

Implementation Plan 2019

**CHI Health St. Francis & Skilled Nursing Facility -
Long Term Care Hospital – Grand Island, NE**

A Joint Plan



Table of Contents

Introduction.....	2
Purpose and Goals of ISP.....	2
Organization Mission.....	3
Community Served by the Hospital.....	4
Implementation Strategy Planning Process	5
Prioritized Health Needs	5
Prioritization Process.....	5
Prioritization Criteria	5
Prioritized Health Needs	6
Implementation Strategy Plan	7
Evaluation Plan	7
Hospital Role and Required Resources	7
Significant Health Needs to be Addressed	8
Priority Health Need #1: Access to Healthcare Services	8
Priority Health Need #2: Behavioral Health (to include Mental Health, Substance Abuse, and Violence)	10
Significant Health Needs Not Addressed.....	12
Aging Issues	12
Culture of Health	12
Maternal & Child Health.....	12
Obesity.....	12
Authorization.....	12
Appendix.....	12

Introduction

This document outlines an Implementation Strategy Plan (ISP) to address community’s health needs, as determined by the 2019 Community Health Needs Assessment (CHNA), adopted by the Board on May 10, 2019. **The following plan is a joint strategic implementation plan for the CHI Health state-licensed facilities based in the Grand Island, Nebraska including:**

- CHI Health St. Francis
- Skilled Nursing Facility – Long Term Care (SNF)

The hospitals plan to jointly address two identified health needs in the community, with each facility owning specific work within each health need area to contribute to the overall plan success as shown in Table 1.

Table 1: Implementation Strategy Plan Summary and Hospital Responsibilities

Health Need Area	High-Level Strategy	Hospital Ownership
Access to Healthcare Services	Support an initiative, led by the Central District Health Department (CDHD) to identify and address known barriers to accessing relevant and timely health care in Hall County, and ensure services are coordinated, optimized, and promoted.	CHI Health St. Francis <ul style="list-style-type: none"> • Address general healthcare access and barriers to receiving timely, effective care as well as promoting preventive care • Assess need and capacity to expand existing school-based healthcare options Skilled Nursing Facility <ul style="list-style-type: none"> • Assess and address barriers to healthcare access for the aging population
Behavioral Health (to include Mental Health, Substance Abuse, and Violence)	Engage with CDHD and Hall County Community Collaborative (H3C) to improve clinical and community-based behavioral health services, and address gaps in care to ensure behavioral health services are optimized within the Hall County community.	CHI Health St. Francis <ul style="list-style-type: none"> • Serve as a lead agency and funder Skilled Nursing Facility <ul style="list-style-type: none"> • No direct role or oversight to this strategy

See the full plan beginning on page nine for a deeper review of the strategies and activities to address identified health needs.

Details of each hospital, including their history and services, can be found in their individual CHNA reports at www.chihealth.com/chna.

Purpose and Goals of ISP

CHI Health and our local hospitals make significant investments each year in our local community to ensure we meet our Mission of creating healthier communities. The ISP is a critical piece of this work to ensure we are appropriately and effectively working and partnering in our communities.

The goals of this ISP are to:

1. Identify strategies that will meaningfully impact the areas of high need identified in the CHNA that affect the health and quality of life of residents in the communities served by CHI Health.
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.

Organization Mission

“The Mission of Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities.”

CHI Health carries on the faith traditions of our founders: The Sisters of St. Francis of Perpetual Adoration, The Sisters of Mercy, the Immanuel Lutheran communities, the Jesuits of Creighton University, and the men and women who formed the Nebraska Heart Hospital. Each brought a distinct way of incorporating faith and spirituality with clinical care and all shared a calling and passion for serving those most in need in our community through compassionate care and excellence in medicine.

In 2012, Catholic Health Initiatives accepted full sponsorship of CHI Health bringing together 15 acute care hospitals, 4 behavioral health facilities, 2 specialty hospitals, over 120 clinics, and multiple health services across the Nebraska and Iowa region to carry on this healing ministry. We live out our mission through our core values:

Reverence

Profound respect and awe for all of creation, the foundation that shapes spirituality, our relationships with others and our journey to God.

Integrity

Moral wholeness, soundness, fidelity, trust, truthfulness in all we do.

Compassion

Solidarity with one another, capacity to enter into another's joy and sorrow.

Excellence

Preeminent performance, becoming the benchmark, putting forth our personal and professional best.

This mission calls us to create healthier communities and we know that the health of a community is impacted beyond the services provided within our wall. This is why we are compelled, beyond providing excellent health care, to work with neighbors, leaders and partner organizations to improve community health. The following implementation plan outlines our commitment to this mission and to our communities.

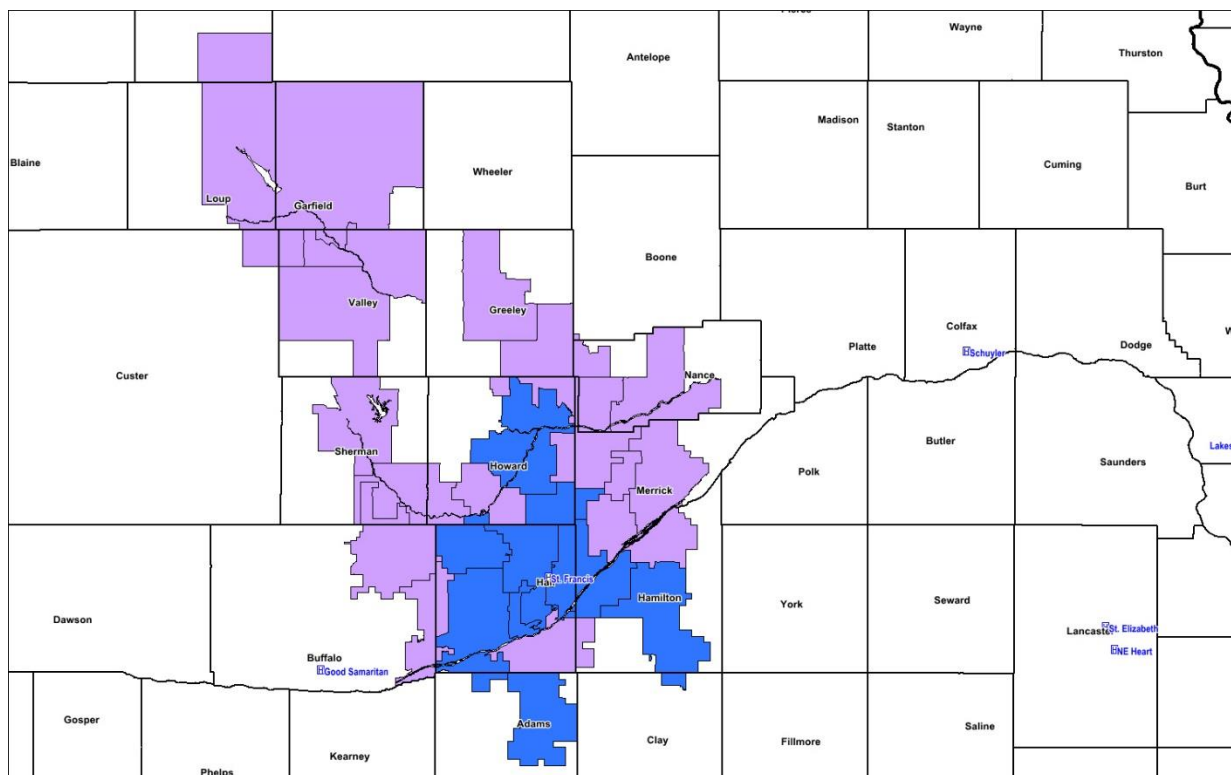
Community Served by the Hospital

For the purpose of the 2019 CHNA and this implementation strategy, CHI Health St. Francis and Skilled Nursing Facility – Long Term Care Hospital (SNF) consider the primary community to be Hall County, Nebraska. This definition was confirmed by an interdisciplinary team from the hospital [Community Benefit Action Team (CBAT)] and aligns with a shared definition agreed upon with community partners and the local health department, Central District Health Department (CDHD).

Hall County is one of three counties in the CDHD region, including Hamilton and Merrick Counties. The primary service area (home of 80% of patients served) for the CHI Health hospitals in Grand Island is highlighted in blue in Figure 1, below and notably includes Adams and Howard Counties. It is important to note that there are hospitals in Hamilton, Merrick, Howard, and Adams Counties that are also required to conduct a CHNA and implement plans to address identified health needs. Hall County has the largest population in the CDHD service area region and also shows the highest levels of health inequities as described in detail in the CHNA report. Hall County covers approximately 550 square miles, including five communities with over 61,000 residents.

While the focus for intervention is Hall County, St. Francis will continue to work with the health department and other partners to share and expand best practices and monitor ongoing and emerging needs in the surrounding counties. Further description of the county population demographics, socioeconomic factors, and unique characteristics can be found in the 2019 CHNA at www.CHIHealth.com/chna.

Figure 1: CHI Health St. Francis Service Area Map¹



¹ Source: CHI Health Planning Datamart, PDR IP Only CY2018 data 80% PSA

Implementation Strategy Planning Process

In order to select priority areas and design meaningful, measureable strategies, the CBAT reviewed the data and top health needs from the 2019 CHNA. For each top health need, the hospital took into consideration existing partnerships, available resources, the hospital's level of expertise, existing initiatives (or lack thereof), potential for impact, and the community's interest in the hospital engaging in that health area. In addition, St. Francis and the SNF considered potential other areas of need as defined by the IRS. As described in the IRS instructions for the Form 990, Schedule H for Hospitals, community need may be demonstrated through the following:

- A community needs assessment developed or accessed by the organization
- Documentation that demonstrated community need or a request from a public agency or community group was the basis for initiating or continuing the activity or program
- The involvement of unrelated, collaborative tax-exempt or government organizations as partners in the activity or programs

Throughout development of the plan, numerous internal and community partners were consulted to ensure the appropriate strategies were selected, the right partners were engaged, and resources were leveraged. To further assure alignment and integration with the organization, CHI Health Strategy and Planning team members participated in the development of the following plans.

Prioritized Health Needs

Prioritization Process

During the CHNA process, the CBAT identified the top health needs through consideration of various criteria, including: standing in comparison with benchmark data; identified trends; the magnitude of the issue in terms of the number of persons affected; and the perceptions of top health issues among key informants giving input to the process. This process can be reviewed in more detail in the CHNA posted at www.chihealth.com/chna.

Upon completion of the CHNA, the CBAT held meetings to identify the top health needs to be prioritized for work, and brainstorm existing work in these areas, existing partnerships, resources, and capacity for work in each of the identified priority areas. During these meetings the team took into consideration the severity of each health issue, the population impacted (making special consideration to disparities and vulnerable populations), the trends in the data as well as existing partnerships, available resources, the hospital's level of expertise, existing initiatives (or lack thereof), potential for impact, and the community's interest in the hospital engaging in that health area.

Prioritization Criteria

In order to select priorities, the hospitals considered information from the CHNA and subsequent community input meetings and ultimately prioritized *Access to Healthcare Services* and *Behavioral Health* for work based on:

- 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

Prioritized Health Needs

Table 2, below presents the top health needs identified in the most recent CHNA, and highlights the top health needs the hospitals have prioritized for work over the next three years.

Table 2: Top Health Needs Identified in CHNA

Significant Health Need	Rationale	Hospital Priority
Access to Care	<ul style="list-style-type: none"> Ratio of population to provider: Primary care physician 1,510:1 Hall County, 1,320:1 NE 24% of population has no personal doctor in Hall compared to 19.9% in NE 19% of population age 16-64 in Hall is without health coverage, compared to 14.7% in NE 21.3% of pregnant women getting inadequate prenatal care compared to 17.2% in NE – measure related to number of prenatal visits and trimester prenatal care started Community highlighted needs related to: <ul style="list-style-type: none"> Nebraska has high rate of high deductible health plans Immigration status discrepancies affect accuracy of records Access to quality child care (Heartland UW) Transportation Homelessness 	Yes*
Aging Issues	<ul style="list-style-type: none"> 29.5% age 45 and older had a fall in the past year 9.1% age 45 and older were injured due to a fall 20% were ever told they have depression Community reports challenges with adequate housing for seniors Community reports transportation for seniors is a challenge in Hall County 	No
Behavioral Health (Includes mental health & substance abuse)	<ul style="list-style-type: none"> Community ranked substance abuse highest need across community input sessions Suicide the 10th leading cause of death in Central District three-county region Youth substance abuse related to Juuling on the rise according to schools and law enforcement Drug and Opioid-related overdose fatalities greater across the US than NE, however local law enforcement and human service agencies warn the rates are rising locally, and are concerned overdose fatalities are more prevalent among minority and low-income populations. Community reports quality affordable housing is lacking in Hall County area 	Yes*
Culture of Health (Also identified as Social Determinants of Health)	<ul style="list-style-type: none"> Social needs driving behavioral health challenges <ul style="list-style-type: none"> 3.4% Unemployment rate higher than State at 2.9% 17% Children live in poverty in Hall County compared to 14% in State 38% Children live in single-parent households compared to surrounding counties: 19% in Hamilton County; 29% in Merrick Median household income = \$52,100 (state = \$57,000) 61% Children eligible for free/reduced lunches compared to surrounding counties: 35% Hamilton; 44% Merrick 	No
Maternal, Infant & Child Health	<ul style="list-style-type: none"> 21.3% of pregnant women getting inadequate prenatal care compared to 17.2% in NE – measure related to number of prenatal visits and trimester prenatal care started Teen births by Health District (%) 2011-2015 Central District: 9.0 (NE: 5.9); 2015 Central District: 7.0 (NE: 5.2) 11.0% of live births in Hall County are delivered premature compared to 9.9% in NE In 2015 Births to unmarried women is 406.4 per 1,000 in Hall County compared to 239.2 in NE Community reports need for additional prenatal OB services within FQHC for local deliveries 	No
Obesity	<ul style="list-style-type: none"> Obesity still trending up in the Central District three-county region with 2017 rate at 36.6% of population at a BMI of 30 or greater, where 2011-2017 average was 34.6%, and slightly above the state rate in 2017 of 32.8% 	No

	<ul style="list-style-type: none"> Percent of population considered overweight (BMI of 25+) at 70.9% just over the state rate of 69% From the Behavioral Risk Factor Surveillance System (BRFSS), 39.8% are watching salt intake <ul style="list-style-type: none"> Average fruit serving/day of BRFSS respondents is 1 39.3% eat less than one fruit serving/day Average vegetable serving/day -1.6 25.5% eat less than one vegetable serving/day 32.6% had no leisure-time physical activity in past 30 days 15.4% met both aerobic physical activity and muscle strengthening recommendations 	
Violence	<ul style="list-style-type: none"> Domestic assaults increased dramatically across all types: Aggravated, simple, and arrests for both types trending up dramatically since 2014 <ul style="list-style-type: none"> Aggravated domestic assault (use of a weapon): 97 in 2017 up from 48 in 2016 Arrests for Aggravated domestic assaults: 81 in 2017, up from 9 in 2016 Simple domestic assault (no weapon) 308 in 2017, up from 273 in 2016 Arrests for simple domestic assault 176 in 2017, up from 19 in 2016 Accident death rate (age-adjusted) down in 2014 at 36 per 100,000 from 42 per 100,000 in 2009 Injury information from BRFSS: <ul style="list-style-type: none"> 72.5 % wear seatbelts when driving or riding in a car 31.6% texted while driving in the past 30 days 64% talked on cell phone while driving 	Yes*

*See plan below for explanation and details

Implementation Strategy Plan

The following plan describes the strategies, scope, key activities, and anticipated impact in the health need area prioritized by St. Francis and the SNF hospital over the next three year cycle spanning fiscal years 2020- 2022.

Evaluation Plan

The hospital will conduct an evaluation to demonstrate impact of the related strategies and activities. These plans will include specific data sources such as program records, hospital patient data, and/or community-level data such as the community health needs assessment (CHNA). Measures may include (but are not limited to): community indicators, partners, funding, and programmatic outcomes (via program records). Data will be reviewed by an internal interdisciplinary team at appropriate intervals (e.g., quarterly, bi-annually) but at least annually and will be reported on the annual Schedule H tax reporting as required by the Patient Protection and Affordable Care Act regulations.

Hospital Role and Required Resources

Internal staff time will be leveraged in satisfaction of hospital plan deliverables. Key staff will be identified both at the system level and from within the two hospitals, as appropriate. Additionally, the hospital will evaluate in an on-going manner, the need to support key activities and strategies financially in partnership with the community and other stakeholders.

Significant Health Needs to be Addressed

Priority Health Need #1: Access to Healthcare Services	
Goal	Ensure equitable access to clinic and community-based health services (medical and behavioral) to improve the overall health of all in the community.
1.1 Strategy & Scope	Support a health-department led work group in identifying and addressing known barriers to accessing timely and effective health care in Hall County, to ensure services are coordinated, optimized, and promoted.
Timeframe	FY2020-FY2022
Community Indicators	<p>CHNA 2016</p> <ul style="list-style-type: none"> In 2014, the percentage of residents who needed to see a doctor but could not due to cost was 14.1%, which is higher than the State (11.9%) and has not reached the HP2020 Target of (9.0%) 18.2% of population age 16-64 in Central District three-county region is without health coverage, compared to 15.3% in Nebraska overall <p>CHNA 2019</p> <ul style="list-style-type: none"> In 2017, the percentage of residents who needed to see a doctor but could not due to cost had increased to 15.6%, which is also higher than the State (11.7%) and the HP2020 Target of (9.0%) Ratio of primary care physician to population is 1,510:1 (Hall County) 1,320:1 (Nebraska) 24% of population has no personal doctor in Hall compared to 19.9% in Nebraska overall 19% of population age 16-64 in Hall is without health coverage, compared to 14.7% in NE 21.3% of pregnant women getting inadequate prenatal care compared to 17.2% in NE – (measure related to number of prenatal visits and trimester prenatal care started)
Background	<p>Rationale:</p> <ul style="list-style-type: none"> Access to quality, affordable, timely, and equitable healthcare for all in the community was identified as a top need by community stakeholders and community representatives for Hall County. As healthcare evolves to keep patients well, instead of just treating the sick, engaging patients in preventive care with a primary provider, or medical home, will be critical in the new healthcare environment <p>Contributing Factors:</p> <ul style="list-style-type: none"> The community is realizing high rates of uninsured and the community stakeholders report higher rates of high deductible health plans. A significant portion of the population is Hispanic and of those in poverty, significantly more are Hispanic and/or African American. Growth in the immigrant population puts tremendous strain on the system related to language access as well as navigating status discrepancies to deliver necessary care. <p>National Alignment:</p> <ul style="list-style-type: none"> HP2020 Target – 9.0% of population needed to see a doctor but could not due to cost HP2020 Target – 100% covered with medical insurance <p>Additional Information:</p> <ul style="list-style-type: none"> Community stakeholders recognize an opportunity to bring together existing healthcare providers and services to collaborate and coordinate to optimize health-related service offerings, as well as coordinate care for individuals across a continuum to help patients find the right level of care, at the right place and time for the relevant need.
Anticipated Impact	<ul style="list-style-type: none"> Improved collaboration between healthcare service providers and community service agencies Increased percentage of residents who have a personal doctor Reduced percentage of people unable to see a doctor due to cost.
Key Activities	<ul style="list-style-type: none"> Collaborate with existing safety-net providers (Central District Health Department, Heartland Health, Third City Community Clinic, CommUNITY School & Heartland United Way, Others) through a health department led work group to identify and address gaps in the continuum of

	<p>healthcare and health related services for all. (<i>St. Francis & Skilled Nursing Facility</i>) Work may focus on:</p> <ul style="list-style-type: none"> ○ Improving collaboration between emergency department and the safety net providers (Heartland Health – federally qualified health center, and Third City Community Clinic) to ensure referral of relevant patients to the FQHC medical home, and/or communicating with the patients primary care physician regarding ED visit ○ Ensure services are optimized across providers and reduce duplication where possible ○ Ensure the connection and communication to social service providers in support of meeting patients social needs which may be affecting their health ○ Identifying common barriers to accessing timely and effective care when needed (i.e. transportation, lack of child care, or hours of operation) and work collectively to identify strategies to reduce barriers ○ Assess and address gaps in accessing healthcare services for the aging population specifically (<i>Skilled Nursing Facility</i>) <ul style="list-style-type: none"> ● Explore work related to school-based primary health care and determine need and capacity to increase/improve services already offered by CHI Health St. Francis in school settings. (<i>St. Francis</i>)
Partners	<ul style="list-style-type: none"> ● Central District Health Department ● Heartland Health ● Third City Community Clinic ● CommUNITY School & Heartland United Way ● Other potential partners: <ul style="list-style-type: none"> ○ Midlands Area Agency on Aging ○ Grand Generations – To be contacted ○ Midplains Behavioral Health ○ Transportation service providers ○ Language services providers
Relevant Related Activities	<p>In addition to the specific strategies and key activities outlined above to address <i>Access to Healthcare Services</i> (to be reported annually on Schedule H tax narrative), CHI Health St. Francis also supports the following bodies of work related to this health need area:</p> <ul style="list-style-type: none"> ● MD Save offers low-cost, pre-paid care bundles for select services and procedures related to: Radiology, Laboratory, Nutritional Counseling ● CHI Health recently opened a Quick Care in Grand Island which is a convenient walk-in clinic located inside area Hy-Vee supermarkets in Omaha, Lincoln, Council Bluffs, Fremont, Grand Island and Kearney. www.chihealth.com/quick-care ● Grow Grand Island is a coalition focused on improving the community through economic growth. The organization has prioritized efforts within to collaborate with healthcare services and address gaps in health-related services to increase the attractiveness of the community to working families.
Results	<i>PENDING</i>

Priority Health Need #2: Behavioral Health (to include Mental Health, Substance Abuse, and Violence)

Goal	Improve services and crisis response efforts to ensure effective and timely behavioral health care for individuals dealing with mental health issues, substance abuse addictions, or violence.
2.1 Strategy & Scope	Engage with Central District Health Department and Hall County Community Collaborative (H3C) to improve clinical and community-based behavioral health services, and address gaps in care to ensure behavioral health services are optimized within the Hall County community.
Timeframe	FY2020-FY2022
Community Indicators	<p>CHNA 2016</p> <ul style="list-style-type: none"> 6.6% of adults 18+ reported frequent mental distress in the past 30 days. The suicide death rate was 13.2 per 100,000 population (age adjusted). <p>CHNA 2019</p> <ul style="list-style-type: none"> 11.0% of adults 18+ reported frequent mental distress (defined as “not good on 14 or more of past 30 days). (NE at 10.5) Domestic assaults increased dramatically across all types: Aggravated, simple, and arrests for both types trending up dramatically since 2014
Background	<p>Rationale:</p> <ul style="list-style-type: none"> Mental health, substance abuse, and violence identified as top needs in the community by key stakeholders Developing relevant responses and services to address mental health, substance abuse, and violent behaviors is crucial to the long-term health of the community Community ranked substance abuse highest need across community input sessions, and contributes to the overall need for robust behavioral health services across the region Youth substance abuse related to Juuling on the rise according to schools and law enforcement Drug and Opioid-related overdose fatalities greater across the US than NE, and although county-level data, or data by race and ethnicity is not available, local law enforcement and human service agencies warn the rates are rising locally, and are concerned overdose fatalities are more prevalent among minority and low-income populations. Simple and aggravated domestic assaults and arrests increased significantly between 2016 and 2017, and the community reports increased incidence of violent behavior overall <p>Contributing Factors:</p> <ul style="list-style-type: none"> Community reports quality affordable housing is lacking in Hall County area driving stress and related negative behaviors in the area Poverty and children in poverty has increased in Hall County since previous CHNA Community reports care for substance abuse and severe mental illness is a challenge due to a lack of access points with sufficient levels of rehab and psychiatric care Local law enforcement report their capacity for effective processing and transfer of patients being involuntarily committed is low and creates increased use of hospital emergency departments for behavioral issues <p>National Alignment:</p> <ul style="list-style-type: none"> 10.2 Suicides per 100,000 population (HP2020 target) 24.2 % of adults age 18 and over report that they engage in binge drinking in past 30 days (HP2020 target) Other benchmark measures may be identified relevant to the work identified by the local collaborative <p>Additional Information:</p> <ul style="list-style-type: none"> CHI Health St. Francis just finished a three-year grant from CHI Mission & Ministry Fund to build a local collective impact coalition to identify and implement strategies to promote improved social and emotional learning among children through family supports and evidence-based programming

	<ul style="list-style-type: none"> • While there are many contributing social factors (lack of affordable quality housing, poverty and children in poverty, and food insecurity) there is an urgency among human services community stakeholders to concurrently improve crisis response and services for mental health, substance abuse, and violent behaviors • Additionally there is an existing group called <i>Grow Grand Island</i> addressing economic improvement and growth through workforce development and improving community housing, transportation, quality of life, tourism and beautification in the area. CHI Health St. Francis and SNF leadership are participating in this work.
Anticipated Impact	<ul style="list-style-type: none"> • Reduced emergency department use for non-emergent care by connecting patients to primary care and/or federally qualified health center for on-going and preventive care • Increased community capacity to respond to those in crisis as seen by the reduction of emergency department use for mental health or substance abuse issues or those affected by violence
Partners	<ul style="list-style-type: none"> • Central District Health Department • H3C Behavioral Health sub-coalition • Region 3 (System of Care work) • Central Nebraska Council on Alcoholism and Addictions (CNCAA) • Others to be determined <ul style="list-style-type: none"> ○ Law enforcement ○ School districts
Key Activities	<ul style="list-style-type: none"> • Engage with Central District Health Department (CDHD) leadership and Hall County Community Collaborative (H3C) to continue to build capacity and sustainability of the collective impact behavioral health coalition which may include funding and/or technical assistance (<i>St. Francis</i>) • Support the coalition to prioritize collective strategies to address mental health, substance abuse, and violence issues which may include (<i>St. Francis</i>): <ul style="list-style-type: none"> ○ Promote and support community-based trainings related to crisis response for community-based public health and social service providers. ○ Supporting Region 3 strategy to create a youth system of care ○ Collaborate with Law Enforcement on involuntary commitments to improve the relevant placement for BH patients (Civil protective custody) and explore opportunities to advocate for legislative change alleviating challenges with placement. ○ Continued support to family programs supporting parents and building stronger family connections (i.e. Rooted in Relationships and Circle of Security) and social emotional learning for children (i.e. Discovery Kids) ○ Explore gaps and build capacity to address opioid addiction in the area ○ Explore existing violence prevention efforts and identify and build capacity to address gaps in community response to violence
Relevant Related Activities	<p>In addition to the specific strategies and key activities outlined above to address <i>Behavioral Health</i> (to be reported annually on Schedule H tax narrative), CHI Health also supports the following bodies of work related to this health need area:</p> <ul style="list-style-type: none"> • A system-led effort to improve internal care team capacity to offer trauma-informed care • System-wide effort related to expanding integration of behavioral health into primary care. • System-level legislative advocacy to improve laws related to behavioral health services for patients and care teams
Results	<i>PENDING</i>

Significant Health Needs Not Addressed

In acknowledging the range of priority health needs that emerged from the CHNA process, St. Elizabeth and NHH have 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 will not be prioritized in this implementation plan for the reasons described below. .

Aging Issues. In order to meaningfully address prioritized health needs, and maximize impact and resources, St. Francis and the SNF will not write a strategy to directly address aging issues. Many issues for the aging population are related to access to care, which the hospitals are actively addressing through the plans described above. More detail regarding how the hospitals will address access to care is described in the plan above.

Culture of Health. Leaders representing both hospitals are actively engaging on a regular basis with community partners who are currently doing work in this area, such as Grow Grand Island, Hall County Community Collaborative, and Central District Health Department. Much of the work to address this health need area focuses on improving social factors such as poverty and housing. While it will be important for the hospitals to support this work, the community is just beginning this work, and as such the hospitals will be working to determine their role over the course of the next few years. As such, St. Francis and the SNF will not write a strategy to actively address this broad health need until the hospitals' roles become clearer.

Maternal & Child Health. The primary factors driving this health need are related to a shortage of obstetrics and gynecological providers. As the hospital will be working with the health department led work group to identify and address gaps in the continuum of healthcare and health related services for all, and in order to ensure resources can be leveraged to make impact in the prioritized health need area access to care, St. Francis and the SNF will not be writing a strategy to address this specific health need.

Obesity. In order to meaningfully address the select priority health needs above and maximize impact, St. Francis and the SNF did not prioritize work in this area. Additionally, there are existing bodies of work being led by community partners, and St. Francis is engaged with this group to determine its role in addressing barriers to, and promoting healthy eating and active living across the community.

Authorization

The CHI Health Board of Directors approved and adopted this Implementation Plan on _____.

Appendix

All of the Community Health Needs Assessment Reports for CHI Health St. Francis and the Skilled Nursing Facility – Long Term Care can be found at www.chihealth.com/chna and a free copy may be obtained by contacting kelly.nielsen@alegent.org or 402-343-4548.

