
**PHELPS MEMORIAL HEALTH CENTER
HOLDREGE, NEBRASKA**

**2013 COMMUNITY HEALTH NEEDS ASSESSMENT AND
IMPLEMENTATION PLAN**

ADOPTED BY BOARD RESOLUTION (DECEMBER 2, 2013)¹



¹ Response to Schedule H (Form 990) Part V B 2



Dear Community Resident:

Phelps Memorial Health Center (PMHC) welcomes you to review this document as we strive to meet the health and medical needs in our community. All not-for-profit hospitals are required to develop this report in compliance with the Accountable Care Act.

The “2012 Community Health Needs Assessment” identifies local health and medical needs and provides a plan to indicate how PMHC will respond to such needs. This document suggests areas where other local organizations and agencies might work with us to achieve desired improvements and illustrates one way we, PMHC, are meeting our obligations to efficiently deliver medical services.

PMHC will conduct this effort at least once every three years. As you review this plan, please see if, in your opinion, we have identified the primary needs and if our intended response should make appropriate needed improvements.

We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, along with other organizations and agencies, can collaborate to bring the best each has to offer to address the more pressing identified needs.

The report is a response to a federal requirement of not-for-profit hospital’s to identify the community benefit it provides in responding to documented community need. Footnotes are provided to answer specific tax form questions; for most purposes, they may be ignored. Of greater importance, however, is the potential for this report to guide our actions and the efforts of others to make needed health and medical improvements.

Please think about how to help us improve the health and medical services our area needs. I invite your response to this report. We all live and work in this community together and our collective efforts can make living here more enjoyable and healthier.

Thank you

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EXECUTIVE SUMMARY

Executive Summary

Phelps Memorial Health Center (PMHC) is organized as a not-for-profit hospital. A “Community Health Needs Assessment” (CHNA) is part of the required hospital documentation of “Community Benefit” under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA assures PMHC identifies and responds to the primary health needs of its residents.

This study is designed to comply with standards required of a not-for-profit hospital². Tax reporting citations in this report are superseded by the most recent 990 H filings made by the hospital.

In addition to completing a CHNA and funding necessary improvements, a not-for-profit hospital must document the following:

Financial assistance policy and policies relating to emergency medical care;

Billing and collections; and

Charges for medical care.

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS) and the U.S. Department of the Treasury³.

Project Objectives

PMHC partnered with Quorum Health Resources (QHR) for the following⁴:

Complete a Community Health Needs Assessment report, compliant with Treasury – IRS;

Provide the Hospital with information required to complete the IRS – 990h schedule; and

Produce the information necessary for the hospital to issue an assessment of community health needs and document its intended response.

Brief Overview of Community Health Needs Assessment

Typically, nonprofit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c) 3 of the Internal Revenue Code; however, the term “Charitable Organization” is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided to the less fortunate without means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit

² Part 3 Treasury/IRS – 2011 – 52 Notice ... Community Health Needs Assessment Requirements...

³ As of the date of this report Notice of proposed rulemaking was published 6/26/2012 and available at <http://federalregister.gov/a/2012-15537>

⁴ Part 3 Treasury/IRS – 2011 – 52 Section 3.03 (2) third party disclosure notice

determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- Emergency room open to all, regardless of ability to pay;
- Surplus funds used to improve patient care, expand facilities, train, etc.;
- Control by independent civic leaders; and
- All available and qualified physicians are privileged.

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c) (3) hospital facility is required to conduct a community health needs assessment at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through such assessment;
- The assessment may be based on current information collected by a public health agency or nonprofit organization and may be conducted together with one or more other organizations, including related organizations;
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues;
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources);
- Each hospital facility is required to make the assessment widely available, and ideally downloadable from the hospital web site;
- Failure to complete a community health needs assessment in any applicable three-year period results in a penalty to the organization of \$50,000. For example, if a facility does not complete a community health needs assessment in taxable years one, two or three, it is subject to the penalty in year three. If it then fails to complete a community health needs assessment in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four); and
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.⁵

⁵ Section 6652

APPROACH

Approach

To complete a CHNA, the hospital must:

Describe the processes and methods used to conduct the assessment;

- Sources of data, and dates retrieved;
- Analytical methods applied;
- Information gaps impacting ability to assess the needs; and
- Identify with whom the Hospital collaborated.

Describe how the hospital gained input from community representatives;

- When and how the organization consulted with these individuals;
- Names, titles and organizations of these individuals; and
- Any special knowledge or expertise in public health possessed by these individuals.

Describe the process and criteria used in prioritizing health needs;

Describe existing resources available to meet the community health needs; and

Identify the programs and resources the hospital facility plans to commit to meeting each identified need and the anticipated impact of those programs and resources on the health need.

QHR takes a comprehensive approach to assess community health needs. We perform several independent data analyses based on secondary source data, augment this with local survey data and resolve any data inconsistency or discrepancies from the combined opinions formed from local experts. We rely on secondary source data and most secondary sources use the county as the smallest unit of analysis. We asked our Local Experts, area residents, to note if they perceived the problems, or needs, identified by secondary sources to exist in their portion of the county.⁶

The data displays used in our analysis are presented in the Appendices. Data sources include:⁷

Web Site or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of Phelps County compared to all NE counties	August 20, 2012	2002 to 2010

⁶ Response to Schedule H (Form 990) Part V B 1 i

⁷ Response to Schedule H (Form 990) Part V B 1 d

Web Site or Data Source	Data Element	Date Accessed	Data Date
www.Communityhealth.hhs.gov	Assessment of health needs of Phelps County compared to its national set of “peer counties”	August 20, 2012	1996 to 2009
Truven (formerly known as Thomson) Market Planner	Assess characteristics of the hospital’s primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group and creating an aggregate composition of the service area according to the contribution each group makes to the entire area; and, to access population size, trends and socio-economic characteristics;	August 20, 2012	2012
www.capc.org and www.getpalliativecare.org	To identify the availability of Palliative Care programs and services in the area	August 20, 2012	2012
www.caringinfo.org and iweb.nhpc.org	To identify the availability of hospice programs in the County	August 20, 2012	2012
www.healthmetricsandevaluation.org	To examine the prevalence of diabetic conditions and change in life expectancy	August 20, 2012	1989 through 2009
www.dataplace.org	To determine availability of specific health resources	August 20, 2012	2005
www.cdc.gov	To examine area trends for heart disease and stroke	August 20, 2012	2007 to 2009
www.CHNA.org	To identify potential needs among a variety of resource and health need metrics	August 20, 2012	2003 to 2010
www.Datawarehouse.hrsa.gov	To identify applicable manpower shortage designations	August 20, 2012	2013

Web Site or Data Source	Data Element	Date Accessed	Data Date
www.worldlifeexpectancy.com/usa-health-rankings	To determine relative importance among 15 top cause of death	August 20, 2012	2010 published 11/29/12

Typically we deployed a Community Health Need Assessment survey within the local population for any resident to complete. In December, 2011, the Nebraska Department of Health and Human Services issued a report "2011 Nebraska Community Themes and Strengths Assessment Survey Results" for the Two Rivers Area, which includes Phelps County which we adopted as a replacement to our survey^{8,9},

When the analysis was complete, we put the information and summary conclusions before our local group of experts¹⁰ who were asked to agree or disagree with the summary conclusions. They were free to augment potential conclusions with additional statements of need; new needs could, and did, emerge from this exchange.¹¹ Consultation with local experts occurred again via an internet based survey (explained below) during the period beginning Friday August 31, 2012 12:58 P.M. and ending Wednesday September 12, 2012 7:01 P.M.

With the prior steps identifying potential community needs, the Local Experts participated in a structured communication technique called a Delphi method, originally developed as a systematic, interactive forecasting method which relies on a panel of experts. Experts answer questionnaires in a series of rounds. We contemplated and implemented one round as referenced during the above dates. After each round, we provide an anonymous summary of the experts' forecasts from the previous round, as well as the reasons provided for their judgments. The process encourages experts to revise their earlier answers in light of the replies of other members of their panel. Typically, this process decreases the range of answers and moves the expert opinions toward a consensus "correct" answer. The process stops when we identify the most pressing, highest priority community needs.

In the PMHC process, each local expert allocated 100 points among all identified needs, having the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. A rank order of priorities emerged, with some needs receiving virtually no support and other needs receiving identical point allocations.

The proposed regulations clarify a CHNA need only identify significant health needs, and need only prioritize, and otherwise assess, those significant identified health needs. A hospital facility may determine whether a health need is significant based on all of the facts and circumstances present in the community it serves. The determination of the break point, Significant Need as opposed to

⁸ Response to Schedule H (Form 990) Part V B 1 h and compliance with IRS Notice 2011-52 (September 23, 2011) requirement for incorporation public health knowledge and expertise.

⁹ Part response to Schedule H (Form 990) Part V B 3

¹⁰ Part response to Schedule H (Form 990) Part V B 3

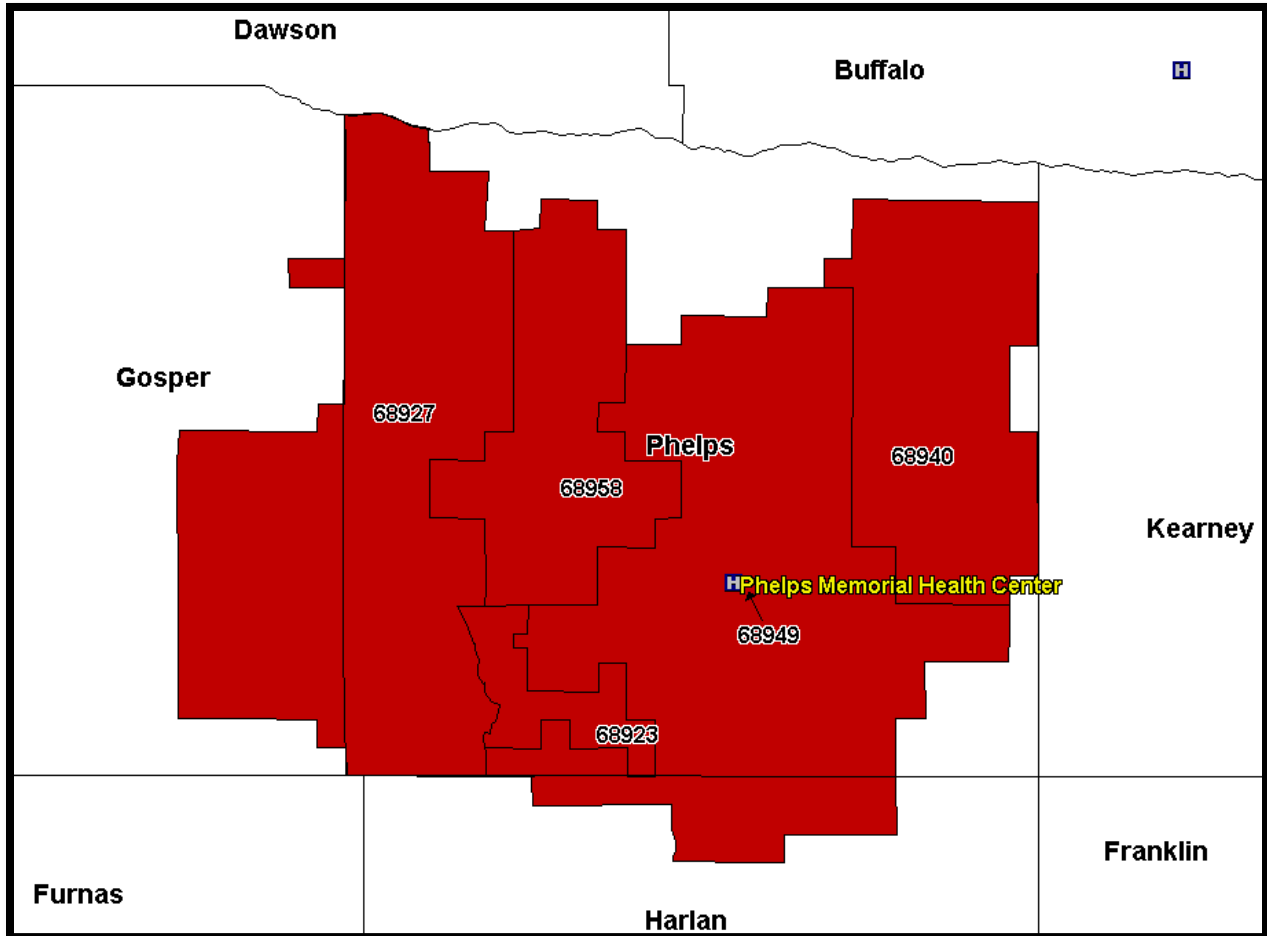
¹¹ Response to Schedule H (Form 990) Part V B 1 e

Other Need, was a qualitative interpretation by QHR and the PMHC executive team where a reasonable break point in the descending rank order of votes occurred, indicated by the weight amount of points each potential need received and the number of local experts allocating any points to the need. Our criteria included the Significant Needs had to represent a majority of all cast votes. The Significant Needs also needed a plurality of Local Expert participation. When presented to the PMHC executive team, the dichotomized need rank order (Significant vs. Other) identified which needs the hospital needed to focus upon in determining where and how it was to develop an implementation response.¹²

¹² Response to Schedule H (Form 990) Part V Section B 6 g, h and Part V B 1 g

FINDINGS

Definition of Area Served by the Hospital Facility¹³



Phelps Memorial Health Center, in conjunction with QHR, defines its service area as Phelps County in Nebraska which includes the following ZIP codes:

- | | | |
|------------------|------------------|----------------|
| 68923 - Atlanta | 68940 - Funk | 68958 - Loomis |
| 68927 - Bertrand | 68949 - Holdrege | |

In 2011, the Health Center received 61.2% of its patients from this area.¹⁴

¹³ Responds to IRS Form 990 (h) Part V B 1 a

¹⁴ Truven MEDPAR patient origin data for the hospital; Responds to IRS Form 990 (h) Part V B 1 a

Demographic of the Community¹⁵

The 2012 population for Phelps County is estimated to be 8,898¹⁶, and is expected to decline at a rate of (0.7%) which is in contrast to the 3.9% national rate of growth and the Nebraska growth rate of 3.4%. Phelps County in 2017 anticipates a population of 8,833.

According to the population estimates utilized by Truven, provided by The Neilson Company, the 2012 median age for county is 43.7 years, older than the Nebraska median age (35.8 years) and older than the national median age (36.8 years). The 2012 Median Household Income for the area is \$42,957, which is lower than the Nebraska median income of \$46,766 and the national median income of \$49,559. Median Household Wealth is above the State and National values while the Median Home Values are well below State and national values. Phelps's unemployment rate as of August, 2012 was 2.5%¹⁷, which is considerably better than the 4% statewide rate, and is considerably better than the national civilian unemployment rate of 8.1%.

The portion of the population in the county over 65 is 19.2%, well above the Nebraska average of 13.3%. The portion of the population of women of childbearing age is 15%, considerably below the Nebraska average of 19.6%.

Demographics Expert 2.7										
2012 Demographic Snapshot										
Area: Phelps CO										
Level of Geography: ZIP Code										
DEMOGRAPHIC CHARACTERISTICS										
	Selected Area		USA					2012	2017	% Change
2000 Total Population	9,447	281,421,906				Total Male Population		4,429	4,389	-0.9%
2012 Total Population	8,898	313,095,504				Total Female Population		4,469	4,444	-0.6%
2017 Total Population	8,833	325,256,835				Females, Child Bearing Age (15-44)		1,335	1,317	-1.3%
% Change 2012 - 2017	-0.7%	3.9%								
Average Household Income	\$54,213	\$67,315								
POPULATION DISTRIBUTION					HOUSEHOLD INCOME DISTRIBUTION					
Age Distribution					Income Distribution					
Age Group	2012	% of Total	2017	% of Total	USA 2012 % of Total	2012 Household Income	HH Count	% of Total	USA % of Total	
0-14	1,792	20.1%	1,722	19.5%	20.2%	<\$15K	507	13.6%	13.0%	
15-17	419	4.7%	417	4.7%	4.3%	\$15-25K	432	11.6%	10.8%	
18-24	644	7.2%	762	8.6%	9.7%	\$25-50K	1,240	33.3%	26.7%	
25-34	653	7.3%	755	8.5%	13.5%	\$50-75K	837	22.5%	19.5%	
35-54	2,465	27.7%	2,065	23.4%	28.1%	\$75-100K	329	8.8%	11.9%	
55-64	1,214	13.6%	1,280	14.5%	11.4%	Over \$100K	376	10.1%	18.2%	
65+	1,711	19.2%	1,832	20.7%	12.9%					
Total	8,898	100.0%	8,833	100.0%	100.0%	Total	3,721	100.0%	100.0%	
EDUCATION LEVEL					RACE/ETHNICITY					
Education Level Distribution					Race/Ethnicity Distribution					
2012 Adult Education Level	Pop Age 25+	% of Total	USA % of Total		Race/Ethnicity	2012 Pop	% of Total	USA % of Total		
Less than High School	146	2.4%	6.3%		White Non-Hispanic	8,395	94.3%	62.8%		
Some High School	393	6.5%	8.6%		Black Non-Hispanic	12	0.1%	12.3%		
High School Degree	2,187	36.2%	28.7%		Hispanic	382	4.3%	17.0%		
Some College/Assoc. Degree	2,116	35.0%	28.5%		Asian & Pacific Is. Non-Hispanic	22	0.2%	5.0%		
Bachelor's Degree or Greater	1,201	19.9%	27.8%		All Others	87	1.0%	2.9%		
Total	6,043	100.0%	100.0%		Total	8,898	100.0%	100.0%		

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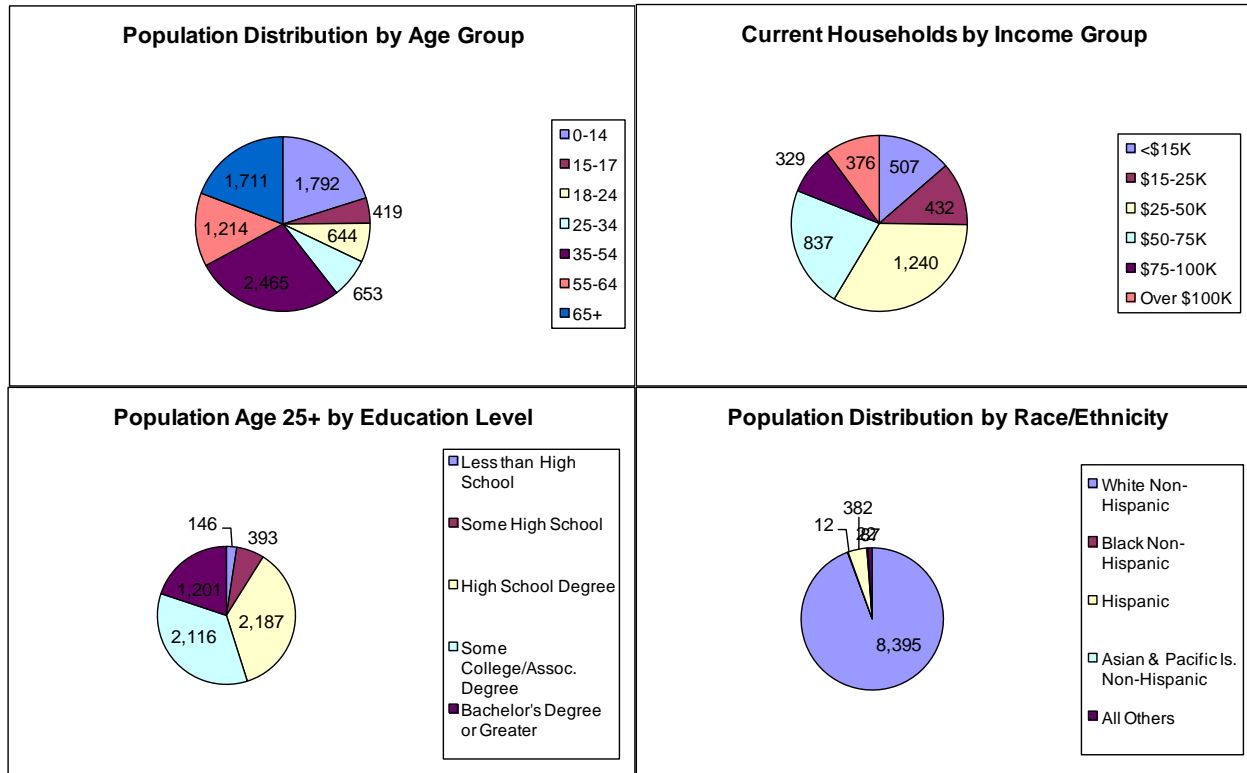
¹⁵ Responds to IRS Form 990 (h) Part V B 1 b

¹⁶ All population information, unless otherwise cited, sourced from Truven (formally Thomson) Market Planner

¹⁷ <http://research.stlouisfed.org/fred2/series/NEPHEL7URN>;

<http://research.stlouisfed.org/fred2/series/VTFRAN1URN>

2012 Demographic Snapshot Charts



2012 Benchmarks									
Area: Phelps CO									
Level of Geography: ZIP Code									
Area	2012-2017		Population 65+		Females 15-44		Median Household Income	Median Household Wealth	Median Home Value
	% Population Change	Median Age	% of Total Population	% Change 2012-2017	% of Total Population	% Change 2012-2017			
USA	3.9%	36.8	12.9%	15.5%	20.1%	-0.9%	\$49,559	\$54,682	\$167,021
Nebraska	3.4%	35.8	13.3%	11.9%	19.6%	0.1%	\$46,766	\$54,744	\$119,430
Selected Area	-0.7%	43.7	19.2%	7.1%	15.0%	-1.3%	\$42,957	\$69,209	\$94,622
Demographics Expert 2.7									
DEMO0003.SQP									
© 2012 The Nielsen Company, © 2012 Thomson Reuters. All Rights Reserved									

The population also was examined according to characteristics presented in the Claritas Prizm customer segmentation data. This system segments the population into 66 demographically and behaviorally distinct groups. Each group based on annual survey data, is documented as exhibiting specific health behaviors. The makeup of the service area according to the mix of Prizm segments and its characteristics is contrasted to the national population averages to discern the following table of probable lifestyle and medical conditions present in the population. Items with red text are viewed as statistically important adverse potential findings. Items with blue text are viewed as statistically important potential beneficial findings. Items with black text are viewed as either not statistically different from the national normal situation or are viewed as not being a favorable nor an unfavorable consideration in our use of the information.

Health Service Topic	Demand as % of National	% of Population Effected	Health Service Topic	Demand as % of National	% of Population Effected
Weight / Lifestyle			Heart		
BMI: Morbid/Obese	104.4%	26.6%	Routine Screen: Cardiac Stress 2yr	98.5%	15.4%
Vigorous Exercise	95.1%	47.8%	Chronic High Cholesterol	119.6%	26.6%
Chronic Diabetes	120.4%	12.5%	Routine Cholesterol Screening	95.1%	48.4%
Healthy Eating Habits	94.7%	28.1%	Chronic High Blood Pressure	131.3%	34.6%
Very Unhealthy Eating Habits	87.2%	2.4%	Chronic Heart Disease	130.3%	10.8%
Behavior			Routine Services		
I Will Travel to Obtain Medical Care	95.7%	28.5%	FP/GP: 1+ Visit	104.0%	91.9%
I Follow Treatment Recommendations	90.5%	36.5%	Used Midlevel in last 6 Months	105.8%	44.2%
I am Responsible for My Health	93.9%	61.6%	OB/Gyn 1+ Visit	108.0%	37.7%
Pulmonary			Ambulatory Surgery last 12 Months	105.6%	20.3%
Chronic COPD	136.4%	7.7%	Internet Usage		
Tobacco Use: Cigarettes	106.9%	27.7%	Use Internet to Talk to MD	64.7%	9.4%
Chronic Allergies	96.0%	19.0%	Facebook Opinions	88.6%	9.1%
Cancer			Looked for Provider Rating	80.4%	11.6%
Mammography in Past Yr	106.2%	48.0%	Misc		
Cancer Screen: Colorectal 2 yr	104.5%	26.3%	Charitable Contrib: Hosp/Hosp Sys	101.2%	24.2%
Cancer Screen: Pap/Cerv Test 2 yr	92.8%	55.8%	Charitable Contrib: Other Health Org	97.9%	38.2%
Routine Screen: Prostate 2 yr	99.4%	31.6%	HSA/FSA: Employer Offers	94.3%	48.1%
Orthopedic			Emergency Service		
Chronic Lower Back Pain	111.3%	25.2%	Emergency Room Use	97.7%	33.2%
Chronic Osteoporosis	133.4%	12.9%	Urgent Care Use	85.3%	20.1%

Leading Causes of Death

Cause of Death			Rank among all counties in state (#1 rank = worse in state)	Rate of Death per 100,000 age adjusted		Observation
NE Rank	Phelps Rank	Condition		NE	Phelps	
3, 6, 8, 13, 14, 15, 19, 26, 27, 28, 29, 32, 34, 35, 37	1	Cancer	40 of 93	167.7	174.6	As expected
1	2	Heart Disease	59 of 93	153.9	171.5	Lower than expected
2	3	Lung	16 of 90	48.9	56.7	Higher than expected
7	4	Diabetes	6 of 86	22	39.3	Higher than expected
4	5	Stroke	72 of 91	40.3	37.2	Lower than expected
17, 20	6	Accidents	78 of 92	35.8	34.3	Lower than expected
5	7	Alzheimer's	15 of 83	25.5	31.6	Higher than expected
11	8	Flue / Pneumonia	36 of 84	12.3	18	Lower than expected
9	9	Kidney	44 of 85	12.1	13.8	As expected
10	10	Hypertension	33 of 77	8.4	7.7	As expected
18	11	Suicide	52 of 76	9.4	7.3	Lower than expected
25	12	Blood Poisoning	36 of 71	6	5.9	Lower than expected
23	13	Liver	47 of 73	6.8	5.1	Lower than expected
16	14	Parkinson's	65 of 80	8.1	3.9	Lower than expected
33	15	Homicide	Not ranked	2.8	0	Lower than expected

Primary and chronic disease needs, as well as health issues of uninsured persons, low-income persons and minority groups

Some information is available to describe the size and composition of various uninsured persons, low income persons, minority groups and other vulnerable population segments. Specific studies

identifying needs of such groups, distinct from the general population at a county unit of analysis, are not readily available from secondary sources.

The National Healthcare Disparities Report results from a Congressional directive to the Agency for Healthcare Research and Quality (AHRQ). This production is an annual report to track disparities related to "racial factors and socioeconomic factors in priority populations." The emphasis is on disparities related to race, ethnicity, and socioeconomic status. The directive includes a charge to examine disparities in "priority populations," which are groups with unique health care needs or issues that require special attention.¹⁸

Nationally this report observes the following trends:

- Measures for which Blacks were worse than Whites and are getting better:
 - Diabetes – Hospital admissions for short-term complications of diabetes per 100,000 population
 - HIV and AIDS – New AIDS cases per 100,000 population age 13 and over
 - Functional status preservation and rehabilitation – Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement
- Measures for which Blacks were worse than Whites and staying the same:
 - Cancer – Breast cancer diagnosed at advanced stage per 100,000 women age 40 and over ; Breast cancer deaths per 100,000 female population per year; Adults age 50 and over who ever received colorectal cancer screening; Colorectal cancer diagnosed at advanced stage per 100,000 population age 50 and over; Colorectal cancer deaths per 100,000 population per year
 - Diabetes – Hospital admissions for lower extremity amputations per 1,000 population age 18 and over with diabetes
 - Maternal and child health – Children ages 2-17 who had a dental visit in the calendar year; Children ages 19-35 months who received all recommended vaccines
 - Mental health and substance abuse – Adults with a major depressive episode in the last 12 months who received treatment for depression in the last 12 months; People age 12 and over treated for substance abuse who completed treatment course
 - Respiratory diseases – Adults age 65 and over who ever received pneumococcal vaccination; Hospital patients with pneumonia who received recommended hospital care

¹⁸ <http://www.ahrq.gov/qual/nhdr10/Chap10.htm> 2010

- Supportive and palliative care – High-risk long-stay nursing home residents with pressure sores; Short-stay nursing home residents with pressure sores; Adult home health care patients who were admitted to the hospital; Hospice patients who received the right amount of medicine for pain
- Timeliness – Adults who needed care right away for an illness, injury, or condition in the last 12 months who got care as soon as wanted; Emergency department visits where patients left without being seen
- Access – People with a usual primary care provider; People with a specific source of ongoing care
- Measures for which Asians were worse than Whites and getting better
 - Cancer – Adults age 50 and over who ever received colorectal cancer screening
 - Patient safety – Adult surgery patients who received appropriate timing of antibiotics
- Measures for which Asians were worse than Whites and staying the same
 - Respiratory diseases – Adults age 65 and over who ever received pneumococcal vaccination; Hospital patients with pneumonia who received recommended hospital care
 - Access – People with a usual primary care provider
- Measures for which American Indians and Alaska Natives were worse than Whites for most recent year and staying the same
 - Heart disease – Hospital patients with heart failure who received recommended hospital care
 - HIV and AIDS – New AIDS cases per 100,000 population age 13 and over
 - Respiratory diseases – Hospital patients with pneumonia who received recommended hospital care
 - Functional status preservation and rehabilitation – Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement
 - Supportive and palliative care – Hospice patients who received the right amount of medicine for pain; High-risk long-stay nursing home residents with pressure sores; Adult home health care patients who were admitted to the hospital
 - Access – People under age 65 with health insurance
- Measures for which American Indians and Alaska Natives were worse than Whites for most recent year and getting worse

- Cancer – Adults age 50 and over who ever received colorectal cancer screening
- Patient safety – Adult surgery patients who received appropriate timing of antibiotics
- Measures for which Hispanics were worse than non-Hispanic Whites for most recent year and getting better
 - Maternal and child health – Children ages 2-17 who had a dental visit in the calendar year
 - Lifestyle modification – Adult current smokers with a checkup in the last 12 months who received advice to quit smoking; Adults with obesity who ever received advice from a health provider about healthy eating
 - Functional status preservation and rehabilitation – Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement
- Measures for which Hispanics were worse than non-Hispanic Whites for most recent year and staying the same
 - Cancer – Women age 40 and over who received a mammogram in the last 2 years; Adults age 50 and over who ever received colorectal cancer screening
 - Diabetes – Adults age 40 and over with diagnosed diabetes who received all three recommended services for diabetes in the calendar year
 - Heart disease – Hospital patients with heart attack and left ventricular systolic dysfunction who were prescribed angiotensin-converting enzyme inhibitor or angiotensin receptor blocker at discharge; Hospital patients with heart failure who received recommended hospital care
 - HIV and AIDS – New AIDS cases per 100,000 population age 13 and over
 - Mental health and substance abuse – Adults with a major depressive episode in the last 12 months who received treatment for depression in the last 12 months
 - Respiratory disease – Adults age 65 and over who ever received pneumococcal vaccination; Hospital patients with pneumonia who received recommended hospital care
 - Lifestyle modification – Adults with obesity who ever received advice from a health provider to exercise more
 - Supportive and palliative care – Long-stay nursing home residents with physical restraints; High-risk long-stay nursing home residents with pressure sores; Short-stay nursing home residents with pressure sores; Adult home health care patients who

- were admitted to the hospital; Hospice patients who received the right amount of medicine for pain
- Patient safety – Adult surgery patients who received appropriate timing of antibiotics
- Timeliness – Adults who needed care right away for an illness, injury, or condition in the last 12 months who got care as soon as wanted
- Patient centeredness – Adults with ambulatory visits who reported poor communication with health providers; Children with ambulatory visits who reported poor communication with health providers
- Access – People under age 65 with health insurance; People under age 65 who were uninsured all year; People with a specific source of ongoing care; People with a usual primary care provider; People unable to get or delayed in getting needed care due to financial or insurance reasons
- Measures for which Hispanics were worse than non-Hispanic Whites for most recent year and getting worse
 - Maternal and child health – Children ages 3-6 who ever had their vision checked by a health provider

For community input we used the December 2011 Nebraska Department of Health and Human Services report for the Two Rivers region which included Phelps County. None of the statistically significant comments included reference to are problems focused on needs of minorities or disadvantaged populations. Statistical information about special populations follows:

Vulnerable Populations: Phelps County, NE

Vulnerable populations may face unique health risks and barriers to care, requiring enhanced services and targeted strategies for outreach and case management.

Vulnerable Populations Include People Who¹

Have no high school diploma (among adults age 25 and older)	689
Are unemployed	124
Are severely work disabled	129
Have major depression	496
Are recent drug users (within past month)	485

nda No data available.

¹ The most current estimates of prevalence, obtained from various sources (see the Data Sources, Definitions, and Notes for details), were applied to 2008 mid-year county population figures.

Access to Care: Phelps County, NE

In addition to use of services, access to care may be characterized by medical care coverage and service availability

Uninsured individuals (age under 65)¹	965
Medicare beneficiaries²	
Elderly (Age 65+)	1,677
Disabled	230
Medicaid beneficiaries²	1,394
Primary care physicians per 100,000 pop²	98.6
Dentists per 100,000 pop²	54.8
Community/Migrant Health Centers³	No
Health Professional Shortage Area³	No

nda No data available.

¹The Census Bureau. Small Area Health Insurance Estimates Program, 2006.

²HRSA. Area Resource File, 2008.

³HRSA. Geospatial Data Warehouse, 2009.

Findings

Upon completion of the CHNA, QHR identified several issues within the Phelps Memorial Health Center community:

Conclusions from Public Input to Community Health Needs Assessment

In December, 2011, the Nebraska Department of Health and Human Services issued a report "2011 Nebraska Community Themes and Strengths Assessment Survey Results" for the Two Rivers Area, which includes Phelps County.

Top perceived health behavior concerns needing to be addressed include:

1. Overweight/obesity (also #1 in Nebraska as a whole)
2. Cancer (#3 in Nebraska as a whole)
3. Alcohol Abuse (#2 in Nebraska as a whole)
4. Healthcare cost, quality and coverage (#5 in Nebraska as a whole)
5. Not Enough Exercise & Lack of Programs (#6 in Nebraska as a whole)

Community Responses statistically significantly different from other Nebraskan include (listed without priority):

- A higher than average number of people agreed there are enough medical specialists in the community. However, a larger than average number of respondents also disagreed with this statement.
- Respondents did not believe the community has excellent schools.

- Respondents did not believe there is enough student after school programs.
- Respondents did not believe there are enough transportation services to take elderly shopping and to medical services.
- Respondents did not believe there are a lot of social networks and groups for the elderly.
- Respondents did not believe there are adequate jobs, opportunity for advancement and family friendly.
- Respondents did not believe the economy is strong and life here is a safe place to live, work, play.
- Respondents did not believe there are enough social networks during times of stress and need.
- Respondents did not believe people pitch in to help when needed, there are few volunteers.
- Respondents did not believe sexually transmitted diseases are as important an issue here as elsewhere in Nebraska.
- A lower percent cite mental health (including depression), drug abuse and suicide as extreme serious concerns.
- Not participating in enough exercise is not as much of a problem as elsewhere in Nebraska.
- Child seat use is not as much of a concern as elsewhere in Nebraska.
- Domestic violence is not as much of a concern as elsewhere in Nebraska.
- Not getting vaccinations has a lower impact than elsewhere in Nebraska.

Summary of Observations from Phelps County Compared to All Other Nebraska Counties, in Terms of Community Health Needs

In general, Phelps County residents are about as healthy or perhaps more healthy than the typical Nebraskan. This ranking, however, is obtained from offsetting extremes rather than a consistent average performance.

- In a health status classification termed "Health Outcomes", Phelps County ranks number 32 among the 79 ranked counties (best being #1).
- On the beneficial side of the ledger, Low Birth Weight births among Phelps County mothers is only 5%, a value lower than national goals seek to obtain.
- However, this beneficial finding is offset by the Premature Death rate in Phelps County. Only seven Nebraska counties rank below Phelps County in the number of (age adjusted) years of life lost due to death occurring prior to age 75.

In another health status classification "Health Factors", Phelps County lies in the 4th best position among Nebraska Counties. Conditions where improvement remains include:

- Obesity - above Nebraska average, an adverse finding.
- Physical activity - below Nebraska average, an adverse finding.
- Preventable hospital stays - above Nebraska average, an adverse finding.
- Fast Food restaurants as percent of all restaurants - above Nebraska average, an adverse finding.

Phelps County has exceptional good performance in:

- Primary Care Physician to population ratio - which is better than national desired goal level, a beneficial finding.

Summary of Observations from Phelps County Peer Comparisons

The federal government administers a process to allocate all counties into "Peer" groups, groups having similar social, economic and demographic characteristics. Health and wellness observations when Phelps County is compared to its respective national set of Peer Counties and when compared to national rates, makes the following observations:

UNFAVORABLE observations occurring at rates worse than national AND worse than among Peers

- CORONARY HEART DISEASE
- STROKE

SOMEWHAT A CONCERN observations: because occurrence is EITHER above national average or above Peer group average

- FEMALE BREAST CANCER above national average
- COLON CANCER above national average
- LUNG CANCER above national average
- MOTOR VEHICLE INJURY above national average
- PREMATURE BIRTHS (<37 weeks) above peer county average
- BIRTHS TO WOMEN UNDER 18 above peer county averages
- BIRTHS TO UNMARRIED WOMEN above peer county averages
- UNINTENTIONAL INJURY above peer county averages

Performance BETTER than Peers and National rates:

- INFANT MORTALITY MEASURES Low Birth Weight (<2500 grams); Very Low Birth Weight (<1500g); Infant Mortality; White Non-Hispanic Infant Mortality; Neonatal Infant Mortality; Post-neonatal Infant Mortality

- BIRTHS TO WOMEN AGE 40 to 54

Conclusions from the Demographic Analysis Comparing Phelps County to National Averages

Phelps County in 2012 comprises 8,898 residents. Since 2000 it has experienced slight declining population and anticipates continued slight decline through the next five years. The population is 94.3% non-Hispanic White. Hispanics constitute 4.3% of the population as the largest minority population. 19.2% of the population is age 65 or older. This is a considerably larger population segment than the elderly comprise elsewhere in NE or to the national average. Only 15% of the women are in the childbirth population segment. This segment is considerably smaller than elsewhere in NE and smaller than the national average. While the median income is below state and national averages, the median wealth of the population is above average.

The following areas were identified from a comparison of the county to national averages:

Situations and Conditions impacting more than 25% of the population and statistically significantly different from the national average include:

- Obtained a mammogram in the last 2 years 6% above average by 93% of women, a beneficial finding.
- Obtained a pap or cervical exam in last 2 years 8% below average by 56% of women, an adverse finding.
- Having 1 or more OB/GYN visits in last year 19% below average by 38% of women, an adverse finding.
- Chronic High Blood Pressure 31% above average impacting 35% of population, an adverse finding.
- Chronic High Cholesterol 19% above average impacting 27% of population, an adverse finding.
- Chronic Low Back Pain 11% above average impacting 25% of population, an adverse finding.
- Cigarette Use 7% above average impacting 28% of population, an adverse finding.
- Have Healthy Eating Habits 5% below average impacting 28% of population, an adverse finding.
- Following Treatment Recommendations 9% below average impacting 37% of the population, an adverse finding.

Situations and Conditions statistically significantly different from the national average but impacting less than 25% or more of the population include:

- Chronic COPD (pulmonary disease) 36% above average impacting 7% of population, an adverse finding.
- Chronic Osteoporosis (bone disease) 33% above average impacting 13% of population, an adverse finding.
- Chronic Heart Disease 30% above average impacting 11% of population, an adverse finding.
- Chronic Diabetes 20% above average impacting 18% of population, an adverse finding.

Key Conclusions from Consideration of the Other Statistical Data Examinations

Additional examinations of Phelps County data found:

- Palliative Care (programs focused not on curative actions but designed to relieve disease symptoms pain and stress arising from serious illness) do not exist and Hospice programs are not in the County.
- Ranking the causes of death finds the leading causes to be the following (in descending order of occurrence):
 1. Cancer (Lower than expected rate of incident but #1 killer in NE)
 2. Heart Disease
 3. Lung Disease (Considered a higher than expected death rate)
 4. Diabetes (Phelps County is the 6th highest among NE Counties) Considered a higher than expected death rate
 5. Accidents
 6. Stroke (#4 cause of death in NE)
 7. Alzheimer's(#6 cause of death in NE) The Phelps County death rate is considered higher than expected

According to a different organization, the incident of Stroke is above the state and the national average rate. Significant comorbidities (disease conditions accompanying the main illness) include:

- very high incident of atrial fibrillation
- a high incident of diabetes and,
- a normal incident of Hypertension

The incident of heart disease deaths is above the state but below the national average rate. Comorbidities are normal, except for Acute Myocardial Infarctions which are lower than average.

According to a different organization, diabetes as a rate is in the third lowest decile, indicating it not to be a concern.

Life expectancy for both Men and Women has increased, placing both in the highest national quintile.

EXISTING HEALTH CARE FACILITIES AND RESOURCES

Existing Health Care Facilities and Resources Available to Respond to the Community Health Needs

We used the priority ranking of area health needs to organize the search for locally available resources.¹⁹ The following list includes:

- Identifies the rank order of each identified Significant Need;
- Presents the factors considered in developing the ranking;
- Establishes a Problem Statement to specify the problem indicated by use of the Significant Need term;
- Identifies Phelps Memorial Health Center current efforts responding to the need;
- Establishes the Implementation Plan programs and resources Phelps Memorial Health Center will devote to attempt to achieve improvements;
- Documents the Leading Indicators Phelps Memorial Health Center will use to measure progress;
- Presents the Lagging Indicators Phelps Memorial Health Center believes the Leading Indicators will influence in a positive fashion, and;
- Presents the locally available resources noted during the development of this report as believed to be currently available to respond to this need.

In general, Phelps Memorial Health Center is the major hospital in the service area. Phelps Memorial Health Center is a 25 bed critical access, acute care medical facility located in Holdrege, NE. The next closest facilities are outside the service area and include:

- Kearney County Hospital – 25 bed critical access hospital in Minden, NE; 25 miles from Holdrege (33 minutes)
- Good Samaritan Hospital – 287 bed regional referral center in Kearney, NE; 35.2 miles from Holdrege (35 minutes)
- Harlan County Health System – 19 bed critical access hospital in Alma, NE; 24.66 miles from Holdrege (26 minutes)

All data items analyzed to determine significant needs are “Lagging Indicators”, measures presenting results after a period of time, characterizing historical performance. Lagging Indicators tell you nothing about how the outcomes were achieved. In contrast the Phelps Memorial Health Center Implementation Plan utilizes “Leading Indicators”. Leading Indicators anticipate change in the Lagging Indicator. Leading Indicators focus on short-term performance, and if accurately selected,

¹⁹ Response to IRS Form 990 h Part V B 1 c

anticipate the broader achievement of desired change in the Lagging Indicator. In the QHR application Leading Indicators also must be within the ability of the hospital to influence and measure.

Definitions of Significant Needs Listed in Highest to Lowest Rank Order of Need

1. MATERNAL AND INFANT HEALTH

The incident of premature births are above average, while the portion of births at high risk because the mother is age 40 to 54 or under age 18 are lower than average. The various infant mortality measures indicate desirable performance

Problem Statement: An approach is needed to improve maternal and infant health

PHELPS MEMORIAL HEALTH CENTER (PMHC) CURRENT SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- At PMHC, everything begins with family. The Obstetrics Department is highly trained in maternal and infant care. Our nurses are also certified in Neonatal Advance Life Support. PMHC currently has 2 Birthing Suites for labor, delivery and recovery with private bathrooms and televisions. Postpartum rooms are near the nursery for ease of new parents.
- Private Postpartum Room near the Nursery
- Individualized Nursing Care
- Birthing and Beginning Education Classes
- Breast-Feeding Consultation
- Choose Your Own Birthing Experience
- Baby Care Demonstrations
- OB Department Tours
- Sibling Classes (view Sibling Class schedule)
- Special meal for Mom and guest after the baby has arrived
- Online nursery to share your bundle of joy with family and friends

PHMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:²⁰

- PHMC intends to take a leadership role in coordinating educational and programmatic initiatives with the other local resources as identified below.

ANTICIPATED RESULTS FROM PMHC IMPLEMENTATION PLAN

²⁰ This section in each need for which the hospital plans an implementation strategy responds to Schedule H (form 990) Part V Section B 6. a and 6. b

- Maintain an Infant Mortality rate no higher than the US targets.

LEADING INDICATOR PMHC WILL USE TO MEASURE PROGRESS

- Number of Breast Feeding Consultation Hours
 - 2012 = 130 hours

LAGGING INDICATOR PMHC WILL USE TO MEASURE PROGRESS

- Infant Mortality
 - 3.4 deaths per 1,000 live births which is lower than US and 2010 Health People Target, but is not statistically significantly lower

Other Local Resources Identified During the Process of Report Development Include:		
Family Medical Specialties	516 W. 14th Ave., Suite 100, Holdrege, NE 68949	(308) 995.4431
High Plains Clinic	1315 Tibbals St., Holdrege, NE, 68949	(308) 995.6111
Two Rivers Public Health Department	701 4 th Ave., Suite 1, Holdrege, NE 68949	(308) 995.4778 or (888) 669.7154

2. CANCER

#1 cause of death (although lower rate than expected), 2nd highest resident concern. LUNG CANCER and COLON CANCER above national average; BREAST CANCER above national but below peer average

Problem Statement: The incident rate for cancer should be lowered and utilization of diagnostic screening services should increase

PHELPS MEMORIAL HEALTH CENTER (PMHC) CURRENT SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- PMHC, 1215 Tibbals St., Holdrege, NE 68949, (308) 995.2211 has radiologic and diagnostic technology to help identify cancer at an earlier stage and treat cancer and advertises locally to enhance colon and breast cancer awareness, including Breast Magnetic Resonance Imaging Capability
- Colorectal kits distributed work collaboratively with Good Samaritan Hospital, 10 E. 31st St., Kearney, NE 68847, (308) 865.7100

PHMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Continue appropriate physician recruitment to aid in diagnosis and treatment.

ANTICIPATED RESULTS FROM PMHC IMPLEMENTATION PLAN

- Enhanced capability for early disease detection.

LEADING INDICATOR PMHC WILL USE TO MEASURE PROGRESS

- Diagnostic Screening Mammograms
 - 2012 = 1447
- Diagnostic Colonoscopies
 - 2012 = 337

LAGGING INDICATOR “HOSPITAL NAME” WILL USE TO IDENTIFY IMPROVEMENT

- Cancer Death Rate
 - 2012 = 174.6/100,000 www.worldlifeexpectancy.com/usa-health-rankings

Other Local Resources Identified During the Process of Report Development Include:		
American Cancer Society Local Chapter Representative	3808 28 th Avenue #E, Kearney, NE 68845	(308) 237.7481
Family Medical Specialties	516 W. 14th Ave., Suite 100, Holdrege, NE 68949	(308) 995.4431
High Plains Clinic	1315 Tibbals St., Holdrege, NE, 68949	(308) 995.6111
Two Rivers Public Health Department	701 4 th Ave., Suite 1, Holdrege, NE 68949	(308) 995.4778 or (888) 669.7154

3. DIABETES

Significantly above national average; 4th cause of death (and 6th highest NE county) one study rate higher than expected in another lower than national average; High incident of being a complication for strokes

Problem Statement: Enhance or expand diabetic education and treatment resources to reduce the impact of this disease.

PHELPS MEMORIAL HEALTH CENTER (PMHC) CURRENT SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- Diabetes Self Management Classes
- Support for maintaining a Certified Diabetic Educator

PHMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Continue current efforts
- Coordinate activities with other area providers, including those listed below

ANTICIPATED RESULTS FROM PMHC IMPLEMENTATION PLAN

- Increase disease awareness within the general public and an increase in patient compliance

LEADING INDICATOR PMHC WILL USE TO MEASURE PROGRESS

- Number of individuals participating in PMHC Diabetic education program
 - 2012 = 23

LAGGING INDICATOR “HOSPITAL NAME” WILL USE TO IDENTIFY IMPROVEMENT

- Number of Medicare Enrollees with Diabetes with annual exam
 - 2010 (more recent value) = 83.85% <http://assessment.communitycommons.org/CHNA/Report.aspx?page=4&id=509>

Other Local Resources Identified During the Process of Report Development Include:		
Two Rivers Public Health Department	701 4 th Ave., Suite 1, Holdrege, NE 68949	(308) 995.4778 or (888) 669.7154
Family Medical Specialties	516 W. 14th Ave., Suite 100, Holdrege, NE 68949	(308) 995.4431
High Plains Clinic	1315 Tibbals St., Holdrege, NE 68949	(308) 995.6111
YMCA of the Prairie – Holdrege Branch	1415 Broadway St., Holdrege, NE 68949	(308) 995.4050

4. OBESITY/OVERWEIGHT

1 resident concern; HEALTHY EATING habits below national average; OBESITY rate above Nebraska average; FAST FOOD as % of restaurants above Nebraska average

Problem Statement: Additional obesity reduction efforts, including an emphasis on health eating are needed

PHELPS MEMORIAL HEALTH CENTER (PMHC) CURRENT SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- PMHC employee wellness program operated in coordination with the YMCA of the Prairie – Holdrege Branch
- Annual Silver Run

PHMC DOES NOT INTEND TO DEVELOP AN IMPLEMENTATION PLAN FOR THIS NEED BECAUSE:

- Lack of Expertise or competency
- Need is addressed by others

Other Local Resources Identified During the Process of Report Development Include:		
YMCA of the Prairie – Holdrege Branch	1415 Broadway St. Holdrege, NE 68949	(308) 995.4050
Family Medical Specialties	516 W. 14th Ave., Suite 100, Holdrege, NE 68949	(308) 995.4431
High Plains Clinic	1315 Tibbals St., Holdrege, NE 68949	(308) 995.6111
Two Rivers Public Health Department	701 4 th Ave., Suite 1, Holdrege, NE 68847	(308) 995.4778 or (888) 669.7154
Holdrege Area Chamber of Commerce	701 4 th Ave., Suite 10, Holdrege, NE 68949	(308) 995.4444

5. MENTAL HEALTH and SUICIDE

High % of residents cite mental health and SUICIDE as extreme serious concerns

Problem Statement: Mental health and suicide prevention resources need to increase

PHELPS MEMORIAL HEALTH CENTER (PMHC) CURRENT SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- PMHC Emergency Service Stabilization and Referral
- Online, confidential depression/anxiety disorder screening is available at: BryanLGH Counseling Center

PHMC DOES NOT INTEND TO DEVELOP AN IMPLEMENTATION PLAN FOR THIS NEED BECAUSE:

- Lack of Expertise or competency
- Need is addressed by others

Other Local Resources Identified During the Process of Report Development Include:		
Department of Nebraska of Health and Human Services		Division of Behavioral Health Nebraska Health Line 1-888-866-8660
Two Rivers Public Health Department	701 4 th Ave., Suite 1, Holdrege, NE 68847	(308) 995.4778 or (888) 669.7154
BryanLGH Counseling Center		(402) 481-5991

Region 3 Behavioral Health Services, Beth Baxter Region 3 Regional Administrator	4009 6 th Ave. Suite 65, P.O. Box 2555, Kearney, NE 68848	(308) 237.5113
Christian Counseling Services	603 East Ave., Holdrege, NE 68949	(308) 995.9399
South Central Behavioral Services	701 4 th Ave., Suite 11a, Holdrege, NE 68949	(308) 995.6597

6. HEALTHCARE COST, QUALITY and COVERAGE

4th public concern (#5 in NE) ; PREVENTABLE HOSPITAL STAYS above NE average

Problem Statement: Efforts need to be devoted to achieve enhanced availability of affordable medical and wellness services.

PHELPS MEMORIAL HEALTH CENTER (PMHC) CURRENT SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- PMHC financial assistance policy

PHMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Revision of financial assistance policy
- Monitor efforts of the State of Nebraska to implement the Affordable Care Act and determine what role, if any, is appropriate for PMHC

ANTICIPATED RESULTS FROM PMHC IMPLEMENTATION PLAN

- Increase local resident awareness of available financial assistance programs and policies

LEADING INDICATOR PMHC WILL USE TO MEASURE PROGRESS

- PMHC financial assistance provided to patients:
 - 2012 = Approximately 160 individuals received Financial Assistance from PMHC beyond standard discounts

LAGGING INDICATOR “HOSPITAL NAME” WILL USE TO IDENTIFY IMPROVEMENT

- Percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level
 - 2007-2011 (most recent values) = 10.43% <http://assessment.communitycommons.org/CHNA/>

Other Local Resources Identified During the Process of Report Development Include:		
Two Rivers Public Health Department	701 4 th Ave., Suite 1, Holdrege, NE 68949	(308) 995.4778 or (888) 669.7154

Family Medical Specialties	516 W. 14th Ave., Suite 100, Holdrege, NE 68949	(308) 995.4431
High Plains Clinic	1315 Tibbals St., Holdrege, NE 68949	(308) 995.6111
YMCA of the Prairie – Holdrege Branch	1415 Broadway St., Holdrege, NE 68949	(308) 995.4050

7. ALCOHOL ABUSE

Third highest rated concern by residents

Problem Statement: Alcohol and substance abuse resources need to increase

PHELPS MEMORIAL HEALTH CENTER (PMHC) CURRENT SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- PMHC Ambulance Service
- PMHC Emergency Service

PHMC DOES NOT INTEND TO DEVELOP AN IMPLEMENTATION PLAN FOR THIS NEED BECAUSE:

- Lack of Expertise or competency
- Need is addressed by others

Other Local Resources Identified During the Process of Report Development Include:		
Region 3 Behavioral Health Services, Beth Baxter Region 3 Regional Administrator	4009 6 th Ave. Suite 65, P.O. Box 2555, Kearney, NE 68848	(308) 237.5113
Two Rivers Public Health Department	701 4 th Ave., Suite 1, Holdrege, NE 68949	(308) 995.4778 or (888) 669.7154
Christian Counseling Services	603 East Ave., Holdrege, NE 68949	(308) 995.9399
South Central Behavioral Services	701 4 th Ave., Suite 11a, Holdrege, NE 68949	(308) 995.6597
AA 24-Hour Group	15 E. 26 th St., Kearney, NE 68847	(308) 236.5131
Alcoholic Anonymous	Kearney, NE	(308) 233.5800
The House of Freedom	2701 Central Ave., Kearney, NE 68847	(308) 237.5775
Connie Hultine, Drug Court Coordinator	1512 Central Ave., Kearney, NE 68847	(402) 984-7805

8 Physical Activity

Below NE average; 5th resident concern; LACK OF PROGRAMS; opinion LACK OF EXERCISE more a problem than elsewhere in NE

Problem Statement: Area residents need increased awareness of health advantages derived from being more active.

PHELPS MEMORIAL HEALTH CENTER (PMHC) CURRENT SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- Annual Silver Run
- Living Heart Healthy Class
- Cardiac and Pulmonary Rehabilitation
- PMHC employee benefit program in cooperation with the YMCA of the Prairie – Holdrege Branch

PHMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Continue above initiatives
- Coordinate activity with local resources including those documented below

ANTICIPATED RESULTS FROM PMHC IMPLEMENTATION PLAN

- Increase in number of residents engaged in some form of physical activity

LEADING INDICATOR PMHC WILL USE TO MEASURE PROGRESS

- Annual participants in Silver Run
 - 2012 = 432

LAGGING INDICATOR “HOSPITAL NAME” WILL USE TO IDENTIFY IMPROVEMENT

- Percent Population with no Leisure Time Physical Activity
 - 2010 (most recent value) = 26% <http://assessment.communitycommons.org/CHNA/Report.aspx?page=5&id=306>

Other Local Resources Identified During the Process of Report Development Include:		
Two Rivers Public Health Department	701 4 th Ave., Suite 1, Holdrege, NE 68949	(308) 995.4778 or (888) 669.7154
Family Medical Specialties	516 W. 14th Ave., Suite 100, Holdrege, NE 68949	(308) 995.4431
High Plains Clinic	1315 Tibbals St., Holdrege, NE 68949	(308) 995.6111
YMCA of the Prairie – Holdrege Branch	1415 Broadway St., Holdrege, NE 68949	(308) 995.4050

Other Identified Needs

9. **ECONOMY**

Significant negative opinion of life here as safe, place to live, work and play; Lack of good jobs; A lack of good schools (Local Experts respond the school systems are not a health concern)

Problem Statement: The factors impacting the quality of life should improve.

Other Local Resources Identified During the Process of Report Development Include:		
Holdrege Police Department	813 5 th Ave., Holdrege, NE 68949	(308) 995.4407
Phelps County Community Watch Program		(308) 995.5692
Phelps County Development Corporation	502 East Ave., P.O. Box 522, Holdrege, NE 68949	(308) 995.4148
Holdrege Development Corporation Amber Lewis, Director	1422 12 th Ave., Holdrege, NE 68949	(308) 995.8733
Holdrege Area Chamber of Commerce	701 4 th Ave., Suite 10, Holdrege, NE 68949	(308) 995.4444
All Saints Catholic School	1204 Logan St., Holdrege, NE 68949	(308) 995.4590
Holdrege Public School	505 14 th St., Holdrege, NE 68949	(308) 995.8663

10. **DOMESTIC VIOLENCE**

Is more of a concern here than other parts of Nebraska; Local Experts note a recent spike of domestic violence court cases

Problem Statement: Raise awareness of the problem of domestic violence and resources available to respond to incidents

Other Local Resources Identified During the Process of Report Development Include:		
Two Rivers Public Health Department	701 4 th Ave. Suite, 1, Holdrege, NE 68949	(308) 995.4778 or (888) 669.7154
CASA, Christina McIntire	Phelps County Courthouse, P.O. Box 443, Holdrege, NE 68949	(308) 995.2102 ext. 333

SAFE Center	3710 Central Ave., Suite 10, Kearney, NE 68847	(308) 237.2599 Para Espanol (877) 215.0167
Family Advocacy Network	106 31 st St., Kearney, NE 68847	(308) 865.7492

11. ALZHEIMER'S DISEASE

7th leading cause of death, rate higher than expected

Problem Statement: Increase awareness of Alzheimer's disease prevention and treatment resources.

Other Local Resources Identified During the Process of Report Development Include:		
Two Rivers Public Health Department	701 4 th Ave. Suite, 1, Holdrege, NE 68949	(308) 995.4778 or (888) 669.7154
Alzheimer's Association, Great Plains Chapter	1500 South 70 th St., Lincoln, NE 68506	(800) 272.3900
Family Medical Specialties	516 W. 14 th Ave., Suite 100, Holdrege, NE 68949	(308) 995.4431
High Plains Clinic	1315 Tibbals St., Holdrege, NE 68949	(308) 995.6111

12. ACCIDENTS

5th leading cause of death; MOTOR VEHICLE INJURY occurs at above national average; The incident of UNINTENTIONAL INJURY occurs at a rate above peer average; CHILD SEAT non-USE is more of a concern here than elsewhere in Nebraska

Problem Statement: A determination is needed to identify and implement actions to reduce the number of accidental injuries.

Other Local Resources Identified During the Process of Report Development Include:		
National Safety Council – Nebraska	11620 M Circle, Omaha, NE	(402) 896.0454 (800) 592.9004
Phelps County Sheriff	715 5 th Ave, Holdrege, NE 68949	(308) 995.6115
Holdrege Police Department	813 5 th Ave., Holdrege, NE 68949	(308) 995.4407
Nebraska State Patrol	715 5 th Ave., Suite 21, Holdrege, NE 68949	(308) 995.8257

Safe Routs to Schools – Holdrege Public Schools Superintendent	505 14 th Ave., Holdrege, NE 68949	(308) 995.8663
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13. STROKE

6th leading cause of death (4th in Nebraska) ; The incident rate is above the state and the national average; The incident rate is above the peer and the national average

Problem Statement: Increase awareness of stroke prevention and treatment resources

Other Local Resources Identified During the Process of Report Development Include:		
Two Rivers Public Health Department	701 4 th Ave. Suite, 1, Holdrege, NE 68949	(308) 995.4778 or (888) 669.7154
Family Medical Specialties	516 W. 14 th Ave., Suite 100, Holdrege, NE 68949	(308) 995.4431
High Plains Clinic	1315 Tibbals St., Holdrege, NE 68949	(308) 995.6111

14. CANCER SCREENING

Mammography use favorable, pap and cervix exams use low

No additional resources were identified during the report process

15. CORONARY HEART DISEASE

2nd leading cause of death; The incident rate is significantly above national average; The incident rate is worst than national and peer average; The incident rate is a very high comorbidity to stroke

Problem Statement: Prevention efforts, diagnostic and treatment resources should be focused on reducing the number of heart related deaths.

Other Local Resources Identified During the Process of Report Development Include:		
Nebraska Heart Institute	3515 Richmond Circle, Grand Island, NE 68803	(308) 381.8636
BryanLGH Heart Institute	1600 S. 48 th Street, Suite 600, Lincoln, NE 68506	(402) 483.3333

Midlands Cardiology	3015 Ave. A, Kearney, NE 68847	(308) 865.7271
Two Rivers Public Health Department	701 4 th Ave. Suite, 1, Holdrege, NE 68949	(308) 995.4778 or (888) 669.7154
American Heart Association Regional Office	1540 S. 70 th Street Suite 100 Lincoln, NE	(402) 489.5115

16. SMOKING

Is significantly above the national average; Teen smoking is specifically noted as a problem by Local Experts

Problem Statement: The number of local residents who smoke needs to decline

Other Local Resources Identified During the Process of Report Development Include:		
Department of Nebraska of Health and Human Services	Tobacco Free Nebraska P.O. Box 95026 Lincoln, NE 68509	(402) 471.2101
Two Rivers Public Health Department	701 4 th Ave. Suite, 1, Holdrege, NE 68949	(308) 995.4778 or (888) 669.7154
Family Medical Specialties	516 W. 14th Ave., Suite 100, Holdrege, NE 68949	(308) 995.4431
High Plains Clinic	1315 Tibbals St., Holdrege, NE 68949	(308) 995.6111
American Cancer Society	Cancer Action Network Tobacco Fighting Team	http://www.acscan.org/action/ne

17. CHRONIC HIGH BLOOD PRESSURE

The incident rate is significantly above average

Problem Statement: More residents need blood pressure awareness including condition management education and treatment.

Other Local Resources Identified During the Process of Report Development Include:		
Two Rivers Public Health Department	701 4 th Ave. Suite, 1, Holdrege, NE 68949	(308) 995.4778 or (888) 669.7154
Family Medical Specialties	516 W. 14th Ave., Suite 100, Holdrege, NE 68949	(308) 995.4431

High Plains Clinic	1315 Tibbals St., Holdrege, NE 68949	(308) 995.6111
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18. AFTER SCHOOL PROGRAMS

For all grades, after school programming is inadequate

Problem Statement: Determine how to fund and implement additional after school resources for area students.

Other Local Resources Identified During the Process of Report Development Include:		
YMCA of the Prairie – Holdrege Branch	1415 Broadway St. Holdrege, NE	(308) 995.4050

19. SEXUALLY TRANSMITTED DISEASE

Is perceived to be more of a problem here than in other parts of Nebraska

Problem Statement: More residents need awareness of sexually transmitted diseases including condition management education and treatment.

Other Local Resources Identified During the Process of Report Development Include:		
Two Rivers Public Health Department	701 4 th Ave. Suite, 1, Holdrege, NE 68949	(308) 995.4778 or (888) 669.7154
Family Medical Specialties	516 W. 14th Ave., Suite 100, Holdrege, NE 68949	(308) 995.4431
High Plains Clinic	1315 Tibbals St., Holdrege, NE 68949	(308) 995.6111

20. CHRONIC HIGH CHOLESTEROL

The incident rate is significantly higher than the national average

Problem Statement: More residents need cholesterol awareness including condition management education and treatment.

Other Local Resources Identified During the Process of Report Development Include:		
Two Rivers Public Health Department	701 4 th Ave. Suite, 1, Holdrege, NE 68949	(308) 995.4778 or (888) 669.7154
Family Medical Specialties	516 W. 14th Ave., Suite 100, Holdrege, NE 68949	(308) 995.4431

High Plains Clinic	1315 Tibbals St., Holdrege, NE 68949	(308) 995.6111
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21. CHRONIC LUNG DISEASE & CHRONIC ASTHMA

The incident rate is significantly above the national average; This condition is the third leading cause of death; The incident rate is higher than expected

Problem Statement: Reduce the number of pulmonary related deaths by enhancing diagnostic and medical treatment resources and expanding prevention efforts relating to chronic Asthma.

Other Local Resources Identified During the Process of Report Development Include:		
Two Rivers Public Health Department	701 4 th Ave. Suite, 1, Holdrege, NE 68949	(308) 995.4778 or (888) 669.7154
Family Medical Specialties	516 W. 14th Ave., Suite 100, Holdrege, NE 68949	(308) 995.4431
High Plains Clinic	1315 Tibbals St., Holdrege, NE 68949	(308) 995.6111
Hastings Pulmonary & Sleep Clinic	715 N. Kansas Ave., Suite 101, Hastings, NE 68901	(402) 460.5787

22. CHRONIC LOW BACK PAIN

The incident rate is significantly above the national average

Problem Statement: Back conservation awareness techniques should be expanded to those in need

Other Local Resources Identified During the Process of Report Development Include:		
Two Rivers Public Health Department	701 4 th Ave. Suite, 1, Holdrege, NE 68949	(308) 995.4778 or (888) 669.7154
Family Medical Specialties	516 W. 14th Ave., Suite 100, Holdrege, NE 68949	(308) 995.4431
High Plains Clinic	1315 Tibbals St., Holdrege, NE 68949	(308) 995.6111

23. PALLIATIVE CARE AND HOSPICE CARE

Palliative care programs do not exist in Phelps County.

Problem Statement: Palliative care services should expand as appropriate to meet identified needs.

Other Local Resources Identified During the Process of Report Development Include:		
Tri-County Area Hospital	1201 North Erie St., Lexington, NE 68850	(308) 324.5651
Mary Lanning Healthcare	715 North St. Joseph Ave., Hastings, NE 68901	(402) 463.4521
Good Samaritan Hospital	10 East 31 st Street, Kearney, NE 68847	(308) 865.7100

24. CHRONIC OSTEOPOROSIS

The incident rate is significant above the U.S. average

Problem Statement: Continued efforts relating to osteoporosis awareness including condition management education and treatment are needed to further reduce the impact of the condition.

Other Local Resources Identified During the Process of Report Development Include:		
Two Rivers Public Health Department	701 4 th Ave. Suite, 1, Holdrege, NE 68949	(308) 995.4778 or (888) 669.7154
Family Medical Specialties	516 W. 14th Ave., Suite 100, Holdrege, NE 68949	(308) 995.4431
High Plains Clinic	1315 Tibbals St., Holdrege, NE 68949	(308) 995.6111
YMCA of the Prairie – Holdrege Branch	1415 Broadway St. Holdrege, NE	(308) 995.4050

25. LIFE EXPECTANCY or PREMATURE DEATHS

The overall life expectancy for Phelps County is favorable but Phelps ranks unfavorably compared to Nebraska counties, as only seven counties exhibit worst performance; solutions, however, may lie with responding to other needs

Problem Statement: Identify and implement actions to reduce the number of residents dying prior to age 75.

Other Local Resources Identified During the Process of Report Development Include:		
Two Rivers Public Health Department	701 4 th Ave. Suite, 1, Holdrege, NE 68949	(308) 995.4778 or (888) 669.7154
Family Medical Specialties	516 W. 14th Ave., Suite 100, Holdrege, NE 68949	(308) 995.4431
High Plains Clinic	1315 Tibbals St., Holdrege, NE 68949	(308) 995.6111

26. PATIENT COMPLIANCE

The demographic profile indicates residents are less likely than normal to comply with treatment instructions

Problem Statement: Enhance educational efforts designed to increase patient complying with treatment recommendations

Other Local Resources Identified During the Process of Report Development Include:		
Family Medical Specialties	516 W. 14th Ave., Suite 100, Holdrege, NE 68949	(308) 995.4431
High Plains Clinic	1315 Tibbals St., Holdrege, NE 68949	(308) 995.6111

27. TRANSPORTATION

The perception is resources designed to allow the elderly to shop and get shopping and medical services are inadequate

Problem Statement: Evaluate volunteer and grant supported opportunities to increase elderly transportation resources

Other Local Resources Identified During the Process of Report Development Include:		
Phelps County Senior Center	415 Garfield St., P.O. Box 587 Holdrege, NE	(308) 995.5345
Phelps County Public Transit	Holdrege, NE 68949	(308) 995.5345

28. ORTHOPEDIC Services including Surgery availability

Services need to be enhanced according to Local Expert responses

Problem Statement: Increase local availability to allow local diagnostic efforts and treatment of orthopedic conditions

Other Local Resources Identified During the Process of Report Development Include:		
Family Medical Specialties	516 W. 14th Ave., Suite 100, Holdrege, NE 68949	(308) 995.4431
High Plains Clinic	1315 Tibbals St., Holdrege, NE 68949	(308) 995.6111
Rural Partners in Medicine	P.O. Box 772519, Steamboat Springs, CO 80477	(308) 225.2616

29. SOCIAL NETWORKS

There is a perception of inadequate programs for elderly & at times of stress & a lack of VOLUNTEERS

Problem Statement: Establish meaningful opportunities for residents to volunteer time and effort in supportive social venues so as to improve overall social wellbeing

Other Local Resources Identified During the Process of Report Development Include:		
CASA, Christina McIntire	Phelps County Courthouse, P.O. Box 443, Holdrege, NE 68949	(308) 995.2102 ext. 333
TeamMates	505 14 th Ave., Holdrege, NE 68949	(308) 995.5421
Phelps Community Food Pantry	202 West Ave., P.O. Box 78, Holdrege, NE 68949	(308) 995.4254
Holdrege Optimist Club	P.O. Box 444, Holdrege, NE 68949	(308) 995.8004
South Platte Youth Athletic Club (SPYAC)	P.O. Box 174, Holdrege, NE 68949	
Kiwanis Club of Holdrege	812 Sheridan St., Holdrege, NE 68949	(308) 995.2882
Holdrege Rotary Club	P.O. Box 702. Holdrege, NE 68949	(308) 995.8601
PMHC – Service League	1215 Tibbals St., Holdrege, NE 68949	(308) 995.2211
International Association of Lions Clubs	11981 734 Rd Funk, NE 68940	

30. **VACCINATIONS**

The need for adequate vaccination as a means to ward off illness is perceived to be less of a concern here than elsewhere in Nebraska

Problem Statement: Increase awareness of the beneficial aspects of preventative vaccination and increase the portion of the population availing itself of vaccinations

Other Local Resources Identified During the Process of Report Development Include:		
Noble Pharmacy	702 4 th Ave, Holdrege NE 68949	(308) 995.6105
Fulmer U-Save	1317 Hill St, Holdrege NE	(308) 995.4401
Shopko Pharmacy	1533 Burlington St., Holdrege, NE 68949	(308) 995.2075
Family Medical Specialties	516 W. 14th Ave., Suite 100, Holdrege, NE 68949	(308) 995.4431
High Plains Clinic	1315 Tibbals St., Holdrege, NE 68949	(308) 995.6111
Two Rivers Public Health Department	Holdrege	(308) 995.4778 or (888) 669.7154

31. **PHYSICIANS**

The physician to population ratio is better than the national average; resident use of OB/GYN service is below average; residents cite physician access is a problem

Problem Statement: Evaluate what actions are appropriate to enhance local resident ability to access physician services

Other Local Resources Identified During the Process of Report Development Include:		
High Plains Clinic	1315 Tibbals St., Holdrege, NE 68949	(308) 995.6111
Family Medical Specialties	516 W. 14th Ave., Suite 100, Holdrege, NE 68949	(308) 995.4431

Overall Community Need Statement and priority Ranking Score:

Significant Needs Where PMHC Intends to Develop an Implementation Plan

1. MATERNAL AND INFANT HEALTH
2. CANCER
3. DIABETES
6. HEALTHCARE COST, QUALITY / COVERAGE Availability & Assist low income, elderly, disabled
8. PHYSICAL ACTIVITY

Significant Needs Where PMHC Will Not Develop an Implementation Plan²¹

4. OBESITY/OVERWEIGHT
5. MENTAL HEALTH
7. ALCOHOL ABUSE

Other Identified Needs Where PMHC Intends to Develop an Implementation Plan

None

Other Identified Needs Where PMHC Will Not Develop an Implementation Plan

9. ECONOMY
10. DOMESTIC VIOLENCE
11. ALZHEIMER'S
12. ACCIDENTS
13. STROKE
14. CANCER SCREENING
15. CORONARY HEART DISEASE
16. SMOKING & Teenage Smoking
17. CHRONIC HIGH BLOOD PRESSURE
18. AFTER SCHOOL PROGRAMS
19. SEXUALLY TRANSMITTED DISEASE

²¹ Responds to Schedule H (Form 990) Part V B 7 – the general reasons for not developing implementation plans are a lack of expertise and availability of other resources. See specific need for specific responses.

20. CHRONIC HIGH CHOLESTEROL
21. CHRONIC COPD - (LUNG DISEASE)
22. CHRONIC LOW BACK PAIN
23. PALLIATIVE CARE and HOSPICE
24. CHRONIC OSTEOPOROSIS
25. LIFE EXPECTANCY / PREMATURE DEATH
26. COMPLIANCE
27. TRANSPORTATION
28. Orthopedic services including surgery availability
29. SOCIAL NETWORKS
30. VACCINATIONS
31. PHYSICIANS

APPENDICES

Appendix A – Process to Identify and Prioritize Community Need²²

Community Health Need Topic	Total Points Allocated	Number of Local Experts Allocating Points	Cumulative Percentage of Points	Break Point From Higher Need	Need Determination
1. MATERNAL AND INFANT HEALTH	178	10	9.89%		Significant
2. CANCER	175	13	19.61%	3	
3. DIABETES	138	13	27.28%	37	
4. OBESITY/OVERWEIGHT	136	13	34.83%	2	
5. MENTAL HEALTH	109	12	40.89%	27	
7. HEALTHCARE COST, QUALITY / COVERAGE Availability & Assist low income, elderly, disabled	106	10	52.50%	3	
6. ALCOHOL ABUSE	103	13	46.61%	3	
8. PHYSICAL ACTIVITY	83	11	57.11%	20	
9. ECONOMY	72	10	61.11%	11	
10. DOMESTIC VIOLENCE	68	10	64.89%	4	Other Identified Needs
11. ALZHEIMER'S	61	8	68.28%	7	
12. ACCIDENTS	56	10	71.39%	5	
13. STROKE	53	9	74.33%	3	
14. CANCER SCREENING	49	8	77.06%	4	
15. CORONARY HEART DISEASE	49	9	79.78%	0	
16. SMOKING & Teenage Smoking	44	9	82.22%	5	
17. CHRONIC HIGH BLOOD PRESSURE	42	9	84.56%	2	
18. AFTER SCHOOL PROGRAMS	41	8	86.83%	1	
19. SEXUALLY TRANSMITTED DISEASE	40	10	89.06%	1	
20. CHRONIC HIGH CHOLESTEROL	32	7	90.83%	8	
21. CHRONIC COPD - (LUNG DISEASE)	24	7	92.17%	8	
22. CHRONIC LOW BACK PAIN	20	7	93.28%	4	
23. PALLIATIVE CARE and HOSPICE	20	6	94.39%	0	
24. CHRONIC OSTEOPOROSIS	18	6	95.39%	2	
25. LIFE EXPECTANCY / PREMATURE DEATH	18	6	96.39%	0	
26. COMPLIANCE	16	5	97.28%	2	
27. TRANSPORTATION	15	5	98.11%	1	
28. Orthopedic services including surgery availability	15	1	98.94%	0	
29. SOCIAL NETWORKS	7	5	99.33%	8	
30. VACCINATIONS	6	4	99.67%	1	
31. PHYSICIANS	4	4	99.89%	2	
Unknown	2	1	100.00%	2	

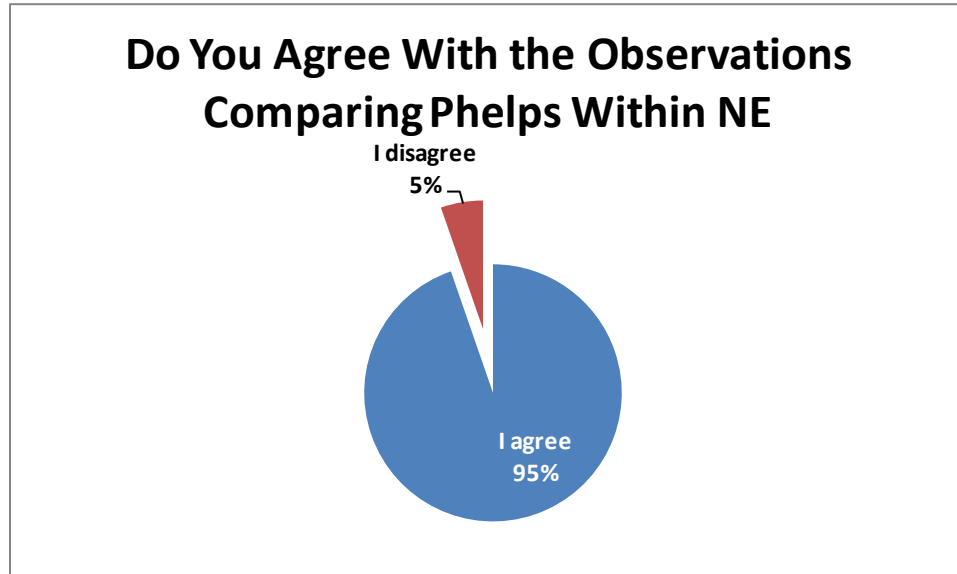
Individuals Participating as Local Expert Advisors

Local Expert	Organization	Position or Title	Area of Expertise
1	Holdrege Family Vision Clinic	O. D.	public health with practice of optometry
2	Two Rivers Public Health Department	Director	Public Health for seven counties, long term resident
3	State of Nebraska	County Judge 10th District	juvenile and family law
4	Holdrege Memorial Homes	Executive Director	long term care
5	Region 15 Emergency Management	Director	Public Safety
6	Phelps Memorial Hospital Board	Board President	long-time resident, regulatory affairs experience
7	Holdrege Public Schools	RN	school nurse
8	Phelps County Senior Citizens Service Center, Inc.	Executive Director	Helping to keep our elderly in their own homes for as long as possible
9	Phelps County	Attorney	Legal
10	Holdrege Housing Authority	Executive Director	Public Housing for Elderly and Disabled
11	Farm Bureau Financial Services	Agent	Insurance and Financial Services
12	City of Holdrege	Mayor	long term resident
13	Dept of Health and Human Services	DD Services Coordinator	Services needed and available to individuals with developmental disabilities
14	Phelps County Court	Magistrate	juveniles & families in court
15	Hohman family dentistry	Owner-Dentist	20 plus year dental provider
16	Holdrege Area Chamber of Comme	Executive Director	Representative of Business Community
17	Christian Homes, Inc.	Executive Director	Nursing home administrator
18	Bertrand Rescue	Unit Captain	Emergency response
19	PMH	Medical Interpreter	Public Health

²² Responds to IRS Schedule H (990) Part V B 1. g. and V B 1. h. and 6. g. and 6. h. NOTE In the ranking process, one Local Expert allocated 2 points to a reserve to be used for identifying an additional need, different from the prior 31 identified issues. The new issue was not identified by the Local Expert. Accordingly, a 32th need was not identified.

Advice Received from Local Experts

Q. Do you agree with observations formed about the comparison of Phelps County to all other Nebraska counties?

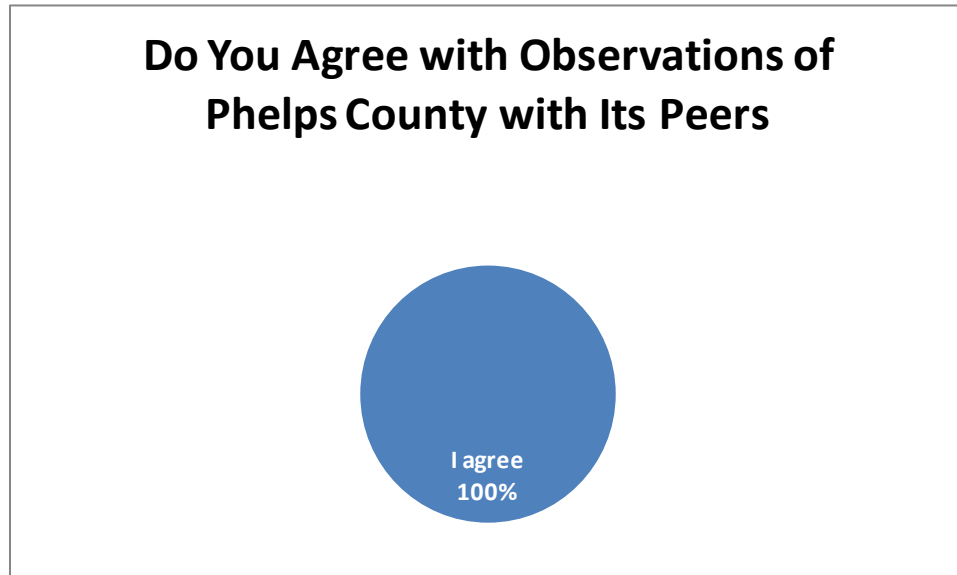


Clarifying Comments:

- I am familiar with the RWJ County Health Rankings and Phelps County's rankings
- Phelps County is the location of large nursing homes which may contribute to the pre 75 deaths.
- As a regular to the local YMCA I would agree that more physical activity is needed in the community, although since they have started the "Boot Camps", there has been a better attendance of people striving to better their lifestyles. As I attend school functions I notice people that have obesity issues and compare that to their lifestyles and how their children are probably being raised which continues to increase obesity numbers in the younger generations. Many fast food restaurants and short lunch periods at the school are much of the reason why the younger generation is working towards that obesity mark as well.
- It seems that the availability of medical care in our community is very good based on our population. Looking only at anecdotal evidence and personal impressions, I'm surprised that our physical activity level is below the Nebraska average. We do have a large number of fast food restaurants, especially compared to sit-down restaurants or fast-casual dining.
- Obesity and low physical activity seems to be a bigger problem in the low income households²³

²³ Part response to Schedule H (Form 990) Part V B 1 f

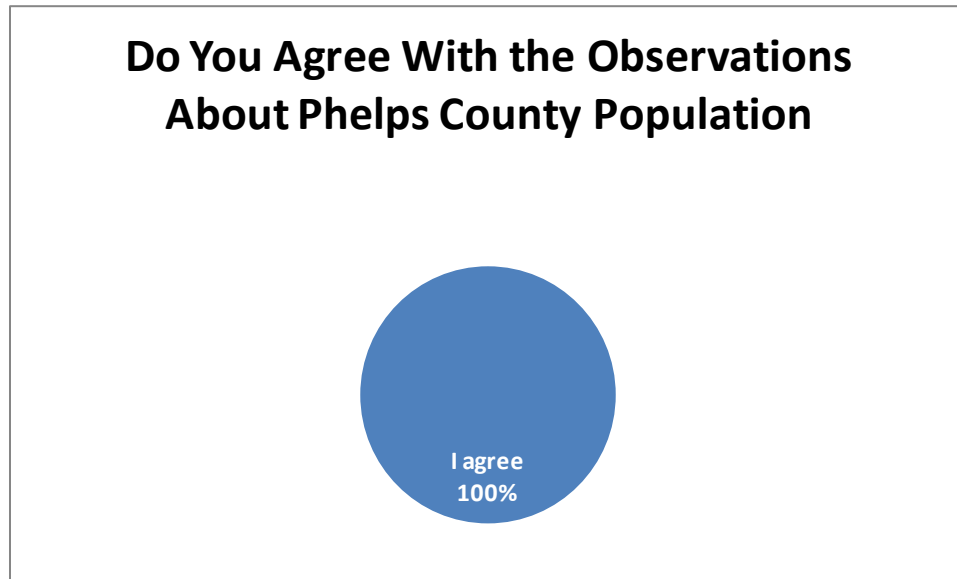
Q. Do you agree with observations formed about the comparison of Phelps County to its Peer counties?



Clarifying Comments:

- Have seen the data
- high blood pressure, cardiac problems, and cancer seem to be high
- I feel several of the observations are due to a high percentage of senior citizens in the community.
- Lifestyles in today's fast paced world again are probably much to blame for many of the above findings. Lack of education to the public may be a partial factor. Many motor vehicle accidents are on the rise due to the electronic devices in the hands of everyone today especially our inexperienced young drivers. The lack of seatbelt use is also a factor in those incidents. I am observing more and more men and women in the >50years of age not worrying as much about preventative care as maybe they should be thus a possibility to the increase of breast and colon cancers.
- We need to better educate our rural youth on the dangers of lung cancer/smoking etc; premarital sex; in rural Nebraska there is bound to be a higher rate of motor vehicle injury due to farm machinery incidents. I believe that with the additional facilities that are going up at the PMHC, we can start addressing some of the issues I have mentioned.

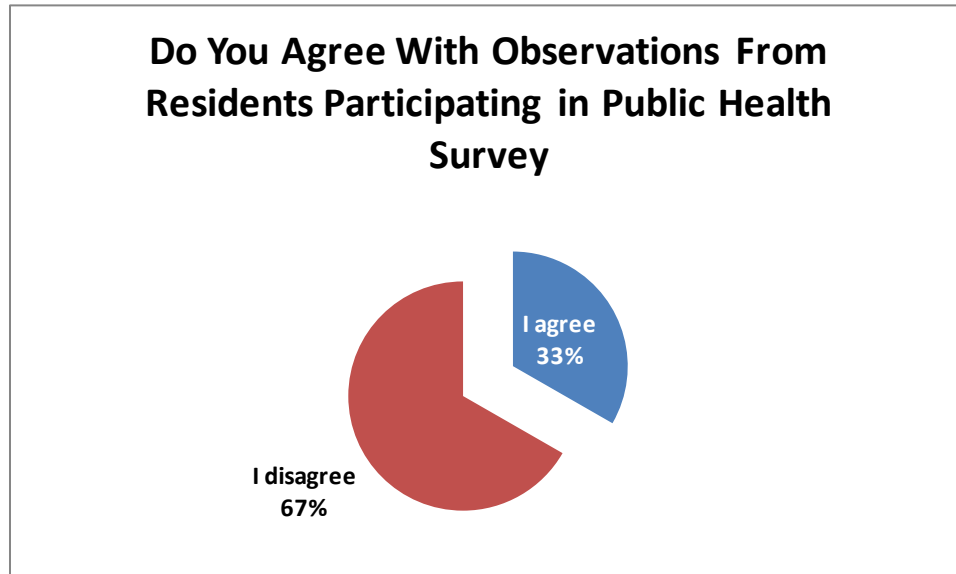
Q. Do you agree with observations formed about population characteristics of Phelps County?



Clarifying Comments:

- Not surprised at several of these and they fall back to my previous comments regarding eating habits, and lifestyles play a big part of many of these. When I was diagnosed with pre-diabetes I vowed to get my weight off and make some changes which has resulted in lowering my labs to normal levels, nearly a 40 pound weight loss, and I feel much better than I had in years. Most of this came from denial, to diagnosis, to education and change. Once again public education and awareness is lacking in some of these areas. I think it is important for caregivers to have the same approach when it comes to being a positive role model to their patients. Obese doctors are not going to get buy in from their patients, smoking nursing staff is a huge let down. It is like the saying, do as I say, not as I do.
- a need to educate the public on the importance of being looked at/examined

Q. Do you agree with observations formed about the opinions of local residents from participation in the public health questionnaire?



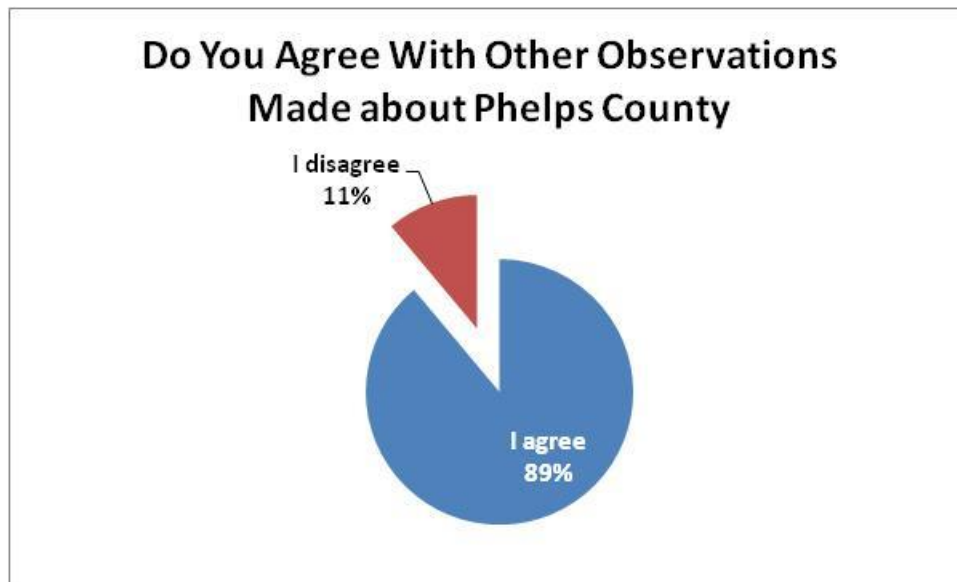
Clarifying Comments:

- "VII. Farm economy is strong and withstood the economic downturn well
- IX. many volunteers exist as evidenced by all service clubs in area"
- The state survey included Buffalo, Dawson, Franklin, Gosper, Harlan, Kearney and Phelps Counties. If you looked at the serious health issues of the state survey (alcohol was not an option) the top 3 were: Cancer, overweight and obesity and high blood pressure. Two Rivers PHD did a similar survey in our seven counties: with 361 responses. Top health problems were: 1)Cancer, 2) Heart disease and stroke, 3) aging problems 4) diabetes and 5) high blood pressure, TRPHD top risky behaviors were: being overweight, alcohol abuse, lack of exercise and driving while talking or texting on a cell phone²⁴
- the hospital is participating with the courts and other community entities in evaluating and developing services in our area to meet the needs of families and children.
- The above information could be very accurate; I however do not believe that Alcohol abuse should be as high as it is. Although it is an issue, I believe that #5 should be higher in the ranking. There needs to be more wellness in the workplace. When I worked for PMHC I took advantage of the YMCA membership program and still continue today on my own as the County does not offer such a benefit to its employees. Many inactive people are around this town. Some of our law enforcement are overweight, they sit a majority of their shifts, and we expect them to be able to provide safety to our citizens on a daily basis. Many of our fire/EMS personnel have weight issues or smoke which in my mind could skew the above results.
- "II. I believe the community has excellent schools

²⁴ Part response to Schedule H (Form 990) Part V B 1 f

- III. I believe there are adequate programs, it's a matter of getting participants involved.
- IX. Several programs recently have shown that people are willing to get involved with volunteer projects."
- We provide healthy noon meals 5 days a week in which anyone can come join us plus we also provide the public transportation for all of Phelps County. We are open from 8 a.m. to 5 p.m. Monday through Friday. We are a great service and people really just need to be more informed on the services Holdrege has to offer.
- "I believe we do have excellent schools.
- In my opinion, the local economy is very strong right now.
- I also believe the community is a very safe place to work and live."
- some fit the situations-some are just scapegoats
- We have seen a spike in domestic violence in the court system. I believe that our economy is strong and that this is a safe place to live. I believe that we have excellent schools. Mental health and drug abuse are more of a concern that the population is aware of.
- Not sure if I am answering this question correctly, but I disagree with most of the respondents' beliefs in Part II.

Q. Do you agree with observations formed about additional data analyzed about Phelps County?



Clarifying Comments:

- Data sources can vary greatly in the information they have available and what sources, years, etc. they used to compile their data.
- Presence of nursing homes impacts this.
- It is my belief that the county continues to see increases in type II diabetes as well as the number of individuals diagnosed as obese. There are also two hospice vendors serving the county but both are operated by companies outside of the county.
- After my diagnosis of the pre-diabetes I never would have thought I had any issue and I believe this is true amongst many folks. Who wants to believe they have an illness? And why would they? I really feel diabetes is makes up a big part of the heart risks in Phelps County. If they are overweight and have diabetes, they probably have hypertension and other labs out of whack. More education on portion control, obesity, exercise, and employee wellness would maybe change some of these figures to at least lessen the effects.

Appendix B Illustrative Schedule H (Form 990) Part V B Potential Responses

Community Health Need Assessment Answers²⁵

1. *During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If “No,” skip to line 9*

Illustrative Answer – Yes

If “Yes,” indicate what the Needs Assessment describes (check all that apply):

- a. *A definition of the community served by the hospital facility;*
- b. *Demographics of the community;*
- c. *Existing health care facilities and resources within the community that are available to respond to the health needs of the community;*
- d. *How the data was obtained;*
- e. *The health needs of the community;*
- f. *Primary and chronic disease needs and health issues of uninsured persons, low-income persons and minority groups;*
- g. *The process for identifying and prioritizing community health needs and services to meet the community health needs;*
- h. *The process for consulting with persons representing the community’s interests;*
- i. *Information gaps that limit the hospital facility’s ability to assess all of the community’s health needs; and*
- j. *Other (describe in Part VI)*

Illustrative Answer – check a. through i. Answers available in this report are found as follows:

1. a. – See Footnotes #13 (page 10) and #14 (page 10);
1. b. – See Footnotes #15 (page 11);
1. c. – See Footnote #19 (page 26);
1. d. – See Footnotes #7 (page 5);
1. e. – See Footnotes #11 (page 7);
1. f. – See Footnotes #23 (page 50) and #24 (page 53);

²⁵ Questions are drawn from 2012 Schedule H Forms (as of January 16, 2013) and may have changed at the time when the hospital is to make its 990 h filing

1. g. – See Footnote #12 (page 8) & #22 (page 49);
1. h. – See Footnote #8 (page 7), #22 (page 49);
1. i. – See Footnote #6 (page 5);
1. j. – No response needed.

2. Indicate the tax year the hospital facility last conducted a Needs Assessment: 20__

Illustrative Answer – 2013

See Footnote #1 (Title page)

3. In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If “Yes,” describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted.

Illustrative Answer – Yes

See Footnotes #9 (page 7), #10 (page 7)

4. Was the hospital facility’s CHNA conducted with one or more other hospital facilities? If “Yes,” list the other hospital facilities in Part VI.

Illustrative Answer – No

5. Did the hospital facility make its CHNA report widely available to the public? If “Yes,” indicate how the Needs Assessment was made widely available (check all that apply)

- a. *Hospital facility’s website;*
- b. *Available upon request from the hospital facility; and*
- c. *Other (describe in Part VI).*

Illustrative Answer – check a. and b.

The hospital will need to obtain Board approval of this report, document the date of approval and take action to make the report available as a download from its web site. It also may be prudent to place a notice in a paper of general circulation within the service area noting the report is available free upon request.

6. If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):

- a. *Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA;*
- b. *Execution of an implementation strategy;*

- c. Participation in the development of a community-wide community plan;*
- d. Participation in the execution of a community-wide plan;*
- e. Inclusion of a community benefit section in operational plans;*
- f. Adoption of a budget for provision of services that address the needs identified in the CHNA;*
- g. Prioritization of health needs in its community;*
- h. Prioritization of services that the hospital facility will undertake to meet the needs in its community; and*
- i. Other (describe in Part VI).*

Illustrative Answer – check a, b, g, and h.

- 6. a. – See footnote #20 (page 27);
- 6. b. – See footnote #20 (page 27);
- 6. g. – See footnote #12 (page 8) and #22 (page 49);
- 6. h. – See footnote #12 (page 8) and #22 (page 49).

- 7. Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If “No,” explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs?**

Illustrative Answer – No

Part VI suggested documentation – See Footnote #21 (page 46)

- 8. a. Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r) (3)?**
- b. If “Yes” to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?**
- c. If “Yes” to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities?**

Illustrative Answer – No