



Thayer County Health Services

Community Health Needs Assessment

February 2014

Thayer County Health Services Community Health Needs Assessment

Message to the Community



February 2014

Dear Community Residents,

Improving the health of the community is the foundation of the mission of Thayer County Health Services and guides our planning and decision making. Thayer County Health Services is proud to present its 2013-2016 Community Health Needs Assessment (CHNA) Report. This report includes a comprehensive review and analysis of data regarding the health issues and needs of the service region of Thayer County Health Services, which encompasses Thayer and some parts of the surrounding counties.

This study was conducted to identify the health needs and issues of the region and to provide useful information to public health and health care providers, policy makers, collaborative groups, social service agencies, community groups and organizations, churches, businesses, and consumers who are interested in improving the health status of the community and region. The results enable the hospital, district health department and other providers to more strategically establish priorities, develop interventions and commit resources to improve the health status of the region.

Improving the health of the community should be an important focus for everyone in the service area, individually and collectively. In addition to the education, patient care and program interventions provided through the hospital, we hope the information in this study will encourage additional activities and collaborative efforts to improve the health status of the community, and be a useful community resource.

Respectfully Yours,

Michael Burcham

Michael Burcham
CEO

Thayer County Health Services Community Health Needs Assessment

Table of Contents

TCHS Mission, Vision and Value Statements	Page 4
Overview.....	Page 5
Methodology.....	Page 6
Demographics	Page 10
County Health Rankings.....	Page 13
Community Perception Survey Results.....	Page 15
Access to Care	Page 18
Chronic Disease.....	Page 19
Healthy Environment	Page 21
Mental and Behavioral Health.....	Page 22
Action Plan.....	Page 24
Appendix A.....	Page 26
Appendix B.....	Page 27

Thayer County Health Services Community Health Needs Assessment

The Mission and Vision of Thayer County Health Services



Our Mission

Together with the citizens of Thayer County, we shall work to improve the health of our region by providing high quality, compassionate health-care close to home.

Our Vision

Through innovation, technology, sound business practices, and a caring, holistic approach, we will be the values-driven provider of choice for comprehensive community healthcare and wellness to all who seek our services.

Our Values

- Concern...for the total well-being of everyone in our community and ourselves
- Compassion...from each of us toward those we serve
- Respect...for the dignity of each other and our patients
- Professionalism...in all that we do
- Teamwork...knowing that all of us are stronger than each of us
- Laughter...our work should be fun, we shouldn't be afraid to laugh at ourselves and with our patients
- Stewardship...of the public resources with which we are entrusted

Executive Summary

The Community Health Needs Assessment (CHNA) and planning process is a significant step toward meeting the goal and mission of Thayer County Health Services to improve the health of the region. This initiative brought the hospitals, public health and other community leaders together in a collaborative approach to:

- Engage local stakeholders
- Generate knowledge that will lead to collaborative action
- Identify data that would be useful for policy and advocacy work
- Assess community needs and assets
- Develop a community dissemination plan
- Provide on-going tracking and monitoring

We believe that the social determinants of health refer to factors and resources that are essential to the health of communities and individuals. These include income, shelter, education, access to nutritious food, community norms and cohesion. They are the circumstances in which people are born, grow up, live, and work, as well as the resources available to support their health and help them deal effectively with illness and disease. These social health determinants can be described in terms of factors threatening health, promoting health and protecting health.

From the perspective of a Community Health Needs Assessment, the social determinants of health provide a lens through which to view different populations and communities in

Thayer County Health Services Community Health Needs Assessment

terms of which community conditions are most important and which are the most limiting for population health.

The goals of this CHNA are:

- To provide a baseline measure of key health indicators
- To inform health policy and health strategies
- To provide a platform for collaboration among community groups including schools, businesses, policy makers, and others to impact current health status
- To act as a resource for individuals, agencies, and institutions looking to identify community health needs and priorities
- To establish benchmarks and monitor trends in health status of community residents
- To assist with community benefit requirements as outlined in the PPACA

The information included in the CHNA provides the foundation upon which community health programs and interventions can be targeted, developed, and evaluated with the ultimate goal of improving the health of the community and its members.

Overview

The Patient Protection and Affordable Care Act (PPACA) created a new IRS Code which imposes additional requirements on tax-exempt hospitals. Specifically, hospitals must complete a Community Health Needs Assessment (CHNA) at least once every three years. The CHNA must include input from persons who represent the broad interest of the community with input from persons having public health knowledge or expertise. They then must make the assessment widely available to the public and adopt a written implementation strategy to address identified community needs.

The 2013-2014 Thayer County Health Services Community Health Needs Assessment (CHNA) was conducted to identify primary health issues, current health status and needs and to provide critical information to those in a position to make a positive impact on the health of the region's residents. The results enable community members to more strategically establish priorities, develop interventions and direct resources to improve the health of people living in the community.

To assist with the CHNA process, TCHS retained Midwest Health Consultants, Inc., a planning and consulting firm with long history of working with rural hospitals, to facilitate the process. The planning for the assessment began in May 2013, following best practices as outlined by the Association of Community Health Improvement, a division of the American Hospital Association in their CHNA Toolkit. The process was also designed to ensure that the report meets the requirements in the latest draft IRS 990 guidelines.



Secondary data on disease incidence and mortality as well as behavioral risk factors were gathered from numerous sources including the Nebraska Department of Health, Public Health Solutions, County Health Rankings, and the Centers for Disease Control as well as the Healthy People 2020 website. Data was collected for the hospital's service area

Thayer County Health Services Community Health Needs Assessment

encompassing Thayer and the surrounding counties based on zip code. Hospital utilization data was included from the Thayer County Health Services patient records as well as information from the Nebraska Hospital Association's hospital information system.

Primary data collected specifically for this study included a community health perception survey mailed out to a random sampling of all residents in the TCHS service area in June/July 2013. The survey represented the needs and interests of various community groups and sub-populations.

Our Methodology

A community health needs assessment is a systematic process that involves the community to identify and analyze community health needs and assets. The process also involves prioritizing needs and laying the groundwork for action to address unmet community health needs. In addition to satisfying regulatory requirements of the Affordable Care Act, needs assessments:

- provide access to timely input from the local community and providers;
- summarize secondary data related to health conditions and indicators;
- assemble information to guide decision making, marketing efforts, and the development of a strategic plan; and
- Encourage community engagement and local involvement that informs the future of health care delivery.



The community health needs assessment process develops a system that is better able to meet the needs of our communities while avoiding duplicative efforts and achieving economies of scale. This process supports the commitment of community agencies working together to achieve healthier communities. The Steering Committee met several times over the course of the project, both through conference calls as well as face to face meetings.

Qualitative and Quantitative Data Collection

In an effort to examine the health related needs of the residents of TCHS's service area, the Steering Committee and consulting team employed both qualitative and quantitative data collection and analysis methods. In addition, both primary and secondary data were collected.

Thayer County Health Services and their consulting team made significant efforts to ensure that all areas of the county, all socio-demographic groups and all underrepresented populations were included in the study. This was accomplished by conducting a community wide survey. To understand the needs of key demographic groups, the Steering Committee identified stakeholders that represented various subgroups and under-represented populations in the community/region.

Thayer County Health Services Community Health Needs Assessment

Step 1: Identified a Community Health Leaders Group

TCHS selected a small group of leaders (3-5 people) as the steering committee to guide the CHNA process. The Community Health Leaders Group identified the medical service area of the hospital, selected members for the community advisory committee, prepared materials (or had them prepared) for the community meetings, and assisted in facilitating the meetings. Over the course of two meetings, the community advisory committee reviewed data and information to identify and prioritize health needs of the community. The community advisory committee included 15 to 20 individuals who are viewed as community leaders representing the broad interests of the community across varying sectors (e.g., education, health, business, agriculture, faith). The group included person(s) with special knowledge of or expertise in public health (Public Health Solutions) as well as leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs.

Step 2: Collect and review community health data

While organizing and planning for the community advisory committee, the Consultant began to compile secondary data to share with the community advisory committee to help inform its analysis and decisions. Public Health Solutions, the district health department was instrumental in providing the sources of data. Sources for secondary data included the U.S. Census Bureau, County Health Rankings, and the Nebraska Department of Health. Typical secondary data related to the hospital's service area included demographic information (such as population trends, age, poverty rates, educational attainment), the prevalence of health conditions and diseases, levels of insurance and other factors affecting access to care, clinical care measures, environmental factors, causes of death, rates of preventive measures, and information about children's health.

Step 3: Convene the Community Health Advisory Committee for Meeting One

On the agenda for Meeting One of the community advisory committee:

- 1) Introductions
- 2) Overview of the process
- 3) Define the hospital's service area
- 4) Explain the hospital's services, facilities, and community benefits
- 5) Share demographic data
- 6) Explain the process for distribution of the survey to additional community members
- 7) Discuss next steps (next meeting, additional survey distribution)

Step 4: Administer Community Health Perception Survey

The Consultant distributed the community survey as widely as possible to area residents, taking care to make them available to different demographic groups, including lower income residents, medically underserved residents, minority residents, and residents with chronic health conditions. In this process, surveys are intended to be an additional tool for collecting qualitative information about community perceptions, not a method of collecting statistically valid data.

Thayer County Health Services Community Health Needs Assessment

Step 5: Collect and analyze survey data

In an effort to examine the health related needs of the residents of the service area and to meet all of the known guidelines and requirements of the IRS 990 standards that had been published to date, the consulting team employed both qualitative and quantitative data collection and analysis methods. The Community Health Advisory Committee members and consulting team made significant efforts to ensure that the entire primary service territory, all socio-demographic groups and all underrepresented populations were included in the study to the extent possible given the resource constraints of the project.



The secondary data collection process included demographic and socioeconomic data obtained from the US County Health Rankings, www.countyhealthrankings.org, Census Bureau (www.census.gov), disease incidence and prevalence data obtained from Public Health Solutions, the Nebraska Department of Health, BRFSS data collected and by the Centers for Disease Control, Healthy People 2020 goals from <http://www.healthypeople.gov/2020>, the US

Department of Agriculture, selected inpatient and outpatient utilization data on primary care sensitive conditions that were identified as ambulatory care sensitive conditions and indicators of appropriate access to health care were obtained from the Nebraska Hospital Information System for Thayer County Health Systems.

Step 6: Convene the community advisory committee for Meeting Two

On February 7, 2014, the Community Health Advisory Committee met to review all of the primary and secondary data collected through the needs assessment process and to discuss and identify key needs and issues that they felt were present in the community. The Community Health Advisory Committee prioritized the needs and issues in order to identify potential intervention strategies and an action plan. The meeting was facilitated by the Consultant.

Step 7: Draft Community Health Needs Assessment written report

Based on the decisions and recommendations of the Community advisory committee, draft a Community Health Needs Assessment written report.

Step 8: Draft Strategic Implementation

After completion of the needs assessment report, draft and adopt a strategic implementation that describes how the facility plans to meet the prioritized needs identified in the assessment.

Service Area Definition

The available information published by the IRS and American Hospital Association suggested that the service area selected for a CHNA study equal the geography from which 70% of the hospital discharges originate. This community health needs assessment was designed to collect disease incidence and prevalence data for the entire service area, and to focus the primary data collection efforts in the primary service area of Thayer County, Nebraska.

Thayer County Health Services Community Health Needs Assessment

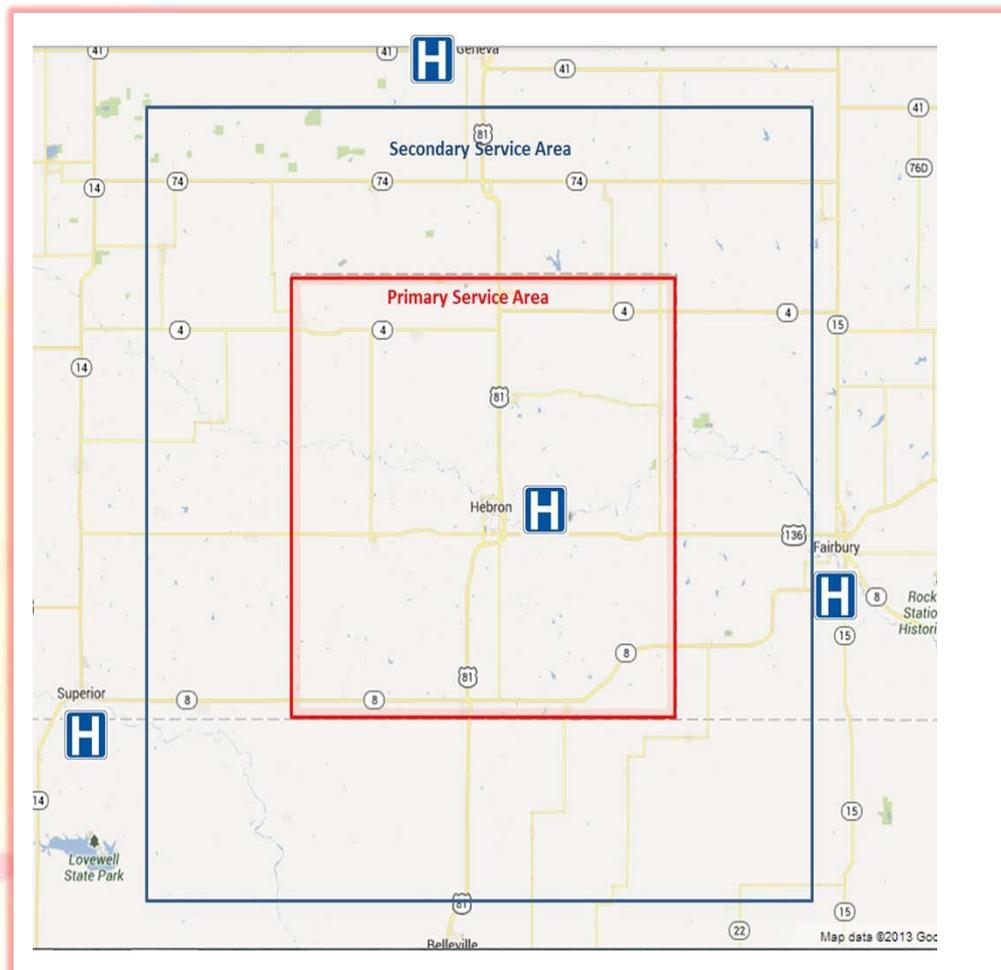
The primary service area for Thayer County Health Services includes the following zip codes:

68370	68303	68322
68326	68340	68325
68327	68375	68335
68315	68362	

The secondary service area includes parts of the following Nebraska counties: Fillmore, Jefferson, Nuckolls, Saline and Republic County in Kansas the secondary medical service area is comprised of zip codes:

68416	68436	68964
68974	68943	66964
66935	66959	66950
66955	68338	68453
68935	68352	

The 2010 Census population of the primary service area was 5,403 and the secondary service area the total population is 11,246. This yields a total population of 16,649 for both the primary and secondary service areas.



Thayer County Health Services Community Health Needs Assessment

General Findings

Demographics

The service area has declined in population since the 2000 census. The population of the previous two Decennial Censuses (2000 and 2010) recorded a decrease in population for Thayer County. The County's population decreased from 6,055, in 2000, to 5,228, in 2010, a decrease of 827, or 3.1 percent. Currently (2013), the population for the County is an estimated 5,163 and is expected to decrease an estimated 3.1 percent, or by 159, from 2013 to 2018.

The number of persons from 20 to 24 years of age changed from 171 in 2000 to 169 in 2011, a decline of 1.2 percent, and the number of people from 25 to 34 years of age decreased by 22.1 percent. People younger than 25 represented 26.3 percent of the population in 2011, while individuals aged 55 and over represented 41.6 percent of the population in Thayer County. This figure compared to statewide numbers of 35.0 percent of the population below the age of 25 and 25.7 percent aged 55 and older. The population of the service area is older and aging, with approximately 25.3% of the population currently over age 65.



According to the Nebraska Department of Education (DOE), the number of school-age children in Thayer County increased by 3.6 percent from 865 in 2011 to 896 in 2012. The number of school-age children 5 to 11 years of age increased from 418 in 2011 to 455 in 2012.

Economics

Manufacturing is the largest employer within Thayer County, followed by health care and social assistance, retail trade, finance and insurance and wholesale trade. The healthcare sector of Thayer County includes one hospital, two nursing care facilities, three community care facilities for the elderly, one home health services, one physician office, one optometrist office, and one pharmacy.

Labor Force

Labor force and employment statistics were derived from the Bureau of Labor Statistics (BLS) data. The labor force in Thayer County, defined as the number of people working or actively seeking work, increased from 2,831 in 2010 to 2,959 in 2011. The total number of people employed changed from 2,725 in 2010 to 2,863 in 2011. The unemployment rate for the county was 3.2 percent, compared to the state unemployment rate of 4.4 percent for 2011. Unemployment in the county experienced a change of 0.5 percentage points between 2010 and 2011.

Thayer County Health Services Community Health Needs Assessment

Employment and Personal Income

The Bureau of Economic Analysis (BEA) also measures employment, defined as the total number of full- and part-time jobs. In 2010, the most recent year for which county data are available, there were 3,459 jobs in Thayer County, an increase of 58 jobs since 2009. The average earnings per job in the county were \$39,523 in 2010, while average earnings per job in Nebraska and the U.S. were \$46,854 and \$53,285, respectively.

Total real personal income in 2010, comprising all wage and salary earnings, proprietorship income, dividends, interest, rents, and transfer payments, was \$207,280,000, a decline of 3.4percent between 2009 and 2010. Real per capita income was \$39,694 that same year; this compared with a statewide average real per capita income of \$40,287.

According to the Nebraska Department of Revenue (DOR), returns from taxpayers with adjusted gross incomes (AGIs) of less than \$10,000 decreased by 64.5 percent between 1991 and 2011. Returns from taxpayers with AGIs of \$10,001 to \$25,000 decreased by 51.3 percent over the period. On the other hand, returns for AGIs of \$100,000 or more increased by 941.7percent over the period.

Poverty is the condition of having insufficient resources or income. In its extreme form, poverty is a lack of basic human needs, such as adequate and healthy food, clothing, housing, water, and health services. The U.S. Census Bureau measures annual incomes compared to 48 income thresholds that vary by family size and age of members to determine poverty status. If a family's total income is less than the threshold for households of its size, then that family, and every individual in it, is considered poor. According to the Census Bureau's Small Area Income and Poverty Estimates Program, the number of individuals in poverty decreased from 729 in 1998 to 563 in 2011, with the poverty rate reaching 11.3percent in 2011. This compared to a state poverty rate of 12.9 percent and a national rate of 15.9 percent in 2011

Housing



The Census Bureau estimates that the total number of housing units decreased by 4.1 percent in Thayer County between 2000 and 2011, from 2,828 to 2,711. This compared to an estimated 10.9 percent increase statewide. In regard to the current condition of residential dwellings, of the same 541 single-family homes built before 1930, 12.4 percent of the homes were worn out or badly worn, and 86.0 percent

were in average condition. Between 1999 and 2011, the average price of an existing single-family home changed from \$31,763 to \$48,897, a total increase of 53.9 percent.

Single-family home prices from the PAD database also indicated a general increase in average home prices and average floor area for newer homes. The average home price for single-family homes in Thayer County ranged from \$25,097 for homes built before 1930 to \$173,944 for homes built from 2001 to 2011.

Thayer County Health Services Community Health Needs Assessment

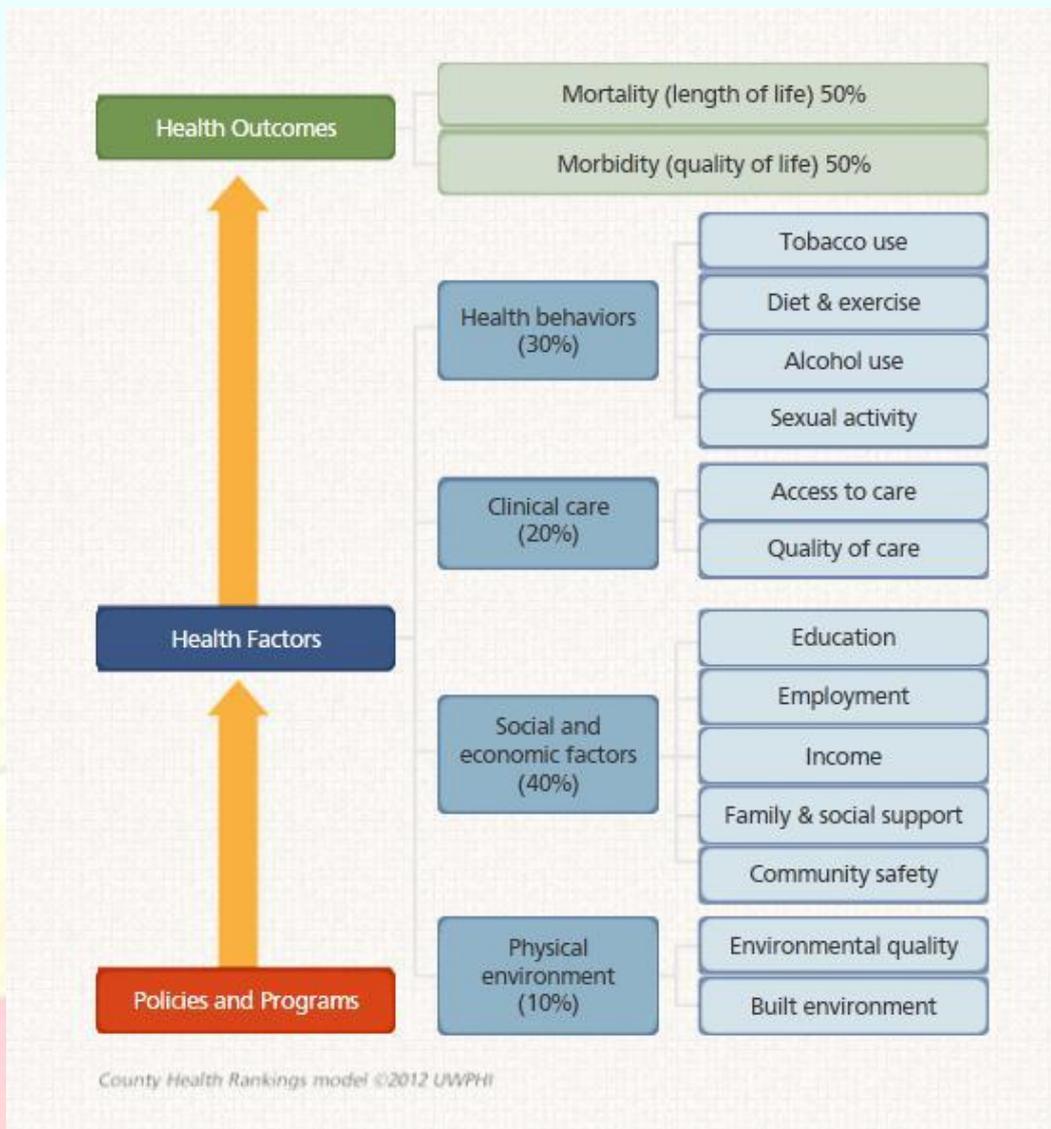
Demographics	Thayer County	Nebraska	Variance From State
Population	5,160	1,842,641	NA
% below 18 years of age	21%	25%	↓
% 65 and older	26%	14%	↑
% Non-Hispanic African American	0%	4%	↓
% American Indian and Alaskan Native	0%	1%	↓
% Asian	0%	2%	↓
% Native Hawaiian/Other Pacific Islander	0%	0%	↓
% Hispanic	2%	9%	↓
% Non-Hispanic white	97%	82%	↑
% not proficient in English	0%	3%	↓
% Females	51%	50%	↑
% Rural	100%	27%	↑
Health Outcomes			
Diabetes	11%	8%	↑
Premature age-adjusted mortality	376	308	↑
Health Care			
Mental health providers		3,118:1	↓
Health care costs	\$8,142	\$8,742	↓
Uninsured adults	17%	17%	→
Uninsured children	8%	6%	↑
Could not see doctor due to cost	8%	10%	↓
Social & Economic Factors			
Median household income	\$44,818	\$50,281	↓
High housing costs	19%	27%	↓
Children eligible for free lunch	24%	34%	↓
Physical Environment			
Commuting alone	78%	80%	↓
Access to parks	25%	51%	↓

Thayer County Health Services Community Health Needs Assessment

County Health Rankings

The County Health Rankings rank the health of nearly every county in the nation and show that much of what affects health occurs outside of the doctor's office. Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the Rankings help counties understand what influences how healthy residents are and how long they will live.

The Rankings confirm the critical role that factors such as education, jobs, income, and environment play in influencing health. The Rankings look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity and teen births. The Rankings, based on the latest data publically available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health.



Thayer County Health Services Community Health Needs Assessment

County Health Rankings	Nebraska	Thayer	Variance From State	Healthy People 2020
Premature death	5,904	9,119	↑	
Poor or fair health	12%	12%	→	
Poor physical health days	2.9	3.1	↑	
Poor mental health days	2.7	2.4	↓	
Low birth weight	7.1%	9.7%	↑	
Health Factors				
Adult smoking	18%	13%	↓	
Adult obesity	29%	29%	→	30.5%
Physical inactivity	25%	31%	↑	32.6%
Excessive drinking	19%	19%	→	
Sexually transmitted infections	280	38	↓	
Clinical Care				
Uninsured	13%	14%	↑	0%
Primary care physicians	1,413:1	1,306:1	↓	
Dentists	1,671:1	2,689:1	↓	94.5%
Preventable hospital stays	65	60	↓	
Diabetic screening	85%	90%	↑	
Mammography screening	65%	65%	→	
Social & Economic Factors				
High school graduation	88%	92%	↑	
Some college	69%	70%	↑	
Unemployment	4.4%	3.2%	↓	
Children in poverty	18%	16%	↓	
Inadequate social support	17%	18%	↑	
Violent crime rate	291	46	↓	
Physical Environment				
Drinking water safety	11%	15%	↑	
Limited access to healthy foods	7%	9%	↑	
Fast food restaurants	48%	11%	↓	

Thayer County Health Services Community Health Needs Assessment

Community Perception Survey Results

The Community Perception Survey was conducted with the residents of the TCHS service area in July and August of 2013 by Midwest Health Consultants, Inc. A random sampling of households was mailed a survey which included an invitation letter and a postage paid return envelope. Paper surveys were mailed directly to Midwest Health Consultants, Inc for data entry.

The size of the respondent group in this data set is adequate. At the time the report was written, 279 community members had responded to the survey. The margin of error for all respondents answering the survey questions is approximately plus or minus 2.8%. The representative nature of the survey results was generally very good with a cross section of ages and a 49-51% split of male and female respondents, respectively.

All Respondents combined Community Perception Survey participants were asked to rate the health status of the community. Survey participants were also asked to rate the extent to which a list of community needs were a problem in their local community. The items were rated on a 5 point scale where 5=Very Serious Problem, 4=Serious Problem, 3=Somewhat of a Problem, 2=Small Problem, 1=Not a Problem.

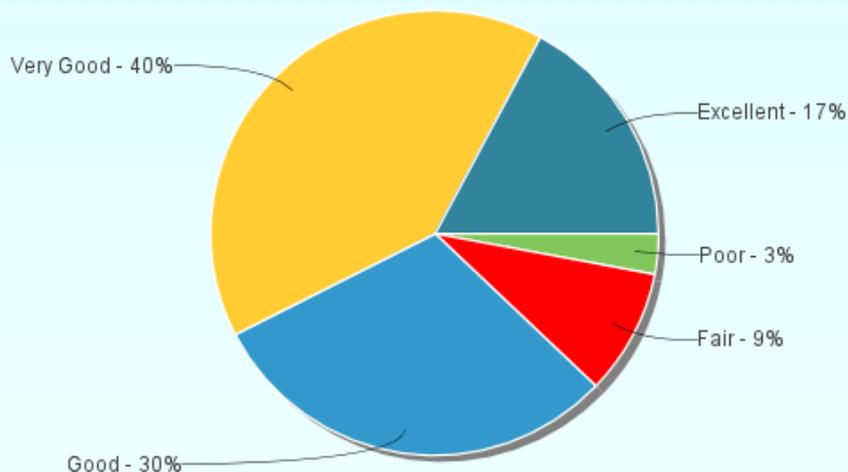


Participants were asked to explain why they rated the health of the community the way they did. Positive comments included: access to health care services; no one is turned down, it is the older population who is probably more likely to get health care, seniors are well taken care and there are a lot of providers in immediate area. There is also a perception that providers in the area are very caring.

There were a number of reasons given for rating the health status of the community fair or poor. Reasons included: overall drug and alcohol use and abuse, poor economic status of the community, disengaged parents – single parents working multiple jobs, limited access to get to places, lack of awareness of what is available, people do not seek help for their health until there is a problem, people cannot afford health insurance/do not have health insurance, lack of dentists in community and transportation is a problem for elderly.

Thayer County Health Services Community Health Needs Assessment

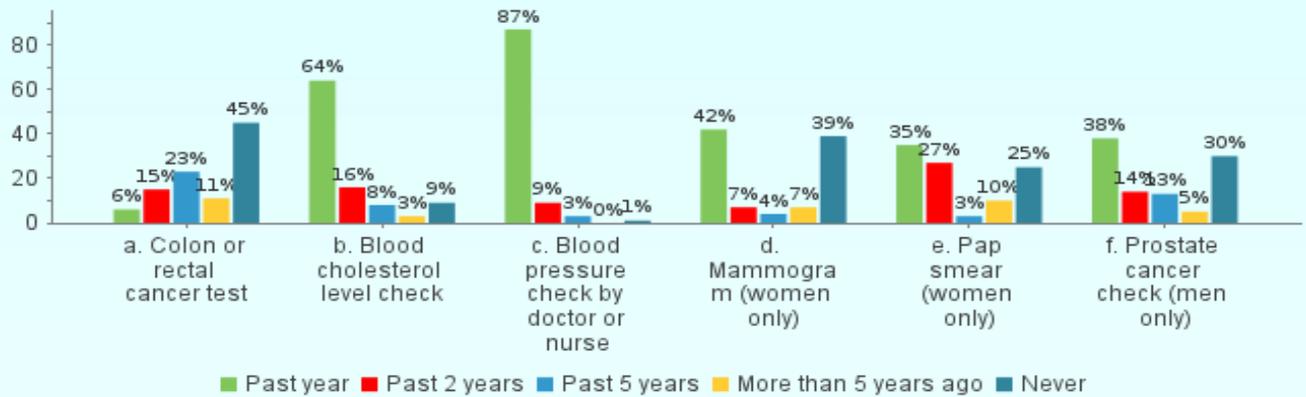
Question: In your opinion, how well are the following health issues in our region being met?



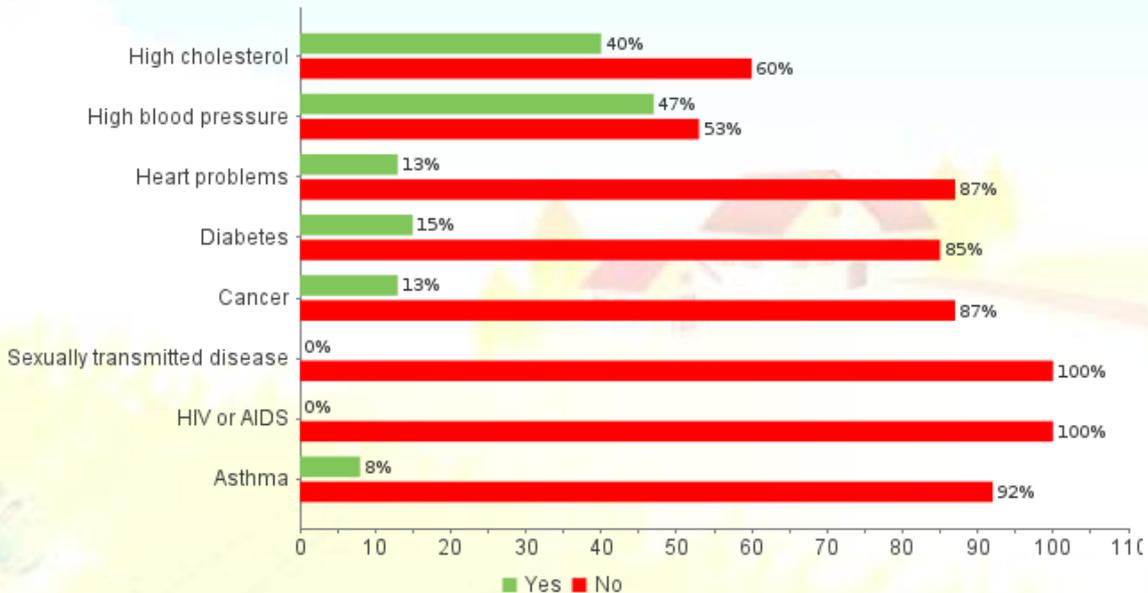
	Poor	Fair	Good	Very Good	Excellent
a. Availability of family provider (physicians)	2%	10%	30%	45%	13%
b. Convenient hours at physician's clinic	1%	7%	33%	44%	15%
c. Availability of quality services	1%	8%	26%	45%	20%
d. Access to specialized treatment	1%	14%	31%	38%	16%
e. Available transportation for health care needs	13%	8%	38%	23%	18%
f. Health care for seniors	4%	6%	29%	41%	19%
g. Specialized housing for seniors	4%	8%	32%	36%	20%
h. Availability of women's care	5%	11%	28%	44%	12%
i. Nursing home care	4%	5%	34%	38%	20%
j. Public health services	2%	16%	35%	36%	10%
k. Emergency medical care	2%	7%	20%	44%	28%

Thayer County Health Services Community Health Needs Assessment

Question: When was the last time you received the following services?



Question: Have you been told by a doctor or other health care provider that you have any of the following conditions?



Prioritization Process

Priority setting is a critically important step in the community benefit planning process. The IRS regulations indicate that the Community Health Needs Assessment must provide a prioritized description of the community health needs identified through the CHNA, and include a description of the process and criteria used in prioritizing the health needs. Based on the results of the primary and secondary data collection and the examination of ambulatory care sensitive



Thayer County Health Services Community Health Needs Assessment

conditions, health needs were identified and prioritized according to the:

- Size of the problem (number of people per 1,000, 10,000, or 100,000 population)
- Seriousness of the problem (impact at individual, family, and community levels).

Additionally, the Public Health Solutions health plan priorities were considered as part of the prioritization process. After all data were reviewed and analyzed, the data suggested looking at the following areas:

Access to Care

Multiple studies suggest that limited access to timely and appropriate healthcare services leads to poorer health outcomes. In addition, people who lack health insurance coverage are less likely to be connected to a medical home and are more likely to over-utilize the emergency department. With 100 percent of Thayer County designated as rural, many individuals in the area have significant challenges accessing primary, secondary and tertiary healthcare services due to distance, lack of affordability and provider capacity.

Access to care is an issue for residents in the TCHS service area. This includes health, dental, pharmacy and behavioral health services. Access can be limited by the high cost of health care, lack of insurance, documentation status, lack of health care providers, lack of provider acceptance of Medicaid or low reimbursement insurance plans, lack of transportation, lack of information about the availability of providers and resources, lack of comprehensive services, limited access to enrollment in care plans, misuse of services, increasing regulations, lack of preventive services, outside competition to local service providers and weakening of service system.

Access to comprehensive, quality healthcare is important for the achievement of health equity and for increasing the quality of life for everyone. Poverty, the workforce and affordability; education; transportation and location; communication; and quality and availability of providers all affect access to health care. There is great concern in this community about access to healthcare and how it affects the overall quality of life and other healthy indicators for the Thayer County Health Services service area.

Up to 17 percent of service area adults are uninsured and many more that are underinsured. The ratios of population to providers indicate that there are access issues to dentists and dental services. There are even fewer mental health providers as indicated by high population to provider ratios.

It is a rural community and the perception exists that there are not many health care providers in the area. The region lacks access to dental care and some types of specialty care. Affordable health care is also a concern to area residents from the community perception survey. Even those with insurance may not be able to afford health care – due to high deductible insurance coverage. There is a perception that some people are resistant to see a doctor (especially for preventative care) because of the cost/co-pays.

Thayer County Health Services Community Health Needs Assessment

The Thayer County Health Services service areas is also home to a high population of senior citizens, many of whom have difficulty accessing services, keeping up with insurance and require living assistance. In addition, many senior residents do not engage in preventative care; they seek medical care when absolutely necessary.

Other barriers to health care access include education and communication. Learning to maintain a healthy lifestyle is critical and additional outreach is needed to improve health outcomes. Many people do not take advantage of the resources at Thayer County Health Services because they don't know about them. Areas identified as concerns:

- Access to affordable dental services
- Financial barriers to care
- Multifaceted issues related to access: number of providers, cost, misuse, life choices, and transportation
- Transportation: No access to public transportation in rural areas
- Access to primary and/or specialty care
- Mental health access
- Cultural and/or policy barriers
- Access to pharmacy services in the rural communities
- Access to daycare services for area workforce

Potential strategic approaches:

- A. Satellite services from larger facility
- B. Establish FQHC
- C. Volunteer staffed clinic
- D. Facility operated free or low cost community clinic
- E. Rotation system based upon contributions existing providers
- F. Establish transportation system to Lincoln
- G. Mobile clinic
- H. More midlevel practitioners
- I. Expansion of telehealth services
- J. Development of wellness/childcare facility

Chronic Disease/Wellness

Conditions that are long-lasting, with relapses, remissions and continued persistence can be categorized as chronic diseases. Disease prevention is a priority for many of the stakeholders within the region. Disease prevention is key to long-term quality of life.

Obesity was one of the key areas discussed in the community perception survey related to chronic diseases. The obesity rate in Thayer County is 29%. In addition, nearly one-third of adults are overweight. These percentages equate to over 60% of the adult population being overweight or obese. That number has continued to grow over the past several decades. Addressing obesity has the potential to positively affect leading health issues in the community – heart disease, stroke, hypertension, and diabetes. The diabetes rate in Thayer is 10.7%, compared to the national average of

Thayer County Health Services Community Health Needs Assessment

7.8%. Discussions surrounding diabetes were in relation to patient education and preventative care and physical activity and nutrition. The incidence of Diabetes is rising among young people who are overweight.

The physical inactivity rate for the area is nearly 30% which indicated that exercise is a decreasing part of the culture. A sedentary lifestyle can lead to overweight and obesity and is a contributing factor to many chronic diseases and disabilities. Regular physical activity reduces the risk for many diseases, helps control weight, and strengthens muscles, bones, and joints.

Proper nutrition is critical to good health and achieving and maintaining a healthy weight. It isn't just about a "diet" or "program". It is part of an ongoing lifestyle that should be adopted to maintain health. However, identifying which foods that are needed for a healthy diet and then buying and consuming them as well as maintaining appropriate levels of physical activity can be challenging for many individuals. Many see the barriers of physical wellness as being linked to access issues of education, awareness, and lack of healthy options. Individuals' ability to understand how wellness and nutrition affect their overall health and how and where to seek help to change unhealthy behaviors is of high priority.

The impact on health and wellbeing can be measured by the higher rate of deaths associated with chronic illnesses, higher rates of unintentional illness, higher rates of vaccine preventable illness, higher rates of obesity, increased elder falls, higher rates of alcohol related injuries and illnesses and suicide.

Residents and service providers attribute these practices to community values, lack of community resources, poor parenting and social support, and lack of knowledge. Health priority as described by groups:

- Lack of prevention education
- Access to preventive care/education
- Preventive services: mental health, behavioral health, overall primary prevention
- Early education intervention: ages 0-3 and 3-5 years
- Influencing Factors:
- Recreational facilities, church membership, availability of fruits and vegetables, readily available information about services and programs, trails, sidewalks, community walk and bike-ability, recreational programs, social gatherings, control against minor alcohol and drug purchases, police presence, attitude and offerings of health care providers

Potential strategic approaches

- A. Improve community infrastructure to promote walking and biking
- B. Funding for community initiatives
- C. worksite wellness
- D. School health programs
- E. Private health promotion facilities
- F. Community support for recreational programs
- G. Check points to reduce sales to minors and driving while inebriated
restriction of access to alcohol, tobacco, etc.
- H. Promotion programs
- I. Increase victory gardens and farmers markets

Thayer County Health Services Community Health Needs Assessment

- J. Increase state recreation facilities
- K. Make bike able communities
- L. More screening programs
- M. Increase tai chi fall prevention
- N. Increase dental preventive services
- O. Community clinics for immunizations and screenings
- P. Service directory

Healthy Environment

Healthy Environment is a general term which can refer to varied characteristics that relate to the natural environment such as air and water quality, pollution and noise, weather and the potential effects which such characteristics may have on physical and mental health caused by human activities. However, healthy environment also refers to the socioeconomic characteristics of a given community or area, including economic status, education, crime and family support networks.

Family support networks are in decline and the proportion of single-parent-headed households is growing. The declining strength of families is evident in family poverty, divorce, single partner births, medicated children, mental illness, substance abuse, isolation, and uninvolved parents. Forces such as the declining economy, outmigration from rural areas, growing dominance of technology, commuting parents, and media influenced changes in expectations contribute to this decline. Parents defer to others (particularly the schools) to provide guidance on life values and choices. Parents focus on consumption and activities for children rather than their involvement and interaction with their children.

As parents struggle with their own issues, children are not getting adequate supervision and lack the benefit of structure and rules in the home. Families lack the support of friends and extended family because our society is increasingly mobile and the value placed on community has declined. Children and parents alike spend too much time on electronic communication to the exclusion of face to face family interaction. Health priority as described by groups:

- Family dynamics failure
- Family unit deterioration: structure, fragment, isolation, neglect, care, parenting
- Decline of community and neighborhood support
- Family structure/values/parenting supports
- Management of technology
- Personal responsibility
- Mental health

Community Assets that Support Family Health

- Good public and private schools
- Strong community relationships and partnerships
- Limited resources for family recreation
- Jobs and a healthy economy
- Focus on electronic media for entertainment
- Service clubs and foundations
- Churches and faith based organizations
- Lack of quality childcare

Thayer County Health Services Community Health Needs Assessment

- Community based organizations
- Extended families
- Declining populations, isolation
- Reliance on programs to solve problems
- Parental deferment to schools and others to set limits
- Declining participation in churches, civic organizations, etc.
- Decline of self-help organizations
- Lack of personal accountability
- Youth organizations

Potential strategic approaches:

- A. Community initiatives
- B. Grow economy
- C. Parenting first aid
- D. Increase family recreation
- E. Child care center community center
- F. Promotion of 4H
- G. Promotion of service clubs
- H. Come Home to Retire program
- I. Media promotions program

Mental and Behavioral Health

Mental Health refers to a broad array of activities directly or indirectly related to the mental well-being component included in the World Health Organization's definition of health: "A state of complete physical, mental and social well-being, and not merely the absence of disease". It is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders.

According to the World Health Organization, Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome - a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

Mental health, physical health and the overall health of a community are all interconnected. Mental health plays a major role in people's ability to maintain good physical health. Depression and anxiety affect people's ability to be healthy and physically well. In turn, problems such as chronic diseases, substance abuse, etc. can have a serious impact on mental wellness and affect a person's ability to make decisions related to his/her health.

It appears that an increasing number of residents are dealing with behavioral health issues. Behavioral health services are funded by a mix of public and private funds, however, state policy regarding the use of funds largely dictates the availability and nature of services within a 16 county region which the primary and secondary TCHS service area.

Thayer County Health Services Community Health Needs Assessment

As it is, the most intense services are located within Lancaster County (outside of our District). The delivery of services within the District is managed by BVBH as a contractor with Region V health Systems as part of the State network. According to the national health survey a large number of people believe that they and their families do not have adequate access to services. This also is the perception of an overwhelming number of health and community service providers. The public stigma relative to the use of these services as well as the people who have "behavioral health problems" is a contributing barrier to the development and provision of quality services. While behavioral health problems are classified as illnesses, the public classifies many of these problems as failings of willpower, laziness or a weakness of mind and spirit.

While the prevalence of these illnesses is great, the willingness of the public, policy makers and providers to discuss these illnesses and how best to deal with them is in inverse proportion to the severity of the problem within society. As it is, those with problems are generally under diagnosed, over medicated and undertreated. The interrelationship of services and patient experiences with the criminal justice system further complicates the effective development of a service system.

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse contribute to costly social, physical, mental, and public health problems. Substance abuse alters behaviors and decision-making and has negative health consequences for communities. Many stakeholders discussed substance abuse as a major health need as well as a driving force of negative consequences on overall quality of life in the Thayer County Health Services service area. Alcohol, prescription drugs and illegal drugs were identified as concerns.

Influencing factors:

- Amount and nature of funding
- Policy control and planning is fragmented and largely removed from local control
- Service systems are fragmented and poorly integrated with the health service system
- Distinct service systems are developed to address specific problems such domestic violence and suicide
- Planning and policy development for behavioral health services and the criminal justice system are handled separately
- There are two modes of service delivery: public and private
- Behavioral health is held separate from other health care services resulting in reduced quality of care
- There are service systems directed to population groups and/or special interests. Such as the aging services system
- There are sometimes contrary views within the treatment system medical/social and conflict relative to provider credentials
- Self-help group Team Mates
- Community based coalitions engage in community prevention efforts services
- Lack of knowledge of how and where to obtain services

Thayer County Health Services Community Health Needs Assessment

- Stigma and lack of understanding regarding behavioral health issues
- Cultural and language barriers

Potential strategic approaches:

- A. Service directory
- B. homeless programs
- C. expand drug courts and diversion
- D. pursue rural health funding to develop services
- E. Increase public funding
- F. changes in physician training
- G. initiatives to integrate health services
- H. develop more private services
- I. FQHCs for care integration

Action Plan

Thayer County Health Services has long held true to the old adage once said by Benjamin Franklin, “An ounce of prevention is worth a pound of cure.” Prevention of disease is paramount to Thayer County Health Services and it is even more important in light of the recently completed community health needs assessment proving that our community has joined in the national ranks of increasing obesity, diabetes, and breast cancer statistics.

To select priorities and related strategies from the many opportunities noted above, the following criteria were considered by the CHNA Steering Committee:

1. Magnitude/Size of the Problem
2. Comparison with State Results
3. Historical Trends
4. Economic/Social Impact
5. Changeability
6. Capacity of the Local Public Health System
7. Readiness/Political Will

For each of the seven scoring criteria, a four-point to ten-point rating scale was used, which depending on the criterion had a neutral middle value with a low value of one (1) and a high value of five (4 or 10). A criterion scored with a five (10) represents an issue that:

- Affects a large percentage of the population;
- Has worse data than the state/national data;
- Is getting worse in terms of the trend data;
- Has a high impact (productivity, health care costs, education) on economic/social issues;
- Can easily be addressed/changed at the local level;
- TCHS has the resources and capacity to address the issue; and
- There is felt to be a great deal of political will to address the issue/problem.

After combining the scores, a final score was determined based on the weights given to each criterion. The criterion with the greatest weight was Economic/Social Impact, which

Thayer County Health Services Community Health Needs Assessment

was given one-third of the weight while the other two-thirds of the weight came from the combination of three other criteria (criteria 1 through 3; criteria 5 through 7). The final score was computed by the following formula.

$$\text{Priority} = 1/3 * (\text{Scores for Criteria 1+2+3}) + 1/3 * (\text{Score of Criteria 4}) + 1/3 * (\text{Scores for Criteria 5+6+7})$$

In considering the above, the following priorities were selected:

1. Chronic Disease Prevention and Wellness: including both the prevalence of conditions (diabetes, cancer, heart disease, obesity) and behaviors (not exercising enough, poor nutrition, overeating, overall mortality rate for the population served) as well as demographic trends (aging of the population) made this a high priority concern with many facets, including evidence-based interventions that can prevent early onset of some chronic conditions. Here are the specific areas we plan to address:

- a. Access to Healthcare Screening and Education
- b. Physical Inactivity
- c. Personal Responsibility

2. Financial Barriers to Healthcare: with 17% of the population being uninsured or underinsured it is a high priority to provide services that will have a lasting impact on removing any financial barriers to accessing the healthcare system. Here are the specific areas we plan to address:

- a. Education re: Medicaid eligibility and the Health Insurance Exchange
- b. Education re: high deductible plans and taking advantage of free/fully covered preventive medical services under individual/family medical plans.

3. Access to Care - Specialty Services: includes concerns for accessing specialty physician services including Medical Oncology, Pulmonary Medicine, Urology, ENT, Psychiatry/Mental Health, Dermatology, Pain Management, and Orthopedic Surgery onsite and at our community rural health clinics, where possible. In addition through community meetings the need for pharmacy services through our clinics has been identified as a necessary move to improve medication compliance. Here are the specific areas we plan to address:

- a. Access to Pharmacy Services
- b. Access to Specialty Physicians
- c. Access to Mental Health Services

In the development of the Community Health Improvement Plan, the Thayer County Health Services CHNA Advisory Committee met to further define each health need and to identify goals and objectives to address the three priority community health needs categories.

The following are the goals and objectives formulated by the CHNA Advisory Committee as the Community Health Improvement Implementation Plan for Thayer County Health Services.

Thayer County Health Services Community Health Needs Assessment

1. Chronic Disease Prevention and Wellness

Goal 1: Increase Active Lifestyles for Thayer County residents.

Objectives:

1. Increase the percentage of Thayer County adults who report participating in any leisure time physical activities in the past 30 days from 71.3% to 77% by October 1, of 2016.

Goal 2: Decrease the rates of obesity and those overweight in Thayer County.

Objectives:

1. Decrease the percentage of adults who are obese or overweight in Thayer County from 30.39% to 27% by 2016.
2. Decrease the number of K-8th grade children who are obese or overweight in Thayer County Community Schools from 30% to 27% by October 1, 2016.

Goal 3: Increase utilization of preventive health services in Thayer County (screening tests, counseling, immunizations or medications used to prevent disease, detect health problems early, or provide people with the information they need to make good decisions about their health).

Objectives:

1. Increase the number of adults in Thayer County reporting that they have had their blood pressure checked within the preceding two years and can state whether their blood pressure was normal or high from 87% to 92% by October 1, 2016.
2. Increase the number of adults who reported having the blood cholesterol checked in the past year years from 64% to 70%.
3. Increase the number of women who receive a breast cancer screening based on most current guidelines from 49% to 54% by October 1, 2016.
4. Increase the number of women who receive a cervical cancer screening based on the most recent guidelines from 65% to 70% by October 1, 2016.
5. Increase the number of adults screened for colorectal cancer based on the most recent guidelines from 44% to 50% by October 1, 2016.
6. Educate students through cooperative programs with area schools systems to decrease the number of children grades 6-12 who have used alcohol from a current rate of 5-16% lifetime to 2-10% by October 1, 2016.
7. Educate students through cooperative programs with area schools systems to decrease the number of 6th-12th grade students who have ridden in a vehicle with an impaired driver from 15%-37.5% to 10-25% by October 1, 2016.

II. Financial Barriers to Healthcare

Goal 1: Improve overall access to healthcare by removing financial barriers.

Objectives:

1. Increase the number of Thayer County residents with insurance coverage from 84% to 95% by October 1, 2016.
2. Develop and implement an educational program that teaches patients about their healthcare benefits and how they can utilize their preventive/wellness visits and

Thayer County Health Services Community Health Needs Assessment

other benefits that do not cost them anything. Plan would be to reach 95% of current insured patients by year end 2016.

3. Develop and implement a financial counselor position at TCHS in order to offer services that would qualify patients for Medicaid and the insurance exchange if they are uninsured. Plan would be to offer access assistance to the healthcare.gov line of services for 95% of the population who presents to TCHS in need. In addition other healthcare financial counseling would be offered to patients does not forego care.

III. Access to Care

Goal 1: Improve access to quality, affordable healthcare to all residents in Thayer County.

Objectives:

1. Increase the access to specialty physician care through partnerships with regional physician groups in order to add 100% of the following medical specialties to the TCHS campus by July of 2016:
 - a. Medical Oncology
 - b. Pulmonary Medicine
 - c. Otolaryngology
 - d. Orthopedic Surgery
 - e. Psychiatry/Mental Health
 - f. Dermatology
 - g. Pain Management
2. Increase access to pharmacy services in our rural communities through establishment of a prescription drug delivery service or utilizing existing rural health clinics as part-time pharmacy sites. Onsite pharmacy services would require additional licensing and may be more difficult to develop. Overall goal would be to provide same day access to prescriptions generated through our clinics without the patient having to travel outside of the market area 90% of the time.
3. Increase access to mental health services through development of both local and regional mental services incorporating mental health services into the service lines of our RHC's by October 1, 2016.
 - a. Where necessary develop contractual relationships with area Psychiatrists and LMHP's to provide both onsite and telehealth services for mental health.

IV. What Thayer County Health Services will do to address the needs identified above in our CHNA.

Thayer County Health Services working with our dedicated staff and providers will partner with area community leaders, school systems, businesses and regional Public Health Solutions to provide the necessary support and services to address all of the priority needs identified in our community health needs assessment.

1. Chronic Disease Prevention and Wellness

Thayer County Health Services will focus its efforts on chronic disease prevention and wellness utilizing expanded health screening services, immunization clinics, education lunch and learns, and cooperative programs with each of our outlying communities. The following programs/services will be utilized to meet our goals and objectives over the next three years.

Thayer County Health Services Community Health Needs Assessment

- a. **Rural Community Partnership:** Scheduled at a minimum on a quarterly basis; a rotating wellness, education and health screening program will be established in our rural communities to coincide with senior center activities and other community events. The wellness education and screening programs will be designed to offer blood pressure, risk factor analysis, cholesterol, blood sugar, HgB A1C, pulmonary function screening, mammogram scheduling and colonoscopy scheduling services as well as bone density screens. In addition TCHS will work with area paramedical professionals to offer access to dental, behavioral health, home health, hospice, dietician and social services. These same services will be offered to all large business and industry clients to better service their employees at the worksite.
- b. **National Preventive Partnership:** TCHS is currently working with the Thayer County Department of Economic Development, public school systems, area dental providers, and others to access up to \$500,000 in grant money through this program to develop community or , mobile dental services pharmacy delivery services, community wellness and education programs, etc. Our goal is to provide mobile or onsite programs for healthcare services currently not available to our rural communities.
- c. **Every Woman Matters Program and Nebraska Colon Cancer Screening Program:** Thayer County Health Services works in conjunction with the Every Woman Matters Program to qualify patients for free mammograms, which are not covered by insurance, Medicare and Medicaid and meet certain income and age guidelines. In addition the following services are also available for those who qualify:
 - a. Cervical Cancer Screening
 - b. Cardiovascular and Diabetes Screening
 - c. Colon Cancer Screening
 - d. Preventive Health Services
- d. **Immunization Clinics:** TCHS currently offers child and adult immunization services on a regularly scheduled basis at the hospital. These services will be rolled out as part of the wellness effort and be offered in all rural clinics and communities served by TCHS. In addition an aggressive marketing plan to inform the public of the available services will be implemented.
- e. **Good Beginnings:** Thayer County Health Services offers Good Beginnings to provide a supportive service to families with children in the age group birth - 5 years. Good Beginnings provides support during this time of incredible change. Good Beginnings works with agencies in the community to better serve our families as a whole. We teach healthy well being, self-care, child-care, child development, and assist with social services needs. Thayer County Good Beginnings serves families who have delivered at Thayer County Health Services, or who live in Thayer County but may have delivered elsewhere.
- f. **Patient Centered Medical Home:** The medical home also known as the patient-centered medical home (PCMH), is a team based health care delivery model led by a physician, P.A., or N.P. that provides comprehensive and continuous medical care to patients with the goal of obtaining maximized health outcomes. It is "an approach to providing comprehensive primary care

Thayer County Health Services Community Health Needs Assessment

for children, youth and adults". The provision of medical homes may allow better access to health care, increase satisfaction with care, and improve health. (Wikipedia). TCHS has started the process of developing the appropriate policies and procedures in conjunction with Arbor Health to open a patient medical home as an extension of our hospital and clinic services. Although our program will focus on all clinic patients we will target specific chronic diseases which are prevalent in our region such as hypertension, COPD, diabetes and heart disease.

2. Financial Barriers to Healthcare

Thayer County Health Services will focus on providing improved access to all healthcare services previously not attainable due to financial barriers. The following services will be provided to all patients, with or without insurance, so they can better meet the financial obligations incurred through utilization of our healthcare system.

- a. **Patient Access Team:** TCHS has recently developed a Patient Access Team that will work diligently to insure all patients can access healthcare while working to assist with meeting the financial burden of healthcare. This program assists individuals with applying for programs such as Supplemental Nutrition Assistance Program, General Assistance, Supplemental Security Income, Social Security Disability Insurance, Medicare and Medicaid. A financial counselor will assist those without insurance with applying for the health insurance exchange if other avenues are not applicable. In addition those with defined gaps in coverage will be given the same opportunity to apply for secondary plans as well as payment plans with no interest for the balance of their accounts.
- b. **Charity Care:** TCHS has a charity care program that administers discounts based on income levels and a patient's ability to pay. This program has been revamped to include new poverty guidelines and will be an avenue of discounted care for those who cannot afford insurance and are not eligible for government programs.
- c. **Educational Programs:** TCHS will embark on an ongoing community education program through its wellness forums re: preventive healthcare and the services that are available to those who are insured at no cost. These preventive services are covered 100% under the Affordable Care Act but many people are unaware of the benefit and because of high deductibles will forego care.
- d. **Regional Health Free Clinic Development:** TCHS and other regional providers of healthcare services will initiate discussions on the provision of free clinic services for qualified uninsured, low income patients who are currently underserved in our market area. The services can be rotated through each community hospital with volunteers available at clinic sites in rural communities. Focus will be on primary care services, preventive healthcare and education and access to coverage. Current discussions are underway with Public Health Solutions, Thayer County Health Services, Fillmore County Hospital, Jefferson Community Health Center and Brodstone Memorial Hospital.

Thayer County Health Services Community Health Needs Assessment

- e. **Drug Assistance Program:** TCHS has implemented a drug assistance program to help low income patients and those with no insurance access prescription medications at discounted or no cost. The individual programs utilized are RxRelief, Community Assistance Program, the Blue Valley Community Action Program and individual drug manufacturers. TCHS through their clinic triage department and the social services department work with patients to qualify them for the discounted or free prescription drugs on a daily and as needed basis.

3. Access to Healthcare

Thayer County Healthcare will focus leadership efforts on securing and supporting the development of new and current services that will enhance access to specialty medical, pharmacy and mental health services. Efforts to partner with local and regional medical providers will be finalized to offer services close to home rather than those requiring a trip to Lincoln, Omaha, Grand Island or Hastings.

Many access issues are being addressed as well under our Chronic Disease and Wellness action plan noted above. These include pharmacy delivery services, and physician specialty services. Expanded clinic specialty services to include mental health will either be accomplished through partnerships with regional providers or through direct employment models through our rural health clinics. Our plan is to mobilize our specialty service line and take it out to our rural communities rather than expecting the patients to always come to us.

V. Action Plans

The Community Health Needs Assessment Report and Implementation strategy noted above will be incorporated into the strategic plan currently under development for Thayer County Health Services. In addition all current partnerships with area providers, businesses and schools will be continued as part of our ongoing community stewardship program. All new services recommended in this CHNA report must be approved by the Thayer County Health Services Board of Directors and subsequent funds budgeted for in order for them to be fully implemented.

VI. Community Health Needs not being Addressed by TCHS and Why

Thayer County Health Services has chosen to address those areas of highest priority within our service area. There are several areas identified in the Community Health Needs Assessment which TCHS will not address at this time but will provide support for if and when addressed by others directly responsible for implementation. These are:

Health Rankings

- a. **Low Birth Weight Infants:** TCHS offers obstetric services and currently has normal weight babies being delivered at the hospital. Lower birth rate babies are typically

Thayer County Health Services Community Health Needs Assessment

from mothers at risk and their OB services are provided by tertiary center in the regional markets.

- b. **Drinking Water Safety:** This area was noted as higher than the state of Nebraska. The Hebron and other county water districts have control over the quality of water provided to area residents.
- c. **Premature Death:** the rate for premature death is significant. All efforts to improve health, wellness, and disease prevention noted in our action plan will help drive these rates down. TCHS does not have control over motor vehicle safety programs or drivers education which do play a significant role in motor vehicle accidents and subsequent death rates. TCHS will however continue to support infant safety seat program and all other regional public services offered in the county.

Access to Care

- a. **Transportation:** TCHS will support all current local transportation services and the development of new ones within the region but will not have direct involvement.

Chronic Disease and Wellness

- a. **Early Education Intervention:** ages 0-3 and 3-5 years. Although TCHS offers our 'Good Beginning' Program we are not directly involved with childhood education. These services are being provided by local churches and schools and we will continue to support them.
- b. **Recreational Facilities:** TCHS currently provides rehabilitation services to its patients but does not have the facilities or staff to operate a recreational/fitness/wellness center. If funds become available through operations or philanthropy TCHS may be inclined to partner with the county to develop a full service wellness/fitness center for the population served.

Approval

The 2013 Community Health Needs Assessment and Action Plan were presented and approved by the Thayer County Health Services Board on February 26th, 2014.

The 2013 Thayer County Health Services Community Health Needs Assessment will be published and made widely available to the public.

Thayer County Health Services Community Health Needs Assessment

Appendix A

A variety of community leaders and representatives were involved and provided input into the CHNA.

Community leaders and those very knowledgeable of the public's health needs include individuals working for the local health department. Data was gathered from the state and local health departments.

A meeting was held with public health staff to gather their input and perspective on health needs and preliminary results of the CHNA were presented to the public health staff to gather their reaction to the report and additional feedback needed to solidify the report.

Individuals invited to participate in the Community Health Advisory Committee were:

Name	Address	City	State	Zip
Laura Tuma	5719 Road F	Hebron,	NE	68370
Ryan Luttrell	5630 Road N	Hebron,	NE	68370
Bonnie Bargaen	1130 Road 4000 Nora	Nora,	NE	68961
Joann Taylor	842 E 6th Street	Superior,	NE	68978
Donald Richardson	2040 K Street	Belleville,	KS	66935
Camille Fangmeier	614 Road 6700	Hubbell,	NE	68375
MaryBeth Nicholson	315 N. 11th ST	Geneva,	NE	68361
Shirley Marintzer	2311 Road K	Milligan,	NE	68406
Larry Wilbeck	406 Sunset Drive	Deshler,	NE	68340
Jerome Martin	1209 H ST	Fairbury,	NE	68352
Krissy Ozenbaugh	1717 Road V	Strang,	NE	68444
Charlotte Tietjen	PO Box 12	Byron,	NE	68325
Warren Schoming	209 North Juniper ST	Davenport,	NE	68335
Mary Rozmajzl	410 N. 5th ST	Hebron,	NE	68370
Keith Brozac	416 Union Ave	Hebron,	NE	68370
Jackie Haller	PO Box 264	Deshler,	NE	68340
Dale Reece	816 Olive Ave	Hebron,	NE	68370
Dave Meyer	1123 Road 4900	Ruskin,	NE	68974
Sue Mussman	1987 Road 7300	Alexandria,	NE	68303
Ken Petersen	PO Box 202	Carleton,	NE	68326
Linda Weideman	PO Box 458	Deshler,	NE	68340
Virginia Brase	2095 Road 5000	Davenport,	NE	68335
Alan Kenning	6356 Hwy 136	Hebron,	NE	68370
Drew Harris	6330 Road S	Belvidere,	NE	68315
Perry Gunn	1215 Lincoln Ave	Hebron,	NE	68370
Erin Retzlaff	424 N. 13th ST	Hebron,	NE	68370
Hortencia Mireles	520 Duffield Ave	Hebron,	NE	68370

Thayer County Health Services Community Health Needs Assessment

Jodie Heinrich

509 Road 4

Shickley,

NE

68436

Appendix B

People QuickFacts	Thayer County	Nebraska
Population, 2012 estimate	5,134	1,855,525
Population, 2010 (April 1) estimates base	5,228	1,826,341
Population, percent change, April 1, 2010 to July 1, 2012	-1.8%	1.6%
Population, 2010	5,228	1,826,341
Persons under 5 years, percent, 2012	5.1%	7.1%
Persons under 18 years, percent, 2012	20.7%	25.0%
Persons 65 years and over, percent, 2012	25.3%	13.9%
Female persons, percent, 2012	51.1%	50.3%
White alone, percent, 2012 (a)	98.2%	89.9%
Black or African American alone, percent, 2012 (a)	0.3%	4.8%
American Indian and Alaska Native alone, percent, 2012 (a)	0.2%	1.3%
Asian alone, percent, 2012 (a)	0.3%	2.0%
Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)	0.0%	0.1%
Two or More Races, percent, 2012	0.9%	1.9%
Hispanic or Latino, percent, 2012 (b)	1.7%	9.7%
White alone, not Hispanic or Latino, percent, 2012	96.6%	81.4%
Living in same house 1 year & over, percent, 2007-2011	88.6%	82.9%
Foreign born persons, percent, 2007-2011	0.6%	6.0%
Language other than English spoken at home, percent age 5+, 2007-2011	1.7%	9.9%
High school graduate or higher, percent of persons age 25+, 2007-2011	89.0%	90.3%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	16.9%	27.8%
Veterans, 2007-2011	515	148,078
Mean travel time to work (minutes), workers age 16+, 2007-2011	14.5	18
Housing units, 2011	2,711	801,185
Homeownership rate, 2007-2011	82.7%	68.3%
Housing units in multi-unit structures, percent, 2007-2011	6.0%	19.5%
Median value of owner-occupied housing units, 2007-2011	\$58,800	\$125,400
Households, 2007-2011	2,212	715,703
Persons per household, 2007-2011	2.29	2.46
Per capita money income in the past 12 months (2011 dollars), 2007-2011	\$22,176	\$26,113
Median household income, 2007-2011	\$43,198	\$50,695
Persons below poverty level, percent, 2007-2011	10.4%	12.0%
Business QuickFacts	Thayer County	Nebraska
Private nonfarm establishments, 2011	206	51,553
Private nonfarm employment, 2011	1,772	797,681
Private nonfarm employment, percent change, 2010-2011	1.4%	3.7%
Nonemployer establishments, 2011	421	125,943

Thayer County Health Services Community Health Needs Assessment

Total number of firms, 2007	532	159,665
Black-owned firms, percent, 2007	F	1.8%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.4%
Asian-owned firms, percent, 2007	F	1.4%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.0%
Hispanic-owned firms, percent, 2007	F	1.9%
Women-owned firms, percent, 2007	S	25.7%
Manufacturers' shipments, 2007 (\$1000)	0	40,157,999
Merchant wholesaler sales, 2007 (\$1000)	98,568	24,019,868
Retail sales, 2007 (\$1000)	54,943	26,486,612
Retail sales per capita, 2007	\$10,654	\$14,965
Accommodation and food services sales, 2007 (\$1000)	1,858	2,685,580
Building permits, 2012	7	6,116

Geography QuickFacts	Thayer County	Nebraska
Land area in square miles, 2010	573.81	76,824.17
Persons per square mile, 2010	9.1	23.8
FIPS Code	169	31
Metropolitan or Micropolitan Statistical Area	None	

(a) Includes persons reporting only one race.

(b) Hispanics may be of any race, so also are included in applicable race categories.

FN: Footnote on this item for this area in place of data

NA: Not available

D: Suppressed to avoid disclosure of confidential information

X: Not applicable

S: Suppressed; does not meet publication standards

Z: Value greater than zero but less than half unit of measure shown

F: Fewer than 100 firms

Source: US Census Bureau State & County QuickFacts