



Community Health Needs Assessment
Furnas County, NE
On Behalf of Tri Valley Health System



March 2022

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

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I. Executive Summary

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I. Executive Summary

Tri Valley Health System – Furnas County, NE - 2022 Community Health Needs Assessment (CHNA)

The previous CHNA for Furnas County was completed in 2019. (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 #4 Furnas County, NE CHNA assessment began in November of 2021 and was facilitated / created by VVV Consultants, LLC (Olathe, NE) staff under the direction of Vince Vandehaar, MBA.

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 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. **Important community CHNA Benefits** for both the local health system 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 the health systems’ “Mission” to deliver.

County Health Area of Future Focus on Unmet Needs

Area Stakeholder held a community conversation to review, discuss and prioritize health delivery. Below are two tables reflecting community views and findings:

Furnas County, NE				
2022 CHNA Priorities - Unmet Needs				
CHNA Wave #4 Town Hall - Feb 10, 2022				
Primary Service Area (21 Attendees / 59 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Diagnosis, Placement, Aftercare, Providers)	18	30.5%	31%
2	Senior Health	11	18.6%	49%
3	Child Care	8	13.6%	63%
4	Uninsured / Underinsured	4	6.8%	69%
5	Awareness of HC Services	3	5.1%	75%
6	Dental Services taking Medicaid	3	5.1%	80%
7	Housing	3	5.1%	85%
8	Nutrition - Healthy Food	3	5.1%	90%
9	School Health	3	5.1%	95%
Total Votes		59	100%	
Other needs receiving votes: Drug / Substance, Home Health / Hospice.				

Town Hall CHNA Findings: Areas of Strengths

Furnas Co. (NE) - "Community Health Strengths"			
#	Topic	#	Topic
1	Quality of Healthcare Services	6	Access to Care
2	Specialists	7	Preventative Health / Wellness
3	OBGYN Services / Care	8	Community / Public Health
4	Pharmacy	9	EMS Services
5	Healthcare Staff	10	Access to Primary Care

Key CHNA Wave #4 Secondary Research Conclusions found:

NEBRASKA HEALTH RANKINGS: According to the 2021 Robert Woods Furnas County Health Rankings, Furnas County, NE was ranked 46th in Health Outcomes, 50th in Health Factors, and 31st in Physical Environmental Quality out of the 93 Counties.

TAB 1. Furnas County's population is 4,676 (based on 2019), with a population per square mile of approximately 6.9 persons. About six percent (5.8%) of the population is under the age of 5, while the population that is over 65 years old is 25.3%. As of 2019, 3.3% of citizens speak a language other than English in their home. Children in single parent households make up a total of 14.5% compared to the rural norm of 20.2%, and 89.9% are living in the same house as one year ago.

TAB 2. In Furnas County, the average per capita income is \$27,021 while 12.2% of the population is in poverty. The severe housing problem was recorded at 11.8% compared to the rural norm of 11.2%. Those with food insecurity in Furnas County is 13.2%, and those having limited access to healthy foods (store) is 9.6%. Individuals recorded as having a long commute while driving alone is 18.1% compared to the norm of 24.0%.

TAB 3. Children eligible for a free or reduced-price lunch in Furnas County is 49.5%. Roughly eighty-nine percent (88.8%) of students graduated high school compared to the rural norm of 90.2%, and 17.4% have a bachelor's degree or higher.

TAB 4. The percent of births where prenatal care started in the first trimester is 75% and 6.5% of births in Furnas County have a low birth weight. The percent of births occurring to teens (15-19) per population of 1,000 females is 18 compared to the rural norm of 21.

TAB 5. The Furnas County primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 1,572 residents. The average (median) time patients spend in the emergency department before leaving was 92 minutes compared to the rural norm of 108 minutes. The recorded preventable hospital rate per 100,000 of Medicare enrollees is 4,747.

TAB 6. In Furnas County, 15.1% of the Medicare population has depression. The age-adjusted suicide mortality rate per 100,000 population is 18.5. The alcohol abuse percentage for the Medicare population is 1% compared to the rural norm of 1.5%. The age-adjusted poor mental health days per week for Furnas County is 3.7.

TAB 7a – 7b. Furnas County has an obesity percentage of 36.5% and a physical inactivity percentage is 29%. The percentage of adults who smoke is 18.1%, while the excessive drinking percentage is 21.9%. The Medicare hypertension percentage is 52.1%, while their heart failure percentage is 17.6%. Those with chronic kidney disease amongst the Medicare population is 20.5% compared to the rural norm of 20.2%. The percentage of individuals who were recorded with COPD was 11.3%. Furnas County recorded 1.8% of individuals who have had a stroke and 9.4% of the population having dementia and Alzheimer's.

TAB 8. The adult uninsured rate for Furnas County is 11.4% (based on 2019) compared to the rural norm of only 10%.

TAB 9. The life expectancy rate in Furnas County for males in 76 years of age, while or females it is 80.9 years of age. The age-adjusted Cancer Mortality rate per 100,000 is 164.1, while the age-adjusted heart disease mortality rate per 100,000 is at 197.3.

TAB 10. A recorded 67.2% of Furnas County has access to exercise opportunities. Those reported having diabetes is 11.1%. Continually, forty-five percent (45%) of women in Furnas County seek annual mammography screenings compared to the rural norm of 46.4%.

Key CHNA Wave #4 Primary Research Conclusions found:

Community Feedback from residents, community leaders and providers (N=84) provided the following community insights via an online perception survey:

- Using a Likert scale, average between Furnas County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 71.4%.
- Furnas County stakeholders are satisfied with some of the following services: Ambulance Services, Emergency Room, Telehealth, Inpatient Services, Outpatient Services, Pharmacy, Primary Care, Public Health, and Walk-In Clinic.
- When considering past CHNA needs, the following topics came up as the most pressing: Nursing Home, Child Care Services, Housing, Mental/Behavioral Health, Healthcare Insurance Options, Qualified Healthcare Staff, Community Hospital Perception, Obesity, Chronic Diseases, and Drug/Substance Abuse.

Furnas Co NE - CHNA YR 2022					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	RANK
1	Nursing Home	43	79.6%		1
2	Child Care Services	41	75.9%		2
3	Housing	32	59.3%		3
4	Mental / Behavioral Health	29	53.7%		4
5	Obesity	19	35.2%		8
6	Qualified Healthcare Staff	18	33.3%		6
7	Healthcare Insurance Options	15	27.8%		5
8	Drug / Substance Abuse	15	27.8%		10
9	Chronic Diseases	13	24.1%		9
10	Community Hospital Perception	11	20.4%		7
11	Nutrition - Healthy Food Options	11	20.4%		13
12	Alcohol Abuse	10	18.5%		14
13	Physician Recruitment	7	13.0%		11
14	Urgent Care	3	5.6%		12
Totals		267			

II. Methodology

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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 that 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 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.

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 who 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.).

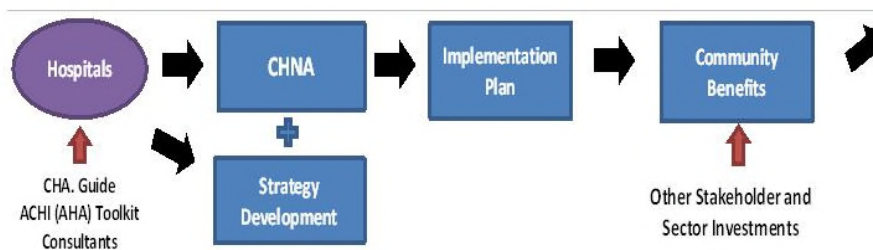
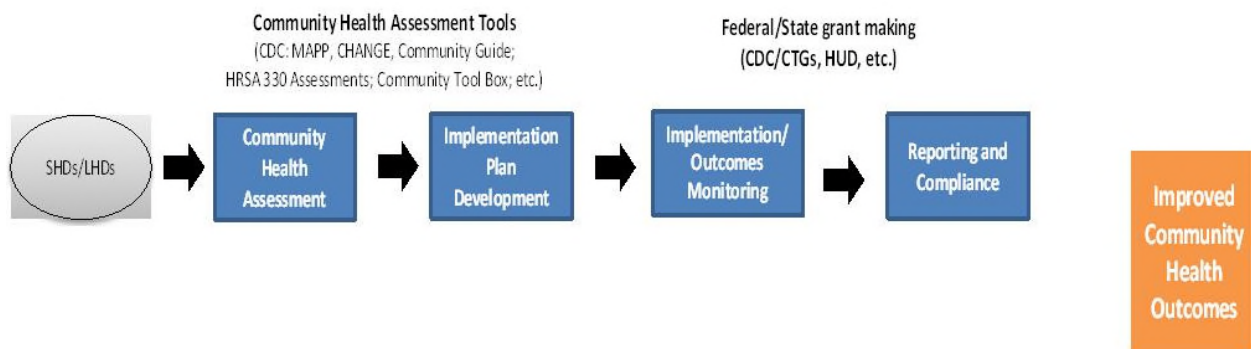
JOB #2: Making a CHNA Widely Available to the Public

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 Requirements Overview (Notice 2011-52)

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 complete a CHNA full report every 3 years for each of its hospital facilities by fiscal June 30th.

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 Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(0)(3) Last Reviewed or Updated: 21-Aug-2020

In addition to the general requirements for tax exemption under Section 501(c)(3) and Revenue Ruling 69-545 hospital organizations must meet the requirements imposed by Section 501(r) on a facility-by-facility basis in order to be treated as an organization described in Section 501(c)(3). These additional requirements are:

1. Community Health Needs Assessment (CHNA) - Section 501(r)(3),
2. Financial Assistance Policy and Emergency Medical Care Policy - Section 501(r)(4),
3. Limitation on Charges - Section 501(r)(5), and
4. Billing and Collections - Section 501(r)(6).

Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility’s service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Additionally, in determining its patient populations for purposes of defining its community, a hospital facility must take into account all patients without regard to whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under the hospital facility's financial assistance policy. If a hospital facility consists of multiple buildings that operate under a single state license and serve different geographic areas or populations, the community served by the hospital facility is the aggregate of these areas or populations.

Additional Sources of Input

In addition to soliciting input from the three required sources, a hospital facility may solicit and take into account input received from a broad range of persons located in or serving its community. This includes, but is not limited to:

- Health care consumers and consumer advocates
- Nonprofit and community-based organizations
- Academic experts
- Local government officials
- Local school districts
- Health care providers and community health centers
- Health insurance and managed care organizations,
- Private businesses, and
- Labor and workforce representatives.

Although a hospital facility is not required to solicit input from additional persons, it must take into account input received from any person in the form of written comments on the most recently conducted CHNA or most recently adopted implementation strategy.

Collaboration on CHNA Reports

A hospital facility is permitted to conduct its CHNA in collaboration with other organizations and facilities. This includes related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations.

In general, every hospital facility must document its CHNA in a separate CHNA report unless it adopts a joint CHNA report. However, if a hospital facility is collaborating with other facilities and organizations in conducting its CHNA, or if another organization has conducted a CHNA for all or part of the hospital facility's community, portions of a hospital facility's CHNA report may be substantively identical to portions of the CHNA reports of a collaborating hospital facility or other organization conducting a CHNA, if appropriate under the facts and circumstances.

If two hospital facilities with overlapping, but not identical, communities collaborate in conducting a CHNA, the portions of each hospital facility's CHNA report relevant to the shared areas of their communities might be identical. So, hospital facilities with different communities, including general and specialized hospitals, may collaborate and adopt substantively identical CHNA reports to the extent appropriate. However, the CHNA reports of collaborating hospital facilities should differ to reflect any material differences in the communities served by those hospital facilities. Additionally, if a governmental public health department has conducted a CHNA for all or part of a hospital facility's community, portions of the hospital facility's CHNA report may be substantively identical to those portions of the health department's CHNA report that address the hospital facility's community.

Collaborating hospital facilities may produce a joint CHNA report as long as all of the collaborating hospital facilities define their community to be the same and the joint CHNA report contains all of the same basic information that separate CHNA reports must contain. Additionally, the joint CHNA report must be clearly identified as applying to the hospital facility.

Joint Implementation Strategies

As with the CHNA report, a hospital facility may develop an implementation strategy in collaboration with other hospital facilities or other organizations. This includes but is not limited to related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations. In general, a hospital facility that collaborates with other facilities or organizations

in developing its implementation strategy must still document its implementation strategy in a separate written plan that is tailored to the particular hospital facility, taking into account its specific resources. However, a hospital facility that adopts a joint CHNA report may also adopt a joint implementation strategy. With respect to each significant health need identified through the joint CHNA, the joint implementation strategy must either describes how one or more of the collaborating facilities or organizations plan to address the health need or identify the health need as one the collaborating facilities or organizations do not intend to address. It must also explain why they do not intend to address the health need.

A joint implementation strategy adopted for the hospital facility must also: Be clearly identified as applying to the hospital facility, Clearly identify the hospital facility's role and responsibilities in taking the actions described in the implementation strategy as well as the resources the hospital facility plans to commit to such actions, and Include a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relate to the hospital facility.

Adoption of Implementation Strategy

An authorized body of the hospital facility must adopt the implementation strategy. See the discussion of the Financial Assistance Policy below for the definition of an authorized body.· This must be done on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility finishes conducting the CHNA. This is the same due date (without extensions) of the Form 990.

Acquired Facilities A hospital organization that acquires a hospital facility (through merger or acquisition) must meet the requirements of Section 501(r)(3) with respect to the acquired hospital facility by the last day of the organization's second taxable year beginning after the date on which the hospital facility was acquired. In the case of a merger that results in the liquidation of one organization and survival of another, the hospital facilities formerly operated by the liquidated organization will be considered "acquired," meaning they will have until the last day of the second taxable year beginning after the date of the merger to meet the CHNA requirements. Thus, the final regulations treat mergers equivalently to acquisitions.

New Hospital Organizations

An organization that becomes newly subject to the requirements of Section 501(r) because it is recognized as described in Section 501(c)(3) and is operating a hospital facility must meet the requirements of Section 501(r)(3) with respect to any hospital facility by the last day of the second taxable year beginning after the latter of: The effective date of the determination letter recognizing the organization as described in Section 501(c)(3), or · The first date that a facility operated by the organization was licensed, registered, or similarly recognized by a state as a hospital.

New Hospital Facilities

A hospital organization must meet the requirements of Section 501(r)(3), with respect to a new hospital facility it operates by the last day of the second taxable year beginning after the date the facility was licensed, registered, or similarly recognized by its state as a hospital.

Transferred/Terminated Facilities

A hospital organization is not required to meet the requirements of Section 501(r)(3) with respect to a hospital facility in a taxable year if the hospital organization transfers all ownership of the hospital facility to another organization or otherwise ceases its operation of the hospital facility before the end of the taxable year. The same rule applies if the hospital facility ceases to be licensed, registered, or similarly recognized as a hospital by a state during the taxable year. By extension, a government hospital organization that voluntarily terminates its Section 501(c)(3) recognition as described in Rev. Proc. 2018-5 (updated annually) is no longer considered a hospital organization for purposes of Section 501(r) and therefore is not required to meet the CHNA requirements during the taxable year of its termination.

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

MAPP Process Overview

Mobilizing for Action through Planning and Partnerships (MAPP) is a flexible strategic planning tool for improving the health and quality of life for the community. Like most strategic planning, MAPP involves organizing partners, creating a vision and shared values, collecting data, identifying areas for improvement, and developing goals and strategies to address them. Through collaboration with partners and the community, MAPP allows us to focus our efforts and work on issues to strengthen the local public health system.

The MAPP process includes the following six phases. It's important to note that MAPP has no set end point and will continue throughout the life cycle of the Community Health Improvement Plan (CHIP).

1. In this first phase, **Organize for Success/Partnership Development**, various sectors of the community with established relationships are reviewed, leading to the identification of areas for partnership development and creation of new relationships to enhance the MAPP process.
2. In the second phase, **Visioning**, a shared community vision and common values for the MAPP process are created.
3. In the third phase, **Four MAPP Assessments**, data is collected from existing and new sources about the health of our community, which results in a Community Health Assessment (CHA).
4. In the fourth phase, **Identify Strategic Issues**, community partners and health professionals select issues based on data collected from the third phase that are critical to the local public health system and align with the vision from the second phase.
5. In the fifth phase, **Formulate Goals and Strategies**, potential ways to address the strategic issues are identified by the community along with the setting of achievable goals. The final result is a Community Health Improvement Plan (CHIP).
6. The sixth and final phase of the MAPP process is the **Action Cycle**, which is where the work happens for meeting the objectives set in the previous phase. Through these collaborative efforts, the health of the community is improved.



Drivers of Health Assessment & Improvement Planning

Different drivers have led health agencies and organizations to institutionalize community health assessment and community health improvement planning in recent years.

National Voluntary Accreditation Requirements

In 2011, the Public Health Accreditation Board (PHAB), in partnership with key public health organizations, launched a new national voluntary accreditation program for state, tribal, local, and territorial health departments. The standards and measures encompass 12 domains of performance and include a comprehensive community health assessment (Domain 1, Standard 1.1) and a community health improvement plan (Domain 5, Standard 5.2). A documented community health assessment and improvement plan are two of the three prerequisites for applying to PHAB. PHAB requires that these processes be conducted collaboratively and that the documents be dated within the last five years. More information is available from [PHABexternal icon](#) and [CDC](#).

CDC Grant Requirements

CDC grants often require or encourage completing a community health assessment or improvement plan. In some cases, these plans provide valuable information for identifying priority health issues or needs. Examples include ; [National Public Health Improvement Initiative \(NPHII\)](#); [Community Transformation Grants or REACH Core](#)

The Public Health Accreditation board defines *community health assessment* as a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation. Turnock B. *Public Health: What It Is and How It Works*. Jones and Bartlett, 2009, as adapted in [Public Health Accreditation Board Acronyms and Glossary of Terms Version 1.0 Cdc-pdf\[PDF – 536KB\]External](#), July 2011.

The Catholic Health Association defines a *community health needs assessment* as a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize these needs, and to plan and act upon unmet community health needs.” Catholic Health Association, [Guide to Assessing and Addressing Community Health Needs Cdc-pdf\[PDF-1.5MB\]External](#), June 2013.

Social Determinants of Health

What Are Social Determinants of Health?



[Social determinants of health \(SDOH\)external icon](#) are defined as the conditions in which people are born, grow, live, work, and age. SDOH are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world. Differences in these conditions lead to health inequities or the unfair and avoidable differences in health status seen within and between countries.

[Healthy People 2030external icon](#) includes SDOH among its leading health indicators. One of Healthy People 2030's five overarching goals is specifically related to SDOH: Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.

Through broader awareness of how to better incorporate SDOH throughout the multiple aspects of public health work and the [10 Essential Public Health Services](#), public health practitioners can transform and strengthen their capacity to advance health equity. Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

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:

Cambridge Memorial Hospital, Inc. d/b/a Tri Valley Health System

1305 Highway 6 & 34, Cambridge, NE 69022

CEO: Jessica Fisher

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 Health System 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, Inc. and Cambridge Medical Clinic. This new facility maintained a connection 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 Cafe, Nutrition and Diabetic services, and education rooms. Tri Valley Healthy Living Center also allowed for a new location for the Tri Valley Health System 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 **Cambridge Memorial Hospital, Inc. d/b/a Tri Valley Health System's many offerings** are:

- **Cambridge Memorial Hospital, Inc. d/b/a Tri Valley Health System:** A licensed, 20-bed critical access hospital.
- **Satellite Medical Clinics:** Personal medical service in Arapahoe, Cambridge and Indianola.
- **Tri Valley Health System Wellness and Rehab Center:** An indoor fitness facility with equipment and programs for all fitness levels.
- **Tri Valley Health System Nutrition and Diabetic Services:** Education, support groups, and plans to aid in weight management, overall nutrition, and diabetic prevention or management.
- **Tri Valley Health System Diagnostic Sleep Center:** No need to leave town to diagnose sleep apnea and other problems.
- **Heritage Plaza:** A pleasant, spacious center for independent living.
- **Assisted Living Facility:** A caring center with a personal touch.
- **Cambridge Memorial Hospital, Inc. 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:

- Acute Care
- Advanced Wound Care
- Allergy Clinic
- Anesthesia
- Assisted Living
- Cardio / Pulmonary Rehab
- Diabetes Services
- Diagnostic Sleep Center
- Emergency Services
- Imaging Services
- Independent Living
- Laboratory Services
- Maternity Services
- Nutrition Services
- Occupational Therapy
- Oncology
- Physical Therapy
- Public Transportation
- Respiratory Therapy
- Senior Life Solutions
- Specialty Services
- Speech Language Pathology
- Social Services
- Surgical Services
- Swing Bed
- Telehealth
- Wellness Center

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

VVV Consultants LLC is an Olathe, KS based "boutique" healthcare consulting firm specializing in Strategy, Research and Business Development services. To date we have completed 70 unique community CHNA's in KS, MO, IA and NE (references found on our website VandehaarMarketing.com)



Vince Vandehaar, MBA – Principal

VVV Consultants LLC – start 1/1/09 *

- Adjunct Full Professor @ Avila and Webster Universities
- 35+ year veteran marketer, strategist and researcher
- Saint Luke's Health System, BCBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA

Cassandra Kahl, BHS MHA – Director, Project Management

VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences (BHS)
 - Park University - Masters of Health Administration (MHA)
- Pharmacy Management (CVS) – 2 ½ years
- Hometown: Maple, WI



VVV Consultants LLC (EIN 27-0253774) began as "VVV Research & Development INC" in early 2009 and converted to an LLC on 12/24/12. Web: VandehaarMarketing.com

Our Mission: to research, facilitate, train, and create processes to improve healthcare delivery and uncover strategic "critical success" initiatives.

Our Vision: meeting today's challenges with the voice of the market.

Our Values :

"Community" – Industry engagement...membership AMA KC, ACHE, EPBA, Forum and SHSMD.

"Stewardship" – Fair fees based on client, project scope, turnaround time, etc.

"Integrity" – Trustworthy delivery with numerous client recommendations / endorsements.

"Experience" – Skilled consulting; Marketing careers. We understand business because we have been there!

"Growth" – Process-driven; ongoing innovational delivery.

II. Methodology

c) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in November of 2021 for Tri Valley Health System located in Furnas County, NE to meet Federal IRS CHNA requirements.

In early November 2021, a meeting was called amongst the Tri Valley Health System leaders to review CHNA collaborative options. <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 led to 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 two-year summary was generated documenting patient draw by zips as seen below:

Tri Valley Health System - Define PSA					Inpatients		Outpatients	
Source: Internal Records - FFY 2020-2021		53,217	Totals - IP/OP		410	473	11,585	13,225
Patient Zip Code	City	2YR TOT	%	Accum	FFY20	FFY21	FFY20	FFY21
69022	CAMBRIDGE	16,403	30.8%	30.8%	136	163	3,557	4,198
68922	ARAPAHOE	8,372	15.7%	46.6%	72	70	1,658	1,923
68948	HOLBROOK	2,868	5.4%	51.9%	17	24	629	821
68926	BEAVER CITY	2,730	5.1%	57.1%	18	24	709	752
69046	WILSONVILLE	1,202	2.3%	59.3%	5	8	350	305
68967	OXFORD	592	1.1%	60.4%	0	4	106	147
68936	EDISON	507	1.0%	61.4%	5	2	92	129
68946	HENDLEY	366	0.7%	62.1%	2	2	78	64
69001	MCCOOK	7,730	14.5%	76.6%	55	56	1673	1798
69034	INDIANOLA	4,305	8.1%	84.7%	33	43	963	979
69020	BARTLEY	2,966	5.6%	90.3%	19	32	716	705

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 valid health indicator sources cited to document current state of county health organized as follows:

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

B) Survey Community Stakeholders to inquire about past CHNA unmet needs and obtain current health delivery trends and document on going health issues.

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 unmet health needs was administered.

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

Complete full documentation to create each CHNA sections documented in Table of Contents. Publish hard copy reports (2) for client usage plus create a full CHNA report pdf to be posted on hospital website to meet government CHNA regulation criteria.

Detail CHNA Development Steps Include:

Development Steps to Create Comprehensive Community Health Needs Assessment	
Step # 1 Commitment	<i>Determine interest level of area healthcare leaders (Hospital, Health Dept., Mental Health Centers, Schools, Churches, Physicians etc.), prepare project quote.</i>
Step # 2 Planning	<i>Prepare brief CHNA Project Work Calendar - list goals, objectives, purpose, outcome, roles, community involvement, etc. Hold Community Kick-off meeting.</i>
Step # 3 Secondary Research	<i>Collect & 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.</i>
Step # 4a Primary Research - Town Hall prep	<i>Collect Community Opinions. (Quantitative Research). Gather Stakeholders / Community opinions regarding community health needs and healthcare practices.</i>
Step # 4b Primary Research - Conduct Town Hall	<i>Conduct "Conversation with Community" Town Hall (Qualitative Research). Review Secondary & Primary Data findings. Facilitate community conversation to build consensus; discuss opinions / identify health needs.</i>
Steps # 5 Reporting	<i>Prepare/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. ></i>
VVV Consultants, LLC Olathe, KS 913 302-7264	

Data & Benchmarks Review

Community health assessments typically use both primary and secondary data to characterize the health of the community:

- **Primary data** are collected first-hand through surveys, listening sessions, interviews, and observations.
- **Secondary data** are collected by another entity or for another purpose.
- **Indicators** are secondary data that have been analyzed and can be used to compare rates or trends of priority community health outcomes and determinants.

Data and indicator analyses provide descriptive information on demographic and socioeconomic characteristics; they can be used to monitor progress and determine whether actions have the desired effect. They also characterize important parts of health status and health determinants, such as behavior, social and physical environments, and healthcare use.

Community health assessment indicators should be.

- Methodologically sound (valid, reliable, and collected over time)
- Feasible (available or collectable)
- Meaningful (relevant, actionable, and ideally, linked to evidence-based interventions)
- Important (linked to significant disease burden or disparity in the target community)

Jurisdictions should consider using data and indicators for the smallest geographic locations possible (e.g., county-, census block-, or zip code-level data), to enhance the identification of local assets and gaps.

Local reporting (county specific) sources of community-health level indicators:

CHNA Detail Resources
Quick Facts - Business
Centers for Medicare and Medicaid Services
CMS Hospital Compare
County Health Rankings
Quick Facts - Geography
Quick Facts - People
U.S. Department of Agriculture - Food Environment Atlas
U.S. Center for Disease Control and Prevention

Sources of community-health level indicators:

- [County Health Rankings and Roadmaps](#)
The annual Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. They provide a snapshot of how health is influenced by where we live, learn, work and play.
- [Prevention Status Reports \(PSRs\)](#)
The PSRs highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce important public health problems.
- [Behavioral Risk Factor Surveillance System](#)
The world's largest, ongoing telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the US Virgin Islands, and Guam.
- The [Selected Metropolitan/ Micropolitan Area Risk Trends](#) project was an outgrowth of BRFSS from the increasing number of respondents who made it possible to produce prevalence estimates for smaller statistical areas.
- [CDC Wonder](#) Databases using a rich ad-hoc query system for the analysis of public health data. Reports and other query systems are also available.
- [Center for Applied Research and Engagement Systems external icon](#)
Create customized interactive maps from a wide range of economic, demographic, physical and cultural data. Access a suite of analysis tools and maps for specialized topics.
- [Community Commons external icon](#)
Interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
- [Dartmouth Atlas of Health Care external icon](#)
Documented variations in how medical resources are distributed and used in the United States. Medicare data used to provide information and analysis about national, regional, and local markets, as well as hospitals and their affiliated physicians.
- [Disability and Health Data System](#)
Interactive system that quickly helps translate state-level, disability-specific data into valuable public health information.
- [Heart Disease and Stroke Prevention's Data Trends & Maps](#)
View health indicators related to heart disease and stroke prevention by location or health indicator.
- [National Health Indicators Warehouse external icon](#)
Indicators categorized by topic, geography, and initiative.
- [US Census Bureau external icon](#)
Key source for population, housing, economic, and geographic information.
- [US Food Environment Atlas external icon](#)
Assembled statistics on food environment indicators to stimulate research on the determinants of food choices and diet quality, and to provide a spatial overview of a community's ability to access healthy food and its success in doing so.
- [Centers for Medicare & Medicaid Services Research and Data Clearinghouse external icon](#)
Research, statistics, data, and systems.
- [Environmental Public Health Tracking Network](#)
System of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources.
- [Health Research and Services Administration Data Warehouse external icon](#)
Research, statistics, data, and systems.
- [Healthy People 2030 Leading Health Indicators external icon](#)
Twenty-six leading health indicators organized under 12 topics.
- [Kids Count external icon](#)
Profiles the status of children on a national and state-by-state basis and ranks states on 10 measures of well-being; includes a [mobile site external icon](#).
- [National Center for Health Statistics](#)
Statistical information to guide actions and policies.
- [Pregnancy Risk Assessment and Monitoring System](#)
State-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.
- [Web-based Injury Statistics Query and Reporting System \(WISQARS\)](#)
Interactive database system with customized reports of injury-related data.
- [Youth Risk Behavior Surveillance System](#)
Monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults.

Specific Project CHNA roles, responsibility and timelines are documented by the following calendar.

Tri Valley Health System VVV CHNA Wave #4 Work Plan - Year 2022			
Project Timeline & Roles - Working Draft as of 10/04/21			
Step	Timeframe	Lead	Task
1	6/17/2021	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	8/20/2021	Hosp	Select CHNA Wave #4 Option B. Approve / Sign VVV CHNA quote
3	11/1/2021	VVV	Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	11/1/2021	VVV	Hold Kick-off Meeting (TBD) & Request Hospital Client to send NHA PO reports for FFY 19, 20 and 21. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls)
5	On or before 11/18/2021	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	Oct - Nov 21	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	On or before 11/15/2021	VVV / Hosp	Prepare/send out PR story#1 / E Mail#1 Request announcing upcoming CHNA work to CEO to review/approve.
8	By 11/17/2021	VVV / Hosp	Place PR #1 story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	11/22/2021	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 12/20/2021 for Online Survey
10	On or before 1/7/2022	Hosp	Prepare/send out PR#2 story / E Mail#2 Request announcing upcoming Community TOWN HALL invite letter and place local AD.
11	On or before 1/10/2022	VVV / Hosp	Place PR #2 story to local media / Send E Mail to local stakeholders announcing / requesting participation in upcoming Town Hall Event.
12	2/7/2022	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	Thursday 2/10/2022	VVV	Conduct CHNA Town Hall for a working lunch 11:30 am - 1:00 pm at the Cambridge Community Building. Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 3/14/2022	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 3/31/2022	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	On or before 5/30/2022	TBD	Conduct Client Implementation Plan PSA Leadership meeting
17	30 days prior to end of hospital fiscal year	TBD	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

Community Health Needs Assessment Town Hall Meeting – Furnas Co. (NE) on Behalf of Tri Valley Health System




VHV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

1


I. Introduction: Who We Are

Background and Experience




Vince Vandehaar, MBA – Principal
VHV Consultants LLC – start 1/1/09 *

- Adjunct Full Professor @ Avila and Webster Universities
- 35+ year veteran marketer, strategist and researcher
- Saint Luke's Health System, BCBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA



Cassandra Kahl, BHS – Lead Consultant
VHV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences
 - Park University MHA (May 2021)
- Pharmacy Management (CVS) – 2 ½ years
- Hometown: Maple, WI



*NOTE: Vince started VHV Consultants, LLC on 1/1/2009, after working for Saint Luke's Health System of Kansas City for 16 years. Saint Luke's Hospital of KC, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003.

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Breakout Room Assignments

Furnas County, NE 2021 CHNA Town Hall (Tri Valley) Feb. 10th: 11:30am-1pm						
#	Breakout	Lead	Last	First	Organization	Title
1	A	##	Haussermann	Josie	Tri Valley Health System	Executive Administrative Assistant
2	A		Lashmet	Holly	Tri Valley Health	CRNA
3	A		Miller	Jolene	Tri Valley Health System	Marketing Director
4	A		Gunderson	David	City of Cambridge	Mayor
5	A		Wheeler	Heidi	SWNPHD/NPHCC	Asst. Director/ RRC
6	A		Harris	Michael	Cambridge City Council Member	
7	A		Powell	Roger	Furnas County	Emergency Manager
8	A		Jordan	Clay	Tri Valley Health System	CNO
9	A		Butler	Christina	Senior Life Solutions	RN
10	A		Nues	Cheri	TVHS	Nurse Practitioner
11	A		SCHILLTE	ABBY	FIRST STATE BANK	
12	A		Downer	Derek	Waypoint Bank	Branch Manager
13	B	##	Fisher	Jessica	Tri Valley Health System	CEO
14	B		LEE	ERICK	Arapahoe Holbrook Board of Education	School Board Member
15	B		Jackson	Melissa	Economic Development	Director
16	B		Fleischer	Torey	Cambridge Memorial Hospital, Inc	Controller
17	B		Nielsen	Zachary	Cambridge Super Market	
18	B		Ahlemeyer	Alynn		
19	B		Viox	Victoria	TVHS	PA
20	B		Swinder	Diana	Tri Valley Health System	CFO
21	B		Wiese	Daniel	St. Paul's Lutheran Church	Pastor
22	B		Hall	Carri	Community Member	Retired
23	B		Jackson	Melissa	Cambridge ED	Director

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II. Review CHNA Focus and Process

Town Hall Roles / Duties

- Attendees
 - Have engaging conversation (Be specific)
 - No right or wrong answer
 - Truthful responses
 - Take Notes – Make your list of important health indicators
 - Complete unmet needs poll – Representing community
 - Chat – Log thoughts during meeting
 - Have Fun..
- Local Leads (During breakout rooms)
 - Facilitate community conversation
 - Ensure team involvement – Everyone participates

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II. Review of a CHNA

- A Community Health Needs Assessment (CHNA) is a...
 - Systematic collection, assembly, analysis, and dissemination of information about the health of the community.
- A CHNA's role is to...
 - Identify factors that affect the health of a population and determine the availability of resources to adequately address those factors.
- Purpose of a CHNA – Why Conduct One?
 - Determine health-related trends and issues of the community
 - Understand / evaluate health delivery programs in place.
 - Meet Federal requirements – both local hospital and health department
 - Develop Implementation Plan strategies to address unmet health needs (4-6 weeks after Town Hall)

5

Community Health Needs Assessment Joint Process: Hospital & Local Health Providers

6

Future System of Care—Sg2

7

Triple Aim Focus

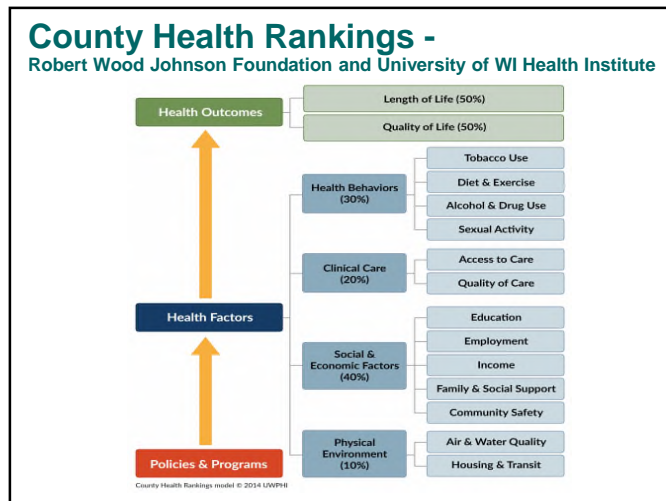
8

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

Trends: Good Same Poor

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

9



10

IV. Collect Community Health Perspectives

- Are there healthcare services in your community/neighborhood that you feel ***need to be improved and/or changed?*** **ASK: Top 3 unmet health needs per attendee** – (20 mins)
- What are the ***strengths*** of our community that contribute to health? **ASK: Top 3 Strengths per attendee** – (10 mins)

ROLES: Local LEAD – Guide discussion
VVV Staff – Take notes

11

Community Health Needs Assessment

Questions? Next Steps?

VVV Consultants LLC
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Olathe, KS 66061

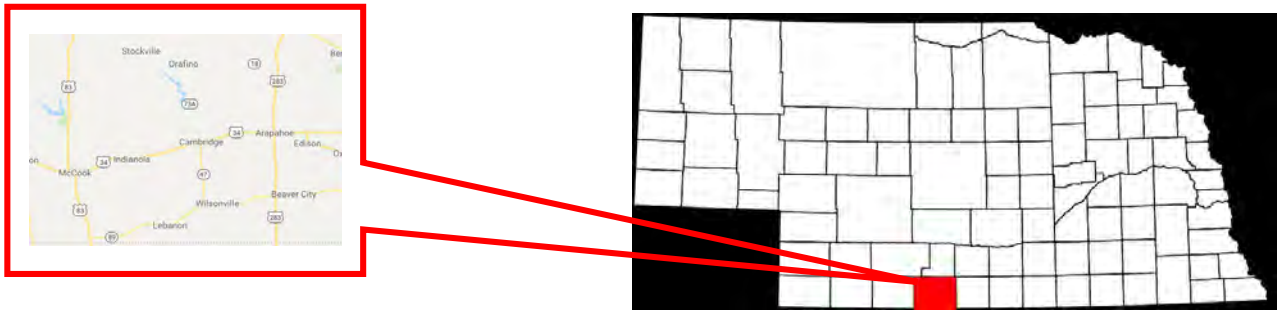
VVV@VandelaarMarketing.com
CJK@VandelaarMarketing.com
(913) 302-7264

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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 6 and 34 goes through Cambridge, Nebraska running horizontal through the state.

¹ <https://kansas.hometownlocator.com/ne/furnas/>

Furnas County (NE) Community Profile

Furnas County Pubic Airports²

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

Schools in Furnas County: Public Schools³

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>

Furnas County, NE - Detail Demographic Profile

Furnas County, NE - Detail Demographic Profile										
		Population				Households		HH	Per Capita	
ZIP	NAME	County	Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020	
68922	Arapahoe	Furnas	1,366	1,379	0.95%	589	597	2.3	\$25,200	
68926	Beaver City	Furnas	764	750	-1.83%	341	336	2.2	\$22,276	
68936	Edison	Furnas	249	253	1.61%	108	110	2.3	\$24,142	
68946	Hendley	Furnas	61	61	0.00%	30	30	2.0	\$28,234	
68948	Holbrook	Furnas	298	289	-3.02%	131	128	2.3	\$29,972	
68967	Oxford	Furnas	1,312	1,341	2.21%	572	587	2.3	\$25,193	
69022	Cambridge	Furnas	1,280	1,257	-1.80%	581	572	2.2	\$28,991	
69046	Wilsonville	Furnas	204	202	-0.98%	98	97	2.0	\$27,956	
Totals			5,534	5,532	-0.04%	2,450	2,457	2.2	\$26,496	
		Population					Year 2020		Females	
ZIP	NAME	County	Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35	
68922	Arapahoe	Furnas	1,366	347	396	124	657	709	129	
68926	Beaver City	Furnas	764	204	196	71	398	366	61	
68936	Edison	Furnas	249	62	65	29	120	129	27	
68946	Hendley	Furnas	61	19	13	5	33	28	4	
68948	Holbrook	Furnas	298	77	75	31	146	152	29	
68967	Oxford	Furnas	1,312	316	346	149	643	669	141	
69022	Cambridge	Furnas	1,280	398	294	102	620	660	99	
69046	Wilsonville	Furnas	204	57	45	18	107	97	17	
Totals			5,534	1,480	1,430	529	2,724	2,810	507	
		Population 2020					Average Households 2020			
ZIP	NAME	County	Caucasian	African Amer	Amer Ind.	Hispanic	HH Inc	HH	HH \$50K+	
68922	Arapahoe	Furnas	92.83%	0.15%	0.95%	7.39%	\$43,354	589	278	
68926	Beaver City	Furnas	92.54%	0.26%	1.70%	6.54%	\$39,272	341	127	
68936	Edison	Furnas	94.38%	0.00%	0.80%	4.82%	\$42,027	108	48	
68946	Hendley	Furnas	96.72%	0.00%	1.64%	0.00%	\$42,742	30	14	
68948	Holbrook	Furnas	97.65%	0.34%	0.34%	4.70%	\$51,385	131	71	
68967	Oxford	Furnas	95.43%	0.08%	0.76%	4.34%	\$44,489	572	273	
69022	Cambridge	Furnas	97.81%	0.23%	0.23%	3.20%	\$47,198	581	282	
69046	Wilsonville	Furnas	97.06%	0.00%	0.98%	0.98%	\$46,364	98	48	
Totals			95.55%	0.13%	0.93%	4.00%	\$44,604	2,450	1,141	

Source: ERSA Demographics

III. Community Health Status

[VVV Consultants LLC]

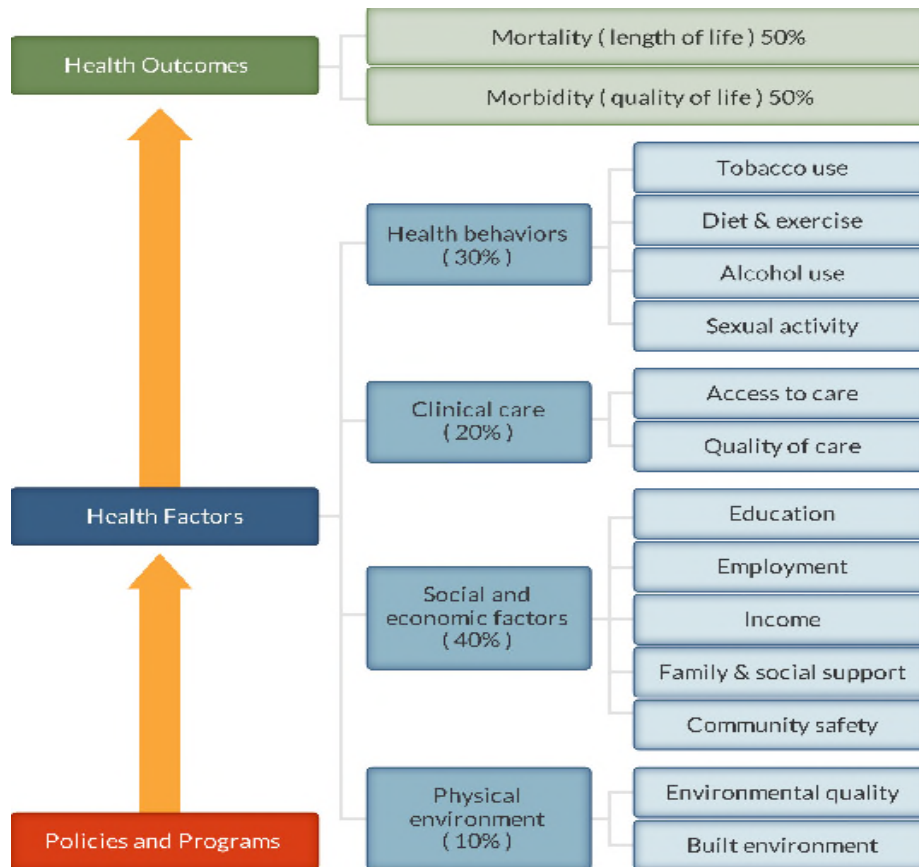
III. Community Health Status

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 2020 RWJ County Health Rankings and conversations from Town Hall participantes. 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 2021 RWJ Health Rankings:

#	2021 NE Rankings - 93 Counties	Definitions	Furnas Co. NE.	TREND	NEB Rural Norm N=15
1	Health Outcomes		46		47
2	Mortality	Length of Life	31		42
3	Morbidity	Quality of Life	44		48
4	Health Factors		50		52
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	37		49
6	Clinical Care	Access to care / Quality of Care	65		38
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	46		52
8	Physical Environment	Environmental quality	31		60
Rural Nebraska 15 Norm = Burt, Cuming, Dodge, Furnas,Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Richardson, Saline, Thurston, and Washington.					
http://www.countyhealthrankings.org , released April 2021.					

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.

Note: Each Tab has been trended to reflect County trends to NORM.

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

Tab 1: Demographic Profile

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

Tab	Health Indicator	Furnas Co.	Trend	State of Neb	NEB Rural Norm N=15	Source
1a	a Population estimates, July 1, 2019	4,676		1,963,692	32,327	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2019	-5.7%		0.1%	-1.5%	People Quick Facts
	c Population per square mile, 2010	6.9		24	43	People Quick Facts
	d Persons under 5 years, percent, July 1, 2020	5.8%		6.8%	6.3%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2020	25.3%		16.2%	20.4%	People Quick Facts
	f Female persons, percent, July 1, 2020	50.4%		50.0%	49.5%	People Quick Facts
	g White alone, percent, July 1, 2020	97.0%		88.1%	90.5%	People Quick Facts
	h Black or African American alone, percent, July 1, 2020	0.5%		5.2%	1.7%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2020	4.9%		11.4%	7.6%	People Quick Facts
	j Foreign born persons, percent, 2015-2019	1.9%		7.2%	4.0%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	3.3%		11.5%	7.0%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2015-2019	89.9%		84.1%	87.7%	People Quick Facts
	m Children in single-parent households, 2015-2019	14.5%		21.0%	20.2%	County Health Rankings
	n Total Veterans, 2015-2019	342		117,466	1,751	People Quick Facts

Tab 2: Economic Profile

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

Tab	Health Indicator	Furnas Co.	Trend	State of Neb	NEB Rural Norm N=15	Source
2	a Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$27,021		\$32,302	\$28,422	People Quick Facts
	b Persons in poverty, percent, 2020	12.2%		9.2%	11.2%	People Quick Facts
	c Total Housing units, 2019	2,707		851,227	14,180	People Quick Facts
	d Total Persons per household, 2015-2019	2.2		2.5	2.4	People Quick Facts
	e Severe housing problems, percent, 2013-2017	11.8%		12.6%	11.2%	County Health Rankings
	f Total of All firms, 2012	533		164,089	2,724	People Quick Facts
	g Unemployment, percent, 2019	2.8%		3.0%	3.2%	County Health Rankings
	h Food insecurity, percent, 2018	13.2%		12.3%	12.7%	County Health Rankings
	i Limited access to healthy foods, percent, 2015	9.6%		5.6%	5.5%	County Health Rankings
	j Long commute - driving alone, percent, 2015-2019	18.1%		18.8%	24.0%	County Health Rankings

Tab 3: Educational Profile

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

Tab	Health Indicator	Furnas Co.	Trend	State of Neb	NEB Rural Norm N=15	Source
3	a Children eligible for free or reduced price lunch, percent, 2018-2019	49.5%		45.2%	48.5%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2015-2019	88.8%		91.4%	90.2%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	17.4%		31.9%	22.5%	People Quick Facts

#	Indicators	PSA Cambridge Public Schools	PSA Southwest Public Schools	PSA Arapahoe Public Schools
1	Total # Public School Nurses	1 contracted through ESU	1 employed - Janette Nelms	1 contracted through ESU
2	School Nurse is part of the IEP team	NO	YES - only if a medical determination is required	NO
3	School Wellness Plan in place (Active)	YES	YES	YES
4	VISION: # Screened / Referred to Prof / Seen by Professional	271/10/unknown	286/0/unknown	312/19/unknown
5	HEARING: # Screened / Referred to Prof / Seen by Professional	271/0/unknown	286/0/unknown	312/0/0
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	271/6/unknown	286/0/unknown	105/10/unknown
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	0/0/0	0/0/0	0/0/0
8	# of Students served with no identified chronic health concerns	unknown	unknown	unknown
9	School has a suicide prevention program	YES	YES	YES
10	Compliance on required vaccinations (%)	99%	98.00%	unknown

Tab 4: Maternal / Infant Profile

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

Tab	Health Indicator	Furnas Co.	Trend	State of Neb	NEB Rural Norm N=15	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 Percentage of Births with Low Birth Weight, 2013-2019	6.5%		7.1%	6.7%	County Health Rankings
	d Percent of all Births Occurring to Teens (15-19) (per 1,000) , 2013-2019	18.0		19.7	21.0	County Health Rankings

Tab 5: Hospitalization and Provider Profile

Understanding provider access and disease patterns are fundamental in healthcare delivery. Listed below are several vital county statistics.

Tab	Health Indicator	Furnas Co.	Trend	State of Neb	NEB Rural Norm N=15	Source
5	a Primary Care Physicians, Ratio (MD / DO), 2020	1572:1		1,330:1	1,829:1	County Health Rankings
	b Dentists, Ratio of population to Dentists, 2019	2338:1		1,300:1	2,249:1	County Health Rankings
	c Preventable hospital stays, Rate per 100k Medicare enrollees, 2018 (lower the better)	4,747		3,475	3,289	County Health Rankings
	d Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	NA		NA	82.4%	CMS Hospital Compare, 4/1/2018 to 3/31/2019
	e Patients Who Reported Yes, They Would Definitely Recommend the Hospital	NA		NA	77.4%	CMS Hospital Compare, 4/1/2018 to 3/31/2019
	f Average (median) time patients spent in the emergency department before leaving from the visit (in minutes)	92		NA	108	CMS Hospital Compare, 4/1/2018 to 3/31/2019

Tab 6: Behavioral / Mental Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	Furnas Co.	Trend	State of Neb	NEB Rural Norm N=15	Source
6	a Mental Health Providers, Ratio of population to MH Providers, 2020	4676:1		362:1	2,042:1	County Health Rankings
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2013-2016 (lower is better)	18.5		12.3	NA	Nebraska DHHS Division of Public Health
	c Poor mental health days, (age-adjusted), 2018	3.7		3.6	3.9	County Health Rankings
	d Alcohol Abuse: Medicare Population, 2018	1.0%		1.4%	1.5%	CMS.gov /Research-Statistics -Data
	e Depression: Medicare Population, 2018	15.1%		17.1%	15.7%	CMS.gov /Research-Statistics -Data
	f Drug/Substance Abuse: Medicare Population, 2018	0.9%		1.8%	1.7%	CMS.gov /Research-Statistics -Data
	g Schizophrenia and Other Psychotic Disorders: Medicare Population, 2018	1.5%		2.2%	1.7%	CMS.gov /Research-Statistics -Data

Tab 7a: Risk Indicators & Factors Profile

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

Tab	Health Indicator	Furnas Co.	Trend	State of Neb	NEB Rural Norm N=15	Source
7a	a Adult obesity (ages 20+), percent, 2017	36.5%		33.4%	36.5%	County Health Rankings
	b Adult smoking, percent, 2018	18.1%		16.6%	18.4%	County Health Rankings
	c Excessive drinking, percent, 2018	21.9%		23.7%	23.2%	County Health Rankings
	d Physical inactivity (ages 20+), percent, 2017	29.0%		22.7%	27.4%	County Health Rankings
	e Poor physical health days, (age-adjusted), 2018	3.6		3.2	3.6	County Health Rankings
	f Sexually transmitted infections (rate per 100k), 2018	125.5		418.0	275	County Health Rankings

Tab 7b: Chronic Risk Profile

Tab	Health Indicator	Furnas Co.	Trend	State of Neb	NEB Rural Norm N=15	Source
7b	a Alzheimer's & Dementia: Medicare Pop, 2018	9.4%		10.6%	10.5%	CMS.gov /Research-Statistics -Data
	b Arthritis: Medicare Population, 2018	31.6%		32.7%	34.0%	CMS.gov /Research-Statistics -Data
	c Asthma: Medicare Population, 2018	2.9%		3.6%	3.3%	CMS.gov /Research-Statistics -Data
	d Atrial Fibrillation: Medicare Population, 2018	10.0%		9.3%	9.7%	CMS.gov /Research-Statistics -Data
	e Chronic Kidney Disease: Medicare Pop, 2018	20.5%		21.4%	20.2%	CMS.gov /Research-Statistics -Data
	f COPD: Medicare Population, 2018	11.3%		10.8%	11.2%	CMS.gov /Research-Statistics -Data
	g Diabetes: Medicare Population, 2018	26.3%		23.1%	25.0%	CMS.gov /Research-Statistics -Data
	h Heart Failure: Medicare Population, 2018	17.6%		13.0%	14.7%	CMS.gov /Research-Statistics -Data
	j Hyperlipidemia: Medicare Population, 2018	36.9%		39.6%	39.9%	CMS.gov /Research-Statistics -Data
	k Hypertension: Medicare Population, 2018	52.1%		51.8%	52.9%	CMS.gov /Research-Statistics -Data
	l Ischemic Heart Disease: Medicare Pop, 2018	29.1%		24.0%	24.5%	CMS.gov /Research-Statistics -Data
	m Osteoporosis: Medicare Population, 2018	7.0%		6.7%	7.0%	CMS.gov /Research-Statistics -Data
	n Stroke: Medicare Population, 2018	1.8%		2.8%	2.4%	CMS.gov /Research-Statistics -Data

Tab 8 Uninsured Profile and Community Benefit

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.	Trend	State of Neb	NEB Rural Norm N=15	Source
8	a Uninsured, Percent (under 65 years old) , 2018	11.4%		9.4%	10.0%	County Health Rankings

#	Tri Valley Health System	YR 2019	YR 2020	YR 2021
1	Bad Debt - Write off	\$658,156	\$1,024,935	\$610,919
2	Charity Care - Free Care Given	\$16,963	\$161,002	\$173,081

Tab 9: Mortality Profile

The leading causes of county deaths from Vital Statistics are listed below.

Tab	Health Indicator	Furnas Co.	Trend	State of Neb	NEB Rural Norm N=15	Source
9	a Life Expectancy for Males, 2021	76.0		77.7	76.7	World Bank
	b Life Expectancy for Females, 2021	80.9		81.9	81.6	World Bank
	c Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2021 (lower is better)	197.3		144.8	176.8	World Bank
	d Age-adjusted Cancer Mortality Rate per 100,000 population, 2021 (lower is better)	164.1		147.4	171.0	World Bank
	e Age-adjusted Chronic Lung Disease Mortality Rate per 100,000, 2018 (lower is better)	48.3		46.2	48.2	World Bank
	f Alcohol-impaired driving deaths, percent, 2014-2018	0.0%		32.7%	31.2%	County Health Rankings

#	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

Tab 10: Preventive Quality Measures 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.	Trend	State of Neb	NEB Rural Norm N=15	Source
10	a Access to exercise opportunities, percent, 2019	67.2%		83.5%	58.5%	County Health Rankings
	b Diabetes Prevalence (ages 20+), diagnosis, 2017	11.1%		10.0%	10.8%	County Health Rankings
	c Mammography screening,(Percent) female Medicare enrollees ages 65-74, 2018	45.0%		48.0%	46.4%	County Health Rankings
	d Percent Annual Check-Up Visit with PCP			NA	NA	TBD
	e Percent Annual Check-Up Visit with Dentist			NA	NA	TBD
	f Percent Annual Check-Up Visit with Eye Doctor			NA	NA	TBD

PSA Primary Research:

For each CHNA Wave # 4 evaluation, a community stakeholder survey has been created and administered to collect “current” healthcare information for Furnas Co. NE.

Chart #1 – Furnas County, NE Online Feedback Response (N=84)

Furnas Co NE - CHNA YR 2022			
For reporting purposes, are you involved in or are you a ...?	Furnas Co NE N=84	Trend	2021 Norms N=4,758
Business / Merchant	16.7%		13.5%
Community Board Member	18.8%		11.6%
Case Manager / Discharge Planner	2.1%		1.1%
Clergy	4.2%		1.6%
College / University	2.1%		4.1%
Consumer Advocate	2.1%		2.1%
Dentist / Eye Doctor / Chiropractor	0.0%		1.0%
Elected Official - City/County	4.2%		3.2%
EMS / Emergency	8.3%		2.9%
Farmer / Rancher	16.7%		9.8%
Hospital / Health Dept	35.4%		25.5%
Housing / Builder	2.1%		1.1%
Insurance	4.2%		1.5%
Labor	4.2%		3.0%
Law Enforcement	0.0%		1.5%
Mental Health	2.1%		2.2%
Other Health Professional	22.9%		14.5%
Parent / Caregiver	31.3%		22.1%
Pharmacy / Clinic	6.3%		2.9%
Media (Paper/TV/Radio)	0.0%		0.7%
Senior Care	2.1%		4.9%
Teacher / School Admin	8.3%		10.6%
Veteran	10.4%		4.6%
Other (please specify)	8.3%		10.9%
TOTAL			2,801

Chart #2 - Quality of Healthcare Delivery Community Rating

Furnas Co NE - CHNA YR 2022			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Furnas Co NE N=84	Trend	2021 Norms N=4,758
Top Box %	25.0%		30.3%
Top 2 Boxes %	71.4%		73.6%
Very Good	25.0%		30.3%
Good	46.4%		43.3%
Average	26.2%		21.2%
Poor	2.4%		4.1%
Very Poor	0.0%		1.1%
Valid N	84		4,730
County Norms: Furnas Co (NE), Fremont Co (IA), Page Co (IA), Jackson Co (KS), Marion Co (KS), Cowley Co (KS), Carroll Co (MO), Russell Co (KS), Marion Co (KS), Trego Co (KS), Harper Co (KS), Miami Co (KS), Johnson Co (KS), Nemaha Co (KS), Ellis Co (KS), Pawnee Co (KS), Gove Co (KS), Sheridan Co (KS), Kiowa Co (KS), Pratt Co (KS)			

Chart #3 – Overall Community Health Quality Trend

Furnas Co NE - CHNA YR 2022			
When considering "overall community health quality", is it...	Furnas Co NE N=84	Trend	2021 Norms N=4,758
Increasing - moving up	41.6%		48.2%
Not really changing much	50.6%		43.8%
Decreasing - slipping	7.8%		8.0%
Valid N	77		4,245
County Norms: Furnas Co (NE), Fremont Co (IA), Page Co (IA), Jackson Co (KS), Marion Co (KS), Cowley Co (KS), Carroll Co (MO), Russell Co (KS), Marion Co (KS), Trego Co (KS), Harper Co (KS), Miami Co (KS), Johnson Co (KS), Nemaha Co (KS), Ellis Co (KS), Pawnee Co (KS), Gove Co (KS), Sheridan Co (KS), Kiowa Co (KS), Pratt Co (KS)			

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

Furnas Co NE - CHNA YR 2022					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	RANK
1	Nursing Home	43	79.6%		1
2	Child Care Services	41	75.9%		2
3	Housing	32	59.3%		3
4	Mental / Behavioral Health	29	53.7%		4
5	Obesity	19	35.2%		8
6	Qualified Healthcare Staff	18	33.3%		6
7	Healthcare Insurance Options	15	27.8%		5
8	Drug / Substance Abuse	15	27.8%		10
9	Chronic Diseases	13	24.1%		9
10	Community Hospital Perception	11	20.4%		7
11	Nutrition - Healthy Food Options	11	20.4%		13
12	Alcohol Abuse	10	18.5%		14
13	Physician Recruitment	7	13.0%		11
14	Urgent Care	3	5.6%		12
Totals		267			

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

Furnas Co NE - CHNA YR 2022			
In your opinion, what are the root causes of "poor health" in our community?	Furnas Co NE N=84	Trend	2021 Norms N=4,758
Lack of health insurance	16.8%		17.0%
Limited Access to Mental Health Assistance	14.6%		20.6%
Neglect	13.9%		13.4%
Lack of health & Wellness Education	16.1%		15.7%
Chronic disease prevention	9.5%		12.2%
Family assistance programs	8.0%		7.2%
Lack of Nutrition / Exercise Services	10.9%		12.6%
Limited Access to Specialty Care	6.6%		9.3%
Limited Access to Primary Care	3.6%		6.5%
Total Votes	137		7,134
<small>County Norms: Furnas Co (NE), Fremont Co (IA), Page Co (IA), Jackson Co (KS), Marion Co (KS), Cowley Co (KS), Carroll Co (MO), Russell Co (KS), Marion Co (KS), Trego Co (KS), Harper Co (KS), Miami Co (KS), Johnson Co (KS), Nemaha Co (KS), Ellis Co (KS), Pawnee Co (KS), Gove Co (KS), Sheridan Co (KS), Kiowa Co (KS), Pratt Co (KS)</small>			

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

Furnas Co NE - CHNA YR 2022	Furnas Co NE N=84		Trend	2021 Norms N=4,758	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?					
Ambulance Services	80.7%	3.5%		79.4%	6.5%
Child Care	32.7%	29.1%		43.5%	16.1%
Chiropractors	48.1%	14.8%		69.1%	6.0%
Dentists	75.0%	8.9%		72.8%	9.8%
Emergency Room	86.2%	0.0%		76.0%	7.5%
Eye Doctor/Optomtrist	54.5%	14.5%		76.6%	7.0%
Family Planning Services	35.3%	19.6%		40.8%	16.8%
Home Health	50.9%	18.9%		56.0%	9.5%
Hospice	55.8%	17.3%		62.7%	8.9%
Telehealth	66.0%	3.8%		53.2%	10.2%
Inpatient Services	82.1%	0.0%		79.5%	5.0%
Mental Health	35.8%	20.8%		29.9%	32.8%
Nursing Home/Senior Living	11.5%	63.5%		59.4%	11.9%
Outpatient Services	73.2%	0.0%		77.2%	4.0%
Pharmacy	96.4%	0.0%		88.4%	2.2%
Primary Care	94.7%	0.0%		80.1%	4.9%
Public Health	59.3%	3.7%		64.3%	7.0%
School Health	50.9%	17.0%		65.5%	6.6%
Visiting Specialists	78.2%	7.3%		67.3%	8.4%
Walk- In Clinic	94.5%	0.0%		59.2%	17.2%
<small>County Norms: Furnas Co (NE), Fremont Co (IA), Page Co (IA), Jackson Co (KS), Marion Co (KS), Cowley Co (KS), Carroll Co (MO), Russell Co (KS), Marion Co (KS), Trego Co (KS), Harper Co (KS), Miami Co (KS), Johnson Co (KS), Nemaha Co (KS), Ellis Co (KS), Pawnee Co (KS), Gove Co (KS), Sheridan Co (KS), Kiowa Co (KS), Pratt Co (KS)</small>					

Chart #7 – Community Health Readiness

Furnas Co NE - CHNA YR 2022		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Furnas Co NE N=84	Trend	2021 Norms N=4,758
Behavioral / Mental Health	26.0%		31.6%
Emergency Preparedness	7.7%		9.1%
Food and Nutrition Services/Education	7.7%		16.8%
Health Screenings (as asthma, hearing, vision, scoliosis)	8.0%		11.4%
Prenatal/Child Health Programs	3.9%		12.1%
Substance Use/Prevention	28.6%		38.1%
Suicide Prevention	32.7%		41.0%
Violence Prevention	28.6%		37.7%
Women's Wellness Programs	14.3%		17.9%
County Norms: Furnas Co (NE), Fremont Co (IA), Page Co (IA), Jackson Co (KS), Marion Co (KS), Cowley Co (KS), Carroll Co (MO), Russell Co (KS), Marion Co (KS), Trego Co (KS), Harper Co (KS), Miami Co (KS), Johnson Co (KS), Nemaha Co (KS), Ellis Co (KS), Pawnee Co (KS), Gove Co (KS), Sheridan Co (KS), Kiowa Co (KS), Pratt Co (KS)			

Chart #8a – Healthcare Delivery “Outside our Community”

Specialties:

Furnas Co NE - CHNA YR 2022			
In the past 2 years, did you or someone you know receive HC outside of our community?	Furnas Co NE N=84	Trend	2021 Norms N=4,758
Yes	65.5%		73.4%
No	34.5%		26.6%
Valid N	55		2,923
County Norms: Furnas Co (NE), Fremont Co (IA), Page Co (IA), Jackson Co (KS), Marion Co (KS), Cowley Co (KS), Carroll Co (MO), Russell Co (KS), Marion Co (KS), Trego Co (KS), Harper Co (KS), Miami Co (KS), Johnson Co (KS), Nemaha Co (KS), Ellis Co (KS), Pawnee Co (KS), Gove Co (KS), Sheridan Co (KS), Kiowa Co (KS), Pratt Co (KS)			

Specialty	Counts
ORTH	6
OB	4
OPHTH	3
DENT	2
CARD	2

Chart #8b – Healthcare Delivery “Outside our Community” (Continued)

Furnas Co NE - CHNA YR 2022			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Furnas Co NE N=84	Trend	2021 Norms N=4,758
Yes	63.0%		63.8%
No	37.0%		36.2%
Valid N	54		2757
County Norms: Furnas Co (NE), Fremont Co (IA), Page Co (IA), Jackson Co (KS), Marion Co (KS), Cowley Co (KS), Carroll Co (MO), Russell Co (KS), Marion Co (KS), Trego Co (KS), Harper Co (KS), Miami Co (KS), Johnson Co (KS), Nemaha Co (KS), Ellis Co (KS), Pawnee Co (KS), Gove Co (KS), Sheridan Co (KS), Kiowa Co (KS), Pratt Co (KS)			

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

Furnas Co NE - CHNA YR 2022			
What needs to be discussed further at our CHNA Town Hall meeting?	Furnas Co NE N=84	Trend	2021 Norms N=4,758
Abuse/Violence	2.4%		4.3%
Alcohol	2.9%		4.2%
Alternative Medicine	4.3%		3.3%
Breast Feeding Friendly Workplace	1.4%		1.2%
Cancer	1.9%		2.5%
Care Coordination	2.9%		2.5%
Diabetes	3.4%		2.9%
Drugs/Substance Abuse	4.3%		6.5%
Family Planning	2.9%		2.0%
Heart Disease	0.5%		1.9%
Lack of Providers/Qualified Staff	3.8%		3.8%
Lead Exposure	0.0%		0.4%
Mental Illness	10.6%		8.8%
Neglect	1.9%		2.5%
Nutrition	3.8%		4.0%
Obesity	5.3%		6.0%
Occupational Medicine	1.0%		0.6%
Ozone (Air)	0.5%		0.5%
Physical Exercise	4.8%		4.1%
Poverty	7.2%		4.9%
Preventative Health / Wellness	7.2%		4.9%
Respiratory Disease	0.0%		0.1%
Sexually Transmitted Diseases	1.4%		1.4%
Smoke-Free Workplace	0.0%		0.0%
Suicide	5.8%		7.0%
Teen Pregnancy	1.9%		2.1%
Telehealth	1.4%		2.3%
Tobacco Use	2.4%		2.2%
Transporation	0.5%		2.7%
Vaccinations	5.3%		3.5%
Water Quality	1.0%		2.2%
Health Literacy	4.8%		3.3%
Other (please specify)	2.4%		1.6%
TOTAL Votes	208		13,533

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services - Tri Valley Health 2022				
Cat	HC Services Offered in county: Yes / No	Hospital	Health Dept	Other
Clinic	Primary Care	Yes		
Hosp	Alzheimer Center	No		
Hosp	Ambulatory Surgery Centers	Yes		
Hosp	Arthritis Treatment Center	No		
Hosp	Bariatric/weight control services	Yes		
Hosp	Birthing/LDR/LDRP Room	Yes		
Hosp	Breast Cancer	Yes		
Hosp	Burn Care	Yes		
Hosp	Cardiac Rehabilitation	Yes		
Hosp	Cardiac Surgery	No		
Hosp	Cardiology services	Yes		
Hosp	Case Management	Yes		
Hosp	Chaplaincy/pastoral care services	Yes		
Hosp	Chemotherapy	No		
Hosp	Colonoscopy	Yes		
Hosp	Crisis Prevention	No		Yes
Hosp	CTScanner	Yes		
Hosp	Diagnostic Radioisotope Facility	No		
Hosp	Diagnostic/Invasive Catheterization	No		
Hosp	Electron Beam Computed Tomography (EBCT)	No		
Hosp	Enrollment Assistance Services	Yes		
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	Yes		
Hosp	Fertility Clinic	No		
Hosp	FullField Digital Mammography (FFDM) with Tomosynthesis	Yes		
Hosp	Genetic Testing/Counseling	No		
Hosp	Geriatric Services	Yes		
Hosp	Heart	Yes		
Hosp	Hemodialysis	No		
Hosp	HIV/AIDS Services	No		
Hosp	Image-Guided Radiation Therapy (IGRT)	No		
Hosp	Inpatient Acute Care - Hospital services	Yes		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	No		
Hosp	Intensive Care Unit	No		
Hosp	Intermediate Care Unit	Yes		
Hosp	Interventional Cardiac Catheterization	No		
Hosp	Isolation room	Yes		
Hosp	Kidney	No		
Hosp	Liver	No		
Hosp	Lung	No		
Hosp	Magnetic Resonance Imaging (MRI)	Yes		
Hosp	Mammograms	Yes		
Hosp	Mobile Health Services			Yes
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	Yes		
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)	Yes		
Hosp	Neonatal	No		
Hosp	Neurological services	No		
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			Yes
Hosp	Pediatric	No		
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	Yes		

Inventory of Health Services - Tri Valley Health 2022				
Cat	HC Services Offered in county: Yes / No	Hospital	Health Dept	Other
Hosp	Reproductive Health	Yes		
Hosp	Robotic Surgery	No		
Hosp	Shaped Beam Radiation System 161	No		
Hosp	Single Photon Emission Computerized Tomography	No		
Hosp	Sleep Center	Yes		
Hosp	Social Work Services	Yes	Yes	
Hosp	Sports Medicine	Yes		
Hosp	Stereotactic Radiosurgery	No		
Hosp	Swing Bed Services	Yes		
Hosp	Transplant Services	No		
Hosp	Trauma Center -Level IV	No		
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	No		
ER	Ambulance Services			Yes
SERV	Alcoholism-Drug Abuse			Yes
SERV	Blood Donor Center			Yes
SERV	Chiropractic Services			Yes
SERV	Complementary Medicine Services			Yes
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	Yes	

Inventory of Health Services - Tri Valley Health 2019				
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/AIDS Services			
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 Catheterization			
Hosp	Isolation room	Yes		
Hosp	Kidney			
Hosp	Liver			
Hosp	Lung			
Hosp	Magnetic Resonance 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
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 2022 - Furnas County NE

# of FTE Providers	Supply - County Based		
	FTE County Based	FTE Visting	P/ANP
Primary Care:			
Family Practice	4.0	0.1	6.0
Internal Medicine	0.0	0.0	0.0
Obstetrics/Gynecology	0.0	0.0	0.0
Pediatrics	0.0	0.0	0.0
Medicine Specialists:			
Allergy/Immunology	0.0	0.0	
Cardiology	0.0	0.0	
Dermatology	0.0	0.0	
Endocrinology	0.0	0.0	
Gastroenterology	0.0	0.0	
Hematology/ Oncology	0.0	0.0	
Infectious Diseases	0.0	0.0	
Nephrology	0.0	0.0	
Neurology	0.0	0.0	
Psychiatry	0.0	0.0	
Pulmonary	0.0	0.0	
Rheumatology	0.0	0.0	
Surgery Specialists:			
General Surgery	0.0	0.0	
Neurosurgery	0.0	0.0	
Ophthalmology	0.0	0.0	
Orthopedics	0.0	0.0	
Otolaryngology (ENT)	0.0	0.0	
Plastic/Reconstructive	0.0	0.0	
Thoracic/Cardiovascular/Vasc	0.0	0.0	
Urology	0.0	0.0	
Hospital Based:			
Anesthesia/Pain	1.3	0.0	
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	4.3	0.0	
Podiatry	0.0	0.0	
Would Care	0.0	0.0	
Others			
TOTALS	9.6	0.1	6.0

2022 Tri Valley Health Visiting Specialists

Spacialty	Physician Name / Group	Location (City / State)	Schedule	Annual Days
Cardiology	Dr. Denney / Kearney Regional Medical Center	Kearney, NE	Every Monday	48
General Surgery	Dr. Sorrell / CHI Health Clinic	Kearney, NE	Every Tuesday	48
Hematology/Oncology	Dr. Lewis / Heartland Hematology & Oncology	Kearney, NE	2nd Wednesdays	12
OB/GYN	Dr. Pankratz / Obstetrics & Gynecologists, P.C.	Hastings, NE	1st, 2nd, 4th, and 5th Wednesdays	48
Ophthalmology	Dr. T.J. Clinch / Kearney Eye Institute	Kearney, NE	3rd Monday on Odd Months	6
Orthopedic	Dr. Wilkinson / Kearney Regional Medical Center	Kearney, NE	1st/3rd/5th Tuesdays	36
Orthopedic	Dr. Verploeg / Inreach Surgical	Steam Boat Springs, CO	1st/3rd, 5th Mondays	36
Pain Management	Dr. Meyer / Heartland Pain Clinics	Grand Island, NE	Every Thursday and third Wednesday	60
Podiatry	Dr. Carlston / Phelps Memorial Heath Center	Holdrege, NE	2nd/4th Tuesdays	24
Podiatry	Dr. Christensen / Great Plains Foot & Ankle	North Platte, NE	2nd /4th Fridays	24
Pulmonology	Dr. Ganatra / Hastings Pulmonary & Sleep Clinic	Hastings, NE	1st Wednesdays	12
Senior Life Solutions	Dr. Gillette / Dean and Associates	Sioux City, IA	2nd Fridays (in person) and 4th Fridays (telehealth)	24
Urology	Dr. Santa Cruz / Inreach Surgical	Steam Boat Springs, CO	1st/3rd Fridays	24
Vascular & Echo	Bryan Health	Lincoln, NE	Every Monday	48
Vascular, Echo, Nuclear Scans, Cardiolites	Platte Valley Medical Group	Kearney, NE	Every Monday and Wednesday	96
Wound Care	Sally Farquhar, APRN / Restorix	Hastings, NE	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) 268-2145	(308) 268-2245
Cambridge	(308) 697-3328	(308) 697-3713
Edison	(308) 927-2335	
Holbrook	(308) 493-5383	
Oxford	(308) 824-3527	
Wilsonville	(308) 349-4231	

Southwest Public Health Department (308) 345-4223

FURNAS COUNTY RESOURCES BY CATEGORY

UPDATED 2/2022

ABUSE HOTLINE (800) 652-1999

- ◆ DOMESTIC ABUSE (Domestic Abuse/Sexual Assault Services), McCook: (308) 345-5534 (877) 345-5534
- ◆ HUMAN TRAFFICKING (sex industry/ slave industry) DASAS McCook: (877) 345-5534, Trafficking & Immigration Outreach: (308) 325-2295, NATIONAL HOTLINE (888) 373-7888
- ◆ Kearney Safe Center: (308) 237-2599
- ◆ Boystown, Teen Help Line: (800) 448-3000 Boystown.org
- ◆ FAN Family Advocacy Network: (888) 836-7432 (Child Abuse Specialty)
- ◆ S.A.F.E Center- Services for dating, domestic, or sexual assault Kearney: (308) 237-2599

ABC PREGNANCY Help Center- McCook: (308) 350-0126

ADOPTION

- ◆ NE Children's Home Society., North Platte: (308) 534-3250 Fax (308) 534-5356 www.nchs.org.
- ◆ Lutheran Family Services, Kearney: (308) 236-8336
- ◆ Nebraska Children's Home Society, Grand Island: (308) 381-0568 or Omaha: (402) 451-0787

ALCOHOL & DRUG ADDICTION SERVICES

- ◆ Alcoholic Anonymous McCook: (308) 340-2701 or (877) 226-3632 Cambridge: Thursday at 7:30pm (John Werkmister) www.area41.org
- ◆ AA Newcomers group 709 W 2nd McCook: (308) 345-3807 or (308) 345-4324
- ◆ Al-A-Non, McCook: (308) 345-2714 or (308) 345-2594
- ◆ Alcoholism and Drug Services (Reg. II): (308) 345-2770, 24 hr. Emergency Hotline (308) 324-7200
- ◆ Antlers Inc.- Lincoln (detox): (402) 434-3965
- ◆ Bryan Health- Lincoln (detox): (402) 481-5268 or (402) 481-1111
- ◆ Freedom House- Kearney: (308) 237-5775
- ◆ Valley Hope, Norton: (800) 544-5101 or O'Neil: (402) 336-3747 (Ins. Or Private Pay only, must be alert oriented, physically active)
- ◆ Independence Center- Lincoln (detox): (402) 475-1011
- ◆ 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 benzodiazepine detox.)
- ◆ Mid-Plains Center for Behavioral Healthcare- Grand Island (will do detox.): 308 385-5250
- ◆ Seekers of Serenity- Columbus, NE -- State Funded (detox. and treatment): (402) 564-9994
- ◆ The Bridge (Lincoln detox): (402) 477-3951
- ◆ Touchstone (Lincoln-not detox): (402) 474-4343
- ◆ US Dept VA- Omaha (detox.): (402) 346-8800
- ◆ Open Door Mission- Omaha: (402) 422-1111

ALZHEIMERS

- ◆ Nebraska Alzheimer's Association: (800) 272-3900

AMBULANCE SERVICES

- ◆ Air Care Flight Line (Good Samaritan): (800) 474-7911
- ◆ MedStar Air Flight: (877) 587-7827
- ◆ Eastern Ambulance Service, Lincoln: (800) 227-3627
- ◆ StarCareV: (800) 252-4262
- ◆ Phelps Memorial Ambulance Services: (308) 995-2913 or (308) 995-2211
- ◆ Priority Medical: (844) 879-2006
- ◆ Midwest Medical Transport Co., North Platte: (800) 562-3396
- ◆ LIFETEAM Critical Care Transport: (877) 213-5433

AMERICAN CANCER SOCIETY

- ◆ North Platte: (308) 534-0196
- ◆ American Cancer Response System (Info and resources): (800) 227-2345
- ◆ Leukemia & Lymphoma Society 2665 Farnam St. Omaha, Ne 38131: (402) 344-2242 or (402) 344-2422, Fax (888) 847-4974

AMERICAN HEART ASSOCIATION: (800) 242-8721 Omaha: (402) 346-0771

AMERICAN RED CROSS

- ◆ SW NE Red Cross- Holbrook: (308) 493-5408
- ◆ Hall County-for serviceman, Emergency: (308) 382-3790 or North Platte: (308) 534-7350 “service to the Military Dept” ** Know branch of service, rank, relationship, soc sec #'s, and prognosis of family member.

AMERICAN STROKE ASSOCIATION: (888) 478-7653 Omaha: (402) 346-0771

AREA AGENCY OF AGING

- ◆ Kearney Office: (308) 234-1851
- ◆ Senior Care Options, Furnas County: (800) 658-4320, Fax (308) 234-1853
Medicaid Waiver program managed by League of Human Dignity, Kearney:
(308) 224-3665, Fax (308) 224-3633
- ◆ Senior Care Options Frontier and Red Willow County, North Platte: (800) 662-2961,
Fax (308) 534-9754, (866) 455-9930
Medicaid Waiver program managed by League of Human Dignity, North Platte: (308) 532-4911,
Fax: (308) 532-4922
- ◆ Ombudsman, Lincoln DHHS.LTCOmbudsman@nebraska.gov: (800) 942-7830
- ◆ Ombudsman, Kearney, Lisa McGuire: (308) 234-1851, (800) 658-4320 Fax: (308) 234-1853
- ◆ Centers for Independent Living (under 65 years old), Grand Island: (877) 400-1004,
Broken Bow: (877) 442-2248, Ogallala: (877) 284-0128, Kearney: (308) 258-1913, (308) 258-1914
www.cilne.org Name change “Independence Rising” 10-11

ASSISTED LIVING

- ◆ Beaver City Manor Assisted Living: (308) 268-5111
- ◆ Bertrand-Bertrand Nursing Home: (308) 471-3341
- ◆ Cambridge - Tri Valley Health System: (308) 697-4423
- ◆ Cozad-Southview Manor/Beverly Square: (308) 784-3715 Lori Scroggins (Spec Unit)
- ◆ Curtis- Sr. Living Choices: (308) 367-4259
- ◆ Elwood-Elwood Care Center: (308) 785-3302, Fax (308) 785-3303
- ◆ Holdrege- (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): (308) 345-4600
McCook- Highland Park: (308) 345-7757, Fax: (308) 345-4249

AUDIOLOGY

- ◆ Hastings Audiology, Dr. Foote and Beck: (800) 348-0368, Wednesdays in McCook: (308) 345-2902
- ◆ Krepcik Hearing Aide Center, McCook: (308) 345-3305
- ◆ Midwest Hearing Specialist: (402) 463-2431
- ◆ Precision Hearing, McCook: (308) 345-1640
- ◆ Ron’s Hearing Aid Services: (308) 345-4653
- ◆ White-Musselman Hearing Center, Holdrege: (308) 995-4431

CHURCHES – Cambridge

- ◆ Catholic- St. Johns: (308) 697-3722 Parish Hall: (308) 697-3816 Father Wehr: (402) 641-4363
- ◆ Congregational- (308) 697-3849 Parsonage: (308) 697-4235 Bill Weaver: (308) 340-3176
- ◆ Baptist- Calvary: (308) 697-4225, (308) 697-4223 Rick Bradley: (303) 903-3947
- ◆ Lutheran– St Paul's: (308) 697-3725 Parsonage: (308) 697-3625
- ◆ Methodist – Trinity United: (308) 697-4352 Parsonage: (308) 697-4353 David Kim: (973) 873-4032
- ◆ The Saving Place: (308) 697-3504 Scott Moyer

COLLAGE CENTER- Kearney: (308) 234-9880 (free pregnancy testing, counseling, and info)

CIMRO – Bill Brock: (402) 476-1399 or (866) 839-2438

COMMUNITY ACTION PARTNERSHIP-of Mid Nebraska, McCook: (308) 345-1187

COUNTY ATTORNEY- Morgan Farquhar: (308) 697-3737

DENTISTS

- ◆ Bison Dental, McCook: (308) 345-1470
- ◆ Dean Cope, Cambridge: (308) 697-3736
- ◆ Free/Low Cost Dental Care, Lincoln: (402) 476-1455
- ◆ Great Plains Oral Surgery, McCook: (308) 345-4118
- ◆ Medicaid Providers, North Platte (dentures): (308) 696-0977, Atwood KS: (785) 626-8290
- ◆ SW Nebraska Dental, McCook, Kaitlin Haag: (308) 646-6639
- ◆ Tobias Dental Care, McCook: (308) 345-1510

DIALYSIS

- ◆ Lincoln: (402) 466-8259 or (800) 633-5462
- ◆ Hastings: (402) 463-4893
- ◆ McCook Dialysis Center (DaVita) 801 West C St. McCook: (308) 345-1916
Central Office: (800) 424-6589

DME

- ◆ Central NE Home Care Kearney: (800) 466-4416, (308) 865-2711 or Grand Island: (308) 384-9333
- ◆ Frontier Home Medical McCook: (308) 345-2068 North Platte: (308) 532-2078, Cozad: (308) 784-3040, Gothenburg: (308) 537-7727, Kearney: (308) 234-3532
- ◆ LHS Home Medical Equipment, Ogallala: (308) 284-4234, North Platte: (308) 534-7733, Kearney: (308) 236-6619
- ◆ McCook Pharmacy and Supply (No O₂): (308) 345-2560, (800) 658-4258
- ◆ Mark's Pharmacy (No O₂): (308) 697-3400
- ◆ Option Care (feeding tube supplies): (402) 423-1333
- ◆ Phelps Home Medical Equipment, Holdrege: (308) 995-4375
- ◆ Redline Specialty Pharmacy- Home Infusion, Hastings: (402) 462-2929, Fax (402) 462-2932
- ◆ Tri-County Home Supply, Lexington: (308) 324-8330
- ◆ Usave, McCook: (800) 658-4258, Fax (308) 345-1947

DNA

Paternity testing www.DNAcenter.com

EARLY DEVELOPMENT NETWORK- free developmental screening (birth to 3 years) (888) 806-6287

EMERGENCY RESPONSE COORDINATOR – SW NE Public Health Dept. Roger Powell: (308) 268-5088

ENT SPECIALISTS

- ◆ Dr. Connaly, Kearney: (800) 846-6404
- ◆ Ear, Nose, Throat & Sinus Clinic, North Platte: (308) 532-6165

ETHICS CONSULTATION- Good Samaritan, Kearney or NASW: (800) 742-4089

FIRE DEPARTMENTS

- ◆ Arapahoe: (308) 962-7700
- ◆ Bartley: (308) 692-3211
- ◆ Cambridge: (308) 697-3311
- ◆ Indianola: (308) 364-2300

FOOD PANTRY- contact any local minister

- ◆ Arapahoe-Pearl Hinz or Howard Davis: (308) 962-5239
- ◆ Beaver City- Friendship Church, Steve Sturtevant: (605) 999-3421

HOME HEALTH SERVICES

- ◆ Kearney Good Sam. Home Health: (308) 865-7090, Fax (308) 865-2923
- ◆ Central Plains HH & Hospice, Cozad: (308) 784-4630

- ◆ Community Hospital HH, McCook: (308) 344-8356 Fax: (308) 344-1515
- ◆ RuralMED HH & Hospice, Holdrege: (308) 995-4375 Fax: (308) 995-4548
- ◆ Good Samaritan Society Home Care of SW NE (Alma): (308) 928-2804 Fax: (308) 928-2817

HOME MEDICAL ALERT SYSTEMS

- ◆ Life Alert: (800) 990-0638
- ◆ Medical Guardian: (855) 298-2406
- ◆ Tri Valley Call Care System: (308) 697-1164 (Joyce Deaver)
- ◆ Philips Lifeline: (855) 214-1367

HOMELESS SHELTERS

(Crisis Line 800-215-3040) or (308) 324-3040

- ◆ RAFT Inc.- Kearney: (308) 865-1352, ext. 133 or ext. 137
- ◆ S.A.F.E Center- Kearney: (308) 237-2599
- ◆ Haven House Community Services Inc.- Lexington: (308) 324-7170
- ◆ Parent-Child Center- Lexington: (308) 324-2336

HOSPICE

- ◆ Asera Care Hospice, Kearney: (308) 698-0580, (888) 273-3309 Fax: (308) 698-0585
- ◆ McCook HH and Hospice: (308) 344-8356 Fax (308) 344-8336
- ◆ ruralMED/Lexington: (308) 324-8300 or (308) 995-4375 Fax: (308) 995-4548 (covers Cambridge)

HOUSING AGENCY

- ◆ Indianola Housing Authority (Valley View): (308) 364-2423
- ◆ McCook Housing Agency: (308) 345-3605
- ◆ Parkside Manor Cambridge: (308) 697-3819
- ◆ Sunshine Village Arapahoe: (308) 962-7669

IN-HOME CAREGIVERS

- ◆ Home Instead: (308) 340-1000 (Linda)
- ◆ Help at Home: (308) 962-7556
- ◆ KB Home Care: (308) 350-1008

MEALS ON WHEELS

- ◆ Cambridge- Tri Valley Health System for Chairperson: (308) 697-3329
- ◆ Indianola- Rocket Inn: (308) 364-9906
- ◆ Danbury- Shelly Daffer: will make meals to freeze.
- ◆ McCook- Senior Center: (308) 345-1760

MENTAL HEALTH SERVICES (see also **Alcohol and Drug Abuse Services**)

Substance Abuse and Mental Health Services Administration home page <http://www.samhsa.com>

SAMHSA to help find treatment facilities.

Nebraska Mental Health Advocacy Program- (800) 836-7660

- ◆ Ambience Counseling: Katie Andrews, and Lindsay McConville: (308) 345-4067
- ◆ Behavioral Medicine Associates, North Platte: (308) 534-4872
- ◆ David Blessing - Cycle Therapy: (308) 785-7151
- ◆ Christian Counseling (male therapists available): (308) 345-4880
- ◆ Center for Psychiatric Services 135 East 31st St., Kearney- centerforpsychsrvs.org: (308) 234-6029 (children mental health, psychosis, support groups)
- ◆ Great Plains Psych/Behavioral Services Inpatient, North Platte: (308) 696-7270
- ◆ Heartland Counseling, McCook: (308) 345-2770 North Platte: (308) 534-6029 Lexington: (308) 324-6754 (Dr. Johnson)
- ◆ South Central Community Mental Health, Holdrege: (308) 995-6597
- ◆ Counseling Toward Hope - 710 Burlington St, Holdrege: (308) 995-6691
- ◆ Lutheran Family Services-Lexington: (308) 324-6400
- ◆ Medicine Creek Counseling-Wendy Shifflet: (308) 737-3051
- ◆ Mid Plains Center for Behavioral Healthcare – Grand Island: (308) 385-5250
- ◆ **CRISIS LINE (800) 515-3326**
- ◆ High Plains Mental Health Center, Norton: (785) 877-5141

- ◆ Region II Services McCook: (308) 345-2270, Lexington (308) 324-6754
CRISIS LINE (308) 324-7200
- ◆ Region III- Kearney: (308) 237-5113 (Professional Partner Program- services for youth and family)
- ◆ Rural Resource Hotline: (800) 464-0258 (offers free counseling vouchers for rural residents)
- ◆ The Counseling & Enrichment Center-Several offices: (800) 689-0945
- ◆ Clinical Psychologist
Rebecca Schroeder Curtis: (308) 367-4141
Dave Mellenger LPC: (308) 237-5021, Cell: (308) 440-0329
Dr. Michael Renner, Kearney: (308) 865-2767

Psychiatric Services

- ◆ Mary Lanning Behavioral Services Unit, Hastings: (402) 463-7711
Inpatient services: (402) 463-4521 *Social Work Behavioral Services Unit: (402) 463-5973
- ◆ Magellan Admission Screening: (800) 424-0333 (Manages State funded Placements -- Medicaid)
- ◆ Richard Young Hospital, Kearney: (308) 865-2000 Fax: (308) 865-2927 (For EPC's- mental health only, no drug/alcohol, no children under 13)
- ◆ Great Plains Psych/Behavioral Services, North Platte: (308) 696-7270
- ◆ Dr. Ron Zedek, North Platte: (308) 534-7822
- ◆ Lutheran Family Service, 322 ½ Norris Ave. McCook: (308) 345-7914
- ◆ Mitchell County-Special Care Unit, Beloit KS, (acute care for geriatrics): (785) 738-9140
Fax (308) 738-9146
- ◆ Barbara Peeks, Master in Counseling, North Platte and McCook Hospital
- ◆ Williams and Sullivan Psychologist North Platte
- ◆ UNMC Geriatric Psychiatry- outpatient: (402) 552-6007 Fax: (402) 552-6247
Dr. Thomas Magnuson After hours: (402) 559-4000 Weekends: (402) 559-7100 (crisis line)
- ◆ Geriatric Psych Unit (LTC) Beloit, KS: (785) 738-9140 Dr. Baker
- ◆ Youth (<16 yrs old) Inpatient – Brian LGH Counseling Center: (402) 481-5991
- ◆ Pioneer House Day Rehab – McCook: (308) 345-2770, (308) 350-2886 (Renae Gardner)
- ◆ Frontier House Day Rehab – North Platte: (308) 534-0440

MENTAL HEALTH- ACUTE/PSYCH CARE (55 years & older)

- ◆ Fillmore Co. Hospital- Geneva: (402) 759-3192
- ◆ Mitchell Co. Special Care Unit- Beloit, KS: (785) 738-9140
- ◆ Fremont Behavioral Health: (402) 941-7850
- ◆ Immanuel Inpatient Psychiatric Care- Omaha: (402) 572-2534
- ◆ Faith Regional Inpatient Psychiatric Care- Norfolk: (402) 371-4880
- ◆ Mary Lanning Behavioral Health Unit- Hastings: (402) 463-4521 or (402) 463-5973 (SW)
- ◆ Great Plains Psychiatric Care- North Platte: (308) 696-7270

MENTAL RETARDATION SERVICES

- ◆ Developments Disabilities (Medicaid) McCook: (308) 345-8460, Nancy Campbell: (308) 345-8443
- ◆ Kay Wolfe, QMRP, Kearney: (308) 234-4129
- ◆ Bethphage Missions, Axtell: (308) 743-2401
- ◆ Mid Nebraska Individual Services, Oxford: (308) 824-3283
- ◆ SW Area Training Center, McCook: (308) 345-1530
- ◆ Martin Luther Homes of Beatrice: (402) 223-4066

MORTUARYS

- ◆ Lockenour-Jones Mortuary, Cambridge: (308) 697-3838
- ◆ Williamson/Wenburg Funeral Home, Arapahoe: (308) 962-7940
- ◆ Carpenter-Breland, McCook: (308) 345-3838
- ◆ Hermann Funeral Home, McCook: (308) 345-3000
- ◆ Wetzel Funeral Home, Curtis: (308) 367-4177

MULTIPLE SCLEROSIS SOCIETY

- ◆ Omaha: (402) 345-9026

MUSCULAR DYSTROPHY AND ALS

- ◆ Omaha: (402) 393-7866

NE DEPT OF HEALTH AND HUMAN SERVICES

Apply online:

www.dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx

Access Nebraska: (800) 383-4278

- ◆ McCook Office- PO Box 1177 / 108 W D Street: (800) 778-1612, (308) 345-8420 Fax: (308) 345-8444
- ◆ McCook Developmental Disabilities- Nancy Campbell: (308) 345-8460, (308) 345 8443
Fax: (308) 345-8444
- ◆ Community Action Partnership, McCook: Barb Ostrum: (308) 345-1187
- ◆ Lexington Office: (308) 324-6633
- ◆ North Platte Office: (308) 535-8200
- ◆ Imperial: (877) 272-6907 or (308) 882-4791 (Debbie Cox)
- ◆ "Money Follows the person Program" www.ddhs.ne.gov/med/nmfp/Eligibility.htm.
- ◆ NE Medicaid Eligibility System: (800) 642-6092
- ◆ NE Resource & Referral System <http://hrrs.ne.gov>
- ◆ SSB (Skilled Medicaid approval): (402) 471-9384
- ◆ DHHS Pharmacy St Dept.- Barb Mart: (402) 471-9301
- ◆ Psychiatric Therapy Needs (Medicaid)- Magellan: (800) 424-0333
- ◆ Medicaid Transportation- IntelliRide: (844) 531-3783 Client Line: (402) 401-6999

NE DEPT of MOTOR VEHICLES

- ◆ Examiners office for "Administrative Revocation": (402) 471-2281 Fax: (402) 471-4020
(Need MD request on letterhead with patient name and DOB, occurrences, reason for recommending no driving and duration.) Form available online.

NURSING FACILITIES (by town)

- ◆ Alma- Colonial Villa Good Sam Center: (308) 928-2128 Fax: (308) 928-2012
- ◆ Beloit, KS- Geri Behavioral Service (Dr. Baker): (785) 738-9140 Fax: (785) 738-9146
- ◆ Beaver City- Beaver City Manor (308) 268-5111 Fax: (308) 268-6006
- ◆ Benkelman-Hester Memorial Home: (308) 423-2179
- ◆ Bertrand- Bertrand Nursing Home: (308) 472-3341 Fax: (308) 472-5356
- ◆ Broken Bow- Jenny Mulheim Memorial Hospital LTC: (308) 872-6891
- ◆ Cozad- Southview Manor: (308) 784-3715 (Spec Unit) (VA)
- ◆ Douglas Co Health Center, LTC and Behavioral Services- (402) 444-7316
- ◆ Elwood- Elwood Care Center: (308) 785-3302 Fax: (308) 785-3303
- ◆ Franklin- Golden Age Village: (308) 425-6848
- ◆ Fullerton Manor (Behavioral Probs): (308) 536-2488
- ◆ Gothenburg- Slack Nursing Home: (308) 537-7138 Hospital/LTC: (308) 537-3661
- ◆ Holdrege- Christian Homes: (308) 995-4493
- ◆ Holdrege Memorial Homes: (308) 995-8631 Fax: (308) 995-8636
- ◆ Imperial Manor: (308) 882-5333
- ◆ Kearney- Mother Hall: (308) 234-2447 Mount Carmel: (308) 237-2287 St. Johns: (308) 234-1888
St. Lukes: (308) 237-3108
- ◆ Lexington- Plum Creek Home: (308) 324-5531 (ALF, Special Needs Unit, Jan Gall, SW)
- ◆ McCook-Hillcrest Nursing Home: (308) 345-4600 Fax: (308) 345-4737 (ALF, Special Needs Unit)
- ◆ North Platte- Lindon Manor: (308) 532-5774 (Special Care Unit)
Centennial Park: (308) 534-7000 North Platte Care Center: (308) 534-2200
- ◆ Oberlin- Decatur County Cedar Living: (785) 475-2276
Good Samaritan Center: (785) 475-2245 Fax: (785) 475-2404
- ◆ Omaha- Quality Living Inc. (rehab and job skills training): (402) 573-3700
- ◆ Trenton- El Dorado Manor: (308) 334-5241 Fax: (308) 334-5243 (Tammy)
- ◆ Wauneta- Heritage of Wauneta: (308) 394-5738

NOTE: Placement Services for Beverly Health Care is now Golden Gate Placement: (866) 423-6487

OPTOMETRY

- ◆ Geiger, Dietz, & Greise, Opthamology, McCook: (308) 345-5005 or Hastings: (800) 467-9007
- ◆ Jester, Jensen, & Shefte- Kearney Eye Associates: (308) 237-5105
- ◆ Belville- Vondrak Eye Care and Surgery, McCook: (308) 345-7272 or Hastings: (800) 678-7141

- ◆ Dr. Moomey, Optometrist, Lexington
- ◆ McCook Eye Clinic – Drs. Stamm and Gray, McCook: (800) 759-1344
- ◆ Drs. Tim or Greg Burrows, McCook- (308) 345-2954
- ◆ Dr. JC Welch (Retina Center), Hastings: (800) 350-4611 North Platte: (308) 532-3937

ORTHOPEDIC DEVICES

- ◆ Hangar Prosthetics: (308) 234-6331

PASRR (ID screen for MR/MI nursing home admit)

https://www.ascendami.com/userManagement/?loc=/Nebraska/client_list.aspx (877) 431-1388 ext 3341

PARENT ASSISTANCE HOTLINE (800) 642-9909

PATERNITY TESTING- DNA Paternity testing www.DNAcenter.com

*McCook lab can perform test.

PHARMACY

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

PHYSICAL THERAPY

- ◆ SW Ne Physical Therapy, Arapahoe: (308) 962-8435 Cambridge: (308) 697-3002 (Cribelli)
McCook: (308) 345-8383 Fax: (308) 345-8358
- ◆ INSPIRE Rehab: Kyle Minnick: (308) 697-1463, (308) 697-4178
- ◆ New West- Holdrege: (308) 995-2865

PODIATRIST

- ◆ Dr. Robert Hinze, Great Plains Podiatry, McCook: (308) 345-3773 (does not accept Medicaid)

REHABILITATION CENTERS

- ◆ Aurora, CO. Rocky Mt. Rehab Institute: (800) 367-3309 Admissions: (303) 367-3300
- ◆ Craig Rehab Center Englewood, CO: (303) 789-8344
- ◆ Denver, CO. Heritage Rehab Center: (303) 534-5968
- ◆ Northern Valley Rehab Hospital Thornton, CO: (303) 286-5000 Admissions: (303) 827-8056
(Acute Brain Injury, Vent weaning, Pulmonary Rehab, Geriatric Psych)
- ◆ Hastings Mary Lanning (11-bed acute rehab): (402) 460-5662 Fax: (402) 460-5783, Melissa Nelson
- ◆ Kearney, Physical Medicine and Rehab: (308) 865-7240 Fax: (308) 865-2947
- ◆ Lincoln, Madonna Center: (800)-676-5448 Admissions Fax (402) 486-8368
Bryan acute rehab unit.
- ◆ Omaha, Immanuel Physical Medicine and Rehab: (402) 572-2295
- ◆ Omaha, Quality Living Inc.: (402) 573-3700
- ◆ Overland Park, KS-Mid America Rehab Hospital: (913) 491-2400
- ◆ Spalding Rehab- Denver
- ◆ Nebraska Agribility: (800) 471-6425 or Hastings: (402) 462-1912

RESPIRE – NE Respite Network: (866) 737-7483 McCook: (308) 345-4990

RETIREMENT CENTERS

- ◆ Heritage Plaza, Cambridge: (308) 697-4644 (apartments available for all ages)
- ◆ Prairie Pines, Arapahoe: (308) 962-7724

SENIOR CENTERS

- ◆ Arapahoe: (308) 962-5340
- ◆ Cambridge: (308) 697-4889
- ◆ McCook, Heritage Sr. Center: (308) 345-1760

SOCIAL SECURITY ADMINISTRATION

- ◆ North Platte: (800) 772-1213 Fax: (308)-532-3414
- ◆ Fraud Hotline: (800)-269-0271

Soc Sec and Disability NEWs Resource Center

www.ssdrc.com

SPEECH THERAPY

- ◆ Hability Solutions, Kearney- Teresa Runstrum: Office: (888) 814-3238 Cell: (308) 440-8648
Bill Sinnard, Manager cell: (308) 440-4640
- ◆ Community Hospital, McCook: (308) 344-8285 (scheduling) Kim VanPelt
- ◆ New West- Holdrege: (308) 995-2865

SUICIDE HOTLINES & RESOURCES

- Girls & Boys Town National Hotline- (800) 448-3000
- National Hopeline Network- 1-800-suicide (784-2433)
- National Suicide Prevention Hotline 800-273-TALK
- The Trevor Project LGBTQ Suicide Hotline- 866-4-U-TREVOR
- Nebraska Suicide & Crisis website- suicidehotlines.com/Nebraska
- USA National Suicide Hotline- TTY 1-800-799-4TTY

TALKING BOOKS

- ◆ Lincoln: (800) 742-7691

TRANSPORTATION (Public)

- ◆ Dashabout: (800) 720-3274
- ◆ Epply Express: (800) 888-9793
- ◆ McCook Handibus: (308) 345-6098
- ◆ Hitch & Hay Stratton, NE: (308) 276-2182
- ◆ TVHS Handibus: (308) 697-1164 Cell: (308) 340-6108
- ◆ Medicaid Transportation- IntelliRide: (844) 531-3783 (Client Line (402) 401-6999)

VETERAN'S ADMINISTRATION- for authorizations (ER) 402-995-3250

- ◆ Grand Island Vet. Med Center- (866) 580-1810
- ◆ GI Services- Cindy Hansen: (866) 580-1810 ext 9-2044
GI Co-Mngd Care: (866) 580-1810 Fax: (308) 385-2738 (*for Inpatient Vet's who get their meds from VA*)
- ◆ Lincoln VA Regional Office: (800)-827-1000
- ◆ Omaha VA: (800) 451-3249 or (800) 451-3250
Administrative Duty Officer (24hrs call) (402) 346-8800
S.W. Ext 3166 **Business office** Ext 3250 Fax: (402) 599-2147
Bed Coordinator: (402)995-3225 or (402) 995-3104, Transition care (402) 995-3545
- ◆ McCook: (308) 345-2385 (Tom Stritt, VA officer)
- ◆ Holdrege, Art Johnson, Service Officer 715 5th Ave Courthouse / Holdrege: (308) 995-4166
Cell: (308) 991-6151 Home: (308) 995-5580
- ◆ Holdrege VA Clinic: (308) 995-3760 Fax: (308) 995-3775
- ◆ North Platte VA Clinic: (308) 532-6906
- ◆ VA Shuttle: (800) 720-3274 Pickup time Mon & Fri 0640, Tue, Wed, & Thurs 0910 @ Casey's
- ◆ Crisis Line 1-800-273-8255 (press 1 for Veterans)

VISUALLY IMPAIRED VIPS North Platte: (308) 534-6780

NE SERVICES FOR VISUALLY IMPAIRED

- ◆ North Platte: (308) 535-8170 Kearney: (308) 865-5441

VOCATIONAL REHABILITATION

- ◆ Kearney, Keri Bennett: (308) 865-5012, (800) 262-3382
- ◆ North Platte: (308) 535-8110
- ◆ McCook- 219 W B St: (308) 345-8455
- ◆ Assistive Technology Partnership –315 W 60th Suite 300 Kearney: (800) 683-6699
Can asst with ramps, chairs, w/c, grab bars, etc.

WIC- McCook (offers free manual breast pumps): (308) 345-3088

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

Nebraska Hospital Information System

Selected Counties : Furnas County Inpatients- All Ages

NHA Patient Origin Reports by Hospital	Date Range : 05/01/2014 - 04/30/2015		
	Discharges	Days	ALOS
Totals - YR 2015	739	2,606	3.5
Cambridge - Tri Valley Health System	229	616	2.7
Kearney - CHI Health Good Samaritan	174	760	4.4
Holdrege - Phelps Memorial Health	123	377	3.1
Kearney - Kearney Regional Medical	41	112	2.7
Lincoln - Bryan Medical Center	37	187	5.1
Omaha - Nebraska Medicine - Nebraska	32	231	7.2
McCook - Community Hospital	23	60	2.6
Alma - Harlan County Health System	22	30	1.4
Omaha - Children's Hospital and	12	35	2.9
North Platte - Great Plains Health	9	35	3.9
Others	36		
NHA Patient Origin Reports by Hospital	Date Range : 05/01/2015- 04/30/2016		
	Discharges	Days	ALOS
Totals - Yr 2016	664	2,873	4.3
Kearney - CHI Health Good Samaritan	174	951	5.5
Cambridge - Tri Valley Health System	163	489	3.0
Holdrege - Phelps Memorial Health	145	435	3.0
Kearney - Kearney Regional Medical	57	203	3.6
Omaha - Nebraska Medicine - Nebraska	28	193	6.9
Lincoln - Bryan Medical Center	24	99	4.1
North Platte - Great Plains Health	17	83	4.9
McCook - Community Hospital	13	30	2.3
Hastings - Mary Lanning HealthCare	10	62	6.2
Others	30		
NHA Patient Origin Reports by Hospital	Date Range : 05/01/2016- 04/30/2017		
	Discharges	Days	ALOS
Totals - YR 2017	624	2,785	4.5
Holdrege - Phelps Memorial Health	151	485	3.2
Kearney - CHI Health Good Samaritan	141	705	5.0
Cambridge - Tri Valley Health System	117	343	2.9
Kearney - Kearney Regional Medical	64	245	3.8
Omaha - Nebraska Medicine - Nebraska	40	514	12.9
McCook - Community Hospital	25	58	2.3
Lincoln - Bryan Medical Center	24	122	5.1
Hastings - Mary Lanning HealthCare	15	110	7.3
Alma - Harlan County Health System	11	17	1.5
North Platte - Great Plains Health	9	34	3.8
Others	24		

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Furnas County, NE 2021 CHNA Town Hall (Tri Valley) Feb. 10th: 11:30am-1pm

#	Breakout	Attend	Lead	Last	First	Organization	Title
1	A	X	##	Haussermann	Josie	Tri Valley Health System	Executive Administrative Assistant
3	A	X		Miller	Jolene	Tri Valley Health System	Marketing Director
4	A	X		Gunderson	David	City of Cambridge	Mayor
5	A	X		Wheeler	Heidi	SWNPHD/NPHCC	Asst. Director/ RRC
6	A	X		Harris	Michael	Cambridge City Council Member	
7	A	X		Powell	Roger	Furnas County	Emergency Manager
8	A	X		Jordan	Clay	Tri Valley Health System	CNO
9	A	X		Butler	Christina	Senior Life Solutions	RN
10	A	X		Mues	Cherl	TVHS	Nurse Practitioner
11	A	X		SCHULTE	ABBY	FIRST STATE BANK	
13	A	X		Nickerson	Sarah	FIRST STATE BANK	Vice President
14	B	X	##	Fisher	Jessica	Tri Valley Health System	CEO
16	B	X		Jackson	Melissa	Economic Development	Director
17	B	X		Fleischer	Torey	Cambridge Memorial Hospital, Inc	Controller
21	B	X		Swindler	Diana	Tri Valley Health System	CFO
22	B	X		Wiese	Daniel	St. Paul's Lutheran Church	Pastor
23	B	X		Hall	Carri	Community Member	Retired
24	B	X		Callaway	Kitt	Tri Valley Health System	Infection Preventionist / Employee Health Nurse
25	B	X		Watson	Levi	Waypoint Bank	
26	B	X		Cramer	Drew	Tri Valley Health System	Board of Trustees member
27	B	X		Baker	Logan	Tri Valley Health System	Board of Trustees member

Furnas County Town Hall Event Notes

Attendance: N=21

Date:2/10/2022: 11:30 a.m. – 1:00 p.m.

Needs

- Access to Mental Health (All 4)
- Drugs/Substance Abuse
- Underinsured / Uninsured
- Senior Care
- Child Care
- Chronic Diseases
- Dental: Taking Medicaid
- Poverty
- Housing
- Nutrition: Healthy Food Options
- Home Health / Hospice
- Affordable Care
- Awareness of Services
- Owning Your Health
- Number of Healthcare Staff / Providers
- School Health

Strengths

- Quality of Healthcare Services
- Access to Care: Full Range of Services
- Specialists
- Facility: Quality of Hospital
- OB Services
- Schools
- Healthcare Staff (Quality)
- Pharmacy
- Access to Primary Care
- EMS Services
- Emergency Room
- Preventative Health / Wellness
- Health Department
- Community / Public Health

c) Public Notice & Requests

[VVV Consultants LLC]

EMAIL #1 Request Message (Cut & Paste)

From: Jessica Fisher, CEO

Date: 11/18/2021

To: Community Leaders, Providers and Hospital Board and Staff

Subject: Furnas County (NE) Community Health Needs Assessment 2022

Tri Valley Health System are working with other community health providers to update the 2022 Furnas County, NE Community Health Needs Assessment. The goal of this assessment update is to understand progress in addressing health needs cited in the 2016 and 2019 CHNA reports and to collect up-to-date community health perceptions.

VVW Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct this countywide research. All responses will be confidential if you choose to participate in this online survey.

To gather community feedback, a short and confidential online survey has been developed. To access this survey, please utilize the link below to participate.

LINK: https://www.surveymonkey.com/r/CHNA2022_FurnasCo

All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **Monday, December 20th, 2021**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Thursday, February 10th, 2022**, for Lunch from **11:30 a.m. - 1:00 p.m.** Please stay on the lookout for more information to come soon. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call Josie Haussermann, Executive Administrative Assistant at 308-697-1528 or email info@trivalleyhealth.com.



PR#1 News Release

Local Contact: Jessica Fisher

Media Release: 11/18/21

Furnas County Seeks the Community's Input on Local Health Needs

Over the next few months, **Tri Valley Health System** (TVHS) will be working with area providers to update the 2019 Furnas County Community Health Needs Assessment (CHNA). We are seeking input from community members regarding the healthcare needs in order to complete the 2022 CHNA.

VVV Consultants LLC, an independent research firm from Olathe, KS has been retained to conduct this countywide research. The goal of this assessment update is to understand progress in addressing community health needs cited in the both the 2016 and 2019 assessment reports, while collecting up-to-date community health perceptions and ideas.

A brief community survey has been developed in order to accomplish this work. The survey can be accessed by visiting our www.trivalleyhealth.com or the TVHS Facebook page if you would like to participate in providing this important feedback.

All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **Monday, December 20th, 2021**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Thursday, February 10th, 2022** for lunch from **11:30 a.m. - 1:00 p.m.** Please, stay on the lookout for more information to come soon. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please direct your call to Josie Haussermann, Executive Administrative Assistant at (308) 697-1528 or email info@trivalleyhealth.com.

Email #2 CHNA Town Hall Request



From: Jessica Fisher, CEO

To: Community Leaders, Providers, Hospital Board and Staff

Date: 1/13/2022

Subject: Furnas Co Community Health Needs Town Hall Scheduled – Feb. 10th

In order to assess the overall health needs of Furnas County NE, Tri Valley Health System would like to invite you to participate in the 2022 Community Health Needs Assessment Town Hall event being held on **Thursday, February 10th, 2022**, for Lunch from **11:30 a.m. - 1:00 p.m.** at the **Cambridge Community Building**.

This event is being held to identify and prioritize the 2022 health needs of Furnas County residents. The purpose of this meeting is the review the community health indicators and gather feedback opinions on key community health needs while also looking at the 2019 past health needs.

Your feedback and suggestions regarding current community health are vital in completing this work. In order to be sensitive to COVID guidelines and properly social distance attendees, it is imperative everyone RSVP that plans to attend this meeting. Please utilize the link below to RSVP to this important event.

LINK: https://www.surveymonkey.com/r/CHNA2022_FurnasCoRSVP_TriValley

Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call Josie Haussermann, Executive Administrative Assistant at 308-697-1528 or email info@trivalleyhealth.com



Tri Valley Health System Hosts Local Town Hall Event.

Media Release: 01/13/22

Tri Valley Health System has scheduled the Town Hall meeting for the 2022 Community Health Needs Assessment for Furnas County on **Thursday, February 10th, from 11:30 a.m. – 1:00 p.m.** at the **Cambridge Community Building**. During this event, we will review the community health indicators and gather feedback opinions on key community health needs for Furnas County while reviewing the 2019 past community health needs in order to prioritize 2022 ones.

Due to Covid and state-wide guidelines, we must ensure the safety of our community members during this on-site event. Therefore, those who wish to attend must RSVP to adequately prepare for this social distanced gathering. You may do this by visiting the Tri Valley Health System website and social media sites to obtain the link and complete your RSVP. We hope you can find the time to join us for this important event on February 10th, 2022.

Note> If you RSVP, additional information will be released to you via email a few days prior to the event.

Thanks in advance for your time and support!

If you have any questions regarding CHNA activities, please call Josie Haussermann, Executive Administrative Assistant at 308-697-1528 or email info@trivalleyhealth.com

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Email #3 CHNA Town Hall Request

From: Jessica Fisher, CEO

Date: January 24th, 2022

To: Community Leaders, Providers, Hospital Board, and Staff

Subject: Furnas County *CHNA Town Hall Goes VIRTUAL – Feb. 10th*

Tri Valley Health System leaders have made the decision to go virtual for the Furnas County CHNA Town Hall being held on **Thursday, February 10th from 11:30 a.m. – 1:00 p.m.** As in-person meetings are a challenge due to precautions regarding COVID-19, this decision to facilitate this meeting viz ZOOM will allow the opportunity for others to participate while staying safe.

We hope you find time to join us for this important event. < Note: if you have already RSVP'd your attendance please note this change. if you have not RSVP'd, we still have room for you to participate in this important meeting.

This virtual meeting will consist of reviewing the community health indicators and gathering feedback opinions on key community health needs. It is vital that all community members RSVP if they are planning to attend by clicking link below to complete your RSVP registration. If you RSVP, the ZOOM link will be sent out to you via email for this event.

LINK: https://www.surveymonkey.com/r/CHNA2022_FurnasCoRSVP_TriValley

Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call Josie Haussermann, Executive Administrative Assistant at 308-697-1528 or email info@trivalleyhealth.com

##

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2022 Community Feedback: Furnus Co NE (N=84)

ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1046	69022	Average	Not really changing much	ALT	OTHR		Lack of Spiritual involvement. Holistic model of care is nonexistent.
1020	69022	Very Good	Increasing - moving up	AWARE	ACC		We have the above options, but community members do not utilize our current services.
1051	69022	Good	Not really changing much	CUL			Education
1059	69022	Good	Not really changing much	INSU	CC	FINA	No insurance, no day care, HUGE factors
1078	69022	Good	Not really changing much	INSU	FINA		high deductible insurance
1016	69022	Good	Increasing - moving up	INSU	FINA	POV	I think people just neglect their health due to no insurance or insurance just does not pay like they use to and people just don't have the money to pay the high prices.
1057	68922	Average	Decreasing - slipping downward	NH	ACC		Rest Home Closure
1054	69022	Very Good	Increasing - moving up	NH	ASLV	HH	Aging community
1041	69022	Very Good	Increasing - moving up	OTHR			Laziness

CHNA 2022 Community Feedback: Furnus Co NE (N=84)

ID	Zip	Rating	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1083	68922	Average	Not really changing much	ACC	MH	PEDS	Mental health care is very limited. Wait list are increasing. The assess to specialty care for children is VERY limited
1027		Poor	Decreasing - slipping downward	ACC	RET	DOCS	Not in our area
1066	69022	Good	Not really changing much	ACC	SCH	TELE	Not with in-person visits; need better access to telehealth and returning of phone calls.
1022	68922	Good	Increasing - moving up	ACC	STFF	DOCS	Would always be better to have more health care providers but that's a national issue that needs to be addressed.
1048	69022	Average	Decreasing - slipping downward	ACC	WAIT	RET	most times there short staffed
1015	68922	Very Good	Increasing - moving up	ACC	WAIT	PRIM	Lately it has been more difficult to get in with my preferred PCP due to her immense popularity. Thats not the clinics fault but it does force me to see another provider from time to time that may not know my full history, taking more time for me to re-explain the saga.
1056	69033	Good	Increasing - moving up	COVD	DOCS	NURSE	I believe now, during COVID, there is a huge need for providers and staff.
1030	69022	Very Good	Not really changing much	EMS	WAIT	ACC	Ambulance service can be an issue at times. Otherwise service's are available.
1023	69022	Average	Increasing - moving up	MH	ACC	REF	Specifically for mental health services, there is a huge shortage of qualified mental health professionals. The ones here are overwhelmed with referrals.
1075	69020	Very Good	Increasing - moving up	NURSE	RET	DOCS	Our facility needs more nursing staff, advanced practitioners, and physicians. We could grow more services in the hospital if there was enough staff.
1012	69022	Average	Not really changing much	NURSE	RET		Not enough nurses
1059	69022	Good	Not really changing much	NURSE	RET		Not enough nurses
1002	69022	Good	Not really changing much	NURSE	RET	STFF	Seems like there somewhat of a nursing shortage. Probably not exclusive to Tri Valley.
1069		Average	Not really changing much	PRIM	NURSE	SPEC	there is enough primary care providers, Need more scribes and nurses. Need more specialist. When you call to get a nurse you never get one because they are all too busy.

CHNA 2022 Community Feedback: Furnus Co NE (N=84)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1010		Average	Not really changing much	ACC	SPEC		better cheaper health insurance. Discounted hospital bills, Cheaper cost of living, Day care. More access to specialty care providers.
1069		Average	Not really changing much	AMB	COST	INSU	an Ambulatory surgery center to reduce cost, More Specialties to keep money in the community, Cheaper insurance options so more people have access and don't have to worry about breaking the bank.
1075	69020	Very Good	Increasing - moving up	ASLV	NH	LTC	Mental Healthcare for children and adults, wellness programs and access to exercise facilities, and more assistance for the elderly that fall in between assisted living and long term care.
1067	69022	Good	Increasing - moving up	BH	CLIN	INSU	Mental health program Clinical care coordinator Patient assistance/advocacy for uninsured or underinsured
1027		Poor	Decreasing - slipping downward	BH	DOCS		Need mental Docs
1078	69022	Good	Not really changing much	BH	OWN		Health education in school - nutrition, metal health, overall how to take care of yourself
1075	69020	Very Good	Increasing - moving up	BH	PREV	FIT	Mental Healthcare for children and adults, wellness programs and access to exercise facilities, and more assistance for the elderly that fall in between assisted living and long term care.
1052	69022	Very Good	Increasing - moving up	BH	SCH	PSY	mental health services for those under 18. It's provided at the school but 10 minutes per child is not enough. And the provider isn't licensed for children under 18.
1012	69022	Average	Not really changing much	BH			Behavioral Health services for all ages
1015	68922	Very Good	Increasing - moving up	CC	FAC	MRKT	There really isnt anything the hospital can do about child care. However, chronic illness can be met with a better plan of attack other than a FB campaign. Diabetes, mental health and other Chronic Illnesses affect a large part of the population that are not on social media. Also, having a provider entrenched in our community (arapahoe) that is visible and engaged outside of work would build a lot of trust and build relationships that would allow information to be disseminated more readily, without the resistance that would come as if the information was being dumped by a stranger.
1010		Average	Not really changing much	COST	INSU	CHILD	better cheaper health insurance. Discounted hospital bills, Cheaper cost of living, Day care. More access to specialty care providers.
1039	69022	Good	Not really changing much	COVD	COMM		lets go back to better times, get rid of the media and masks and just live life instead of fear
1002	69022	Good	Not really changing much	EDU	INSU		Maybe helping get people educated on health insurance options.
1066	69022	Good	Not really changing much	EDU	POV	VIO	Parenting Courses Improvement of Poverty Sexual Abuse Training Childhood Health Programs Vaccine Education
1078	69022	Good	Not really changing much	EDU	SCH	NUTR	Health education in school - nutrition, metal health, overall how to take care of yourself
1048	69022	Average	Decreasing - slipping downward	ENT			ENT doctor
1018	68922	Very Good	Increasing - moving up	FEM	PREV	CUL	women's wellness - ag safety
1059	69022	Good	Not really changing much	FINA	SPRT	INSU	Some kind of advocacy program for uninsured/underinsured people who are experiencing extreme financial distress; thes epeople can't afford medications or care, and don't come in until it's too late and loss of life/loss of limb is likely
1084	69022	Good	Not really changing much	HH	BH	DRUG	Day home services , Mental Health and Opiod addiction services
1079	68922	Average	Not really changing much	MH	ALC	SPRT	This community needs mental health and drug/addiction programs or assistance
1022	68922	Good	Increasing - moving up	NH	ACC	TRAV	With the closing of the nursing home in Arapahoe, it would be nice to see it or a new facility open to care for those in needs for the community and other surrounding communities.
1057	68922	Average	Decreasing - slipping downward	NH			None that I can think of at this time. The nursing home issue is well known.
1054	69022	Very Good	Increasing - moving up	NH			Nursing homes
1062	69022	Good	Not really changing much	NO			"What has been will be again, / what has been done will be done again; / there is nothing new under the sun."
1035		Average	Not really changing much	NUTR	BH		A nutrition outreach program and more mental healt options would be great
1044	69022	Good	Not really changing much	PREV	EDU	SERV	I think just overall wellness programs should be started. More education done in the communities and special promotions done at the hospital like health fairs with more services presented or offered at them
1020	69022	Very Good	Increasing - moving up	QUAL			What we currently have is sufficient
1070	69022	Good	Increasing - moving up	SCH	BH	HOSP	More screening in the schools for behavioral or mental health problems that maybe parents don't see at home. More of a tour of the hospital and break down of what is to come for every new parent. Weight loss challenges or step challenges with prizes for participants, etc.
1053	69022	Good	Decreasing - slipping downward	SPRT	NH		Programs for aging, so they are able to stay in their own homes as possible.
1066	69022	Good	Not really changing much	VACC			Parenting Courses Improvement of Poverty Sexual Abuse Training Childhood Health Programs Vaccine Education

Let Your Voice Be Heard!

In 2018, Tri Valley Health System surveyed the community to assess health needs. Today, we request your input again in order to create a 2021 Furnas County (NE) Community Health Needs Assessment (CHNA).

To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery.

While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention! Deadline to participate is December 20th, 2021

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

- Very Good Good Average Poor Very Poor

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

- Increasing - moving up Not really changing much Decreasing - slipping downward

Please specify why.

3. In your own words, what is the general perception of healthcare delivery for our community (i.e. hospitals, doctors, public health, etc.)? Be Specific.

4. In your opinion, are there healthcare services in our community/your neighborhood that you feel need to be improved, worked on and/or changed? (Be specific)

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

- | | |
|---|---|
| <input type="checkbox"/> Child Care Services | <input type="checkbox"/> Community Hospital Perception |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Qualified Healthcare Staff | <input type="checkbox"/> Mental / Behavioral Health |
| <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Alcohol Abuse |
| <input type="checkbox"/> Physician Recruitment | <input type="checkbox"/> Urgent Care |
| <input type="checkbox"/> Healthcare Insurance Options | <input type="checkbox"/> Chronic Diseases |
| <input type="checkbox"/> Drug / Substance Abuse | <input type="checkbox"/> Nutrition - Healthy Food Options |

6. Which past CHNA needs are NOW the "most pressing" for improvement? Please select top three.

- | | |
|---|---|
| <input type="checkbox"/> Child Care Services | <input type="checkbox"/> Community Hospital Perception |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Qualified Healthcare Staff | <input type="checkbox"/> Mental / Behavioral Health |
| <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Alcohol Abuse |
| <input type="checkbox"/> Physician Recruitment | <input type="checkbox"/> Urgent Care |
| <input type="checkbox"/> Healthcare Insurance Options | <input type="checkbox"/> Chronic Diseases |
| <input type="checkbox"/> Drug / Substance Abuse | <input type="checkbox"/> Nutrition - Healthy Food Options |

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

- | | |
|--|--|
| <input type="checkbox"/> Chronic Disease | <input type="checkbox"/> Limited Access to Mental Health |
| <input type="checkbox"/> Lack of Health & Wellness | <input type="checkbox"/> Family Assistance programs |
| <input type="checkbox"/> Lack of Nutrition/Exercise Services | <input type="checkbox"/> Lack of Health Insurance |
| <input type="checkbox"/> Limited Access to Primary Care | <input type="checkbox"/> Neglect |
| <input type="checkbox"/> Limited Access Specialty Care | |

Other (Be Specific).



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

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chiropractors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Doctor/Optomtrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Planning Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice/Palliative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telehealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home/Senior Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk-In Clinic Access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very Good	Good	Fair	Poor	Very Poor
Behavioral/Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal/Child Health Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use/Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence/Abuse Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Wellness Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Do you have any Covid-19 worries and/or concerns in regards to Community Health delivery?

Yes

No

If yes, please specify your thoughts.

12. Over the past 2 years, did you or someone in your household receive healthcare services outside of your County?

Yes

No

If yes, please specify the services received

13. Access to care is vital. Are there enough providers/staff available at the right times to care for you and our community?

Yes

No

If NO, please specify what is needed where. Be specific.

14. What "new" community health programs should be created to meet current community health needs?

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.

- | | | |
|---|--|--|
| <input type="checkbox"/> Abuse/Violence | <input type="checkbox"/> Health Literacy | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Access to Health Education | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Preventative Health/Wellness |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Housing | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Alternative Medicine | <input type="checkbox"/> Lack of Providers/Qualified Staff | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Behavioral/Mental Health | <input type="checkbox"/> Lead Exposure | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Breastfeeding Friendly Workplace | <input type="checkbox"/> Neglect | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Care Coordination | <input type="checkbox"/> Obesity | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Occupational Medicine | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Drugs/Substance Abuse | <input type="checkbox"/> Ozone (Air) | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Physical Exercise | |

Other (Please specify).

16. For reporting purposes, are you involved in or are you a...? Please select all that apply.

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

Other (Please specify).

17. What is your home ZIP code? Please enter 5-digit ZIP code; for example 66544 or 65305



VWV Consultants LLC



VWV Consultants LLC

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VWV 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