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Community Hospital

Red Willow County Community Health Needs Assessment and Implementation Plan

April 2025



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Section 1:

Community Health Needs Assessment



EXECUTIVE SUMMARY

Executive Summary

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for Community Hospital (CH) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Red Willow County, Nebraska.

The CHNA Team, consisting of leadership from CH, reviewed the research findings in January 2025 to prioritize the community health needs. Four significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The list of prioritized needs, in descending order, is listed below:

- 1.) Continued Emphasis on Recruitment and Retention of Healthcare Workforce to Increase Access to Primary Care and Specialty Care
- 2.) Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
- 3.) Access to Mental and Behavioral Health Care Services and Providers
- 4.) Access to Affordable Care and Reducing Health Disparities Among Specific Populations

The CHNA Team participated in a prioritization process using a structured matrix to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions, and their capacity to address the need. Once this prioritization process was complete, CH leadership discussed the results and decided to address all of the prioritized needs in various capacities through a hospital specific implementation plan.

Hospital leadership has developed an implementation plan to identify specific activities and services which directly address the identified priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital’s overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, and annual updates and progress (as appropriate).

The CH Board reviewed and adopted the 2025 Community Health Needs Assessment and Implementation Plan on April 15, 2025.

Priority #1: Continued Emphasis on Recruitment and Retention of Healthcare Workforce to Increase Access to Primary and Specialty Care

Red Willow County has several Health Professional Shortage Area designations as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Recruiting and retaining healthcare providers is difficult due to the rural setting, with potential providers perceiving better opportunities elsewhere. As one interviewee noted, the lack of providers, from dental hygienists to medical professionals, is a major problem, and it's hard to recruit people to come to this "isolating" area where they could earn more in a larger city. Many interviewees highlighted the need for more primary care providers, especially in family medicine. While some reported short wait times of a couple of days to see a doctor or availability to get in to an urgent care clinic on the same day, others experienced waits of 2-3 weeks for primary care appointments. Although interviewees appreciated the appointment availability at local clinics, especially with same-day care at clinics and urgent care centers, one interviewee explained that affordability is an issue for those without insurance, leading some to delay necessary care.

Some interviewees noted longer wait times for physicians compared to advanced practice providers (APPs). A perceived healthcare awareness gap exists, particularly among low-income individuals. As one interviewee explained, while there's a sizable middle class, there are also many "displaced individuals" for whom hospitals and clinics seem "out of reach," due to a lack of awareness about available resources. A need for increased pediatric care was also identified with one interviewee expressing a desire for more pediatricians specializing in infants. Another confirmed the lack of a pediatrician in McCook and that families needing specialized care must travel to larger cities like Omaha, Kearney, or Grand Island.

One interviewee noted the hospital's ongoing work to increase the number of specialists and acknowledged the challenge. However, the local shortage of specialists results in long wait times and forces residents to seek care in cities like Kearney, Lincoln, Omaha, Denver, North Platte, and Grand Island. While rotating coverage is available, wait times persist. Some interviewees also expressed a desire for more extensive trauma care options for youth, with one suggesting a need for more comprehensive care beyond the existing youth sports doctors. Specific specialties mentioned as needed due to long wait times or lack of coverage, include (in descending order of number of times mentioned and then alpha order): Orthopedics, Dermatology, Oncology, Cardiology, ENT, Mental health, OB/GYN, Optometry, Pediatric subspecialties, Rheumatology and Sports Medicine. **Priority #2: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles**

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrants a need for increased preventive education and services to improve the health of the community. Heart disease and cancer are the two leading causes of death in Red Willow County and the state. Red Willow County has higher mortality rates than Nebraska for the following causes of death: heart disease; malignant neoplasms, chronic lower respiratory diseases; Alzheimer's disease; accidents (unintentional injuries) and diabetes mellitus. Additionally, environmental concerns exist in Red Willow County that may contribute to worsened health outcomes. The average indoor radon levels of Red Willow County is 4.6 pCi/L, as compared to the average national indoor radon level (1.3 pCi/L).

Red Willow County has higher prevalence rates of chronic conditions such as obesity for adults and the Medicare population, arthritis, asthma for adults and disability than the state. Red Willow County has higher percentages of residents participating in unhealthy lifestyle behaviors such as binge drinking and smoking than the state. With regards to maternal and child health, specifically, Red Willow County has higher teen (age 0-17 years) birth rates than the state. Data suggests that Red Willow County residents are not appropriately seeking preventive care services, such as ever receiving a pneumonia vaccine for the Medicare population. Additionally, Red Willow County has a...

Priority #2: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles (continued)

...higher percentage of preventable hospitalizations than the state.

Interviewees appreciated the health and wellness promotion efforts of the hospital and local organizations, but acknowledged that individual choices pose a challenge to improving community health. One interviewee pointed out that both Community Hospital and the YMCA conduct outreach to encourage healthier lifestyles, but note that obesity is one of the challenges in Red Willow County. Chronic illnesses like diabetes and heart disease are prevalent in the community. Interviewees expressed a need for incentives to promote healthier lifestyles and more preventive care programs for all ages. One interviewee emphasized the importance of exercise for longevity and healthy aging, advocating for proactive healthcare and wellness. Interviewees also highlighted the importance of walking trails and outdoor activities.

One interviewee raised concerns about vaccination rates, especially among youth. Another noted that poverty among the youth limits their access to proper nutrition and essential services for healthy growth and development. Interviewees mentioned Red Willow County being a fairly poor area and McCook as a low income area. Finally, while interviewees acknowledged existing marketing efforts regarding healthcare options, they also recognized a need for further education. One interviewee suggested that while most insured individuals understand the difference between using the ER and their doctor, some confusion remains, presenting a marketing opportunity.

Priority #3: Access to Mental and Behavioral Health Care Services and Providers

Data suggests that residents in Red Willow County do not have adequate access to mental and behavioral health care services and providers. Red Willow County has a higher ratio of patients per mental health care provider as compared to the state as well as the nation. Additionally, Red Willow County has a higher percentage of depression among adults and frequent mental distress among adults when compared to the state.

The limited availability of local healthcare providers impacts law enforcement resources and contributes to long wait times for care. While telemedicine is used, barriers, particularly for low-income individuals, prevent wider adoption. One interviewee noted that while providers use telemedicine, the patients that most need help are likely not using it. The absence of a local inpatient mental health facility was also highlighted. Furthermore, the stigma surrounding mental and behavioral healthcare, especially among youth, can hinder patients receiving the care they needed. There are some parents resistant to programs that would provide counseling for their children.

While interviewees appreciated school counselors, they acknowledged a need for more local mental health providers, particularly for students with higher needs. One interviewee explained that while the school has relationships with mental health providers and can get kids help when needed, there may be a lack of resources for "high-needs individuals," especially those with behavioral issues impacting others. Another mentioned growing mental health issues potentially linked to the use of technology. Interviewees discussed issues impacting youth mental health challenges, citing substance abuse, social barriers/acceptance, and family problems. One interviewee described how many students keep it together at school while privately dealing with broken homes and relationships, and social barriers like peer acceptance. They also noted depression and substance abuse for the youth as well as the use of fentanyl, alcohol, marijuana, and vaping as prevalent issues, especially among high schoolers. Alcohol was mentioned as being very accessible for the youth.

Priority #4: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

Data suggests that some residents in the study area may face significant cost barriers when accessing the healthcare system. Red Willow County has a lower median household income than the state as well as lower educational attainment rates than the state. Red Willow County also has a higher percentage of families living below poverty, children living in poverty than the state, as well as a higher percentage of...

Priority #4: Access to Affordable Care and Reducing Health Disparities Among Specific Populations (continued)

...public school students eligible for free or reduced price lunch. Red Willow County has a higher overall food insecurity and child food insecurity rates when compared to the state and a higher percentage of persons with no motor vehicle than the state. Red Willow County has a higher rate of those adults (age 18-64) who are uninsured as compared to the state.

Some barriers to using swing beds or home health are a lack of awareness and affordability. Many interviewees cited inappropriate ER use stemming from lack of information, no established primary care provider, cost barriers, and the absence of 24-hour alternatives. Another interviewee believed most people understand the difference between the ER and primary care, but some delay care due to finances. One interviewee discussed how elderly individuals may delay care and then use the ER inappropriately, citing an example of an elderly patient waiting until 3 am to go to the ER for medication issues when a walk-in clinic could have been used earlier. While local transportation exists, accessibility is limited, especially for wheelchair users who cannot board the bus independently. Finally, one interviewee highlighted an increase in traffic fatalities in the area due to distracted driving and a lack of seatbelt use.

The growing elderly population requires additional healthcare services. Several interviewees discussed how rural nursing home closures are leaving local seniors without adequate care and making it difficult for families. One interviewee expressed concern about nursing home closures in small towns forcing patients to larger cities, making family visitation difficult due to transportation. Another interviewee cited challenges in recruiting nursing home staff due to current and upcoming regulations for nursing coverage and difficulty recruiting.

Limited post-hospital discharge support complicates recovery for some elderly patients. One interviewee pointed out that older patients may be discharged without caretakers and may not have a good understanding of discharge instructions and follow-up care. Several interviewees expressed concern about elderly loneliness and the decline of local family support systems. Transportation barriers were noted, stemming from personal driving ability and limited transportation options. Finally, one interviewee expressed concern for the financial stability of the elderly, and the cost of insurance.

When asked about which specific groups are at risk for inadequate care, interviewees spoke about infants/kids, teenagers/adolescents, elderly, homeless/transient, racial/ethnic, low income and veterans/military dependents. With regards to the infants/kids population, interviewees discussed the limited access to local pediatric care, lack of affordable child care and limited access to nutritious food options. The teenagers/adolescents group were brought up as a subgroup of the population that may be disproportionately affected by mental health, drug & alcohol misuse/abuse and limited recreational activities. With regards to the elderly population, interviewees discussed the increasing population, Alzheimer's/mental health, limited support system, isolation and loneliness, limited access to nutritious food options, cost barriers to care due to fixed incomes, transportation barriers and limited access to nursing homes and assisted living facilities. Homeless/transient residents were discussed as being disproportionately challenged by a lack of local shelters/housing options and limited local services/resources.

Racial/ethnic groups were discussed as facing translation/language barriers, have a lack of health insurance and fear of seeking care. The low income population were discussed by interviewees as facing challenges with insurance/affordability of healthcare services, hourly shift limitation, limited access to healthcare information, affordable housing, drug misuse/abuse, transportation barriers and limited access to dental care, particularly those on Medicaid. Lastly, veterans and military dependents were brought up as a subgroup of the population that may be disproportionately affected by transportation barriers, lack of access to local, nearby VA services, insurance coverage for vaccinations and limited acceptance of insurance at local resources.



PROCESS AND METHODOLOGY

Process and Methodology

Background & Objectives

- This CHNA is designed in accordance with CHNA requirements identified in the Patient Protection and Affordable Care Act and further addressed in the Internal Revenue Service final regulations released on December 29, 2014.
- The objectives of the CHNA are to:
 - Meet federal government and regulatory requirements
 - Research and report on the demographics and health status of the study area, including a review of state and local data
 - Gather input, data and opinions from persons who represent the broad interest of the community
 - Analyze the quantitative and qualitative data gathered and communicate results via a final comprehensive report on the needs of the communities served by Community Hospital
 - Document the progress of previous implementation plan activities
 - Prioritize the needs of the community served by the hospital
 - Create an implementation plan that addresses the prioritized needs for the hospital

Process and Methodology

Scope

- The CHNA components include:
 - A description of the process and methods used to conduct this CHNA, including a summary of data sources used in this report
 - A biography of Community Hospital
 - A description of the hospital's defined study area
 - Definition and analysis of the communities served, including demographic and health data analyses
 - Findings from phone interviews collecting input from community representatives, including:
 - State, local, tribal or regional governmental public health department (or equivalent department or agency) with knowledge, information or expertise relevant to the health needs of the community;
 - Members of a medically underserved, low-income or minority populations in the community, or individuals or organizations serving or representing the interests of such populations
 - Community leaders
 - A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
 - The prioritized community needs and separate implementation plan, which intend to address the community needs identified
 - A description of additional health services and resources available in the community
 - A list of information gaps that impact the hospital's ability to assess the health needs of the community served

Process and Methodology

Methodology

- Community Hospital worked with CHC Consulting in the development of its CHNA. Community Hospital provided essential data and resources necessary to initiate and complete the process, including the definition of the hospital's study area and the identification of key community stakeholders to be interviewed.
- CHC Consulting conducted the following research:
 - A demographic analysis of the study area, utilizing demographic data from Syntellis
 - A study of the most recent health data available
 - Conducted one-on-one phone interviews with individuals who have special knowledge of the communities, and analyzed results
 - Facilitated the review of collected data in January 2025 with the CHNA team. The CHNA Team included:
 - Troy Bruntz, Chief Executive Officer
 - Molly Herzberg, Chief Nursing Officer/Vice President Patient Care
 - Lori Beeby, Vice President Support Services
 - Karen Kliment Thompson, Vice President Ancillary Services
 - Jessica Johnson, Director of Quality & Patient Information
 - Leanne Miller, Director of Human Resources
 - Kyle Teel, Corporate Controller & Strategy Director
 - Baleigh Abbott, Population Health & Outreach Coordinator
- The methodology for each component of this study is summarized in the following section. In certain cases methodology is elaborated in the body of the report.

Process and Methodology

Methodology (continued)

– Community Hospital Biography

- Background information about Community Hospital, mission, vision, values and services were provided by the hospital or taken from its website

– Study Area Definition

- The study area for Community Hospital is based on hospital inpatient discharge data from July 1, 2023 – June 30, 2024 and discussions with hospital staff

– Demographics of the Study Area

- Population demographics include population change by race, ethnicity, age, median household income analysis, unemployment and economic statistics in the study area
- Demographic data sources include, but are not limited to, Syntellis, the U.S. Census Bureau, the United States Bureau of Labor Statistics and Feeding America

– Health Data Collection Process

- A variety of sources (also listed in the reference section) were utilized in the health data collection process
- Health data sources include, but are not limited to, the Robert Wood Johnson Foundation, Nebraska Department of Health and Human Services, SparkMap, United States Census Bureau, and the Centers for Disease Control and Prevention

Process and Methodology

Methodology (continued)

– Interview Methodology

- Community Hospital provided CHC Consulting with a list of persons with special knowledge of public health in Red Willow County, including public health representatives and other individuals who focus specifically on underrepresented groups
- From that list, 15 in depth phone interviews were conducted using a structured interview guide
- Extensive notes were taken during each interview and then quantified based on responses, communities and populations (minority, elderly, un/underinsured, etc.) served, and priorities identified by respondents. Qualitative data from the interviews was also analyzed and reported.

– Evaluation of Hospital's Impact

- A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
- Community Hospital provided CHC Consulting with a report of community benefit activity progress since the previous CHNA

– Prioritization Strategy

- Four significant needs were determined by assessing the prevalence of the issues identified in the health data findings, combined with the frequency and severity of mentions in the interviews
- Three factors were used to rank those needs during the prioritization process
- See the prioritization section for a more detailed description of the prioritization methodology



HOSPITAL BIOGRAPHY

Hospital Biography

About Community Hospital and Mission, Vision & Core Values

About Us

Built in 1974, Community Hospital is a 25-bed critical access, not-for-profit facility. As a regional hospital, we are equipped to care for the more than 30,000 people who live in our referral area. McCook Clinic, which provides a wide range of family health care services, is located on the Community Hospital campus. Community Hospital's Medical Specialists Center provides an excellent location for the nearly 30 visiting medical specialists who come to McCook on a regular basis, to provide close-to-home medical care. We also have rural health care clinics in Trenton and Curtis, Nebraska.

Community Hospital has proactively embraced the latest technologies, employs the most qualified medical professionals, and encourages our staff to pursue continuing education. As a result, those who work at Community Hospital find it professionally gratifying, and our patients benefit from quality medical attention close to home.

Mission Statement

Leading our region to a healthier future

Vision Statement

Cultivating healthy communities through progressive and proactive care

Core Values

Excellence, Ownership, Integrity, and Compassion

Source: Community Hospital, "About", <https://chmccook.org/about/>; information accessed December 5, 2024.

Hospital Biography

Overarching Goals & Quality Policy

Quality Policy

Community Hospital is committed to the pursuit of Regional Healthcare Excellence through its four Seeds of Success and the deployment of its Strategy Statements.

Strategic Goals

Our four strategic goals are symbolized by the seeds to success contained within the four corners of our logo:

- People – Achieve a mission driven workforce
- Service – Promote access and growth in services to create healthier communities
- Quality – Achieve excellence in clinical quality and patient experiences with evidence based practices
- Finance – Assure financial soundness of CH needed to meet the health and wellness needs of the community

Hospital Biography

Hospital Services

Services

- Age Friendly Care
- Behavioral Health
 - Psychological Evaluations
 - Psychiatric Medication Management
 - Patient Education and Guidance
 - Counseling & Psychotherapy
 - Individual and Group Therapy
 - Substance Use Evaluation
- Cancer Services
 - Anderson Center for Radiation Oncology
 - Medical Oncology
- Clinics & Specialists
- Diagnostic
 - CT Scanner
 - Ultrasound
 - Mammography
- Nuclear Medicine
- General Radiography (X-Ray) and Fluoroscopy
- Teleradiography
- Magnetic Resonance Imaging
- Mobile PET/CT
- Bone Densitometry
- Stereotactic Breast Biopsy Service
- Laboratory
- Respiratory Care
- Electrocardiogram
- Holter Monitoring
- Pulmonary Function Tests
- Sleep Services
- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Cardiopulmonary Rehabilitation
- Respiratory Therapy
- Healthy Lifestyle Nutrition Counseling
- Sleep Services
 - In-Lab Sleep Studies
 - Home Sleep Apnea Testing (HSAT)
- Surgical Services
- Pharmacy
- Emergency Care
 - Telestroke Services
- Home Health and Hospice
- OB and Nursery
- Rehabilitation Services



STUDY AREA

Community Hospital

Study Area

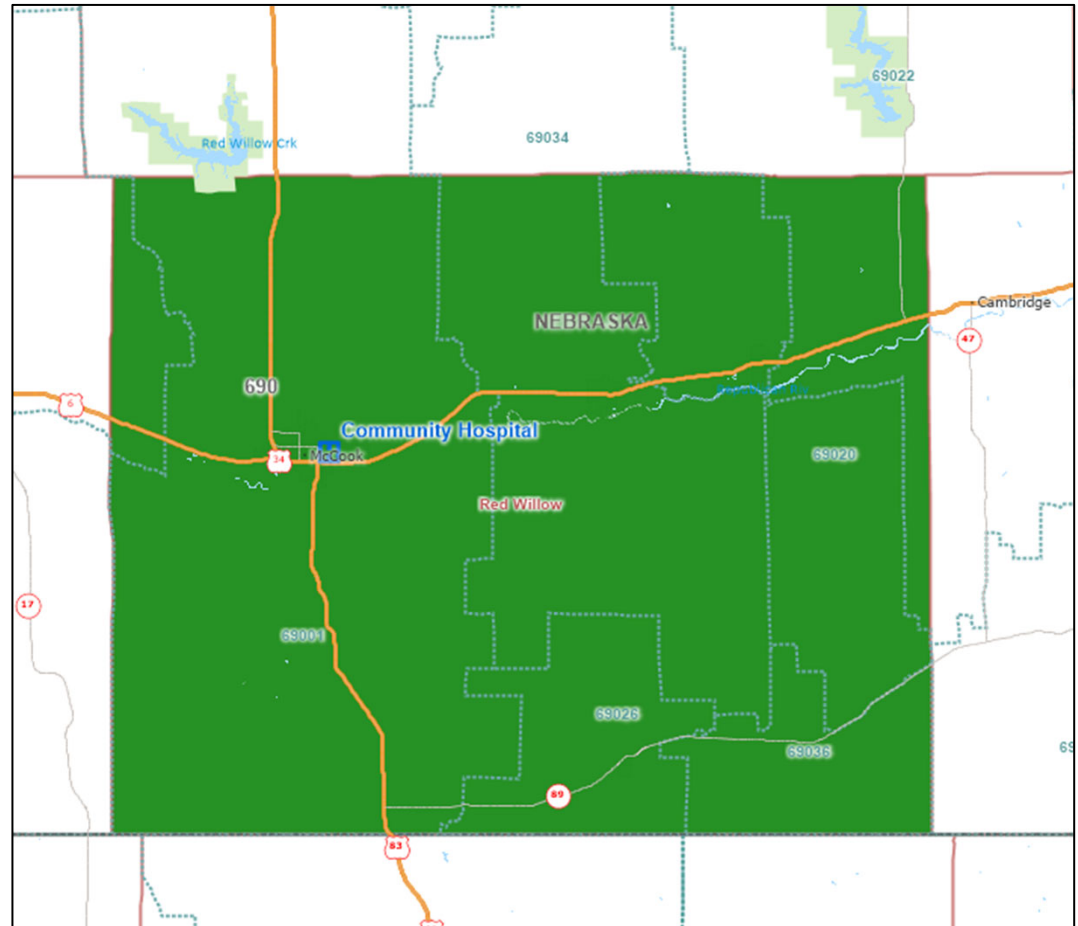
Red Willow County
comprises 71.2% of FY
2024 Inpatient Discharges

H Indicates the hospital

Community Hospital Patient Origin by County July 1, 2023 - June 30, 2024

County	State	FY24 Inpatient Discharges	% of Total	Cumulative % of Total
Red Willow	NE	370	71.2%	71.2%
All Others		150	28.8%	100.0%
Total		520	100.0%	

Source: Nebraska Hospital Association (NHA), accessed from Syntellis, public use data files; Fiscal Year 2024 (July 2023 - June 2024); inpatient discharges. Normal Newborns MS-DRG 795 excluded.



Note: the 2022 Community Hospital CHNA and Implementation Plan report studied Red Willow County, Nebraska, which comprised 65.8% of FY 2021 (July 1, 2020 – June 30, 2021) inpatient discharges.



DEMOGRAPHIC OVERVIEW

Population Health

Population Growth

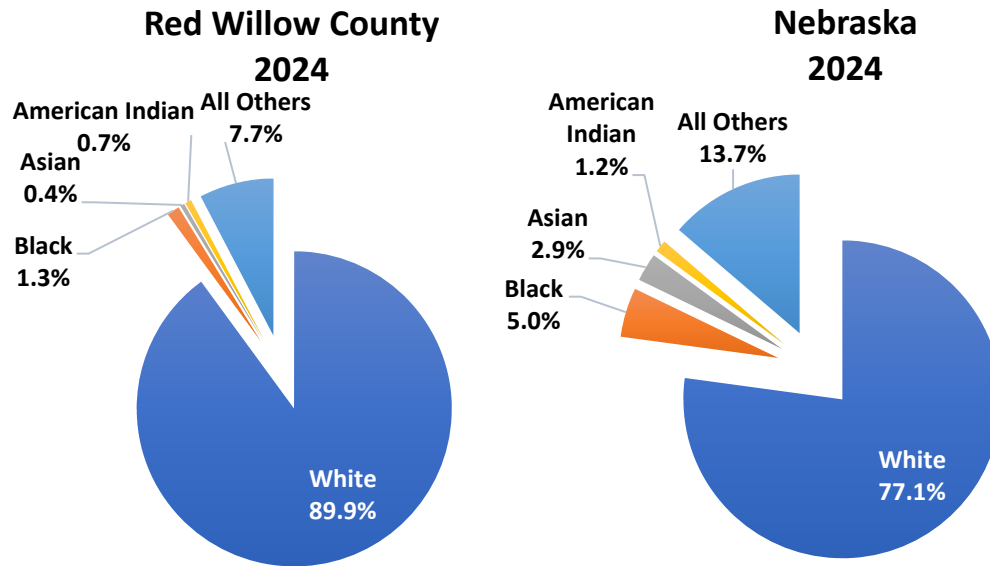
Projected 5-Year Population Growth 2024-2029



Overall Population Growth				
Geographic Location	2024	2029	2024-2029 Change	2024-2029 % Change
Red Willow County	10,525	10,375	-150	-1.4%
Nebraska	1,999,429	2,034,073	34,644	1.7%

Population Health

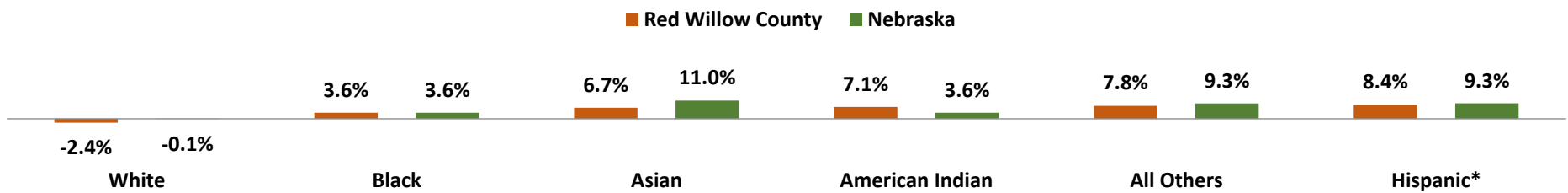
Population Composition by Race/Ethnicity



Red Willow County				
Race/Ethnicity	2024	2029	2024-2029 Change	2024-2029 % Change
White	9,466	9,240	-226	-2.4%
Black	138	143	5	3.6%
Asian	45	48	3	6.7%
American Indian	70	75	5	7.1%
All Others	806	869	63	7.8%
Total	10,525	10,375	-150	-1.4%
Hispanic*	726	787	61	8.4%

Nebraska				
Race/Ethnicity	2024	2029	2024-2029 Change	2024-2029 % Change
White	1,542,504	1,540,891	-1,613	-0.1%
Black	100,155	103,766	3,611	3.6%
Asian	57,501	63,825	6,324	11.0%
American Indian	24,740	25,628	888	3.6%
All Others	274,529	299,963	25,434	9.3%
Total	1,999,429	2,034,073	34,644	1.7%
Hispanic*	258,362	282,391	24,029	9.3%

Race/Ethnicity Projected 5-Year Growth 2024-2029



Source: Syntellis, Growth Reports, 2024.

*Hispanic numbers and percentages are calculated separately since it is classified as an ethnicity.

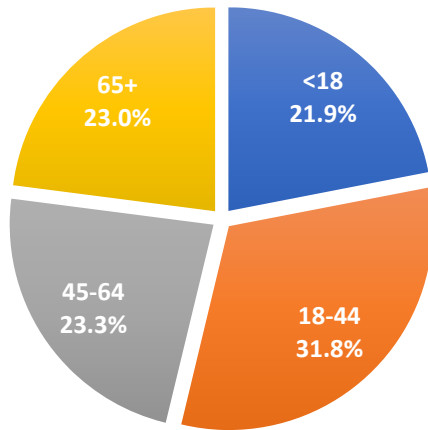
Note: A green highlighted row in the table represents the biggest change in true numbers in the population for each county and state.

Note: "All Others" is a category for people who do not identify with 'White', 'Black', 'American Indian or Alaska Native', or 'Asian'.

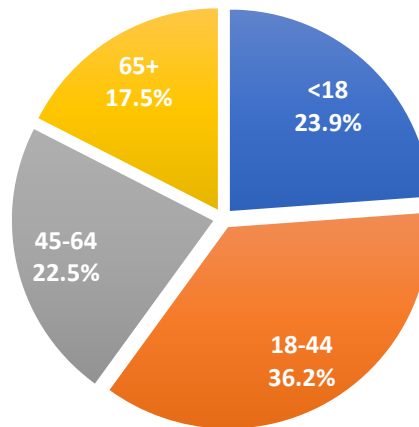
Population Health

Population Composition by Age Group

**Red Willow County
2024**



**Nebraska
2024**

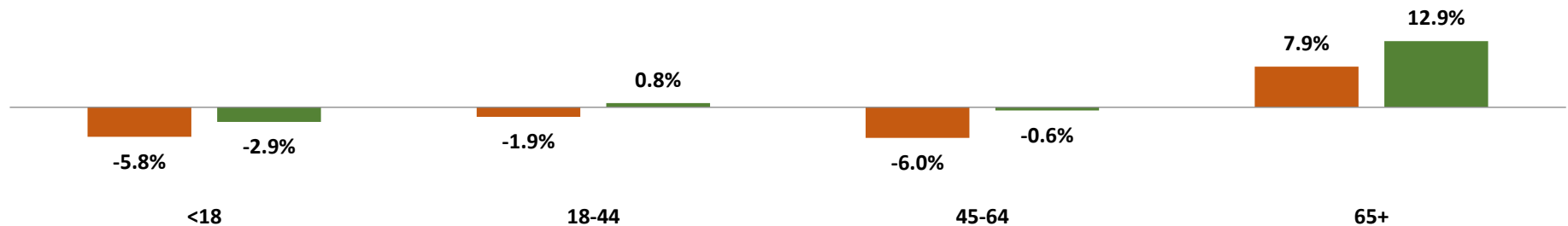


Red Willow County				
Age Cohort	2024	2029	2024-2029 Change	2024-2029 % Change
<18	2,310	2,177	-133	-5.8%
18-44	3,349	3,286	-63	-1.9%
45-64	2,449	2,303	-146	-6.0%
65+	2,417	2,609	192	7.9%
Total	10,525	10,375	-150	-1.4%

Nebraska				
Age Cohort	2024	2029	2024-2029 Change	2024-2029 % Change
<18	476,943	463,323	-13,620	-2.9%
18-44	722,891	728,868	5,977	0.8%
45-64	449,976	447,165	-2,811	-0.6%
65+	349,619	394,717	45,098	12.9%
Total	1,999,429	2,034,073	34,644	1.7%

Age Projected 5-Year Growth 2024-2029

Red Willow County Nebraska



Source: Syntellis Growth Reports, 2024.

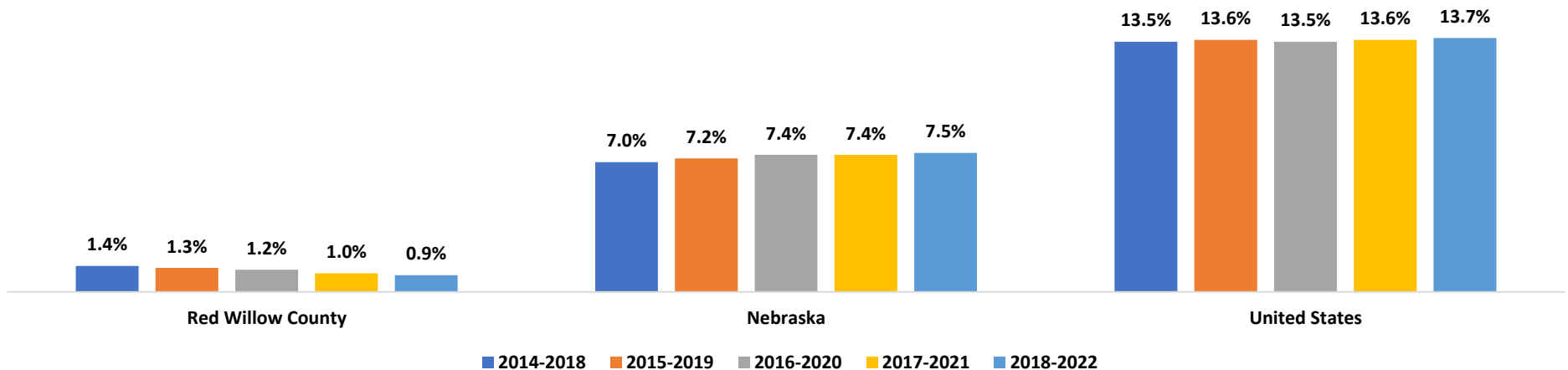
Note: A green highlighted row in the table represents the biggest change in true numbers in the population for each county and state.

Population Health

Subpopulation Composition

- Between 2014 and 2022, the percent of foreign-born residents overall decreased in Red Willow County, while the percent in the state and nation increased.
- Between 2014 and 2022, Red Willow County maintained a lower percent of foreign-born residents than the state and the nation.
- In 2018-2022, Red Willow County (0.9%) had a lower percent of foreign-born residents than the state (7.5%) and the nation (13.7%).

Foreign-Born Population

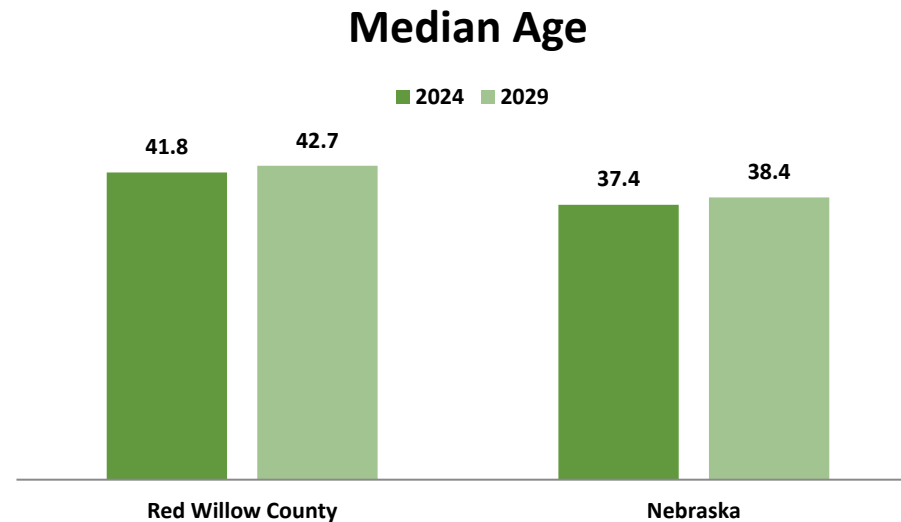


Source: United States Census Bureau, filtered for Red Willow County, NE, https://data.census.gov/table?q=DP02&g=010XX00US_040XX00US31_050XX00US31145; data accessed October 22, 2024.
Note: Foreign-born means an individual who was born outside of the United States but lives in the United States currently.
Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Population Health

Median Age

- The median age in Red Willow County and the state is expected to increase over the next five years (2024-2029).
- Red Willow County (41.8 years) has an older median age than Nebraska (37.4 years) (2024).



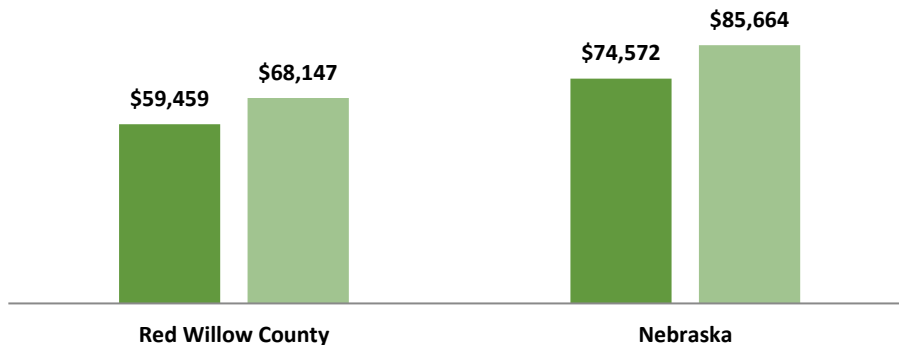
Population Health

Median Household Income and Educational Attainment

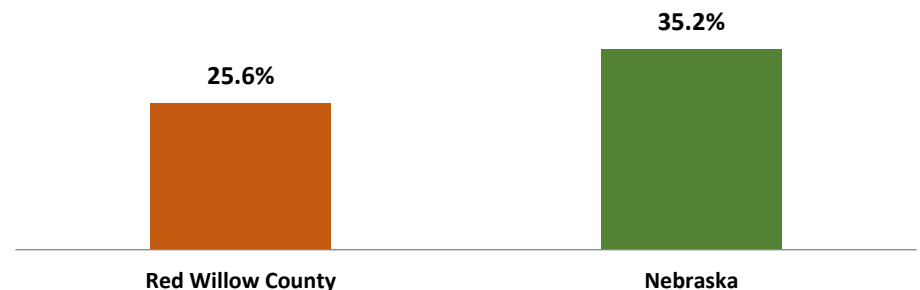
- The median household income in both Red Willow County and the state is expected to increase over the next five years (2024-2029).
- Red Willow County (\$59,459) has a lower median household income than Nebraska (\$74,572) (2024).
- Red Willow County (25.6%) has a lower percentage of residents with a bachelor or advanced degree than the state (35.2%) (2024).

Median Household Income

■ 2024 ■ 2029



Education Bachelor / Advanced Degree 2024

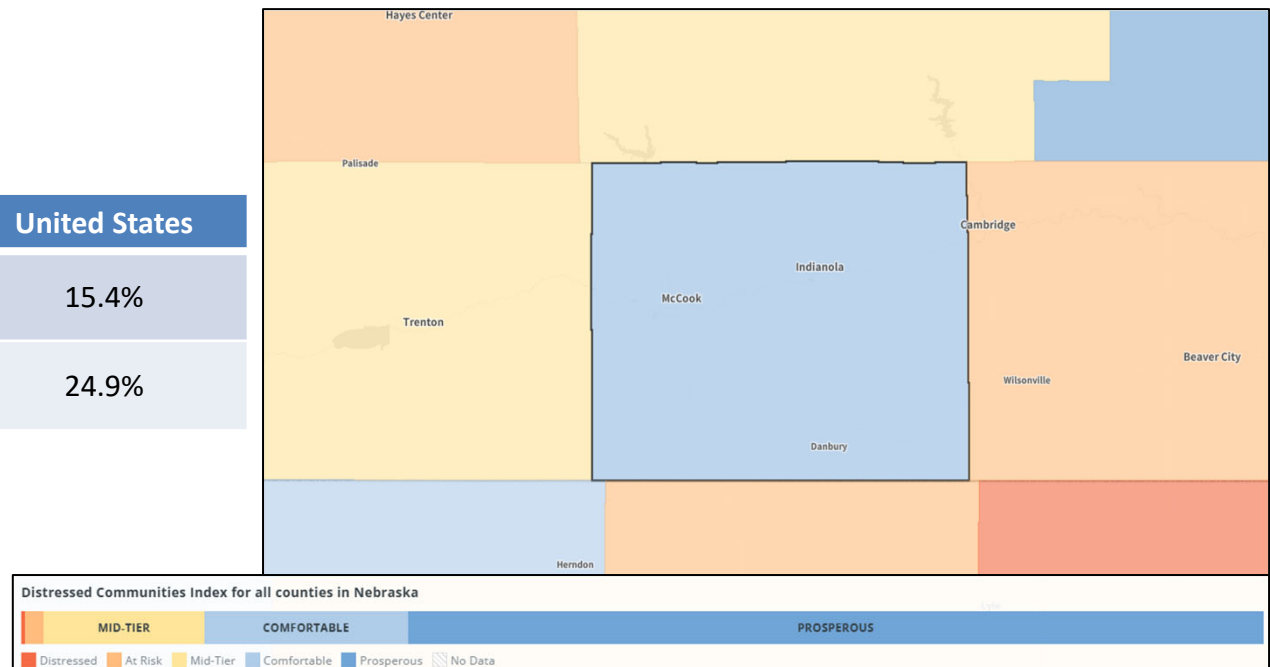


Population Health

Distressed Communities Index

- In 2018-2022, 15.4% of the nation lived in a distressed community, as compared to 24.9% of the nation that lived in a prosperous community.
- In 2018-2022, 5.7% of the population in Nebraska lived in a distressed community, as compared to 32.1% of the population that lived in a prosperous community.
- In 2018-2022, the distress score in Red Willow County was 38.8 which falls within the comfortable economic category and is more prosperous as compared to other counties in the state.

	Nebraska	United States
Lives in a Distressed Community	5.7%	15.4%
Lives in a Prosperous Community	32.1%	24.9%



Source: Economic Innovation Group, 2024 DCI Interactive Map, filtered for Red Willow County, NE, <https://eig.org/distressed-communities/2022-dci-interactive-map/?path=county/48113&view=county>; data accessed December 30, 2024.
 Definition: 'Prosperous' has a final score of 0 all the way up to 'Distressed' which has a final score of 100.

Note: 2024 DCI edition used U.S. Census Bureau's American Community Survey (ACS) 5 – Year Estimates covering 2018 -2022.

Note: Distressed Communities Index (DCI) combines seven complementary economic indicators: no high school diploma, housing vacancy rate, adults not working, poverty rate, median income ratio, change in employment and change in establishments. Full definition for each economic indicator can be found in the appendix.

Population Health

Family Budget Map

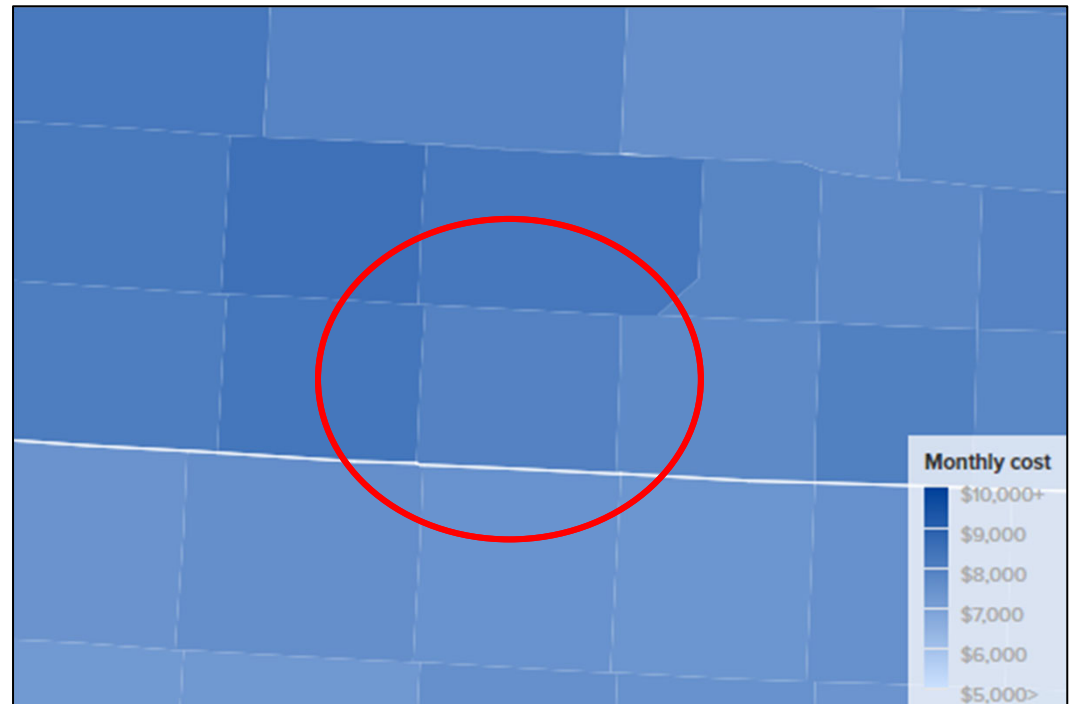
- As of January 2024, the cost of living for a two-parent, two-child family in Red Willow County is \$95,392 per year or \$7,949 per month.
- Healthcare is estimated to be the highest monthly cost for Red Willow County with Other necessities estimated to be the lowest monthly cost, as of January 2024.

The cost of living for a two-parent, two-child family in Red Willow County, NE is:

\$95,392
per year

\$7,949
per month

🏠 **Housing:** \$826/month
🍽️ **Food:** \$885/month
👨 **Child care:** \$1,105/month
🚗 **Transportation:** \$1,668/month
🏥 **Health care:** \$1,941/month
🛒 **Other necessities:** \$606/month
💰 **Taxes:** \$918/month



Source: Economic Policy Institute, Family Budget Map, filtered for Red Willow County, NE, <https://www.epi.org/resources/budget/budget-map/>; data accessed October 22, 2024.

Note: Data is from the 2024 edition of EPI's Family budget calculator. All data are in 2023 dollars.

Note: The budgets estimate community-specific costs for 10 family types (one or two adults with zero to four children) in all counties and metro areas in the United States. Compared with the federal poverty line and the Supplemental Poverty Measure, EPI's family budgets provide a more accurate and complete measure of economic security in America.

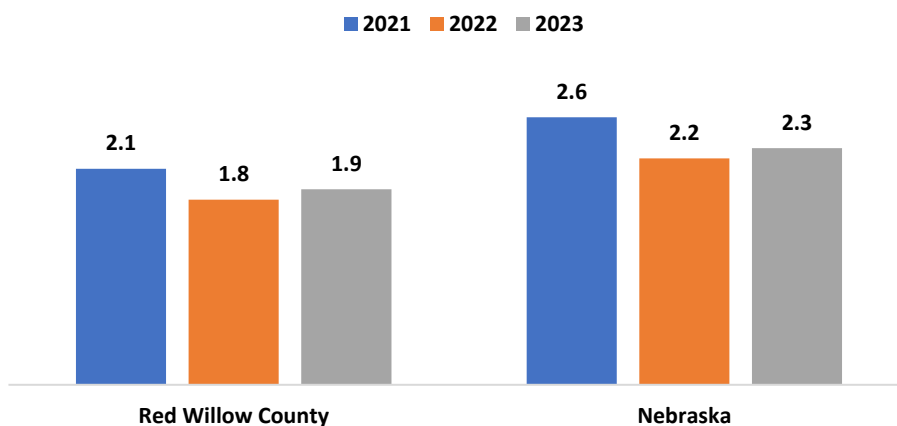
Other Necessities Definition: items that do not fall into the aforementioned categories but that are necessary for a modest yet adequate standard of living (ex: apparel, personal care, household supplies including furnishings and equipment, household operations, housekeeping supplies, and telephone services, reading materials, and school supplies).

Population Health

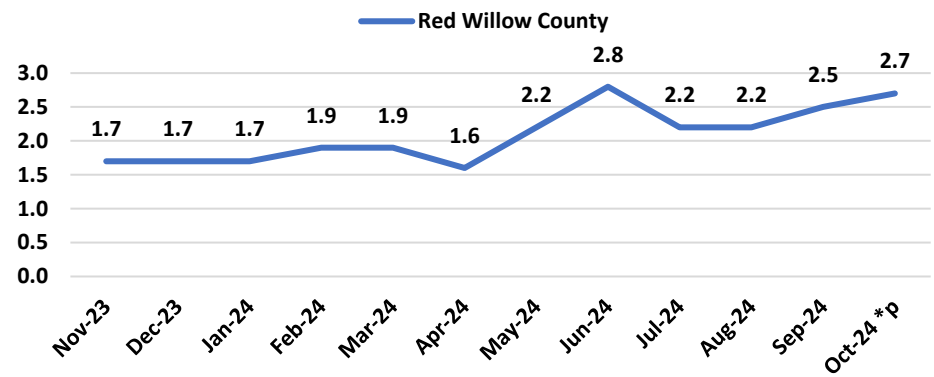
Unemployment

- Unemployment rates in Red Willow County and the state decreased between 2021 and 2023.
- In 2023, Red Willow County (1.9) had a lower unemployment rate than the state (2.3).
- Over the most recent 12-month time period, monthly unemployment rates in Red Willow County overall increased. June 2024 had the highest unemployment rate (2.8) as compared to April 2024 with the lowest rate (1.6).

**Unemployment
Annual Average, 2021-2023**



**Monthly Unemployment
Rates by Month
Most Recent 12-Month Period**



Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, <https://www.bls.gov/lau/tables.htm>; data accessed December 30, 2024.

Definition: Unemployed persons include all persons who had no employment during the reference week, were available for work, except for temporary illness, and had made specific efforts to find employment some time during the 4 week-period ending with the reference week. Persons who were waiting to be recalled to a job from which they had been laid off need not have been looking for work to be classified as unemployed.

Note: "*p" indicates that the number associated with that month is a preliminary rate.

Population Health

Industry Workforce Categories

- As of 2022, the majority of employed persons in Red Willow County are within Sales & Related Occupations. The most common employed groupings are as follows:

Red Willow County

- Sales & Related Occupations (10.5%)
- Management Occupations (9.5%)
- Production Occupations (9.4%)
- Office & Administrative Support Occupations (9.0%)
- Food Preparation & Serving Related Occupations (8.6%)

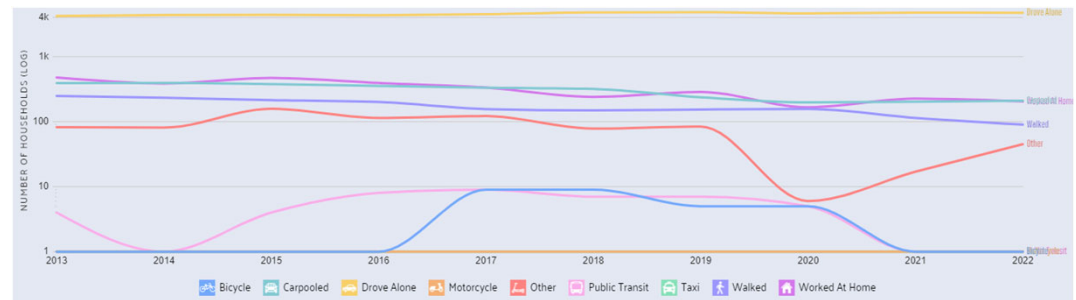
Population Health

Means of Transportation

- In 2018-2022, driving alone was the most frequent means of transportation to work for both Red Willow County and the state.
- In 2018-2022, Red Willow County (3.9%) had a lower percent of people who worked from home than the state (8.9%).
- Red Willow County (12.5 minutes) had a shorter mean travel time to work than the state (19.1 minutes) (2018-2022).

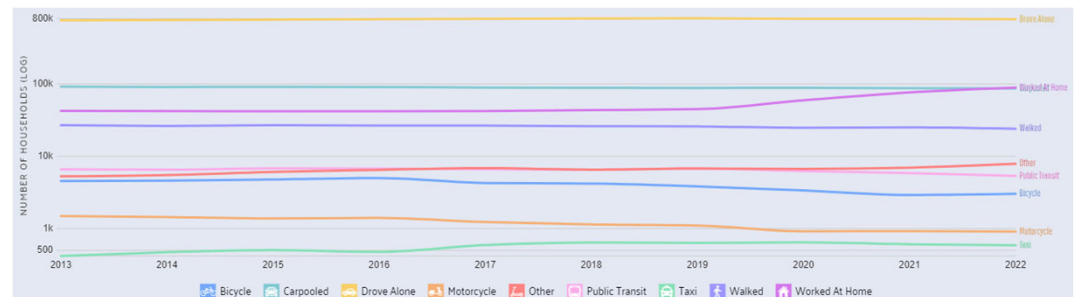
Red Willow County

Mean travel time to work: 12.5 minutes



Nebraska

Mean travel time to work: 19.1 minutes



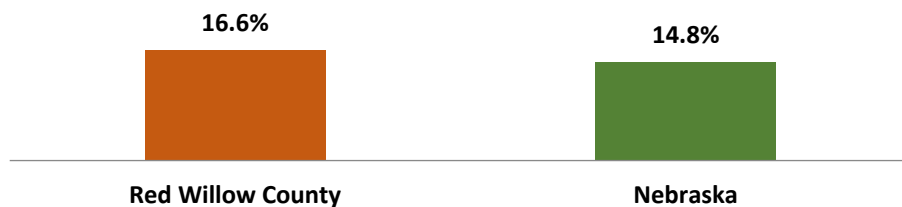
Source: Data USA, filtered for Red Willow County, NE, <https://datausa.io/>; data accessed October 22, 2024.

Population Health

Poverty

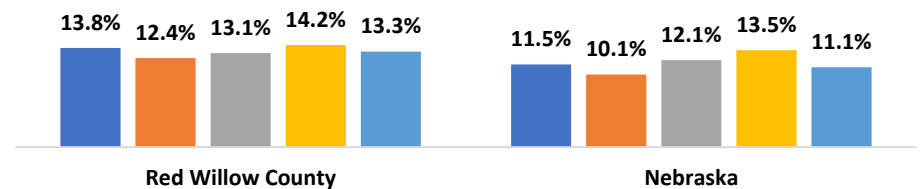
- Red Willow County (16.6%) has a higher percentage of families living below poverty as compared to the state (14.8%) (2024).
- Between 2019 and 2023, the percent of children (<18 years) living in poverty in Red Willow County and the state decreased.
- Red Willow County (13.3%) has a higher percentage of children (<18 years) living in poverty than Nebraska (11.1%) (2023).

**Families Below Poverty
2024**



Children Living in Poverty

■ 2019 ■ 2020 ■ 2021 ■ 2022 ■ 2023



Source: Syntellis Growth Reports, 2024.

Source: Small Area Income and Poverty Estimates (SAIPE), filtered for Red Willow County, NE, <https://www.census.gov/data-tools/demo/saie/#/>; data accessed January 10, 2025.

Children Living Below Poverty Definition: Estimated percentage of related children under age 18 living in families with incomes less than the federal poverty threshold.

Note: The 2024 Federal Poverty Guidelines define a household size of 4 as living below 100% of the federal poverty level if the household income is less than \$31,200, and less than 200% of the federal poverty level if the household income is less than \$62,400. Please see the appendix for the full 2024 Federal Poverty Guidelines.

Population Health

Food Insecurity

- According to Feeding America, an estimated 14.7% of Red Willow County residents are food insecure as compared to 13.6% in Nebraska (2022).
- Additionally, 21.7% of children (under 18 years of age) in Red Willow County are food insecure, as compared to 19.2% in Nebraska (2022).
- The average meal cost in Red Willow County (\$3.62) is lower than the average meal cost in Nebraska (\$3.71).

Location	Overall Food Insecurity	Child Food Insecurity	Average Meal Cost
Red Willow County	14.7%	21.7%	\$3.62
Nebraska	13.6%	19.2%	\$3.71

Source: Feeding America, Map The Meal Gap: Data by County in Each State, filtered for Red Willow County, NE, <https://map.feedingamerica.org/>; information accessed October 22, 2024.

Food Insecure Definition (Adult): Lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods.

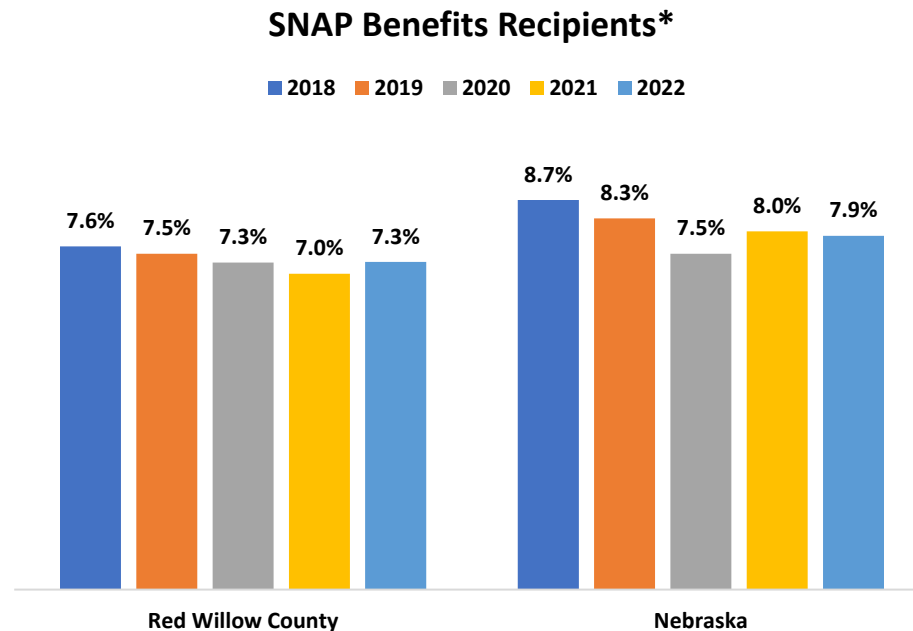
Food Insecure Definition (Child): Those children living in households experiencing food insecurity.

Average Meal Cost Definition: The average weekly dollar amount food-secure individuals report spending on food, as estimated in the Current Population Survey, divided by 21 (assuming three meals a day, seven days a week).

Population Health

Supplemental Nutrition Assistance Program (SNAP) Benefits

- Between 2018 and 2022, Red Willow County maintained a lower percentage of SNAP benefit recipients than the state. Additionally, the percentage of SNAP benefit recipients in Red Willow County overall decreased between 2018 and 2022.
- In 2022, Red Willow County (7.3%) had a lower percentage of SNAP benefit recipients than the state (7.9%).



Source: SAIPE Model, United States Census Bureau, <https://www.census.gov/data/datasets/time-series/demo/saipe/model-tables.html>; data accessed December 30, 2024.

Source: County Population Totals: 2010-2019, United States Census Bureau, filtered for Red Willow County and the state, NE, <https://www.census.gov/data/datasets/time-series/demo/popest/2010s-counties-total.html>; data access December 30, 2024.

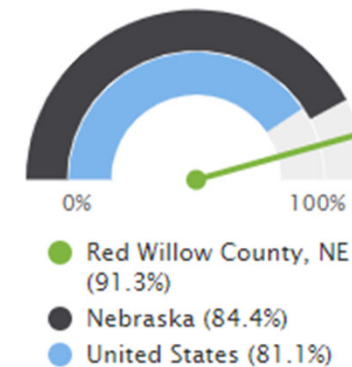
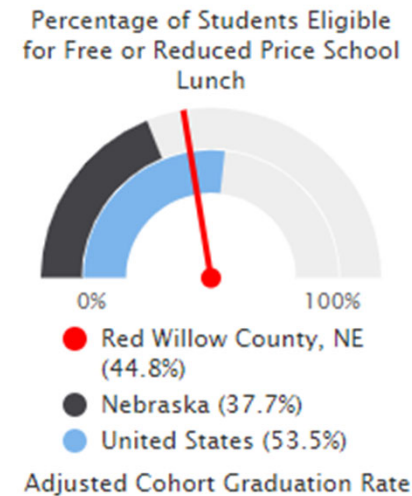
Source: County Population Totals: 2020-2023, United States Census Bureau, filtered for Red Willow County and the state, NE, <https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-total.html>; data access December 30, 2024.

*Percentage manually calculated based on estimated population numbers by county and state between 2018 and 2022 as provided by the United States Census Bureau.

Population Health

Children in the Study Area

- Red Willow County (44.8%) has a higher percentage of public school students eligible for free or reduced price lunch than the state (37.7%) and a lower percent than the nation (53.5%) (2022-2023).
- Red Willow County (91.3%) has a higher high school graduation rate than the state (84.4%) and the nation (81.1%) (2020-2021).



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Red Willow County, NE, <https://sparkmap.org/report/>; data accessed October 22, 2024.

Eligible for Free/Reduced Price Lunch Definition: Free or reduced price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130% (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP).

Cohort Graduation Rate Definition: the number of students who graduate in four years with a regular high school diploma divided by the number of students who form the adjusted cohort for the graduating class.



HEALTH DATA OVERVIEW

Health Status

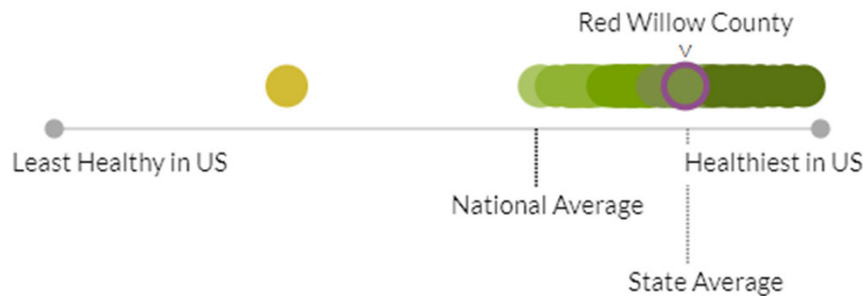
Data Methodology

- **The following information outlines specific health data:**
 - Mortality, chronic diseases and conditions, health behaviors, natality, mental health and healthcare access
- **Data Sources include, but are not limited to:**
 - Nebraska Department of Health and Human Services
 - Small Area Health Insurance Estimates (SAHIE)
 - SparkMap
 - The Behavioral Risk Factor Surveillance System (BRFSS)
 - The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, information is collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam.
 - It is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors.
 - States use BRFSS data to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. Many states also use BRFSS data to support health-related legislative efforts.
 - The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
 - United States Census Bureau
- **Data Levels:** Nationwide, state, and county level data

Health Status

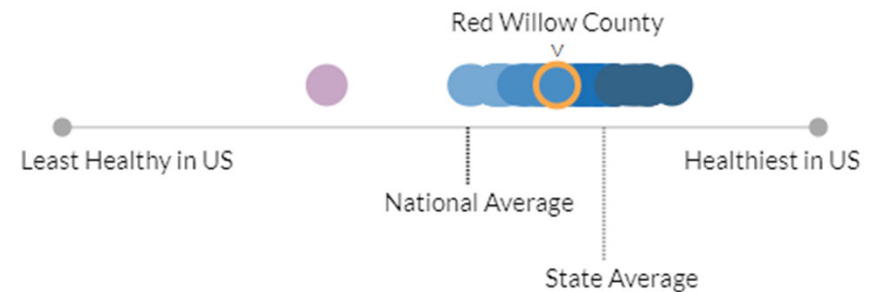
County Health Rankings & Roadmaps - Red Willow County, Nebraska

Red Willow County Health Outcomes



- According to County Health Rankings & Roadmap, Health Outcomes tell us how long people live on average within a community, and how much physical and mental health people experience in a community while they are alive.
- Many indicators go into the overall health outcomes and some examples of where the county was worse than the state for health outcomes include:
 - Length Of Life:
 - Premature Death
 - Quality Of Life:
 - Poor or Fair Health
 - Poor Physical Health Days

Red Willow County Health Factors



- According to County Health Rankings & Roadmap, many things influence how well and how long we live. Health Factors represent those things we can improve to live longer and healthier lives. They are indicators of the future health of our communities.
- Many indicators go into the overall health factors and some examples of factors where the county was worse than the state for health factors include:
 - Health Behaviors:
 - Adult Smoking
 - Adult Obesity
 - Physical Inactivity
 - Teen births
 - Clinical Care:
 - Mental Health Providers
 - Social and Economic Factors:
 - Preventable Hospital Stays
 - Social Associations
 - Injury Deaths

Health Status

Mortality – Leading Causes of Death (2018-2022)

Rank	Red Willow County	Nebraska
1	Diseases of heart (I00-I09,I11,I13,I20-I51)	Diseases of heart (I00-I09,I11,I13,I20-I51)
2	Malignant neoplasms (C00-C97)	Malignant neoplasms (C00-C97)
3	Chronic lower respiratory diseases (J40-J47)	Chronic lower respiratory diseases (J40-J47)
4	Alzheimer's disease (G30)	COVID-19 (U07.1)
5	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)
6	Diabetes mellitus (E10-E14)	Cerebrovascular diseases (I60-I69)
7	Cerebrovascular diseases (I60-I69)	Alzheimer's disease (G30)
8	COVID-19 (U07.1)	Diabetes mellitus (E10-E14)
9	Septicemia (A40-A41)	Essential hypertension and hypertensive renal disease (I10,I12,I15)
10	Parkinson disease (G20-G21)	Influenza and pneumonia (J09-J18)

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed October 25, 2024.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

Note: Rates calculated with small numbers are unreliable and should be used cautiously. Rates are marked as "unreliable" when the death count is less than 20. All sub-national data representing zero to nine (0-9) deaths or births are "suppressed".

Health Status

Mortality – Leading Causes of Death Rates (2018-2022)

Disease	Red Willow	Nebraska
Diseases of heart (I00-I09,I11,I13,I20-I51)	● 330.4	186.9
Malignant neoplasms (C00-C97)	● 255.3	180.9
Chronic lower respiratory diseases (J40-J47)	● 108.9	53.5
Alzheimer's disease (G30)	● 67.6	37.9
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	● 67.6	45.7
Diabetes mellitus (E10-E14)	● 58.2	29.6
Cerebrovascular diseases (I60-I69)	● 54.4	42.4
COVID-19 (U07.1)	● 41.3	46.3
Septicemia (A40-A41)	Unreliable	9.6
Parkinson disease (G20-G21)	Unreliable	13.5

- indicates that the county's rate is lower than the state's rate for that disease category.
- indicates that the county's rate is higher than the state's rate for that disease category.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed October 25, 2024.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

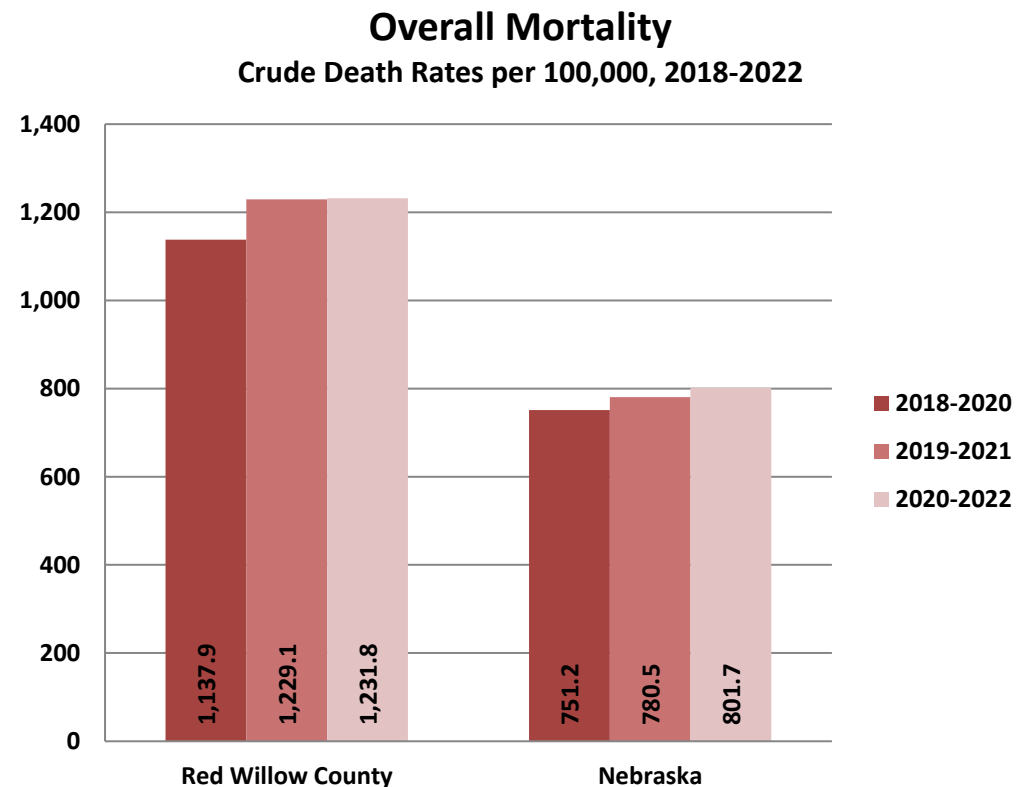
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

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Health Status

Mortality – Overall

- Overall mortality rates in Red Willow County remained higher than the state between 2018 and 2022.
- Overall mortality rates in Red Willow County and the state increased between 2018 and 2022.
- In 2020-2022, the overall mortality rate in Red Willow County (1,231.8 per 100,000) was higher than the state (801.7 per 100,000).



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Red Willow County	365	1,137.9	393	1,229.1	392	1,231.8	629	1,180.7
Nebraska	43,578	751.2	45,547	780.5	47,054	801.7	74,500	765.4

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed October 25, 2024.

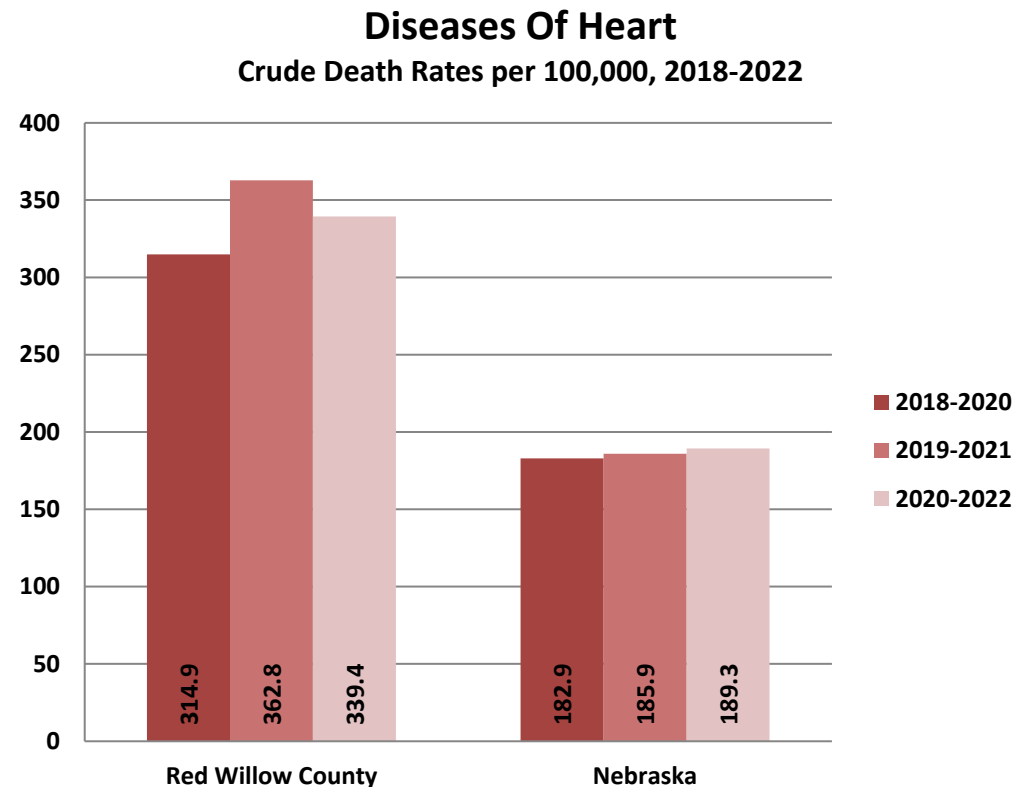
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Diseases of the Heart

- Heart disease is the leading cause of death in Red Willow County and the state (2018-2022).
- Between 2018 and 2022, heart disease mortality rates increased in Red Willow County and the state.
- In 2020-2022, the heart disease mortality rate in Red Willow County (339.4 per 100,000) was higher than the state rate (189.3 per 100,000).



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Red Willow County	101	314.9	116	362.8	108	339.4	176	330.4
Nebraska	10,611	182.9	10,848	185.9	11,112	189.3	18,191	186.9

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed October 25, 2024.

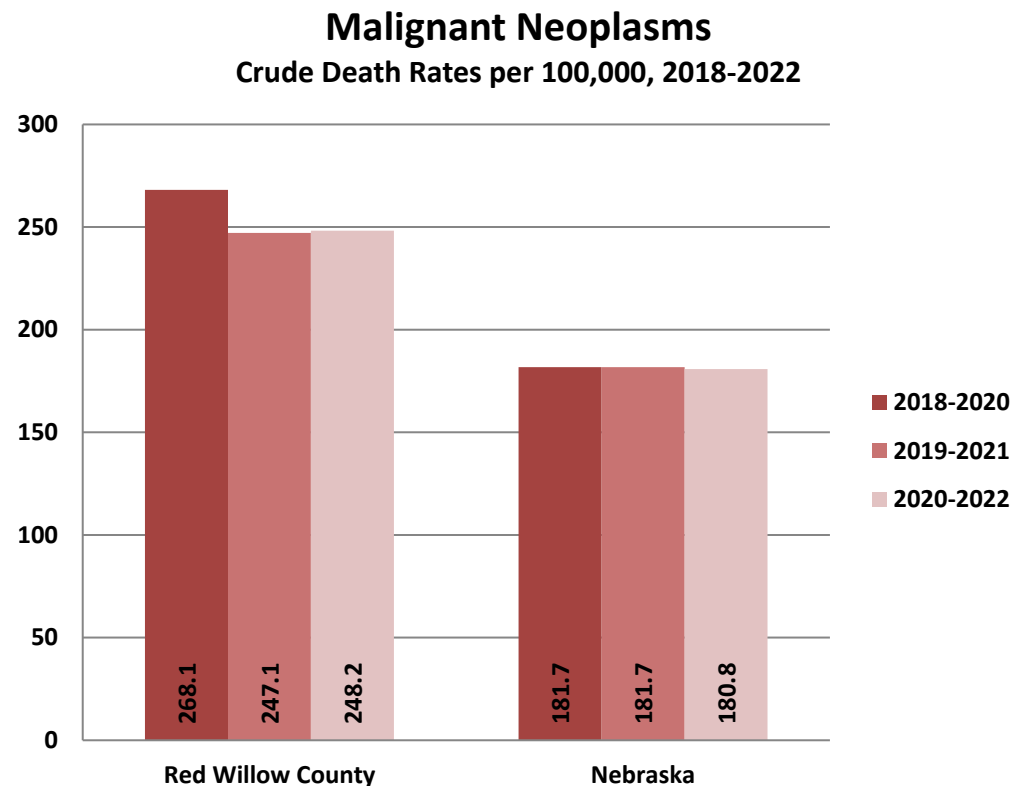
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Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Malignant Neoplasms

- Cancer is the second leading cause of death in Red Willow County and the state (2018-2022).
- Between 2018 and 2022, cancer mortality rates decreased in Red Willow County and the state.
- In 2020-2022, the cancer mortality rate in Red Willow County (248.2 per 100,000) was higher than the state rate (180.8 per 100,000).



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Red Willow County	86	268.1	79	247.1	79	248.2	136	255.3
Nebraska	10,539	181.7	10,601	181.7	10,609	180.8	17,607	180.9

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed October 25, 2024.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

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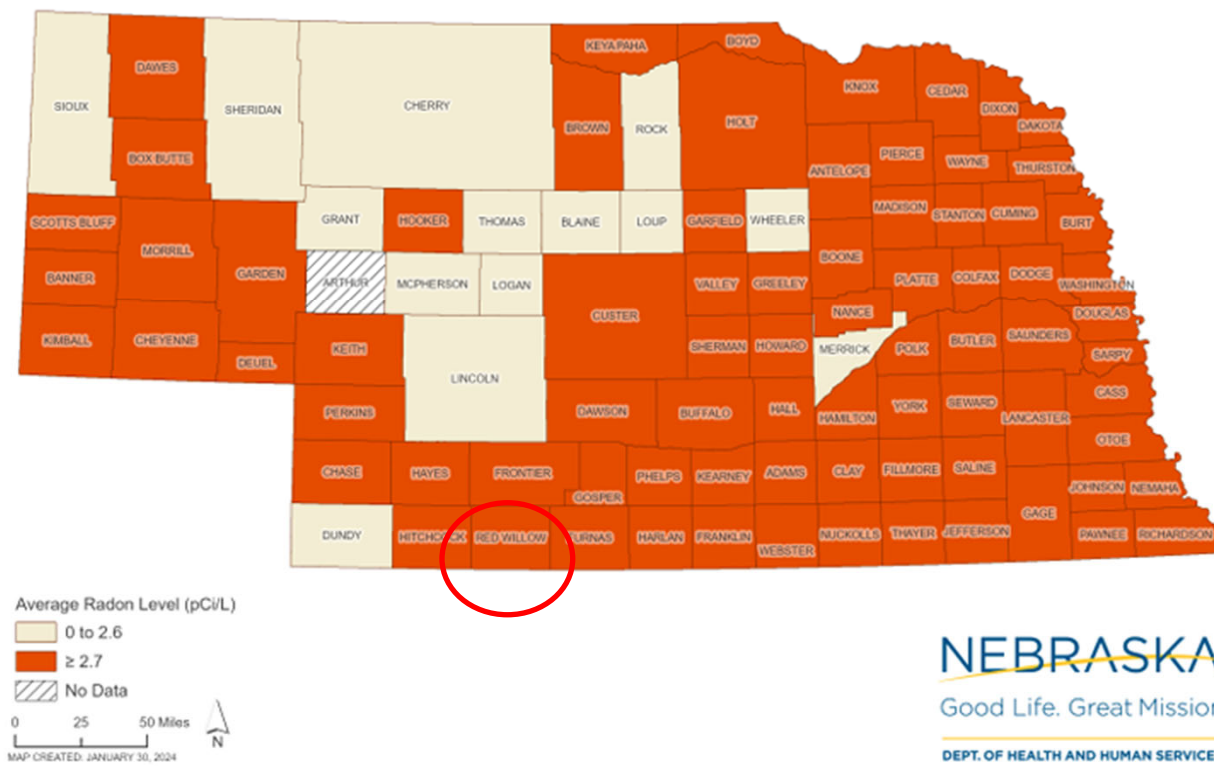
Health Status

Mortality – Malignant Neoplasms and Radon

- Next to smoking, Radon is the 2nd leading cause of lung cancer.
- Red Willow County's average pre-mitigation radon levels is ≥ 2.7 pCi/L (2023).

Average Radon Concentrations for Radon Resistant New Construction

Date Collections Reported to the Nebraska Radon Program
for October 1, 2018 to September 30, 2023



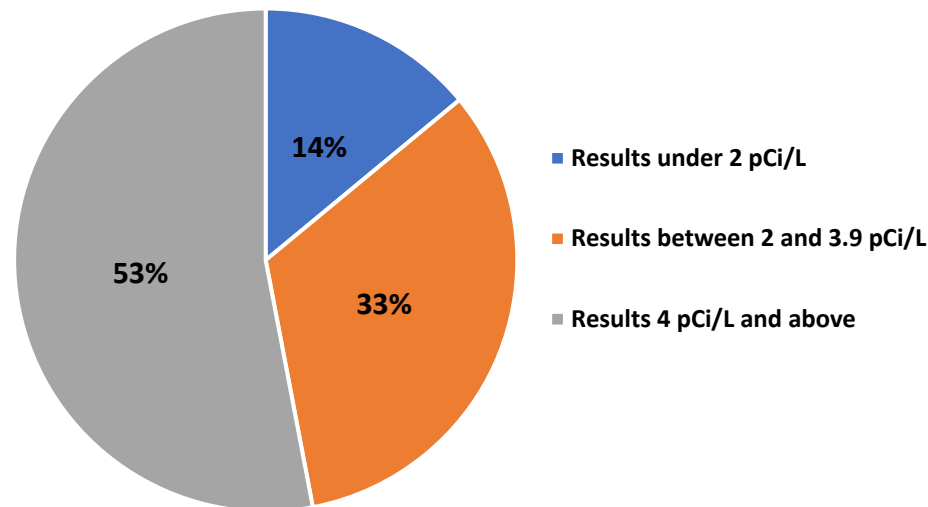
Source: Nebraska Department of Health and Human Services, Radon Data, <http://dhhs.ne.gov/Pages/Radon-Data.aspx>; information accessed November 1, 2024.
Note: Average indoor radon screening levels greater than 4 pCi/L (pico curies per liter) indicate high radon levels.

Health Status

Mortality – Malignant Neoplasms and Radon

- Over half (53%) of households in Red Willow County have indoor radon levels of 4 pCi/L and higher, and 33% of households still maintain results between 2 pCi/L and 3.9 pCi/L (2024).
- The average indoor radon levels of Red Willow County is 4.6 pCi/L, as compared to the average national indoor radon level (1.3 pCi/L) (2024).

Household Indoor Radon Levels in Red Willow County



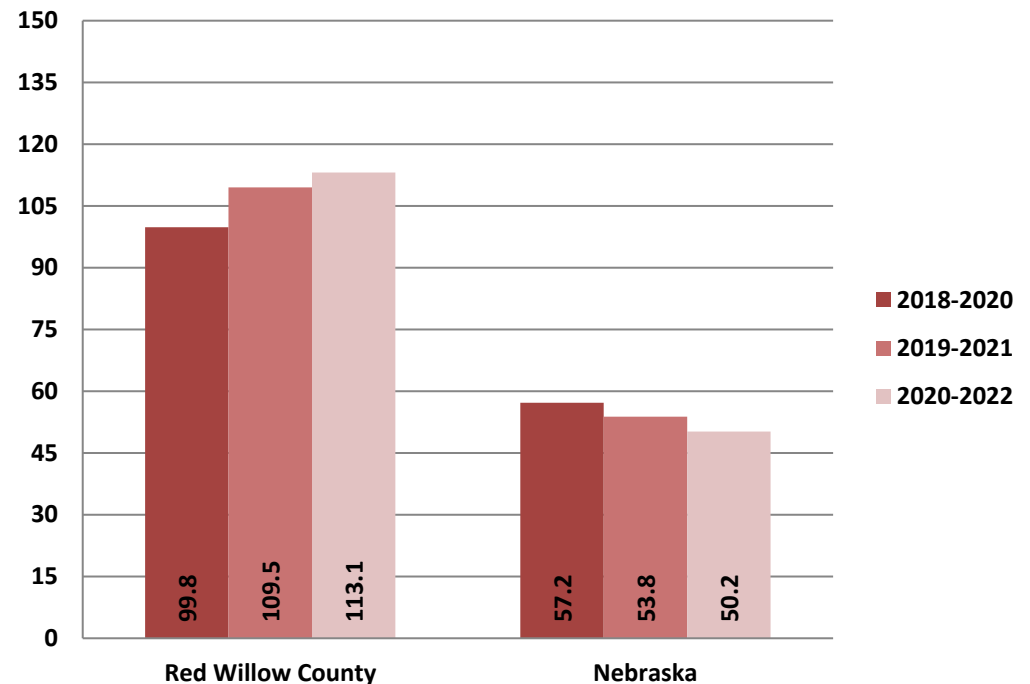
Source: Nebraska Department of Health and Human Services, Radon Data, <http://dhhs.ne.gov/Pages/Radon-Data.aspx>; information accessed November 1, 2024.
Source: Red Willow County Radon Information, "About Radon Levels in Red Willow County," http://county-radon.info/NE/Red_Willow.html; information accessed November 1, 2024.
Note: Average indoor radon screening levels greater than 4 pCi/L (pico curies per liter) indicate high radon levels.

Health Status

Mortality – Chronic Lower Respiratory Disease

- Chronic lower respiratory disease (CLRD) is the third leading cause of death in Red Willow County and the state (2018-2022).
- Between 2018 and 2022, CLRD mortality rates increased in Red Willow County while rates in the state decreased.
- In 2020-2022, the CLRD mortality rate in Red Willow County (113.1 per 100,000) was higher than the state rate (50.2 per 100,000).

Chronic Lower Respiratory Diseases
Crude Death Rates per 100,000, 2018-2022



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Red Willow County	32	99.8	35	109.5	36	113.1	58	108.9
Nebraska	3,320	57.2	3,137	53.8	2,949	50.2	5,208	53.5

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed October 25, 2024.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

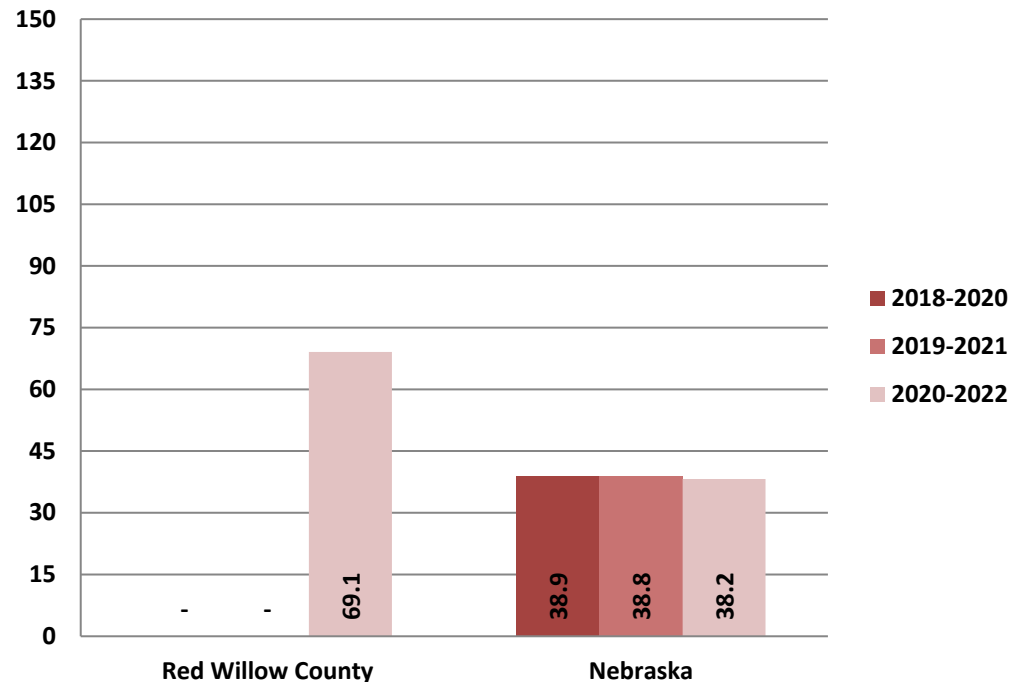
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Alzheimer's Disease

- Alzheimer's disease is the fourth leading cause of death in Red Willow County and the seventh leading cause of death in the state (2018-2022).
- Between 2018 and 2022, Alzheimer's disease mortality rates slightly decreased in the state.
- In 2020-2022, the Alzheimer's disease mortality rate in Red Willow County (69.1 per 100,000) was higher than the state rate (38.2 per 100,000).

Alzheimer's Disease
Crude Death Rates per 100,000, 2018-2022



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Red Willow County	18	Unreliable	15	Unreliable	22	69.1	36	67.6
Nebraska	2,259	38.9	2,263	38.8	2,241	38.2	3,692	37.9

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed October 25, 2024.

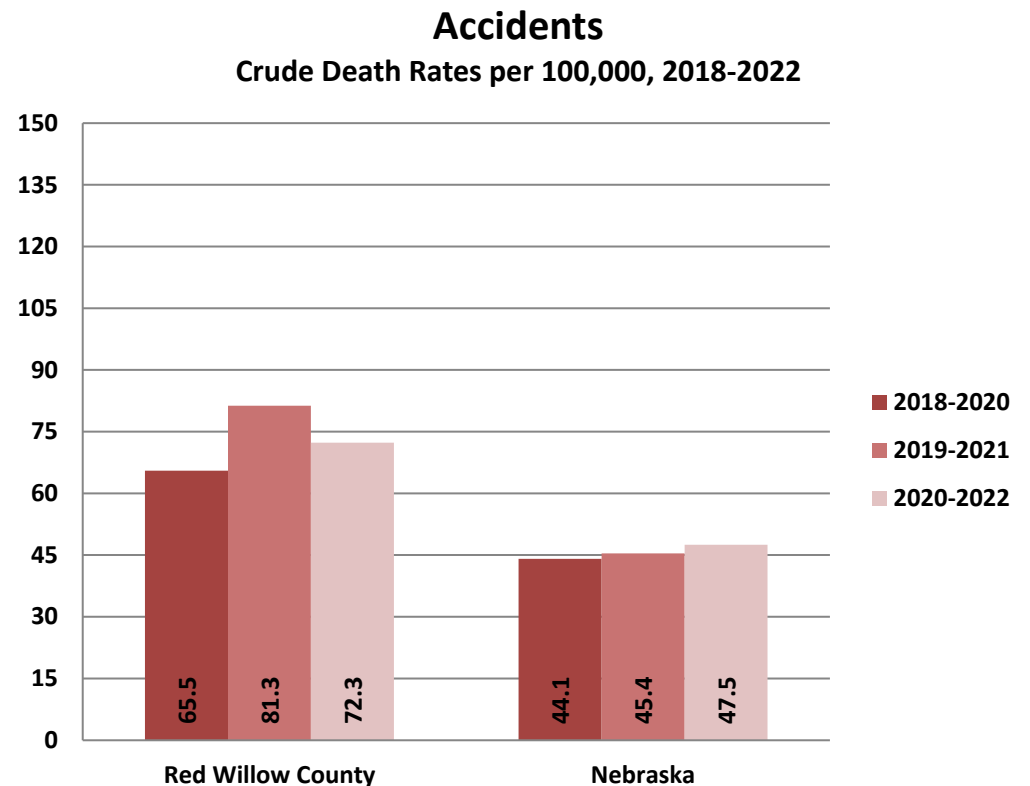
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Accidents

- Fatal accidents are the fifth leading cause of death in Red Willow County and the state (2018-2022).
- Between 2018 and 2022, accident mortality rates increased in Red Willow County and the state.
- In 2020-2022, the accident mortality rate in Red Willow County (72.3 per 100,000) was higher than the state rate (47.5 per 100,000).
- The leading cause of fatal accidents in Red Willow County is due to other land transport accidents (2020-2022).



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Red Willow County	21	65.5	26	81.3	23	72.3	36	67.6
Nebraska	2,560	44.1	2,651	45.4	2,789	47.5	4,446	45.7

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed October 25, 2024.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

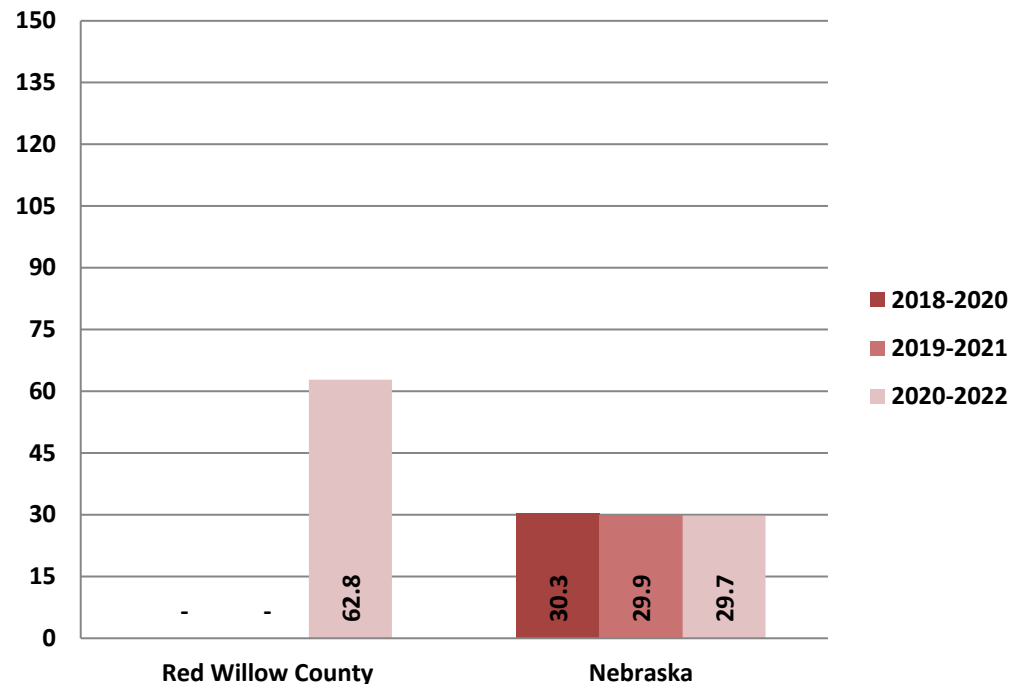
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability. Accident mortality rates include: motor vehicle crashes, other land transport accidents, water transport accidents, air and space transport accidents, falls, accidental shootings, drownings, fire and smoke exposures, poisonings, suffocations, and all other unintentional injuries.

Health Status

Mortality – Diabetes Mellitus

- Diabetes mellitus is the sixth leading cause of death in Red Willow County and the eighth leading cause of death in the state (2018-2022).
- Between 2018 and 2022, diabetes mortality rates decreased in the state.
- In 2020-2022, the diabetes mortality rate in Red Willow County (62.8 per 100,000) was higher than the state rate (29.7 per 100,000).

Diabetes Mellitus
Crude Death Rates per 100,000, 2018-2022



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Red Willow County	19	Unreliable	17	Unreliable	20	62.8	31	58.2
Nebraska	1,760	30.3	1,747	29.9	1,746	29.7	2,882	29.6

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed October 25, 2024.

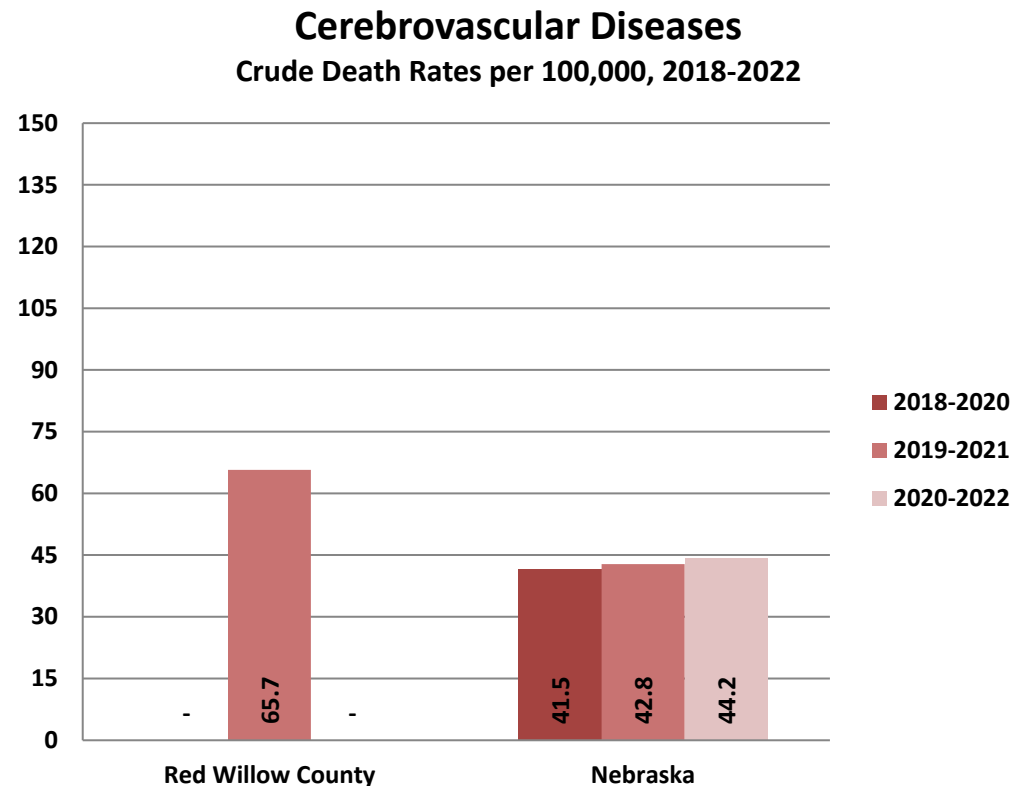
Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Cerebrovascular Disease

- Cerebrovascular disease is the seventh leading cause of death in Red Willow County and the sixth leading cause of death in the state (2018-2022).
- Between 2018 and 2022, cerebrovascular disease mortality rates increased in the state.



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Red Willow County	16	Unreliable	21	65.7	19	Unreliable	29	54.4
Nebraska	2,406	41.5	2,499	42.8	2,597	44.2	4,124	42.4

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed October 25, 2024.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

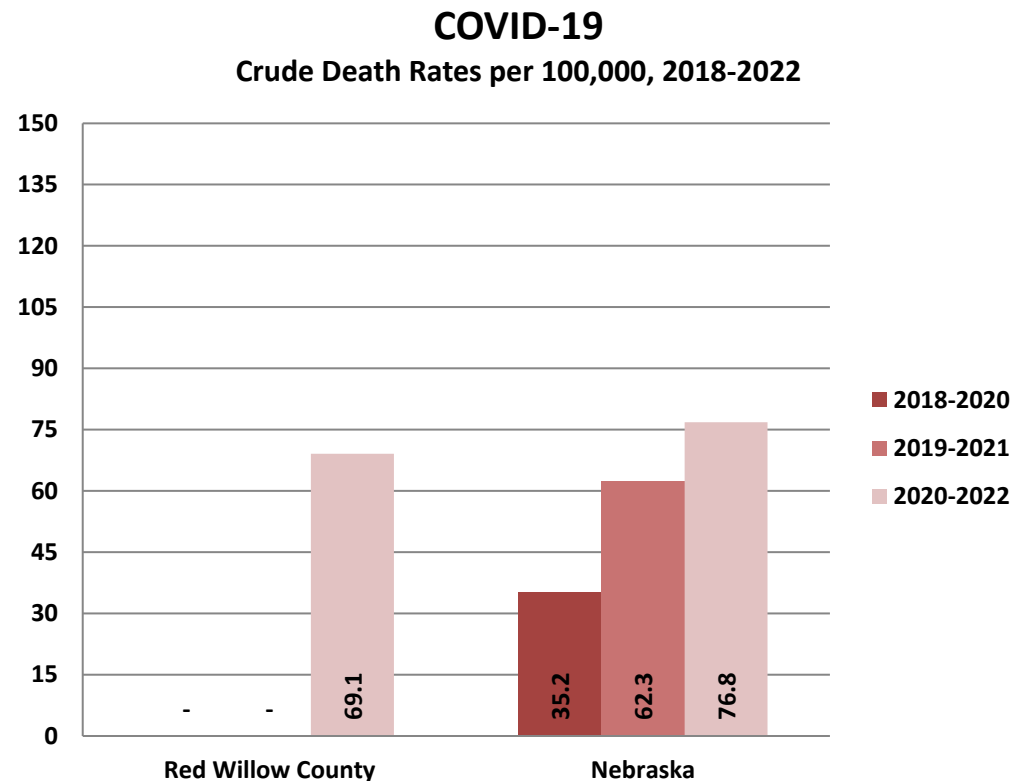
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

Note: "-" indicates that the number of deaths is too low to calculate a reliable rate. Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – COVID-19

- COVID-19 is the eighth leading cause of death in Red Willow County and is the fourth leading cause of death in the state (2018-2022).
- Between 2018 and 2022, COVID-19 mortality rates increased in the state.
- In 2022-2022, the COVID-19 mortality rate in Red Willow County (69.1 per 100,000) was lower than the state rate (76.8 per 100,000).



LOCATION	2018-2020		2019-2021		2020-2022		2018-2022	
	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE	DEATHS	CRUDE DEATH RATE
Red Willow County	Suppressed	Suppressed	19	Unreliable	22	69.1	22	41.3
Nebraska	2,043	35.2	3,637	62.3	4,510	76.8	4,510	46.3

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed October 25, 2024.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

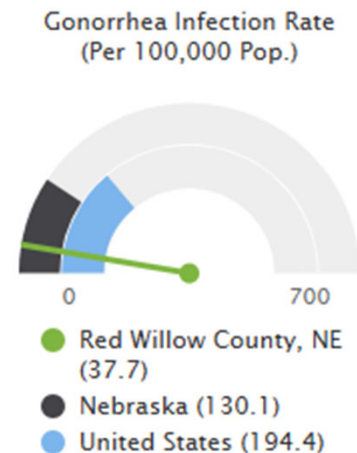
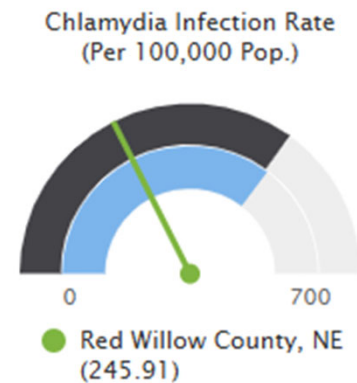
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000.

Note: "-" indicates that the number of deaths is too low to calculate a reliable rate. Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Communicable Diseases – Chlamydia & Gonorrhea

- In 2022, Red Willow County (245.9 per 100,000) had a lower chlamydia infection rate than the state (489.2 per 100,000) and the nation (495.0 per 100,000).
- In 2022, Red Willow County (37.7 per 100,000) had a lower gonorrhea infection rate than the state (130.1 per 100,000) and the nation (194.4 per 100,000).



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

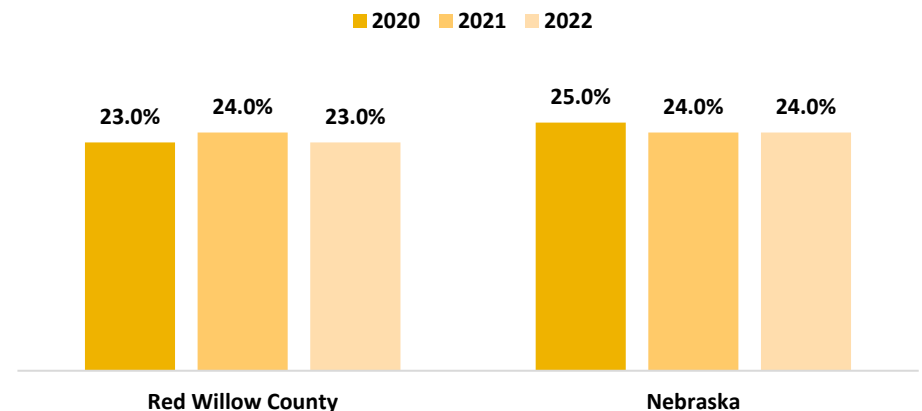
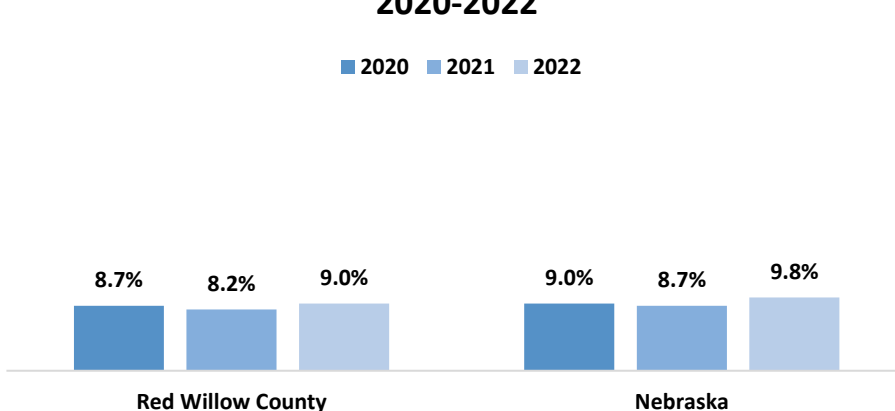
Health Status

Chronic Conditions – Diabetes

- Between 2020 and 2022, the percent of adults (age 18+) with diabetes increased in both Red Willow County and the state.
- Red Willow County (9.0%) had a slightly lower percent of adults (age 18+) with diabetes than the state (9.8%) (2022).
- Between 2020 and 2022, the percent of Medicare beneficiaries with diabetes fluctuated in Red Willow County and decreased in the state.
- In 2022, the percent of Medicare beneficiaries with diabetes in Red Willow County (23.0%) was lower than the state (24.0%).

**Diabetes, Percentage, Adults (age 18+),
2020-2022**

Diabetes (Medicare), Percentage, 2020-2022



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Red Willow County, NE, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releases/xyst-f73f/about_data, data accessed October 4, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Red Willow County, NE, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releases/7cmc-7y5g/about_data, data accessed October 4, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Red Willow County, NE, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releases/i46a-9kgh/about_data, data accessed October 4, 2024.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Nebraska; <https://www.cdc.gov/cdi/>, data accessed October 4, 2024.

Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; data accessed on November 5, 2024.

Definition: Adults who report being told by a doctor or other health professional that they have diabetes (other than diabetes during pregnancy for female respondents).

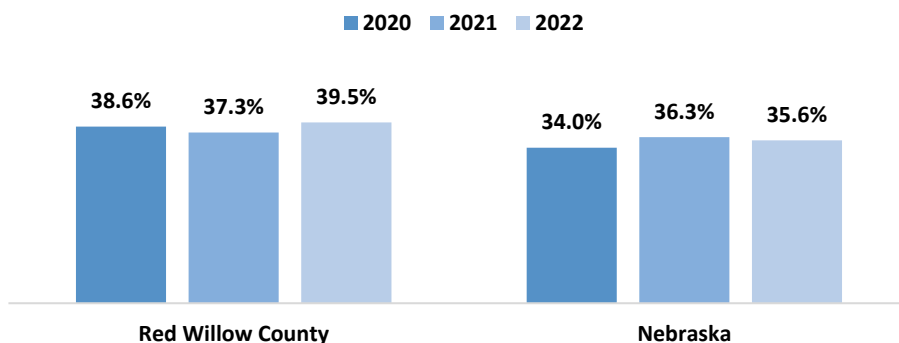
CMS Note: There was a change in algorithm in 2021.

Health Status

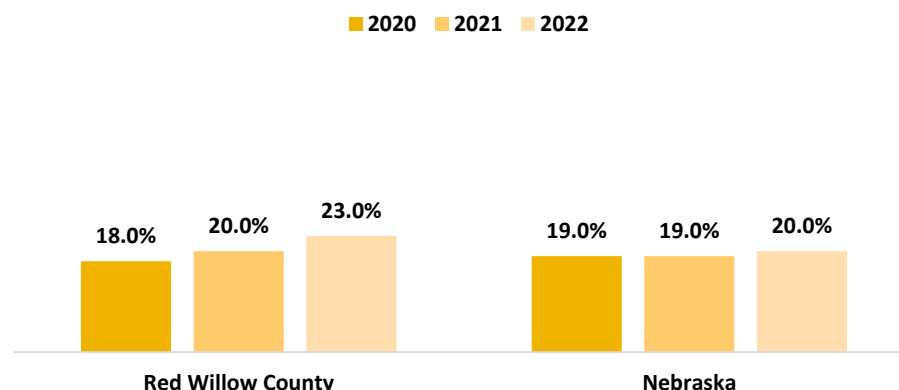
Chronic Conditions – Obesity

- Between 2020 and 2022, the percent of adults (age 18+) who were obese increased in Red Willow County and the state.
- Red Willow County (39.5%) had a higher percent of adults (age 18+) who were obese when compared to the state (35.6%) (2022).
- Between 2020 and 2022, the percent of Medicare beneficiaries who were obese increased in both Red Willow County and in the state.
- In 2022, the percent of Medicare beneficiaries who were obese in Red Willow County (23.0%) was higher than state (20.0%).

**Obesity, Percentage, Adults (age 18+),
2020-2022**



Obesity (Medicare), Percentage, 2020-2022



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Red Willow County, NE, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releases/xyst-f73f/about_data, data accessed October 4, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Red Willow County, NE, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releases/7cmc-7y5g/about_data, data accessed October 4, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Red Willow County, NE, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releases/i46a-9kgh/about_data, data accessed October 4, 2024.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Nebraska; <https://www.cdc.gov/cdi/>, data accessed October 4, 2024.

Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; data accessed on November 5, 2024.

Definition: Respondents aged ≥18 years who have a body mass index (BMI) ≥30.0 kg/m² calculated from self-reported weight and height. Exclude the following: Height: data from respondents measuring <3 ft or ≥8 ft; Weight: data from respondents weighing <50 lbs or ≥650 lbs and BMI: data from respondents with BMI <12 kg/m² or ≥100 kg/m².

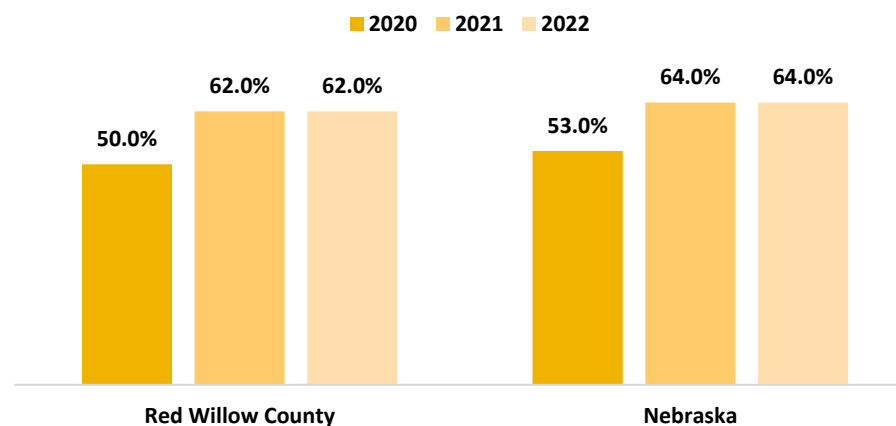
CMS Note: There was a change in algorithm in 2021.

Health Status

Chronic Conditions - Hypertension

- Between 2020 and 2022, the percent of Medicare beneficiaries with hypertension increased in both Red Willow County and the state.
- In 2022, the percent of Medicare beneficiaries with hypertension in Red Willow County (62.0%) was lower when compared to the state (64.0%).

Hypertension (Medicare), Percentage, 2020-2022



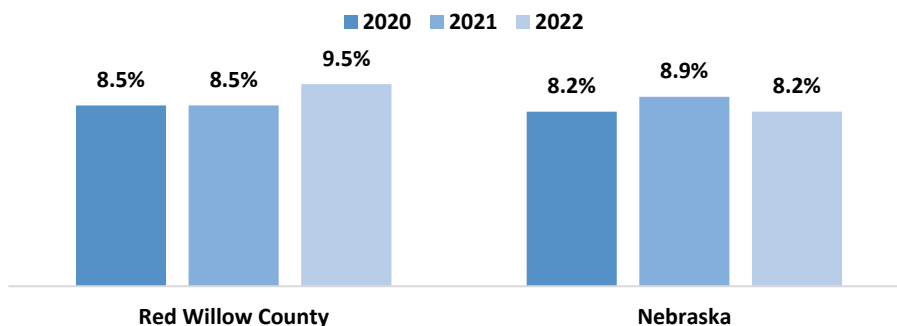
Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; data accessed on November 5, 2024.
Definition: Respondents who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure.
CMS Note: There was a change in algorithm in 2021.

Health Status

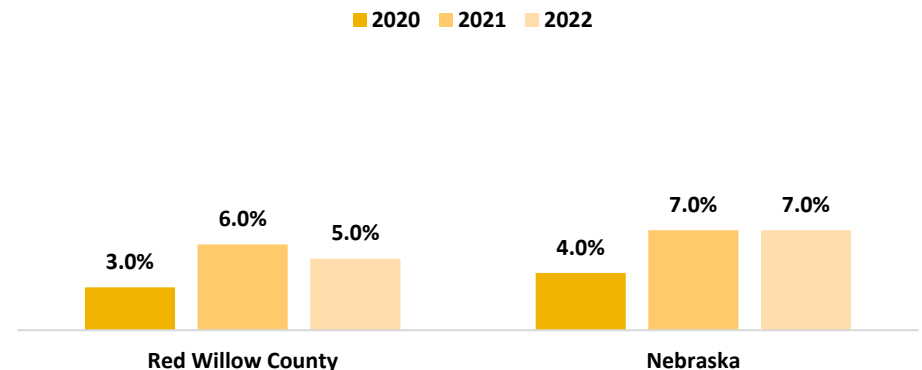
Chronic Conditions – Asthma

- Between 2020 and 2022, the percent of adults (age 18+) who currently have asthma increased in Red Willow County and fluctuated in the state.
- Red Willow County (9.5%) had a higher percent of adults (age 18+) who currently have asthma when compared to the state (8.2%) (2022).
- Between 2020 and 2022, the percent of Medicare beneficiaries with asthma increased in both Red Willow County and the state.
- In 2022, the percent of Medicare beneficiaries with asthma in Red Willow County (5.0%) was lower than the state (7.0%).

**Asthma, Percentage, Adults (age 18+),
2020-2022**



Asthma (Medicare), Percentage, 2020-2022



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Red Willow County, NE, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releases/xyst-f73f/about_data, data accessed October 4, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Red Willow County, NE, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releases/7cmc-7y5g/about_data, data accessed October 4, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Red Willow County, NE, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releases/i46a-9kgh/about_data, data accessed October 4, 2024.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Nebraska; <https://www.cdc.gov/cdi/>, data accessed October 4, 2024.

Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; data accessed on November 5, 2024.

Definition: Having current asthma (reporting 'yes' to both of the questions, "Have you ever been told by a doctor, nurse, or other health professional that you have asthma?" and the question, "Do you still have asthma?").

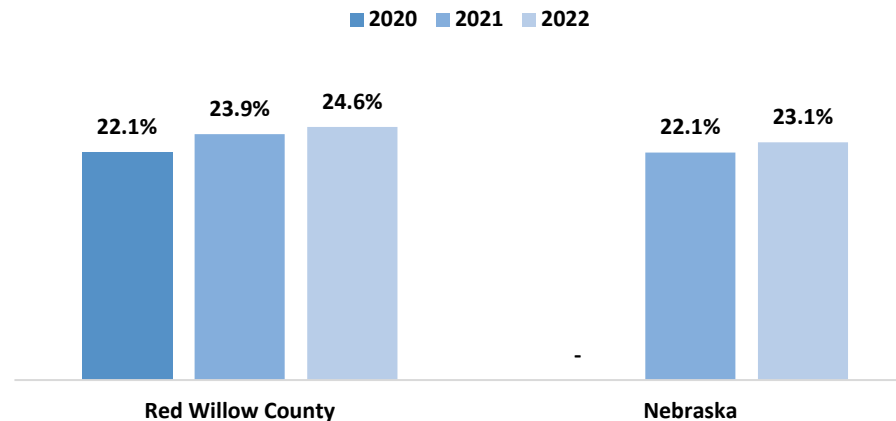
CMS Note: There was a change in algorithm in 2021.

Health Status

Chronic Conditions – Arthritis

- Between 2020 and 2022, the percent of adults (age 18+) with arthritis increased in Red Willow County.
- Red Willow County (24.6%) had a higher percent of adults (age 18+) with arthritis than the state (23.1%) (2022).

**Arthritis, Percentage, Adults (age 18+),
2020-2022**



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Red Willow County, NE, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releases/xyst-f73f/about_data, data accessed October 4, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Red Willow County, NE, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releases/7cmc-7y5g/about_data, data accessed October 4, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Red Willow County, NE, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releases/i46a-9kgh/about_data, data accessed October 4, 2024.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Nebraska; <https://www.cdc.gov/cdi/>, data accessed October 4, 2024.

Definition: Having arthritis (reporting 'yes' to the question: "Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?")

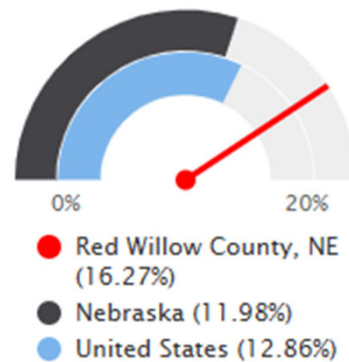
Note: "-" indicates that data may be missing due to factors such as a small sample size, the question not being asked in a particular year, or the source used to collect the data being limited to core questions asked nationwide across all states.

Health Status

Chronic Conditions - Disability

- The percent of the total civilian non-institutionalized population with a disability in Red Willow County (16.3%) was higher than the state (12.0%) and the nation (12.9%) (2018-2022).

Population with a Disability,
Percent



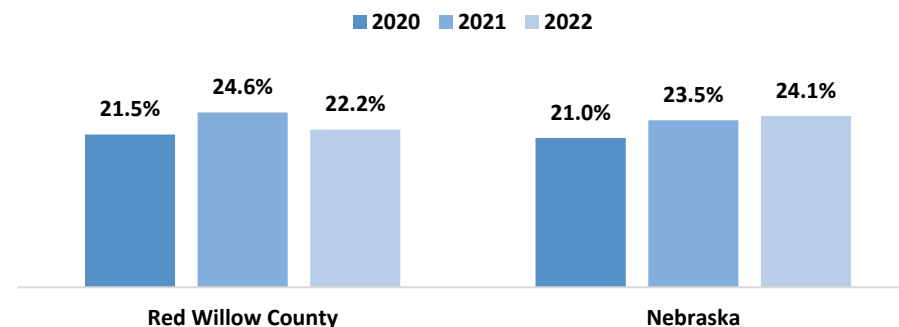
Note: A green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Health Status

Health Behaviors – Physical Inactivity

- Between 2020 and 2022, the percent of adults (age 18+) who have no leisure-time for physical activity increased in both Red Willow County and in the state.
- Red Willow County (22.2%) had a lower percent of adults (age 18+) with no leisure-time for physical activity when compared to the state (24.1%) (2022).

**No Leisure-Time For Physical Activity,
Percentage, Adults (age 18+),
2020-2022**



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Red Willow County, NE, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releases/xyst-f73f/about_data, data accessed October 4, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Red Willow County, NE, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releases/7cmc-7y5g/about_data, data accessed October 4, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Red Willow County, NE, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releases/i46a-9kgh/about_data, data accessed October 4, 2024.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Nebraska; <https://www.cdc.gov/cdi/>, data accessed October 4, 2024.

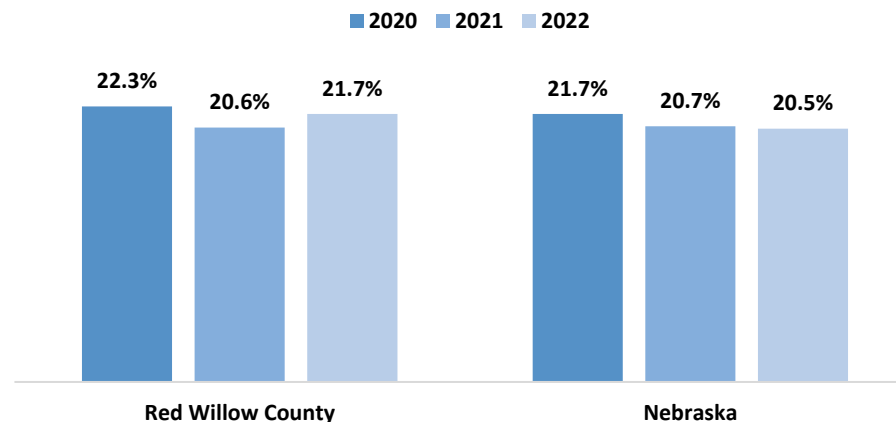
Definition: Having no leisure-time physical activity (reporting 'No' to the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?")

Health Status

Health Behaviors – Binge Drinking

- Between 2020 and 2022, the percent of adults (age 18+) who reported binge drinking decreased in both Red Willow County and the state.
- Red Willow County (21.7%) had a higher percent of adults (age 18+) who reported binge drinking when compared to the state (20.5%) (2022).

**Binge Drinking, Percentage, Adults (age 18+),
2020-2022**



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Red Willow County, NE, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releases/xyst-f73f/about_data, data accessed October 4, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Red Willow County, NE, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releases/7cmc-7y5g/about_data, data accessed October 4, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Red Willow County, NE, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releases/i46a-9kgh/about_data, data accessed October 4, 2024.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Nebraska; <https://www.cdc.gov/cdi/>, data accessed October 4, 2024.

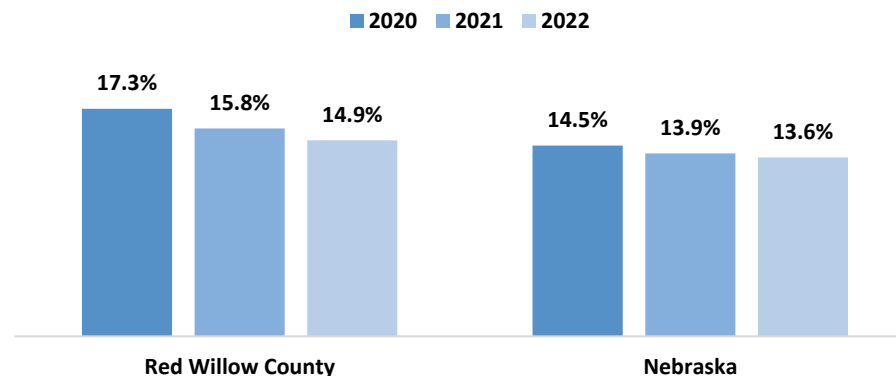
Definition: Adults who report having ≥ 5 drinks (men) or ≥ 4 drinks (women) on ≥ 1 occasion during the previous 30 days.

Health Status

Health Behaviors – Smoking

- Between 2020 and 2022, the percent of adults (age 18+) who currently smoke decreased in both Red Willow County and the state.
- Red Willow County (14.9%) had a higher percent of adults (age 18+) who currently smoke when compared to the state (13.6%) (2022).

**Smoking Status (Current Smoker), Percentage,
Adults (age 18+),
2020-2022**



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Red Willow County, NE, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releases/xyst-f73f/about_data, data accessed October 4, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Red Willow County, NE, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releases/7cmc-7y5g/about_data, data accessed October 4, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Red Willow County, NE, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releases/i46a-9kgh/about_data, data accessed October 4, 2024.

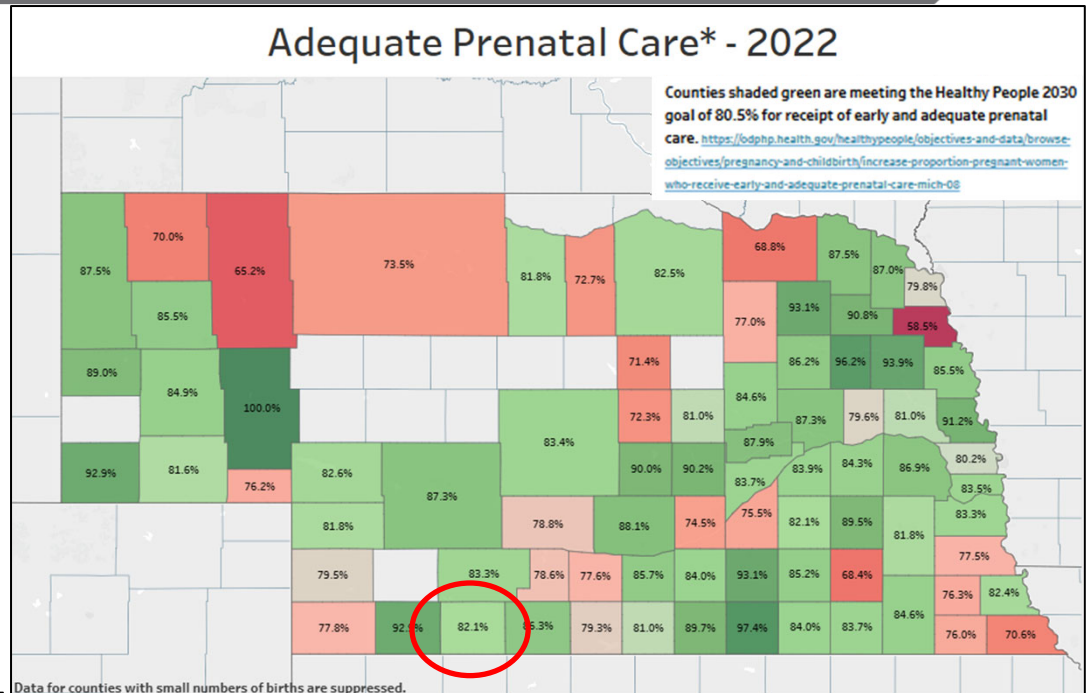
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Nebraska; <https://www.cdc.gov/cdi/>, data accessed October 4, 2024.

Definition: Adults who report having smoked ≥ 100 cigarettes in their lifetime and currently smoke every day or some days.

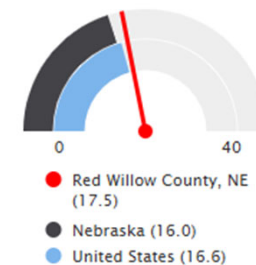
Health Status

Maternal & Child Health Indicators

- In 2022, the percent of women who received adequate prenatal care in Red Willow County was 82.1% and is higher than other counties in the state.
- In 2016-2022, Red Willow County (17.5) had a higher rate of teen births (ages 15-19 per 1,000 females) than the state (16.0).



Teen Birth Rate Per 1,000
Female Population, Ages 15-19



Note: A green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Red Willow County, NE, <https://sparkmap.org/report/>; data accessed April 7, 2025.

Source: Adequate Prenatal Care by County, Partnership for a Healthy Nebraska, <https://public.tableau.com/app/profile/healthynebraska/viz/AdequatePrenatalCarebyCounty/APNCUbyCounty>; data accessed November 5, 2024.

Note: Percentages are crude rates based on number of specific indicator-related cases divided by total births. Rates are not calculated if number of cases are too low for statistical reliability. Birth data are reported by mothers' county of residence (as mothers reported on birth certificates during the birth registration) regardless where deliveries actually occurred, in state or out-of-state.

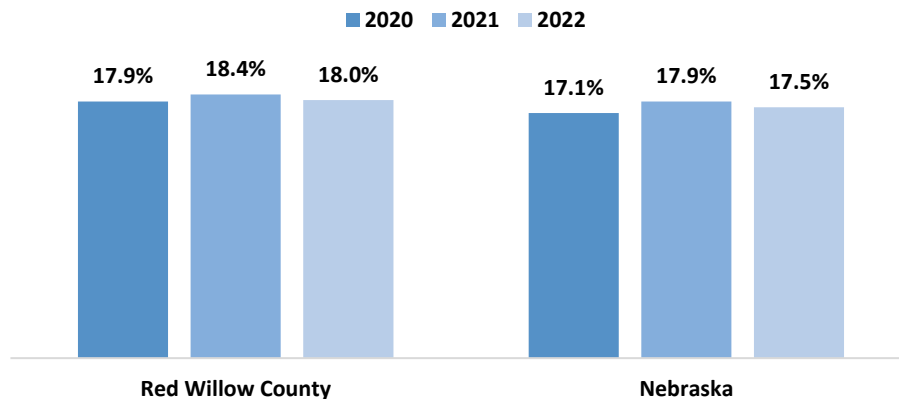
Adequate Prenatal Care Definition: The percent of women who received care prior to the fifth month and more than 80% of the appropriate number of visits for the infant's gestational age.

Health Status

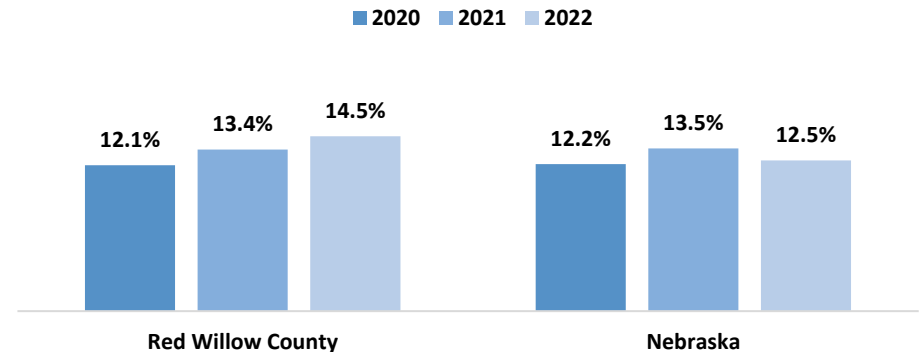
Mental Health – Depressive Disorders & Poor Mental Health

- Between 2020 and 2022, the percent of adults (age 18+) with depression slightly increased in both Red Willow County and the state.
- Red Willow County (18.0%) had a slightly higher percent of adults (age 18+) with depression than the state (17.5%) (2022).
- Between 2020 and 2022, the percent of adults (age 18+) who self-reported that their mental health was not good for 14+ days increased in both Red Willow County and the state.
- In 2022, the percent of adults (age 18+) who self-reported that their mental health was not good for 14+ days in Red Willow County (14.5%) was higher than the state (12.5%).

**Depression, Percentage, Adults (age 18+),
2020-2022**



**Frequent Mental Distress, Percentage, Adults
(age 18+),
2020-2022**



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Red Willow County, NE, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releases/xyst-f73f/about_data, data accessed October 4, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Red Willow County, NE, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releases/7cmc-7y5g/about_data, data accessed October 4, 2024.

Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Red Willow County, NE, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releases/i46a-9kgh/about_data, data accessed October 4, 2024.

Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Nebraska; <https://www.cdc.gov/cdi/>, data accessed October 4, 2024.

Depression Definition: Adults who responded yes to having ever been told by a doctor, nurse, or other health professional they had a depressive disorder, including depression, major depression, dysthymia, or minor depression.

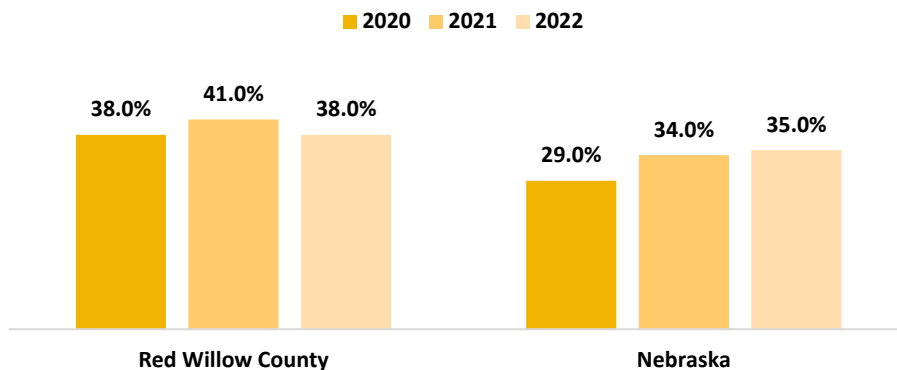
Frequent Mental Distress Definition: Adults aged ≥ 18 years who report that their mental health (including stress, depression, and problems with emotions) was not good for 14 or more days during the past 30 days.

Health Status

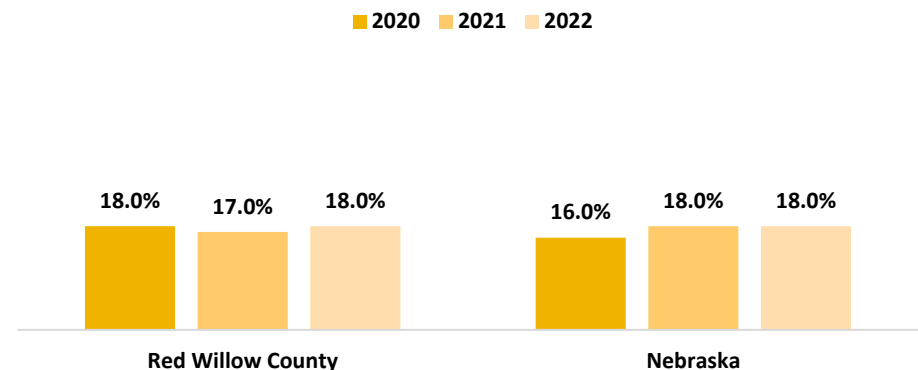
Screenings – Mammography & Prostate Screening (Medicare)

- Between 2020 and 2022, the percent of females (age 35+) that received at least one mammography screening in the past year fluctuated in Red Willow County and increased in the state.
- In 2022, the percent of females (age 35+) that received at least one mammography screening in the past year in Red Willow County (38.0%) was higher than the state (35.0%).
- Between 2020 and 2022, the percent of adults (age 50+) that received at least one prostate screening in the past year fluctuated in Red Willow County and increased in the state.
- In 2022, the percent of adults (age 50+) that received at least one prostate screening in the past year in Red Willow County (18.0%) was comparable with the state (18.0%).

Mammography Screening, Percentage, Medicare, Females (age 35+), 2020-2022



Prostate Cancer Screening, Percentage, Medicare, Males (age 50+), 2020-2022



Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; data accessed on November 5, 2024.

Mammography Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for mammography services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for mammography services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; male beneficiaries; and female beneficiaries aged less than 35.

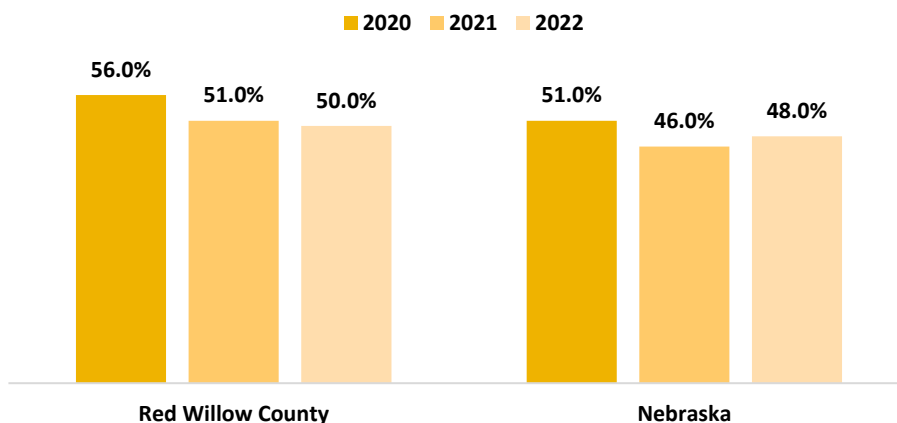
Prostate Cancer Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for prostate cancer services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for prostate cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; female beneficiaries; and male beneficiaries aged less than 50.

Health Status

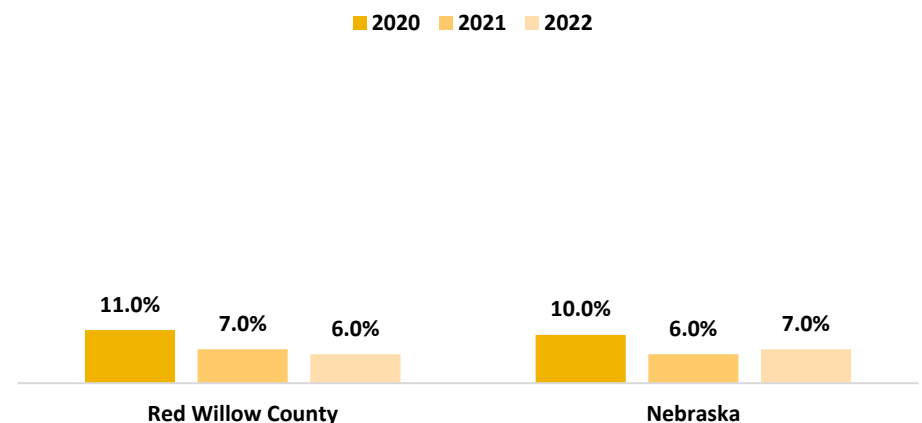
Screenings – Influenza & Pneumococcal Vaccination (Medicare)

- Between 2020 and 2022, the percent of Medicare beneficiaries that received a flu shot in the past year in Red Willow County and the state decreased.
- In 2022, Red Willow County (50.0%) had a higher percent of Medicare beneficiaries that received a flu shot in the past year than the state (48.0%).
- Between 2020 and 2022, the percent of Medicare beneficiaries that ever received a pneumonia shot in Red Willow County and the state decreased.
- In 2022, Red Willow County (6.0%) had a lower percent of Medicare beneficiaries that ever received a pneumonia shot than the state (7.0%).

**Influenza Virus Vaccine, Percentage, Medicare,
2020-2022**



**Pneumococcal Vaccine (Ever), Percentage,
Medicare, 2020-2022**



Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; data accessed on November 5, 2024.

Influenza Virus Vaccine Definition: Received an influenza vaccination in the past year.

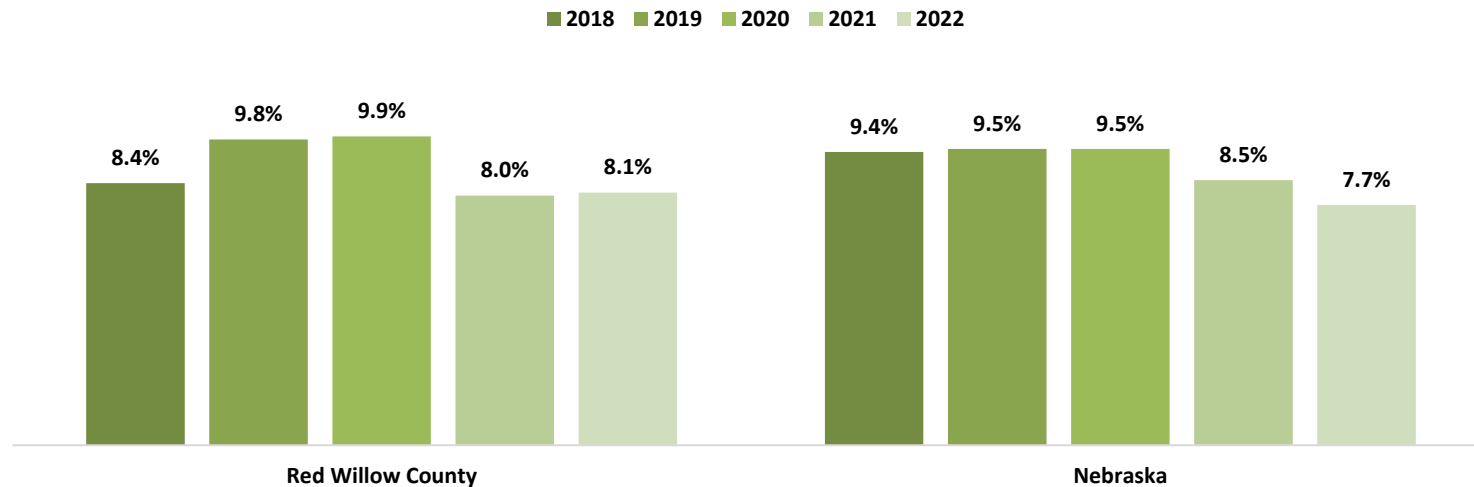
Pneumococcal Vaccine Definition: Received a pneumococcal vaccination (PPV) ever.

Health Status

Health Care Access – Uninsured

- Red Willow County and the state experienced a decrease in the percent of uninsured adults (age 18-64) between 2018 and 2022.
- As of 2022, Red Willow County (8.1%) had a higher percent of uninsured adults (age 18-64) than the state (7.7%).

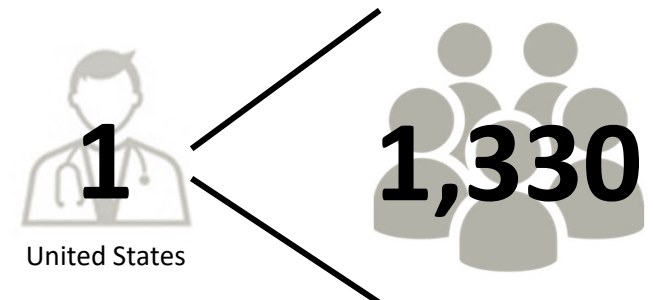
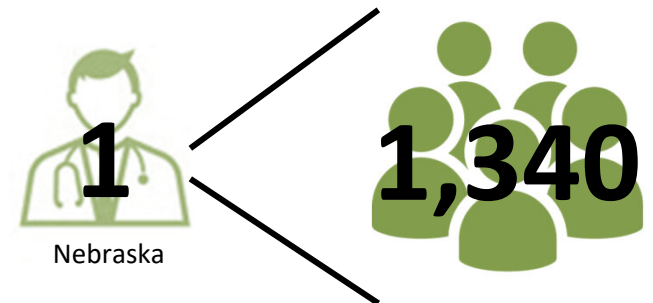
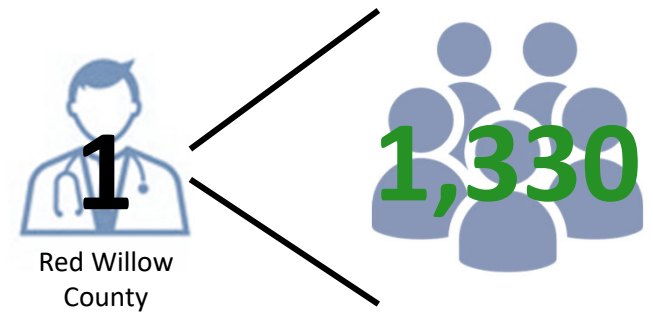
Uninsured, Percent of Adults (Age 18-64), 2018-2022



Health Status

Health Care Access – Primary Care Physicians

- **Sufficient availability of primary care physicians is essential for preventive and primary care.**
 - In 2021, the population to primary care physician ratio in Red Willow County (1,330:1) was lower than the state (1,340:1) and comparable to the nation (1,330:1).



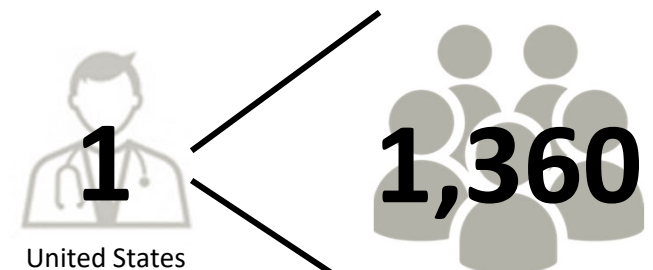
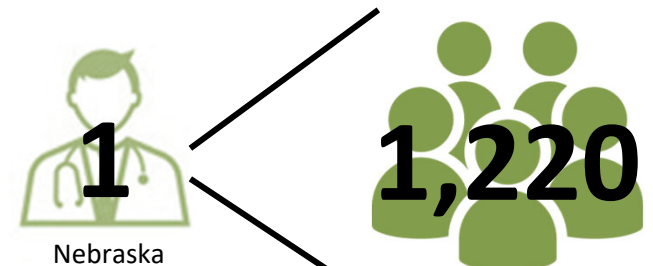
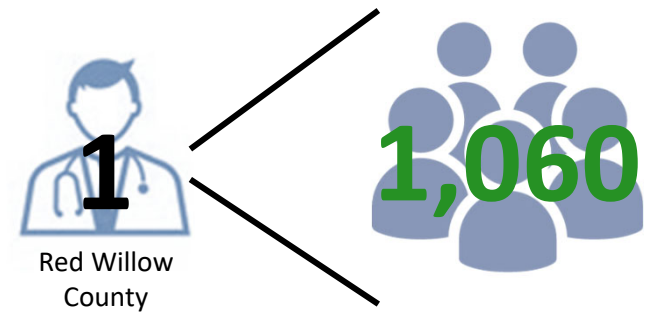
Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Red Willow County, NE, <https://www.countyhealthrankings.org/>; data accessed November 5, 2024.

Definition: The ratio represents the number of individuals served by one physician in a county, if the population was equally distributed across physicians. "Primary care physicians" classified by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

Health Status

Health Care Access – Dental Care Physicians

- **Lack of sufficient dental providers is a barrier to accessing oral health care. Untreated dental disease can lead to serious health effects including pain, infection, and tooth loss.**
 - In 2022, the population to dental physician ratio in Red Willow County (1,060:1) was lower than the state (1,220:1) and the nation (1,360:1).



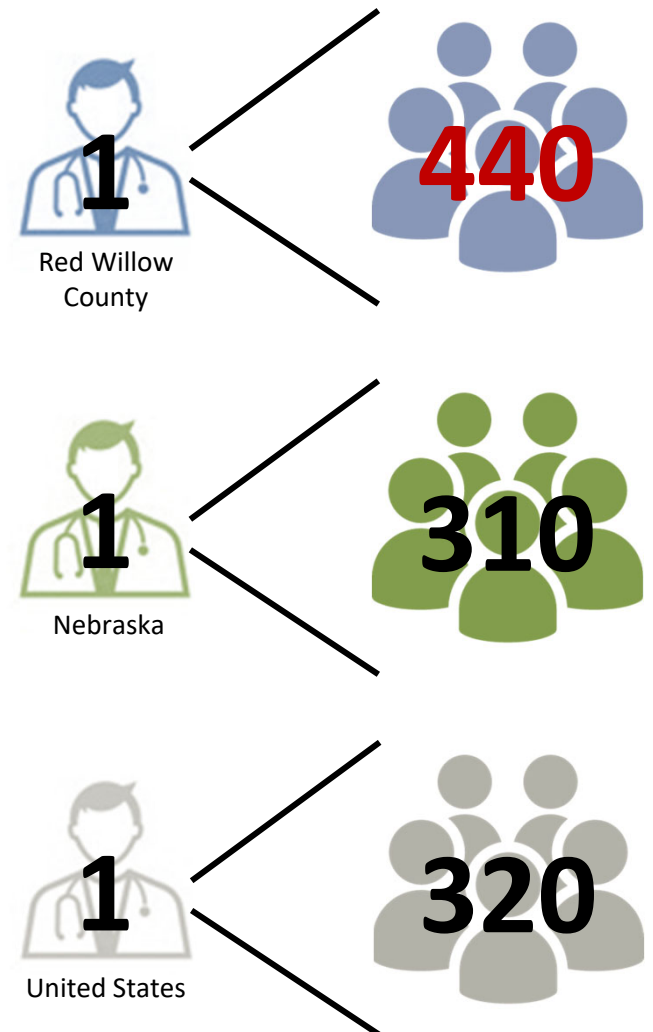
Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Red Willow County, NE, <https://www.countyhealthrankings.org/>; data accessed November 5, 2024.

Definition: The ratio represents the population served by one dentist if the entire population of a county was distributed equally across all practicing dentists. All dentists qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry and who practice within the scope of that license.

Health Status

Health Care Access – Mental Healthcare Physicians

- **Lack of access to mental health care providers not only effects overall individual wellness but also impacts the health of a community.**
 - In 2023, the population to mental health physician ratio in Red Willow County (440:1) was higher than the state (310:1) and the nation (320:1).



Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Red Willow County, NE, <https://www.countyhealthrankings.org/>; data accessed November 5, 2024.

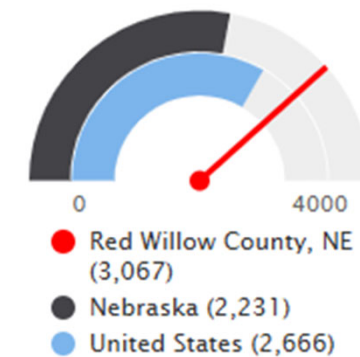
Definition: The ratio represents the number of individuals served by one mental health provider in a county, if the population were equally distributed across providers. Psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Health Status

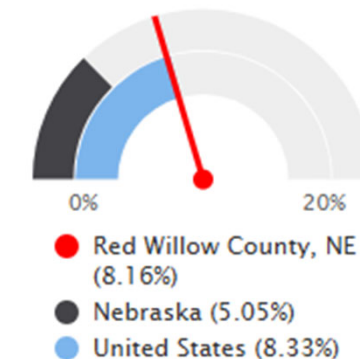
Health Care Access – Common Barriers to Care

- **Lack of adequate and available primary care resources for patients to access may lead to increased preventable hospitalizations.**
 - In 2021, the rate of preventable hospital events in Red Willow County (3,067 per 100,000 Medicare beneficiaries) was higher than the state (2,231 per 100,000 Medicare beneficiaries) and the nation (2,666 per 100,000 Medicare beneficiaries).
- **Lack of transportation is frequently noted as a potential barrier to accessing and receiving care.**
 - In 2018-2022, 8.2% of households in Red Willow County had no motor vehicle, as compared to 5.1% in Nebraska and 8.3% in the nation.

Prevention Quality Overall Composite (PQI #90), Rate per 100,000



Percentage of Households with No Motor Vehicle



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Red Willow County, NE, <https://sparkmap.org/report/>; data accessed January 10, 2025.

Definition: Ambulatory Care Sensitive (ACS) conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients.



PHONE INTERVIEW FINDINGS

Overview

- Conducted 15 interviews with the two groups outlined in Internal Revenue Service Final Regulations issued December 29, 2014
 - CHC Consulting contacted other individuals in the community to participate in the interview process, but some were unable to complete an interview due to a variety of reasons
- Discussed the health needs of the community, access issues, barriers and issues related to specific populations
- Gathered background information on each interviewee

Methodology

- Individuals interviewed for the CHNA were identified by the hospital and are known to be supportive of ensuring community needs are met. CHC Consulting did not verify any comments or depictions made by any individuals interviewed. Interviewees expressed their perception of the health of the community based on their professional and/or personal experiences, as well as the experiences of others around them. It is important to note that individual perceptions may highlight opportunities to increase awareness of local resources available in the community.
- This analysis is developed from interview notes, and the CHC Consulting team attempted to identify and address themes from these interviews and share them within this report. None of the comments within this analysis represent any opinion of CHC Consulting or the CHC Consulting professionals associated with this engagement. Some information may be paraphrased comments. The comments included within the analysis are considered to have been common themes from interviews defined as our interpretation of having the same or close meaning as other interviewees.

Interviewee Information

- **Brandy Bird:** Director, Red Willow County Health Department
- **Steffenie Fries:** Senior Program Manager, Southwest Nebraska Public Health Department
- **Ronda Graff:** Coordinator, McCook Community Foundation Fund
- **Jeremy Labrie:** Youth Pastor, Methodist Church
- **Bryan Loker:** Regional Vice President, High Plains Radio
- **Charlie McPherson:** Executive Director, McCook Economic Development Corporation
- **Matt Nielson:** Chief Operating Officer, MNB Bank; Board Member, Community Hospital
- **Grant Norgaard:** Superintendent, McCook Public Schools; Board Member, Community Hospital
- **Nate Schneider:** City Manager, City of McCook
- **Beth Siegfried:** Director, McCook Senior Center
- **Shary Skiles:** Publisher, McCook Gazette
- **Myra Stoney:** Director, Southwest Nebraska Public Health Department
- **Michal Swanson:** Owner, Hermann-Jones Funeral Chapel
- **Linda Taylor:** Mayor, McCook; Co-owner, Video Kingdom Electronics
- **Kurt Vosburg:** District Engineer, Nebraska Department of Transportation; Board Member, Community Hospital

Interviewee Characteristics

- Work for a State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community

20.0%

- Member of a medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations

40.0%

- Community leaders

40.0%

Note: Interviewees may provide information for several required groups.

Community Needs Summary

- Interviewees discussed the following as the most significant health issues:
 - Access to Mental and Behavioral Health Care
 - Access to Specialty Care
 - Elderly Population
 - Healthy Lifestyle Education & Management
 - Access to Primary Care
 - Overall Community Concerns

Access to Mental & Behavioral Health Care

- **Issues/Themes:**

- Limited availability of local providers impacting:
 - Law enforcement resources
 - Access to care (long wait times)
- Acknowledgment of telemedicine as an option, but barriers exist for some populations (low income)
- Stigma in seeking mental and behavioral healthcare potentially hindering patients receiving appropriate care, particularly the youth
- Appreciation for school counselors but need still exists for local mental health providers and students with higher needs
- Growing mental health issues tied to technology use
- Youth mental health challenges due to:
 - Substance abuse
 - Social barriers/social acceptance
 - Family problems

“The hospital is working on it, but the lack of services and access to mental and behavioral health has been a growing problem for decades. Law enforcement has had challenges with those who need mental health care.”

“We don't have enough mental health providers. I've heard a lot of people talk about how they can't get in to see a person for weeks. I have heard of them using telemedicine for appointments.”

“The providers are using telemedicine occasionally. The patients that need help are probably not using telemedicine. They are often in the low income brackets. We have a couple of long term hotels that end up with those type of people. There is no inpatient facility for mental health.”

“There's so few providers that those services are really lacking here. There are some that don't take insurance. The most effected population is the youth. There was just a kid that committed suicide a couple weeks ago. There's still a rural stigma for mental health. You'll have people who say ‘You can't tell me what to do. I don't want a program that gets my kid set up in counseling.’”

“We have counselors but not nearly enough. Then there's a stigma for going. They have counselors for the school but in reality, they are just setting schedules. They don't have the time or resources in a day to deal with mental health issues.”

“The school has a relationship with mental health providers and seems to get our kids in if they have a need. For high-needs individuals, those behavioral needs impacting other individuals, we might be lacking in that area.”

“I think we will be seeing more mental health issues as people stare at their screens more and don't have social interactions anymore.”

“Drugs are a huge issue. I don't know how you combat that or address that. Vaping is huge. They don't think of it as harmful. Meth is huge.”

“A lot of kids are putting on a brave front going to school but behind the scenes, they are dealing with broken homes, broken relationships, etc. They are dealing with social barriers like not getting into the right friend group. There's a lot of depression and substance abuse. I know that there's fentanyl. The two main things are alcohol and marijuana and then vaping, especially in high school. Alcohol is very accessible for our youth.”

Access to Specialty Care

- **Issues/Themes:**

- Appreciation for hospital's efforts to increase access to specialty care
- Shortage of local specialty services leading to:
 - Long wait times
 - Outmigration to nearby cities (Kearney, Lincoln, Omaha, Denver, North Platte, Grand Island)
- Rotating coverage available but wait times still exist for certain specialties
- Desire for more extensive trauma care options for the youth
- Specialties mentioned as needed due to long wait times or lack of coverage, include (in descending order of number of times mentioned and then alpha order):
 - Orthopedics
 - Dermatology
 - Oncology
 - Cardiology
 - ENT
 - Mental health
 - OB/GYN
 - Optometry
 - Pediatric subspecialties
 - Rheumatology
 - Sports Medicine

"I'm proud of our hospital. We are bringing in a pretty good selection of specialists. I know the hospital is always working to increase the number of specialists in the area but it's a challenge. The most common one I hear about is likely Cardiology. They have a variety of different locations so that's probably a week wait. ENT is a wish I've heard in the community. That is a need for people with young children."

"I know they do a good job of bringing in specialists but there are times you have to travel. Places people go to are Kearney, Lincoln, Omaha, Denver and North Platte."

"We have great doctors and people that come in but for some of the advanced care, you have to leave the area."

"I think it depends on the specialist but usually it's 3-6 weeks wait. The provider I see comes once a month so if you cancel your appointment, you have to wait another month or travel to their office."

"We have two facilities with optometrists and Walmart as well. That's another specialty where they're backed up. You could get in for an emergency but calling to book an appointment would be several weeks to a month out."

"Cancer is really big. I know we don't have neurology, some people have to go to Lincoln for a neurologist."

"It was a month wait for the last specialty I went to. If people leave the area, they go to North Platte. General pediatrics is one I'm fairly sure we are lacking on. That's the big one. Another one is OB/GYN. I had to wait a couple weeks to see them. So you either wait or you travel to their office base."

"Some specialty doctors come once every couple of weeks or once a month. So it can take a little bit longer to get in to see them. I've heard that the community does have ortho surgeons in town but don't know if we have the number we need to meet the needs of the community."

"We have youth sports doctors. The only thing I would think of is on the side of trauma for kids. We may need to have more extensive care there."

Elderly Population

- **Issues/Themes:**

- Increasing elderly population requiring additional healthcare services
- Rural nursing home closures leave local seniors without care and families struggling to stay connected
- Challenges in recruiting nursing home staff due to new and existing regulations
- Limited post-hospital discharge support for some elderly patients complicating their recovery
- Concern for elderly loneliness and the decline of family support systems residing locally
- Perceived barriers to transportation in the community due to:
 - Personal ability to drive
 - Limited transportation options
- Concern for financial stability amongst the elderly

“Red Willow County is aging much faster than there are people moving in. We are going to need more healthcare services. There is a smaller percent of younger people who live here and work in healthcare.”

“With the declining population and the number of small towns in our area, I worry about our nursing home's ability to keep up with the aging care. Nursing homes in smaller towns are closing. They send patients to larger cities and family is not always able to come visit them due to issues like transportation.”

“The new regulation for nursing homes is that there needs to be 24 hour nursing coverage. We can't even recruit enough nurses with the regulations we have now and that's not even with the new regulations added on.”

“Nursing home care seems scary and is expensive. It just seems like there is a general lack of good services for the elderly. Also a staff shortage of people with good skills. Not that people aren't doing their best but they only know what they know.”

“Sometimes older patients will get discharged from the hospital but might not have any caretakers. Who knows if they understand their discharge paperwork and follow ups.”

“Loneliness is probably the biggest issue. We have a weekly meal open to anyone at a local church. Since COVID-19, they will take the meal to the house. But people aren't coming out as much as they did.”

“Some of the elderly might be alone/lonely. It's not like it used to be with the kids and family staying close to home. Their kids might live days away so the support system is gone.”

“Transportation is sometimes a challenge for the elderly, especially if they're at the age where they can't drive themselves. There are a couple transportation systems but we aren't big enough to have Uber or Lyft. The City of McCook offers transportation and there are some vans for more rural areas. It's a challenge for them especially if they don't have family in the area.”

“I think a lot of them are worried about money. A lot of our elderly people are picking up jobs. Plus the cost of supplemental insurance goes up every year.”

Healthy Lifestyle Education & Management

- **Issues/Themes:**

- Appreciation for hospital and local organizations' efforts to promote health and wellness
- Challenge in improving the communities overall health due to individual choices
- Awareness of several chronic illnesses in the community (EX: diabetes and heart disease)
- Desire for incentives to help improve an individuals health and lifestyle and for more preventive care programs for all age groups
- Concerns about vaccination rates, particularly among the youth
- Poverty within the youth limits access to proper nutrition and essential services for growth/development

"Both Community Hospital and the YMCA do outreach trying to get folks to live a healthier lifestyle. Obesity is one of the challenges in Red Willow County."

"We have a YMCA, a park and some walking trails. We have some projects in the works right now that will probably add to some options. We have food banks and Meals on Wheels. Schools run programs on the days they aren't open to make sure food is available. The Meals on Wheels is mainly for the elderly."

"They've done a good job educating or attempting to educate folks. There are events that people can participate in. Unhealthy lifestyles are basically a choice people are making. There are so many facilities people can get support from."

"If everyone stopped eating the way they're eating and got better nutrition, that would make a huge impact on a lot of things. The other big picture is education."

"There's a lot of metabolic diseases like diabetes, heart disease and stuff brought on by bad health behaviors."

"Exercise is probably the key to health. If you read anything about longevity or aging, staying active and physically fit is a priority which leads into the second part, which is being proactive on your healthcare instead of reactive. If there were incentives to stay on top of your health and your wellness that would be good. That's why I think the walking trails, outdoors activities are imperative."

"I would invest in programming to get people access to preventive care. That'll help with the overall long-term health and some of the bigger health issues we are seeing. We are renovating our YMCA. There will be a new sports complex with different types of activities that cater to more groups like the youth and elderly. We need to make sure we are providing all the different opportunities so people can continue with a healthy lifestyle."

"Vaccination coverage - just getting out in the community and getting everybody vaccinated with up to date vaccinations is a concern. We see that the 65+ are getting vaccinated but the younger generation is lacking since COVID."

"McCook is a low income area so we've got a lot of people who are youth who live in poverty. Nutrition and services that they need to flourish is a hard thing. Red Willow County is a fairly poor county and that's one of the things I've noticed."

Access to Primary Care

“More providers would be good, specifically family medicine.”

- **Issues/Themes:**

- Need for additional providers in the community, specifically family medicine
- Conflicting statements on wait times to get an appointment
- Appreciation for appointment availability at local clinics
- Cost barriers for some leading to delaying appropriate care
- Longer wait times associated with seeing local physician vs. APPs
- Perceived healthcare awareness gap for some, particularly the low income
- Perceived need for increased pediatric care
- Limited pediatric options leading to outmigration to larger cities (Omaha, Kearney, Grand Island)

“I would say it takes a couple of days to see a doctor. With the urgent care clinics, if you do a walk in, you could probably get in. If you want to see your doctor, it may be a couple days. Sometimes people prefer to see their doctor and not a nurse practitioner. I see someone being a bit prejudice and want to see their doctor and not a nurse practitioner.”

“It is very accessible because we do have urgent cares. Even the McCook clinic has same day care and the urgent cares as well. However, I don't know how affordable it is for people without insurance. I think people drag their feet for care. We get calls for people who may have lice because they can't afford to go in for an appointment.”

“There is a wait time to get in to a primary care provider of about 2-3 weeks. That wait time encourages people to go into the urgent care or whatever other option is out there where they can be seen by someone.”

“Sometimes it's a challenge to find a doctor that is available but most of the time it hasn't been difficult. They are probably stretched a little thin with providing care. But the quality of doctors is pretty good. Recently we needed to see a doctor instead of a nurse practitioner, so it was a week and a half out to be scheduled.”

“There's a lot of middle class families but also a lot of displaced individuals in the community as well. For whatever reason, the idea of going to the hospital or clinic seems out of reach to them. They just don't know what is accessible to them or aren't aware for whatever reason.”

“We don't have a pediatric doctor in the community. We do have kids who need vision and dental services. The school does their part to identify those people. The school can act as a guide for parents and communicate the resources that are available to them but they can't take action.”

“It would be nice to have some more pediatricians that specialize in infants. Just from a personal experience, either general pediatrician or specialty one is needed.”

“We don't have a pediatrician in McCook. If they need specialized care, they would need to go out of town to cities like Omaha, Kearney, or Grand Island.”

Source: Community Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; November 11, 2024 – December 2, 2024.

Overall Community Concerns

- **Issues/Themes:**

- Barriers to utilizing swing beds or home health due to awareness and affordability
- Acknowledgement of marketing efforts about the different healthcare options, but education opportunities still exist
- Inappropriate ER usage due to:
 - Lack of information
 - Lack of an established primary care provider
 - Cost barriers
 - Lack of alternative 24hr. options
- Perceived delay of care/use of the ER by the elderly due to lack of timely action or awareness of healthcare alternatives
- Acknowledgement of local transportation options, but limited accessibility for certain populations
- Difficulty recruiting and retaining providers due to:
 - Rural nature of the area
 - Perceived better opportunities elsewhere
- Perceived increase in traffic fatalities

“Knowing about swing beds is the first barrier. The second being the cost. We have an organization that does offer home health when you do leave.”

“Most people that have insurance know the difference between using the ER vs. their doctor. Some may be confused about that, so that would be a marketing opportunity. The walk in clinic is constantly reminding people about it.”

“Most of them that choose to go to the hospital would use the ER whether it was emergent or not. Some may think that they don’t have the resources to use the clinic so they go to the ER. I think it's due to a lack of information.”

“I believe the average person would know the difference between the ER vs. a primary care doctor in the county. Some of them will put off getting care because they don't have the finances.”

“My mother in law, who is 85, is having issues with her meds and waits until 3am to decide that she’s going to the ER. If it was earlier in the day, she could have gone to the walk in clinic. A lot of people seem to do that. Some just live under a rock and don't pay attention.”

“For folks that don't have a healthcare provider, they just think of the ER as just where 'I'm going to go'. That's not a good use of our resources.”

“We don't have a large public transportation system. We have some available through the city. There's some transportation providers from other communities that also serve McCook. It seems like there's not an adequate amount of public transportation. You can call a number but you have to line it all up yourself.”

“Access to care is a concern. We have some people who aren't able to get to their doctor visits or appointments. If you are wheelchair bound, you can't use the bus. You have to be able to get on and off the bus by yourself.”

“Lack of providers is one of the biggest problems here. It's everything from dental hygienist to medical care professionals. When I think about the hospital and clinic, people don't want to come here and practice medicine, because it's isolating. They can make more money in the city. It's hard to recruit people to come here.”

“Traffic fatalities are just growing at an alarming rate. That is a healthcare issue too. Distracted driving and seatbelt use are probably the main reasons. We are up 16% over the last year in fatalities.”

Populations Most at Risk

Interviewees expressed concern surrounding health disparities disproportionately affecting specific populations, including:

- Infants/Kids
 - Limited access to local pediatric care
 - Affordability of child care
 - Access to nutritious food options
- Teenagers/Adolescents
 - Mental health
 - Drug & alcohol misuse/abuse
 - Limited recreational activities
- Elderly
 - Increasing population
 - Alzheimer's/mental health
 - Limited support system/isolation/loneliness
 - Access to nutritious food options
 - Cost barriers to care due to fixed incomes
 - Transportation barriers
 - Limited access to nursing homes, assisted living facilities due to staffing shortages
- Homeless/Transient
 - Shelter/housing options
 - Limited local services/resources
- Racial/Ethnic
 - Translation/language barriers
 - Lack of health insurance
 - Fear of seeking care
- Low Income
 - Insurance/affordability of healthcare services
 - Hourly shift limitation
 - Access to healthcare information
 - Affordable housing
 - Drug misuse/abuse
 - Transportation barriers
 - Access to dental care, particularly those on Medicaid
- Veterans/Military Dependents
 - Transportation barriers
 - Lack of access to local, nearby VA services
 - Insurance coverage for vaccinations
 - Limited acceptance of insurance at local resources



LOCAL COMMUNITY HEALTH REPORTS

Community Action Partnership of Mid-Nebraska

2022 Regional Community Needs Assessment

- Community Action Partnership of Mid-Nebraska (Mid) is a private, non-profit organization serving 27 counties in south central Nebraska and two counties in Kansas. Mid works to alleviate poverty conditions and improve and strengthen local resources.
- There are nine separate Community Action Agencies (CAA's) in Nebraska and over 1,000 nationwide. CAA's are locally operated and collaborate with various community partners mobilizing resources and creating innovative programs which improve lives and build stronger communities throughout Nebraska and across the nation.

Methodology

- Mid conducts a Regional Community Needs Assessment on a three-year basis, with census updates added to the assessment annually. On March 2, 2022, 1,000 Community Needs Assessment surveys were sent by postal mail to 1,000 randomly sampled recipients. InfoUSA was the company used that helped identify and determine statistically valid sample sizes for each county we serve. Along with the survey was a cover letter explaining the intent of the survey as well as a return envelope for clients to send completed surveys back in.
- In an effort to increase our return rate, Community Action Partnership of Mid-Nebraska also made the survey available online for quick and easily accessible completion. The online survey was published on Mid's social media accounts and website. After roughly a month and a half of survey distribution, the survey period ended on April 18, 2022, yielding a 19% response rate.

Community Action Partnership of Mid-Nebraska

2022 Regional Community Needs Assessment

Conclusion

- The final portion of Community Action Partnership of Mid-Nebraska's 2022 Regional Needs Assessment asked survey respondents to indicate how serious of a problem certain needs, services, and resources are for their household. Participants were asked to rate the severity of their needs on a scale from Very Serious to Not a Problem. Overall, the top three needs identified by this survey for Community Action Partnership of MidNebraska's 27 county service area are:
 - Affordable medical care
 - Affordable dental care
 - Affordable eye care
- In addition to asking survey participants to rate the severity of their needs, we also asked participants to provide qualitative data on what needs they feel are not being met within their communities and what additional services they would like to see be made available in their community. After collating all of the responses to these two questions, it was determined that the top four needs based on qualitative survey responses were:
 - Transportation
 - Housing rent and utilities
 - Child care
 - Work training programs

Community Health Improvement Plan

2023 Southwest Nebraska Public Health Department

Background

- This 2023-2025 Community Health Improvement Plan (CHIP) was developed by the Community Health Partnership, facilitated by the Southwest Nebraska Public Health Department (SWNPHD) after finalizing the 2023 Community Health Assessment (CHA). The CHA and CHIP are foundational practices of state, local and tribal health departments to assess and improve community well-being.
- Southwest Nebraska Public Health Department (SWNPHD) is a local public health department in western Nebraska, serving nine counties: Keith, Perkins, Chase, Dundy, Hayes, Hitchcock, Frontier, Red Willow and Furnas.
- While several models exist for this work, we sampled the approach outlined by the Mobilizing for Action through Planning and Partnership (MAPP), developed by the National Association of County and City Health Officials (NACCHO). We updated our CHA in 2023 which included the collection of demographics and health data from a variety of sources. Additional context was also captured to better understand the community, identify trends, assess the system of care, elevate strengths, and consider forces that may impact community health and our shared capability to support it.

Community Health Improvement Plan

2023 Southwest Nebraska Public Health Department

Methodology

- Our approach was informed by the MAPP framework and national public health accreditation standards with intentional effort to center disparities and social determinants of health as to elevate equitable health outcomes. In similar fashion to the three phases of the MAPP framework, our methodology included:

Phase 1: Build the Foundation (see the 2023 CHA)	<ul style="list-style-type: none">• Form a Design Team• Form a Community Health Partnership• Design Assessments• Establish a Community Vision for Well-Being
Phase 2: Tell the Community Story (see the 2023 CHA)	<ul style="list-style-type: none">• Facilitate a Community Survey• Develop a Community Status Profile• Assess the Forces of Change• Review Access to Care and Disparities
Phase 3: Continuously Improve the Community	<ul style="list-style-type: none">• Identify Priorities• Develop a Community Health Improvement Plan

Conclusion

- Our 2023 Community Health Assessment resulted in the identification of nine key red flag health issues for our community and systems of care to monitor and take action toward. The Community Health Partnership applied a structured methodology to narrow these important issues and to select the top few priorities for the 2023-2025 Community Health Improvement Plan:
 - Physical Activity
 - Heart Disease
 - Cancer



INPUT REGARDING THE HOSPITAL'S PREVIOUS CHNA

Consideration of Previous Input

- IRS Final Regulations require a hospital facility to consider written comments received on the hospital facility's most recently conducted CHNA and most recently adopted Implementation Strategy in the CHNA process.
- The hospital made every effort to solicit feedback from the community by providing a feedback mechanism on the hospital's website. However, at the time of this publication, written feedback has not been received on the hospital's most recently conducted CHNA and Implementation Strategy.
- To provide input on this CHNA please see details at the end of this report or respond directly to the hospital online at the site of this download.



EVALUATION OF HOSPITAL'S IMPACT

Evaluation of Hospital's Impact

- IRS Final Regulations require a hospital facility to conduct an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital's prior CHNA.
- This section includes activities completed based on the 2023 to 2025 Implementation Plan.

Community Hospital

FY2023 - FY2025 Implementation Plan

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for Community Hospital (CH) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Red Willow County, Nebraska.

The CHNA Team, consisting of leadership from CH, met with staff from CHC Consulting on March 21, 2022 to review the research findings and prioritize the community health needs. Six significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The CHNA Team participated in an electronic ballot prioritization process using a structured matrix to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and the hospital’s capacity to address the need. Once this prioritization process was complete, the hospital leadership discussed the results and decided to address all of the six prioritized needs in various capacities through a hospital specific implementation plan.

The six most significant needs, as discussed during the March 21st prioritization meeting, are listed below:

- 1.) Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
- 2.) Focus on the Needs of the Aging Population
- 3.) Continued Emphasis on Recruitment and Retention of Healthcare Workforce to Increase Access to Primary Care and Specialty Care
- 4.) Access to Affordable Care and Reducing Health Disparities Among Specific Populations
- 5.) Access to Mental and Behavioral Health Care Services and Providers
- 6.) Continued Focus on COVID-19 Prevention & Response

CH leadership has developed its implementation plan to identify specific activities and services which directly address the six identified priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital’s overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, annual updates and progress, and key results (as appropriate).

The CH Board reviewed and adopted the 2022 Community Health Needs Assessment and Implementation Plan on May 18, 2022.

Priority #1: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Rationale:

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrants a need for increased preventive education and services to improve the health of the community. Heart disease and cancer are the two leading causes of death in Red Willow County and Nebraska. Red Willow County has higher mortality rates than Nebraska for the following causes of death: heart disease; cancer; chronic lower respiratory diseases; accidents (unintentional injuries); Alzheimer's disease; diabetes mellitus; nephritis, nephrotic syndrome and nephrosis; lung and bronchus cancer and colon and rectum cancer.

Red Willow County has higher prevalence rates of chronic conditions such as obesity, and high blood pressure for the Medicare population. Additionally, Red Willow County has a higher percentage of residents participating in unhealthy lifestyle behaviors such as physical inactivity. With regards to maternal and child health, specifically, Red Willow County has higher low birth weight births and higher teen (age 0-17 years) birth rates than the state. Data suggests that Red Willow County residents are not appropriately seeking preventive care services, such as timely prostate screenings.

Several interviewees acknowledged the higher rates of chronic conditions and poor lifestyle behaviors like cancer and obesity in the community. Interviewees also appreciated the existing local resources that are in the community. However, interviewees mentioned the lack of access to recreational and wellness opportunities. One interviewee stated: "We have wonderful biking trails. If we could improve [our opportunities for] outdoor activities [that would help]. Some mothers are taking their kids to Oberlin, KS. We shouldn't have to do that so our kids have fun experiences." Another interviewee stated: "We need to do more to give young families opportunities to interact with each other to stay healthy. Our parks are really lacking and some of them are just in disarray. An investment in the community would be very vital."

A few interviewees brought up the limited availability of the built environment and wellness opportunities like outdoor activities in the community. One interviewee stated: "Wellness is probably the most important piece of the puzzle and gets overlooked greatly. [We need] access to recreational facilities to participate [in exercise]. I can't think of any place where there is a full outdoor basketball court." Additionally, interviewees discussed the need for more employer wellness programs and general health education for the community. One interviewee stated: "In the community, it's hard to get people to understand taking care of their health and be proactive versus reactive. Community Hospital understands that you need to be proactive. The wellness initiative they are spearheading is a great start."

Objective:

Increase healthy lifestyle education and prevention resources at the hospital and in the community

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
<p>1.A. Community Hospital will continue to increase educational opportunities for the public concerning wellness topics and health risk concerns. Additionally, Community Hospital will continue to increase awareness of and access to its educational offerings.</p>	<p>Baleigh Abbott, Terrie Unger</p>	<p>ONGOING</p>	<p>CH continues to increase educational opportunities for the public on wellness topics and health risks concerns like Stroke education, CPR classes, proper medication disposal, Wellness for Life program, Healthy Connections Lunch & Learn, and the Eat Smart, Get Fit program; Healthy Connections had 39 at the first event. Heart Healthy initiative had a pilot group. Eat Smart, Get Fit classes with all 10 of our participants completing the one year program, and receiving CDC's "Full Plus Recognition", for meeting the requirements of this elevated recognition.</p>	<p>ONGOING</p>	<p>CH continues to increase educational opportunities for the public on wellness topics and health risks concerns like Healthy Connections, social media promotion for events, virtual wellness fair, programs like Eat Smart Get Fit, Healthy Heart Initiative. Trauma Committee - Fair Booth & Healthy Kids Day at YMCA, CardioPulmonary: Heart Healthy Initiative, "Stop the Bleed". Community Connect was created to offer more wellness related topics to the community at large to reach beyond our community partners; "Eat Smart, Get Fit" currently has 9 people enrolled; Healthy Connections attendance averages 50 participants.</p>	<p>ONGOING</p>	<p>CH continues to increase educational opportunities for the public on wellness topics and health risks concerns like Eat Smart Get Fit, Healthy Heart Initiative, Healthy Connections, Community Connect, Trauma booth at fair; Community Connect MPCC had roughly 20 in attendance; Healthy Connections happens every other month with an average attendance of 55 at each event; quarterly presentations with 2 Community Partners (AKRS & Valmont).</p>

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.B. Community Hospital will continue to host and/or participate in local health-related events to promote hospital services, offer a variety of health screenings to the community, and/or support or partner with local organizations that provide services to vulnerable populations.	Baleigh Abbott, Jon Reiners, Molly Smith	ONGOING	CH hosted the Freedom Run and had 50 runners; Bryan Cardiovascular screening truck had 40 screenings; Adventure Race had 30 participants; participated in Senior Fun Fair; Curtis Health Fair provided flu shots, blood draws, and blood pressure checks; Community Wellness Fair McCook had 35 participants; CH provided funding for Walk to Health and provide prizes for challenges.	ONGOING	Freedom Run in July had over 100 runners; Heritage Days Race in partnership with the YMCA; Healthy Kids Day at the YMCA; Wellness Fair in Curtis in September with around 30 people in attendance; Wellness Fair in McCook on March 27; CH provided funding and prizes to the health department for Walk to Health program; participated in the Senior Fun Fair with Home Health and the CHHF.	ONGOING	CH provided funding for Walk 2 Health App for SWNPHD; Freedom Run had over 100 runners; Pink Out Rodeo for Cancer Awareness in July; Healthy Kids Day at YMCA; Healthy Habits Day with Nebraska Extension; Virtual Wellness Fair; Curtis Wellness Fair.
1.C. Community Hospital will continue to host various support and educational groups at the facility.	Adam Wolford, Daphne Tidyman, Cathy Jibbens and Tanya Lutz	ONGOING	Various support and educational groups are being held like Grief Support, host a Diabetic Support Group which meets several times a year, to talk about diabetes-related topics; presentation on heart disease in Sept 2022 (about 5-10 people from the community attended); presentation on stress in April 2023 (about 5-10 people from the community attended).	ONGOING	Various support and educational groups are being held like Parkinson Support group started back up in December, Eat Smart. Get Fit, Diabetic Support, Grief Support, Healthy Connections, Healthy Heart Initiative.	ONGOING	Various support and educational groups are being held like Parkinson Support group, Eat Smart. Get Fit, Diabetic Support, Grief Support, Healthy Connections, Healthy Heart Initiative.

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.D. Community Hospital personnel will continue to serve in leadership roles and as volunteers with many agencies and committees in the community. Additionally, Community Hospital will continue to provide staff representation at various conferences and in local consortiums focused around its patient population's needs.	Karen Kliment Thompson, Sean Wolfe, Lori Beeby, Troy Bruntz	ONGOING	Troy Bruntz - MEDC; Lori Beeby - Chamber of Commerce, NHA Services Board; Sean Wolfe - Community Leadership and welcoming activities, NHA SDOH Committee; Karen Kliment Thompson - ACHE Regent, Hands and Voices state treasurer, Molly State Nursing Leadership	ONGOING	Troy Bruntz - MEDC; Lori Beeby - Chamber of Commerce, NHA Services Board; Sean Wolfe - Community Leadership and welcoming activities, NHA SDOH Committee; Karen Kliment Thompson - ACHE Regent, Hands and Voices state treasurer, Molly State Nursing Leadership, CASA BOD	ONGOING	Troy Bruntz - MEDC; Lori Beeby - Chamber of Commerce, NHA Services Board; Sean Wolfe - Community Leadership and welcoming activities, NHA SDOH Committee; Karen Kliment Thompson - ACHE Regent, Hands and Voices state treasurer, Molly State Nursing Leadership, CASA BOD
1.E. Community Hospital will continue to serve as the backbone organization for the Communities of Excellence initiative, including Wellness McCook, in collaboration with several local partner organizations to improve the overall quality of life in the community.	Karen Kliment Thompson, Baleigh Abbott, Brad Hays	ONGOING	CH continues to serve as the backbone organization for the Communities of Excellence initiative, including Wellness McCook, in collaboration with several local partner organizations to improve the overall quality of life in the community; Vote Yes Sales tax passed the ballot in November for a pool and ball fields.	ONGOING	CH continues to serve as the backbone organization for the Communities of Excellence initiative, including Wellness McCook, in collaboration with several local partner organizations to improve the overall quality of life in the community like PODS for minority population.	ONGOING	CH continues to serve as the backbone organization for the Communities of Excellence initiative, including Wellness McCook, in collaboration with several local partner organizations to improve the overall quality of life in the community; assisted/ support with school bond, progress with Disc Golf, the pool, and many other wellness projects in the community.
1.F. Community Hospital will continue to incentivize employees and their families to participate in regular physical activity through a discounted membership at local gym and recreation facilities, as well as wellness incentives towards employee health insurance premiums.	Andie Stang, Leanne Miller	ONGOING	Updated wellness benefits for employees wellness items.	ONGOING	CH provided wellness reimbursement benefits for staff.	ONGOING	CH provided wellness reimbursement benefits for staff, discounted memberships at local gyms, released a new training app for staff to have access to coaching from Wellness Program Specialist.

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.G. Community Hospital will promote local radon mitigation efforts in the community.	Baleigh Abbott	ONGOING	Radon education included in the online Health fair.	ONGOING	Radon education provided in the Virtual wellness fair and included links to get radon test or to gather more information.	ONGOING	Radon education provided in the Virtual wellness fair and included links to get radon test or to gather more information.

Priority #2: Focus on the Needs of the Aging Population

Rationale:

Red Willow County has a larger percentage of the 65 and older population than the state. Additionally, Medicare Beneficiaries in Red Willow County have higher rates of hypertension and diabetes than the state.

Interviewees discussed a need for increased healthcare services due to the aging population. It was mentioned that the elderly have a lack of awareness of healthcare services in the community. One interviewee stated: "Understanding the health care that we have available in McCook is an issue. I am aware that we have the specialty clinic and the other opportunities to see different providers but the older generation may not be aware of everything. So understanding what the hospital has available could be another issue." Several Interviewees expressed concern for staffing to meet the specific needs of the aging population. One interviewee stated: "Well, we are getting older in McCook and I worry that we are not going to have enough medical providers to provide the care the people of McCook are going to need to make sure they are living comfortable lives. Our population is declining in the 20's to early 30's. We need those [staff] in McCook to help employ the community."

Interviewees discussed affordability concerns for the elderly due to their fixed incomes as well as insurance coverage. One interviewee stated: "The elderly being able to afford services [is a concern]. They have been struggling to find foot care and Medicare shingles related care. They just go without that because they can't afford it." Additionally, transportation was discussed as a barrier to accessing healthcare due to the limited options as well as the limited hours of local transportation options. A few interviewees discussed the need for more availability at assisted living facilities. One interviewee stated: "The biggest challenge is availability for assisted living. We had multiple small facilities shut down. The one locally is not taking new patients because they don't have enough staff." Lastly, concern for mental and behavioral health issues were brought up by a few interviewees for the aging population. One interviewee stated: "We have a senior center in McCook if they can get there. Loneliness would be the biggest issue."

Objective:

Place increased focus and emphasis on the needs of the aging population within the community

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
2.A. Community Hospital will continue to provide home health, hospice, and palliative care services for applicable residents. Furthermore, Community Hospital will continue to focus on the patient's family wellbeing by providing respite care in order to reduce caregiver burnout.	Barbie Long	ONGOING	Palliative Care pilot group, getting marketing created to go public	ONGOING	CH continues to provide home health, hospice, and palliative care services for applicable residents. CH continues to focus on the patient's family wellbeing by providing respite care in order to reduce caregiver burnout.	ONGOING	CH continues to provide home health, hospice, and palliative care services for applicable residents. CH continues to focus on the patient's family wellbeing by providing respite care in order to reduce caregiver burnout.
2.B. Community Hospital will continue to meet with local nursing homes and assisted living facilities on a quarterly basis and comprehensively discuss any emerging issues in the area and how to address such issues to improve quality and efficiency of care for patients.	Troy Bruntz	ONGOING	CNA project continues with support of the MCC foundation	ONGOING	CNA project continues with support of the MCC foundation	ONGOING	CNA project continues with support of the MCC foundation
2.C. Community Hospital staff members regularly volunteer at the local Meals on Wheels and Senior Center organizations to support the needs of elderly residents in the community.	Baleigh Abbott	ONGOING	Every Thursday CH staff volunteer time to do an hour shift delivering meals.	ONGOING	Every Thursday CH staff volunteer time to do an hour shift delivering meals.	ONGOING	Every Thursday CH staff volunteer time to do an hour shift delivering meals.

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
2.D. Community Hospital will continue to provide free, monthly lunch and learn events on health-related topics for the elderly.	Baleigh Abbott	ONGOING	Healthy Connections Welcome event had 39 participants. Caring Coffee Group was started on April 14.	ONGOING	Dr. Lawton presented in the July 2023 lunch and learn; Lori Ryland presented in the Sept. 2023 lunch and learn; Barbie Long presented in the Nov. 2023 lunch and learn; Ellen Branham presented in the Jan. 2024 lunch and learn (had 39 in attendance); Dr. Tice presented in the April 2024 lunch and learn; Kathy Scusa presented in the June 2024 lunch and learn (had 46 in attendance).	ONGOING	Lunch and learn in August had 58 in attendance, lunch and learn in October had 51 in attendance, lunch and learn in January had 55 in attendance.
2.E. Community Hospital will continue to offer Fitness Reaching Older Generations (FROG) classes to elderly residents in order to promote physical activity among seniors.	Baleigh Abbott, Leann Jankovits	ONGOING	Classes being held in 6 towns.	ONGOING	Classes being held in 6 towns.	ONGOING	Classes being held in 6 towns.
2.F. Through the CNA Initiative, Community Hospital partners with nursing homes, schools and others in the region to support and encourage interested individuals to pursue opportunities as a practicing CNA or RN in the community.	Jessica Bortner	ONGOING	Around 30 students have graduated from the program in total. 5 students in the first group and 15 more students in the second group have gotten their certification.	ONGOING	Continue to provide funding for CNA classes. 40 CNA students have graduated from July 1, 2023 - June 30, 2024.	ONGOING	Continue to provide funding for CNA classes. 38 CNA students have graduated from July 1, 2024 - March 31, 2025.

Priority #3: Continued Emphasis on Recruitment and Retention of Healthcare Workforce to Increase Access to Primary Care and Specialty Care

Rationale:

Red Willow County has a higher rate of preventable hospitalizations than the state.

Interviewees expressed concern for staffing shortages across all healthcare fields. It was mentioned that the impact of COVID-19 is leading to fatigue among medical staff in the community. One interviewee stated: "Staffing shortages [is a concern]. It is very much hospital and family practice providers who are seeing COVID-19 on the front end. I have family and friends who are providers and the last couple of years has been very stressful. It's kind of scary to see where they are headed. Some of those folks are so tired of dealing with it that they are ready to get out of medicine." Several interviewees discussed difficulty in attracting providers to the community due to the lack of local housing options; the rural nature of the community; competition with bigger cities nearby as well as the limited recreational activities/entertainment. One interviewee stated: "Related to healthcare, one [concern] would be workforce. The ability to attract healthcare workforce to our community [is an issue]. As the employer, you not only have to find the employee, but also the house, etc. Contrary to popular belief, you are competing with everyone. Not just small towns but places like Omaha. The [employee] wants a good house and not your grandma's house."

Interviewees discussed concerns they had about provider retention as well as the barriers to transportation in the community due to the limited transportation options and the limited awareness of the transportation options in the community. A few interviewees brought up the need for increased access to critical healthcare services. One interviewee stated: "For Red Willow County, a big challenge that still remains is access to critical healthcare. I would say those emergencies like trauma emergencies. Especially in today's world with COVID-19."

In regards to primary care, interviewees acknowledged and appreciated the multiple primary care resources in the community. However, there were conflicting statements on wait times during appointments and in scheduling appointments. One interviewee stated: "We are pretty well [suited] in primary healthcare services. Usually the wait time is 30-45 minutes. It pretty much runs on time except for an emergency." Another interviewee stated: "It's not easy. You usually have to wait a number of days to get in to see somebody unless you go in to see urgent care." Several interviewees discussed the perceived staff shortages and provider retention issues that are leading to use of telemedicine for appointments and outmigration. One interviewee stated: "I think they are a little short staffed and retention is a struggle for urgent care. There are some community residents that go elsewhere but I don't know if it's preference or access issues."

Interviewees expressed concern surrounding recent provider retirements leading to shortage of providers as well as perceived less convenient access to providers in the area. One interviewee stated: "The perception is, 'I don't have easy access or convenient access to my doctor.' In our county, it's been exacerbated by a couple of senior medical doctors retiring and then also exacerbated by the changing generations' desire for convenient access to services." Lastly, a few individuals discussed the limited access to pediatric services in the community.

Looking at specialty care, interviewees discussed the shortage of local specialty services which is leading to long wait times and outmigration to North Platte. Specific specialties that were mentioned as needed: Dermatology (increased coverage), Gastroenterology (increased coverage), ENT and OB/GYN. Several interviewees mentioned that there is rotating coverage of providers available but patients still have to wait for certain specialties. A few interviewees appreciated the hospital's efforts to increase access to specialty care, but there is a perception that there are accessibility issues for Medicaid patients due to limited provider acceptance. One interviewee stated: "There is a pretty extensive network [of specialists]. I have not heard of a need for other specialists. But I know that if you are on Medicaid, I think you have to travel about 100 miles to places that take Medicaid patients. I know that is a very big struggle."

Objective:

Continued efforts to recruit and retain providers to the community

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.A. Community Hospital offers several medical clinics offering a variety of specialty care services. The communities of Trenton and Curtis are served by local rural clinics provided by Community Hospital. Additionally, Community Hospital will assess information from the semi-annual market assessment and will continue to track recruiting efforts of new specialists through Service Seed. As opportunities for additional services are evaluated, Community Hospital will also focus on appropriate staffing for the addition of such services.	Diana Gross, Jon Reiners, Karen Kliment Thompson, Leanne Miller	ONGOING	Dr. Ballinger, ENT, started in October (provides 6 additional days per month between clinic & surgery days); Dr. Um, Vascular surgeon, started in January (provides 1 day per month); Ellen Branham, Med Oncology NP, started in June to provide additional support under supervision of Dr. George (provides 4 additional days per week)	ONGOING	Dr. Tice, Orthopedics, starting in early 2024 and starting outreach clinic in Imperial in April 2024. Dr. Sanivaripu starting in April; Boys Town Pediatric behavioral health starting in June 2024.	ONGOING	CH continues to offer several medical clinics offering a variety of specialty care services. Dr. Craig Erickson and Dr. Bruce Mikesell have been hired as ER doctors. Dr. Benjamin George started full time in January 2025 as a medical oncologist.

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.B. Community Hospital will continue to offer various mobile services on a regular basis, such as PET/CT, cardiovascular screenings, and nuclear studies.	Jennifer Liess	ONGOING	PET scans were moved to Tuesdays in order to be able to keep the service open and to accommodate when the Bryan Cardiovascular truck could come; Nuclear studies are offered up to 4 days/week several times a month; Bryan Cardiovascular truck had 40 screenings; Kearney Regional and NHI both send out nuclear medicine equipment for various studies.	ONGOING	Bryan Cardiovascular truck was utilized by community members in August.	ONGOING	CH continues to offer various mobile services on a regular basis, such as PET/CT, cardiovascular screenings, and nuclear studies.
3.C. Community Hospital maintains an updated calendar of visiting specialists on its website for residents to access and utilize in planning health care appointments. Additionally, Community Hospital will continue to implement rotating Facebook advertisements featuring visiting specialists.	Molly Smith, Diana Gross	ONGOING	A perpetual calendar is on the hospital's website; directory of visiting specialists runs in newspapers in McCook, Curtis, Hayes Center, Benkelman, Trenton, Oberlin Kansas and Cambridge every month; new specialists are featured on FB and on Message Boards at CH.	ONGOING	A perpetual calendar is on the hospital's website; directory of visiting specialists runs in newspapers in McCook, Curtis, Hayes Center, Benkelman, Trenton, Oberlin Kansas and Cambridge every month; new specialists are featured on FB and on Message Boards at CH.	ONGOING	A perpetual calendar is on the hospital's website; directory of visiting specialists runs in newspapers in McCook, Curtis, Hayes Center, Benkelman, Trenton, Oberlin Kansas and Cambridge every month; new specialists are featured on FB and on Message Boards at CH.

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
<p>3.D. Community Hospital will continue to serve as a teaching facility and allow for students pursuing health-related careers to rotate through the facility for a variety of programs, including, but not limited to, therapy, pharmacy, nursing, and public health.</p>	Leanne Miller	ONGOING	<p>Bison Days had 25 kids attending across 6 departments; 100 students in attendance for Career Days; Senior Industrial tour has 4 groups of 26 in attendance; the UNK Summer Camp had 18 students in attendance; the 2nd Grade Field trip had 30 kids in attendance; CH attended Connecting the Dots program at McCook high school.</p>	<p>Bison Days in February, Career Days in March, Health Careers Class throughout the year</p>	<p>40 students attending Bison Days on February 12; Career Discovery Days had 9 schools in attendance and around 100 students registered; Health Careers Class attended throughout the semester and various departments participated; CH participated in the Connect the Dots program with the UNL Extension; UNK Science Explorers camp for the 7 & 8 grade students; Senior Industrial Tour; Rural Immersion program with UNK for students interested in rural healthcare; CH hosted 2 students in January 2024 as the pilot hospital/town. CH opened the program to 4 students in June, however only 1 student was able to participate.</p>	ONGOING	<p>Bison Days happened in February with 10-20 kids attending across four departments; Career Day happened on February 25 & 26 with 12 schools attending with roughly 200 students; Health Careers class happens throughout the first semester.</p>

Priority #4: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

Rationale:

Red Willow County has lower educational attainment rates than the state, lower median household income and has a higher percentage of families living below poverty than the state. Red Willow County also has higher rates of overall food insecurity, child food insecurity and higher average meal cost than the state. When analyzing economic status, Red Willow County is in more economic distress than other counties in the state.

Interviewees expressed concern surrounding affordability of care for the low income population in the community. Interviewees mentioned that the limited accessibility and options for care due to insurance and cost affect certain groups like those on Medicare Advantage, those with high deductible health plans, those who are un/underinsured and those who are low income. One interviewee stated: "Cost is a big one. They want to go to the doctor but they really can't afford it or they're on a high deductible health plan which prevents them from seeking treatment because they don't have the money to pay for those visits up front." Several interviewees discussed the cost and access to health care and how they have concern for the 'middle income' population due to insurance premiums. One interviewee stated: "The availability for the people that fit that middle income category [is a concern]. The wealthy have good care and the people with the lowest income have good care because it's given to them. But for the middle income, it's an access issue. Even some of their premiums; they make too much to get the lowest premiums and they don't make enough for the premium to be comfortable for them."

It was noted several times that there is inappropriate use of the Emergency Room due to perceived convenience. Interviewees also addressed the need for educational opportunities to educate the community about insurance plans. One interviewee stated: "We are going to have problems with the acceptance of different types of insurance plans out there. We need more educational type opportunities for your healthcare and what it covers. If the hospital would do an insurance update and teach us what payers they do or do not accept [that would help]."

When asked about which specific groups are at risk for inadequate care, interviewees spoke about the infants/kids, elderly, teenagers/adolescents, low income, racial/ethnic, veterans/military dependents, and the homeless/transient. With regards to the infants/kids population, interviewees discussed the lack of day care options, the limited access to local pediatric care, low vaccination rates, affordability of care (specifically Medicaid) and access to local dental care. With regards to the elderly population, interviewees discussed a lack of housing options, need for health education, cost barriers to care due to fixed incomes, lack of access to dental care providers, technology barriers, transportation barriers, lack of spaces available in nursing homes and assisted living facilities, mental health issues, affordability issues of certain specialty services like foot care and shingles, need for supplemental insurance and isolation for nursing home residents due to COVID-19.

Teenagers/Adolescents were discussed as needing access to local dental care, wellness checks (particularly for low socio-economic groups), affordability of care (specifically Medicaid) and a need for more recreational activities. Low income residents were discussed as needing access to healthcare (particularly dental care), insurance/affordability of services, need for mental health services, housing availability, drug misuse/abuse as well as transportation barriers. Racial/ethnic groups were discussed as facing a lack of translation/language services. The veterans/military dependents were discussed as facing transportation barriers, lack of access to local, nearby VA services as well as insurance coverage for vaccinations. Lastly, the homeless population was discussed as needing shelter/housing options and mental health services.

Objective:

Increase access to resources and services for underserved and geographically isolated populations

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.A. The hospital will continue to participate in the McCook Paramedicine Program in partnership with the local fire department and primary care clinic to visit the homes of select patients identified through a screening process and practitioner referral	Julie Wilhelmson	ON HOLD	On hold due to staffing within EMS.	ON HOLD	On hold due to staffing within EMS.	ON HOLD	On hold due to staffing within EMS.

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
<p>4.B. Community Hospital will continue to host and participate in donation drives and fundraising events to benefit underserved organizations in the community, as well as educational events.</p>	Molly Smith, Baleigh Abbott	ONGOING	<p>Cancer Awareness Pink out Rodeo on July 24; free car seat check events every other month; participated in Big Give McCook; Tree of Love; Teddy Bear Toss on January 20, 2023. Collected 109 stuff animals which will be distributed to pediatric patients through CH's services; employees donated \$1,800 for Tree of Love families for Christmas, which included 15 children. Clothing, shoes, food and toys were purchased with the money and dispersed through the Family Resource Center; Clothing Giveaway (Foundation); Community Hospital Health Foundation dispersed 8 pallets of free (new) clothing and shoes donated by Walmart to the community/area to persons in need.</p>	ONGOING	<p>Community Hospital Health Foundation Teddy Bear toss; Pro Am; Concert for Healthcare; Pink out Rodeo for cancer awareness held in July; monthly car seat checks at the fire station for free; CH sponsors the Big Give and our foundation is on the receiving end of the event with receiving donations.</p>	ONGOING	<p>Pro Am; concert for Healthcare; Pink out Rodeo for cancer awareness held in July; monthly car seat checks at the fire station for free; CH sponsors the Big Give and our foundation is on the receiving end of the event with receiving donations.</p>
<p>4.C. Community Hospital will continue to provide a language line to offer translation services for non-English speaking patients and families as needed.</p>	Brandi Renner	ONGOING	<p>CH continues to provide a language line to offer translation services for non-English speaking patients and families as needed.</p>	ONGOING	<p>17 total uses for a total of \$37,419.24 and a total of 23,034 billable minutes.</p>	ONGOING	<p>CH continues to provide a language line to offer translation services for non-English speaking patients and families as needed.</p>

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.D. Community Hospital provides financial counseling services for patients requiring assistance.	Lynn Sonckson	ONGOING	459 individuals were helped through the financial assistance program.	ONGOING	CH continues to provide financial counseling services for patients requiring assistance. 353 individuals were helped through the financial assistance program.	ONGOING	CH continues to provide financial counseling services for patients requiring assistance.
4.E. In conjunction with the Communities of Excellence Program, Community Hospital will explore increasing access to transportation services in the community.	Karen Kliment Thompson	ONGOING	Community Hospital donated \$5,000 to Tri Valley in hopes to have a vehicle parked in town to assist with Handibus, Hitch n Hay; transportation magnets were created and distributed within the community in various aspects; Patient Assistance Funds donated \$10,000 to McCook Christian Church.	ONGOING	Transportation magnets still getting distributed in the community; transportation services still coming to the COE table and providing updates; final details in bike share are being presented to Family Pillar.	ONGOING	CH continues to explore increasing access to transportation services in the community.

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
<p>4.F. Community Hospital will continue to increase access to care through the provision of telehealth services to applicable patients and explore expansion of telehealth services as opportunities arise.</p>	Lori Beeby	ONGOING	<p>CH continues to increase access to care through the provision of telehealth services to applicable patients such as Neurology and Pulmonology; scope of work in progress for Speech coverage, as needed; in the process of adding, mental health triage, Outpatient Pediatric Psychiatry and Acute Psychiatry; an ARPA grant was awarded to Community Hospital for mental health services – Mental Health Triage and Outpatient Pediatric Psychiatry.</p>	ONGOING	<p>CH continues to increase access to care through the provision of telehealth services to applicable patients such as Endocrinology and Speech.</p>	ONGOING	<p>CH continues to increase access to care through the provision of telehealth services to applicable patients such as Endocrinology and Boys Town for behavioral health.</p>

Priority #5: Access to Mental and Behavioral Health Care Services and Providers

Rationale:

Data suggests that residents in Red Willow County do not have adequate access to mental and behavioral health care services and providers. Red Willow County has a lower rate of mental health care providers per 100,000 than the state. Additionally, Red Willow County has a Health Professional Shortage Area designation as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) for mental health.

Many interviewees mentioned the limited availability of local providers like licensed mental health practitioners and psychologists. However, many interviewees appreciated the providers that are available in the community. One interviewee stated: "We have fantastic mental health care providers but they are pretty booked." Another interviewee stated: "We have a shortage of licensed mental health practitioners in our area. We don't have a single male licensed mental health practitioner. I think there are times when a male would want a male counselor and we don't have one within a 60 mile radius." It was mentioned several times that the limited local providers and the lack of an inpatient facility is leading to outmigration to North Platte and Kearney. It was also specifically noted that there is acknowledgment of COVID-19 and how it has played a big role in mental health. One interviewee stated: "The mental impact that COVID has had on the community is tremendous."

Interviewees also discussed a need for improved connection with the school system to address mental health needs with students. One interviewee stated: "I would like to see better connection with the school system in that if they have behavioral health issues at school it's not always straight to the criminal solution like suspension." Several interviewees discussed the challenge in the appropriate placement for mental and behavioral health patients due to lack of local resources. Additionally, it was noted that there is drug use/misuse in the community and it is leading to mental health issues. One interviewee stated: "Drug problems [affect us] greatly which seems to lead to mental health issues."

Objective:

Increase local access to mental health care services

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
5.A. Community Hospital will continue to grow and expand mental health services provided to the community.	Karen Kliment Thompson	ONGOING	Catherine Jibben and Tanya Lutz hired for the NP and Counselor positions with a start date in August. Allison Cappel hired as the nurse.	ONGOING	Appointments are reaching to 200 per month by June 2024	ONGOING	Community Hospital offers a teen support group.
5.B. Community Hospital will continue to share an annually-updated list of area and telehealth providers for mental health support and counseling services.	Baleigh Abbott	ONGOING	CH continues to share an annually-updates list of area telehealth providers on our website.	ONGOING	BH department created an updated list of area providers and services.	ONGOING	CH continues to share an annually-updates list of area telehealth providers on our website.
5.C. Community Hospital will continue to advocate and explore opportunities to support other outlets in the community and connect patients with mental and behavioral health resources as opportunities arise.	Baleigh Abbott,	ONGOING	Community Hospital will continue to advocate and explore opportunities to support other outlets in the community and connect patients with mental and behavioral health resources such as Mental Health Awareness Month.	ONGOING	Behavioral Health presentation in December regarding holidays and stress (about 20 in attendance). Behavioral Health is working on support groups for youth, planning a suicide awareness/prevention walk in September on National Suicide Prevention day.	ONGOING	Suicide Prevention Walk with over 100 in attendance, Suicide Survivor Day Event, presented at Valmont and the college.
5.D. Community Hospital will continue to offer mental health support to its employees through the Employee Assistance Program (EAP).	Leanne Miller	ONGOING	CH continues to offer mental health support to our employees through monthly newsletters and Webinars for Directors.	ONGOING	CH continues to offer mental health support to our employees through monthly newsletters and Webinars for Directors.	ONGOING	CH continues to offer mental health support to our employees through monthly newsletters and Webinars for Directors.

Priority #6: Continued Focus on COVID-19 Prevention & Response

Rationale:

Red Willow County has a lower percentage of its population (age 5+) vaccinated with the COVID-19 vaccine as compared to the state (information as of March 18, 2022).

Interviewees appreciated the hospitals response and management of offering testing, vaccinations as well as education about COVID-19. One interviewing stated: "[In regards to COVID-19], the community foundation really stepped up and provided assistance. The hospital has been amazing in providing information. The employees of the hospital have been fantastic. You have heard of [the] nursing shortage but they have been able to keep their staff. I think it's still one of the best employers in the community. The hospital and staff have really stepped up." It was mentioned that there has been a political influence on vaccination rates and on other safety initiatives. There was conflicting information and misinformation about the pandemic and how that is leading to an increased fear of the virus. Another interviewee stated: "People are frightened of the virus and every part of it. They don't know what to do because there is so much mixed information out there."

Interviewees acknowledged the pandemic fatigue on the community and the change in healthcare operations moving forward. Several interviewees raised concern regarding vaccination mandates across local organizations, particularly the hospital. Additionally, a few interviewees raised concern surrounding staffing across local organizations. One interviewee stated: "I can tell that people mentally have suffered. There's a lot of fatigue right now. A lot of people are concerned about what the vaccine mandate will mean for the hospital and maintaining their level of employees."

Objective:

Implement and offer programs that aim to reduce the impact of the COVID-19 pandemic

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
6.A. Community Hospital will continue to provide education on COVID-19 and prevention materials as opportunities arise.	Janelle Carter, Molly Smith, Baleigh Abbott	ONGOING	Provided free COVID-19 tests and vaccine clinics for staff.	ONGOING	CH continues to provide education on COVID-19 and prevention materials as appropriate.	ONGOING	CH continues to provide education on COVID-19 and prevention materials as appropriate.
6.B. Community Hospital continues following CDC guidelines and CMS mandates to control the spread and reduce risk of COVID-19 infection when discharging patients to a lower level of care and their home environment.	Janelle Carter	ONGOING	CH continues to follow CDC, CMS guidance. Have had many changes in guidelines and mandates this year with the ending of the PHE. Education done with patients with latest guidance on ways to reduce infection in others.	ONGOING	CH continues to follow CDC, CMS guidance. Education done with patients with latest guidance on ways to reduce infection in others.	ONGOING	CH continues to follow CDC, CMS guidance. Education done with patients with latest guidance on ways to reduce infection in others.
6.C. Community Hospital will continue to donate PPE (ex. masks, face shields, surgical gowns, etc.) to local organizations to help control the spread and reduce risk of COVID-19 infection as opportunities arise.	Baleigh Abbott, Lori Beeby, Brett Melchert	ONGOING	CH continues to donate PPE to local organizations as appropriate.	ONGOING	CH continues to donate PPE to local organizations as appropriate.	ONGOING	CH continues to donate PPE to local organizations as appropriate.
6.D. Community Hospital continues to report COVID-19 test and patient admissions data to the state and Centers for Disease Control (CDC) in an ongoing effort to share timely information and research regarding the pandemic. Vaccination rates at the hospital are also provided.	Janelle Carter	ONGOING	CH continues to report to NHSN (national healthcare safety network) and the state the required metrics for COVID hospitalizations, mortality and staff infected at work. We remain in compliance with mandated reporting.	ONGOING	CH continues to report to NHSN (national healthcare safety network) and the state the required metrics for COVID hospitalizations, mortality and staff infected at work. We remain in compliance with mandated reporting.	ONGOING	CH continues to report to NHSN (national healthcare safety network) and the state the required metrics for COVID hospitalizations, mortality and staff infected at work. We remain in compliance with mandated reporting.

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
6.E. Community Hospital will provide support staff and services to local organizations as appropriate to help reduce the impact of COVID-19.	Janelle Carter	ONGOING	During the pandemic, we provided staff to local nursing homes and assisted living facilities to administer monoclonal antibody therapy. CH continues to be a leader in the community for guidance and assistance during health crisis's.	ONGOING	Nurse assisted with COVID-19 vaccines in partnership with Southwest Pubic Health Department at PODS.	ONGOING	CH continues to provide support staff and services to local organizations as appropriate.



PREVIOUS PRIORITIZED NEEDS

Previous Prioritized Needs

2019 Prioritized Needs

1. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
2. Focus on the Needs of the Aging Population
3. Continued Emphasis on Physician Recruitment and Retention
4. Access to Mental and Behavioral Health Care Services and Providers
5. Access to Affordable Care and Reducing Health Disparities Among Specific Populations

2022 Prioritized Needs

1. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
2. Focus on the Needs of the Aging Population
3. Continued Emphasis on Recruitment and Retention of Healthcare Workforce to Increase Access to Primary Care and Specialty Care
4. Access to Affordable Care and Reducing Health Disparities Among Specific Populations
5. Access to Mental and Behavioral Health Care Services and Providers
6. Continued Focus on COVID-19 Prevention & Response



2025 CHNA PRELIMINARY HEALTH NEEDS



2025 Preliminary Health Needs

- Access to Affordable Care and Reducing Health Disparities Among Specific Populations
- Access to Mental and Behavioral Health Care Services and Providers
- Continued Emphasis on Recruitment and Retention of Healthcare Workforce to Increase Access to Primary and Specialty Care
- Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles



PRIORITIZATION

The Prioritization Process

- In January 2025, leadership from Community Hospital reviewed the data findings and prioritized the community's health needs. Members of the hospital CHNA team included:
 - Troy Bruntz, Chief Executive Officer
 - Molly Herzberg, Chief Nursing Officer/Vice President Patient Care
 - Lori Beeby, Vice President Support Services
 - Karen Kliment Thompson, Vice President Ancillary Services
 - Jessica Johnson, Director of Quality & Patient Information
 - Leanne Miller, Director of Human Resources
 - Kyle Teel, Corporate Controller & Strategy Director
 - Baleigh Abbott, Population Health & Outreach Coordinator
- Leadership ranked the health needs based on three factors:
 - Size and Prevalence of Issue
 - Effectiveness of Interventions
 - Hospital's Capacity
- See the following page for a more detailed description of the prioritization process.

The Prioritization Process

- The CHNA Team utilized the following factors to evaluate and prioritize the significant health needs.

1. Size and Prevalence of the Issue
a. How many people does this affect? b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the state? c. How serious are the consequences? (urgency; severity; economic loss)
2. Effectiveness of Interventions
a. How likely is it that actions taken will make a difference? b. How likely is it that actions will improve quality of life? c. How likely is it that progress can be made in both the short term and the long term? d. How likely is it that the community will experience reduction of long-term health cost?
3. Community Hospital Capacity
a. Are people at Community Hospital likely to support actions around this issue? (ready) b. Will it be necessary to change behaviors and attitudes in relation to this issue? (willing) c. Are the necessary resources and leadership available to us now? (able)

Health Needs Ranking

- Hospital leadership participated in a roundtable discussion and prioritized ballot process to rank the health needs in order of importance, resulting in the following order:
 1. Continued Emphasis on Recruitment and Retention of Healthcare Workforce to Increase Access to Primary and Specialty Care
 2. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
 3. Access to Mental and Behavioral Health Care Services and Providers
 4. Access to Affordable Care and Reducing Health Disparities Among Specific Populations

Final Priorities

- Hospital leadership decided to address all of the ranked health needs. The final health priorities that Community Hospital will address through its Implementation Plan are listed below:
 1. Continued Emphasis on Recruitment and Retention of Healthcare Workforce to Increase Access to Primary and Specialty Care
 2. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
 3. Access to Mental and Behavioral Health Care Services and Providers
 4. Access to Affordable Care and Reducing Health Disparities Among Specific Populations



RESOURCES IN THE COMMUNITY



Additional Resources in the Community

- In addition to the services provided by Community Hospital, other charity care services and health resources that are available in Red Willow County are included in this section.

McCook Chamber of Commerce

- McCook Chamber of Commerce offers the McCook Senior Resources, which connects residents with resource information on a variety of topics like parks, recreation, healthcare, assisted living, transportation and food services.
- Please visit the following link to access the McCook Senior Resources:
- <https://www.mccookchamber.org/senior-resources/>

List of Community Resources in Red Willow County

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Assisted Living								
Hidden Pines Assisted Living Community	Red Willow County	309 W 7th St	McCook	NE	69001	308-345-4600	http://www.hillcrestnh.org/	Assisted Living Community, Special Care Unit for Alzheimer's residents, a Heavy Care Unit, Adult Day Care, and our Little Folks' Childcare Center
Highland Park Retirement Center	Red Willow County	610 E 14th St	McCook	NE	69001	308-345-7757		Independent Living Apartments
Kinship Pointe- Independent Living and Assisted Living	Red Willow County	1500 E 11th St	McCook	NE	69001	308-345-2100	http://kinshippointe.com	Independent Living, Assisted Living, Memory Care, Skilled Nursing, Continuing Care Retirement Communities, Home Health Services
Clinic-Chiropractic								
Hinze Chiropractic	Red Willow County	306 W D St	McCook	NE	69001	308-345-8699		Chiropractic Care
Michaelis Chiropractic Care	Red Willow County	502 W 1st St	McCook	NE	69001	308-345-2000		Chiropractic Care
Nielsen Chiropractic Care Center	Red Willow County	114 W C St	McCook	NE	69001	308-345-2995		Chiropractic Care
Clinic-Counseling								
All Season Counseling	Red Willow County	207 W 2nd	McCook	NE	69001	308-345-4676		Mental Health Counseling
Community Hospital Behavioral Health	Red Willow County and surrounding counties in hospital service area	1301 E H St	McCook	NE	69001	308-344-8280	https://www.chmccook.org/hospital-services/behavioral-health-services/	Medication Management and Mental Health Counseling
Christian Counseling Services	Red Willow County	301 E 1st St	McCook	NE	69001	308-345-4880		Counseling for all ages, marital counseling, several free and reduced services
Ambience Counseling Services	Red Willow County	203 W E St	McCook	NE	69001	308-345-4067		Mental Health Counseling
Growth and Enrichment Counseling	Red Willow County	1007 W 14th St	McCook	NE	69001	308-345-2932	http://geraldinebrown.net/	Mental Health Counseling
Heartland Counseling & Consulting Clinic	Red Willow & Chase County	1012 W 3rd St	McCook	NE	69001	308-345-2770	http://www.r2hs.com/index.php	Mental Health Counseling
Region 2 Health Services	Arthur, Chase, Dawson, Dundy, Frontier, Gosper, Grant, Hayes, Hitchcock, Hooker, Keith, Lincoln, Logan, McPherson, Perkins, Red Willow, and Thomas Counties		North Platte	NE	69103	308-534-0400	https://www.r2hs.com/	

List of Community Resources in Red Willow County

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Lutheran Family Services	Red Willow County	802 W B St Ste 105	McCook	NE	69001	308-345-7914		Children Services, Mental Health Services, Community Services
988 Suicide and Crisis Lifeline						988	https://988lifeline.org/?utm_source=google&utm_medium=web&utm_campaign=onebox	
Unified Therapy Clinic	Red Willow County	512 E B St Ste A	McCook	NE	69001	308-345-4884	http://www.unifiedtherapyclinic.com/	Mental Health Counseling
Clinic-Eye								
My Family Vision Center	Red Willow County	212 W 9th St	McCook	NE	69001	308-345-2954	https://www.facebook.com/MyFamilyVisionClinicLLC/about/?ref=page_internal	Vision Health Resources
Lifetime Eyecare	Red Willow County	218 W D St	McCook	NE	69001	308-345-5800	http://lecvisionsource.com/	Vision Health Resources
Walmart Vision Center	Red Willow County	1902 W B St	McCook	NE	69001	308-345-6613	https://www.walmart.com/store/790/details	Vision Health Resources
Clinic-Medical								
McCook Clinic	Red Willow County	1401 E H St	McCook	NE	69001	308-344-4110	http://www.mccookclinic.com/	Medical Care Resource
Curtis Medical Center	Frontier County	302 E 6th	Curtis	NE	69025	308-367-4162	https://chmccook.org/hospital-services/clinics-specialists/curtis-medical-center	Medical Care Resource
Trenton Medical Center	Hitchcock County	406 E 1st	Trenton	NE	69044	308-334-5155	https://chmccook.org/hospital-services/clinics-specialists/trenton-medical-clinic	Medical Care Resource
Clinic-General Surgery								
Surgical Associates	Red Willow County	1401 E H St	McCook	NE	69001	308-345-7878	https://chmccook.org/hospital-services/clinics-specialists/surgical-associates	Medical Care Resource
Community Hospital Surgical and Orthopedic Services	Red Willow County	1301 E H St	McCook	NE	69001	308-344-8376	https://chmccook.org/hospital-services/clinics-specialists/orthopedic-clinic	Medical Care Resource
Clinic-Urgent Care								
McCook Clinic Convenient Care						308-344-4110		
Quality Urgent Care	Red Willow County	3 Bison Holiday Dr	McCook	NE	69001	308-345-7036		Medical Care Resource
Clinic-Dentist								
Bison Dental	Red Willow County	912 W 12 St.	McCook	NE	69001	308-345-1470		Dental Care Resource
Tobias Dental Care	Red Willow County	411 W 5 St	McCook	NE	69001	308-345-1510	http://www.tobiasdental.com/	Dental Care Resource

List of Community Resources in Red Willow County

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
SW Nebraska Dental Center	Red Willow County	2009 W J St	McCook	NE	690001	308-345-2273	https://www.swnebraskadental.com/	Dental Care Resource
Red Willow Dental	Red Willow County	521 Norris Ave	McCook	NE	69001	308-345-5416	https://www.redwillowdental.com/	Dental Care Resource
Darin D. Seligman, DDS	Red Willow County	1701 W N St.	McCook	NE	69001	308-345-3410		Dental Care Resource
Clinic-Orthodontist								
Hoppens & Meier Orthodontics	Red Willow County	10 Spoon Drive	McCook	NE	69001	308-345-2245	https://www.hoppensmeierorthodontics.com/	Dental Care Resource
John Hagen, DDS	Red Willow County	302 W 9 St	McCook	NE	69001	308-345-1449	https://www.haugenortho.com/	Dental Care Resource
Clinic-Podiatry								
High Plains Podiatry	Red Willow County	306 W D St	McCook	NE	69001	308-345-3773	http://highplainspodiatry.com/	Medical Care Resource
Clinic-Specialists								
Community Hospital Medical Specialists Center	Red Willow County	1301 East H Street	McCook	NE	69001	308-344-8285		Medical Care Resource
Health Department								
Southwest Nebraska Public Health						308-345-4223		
Red Willow County Health Department						308-345-1790		
Hospitals								
Community Hospital	Furnas, Frontier, Hitchcock, Hayes, Red Willow Counties in Nebraska; Cheyenne, Decatur, Rawlins Counties in Kansas	1301 E H St	McCook	NE	69001	308-344-2650	http://www.chmccook.org	Medical Care Resource
Pharmacies								
Farrell's Pharmacy		120 W B St.	McCook	NE	69001	308-345-1781		
U-Save Pharmacy & Medical Supply		902 N Highway 83	McCook	NE	69001	308-345-5670		
Wal-Mart Pharmacy		1902 W B St.	McCook	NE	69001	308-345-7024		
Nursing Homes								
Hillcrest Nursing Home		309 W 7th St	McCook	NE	69001	308-345-4600	http://hillcrestnh.org/index.html	
Rehabilitation Clinic								
Community Hospital Rehabilitation Center		1301 H St.	McCook	NE	69001	308-344-2650		

List of Community Resources in Red Willow County

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Elevate Wellness & Physical Therapy		801 W C St	McCook	NE	69001	308-777-2476	https://elevatewellnesspt.com/	Physical Therapy & Rehab, Pelvic Health, Lactation Counseling, Dry Needling, Parkinson's Rehabilitation, Occupational Therapy, Pediatric Occupational Therapy, Blood Flow Restriction Therapy, Vestibular dysfunction, Physical Training, Nutrition and lifestyle coaching, Speech therapy
<i>Helping Those in Need</i>								
McCook Pantry: St. Albans Episcopal Church						308-345-4844		
Women, Infants & Children – WIC: Peoples Family Health						800-395-7336		
South West Area Training Services – SWATS						308-345-1530		
Feed the Flock: United Methodist Church						308-345-2445		
McCook Christian Church						308-345-1516		Healthcare Assistance (included but not limited to financial burden assistance, transportation, hotels, etc.)
McCook Christian Church: The Sharing Place						308-345-1516	https://www.mccookchristianchurch/sharingplace	Clothing and household items
The Bargain Bazaar: St. Patrick's Church						308-345-5317		
The Helping Hand: United Methodist Church						308-345-2445		
Meals on Wheels: Heritage Senior Center						308-345-1760		
FAIR Exchange: Family Resource Center						308-345-2527		
<i>Working with Children and Young Adults</i>								
Boy Scouts of America								
Girl Scouts of America								
Frontier County Head Start: Community Action Partnership		108 W C St	McCook	NE	69001	308-345-1187	http://communityactionmidwest.org/head-start/	Head Start/ Early Head Start
YMCA						308-345-6228		

List of Community Resources in Red Willow County

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Court Appointed Special Advocates – CASA: Red Willow County Court		322 Norris Ave	McCook	NE	69001	308-345-8817	https://www.prairieplainscasa.org/	Advocates for Youth
TeamMates Mentoring Program: McCook Junior High School						308-345-6940		
4-H Programs: University of Nebraska-Lincoln Extension in Red Willow County	Red Willow County					308-345-3390		
School Programs-FFA, FBLA, Band, Boosters, PTO: McCook Public High School						308-345-2510		
Project Everlast	State of Nebraska						https://www.projecteverlast.org/councils/omaha.html	Youth Services
<i>Helping Older Adults</i>								
Meals on Wheels: Heritage Senior Center						308-345-6795		
Fitness Reaching Older Gens- (FROG):Community Hospital						308-340-8981 or 308-344-8550		Exercise Program for Older Adults
Community HealthCare & Hospice: Community Hospital						308-344-8356		
<i>Volunteers for a Cause</i>								
BeFriender Ministry: United Methodist Church						308-345-2445		
Rotary International								
Lions Club								
Optimist International								
Kiwanis								
Pheasants Forever								
Community Healthcare & Hospice Volunteers						308-344-8356		
American Red Cross								
McCook Ministerial Association: McCook Christian Church						308-345-1516		
McCook Area Chamber of Commerce						308-345-3200		
<i>Family Resources</i>								
ABC Pregnancy Help Center						308-350-0126	https://www.facebook.com/p/ABC-Pregnancy-Help-Center-McCook-NE-100063625146347/	
Family Resource Center		526 W B St	McCook	NE	69001	308-345-2609		

List of Community Resources in Red Willow County

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Nebraska Family Helpline	State of Nebraska					1-888-866-866	http://www.nebraskafamilyhelpline.ne.gov/	Family Assistance
2-1-1 (Nebraska)	State of Nebraska					1-866-813-173	http://www.211.org/	Family Assistance
Answers 4 Families	Nationwide						http://www.answers4families.org	Family Assistance
Families Care	Nationwide						http://www.familiescare.org	Family Assistance
<i>Clothing & Household Goods</i>								
Goodwill Industries	State of Nebraska	206 Westview Plaza	McCook	NE	69001	308-737-3119	http://www.goodwillne.org/show-our-stores	Clothing & Household Assistance
The Salvation Army	State of Nebraska	526 W B St	McCook	NE	69001	308-345-1187	http://www.salvationarmygi.org	Clothing & Household Assistance
Helping Hand Thrift Store	Red Willow County	110 W C St	McCook	NE	69001	308-345-7163		Clothing & Household Assistance
Bargain Bazaar Thrift Store	Red Willow County	222 W 1st St	McCook	NE	69001	308-345-5317		Clothing & Household Assistance
<i>Education & Employment</i>								
Job Corps	Nationwide						http://pineridge.jobcorps.gov/home.aspx	Education & Job Assistance
General Education Development - Mid-Plains Community College	Red Willow County	1205 E 3rd	McCook	NE	69001	308-345-8100	http://www.mpcc.edu/	Education & Job Assistance
Vocational Rehabilitation (Voc. Rehab)	State of Nebraska						http://www.vr.ne.gov/index.html	Education & Job Assistance
Networks	State of Nebraska						https://networks.nebraska.gov/vosnet/Default.aspx	Education & Job Assistance
Workforce Development	State of Nebraska						http://dol.nebraska.gov/	
<i>Food Resources</i>								
Nutrition Education Program (NEP) and 4-H Program - UNL Cooperative Extension Office	Red Willow County						http://www.extension.unl.edu	Food Resources
Prairie Land Foods	Nationwide						http://www.prairielandfood.com/	Food Resources
Supplemental Nutrition Assistance Program (SNAP) - Access Nebraska	State of Nebraska						http://www.accessnebraska.ne.gov	Food Resources
WIC (Women, Infants and Children) - Central Nebraska Health Department	State of Nebraska						http://www.cdhd.ne.gov/	Food Resources
Commodity Foods	Red Willow County					308-345-5830		Food Resources
Community Action Partnership Mid-Nebraska	State of Nebraska					308-345-1187		Food Resources
McCook Food Pantry	Red Willow County					308-345-4884		Food Resources
Hitchcock County Food Pantry	Hitchcock County					308-278-2239		Food Resources

List of Community Resources in Red Willow County

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Arapahoe Food Pantry	Furnas County					308-962-7296		Food Resources
Cambridge Food Pantry	Furnas County					308-697-3756		Food Resources
Oxford Food Pantry	Furnas & Harlan County					308-824-3652		Food Resources
Western Frontier County Food Pantry	Frontier County					308-367-8781		Food Resources
Dundy County Food Pantry	Dundy County					308-423-2393		Food Resources
Chase County Food Pantry	Chase County					308-882-5136		Food Resources
<i>Housing Assistance</i>								
Housing.NE.gov	State of Nebraska						http://www.housing.ne.gov	Housing Assistance
Habitat for Humanity	State of Nebraska						http://www.gihabitat.org	Housing Assistance
McCook Housing Agency	Red Willow County					308-345-3605		
<i>Legal Assistance</i>								
Consumer Credit Counseling Services	Nationwide						http://www.cccsn.org	Legal Assistance
Legal Aid of Nebraska	State of Nebraska						https://www.legalaidofnebraska.org/	
<i>Utilities</i>								
Emergency Assistance Programs - Nebraska Department of Health and Human Services	State of Nebraska						http://www.dhhs.ne.gov	

Medical Clinics	
• Curtis Clinic	367-4162
• Heartland Family Medicine (Oxford)	
◦	824-3288
• Chase County Clinic-Imperial	882-7299
• McCook Clinic	344-4110
• Quality Health Care – Benkelman	
◦	423-2151
• Quality Urgent Care - McCook	
◦	345-7036
• Stratton Clinic	276-2411
• Trenton Regional Medical Clinic	
◦	334-5155
• Tri Valley Health Systems Clinic	
◦ Arapahoe Clinic	962-8495
◦ Cambridge Clinic	697-3317
◦ Indianola Clinic	364-9290
• Wauneta Family Practice Clinic	
◦	394-5593



This Directory is provided by the:
**Southwest Nebraska
 Child Advocacy Team.**

Southwest Nebraska Child Advocacy Team is a networking/interagency group that has been meeting monthly for more than 40 years. The group is open to anyone interested in the well-being of children and families in our area.

Southwest Nebraska Child Advocacy Team Members are marked with an * in this directory. Contact any members for more information.

Community Hospital Community Health Needs Assessment and Implementation Plan
 Community Hospital Consulting

Schools/Education	
• Arapahoe-Holbrook	962-5458
• Cambridge	697-3322
• Chase County	
◦ High School	882-4304
◦ Elementary	882-4228
• Dundy County-Stratton	
◦ High School	423-2738
◦ Benkelman Elem.	423-2216
◦ Haigler Elementary	297-3275
◦ Stratton Elementary	276-2281
• Eustis Farnam	486-3221
• Hayes Center	286-5601
• Hitchcock County Unified	
◦ Elementary (Culberson)	278-2131
◦ Jr. /Sr. High (Trenton)	334-5575
• Medicine Valley-Curtis	
◦ High School	367-4106
◦ Elementary	367-4210
• Maywood	362-4223
• McCook Public Schools	344-4400
• St. Patrick's	345-4546
• Southwest School	
◦ SW Elem. - Indianola	364-2613
◦ SW Jr/Sr High - Bartley	692-3223
• Wauneta	394-5427
• Palisade	285-3219
• Adult Education/GED	
◦	345-8142 or 877-327-6433
• ESL (English as a Second Lan	345-8142
• ESU #11	995-6585
• ESU# 15(Main Trenton)	800-322-5160
• ESU#15 Special Ed./Early Childhood	
◦	345-7341
• ESU#15 Alternative Ed.	345-7341
• ESU #15 Migrant Education	345-7341
• *Head Start Furnas County	697-3578
• *Head Start Red Willow County	345-2246
• McCook Community College	
◦	345-8100 or 800-658-4348
• Nebraska College of Technical Agriculture	
◦	367-4124 or 800-328-7847

Southwest Nebraska Resource Directory

All numbers are 308 area code unless otherwise noted



SOUTHWEST NEBRASKA
CHILD ADVOCACY TEAM

Emergency Services	
• *Community Action Partnership Mid-NE	
◦	308-345-1187
• Catholic Social Services	
◦	531-484-3566
• Salvation Army	
◦	308-345-1187
• *Families First Website	
◦	families1stpartnership.org
• findhelp.org	

Resource Hotline-211
 Police, Fire,
 Rescue, Sherriff - 911

Health and Human Services	
• Adult & Child Abuse Hotline	
◦	800-652-1999
• McCook DHHS Local Office	
◦	308-345-8420
• Economic Assistance	
◦	800-383-4278
• Medicaid	
◦	855-632-7633

Medicaid Insurance Providers	
• Total Care	844-385-2192
• United Health Care	866-855-4767
• Molina Healthcare	844-782-2018

Hospitals	
• Tri Valley Health Systems	
◦ (Cambridge)	308-697-3329
• Chase County Hospital	
◦ (Imperial)	308-882-7111
• Community Hospital	
◦	308-344-2650
• Dundy County Hospital	
◦	308-423-2204

Abuse/Assault

- Abuse/Neglect Hotline (All Ages)
 - 800-652-1999
- McCook Domestic Abuse/Sexual Assault
 - Office 345-1612
 - Crisis Line 345-5534
- NE Family Help Line 888-866-8660

Aging

- AARP 866-389-5651
- Health and Human Services (See Page 1)
- NE West Central Agency on Aging
 - 800-662-2961
- Senior Citizen Centers
 - Arapahoe 962-5340
 - Beaver City 268-2501
 - Cambridge 697-4889
 - Curtis 367-4173
 - Dundy County 423-5454
 - Eustis 468-3471
 - Hayes Center 286-3233
 - McCook 345-1760
 - Stratton 276-2661
- YMCA 345-6228

Alcohol/Drugs

- Alcoholics Anonymous,
 - Ala-teen, & Al Anon
 - Time/Place in Gazette (Community Calendar)
- Heartland Counseling 345-2770

Child/Youth

- *ABC Pregnancy Help Center 350-0126
- *Family Resource Center 345-2609
- Girl Scouts 402-558-8189
- Boy Scouts 382-3717
- Juvenile Pretrial Diversion Program
 - (see Co Attorney)
- Child Passenger Inspection Station
 - 344-2650
- Region II Human Services 345-2770 (Youth Care Coordinator)
- Team Mates Mentoring Program
 - 344-4532
- YMCA Community Hospital Community Health Needs Assessment and Implementation Plan 345-6228

City Offices

Arapahoe	962-7445	Imperial	882-4368
Bartley	692-3222	Indianola	345-2413
Beaver City	268-2145	Lebanon	375-4288
Benkelman	423-2540	Maywood	362-4299
Cambridge	697-3711	McCook	345-2022
Culbertson	278-2123	Palisade	285-3320
Curtis	367-4122	Trenton	364-5488
Eustis	486-3661	Wauneta	394-5390
Hayes Center	286-3411		

Clothing

- Bargain Bazaar 215 West C
- Family Resource Center 345-2609
- Goodwill Store Westview Plaza
- Helping Hand Thrift Store 202 West 1st
- Sharing Place/McCook Christian Church
 - 345-1516

Counseling

- Suicide/Crisis Lifeline 988
- Ambience Counseling 345-4067
- Christian Counseling Services 345-4880
- Growth & Enrichment Cslng 345-2932
- Community Hospital Behavioral 344-8282
- Heartland Counseling
 - McCook 345-2770
 - North Platte 534-6029
 - Lexington 324-6754
- Unified Therapy Clinic 345-4884

County Attorney

- Chase 882-7515
- Dundy 423-5225
- Frontier 367-4141
- Furnas 268-4135
- Hayes 286-3486
- Hitchcock 334-5616
- Red Willow 345-7905

County Sheriff

Chase	882-4748	Hayes	286-3364
Dundy	423-2393	Hitchcock	334-5444
Frontier	367-4411	Red Willow	345-1850
Furnas	268-2245		

Family Support

- *CASA (Court Appointed Special Advocate)
 - 345-8817
- Boystown 800-448-3000
- Banister Leadership Academy
 - banisters.org
- PTI 800-284-8520
- Bridge of Hope 308-777-2230 (Mc) 308-534-4064 (NP)

Food

- Commodity Foods 345-1187
- Feeding HIS Flock (Thurs night) 345-2445

Pantries

- McCook 345-4844
- Hitchcock County (Culbertson) 278-2123
- Arapahoe 962-7296
- Cambridge 697-3756
- Oxford 824-3652
- Western Frontier Country (Curtis)
 - 367-8781
- Dundy County (Benkelman) 423-2393
- Chase County (Imperial) 882-5136
- WIC-Kearney (East) 877-803-1712
- WIC-North Platte (West) 800-395-7336

Health/Disabled

- American Cancer Society 800-642-8116
- Community Health Care and Hospice
 - 344-8356
- Early Intervention Services 345-7597
- League of Human Dignity 532-4911
- NE Comm for Deaf & Hard of Hearing
 - 800-545-6244
- NE Assistive Technology 877-713-4002
- *Patient Assistance Program 345-1516
- People’s Family Health 345-3626
- Red Willow County Health Dept. 345-1790
- Shriners Hospital 800-237-5055
- Southwest Area Training Services
 - (SWATS) 345-1530
- *SW NE Public Health Dept. 345-4223

Hotlines

- Poison Control Center 800-222-1222
- Nebraska Family Helpline 888-866-8660

Housing

- McCook Housing Agency 345-3605
- USDA Rural Development 632-2195
- West Central NE Dev. Dist.
 - Ogallala 284-6077
- Homeless –The Connection,
 - North Platte 532-5050

Law Enforcement (Non-Emergency)

- McCook Police Department 345-3450
- McCook Probation Office District 11
 - 345-4070
- Nebraska State Patrol 535-8047

Legal

- Child Support Enforcement 877-631-9973
- Legal Aid of Nebraska 877-250-2016

Other

- McCook Humane Society 345-2372
- Social Security, N. Platte 833-329-5527

Transportation

- Tri Valley Transport 697-1164
- Hitch –n- Hay 276-2182
- McCook Handibus 345-6098
- Chase County Transit. 882-5130
- Medicaid (Call Your Medicaid Provider}

Employment

- NE Workforce Development 535-8320
- Vocational Rehab Services 535-8100
- *Goodwill Employment 362-7030
- *Proteus Inc (Ag workers) 402-705-1964





INFORMATION GAPS

Information Gaps

- While the following information gaps exist in the health data section of this report, please note that every effort was made to compensate for these gaps in the interviews conducted by Community Hospital Consulting.
 - This assessment seeks to address the community's health needs by evaluating the most current data available. However, published data inevitably lags behind due to publication and analysis logistics.
 - Due to smaller population numbers and the general rural nature of Red Willow County, 1-year estimates for a few data indicators are statistically unreliable. Therefore, sets of years were combined to increase the reliability of the data while maintaining the county-level perspective.



ABOUT COMMUNITY HOSPITAL CONSULTING

About CHC Consulting

- Community Hospital Corporation owns, manages and consults with hospitals through three distinct organizations – CHC Hospitals, CHC Consulting and CHC ContinueCare, which share a common purpose of preserving and protecting community hospitals.
- Based in Plano, Texas, CHC provides the resources and experience community hospitals need to improve quality outcomes, patient satisfaction and financial performance. For more information about CHC, please visit the website at: www.chc.com



APPENDIX

- SUMMARY OF DATA SOURCES
- DATA REFERENCES
- HPSA AND MUA/P INFORMATION
- INTERVIEWEE INFORMATION
- PRIORITY BALLOT



SUMMARY OF DATA SOURCES

Summary of Data Sources

- **Demographics**

- This study utilized demographic data from **Syntellis**.
- The **United States Census Bureau**, provides foreign-born population statistics by county and state; https://data.census.gov/table?q=DP02&g=010XX00US_040XX00US31_050XX00US31145.
- This study utilizes data from the **Economic Innovation Group**, which provides distressed community index scores by county and state: <https://eig.org/distressed-communities/2022-dci-interactive-map/?path=county/48113&view=county>.
- **Economic Policy Institute, Family Budget Map** provides a break down of estimates monthly costs in specific categories for Red Willow Counties; <https://www.epi.org/resources/budget/budget-map/>.
- The **United States Bureau of Labor Statistics Local Area Unemployment Statistics** provides unemployment statistics by county and state; <https://www.bls.gov/lau/tables.htm>.
- **Data USA** provides access to industry workforce categories as well as access to transportation data at the county and state level: <https://datausa.io/>.
- The **Small Area Income and Poverty Estimates (SAIPE)**, provides child poverty estimates by county and state: <https://www.census.gov/data-tools/demo/saipe/#/>
- Food insecurity information is pulled from **Feeding America's Map the Meal Gap**, which provides food insecurity data by county, congressional district and state: <http://map.feedingamerica.org/>.
- This study also used data collected by the **Small Area Income and Poverty Estimates (SAIPE)**, that provides Supplemental Nutrition Assistance Program (SNAP) Benefits: <https://www.census.gov/data/datasets/time-series/demo/saipe/model-tables.html>.
- This study also used health data collected by the **SparkMap**, a national platform that provides public and custom tools produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. Data can be accessed at <https://sparkmap.org/report/>.

- **Health Data**

- The **County Health Rankings & Roadmaps (CHR&R)**, a program of the University of Wisconsin Population Health Institute, draws attention to why there are differences in health within and across communities. The program highlights policies and practices that can help everyone be as healthy as possible. CHR&R aims to grow a shared understanding of health, equity and the power of communities to improve health for all. This work is rooted in a long-term vision where all people and places have what they need to thrive; <http://www.countyhealthrankings.org/>.
- The **Centers for Disease Control and Prevention National Center for Health Statistics WONDER Tool** provides access to public health statistics and community health data including, but not limited to, mortality, chronic conditions, and communicable diseases; <http://wonder.cdc.gov/ucd-icd10.html>.

Summary of Data Sources

- **Health Data**

- The **Nebraska Department of Health and Human Services** provides radon data at the county and state. Data can be accessed at <http://dhhs.ne.gov/Pages/Radon-Data.aspx> and http://county-radon.info/NE/Red_Willow.html.
- This study also used health data collected by the **SparkMap**, a national platform that provides public and custom tools produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. Data can be accessed at <https://sparkmap.org/report/>.
- This study utilizes a county level data from **Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format)**, 2022 release, filtered for Red Willow County, NE. Data can be accessed at: https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data.
- This study utilizes a county level data from **Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format)**, 2023 release, filtered for Red Willow County, NE. Data can be accessed at: https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data.
- This study utilizes a county level data from **Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format)**, 2024 release filtered for Red Willow County, NE. Data can be accessed at: https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data.
- This study utilizes a state level data from **Center for Disease Control and Prevention, Chronic Disease Indicators**, filtered for Nebraska; <https://www.cdc.gov/cdi/>.
- The **Centers for Medicare & Medicaid Services, Office of Minority Health**, provides public tools to better understand disparities in chronic diseases. Data can be accessed at; <https://data.cms.gov/mapping-medicare-disparities>.
- The **Annie E. Casey Foundation, Kids Count Data Center**, provides county and state level data for certain maternal and child health indicators. Data can be accessed at: www.datacenter.kidscount.org.
- The **Partnership for a Healthy Nebraska** looks at adequate prenatal care by county. Data can be accessed at: <https://public.tableau.com/app/profile/healthynebraska/viz/AdequatePrenatalCarebyCounty/APNCUbyCounty>.
- The **U.S. Census Bureau's Small Area Health Insurance Estimates** program produces the only source of data for single-year estimates of health insurance coverage status for all counties in the U.S. by selected economic and demographic characteristics. Data can be accessed at: <https://www.census.gov/data-tools/demo/sahie/index.html>.
- The **U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA)** provides Medically Underserved Area / Population and Health Professional Shortage Area scores, and can be accessed at: <https://datawarehouse.hrsa.gov/tools/analyzers.aspx>.

- **Phone Interviews**

- CHC Consulting conducted interviews on behalf of Community Hospital from November 11, 2024 – December 2, 2024.
- Interviews were conducted and summarized by Alex Campbell, Senior Planning Analyst.





DATA REFERENCES

Distressed Communities Index

- The Distressed Communities Index (DCI) brings attention to the deep disparities in economic well-being that separate U.S. communities. The latest Census data is used to sort zip codes, counties, and congressional districts into five quintiles of well-being: **prosperous**, **comfortable**, **mid-tier**, **at risk**, and **distressed**. The index allows us to explore disparities within and across cities and states, as well.
- The seven components of the index are:
 1. **No high school diploma:** Share of the 25 and older population without a high school diploma or equivalent.
 2. **Housing vacancy rate:** Share of habitable housing that is unoccupied, excluding properties that are for seasonal, recreational, or occasional use.
 3. **Adults not working:** Share of the prime-age (25-54) population that is not currently employed.
 4. **Poverty rate:** Share of the population below the poverty line.
 5. **Median income ratio:** Median household income as a share of metro area median household income (or state, for non-metro areas and all congressional districts).
 6. **Changes in employment:** Percent change in the number of jobs over the past five years.
 7. **Changes in establishments:** Percent change in the number of business establishments over the past five years.

2024 Poverty Guidelines

2024 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200
5	\$36,580
6	\$41,960
7	\$47,340
8	\$52,720
For families/households with more than 8 persons, add \$5,380 for each additional person.	

Source: Poverty Guidelines, Office Of The Assistant Secretary For Planning and Evaluation, <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>; data accessed December 5, 2024.



HPSA AND MUA/P INFORMATION

Health Professional Shortage Areas

Background

- Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in:
 - Primary care
 - Dental health
 - Mental health
- These shortages may be geographic-, population-, or facility-based:
 - Geographic Area: A shortage of providers for the entire population within a defined geographic area.
 - Population Groups: A shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farmworkers, and other groups)
 - Facilities:
 - Other Facility (OFAC)
 - Correctional Facility
 - State Mental Hospitals
 - Automatic Facility HPSAs (FQHCs, FQHC Look-A-Likes, Indian Health Facilities, HIS and Tribal Hospitals, Dual-funded Community Health Centers/Tribal Clinics, CMS-Certified Rural Health Clinics (RHCs) that meet National Health Service Corps (NHSC) site requirements)

Health Professional Shortage Areas

Background (continued)

- HRSA reviews these applications to determine if they meet the eligibility criteria for designation. The main eligibility criterion is that the proposed designation meets a threshold ratio for population to providers.
- Once designated, HRSA scores HPSAs on a scale of 0-25 for primary care and mental health, and 0-26 for dental health, with higher scores indicating greater need.

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7312770380	Catchment Area 2	Geographic HPSA	Nebraska	Arthur County, NE Chase County, NE Dawson County, NE Dundy County, NE Frontier County, NE Gosper County, NE Grant County, NE Hayes County, NE Hitchcock County, NE Hooker County, NE Keith County, NE Lincoln County, NE Logan County, NE McPherson County, NE Perkins County, NE Red Willow County, NE Thomas County, NE	2.82	14	NA	Designated	Rural	02/23/2022	02/23/2022

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	Component State Name		Component County Name	Component Name	Component Type		Component GEOID		Component Rural Status			
	Nebraska		Arthur	Arthur	Single County		31005		Rural			
	Nebraska		Chase	Chase	Single County		31029		Rural			
	Nebraska		Dawson	Dawson	Single County		31047		Rural			
	Nebraska		Dundy	Dundy	Single County		31057		Rural			
	Nebraska		Frontier	Frontier	Single County		31063		Rural			
	Nebraska		Gosper	Gosper	Single County		31073		Rural			
	Nebraska		Grant	Grant	Single County		31075		Rural			
	Nebraska		Hayes	Hayes	Single County		31085		Rural			
	Nebraska		Hitchcock	Hitchcock	Single County		31087		Rural			
	Nebraska		Hooker	Hooker	Single County		31091		Rural			
	Nebraska		Keith	Keith	Single County		31101		Rural			
	Nebraska		Lincoln	Lincoln	Single County		31111		Rural			
	Nebraska		Logan	Logan	Single County		31113		Rural			
	Nebraska		McPherson	McPherson	Single County		31117		Rural			
	Nebraska		Perkins	Perkins	Single County		31135		Rural			
	Nebraska		Red Willow	Red Willow	Single County		31145		Rural			
	Nebraska		Thomas	Thomas	Single County		31171		Rural			
Mental Health	7312037619	INDIANOLA MEDICAL CLINIC	Rural Health Clinic	Nebraska	Red Willow County, NE		14	NA	Designated	Rural	09/23/2022	09/23/2022
	Site Name		Site Address	Site City	Site State		Site ZIP Code		County		Rural Status	
	INDIANOLA MEDICAL CLINIC		119 S 4th St	Indianola	NE		69034-6607		Red Willow		Rural	
Dental Health	6316969236	INDIANOLA MEDICAL CLINIC	Rural Health Clinic	Nebraska	Red Willow County, NE		15	NA	Designated	Rural	09/23/2022	09/23/2022

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
	Site Name		Site Address	Site City	Site State	Site ZIP Code		County		Rural Status		
	INDIANOLA MEDICAL CLINIC		119 S 4th St	Indianola	NE	69034-6607		Red Willow		Rural		
Dental Health	6316430588	LI-Red Willow County	Low Income Population HPSA	Nebraska	Red Willow County, NE	0.42	13	NA	Designated	Rural	09/21/2023	09/21/2023
	Component State Name		Component County Name	Component Name	Component Type		Component GEOID		Component Rural Status			
	Nebraska		Red Willow	Red Willow	Single County		31145		Rural			
Primary Care	1318331610	INDIANOLA MEDICAL CLINIC	Rural Health Clinic	Nebraska	Red Willow County, NE		13	14	Designated	Rural	09/23/2022	01/31/2024
	Site Name		Site Address	Site City	Site State	Site ZIP Code		County		Rural Status		
	INDIANOLA MEDICAL CLINIC		119 S 4th St	Indianola	NE	69034-6607		Red Willow		Rural		

Medically Underserved Areas/Populations

Background

- Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population.
- MUAs have a shortage of primary care services for residents within a geographic area such as:
 - A whole county
 - A group of neighboring counties
 - A group of urban census tracts
 - A group of county or civil divisions
- MUPs are specific sub-groups of people living in a defined geographic area with a shortage of primary care services. These groups may face economic, cultural, or linguistic barriers to health care. Examples include, but are not limited to:
 - Homeless
 - Low income
 - Medicaid eligible
 - Native American
 - Migrant farmworkers

Medically Underserved Areas/Populations

Background (continued)

- The Index of Medical Underservice (IMU) is applied to data on a service area to obtain a score for the area. IMU is calculated based on four criteria:
 1. Population to provider ratio
 2. Percent of the population below the federal poverty level
 3. Percent of the population over age 65
 4. Infant mortality rate
- The IMU scale is from 1 to 100, where 0 represents ‘completely underserved’ and 100 represents ‘best served’ or ‘least underserved.’
- Each service area or population group found to have an IMU of 62.0 or less qualifies for designation as a Medically Underserved Area or Medically Underserved Population.
- *Please note that there are currently no Medically Underserved Areas or Medically Underserved Populations in Red Willow County, Nebraska.*



INTERVIEWEE INFORMATION

Community Hospital Community Health Needs Assessment Interviewee Information

Name	Title	Organization	Interview Date	County Served	Interviewer	IRS Category			Population Served
						A	B	C	
Brandy Bird	Director	Red Willow County Health Department	11/14/2024	Red Willow County	Alex Campbell	X			General Public
Steffenie Fries	Senior Program Manager	Southwest Nebraska Public Health Department	11/20/2024	Multi-county area, including Red Willow County	Alex Campbell	X			General Public
Ronda Graff	McCook Community Foundation Fund Coordinator	McCook Community Foundation Fund	11/12/2024	Red Willow County	Alex Campbell			X	General Public
Jeremy Labrie	Youth Pastor	Methodist Church	11/22/2024	Red Willow County	Alex Campbell		X		Youth
Bryan Loker	Regional Vice President	High Plains Radio	11/21/2024	Multi-county area, including Red Willow County	Alex Campbell			X	General Public
Charlie McPherson	Executive Director	McCook Economic Development Corporation	11/14/2024	Red Willow County	Alex Campbell			X	General Public
Matt Nielson	Chief Operating Officer Hospital Board Member	MNB Bank Community Hospital	11/19/2024	Red Willow County	Alex Campbell		X		General Public
Grant Norgaard	Superintendent Hospital Board Member	McCook Public Schools Community Hospital	12/2/2024	Red Willow County	Alex Campbell		X		Youth
Nate Schneider	City Manager	City of McCook	11/22/2024	Red Willow County	Alex Campbell		X		General Public
Beth Siegfried	Director	McCook Senior Center	11/21/2024	Red Willow County	Alex Campbell		X		Elderly, Medically Complex
Shary Skiles	Puplisher	McCook Gazette	11/11/2024	Red Willow County	Alex Campbell			X	General Public
Myra Stoney	Director	Southwest Nebraska Public Health Department	11/21/2024	Multi-county area, including Red Willow County	Alex Campbell	X			General Public
Michal Swanson	Funeral Home Owner	Hermann - Jones Funeral Chapel	11/18/2024	Red Willow County	Alex Campbell			X	General Public
Linda Taylor	Mayor Owner	City of McCook Video Kingdom	11/19/2024	Red Willow County	Alex Campbell			X	General Public
Kurt Vosburg	District Engineer Hospital Board Member	Nebraska Department of Transportation Community Hospital	11/19/2024	Multi-county area, including Red Willow County	Alex Campbell		X		General Public

A: Work for a state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community

B: Member of a medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations

C: Community Leaders

Source: Community Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; November 11, 2024 – December 2, 2024.



PRIORITY BALLOT

Prioritization Ballot

Upon reviewing the comprehensive preliminary findings report for the 2025 Community Hospital Community Health Needs Assessment (CHNA), we have identified the following needs for the Community Hospital CHNA Team to prioritize in order of importance.

Please review the following criteria (Size and Prevalence of the Issue, Effectiveness of Interventions and Community Hospital Capacity) that we would like for you to use when identifying the top community health priorities for Community Hospital, then cast 3 votes for each priority.

1. Size and Prevalence of the Issue

In thinking about the "Size and Prevalence" of the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).

- a. How many people does this affect?**
- b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the state?**
- c. How serious are the consequences? (urgency; severity; economic loss)**

2. Effectiveness of Interventions

In thinking about the "Effectiveness of Interventions" of the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).

- a. How likely is it that actions taken by Community Hospital will make a difference?**
- b. How likely is it that actions taken by Community Hospital will improve quality of life?**
- c. How likely is it that progress can be made in both the short term and the long term?**
- d. How likely is it that the community will experience reduction of long-term health cost?**

3. Community Hospital Capacity

In thinking about the Capacity of Community Hospital to address the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).

- a. Are people at Community Hospital likely to support actions around this issue? (ready)**
- b. Will it be necessary to change behaviors and attitudes in relation to this issue? (willing)**
- c. Are the necessary resources and leadership available to us now? (able)**

****Please note that the identified health needs below are in alphabetical order for now,***

and will be shifted in order of importance once they are ranked by the CHNA Team.

*** 1. Access to Affordable Care and Reducing Health Disparities Among Specific Populations**

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness of Interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Hospital Capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 2. Access to Mental and Behavioral Health Care Services and Providers**

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness of Interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Hospital Capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 3. Continued Emphasis on Recruitment and Retention of Healthcare Workforce to Increase Access to Primary and Specialty Care**

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness of Interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Hospital Capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 4. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles**

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness of Interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Hospital Capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 5. When thinking about the above needs, are there any on this list that you DO NOT feel that Community Hospital could/would work on over the next 3 years?

	Yes, we could/should work on this issue.	No, we cannot/should not work on this issue.
Access to Affordable Care and Reducing Health Disparities Among Specific Populations	<input type="radio"/>	<input type="radio"/>
Access to Mental and Behavioral Health Care Services and Providers	<input type="radio"/>	<input type="radio"/>
Continued Emphasis on Recruitment and Retention of Healthcare Workforce to Increase Access to Primary and Specialty Care	<input type="radio"/>	<input type="radio"/>
Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles	<input type="radio"/>	<input type="radio"/>

Section 2:

Implementation Plan

Community Hospital

FY 2026 - FY 2028 Implementation Plan

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for Community Hospital (CH) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Red Willow County, Nebraska.

The CHNA Team, consisting of leadership from CH, reviewed the research findings in January 2025 to prioritize the community health needs. Four significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The list of prioritized needs, in descending order, is listed below:

- 1.) Continued Emphasis on Recruitment and Retention of Healthcare Workforce to Increase Access to Primary Care and Specialty Care
- 2.) Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
- 3.) Access to Mental and Behavioral Health Care Services and Providers
- 4.) Access to Affordable Care and Reducing Health Disparities Among Specific Populations

The CHNA Team participated in a prioritization process using a structured matrix to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions, and their capacity to address the need. Once this prioritization process was complete, CH leadership discussed the results and decided to address all of the prioritized needs in various capacities through a hospital specific implementation plan.

Hospital leadership has developed an implementation plan to identify specific activities and services which directly address the identified priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital’s overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, and annual updates and progress (as appropriate).

The CH Board reviewed and adopted the 2025 Community Health Needs Assessment and Implementation Plan on April 15, 2025.

Priority #1: Continued Emphasis on Recruitment and Retention of Healthcare Workforce to Increase Access to Primary Care and Specialty Care

Rationale:

Red Willow County has several Health Professional Shortage Area designations as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Recruiting and retaining healthcare providers is difficult due to the rural setting, with potential providers perceiving better opportunities elsewhere. As one interviewee noted, the lack of providers, from dental hygienists to medical professionals, is a major problem, and it's hard to recruit people to come to this "isolating" area where they could earn more in a larger city. Many interviewees highlighted the need for more primary care providers, especially in family medicine. While some reported short wait times of a couple of days to see a doctor or availability to get in to an urgent care clinic on the same day, others experienced waits of 2-3 weeks for primary care appointments. Although interviewees appreciated the appointment availability at local clinics, especially with same-day care at clinics and urgent care centers, one interviewee explained that affordability is an issue for those without insurance, leading some to delay necessary care.

Some interviewees noted longer wait times for physicians compared to advanced practice providers (APPs). A perceived healthcare awareness gap exists, particularly among low-income individuals. As one interviewee explained, while there's a sizable middle class, there are also many "displaced individuals" for whom hospitals and clinics seem "out of reach," due to a lack of awareness about available resources. A need for increased pediatric care was also identified with one interviewee expressing a desire for more pediatricians specializing in infants. Another confirmed the lack of a pediatrician in McCook and that families needing specialized care must travel to larger cities like Omaha, Kearney, or Grand Island.

One interviewee noted the hospital's ongoing work to increase the number of specialists and acknowledged the challenge. However, the local shortage of specialists results in long wait times and forces residents to seek care in cities like Kearney, Lincoln, Omaha, Denver, North Platte, and Grand Island. While rotating coverage is available, wait times persist. Some interviewees also expressed a desire for more extensive trauma care options for youth, with one suggesting a need for more comprehensive care beyond the existing youth sports doctors. Specific specialties mentioned as needed due to long wait times or lack of coverage, include (in descending order of number of times mentioned and then alpha order): Orthopedics, Dermatology, Oncology, Cardiology, ENT, Mental health, OB/GYN, Optometry, Pediatric subspecialties, Rheumatology and Sports Medicine.

Objective:

Continued efforts to recruit and retain providers to the community

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
1.A. Community Hospital offers several medical clinics offering a variety of specialty care services. The communities of Trenton and Curtis are served by local rural clinics provided by Community Hospital. Additionally, Community Hospital will assess information from the semi-annual market assessment and will continue to track recruiting efforts of new specialists through Service Seed. As opportunities for additional services are evaluated, Community Hospital will also focus on appropriate staffing for the addition of such services.	Outpatient Clinic Director, VP Ancillary Services, Corporate Controller & Strategy Director, Director of Human Resources							
1.B. Community Hospital will continue to offer various mobile services on a regular basis, such as PET/CT, cardiovascular screenings, and nuclear studies.	Cardiopulmonary Rehab Coordinator	Bryan Cardiovascular truck						
1.C. Community Hospital maintains an updated calendar of visiting specialists on its website for residents to access and utilize in planning health care appointments. Additionally, Community Hospital will continue to implement rotating Facebook advertisements featuring visiting specialists.	Director of Communication, Outpatient Clinic Director	Website calendar, directory of visiting specialists in local city newspapers, FB and message board announcements of new specialists						
1.D. Community Hospital will continue to serve as a teaching facility and allow for students pursuing health-related careers to rotate through the facility for a variety of programs, including, but not limited to, therapy, pharmacy, nursing, and public health.	Director of Human Resources	Health Careers Class, Connecting the Dots, Bison Days, Career Discovery Days, UNK Summer Camp, UNK Science Explorers Camp, Rural Immersion program						
1.E. Through the CNA Initiative, Community Hospital partners with nursing homes, schools and others in the region to support and encourage interested individuals to pursue opportunities as a practicing CNA or RN in the community.	CNO/VP Patient Care, Foundation Executive Director							

Priority #2: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Rationale:

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrants a need for increased preventive education and services to improve the health of the community. Heart disease and cancer are the two leading causes of death in Red Willow County and the state. Red Willow County has higher mortality rates than Nebraska for the following causes of death: heart disease; malignant neoplasms, chronic lower respiratory diseases; Alzheimer's disease; accidents (unintentional injuries) and diabetes mellitus. Additionally, environmental concerns exist in Red Willow County that may contribute to worsened health outcomes. The average indoor radon levels of Red Willow County is 4.6 pCi/L, as compared to the average national indoor radon level (1.3 pCi/L).

Red Willow County has higher prevalence rates of chronic conditions such as obesity for adults and the Medicare population, arthritis, asthma for adults and disability than the state. Red Willow County has higher percentages of residents participating in unhealthy lifestyle behaviors such as binge drinking and smoking than the state. With regards to maternal and child health, specifically, Red Willow County has higher teen (age 0-17 years) birth rates than the state. Data suggests that Red Willow County residents are not appropriately seeking preventive care services, such as ever receiving a pneumonia vaccine for the Medicare population. Additionally, Red Willow County has a higher percentage of preventable hospitalizations than the state.

Interviewees appreciated the health and wellness promotion efforts of the hospital and local organizations, but acknowledged that individual choices pose a challenge to improving community health. One interviewee pointed out that both Community Hospital and the YMCA conduct outreach to encourage healthier lifestyles, but note that obesity is one of the challenges in Red Willow County. Chronic illnesses like diabetes and heart disease are prevalent in the community. Interviewees expressed a need for incentives to promote healthier lifestyles and more preventive care programs for all ages. One interviewee emphasized the importance of exercise for longevity and healthy aging, advocating for proactive healthcare and wellness. Interviewees also highlighted the importance of walking trails and outdoor activities.

One interviewee raised concerns about vaccination rates, especially among youth. Another noted that poverty among the youth limits their access to proper nutrition and essential services for healthy growth and development. Interviewees mentioned Red Willow County being a fairly poor area and McCook as a low income area. Finally, while interviewees acknowledged existing marketing efforts regarding healthcare options, they also recognized a need for further education. One interviewee suggested that while most insured individuals understand the difference between using the ER and their doctor, some confusion remains, presenting a marketing opportunity.

Objective:

Implement programs and provide educational opportunities that seek to address unhealthy lifestyles and behaviors in the community

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
2.A. Community Hospital will continue to increase educational opportunities for the public concerning wellness topics and health risk concerns. Additionally, Community Hospital will continue to increase awareness of and access to its educational offerings.	Community Outreach	Stroke education, CPR classes, proper medication disposal, Wellness for Life program, Healthy Connections Lunch & Learn, social media promotion of events, virtual wellness fair, Healthy Heart Initiative, Community Connect, trauma booth at fair, and the Eat Smart, Get Fit program						
2.B. Community Hospital will continue to host and/or participate in local health-related events to promote hospital services, offer a variety of health screenings to the community, and/or support or partner with local organizations that provide services to vulnerable populations.	Community Outreach, Director of Communication	Freedom Run, Adventure Race, Heritage Day Race, Healthy Kids Day Senior Fun fair, Curtis Health fair, Community Wellness fair, Bryan Cardiovascular truck, Walk to Health, Pink Out Rodeo, Healthy Habits Day						
2.C. Community Hospital will continue to host various support and educational groups at the facility.	Director of Speech Therapy, Social Worker, Behavioral Health Nurse Practitioner and Behavioral Health PMHC	Grief support group, Diabetic support group, Parkinson's support group, Eat Smart, Get Fit, Healthy Connections, Healthy Heart Initiative						
2.D. Community Hospital personnel will continue to serve in leadership roles and as volunteers with many agencies and committees in the community. Additionally, Community Hospital will continue to provide staff representation at various conferences and in local consortiums focused around its patient population's needs.	VP Ancillary Services, CFO, VP Support Services, CEO	Chamber of Commerce, NHA Services Board, NHA SDOH Committee, ACHE Regent, Hands and Voices, CASA BOD						

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
2.E. Community Hospital will continue to serve as the backbone organization for the McCook on the Move initiative, including Wellness McCook, in collaboration with several local partner organizations to improve the overall quality of life in the community.	CEO, CFO, VP Ancillary Services, Director of Laboratory Services	pickleball courts, baseball field, pool, PODS						
2.F. Community Hospital will continue to incentivize employees and their families to participate in regular physical activity through a discounted membership at local gym and recreation facilities, as well as wellness incentives towards employee health insurance premiums.	Wellness Program Specialist, Director of Human Resources	Wellness for Life						
2.G. Community Hospital will focus on various preventive and education topics in the community as opportunities arise.	Community Outreach	Cancer prevention in February, Colorectal in March						

Priority #3: Access to Mental and Behavioral Health Care Services and Providers

Rationale:

Data suggests that residents in Red Willow County do not have adequate access to mental and behavioral health care services and providers. Red Willow County has a higher ratio of patients per mental health care provider as compared to the state as well as the nation. Additionally, Red Willow County has a higher percentage of depression among adults and frequent mental distress among adults when compared to the state.

The limited availability of local healthcare providers impacts law enforcement resources and contributes to long wait times for care. While telemedicine is used, barriers, particularly for low-income individuals, prevent wider adoption. One interviewee noted that while providers use telemedicine, the patients that most need help are likely not using it. The absence of a local inpatient mental health facility was also highlighted. Furthermore, the stigma surrounding mental and behavioral healthcare, especially among youth, can hinder patients receiving the care they needed. There are some parents resistant to programs that would provide counseling for their children.

While interviewees appreciated school counselors, they acknowledged a need for more local mental health providers, particularly for students with higher needs. One interviewee explained that while the school has relationships with mental health providers and can get kids help when needed, there may be a lack of resources for "high-needs individuals," especially those with behavioral issues impacting others. Another mentioned growing mental health issues potentially linked to the use of technology. Interviewees discussed issues impacting youth mental health challenges, citing substance abuse, social barriers/acceptance, and family problems. One interviewee described how many students keep it together at school while privately dealing with broken homes and relationships, and social barriers like peer acceptance. They also noted depression and substance abuse for the youth as well as the use of fentanyl, alcohol, marijuana, and vaping as prevalent issues, especially among high schoolers. Alcohol was mentioned as being very accessible for the youth.

Objective:

Provide a point of access for mental health services in the community

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
3.A. Community Hospital will continue to grow and expand mental health services provided to the community.	Outpatient Clinic Director, VP Ancillary Services, Corporate Controller & Strategy Director, Director of Human Resources	Teen support group, Loneliness Group						
3.B. Community Hospital will continue to share an annually-updated list of area and telehealth providers for mental health support and counseling services.	VP Ancillary Services, Community Outreach	CAT team list, internal list						
3.C. Community Hospital will continue to advocate and explore opportunities to support other outlets in the community and connect patients with mental and behavioral health resources as opportunities arise.	Behavioral Health Nurse Practitioner, VP Ancillary Services	Suicide Prevention walk, Suicide Survivor Day						
3.D. Community Hospital will continue to offer mental health support to its employees through the Employee Assistance Program (EAP).	Director of Human Resources	Webinars for Directors, monthly newsletters						

Priority #4: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

Rationale:

Data suggests that some residents in the study area may face significant cost barriers when accessing the healthcare system. Red Willow County has a lower median household income than the state as well as lower educational attainment rates than the state. Red Willow County also has a higher percentage of families living below poverty, children living in poverty than the state, as well as a higher percentage of public school students eligible for free or reduced price lunch. Red Willow County has a higher overall food insecurity and child food insecurity rates when compared to the state and a higher percentage of persons with no motor vehicle than the state. Red Willow County has a higher rate of those adults (age 18-64) who are uninsured as compared to the state.

Some barriers to using swing beds or home health are a lack of awareness and affordability. Many interviewees cited inappropriate ER use stemming from lack of information, no established primary care provider, cost barriers, and the absence of 24-hour alternatives. Another interviewee believed most people understand the difference between the ER and primary care, but some delay care due to finances. One interviewee discussed how elderly individuals may delay care and then use the ER inappropriately, citing an example of an elderly patient waiting until 3 am to go to the ER for medication issues when a walk-in clinic could have been used earlier. While local transportation exists, accessibility is limited, especially for wheelchair users who cannot board the bus independently. Finally, one interviewee highlighted an increase in traffic fatalities in the area due to distracted driving and a lack of seatbelt use.

The growing elderly population requires additional healthcare services. Several interviewees discussed how rural nursing home closures are leaving local seniors without adequate care and making it difficult for families. One interviewee expressed concern about nursing home closures in small towns forcing patients to larger cities, making family visitation difficult due to transportation. Another interviewee cited challenges in recruiting nursing home staff due to current and upcoming regulations for nursing coverage and difficulty recruiting.

Limited post-hospital discharge support complicates recovery for some elderly patients. One interviewee pointed out that older patients may be discharged without caretakers and may not have a good understanding of discharge instructions and follow-up care. Several interviewees expressed concern about elderly loneliness and the decline of local family support systems. Transportation barriers were noted, stemming from personal driving ability and limited transportation options. Finally, one interviewee expressed concern for the financial stability of the elderly, and the cost of insurance.

When asked about which specific groups are at risk for inadequate care, interviewees spoke about infants/kids, teenagers/adolescents, elderly, homeless/transient, racial/ethnic, low income and veterans/military dependents. With regards to the infants/kids population, interviewees discussed the limited access to local pediatric care, lack of affordable child care and limited access to nutritious food options. The teenagers/adolescents group were brought up as a subgroup of the population that may be disproportionately affected by mental health, drug & alcohol misuse/abuse and limited recreational activities. With regards to the elderly population, interviewees discussed the increasing population, Alzheimer's/mental health, limited support system, isolation and loneliness, limited access to nutritious food options, cost barriers to care due to fixed incomes, transportation barriers and limited access to nursing homes and assisted living facilities. Homeless/transient residents were discussed as being disproportionately challenged by a lack of local shelters/housing options and limited local services/resources.

Racial/ethnic groups were discussed as facing translation/language barriers, have a lack of health insurance and fear of seeking care. The low income population were discussed by interviewees as facing challenges with insurance/affordability of healthcare services, hourly shift limitation, limited access to healthcare information, affordable housing, drug misuse/abuse, transportation barriers and limited access to dental care, particularly those on Medicaid. Lastly, veterans and military dependents were brought up as a subgroup of the population that may be disproportionately affected by transportation barriers, lack of access to local, nearby VA services, insurance coverage for vaccinations and limited acceptance of insurance at local resources.

Objective:

Implement and offer programs that aim to reduce health disparities by targeting specific populations

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
4.A. Community Hospital will continue to host and participate in donation drives and fundraising events to benefit underserved organizations in the community, as well as educational events.	Outpatient Clinic Director, VP Ancillary Services, Corporate Controller & Strategy Director, Director of Human Resources							
4.B. Community Hospital will continue to provide a language line to offer translation services for non-English speaking patients and families as needed.	Director of Clinical Quality/Risk							
4.C. Community Hospital will continue to offer financial assistance and payment plan education to patients who have an economic need and meet the qualifications of the financial assistance policy. If financial assistance is needed, Community Hospital encourages patients to complete an application to see if they qualify.	Patient Access Director							
4.D. In conjunction with the Communities of Excellence Program, Community Hospital will explore increasing access to transportation services in the community.	VP Ancillary Services							
4.E. Community Hospital will continue to increase access to care through the provision of telehealth services to applicable patients and explore expansion of telehealth services as opportunities arise.	VP Support Services							
4.F. Community Hospital will continue to provide home health, hospice, and palliative care services for applicable residents. Furthermore, Community Hospital will continue to focus on the patient's family wellbeing by providing respite care in order to reduce caregiver burnout.	Director of Community HealthCare and Hospice							
4.G. Community Hospital will continue to meet with local nursing homes and assisted living facilities on a quarterly basis and comprehensively discuss any emerging issues in the area and how to address such issues to improve quality and efficiency of care for patients.	CEO							
4.H. Community Hospital staff members regularly volunteer at the local Meals on Wheels and Senior Center organizations to support the needs of elderly residents in the community.	Community Outreach							

Section 3:

Feedback, Comments and Paper Copies



INPUT REGARDING THE HOSPITAL'S CURRENT CHNA



CHNA Feedback Invitation

- IRS Final Regulations require a hospital facility to consider written comments received on the hospital facility's most recently conducted CHNA and most recently adopted Implementation Strategy in the CHNA process.
- Community Hospital invites all community members to provide feedback on its previous and existing CHNA and Implementation Plan.
- To provide input on this or the previous CHNA, please see details at the end of this report or respond directly to the hospital online at the site of this download.

Feedback, Questions or Comments?

Please address any written comments on the CHNA and Implementation Plan and/or requests for a copy of the CHNA and Implementation Plan to:

Community Hospital

Community Health Needs Assessment

P.O. Box 1328

McCook, NE 69001

CHNA@chmccook.org

Please find the most up to date contact information on the Community Hospital website under the 'About – Community Health Needs Assessment' section located at the top of the homepage:

<https://chmccook.org/about/community-health-needs-assessment>



Thank you!

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