

Phelps Memorial Health Center

Holdrege, Nebraska



Community Health Needs Assessment
and Implementation Strategy

Adopted by Board Resolution December 2, 2019¹

¹Response to Schedule H (Form 990) Part V B 4 & Schedule H (Form 990) Part V B 9



Dear Community Member:

At Phelps Memorial Health Center (PMHC), we have spent more than 52 years providing high-quality compassionate healthcare to the greater Phelps County community. The "2019 Community Health Needs Assessment" identifies local health and medical needs and provides a plan of how PMHC will respond to such needs. This document illustrates one way we are meeting our obligations to efficiently deliver medical services.

In compliance with the Affordable Care Act, all not-for-profit hospitals are required to develop a report on the medical and health needs of the communities they serve. We welcome you to review this document not just as part of our compliance with federal law, but of our continuing efforts to meet your health and medical needs.

PMHC will conduct this effort at least once every three years. The report produced three years ago is also available for your review and comment. As you review this plan, please see if, in your opinion, we have identified the primary needs of the community and if you think our intended response will lead to 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 area organizations and agencies, can collaborate to bring the best each has to offer to support change and to address the most pressing identified needs.

Because this report is a response to a federal requirement of not-for-profit hospitals to identify the community benefit they provide in responding to documented community need, footnotes are provided to answer specific tax form questions; for most purposes, they may be ignored. Most importantly, this report is intended to guide our actions and the efforts of others to make needed health and medical improvements in our area.

I invite your response to this report. As you read, please think about how to help us improve health and medical services in our area. We all live in, work in, and enjoy this wonderful community, and together, we can make our community healthier for every one of us.

Thank You,

Mark Harrel
Chief Executive Officer
Phelps Memorial Health Center

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EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Phelps Memorial Health Center ("PMHC" or the "Hospital") has performed a Community Health Needs Assessment to determine the health needs of the local community.

Data was gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Experts was performed to review the prior CHNA and provide feedback, and to ascertain whether the previously identified needs are still a priority. Additionally, the group reviewed the data gathered from the secondary sources and determined the Significant Health Needs for the community.

The 2019 Significant Health Needs identified for Phelps County are:

1. Cancer – 2016 Significant Need
2. Heart Disease – 2016 Significant Need
3. Mental Health
4. Accessibility/Affordability – 2016 Significant Need
5. Alzheimer's
6. Diabetes – 2016 Significant Need
7. Obesity/Overweight – 2016 Significant Need

The Hospital has developed implementation strategies for six of the seven needs (Cancer, Heart Disease, Mental Health, Accessibility/Affordability, Diabetes and Obesity/Overweight) including activities to continue/pursue, community partners to work alongside, and measures to track progress.

APPROACH

APPROACH

Phelps Memorial Health Center ("PMHC" or the "Hospital") 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 helps the hospital identify and respond to the primary health needs of its residents.

This study is designed to comply with standards required of a not-for-profit hospital.² Tax reporting citations in this report are superseded by the most recent Schedule H (Form 990) 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
- 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 Treasury.³

Project Objectives

PMHC partnered with Quorum Health Resources (Quorum) to:⁴

- Complete a CHNA report, compliant with IRS Guidelines
- Provide the Hospital with information required to complete the IRS – Schedule H (Form 990)
- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response

Overview of Community Health Needs Assessment

Typically, non-profit 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 those who did not have 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 determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

² [Federal Register](#) Vol. 79 No. 250, Wednesday December 31, 2014. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602

³ As of the date of this report all tax questions and suggested answers relate to 2017 Draft Federal 990 Schedule H instructions i990sh—dft(2) and tax form

⁴ Part 3 Treasury/IRS – 2011 – 52 Section 3.03 (2) third party disclosure notice & Schedule H (Form 990) V B 6 b

- An Emergency Room open to all, regardless of ability to pay
- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders
- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three taxable years, and adopt an implementation strategy to meet the community needs identified through the assessment.
- The assessment may be based on current information collected by a public health agency or non-profit 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 downloadable from the hospital website.
- Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of \$50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA 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).
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.⁵

Community Health Needs Assessment Subsequent to Initial Assessment

The Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. The specific requirement is:

“The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources:

⁵ Section 6652

- (1) *At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;*
- (2) *members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and*
- (3) *written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy.*⁶

...the final regulations retain the three categories of persons representing the broad interests of the community specified in the 2013 proposed regulations but clarify that a hospital facility must "solicit" input from these categories and take into account the input "received." The Treasury Department and the IRS expect, however, that a hospital facility claiming that it solicited, but could not obtain, input from one of the required categories of persons will be able to document that it made reasonable efforts to obtain such input, and the final regulations require the CHNA report to describe any such efforts."

Representatives of the various diverse constituencies outlined by regulation to be active participants in this process were actively solicited to obtain their written opinion. Opinions obtained formed the introductory step in this Assessment.

To complete a CHNA:

"... the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:

- (1) *A definition of the community served by the hospital facility and a description of how the community was determined;*
- (2) *a description of the process and methods used to conduct the CHNA;*
- (3) *a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;*
- (4) *a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and*
- (5) *a description of resources potentially available to address the significant health needs identified through the CHNA.*

... final regulations provide that a CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report describes the data and other information used in the

⁶ [Federal Register](#) Vol. 79 No. 250, Wednesday December 31, 2014. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602 P. 78963 and 78964

assessment, as well as the methods of collecting and analyzing this data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA.”⁷

Additionally, all CHNAs developed after the very first CHNA must consider written commentary on the prior Assessment and Implementation Strategy efforts. The Hospital followed the Federal requirements in the solicitation of written comments by securing characteristics of individuals providing written comment but did not maintain identification data.

“...the final regulations provide that a CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA, which would include input provided by individuals in the form of written comments.”⁸

The methodology takes a comprehensive approach to the solicitation of written comments. As previously cited, input was obtained from the required three minimum sources and expanded input to include other representative groups. The Hospital asked all participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications, which is detailed in an Appendix to this report. Written comment participants self-identified into the following classifications:

- (1) Public Health** – Persons with special knowledge of or expertise in public health
 - (2) Departments and Agencies** – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility
 - (3) Priority Populations** – Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs in the community served by the hospital facility. Also, in other federal regulations the term Priority Populations, which include rural residents and LGBT interests, is employed and for consistency is included in this definition
 - (4) Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
 - (5) Broad Interest of the Community** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
- Other** (please specify)

The methodology also takes a comprehensive approach to assess community health needs. Perform several independent data analyses based on secondary source data, augment this with Local Expert Advisor⁹ opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local experts. The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Local expert area residents were asked to note if they perceived the problems or needs identified by secondary sources

⁷ Federal Register Op. cit. P 78966 As previously noted the Hospital collaborated and obtained assistance in conducting this CHNA from Quorum Health Resources. Response to Schedule H (Form 990) B 6 b

⁸ Federal Register Op. cit. P 78967 & Response to Schedule H (Form 990) B 3 h

⁹ “Local Expert” is an advisory group of at least 15 local residents, inclusive of at least one member self-identifying with each of the five Quorum written comment solicitation classifications, with whom the Hospital solicited to participate in the Quorum/Hospital CHNA process. Response to Schedule H (Form 990) V B 3 h

existed in their portion of the county.¹⁰

Most data used in the analysis is available from public Internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the Local Expert Advisor individuals cooperating in this study are displayed in the CHNA report appendix.

Data sources include:¹¹

Website or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of Phelps County compared to all Nebraska counties	March 12, 2019	2012-2014
IBM Watson Health (formerly known as Truven Health Analytics)	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 proportion of each group in the entire area; and, to access population size, trends and socio-economic characteristics	March 12, 2019	2019
http://svi.cdc.gov	To identify the Social Vulnerability Index value	March 12, 2019	2012-2016
http://www.healthdata.org/us-county-profiles	To look at trends of key health metrics over time	March 12, 2019	2014
www.worldlifeexpectancy.com/usa-health-rankings	To determine relative importance among 15 top causes of death	March 12, 2019	2016

Federal regulations surrounding CHNA require local input from representatives of particular demographic sectors. For this reason, a standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the Hospital’s Local Expert Advisors to gain input on local health needs and the

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

¹¹ The final regulations clarify that a hospital facility may rely on (and the CHNA report may describe) data collected or created by others in conducting its CHNA and, in such cases, may simply cite the data sources rather than describe the “methods of collecting” the data. Federal Register Op. cit. P 78967 & Response to Schedule H (Form 990) Part V B 3 d

needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically and ethnically diverse population. Community input from 25 Local Expert Advisors was received. Survey responses started April 4, 2019 and ended on May 1, 2019.

- Information analysis augmented by local opinions showed how Phelps County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups ("Priority Populations") need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups.^{12 13}
- Local opinions of the needs of Priority Populations, while presented in its entirety in the Appendix, was abstracted in the following "take-away" bulleted comments
 - The top three priority populations in the area are residents of rural areas, older adults, and low-income groups
 - There should be a focus on providing affordable and accessible care to the community

Having taken steps to identify potential community needs, the Local Experts then participated in a structured communication technique called a "Wisdom of Crowds" method. The premise of this approach relies on a panel of experts with the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.¹⁴

In the PMHC process, each Local Expert had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The Local Experts then allocated 100 points among the list of health needs, including the opportunity to list additional needs that were not identified from the data.

The ranked needs were divided into two groups: "Significant" and "Other Identified Needs." The Significant Needs were prioritized based on total points cast by the Local Experts in descending order, further ranked by the number of local experts casting any points for the need. By definition, a Significant Need had to include all rank ordered needs until at least fifty percent (60%) of all points were included and to the extent possible, represented points allocated by a majority of voting local experts. The determination of the break point — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred.¹⁵

¹² Response to Schedule H (Form 990) Part V B 3 f

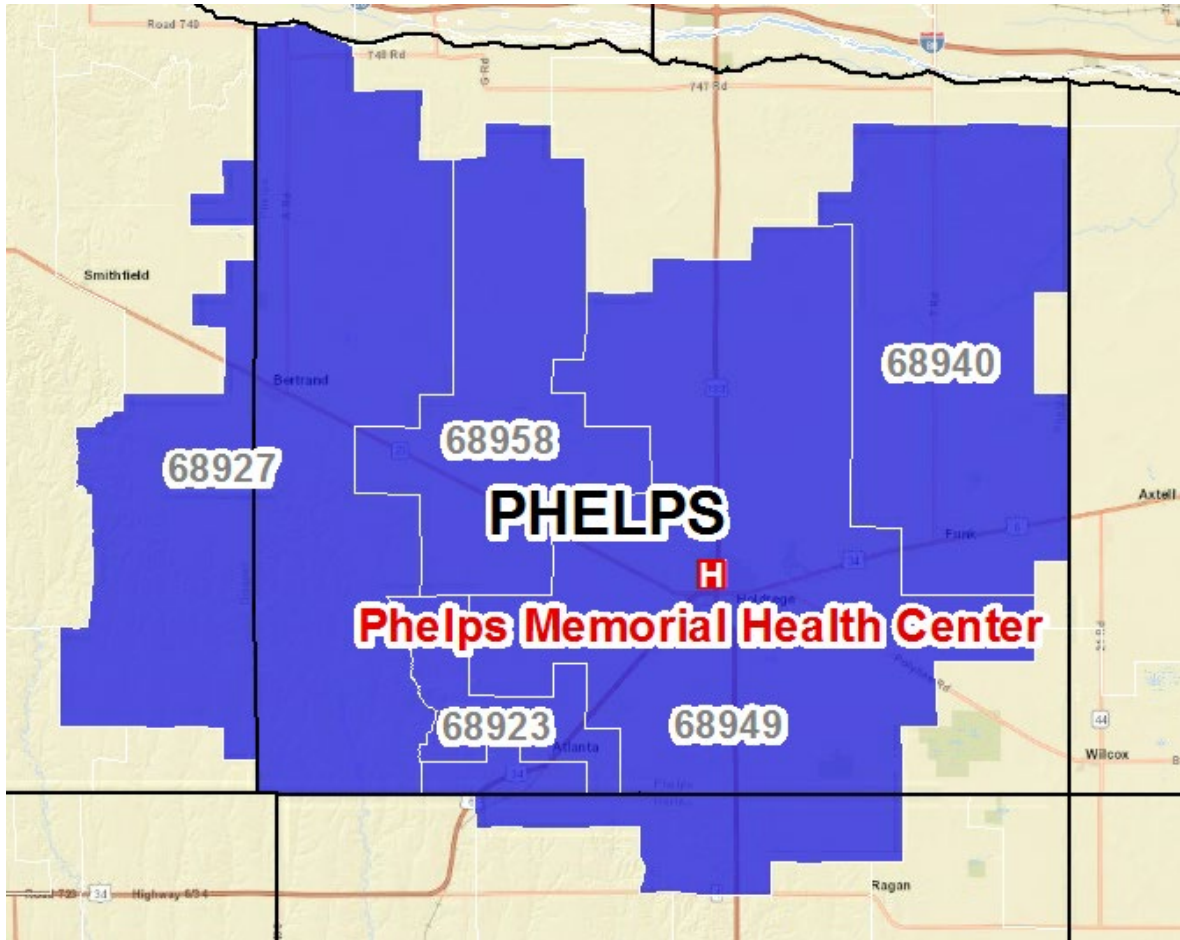
¹³ Response to Schedule H (Form 990) Part V B 3 h

¹⁴ Response to Schedule H (Form 990) Part V B 5

¹⁵ Response to Schedule H (Form 990) Part V B 3 g

COMMUNITY CHARACTERISTICS

Definition of Area Served by the Hospital¹⁶



For the purposes of this study, Phelps Memorial Health Center defines its service area as Phelps County in Nebraska, which includes the following ZIP codes:¹⁷

68923 – Atlanta 68927 – Bertrand 68940 – Funk 68949 – Holdrege 68958 – Loomis

In 2017, the Hospital received 53.5% of its patients from Phelps County.¹⁸

¹⁶ Responds to IRS Schedule H (Form 990) Part V B 3 a

¹⁷ The map above amalgamates zip code areas and does not necessarily display all county zip codes represented below

¹⁸ Truven MEDPAR patient origin data for the hospital

Demographics of the Community^{19 20}

Variable	Phelps County			Nebraska			United States		
	2019	2024	%Change	2019	2024	%Change	2019	2024	%Change
DEMOGRAPHIC CHARACTERISTICS									
Total Population	8,743	8,739	0.0%	1,939,592	2,007,660	3.5%	329,236,175	340,950,067	3.6%
Total Male Population	4,378	4,379	0.0%	967,077	1,001,446	3.6%	162,097,263	167,921,866	3.6%
Total Female Population	4,365	4,360	-0.1%	972,515	1,006,214	3.5%	167,138,912	173,028,201	3.5%
Females, Child Bearing Age (15-44)	1,441	1,477	2.5%	374,316	384,434	2.7%	64,251,309	65,231,610	1.5%
Average Household Income	\$70,912			\$81,209			\$89,646		
POPULATION DISTRIBUTION									
<i>Age Distribution</i>									
0-14	1,689	1,649	-2.4%	400,590	408,806	2.1%	61,258,096	61,645,382	0.6%
15-17	360	359	-0.3%	78,820	84,563	7.3%	12,813,020	13,319,388	4.0%
18-24	767	800	4.3%	197,407	204,194	3.4%	31,474,821	32,296,411	2.6%
25-34	941	1,001	6.4%	248,895	245,774	-1.3%	44,370,805	43,645,423	-1.6%
35-54	1,928	1,781	-7.6%	463,337	474,208	2.3%	83,304,733	84,255,193	1.1%
55-64	1,203	1,128	-6.2%	242,099	235,124	-2.9%	42,525,512	43,333,585	1.9%
65+	1,855	2,021	8.9%	308,444	354,991	15.1%	53,489,188	62,454,685	16.8%
HOUSEHOLD INCOME DISTRIBUTION									
Total Households	3,691	3,718	0.7%	770,558	799,760	3.8%	125,018,838	129,683,911	3.7%
<i>2019 Household Income</i>									
<\$15K	333			72,044			13,139,420		
\$15-25K	378			67,160			11,333,086		
\$25-50K	957			178,499			26,888,001		
\$50-75K	712			143,930			21,157,116		
\$75-100K	508			103,268			15,409,735		
Over \$100K	803			205,657			37,091,480		
EDUCATION LEVEL									
Pop Age 25+	5,927			1,262,775			223,690,238		
<i>2019 Adult Education Level Distribution</i>									
Less than High School	120			52,072			12,173,720		
Some High School	274			63,837			16,245,471		
High School Degree	1,931			336,229			61,068,735		
Some College/Assoc. Degree	2,223			420,192			64,945,355		
Bachelor's Degree or Greater	1,379			390,445			69,256,957		
RACE/ETHNICITY									
<i>2019 Race/Ethnicity Distribution</i>									
White Non-Hispanic	7,991			1,519,412			197,594,684		
Black Non-Hispanic	39			90,837			40,877,627		
Hispanic	548			219,837			60,675,779		
Asian & Pacific Is. Non-Hispanic	41			52,396			19,327,168		
All Others	124			57,110			10,760,917		

¹⁹ Responds to IRS Schedule H (Form 990) Part V B 3 b

²⁰ Claritas (accessed through IBM Watson Health)

Consumer Health Service Behavior²¹

Key health services topics for the service area population are presented in the table below. In the second column of the chart, the national average is 100%, so the 'Demand as % of National' shows a community's likelihood of exhibiting a certain health behavior more or less than the national average. The next column shows the percentage of the population that is likely to exhibit those behaviors.

Where Phelps County varies more than 5% above or below the national average (that is, less than 95% or greater than 105%), it is considered noteworthy. Items in the table with **red text** are viewed as **adverse** findings. Items with **blue text** are viewed as **beneficial** findings. Items with black text are neither a favorable nor unfavorable finding.

Health Service Topic	Demand as % of National	% of Population Affected	Health Service Topic	Demand as % of National	% of Population Affected
Weight / Lifestyle			Cancer		
BMI: Morbid/Obese	112.5%	34.3%	Cancer Screen: Skin 2 yr	82.6%	8.9%
Vigorous Exercise	99.5%	56.8%	Cancer Screen: Colorectal 2 yr	93.3%	19.2%
Chronic Diabetes	102.5%	16.1%	Cancer Screen: Pap/Cerv Test 2 yr	84.7%	40.8%
Healthy Eating Habits	103.4%	24.1%	Routine Screen: Prostate 2 yr	76.9%	21.8%
Ate Breakfast Yesterday	95.6%	75.6%	Orthopedic		
Slept Less Than 6 Hours	111.7%	15.2%	Chronic Lower Back Pain	103.8%	32.0%
Consumed Alcohol in the Past 30 Days	80.3%	43.2%	Chronic Osteoporosis	115.8%	11.7%
Consumed 3+ Drinks Per Session	99.8%	28.1%	Routine Services		
Behavior			FP/GP: 1+ Visit	104.5%	85.0%
Search for Pricing Info	80.8%	21.7%	NP/PA Last 6 Months	110.3%	45.8%
I am Responsible for My Health	99.5%	89.9%	OB/Gyn 1+ Visit	87.5%	33.6%
I Follow Treatment Recommendations	102.4%	78.8%	Medication: Received Prescription	99.9%	60.6%
Pulmonary			Internet Usage		
Chronic COPD	127.6%	6.9%	Use Internet to Look for Provider Info	76.6%	30.6%
Chronic Asthma	100.1%	11.8%	Facebook Opinions	86.3%	8.7%
Heart			Looked for Provider Rating	80.7%	18.9%
Chronic High Cholesterol	110.1%	26.9%	Emergency Services		
Routine Cholesterol Screening	92.1%	40.9%	Emergency Room Use	100.7%	35.0%
Chronic Heart Failure	126.4%	5.1%	Urgent Care Use	89.9%	29.6%

Conclusions from Demographic Analysis Compared to National Averages

The following areas were identified from a comparison of Phelps County to national averages. **Adverse** metrics impacting more than 30% of the population and statistically significantly different from the national average include:

- 12.5% more likely to have a **BMI of Morbid/Obese**, affecting 34.3%
- 7.9% less likely to receive **Routine Cholesterol Screenings**, affecting 40.9%

²¹ Claritas (accessed through IBM Watson Health)

- 15.3% less likely to receive **Cervical Cancer Screenings Every 2 Years**, affecting 40.8%
- 12.5% less likely to receive **Routine OB/Gyn Visit**, affecting 33.6%

Beneficial metrics impacting more than 30% of the population and statistically significantly different from the national average include:

- 19.7% less likely to **Consume Alcohol in the Past 30 Days**, affecting 43.2%
- 10.3% more likely to have a **Routine Visit with NP/PA**, affecting 45.8%

Leading Causes of Death²²

The Leading Causes of Death are determined by official Centers for Disease Control and Prevention (CDC) final death total. Nebraska's Top 15 Leading Causes of Death are listed in the table below in Phelps County's rank order. Phelps County was compared to all other Nebraska counties, Nebraska state average and whether the death rate was higher, lower or as expected compared to the U.S. average.

Cause of Death			Rank among all counties in NE (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Phelps County Compared to U.S.)
NE Rank	Phelps County Rank	Condition		NE	Phelps County	
1	1	Cancer	59 of 82	153.6	214.4	Higher than expected
2	2	Heart Disease	56 of 82	140.4	173.3	Higher than expected
3	3	Lung Disease	28 of 82	48.9	47.1	As expected
6	4	Stroke	58 of 82	33.2	46.3	Higher than expected
4	5	Accidents	54 of 82	37.0	44.9	Higher than expected
5	6	Alzheimer's	17 of 82	26.2	35.8	Higher than expected
7	7	Diabetes	15 of 81	21.9	29.2	Higher than expected
8	8	Flu-Pneumonia	9 of 81	14.3	25.3	Higher than expected
9	9	Hypertension/Renal	21 of 80	11.2	11.4	As expected
11	10	Suicide	65 of 82	13.1	8.1	Lower than expected
12	11	Nephritis/Kidney	38 of 82	9.5	6.7	As expected
14	12	Parkinson's	63 of 82	8.7	6.6	As expected
10	13	Liver Disease	23 of 82	9.3	5.8	As expected
13	14	Blood Poisoning	45 of 82	7.1	5.1	As expected
15	15	Homicide	0 of 60	3.3	2.1	As expected

²² www.worldlifeexpectancy.com/usa-health-rankings

Priority Populations²³

Earlier in the document, a description was provided for Priority Populations, which is one of the groups whose needs are to be considered during the CHNA process. It can be difficult to obtain information about Priority Populations in a hospital's community. The objective is to understand the general trends of issues impacting Priority Populations and to interact with the Local Experts to discern if local conditions exhibit any similar or contrary trends. The following discussion examines findings about Priority Populations from a national perspective.

Begin by analyzing the National Healthcare Quality and Disparities Reports (QDR), which are annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129). These reports provide a comprehensive overview of the quality of healthcare received by the general U.S. population and disparities in care experienced by different racial, ethnic, and socioeconomic groups. The purpose of the reports is to assess the performance of the Hospital's health system and to identify areas of strengths and weaknesses in the healthcare system along three main axes: **Access to healthcare**, **quality of healthcare**, and **priorities of the National Quality Strategy (NQS)**. The complete report is provided in Appendix C.

A specific question was asked to the Hospital's Local Expert Advisors about unique needs of Priority Populations, and their responses were reviewed to identify if there were any report trends in the service area. Accordingly, the Hospital places a great reliance on the commentary received from the Hospital's Local Expert Advisors to identify unique population needs to which the Hospital should respond. Specific opinions from the Local Expert Advisors are summarized below:²⁴

- The top three priority populations in the area are residents of rural areas, older adults, and low-income groups
- There should be a focus on providing affordable and accessible care to the community

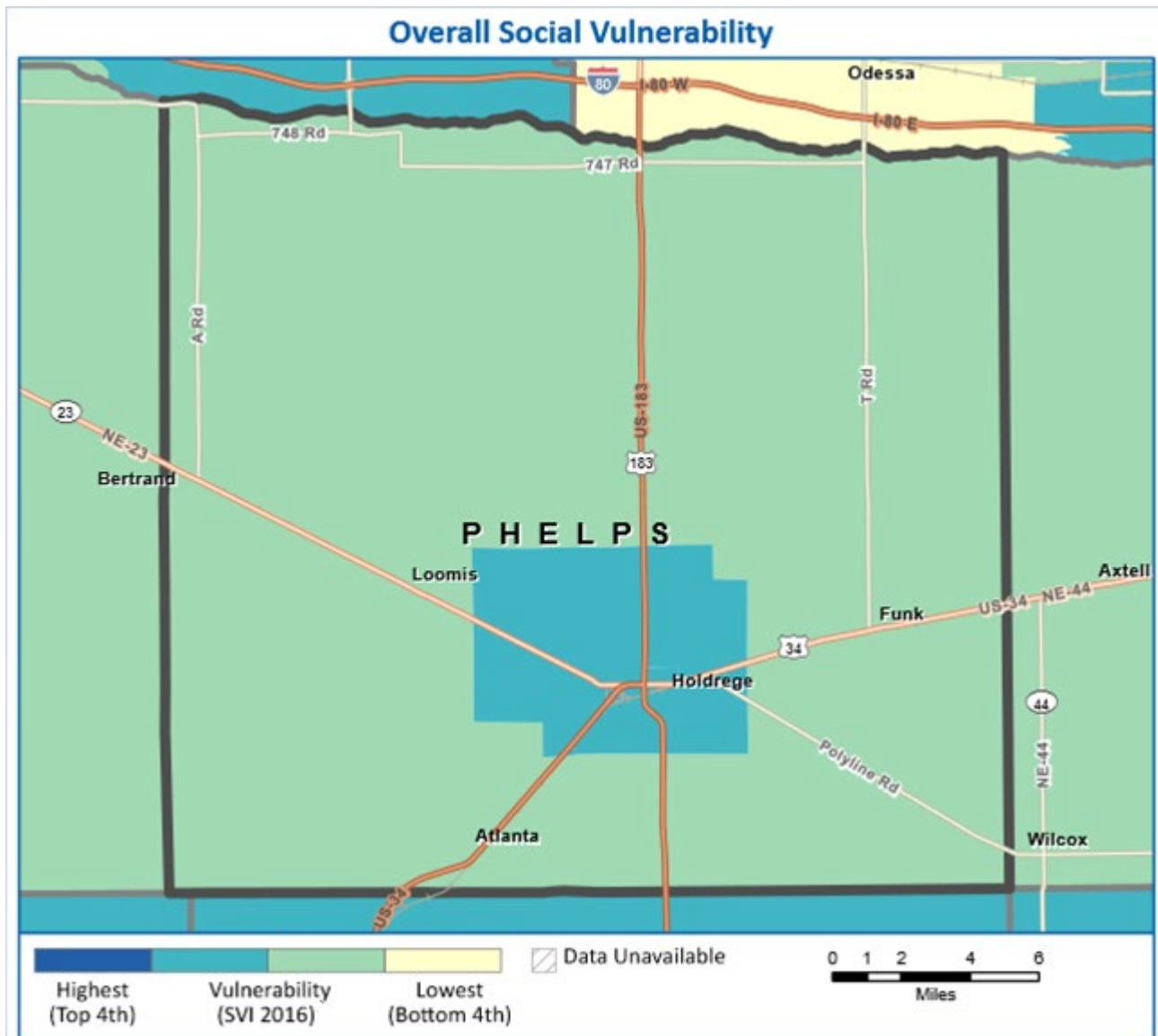
²³ <http://www.ahrq.gov/research/findings/nhqdr/nhqdr14/index.html> Responds to IRS Schedule H (Form 990) Part V B 3 i

²⁴ All comments and the analytical framework behind developing this summary appear in Appendix A

Social Vulnerability²⁵

Social vulnerability refers to the resilience of communities when confronted by external stresses on human health, such as natural or human-caused disasters, or disease outbreaks.

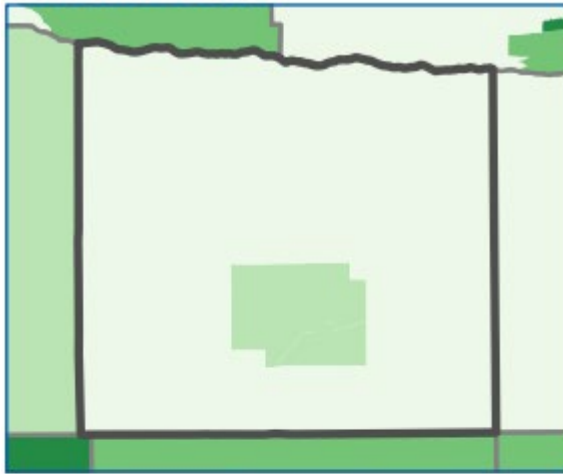
Phelps County falls into two of the four quartiles of social vulnerability. The majority of the county falls in the second quartile, while the middle region of the county is in the third quartile making that area more vulnerable than the rest of the county.



²⁵ <http://svi.cdc.gov>

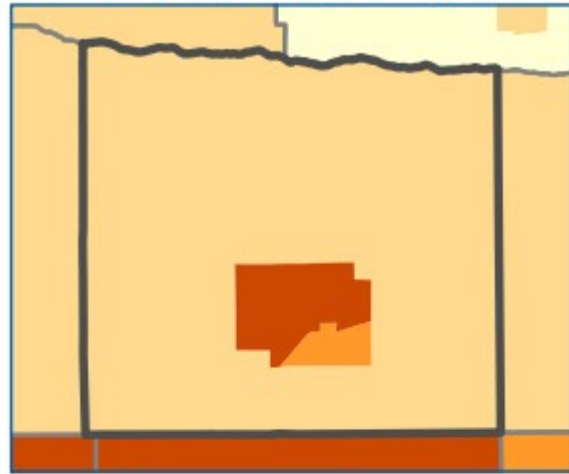
SVI Themes

Socioeconomic Status



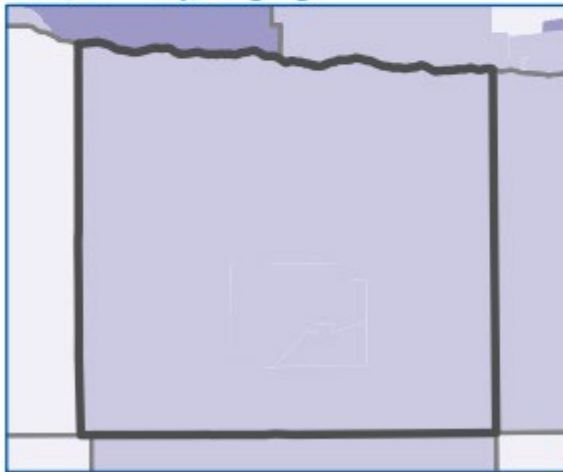
Highest (Top 4th) Vulnerability (SVI 2016) Lowest (Bottom 4th)

Household Composition/Disability



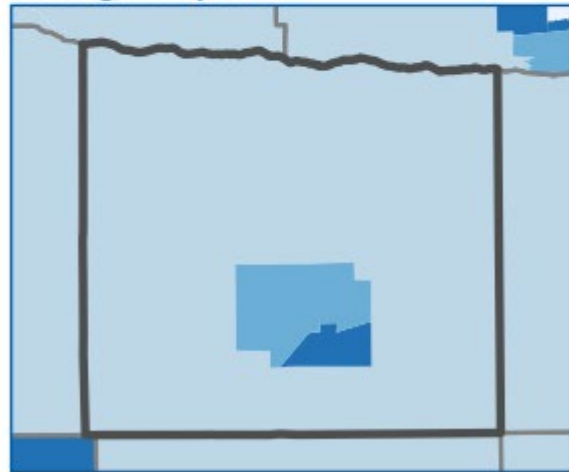
Highest (Top 4th) Vulnerability (SVI 2016) Lowest (Bottom 4th)

Race/Ethnicity/Language



Highest (Top 4th) Vulnerability (SVI 2016) Lowest (Bottom 4th)

Housing/Transportation



Highest (Top 4th) Vulnerability (SVI 2016) Lowest (Bottom 4th)

Comparison to Other State Counties²⁶

To better understand the community, Phelps County has been compared to all 80 counties in the state of Nebraska across six areas: Length of Life, Quality of Life, Health Behaviors, Clinical Care, Social & Economic Factors, and Physical Environment.

In the chart below, the county's rank compared to all counties is listed along with measures in each area compared to the state average and U.S. Median.

	Phelps County	Nebraska	U.S. Median
Length of Life			
Overall Rank (<i>best being #1</i>)	19/80		
- Premature Death*	5,500	6,000	7,800
Quality of Life			
Overall Rank (<i>best being #1</i>)	21/80		
- Poor or Fair Health	13%	14%	17%
- Poor Mental Health Days	3.0	3.2	3.9
Health Behaviors			
Overall Rank (<i>best being #1</i>)	28/80		
- Adult Smoking	15%	17%	17%
- Adult Obesity	35%	31%	32%
- Physical Inactivity	23	23	27%
- Excessive Drinking	20	21	17%
- Alcohol-Impaired Driving Deaths	56%	37%	29%
Clinical Care			
Overall Rank (<i>best being #1</i>)	33/80		
- Uninsured	8%	9%	11%
- Population to Primary Care Provider Ratio	1,330:1	1,340:1	2,040:1
- Population to Dentist Ratio	1,850:1	1,360:1	2,520:1
- Population to Mental Health Provider Ratio	710:1	420:1	1,050:1
- Preventable Hospital Stays	63	48	56
- Diabetes Monitoring	87%	87%	86%
- Mammography Screening	59%	62%	61%
Social & Economic Factors			
Overall Rank (<i>best being #1</i>)	8/80		
- Unemployment	2.6%	3.2%	5.0%
- Children in Poverty	14%	14%	21%
- Children in Single-Parent Households	19%	29%	32%
- Violent Crime*	87	267	198
- Injury Deaths*	63	58	79
Physical Environment			
Overall Rank (<i>best being #1</i>)	16/80		
- Severe Housing Problems	7%	13%	14%

*Per 100,000 Population

²⁶ www.countyhealthrankings.org

Conclusions from Other Statistical Data²⁷

The Institute for Health Metrics and Evaluation at the University of Washington analyzed all 3,143 U.S. counties or equivalents applying small area estimation techniques to the most recent county information. The below chart compares Phelps County statistics to the U.S. average, as well as the trend in each measure over a 34-year span.

Phelps County	Current Statistic (2014)	Percent Change (1980-2014)
UNFAVORABLE Phelps County measures that are WORSE than the U.S. average and had an UNFAVORABLE change		
- Female Skin Cancer*	2.2	4.5%
- Male Skin Cancer*	5.5	47.7%
- Female Diabetes, Urogenital, Blood, and Endocrine Disease Deaths*	57.1	93.9%
UNFAVORABLE Phelps County measures that are WORSE than the U.S. average and had a FAVORABLE change		
- Female Transport Injuries Related Deaths*	14.8	-9.1%
- Male Transport Injuries Related Deaths*	27.3	-29.2%
- Female Stroke*	54.1	-28.9%
DESIRABLE Phelps County measures that are BETTER than the US average and had a FAVORABLE change		
- Male Tracheal, Bronchus, and Lung Cancer*	49	-25.2%
- Male Life Expectancy	78.1	7.2%
- Female Heart Disease*	115.6	-46.3%
- Male Heart Disease*	168.8	-62.7%
- Male Stroke*	47.2	-49.3%
- Male Self-Harm and Interpersonal Violence Related Deaths*	19.4	-12.2%
- Female Breast Cancer*	23.1	-29.4%
DESIRABLE Phelps County measures that are BETTER than the US average and had a UNFAVORABLE change		
- Female Tracheal, Bronchus, and Lung Cancer*	31.7	61.4%
- Male Diabetes, Urogenital, Blood, and Endocrine Disease Deaths*	55.5	54.4%
- Female Self-Harm and Interpersonal Violence Related Deaths*	7.2	0.2%
- Female Liver Disease Related Deaths*		11.2%
- Male Liver Disease Related Deaths*	12.7	6.9%
- Female Mental and Substance Use Related Deaths*	5	343.2%
- Male Mental and Substance Use Related Deaths*	7.3	88.8%
AVERAGE Phelps County measures that are EQUAL to the US average and had a FAVORABLE change		
- Female Life Expectancy	81.6	3.0%
- Male Breast Cancer*	0.3	-9.2%

*rate per 100,000 population, age-standardized

²⁷ <http://www.healthdata.org/us-county-profiles>

Community Benefit

Worksheet 4 of Form 990 h can be used to report the net cost of community health improvement services and community benefit operations.

“Community health improvement services” means activities or programs, subsidized by the health care organization, carried out or supported for the express purpose of improving community health. Such services do not generate inpatient or outpatient revenue, although there may be a nominal patient fee or sliding scale fee for these services.

“Community benefit operations” means:

- *activities associated with community health needs assessments, administration, and*
- *the organization's activities associated with fundraising or grant-writing for community benefit programs.*

Activities or programs cannot be reported if they are provided primarily for marketing purposes or if they are more beneficial to the organization than to the community. For example, the activity or program may not be reported if it is designed primarily to increase referrals of patients with third-party coverage, required for licensure or accreditation, or restricted to individuals affiliated with the organization (employees and physicians of the organization).

To be reported, community need for the activity or program must be established. Community need can be demonstrated through the following:

- A CHNA conducted or accessed by the organization.
- Documentation that demonstrated community need or a request from a public health agency or community group was the basis for initiating or continuing the activity or program.
- The involvement of unrelated, collaborative tax-exempt or government organizations as partners in the activity or program carried out for the express purpose of improving community health.

Community benefit activities or programs also seek to achieve a community benefit objective, including improving access to health services, enhancing public health, advancing increased general knowledge, and relief of a government burden to improve health. This includes activities or programs that do the following:

- Are available broadly to the public and serve low-income consumers.
- Reduce geographic, financial, or cultural barriers to accessing health services, and if they ceased would result in access problems (for example, longer wait times or increased travel distances).
- Address federal, state, or local public health priorities such as eliminating disparities in access to healthcare services or disparities in health status among different populations.
- Leverage or enhance public health department activities such as childhood immunization efforts.
- Otherwise would become the responsibility of government or another tax-exempt organization.
- Advance increased general knowledge through education or research that benefits the public.

Activities reported by the Hospital in its implementation efforts and/or its prior year tax reporting (FY2018) included:

Phelps Memorial Foundation Funding // \$65,321

- Backpack Blessings - Give 2 Grow - \$1,000
- Bertrand Volunteer Fire Department - Give 2 Grow - \$1,000
- Christian Charity Fund - Give 2 Grow - \$1,000
- Crime Stoppers of Holdrege/Phelps County - Give 2 Grow - \$1,000
- Don Sjogren Community YMCA - Give 2 Grow - \$5,000
- Family Advocacy Network - Give 2 Grow - \$3,000
- Funk Rural Volunteer Fire Department - Give 2 Grow - \$1,000
- Holcomb Church - AED - \$1,192
- Holdrege Memorial Homes - Recumbent Stepper - \$5,434
- Holdrege Optimist Club - Give 2 Grow - \$1,000
- Holdrege Police Department - Give 2 Grow - \$1,000
- Holdrege Rural Fire Department - Give 2 Grow - \$1,000
- Loomis Baseball/Softball Program - Backstop, Dugouts, & Bullpen - \$5,000
- Loomis Rural Fire Department - Give 2 Grow - \$1,000
- Mosaic - Give 2 Grow - \$1,000
- Phelps Community Pantry - Give 2 Grow - \$5,000
- Phelps County Development Corporation - Market Study - \$1,500
- Phelps County Development Corporation - Prosperity Project - \$20,000
- Phelps County Red Cross Bloodmobile - Scholarships - \$2,000
- Phelps/Harlan County CASA - Program, Advertising, and Recruitment - \$3,195
- S.A.F.E. Center - Give 2 Grow - \$1,000
- South Platte Youth Athletic Club - Give 2 Grow - \$1,000
- Spirit of Grace Church - SimTown Event - \$1,000
- Teammates - Give 2 Grow - \$1,000

Community Health Needs // \$52,558

Assessment Top 5 (2016-2019)

Cancer

- Relay for Life
- American Cancer Society
- Cancer Survivors Dinner and Education
- Positively Pink // Breast Cancer Survivors Dinner and Education
- Colorectal Cancer Screening
- Early Detection and Support
- Screening, Prevention & Genetics

Diabetes

- Diabetes Education (General)
- Diabetes and the Foot
- Simple Solutions

Physical Activity & Obesity/Overweight

- YMCA of the Prairie
- MS Run the US
- Cheer & Dance Clinic
- Shamrock Shuffle
- Alzheimer's Association Walk
- Teammates Walk
- HPS Foundation Golf
- Silver Run
- YMCA
- Nebraska Kidney Association Walk
- Ray Ruybalid Tennis Tourney
- Loomis Baseball/Softball
- Motivation Fitness Journey
- Holdrege Duster Booster Club
- Bertrand Viking Booster Club
- YMCA Bike to Work
- Holdrege Optimist Club
- SPYAC
- Bertrand, Holdrege, and Loomis School Beef Programs

Mental Health

Other Local Non-profits

- Youth Scholarships
- Teammates
- SAFE Center
- American Red Cross
- State Troopers Association
- Phelps County Community Foundation
- Post-Proms, Yearbooks
- Safe Communities Coalition
- Harlan County Dam Playhouse
- Make-a-Wish Foundation
- Feed My Starving Children
- Nebraska Kidney Association
- Bertrand Chamber of Commerce

- Holdrege Senior Center
- Family Advocacy Network
- Christian Charity Fund
- Phelps County Community Pantry
- Phelps County 4-H Auction
- Loomis Community Club
- Toys for Tots
- Backpack Blessings
- Phelps County Emergency Management
- Bertrand Senior Center
- Hope Lodge
- Collage
- Ministerial Association
- Fundraisers for County residents

Charity Care & Financial Assistance // \$1,134,354

- **Financial Assistance** - It is the policy of Phelps Memorial Health Center to provide financial assistance to qualifying patients with their outstanding bills for medically necessary and emergency care provided at the hospital.

Community Educational Events

- Self-Defense Training
- First Responder Training
- Bertrand High School CPR Training
- Cancer Prevention
- Women's Heart Health
- Alzheimer's Education
- Diabetes Health
- Kidney Health
- Post-Cardiac Arrest Care
- Stroke Prevention
- Career Fairs for Area Youth
- Peripheral Artery Disease (PAD)
- Chronic Migraine Relief

Hosted Groups at Phelps Memorial

- Relay for Life Planning Committee
- Monthly Immunization Clinic
- Simple Solutions Class
- Ministerial Association Meeting
- CPR Classes

Maternal and Infant Health

- **Prenatal Classes (BABE)** - The obstetrics nursing team offers Birth and Beginnings Education to expecting parents and their children. These classes entail breastfeeding awareness and education as well as what to expect when they come to the hospital to have their baby.
- **BABS (Breastfeeding Group)**

Health and Wellness

- **Team Phelps Health & Wellness Initiatives** - throughout the year, Phelps Memorial participated in multiple physical events that benefited the community through monetary support including the sponsorship of the 2018 Silver Run.
- **YMCA Corporate Membership** - Phelps Memorial pays a corporate membership so our employees have proper access to living a healthy and active lifestyle. In 2018, 181 of our team members actively participated at the YMCA.
- **Employee Health Testing** - to ensure our employees remain as healthy as possible for the safety of our patients, every member of the team is required to get their flu shot or wear a mask during peak flu season!

Heart Health

- **Life-Sustaining Classes** - Courses offered at Phelps Memorial include BLS Healthcare Provider training, Heartsaver CPR/AED and Pediatric First Aid training, PALS and ACLS training.
- STEMI Training
- Cardiac Rehabilitation
- EMS Training
- Cardiology Community Education

Healthcare Students

- Phelps Memorial hosted 176 healthcare students, including nursing, pharmacy, physician assistant, speech language pathology, medical, advance practice registered nursing, imaging, EMT and job shadow, in 2018.

Quality Healthcare Initiatives

- Lean Process Improvements
- Health Science Education Complex
- Infection Prevention
- Key Quality Indicators

Youth Safety and Education

- Second Grade Tours
- Junior Career Day
- Sophomore Career Day
- Summer Honors Program
- Safe Communities Coalition

- Planning Region Team Meeting EDN

IMPLEMENTATION STRATEGY

Significant Health Needs

PMHC used the priority ranking of area health needs by Local Expert Advisors to organize the search for locally available resources as well as the response to the needs by PMHC.²⁸ The Implementation Strategy includes the following:

- 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 PMHC current efforts responding to the need including any written comments received regarding prior PMHC implementation actions
- Establishes the Implementation Strategy programs and resources PMHC will devote to attempt to achieve improvements
- Documents the Leading Indicators PMHC will use to measure progress
- Presents the Lagging Indicators PMHC 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, PMHC is the primary hospital in the service area. PMHC is a 25-bed, acute care medical facility located in Phelps County, Nebraska. The next closest facilities are outside the service area and include:

- Harlan County Health System, Alma, NE; 24.2 miles (27 minutes)
- Kearney County Health Services Hospital, Minden, NE; 24.9 miles (31 minutes)
- Kearney Regional Medical Center, Kearney, NE; 35.3 miles (39 minutes)
- CHI Health Good Samaritan, Kearney, NE; 35.4 miles (40 minutes)
- Franklin County Memorial Hospital, Franklin, NE; 45.7 miles (47 minutes)

All statistics 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 PMHC Implementation Strategy uses “Leading Indicators.” Leading Indicators anticipate change in the Lagging Indicator. Leading Indicators focus on short-term performance, and if accurately selected, 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.

²⁸ Response to IRS Schedule H (Form 990) Part V B 3 e

- 1. CANCER – 2016 Significant Need; Phelps County’s Mammography Screening rate is worse than the state and US median; Residents of Phelps County are 18% less likely to receive Cervical Cancer Screenings compared to the US average, affecting 41% of the population; Cancer is the #1 Leading Cause of Death in Phelps County; Phelps County’s Skin Cancer rate is worse than the US average and the rate increased from 1980-2014 (Female – 4.5%; Male – 47.7%); Phelps County’s Female Tracheal, Bronchus, and Lung Cancer rate increased 61.4% from 1980-2014**

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

PMHC services, programs, and resources available to respond to this need include:²⁹

- Oncology and hematology outreach clinic provides chemotherapy, infusion therapy, and follow-up appointments
- Digital mammography, PET/CT (lung screenings) available on site
- General surgery available for biopsies with full lab services
- Free annual colon cancer screenings
- Endoscopy, colonoscopy procedures available on site
- PMHC promotes Breast Cancer Awareness Month, and provides education on testing and prevention for other types of cancer
- Materials, collateral, and public service announcements with education on cancer awareness and preventive screenings
- Annual sponsor of Relay for Life with a participating hospital team
- Through the change to a new EMR, look into adding annual reminders for preventive screenings and appointments
- Actively recruiting for oncologist and planning to train advanced practitioner to provide oncology services
- Investigate options to increase availability of oncology services and/or capacity
- Hosted breast cancer awareness and educational event
- Hosted a cancer survivors dinner and education
- Raised money for American Cancer Society

Additionally, PMHC plans to take the following steps to address this need:

- Adding additional colon cancer services and free screenings

²⁹ This section in each need for which the hospital plans an implementation strategy responds to Schedule H (Form 990) Part V Section B 3 c

- Working to implement automated reminders for screenings through new system optimization
- Oncology is moving to a new space and growing in size in 2019
 - Adding infusion space effective Spring 2020
- Investigate recruitment of dermatology services or telemedicine offerings
- Implementing an anti-vaping campaign on tobacco use for middle and high schoolers
 - Sending trainers to schools to speak and give out printed materials for parents through parent/teacher conferences and providing education on social media

PMHC evaluation of impact of actions taken since the immediately preceding CHNA:

- Hired an oncologist through a contracting group and have trained advanced practice provider to provide oncology services
- Added interventional radiology services
- Added more oncology supplemental services
 - Genetic counseling, palliative care, nutrition counseling and telehealth
- Implemented wellness campaign through PCP clinic in early 2019

Anticipated results from PMHC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations		X
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate PMHC intended actions is to monitor change in the following Leading Indicator:

- Number of cancer screenings (2018):
 - Mammograms = 1,813
 - PET/CT scans = 63
 - Colonoscopies = 710
 - Pap smears = 162
 - Lung CTs = 56
- Number of fulfilled annual wellness/preventative appointments conducted at Phelps Medical Group = 383 (2018)

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Number of cancer-related deaths = 2 (2018)

PMHC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Advanced Medical Imaging (radiology)	Alison Jensen jensen@amimaging.com	7601 Pioneers Blvd, Lincoln, NE 68506 (402) 484-6677 amimaging.com
Southeast Cancer Center	Jennifer Rathman jenniferr@leadingcancercare.com	201 S 68 th St. Place, Lincoln, NE 68510 402-420-7000 www.LeadingCancerCare.com
CHI Health Good Samaritan	Cliff Robertson, CEO	10 E 31st St, Kearney, NE 68847 (308) 865-7100 chihealthgoodsamaritan.org
Family Medical Specialties	Kim Kirwin kkirwin@ruralmed.net	516 W 14th Ave, Holdrege, NE 68949 (308) 995-4431 www.fammedspec.com
American Cancer Society		3808 28th Ave E, Kearney, NE 68845 (308) 237-7481 http://main.acsevents.org/site/TR/RelayForLife/RFLCY17PL?pg=entry&fr_id=82571

Organization	Contact Name	Contact Information
Kearney Clinic, PC	Peggy Dobish, Administrator	211 W 33rd St, Kearney, NE 68845 (308) 865-2141 www.kearneyclinic.com

Other local resources identified during the CHNA process that are believed available to respond to this need:³⁰

Organization	Contact Name	Contact Information
Two Rivers Public Health Department	Jeremy Eschliman, Director	701 4th Ave #1, Holdrege, NE 68949 (308) 995-4778 www.trphd.org

³⁰ This section in each need for which the hospital plans an implementation strategy responds to Schedule H (form 990) Part V Section B 3 c and Schedule H (Form 990) Part V Section B 11

2. HEART DISEASE – 2016 Significant Need; Heart Disease is the #2 Leading Cause of Death in Phelps County

Public comments received on previously adopted implementation strategy:

- See Appendix A for a full list of comments

PMHC services, programs, and resources available to respond to this need include:

- Cardiac Rehab services available
- Cardiology outreach clinics are available on site, and cardiologists perform outreach and education in the community
- PMHC provides sponsorships to local organizations and agencies to purchase defibrillators
- Hosted training event for local first responders/EMTs on STEMI protocol
- Provide community education, marketing, and fundraising for Go Red for Women in February
- Registered dietician on staff who works with inpatients and outpatients; speaks on local radio segment “Health Talk”
- Sponsor of the annual Silver Run (local fun run) to help support local YMCA; overall corporate sponsor of YMCA
- Sponsor of multiple local events promoting physical activity and health & wellness
- Materials, collateral, and public service announcements with education on health and wellness
- Two community education sessions identifying signs of a stroke presented by cardiology
- Physical therapy, occupational therapy, and speech therapy are offered to stroke patients

Additionally, PMHC plans to take the following steps to address this need:

- Ensure newly recruited general surgeons are familiar with placing pacemakers
- Cardiac rehab is getting a new space
- Purchased and installed blood pressure station for YMCA and community members to use
- Provided tandem bicycle for exercise at nursing homes
- Partnered with Allmand Brothers for employee health fair
 - Checked blood pressure and heart rate and provided education material on heart disease and stroke
- Investigate offering vein procedures the procedure side of offering vein procedures

PMHC evaluation of impact of actions taken since the immediately preceding CHNA:

- Added peripheral artery disease program in May 2019 which increases coverage of needed services from MCR

- New education provided outside the cafeteria on diet
- Dietician on-site for heart disease counseling
- Offer Simple Solutions program for pre-diabetic patients on awareness/prevention
- Offer vascular clinic and provide education on vascular system
- Hold at least three blood drives per year
- Separate arrangement with YMCA for patients to continue exercising after “graduating” from cardiac and pulmonary rehab
 - Honors discount, exercise instructors/trainers oriented to provide these services
- Collaborated with hospitals and local clinics on fall festival health and wellness
- Heart-healthy eating options in hospital cafeteria

Anticipated results from PMHC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations		X
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency	X	
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate PMHC intended actions is to monitor change in the following Leading Indicator:

- Cardiology outreach clinic visits = 1,207 (2018)

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Coronary Heart Disease Deaths = 4 (2018)

PMHC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Bryan Heart		1600 S 48th St, Lincoln, NE 68506 (402) 483-3333 www.bryanhealth.com/locations/physician-offices/bryan-heart
Nebraska Heart Institute		3219 Central Ave., Ste. 201, Kearney, NE 68847 (308) 865-7271 www.neheart.com
Platte Valley Medical Group	Tom McCleod	816 22nd Ave, Kearney, NE 68845 (308) 865-2263 plattevalleymed.com
American Heart Association	Jamie Schneider	9900 Nicholas Street Suite 200, Omaha, NE 68114 (402) 810-6870 http://www.heart.org/HEARTORG/Affiliate/Omaha/Nebraska/Home_UCM_MWA026_AffiliatePage.jsp
CHI Health Good Samaritan	Cliff Robertson, CEO	10 E 31st St, Kearney, NE 68847 (308) 865-7100 chihealthgoodsamaritan.org
Family Medical Specialties	Kim Kirwin kkirwin@ruralmed.net	516 W 14th Ave, Holdrege, NE 68949 (308) 995-4431 www.fammedspec.com
Kearney Clinic, PC	Peggy Dobish, Administrator	211 W 33rd St, Kearney, NE 68845 (308) 865-2141 www.kearneyclinic.com
YMCA of the Prairie	Ginger Cowne, CEO	415 Broadway St, Holdrege, NE 68949 (308) 995-4050 www.ymcaoftheprairie.org

Organization	Contact Name	Contact Information
Kearney Regional		804 22 nd Ave., Kearney, NE 68845 308-455-3600

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Two Rivers Public Health Department	Jeremy Eschliman, Director	701 4th Ave #1, Holdrege, NE 68949 (308) 995-4778 www.trphd.org

3. **MENTAL HEALTH – Local expert concern; Phelps County’s Population to Mental Health Provider ratio is worse than the state average; Suicide is the #10 Leading Cause of Death in Phelps County; Phelps County’s Mental and Substance Use Related Death rate is worse than the US average and the rate increased from 1980-2014 (Female – 343.2%; Male – 88.8%)**

Public comments received on previously adopted implementation strategy:

This was not a significant health need in 2016, so no comments were solicited.

PMHC services, programs, and resources available to respond to this need include:

- Transports provided for patients to other facilities with higher level psych needs
- Primary care providers conduct depression/mental health screenings
- PMHC has a good standing relationship with local counselors in the community where they can refer patients
- Safe room available on site to provide protective space for patients with identified behavioral health issues until the patient can be transferred
- Social worker provides services to inpatients, outpatients, and employees, and helps provides access to resources and other contacts
- Employee Assistance Program available to hospital employees and families that covers sessions for counseling and provides educational materials, resources, and referrals
- Hospital employee attends Region 3 Behavioral Health Services meetings to help coordinate community efforts
- Presentation to 650 area high school students on mental health and suicide prevention

Additionally, PMHC plans to take the following steps to address this need:

- Recruiting mental health providers – physician, psychiatrist, advanced practitioner, expanded tele psych services
- Explore implementing Senior Simple Solutions – psych program for Medicare patients in need of mental healthcare on-site

Anticipated results from PMHC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
3. Addresses disparities in health status among different populations		X
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate PMHC intended actions is to monitor change in the following Leading Indicator:

- Number of tele psych visits = 44 (2018)
- EAP Utilization = 32.67 Hours (2018)

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Suicide death rate = 8.1 per 100,000 population (Phelps County 2017)³¹
- Number of poor mental health days reported in the past 30 days = 3.0 (Phelps County 2016)³²

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Mary Lanning Healthcare		715 N St Joseph Ave, Hastings, NE 68901 (402) 463-4521 www.marylanning.org
Richard Young Hospital		1755 Prairie View Pl, Kearney, NE 68845 (308) 865-2000 chihealthgoodsamaritan.org

³¹ <https://www.worldlifeexpectancy.com/>

³² <https://www.countyhealthrankings.org/>

Organization	Contact Name	Contact Information
Nebraska Department of Health & Human Services	Brenda Bender, Supervisor, Kearney	301 Centennial Mall S, Lincoln, NE 68508 (402) 471-3121 dhhs.ne.gov
South Central Nebraska Area Agency on Aging	Rod Horsley, Executive Director	620 E 25th St #12, Kearney, NE 68847 (308) 234-1851 www.agingkearney.org
Two Rivers Public Health Department	Jeremy Eschliman, Director	701 4th Ave #1, Holdrege, NE 68949 (308) 995-4778 www.trphd.org
Local ministerial associations		
Local counseling agencies		
Region 3	Tiffany Gressley	4009 6 th Ave. Kearney, NE 68845 308-237-5113

4. ACCESSIBILITY/AFFORDABILITY – 2016 Significant Need

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

PMHC services, programs, and resources available to respond to this need include:

- PMHC offers a financial assistance policy with a sliding fee scale and self-pay discounts
- PMHC has financial counselors on staff to help patients understand and pay their bills, and organize payment plans
- Social worker on staff helps patients sign up for Medicaid and provides information on health insurance exchange
- Specialty services available on site include: cardiology, nephrology, pulmonology, obstetrics/gynecology, general surgery, ENT, ophthalmology, orthopedics, oncology, hematology, spine, pain management, wound/ostomy care, sleep study, podiatry, urology, interventional radiology, PT/OT/ST, and cardiac/pulmonary rehab
- Oncology and hematology outreach clinic provides chemotherapy, infusion therapy, and follow-up appointments
- Digital mammography, PET/CT (lung screenings) available on site
- General surgery available for biopsies with full lab services
- Offer various screenings and patient education
- Endoscopy, colonoscopy procedures available on site
- Opened Phelps Medical Group clinic (formerly High Plains Medicine) increasing access to women's health, primary care; in the process of converting to a Rural Health Clinic
- Increased availability of spine, orthopedics, interventional radiology, general surgery
- Price transparency is available on the hospital website

Additionally, PMHC plans to take the following steps to address this need:

- Building a new rural health clinic which will allow for future expansion in mostly primary care
 - APRN that specializes in Endocrinology
 - Have three staffed podiatrist
- Possibly explore options for public transportation partnership to help address need in the community
- Explore free clinic offerings

PMHC evaluation of impact of actions taken since the immediately preceding CHNA:

- Recruited five primary care physicians
- Expanded clinic hours for routine screening accessibility
- Offering tele psych services
- PMHC will underwrite a bank loans for patients to help cover services
 - If the patient needs a payment plan longer than 12-18 months the bank will grant the loan
- Outsourcing self-pay collections which led to an increase in financial assistance
- Offer free flu shots to employees
- Provide space for immunization clinic – Medicaid/underinsured

Anticipated results from PMHC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency	X	
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate PMHC intended actions is to monitor change in the following Leading Indicator:

- Number of overall clinic visits = 10,166
- Number of patients receiving financial assistance = 107

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Population to Primary Care ratio = 1,320:1 (Phelps County 2016)³³

PMHC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Advanced Medical Imaging	Alison Jenson Jensen@amimaging.com	7601 Pioneers Blvd, Lincoln, NE 68506 (402) 484-6677 amimaging.com
Specialty groups that provide services on site		
CHI Health Good Samaritan	Cliff Robertson, CEO	10 E 31st St, Kearney, NE 68847 (308) 865-7100 chihealthgoodsamaritan.org
Family Medical Specialties	Kim Kirwin kkirwin@ruralmed.net	516 W 14th Ave, Holdrege, NE 68949 (308) 995-4431 www.fammedspec.com
Nebraska Department of Health & Human Services	Brenda Bender, Supervisor, Kearney	301 Centennial Mall S, Lincoln, NE 68508 (402) 471-3121 dhhs.ne.gov
Local ministerial associations		

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Salvation Army	Cassandra Burkett	715 5th Ave, Ste 20, Holdrege, NE 68949 (308) 995-5692
Phelps County Community Foundation/Christian Charity Fund	Delores Schneider	504 4th Ave, Holdrege, NE 68949 (308) 995-6847 www.phelpsfoundation.org

³³ <https://www.countyhealthrankings.org/>

5. ALZHEIMER’S – Local expert concern; Alzheimer’s is the #6 Leading Cause of Death in Phelps County

Public comments received on previously adopted implementation strategy:

This was not a significant health need in 2016, so no comments were solicited.

Anticipated results from PMHC Implementation Strategy

Due to resource constraints, PMHC is not developing an implementation strategy for this need at this time. PMHC feels the hospital can have a greater impact by putting attention and resources toward other significant needs for which the hospital is better qualified to serve.

Federal classification of reasons why a hospital may cite for not developing an Implementation Strategy for a defined Significant Need	
1. Resource Constraints	X
2. Relative lack of expertise or competency to effectively address the need	X
3. A relatively low priority assigned to the need	
4. A lack of identified effective interventions to address the need	
5. Need is addressed by other facilities or organizations in the community	X

- 6. DIABETES – 2016 Significant Need; Residents of Phelps County are 12% more likely to have a BMI of Morbid/Obese compared to the US average, affecting 34% of the population; Diabetes is the #7 Leading Cause of Death in Phelps County; Phelps County’s Female Diabetes, Urogenital, Blood, and Endocrine Disease Deaths rate is worse than the US average and the rate increased 93.9% from 1980-2014; Phelps County’s Male Diabetes, Urogenital, Blood, and Endocrine Disease Deaths rate increased 54.4% from 1980-2014**

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

PMHC services, programs, and resources available to respond to this need include:

- Certified diabetes educator on staff who works with inpatients and outpatients through one-on-one consultations; speaks on local radio segment “Health Talk”; presents at local schools; provides free glucometers to some patients
- Registered dietician on staff who works with inpatients and outpatients; speaks on local radio segment “Health Talk”
- Sponsor of the annual Silver Run (local fun run) to help support local YMCA; overall corporate sponsor of YMCA
- Three-part community education series focused on diabetes offered on-site
- Sponsor multiple local events promoting physical activity and health & wellness
- Materials, collateral, and public service announcements with education on diabetes
- On-site wound care clinic available
- Working with Rural Med to develop Ideal Protein weight loss program

Additionally, PMHC plans to take the following steps to address this need:

- PCPs follow up with patients and endocrinology
- Work with Rural Med to improve community wellness metrics

PMHC evaluation of impact of actions taken since the immediately preceding CHNA:

- Board certified advanced diabetes manager is now on staff
- Offering education seminars to community on health/wellness
 - 50-60 community attendees
 - Offer healthy food options for lunch
- Fruity Friday – PMHC employees drop off fruit at local schools

- Certified in endocrinology
- Offer Simple Solutions program for pre-diabetic patients on awareness/prevention
- Offer Ideal Protein
- Apple Fest community festival for diabetes education to the community

Anticipated results from PMHC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations		X
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate PMHC intended actions is to monitor change in the following Leading Indicator:

- Number of Individuals participating in PMHC Diabetic Education Program = 126 (2018)

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Adult Diabetes Rate = 830 (2018)
- A1C Measurements = 774 (2018)

PMHC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Family Medical Specialties	Kim Kirwin kkirwin@ruralmed.net	516 W 14th Ave, Holdrege, NE 68949 (308) 995-4431 www.fammedspec.com
Rural Med Management Resources	Bethanne Kunz, COO	www.ruralmed.net
YMCA of the Prairie	Janell Brown, Executive Branch Director	415 Broadway St, Holdrege, NE 68949 (308) 995-4050 www.ymcaoftheprairie.org
American Diabetes Association		14216 Dayton Circle, Ste 6, Omaha, NE, 68137 (402) 571-1101 http://www.diabetes.org/in-my-community/local-offices/omaha-nebraska/?referrer=https://www.google.com/
Bryan Health		1600 S. 48th St., Lincoln, NE 68506 (402) 481-1111 www.bryanhealth.com
Two Rivers Public Health Department	Jeremy Eschliman, Director	701 4th Ave #1, Holdrege, NE 68949 (308) 995-4778 www.trphd.org

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Local schools		

- 7. OBESITY/OVERWEIGHT – 2016 Significant Need; Residents of Phelps County are 12% more likely to have a BMI of Morbid/Obese compared to the US average, affecting 34% of the population; Diabetes is the #7 Leading Cause of Death in Phelps County; Phelps County’s Female Diabetes, Urogenital, Blood, and Endocrine Disease Deaths rate is worse than the US average and the rate increased 93.9% from 1980-2014; Phelps County’s Male Diabetes, Urogenital, Blood, and Endocrine Disease Deaths rate increased 54.4% from 1980-2014**

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

PMHC services, programs, and resources available to respond to this need include:

- Registered dietician on staff who works with inpatients and outpatients; speaks on local radio segment “Health Talk”
- Sponsor of the annual Silver Run (local fun run) to help support local YMCA; overall corporate sponsor of YMCA
- Sponsor of multiple local events promoting physical activity and health & wellness
- Materials, collateral, and public service announcements with education on health and wellness
- Sponsor of Loomis baseball and softball teams
- Grants funds to the following non-profit organizations: YMCA of the Prairie; MS Run the US; Cheer and Dance Clinic; Shamrock Shuffle; Alzheimer’s Association Walk; Teammates Walk; HPS Foundation Golf; Silver Run; Nebraska Kidney Association Walk; Ray Ruybalid Tennis Tourney; Motivation Fitness Journey; Holdrege Duster Booster Club; Betrand Viking Booster Club; YMCA Bike to Work; Bertrand, Holdrege, and Loomis School Beef Programs
- Cafeteria provides discount meals to high schoolers
- Conduct at least three bloods per year
- Using social media to offer education and community outreach

Additionally, PMHC plans to take the following steps to address this need:

- Look into offering cooking classes

PMHC evaluation of impact of actions taken since the immediately preceding CHNA:

- Offering education seminars to community on health/wellness
 - 50-60 community attendees
 - Offer healthy food options for lunch
- Fruity Friday – PMHC employees drop off fruit at local schools

Anticipated results from PMHC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate PMHC intended actions is to monitor change in the following Leading Indicator:

- Number of participants at community wellness events = 460 (2018)

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Obesity rate = 35% (Phelps County 2015)³⁴

PMHC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
YMCA of the Prairie	Janell Brown, Executive Branch Director	415 Broadway St, Holdrege, NE 68949 (308) 995-4050 www.ymcaoftheprairie.org
Rural Med Management Resources	Bethanne Kunz, COO	www.ruralmed.net

³⁴ <https://www.countyhealthrankings.org/>

Organization	Contact Name	Contact Information
Local schools		
Community sports organizations		
Family Medical Specialties	Kim Kirwin kkirwin@ruralmed.net	516 W 14th Ave, Holdrege, NE 68949 (308) 995-4431 www.fammedspec.com

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Two Rivers Public Health Department	Jeremy Eschliman, Director	701 4th Ave #1, Holdrege, NE 68949 (308) 995-4778 www.trphd.org

Other Needs Identified During CHNA Process

8. **Physical Inactivity – 2016 Significant Need**
9. **Stroke – 2016 Significant Need**
10. **Chronic Pain Management**
11. **Education/Prevention**
12. **Drug/Substance Abuse**
13. **Women’s Health**
14. **Alcohol Abuse**
15. **Hypertension**
16. **Suicide**
17. **Tobacco Use**
18. **Flu/Pneumonia**
19. **Lung Disease**
20. **Respiratory Infections**
21. **Dental**
22. **Kidney Disease**
23. **Accidents**
24. **Liver Disease**
25. **Write in: Men’s Health**

Overall Community Need Statement and Priority Ranking Score

Significant needs where hospital has implementation responsibility³⁵

1. Cancer – 2016 Significant Need
2. Heart Disease – 2016 Significant Need
3. Mental Health
4. Accessibility/Affordability – 2016 Significant Need
5. Diabetes – 2016 Significant Need
6. Obesity/Overweight – 2016 Significant Need

Significant needs where hospital did not develop implementation strategy³⁶

1. Alzheimer's

Other needs where hospital developed implementation strategy

1. N/A

Other needs where hospital did not develop implementation strategy

1. N/A

³⁵ Responds to Schedule h (Form 990) Part V B 8

³⁶ Responds to Schedule h (Form 990) Part V Section B 8

APPENDIX

Appendix A – Written Commentary on Prior CHNA (Local Expert Survey)

PMHC solicited written comments about its 2016 CHNA.³⁷ 25 individuals responded to the request for comments. The following presents the information received in response to the solicitation efforts by the hospital. No unsolicited comments have been received.

1. Please indicate which (if any) of the following characteristics apply to you. If none of the following choices apply to you, please give a description of your role in the community.

	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) Public Health Expertise	4	17	21
2) Departments and Agencies with relevant data/information regarding health needs of the community served by the hospital	3	19	22
3) Priority Populations	3	18	21
4) Representative/Member of Chronic Disease Group or Organization	2	19	21
5) Represents the Broad Interest of the Community	23	1	24
Other			2
Answered Question			25
Skipped Question			0

Congress defines “Priority Populations” to include:

- Racial and ethnic minority groups
- Low-income groups
- Women
- Children
- Older Adults
- Residents of rural areas
- Individuals with special needs including those with disabilities, in need of chronic care, or in need of end-of-life care
- Lesbian Gay Bisexual Transsexual (LGBT)
- People with major comorbidity and complications

2. Do any of these populations exist in your community, and if so, do they have any unique needs that should be addressed?

- *Rural health needs to be met in a place like Holdrege that would "draw" them to PMCH rather than elsewhere. Elderly patients, good homes for them, but challenging health needs and high Medicare community.*
- *Help understanding the care available to them and what their Medicare covers.*

³⁷ Responds to IRS Schedule H (Form 990) Part V B 5

- *Access to convenient and affordable care. Maternity care. Health Education for mothers.*
- *Farm income is depressed; Mosaic is a facility for training and care of people with disabilities*
- *Distance from medical services; complications stemming from connecting rural populations to medical service providers*
- *I feel that good mental health access is critical to all of the groups selected above. Although our community has several counselors, there is a lack of both community education on mental health related issues and also for care beyond a counselor.*
- *Lack of specialized OB/GYN providers in the area.*

In the 2016 CHNA, there were three health needs identified as “significant” or most important:

- 1. Cancer**
- 2. Diabetes**
- 3. Obesity/Overweight**
- 4. Physical Inactivity**
- 5. Accessibility/Affordability**
- 6. Heart Disease**
- 7. Stroke**

3. Should the hospital continue to consider and allocate resources to help improve the needs identified in the 2016 CHNA?

	Yes	No	Response Count
Cancer	25	0	25
Diabetes	24	0	24
Obesity/Overweight	24	0	24
Physical Inactivity	22	1	23
Accessibility/Affordability	24	0	24
Heart Disease	24	0	24
Stroke	23	0	23

Comments:

- *Obstetrics*
- *All of the above are important and deserve focus, but I feel like the physical activity category could be handled by strong education and programming by our local YMCA. I think that PMHC needs to focus more on patient needs and the ability to access resources and/or help at PMHC. As I mentioned in my previous answer, I feel a need in our community that really isn't being addressed is mental health across all ages and I would encourage PMHC to lead the charge in our area.*

6. Please share comments or observations about the actions PMHC has taken to address CANCER.

- *Having the chemo treatments available in Holdrege has been huge benefit to many cancer patients that I know. I would encourage PMHC to continue maintain and increase treatments and other services for cancer patients.*

Offering education and cancer screenings are also a much needed service.

- *The marketing of cancer success stories has helped make me more aware of the great group of care givers we have there!!*
- *Have not observed progress.*
- *The oncology programs has experienced a lot of growth in the last 2 years. There are still many local patients that do not know that they can receive their cancer care in Holdrege and are driving to Kearney for their care*
- *Oncology unit available in our community; participation in promoting screenings for early detection of various cancers*
- *Do not know*
- *Relocation, expansion, improvement in Oncology department which will housed it the Phelps Memorial facility.*
- *I think that this is an area that PMHC has really improved and I have spoken to several individuals that have received their treatment there and I have heard nothing but wonderful things about their experience and the knowledge of the staff.*
- *Continual reminders are good. May I suggest discounts on mammograms during breast cancer month. I have seen this done at another hospital.*
- *Recruited Dr. Hartl to clinic 2x monthly, employ a NP for oncology patients - 2 days per week. Continue to look at additional opportunities for more coverage for our patients either via additional days by same provider or another provider.*
- *I am not certain.*

7. Please share comments or observations about the actions PMHC has taken to address DIABETES.

- *Diabetes education and training classes and seminars are being offered. Being diabetic, I have benefited from these myself and would encourage more classes be offered. Jenny Spalding does an outstanding job in diabetes education.*
- *Have implemented Ideal Protein weight loss program. Not sure why this particular program was chosen. Have had several diabetes education programs for public.*
- *Mileah has been a good addition. The dieticians have been great help with my patients.*
- *Diabetic counselor, programs to inform community of care of diabetes; promotes exercise and better nutrition*
- *Do not know*
- *Public seminars.*
- *This is another area that is strong. I follow PMHC on Facebook and see that they are providing great educational sessions on diabetes. Obviously, they were successful in meeting the second goal as Rural Med has implemented the Ideal Protein program.*
- *Diabetes workshops and continual reminders of what are the signs of diabetes and prevention.*

- *Implemented IP program in Holdrege. Recruited endocrinology NP with vast knowledge and expertise in diabetes management, have provided community education session with her which was very well received and attended.*
- *Rural Med rolled out their weight loss plan a few months ago.*
- *I am not certain.*

8. Please share comments or observations about the actions PMHC has taken to address OVERWEIGHT/OBESITY.

- *Health fairs, screenings and education are all good things to offer*
- *Not aware that free screenings have been implemented. Ideal Protein weight loss program has been implemented. Seems like a narrow approach.*
- *Would like to see more community push for wellness*
- *Promote Y membership and participation in Silver Run*
- *Do not know*
- *Support of the YMCA, youth activities. public seminars.*
- *Again, with Rural Med's Ideal Protein program being established that action step can be considered completed. I do know of several individuals who are using the program and have raved about it and are experiencing great weight-loss results.*
- *They do promote healthy eating and physical activity.*
- *Implemented IP program. YMCA partnership for employees.*
- *Rural Med rolled out their weight loss plan a few months ago.*
- *I am not certain.*

9. Please share comments or observations about the actions PMHC has taken to address PHYSICAL INACTIVITY.

- *Offering education for the benefits of physical activity. I really appreciate the services that are available for heart patients especially following surgery. I would encourage more services be available for people with lung issues, COPD etc.*
- *Not addressed as far as I know. Discontinued providing unlimited access to exercise equipment for those who have completed cardiopulmonary rehab program.*
- *Y membership promotion, Silver Run program*
- *Do not know*
- *Phelps Memorial run. YMCA, support of youth activities.*
- *See above comment on Obesity.*
- *PMHC works with the YMCA and promotes physical activity to prevent many health problems.*

- *General promotion of wellness to employees and throughout the community. Several education sessions held on overall wellness/being more active.*
- *I am not certain.*

10. Please share comments or observations about the actions PMHC has taken to address ACCESSIBILITY/AFFORDABILITY.

- *Health care is very expensive and anything that you can do to assist to the elderly and low income families would be helpful. Offering medical services locally is a huge help for many people so that they don't have to travel out of town.*
- *Providing more charity care than in past for uninsured. Have hired new primary care practitioners. Not aware of action on transportation issues.*
- *The specialties offered here are wonderful to keep people close to home to receive high quality specialty care.*
- *Rural Health clinic, working with surrounding community clinics in development of electronic records*
- *Do not know*
- *Provides welfare services. Works to contain expenses.*
- *I feel PMHC is doing a stellar job recruiting new specialists and physicians to our community. I was very impressed the other day when I looked on the PMHC website and saw the various specialists that come here for appointments.*
- *PMHC has their personnel on the radio giving tips and what they offer to the community involving all 11 of these issues. Also provide workshops for citizens*
- *Clinic hours - open over noon for accessibility. Very well received so far. Recruited Oncology, IM (2020), FP (4 new started in 2018), working on additional general surgery and oncology coverage. Tele psych services available at PMHC.*
- *I have seen the announcements of new providers coming into the group. I do not know how this compares to providers who have left. i.e. are these new positions or filling vacancies.*
- *I am not certain.*

11. Please share comments or observations about the actions PMHC has taken to address HEART DISEASE.

- *Having the heart doctors come from out of town is a huge benefit to PMHC, our family has personally benefited from this. I would encourage to continue to partner with these doctors. It is a huge saving of time and money for our area residents. Education seminars are also helpful for people to attend when offered.*
- *No opportunity to observe.*
- *Exercise program; cardio specialist visit to PMHC; cardio rehab; encourage participation in Y activities*
- *Do not know*

- *Provides recovery program for heart patients.*
- *Do not feel like I have enough knowledge to make comments.*
- *PMHC addresses prevention and how they can help with preventing heart disease*
- *I do not know about the status of this.*
- *I am not certain.*

12. Please share comments or observations about the actions PMHC has taken to address STROKE.

- *PMHC does an outstanding job of providing care to people who have suffered a stroke. The ER staff does an amazing job of determining the situation and making sure the patient is transferred to another hospital if needed. Stroke education is also an important part of the solution.*
- *No opportunity to observe.*
- *Update of MRIs*
- *Do not know*
- *Provides program for stroke patients.*
- *Do not feel like I have enough knowledge to make comments.*
- *PMHC addresses tips for prevention of strokes and recovery*
- *I do not know about the status of this.*
- *I am not certain.*

Appendix B – Identification & Prioritization of Community Needs (Local Expert Survey Results)

Need Topic	Total Votes	Number of Local Experts Voting for Needs	Percent of Votes	Cumulative Votes	Need Determination
Cancer*	323	19	16.2%	16.2%	Significant Needs
Heart Disease*	169	16	8.5%	24.6%	
Mental Health	156	12	7.8%	32.4%	
Accessibility/Affordability*	151	14	7.6%	40.0%	
Alzheimer's	140	11	7.0%	47.0%	
Diabetes*	131	14	6.6%	53.5%	
Obesity/Overweight*	125	15	6.3%	59.8%	
Physical Activity*	118	14	5.9%	65.7%	Other Identified Needs
Stroke*	100	13	5.0%	70.7%	
Chronic Pain Management	95	11	4.8%	75.4%	
Education/Prevention	94	11	4.7%	80.1%	
Drug/Substance Abuse	78	11	3.9%	84.0%	
Women's Health	65	10	3.3%	87.3%	
Alcohol Abuse	53	9	2.7%	89.9%	
Hypertension	40	8	2.0%	91.9%	
Suicide	28	8	1.4%	93.3%	
Tobacco Use	25	8	1.3%	94.6%	
Flu/Pneumonia	21	6	1.1%	95.6%	
Lung Disease	21	6	1.1%	96.7%	
Respiratory Infections	21	7	1.1%	97.7%	
Dental	15	5	0.8%	98.5%	
Kidney Disease	11	6	0.6%	99.0%	
Accidents	9	5	0.5%	99.5%	
Liver Disease	6	5	0.3%	99.8%	
Write in: Men's Health	5	1	0.3%	100.0%	
	2000		100.00%		

*=2016 Significant Needs

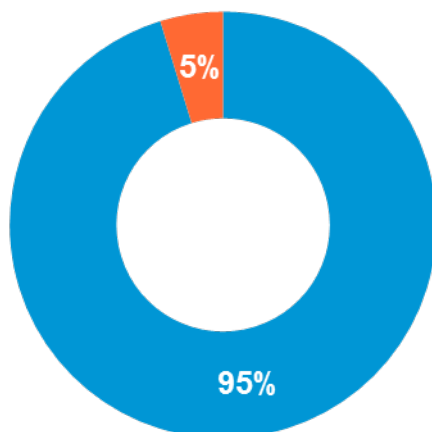
Individuals Participating as Local Expert Advisors³⁸

	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) Public Health Expertise	4	17	21
2) Departments and Agencies with relevant data/information regarding health needs of the community served by the hospital	3	19	22
3) Priority Populations	3	18	21
4) Representative/Member of Chronic Disease Group or Organization	2	19	21
5) Represents the Broad Interest of the Community	23	1	24
Other			2
Answered Question			25
Skipped Question			0

³⁸ Responds to IRS Schedule H (Form 990) Part V B 3 g

Advice Received from Local Expert Advisors

Question: Do you agree with the comparison of Phelps County to all other Nebraska counties?

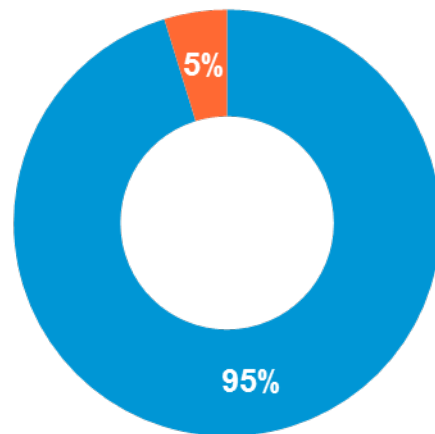


- Yes, the data accurately reflects my community today
- No, the data does not reflect my community today

Comments:

- *Need focus on obesity/exercise as a program and injuries.*
- *house is a problem, so is unemployment, children in poverty, single parent households*
- *Looks like alcohol impaired driving should be added to our focus.*

Question: Do you agree with the demographics and common health behaviors of Phelps County?

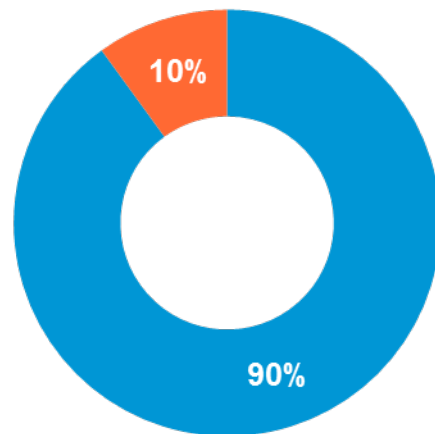


- Yes, the data accurately reflects my community today
- No, the data does not reflect my community today

Comments:

- *The population will not go up that much, especially since at least 65% of the population right now is over the age of 75*

Question: Do you agree with the overall social vulnerability index for Phelps County?

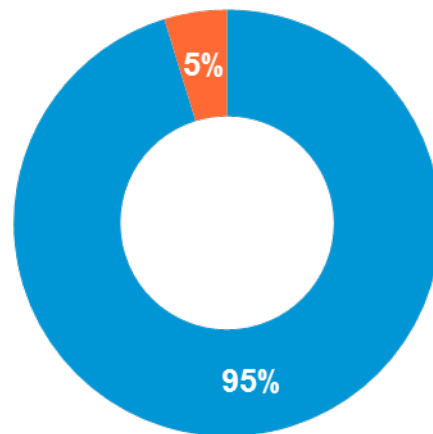


- Yes, the data accurately reflects my community today
- No, the data does not reflect my community today

Comments:

- *I am not sure on this data set.*
- *Not really sure that much of the population in the middle of county is vulnerable in these 3 areas.*
- *I believe Phelps County has built more housing to better serve a wider range of socioeconomic groups in the past two years*

Question: Do you agree with the national rankings and leading causes of death?

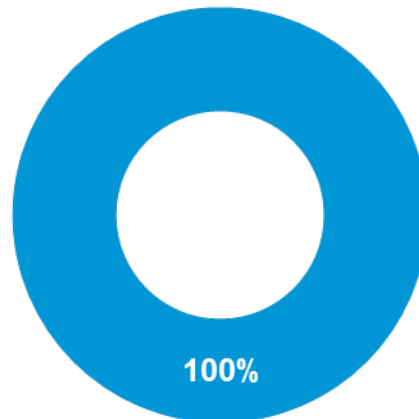


- Yes, the data accurately reflects my community today
- No, the data does not reflect my community today

Comments:

- *Aging population and also being a farming community seems to affect the data.*
- *I would not know why to question the data that has been collected.*
- *Recent homicide, but I believe this is just an isolated incident.*

Question: Do you agree with the health trends in Phelps County?



- Yes, the data accurately reflects my community today
- No, the data does not reflect my community today

Comments:

- *Data is 5 years old. However, I have no information that would show trends have changed.*
- *Rural residents with time spent outdoors leads to sun exposure and skin cancers*

Appendix C – National Healthcare Quality and Disparities Report³⁹

The National Healthcare Quality and Disparities Reports (QDR; annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129)) are based on more than 300 healthcare process, outcome, and access measures, covering a wide variety of conditions and settings. Data years vary across measures; most trend analyses include data points from 2000-2002 to 2012-2015. An exception is rates of uninsured, which we are able to track through 2017. The reports are produced with the support of an HHS Interagency Work Group (IWG) and guided by input from AHRQ’s National Advisory Council and the Institute of Medicine (IOM), now known as the Health and Medicine Division of the National Academies of Sciences, Medicine, and Engineering.

For the 15th year in a row, the Agency for Healthcare Research and Quality (AHRQ) has reported on progress and opportunities for improving healthcare quality and reducing healthcare disparities. As mandated by the U.S. Congress, the report focuses on “national trends in the quality of health care provided to the American people” (42 U.S.C. 299b-2(b)(2)) and “prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations” (42 U.S.C. 299a-1(a)(6)).

The 2017 report and chartbooks are organized around the concepts of access to care, quality of care, disparities in care, and six priority areas—including patient safety, person-centered care, care coordination, effective treatment, healthy living, and care affordability. Summaries of the status of access, quality, and disparities can be found in the report.

The report presents information on trends, disparities, and changes in disparities over time, as well as federal initiatives to improve quality and reduce disparities. It includes the following:

- **Overview of Quality and Access in the U.S. Healthcare System** that describes the healthcare systems, encounters, and workers; disease burden; and healthcare costs.
- **Variation in Health Care Quality and Disparities** that presents state differences in quality and disparities.
- **Access and Disparities in Access to Healthcare** that tracks progress on making healthcare available to all Americans.
- **Trends in Quality of Healthcare** that tracks progress on ensuring that all Americans receive appropriate services.
- **Trends in Disparities** that tracks progress in closing the gap between minority racial and ethnic groups and Whites, as well as income and geographic location gaps (e.g., rural/suburban disparities).
- **Looking Forward** that summarizes future directions for healthcare quality initiatives.

Key Findings

Access: An estimated 43% of access measures showed improvement (2000-2016), 43% did not show improvement, and 14% showed worsening. For example, from 2000 to 2017, there were significant gains in the percentage of people who reported having health insurance.

³⁹ <http://www.ahrq.gov/research/findings/nhqdr/nhqdr14/index.html> Responds to IRS Schedule H (Form 990) Part V B 3 i

Quality: Quality of healthcare improved overall from 2000 through 2014-2015, but the pace of improvement varied by priority area:

- Person-Centered Care: Almost 70% of person-centered care measures were improving overall.
- Patient Safety: More than two-thirds of patient safety measures were improving overall.
- Healthy Living: More than half of healthy living measures were improving overall.
- Effective Treatment: More than half of effective treatment measures were improving overall.
- Care Coordination: Half of care coordination measures were improving overall.
- Care Affordability: Eighty percent of care affordability measures *did not* change overall.

Disparities: Overall, some disparities were getting smaller from 2000 through 2014-2015; but disparities persist, especially for poor and uninsured populations in all priority areas.

Trends

- Trends show that about 55% percent of quality measures are improving overall for Blacks.⁴⁰ However, most recent data in 2014-2015 show that about 40% of quality measures were worse for Blacks compared with Whites.
- Trends show that about 60% of quality measures are improving overall for Asians. However, most recent data in 2014-2015 show that 20% of quality measures were worse for Asians compared with Whites.
- Trends show that almost 35% of quality measures are improving overall for American Indians/Alaska Natives (AI/ANs). However, most recent data in 2014-2015 show that about 30% of quality measures were worse for AI/ANs compared with Whites.
- Trends show that approximately 25% of quality measures are improving overall for Native Hawaiians/Pacific Islanders (NHPs). However, most recent data in 2014-2015 show that nearly 33% of quality measures were worse for NHPs compared with Whites.
- Trends show that about 60% of quality measures are improving overall for Hispanics, but in 2014-2015, nearly 33% of quality measures were worse for Hispanics compared with non-Hispanic Whites.
- Variation in care persisted across the urban-rural continuum in 2014-2016, especially in access to care and care coordination.

Looking Forward

The National Healthcare Quality and Disparities Report (QDR) continues to track the nation's performance on healthcare access, quality, and disparities. The QDR data demonstrate significant progress in some areas and identify other areas that merit more attention where wide variations persist. The number of measures in each priority area varies, and some measures carry more significance than others as they affect more people or have more significant consequences. The summary charts are a way to quantify and illustrate progress toward achieving accessible, high-quality, and affordable

⁴⁰ Throughout this report and its appendixes, "Blacks" refers to Blacks or African Americans, and "Hispanics" refers to Hispanics or Latinos. More information is available in the Reporting Conventions section of the Introduction and Methods.

care at the national level using available nationally representative data. The summary charts are accessible via the link below.

This report shows that while performance for most access measures did not change significantly over time (2000-2014), insurance coverage rates did improve (2000-2016). Quality of healthcare improved in most areas but some disparities persist, especially for poor and low-income households and those without health insurance.

U.S. Department of Health and Human Services (HHS) agencies are working on research and conducting programs in many of the priority areas—most notably opioid misuse, patient safety, effective treatment, and health disparities.

Link to the full report:

<https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/2017qdr.pdf>

Appendix D – Illustrative Schedule H (Form 990) Part V B Potential Response

Illustrative IRS Schedule h Part V Section B (Form 990)⁴¹

Community Health Need Assessment Illustrative Answers

1. Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?

No

2. Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If “Yes,” provide details of the acquisition in Section C

No

3. 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 12. If “Yes,” indicate what the CHNA report describes (check all that apply)

- a. A definition of the community served by the hospital facility

See footnote 16 on page 11

- b. Demographics of the community

See footnote 19 on page 12

- c. Existing health care facilities and resources within the community that are available to respond to the health needs of the community

See footnote 29 on page 29 and footnote 30 on page 32

- d. How data was obtained

See footnote 11 on page 8

- e. The significant health needs of the community

See footnote 28 on page 28

- f. Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups

See footnote 12 on page 9

- g. The process for identifying and prioritizing community health needs and services to meet the community health needs

See footnote 15 on page 9

- h. The process for consulting with persons representing the community's interests

⁴¹ Questions are drawn from 2014 Federal 990 schedule H.pdf and may change when the hospital is to make its 990 H filing

See footnotes 13 on page 9

- i. **Information gaps that limit the hospital facility's ability to assess the community's health needs**

See footnote 10 on page 8, footnote 14 on page 9, and footnote 23 on page 16

- j. **Other (describe in Section C)**

N/A

- 4. **Indicate the tax year the hospital facility last conducted a CHNA: 20__**

2016

- 5. **In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted**

Yes, see footnote 14 on page 9 and footnote 38 on page 59

- 6. **a. Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C**

No

- b. Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C**

See footnote 4 on page 4 and footnote 7 on page 7

- 7. **Did the hospital facility make its CHNA report widely available to the public?**

Yes

If "Yes," indicate how the CHNA report was made widely available (check all that apply):

- a. **Hospital facility's website (list URL)**

<https://www.phelpsmemorial.com/>

- b. **Other website (list URL)**

No other website

- c. **Made a paper copy available for public inspection without charge at the hospital facility**

Yes

- d. **Other (describe in Section C)**

- 8. **Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11**

Yes

9. Indicate the tax year the hospital facility last adopted an implementation strategy: 20__

2016

10. Is the hospital facility's most recently adopted implementation strategy posted on a website?

a. If "Yes," (list url):

<https://www.phelpsmemorial.com/health-center/community-health-needs-assessment>

b. If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?

11. Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed

See footnote 29 on page 29

12. 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)?

None incurred

b. If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

Nothing to report

c. If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities?

Nothing to report