

Community Health Improvement

Strategic Action Plan Fiscal Year 2026 - 2028

CHI Health Schuyler – Schuyler, NE

Board approved October 2025



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At-a-Glance Summary

Community Served 	For the purposes of the CHI Health Schuyler's Community Health Needs Assessment (CHNA) and Implementation Strategy Plan (ISP), the primary service area was defined as Colfax 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 • Behavioral Health • Chronic Disease
Strategies and Programs to Address Needs 	The hospital intends to take actions and to dedicate resources to address these needs, including: • Access to Healthcare ○ Expand the healthcare workforce ○ Explore access to transportation to improve healthcare access ○ Increase access to immunizations • Behavioral Health ○ Increase access to behavioral health services • Chronic Disease ○ Increase access to health education ○ Increase access to healthy food

This document outlines CHI Health Schuyler'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 Schuyler 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 Schuyler, located in Schuyler, NE, is a nonprofit, faith-based healthcare provider. It is a critical access hospital serving the communities of Schuyler, Clarkson, Howells, Leigh, and the residents of rural Colfax County in Nebraska. In addition to its 25 critical access beds, CHI Health Schuyler offers 24-hour emergency services, inpatient medical and surgical care, outpatient observation, outpatient surgical and skilled services, which are provided locally for patients of all ages. A full complement of outpatient diagnostic and therapeutic services are also available, such as laboratory, radiology, physical therapy, occupational therapy, speech therapy, sleep studies and cardiac rehabilitation. Home Care professional services and Durable Medical Equipment are also provided locally by CHI Health. Outpatient specialty physicians supplement the local medical staff by providing specialty clinics such as:

- Cardiology
- Gastrointestinal
- General surgery
- Gynecology
- Podiatry
- Tele-endocrinology
- Tele-psychiatry

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

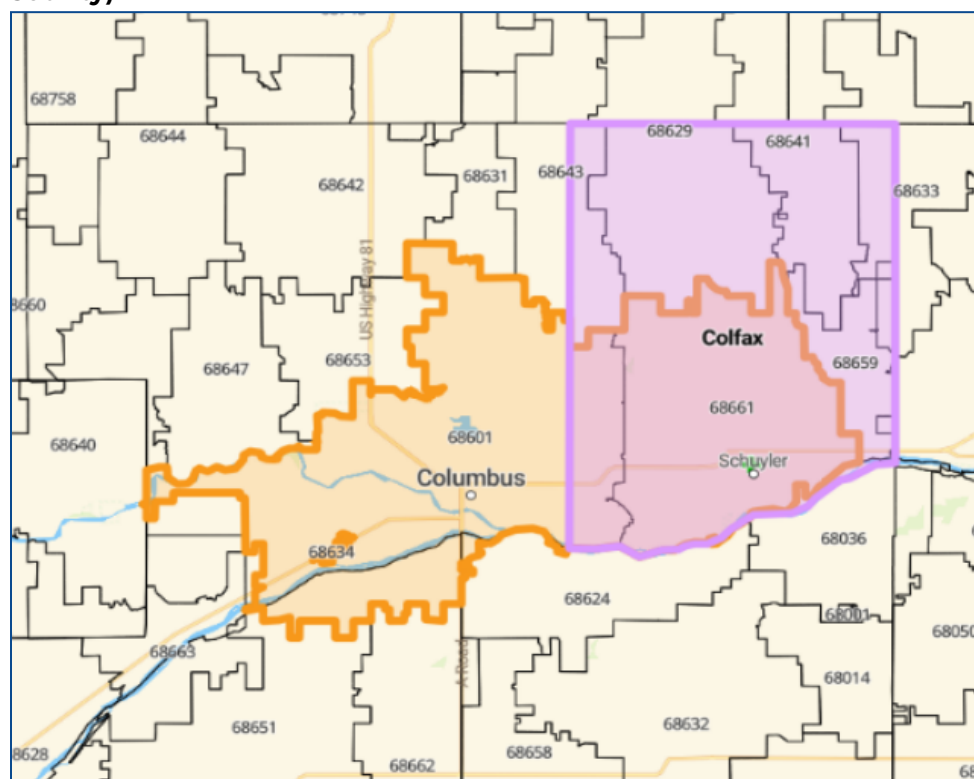


who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary and related materials are available in multiple languages on the hospital's website.

Description of the Community Served

For the purposes of the CHI Health Schuyler Community Health Needs Assessment (CHNA) and Implementation Strategy Plan (ISP), the primary service area was defined as Colfax County, Nebraska based on hospital admissions data and overlapping service areas with CHNA collaborators.

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



Colfax County was home to 10,541 people in 2025.¹ Colfax County has a primarily Hispanic population (Hispanic - 47%, White - 46%) and a lower percentage of residents over 65 years of age compared to the state (Colfax - 13% , Nebraska - 16%). The county has a lower percentage of residents with Bachelor's degrees compared to the state (Colfax - 14%, Nebraska - 34%), but a higher median household income (Colfax - \$79,720, Nebraska - \$74,984).² Colfax County has 18 Health Professional Shortage Areas across primary care, dental health, and mental health disciplines.³

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

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>.

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 Healthcare	• According to the community member survey, 52% identified access to childcare as a priority need. • Of Colfax County children in need of childcare, 56% do not have access (compared to 19% for Nebraska), the worst in East Central District. • Single parent households, low-income residents, Hispanic residents, and young families were identified to have increased barriers to accessing childcare.	•
Behavioral Health	• Mental health and access to mental healthcare was the #1 ranked health need reported in the community member survey (48% of respondents). • 14% of survey respondents needed mental health counselling in the past year but could not get it. 47% said mental healthcare access is lacking in the community. Only 12% of respondents requiring mental health services received all the care they needed. • Over one-third (36%) of Colfax County survey respondents rate their access to	•

Significant Health Need	Description	Intend to Address?
	mental or behavioral health services as low or very low, with another 41% rating it as neutral. - Colfax County has fewer mental health providers relative to its population (1 provider for every 10,440 people) compared to Nebraska (1 provider for every 329 people). 14% of adults in Colfax County have been diagnosed with depression by a mental health professional, compared to 17% for Nebraska.	
Chronic Diseases	Colfax County has higher rates than the state for the following chronic conditions: - Stroke (3%, vs. 2% for Nebraska) - Heart attack or coronary heart disease (6%, vs. 5% for Nebraska) - Kidney disease (3%, vs. 2% for Nebraska) - Diabetes (11%, vs. 10% for Nebraska) - Asthma (9%, vs. 8% for Nebraska) - Chronic Obstructive Pulmonary Disease (COPD) (6%, vs. 5% for Nebraska)	•
Social Determinants of Health (SDOH)	According to the community member survey, 52% identified access to childcare as a priority need. - Of Colfax County children in need of childcare, 56% do not have access (compared to 19% for Nebraska), the worst in East Central District. - Single parent households, low-income residents, Hispanic residents, and young families were identified to have increased barriers to accessing childcare.	

Significant Needs the Hospital Does Not Intend to Address

The hospital does not intend to directly address social determinants of health but will prioritize addressing obstacles and underlying factors contributing to healthcare access, behavioral health, and chronic diseases

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.

Hospital and health system participants in the community input meeting included Manager of healthier communities, Executive Assistant, Mission Director, Clinic Administrator, VP Patient Care Services, Chief Financial Officer, and President.

Community partners that provided input throughout the CHNA and development of this plan include: Behavioral Health Coalition Community Member, Local Police Department, Schuyler Community Schools, Center for Rural Affairs, East-Central District Health Department, and Schuyler Chamber of Commerce.

CHI Health Schuyler and community members in the community input meeting identified and prioritized the following health needs for the upcoming three-year CHNA cycle: access to healthcare, behavioral health, and chronic disease management.

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.

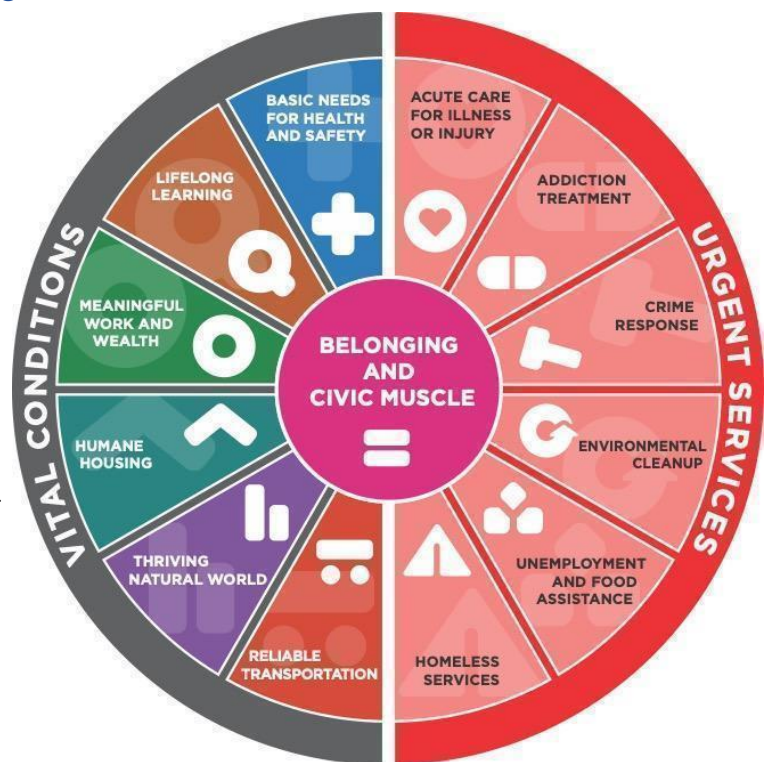
- **Core Strategy 1:** Extend the care continuum by aligning and integrating clinical and community-based interventions.
- **Core Strategy 2:** Implement and sustain evidence-informed health improvement strategies and programs.
- **Core Strategy 3:** Strengthen community capacity to achieve equitable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



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.

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:	Access to Healthcare				
Population(s) of Focus:	Colfax 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)
Expand healthcare workforce	Expand CNA health career ladder program.	•	•	•	VC
	Partner with Creighton School of Medicine on a pathways to population health distinction clinical/ community service rotation for medical students.	•	•	•	VC + US
Explore access to transportation to improve health access	Form a working group to explore transportation as a barrier to care. Identify and implement solutions in subsequent years.	•	•	•	VC
Increase access to immunizations	Increase access to free immunizations for low income families (Vaccines for Kids) at Schuyler Clinic.	•	•	•	VC
Planned Resources:	The hospital will provide staff time, grants, outreach communications, and program management support for these activities.				
Planned Collaborators:	Schuyler Community Schools, Leigh Community Schools, Clarkson Community Schools, Central Community College, East Central District Health Department (ECDHD), Central NE Community Action Partnership (CNCAP), Community Family Partnership (CFP)/ United Way (CAUW), Colfax County Food				

Health Need:	Access to Healthcare
	Pantry, Ministerial Association, local churches/centers of worship

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:	Colfax 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	Integrate behavioral health and primary care and add a second Licensed Independent Mental Health Practitioner (LIMHP).	•	•	•	VC + US
	Create and implement community awareness opportunities such as speakers on lethal means safety and provide distribution of trigger locks and locked pill vials.	•	•	•	VC
	Provide Mental Health First Aid trainings to staff and community.	•	•	•	VC

Health Need:	Behavioral Health
Planned Resources:	The hospital will provide staff time, grants, outreach communications, and program management support for these activities.
Planned Collaborators:	Schuyler Community Schools, Leigh Community Schools, Clarkson Community Schools, Central Community College, East Central District Health Department (ECDHD), United Way (CAUW), Local law enforcement and Region 4

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Increase access to mental health care	Percent of residents reporting that mental health access is lacking in the community	CHNA

Health Need:	Chronic Disease				
Population(s) of Focus:	Colfax 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 health education	Sponsor community health education programming, such as healthy eating and cooking demonstrations.	•	•	•	VC
Increase access to healthy food	Host a farmers market and sponsor fresh fruit and vegetable vouchers.	•	•	•	VC
Planned Resources:	The hospital will provide staff time, grants, outreach communications, and program management support for these activities.				

Health Need:	Chronic Disease
Planned Collaborators:	Community based organization

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Decrease chronic disease rate in the community	Percent of residents reported their health as fair or poor	CHNA