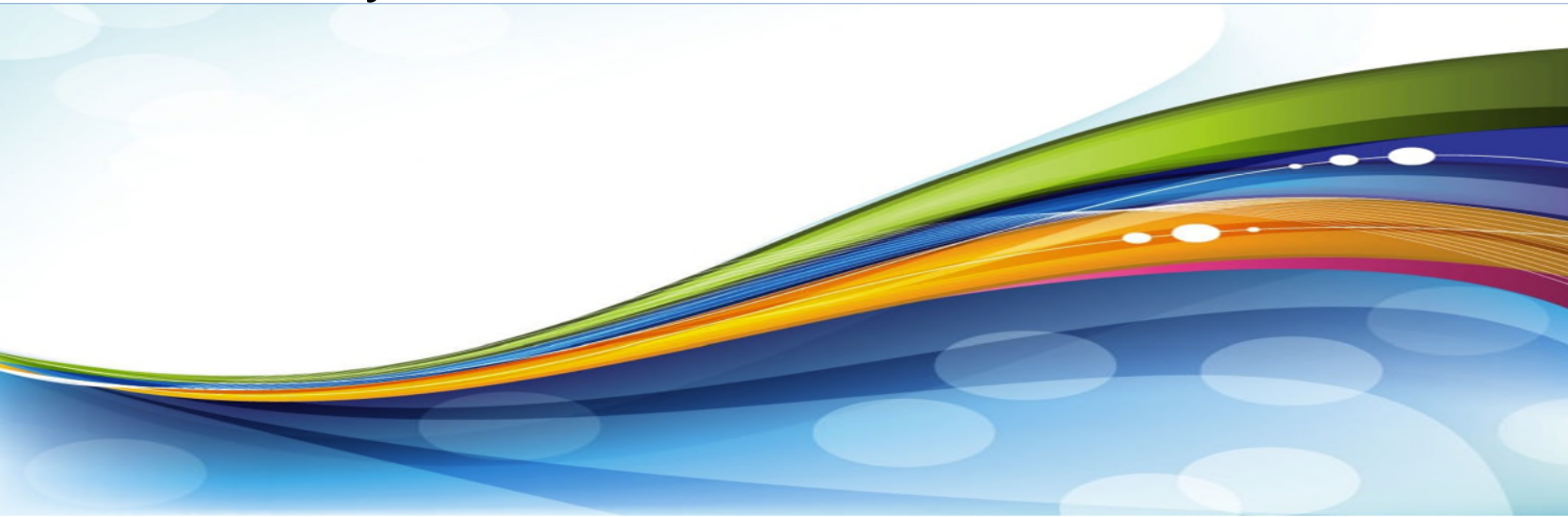# Furnas County, NE

on behalf of Cambridge Memorial Hospital, Inc., dba Tri Valley Health System

Community Health Needs Assessment Round #2

March 2016

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment
Table of Contents

I. **Executive Summary**

II. **Methodology**

    a) CHNA Scope and Purpose

    b) Local Collaborating CHNA Parties (The identity of any and all organizations with which the organization collaborated and third parties that engaged to assist with the CHNA)

    c) CHNA and Town Hall Research Process (A description of the process and methods used to conduct the CHNA, a description of how the organization considered the input of persons representing the community, and an explanation of the process / criteria used in prioritizing such needs)

    d) Community Profile (A description of the community served by the facility and how the community was determined)

III. **Community Health Status**

    a) Town Hall CHNA Findings: Areas of Strengths and Areas to Change and/or Improve

    b) County Health Area of Future Focus (A prioritized description of all of the community needs identified by the CHNA)

    c) Historical Health Statistics

IV. **Inventory of Existing County Health Resources**

    a) A description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA

V. **Detail Exhibits**

    a) Patient Origin and Access to Care

    b) Town Hall Attendees, Notes and Feedback (Who attended with qualifications)

    c) Public Notice and News

    d) Primary Research Detail

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*Shaded lines note IRS requirements

I. Executive Summary

[VVV Consultants LLC]

I. Executive Summary

Furnas County, NE - 2016 Community Health Needs Assessment (CHNA) Round #2

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 local residents, to research and prioritize county health needs and document community health delivery successes. This health assessment will serve as the foundation for community health improvement efforts for the next three years. The last CHNA for Furnas County, NE was published in February of 2013. (Note: The Patient Protection and Affordable Care Act (ACA) requires not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). This assessment was coordinated and produced by VVV Consultants LLC (Olathe, Kansas) under the direction of Vince Vandehaar, MBA.

Important CHNA benefits for both the local hospital and health department, as well as for the community, are as follows: 1) Increases knowledge of community health needs and resources 2) Creates a 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.

Town Hall "Community Health Strengths" cited for Tri Valley Health System's Primary Service Area are as follows:

#	Furnas Co, NE - Community Health "Strengths"		
#	**Topic**	**#**	**Topic**
1	Growing Community	9	Health Fair Turnouts
2	Economic Development	10	Access to Fiber Optic Technology
3	Stable Farm Economy	11	New Equipment (CT Scanner, Bladder Scanner)
4	Community Engagement	12	Access to Exercise Facilities
5	TVHS New Facility	13	Access to Diabetic/Nutrition Counseling
6	OBGYN Services	14	EMS Services
7	Visiting Specialists (Cardiology, Audiology, Surgery, Cancer, Orthopedics)	15	Multiple Pharmacies
8	Overall Quality of Health in Community		

Town Hall "Community Health Changes and/or Improvements Ranking" cited for Tri Valley Health System's Primary Service Area are as follows:

#	Health Needs to Change and/or Improve	Votes	%	Accum
Tri Valley Health System - Primary Service Area			
Town Hall Community Health Needs Priorities (13 Attendees, 44 votes)			
1	Provide Affordable Health Insurance Options	7	15.9%	15.9%
2	Awareness of Aging Primary Care Providers	6	13.6%	29.5%
3	Mental Health Services (Diagnosis and Placement)	6	13.6%	43.2%
4	Increase Awareness of Healthcare Services Offered	4	9.1%	52.3%
5	Awareness of Available Nursing Home Beds / Aging Nursing Home Facilities	4	9.1%	61.4%
6	Address Nursing Shortages	4	9.1%	70.5%
7	Decrease Drug Abuse (Illegal and Pharmaceutical)	4	9.1%	79.5%
	Total Town Hall Votes	44	100.0%	

Other Items Noted: Home Care / Home Health Services, Visiting Specialists (ENT, Nephrology, Endocrinology), Urgent Care Services, EMR Integration, Rental Housing and Pornography.

Key Community Health Needs Assessment Conclusions from secondary research for Tri Valley Health System's Primary Service Area are as follows:

NE HEALTH RANKINGS: According to the 2016 and 2015 RWJ County Health Rankings study, Furnas County's highest State of Nebraska rankings (of 93 counties) were in Health Outcomes, Morbidity and Mortality.

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

- TAB 1: Furnas County has a population of 4,888 residents as of 2015. 507 residents in Furnas County are veterans, lower than the rural Nebraska norm of 722. In Furnas County, there are 6.9 persons per square mile, lower than the rural Nebraska norm of 13.5. The percent of people living below the poverty level is 16.2%, higher than the rural Nebraska norm of 11.8%. The percent of people with limited access to healthy foods is 20%, higher than the rural Nebraska norm of 13.3%.

- TAB 2: Furnas County per capita money income in the past 12 months equals $22,068, lower than the rural Nebraska norm of $24,957. The total number of firms in Furnas County is 631, lower than the rural Nebraska norm of 1,026. The percent of people who experience a long commute driving alone in Furnas County is 21%, higher than the rural Nebraska norm of 17.5%.

- TAB 3: In Furnas County, 31% of students are eligible for the free lunch program, lower than the rural Nebraska norm of 32.1%. The percent of persons (25+) with a Bachelor's degree or higher in Furnas County is 16.8%, lower than the rural Nebraska norm of 18.9%.

- TAB 4: The number of mothers who began prenatal care in the first trimester in Furnas County is 159, lower than the rural Nebraska norm of 393. The number of mothers who smoked during pregnancy in Furnas County is 39, lower than the rural Nebraska norm of 84. The number of out-of-wedlock births in Furnas County is 77, lower than the rural Nebraska norm of 166. The average monthly WIC participation rate in Furnas County is 37, higher than the rural Nebraska norm of 29.

- TAB 5: The ratio of the population in Furnas County to primary care physicians is 1,636, higher than the rural Nebraska norm of 1,524. The number of preventable hospital stays in Furnas County is 84, higher than the rural Nebraska norm of 60.

- TAB 6: The percent of alcohol-impaired driving deaths in Furnas County is 0%, lower than the rural Nebraska norm of 45.5%. The number of poor mental health days in Furnas County is 2.8, higher than the rural Nebraska norm of 2.7.

- TAB 7: The adult obesity rate in Furnas County is 33%, higher than the rural Nebraska norm of 31.3%. The percent of excessive drinking in Furnas County is 12%, lower than the rural Nebraska rate of 18.3%. The rate of sexually transmitted infections is 122 per 1,000, lower than the rural Nebraska norm of 202 per 1,000.

- TAB 8: The uninsured adult population rate in Furnas County is 14%, higher than the rural Nebraska norm of 13.7%.

- TAB 9: The Heart Disease mortality rate in Furnas County is 83, lower than the Nebraska rural norm of 100. The Chronic Obstructive Pulmonary Disease morality rate in Furnas County is 19, lower than the rural Nebraska norm of 30. The suicide rate in Furnas County is 8, lower than the rural Nebraska norm of 21.

- TAB 10: The percent of access to exercise opportunities in Furnas County is 65%, higher than the rural Nebraska norm of 52.7%. The percent of diabetic monitoring in Furnas County is 81%, lower than the rural Nebraska norm of 84.2%. The percent of mammography screenings in Furnas County is 72.9%, higher than the rural Nebraska norm of 61.7%. The percent of residents of Furnas County with limited access to healthy foods is 20%, higher than the rural Nebraska norm of 13.3%.

Key 2016 Community Feedback Conclusions:

In January of 2016, TVHS collected stakeholder feedback from their primary service area consumers, community leaders and groups, public and other organizations, and other providers. These stakeholders (N=123) provided the following community feedback insights via an online perception survey:

- 74% of TVHS primary service area stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good, with Very Good being the highest ranking.
- TVHS primary service area stakeholders are satisfied with Ambulance Services, Inpatient Services, Outpatient Services, Pharmacy and Primary Care.
- TVHS primary service area stakeholders are not satisfied with the following services: Child Care, Chiropractors, Eye Doctor/Optometrist, Family Planning Services, Home Health, Mental Health Services, Nursing Home, and School Nurse.
- 83.3% of TVHS primary service area stakeholders have received healthcare services outside of their community over the past two years.
- TVHS primary service area stakeholders perceive the following causes of disease or disability a problem in their community: Drugs/Substance Abuse, Heart Disease, Mental Illness, Nutrition, Obesity, Physical Exercise, Suicide and Wellness Education.

As seen below, the community still senses a health need for Nursing Shortages, Recruiting and Retaining Quality Providers, Obesity (Nutrition / Exercise), Increased Mental Health Services, Diabetes, Urgent Care Services and Cancer Services.

Tri Valley Health System (Primary Service Area) Furnas Co, NE N=123						
From our last Community Health Needs Assessment (2013), a number of health needs were identified as priorities. Are any of these 2013 CHNA needs still an "Ongoing Problem" in our community?						
Answer Options	Not a Problem Anymore	Somewhat of a Problem	Major Problem	Problem %	Response Count	Most Pressing Rank
Nursing Shortages	5	48	32	94.1%	85	2
Recruiting and Retaining Quality Providers	5	25	53	94.0%	83	1
Obesity (Nutrition / Exercise)	10	51	25	88.4%	86	5
Increased Mental Health Services	11	53	21	87.1%	85	8
Diabetes	13	54	15	84.1%	82	10
Urgent Care Services	14	37	32	83.1%	83	3
Cancer Services	16	52	15	80.7%	83	6
Access to Care for Uninsured / Underinsured	17	47	17	79.0%	81	9
Increased Access to Specialty Services	21	49	13	74.7%	83	7
Elderly Healthcare Services	23	42	21	73.3%	86	4
Elderly Healthcare Transportation Services	28	51	5	66.7%	84	11
Improved Physical Therapy Facilities in Arapahoe	44	31	4	44.3%	79	12

II. Methodology

[VVV Consultants LLC]

II. Methodology
a) Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

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

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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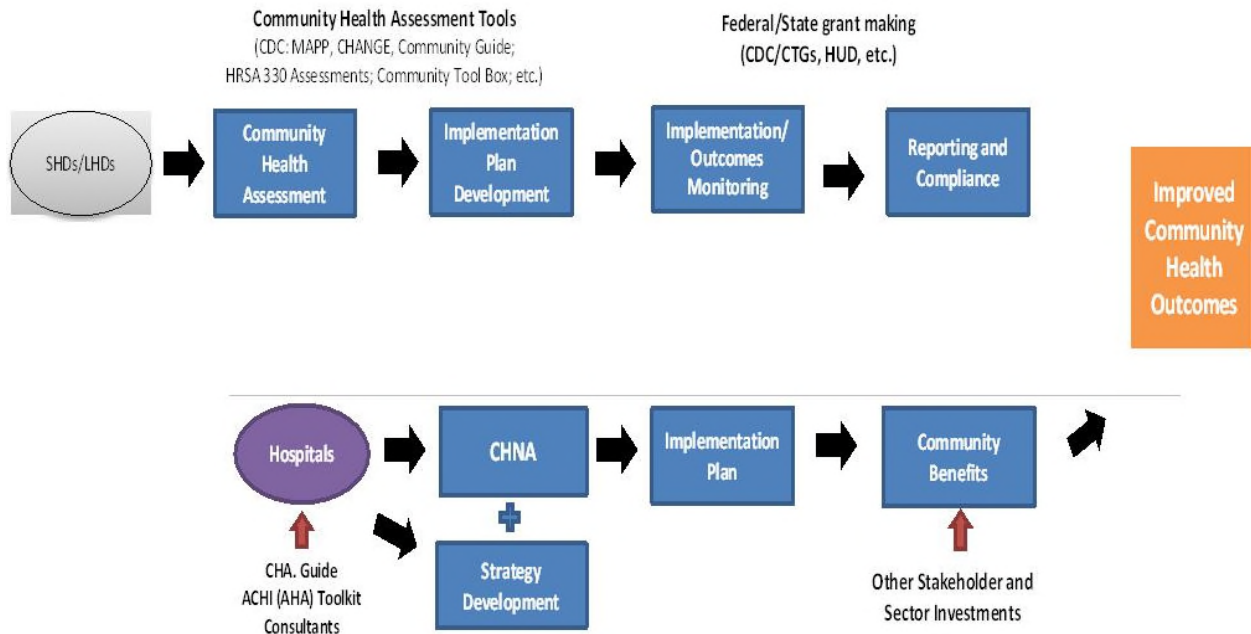
IRS Notice 2011-52 Overview

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

Applicability of CHNA Requirements to "Hospital Organizations"

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

How and When to Conduct a CHNA

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital
facilities <u>once every three taxable years</u>. ***The CHNA must take into account input from persons
representing the community served by the hospital facility and must be made widely available to
the public.*** **The CHNA requirements are effective for taxable years beginning after March 23, 2012**.
As a result, a hospital organization with a June 30 fiscal year end must conduct an initial CHNA for each
of its hospital facilities by June 30, 2013, either during the fiscal year ending June 30, 2015 or during
either of the two previous fiscal years.

Determining the Community Served

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

Persons Representing the Community Served

Section 501(r) provides that a CHNA must take into account input from **persons who represent the
broad interests of the community** served by the hospital facility, including individuals <u>with special
knowledge of or expertise in public health</u>. 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.*

Year 2015 - IRS and Treasury Finalize Patient Protection Rules for Tax-Exempt Hospitals   ACCOUNTING TODAY 1/2/15

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

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

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

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

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

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

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

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

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

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., dba Tri Valley Health System Profile

1305 Old US Hwy 6, Cambridge, NE 69022
CEO: Deb Herzberg

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

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

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

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

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

of hospitalization.
- **Cambridge Care Call:** A two-way personal response link to life-saving medical services.

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

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

Southwest Nebraska Public Health Department

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

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

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

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

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

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

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

II. Methodology
b) Collaborating CHNA Parties Continued

Consultant Qualifications

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

VINCE VANDEHAAR, MBA
Principal Consultant and Owner of VVV Consultants LLC
VVV Consultants LLC was incorporated on May 28th, 2009. With over 30 years of business and faculty experience in helping providers, payors and financial service firms obtain their strategic planning and research and development needs, Vince brings in-depth health industry knowledge, research aptitude, planning expertise and energy. VVV Consultants LLC services are organized, formal processes of listening to the voice of the customer. Vince started his consulting business after working for Saint Luke's Health System (SLHS) of Kansas City for 16 years. *(Note: Saint Luke's Hospital of Kansas City, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003. The Baldrige examiners cited Vince's department as "Best Practice" in the areas of customer satisfaction, market research and evaluation efforts <Kansas City Star 3/10/04>).*

VVV Consultants LLC consultants have in-depth experience helping hospitals work with local health departments to engage community residents and leaders to identify gaps between existing health community resources and needs and construct detailed strategies to meet those needs, while still adhering to the hospital's mission and budget. Over the past 20 years, Vandehaar has completed eight comprehensive Baldrige aligned Community Health Needs Assessments for Saint Luke's of Kansas City System facilities (3 campuses) and was contracted to conduct two additional independent department of health consulting projects (prior to IRS 990 regs). To date, VVV has completed 55 CHNA IRS-aligned assessments for Iowa, Kansas, Missouri and Nebraska hospitals and health departments.

Vince Vandehaar, MBA is actively involved in the Kansas City community. He is a member the Greater Kansas City Employee Benefits Association, the Society for Healthcare Strategy and Market Development, the American Marketing Association Kansas City Chapter and Co-Chair of the AMA Kansas City Healthcare Special Interest Group. In addition to these roles, from 2000 to 2008, Vince served as the state chairman for MHA's Data Committee and was a member of KHA's Data Taskforce.

Collaborating Consultants

Alexa Backman, MBA - VVV Consultants LLC
Associate Consultant

II. Methodology
c) CHNA and Town Hall Research Process

Tri Valley Health Sytem's Community Health Needs Assessment process began in October 2015. At that time, an inquiry was made by Deb Herzberg, CEO to VVV Consultants LLC to explore the possibility of conducting a comprehensive IRS-aligned CHNA. On that date, VVV Consultants LLC reviewed: VVV Consultants LLC's CHNA experience, CHNA requirements (in-depth regulations), CHNA development steps/options to meet IRS requirements and next steps after option approval.

VVV CHNA Deliverables:

- Uncover/document basic secondary research and health of county, organized by 10 TABS.
- Conduct Town Hall meeting to discuss secondary data and uncover/prioritize county health needs.
- Conduct and report CHNA primary research.
- Prepare and publish IRS-aligned CHNA report to meet requirements.

	Tri Valley Health System CHNA Work Plan		
	Project Timeline and Roles 2015-2016		
Step	Date (Start-Finish)	Lead	Task
1	9/1/2015	VVV	Sent VVV quote for review.
2	9/30/2015	Hosp	Select CHNA Option A/B/C. Approve and sign VVV CHNA quote.
3	11/16/2015	VVV	Send out REQCommInvite Excel file. Hospital and health department to fill in PSA stakeholders names, addresses and e-mails.
4	11/16/2015	VVV	Request hospital client to send NHA PO101 and PO103 Reports to document service area for FFY 12, 13 and 14. In addition, request hospital to complete three year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls).
5	On or before 11/30/15	VVV	Prepare CHNA Round#2 stakeholder feedback online link. Send text link for hospital review.
6	On or before 11/30/2015	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming CHNA work. Hospital to place.
7	12/7/2015	VVV	Launch and conduct online survey to stakeholders. Hospital will e-mail invite to participate to all stakeholders. Due by 1/8/2016.
8	12/7/2015	VVV / Hosp	Prepare and send out PR story to local media CHNA survey announcing online CHNA Round #2 feedback. Request public to participate.
9	On or before 12/28/2015	VVV	Assemble and complete secondary research. Find and populate 10 tabs. Create Town Hall PowerPoint for presentation.
10	12/28/2015	Hosp	Prepare and send out community Town Hall invite letter and place local ad.
11	12/28/2015	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming Town Hall. VVV will mock up PR release to media sources.
12	On or before 1/18/2016	All	Conduct conference call *(time TBD)* with hospital and health department to review Town Hall data and flow.
13	*2/3/2016	VVV	Conduct CHNA Town Hall from 11:30a.m.-1:00p.m. at Tri Valley Health System. Review and discuss basic health data plus rank health needs.
14	On or before 2/29/2016	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital and health department.
15	On or before 3/15/2016	VVV	Produce and release final CHNA report. Hospital will post CHNA online.
16	On or before 3/31/2016	Hosp	Conduct client Implementation Plan PSA leadership meeting.
17	30 days prior to end of hospital fiscal year	Hosp	Hold board meetings tp discuss CHNA needs, create and adopt an Implementation Plan. Communicate CHNA plan to community.

*The TVHS Town Hall was postponed one week to 2/10/2016 due to weather conditions.

To meet IRS-aligned CHNA requirements, a four-phase methodology was reviewed and approved as follows:

Phase I—Discovery:

Conduct a 30 minute conference call with the CHNA hospital client and county health department. Review/confirm CHNA calendar of events, explain/coach client 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 Nebraska Hospital Association (NHA), Vital Statistics, Robert Wood Johnson County Health Rankings, etc. to document current state of county health organized as follows:

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

B) Gather historical primary research to uncover public health needs, practices and perceptions for hospital primary service areas.

Phase III—Quantify Community Need:

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

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

Post CHNA report findings to meet IRS-aligned CHNA criteria.

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

Phase I: Discovery……………………………………………………… November 2015

Phase II: Secondary / Primary Research………………….………… December 2015

Phase III: Town Hall Meeting.………………………………....…….. February 10th, 2016

Phase IV: Prepare / Release CHNA report…………………..…….. February 2016

Detail CHNA Development Steps Include:

Steps to Conduct Community Health Needs Assessment	
	Development Steps
Step # 1 Commitment	*Determine interest level of area healthcare leaders (Hospital, Health Dept, Mental Health Centers, Schools, Churches, Physicians etc), hold community meeting.*
Step # 2 Planning	*Prepare brief Community Health Needs Assessment Plan - list goals, objectives, purpose, outcome, roles, community involvement, etc. Hold Community Kick-off meeting.*
Step # 3 Secondary Research	*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.*
Step # 4a Primary Research	*Conduct Community Roundtable (Qualitative Research). Review Secondary Research (Step3) with Community Stakeholders. Gather current opinions and identify health needs.*
Step # 4b Primary Research <Optional>	*Collect Community Opinions. (Quantitative Research). Gather current opinions (Valid sample size) regarding community health needs and healthcare practices. If appropriate, conduct Physician Manpower Assessment to determine FTE Physician need by specialty.*
Steps # 5 Reporting	*Prepare/Present comprehensive Community Health Needs Assessment report (to community leaders) with Recommended Actions to improve health. < Note: Formal report will follow IRS Notice 2011-52 regs >*
VVV Research & Development, LLC 913 302-7264	

Overview of Town Hall Community Priority Setting Process

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

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

Tri Valley Health System's Town Hall was held on Wednesday, February 10th, 2016 at Tri Valley Health System. Vince Vandehaar and Alexa Backman facilitated this 1 ½ hour session with thirteen (13) attendees. (Note: a detailed roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

1. Welcome and introductions.

2. Review purpose for the CHNA Town Hall and roles in the process.

3. Presentation/review of historical county health indicators (10 tabs).

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

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

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

At the end of each Town Hall session, VVV encouraged all community members to continue to contribute ideas to both hospital and health department leaders via e-mail or personal conversations.

(NOTE: To review detail Town Hall discussion content, please turn to Section V for detailed notes of session and activity card content reporting of open-end comments).

Community Health Needs Assessment
Furnas County, NE Town Hall Meeting
on behalf of Tri Valley Health System

Vince Vandehaar, MBA
VVV Consultants LLC
Owner and Adjunct Marketing Professor

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913-302-7264

Community Health Needs Assessment (CHNA) Town Hall Discussion Agenda

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

VVV Consultants LLC

I. Introduction:
Background and Experience

Vince Vandehaar , MBA

VVV Consultants LLC, Principal Consultant
> *Professional Consulting Services: Strategic Planning, Marketing Management, Business Research &Development*
> *Focus : Strategy , Research , Deployment*
> *Over 25 years of experience with Tillinghast, BCBSKC, Saint Luke's*

Adjunct Professor - Marketing / Health Admin, 26 years +
> *Webster University (1988 – present)*
> *Rockhurst University (2010 – present)*

Alexa Backman, MBA, Associate Consultant

Town Hall Participation (You)

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

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

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

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

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

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

---

II. Purpose: Why Conduct Community Health Needs Assessment?

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

II. Review CHNA Definition

A Community Health Needs Assessment (CHNA) is a systematic collection, assembly, analysis, and dissemination of information about the health of the community. (*NOTE: Some the data has already been published by local, state and federal public health organizations. Some data will be collected today*).

CHNA's role is to identify <u>factors</u> that affect the health of a population and <u>determine the availability of resources</u> to adequately address those factors.

Future System of Care Sg2

Acuity

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

Acute Care — Hospital

Recovery & Rehab Care — IP Rehab, SNF, OP Rehab, Home Care Hospice

IP = inpatient; SNF = skilled nursing facility; OP = outpatient.

24
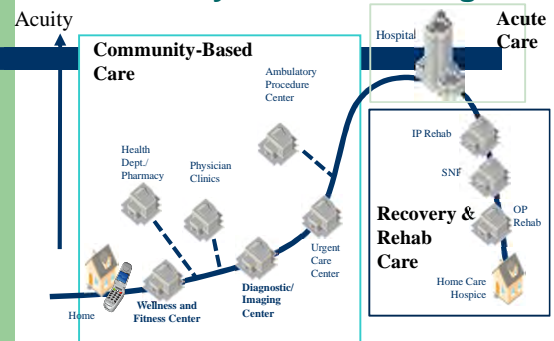
Community Health Needs Assessment
Joint Process: Hospital and Health Department
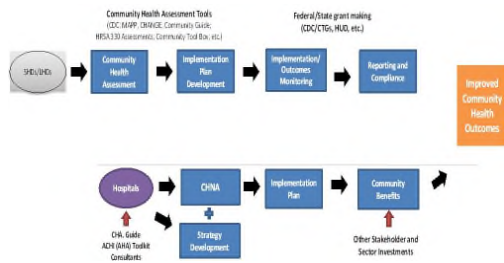
II. Required Written Report IRS 990 Documentation

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

III. Review Current County "Health Status"
Secondary Data by 10 TAB Categories plus NE State Rankings

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

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

County Health Rankings model ©2012 UWPHI
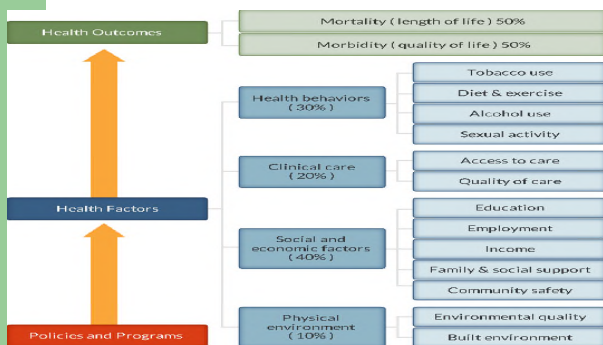
IV. Collect Community Health Perspectives
Ask your opinion.   Your thoughts?

1) **Tomorrow: What is occurring or might occur** *that would affect the* **"***health of our community***"** *?*
2) **Today: What are the** <u>*strengths*</u> **of our community that contribute to health**
3) **Today: Are there healthcare services in your community / neighborhood that you feel** <u>*need to be improved and / or changed?*</u>

V. Have we forgotten anything ?

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

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

Community Health Needs Assessment

Questions
Next Steps ?

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26

4

II. Methodology
d) Community Profile (A Description of Community Served)

Furnas County, NE Community Profile
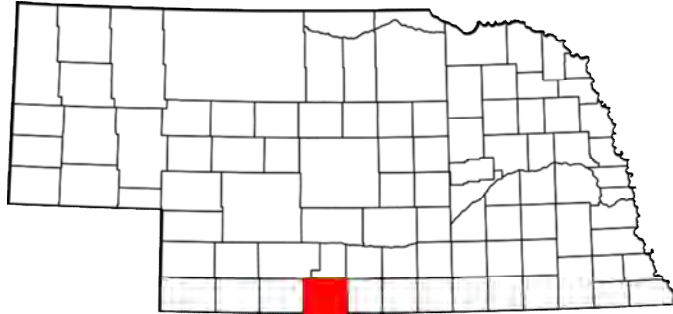
Demographics

The population of Furnas County was estimated to be 4,888 in 2014 and had a -1.4% change in population from 2010–2014.[1] The county covers 721 square miles and the county seat is Beaver City. The county was named in honor of Robert W. Furnas, the second governor of the state of Nebraska.[2] The county's economy is based on Agriculture, Forestry (Fishing and Hunting) and Mining (59.4%).[3]

The major highway transportation is by US Highway 6, US Highway 34, US Highway 136, US Highway 283 Nebraska Highway 46, Nebraska Highway 47 and Nebraska Highway 89.[4]

[1] http://www.census.gov/quickfacts/table/PST045215/31065
[2] U.S. Census Bureau
[3] http://www.city-data.com/county/Furnas_County-NE.html
[4] U.S. Census Bureau

Furnas County Detail Demographic Profile

ZIP	NAME	County	Population YR 2014	YR 2019	Chg	Households YR 2014	YR 2019	HH Avg Size	Per Capita Income 14
68922	Arapahoe	FURNAS	1,351	1,352	0.1%	586	589	2.3	$24,871
68926	Beaver City	FURNAS	759	754	-0.7%	341	339	2.2	$24,796
68936	Edison	FURNAS	244	243	-0.4%	102	102	2.4	$19,752
68946	Hendley	FURNAS	140	133	-5.0%	63	60	2.2	$27,486
68948	Holbrook	FURNAS	351	342	-2.6%	151	147	2.3	$26,233
68967	Oxford	FURNAS	1,506	1,532	1.7%	642	658	2.3	$23,189
69022	Cambridge	FURNAS	1,272	1,262	-0.8%	579	576	2.2	$25,780
69046	Wilsonville	FURNAS	166	156	-6.0%	80	75	2.0	$29,735
	Totals		5,789	5,774	-13.6%	2,544	2,546	2.2	$25,230

ZIP	NAME	County	Population YR 2014	Pop65+	Kids<18	GenY	YR 2014 Males	Females	Females Age20_35
68922	Arapahoe	FURNAS	1,351	335	328	292	643	708	73
68926	Beaver City	FURNAS	759	178	188	163	394	365	40
68936	Edison	FURNAS	244	53	58	57	120	124	17
68946	Hendley	FURNAS	140	35	30	27	74	66	7
68948	Holbrook	FURNAS	351	77	80	91	174	177	25
68967	Oxford	FURNAS	1,506	324	356	355	752	754	103
69022	Cambridge	FURNAS	1,272	328	286	292	611	661	76
69046	Wilsonville	FURNAS	166	42	33	31	88	78	8
Totals			5,789	1,372	1,359	1,308	2,856	2,933	349

ZIP	NAME	County	Population White	Black	Amer In	Hisp	Aver HH Inc 14	HH YR 2014	HH $50K+
68922	Arapahoe	FURNAS	1,279	6	9	61	$57,083	586	246
68926	Beaver City	FURNAS	723	3	6	30	$55,103	341	154
68936	Edison	FURNAS	234	1	1	6	$47,227	102	36
68946	Hendley	FURNAS	136	0	1	1	$60,808	63	32
68948	Holbrook	FURNAS	342	3	1	8	$60,936	151	67
68967	Oxford	FURNAS	1,459	2	9	36	$54,375	642	267
69022	Cambridge	FURNAS	1,248	6	1	23	$56,375	579	245
69046	Wilsonville	FURNAS	162	0	1	2	$61,417	80	42
Totals			5,583	21	29	167	$56,666	2,544	1,089

Source: ERSA Demographics

III. Community Health Status

[VVV Consultants LLC]

III. Community Health Status
a) Historical Health Statistics

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators and results of our recent CHNA Town Hall. To produce this profile, VVV Consultants LLC staff analyzed 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 2015 County Health Rankings and conversations from Town Hall primary research. ***Each table 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 in model, these rankings are based on a number of health factors.>
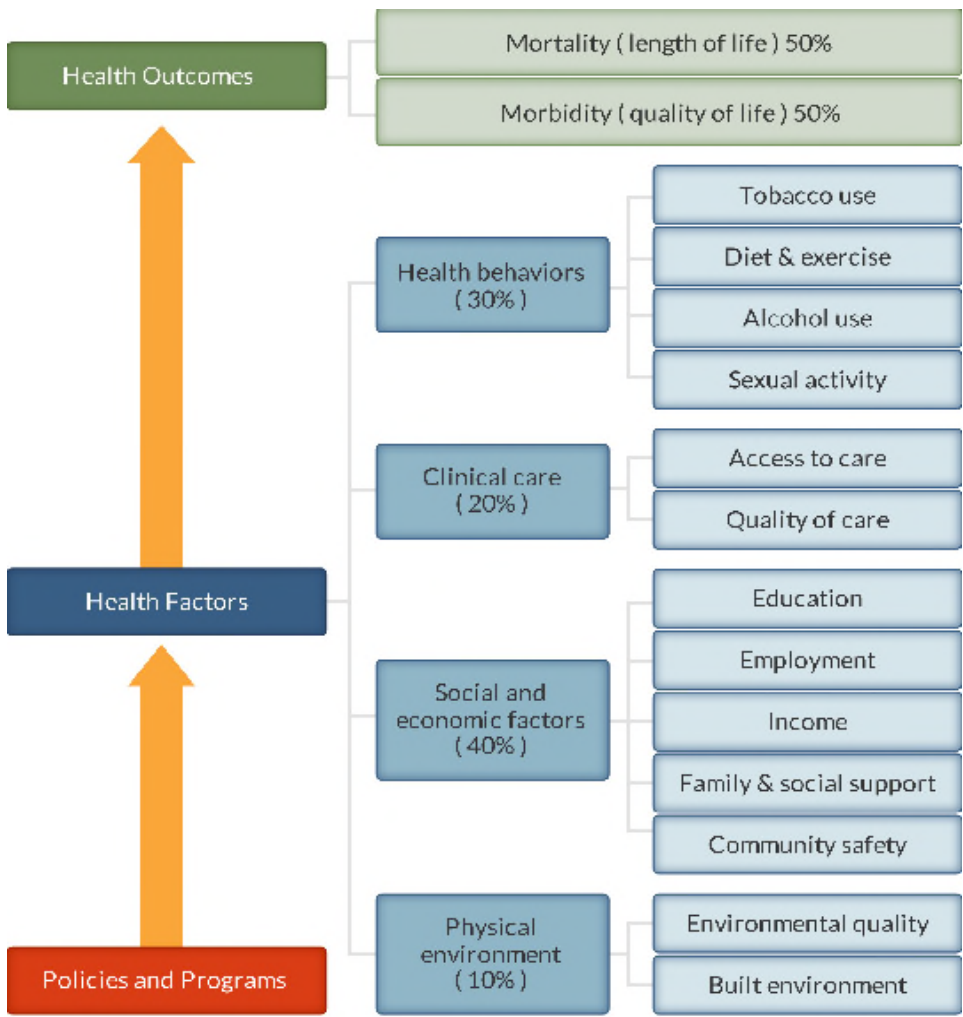
County Health Rankings model ©2012 UWPHI

Secondary Research

2016 State Health Rankings for Furnas County, NE

#	NE Rank of 93 Counties	Definitions	Furnas County	TREND	NE RURAL NORM N=14
1	Physical Environment	Environmental quality	40		26
2	Health Factors		58		34
3	Clinical Care	Access to care / Quality of Care	70		34
4	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	47		37
5	Health Outcomes		50		47
6	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	41		38
7	Morbidity	Quality of life	62		45
8	Mortality	Length of life	50		48

Nebraska Rural Norm N=14 includes the following counties: Furnas, Gosper, Frontier, Red Willow, Chase, Hayes, Richardson, Nemaha, Pawnee, Gage, Thayer, Platte, York, Kearney and Nuckolls.

Source: http://www.countyhealthrankings.org, released 2016

2015 State Health Rankings for Furnas County, NE

#	NE Rank of 93 Counties	Definitions	Furnas County	TREND	NE RURAL NORM N=14
1	Physical Environment	Environmental quality	58		23
2	Health Factors		54		35
3	Clinical Care	Access to care / Quality of Care	58		32
4	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	59		40
5	Health Outcomes		21		44
6	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	36		39
7	Morbidity	Quality of life	30		42
8	Mortality	Length of life	18		42

Nebraska Rural Norm N=14 includes the following counties: Furnas, Gosper, Frontier, Red Willow, Chase, Hayes, Richardson, Nemaha, Pawnee, Gage, Thayer, Platte, York, Kearney and Nuckolls.

Source: http://www.countyhealthrankings.org, released 2015

When considering the state of community health, it's important to review published health data by topic area. Below is a summary of key tabs of information collected:

Tab 1 Demographic Profile

Tab		Health Indicator	Furnas County	Trend	State of Nebraska	NE Rural Norm (14)	Source
1a	a	Population, 2014 Estimate	4,888		1,881,503	8,522	People Quick Facts
1a	b	Population, % Change - April 1, 2010 to July 1, 2014	-1.4%		3.0%	-1.3%	People Quick Facts
1a	c	Population, 2010	4,959		1,826,341	8,571	People Quick Facts
1a	d	Persons Under 5 years, Percent, 2014	5.1%		6.9%	5.6%	People Quick Facts
1a	e	Persons Under 18 years, Percent, 2014	22.5%		24.8%	22.3%	People Quick Facts
1a	f	Persons 65 Years and Over, Percent, 2014	22.7%		14.4%	21.4%	People Quick Facts
1a	g	Female Persons, Percent, 2014	50.3%		50.2%	50.1%	People Quick Facts
1a	h	White Alone, Percent, 2014	97.6%		89.4%	97.1%	People Quick Facts
1a	i	Black or African American Alone, Percent, 2014	0.4%		4.9%	0.6%	People Quick Facts
1a	j	Hispanic or Latino, Percent, 2014	3.2%		10.2%	4.7%	People Quick Facts
1a	k	Foreign Born Persons, Percent, 2009-2013	0.7%		6.3%	1.9%	People Quick Facts
1a	l	Language Other than English Spoken at Home, Pct Age 5+, 2009-2013	2.1%		10.5%	4.6%	People Quick Facts
1a	m	Living in Same House 1 Year & Over, Percent, 2009-2013	85.5%		83.3%	86.7%	People Quick Facts

Tab 1 Demographic Profile

Tab		Health Indicator	Furnas County	Trend	State of Nebraska	NE Rural Norm (14)	Source
1b	a	Veterans, 2009-2013	507		142,176	722	People Quick Facts
1b	b	Persons per Square Mile, 2010	6.9		23.8	13.5	Geography Quick Facts
1b	c	Children in Single-Parent Households, 2015	15.0%		28.0%	19.6%	County Health Rankings
1b	d	Persons below poverty level, percent, 2009-2013	16.2%		12.8%	11.8%	People Quick Facts
1b	e	Limited Access to Healthy Foods, 2015	20.0%		7.0%	13.3%	County Health Rankings
1b	g	Voter Turnout, 2012	51.0%		47.6%	52.9%	Nebraska DHHS Division of Public Health

Tab 2 Economic Profile

Tab		Health Indicator	Furnas County	Trend	State of Nebraska	NE Rural Norm (14)	Source
2	a	Per Capita Money Income in Past 12 Months (2013 dollars), 2009-2013	$22,068		$26,899	$24,957	People Quick Facts
2	b	Housing Units in Multi-Unit Structures, Percent, 2009-2013	10.0%		19.6%	9.1%	People Quick Facts
2	c	Persons per Household, 2009-2013	2.2		2.5	2.3	People Quick Facts
2	d	Severe Housing Problems, 2015	10.0%		13.0%	8.7%	County Health Rankings
2	e	Retail Sales per Capita, 2007	$10,789		$14,965	$10,192	Business Quick Facts
2	f	Total Number of Firms, 2007	631		159,665	1,026	Business Quick Facts
2	g	Unemployment, 2015	3.6%		3.9%	3.7%	County Health Rankings
2	h	Food Insecurity, 2015	13.0%		13.0%	11.5%	County Health Rankings
2	k	SNAP participants (% eligible pop), 2012	65.3%		74.0%	64.4%	Nebraska DHHS Division of Public Health
2	l	Mean Travel Time to Work (Minutes), Workers Age 16+, 2009-2013	17.7		18.1	16.6	People Quick Facts
2	m	Long Commute - Driving Alone, 2009-2013	21.0%		17.0%	17.5%	County Health Rankings

Tab 3 Public Schools Health Delivery Profile

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

Tab		Health Indicator	Furnas County	Trend	State of Nebraska	NE Rural Norm (14)	Source
3	a	Children Eligible for Free Lunch, 2015	31.0%		35.0%	32.1%	County Health Rankings
3	e	High School Graduation, 2015	NA		86.0%	87.6%	County Health Rankings
3	f	Bachelor's Degree or Higher, Percent of Persons Age 25+, 2009-2013	16.8%		28.5%	18.9%	People Quick Facts

Tab 3 Public Schools Health Delivery Profile

#	Indicators	Cambridge	Arapahoe	Southwest
1	Total Public School Nurses	1	NA	1
2	School Nurse is Part of the IEP Team	No	NA	Yes
3	Active School Wellness Plan	Yes	NA	Yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	341 / 21	NA	324 / 15 / 9
5	HEARING: # Screened / Referred to Prof / Seen by Professional	341 / 5	NA	324 / 0
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	131	NA	324 / 36 / 14
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	NA	NA	0
8	Students Served with No Identified Chronic Health Concerns	NA	NA	303
9	School has a Suicide Prevention Program	Yes	NA	Yes
10	Compliance on Required Vaccinations	100%	NA	98%

TAB 4 Maternal and Infant Health Profile

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

Tab		Health Indicator	Furnas County	Trend	State of Nebraska	NE Rural Norm (14)	Source
4	a	Mothers Who Began Prenatal Care in First Trimester	159		94,732	393	Nebraska DHHS Division of Public Health
4	b	Annual Birth Outcome % Preterm	8.9%		9.2%	8.7%	Nebraska DHHS Division of Public Health
4	c	Low Birthweight, 2015	5.3%		7.0%	6.8%	County Health Rankings
4	d	Mothers Who Smoked During Pregnancy	39		15,858	84	Nebraska DHHS Division of Public Health
4	e	Teen Births, 2015	27		32	29	County Health Rankings
4	f	Out-of-Wedlock Births	77		43,416	166	Nebraska DHHS Division of Public Health
4	g	Average Monthly WIC Participation per 1,000 Pop, 2012	37		39	29	Nebraska DHHS Division of Public Health

TAB 4 Maternal and Infant Health Profile

Indicators	Furnas County	Trend	State of NE	NE RURAL NORM N=14
Total Live Births, 2009	43		26,931	105
Total Live Births, 2010	47		25,916	100
Total Live Births, 2011	39		25,722	103
Total Live Births, 2012	49		25,939	102
Total Live Births, 2013	46		26,094	106

TAB 5 Hospitalization/Provider Profile

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

Tab		Health Indicator	Furnas County	Trend	State of Nebraska	NE Rural Norm (14)	Source
5	a	Primary Care Physicians per 1, 2015	1,636		1,405	1,524	County Health Rankings
5	b	Preventable Hospital Stays, 2015	84		56	60	County Health Rankings
5	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	73.0%		76.0%	76.7%	CMS Hospital Compare, 1/1/14-12/31/14
5	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	77.0%		71.0%	79.6%	CMS Hospital Compare, 1/1/14-12/31/14
5	e	Average Time Patients Spent in the Emergency Department Before They Were Seen by a Healthcare Professional	NA		27	16	CMS Hospital Compare, 1/1/14-12/31/14
5	f	Medicare Hospital Spending per Patient (Medicare Spending per Beneficiary)	NA		$1.01	$0.98	CMS Hospital Compare, 1/1/14-12/31/14

Note: CMS Hospital Compare data includes 16 hospitals within our Iowa Rural Norm (14) counties.

TAB 5 Hospitalization/Provider Profile

#	ZIP	City	County	Accum %	%	3yr Total
		Tri Valley Health System - Years 2012 -2014				I/O/E/C
	Grand Total				100.0%	72,940
1	69022	Cambridge	Furnas	30.9%	30.9%	22,545
2	68922	Arapahoe	Furnas	46.8%	15.9%	11,577
3	69001	McCook	Red Willow	62.0%	15.3%	11,125
4	69034	Indianola	Red Willow	70.6%	8.6%	6,285
5	69020	Bartley	Red Willow	76.0%	5.4%	3,930
6	68926	Beaver City	Furnas	80.6%	4.5%	3,318
7	68948	Holbrook	Furnas	85.0%	4.4%	3,228
8	69046	Wilsonville	Furnas	87.4%	2.4%	1,751
9	69024	Culbertson	Hitchcock	89.5%	2.1%	1,502
10	69026	Danbury	Red Willow	90.5%	1.0%	757
11	68936	Edison	Furnas	91.2%	0.7%	488
12	69021	Benkelman	Dundy	91.8%	0.6%	437
13	69044	Trenton	Hitchcock	92.2%	0.5%	329
14	69036	Lebanon	Red Willow	92.7%	0.4%	311
15	68967	Oxford	Harlan	93.1%	0.4%	306

TAB 6 Social & Rehab Services Profile

Behavioral healthcare provides another important indicator of community health status.

Tab		Health Indicator	Furnas County	Trend	State of Nebraska	NE Rural Norm (14)	Source
6	b	Alcohol-Impaired Driving Deaths, 2015	0.0%		35.0%	45.5%	County Health Rankings
6	d	Poor Mental Health Days, 2015	2.8		2.7	2.7	County Health Rankings

TAB 7 Health Risk Profiles

Knowing community health risk factors and disease patterns can aid in the understanding next steps to improve health. Being overweight / obese; smoking, drinking in excess, not exercising, etc. can lead to poor health.

Tab		Health Indicator	Furnas County	Trend	State of Nebraska	NE Rural Norm (14)	Source
7a	a	Adult Obesity, 2015	33.0%		29.0%	31.3%	County Health Rankings
7a	b	Adult Smoking, 2015	16.0%		18.0%	19.0%	County Health Rankings
7a	c	Excessive Drinking, 2015	12.0%		20.0%	18.3%	County Health Rankings
7a	f	Physical Inactivity, 2015	28.0%		24.0%	28.2%	County Health Rankings
7a	g	Poor Physical Health Days, 2015	2.9		2.9	2.7	County Health Rankings
7a	h	Sexually Transmitted Infections, 2015	122		364	202	County Health Rankings

TAB 8 Uninsured Profiles

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 County	Trend	State of Nebraska	NE Rural Norm (14)	Source
8	a	Uninsured, 2015	14.0%		13.0%	13.7%	County Health Rankings

TAB 8 Uninsured Profiles

#	Tri Valley Health System	YR13	YR14	YR15	TREND
1	Bad Debt - Write off	$862,172	$465,713	$906,447	
2	Charity Care - Free Care Given	$31,211	$54,211	$66,411	

TAB 9 Mortality Profile

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

Tab		Health Indicator	Furnas County	Trend	State of Nebraska	NE Rural Norm (14)	Source
9	a	Life Expectancy for Females, 2009	NA		NA	NA	Nebraska DHHS Division of Public Health
9	b	Life Expectancy for Males, 2009	NA		NA	NA	Nebraska DHHS Division of Public Health
9	c	Infant Mortality, 2015	NA		6	6	County Health Rankings
9	d	Heart Disease Mortality, 2006-2010	83		16,584	100	Nebraska DHHS Division of Public Health
9	e	Chronic Obstructive Pulmonary Disease Mortality, 2006-2010	19		4,847	30	Nebraska DHHS Division of Public Health
9	f	Suicides, 2007-2011	8		6,737	21	Nebraska DHHS Division of Public Health

TAB 9 Mortality Profile

#	Causes of Death by County of Residence, Nebraska DHHS Division of Public Health	Trend	Furnas County	%	State of NE	%
	All Causes		350	100.0%	78,008	100.0%
1	Heart Disease	2.5%	83	23.7%	16,584	21.3%
2	All Cancer	-3.5%	65	18.6%	17,238	22.1%
3	Stroke	2.8%	28	8.0%	4,083	5.2%
4	Diabetes Mellitus	3.1%	21	6.0%	2,295	2.9%
5	Chronic Obstructive Pulmonary Disease	-0.8%	19	5.4%	4,847	6.2%
6	Accidents and Adverse Effects	0.8%	19	5.4%	3,638	4.7%
7	Lung Cancer	NA	15	4.3%	NA	NA
8	Colorectal Cancer	1.0%	11	3.1%	1,710	2.2%
9	All Transportation	0.5%	7	2.0%	1,175	1.5%
10	Motor Vehicle Traffic	0.5%	7	2.0%	1,133	1.5%
11	Nephritis, Nephrotic Syndrome, Nephrosis	0.4%	7	2.0%	1,210	1.6%
12	Suicide	0.6%	7	2.0%	1,072	1.4%

TAB 10 Preventive Health Profile

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

Tab		Health Indicator	Furnas County	Trend	State of Nebraska	NE Rural Norm (14)	Source
10	a	Access to Exercise Opportunities, 2015	65.0%		81.0%	52.7%	County Health Rankings
10	d	Diabetic Monitoring, 2015	81.0%		86.0%	84.2%	County Health Rankings
10	e	Mammography Screening, 2015	72.9%		61.8%	61.7%	County Health Rankings
10	f	Limitied Access to Healthy Food, 2015	20.0%		7.0%	13.3%	County Health Rankings
10	g	Percent Annual Check-Up Visit with PCP	NA		NA	NA	TBD
10	h	Percent Annual Check-Up Visit with Dentist	NA		NA	NA	TBD
10	i	Percent Annual Check-Up Visit with Eye Doctor	NA		NA	NA	TBD

Community Feedback Research

For CHNA Round #2, it also important to gather community perspective from key stakeholders on their views of progress to address baseline CHNA needs documented three years ago. Below are findings of this online community primary research:

Question 1—Overall Quality Ranking

Tri Valley Health System (Primary Service Area) Furnas Co, NE N=123						
1. Three years ago, a Community Health Needs Assessment was completed. This assessment identified a number of health needs for our community. Today, we are updating this assessment and would like to know how you rate the "Overall Quality" of healthcare delivery in our community?						
Answer Options	Very Good	Good	Fair	Poor	Very Poor	Valid N
Furnas County N=123	18	73	27	5	0	123
Top 2 Boxes (Very Good / Good)	74.0%					
Option C Stakeholders Round #2	537	1154	409	54	11	2165
Top 2 Boxes (Very Good / Good)	78.1%					

Questions 5 & 6—Community Ranking of Healthcare Services 2015

Tri Valley Health System (Primary Service Area) Furnas Co, NE N=123			
5. How would our community rate each of the following ?	Option C Stakeholders Round #2 Bottom 2 Boxes	Furnas Co N=123	TREND
Ambulance Services	3.9%	3.9%	🟩
Child Care	16.6%	22.6%	🟥
Chiropractors	6.1%	25.0%	🟥
Dentists	13.3%	6.3%	🟨
Emergency Room	5.2%	5.1%	🟨
Eye Doctor / Optometrist	7.3%	50.0%	🟥
Family Planning Services	16.6%	28.8%	🟥
Home Health	12.9%	47.1%	🟥
Hospice	8.5%	6.1%	🟨
Inpatient Services	3.9%	2.8%	🟩
Mental Health Services	30.8%	26.3%	🟥
Nursing Home	13.2%	14.3%	🟥
Outpatient Services	2.7%	3.2%	🟩
Pharmacy	2.7%	1.3%	🟩
Primary Care	4.9%	3.4%	🟩
Public Health Department	3.8%	6.1%	🟨
School Nurse	7.3%	16.7%	🟥
Visiting Specialists	7.0%	5.5%	🟨

Question 7—Receiving Healthcare Services Outside our Community

Tri Valley Health System (Primary Service Area) Furnas Co, NE N=123			
7. Over the past 2 years, did you or do you know someone who received health care services outside of our community?	Option C Stakeholders Round #2 Bottom 2 Boxes	Furnas Co N=123	TREND
Yes	78.9%	83.3%	🟥
No	13.0%	13.1%	
Don't know	8.1%	3.6%	
TOTALS	100.0%	100.0%	

Question 8—Requested Discussion Items for Town Hall Agenda

Tri Valley Health System (Primary Service Area) Furnas Co, NE N=123			
8. Are there any other health needs that we need to discuss at our upcoming CHNA Town Hall meeting?	Option C Stakeholders Round #2 Bottom 2 Boxes	Furnas Co N=123	TREND
Abuse / Violence	4.7%	4.1%	
Alcohol	4.9%	4.1%	
Cancer	5.5%	2.9%	
Diabetes	4.9%	3.8%	
Drugs / Substance Abuse	7.4%	8.3%	🟥
Family Planning	2.8%	3.8%	
Heart Disease	3.9%	6.0%	🟥
Lead Exposure	0.7%	0.3%	
Mental Illness	7.7%	7.6%	🟥
Nutrition	5.1%	5.4%	🟥
Obesity	8.1%	7.6%	🟥
Ozone	0.8%	0.0%	
Physical Exercise	6.2%	7.3%	🟥
Poverty	4.7%	4.1%	
Respiratory Disease	2.4%	1.9%	
Sexual Transmitted Diseases	2.2%	2.9%	
Suicide	4.4%	5.7%	🟥
Teen Pregnancy	4.0%	3.2%	
Tobacco Use	4.1%	4.8%	
Vaccinations	4.7%	3.2%	
Water Quality	3.4%	3.8%	
Wellness Education	6.1%	7.6%	🟥
Some Other Need (please specify below)	1.2%	1.6%	
TOTAL	100.0%	100.0%	

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

	Inventory of Health Services Furnas County, NE			
Cat	**Healthcare Services Offered in County: Yes / No**	**Hospital**	**Health 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	CT Scanner	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 Catherterization			
Hosp	Isolation room	Yes		
Hosp	Kidney			
Hosp	Liver			
Hosp	Lung			
Hosp	MagneticResonance Imaging (MRI)	Yes		
Hosp	Mammograms	Yes		
Hosp	Mobile Health Services			Yes
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)			
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)			
Hosp	Neonatal			
Hosp	Neurological services			
Hosp	Obstetrics	Yes		
Hosp	Occupational Health Services	Yes		
Hosp	Oncology Services			Yes

Cat	Healthcare Services Offered in County: Yes / No	Hospital	Health Dept	Other
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			
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	Long-Term 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		

Inventory of Health Services Furnas County, NE

42

Inventory of Health Services Furnas County, NE				
Cat	Healthcare Services Offered in County: Yes / No	Hospital	Health Dept	Other
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	

YR 2016 Physician Manpower - Furnas County, NE			
	Supply Working in County		
Number of FTE Providers	FTE County Based	FTE Visting	PA/NP
Primary Care:			
Family Practice	3.0	0.0	1.5
Internal Medicine	0.0	0.0	0.0
Obstetrics/Gynecology	0.0	0.1	0.0
Pediatrics	0.0	0.0	0.0
Medicine Specialists:			
Allergy/Immunology	0.0	0.0	
Cardiology	0.0	0.2	
Dermatology	0.0	0.0	
Endocrinology	0.0	0.0	
Gastroenterology	0.0	0.0	
Oncology/Radiation Oncology	0.0	0.1	
Infectious Diseases	0.0	0.0	
Nephrology	0.0	0.0	
Neurology	0.0	0.0	
Psychiatry	0.0	0.1	
Pulmonary	0.0	0.1	
Rheumatology	0.0	0.0	
Surgery Specialists:			
General Surgery	0.0	0.2	
Neurosurgery	0.0	0.0	
Ophthalmology	0.0	0.1	
Orthopedics	0.0	0.2	
Otolaryngology (ENT)	0.0	0.0	
Plastic/Reconstructive	0.0	0.0	
Thoracic/Cardiovascular/Vascular	0.0	0.0	
Urology	0.0	0.1	
Hospital Based:			
Anesthesia/Pain	0.0	0.1	
Emergency	0.0	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/Rehabilitation	0.0	0.0	
Others			
TOTALS	5.0	1.5	3.0

Visiting Specialists to Furnas County, NE	
SPECIALTY - DR, GROUP NAME, CITY, STATE	SCHEDULE
Allery -	Every Monday
Cardiology - Sean Denney, MD, Platte Valley Medical Group, Kearney, NE	Every Monday
Cardiology - Joseph Kummer, MD, Bryan Heart, Lincoln, NE	1st Monday
Echo/Doppler- Good Samaritan, Kearney, NE	Every Wednesday
General Surgeon - W. Thomas Sorrell, MD, Kearney Clinic, Kearney, NE	Every Tuesday
Obstetrics & Gynecology - Todd Pankratz, MD, Obstetricians & Gynecologists PC, Hastings, NE	Every Wednesday
Oncology - George Bascom, MD, Heartland Hematology & Oncology PC, Kearney, NE	2nd Wednesday
Nuclear Medicine- Platte Valley Medical Group, Kearney, NE	Every Wednesday
Nuclear Medicine- Bryan Health Institute, Lincoln, NE	Every Other Monday
Opthalmology - T.J. Clinch, MD, Kearney Eye Institute, Kearney, NE	About 5x per Year
Orthopedic Surgery - Chris Wilkinson, MD, Kearney Orthopedic & Sports Medicine	Every Other Thursday
Orthopedic Surgery - Brent Adamson, MD, Kearney Orthopedic & Sports Medicine	1st Wednesday
Pain Specialist - J. Paul Meyer, MD, Heartland Pain Clinic, Kearney, NE	2nd Tuesday
Podiatry - Robert Hinze, DPM, High Plains Podiatry, McCook, NE	3rd Friday
Pulmonology - George Kasis, MD, Platte Valley Medical Group, Kearney, NE	3rd Tuesday
Telehealth - Walter Duffy, MD, Premier Psychiatric Group, Lincoln, NE	By Appointment
Telehealth - Nick Guenzel, PhD, APRN, Premier Psychiatric Group, Lincoln, NE	By Appointment
Urology - Scott Howe, MD, Kearney Urology Center, Kearney, NE	2nd Wednesday
Vascular - Robert Hibbard, MD, Bryan Heart, Lincoln, NE	1st Tuesday
Mental Health - Kate Andrews, MA, PLMHP, Ambience Counseling, McCook, NE	By Appointment
Mental Health - Amanda Hansen, MS, CPC, LMHP, Ambience Counseling, McCook, NE	By Appointment

Furnas County
Healthcare Resource Directory

ALCOHOL AND DRUG ADDICTION SERVICES

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

AMBULANCE SERVICES

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

CHURCHES -- CHAPLAINS

♦ Catholic -St. Johns 697-3722 Parish hall 697-3816 Fr Phiffer
    Indianola Fr McGuire 308 364-2428
♦ Congregational – 697-3849   Parsonage 697-4235   Bill Weaver 308 340-3176 (c) 268-2538 (h)
♦ Baptist -Calvary 697-4225 Nathan Witt 695-4520 (c)
♦ Lutheran – St Paul's 697-3725 Parsonage 697-3625 (Brett)
♦ Trinity Lutheran – *Arapahoe* James Mosier 308 962-7667
♦ Methodist – Trinity United 697-4352   Parsonage 697-4353 Jeff Wulf 655-1561 (c)
♦   United Methodist – *Arapahoe,* 962-7278 Becky Saddler 962-7249, 785-639-2163 (c)
♦ The Saving Place 697-3504 Scott Moyer
♦ Christian Church – *Arapahoe* David Welch 308 962-7949 (O) 308 655-1858 (C)

FUNERAL HOMES

♦ Lockenour-Jones Mortuary Cambridge   697-3838
♦ Williamson/Wenburg Funeral Home, Arapahoe 962-7940
♦ Carpenter-Breland, McCook   345-3838

♦ Hermann Funeral Home, McCook   345-3000
♦ Wetzel Funeral Home, Curtis   367-4177

HOME HEALTH SERVICES

♦ Kearney Good Sam. Home Health 800 685-7647 FAX 308 865-2923
♦ Tri County Hosp. Home Health, Lexington 308 324-8300   FAX 324-8613
♦ Central Plains HH & Hospice, Cozad 308 784-4630
♦ Community Hospital HH, McCook 308 344-8356   FAX 308 344-1515 **(covers up to Stockville)**
♦ Two Rivers Health Dept. Holdrege 888 669-7154
♦ ruralMED Home Care- Holdrege 308-995-4375 fax: 995-4548 (covers to Cambridge) (Wound RN on staff)
♦ Good Sam Society Home Care of SW NE (Alma) 308 928-2804 FAX 308 928-2817(**covers to McCook**)
♦ Option Care (Walgrens) Home Infusion (Grand Island) 402 290-7473
♦ Great Plains Home Health/ Hospice N. Platte, NE 696-7434, fax 696-7407

HOSPITALS & Scheduling

♦ BryanLGH Hosp, Lincoln 402-483-3800 402 489-0200
♦ Great Plains Regional Hosp, North Platte 534-9310
♦ Good Sam. Hosp, Kearney 865-7100 865-7195 Care Management
       Scheduling 800 658-3202   Fax 308 865-2989   ER Fax 308 865-2989
♦ Madonna Rehab Center, Lincoln 402-486-9534 (800) 676-5488   Admissions (402)489-7102
♦ Mary Lanning Hospital-Hastings 402-519-1744 (Kathy) 402 984-4945 (Rebecca)
♦ McCook Community Hospital 344-2650   Specialty Clinic 308 344-8285 Fax 308 344-8375
       Scheduling 344-8285   FAX 344-8358
♦ Phelps County Hospital, Holdrege 995-2211
♦ St. Elizabeth's Lincoln (Burn Center) 402 219-8000   800 877-BURN (2876)
♦ Tri-County Hospital, Lexington 324-5651

HOSPICE

♦ Asera Care Hospice (Kearney) 308 698-0580   888 273-3309 FAX 308 698-0585 (Marilee Malcolm)
♦ McCook HH and Hospice 308 344-8356 Fax 344-8336
♦ N. Platte (Horizon) 535-7434

HOME MEDICAL SUPPLIERS

♦ APRIA, McCook 800 280-8861
♦ Frontier Home Medical McCook 1 308 345-2068
♦ Tri-County Home Supply, Lexington 308 324-8330
♦ Home Medical Supplies, Cambridge   697-3636
♦ U-Save Pharmacy and Supply-McCook 800 658-4258

INTERPRETER/LANGUAGE Translation
♦ Language Line   1 888-808-9008   then after prompt enter 93 58 13 76

MENTAL HEALTH SERVICES
♦ David Blessing 308 785-7151 (O) 308 746-1003 (c)
♦ Ambience Counseling- Cambridge and McCook 308-345-4067
♦ Great Plains Mental Health Center, McCook 345-2626   Lexington 324-5623
    Emergency Services 532-9332
♦ Heartland Counseling McCook 345-2770, North Platte 534-6029, Lexington 324-6754 (Dr. Johnson)
♦ Advanced Psychiatric Services, James Winchester, Psych NP, Kearney 308 234-6029
♦ Unified Therapy, McCook 345-4884
♦ Christian Counseling, McCook- 308-345-4880
♦ Lutheran Family Services, McCook 345-7814
♦ Premier Psych Services (telehealth) 402-817-2215

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

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

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

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

NURSING FACILITIES of SW NE (by town)

- Alma-Colonial Villa Good Sam Center 928-2128 (skilled)
- Arapahoe-Mues Good Sam Center 962-5230 Fax 962-5276 VA April Wendland, SS (skilled)
- Beaver City-Beaver City Manor 268-5111 FAX 268-6006 (skilled) (Don-SW)
- Benkelman-Hester Memorial Home 423-2179
- Bertrand-Bertrand Nursing Home 471-3341
- Broken Bow-Jenny Mulheim Mem. Hosp LTC 872-6891
- Cambridge-Cambridge Manor 697-3329
- Cozad-Southview Manor 784-3715 (Spec Unit)   (VA)
- Elwood-Elwood Care Center 785-3302 FAX 785-3303 (skilled)
- Franklin-Golden Age Village 425-6848
- Fullerton Manor (Behavioral Probs) 308 536-2488
- Gothenburg-Slack Nursing Home 537-7138   Hospital/LTC 537-3661
- Holdrege-Christian Homes 995-4493
- Holdrege Memorial Homes 995-8631 fax 995-8636
- Imperial Manor 882-5333
- Kearney- Mother Hall 234-2447 Mount Carmel 237-2287   St. Johns 234-1888   St. Lukes 237-3108
- Lexington- Plum Creek Home 324-5531   ALF Special Needs Unit
- McCook-Hillcrest Nursing Home 345-4600 fax 345-4737 Spec Unit, ALF (skilled)
- North Platte-Lindon Manor 532-5774   Special Care Unit
          Centennial Park 534-7000   North Platte Care Center 534-2200
- Oberlin-Decatur Co. Cedar Living   785-475-2276   Good Sam. Center 785-475-2245
- Omaha—Quality Living Inc. (rehab and job skills training) 402 573-3700
- Trenton-El Dorado Manor 334-5241   Fax 308 334-5243 (skilled)
- Wauneta-Heritage of Wauneta 394-5738

ASSISTED LIVING (private pay or Medicaid)

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

V. Detail Exhibits

[VVV Consultants LLC]

Patient Origin and Access

[VVV Consultants LLC]

	Tri Valley Health System - Internal Records				IP/OP/ER/PC	
	Zip	City	County	Accum	3YR TOT	Accum
	Grand Total				72,940	100.0%
1	69022	Cambridge	Furnas	30.9%	22,545	30.9%
2	68922	Arapahoe	Furnas	46.8%	11,577	15.9%
3	69001	McCook	Red Willow	62.0%	11,125	15.3%
4	69034	Indianola	Red Willow	70.6%	6,285	8.6%
5	69020	Bartley	Red Willow	76.0%	3,930	5.4%
6	68926	Beaver City	Furnas	80.6%	3,318	4.5%
7	68948	Holbrook	Furnas	85.0%	3,228	4.4%
8	69046	Wilsonville	Furnas	87.4%	1,751	2.4%
9	69024	Culbertson	Hitchcock	89.5%	1,502	2.1%
10	69026	Danbury	Red Willow	90.5%	757	1.0%
11	68936	Edison	Furnas	91.2%	488	0.7%
12	69021	Benkelman	Dundy	91.8%	437	0.6%
13	69044	Trenton	Hitchcock	92.2%	329	0.5%
14	69036	Lebanon	Red Willow	92.7%	311	0.4%
15	68967	Oxford	Harlan	93.1%	306	0.4%
16	69043	Stratton	Hitchcock	93.5%	295	0.4%
17	69040	Palisade	Hayes	93.9%	287	0.4%
18	68937	Elwood	Gosper	94.1%	178	0.2%
19	67749	Oberlin (KS)	Decatur	94.3%	152	0.2%
20	69042	Stockville	Frontier	94.5%	93	0.1%
21	69045	Wauneta	Chase	94.6%	88	0.1%
22	68977	Stamford	Furnas	94.6%	50	0.1%
23	67653	Norcatur (KS)	Decatur	94.7%	49	0.1%

Town Hall Attendees
Notes and Feedback

[VVVConsultants, LLC]

Community CHNA Round #2 Town Hall Attendees (Invited 35) - Cambridge, NE

#	IRS Cat	First	Last	Organization	Address
1	Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Tammy	Claussen	Tri Valley Health System	1305 Old US Hwy 6, Cambridge, NE 69022
2	Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Shawn	Cole	Tri Valley Health System	1306 Old US Hwy 6, Cambridge, NE 69022
3	Political, appointed and elected officials.	Mark	Harpst	City of Cambridge	722 Patterson Avenue P.O. Box Q Cambridge, NE 69022
4	Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Barb	Langley	Tri Valley Health System / Cambridge Rotary	1306 Old US Hwy 6, Cambridge, NE 69022
5	Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Maranda	Lee	Tri Valley Health System	1306 Old US Hwy 6, Cambridge, NE 69022
6	Other health professionals.	Mark	McCurdy	Mark's Pharmacy	624 Patterson St, Cambridge, NE 69022
7	Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Jarcie	Morgan	Tri Valley Health System	1306 Old US Hwy 6, Cambridge, NE 69022
8	Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Diana	Rippe	Tri Valley Health System	1306 Old US Hwy 6, Cambridge, NE 69022
9	Directors or staff of health and human service organizations.	Myra	Stoney	Southwest Nebraska Public Health Department	404 W 10th St, McCook, NE 69001
10	Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Marty	Teter	Tri Valley Health System	1306 Old US Hwy 6, Cambridge, NE 69022
11	Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Glenda	Walinder	Tri Valley Health System	1306 Old US Hwy 6, Cambridge, NE 69022
12	Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Becky	Wallen	Tri Valley Health System	1306 Old US Hwy 6, Cambridge, NE 69022
13	Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Mike	Walmot	Tri Valley Health System	1306 Old US Hwy 6, Cambridge, NE 69022

Community Health Needs Assessment		
Furnas Co, NE - Strengths (Color Cards) N=13		
#	Today: What are the strengths of our community that contribute to health?	
1	New homes being built in community	
2	More babies being born than last year	
3	Younger couples having children	
4	Local healthcare	
5	Farm economy doesn't fluctuate like other economies do	
6	Babies	
7	Can do attitude- make it happen	
8	Can do attitude	
9	Easy accessibility to most areas of healthcare	
10	Support of the community	
11	New equipment	
12	CT scanner with low-dose technology	
13	Fluidotherapy	
14	Bladder scanner	
15	Elderly care	
16	Established healthcare system	
17	EMS	
18	Multiple pharmacies	
19	Cambridge school nurse	
20	Health fair	
21	Access to exercise facility	
22	Access to dietician and diabetic counseling	
23	Grocery store- access to healthy foods	
24	Good variety of services offered via consulting practitioners	
25	Community is growing	
26	Business expansion of ethonol plant	
27	A new travel center	
28	Cobblestone	
29	Harvest Meadows development	
30	TVHS facilities- new hospital	
31	Providers	
32	Care locally	
33	Growing communities	
34	Access to fiber optics	
35	Health fair	
36	Hospital equipment	
37	Wellness center	
38	Community tends to support local options	
39	Technology infrastructure	
40	Overall health of community	
41	Support of close, small, tight nit community	
42	Local hospital	

Community Health Needs Assessment
Furnas Co, NE - Weakness (White Cards) N=13

#	Today: What are the weaknesses of our community that contribute to health?
1	Employee provided health insurance that is truly affordable to employees
2	Facility improvements to nursing home
3	Nursing staffing
4	Substance abuse
5	Substance abuse care
6	Mental health issues are not efficient
7	Continuum of care in area has been splintering
8	High out of pocket for health care expenditures
9	Community not aware/doesn't care about services
10	Availability/improvement of home care services
11	Insurance
12	Replacing providers
13	IT working together
14	Insurance availability
15	Services offered
16	Behavioral health
17	IT system communication in health
18	Health insurance
19	More doctors
20	More housing
21	Age of provideres- MDs especially
22	Cost of insurance going up faster than income
23	Keeping valued employees
24	Getting ENT provider- urgent care
25	Eye care
26	Need more intense focus on eliminating use of meth- drugs
27	Lack of insurance for employees makes recruitment very difficult
28	Need different manner of answering clinic phone (scheduling) accomodating urgent needs
29	Recruitment of physicians and nursing staff
30	Access to mental health
31	Uninsured
32	Physicians and nurses
33	No urgent care services- hard to get an appointment sometimes
34	Mental/behavioral health- not reported or no follow through
35	Recruit providers
36	Increase mental health providers
37	School nurse in every school
38	Recruit healthcare employees
39	Nursing shortages
40	Provider retention
41	Obesity

Furnas County Community Health Needs Assessment Meeting
2.10.16
N=13

Community Members Present:
- The mayor
- Farmers
- Providers
- Pharmacist
- Public Health

TAB 1: Demographic Profile
- People are coming to TVHS from Norton, McCook, Arapahoe, Elwood, Beaver and Eustice
- Home health/hospice coming into our community to provide services, but don't have our own here

TAB 2: Economic/Business Profile
- Those who are employed have bad insurance. A lot of Nebraskans still don't have insurance.

TAB 3: Educational Profile
- Schools are offering healthy choices, but not all the kids are eating them.

TAB 9: Mortality Profile
- Are our higher causes of death due to the higher elderly population in our community?

Primary Research:
- We could possibly have some awareness issues
- The school nurse issue is surprising. We know there is one in Arapahoe but not sure about the other schools.
- The county is currently in a growth spurt.
- TVHS is one of the largest employers in the community, but they no longer offer health insurance to employees. This is increasing deductibles and leading to people leaving for other jobs.
- Pharmacist says high deductible plans used to be rare, now they are the norm. About a third of the community has catastrophic insurance now.

STRENGTHS:
- Growing Community
- Economic Development
- Stable Farm Economy
- Community Engagement
- TVHS New Facility

- Access to OBGYN Services
- Visiting Specialists (Cardiology, Audiology, Surgery, Cancer, Orthopedics)
- Overall Quality of Health in the Community
- Health Fair Turnouts
- Access to Fiber Optic Technology
- New Equipment (CT Scanner, Bladder Scanner)
- Access to Exercise Facilities
- Access to Diabetic/Nutrition Counseling
- EMS Services
- Multiple Pharmacies

WEAKNESSES:
- Affordable Insurance
- Succession Planning for Primary Care Providers
- Visiting Specialists (ENT, Nephrology, Endocrinology)
- Mental Health (Diagnosis and Placement)
- Nursing Home (Facility and Beds)
- Urgent Care Services
- Recruitment of Nurses
- Drug Abuse (Illegal and Prescription)
- Pornography
- Home Care/Home Health Services
- EMR Integration
- Awareness of Healthcare Services
- Rental Housing

Public Notice and Invitation

[VVV Consultants, LLC]

Round #2 Community Health Needs Assessment – Tri Valley Health System

Media Release   12/3/2015

Over the next three months, Tri Valley Health System will be updating the 2013 Furnas County Community Health Needs Assessment (CHNA). (*Note:* This assessment update is a follow-up to meet final IRS regulations released on 01/02/2015, requiring all 501(c)(3) hospitals to conduct a community health needs assessment and adopt an implementation strategy at least once every three years).

The goal of this assessment update is to understand progress in addressing community health needs cited in the 2013 CHNA report and to collect up-to-date community health perceptions. To accomplish this work, a short online survey has been developed: https://www.surveymonkey.com/r/TVHS16

All community residents and business leaders are encouraged to **complete the 2016 online CHNA survey by January 8th, 2016** and to attend the upcoming scheduled **Town Hall on February 3rd, 2016 from 11:30-1:00 pm in the Republican Conference Room at the Cambridge Memorial Hospital.** "We hope that the community and health professionals will take advantage of this opportunity to provide input into the future of healthcare delivery in our county," comments Deborah Herzberg, CEO.

Vince Vandehaar, MBA (VVV Consultants LLC, an independent research firm from Olathe, Kansas) has been retained to conduct this countywide research. If you have any questions about CHNA activities, please call (308) 697-1522.

The TVHS Town Hall was postponed one week to 2/10/2016 due to weather conditions.

From: CEO
Date: December 3rd, 2015
To: Community Leaders, Providers and Hospital Board and Staff
Subject: CHNA Round #2 Online Survey – Due 1/8/16

Tri Valley Health System is partnering with other community health providers to update the 2013 Community Health Needs Assessment. (*Note:* This assessment update is a follow-up to meet final IRS regulations released on 01/02/2015, requiring all 501(c)(3) hospitals to conduct a Community Health Needs Assessment and adopt an implementation strategy at least once every three years).

Your feedback and suggestions regarding community health delivery are very important to collect in order to complete the 2016 Community Health Needs Assessment and implementation plan updates.

To accomplish this work, a short online survey has been developed: https://www.surveymonkey.com/r/TVHS16

CHNA Round #2 due date for survey completion is January 8th, 2016. All responses are confidential. Thank you in advance for your time and support in participating with this important request.

Sincerely,
Deb Herzberg
CEO

The TVHS Town Hall was postponed one week to 2/10/2016 due to weather conditions.

Date: Jan 14, 2016

Dear Community Member,

You may have heard that Tri Valley Health System is partnering with other healthcare providers to perform a Community Health Needs Assessment. We need your input on the current state of health delivery in our community and your thoughts on the most important health needs that our community needs to address.

On Wednesday, February 3rd, you are invited to attend a Furnas County Town Hall meeting. We have retained the services Vince Vandehaar and VVV Consultants LLC from Olathe, KS, to facilitate this meeting and prepare our report.

Your input is valuable, and will be incorporated into our final report. Please join us on Wednesday, February 3rd, from 11:30-1:00 p.m. in the Republican Conference Room at Cambridge Memorial Hospital. A light lunch will be served starting at 11:00 a.m.

We look forward to seeing you at the Town Hall meeting, and appreciate your input.

Sincerely,

Deb Herzberg
CEO

*The TVHS Town Hall was postponed one week to 2/10/2016 due to weather conditions.

Community Health Needs Assessment
Furnas County, NE Community Town Hall Meeting

Tri Valley Health System and
Furnas County Public Health
will be sponsoring a
Town Hall Meeting on Wednesday, February 3rd
from 11:30 to 1:00 p.m.
in the Republican Conference Room
at Cambridge Memorial Hospital.

Public is invited to attend.
A light lunch will be provided

Please join us for this opportunity to share your opinions
and suggestions to improve health care delivery
in Furnas County, NE.

*The TVHS Town Hall was postponed one week to 2/10/2016 due
to weather conditions.*

Thank you in advance for your participation.

Detail Primary Research
Primary Service Area

[VVV Consultants LLC]

Community Health Needs Assessment
Round #2 Community Feedback

Methodology

A community feedback survey was created on behalf of the CHNA client to gather primary service area stakeholder feedback on health perception and progress in addressing previous CHNA community needs. All community residents were encouraged to take the survey online by entering the following address into personal browser: https://www.surveymonkey.com/r/TVHS16. In addition, an invite letter was sent to all primary service area stakeholders (i.e. Schools, County, City, Clergy, Public Health Leaders).

Below is a summary of public response:

Tri Valley Health System (Primary Service Area) Furnas Co, NE N=123		
10. For reporting purposes, are you involved in or are you a...	**Option C Stakeholders Round #2 Bottom 2 Boxes**	**Furnas Co N=123**
Board Member	4.1%	1.4%
Business / Merchant	5.5%	4.8%
Case Manager / Discharge	0.7%	0.0%
Civic Club / Chamber	4.3%	3.4%
Charitable Foundation	2.6%	2.1%
Clergy / Congregational Leader	1.0%	0.0%
College / University	1.8%	1.4%
Consumer Advocate	0.9%	0.0%
Consumers of Health Care	8.5%	8.9%
Dentist	0.2%	0.0%
Economic Development	1.2%	0.7%
Education Official / Teacher	4.2%	1.4%
Elected Official (City / County)	1.6%	2.1%
EMS / Emergency	1.4%	2.7%
Farmer / Rancher	4.4%	6.2%
Health Department	1.6%	2.7%
Hospital	13.4%	13.0%
Housing / Builder	0.4%	0.7%
Insurance	0.8%	0.0%
Labor	1.4%	2.1%
Law Enforcement	0.6%	0.0%
Low Income / Free Clinics	0.5%	0.0%
Mental Health	1.2%	0.7%
Nursing	9.2%	17.8%
Other Health Professional	6.6%	9.6%
Parent / Caregiver	11.6%	7.5%
Pharmacy	0.6%	0.7%
Physician (MD / DO)	0.5%	0.0%
Physician Clinic	1.3%	1.4%
Press (Paper, TV, Radio)	0.2%	0.7%
Senior Care / Nursing Home	1.5%	2.7%
Social Worker	0.8%	1.4%
Veteran	1.9%	0.7%
Welfare / Social Service	0.6%	0.7%
Other (please note below)	3.1%	2.7%
TOTAL	100.0%	100.0%

KEY - CHNA Open End Comments

CODE	Physician Specialty		CODE	Physician Specialty
ALLER	Allergy/Immunology		ONC	Oncology/Radiation Oncology
AES	Anesthesia/Pain		OPTH	Ophthalmology
CARD	Cardiology		ORTH	Orthopedics
DERM	Dermatology		ENT	Otolaryngology (ENT)
EMER	Emergency		PATA	Pathology
ENDO	Endocrinology		PEDS	Pediatrics
FP	Family Practice (General)		PHY	Physical Medicine/Rehabilitation
GAS	Gastroenterology		PLAS	Plastic/Reconstructive
SUR	General Surgery		PSY	Psychiatry
GER	Gerontology		PUL	Pulmonary
HEM	Hemotology		RAD	Radiology
IFD	Infectious Diseases		RHE	Rheumatology
IM	Internal Medicine		VAST	Thoracic/Cardiovascular/Vascular
NEO	Neonatal/Perinatal		URL	Urology
NEP	Nephrology		MDLV	Mid-Level
NEU	Neurology		SURG	Surgery
NEUS	Neurosurgery		TEL	Telemedicine
OBG	Obstetrics/Gynecology (Delivery)			

KEY - CHNA Open End Comments

Code	Healthcare Themes		Code	Healthcare Themes
VIO	Abuse/Violence		NURSE	More Nurse Availibility
ACC	Access to Care		NEG	Neglect
AGE	Aging (Senior Care/Assistance)		NH	Nursing Home
AIR	Air Quality		NUTR	Nutrition
ALC	Alcohol		OBES	Obesity
ALT	Alternative Medicine		ORAL	Oral Surgery
ALZ	Alzheimers		ORTHD	Orthodontist
AMB	Ambulance Service		OTHR	Other
ASLV	Assisted Living		OP	Outpatient Services/Surgeries
AUD	Auditory		OZON	Ozone
BACK	Back/Spine		PAIN	Pain Management
BD	Blood Drive		PARK	PARKING
BRST	Breastfeeding		PHAR	Pharmacy
CANC	Cancer		DOCS	Physicians
CHEM	Chemotherapy		FLU	Pneumonia / Flu
KID	Child Care		FOOT	Podiatrist
CHIR	Chiropractor		POD	PODIATRIST
CHRON	Chronic Diseases		POV	Poverty
CLIN	Clinics (Walk-In, etc.)		PNEO	Prenatal

KEY - CHNA Open End Comments				
Code	**Healthcare Themes**		**Code**	**Healthcare Themes**
COMM	Communication		PREV	Preventative Healthcare
CORP	Community Lead Healthcare		PRIM	Primary Care:
CONF	Confidentiality		PROS	Prostate
DENT	Dentists		DOH	Public Health Department
DIAB	Diabetes		QUAL	Quality of care
DIAL	Dialysis		REC	Recreation
DUP	Duplication of Services		RESP	Respiratory Disease
ECON	Economic Development		NO	Response "No Changes," etc.
EMER	Emergency Room		SANI	Sanitary Facilities
EMS	EMS		SNUR	School Nurse
EYE	Eye Doctor/Optometrist		STD	Sexually Transmitted Diseases
FAC	Facility		SMOK	Smoking
FAM	Family Planning Services		SS	Social Services
FEM	Female (OBG)		SPEC	Specialist Physician care
FINA	Financial Aid		SPEE	Speech Therapy
FIT	Fitness/Exercise		STRK	Stroke
ALL	General Healthcare Improvement		DRUG	Substance Abuse (Drugs/Rx)
GEN	General Practice		SUIC	Suicide
GOV	Government		TPRG	Teen Pregnancy
HRT	Heart Care		THY	Thyroid
HIV	HIV/AIDS		TOB	Tobacco Use
HH	Home Health		TRAN	Transportation
HSP	Hospice		TRAU	Trauma
HOSP	Hospital		TRAV	Travel
MAN	Hospital Management		ALCU	Underage Drinking
INFD	Infidelity		INSU	Uninsured/Underinsured
IP	Inpatient Services		URG	Urgent Care/After Hours Clinic
LEAD	Lead Exposure		VACC	Vaccinations
BIRT	Low Birth Weight		VETS	Veteran Care
LOY	Loyalty		WAG	Wages
MAMO	Mammogram		WAIT	Wait Times
MRKT	Marketing		H2O	Water Quality
STFF	Medical Staff		WELL	Wellness Education/Health Fair
BH	Mental Health Services		WIC	WIC Progam

<table>
<tr><td colspan="7">CHNA Community Feedback 2016</td></tr>
<tr><td colspan="7">Triv Valley Health System Primary Service Area, N=123</td></tr>
<tr><td>ID</td><td>Zip</td><td>Overall HC Rating</td><td>c1</td><td>c2</td><td>c3</td><td>Are there healthcare services in the Tri Valley Health System service area that you feel need to be improved and/or changed? (Please be specific.)</td></tr>
<tr><td>1077</td><td>69034</td><td>Good</td><td>ACC</td><td>CLIN</td><td>WAIT</td><td>Easier access to clinic type care. Easier to make an appointment, less wait, etc.</td></tr>
<tr><td>1044</td><td>69022</td><td>Good</td><td>ACC</td><td></td><td></td><td>Good access to healthcare services.</td></tr>
<tr><td>1084</td><td>68922</td><td>Good</td><td>ARAP</td><td>CLIN</td><td></td><td>Arapahoe clinic outreach</td></tr>
<tr><td>1115</td><td>69022</td><td>Fair</td><td>CARD</td><td>SURG</td><td></td><td>cardiac service needs improved. Surgery needs to become only a procedure area, bigger surgeries should be sent out.</td></tr>
<tr><td>1045</td><td>69022</td><td>Good</td><td>CLIN</td><td>COMM</td><td>WAIT</td><td>Clinic response to phone call needs to improve. Also when trying to fit in an appointment they need to ask more questions as to where are you located to see which clinic is more convenient for the patient. They should not expect someone who is working in Cambridge to travel mid-day to Arapahoe to be seen by a provider.</td></tr>
<tr><td>1029</td><td>69001</td><td>Good</td><td>CLIN</td><td>COMM</td><td></td><td>clinic...trying to get in to see a provider or getting someone to answer the phone</td></tr>
<tr><td>1062</td><td>69046</td><td>Very Good</td><td>CLIN</td><td>COMM</td><td></td><td>Making appointments at clinic some times is not always user friend.</td></tr>
<tr><td>1121</td><td>68922</td><td>Fair</td><td>CLIN</td><td>WAIT</td><td>OBG</td><td>I would like better "same day" or walk-in clinic services. Too hard to get an appointment if you are ill. I also think the birthing center could be handled better, offer more services and be more consistent with the services they do offer. McCook is beating us with that one.</td></tr>
<tr><td>1110</td><td>68946</td><td>Good</td><td>CLIN</td><td>WAIT</td><td></td><td>walk in and same day appointments</td></tr>
<tr><td>1013</td><td>69022</td><td>Fair</td><td>CLIN</td><td></td><td></td><td>availability of increased clinic appointment availability</td></tr>
<tr><td>1014</td><td>69022</td><td>Good</td><td>CLIN</td><td></td><td></td><td>clinic appointment availability</td></tr>
<tr><td>1099</td><td>69001</td><td>Fair</td><td>CLIN</td><td></td><td></td><td>More specific guide lines (i.e. walk in clinics should be walk in clinics), schedule clinics should remains schedule clinics and if people are more than 15 min late for an apt they should have to reschedule instead of make everyone else suffer.</td></tr>
<tr><td>1104</td><td>69022</td><td>Good</td><td>DERM</td><td></td><td></td><td>Would like to see a dermatologist come to the hospital.</td></tr>
<tr><td>1074</td><td>69034</td><td>Good</td><td>DOCS</td><td>CLIN</td><td>QUAL</td><td>Easier / more access to providers when you need to be seen. It is often difficult if not impossible to be seen, especially for an immediate illness. The clinics used to have a night clinic that people who worked Monday thru Friday could schedule their visits so they would not miss work. This is no longer an option and is needed to continue to provide quality healthcare within the community.</td></tr>
<tr><td>1016</td><td>68948</td><td>Poor</td><td>DOCS</td><td>CLIN</td><td>QUAL</td><td>I feel that the providers should be willing to cover outreach clinics</td></tr>
<tr><td>1038</td><td>68922</td><td>Good</td><td>DOCS</td><td>CLIN</td><td></td><td>need to have providers cover in satllite clinics more.</td></tr>
<tr><td>1081</td><td>69034</td><td>Good</td><td>DOCS</td><td>WAIT</td><td>CLIN</td><td>We need more providers, specifically more male providers. Clinic hours need to be expanded or changed to accommodate working people. There used to be a night clinic that people who worked daylight hours could utilize for wellness, illness or even medication refill appointments. Now its difficult to get an appointment, get an appointment in a timely manner.</td></tr>
<tr><td>1043</td><td>69034</td><td>Good</td><td>DOCS</td><td>WAIT</td><td></td><td>More male providers, more MD's, better availability of physicans. ie: evening hours</td></tr>
<tr><td>1118</td><td>69022</td><td>Fair</td><td>DOCS</td><td></td><td></td><td>Better Physicians and more of them.</td></tr>
<tr><td>1003</td><td>69022</td><td>Good</td><td>DOCS</td><td></td><td></td><td>More Doctors</td></tr>
<tr><td>1002</td><td>69022</td><td>Good</td><td>DOCS</td><td></td><td></td><td>need more doc,s</td></tr>
<tr><td>1031</td><td>69001</td><td>Fair</td><td>DOCS</td><td></td><td></td><td>Need more providers</td></tr>
<tr><td>1089</td><td>69022</td><td>Very Good</td><td>DOCS</td><td></td><td></td><td>Number of available providers</td></tr>
<tr><td>1035</td><td>69020</td><td>Fair</td><td>DOCS</td><td></td><td></td><td>Physician recruitment</td></tr>
<tr><td>1088</td><td>69022</td><td>Good</td><td>GER</td><td></td><td></td><td>Some of their providers need to be more willing to deal with geriatric issues</td></tr>
<tr><td>1011</td><td>69046</td><td>Very Good</td><td>HH</td><td></td><td></td><td>Home Health</td></tr>
<tr><td>1119</td><td>69022</td><td>Fair</td><td>HH</td><td></td><td></td><td>Long term home health availability</td></tr>
<tr><td>1040</td><td>69022</td><td>Good</td><td>HH</td><td></td><td></td><td>We need home health care service in our area to meet the needs of the growing population that require home health care.</td></tr>
<tr><td>1097</td><td>69022</td><td>Good</td><td>INSUR</td><td>ACC</td><td></td><td>We need to work on community support for expansion of Medicaid services in Nebraska under the affordable care act. We are leaving a class of people with little access to healthcare.</td></tr>
<tr><td>1009</td><td>69022</td><td>Good</td><td>MH</td><td></td><td></td><td>mental health</td></tr>
</table>

CHNA Community Feedback 2016						
Triv Valley Health System Primary Service Area, N=123						
ID	Zip	Overall HC Rating	c1	c2	c3	Are there healthcare services in the Tri Valley Health System service area that you feel need to be improved and/or changed? (Please be specific.)
1068	69022	Good	NH	WAIT	CLIN	The biggest areas that I hear complaints are about the manor...overcrowding and lack of privacy are the most common issues people bring up. The other is the some residents are not tended to in a timely manner. HOWEVER, I have zero first-hand experience with this. My only area of concern is timely access to a physician at the medical clinic. Booking a general practice physician for the next two or three weeks solid doesn't make much sense to me as sick people don't want to wait two weeks to see the doctor.
1065	69001	Fair	NH			Manor to be done
1059	69022	Good	NH			I think we need more single rooms at the manor . I don't feel the rooms are large enough for two people
1066	69022	Fair	NH			The Manor needs overall improvement throughout the facility.
1028	69022	Good	OBG	SPEC	MH	Fertility Specialists Availability of Mental Health
1093	69034	Fair	PEDS	COST	INSUR	It would be nice to have a pediatrician available in the area without having to go to north platte or kearney. Also, it's ridiculous that once a payment plan contract is signed, Tri Valley decides that they do not have to honor it and starts asking for more money. If a customer had refused to honor a contract, they would be sent to collections. This place needs to stand by it's word instead of being greedy and money hungry.
1122	69001	Good	PEDS	SPEC		More pediatric specialists, current doctors are great with children but more specialization in pediatrics would be nice.
1106	69022	Good	SPEC	CHEMO		Would like to see more availability to specialists in our community. Chemotherapy services.
1026	69022	Very Good	SPEC	ENT		Getting more specialist to come to our hospital ear, nose , throat...
1083	69001	Fair	SPEC			Need more specialists.
1072	69034	Good	STAFF	WAIT		Staff more available for walk ins
1079	69001	Good	STAFF			Lots of turnover with staff at TVHS
1075	69001	Good	SURG	COMM	WAIT	Surgery department needs improved with communication with patients and timely start times during cases and emergencies.
1123	69022	Good	SURG			Surgery services at Cambridge Memorial Hospital
1096	69001	Good	URG			need for urgent care
1070	69046	Very Good	URG			Urgent care
1092	68922	Fair	WAIT	DOCS		A SCHEDULE NEEDS TO BE ESTABLISHED AND MAINTAINED AT THE LOCAL CLINIC WITH PROVIDERS PRESENT DAILY.
1050	69022	Fair	WAIT	URG	MCCK	It is very hard to even get an appointment to see a provider if you are sick. A lot of the community members and even staff at TVHS go to Urgent Care in McCook because they know they do not have to wait 2 weeks to be seen
1025	69022	Very Good	WAIT			length of time it takes to get in to see a provider could be better

CHNA Community Feedback 2016					
Tri Valley Health System Primary Service Area, N=123					
ID	Zip	Overall HC Rating	c1	c2	c3	Throughout the past two years, did you or someone you know receive healthcare services outside of Tri Valley Health System's service area? If Yes, what service?

ID	Zip	Overall HC Rating	c1	c2	c3	(description)
1123	69022	Good	CANC	MCCK		Cancer care in McCook NE
1105	69022	Good	CANC			cancer treatment
1066	69022	Fair	CARD	CANC		cardiac care and cancer care
1056	68926	Good	CARD			echocardiogram
1011	69046	Very Good	CARD			Heart
1072	69034	Good	CARD			heart complications.
1075	69001	Good	CHIRO	ORTHO		Chiropractor and back specialist
1001	68922	Good	CHIRO			chiropractor
1013	69022	Fair	CLIN			clinic appointment as couldn't be seen in ours
1014	69022	Good	CLIN			clinic appointment as ours couldn't fit her in
1083	69001	Fair	CLIN			Went to another clinic because they could get in.
1088	69022	Good	COLON			Colonoscopy
1038	68922	Good	DENT	OPTOM	PRIM	dental, vision, and health
1097	69022	Good	DERM			Dermatologist
1017	68926	Good	DERM			Dermatology
1026	69022	Very Good	ENT			Ear nose throat doctor had tonsils removed
1099	69001	Fair	ENT			ENT
1006	69022	Good	GAST			Gastroenterology
1018	69022	Good	HRTLD	SURG		Heartland Surgery
1045	69022	Good	KIDN	SPEC		Kidney specialist
1079	69001	Good	MH			counseling
1031	69001	Fair	NEURO	OMHA		neuologist in Omaha
1120	68922	Good	OBG	ORTHO	SURG	Gynecology, Orthopaedic Surgery, Oncology
1087	69022	Poor	OBG			infertility
1068	69022	Good	OBG			Maternity
1054	69022	Good	ONC			Oncology
1119	69022	Fair	OPTOM			Eye Doctor
1035	69020	Fair	OPTOM			optometry
1016	68948	Poor	ORTHO	SURG	KEAR	I saw an orthopedic surgeon in Kearney
1122	69001	Good	ORTHO	SURG		Ankle repair surgery
1044	69022	Good	ORTHO			Orthopedic, Knee.
1003	69022	Good	ORTHO			Orthopedics
1040	69022	Good	PEDS	SPEC	DISAB	For a minor child with special needs that required a physician to be able to care for the needs of handicapp children with disabliites.
1093	69034	Fair	PEDS			My child had to go 1 1/2 hr away for a pediatrician and for vital IV medications because TVHS was not able to provide the services we needed.
1065	69001	Fair	PRIM			Medical Needs
1025	69022	Very Good	PRIM			Some local residents doctor regularly out of town
1039	68946	Good	SPEC	OMHA		specialist not available here, had to go to omaha
1121	68922	Fair	SPEC	SURG		specialist services, surgical services
1009	69022	Good	SPEC			second opinions
1110	68946	Good	SPEC			specialist
1081	69034	Good	SPEC			Speciality services not available locally. Unable to get an appointment with preferred provider for illness visit.
1043	69034	Good	SPEC			specialty services not avaiable here
1063	68922	Fair	SPEC			test
1092	68922	Fair	SPEC			TMTM
1036	69022	Fair	SURG			surgery
1102	69022	Good	SURG			surgical
1098	69022	Very Good	URG	MCCK	COST	went to quick care in McCook many times because we could not get into a provider here at the hospital. Plus it is a lot cheaper there then here.
1074	69034	Good	URG	OMHA	SPEC	Unable to be seen for an illness, went to quality urgent care. Also recieved care in Omaha due to services/specialty unvailable here.
1106	69022	Good	URG	SPEC		urgent care, specialty services
1008	69001	Fair	URG			urgent care
1070	69046	Very Good	URG			urgent care
1048	69022	Very Good	VA	URG		VA and Urgent Care

Let Your Voice Be Heard!

Tri Valley Health System is updating its Community Health Needs Assessment in partnership with other area health providers. Feedback from this survey will identify current health issues in our community. Participation is voluntary and all answers will be kept confidential.

All CHNA Round #2 feedback is due by January 15th 2016. Thank you for your participation.

CHNA Round #2 Feedback 2016 - Tri Valley Health System NE (Primary Service Area)

Part I: Introduction

1. Three years ago, TVHS completed a Community Health Needs Assessment. This assessment identified a number of health needs for our community. Today, we are updating this assessment and would like to know how you rate the "Overall Quality" of healthcare delivery in our community?

	Very Good	Good	Fair	Poor	Very Poor
Health Rating:	○	○	○	○	○

CHNA Round #2 Feedback 2016 - Tri Valley Health System NE (Primary Service Area)

2. Are there healthcare services in your community / neighborhood that you feel need to be improved and/or changed? (Please be specific).

CHNA Round #2 Feedback 2016 - Tri Valley Health System NE (Primary Service Area)

3. From our last Community Health Needs Assessment (2013), a number of health needs were identified as priorities. Are any of these 2013 CHNA needs still an "Ongoing Problem" in our community?

	Not a Problem Anymore	Somewhat of a Problem	Major Problem
Obesity (Nutrition / Exercise)	○	○	○
Diabetes	○	○	○
Increased mental health services	○	○	○
Elderly health care services	○	○	○
Cancer services	○	○	○
Improved physical therapy facilities in Arapahoe	○	○	○
Elderly HC transportation services	○	○	○
Urgent care services	○	○	○
Recruiting and retaining quality providers	○	○	○
Increased access to specialty services	○	○	○
Nursing shortages	○	○	○
Access to care for uninsured / underinsured	○	○	○

CHNA Round #2 Feedback 2016 - Tri Valley Health System NE (Primary Service Area)

4. Which 2013 CHNA health needs are most pressing today or improvement? (Please select top three needs).

- [ ] Obesity (Nutrition / Exercise)
- [ ] Diabetes
- [ ] Increased mental health services
- [ ] Elderly health care services
- [ ] Cancer services
- [ ] Improved physical therapy facilities in Arapahoe

- [ ] Elderly HC transportation services
- [ ] Urgent care services
- [ ] Recruiting and retaining quality providers
- [ ] Increased access to specialty services
- [ ] Nursing shortages
- [ ] Access to care for uninsured / underinsured

72

5. How would community members rate each of the following services? (Please select one box per row).

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

6. How would our community members rate each of the following? (Continued, please select one box per row).

	Very Good	Good	Fair	Poor	Very Poor	N/A
Inpatient Services	○	○	○	○	○	○
Mental Health Services	○	○	○	○	○	○
Nursing Home	○	○	○	○	○	○
Outpatient Services	○	○	○	○	○	○
Pharmacy	○	○	○	○	○	○
Primary Care	○	○	○	○	○	○
Public Health Department	○	○	○	○	○	○
School Nurse	○	○	○	○	○	○
Visiting Specialists	○	○	○	○	○	○

7. Over the past two years, did you or someone you know receive healthcare services outside of our community?

◯ Yes   ◯ Do Not know

◯ No

If yes, please specify the healthcare services received

☐ [   ]

8. Are there any other health needs from the list below that we need to discuss at our upcoming CHNA Town Hall meeting? (Please select all that need to be on our agenda).

☐ Abuse / Violence   ☐ Mental Illness   ☐ Suicide

☐ Alcohol   ☐ Nutrition   ☐ Teen Pregnancy

☐ Cancer   ☐ Obesity   ☐ Tobacco Use

☐ Diabetes   ☐ Ozone (Air)   ☐ Vaccinations

☐ Drugs / Substance Abuse   ☐ Physical Exercise   ☐ Water Quality

☐ Family Planning   ☐ Poverty   ☐ Wellness Education

☐ Heart Disease   ☐ Respiratory Disease

☐ Lead Exposure   ☐ Sexual Transmitted Diseases

☐ Other (please specify)

[   ]

Demographics

9. What is your home zip code?

[   ]

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

☐ Board Member	☐ Elected Official - City / County	☐ Other Health Professional
☐ Business / Merchant	☐ EMS / Emergency	☐ Parent / Caregiver
☐ Case Manager / Discharge	☐ Farmer / Rancher	☐ Pharmacy
☐ Civic Club / Chamber	☐ Health Department	☐ Physician (MD / DO)
☐ Charitable Foundation	☐ Hospital	☐ Physician Clinic
☐ Clergy / Congregational Leader	☐ Housing / Builder	☐ Press (Paper, TV, Radio)
☐ College / University	☐ Insurance	☐ Senior Care / Nursing Home
☐ Consumer Advocate	☐ Labor	☐ Social Worker
☐ Consumers of Health Care	☐ Law Enforcement	☐ Veteran
☐ Dentist	☐ Low Income / Free Clinics	☐ Welfare / Social Service
☐ Economic Development	☐ Mental Health	
☐ Education Official / Teacher	☐ Nursing	
☐ Other (please specify)		

[   ]

You have just completed the Community Health Needs Assessment Survey. Thank you for your participation. By hitting "Next," you are submitting your responses and giving others an opportunity to complete the same survey.

Again, thank you for your participation.

CHNA Report
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