

Community Health Improvement

Strategic Action Plan Fiscal Year 2026 - 2028

CHI Health Plainview – Plainview, NE

Board Approved October 2025



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At-a-Glance Summary

Community Served 	For the purposes of the CHI Health Plainview's Community Health Needs Assessment (CHNA) and Implementation Strategy Plan (ISP), the primary service area was defined as Pierce 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: • Behavioral 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 community and hospital capacity to address mental health ○ Offer tobacco cessation resources • Social Drivers of Health (SDOH) ○ Increase access to food through screening and referral ○ Provide access/ navigation to community resources ○ Increase access to community resources for seniors

This document outlines CHI Health Plainview'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 Plainview 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 Plainview, located in Plainview, NE, is a nonprofit, faith-based healthcare provider. Since its opening in 1968, CHI Health Plainview has been providing care with exceptional care and quality outcomes. CHI Health Plainview is a 15-bed critical access hospital with inpatient and outpatient services.

CHI Health Plainview offers the following services:

- Cancer Care
- Diagnostic Radiographic Services
- Emergency Care
- Heart and Vascular
- Home Health Care
- Laboratory
- Medical/Surgical Care
- Neurology
- Nuclear Medicine
- Pain Management
- Pediatrics
- Pharmacy
- Podiatry
- Pulmonary
- Respiratory Therapy Services
- Skilled Nursing Care
- Sleep Studies
- Urology
- Weight Management
- Women's Health

CHI Health Plainview has received the following certifications and distinctions:

- Top 20 Critical Access Hospital for Best Practice in Quality by the National Rural Health Association (2018, 2019, 2021, 2022, 2023, 2024)

In 2018 and 2019, CHI Health Plainview was a recipient of the Top 20 Critical Access Hospitals Best Practice in Quality award by the National Rural Health Association.

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.

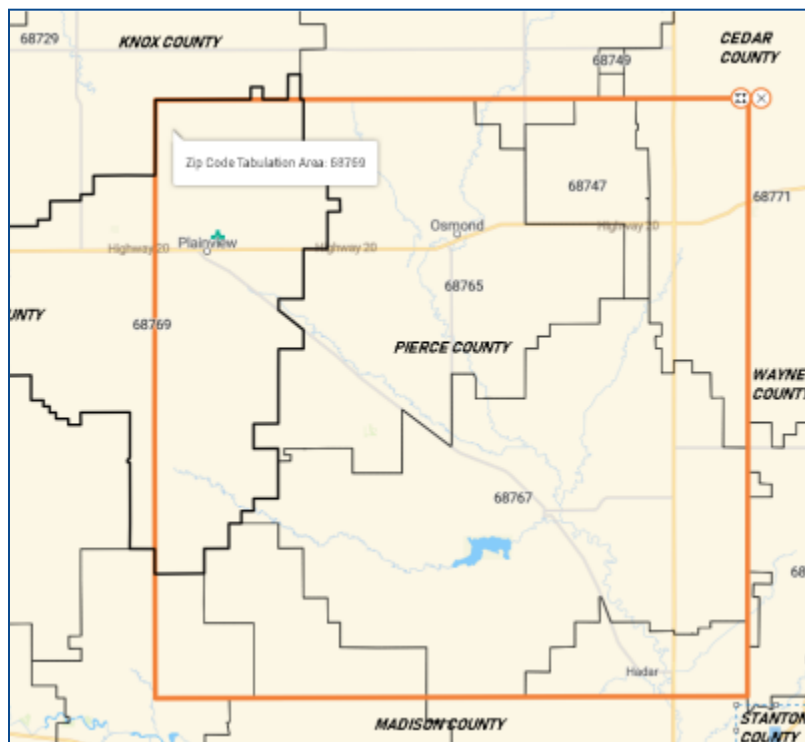


This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain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

Figure 1: CHI Health Plainview's Market Primary Service Area and CHNA Community (Pierce County)



(PolicyMap. 2022. Accessed March 2022. PolicyMap Map retrieved from <https://Commonspirit.policymap.com/>)

Plainview, NE is located 141 miles from Omaha, NE and 101 miles from Sioux City, IA. According to the most recent census, Pierce County is 100% rural, encompasses 573 square miles, and has 7,317 residents. The population density of Pierce County is estimated at 12.7 persons per square mile, making it about half as densely populated as the state of Nebraska, which is 73% rural, and has a population density of 23.8 persons per square mile. The majority of the

residents in Pierce County (95.6%) are White, not Hispanic or Latino, 2.3% identify as Hispanic or Latino, 0.6% are Black, and 0.5% are American Indian or Alaska Native.¹

Compared to the state of Nebraska, Pierce County has a slightly higher median household income, lower rates of persons and children in poverty, lower unemployment rate, higher high-school graduation rate, and a lower percentage of the population that is uninsured. Within Pierce County, the percentage of uninsured population is 8.4%, which is less than the state average (9.8%). Poverty presents a barrier to many factors impacting health, including: access to care, nutrition, education and safe housing, etc. In Pierce County 8.2% are living below the poverty line.¹

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 Services	Across interviews, surveys, and partner feedback, the cost of healthcare—insurance, deductibles, and out-of-pocket expenses—poses a major barrier to receiving timely care. This feedback is despite all counties reporting over 90% of people having health insurance.	•
Behavioral Health	Among North Central District (NCD) survey respondents and focus groups, mental health	•

¹ U.S. Census Bureau. American Community Survey 5- Year Estimates 2015-2019. Source geography: Tract. Accessed February 2022. Retrieved from: CARES Engagement Network. https://engagementnetwork.org/assessment/chna_report/

Significant Health Need	Description	Intend to Address?
	was a leading concern. The data shows suicide death rates in Nebraska (15.5 per 100,000 people) exceeded the national average (14.8) in 2022. Overdose rates are also at an all-time high.	
Chronic Conditions and Disease Prevention	Nebraska's top cause of death is heart disease and Nebraska's second leading cause of death is cancer. Diabetes and obesity were common themes during focus groups due to the magnitude of residents affected and the health impact.	
Socioeconomic Instability	Inflation, cost of living, housing costs, food insecurity, and access to medicine were all mentioned as barriers to health and wellness during focus groups and March 25th meeting participants. 18.4% of NCD residents have housing costs that are 30% or more of their household income.	•

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 Plainview 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. CHI Health Plainview will address Socioeconomic Instability through SDOH activities and, recognizing that Access to Services is a cross-cutting significant health need, will address it through activities for the two priorities: Behavioral Health and SDOH.

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.

Chronic Conditions and Disease Prevention. CHI Health Plainview facilitates community Automated External Defibrillator (AED) trainings and partners with North Central District Health Department (NCDHD) to provide community blood pressure screenings, it has partnered with NCDHD to place blood pressure machines in community settings such as the senior center and library, and to provide community education around blood pressure.

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.

CHI worked collaboratively with its local health department on the entire CHA process to gather public health input. Gleaning input from members or representatives of medically underserved, low-income and minority populations (MULIMP) was also a particular focus. NCDHD's Community Impact Coordinator who specifically works with minoritized populations assisted alongside the entire CHA process to ensure minority populations were provided the assessments and participation access. Strong community involvement is a critical element of the CHNA process. Community input was gathered through the assessments in which a community survey was distributed, focus groups were conducted, and key informant interviews were completed; as well as during the Prioritization Process consensus workshop conducted on March 25, 2025. At the Community CHA Data Review and CHIP Priority Selection Meeting, partners and community members met to review the CHA data and select priorities for the CHIP. The participating Community Organizations are West Holt Memorial Hospital, Rock County Hospital, Midtown Health Center, Inc., North Central District Health Department (NCDHD), NCDHD Board of Health, Nebraska Critical Incident Stress Management Program, Niobrara Valley Hospital Corporation, Northeast Community College, O'Neill Chamber of Commerce, O'Neill Community Foundation, Osmond General

Hospital, Osmond School Board, Pierce Chamber of Commerce, Plainview Ministerial, Region 11 Emergency Management-Norfolk, Retired Rural Regional One Medical Response System, Rotary Club, Rural Regional One Medical Response System, Santee Health Center, University of Nebraska-Lincoln Extension, Valentine Police Department, West Holt Health Ministries, Building Blocks, Cherry County Hospital, CHI Health Plainview, City of Creighton, Department of Health and Human Services, Elgin Public Schools, Emergency Manager of Cherry County, Educational Service Unit 17, Family Service Lincoln, Greater Sandhills Family Healthcare-PC, Heartland Counseling Services, Holt County Economic Development, Hold Boyd Community Connections Collaborative, Lions Club, Ainsworth Chamber of Commerce, Antelope Memorial Hospital, AseraCare Hospice, Avera St. Anthony's O'Neill, Boyd County Schools, Bright Horizons, Brown County Emergency Management, and Brown County Sheriff's Office. The Hospital prioritized Behavioral Health and Social Drivers of Health for the upcoming three year CHNA cycle.

The programs and initiatives described here were selected on the basis of...

- 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 Portfolio² to help plan and communicate about strategies and programs.

² 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.

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?

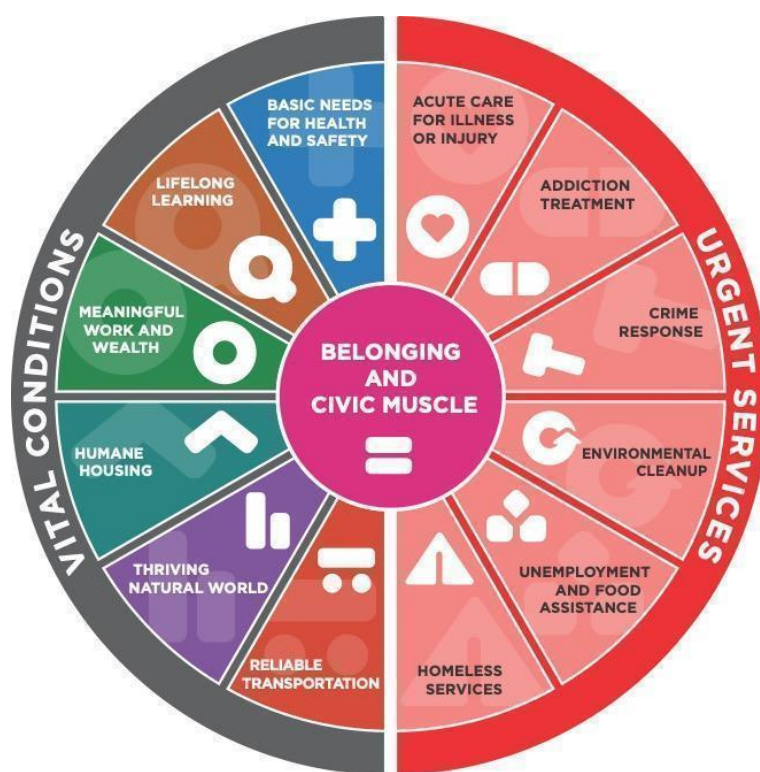
These are services that anyone under adversity may need temporarily to regain or restore health and well-being. Urgent services address the immediate needs of individuals and communities, say, during illness.

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:	Pierce 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 availability of resources Behavioral Health	Provide Mental Health First Aid training (MHFA) and Question, Persuade, and Refer training (QPR) for staff and community	•	•	•	VC
	Explore increasing access to Behavioral health services by having conversations with Schuyler Nurse Practitioner and Licensed Independent Mental Health Practitioner to provide their services in Plainview	•	•	•	VC + US
	Collaborate with the Community Health Improvement Plan (CHIP) coalition, convened by North Central District Health Department, in creating a resource guide of services available in the area.	•	•	•	VC
Offer tobacco cessation resources	Promote lung screening and provide tobacco cessation kits	•	•		VC
Planned Resources:	The hospital will provide staff time, grants for these activities.				

Health Need:	Behavioral Health
Planned Collaborators:	CHIP coalition, CHI Health Plainview Staff, Community Based Organizations

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Decreased rate of suicidal ideation among youth	Percent of youth responded yes when asked if seriously considered attempting suicide	CHNA

Health Need:	Social Drivers of Health (SDOH)				
Population(s) of Focus:	Pierce 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 food through screening and referral	Explore opportunities to establish a food pantry in the hospital for staff and patients	•	•	•	VC + US
Provide access/navigation to community resources	Provide care coordination and case management to connect patients with community resources to address hunger, housing instability and financial strain, etc.	•	•	•	VC
Increase access to community resources for seniors	Provide monthly education at the senior centers on different health care topics and highlight resources, such as vaccination, screening, and medicare wellness	•	•	•	VC
Planned Resources:	The hospital will provide staff time, grants, outreach communications, and program management				

Health Need:	Social Drivers of Health (SDOH)
	support for these activities.
Planned Collaborators:	Community based senior center, Plainview hospital, Community based organization

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Increase food access	Percent of residents reporting not having access to healthy food due to cost and distance to stores	CHNA
Improve access to care	Focus group, surveys stated high deductible, out pocket expenses barriers to receive timely care	CHNA