

Tri Valley Health System Community Health Needs Assessment



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Community Health Needs Assessment



Between January and February 2013, a Community Health Needs Assessment (CHNA) was conducted by Tri Valley Health System for the approximately 21,000 residents in their designated service area. This service area includes the southwest Nebraska counties of Furnas, Frontier, Gosper and Red Willow.

Tri Valley Health System operates a hospital, medical clinic and senior care facility in the city of Cambridge (Furnas County) and medical clinics in Arapahoe (Furnas County) and Indianola (Red Willow County). TVHS provides integrated services in this rural service area with a wide range of high-quality care and advanced technology.



Conducting the Assessment



The assessment process was initiated and led by Tri Valley Health System in collaboration with Eide Bailly LLP an accounting and consulting firm specializing in consulting with healthcare organizations.

To ensure input from persons with broad knowledge of the community, a Community Advisory Committee was organized with specific individuals from the community served. Personal invitations were sent to individuals representing various community, business, and educational groups throughout the four county area along with representatives from Tri Valley Health System.



Conducting the Assessment

Community Advisory Committee Participants

Position	Individual(s)
Mayor (Cambridge)	Mark Harpst
Higher Education / News Paper Editor	Doug Garey
Economic Development (Cambridge)	Ashley Gerlach
School Superintendent (Cambridge)	Rob Gregory
Volunteer/Business Owner (Arapahoe)	Benita Adams
Patient Advisory Group/Banking/Farming	Darcy Johnson
Hospital Board of Trustee's	Clark Andrews
Physician	Dr. Shiuvaun Jaeger
Chiropractor Student	Troy Hayes
RN/ Infection Control	Judy Hayes
Respiratory Therapist	Jack Dale
Nursing home and assisted living facility	Tracey Hunt
Service organizations: Rotary/ Home Health	Barb Langley
Foundation Director/Home Health/Rotary	Beth Siegfried
Consult for Ethnic population/ LPN	Shar Pederson



Conducting the Assessment



An initial meeting with the Community Advisory Committee on January 16, 2013 began with a discussion of the role of the Community Advisory Committee and a review of the applicable Internal Revenue Service requirements for non-profit hospitals. These rules require input from the community in identifying and prioritizing the health needs of the community and an implementation strategy for addressing the needs identified.

The first issue addressed by the Community Advisory Committee was the applicable service area to be considered in determining the community served.



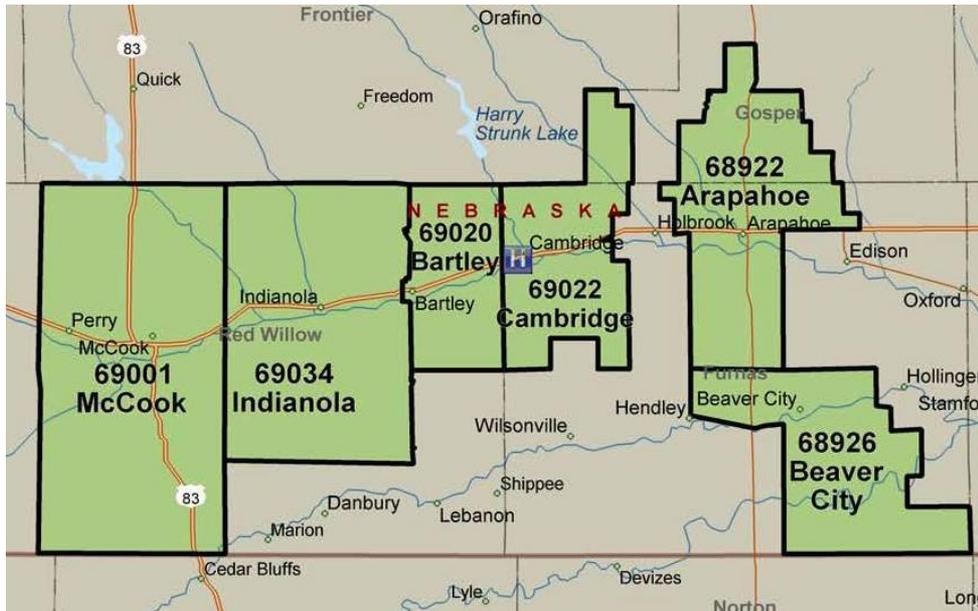
Defining the Community



Tri Valley Health System presented information on the community origin of its patients based on admissions from the past year. More than 80% of its patients reside in an area composed of six zip codes. However, the hospital typically considers its service area to stretch beyond these six zip codes to encompass all communities within the four counties in which these zip codes are located.

Based on a review of the service maps and the health resources within these communities, the Committee agreed to define community served by Tri Valley Health System to include Frontier, Furnas, Gosper, and Red Willow counties.

Defining the Community



Zip Code	City	Counts	% of Total
69022	Cambridge	10,023	32.2%
68922	Arapahoe	5,198	16.7%
69001	McCook	4,411	14.2%
69034	Indianola	2,829	9.1%
69020	Bartley	1,706	5.5%
68926	Beaver City	1,469	4.7%
		<hr/>	<hr/>
		25,636	82.4%
Remaining volume		5,489	17.6%
Total		<hr/> <hr/>	<hr/> <hr/>
		31,125	100.0%



Defining the Community



The six zip codes are included in the four county map below:

Service Area	Population
Red Willow County	11,055
Furnas County	4,959
Frontier County	2,756
Gosper County	2,044
Total	20,814



Community Description



The Committee then reviewed demographic information for the community based on information from Claritas SiteReports (<http://www.claritas.com/sitereports>) and additional information from county, state and national sources.



Community Description



The four counties served by Tri Valley Health System are predominantly rural areas dominated by agricultural economic pursuits. The 2000 census estimates a population of 21,000 people and an average population density of 7.25 residents per square mile. The service area population is estimated to experience a decrease in total population between 2000 and 2018 (-7.4%). However, the percentage of individuals in the 65 and older age group is expected to increase by 4.9% during this same time period.



Community Description



Population change

Population Summary	2000 Census	2018 Estimate	% Change	Annualized % Change
Service Area	22,014	20,394	-7.4%	-0.4%
Service Area 65+	4,413	4,628	4.9%	0.3%
State of Nebraska	1,711,196	1,920,976	12.3%	0.6%
United States	281,421,942	325,322,277	15.6%	0.8%

Source: Claritas, Inc. January 2013

Some Rural America service areas have seen population decrease as younger populations migrate. The 65+ segment, a significant hospital population base, continues to increase



Community Description



Median household income in the service area is \$41,537 and the average household income is \$52,373. These income values are below the median and average for both the state of Nebraska and the United States.

Unemployment rates for the service area for 2012 range from 2.3% (Gosper), 2.5% (Frontier), 3.1% (Red Willow) to 3.3% (Furnas). These rates compare favorably to the state of Nebraska and the United States.



Household Income

Area	Service Area		State of Nebraska		United States	
	HHI	% Change	HHI	% Change	HHI	% Change
Average Household Income						
2000	\$ 39,829		\$ 49,631		\$ 56,644	
2013	\$ 52,373	31.49%	\$ 63,566	28.08%	\$ 69,637	22.94%
2018	\$ 56,215	7.34%	\$ 67,761	6.60%	\$ 71,917	3.27%
Median Household Income						
2000	\$ 32,602		\$ 39,602		\$ 42,728	
2013	\$ 41,537	27.41%	\$ 49,066	23.90%	\$ 49,297	15.37%
2018	\$ 44,037	6.02%	\$ 51,740	5.45%	\$ 49,815	1.05%

Source: Claritas, Inc. January 2013

Service area household income growth % exceeds the State of Nebraska but has lower median income than both the state and US average



Unemployment Rates

Service Area	2007	2008	2009	2010	2011	2012
United States of America	4.6%	5.8%	9.3%	9.6%	9.0%	7.7%
State of Nebraska	3.0%	3.3%	4.7%	4.7%	4.4%	3.7%
Counties:						
Red Willow	2.5%	2.8%	4.6%	3.7%	3.7%	3.1%
Furnas	2.9%	2.8%	3.8%	3.2%	3.6%	3.3%
Frontier	2.2%	2.6%	3.2%	3.3%	3.3%	2.5%
Gosper	3.1%	3.1%	4.0%	3.8%	3.6%	2.3%

Source: Bureau of Labor Statistics

Except for Gosper county in 2007, all four county unemployment rates are lower than the state of Nebraska on average which is below the national rate for all years. Overall service area unemployment rates decreased in 2012.



Conducting the Assessment



Next the Committee reviewed national and state health care trends and rankings available from the following resources:

- 2011 County Health Rankings & Roadmaps (data from 2006-2011)
(<http://www.countyhealthrankings.org>)
- America's Health Rankings (2011)
(<http://www.americashealthrankings.org/>)

The review included analysis of health trends and comparisons within the community and with other counties in Nebraska and the United States.



Conducting the Assessment



The Community Advisory Committee discussed each of the health trends to determine if the information was consistent with their understanding of the needs of the community. Based on this analysis, the committee categorized the health trends into three categories:

- Community advantages
- Community on par
- Community needs



Health Data Results-Community Advantages



The service area excels in the following which are indicative of health outcomes or health outcomes factors:

- Unemployment Rate
- High School Graduation
- Violent Crime
- Low Birth Weight
- Diabetic Screening
- Children in Single-Parent Households
- Access to Recreational Facilities
- Lack of Fast Food Restaurants



Health Data Results- Community on Par



The service area is on par with the state in the following which are indicative of health outcomes or health outcomes factors:

- Household Income
- Children in Poverty %
- Uninsured %
- Smoking %
- Premature Deaths
- Poor or Fair Health
- Poor Physical Health
- Adult Smoking
- Sexually Transmitted Infections
- Teen Birth Rates
- Primary Care Physicians
- Mammography Screening
- Some College
- Inadequate Social Support



Health Data Results- Community Needs



The service area is not meeting the norm in the following area's which are indicative of health outcomes or health outcomes factors:

- Obesity %
- Diabetes %
- Binge Drinking %
- Preventable Hospitalizations
- Poor Mental Health Days
- Adult Obesity
- Physical Inactivity
- Motor Vehicle Crash Death Rate
- Limited Access to Healthy Foods

Conducting the Assessment

This discussion led to the development of a survey tool to gather additional information on the community health needs, as perceived by others not already participating in the Community Advisory Committee.

The survey was distributed by committee members to others in the community and returned to Eide Bailly for review and analysis.

- 313 community members in the four county area were provided the survey
- 174 surveys were returned (56% return rate)



Conducting the Assessment



The results of the survey were communicated to the Community Advisory Committee at its second meeting on February 13, 2013.

Based on the health needs identified in the review of health data, Community Advisory Committee feedback and survey results, a list of 16 potential community needs was developed.



Potential Health Needs

1. Obesity/lack of physical fitness
2. Diabetes
3. Binge Drinking
4. Motor vehicle crash rates
5. Cost of healthcare
6. Cancer services (oncology, chemotherapy)
7. Elderly transportation services
8. Wellness programs and preventative care education



Potential Health Needs

9. Attracting and retaining quality physicians
10. Mental health services
11. Access to specialty care services
12. Improvements to long term care facility
13. Nursing shortages
14. Improvements to physical therapy facility in Arapahoe
15. Need for Urgent Care
16. Uninsured/underinsured access to care

Conducting the Assessment



The Community Advisory Committee members agreed on a set of criteria to use to evaluate the list of potential needs identified through the fact finding process. The criteria included:

- a. Potential to Impact Community Health
- b. Cost to the Community
- c. Community Urgency

The Community Advisory Committee discussed each of the 16 identified health issues in terms of whether it truly was an issue, the potential health improvement impact, cost and urgency. Committee members then determined a number of the potential issues to be eliminated from the listing and determined a number of the items could be combined into broader categories.



Conducting the Assessment



The Community Advisory Committee members then each identified ten of the issues they felt had the highest community priority. This process involved casual group discussion as committee members placed their priority votes on the items, allowing for individuals to make decisions with input from their fellow committee members.

The members then further ranked the top eight needs in order to determine a priority ranking based on all factors considered.



Conducting the Assessment



The process identified health needs for the community, presented in rank order:

1. Overall health and wellness including addressing obesity/lack of physical activity/diabetes
2. Increased mental health services
3. Elderly population care services
4. Cancer services
5. Improved physical therapy facilities in Arapahoe
6. Elderly transportation services
7. Urgent care services
8. Recruiting and retaining quality providers
9. Increased access to specialty services
10. Nursing shortages
11. Access to care for uninsured/under-insured

Conducting the Assessment



During the discussion on health needs, the Committee identified other resources in the community that may be available to work in collaboration with Tri Valley Health System to address the needs identified including:

- Schools
- Churches
- Senior Centers
- Other hospitals
- The communities



Community Health Needs Assessment



Next Steps

Tri Valley Health System is required to adopt an organization specific implementation strategy in response to the Community Health Needs Assessment report. The implementation strategy will be developed by the Executive Committee, approved by the Board of Directors of Tri Valley Health System and will be reviewed on an annual basis. The CHNA process and public report will be repeated every three years, as required by federal regulations.



Community Health Needs Assessment



Community Contact Information for CHNA

Community members who would like to provide input on the next CHNA process, or would like to review detailed community health statistics and data gathered and reviewed by the committee, are encouraged to contact Tri Valley Health System with their inquiries, suggestions or comments.

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