



Keeping the **H** in Hometown®

Community Hospital

Community Health Needs Assessment and Implementation Plan

August 2019



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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 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 five 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 five 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). Please see the Implementation Plan section of this report for further information.

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

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 Red Willow 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."

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

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.”

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

Red Willow County has a larger percentage of 65 and older residents 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.”

Priority #3: Continued Emphasis on Physician Recruitment and Retention

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...

Priority #3: Continued Emphasis on Physician Recruitment and Retention (continued)

...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.”

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

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.”

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

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...

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

...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.



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

Process and Methodology

Methodology

- CH worked with CHC Consulting in the development of its CHNA. CH 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 the IBM Watson Health Market Expert tool
 - 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 prioritization process during the CHNA Team meeting on June 10, 2019. The CHNA Team included:
 - Troy Bruntz, CEO
 - Sean Wolfe, CFO
 - Molly Herzberg, CNO
 - Karen Kliment Thompson, VP Ancillary Services
 - Lori Beeby, VP Support Services
 - Jon Reiners, Strategic Planning Manager
 - Sara Rybacki, Radiation Therapist
 - Patricia Wagner, Community Outreach and Wellness 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)

– CH Biography

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

– Study Area Definition

- The study area for CH is based on hospital inpatient discharge data from January 1, 2018 – December 31, 2018 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, the IBM Watson Health Market Expert tool, the U.S. Census Bureau and the United States Bureau of Labor Statistics

– 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 State Department of Health and Human Services, the CARES Engagement Network, United States Census Bureau, and the Centers for Disease Control and Prevention

– Interview Methodology

- CH 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, seventeen 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.

Process and Methodology

Methodology (continued)

– Evaluation of Hospital's Impact

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

– Prioritization Strategy

- Five 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 CHNA Team June 10, 2019
- See the prioritization section for a more detailed description of the prioritization methodology



HOSPITAL BIOGRAPHY

Hospital Biography

About Community Hospital

Nearly everyone we talk to is taken with the friendliness of our staff and our advanced facilities. Visiting medical professionals frequently tell us they are impressed with the high level of sophisticated technology. Most importantly, our patients enjoy a high quality of care that meets and exceeds their expectations.

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.

Enter our hospital and discover a spirit of community. You'll find people who work together, care about each other, and take enormous pride in contributing to the reputation of excellence Community Hospital enjoys as a regional health care provider.

Hospital Biography

Mission, Vision and Values

Mission Statement

Regional healthcare excellence

Vision Statement

Widely recognized as the regional leader of excellent healthcare services.

Core Values

Excellence, Ownership, Integrity, and Compassion

Hospital Biography

Hospital Services

- Community Hospital provides the type of excellent health care services that keeps young families in the area, enables seniors to retire with peace of mind, and strengthens our communities. From state-of-the-art technology to a highly trained and caring medical staff, you'll receive the very best care with a neighborly touch. We work with leading hospitals to offer excellent cardiac and oncology care. In fact, more than 30 visiting medical specialists provide care in McCook through Community Hospital. No matter what your healthcare needs, this website section is dedicated to you – providing you the opportunity to learn of the many services, clinics, programs and state-of-the art technology found at Community Hospital.

Hospital Biography

Hospital Services (continued)

Diagnostic

- CT Scanner
- Ultrasound
- Mammography
- Nuclear Medicine
- General Radiography (X-ray) and Fluoroscopy
- Teleradiography
- Magnetic Resonance Imaging (MRI)
- Mobile PET/CT
- Bone Densitometry
- Stereotactic Breast Biopsy Service
- Laboratory
- Respiratory Care
- Electrocardiogram
- Holter Monitoring
- Pulmonary Function Tests
- Sleep Services

Rehabilitation Services

- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Cardiopulmonary Rehabilitation
- Respiratory Therapy
- Healthy Lifestyle Nutrition Counseling

Emergency Care

- Level 4 Trauma Center
- Emergency Room Updates

Home Health and Hospice

OB and Nursery (including Web Nursery)

Hospital Biography

Hospital Services (continued)

Surgical Services

Cancer Services

Specialty Services

- Cardiology
- General Surgery
- Medical Oncology
- Orthopedics
- Audiology
- Radiation Oncology
- OB/Gyn
- Dermatology
- Pulmonology
- Gastroenterology
- Urology
- Nephrology
- Ophthalmology
- Spinal Ortho
- Neurology
- ENT
- Neurosurgery
- Telehealth (Pulmonary & Sleep)



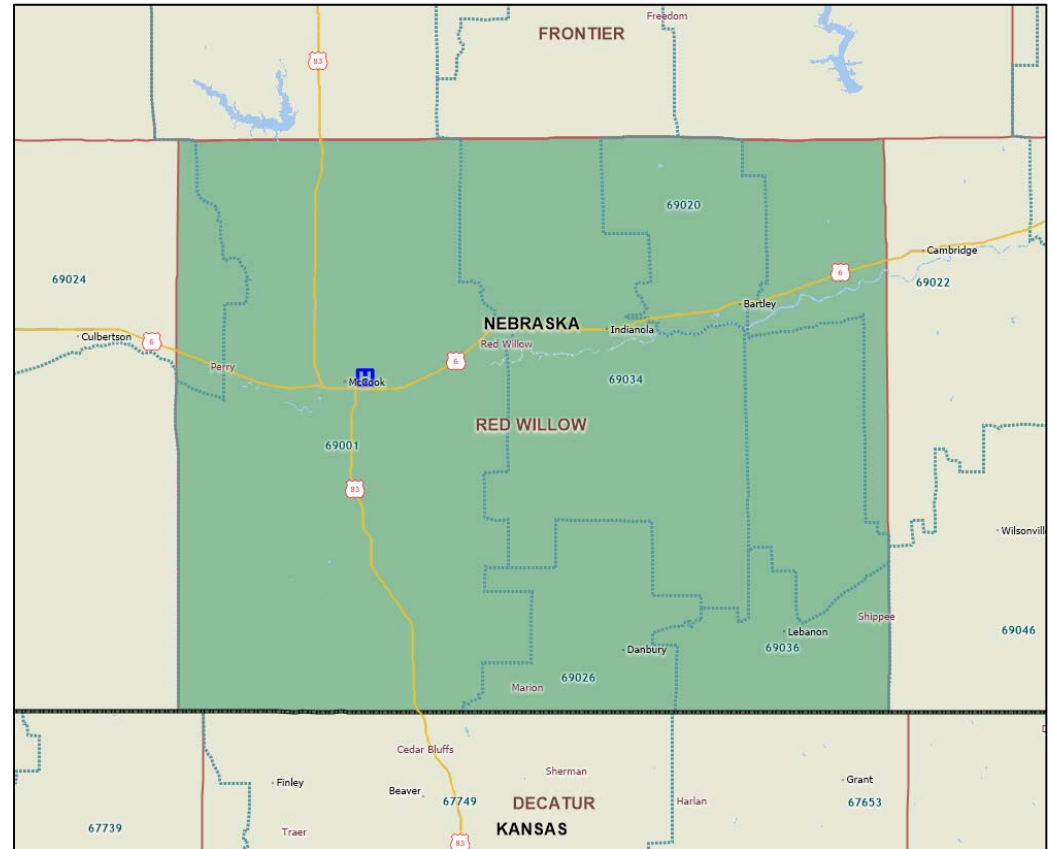
STUDY AREA

Community Hospital

Study Area

Red Willow County
comprises 65.6% of CY
2018 Inpatient Discharges

H Indicates the hospital



**Community Hospital
Patient Origin by County: January 2018 - December 2018**

County	State	CY 2018 Discharges	% of Total	Cumulative % of Total
Red Willow	NE	727	65.6%	65.6%
All Others		382	34.4%	100.0%
Total		1,109	100.0%	

Source: Hospital inpatient discharge data provided by Community Hospital; January 2018 - December 2018; Normal Newborns MS-DRG 795 excluded. Acute and Swing Bed included.



DEMOGRAPHIC OVERVIEW

Population Health

Population Growth

Projected 5-Year Population Growth 2019-2024



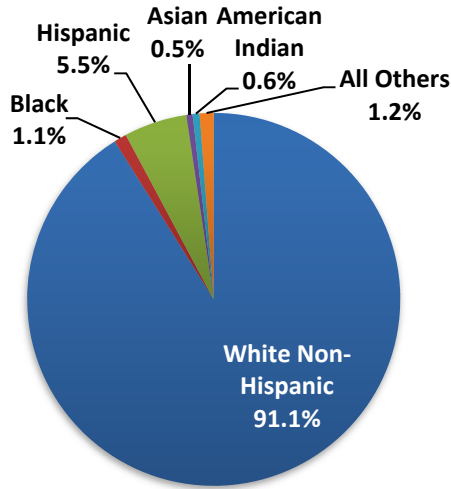
Overall Population Growth					
Geographic Location	2010	2019	2024	2019-2024 Change	2019-2024 % Change
Red Willow County	11,055	10,633	10,571	-62	-0.6%
Nebraska	1,826,341	1,939,596	2,007,668	68,072	3.5%

Source: Truven Health's Market Expert; data accessed May 5, 2019.

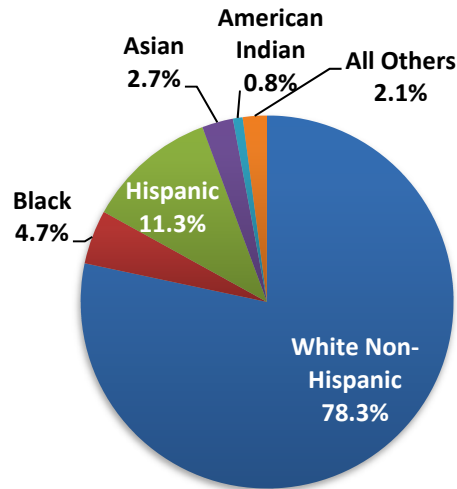
Population Health

Population Composition by Race/Ethnicity

Red Willow County



Nebraska



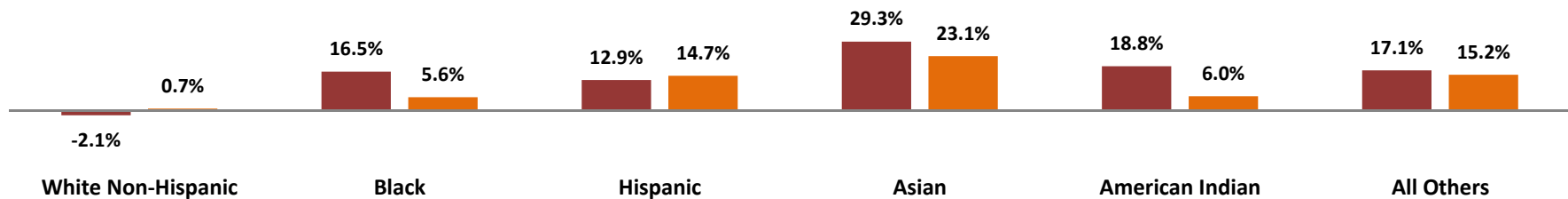
Red Willow County					
Race/Ethnicity	2010	2019	2024	2019-2024 Change	2019-2024 % Change
White Non-Hispanic	10,345	9,686	9,479	-207	-2.1%
Black	81	115	134	19	16.5%
Hispanic	462	581	656	75	12.9%
Asian	29	58	75	17	29.3%
American Indian	43	64	76	12	18.8%
All Others	95	129	151	22	17.1%
Total	11,055	10,633	10,571	-62	-0.6%

Nebraska					
Race/Ethnicity	2010	2019	2024	2019-2024 Change	2019-2024 % Change
White Non-Hispanic	1,499,753	1,519,413	1,530,677	11,264	0.7%
Black	80,959	90,853	95,963	5,110	5.6%
Hispanic	167,405	219,846	252,264	32,418	14.7%
Asian	32,885	52,380	64,503	12,123	23.1%
American Indian	14,797	16,315	17,287	972	6.0%
All Others	30,542	40,789	46,974	6,185	15.2%
Total	1,826,341	1,939,596	2,007,668	68,072	3.5%

Race/Ethnicity Projected 5-Year Growth

2019-2024

■ Red Willow County ■ Nebraska

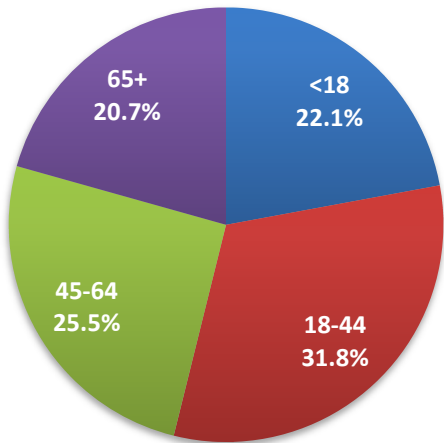


Source: Truven Health's Market Expert; data accessed May 5, 2019.

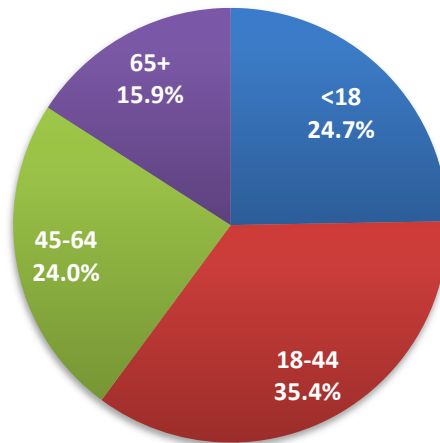
Population Health

Population Composition by Age Group

Red Willow County



Nebraska

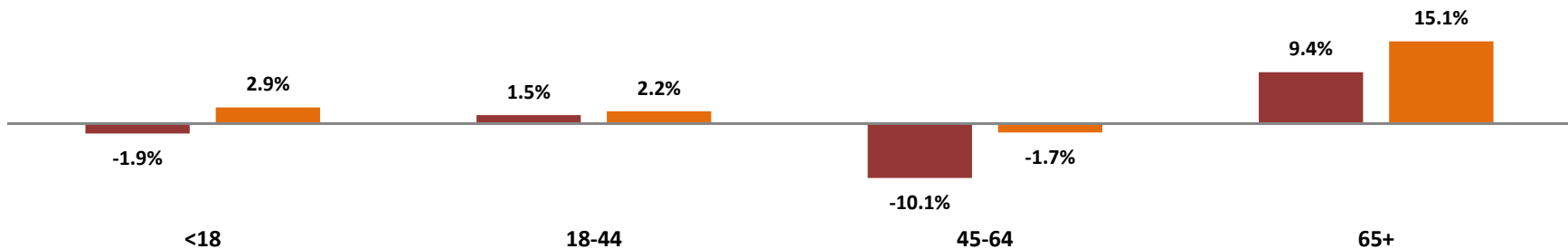


Red Willow County				
Age Cohort	2019	2024	2019-2024 Change	2019-2024 % Change
<18	2,349	2,304	-45	-1.9%
18-44	3,380	3,430	50	1.5%
45-64	2,708	2,434	-274	-10.1%
65+	2,196	2,403	207	9.4%
Total	10,633	10,571	-62	-0.6%

Nebraska				
Age Cohort	2019	2024	2019-2024 Change	2019-2024 % Change
<18	479,431	493,377	13,946	2.9%
18-44	686,637	701,975	15,338	2.2%
45-64	465,100	457,254	-7,846	-1.7%
65+	308,428	355,062	46,634	15.1%
Total	1,939,596	2,007,668	68,072	3.5%

Age Projected 5-Year Growth
2019-2024

■ Red Willow County ■ Nebraska

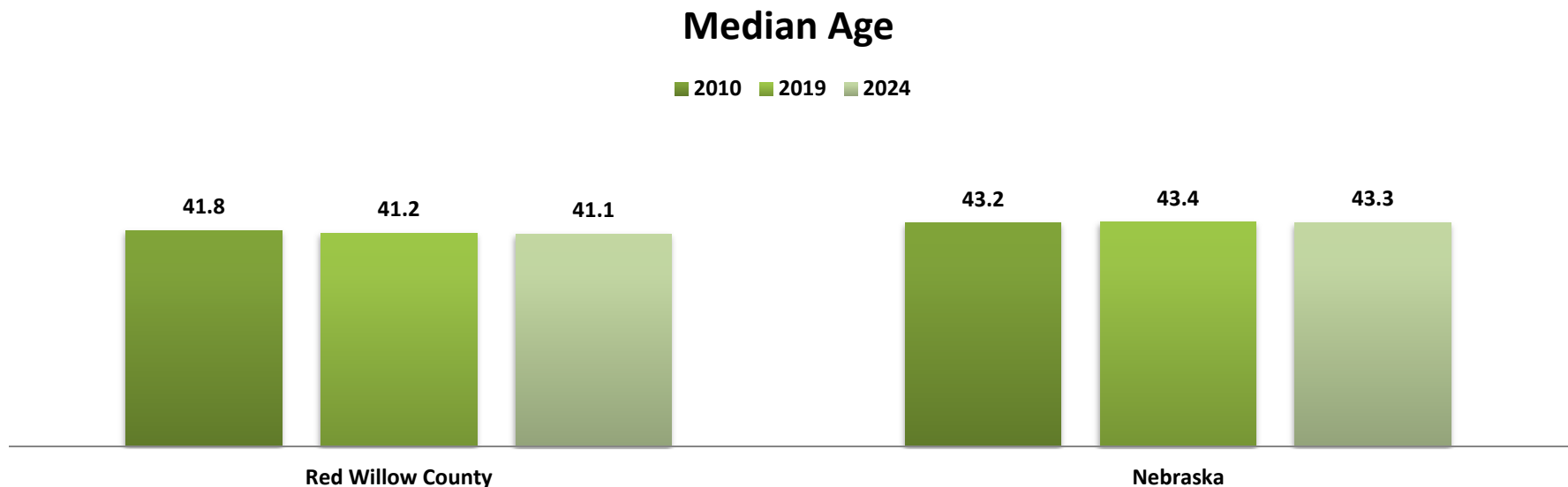


Source: Truven Health's Market Expert; data accessed May 5, 2019.

Population Health

Median Age

- The median age in Red Willow County is expected to slightly decrease over the next five years, while the median age in the state is expected to remain steady (2019-2024).
- Red Willow County (41.2 years) has a slightly younger median age than Nebraska (43.4 years) (2019).



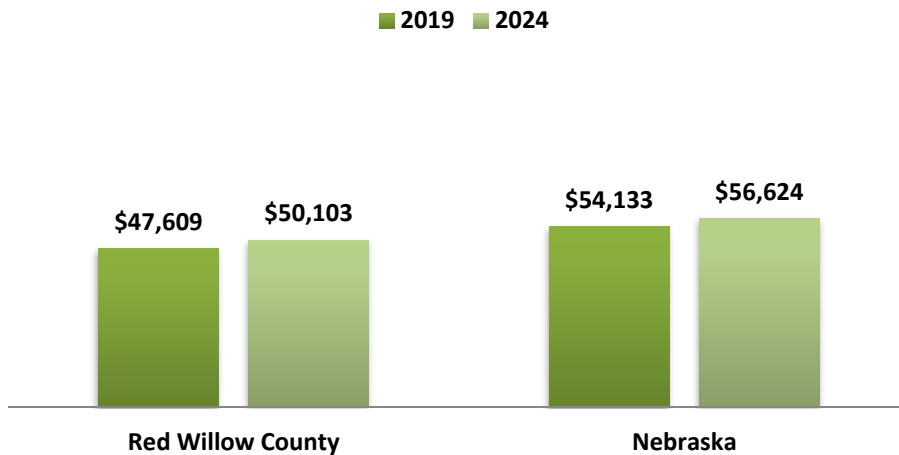
Source: Truven Health's Market Expert; data accessed May 5, 2019.

Population Health

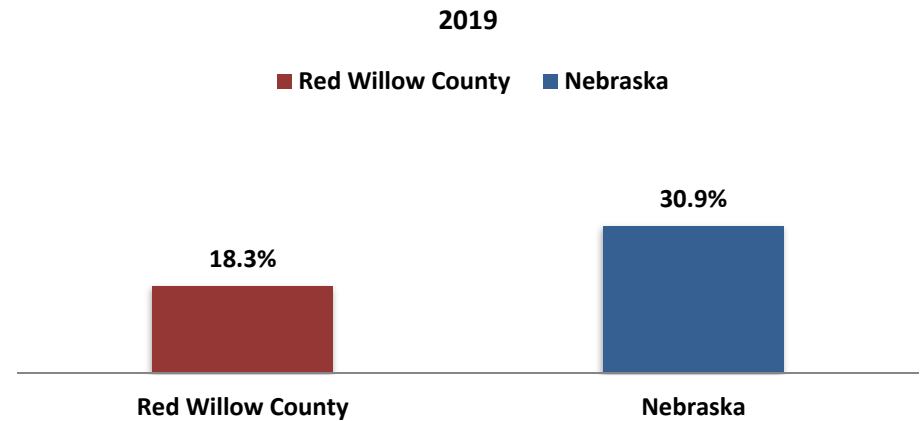
Median Household Income and Educational Attainment

- The median household income in both Red Willow County and the state is expected to increase over the next five years (2019-2024).
- Red Willow County (\$47,609) has a higher median household income than Nebraska (\$54,133) (2019).
- Red Willow County (18.3%) has a lower percentage of residents with a bachelor or advanced degree than the state (30.9%) (2019).

Median Household Income



Education Bachelor / Advanced Degree



Population Health

Unemployment

- Unemployment rates in Red Willow County and the state decreased between 2016 and 2018.
- In 2018, Red Willow County (2.4%) had a slightly lower unemployment rate than the state (2.8%).
- Over the most recent 12-month time period, monthly unemployment rates in Red Willow County fluctuated and overall increased. November 2018 had the lowest unemployment rate (1.6) as compared to July 2018 with the highest rate (3.0).

Unemployment

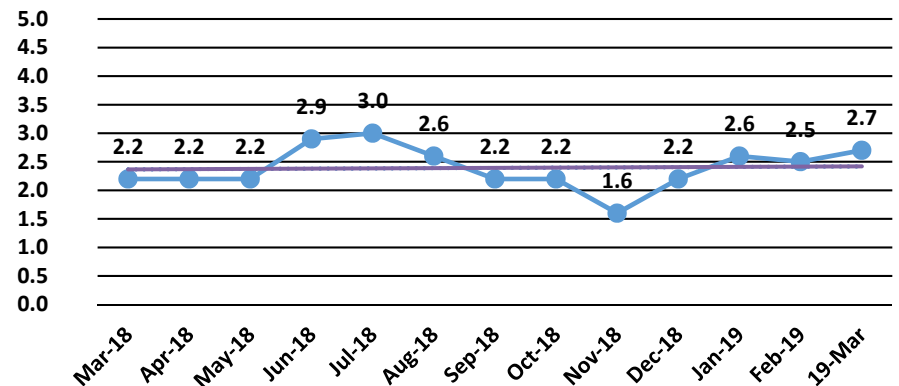
Rates by Year
2016-2018

■ 2016 ■ 2017 ■ 2018



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 May 9, 2019.

Population Health

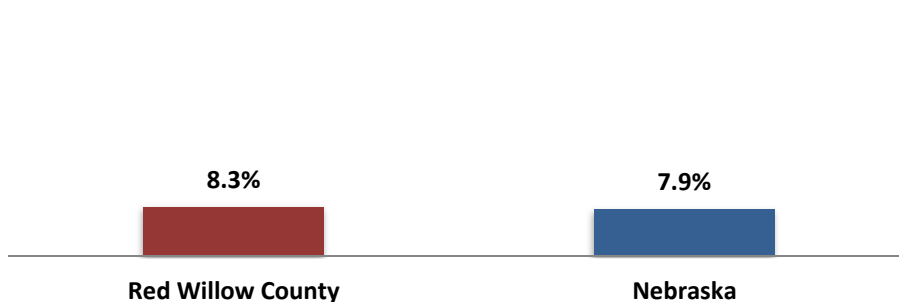
Poverty

- Red Willow County (8.3%) has a slightly higher percentage of families living below poverty as compared to the state (7.9%) (2019).
- Between 2013 and 2015, the percent of children (<18 years) living below poverty in Red Willow County decreased, while rates in the state remained stable.
- Red Willow County (16.0%) has slightly lower percentage of children (<18 years) living below poverty with Nebraska (17.0%) (2015).

Families Below Poverty

2019

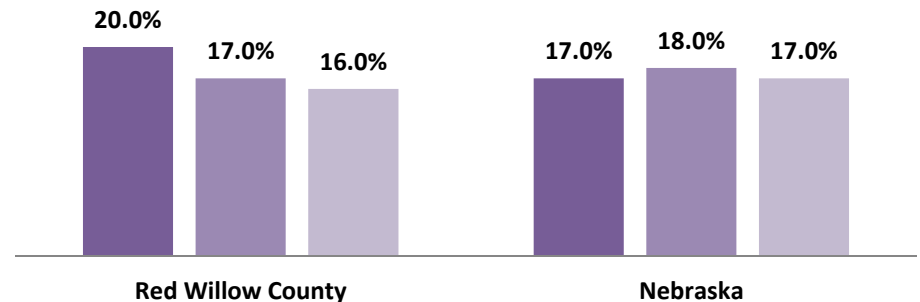
■ Red Willow County ■ Nebraska



Children in Poverty

Percent, Children (<18 years)
2013-2015

■ 2013 ■ 2014 ■ 2015



Source: Truven Health's Market Expert; data accessed May 5, 2019.

Source: The Annie E. Casey Foundation, Kids Count Data Center, filtered for Red Willow County, NE, www.datacenter.kidscount.org; data accessed May 5 2019.

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

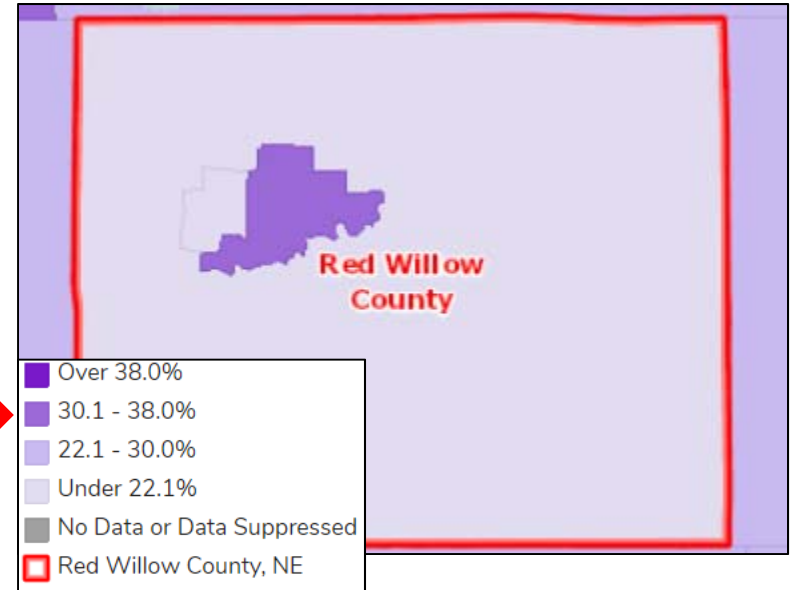
Note: The 2019 Federal Poverty Thresholds define a household size of 4 as living below 100% of the federal poverty level if the household income is less than \$25,750, and less than 200% of the federal poverty level if the household income is less than \$51,500. Please see the appendix for the full 2019 Federal Poverty Thresholds.



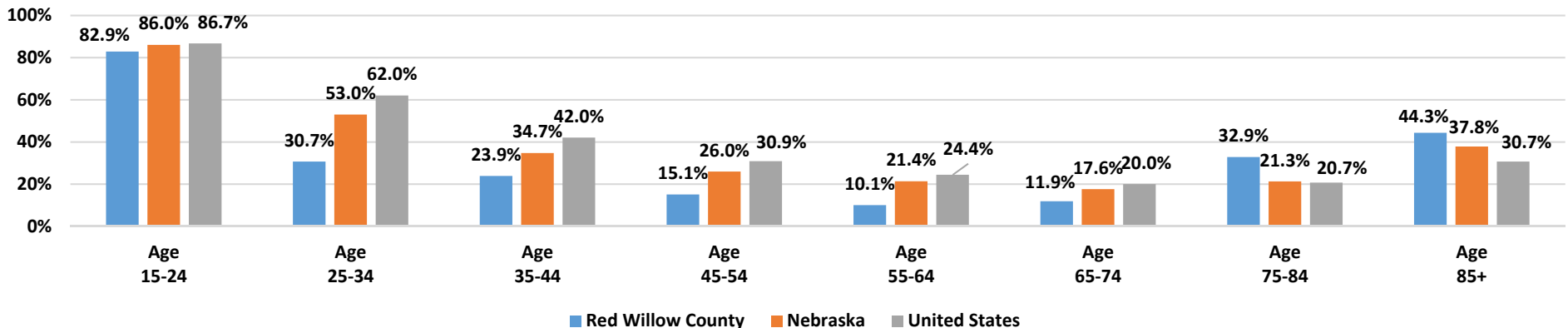
Population Health

Housing

- The majority of the population in Red Willow County with renter-occupied housing units is within census tract 9633, where 36.8% of the population lives within rented units (2013-2017).
- The majority of renter-occupied housing units in Red Willow County are comprised of adults age 15-24 (82.9%), followed by adults age 85+ (44.3%) (2013-2017).
- Red Willow County (44.3%) has a higher percentage of adults age 85+ in renter-occupied housing units than Nebraska (37.8%) and the nation (30.7%) (2013-2017).



Renter-Occupied Households by Age Group
Percentage
2013-2017



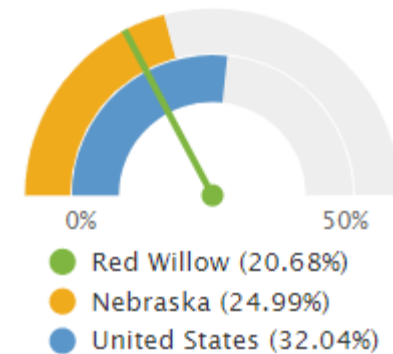
Source: CARES Engagement Network, Health Indicator Report: logged in and filtered for Red Willow County, NE, <https://engagementnetwork.org/>; data accessed May 5, 2019.

Population Health

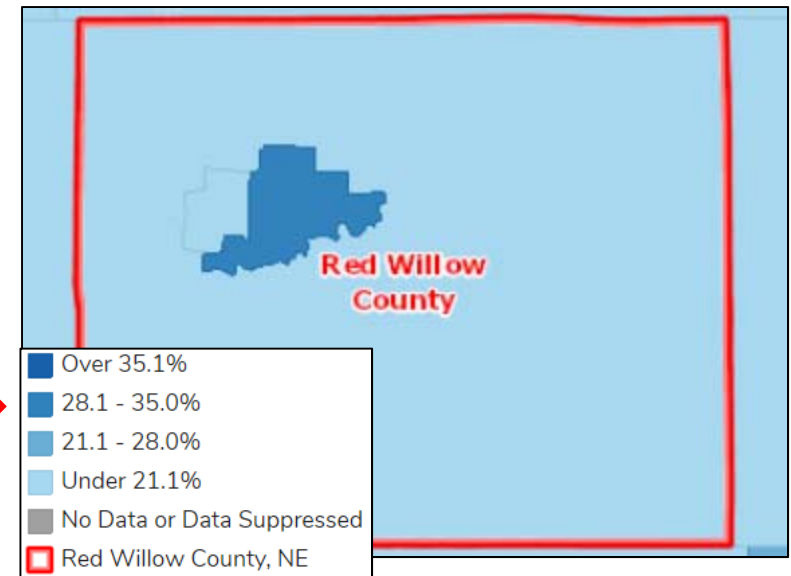
Housing

- Red Willow County (20.7%) has a lower percentage of the households (both owned and rented) where housing costs exceed 30% of total household income as compared to the state (25.0%) and the nation (32.0%) (2013-2017).
- The majority of households where housing costs exceed 30% of total household income are located within the 9633 census tract (2013-2017).

Percentage of Households where Housing Costs Exceed 30% of Income



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.

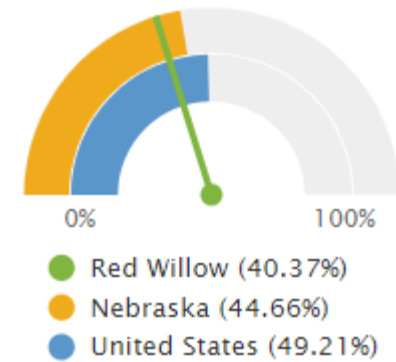


Population Health

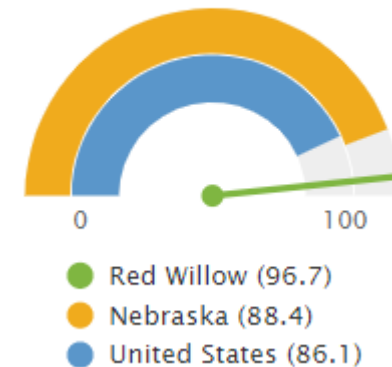
Children in the Study Area

- In 2016-2017, Red Willow County (40.4%) has a lower percentage of public school students eligible for free or reduced price lunch than the state (44.7%) and the nation (49.2%).
- Red Willow County (96.7%) has a higher high school graduation rate than the state (88.4%) and the nation (86.1%) (2015-2016).

Percent Students Eligible for Free or Reduced Price Lunch



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.

Population Health

Food Insecurity

- According to Feeding America, an estimated 11.5% of Red Willow County residents are food insecure. Additionally, 18.5% of the youth population (under 18 years of age) in Red Willow County are food insecure (2017).
- The average meal cost for a Red Willow County resident is \$2.97 (2017).

Location	Overall Food Insecurity	Child Food Insecurity	Average Meal Cost
Red Willow County	11.5%	18.5%	\$2.97
Nebraska	11.6%	17.4%	\$2.83

Source: Feeding America, Map The Meal Gap: Data by County in Each State, filtered for Midland County, TX, https://www.feedingamerica.org/research/map-the-meal-gap/by-county?_ga=2.33638371.33636223.1555016137-1895576297.1555016137&s_src=W194ORGSC; information accessed May 9, 2019.

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).



HEALTH DATA OVERVIEW

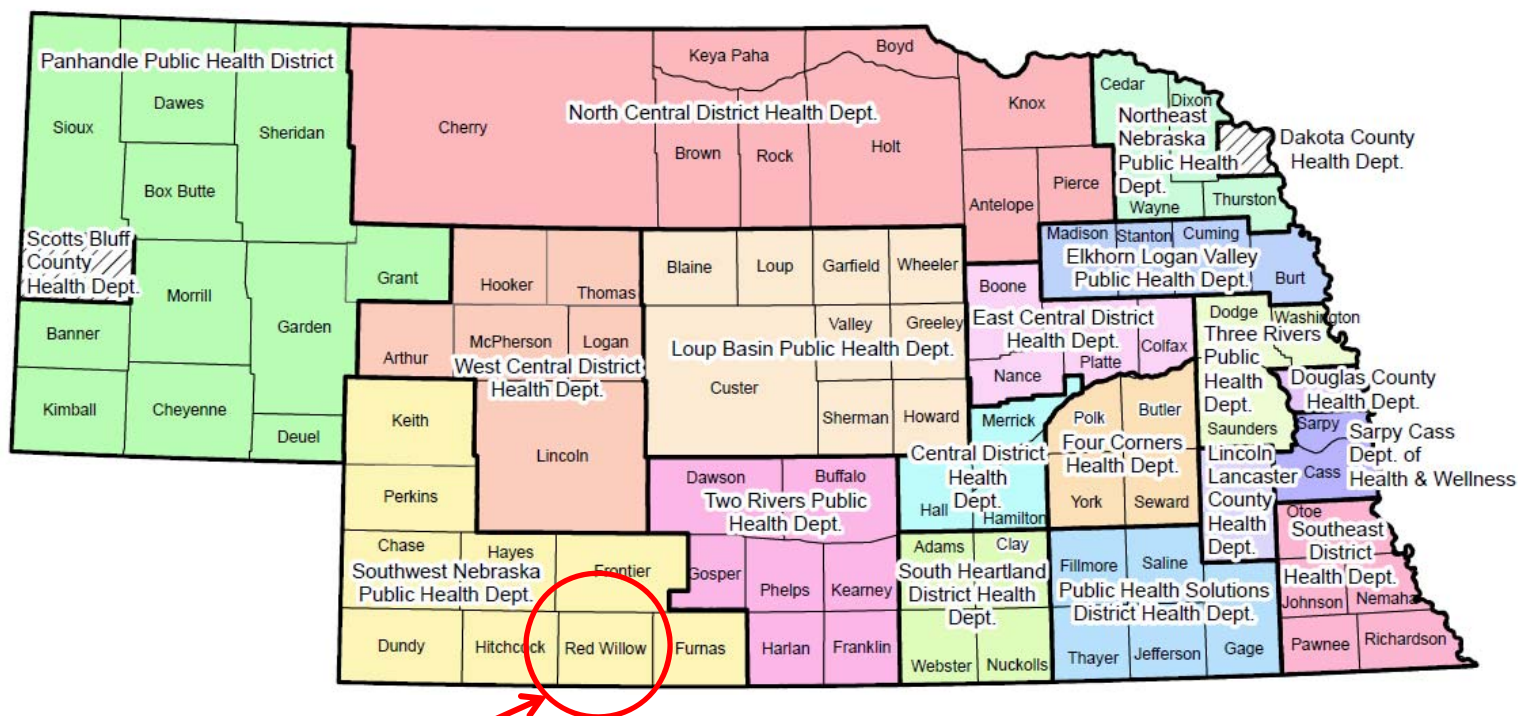
Health Status

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 State Health Services
 - Nebraska Cancer Registry
 - Small Area Health Insurance Estimates (SAHIE)
 - CARES Engagement Network
 - 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 Service Region 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, http://dhhs.ne.gov/publichealth/Pages/puh_oph_lhd.aspx; data accessed June 29, 2016.

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:
 - Physical Environment:
 - Air pollution – particulate matter
 - Drinking water violations
 - Severe housing problems
 - Driving alone to work
 - Health Behaviors:
 - Adult smoking
 - Adult obesity
 - Sexually transmitted infections
 - Teen births

2019 County Health Rankings	Red Willow County
Health Outcomes	63
LENGTH OF LIFE	67
QUALITY OF LIFE	49
Health Factors	43
HEALTH BEHAVIORS	64
CLINICAL CARE	39
SOCIAL & ECONOMIC FACTORS	37
PHYSICAL ENVIRONMENT	22

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 May 5, 2019.
 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 (2013-2017)





Rank	Red Willow County	Nebraska
1	Malignant neoplasms (C00-C97)	Malignant neoplasms (C00-C97)
2	Diseases of heart (I00-I09,I11,I13,I20-I51)	Diseases of heart (I00-I09,I11,I13,I20-I51)
3	Alzheimer's disease (G30)	Chronic lower respiratory diseases (J40-J47)
4	Chronic lower respiratory diseases (J40-J47)	Cerebrovascular diseases (I60-I69)
5	Diabetes mellitus (E10-E14)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)
6	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Alzheimer's disease (G30)
7	Cerebrovascular diseases (I60-I69)	Diabetes mellitus (E10-E14)
8	-	Influenza and pneumonia (J09-J18)
9	-	Essential hypertension and hypertensive renal disease (I10,I12,I15)
10	-	Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 5, 2019.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Leading Causes of Death Rates (2013-2017)

Mortality Category (2013-2017)	Red Willow County		Nebraska	
	Combined 5Yr. Rate	5Yr. Change	Combined 5Yr. Rate	5Yr. Change
Malignant neoplasms (C00-C97)	 164.1		156.9	
Diseases of heart (I00-I09,I11,I13,I20-I51)	 147.0		147.0	
Alzheimer's disease (G30)	 46.9		25.0	
Chronic lower respiratory diseases (J40-J47)	 47.0	-	50.4	
Diabetes mellitus (E10-E14)	 36.3		23.0	
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	 42.8	-	37.6	
Cerebrovascular diseases (I60-I69)	 20.8	-	33.8	
Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)	-	-	10.4	
Influenza and pneumonia (J09-J18)	-	-	15.4	
Chronic liver disease and cirrhosis (K70,K73-K74)	-	-	8.8	

-  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.
-  indicates that the rate is trending downwards.
-  indicates that the rate is trending upwards.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 5, 2019.

Note: Age Adjustment Uses 2000 Standard Population. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously. In the event that a rate is too small to calculate, a "-" is placed within the 5Yr. Change column since a reliable trend could not be identified.

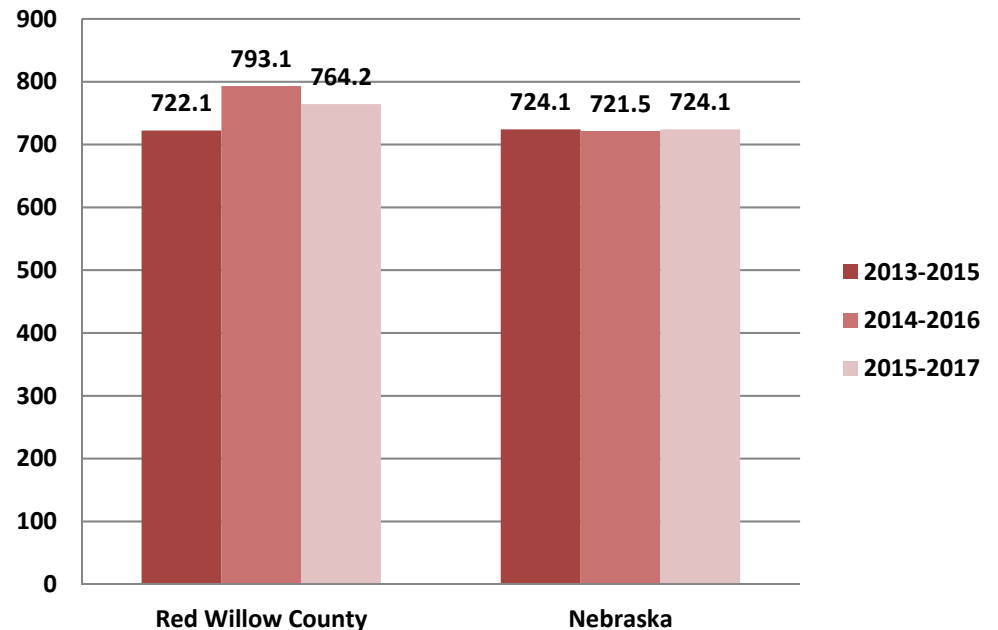
Health Status

Mortality – Overall

- Overall mortality rates in Red Willow County increased between 2013 and 2017, while rates in the state remained steady.
- In 2015-2017, the overall mortality rate in Red Willow County (764.2 per 100,000) was higher than the state (724.1 per 100,000).

Overall Mortality

3Yr. Moving Averages, Age-adjusted Death Rates per 100,000
2013-2017



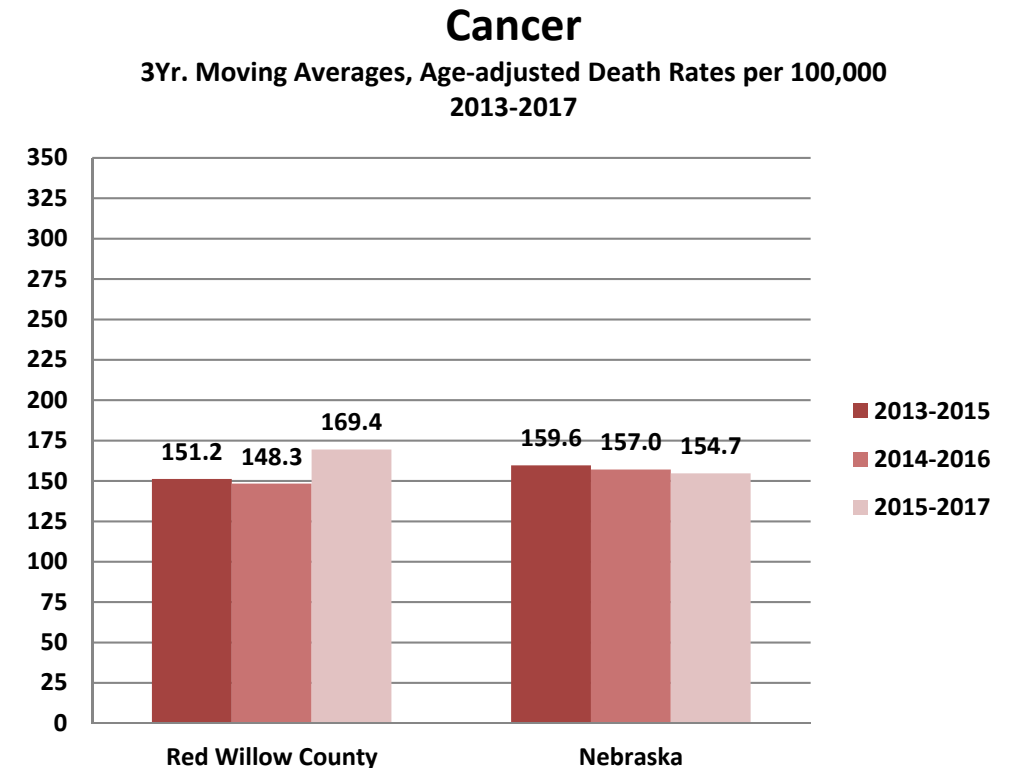
LOCATION	2013-2015		2014-2016		2015-2017		2013-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Red Willow County	379	722.1	410	793.1	394	764.2	652	750.3
Nebraska	48,472	724.1	48,935	721.5	49,835	724.1	81,567	721.1

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 5, 2019.
Note: Age Adjustment Uses 2000 Standard Population. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Malignant Neoplasms

- Cancer is the leading cause of death in Red Willow county and the state (2013-2017).
- Between 2013 and 2017, cancer mortality rates increased in Red Willow County and decreased in the state.
- In 2015-2017, the cancer mortality rate in Red Willow County (169.4 per 100,000) was higher than the state rate (154.7 per 100,000).



LOCATION	2013-2015		2014-2016		2015-2017		2013-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Red Willow County	78	151.2	76	148.3	86	169.4	138	164.1
Nebraska	10,432	159.6	10,450	157.0	10,493	154.7	17,411	156.9

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 5, 2019.
Note: Age Adjustment Uses 2000 Standard Population. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.

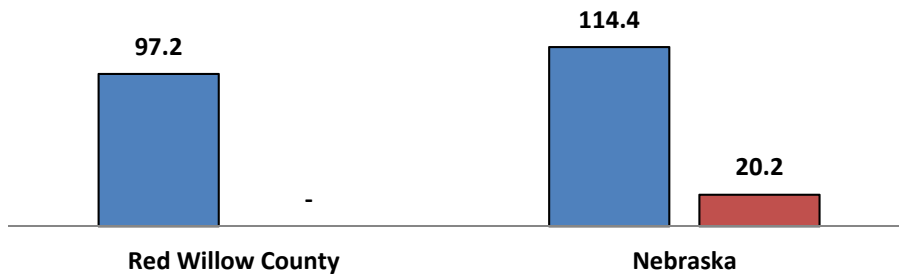
Health Status

Cancer Incidence & Mortality by Type

Prostate

Age-adjusted Incidence and Mortality Rates per 100,000
2011-2015

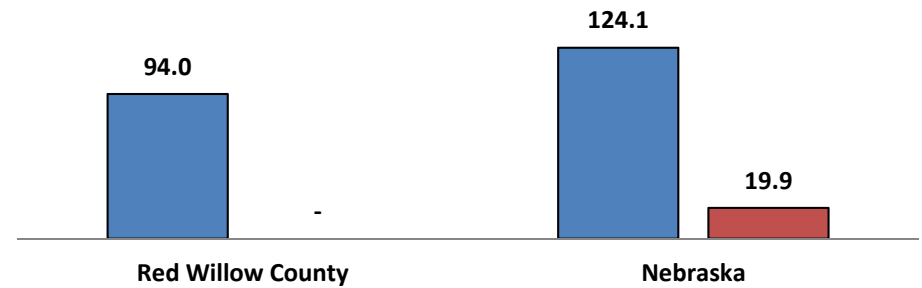
■ Incidence ■ Mortality



Breast Cancer (Female)

Age-adjusted Incidence and Mortality Rates per 100,000
2011-2015

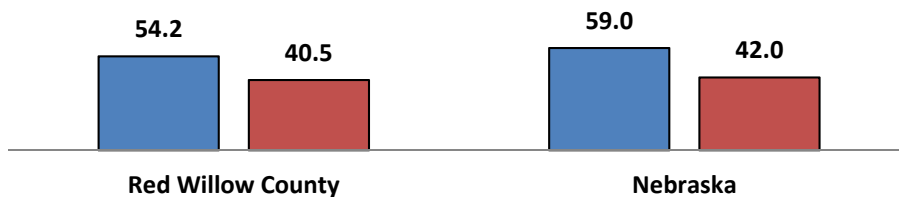
■ Incidence ■ Mortality



Lung & Bronchus

Age-adjusted Incidence and Mortality Rates per 100,000
2011-2015

■ Incidence ■ Mortality



Colon & Rectum

Age-adjusted Incidence and Mortality Rates per 100,000
2012-2016

■ Incidence ■ Mortality

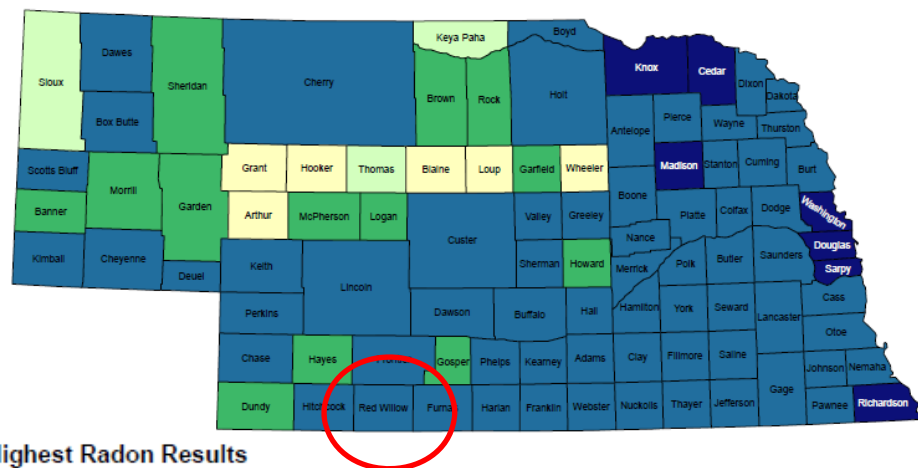
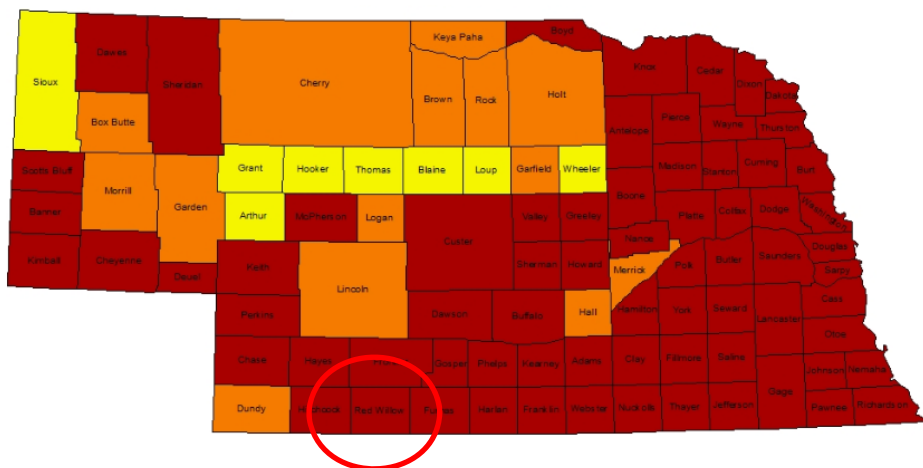


Source: Nebraska Department of Health and Human Services, Cancer Registry, Cancer Incidence and Mortality Rates by Site and County, <http://dhhs.ne.gov/Pages/Cancer-Registry.aspx>; information accessed May 9, 2019.
Note: Rates based on less than 20 cases are statistically unreliable and are not displayed (ND). Rates are per 100,000 population and are age-adjusted to the 2000 US population.

Health Status

Mortality – Malignant Neoplasms and Radon

- Next to smoking, Radon is the 2nd leading cause of lung cancer.
- Red Willow County is considered within Zone 1 in the state of Nebraska, which indicates that the county's average radon concentration is ≥ 4.0 pCi/L (2015).
- The highest radon reading results within Red Willow County were between 21.0 and 100.0 pCi/L (2015).



Average Radon Concentrations by County (pCi/l)

- Zone 1 - ≥ 4.0 pCi/l
- Zone 2 - 2 pCi/l - 3.9 pCi/l
- Zone 3 - < 2 pCi/l

Highest Radon Results by County (pCi/l)

- 0 - 4
- 5 - 8
- 9 - 20
- 21 - 100
- > 100

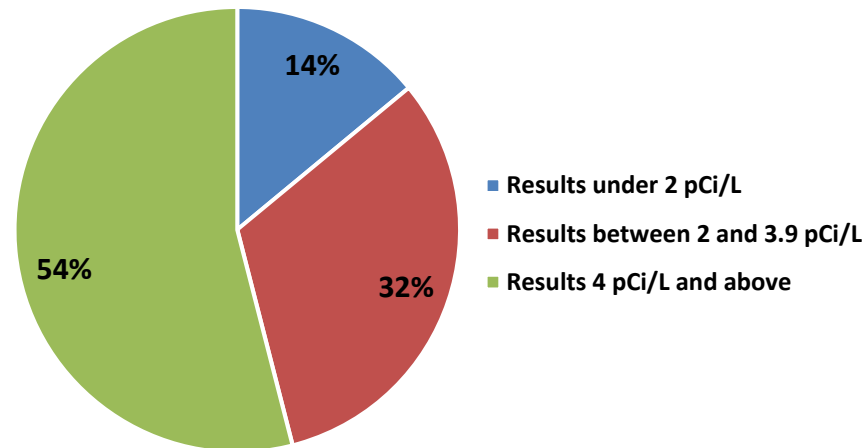
Source: Southwest Nebraska Public Health Department, Radon, <http://www.swhealth.ne.gov/topics/environmental/radon.php>; information accessed June 6, 2019.
 Source: Nebraska Department of Health and Human Services, Radon Data, <http://dhhs.ne.gov/Pages/Radon-Data.aspx>; information accessed May 27, 2019.
 Note: Average indoor radon screening levels greater than 4 pCi/L (pico curies per liter) indicate high radon levels.

Health Status

Mortality – Malignant Neoplasms and Radon (continued)

- Over half (54%) of households in Red Willow County have indoor radon levels of 4 pCi/L and higher, and 32% of households still maintain results between 2 pCi/L and 3.9 pCi/L (2019).
- The average indoor radon levels of Red Willow County is 4.7 pCi/L, as compared to the average national indoor radon level (1.3 pCi/L) (2019).

Household Indoor Radon Levels in Red Willow County

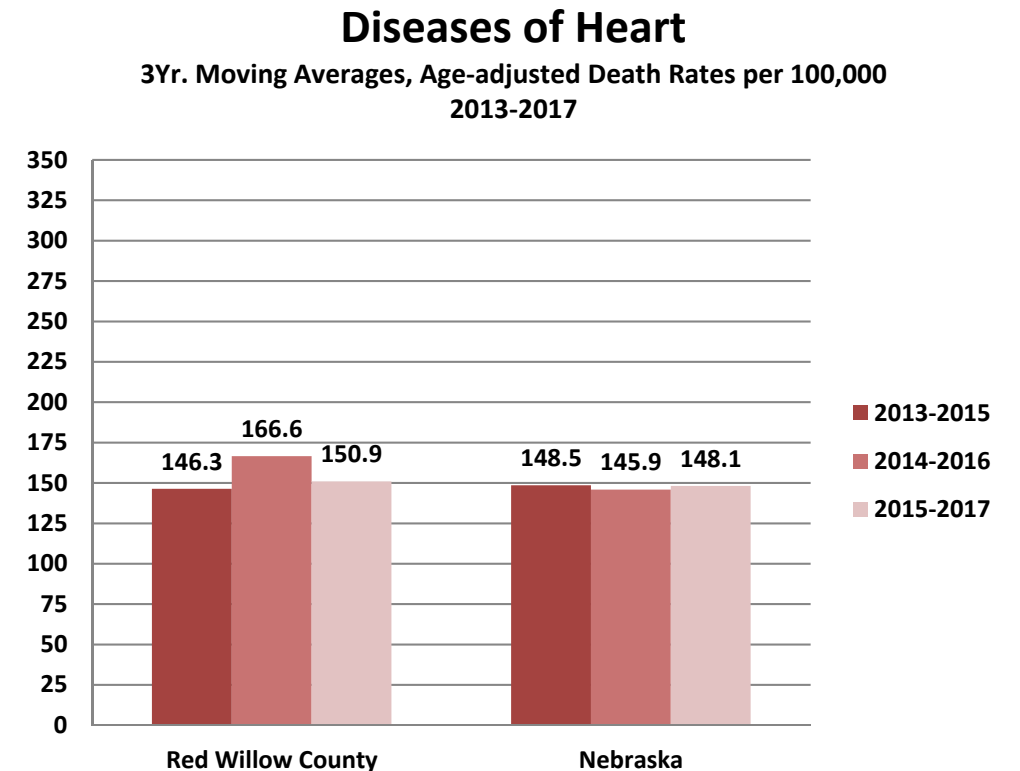


Source: Red Willow County Radon Information, "About Radon Levels in Red Willow County," http://county-radon.info/NE/Red_Willow.html; information accessed May 27, 2019.
Note: Average indoor radon screening levels greater than 4 pCi/L (pico curies per liter) indicate high radon levels.

Health Status

Mortality – Diseases of the Heart

- Heart disease is the second leading cause of death in Red Willow County and the state (2013-2017).
- Between 2013 and 2017, heart disease mortality rates in Red Willow County fluctuated and slightly decreased in the state.
- In 2015-2017, the heart disease mortality rate in Red Willow County (150.9 per 100,000) was slightly higher than the state rate (148.1 per 100,000).



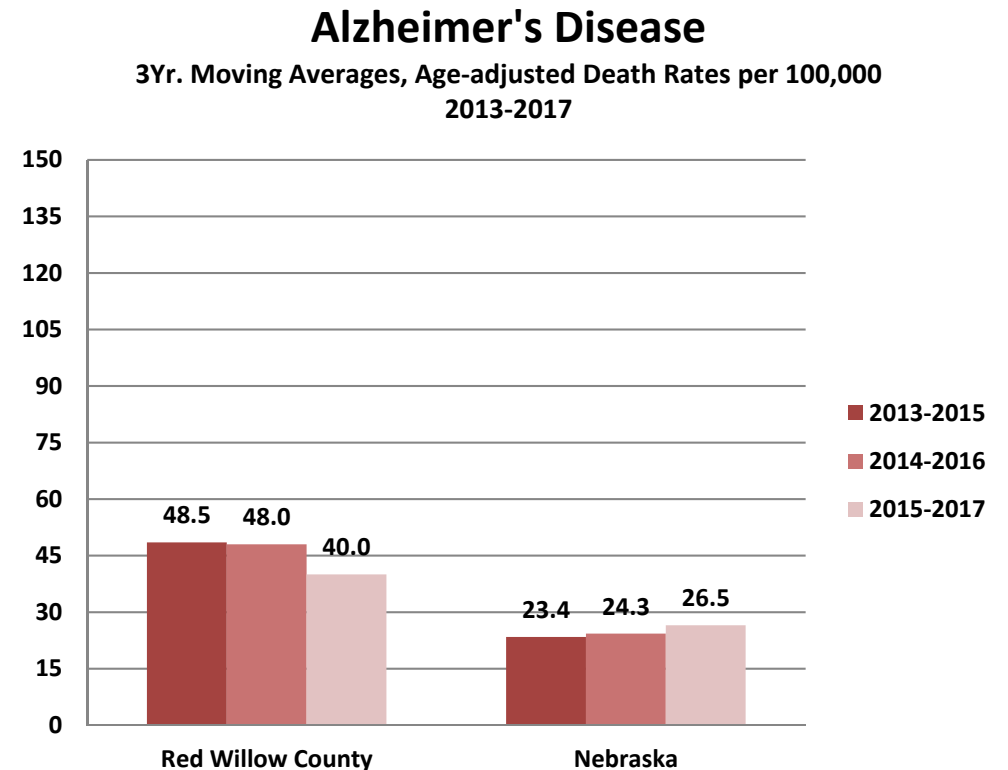
LOCATION	2013-2015		2014-2016		2015-2017		2013-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Red Willow County	79	146.3	89	166.6	83	150.9	135	147.0
Nebraska	10,268	148.5	10,209	145.9	10,494	148.1	17,171	147.0

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 5, 2019.
Note: Age Adjustment Uses 2000 Standard Population. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Alzheimer’s Disease

- Alzheimer’s disease is the third leading cause of death in Red Willow County and the sixth leading cause of death in the state (2013-2017).
- Between 2013 and 2017, Alzheimer’s disease mortality rates decreased in Red Willow County and increased in the state.
- In 2015-2017, the Alzheimer’s disease mortality rate in Red Willow County (40.0 per 100,000) was higher than the rate in the state (26.5 per 100,000).



LOCATION	2013-2015		2014-2016		2015-2017		2013-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Red Willow County	30	48.5	29	48.0	26	40.0	49	46.9
Nebraska	1,670	23.4	1,747	24.3	1,930	26.5	3,002	25.0

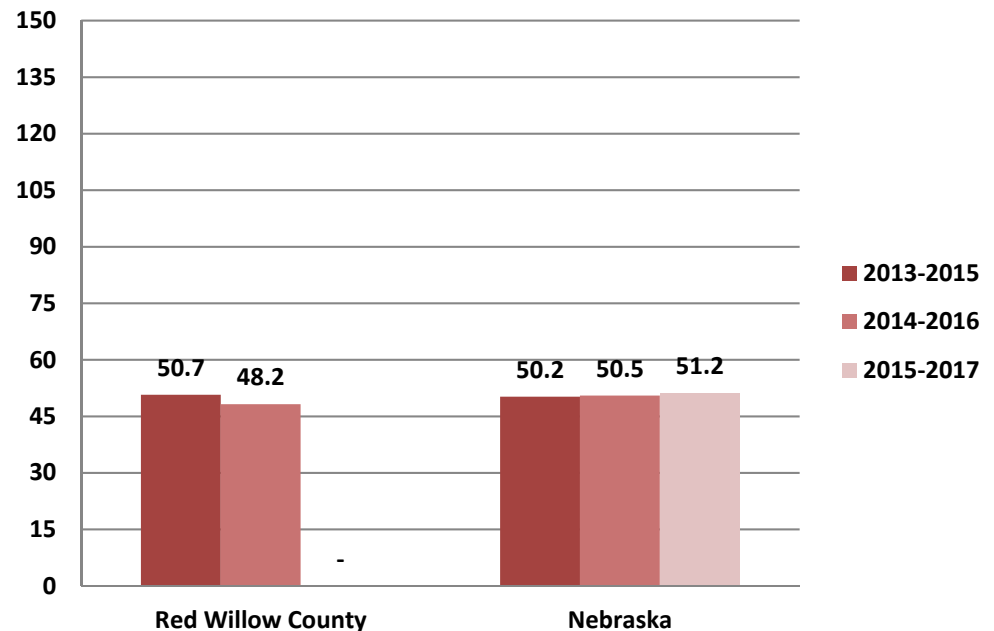
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 5, 2019.
Note: Age Adjustment Uses 2000 Standard Population. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Chronic Lower Respiratory Disease

- Chronic lower respiratory disease (CLRD) is the fourth leading cause of death in Red Willow County and the third leading cause of death in the state (2013-2017).
- Between 2015 and 2017, CLRD mortality rates in the state slightly increased.
- In 2014-2016, the CLRD mortality rate in Red Willow County (48.2 per 100,000) was slightly lower than the state rate (50.5 per 100,000).

Chronic Lower Respiratory Disease
3Yr. Moving Averages, Age-adjusted Death Rates per 100,000
2013-2017



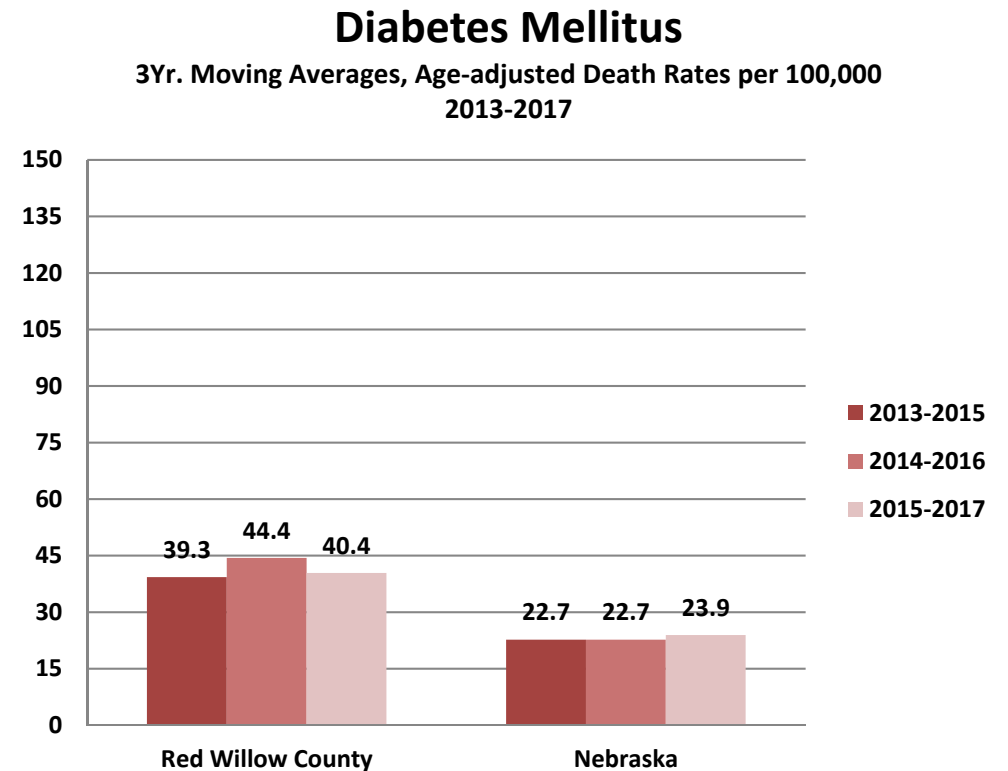
LOCATION	2013-2015		2014-2016		2015-2017		2013-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Red Willow County	26	50.7	23	48.2	18	-	39	47.0
Nebraska	3,329	50.2	3,414	50.5	3,515	51.2	5,670	50.4

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 5, 2019.
Note: Age Adjustment Uses 2000 Standard Population. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Diabetes Mellitus

- Diabetes mellitus is the fifth leading cause of death in Red Willow County and the seventh leading cause of death in the state (2013-2017).
- Between 2013 and 2017, diabetes mortality rates increased in Red Willow County and the state.
- In 2015-2017, the diabetes mortality rate in Red Willow County (40.4 per 100,000) was higher than the state rate (23.9 per 100,000).



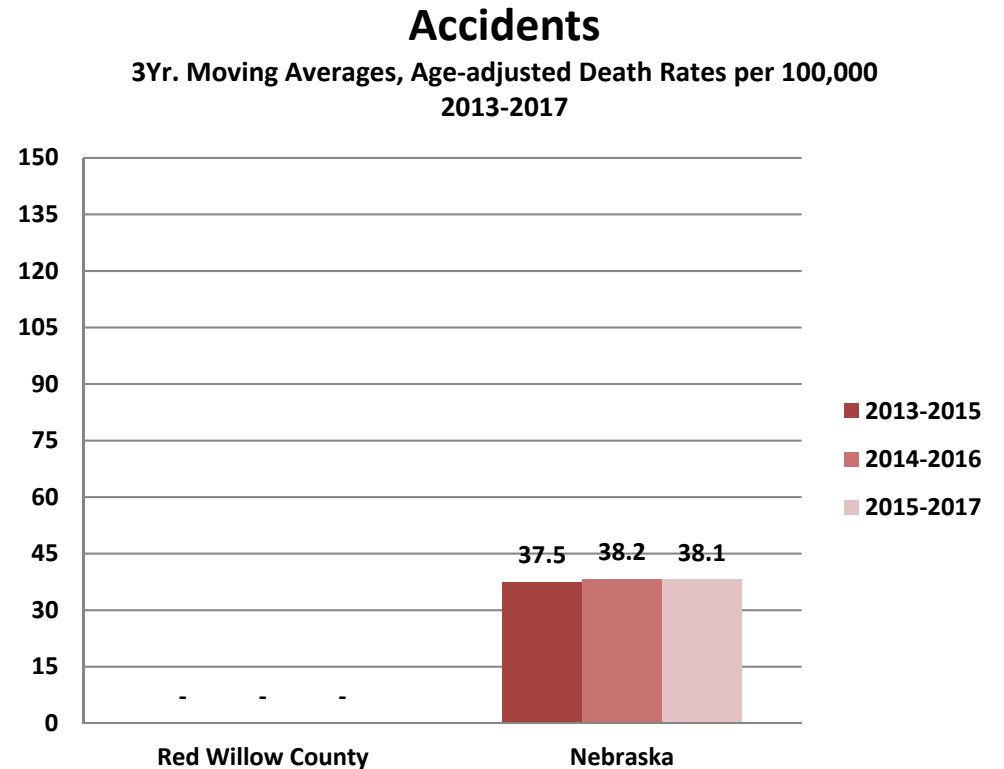
LOCATION	2013-2015		2014-2016		2015-2017		2013-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Red Willow County	21	39.3	23	44.4	21	40.4	32	36.3
Nebraska	1,497	22.7	1,527	22.7	1,629	23.9	2,573	23.0

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 5, 2019.
Note: Age Adjustment Uses 2000 Standard Population. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Accidents

- Fatal accidents are the sixth leading cause of death in Red Willow County and the fifth leading cause of death in the state (2013-2017).
- Between 2013 and 2017, accident mortality rates increased in the state.



LOCATION	2013-2015		2014-2016		2015-2017		2013-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Red Willow County	14	-	10	-	17	-	30	42.8
Nebraska	2,283	37.5	2,352	38.2	2,382	38.1	3,866	37.6

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 5, 2019.

Note: Age Adjustment Uses 2000 Standard Population. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.

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.

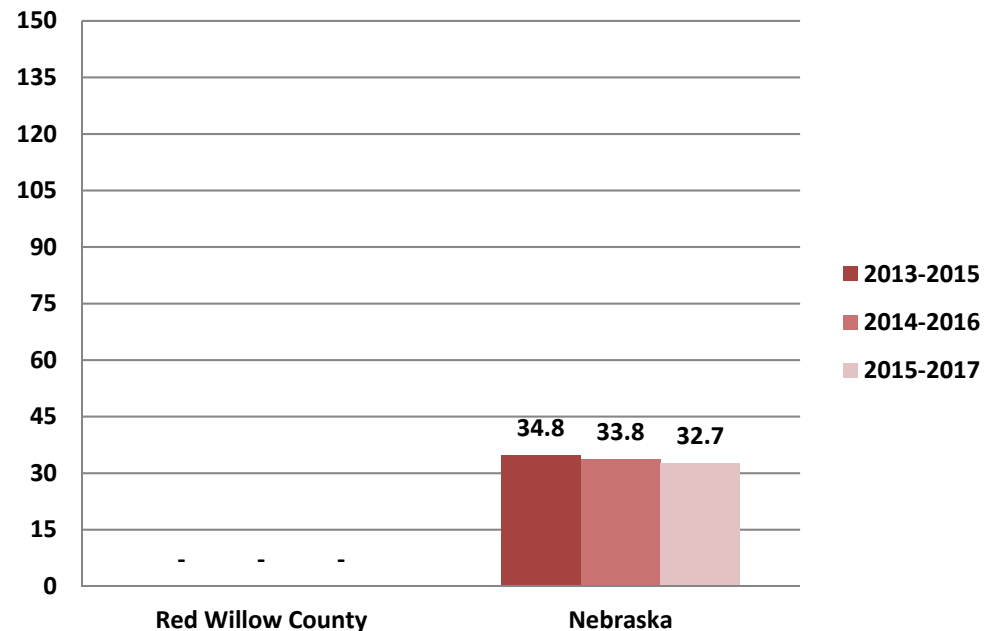
Health Status

Mortality – Cerebrovascular Disease

- Cerebrovascular disease is the seventh leading cause of death in Red Willow County the fourth leading cause of death in the state (2013-2017).
- Between 2013 and 2017, cerebrovascular disease mortality rates in the state slightly decreased.

Cerebrovascular Disease

3Yr. Moving Averages, Age-adjusted Death Rates per 100,000
2013-2017



LOCATION	2013-2015		2014-2016		2015-2017		2013-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Red Willow County	10	-	16	-	13	-	20	20.8
Nebraska	2,394	34.8	2,361	33.8	2,323	32.7	3,941	33.8

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 5, 2019.
Note: Age Adjustment Uses 2000 Standard Population. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.

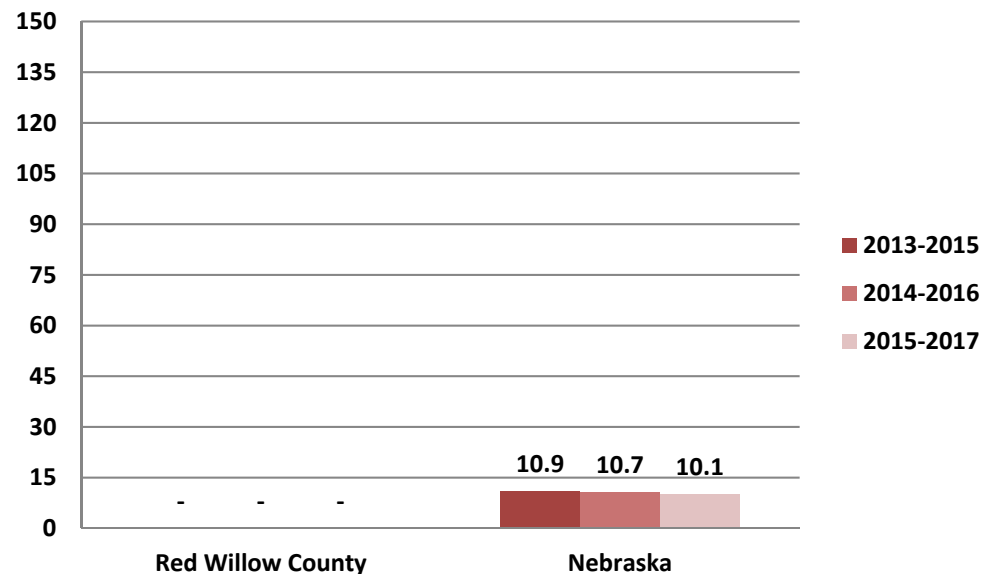
Health Status

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 (2013-2017).
- Between 2013 and 2017, nephritis, nephrotic syndrome and nephrosis mortality rates decreased in the state.

Nephritis, nephrotic syndrome and nephrosis

3Yr. Moving Averages, Age-adjusted Death Rates per 100,000
2013-2017



LOCATION	2013-2015		2014-2016		2015-2017		2013-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Red Willow County	10	-	14	-	12	-	19	-
Nebraska	751	10.9	749	10.7	710	10.1	1,197	10.4

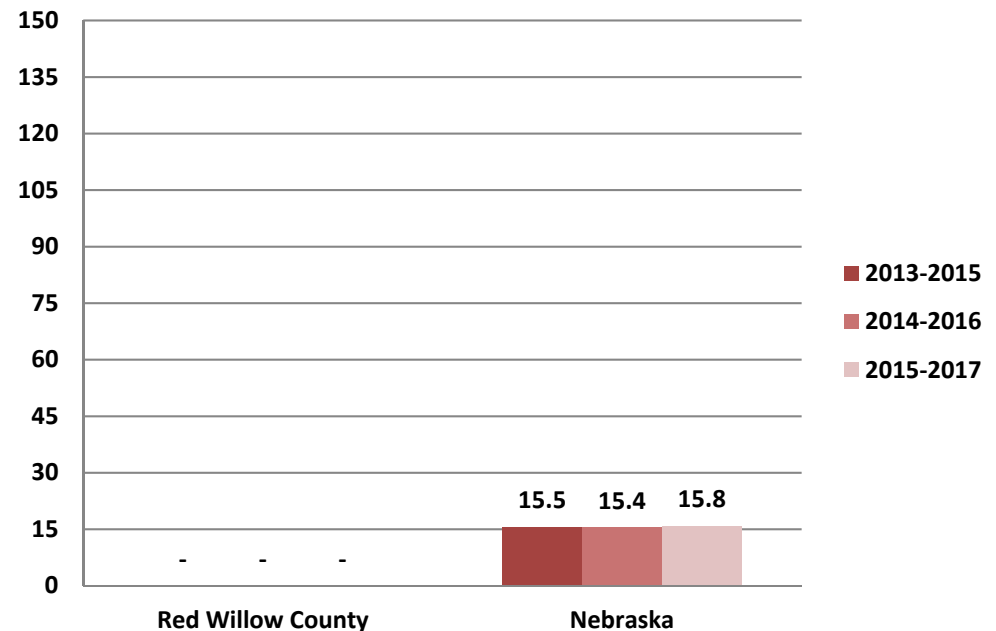
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 5, 2019.
Note: Age Adjustment Uses 2000 Standard Population. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Influenza and Pneumonia

- Influenza and pneumonia is the ninth leading cause of death in Red Willow County and the eighth leading cause of death in the state (2013-2017).
- Between 2013 and 2017, influenza and pneumonia mortality rates slightly increased in the state.

Influenza and Pneumonia
3Yr. Moving Averages, Age-adjusted Death Rates per 100,000
2013-2017



LOCATION	2013-2015		2014-2016		2015-2017		2013-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Red Willow County	-	-	-	-	-	-	12	-
Nebraska	1,091	15.5	1,090	15.4	1,132	15.8	1,826	15.4

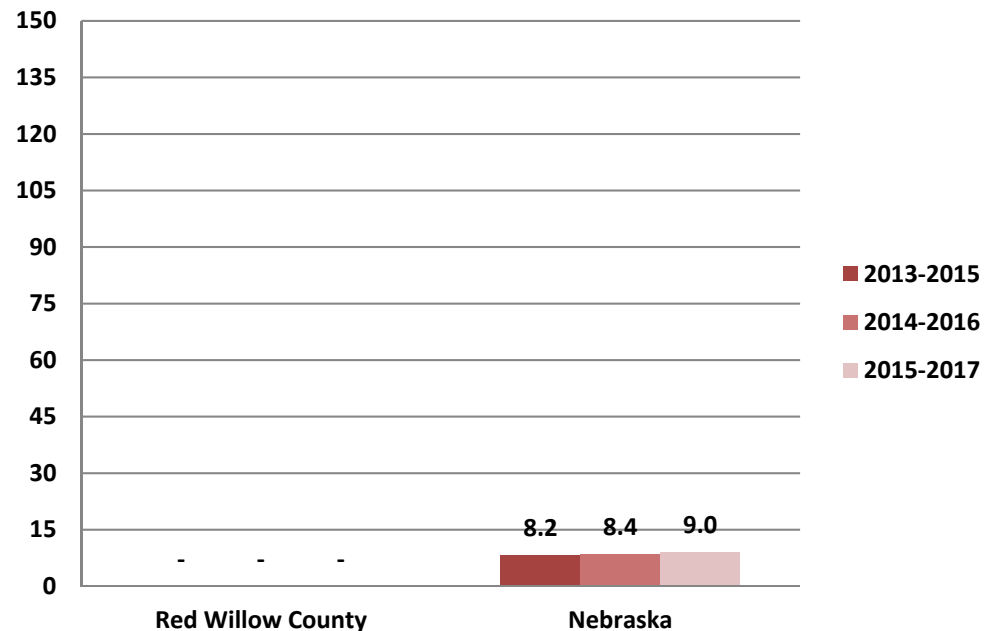
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 5, 2019.
Note: Age Adjustment Uses 2000 Standard Population. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Chronic Liver Disease and Cirrhosis

- Chronic liver disease and cirrhosis is the tenth leading cause of death in Red Willow County and is not a leading cause of death in the state (2013-2017).
- Between 2013 and 2017, chronic liver disease and cirrhosis mortality rates increased in the state.

Chronic Liver Disease and Cirrhosis
3Yr. Moving Averages, Age-adjusted Death Rates per 100,000
2013-2017



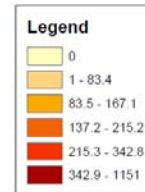
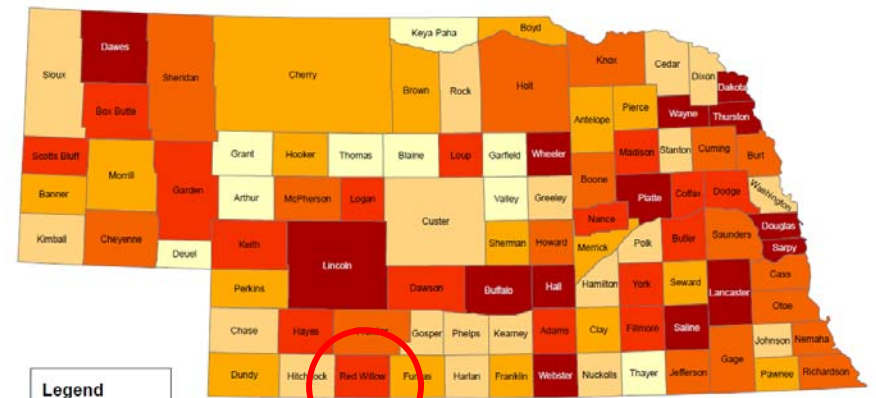
LOCATION	2013-2015		2014-2016		2015-2017		2013-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Red Willow County	-	-	-	-	-	-	12	-
Nebraska	511	8.2	530	8.4	576	9.0	922	8.8

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed May 5, 2019.
Note: Age Adjustment Uses 2000 Standard Population. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.

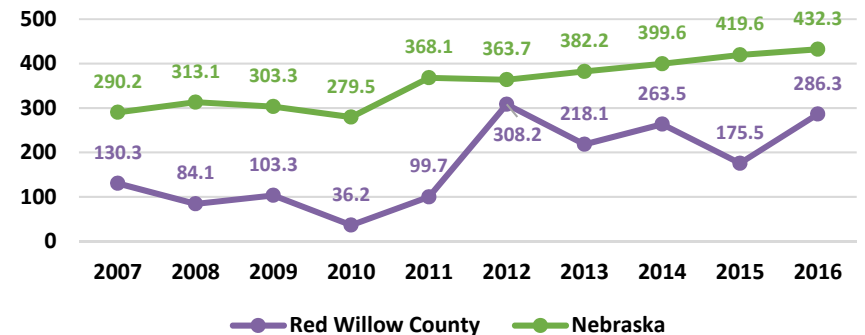
Health Status

Communicable Diseases – Chlamydia

- Red Willow County had one of the higher rates of chlamydia infections in the state as compared to all other counties (2016).
- Between 2007 and 2016, chlamydia infection rates overall increased in both Red Willow County and the state.
- Red Willow County has maintained a lower chlamydia infection than the state (2007-2016).



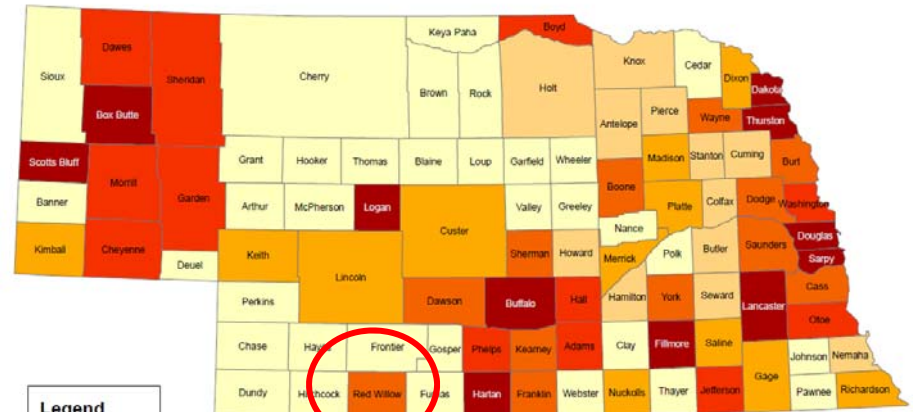
Chlamydia Infection Rate by Year
Rates per 100,000
2007-2016



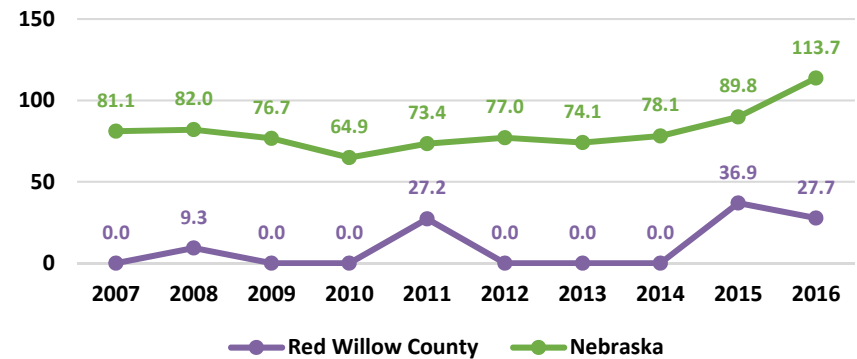
Health Status

Communicable Diseases – Gonorrhea

- Red Willow County had one of the higher rates of gonorrhea infections in the state as compared to all other counties (2016).
- Between 2007 and 2016, gonorrhea infection rates fluctuated in Red Willow County, and overall increased in the state.
- Red Willow County has maintained a lower gonorrhea infection than the state (2007-2016).



Gonorrhea Infection Rate by Year
Rates per 100,000
2007-2016



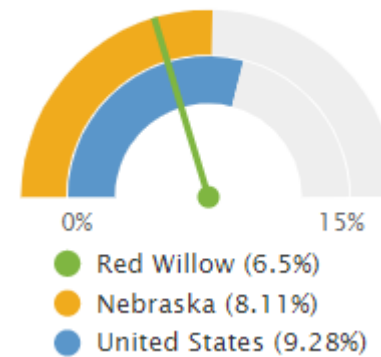
Source: Nebraska Department of Health and Human Services, Gonorrhea Infection Rates by County, <http://dhhs.ne.gov/Pages/STD-Prevention.aspx>; information accessed May 9, 2019.
Source: CARES Engagement Network, Health Indicator Report: logged in and filtered for Red Willow County, NE, <https://engagementnetwork.org/>; data accessed May 5, 2019

Health Status

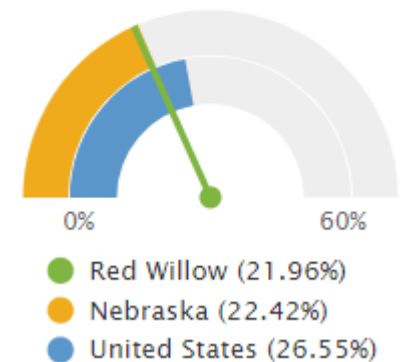
Chronic Conditions – Diabetes

- In 2015, the percent of adults (age 20+) ever diagnosed with diabetes by a doctor in Red Willow County (6.5%) was lower than the state (8.1%) and national (9.3%) rates.
- In 2015, the percentage of Medicare Beneficiaries with diabetes in Red Willow County (22.0%) was consistent with the state rate (22.4%) and lower than the national rate (26.6%).
- Between 2015 and 2017, diabetes prevalence rates in adults (age 18+) in the Southwest Nebraska Public Health Department District (SW NE Public Health Dept. District) remained relatively stable, while rates in the state overall increased.
- In 2017, the SW NE Public Health Dept. District (9.9%) had a consistent percent of adults (age 18+) who had ever been diagnosed with diabetes with the state (10.1%).

Percent Adults with Diagnosed Diabetes (Age-Adjusted)

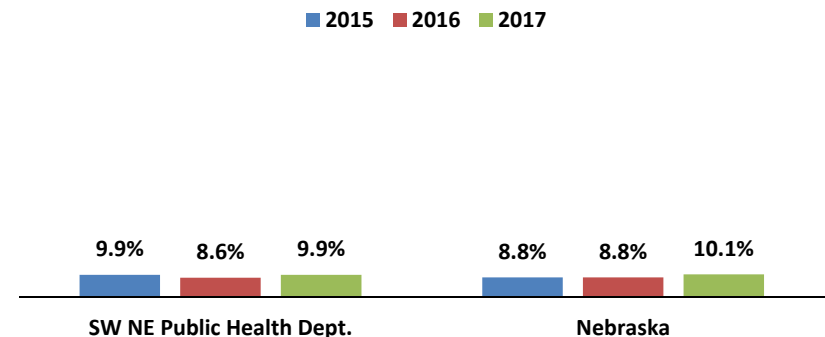


Percentage of Medicare Beneficiaries with Diabetes



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+)
2015-2017



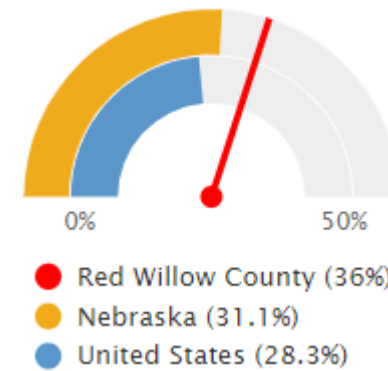
Source: CARES Engagement Network, Health Indicator Report: logged in and filtered for Red Willow County, NE, <https://engagementnetwork.org/>; data accessed May 5, 2019.
Source: Nebraska Behavioral Risk Factor Surveillance System, information received May 16, 2019.
Definition: Has a doctor, nurse, or other health professional ever told you that you have diabetes?

Health Status

Chronic Conditions – Obesity

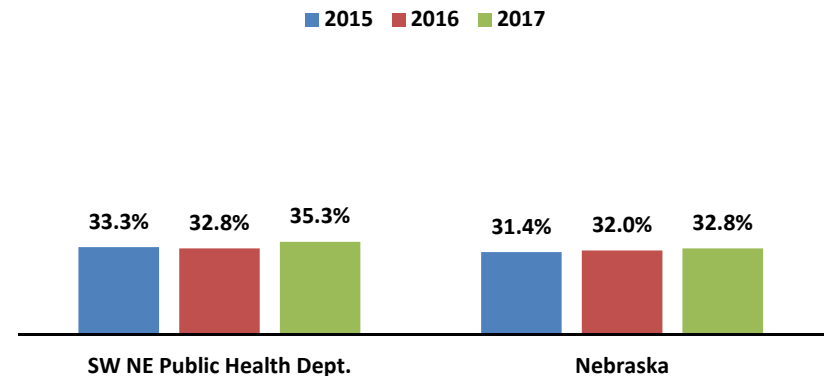
- In 2015, Red Willow County (36.0%) had a higher percentage of adults (age 20+) who reported having a Body Mass Index (BMI) greater than 30.0 (obese) than the state (31.1%) and the nation (28.3%).
- Between 2015 and 2017, obesity prevalence rates in adults (age 18+) in the SW NE Public Health Dept. District and the state slightly increased.
- In 2017, the SW NE Public Health Dept. District (35.3%) had a higher percentage of obese adults (age 18+) than the state (32.8%).

Percentage of Adults Obese



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+)
2015-2017



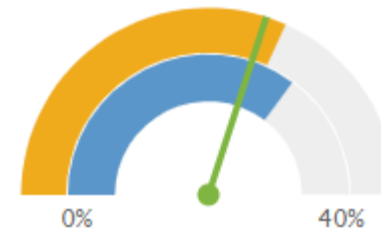
Source: CARES Engagement Network, Health Indicator Report: logged in and filtered for Red Willow County, NE, <https://engagementnetwork.org/>; data accessed May 5, 2019.
Source: Nebraska Behavioral Risk Factor Surveillance System, information received May 16, 2019.
Definition: BMI is (weight in lbs. divided by (height in inches squared)) times 703. Recommended BMI is 18.5 to 24.9 Overweight is 25.0 to 29.9 Obese is => 30.0.

Health Status

High Blood Pressure

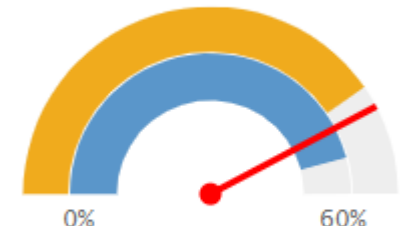
- Red Willow County (24.0%) has a slightly lower percentage of adults (age 18+) with high blood pressure or hypertension with the state (25.4%) and a slightly higher rate than the nation (28.2%) (2006-2012).
- Red Willow County (50.7%) has a slightly higher rate of Medicare fee-for-service residents with hypertension than the state (48.4%) and a lower rate than the nation (55.0%) (2015).
- Between 2015 and 2017, the percentage of adults (age 18+) in the SW NE Public Health Dept. District and the state ever diagnosed with high blood pressure slightly increased.
- In 2017, the SW NE Public Health Dept. District (36.4%) had a higher percentage of adults (age 18+) ever diagnosed with high blood pressure than the state (30.6%).

Percent Adults with High Blood Pressure



- Red Willow County (24%)
- Nebraska (25.4%)
- United States (28.16%)

Percentage of Medicare Beneficiaries with High Blood Pressure



- Red Willow (50.71%)
- Nebraska (48.42%)
- United States (54.99%)

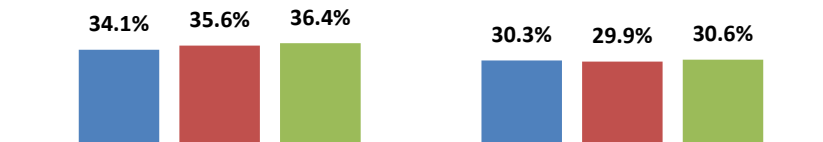
Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Ever Told Have High Blood Pressure

Percentage, Adults (age 18+)

2013, 2015, 2017

■ 2013 ■ 2015 ■ 2017



SW NE Public Health Dept.

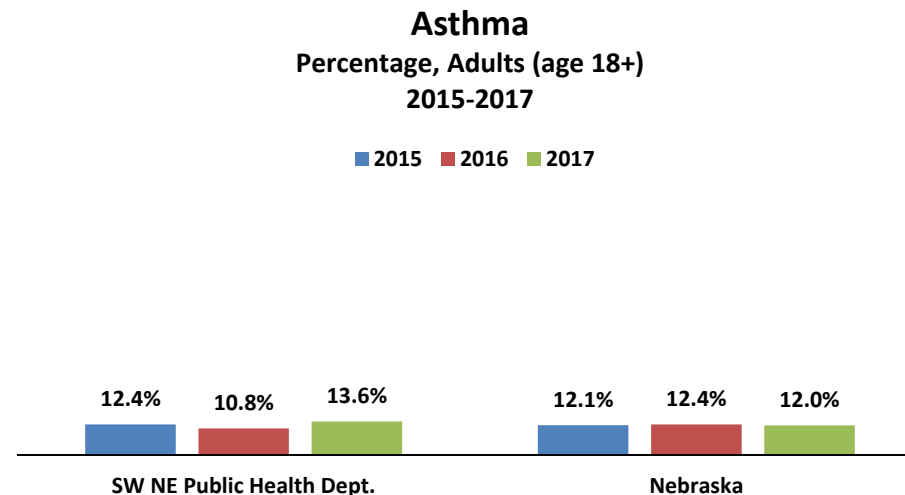
Nebraska

Source: CARES Engagement Network, Health Indicator Report: logged in and filtered for Red Willow County, NE, <https://engagementnetwork.org/>; data accessed April 25, 2019.
 Definition: receiving a high school diploma within four years.
 Source: Nebraska Behavioral Risk Factor Surveillance System, information received May 16, 2019.

Health Status

Chronic Conditions – Asthma

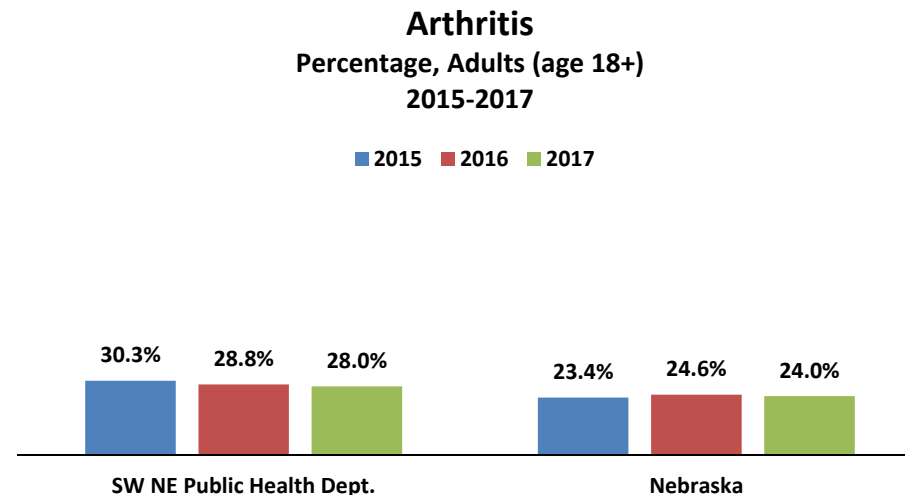
- Between 2015 and 2017, asthma prevalence rates in adults (age 18+) in the SW NE Public Health Dept. District fluctuated, while rates in the state remained relatively stable.
- In 2017, the SW NE Public Health Dept. District (13.6%) had a higher percentage of adults (age 18+) ever diagnosed with asthma than the state (12.0%).



Health Status

Chronic Conditions – Arthritis

- Between 2015 and 2017, arthritis prevalence rates in adults (age 18+) in the SW NE Public Health Dept. District decreased, while rates in the state slightly increased.
- In 2017, the SW NE Public Health Dept. District (28.0%) had a higher percentage of adults (age 18+) ever diagnosed with arthritis than the state (24.0%).



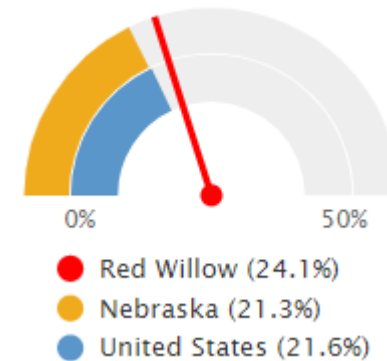
Source: Nebraska Behavioral Risk Factor Surveillance System, information received May 16, 2019.
Definition: Has a doctor, nurse, or other health professional ever told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

Health Status

Health Behaviors – Physical Inactivity

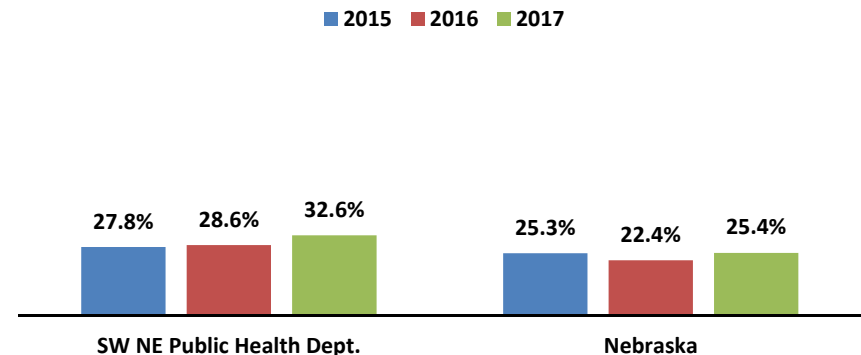
- In 2015, the percent of the adult population (age 20+) in Red Willow County (24.1%) that self-reported no leisure time for physical activity was higher than the state rate (21.3%) and the national rate (21.6%).
- The percent of adults (age 18+) that did not participate in leisure time physical activity in the SW NE Public Health Dept. District overall increased between 2015 and 2017, while rates in the state remained steady.
- In 2017, the percentage of adults (age 18+) that did not participate in physical activity in the SW NE Public Health Dept. District (32.6%) was higher than the state (25.4%).

Percent Population with no Leisure Time Physical Activity



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.

No Leisure Time Physical Activity Percentage, Adults (age 18+) 2015-2017

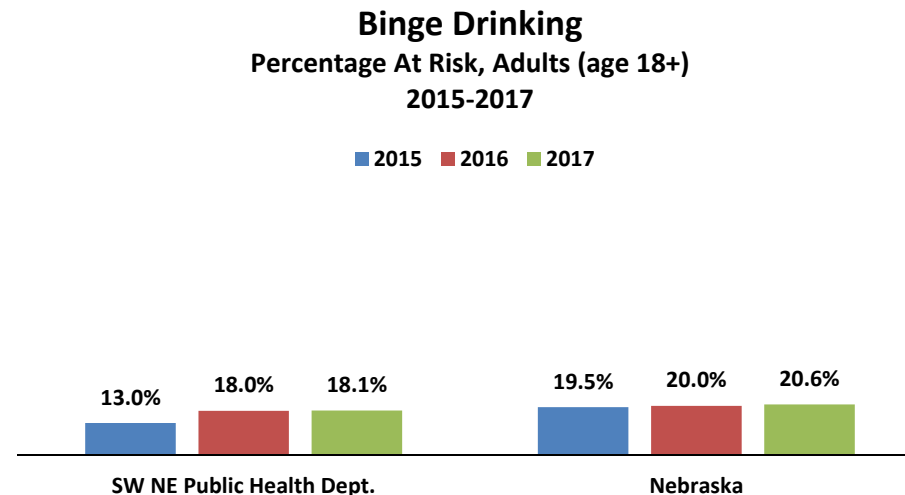


Source: CARES Engagement Network, Health Indicator Report: logged in and filtered for Red Willow County, NE, <https://engagementnetwork.org/>; data accessed May 5, 2019.
 Source: Nebraska Behavioral Risk Factor Surveillance System, information received May 16, 2019.
 Physical Activity Definition: During the past month, did you participate in any physical activities or exercises such as running, golf, gardening or walking for exercise?

Health Status

Health Behaviors – Binge Drinking

- Between 2013 and 2017, the percentage of adults (age 18+) at risk of binge drinking in the SW NE Public Health Dept. District and the state increased.
- In 2017, the SW NE Public Health Dept. District (18.1%) had a lower percentage of adults (age 18+) at risk of binge drinking than the state (20.6%).



Source: Nebraska Behavioral Risk Factor Surveillance System, information received May 16, 2019.

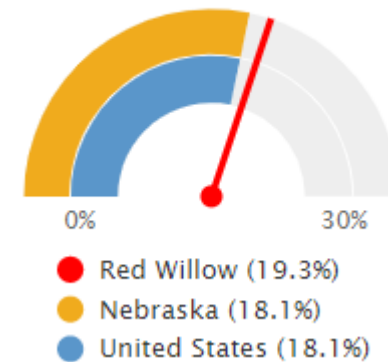
Definition: During the past 30 days, what is the largest number of drinks you had on any occasion? Respondents are classified as "at risk" for binge drinking if males reported consuming 5 or more and females reported consuming 4 or more alcoholic beverages at one time.

Health Status

Health Behaviors – Smoking

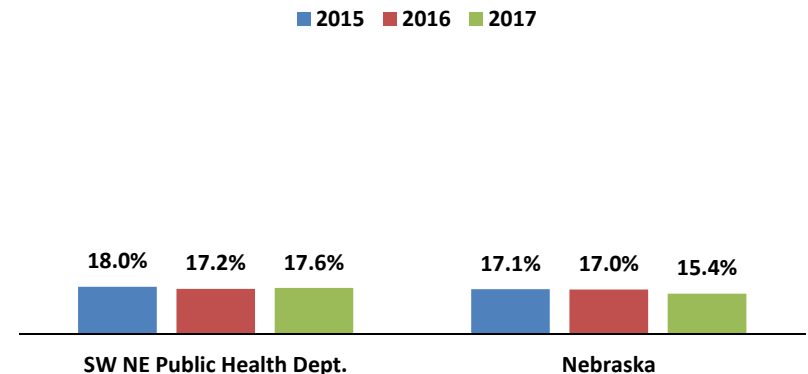
- The percent of the adult (age 18+) population in Red Willow County (19.3%) that self-reported currently smoking cigarettes some days or every day was higher than the state rate (18.1%) and national rate (18.1%) (2006-2012).
- Between 2015 and 2017, the percent of adults (age 18+) that self-reported smoking some days or every day in the SW NE Public Health Dept. District and the state slightly decreased.
- In 2017, the prevalence of some days or every day smokers in the SW NE Public Health Dept. District (17.6%) was slightly higher than the state (15.4%).

Percentage of Adults Smoking Cigarettes



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.

Smoking - Some Days or Every Day
Percentage, Adults (age 18+)
2015-2017



Source: CARES Engagement Network, Health Indicator Report: logged in and filtered for Red Willow County, NE, <https://engagementnetwork.org/>; data accessed May 5, 2019.

Source: Nebraska Behavioral Risk Factor Surveillance System, information received May 16, 2019.

Frequency of Smoking Definition: Do you now smoke cigarettes every day, some days, or not at all? (Respondents that reported smoking 'Every Day' are included in this chart)

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.

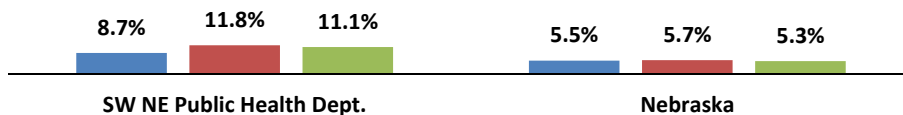
Health Status

Health Behaviors – Smoking (continued)

- Between 2015 and 2017, the percentage of adults (age 18+) currently using smokeless tobacco in the SW NE Public Health Dept. District overall increased, while rates in the state remained steady.
- In 2017, the SW NE Public Health Dept. District (11.1%) had a higher percentage of adults (age 18+) currently using smokeless tobacco than the state (5.3%).
- In 2017, the SW NE Public Health Dept. District (2.2%) had a lower percentage of adults (age 18+) currently using e-cigarettes than the state (3.8%).

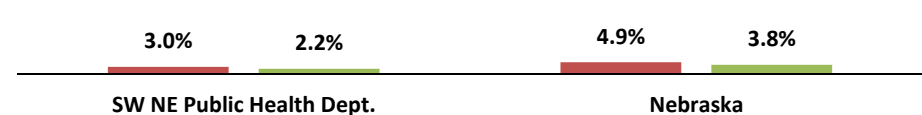
Current Smokeless Tobacco Use
Percentage, Adults (age 18+)
2015-2017

■ 2015 ■ 2016 ■ 2017



Current e-Cigarette Use
Percentage, Adults (age 18+)
2015-2017

■ 2016 ■ 2017



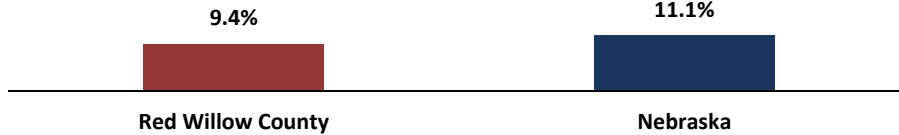
Source: Nebraska Behavioral Risk Factor Surveillance System, information received May 16, 2019.
Definition: Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?
Definition: Do you now use e-cigarettes or other electronic "vaping" products every day, some days, or not at all?

Health Status

Maternal & Child Health Indicators

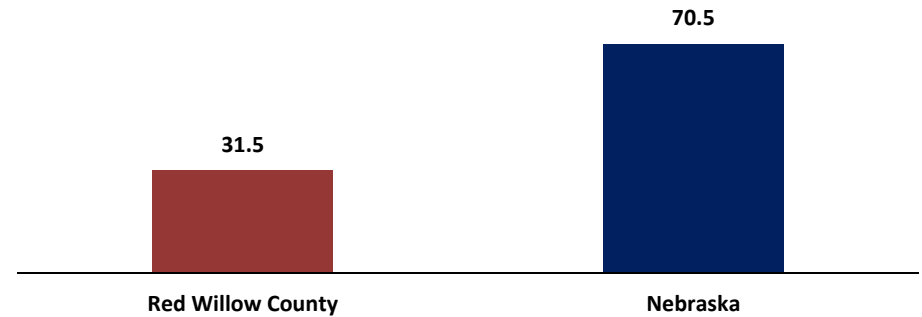
Premature Births (<37 weeks gestation)

Percentage
2016



Very Low (<1,500g) and Low Birth (<2,500) Weight Births

Rate per 1,000 Live Births
2016



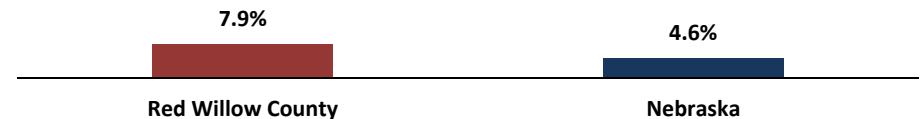
Inadequate Prenatal Care

Percentage
2016



Teen Births

Teens (<19 years), Percentage
2016



Source: Nebraska Department of Health and Human Services, Birth Data by County of Residence, <http://dhhs.ne.gov/Pages/Reports-and-Statistics.aspx>; information accessed June 5, 2019.

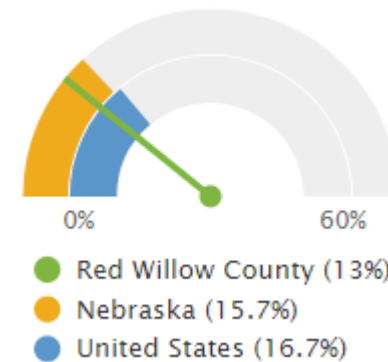
Note: Inadequate Prenatal Care is calculated by using the Kotelchuk Index. The Kotelchuk Index measures adequacy of prenatal care (adequate, inadequate, intermediate) by using a combination of the following factors: number of prenatal visits; gestation; and trimester prenatal care began.

Health Status

Mental Health – Depressive Disorders

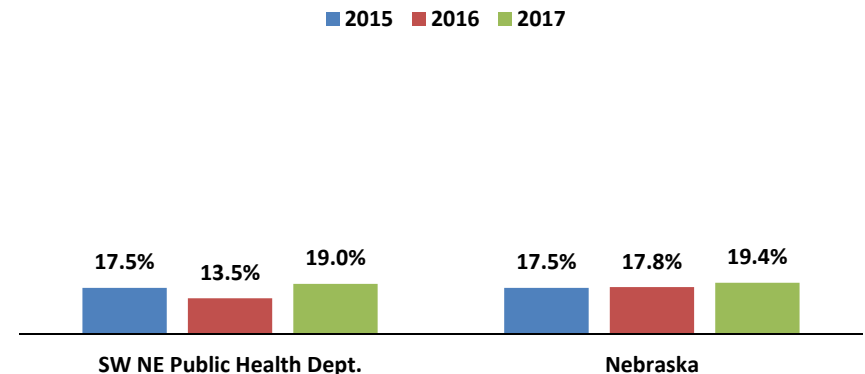
- In 2015, the percentage of Medicare Beneficiaries in Red Willow County (13.0%) with depression was lower than the state (15.7%) and national rates (16.7%).
- Between 2015 and 2017, the rate of adults (age 18+) ever diagnosed with a depressive disorder in the SW NE Public Health Dept. District and the state overall increased.
- In 2017, the SW NE Public Health Dept. District (19.0%) had a consistent percentage of adults (age 18+) ever diagnosed with a depressive disorder with the state (19.4%).

Percentage of Medicare Beneficiaries with Depression



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.

Depressive Disorders
Percentage, Adults (age 18+)
2015-2017



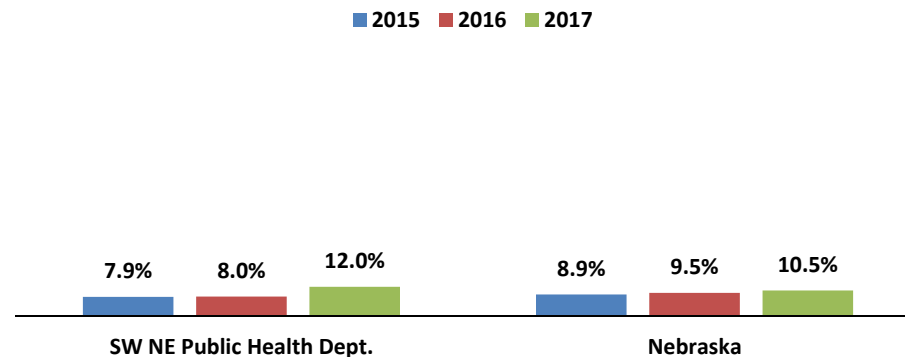
Source: CARES Engagement Network, Health Indicator Report: logged in and filtered for Red Willow County, NE, <https://engagementnetwork.org/>; data accessed May 5, 2019.
Source: Nebraska Behavioral Risk Factor Surveillance System, information received May 16, 2019.
Definition: Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder including depression, major depression, dysthymia, or minor depression?

Health Status

Mental Health – 14+ Days of Poor Mental Health

- Between 2015 and 2017, the percent of adults (age 18+) that reported experiencing 14 or more days of poor mental health in the SW NE Public Health Dept. District and the state increased.
- In 2017, the SW NE Public Health Dept. District (12.0%) had a slightly higher percent of adults (age 18+) that reported experiencing 14 or more days of poor mental health than the state (10.5%).

Days of Poor Mental Health - 14+
Percentage, Adults (age 18+)
2015-2017



Source: Nebraska Behavioral Risk Factor Surveillance System, information received May 16, 2019.
Definition: Days mental health not good - 14 days

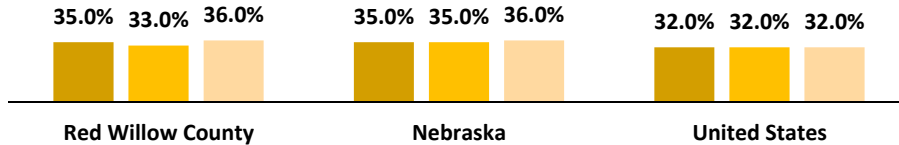
Health Status

Screenings – Mammography, Prostate Screening, Pap Test, Colorectal (Medicare)

Received Mammography Screening

Percent, Females (age 35+)
2015-2017

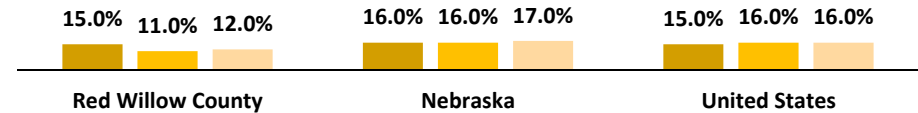
■ 2015 ■ 2016 ■ 2017



Received Prostate Cancer Screening

Percent, Males (age 50+)
2015-2017

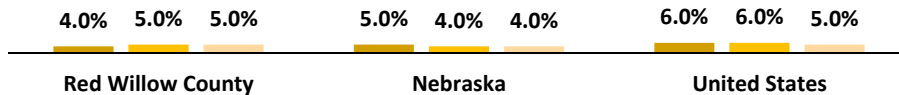
■ 2015 ■ 2016 ■ 2017



Received Pap Test Screening

Percent, Females (all ages)
2015-2017

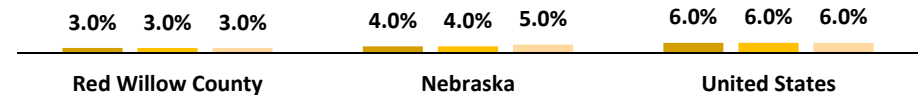
■ 2015 ■ 2016 ■ 2017



Received Colorectal Cancer Screening

Percent, Adults (age 50+)
2015-2017

■ 2015 ■ 2016 ■ 2017



Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; information accessed May 9, 2019.

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.



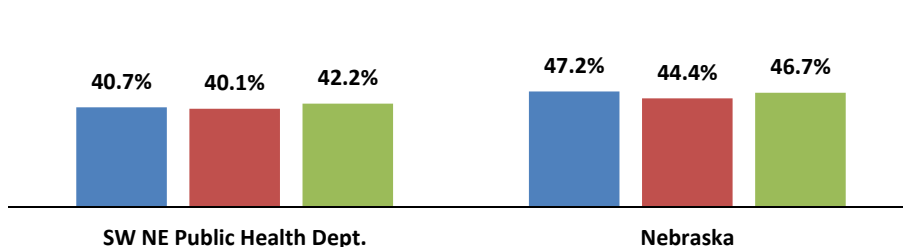
Health Status

Preventive Care – Influenza Vaccine

- Between 2015 and 2017, the percent of adults (age 18-64) that received a flu shot in the SW NE Public Health Dept. District increased, while rates in the state remained steady.
- In 2017, the SW NE Public Health Dept. District (42.2%) had a lower percentage of adults (age 18-64) that received a flu shot than the state (46.7%).
- Between 2015 and 2017, the percent of adults (age 65+) that received a flu shot in the SW NE Public Health Dept. District increased, while rates in the state remained steady.
- In 2017, the SW NE Public Health Dept. District (57.8%) had a lower percentage of adults (age 65+) that received a flu shot than the state (65.6%).

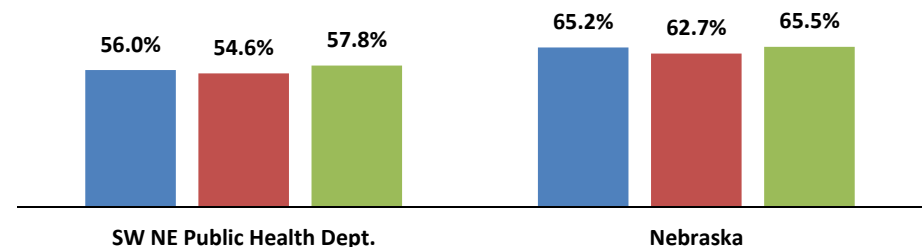
Flu Shot in Past Year
Percentage, Adults (age 18-64)
2015-2017

■ 2015 ■ 2016 ■ 2017



Flu Shot in Past Year
Percentage, Adults (age 65+)
2015-2017

■ 2015 ■ 2016 ■ 2017

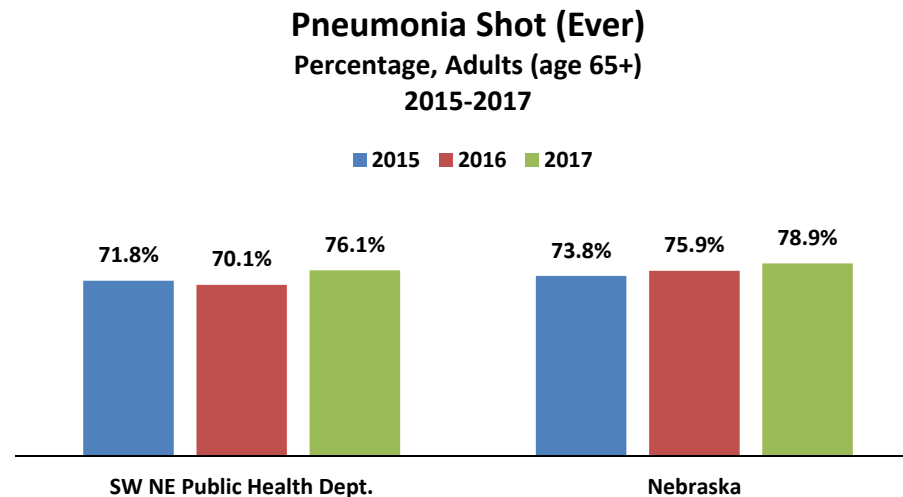


Source: Nebraska Behavioral Risk Factor Surveillance System, information received May 16, 2019.
Definition: During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?

Health Status

Preventive Care – Pneumococcal Vaccine (65+ Years)

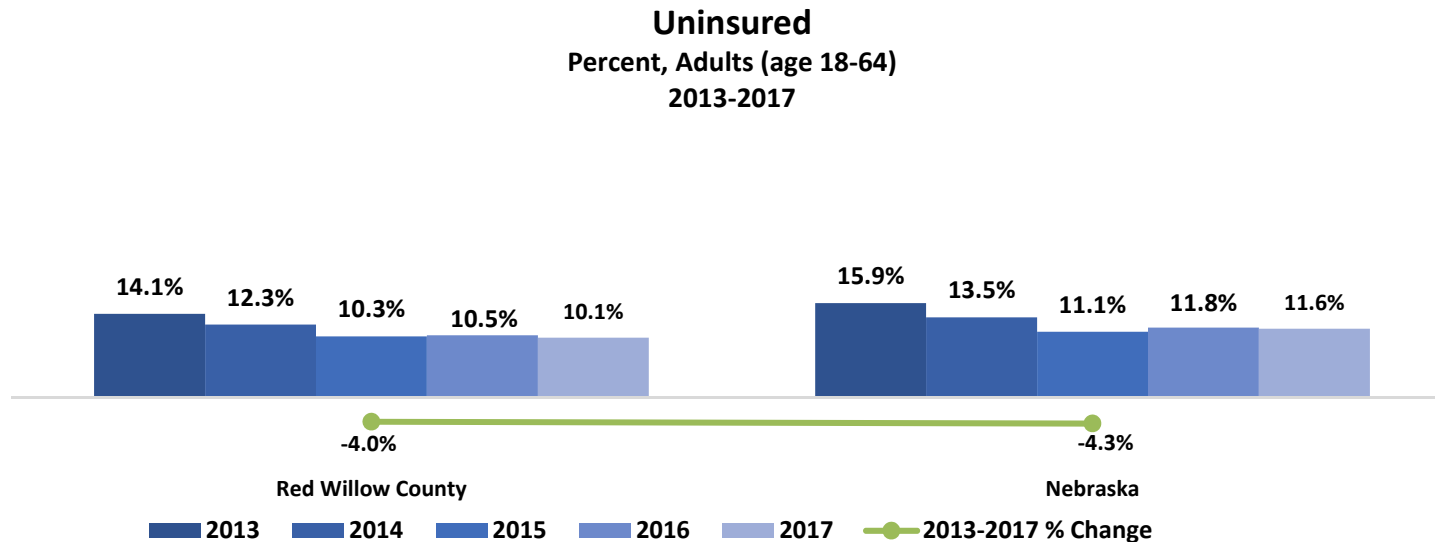
- Between 2015 and 2017, the percent of adults (age 65+) that ever received a pneumonia shot in the SW NE Public Health Dept. District and the state increased.
- In 2017, the percent of adults (age 65+) that had ever received a pneumonia shot in the SW NE Public Health Dept. District (76.1%) was slightly lower than the state rate (78.9%).



Health Status

Health Care Access – Uninsured

- As of 2017, Red Willow County (10.1%) has a lower rate of uninsured adults (age 18-64) as compared to the state (11.6%).
- Red Willow County and the state experienced similar declines in the percentage of uninsured adults (age 18-64) between 2013 and 2017 (4.0% and 4.3%, respectively).



Source: United States Census Bureau, Small Area Health Insurance Estimates filtered for Red Willow County, NE, <https://www.census.gov/data-tools/demo/sahie/#/>; data accessed May 9, 2019.

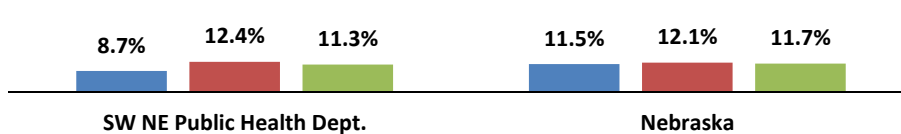
Health Status

Health Care Access – Medical Cost Barrier and Personal Doctor

- Between 2015 and 2017, the percent of adults (age 18+) that needed medical care but could not receive it due to cost overall increased in the SW NE Public Health Dept. District, and remained steady in the state.
- In 2017, the percent of adults (age 18+) that reported experiencing a medical cost barrier in the past 12 months in the SW NE Public Health Dept. District (11.3%) was consistent with the state (11.7%).
- Between 2015 and 2017, the percent of adults (age 18+) in the SW NE Public Health Dept. District that reported having no personal doctor increased, while rates in the state remained steady.
- In 2017, the SW NE Public Health Dept. District (19.7%) had a consistent percent of adults (age 18+) that had no personal doctor with the state (19.9%).

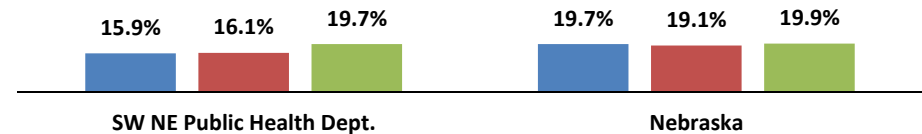
Medical Cost Barrier to Care
Percentage, Adults (age 18+)
2015-2017

■ 2015 ■ 2016 ■ 2017



No Personal Doctor
Percentage, Adults (age 18+)
2015-2017

■ 2015 ■ 2016 ■ 2017

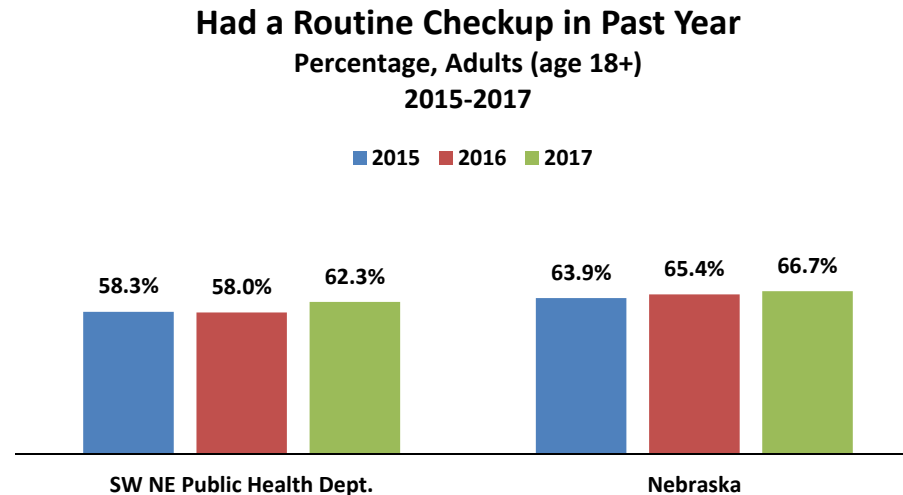


Source: Nebraska Behavioral Risk Factor Surveillance System, information received May 16, 2019.
Definition: Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?
Definition: Do you have one person you think of as your personal doctor or health care provider?

Health Status

Health Care Access – Routine Checkup

- Between 2015 and 2017, the percent of adults (age 18+) that reported having a routine checkup in the past year increased in the SW NE Public Health Dept. District and the state.
- In 2017, the SW NE Public Health Dept. District (62.3%) had a slightly lower percent of adults (age 18+) that received a routine checkup in the past year than the state (66.7%).



Health Status

Health Care Access – State Designated Shortage Areas

- The Rural Health Advisory Commission is responsible for establishing guidelines and identifying shortage areas for purposes of the Nebraska Rural Health Systems and Professional Incentive Act. Every 3 years, a statewide review of all of the state-designated shortage areas is completed. The data comes from UNMC’s Health Professions Tracking Service (HPTS), who sends surveys to providers and clinics across Nebraska twice a year. Shortage area maps are created and shared based on information collected.
- The maps identify the 2019 state-designated shortage areas for medical specialties, mental health, oral health, and allied health (pharmacists, physical therapists, and occupational therapists).
- According to the 2019 shortage area maps, Red Willow County is a state-designated shortage area in the following areas:
 - General Pediatrics
 - General Surgery
 - Internal Medicine
 - OB/GYN
 - Pediatric Dentistry & Oral Surgery
 - Psychiatry & Mental Health

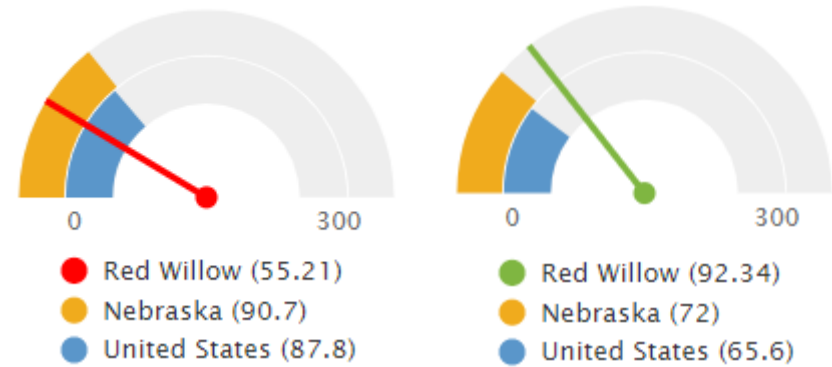
Source: Nebraska Department of Health and Human Services, Eligible Disciplines and Shortage Areas, <http://dhhs.ne.gov/Pages/Rural-Health-Eligible-Disciplines-and-Shortage-Areas.aspx>; information accessed May 21, 2019.
Note: There are a variety of state and federal programs which require a shortage area designation for one to be eligible to participate. Eligibility criteria vary based on medical specialty or area. Please see the appendix for designation guidelines by medical specialty or area., as well as the associated maps.

Health Status

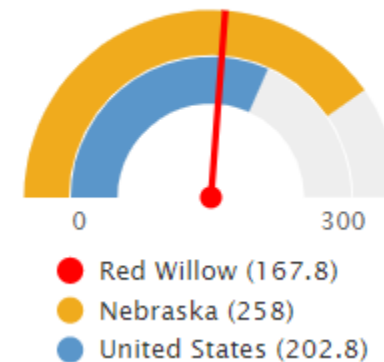
Health Care Access – Providers

- In 2014, the rate of primary care physicians per 100,000 population in Red Willow County (55.2 per 100,000) was lower than the state (90.7 per 100,000) and national rates (87.8 per 100,000).
- In 2015, the rate of dental care providers per 100,000 population in Red Willow County (92.3 per 100,000) was higher than the state (72.0 per 100,000) and national rates (65.6 per 100,000).
- In 2017, the rate of mental health care providers per 100,000 population in Red Willow County (167.8 per 100,000) was lower than the state rate (258.0 per 100,000) and the national rate (202.8 per 100,000).

Primary Care Physicians, Rate per 100,000 Pop. Dentists, Rate per 100,000 Pop.



Mental Health Care Provider Rate (Per 100,000 Population)



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: CARES Engagement Network, Health Indicator Report: logged in and filtered for Red Willow County, NE, <https://engagementnetwork.org/>; data accessed June 6, 2019.

Definition: "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.

Definition: 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.

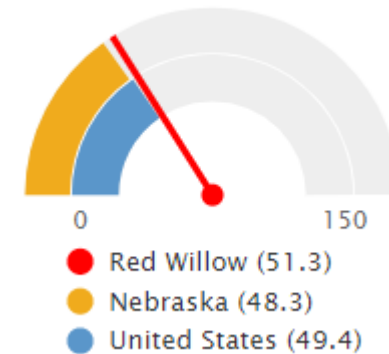
Definition: Psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Health Status

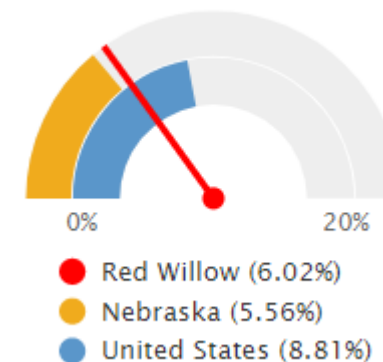
Health Care Access – Common Barriers to Care

- **Lack of available primary care resources for patients to access may lead to increased preventable hospitalizations.**
 - In 2015, the rate of preventable hospital events in Red Willow County (51.3 per 1,000 Medicare Enrollees) was higher than the state (48.3 per 1,000) and the nation (49.4 per 1,000).
- **Lack of transportation is frequently noted as a potential barrier to accessing and receiving care.**
 - In 2013-2017, 6.0% of households in Red Willow County had no motor vehicle, as compared to 5.6% in Nebraska and 8.8% in the nation.

Preventable Hospital Events, Age-Adjusted Discharge Rate
(Per 1,000 Medicare Enrollees)



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: CARES Engagement Network, Health Indicator Report: logged in and filtered for Red Willow County, NE, <https://engagementnetwork.org/>; data accessed May 5, 2019.

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 17 interviews with the two groups outlined in the IRS Final Regulations
- Discussed the health needs of the community, access issues, barriers and issues related to specific populations
- Gathered background information on each interviewee

Interviewee Information

- **Brad Cheek:** Administrator, Hillcrest Nursing Home
- **Bruce Crosby:** Editor, McCook Gazette
- **Ben Dutton:** Extension Educator/Unit Leader, Nebraska Extension in Red Willow County
- **Brian Esch:** President and Chief Executive Officer, MNB Bank
- **Julie Gillespie:** Board Member, Community Hospital
- **Ronda Graff:** Coordinator, McCook Community Foundation Fund
- **Pam Harsh:** Director, Red Willow County Health Department
- **Jeff Kelley:** Pastor, United Methodist Church
- **Andy Long:** Executive Director, McCook Economic Development Corporation
- **Jamie Mockry:** Director, McCook Chamber of Commerce
- **Grant Norgaard:** Superintendent, McCook Public Schools
- **Nate Schneider:** City Manager, City of McCook
- **Karen Shepherd:** Vice President, Pinnacle Bank
- **Beth Siegfried:** Director, McCook Senior Center
- **Myra Stoney:** Director, Southwest Nebraska Public Health Department
- **Linda Taylor:** Owner, Video Kingdom Electronics
- **Todd Thiezen:** Board Member, Community Hospital

Interviewee Characteristics

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

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

35.3%

- Community leaders

52.9%

Note: Interviewees may provide information for several required groups.

Community Needs Summary

- Interviewees discussed the following as the most significant health issues:
 - Community Education & Preventive Care
 - Healthy Lifestyle Management
 - Community Collaboration & Awareness/Use of Existing Resources
 - Insurance Coverage & Affordability of Care
 - Access to Mental & Behavioral Health Care
 - Access to Primary Care
 - Access to Specialty Care
 - Aging Population

Community Education & Preventive Care

Healthy Lifestyle Management

- **Issues:**

- Significant concern surrounding higher rates of cancer across all ages
- Higher rates of radon in households
- Chronic conditions and poor lifestyle behaviors, including:
 - Diabetes
 - Overweight and obesity
 - Heart disease
 - Physical inactivity
- Limited built environment and motivation to be physically active
- High cost of healthy foods and programs resulting in lower participation rates
- Lack of knowledge regarding self care, appropriate health care usage
- Residents using online searches to self diagnose health issues, resulting in delay in seeking professional care
- Limited knowledge and use of immunization services
- Tobacco/vape use, caffeine consumption in youth

- **Needs:**

- Continued efforts to mitigate radon levels
- Emphasis on importance of physical activity and the built environment
- More communication and promotion of locally available resources and programs
- Education regarding importance of seeking professional care in a timely manner
- Efforts to inform youth on harmful effects of tobacco use, vaping, and caffeine consumption

“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.”

“Heart disease is a big part of Red Willow County, and we have a lot of diabetes because of all of the overweight people.”

“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.”

“We need to work on physical activity. If you can get people up and moving outside the house, you’ll see improvements in health and lifestyle in McCook.”

“We could improve on walking paths, things like that. We have some gyms now here and they’re not cheap. We don’t offer much here as far as outdoor physical activity.”

“We need knowledge about health care and how to take care of ourselves. When do you go to the doctor? Those types of things.”

“A lot of people wait too long for care when they don’t feel well, but waiting can be very detrimental. People also use Dr. Google here to diagnose themselves.”

“The percentage of vaccinations per county are still strikingly low. They need to be continued and we need continued education and promotion of those services.”

“Immunizations are a struggle at times. We have some issues with people knowing what they’re for, the purpose of them, accessing them...just general knowledge about those services.”

“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.”



Community Education & Preventive Care

Community Collaboration & Awareness/Use of Existing Resources

- **Issues:**

- Difficulty understanding how to access the health care system in the community
- Need for communication and community outreach regarding resources available for residents to use
- Perceived need for remote care options (i.e., telemedicine)
- Lack of awareness of available immunization services resulting in growing number of students without proper immunizations
- Limited emphasis placed on seeking regular eye, dental health care for pediatric patients
- Limited coordination of services leading to gaps in resources, overlapping services
- Perception there is a growing number of isolated residents and a “fragmented community”

- **Needs:**

- Education and assistance regarding how to navigate the health care system
- Increased communication and outreach efforts to promote local resources and programs
- Exploration of telemedicine options for residents
- Emphasis on community connectedness

“There are people that aren’t familiar with how to navigate the system. It’s knowledge as much as anything. There’s a framework for services but finding out about them might be an issue for some folks.”

“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.”

“There’s a greater issue with individuals being aware and taking advantage of the access that they do have to healthy lifestyle options. We have services, but not everyone knows. Kids come into school without immunizations and there are services available, but it’s just the educational piece about knowing where to go.”

“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.”

“There are programs to assist residents. The resources are out there, but in Red Willow County, we lack the coordination to make sure information gets to everyone and also that there aren’t duplication of services. If groups and organizations could work together, I think the community would be better served so there aren’t gaps and overlap.”

“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.”

“Whether it is the hospital or any other organization, medically related or not, we need to be involved in the community. We need to have everyone connecting with each other.”



Insurance Coverage & Affordability of Care

- **Issues:**

- Significant number of residents with high deductible health plans
- Cost barrier to care forcing individuals to delay seeking care or go without care or treatment
- Overuse of ER for non-emergent issues by un/underinsured, Medicaid, low income residents
- Lack of un/underinsured residents seeking appropriate preventive care
- Challenge in seeking care for working parents
- Limited access to vaccinations for low income, un/underinsured
- No local access to dental care for Medicaid, un/underinsured

- **Needs:**

- Education regarding when to use the Emergency Room vs. primary care services
- Emphasis on the preventive needs of low income, Medicaid and un/underinsured residents
- Greater number of local options for all payer types, specifically mental health and dental

“Red Willow County is a poor county. People have insurance with high deductibles that prohibits them from seeking care.”

“Cost is a barrier...we have a lot of lower income people. It’s a big issue for people with high deductible plans who tend to defer medical care.”

“People don’t have health insurance, so they avoid seeing a doctor because they don’t have the money to pay for it. Or, they go into the ER and get taken care of.”

“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.”

“While we may have providers, there are some people who still can’t afford the care in the county. Most of the time it’s just routine things. People will be wanting to get a mammogram done, but if they don’t have insurance they can’t get it done.”

“There is a need for preventive services at a reduced cost, or even perhaps free. There are many people looking to get assistance with prescriptions.”

“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.”

“There’s only a handful of vaccines available for low income and un/underinsured adults and there is more need than what is available through the state.”

“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.”

Access to Mental & Behavioral Health Care

- **Issues:**

- Limited number of advanced, specialized mental and behavioral health providers in the community
- Perceived greater access in North Platte, Kearney for mental and behavioral health needs
- Limited awareness of existing resources and services in the community
- Challenge in accessing care for uninsured
- Concern surrounding unmet mental and behavioral health needs for youth:
 - Increasing rate of drug use, vaping
 - High rates of depression, suicide ideation
 - Stigma associated with seeking care
- Lack of local access to Alzheimer’s disease, dementia care

- **Needs:**

- Increased access to local mental and behavioral health services, specifically for uninsured, youth and elderly
- Emphasis on need for primary prevention for mental/behavioral health and substance use education in youth population
- Improved access to care for Alzheimer’s disease, dementia patients

“There’s bigger mental health issues than understood in Red Willow County.”

“We have a number of counselors, but none with advanced or specialized degrees. There is better access in North Platte and Kearney.”

“We do have some facilities that provide mental health support to our community, but people don’t know about resources they have access to.”

“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.”

“Mental health treatment is terribly needed in Red Willow County...it is an area that really needs to be developed both for the youth in our community – there is a tremendous need for mental health diagnosis – and then the elderly as well.”

“Drug usage and vaping by teens is a problem. With our proximity to Colorado, marijuana usage is on the rise with our youth.”

“For youth, there is still a challenge with mental health access and resources. Part of that is the stigma of using counseling services.”

“The methamphetamine business is always out there. We don’t hear as much right now about meth kitchens, but it’s an ongoing issue that will continue.”

“We need a support group for depression and suicide ideations for youth and children. We hide from it and don’t think it’s out there. It’s hard to find counselors...people go out of town for that stuff because they aren’t in McCook.”

“The local providers here don’t have any specialization in Alzheimer’s disease or severe dementia.”

Access to Primary Care

- **Issues:**

- Concern surrounding physician recruitment to a small town
- Delay in seeking timely care by residents with high deductible health plans, cost barriers to care
- Perception that established local providers may be retiring soon
- Increasing number of providers preferring greater work/life balance
- Lack of pediatricians in the community

- **Needs:**

- Attract native residents in the primary care field to return home
- Appropriate succession planning for pending retirements
- Improved access to primary care for pediatric patients

“The number of primary care physicians is worrisome. I get worried whether or not a town in southwest Nebraska is attractive to people when they’re coming out of medical school. Getting docs out here and keeping docs, that’s something I’m more concerned about than anything else - especially as we see some of the more established doctors retiring.”

“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.”

“There is just barely an adequate number of providers. We really are probably 2-3 docs short. It seems like we can get midlevel providers a lot more easily.”

“We have some aging providers from a generation of baby boomers who see health care being provided a certain way, and now we’re starting to go through younger providers who see health care and the balance of their family life differently.”

“It seems like we’ve got 3-5 physicians who everybody goes to. I worry about what things will look like when those doctors start retiring, they have big practices here and that will leave a definite gap.”

“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.”

Access to Specialty Care

- **Issues:**

- Local or rotating physicians have varied availability potentially leading to scheduling conflicts for patients
- Limited appointment availability results in patient outmigration to Kearney, North Platte, Lincoln, Omaha
- Lack of local care causes patients to travel to outside communities (Orthopedic Surgery, dialysis)
- Scheduling conflicts specifically noted within OB/GYN, Oncology, Cardiology
- Communication barriers between local and external community providers

- **Needs:**

- Attract native residents in specialty fields to return home and practice locally
- Increased frequency of and access to rotating specialties, such as Orthopedics, OB/GYN, Oncology, Cardiology, dialysis services (if feasible)
- Focus on communication and coordination between providers within and outside of the community

“We do a nice job of bringing specialists in a few times a month but people go somewhere else because of scheduling conflicts.”

“If you really need consistent care or easy quick access, you have to leave the community and travel to one of the communities where it’s more accessible.”

“With specialty care, sometimes the dates don’t work out or due to weather the specialist cancels so they have to travel anyway. People go to Kearney, North Platte, Lincoln, Omaha...there’s a couple kids who get cancer treatment at Childrens in Omaha. People go to urologists in Kearney and North Platte. People go to North Platte for OB/GYN all the time.”

“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.”

“Several people leave for diabetes treatment, especially dialysis. We have a center, but they can’t accommodate everybody so a lot travel to get treatment.”

“When it comes to that sensitive of an area as OB, you want to stay as close to home as you can but since we have a visiting OB/GYN, it comes down to scheduling. Will it fit your schedule and your needs? If not, then you have to travel. People have had to travel because the hours or day didn’t match up.”

“There’s a lot of people traveling to North Platte for cancer care. Every year our access to services gets better, but it’s something we’re facing now.”

“We need more cardiologists. My cardiologist is hard to get into. He’s a visitor so there are limited days when he’s here.”

“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.”



Aging Population

- **Issues:**

- Significant concern surrounding the growing aging population
- Growing need for home health, hospice services
- Increasing number of nursing homes closing due to issues with Medicare, Medicaid reimbursement
- Nearby nursing homes recently closed, increasing patient load on local nursing home facility
- Transportation barriers for elderly residents
- Concern regarding low income seniors and unmet needs (food, utilities)
- Perceived need for increased follow up between medical care providers and seniors

- **Needs:**

- Continued focus on strategies to alleviate the nursing home crisis, alternative options for seniors requiring such care
- Emphasis on the transportation needs and increased awareness of transportation options for seniors
- Efforts to assist and support low income senior residents
- Improved communication between senior patients, medical providers

“We have a higher aging population and issues with nursing homes, long term care, home health care, hospice...being able to meet the needs of that population.”

“The hospital is overwhelmed with the number of patients contacting them for home health and hospice. And we have such a nursing home issue in this town.”

“Red Willow County is at the edge of a crisis regarding nursing homes. We have a huge Medicare and Medicaid reimbursement problem in the state of Nebraska.”

“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.”

“There is only one nursing home in Red Willow County, and they only accept a limited number of Medicaid residents because of budgeting.”

“Right now, if you’re on Medicaid and you need a nursing home facility, there’s no access with the way Medicaid funding is working out in Nebraska. You have to travel hours away to find a facility that will accept you and that’s a big challenge.”

“Travel is one of the biggest issues at any age, but especially for seniors. If they can have that local access to a specialist, we’re moving in the right direction.”

“Transportation is big for the elderly. We do have the county transportation service, but they may or may not know how to use it.”

“We need to ensure that seniors living on a fixed income have access to food, heat and electricity if no one is checking on them. There’s several elderly people living on a fixed income who don’t get the care they deserve at this point in their lives.”

“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.”



Populations Most at Risk

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

- Pediatric
 - Shortage of infant, early childhood education providers
 - Limited access to local providers
- Elderly
 - Limited access to nursing homes accepting Medicaid residents
 - Transportation barriers
 - Insurance concerns (Medicare Part D coverage gap)
 - Need for physical activity motivation
 - Alzheimer's disease, dementia
- Low Income/Working Poor
 - Lack of affordable coverage options
 - Limited affordable housing options (family size apartments)
- Teenagers/Adolescents
 - Mental and behavioral health care access, stigma in seeking care
 - Limited access to dental care
 - Lack of extracurricular activities, physical activity opportunities
 - Vaping, drug use, smoking
 - Need for safe sex education, abstinence
 - Increasing number of young adults with Christian-sponsored health programs
- Racial/Ethnic Groups
 - Language barriers, limited bilingual providers
- Veterans
 - Lack of access to local resources and services



LOCAL REPORTS

Southwest Nebraska Public Health Department

2016 Community Health Improvement Plan

- Southwest Nebraska Public Health Department (SWNPHD), through the guidance of the Nebraska Department of Health & Human Services, completed the Community Health Improvement Plan (CHIP).
- Three assessments were completed in the CHIP process: Community Health Status, Community Themes and Strengths and Forces of Change.
- Community Health Status assessments were multifaceted. Data was compiled by the Director, Myra Stoney, who serves on a statewide data committee. Her PowerPoint was presented to community partners in Imperial and McCook during September 2015.
- The Forces of Change assessment was led by well-known facilitator, Deb Burnight in Imperial and McCook communities utilizing data from the Community Health Status assessment. Partners and community members were invited from numerous surrounding counties in our health district to each location.

Southwest Nebraska Public Health Department

2016 Community Health Improvement Plan (continued)

- A survey was distributed throughout the health district in various manners to gather information for the Community Themes and Strengths assessment. Paper surveys were distributed at health fairs, to public health partners and SWNPHD board members. An electronic survey monkey was created with the same questions and shared via website, emails, newspapers, radio interviews and through social media.
- A total of 544 completed surveys were compiled for this assessment from September 2015 through March 2016. Eight community domains were covered in the surveys.
- Utilizing all of the data and assessments, these issues were identified as action areas:
 1. Cancer
 2. Heart Disease

Community Hospital

2018 Diabetes Survey

- In 2018, Community Hospital conducted a survey to assess participant satisfaction with the Diabetes Program at the facility
- The survey was distributed to one provider, two clinic case managers, the clinic manager, head nurse at the clinic, and a clinic staff nurse
- Survey recipients were asked the following questions:
 1. Are you currently satisfied with the level of care your patients are getting thru our diabetes program here at Community Hospital?
 2. Are you getting feedback from your patients re: our program?
 3. What opportunities do you see for improvement?
- Overall, survey recipients were satisfied with the program and its service offerings.

Community Hospital

2018 Diabetes Survey (continued)

- The survey was also distributed to Diabetes Program participants to assess any areas of opportunity and/or improvement for the program.
- Participants listed the following as greatest benefits gained from the program:
 - The accountability factor
 - Change help in lifestyle
 - Group therapy (group class)
 - Great instructors
 - Very helpful
 - Dispels myths
 - What to watch for
 - Different foods to eat, sugar intake
 - How to test my blood
 - Great ideas for snacks
- To improve classes and the program, survey recipients suggested the following:
 - Offer morning sessions
 - Try to get help with shopping
 - Nothing, do a great job
 - They are very good, informative

Community Hospital

2018 Diabetes Survey (continued)

- Participants listed the following as topics they would like to see presented for the support group:
 - Ways to exercise, easy on joints
 - Response to when your blood sugar is acting out of the ordinary, what to eat and do
 - New ways to prepare food
 - Weight loss
 - When it becomes difficult to stay on track
 - Stress and blood sugars, what to do



PREVIOUS PRIORITIZED NEEDS

Previous Prioritized Needs

2013 Prioritized Needs

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

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.



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 2017 to 2019 Implementation Plan.



ACTION PLAN

PBM Family: Service	Seed Champion/ AC Member:	Karen Kliment Thompson
Champion : Sarah Wolford	Team Members:	Karen Kliment Thompson Steven Shaner Sean Wolfe
Action Plan: 2016 CHNA Implementation Plan	Process Measure:	
Start Date: December 2016	Strategic Relationship:	

RATIONALE

The Community Health Needs Assessment is a requirement of all not-for-profit hospital organizations in order to maintain their tax-exempt “charitable” status. In accordance with the IRS section 501(c)(3) section of the Federal Internal Revenue Code these organizations have long been required to report their activities for the in which they serve. Due to recent changes in the code with the implementation of the Patient Protection and Affordable Care Act these organizations must now complete a Community Health Needs Assessment (CHNA) every three years to gather information about needs in their community and report those on the 990 IRS Form. These assessments must be conducted in collaboration with other not-for-profit organizations, such as public health, other clinics, and population health focused organizations.

Goal

This strategy must address 1) the actions the Hospital intends to take, 2) the anticipated impact 3) our plan to evaluate such impact, 4) the resources hospital intend to commit to these actions, and 5) whether and how Community Hospital plans to collaborate with any partners in the community to carry out the planned actions aimed to help improve the overall health and wellness of our community.

Action step	Evaluation of Action Steps
<p><u>Priority #1:</u> 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.</p> <p><u>Rationale:</u> Per the responses collected from the focus groups, surveys, and County Health Rankings data, a need for increased wellness education and services. The responses specifically requested those including preventative screenings, weight management programs, physical activity opportunities, and access to affordable fitness opportunities.</p> <p><u>Objective:</u></p>	<p><u>Evaluation of Activities:</u></p> <p>Preventative Screenings & Education: -Tracking participation in health and wellness fair screenings -Tracking participation of local businesses in wellness screenings.</p> <p>Weight Management: -Tracking participation in “Eat Right, Get Fit” program via class instructors. -Track participation in Wellness Coaching through FitThumb Portal as well as appointments made with hospital coaches.</p> <p>Physical Activity & Fitness:</p>

<p>Engage our community in a culture of wellness through wellness-centered activities, sponsorships, classes and educational materials, especially those individuals who are underserved in our community.</p> <p><u>Activities:</u> Preventative Screenings & Education: -Quarterly health and wellness fairs offering preventative screenings at reduced cost to consumer. -Continued outreach to local area businesses for wellness screenings.</p> <p>Weight Management: -“Eat Right, Get Fit” CDC program offered throughout the year. -Wellness coaching for access to hospital resources for weight management.</p> <p>Physical Activity & Fitness: -Ongoing promotion of free group exercise class opportunities. -Incorporating physical activity tips and resources in monthly Wellness Newsletter to community. -Ongoing and increased awareness of FROG exercise program. -Quarterly physical activity focused challenges for the community</p>	<p>-Track participation and utilization of group exercise classes. -Monthly incorporation of stories, tips, or ideas for physical activity in Wellness Newsletter. -Tracking of participation in FROG classes throughout services area. -Tracking of participation in challenges by community members.</p> <p><u>Impact:</u> The goal of the abovementioned activities is to make a positive impact upon the lifestyles and behaviors of individuals in our community utilizing our available resources for: education, preventative screenings at a reduced cost, support, and awareness.</p> <p><u>Programs and/or Resources Utilized:</u> -“Eat Right, Get Fit” Program with Certified Trainers -Wellness Coaches -Wellness for Life Program -FROG Program</p>
<p><u>Priority #2:</u> 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.</p> <p><u>Rationale:</u> Per the responses collected by the surveys and focus groups, there are gaps in specialty services in the Community Hospital service area. In order to meet the mission of Regional Healthcare Excellence filling these gaps would be ideal.</p> <p><u>Objective:</u> Increase/continue efforts in recruiting specialists in the abovementioned areas of patient care to provide services and outreach clinics to Community Hospital.</p> <p><u>Activities:</u></p>	<p><u>Evaluation of Activities:</u></p> <p>Recruitment -Monthly reporting of recruiting activities through the Service Seed for specialty outreach clinic offerings. -Complete and evaluate feasibility studies for service needs</p> <p>Marketing -Evaluation and creation of new and improved marketing plans for specialty services being offered at Community Hospital. -Reporting of activities in Service Seed</p> <p><u>Impact:</u> The goal of the abovementioned activities is to better understand the needs of area patients and potential gaps in care that can be addressed. Also, increasing</p>

<p>Recruitment: -Continued work to recruit and sign contracts for outreach services in specialty patient care. -Conduct feasibility studies on the needs for specific services requested.</p> <p>Marketing: -Increased intentional marketing of specialists providing outreach clinics at Community Hospital.</p>	<p>awareness of services being offered with revamped marketing plans.</p> <p><u>Programs and/or Resources Utilized:</u> -Recruiting efforts with Human Resources and Specialty Clinic Director -Market research for feasibility study(ies) -Marketing materials and consulting services</p>
<p><u>Priority #3:</u> Mental Health and Substance Abuse support, education, outreach, and prevention.</p> <p><u>Rationale:</u> Per the responses of the surveys and focus groups a gap was identified for mental health and substance abuse support in Community Hospital’s service area. This issue has appeared on the 2010, 2013, and 2016 CHNA reports.</p> <p><u>Objective:</u> To understand the specific needs of the community for substance abuse and mental health services. Also, to identify any potential partnerships and/or collaborations for providing these services.</p> <p><u>Activities:</u> -Market study for providers and services in the area for substance abuse and mental health. -Outreach and recruiting to fulfill identified specific services, education, and needs.</p>	<p><u>Evaluation of Activities:</u> -Completion and evaluation of market study for area providers and services for substance abuse and/or mental health. -Tracking efforts for outreach and/or recruiting services and education for substance abuse and/or mental health. To be reported through Service Seed</p> <p><u>Impact:</u> The goal of the abovementioned activities is to understand the specific needs, current gaps, and potential partnerships/collaborations in the community to meet said needs. Also, continuing further advocacy at the state and national levels for these areas.</p> <p><u>Programs and/or Resources Utilized:</u> -Recruiting/Outreach efforts with Human Resources and Specialty Clinic Director -Market research for current providers and services in the area</p>



ACTION PLAN

PBM Family: Service Seed	Seed Champion/ AC Member: Karen Kliment Thompson
Champion : Sarah Wolford	Team Members: Karen, Steve, Sarah
Action Plan:	Process Measure:
Start Date: 1/1/2017	Strategic Relationship:

INSTRUCTIONS

1. **Rationale:** Briefly describe the reasons that this action is important enough to be included in the action plan process. Explain how it impacts the relevant seed or process family. (e.g. Objective and Process or Balanced Scorecard relation)
2. **Goal:** Should be **AMBITIOUS , SPECIFIC, MEASURABLE, ACHIEVABLE, RELEVANT, AND TIME LIMITED.** (Ex: Reduce wait times for mammograms by 75% within 3 weeks)
3. **Action Grid:** List each action to be taken in the **next 90 days**, the due date, the evaluation of the action, and the date actually completed.
4. **Reporting:** Report Action Plan status every 30 days or as required to Seed Champion/ AC Member.

RATIONALE

The Community Health Needs Assessment is a requirement of all not-for-profit hospital organizations in order to maintain their tax-exempt “charitable” status. In accordance with the IRS section 501(c)(3) section of the Federal Internal Revenue Code these organizations have long been required to report their activities for the in which they serve. Due to recent changes in the code with the implementation of the Patient Protection and Affordable Care Act these organizations must now complete a Community Health Needs Assessment (CHNA) every three years to gather information about needs in their community and report those on the 990 IRS Form. These assessments must be conducted in collaboration with other not-for-profit organizations, such as public health, other clinics, and population health focused organizations.

Goal

This strategy must address 1) the actions the Hospital intends to take, 2) the anticipated impact 3) our plan to evaluate such impact, 4) the resources hospital intend to commit to these actions, and 5) whether and how Community Hospital plans to collaborate with any partners in the community to carry out the planned actions aimed to help improve the overall health and wellness of our community.

Action step	Due date	Evaluation of Action Steps	Date complete
<p><u>Priority #1:</u> 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.</p>			

<p><u>Year One:</u></p> <ul style="list-style-type: none"> • Increase awareness of and access to Wellness for Life program and offerings. • Increase awareness of and participation in Eat Smart, Get Fit program • Increase educational opportunities for the public concerning wellness topics and health risk concerns 	<p>2/28/2017</p> <p>2/7/2017</p> <p>3/15/2017</p>	<ul style="list-style-type: none"> • Initiate Chamber Wellness Networking Events to provide education and outreach. • Track participation in Spring class and interest in future offerings. • Implement quarterly public education on wellness topics and health risk concerns 	<p>In creation.</p> <p>First on 3/16/2017</p>
<p><u>Priority #2:</u> 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.</p> <p><u>Year One:</u></p> <ul style="list-style-type: none"> • Implement rotating Facebook advertising featuring visiting specialists • Track recruiting efforts of new specialists through Service Seed • Feasibility studies for services not currently offered 	<p>2/28/2017</p> <p>Ongoing</p> <p>3/15/2017</p>	<ul style="list-style-type: none"> • Create and roll-out specialist ads highlighting specific specialties of interest by the public. • Track recruiting through Service Seed by opportunities and contacts • Initiate feasibility study for needs of specialty services in the area 	<p>In progress</p> <p>Tracking form in creation.</p> <p>In progress.</p>
<p><u>Priority #3:</u> Mental Health and Substance Abuse support, education, outreach, and prevention.</p> <p><u>Year One:</u></p> <ul style="list-style-type: none"> • Create and publish list of area providers for mental health support and counseling services • Formulate list of available telehealth providers through the Specialty Clinic • Consider other outlets through which mental health can be supported in the community – mentoring, supporting AA groups, NA groups, etc. 	<p>3/31/2017</p> <p>3/15/2017</p> <p>3/31/2017</p>	<ul style="list-style-type: none"> • Published listing of area providers for mental health services • Published listing of telehealth opportunities in the Specialty Clinic • Research area mental health/substance abuse support groups, contact leaders, formulate potential opportunities to support these groups. 	



ACTION PLAN

PBM Family: Service Seed	Seed Champion/ AC Member: Karen Kliment Thompson
Champion : Sarah Wolford	Team Members: Karen, Steve, Sarah
Action Plan: CHNA 2016 Priority Action Plan	Process Measure:
Start Date: August 2016	Strategic Relationship:

INSTRUCTIONS

- Rationale:** Briefly describe the reasons that this action is important enough to be included in the action plan process. Explain how it impacts the relevant seed or process family. (e.g. Objective and Process or Balanced Scorecard relation)
- Goal:** Should be **AMBITIOUS , SPECIFIC, MEASURABLE, ACHIEVABLE, RELEVANT, AND TIME LIMITED.** (Ex: Reduce wait times for mammograms by 75% within 3 weeks)
- Action Grid:** List each action to be taken in the **next 90 days**, the due date, the evaluation of the action, and the date actually completed.
- Reporting:** Report Action Plan status every 30 days or as required to Seed Champion/ AC Member.

RATIONALE

The Community Health Needs Assessment is a requirement of all not-for-profit hospital organizations in order to maintain their tax-exempt “charitable” status. In accordance with the IRS section 501(c)(3) section of the Federal Internal Revenue Code these organizations have long been required to report their activities for the in which they serve. Due to recent changes in the code with the implementation of the Patient Protection and Affordable Care Act these organizations must now complete a Community Health Needs Assessment (CHNA) every three years to gather information about needs in their community and report those on the 990 IRS Form. These assessments must be conducted in collaboration with other not-for-profit organizations, such as public health, other clinics, and population health focused organizations.

Goal

This strategy must address 1) the actions the Hospital intends to take, 2) the anticipated impact 3) our plan to evaluate such impact, 4) the resources hospital intend to commit to these actions, and 5) whether and how Community Hospital plans to collaborate with any partners in the community to carry out the planned actions aimed to help improve the overall health and wellness of our community.

Action step	Evaluation of Action Steps	Date complete
<u>Priority #1:</u> 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.		

<p><u>Year Two:</u></p> <ul style="list-style-type: none"> • Increase awareness of and access to Wellness for Life program and offerings. • Increase awareness of and participation in Eat Smart, Get Fit program • Increase educational opportunities for the public concerning wellness topics and health risk concerns • Increase education and awareness of necessary annual health physicals for the public. 	<ul style="list-style-type: none"> • Continue to grow and expand Business Networking group with quarterly lunch ‘n’ learns. • Track participation in Eat Smart, Get Fit program. • Purchase subscription to WELCOA’s <i>Well Balanced</i> newsletter to mail to chamber member monthly. • Support Rural Futures Institute (RFI) interns from UNK for THETA health camp for teens. • Create and mail Annual Wellness Checklist for public. Mail by EDDM. Offer prizes for those that complete the requirements. 	<p>Ongoing</p> <p>Ongoing</p> <p>Complete August 2018 – Ongoing</p> <p>Complete July-August 2018</p> <p>Complete February 2018</p>
<p><u>Priority #2:</u> 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.</p> <p><u>Year Two:</u></p> <ul style="list-style-type: none"> • Implement rotating Facebook advertising featuring visiting specialists • Track recruiting efforts of new specialists through Service Seed • Feasibility studies for services not currently offered 	<ul style="list-style-type: none"> • Create and roll-out specialist ads highlighting specific specialties of interest by the public. • Track recruiting through Service Seed by opportunities and contacts • Initiate feasibility study for needs of specialty services in the area 	<p>Complete</p> <p>Ongoing through Service Seed</p> <p>In process; completion anticipate 2019</p>

<p><u>Priority #3:</u> Mental Health and Substance Abuse support, education, outreach, and prevention.</p> <p><u>Year Two:</u></p> <ul style="list-style-type: none"> • Mental Health Collaboration • Create and publish list of area providers for mental health support and counseling services • Formulate list of available telehealth providers through the Specialty Clinic • Consider other outlets through which mental health can be supported in the community – mentoring, supporting AA groups, NA groups, etc. 	<ul style="list-style-type: none"> • VP Ancillary Services to put together Action Plan for this collaboration. • Published listing of area providers for mental health services • Published listing of telehealth opportunities in the Specialty Clinic • Research area mental health/substance abuse support groups, contact leaders, formulate potential opportunities to support these groups. 	<p>Complete</p> <p>Complete October 18</p> <p>Ongoing</p>
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ACTION PLAN

PBM Family: Service Seed	Seed Champion/ AC Member: Karen Kliment Thompson
Champion : Sarah Wolford	Team Members: Karen, Steve, Sarah
Action Plan: CHNA 2016 Priority Action Plan	Process Measure:
Start Date: August 2016	Strategic Relationship:

INSTRUCTIONS

- Rationale:** Briefly describe the reasons that this action is important enough to be included in the action plan process. Explain how it impacts the relevant seed or process family. (e.g. Objective and Process or Balanced Scorecard relation)
- Goal:** Should be **AMBITIOUS , SPECIFIC, MEASURABLE, ACHIEVABLE, RELEVANT, AND TIME LIMITED.** (Ex: Reduce wait times for mammograms by 75% within 3 weeks)
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RATIONALE

The Community Health Needs Assessment is a requirement of all not-for-profit hospital organizations in order to maintain their tax-exempt “charitable” status. In accordance with the IRS section 501(c)(3) section of the Federal Internal Revenue Code these organizations have long been required to report their activities for the in which they serve. Due to recent changes in the code with the implementation of the Patient Protection and Affordable Care Act these organizations must now complete a Community Health Needs Assessment (CHNA) every three years to gather information about needs in their community and report those on the 990 IRS Form. These assessments must be conducted in collaboration with other not-for-profit organizations, such as public health, other clinics, and population health focused organizations.

Goal

This strategy must address 1) the actions the Hospital intends to take, 2) the anticipated impact 3) our plan to evaluate such impact, 4) the resources hospital intend to commit to these actions, and 5) whether and how Community Hospital plans to collaborate with any partners in the community to carry out the planned actions aimed to help improve the overall health and wellness of our community.

Action step	Evaluation of Action Steps	Date complete
<u>Priority #1:</u> 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. <u>Year Three:</u>		

<ul style="list-style-type: none"> • Increase awareness of and access to Wellness for Life program and offerings. • Increase awareness of and participation in Eat Smart, Get Fit program • Increase educational opportunities for the public concerning wellness topics and health risk concerns • Increase education and awareness of necessary annual health physicals for the public. 	<ul style="list-style-type: none"> • Continue to grow and expand Business Networking group with quarterly lunch 'n' learns. • Track participation in Eat Smart, Get Fit program. • Purchase subscription to WELCOA's <i>Well Balanced</i> newsletter to mail to chamber member monthly. • Support Rural Futures Institute (RFI) interns from UNK for THETA health camp for teens. • Create and mail Annual Wellness Checklist for public. Mail by EDDM. Offer prizes for those that complete the requirements. 	<ul style="list-style-type: none"> • Enhancing program. Not good attendance in past. • Ongoing • Ongoing • Completed • Completed
<p><u>Priority #2:</u> 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.</p> <p><u>Year Three:</u></p> <ul style="list-style-type: none"> • Implement rotating Facebook advertising featuring visiting specialists • Track recruiting efforts of new specialists through Service Seed • Feasibility studies for services not currently offered 	<ul style="list-style-type: none"> • Create and roll-out specialist ads highlighting specific specialties of interest by the public. • Track recruiting through Service Seed by opportunities and contacts • Initiate feasibility study for needs of specialty services in the area 	<ul style="list-style-type: none"> • Ongoing • Ongoing • Completed
<p><u>Priority #3:</u> Mental Health and Substance Abuse support, education, outreach, and prevention.</p> <p><u>Year Three:</u></p> <ul style="list-style-type: none"> • Mental Health Collaboration 	<ul style="list-style-type: none"> • VP Ancillary Services to put together Action Plan for this collaboration. 	<ul style="list-style-type: none"> • Completed • Completed

<ul style="list-style-type: none"> • Create and publish list of area providers for mental health support and counseling services • Formulate list of available telehealth providers through the Specialty Clinic • Consider other outlets through which mental health can be supported in the community – mentoring, supporting AA groups, NA groups, etc. 	<ul style="list-style-type: none"> • Published listing of area providers for mental health services • Published listing of telehealth opportunities in the Specialty Clinic • Research area mental health/substance abuse support groups, contact leaders, formulate potential opportunities to support these groups. 	<ul style="list-style-type: none"> • Completed • Completed
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2019 CHNA PRELIMINARY HEALTH NEEDS

2019 Preliminary Health Needs

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



PRIORITIZATION

The Prioritization Process

- On June 10, 2019 leadership from CH met with CHC Consulting to review findings and prioritize the community's health needs.
Attendees from the hospital included:
 - Troy Bruntz, CEO
 - Sean Wolfe, CFO
 - Molly Herzberg, CNO
 - Karen Kliment Thompson, VP Ancillary Services
 - Lori Beeby, VP Support Services
 - Jon Reiners, Strategic Planning Manager
 - Sara Rybacki, Radiation Therapist
 - Patricia Wagner, Community Outreach and Wellness Coordinator
- Leadership ranked the health needs based on three factors:
 - Size and Prevalence of Issue
 - Effectiveness of Interventions
 - Hospital's Capacity
- See the following page for a more detailed description of the prioritization process.

The Prioritization Process

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

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

Health Needs Ranking

- Hospital leadership participated in a roundtable discussion 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 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

Final Priorities

- Hospital leadership decided to address all of the ranked health needs. The final health priorities that CH will address through its Implementation Plan are, in descending 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 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



RESOURCES IN THE COMMUNITY



Additional Resources in the Community

- In addition to the services provided by CH, 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
Brookdale Senior Living Solutions	Red Willow County	1500 E 11th St	McCook	NE	69001	308-345-2100	https://www.brookdale.com/en/communities/brookdale-mccook.html?oldurl=/communities/emeritus-willow-ridge/	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
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
<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

List of Community Resources in Red Willow County

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
<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
Great Plains Oral Surgery and Implant Center	Red Willow County	302 W 9th	McCook	NE	69001	308-345-1449	http://www.greatplainsoralsurgerynecom.websitecreatorpropreview2421.com/Oral-Surgery/	Dental Care Resource
Chris Nix, DDS	Red Willow County	411 W 5th St	McCook	NE	69001	308-345-2773		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	701 W N St.	McCook	NE	69001	308-345-3410		Dental Care Resource
<i>Clinic-Orthodontist</i>								
Bradley Hoppens, PC	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		Dental Care Resource
<i>Clinic-Podiatry</i>								
High Plains Podiatry	Red Willow County	306 W D St	McCook	NE	69001	308-345-3773		Medical Care Resource
<i>Clinic-Specialists</i>								
Community Hospital Medical	Red Willow County	1301 East H Street	McCook	NE	69001	308-344-8285		Medical 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>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		
<i>Rehabilitation Clinic</i>								
Community Hospital Rehabilitation		1301 H St.	McCook	NE	69001	308-344-2650		
<i>Helping Those in Need</i>								
McCook Pantry: St. Albans Episcopal Women, Infants & Children – WIC: Peoples Family Health						308-345-4844		
South West Area Training Services –						800-395-7336		
Feed the Flock: United Methodist						308-345-1530		
Salvation Army: McCook Christian						308-345-2445		
The Bargain Bazaar: St. Patrick's						308-345-1516		
The Helping Hand: United Methodist						308-345-5317		
Meals on Wheels: Heritage Senior						308-345-2445		
FAIR Exchange: Family Resource						308-345-1760		
McCook Toy Box: Community Action						308-345-2527		
McCook Coat Closet: Community						308-345-1187		
<i>Working with Children and Young Adults</i>								
Boy Scouts of America								
Girl Scouts of America								
YMCA						308-345-6228		
Court Appointed Special Advocates – CASA: Red Willow County Court						308-345-1904		
TeamMates Mentoring Program: McCook Junior High School						308-345-6940		
4-H Programs: University of Nebraska-Lincoln Extension in Red						308-345-3390		
School Programs-FFA, FBLA, Band, Boosters, PTO: McCook Public High						308-345-2510		

List of Community Resources in Red Willow County

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Project Everlast	State of Nebraska						http://www.heartlandcasa.org	Youth Services
<i>Helping Older Adults</i>								
Meals on Wheels: Heritage Senior						308-345-6795		
Community HealthCare & Hospice: Community Hospital						308-344-8356		
<i>Volunteers for a Cause</i>								
BeFriender Ministry: United						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						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						http://www.goodwillne.org/show-our-stores	Clothing & Household Assistance
The Salvation Army	State of Nebraska						http://www.salvationarmy.org	Clothing & Household Assistance
Helping Hand Thrift Store	Red Willow County	110 W C St	McCook	NE	69001			Clothing & Household Assistance
Bargain Bazaar Thrift Store	Red Willow County	222 W 1st St	McCook	NE	69001			Clothing & Household Assistance
<i>Education & Employment</i>								
Job Corps	Nationwide						http://pineridge.jobcorps.gov/home.aspx	Education & Job Assistance

List of Community Resources in Red Willow County

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
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
Workforce Development	State of Nebraska						http://dol.nebraska.gov/	
Food Resources								
Nutrition Education Program (NEP) and 4-H Program - UNL Cooperative	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					308-865-5683		Food Resources
Community Action Partnership Mid-McCook Food Pantry	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		
Legal Assistance								
Consumer Credit Counseling Services	Nationwide						http://www.cccsn.org	Legal Assistance
Legal Aid of Nebraska	State of Nebraska						http://www.legalaidofnebraska.com	
Utilities								
Emergency Assistance Programs - Nebraska Department of Health and	State of Nebraska						http://www.dhhs.ne.gov	

Community Providers

All Seasons Counseling Centre, LLC	
207 West 2nd St	308-345-4676
Merriul Thomas, MS, CPC, LIMHP, PCDGC	
Specializing in Gambling*, Depression, Anxiety, Adjustment Issues, Life Transitions, Adolescents, Anger Management, and more.	
*Free assessments and counseling may be available through the State of Nebraska for individuals with gambling issues.	
Ambience Counseling Center, LLC	
601 Norris Ave	308-345-4067
Lindsay McConville, MS CPC, LIMHP	
Katherine Andrews, MA, CPC, LIMHP	
Julie Burns, LADC, PLMHP	
Cherry Wulf, MS, PLMHP	
Visiting: Luke McConnell, PhD	
Specializing in outpatient mental health and substance abuse counseling.	
Christian Counseling Services	
1218 East B St	308-345-4880
Ed Putnam, MA, LMHP, CPC	
George Young, PLMHP	
Cora S. Berry, PC	
812 West 13th St	308-345-1429
Cora S. Berry, MA, LMHP, LADC, LPC, LCPC Licensed in Nebraska & Kansas.	
Growth & Enrichment Counseling	
1007 West 14th St	308-345-2932
Geraldine M. Brown, MS, CFSWC, CHC, CHt, EMDR, LPC, LIMHP	
Heartland Counseling & Consulting	
1012 West 3rd St	308-345-2770
Tamara Johnson, MD	
Kathryn Batson, APRN-NP	
Justina Johnson, RN	
Becky Durner, MA, LIMHP	
Carrie Roberts, LCSW, LIMHP	
Brenda Ruf, LMHP, LADC, SAP	
Marsha Wilkison, EdS, LIMHP	

Community Mental & Behavioral Health Providers

Unified Therapy Clinic	
212 East 1st St	308-345-4884
Rebecca Wiemers, LCSW, LMHP, MPA	
Hanah Nothnagel, LCSW, LMHP	
Sandra Gray, PLMHP	
Wendy Shifflet, PCMSW, PLMHP	



Community Hospital Providers

Community Hospital Telehealth Services	
1301 East H St	308-344-8285
Richard Young	
Hugo Gonzales, MD	
Ayla Gregg, APRN	
Emily Hensley, APRN	
June Leonard, APRN	
Jessica Sawyer, APRN	
Hillary Stone, APRN	
Malcom Behavioral Health	
Clint Malcom, APRN	
Platte Valley	
James Fish, MD	
UNMC	
Thomas Magnuson, MD	
Children's Hospital & Medical Center	
Jennifer McWilliams, MD	



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 Corporation.
 - 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 the majority of data indicators are statistically unreliable at the county level. Therefore, sets of years were combined to increase the reliability of the data while maintaining the county-level, or combined county-level, perspective.
 - The most significant information gap exists within this assessment’s ability to capture various county-level health data indicators, such as asthma, arthritis, binge drinking, current smokeless tobacco use, current e-cigarette use, days of poor mental health (14+), flu shot in past year, pneumonia shot (ever), medical cost barrier to care, no personal doctor, and annual routine checkup information. Data for these indicators is reported at the regional 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
- MUA/P AND HPSA INFORMATION
- STATE DESIGNATED SHORTAGE AREAS: INFORMATION & MAPS
- INTERVIEWEE INFORMATION



SUMMARY OF DATA SOURCES

Summary of Data Sources

- **Demographics**

- This study utilized demographic data from **IBM Watson Health Market Expert** tool.
- The **United States Bureau of Labor Statistics Local Area Unemployment Statistics** provides unemployment statistics by county and state; <http://www.bls.gov/lau/#tables>.
- 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 **CARES Engagement Network**, 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://engagementnetwork.org/>.
- The **Annie E. Casey Foundation** is a private charitable organization, dedicated to helping build better futures for disadvantaged children in the United States. One of their initiatives is the Kids Count Data Center, which provides access to hundreds of measures of child well-being by county and state; <http://datacenter.kidscount.org/>.

- **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/>.
- 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 Health Department District level data from the **Behavioral Risk Factor Surveillance System (BRFSS)**, provided by the Nebraska Department of Health and Human Services. Due to website construction during the time of this report, information was received via email in May 2019.

Summary of Data Sources

- **Health Data (continued)**

- This study also used health data collected by the **CARES Engagement Network**, 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://engagementnetwork.org/>.
- The **U.S. Census Bureau's Small Area Health Insurance Estimates** program produces the only source of data for single-year estimates of health insurance coverage status for all counties in the U.S. by selected economic and demographic characteristics. Data can be accessed at <https://www.census.gov/data-tools/demo/sahie/index.html>.
- The **U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA)** provides Medically Underserved Area / Population and Health Professional Shortage Area scores, and can be accessed at: <https://datawarehouse.hrsa.gov/tools/analyzers.aspx>.

- **Phone Interviews**

- CHC conducted interviews on behalf of CH from May 9, 2019 – June 3, 2019.
- Interviews were conducted and summarized by Valerie Hayes, Planning Manager.



DATA REFERENCES

2019 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430
For families/households with more than 8 persons, add \$4,420 for each additional person.	



MUA/P AND HPSA 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

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.
- *Red Willow County, Nebraska does not currently have any areas or populations designated by HRSA as MUAs or MUPs.*

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.

Health Professional Shortage Areas

Catchment Area 2

- **County Name:** Red Willow County
 - **HPSA Name:** Catchment Area 2
 - **Status:** Designated
 - **Rural Status:** Rural
-
- **HPSA Discipline Class:** Mental Health
 - **Designation Type:**
Geographic HPSA
 - **HPSA ID:** 7312770380
 - **HPSA Score:** 14
 - **HPSA Designation Last Update Date:** 10/27/2017

Health Professional Shortage Areas

Indianola Medical Clinic

- **County Name:** Red Willow County
 - **HPSA Name:** Indianola Medical Clinic
 - **Status:** Designated
 - **Rural Status:** Rural
-
- **HPSA Discipline Class:** Primary Care
 - **Designation Type:** Rural Health Clinic
 - **HPSA ID:** 1319993167
 - **HPSA Score:** 5
 - **HPSA Designation Last Update Date:** 10/19/2016



STATE DESIGNATED SHORTAGE AREAS: INFORMATION & MAPS

State of Nebraska
Guidelines for Designation of
Family Practice Shortage Areas

1. A service area may be a single county, a partial county, a group of contiguous counties, or an identified population group within a defined area.
2. In computing the population-to-physician ratio, physicians practicing family or general practice will be counted on a full-time equivalent (FTE) basis, with four hours counting as 0.1 FTE. Physicians will not be counted if they are practicing under Medicare, Medicaid, or licensure sanction, or if they have documented plans to discontinue practice within one year. Physicians will not be counted if they no longer have hospital and/or nursing home privileges in the county or service area for the area they serve.

If the population to FTE ratio is greater than the population of the service area, the population of the service area will be entered as the ratio. The Rural Health Advisory Commission will review individual concerns about full employment of a service area.

3. Service areas will be designated if there is no physician coverage or if the population-to-physician ratio equals or exceeds 2,000/1.
4. Service areas with a population-to-physician ratio at or between 1,500/1 - 1,999/1 will be designated if at least one of the following high need indicators is present:
 - a. The proportion of the population that is 65+ ranks in the highest quartile of the state;
 - b. The proportion of the population below the poverty level ranks in the highest quartile of the state;
 - c. The infant mortality rate ranks in the highest quartile of the state;
 - d. The low birth weight rate ranks in the highest quartile of the state;
 - e. More than half of the area's physicians are over 60 years old;
 - f. The area is a frontier area (fewer than six persons per square mile.)
5. Counties having a population greater than or equal to fifteen thousand inhabitants and/or included within a metropolitan statistical area as defined by the United States Department of Commerce, Bureau of the Census will not be designated. Special populations and/or facilities may be designated within these counties. Areas within a 25-mile radius of Lincoln and Omaha will not be designated.
6. Service areas designated as federal primary care Health Professional Shortage Area (HPSA) may be designated as state family practice shortage areas for purposes of the Nebraska Rural Health Incentive Programs, if requested by the community and/or clinic and approved by the Rural Health Advisory Commission.
7. The designation of an area will not be withdrawn if a student loan recipient or loan repayment applicant has chosen the area as a future practice site.

State of Nebraska

Guidelines for Designation of Shortage Areas in General Surgery, Internal Medicine, OB/Gyn, Pediatrics, and Psychiatry

1. A service area may be a single county or a group of contiguous counties.
2. In computing the population-to-physician ratio, physicians practicing a particular specialty will be counted on a full-time equivalent (FTE) basis, with four hours counting as 0.1 FTE. Physicians will not be counted if they are practicing under Medicare, Medicaid, or licensure sanction, or if they have documented plans to discontinue practice within one year. Psychiatrists working exclusively in an inpatient setting will not be counted.

If the population to FTE ratio is greater than the population of the service area, the population of the service area will be entered as the ratio. The Rural Health Advisory Commission will review individual concerns about full employment of a service area.

3. Service areas will be designated as shortage areas for a particular specialty if there is no local physician coverage in that specialty or if the population-to-specialist ratio equals or exceeds:

General Surgery	10,200/1
General Internal Medicine	3,250/1
Obstetrics/Gynecology	10,000/1
General Pediatrics	9,300/1
Psychiatry	10,000/1

4. Except as defined in 1 above, areas within a 25-mile radius of Lincoln and Omaha will not be designated.
5. The designation of an area will not be withdrawn if a student loan recipient or loan repayment applicant has chosen the area as a future practice site.

State of Nebraska

Guidelines for Designation of Physician Assistant Shortage Areas

1. A service area may be a single county or a group of contiguous counties.
2. Service areas will be designated as physician assistant shortage areas if there is no local physician coverage or if the population-to-physician ratio equals or exceeds the guideline for the specialty of the collaborating physician.
3. Except as defined in 1 above, areas within a 25-mile radius of Lincoln and Omaha will not be designated.
4. The designation of an area will not be withdrawn if a student loan recipient or loan repayment applicant has chosen the area as a future practice site.

Nebraska Department of Health & Human Services
Nebraska Office of Rural Health
k:/mjanssen/SHORT AREAS 2016/SHORT AREA GUIDELINES2016

Rural Health Advisory Commission
Adopted December 10, 1996
Updated: July 1, 2007

State of Nebraska

Guidelines for Designation of Nurse Practitioner Shortage Areas

1. A service area may be a single county or a group of contiguous counties.
2. Service areas will be designated as nurse practitioner shortage areas if there is no local physician coverage or if the population-to-physician ratio equals or exceeds the guideline for the specialty.
3. Except as defined in 1 above, areas within a 25-mile radius of Lincoln and Omaha will not be designated.
4. The designation of an area will not be withdrawn if a loan repayment applicant has chosen the area as a future practice site.

Nebraska Department of Health & Human Services
Nebraska Office of Rural Health
k:/mjanssen/SHORT AREAS 2016/SHORT AREA GUIDELINES2016

Rural Health Advisory Commission
Adopted December 10, 1996
Updated: July 1, 2007

State of Nebraska

Guidelines for Designation of Mental Health Professional Shortage Areas

1. A service area may be a single county or a group of contiguous counties.
2. Service areas will be designated as mental health professional shortage areas if there is no local coverage or if the population-to-psychiatrist full-time equivalency (FTE) ratio equals or exceeds 10,000/1.

If the population to FTE ratio is greater than the population of the service area, the population of the service area will be entered as the ratio. The Rural Health Advisory Commission will review individual concerns about full employment of a service area.

3. Except as defined in 1 above, areas within a 25-mile radius of Lincoln and Omaha will not be designated.
4. The designation of an area will not be withdrawn if a student loan recipient or loan repayment applicant has chosen the area as a future practice site.

Nebraska Department of Health & Human Services
Nebraska Office of Rural Health
k:/mjanssen/SHORT AREAS 2016/SHORT AREA GUIDELINES2016

Rural Health Advisory Commission
Adopted December 10, 1996
Updated July 1, 2007, 7/1/2010

**State of Nebraska
Guidelines for Designation of
General Dentistry
Shortage Areas**

1. A service area may be a single county, a partial county, a group of contiguous counties, or an identified population group within a defined area.
2. The designation of a service area as a General Dentistry Shortage Area will be based on the ratio of service area population to full-time equivalency (FTE) of general dentists in the service area. In computing the population-to-dentist ratio, dentists will be counted on a full-time equivalent basis, with four hours counting as 0.1 FTE. Dentists will not be counted if they are practicing under Medicare, Medicaid, or licensure sanction, or if they have documented plans to discontinue practice within one year.

If the population to FTE ratio is greater than the population of the service area, the population of the service area will be entered as the ratio. The Rural Health Advisory Commission will review individual concerns about full employment of a service area.

3. A service area is designated as a General Dentistry Shortage Area if there is no dentist in the service area or if the population-to-dentist ratio equals or exceeds **3000:1**.
4. Service areas with a population-to-dentist ratio at or between **2500/1 - 2999/1** will be designated if at least one of the following high need indicators is present:
 - a) Half or more of the dentists serving the area are 55 or older;
 - b) The proportion of the population below the poverty level ranks in the highest quartile of the state; or
 - c) The area is a frontier area (fewer than six persons per square mile).
5. Except as defined in 1 above, areas within a 50-mile radius of Lincoln and Omaha will not be designated.
6. Service areas designated as federal general dentistry Health Professional Shortage Area (HPSA) may be designated as state general dentistry shortage areas for purposes of the Nebraska Rural Health Incentive Programs, if requested by the community and/or clinic and approved by the Rural Health Advisory Commission.
7. The designation of an area will not be withdrawn if a student loan recipient or loan repayment applicant has chosen the area as a future practice site.

State of Nebraska

Guidelines for Designation of Pediatric Dentistry And Oral Surgery Shortage Areas

1. Counties and parts of counties outside a 50-mile radius of the cities of Lincoln and Omaha will be designated as pediatric dentistry shortage areas.
2. The designation of an area will not be withdrawn if a student loan recipient or loan repayment applicant has chosen the area as a future practice site.

Nebraska Department of Health & Human Services
Nebraska Office of Rural Health
k:/mjanssen/SHORT AREAS 2016/SHORT AREA GUIDELINES2016

Rural Health Advisory Commission
Adopted June 15, 2001
Updated 12/5/2003, 7/1/2007

State of Nebraska

Guidelines for Designation of Pharmacist Shortage Areas

1. A service area may be a single county or a group of contiguous counties.
2. The designation of a service area as a Pharmacist Shortage Area will be based on the ratio of service area population to full-time equivalency (FTE) of pharmacists practicing in the service area. In computing the population to pharmacist ratio, pharmacists will be counted on a full-time equivalent basis, with four hours counting as 0.1 FTE. Pharmacists will not be counted if they are practicing under Medicare, Medicaid, or licensure sanction, or if they have documented plans to discontinue practice within one year.

If the population to FTE ratio is greater than the population of the service area, the population of the service area will be entered as the ratio. The Rural Health Advisory Commission will review individual concerns about full employment of a service area.

3. A service area is designated as a Pharmacist Shortage Area if there is no pharmacist in the service area or if the population-to-pharmacist ratio equals or exceeds **1700:1**.
4. Service areas with a population-to-pharmacist ratio at or between **600/1 - 1699/1** will be designated if the proportion of the service area population 65 and older ranks in the highest quartile of the state or if more than half of the area's pharmacists are over 60 years old.
5. Except as defined in 1 above, areas within a 25-mile radius of Lincoln and Omaha will not be designated. Cities larger than 15,000 will not be designated.
6. The designation of an area will not be withdrawn if a loan repayment applicant has chosen the area as a future practice site.

Nebraska Department of Health & Human Services
Nebraska Office of Rural Health
k:/mjanssen/SHORT AREAS 2016/SHORT AREA GUIDELINES2016

Rural Health Advisory Commission
Adopted March 30, 1998
Updated April 16, 2005, 7/1/2010

State of Nebraska

Guidelines for Designation of Occupational Therapy Shortage Areas

1. A service area may be a single county or a group of contiguous counties.
2. In computing the population-to-occupational therapist (OT) ratio, OTs will be counted on a full-time equivalent (FTE) basis, with four hours counting as 0.1 FTE. OTs will not be counted if they are practicing under Medicare, Medicaid, or licensure sanction, or if they have documented plans to discontinue practice within one year.

If the population-to-OT ratio is greater than the population of the service area, the population of the service area will be entered as the ratio. The Rural Health Advisory Commission will review individual concerns about full employment of a service area.

3. A service area is designated as an Occupational Therapist Shortage Area if there is no Occupational Therapist practicing in the service area or if the population-to-OT ratio equals or exceeds **5000/1**.
4. Service areas with a population-to-OT ratio at or between **4500/1 - 4999/1** will be designated if at least one of the following high need indicators is present:
 - a) The area is a frontier area (fewer than six persons per square mile);
 - b) The proportion of the service area population 65 and older ranks in the highest quartile of the state;
 - c) The proportion of the service area Special Education students to the student population ranks in the highest quartile of the state;
 - d) The proportion of the service area population below the poverty level ranks in the highest quartile of the state; or
 - e) Fifty percent or more of the OTs practicing in the county are 60 or older.
5. Except as defined in 1 above, areas within a 50-mile radius of Lincoln and Omaha will not be designated.
6. The designation of an area will not be withdrawn if a loan repayment applicant has chosen the area as a future practice site.

State of Nebraska

Guidelines for Designation of Physical Therapy Shortage Areas

1. A service area may be a single county or a group of contiguous counties.
2. In computing the population-to-physical therapist (PT) ratio, PTs will be counted on a full-time equivalent (FTE) basis, with four hours counting as 0.1 FTE. PTs will not be counted if they are practicing under Medicare, Medicaid, or licensure sanction, or if they have documented plans to discontinue practice within one year.

If the population to licensed PT ratio is greater than the population of the service area, the population of the service area will be entered as the ratio. The Rural Health Advisory Commission will review individual concerns about full employment of a service area.

3. A service area is designated as a Physical Therapy Shortage Area if there is no physical therapist practicing in the service area or if the population-to-PT ratio equals or exceeds **5000/1**.
4. Service areas with a population-to-PT ratio at or between **4500/1 - 4999/1** will be designated if at least one of the following high need indicators is present:
 - a) The area is a frontier area (fewer than six persons per square mile);
 - b) The proportion of the service area population 65 and older ranks in the highest quartile of the state;
 - c) The proportion of the service area Special Education students to the student population ranks in the highest quartile of the state;
 - d) The proportion of the service area population below the poverty level ranks in the highest quartile of the state; or
 - e) Fifty percent or more of the PTs practicing in the county are 60 or older.
5. Except as defined in 1 above, areas within a 50-mile radius of Lincoln and Omaha will not be designated.
6. The designation of an area will not be withdrawn if a loan repayment applicant has chosen the area as a future practice site.

Rural* Counties over 15,000 population (2014 Census)

Adams	Dakota	Gage	Madison	Saunders	Washington
Buffalo	Dawson	Hall	Otoe	Scotts Bluff	
Cass	Dodge	Lincoln	Platte	Seward	

*Douglas, Lancaster, and Sarpy Counties are not rural counties.

Rural Communities over 15,000 population (2014 Census)

Columbus (Platte County)	Kearney (Buffalo County)
Fremont (Dodge County)	Norfolk (Madison County)
Grand Island (Hall County)	North Platte (Lincoln County)
Hastings (Adams County)	Scottsbluff (Scotts Bluff County)

Whole Counties within 50-mile radius of Lincoln and Omaha

Butler	Otoe	Seward
Cass	Saline	Washington
Johnson	Saunders	

Part of these Counties within 50-mile radius of Lincoln and Omaha

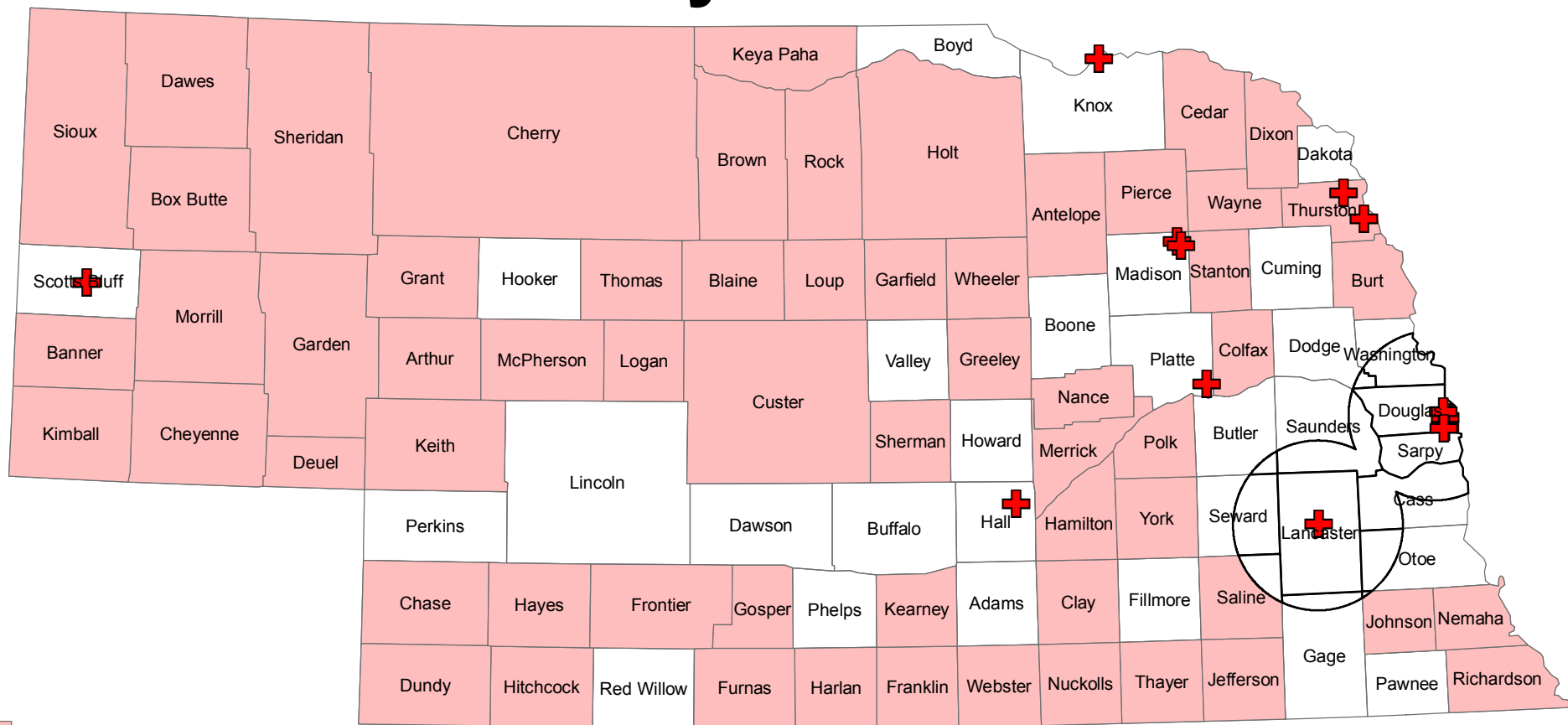
Burt	Dodge	Jefferson	Polk
Colfax	Fillmore	Nemaha	York
Cuming	Gage	Pawnee	

Part of these Counties within 25-mile radius of Lincoln and Omaha

Butler	Otoe	Seward
Cass	Saline	Washington
Gage	Saunders	


Revised August 2016

State-Designated Shortage Areas Family Practice



 State Shortage Area

 Not State Shortage Area

 Community Health Center and Indian Health Services Sites

Source: Rural Health Advisory Commission

DHHS - Nebraska Office of Rural Health

Statewide Review: 2019

Last Updated: April 2019

Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas 2019

Data File Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas 2019 >

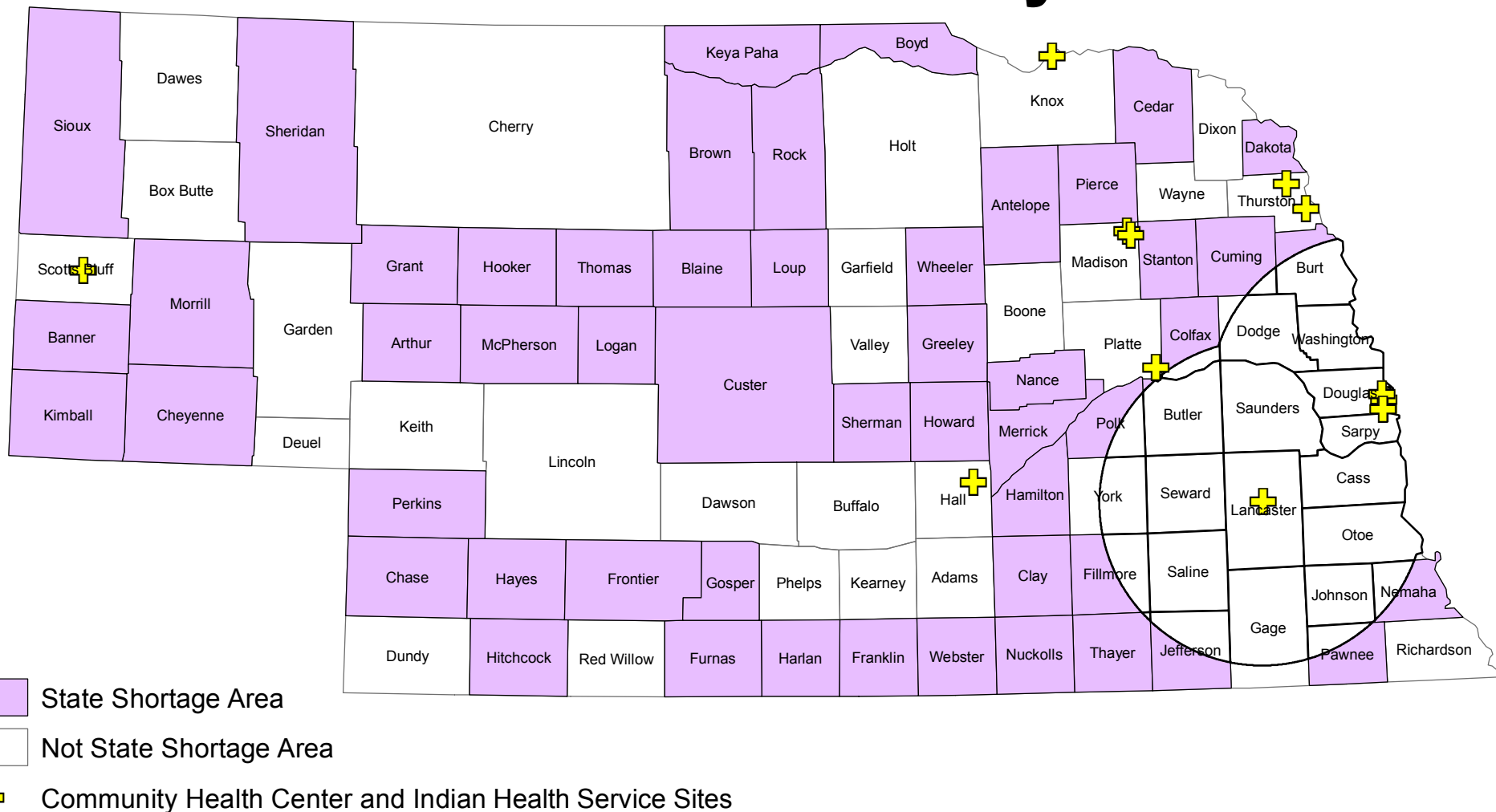
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Cartography: Ryan Ossell | Community and Regional Planning Intern | DHHS

For: Thomas Rauner | Primary Care Office Director

thomas.rauner@nebraska.gov | 402-471-0148

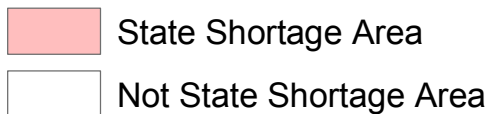
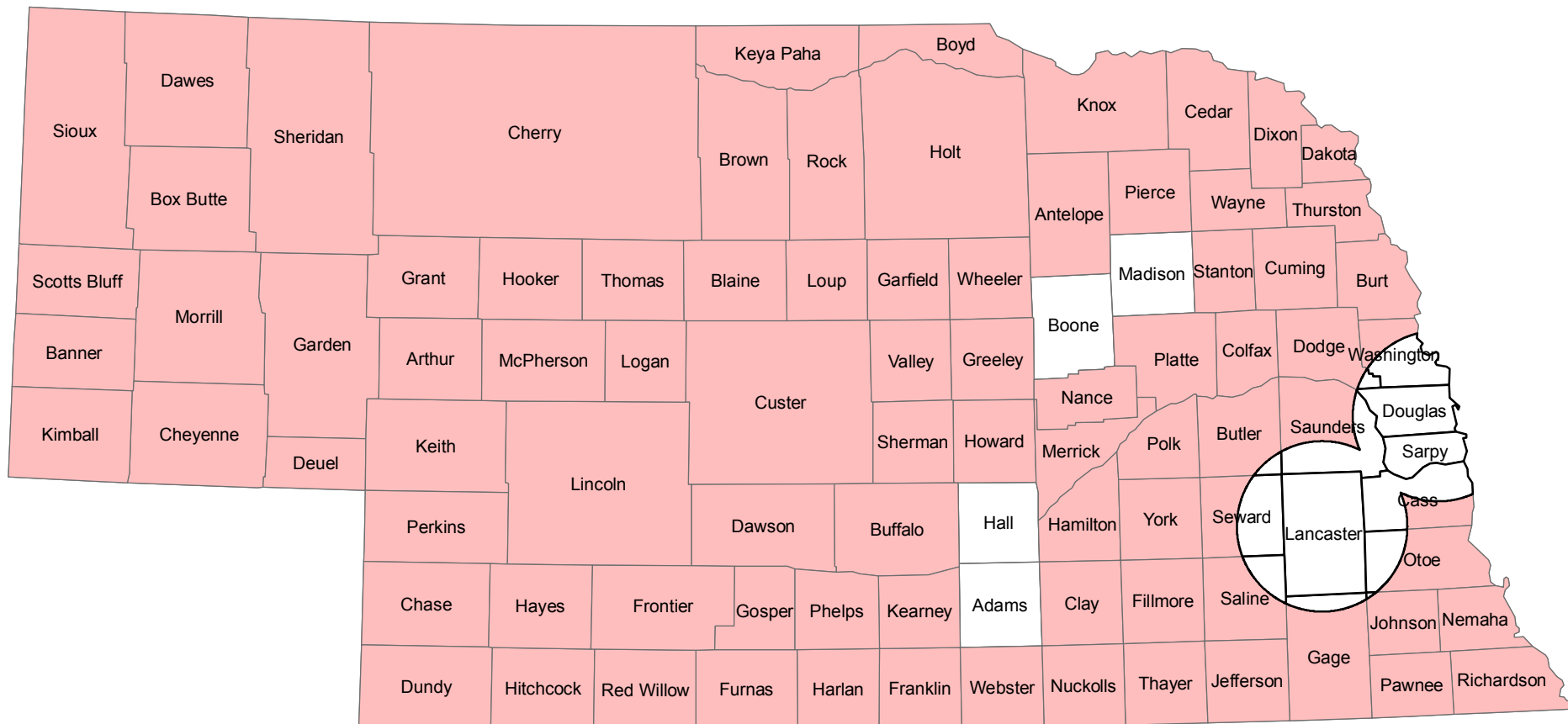
State-Designated Shortage Areas General Dentistry



Source: Rural Health Advisory Commission
 DHHS - Nebraska Office of Rural Health
 Statewide Review: 2019
 Last Updated: April 2019
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Cartography: Ryan Ossell | Community and Regional Planning Intern | DHHS
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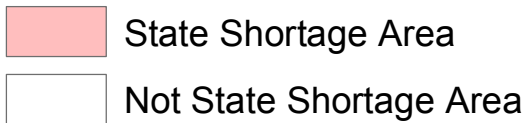
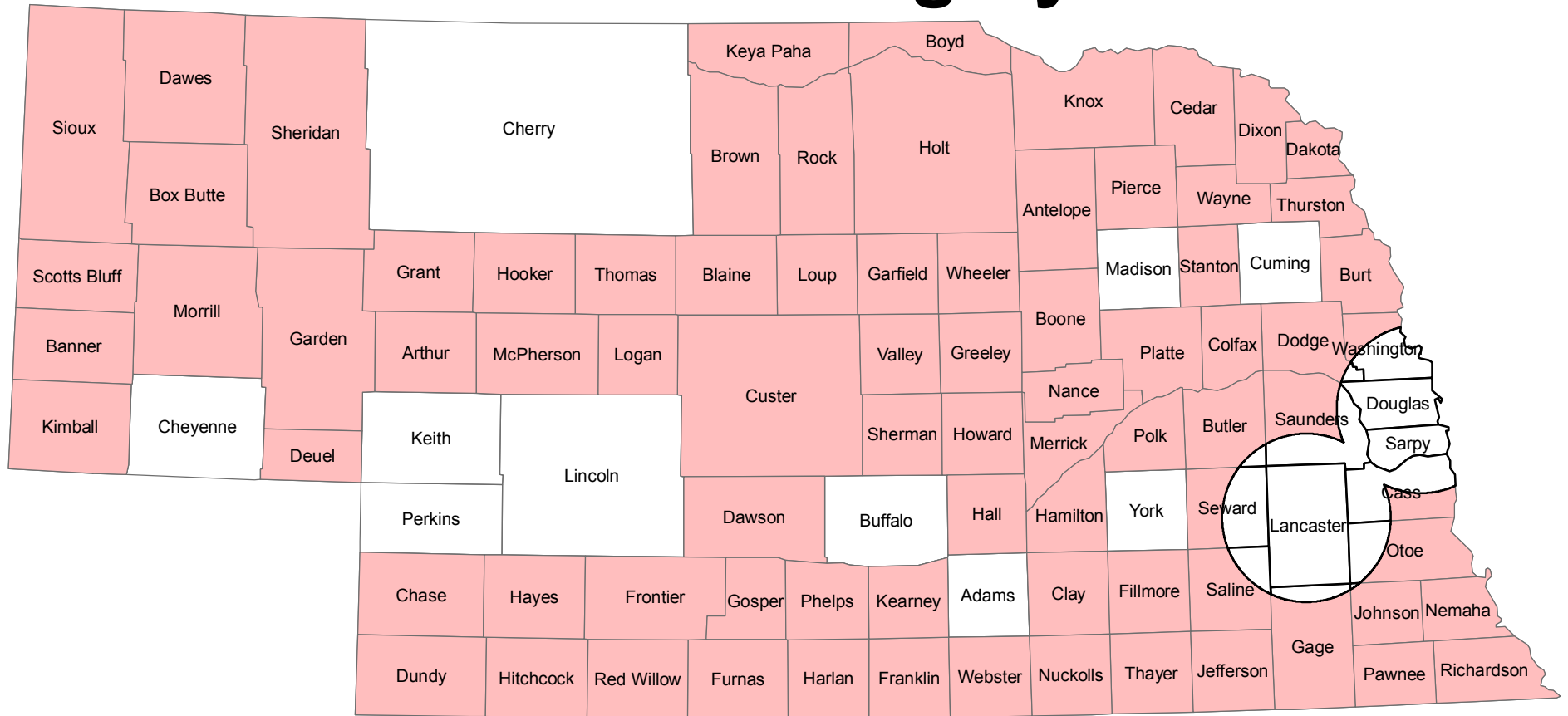
State-Designated Shortage Areas General Pediatrics



Source: Rural Health Advisory Commission
 DHHS - Nebraska Office of Rural Health
 Statewide Review: 2019
 Last Updated: April 2019
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Cartography: Ryan Ossel | Community and Regional Planning Intern | DHHS
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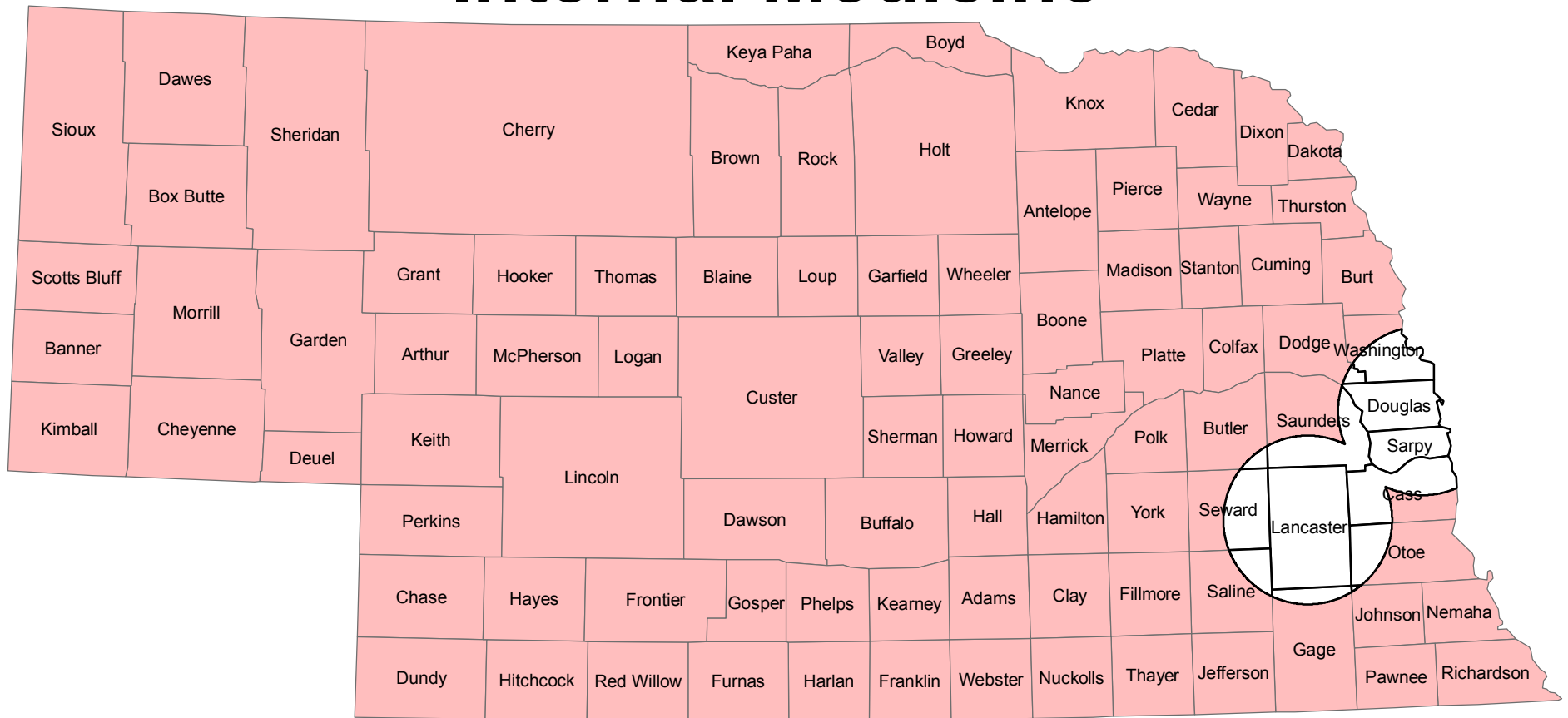
State-Designated Shortage Areas General Surgery



Source: Rural Health Advisory Commission
 DHHS - Nebraska Office of Rural Health
 Statewide Review: 2019
 Last Updated: April 2019
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State-Designated Shortage Areas Internal Medicine



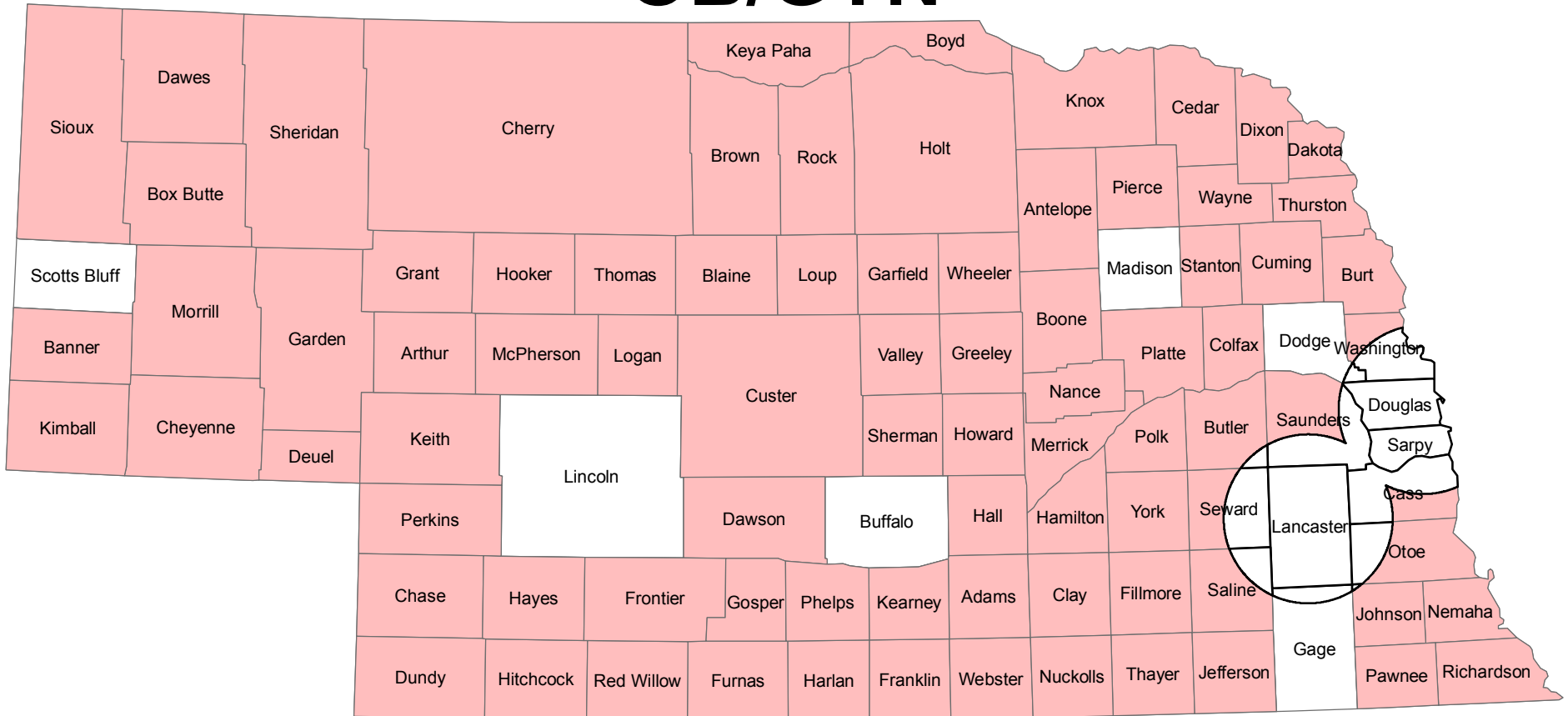
State Shortage Area



Not State Shortage Area

Source: Rural Health Advisory Commission
 DHHS - Nebraska Office of Rural Health
 Statewide Review: 2019
 Last Updated: April 2019
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State-Designated Shortage Areas OB/GYN

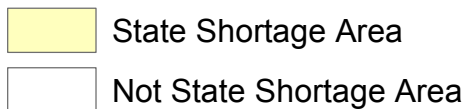
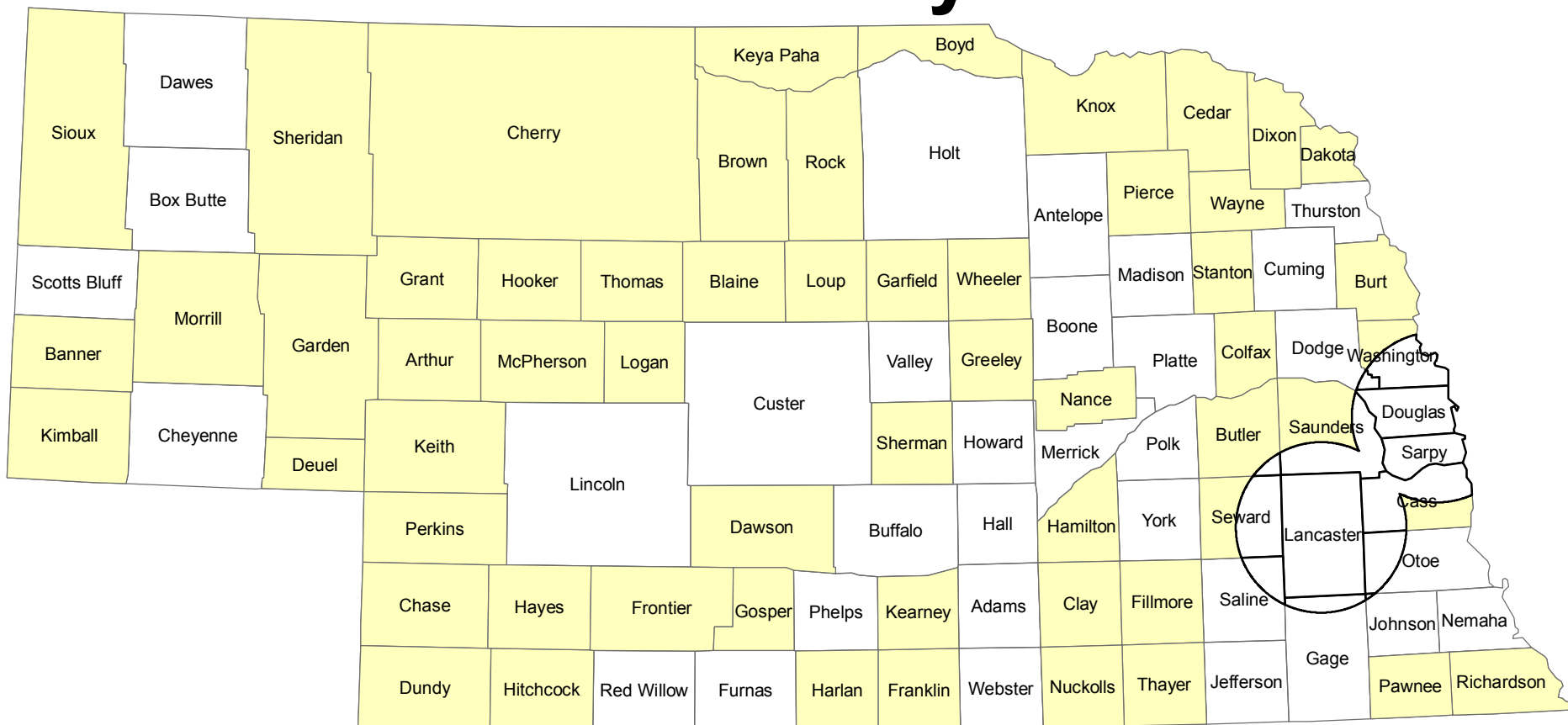


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 Not State Shortage Area

Source: Rural Health Advisory Commission
 DHHS - Nebraska Office of Rural Health
 Statewide Review: 2019
 Last Updated: April 2019
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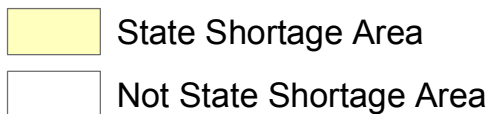
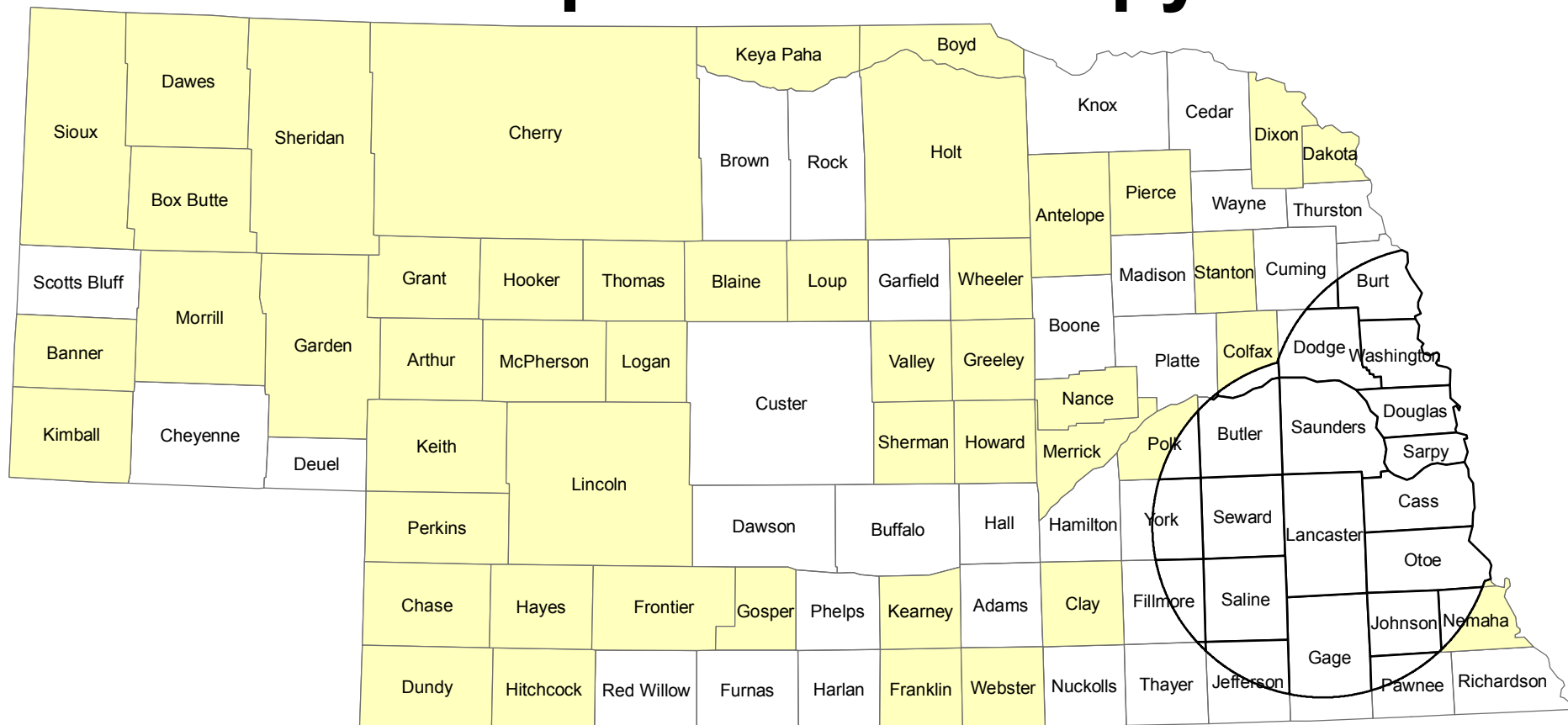
State-Designated Shortage Areas Pharmacy



Source: Rural Health Advisory Commission
 DHHS - Nebraska Office of Rural Health
 Statewide Review: 2019
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Cartography: Ryan Ossell | Community and Regional Planning Intern | DHHS
 For: Thomas Rauner | Primary Care Office Director
 thomas.rauner@nebraska.gov | 402-471-0148

State-Designated Shortage Areas Occupational Therapy

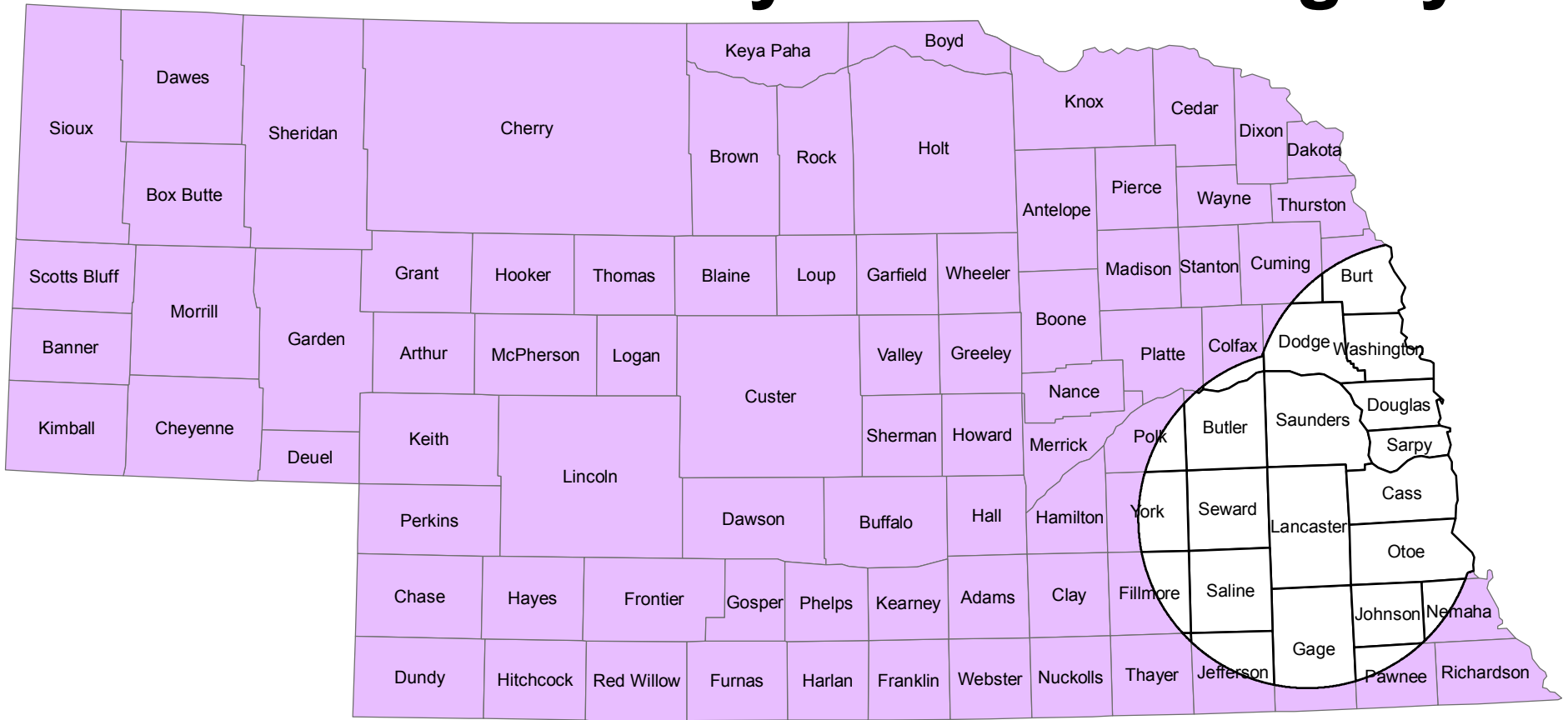


Source: Rural Health Advisory Commission
 DHHS - Nebraska Office of Rural Health
 Statewide Review: 2019
 Last Updated: April 2019

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Cartography: Ryan Ossell | Community and Regional Planning Intern | DHHS
 For: Thomas Rauner | Primary Care Office Director
 thomas.rauner@nebraska.gov | 402-471-0148

State-Designated Shortage Areas Pediatric Dentistry and Oral Surgery

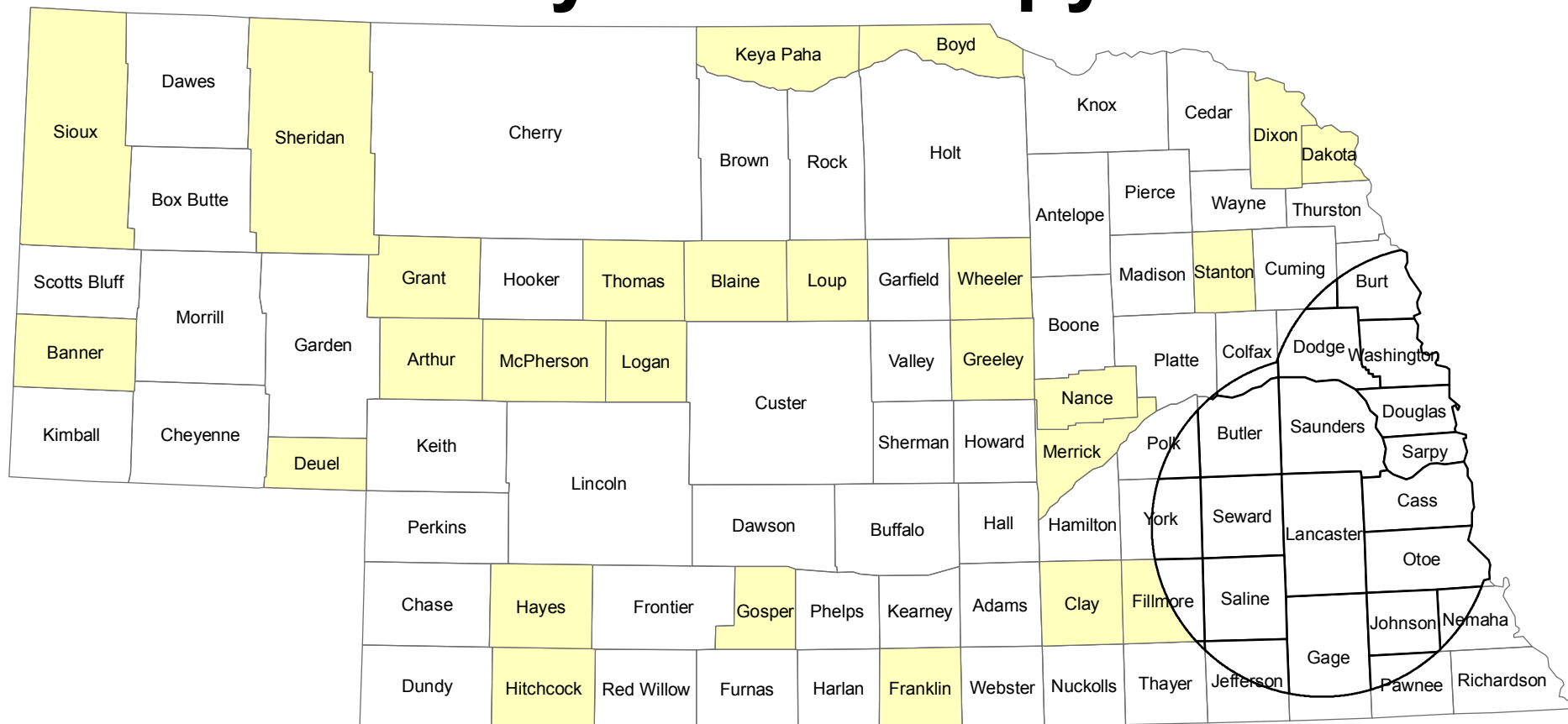


- State Shortage Area
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Source: Rural Health Advisory Commission
 DHHS - Nebraska Office of Rural Health
 Statewide Review: 2019
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Cartography: Ryan Ossel | Community and Regional Planning Intern | DHHS
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State-Designated Shortage Areas Physical Therapy

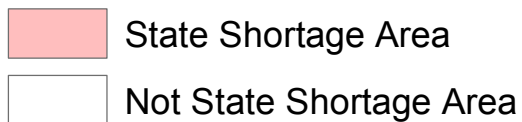
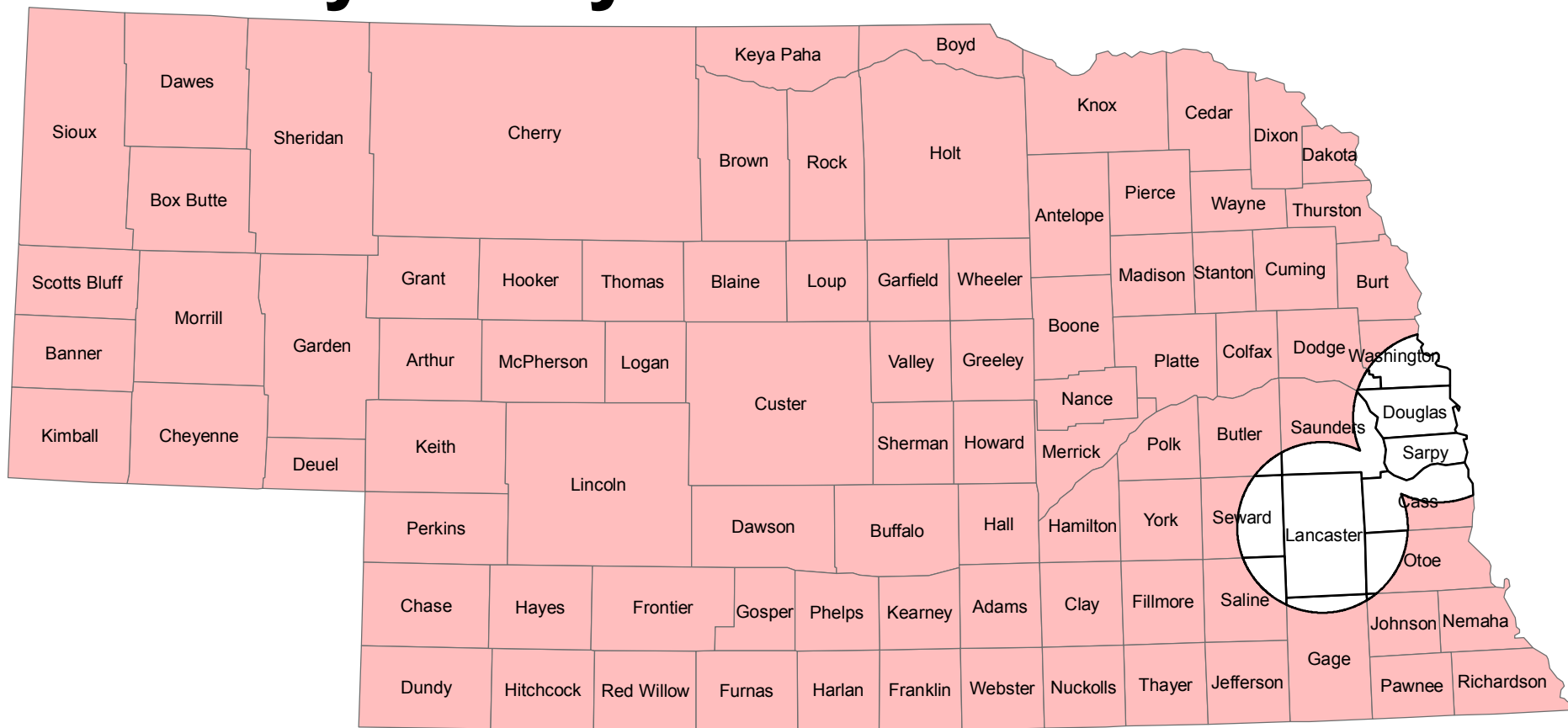


- State Shortage Area
- Not State Shortage Area

Source: Rural Health Advisory Commission
 DHHS - Nebraska Office of Rural Health
 Statewide Review: 2019
 Last Updated: April 2019
 Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas 2019
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 Excel files > Copy of HPTS hours for shortage area - PT

Cartography: Ryan Ossell | Community and Regional Planning Intern | DHHS
 For: Thomas Rauner | Primary Care Office Director
 thomas.rauner@nebraska.gov | 402-471-0148

State-Designated Shortage Areas Psychiatry and Mental Health



Source: Rural Health Advisory Commission
 DHHS - Nebraska Office of Rural Health
 Statewide Review: 2019
 Last Updated: April 2019
 Location: K: RURAL_HEALTH > Rural Health Intern > State Shortage Areas 2019
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Cartography: Ryan Ossell | Community and Regional Planning Intern | DHHS
 For: Thomas Rauner | Primary Care Office Director
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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	
Brad Cheek	Administrator	Hillcrest Nursing Home	5/15/2019	Multi-county area, including Red Willow County	Valerie Hayes		x		Elderly, Vulnerable
Bruce Crosby	Editor	McCook Gazette	5/10/2019	Red Willow County	Valerie Hayes			x	General Public
Ben Dutton	Extension Educator/Unit Leader	Nebraska Extension in Red Willow County	5/10/2019	Multi-county area, including Red Willow County	Valerie Hayes		x		General Public
Brian Esch	President & Chief Executive Officer	MNB Bank	5/17/2019	Red Willow County	Valerie Hayes			x	General Public
Julie Gillespie	Board Member	Community Hospital	5/22/2019	Multi-county area, including Red Willow County	Valerie Hayes		x		General Public
Ronda Graff	Coordinator	McCook Community Foundation Fund	5/17/2019	Multi-county area, including Red Willow County	Valerie Hayes		x		General Public
Pam Harsh	Director	Red Willow County Health Department	5/21/2019	Red Willow County	Valerie Hayes	x			General Public
Jeff Kelley	Pastor	United Methodist Church	6/3/2019	Red Willow County	Valerie Hayes			x	Faith-based, General Public
Andy Long	Executive Director	McCook Economic Development Corporation	5/9/2019	Red Willow County	Valerie Hayes			x	General Public
Jamie Mockry	Director	McCook Chamber of Commerce	5/13/2019	Red Willow County	Valerie Hayes			x	General Public
Grant Norgaard	Superintendent	McCook Public Schools	5/21/2019	Red Willow County	Valerie Hayes			x	Children, Teens/adolescents
Nate Schneider	City Manager	City of McCook	5/22/2019	Red Willow County	Valerie Hayes			x	General Public
Karen Shepherd	Vice President	Pinnacle Bank	5/16/2019	Red Willow County	Valerie Hayes			x	General Public
Beth Siegfried	Director	McCook Senior Center	5/22/2019	Multi-county area, including Red Willow County	Valerie Hayes		x		Elderly, Vulnerable
Myra Stoney	Director	Southwest Nebraska Public Health Department	5/15/2019	Multi-county area, including Red Willow County	Valerie Hayes	x			General Public
Linda Taylor	Owner	Video Kingdom Electronics	5/16/2019	Red Willow County	Valerie Hayes			x	General Public
Todd Thiezen	Board Member	Community Hospital	5/20/2019	Multi-county area, including Red Willow County	Valerie Hayes		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, May 9, 2019 - June 3, 2019.

Section 2:

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 five 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 five 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	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.						
1.B. Community Hospital will continue to increase awareness of and participation in the Eat Smart, Get Fit program.						
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.						
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.						
1.F. Community Hospital will continue to host various support and educational groups at the facility.						
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.						
1.H. Community Hospital will continue to offer a wide variety of salad bar options in the cafeteria for employees and the community.						

Action Steps	FY 2020		FY 2021		FY 2022	
	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.I. Community Hospital will continue 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.						
1.K. Community Hospital will continue to provide staff representation at various conferences focused around its patient population's needs.						
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.						
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.						
1.N. Community Hospital will promote local radon mitigation efforts in the community.						

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	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.						
2.B. Community Hospital will continue 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.						
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.						
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.						
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.						
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.						

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	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.						
3.B. Community Hospital will continue to implement rotating Facebook advertisements featuring visiting specialists.						
3.C. Community Hospital will continue 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.						
3.E. Community Hospital will continue to offer various mobile services on a regular basis, such as PET/CT, cardiovascular screenings, and nuclear medicine.						
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.						
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.						

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	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.						
4.B. Community Hospital will continue 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.						
4.D. Community Hospital will continue 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	FY 2020		FY 2021		FY 2022	
	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
6.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.						
6.B. Community Hospital will continue to host and participate in donation drives to benefit underserved organizations in the community, as well as educational events.						
6.C. Community Hospital will continue to provide a language line to offer translation services for non-English speaking patients and families as needed.						
6.D. Community Hospital provides financial counseling services for patients requiring assistance.						

Section 3:

Feedback, Comments and Paper Copies



INPUT REGARDING THE HOSPITAL'S CURRENT CHNA



CHNA Feedback Invitation

- CH 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

Email: CHNA@chmccook.org

Please find the most up to date contact information on the Community Hospital website under “About” > “Community Health Needs Assessment”:

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



Thank you!

Community Hospital Corporation
7800 N. Dallas Parkway, Suite 200
Plano, TX 75024
972-943-6400

www.communityhospitalcorp.com

Lisette Hudson - lhudson@communityhospitalcorp.com

Valerie Hayes - vhayes@communityhospitalcorp.com