

2016

Community Health Needs Assessment Final Summary Report



Report Contents

Executive Summary.....	3
Prior Community Needs Assessment Findings and Results.....	4
Community Hospital’s Service Area Profile.....	6
Red Willow County Specific Health Concerns.....	9
Data Collection Methodology.....	10
Assessment Findings.....	13
Conclusion.....	16
Feedback and Contact.....	17

Executive Summary

A Community Needs Assessment is a study designed to identify the healthcare concerns that a community faces. This study focused on the healthcare and related care services and needs of Red Willow County, Nebraska, and the surrounding seven counties in Nebraska and Kansas that Community Hospital in McCook Nebraska primarily serves.

This assessment is an additional step toward improving services and extending outreach to the citizens of our region. We define our region as a collection of communities within our care. The goal of this study was to provide us with information vital in meeting not only the needs but the expectations of our community. The results have provided a guide for our Hospital and its partners as to what services are most important to those we provide for and what services are missing, but needed, in our community. This study will better allow us to formulate new service opportunities and serve as a guide on how best to use the resources our community has available to meet the needs of its citizens.

In order to gather data that would accurately depict the needs of our region we collected information from a variety of sources. To begin our research we looked to available primary data sources such as county censuses for our service area, regional market analysis data from Truven Health Analytics and statistics from the University of Wisconsin's Robert Wood Foundation County Health Rankings survey. We have been following the County Health Rankings results over the last six years to benchmark if any progress has been made with our increased efforts of outreach and education from our original Community Needs Assessment in 2010 and most recent in 2013. After collecting data from these sources to begin the basis of our assessment, we formulated a study designed specifically to draw to the surface our area's needs according to its community members, healthcare providers and partners. We decided the best ways to collect this data would be through a survey made available to the public and focus groups for key community partners and the healthcare community. Our surveys were distributed and made readily available through several avenues. First, it was offered to 120 high school students visiting from our service area's high schools for Career Discovery Days. The next avenue was offering the survey to members of our Sterling Connection at our June lunch 'n' learn educational seminar. It was also advertised in newspapers within the our service and heavily advertised on Facebook.

Through this analysis we have identified the top three services already provided to our region and the top three gaps in service that need to be addressed along with one break-out concern topic.

The participants of this assessment identified the following services as the most important healthcare services currently being offered:

1. The availability of local healthcare services including: primary care physicians, general surgery, specialists traveling to the area, and the increased cancer care efforts.

2. Oncology services including both medical oncology and radiation oncology treatments as well as the visiting oncologists from the Callahan Cancer Center.
3. Emergency Services

The top three significant needs in our area were identified to be:

1. Wellness education and services including: Preventative education and screenings, weight management opportunities and support, physical activity education and support, and access to affordable fitness opportunities.
2. Additional visiting medical specialists including: pediatrics, full-time oncologist, full-time cardiologist, dermatology, obstetrics and gynecologist, full-time orthopedic surgeon, rheumatologist, plastic surgeon, and neurologist.
3. Mental Health and Substance Abuse support, education, outreach, and prevention.

The break-out topic of need in our area was:

1. Dedicated emergency room provider to improve and maintain reliable and high-quality emergency care services.

Prior Community Needs Assessment Findings and Results

The two prior Community Needs Assessments were completed in 2010 and 2013. The findings for the significant needs in 2010 identified were:

1. Transportation for care both in- and out-of-town with an emphasis on cost and availability.
2. Additional education and support including: wellness (obesity and nutrition), prevention, follow-up care and education, education for at-risk children, pre- and post-operation education, available services, lifestyle, general health, elderly knowledge of insurance, new families, additional staff training for new services, abuse education and support, social services, and accessing the system.
3. Communication: patient to doctor and vice versa, within our healthcare community, between Community Hospital and the community, and between Community Hospital and local clergy.
4. Mental health and substance abuse care and services
5. Adult 24 hour care for the elderly and mentally disabled.

Since the completion of the Needs Assessment, Community Hospital has worked to implement an active action plan to help meet the needs of our community. Community Hospital worked in conjunction with our local senior center to increase the accessibility of our community members to the local transportation system called the Handi-bus. The reaction from the community is that it was a positive addition to our community services.

To help meet the need of further education and support Community Hospital has increased its educational programs with special emphasis on nutrition and diabetes education, smoking cessation, grief support and general health topics. Community Hospital has also increased our education on how to access our healthcare system with more news releases as well as monthly radio discussions with local radio personalities. The reaction from our community is a lowered emphasis on “access to care” being a concern.

As mentioned in the previous paragraph, Community Hospital has increased its communications with the community to help with the understanding of how to access our healthcare system locally. We have also supported our local physician’s clinic to increase their communication with the community which has had many positive impacts. Community Hospital is constantly working to improve our communication with other community entities to increase awareness and teamwork. The reaction of our community is a lowered emphasis on “communication” being a concern.

Mental health and substance abuse services as well as elder care services continue to be a need in our community. However, mental health and substance abuse services were lower in importance on our current Community Needs Assessment, but came up as our break-out concern. We recognize as a healthcare provider that treatment for mental health issues is a need, not only in our community but throughout our state as well. Consequently we think it is important and most effective to advocate for these needs on a state-wide basis. We are playing our part in addressing these important issues through the advocacy efforts of our CEO who is on the Nebraska Hospital Association board where he is in good position to guide the discussions toward solutions that will benefit all of Nebraska. The elder care services is included as one of the top significant needs identified in this year’s assessment which indicates that Community Hospital will continue to work on this issue as well.

The findings for the significant needs in 2013 Community Needs Assessment identified were:

1. Increased availability of specialty doctors, including the availability of a full-time orthopedic surgeon.
2. Wellness education and services, including exercise, nutrition, and weight management programs.
3. Care for the elderly in our community, specifically in-home care.

And the break-out topic of need in our area was:

1. Increased mental health and substance abuse services and support.

Since this assessment was performed we have put action plans into place that support and enhance the abovementioned gaps in services and education. Between the dates of July 2013 through June 2016 we have recruited the following specialists:

- Visiting Cosmetic, Reconstruction, and Wound Surgeon
- Part-time Oncologist
- Full-time Oncology Nurse Practitioner

- Part-time Orthopedic Surgeon
- Visiting Internal Medicine Specialist
- Visiting Urologist
- Visiting Nephrologist

Due to the identified need for additional wellness education and services we implemented an action plan driven to help not only local small business owners, but individuals within our community. This program includes regular educational seminars on wellness topics, including healthy eating, becoming physically active, and utilizing self-care practices. As a part of this program we also rolled out quarterly challenges to local small businesses and individuals to engage them in becoming physically active. Participation for our first challenge in 2014 was approximately 185 for a steps challenge. This number included approximately 120 employees as well as 65 community members that participated on company-sponsored teams. In 2015 another physical activity challenge was offered encouraging walking and other exercise for heart health awareness. This challenge attracted 112 participants in the community. Along with these initiatives we have begun offering low- to no-cost group exercise classes offered five days per week. As of 2016 a more comprehensive wellness program has been rolled out to members of the area chamber of commerce. Beginning in February of 2016 these business owners receive electronic wellness newsletters which include health and wellness topics and awareness issues as well as challenges, engagement opportunities, and more. There are 506 contacts on the mailing list.

In order to help caretakers in our community with care for the elderly, specifically in-home care, we worked with Community Healthcare and Hospice to formulate a contact list. The staff makes regular contact with refers services to patients and their family members for use. This listing of service providers has been made available to local health departments as well as published on our hospital website for use. All of the providers and companies have been screened by our Community Healthcare and Hospice team with all state and federal required licenses being checked. The services offered on this list include:

- Transportation
- Housekeeping and laundry
- Personal care
- Errands and grocery shopping
- Medication assistance
- Meal preparation

Community Hospital’s Service Area Profile

Summary

- The population of Community Hospital’s market is changing and is expected to stay the same or decrease by a minimal amount of approximately 1.1%.
- Approximately 26% of families in Community Hospital’s service areas are identified as living under the federal poverty line of \$23,283 annual income. This is a decrease from previous years. The average income is \$45,262.

- The average number of uninsured adults in Community Hospital’s service area is 20% with uninsured children at 11%.
- The age of the population shows that approximately 23% are 65 and older, 32% under the age of 18, leaving 55% between the age of 18 and 64.
- All counties also showed a higher than average percent of population that is obese and physically inactive at nearly 1/3 of the population. This may be linked to the statistic that all of the counties show a higher than average percentage of limited access to healthy foods. Also considered is the statistic that of the four counties in Community Hospital’s service area that provide restaurant services, that they all have a higher than average percentage of fast food establishments. It is also shown that only about half of the population has access to exercise opportunities.

Geography

- **Primary Market**
Red Willow is located on the south border of Nebraska. It is 717 square miles and has approximately 16.0 people/square mile. McCook is the county seat.
- **Secondary Market**
The Secondary Market is located in northern Kansas and Southwest Nebraska consisting of Furnas, NE, Hitchcock, NE, Decatur, KS, Cheyenne, KS, Frontier, NE, Rawlins, KS, and Hayes, NE.

Population

The total estimated population for Community Hospital’s service area is approximately 30,866. This number is down by just over 1.0%. Predictions of a minimal population decrease of 0.25% over the next 5 years are expected.

- **Primary Market**
Red Willow County has a population of approximately 10,783. The cities contained within this area include McCook (the county seat), Indianola, Bartley, Danbury, and Lebanon.
- **Secondary Market**
The counties which make up the secondary market for Community Hospital have a population of approximately 20,083. The counties included in this area are Furnas, NE, Hitchcock, NE, Decatur, KS, Cheyenne, KS, Frontier, NE, Rawlins, KS, and Hayes, NE.

Demographics

- **Primary Market**
The county of Red Willow has a nearly equal ratio of male to female population average. The age breakdowns are as follows:

23%	0-17
21%	18-34
37%	35-65
19%	65+

Red Willow County accounted for approximately 62.4% of all outpatient procedures and approximately 66.7% of all inpatient procedures performed by Community Hospital.

- **Secondary Market**

The counties included in Community Hospital's secondary market have a nearly equal ratio of male population average. The age breakdowns of these areas are as follows:

- 20% 0-17
- 17% 18-34
- 37% 35-65
- 25% 65+

The secondary market of Community Hospital accounted for approximately 37.6% of all outpatient procedures and 33.3% of all inpatient procedures performed by Community Hospital.

Income

- **Primary and Secondary Markets**

The income levels represented here make up for both the Primary and Secondary Market's of Community Hospital. The household income averages for these areas are as follows:

- 11.75% \$0 - \$15K
- 14.5% \$15K - 25K
- 29% \$25K - 50K
- 18.5% \$50K - 75K
- 12.5% \$75K - 100K
- 13.5% \$100K +

Types of Insurance

- **Primary Market**

The following is a representation of the insurance coverage status for the Primary Market of Community Hospital:

- 33.2% Privately Insured
- 63.7% Medicare
- 0.8% Uninsured/Other
- 2.3% Medicaid

- **Secondary Markets**

The following is a representation of the insurance coverage status for the Secondary Market of Community Hospital:

- 36% Privately Insured
- 58.5% Medicare
- 1.6% Uninsured/Other
- 3.9% Medicaid

Medicare aided or paid for 62% of all inpatient procedures in both the Primary and Secondary markets of Community Hospital.

Medical Care Options

- **Primary Market**

Within our primary market Community Hospital is the sole medical care option. There are no other medical facilities operational in the county of Red Willow.

- **Secondary Market**

Within our secondary market there are four county hospitals in competition. Each county, Furnas, NE, Cheyenne, Rawlins, and Decatur, in Kansas have their own hospital or health center.

Red Willow County Specific Health Concerns

Socio-Economic Indicators

Community Hospital's primary market of Red Willow County has an average per capita income of approximately \$22,331 and the household median income is approximately \$42,627.

When compared with the rest of the State of Nebraska, Red Willow County is lower in unemployment rates. Unfortunately, Red Willow County is higher at 18% of children in poverty as compared to the National Benchmark of 14%.

When compared with the rest of the State of Nebraska, which stands at 88% of residents who had graduated from high school, Red Willow County has a higher than average number with 89%. However, Red Willow County is lower than the Nebraska state average of those individuals who completed some college with Red Willow at 68% and the state average at 69% and national benchmark at 70%.

Health Status Indicators

The following is an overall summary for the area of Red Willow County versus the rest of the State of Nebraska with concern to health status indicators. This data was provided by the Robert Wood Foundation's County Health Rankings.

Health Indicators	Red Willow Co.	State of Nebraska	United States
Smoking	17%	17%	14%
Adult Obesity	30%	30%	25%
Physical Inactivity	24%	24%	20%
Access to Exercise Opportunities	63%	80%	91%
Excessive Drinking	21%	21%	12%
Alcohol-Impaired Driving Deaths	57%	35%	14%
Limited Access to Healthy Foods	15%	7%	2%
Drug Overdose Deaths	12.0-14.0	7	6.1-8.0
Motor Vehicle Crash Deaths	18	12	9

Concern Areas

- The most concerning statistics shown in the above graph deal with two main areas: Health & Wellness as well as Substance Abuse
- With concern to our communities overall health and well-being, we notice the higher than average percentages in Adult Obesity and Physical Inactivity. Next we see the lower than average percentages with Access to Exercise Opportunities and higher than average percentages of Limited Access to Healthy Foods. We feel that these health indicators intertwine to bring forward the overall Health & Wellness concern.
- The remaining Health Indicators point out concerns with Substance Abuse. Red Willow County and the state of Nebraska still have higher than national average percentages of Smoking. We also note a higher than average percent in Excessive Drinking. The outcomes from these unsafe and unhealthy lifestyle choices unfortunately appear in the higher than average Alcohol-Impaired Driving Deaths as well as Drug Overdose Deaths.

Data Collection Methodology

Primary Data Collection

Community Hospital's community needs assessment was our first step toward improving our services and extending our outreach potential. This assessment provided us with information vital in determining not only the needs but the expectations of our community. Our results have left us with answers to which services are most important to those we provide for and which areas we are missing out on. From this we will formulate new ideas and analyze new services, opportunities and growth areas.

The needs assessment consisted of a printed and online survey which was made available to the public through Survey Monkey. These surveys were given to 120 high school students from the service area, 105 senior citizens at an education seminar, advertised in local area newspapers, and advertised on Facebook. There were 326 completed surveys which were conducted in both the primary and secondary service areas of Community Hospital. We also conducted two key informant focus groups consisting of 21 members from Community Hospital's healthcare team and other community partners. These members represented the following areas:

- Nursing Service
- Nursing Supervisors
- Nursing Home Administration
- Hospital Admissions Staff
- Care Coordinators
- Social Services
- Home Health & Hospice Director
- Rehabilitation Therapy
- Laboratory & Diagnostic Services
- Quality of Care Coordination
- Infection Prevention & Employee Health

- Patient Financial Counselor
- Customer Complaint Coordinator
- Dietitian
- Ward Clerk
- Performance Improvement Coordinator
- Local EMS Fire Chief
- Diabetes Education

The questions posed to those participants of the community needs assessment through the survey or focus groups were:

1. Please tell what your top three health-related issues that you think are affecting many you know. (Focus groups only)
2. Again, considering your family, friends and our community, what are the three to five most prevalent lifestyle concerns you have? (Survey only)
3. When you think about your family, friends and our community, what are the three to five most prevalent health-related concerns you have?
4. When you think about area health care from your perspective, what are the most important health services that are currently being provided? Name three to five. Please use the information that was provided to you concerning current programming in your consideration.
5. Now consider where the “gaps” are. If you could change or add three vital services, what would they be? This can be based on demographics, health concern, accessibility or whatever you feel is most important.
6. What changes might be the outcome if these changes were implemented?

The two questions we focused our results upon were the most important healthcare services identified by respondents as well as the gaps in services. We found these answers to be the most relevant in analyzing our current services and improving upon them or adding new services for our community benefits.

Secondary Data Collection

Another source that was highly utilized was the “Forces of Change” MAPP Assessment conducted by Southwest Nebraska Public Health as well as the Community Health Needs Assessment and Health Improvement Plan (CHIP) also conducted by Southwest Nebraska Public Health Department. The MAPP Assessment brought together key partners within the communities of McCook, Nebraska and Imperial, Nebraska to assess the overall health of the communities that Southwest Nebraska Public Health Department serves. Such partners included:

- Local hospital and healthcare providers
- Local nursing care and independent living providers
- Local government officials
- Public health employees
- And more

The CHIP was a Community Health Needs Assessment conducted to evaluate the service area of Southwest Nebraska Public Health Department. These counties in Nebraska include:

- Keith
- Perkins
- Chase
- Dundy
- Hayes
- Hitchcock
- Frontier
- Red Willow
- Furnas

Our final results were calculated through the use of a Prioritization Matrix. The top ten responses from each method of data collection (surveys, focus groups, secondary assessment data) were placed in a matrix. Based on a prioritization scale of 1 to 3, with 1=Met Well, 2=Met, 3=Not Met, these responses were graded. The responses that were graded with a 3 were collected and combined as deemed appropriate. With any remaining open spots for needs the 2's were also brought out and also combined as deemed appropriate for their content.

Prioritization of Findings

After collecting responses from the surveys, interviews, and focus groups, the findings were plugged into a Prioritization Matrix which helps to weigh the responses. This tool was adopted for the purposes of the CHNA and its prioritization of findings due to its tie to Critical to Quality (CTQ) measures utilized in the Lean Six Sigma and other Excellence Institutes. It was also recommended and educated upon at the Nebraska Hospital Association Community Health Needs Assessment Conference in 2013.

Our matrix was outlined with the following criteria:

1. To what degree the needs are currently met on scale of 1-3
 - 1= "Met Well"
 - 2= "Met"
 - 3= "Not Met"
2. The number of responses collected per Key Word

The responses were placed into Key Word categories in order to aid in the analysis of the data for the prioritization process. Once the responses were placed into the matrix they are then weighted via the criteria mentioned above. After weighing and measuring these responses the top three concerns are easily identified by the number of responses and weight of importance of the issue in correlation to current level to which the need is being met.

The chart below depicts the format of the Prioritization Matrix utilized to identify our top existing services and identified needs.

Keyword Topic	Rating of Need Being Met 1= “Met Well”, 2= “Met”, 3= “Not Met”	Priority Ranking per Respondents
Topic 1		#1
Topic 2		#2
Topic 3		#3

Assessment Findings

Existing Services Identified as Vital

The participants of this assessment identified the following services as the most important healthcare services currently being offered:

1. The availability of local healthcare services including: primary care physicians, general surgery, specialists traveling to the area, and the increased cancer care efforts.
2. Oncology services including both medical oncology and radiation oncology treatments as well as the visiting oncologists from the Callahan Cancer Center.
3. Emergency Services
- 4.

Keyword Topic with Responses	Rating of Need Being Met 1= “Met Well”, 2= “Met”, 3= “Not Met”	Number of Responses	Priority Ranking
Access to Care	1	358	#1
Cancer Care	1	119	#2
Emergency Services	1	80	#3

Significant Needs Identified

Throughout our research we found significant needs in our community that we feel need to be addressed and improved. The following are our top three concerns as we saw identified through our telephone surveys, key-informant interviews and focus groups. These were emphasized based on the prevalence over all of the data collected. They have been prioritized based on their popularity with our respondents.

The top three significant needs in our area were identified to be:

1. Wellness education and services including: Preventative education and screenings, weight management opportunities and support, physical activity education and support, and access to affordable fitness opportunities.

2. Additional visiting medical specialists including: pediatrics, full-time oncologist, full-time cardiologist, dermatologist, obstetrics and gynecologist, full-time orthopedic surgeon, rheumatologist, plastic surgeon, and neurologist.
3. Mental Health and Substance Abuse support, education, outreach, and prevention.

Keyword Topic with Responses	Rating of Need Being Met 1= "Met Well", 2= "Met", 3= "Not Met"	Priority Ranking
Wellness Exercise/Physical Activity Healthy Lifestyle Choices Healthy Lifestyle Choice Weight Management & Wellness Preventative Services Wellness Services Wellness Services/Preventative Services Wellness	20 3 3 3 2 3 2 2 2	#1
Additional Specialists Specialists Specialists Cancer Care Cancer Care Cancer Cardiac Care FT Cancer Care	14 2 2 2 2 2 2 2	#2
Mental Health & Substance Abuse Substance Abuse Substance Abuse Mental Mental	12 3 3 3 3	#3
Access to Care: ER Physician (Break-Out) Access to Care Access to Care Emergency Services ER Provider	8 2 2 1 3	Break-Out

Community Hospital is very proud to offer a wide variety of visiting specialists for our area which was indicated as one of our service strengths. Despite this our community also felt this was an area that can be improved. The specific specialists that were mentioned were: pediatrics, full-time oncologist, full-time cardiologist, dermatologist, obstetrics and gynecologist, full-time orthopedic surgeon, rheumatologist, plastic surgeon, and neurologist. Our administrative team and board of directors is constantly monitoring the needs in our area and conducting feasibility studies to show prospective

visiting specialists the potential market share and patient numbers they can expect. Between the dates of July 2013 through June 2016 Community Hospital has recruited the following specialists:

- Visiting Cosmetic, Reconstruction, and Wound Surgeon
- Part-time Oncologist
- Full-time Oncology Nurse Practitioner
- Part-time Orthopedic Surgeon
- Visiting Internal Medicine Specialist
- Visiting Urologist
- Visiting Nephrologist

Our administration will continue to seek out additional visiting specialists and conduct feasibility studies for the abovementioned services in our service area. Since Community Hospital has Visiting Specialists listed as a strength via the needs assessment process, we believe there is potential for increasing the knowledge and use of the current services. Therefore, our action plan for this identified need will include another identified gap during our focus groups: effective marketing of services and access to care.

As wellness and well-being continues to rise in popularity throughout the nation the need will continue to be identified in our area. The numbers show that there is interest and an overall need in our service area for continued and more in-depth wellness services. An action plan will be put into place to continue to grow and expand the current wellness offerings. This will include extending the mailing list for small businesses to include other counties in our service area, a once-per-quarter wellness challenge to engage community members, extended education opportunities, as well as other service feasibility studies.

The concern for mental health and substance abuse is also on the rise in our nation and is very top-of-mind for our community members. This topic has appeared in all three of our completed health needs assessments. In the past we spoke at length about our advocacy efforts at the state and national level due to our CEO's active membership in the Nebraska Hospital Association and American Hospital Association. This is a service that is of concern on a state level as well as a local level. Our CEO will continue to push this issue with the NHA board to ensure its advocacy efforts are increased and our need is given a voice.

In the past, Community Hospital, with help from a grant, began a mental health practice in the area. While the office was operational it was successful, but upon resignation of qualified staff it was determined that recruitment in this area was going to be very difficult if not impossible so we were unable to maintain or continue services. However, the possibility of enhancing mental health and substance abuse care through telehealth services is very strong. Community Hospital currently has contracts with regional healthcare providers who have the ability to provide these services. A partnership with other healthcare providers in our region to meet the need for services and care in our community is another realistic solution that we are entertaining. Our community has a sufficient number of psychologists and counselors to help individuals with mental health

issues so we feel that by raising the awareness of these services that the basic needs of our community could be better met. We plan to share the results of this Assessment with the local mental health providers and will encourage them to raise awareness of their services as well.

Upon researching the availability of substance abuse assistance programs, we found that there are services locally to help those with addiction problems. McCook has both an Alcohol Anonymous and Narcotics Anonymous center for those who need help with these issues. Community Hospital has also in the last year begun a “Kick Smoking in the Butt” class that is offered several times throughout the year through our respiratory department to help those individuals with an addiction to smoking.

The action plan for this identified need will include re-evaluating current providers in our area, feasibility studies for future services, continued advocacy, and stronger marketing of tele-health services.

Community Hospital is very active with setting strategic goals and implementation plans. At the conclusion of this survey Community Hospital will take all of its findings to our various strategic teams to help meet the needs of our area. The top three significant needs that were identified will become part of a special focus area that will be strategically analyzed for an implementation plan. It will then be monitored over the next three years on what improvements can be made as well as any new programs or partnerships that can be formed. This implementation plan will be updated and reported upon monthly in a strategic planning meeting.

Break-Out Concern Identified

During our assessments one break-out topic was identified in our focus groups and survey responses. The identified gap was two-fold; a lack of dedicated emergency room providers and low-quality of care in the emergency room. It was recommended that a dedicated emergency room provider to improve and maintain reliable and high-quality emergency care services. Currently the emergency room is staffed on a rotation basis by our partner physician clinic over the weekend and a contracted physician during the week. The Emergency Room has contracted staff for care coverage. There have been identified quality concerns as many of the providers that are contracted for coverage from our partner physician’s clinic are mid-level providers such as Physician Assistants and Nurse Practitioners.

The emergency room is a patient care area that has continued room for improvement. The administrative team at Community Hospital will take this break-out concern to evaluate, monitor, and assess.

Conclusion

After measuring our results and ranking the top three needs and gaps for our community, we are confident that these findings are representative of the needs in our area. Because

we collected this information from a wide range of sources we feel that we have truly captured the opinion of our community. As we analyze our existing outreach efforts, we find that many of our current programs can be improved upon to better provide for our community in areas of needs that were identified. We also find that there are areas that would fit our community benefit mission that were not previously acknowledged. Community Hospital's Administrative Council and Board of Directors have been provided with this report and have approved of its contents. These governing boards will also be given a copy of the implementation plan and will supervise its progress by receiving regular reports.

The outreach efforts over the next three to five years will reflect the results of this Community Needs Assessment. All current outreach programs will be reevaluated next to this assessment's results to better allocate resources to fit the needs of our community. Existing programs will be improved to include suggested topics and areas where gaps may be and new programs will be designed for those not currently being met. In three years Community Hospital will be conducting another assessment to reevaluate our efforts in order to stay current with any new needs that may arise or gaps that continue to not be filled. We believe that through these efforts we will be better able to reach our community members and improve the overall health and well-being of our region. Our mission is "Regional Healthcare Excellence". Through this assessment we hope to meet and exceed our vision statement as well to be "Widely recognized as the regional leader of excellent healthcare services." Community Hospital's community benefit efforts are driven by this statement and with help from this Community Needs Assessment we will be able to fulfill our mission as the leading healthcare provider in our area.

Feedback and Contact Information

For more information about the Community Health Needs Assessment findings, results, implementation plan, or more, please contact one of the individuals listed below or send a letter to:

Community Hospital
Community Health Needs Assessment
P.O. Box 1328
McCook, NE 69001

Community Health Needs Assessment Team
CHNA@chmccook.org

Direct Contacts

Sarah Wolford, MS, MPH
Wellness & Outreach Coordinator
308-344-8550
skwolford@chmccook.org

Troy Bruntz
CEO, Interim
308-344-8315
tbruntz@chmccook.org

Sean Wolfe
CFO
308-344-8306
swolfe@chmccook.org

Steven Shaner
Strategic Planning Manager
308-344-8318
sshaner@chmccook.org