



Implementation Strategy

Fiscal Year 2023-2025 Plan

Nebraska Spine Hospital – Omaha, NE

A joint venture between CHI Health; Nebraska Spine Holdings, a physician owned organization; and Surgical Care Affiliates.

A Joint Plan

CHI Health Creighton University Medical Center- Bergan Mercy

CHI Health Immanuel

CHI Health Lakeside

CHI Health Midlands

Lasting Hope Recovery Center



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At-a-Glance Summary

<p>Community Served</p> 	<p>Nebraska Spine Hospital is located in Omaha, NE and largely serves the Omaha Metro area that consists of Douglas, Sarpy, and Cass Counties in Nebraska and Pottawattamie County in Iowa. These four counties were identified as the community for this CHNA, as they encompass the primary service for CHI Health hospitals located in the Omaha Metro Area, thus covering 75% of patients served. These counties are considered to be and referred to as the “Omaha Metro Area.” The following zip codes encompass the majority of patients served by Nebraska Spine Hospital: 68046, 68128, 68123, 68133, 68005, 68127, 68048, 68059, 68138 and 68140.</p>
<p>Significant Community Health Needs Being Addressed</p> 	<p>The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital’s most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are:</p> <ul style="list-style-type: none"> ● Behavioral Health (Mental Health/Substance Misuse) ● Health Related Social Needs (Food, Housing, Transportation, Workforce Development, etc.) ● Violence Prevention & Intervention
<p>Strategies and Programs to Address Needs</p> 	<p>Nebraska Spine Hospital intends to take actions and to dedicate resources to address these needs, including:</p> <ul style="list-style-type: none"> ● Provide financial support to organizations addressing food security, such as Saving Grace <p>As part of a Joint Omaha Metro FY23-25 Implementation Strategy, Nebraska Spine Hospital is joined by participating hospitals who intend to take the following actions and to dedicate resources to address these needs, including:</p> <p>Behavioral Health (Mental Health/Substance Misuse)</p> <ul style="list-style-type: none"> ● Operate an integrated school-based mental health program ● Pursue the establishment of the Lasting Hope Center for Children and Families ● Provide support for individuals with Alzheimer's/ dementia and their caregivers ● Continue to provide access to outpatient behavioral health services and reduce behavioral health readmissions through Lasting Hope Recovery Center outpatient clinic ● Lead policy and advocacy efforts that expand access to behavioral health services ● Support Sarpy/Cass tobacco coalition ● Develop, implement and evaluate behavioral health workforce recruitment and retention strategies

- Support internal and community mental health stigma reduction campaigns
- Conduct perinatal depression screening during prenatal visit, while inpatient for delivery and at postpartum visit
- Explore local school needs to prevent suicide and provide training and financial support (e.g. Question.Persuade.Respond. (QPR), Mental Health First Aid, etc.)

Health Related Social Needs (Food, Housing, Transportation, Workforce Development, etc.)

- Implement and evaluate a food prescription program pilot
- Provide financial support and promotion of Double Up Food Bucks, a Supplemental Nutrition Assistance Program (SNAP) incentive program
- Provide financial support to organizations addressing food security, such as Saving Grace
- Support a Senior and WIC Farmers Market voucher redemption program and pop up farm stands
- Provide financial support and promotion of the Bridges out of Poverty financial literacy program
- Implement and sustain a medical respite program
- Support a health and housing coalition
- Evaluate and sustain an inpatient housing case management program
- Convene an internal working group to explore opportunities to meet patient transportation needs
- Develop and test referral processes for social needs through Unite Us
- Leverage Community Health Workers to improve patient outcomes and reduce health disparities
- Support the implementation of Pathways Community HUB to sustain a Community Health Worker (CHW) workforce in the Omaha Metro and reduce disparate maternal and infant health outcomes
- Create a health care career pipeline for students
- Support Siembra Salud, health career ladder program

Violence Prevention & Intervention

- Support and expand the Forensic Nurse Examiner Program
- Support trauma response, including inpatient case management and community-based violence intervention efforts
- Increase health system and community capacity to identify victims of human trafficking and respond appropriately
- Explore ongoing opportunities to promote Trauma Informed Care practices within the behavioral health service line
- Provide funding to community- based organizations delivering education and training to local schools

Anticipated Impact

Behavioral Health (Mental Health/Substance Misuse)

- Improve continuum of care models to ensure access and utilization of mental health services



- Increase capacity and workforce to address acute behavioral health needs
- Increase supportive environments that reduce tobacco use

Health Related Social Needs (Food, Housing, Transportation, Workforce Development, etc.)

- Increase access points for health related social needs
- Increase workforce including increased diversity

Violence Prevention & Intervention

- Increase healthcare workforce capacity to provide appropriate care for victims of violence
- Support community capacity to prevent and address priority issues of violence
- Increase health system and community capacity to identify victims of human trafficking and respond appropriately
- Explore ongoing opportunities to promote Trauma Informed Care practices within the behavioral health service line
- Provide funding to community- based organizations delivering education and training to local schools

**Planned
Collaboration**



- Omaha Metro Schools (Omaha Public Schools, including Kellom Elementary; CUES School System, including Holy Name; and Douglas County (DC) West Community Schools)
- Heritage Services
- Alzheimer’s Association
- Nebraska Hospital Association
- Tobacco Education & Advocacy of the Midlands (T.E.A.M.)
- The Wellbeing Partners
- Nebraska Perinatal Quality Improvement Collaborative
- CHI Health Behavioral Health Service Line
- CHI Health Forensic Nurse Examiner Program
- Kim Foundation
- Creighton University- Diabetes Management Program
- Nebraska Extension
- Whispering Roots
- Bridges out of Poverty
- Charles Drew (federally qualified health center)
- One World Community Health Center (federally qualified health center)
- Siena Francis
- Together, Inc.
- CyncHealth, Unite Us, United Way of the Midlands/ 211
- Medicaid Managed Care Organizations: United Health Care, Nebraska Total Care and Healthy Blue Nebraska
- Douglas County Health Department
- Latino Center of the Midlands
- YouTurn
- Women’s Center for Advancement

	<ul style="list-style-type: none"> • University of Nebraska Medical Center- College of Public Health (UNMC COPH) • Project Harmony
<p>Joint Implementation Strategy Plan</p> 	<p>This document outlines Nebraska Spine Hospital] Implementation Strategy Plan (ISP) to address our community’s health needs, as determined by the 2022 Community Health Needs Assessment (CHNA), adopted by the Board on April 21, 2022. The following plan is a joint implementation strategy for the CHI Health hospitals based in the Omaha Metro Area including:</p> <ul style="list-style-type: none"> • CHI Health Immanuel • CHI Health Lakeside • CHI Health Midlands • CHI Health Creighton University Medical Center – Bergan Mercy • Lasting Hope Recovery Center • Nebraska Spine

This document is publicly available online at the hospital’s website. Written comments on this report can be submitted to CHI Health, by completing this [google form](https://forms.gle/V34LCQnhvYYdJUr36) : <https://forms.gle/V34LCQnhvYYdJUr36>

Our Hospital and the Community Served

About the Hospital

Nebraska Spine Hospital is a joint venture between CHI Health; Nebraska Spine Holdings, a physician owned organization; and Surgical Care Affiliates. Located in Omaha, Nebraska (within CHI Health Immanuel) Nebraska Spine Hospital is a private hospital, specializing in the care and treatment of spinal conditions. Nebraska Spine Hospital has received the following awards and accreditation:

- BlueCross BlueShield of Nebraska- Center of Excellence
- Becker’s List of 100 Hospitals with Great Spine and Neurosurgery Programs
- The Joint Commission’s Gold Seal of Approval of Disease Specific Care for Spine Surgery Certification
- Becker’s List of Top Rated Hospitals for Patient Experience

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

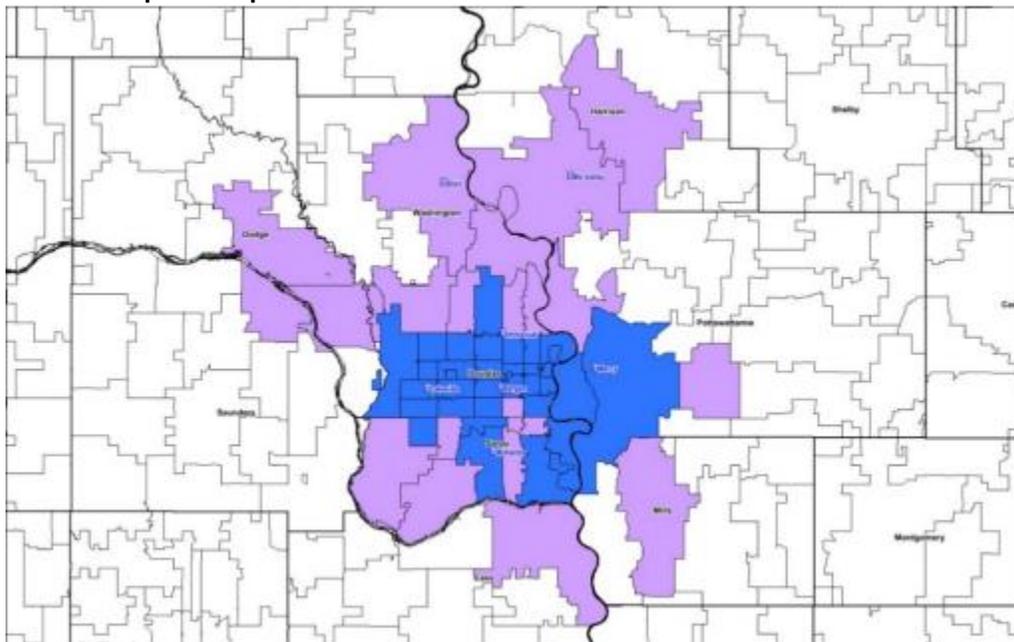
It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay. This hospital has a financial assistance policy that describes the 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

Community Definition

Nebraska Spine Hospital is located in Omaha, NE and largely serves the Omaha Metro area that consists of Douglas, Sarpy, and Cass Counties in Nebraska and Pottawattamie County in Iowa. These four counties were identified as the community for this CHNA, as they encompass the primary service for CHI Health hospitals located in the Omaha Metro Area, thus covering 75% of patients served. These counties are considered to be and referred to as the "Omaha Metro Area." The following zip codes encompass the majority of patients served by Nebraska Spine Hospital: 68046, 68128, 68123, 68133, 68005, 68127, 68048, 68059, 68138 and 68140. Service area map can be seen in Figure 1.

Figure 1: Nebraska Spine Hospital - CHNA Service Area



Community Description

The four counties of Douglas, Sarpy, and Cass Counties, Nebraska and Pottawattamie County, Iowa, are home to over nine institutions of higher education. Most of the colleges are located in the urban area of

Douglas County, Omaha. This could contribute to a higher percentage of the population age 25 and over who have a Bachelor's Degree or higher (39.71%) as compared to the State of Nebraska (31.91%), Iowa (28.57%) and Country overall (32.15%).¹ This is important to note as educational attainment has been linked to positive health outcomes.¹

There are more than 20,000 businesses in the Omaha Metro area, including five Fortune 500 companies. The headquarters of 30 insurance companies and approximately two dozen telemarketing/direct response centers are located in Omaha. The Omaha economy is diversified, with no industry sector making up a majority of employment. The main sectors of economy include trade, transportation, utilities, education, health services, and professional and business sectors.²

All four counties included within the identified community with a total population of over 800,000. The data shows a largely Non-Hispanic White population across the four counties with greater diversity observed in Douglas County and to a lesser extent, Sarpy County, both of which are the most urban counties in the Omaha Metro Area. While Douglas County is the most diverse of the four counties, with 11.5% of the population identifying as Black or African American and 12.9% identifying as Hispanic, it is less diverse than the United States overall (13.4% Black or African American, 18.5% Hispanic). Cass County has the largest percentage of the population over the age of 65 years (16%), indicating unique health needs specific to the aging population.¹

The four county service area has 26 designated Health Professional Shortage Areas (HPSA) including primary care, dental health and mental health disciplines. The 26 designated HPSAs have scores that range from nine to 25 where the score range is zero to 26 (the higher the score indicates a greater priority). The four county service area has eight designated Medically Underserved Areas (MUA), including primary care. The eight designated MUAs have scores that range from 44.9 - 64.3 in which the lowest score (highest need) is zero; the highest score (lowest need) is 100.^{3,4}

Community Assessment and Areas of Opportunity

The health issues that form the basis of the hospital's community health implementation strategy and programs were identified in the most recent CHNA report, which was adopted in April 2022. The CHNA contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods;
- Presentation of data, information and findings, including significant community health needs;
- Community resources potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding [CHNA](#).

Additional detail about the needs assessment process and findings 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.

¹ US Census Bureau QuickFacts accessed March 2022 <http://www.census.gov/quickfacts>

² Community Commons. US Census Bureau, American Community Survey. 2012-2016. Accessed January 2019.

³ HPSA Find. Accessed on March 2022. <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

⁴ MUA Find. Accessed on March 2022. <https://data.hrsa.gov/tools/shortage-area/mua-find>

Significant Health Needs

During the CHNA process, the contracted consultant Professional Research Consultants (PRC), identified the “Areas of Opportunity” 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.

Significant Health Need	Description	Intend to Address?
<p>MENTAL HEALTH</p> <p>85% of Key Informants ranked mental health as a “major health problem.”</p>	<ul style="list-style-type: none"> • The Metro Area rates unfavorably compared to the national percentage (13.4%) of adults that identify their overall mental health is “fair” or “poor” (17%). • More Metro Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression) (25%), compared to the state and national average. In Douglas County, the highest percentage is in the Northeast Omaha area. When viewed by county, the prevalence is unfavorably high in Pottawattamie County. • The prevalence of Symptoms of Chronic Depression (where adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes) decreases with age and income and is reported more often among women and communities of color. In the Omaha Metro Area, 32.8% of adults experience Symptoms of Chronic Depression. • Most Metro Area adults (81.8%) report having someone to turn to “all” or “most” of the time, if they needed or wanted help. 	<p>✓</p>
<p>NUTRITION, PHYSICAL ACTIVITY & WEIGHT</p> <p>58% of Key Informants ranked Nutrition, physical activity, and weight as a</p>	<ul style="list-style-type: none"> • One in four adults (25.7%) report eating five or more servings of fruits and/or vegetables per day. • Over a quarter of adults (32.1%) report no leisure-time physical activity in the past month. • Seven in ten Metro Area adults (71.9%) are overweight, higher state and national percentages. • The overweight prevalence above includes 38.8% of Metro Area adults who are obese, which is well above the state and national percentages and fails to satisfy the Healthy People (HP) 2030 objective. 	

Significant Health Need	Description	Intend to Address?
Major Problem and another 28% ranked it as a Moderate Problem.		
<p>SUBSTANCE ABUSE</p> <p>50% of Key Informants ranked Substance Abuse as a Major Problem and another 42% ranked it as a Moderate Problem.</p>	<ul style="list-style-type: none"> ● Between 2017 and 2019, the Metro Area reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 11.5 deaths per 100,000 population, worse than the Iowa mortality rate. ● A total of 24.5% of area adults are excessive drinkers (heavy and/or binge drinkers), worse than both state percentages. ● Between 2017 and 2019, there was an annual average age-adjusted unintentional drug-related mortality rate of 7.8 deaths per 100,000 population in the Metro Area, which is higher than the Nebraska mortality rate, but well below the US rate. 	✓
<p>DIABETES</p> <p>42% of Key Informants ranked Diabetes as a Major Problem and another 44% ranked it a Moderate Problem.</p>	<ul style="list-style-type: none"> ● Between 2017 and 2019, there was an annual average age-adjusted diabetes mortality rate of 26.0 deaths per 100,000 population in the Metro Area. ● The diabetes mortality rate in the Metro Area disproportionately impacts the Metro Area’s Black (66.3) and Hispanic (22.6) communities. 	
<p>SEXUAL HEALTH</p> <p>41% of Key Informants ranked Sexual Health as a Major Problem and another 37% ranked it a Moderate Problem.</p>	<ul style="list-style-type: none"> ● The Metro Area gonorrhea incidence rate in 2018 was 245.4 cases per 100,000 population, unfavorably high in Douglas (291.3) and Pottawattamie (336.2) counties. ● In 2018, the chlamydia incidence rate in the Metro Area was 562.8 cases per 100,000 population, notably higher in Douglas County (666.6). ● Among Metro Area adults aged 18-44, 11.6% report that they have been tested for HIV in the past year, lower than the US prevalence (22.0%). 	

Significant Health Need	Description	Intend to Address?
<p>INJURY & VIOLENCE</p> <p>40% of Key Informants ranked Injury & Violence as a Major Problem and another 45% ranked it a Moderate Problem.</p>	<ul style="list-style-type: none"> ● Between 2017 and 2019, there was an annual average age-adjusted unintentional injury mortality rate of 35.8 deaths per 100,000 population in the Metro Area. ● Motor vehicle accidents make up the largest percentage of accidental deaths in the Omaha Metro (27.9%) followed by falls (26.9%) and poisoning/ noxious substances (25.1%). Among respondents aged 45 and older, 36.7% have experienced a fall at least once in the past year, well above the state and U.S. percentages. ● In the Metro Area, there were 4.0 homicides per 100,000 population (2017-2019 annual average age-adjusted rate). ● 3.4% of surveyed Metro Area adults acknowledge being the victim of a violent crime in the past five years, worse than the Iowa and Nebraska crime rates. ● 15.5% of Metro Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner; this represents a significant increase from previous survey findings. 	<p style="text-align: center;">✓</p>
<p>HEART DISEASE & STROKE</p> <p>50% of Key Informants ranked Heart Disease and Stroke as a Moderate Problem and another 30% ranked it as a Major Problem.</p>	<ul style="list-style-type: none"> ● Second leading cause of death accounting for 19.3% of deaths in Metro Area ● Between 2017 and 2019, there was an annual average age-adjusted heart disease mortality rate of 139.8 deaths per 100,000 population in the Metro Area, well below the Iowa and U.S. death rates. ● The annual average age-adjusted heart disease mortality rate is 179.8 among Non-Hispanic Blacks in the Omaha Metro, compared to Non-Hispanic Whites (141.4) and Metro Area Hispanic residents (49.4). ● Between 2017 and 2019, there was an annual average age-adjusted stroke mortality rate of 32.3 deaths per 100,000 population in the Metro Area, decreasing over time and echoing the Nebraska and Iowa trends. The rate is much higher in the Metro Area’s Black community (50.5). 	

Significant Health Need	Description	Intend to Address?
<p>TOBACCO USE</p> <p>58% of Key Informants ranked Tobacco Use a Moderate Problem and another 24% ranked it as a Major Problem.</p>	<ul style="list-style-type: none"> The prevalence of adults who currently smoke cigarettes, either regularly (every day) or occasionally (on some days) (14.2%) in the Metro Area is well below the Iowa and U.S. percentages, but fails to satisfy the HP 2030 objective. Of those who smoke 56.4% have been advised to quit by a Health Professional. 	
<p>INFANT HEALTH & FAMILY PLANNING</p> <p>23% of Key Informants ranked Infant Health & Family Planning as a Major Problem and another 49% ranked it as a Moderate Problem.</p>	<ul style="list-style-type: none"> Between 2017- 2019, 24.4% of all Metro Area births (Douglas and Sarpy counties only) did not receive prenatal care in the first trimester of pregnancy, which is worse than the national prevalence.* Between 2017-2019, there was an annual average of 5.8 infant deaths per 1,000 live births, which is unfavorably high in Pottawattamie County (7.9) and more than twice as high among births to Black women (12.1) <p>*Note that county data for Cass and Pottawatomie counties are suppressed or otherwise not available and thus not included in the Metro Area rate.</p>	
<p>POTENTIALLY DISABLING CONDITIONS</p> <p>19.7% of Key Informants ranked Disability and Chronic Pain as a Major Problem and another 56.2% ranked it as a Moderate Problem.</p> <p>21.6% of Key Informants ranked Alzheimer’s and Other Dementias as a Major Problem, while another 53.2% ranked it as a Moderate Problem.</p>	<ul style="list-style-type: none"> In the Metro Area 24.8% of adults are limited in some way in activities of daily living due to a physical, mental, or emotional problem. During the past six months 17.6% of Metro Area adults experienced high-impact chronic pain (meaning physical pain that has limited their life or work activities “every day” or “most days”). Worse than the U.S. prevalence and more than twice the HP 2030 objective. Between 2017 and 2019, there was an annual average age-adjusted Alzheimer’s disease mortality rate of 36.0 deaths per 100,000 population in the Metro Area, which is worse than Nebraska and U.S. mortality rates and higher among Metro Area Blacks (42.8) than Whites (36.5). Of Metro Area adults, 30.0% currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability, which is much higher than the national average. 	

Significant Health Need	Description	Intend to Address?
<p>ORAL HEALTH</p> <p>53% of Key Informants ranked Oral Health a Moderate Problem and another 20% ranked it as a Major Problem.</p>	<ul style="list-style-type: none"> • A total of 64.6% of Metro Area adults have visited a dentist or dental clinic (for any reason) in the past year, which is lower than both state percentages but satisfying the HP 2030 objective. 	
<p>ACCESS TO HEALTH CARE SERVICES</p> <p>59% of Key Informants ranked Access to Health Care Services a Moderate Problem and another 19% ranked it a Major Problem.</p>	<ul style="list-style-type: none"> • Of Omaha Metro residents (aged 18-64), 9% had no insurance coverage for healthcare expenses. • Over a quarter (36.0%) of Metro Area adults report some type of difficulty or delay in obtaining health care services in the past year. • Top five barriers that prevented access to healthcare services in the past year include difficulty getting an appointment (13.8%), cost of doctor visit (11.2%), inconvenient office hours (11.1%), cost of prescriptions (10.8%), and lack of transportation (8%). • Over half (66.3%) of Omaha Metro residents have had a routine checkup in the past year • Fewer than one in twelve (6.9%) Metro Area adults have gone to a hospital emergency room more than once in the past year about their own health. 	
<p>RESPIRATORY DISEASE</p> <p>59% of Key Informants ranked Respiratory Diseases as a Moderate Problem.</p>	<ul style="list-style-type: none"> • Between 2017 and 2019, there was an annual average age-adjusted Chronic Lower Respiratory Disease (CLRD) mortality rate of 48.7 deaths per 100,000 population in the Metro Area, which is worse than the national mortality rate. • Nearly one in twelve (7.5%) Metro Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis). • Between 2017 and 2019, the Metro Area reported an annual average age-adjusted pneumonia influenza mortality rate of 14.8 deaths per 100,000 population. Although the mortality rate has decreased in recent years after a period of increase, Blacks (17.5) are disproportionately impacted. • One in nine (11.6%) adults currently suffer from asthma, which is worse than both state 	

Significant Health Need	Description	Intend to Address?
	percentages and increasing significantly from previous survey findings.	
<p>CANCER</p> <p>12% of Key Informants ranked Cancer as a Major Problem in the community, compared to 64% who ranked it a Moderate Problem.</p>	<ul style="list-style-type: none"> ● Leading Cause of Death accounts for 21.8% of deaths in the Metro Area. ● Age- adjusted cancer mortality rate is 155.5 deaths/ 100,000 population between 2017 and 2019 for the Omaha Metro, failing to satisfy the H P 2030 objective. Rate is steadily decreasing over the past decade, disproportionately impacting the Black Community. ● Among Metro Area women aged 21 to 65, 72.4% have had cervical cancer screening, lower than the Nebraska and Iowa percentages and failing to satisfy the HP2030 objective. Trend has decreased significantly from previous survey results. 	

Significant Needs the Hospital Does Not Intend to Address

In acknowledging the range of priority health issues that emerged from the CHNA process, CHI Health Omaha Metro Hospitals prioritized Behavioral Health, Health Related Social Needs, and Violence Prevention and Intervention, in order to most effectively focus resources and meaningfully impact the selected health issues. 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 following reasons, but CHI Health system contributions are demonstrable in many of the health need areas, as described below.

Access to Healthcare Services- Access to care is a fundamental component of CHI Health’s mission and strategy. This issue was not elevated to a priority for this particular plan because the intent was to identify additional strategies and initiatives that reach above and beyond CHI Health’s typical business. For example, CHI Health continues to offer a wide array of primary care access points including: extended clinic hours, Priority Care services (walk-in care), Quick Care and Virtual Care. Additional programs like MD Save, which allows patients to pre-purchase certain services at a discounted price, and the Medication Access Program (a prescription medication financial assistance program), are working to lower the cost of care to the consumer. In addition to providing the majority of care to the uninsured and underinsured in the Omaha Metro Area, CHI Health will continue to address access to healthcare services through financial support provided to the Magis Clinic, Hope Medical, federally qualified health centers- Charles Drew and One World Community Health Center- and through free health screenings and immunization clinics in the community. CHI health partners with Nelson Mandela Elementary to provide school-based health services through a contracted nursing model.

Cancer- CHI Health did not prioritize cancer as a top health need based on the considerations above and in order to focus and meaningfully impact other areas of need. CHI Health will continue to perform existing cancer outreach throughout the community and financially support community partners such as the American Cancer Society, the Nebraska Cancer Coalition and Project Pink'd. CHI Health participates in the Every Woman Matters and Nebraska Colon Cancer Screening Programs to provide testing and diagnostic services for the medically underserved in Nebraska. Additionally, CHI Health Clinics are working to increase utilization of HPV vaccination to prevent cervical cancer.

Diabetes- CHI Health did not prioritize diabetes based on the considerations above and in order to focus and meaningfully impact other areas of need. CHI Health will continue performing diabetes outreach and education across the Omaha Metro Area, including through the integration of Certified Diabetes Educators into primary care clinics. See also Health Related Social Needs for related activities, such as the CURA Project/ produce prescription program for low- income, diabetic patients.

Heart Disease and Stroke- While this need was not prioritized specifically, the focus on substance abuse through the behavioral health priority will have an impact on behavioral risk factors for heart disease and stroke, such as alcohol and substance abuse. Additionally, CHI Health offers programming designed to mitigate risk factors for heart disease and stroke through CHI Health Heart Care classes including healthy cooking classes. CHI Health is a financial supporter of the American Heart Association.

Infant Health & Family Planning - While this need was not prioritized specifically, it is anticipated that the priority focus areas will have an impact on infant health & family planning, particularly through the Pathways Community Hub program, perinatal depression screening, Black, Indigenous, People of Color (BIPOC) doula program and Centering Pregnancy. Representatives from CHI Health participate in the Douglas County Health Department- led Baby Blossoms Collaborative. In addition, CHI supports organizations focused on improving child and maternal health outcomes and reducing racial/ ethnic disparities, such as I Be Black Girl and March of Dimes.

Nutrition, Physical Activity and Weight- This need will be addressed in part through the food access strategies under the Health Related Social Needs priority, including providing financial support for Double Up Food Bucks and the Women, Infant & Children (WIC)/ Senior Farmer's Market Voucher program. There is significant existing work within CHI Health and the community to address nutrition, physical activity and weight status, such as the Healthy Families program, and 5-4-3-2-1 Go!® campaign. Additionally, CHI Health provides financial support and in-kind contributions to organizations committed to this work, such as: City Sprouts, Big Garden/ "Gather" Mobile Kitchen Classroom, Saving Grace and Whispering Roots.

Respiratory Diseases- CHI Health did not prioritize respiratory diseases based on the considerations above and in order to focus and meaningfully impact other areas of need. CHI Health will continue to provide fiscal sponsorship, provide in- kind support of Tobacco Education and Advocacy of the Midlands (TEAM).

Oral Health- CHI Health did not prioritize respiratory diseases based on the considerations above and in order to focus and meaningfully impact other areas of need. Other community partners are addressing

this need such as Charles Drew Health Center Dental Clinic, One World Community Health Center and Family Inc.

Potentially Disabling Conditions- This need will be met in part through the behavioral health priority, which identifies, “providing support for individuals with Alzheimer’s/ dementia and their caregivers” as a key activity. In addition, CHI Health Immanuel operates an inpatient and outpatient geriatric psychiatry program and recently opened a Neurological Institute. CHI Health provides financial support to the Nebraska Alzheimer’s Association for free care consultation for families with a loved one who has recently received a dementia/ Alzheimer’s diagnosis.

Sexual Health- There is extensive existing work currently taking place around sexually transmitted diseases across the Omaha Metro area led by community partners, such as the Douglas County Health Department, Women’s Fund and the federally qualified health centers. Therefore, this is not an area that CHI Health prioritized. However, as mentioned in the Cancer section above, CHI Health Clinics are focusing on HPV vaccination for the prevention of cervical cancer.

Substance Abuse - This need will be addressed in part through the substance abuse strategy under the Behavioral Health priority

Tobacco Use - This need will be addressed in part through the tobacco prevention strategy under the Behavioral Health priority

2022 Implementation Strategy

This section presents strategies and program activities the hospital intends to deliver, fund or collaborate with others on 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 management team, board, clinicians and staff, and in collaboration with community partners.

Purpose and Goals

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.

Community Benefit Action Team (CBAT)

In order to select priority areas and design meaningful, measurable strategies, Nebraska Spine Hospital, an interdisciplinary team of hospital leaders and staff for the Metro Area, considered data and top health needs from the 2022 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.

Throughout development of the plan, 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 across the organization, representatives from Nursing, Care Management, Foundation and the Healthy Communities team will work together in implementing, iterating and evaluating Implementation Strategies.

Prioritization Process

Nebraska Spine Hospital identified the Significant Community 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.

Prioritization was a multi-step process that began with review of the 14 "Areas of Opportunity" included within PRC's CHNA report through the Key Informant Survey (n=150); the Regional Health Council, which includes each of the three participating local public health departments; and input from community members (representing a cross-section of community-based agencies and organizations) that participated in the Xchange Summit in October 2021. The hospital prioritization process was conducted through internal teams (CBAT and program/activity-specific work groups) and further validated by hospital community boards and Patient Family Advisory Council (PFAC).

Key Informant Survey

Through an online survey, key informants were asked to rank each of the following health needs on a scale ranging from "no problem at all," "minor problem," "moderate problem" to "major problem."

1. Mental Health
2. Nutrition, Physical Activity & Weight
3. Substance Abuse
4. Diabetes
5. Sexual Health

6. Injury & Violence
7. Heart Disease & Stroke
8. Tobacco Use
9. Infant Health & Family Planning
10. Potentially Disabling Conditions
11. Oral Health
12. Access to Healthcare Services
13. Respiratory Diseases
14. Cancer

For each of the health needs that an individual ranked as a “major problem,” they were asked to provide an open-ended response as to why they ranked the health need a “major problem” and identify resources in the community to address the health need. The top health needs Social determinants of health (e.g., housing issues) were not part of this prioritization exercise, but were viewed as an overarching issue and considered in all actions that sponsoring organizations chose to implement. The greatest share of key informants characterized Mental Health as a “major problem” in the community (85.1%), followed by Nutrition, Physical Activity and Weight (58%) and Substance Abuse (50%). *Note, key informants were able to rank more than one health issue as a “major health problem.”

Regional Health Council

The Regional Health Council composed of participating health departments reviewed primary and secondary data compiled by PRC for the CHNA and reaffirmed Mental Health as the sole priority health need for the 2022- 2024 Community Health Improvement Plan.

Community Presentation - Xchange Summit presented by The Wellbeing Partners

Community input was collected at the Xchange Summit on Oct 6, 2021, co-sponsored by the local area hospital systems- CHI Health, Methodist Health System, Children’s Hospital & Medical Center and Nebraska Medicine- along with several other nongovernmental health and social service organizations. A community conversation was hosted to dive deeper into resources and gaps in our regional approach to mental health.

Over 94 stakeholders representing aging, healthcare, public health, social services participated in a data presentation and break out rooms discussing Strategic Priority areas.

Community Benefit Action Team (CBAT) & Internal Teams

Next, the Community Benefit Action Team as well as internal teams from each of the CHI Health Omaha Metro Hospitals and Behavioral Health Service Line reviewed these needs and determined priorities through consideration of the severity of the health issue, the population impacted (with special consideration to disparities and vulnerable populations), 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.

Through that internal process, an inventory was taken of all existing CHI Health system work in each of the areas of opportunity. These strategies and initiatives are described in the section, “Significant Health

Needs Not Addressed.’ The following three health needs were prioritized for the Omaha Metro CHI Health hospitals- Immanuel, Midlands, Lakeside and Creighton University Medical Center-Bergan Mercy, Lasting Hope Recovery Center, NE Spine. Of note, while chronic diseases such as diabetes, heart disease and stroke were not prioritized in the FY2023- 2025 CHI Health Omaha Metro Hospitals’ Implementation Strategy Plan (ISP), risk factors for chronic disease will be addressed through the Health Related Social Needs priority. See Implementation Strategy Plan for key activities and anticipated impact. Additional input and validation was obtained from Hospital’s Community Boards and Patient Family Advisory Councils (PFAC).

Community Health Strategic Objectives

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources and engagement of participants both inside and outside of the health care delivery system.

CommonSpirit Health has established four core strategic objectives for community health improvement activities. These objectives help to ensure that our program activities overall address strategic aims while meeting locally-identified needs.



Create robust alignment with multiple departments and programmatic integration with relevant strategic initiatives to optimize system resources for advancing community health.



Scale initiatives that complement conventional care to be proactive and community-centered, and strengthen the connection between clinical care and social health.



Work with community members and agency partners to strengthen the capacity and resiliency of local ecosystems of health, public health, and social services.



Partner, invest in and catalyze the expansion of evidence-based programs and innovative solutions that improve community health and well-being.

Strategies and Program Activities by Health Need

 Health Need #1: Behavioral Health	
Goals & Anticipated Impact	<p>Goals:</p> <ul style="list-style-type: none"> ● Access to appropriate mental health services ● Increase capacity to provide behavioral health services ● Promote resilience and normalize talking about one's mental health <p>Anticipated Impact:</p> <ul style="list-style-type: none"> ● Improve continuum of care models to ensure access and utilization of mental health services ● Increase capacity and workforce to address acute behavioral health need ● Increase supportive environments that reduce tobacco use
Community Indicators	<p>CHNA 2016</p> <ul style="list-style-type: none"> ● 10.3% of Omaha Metro adults reported their overall mental health as “fair” or “poor” ● 17% of Metro Area adults currently smoke cigarettes, either regularly or occasionally ● 11.1% of Douglas County adults who reports their typical day is “Extremely” or “Very” Stressful <p>CHNA 2019</p> <ul style="list-style-type: none"> ● 8.3% of Omaha Metro adults reported their overall mental health as “fair” or “poor” ● 11.7% of Metro Area adults currently smoke cigarettes, either regularly or occasionally ● 10.0% of Metro Area adults (10.9% in Douglas County) who report their typical day is “Extremely” or “Very” Stressful ● 7.5% of Metro Area parents report that they have been told by a doctor or other healthcare provider that their school-age child had depression ● 13.0% of Douglas County high school students report attempting suicide in the past year <p>CHNA 2022</p> <ul style="list-style-type: none"> ● 17% believe that their overall mental health is “fair” or “poor” in Metro Area ● 14.2% of Metro Area adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days)



Health Need #1: Behavioral Health

- 25% of Metro Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression), worse than state and US percentages
- 20.2% Receiving Treatment for Mental Health in Metro Area, a statistically significant increase since 2018

Strategy	Key Activities	Campus or System	Strategic Objectives			
			Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
1.1 Expand access to mental health services for youth	1.1.1 Operate an integrated school-based mental health program 1.1.2 Pursue the establishment of the Lasting Hope Center for Children and Families	CHI Health Immanuel	✓	✓	✓	✓
1.2 Expand access to resources for individuals living with Alzheimer's and Dementia- Related Diseases (ARD)	1.2.1 Provide support for individuals with Alzheimer's/ dementia and their caregivers	System		✓		
1.3 Expand access to behavioral health services for adults in crisis	1.3.1 Continue to provide access to outpatient behavioral health services and reduce behavioral health readmissions through Lasting Hope Recovery Center outpatient clinic	Lasting Hope Recovery Center	✓			



Health Need #1: Behavioral Health

<p>1.4 Advocate for policy change</p>	<p>1.4.1 Lead policy and advocacy efforts that expand access to behavioral health services</p> <p>1.4.2 Support Sarpy/Cass tobacco coalition</p>	<p>System</p> <p>CHI Health Midlands</p>			<p>✓</p>	
<p>1.5 Decrease behavioral health workforce shortage through educational partnerships</p>	<p>1.5.1 Develop, implement and evaluate behavioral health workforce recruitment and retention strategies</p>	<p>Lasting Hope Recovery Center/ System</p>	<p>✓</p>			
<p>1.6 Reduce mental health stigma</p>	<p>1.6.1 Support internal/ community mental health stigma reduction campaigns</p>	<p>CHI Health Immanuel</p>			<p>✓</p>	
<p>1.7 Early detection of depression and connection to mental health services among pregnant people</p>	<p>1.7.1 Conduct perinatal depression screening during prenatal visit, while inpatient for delivery and at postpartum visit</p>	<p>CHI Health Immanuel, CHI Health Lakeside, CHI Health CUMC-Bergan Mercy</p>	<p>✓</p>			
<p>1.8 Prevent suicide</p>	<p>1.8.1 Explore local school needs regarding suicide prevention and provide training and financial resources (e.g. Question. Persuade. Respond (QPR), Mental Health First Aid, etc.)</p>	<p>System, CHI Health Immanuel</p>			<p>✓</p>	



Health Need #1: Behavioral Health

Related Activities	<p>The following activities represent complementary efforts in which CHI Health system or an individual facility is addressing the identified health need through financial support, in-kind staff contribution or a combination thereof.</p> <ul style="list-style-type: none">● CHI Health offers integrated behavioral health services in CHI Health Primary Care Clinics in order to conveniently expand access to behavioral health services in a familiar setting.● CHI Health Primary Care Clinics use the Screening, Brief Intervention, and Referral to Treatment (SBIRT), a universal depression, drug and alcohol abuse screening and assessment tool designed for patients 12 years of age and older. SBIRT is administered annually during a wellness exam. <p>Additionally, CHI Health addresses the need for behavioral health services in the Omaha Metro through the following:</p> <ul style="list-style-type: none">● Operation of Lasting Hope Recovery Center, a 64-bed psychiatric treatment facility● Operation of a Pediatric Residential Treatment Facility (PRTF) located on the CHI Immanuel campus● Participation in the Sarpy County Youth Mental Health Problem Solving Task Force
Planned Resources	<p>The hospital will provide staff time, philanthropic cash grants, outreach communications, and program management support for these initiatives.</p>
Planned Collaborators	<ul style="list-style-type: none">● Omaha Metro Schools (Omaha Public Schools, including Kellom Elementary, CUES School System, including Holy Name and Douglas County (DC) West Community Schools● Heritage Services● Alzheimer’s Association● Nebraska Hospital Association● Tobacco Education & Advocacy of the Midlands (T.E.A.M.)● The Wellbeing Partners● Nebraska Perinatal Quality Improvement Collaborative● CHI Health Behavioral Health Service Line● CHI Health Forensic Nurse Examiner Program● Kim Foundation



Health Need #2: Health-Related Social Needs

<p>Goals & Anticipated Impact</p>	<p>Goals:</p> <ul style="list-style-type: none"> ● Connection to community-based services for unmet health needs ● Workforce Development <p>Anticipated Impact:</p> <ul style="list-style-type: none"> ● Increase access points for health related social needs ● Increase workforce including increased diversity 					
<p>Community Indicators</p>	<p>CHNA 2016</p> <ul style="list-style-type: none"> ● 20.4% of Metro Area adults worry “often” or “sometimes” worry about food running out before having money to buy more ● 38.3% of Metro Area adults report eating five or more servings of fruits and/or vegetables per day ● 46.6% of Metro Area parents report their child eats five or more servings of fruits and/or vegetables per day <p>CHNA 2019</p> <ul style="list-style-type: none"> ● 11.3% of Metro Area adults worry “Often” or “Sometimes” worry about food running out before having money to buy more ● 24.6% of Metro Area adults report eating five or more servings of fruits and/or vegetables per day ● 34.9% of Metro Area parents report their child eats five or more servings of fruits and/or vegetables per day <p>CHNA 2022</p> <ul style="list-style-type: none"> ● 19.7% of community residents “often” or “sometimes” worried about running out of food ● 25.7% of Metro Area adults report eating five or more servings of fruits and/or vegetables per day ● 32.7% of Metro Area parents report their child eats five or more servings of fruits and/or vegetables per day 					
<p>Strategy</p>	<p>Key Activities</p>	<p>Campus or System</p>	<p>Strategic Objectives</p>			
<p>2.1 Healthy Food Access</p>	<p>2.1.1 Implement and evaluate a food prescription program</p>	<p>University</p>	<p>Alignment & Integration</p>	<p>Clinical - Community Linkages</p>	<p>Capacity for Equitable Communities</p>	<p>Innovation & Impact</p>
				✓	✓	✓



Health Need #2: Health-Related Social Needs

	<p>pilot</p> <p>2.1.2 Provide financial support and promotion of Double Up Food Bucks, a SNAP incentive program</p> <p>2.1.3 Provide financial support to organizations addressing food security, such as Saving Grace</p> <p>2.1.4 Support a Senior and WIC Farmers Market voucher redemption program and pop up farm stands</p>	<p>Campus / CHI Health Immanuel (Clinic)</p> <p>System</p> <p>Nebraska Spine</p> <p>System</p>				
2.2 Financial Literacy	2.2.1 Provide financial support and promotion of the Bridges out of Poverty financial literacy program	System			✓	
2.3 Support efforts to address housing stability	<p>2.3.1 Implement and sustain a medical respite program</p> <p>2.3.2 Support a health and housing coalition</p> <p>2.3.3 Evaluate and sustain an inpatient housing case management program</p>	<p>System</p> <p>System</p> <p>CHI Health CUMC - Bergan Mercy</p>	✓	✓	✓	✓



Health Need #2: Health-Related Social Needs

2.4 Address transportation barriers to accessing healthcare services	2.4.1 Convene an internal working group to explore opportunities to meet patient transportation needs	System	✓			
2.5 Social Needs Integration	<p>2.5.1 Develop and test referral processes for social needs through Unite Us</p> <p>2.5.2 Leverage Community Health Workers to improve patient outcomes and reduce health disparities</p> <p>2.5.3 Support the implementation of Pathways Community HUB to sustain a Community Health Worker (CHW) workforce in the Omaha Metro and reduce disparate maternal and infant health outcomes</p>	<p>System</p> <p>University Campus</p> <p>System</p>	✓	✓	✓	✓
2.6 Increase the number and diversity of youth interested in health care careers	<p>2.6.1 Create a health care career pipeline for students</p> <p>2.6.2 Support Siembra Salud, health career ladder program</p>	<p>CHI Health Immanuel, CHI Health Lakeside, CHI Health CUMC-Bergan Mercy, CHI Health Midlands</p> <p>System</p>			✓	



Health Need #2: Health-Related Social Needs

Related Activities	<p>The following activities represent complementary efforts in which CHI Health system or an individual facility is addressing the identified health need through financial support, in-kind staff contribution or a combination thereof.</p> <ul style="list-style-type: none">●● Pledged matching funds for USDA Gus Schumacher Nutrition Incentive Program grant applications submitted by Nebraska Community Foundation and Whispering Roots● Provided funding and in-kind volunteer time to Habitat for Humanity to increase affordable housing stock and address deterioration of aging homes● Participate in Step Up summer jobs program, in partnership with the Empowerment Network and City of Omaha● CHI Health Foundation raises funds for a patient assistance program that can cover cab vouchers to/ from patient appointments, etc.● CHI Health Community Link program employs Community Link Advocates that provide case management and resource navigation for patients with unmet health related social needs. They can assist or refer patients to enroll in Medicaid, Supplemental Nutrition Assistance Program (SNAP), etc.					
Planned Resources	<p>The hospital will provide staff time, philanthropic cash grants, outreach communications, and program management support for these initiatives.</p>					
Planned Collaborators	<ul style="list-style-type: none">● Creighton University- Diabetes Management Program● Nebraska Extension● Whispering Roots● Bridges out of Poverty● Charles Drew (federally qualified health center)● One World Community Health Center (federally qualified health center)● Siena Francis● Together, Inc.					

	Health Need #2: Health-Related Social Needs
	<ul style="list-style-type: none"> ● CyncHealth, Unite Us, United Way of the Midlands/ 211 ● Medicaid Managed Care Organizations: UnitedHealthCare, Nebraska Total Care and Healthy Blue Nebraska ● Douglas County Health Department ● Latino Center of the Midlands

	Health Need #3: Violence Prevention & Intervention
Goals & Anticipated Impact	<p>Goals:</p> <ul style="list-style-type: none"> ● Prevent future traumatization once violence has occurred ● Prevent violence <p>Anticipated Impact:</p> <ul style="list-style-type: none"> ● Increase healthcare workforce capacity to provide trauma informed care for victims of violence ● Support community capacity to reduce violence
Community Indicators	<p>CHNA 2016</p> <ul style="list-style-type: none"> ● 3.6% of respondents in the Omaha Metro Area report being a victim of a violent crime in the past five years ● 9.2% of respondents in NE Omaha report being a victim of a violent crime in the past five years ● 11.6% of Metro Area adult report that they have ever been threatened with physical violence by an intimate partner ● 18% of Omaha Metro respondents consider their neighborhood to be “slightly safe” or “not at all safe.” ● Age-adjusted homicide rate of 6.2/100,000 in Metro Area (2001-2013) (U.S.=5.3) ● Violent crime rate in Douglas County = 4.8/1,000 population <p>CHNA 2019</p> <ul style="list-style-type: none"> ● 1.3% of respondents in the Omaha Metro Area report being a victim of a violent crime in the past five years



Health Need #3: Violence Prevention & Intervention

- 1.8% of respondents in NE Omaha report being a victim of a violent crime in the past five years
- 13.6% of Metro Area adults report they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner
- 19% of Omaha Metro respondents consider their neighborhood to be “slightly safe” or “not at all safe”
- Age-adjusted homicide rate of 5.6 deaths/ 100,000 in Metro Area (2014- 2016) (U.S.= 5.6)
- Violent crime rate in Douglas County= 484.9/ 100,000 population (2012-2014)

CHNA 2022

- 3.4% of surveyed Metro Area adults acknowledge being the victim of a violent crime in the area in the past five years
- 6.1% of respondents in Southeast Omaha report being a victim of a violent crime in the past five years
- 15.5% of Metro Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner
- 18% of Omaha Metro respondents consider their neighborhood to be “slightly safe” or “not at all safe”
- Age-adjusted homicide rate of 4.0 deaths/ 100,000 in Metro Area (2017- 2019)
- Violent crime rate in Douglas County= 493.5/ 100,000 population (2015-2017)

Strategy	Key Activities	Campus or System	Strategic Objectives			
			Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
3.1 Provide resources and support to victims of violence	3.1.1 Support and expand the Forensic Nurse Examiner Program	System CHI Health CUMC - Bergan	✓			✓



Health Need #3: Violence Prevention & Intervention

	3.1.2 Support trauma response, including inpatient case management and community-based violence intervention efforts	Mercy University Campus				
3.2 Prevent violence and intervene when it is suspected	3.2.1 Increase health system and community capacity to identify victims of human trafficking and respond appropriately	System	✓			
3.3 Provide trauma- informed care for patients	3.3.1 Explore ongoing opportunities to promote Trauma Informed Care practices within the behavioral health service line	System	✓			
3.4 Support school-based programming to increase protective factors and reduce risk factors for violence	3.4.1 Provide funding to community- based organizations delivering education and training to local schools	System			✓	
Related Activities	<p>The following activities represent complementary efforts in which CHI Health system or an individual facility is addressing the identified health need through financial support, in-kind staff contribution or a combination thereof.</p> <ul style="list-style-type: none"> • CHI Health offers Stop the Bleed training and tourniquet kits to law enforcement, school and community members to prepare them to stabilize a victim(s) in the event of a mass casualty or other health emergency • Offer Crisis Intervention Team (CIT) training for law enforcement • Provide financial and in-kind contributions to community organizations and sponsor relevant events: (e.g. Women’s Center for Advancement, Empowerment Network, YouTurn) • Participation in Omaha 360, a community violence prevention and intervention coalition, focused on reducing gun violence in North Omaha 					



Health Need #3: Violence Prevention & Intervention

Planned Resources

The hospital will provide staff time, philanthropic cash grants, outreach communications, and program management support for these initiatives.

Planned Collaborators

- YouTurn
- Women's Center for Advancement
- University of Nebraska Medical Center- College of Public Health (UNMC COPH)
- Project Harmony