# Community Health Improvement: Implementation Strategy Plan The Nebraska Medical Center

## Summary of Project Background and Regulatory Requirements

As part of the Accountable Care Act (ACA), the Internal Revenue Service (IRS) has implemented new requirements for all tax exempt hospitals with an Internal Revenue Code (IRC) designation of 501 (c) (3). The new guidelines require not-for-profit hospitals to show good faith efforts toward improving the health of the communities they serve. As part of the requirement, hospitals are to perform a community health needs assessment (CHNA) every three years, and to develop an associated community benefit implementation strategy plan (ISP). The plan must include a strategy to address each of the needs identified by the CHNA, or provide adequate justification for not addressing any identified need.

In fiscal year 2012, The Nebraska Medical Center collaborated with the local hospital health systems, the local county health departments, and Live Well Omaha to engage Professional Research Consultants (PRC) to conduct and interpret the required CHNA survey.

To meet IRS compliance, the CHNA survey results were made widely available to the public through The Nebraska Medical Center's website on June 30, 2013. This document constitutes the ISP that was created under the advisement of the Community Benefits Planning and Implementation Committee (CBPIC).

## **Identified Community Needs:**

The nine community needs listed in the table below were identified as top priorities during the 2012 CHNA survey process. Particular prevalence for each of these identified needs was found within the geographic boundaries of Northeast and Southeast regions of the Omaha Metropolitan area.

Access to Health Services	Mental Health and Disorders	Heart Disease and Stroke
Maternal, Infant, and Child Health	Diabetes	Nutrition and Weight Status
Sexually Transmitted Diseases	Oral Health	Substance Abuse

#### Demographic Information

The Nebraska Medical Center is a state licensed hospital, exempt from Federal income tax under IRC Section 501(c) (3), and serving international, regional, state and local communities. The statistics below describe the "local" Omaha Metro area community, which is defined as Douglas and Sarpy counties in Nebraska. This local area represents approximately 70 percent of The Nebraska Medical Center inpatient and outpatient discharges and visits.

The 2012 estimated population for this local area is 692,221. The estimated race breakdown of the population is below.

White Non-Hispanic	511,490	73.9 percent
Black Non-Hispanic	66,512	9.6 percent
Asian Non-Hispanic	18,173	2.6 percent
Hispanic	75,581	10.9 percent
All others	20,465	3.0 percent

There are eleven hospitals in Nebraska to serve the local community. There are four designated medically underserved areas in Douglas County (three areas) and Sarpy County (one area.)

With a reputation for excellence, innovation and extraordinary patient care, The Nebraska Medical Center is ranked by U.S. News and World Report as one of America's Top Hospitals in cancer, neurology/neurosurgery, orthopaedics, gastroenterology and nephrology. It has earned J.D. Power and Associates' Hospital of Distinction award for inpatient services for six consecutive years and has also achieved Magnet recognition status for nursing excellence. As the teaching hospital for the University of Nebraska Medical Center, this 627 licensed bed academic medical center has an international reputation for providing solid organ and bone marrow transplantation and is well known nationally and regionally for its oncology, neurology and cardiology programs.

Bellevue Medical Center is owned by The Nebraska Medical Center, academic physicians from UNMC Physicians, and private doctors from Omaha, Bellevue and surrounding communities. Bellevue Medical Center is a community hospital supporting the residents of Bellevue and the surrounding area. Access has been an issue for the Bellevue community. Prior to the opening of Bellevue Medical Center, there was not a Midwestern community with a population the size of Bellevue's that was without its own hospital.

### Implementation Strategy Governance

To determine the best strategy to impact the identified community health needs, The Nebraska Medical Center assembled an advisory committee with expertise in each of the identified community need categories. The advisory group included physicians, administrators, and other key stakeholders with relationships to The Nebraska Medical Center and Bellevue Medical Center. This team reviewed the CHNA survey results and current community benefit efforts in order to prioritize the needs to be addressed by the ISP.

Given the alignment to core competencies and the ability to make an impact on the community's health within current areas of expertise and mission, the advisory committee determined The Nebraska Medical Center would place initial focus on improving upon three priority need areas:

- 1) Access to Care
- 2) Diabetes
- 3) Heart Disease/Stroke

To implement the health improvement strategies in these target areas, the advisory committee's recommendations were as follows:

- 1. Assemble an oversight committee for collaborative infrastructure. This oversight committee, named the "Community Benefit Planning and Implementation Committee" (CPBIC):
  - A. Acts as the core team for overall planning and monitoring of ISP
  - B. Identifies three community benefit focus teams that each include a physician champion and team leader tasked with targeting each of the three high-priority community needs
  - C. Supports teams in developing measurable goals and objectives and incorporating best practice to guide efforts to creating the largest impact
  - D. Reports progress to the Audit Committee of the Board twice per year
  - E. Provides annual progress updates to the full Board of Directors to be included in the annual Form 990 filing.
- 2. CBPIC will appoint three community benefit focus teams (CBFT) tasked with the following responsibilities:
  - A. Keep current inventory of all internal and external community health improvement activities within each of the focus priority areas
  - B. Design and approve impactful activities with specific health improvement goals that are measureable within each three-year CHNA survey cycle
  - C. Seek out opportunities for community collaboration and obtain board seats with community-based organizations addressing the identified community needs
  - D. Report progress quarterly to the CBPIC

## Health Improvement Strategy Plan

TNMC's overall strategy will utilize a combination of the following tactics to improve the health of the community: 1) educational presentations on disease prevention and management, 2) participation in local health fairs hosted by TNMC and other community partners, 3) free and reduced-cost health screenings provided in community-based settings, 4) support groups to provide additional coaching and guidance for individuals suffering from chronic diseases, 5) unique or innovative programs and services to reach populations in need, 6) community support activities and participation in community health improvement collaborations, 7) charitable contributions to community-based organizations addressing the identified needs and target populations, and 8) board and committee representation with community organizations that will extend TNMC's reach and awareness of the community it serves.

The following tables outline TNMC's current activities within each of these strategic categories that were designed to address the three CHNA-identified community needs of diabetes, heart/stroke, and access to care. Particular focus will be placed on Northeast and Southeast Omaha, which are designated as medically underserved. These programs are currently underway or will be underway by the end of calendar year 2013.

**Table 1: TNMC Activities Addressing Diabetes** 

Project, Initiative, or Activity Summary	Target Population	Internal and External Stakeholders and/or Collaborators	Intended Project Outcomes or Future Goals
Community-based educational presentations and health fair participation, health screenings, medication management and nutritional counseling	At-risk populations including seniors, African-Americans and Hispanic individuals identified as having high rates of diabetes per the CHNA	TNMC Diabetes Center Specialists, Certified Diabetes Educators and Registered Dieticians, American Diabetes Association	Educate at-risk populations on better diabetes prevention through healthy eating and exercise, and better disease management for persons currently living with diabetes. Provide screenings to increase diagnosis, promote awareness and prevention strategies. Goal to reach 300 individuals, annually.
Monthly Diabetes Support Group- ongoing support	Individuals with current diabetes diagnosis or high-risk	TNMC Certified Diabetes Educators and Registered	Provide social support, free access to diabetes education

group for patients and family members dealing with a diagnosis of diabetes	for developing the disease	Dieticians from local HyVee grocery store	and tips for better disease management in a community-based setting. Monthly attendance varies, but averages 20 participants per session. Efforts will be made to communicate this program and expand to individuals living within target need areas
Provide free Diabetes Discharge Kit- provides insulin, syringes, test strips and a glucometer for patients who have difficulty affording these items necessary to manage their disease	Patients being discharged from the hospital who are self-paying or un/underinsured and of limited means to purchase the necessary supplies	TNMC Diabetes Center cost center currently provides these kits (\$55 and up in value) at no cost to patients who fit the criteria and are being discharged from the hospital. TNMC is seeking collaboration from Pharmaceutical companies to underwrite part of the cost through grant funding in order to expand to more patients in need	Continue to provide these kits to at-risk individuals, and expand program to include sustainable support beyond the current 30 day supply. Assist an avg of 100 patients per year
Utilize Telehealth for remote patient monitoring and diabetes consultations, provide extra disease management education to both patients and providers to aid in the management of complex diabetes	Patients residing in CHNA-identified medically underserved geographic areas as having a diagnosis of diabetes and being part of an at-risk population (low income African-American and Hispanic populations residing in an urban setting)	TNMC Diabetes Center physicians and staff, Registered Dieticians, Providers and staff at local Federally qualified community health centers. TNMC has designed the program and has sought funding through a written grant proposal to CMS for the program- currently	Remotely monitor critical values in patients post-discharge who are identified to be at high-risk for readmission to the hospital. Goal is to reach 3,300 patients over a three year span, all of whom are identified as high-need, high-risk, high-utilization diabetic

	T	T	
		awaiting response.	patients in an attempt
		Plans are underway to	to improve outcomes
		approach local	and reduce diabetes
		Foundations to	rates in the targeted
		support this endeavor	geographic areas
Support OneWorld	High-risk diabetic	TNMC Certified	Provide extra staff
Community Health	patients, primarily	Diabetes Educators	support to the CHC
Center to provide	Hispanic and some	and Registered	and ensure access to
supplemental diabetes	African Americans	Dieticians in	high-quality specialty
patient care and	living in a CHNA-	collaboration with	care. TNMC staff will
education from	identified geographic	staff at OneWorld	spend four hours per
specialty Diabetes	area who have been	CHC	week on site at the
Center providers at	identified as		CHC assisting with
the FQHC.	un/underinsured		these patients
Charitable	Funds contributed	TNMC charitable	Provide annual
Contribution to the	target diabetes	contributions	corporate funding
American Diabetes	patients in the Omaha	committee,	support to further the
Association from	community and	community benefit	mission of the ADA,
TNMC	beyond	and Diabetes Center	which includes
		staff, American	educational and
		Diabetes Association	patient support
		(ADA)	materials and research
		(TIDIT)	funding
Participation in	Diabetic patients	Director, physicians	Provide expertise and
coordination of	Diabetic patients	and staff- TNMC	leadership to
community events and		Diabetes Center	community based
advising local chapter		Diabetes Center	organizations
of the ADA			addressing diabetes in
of the ADA			_
			the region, including but not limited to the
			ADA. Diabetes
			Center staff has
			representation with
			the local chapter of
			the ADA and works
			with them to provide
			support for their
			patient education and
			community events

**Table 2: TNMC Activities Addressing Heart and Stroke** 

Project, Initiative, or Activity Summary	Target Population	Internal and External Stakeholders and/or Collaborators	Intended Project Outcomes or Future Goals
Community-based educational presentations, health fair participation, and stroke risk reduction counseling, heart failure education classes for the public	Seniors, un/underinsured individuals, high-risk minority populations, persons living in medically underserved geographic areas of Northeast Omaha (CHNA-identified as high need area)	TNMC Stroke Case Managers, TNMC Cardiovascular Service Line providers, TNMC Neurological Services staff, TNMC Community Benefit staff, local chapter of the American Heart Association (AHA), Black Family Health and Wellness Community Health Fair, Heart Ministry Center, Union Pacific Wellness Staff, UNMC Olson Center for Women's Health, UNMC Physicians	Educate at-risk populations on better cardiovascular health to prevent heart disease, heart attack, and stroke, recognize early signs of stroke, prevent stroke though risk-behavior modification education, distribute educational materials, and promote blood pressure awareness through regular blood pressure screenings. Goal is to reach 500 individuals living within the target CHNA-identified geographic areas with high heart disease prevalence (Northeast and Southeast Omaha)
Free monthly support group for patients and their families dealing with Left Ventricular Assist Devices (LVAD)	Individuals in the Omaha metro area and their families who are living with this device and associated health concerns	TNMC Social Work staff, TNMC Cardiovascular Service line staff, UNMC Physicians	Goal is to provide extra support after discharge that is above and beyond routine patient care and free of charge to assist individuals and their families living with an LVAD, which is a very specialized condition. TNMC staff provides education for best management of their condition, healthy

			living advice, risk- behavior modification education, social issues. Support group is open to any and all members of the community and is not limited to TNMC patients. Currently providing support for
			46 patients per year. TNMC will increase participation through more communication
			to the target
Free blood pressure	Seniors,	TNMC Stroke Case	populations. Goal is to promote
screenings and strokerisk screening, free vascular screenings	un/underinsured, individuals living in medically underserved areas of Northeast and Southeast Omaha, minority populations	Managers, TNMC Cardiovascular Service Line Staff, TNMC Neurological services staff, UNMC Physicians, Heart Ministry Center, AHA	better awareness of a person's blood pressure, risk factors for heart disease and stroke by obtaining early and regular screenings to those who may not be followed by a regular physician due to situations of poverty. Provide AHA-approved guidelines and education for better cardiovascular health in both English and Spanish translations. Increase screenings and
			education from current 120 individuals to 200 individuals
TNMC Vascular	Any individual can	TNMC	Vascular screenings
Screening Lab	book an appointment at TNMC's Vascular	Cardiovascular Service Line staff,	are often provided in mobile units by
	Lab for a full vascular	TNMC Neurological	companies who are
	screening. Target	Service staff, UNMC	not reputable and for a
	population is	Physicians,	large fee. To

	individuals in the surrounding community at-risk for heart disease and stroke, a CHNA-identified need and focus priority for TNMC.	(Registered vascular technologists perform the screening and reports are interpreted by a credentialed vascular surgeon at TNMC)	counteract this, the Nebraska Medical Center began offering an affordable, complete vascular screening to anyone in the community with no doctor referral needed.  This screening is not covered by most health insurances. The cost to the individual is only \$75, and TNMC supplements the remaining cost in order to provide this valuable preventative service to the community. TNMC will seek grant funding to underwrite
TNMC provides advanced provider education on the symptom recognition and rapid response to	Target population: local and regional health care providers, individuals in the region living with	TNMC Cardiovascular Service Line staff, TNMC Neurological Services staff, Omaha	the cost for target populations to have the screening and will promote the availability of the service The Nebraska Medical Center's Congestive Heart Failure program and Acute Myocardial
stroke and heart attack, and specialty care education on congestive heart failure disease management through: Run-reviews with EMS first responders and education and support to emergency departments, skilled nursing facilities, and	heart disease and stroke, a CHNA- identified community need and focus priority for TNMC	Fire and Rescue Department, Hidden Hills nursing home, Omaha Nursing and Rehab, Hillcrest Health and Rehab center, Methodist Acute Rehab center, Madonna Skilled nursing facility, Shenandoah hospital and emergency	Infarction (heart attack) program have each received the "Gold Seal of Approval" certification from The Joint Commission making these services the first and only nationally certified programs of their kind in the state of

home health providers in the region.		department, Nebraska Orthopedic Hospital emergency department	Nebraska. TNMC will reach out to more local providers and offer educational opportunities for facilities located within the target geographic region to ensure treatment protocols/best practices are followed for care of cardiovascular conditions. The goal is to help create better outcomes for patients in the region- no matter where they receive treatment
Charitable Contributions from TNMC to American Heart and Stroke Association (AHA), Midwest Heart Connection (MHC), Omaha Fire Department (OFC)	Individuals affected by heart disease and stroke and congenital heart conditions	TNMC Cardiovascular and Neurological Services, TNMC charitable contributions committee, TNMC community benefit staff, AHA, MHC, OFD, Methodist Hospital, Alegent- Creighton Hospital	Provide annual corporate funding support to further the mission of the AHA The AHA provides educational and patient support materials and local research funding to the community through restricted grants. TNMC provide restricted grant funding to MHC for patient/family education and support packages, and funding to OFD provide Bluetooth technology for EMS trucks to provide instantaneous EKG results to receiving emergency departments
Community Collaborative	Individuals affected by heart attack, heart	TNMC Stroke Case Manager, TNMC	Provide expertise and leadership to local
Conacorative	by mean attack, meant	Ivialiagel, ITVIVIC	reactising to local

Representation-	disease and stroke	Cardiovascular	heart and stroke
STEMI Task-Force,		Services Executive	related organizations.
Board of Directors		Director, TNMC	Serve as
representation- AHA		Cardiovascular	representatives on
		Services staff, Omaha	(ST-segment
		STEMI task force,	elevation MI) STEMI
		Bellevue Medical	task force
		Center, VA Hospital,	collaborative,
		Nebraska Methodist	addressing heart
		Hospital, Jennie	attack response times,
		Edmundson Hospital,	ensure best practice
		Alegent-Creighton	and treatment
		Health	protocols are shared
			with all area hospitals
			treating heart attacks
			to promote better
			patient outcomes.
			TNMC
			representatives will
			encourage STEMI
			task-force focus on
			target populations.
			TNMC will provide
			expertise and
			leadership to local
			chapter of AHA
			governing board of
			directors and their
			events

**Table 3: TNMC Activities Addressing Access to Care** 

		Internal and	
Project, Initiative, or		External	Intended Project
Activity Summary	Target Population	Stakeholders and/or	Outcomes or Future
receivity Summary		Collaborators	Goals
Presentations to community-based	Individuals living in medically	TNMC nursing staff and administrators,	Provide free education and health screening
groups and schools on	underserved areas,	TNMC community	opportunities in a
many health topics and disease	minorities, vulnerable populations, seniors,	benefit staff, Simply Well, UNMC College	community-based setting where access
prevention.	children, other non-	of Nursing, UNMC	to care is an identified
Provide disease	profit community groups.	Physicians, Omaha Public Schools, Heart	need based on the CHNA results. The
management education to	*TNMC's main	Ministry Center, area childcare centers and	goal is to provide quarterly offerings in
medically underserved	facility is located within the geographic	preschools, South Omaha Community	various community- based settings.
individuals in the community.	boundaries of a medically	Center, Black Family Health and Wellness	Current educational
Conduct free and	underserved area, and TNMC frequently	Community Health Fair, TNMC Senior	sessions include childbirth education to
reduced-cost health	hosts health fairs and	Health and Wellness	several schools and
screenings at health fairs and community	screening events at the hospital, as well as	Club, UNMC Center for Successful Aging,	community groups, education on
events both on the Medical Center	in community-based	Latino Center of the	poisoning and poison
campus and offsite	settings identified as having a high	Midlands, Salvation Army Kroc Center,	prevention to hundreds of area
locations	concentration of underserved	Open Door Mission, National Breast	students, physician presentations to
	individuals.	Cancer Foundation,	seniors on relevant
		Colon Cancer Task	topics, diabetes
		Force, local church groups, local grocery	management and prevention, heart
		stores	disease awareness and
			prevention, stroke awareness and
			prevention. TNMC
			will look for opportunities to
			provide this education
			to the population in need, specifically.
			Free and reduced cost
			screenings provided to

1,000 individuals per year to include: blood pressure checks, discounted blood screenings, breast cancer screenings and follow-up mammograms, colorectal cancer screening kits, stroke screenings, diabetic screenings, vascular screenings, head and neck cancer screenings TNMC Social Work Social Work Services Qualifying individuals The legal assistance (beyond routine who are low-income, staff coordinates with service aims to help patient care and living in poverty and Legal Aid of individuals with legal discharge planning): have medical, social, concerns related to Nebraska and Iowa or legal needs that the Legal Aid to assist their medical individual does not low-income patients Coordination of legal condition. These services for low with their legal needs. have the means or concerns can be income patients and capacity to handle. advanced directives, their families who TNMC Social Work wills, housing issues, cannot afford legal Individuals who are fields calls and walkissues with insurance advice, are suffering experiencing a lifein inquiries from companies. TNMC from life-threatening threatening or many individuals and Social Workers terminal illness or terminal community identify the patients organizations seeking and put them in touch conditions, and social work expertise request/require legal with the appropriate guidance to handle for assistance with services. Current their affairs navigation of program is within the available community Oncology and Coordination and services. The list of Transplant service referral to services for referrals includes but lines and will community members is not limited to maintain or expand to and outside outside social service other clinical areas in the future. agencies, communityorganizations requesting social work based charities, food expertise and pantries, domestic TNMC Social Work assistance with abuse assistance, team fields 350 phone calls, annually, from training of staff homeless shelters individuals and outside organizations

			requesting assistance, and has 75 individuals walk in for help (who are not current patients of TNMC). This service is above and beyond their normal duties to care for patients, and is done to be a good community partner and help needy individuals in our community.
I-Care Pharmaceutical Assistance Program  Two pilot programs using targeted case management for at- risk individuals discharged to skilled nursing facilities and homes to improve access and quality of care.	Un/underinsured individuals experiencing difficulty with paying for their medications, vulnerable populations, seniors, minorities	TNMC Emergency Department Staff, TNMC Pharmacists and Pharmacy Staff  TNMC APRNs, Visiting Nurse Association, Hillcrest Nursing Facility, and Nebraska Skilled Nursing Facility	This program provides \$40,000 in annual medication assistance to qualifying individuals post-discharge from TNMC. The hospital provides a .5 FTE pharmacy coordinator who reaches out to pharmaceutical companies to help patients find help with the cost of their medications. Program helps an average of 2,100 individuals, annually and hopes to expand through grant funding.  Pilot case management programs work to provide transitional care for at-risk individuals being discharged to a skilled nursing facility and their home. TNMC

	T		
			has partnered to pay
			for providers to go
			into skilled nursing
			homes and provide a
			higher-level of care in
			order to avoid a
			readmission and
			prevent further
			decline of their
			conditions. TNMC
			has also partnered
			_
			with VNA to pilot a
			program to provide at-
			risk patients with
			extra coaching and
			follow up post-
			discharge. Both
			programs have proved
			to be successful thus
			far in assisting
			vulnerable
			populations with
			better quality of care
Life-sustaining kidney	Indigent, uninsured	TNMC Emergency	The dialysis project
dialysis provided at	minority populations	Department	was created to provide
no cost to patients		physicians and staff,	this life-saving
who could not		DaVita Dialysis	treatment for patients
otherwise afford it		Services (multiple	who cannot afford it.
		locations for better	The dialysis service
		access), Methodist	keeps patients healthy
		Hospital	and helps them avoid
		1	an inpatient hospital
			stay. TNMC absorbs
			the entire annual cost
			of the dialysis
			program for 16
			individuals and is
			exploring a
			partnership with
			1 1
			Methodist hospital to
A:-4 ( 1	To disside also 1	TNIMO E	expand.
Assistance to low-		TNMC Emergency	TNMC Emergency
	Individuals who are		
income individuals	low-income,	Department, Social	Department and
discharged from the	low-income, experiencing issues	Department, Social Work, and	Department and Social Work staff
	low-income,	Department, Social	Department and

Program to reduce Emergency Room recidivism through collaboration with area task force	minorities, vulnerable populations, homeless individuals	Continuum of Care for the Homeless (MACCH), Alegent-Creighton Health, Charles Drew Community Health Center, The Stephen Center, UNMC Physicians, UNMC Sharing Clinic, UNMC Dental Clinic, CUMC Dental Clinic, OneWorld Community Health Center, Kountze Memorial Church Clinic	being discharged to help with immediate needs for medications, food, and shelter. The annual cost of this is \$155,000 and helps an average of 619 individuals.  ER Recidivism Program goal is to provide case management to help homeless and lowincome individuals with chronic conditions to find a primary care provider/medical home and also to work collaboratively with other health systems and community-based organizations to ensure that no person
			is discharged into homelessness
Charitable contributions from TNMC to community-based organizations supporting low-income, vulnerable, and underserved individuals through direct financial support, in-kind contributions	Individuals in the community who are experiencing poverty, are underserved, are vulnerable, live in designated medically underserved areas and experience issues with access to health care and other necessary services	TNMC charitable contributions committee and community benefit staff, TNMC executive staff and administrators	TNMC provides financial and in-kind resources to support the operations of the following organizations providing programs and services to underserved, minority and other vulnerable populations: Charles Drew Community Health Center, OneWorld Community Health Center, Heart Ministry Center, United Way of the

			Midlands, Salvation Army, UNMC Sharing Clinic, Teammates Mentoring Program, Hope Medical Outreach Coalition, Women's Center for Advancement, Nebraska Children's Home, Inclusive Communities, Visiting Nurse Association, Latino Center of the Midlands, Intercultural Senior
			Advancement, Nebraska Children's Home, Inclusive Communities, Visiting Nurse Association, Latino Center of the Midlands, Intercultural Senior
TNMC representation	Organizations in the	TNMC executives	Center, Voices for Children, Nebraska Appleseed, March of Dimes, Project Harmony, Urban League
TNMC representation on community boards of directors, or coordination of community events to assist underserved individuals	Organizations in the community who are serving those individuals experiencing poverty, are underserved, are vulnerable, live in designated medically underserved areas and experience issues with access to health care and other necessary services	TNMC executives, leadership and staff	TNMC contributes leadership and expertise through involvement and board representation on the following community boards: Hope Medical Outreach Coalition, Live Well Omaha, Latino Center of the Midlands, Heart Ministry Center, Intercultural Senior Center, Visiting Nurse Association, Heartland Family
			Services, March of Dimes, United Way of the Midlands, Teammate. TNMC leadership will continue to seek out

vulnerable populations.
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## Remaining Community Needs and Organizations with Priority Focus

TNMC has current programs and services in place to address each of the nine CHNA- identified community needs. However, in order to make meaningful impact, and to use its finances most effectively and efficiently, TNMC will place a *primary* focus on diabetes, heart and stroke, and access to care. However, it has no plans to discontinue other community benefit efforts addressing the remaining CHNA-identified needs, and may touch upon each of these categories within its efforts to address issues surrounding access to care in underserved populations.

The remaining CHNA-identified community needs are detailed in the chart below. Each need category lists the health system, university medical school, or community organizations with programs or core competencies to focus on that particular need, and who are committed to addressing the identified needs.

Identified Need and Local Health System Priority	Associated Community Organizations
Nutrition/Weight Status  *Alegent-Creighton Health  *Methodist Health System	Other community resources focused on providing services: Meals on Wheels from Office on Aging and League of Human Dignity, Women, Infant and Children Program (WIC), Omni Behavioral Health, and food pantries such as, American Red Cross - Heartland Chapter, Bellevue Social Services, First Lutheran Pantry, GOCA: Greater Omaha Community Action, Gretna Neighbors, Heartland Family Services, Marshall Drive Baptist Church, Juan Diego Center, Omaha Food Bank, Our Savior Lutheran, RLDS (Council Bluffs), South Lutheran, St. Cecilias Cathedral, St. Columbkille Social Service Center, Heartland Hope, Heart Ministry Center, Together Inc., Open Door Mission (ODM), Siena/Francis House Shelter, Mohm's Place, Park Avenue Community Meal, Incommon Community Meal, Holy Family, Youth Emergency Services
Maternal, Infant, and Child Health	Other community resources focused on providing services: Youth Emergency Services of Omaha, Child Savings Institute Crisis Center, Yes Drop-In
*Alegent-Creighton Health	Center/Outreach, Heartland Family Service, Council Bluffs Community Health Center, Benson Community Health Center, One World Community Health Center,
*Methodist Health System	Douglas County Health Department, Fred LeRoy Health and Wellness, Methodist Hospital Renaissance Center Salvation Army, Midlands Hospital, Magis Women's Clinic, Nebraska Department of Health and Human Services Douglas/Sarpy
*Children's Hospital and Medical Center	Counties, Charles Drew Health Center, Boys Town Pediatrics, Pediatric Immunizations, Pope Paul VI Institute, Planned Parenthood Council Bluffs, Planned Parenthood Omaha, Emergency Pregnancy Services
Mental Disorders and Substance Abuse	Other community resources focused on providing services: Valley Hope, Midlands Hospital, Methodist Health System focus, Valley Hope, Arbor Family Counseling, Catholic Charities Omaha Campus for Hope, Chicano Awareness Center, Discovery Center, Greater Omaha Community Action Addiction Recovery,

*Alegent-Creighton Health	Heartland Family Center, Lutheran Family Services, Alegent Center for Mental Health, Alderian Center, Lasting Hope Recovery Center, Alegent Health Psychiatric Associates of Omaha, Immanuel Medical Center, Mercy Hospital Council Bluffs, Region 6 Behavioral Health, Douglas County Community Mental Health Clinic, Omni Behavioral Health, Community Alliance, Ted E. Bear Hollow, Veterans Affairs Medical Center, Pottawattamie County Mental Health, Al-Anon, Campus for Hope, Creighton Prep Drug and Alcohol, Intertribal Treatment Center, Midlands Hospital Behavioral Health, NOVA Therapeutic Community, Open Door Mission, Ponca Health, Stephen Center, AA of Omaha, Alegent Psychiatric Associates, Catholic Social Services, Freedom Road House, Juan Diego Center, Magellan Behavioral Health, Narcotics Anonymous, Offutt AFB Social Action, PRIDE Omaha, AA of Council Bluffs, Diversion Services, Methadone Clinic, Omaha Psychiatric, Salvation Army, VA Hospital, Santa Monica, INROADS to Recovery, Francis House, Turning Point, BAART Methadone Clinic
*Creighton University Dental School  *University of Nebraska Medical Center Dental programs	This is a focus for these community resources: The University of Nebraska Medical Center Dental Clinic, One World Community Health Center, Charles Drew Health Center, Charles Drew Homeless Clinic, Council Bluffs Community Health Center, Creighton University Dental Program, Douglas County Health Dental Clinic, Dr. Raymond Shaddy Dental Resources Association, Fred LeRoy Health and Wellness, Nebraska Mission of Mercy, Heart Ministry Center Dental Clinic
Sexually Transmitted Diseases  *Methodist Health System	Other community resources focused on providing services: Omaha Healthy Start, One World Community Health Center, Planned Parenthood Council Bluffs, Planned Parenthood Omaha, AAA Center for Pregnancy Counseling, Benson Community Health Center, Charles Drew Health Center, Council Bluffs Community Health Center, Douglas County Health Department, Essential Pregnancy Services, Magis Medical Clinic, Nebraskans United for Life, Methodist Hospital Renaissance Health Center Salvation Army