



Keeping the **H** in Hometown[®]

Community Hospital

Red Willow County Community Health Needs Assessment and Implementation Plan

May 2022



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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, 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

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."

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

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...

Priority #2: Focus on the Needs of the Aging Population (continued)

...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."

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

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.

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

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."

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

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.

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

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.

Priority #5: 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 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.”

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

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 interviewee 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.”



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

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.”



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
 - Documentation and rationalization of priorities not addressed by the implementation plan
 - 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 Stratasan and local reports
 - 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 March 2022 with the CHNA team. The CHNA Team included:
 - Troy Bruntz, Chief Executive Officer
 - Karen Kliment Thompson, Vice President Ancillary Services
 - Jonathan Reiners, Strategic Planning Manager
 - 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, 2020 - June 30, 2021 and discussions with hospital staff

– Demographics of the Study Area

- Population demographics include population change by race, ethnicity, age, median income analysis, unemployment and economic statistics in the study area
- Demographic data sources include, but are not limited to, Stratason, 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, 16 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 report

– Prioritization Strategy

- Six 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

Regional healthcare excellence

Vision Statement

Widely recognized as the regional leader of excellent healthcare services

Core Values

Excellence, Ownership, Integrity, and Compassion

Source: Community Hospital, "About", <https://chmccook.org/about/>; information accessed March 22, 2022.

Hospital Biography

Overarching Goals & Quality Policy

Overarching Goals

- Advance our Journey to Excellence through further adoption of the Baldrige Criteria
- Enhance local access and value to healthcare services along the continuum of care through collaboration and improved coordination with our local healthcare providers and other healthcare entities throughout our region
- Provide the necessary leadership and advocacy efforts to preserve and enhance the overall health and economic stability of our community and region

Strategic Goals

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

- People - Be the employer of choice in the region
- Service - Provide the highest value health and wellness service
- Quality - Be the regional leader in providing person-centered care that is safe, efficient, and exemplifies best practice
- Finance - Assure availability of financial resources

Hospital Biography

Hospital Services

Services

- 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
- Home Health and Hospice
- OB and Nursery
- Rehabilitation Services
 - Speech Therapy
 - Occupational Therapy
 - Physical Therapy
 - Cardiopulmonary Rehabilitation
 - Respiratory Therapy
 - Healthy Lifestyle Nutrition Counseling
- Surgical Services
- Emergency Care
 - Level 4 Trauma Center
 - Telestroke Services
- Cancer Services
- Clinics & Specialists
 - Sleep Services
 - DaVita McCook Dialysis
- Behavioral Health Services
 - Mental Health Medication Management
 - Mental Health Therapy Services



STUDY AREA

Community Hospital

Study Area

Red Willow County comprises 65.8% of FY 2021 Inpatient Discharges

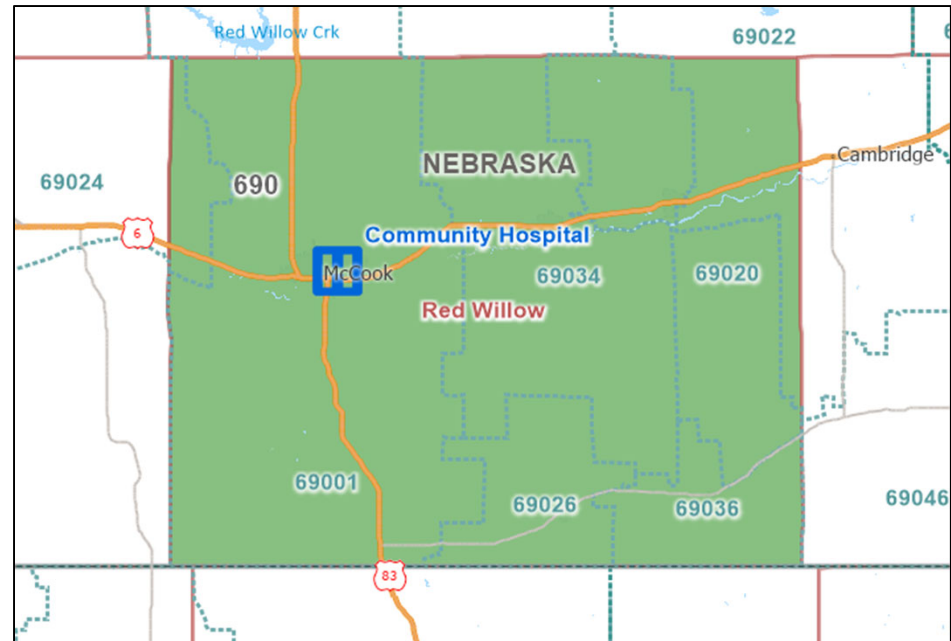
H Indicates the hospital

**Community Hospital
Patient Origin by County
July 1, 2020 - June 30, 2021**

County	State	FY21 Inpatient Discharges	% of Total	Cumulative % of Total
Red Willow	NE	534	65.8%	65.8%
All Others		277	34.2%	100.0%
Total		811	100.0%	

Source: Hospital inpatient discharge data provided by Community Hospital; July 2020 - June 2021; Normal Newborns MS-DRG 795 excluded. Acute and Swing Bed included.

Note: FY 2021 volumes may be lower than expected due to COVID-19 (specifically impacted March 2020 and beyond).



Note: the 2019 Community Hospital CHNA and Implementation Plan report studied Red Willow County, Nebraska, which comprised 65.6% of CY 2018 (January 1, 2018 – December 31, 2018) inpatient discharges.



DEMOGRAPHIC OVERVIEW

Population Health

Population Growth

Projected 5-Year Population Growth 2021-2026

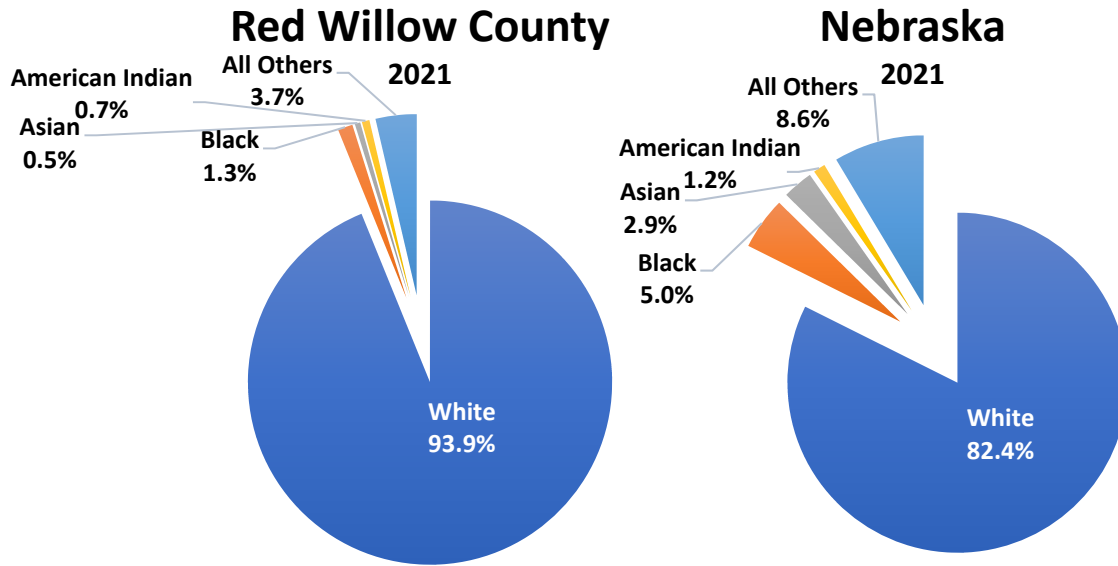


Overall Population Growth				
Geographic Location	2021	2026	2021-2026 Change	2021-2026 % Change
Red Willow County	10,969	10,753	-216	-2.0%
Nebraska	1,975,306	2,043,239	67,933	3.4%

Source: Stratason Canvas Demographics Report, 2022.

Population Health

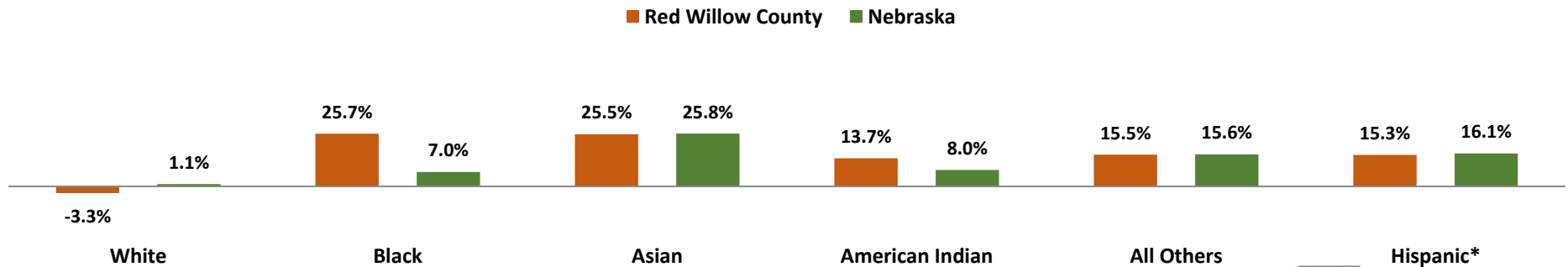
Population Composition by Race/Ethnicity



Red Willow County				
Race/Ethnicity	2021	2026	2021-2026 Change	2021-2026 % Change
White	10,296	9,957	-339	-3.3%
Black	144	181	37	25.7%
Asian	55	69	14	25.5%
American Indian	73	83	10	13.7%
All Others	401	463	62	15.5%
Total	10,969	10,753	-216	-2.0%
Hispanic*	632	729	97	15.3%

Nebraska				
Race/Ethnicity	2021	2026	2021-2026 Change	2021-2026 % Change
White	1,626,863	1,644,793	17,930	1.1%
Black	98,662	105,570	6,908	7.0%
Asian	57,185	71,940	14,755	25.8%
American Indian	22,821	24,641	1,820	8.0%
All Others	169,775	196,295	26,520	15.6%
Total	1,975,306	2,043,239	67,933	3.4%
Hispanic*	235,177	273,040	37,863	16.1%

Race/Ethnicity Projected 5-Year Growth 2021-2026



Source: Stratasan Canvas Demographics Report, 2022.

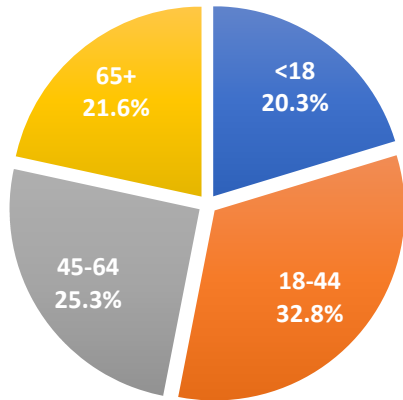
*Hispanic numbers and percentages are calculated separately since it is classified as an ethnicity.

Population Health

Population Composition by Age Group

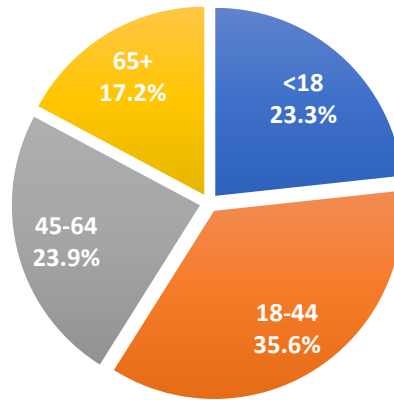
Red Willow County

2021



Nebraska

2021



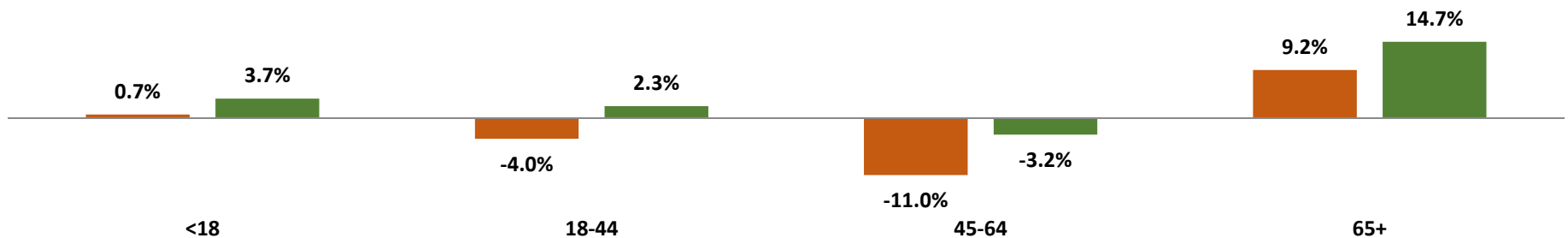
Red Willow County				
Age Cohort	2021	2026	2021-2026 Change	2021-2026 % Change
<18	2,228	2,243	15	0.7%
18-44	3,594	3,450	-144	-4.0%
45-64	2,777	2,471	-306	-11.0%
65+	2,370	2,589	219	9.2%
Total	10,969	10,753	-216	-2.0%

Nebraska				
Age Cohort	2021	2026	2021-2026 Change	2021-2026 % Change
<18	460,037	477,141	17,104	3.7%
18-44	704,055	720,132	16,077	2.3%
45-64	471,528	456,391	-15,137	-3.2%
65+	339,686	389,575	49,889	14.7%
Total	1,975,306	2,043,239	67,933	3.4%

Age Projected 5-Year Growth

2021-2026

Red Willow County Nebraska



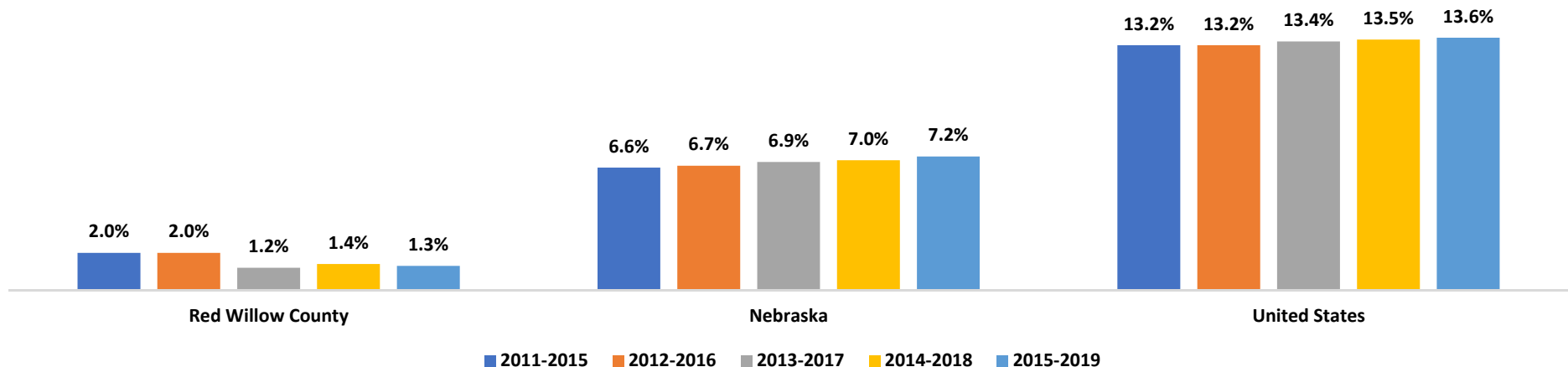
Source: Stratason Canvas Demographics Report, 2022.

Population Health

Subpopulation Composition

- Between 2011 and 2019, the percent of foreign-born residents overall decreased in Red Willow County, while the percent in the state and nation increased.
- Between 2011 and 2019, Red Willow County maintained a lower percentage of foreign-born residents than the state and the nation.
- In 2015-2019, Red Willow County (1.3%) had a lower percent of foreign-born residents than the state (7.2%) and the nation (13.6%).

Foreign-Born Population

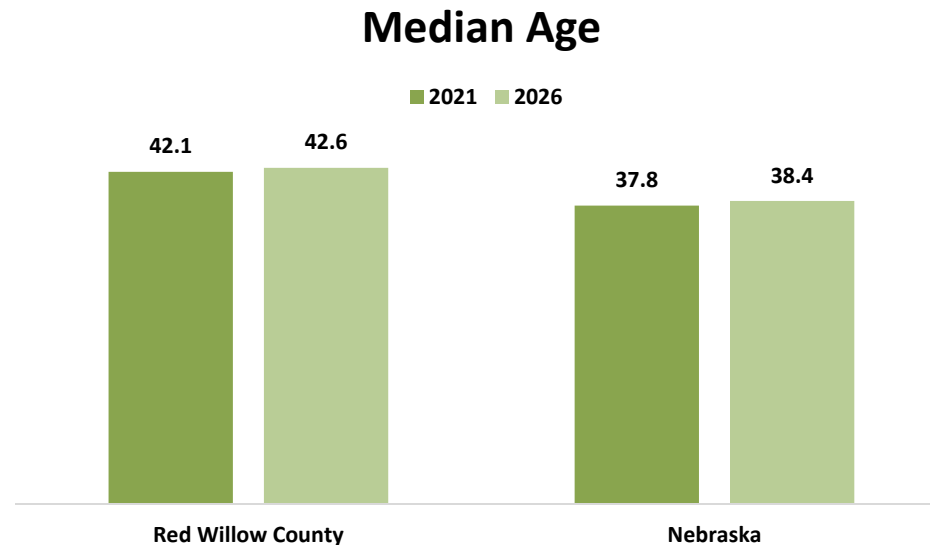


Source: United States Census Bureau, filtered for Red Willow County, NE, <https://data.census.gov/cedsci/table?q=foreign%20born&tid=ACSDP1Y2019.DP02>; data accessed March 1, 2022.
Note: Foreign-born means an individual who was born outside of the United States but lives in the United States currently.
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 (2021-2026).
- Red Willow County (42.1 years) has an older median age than Nebraska (37.8 years) (2021).



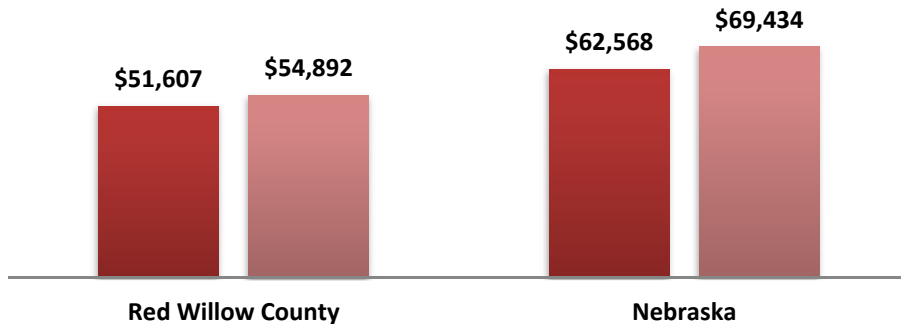
Population Health

Median Household Income and Educational Attainment

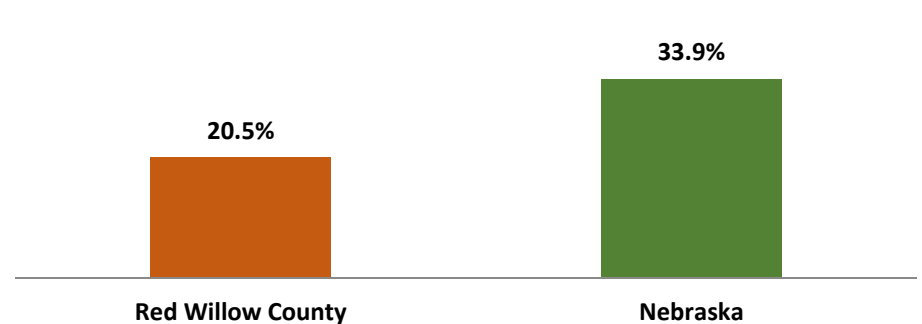
- The median household income in both Red Willow County and the state is expected to increase over the next five years (2021-2026).
- Red Willow County (\$51,607) has a lower median household income than Nebraska (\$62,568) (2021).
- Red Willow County (20.5%) has a lower percentage of residents with a bachelor or advanced degree than the state (33.9%) (2021).

Median Household Income

■ 2021 ■ 2026



Education Bachelor / Advanced Degree 2021



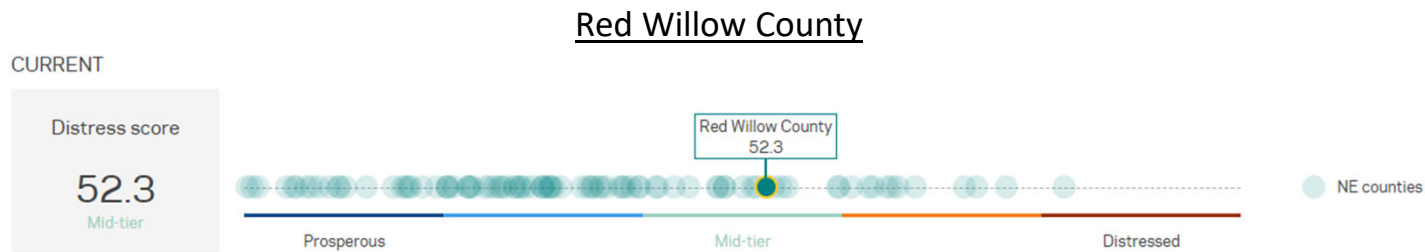
Source: Stratasan Canvas Demographics Report, 2022.

Population Health

Distressed Communities Index

- In 2014-2018, 16.0% of the nation lived in a distressed community, as compared to 26.0% of the nation that lived in a prosperous community.
- In 2014-2018, 4.1% of the population in Nebraska lived in a distressed community, as compared to 33.6% of the population that lived in a prosperous community.
- In 2014-2018, the distress score in Red Willow County was 52.3 which falls within the mid-tier economic category and is more distressed as compared to other counties in the state.

	Nebraska	United States
Lives in a Distressed Community	4.1%	16.0%
Lives in a Prosperous Community	33.6%	26.0%



Source: Economic Innovation Group, 2020 DCI Interactive Map, filtered for Red Willow County, NE, <https://eig.org/dci/interactive-map?path=state/>; data accessed February 15, 2022.

Definition: 'Prosperous' has a final score of 0 all the way up to 'Distressed' which has a final score of 100.

Note: 2020 DCI edition used U.S. Census Bureau's American Community Survey (ACS) 5 - Year Estimates covering 2014 -2018.

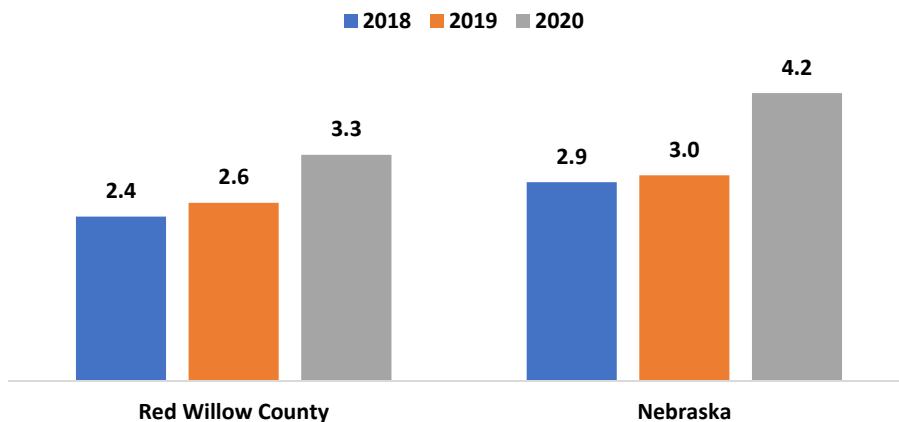
Note: Distressed Communities Index (DCI) combines seven complementary economic indicators: no high school diploma, housing vacancy rate, adults not working, poverty rate, median income ratio, change in employment and change in establishments. Full definition for each economic indicator can be found in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

Population Health

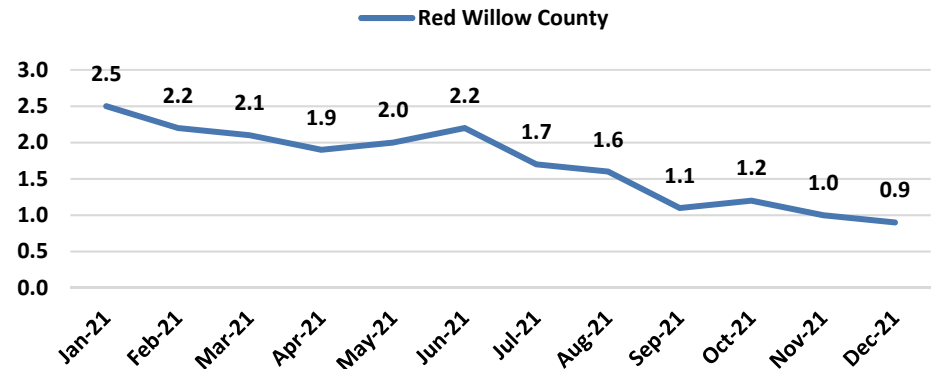
Unemployment

- Unemployment rates in Red Willow County and the state increased between 2018 and 2020.
- In 2020, Red Willow County (3.3) had a lower unemployment rate than the state (4.2).
- Over the most recent 12-month time period, monthly unemployment rates in Red Willow County overall decreased. January 2021 had the highest unemployment rate (2.5) as compared to December 2021 with the lowest rate (0.9).

Unemployment
Annual Average, 2018-2020



Monthly Unemployment
Rates by Month
Most Recent 12-Month Period



Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, www.bls.gov/lau/#tables; data accessed February 15, 2022.

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.

Population Health

Industry Workforce Categories

- As of 2019, the majority of employed persons in Red Willow County are within Office & Administrative Support Occupations. The most common employed groupings are as follows:

Red Willow County

- Office & Administrative Support Occupations (12.1%)
- Management Occupations (11.1%)
- Sales & Related Occupations (9.6%)
- Material Moving Occupations (7.3%)
- Food Preparation & Serving Related Occupations (6.4%)

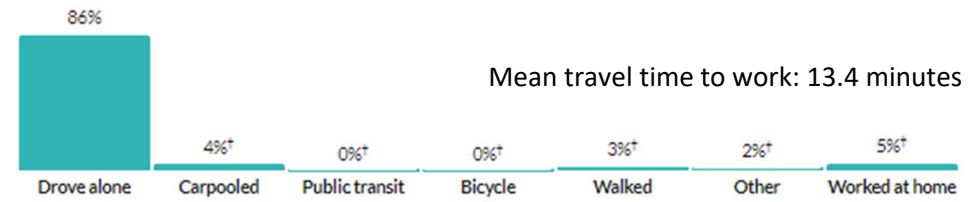
Population Health

Means of Transportation

- In 2015-2019, driving alone was the most frequent means of transportation to work for both Red Willow County and the state.
- In 2015-2019, Red Willow County (4.0%) had a lower percent of people who carpooled to work than the state (9.0%).
- Red Willow County (13.4 minutes) had a shorter mean travel time to work than the state (19.5 minutes) (2015-2019).

Red Willow County

Means of transportation to work

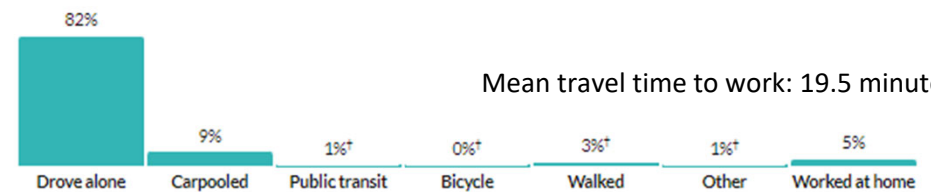


Mean travel time to work: 13.4 minutes

* Universe: Workers 16 years and over

Nebraska

Means of transportation to work



Mean travel time to work: 19.5 minutes

* Universe: Workers 16 years and over

Source: U.S. Census Bureau (2015-2019). Sex of Workers by Means of Transportation to Work American Community Survey 5-year estimates, filtered for Red Willow County, NE, <https://censusreporter.org/search/>; data accessed February 15, 2022.

*+ indicates a margin of error is at least 10 percent of the total value. Interpret with caution.

Population Health

Poverty

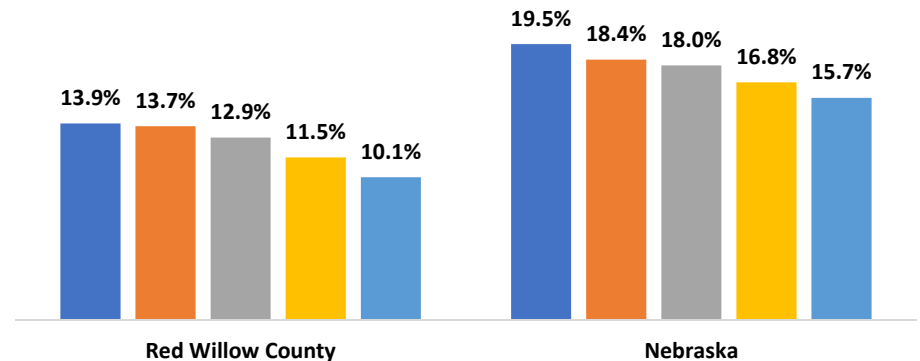
- Red Willow County (21.1%) has a higher percentage of families living below poverty as compared to the state (16.6%) (2021).
- Between 2016 and 2020, the percent of children (<18 years) living below poverty in Red Willow County and the state decreased.
- Red Willow County (10.1%) has a lower percentage of children (<18 years) living below poverty than Nebraska (15.7%) (2020).

Families Below Poverty 2021



Children Living in Poverty

■ 2016 ■ 2017 ■ 2018 ■ 2019 ■ 2020



Source: Stratan Canvas Demographics Report, 2022.

Source: Small Area Income and Poverty Estimates (SAIPE), filtered for Red Willow County, NE, https://www.census.gov/data-tools/demo/saie/#/?map_geoSelector=aa_c; data accessed February 15, 2022.

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 2022 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 \$27,750, and less than 200% of the federal poverty level if the household income is less than \$55,500. Please see the appendix for the full 2022 Federal Poverty Guidelines.

Population Health

Food Insecurity

- According to Feeding America, an estimated 12.4% of Red Willow County residents are food insecure as compared to 11.7% in Nebraska (2019).
- Additionally, 18.0% of the youth population (under 18 years of age) in Red Willow County are food insecure, as compared to 15.1% in Nebraska (2019).
- The average meal cost in Red Willow County (\$2.99) is slightly higher than the average meal cost in Nebraska (\$2.90).

Location	Overall Food Insecurity	Child Food Insecurity	Average Meal Cost
Red Willow County	12.4%	18.0%	\$2.99
Nebraska	11.7%	15.1%	\$2.90

Source: Feeding America, Map The Meal Gap: Data by County in Each State, filtered for Red Willow County, NE, https://www.feedingamerica.org/research/map-the-meal-gap/by-county?_ga=2.33638371.33636223.1555016137-1895576297.1555016137&s_src=W194ORGSC; information accessed February 15, 2022.

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.

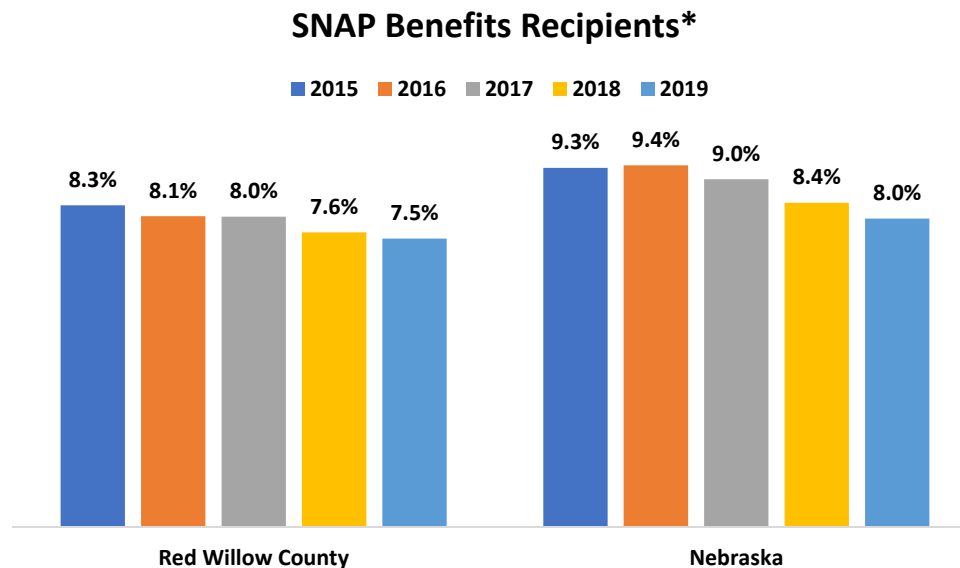
Food Insecure Definition (Child): Those children living in households experiencing food insecurity.

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 2015 and 2019, Red Willow County maintained a lower percentage of recipients who qualified for Supplemental Nutrition Assistance Program (SNAP) benefits than the state. Additionally, the percentage of SNAP Benefit recipients in Red Willow County overall decreased between 2015 and 2019.
- In 2019, Red Willow County (7.5%) had a lower percentage of recipients who qualified for SNAP benefits than the state (8.0%).



Source: SAIPE Model, United States Census Bureau, <https://www.census.gov/data/datasets/time-series/demo/saipe/model-tables.html>; data accessed February 15, 2022.

Source: County Population Totals: 2010-2019, United States Census Bureau, filtered for Red Willow County, NE, https://www.census.gov/data/tables/time-series/demo/popest/2010s-counties-total.html#par_textimage_242301767; data access February 15, 2022.

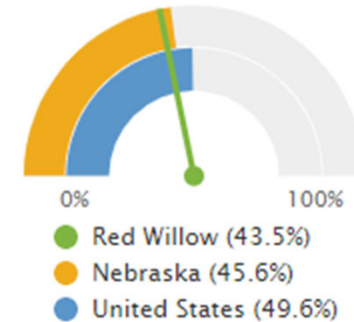
*Percentage manually calculated based on estimated population numbers by county and state between 2014 and 2019 as provided by the United States Census Bureau.

Population Health

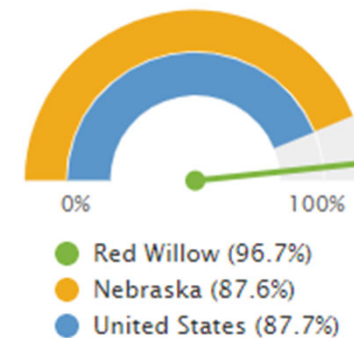
Children in the Study Area

- Red Willow County (43.5%) has the lowest percentage of public school students eligible for free or reduced price lunch than the state (45.6%) and the nation (49.6%) (2019-2020).
- Red Willow County (96.7%) has a higher high school graduation rate than the state (87.6%) and the nation (87.7%) (2018-2019).

Percentage of Students Eligible for Free or Reduced Price School Lunch



Adjusted Cohort Graduation Rate



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 February 10, 2022.

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).

Graduation Rate definition: receiving a high school diploma within four years.



HEALTH DATA OVERVIEW

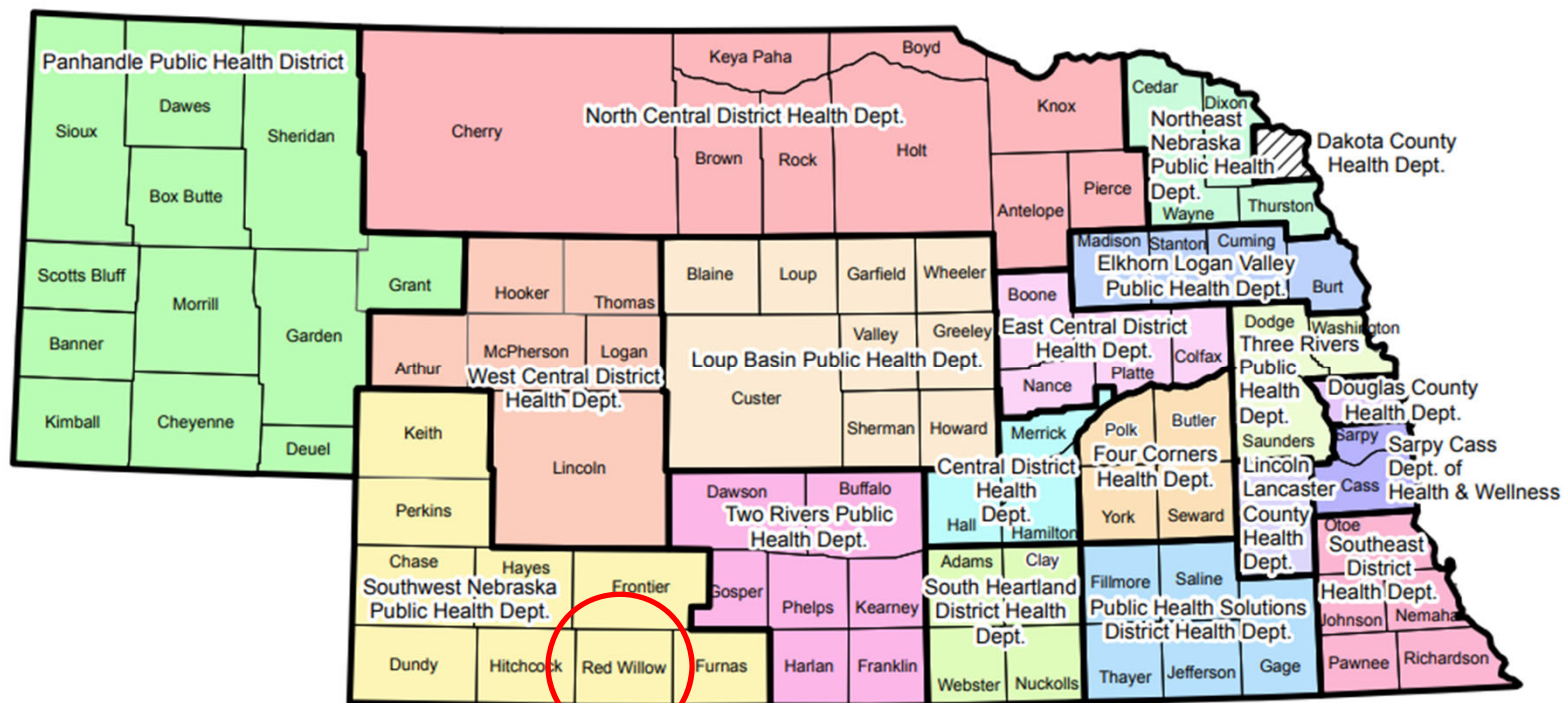
Health Status

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, health department district and county level data


Health Status

County and Health Department District Map



County Name	Health Department District
Red Willow	Southwest

Legend

 Local Health Departments that do not Qualify for LB 692* Funding



Source: Nebraska Department of Health and Human Services, Nebraska Local Health Departments Map, https://dhs.ne.gov/CHPM%20Maps/NE_Health_Dept_Map_Dec_2016.pdf; data accessed February 10, 2022.

Health Status

County Health Rankings & Roadmaps - Red Willow County, Nebraska

- The County Health Rankings rank 79 counties in Nebraska (1 being the best, 79 being the worst).

- Many factors go into these rankings. A few examples include:

- Length of Life:
 - Premature death
- Quality of Life:
 - Poor or fair health
 - Poor physical health days
 - Poor mental health days
 - Low birthweight
- Health Behaviors:
 - Adult Smoking
 - Alcohol-impaired driving deaths
 - Teen births
- Clinical Care:
 - Mental health providers
 - Preventable hospital stays

2022 County Health Rankings	Red Willow County
Health Outcomes	37
LENGTH OF LIFE	30
QUALITY OF LIFE	34
Health Factors	54
HEALTH BEHAVIORS	68
CLINICAL CARE	38
SOCIAL & ECONOMIC FACTORS	40
PHYSICAL ENVIRONMENT	41

Note: Green represents the best ranking for the county, and red represents the worst ranking.

Source: County Health Rankings and Roadmaps; www.countyhealthrankings.org; data accessed April 27, 2022.
 Note: Please see the appendix for full methodology.
 Note: County Health Rankings ranks 79 of the 93 counties in Nebraska.

Health Status

Mortality – Leading Causes of Death (2014-2020)

Rank	Red Willow County	Nebraska
1	Diseases of heart (I00-I09,I11,I13,I20-I51)	Malignant neoplasms (C00-C97)
2	Malignant neoplasms (C00-C97)	Diseases of heart (I00-I09,I11,I13,I20-I51)
3	Chronic lower respiratory diseases (J40-J47)	Chronic lower respiratory diseases (J40-J47)
4	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)
5	Alzheimer disease (G30)	Cerebrovascular diseases (I60-I69)
6	Diabetes mellitus (E10-E14)	Alzheimer disease (G30)
7	Cerebrovascular diseases (I60-I69)	Diabetes mellitus (E10-E14)
8	Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)	Influenza and pneumonia (J09-J18)
9	-	Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)
10	-	COVID-19 (U07.1)

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed February 7, 2022.

Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously. "-" indicates that the number of deaths is too low to calculate a reliable rate. 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 (2014-2020)

Disease	Red Willow County	Nebraska
Diseases of heart (I00-I09,I11,I13,I20-I51)	● 168.1	145.9
Malignant neoplasms (C00-C97)	● 161.1	152.6
Chronic lower respiratory diseases (J40-J47)	● 52.2	48.7
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	● 45.2	39.2
Alzheimer disease (G30)	● 38.6	27.4
Diabetes mellitus (E10-E14)	● 38.4	24.0
Cerebrovascular diseases (I60-I69)	● 24.5	33.1
Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)	● 16.1	10.4
Septicemia (A40-A41)	Unreliable	6.8
Parkinson disease (G20-G21)	Unreliable	10.0

- 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 February 7, 2022.

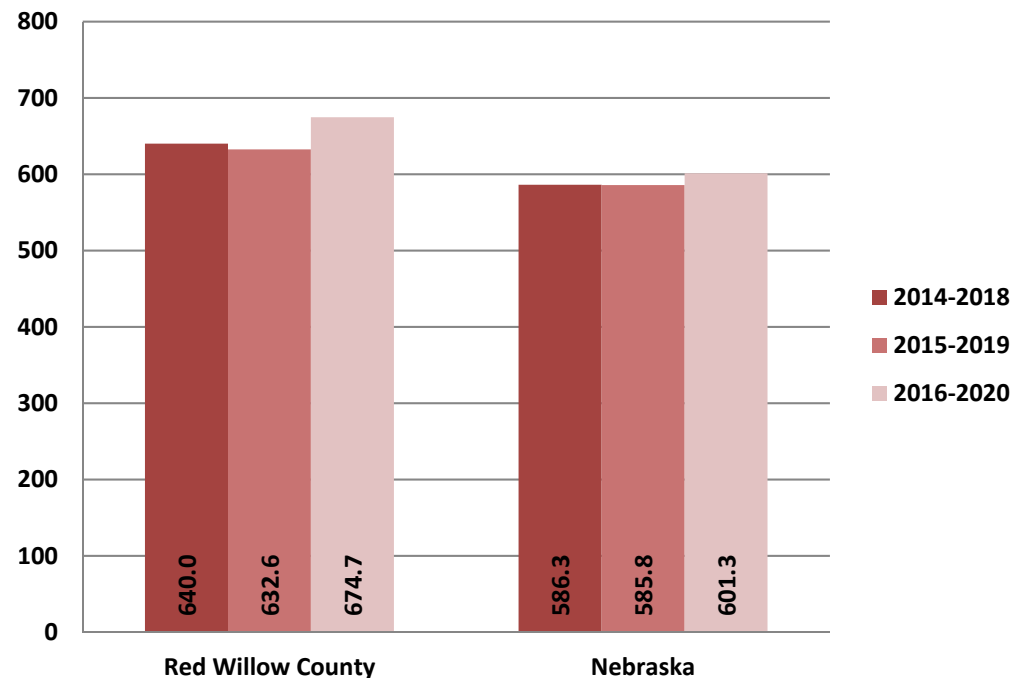
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously. In the event that a rate is too small to calculate, 'Unreliable' or 'Suppressed' are used in the cell block.

Health Status

Mortality – Overall

- Overall mortality rates in Red Willow County remained higher than the state between 2014 and 2020.
- Overall mortality rates in Red Willow County and the state increased between 2014 and 2020.
- In 2016-2020, the overall mortality rate in Red Willow County (674.7 per 100,000) was higher than the state (601.3 per 100,000).

Overall Mortality
Age-adjusted Death Rates per 100,000, 2014-2020



LOCATION	2014-2018		2015-2019		2016-2020		2014-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Red Willow County	562	640.0	559	632.6	588	674.7	808	661.1
Nebraska	66,941	586.3	67,793	585.8	70,386	601.3	96,803	598.6

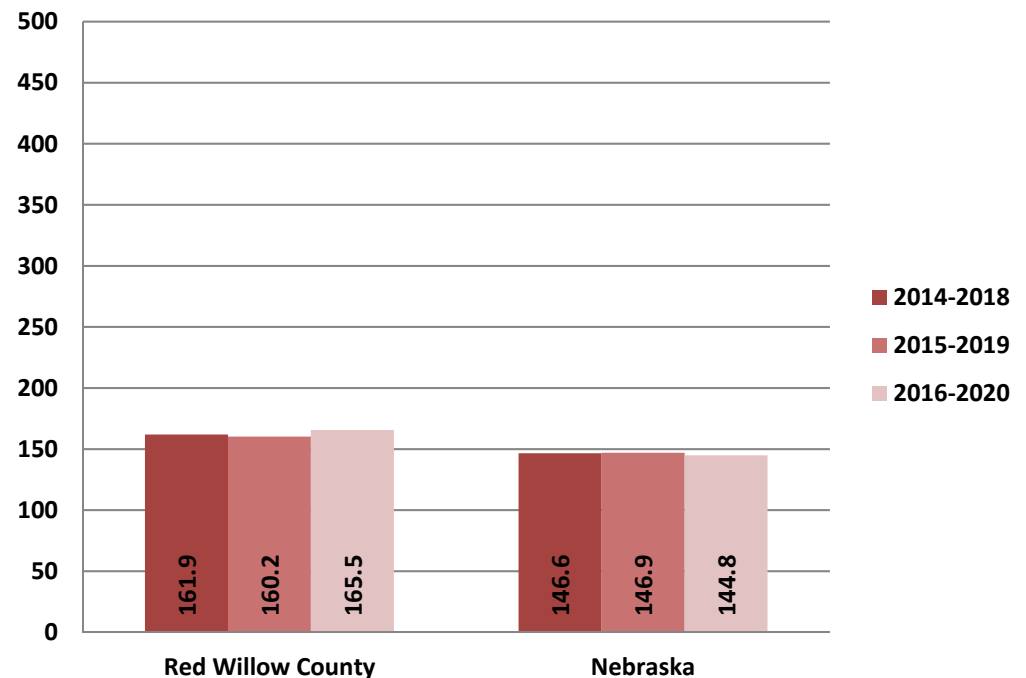
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed February 7, 2022.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously. Data has been pulled in 5-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 second leading cause of death in the state (2014-2020).
- Between 2014 and 2020, heart disease mortality rates increased in Red Willow County while rates in the state decreased.
- In 2016-2020, the heart disease mortality rate in Red Willow County (165.5 per 100,000) was higher than the state rate (144.8 per 100,000).

Diseases of Heart
Age-adjusted Death Rates per 100,000, 2014-2020



LOCATION	2014-2018		2015-2019		2016-2020		2014-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Red Willow County	149	161.9	151	160.2	157	165.5	219	168.1
Nebraska	17,329	146.6	17,573	146.9	17,514	144.8	24,401	145.9

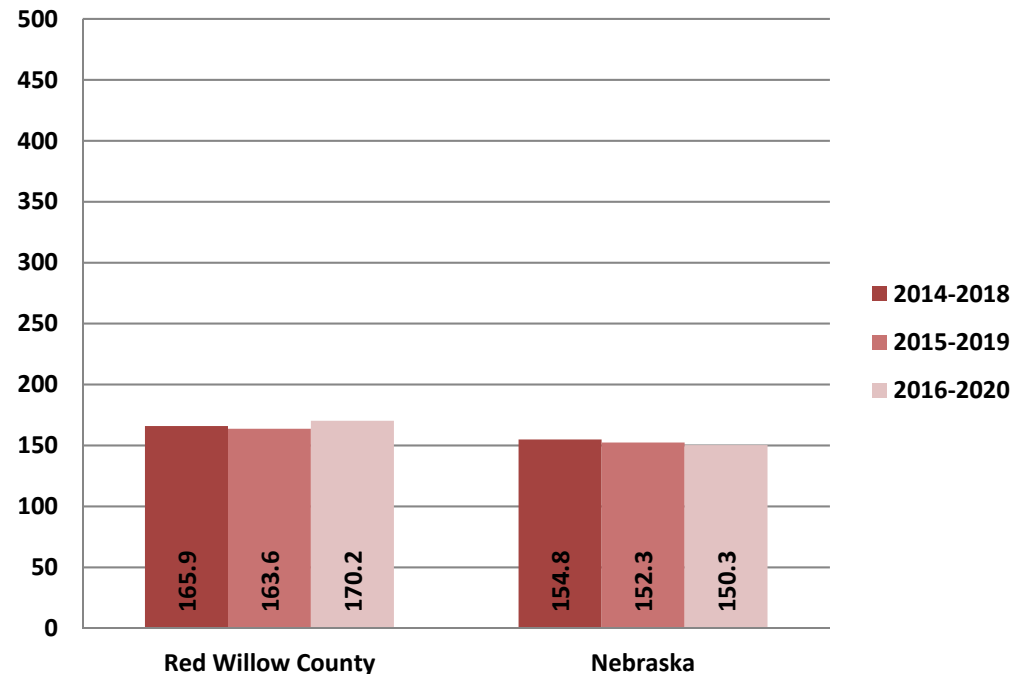
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed February 7, 2022.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously. Data has been pulled in 5-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 leading cause of death in the state (2014-2020).
- Between 2014 and 2020, cancer mortality rates increased in Red Willow County while rates in the state decreased.
- In 2016-2020, the cancer mortality rate in Red Willow County (170.2 per 100,000) was higher than the state rate (150.3 per 100,000).

Malignant Neoplasms
Age-adjusted Death Rates per 100,000, 2014-2020



LOCATION	2014-2018		2015-2019		2016-2020		2014-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Red Willow County	143	165.9	143	163.6	146	170.2	195	161.1
Nebraska	17,468	154.8	17,491	152.3	17,518	150.3	24,491	152.6

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed February 7, 2022.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously. Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

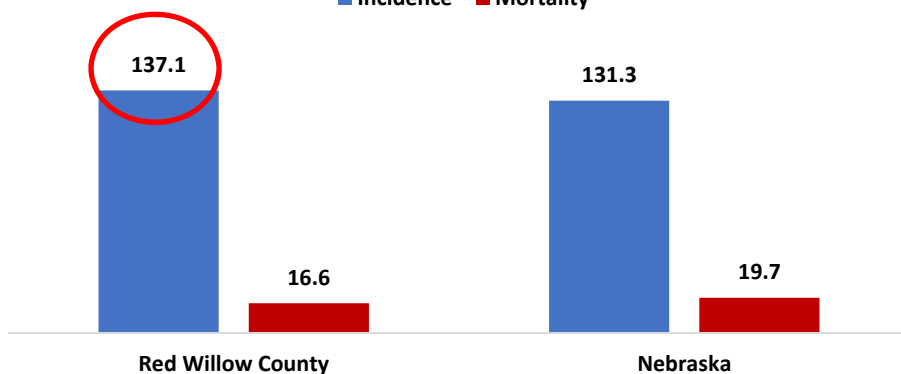
Health Status

Cancer Incidence & Mortality by Type

Breast Cancer (Female)

Age-adjusted Incidence & Mortality Rates per 100,000
2015-2019

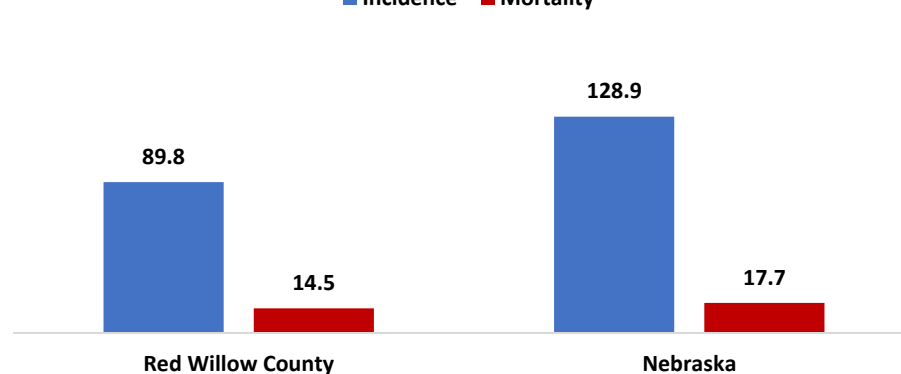
■ Incidence ■ Mortality



Prostate Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2015-2019

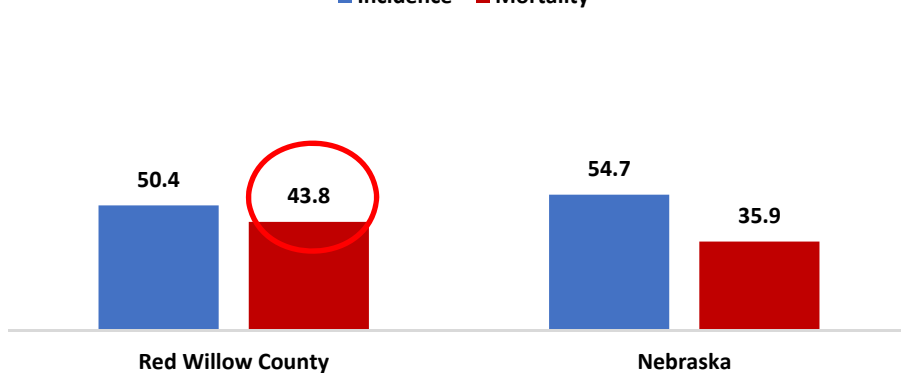
■ Incidence ■ Mortality



Lung & Bronchus Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2015-2019

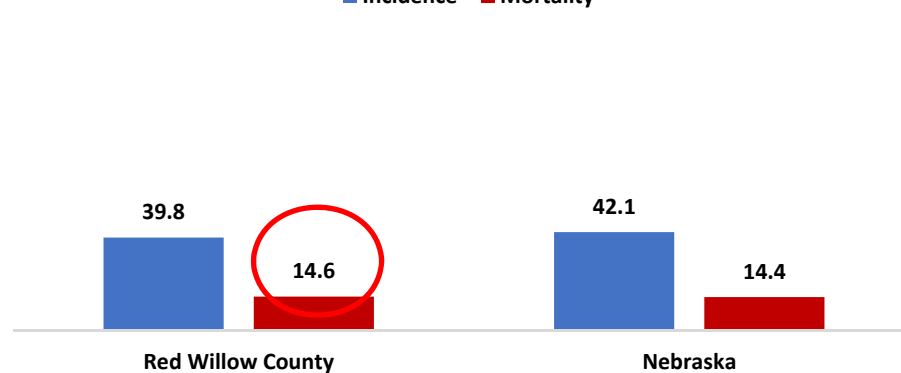
■ Incidence ■ Mortality



Colon & Rectum Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2015-2019

■ Incidence ■ Mortality



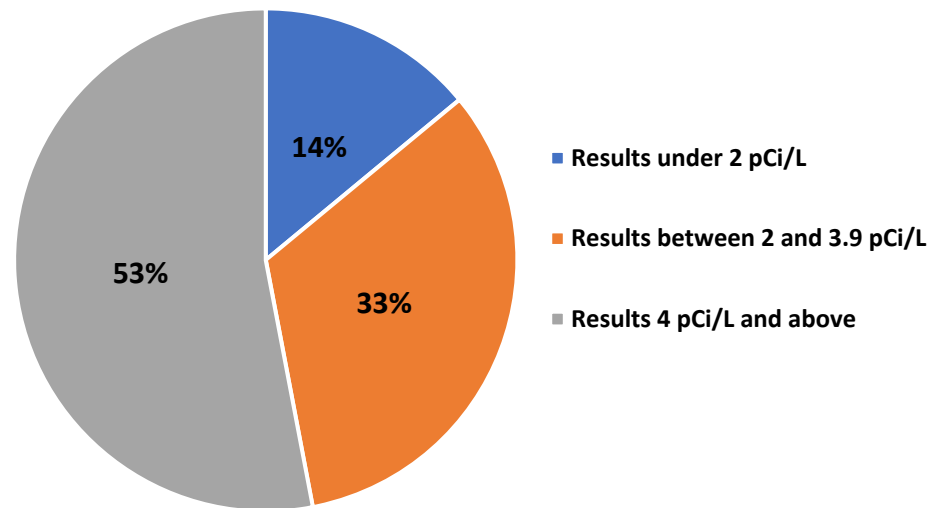
Source: Nebraska Department of Health and Human Services, information requested on February 25, 2022.
Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Population.

Health Status

Mortality – Malignant Neoplasms and Radon

- Next to smoking, Radon is the 2nd leading cause of lung cancer.
- 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 (2022).
- 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) (2022).

Household Indoor Radon Levels in Red Willow County



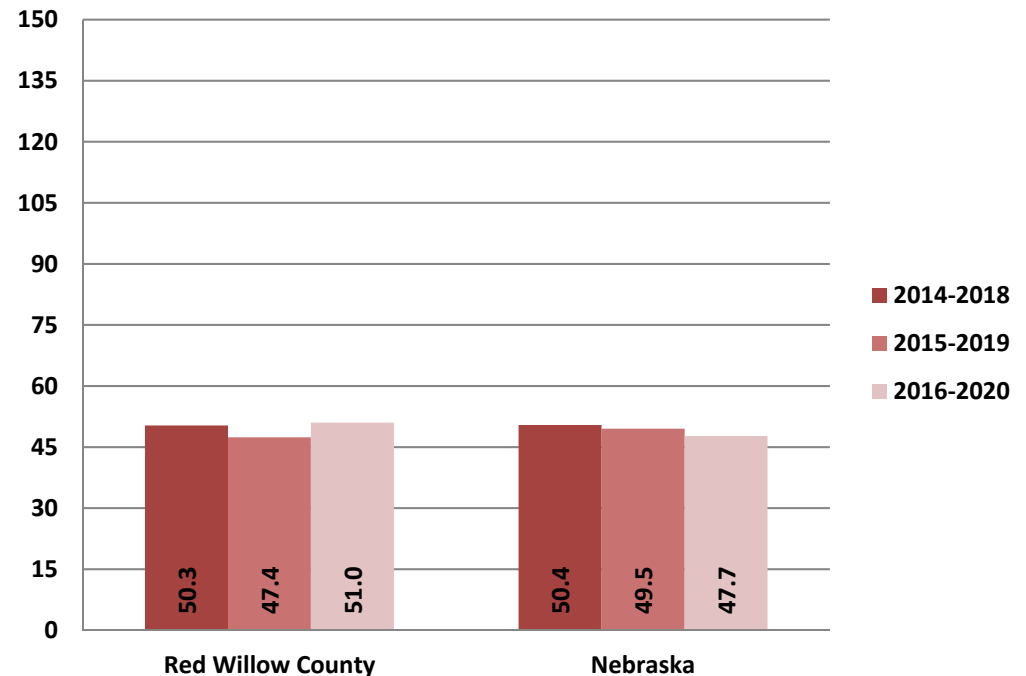
Source: Nebraska Department of Health and Human Services, Radon Data, <http://dhhs.ne.gov/Pages/Radon-Data.aspx>; information accessed March 1, 2022.
Source: Red Willow County Radon Information, "About Radon Levels in Red Willow County," http://county-radon.info/NE/Red_Willow.html; information accessed March 1, 2022.
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 (2014-2020).
- Between 2014 and 2020, CLRD mortality rates increased in Red Willow County while rates in the state decreased.
- In 2016-2020, the CLRD mortality rate in Red Willow County (51.0 per 100,000) was higher than the state rate (47.7 per 100,000).

Chronic Lower Respiratory Diseases
Age-adjusted Death Rates per 100,000, 2014-2020



LOCATION	2014-2018		2015-2019		2016-2020		2014-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Red Willow County	42	50.3	40	47.4	45	51.0	63	52.2
Nebraska	5,780	50.4	5,774	49.5	5,661	47.7	7,958	48.7

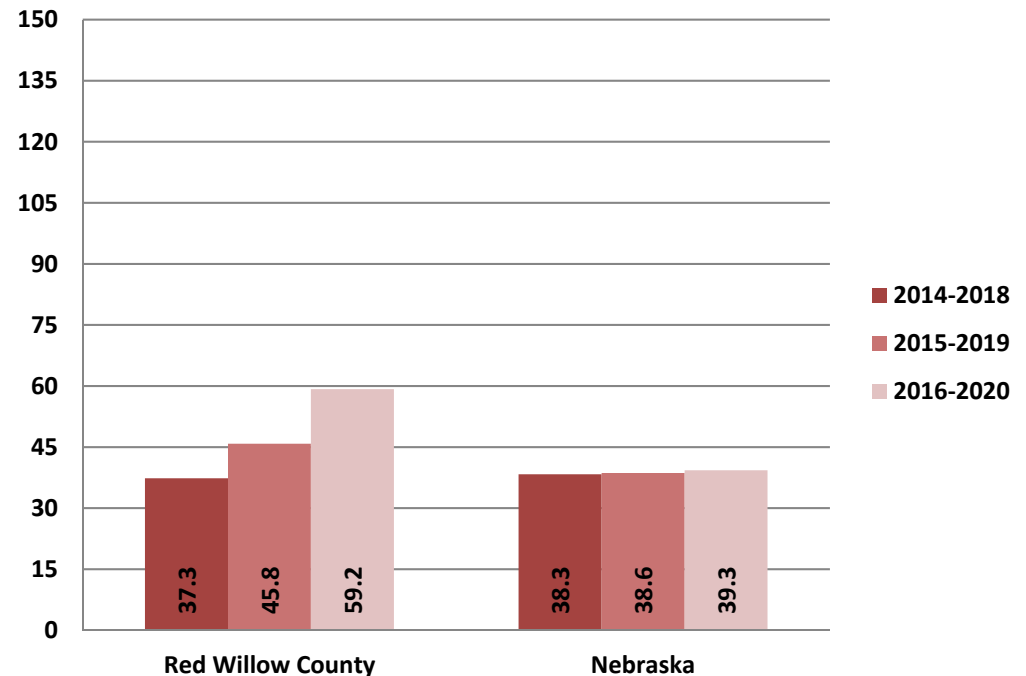
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed February 7, 2022.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously. Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Accidents

- Fatal accidents are the fourth leading cause of death in Red Willow County and the state (2014-2020).
- Between 2014 and 2020, accident mortality rates increased in Red Willow County and the state.
- In 2016-2020, the accident mortality rate in Red Willow County (59.2 per 100,000) was higher than the state rate (39.3 per 100,000).
- The leading cause of fatal accidents in Red Willow County is due to falls (2016-2020).

Accidents (Unintentional Injuries)
Age-adjusted Death Rates per 100,000, 2014-2020



LOCATION	2014-2018		2015-2019		2016-2020		2014-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Red Willow County	25	37.3	30	45.8	37	59.2	41	45.2
Nebraska	3,969	38.3	4,039	38.6	4,143	39.3	5,723	39.2

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed February 7, 2022.

Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously. Data has been pulled in 5-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.

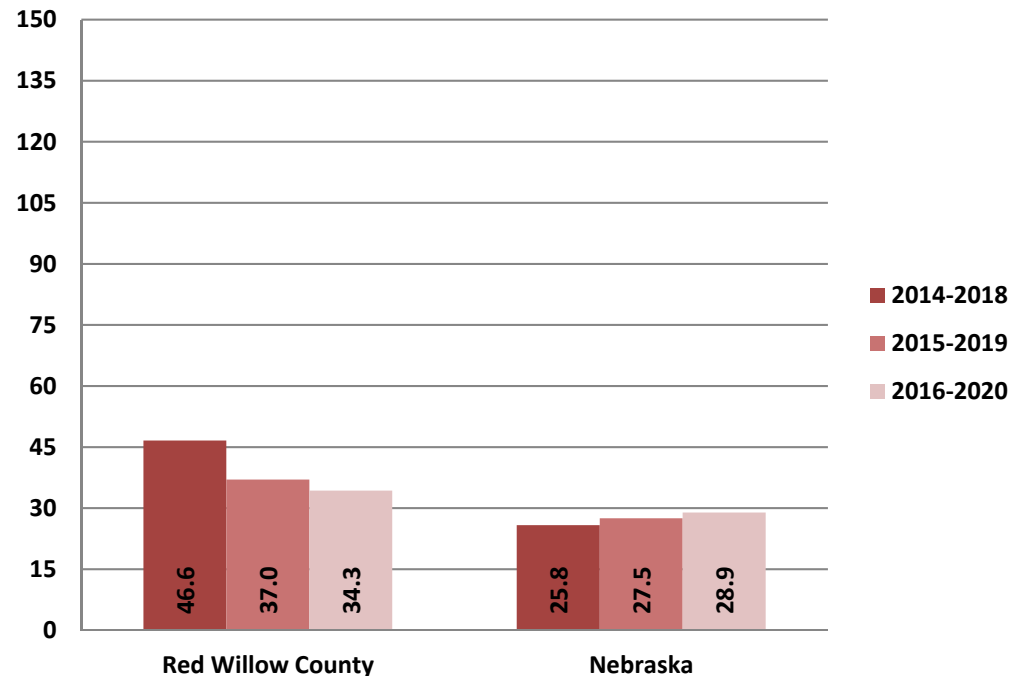


Health Status

Mortality – Alzheimer’s Disease

- Alzheimer’s disease is the fifth leading cause of death in Red Willow County and the sixth leading cause of death in the state (2014-2020).
- Between 2014 and 2020, Alzheimer’s disease mortality rates decreased in Red Willow County while rates in the state increased.
- In 2016-2020, the Alzheimer’s disease mortality rate in Red Willow County (34.3 per 100,000) was higher than the state rate (28.9 per 100,000).

Alzheimer Disease
Age-adjusted Death Rates per 100,000, 2014-2020



LOCATION	2014-2018		2015-2019		2016-2020		2014-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Red Willow County	49	46.6	40	37.0	37	34.3	57	38.6
Nebraska	3,128	25.8	3,381	27.5	3,591	28.9	4,704	27.4

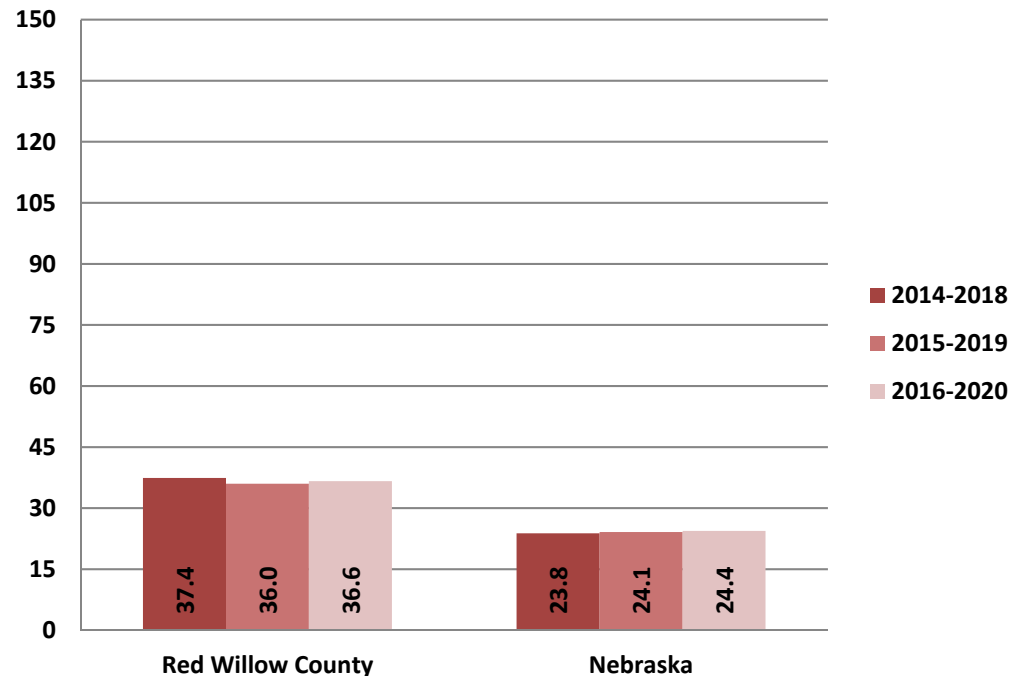
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed February 7, 2022.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously. Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Diabetes Mellitus

- Diabetes mellitus is the sixth leading cause of death in Red Willow County and the seventh leading cause of death in the state (2014-2020).
- Between 2014 and 2020, diabetes mortality rates decreased in Red Willow County while rates in the state increased.
- In 2016-2020, the diabetes mortality rate in Red Willow County (36.6 per 100,000) was higher than the state rate (24.4 per 100,000).

Diabetes Mellitus
Age-adjusted Death Rates per 100,000, 2014-2020



LOCATION	2014-2018		2015-2019		2016-2020		2014-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Red Willow County	33	37.4	32	36.0	30	36.6	45	38.4
Nebraska	2,698	23.8	2,765	24.1	2,836	24.4	3,862	24.0

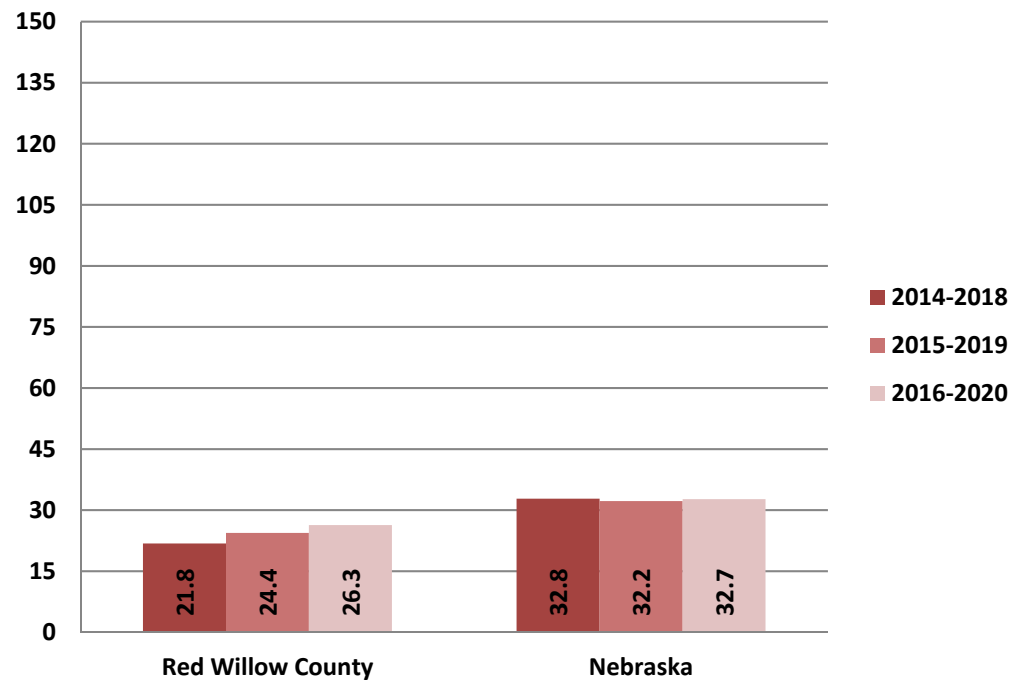
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed February 7, 2022.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously. Data has been pulled in 5-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 fifth leading cause of death in the state (2014-2020).
- Between 2014 and 2020, cerebrovascular disease mortality rates increased in Red Willow County while rates in the state slightly decreased.
- In 2016-2020, the cerebrovascular disease mortality rate in Red Willow County (26.3 per 100,000) was lower than the state rate (32.7 per 100,000).

Cerebrovascular Diseases
Age-adjusted Death Rates per 100,000, 2014-2020



LOCATION	2014-2018		2015-2019		2016-2020		2014-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Red Willow County	22	21.8	23	24.4	26	26.3	34	24.5
Nebraska	3,879	32.8	3,850	32.2	3,953	32.7	5,527	33.1

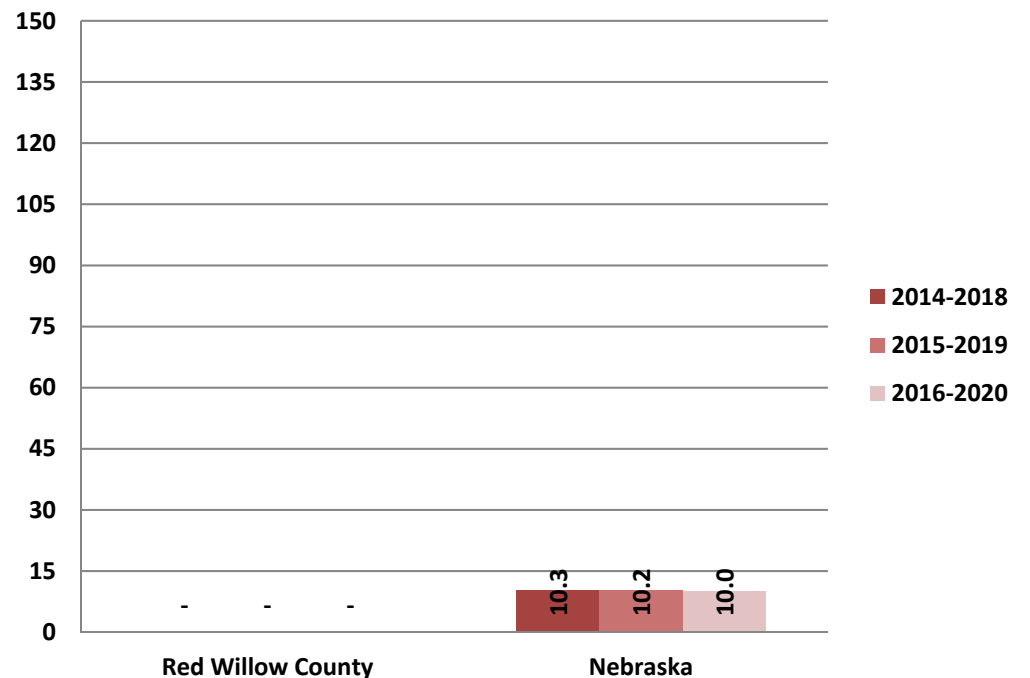
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed February 7, 2022.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously. Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Nephritis, Nephrotic Syndrome and Nephrosis

- Nephritis, nephrotic syndrome and nephrosis is the eighth leading cause of death in Red Willow County and is not a leading cause of death in the state (2014-2020).
- Between 2014 and 2020, nephritis, nephrotic syndrome and nephrosis mortality rates slightly decreased in the state.

Nephritis, Nephrotic Syndrome and Nephrosis
Age-adjusted Death Rates per 100,000, 2014-2020



LOCATION	2014-2018		2015-2019		2016-2020		2014-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Red Willow County	18	Unreliable	14	Unreliable	14	Unreliable	22	16.1
Nebraska	1,205	10.3	1,213	10.2	1,192	10.0	1,721	10.4

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed February 7, 2022.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously. “-” indicates that the number of deaths is too low to calculate a reliable rate. Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Health Status

COVID-19

- As of March 17, 2022, the percent of the population (age 5+) that is fully vaccinated in Red Willow County (46.0%) is lower than the state (67.6%).

Location	Population Fully Vaccinated (age 5+)	% Fully Vaccinated (age 5+)
Red Willow County	4,696	46.0%
Nebraska	1,199,278	67.6%

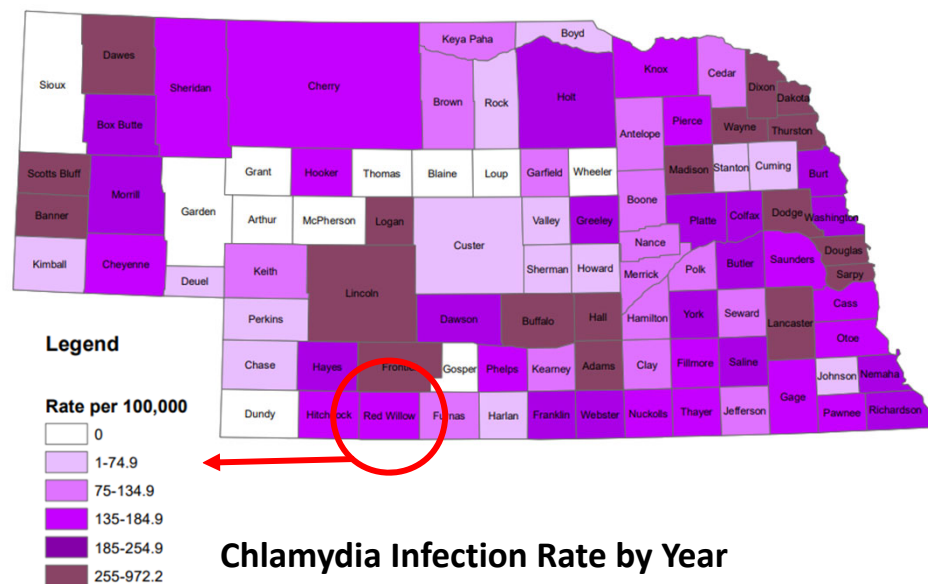
Source: Nebraska Department of Health and Human Services, Hospital Capacity & Respiratory Illness Dashboard, https://datanexus-dhhs.ne.gov/views/Covid/1_DailyCharts?%3AisGuestRedirectFromVizportal=y&%3Aembed=y; information accessed March 18, 2022.

Note: Vaccine coverage for at least 1 dose includes all individuals who have received their first dose of COVID-19 vaccine. Vaccine coverage for series completion includes all individuals who have completed 2 doses of Pfizer-BioNTech or Moderna vaccine or 1 dose of Johnson and Johnson/Janssen.

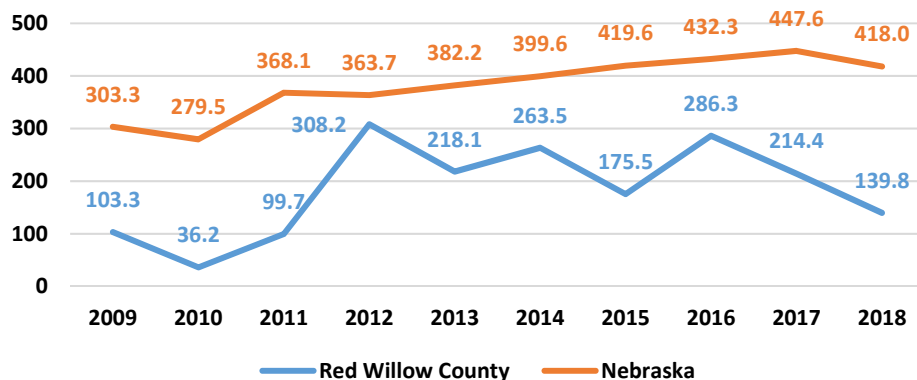
Health Status

Communicable Diseases – Chlamydia

- Red Willow County had one of the higher rates of chlamydia infections in the state as compared to all other counties (2018).
- Between 2009 and 2018, chlamydia infection rates overall increased in both Red Willow County and the state.
- Red Willow County has maintained a lower chlamydia infection rate than the state (2009-2018).



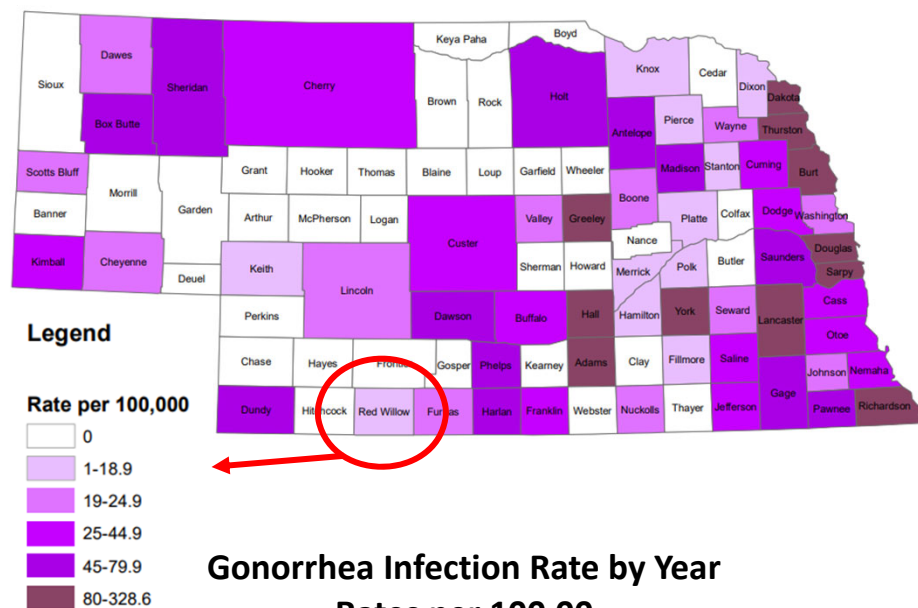
Chlamydia Infection Rate by Year
Rates per 100,000
2009 - 2018



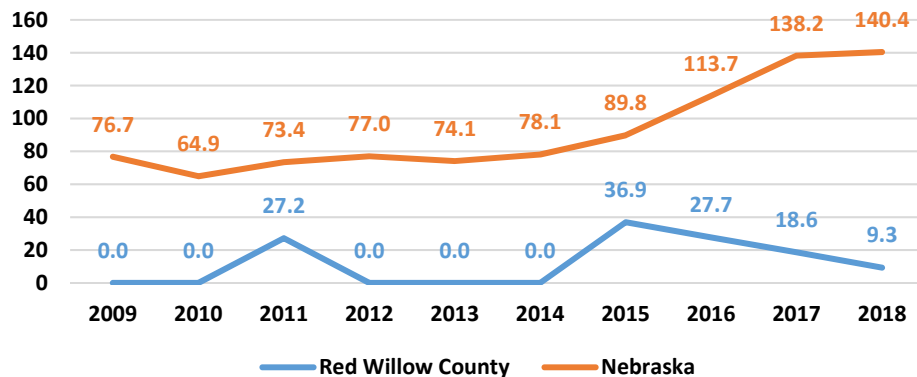
Health Status

Communicable Diseases – Gonorrhea

- Red Willow County had one of the lower rates of gonorrhea infections in the state as compared to all other counties (2018).
- Between 2009 and 2018, gonorrhea infection rates overall increased in Red Willow County and the state.
- Red Willow County has maintained a lower gonorrhea infection rate than the state (2009-2018).



Gonorrhea Infection Rate by Year
Rates per 100,00
2009 - 2018



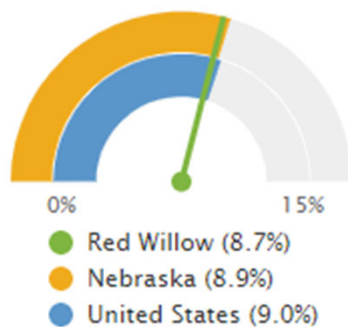
Source: SparkMap, Health Indicator Report: logged in and filtered for Red Willow County, NE, <https://sparkmap.org/report/>; data accessed February 15, 2022.

Health Status

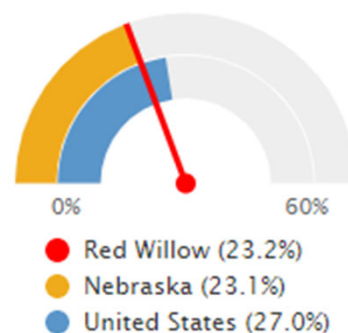
Chronic Conditions – Diabetes

- In 2019, the percent of adults (age 20+) ever diagnosed with diabetes by a doctor in Red Willow County (8.7%) was lower than both the state (8.9%) and the nation (9.0%).
- In 2018, the percentage of **Medicare Beneficiaries** with diabetes in Red Willow County (23.2%) was slightly higher than the state (23.1%) and lower than the national rate (27.0%).
- Between 2017 and 2019, diabetes prevalence rates in adults (age 18+) in the Southwest Nebraska Public Health Department and the state increased.
- In 2019, the Southwest Nebraska Public Health Department (14.5%) had a higher percent of adults (age 18+) who had ever been diagnosed with diabetes than the state (10.2%).

Percentage of Adults with Diagnosed Diabetes (Age-Adjusted), 2019

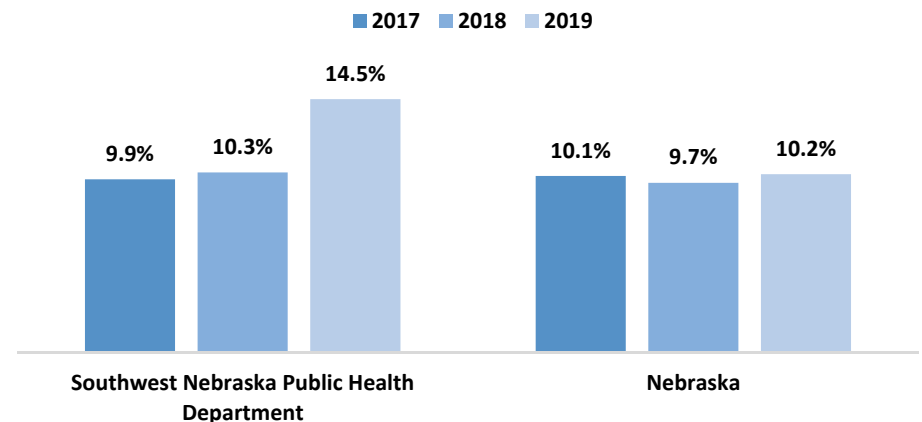


Percentage of Medicare Beneficiaries with Diabetes



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.

Diabetes, Percentage, Adults (age 18+), 2017-2019



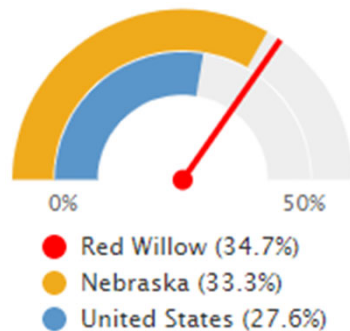
Source: SparkMap, Health Indicator Report: logged in and filtered for Red Willow County, NE, <https://sparkmap.org/report/>; data accessed February 10, 2022.
 Source: Nebraska Department of Health and Human Services, <https://dhhs.ne.gov/Pages/BRFSS-Reports.aspx>; data accessed on February 11, 2022.
 Definition: Have you ever been told by a doctor or other health professional that you have diabetes, excluding pregnancy?

Health Status

Chronic Conditions – Obesity

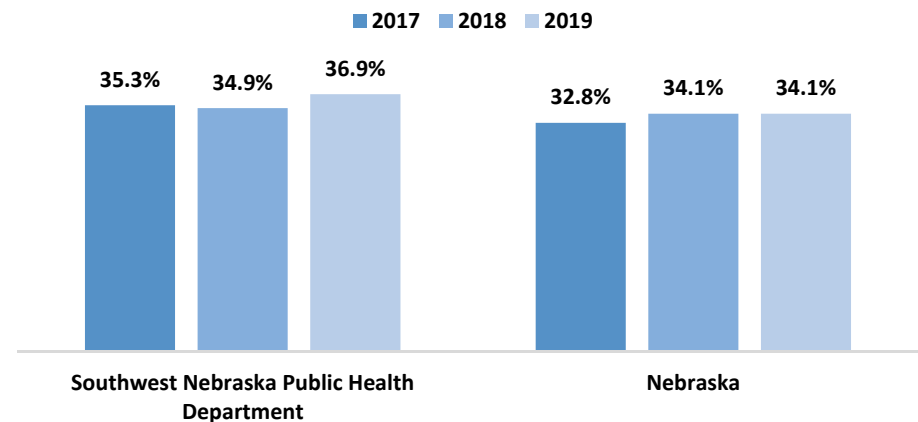
- In 2019, Red Willow County (34.7%) had the highest percentage of adults (age 20+) who reported having a Body Mass Index (BMI) greater than 30.0 (obese) as compared to the state (33.3%) and the nation (27.6%).
- Between 2017 and 2019, obesity prevalence rates in adults (age 18+) in the Southwest Nebraska Public Health Department and the state increased.
- In 2019, the Southwest Nebraska Public Health Department (36.9%) had a higher percentage of obese adults (age 18+) than the state (34.1%).

Percentage of Adults Obese
(BMI > 30.0), 2019



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.

Obesity, Percentage, Adults (age 18+), 2017-2019

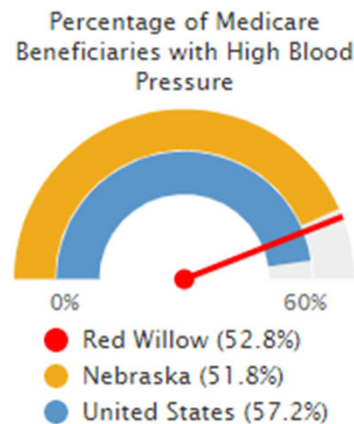


Source: SparkMap, Health Indicator Report: logged in and filtered for Red Willow County, NE, <https://sparkmap.org/report/>; data accessed February 10, 2022.
Source: Nebraska Department of Health and Human Services, <https://dhhs.ne.gov/Pages/BRFSS-Reports.aspx>; data accessed on February 11, 2022.
Definition: BMI is (weight in lbs. divided by (height in inches squared)) times 703. Recommended BMI is 18.5 to 24.9. Obese is => 30.0.

Health Status

Chronic Conditions - High Blood Pressure

- Red Willow County (52.8%) has a higher rate of Medicare fee-for-service residents with hypertension as compared to the state (51.8%) and a lower rate than the nation (57.2%) (2018).



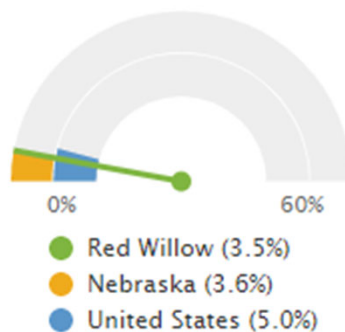
Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Health Status

Chronic Conditions – Asthma

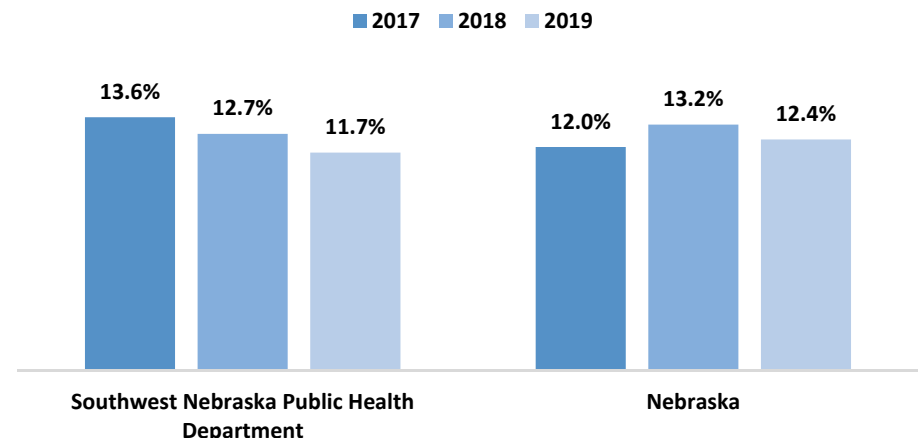
- Red Willow County (3.5%) has a slightly lower rate of Medicare fee-for-service residents with asthma as compared to the state (3.6%) and the nation (5.0%) (2018).
- Between 2017 and 2019, asthma prevalence rates in adults (age 18+) in the Southwest Nebraska Public Health Department decreased while the percent in the state increased.
- In 2019, the Southwest Nebraska Public Health Department (11.7%) had a lower percentage of adults (age 18+) ever diagnosed with asthma than the state (12.4%).

Percentage of Medicare Beneficiaries with Asthma



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.

Asthma, Percentage, Adults (age 18+), 2017-2019



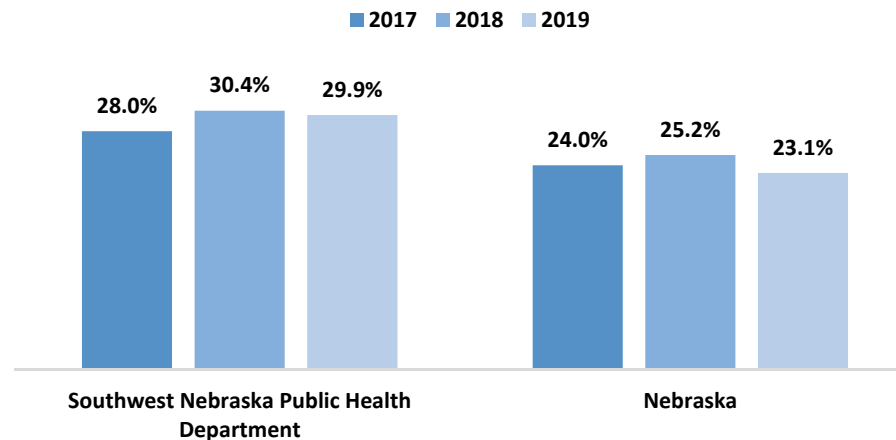
Source: SparkMap, Health Indicator Report: logged in and filtered for Red Willow County, NE, <https://sparkmap.org/report/>; data accessed February 10, 2022.
Source: Nebraska Department of Health and Human Services, <https://dhhs.ne.gov/Pages/BRFSS-Reports.aspx>; data accessed on February 11, 2022.
Definition: Have you ever been told by a doctor or other health professional that you had asthma?

Health Status

Chronic Conditions – Arthritis

- Between 2017 and 2019, arthritis prevalence rates in adults (age 18+) in Southwest Nebraska Public Health Department increased while the percent in the state decreased.
- In 2019, Southwest Nebraska Public Health Department (29.9%) had a higher percentage of adults (age 18+) ever diagnosed with arthritis than the state (23.1%).

Arthritis, Percentage, Adults (age 18+), 2017-2019



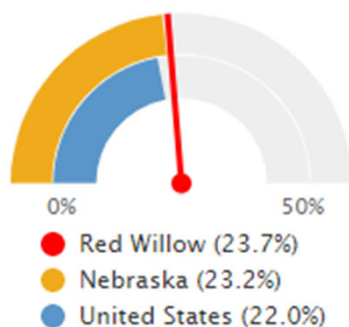
Source: Nebraska Department of Health and Human Services, <https://dhhs.ne.gov/Pages/BRFSS-Reports.aspx>; data accessed on February 11, 2022.
Definition: Has a doctor, nurse, or other health professional ever told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

Health Status

Health Behaviors – Physical Inactivity

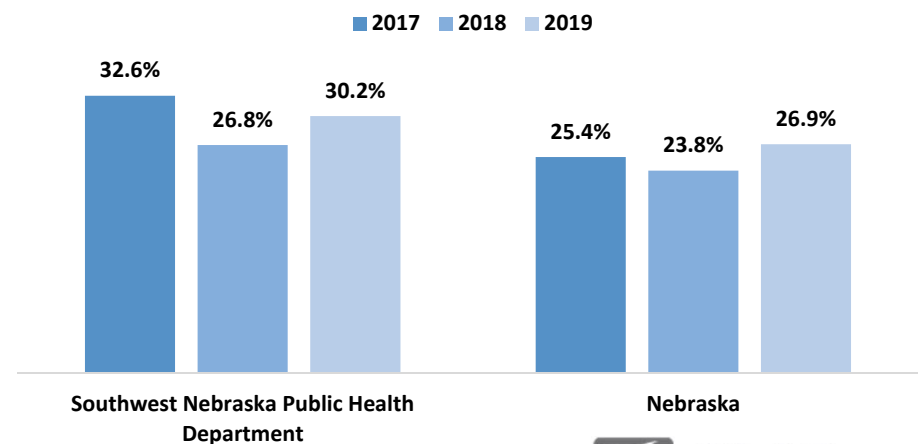
- In 2019, the percent of the adult population (age 20+) in Red Willow County (23.7%) that self-reported ***no leisure time for physical activity*** was the highest as compared to the state (23.2%) and the nation (22.0%).
- Between 2017 and 2019, the percent of adults (age 18+) that did not participate in physical activity in the past 30 days in Southwest Nebraska Public Health Department decreased while rates increased in the state.
- In 2019, the percentage of adults (age 18+) that did not participate in physical activity in Southwest Nebraska Public Health Department (30.2%) was higher than the state (26.9%).

Percentage of Adults with No Leisure-Time Physical Activity, 2019



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.

Physical Inactivity, Percentage, Adults (age 18+), 2017-2019



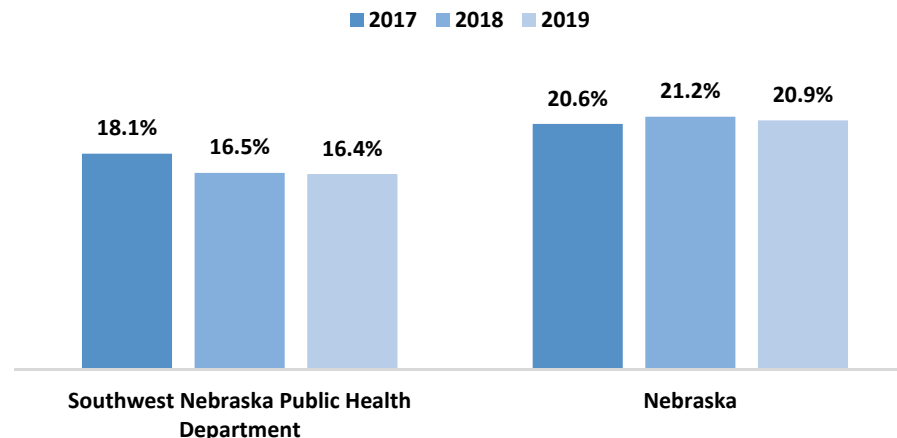
Source: SparkMap, Health Indicator Report: logged in and filtered for Red Willow County, NE, <https://sparkmap.org/report/>; data accessed February 10, 2022.
 Source: Nebraska Department of Health and Human Services, <https://dhhs.ne.gov/Pages/BRFSS-Reports.aspx>; data accessed on February 11, 2022.
 Physical Activity Definition: 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 2017 and 2019, the percentage of adults (age 18+) at risk of binge drinking in Southwest Nebraska Public Health Department decreased while the percent in the state slightly increased.
- In 2019, Southwest Nebraska Public Health Department (16.4%) had a lower percentage of adults (age 18+) at risk of binge drinking than the state (20.9%).

Binge Drinking, Percentage, Adults (age 18+),
2017-2019



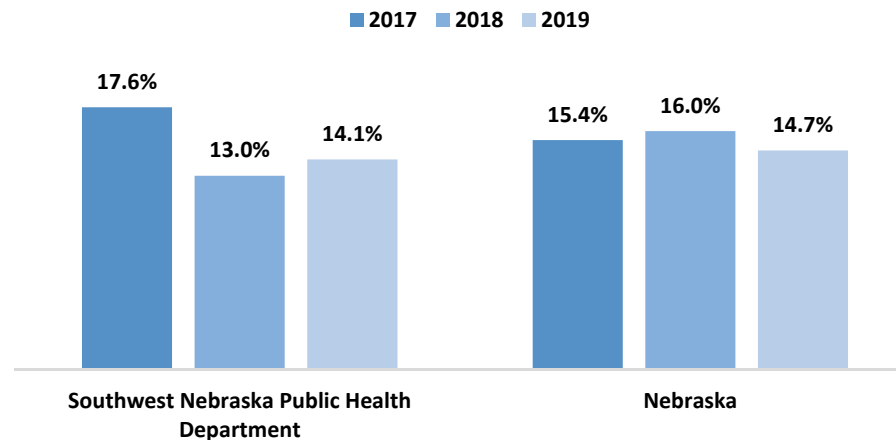
Source: Nebraska Department of Health and Human Services, <https://dhhs.ne.gov/Pages/BRFSS-Reports.aspx>; data accessed on February 11, 2022.
Definition: Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (for men or 4 or more drinks for women) on an occasion?

Health Status

Health Behaviors – Smoking

- Between 2017 and 2019, the prevalence of current smokers in the Southwest Nebraska Public Health Department and the state decreased.
- In 2019, the percent of adults (age 18+) that self-reported smoking in Southwest Nebraska Public Health Department (14.1%) was lower than the state (14.7%).

Current Smoking Use, Percentage, Adults (age 18+), 2017-2019



Source: Nebraska Department of Health and Human Services, <https://dhhs.ne.gov/Pages/BRFSS-Reports.aspx>; data accessed on February 11, 2022.

Frequency of Smoking Definition: The percentage of adults age 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.

Frequency of Smoking Definition: Do you smoke currently?

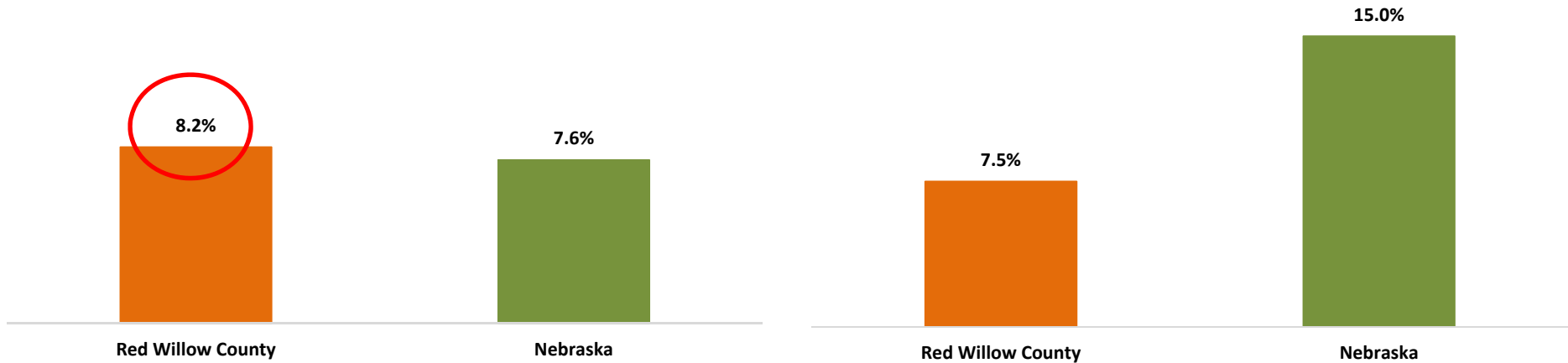
Note: smoking refers to cigarettes, and does not include electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), marijuana, chewing tobacco, snuff, or snus.

Health Status

Maternal & Child Health Indicators

Low Birth Weight (<2,500g), Percent of All Births, 2018

Births to Women Receiving Late (3rd Trimester) or No Prenatal Care, Percent of All Births, 2018



Teen Births (Age 17 & Younger), Percent of All Births, 2017



Source: The Annie E. Casey Foundation, Kids Count Data Center, filtered for Red Willow, NE, www.datacenter.kidscount.org; data accessed February 15, 2022.

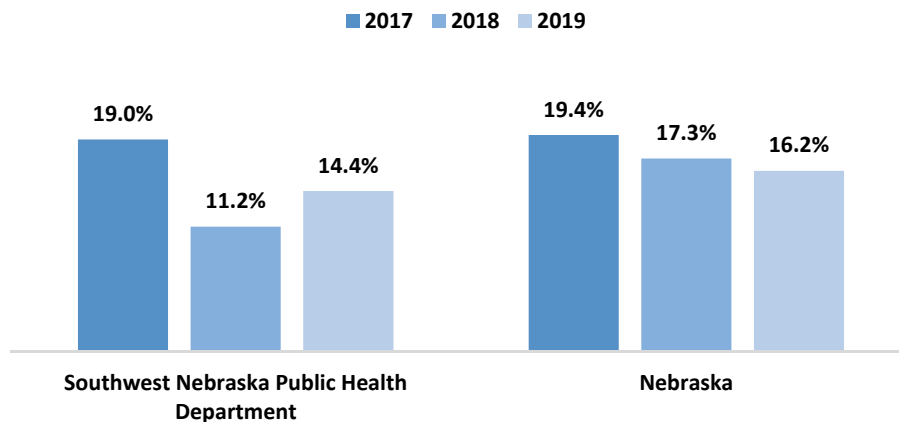
Note: Percentages are crude rates based on number of specific indicator-related cases divided by total births. Rates are not calculated if number of cases are too low for statistical reliability. Birth data are reported by mothers' county of residence (as mothers reported on birth certificates during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

Health Status

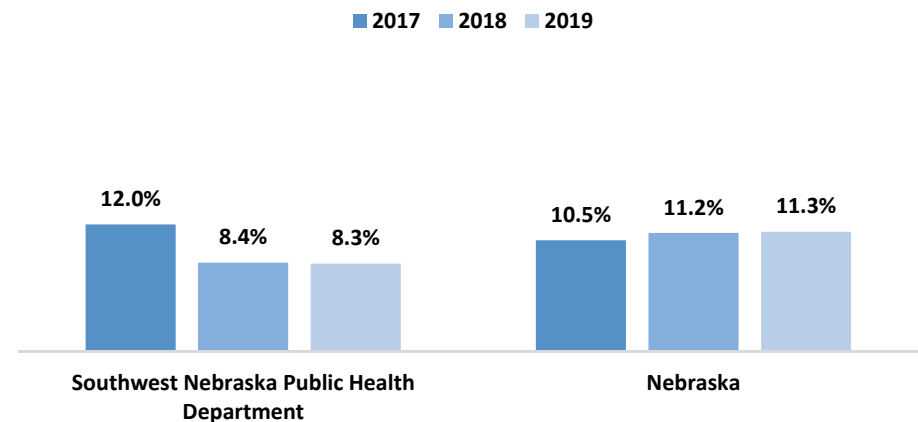
Mental Health – Depressive Disorders & Poor Mental Health

- Between 2017 and 2019, the percent of adults (age 18+) ever diagnosed with a depressive disorder in Southwest Nebraska Public Health Department and in the state decreased.
- In 2019, Southwest Nebraska Public Health Department (14.4%) had a lower percent of adults (age 18+) ever diagnosed with a depressive disorder than the state (16.2%).
- Between 2017 and 2019, the percent of adults (age 18+) that reported experiencing 14 or more days of poor mental health in Southwest Nebraska Public Health Department decreased while the percent in the state increased.
- In 2019, Southwest Nebraska Public Health Department (8.3%) had a lower percent of adults (age 18+) that reported experiencing 14 or more days of poor mental health than the state (11.3%).

Depressive Disorders, Percentage, Adults (age 18+), 2017-2019



Days of Poor Mental Health - 14+, Percentage, Adults (age 18+), 2017-2019



Source: Nebraska Department of Health and Human Services, <https://dhhs.ne.gov/Pages/BRFSS-Reports.aspx>; data accessed on February 11, 2022.

Definition: Have you ever been told by a doctor or other health professional that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?

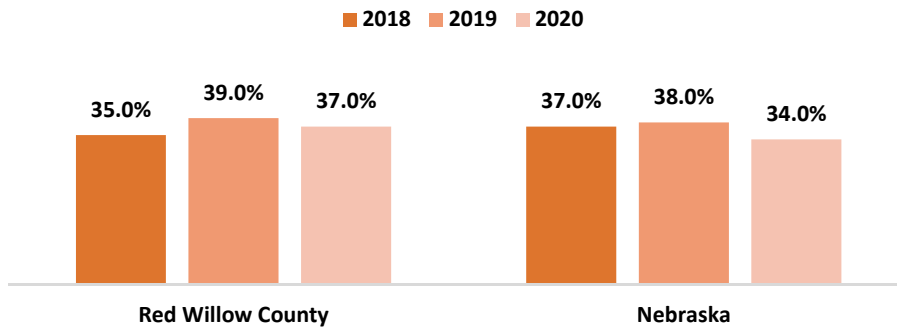
Definition: Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Definition: Days mental health not good - 14 days or more.

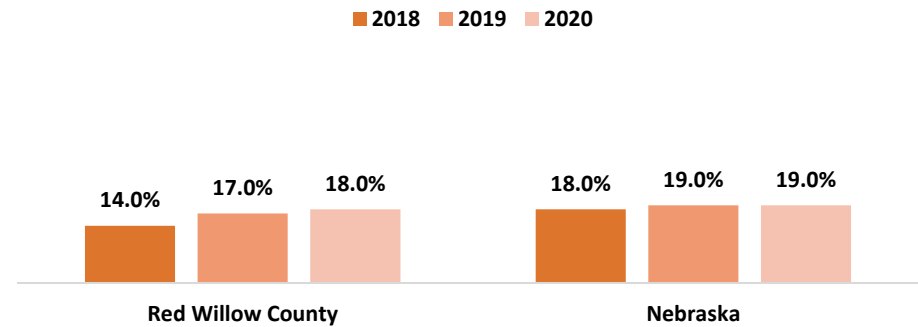
Health Status

Screenings – Mammography, Prostate Screening, Pap Test, Colorectal

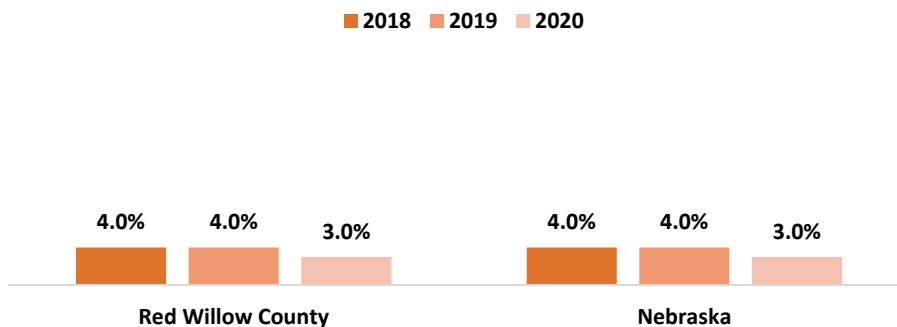
Received Mammography Screening, Percentage, Females (Age 65+), 2018-2020



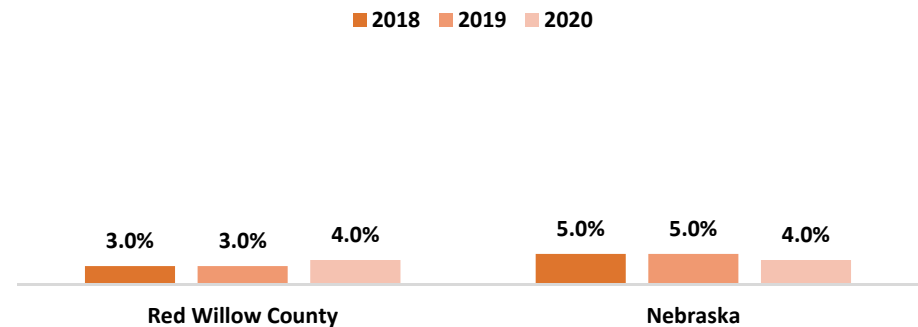
Received Prostate Cancer Screening, Percentage, Males (Age 65+), 2018-2020



Received Pap Test Screening, Percentage, Females (65+), 2018-2020



Received Colorectal Cancer Screening, Percentage, Adults (65+), 2018-2020



Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; data accessed on February 15, 2022.

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.

Colorectal Cancer Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for colorectal 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 colorectal cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; and beneficiaries aged less than 50.

Pap Test Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for pap test 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 colorectal cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; and male beneficiaries.

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 colorectal 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.

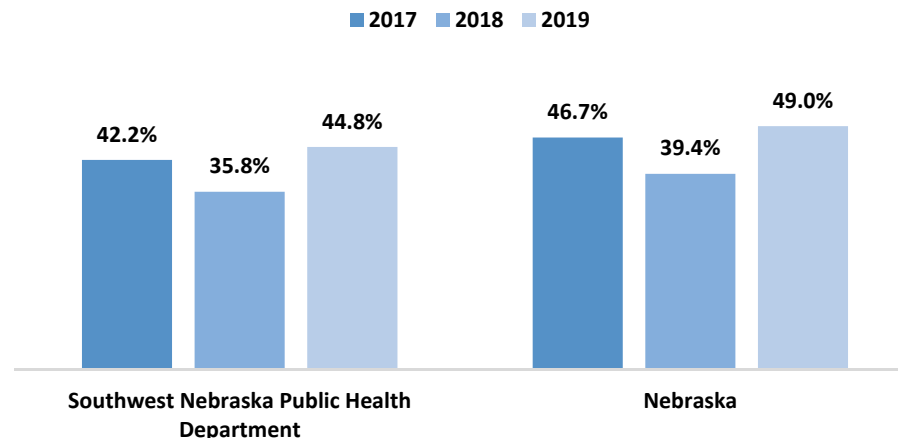


Health Status

Preventive Care – Influenza Vaccine (age 18+)

- Between 2017 and 2019, the percent of adults (age 18+) that **did** receive a flu shot in the past year in Southwest Nebraska Public Health Department and the state increased.
- In 2019, Southwest Nebraska Public Health Department (44.8%) had a lower percentage of adults (age 18+) that **did** receive a flu shot in the past year than the state (49.0%).

Received Flu Shot in Past Year (age 18-64),
Percentage, 2017-2019



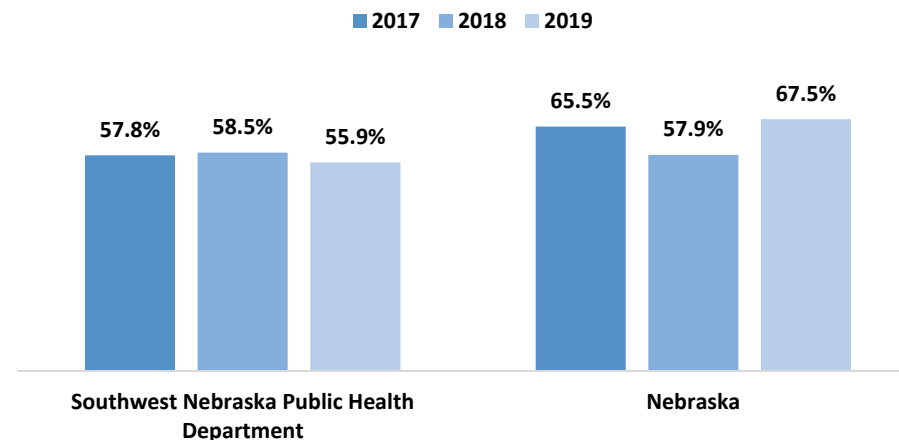
Source: Nebraska Department of Health and Human Services, <https://dhhs.ne.gov/Pages/BRFSS-Reports.aspx>; data accessed on February 11, 2022.
Definition: During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose? *ADULTS AGE 18-64 YEARS*

Health Status

Preventive Care – Influenza Vaccine (age 65+)

- Between 2017 and 2019, the percent of adults (age 65+) that **did** receive a flu shot in the past year in Southwest Nebraska Public Health Department decreased while the percent in the state increased.
- In 2019, the percent of adults (age 65+) that **did** receive a flu shot in the past year in Southwest Nebraska Public Health Department (55.9%) was lower than the state (67.5%).

Received Flu Shot in Past Year (age 65+),
Percentage, 2017-2019



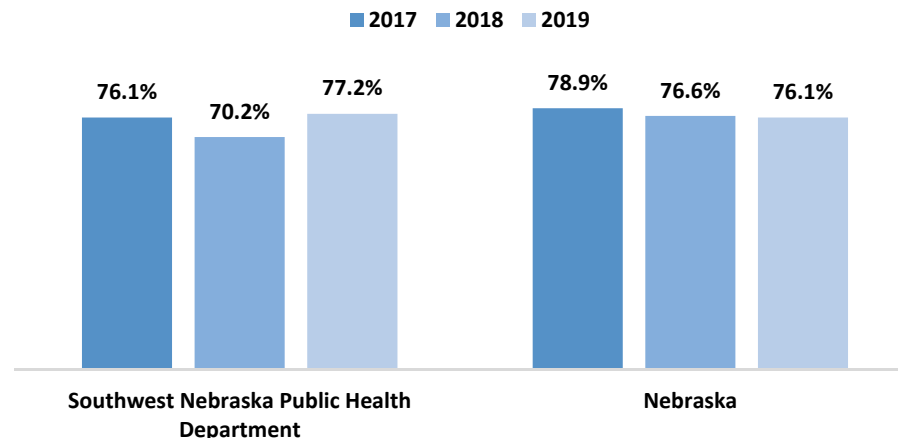
Source: Nebraska Department of Health and Human Services, <https://dhhs.ne.gov/Pages/BRFSS-Reports.aspx>; data accessed on February 11, 2022.
Definition: Percentage of beneficiaries that received at least one flu shot, also known as the influenza vaccine in the past 12 months *ADULTS AGE 65+ YEARS*

Health Status

Preventive Care – Pneumonia Vaccine (65+)

- Between 2017 and 2019, the percent of adults (age 65+) that **ever** received a pneumonia shot in Southwest Nebraska Public Health Department increased while the percent in the state decreased.
- In 2019, the percent of adults (age 65+) that **ever** received a pneumonia shot in Southwest Nebraska Public Health Department (77.2%) was higher than the state (76.1%).

Ever Received Pneumonia Shot (age 65+),
Percentage, 2017-2019



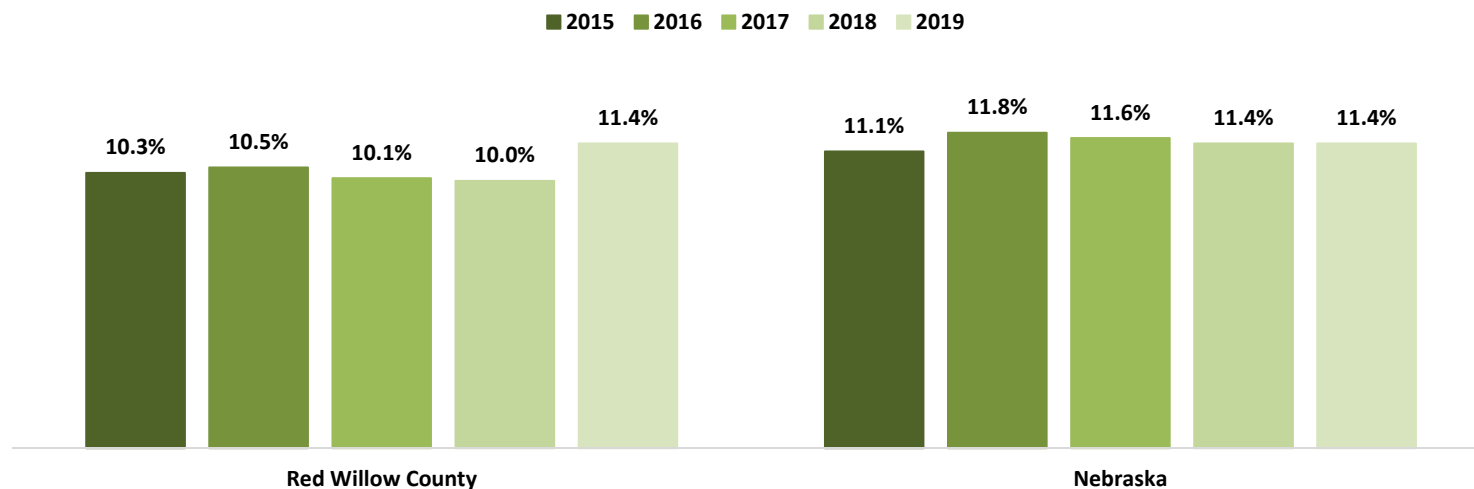
Source: Nebraska Department of Health and Human Services, <https://dhhs.ne.gov/Pages/BRFSS-Reports.aspx>; data accessed on February 11, 2022.
Definition: The percentage of people self-reported that they had pneumococcal vaccine. *ADULTS AGE 65+ YEARS*

Health Status

Health Care Access – Uninsured

- As of 2019, Red Willow County (11.4%) has a consistent rate of uninsured adults (age 18-64) with the state (11.4%).
- Red Willow County and the state experienced a slight increase in the percentage of uninsured adults (age 18-64) between 2015 and 2019.

Uninsured, Percent of Adults (age 18-64), 2015-2019



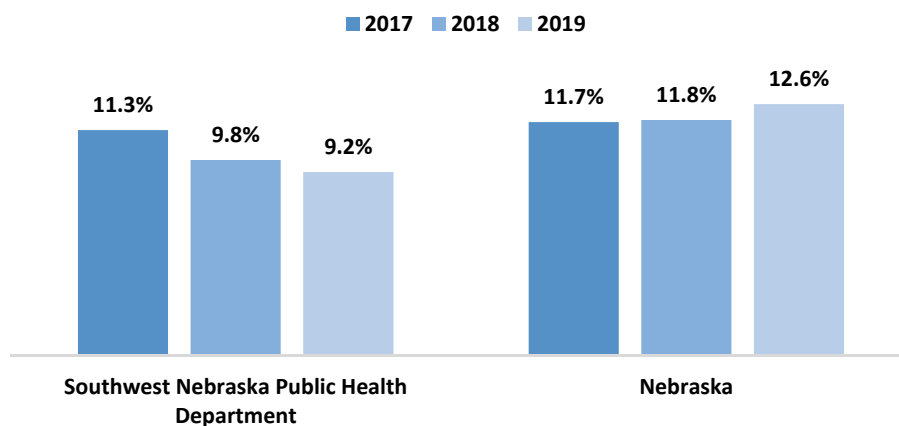
Source: United States Census Bureau, Small Area Health Insurance Estimates, <https://www.census.gov/data-tools/demo/sahie/#/>; data accessed on February 15, 2022.

Health Status

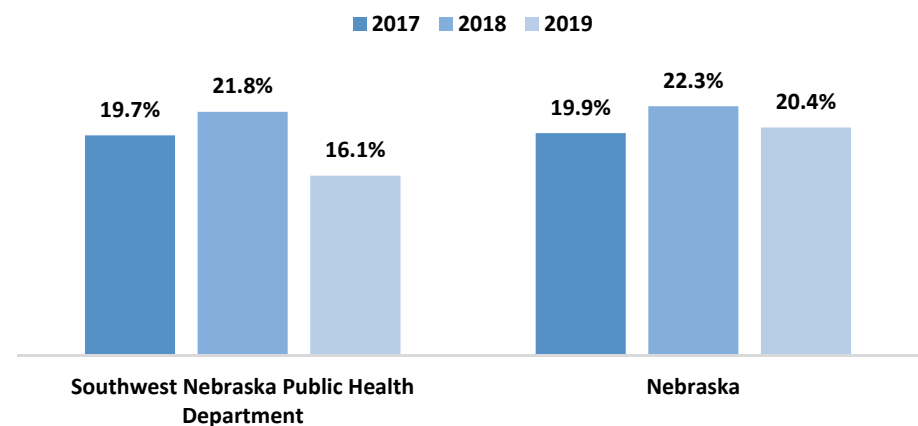
Health Care Access – Medical Cost Barrier & No Personal Doctor

- Between 2017 and 2019, the percent of adults (age 18+) that needed medical care but could not receive it due to cost in Southwest Nebraska Public Health Department decreased and increased in the state.
- In 2019, the percent of adults (age 18+) that reported experiencing a medical cost barrier in the past 12 months in Southwest Nebraska Public Health Department (9.2%) was lower than the rate of the state (12.6%).
- Between 2017 and 2019, the percent of adults (age 18+) that reported not having a personal doctor in the Southwest Nebraska Public Health Department decreased, while the percent in the state increased.
- In 2019, Southwest Nebraska Public Health Department (16.1%) had a lower percent of adults (age 18+) that did not have a personal doctor than the state (20.4%).

Medical Cost Barrier to Care, Percentage, Adults (age 18+), 2017-2019



No Personal Doctor, Percentage, Adults (age 18+), 2017-2019

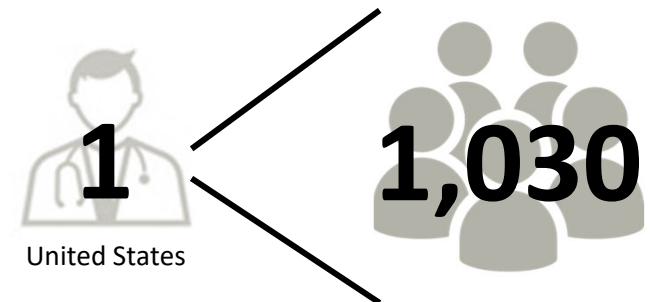
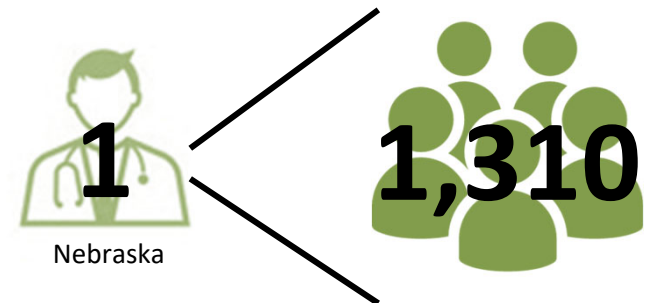
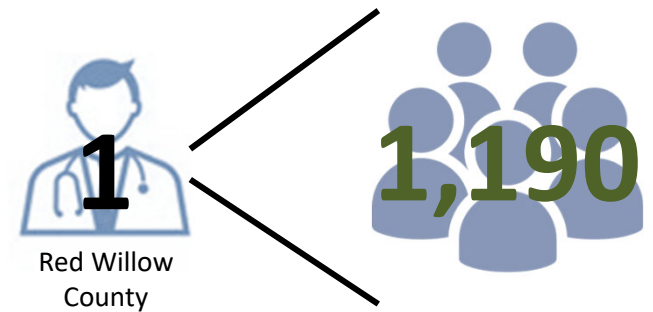


Source: Nebraska Department of Health and Human Services, <https://dhhs.ne.gov/Pages/BRFSS-Reports.aspx>; data accessed on February 11, 2022.
 Definition: Was there a time in the last 12 months when you needed to see a doctor, but could not because of the cost?
 Definition: Do you have one or more person you think of as your personal doctor or health care provider?

Health Status

Health Care Access – Primary Care Providers

- **Sufficient availability of primary care physicians is essential for preventive and primary care.**
 - In 2018, the population to primary care provider ratio in Red Willow County (1,190:1) was lower than the state (1,310:1) and higher than the nation (1,030:1).



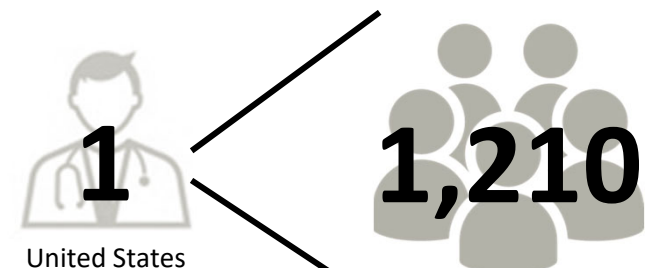
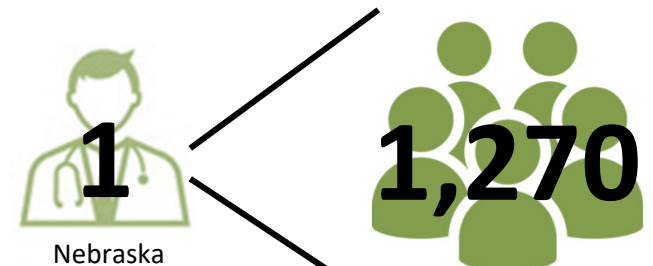
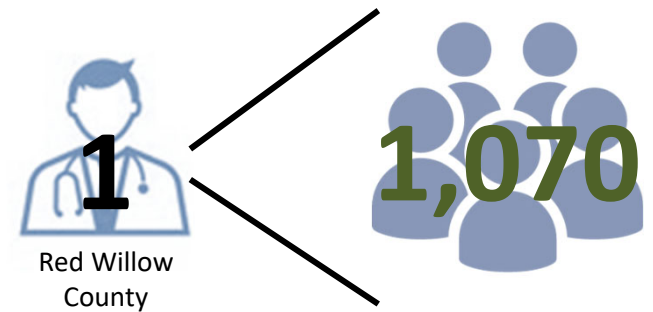
Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Red Willow County, NE, <https://www.countyhealthrankings.org/>; data accessed February 15, 2022.

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 Providers

- **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 2019, the population to dental provider ratio in Red Willow County (1,070:1) was lower than the state (1,270:1) and the nation (1,210:1).



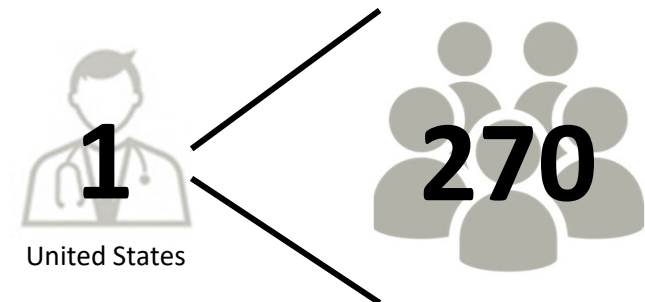
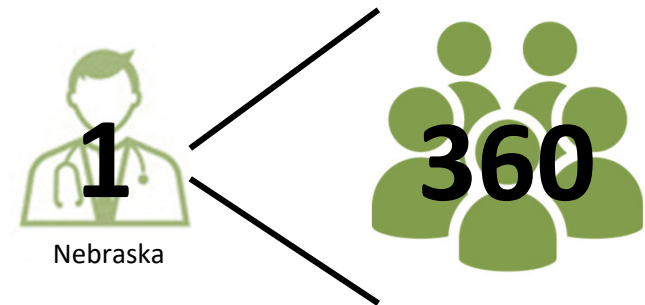
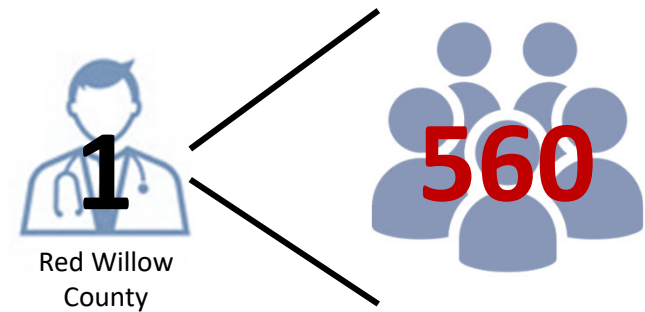
Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Red Willow County, NE, <https://www.countyhealthrankings.org/>; data accessed February 15, 2022.

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 Providers

- **Lack of access to mental health care providers not only effects overall individual wellness but also impacts the health of a community.**
 - In 2020, the population to mental health provider ratio in Red Willow County (560:1) was higher than the state (360:1) and the nation (270:1).



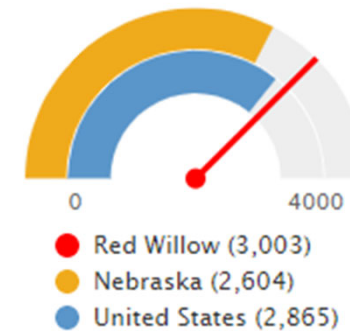
Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Red Willow County, NE, <https://www.countyhealthrankings.org/>; data accessed February 15, 2022.
Definition: The ratio represents the number of individuals served by one mental health provider in a county, if the population were equally distributed across providers. Psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Health Status

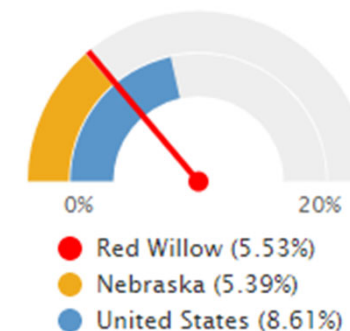
Health Care Access – Common Barriers to Care

- **Lack of available primary care resources for patients to access may lead to increased preventable hospitalizations.**
 - In 2020, the rate of preventable hospital events in Red Willow County (3,003 per 100,000 Medicare Beneficiaries) was higher than the state (2,604 per 100,000 Medicare Beneficiaries) and the nation (2,865 per 100,000 Medicare Beneficiaries).
- **Lack of transportation is frequently noted as a potential barrier to accessing and receiving care.**
 - In 2015-2019, 5.5% of households in Red Willow County had no motor vehicle, as compared to 5.4% in Nebraska and 8.6% in the nation.

Preventable Hospital Events, Rate per 100,000 Beneficiaries



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 February 10, 2022.

Note: Preventable Hospital Events is compared to the state average only.

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 16 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 Will County Health Department
- **Karen Crow:** Vice President, Pinnacle Bank
- **Bruce Crosby:** Editor, McCook Gazette
- **Kyle Dellevoet:** Pastor, McCook Christian Church
- **Brian Esch:** President/CEO, McCook National Bank
- **Darren Esch:** Healthcare Durable Medical Equipment Company Owner, Frontier Home Medical; Board Member, Community Hospital
- **James Foster:** Administrator, Hillcrest Nursing Home
- **Ronda Graff:** McCook Community Foundation Fund Coordinator, McCook Community Foundation Fund
- **Jade Lesko:** Restaurant Owner, Citta Deli; Board Member, McCook Chamber of Commerce
- **Andy Long:** Executive Director, McCook Economic Development Corporation
- **Grant Norgaard:** Superintendent, McCook Public Schools
- **Garrett Rippen:** Investment Advisor, Edward Jones; Board Member, Community Hospital
- **Nate Schneider:** City Manager, City of McCook
- **Beth Siegfried:** Director, McCook Senior Center
- **Linda Taylor:** Owner, Video Kingdom
- **Heidi L. Wheeler, MEP, CHEP:** Assistant Director Readiness and Response Coordinator, Southwest Nebraska Public Health Department

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

11.8%

- 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

47.1%

- Community leaders

41.2%

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
 - Healthcare Workforce & Overall Community Concerns
 - Healthcare Workforce & Overall Aging Population Concerns
 - Healthy Lifestyle Education & Management
 - Access to Primary Care
 - Access to Specialty Care
 - Insurance Coverage & Accessibility/Affordability of Care
 - Impact of COVID-19

Access to Mental & Behavioral Health Care

- **Issues/Themes:**

- Limited availability of local providers (licensed mental health practitioners, psychologists)
 - Appreciation for providers available in the community
- Limited local providers and lack of an inpatient facility leading to outmigration to North Platte, Kearney
- Acknowledgment of COVID-19 playing a big role in mental health
- Perceived need for improved connection with school system to address mental health needs with students
- Challenge in appropriate placement for mental/behavioral health patients due to lack of local resources
- Drug use/misuse in community leading to mental health issues

“We have fantastic mental health care providers but they are pretty booked. The wait time [is] two weeks.”

“We have some of the best mental health options. 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. People are referred to North Platte and Kearney.”

“We don't have a lot of psychologists - maybe one or two. You may have to go outside of McCook to see one.”

“There is a facility but a lack of providers. The mental impact that COVID has had on the community is tremendous. There's at least one provider who offers assistance for kids.”

“We don't have an inpatient facility. There's one in North Platte.”

“Our number of counselors is adequate. 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. Counselors will come to the school for lunch hours if they are needed.”

“It's accessible if you have money. They have used telemedicine but it's not a general practice. If law enforcement has contact with a mental health patient, it's hard for them to find them someplace to go since we don't have really any inpatient facilities.”

“Counselors are dealing with a lot of things, not just mental health. If there is a situation at work, we don't know what happens on the back end: where they go, if they got help or do we have to prepare to deal with it again.”

“Drug problems [affect us] greatly which seems to lead to mental health issues.”

Healthcare Workforce & Overall Community Concerns

- **Issues/Themes:**

- Concern for staffing shortages across all healthcare fields
- Impact of COVID-19 leading to fatigue among medical staff in community
- Difficulty attracting providers to the community due to:
 - Lack of local housing options
 - Rural nature of community
 - Competition with bigger cities nearby
 - Limited recreational activities/entertainment
- Concern about provider retention
- Perceived barriers to transportation in the community due to:
 - Limited transportation options
 - Limited awareness of transportation options
- Perceived need for increased access to critical healthcare services

“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.”

“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.”

“I think there is plenty of social stuff to do. We don't have a mall. It's 3 hours away in Denver. We are so far away from a mall type setting so that's not realistic. A Target isn't coming anytime soon nor is Chipotle.”

“There are some populations that the issue is getting to their appointment. We don't have Uber or anything like that. There is local transit but very limited hours and I don't know if everyone knows that it exists so that is any issue.”

“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.”

Healthcare Workforce & Overall Aging Population Concerns

- **Issues/Themes:**

- Perceived need for increased healthcare services due to aging population
- Perceived lack of awareness of healthcare services in the community
- Concern for staffing to meet the specific needs of the aging population
- Affordability concerns for elderly due to fixed incomes, insurance coverage
- Transportation barriers to access healthcare:
 - Limited options for transportation
 - Limited hours of local transportation options
- Need for more availability at assisted living facilities
- Concern for mental and behavioral health issues

“The baby boomers are starting to retire and get older. I think we’ll see and get more overwhelmed healthcare wise.”

“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.”

“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 decreasing but the elderly population is staying the same age. [That issue] seems to be the most glaring. Our population is declining in the 20’s to early 30’s. We need those [staff] in McCook to help employ the community.”

“Long term care facilities are another staffing problem. A nursing home that is in McCook has not been taking patients in for a long time. They closed a wing down due to shortages. There is another one 40 miles away that closed their doors.”

“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.”

“They don't have supplemental insurance and have Medicare so there are a lot of treatments they can't get because they don't have supplemental insurance.”

“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. Transportation could be improved. We have a local bus. It's by call and limited to 8am – 5pm. Hitchcock County and Hays County have vans that bring them into McCook. I think that could be expanded if resources are available.”

“We have a senior center in McCook if they can get there. Loneliness would be the biggest issue.”

Healthy Lifestyle Education & Management

“In Red Willow County we have a lot of cancer and obesity.”

- **Issues/Themes:**

- Acknowledgment of higher rates of chronic conditions and poor lifestyle behaviors (Ex: cancer and obesity)
- Appreciation for existing local resources
- Lack of access to recreational and wellness opportunities
- Limited availability of built environment and wellness opportunities, like outdoor activities (Ex: outdoor basketball court, swimming pool)
- Need for more employer wellness programs and general health education for the community

“Living in a rural county, we have a red meat diet, and not a lot of exercise. The education of the community on healthy lifestyles [is really needed].”

“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.”

“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.”

“We need a new swimming pool and they are working on an outdoor pool and splash pad. We are also looking at ballpark type of fields that would be great [because] we have a lack of practice fields for our youth ball games.”

“I would build more exercise type facilities and expand the YMCA. 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.”

“Having my employer having a wellness program is huge in identifying and helping make changes before [things get worse]. It would be fantastic if everyone could have or participate in a wellness program, exercise, and eat healthy.”

“I would get every single person to get a baseline health profile to know what they are doing well and do it on a regular basis just so you know what is changing. If we can change that narrative, that would be a huge mental shift for the community.”

“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.”

Access to Primary Care

- **Issues/Themes:**

- Acknowledgment of and appreciation for multiple primary care resources in the community
- Conflicting statements on wait times during appointments and in scheduling appointments
- Perceived staff shortages and provider retention issues leading to use of telemedicine and outmigration
- Concern surrounding recent provider retirements leading to:
 - Shortage of providers
 - Perceived less convenient access to providers
- Limited access to pediatric services in the community

“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. I have heard of people using telemedicine that say it went well.”

“I think the McCook clinic does a good job at having walk in services. If you go to the clinic or walk in, usually you get seen within half an hour. If I’m setting up my yearly wellness it’s a couple months.”

“The local McCook clinic is good about getting you in today if it is something that needs to be seen urgently.”

“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. 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.”

“Most of the facilities have used telehealth, especially during COVID. I have heard that it’s been a little bit of a struggle getting schedules worked out but all in all it’s been beneficial.”

“I have heard there is a long wait time to see a primary care provider. I have heard that people have sat for 30 minutes after being checked in and another 30 minutes before they actually see a provider. There are issues with that if they’re not feeling well or only have their lunch break for their appointment.”

“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. In Red Willow County most insurance policies had access to telehealth but nobody used them. Here’s the issue with telehealth; customers want you to answer your cell phone 24/7.”

“Pediatrics is a weakness but I do think they offer a lot of specialized medicine so you don’t have to travel.”

Access to Specialty Care

- **Issues/Themes:**

- Shortage of local specialty services leading to:
 - Long wait times
 - Outmigration to North Platte
- Specific specialties mentioned as needed include (in descending order by number of times mentioned):
 - Dermatology (increased coverage)
 - Gastroenterology (increased coverage)
 - ENT
 - OB/GYN
- Rotating coverage available but still have wait times for certain specialties
- Appreciation for hospital's efforts to increase access to specialty care
- Perceived accessibility issues for Medicaid population due to limited provider acceptance

“I think just getting specialties [to the area] is a need. Sometimes the wait times can be 3 months so that's why you travel that much further to be seen sooner. It's an issue and the hospital is aware of it.”

“People go to North Platte for care. I hear that more times than not. [People leave] for pediatrics and OB/GYNs.”

“Access to healthcare is a concern because we are a distance away from various specialists. We are lucky to have Community Hospital. They do a terrific job.”

“Specialty care providers are doing a great job. If it's an emergency they get in right away. If they can wait, it may be a month but that's not out of line.”

“Our county is well served. Community Hospital has finished an addition and renovation. They did a great job in helping the patients and providers in terms of access to specialists all over the board. For dermatology, it comes very rarely.”

“We have a wide variety of providers available in Red Willow County. Another positive is all the specialty providers who come in. Cardiology, cancer [services], they do a great job in bringing in providers to help in those areas.”

“[A need for] gastroenterologists is the one I've heard most recently. They wanted a local doctor but it was going to be several months out to get an appointment.”

“Access to specialists is pretty good. Wait time depends on the specialty. Some of those come on a monthly basis so waiting a couple months is not unusual. You have some coming once a week. I think ENT is a real concern.”

“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.”



Insurance Coverage & Accessibility/Affordability of Care

- **Issues/Themes:**

- Concern surrounding affordability of care for low income population in the community
- Limited accessibility/options for care due to insurance and cost, particularly for:
 - Medicare Advantage
 - High Deductible Health Plans
 - Un/underinsured
 - Low income
- Cost and access to health care concerns for 'middle income' population due to insurance premiums
- Inappropriate use of the Emergency Room due to perceived convenience
- Need for educational opportunities to educate community about insurance plans

“Red Willow County is a fairly poor county and it’s difficult for some individuals to afford some of the medical treatments or needs they may have.”

“More of the population is moving towards Medicare age, so your payer mix - private payer vs. Medicare - is one of the biggest issues.”

“When you get sick, [Medicare Advantage] becomes a problem because you have a big out of pocket expense. Looking long term, the way Medicare Advantage works is it would reimburse the hospital at such a low rate. That is a disadvantage for local healthcare settings because the public doesn't see or want to understand why it's a bad choice. Long term it will cost them a lot.”

“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.”

“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.”

“Some people go to the emergency room when they should just be going to the clinic. The average person probably knows the difference between going to their doctor versus going to the emergency room. It's [just] more of a convenience.”

“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].”

Impact of COVID-19

- **Issues/Themes:**

- Appreciation for hospitals response and management of offering testing, vaccinations and education
- Political influence on vaccination rates, other safety initiatives
- Conflicting information/misinformation leading to increased fear of the virus
- Acknowledgment of pandemic fatigue on community and the change in healthcare operations moving forward
- Concern regarding vaccination mandates across local organizations, particularly the hospital
- Concern surrounding staffing across local organizations

“[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.”

“The hospital has done a marvelous job. The problem in the county is that COVID-19 is a political war. The virus does not [differentiate].”

“Staffing shortages are a huge problem. COVID-19 has really made a medical, mental and physical impact. Red Willow County is doing pretty good in regards to getting vaccinated. The hospital has really been a leader in trying to get information out there. They have been very involved in the community in trying to pass along resources and offer vaccination clinics and testing.”

“You would not know that there is COVID-19 in Red Willow County. Our vaccination rates are fairly low even though accessibility of the vaccine isn't.”

“All the health organizations have done a good job considering. Unfortunately, we live in a political area. It's a fine line between [educating] somebody and having an irrational debate.”

“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. We have had the educational materials on the open line program, radio and in the newspapers.”

“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.”

“From a patient perspective, what they expect out of a hospital or clinic has changed forever. The way the hospital operates has changed forever. The cost structure of healthcare has changed forever and hospital employee demands have changed forever.”

Populations Most at Risk

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

- Infants/Kids
 - Lack of day care options
 - Limited access to local pediatric care
 - Low rate of vaccinations
 - Affordability, specifically Medicaid
 - Access to local dental care
- Elderly
 - Lack of housing options, particularly downsizing/new homes
 - Health education
 - Cost barriers to care due to fixed incomes
 - Access to dental care providers
 - Technology barriers
 - Transportation barriers
 - Lack of spaces available in nursing homes, assisted living facilities
 - Mental health
 - Affordability of certain specialty services, foot care and shingles
 - Need for supplemental insurance
 - Isolation for nursing home residents due to COVID-19
- Teenagers/Adolescents
 - Affordability of care, specifically Medicaid
 - Access to local dental care
 - Wellness checks, particularly for lower socio-economic groups
 - Recreational activities
- Low Income
 - Insurance/affordability of services
 - Access to healthcare, particularly dental care
 - Mental health
 - Housing availability
 - Drug misuse/abuse
 - Transportation barriers
- Racial/Ethnic
 - Translation/language barriers
- Veterans/Military Dependents
 - Transportation barriers
 - Lack of access to local, nearby VA services
 - Insurance coverage for vaccinations
- Homeless/Transient
 - Shelter/housing options
 - Mental health



LOCAL COMMUNITY HEALTH REPORTS

Community Hospital

2021 Diabetes Survey

- In 2021, Community Hospital conducted a survey to assess participant satisfaction with the Diabetes Program at the facility
- The survey was distributed and 7 patients responded
- Survey recipients were asked the following questions:
 1. How long have you been diagnosed with diabetes?
 2. In what areas of diabetes management do you struggle with?
 3. How does the Holiday Season create stress or anxiety as you plan how to cook/eat for diabetes?
 4. What else can the Community Hospital Diabetic Educator do to support you in diabetes management?
 5. What other suggestions for future programs do you have?
- Overall, survey recipients stated they struggled with diet, medication and activity when managing their diabetes.

Community Hospital

2021 Diabetes Survey (continued)

- The survey was also distributed to Diabetes Program participants to assess any areas of opportunity and/or improvement for the program.
- To improve classes and the program, survey recipients suggested the following:
 - Meal ideas
 - More education on different foods
 - New diabetic protocols
 - Provide newest/latest research

Community Action Partnership of Mid-Nebraska

COVID-19 Community Assessment Update - April 2020

- This Community Assessment Update is in response to a global health pandemic that has not only affected every community in the United States but has also led to the most significant economic disruption since the Great Depression. This assessment is an initial effort to capture some of the emerging needs in the community as well as to forecast how those needs may evolve over the coming weeks and months.
- Because of the urgent and widespread needs affecting all sectors of the community, this Community Assessment update is intended to provide some initial information to describe the scope of this crisis on our community and to support the many different responses that will be required to address emerging, evolving needs
- The *community* assessed in this document, related to the below information, is defined as the following: Mid's 27-county service area, including Adams County, Arthur County, Buffalo County, Chase county, Clay County, Dawson County, Dundy County, Franklin County, Frontier County, Furnas County, Gosper County, Grant County, Harlan County, Hayes County, Hitchcock County, Hooker County, Kearney County, Keith County, Lincoln County, Logan County, McPherson County, Nuckolls County, Perkins County, Phelps County, Red Willow County, Thomas County, Webster County, and two counties in Kansas – Phillips County and Norton County.

Community Action Partnership of Mid-Nebraska

COVID-19 Community Assessment Update - April 2020

Conclusion

- Vulnerable populations concerning this pandemic include males, individuals 60+ years of age, people of color, particularly African Americans, and individuals with underlying health conditions. According to the University of Nebraska Medical Center (UNMC), Mid's 27-county service area has a Social Vulnerability Index (SVI) of 0.45, with the highest SVIs in Dawson County (0.98), Lincoln County (0.85), Furnas County (0.83), and Red Willow County (0.76). Social vulnerability refers to the socioeconomic and demographic factors that affect the resilience of communities.
- These vulnerable populations are at increased risk of the health and economic impacts that the COVID-19 pandemic has introduced into our communities.
- In addition to being at high risk for health impacts, many of Mid's low-income families are at increased risk for food insecurity, educational impacts, and economic challenges.
- In addition to the many different needs arising due to COVID-19, it has also become clear that this pandemic has had a severe impact on human service provision and the availability of resources for our clients, which in turn creates multiple health and wellbeing complications for our clients.
- Other service providers have had to alter their service provision in significant ways, leaving some family needs unmet, including area food pantries (limited food), homeless shelters (limited space), and rent and utility assistance (limited financial assistance).



Source: Community Action, COVID-19 Community Assessment Update, <http://communityactionmidne.com/wp-content/uploads/2021/08/2020-CARES-Needs-Assessment.pdf>; information accessed on March 23, 2022.



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 2020 to 2022 Implementation Plan.

Community Hospital

FY2020 - FY2022 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 June 10, 2019 to review the research findings and prioritize the community health needs. Five 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 five most significant needs, as discussed during the June 10th 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 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

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 2019 Community Health Needs Assessment and Implementation Plan on August 21, 2019.

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. Cancer and heart disease are the two leading causes of death in Red Willow County and the state. Red Willow County has higher mortality rates than Nebraska for cancer, heart disease, Alzheimer’s disease, diabetes mellitus, and accidents (unintentional injuries).

Over half of households in Red Willow County have high indoor radon levels. Red Willow County is considered within Zone 1 in the state of Nebraska, which indicates that the county’s average radon concentration is concerning. The highest radon reading results in Red Willow County households were between 21.0 and 100.0 pCi/L.

Red Willow County has higher rates of chronic conditions and unhealthy behaviors than the state, such as obesity, physical inactivity and smoking. With regards to maternal and child health, specifically, Red Willow County has higher percentages of teen births than the state. Data also suggests that Midland County adults may not be seeking preventive care services in an appropriate manner, such as prostate cancer screenings and colorectal cancer screenings.

Many interviewees raised significant concern surrounding higher rates of cancer across all ages, as well as higher rates of radon in households. One interviewee stated: “Cancer is always an ongoing issue. We’ve had several residents pass away in the past year, there have been young children passing away from cancer. We’re also a high area for radon and we do have a radon mitigation service in town.”

Interviewees discussed chronic conditions and poor lifestyle behaviors in Red Willow County, such as diabetes, overweight and obesity, heart disease and physical inactivity. It was also noted that the limited built environment inhibits residents’ motivation to be physically active, and the high cost of healthy foods and exercise programs results in lower participation rates. One interviewee stated: “People know what healthy lifestyle choices are, but they don’t want to participate. The cost of eating well is a barrier. A bag of chips is cheaper than a bag of apples.”

It was mentioned that there is a general lack of knowledge regarding self care and appropriate health care usage in the community, as well as a tendency of residents to use online searches to self diagnose health issues which may result in a delay in seeking professional care. Interviewees also discussed the limited knowledge and use of immunization services in the community, and the use of tobacco/vape and caffeine in youth residents. One interviewee stated: “Teens are using chemicals and putting those in their body...whether it’s smoking, vaping, too much caffeine...that’s concerning for their physical wellbeing.”

Interviewees discussed that there is difficulty understanding how to access the health care system in the community, and a general need for communication and community outreach regarding resources available for residents to use. There is a perceived need for remote care options (i.e., telemedicine) as well, and one interviewee specifically stated: “Communication is huge in rural communities like this. There is not an easy avenue for people to call in and have a provider help diagnose symptoms over the phone. Having to go somewhere is detrimental now. People don’t want to go places, they want to call in or look up an app or something.”

It was mentioned that there is a lack of awareness of available immunization services, resulting in a growing number of students without proper immunizations. Interviewees also noted limited emphasis on seeking regular eye and oral health care for pediatric patients. One interviewee stated: “We don’t have any pediatricians, and we need outreach to parents for eye health and dental health. We need a reminder to parents that they need to get out there and get just the basic health care from the physical eye and dental standpoint.”

Interviewees noted the limited coordination of services leading to gaps in resources and overlapping services, as well as a perception that there is a growing number of isolated residents and a fragmented community. One interviewee stated: “There is isolation in our community and people aren’t getting the health care they need. The community in general is becoming more and more fragmented...they’re not getting that socialization and not getting proper medical treatment if you don’t have that family or neighbor to look out for you.”

Objective:

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

Action Steps	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.A. Community Hospital will continue to increase awareness of and access to the Wellness for Life program and its offerings through the growth and expansion of the Business Networking Group with quarterly lunch and learns.	Tricia Wagner	ONGOING	In FY2020, Wellness and the Foundation created a program with an emphasis on wellness offerings for local businesses and other donors.	ONGOING	Community Hospital continues to increase awareness of and access to the Wellness for Life program and its offerings through the growth and expansion of the Business Networking Group with quarterly lunch and learns.	ONGOING	Community Hospital continues to increase awareness of and access to the Wellness for Life program and its offerings through the growth and expansion of the Business Networking Group with quarterly lunch and learns.
1.B. Community Hospital will continue to increase awareness of and participation in the Eat Smart, Get Fit program.	Monica Wacker	ONGOING (as COVID-19 permits)	Community Hospital continues to increase awareness of and participation in the Eat Smart, Get Fit program as opportunities arise and as COVID-19 permits.	ONGOING (as COVID-19 permits)	Community Hospital continues to increase awareness of and participation in the Eat Smart, Get Fit program as opportunities arise and as COVID-19 permits.	ONGOING (as COVID-19 permits)	Community Hospital continues to increase awareness of and participation in the Eat Smart, Get Fit program as opportunities arise and as COVID-19 permits.

Action Steps	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
<p>1.C. Community Hospital will continue to increase educational opportunities for the public concerning wellness topics and health risk concerns, including, but not limited to, stroke education, CPR, and proper medication disposal.</p>	Tricia Wagner	ONGOING	Community Hospital continues to increase educational opportunities for the public concerning wellness topics and health risk concerns.	ONGOING	Community Hospital continues to increase educational opportunities for the public concerning wellness topics and health risk concerns.	ONGOING	Community Hospital continues to increase educational opportunities for the public concerning wellness topics and health risk concerns. (EX: Eat Smart, Get Fit Program)
<p>1.E. Community Hospital will continue to host and participate in local health-related events to highlight hospital services and offer a variety of health screenings at a free or reduced rate.</p>	Tricia Wagner	ONGOING	Community Hospital will continue to host and participate in local health-related events to highlight hospital services and offer a variety of health screenings at a free or reduced rate. (EX: COVID-19 testing for eligible residents, mobile screenings including: atrial fibrillation screening, peripheral arterial disease screening, abdominal aortic ultrasound screening, and carotid artery ultrasound screening)	ONGOING	Community Hospital will continue to host and participate in local health-related events to highlight hospital services and offer a variety of health screenings at a free or reduced rate. (EX: Colorectal Cancer Screening Free Test Kit, COVID-19 testing for eligible residents, mobile screenings including: atrial fibrillation screening, peripheral arterial disease screening, abdominal aortic ultrasound screening, and carotid artery ultrasound screening)	ONGOING	Community Hospital will continue to host and participate in local health-related events to highlight hospital services and offer a variety of health screenings at a free or reduced rate. (EX: Colorectal Cancer Screening Free Test Kit, COVID-19 testing for eligible residents, Health Day Fair, Senior Fun Fair)
<p>1.F. Community Hospital will continue to host various support and educational groups at the facility.</p>	Adam Wolford, Daphne Tidyman, Monica Wacker	ONGOING (as COVID-19 permits)	Community Hospital continues to host various support and educational groups at the facility as COVID-19 permits. (EX: Childbirth education)	ONGOING (as COVID-19 permits)	Community Hospital continues to host various support and educational groups at the facility as COVID-19 permits. (EX: Childbirth education)	ONGOING (as COVID-19 permits)	Community Hospital continues to host various support and educational groups at the facility as COVID-19 permits. (EX: Grief Support, Diabetes Support Group)

Action Steps	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.G. Community Hospital will continue to support physical activity events for the community, such as the Community Hospital Wellness 5K in partnership with Republican River Fitness Series and the Walk to Health. (Pro-Am, Community Hospital Wellness Run,	Tricia Wagner, Jon Reiners, Candy Crosby	ONGOING	Community Hospital will continue to support physical activity events for the community.	ONGOING	Community Hospital will continue to support physical activity events for the community. (EX: Fitness Reaching Older Gen's [FROGS])	ONGOING	Community Hospital will continue to support physical activity events for the community. (EX: Turkey Trot, Wellness Fair)
1.H. Community Hospital will continue to offer a wide variety of salad bar options in the cafeteria for employees and the community.	Tricia Wagner, Deb Moorhous	ONGOING	Community Hospital continues to offer a wide variety of salad bar options in the cafeteria for employees and the community.	ONGOING	Community Hospital continues to offer a wide variety of salad bar options in the cafeteria for employees and the community.	ONGOING	Community Hospital continues to offer a wide variety of salad bar options in the cafeteria for employees and the community.
1.I. Community Hospital will continue to host blood drives throughout the year for employees.	Tricia Wagner, Stacey Aguilar	ONGOING	Community Hospital continues to host blood drives throughout the year for employees.	ONGOING	Community Hospital continues to host blood drives throughout the year for employees.	ONGOING	Community Hospital continues to host blood drives throughout the year for employees.
1.J. Community Hospital personnel serve in leadership roles and as volunteers with many agencies and committees in the community.	Karen Klimt Thompson	ONGOING	Community Hospital personnel continue to serve in leadership roles and as volunteers with many agencies and committees in the community.	ONGOING	Community Hospital personnel continue to serve in leadership roles and as volunteers with many agencies and committees in the community.	ONGOING	Community Hospital personnel continue to serve in leadership roles and as volunteers with many agencies and committees in the community.
1.K. Community Hospital will continue to provide staff representation at various conferences focused around its patient population's needs.	Leanne Miller	ONGOING (as COVID-19 permits)	Community Hospital continues to provide staff representation at various conferences focused around its patients population's needs as COVID-19 permits.	ONGOING (as COVID-19 permits)	Community Hospital continues to provide staff representation at various conferences focused around its patients population's needs as COVID-19 permits.	ONGOING (as COVID-19 permits)	Community Hospital continues to provide staff representation at various conferences focused around its patients population's needs as COVID-19 permits.

Action Steps	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.L. Community Hospital will continue to serve as the backbone organization for the Communities of Excellence initiative in collaboration with several local partner organizations to improve the overall quality of life in the community.	Troy Bruntz	ONGOING	Community Hospital continues to serve as the backbone organization for the Communities of Excellence initiative in collaboration with several local partner organizations to improve the overall quality of life in the community.	ONGOING	Community Hospital continues to serve as the backbone organization for the Communities of Excellence initiative in collaboration with several local partner organizations to improve the overall quality of life in the community.	ONGOING	Community Hospital continues to serve as the backbone organization for the Communities of Excellence initiative in collaboration with several local partner organizations to improve the overall quality of life in the community.
1.M. 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.	Leanne Miller	ONGOING	Community Hospital continues 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.	ONGOING	Community Hospital continues 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.	ONGOING	Community Hospital continues 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. (EX: Wellness Blood Draws)
1.N. Community Hospital will promote local radon mitigation efforts in the community.	Tricia Wagner, Sara Rybacki	ONGOING	Community Hospital continues to promote local radon mitigation efforts as opportunities arise (EX: Radon Resource Representation at Sterling and Health Fairs).	ONGOING	Community Hospital continues to promote local radon mitigation efforts as opportunities arise.	ONGOING	Community Hospital continues to promote local radon mitigation efforts as opportunities arise.

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

Rationale:

Red Willow County has a larger 65 and older population than the state. Additionally, Medicare Beneficiaries in Red Willow County have higher rates of hypertension than the state. Interviewees discussed significant concern surrounding the growing aging population in the community, and a growing need for home health and hospice services in Red Willow County. It was mentioned that there is an increasing number of nursing homes closing due to issues with Medicare and Medicaid reimbursement, and that a nearby nursing home has recently closed which has increased the patient load on the local nursing home facility. One interviewee stated: "There are nursing homes around us closing and we can't absorb those patients. Our numbers of elderly that need nursing home care are growing."

It was mentioned that transportation barriers may disproportionately affect elderly residents, and there is concern regarding low income seniors and their unmet needs, specifically for food and utilities. There is a perceived need for increased follow up between medical care providers and seniors, and one interviewee specifically stated: "Follow up is really important for elderly people. People need to be contacted to see how they're feeling. If there was a prescription prescribed, then some follow up on if they're taking the medication, how the medication is affecting them, etc."

Objective:

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

Action Steps	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		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 and hospice services for applicable residents.	Barbie Long	ONGOING	Community Hospital continues to provide home health and hospice services for applicable residents.	ONGOING	Community Hospital continues to provide home health and hospice services for applicable residents.	ONGOING	Community Hospital continues to provide home health and hospice services for applicable residents.
2.B. Community Hospital will continue to provide respite care in order to reduce caregiver burnout.	Barbie Long	ONGOING	Community Hospital continues to provide respite care in order to reduce caregiver burnout.	ONGOING	Community Hospital continues to provide respite care in order to reduce caregiver burnout.	ONGOING	Community Hospital continues to provide respite care in order to reduce caregiver burnout.
2.C. Community Hospital will continue to meet with local nursing homes 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 (as COVID-19 permits)	Community Hospital continues to meet with local nursing homes on a quarterly basis as COVID-19 permits.	ONGOING (as COVID-19 permits)	Community Hospital continues to meet with local nursing homes on a quarterly basis as COVID-19 permits.	ONGOING (as COVID-19 permits)	Community Hospital continues to meet with local nursing homes on a quarterly basis as COVID-19 permits.
2.D. Community Hospital will explore meeting quarterly with local assisted living facilities to 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 (as COVID-19 permits)	Community Hospital continues to meet quarterly with local assisted living facilities to discuss emerging issues in the area and how to address such issues to improve quality and efficiency of care for patients as COVID-19 permits.	ONGOING (as COVID-19 permits)	Community Hospital continues to meet quarterly with local assisted living facilities to discuss emerging issues in the area and how to address such issues to improve quality and efficiency of care for patients as COVID-19 permits.	ONGOING (as COVID-19 permits)	Community Hospital continues to meet quarterly with local assisted living facilities to discuss emerging issues in the area and how to address such issues to improve quality and efficiency of care for patients as COVID-19 permits.

Action Steps	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
2.E. 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.	Joe Ryland	ONGOING	Community Hospital staff members continue to volunteer at the local Meals on Wheels and Senior Center organizations.	ONGOING	Community Hospital staff members continue to volunteer at the local Meals on Wheels and Senior Center organizations.	ONGOING	Community Hospital staff members continue to volunteer at the local Meals on Wheels and Senior Center organizations.
2.F. Community Hospital will continue to participate in the Sterling Connection at the local Senior Center to provide free, monthly lunch and learn events on health-related topics such as dementia, hospital updates, etc.	Tricia Wagner	ONGOING (as COVID-19 permits)	Community Hospital continues to participate in the Sterling Connection at the local Senior Center to provide free, monthly lunch and learn events on health-related topics as COVID-19 permits.	ONGOING (as COVID-19 permits)	Community Hospital continues to participate in the Sterling Connection at the local Senior Center to provide free, monthly lunch and learn events on health-related topics as COVID-19 permits.	ONGOING (as COVID-19 permits)	Community Hospital continues to participate in the Sterling Connection at the local Senior Center to provide free, monthly lunch and learn events on health-related topics as COVID-19 permits.
2.G. Community Hospital will continue to offer Fitness Reaching Older Generations (FROG) classes to elderly residents in order to promote physical activity among seniors.	Tricia Wagner, Leann Jankovits	ONGOING (as COVID-19 permits)	Community Hospital continues to offer Fitness Reaching Older Generations (FROG) classes to elderly residents as COVID-19 permits.	ONGOING (as COVID-19 permits)	Community Hospital continues to offer Fitness Reaching Older Generations (FROG) classes to elderly residents as COVID-19 permits.	ONGOING (as COVID-19 permits)	Community Hospital continues to offer Fitness Reaching Older Generations (FROG) classes to elderly residents as COVID-19 permits.

Priority #3: Continued Emphasis on Physician Recruitment and Retention

Rationale:

According to the 2019 Rural Health Advisory Commission shortage area maps, Red Willow County is a state-designated shortage area in General Pediatrics, General Surgery, Internal Medicine, OB/GYN, Pediatric Dentistry and Oral Surgery, and Psychiatry and Mental Health. Additionally, Red Willow County has a lower rate of primary care physicians per 100,000 population than the state.

Interviewees discussed concern surrounding physician recruitment to a smaller, rural town for primary and specialty care providers. It was noted that there is a delay in seeking timely primary care by residents with high deductible health plans due to cost barriers to care. One interviewee stated: "If you need to schedule something because you're sick, you probably won't get your regular provider. For a town our size there's good access to primary care when you need it. But some people have high deductible health plans, so they choose not to go see a provider when they should due to the fact that they don't want to pay."

It was mentioned there is a perception that established, local primary care providers may be retiring soon, which is compounded by the difficulty in recruiting to the area and an increasing number of providers preferring greater work/life balance. Interviewees also acknowledged the lack of pediatricians in the community, and one interviewee stated: "We need pediatricians. Kids are not just smaller adults, we need to have somebody that has the unique qualifications and knows about kids illnesses or even how medications will affect a child. A pediatrician will bring that different viewpoint in knowledge that a general practitioner may not have."

Interviewees discussed scheduling conflicts due to local or rotating specialty physicians having varied availability, specifically for OB/GYN, Oncology and Cardiology. It was also mentioned that the limited appointment availability for specialty physicians results in patient outmigration to Kearney, North Platte, Lincoln and Omaha. Interviewees noted that there is also a lack of local Orthopedic Surgery specialists and dialysis services, which results in patients traveling to outside communities for care. One interviewee stated: "We need an orthopedic surgeon, we've had them before but not now. With a small hospital, it's difficult to have those specialties available in the community."

Interviewees noted communication barriers between local and external community providers, and one interviewee specifically stated: "For specialty care, we need communication between sending patients out. Communication falls short. They aren't communicating what's happening and when you're waiting on results on whether or not you have cancer, that is a huge problem."

Objective:

Continued efforts to recruit and retain providers to the community

Action Steps	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.A. Community Hospital offers several medical clinics including family practice, orthopedic, and surgical. The communities of Trenton and Curtis are served by local rural clinics provided by Community Hospital.	Dianna Gross	ONGOING	Community Hospital continues to offer several medical clinics including a variety of specialty care services. The communities of Trenton and Curtis are served by local rural clinics provided by Community Hospital.	ONGOING	Community Hospital continues to offer several medical clinics including a variety of specialty care services. The communities of Trenton and Curtis are served by local rural clinics provided by Community Hospital.	ONGOING	Community Hospital continues to offer several medical clinics including a variety of specialty care services. The communities of Trenton and Curtis are served by local rural clinics provided by Community Hospital.
3.B. Community Hospital will continue to implement rotating Facebook advertisements featuring visiting specialists.	Tricia Wagner, Candy Crosby	ONGOING	Community Hospital continues to implement rotating Facebook advertisements featuring visiting specialists. (EX: Neurosurgery, Orthopedics)	ONGOING	Community Hospital continues to implement rotating Facebook advertisements featuring visiting specialists.	ONGOING	Community Hospital continues to implement rotating Facebook advertisements featuring visiting specialists. (EX: General Surgery, Nephrology, Neurosurgeon, OB/GYN, Oncologist, Ophthalmologist, Orthopedics, Podiatrist, Pulminologist, Spinal Orthopedics, Urologist)

Action Steps	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.C. Community Hospital will continue to track recruiting efforts of new specialists through Service Seed.	Jon Reiners, Karen Kliment Thompson	ONGOING	Community Hospital continues to track recruiting efforts of new specialists through Service Seed.	ONGOING	Community Hospital continues to track recruiting efforts of new specialists through Service Seed.	ONGOING	Community Hospital continues to track recruiting efforts of new specialists through Service Seed.
3.D. Community Hospital will assess information from the semi-annual market assessment reports to evaluate specialty services not currently offered.	Jon Reiners, Karen Kliment Thompson	ONGOING	Community Hospital continues to assess information from the semi-annual market assessment reports to evaluate specialty services not currently offered.	ONGOING	Community Hospital continues to assess information from the semi-annual market assessment reports to evaluate specialty services not currently offered.	ONGOING	Community Hospital continues to assess information from the semi-annual market assessment reports to evaluate specialty services not currently offered.
3.E. Community Hospital will continue to offer various mobile services on a regular basis, such as PET/CT, cardiovascular screenings, and nuclear medicine.	Chelsey Hartwell	ONGOING	Community Hospital continues to offer various mobile services on a regular basis.	ONGOING	Community Hospital continues to offer various mobile services on a regular basis.	ONGOING	Community Hospital continues to offer various mobile services on a regular basis.
3.F. Community Hospital maintains an updated calendar of visiting specialists on its website for residents to access and utilize in planning health care appointments.	Ellen Meissner	ONGOING	Community Hospital maintains an updated calendar of visiting specialists on its website for residents.	ONGOING	Community Hospital maintains an updated calendar of visiting specialists on its website for residents.	ONGOING	Community Hospital maintains an updated calendar of visiting specialists on its website for residents.
3.G. 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.	Departmental Leads	ONGOING (as COVID-19 permits)	Community Hospital continues to serve as a teaching facility and allows for students pursuing health-related careers to rotate through the facility for a variety of programs as COVID-19 permits.	ONGOING (as COVID-19 permits)	Community Hospital continues to serve as a teaching facility and allows for students pursuing health-related careers to rotate through the facility for a variety of programs as COVID-19 permits.	ONGOING (as COVID-19 permits)	Community Hospital continues to serve as a teaching facility and allows for students pursuing health-related careers to rotate through the facility for a variety of programs as COVID-19 permits.

Priority #4: Access to Mental and Behavioral Health Care Services and Providers

Rationale:

Red Willow County has a lower rate of mental and behavioral health care providers per 100,000 population than the state. Interviewees discussed a limited number of advanced, specialized mental and behavioral health providers in the community, and a perception that there is greater access to mental and behavioral health care services in North Platte and Kearney. It was also mentioned that there is limited awareness of existing resources and services in the community for mental and behavioral health-related patients, and a challenge in accessing such care specifically for uninsured patients. One interviewee stated: "People just aren't aware of what's available to meet mental health needs and if you're uninsured and not on Medicaid, it can be cost prohibitive to get care." It was mentioned that there is concern surrounding the unmet mental and behavioral health needs for youth residents, including an increasing rate of drug use and vaping, stigma associated with seeking care, and high rates of depression and suicide ideation. Interviewees also noted a lack of local access to Alzheimer's disease and dementia-related care, and one interviewee specifically stated: "The local providers here don't have any specialization in Alzheimer's disease or severe dementia."

Objective:

Increase local access to mental health care services

Action Steps	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.A. Community Hospital will evaluate the possibility of offering mental health services.	Karen Kliment Thompson	COMPLETED	Mental Health services staffed.	COMPLETED	Community Hospital continues to offer mental health services via a Nurse Practitioner and focuses on growth and expansion of those services as appropriate	COMPLETED	Community Hospital continues to offer mental health services via a Nurse Practitioner and focuses on growth and expansion of those services as appropriate
4.B. Community Hospital will continue to share an annually-updated list of area and telehealth providers for mental health support and counseling services.	Tricia Wagner, Karen Kliment Thompson	ONGOING	Community Hospital continues to share an annually-updated list of area and telehealth providers for mental health support and counseling services.	ONGOING	Community Hospital continues to share an annually-updated list of area and telehealth providers for mental health support and counseling services.	ONGOING	Community Hospital continues to share an annually-updated list of area and telehealth providers for mental health support and counseling services.
4.C. Community Hospital will continue to explore opportunities to support other outlets through which mental health can be supported in the community, including mentoring, supporting AA groups, NA groups, etc.	Tricia Wagner	ONGOING (as COVID-19 permits)	Community Hospital continues to explore opportunities to support other outlets through which mental health can be supported in the community as COVID-19 permits.	ONGOING (as COVID-19 permits)	Community Hospital continues to explore opportunities to support other outlets through which mental health can be supported in the community as COVID-19 permits.	ONGOING (as COVID-19 permits)	Community Hospital continues to explore opportunities to support other outlets through which mental health can be supported in the community as COVID-19 permits.

Action Steps	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.D. Community Hospital will continue to offer mental health support to its employees through the Employee Assistance Program (EAP).	Leanne Miller	ONGOING	Community Hospital continues to offer mental health support to its employees through the Employee Assistance Program (EAP).	ONGOING	Community Hospital continues to offer mental health support to its employees through the Employee Assistance Program (EAP).	ONGOING	Community Hospital continues to offer mental health support to its employees through the Employee Assistance Program (EAP).

Priority #5: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

Rationale:

Data suggests that some residents in the study area face significant cost barriers when accessing the healthcare system and other necessities within the community. Red Willow County has a lower median household income than the state, and a higher rate of families living below the poverty level. Red Willow County has a higher child food insecurity rate than the state, and the average meal cost in Red Willow County is higher than that of the state.

Additionally, 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).

Interviewees raised concern around the significant number of residents with high deductible health plans. It was also noted that the cost barrier to care is forcing residents to delay seeking care or go without care/treatment. Interviewees pointed out that overuse of the emergency room for non-emergent issues is done by un/underinsured, Medicaid and low income residents. One interviewee stated: "The emergency room has 'regulars.' There are walk-in clinics and urgent care here, but you have to pay up front for those services so they go to the emergency room. The Medicaid population feels entitled to use the ER whenever they please."

Interviewees discussed a lack of un/underinsured residents seeking appropriate preventive care and a challenge in seeking care for working parents. One interviewee stated: "For the working poor, it's tough with family situations. If you're an hourly employee and need the work, sometimes it doesn't work out well when you have sick kids."

It was mentioned that there is limited access to vaccinations for low income and un/underinsured residents in Red Willow County, as well as no local access to dental care for Medicaid and un/underinsured residents. One interviewee stated: "There's no dentists in Red Willow County that accept Medicaid. There's plenty of dentists, but people with no insurance and Medicaid don't have a routine dentist. It's difficult for them to get into a dentist. Medicaid patients looking for a Medicaid dentist go to the closest one in Hastings, which is three hours away."

Interviewees expressed concern surrounding health disparities disproportionately affecting specific populations, including pediatric, teenagers/adolescents, elderly, low income/working poor, racial/ethnic groups and veterans.

With regards to the pediatric population, interviewees discussed a shortage of infant and early childhood education providers and limited access to local providers as concerns for this population. For teenagers/adolescents, interviewees discussed limited access to mental and behavioral health care and a stigma in seeking such care, limited access to dental care, a lack of extracurricular/exercise opportunities, vape/drug use and smoking, lack of safe sex education and abstinence education, and an increasing number of young adults with Christian-sponsored health programs as concerns.

For elderly residents, interviewees discussed limited access to nursing homes accepting Medicaid residents, transportation barriers, insurance concerns (Medicare Part D coverage gap), a need for physical activity motivation, and Alzheimer's disease and dementia as concerns for this specific population. For the low income/working poor population in Red Willow County, residents discussed a lack of affordable coverage options and limited affordable housing options as specific concerns.

With regards to the racial/ethnic populations in the community, interviewees discussed language barriers and limited bilingual providers as concerns. For veterans in Red Willow County, interviewees discussed a lack of access to local resources and services for this subpopulation.

Objective:

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

Action Steps	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
<p>5.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.</p>	<p>Julie Wilhelmson</p>	<p>ONGOING</p>	<p>Community Hospital continues to participate in the McCook Paramedicine Program in partnership with the local fire department and primary care clinic.</p>	<p>ONGOING</p>	<p>Community Hospital continues to participate in the McCook Paramedicine Program in partnership with the local fire department and primary care clinic.</p>	<p>ONGOING</p>	<p>Community Hospital continues to participate in the McCook Paramedicine Program in partnership with the local fire department and primary care clinic.</p>
<p>5.B. Community Hospital will continue to host and participate in donation drives to benefit underserved organizations in the community, as well as educational events.</p>	<p>Candy Crosby</p>	<p>ONGOING</p>	<p>Community Hospital continues to host and participate in donation drives and educational events to benefit underserved organizations in the community. (EX: Tree of Love, Teddy Bear Toss, Big Give McCook, Rodeo Pink Out for Cancer Awareness, Free Car Seat Check)</p>	<p>ONGOING</p>	<p>Community Hospital continues to host and participate in donation drives and educational events to benefit underserved organizations in the community. (EX: Tree of Love, Teddy Bear Toss, Big Give McCook, Rodeo Pink Out for Cancer Awareness, Free Car Seat Check)</p>	<p>ONGOING</p>	<p>Community Hospital continues to host and participate in donation drives and educational events to benefit underserved organizations in the community. (EX: Tree of Love, Teddy Bear Toss, Big Give McCook, Pink Out for Cancer Awareness, Free Car Seat Check)</p>

Action Steps	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
5.C. Community Hospital will continue to provide a language line to offer translation services for non-English speaking patients and families as needed.	Misti Soderlund	ONGOING	Community Hospital continues to provide a language line to offer translation services.	ONGOING	Community Hospital continues to provide a language line to offer translation services.	ONGOING	Community Hospital continues to provide a language line to offer translation services.
5.D. Community Hospital provides financial counseling services for patients requiring assistance.	Laci Ingels	ONGOING	Community Hospital continues to provide financial counseling services for patients requiring assistance.	ONGOING	Community Hospital continues to provide financial counseling services for patients requiring assistance.	ONGOING	Community Hospital continues to provide financial counseling services for patients requiring assistance.



PREVIOUS PRIORITIZED NEEDS

Previous Prioritized Needs

2016 Prioritized Needs

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

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 CHNA PRELIMINARY HEALTH NEEDS

2022 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
- Continued Focus on COVID-19 Prevention & Response
- Focus on the Needs of the Aging Population
- Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles



PRIORITIZATION

The Prioritization Process

- In March 2022, 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
 - Karen Kliment Thompson, Vice President Ancillary Services
 - Jonathan Reiners, Strategic Planning Manager
 - 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 prioritized ballot process to rank the health needs in order of importance, resulting in the following order:
 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

Final Priorities

- Hospital leadership decided to address all six of the ranked health needs. The final health priorities that Community Hospital will address through its Implementation Plan 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



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.

List of Community Resources in Red Willow County

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
<i>Assisted Living</i>								
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
<i>Clinic-Chiropractic</i>								
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
<i>Clinic-Counseling</i>								
All Season Counseling	Red Willow County	207 W 2nd	McCook	NE	69001	308-345-4676		Mental Health Counseling
Community Hospital Generational Guidance	Red Willow County and surrounding counties in hospital service area	1301 E H St	McCook	NE	69001	308-344-8280	https://chmccook.org/hospital-services/behavioral-health-services.html	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
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
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

List of Community Resources in Red Willow County

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
<i>Clinic-Eye</i>								
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
<i>Clinic-Medical</i>								
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
<i>Clinic-General Surgery</i>								
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
<i>Clinic-Urgent Care</i>								
Quality Urgent Care	Red Willow County	3 Bison Holiday Dr	McCook	NE	69001	308-345-7036		Medical Care Resource
<i>Clinic-Dentist</i>								
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
SW Nebraska Dental Center	Red Willow County	2009 W J St	McCook	NE	690001	308-345-2273	https://www.swnebraskadental.com/	Dental Care Resource
Great Plains Oral Surgery and Implant Center	Red Willow County	302 W 9th	McCook	NE	69001	308-345-1449	http://www.greatplainsoralsurgeryne.com.websitecreatorproreview2421.com/Oral-Surgery/	Dental Care Resource
Michael E.Owens DDS	Red Willow County	521 Norris Ave	McCook	NE	69001	308-345-5416		Dental Care Resource
Darin D. Seligman, DDS	Red Willow County	1701 W N St.	McCook	NE	69001	308-345-3410		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
<i>Clinic-Orthodontist</i>								
Bradley Hoppens, DDS, MS	Red Willow County	10 Spoon Drive	McCook	NE	69001	308-345-2245		Dental Care Resource
John Haugen, DDS	Red Willow County	302 W 9 St	McCook	NE	69001	308-345-1449	https://www.haugenortho.com	Dental Care Resource
<i>Clinic-Podiatry</i>								
High Plains Podiatry	Red Willow County	306 W D St	McCook	NE	69001	308-345-3773	http://highplainspodiatry.com/	Medical Care Resource
<i>Clinic-Specialists</i>								
Community Hospital Medical Specialists Center	Red Willow County	1301 East H Street	McCook	NE	69001	308-344-8285		Medical Care Resource
<i>Hospitals</i>								
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
<i>Pharmacies</i>								
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		
<i>Nursing Homes</i>								
Hillcrest Nursing Home		309 W 7th St	McCook	NE	69001	308-345-4600	http://hillcrestnh.org/index.htm	
<i>Rehabilitation Clinic</i>								
Community Hospital Rehabilitation Center		1301 H St.	McCook	NE	69001	308-344-2650		
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

List of Community Resources in Red Willow County

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
<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		
Salvation Army: McCook Christian Church						308-345-1516		
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		
McCook Toy Box: Community Action Partnership						308-345-1187		
McCook Coat Closet: Community						308-345-1187		
<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://communityactionmidne.com/head-start/	Head Start/ Early Head Start
YMCA						308-345-6228		
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

List of Community Resources in Red Willow County

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
<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								
Sertoma International								
Lions Club								
Optimist International								
Kiwanis								
Pheasants Forever								
American Red Cross								
McCook Ministerial Association: McCook Christian Church						308-345-1516		
McCook Area Chamber of Commerce						308-345-3200		
Southwest Nebraska Public Health						308-345-4223		
Red Willow County Health Department						308-345-1790		
<i>Family Resources</i>								
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

List of Community Resources in Red Willow County

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Bargain Bazaar Thrift Store	Red Willow County	222 W 1st St	McCook	NE	69001	308-345-5317		Clothing & Household Assistance
Education & Employment								
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
Neworks	State of Nebraska						https://networks.nebraska.gov/vosnet/Default.aspx	Education & Job Assistance
Workforce Development	State of Nebraska						http://dol.nebraska.gov/	
Food Resources								
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
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
Housing Assistance								
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		

List of Community Resources in Red Willow County

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
<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	



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.
 - The most significant information gap exists within this assessment’s ability to capture various county-level health data indicators. Data for these indicators is reported at the customized health department district level.



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.communityhospitalcorp.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 **Stratasan**.
- The **United States Bureau of Labor Statistics Local Area Unemployment Statistics** provides unemployment statistics by county and state; <http://www.bls.gov/lau/#tables>.
- The **United States Census Bureau**, provides foreign-born population statistics by county and state; <https://data.census.gov/cedsci/table?q=foreign%20born&tid=ACSDP1Y2019.DP02>.
- This study utilizes data from the **Economic Innovation Group**, which provides distressed community index scores by county and state: <https://eig.org/dci/interactive-map?path=state/>.
- **Data USA** provides access to industry workforce categories at the county and state level: <https://datausa.io/>.
- The **United States Census Bureau** provides access to transportation data at the county and state level: <https://censusreporter.org/search/>.
- This study also used data collected by the **Small Area Income and Poverty Estimates (SAIPE)**, that provides Supplemental Nutrition Assistance Program (SNAP) Benefits as well as poverty estimates by county and state: <https://www.census.gov/data/datasets/time-series/demo/saipe/model-tables.html>.
- 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 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** are made available by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The Rankings measure the health of nearly all counties in the nation and rank them within states. The Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights. The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003; <http://www.countyhealthrankings.org/>.

Summary of Data Sources

- **Health Data (continued)**

- 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>.
- This study utilizes county level data from the **Behavioral Risk Factor Surveillance System (BRFSS)**, provided by the: Nebraska Department of Health and Human Services; <https://dhhs.ne.gov/Pages/BRFSS-Reports.aspx>.
- 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/>.
- 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>.
- The **Nebraska Department of Health and Human Services** is a statewide, population-based registry that serves as the foundation for measuring the cancer burden in Nebraska. Data can be accessed at: <https://www.kumc.edu/kcr/zsearch.aspx>.
- 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.
- 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 **Nebraska Department of Health and Human Services** produces a COVID-19 dashboard about vaccinations in Nebraska and at the county level. Data can be accessed at: <https://www.Nebraskavaccine.gov/158/Data>
- 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>

- **Phone Interviews**








- CHC Consulting conducted interviews on behalf of Community Hospital from January 4, 2022– January 21, 2022.
- Interviews were conducted and summarized by Alex Campbell, Planning Analyst.



DATA REFERENCES

Distressed Communities Index

The seven components of the index are:

-  **No High School Diploma**
Percent of the 25-year-old+ population without a high school diploma or equivalent
-  **Housing Vacancy Rate**
Percent of habitable housing that is unoccupied, excluding properties that are for seasonal, recreational, or occasional use
-  **Adults Not Working**
Percent of the prime-age (25-54) population not currently employed
-  **Poverty Rate**
Percent of the population living under the poverty line
-  **Median Income Ratio**
Median household income as a percent of metro area median household income (or state, for non-metro areas)
-  **Change in Employment**
Percent change in the number of jobs from 2014 to 2018
-  **Change in Establishments**
Percent change in the number of business establishments from 2014 to 2018

2022 Poverty Guidelines

2022 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
1	\$13,590
2	\$18,310
3	\$23,030
4	\$27,750
5	\$32,470
6	\$37,190
7	\$41,910
8	\$46,630
For families/households with more than 8 persons, add \$4,720 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 April 12, 2022.



HPSA AND MUA/P INFORMATION

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

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, <http://www.hrsa.gov/>; data accessed March 22, 2022.

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.*

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	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	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	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		



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 Will County Health Department	1/19/2022	Red Willow County	Alex Campbell	X			General Public
Karen Crow	Vice President	Pinnacle Bank	1/13/2022	Multi-county area, including Red Willow County	Alex Campbell			X	General Public
Bruce Crosby	Editor	McCook Gazette	1/4/2022	Multi-county area, including Red Willow County	Alex Campbell			X	General Public
Kyle Dellevoet	Pastor	McCook Christian Church	1/20/2022	Red Willow County	Alex Campbell		X		General Public
Brian Esch	President/CEO	McCook National Bank	1/5/2022	Multi-county area, including Red Willow County	Alex Campbell			X	General Public
Darren Esch	Healthcare Durable Medical Equipment Company Owner Board Member	Frontier Home Medical Community Hospital	1/10/2022	Multi-county area, including Red Willow County	Alex Campbell		X		General Public, Medically Complex
James Foster	Administrator	Hillcrest Nursing Home	1/12/2022	Multi-county area, including Red Willow County	Alex Campbell		X		Elderly, Medically Complex
Ronda Graff	McCook Community Foundation Fund Coordinator	McCook Community Foundation Fund	1/7/2022	Red Willow County	Alex Campbell			X	General Public
Jade Lesko	Restaurant Owner Board Member	Citta Deli McCook Chamber of Commerce	1/5/2022	Red Willow County	Alex Campbell			X	General Public
Andy Long	Executive Director	McCook Economic Development Corporation	1/12/2022	Red Willow County	Alex Campbell			X	General Public
Grant Norgaard	Superintendent	McCook Public Schools	1/13/2022	Red Willow County	Alex Campbell		X		Youth
Garrett Rippen	Investment Advisor Board Member	Edward Jones Community Hospital	1/11/2022	Multi-county area, including Red Willow County	Alex Campbell		X		General Public
Nate Schneider	City Manager	City of McCook	1/18/2022	Red Willow County	Alex Campbell		X		General Public
Beth Siegfried	Director	McCook Senior Center	1/11/2022	Red Willow County	Alex Campbell		X		Elderly, Medically Complex
Linda Taylor	Owner	Video Kingdom	1/5/2022	Red Willow County	Alex Campbell			X	General Public
Heidi L Wheeler, MEP, CHEP	Assistant Director Readiness and Response Coordinator	Southwest Nebraska Public Health Department	1/21/2022	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; January 4, 2022–January 21, 2022.



PRIORITY BALLOT

Prioritization Ballot

Upon reviewing the comprehensive preliminary findings report for the 2022 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. Continued Focus on COVID-19 Prevention & Response**

	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. Focus on the Needs of the Aging Population**

	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"/>

*** 6. 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"/>

* 7. 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"/>
Continued Focus on COVID-19 Prevention & Response	<input type="radio"/>	<input type="radio"/>
Focus on the Needs of the Aging Population	<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

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)
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.	Baleigh Abbott, Terri Unger	<i>Current Examples include:</i> Stroke education, CPR classes, proper medication disposal, Wellness for Life program, quarterly lunch and learns and the Eat Smart, Get Fit program					
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, Candy Crosby	<i>Current Examples include:</i> free or reduced rate health screenings, host various support and educational groups, Republican River Fitness Series, Walk to Health, Community Hospital Wellness 5K, salad bar options in the hospital cafeteria, Turkey Trot, Pro Am at Heritage Hills					
1.C. Community Hospital will continue to host various support and educational groups at the facility.	Adam Wolford, Daphne Tidyman, Brenda Ruf						

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	<i>Current Examples include:</i> EDC, 840B tax committee, library foundation, KRD credit union, Nebraska Hospital Association (NHA) conferences					
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						
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						
1.G. Community Hospital will promote local radon mitigation efforts in the community.	Baleigh Abbott						

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 focus on the patient's family wellbeing by providing respite care in order to reduce caregiver burnout.	Barbie Long						
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	<i>Current Examples include:</i> collaborative project with Hillcrest Nursing Home					
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						
2.D. Community Hospital will continue to provide free, monthly lunch and learn events on health-related topics for the elderly.	Baleigh Abbott	<i>Current Examples include:</i> dementia, hospital updates					
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						
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						

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	<i>Current Examples include:</i> orthopedic, surgical					
3.B. Community Hospital will continue to offer various mobile services on a regular basis, such as PET/CT, cardiovascular screenings, and nuclear medicine.	Chelsey Hartwell						
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.	Candy Crosby, Ellen Meissner						
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.	Leanne Miller	<i>Current Examples include:</i> Bison Days					

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						
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.	Candy Crosby	<i>Current Examples include:</i> host blood drives, Tree of Love, Teddy Bear Toss, Big Give McCook, McCook Bison Booster Program, Pink Out for Cancer Awareness, Free Care Seat Check					
4.C. Community Hospital will continue to provide a language line to offer translation services for non-English speaking patients and families as needed.	Misti Soderlund						
4.D. Community Hospital provides financial counseling services for patients requiring assistance.	Lynn Sonckson						
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						
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.	Lori Beeby	<i>Current Examples include:</i> tele-neurology, tele-pulmonology, tele-critical care					

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						
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						
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, Brenda Ruf	<i>Current Examples include:</i> Loss Support Group					
5.D. Community Hospital will continue to offer mental health support to its employees through the Employee Assistance Program (EAP).	Leanne Miller						

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.	Sharon Conroy, Candy Crosby, Baleigh Abbott	<i>Current Examples include:</i> provide free COVID test kits, COVID-19 vaccination clinics as appropriate, press releases, radio segments					
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.	Sharon Conroy						
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						
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.	Sharon Conroy						
6.E. Community Hospital will provide support staff and services to local organizations as appropriate to help reduce the impact of COVID-19.	Sharon Conroy	<i>Current Examples include:</i> nursing homes					

Section 3:

Feedback, Comments and Paper Copies



INPUT REGARDING THE HOSPITAL'S CURRENT CHNA



CHNA Feedback Invitation

- 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' section located at the top of the homepage:

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



Thank you!

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