



Phelps Memorial Health Center 2022

Community Health Needs Assessment

Approved by PMHC Board of Directors on December 5, 2022



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A Message to Our Community

Dear Community Member:

At Phelps Memorial Health Center, we have spent more than 54 years providing high-quality compassionate healthcare to the greater Phelps County community. The 2022 Community Health Needs Assessment identifies local health and medical needs and provides a plan of how Phelps Memorial Health Center 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. Phelps Memorial Health Center 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.

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

Executive Summary

Phelps Memorial Health Center (“PMHC” or the “Hospital”) performed a Community Health Needs Assessment (CHNA) together in partnership with QHR Health (“QHR”) to determine the health needs of the local community and an accompanying implementation plan to address these 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 2019 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 were 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 Expert Advisors as well as the broad community was performed to review and provide feedback on the prior CHNA and to ascertain the continued relevance of previously identified needs. Additionally, the group reviewed the data gathered from secondary sources to support the determination of the Significant Health Needs of the community.

The 2022 Significant Health Needs identified for Phelps Memorial Health Center are:

- Mental Health
- Affordability
- Chronic Disease Management: *Cancer, Obesity, Heart Disease, Diabetes*
- Women’s Health

In the Implementation Strategy section of the report, the Hospital addresses these areas through identified programs and resources as well as collaboration with other local organizations/agencies. Metrics are included for each health need to track progress.

Community Health Needs Assessment (CHNA) Overview

CHNA Purpose

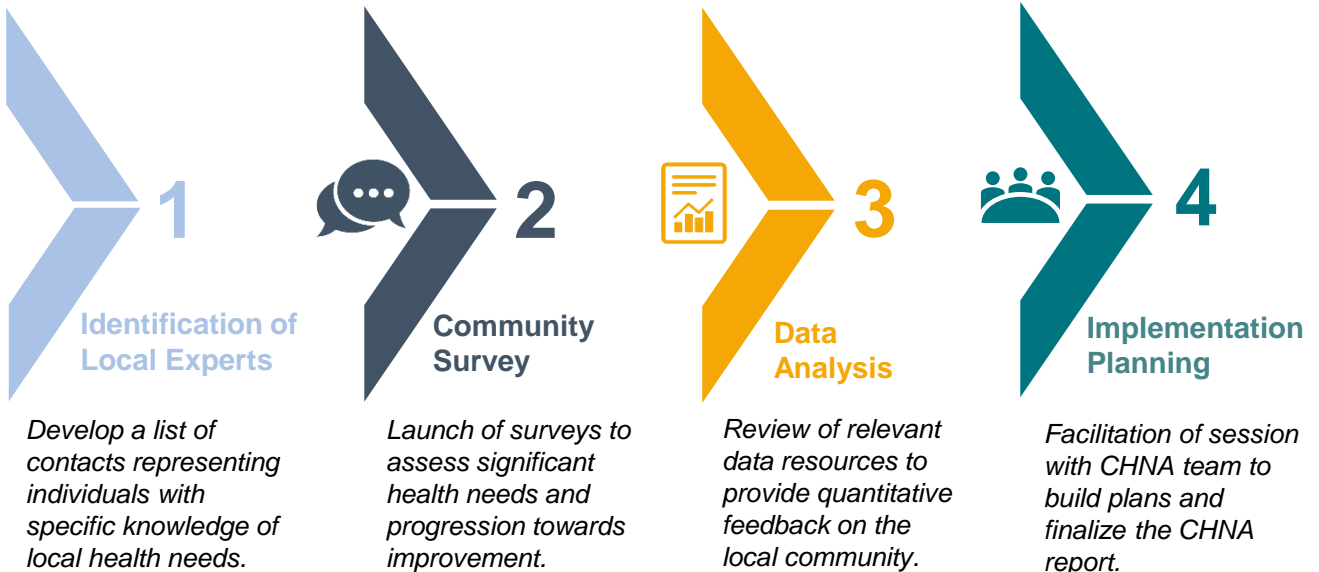
A CHNA is part of the required hospital documentation of “Community Benefit” under the Affordable Care Act for 501(c)(3) hospitals. It provides comprehensive information about the community’s current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.



Strategic Benefits

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

The CHNA Process



Process and Methods used to Conduct the Assessment

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

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

Data Collection and Analysis

The Hospital relies on secondary source data, which primarily uses the county as the smallest unit of analysis. Area residents were asked to note if they perceived that the opportunities and issues identified by secondary sources existed in their portion of the county.

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 are detailed in the appendix of this report and include:

- *Stratason*
- *www.countyhealthrankings.org*
- *Centers for Disease Control and Prevention: Final Deaths 2020 – CDC*
- *Bureau of Labor Statistics*
- *National Cancer Institute*
- *Economic Policy Institute*
- *Center for Housing Policy*
- *The U.S. Census Bureau*
- *National Alliance on Mental Illness – NAMI*
- *American Diabetes Association*
- *Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population*
- *Centers for Disease Control and Prevention*
- *American Academy of Family Physicians – AAFP*

A standard process of gathering community input was developed. 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 geographically diverse population. 133 survey responses from community members were gathered between August and September 2022.

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 introduce needs previously unidentified and to challenge conclusions developed from the data analysis. Most respondents agreed with the findings, with only a handful of comments critiquing the data. A list of all needs was developed based on findings from the analysis. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not important) to 5 (very important), including the opportunity to list additional needs that were not identified.

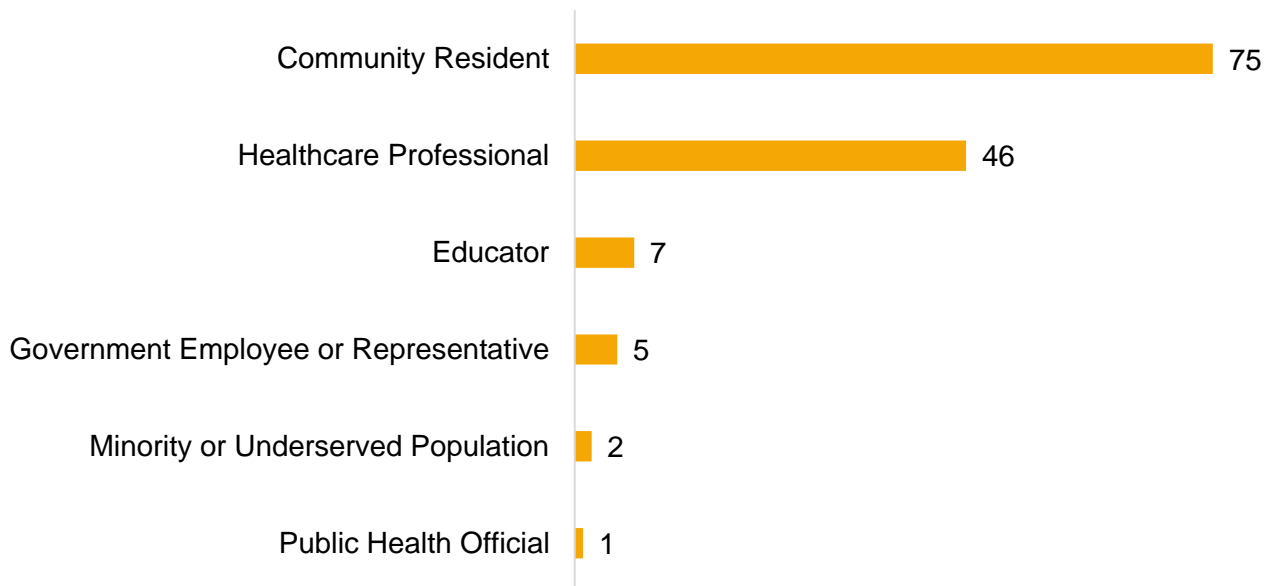
The ranked needs were divided into "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable breakpoint in rank order occurred. The Hospital analyzed the health issues that received the most responses and established a plan for addressing them. This plan was developed through a series of work sessions where relevant stakeholders from the Hospital and other community organizations were present.

Input from Persons Who Represent the Broad Interests of the Community

Input was obtained from the required three minimum 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. Participants self-identified into the following classifications:

- 1) Public Health Official
- 2) Government Employee or Representative
- 3) Minority or Underserved Population
- 4) Chronic Disease Groups
- 5) Community Resident
- 6) Educator
- 7) Healthcare Professional

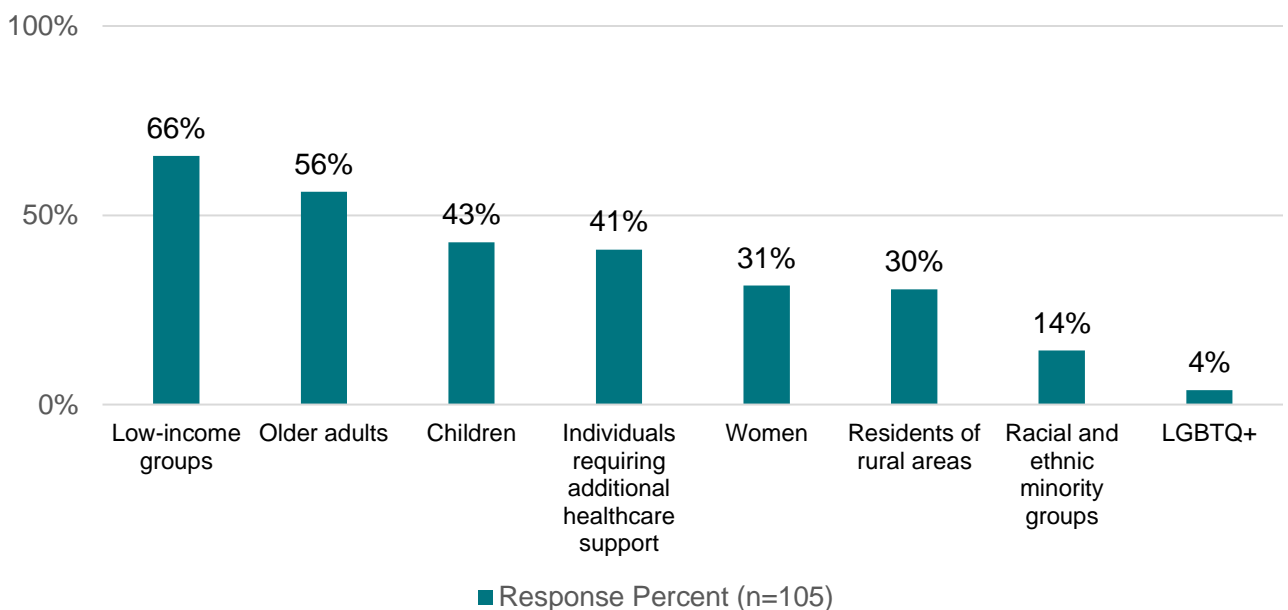
Survey Question: Please select all roles that apply to you (n=121)



Input on Priority Populations

Information analysis augmented by local opinions showed how Phelps, Kearney, and Gosper Counties compare to their 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”) would benefit from additional focus and elaborated on their key needs.

Survey Question: Which groups would you consider to have the greatest health needs in your community? (please select all that apply)



- Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following “take-away” bulleted comments:
 - The top three priority populations identified by the local experts were low-income groups, older adults, and children
 - Summary of unique or pressing needs of the priority groups identified by the surveyors:
 - Affordable Healthcare
 - Health Education/Literacy
 - Access to Specialists

Input on 2019 CHNA

The IRS 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. Comments were solicited from community members with regard to PMHC's 2019 CHNA and Implementation Plan and are presented in the appendix of this report. The health priorities identified in the 2019 CHNA are listed below:



Community Served

For the purpose of this study, PMHC defines its service area as Phelps, Kearney, and Gosper Counties in Nebraska which includes the following Zip codes:

Phelps County:

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

Kearney County:

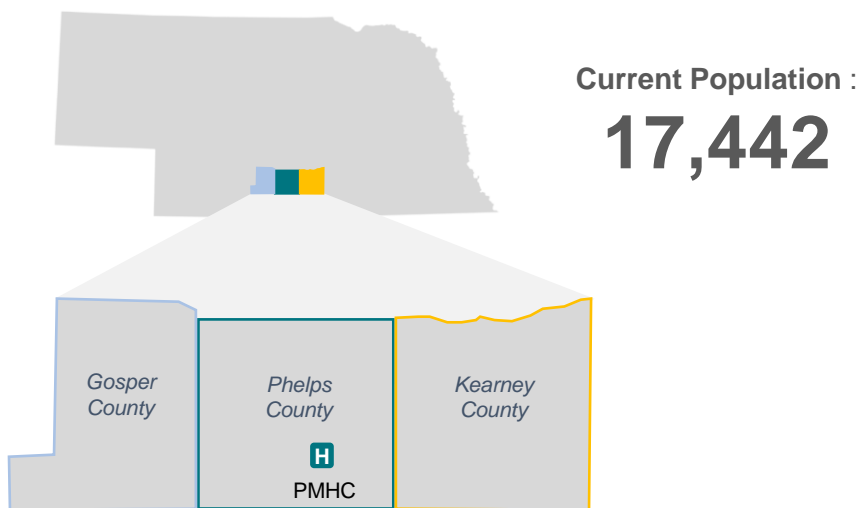
68924 – Axtell 68945 – Heartwell 68959 – Minden 68959 – Norman
68963 – Norman 68982 – Wilcox

Gosper County:

68937 – Elwood 68976 – Smithfield 68937 – Johnson Lake

During 2021, PMHC received 67% of its Medicare inpatients from this area.

Service Area Demographics



Age

	Phelps County	Gosper County	Kearney County	Nebraska
0 – 17	21.5%	19.0%	22.6%	23.3%
18 – 44	27.8%	23.9%	28.3%	35.6%
45 – 64	27.0%	27.9%	26.8%	23.8%
65 +	23.7%	29.2%	22.3%	17.2%

Source: Stratasan, ESRI (2022)

Race/Ethnicity

	Phelps County	Gosper County	Kearney County	Nebraska
White	92.1%	93.7%	91.7%	77.9%
Black	0.4%	0.2%	0.0%	4.9%
Asian & Pacific Islander	0.3%	0.6%	0.3%	2.9%
Other	7.2%	5.4%	7.9%	14.3%
Hispanic*	6.3%	5.2%	5.9%	12.1%

*Ethnicity is calculated separately from Race

Education and Income

	Phelps County	Gosper County	Kearney County	Nebraska
Median Household Income	\$67,689	\$74,889	\$70,113	\$68,890
Some High School or Less	5.5%	6.2%	3.3%	6.9%
High School Diploma/GED	29.7%	26.8%	28.8%	25.7%
Some College/ Associates Degree	38.9%	35.2%	40.1%	32.4%
Bachelor's Degree or Greater	25.8%	31.8%	27.7%	35.0%

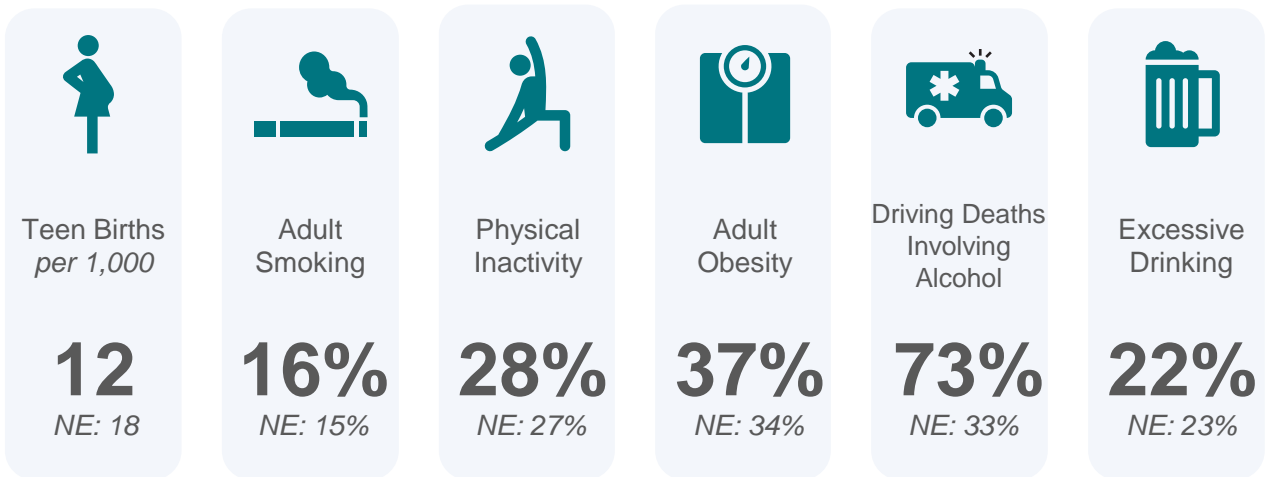
Source: Stratasen, ESRI (2022)

Community Health Characteristics

The data below provides an overview of Phelps, Kearney, and Gosper Counties' strengths and weaknesses regarding health behaviors, quality of life, socioeconomic factors, access to health, and physical environment. These statistics were included for reference in the CHNA survey to help prioritize the health needs of the community. For descriptions of each measure and dates of when the data was obtained, please visit <https://www.countyhealthrankings.org>.

Phelps County Health Status Indicators

Health Behaviors



Quality of Life

Suicide Rate: 10.8

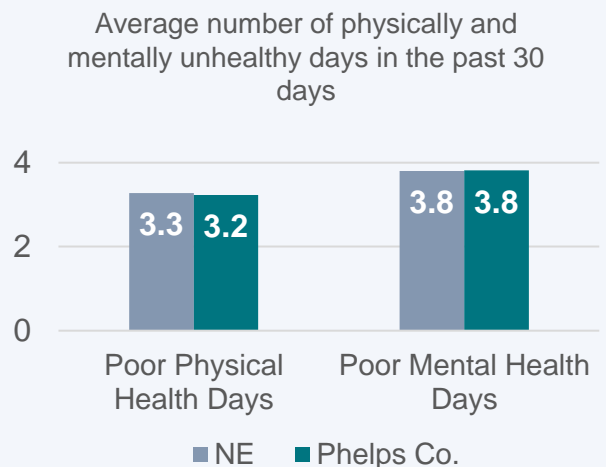
Per 100,000
Compared to 14.9 in NE

Poor or Fair Health: 14%

Compared to 14% in NE

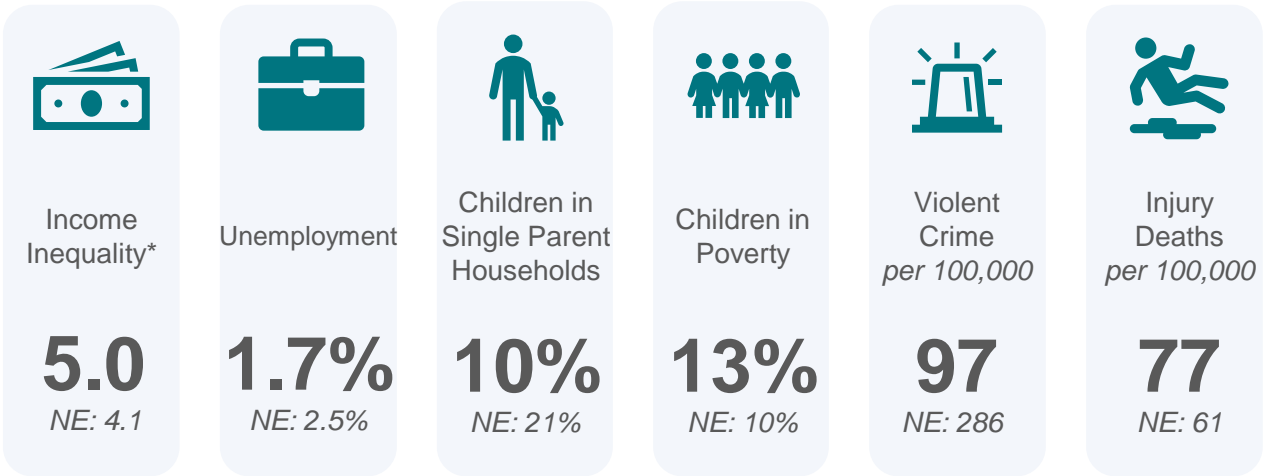
Low Birthweight: 5%

Compared to 7% in NE



Source: County Health Rankings 2022 Report, CDC Final Deaths 2020

Socioeconomic Factors



Access to Health

Uninsured: 5.1%

Compared to 8.0% in NE

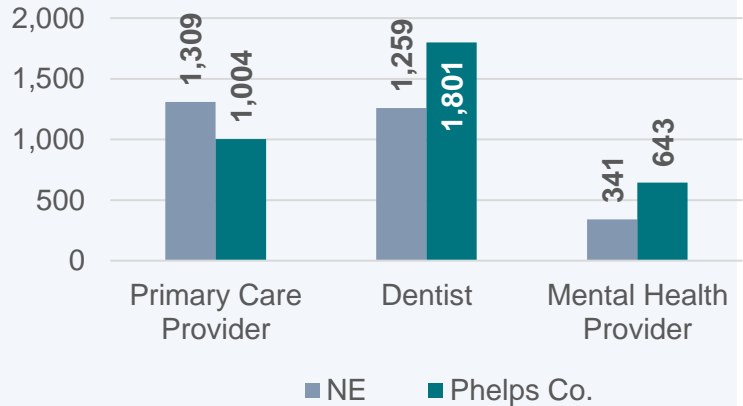
Preventable Hospital Stays: 3,675

*Per 100,000
Compared to 3,122 in NE*

Access to Exercise Opportunities: 49%

Compared to 78% in NE

Number of People per 1 Provider



Physical Environment

Air Pollution
($\mu\text{g}/\text{m}^3$)

6.7
NE: 6.6

Severe Housing Problems**

10%
NE: 12%

Driving to Work Alone

82%
NE: 81%

Broadband Access

82%
NE: 86%

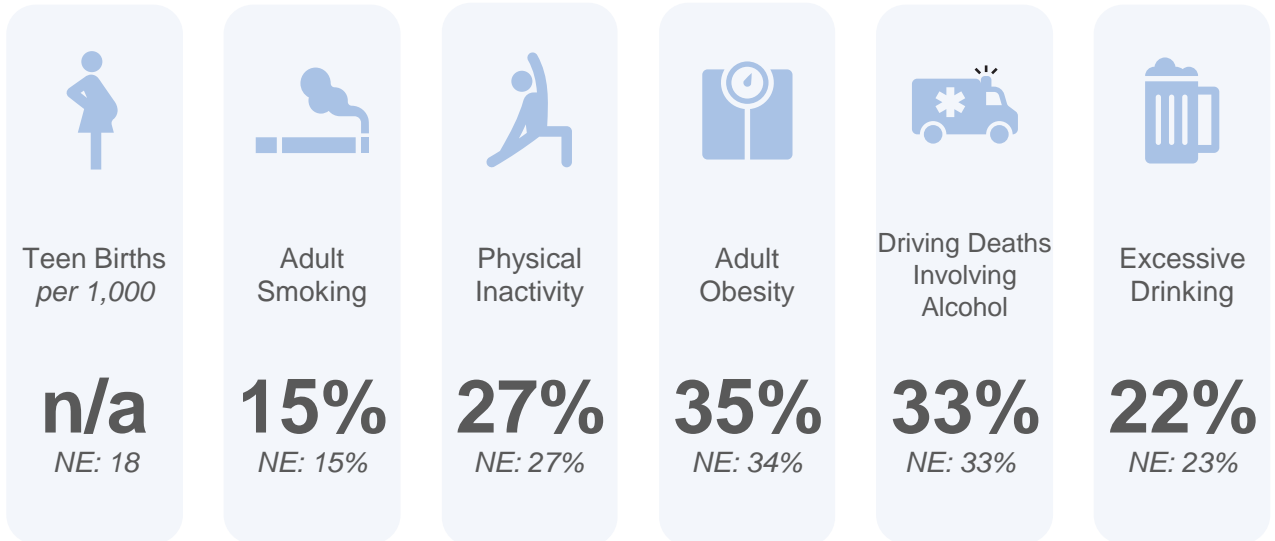
Source: County Health Rankings 2022 Report, U.S. Bureau of Labor Statistics (2021), Stratasan, ESRI (2022)

Notes: *Ratio of household income at the 80th percentile to income at the 20th percentile

**Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

Gosper County Health Status Indicators

Health Behaviors



Quality of Life

Suicide Rate: 9.1

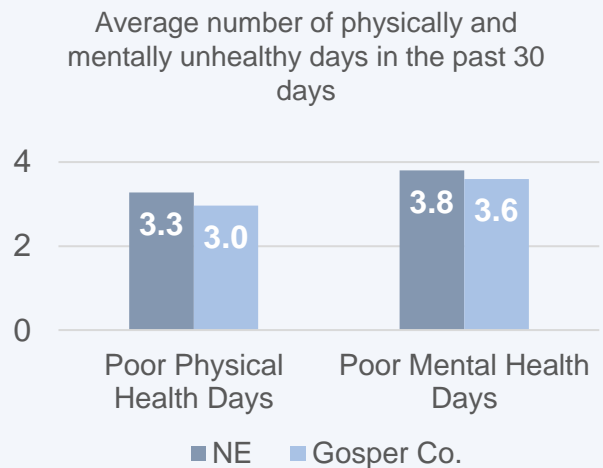
Per 100,000
Compared to 14.9 in NE

Poor or Fair Health: 13%

Compared to 14% in NE

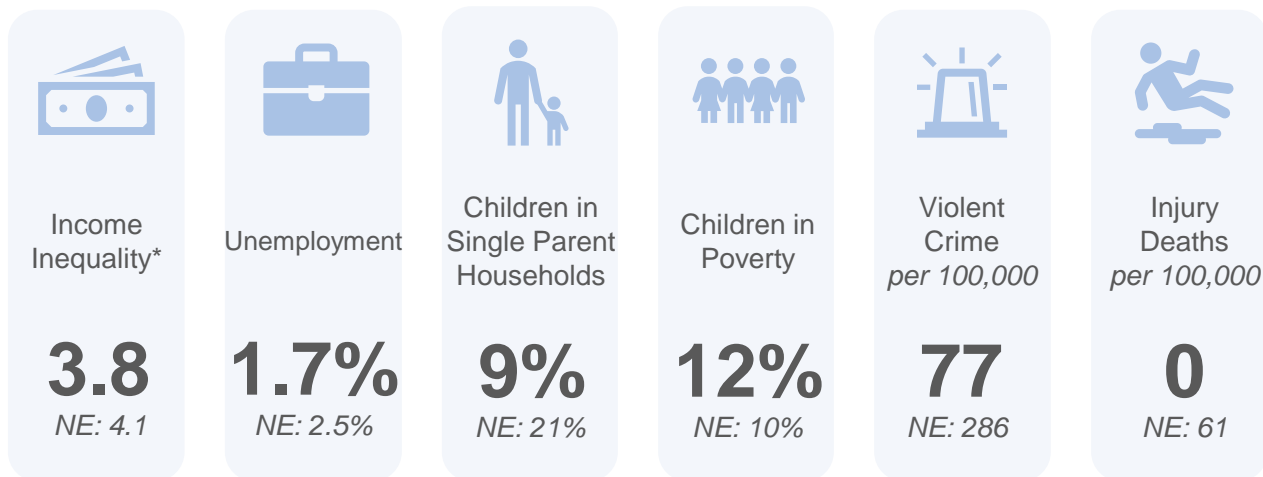
Low Birthweight: 11%

Compared to 7% in NE



Source: County Health Rankings 2022 Report, CDC Final Deaths 2020

Socioeconomic Factors



Access to Health

Uninsured: 6.2%

Compared to 8.0% in NE

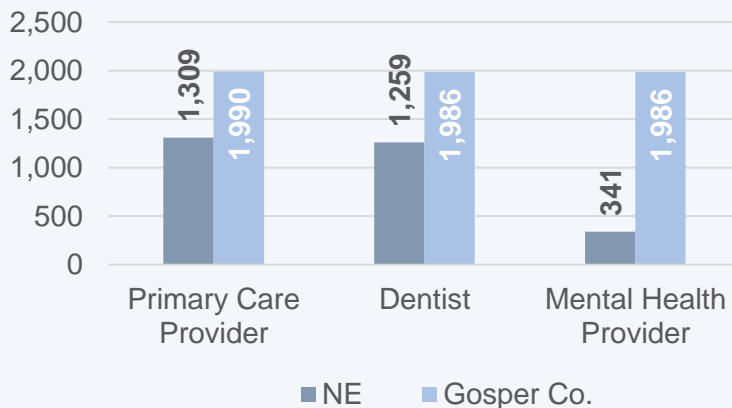
Preventable Hospital Stays: 2,330

*Per 100,000
Compared to 3,122 in NE*

Access to Exercise Opportunities: 23%

Compared to 78% in NE

Number of People per 1 Provider



Physical Environment

Air Pollution (µg/m³)

6.3
NE: 6.6

Severe Housing Problems**

8%
NE: 12%

Driving to Work Alone

79%
NE: 81%

Broadband Access

83%
NE: 86%

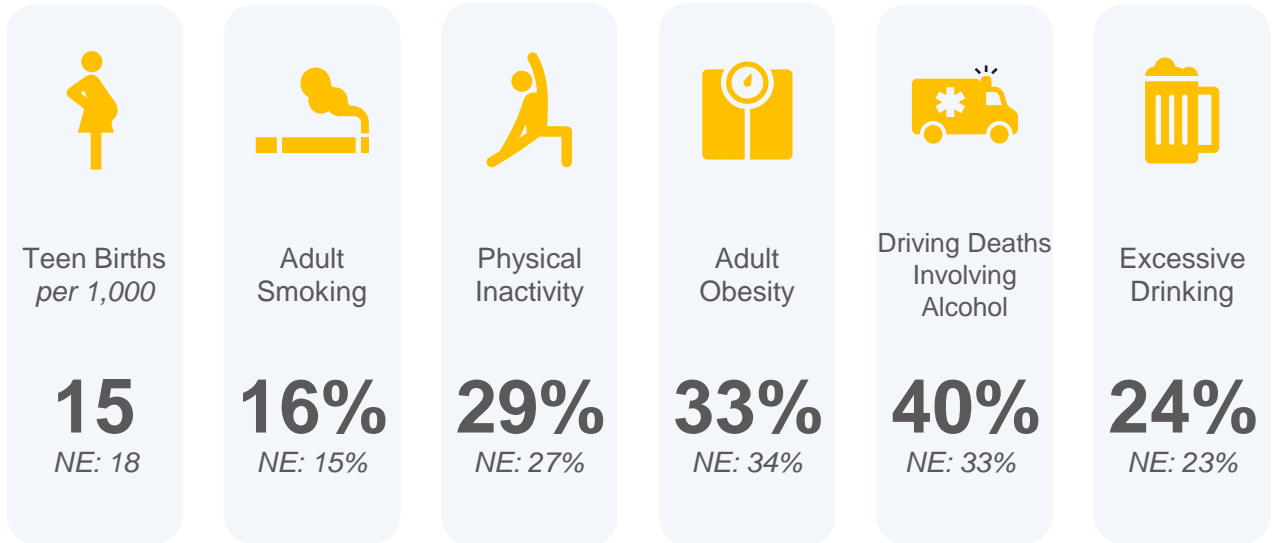
Source: County Health Rankings 2022 Report, U.S. Bureau of Labor Statistics (2021), Stratasan, ESRI (2022)

Notes: *Ratio of household income at the 80th percentile to income at the 20th percentile

**Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

Kearney County Health Status Indicators

Health Behaviors



Quality of Life

Suicide Rate: 10.9

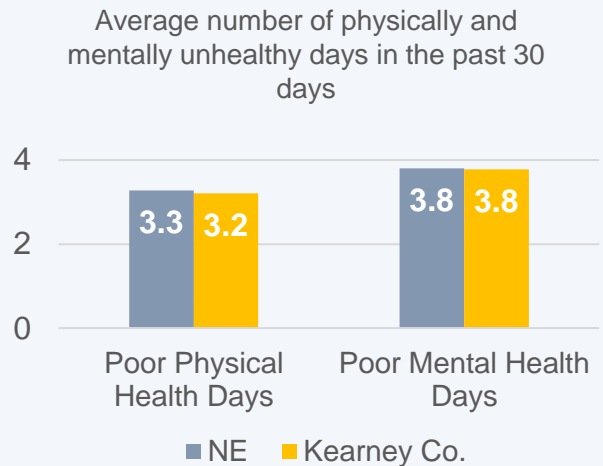
Per 100,000
Compared to 14.9 in NE

Poor or Fair Health: 14%

Compared to 14% in NE

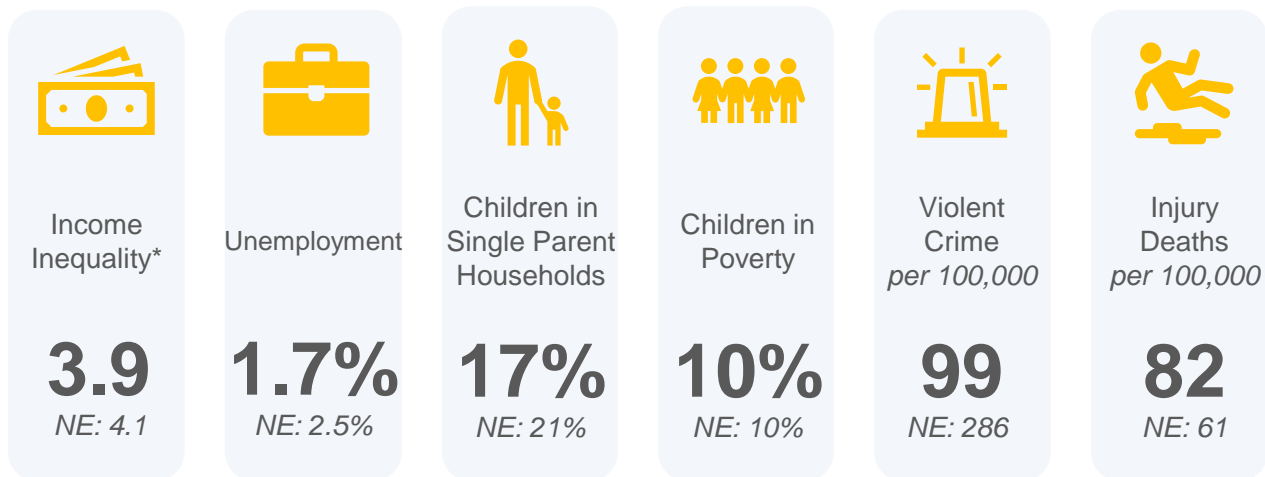
Low Birthweight: 8%

Compared to 7% in NE



Source: County Health Rankings 2022 Report, CDC Final Deaths 2020

Socioeconomic Factors



Access to Health

Uninsured: 8.3%

Compared to 8.0% in NE

Preventable Hospital Stays: 4,346

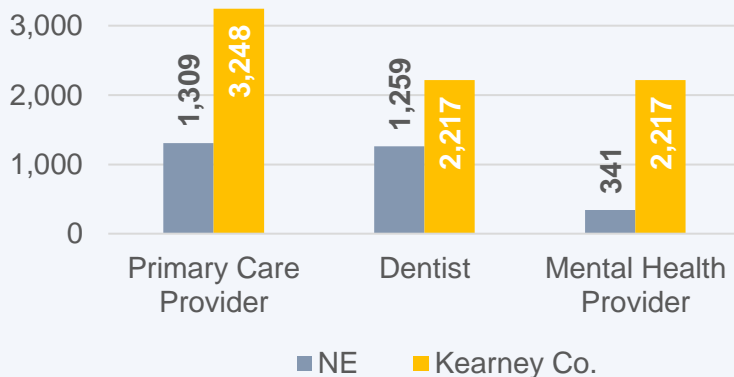
Per 100,000

Compared to 3,122 in NE

Access to Exercise Opportunities: 42%

Compared to 78% in NE

Number of People per 1 Provider



Physical Environment

Air Pollution
($\mu\text{g}/\text{m}^3$)

6.8

NE: 6.6

Severe Housing Problems**

11%

NE: 12%

Driving to Work Alone

80%

NE: 81%

Broadband Access

84%

NE: 86%

Source: County Health Rankings 2022 Report, U.S. Bureau of Labor Statistics (2021), Stratasan, ESRI (2022)

Notes: *Ratio of household income at the 80th percentile to income at the 20th percentile

**Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data



737 indicators collected from data sources



133 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



Ranked Health Priorities

This process included 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 external social determinants that influence community health.
- Personal factors are the individual decisions 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. 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).

Answer Choices	Weighted Average of Votes (out of 5)
Cancer	4.62
Mental Health	4.45
Obesity	4.33
Heart Disease	4.30
Women's Health	4.29
Diabetes	4.27
Stroke	4.22
Drug/Substance Abuse	4.05
Alzheimer's and Dementia	4.01
Lung Disease	3.90
Kidney Disease	3.87
Dental	3.81
Liver Disease	3.76
Other (please specify)	See appendix

Community Factors

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

Answer Choices	Weighted Average of Votes (out of 5)
Access to Childcare	4.47
Affordable Housing	4.46
Healthcare Services: Affordability	4.43
Education System	4.29
Employment and Income	4.22
Healthcare Services: Physical Presence (location, services, physicians)	4.18
Healthcare Services: Prevention	4.16
Access to Healthy Food	4.06
Access to Senior Services	4.00
Community Safety	3.91
Access to Exercise/Recreation	3.90
Social Connections	3.58
Transportation	3.41
Other (please specify)	See appendix

Personal Factors

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

Answer Choices	Weighted Average of Votes (out of 5)
Diet	4.14
Livable Wage	4.01
Physical Inactivity	3.87
Smoking/Vaping/Tobacco Use	3.59
Excess Drinking	3.50
Risky Sexual Behavior	3.06
Other (please specify)	See appendix

Overall health priority ranking (top 10 highlighted)

Answer Choices	Weighted Average of Votes (out of 5)
Cancer	4.62
Access to Childcare	4.47
Affordable Housing	4.46
Mental Health	4.45
Healthcare Services: Affordability	4.43
Obesity	4.33
Heart Disease	4.30
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Diet	4.14
Access to Healthy Food	4.06
Drug/Substance Abuse	4.05
Alzheimer's and Dementia	4.01
Livable Wage	4.01
Access to Senior Services	4.00
Community Safety	3.91
Lung Disease	3.90
Access to Exercise/Recreation	3.90
Kidney Disease	3.87
Physical Inactivity	3.87
Dental	3.81
Liver Disease	3.76
Smoking/Vaping/Tobacco Use	3.59
Social Connections	3.58
Excess Drinking	3.50
Transportation	3.41
Risky Sexual Behavior	3.06

Evaluation & Selection Process

Worse than Benchmark Measure 	Identified by the Community 	Feasibility of Being Addressed 	Impact on Health Disparities 
Health needs were deemed “worse than the benchmark” if the supported county data was worse than the state and/or US averages	Health needs expressed in the online survey and/or mentioned frequently by community members	Growing health needs where interventions are feasible, and the Hospital could make an impact	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 Disparities
Cancer	✓	✓	✓	✓
Access to Childcare	✓	✓		✓
Affordable Housing		✓		✓
Mental Health	✓	✓	✓	✓
Healthcare Services: Affordability		✓	✓	✓
Obesity	✓	✓	✓	✓
Heart Disease	✓	✓	✓	✓
Women's Health		✓	✓	✓
Education System	✓	✓		✓
Diabetes	✓	✓	✓	✓

Overview of Priorities

Cancer

Cancer was identified as the #1 health priority with 93% of survey respondents rating it as important to be addressed (important is categorized as a 4 or 5 rating on the community survey). In the 2019 CHNA, cancer was also the #1 identified health priority. Cancer is the 2nd leading cause of death in Phelps and Kearney Counties and the leading cause of death in Gosper County ([CDC Final Deaths 2020](#)). All three counties have a higher cancer mortality rate than Nebraska and Kearney County has a higher cancer incidence rate.

	Phelps Co.	Gosper Co.	Kearney Co.	Nebraska
Cancer mortality (per 100,000)	157.5	159.5	156.1	147.7
Cancer incidence (per 100,000)	465.1	384.2	487.5	467.7

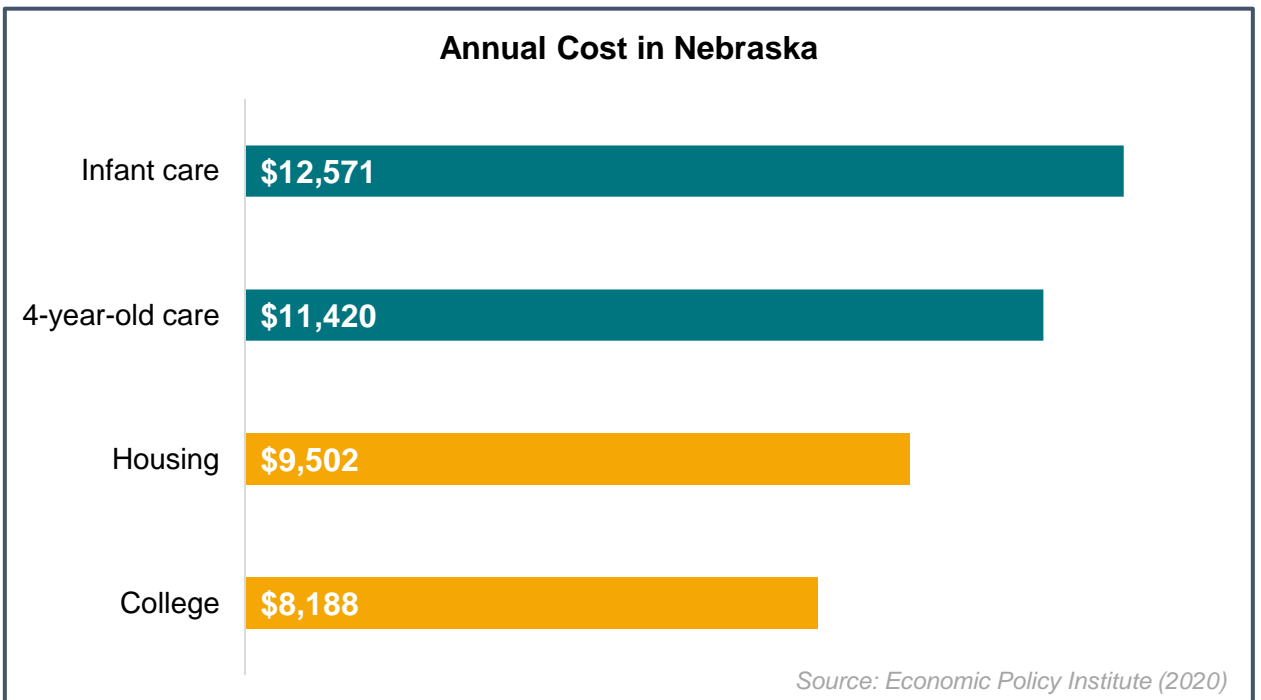
Source: CDC Final Deaths 2020, National Cancer Institute (2014-2018)

Access to Childcare

Access to childcare was identified as the #2 priority with 85% of respondents identifying it as being important to address in the community. The average yearly cost of childcare in Nebraska is \$12,571. The U.S. Department of Health and Human Services defines affordable childcare as being no more than 7% of a family’s income ([Economic Policy Institute](#)).

	Phelps Co.	Gosper Co.	Kearney Co.	Nebraska
Household income required for childcare expenses	22.8%	22.3%	22.5%	25.2%
Children in poverty	13.0%	11.5%	9.6%	10.1%
Children in single-parent households	9.9%	9.1%	17.0%	20.7%
Number of childcare centers per 1,000 population under age 5	14.9	20.8	9.2	8.7

Source: County Health Rankings 2022 Report (2016-2021)



Affordable Housing

Affordable housing was identified as the #3 priority with 85% of respondents rating it as important to address in the community. While affordable housing is not traditionally a health priority, there is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes such as mental illnesses, exposure to environmental hazards, and limited funds to afford healthcare ([Center for Housing Policy](#)).

	Phelps Co.	Gosper Co.	Kearney Co.	Nebraska
Severe housing cost burden*	9.8%	6.2%	8.3%	10.0%
Severe housing problems**	10.3%	8.0%	10.8%	12.3%
Homeownership	71.2%	75.5%	73.2%	66.2%
Median household income	\$67,689	\$74,889	\$70,113	\$68,890
Median home value	\$139,900	\$165,500	\$162,200	\$164,000
Median gross rent	\$648	\$673	\$692	\$857

Source: County Health Rankings (2016-2020), Stratascan ESRI (2022), U.S. Census Bureau (2016-2020)

Notes: *Percentage of households that spend 50% or more of their household income on housing

**Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

Mental Health

Mental health was the #4 community-identified health priority with 87% of respondents rating it as important to be addressed in the community. Mental Health was identified as the #3 health priority in the 2019 CHNA report. Suicide is the 12th leading cause of death in both Phelps and Gosper Counties and the 10th leading cause of death in Kearney County ([CDC Final Deaths 2020](#)).

Additionally, lack of access to mental healthcare perpetuates disparities in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities due to a lack of providers and an inclusive behavioral health workforce ([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:

	Phelps Co.	Gosper Co.	Kearney Co.	Nebraska
Average number of mentally unhealthy days (past 30 days)	3.8	3.6	3.8	3.8
Number of people per 1 mental health provider	643	1,986	2,217	341
Suicide death rate (per 100,000)	10.8	9.1	10.9	14.9

Source: County Health Rankings (2019, 2021), CDC Final Deaths 2020

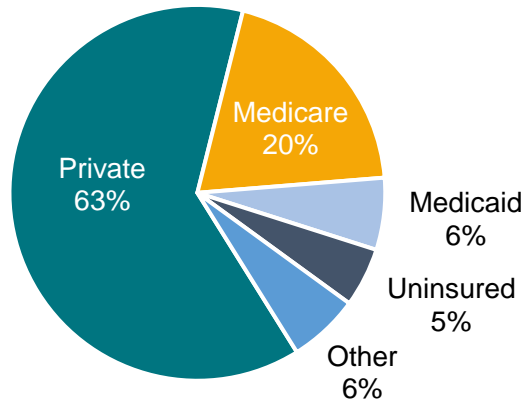
Healthcare Services: Affordability

Affordability of healthcare services was the #5 identified health need in the community with 84% of survey respondents rating it as important to be addressed. Phelps, Gosper, and Kearney Counties all have lower uninsured rates than the state average. Additionally, low-income groups were identified as the top priority population in the community making the affordability of healthcare services an important need.

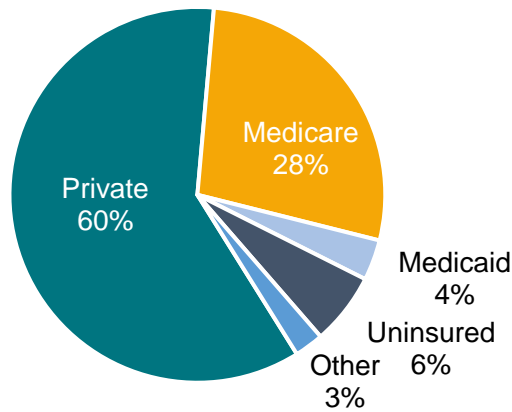
	Phelps Co.	Gosper Co.	Kearney Co.	Nebraska
Uninsured	5.1%	6.2%	5.2%	8.0%
Median household income	\$67,689	\$74,889	\$70,113	\$68,890

Source: Stratasan, ESRI (2022)

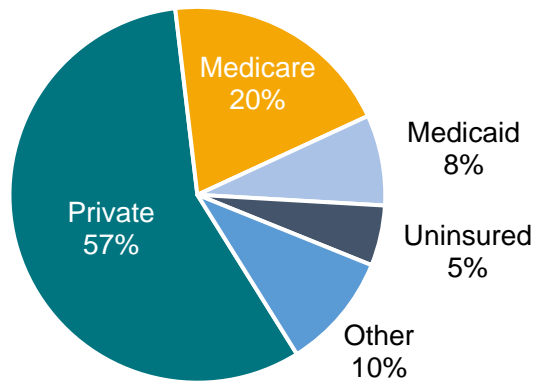
Phelps County Insurance Coverage Estimates



Gosper County Insurance Coverage Estimates



Kearney County Insurance Coverage Estimates



Source: Stratasan, ESRI (2022)

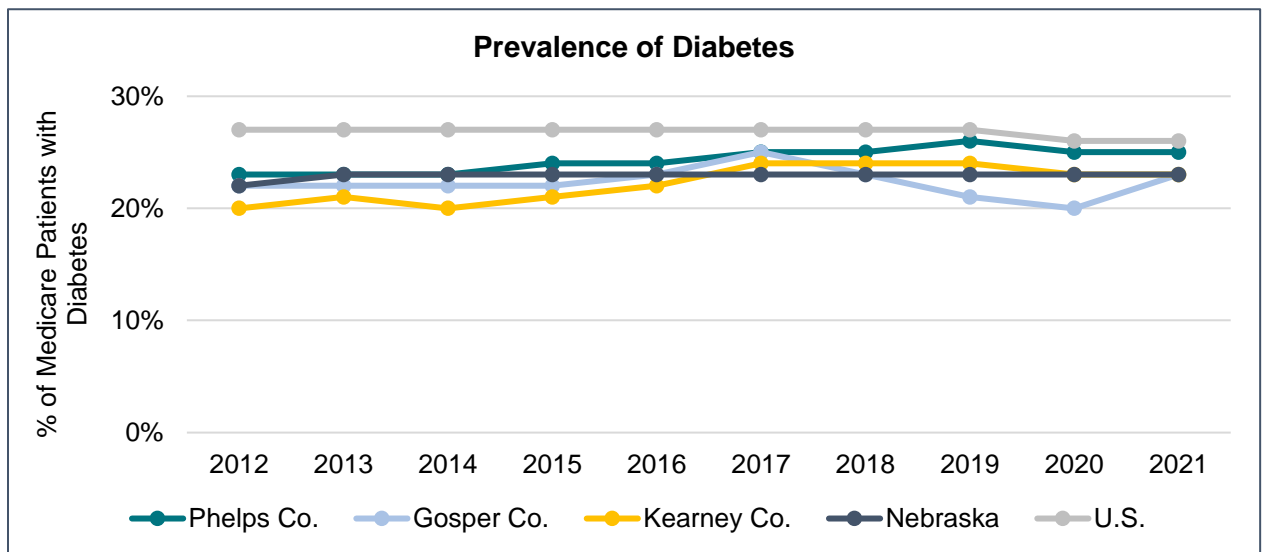
Obesity and Diabetes

Obesity was the #6 health priority identified in the community survey with 87% of respondents rating it as important to address in the community. Diabetes was identified as the #10 health priority with 79% of respondents rating it as important to address. Diabetes is the 7th leading cause of death in both Phelps and Gosper Counties and the 8th leading cause of death in Kearney County ([CDC Final Deaths 2020](#)).

Phelps, Gosper, and Kearney Counties have similar or higher rates of adult obesity and physical inactivity than Nebraska. Both are well-established risk factors for type 2 Diabetes development ([American Diabetes Association](#)). Additionally, each county has less access to exercise opportunities and Gosper County has less access to healthy foods than the state.

	Phelps Co.	Gosper Co.	Kearney Co.	Nebraska
Adult obesity	36.6%	34.9%	33.2%	34.3%
Diabetes mortality rate (per 100,000)	28.1	34.4	23.0	26.2
Physical inactivity	27.7%	27.0%	28.5%	27.0%
Access to exercise opportunities	48.8%	23.4%	42.0%	78.2%
Limited access to healthy foods	4.6%	12.0%	0.6%	5.7%

Source: County Health Rankings (2019), CDC Final Deaths 2020



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

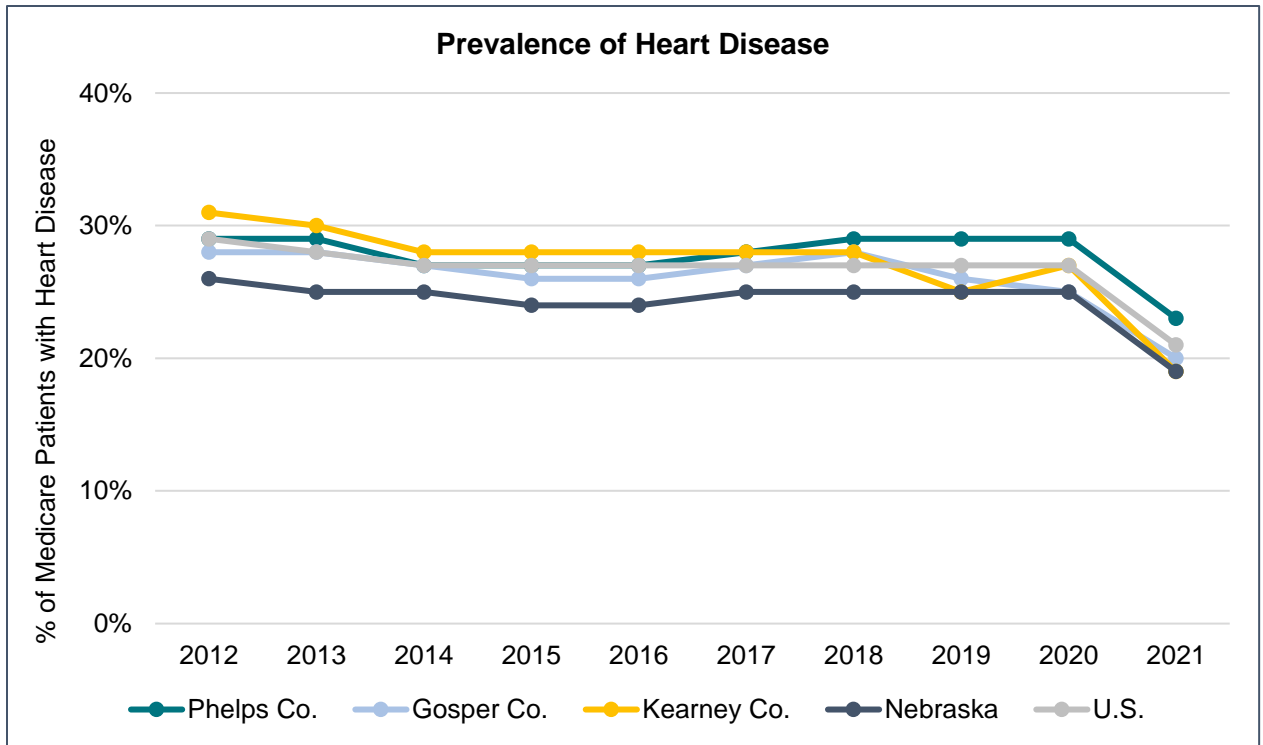
Heart Disease

In the community survey, heart disease was identified as the #7 health priority with 83% of respondents rating it as important to address. Heart disease was identified as the #2, health priority in the 2019 CHNA report. Heart disease is the leading cause of death in both Phelps and Kearney Counties and the 2nd leading cause of death in Gosper County ([CDC Final Deaths 2020](#)).

Phelps and Kearney Counties have higher death rates from heart disease than Nebraska. In the Medicare population, all three counties fair similarly to Nebraska in the prevalence of heart disease and this rate has been declining in recent years. When it comes to health disparities, racial and ethnic minority groups are more likely to die of heart disease than their white counterparts ([CDC](#)).

	Phelps Co.	Gosper Co.	Kearney Co.	Nebraska
Heart disease mortality rate (per 100,000)	167.2	128.3	166.9	143.8

Source: CDC Final Deaths 2020



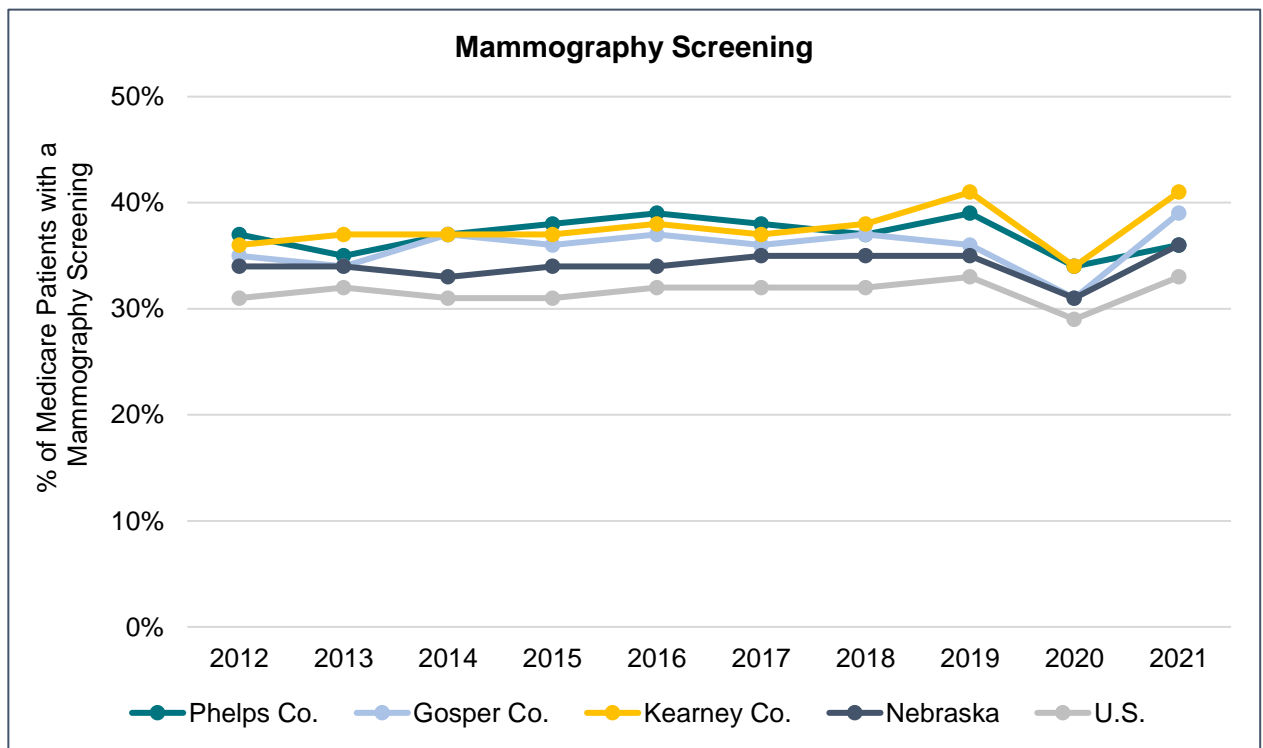
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Women's Health

Women's health was identified as the #8 health priority with 86% of survey respondents rating it as extremely important to be addressed. Among Medicare enrollees (women age 65+) in Phelps, Gosper, and Kearney Counties, over 36% received a mammogram in 2021 and this percentage has been increasing in recent years.

	Phelps Co.	Gosper Co.	Kearney Co.	Nebraska
Mammography screening rate (per 100,000)	36%	39%	41%	36%

Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population (2021)



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

Education System

The education system was identified as the #9 priority with 82% of respondents rating it as extremely important to address in the community. Education influences health disparities through access to job opportunities, health insurance, stable housing, and healthy lifestyles ([AAFP](#)).

Phelps, Gosper, and Kearney Counties have slightly higher populations with a high school degree or higher but lower populations with a bachelor’s degree or higher. Additionally, all three counties have lower numbers of children enrolled in free or reduced lunch and lower access to broadband access.

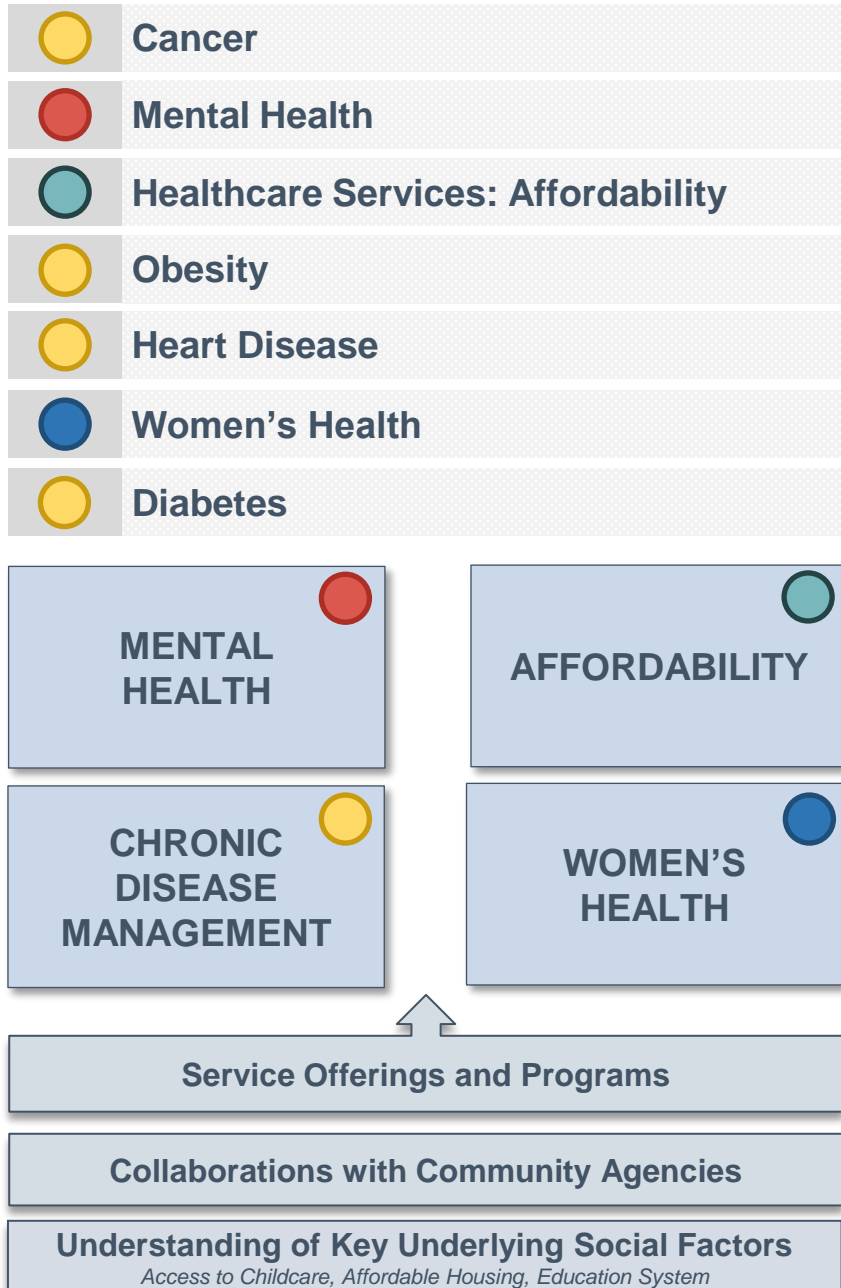
	Phelps Co.	Gosper Co.	Kearney Co.	Nebraska
High school graduate or higher	94.5%	93.8%	96.7%	93.1%
Bachelor’s degree or higher	25.8%	31.8%	27.7%	35.0%
Children enrolled in free or reduced lunch	41.6%	45.9%	34.4%	45.7%
Broadband access	82.4%	82.6%	84.0%	86.6%

Source: Stratasen ESRI (2022), County Health Rankings (2016-2020)

Implementation Plan Strategy

Implementation Plan Framework

The Hospital has determined that the action plan to address the identified health priorities will be organized into key groups in order to adequately address the health needs with available time and resources. Note that the Hospital has not chosen to develop programming to address the social determinants of health identified by the community. The Hospital believes there are other organizations in the community better positioned to address the identified community needs and is choosing to focus on the health needs of the community where it feels it can make the greatest impact.



Mental Health

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

- Transports provided for patients to other facilities with higher-level psychiatric needs
- Primary care providers conduct depression/mental health screenings during wellness visits
- PMHC has a good standing relationship with local counselors in the community where they can refer patients
- A safe room is available onsite to provide protective space for patients with identified behavioral health issues until the patient can be transferred
- Healthcare staff provide services to inpatients, outpatients, and employees, and help provide access to behavioral health resources and other contacts in the community
- Employee Assistance Program (EAP) is available to hospital employees and families that covers sessions for counseling and provides educational materials, resources, and referrals
- Attend Region 3 Behavioral Health Services meetings to help coordinate community efforts to address mental health needs
- Host presentations to area high school students on mental health and suicide prevention
- Tele-psychiatry services are available for patients who need a higher level of care

The impact of actions taken since the immediately preceding CHNA:

- Shared education on mental health and how patients can get connected with mental health resources at PMHC
- Continued to work with Region 3 Behavioral Health Services to address mental health needs in the community

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

- Increase education and awareness of mental health services that are available in the community through marketing and involvement in community events
- Provide de-escalation training for emergency department (ED) and clinic staff

Identified measures and metrics to progress:

- Number of tele-psych visits
- Utilization of counseling sessions through EAP
- Suicide death rate



Partner organizations that may also address this need in the community:

Organization	Contact/Information
Nebraska Department of Health & Human Services	301 Centennial Mall St., Lincoln, NE 68508 (402) 471-3121 dhhs.ne.gov
Two Rivers Public Health Department	701 4th Ave #1, Holdrege, NE 68949 (308) 995-4778 www.trphd.org
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
Region 3 Behavioral Health Services	4009 6 th Ave., Suite #65 Kearney, NE 68845 (308) 237-5113 https://region3.net/
Mid-Plains Center for Behavioral Healthcare Services Inc. - Tele-psychiatry partner	914 Baumann Dr. Grand Island, NE 68803 (308) 385-5250

Affordability

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

- Financial assistance policy with a sliding fee scale and self-pay discounts
- Financial counselors on staff to help patients understand and pay their bills, and organize payment plans
- Staff available to help patients sign up for Medicaid and provide information on the health insurance exchange
- Phelps Medical Group clinic increases access to affordable women's health and primary care
- Price transparency is available on the hospital website
- Hospital underwrites bank loans for patients to help cover services
- The Care Management Team screens admitted inpatients for financial assistance
- Free blood pressure checks and continuous glucose monitoring are provided at local nursing homes
- Simple Solutions program provides free diabetic education

The impact of actions taken since the immediately preceding CHNA:

- Added the Patient Navigator Success program to help connect patients with services, receive timely care, and support care coordination
- Now offering free CPR classes to the community
- Now providing free colorectal screening kits to eligible patients to increase access to preventative screenings
- Added telehealth virtual visit services which allow patients to receive care at home without needing to travel

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

- Evaluate opportunities to provide transportation to patients to increase access to care for priority populations

Identified measures and metrics to progress:

- Dollars expended through Financial Assistance Policy
- Number of patients receiving financial assistance



Partner organizations that may also address this need in the community:

Organization	Contact/Information
Nebraska Department of Health & Human Services	301 Centennial Mall St., Lincoln, NE 68508 (402) 471-3121 dhhs.ne.gov
Phelps County Community Foundation	504 4th Ave, Holdrege, NE 68949 (308) 995-6847 www.phelpsfoundation.org
Phelps Memorial Foundation	https://www.phelpsmemorial.com/health-center/phelps-memorial-foundation
Pinnacle Bank	https://www.pinnbank.com/
Family Medical Specialties	516 W 14th Ave, Holdrege, NE 68949 (308) 995-4431 www.fammedspec.com
ruralMED Management Resources	www.ruralMED.com

Chronic Disease Management

Cancer, Obesity, Heart Disease, Diabetes

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

- Chronic Care Management program at the Rural Medicine Clinic
- Oncology and hematology outreach clinic provides chemotherapy, infusion therapy, and follow-up appointments
- Digital mammography, PET/CT (lung screenings) are available on site
- General surgery is available for biopsies with full lab services
- Free annual colon cancer screenings
- Endoscopy and colonoscopy procedures available on site
- Promotion of Breast Cancer Awareness Month, and education on testing and prevention for other types of cancers
- Annual sponsor of Relay for Life with a participating hospital team
- Cancer survivors' dinner and education event
- Raise money each year for cancer research organizations
- Cardiac Rehabilitation Program
- Cardiology outreach clinics are available on-site, and cardiologists perform outreach and education in the community
- Host 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
- Sponsor of the annual Silver Run (local fun run) to help support local YMCA; overall corporate sponsor of YMCA
- Sponsor multiple local events promoting physical activity and health & wellness
- Shares materials, collateral, and public service announcements with education on health and wellness and preventive screenings
- Simple Solutional pre-diabetes program educates individuals to try and prevent or delay the onset of type 2 diabetes
- On-site wound care clinic available
- 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; Bertrand Viking Booster Club; YMCA Bike to Work; Bertrand, Holdrege, and Loomis School Beef Programs

- 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
- Physical therapy, occupational therapy, and speech therapy are offered to stroke patients

The impact of actions taken since the immediately preceding CHNA:

- Opened a Cardiac Cath program with a cardiac-specific physicians assistant (PA) who provides education
- Added the Patient Navigator Success program to help connect patients with services, receive timely care, and support care coordination
- Added an in-house PET scanner
- The Cardiac Rehabilitation Program received certification from the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR)

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

- Formed a partnership with another local facility to offer radiation/oncology services to increase the availability of oncology services and procedures
- Provide free colorectal screening kits to eligible patients to increase access to preventative screenings
- Provide CT calcium scoring as a preventative screening option
- Continue to provide education and programming around health and wellness to reduce the burden of chronic disease in the community

Identified measures and metrics to progress:

- Cancer screening utilization
 - Mammography
 - Colonoscopy
 - Low-Dose CT
- Participation in the diabetes self-management program
- Number of participants in the chronic care management program

Partner organizations that may also address this need in the community:

Organization	Contact/Information
Two Rivers Public Health Department	701 4th Ave #1, Holdrege, NE 68949 (308) 995-4778 www.trphd.org
Cancer Partners of Nebraska	https://cancerpartners.com/
American Diabetes Association	https://diabetes.org/
American Heart Association	https://www.heart.org/
Advanced Medical Imaging	https://amimaging.com/
YMCA of the Prairie	415 Broadway St, Holdrege, NE 68949 (308) 995-4050 www.ymcaoftheprairie.org
Pioneer Heart Institute	6940 Van Dorn St. Ste. 201 Lincoln, NE 68506 (402) 413-6363 www.pioneerheart.com
Other local organizations and sports teams	

Women's Health

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

- Promotion of Breast Cancer Awareness Month, and education on testing and prevention for other types of cancers
- Host breast cancer awareness and education events
- Obstetrics and gynecological services provided onsite
- Women's health services provided at Phelps Medical Group clinic: well-woman visits, gynecology, breast health, heart health, lung health, reproductive and sexual health
- Lactation counseling services
- Birthing and Beginning Education (BABE) Class
- "We're Gonna Have a Baby!" Sibling Class
- Occupational therapy works with the oncology team to offer a lymphoma program
- ED patients are screened for safety and connected with the S.A.F.E. Center if needed
- PMHC provides support and donations to the S.A.F.E. Center
- Offer CPR and first aid classes
- Provide community education, marketing, and fundraising for Go Red for Women in February

The impact of actions taken since the immediately preceding CHNA:

- Hosted "Positively Pink," a cancer awareness and educational event where over 80 women were educated about available prevention screenings
- Occupational therapist received certification as a pregnancy and postpartum corrective exercise specialist to be able to assist women having pregnancy or postpartum issues
- Added the Centricity Perinatal monitoring system

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

- Provide a safe and calm hospital environment so that mothers can feel comfortable leaving their babies to receive care at the hospital
- Add women's health screening services like stereotactic breast biopsy in mammography, vacuum assist breast biopsy in ultrasound, and breast MRI

Identified measures and metrics to progress:

- Growth in Obstetrics and Gynecological services
- Participation in educational classes
 - Lactation counseling services
 - Birthing and Beginning Education (BABE) Class
 - "We're Gonna Have a Baby!" Sibling Class



Partner organizations that may also address this need in the community:

Organization	Contact/Information
Two Rivers Public Health Department	701 4th Ave #1, Holdrege, NE 68949 (308) 995-4778 www.trphd.org
Family Medical Specialties	516 W 14th Ave, Holdrege, NE 68949 (308) 995-4431 www.fammedspec.com
S.A.F.E. Center	620 E. 25th Suite 14 Kearney, Nebraska 68847 (308) 237-2599 https://safecenter.org/

Appendix

Community Data

Community Demographics

	Phelps County				Gosper County			
	2021	2026	% Change	% of Total	2021	2026	% Change	% of Total
Population								
Total Population	8,876	8,770	-1.2%	100.0%	1,855	1,755	-5.4%	100.0%
By Age								
00 - 17	1,910	1,892	-0.9%	21.5%	352	324	-8.0%	19.0%
18 - 44	2,468	2,389	-3.2%	27.8%	444	415	-6.5%	23.9%
45 - 64	2,396	2,150	-10.3%	27.0%	518	441	-14.9%	27.9%
65+	2,102	2,339	11.3%	23.7%	541	575	6.3%	29.2%
Female Childbearing Age (15-44)	1,346	1,290	-4.2%	15.2%	243	221	-9.1%	13.1%
By Race/Ethnicity								
White	8,175	7,998	-2.2%	92.1%	1,739	1,639	-5.8%	93.7%
Black	37	41	10.8%	0.4%	4	4	0.0%	0.2%
Asian & Pacific Islander	29	30	3.4%	0.3%	12	12	0.0%	0.6%
Other	635	701	10.4%	7.2%	100	100	0.0%	5.4%
Hispanic*	561	589	5.0%	6.3%	96	96	0.0%	5.2%
Households								
Total Households	3,680	3,655	-0.7%		773	731	-5.4%	
Median Household Income	\$ 67,689	\$ 76,324			\$ 74,889	\$ 84,465		
Education Distribution								
Some High School or Less				5.5%				6.2%
High School Diploma/GED				29.7%				26.8%
Some College/Associates Degree				38.9%				35.2%
Bachelor's Degree or Greater				25.8%				31.8%

	Kearney County				Nebraska				US AVG.	
	2021	2026	% Change	% of Total	2021	2026	% Change	% of Total	% Change	% of Total
Population										
Total Population	6,711	6,708	0.0%	100.0%	1,985,759	2,012,725	1.4%	100.0%	3.6%	100.0%
By Age										
00 - 17	1,520	1,581	4.0%	22.6%	463,518	470,586	1.5%	23.3%	0.0%	21.7%
18 - 44	1,896	1,758	-7.3%	28.3%	707,799	708,836	0.1%	35.6%	0.3%	36.0%
45 - 64	1,798	1,638	-8.9%	26.8%	472,003	447,973	-5.1%	23.8%	-4.3%	24.9%
65+	1,497	1,731	15.6%	22.3%	342,439	385,330	12.5%	17.2%	12.8%	17.4%
Female Childbearing Age (15-44)	1,063	1,020	-4.0%	15.8%	381,738	383,057	0.3%	19.2%	0.0%	19.5%
By Race/Ethnicity										
White	6,157	6,154	0.0%	91.7%	1,547,648	1,548,070	0.0%	77.9%	-1.3%	61.0%
Black	3	3	0.0%	0.0%	98,264	100,427	2.2%	4.9%	0.8%	12.4%
Asian & Pacific Islander	21	21	0.0%	0.3%	56,666	60,666	7.1%	2.9%	5.6%	6.3%
Other	530	530	0.0%	7.9%	283,181	303,562	7.2%	14.3%	7.8%	20.3%
Hispanic*	393	393	0.0%	5.9%	240,868	249,883	3.7%	12.1%	3.4%	19.0%
Households										
Total Households	2,734	2,729	-0.2%		782,815	793,635	1.4%			
Median Household Income	\$ 70,113	\$ 80,480			\$ 68,890	\$ 79,792			US Avg. \$64,730 \$72,932	
Education Distribution										
Some High School or Less				3.3%				6.9%		10.1%
High School Diploma/GED				28.8%				25.7%		27.1%
Some College/Associates Degree				40.1%				32.4%		27.7%
Bachelor's Degree or Greater				27.7%				35.0%		35.1%

*Ethnicity is calculated separately from Race

Source: Stratasan, ESRI (2022)

Leading Cause of Death

The Leading Causes of Death are determined by the official Centers for Disease Control and Prevention (CDC) final death total. Nebraska's Top 15 Leading Causes of Death are listed in the tables below in each County's rank order. Each 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 Rank	Condition		NE	Phelps	
2	1	Heart Disease	51 of 93	143.8	167.2	<i>As expected</i>
1	2	Cancer	54 of 93	147.7	157.5	<i>Higher than expected</i>
3	3	COVID-19	47 of 93	84.4	77.4	<i>Lower than expected</i>
4	4	Lung	34 of 93	43.4	47.7	<i>Higher than expected</i>
5	5	Accidents	58 of 93	42.3	42.9	<i>Lower than expected</i>
6	6	Stroke	59 of 93	36.1	37.7	<i>As expected</i>
8	7	Diabetes	14 of 93	26.2	28.1	<i>As expected</i>
7	8	Alzheimer's	22 of 93	32.2	26.3	<i>Lower than expected</i>
12	9	Flu - Pneumonia	13 of 93	12.1	20.9	<i>As expected</i>
14	10	Kidney	31 of 93	10.1	12.5	<i>As expected</i>
10	11	Hypertension	18 of 93	14.2	11.3	<i>As expected</i>
9	12	Suicide	54 of 93	14.9	10.8	<i>As expected</i>
11	13	Liver	31 of 93	13.5	8.1	<i>Lower than expected</i>
13	14	Parkinson's	38 of 93	12.0	7.7	<i>As expected</i>
15	15	Blood Poisoning	47 of 93	6.9	5.6	<i>As expected</i>
16	16	Homicide	52 of 93	4.1	0.8	<i>Lower than expected</i>

*County Death Rate Observation: Higher than expected = 5 or more deaths per 100,000 compared to the US; Lower than expect = 5 or more less deaths per 100,000 compared to the US

Source: worldlifeexpectancy.com (2020)

Cause of Death			Rank among all counties in NE (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Gosper County Compared to U.S.)
NE Rank	Gosper Rank	Condition		NE	Gosper	
1	1	Cancer	47 of 93	147.7	159.5	<i>Higher than expected</i>
2	2	Heart Disease	79 of 93	143.8	128.3	<i>Lower than expected</i>
3	3	COVID-19	53 of 93	84.4	69.0	<i>Lower than expected</i>
4	4	Lung	29 of 93	43.4	49.2	<i>Higher than expected</i>
6	5	Stroke	13 of 93	36.1	48.0	<i>Higher than expected</i>
7	6	Alzheimer's	8 of 93	32.2	36.9	<i>As expected</i>
8	7	Diabetes	5 of 93	26.2	34.4	<i>Higher than expected</i>
5	8	Accidents	74 of 93	42.3	33.8	<i>Lower than expected</i>
12	9	Flu - Pneumonia	28 of 93	12.1	17.9	<i>As expected</i>
13	10	Parkinson's	14 of 93	12.0	10.4	<i>As expected</i>
14	11	Kidney	55 of 93	10.1	9.8	<i>As expected</i>
9	12	Suicide	66 of 93	14.9	9.1	<i>As expected</i>
11	13	Liver	24 of 93	13.5	9.1	<i>As expected</i>
15	14	Blood Poisoning	42 of 93	6.9	5.8	<i>As expected</i>
10	15	Hypertension	80 of 93	14.2	1.4	<i>Lower than expected</i>
16	-	Homicide	-	4.1	n.d.	

*County Death Rate Observation: Higher than expected = 5 or more deaths per 100,000 compared to the US; Lower than expect = 5 or more less deaths per 100,000 compared to the US

Source: worldlifeexpectancy.com (2020)

Cause of Death			Rank among all counties in NE (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Kearney County Compared to U.S.)
NE Rank	Kearney Rank	Condition		NE	Kearney	
2	1	Heart Disease	53 of 93	143.8	166.9	<i>As expected</i>
1	2	Cancer	55 of 93	147.7	156.1	<i>Higher than expected</i>
4	3	Lung	43 of 93	43.4	46.9	<i>Higher than expected</i>
5	4	Accidents	56 of 93	42.3	44.5	<i>Lower than expected</i>
6	5	Stroke	53 of 93	36.1	38.9	<i>As expected</i>
3	6	COVID-19	75 of 93	84.4	31.8	<i>Lower than expected</i>
7	7	Alzheimer's	27 of 93	32.2	24.6	<i>Lower than expected</i>
8	8	Diabetes	30 of 93	26.2	23.0	<i>As expected</i>
12	9	Flu - Pneumonia	33 of 93	12.1	17.0	<i>As expected</i>
9	10	Suicide	52 of 93	14.9	10.9	<i>As expected</i>
14	11	Kidney	52 of 93	10.1	10.1	<i>As expected</i>
10	12	Hypertension	40 of 93	14.2	8.0	<i>As expected</i>
13	13	Parkinson's	44 of 93	12.0	7.3	<i>As expected</i>
11	14	Liver	46 of 93	13.5	6.9	<i>Lower than expected</i>
15	15	Blood Poisoning	50 of 93	6.9	5.4	<i>As expected</i>
16	16	Homicide	38 of 93	4.1	1.6	<i>Lower than expected</i>

*County Death Rate Observation: Higher than expected = 5 or more deaths per 100,000 compared to the US; Lower than expect = 5 or more less deaths per 100,000 compared to the US

Source: worldlifeexpectancy.com (2020)

County Health Rankings

	Phelps	Gosper	Kearney	Nebraska	U.S. Median	Top U.S. Performers
Length of Life						
Overall Rank (best being #1)	13/93	33/93	57/93			
- Premature Death*	5,772	0	7,207	6,447	8,200	5,400
Quality of Life						
Overall Rank (best being #1)	7/93	49/93	32/93			
- Poor or Fair Health	14%	13%	14%	14%	17%	12%
- Poor Physical Health Days	3.2	3.0	3.2	3.3	3.9	3.1
- Poor Mental Health Days	3.8	3.6	3.8	3.8	4.2	3.4
- Low Birthweight	5%	11%	8%	7%	8%	6%
Health Behaviors						
Overall Rank (best being #1)	23/93	5/93	11/93			
- Adult Smoking	16%	15%	16%	15%	17%	14%
- Adult Obesity	37%	35%	33%	34%	33%	26%
- Physical Inactivity	28%	27%	29%	27%	27%	20%
- Access to Exercise Opportunities	49%	23%	42%	78%	66%	91%
- Excessive Drinking	22%	22%	24%	23%	18%	13%
- Alcohol-Impaired Driving Deaths	73%	33%	40%	33%	28%	11%
- Sexually Transmitted Infections*	210.3	0	154	480.3	327.4	161.4
- Teen Births (per 1,000 female population ages 15-19)	12	0	15	18	28	13
Clinical Care						
Overall Rank (best being #1)	16/93	24/93	45/93			
- Uninsured	8%	9%	7%	10%	11%	6%
- Population per Primary Care Provider	1,004	1,990	3,248	1,309	2,070	1,030
- Population per Dentist	1,801	1,986	2,217	1,259	2,410	1,240
- Population per Mental Health Provider	643	1,986	2,217	341	890	290
- Preventable Hospital Stays	3,675	2,330	4,346	3,122	4,710	2,761
- Mammography Screening	50%	48%	54%	49%	41%	50%
- Flu vaccinations	50%	42%	37%	51%	43%	53%
Social & Economic Factors						
Overall Rank (best being #1)	33/93	10/93	27/93			
- High School Graduation	93%	95%	94%	92%	90%	96%
- Unemployment	3.0%	2.6%	3.2%	4.2%	3.9%	2.6%
- Children in Poverty	13%	12%	10%	10%	20%	11%
- Income Inequality**	5.0	3.8	3.9	4.1	4.4	3.7
- Children in Single-Parent Households	10%	9%	17%	21%	32%	20%
- Violent Crime*	97	77	99	286	205	63
- Injury Deaths*	77	0	82	61	84	58
- Median Household Income	\$61,442	\$62,698	\$62,260	\$64,735	\$50,600	\$69,000
- Suicides	N/A	N/A	N/A	14	17	11
Physical Environment						
Overall Rank (best being #1)	34/93	20/93	36/93			
- Air Pollution - Particulate Matter (µg/m³)	6.7	6.3	6.8	6.6	9.4	6.1
- Severe Housing Problems***	10%	8%	11%	12%	14%	9%
- Driving to Work Alone	82%	79%	80%	81%	81%	72%
- Long Commute - Driving Alone	18%	22%	25%	19%	31%	16%
- Broadband Access	82%	83%	84%	86%	31%	16%

*Per 100,000 Population

**Ratio of household income at the 80th percentile to income at the 20th percentile

***Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

Key (Legend)

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

Source: County Health Rankings 2022 Report

Detailed Approach

Phelps Memorial Health Center (“PMHC” or the “Hospital”) is organized as a not-for-profit organization. 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. This study is designed to comply with the standards required of a not-for-profit 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.

Project Objectives

PMHC partnered with QHR Health (“QHR”) to:

- Complete a CHNA report, compliant with Treasury – IRS
- Provide the Hospital with the information required to complete the IRS – Schedule H (Form 990)
- Produce the information necessary for the health organizations 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 for those who did not have the 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:

- 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.

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:

- 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.*

...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 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.”

Additionally, all CHNAs developed after the very first CHNA received 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 comments 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.”

The methodology takes a comprehensive approach to the solicitation of written comments. Input was obtained from the required three minimum sources and expanded input to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications. Written comment participants self-identified into the following 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 Hospital
- 3) **Minority or Underserved Population** – 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 includes 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) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
- 6) **Educator** – Persons whose profession is to instruct individuals on a subject matter or broad topics
- 7) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding/education on health services and needs.

Other (please specify)

The methodology takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with community opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed by local experts. The Hospital relies on secondary source data, and most secondary sources use 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 survey respondents cooperating in this study are displayed in this CHNA report appendix.

Data sources include:

Website or Data Source	Data Element	Date Accessed	Data Date
Stratasan	Assess characteristics of the primary service area, at a zip code level; and, to access population size, trends and socio-economic characteristics	September 2022	2022
www.countyhealthrankings.org	Assessment of health needs of the county compared to all counties in the state.	September 2022	2013-2020
CDC Final Deaths 2020	15 top causes of death	September 2022	2020
Bureau of Labor Statistics	Unemployment rates	September 2022	2021
National Cancer Institute	Cancer incidence rates	October 2022	2014-2018
Economic Policy Institute	Childcare costs in Nebraska	October 2022	2020
Center for Housing Policy	Impact of housing on health	October 2022	2015
The U.S. Census Bureau	County-level statistics for housing and education	October 2022	2016-2020
National Alliance on Mental Illness – NAMI	Statistics on mental health rates and services	October 2022	2021
American Diabetes Association	Type 2 diabetes risk factors	October 2022	2005
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	October 2022	2020
Centers for Disease Control and Prevention – CDC	Racial and ethnic disparities in heart disease	October 2022	2019
American Academy of Family Physicians – AAFP	Impact of education on health	October 2022	N.D.

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to Local Expert Advisors and the general community 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 PMHC's desire to represent the region's geographically diverse population. Community input from 133 survey respondents was received. Survey responses started on August 22nd and ended on September 9th, 2022.

Having taken steps to identify potential community needs, the respondents participated in a structured communication technique called the "Wisdom of Crowds" method. The premise of 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, the survey respondents 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 survey respondents then ranked each health need's importance from not at all (1 rating) to very (5 rating).

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

Survey Results

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

Q1: Please select all roles that apply to you.

Answer Choices	Responses	
Community Resident	61.98%	75
Healthcare Professional	38.02%	46
Educator	5.79%	7
Government Employee or Representative	4.13%	5
Minority or Underserved Population	1.65%	2
Public Health Official	0.83%	1
Representative of Chronic Disease Group or Advocacy Organization	0.00%	0
	Answered	121
	Skipped	12

Q2: Race/Ethnicity (select all that apply)

Answer Choices	Responses	
White or Caucasian	99.18%	121
Hispanic or Latino	0.82%	1
Black or African American	0.00%	0
Asian or Asian American	0.00%	0
American Indian or Alaska Native	0.00%	0
Native Hawaiian or other Pacific Islander	0.00%	0
Other (please specify)	0.00%	0
	Answered	122
	Skipped	11

Q3: Age group

Answer Choices	Responses	
18-24	1.64%	2
25-34	18.85%	23
35-44	25.41%	31
45-54	18.03%	22
55-64	24.59%	30
65+	11.48%	14
	Answered	122
	Skipped	11

Q4: Where do you primarily receive your healthcare services?

Answer Choices	Responses	
Phelps Memorial Health Center	77.69%	94
Somewhere other than Phelps Memorial Health Center (please specify)	22.31%	27
	Answered	121
	Skipped	12

Comments:

- Kearney County Health Services (9)
- Family Medical Specialties (6)
- Platte Valley Medical (2)
- Phelps Medical Group (2)
- Pediatrician and behavioral health services at Kearney
- Kearney Regional
- Hastings
- Good Samaritan Health Center/Click Family Health
- CHI Clinic in Kearney

Q5: What county do you live in?

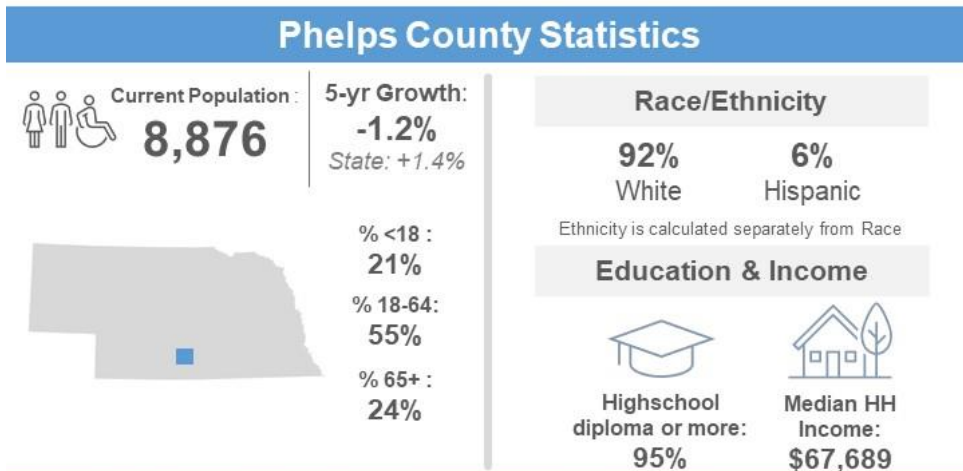
Answer Choices	Responses	
Phelps County	81.97%	100
Kearney County	4.10%	5
Gosper County	2.46%	3
Other (please specify)	11.48%	14
	Answered	122
	Skipped	11

Comments:

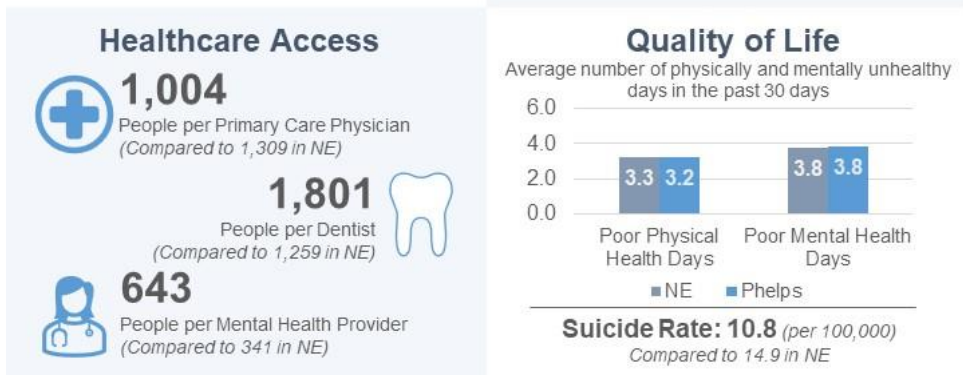
- Buffalo (5)
- Harlan (2)
- Furnas (2)
- Franklin (2)

- Dawson
- Phillips, KS

Q6: Do you believe the above data accurately reflects your community today?



Factors that influence the health of the community

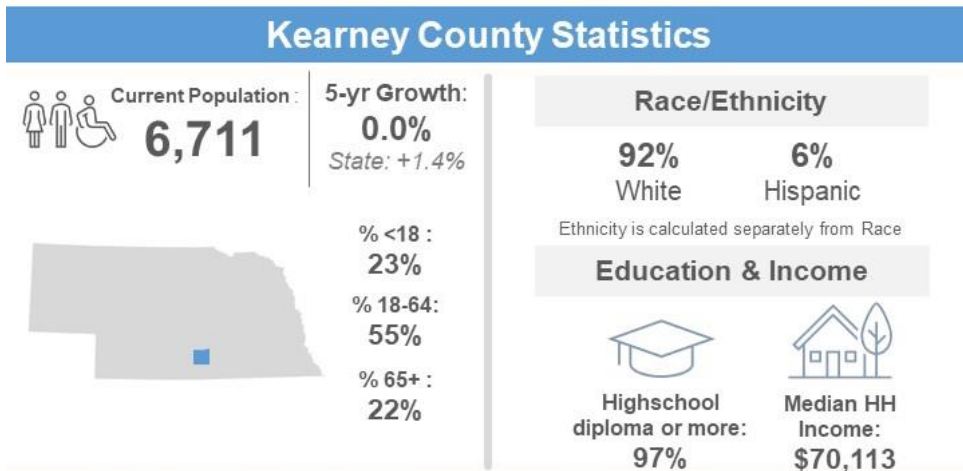


Answer Choices	Responses	
Yes, the data accurately reflects my community today	83.70%	77
No, the data does not reflect my community today	16.30%	15
	Answered	92
	Skipped	41

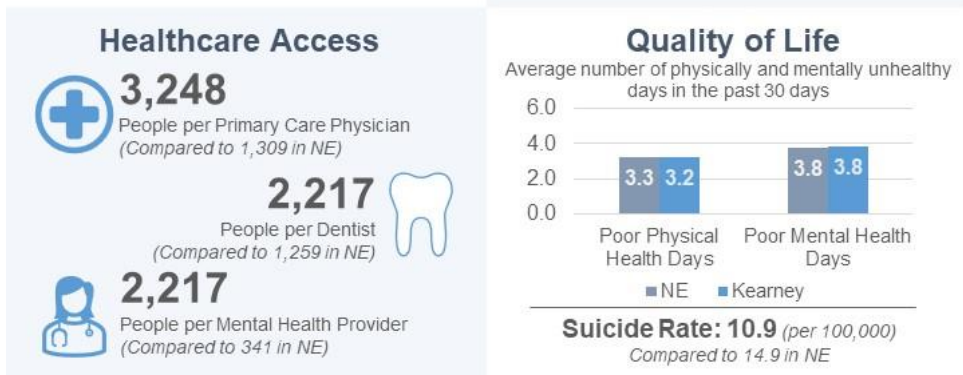
Comments:

- They are just statistics! The over all health of the community I believe has improved. We are having more new people move into our community including different races and ethnicity.
- I believe the adult obesity number is higher than 37% and that children in single-parent households is higher than 10%.
- Unemployment rate is less than 1.7% can't find employees.
- I don't know if this reflects the community
- Need more healthcare primary providers as it is hard to get in quickly. Holdrege has lost many good providers and not replaced with good providers
- Income level is pretty high. Also think more Hispanic.
- Overall yes, the mental health areas do not accurately show what this looks like for our community. They are significantly below the actual numbers.
- I feel like the mental health within the community has decreased and the Quality of Life days with poor mental health should be higher across the whole state depending on the definitions of a "poor physical or mental health day".
- Portions of the county have experienced positive population growth during the past census period and future planned expansions could stimulate more rapid growth county-wide.

Q7: Do you believe the above data accurately reflects your community today?

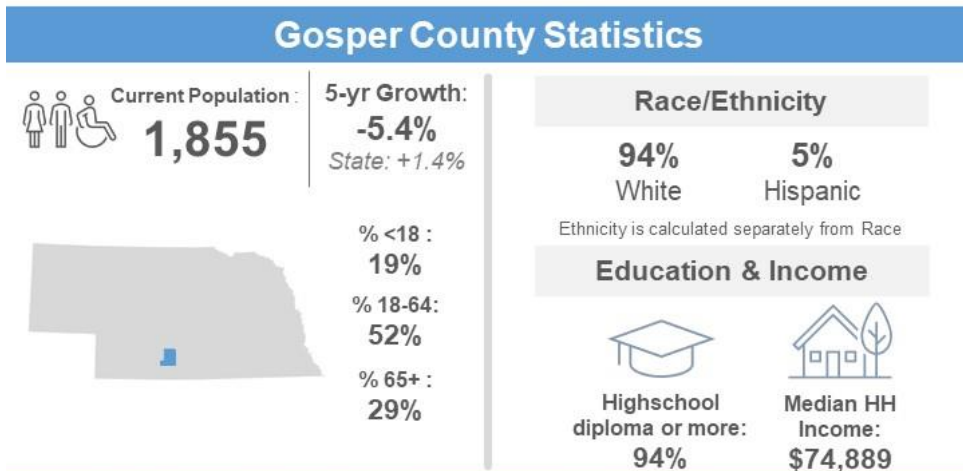


Factors that influence the health of the community

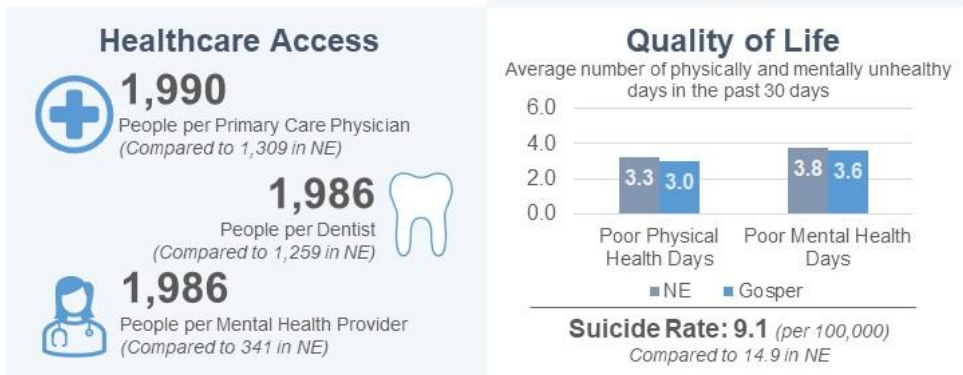


Answer Choices	Responses	
Yes, the data accurately reflects my community today	100.00%	5
No, the data does not reflect my community today	0.00%	0
	Answered	5
	Skipped	128

Q8: Do you believe the above data accurately reflects your community today?



Factors that influence the health of the community



Answer Choices	Responses	
Yes, the data accurately reflects my community today	100.00%	3
No, the data does not reflect my community today	0.00%	0
	Answered	3
	Skipped	130

Q9: 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	0	8	25	74	107	4.62
Mental Health	1	3	10	26	67	107	4.45
Obesity	2	2	10	38	55	107	4.33
Heart Disease	0	0	18	38	50	106	4.30
Women's Health	0	0	15	46	46	107	4.29
Diabetes	0	2	21	30	54	107	4.27
Stroke	1	4	14	39	48	106	4.22
Drug/Substance Abuse	3	6	16	39	42	106	4.05
Alzheimer's and Dementia	3	2	22	44	36	107	4.01
Lung Disease	1	4	33	33	34	105	3.90
Kidney Disease	1	5	35	32	34	107	3.87
Dental	1	10	28	37	31	107	3.81
Liver Disease	2	7	37	30	31	107	3.76
Other (please specify)						5	
						Answered	107
						Skipped	26

Comments:

- Vaccine preventable diseases
- well care, nutrition, holistic care, non pharma
- Men's Health
- Fitness, wellness, preventive medicine.

Q10: 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
Access to Childcare	2	2	12	19	72	107	4.47
Affordable Housing	0	1	14	27	65	107	4.46
Healthcare Services: Affordability	0	0	17	27	63	107	4.43
Education System	1	3	15	33	55	107	4.29
Employment and Income	0	3	16	42	45	106	4.22
Healthcare Services: Physical Presence	1	4	20	32	50	107	4.18
Healthcare Services: Prevention	1	4	19	36	47	107	4.16
Access to Healthy Food	0	6	22	39	40	107	4.06
Access to Senior Services	0	6	25	39	37	107	4.00
Community Safety	0	10	24	39	34	107	3.91
Access to Exercise/Recreation	0	5	33	37	32	107	3.90
Social Connections	1	10	33	52	11	107	3.58
Transportation	5	10	42	36	14	107	3.41
Other (please specify)						2	
						Answered	107
						Skipped	26

Comments:

- There are other businesses that offer much of this
- Need health care on weekends only option is to go to Kearney

Q11: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Diet	0	2	19	48	39	107	4.01
Livable Wage	1	4	27	36	28	107	3.87
Physical Inactivity	2	8	20	49	33	107	3.59
Smoking/Vaping/Tobacco Use	14	9	17	34	29	107	3.50
Excess Drinking	13	11	21	33	11	107	3.06
Risky Sexual Behavior	17	16	29	34	13	40	3.78
Other (please specify)						2	
						Answered	107
						Skipped	26

Comments:

- Drug use

Q12: Which groups would you consider to have the greatest health needs in your community? (please select all that apply)

Answer Choices	Responses	
Low-income groups	65.71%	69
Older adults	56.19%	59
Children	42.86%	45
Individuals requiring additional healthcare support	40.95%	43
Women	31.43%	33
Residents of rural areas	30.48%	32
Racial and ethnic minority groups	14.29%	15
LGBTQ+	3.81%	4
	Answered	105
	Skipped	28

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

- We don't have a pediatrician in town to help out with children. We have several family doctors which are good; but not specialized.
- Older adults need providers that take time & listen. We also need quality living solutions for seniors. Long term care is not adequate with shared rooms, few activities and dismal food.
- Access to services in a first language ability, additional preventative education AND access to services
- Access to specialists that have knowledge of specialized diseases and finding out what the cause is behind the I'll was rather than treating the symptoms every time
- I feel it's the two income families that are struggling but do not get any breaks. They put off healthcare or trips to the dr because insurance doesn't cover enough and it's a lot out of pocket but they make too much to qualify for anything
- Easy pay options, grants.
- No meal delivery in rural area Caregivers for older population to stay in own home.
- Medicare help understanding of programs and policies. Longer primary care hours. School physical days.
- PMHC is closest health facility but also way more expensive than others
- Able to afford

- Women's health, lactation, postpartum recovery and support, pelvic floor
- People who have health Insurance with incredibly high deductibles are in need of affordable healthcare services. Low income groups typically qualify for some type of health insurance like Medicaid those needs are already being met.
- Education on preventative healthcare and routine visits. Women's health, sports medicine, heart health, diabetes, cancer,
- Mental Health needs across the board
- Children: access and affordability, especially when in a one-parent household who has to work. Care outside of typical hours. Low income: knowing payment and affordability options. Women: information for medical staff on women's different needs. LGBTQ+ and teens: access to medical care without judgment. Mental health needs, again, without judgment.
- Access to services, especially mental health.
- Access to nutritious foods. Processed foods are the primary goods for these age groups and they are very detrimental to their health

Q13: Please share comments or observations about the actions PMHC has taken to address Cancer.

- The new infusion center is great
- Strong specialists coming to town and screening with upcoming addition of breast MRI etc
- I believe they have a good group working with those battling cancer.
- None
- The oncology department is a great addition to PMHC
- Opening and expanding the oncology center
- Not aware of action taken
- PMHC truly cares about their cancer patients. They care for them and most importantly, support them. The bell ringing they do when each cancer survivor completes treatment reflects that and I'm thankful to have a hospital like PMHC in my community.
- Good opportunities for survivors to participate.
- Oncologist being available locally. Specialty clinic.
- PMHC has incorporated a full time nurse practitioner. Then several cancer physicians to help with this need.
- You've got an infusion center now. That has to make treatment easier.
- More preventative screenings for cancer would be a terrific value added-specifically focusing on education and access for lower income
- Has established oncology provider in the community and services associated.
- Added cancer treatment area to Hospital but we still need more Doctor's to choose from.
- Nice they opened a center center
- Brought in oncology
- Oncology services in the community
- Great oncology chemo staff
- responsive to needs
- Improved awareness through events or campaigns
- new cancer treatment options now available
- could publicize/make accessible cancer screenings such as mammograms for ALL women
- Offered additional oncology services - this has been a great asset to the community
- Continuous growth in oncology services provided. Some community education on prevention and screening for early detection. Free colon cancer screening tests
- Phelps has an amazing cancer center and has brought excellent providers in to continue the top case available in the state
- PMHC has a great cancer center and offers programs throughout the year. Maybe more emphasis on education as opposed to celebrations when it comes to addressing cancer
- like that has chemo available here
- Providers flown in not always present

- We have personal experience with oncology. We have had top notch care. Dr Ehresman, Dr. Berney, Dr Zahoor, Stacy Van Boing they are compassionate, knowledgeable and caring providers. Lindsey Burke, Kim Roemmich, Laurie Hohman and Sharon are just as compassionate, knowledgeable and caring. It has been a blessing that we can get good quality care 7 miles from our home. The hospital is clean and you have some of the best providers in the area. It was also great that he could go in the clinic on a Saturday be put in the hospital in minutes and get all the tests he needed right there. Now the things I think need improvement is I know with the nurse shortage you pull nurses to work other areas but as having this as my journey since April and listening to my husband and other patients, you should provide them with consistent care providers. They are scared and confused, so when they walk in and see the same face it is comforting. I think a class for family, friends and public educating them on how to react to cancer patients, what to expect and resources there are would be a blessing. It would help with people that ghost their friend or family member due to not knowing what to say or do. It also would help with anxiety of family and friends as they navigate this new journey. Your employees could also benefit from a class on caring for cancer patients, for the most part it was a good experience but we were told the horrible life changing news while he was hospitalized there and were in total shock and that day we had a bad experience with an aid because she assumed he knew he had high sugar and he did not it was brought on by the meds. So less than compassionate things were said. The next thing is the snacks are a blessing but need more tailored to what a chemo patient would eat. Survey them. A fountain pop machine would be handy downstairs and the nurses would not have to spend their precious time stocking fridges. You have the phone ports in the outlets but need long cords as a lot of patients are there a long time. Also having a couple sets of blue tooth head phones so other patients can listen to their phones without disturbing others. Noise canceling headphones would help because sitting with a group and hearing others talk about the horrible news they got is hard. It would help those that need to sleep. I also think you need an entrance that does not lead through your clinic, their immune system is not good. We have walked by an individual puking. I also think the placement of the new pharmacy is not good. People that are sick will be going down there to get their meds. I also think all the infusion people that are not cancer patients should be taking to a room instead of around the cancer patients. We will forever be grateful for the care we have received but thought a few observations from someone who has been there three times a week would be helpful. I think if you tailored a survey to oncology on paper and had them available down there you would learn a lot. Thank you for caring enough to keep fighting to bring high quality care to central Nebraska.
- We have a great and accessible cancer program
- Infusion center, Stacey is 5 star
- Built the oncology department and provides local care to cancer patients
- The oncology clinic is fantastic and accessible to staff. Drug prices is not on the facility, but is something to advocate for.
- The clinic converted to an oncology clinic is very impressive.

Q14: Please share comments or observations about the actions PMHC has taken to address Heart Disease.

- I think more affordable testing for women in their senior years
- Strong cardiac rehab program. Cath lab
- Unknown
- Having cardiology in place and locally available
- Not aware of action taken
- You have many heart specialist that come to the hospital on a regular basis.
- PMHC provides a strong Heart Disease component-more prevention-healthy eating and physical activity would be beneficial to prevent heart disease rather than treat it.
- Has cardiology providers coming into the community. Working to build and open cath lab.
- Haven't seen much of anything on this.
- They promote heart month well
- Unknown
- Cardiac rehab and cardiologist at the hospital almost daily
- Cardiology services offered; cath lab being developed
- We have cardiac rehab program
- Phelps has multiple cardiac groups that come to town for patients to have access and choice of providers
- PMHC is very supportive of programs in the community
- Cardiac rehab, cath lab
- Cardiac rehab. Outreach clinic from Bryan
- Education pieces have been advertised.
- responsive to needs
- Improved awareness through events or campaigns
- community education. advancing cardiology services

Q15: Please share comments or observations about the actions PMHC has taken to address Mental Health.

- More affordable for younger people
- Not aware of action taken
- I'm not sure what you have done to address this issue. I think it is very important and maybe you have fallen short on this issue!
- Mental health care is hard. Most is beyond the scope of family practice. The existing hospitals that have care - Lanning, Richard Young and NP make new patients wait months for an appt. There are no mental health services for people in crisis on the weekends or evenings. It is awful to have no options for help.
- This is an area needing more attention-more collaborative work could be completed. We would love to engage more in this area.
- No, significant changes. Need more mental health providers.
- I would like to see more of this, especially in kids. Drop the stigma around it and have more support for those with mental health and put that first beyond what others think. I have done this for my son. His mental and physical well being trumps everyone else's bad opinion.
- Unknown
- Not sure
- Could use improvement. Little tangible progress since 2019.
- We have telemed
- There are limited to no mental health avenues
- Don't see much here. Throughout Nebraska mental health is a challenge
- None, the entire state is in need of mental health care
- I think local mental health services is something that could be improved upon.
- I have seen some education pieces, it would be great to have telehealth or additional access to mental health providers without traveling large distances.
- responsive to needs
- They have addressed individuals on a one basis and attempted to get a hold of the right agencies
- I'm not aware that PMHC has done anything to address mental health concerns or improve access to mental health care in the community
- This is still a huge need. I haven't been aware of any steps PMHC has taken to address this.
- Not sure, access is very limited in this area to mental health practitioners

Q16: Please share comments or observations about the actions PMHC has taken to address Accessibility/Affordability.

- The new billing system does not allow you to talk to a local person - the billing company does not know anything other than dollar amounts
- Ongoing funds for those in need of assistance
- PMHC charges for services are much higher than surrounding Healthcare facilities.
- Still losing too many patients to Kearney or other surrounding places due to financial strains
- Not aware of action taken
- Additional support towards free or reduced cost clinical care would be supported.
- Need health care on weekends other than ER at the Hospital.
- Bring in more doctors. The wait time to see your primary physician is outrageous. Then most times you can't get in to see your primary when needed because they are so booked and have to explain all the complicated symptoms of the disease and background to someone new each time.
- They have people to help with programs and get them on medicaid
- Could use improvement. Little tangible progress since 2019. Healthcare costs in general are too high at PMHC.
- Provides access to primary care and specialists
- The new PMG clinic is a great addition.
- I was unaware of "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." I applaud the available assistance. I believe routine procedures (scans, scopes, tests, etc.) should have more transparent pricing and be priced competitively with other area providers.
- Affordability is a major concern for the working poor in our community. People who are not on public assistance but can't afford insurance or to pay for good health care
- None to my knowledge
- Foundation assists with patients getting access to health care

Q17: Please share comments or observations about the actions PMHC has taken to address Diabetes.

- I think programs on prevention are great
- They have a good, helpful counseling program. Would highly recommend.
- Having a diabetic educator/program
- Not aware of action taken
- You have a wonderful cafeteria. The options are varied and would work for a lot of diets. You have a strong diabetic program.
- I'm unclear of current actions in this area-would love to collaborate more.
- diabetic educator and nutritionist available
- I see posts about diabetes and health management on Facebook from the dieticians
- education and nutritionist
- Working as a healthcare community to improve diabetes control.
- We provide nutritional counseling.
- Phelps needs an endocrinologist desperately. They had a great APRN that knew diabetes inside and out and let her go.
- There are programs offered at Phelps Memorial for this
- You have a great diabetic educator
- having a person to help with diet
- Diabetic education and primary care
- There are many in our community and surrounding areas that could really benefit from a local dialysis center so they didn't have to travel so far

Q18: Please share comments or observations about the actions PMHC has taken to address Obesity/Overweight.

- Working with nutritionists and YMCA
- I guess you have a program in place to address obesity and overweight. Even though it's not very available.
- More baseline data from school BMI, etc. would be useful to understand in current work aligns with evidence based practices.
- Partner with YMCA
- Needs to have more done.
- Sponsorships at health related activities
- Working as a healthcare community to improve obesity control.
- Partner with YMCA for events to address physical activity

- There are not many wellness programs available at a reasonable cost to the community. The YMCA is too expensive for an average family.
- Would be great to provide some education vs. diet and exercise. Some health conditions are not responsive to only these things, and hormones need to be looked at as well.
- Have not seen it as a focus

Q19: Overall, how much has the COVID-19 pandemic affected you and your household?

Answer Choices	Responses	
Some impact, does not change daily behavior	48.91%	45
Noticeable impact, planning for changes to daily behavior	19.57%	18
No impact, no change	18.48%	17
Significant daily disruption, reduced access	10.87%	10
Severe daily disruption, immediate needs unmet	2.17%	2
	Answered	92
	Skipped	41

Q20: What has been negatively impacted by the COVID-19 pandemic in your community? (Please select all that apply)

Answer Choices	Responses	
Employment	57.14%	48
Childcare	40.48%	34
Social support systems	39.29%	33
Education	33.33%	28
Housing	23.81%	20
Access to healthcare services	22.62%	19
Food security	19.05%	16
Poverty	14.29%	12
Other (please specify)	14.29%	12
Nutrition	9.52%	8
Public safety	8.33%	7
Transportation	5.95%	5
Racial and cultural disparities	4.76%	4
	Answered	84
	Skipped	49

Q21: Have you or your family delayed using any of the following healthcare services during the COVID-19 pandemic? (Please select all that apply)

Answer Choices	Responses	
Primary care (routine visits, preventative visits, screenings)	28.26%	26
Elective care (planned in advance opposed to emergency treatment)	22.83%	21
All types of healthcare services	13.04%	12
Specialty care (care and treatment of a specific health condition that require a specialist)	10.87%	10
Inpatient hospital care (care of patients whose condition requires admission to a hospital)	8.70%	8
Urgent care/Walk-in clinics	7.61%	7
Emergency care (medical services required for immediate diagnosis and treatment of medical condition)	3.26%	3
None of the above	53.26%	49
Other (please specify)	3.26%	3
	Answered	92
	Skipped	41

Comments:

- Unless we need to do something I hate to expose us, especially in a doctors waiting room while waiting hours at a time and nobody is wearing a mask.
- Dental and Eye appointments

Q22: How can healthcare providers continue to support the community through the challenges of COVID-19? (please select all that apply)

Answer Choices	Responses	
Serving as a trusted source of information and education	76.19%	64
Offering alternatives to in-person healthcare visits	44.05%	37
Connecting with patients through digital communication channels (e.g., patient portal, social media, etc.)	36.90%	31
Posting enhanced safety measures and process changes to prepare for your upcoming appointment	32.14%	27
Sharing local patient and healthcare providers stories and successes with the community	15.48%	13
Other (please specify)	16.67%	14
	Answered	84
	Skipped	49

Comments:

- There needs to be waiting rooms for sick patients separated from well patient appointments
- Provide reasonable time to return phone calls, such as within 24-48 hours
- Current treatment/vaccines available
- No idea.
- Partnering on COVID vaccinations
- they shouldn't have lied about it, honesty is the best policy
- Stop playing the game for money. Stop wearing masks, they have never isolated a c19 virus. Until I see doctors step up and fight this, they are not getting my money
- I love the way PMHC has done to help with the Covid-19 pandemic. I felt that the leadership did a great job navigating the Covid-19 pandemic.
- LEARN to serve as a trusted source of information and education...do not just agree with what CDC or the AMA is pushing down the throats of some very smart Doctors and Scientists.
- Push the local health officials to let it go and remove masks and PPE.
- be realistic
- Avoid group-think and encourage personal responsibility
- teaching people to improve their immune systems so they can fight viruses that are not going away

- Provide information to the public about long COVID and the impact it has on people. Possibly start a support group for those struggling with the health challenges of long COVID.

Q23: What healthcare services/programs will be most important to supporting community health as we move into the future? (please select all that apply)

Answer Choices	Responses	
Mental health	67.74%	63
Urgent care/Walk-in clinics	64.52%	60
Primary care	61.29%	57
Specialty care	44.09%	41
Pediatrics/children's health	43.01%	40
Elder/senior care	40.86%	38
Women's health	35.48%	33
Chronic disease management programming	35.48%	33
Emergency care	31.18%	29
Substance abuse services	24.73%	23
Other (please specify)	6.45%	6
	Answered	93
	Skipped	40

Comments:

- Communicable Disease/Infection Treatment
- Having a first care clinic open for people to use and not drive to Kearney
- holistic, no body trusts big pharma anymore
- focus on disease prevention

Q24: COVID-19 has led to an increase in virtual and at-home healthcare options, including telemedicine, telephone visits, remote monitoring, etc. What alternative care options do you believe would benefit the community most? (please select all that apply)

Answer Choices	Responses	
Video visits with a healthcare provider	56.10%	46
Smartphone app to communicate with a healthcare provider	50.00%	41
Patient portal feature of your electronic medical record to communicate with a healthcare provider	39.02%	32
Telephone visits with a healthcare provider	36.59%	30
Remote monitoring technologies to manage chronic diseases (e.g., wearable heart monitor, Bluetooth-enabled scale, Fitbit, etc.)	34.15%	28
Virtual triage/screening option before coming to clinic/hospital	30.49%	25
Other (please specify)	10.98%	9
	Answered	82
	Skipped	51

Comments:

- In person visits
- App would be awesome
- In clinic visits are way more important than any type of remote tele-health or anything else.
- Patients with direct access to providers via portal or app may overwhelm them
- Speaking to actual provider instead of the nurse
- Online appointment schedule/drug refills/tech available to patients without computer access / Community forums
- Believe in person offers best assistance

Q25: Please share resources and solutions that would support you and the community during the COVID-19 pandemic and in the future.

- Being informed through social media.
- There should be someplace that would tell us when the newest Covid booster is available.
- Would like additional information on updates to CHA/CHIP on a more routine basis, more public facing promotion of this information would be good also.
- Teaching everyone that wearing a mask will still benefit some people and their families especially is they live with someone who is immune compromised. Telehealth, not waiting in a crowded waiting room with sick people and no masks, have primary physicians block out a few slots each day for call ins.
- Continuing the PSA of disease process within the community and items that are being addressed to combat the situation
- More education on the safety and efficacy of covid vaccines as there is quite a lot of hesitancy among people in the area, especially with vaccination rates of young adults and children
- Mental health coordinators
- Focus on getting the community metabolically healthy. 88% of Americans are metabolically unhealthy which was the #1 risk factor with Covid 19. Metabolic health comes with nutrition, exercise, and healthy environments.