



Implementation Strategy

Fiscal Year 2023-2025 Plan

CHI Health Plainview – Plainview, NE





Board approved
7.21.22




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At-a-Glance Summary

<p>Community Served</p> 	<p>For the purposes of this CHNA, CHI Health Plainview identified Pierce County as the community served. As a Critical Access Hospital, CHI Health Plainview’s primary service area is considered the county in which it is located (Pierce County) and includes the zip code 68769.</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 ● Cardiovascular Health
<p>Strategies and Programs to Address Needs</p> 	<p>The hospital intends to take actions and to dedicate resources to address these needs, including:</p> <ul style="list-style-type: none"> ● Behavioral Health <ul style="list-style-type: none"> ○ Continue to convene a behavioral health coalition to address existing and emerging mental health and substance use needs in Pierce County. ○ Participate in and support a health department led work group aiming to increase mental training, awareness, and education in the North Central District (NCD). ● Cardiovascular Health <ul style="list-style-type: none"> ○ Explore and participate in efforts to increase healthy lifestyles in Pierce County, through sponsoring cooking classes, planting a community garden, and developing a community recreation center. ○ Participate in a health department led work group supporting chronic disease management and detection.
<p>Anticipated Impact</p> 	<ul style="list-style-type: none"> ● Behavioral Health <ul style="list-style-type: none"> ○ Increase awareness of existing mental health resources among community stakeholders. ○ Reduce mental health stigma Reduce number of mentally unhealthy days among Pierce County adults. ● Cardiovascular Health <ul style="list-style-type: none"> ○ Increase consumption of fresh fruits and vegetables. ○ Increase physical activity among Pierce County residents.

	<ul style="list-style-type: none"> ○ Increase awareness about risk factors for chronic disease and the Importance of preventive care.
<p>Planned Collaboration</p> 	<ul style="list-style-type: none"> ● North Central District Health Department ● Law Enforcement ● Schools ● Region 4 Behavioral Health ● Faith based organizations ● Nebraska Extension <p>A comprehensive list of potential partners can be found at https://www.chihealth.com/chna</p>

This document is publicly available online at the hospital’s website and accessible at: www.chihealth.com/CHNA. Written comments on this report can be submitted to CHI Health, by completing this [google form](#).

Our Hospital and the Community Served

About the Hospital

CHI Health Plainview is located in Plainview, Nebraska, a community of about 1,400 residents located in Pierce County, Nebraska. Since its opening in 1968, CHI Health Plainview has been providing care with exceptional care and quality outcomes. CHI Health Plainview is a 15-bed critical access hospital with inpatient and outpatient services including emergency, laboratory, radiology, home health, specialty clinics, physical therapy, cardiac rehab, pulmonary rehab, surgery, occupational therapy, and Coumadin clinics. In 2018 and 2019, CHI Health Plainview was a recipient of the Top 20 Critical Access Hospitals Best Practice in Quality award by the National Rural Health Association.

CHI Health Plainview also offers the following services to the Pierce County community:

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

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

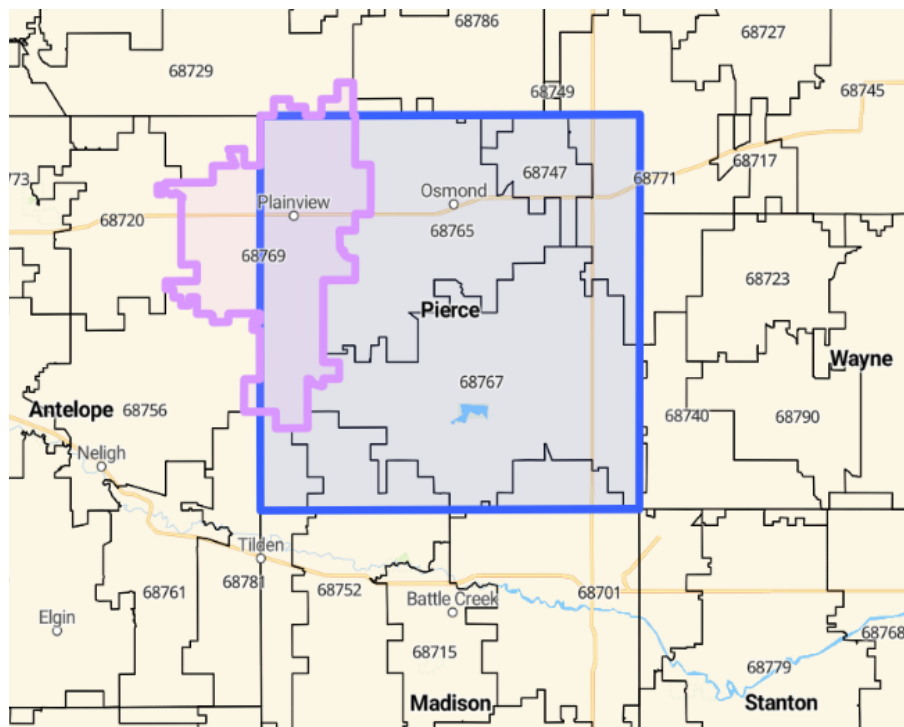
It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay. This hospital has a financial assistance policy that describes the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

CHI Health Plainview is located in Plainview, NE and largely serves the Pierce County area. Pierce County was identified as the community for this CHNA, as it is the primary service area for CHI Health Plainview. There is one zip code (68769) in the primary service area for CHI Health Plainview with patients from that zip code representing 75.59% of inpatient and emergency department encounters.

Figure 1: CHI Health Plainview CHNA and Primary Service Areas¹



¹ PolicyMap. 2022. Accessed March 2022. PolicyMap Map retrieved from <https://commonspirit.policymap.com/>

Community Description

Plainview, NE is located 141 miles from Omaha, NE and 101 miles from Sioux City, IA. According to the most recent census, Pierce County is 100% rural, encompasses 573 square miles, and has 7,317 residents. The population density of Pierce County is estimated at 12.7 persons per square mile, making it about half as densely populated as the state of Nebraska, which is 73% rural, and has a population density of 23.8 persons per square mile. The majority of the residents in Pierce County (95.6%) are White, not Hispanic or Latino, 2.3% identify as Hispanic or Latino, 0.6% are Black, and 0.5% are American Indian or Alaska Native.²

Compared to the state of Nebraska, Pierce County has a slightly higher median household income, lower rates of persons and children in poverty, lower unemployment rate, higher high-school graduation rate, and a lower percentage of the population that is uninsured. Within Pierce County, the percentage of uninsured population is 8.4%, which is less than the state average (9.8%). Poverty presents a barrier to many factors impacting health, including: access to care, nutrition, education and safe housing, etc. In Pierce County 8.2% are living below the poverty line.²

Community Assessment and Significant Needs

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.

² U.S. Census Bureau. American Community Survey 5- Year Estimates 2015-2019. Source geography: Tract. Accessed February 2022. Retrieved from: CARES Engagement Network. https://engagementnetwork.org/assessment/chna_report/

Significant Health Needs

The CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors and health care services, and also health-related social needs that have an impact on health and well-being.

Table 1: Significant Health Needs in Pierce County

Significant Health Need	Description	Intend to Address?
Behavioral Health	<ul style="list-style-type: none"> ● Among NCD survey respondents, mental health was the third leading concern identified (58.7%). ● Among NCD youth respondents, 7.2% (n = 996) indicated they had consumed alcohol three or more times in the previous month (6.1% statewide), and 26.7% (n = 997) indicated it was a little or not wrong to drink alcohol frequently (25.3% statewide). ● Among NCD youth respondents, 49.8% (n = 987) of respondents also indicated that it was easy to obtain alcohol, and 21.1% (n = 986) stated it was easy to obtain marijuana. ● When asked about vehicle safety, only 52.5% (n = 727) of NCD residents said they always wear a seatbelt while driving or riding in a car, 63.8% (n = 379) reported talking on a cell phone while driving in the past 30 days, and 22.9% (n = 380) said they had texted while driving in the past 30 days. ● Teenagers also reported talking on their cell phone (n = 349; 42.3%) and texting or using an app (n = 389; 48.7%) while driving in the past 30 days. ● The majority of students agreed that they felt safe at their school (n = 1001, 90.8%). However, when asked about being bullied, some students reported being bullied physically (n = 991; 5.0%), verbally (n = 990; 21.9%), socially (n = 989; 21.0%), and electronically (n = 990; 7.3%) at least once a month in the past year. Additionally, some students also reported being physically hurt on purpose by someone they were dating (n = 1001; 5.4%) within the past year. ● Several responses to the community health survey expressed a need for increased mental 	✓

Significant Health Need	Description	Intend to Address?
	<p>health education regarding resources, stigma, prevention efforts, and better access to resources throughout their community, especially in schools.</p> <ul style="list-style-type: none"> ● Several other target areas for health education include the negative effects of tobacco, drugs, alcohol use/abuse, and vehicular safety, such as distracted driving, speeding, and traffic sign adherence. ● Youth responses to the NRPFSS showed tobacco use that was slightly higher than state averages. Among 12th grade respondents, 19.6% reported current cigarette or smokeless tobacco use (compared to 15.3% statewide), and 38.9% reported vaping once or more in the past 30 days (compared to 37.3% statewide). 	
Cancer	<ul style="list-style-type: none"> ● Among NCD survey respondents, cancer was the leading concern identified (65.2%). ● The percentage of female fee-for-service Medicare enrollees who received a mammogram averaged across counties within the NCDHD was 43.9%, compared to an overall Nebraska average of 48%. ● 61.5% of females aged 21-65 (n = 150) reported up-to-date cervical cancer screenings. 	
Chronic Disease	<ul style="list-style-type: none"> ● Among NCD survey respondents: <ul style="list-style-type: none"> ○ heart disease was the second leading concern identified (59.5%). ○ lack of exercise was the fourth leading concern identified (36.7%). ○ diabetes was the fifth leading concern identified (36.4%). ● NBRFSS data for the NCD indicate that 66.1% (n = 702) of respondents reported being either overweight (Body Mass Index > 25) or obese, and 32.2% (n = 702) indicated they were obese (Body Mass Index > 30). ● Forty percent (n = 318) of NBRFSS respondents eat less than one piece of fruit a day, and 19.4% 	✓

Significant Health Need	Description	Intend to Address?
	<p>(n = 774) consumed vegetables less than one time a day.</p> <ul style="list-style-type: none"> ● Additionally, 29.3% (n = 757) of adult respondents indicated that they had no leisure-time activity in the past 30 days. ● Alzheimer’s disease was the fourth leading cause of death among residents of the NCD (65.7) but the sixth leading cause of death among Nebraska residents overall and at a much lower rate of death (38.9). ● Averaged across counties, the proportion of adults aged 20 or above with diagnosed diabetes was 11.2% in the NCD, and 10% overall in Nebraska. 	
<p>Social Determinants of Health (including access to care)</p>	<ul style="list-style-type: none"> ● The main areas of concern regarding the physical environment within the NCDHD service area relate to housing problems and long commutes. Additionally, 69.6% (n = 433) of NCD residents reported having access to safe places to walk in their neighborhood in 2017, down from the 80.4% (n = 518) reported in 2015). ● Within the NCD, 84.5% of households reported having access to a computer, and 76.3% reported having access to a broadband internet connection. ● Driving long commutes alone has been associated with poorer mental health outcomes. Three counties reported significantly higher percentages of residents who have long commutes (> 30 minutes): Keya Paha (28.1%), Boyd (26.4%), and Pierce (25.0%). ● 15.3% of NCD residents are food insecure. Additionally, free or low-cost education and training opportunities were discussed in the survey responses as ways to increase the communities’ healthy options, including training on healthy food options and cooking classes and general community education on health topics. ● The ratio of the population to number of primary care physicians averaged across counties in the NCD was 1,366 persons per primary care 	

Significant Health Need	Description	Intend to Address?
	<p>provider, compared to an overall statewide average of 1,310 persons per primary care provider.</p> <ul style="list-style-type: none"> <li data-bbox="602 394 1243 569">• Averaged across NCD counties, the ratio of the population to mental health providers was 1,903 persons per mental health provider, compared to an overall average of 360 people per mental health provider statewide. <li data-bbox="602 573 1243 890">• When asked what problems prevented people from accessing health screening or services, 49.6% of respondents said there were no barriers. Among those reporting access barriers, the most frequently reported problems accessing care were high costs (15.4%), followed by not knowing when and what kind of services to obtain (11.4%), and not receiving a recommendation from a provider for any screening services (11.4%). 	

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 Plainview prioritized the health issues above in order to most effectively focus resources and meaningfully impact the selected health issues. As described in the process above, the hospital took into consideration existing partnerships, available resources, the hospital’s level of expertise, existing initiatives (or lack thereof), potential for impact, and the community’s interest in the hospital engaging in that area in order to select the priorities. CHI Health Plainview selected the same top health needs as identified by the community and will address each of those needs as described in the section below.

Cancer and Chronic Disease. In order to meaningfully address the select priority health needs above and maximize impact, CHI Health Plainview did not prioritize cancer and chronic disease for work on this ISP. However, the hospitals have prioritized cardiovascular disease and these efforts may indirectly improve the ability of healthcare services and community partners to address chronic disease on an individual basis.

Social Determinants of Health. In order to meaningfully address the selected priority health needs above and maximize impact, CHI Health Plainview did not prioritize social determinants of health for work on this ISP. CHI Health Plainview prioritized the health needs identified as the primary focus of the health department’s community health improvement plan (CHIP) workgroup in order to leverage resources and shared impact. Through the efforts outlined in the CHIP and ISP, the social determinants of health will be considered and may be impacted by the outlined activities.

2022 Implementation Strategy Plan

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. In order to guide this work, a Community Benefit Action Team (CBAT) is convened on a regular basis to review data, community benefit activities, and ensure alignment and 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.

In order to select priority areas and design meaningful, measurable strategies, the CBAT reviewed the 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 through a partnership with the North Central District Health Department (NCDHD) and by aligning with the CHIP's current and planned work. To further assure alignment and integration with the organization, CHI Health Strategy and Planning team members have ongoing participation in hospital planning efforts which includes information from the CHNAs and implementation plans.

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.

Prioritization Process

On March 15, 2022, NCDHD hosted a Community Health Needs Assessment data presentation to review data and determine community health improvement priorities. Members representing special populations- aging, low income, low- education, and racial/ ethnic minorities- were invited to participate. Community Health Needs were identified through data analysis according to the following criteria:

- Indicators were failing to meet the national HP2030 targets
- Indicators were trending in the wrong direction
- Presence of apparent disparities
- Presence of significant variance between district and state indicators
- Issue affects a large number of district residents
- Issue was identified as a significant problem based on community input

The “Healthy Choices for Pierce County” coalition convened by CHI Health Plainview and the CHI Health Plainview CBAT reviewed relevant data, engaged in a facilitated discussion to validate the significant health needs for Pierce County, and brainstormed potential strategies and partnerships to impact the top health needs over the next three- year implementation strategy plan (ISP), beginning July 1, 2022 and concluding June 30, 2024.

CHI Health reviewed data collected by NCDHD for the 2022 CHNA and identified four significant health needs (found in Table 1) after consideration of various criteria, including:

- Standing in comparison with benchmark data (health district, state and national data)
- Identified trends
- Preponderance of significant findings within topic areas
- Magnitude of the issue in terms of the number of persons affected
- Potential health impact of a given issue
- Issues of greatest concern among community stakeholders (key informants) giving input to this process

The CBAT took into consideration the data and conversations with community partners and prioritized the same health needs as the NCDHD, Cardiovascular Health and Behavioral Health, in order to leverage resources and meaningfully impact change in partnership with the CHIP workgroups.

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	
Goal & Anticipated Impact	<p>Goal: Ensure equitable access to clinic and community-based behavioral health services in Pierce County</p> <p>Anticipated Impact:</p> <ul style="list-style-type: none"> ● Increase awareness of existing mental health resources among community stakeholders ● Reduce mental health stigma ● Reduce number of mentally unhealthy days among Pierce County adults
Community Indicators	<p>CHNA 2016</p> <ul style="list-style-type: none"> ● 22.9% of Pierce County respondents reported heavy drinking ● 12% of Pierce County residents reported having been depressed ● 1.9 mentally unhealthy days reported in past 30 days for the North Central District (NCD) ● 8% of adults report more than 14 days or poor mental health per month in 2014 <p>CHNA 2019</p> <ul style="list-style-type: none"> ● 20% of Pierce County respondents reported excessive drinking (binge or heavy) ● 10.8% of NCD adults report ever having been told they have depression ● 2.9 mentally unhealthy days reported in past 30 days for Pierce County <p>CHNA 2022</p> <ul style="list-style-type: none"> ● Among NCD survey respondents, mental health was the third leading concern identified (58.7%). ● The majority of students agreed that they felt safe at their school (n = 1001, 90.8%). However, when asked about being bullied, some students reported being bullied physically (n = 991; 5.0%), verbally (n = 990; 21.9%), socially (n = 989; 21.0%), and electronically (n = 990; 7.3%) at least once a month in the past year. Additionally, some students also reported being physically hurt on purpose by someone they were dating (n = 1001; 5.4%) within the past year.

	<ul style="list-style-type: none"> Several responses to the community health survey expressed a need for increased mental health education regarding resources, stigma, prevention efforts, and better access to resources throughout their community, especially in schools. 				
Strategy	Key Activities	Strategic Objectives			
		Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
1.1 Support internal and external efforts to promote mental health services and reduce substance abuse through early intervention and education.	1.1.1 Convene a behavioral health coalition that meets monthly to address behavioral health issues, connect service providers and maintain active participation in local area substance use prevention coalitions. Coalition may work on the following activities and adopt other strategies as appropriate: <ul style="list-style-type: none"> Support and promote school- based mental health programming focused on prevention of substance abuse and suicide Identify emerging issues through the behavioral health coalition and create a training plan to increase community awareness 		✓	✓	✓
	1.1.2 Expand use of telehealth and other health care system strategies for behavioral health services	✓		✓	✓
	1.1.3 Support and participate in the NCDHD CHIP efforts to: <ul style="list-style-type: none"> Increase Mental Health First Aid Training (MHFA) providers in NCDHD district Provide MHFA trainings in each county Bring one BCBA (Board Certified Behavior Analyst) to the district Provide peer to peer mental health training to local schools (QPR, Teen MHFA) 		✓	✓	✓

	<ul style="list-style-type: none"> Utilize media outlets to increase the awareness of mental health and suicide (resource line/ text 741741/ phone 988) 				
	1.1.4 Explore strategies around violence prevention and incorporate health system strategies to provide trauma informed patient care and mitigate further violence	✓	✓	✓	✓
Related Activities	<p>The following activities represent complementary efforts in which CHI Health as a system or CHI Health Plainview as an individual hospital is addressing the identified health need through financial support, in-kind staff contribution or a combination thereof.</p> <ul style="list-style-type: none"> Support system advocacy efforts to increase behavioral health access and services in Nebraska Increase use of tele-health for behavioral health services 				
Planned Resources	<ul style="list-style-type: none"> Funding Staff and partner time Space and technology for meetings 				
Planned Collaborators	<ul style="list-style-type: none"> NCDHD Law Enforcement Schools Region 4 Other CHIP partners 				

	Health Need #2: Cardiovascular Health
Goal and Anticipated Impact	Goal: Reduce chronic disease burden and increase awareness of the importance of preventive care and healthy lifestyles

	<p>Anticipated Impact:</p> <ul style="list-style-type: none"> ● Increase consumption of fresh fruits and vegetables ● Increase physical activity among Pierce County residents ● Increase awareness about risk factors for chronic disease and the importance of preventive care 	
<p>Community Indicators</p>	<p>CHNA 2016</p> <ul style="list-style-type: none"> ● 72% of NCD adults are either overweight or obese (2014) ● 32% of Pierce County population report being physically inactive ● 82% of adults report inadequate fruit/vegetable consumption ● 34% of population with adequate access to locations for physical activity in 2014 ● 11% of population lack adequate access to food in 2013 <p>CHNA 2019</p> <ul style="list-style-type: none"> ● 71.2% of NCD adults are either overweight or obese ● 32.7% of NCD adults report being physically inactive ● 28% of Pierce County adults report no leisure time physical activity ● 33.9 of NCD adults report consuming less than one serving of fruit daily and 15.0% report consuming less than one serving of vegetables daily ● 65% of Pierce County population with adequate access to locations for physical activity in 2018 ● 15.3% of Pierce County residents report limited access to healthy foods in 2015 <p>CHNA 2022</p> <ul style="list-style-type: none"> ● Among NCD survey respondents: <ul style="list-style-type: none"> ○ heart disease was the second leading concern identified (59.5%) ○ lack of exercise was the fourth leading concern identified (36.7%) ○ diabetes was the fifth leading concern identified (36.4%) ● 29.3% (n = 757) of adult respondents indicated that they had no leisure-time activity in the past 30 days 	
		<p>Strategic Objectives</p>

Strategy	Key Activities	Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
<p>2.1 Expand access to healthy foods and recreational opportunities and increase awareness of risk factors for chronic disease by aligning hospital efforts and financial support with Pierce County community partners.</p>	<p>2.1.1 Participate in the NCDHD Community Health Improvement Plan and identify opportunities to support community partners' chronic disease detection and management efforts such as:</p> <ul style="list-style-type: none"> ● Increase amount of CPR certified (instructor and trainees) ● Promote and provide blood pressure screenings, with appropriate referrals ● Promote awareness of the risks of abnormal blood pressure values ● Explore avenues for physical activity in each county ● Increase Medicaid awareness and enrollment 		✓	✓	
	<p>2.1.2 Explore opportunities to support healthy food consumption and behaviors such as:</p> <ul style="list-style-type: none"> ● Sponsoring a cooking class in Plainview ● Install/ maintain community garden at CHI health Plainview 			✓	
	<p>2.1.3 Host an annual lab fair offering no and low cost skin cancer screening, blood pressure checks and glucose testing to support early detection of risk factors for chronic disease</p>		✓	✓	
	<p>2.1.4 Work with CHI Health Clinics to support blood pressure screening, diabetes A1C testing and management, and other metrics determined by the clinics</p>	✓		✓	

Related Activities	<p>The following activities represent complementary efforts in which CHI Health as a system or CHI Health Plainview as an individual hospital is addressing the identified health need through financial support, in-kind staff contribution or a combination thereof.</p> <ul style="list-style-type: none"> ● Supporting NCDHD CHIP recommendation for policy efforts to <ul style="list-style-type: none"> ○ Encourage providers to include health literacy and cultural competency into their outreach efforts to address language and literacy barriers ○ Encourage providers to include blood pressure screens at health fairs and clinics at no cost to address access to care and socioeconomic health disparities ○ Encourage non-medical partners, i.e. churches, businesses, county courthouses, etc., to have blood pressure cuffs and education available for employees and guests
Planned Resources	<ul style="list-style-type: none"> ● Funding ● Staff time ● Space for garden and meetings
Planned Collaborators	<ul style="list-style-type: none"> ● Nebraska Extension ● HyVee ● 4H ● NCDHD