

Community Health Improvement

Strategic Action Plan Fiscal Year 2026 - 2028

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

Board Approved October 2025



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At-a-Glance Summary

Community Served 	For the purposes of the CHI Health St. Mary's Community Health Needs Assessment (CHNA) and Implementation Strategy Plan (ISP), the primary service area was defined as Otoe County, Nebraska based on hospital admissions data and overlapping service areas with CHNA collaborators.
Significant Community Health Needs Being Addressed 	The significant community health needs the hospital intends 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: • Access to Healthcare (Transportation Focus) • Behavioral Health
Strategies and Programs to Address Needs 	The hospital intends to take actions and to dedicate resources to address these needs, including: • Access to Healthcare (Transportation Focus) ○ Improve access to healthcare by further exploring transportation barriers and planning for future interventions ○ Increase access to healthcare by exploring community-based transportation solutions • Behavioral Health ○ Increase access to behavioral health services by exploring opportunities for new and expanded community partnerships ○ Increase access to behavioral health services by supporting the behavioral health workforce

This document outlines CHI Health St. Mary's ISP to address community health needs, as determined by the 2025 CHNA, adopted by the Board in April 2025. 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

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 2,200 care sites in 24 states coast to coast, serving patients in big cities and small towns across America.

CHI Health St. Mary's, located in Nebraska City, NE, is a nonprofit, faith-based healthcare provider. It is an eighteen-bed critical access hospital and has served local residents for 98 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 of 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.

In the fall of 2014, CHI Health St. Mary's relocated within Nebraska City to a new 110,000-square-foot campus to better meet the changing needs of the community with, among other benefits, an increased capacity for specialty clinics and an integrated primary care clinic. CHI Health St. Mary's has five primary care physicians and thirteen associate providers, such as nurse practitioners, physician assistants, and certified nurse anesthetists. CHI Health St. Mary's also has over 25 specialists that hold clinics monthly at the hospital. CHI Health St. Mary's Foundation, Community Board, and the senior leadership of the hospital work to identify top hospital priorities and determine the best strategies to meet the needs of the community.

CHI Health St. Mary's provides the following services:

- Cardiology/Cardiopulmonary Rehabilitation
- Colonoscopy/Endoscopy
- Dermatology
- Diabetes Education
- Ear, Nose & Throat (ENT)
- Emergency Care
- Hematology/Oncology
- Mammography
- Maternity Center
- Nephrology
- Neurological/Spinal Surgery
- Occupational Medicine
- Occupational Therapy
- Ophthalmology
- Orthopedics
- Perinatology
- Physical Therapy
- Podiatry
- Primary Care
- Psychiatry
- Pulmonary/Critical Care
- Radiology
- Respiratory Therapy
- Rheumatology
- Sleep Studies
- Surgical Services
- Urology
- Women's Services
- Wound Care & Vascular Medicine

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.

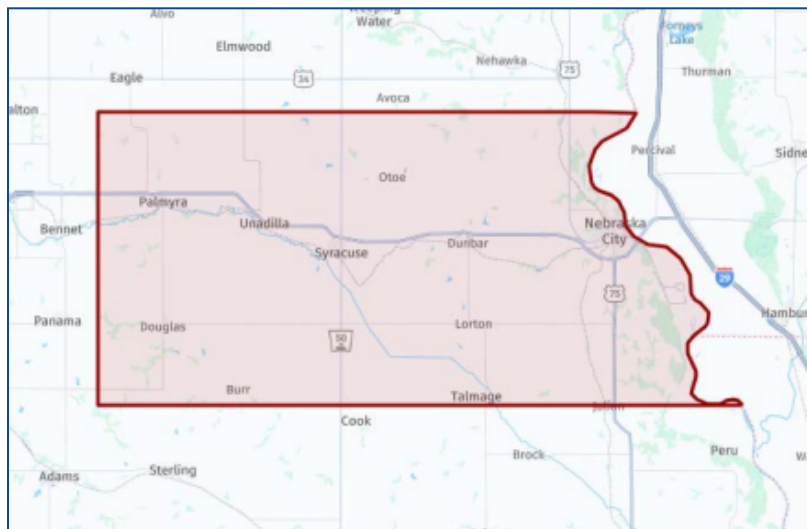
This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain 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 CHI Health St. Mary's Community Health Needs Assessment (CHNA) and Implementation Strategy Plan (ISP), the primary service area was defined as Otoe County, Nebraska based on hospital admissions data and overlapping service areas with CHNA collaborators.

Figure 1: CHI Health St. Mary's Market Primary Service Area and CHNA Community (Otoe County)



CHI Health St. Mary's serves a largely rural population with over 616 square miles in Otoe County, Nebraska. Otoe County is home to ten communities and has five school districts. The population of these communities varies from 57 people in Burr, to 1,942 in Syracuse and 7,289 in Nebraska City. CHI Health St. Mary's is located in Nebraska City, which also serves as the County Seat for Otoe County and is approximately 50 miles from the Omaha Metropolitan Area and 50 miles from the northern Kansas border.

Otoe County has a primarily Non-Hispanic White population and a percentage of residents over 65 years of age that is higher compared to the state (Otoe - 20% , Nebraska - 16%). The county has a lower percentage of residents with Bachelor's degrees compared to the state (Otoe - 27%, Nebraska - 34%), but a higher median household income (Otoe - \$81,430, Nebraska - \$74,984).¹ Otoe County has seven Health Professional Shortage Areas across primary care, dental health, and mental health disciplines.²

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?
Access to healthy foods, physical activity and weight control	• The percentage of adults who are obese in Otoe County was higher than the state average in 2022 according to the BRFSS survey (39% versus 36%). The rates of obesity in the Southeast District have	

¹ U.S. Census Bureau. Census Reporter. Accessed September 2025. <https://censusreporter.org/>.

² 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?
	exceeded the state average every year for the past five years. • The BRFSS survey also found that adults in the Southeast District as compared to the state average were also less likely to report no leisure time physical activity in the past 30 days (30% versus 25%) and consume fruits an average of less than 1 time per day over the past month (47% versus 43%). • Over 38% of community survey respondents identified not being overweight as one of the top three most important health problems in our community and having the greatest impact on community health. • Almost 45% of community survey respondents indicated that wellness services were needed to improve the health of their family and friends. This percentage was the second highest response behind only mental/ behavioral health services. • Slightly more than 6% of adults in the Southeast District reported having a heart attack or coronary heart disease according to the BRFSS survey in 2022. This percentage was almost identical to the state average. However, a higher percentage of adults in the Southeast District as compared to the state were told they have high blood pressure in 2021 (35% versus (32%) and ever had diabetes (14 versus 11%) in 2022.	
Behavioral Health	• The ratio of mental health providers to the population in Otoe County has improved, but it is significantly worse when compared to the state (850:1 versus 360:1). • Almost 15% of Otoe County residents reported in the 2022 BRFSS survey that their mental health was not good in 14+ days of the last month which is higher than the state average of 12%. • About 17% of Otoe County adults reported they were told they had depression in 2022 based on the BRFSS survey. • Almost 12% of adults in the Southeast District Health Department's jurisdiction	•

Significant Health Need	Description	Intend to Address?
	reported current cigarette use, and 15% indicated they engaged in binge drinking in the past month according to the BRFSS survey in 2022. • In the community survey, 63% of the respondents indicated mental health was an important health problem in Otoe County. The next highest rated problem was drug abuse at 47% and alcohol abuse was the fourth highest rated problem at 24%. • About 54% of the respondents in the community survey indicated that mental/behavioral health services are needed to improve the health of their family and neighbors.	
Child and adult care	• Otoe County has a larger 65+ population (20.3%) when compared to the state (17.0%). • Those 65+ account for about half of the population with any disability. • Aging problems such as arthritis and hearing and vision loss were identified in the community survey as one of the top 5 problems in our community. • The number of single parent family households with children under the age of 18 as a percent of total family households was somewhat higher in Otoe County as compared with the state (22.4% versus 21.2%). • The average childcare costs for a household with two children as a percent of median household income in 2024 was 25% in Otoe County which was slightly below the state rate of 28%. • The percentage of children enrolled in Medicaid and CHIP in 2024 was 40%.	
Transportation services and barriers	• In 2022, 5.4% of Otoe County's population was uninsured compared to 7.8% in Nebraska. • Almost 59% of the of Southeast District Health Department (SEDHD) community survey respondents from Otoe County identified access to health care as one of the top three "important factors for a healthy community" and 54% of the	•

Significant Health Need	Description	Intend to Address?
	survey respondents indicated that additional mental/behavioral health services are needed to improve the health of their family and friends. In the five counties that are included in the Southeast District Health Department's jurisdiction. • About 9% reported they had no personal doctor or health care provider, and 10% indicated that they needed care but were not able to afford it in the past year according to the 2022 Behavioral Risk Factor Surveillance System (BRFSS) survey. • Transportation was identified as a high priority health need in the focus group interview because it limits access to health care services for low-income populations. • There are few options for non-emergency transportation, and the need and demand greatly exceed the supply.	

Significant Needs the Hospital Does Not Intend to Address

In acknowledging the range of priority health needs that emerged from the CHNA process, CHI Health St. Mary's 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 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. The following identified needs were not explicitly prioritized in this ISP, but are being addressed through cross-cutting strategies within other priorities as described below.

Access to healthy foods, physical activity and weight control. CHI Health St. Mary's operates the Nebraska City Community Garden. The garden offers plots to those in need and offers community programming such as 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.

Child and adult care. CHI Health St. Mary's leadership participates in the Nebraska City Area Economic Development Corporation (NECAEDC). NECAEDC is actively exploring opportunities to expand area child care options. Blue Rivers Area Agency on Aging is leading efforts in Otoe County to address the needs of the aging population.

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.

The process of identifying the high priority health needs in Otoe County initially involved the following steps, including:

1. Convene a planning group that includes staff from the SEDHD and the hospital administrators from the six hospitals in the region to identify the breadth, scope, and timing of the process.
2. Collect and analyze secondary health data that assesses population characteristics, personal risk factors, social drivers of health such as food insecurity, prevalence of chronic and mental health conditions, and health outcomes such as life expectancy

and mortality rates. Using a variety of data sources (the U.S. Census data, the Behavioral Health Risk Factor Surveillance System, the County Health Rankings from the University of Wisconsin, the Nebraska Crime Commission, the Nebraska Department of Education, and the Department of Health and Human Services.

3. Conduct a survey of adults in the five counties served by the Southeast District Health Department to identify the most important health problems, the changes needed to improve the health of family and friends, the strengths of the current health system, and the quality of life in their communities (e.g., satisfaction with the health care system, a good community to grow old and raise children, economic opportunities, and a safe place to live).
4. Organize a facilitated focus group interview in each community with a hospital, including Nebraska City, to review the results of the survey and the secondary data analysis to determine the most significant health needs in the community.

The survey of the five-county area was conducted by the Southeast District Health Department (SEDHD) to gain a better understanding of the health status and needs of the region. The surveys were available in August and September of 2024 and were emailed to community stakeholder listservs by each of the participating hospitals, promoted on social media by the SEDHD, and paper copies were made available at county fairs and other events. A total of 393 people completed the community survey, including 110 from Otoe County. The results of the survey are calculated by county and were presented to the focus group participants.

CHI Health St. Mary co-hosted one of the six focus group meetings, which was facilitated by staff from the University of Nebraska Medical Center- College of Public Health (COPH), on October 10, 2024. A total of 21 community stakeholders, including representatives from the provider community, the SEDHD, and various community organizational representatives (public schools, the faith community, Juvenile Diversion, the police department, the Lewis and Clark Center, and Heartland Family Workers) discussed areas of concern, strengths of the current health system, and opportunities for improvement. The focus group participants then identified the significant community health needs using the following criteria: (1) standing in comparison with benchmark data; (2) identified trends; (3) the magnitude of the issue in terms of the number of persons affected; (4) disparity and equity, (5) severity of the problem, (6) known effective interventions, (7) resource feasibility and sustainability, and (8) the perceptions of top issues among the key informants who provided input in 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 Clinic Administrator, Community Benefit/Healthy Communities Staff, Community Health Coordinator, Executive Assistant to the President, Nursing Supervisors, President, Support Services Supervisor, and Vice President of Patient Care Services) 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 most appropriate strategies were selected, the right partners were engaged, and resources were best leveraged.

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

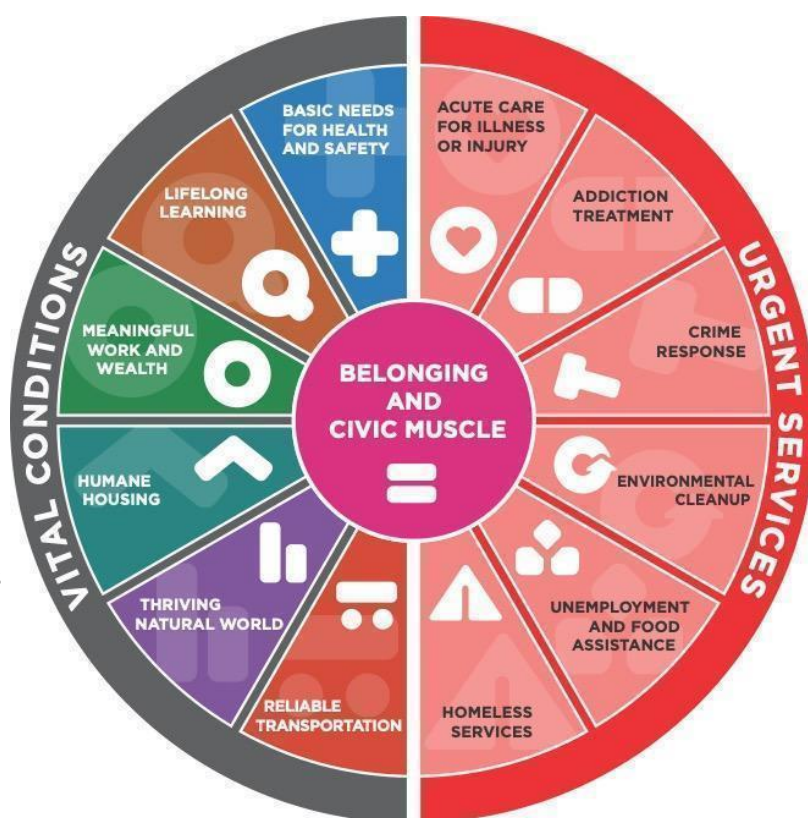
Community health initiatives at CommonSpirit Health use the Vital Conditions framework and the Well-Being Portfolio³ to help plan and communicate about strategies and programs.

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?

³ 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.



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.

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:	Access to Healthcare (Transportation Focus)				
Population(s) of Focus:	Otoe County				
Strategy or Program	Summary Description	Strategic Alignment			
		Strategy 1: Extend care continuum	Strategy 2: Evidence- informed	Strategy 3: Community capacity	Vital Condition (VC) or Urgent Service (US)
Improve access to healthcare by further exploring transportation 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	•	•	•	VC
	Implement a hospital-owned van transportation service	•	•	•	VC + US
Increase access to healthcare by exploring community-based transportation solutions	Collaborate with Small Beginnings to explore community volunteer transportation options	•	•	•	VC
	Engage with community groups such as Nebraska City Transit who are convening to address community transportation needs	•	•	•	VC
Planned Resources:	The hospital will provide staff time, grants, outreach communications, and program management support for these activities.				
Planned Collaborators:	Health Resources and Services Administration (HRSA), Nebraska City Transit, Small Beginnings, Southeast District Health Department (SEDHD)				

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Decreased number of residents reporting transportation as a barrier to accessing healthcare	Number of residents reporting transportation as a barrier to accessing healthcare in focus groups	CHNA focus groups

Health Need:	Behavioral Health				
Population(s) of Focus:	Otoe County				
Strategy or Program	Summary Description	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 exploring opportunities for new and expanded community partnerships	Explore opportunities to host primary care integrated licensed mental health practitioners through new and expanded community partnerships	•	•	•	VC + US
Increase access to behavioral health services by supporting the behavioral health workforce	Increase the sharing of community-based mental health resources, such as the CredibleMind platform, through new and revised patient education materials	•	•	•	VC
Planned Resources:	The hospital will provide staff time, grants, outreach communications, and program management support for these activities.				
Planned Collaborators:	Arbor Psychiatric and Wellness Center, Blue Valley Behavioral Health, Complete Behavioral Health,				

Health Need:	Behavioral Health
	CredibleMind, Southeast District Health Department (SEDHD)

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Decreased “not good” mental health days	Percent of residents reporting that their mental health was “not good” 14+ days of the last month	Nebraska Behavioral Risk Factor Surveillance Survey (BRFSS)/CHNA
Increased number of mental health providers	Mental health providers per 100,000 people	Centers for Medicare and Medicaid Services National Plan and Provider Enumeration System (NPPES)/CHNA