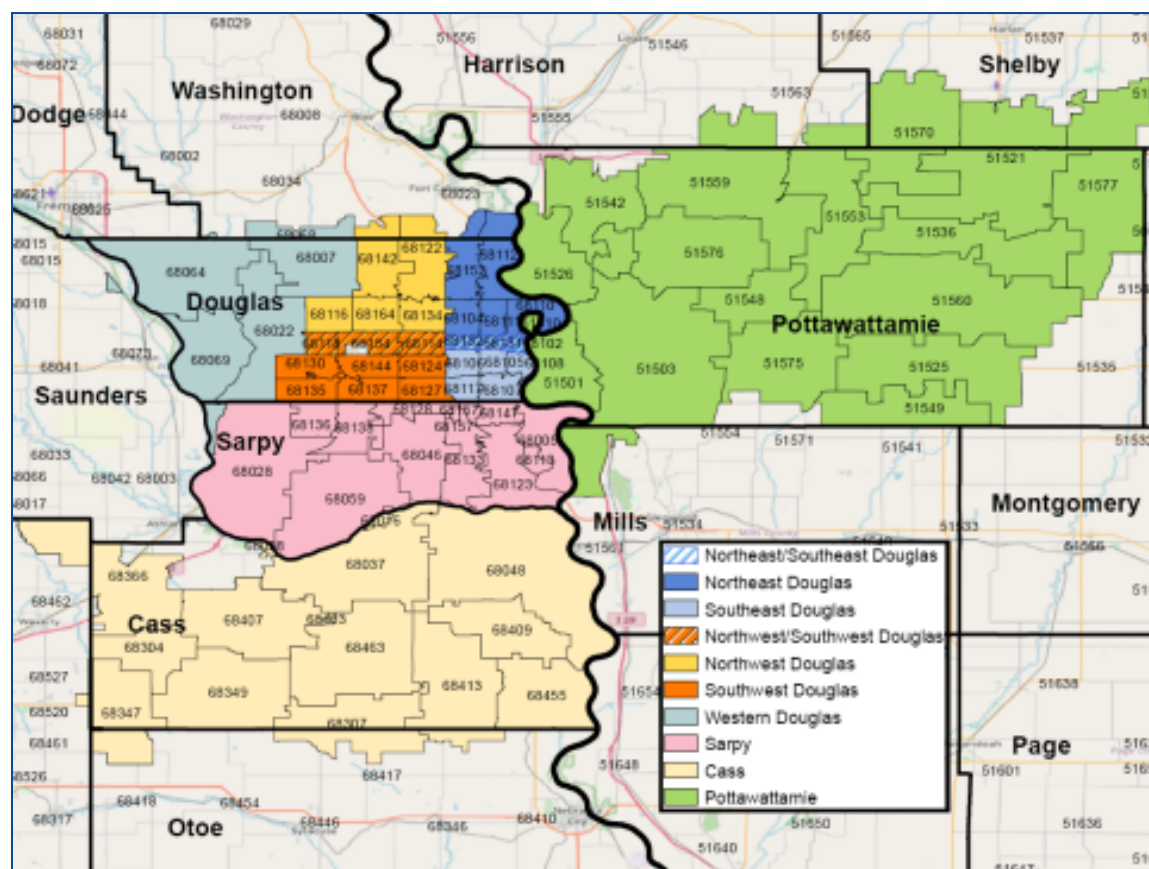


Description of the Community Served

For the purposes of the Lasting Hope Recovery Center Community Health Needs Assessment (CHNA) and Implementation Strategy Plan (ISP), the primary service area was defined as the four counties that make up the Omaha Metro Area: Douglas, Sarpy, and Cass Counties in Nebraska, and Pottawattamie County in Iowa.

Home to 924,653 people in 2025 (596,408 in Dodge County, Nebraska, 206,804 in Sarpy County, Nebraska, 93,407 in Pottawattamie County, Iowa, and, 28,034 in Cass County, Nebraska), the Omaha Metro is Nebraska's largest metro area. Douglas and Sarpy are the first and third most populous counties in Nebraska.¹

Figure 1: Omaha Metro Area: Douglas, Sarpy, and Cass Counties in Nebraska and Pottawattamie County in Iowa



The Omaha Metro Area population is largely non-Hispanic White with the greatest race and ethnicity diversity observed in Douglas County and the least in Cass County. In Douglas County, 14% identify as Hispanic or Latino and 11% identify as Black. The percentage of Omaha Metro residents over 65 years of age is lower compared to the state (Omaha Metro - 14%, Nebraska - 16%). Cass County has the largest percentage of residents over age 65 (18%), while Sarpy has the lowest (13%). Eight percent of Omaha Metro residents over the age of 25 do not have a high school diploma. This is comparable to the state percentage (8%). Douglas and Pottawattamie Counties have the highest percentage of residents without high school diplomas at 9%. Sarpy County has a significantly higher median household income compared to the other counties in the Omaha Metro Area (Douglas: \$77,457, Sarpy \$101,932, Cass:

¹ U.S. Census Bureau. American Community Survey 5-year estimates.

\$88,255, Pottawattamie: \$70,640).² The Omaha Metro has 30 Health Professional Shortage Areas across primary care, dental health, and mental health disciplines.³

Community Assessment and Significant Needs

The health issues that form the basis of the hospital's community health implementation strategy and plan were identified in the most recent CHNA report, which was adopted in April 2025. The CHNA report includes:

- description of the community assessed consistent with the hospital's service area;
- description of the assessment process and methods;
- data, information and findings, including significant community health needs;
- community resources potentially available to help address identified needs; and
- impacts of actions taken by the hospital since the preceding CHNA.

Additional details about the needs assessment 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 or health care services, and also health-related social and community needs that have an impact on health and well-being.

Significant Health Need	Description	Intend to Address?
Diabetes	Key informants identified this as a top concern in the community. Survey findings reveal a high prevalence of pre-diabetes in the community.	•
Heart Disease & Stroke	Existing data show cardiovascular disease to be a leading cause of death. Survey findings revealed relatively high prevalence for both heart disease and stroke.	•
Infant Health & Family Planning	Existing data revealed needs relative to prenatal care.	•
Injury & Violence	Survey findings revealed needs related to fall-related injuries, as well as intimate partner violence.	
Mental Health	Key informants identified this as a top concern. The Metro Area experiences a relatively high suicide rate. Survey findings revealed needs	•

² U.S. Census Bureau. Census Reporter. Accessed September 2025. <https://censusreporter.org/>.

³ Health Resources and Services Administration. HPSA Find. Accessed September 2025. <https://data.hrsa.gov/topics/health-workforce/shortage-areas/hpsa-find>.

Significant Health Need	Description	Intend to Address?
	related to anxiety, stress, depression, overall mental health status, lack of social support, and mental health treatment.	
Nutrition, Physical Activity, & Weight	Key informants identified this as a top concern in the community. Survey findings revealed a relatively high overweight/obesity prevalence, as well as needs related to a lack of physical activity and the built environment.	
Social Determinants of Health	Key informants identified this as a top concern in the community. Survey findings revealed needs related to housing, financial resilience, discrimination, and adverse childhood experiences.	•
Substance Use	Key informants identified this as a top concern in the community. Existing data revealed adverse trends in alcohol-induced deaths and unintentional drug-induced deaths.	•

Significant Needs the Hospital Does Not Intend to Address

In acknowledging the range of priority health needs that emerged from the CHNA process, Lasting Hope Recovery Center has 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 were not explicitly prioritized in this implementation strategy, but are being addressed through cross-cutting strategies within other priorities as described below.

Injury & Violence. CHI Health maintains and continues to expand a strong Forensic Nurse Examiner program and a partnership with YouTurn for immediate trauma response, including inpatient case management and community-based violence intervention. CHI Health is dedicated to improving internal capacity for identifying and supporting victims of human trafficking. All staff complete annual human trafficking training. CHI Health offers Stop the Bleed training and tourniquet kits to law enforcement, school and community members to prepare them to stabilize a victim(s) in the event of a mass casualty or other health emergency. Health system staff participate in Omaha 360, a community violence prevention and intervention coalition focused on reducing gun violence in North Omaha. CHI Health plans to launch an outpatient clinic for survivors of intimate partner violence, sexual assault and human trafficking at CHI Health Creighton University Campus Clinic, Creighton School of Medicine and Heartland Family Service. Additionally, CHI Health provides financial and in-kind contributions to community organizations and sponsors relevant events: (e.g. Women's Center for Advancement, Empowerment Network, YouTurn).

Nutrition, Physical Activity, & Weight. Nutrition, Physical Activity, & Weight will be indirectly addressed through Chronic Disease strategies as many of the programs and partners addressing chronic disease also support work around nutrition, physical activity, & weight, recognizing the relationship between the two. This need will also be addressed, in part, through the food access strategies under the SDOH priority, including, but not limited to, launching a medically- tailored meal demonstration pilot, providing financial support and in-kind contributions to Double Up Food Bucks, to the Women, Infant & Children (WIC)/Senior Farmer's Market Voucher program, and to organizations committed to this work, such as: City Sprouts, Big Garden/"Gather" Mobile Kitchen Classroom, Saving Grace and Whispering Roots.

2025 Implementation Strategy and Plan

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 staff, clinicians and board, and in collaboration with community partners.



CHI Health and our local hospitals make significant investments each year in our local community to ensure we meet our Mission of creating healthier communities. The Implementation Strategy Plan (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.

During the CHNA process, the community identified its 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.

In order to select priority areas and design meaningful, measurable strategies, hospital leadership (which included the Community Benefit/Healthy Communities Staff, Director of Volunteer and Guest Services, Market Manager of Workforce Development, Market Director of the Behavioral Health Service Line, Market Vice President of the Behavioral Health Service Line, Market Vice President of Strategy and Public Affairs, Omaha Care Management Directors, Omaha Hospital Presidents, Omaha Medical Director Omaha Vice Presidents of Medical Operations, Omaha Vice Presidents of Patient Care Services, and Omaha Volunteer Services Managers) reviewed data and top health needs from the 2025 CHNA. They considered:

- 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
- Political will to address systemic barriers

Throughout development of the ISP, internal and community partners were consulted to ensure the appropriate strategies were selected, the right partners were engaged, and resources were leveraged. This document outlines Lasting Hope Recovery Center's Implementation Strategy Plan (ISP) to address community health needs, as determined by the 2025 Community Health Needs Assessment (CHNA), adopted by the Board in April 2025. The following plan is a joint implementation strategy for the CHI Health hospitals based in the Omaha Metro Area including:

- CHI Health Creighton University Medical Center – Bergan Mercy
- CHI Health Immanuel
- CHI Health Lakeside
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- Lasting Hope Recovery Center
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The hospitals plan to jointly address four primary needs in the community, and individually own work within each health need area to contribute to the overall plan success.

Community Health Core Strategies

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources. CommonSpirit Health has established three core strategies for community health improvement activities. These strategies help to ensure that program activities overall address strategic aims while meeting locally-identified needs.

- **Core Strategy 1:** Extend the care continuum by aligning and integrating clinical and community-based interventions.
- **Core Strategy 2:** Implement and sustain evidence-informed health improvement strategies and programs.
- **Core Strategy 3:** Strengthen community capacity to achieve equitable health and well-being.

Vital Conditions and the Well-Being Portfolio

Community health initiatives at CommonSpirit Health use the Vital Conditions framework and the Well-Being Portfolio⁴ to help plan and communicate about strategies and programs.

Investments of time, resources, expertise and collaboration to improve health and well-being can take different approaches. And usually, no single approach can fully improve or resolve a given need on its own.

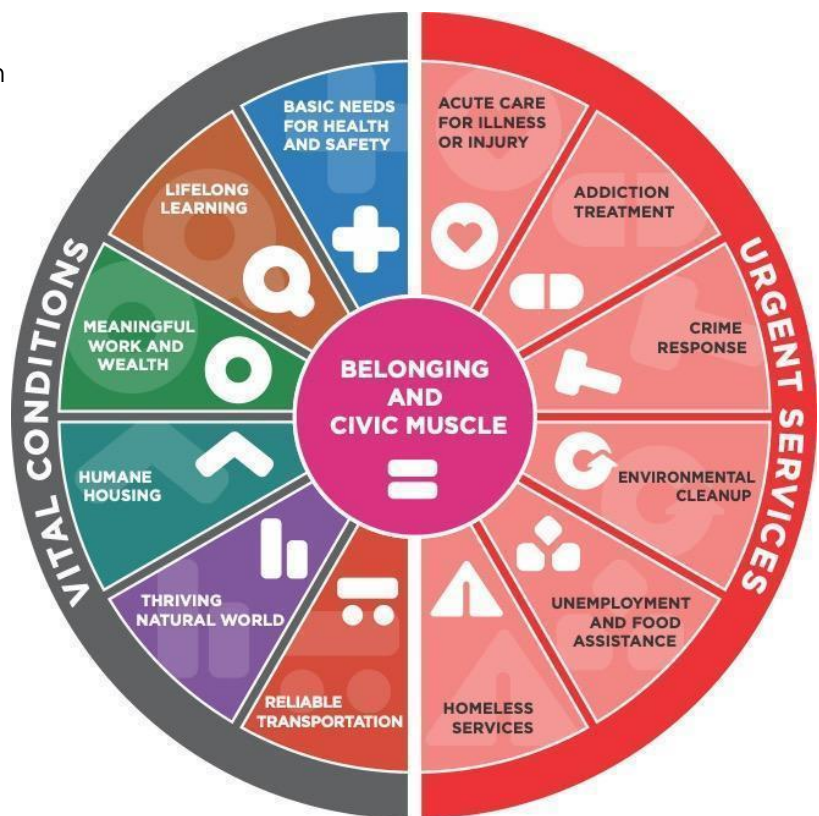
One way to think about any approach is that it may strengthen “vital conditions” or provide “urgent services,” both of which are valuable to support thriving people and communities. A set of program activities may seek to do one or both. Taken together, vital conditions and urgent services compose a well-being portfolio.

What are Vital Conditions?

These are characteristics of places and institutions that all people need all the time to be healthy and well. The vital conditions are related to social determinants or drivers of health, and they are inclusive of health care, multi-sector partnerships and the conditions of communities. They help create a community environment that supports health.

What are Urgent Services?

These are services that anyone under adversity may need temporarily to regain or restore health and well-being. Urgent services address the immediate needs of individuals and communities, say, during illness.



⁴ The Vital Conditions framework and the Well-Being Portfolio were created by the Rippel Foundation, and are being used with permission. Visit <https://rippel.org/vital-conditions/> to learn more.

What is Belonging and Civic Muscle?

This is a sense of belonging and power to help shape the world. Belonging is feeling part of a community and valued for what you bring. Civic muscle is the power of people in a society to work across differences for a thriving future.

Well-Being Portfolio in this Strategy and Plan

The hospital's planned strategies and program activities that follow are each identified as aligning with one of the vital conditions or urgent services in this figure.

This helps to identify the range of approaches taken to address community needs, and also acknowledges that the hospital is one community resource and stakeholder among many that are dedicated to and equipped for helping to address these needs and improve health.

Strategies and Program Activities by Health Need

Health Need:	Behavioral Health					
Population(s) of Focus:	Omaha Metro Area					
Strategy or Program	Summary Description	Campus or System or Market	Strategic Alignment			
			Strategy 1: Extend care continuum	Strategy 2: Evidence-informed	Strategy 3: Community capacity	Vital Condition (VC) or Urgent Service (US)
Increase access to behavioral health services by supporting the behavioral health workforce	Develop, implement, and evaluate behavioral health workforce recruitment, retention and education pathway strategies	All Omaha CHI Health Hospitals	•	•	•	VC + US
	Expand Peer Support Services (PSS) program that employs PSS across behavioral health services to provide substance abuse and mental health peer support	CHI Health Immanuel	•	•	•	VC +US
Increase access to behavioral health services by supporting community-based services and resources	Provide school-based and virtual therapy services to students and their families in grades K-12	Market	•	•	•	VC +US
	Increase the sharing of community-based mental health resources, such as the CredibleMind platform, through new and revised patient education materials	Market	•	•	•	VC

Health Need:	Behavioral Health					
	Utilize CHI Health certified trainers to lead trainings such as Mental Health First Aid (MHFA), Question, Persuade, and Refer (QPR) for suicide prevention, and Trauma-Informed Care that equip both CHI Health staff and community members to respond to mental health crises	Market	•	•	•	VC + US
	Partner with Latino Center of the Midlands to support the Thriving Latino Community program. This initiative is focused on delivering evidence-based mental health programming, including culturally rooted approaches such as Healing Círculos.	All Omaha CHI Health Hospitals	•	•	•	VC
Improve capacity to respond to violence and mental health crises by implementing hospital and clinic-based interventions	Grow the Hospital-Based Violence Intervention Program's (HVIP) capacity to prevent retraumatization/ recidivism and provide longitudinal case management for patients who have experienced a violence-related trauma with YouTurn. Continue to support hospital trauma response and their community-based violence interventions.	CHI Health CUMC-Ber gan Mercy CHI Health Creighton University Medical Center - University Campus CHI Health Immanuel	•	•	•	US
	Support patients experiencing a behavioral health crisis who present to the Emergency	CHI Health CUMC-Ber	•	•	•	US

Health Need:	Behavioral Health					
	Department with a Community Alliance Emergency Care Support Workers	gan Mercy Lasting Hope Recovery Center				
	Launch a coordinated outpatient clinic for survivors of intimate partner violence, human trafficking and sexual assault	All Omaha CHI Health Hospitals	•	•	•	US
	Implement firearm safety training and education for staff and patients. Distribute safe storage devices.	All Omaha CHI Health Hospitals	•	•	•	VC
Support system-level changes that support behavioral health and substance abuse recovery	Provide financial and in-kind support to the Tobacco Education & Advocacy of the Midlands (TEAM) as they work with businesses, school districts, public housing programs, and city parks to implement smoke-free/vape-free/tobacco-free policies	CHI Health Midlands	•	•	•	VC
Planned Resources:	The hospital will provide staff time, grants, outreach materials, training and educational resources, as well as program management support for these activities.					
Planned Collaborators:	Behavioral Health Education Center of Nebraska, Community Alliance, Douglas County (DC) West Community Schools, CredibleMind, Creighton University, Metro Community College, National Council for Mental Wellbeing, Nebraska Hospital Association, Omaha Metro Health Departments (Douglas County Health Department, Pottawattamie County Public Health Department, Sarpy/Cass Health Department) Omaha Public Schools, Region 6 Behavioral Healthcare, Tobacco Education & Advocacy of the Midlands,, Benson High School Career Academy, (TEAM), YouTurn, Heartland Family Services					
Other Related Activities:	Lead policy and advocacy efforts that expand Nebraskans' access to behavioral health services					

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Improved mental health status and reduction in suicide	Percent of Omaha Metro Area residents reporting “Excellent” or “Very Good” mental health Number of suicide deaths per 100,000 population	CHNA
Increased number of mental health providers and increased access to behavioral health care	Number of mental health providers per 100,000 population Percent of residents able to access mental health services when they needed it	Centers for Medicare and Medicaid Services National Plan and Provider Enumeration System/CHNA
Increased number of smoke-free/vape-free/tobacco-free policies	Number of smoke-free/vape-free or tobacco-free multi-family buildings in Sarpy/Cass County Number of jurisdictions that designate outdoor recreational areas as smoke-free/vape-free or tobacco-free	TEAM Work Plan Updates

Health Need:	Chronic Disease					
Population(s) of Focus:	Omaha Metro Area					
Strategy or Program	Summary Description	Campus or System or Market	Strategic Alignment			
			Strategy 1: Extend care continuum	Strategy 2: Evidence-informed	Strategy 3: Community capacity	Vital Condition (VC) or Urgent Service (US)
Improve management of chronic diseases by improving post-hospital discharge care	Pilot a medically tailored meal program for patients who are discharged from a CHI Health hospital with 1) a high risk of readmission due to uncontrolled heart disease or diabetes, and 2) documented food insecurity. Patients enrolled in the program will receive , prepared, ready to eat meals and nutrition education.	All Omaha CHI Health Hospitals	•	•	•	VC + US
	Expand the Care Transitions program to support post discharge treatment outcomes and resolution of health-related social needs, such as food insecurity and housing instability through a team- based model of care that includes follow-up calls and home visits.	All Omaha CHI Health Hospitals	•	•	•	VC + US
Improve prevention and management of chronic diseases by supporting community-based resources	Support patients in preventing or managing their chronic disease(s) by providing referrals to and educational information about One World's Diabetes Prevention Program	All Omaha CHI Health Hospitals	•	•	•	VC

Health Need:	Chronic Disease
Planned Resources:	The hospital will provide staff time, grants, outreach materials, training and educational resources, as well as program management support for these activities.
Planned Collaborators:	American Heart Association, Nebraska Cancer Coalition, No More Empty Pots, Omaha Metro Health Departments (Douglas County Health Department, Pottawattamie County Public Health Department, Sarpy/Cass Health Department), Whispering Roots, One World Community Health Center

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Decreased chronic disease mortality	Percent of residents with a chronic disease ((Alzheimer's, cancer, heart disease, stroke, or diabetes) cause of death	Nebraska Vital Statistics/Centers for Disease Control and Prevention (CDC) Wonder/CHNA
Improved physical health status	Percent of residents reporting their overall health status as "excellent," "very good," or "good"	CHNA
Decreased chronic disease prevalence	Percent of residents reporting a chronic disease (Alzheimer's, cancer, heart disease, stroke, or diabetes) diagnosis	Behavioral Risk Factor Surveillance Survey (BRFSS)/CHNA

Health Need:	Maternal and Child Health					
Population(s) of Focus:	Omaha Metro Area; Birthing People who live east of 72nd St. in Douglas and Sarpy Counties; Black Birthing People					
Strategy or Program	Summary Description	Campus or System or Market	Strategic Alignment			
			Strategy 1: Extend care continuum	Strategy 2: Evidence-informed	Strategy 3: Community capacity	Vital Condition (VC) or Urgent Service (US)
Decrease maternal and child health inequities by supporting pre and post natal support programs	Launch the Empowered Doula program for CHI Health patients at heightened risk for poor birth outcomes with A Mother's Love. Enrolled patients will receive doula support such as prenatal visit patient advocacy, social drivers of health screening and resource connection, labor and delivery support, and home visits in the third trimester and postpartum period.	CHI Health Creighton University Medical Center – Bergan Mercy CHI Health Immanuel CHI Health Lakeside	•	•	•	VC + US
	Support expansion of the Omaha Pathways Community HUB program, which provides pregnant people at heightened risk for poor birth outcomes with resource navigation, education and social support to improve health care access and outcomes by resolving social needs, such as transportation, housing, insurance coverage and financial strain.	All Omaha CHI Health Hospitals	•	•	•	VC + US

Health Need:	Maternal and Child Health					
	Pilot Family Connects, a universal home visitation program that includes a home visit from a Registered Nurse following the hospital stay to provide postpartum assessments, breastfeeding support, education, and connection to support services for caregivers of a newborn	CHI Health Creighton University Medical Center – Bergan Mercy CHI Health Immanuel	•	•	•	VC
	Provide the Centering Pregnancy Program, a group prenatal education and support program, in both English and Karen languages	CHI Health Creighton University Medical Center - University Campus	•	•	•	VC + US
Decrease maternal and child health inequities by training CHI Health staff	Train providers on topics such as implicit bias, trauma-informed care, and working with doulas	Market	•	•	•	VC + US
Advocate for system level maternal and child health changes by participating in local and statewide groups working to address inequities	Engage with local and statewide groups such as the Fetal Infant Mortality Review Community Action Team, Maternal Health Equity Task Force, and Respectful Care Initiative to identify and enact systemic changes that will improve maternal health equity	All Omaha CHI Health Hospitals	•	•	•	VC
Planned Resources:	The hospital will provide staff time, grants, outreach materials, training and educational resources, as well as					

Health Need:	Maternal and Child Health
	program management support for these activities.
Planned Collaborators:	BRIDGE Family Resource Connector Network, Creighton University, I Be Black Girl, March of Dimes, A Mother's Love, Nebraska Perinatal Quality Improvement Collaborative (NPQIC), Omaha Metro Health Departments (Douglas County Health Department, Pottawattamie County Public Health Department, Sarpy/Cass Health Department), Omaha Pathways Community HUB/Omaha Community Foundation
Other Related Activities:	• Perinatal depression screening • Hypertension bundle • Doula friendly hospital policy

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Increased access to prenatal care	Percent of birthing people who did not receive prenatal care in the first six months of pregnancy	Centers for Disease Control and Prevention (CDC) Wonder/CHNA
Decreased infant mortality and inequities among subpopulations	Infant mortality rate among Black birthing people compared to the rate among White birthing people	Nebraska Vital Statistics/Centers for Disease Control and Prevention (CDC) Wonder/CHNA

Health Need:	Social Drivers of Health (SDOH)					
Population(s) of Focus:	Omaha Metro Area					
Strategy or Program	Summary Description	Campus or System or Market	Strategic Alignment			
			Strategy 1: Extend care continuum	Strategy 2: Evidence-informed	Strategy 3: Community capacity	Vital Condition (VC) or Urgent Service (US)
Improve financial literacy by supporting community organizations working to educate community members	Provide financial support and promotion of the Bridges out of Poverty, “Getting Ahead” community financial literacy program	All Omaha CHI Health Hospitals	•	•	•	VC + US
Increase unhoused community members’ access to healthcare by supporting organizations that provide health care and support services	Support Omaha’s Health and Housing Coalition, a convening of area healthcare providers a homeless support services organization, in meeting to establish shared strategies to address homelessness and housing insecurity	Market	•	•	•	VC + US
	Support Siena Francis Houses’s Medical Respite program for unhoused community members requiring post-acute care and case management	All Omaha CHI Health Hospitals	•	•	•	US
	Provide financial and in-kind support to Health Equity in Action League (HEAL) Omaha, a nonprofit, largely volunteer, team of medical professionals who provide basic medical care and connection to support	All Omaha CHI Health Hospitals	•	•	•	US

Health Need:	Social Drivers of Health (SDOH)					
	services to unhoused community members					
Reduce food waste by supporting organizations working to address it	Provide financial and in-kind support as well as hospital food waste donations to Saving Grace Perishable Food Rescue, a nonprofit that redistributes perishable food from local food purveyors to nonprofits who can distribute it to community members experiencing food insecurity	CHI Health CUMC-Ber gan Mercy CHI Health Immanuel CHI Health Lakeside CHI Health Midlands Nebraska Spine	•	•	•	VC + US
Reduce food insecurity and increase the consumption of fresh fruits and vegetables by supporting nutrition assistance and incentive programs	Provide financial support and promotion of Double Up Food Bucks (DUFb), a Supplemental Nutrition Assistance Program (SNAP) incentive program that allows families who purchase food with SNAP to double the value of their SNAP dollars when purchasing fresh fruits and vegetables at select locations	Market	•	•	•	VC + US
	Provide financial support and promotion of pop up farmstands that accept SNAP, DUFb, Women, Infant, and Child (WIC) vouchers and Senior Farmers Market Nutrition Program (SFMNP) vouchers at	Market	•	•	•	VC + US

Health Need:	Social Drivers of Health (SDOH)					
	senior centers and WIC clinics					
Improve access to transportation by further exploring the barriers and planning for future interventions	Conduct a root cause analysis involving key stakeholder interviews, focus groups and an environmental scan of existing transportation services in order to plan for future strategies to address transportation needs	All Omaha CHI Health Hospitals	•	•	•	VC
Reduce health disparities by connecting patients with social needs to community resources facilitated by Community Health Workers	Leverage Community Health Workers embedded in programs such as Community Link to complete social drivers of health screenings and refer and connect patients to community resources	Market	•	•	•	VC
Expand diversity and equity in the healthcare workforce by expanding and developing healthcare career pathways to increase workforce recruitment, retention and diversity	Develop career pathway programs to train and recruit key clinical roles such as certified nursing assistants (CNAs)/patient care techs, radiology techs, certified medical assistants and surgical techs. Support retention and diverse workforce goals through mentorship, coaching and upskilling.	Market	•	•	•	VC
Planned Resources:	The hospital will provide staff time, grants, outreach materials, training and educational resources, as well as program management support for these activities.					
Planned Collaborators:	A Mother's Love, Big Garden, BRIDGE Family Resource Connector Network, City Sprouts, Corporation for Supportive Housing, Charles Drew Health Center, Creighton University, HEAL Omaha, I Be Black Girl, Latino					

Health Need:	Social Drivers of Health (SDOH)
	Center of the Midlands, Metro Community College, National Institute for Medical Respite (NIMRC), No More Empty Pots, Omaha Bridges Out of Poverty, Omaha Metro Health Departments (Douglas County Health Department, Pottawattamie County Public Health Department, Sarpy/Cass Health Department), Omaha Pathways Community HUB, Omaha Public Schools, Relmagine Omaha, Siena Francis House, Together Omaha, Threshold Continuum of Care, The Wellbeing Partners, University of Nebraska-Lincoln Extension, Whispering Roots, Saving Grace, Visiting Nurse Association,
Other Related Activities:	• Universal health-related social need screening • Partner with Corporation for Supportive Housing and Threshold to increase permanent supportive housing and develop triage system for priority placements

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Improved financial resilience	Percent of residents who would not be able to afford an unexpected \$400 expense without going into debt	CHNA
Decreased housing insecurity	Percent of residents who report that they were “Always,” “Usually,” or “Sometimes” worried about having enough money to pay their rent or mortgage in the past year	
Decreased unsheltered homelessness	Number of community members experiencing unsheltered homelessness	Threshold Continuum of Care Point-in-Time Count
Decreased food insecurity	Percent of residents who “Often” or “Sometimes” worried about running out of food Percent of residents who ran out of food in the past year before there were funds to buy more	CHNA
Decreased transportation as a barrier to accessing health care	Percent of residents reporting lack of transportation as a barrier to accessing health care	CHNA