METHODIST FREMONT HEALTH

OCTOBER 2026



Community Health Implementation Strategy 2026-2028

IN PARTNERSHIP WITH

THREE RIVERS PUBLIC HEALTH DEPARTMENT
Dodge, Saunders & Washington Counties

NEEDS SURVEY FACILITATED BY

UNMC BREAKTHROUGHS FOR LIFE.

UNMC College of Public Health
Office of Public Health Practice

I. Introduction

For more than 80 years, Methodist Fremont Health (MFH), an affiliate of the Methodist Health System (MHS), has cared for families in the Fremont region. MFH is dedicated to superior service and a deep understanding of patient care, creating better care and better outcomes.

Mission Statement

Committed to improving the health of our communities by the way we care, educate and innovate.

Vision Statement

We will be the preferred integrated health system in the region.

Core Values

- **Patient Centered**
  We are patient/customer-centered, patient/customer-driven. Our patients are our first priority. We listen, understand their needs and strive to exceed their expectations.

- **Respect**
  We honor and respect the dignity of all. We say what we mean and mean what we say. We require fair, honest and ethical behavior in every activity and under all circumstances.

- **Excellence**
  We strive for excellence and push beyond. We strive for the highest standards and push beyond. We continuously improve performance through knowledge, experience, innovation and risk-taking.

- **Teamwork**
  We work as one. People are our most important resource. We demonstrate respect and concern for everyone, value each individual as an equal team member and support professional growth and autonomy.

- **Community Service**
  We are dedicated to serving our community. We strive to achieve a healthy balance between enhancing the welfare of our community and sustaining our economic growth.

Values in Our Workplace – Cultural Competence

At Methodist Fremont Health, all employees will behave in a way that is consistent with our core values. We intend to hold each other and ourselves mutually accountable for our actions. Demonstrating our values in the workplace means that we will respect a wide range of people both like and unlike ourselves. Our similarities and differences may include these characteristics: race, gender, class, native language, ethnic origin, physical ability, age, religion, sexual orientation, professional experience, personal preferences and work style. We value our diversity. These similarities and differences will be affirmed and respected as we serve all of our customers, patients, families and coworkers.

II. Why We Care

From the day Methodist Fremont Health was chartered back in 1940, service and commitment to our community has been the top priority. Financial assistance, health education, and outreach to under-resourced populations – these and other community benefit activities have always been central to our mission. Our goal has always been to address and improve the overall health of the community.

Our community benefit programs are strategically focused to accomplish the following objectives:

- Improve access to health care services.
- Enhance the health of the community.
- Advance medical or health care knowledge.
- Relieve or reduce the burden on government or other community efforts.

III. 2026 Community Health Needs Assessment Summary

Methodist Fremont Health's Community Health Needs Assessment (CHNA) is conducted by the Three Rivers Public Health Department, which represents Dodge, Washington and Saunders counties. This survey was completed from January to April 2026.

Methodology

The Methodist Fremont Health Community Health Improvement Plan (CHIP) was developed using findings from the Community Health Needs Assessment (CHNA) conducted by Three Rivers Public Health Department (3RPHD) in partnership with the University of Nebraska Medical Center College of Public Health. The assessment was supported by Methodist Fremont Health, Memorial Community Hospital, and Saunders County Medical Center and was designed to better understand the health needs, priorities, and perspectives of individuals living and working throughout Dodge, Washington, and Saunders counties. While the CHNA provides a broad regional perspective, this CHIP represents the priorities and planned actions of Methodist Fremont Health and focuses on areas in which MFH can contribute to improving the health and well-being of the communities it serves.



The CHNA process was guided by a steering committee comprised of representatives from each county served by 3RPHD, the collaborating hospitals, and community partners. As part of the assessment, 3RPHD conducted a community health survey to gather input from individuals who live and work throughout the three-county service area and identify the health issues community members considered most important to address. Assessment data and community feedback were analyzed and presented during community forums. These findings, along with input from Methodist Fremont Health leadership, staff, community partners, and other stakeholders, were used to inform the priorities and strategies outlined in the MFH Community Health Improvement Plan. The full CHNA can be accessed through Methodist Health System's Community Benefits website: https://www.bestcare.org/about/community-benefits/our-plan/

IV. Identified Opportunities

The following are the health issues that were identified through the CHNA.

1. Access to Care
2. Mental Health
3. Chronic Disease
4. Housing
5. Youth Well-being

Following review of the assessment findings and community input, the steering committee narrowed the focus of the District's Community Health Improvement Plan to two primary areas: Access to Care and Mental Health**.** This prioritization was based on the significance of the identified needs, opportunities for collaboration, and the ability of healthcare and community organizations to meaningfully influence outcomes.

During the prioritization process, the steering committee recognized that several of the identified needs are closely interconnected. Chronic Disease was considered closely aligned with Access to Care, including opportunities to improve access to preventive services, early identification and management of chronic conditions, and connection to appropriate healthcare resources. Similarly, Youth Well-being was considered closely connected to Mental Health, recognizing the importance of addressing mental and emotional well-being among children and adolescents as part of a broader behavioral health strategy.

Housing was also identified as an important community health concern. However, the steering committee recognized that addressing the community's shortage of affordable and accessible housing requires significant resources, expertise, and sustained community development efforts that extend beyond the primary role of healthcare organizations. Several community organizations are already actively engaged in addressing housing needs, including Greater Fremont Development Council, Care Corps' LifeHouse, Habitat for Humanity, Rebuilding Together Platte Valley East, and other community partners. Given the existing community efforts and the limited resources available to Methodist Fremont Health and 3RPHD to directly address housing availability, housing was not selected as a primary focus of this CHIP.

V. Implementation Strategy

Findings from Three Rivers Public Health Department's Community Health Needs Assessment were initially reviewed by the steering committee in June 2026. Strategies, goals and methods of evaluation were developed by 3RPHD for the service area to create the 2026 Community Health Improvement Plan. Upon receipt of the 3RPHD plan, a 2026-2028 Implementation Strategy for Methodist Fremont Health was drafted to be presented to the Board of Directors for approval and Community Health team for implementation.

This strategy lists some of the local community partners of which Methodist Fremont Health will collaborate on opportunities that would be consistent with their expertise. As our work progresses, we will identify and partner with new organizations and key individuals as necessary.

This document clearly identifies opportunities where Methodist Fremont Health lacks internal competencies to make a meaningful impact. Methodist Fremont Health will continually monitor these opportunities and collaborate with community organizations that are addressing these needs and as funding and/or expertise are made available, Methodist Fremont Health will respond accordingly and continue to play a role as a *Partner in the Community* on these areas.

VI. Identified Opportunities:

• **Priority I** – MFH has significant expertise to improve these health needs in the community.
"Leaders in the Community"

• **Priority II** – MFH has limited expertise to improve these health needs in the community and will defer to other organizations but collaborate where and when appropriate.
"Partners in the Community"

• **Priority III** – MFH has minimal expertise to improve these health needs in the community. MFH does not intend to specifically address these opportunities; MFH will participate with other community organizations currently addressing these opportunities
"Participants in the Community"

Based on the above, the Methodist Fremont Health Board of Trustees has determined that the following needs identified in the CHNA should be addressed through the implementation strategy and approved the 2026 CHNA and the 2026-2028 Implementation Strategy on October 19, 2026

- **Priority I:**
  - Mental Health
  - Access to Care
  - Cancer Prevention and Screening
- **Priority II:**
  - Maternal Health
  - Tobacco Use and Lung Disease
  - Chronic Disease Management
- **Priority III:**
  - Social Isolation of Older Adults
  - Unhealthy Lifestyles

Evaluation of impact will be measured by a subsequent CHNA, tentatively scheduled to be conducted in 2029. Impact will be compared to current results and influenced by the Healthy People 2030 guidelines and recommendations.

Priority I:

Identified as the opportunities which Methodist Fremont Health has significant expertise to help improve health rates in the community.

Opportunity: Mental Health		
Mental health was identified as a priority area due to the growing impact of mental health concerns on individuals, families, and communities nationwide. Increasing mental health needs, along with challenges related to access to services and support, highlight the importance of addressing mental well-being as an essential part of overall health. Mental health was also identified as a high-priority area in the CHNA. Methodist Fremont Health staff members participate in the health department's mental health workgroup, providing an opportunity to align our efforts with broader community initiatives. By prioritizing mental health in our Improvement Plan, we can strengthen collaboration around awareness, prevention, early identification, and access to resources.		
Description	**Implementation Strategies**	**Goals**
Death rate due to suicide per 100,000 (age-adjusted) of Dodge County is 17 compared to 15 for the rest of the state. These are increases from 13.3 and 12.9, respectively since 2007-2013. 15.6% of adults reported they have been told they have depression; 10.9% reported taking medication or receiving treatment for a mental health condition (2022 CNA) In 2020, 11.6% of adults in the district reported poor mental health. In 2023, that number had increased to 13.7%	Reduce the stigma of seeking help for behavioral health issues in the area – including a community awareness event. Increase awareness of behavioral health services in the area and educating the community about mental health as a medical condition Identify gaps in behavioral health services offered in the health district and barriers for individuals to access services Educate Methodist Fremont Health staff and their families about available services through Best Care Employee Assistance Program, outpatient. Utilize Remote Patient Monitoring program through RHTP funding to track patient symptoms following discharge from acute care. Collaborate with community partners to ensure continuation and availability of care: Lutheran Family Services, Good Neighbor, local therapy providers.	Reduce the suicide rate of the health district to 12.8 per 100,000 (target of Healthy People 2030) Increase number of new patients treated at MFH/MPC inpatient and outpatient Behavioral Health programs.

Opportunity: Access to Care		
Access to care was identified as a priority area based on community feedback and the need to ensure residents can obtain timely, affordable, and appropriate healthcare services. Barriers such as availability, affordability, transportation, and awareness of available resources can affect an individual's ability to receive the care they need and ultimately impact overall health outcomes. Access to care was also identified as a high-priority area by 3RPHD based on responses gathered through the community health assessment. By including access to care in our CHIP, we can align with identified community needs and work collaboratively to address barriers and strengthen connections to healthcare and community resources.		
Description	**Implementation Strategies**	**Goals**
Dodge County offers 1 Primary Care Provider per 1,867 people compared to 1 provider per 698 people at the state level Dodge County offers 1 Mental Health Provider per 401.6 people compared to 1 provider per 265.5 at the state level In 2022, 8% of adults age 19-64 were uninsured compared to a state average of 10.1% uninsured The Fremont Transit Program is the only public transportation option available for medical appointments in our service area.	Strengthen partnerships with local partners to connect community members with resources to utilize available care – specifically Community Health Workers. Support the City of Fremont Transit Program to decrease transportation-related barriers. Utilize outreach and education to connect community members with recommended screenings and primary care. Increase community awareness of financial assistance, insurance enrollment, medication assistance, and other programs that can reduce cost barriers. Utilize Remote Patient Monitoring program through RHTP funding to continue to monitor patients and their symptoms without having to physically seek care in a clinic. Continue to utilize MFH transportation van to address gaps in accessing care and review strategy on most efficient use. Collaborate with community partners who provide food, housing, and other basic needs to eliminate factors that make accessing healthcare difficult. Partner with area employers to offer health screenings for their staff to promote preventative care and connect with follow-up care, as needed. Continue to recruit, develop, and retain providers and staff equipped to meet the cultural and linguistic needs of the communities we serve.	Introduce 3 new providers (all specialties) to MFH service area by 2028 Offer 4 screening opportunities annually for little to no cost Participate in 10 community outreach events annually to connect residents with healthcare resources. Coordinate directly with Hispanic Advisory Council and Patient/Family Advisory Council to determine most effective mechanisms to educate the community on resources and access.

Opportunity: Cancer Prevention and Screening		
Cancer is the second leading cause of death in the MFH service area. Methodist Fremont Health has made significant investments in cancer care, including millions of dollars in capital improvements, technology, and services. With expanded local treatment options and greater access to advanced cancer care than ever before, MFH is well positioned to lead efforts in cancer prevention, education, screening, early detection, and treatment while reducing the need for patients to travel outside the community for care.		
Description	**Implementation Strategies**	**Goals**
According to 2023 data, 9.3% of adults in the 3RPHD area have been diagnosed with cancer (except skin) compared to 8.2% statewide. This is an increase from the 2020 data at 7.5% for the health district. The cancer-related death rate for Dodge County was 216.5 per 100,000 people in 2024, compared to 180.9 statewide. This is a staggering decline from 278.8 for Dodge County in 2020. Leading causes of cancer mortality were lung, colorectal, breast and prostate cancers. 76.2% reported being up to date on breast cancer screening in the health district; less than state average 76.4%	Methodist Fremont Health in collaboration with Nebraska Cancer Specialists offer multidisciplinary care and an array of services for cancer patients, including the Cancer Committee and Tumor Board. These services have recently expanded to include Hereditary Risk, Lung/Thoracic Clinic, and Head/Neck Clinic. Enhance cancer screening and education programs offered to the community. Focus on early identification of lung, head & neck, colorectal, and breast cancer. Provide screening recommendations for different types of cancers and behavioral risk education at community events and health fairs. Educate the community on MFH's Hereditary Risk program and ability to change course of screening based on results. Partner with the Nebraska Coalition on Cancer, The American Cancer Society, Three Rivers Public Health Department, and Great Plains Colon Cancer Task Force. Utilize MPC Health Coaches and clinic Nurse Navigators to promote and educate on recommended screening protocols of patients that are in their care.	Reduce the Cancer Age-Adjusted Death Rate Increase overall participation in colorectal, lung, breast, and cervical screening programs. Due to growth of lung clinic programming, increase compliance with lung cancer screening recommendations to > 30%

Priority II:

Identified as the opportunities which Methodist Fremont Health has some expertise to help improve health rates in the community.

Opportunity: Maternal Health		
Methodist Fremont Health recognizes an opportunity to improve prenatal care engagement and access for mothers in our community, while also focusing specifically on the needs of our growing Hispanic population. Approximately 50% of births at MFH are to Hispanic mothers, making this an important population to consider as we work to strengthen prenatal education, support, and connections to care. There is a need to support our Hispanic population, as they are at a high risk for health disparities and inequities; often having insurance that does not cover care after delivery. By improving access to and engagement with prenatal care for all mothers, while strengthening culturally responsive resources and support, MFH can help promote healthier pregnancies and better outcomes for mothers and babies.		
Description	**Implementation Strategies**	**Goals**
Hispanic mothers sought prenatal care during the first trimester 46.1% of the time in the 3RPHD district in 2024 compared to an average of 76.54% among other race/ethnicities. Steady progress has been through 2022 in Breastfeeding at Discharge from hospital. However, that number is slowly declining and the 3RPHD area demonstrates 85.8%, below state report at 89.9%. Hispanic and Multiracial mothers are at 68.7% and 76.5% respectively. Dodge County has the highest percentage (6.8%) of teen pregnancy of the health district and the state (4.1%)	Expectant/new mothers are screened for postpartum and perinatal depression with 3-week follow up phone calls for any positive screen. Nurse navigators work with MPC Women's Center to connect patients with resources to ensure healthy mother and baby. Collaborate with large employers to educate staff on access to prenatal care and importance of timing. Completed with LDRP staff in conjunction with Early Prenatal Care project. Increase breastfeeding education in the community (including materials in Spanish & access to Hispanic professional lactation support) Continue to grow childbirth education classes for mothers and families. Utilize funding from the Fremont Health Foundation to provide personal use breast pumps to women who are not covered by insurance. Utilize Fremont Health Foundation Mom/Baby Home Health Care program to provide support to mothers in need of additional resources.	Increase percentage of expectant and new mothers that are screened for perinatal and postpartum depression and anxiety. Increase the completion of the EPDS screening at 6-weeks postpartum by strengthening screening process at OB/GYN and pediatric visits.

Opportunity: Tobacco Use & Lung Disease		
Tobacco use was identified as a priority area due to its significant impact on overall health and its connection to preventable chronic disease, cancer, and premature death. While tobacco use remains an important health concern nationwide, it is particularly relevant to our community given its impact on long-term health outcomes and its connection to other identified community health priorities. Addressing tobacco use provides an opportunity to focus on prevention, education, and cessation support.		
Description	**Implementation Strategies**	**Goals**
4.4% of pregnant mothers used tobacco during pregnancy compared to state average of 3.4% in 2024. 15% of adults in Dodge County are regular smokers compared to 13.6% of Nebraskans. Death due to Chronic Lower Respiratory Disease in Dodge County remains high compared to the state with 95 and 53.1 deaths per 100,000, respectively	Restart tobacco cessation programming and/or partner with community agency to offer this service. Educate students in community on dangers of smoking and long-term health consequences. Utilize nurse health coaches at MPC clinics to manage chronic lung disease and provide referrals and resources, as appropriate. Increase promotion of pulmonology and pulmonary rehab services to the community.	Nurse navigators will consult with all pregnant mothers who report smoking with related health consequences for baby. Decrease of 1% of those in Dodge County that report a regular smoking habit.

Opportunity: Chronic Disease Management		
Description	**Implementation Strategies**	**Goals**
Diabetes – 11.2% of adults in our service area have been told by their doctor that they have diabetes; up from 9.8% in 2021	Provided dedicated nurse health coach for diabetic patients at all MPC primary care providers. Provide information and resources available for diabetic patients through community outreach and utilizing the MHS Mobile Diabetes Unit. Offer Hgb A1C screening at community health events to provide appropriate referrals and improve early diagnosis. Remote patient monitoring technology provided to high-risk patients to improve management of disease and symptoms.	Reduce the annual number of new cases of diagnosed diabetes in the service area (Target of 5.6 new cases per 1,000 adults ages 18-84 for Healthy People 2030)
High Blood Pressure- 34.6% of adults in the MFH service area have high blood pressure compared to 32.5% statewide.	Remote patient monitoring technology provided to high-risk patients to improve management of disease and symptoms. Partner with community organizations to provide culturally appropriate education on hypertension, cardiovascular disease, nutrition, physical education, and tobacco cessation.	Maintain rates below Healthy People 2030 goal of 41.9% Increase use of blood pressure kiosks at MFH and the YMCA to promote active monitoring of vitals.

Cardiovascular Disease- Deaths due to heart disease have been steadily climbing in Dodge County and were at 240.2 per 100,000 in 2024. Comparison to NE at 187.8 in same year. Deaths due to stroke have been relatively stable at 63.4 per 100,000 in Dodge County and 40.4 in NE.	Remote patient monitoring technology provided to high-risk patients to improve management of disease and symptoms. Partner with community organizations to provide culturally appropriate education on hypertension, cardiovascular disease, nutrition, physical education, and tobacco cessation. Provide heart-healthy and nutritious food options for MFH staff and educate staff on	Reduce the annual number of deaths due to coronary heart disease (Target of 71.1 per 100,000 for Healthy People 2030) Reduce the annual number of deaths due to stroke (Target of 33.4 per 100,000 for Healthy People 2030) Increase use of blood pressure kiosks at MFH and the YMCA to promote active monitoring of vitals.

Priority III:

Identified as the opportunities which Methodist Fremont Health has minimal expertise to help improve health rates in the community.

Opportunity: Social Isolation of Older Adults		
Description	**Implementation Strategies**	**Goals**
31.8% of people age 65+ live alone in Dodge County – more than 1% above state average approximately 2.5% higher than surrounding counties. Although local data is not available, the rate of deaths related to a fall is 68.3 per 100,000 in Nebraska. Suicide rates in adults age 65+ have recently spiked to 16.6 per 100,000 and that statistic rises in rural areas	Continue to collaborate and support the City of Fremont Transit Program to provide transportation to both social events and healthcare-related needs. Partner with community agencies to support older adult programming: Fremont Friendship Center, Fremont Family YMCA, local senior living communities. Provide regular educational programming and social opportunities for seniors through Ageless program, in conjunction with wellness blood draw dates. Continue to grow engagement with Fremont Area Aging Resource Network (FAARN) to educate staff and better serve area seniors. Grow both business involvement and senior attendance at the annual Seasons of Support: Senior Resource Fair to efficiently connect seniors to area resources for health, wellness, safety, and social needs. Launch nurse navigator program for seniors in the area who have been diagnosed with dementia to ensure that patients and families are connected with resources early and often.	Increase Ageless participation by 5% Build on support group offerings within the health system to provide emotional support and social engagement to older adults in the community. Decrease unnecessary hospitalizations among older adults with dementia by increasing access to care navigation, caregiver support, and community-based resources. Further engage Home Health Care and Outpatient Rehab service lines in the community to provide services and education to seniors on importance of movement and social engagement.

Opportunity: Unhealthy Lifestyles		
Unhealthy lifestyles, including obesity and limited physical activity, were identified as important areas of focus due to their impact on long-term health and their connection to chronic conditions such as heart disease, diabetes, and certain cancers. These factors can be influenced by individual behaviors as well as access to healthy foods, safe opportunities for physical activity, and other community resources. Addressing healthy lifestyles provides an opportunity to focus on prevention and create supportive environments that make healthy choices more accessible. This all becomes especially important as heart disease continues to be the leading cause of death in the MFH service area.		
Description	**Implementation Strategies**	**Goals**
Obesity rates in the district decreased from 39% in 2021 to 37.8% in 2022 but have again increased to 40.1% in 2023. Of Dodge County adults, 28.4% complete no physical activity outside of work compared with a state average of 24.7%. This is a dramatic increase from 20.3% in 2016.	Collaborate with community partners on wellness resources, such as the Fremont Family YMCA, Hy-Vee, Three Rivers Public Health Department, etc. Implement and promote outpatient dietician services at MFH. Continue to partner with community agencies to promote healthy lifestyles within the youth of our area. Promote use of MFH YMCA space to staff and patients as an accessible area for physical activity.	Reduce the number of adults 18 and older with a BMI > 30 by increasing outreach and education on diet, nutrition, exercise, and weight management (target of 36% for Healthy People 2030). Increase number of new patients in outpatient dietician service line. Host or partner on at least 1 physical activity-related community event each year.

VII. Community Partners

A Time to Heal	American Cancer Society	American College of Surgeons	American Diabetes Association
American Heart Association	American Hospital Association	American Red Cross	Archbishop Bergan Catholic School
Blue Cross Blue Shield of NE	Cedar Bluffs Public School	City of Fremont	Clarkson College
Colorectal Cancer Task Force	Commission on Cancer	Community Health Charities	Department of Health & Human Services
Dodge County Extension Office	Dodge County 4-H	Dodge County Fair	Dodge County Head Start
Dodge County Sheriff's Department	Eastern Nebraska Office on Aging	Every Woman Matters	Fremont 4-H
Fremont Area Alzheimer's Collaboration	Fremont Area Aging Resource Network	Fremont Area Chamber of Commerce	Fremont Breastfeeding Initiative
Fremont Community Foundation	Fremont Family Coalition	Fremont Family YMCA	Fremont Fire & Rescue
Fremont Ministerial Association	Fremont Moo	Fremont Police Department	Fremont Public Schools
Fremont Rotary Club	Good Neighbor Community Health Center	Greater Fremont Development Council	Habitat for Humanity
Heartland Family Services	John C. Fremont Days	Keep Fremont Beautiful	Kiwanis Club of Fremont
Leadership Fremont	LifeHouse	LifeNet	LiveOn Nebraska
Logan View Public School	Lutheran Family Services	Lyons-Decatur Public School	MainStreet Fremont
Masonic-Eastern Star Home for Children	Mead Schools	Methodist College of Nursing	Metropolitan Community College, Fremont
Midland University	National Alliance for Mental Illness	National Safety Council, Nebraska	Nebraska Breastfeeding Coalition
Nebraska Cancer Specialists	Nebraska Community Blood Bank	Nebraska Department of Health and Human Services	Nebraska Health Network
Nebraska Hospital Association	Nebraska State Patrol	North Bend Public School	Omaha Metropolitan Healthcare Coalition (OMHCC)
Omaha Safety Council	Pathfinder Support Services	Project Fit	Rotary Club of Fremont
Salvation Army	Scribner-Snyder Public School	Sixpence Early Learning	The Bridge
Trinity Lutheran School	Three Rivers Public Health Department	Uniquely Yours Stability Support	University of Nebraska Medical – College of Medicine
University of Nebraska Medical Center – College of Public Health	United Way		

VIII. Executive Summary

Methodist Fremont Health developed its 2026–2028 Community Health Improvement Plan (CHIP) using findings from the 2026 Community Health Needs Assessment (CHNA), conducted by Three Rivers Public Health Department in partnership with the University of Nebraska Medical Center College of Public Health. The assessment gathered input from individuals living and working throughout Dodge, Washington, and Saunders counties to identify the region's most significant health needs and opportunities for improvement. Five key concerns emerged: access to care, mental health, chronic disease, housing, and youth well-being. Following review of the assessment findings, community feedback, and opportunities for meaningful impact, MFH established three levels of priority based on its expertise and ability to influence outcomes. The highest priorities are mental health, access to care, and cancer prevention and screening, where MFH is positioned to lead improvement efforts. Maternal health, tobacco use and lung disease, and chronic disease management represent additional opportunities for collaboration, while social isolation among older adults and unhealthy lifestyles remain important areas for community partnership and support.

The 2026–2028 Implementation Strategy outlines measurable goals and practical approaches to address these priorities through prevention, education, early identification, expanded access to services, and collaboration with community organizations. Planned efforts include strengthening behavioral health awareness and access to resources; connecting residents with affordable care, screenings, transportation, and financial assistance; expanding cancer prevention and screening initiatives; improving prenatal and postpartum support; promoting tobacco cessation and chronic disease management; and supporting older adults through care navigation, social engagement, and community resources. Additional strategies will encourage healthy lifestyles through nutrition education, physical activity, and access to wellness services. These efforts build on MFH's existing healthcare services, community outreach, and partnerships while recognizing that sustainable improvements in community health require shared responsibility across the region. Progress will be evaluated through ongoing implementation and a subsequent Community Health Needs Assessment, tentatively planned for 2029, with outcomes compared against current findings and Healthy People 2030 objectives. Through this plan, Methodist Fremont Health reaffirms its commitment to improving the health and well-being of the communities it serves by aligning resources, expertise, and partnerships with the region's most pressing health needs.

IX. Contact Information

Please contact 402-354-6767 with any questions regarding this Implementation Strategy

OR

Visit https://bestcare.org/about/community-benefits/our-plan to learn more.

METHODIST
FREMONT HEALTH