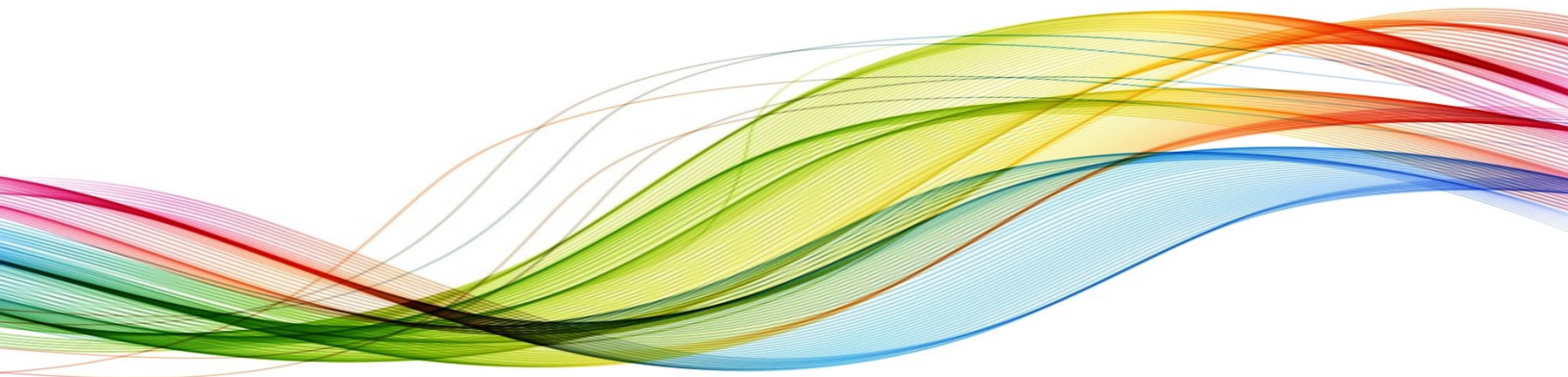# Community Health Needs Assessment
Tri Valley Health System
Furnas County, Nebraska

March 2019

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment
Table of Contents

I. Executive Summary

[VVV Consultants LLC]

I. Executive Summary

Tri Valley Health System - Furnas County, NE - 2019 Community Health Needs Assessment (CHNA) Wave #3

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders and providers, along with the local residents, to research and prioritize county health needs and document community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years.

Furnas Co, NE previous CHNA was completed in 2016. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #3 Furnas Co, NE CHNA assessment began Fall 2018 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

Important community CHNA Benefits for both the local hospital and the health department, are as follows: 1) Increases knowledge of community health needs and resources 2) Creates common understanding of the priorities of the community's health needs 3) Enhances relationships and mutual understanding between and among stakeholders 4) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community 5) Provides rationale for current and potential funders to support efforts to improve the health of the community 6) Creates opportunities for collaboration in delivery of services to the community and 7) Provides guidance to the hospital and local health department for how they can align their services and community benefit programs to best meet needs, and 8) fulfills Hospital "Mission" to deliver quality health care.

a) County Health Area of Future Focus
Furnas County CHNA Town Hall - "Community Health Improvements Needs"

2019 CHNA Health Priorities - Furnas County (NE) CHNA Wave #3 Town Hall Tri Valley PSA (33 Attendees, 92 Votes)				
#	**Community Health Needs to Change and/or Improve**	**Votes**	**%**	**Accum**
1	**Child Care Services**	13	14.1%	14.1%
2	**Housing**	11	12.0%	26.1%
3	**HC Staffing Shortages (Nurses, etc)**	9	9.8%	35.9%
4	**Aging Nursing Home Facilities**	9	9.8%	45.7%
5	**Physician Recruitment (Visiting Specialists: Endo, ENT, Derm, Rhu, Url) Desire to see the same provider each visit.**	11	12.0%	57.6%
6	**HC Insurance Options**	8	8.7%	66.3%
7	**Community Hospital Perception (focus Arapahoe)**	6	6.5%	72.8%
8	**Drugs (Opioids, Meth, Marijuana)**	6	6.5%	79.3%
	Total Votes:	**92**	**100.0%**	

Other Items receiving votes: Obesity, Mental Health Facilities, Alcohol, Urgent Care, Chronic Diseases (COPD, CHF, Hyper, others) and Up to Date Medical delivery practices.

b) Town Hall CHNA Findings: Areas of Strengths

Furnase County NE CHNA Town Hall - "Community Health Areas of Strengths"

Furnas County - Community Health "Strengths"			
#	**Topic**	**#**	**Topic**
1	Access to Care	1	Hospital
2	Aging (Senior Care)	2	Medical Staff
3	Clinics(walk-in)	3	Quality of Care
4	Community Lead Healthcare	4	Specialty Services
5	Facilities	5	Wellness Education/Health Fair

Key CHNA Wave#3 Secondary Research Conclusions are as follows:

NEBRASKA HEALTH RANKINGS: According to the 2018 Robert Woods Johnson County Health Rankings, Furnas County NE was ranked 68th in Health Outcomes, 43rd in Health Factors, and 41st in Physical Environmental Quality out of the 80 Counties.

TAB 1. Furnas County's population is 4,780 (based on 2017), with a population per square mile (based on 2010) of 7 persons. Five percent (5.4%) of the population is under the age of 5 and 24.3% is over 65 years old. Fifty percent (50.2%) of Furnas County is Female. Hispanic or Latinos make up 4.4% of the population and there are 3.3% of Furnas County citizens that speak a language other than English at home. In Furnas County, children in single parent households make up 20% and 88.5% are living in the same house as 1 year ago. There are 325 Veterans living in Furnas County.

TAB 2. The per capita income in Furnas County is $43,400, and 11.2% of the population in poverty. There are 2,715 total housing units with a severe housing problem of 12%. There are 533 total firms (based on 2012) in Furnas County and an unemployment rate of 2.9%. Food insecurity is at 13%, and limited access to a store (healthy foods) is high, at 20%.

TAB 3. Children eligible for a free or reduced-price lunch is at 31% and 89% of students graduate high school while 18.2% of students get their bachelor's degree or higher in Furnas County.

TAB 4. The percent of births where prenatal care started in the first trimester is 75% and 25% of births in Furnas County occur to unmarried women. Fifteen percent (15.4%) of births are premature and 24% of births occur to women in their teens.

TAB 5. There is one primary care physician per 1,620 people in Furnas County. Preventable hospital stays are very high at 77 compared to the comparative norm.

TAB 6. Fourteen percent (14%) of people are getting treated for depression in Furnas County. On average, 3.4 days out of the 2018 year were poor mental health days in Furnas County.

TAB 7. Thirty-two percent (32%) of adults in Furnas County are obese (based on 2018), with 27% of the population physically inactive. Seventeen percent (17%) of adults drink excessively

and 16% smoke. Hypertension risk is at 51.8%, while Asthma is at 5.6%. COPD is higher than the comparative norm at 12.1% as well as Heart failure at 19.1%.

TAB 8. The adult uninsured rate for Furnas County is 11%.

TAB 9. The life expectancy rate in Furnas County is 76 for Males and 80.9 for Females. Heart Disease Mortality rate (per 100,000) is high at 199.7 and the Cancer Mortality rate (per 100,000) is high at 168.3, compared to the norm. The age-adjusted Chronic Lower Respiratory Morality rate is also high at 49.1 and alcohol-impaired driving deaths is very high (50%), compared to the comparative norm in Nebraska.

TAB 10. Seventy percent of Furnas County has access to exercise opportunities and as high as 89% monitor diabetes. 69% of women in Furnas County get annual mammography screenings (based on 2018).

Key 2019 Community Feedback Conclusions: Stakeholder feedback from residents, community leaders and providers (N=96) provided the following community insights via an online perception survey:

- Using a Likert scale, 77.1% of Furnas County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Furnas County stakeholders are satisfied with the following services: Ambulance Services, Emergency Room Services, Hospice Services, Inpatient Services, Nursing Home Services, Outpatient Services, Pharmaceutical Services, and Physician Clinics.
- When considering past CHNA needs Affordable Health Insurance Options, Nursing Shortages, Awareness of Healthcare Services Offered, Mental Health Services, Drug Abuse (Opioids), Awareness of Aging Primary Care Providers, and Nursing Home Beds/ Aging Nursing Home Facilities were identified.

CHNA Wave #3		Ongoing Problem			Pressing
Past CHNAs health needs identified		Furnas Co N=96		Trend	Furnas Co N=96
#	Topic	Votes	%		RANK
1	Affordable Health Insurance Options	49	25.4%		1
2	Nursing Shortages	46	23.8%		2
3	Awareness of Healthcare Services Offered	25	13.0%		4
4	Mental Health Services (Diagnosis and Placement)	24	12.4%		3
5	Drug Abuse (Opioids)	23	11.9%		5
6	Awareness of Aging Primary Care Providers	13	6.7%		7
7	Nursing Home Beds / Aging Nursing Home Facilities	13	6.7%		6
8	TOTALS	193	100.0%		

II. Methodology

[VVV Consultants LLC]

II. Methodology
a) CHNA Scope and Purpose

The federal Patient Protection and Affordable Care Act (ACA) requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs. Any hospital who has filed a 990 is required to conduct a CHNA. IRS Notice 2011-52 was released in late fall of 2011 to give notice and request comments.

JOB #1: Meet/Report IRS 990 Required Documentation

1. A <u>description of the community served</u> by the facility and how the community was determined;
2. A <u>description of the process</u> and methods used to conduct the CHNA;
3. The <u>identity of any and all organizations</u> with which the organization collaborated and third parties that it engaged to assist with the CHNA;
4. A <u>description of how</u> the organization considered the input of persons representing the community *(e.g., through meetings, focus groups, interviews, etc.)*, who those persons are, and their qualifications;
5. A <u>prioritized description of all of the community needs</u> identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and
6. A <u>description of the existing health care facilities and other resources within the community</u> available to meet the needs identified through the CHNA.

Section 501(r) provides that a CHNA must take into account input from persons who represent the broad interests of the community served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: Government agencies with current information relevant to the health needs of the community and representatives or members in the community that are medically underserved, low-income, minority populations, and populations with chronic disease needs. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.).

JOB #2: Making a CHNA Widely Available to the Public

The Notice provides that a CHNA will be considered to be "conducted" in the taxable year that the written report of the CHNA findings is made widely available to the public. The Notice also indicates that the IRS intends to pattern its rules for **making a CHNA "widely available to the public"** after the rules currently in effect for Form 990. Accordingly, an organization would make a **facility's written report** widely available by posting the final report on its website either in the form of (1) the report itself, in a readily accessible format or (2) a link to another organization's website, along with instructions for accessing the report on that website. *The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

JOB #3: Adopt an Implementation Strategy by Hospital

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. The Notice defines an "implementation strategy" as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it. A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Great emphasis has been given to work hand-in-hand with leaders from hospitals, the state health department and the local health department. A common approach has been adopted to create the CHNA, leading to aligned implementation plans and community reporting.
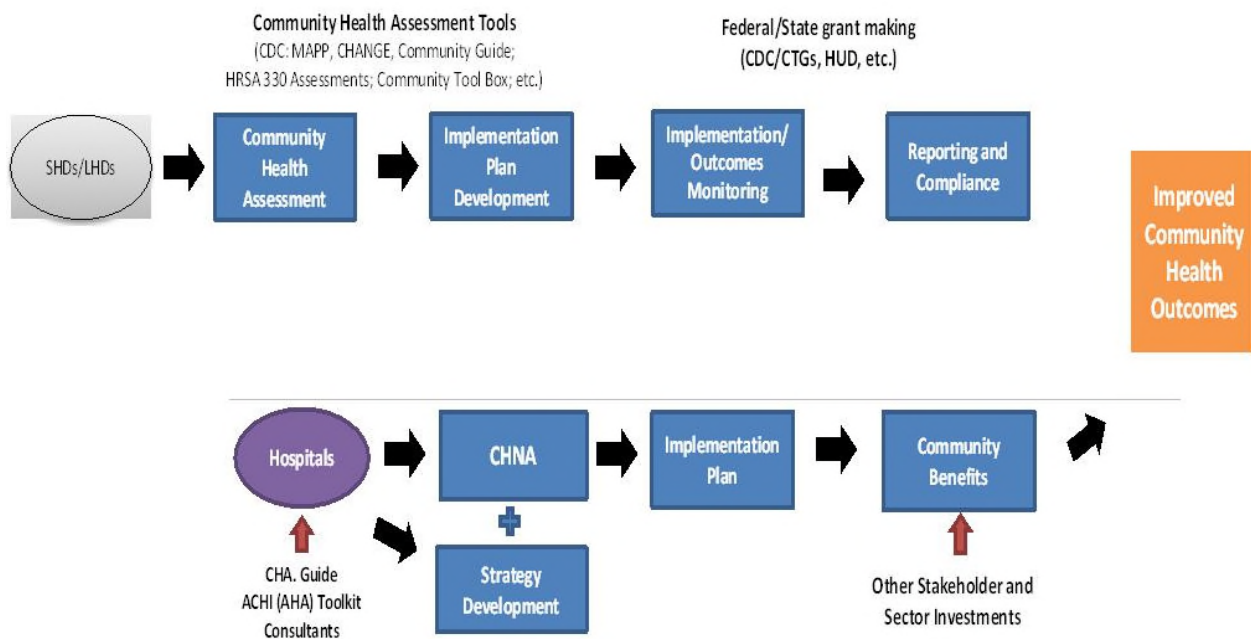
IRS Notice 2011-52 Overview

Notice and Request for Comments Regarding the Community Health Needs Assessment Requirements for Tax-exempt Hospitals

Applicability of CHNA Requirements to "Hospital Organizations"

The CHNA requirements apply to "hospital organizations," which are defined in Section 501(r) to include (1) organizations that operate one or more state-licensed hospital facilities, and (2) any other organization that the Treasury Secretary determines is providing hospital care as its principal function or basis for exemption.

How and When to Conduct a CHNA

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three taxable years. ***The CHNA must take into account input from persons representing the community served by the hospital facility and must be made widely available to the public.*** **The CHNA requirements are effective for taxable years beginning after March 23, 2012**. As a result, a hospital organization with a June 30 fiscal year end must conduct an initial CHNA for each of its hospital facilities by June 30, 2013, either during the fiscal year ending June 30, 2013 or during either of the two previous fiscal years.

Determining the Community Served

A CHNA must identify and assess the health needs of the **community served** by the hospital facility. Although the Notice suggests that geographic location should be the primary basis for defining the community served, it provides that the organization may also take into account the target populations served by the facility (e.g., children, women, or the aged) and/or the facility's principal functions (e.g., specialty area or targeted disease). *A hospital organization, however, will not be permitted to define the community served in a way that would effectively circumvent the CHNA requirements (e.g., by excluding medically underserved populations, low-income persons, minority groups, or those with chronic disease needs).*

Persons Representing the Community Served

Section 501(r) provides that a CHNA must take into account input from **persons who represent the broad interests of the community** served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: (1) government agencies with current information relevant to the health needs of the community and (2) representatives or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc).

Required Documentation

The Notice provides that a hospital organization will be required to separately document the CHNA for each of its hospital facilities in a **written report** that includes the following information: 1) a description of the community served by the facility and how the community was determined; 2) a description of the process and methods used to conduct the CHNA; 3) the identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA; 4) a description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications; 5) a prioritized description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and 6) a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Making a CHNA Widely Available to the Public

The Notice provides that a CHNA will be considered to be "**conducted**" in the taxable year that the written report of the CHNA findings is made **widely available to the public**. The Notice also indicates that the IRS intends to pattern its rules for making a CHNA "widely available to the public" after the rules currently in effect for Forms 990. *Accordingly, an organization would make a facility's written report widely available by posting on its website either (1) the report itself, in a readily accessible format, or (2) a link to another organization's website, along with instructions for accessing the report on that website. The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

How and When to Adopt an Implementation Strategy

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. **The Notice defines an "implementation strategy" as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need, or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it**. A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Under the Notice, an implementation strategy is considered to be "**adopted**" on the date the strategy is approved by the organization's board of directors or by a committee of the board or other parties legally authorized by the board to act on its behalf. Further, the formal adoption of the implementation strategy must occur by the end of the same taxable year in which the written report of the CHNA findings was made available to the public. For hospital organizations with a June 30 fiscal year end, that effectively means that the organization must complete and appropriately post its first CHNA no later than its fiscal year ending June 30, 2013, and formally adopt a related implementation strategy by the end of the same tax year. *This final requirement may come as a surprise to many charitable hospitals, considering Section 501(r) contains no deadline for the adoption of the implementation strategy.*

IRS and Treasury Finalize Patient Protection Rules for Tax-Exempt Hospitals ACCOUNTING TODAY 1/2/15

The Internal Revenue Service and the Treasury Department have issued **final regulations** under the Affordable Care Act to protect patients in tax-exempt hospitals from aggressive debt collection practices and to provide other rules for charitable hospitals.

Under the **final regulations**, each Section 501(c)(3) hospital organization is required to meet four general requirements on a facility-by-facility basis: establish written financial assistance and emergency medical care policies; limit the amounts charged for emergency or other medically necessary care to individuals eligible for assistance under the hospital's financial assistance policy; make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy before engaging in extraordinary collection actions against the individual; and conduct a community health needs assessment, or CHNA, and adopt an implementation strategy at least once every three years. The first three requirements are effective for tax years beginning after March 23, 2010 and the CHNA requirements are effective for tax years beginning after March 23, 2012.

The ACA also added a new Section 4959, which imposes an excise tax for failure to meet the CHNA requirements, and added reporting requirements. These final regulations provide guidance on the entities that must meet these requirements, the reporting obligations relating to these requirements and the consequences for failing to satisfy the requirements. "Charitable hospitals represent more than half of the nation's hospitals and play a key role in improving the health of the communities they serve," wrote Emily McMahon, Deputy Assistant Secretary for Tax Policy at the U.S. Department of the Treasury, in a blog post Monday explaining the requirements. "But reports that some charitable hospitals have used aggressive debt collection practices, including allowing debt collectors to pursue collections in emergency rooms, have highlighted the need for clear rules to protect patients. For hospitals to be tax-exempt, they should be held to a higher standard. That is why the Affordable Care Act included additional consumer protection requirements for charitable hospitals, so that patients are protected from abusive collections practices and have access to information about financial assistance at all tax-exempt hospitals."

She noted that as a condition of their tax-exempt status, charitable hospitals must take an active role in improving the health of the communities they serve, establish billing and collections protections for patients eligible for financial assistance, and provide patients with the information they need to apply for such assistance. "These final rules adopt the same framework of proposed regulations but simplify the compliance process for charitable hospitals, while continuing to provide meaningful guidance on protections for patients and requirements to assess community health needs," she added.

Under the new rules, hospitals cannot charge individuals eligible for financial assistance more for emergency or other medically necessary care than the amounts generally billed to patients with insurance (including Medicare, Medicaid, or private commercial insurance). In addition, every tax-exempt hospital must establish and widely publicize a financial assistance policy that clearly describes to patients the eligibility criteria for obtaining financial assistance and the method for applying for financial assistance.

Charitable hospitals are also prohibited from engaging in certain collection methods (for example, reporting a debt to a credit agency or garnishing wages) until they make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy.

In addition, each charitable hospital needs to conduct and publish a community health needs assessment at least once every three years and disclose on the tax form that it files on an annual basis the steps it is taking to address the health needs identified in the assessment.

Many of the requirements have been in place since the Affordable Care Act passed in 2010, but in response to comments on the proposed regulations, the final rules also expand access to translations for patients, by lowering the threshold for having translations of financial assistance policies available from 10 percent of the community served as proposed, to five percent of the community served or population expected to be encountered by the hospital facility, or 1000 persons, whichever is less, according to McMahon. "The final rules also revise the notification requirements to maintain important protections for patients while making it easier for hospitals to comply with them," she wrote. "General notifications regarding a hospital's financial assistance policy must appear on bills and in the hospital. However, individual written and oral notifications of the hospital's financial assistance policy are now only required when a hospital plans to use extraordinary collections actions, such as reporting a debt to a credit bureau, selling the debt to a third party or garnishing wages."

While charitable hospitals must continue to make a good-faith effort to comply, the rules provide charitable hospitals with time to fully update their policies and programming to implement the changes. But if a charitable hospital fails to meet the consumer protection provisions required by the law, the hospital could have its tax-exempt status revoked. If a hospital fails to properly conduct a community health needs assessment or adopt an implementation strategy, an excise tax will apply, McMahon noted. "However, if a hospital fails to meet a requirement, but the failure is neither willful nor egregious, the hospital can correct and publicly disclose the error to have it excused, thus avoiding revocation of tax-exempt status, but the excise tax would still apply," she wrote.

CHNA NEWS: IRS Makes First Revocation of Hospital Not-for-Profit Status Under 501(r)

RICH DALY, HFMA SENIOR WRITER/EDITOR

Aug. 15, 2017—Charity-care reporting requirements under the healthcare reform law may have gone into effect only last October, but already one hospital has lost its not-for-profit tax status as a result. The first-time tax-status revocation under Affordable Care Act (ACA) 501(r) requirements applied to a "dual-status" 501(c)(3) hospital operated by a "local county governmental agency" and was confirmed by a redacted copy of the tax status letter, which was dated Feb. 14, 2017, and posted to the IRS website in August. Neither an IRS spokeswoman nor the redacted letter identified the hospital. Loss of the 501(c)(3) exemptions eliminates the ability of hospitals to use certain employee benefit plans; likely subjects hospitals to income, property, and other taxes; bars receipt of tax-deductible contributions; and disallows use of tax-exempt bonds.

The 501(r) requirements on performing community health needs assessments (CHNAs) and offering financial assistance became effective for tax years beginning on or after Dec. 29, 2015, meaning tax-exempt hospitals operating on the calendar had to be in compliance by Jan. 1, 2016, and those with a different fiscal-year end had to be in compliance by Oct. 1, 2016.

The only enforcement information previously released by the IRS was a June 2016 letter to Sen. Charles Grassley (R-Iowa), which noted that at that point the IRS had completed 2,482 compliance reviews under 501(r). Additionally, 163 hospitals were assigned for "examination" as a result of those compliance reviews, but no further actions were identified.

The ACA requires the IRS to review the community-benefit activities of about 3,000 tax-exempt hospitals at least once every three years. This was the first time that Keith Hearle, president, Verité Healthcare Consulting, LLC, Alexandria, Va., had heard of an instance in which a hospital lost its not-for profit status over 501(r) requirements. He has heard of several others that incurred the $50,000 excise tax for failing to meet the CHNA requirement.

"I would be surprised if it is a one-off," said Hearle, who has been expecting more IRS enforcement after his own reviews indicated widespread hospital vulnerability due to poor compliance.

Reasons for Revocation

Hospital 501(r) requirements include:

- Conducting a CHNA at least once every three years
- Making the CHNA publicly available on a website
- Adopting an implementation strategy to meet the needs identified in the CHNA
- Adopting a financial assistance policy and publicizing the policy, including by posting it on a website
- Limiting the amounts charged to individuals who are eligible for financial assistance
- Making individuals aware of the financial assistance policy prior to engaging in certain collection actions

Among the reasons for the IRS action against the county government hospital was its finding that the hospital did not make the CHNA widely available to the public through a website, although it had paper copies available on request. "The hospital indicated to the IRS that it might have acted on some of the recommendations included in the Implementation Strategy Report, but that a separate written implementation policy was neither drafted nor adopted," the IRS letter stated.

Officials at the small rural hospital said they lacked the staffing to comply with 501(r) requirements. They also said they "really did not need, actually have any use for, or want their tax-exempt status under Section 501(c)(3)," according to the IRS letter. The hospital believed its tax-exempt status somehow prevented its involvement in certain payment arrangements. It had maintained 501(c)(3) status "only in case any liabilities arose relating to the prior management company that had originally obtained that status from the IRS."

The IRS deemed the hospital's failure "egregious" because its leaders had "neither the will, the resources, nor the staff to follow through with the" 501(r) requirements.

Widespread Vulnerability

Industry advisers worry that many hospitals could be vulnerable to IRS enforcement—if not tax-status revocation—under the new requirements. "A lot of them just assume that what they have, in terms of policy and procedure, suffices under the final regulations and have not done a lot," said Andrew Kloeckner, a partner for Omaha-based law firm Baird Holm.

Even hospitals that have taken steps to become compliant with the requirements can face downsides, including complications with their collection efforts, which in turn can delay cash flow, Kloeckner said.

Jan Smith, a tax senior manager in Crowe Horwath's Healthcare practice, indicated that the likelihood of a similar penalty or the likelihood of this determination setting a precedent at other hospitals may be limited. This is due to the unusual position taken by the revoked hospital's officials that they didn't need or want charitable status (in addition to governmental status).

"If hospitals are making a good-faith effort to comply, I would be surprised if the IRS would revoke their tax status at this stage of 501(r) examinations," Smith said in an interview. However, she is aware of several health systems that the IRS is seeking to penalize under the CHNA tax provision.

The IRS's 501(r) compliance reviews include the agency's analysis of hospital websites and "other information designed to identify the hospitals with the highest likelihood of non-compliance," IRS Commissioner John Koskinen stated in his 2016 letter to Grassley.

Justin Lowe, senior manager with the Exempt Organizations Tax Practice at Ernst & Young, underscored that hospital websites are among the publicly available information that the IRS reviews. He urged hospitals to make sure that all required documents, including the CHNA and financial assistance policy, are on the website and easily findable. Insufficient approaches to 501(r) compliance, Kloeckner said, include instances when hospitals purchase financial assistance policy templates that are provided by a consultant and not submitted for legal review, potentially leaving audit vulnerabilities. Kloeckner also urged attention on practices and procedures outside of the policies.

Small government-operated hospitals are among the most vulnerable to enforcement, Hearle said, because they may not be required to file Form 990, which provides reminders about 501(r) compliance requirements. "It's a group of hospitals I'm concerned about," Hearle said.

Among the financial assistance requirements with which hospitals are most likely to struggle, Hearle said, is making available lists of physicians who are associated with the hospital and who utilize the same charity care policies.

"Patients obtaining charity care from a hospital want to find physician groups through which they can get the same charity care, as opposed to some group that doesn't offer charity care," Hearle said.

Public Health Criteria:

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community.

Domain 1 focuses on the assessment of the health of the population in the jurisdiction served by the health department. The domain includes: systematic monitoring of health status; collection, analysis, and dissemination of data; use of data to inform public health policies, processes, and interventions; and participation in a process for the development of a shared, comprehensive health assessment of the community.

DOMAIN 1 includes 4 STANDARDS:

- **Standard 1.1 -** Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment
- **Standard 1.2 -** Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and on the Health Status of the Population
- **Standard 1.3 -** Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors That Affect the Public's Health
- **Standard 1.4 -** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions

Required CHNA Planning Process Requirements:

a. Participation by a wide range of community partners.
b. Data / information provided to participants in CHNA planning process.
c. Evidence of community / stakeholder discussions to identify issues & themes. Community definition of a "healthy community" included along with list of issues.
d. Community assets & resources identified.
e. A description of CHNA process used to set priority health issues.

Seven Steps of Public Health Department Accreditation (PHAB):

1. Pre-Application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

II. Methodology

b) Collaborating CHNA Parties

Working together to improve community health takes collaboration. Listed below is an in-depth profile of the local hospital and Health Department CHNA partners**:**

<u>Tri Valley Health System</u>

1305 Highway 6 & 34, Cambridge, NE 69022
CFO: Diana Swindler

About Us: What is now known as Tri Valley Health System began over 50 years ago with the opening of Cambridge Memorial Hospital in 1958. With the assistance from a Hill-Burton grant, a fund drive by area residents, and a bequest from John Decker, the dream of creating a hospital to service Furnas County and the surrounding area was realized.

The hospital quickly grew and expanded with medical clinics throughout Furnas County and eastern Red Willow County. In the early 1990's, the health network again expanded services to include senior care and housing and became Tri Valley Health System. In the years since, Tri Valley Health System has been recognized by the Wall Street Journal as a model for integration of services and also added Tri Valley Diagnostic Sleep Center.

On October 3, 2010, Tri Valley Health System celebrated yet another expansion with the grand opening of a new state-of-the-art facility to house Cambridge Memorial Hospital and Cambridge Medical Clinic. This new facility maintained a connection to Cambridge Manor Nursing Home as well as to the original hospital complex which was renovated in March 2011 to create Tri Valley Healthy Living Center. This space is dedicated to healthy living and disease prevention with amenities such as the Wellness and Rehab Center, Cornerstone dining area, Nutrition and Diabetic services, and education rooms. Tri Valley Healthy Living Center also allowed for a new location for the Tri Valley Diagnostic Sleep Center.

What sets Tri Valley Health System apart among rural healthcare providers is the integrated services with a wide range of high-quality care and advanced technology. Among **Tri Valley's many offerings** are:

- **Cambridge Memorial Hospital:** A licensed, 25-bed critical access hospital.
- **Satellite Medical Clinics:** Personal medical service in Arapahoe, Cambridge and Indianola.
- **Tri Valley Wellness and Rehab Center:** An indoor fitness facility with equipment and programs for all fitness levels.
- **Tri Valley Nutrition and Diabetic Services:** Education, support groups, and plans to aid in weight management, overall nutrition, and diabetic prevention or management.
- **Tri Valley Diagnostic Sleep Center:** No need to leave town to diagnose sleep apnea and other problems.
- **Cambridge Manor:** A licensed, 36-bed long-term care facility.
- **Heritage Plaza:** A pleasant, spacious center for retirement living.
- **Assisted Living Facility:** A caring center with a personal touch.
- **Cambridge Memorial Hospital Auxiliary:** Friends in need, friends indeed during times of hospitalization.
- **Cambridge Care Call:** A two-way personal response link to life-saving medical services.

Tri Valley Health System offers the following services to its community:

- Allergy Clinic
- Anesthesia
- Cardio / Pulmonary Rehab
- Diagnostic Sleep Center
- Emergency Services
- Imaging Services
- Laboratory Services
- Maternity Services
- Occupational Therapy
- Oncology
- Physical Therapy
- Respiratory Therapy
- Speech Therapy
- Social Services
- Surgical Services
- Swing Bed
- Would Clinic

Southwest Nebraska Public Health Department

404 W 10th St, McCook, NE 69001
Director: Myra Stoney, BS HAS

Southwest Nebraska Public Health Department was established May 14, 2002 utilizing an inter-local agreement between Chase, Dundy, Frontier, Furnas, Hayes, Hitchcock, Perkins, and Red Willow counties. In June 2015, Keith County joined the inter-local agreement. In all, there were eighteen Nebraska health districts formed as a result of the tobacco settlement funds (LB692). This provided all ninety-three counties with public health services for the first time in Nebraska history.

Southwest Nebraska Public Health Department's mission is to promote a healthy and secure quality of life for our communities.

Our resident's health and well-being are of the utmost importance and that is why we are the lead agency in these areas:

- **Emergency Response -** To provide leadership, resources, and trainings in public health emergencies. To conduct preparedness exercises by working with emergency managers and other public health partners. To develop "go kits" for businesses and individuals to have ready when a crisis arises. To provide guidelines for developing home disaster kits, Crisis Buckets and organize Community Preparedness Committees to plan for local emergencies.
- **Disease Surveillance -** To identify, investigate and monitor each occurrence of reportable communicable disease. To take action to contain the spread of disease before it becomes a major public health concern. To educate the public on preventative measures to protect themselves, family and others from disease. To investigate and follow-up on foodborne illness and outbreaks. To trap mosquitoes and send to state lab for testing of West Nile Virus.
- **Immunizations -** To Prevent communicable diseases, SWNPHD provides adult and child immunizations throughout the health district. Free and discounted services are offered for those who qualify. Insurance is billed for clients with Blues Cross Blue Shield, Midlands Choice and Medicare. Outreach clinics are provided in communities with limited medical services and/or transportation.
- **Data -** To collect specific health data for the eight county health district which is available for all public health partners to utilize in their efforts to identify and measure progress in changing unhealthy trends.
- **Tobacco Education -** To conduct cessation classes for individuals needing help to quit tobacco use. To prevent the start of tobacco use by educating our youth on the hazards of smoking and chewing. To provide "No Smoking" entry stickers and a 1-800-QUITNOW hotline, to work with public health partners to promote Smoke-Free housing and work places.

Southwest Nebraska Public Health Department offers the following services to its community:

- Blood Pressure
- Immunizations
- Lab Services
- Lead Testing
- Target Your Health
- Tobacco Cessation

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications

VVV Consultants LLC

Company Profile: 601 N. Mahaffie, Olathe, KS 66061 (913) 302-7264

Vince Vandehaar MBA, Principal Consultant & Adjunct (913) 302-7264
VVV@VandehaarMarketing.com

Vince provides professional business consulting services to help healthcare organizations with business strategy, research and development. Specifically, Vince facilitates strategic planning, creates proven marketing plans/tactics, prepares IRS aligned community health needs assessments and conducts both qualitative and quantitative market research studies.

Vince started his consulting firm (VVV Consultants LLC) on 1/1/2009, after working for Saint Luke's Health System of Kansas City for 16 years. (Note: Saint Luke's Hospital of KC, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003). Prior to his experience at Saint Luke's, Vince worked in the payor and insurance industry for Blue Cross and Blue Shield of Kansas City; Tillinghast, a Tower's Perrin Actuarial Consulting Firm; and Lutheran Mutual Life Insurance Company.

Vince also is an Adjunct Professor teaching BA, MBA & MHA classes part time 20% of his time at Avila, Rockhurst and/or Webster University (Strategic Planning, Marketing, MHA Capstone, Marketing Research, Sales & Social Media classes) and consults the remainder of his time.

Vince is a Malcolm Baldrige coach and a professional focus group moderator. He is actively involved in the national Society for Healthcare Strategy & Market Development (SHSMD), KHA/MHA Marketing Associations, KC Employee Benefit Professional Association, Healthcare Executives Kansas City, the American Marketing Association KC Chapter and is a SG2 advocate.

Collaborating Support:

Tessa Taylor BBA BA - VVV Consultants LLC
Associate Consultant

II. Methodology
c) CHNA and Town Hall Research Process

Wave #3 Community Health Needs Assessment (CHNA) process began in Fall 2018 for Furnas County, Nebraska to meet IRS CHNA requirements.

In November 2018 a meeting was called by Furnas County NE to review possible CHNA collaborative options, partnering with Southwest Nebraska Public Health Department. Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps. Outcomes from discussion lead to Tri Valley Health System requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

- Document Hospital Primary Service Area - meets the 80-20 Patient Origin Rule.
- Uncover / document basic secondary research county health data, organized by 10 tabs.
- Conduct / report CHNA Community Check-in Feedback Findings (primary research).
- Conduct a Town Hall meeting to discuss with community secondary & primary data findings leading to determining (prioritizing) county health needs.
- Prepare & publish CHNA report which meets ACA requirements.

To ensure proper PSA Town Hall representation (that meets the 80-20 Patient Origin Rule), a patient origin three-year summary was generated documenting patient draw by zips as seen below:

	ZIP	City	County	Yr15-17 Accum	IP/OP/ER/PC 3YR TOT	%
	Tri Valley Health System - Internal Records					
	Grand Total				47,677	**100.0%**
1	69022	CAMBRIDGE	FURNAS	30.8%	14,672	30.8%
2	68922	ARAPAHOE	FURNAS	46.0%	7,248	15.2%
3	68926	BEAVER CITY	FURNAS	50.6%	2,195	4.6%
4	68948	HOLBROOK	FURNAS	55.0%	2,099	4.4%
5	69046	WILSONVILLE	FURNAS	57.2%	1,050	2.2%
6	68936	EDISON	FURNAS	58.4%	593	1.2%
7	68946	HENDLEY	FURNAS	59.1%	338	0.7%
8	68967	OXFORD	FURNAS	59.6%	244	0.5%
9	69001	MCCOOK	RED WILLOW	73.6%	6,664	14.0%
10	69034	INDIANOLA	RED WILLOW	81.8%	3,903	8.2%

Specific CHNA roles, responsibility and project timelines are document by the following calendar.

Tri Valley Health System - CHNA Wave#3 Work Plan
Project Timeline and Roles 2018-2019

Step	Date (Start-Finish)	Lead	Task
1	9/1/2018	VVV	Sent VVV quote for review.
2	9/8/2018	Hosp	Select CHNA Option C. Approve quote and signed by CFO
3	11/12/2018		Hold Kickoff CHNA call with Tri Valley Administration
3	11/12/2018	VVV	Send out REQCommInvite Excel file. Hospital and health department to fill in PSA stakeholders names, addresses and e-mails.
4	11/12/2018	VVV	Request hospital client to send NE Hosp Assoc PO Reports (see sample formats) to document service area for YR 15, 16 and 17. In addition, request hospital to complete three year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls).
5	On or before 11/30/2018	VVV	Prepare CHNA Round#2 stakeholder feedback online link. Send text link for hospital review.
6	On or before 11/30/2018	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming CHNA work. Hospital to place.
7	12/4/2018	VVV	Launch and conduct online survey to stakeholders. Hospital will e-mail invite to participate to all stakeholders. Due by 1/8/19
8	12/4/2018	VVV / Hosp	Prepare and send out PR story to local media CHNA survey announcing online CHNA Round #2 feedback. Request public to participate.
9	On or before 12/31/2018	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
10	On or before 1/9/2019	Hosp	Prepare and send out community Town Hall invite letter and place local ad.
11	On or before 1/9/2019	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming Town Hall. VVV will mock up PR release to media sources.
12	2/1/2018	All	Conduct conference call *(time TBD)* with hospital and health department to review Town Hall data and flow.
13	Friday 2/8/2019	VVV	Conduct CHNA Town Hall 11:30-1:00pm at Tri Valley Health. Review & discuss basic health data / online PSA findings. Rank HC Needs.
14	On or before 3/22/19	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital and health department.
15	On or before 3/31/19	VVV	Produce and release final CHNA report. Hospital will post CHNA online.
16	On or before 5/30/19	TBD	Conduct client Implementation Plan PSA leadership meeting.
17	30 days prior to end of hospital fiscal year	Hosp	Hold board meetings tp discuss CHNA needs, create and adopt an Implementation Plan. Communicate CHNA plan to community.

To meet IRS aligned CHNA requirements and meet Public Health accreditation criteria stated earlier, a four-phase methodology was followed:

Phase I—Discovery:

Conduct a 30-minute conference call with the CHNA county health department and hospital clients. Review / confirm CHNA calendar of events, explain / coach clients to complete required participant database and schedule / organize all Phase II activities.

Phase II—Qualify Community Need:

A) Conduct secondary research to uncover the following historical community health status for the primary service area. Use Kansas Hospital Association (KHA), Vital Statistics, Robert Wood Johnson Foundation: County Health Rankings, etc. to document current state of county health organized as follows:

TAB 1. Demographic Profile
TAB 2. Economic/Business Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospitalization / Providers Profile
TAB 6. Behavioral Health Profile
TAB 7. Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

B) Gather primary research (stakeholder feedback) to uncover public health needs, practices and perceptions for primary service areas.

Phase III—Quantify Community Need:

Conduct a 90-minute town hall meeting with required community primary service area residents. At each town hall meeting, CHNA secondary data will be reviewed, facilitated group discussion will occur and a group ranking activity to determine the most important community health needs was administered.

Phase IV—Complete Data Analysis and Create Comprehensive Community Health Needs Assessment:

Post CHNA report findings to meet both PHAB and IRS CHNA criteria.

After consideration of CHNA stakeholders (sponsoring county health department and hospital), the CHNA Option C was selected with the following project schedule:

Phase I: Discovery………………………………………………………… Nov 2018

Phase II: Secondary / Primary Research………………………….... Dec 2018 - Jan 2019

Phase III: Town Hall Meeting.……………………………………. Feb 8, 2019

Phase IV: Prepare / Release CHNA report……………………... Feb – Mar 2019

Detail CHNA Development Steps Include:

Development Steps to Create Comprehensive Community Health Needs Assessment	
Step # 1 Commitment	*Determine interest level of area healthcare leaders (Hospital, Health Dept., Mental Health Centers, schools, churches, physicians etc.), prepare project quote.*
Step # 2 Planning	*Prepare brief CHNA Project Work Calendar* - list goals, objectives, purpose, outcome, roles, community involvement, etc. Hold community kick-off meeting.
Step # 3 Secondary Research	*Collect and report community health published facts. Gather data health practice data from* published secondary research sources (i.e. census, county health records, behavioral risk factors surveillance, etc.)
Step # 4a Primary Research - Town Hall prep	*Collect community opinions. (quantitative research).* Gather stakeholders / community opinions regarding community health needs and healthcare practices.
Step # 4b Primary Research - Conduct Town Hall	*Conduct "Conversation with Community" Town Hall (qualitative research). Review secondary & primary data findings. Facilitate community conversation to build consensus; discuss* opinions / identify health needs.
Steps # 5 Reporting	*Prepare and present comprehensive CHNA report (to community leaders), facilitate development of CHNA Implementation Plan (actions to improve health)*. (Note: formal report will follow IRS Notice 2011-52 regs & PHAB requirements.)
VVV Consultants, LLC Olathe, KS (913) 302-7264	

Overview of Town Hall Community Priority Setting Process

Each community has a wealth of expertise to be tapped for CHNA development. For this reason, a town hall is the perfect forum to gather community insight and provide an atmosphere to objectively consensus build and prioritize county health issues.

All Town Hall priority-setting and scoring processes involve the input of key stakeholders in attendance. Individuals and organizations attending the Town Halls were critically important to the success of the CHNA. The following list outlines partners invited to Town Hall: local hospital, public health community, mental health community, free clinics, community-based clinics, service providers, local residents, community leaders, opinion leaders, school leaders, business leaders, local government, faith-based organizations and persons (or organizations serving them), people with chronic conditions, uninsured community members, low income residents and minority groups.

Furnas County, Nebraska (Tri Valley Health System and Southwest Nebraska Public Health Department) town hall meeting was held on Friday, February 8th, 2019 at 11:30am-1:00pm at Tri Valley Health. Vince Vandehaar facilitated this 1 ½ hour session with thirty- three (33) attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

1. Welcome & Introductions

2. Review Purpose for the CHNA Town Hall & Process Roles

3. Present / Review of Historical County Health Indicators (10 TABS)

4. Facilitate Town Hall participant discussion of data (probe health strengths / concerns). Reflect on size and seriousness of any health concerns sited and discuss current community health strengths.

5. Engage Town Hall participants to rank health needs (using 4 dots to cast votes on priority issues). Tally & rank top community health concerns cited.

6. Close meeting by reflecting on the health needs / community voting results. Inform participants on "next steps."

At the end of each Town Hall session, VVV encouraged all community members to continue to contribute ideas to both hospital / health department leaders via e-mail or personal conversations. NOTE: To review detail Town Hall discussion content, please turn to Section V for detailed notes of session and activity card content reporting strengths & items to change or improve.

**Community Health Needs Assessment
Town Hall Meeting**
Furnas County NE on behalf of Tri Valley Health
Primary Service Area

**Vince Vandehaar, MBA
VVV Consultants LLC**
Principal / Adjunct Professor

Olathe, Kansas 66061
VVV@VandehaarMarketing.com
913-302-7264

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**Community Health Needs Assessment (CHNA)
Town Hall Discussion Agenda**

I.   **Opening / Introductions** (10 mins)
II.   **Review CHNA Purpose and Process** (10 mins)
III. **Review Current County "Health Status"**
       -Secondary Data by 10 TAB Categories
       -Review Community Feedback Research (35 mins)
IV. **Collect Community Health Perspectives**
       -Hold Community Voting Activity
       -Determine Most Important Health Areas (30 mins)
V.   **Close / Next Steps** (5 mins)

2

I. Introduction:

Background and Experience

Vince Vandehaar, MBA
VVV Consultants LLC - Principal Consultant
Olathe, KS 913 302-7264
  ➢ *Professional Consulting Services: Strategic Planning, Marketing Management, Business Research & Development*
  ➢ *Focus: Strategy, Research, Deployment*
  ➢ *25+ years of experience with Tillinghast, BCBSKC, Saint Luke's*
Adjunct Full Professor - Marketing & MHA   31+ years
  ➢ *Avila University*
  ➢ *Webster University*
  ➢ *Rockhurst University*

Tessa Taylor, BBA BA - Associate Consultant
  ➢ *University of Wisconsin Whitewater*

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Town Hall Participation (You)

● ALL attendees welcome to share
   – Parking Lot
● There are no right or wrong answers
● Only one person speaks at a time
● Please give truthful responses
● Have a little fun along the way

4

I. Introductions: A Conversation with the Community
Community members and organizations invited to CHNA Town Hall

Consumers: Uninsured/underinsured people, Members of at-risk populations, Parents, caregivers and other consumers of health care in the community, and Consumer advocates.

Community leaders and groups: The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs -- Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses – owners/CEO's of large businesses (local or large corporations with local branches.),Business people & merchants (e.g., who sell tobacco, alcohol, or other drugs), Representatives from organized labor, Political, appointed and elected officials., Foundations., United Way organizations. And other "community leaders."

Public and other organizations: Public health officials, Directors or staff of health and human service organizations, City/Community planners and development officials, Individuals with business and economic development experience,Welfare and social service agency staff,Housing advocates - administrators of housing programs: homeless shelters, low-income-family housing and senior housing,Education officials and staff - school superintendents, principals and teachers, Public safety officials, Staff from state and area agencies on aging,Law enforcement agencies - Chiefs of police, Local colleges and universities, Coalitions working on health or other issues.

Other providers: Physicians, Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services, Leaders from Catholic Charities and other faith-based service providers, Mental health providers, Oral health providers, Health insurers, Parish and congregational nursing programs, Other health professionals

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II. Review CHNA Definition

- A Community Health Needs Assessment (CHNA) is a <u>systematic collection, assembly, analysis, and dissemination of information</u> about the health of the community. (*NOTE: Some the data has already been collected / published by Local, State and Federal public health organizations. Some data will be collected today.*)
- A CHNA's role is to identify <u>factors</u> that affect the health of a population and <u>determine the availability of resources</u> to adequately address those factors.

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Purpose—Why Conduct a CHNA?

- To determine health-related trends and issues of the community
- To understand / evaluate health delivery programs in place.
- To meet Federal requirements – both local hospital and health department
- To develop strategies to address unmet health needs (4-6 weeks after Town Hall)

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Future System of Care—Sg2

Acuity

Community-Based Care — Health Dept./ Pharmacy, Physician Clinics, Home, Wellness and Fitness Center, Diagnostic/ Imaging Center, Ambulatory Procedure Center, Urgent Care Center

Acute Care — Hospital

Recovery & Rehab Care — IP Rehab, SNF, OP Rehab, Home Care Hospice
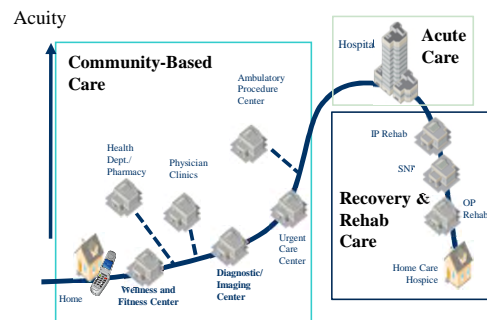
IP = inpatient; SNF = skilled nursing facility; OP = outpatient.

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2

Community Health Needs Assessment
Joint Process: Hospital & Local Health Department
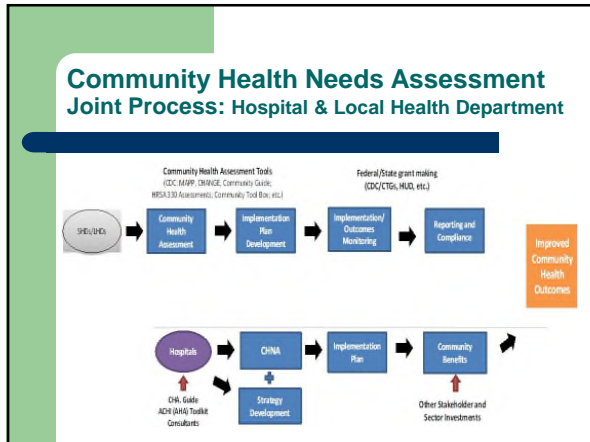
9

II. IRS Hospital CHNA
Written Report Documentation

- a <u>description of the community served</u>
- a <u>description of the CHNA process</u>
- the <u>identity of any and all organizations and third parties</u> which collaborated to assist with the CHNA
- a <u>description of how</u> the organization considered the input of persons representing the community *(e.g., through meetings, focus groups, interviews, etc.)*, who those persons are, and their qualifications
- a <u>prioritized description of all of the community needs identified by the CHNA</u> and
- a <u>description of the existing health care facilities and other resources within the community</u> available to meet the needs identified through the CHNA

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III. Review Current County Health Status:
Secondary Data by 10 Tab Categories & State Rankings

Trends: Good Same Poor

TAB 1. Demographic Profile
TAB 2. Economic/Business Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospitalization / Providers Profile
TAB 6. Behavioral Health Profile
TAB 7. Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

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County Health Rankings -
Robert Wood Johnson Foundation and University of WI Health Institute

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Slide 13

1	Physical Environment (10%)		2b	Social and Economic Environment (40%)	
Focus Area	**Measure**	**Description**	**Focus Area**	**Measure**	**Description**
Air and water quality (5%)	Air pollution - particulate matter	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	Community safety (5%)	Violent crime	Violent crime rate per 100,000 population
	Drinking water violations	Percent of population potentially exposed to water exceeding a violation limit during the past year		Injury deaths	Injury mortality per 100,000
Housing and transit (5%)	Severe housing problems	Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities			
	Driving alone to work	Percent of the workforce that drives alone to work	**3**		**Health Outcomes (30%)**
	Long commute – driving alone	Among workers who commute in their car alone, the percent that commute more than 30 minutes	**3a**		**Health Behaviors**
2a	Clinical Care (20%)			**Focus Area**	**Measure**	**Description**
Focus Area	**Measure**	**Description**	Tobacco use	Adult smoking	Percent of adults that report smoking >= 100
Access to care (10%)	Uninsured	Percent of population under age 65 without health insurance	Diet and exercise (10%)	Adult obesity	Percent of adults that report a BMI >= 30
	Primary care physicians	Ratio of population to primary care physicians		Food environment index	Index of factors that contribute to a healthy food environment
	Dentists	Ratio of population to dentists		Physical inactivity	Percent of adults aged 20 and over reporting
	Mental health providers	Ratio of population to mental health providers		Access to exercise opportunities	Percent of the population with adequate access to locations for physical activity
Quality of care (10%)	Preventable hospital stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	Alcohol and drug use (5%)	Excessive drinking	Binge plus heavy drinking
	Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c screening		Alcohol-impaired driving deaths	Percent of driving deaths with alcohol involvement
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening	Sexual activity (5%)	Sexually transmitted infections	Chlamydia rate per 100,000 population
2b	Social and Economic Environment (40%)			Teen births	Teen birth rate per 1,000 female population, ages 15-19
Focus Area	**Measure**	**Description**	**3b / 3c**		**Morbidity / Mortality**
Education (10%)	High school graduation	Percent of ninth grade cohort that graduates in 4 years	**Focus Area**	**Measure**	**Description**
	Some college	Percent of adults aged 25-44 years with some post-secondary education	Quality of life (50%)	Poor or fair health	Percent of adults reporting fair or poor health (age-adjusted)
Employment (10%)	Unemployment	Percent of population age 16+ unemployed but seeking work		Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
Income (10%)	Children in poverty	Percent of children under age 18 in poverty		Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)
Family and social support (5%)	Inadequate social support	Percent of adults without social/emotional support		Low birthweight	Percent of live births with low birthweight (< 2500 grams)
	Children in single-parent households	Percent of children that live in household headed by single parent	Length of life (50%)	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)

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Slide 14

IV. Collect Community Health Perspectives
Ask your opinion. Your thoughts?

1) <u>Today</u>: What are the *strengths* of our community that contribute to health?
(White card)

2) <u>Today</u>: Are there healthcare services in your community / neighborhood that you feel *need to be improved and / or changed*?
(Color card)

3) <u>Tomorrow</u>: What is occurring or might occur *that would affect the "health of our community?"*

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Slide 15

Have We Forgotten Anything?

A. Aging Services
B. Chronic Pain Management
C. Dental Care/Oral Health
D. Developmental Disabilities
E. Domestic Violence,
F. Early Detection & Screening
G. Environmental Health
Q. Exercise
H. Family Planning
I. Food Safety
J. Health Care Coverage
K. Health Education
L. Home Health

M. Hospice
N. Hospital Services
O. Maternal, Infant & Child Health
P. Nutrition
R. Pharmacy Services
S. Primary Health Care
T. Public Health
U. School Health
V. Social Services
W. Specialty Medical Care Clinics
X. Substance Abuse
Y. Transportation
z. Other _____

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Slide 16

Community Health Needs Assessment

Questions; Next Steps?

VVV Consultants LLC
VVV@VandehaarMarketing.com
(913) 302-7264

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II. Methodology

d) Community Profile (A Description of Community Served)

Furnas County (NE) Community Profile
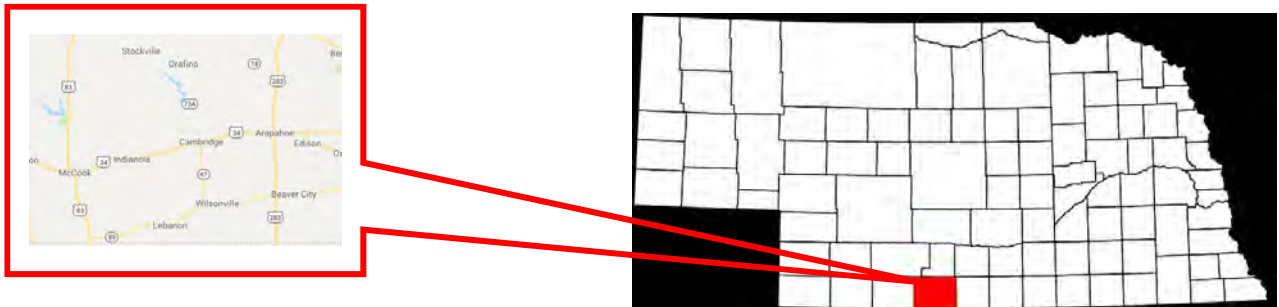
The population of Furnas County was estimated to be 4,899 citizens in 2018 and a population density of 7 persons per square mile. Furnas County covers 721 square miles and lies on the south line of Nebraska.[1]

The major highway transportation access to Furnas County, NE is from Highway 283 from North Nebraska or going North from Kansas. Highway 36 goes through Cambridge, Nebraska running horizontal through the state.

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[1] https://kansas.hometownlocator.com/ne/furnas/

Furnas County (NE) Community Profile

Furnas County Pubic Airports[2]

Name	USGS Topo Map
Arapahoe Municipal Airport	Arapahoe
Cambridge Memorial Hospital Heliport	Cambridge
Cambridge Municipal Airport	Cambridge

Schools in Furnas County: Public Schools[3]

School	Address	Phone	Levels
Arapahoe Elementary	610 Walnut, Po Box 360 Arapahoe, NE 68922	308-962-5459	PK-6
Arapahoe High	610 Walnut, Po Box 360 Arapahoe, NE 68922	308-962-5458	7-12
Cambridge Elementary	1003 Nelson St, Po Box 100 Cambridge, NE 69022	308-697-3322	PK-4
Cambridge High	1003 Nelson St, Po Box 100 Cambridge, NE 69022	308-697-3322	9-12
Cambridge Middle	1003 Nelson St, Po Box 100 Cambridge, NE 69022	308-697-3322	5-8

[2] https://nebraska.hometownlocator.com/features/cultural,class,airport,scfips,31065.cfm
[3] https://www.publicschoolreview.com/nebraska/furnas-county

III. Community Health Status

[VVV Consultants LLC]

III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2018 RWJ County Health Rankings and conversations from Town Hall participates. *Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.*

Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings.* As seen below, RWJ's model use a number of health factors to rank each county.>
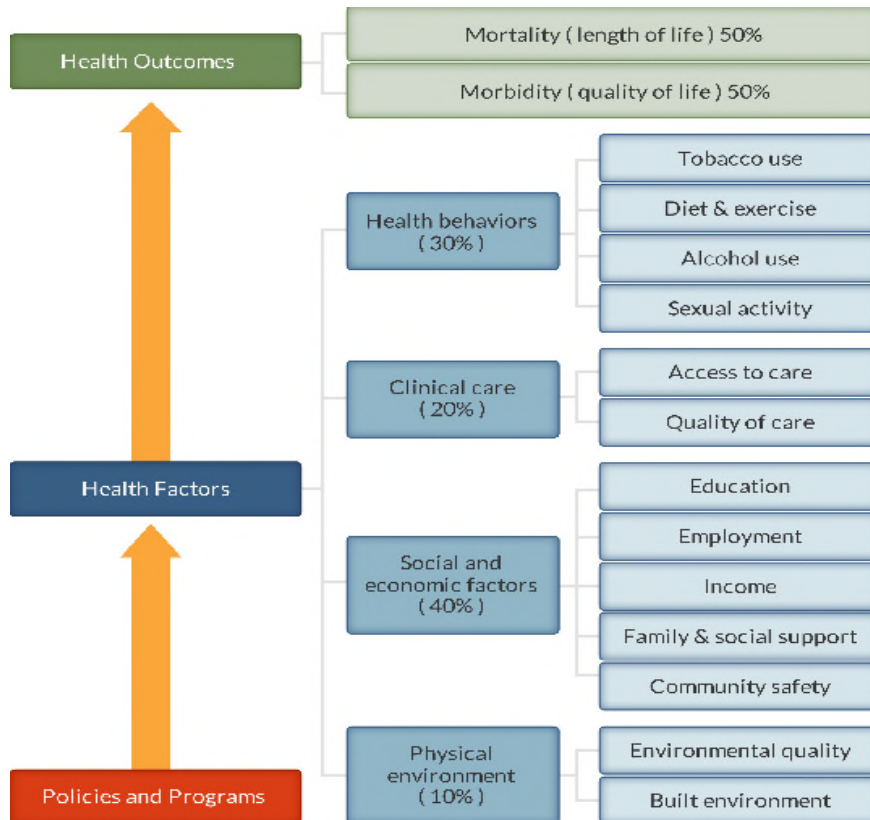
County Health Rankings model ©2012 UWPHI

National Research – Year 2018 RWJ Health Rankings:

#	NE Rankings - 80 Counties	Definitions	Furnas Co	TREND	NE Rural 15 Norm
1	**Health Outcomes**		**68**	🟥	**48**
2	**Mortality**	**Length of Life**	**58**	🟥	**53**
3	**Morbidity**	**Quality of Life**	**66**	🟥	**36**
4	**Health Factors**		**43**	🟨	**39**
5	**Health Behaviors**	**Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy**	**34**	🟨	**42**
6	**Clinical Care**	**Access to care / Quality of Care**	**54**	🟥	**37**
7	**Social & Economic Factors**	**Education, Employment, Income, Family/Social support, Community Safety**	**39**	🟨	**38**
8	**Physical Environment**	**Environmental quality**	**41**	🟨	**40**
	NE Rural 15 Norm = Chase, Frontier, Furnas, Gage, Gosper, Hayes, Kearney, Nemaha, Nuckolls, Pawnee, Platte, Red Willow, Richardson, Thayer, York.				

http://www.countyhealthrankings.org, released 2018

PSA Secondary Research:

When studying community health, it's important to document health data by topical areas for primary service area (PSA). Below is a summary of key findings organized by subject area.

Tab 1 Demographic Profile

Understanding population and household make-up is vital to start CHNA evaluation.

Tab		Health Indicator	Furnas Co NE	Trend	State of NE	NE Rural 15 Norm	Source
1a	a	Population estimates, July 1, 2017, (V2017)	4,780		1,920,076	8,379	People Quick Facts
	b	Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	-3.6%	🟥	5.1%	-2.9%	People Quick Facts
	c	Population per square mile, 2010	7		24	13	census.gov/quickfacts/fact/table
	d	Persons under 5 years, percent, July 1, 2017, (V2017)	5.4%	🟨	6.9%	5.9%	People Quick Facts
	e	Persons 65 years and over, percent, July 1, 2017, (V2017)	24.3%	🟩	15.4%	22.8%	People Quick Facts
	f	Female persons, percent, July 1, 2017, (V2017)	50.2%		50.1%	50.0%	People Quick Facts
	g	White alone, percent, July 1, 2017, (V2017)	97.1%		88.6%	96.8%	People Quick Facts
	h	Black or African American alone, percent, July 1, 2017, (V2017)	0.4%		5.1%	0.6%	People Quick Facts
	i	Hispanic or Latino, percent, July 1, 2017, (V2017)	4.4%		11.0%	4.6%	People Quick Facts
	j	Foreign born persons, percent, 2013-2017	1.6%		6.9%	2.0%	People Quick Facts
	k	Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	3.3%	🟨	11.2%	4.0%	People Quick Facts
	l	Living in same house 1 year ago, percent of persons age 1 year+, 2012-2016	88.5%	🟨	83.8%	87.0%	People Quick Facts
	m	Children in single-parent households, percent, 2018	20.0%	🟩	29.0%	22.5%	County Health Rankings
	n	Total Veterans, 2013-2017	325		122,311	603	People Quick Facts

Tab 2 Economic Profile

Monetary resources will (at times) drive health "access" and self-care.

Tab		Health Indicator	Furnas Co NE	Trend	State of NE	NE Rural 15 Norm	Source
2	a	Per capita income in past 12 months (in 2017 dollars), 2013-2017	$43,400	🟥	$56,675	$50,401	People Quick Facts
	b	Persons in poverty, percent	11.2%	🟥	10.8%	11.6%	People Quick Facts
	c	Total Housing units, July 1, 2017, (V2017)	2,715		837,568	4,087	People Quick Facts
	d	Total Persons per household, 2012-2016	2.2	🟨	2.5	2.2	People Quick Facts
	e	Severe housing problems, percent, 2010-2014	12.0%	🟥	13.0%	9.5%	County Health Rankings
	f	Total of All firms, 2012	533		164,089	847	Business Quick Facts
	g	Unemployment, percent, 2018	2.9%	🟨	3.2%	2.9%	County Health Rankings
	h	Food insecurity, percent, 2015	13.0%	🟥	13.0%	11.5%	County Health Rankings
	i	Limited access to healthy foods, percent, 2015	20.0%	🟥	7.0%	13.3%	County Health Rankings
	j	Long commute - driving alone, percent, 2018	16.0%	🟨	18.0%	19.6%	County Health Rankings

Tab 3 Schools Health Delivery Profile

Currently, school districts are providing on-site primary health screenings and basic care.

Tab		Health Indicator	Furnas Co NE	Trend	State of NE	NE Rural 15 Norm	Source
3	a	Children eligible for free or reduced price lunch, percent, 2015-2016	31.0%	🟨	35.0%	32.1%	County Health Rankings
	b	High school graduate or higher, percent of persons age 25 years+, 2013-2017	89.0%	🟥	90.9%	92.4%	People Quick Facts
	c	Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	18.2%		30.6%	20.8%	People Quick Facts

Tab 4 Maternal and Infant Health Profile

Tracking maternal / infant care patterns are vital in understanding the foundation of family health.

#	Criteria - Vital Satistics	Furnas Co NE	Trend	State of NE	NE Rural 15 Norm
a	Total Live Births, 2014	55		26,794	104
b	Total Live Births, 2015	57		26,676	105
c	Total Live Births, 2016	52		26,594	103
d	Average # Live Births, 2014- 2016	55	🟨	26,688	104

http://dhhs.ne.gov/publichealth/Vital%20Statistics%20Reports/Table%20%204%202016.pdf

Tab 4 Maternal and Infant Health Profile (Continued)

Tab		Health Indicator	Furnas Co NE	Trend	State of NE	NE Rural 15 Norm	Source
4	a	Percent of Births Where Prenatal Care began in First Trimester, 2016	75.0%		72.5%	72.3%	Nebraska DHHS Division of Public Health
	b	Percentage of Premature Births, 2016	15.4%		6.9%	8.3%	Nebraska DHHS Division of Public Health
	c	Percent of Infants up to 24 months that received full Immunizations, 2016	NA		NA	NA	Nebraska DHHS Division of Public Health
	d	Percentage of Births with Low Birth Weight, 2016 <1500 grams and <2500 grams	6.0%		7.0%	6.4%	County Health Rankings
	e	Percent of WIC Mothers Breastfeeding Exclusively, percent, 2016	NA		23.5%	NA	Nebraska DHHS Division of Public Health
	f	Percent of all Births Occurring to Teens (15-19), 2018	24.0%		25.0%	23.3%	County Health Rankings
	g	Percent of Births Occurring to Unmarried Women, 2016	25.0%		32.3%	27.4%	Nebraska DHHS Division of Public Health
	h	Percent of births Where Mother Smoked During Pregnancy, 2016	NA		NA	NA	Nebraska DHHS Division of Public Health

Tab 5 Hospitalization/Provider Profile

Tab		Health Indicator	Furnas Co NE	Trend	State of NE	NE Rural 15 Norm	Source
5	a	Primary care MDs/ DOs (Pop Coverage per) , 2018	1620:1		1340:1	2139:1	County Health Rankings
	b	Preventable hospital stays, 2018 (lower the better)	77		48	55	County Health Rankings
	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	80.0%		80.0%	79.6%	CMS Hospital Compare, 10/1/2015-9/30/2016
	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	81.0%		78.0%	79.7%	CMS Hospital Compare, 10/1/2015-9/30/2016
	e	Average Time Patients Spent in the Emergency Dept. Before They Were Seen by a Healthcare Professional (in Minutes)	39		41	42	CMS Hospital Compare, 10/1/2015-9/30/2016

Tab 6 Social & Rehab Services Profile

Behavioral healthcare provides another important indicator of community health status.

Tab		Health Indicator	Furnas Co NE	Trend	State of NE	NE Rural 15 Norm	Source
6	a	Depression: Medicare Population, percent, 2015	14.0%		15.7%	14.1%	CMS.gov /Research- Statistics -Data
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2014-2016 (lower is better)	NA		12.80	25.67	Nebraska DHHS Division of Public Health
	c	Poor mental health days, 2018	3.4		3.2	3.1	County Health Rankings

Tab 6 Social & Rehab Services Profile (Continued)

Opioid Prescription Rate per 100 (2017): Furnas Co = 1.2; State of NE= 56.6
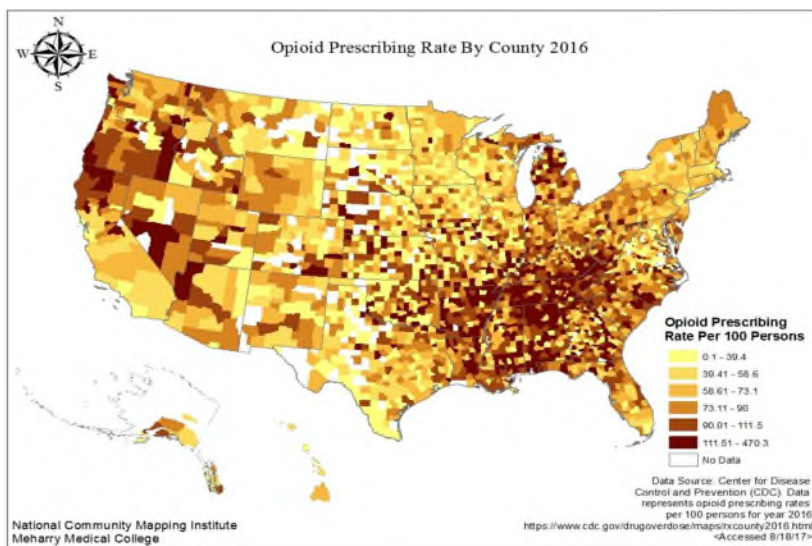
Tab 7a Health Risk Profiles

Knowing community health risk factors and disease patterns can aid in the understanding next steps to improve health.

Tab		Health Indicator	Furnas Co NE	Trend	State of NE	NE Rural 15 Norm	Source
7a	a	Adult obesity, percent, 2018	32.0%		31.0%	33.9%	County Health Rankings
	b	Adult smoking, percent, 2018	16.0%		17.0%	15.8%	County Health Rankings
	c	Excessive drinking, percent, 2018	17.0%		21.0%	19.4%	County Health Rankings
	d	Physical inactivity, percent, 2018	27.0%		23.0%	26.6%	County Health Rankings
	e	Poor physical health days, 2018	3.2		3.2	3.0	County Health Rankings
	f	Sexually transmitted infections, rate per 100,000 (2018)	184.1		422.9	199.2	County Health Rankings

Tab 7b Health Risk Profiles (Continued)

Tab		Health Indicator	Furnas Co NE	Trend	State of NE	NE Rural 15 Norm	Source
7b	a	Hypertension: Medicare Population, 2015	51.8%		48.4%	51.0%	CMS.gov /Research-Statistics -Data
	b	Hyperlipidemia: Medicare Population, 2015	34.4%		35.5%	36.7%	CMS.gov /Research-Statistics -Data
	c	Heart Failure: Medicare Population, 2015	19.1%		12.3%	15.6%	CMS.gov /Research-Statistics -Data
	d	Chronic Kidney Disease: Medicare Pop, 2015	14.6%		14.9%	14.3%	CMS.gov /Research-Statistics -Data
	e	COPD: Medicare Population, 2015	12.1%		10.5%	10.9%	CMS.gov /Research-Statistics -Data
	f	Atrial Fibrillation: Medicare Population, 2015	10.2%		9.3%	10.6%	CMS.gov /Research-Statistics -Data
	g	Cancer: Medicare Population, 2015	6.2%		7.5%	7.7%	CMS.gov /Research-Statistics -Data
	h	Osteoporosis: Medicare Population, 2015	5.4%		5.9%	6.0%	CMS.gov /Research-Statistics -Data
	i	Asthma: Medicare Population, 2015	5.6%		6.4%	6.4%	CMS.gov /Research-Statistics -Data
	j	Stroke: Medicare Population, 2015	3.6%		3.0%	3.1%	CMS.gov /Research-Statistics -Data

Tab 8 Uninsured Profiles/Community Invest

Based on state estimations, the number of insured is documented below. Also, the amount of charity care (last three years of free care) from area providers is trended below.

Tab		Health Indicator	Furnas Co NE	Trend	State of NE	NE Rural 15 Norm	Source
8	a	Uninsured, percent, 2018	11.0%		9.0%	10.7%	County Health Rankings

#	Tri Valley Health System	YR16	YR17	YR18
1	Bad Debt - Write off	$609,619	$381,465	$460,366
2	Charity Care - Free Care Given	$56,516	$51,298	$35,117

Tab 9 Mortality Profile

The leading causes of county deaths are listed below. Areas of higher than expected are noted.

Tab		Health Indicator	Furnas Co NE	Trend	State of NE	NE Rural 15 Norm	Source
9	a	Life Expectancy for Males, 2014	76.0		77.7	77.6	www.worldlifeexpectancy.com/usa/nebraska
	b	Life Expectancy for Females, 2014	80.9		81.9	82.1	Nebraska DHHS Division of Public Health
	c	Age-adjusted Cancer Mortality Rate per 100,000 population, 2011-2015 (lower is better)	168.3		161.2	160.8	Nebraska DHHS Division of Public Health
	d	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2017 (lower is better)	199.7		140.4	163.3	www.worldlifeexpectancy.com/usa/nebraska
	e	Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2017 (lower is better)	49.1		48.9	44.2	www.worldlifeexpectancy.com/usa/nebraska
	f	Alcohol-impaired driving deaths, percent, 2018	50.0%		37.0%	44.3%	County Health Rankings

Tab 9 Mortality Profile (Continued)

#	Causes of Death by County of Residence, Vital Statistics NE 2016	Furnas Co NE	Trend	State of NE 2016
a	Cancer (C00-C97)	13	🟥	3,474
b	Heart Disease (I00-I09, I11, I13, I20-I51)	12	🟨	3,318
c	Cerebrovascular Disease (I60-I69)	4	🟥	784
d	Accidental Deaths (ie Motor Vehicle, Drowning, Falls, Firearms, Poisonings, Fires) (V01-X59, Y85-Y86)	2	🟨	771
e	Hypertension / Renal Disease (I10, I12)	2	🟥	266
f	Alzheimer's Disease (G30)	1		634
g	Chronic Lung Disease (J44,J47)	1		1,032
h	Diabetes Mellitus (E10-E14)	1		501
i	Pneumonia (J12-J18)	0		323
j	Suicide (X60-X84, Y87.0)	0		245

http://dhhs.ne.gov/publichealth/Pages/ced_vs.aspx

Tab 10 Preventive Health Profile

The following table reflects future health of the county. This information also is an indicator of community awareness of preventative measures.

Tab		Health Indicator	Furnas Co NE	Trend	State of NE	NE Rural 15 Norm	Source
10	a	Access to exercise opportunities, percent, 2018	70.0%	🟨	83.0%	54.3%	County Health Rankings
	b	Diabetes monitoring, percent, 2018	89.0%	🟩	87.0%	86.3%	County Health Rankings
	c	Mammography screening, percent, 2018	69.0%	🟩	62.0%	60.2%	County Health Rankings
	d	Percent Annual Check-Up Visit with PCP	NA		NA	NA	TBD
	e	Percent Annual Check-Up Visit with Dentist	NA		NA	NA	TBD
	f	Percent Annual Check-Up Visit with Eye Doctor	NA		NA	NA	TBD

b) Online Research- Health Status

PSA Primary Research:

For each CHNA Wave # 3 evaluation, a community stakeholder survey has been created and administered to collect "current" healthcare information for PSA. Response for Furnas County online survey equals 96 residents. Below are two charts review survey demographics.

Chart #1 – Furnas Co NE PSA Online Feedback Response   N=96

Community Health Needs Assessment Wave #3			
For reporting purposes, are you involved in or are you a .... ?	**Furnas Co N=96**	**Trend**	**Rural Norms 17 N=2890**
Business / Merchant	5.6%		9.8%
Community Board Member	5.6%		7.6%
Case Manager / Discharge Planner	0.0%		1.1%
Clergy	0.0%		1.1%
College / University	3.4%		2.0%
Consumer Advocate	2.2%		1.6%
Dentist / Eye Doctor / Chiropractor	0.0%		0.4%
Elected Official - City/County	2.2%		2.0%
EMS / Emergency	1.1%		2.1%
Farmer / Rancher	2.2%		6.2%
Hospital / Health Dept	27.0%		18.8%
Housing / Builder	0.0%		0.7%
Insurance	0.0%		1.0%
Labor	1.1%		2.3%
Law Enforcement	0.0%		1.3%
Mental Health	1.1%		1.8%
Other Health Professional	15.7%		8.9%
Parent / Caregiver	21.3%		15.7%
Pharmacy / Clinic	4.5%		2.2%
Media (Paper/TV/Radio)	0.0%		0.5%
Senior Care	3.4%		2.4%
Teacher / School Admin	0.0%		5.7%
Veteran	3.4%		2.8%
Other (please specify)	1.1%		6.6%
Rural Norms Include the following 17 counties: Barton, Cowley, Edwards, Fremont, Furnas, Hays, Hoxie, Kiowa, Linn, Miami, Nemaha, Osborne, Page, Pawnee, Russell, Smith, Trego.			

Chart #2 - Quality of Healthcare Delivery Community Rating

Community Health Needs Assessment Wave #3			
How would you rate the "Overall Quality" of healthcare delivery in our community?	**Furnas Co N=96**	**Trend**	**Rural Norms 17 Co**
Valid N	96		2890
Top Box %	27.1%		25.3%
Top 2 Boxes %	77.1%		70.0%
Very Poor	0.0%		1.1%
Poor	3.1%		4.7%
Average	18.8%		23.9%
Good	50.0%		44.8%
Very Good	27.1%		25.3%

Chart #3 – Overall Community Health Quality Trend

Community Health Needs Assessment Wave #3			
When considering "overall community health quality", is it ...	**Furnas Co N=96**	**Trend**	**Rural Norms 17 Co**
Valid N	96		2890
Increasing - moving up	40.6%		44.3%
Not really changing much	44.8%		38.8%
Decreasing - slipping	8.3%		8.9%

Chart #4 – Re-evaluate Past Community Health Needs Assessment Needs

CHNA Wave #3		Ongoing Problem			Pressing
Past CHNAs health needs identified		**Furnas Co N=96**		**Trend**	**Furnas Co N=96**
#	Topic	Votes	%		RANK
1	Affordable Health Insurance Options	49	25.4%		1
2	Nursing Shortages	46	23.8%		2
3	Awareness of Healthcare Services Offered	25	13.0%		4
4	Mental Health Services (Diagnosis and Placement)	24	12.4%		3
5	Drug Abuse (Opioids)	23	11.9%		5
6	Awareness of Aging Primary Care Providers	13	6.7%		7
7	Nursing Home Beds / Aging Nursing Home Facilities	13	6.7%		6
8	TOTALS	193	100.0%		

Chart #5 - Community Health Needs Assessment "Causes of Poor Health"

Community Health Needs Assessment Wave #3			
In your opinion, what are the root causes of "poor health" in our community?	Furnas Co N=96	Trend	Rural Norms 17 Co N=2890
Lack of awareness of existing local programs, providers, and services	18.5%	🔴	21.5%
Poverty (Employment Readiness)	18.5%	🟡	22.7%
Lack of health & wellness education	13.9%	🔴	13.1%
Chronic disease prevention	13.9%	🔴	10.7%
Limited access to mental health assistance	11.6%	🟡	16.5%
Family assistance programs	7.5%	🟡	8.4%
Elder assistance programs	6.9%	🟡	11.8%
Case management assistance	4.6%		7.1%
Other (please specify)	4.6%		6.5%

Chart #6 – Community Rating of HC Delivery Services (Perceptions)

CHNA Wave #3	Furnas Co N=96			Rural Norms 17 Co N=2890	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	87.9%	3.0%	🟢	86.8%	2.4%
Child Care	34.4%	34.4%	🔴	49.3%	12.7%
Chiropractors	59.4%	12.5%	🔴	75.9%	5.2%
Dentists	78.8%	6.1%	🟡	61.7%	16.4%
Emergency Room	90.8%	1.5%	🟢	71.8%	8.8%
Eye Doctor/Optometrist	44.6%	36.9%	🔴	76.8%	6.8%
Family Planning Services	47.6%	20.6%	🔴	41.9%	15.8%
Home Health	63.1%	6.2%	🟡	56.2%	11.2%
Hospice	80.0%	3.1%	🟢	65.8%	8.1%
Inpatient Services	89.2%	0.0%	🟢	76.6%	5.0%
Mental Health	46.9%	18.8%	🔴	26.5%	33.0%
Nursing Home	75.4%	1.5%	🟢	46.6%	17.5%
Outpatient Services	89.2%	1.5%	🟢	76.6%	4.4%
Pharmacy	95.4%	0.0%	🟢	88.8%	2.4%
Physician Clinics	86.2%	4.6%	🟢	80.5%	4.3%
Public Health	66.2%	7.7%	🟡	63.5%	6.7%
School Nurse	40.0%	35.4%	🔴	59.7%	10.3%
Specialists	78.5%	7.7%	🟡	56.5%	13.6%

Chart #7 – Community Health Readiness

Community Health Needs Assessment Wave #3	Bottom 2 boxes		
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Furnas Co N=96	Trend	Rural Norms 17 Co N=2890
Ability to Secure Grants / Finances to Support Local Health Initiatives	23.0%	🟥	14.9%
Caregiver Training Programs	21.3%	🟥	17.2%
Early Childhood Development Programs	14.5%	🟨	9.7%
Emergency Preparedness	4.5%	🟩	7.7%
Food and Nutrition Services/Education	10.8%	🟥	12.0%
Health Screenings (asthma, hearing, vision, scoliosis)	14.3%	🟥	11.2%
Immunization Programs	4.5%	🟩	3.5%
Obesity Prevention & Treatment	28.6%	🟥	28.1%
Prenatal / Child Health Programs	9.4%	🟨	8.3%
Sexually Transmitted Disease Testing	21.7%	🟥	11.2%
Spiritual Health Support	9.4%	🟨	7.7%
Substance Use Treatment & Education	28.3%	🟥	26.2%
Tobacco Prevention & Cessation Programs	17.5%	🟥	23.3%
Violence Prevention	24.6%	🟥	25.6%
WIC Nutrition Program	9.8%	🟨	5.3%
Women's Wellness Programs	12.9%	🟥	12.8%

Chart #8 – Healthcare Delivery "Outside our Community"

Community Health Needs Assessment Wave #3			
In the past 2 years, did you or someone you know receive HC outside of our community?	Furnas Co N=96	Trend	Rural Norms 17 N=2890
Yes	78.5%	🟨	80.0%
No	15.4%		15.2%
I don't know	6.2%	🟨	4.8%

Chart #8 – Healthcare Delivery "Outside our Community" (Continued)

Community Health Needs Assessment Wave #3			
Are we actively working together to address community health?	Furnas Co N=96	Trend	Rural Norms 17 N=2890
Yes	46.2%	🟨	47.2%
No	7.7%		10.9%
I don't know	46.2%	🟨	41.0%

Specialties:

ID	CTS
SPEC	7
OBG	5
ORTH	5
SURG	5
ENT	4

Chart #9 – What HC topics need to be discussed in future Town Hall Meeting

Community Health Needs Assessment Wave #3		
What needs to be discussed further at our CHNA Town Hall meeting?	Furnas Co N=96	Trend	Rural Norms 17 N=2890
Abuse/Violence	3.3%	[yellow]	5.5%
Alcohol	3.7%	[yellow]	5.6%
Breast Feeding Friendly Workplace	2.8%		1.8%
Cancer	4.5%	[yellow]	4.7%
Diabetes	3.7%	[yellow]	4.5%
Drugs/Substance Abuse	6.9%	[red]	9.6%
Family Planning	3.3%		2.6%
Heart Disease	1.6%		3.4%
Lead Exposure	0.0%		1.0%
Mental Illness	6.9%	[red]	10.8%
Nutrition	4.9%	[yellow]	4.8%
Obesity	11.8%	[red]	8.7%
Ozone	0.0%		0.4%
Physical Exercise	8.1%	[red]	6.6%
Poverty	4.1%	[yellow]	7.3%
Respiratory Disease	1.2%		2.2%
Sexually Transmitted Diseases	1.2%		2.4%
Smoke-Free Workplace	2.0%		1.7%
Suicide	6.9%	[red]	7.8%
Teen Pregnancy	4.1%	[yellow]	3.4%
Tobacco Use	4.1%	[yellow]	3.7%
Vaccinations	3.7%	[yellow]	2.6%
Water Quality	4.5%	[yellow]	3.8%
Wellness Education	6.9%	[red]	6.9%

IV. Inventory of Community Health Resources

Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Clinic	Primary Care	Yes		
Hosp	Alzheimer Center			
Hosp	Ambulatory Surgery Centers	Yes		
Hosp	Arthritis Treatment Center			
Hosp	Bariatric/weight control services			
Hosp	Birthing/LDR/LDRP Room	Yes		
Hosp	Breast Cancer	Yes		
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	Yes		
Hosp	Cardiac Surgery			
Hosp	Cardiology services	Yes		
Hosp	Case Management	Yes		
Hosp	Chaplaincy/pastoral care services	Yes		
Hosp	Chemotherapy	Yes		
Hosp	Colonoscopy	Yes		
Hosp	Crisis Prevention			
Hosp	CTScanner	Yes		
Hosp	Diagnostic Radioisotope Facility			
Hosp	Diagnostic/Invasive Catheterization			
Hosp	Electron Beam Computed Tomography (EBCT)			
Hosp	Enrollment Assistance Services	Yes		
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			
Hosp	Fertility Clinic			
Hosp	FullField Digital Mammography (FFDM)			
Hosp	Genetic Testing/Counseling			
Hosp	Geriatric Services	Yes		
Hosp	Heart			
Hosp	Hemodialysis			
Hosp	HIV/AIDSServices			
Hosp	Image-Guided Radiation Therapy (IGRT)			
Hosp	Inpatient Acute Care - Hospital services			
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161			
Hosp	Intensive Care Unit			
Hosp	Intermediate Care Unit	Yes		
Hosp	Interventional Cardiac Catherterization			
Hosp	Isolation room	Yes		
Hosp	Kidney			
Hosp	Liver			
Hosp	Lung			
Hosp	MagneticResonance Imaging (MRI)	Yes		
Hosp	Mammograms	Yes		
Hosp	Mobile Health Services			Yes
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)			
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)			
Hosp	Neonatal			
Hosp	Neurological services			
Hosp	Obstetrics	Yes		
Hosp	Occupational Health Services	Yes		
Hosp	Oncology Services			Yes
Hosp	Orthopedic services	Yes		
Hosp	Outpatient Surgery	Yes		
Hosp	Pain Management	Yes		
Hosp	Palliative Care Program			
Hosp	Pediatric			
Hosp	Physical Rehabilitation	Yes		
Hosp	Positron Emission Tomography (PET)	Yes		
Hosp	Positron Emission Tomography/CT (PET/CT)	Yes		
Hosp	Psychiatric Services			Yes
Hosp	Radiology, Diagnostic	Yes		
Hosp	Radiology, Therapeutic			
Hosp	Reproductive Health			

Inventory of Health Services - Tri Valley Health 2019

Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Inventory of Health Services - Tri Valley Health 2019			
Hosp	Robotic Surgery			
Hosp	Shaped Beam Radiation System 161			
Hosp	Single Photon Emission Computerized Tomography			
Hosp	Sleep Center	Yes		
Hosp	Social Work Services	Yes	Yes	
Hosp	Sports Medicine	Yes		
Hosp	Stereotactic Radiosurgery			
Hosp	Swing Bed Services	Yes		
Hosp	Transplant Services			
Hosp	Trauma Center -Level IV			
Hosp	Ultrasound	Yes		
Hosp	Women's Health Services	Yes		
Hosp	Wound Care	Yes		
SR	Adult Day Care Program	Yes		
SR	Assisted Living	Yes		
SR	Home Health Services			Yes
SR	Hospice	Yes		
SR	LongTerm Care	Yes		
SR	Nursing Home Services	Yes		
SR	Retirement Housing	Yes		
SR	Skilled Nursing Care	Yes		
ER	Emergency Services	Yes		
ER	Urgent Care Center			
ER	Ambulance Services			Yes
SERV	Alcoholism-Drug Abuse			
SERV	Blood Donor Center			Yes
SERV	Chiropractic Services			Yes
SERV	Complementary Medicine Services			
SERV	Dental Services			Yes
SERV	Fitness Center	Yes		
SERV	Health Education Classes	Yes		
SERV	Health Fair (Annual)	Yes		
SERV	Health Information Center	Yes		
SERV	Health Screenings	Yes		
SERV	Meals on Wheels	Yes		
SERV	Nutrition Programs	Yes		
SERV	Patient Education Center	Yes		
SERV	Support Groups	Yes		
SERV	Teen Outreach Services		Yes	
SERV	Tobacco Treatment/Cessation Program	Yes		
SERV	Transportation to Health Facilities	Yes		
SERV	Wellness Program		Yes	

Physician Manpower 2019 - Furnas County NE			
	Supply working in County		
# of FTE Providers	**FTE County Based**	**FTE Visting**	**PA/NP**
Primary Care:			
Family Practice	3.0	0.1	5.0
Internal Medicine	0.0	0.0	0.0
Obstetrics/Gynecology	0.0	0.2	0.0
Pediatrics	0.0	0.0	0.0
Medicine Specialists:			
Allergy/Immunology	0.0	0.0	
Cardiology	0.0	0.3	
Dermatology	0.0	0.0	
Endocrinology	0.0	0.0	
Gastroenterology	0.0	0.0	
Hematology/ Oncology	0.0	0.1	
Infectious Diseases	0.0	0.0	
Nephrology	0.0	0.0	
Neurology	0.0	0.0	
Psychiatry	0.0	0.0	
Pulmonary	0.0	0.1	
Rheumatology	0.0	0.0	
Surgery Specialists:			
General Surgery	0.0	0.2	
Neurosurgery	0.0	0.0	
Ophthalmology	0.0	0.1	
Orthopedics	0.0	0.3	
Otolaryngology (ENT)	0.0	0.0	
Plastic/Reconstructive	0.0	0.0	
Thoracic/Cardiovascular/Vasc	0.0	0.0	
Urology	0.0	0.1	
Hospital Based:			
Anesthesia/Pain	1.0	0.2	
Emergency	0.0	0.0	
Radiology	0.0	0.0	
Pathology	0.0	0.0	
Hospitalist *	0.0	0.0	
Neonatal/Perinatal	0.0	0.0	
Physical Medicine/Rehab	0.0	0.0	
Podiatry	0.0	0.3	
Would Care	0.0	0.2	
Others			
TOTALS	**5.0**	**1.5**	**3.0**

Visiting Specialists to Tri Valley Health

SPECIALTY/Provider	Group / City, ST	SCHEDULE	Days Per YR
Cardiology - Dr. Denney	Platte Valley Medical Group/Kearney NE	Every Monday	48
Cardiology - Bryan Health Cardiology Telehealth	Bryan Health/Lincoln NE	3rd Friday/4th Monday	24
General Surgery- Dr. Sorrell	CHI Health Clinic/Kearney NE	Every Tuesday	48
Hematology/Oncology- Dr. Lewis	Heartland Hematology & Oncology/Kearney NE	2nd Wednesday every Month	12
OB/GYN- Dr. Pankratz	Hastings OB/GYN/Hastings NE	every Wednesday except 3rd Wednesday	36
Opthalmology- Dr. Clinch	Kearney Eye Institute/Kearney NE	3rd Monday on Odd Months	6
Orthopedic- Dr. Wilkinson	Platte Valley Medical Group/Kearney NE	1st/3rd/5th Tuesdays	36
Orthopedic- Dr. VerPloeg	Rural Health Partners in Medicine/Steam Boat Springs CO.	1st/3rd Mondays	24
Pain Management- Dr. Meyer	Heartland Pain Clinic/Kearney	Every Thursday	48
Podiatry- Dr. Carlston	Phelps Memorial Hospital/Holdrege	2nd/4th Tuesdays	24
Podiatry- Dr. Hinze	Hinze Podiatry/McCook	3rd Friday every Month	12
Podiatry- Dr. Raska	Great Plains /North Platte	2nd /4th Fridays	24
Pulmonology- Dr. Kassis	Platte Valley Medical Group/Kearney	1st Wednesday and 3rd Thursday every Month	24
Urology- Dr. McCalla	Rural Health Partners in Medicine/Steam Boat Springs CO.	2nd/4th Fridays	24
Vascular- Bryan Vascular Telehealth	Bryan Health/Lincoln	3rd Friday/4th Monday	24
Wound Care- Restorix Health Wound Center	Restorix/Hastings	Every Thursday	48

Furnas County NE

Emergency Numbers

Police/Sheriff	**911**
Fire	**911**
Ambulance	**911**

Non-Emergency Numbers

Sheriff
Doug Brown
912 R Street
Beaver City, NE 68926
PHONE: (308) 268-2245

Emergency Manager
Zoning Administrator
Roger Powell
PO BOX 408
Beaver City, NE 68926
PHONE: (308)268-5088

Municipal Non-Emergency Numbers

	Fire	Police
Arapahoe	(308) 962-7605	
Beaver City	(308) 268-2222	(308) 268-2245
Cambridge	(308) 697-4323	(308) 697-3713
Edison	(308) 927-2335	
Holbrook	(308) 493-5383	
Oxford	(308) 824-3527	
Wilsonville	(308) 349-4250	

ALCOHOL & DRUG ADDICTION SERVICES

- Alcoholic Anonymous McCook 345-6027   Cambridge meetings Thursday at 7pm in Hospital.
- AA Newcomers group 709 W 2nd McCook 345-3807 or 4324
- Al-A-Non, McCook 345-2714 345-2594
- Alcoholism and Drug Services (Reg. II) 345-2770   24 hr. Emergency Hotline 534-6963
- Great Plains Hospital for Detox 308 534-6963 North Platte
- Valley Hope, Norton (800) 544-5101 (Ins. Or Private Pay only, must be alert oriented, physically active)
- Region II Red Willow, Frontier Co. St. Funded Services Alliance (308) 762-7177
- Region III Furnas Co. and East -- State Funded Services through St. Frances in GI (308) 389-5430
  No opiate or benzodiazapine detox. See next entry
- Mid-Plains Center for Behavioral Healthcare—Grand Island—State funded Will Do Detox. 308 385-5250
- Seekers of Serenity—Columbus, NE -- State Funded -- detox and treatment. 402 564-9994

AMBULANCE SERVICES

- Air Response/Fixed Wing   1 800 631-6565
- BryanLGH/Star Care   1 800 252-4262
- Kearney Air Care/ Ambulance   1 800 474-7911   (red phone)
- GSH McCook Ambulance Service   1 800 474-7911
- Phelps/Holdrege Ambulance   1 308 995-2211
- Midwest MedAir (N.P.)   1 800 562-3396 (yellow phone)

CHURCHES -- CHAPLAINS

- Catholic -St. Johns 697-3722 Parish hall 402-641-4363 Fr Ken Wehr
- Fr Phiffer   *Indianola*
- Congregational – 697-3849   Parsonage 697-4235   Bill Weaver 308 340-3176 (c) 268-2538 (h)
- Baptist -Calvary 697-4225 Rick Bradley 303-903-3947
- Lutheran – St Paul's 697-3725
- Trinity Lutheran – *Arapahoe* James Mosier 308 962-7667
- Methodist – Trinity United 697-4352   Parsonage 697-4353 David Kim 973-873-4032 (c)
- United Methodist – *Arapahoe,* 962-7278 Becky Saddler 962-7249, 785-639-2163 (c)
- The Saving Place 697-3504 Scott Moyer
- Christian Church – *Arapahoe* David Welch 308 962-7949 (O) 308 655-1858 (C)

FUNERAL HOMES

- Lockenour-Jones Mortuary Cambridge   697-3838
- Williamson/Wenburg Funeral Home, Arapahoe   962-7940
- Carpenter-Breland, McCook   345-3838
- Hermann Funeral Home, McCook   345-3000
- Wetzel Funeral Home, Curtis   367-4177

HOME HEALTH SERVICES
- Kearney Good Sam. Home Health 800 685-7647 FAX 308 865-2923
- Tri County Hosp. Home Health, Lexington 308 324-8300   FAX 324-8613
- Central Plains HH & Hospice, Cozad 308 784-4630
- Community Hospital HH, McCook 308 344-8356   FAX 308 344-1515 **(covers up to Stockville)**
- ruralMED Home Care- Holdrege 308-995-4375 fax: 995-4548 (covers to Cambridge) (Wound RN on staff)
- Good Sam Society Home Care of SW NE (Alma) 308 928-2804 FAX 308 928-2817**(covers to McCook)**
- Option Care (Walgrens) Home Infusion (Grand Island) 402 290-7473
- Great Plains Home Health/ Hospice N. Platte, NE 696-7434, fax 696-7407

HOMELESS SHELTERS & HOUSING ASSISTANCE
- Crossroads Center Rescue Mission, Kearney 308-236-5688
- The Connection, North Platte 308-532-5050
- Community Action Partnership, McCook 308-345-1187

HOSPITALS & Scheduling
- Children's Hospital, Omaha 402-995-5400
- Great Plains Regional Hosp, North Platte 534-9310
- Good Sam. Hosp, Kearney 865-7100 865-7195 Care Management
      Scheduling 800 658-3202   Fax 308 865-2989   ER Fax 308 865-2989
- KRMC Hosp. Kearney 308-455-3600
- McCook Community Hospital 344-2650   Specialty Clinic 308 344-8285 Fax 308 344-8375
        Scheduling 344-8285   FAX 344-8358
- Phelps County Hospital, Holdrege 995-2211
- Tri-County Hospital, Lexington 324-5651

HOSPICE
- Asera Care Hospice (Kearney) 308 698-0580   888 273-3309   FAX 308 698-0585 (Marilee Malcolm)
- McCook HH and Hospice 308 344-8356 Fax 344-8336
- N. Platte (Horizon) 535-7434
- RuralMed/Lexington 324-8300 or 995-3475

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HOME MEDICAL SUPPLIERS
- Frontier Home Medical McCook 1 308 345-2068
- Tri-County Home Supply, Lexington 308 324-8330
- See the Trainer, North Platte 308-221-6383
- U-Save Pharmacy and Supply-McCook 800 658-4258

INTERPRETER/LANGUAGE Translation
- Language Line   1 888-808-9008

MENTAL HEALTH SERVICES
- David Blessing 308 785-7151 (O) 308 746-1003 (c)
- Ambience Counseling- Cambridge and McCook 308-345-4067
- Great Plains Mental Health Center, McCook 345-2626   Lexington 324-5623
    Emergency Services 532-9332
- Heartland Counseling McCook 345-2770, North Platte 534-6029, Lexington 324-6754 (Dr. Johnson)

- ♦ Advanced Psychiatric Services, James Winchester, Psych NP, Kearney 308 234-6029
- ♦ Unified Therapy, McCook 345-4884
- ♦ Christian Counseling, McCook- 308-345-4880
- ♦ Lutheran Family Services, McCook 345-7814

Psychiatric Services (In-patient)
- o **EPC Richard Young Hosp, Kearney 308 865-2000   fax 308 865-2927**
  Do not take Dementia or Alzheimer's patients
- o Youth (<16 yrs old) Inpatient – BrianLGH Counseling Center 402 481-5991
- o Mary Lanning Psych Unit, Hastings 402 463-4521
- o Pioneer House Day Rehab – McCook 308 345-2770 308 350-2886 (Renae Gardner)
- o Frontier House Day Rehab – North Platte 308 534-0440
- o Great Plains Psych/Behavior – inpatient   308 696-7270 N Platte
- o Beloit, KS Geri Behavioral Service (Dr. Baker) 785 738-9140 FAX 785 738-9146
- o Bryan West (9 bed geri-psych unit) 402 481-5320

PHARMACY
- ♦ Mark's Pharmacy Cambridge 697-3400   Fax 697-3401
- ♦ Arapahoe Pharmacy, Arapahoe 962-7895   Fax 308 962-7886
- ♦ Farrells of McCook, 800 658-4279 or 345-3967   Fax 308 345-3967
- ♦ U-Save of McCook 800 658-4207 or 345-5670   Fax 308 345-5676
- ♦ Walmart of McCook 308 345-7024   Fax 308 345-8039

VETERAN'S ADMINISTRATION
- ♦ Holdrege VA Clinic 308 995-3760 FAX 308 995-3775
- ♦ North Platte VA Clinic 308 532-6906
- ♦ Omaha VA Hospital 402 346-8800 FAX 402 599-2147
- ♦ ER transfer to VA for in-patient care & transportation: 402 995-3250
  If Patient requests to remain here; Pt responsible for payment (insurance or out of pocket) Additional criteria for VA services payments, call 402 489-3802 Ext. 6264

Nursing Home Comparison- visit www.medicare.gov/nursinghomecompare

NURSING FACILITIES of SW NE (by town)
- ♦ Alma-Colonial Villa Good Sam Center 928-2128 (skilled)
- ♦ Arapahoe-Mues Good Sam Center 962-5230 Fax 962-5276 VA April Wendland, SS (skilled)
- ♦ Beaver City-Beaver City Manor 268-5111 FAX 268-6006 (skilled) (Don-SW)
- ♦ Benkelman-Hester Memorial Home 423-2179
- ♦ Bertrand-Bertrand Nursing Home 471-3341
- ♦ Broken Bow-Jenny Mulheim Mem. Hosp LTC 872-6891
- ♦ Cozad-Southview Manor 784-3715 (Spec Unit)   (VA)
- ♦ Elwood-Elwood Care Center 785-3302 FAX 785-3303 (skilled)
- ♦ Franklin-Golden Age Village 425-6848
- ♦ Fullerton Manor (Behavioral Probs) 308 536-2488
- ♦ Gothenburg-Slack Nursing Home 537-7138   Hospital/LTC 537-3661
- ♦ Holdrege-Christian Homes 995-4493

- Holdrege Memorial Homes 995-8631 fax 995-8636
- Imperial Manor 882-5333
- Kearney- Mother Hall 234-2447 Mount Carmel 237-2287   St. Johns 234-1888   St. Lukes 237-3108
- Lexington- Plum Creek Home 324-5531   ALF Special Needs Unit
- McCook-Hillcrest Nursing Home 345-4600 fax 345-4737 Spec Unit, ALF (skilled)
- North Platte-Lindon Manor 532-5774   Special Care Unit
         Centennial Park 534-7000   North Platte Care Center 534-2200
- Oberlin-Decatur Co. Cedar Living   785-475-2276   Good Sam. Center 785-475-2245
- Omaha—Quality Living Inc. (rehab and job skills training) 402 573-3700
- Trenton-El Dorado Manor 334-5241   Fax 308 334-5243 (skilled)
- Wauneta-Heritage of Wauneta 394-5738

ASSISTED LIVING (private pay or Medicaid)

- Arapahoe-Mues Good Sam Center 962-5230
- Beaver City Manor Ass't Living   308 268-5111
- Bertrand-Bertrand Nursing Home 471-3341
- Cambridge - Tri Valley Health System 308 697-4423
- Cozad-Southview Manor/Beverly Square 784-3715 (Spec Unit)
- Curtis- Sr. Living Choices 308 367-4259
- Elwood-Elwood Care Center 785-3302 FAX 785-3303
- Holdrege- Chrisoma West (Christian Homes) 308 995-2086
- Kearney- North Ridge 308 698-5410
- Lexington- Park Avenue Estates 308 324-5490
- McCook – Brookdale, 308 345-2100
  McCook- Hidden Pines, (Hillcrest) 345-4600 fax 345-8868
  McCook- Highland Park- 4 levels 345-7757, fax 345-4249

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

Nebraska Hospital Information System

Inpatient Charge Report

Looking at County grouped by Hospital
Date Range : 05/01/2014 - 04/30/2015
All Ages
Gender - both
Selected Counties : Furnas

	Discharges	Total Charges	Avg Charge	Patient Days	Average LOS	Avg Charge / Day
Alma - Harlan County Health System	22	35,392	1,609	30	1.4	1,180
Broken Bow - Jennie M. Melham Memorial Medical Center	1	15,658	15,658	5	5.0	3,132
Cambridge - Tri Valley Health System	229	2,579,266	11,263	616	2.7	4,187
Cozad - Cozad Community Hospital	3	24,880	8,293	10	3.3	2,488
Grand Island - CHI Health Saint Francis	1	52,126	52,126	6	6.0	8,688
Hastings - Mary Lanning HealthCare	4	119,372	29,843	15	3.8	7,958
Holdrege - Phelps Memorial Health Center	123	2,446,052	19,887	377	3.1	6,488
Kearney - CHI Health Good Samaritan	174	5,633,471	32,376	760	4.4	7,412
Kearney - Kearney Regional Medical Center	41	2,112,825	51,532	112	2.7	18,865
Lexington - Lexington Regional Health Center	7	49,179	7,026	21	3.0	2,342
Lincoln - Bryan Medical Center	37	2,253,878	60,916	187	5.1	12,053
Lincoln - CHI Health Nebraska Heart	3	62,282	20,761	9	3.0	6,920
Lincoln - CHI Health St Elizabeth	7	227,404	32,486	36	5.1	6,317
Lincoln - Madonna Rehabilitation Hospital - Lincoln	1	37,566	37,566	12	12.0	3,131
McCook - Community Hospital	23	289,393	12,582	60	2.6	4,823
North Platte - Great Plains Health	9	140,542	15,616	35	3.9	4,015
Omaha - CHI Health Creighton University Medical Center	1	94,377	94,377	4	4.0	23,594
Omaha - CHI Health Creighton University Medical Center - Bergan Mercy	2	184,007	92,003	16	8.0	11,500
Omaha - Children's Hospital and Medical Center	12	174,141	14,512	35	2.9	4,975
Omaha - Nebraska Medicine - Nebraska Medical Center	32	3,207,597	100,237	231	7.2	13,886
Omaha - Nebraska Methodist Hospital	7	391,916	55,988	29	4.1	13,514
Totals	739	20,131,324	27,241	2,606	3.5	7,725

Nebraska Hospital Information System

Inpatient Charge Report
Looking at County grouped by Hospital
Date Range : 05/01/2015 - 04/30/2016
All Ages
Gender - both
Selected Counties : Furnas

	Discharges	Total Charges	Avg Charge	Patient Days	Average LOS	Avg Charge / Day
Alma - Harlan County Health System	2	8,181	4,091	6	3.0	1,364
Cambridge - Tri Valley Health System	163	2,153,367	13,211	489	3.0	4,404
Cozad - Cozad Community Hospital	5	12,379	2,476	6	1.2	2,063
Grand Island - CHI Health Saint Francis	1	32,539	32,539	2	2.0	16,269
Hastings - Mary Lanning HealthCare	10	170,325	17,033	62	6.2	2,747
Holdrege - Phelps Memorial Health Center	145	2,678,463	18,472	435	3.0	6,157
Kearney - CHI Health Good Samaritan	174	6,191,549	35,584	951	5.5	6,511
Kearney - Kearney Regional Medical Center	57	3,387,929	59,437	203	3.6	16,689
Lexington - Lexington Regional Health Center	2	17,556	8,778	4	2.0	4,389
Lincoln - Bryan Medical Center	24	1,087,743	45,323	99	4.1	10,987
Lincoln - CHI Health Nebraska Heart	4	185,064	46,266	17	4.3	10,886
Lincoln - CHI Health St Elizabeth	5	230,612	46,122	30	6.0	7,687
Lincoln - Madonna Rehabilitation Hospital - Lincoln	5	969,499	193,900	198	39.6	4,896
McCook - Community Hospital	13	111,924	8,610	30	2.3	3,731
Norfolk - Faith Regional Health Services	1	28,034	28,034	3	3.0	9,345
North Platte - Great Plains Health	17	246,270	14,486	83	4.9	2,967
Omaha - CHI Health Creighton University Medical Center	2	161,327	80,664	12	6.0	13,444
Omaha - Children's Hospital and Medical Center	2	196,585	98,293	35	17.5	5,617
Omaha - Nebraska Medicine - Nebraska Medical Center	28	2,101,018	75,036	193	6.9	10,886
Omaha - Nebraska Methodist Hospital	3	104,197	34,732	14	4.7	7,443
Papillion - CHI Health Midlands	1	49,812	49,812	1	1.0	49,812
Totals	664	20,124,373	30,308	2,873	4.3	7,005

Nebraska Hospital Information System

Inpatient Charge Report
Looking at County grouped by Hospital
Date Range : 05/01/2016 - 04/30/2017
All Ages
Gender - both
Selected Counties : Furnas

	Discharges	Total Charges	Avg Charge	Patient Days	Average LOS	Avg Charge / Day
Alma - Harlan County Health System	11	32,838	2,985	17	1.5	1,932
Cambridge - Tri Valley Health System	117	1,580,199	13,506	343	2.9	4,607
Fremont - Methodist Fremont Health	2	67,649	33,825	7	3.5	9,664
Grand Island - CHI Health Saint Francis	2	73,487	36,744	20	10.0	3,674
Hastings - Mary Lanning HealthCare	15	559,961	37,331	110	7.3	5,091
Holdrege - Phelps Memorial Health Center	151	2,711,193	17,955	485	3.2	5,590
Kearney - CHI Health Good Samaritan	141	5,701,103	40,433	705	5.0	8,087
Kearney - Kearney Regional Medical Center	64	2,986,875	46,670	245	3.8	12,191
Lexington - Lexington Regional Health Center	7	74,693	10,670	31	4.4	2,409
Lincoln - Bryan Medical Center	24	1,314,978	54,791	122	5.1	10,779
Lincoln - CHI Health Nebraska Heart	1	43,056	43,056	1	1.0	43,056
Lincoln - CHI Health St Elizabeth	4	155,818	38,954	12	3.0	12,985
Lincoln - Madonna Rehabilitation Hospital - Lincoln	3	252,310	84,103	52	17.3	4,852
McCook - Community Hospital	25	187,978	7,519	58	2.3	3,241
North Platte - Great Plains Health	9	159,575	17,731	34	3.8	4,693
Omaha - CHI Health Lakeside	1	55,340	55,340	2	2.0	27,670
Omaha - Children's Hospital and Medical Center	4	89,966	22,492	8	2.0	11,246
Omaha - Nebraska Medicine - Nebraska Medical Center	40	5,257,240	131,431	514	12.9	10,228
Omaha - Nebraska Methodist Hospital	2	157,868	78,934	17	8.5	9,286
Omaha - OrthoNebraska Hospital	1	62,145	62,145	2	2.0	31,073
Totals	624	21,524,273	34,494	2,785	4.5	7,729

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Attend	First	Last	Organization	Title	City	ST	Zip
			Furnas Co CHNA Wave #3 Town Hall - February 8th, 2019 11:30am-1:00pm N= 33				
1	Betty	Jorgensen	TVHS Foundation		Cambridge	NE	69022
1	Callaway	Kitt	Tri Valley Health System	Employee Health/Infection Prevention	Cambridge	NE	69022
1	Celia	Nelson	Tri Valley Health System		Cambridge	NE	69022
1	Charity	Gonzales	Social Services		McCook	NE	69001
1	Ciprian	Galarneau	Tri Valley Health System	IT Director	McCook	NE	69001
1	Clay	Jordan	Tri Valley Health System	RN	McCook	NE	69001
1	Diana	Swindler	Tri Valley Health System	CFO	Cambridge	NE	69022
1	Drew	Cramer	TVHS Board		Cambridge	NE	69022
1	Ebbers	Ross	Tri Valley Health System	Director of Imaging and Cardiopulmonary	Cambridge	NE	69022
1	Edward	Meriwether	Tri Valley Health System	Director of Pharmacy	Cambridge	NE	69022
1	Erick	Lee	Arapahoe Airport Authority	Sec Treasurer	Arapahoe	NE	68922
1	Hall	Carri	Tri Valley Health System	Director of Clinic Operations	Cambridge	NE	69022
1	Harpst	Mark	Tri Valley Health System	Director Plant Operations	Cambridge	NE	69022
1	Helena	Janousek	SW NE Public Health Department	Program Manager	McCook	NE	69001
1	Jaccie	Morgan			Cambridge	NE	69022
1	Jamie	Mickelson	Tri Valley Health System	Foundation Director	Cambridge	NE	69022
1	Jessica	Roth	Tri Valley Health System	CCO	McCook	NE	69001
1	Joan	Koch	Tri Valley Health System	Board Trustee	McCook	NE	69001
1	Katie	Shifflet	Tri Valley Health System	CNM	Holbrook	NE	68948
1	Kinne	Kandra	City of Cambridge	City Clerk/Treasurer	Cambridge	NE	69022
1	Langley	Barb	Tri Valley Health System		Cambridge	NE	69022
1	LaVern	Banzhaf		Trustee	Cambridge	NE	69022
1	Luedders	Keith	Tri Valley Health System	COO	Cambridge	NE	69022
1	McCarville	Anne	Tri Valley Health System	Director of Laboratory Services	Cambridge	NE	69022
1	Norma	Wymore			Cambridge	NE	69022
1	Powell	Jeri	Tri Valley Health System	Clinic Nurse Manager	Cambridge	NE	69022
1	Roger	Powell	Furnas County Emergency Management		Beaver City	NE	68926
1	Tammy	Claussen	Tri Valley Health System		Cambridge	NE	69022
1	Deaver	Joyce	Cambridge Manor	Residential Services	Cambridge	NE	69022
1	Howard	Angie	Tri Valley Health System	APRN	Rlwood	NE	68937
1	Magorian	Joan			Cambridge	NE	69022
1	Palmer	Mallory	Tri Valley Health System	CIS	Wilsonville	NE	69046

Tri Valley Health- Furnas Co NE

2/8/2019 11:30-1:00PM CHNA Town Hall Meeting Notes N= 33

Tab1: Less populated than other areas, North Platte or Holdridge has Veteran Care, Grand Island has Veteran clinic.

Tab2: There are severe housing problems. They just started a backpack program- Feb 2019, while some have been doing it other parts of county.

Tab3: School screenings—Lyons Club (Cambridge), 50% of children eligible for free or reduced lunch.

Tab4: Immunizations: Births - West, Frontier Co - North, Decatur Co

Tab5: In need of more specialty docs.

Tab6: Opioids, over the counter drugs, meth, marijuana, alcohol, huffing-nitric acid, cocaine--- are all problems.

Tab7: Fitness options-are they affordable? Chronic diseases are a problem.

Tab8: Uninsured vs Underinsured in the community.

Tab9: Mortality: drinking and driving--50% is high.

Tab10: Tri Valley Health fitness center is free and open to public.

*Foster children = Government.

*There are no school nurses- need some in schools.

* Aren't informing people about all the services offered.

*Red Willow has clinic- How does TVHS receive more patients in Cambridge?

Strengths:

- Hospital services offered + Hospital wellness center
- Specialists visiting
- OB services- 3 providers
- Capacity availability
- Nursing homes- senior care + Senior life solutions-mental health care
- Rehab-physical training- services
- Walk-in clinic
- Public transportation (adi bus)
- Staff- interactive + Community cohesiveness/ engagement
- VFC program= vaccines
- Male MD offered

Things to improve/ change:

- Cancer
- Mental Health Facilities
- Alcohol
- Drugs-Opioids
- Working with other providers
- Aging Nursing home facilities
- Community perception-Arapahoe
- Providers understanding Rural health delivery
- Urgent care
- Chronic Diseases- COPD, CHF, Hyper, others
- Housing
- Cost of HC- affordable healthcare
- Physician recruitment- ENDO, other specialists
- Up to date medical practices
- Staffing shortages- RNs
- Insurance availability
- Obesity- nutrition/wellness
- HC Referrals-same doc, continuous
- Child care
- Awareness of HC services

Wave #3 CHNA - Tri Valley Health PSA

Town Hall Conversation - Strengths (Color Cards) N= 33

Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?
4	ACC	Location- access	19	HOSP	TVHs
7	ACC	Access to pt beds, ER, Appts in clinic	20	HOSP	TVHs
11	ACC	Access to wellness center	20	HOSP	Capacity
11	ACC	Access to local healthcare and visitor specialists	2	IP	Inpatient Care- discharge planning
13	ACC	Services offered	10	IP	Inpatient care
14	ACC	Equipment/Variety of services	17	IP	IP Care
25	ACC	Access to Providers and new schedule	21	IP	In Patient Services
11	AGE	Senior life solutions- mental health	26	KID	Medicaid Well Child Visits
20	AGE	Senior Life Solutions	27	KID	Backpacks for school kids
25	AGE	Senior Living services, new program	28	LOC	Location
26	AGE	Medicare Wellness/Chronic Care Manage/Senior Solutions	7	LOY	Faithful following
27	AGE	Senior Life Solutions	6	MRKT	Awareness of what's available
28	ALL	Process/Improvements	15	NH	Nursing Homes
4	AMB	Ambulance Services	20	NH	Nursing Home Facility in each town
10	AMB	Ambulatory services	6	OBES	Obesity-options
22	AMB	Ambulance Services	9	OBES	Weight, eating and exercise
21	BH	Nursing Homes	20	OBG	OB Care
2	CLIN	RHC Clinic Hours (walk-In)	27	OBG	3 MDs providing OBG Care
3	CLIN	Clincal (walk-in)	17	OP	OP Diagnostics
7	CLIN	Good hours for walk-in	3	PHAR	Pharmacy Care
9	CLIN	Personal Clinic calls good	16	PHAR	Good supply of Pharmacists
15	CLIN	Clinics in Indianola and Arapahoe	14	PHY	Rehab
17	CLIN	Clinic Coverage	20	PHY	PT Rehab Services
20	CLIN	Walk-In Clinic	4	QUAL	Good care
26	CLIN	Expanded Walk-In Clinic	5	QUAL	Overall care rated better than other rural communities
27	CLIN	Walk-In Clinic	8	QUAL	Great patient ratings
27	CLIN	3 RHC available	10	QUAL	Perception of overall healthcare quality is good
29	CLIN	Walk-In CLinic	23	QUAL	Caring people
20	COMM	People willingness to ask for help	23	QUAL	Good community resources just need tapped into
28	COMM	Relationships	28	QUAL	Quality
28	COMM	Receptiveness to Feedback	21	SNUR	Schools
28	COMM	Patient Portal	22	SNUR	Schools
1	CORP	Close knit community that allows for "free" resources other communities can't	2	SPEC	Using Specialists
6	CORP	Community Engagement	7	SPEC	Good amount of specialists
12	CORP	Community Support	8	SPEC	Variety of Specialists
13	CORP	Community Cohesiveness	15	SPEC	Specialists
22	CORP	More relaxing traffic= less stress	17	SPEC	Specialty Clinic
22	CORP	People are willing to help	23	SPEC	Specialty Clinic expansion
28	CORP	Diversity	29	SPEC	Have Specialist
28	CORP	Community Involvement	30	SPEC	Visting Specialist
28	CORP	Charity	4	STFF	Providers
29	CORP	Participate in Community-office wellness	6	STFF	Staff Changes
20	DOCS	MD Specialist	9	STFF	Interest by staff in patients
25	DOCS	New MD coming this summer	12	STFF	Caring Staff
27	DOH	Health Departments	16	STFF	Providers
19	ECON	Growth in economic development	19	STFF	People
20	ECON	Economic growth	20	STFF	Staff at TVHS
3	EMER	Emergency Care	25	STFF	All providers
4	EMER	ER	28	STFF	Staff
17	EMER	EMER Services	29	STFF	Great Staff
4	FAC	Great Facility	29	STFF	Staff are community Involved
5	FAC	Good facilities	30	STFF	Good group of Providers
7	FAC	Great facility, providers, ER	18	SURG	Making strides on surgical specialists
12	FAC	Hospital Facilities	7	TRAN	Resources- Handibus- affordable and fre
14	FAC	Good facility- up to date	20	TRAN	Handy Bus
25	FAC	Facility	20	VACC	Vaccine for Children

Wave #3 CHNA - Tri Valley Health PSA

Town Hall Conversation - Strengths (Color Cards) N= 33

Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?
29	FAC	Great Facility	27	VACC	VFC Program for children's vaccines
1	HOSP	multiple openings Mo's/Clinics Beds (inpatient) NO OVER CROWDING	14	WELL	Health education and wellness
4	HOSP	Always have room capacity	17	WELL	Wellness Center
6	HOSP	Hospital	20	WELL	Wellness Center
7	HOSP	No overcrowding	23	WELL	Health and Wellness
15	HOSP	Having hospital in county	24	WELL	Health and Wellness
16	HOSP	Hospital Facility	29	WELL	Wellness Center

Wave #3 CHNA - Tri Valley Health PSA

Town Hall Conversation - Weakness (Color Cards) N= 33

Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
8	ACC	Access to "Quality" Healthcare	7	KID	Children eligible for free and reduced lunches
16	ACC	Need better access to wellness programs	10	KID	Child Care
5	ALL	Overall Health	12	KID	Child Care Options
11	ALL	Overall Health	22	KID	Child Care
16	AMB	Lack of volunteers for ambulance services	24	KID	More involved in children living condition
5	BH	Mental Health Facilities	26	KID	Child Care
19	BH	Mental Health Services	30	KID	Child care available
20	BH	Mental Health Profession	31	KID	Daycare
22	BH	Mental Health providers	5	MRKT	Marketing of Services
30	BH	Mental Health/Suicide	6	MRKT	Knowledge of Services Offered
31	BH	Deny addiction and mental health problems	9	MRKT	Education/awareness of services offered
22	CANC	Cancer	10	MRKT	Awareness of services
24	CANC	Cancer high	11	MRKT	Marketing of Services
5	CHRON	Chronic Illness Prevention	13	MRKT	Get our services more publicity so public is aware
12	CHRON	Chronic Illness Management	14	MRKT	Community/Area Awareness of Services Provided
22	CHRON	Chronic Disease	16	MRKT	Lack of Health Info
15	CLIN	We should have a Warfann Clinic	21	MRKT	Marketing/Education of TVHs service
18	CLIN	Hours of Clinic Available	22	MRKT	Improving marketing/education of TVHs
26	CLIN	Expand Walk-In hours	23	MRKT	Let/market what we have to offer
17	COMM	Communication with Community	29	MRKT	Education/awareness of services offered
5	CORP	Relationships	31	MRKT	Awareness of services
25	DERM	Dermatology	4	NH	Aging Nursing Home Facilities
26	DERM	Dermatology	6	NH	Nursing Home-Room Size
29	DIAL	Dialysis Center	22	NRT	Heart
1	DRUG	Meth	21	NURSE	Shortage of nursing staff
3	DRUG	Drugs-meth/marijuana	26	NURSE	Nursing Shortage
5	DRUG	Drug Abuse Problem	30	NURSE	Nursing Shortage
7	DRUG	Opiod/drug use	4	NUTR	Food Insecurity
12	DRUG	Drug Abuse Problem	10	NUTR	Food health
13	DRUG	Drug , ETOH Counseling	29	NUTR	Nutrition Services
14	DRUG	Meth Issue	1	OBES	Obesity-discuss
22	DRUG	Drugs-meth/marijuana	6	OBES	Obesity Level
24	DRUG	Drug Addiction	10	OBES	Obesity
30	DRUG	Opiod/drug use	21	OBES	Lower weight of community
8	EMS	Improves EMS	22	OBES	Decrease obesity in community
26	ENDO	Endocrinologist	24	OBES	Obesity
29	ENDO	Endo-telemedicine needed	18	OP	Availability of outpatient surgery
26	ENT	ENT	15	PHAR	Relief Pharmacies
4	EYE	Eye Doctor	6	PNEO	Prenatal Care
16	EYE	No optometrist	9	PNEO	Early prenatal care/child births/ family planning
24	FAC	Need individual rooms in long term care	28	PNEO	Prenatal Care
5	FAM	Family Planning	22	POV	Housing Low Income
22	FINA	Cost of Healthcare	5	QUAL	Community perception
29	FINA	Cost	5	QUAL	Better adaptation of most up to date practices
6	FIT	Hypertension- Exercise to lower	8	QUAL	Better adaptation of most up to date practices
9	FIT	Physical inactivity/heart/hypertension	16	QUAL	Continuity of Care
10	FIT	Inactivity	17	QUAL	Continuity of Care
13	FIT	Physical Activity	22	QUAL	Consistency to see provider
19	FIT	Exercise-Fitness	29	QUAL	Community Perception
24	FP	Need general practice doctors	2	SNUR	School nurse-need
16	HOSP	Decrease preventable Hosp Stays	3	SNUR	Healthcare for Students in School
1	HOUS	Housing	6	SNUR	School Nurse
6	HOUS	Housing	23	SNUR	School/ county nurse
14	HRT	Heart Pulmonary Health	2	SPEC	Medical Staff-Specialists
19	HRT	Heart Disease	4	SPEC	More visting Specialists
20	HRT	Heart Disease Cancer Issues	7	SPEC	Specialist and MD Staffing
2	INSU	Debt Write-off	8	SPEC	Amp up specialist coverage

Wave #3 CHNA - Tri Valley Health PSA

Town Hall Conversation - Weakness (Color Cards) N= 33

Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
2	INSU	Help for underinsured/low income	13	SPEC	More specialists needed
3	INSU	Cost of Healthcare/underinsured/uninsured	16	SPEC	Need more medical specialists
4	INSU	Affordable Health Insurance	23	SPEC	Bring in more specialty MDs
5	INSU	Uninsured	25	SPEC	Visiting specialists
7	INSU	Uninsured/Underinsured individuals	29	SPEC	Specialists
9	INSU	Uninsured	1	STFF	Staffing Shortages/Changes
14	INSU	Better Insurance Options	8	STFF	Younger- up to date providers to replace older ones
19	INSU	Uninsured	25	STFF	1/2 more providers for increased availability
21	INSU	Affordable Health Insurance	25	STFF	Add male providers
22	INSU	Affordable Health Insurance	28	STFF	Providers understanding of rural health
25	INSU	Insurance availability	28	STFF	Male Providers
25	INSU	Insurance Cost	8	TRAN	Ability to move across the community easily
26	INSU	Underinsured patients- Bad Debts	15	TRAN	Public Transportation
31	INSU	High deductible for Insu plans	25	URL	Urlology
5	KID	Child care Options	3	WELL	Better utilization of Wellness Center
6	KID	Child Care Facilities	10	WELL	Health education

c) Public Notice & Requests

[VVV Consultants LLC]

E Mail CHNA Request

From: Diana Swindler, CFO Tri Valley Health System

To: Furnas County NE - Stakeholders & Key Staff

Date: 12/4/18

Subject: 2019 CHNA Community Feedback Request

Over the next three months, Tri Valley Health System will be updating the 2016 Furnas County NE Community Health Needs Assessment (CHNA).

Your feedback / suggestions regarding current community health are very important to collect, in order to complete a comprehensive 2019 Community Health Needs Assessment plus Implementation Plan.

To accomplish this work, a short online survey has been developed. All responses are confidential.   Thank you in advance for your time and support in participating with this important request.

NOTE: Please complete CHNA Wave #3 online survey by Friday, January 4th 2019.

   https://www.surveymonkey.com/r/FurnasCoNE_CHNA2019

In addition, please **hold Friday, February 8th 2019 (11:30-1pm)** to attend a CHNA Town Hall working lunch session in the Republican River Conference Room at the Cambridge Memorial Hospital. More information will be coming in early January.

E Mail #2 CHNA Town Hall Request (Cut/Paste)

From: Diana Swindler, CFO Tri Valley Health

To: Roster Stakeholders Emails

Date: 1/7/2019

Subject: Community Feedback – Friday, February 8th, 2019

In order to gauge the overall health needs of Furnas County NE, Tri Valley Health System would like to invite you to participate in a 2019 Community Health Needs Assessment Town Hall roundtable on Friday, February 8th from 11:30 a.m. to 1:00 p.m. in the Republican River Conference Room at the Cambridge Memorial Hospital.

This event is being held to identify and prioritize the health needs of Furnas County residents. The goal of this community discussion is to understand progress in addressing past community health needs cited in the 2016 CHNA report.

Your feedback / suggestions regarding current community health are very important.

Please plan to attend this event:

Town Hall Meeting / Roundtable

Friday, February 8th, 2019

11:30 a.m. – 1:00 p.m.

Republican River Conference Room – Cambridge Memorial Hospital

A light lunch will be served at 11:15 a.m.

Please RSVP for the town hall meeting at the following link:

https://www.surveymonkey.com/r/FurnaseCo_NebraskaRSVP

Thank you for your consideration.

Diana Swindler, CFO Tri Valley Health

Community Health Needs Assessment
Furnas County Town Hall Meeting

Tri Valley Health &

Southwest Nebraska Public Health Department

will be sponsoring a
Town Hall Meeting on
Friday, February 8th, 2019
11:30 a.m. 1:00 p.m. at

_____

Area residents are invited to attend.
A light lunch will be provided starting at 11:15 a.m.

Please join us for this opportunity to share your thoughts
& suggestions to improve health care delivery.

_____

FOR IMMEDIATE RELEASE

Tri Valley Health System / Furnas County seeking community feedback at Town Hall

Media Release: 1/11/2019

Contact: Diana Swindler, CFO Tri Valley Health

In order to gauge the overall health needs of Furnas County NE, Tri Valley Health System in conjunction with the Southwest Nebraska Pubic Health Department invites the public to participate in a **Community Health Needs Assessment Town Hall roundtable on Friday, February 8th from 11:30 a.m. to 1:00 p.m. at the Cambridge Memorial Hospital in the Republican River Conference Room**. A light lunch will be served at 11:15 a.m.

This event is being held to identify and prioritize the health needs of Furnas County residents. The goal of this assessment update is to understand progress in addressing community health needs cited in the 2016 CHNA report. Feedback from the event will also serve to fulfill both federal and state mandates.

"Every community has different health care needs," said Keith Luedders, COO. "We hope to get input from a broad set of county residents to help us focus our efforts on improving health."

VVV Consultants LLC, an independent research firm from Olathe, KS has been hired to conduct this community wide research.

If you have any questions about CHNA activities, please contact Tri Valley Health Administration: Jordyn Sullwold at Jordyn.sullwold@trivalleyhealth.com.

d) Primary Research Detail
Neighborhood Roundtables & Online Research

[VVV Consultants LLC]

| CHNA 2019 Community Feedback - Furnas Co NE   N=96 | | | | | | | |
ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1006	68922	Good	Decreasing - slipping downward	ACC	URG		I hear complaints often that people find it hard to get in to see the provider that they prefer. I also hear of patients choosing to go to urgent care because there is no provider in the clinic in their town.
1039	68922	Good	Increasing - moving up	ACC			Services to rural areas have increased in availability
1057	69001	Average	Not really changing much	ACC			assess to care is always an issue. ACA did NOT make healthcare more affordable. follow up from referrals needs to be improved. My Mom waited 3 weeks to get a test scheduled after her specialist ordered it. And followup on results was at least 3 weeks also.
1078	69022	Very Good	Increasing - moving up	ACC			I think the Hospital in our town has many services available in all these areas of need.
1066		Average	Not really changing much	ALL			I believe that a lot of things have to change
1037	69022	Good	Increasing - moving up	BH			access to mental health options
1046	68922	Very Good	Increasing - moving up	BH			access to mental health resources
1058	69022	Average	Not really changing much	BH			I think we need to get better mental health services, if someone needs something like that they have to go to McCook.
1065	69022	Average	Decreasing - slipping downward	BH			Mental health is a very under served in our area.
1076	68922	Good	Not really changing much	BH			Mental Health
1017	69022	Average	Not really changing much	BILL	TRAV		Including a lab draw within a clinic appointment instead of billing it separate through the hospital. Family Medical Specialties in Holdredge does it this way. People are willing to drive the distance for the inexpensive lab draws.
1075	69022	Average	Not really changing much	CANC	ENT		cancer, ENT,
1043	69022	Good	Increasing - moving up	CLIN			After hours clinic in the evenings. Walk in does not go long enough
1052	69022	Good	Not really changing much	CLIN			Better scheduling in clinics
1067	69001	Good	Increasing - moving up	CLIN			I think that TVHS has worked to improve apt availability by expanding the walk in clinic
1056	69022	Very Good	Not really changing much	DERM	ENT	URL	I would like to see more specialist added such as dermatology, ENT, urology
1055	69001	Very Good	Increasing - moving up	DRUG			Opioid useage
1069	69022	Good	Increasing - moving up	HH			Patients that receive additional services through the home may not utilize the healthcare system as much so an increase in community services that prevent hospitalizations.
1031	69022	Good	Increasing - moving up	HOSP	STFF	WAIT	The Hospital needs to be bigger, Needs more doctors and specialist, Seems like they are always full when you call and try to get in.
1007	69022	Average	Decreasing - slipping downward	MAN			We need a CEO and a board that is not scared to make changes with the current Doctors that think they run the hospital.
1021	69022	Good	Increasing - moving up	MRKT			We offer many of these resources, but unfortunately most don't know about it. How do we improve the delivery issue of communication?
1013	69022	Poor	Decreasing - slipping downward	NUTR	ALC	SMOK	I find it incredibly interesting that we as society preach about good health, eating right, ect.. then turn around and brag about drinking a bottle of wine in a night. Or downing a 6 pack. Also it seems every other person either smokes and/or chews in this community.
1033	69022	Good	Decreasing - slipping downward	NUTR	FIT		We need increased focus on Wellness and Prevention, including diet and exercise.
1053	69020	Good	Not really changing much	PEDS			we need a pediatrician closer than the 1 1/2hr it takes to get to Kearney or north platte
1036	69022	Good	Not really changing much	PREV	ALL		Preventative care and overall wellness
1081	69001	Good	Not really changing much	QUAL			Yes, the quality of care for patients at the clinics, the number of patients seen and the hours that the satellite clinics are open.
1023	68845	Good	Increasing - moving up	SMOK	NUTR	FIT	Smoking, healthy-eating/healthyplate.gov, activity/exercise
1028		Good	Not really changing much	SPEC			Specialist for specific diseases or issues
1090	68922	Good	Not really changing much	STFF	TRAV	DIA	As mentioned before, the Arapahoe Clinic needs to be staffed with a provider all week long. It would also be beneficial to those citizens whom have trouble organizing transportation, that there be a walk in clinic in Arapahoe, and a commiserate increase in staff coverage to anticipate said need in walk in local care. Finally, weather the local is in Cambridge or Arapahoe, TVHS needs to get a dialysis clinic going for long term care so that travel and/or peritoneal Dialysis treatments arent the go to options for care.
1063		Good	Not really changing much	STFF			New medical staff to begin replacing providers that may want to retire in a few years.
1080		Good	Increasing - moving up	STFF			I would like to see more consistency in staff, there seems to be a lot of staff changes over a years time.
1091		Average	Decreasing - slipping downward	STFF			The clinics should be staffed in every community Monday through Friday
1092	69001	Very Good	Increasing - moving up	TELE	BH	ACC	I, personally, have liked the option for the TeleHealth for mental health help. I don't think there needs to be changes with it necessarily, unless it needs to be offered more frequently, but for me, once a month is great!
1071	69022	Average	Not really changing much	WELL			Allowing for more free education and screening or for a small fee.

CHNA 2019 Community Feedback - Furnas Co NE   N=96

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1080		Good	Increasing - moving up	AMB			Ambulance service is understaffed. Can the hospital partner with the ambulance service?
1057	69001	Average	Not really changing much	BH	DRUG		parnter with behavioral health on opiod crisis
1037	69022	Good	Increasing - moving up	BH			Mental health services for adults, specifically our postpartum patients
1046	68922	Very Good	Increasing - moving up	BH			Mental health programs are a definite need in our area.
1031	69022	Good	Increasing - moving up	CHIR	EYE	DENT	we need the following in our area community chiropractic massage therapist optometrist dentist orthodontist
1050	69022	Average	Increasing - moving up	CLIN	NUTR	FIT	Possibilities; 1. Cheaper clinic visits d/t high deductibles 2. Employee wellness including nutrition, stress management, physical activity. We could partner with local businesses and offer an employee wellness program to other companies.
1043	69022	Good	Increasing - moving up	CLIN			After hours clinic
1030	69046	Good	Not really changing much	DERM	NEU		Need a visiting dermatologist, neurologist, etc
1090	68922	Good	Not really changing much	DIAB	DIA		Ammend the current diabetes program to include more post care education, as preventative education seems to be the only focus. Also, bring on a long term dialysis care center for people needing the service. Help to address rising drug costs in Health care plans, medicare gaps and the inability for western, central and rural areas of nebraska to get Medicare Advantage programs. While Medicare Advantage programs are available in the metropolitan areas of the eastern side of the state, they are not available in the areas stated. Substance abuse counselling needs to be made more available. Also, with the recent issue of asbestos abatement in the construction of the new school, resources and education Desperately needs to be given to the public about asbestos, since most if not all structures in town have asbestos in some form posing a huge cost prohibitive health issue.
1058	69022	Average	Not really changing much	DRUG			I know of more than a few kids/adults who are dealing with substance abuse and it would be nice if we could help them somehow.
1027	69022	Good	Increasing - moving up	DURG			I'd like to see more substance abuse programs.
1085	69022	Average	Decreasing - slipping downward	FINA	INSU		free seminars for singles and widows dealing with finances and insurance
1081	69001	Good	Not really changing much	HH	AGE		It's not new, but I think the Home Health services could be expanded...especially for the elderly.
1069	69022	Good	Increasing - moving up	HH	DOH		in home visits from nurses for patients with high medical needs as a way to prevent hospitalizations- possible partnerships with area home health or public health agencies
1006	68922	Good	Decreasing - slipping downward	HRT	NUTR	SMOK	How to use a defibrillator that is available in the community, CPR training, weight watchers, more smoking cessation programs, caretaker education and support
1013	69022	Poor	Decreasing - slipping downward	INSU	DRUG	ALC	other affordable health insurance. More education an drug and achole abuse, Tobacco use, safe sex education.
1073	69022	Average	Not really changing much	KID			childcare
1007	69022	Average	Decreasing - slipping downward	MAN			Nothing will get done until you can get the board, the CEO and the doctors work together to get the job done and actually make a profit doing this.
1012	69022	Very Good	Increasing - moving up	NO			i have no idea
1022	69022	Very Good	Not really changing much	NO			I don't know.
1052	69022	Good	Not really changing much	NO			Not aware of any
1065	69022	Average	Decreasing - slipping downward	NUTR	BH		Better meals on wheels program presence, better after school program for children & adolescents, easier access to mental health programs
1023	68845	Good	Increasing - moving up	NUTR	FIT		Nutrition and exercise courses
1033	69022	Good	Decreasing - slipping downward	OBES			Weight loss programs. Healthier Me is good, but is tailored for at-risk or pre-diabetic. There is a needs-gap between just overweight and diabetic
1078	69022	Very Good	Increasing - moving up	OBES			Education in Childhood obesity
1053	69020	Good	Not really changing much	PEDS			pediatrician certain days a month at the clinic
1076	68922	Good	Not really changing much	PREV	DRUG		Preventative services for wellness. Drug abuse identification and prevention/treatment.
1034	69046	Very Good	Increasing - moving up	REC			More adult programs at reasonable hours. Such as sports teams, or outdoor activities that dont require memberships and fees.
1062		Average	Not really changing much	SPEC	MRKT		Specialists would be good. Marketing what we currently have would be a great idea to do!
1028		Good	Not really changing much	SPEC			Specialist for specific disease/issues.
1075	69022	Average	Not really changing much	TRAV	AGE		Several doctors that use to come to Cambridge in past, no longer do which makes it difficult for travels for the elderly
1088	69022	Very Good	Not really changing much	WELL			wellness partners,

Let Your Voice Be Heard!

Tri Valley Health System and Southwest Nebraska Public Health Department request your input to update our past Community Health Needs Assessment (CHNA). To collect "up to date" community feedback, a short online survey has been created to uncover any current community health issues and evaluate local health delivery since last CHNA report.

While your participation is voluntary and confidential, all community input is valued. Thank you for your attention! Deadline to participate is Friday, January 4, 2019.

Community Health Needs Assessment Wave #3 - Tri Valley Health / Furnas County NE

1. In your opinion, how would you rate the "Overall Quality" of Healthcare delivery in our community?

○ Very Poor   ○ Good

○ Poor   ○ Very Good

○ Average

Community Health Needs Assessment Wave #3 - Tri Valley Health / Furnas County NE

2. When considering "overall community health quality", is it ...

○ Increasing - moving up   ○ Decreasing - slipping downward

○ Not really changing much

Why? (please specify)

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Community Health Needs Assessment Wave #3 - Tri Valley Health / Furnas County NE

3. Past Community Health Needs Assessment's (CHNA's) review areas in health resources, patient access to care, health-related factors (i.e. smoking, eating and drinking habits etc), social determinants of health, health care utilization, area health status (i.e. mortality, mental health, chronic disease rates etc.), and community economics & demographics.

In your opinion, are there any Healthcare services or delivery issues that you feel need to be improved, worked on and/or changed? (Please be specific)

Community Health Needs Assessment Wave #3 - Tri Valley Health / Furnas County NE

4. In your own words, what is the general community perception of Healthcare providers (i.e. hospitals, doctors, public health, etc.) serving our community?   (Please be specific)

Community Health Needs Assessment Wave #3 - Tri Valley Health / Furnas County NE

5. From past CHNAs, a number of health needs were identified as priorities. Are any of these an ongoing problem for our community? Please select all that apply.

☐ Affordable Health Insurance Options

☐ Awareness of Aging Primary Care Providers

☐ Mental Health Services (Diagnosis and Placement)

☐ Awareness of Healthcare Services Offered

☐ Awareness of Available Nursing Home Beds / Aging Nursing Home Facilities

☐ Nursing Shortages

☐ Drug Abuse (Opioids)

Community Health Needs Assessment Wave #3 - Tri Valley Health / Furnas County NE

6. Which past CHNA need is the "most pressing" for improvement? Please select top THREE.

☐ Affordable Health Insurance Options

☐ Awareness of Aging Primary Care Providers

☐ Mental Health Services (Diagnosis and Placement)

☐ Awareness of Healthcare Services Offered

☐ Awareness of Available Nursing Home Beds / Aging Nursing Home Facilities

☐ Nursing Shortages

☐ Drug Abuse (Opioids)

Community Health Needs Assessment Wave #3 - Tri Valley Health / Furnas County NE

7. In your opinion, what are the root causes of "poor health" in our community?   Please select top THREE.

☐ Lack of health & wellness education

☐ Chronic disease prevention

☐ Limited access to mental health assistance

☐ Case management assistance

☐ Elder assistance programs

☐ Family assistance programs

☐ Lack of awareness of existing local programs, providers, and services

☐ Poverty

Other (please specify)

☐

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8. How would our community area residents rate each of the following health services?

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	○	○	○	○	○
Child Care Services	○	○	○	○	○
Chiropractors	○	○	○	○	○
Dental Services	○	○	○	○	○
Emergency Room Services	○	○	○	○	○
Eye Doctor/Optometrist Services	○	○	○	○	○
Family Planning Services	○	○	○	○	○
Home Health Services	○	○	○	○	○
Hospice Services	○	○	○	○	○

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9. How would our community residents rate each of the following health services?   (Continued)

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Services	○	○	○	○	○
Mental Health Services	○	○	○	○	○
Nursing Home Care/ Services	○	○	○	○	○
Outpatient Services	○	○	○	○	○
Pharmaceutical Services	○	○	○	○	○
Physician Clinics	○	○	○	○	○
Public Health Services	○	○	○	○	○
School Nurse Services	○	○	○	○	○
Specialists	○	○	○	○	○
Substance Abuse Treatment Services	○	○	○	○	○

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10. Community Health Readiness is vital. How would you rate each of the following?

	Very Good	Good	Fair	Poor	Very Poor
Caregiver Training Programs	○	○	○	○	○
Early Childhood Development Programs	○	○	○	○	○
Emergency Preparedness	○	○	○	○	○
Food & Nutrition Services/Education	○	○	○	○	○
Ability to Secure Grants / Finances to Support Local Health Initiatives	○	○	○	○	○
Health Screenings (such as asthma, hearing, vision, scoliosis)	○	○	○	○	○
Immunization Programs	○	○	○	○	○
Obesity Prevention & Treatment	○	○	○	○	○

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11. Community Health Readiness is vital. How would you rate each of the following? (Continued)

	Very Good	Good	Fair	Poor	Very Poor
Spiritual Health Support	○	○	○	○	○
Prenatal / Child Health Programs	○	○	○	○	○
Sexually Transmitted Disease Testing	○	○	○	○	○
Substance Use Treatment & Education	○	○	○	○	○
Tobacco Prevention & Cessation Programs	○	○	○	○	○
Violence Prevention	○	○	○	○	○
Women's Wellness Programs	○	○	○	○	○
WIC Nutrition Programs	○	○	○	○	○

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12. In the past 2 years, did you or someone you know receive Healthcare services outside of our community?

○ Yes   ○ I don't know

○ No

If YES, please specify the healthcare services received.

[ ]

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13. Are our Healthcare organizations, providers and stakeholders actively working together to address community health?

○ Yes   ○ I don't know

○ No

Please explain

[text box]

14. What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others? (Please be specific)

[text box]

15. Are there any other health needs (listed below) that need to be discussed further at our upcoming CHNA Town Hall meeting? (Please select all that apply)

☐ Abuse/Violence   ☐ Lead Exposure   ☐ Sexually Transmitted Diseases

☐ Alcohol   ☐ Mental Illness   ☐ Smoke-Free Workplace

☐ Breast Feeding Friendly Workplace ☐ Nutrition   ☐ Suicide

☐ Cancer   ☐ Obesity   ☐ Teen Pregnancy

☐ Diabetes   ☐ Ozone   ☐ Tobacco Use

☐ Drugs/Substance Abuse   ☐ Physical Exercise   ☐ Vaccinations

☐ Family Planning   ☐ Poverty   ☐ Water Quality

☐ Heart Disease   ☐ Respiratory Disease   ☐ Wellness Education

16. For reporting purposes, are you involved in or are you currently part of any of the following? (Please select all that apply)

☐ Business / Merchant	☐ EMS / Emergency	☐ Other Health Professional
☐ Community Board Member	☐ Farmer / Rancher	☐ Parent / Caregiver
☐ Case Manager / Discharge Planner	☐ Hospital / Health Dept	☐ Pharmacy / Clinic
☐ Clergy	☐ Housing / Builder	☐ Media (Paper/TV/Radio)
☐ College / University	☐ Insurance	☐ Senior Care Facility
☐ Consumer Advocate	☐ Labor	☐ Teacher / School Admin
☐ Dentist / Eye Doctor / Chiropractor	☐ Law Enforcement	☐ Veteran
☐ Elected Official - City/County	☐ Mental Health Facility	

Other (please specify)

[   ]

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17. What is your home ZIP code? Please enter 5-digit ZIP code; for example 00544 or 95305

[   ]

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VVV Consultants LLC is an Olathe, KS based "boutique" healthcare consulting firm specializing in Strategy; Research and Business Development services. We partner with clients. Plan the Work; Work the Plan