



# Phelps Memorial Health Center

*Phelps, Gosper, and Kearney Counties*

## 2025

## Community Health Needs Assessment

Approved by Board: *May 5<sup>th</sup>, 2025*



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# Executive Summary

Phelps Memorial Health Center (“PMHC” or the “Hospital”) performed a Community Health Needs Assessment (CHNA) together in partnership with Ovation Healthcare (“Ovation”) to assist in determining the health needs of the local community and an accompanying implementation plan to address the identified health needs. This CHNA report consists of the following information:

- 1) a definition of the community served by the Hospital 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 solicited and considered input received from persons who represent the broad interests of the community it serves;
- 4) commentary on the 2022 CHNA Assessment and Implementation Strategy efforts;
- 5) 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
- 6) a description of resources potentially available to address the significant health needs identified through the CHNA.

Data was gathered from multiple well-respected secondary sources to help build an accurate picture of the current community and its health needs. A broad community survey was performed to review and provide feedback on the prior CHNA and to support the determination of the Significant Health Needs of the community in 2025.

The health priorities identified by PMHC from this assessment are:

- Improve Mental Health Outcomes
- Increase Access to Local Healthcare Services
- Reduce Barriers to Care

In the Implementation Strategy section of the report, the Hospital addresses these areas through identified programs and resources with intended impacts included for each health need to track progress towards improved community health outcomes.

# Community Health Needs Assessment

## Overview

### CHNA Purpose

A CHNA is part of the required documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals and fulfills requirements for accreditation for many health and public health entities. However, regardless of status, a CHNA provides many benefits to an organization. This assessment provides comprehensive information about the community's current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.

### Organizational Benefits

- Identify health disparities and social drivers to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member's perceptions of healthcare in the region
- Support community organizations for collaborations

## CHNA Process

**1**



### Survey the Community

Develop a CHNA survey to be deployed to the broad community in order to assess significant health priorities.

**2**



### Data Analysis

Review survey data and relevant data resources to provide qualitative and quantitative feedback on the local community and market.

**3**



### Determine Top Health & Social Needs

Prioritize community health and social needs based on the community survey, data from secondary sources, and facility input.

**4**



### Implementation Planning

Build an implementation plan to address identified needs with actions, goals, and intended impacts on significant health needs.

# Process & Methods

This assessment takes a comprehensive approach to determining community health needs and includes the following methodology:

- Several independent data analyses based on secondary source data
- Augmentation of data with community opinions through a community-wide survey
- Resolution of any data inconsistency or discrepancies by reviewing the combined opinions formed by local expert advisors and community members

## Data Collection and Analysis

This assessment relies on secondary source data, which primarily uses the county as the smallest unit of analysis. 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 community members cooperating in this study are displayed in the CHNA report appendix.

All data sources are detailed in the appendix of this report with the majority of the data used in this assessment coming from:

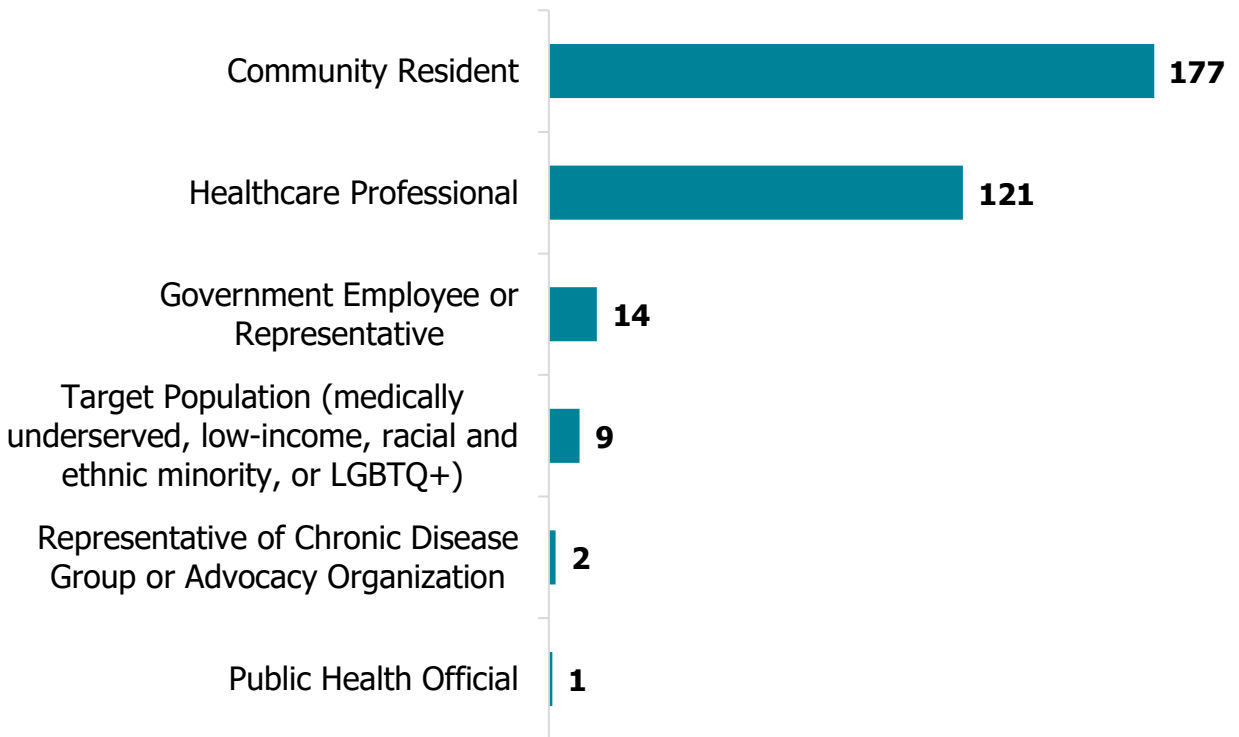
- County Health Rankings 2024 Report
- Centers for Medicare & Medicaid Services – CMS
- Centers for Disease Control and Prevention – CDC
- Health Resources & Services Administration – HRSA

A standard process of gathering community input was utilized. In addition to gathering data from the above sources, a CHNA survey was deployed to local expert advisors and the general public to gain input on local health needs and the 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 economic, racial, and geographically diverse population. Two-hundred-eighty-three (283) survey responses from community members were gathered in December 2024, a 113% increase in responses compared to the 2022 community survey.

# Community Input

Input was obtained from the required three minimum federally required sources and expanded to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify into any of the following representative classifications, which are detailed in the appendix to this report. Additionally, survey respondents were asked to identify their age, race/ethnicity, and income level to ensure a diverse range of responses were collected.

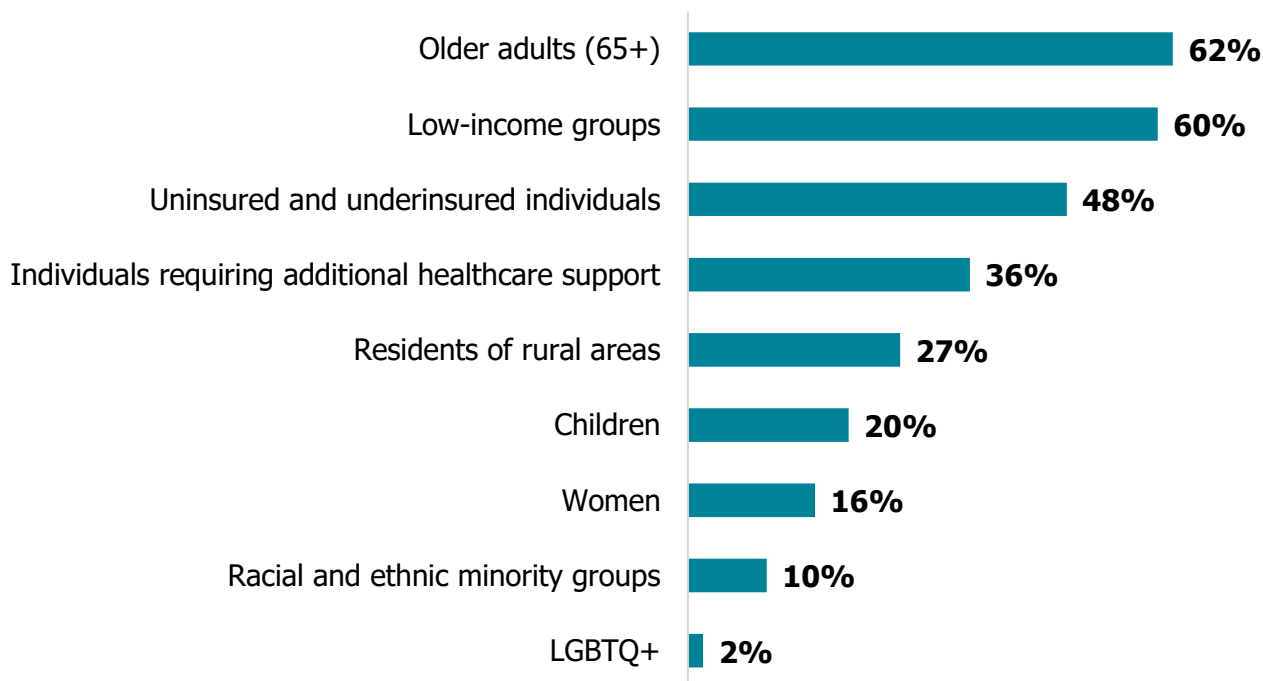
Survey Question: Please select all roles that apply to you (n=280)



## Priority Populations

Medically underserved populations are those who experience health disparities or face barriers to receiving adequate medical care because of income, geography, language, etc. The Hospital assessed what population groups in the community ("Priority Populations") would benefit from additional focus and asked survey respondents to elaborate on the key health challenges these groups face.

Survey Question: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community?



Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following key themes:

- The top three priority populations identified were older adults (65+), low-income groups, and un/underinsured individuals.
- Summary of unique or pressing needs of the priority groups identified by the respondents:

Cost of Healthcare  
Services

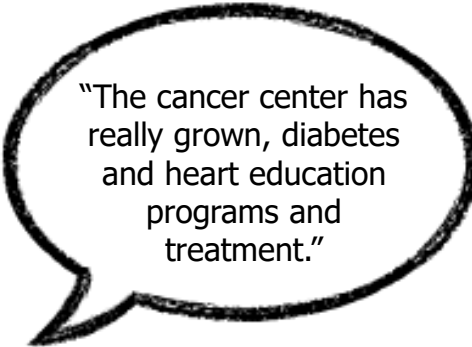
Lack of  
Transportation

Health Literacy/  
Education

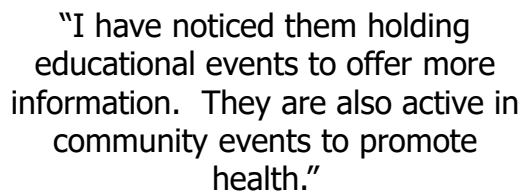
## Input on 2022 CHNA

The Hospital considered written comments received on the prior CHNA and Implementation Strategy as a component of the development of the 2025 CHNA and Implementation Strategy. Comments were solicited from community members to provide feedback on any efforts and actions taken by PMHC since the 2022 CHNA and Implementation Plan were conducted. These comments informed the development of the 2025 CHNA and Implementation Plan and are presented in full in the appendix of this report. The health priorities identified in the 2025 CHNA are listed below with a selection of survey responses.

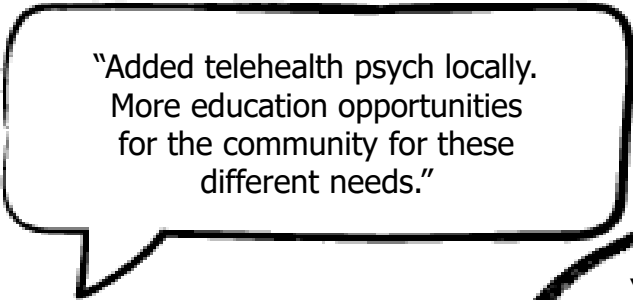
- Mental Health
- Chronic Disease Management
- Affordability
- Women's Health



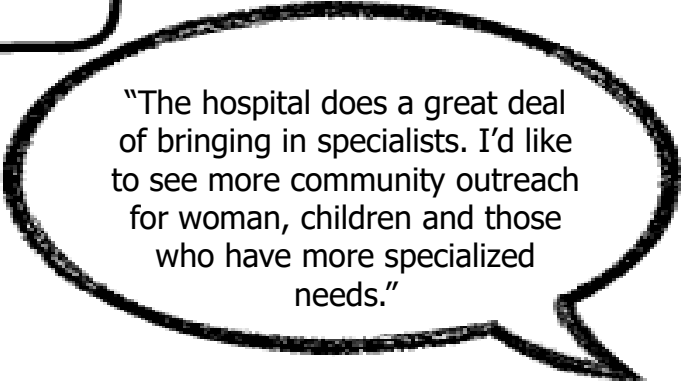
"The cancer center has really grown, diabetes and heart education programs and treatment."



"I have noticed them holding educational events to offer more information. They are also active in community events to promote health."



"Added telehealth psych locally. More education opportunities for the community for these different needs."



"The hospital does a great deal of bringing in specialists. I'd like to see more community outreach for woman, children and those who have more specialized needs."



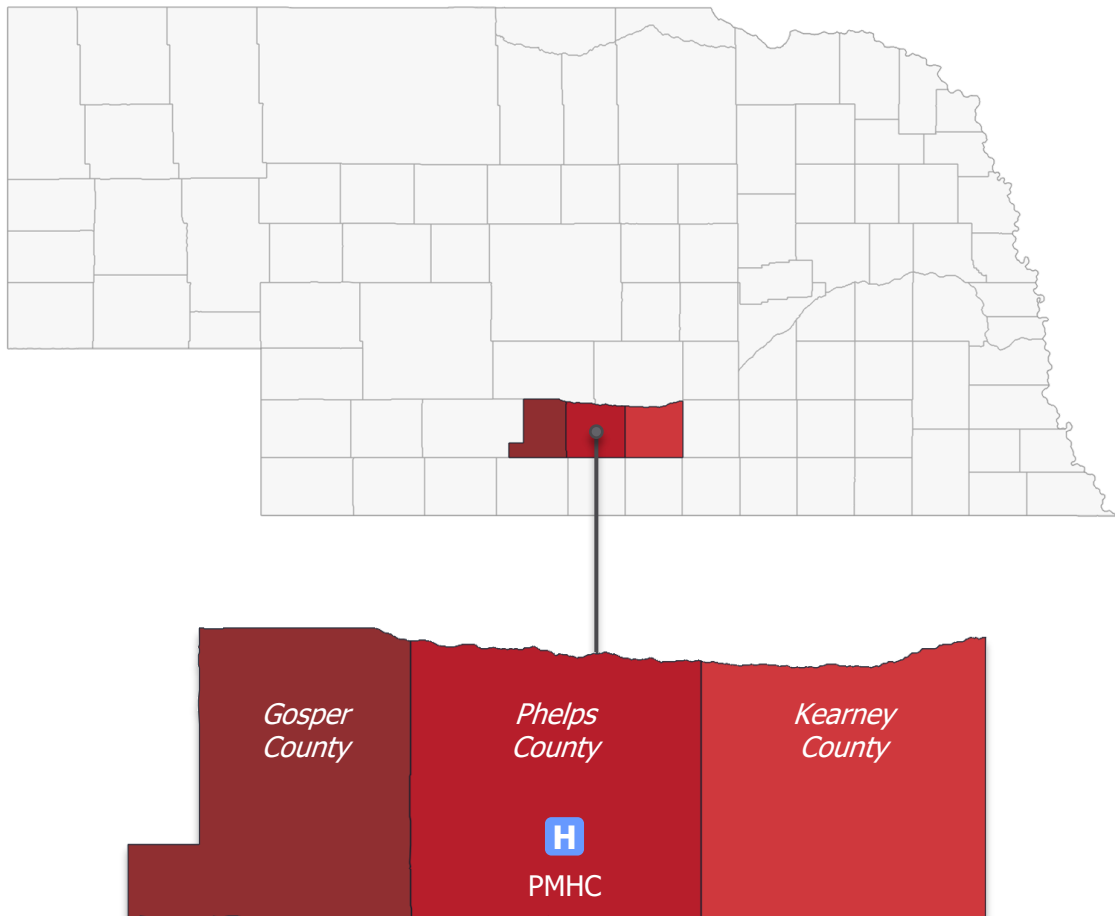
## Impact of Actions to Address the 2022 Significant Health Needs

- PMHC has increased access to local care by expanding service offerings: Tele-psychiatry, Oncology, Urology, and Cardiology.
- Phelps Memorial Foundation provides financial support to patients and a range of community organizations: YMCA, local public schools, police and fire departments, and more.
- PMHC teammates and medical staff host a range of educational events for the community including:
  - Blood Drives
  - CASA Night of Hope
  - Good Life – cardiology education
  - Heart Health Community Education / Cooking Demo
  - Blooms of Hope – American Cancer Society
  - Current Drug Trends: Area EMS Education
  - Nutrition Month//Grocery Store Tours
  - Laughter is the Best Medicine – mental health education
  - Purse for a Purpose – women’s shelter support
  - Healthy Kids Day
  - Service League Luncheon
  - Senior Send Off Events – mental health and substance abuse education
  - Christian Homes Cultivating Kindness Event
  - Holdrege Memorial Homes – mental health education
  - EMS Week Celebration & Volunteer Education/
  - Cancer Survivors Celebration
  - YMCA Babysitting Class/CPR and First Aid
  - Relay 4 Life
  - Free Swim Days
  - Simple Solutions – diabetes education
  - EMS Mass Casualty Training
  - Medicare Community Education
  - GO RED for Women
  - TD1 Breakthrough Walk – diabetes fundraiser
  - Childbirth Education Classes
  - Walk to end Alzheimer's
  - Ask a Therapist – education for physical therapy team
  - Applefest – diabetes education
  - Out of the Darkness Walk – suicide prevention
  - Positively Pink – women’s health fair
  - Diabetes Community Education - What's in your Toolbox
  - Diabetes Awareness Month
  - Blood pressure and blood sugar checks at nursing homes.
  - International Survivors of Suicide Loss Day

# Community Served

For the purpose of this study, the service area is defined as Phelps, Gosper, and Kearney Counties in Nebraska. The data presented in this report is based on this county-level service area and compared to state averages. Geographically, PMHC is centrally located within Phelps County and serves as the county's sole hospital.

## Service Area



**Total Population: 17,486**

**Gosper County**

1,808

**Phelps County**

8,988

**Kearney County**

6,690

*Source: County Health Rankings 2024 Report*

# Service Area Demographics

	Gosper	Phelps	Kearney	Nebraska
<b>Demographics</b>				
Total Population	1,808	8,988	6,690	1,967,923
<b>Age</b>				
Below 18 Years of Age	21%	24%	25%	24%
Ages 19 to 64	55%	55%	54%	59%
65 and Older	23%	21%	21%	17%
<b>Race &amp; Ethnicity</b>				
Non-Hispanic White	90%	91%	90%	77%
Non-Hispanic Black	1%	0%	0%	5%
American Indian or Alaska Native	1%	1%	1%	2%
Asian	0%	0%	0%	3%
Native Hawaiian or Other Pacific Islander	0%	0%	0%	0%
Hispanic	7%	7%	8%	12%
<b>Gender</b>				
Female	47%	49%	50%	50%
Male	53%	51%	50%	50%
<b>Geography</b>				
Rural	100%	39%	100%	27%
Urban*	0%	61%	0%	73%
<b>Income</b>				
Median Household Income	\$67,697	\$66,287	\$74,686	\$69,828

Notes: \*Urban is defined as census blocks that encompass at least 5,000 people or at least 2,000 housing units  
Source: County Health Rankings 2024 Report

# Methods of Identifying Health Needs

## Collect & Analyze

Analyze existing data and collect new data



**737** indicators collected from data sources



**283** surveys completed by community members

## Evaluate

Evaluate indicators based on the following factors:



Worse than benchmark



Identified by the community



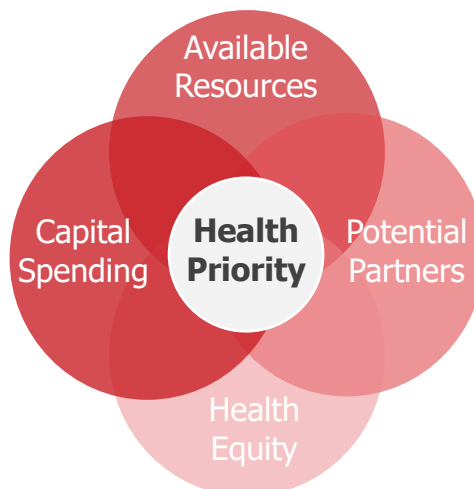
Impact on health disparities



Feasibility of being addressed

## Select

Select priority health needs for implementation plan



## Prioritizing Significant Health Needs

The survey respondents participated in a structured communication technique called the "Wisdom of Crowds" method. This approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the Hospital's process, each survey respondent had the opportunity to prioritize community health needs. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not at all) to 5 (extremely), including the opportunity to list additional needs that were not identified.

The ranked needs were divided into "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable breakpoint in rank order occurred. The Hospital analyzed the health issues that received the most responses and established a plan for addressing them.

## Ranked Health Priorities

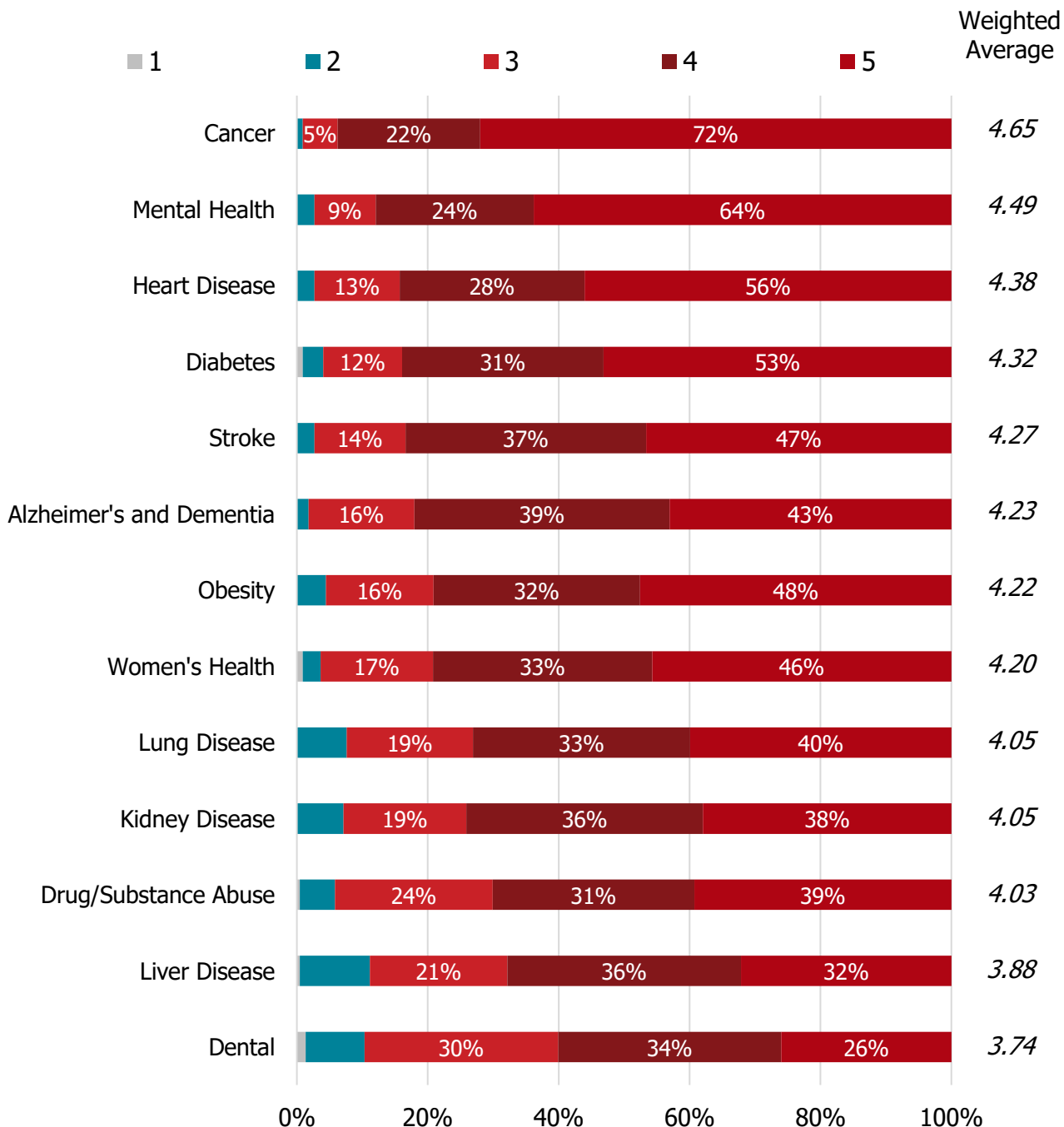
The health priority ranking process included an evaluation of health factors, community factors, and personal factors, given they each uniquely impact the overall health and health outcomes of a community:

- Health factors include chronic diseases, health conditions, and the physical health of the population.
- Community factors are the social drivers that influence community health and health equity.
- Behavioral factors are the individual actions that affect health outcomes.

In our community survey, each broad factor was broken out into more detailed components, and respondents rated the importance of addressing each component in the community on a scale from 1 to 5. The results of the health priority rankings are outlined below:

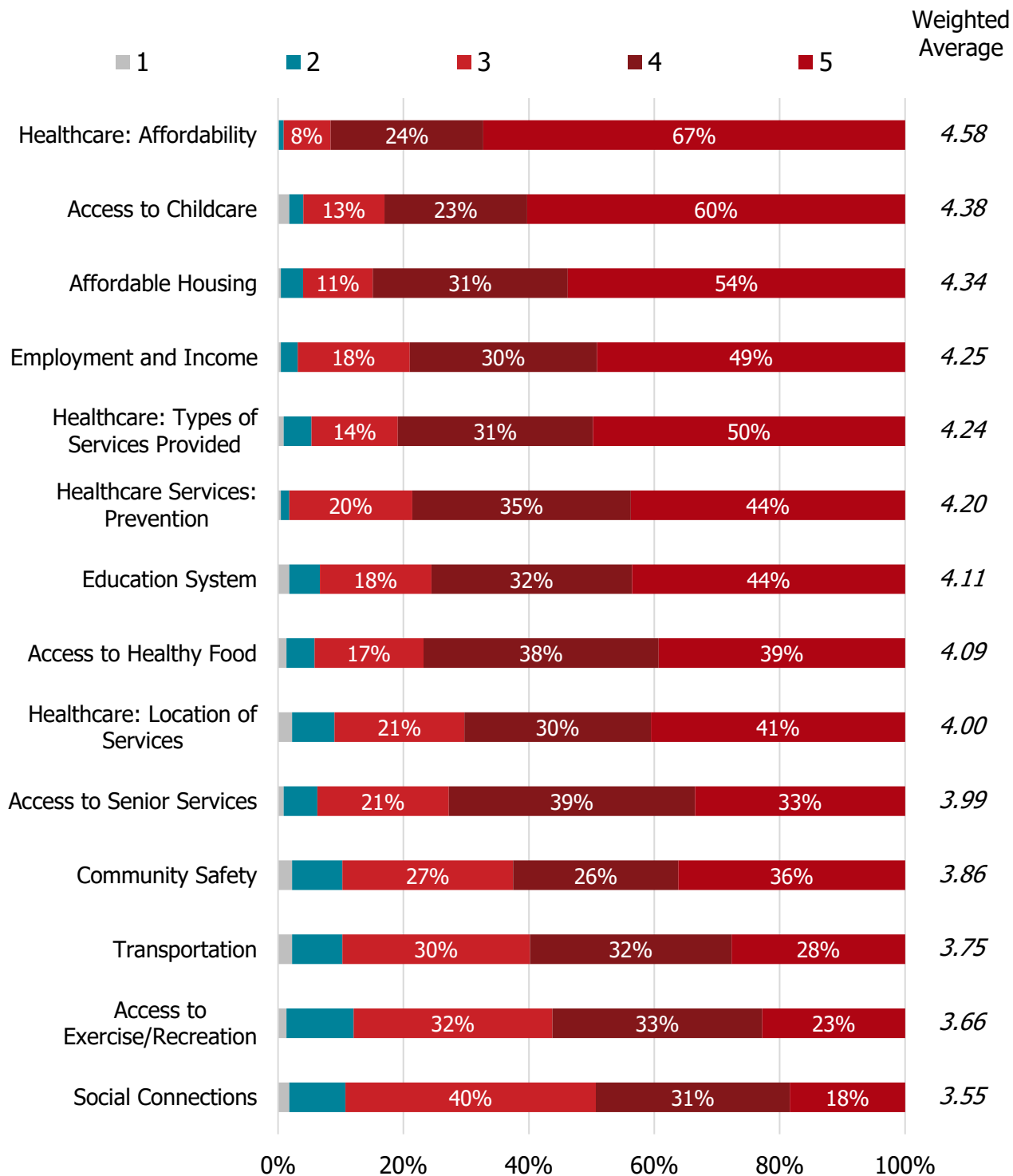
## Health Factors

Survey Question: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).



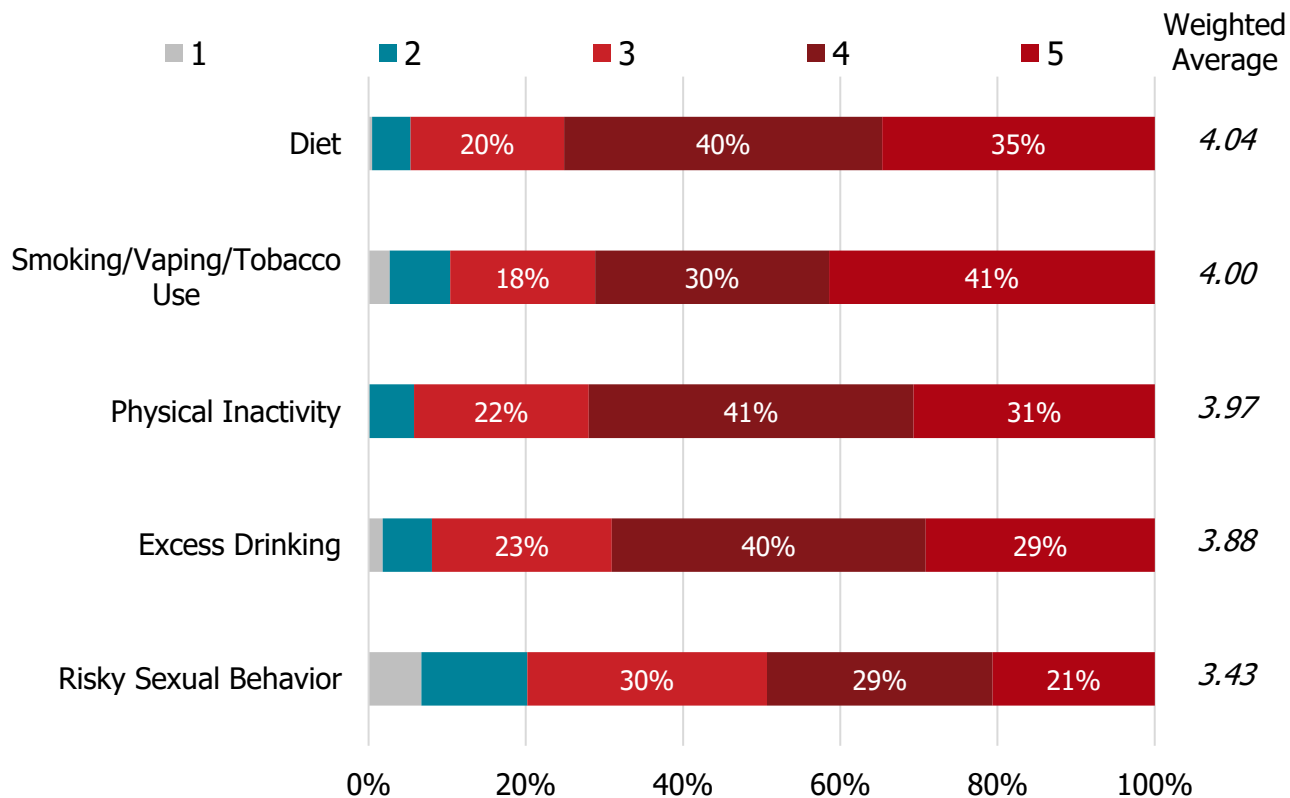
## Community Factors

Survey Question: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).



## Behavioral Factors

Survey Question: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely).





## Overall Health Priority Ranking (Top 10 Highlighted)

Health Issue	Weighted Average (out of 5)	Combined 4 (Important) and 5 (Extremely Important) Rating
Cancer	4.65	93.8%
Healthcare: Affordability	4.58	91.6%
Mental Health	4.49	88.0%
Heart Disease	4.38	84.3%
Access to Childcare	4.38	83.0%
Affordable Housing	4.34	84.9%
Diabetes	4.32	83.9%
Stroke	4.27	83.4%
Employment and Income	4.25	79.0%
Healthcare: Types of Services Provided	4.24	80.9%
Alzheimer's and Dementia	4.23	82.1%
Obesity	4.22	79.1%
Women's Health	4.20	79.2%
Healthcare Services: Prevention	4.20	78.6%
Education System	4.11	75.6%
Access to Healthy Food	4.09	76.8%
Kidney Disease	4.05	74.1%
Lung Disease	4.05	73.1%
Diet	4.04	75.1%
Drug/Substance Abuse	4.03	70.1%
Healthcare: Location of Services	4.00	70.3%
Smoking/Vaping/Tobacco Use	4.00	71.2%
Access to Senior Services	3.99	72.8%
Physical Inactivity	3.97	72.0%
Liver Disease	3.88	67.9%
Excess Drinking	3.88	69.1%
Community Safety	3.86	62.5%
Transportation	3.75	59.8%
Dental	3.74	60.1%
Access to Exercise/Recreation	3.66	56.3%
Social Connections	3.55	49.3%
Risky Sexual Behavior	3.43	49.3%

# Community Health Characteristics

This section highlights health status indicators, outcomes, and relevant data on the health needs in Phelps, Gosper, and Kearney Counties. The data at the county level is supplemented with benchmark comparisons to the state data. The most recently available data is used throughout this report with trended data included where available. A scorecard that compares the population health data of the service area counties to that of neighboring counties in Nebraska can be found in the report appendix.

## Behavioral Health

### Mental Health

Mental health was the #3 community-identified health priority with 88% of respondents rating it as important to be addressed in the community (important is categorized as a 4 or 5 rating on the community survey). The suicide mortality rate in all three service area counties is lower than the Nebraska average (CDC Final Deaths).

Poor mental health disproportionately affects people in priority populations like racial and ethnic minority groups and residents of rural areas due to a lack of access to providers as seen in the mental health provider ratios below (NAMI).

While it’s difficult to measure the true rate of mental illness in the community, the following data points give insight into the health priority:

	Gosper	Phelps	Kearney	Nebraska
Suicide Mortality Rate per 100,000 (2022)	11.4	8.8	11.1	15.0
Poor Mental Health Days past 30 days (2021)	4.3	4.3	4.1	4.3
Population per 1 Mental Health Provider (2023)	1,808:1	599:1	2,230:1	312:1

Source: CDC Final Deaths, County Health Rankings 2024 Report

## Drug, Substance, and Alcohol Use

Data is limited for drug-related overdose deaths in the service area with the Nebraska average being 10.1 per 100,000 population. While the rate of excessive drinking in all three service area counties is lower than the state average, the rate of adult smoking is higher in all three counties. Additionally, Phelps County sees the highest rate of alcohol-impaired driving deaths compared to the state and other regional counties.

	Gosper	Phelps	Kearney	Nebraska
Drug-Related Overdose Deaths per 100,000 (2020-2022)	n/a	n/a	n/a	10.1
Excessive Drinking (2022)	19%	19%	20%	22%
Alcohol-Impaired Driving Deaths (2017-2021)	33%	60%	29%	32%
Adult Smoking (2022)	15%	16%	16%	14%

*Source: County Health Rankings 2024 Report*

## Chronic Diseases

### Cancer

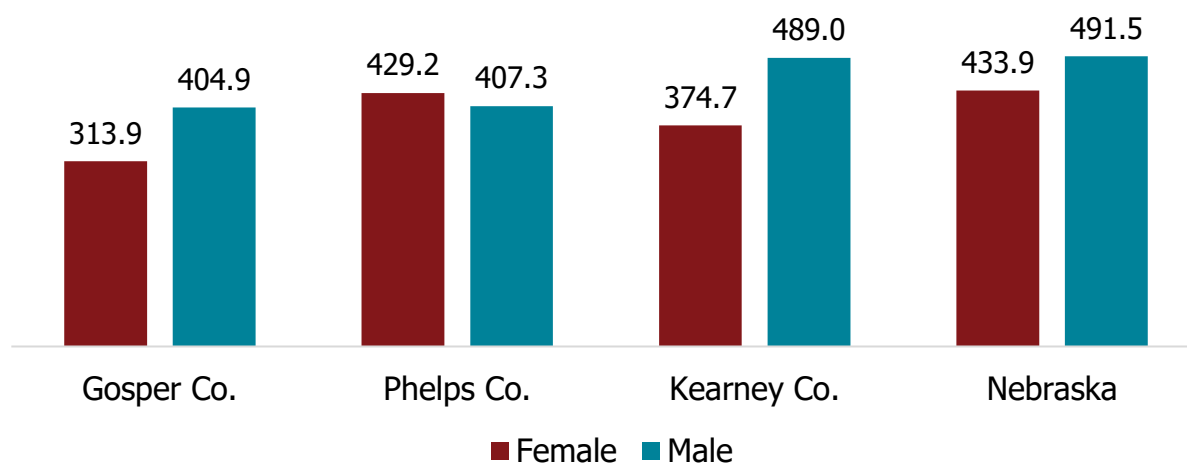
Cancer was identified as the #1 community health issue with 94% of survey respondents rating it as important to address in the community. Cancer is the leading cause of death in Phelps County and the 2<sup>nd</sup> leading cause of death in Gosper and Kearney Counties (CDC Final Deaths).

While all three counties have a higher cancer mortality rate than Nebraska, the cancer incidence rate is lower in each county compared to the state. A higher cancer mortality rate with a lower incidence rate suggests late diagnoses or limited access to quality care. This pattern often indicates barriers to early detection and treatment, particularly in underserved communities. When looking across genders, men have higher incidence rates of cancer compared to women except for in Phelps County where women see a higher incidence rate of cancer compared to men (National Cancer Institute).

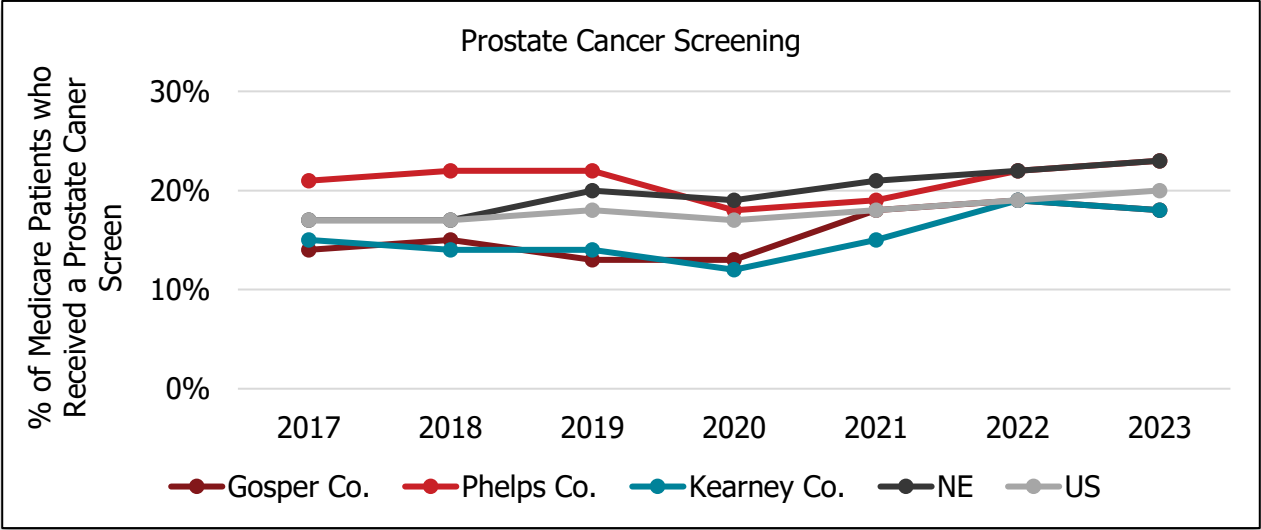
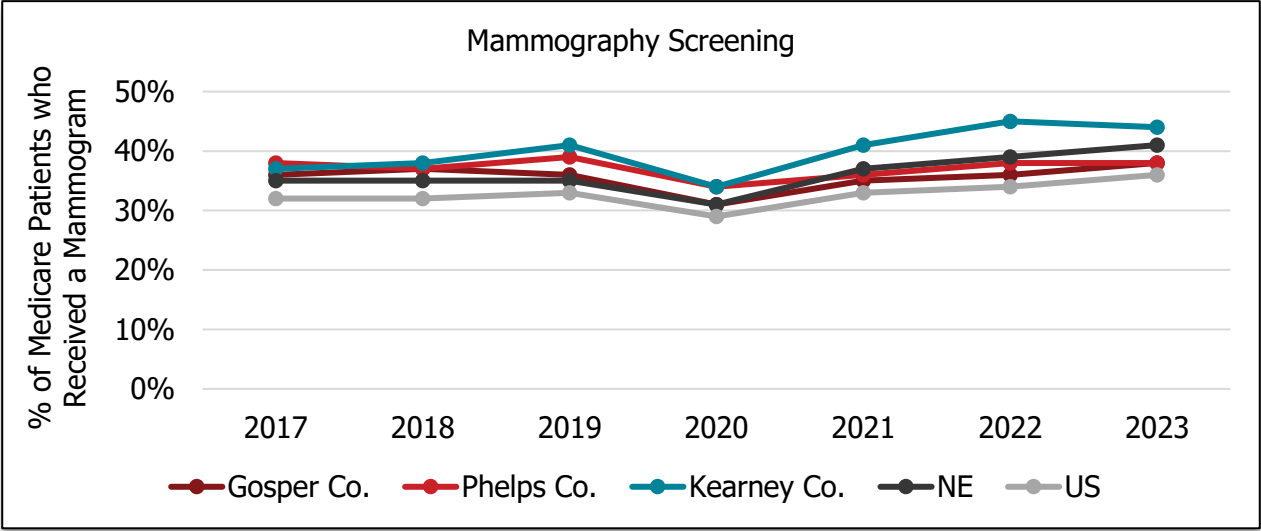
	Gosper	Phelps	Kearney	Nebraska
Cancer Incidence Rate Age-Adjusted per 100,000 (2017-2021)	355.9	413.0	425.3	456.2
Cancer Mortality Rate per 100,000 (2022)	158.7	155.1	154.5	150.9

*Source: CDC, National Cancer Institute*

### Cancer Incidence Rates by Gender (*per 100,000*)



The rate of Medicare enrollees (women age 65+) who have received a mammogram in the past year is higher in Kearny County (44%) compared to the state (41%) while Gosper (38%) and Phelps (38%) Counties have lower rates. These rates have increased in recent years after a dip downward in 2020 during the COVID-19 pandemic. Among Medicare enrollees (men age 65+), Gosper and Kearney Counties had lower prostate cancer screening rates compared to Nebraska while Phelps County had the same rate as the state (18% and 23% respectively).

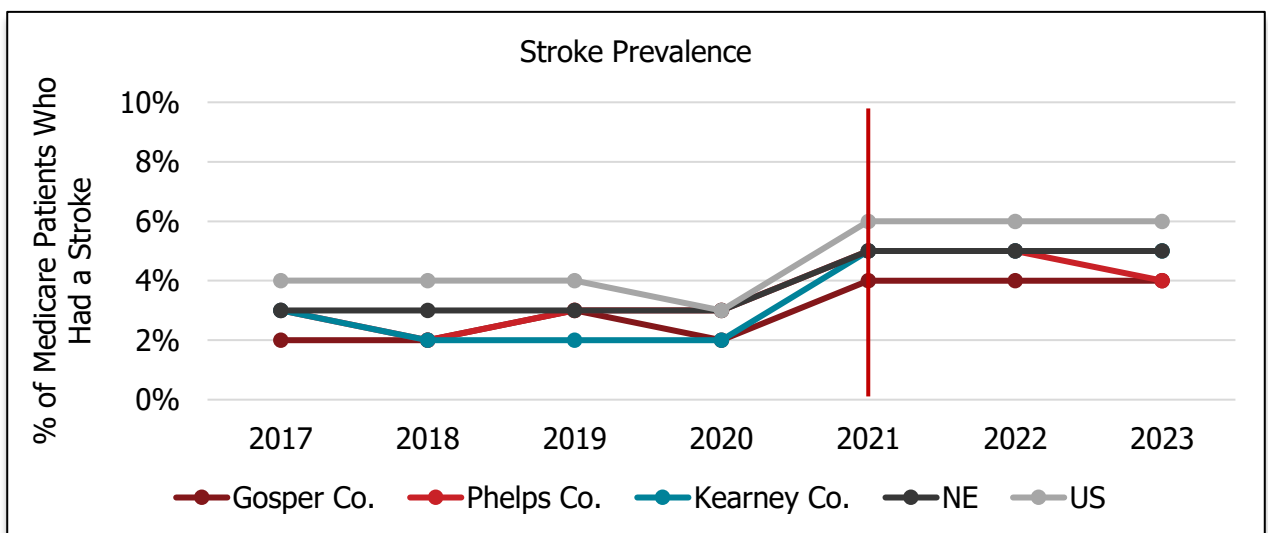
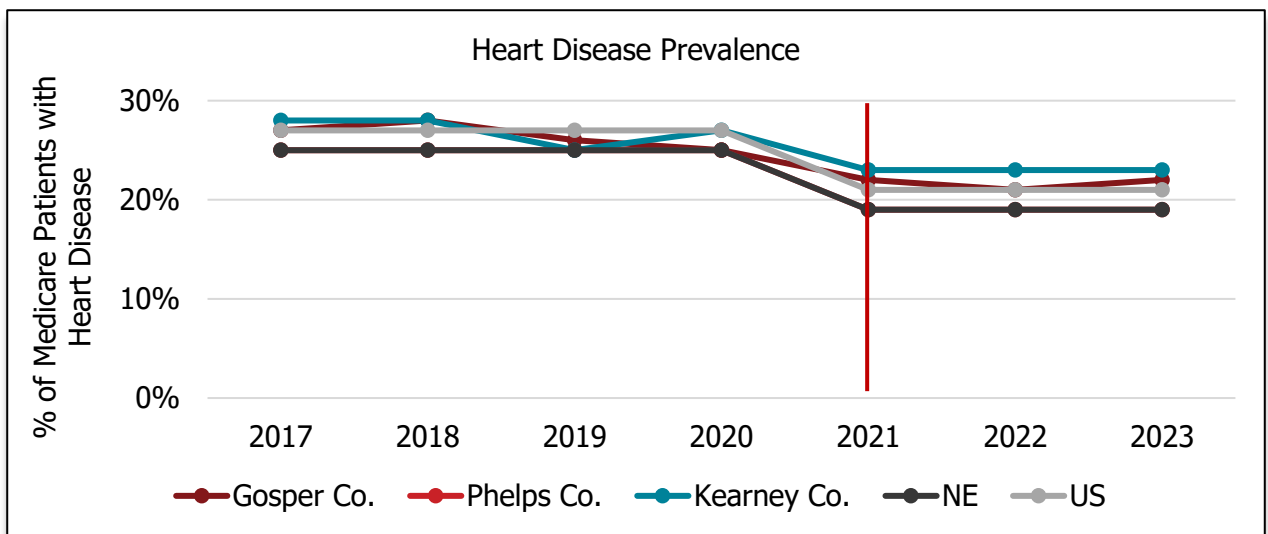


Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

## Cardiovascular Health

Heart disease is the leading cause of death in Gosper and Kearney Counties and the 2<sup>nd</sup> leading cause of death in Phelps County. Gosper and Kearney Counties have a higher heart disease mortality rate than the state average (169.9 and 168.7 compared to 160.8 per 100,000 respectively). Additionally, Phelps County has a higher stroke mortality rate compared to the state (50.6 compared to 36.5 per 100,000 respectively) (CDC Final Deaths).

In the Medicare population, all three service area counties have a higher prevalence of heart disease than Nebraska while the prevalence of stroke in the region is similar to the state.



*Note: There was a change in the algorithm of reported data in 2021*

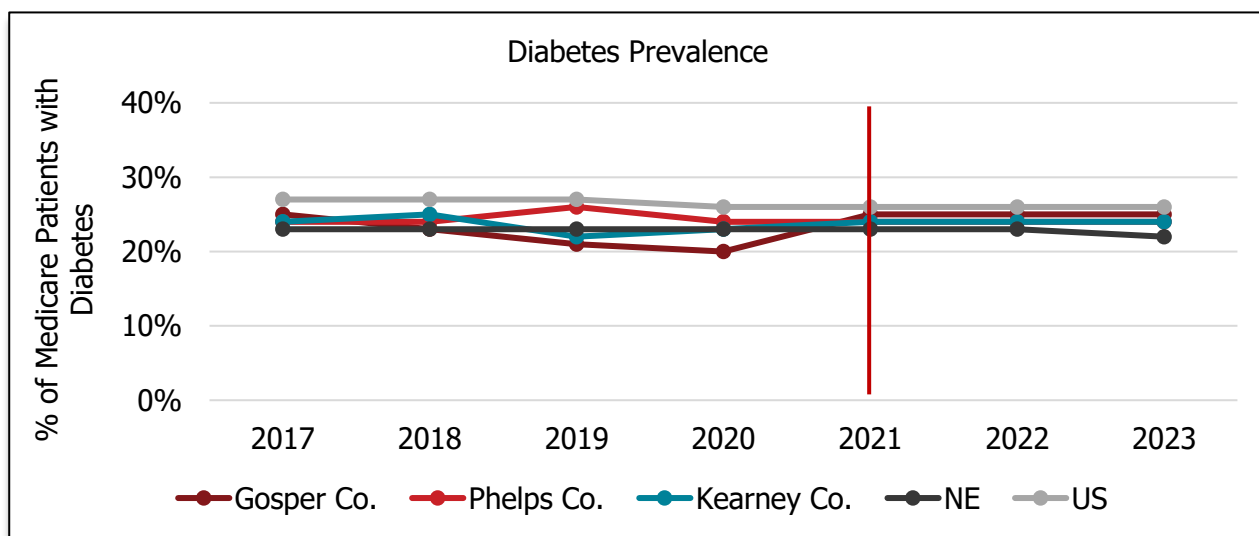
*Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population*

## Diabetes

Gosper and Phelps Counties both see a higher diabetes mortality rate compared to the state while Kearney's diabetes mortality rate is lower (CDC Final Deaths). In the Medicare population, all three counties have a slightly higher prevalence of diabetes compared to the state though rates have been stable over the past decade.

	Gosper	Phelps	Kearney	Nebraska
Diabetes Mortality Rate per 100,000 (2022)	28.6	34.3	22.8	24.6
Diabetes Prevalence (2022)	8%	9%	9%	9%

Source: CDC Final Deaths, County Health Rankings 2024 Report



Note: There was a change in the algorithm of reported data in 2021 noted by a red bar

Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

# Obesity and Unhealthy Eating

In Gosper and Phelps Counties, adults have higher rates of obesity than in Nebraska on average. Of all three service area counties, Gosper County sees a combination of both limited access to healthy foods as well as limited access to exercise opportunities (proximity to a park or recreation facility). This combination contributes to an increased risk of chronic diseases and further exacerbates health disparities, especially in low-income and rural communities. Additionally, obesity, physical inactivity, and diet are well-established risk factors for type 2 diabetes development (American Diabetes Association).

	Gosper	Phelps	Kearney	Nebraska
Adult Obesity (2022)	40%	42%	36%	36%
Limited Access to Healthy Foods (2019)	12%	5%	1%	6%
Physical Inactivity (2022)	23%	24%	25%	24%
Access to Exercise Opportunities (2023)	27%	75%	61%	84%

Source: County Health Rankings 2024 Report



# Healthcare Access

## Access & Affordability

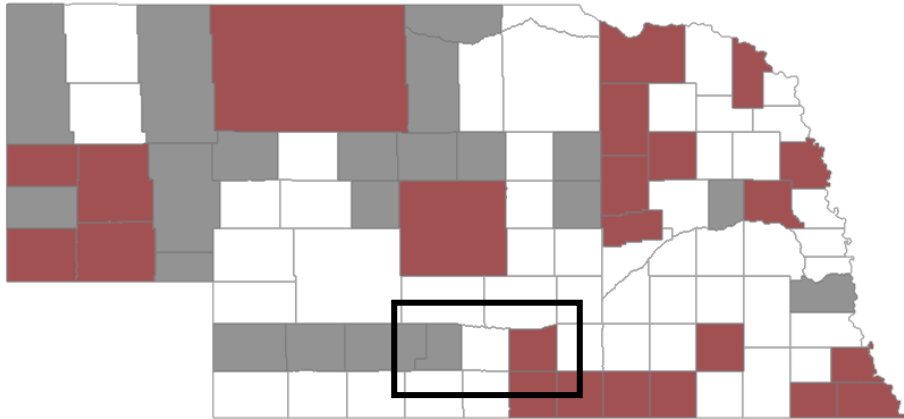
Access to affordable and quality healthcare services is a key driver to improved health outcomes, economic stability, and health equity. Gosper and Phelps Counties have a lower household income than the Nebraska average and Gosper County also has a higher uninsured population than the state. Both Gosper and Kearney Counties have less access to primary care physicians, mental health providers, and dentists as shown in the following provider ratios and health professional shortage areas (HPSA).

	Gosper	Phelps	Kearney	Nebraska
Uninsured Population (2022)	10%	8%	7%	8%
Median Household Income (2022)	\$67,697	\$66,287	\$74,686	\$69,828
Population per 1 Primary Care Physician (2022)	1,824:1	993:1	3,337:1	1,343:1
Population per 1 Dentist (2022)	1,808:0	1,498:1	2,230:1	1,217:1

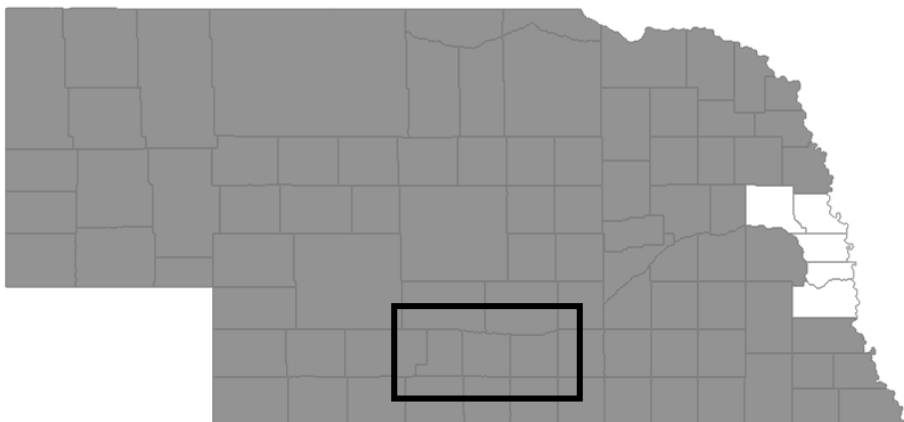
Source: County Health Rankings 2024 Report

## Nebraska Health Professional Shortage Areas (HPSA)

### Primary Care



### Mental Health



**HPSA Population:** *a shortage of services for a specific population subset within an established geographic area*



**Geographic HPSA:** *a shortage of services for the entire population within an established geographic area*



**High Needs Geographic HPSA:** *a Geographic HPSA in an area with unusually high needs based on criteria like income and death rates*

Source: [data.hrsa.gov](https://data.hrsa.gov)

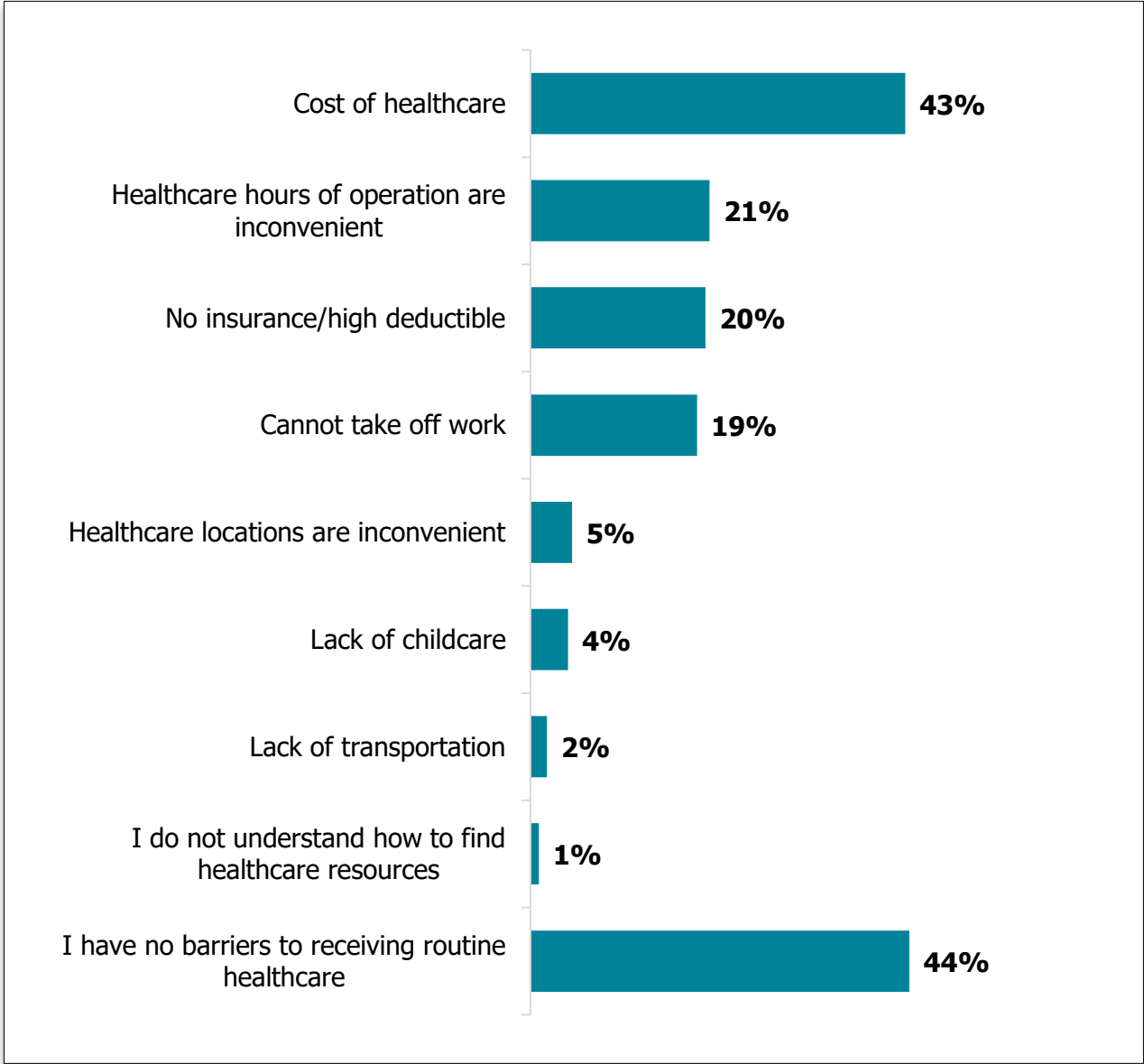
In the community survey, respondents were asked to identify what healthcare services and programs they would like to see available in their community. Urgent care was the top identified service need with 64% of respondents saying they would like to see it available in their community followed by dermatology (53%) and mental health care/substance use disorder treatment (46%).

Survey Question: What additional services/offerings would you like to see available in your area? (select all that apply)



When survey respondents were asked about their barriers to care, the cost of healthcare was the top barrier identified by 43% of respondents, followed by inconvenient hours of operation (21%). Many survey respondents (44%) reported having no barriers to receiving routine healthcare.

Survey Question: What barriers keep you or anyone in your household from receiving routine healthcare? (Please select all that apply)



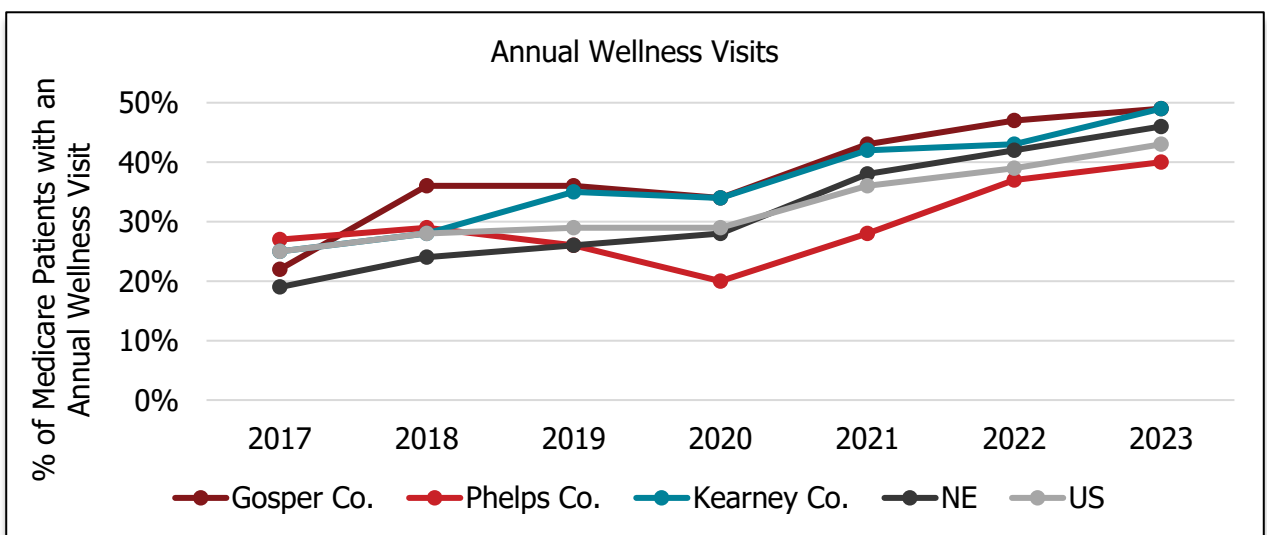
## Prevention Services

Prevention services including routine check-ups, health screenings, and education can help prevent or detect diseases early when they are easier to treat. Preventive care reduces the burden on healthcare systems by preventing unnecessary hospital stays and costly care. In the community survey, 22% of respondents said they would like to see additional health prevention and education programs available in the community.

All three service area counties have lower flu vaccine adherence rates than the state while Kearney County sees the highest rates of preventable hospital stays (hospital stays for ambulatory-care sensitive conditions). This rate represents the effectiveness of preventive care in a community, reflecting how well primary care services manage chronic conditions and prevent avoidable hospital admissions. Additionally, while the rate of annual wellness visits in the Medicare population is lowest in Phelps County, rates have been increasing in recent years across the service area.

	Gosper	Phelps	Kearney	Nebraska
Preventable Hospital Stays per 100,000 (2022)	2,230	2,399	2,915	2,249
Mammography Screening (2022)	56%	48%	53%	50%
Flu Vaccination (2022)	38%	43%	38%	49%

Source: County Health Rankings 2024 Report



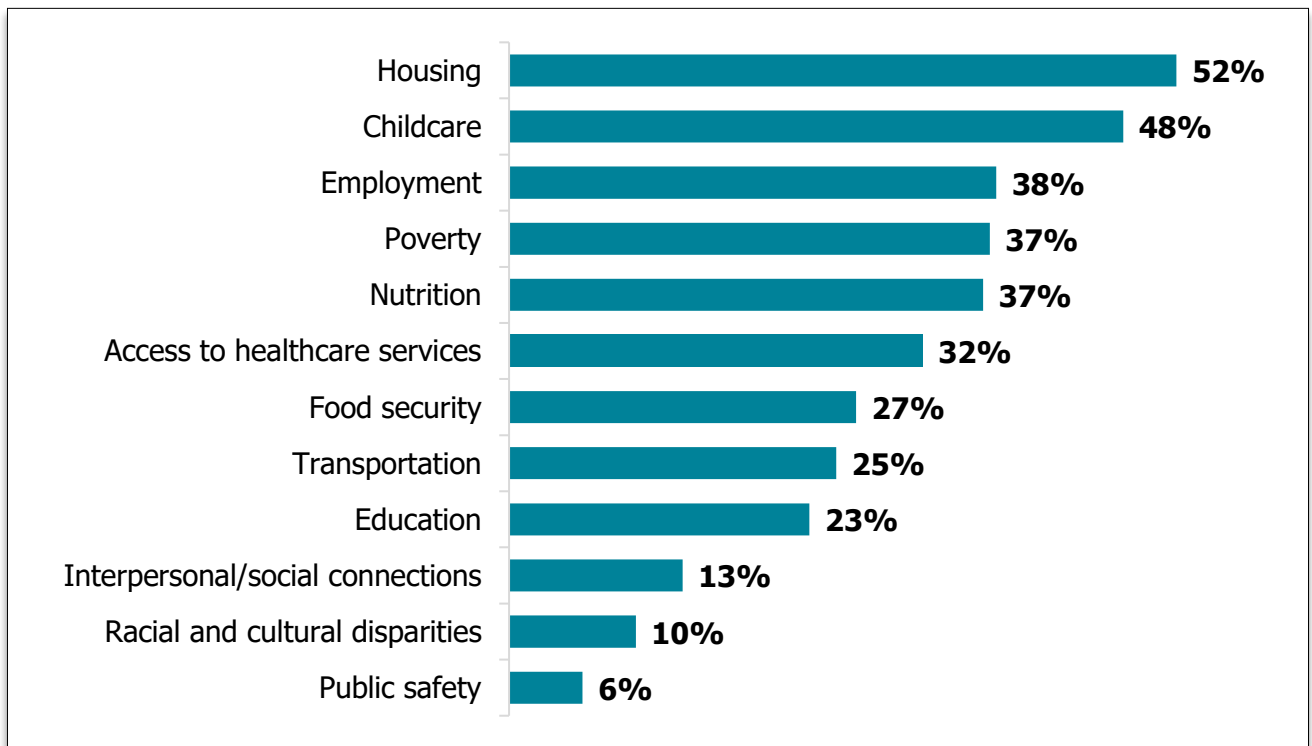
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

## Social Drivers of Health

Social drivers of health, such as economic stability, education, and access to healthcare, significantly influence health outcomes by shaping individuals' living conditions, behaviors, and access to resources necessary for maintaining good health. These factors can lead to health disparities, with marginalized groups often experiencing worse health outcomes due to these determinants.

Survey respondents were asked to identify the key social drivers of health (SDoH) that negatively impact the community. The top SDoH identified was housing with 52% of survey respondents identifying it as negatively impacting the community's health followed by childcare and employment.

**Survey Question: Social drivers of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social drivers that negatively impact the health of you or your community (please select all that apply):**



# Housing

Access to affordable and safe housing influences a wide range of factors that contribute to physical and mental well-being. There is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes such as mental illnesses and stress, exposure to environmental hazards, and financial instability (Center for Housing Policy). More Phelps County residents experience severe housing problems (overcrowding, high housing costs, lack of plumbing) than the state average. Additionally, 13% of Phelps County residents spend 50% or more of their household income on housing.

	Gosper	Phelps	Kearney	Nebraska
Severe Housing Problems (2016-2020)	7%	13%	10%	12%
Severe Housing Cost Burden (2018-2022)	9%	13%	7%	11%
Broadband Access (2018-2022)	83%	83%	87%	88%

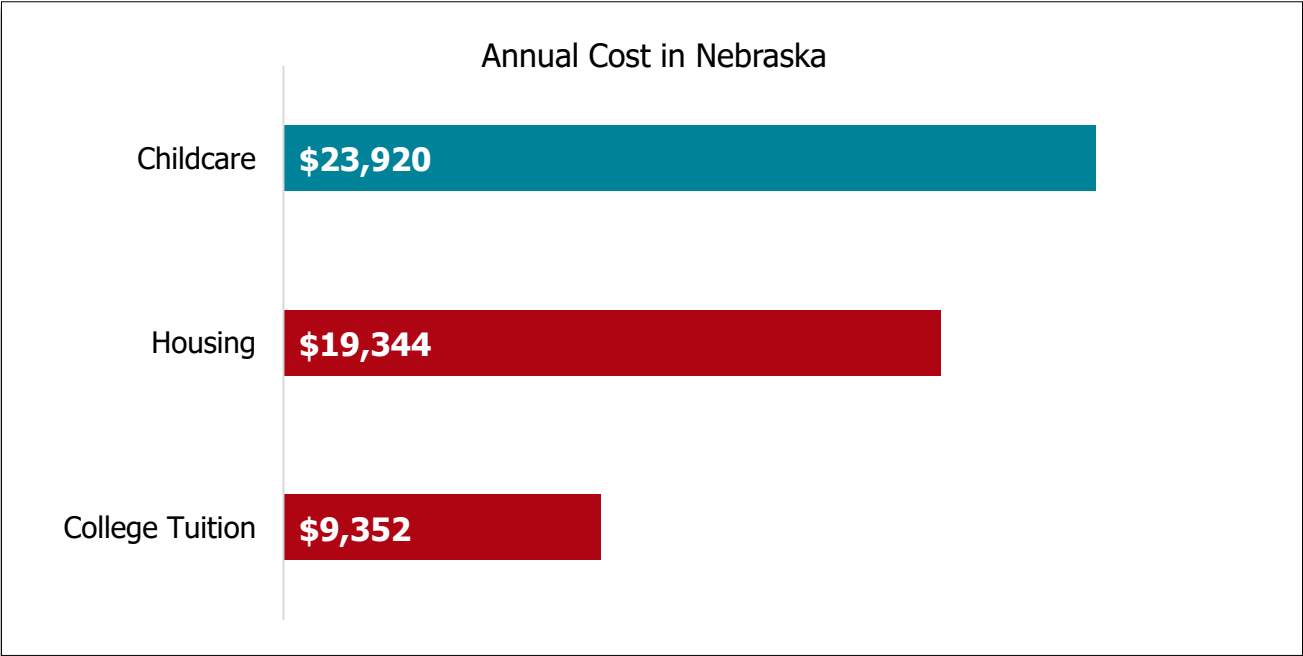
*Source: County Health Rankings 2024 Report*

## Access to Childcare

The average yearly cost of infant care in Nebraska is \$13,000. The U.S. Department of Health and Human Services defines affordable childcare as being no more than 7% of a family’s income (Child Care Aware). In Gosper and Kearney County, 26% of household income is required for childcare expenses while 23% of household income is required for childcare expenses in Kearney County.

	Gosper	Phelps	Kearney	Nebraska
Children in Single-Parent Households (2018-2022)	4%	12%	17%	20%
Child Care Cost Burden - % of HHI used for childcare (2023)	26%	26%	23%	28%
Child Care Centers per 1,000 Under Age 5 (2010-2022)	20	11	7	7

Source: County Health Rankings 2024 Report



Note: Annual childcare price for 2 children (an infant and 4-year-old) in a center  
Source: Child Care Aware (2023)



## Income, Employment, and Education

Income, employment, and education play a role in the community's ability to afford healthcare and impact health outcomes through health literacy and access to health insurance. Educational attainment and employment impact mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and access to health insurance (HealthAffairs). Additionally, these factors impact people's ability to afford services to live healthy and happy lives like safe housing, transportation, childcare, and healthy food.

	Gosper	Phelps	Kearney	Nebraska
High School Completion (2018-2022)	94%	92%	94%	92%
Some College – includes those who had and had not attained degrees (2023)	60%	76%	64%	72%
Unemployment (2023)	2%	2%	2%	2%
Children in Poverty (2022)	17%	11%	11%	14%

*Source: County Health Rankings 2024 Report, U.S. Bureau of Labor Statistics*

# Evaluation & Selection Process

## Worse than Benchmark Measure



Health needs were deemed “worse than the benchmark” if the supported county data was worse than the state and/or U.S. averages

## Identified by the Community



Health needs expressed in the online survey and/or mentioned frequently by community members

## Feasibility of Being Addressed



Growing health needs where interventions are feasible, and the Hospital could make an impact

## Impact on Health Equity



Health needs that disproportionately affect vulnerable populations and can impact health equity if addressed

Health Need Evaluation	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Equity
Cancer	✓	✓	✓	✓
Healthcare: Affordability	✓	✓	✓	✓
Mental Health		✓	✓	✓
Heart Disease	✓	✓	✓	✓
Access to Childcare	✓	✓		✓
Affordable Housing	✓	✓		✓
Diabetes	✓	✓	✓	✓
Stroke	✓	✓	✓	✓
Employment and Income		✓		✓
Healthcare: Types of Services Provided		✓	✓	✓

# Implementation Plan

## Implementation Plan Framework

Phelps Memorial Health Center assessed the top health priorities in alignment with their mission and strategic goals. The organization assessed the feasibility of addressing the top health needs based on organizational resources, financial constraints, and capacity. After evaluation, PMHC determined that action plans would be developed for the following health priorities:



### Improve Mental Health Outcomes

*Relevant Needs Addressed:* Mental Health

*Goal:* Improve community mental health through screening, support, and connection to resources.



### Increase Access to Local Healthcare Services

*Relevant Needs Addressed:* Healthcare – Types of Services, Cancer, Heart Disease, Diabetes, Stroke

*Goal:* Enhance access to healthcare services locally through physician recruitment and expansion of primary and specialty care availability.



### Reduce Barriers to Care

*Relevant Needs Addressed:* Healthcare Affordability

*Goal:* Ensure all community members can access healthcare by providing financial assistance, education, and connecting patients to community resources.

PMHC developed this action plan to directly address the community's most pressing healthcare needs, recognizing that broader social determinants, like education, housing, and transportation, also have a significant impact on health outcomes. The organization is committed to collaborating with local partners who are better positioned to lead efforts in these areas and will work to support and complement these initiatives while focusing resources and expertise on improving healthcare delivery and outcomes.

# Improve Mental Health Outcomes

## PMHC Services and Programs Committed to Respond to This Need

- **Psychiatry Access:** Phelps Memorial's Specialty Clinic offers monthly access to a psychiatric provider both in person and via telehealth to address a range of behavioral health needs.
- **Patient Transport Support:** coordination of transfers to higher-level psychiatric care facilities when needed.
- **Mental Health Screenings:** primary care providers screen for depression and mental health concerns during wellness visits.
- **Referrals:** partnerships with local counselors ensure patients are connected to community-based support. Pediatric professional available to provide youth referrals.
- **Substance Abuse Services:** PMHC supports South Central Area Recovery (SCAR) to provide addiction recovery services in the community.
- **Onsite Safe Room:** a protective space is available for patients experiencing behavioral health crises until further care is arranged.
- **Staff Support:** hospital staff support inpatients, outpatients, and employees with access to behavioral health resources and community contacts.
- **Employee Assistance Program (EAP):** hospital staff and their families can access counseling sessions, educational tools, and referrals through EAP.
- **Regional Collaboration:** PMHC actively participates in Region 3 Behavioral Health Services meetings to strengthen community mental health efforts.
- **Education & Prevention:** hospital staff host mental health and suicide prevention presentations for the community.

## Goals and Future Actions to Address this Significant Health Need

**Goal:** Improve community mental health through screening, support, and connection to resources.

**Objectives:**

- Strengthen partnerships with community organizations to ensure patients can access behavioral health and community resources when needed.
- Screen patients for mental health concerns and connect patients with a positive screen to behavioral health services.
- Build on education and outreach strategies to promote prevention, stigma reduction, and awareness of services.

## Impact of Actions and Access to Resources

- Improve mental health outcomes in the community by increasing access to local services and providers.
  - Number of tele-psychiatry appointments utilized
  - Number of mental health screenings completed

## Other Local Organizations Available to Respond to This Need

- Mid-Plains Center for Behavioral Healthcare Services
- Region 3 Behavioral Health Services
- South Central Area Recovery (SCAR)
- Two Rivers Public Health Department

# Increase Access to Local Healthcare Services

## PMHC Services and Programs Committed to Respond to This Need

- Access to Specialty Care: PMHC offers a range of specialty services locally, including cardiology, ENT, oncology, urology, and more.
- Access to Primary Care: Phelps Medical Group offers access to women's health and primary care services.
- Chronic Care Management: ongoing support for patients with chronic conditions through the Rural Medicine Clinic.
- Advanced Diagnostics: digital mammography, PET/CT lung screenings, MRI, and more diagnostic services available on site.
- Health Education Programs and Events: Simple Solutions pre-diabetes program, YMCA sponsor, Relay for Life Sponsor, cancer survivor support, and more.
- Health Promotion: staff share educational materials and public service announcements promoting preventive screenings and wellness tips throughout the year.

## Goals and Future Actions to Address this Significant Health Need

Goal: Enhance access to healthcare services locally through physician recruitment and expansion of primary and specialty care availability.

Objectives:

- Continuously evaluate options to recruit additional providers based on the needs of the community.
- Increase marketing and outreach strategies to ensure the community is aware of the services and programs available at PMHC.

## Impact of Actions and Access to Resources

- Improve access to care through local specialty service availability and expanded access to primary care.
  - Number of additional providers recruited/services added

## Other Local Organizations Available to Respond to This Need

- Family Medical Specialties
- Two Rivers Public Health Department
- YMCA of the Prairie

# Reduce Barriers to Care

## PMHC Services and Programs Committed to Respond to This Need

- Financial Assistance Program: sliding fee scale, self-pay discounts, and flexible payment plans.
- Proactive Screening: the Care Management Team screens all inpatients for financial assistance eligibility.
- Onsite Financial Counselors: staff are available to help patients understand bills, explore assistance programs, and set up manageable payment plans.
- Insurance Enrollment Support: staff are available to assist with Medicaid applications and navigating the health insurance exchange.
- Social Determinants of Health: inpatients are screened for social needs and patient care coordinators connect those with a positive screen to community resources.
- Transparent Pricing: patients can easily access pricing information through the PMHC website.
- Patient Loan Support: PMHC underwrites bank loans to help patients cover the cost of needed services.
- Community Giving and Grants: PMHC provides funding to numerous local nonprofits and programs to support health, wellness, and community initiatives.
- Community Outreach: staff travel to local nursing homes to provide free blood pressure checks and glucose monitoring so residents do not need to travel for care.

## Goals and Future Actions to Address this Significant Health Need

Goal: Ensure all community members can access healthcare by providing financial assistance, education, and connecting patients to community resources.

Objectives:

- Host community education events on different health insurance coverage options to promote health and financial understanding.
- Work with community partners (health department, agency on aging, etc.) to expand access to financial counselors.

## Impact of Actions and Access to Resources

- Increase community knowledge of insurance coverage options and financial assistance resources with the utilization of Financial Counselors.
  - Number of patients enrolled in financial assistance programs
  - Number of insurance education events hosted

## Other Local Organizations Available to Respond to This Need

- Family Medical Specialties
- Phelps County Community Foundation
- Phelps Memorial Foundation



# Appendix

# Community Data Tables

# Leading Cause of Death

The Leading Causes of Death are determined by the official Centers for Disease Control and Prevention (CDC) final death total. The Top 15 Leading Causes of Death are listed in the tables below in U.S. rank order. Each County's mortality rates are compared to the Nebraska state average, and whether the death rate was higher (red), or lower (green) compared to the state average.

	Gosper	Phelps	Kearney	Nebraska	U.S.
Heart Disease	169.9	131.0	168.7	160.8	173.8
Cancer	158.7	155.1	154.5	150.9	146.6
Accidents	44.6	32.7	42.9	43.2	64.7
Stroke	38.6	50.6	38.2	36.5	41.1
Lung	48.1	47.6	46.0	40.5	34.7
Alzheimer's	26.8	38.5	25.5	29.6	31.0
Diabetes	28.6	34.3	22.8	24.6	25.4
Liver	8.1	8.8	7.4	14.4	14.5
Suicide	11.4	8.8	11.1	15.0	14.1
Kidney	13.4	9.5	10.3	8.8	13.6
Hypertension	12.9	2.7	7.8	16.7	10.7
Flu - Pneumonia	21.7	18.8	16.5	10.1	10.5
Blood Poisoning	6.1	5.6	5.7	8.5	10.2
Parkinson's	7.5	11.2	7.1	11.0	9.8
Homicide	0.8	n/a	1.6	3.6	8.2




Source: [worldlifeexpectancy.com](http://worldlifeexpectancy.com), CDC (2022)

# County Health Rankings

	Gosper	Phelps	Kearney
<b>Length of Life</b>			
Premature Death*	n/a	7,056	6,544
Life Expectancy*	76	78	80
<b>Quality of Life</b>			
Poor or Fair Health	12%	13%	13%
Poor Physical Health Days	2.8	3.0	3.0
Poor Mental Health Days	4.3	4.3	4.1
Low Birthweight*	9%	5%	7%
<b>Health Behaviors</b>			
Adult Smoking	15%	16%	16%
Adult Obesity	40%	42%	36%
Limited Access to Healthy Foods	12%	5%	1%
Physical Inactivity	23%	24%	25%
Access to Exercise Opportunities	27%	75%	61%
Excessive Drinking	19%	19%	20%
Alcohol-Impaired Driving Deaths	33%	60%	29%
Drug Overdose Deaths*	n/a	n/a	n/a
Sexually Transmitted Infections*	n/a	213	105
Teen Births (per 1,000 females ages 15-19)	n/a	16	14
<b>Clinical Care</b>			
Uninsured	10%	8%	7%
Primary Care Physicians	1824:1	993:1	3337:1
Dentists	1808:0	1498:1	2230:1
Mental Health Providers	1808:1	599:1	2230:1
Preventable Hospital Stays*	2,230	2,399	2,915
Mammography Screening	56%	48%	53%
Flu Vaccinations	38%	43%	38%
<b>Social &amp; Economic Factors</b>			
High School Completion	94%	92%	94%
Some College	60%	76%	64%
Unemployment	2.0%	2.0%	1.9%
Children in Poverty	17%	11%	11%
Children in Single-Parent Households	4%	12%	17%
Injury Deaths*	n/a	88.8	60.8
Child Care Cost Burden (% of HHI used for childcare)	26%	26%	23%
Child Care Centers (per 1,000 under age 5)	20	11	7
<b>Physical Environment</b>			
Severe Housing Problems	7%	13%	10%
Long Commute - Driving Alone (> 30 min. commute)	21%	19%	25%
Severe Housing Cost Burden (50% or more of HHI)	9%	13%	7%
Broadband Access	83%	83%	87%
























































































\*Per 100,000 Population

## Key (Legend)

-  Better than NE
-  Same as NE
-  Worse than NE




Source: County Health Rankings 2024 Report

# County Health Rankings

	Buffalo	Franklin	Harlan
<b>Length of Life</b>			
Premature Death*	 5,241	n/a	n/a
Life Expectancy*	 80	 73	 79
<b>Quality of Life</b>			
Poor or Fair Health	 13%	 15%	 12%
Poor Physical Health Days	 2.9	 3.4	 2.9
Poor Mental Health Days	 4.2	 4.6	 4.1
Low Birthweight*	 8%	 6%	 10%
<b>Health Behaviors</b>			
Adult Smoking	 15%	 20%	 15%
Adult Obesity	 40%	 44%	 36%
Limited Access to Healthy Foods	 9%	 14%	 3%
Physical Inactivity	 24%	 30%	 23%
Access to Exercise Opportunities	 84%	 39%	 47%
Excessive Drinking	 22%	 16%	 18%
Alcohol-Impaired Driving Deaths	 24%	n/a	 75%
Drug Overdose Deaths*	 8.0	n/a	n/a
Sexually Transmitted Infections*	 409	 172	n/a
Teen Births (per 1,000 females ages 15-19)	 12	n/a	n/a
<b>Clinical Care</b>			
Uninsured	 8%	 8%	 10%
Primary Care Physicians	1144:1	1452:1	1546:1
Dentists	1176:1	2873:1	3054:1
Mental Health Providers	230:1	1437:1	n/a
Preventable Hospital Stays*	 2,342	 1,751	 1,722
Mammography Screening	 50%	 40%	 40%
Flu Vaccinations	 58%	 24%	 23%
<b>Social &amp; Economic Factors</b>			
High School Completion	 93%	 93%	 93%
Some College	 72%	 71%	 74%
Unemployment	 2.0%	 2.3%	 1.9%
Children in Poverty	 13%	 17%	 15%
Children in Single-Parent Households	 21%	 21%	 13%
Injury Deaths*	 52.5	 128.1	 90.2
Child Care Cost Burden (% of HHI used for childcare)	 26%	 29%	 28%
Child Care Centers (per 1,000 under age 5)	 11	 6	n/a
<b>Physical Environment</b>			
Severe Housing Problems	 13%	 10%	 13%
Long Commute - Driving Alone (> 30 min. commute)	 15%	 33%	 25%
Severe Housing Cost Burden (50% or more of HHI)	 12%	 10%	 9%
Broadband Access	 90%	 80%	 82%

**\*Per 100,000 Population**

## Key (Legend)

-  Better than NE
-  Same as NE
-  Worse than NE

Source: County Health Rankings 2024 Report

# County Health Rankings

	Nebraska	Top US Performers	US Overall
<b>Length of Life</b>			
Premature Death*	6,820	6,000	8,000
Life Expectancy*	78	81	79
<b>Quality of Life</b>			
Poor or Fair Health	13%	13%	14%
Poor Physical Health Days	2.9	3.1	3.3
Poor Mental Health Days	4.3	4.4	4.8
Low Birthweight*	8%	6%	8%
<b>Health Behaviors</b>			
Adult Smoking	14%	14%	15%
Adult Obesity	36%	32%	34%
Limited Access to Healthy Foods	6%	17%	12%
Physical Inactivity	24%	20%	23%
Access to Exercise Opportunities	84%	90%	84%
Excessive Drinking	22%	13%	18%
Alcohol-Impaired Driving Deaths	32%	10%	26%
Drug Overdose Deaths*	10.1	42	23
Sexually Transmitted Infections*	453	152	496
Teen Births ( <i>per 1,000 females ages 15-19</i> )	16	9	17
<b>Clinical Care</b>			
Uninsured	8%	6%	10%
Primary Care Physicians	1343:1	1,030:1	1,330:1
Dentists	1217:1	1,180:1	1,360:1
Mental Health Providers	312:1	230:1	320:1
Preventable Hospital Stays*	2,249	1,558	2,681
Mammography Screening	50%	52%	43%
Flu Vaccinations	49%	53%	46%
<b>Social &amp; Economic Factors</b>			
High School Completion	92%	94%	89%
Some College	72%	74%	68%
Unemployment	2.3%	2.3%	3.7%
Children in Poverty	14%	10%	16%
Children in Single-Parent Households	20%	13%	25%
Injury Deaths*	62.9	64	80
Child Care Cost Burden ( <i>% of HHI used for childcare</i> )	28%	36%	27%
Child Care Centers ( <i>per 1,000 under age 5</i> )	7	13	7
<b>Physical Environment</b>			
Severe Housing Problems	12%	8%	17%
Long Commute - Driving Alone ( <i>&gt; 30 min. commute</i> )	19%	17%	36%
Severe Housing Cost Burden ( <i>50% or more of HHI</i> )	11%	15%	14%
Broadband Access	88%	90%	87%

**\*Per 100,000 Population**

Source: County Health Rankings 2024 Report

# Data and Inputs

## Data Limitations

Rural communities and those with low population sizes face several data limitations including but not limited to:

- Small sample sizes: small populations reduce the statistical power and do not capture the full diversity of the community
- Data privacy: to ensure the confidentiality of individuals in small communities, data may be aggregated or withheld
- Data gaps: some events may happen less frequently in small populations leading to limited data and gaps in time
- Resource constraints: rural areas often have less funding for data collection and access to data collection technologies
- Underrepresentation in national surveys: many national level data sources focus on urban areas due to the higher population making access to data in small communities more limited

This assessment is meant to capture the health status of the service area at a specific point in time, combining both qualitative data from the local community through survey collection and quantitative data from multiple sources where the county is available as the smallest unit of analysis.



## Local Expert Groups

Survey Respondents self-identify themselves into any of the following representative classifications:

- 1) **Public Health Official** – Persons with special knowledge of or expertise in public health
- 2) **Government Employee or Representative** – 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 organizations
- 3) **Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
- 4) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
- 5) **Priority Population** – Persons who identify as medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+
- 6) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding / education on health services and needs.
- 7) **Other** (please specify)

## Data Sources

Source	Data Element	Date Accessed	Data Date
County Health Rankings 2024 Report	Assessment of health needs of the county compared to all counties in the state; County demographic data	February 2025	2013-2022
CDC Final Deaths	15 top causes of death	February 2025	2022
Bureau of Labor Statistics	Unemployment rates	February 2025	2023
National Alliance on Mental Illness – NAMI	Statistics on mental health rates and services	February 2025	2022
NIH National Cancer Institute	State cancer profiles; incidence rates	February 2025	2017-2021
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	February 2025	2022
American Diabetes Association	Type 2 diabetes risk factors	February 2025	2005
Centers for Disease Control and Prevention – CDC	Racial and ethnic disparities in heart disease	February 2025	2019
Health Resources & Services Administration – data.hrsa.gov	HPSA designated areas	February 2025	2023
Center for Housing Policy	Impacts of affordable housing on health	February 2025	2015
Child Care Aware	Childcare costs	February 2025	2023
Health Affairs: Leigh, Du	Effects of low wages on health	February 2025	2022

# Survey Results

Based on 283 survey responses gathered in December 2024.

Due to a high volume of survey responses, not all comments are provided in this report. All included comments are unedited and are contained in this report in the format they were received.

Q1: Your role in the community (select all that apply)

Answer Choices	Responses	
Community Resident	63.21%	177
Healthcare Professional	43.21%	121
Government Employee or Representative	5.00%	14
Target Population (medically underserved, low-income, racial and ethnic minority, or LGBTQ+)	3.21%	9
Representative of Chronic Disease Group or Advocacy Organization	0.71%	2
Public Health Official	0.36%	1
	Answered	280
	Skipped	3

Q2: Race/Ethnicity (select all that apply)

Answer Choices	Responses	
White or Caucasian	98.23%	278
Hispanic or Latino	1.06%	3
American Indian or Alaska Native	1.06%	3
Black or African American	0.35%	1
Asian or Asian American	0.35%	1
Native Hawaiian or other Pacific Islander	0.00%	0
Other (please specify)	0.00%	0
	Answered	283
	Skipped	0

Q3: Age group

Answer Choices	Responses	
18-24	1.42%	4
25-34	17.08%	48
35-44	24.20%	68
45-54	20.28%	57
55-64	19.57%	55
65+	17.44%	49
	Answered	281
	Skipped	2

Q4: What ZIP code do you primarily live in?

Answer Choices	Responses	
68949	62.9%	173
68967	5.1%	14
68927	4.7%	13
68958	3.3%	9
68924	2.5%	7
68982	2.5%	7
68922	2.2%	6
68937	1.8%	5
68940	1.8%	5
68845	1.8%	5
68836	1.5%	4
68847	1.1%	3
68920	1.1%	3
68926	1.1%	3
68966	0.7%	2
68947	0.7%	2
68863	0.7%	2
68526	0.4%	1
68948	0.4%	1
68971	0.4%	1
68866	0.4%	1
68869	0.4%	1
68969	0.4%	1
68977	0.4%	1
68855	0.4%	1
69028	0.4%	1
67661	0.4%	1
68840	0.4%	1
68936	0.4%	1
	Answered	275
	Skipped	8

Q5: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) In your community? (Please select your top 3 responses if possible)

Answer Choices	Responses	
Older adults (65+)	61.54%	160
Low-income groups	59.62%	155
Uninsured and underinsured individuals	48.08%	125
Individuals requiring additional healthcare support	35.77%	93
Residents of rural areas	26.92%	70
Children	20.38%	53
Women	16.15%	42
Racial and ethnic minority groups	10.00%	26
LGBTQ+	1.92%	5
	Answered	260
	Skipped	23

What do you believe to be some of the needs of the groups selected above?

- Lack of transportation
- Affordable care, diabetes, obesity and heart health management.
- I would like to see an urgent care. This would assist ER and clinics.
- We need a kidney dialysis center
- Basic health and wellness services
- Perceived barrier to access due to income - better communication
- Outreach that goes beyond delivery of healthcare
- Assistance with counseling, mental health and family support.
- Lack of money to pay for medical appointments and medication.
- Urgent care vs emergency room for acute illnesses after hours & on weekends.
- Residents in rural areas usually need to travel further for care, which can be most costly and lead to care delays.
- The uninsured and underinsured may delay or forgo necessary care due to financial costs.
- Pediatricians- short on pediatric providers, and Internal med Dr.'s, Dr.'s are short in the rural areas in general- several NP's and some PA's, need more MD's.
- Need for more specialized providers on staff not just flown in a few times a month.

Q6: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Cancer	0	2	12	49	162	225	4.65
Mental Health	0	6	21	54	143	224	4.49
Heart Disease	0	6	29	63	125	223	4.38
Diabetes	2	7	27	69	119	224	4.32
Stroke	0	6	31	82	104	223	4.27
Alzheimer's and Dementia	0	4	36	87	96	223	4.23
Obesity	0	10	37	71	107	225	4.22
Women's Health	2	6	38	74	101	221	4.20
Kidney Disease	0	16	42	81	85	224	4.05
Lung Disease	0	17	43	74	89	223	4.05
Drug/Substance Abuse	1	12	54	69	88	224	4.03
Liver Disease	1	24	47	80	72	224	3.88
Dental	3	20	66	76	58	223	3.74
Other (please specify)	9						
						Answered	225
						Skipped	58

#### Comments:

- Specialty services like immunology, ENT, and access to urgent care other than the ER
- Rheumatoid arthritis, dermatology
- Rheumatology
- Urgent care - easy access for parents at the start of a health issue
- Dermatology (High Importance)
- Dermatology
- Neurology
- Falls in the home
- Illness that are not visible...Parkinson, Fibromyalgia, Shogrens

Q7: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Healthcare: Affordability	0	2	17	55	152	226	4.58
Access to Childcare	4	5	29	51	135	224	4.38
Affordable Housing	1	8	25	70	121	225	4.34
Employment and Income	1	6	40	67	110	224	4.25
Healthcare: Types of Services Provided	2	10	31	70	112	225	4.24
Healthcare Services: Prevention	1	3	44	78	98	224	4.20
Education System	4	11	40	72	98	225	4.11
Access to Healthy Food	3	10	39	84	88	224	4.09
Healthcare: Location of Services	5	15	46	66	90	222	4.00
Access to Senior Services	2	12	47	88	75	224	3.99
Community Safety	5	18	61	59	81	224	3.86
Transportation	5	18	67	72	62	224	3.75
Access to Exercise/Recreation	3	24	71	75	51	224	3.66
Social Connections	4	20	89	69	41	223	3.55
Other (please specify)	6						
						Answered	226
						Skipped	57

**Comments:**

- After hours clinic would be helpful
- Concern for undocumented families among us
- Dental offices that accept Medicaid
- Urgent care needed
- Affordable health care most important
- No dialysis available here



Q8: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Diet	1	11	44	91	78	225	4.04
Smoking/Vaping/Tobacco Use	6	17	41	66	92	222	4.00
Physical Inactivity	0	13	50	93	69	225	3.97
Excess Drinking	4	14	51	89	65	223	3.88
Risky Sexual Behavior	15	30	68	64	46	223	3.43
Other (please specify)	2						
						Answered	226
						Skipped	57

**Comments:**

- Vaping
- Secure housing

Q9: please provide feedback on any actions you've seen taken by PMHC to address the 2022 significant health needs in your community and what additional actions you would like to see.

- The hospital does a great deal of bringing in specialists. I'd like to see more community outreach for woman, children and those who have more specialized needs.
- Would be beneficial to have access to psychological services for all ages.
- PMHC sponsors a lot of athletic activities, Thanks. Maybe they could include more everyday food choice activities or sponsor healthy food give aways or reduced cost sales.
- PMHC needs to lower the cost of procedures. People are going to Kearney Regional for the procedures to save money.
- Mental health is the biggest issue due to limited facilities and other facility willing to take patients.
- I think Phelps Memorial Health Center has made great strides in bringing in specialists. I would really like to see a kidney dialysis center here, so people don't have to travel three times a week to get it.
- More specialist has been offered the community to help rural communities who don't have transportation to drive to see a specialist. Offering of cancer treatment at PMHC has been a wonderful addition. Would like to see more community classes offered in regard to diet and exercise as a free or low-cost service.
- Having telehealth psych locally.
- Need endocrinologist and hospitalists so I don't have to wait months to see an endocrinologist.
- Mental health and substance abuse need more avenues and more affordable.
- PMHC does lots of sponsorship and education for these needs, increasing services and classes available, financial assistance is offered, education on insurances available.
- Phelps does a good job of trying to get new specialty doctors here to help with the needs of our community.
- PMHC has a wonderful facility that continues to offer more and more specialty services. Our care has always been great. I wish I was more aware of what is offered for staff to keep them at PMHC.
- There is now a mental health professional that does telehealth visits. Mental health has such a stigma associated with it that often times prevents people from seeking much needed care. I would like to see a dermatologist come to our area.

Q10: What type of health insurance do you have?

Answer Choices	Responses	
Commercial (BCBS, Aetna, Cigna, etc.)	75.80%	166
Medicare	14.16%	31
Medicare Advantage Plan	2.28%	5
Medicaid	1.37%	3
Veterans Administration (VA/Tricare)	0.91%	2
I'm currently uninsured	1.37%	3
Other (please specify)	4.11%	9
	Answered	219
	Skipped	64

Comments:

- Supplemental
- AFA insurance (Medica) from gov marketplace which is NOT affordable!
- Supplemental
- AMBetter
- marketplace
- MidAmerican Benefits
- Additional insurance
- Ambetter
- Bcbs

Q11: If you currently have a Medicare Advantage Plan, where did you receive the information for enrolling in your plan? (Please select all that apply)

Answer Choices	Responses	
Insurance company/provider website	3.52%	5
Medicare.gov website	0.70%	1
Local insurance agent or broker	1.41%	2
Friends or family members	1.41%	2
Direct mail from insurance company	0.00%	0
Television or radio advertisement	0.00%	0
Online insurance marketplace or exchange	0.70%	1
Employer or former employer	1.41%	2
Healthcare provider (e.g. doctor, hospital)	0.00%	0
Senior center or community center	0.00%	0
I don't recall/I'm not sure	0.00%	0
N/A (I do not have a Medicare Advantage Plan)	90.85%	129
Other (please specify)	1.41%	2
	Answered	142
	Skipped	141

Q12: If you currently have a Medicare Advantage Plan, what was your reasoning for choosing your plan? (Please select all that apply)

Answer Choices	Responses	
Additional benefits (dental care, drug coverage, wellness programs, etc.)	5.76%	8
Lower cost/premiums	2.88%	4
Provider network	1.44%	2
Convenience	0.00%	0
N/A (I do not have a Medicare Advantage Plan)	92.09%	128
Other (please specify)	1.44%	2
	Answered	139
	Skipped	144

Q13: Social drivers of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social drivers that negatively impact the health of you or your community (please select all that apply):

Answer Choices	Responses	
Housing	51.81%	100
Childcare	47.67%	92
Employment	37.82%	73
Poverty	37.31%	72
Nutrition	36.79%	71
Access to healthcare services	32.12%	62
Food security	26.94%	52
Transportation	25.39%	49
Education	23.32%	45
Interpersonal/social connections	13.47%	26
Racial and cultural disparities	9.84%	19
Public safety	5.70%	11
Other (please specify)	7.77%	15
	Answered	193
	Skipped	90

**Comments:**

- Access to affordable healthcare
- Transportation
- Activities for teenagers
- Distance to healthcare services
- Wellness Care & Education
- Mental health
- Fear of deportation

Q14: what barriers keep you or anyone in your household from receiving routine healthcare? (Please select all that apply)

Answer Choices	Responses	
I have no barriers to receiving routine healthcare	43.75%	91
Cost of healthcare	43.27%	90
Healthcare hours of operation are inconvenient	20.67%	43
No insurance/high deductible	20.19%	42
Cannot take off work	19.23%	40
Healthcare locations are inconvenient	4.81%	10
Lack of childcare	4.33%	9
Lack of transportation	1.92%	4
I do not understand how to find healthcare resources	0.96%	2
Other (please specify)	4.81%	10
	Answered	208
	Skipped	75

#### Comments

- PMHC must focus on lowering Healthcare costs in comparison to the region.
- Lack of being able to see doctor when needed.
- Time spent in the clinic
- PMHC's policy on paying off medical bills.
- Long wait times for appointments
- Affordable healthcare
- Lack of providers

Q15: What additional services / offerings would you like to see available locally?  
(select all that apply)

Answer Choices	Responses	
Urgent Care / Walk-In / Extended Hours	63.82%	127
Dermatology (Skin)	53.27%	106
Mental Health / Substance Abuse Treatment	45.73%	91
Endocrinology (Hormone and Diabetes)	35.68%	71
Pediatrics (Children's Doctor)	29.65%	59
Women's Health	29.15%	58
Bariatric (Weight Loss)	26.63%	53
Additional Primary Care Availability	22.11%	44
Health Prevention / Education Programs	22.11%	44
Rheumatology (Arthritis and Autoimmune Disease)	19.10%	38
Cancer Care	14.07%	28
Neurology (Brain and Nervous System)	14.07%	28
Audiology (Hearing Specialist)	11.56%	23
Cardiology (Heart)	11.06%	22
Telehealth / Virtual Care	11.06%	22
Reproductive Health	10.05%	20
Gastroenterology (Digestive System/Stomach)	9.55%	19
Nephrology (Kidney)	9.05%	18
Pulmonology (Lung and Breathing)	9.05%	18
General Surgery	8.54%	17
Orthopedics (Bone and Joint)	7.54%	15
Plastic Surgery	7.04%	14
Ophthalmology (Eye)	6.53%	13
Urology (Urinary System and Male Reproductive)	5.53%	11
Other (please specify)	8.04%	16
	Answered	199
	Skipped	84

#### Comments

- Immunology, ENT
- Dialysis
- Urgent care
- Internal medicine
- Hospitalist

Q16: Where do you get most of your health information? (Check all that apply)

Answer Choices	Responses	
Doctor/Health Care Provider	82.38%	173
Website/Internet	46.67%	98
Family or Friends	29.05%	61
Hospital	20.00%	42
Workplace	19.05%	40
Social Media	18.10%	38
Word of Mouth	13.81%	29
Newspaper/Magazine	4.76%	10
Television	2.86%	6
School/College	2.38%	5
Radio	0.48%	1
Other (please specify)	4.76%	10
	Answered	210
	Skipped	73

Comments:

- Published medical articles (peer reviewed)
- Web MD
- Friends in healthcare
- Google
- Research
- Medical journals
- Podcasts
- Books, Podcasts hosted by doctors, Nebraska Functional Medicine