

Community Health Needs Assessment

CHI Health Good Samaritan &
Richard Young Behavioral Health – Kearney, NE
2025

*A Joint Assessment
with Two Rivers Public Health Department*



Adopted April 2025

About CHI Health Good Samaritan

Established by the Sisters of the Saint Francis of Perpetual Adoration in 1924, CHI Health Good Samaritan is a 268-bed regional referral center in Kearney, Nebraska. Part of CHI Health, a member of CommonSpirit Health, CHI Health Good Samaritan provides specialty care to more than 350,000 residents of central Nebraska and northern Kansas. The hospital provides services including a state-designated Advanced Trauma Center featuring AirCare emergency helicopter transport, Maternity Center, NICU, advanced orthopedic care, comprehensive neurosurgery, a Primary Stroke Center, and a cancer center accredited by the American College of Surgeons Commission on Cancer. Richard Young Behavioral Health Center (RYBHC) is a department of Good Samaritan Hospital. Since opening in 1986 as a free-standing psychiatric facility, RYBHC has provided a broad continuum of care for patients aged 13 and older from intensive inpatient to outpatient services. CHI Health Good Samaritan has received the following awards and accreditation:

- America's 250 Best Hospitals Award™ (2022, 2021, 2020)
- America's 100 Best Critical Care™ (2022, 2021, 2020)
- America's 100 Best Gastrointestinal Surgery™ (2022, 2021, 2020)
- Gastrointestinal Care Excellence Award™ (2022, 2021, 2020)
- Pulmonary Care Excellence Award™ (2022, 2021)

Services at CHI Health Good Samaritan and RYBHC include:

- Aquatics Program
- Behavioral Health
- Blood Conservation
- Breast Center Cancer Center
- CHI Health at Home
- CHI Health Primary Care
- Diabetes Center Family
- Birth & NICU
- Heart Center
- Hospitalists
- Joint Replacement
- Mammography and Routine Screenings
- Medical Alert Lifeline Pendants
- Neurology
- Orthopedics Rehabilitation Services
- Robotic-assisted Surgery
- Trauma
- Wellness Center 24/7
- Behavioral health assessment access center (in person or via telehealth) providing community, inpatient, or outpatient referrals
- Psychiatry
- Psychiatric evaluations
- Medication management & psychopharmacology
- Subacute recovery programming
- Co-occurring disorder programming
- Individual and Family Therapy/Counseling
- Education
- Telehealth services
- Electroconvulsive Therapy

Mission

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Vision

A healthier future for all—inspired by faith, driven by innovation, and powered by our humanity.

Values

Compassion

- Care with listening, empathy, and love.
- Accompany and comfort those in need to healing.

Inclusion

- Celebrate each person's gifts and voice.
- Respect the dignity of all.

Integrity

- Inspire trust through honesty.
- Demonstrate courage in the face of inequity.

Excellence

- Serve with fullest passion, creativity, and stewardship.
- Exceed expectations of others and ourselves.

Collaboration

- Commit to the power of working together.
- Build and nurture meaningful relationships.

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EXECUTIVE SUMMARY

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs in the community served by CHI Health Good Samaritan Hospital. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets the requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

The hospital's commitment to engaging with the community, assessing priority needs, and helping to address them with community partners is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all

Community Definition

Buffalo County, NE, anchored by the city of Kearney, serves as a key educational, healthcare, and economic hub for South Central Nebraska. CHI Health Good Samaritan is the primary health system for the area, working in tandem with local and regional partners to address key health challenges.

Assessment Process and Methods

Between May and September 2024, a community health assessment (CHA) was conducted across Buffalo County and surrounding counties to assess the healthcare knowledge, attitudes, and practices of the population. Two Rivers Public Health Department (TRPHD) partnered with the University of Nebraska Kearney (UNK) and four of the nine hospital systems in the health district to administer a community health survey, facilitate three focus groups and compile/ analyze secondary data from publicly available data sources. TRPHD held over 13 meetings with the CHA steering committee, which included hospital CEOs, Chief Nursing Officers (CNOs), academic leaders, social workers, and community-based organization (CBO) staff. Over 420 residents from 44 towns and cities participated in the survey and almost all had current insurance coverage. Of all valid responses, 85% were female, and 80% held a college degree or higher. Two-thirds of respondents were aged 35-64 years of age and a little under 80% were currently employed. Fifty-one individuals participated in the three focus groups to validate community health survey findings and prioritize significant health needs.

Resources

A wide array of community resources, including services for housing, employment, education, and mental health exist to address prioritized community health needs in Buffalo County. While not exhaustive, the resource list draws on the experiences and wide knowledge base of those directly serving our community.

EXECUTIVE SUMMARY

The community health survey surveyed a working-age, predominantly female population residing in Kearney City with high rates of insurance coverage. While residents were largely healthy and generally satisfied with the quality of health care, issues of affordability and accessibility were key concerns. Both men and women believed substance abuse issues needed to be addressed urgently, although women were more likely to advocate for simultaneous mental health services. The top health concerns identified in the region were mental health, lack of physical activity, and substance misuse. Women were more likely to report anxiety, mental health challenges, and stress, while men more frequently reported injuries, substance use, and lifestyle risk factors. While men and women largely agreed on key issues, women emphasized mental health and healthcare access, whereas men highlighted physical inactivity and environmental health concerns. Childcare access and affordable housing were the two most pressing issues not directly related to healthcare across all demographics. Vaccination uptake remained modest, with only 60% of respondents fully vaccinated for COVID-19. Healthcare providers and educators were identified as the most trusted sources of health information.

Prioritized significant health needs from the community health assessment include:

Aging/ Lifespan Health	Heart Disease	Severe Housing Problems	Suicide
Behavioral Health	High Blood Pressure	Shortage of Specialty Care	Unintentional Injuries
Chronic Disease	Poverty	Stroke	Lack of Childcare Services

CHNA Collaborators

Two Rivers Public Health Department, Buffalo County Community Partners, Kearney Regional Medical Center, Kearney County Health Services, Harlan County Health System, and Gothenburg Health

Report Adoption, Availability & Comments

This CHNA report was adopted by the CHI Health Board of Directors in April 2025. The report is widely available to the public on the hospital's website, and a paper copy is available for inspection upon request at the Administration Office of CHI Health Good Samaritan. Written comments on this report can be submitted via mail to CHI Health - The McAuley Fogelstrom Center (12809 W Dodge Rd, Omaha, NE 68154 attn. Healthy Communities); electronically at:

<https://forms.gle/KGRq62swNdQyAehX8> or by calling Ashley Carroll, Market Director, Community and Population Health, at: (402) 343-4548.

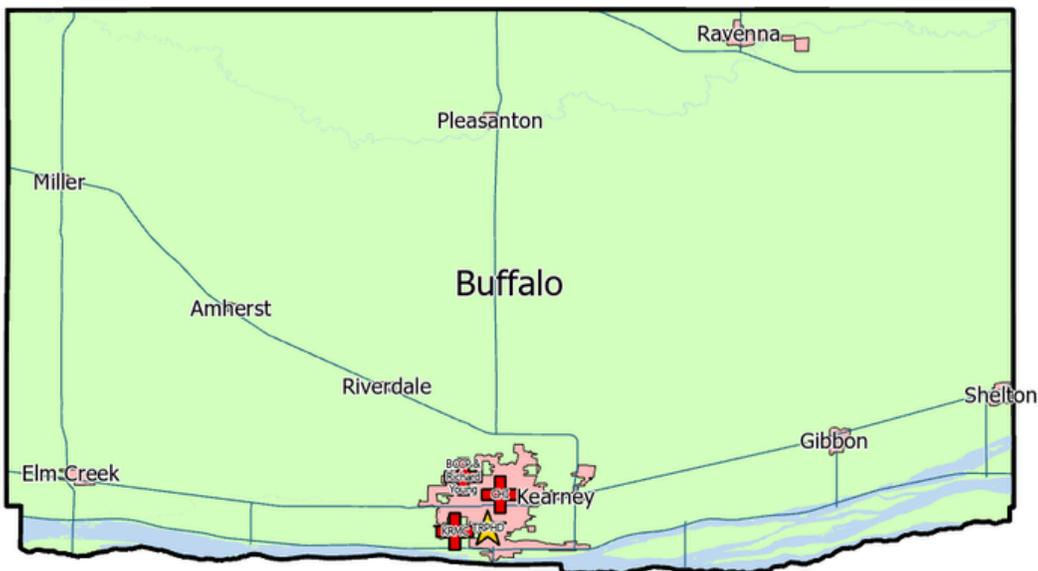
COMMUNITY SERVED



CHI Health Good Samaritan provides services broadly to south-central Nebraska due to its ability to provide a higher level of care. For this report, Good Samaritan focuses on the residents in Buffalo County and the city of Kearney.

Buffalo County, Nebraska, is located in the south-central region of the state and is known for its vibrant community and diverse economic landscape. Economically, Buffalo County is characterized by a blend of agriculture, healthcare, and retail sectors, contributing to its resilience and growth. The presence of CHI Health Good Samaritan further underscores the importance of healthcare in the area, as it provides essential services not only to Kearney but also to surrounding communities in south-central Nebraska.

The city of Kearney is a regional hub for education, healthcare, and commerce. The town is home to the University of Nebraska at Kearney, which attracts a diverse student population and offers a variety of programs and activities that enrich the local culture. Residents enjoy numerous parks, recreational facilities, and cultural events that foster engagement and interaction among different groups. Kearney's economy is diverse, with agriculture, healthcare, and retail being significant contributors.



Zip codes served: 66932, 66951, 66952, 66967, 67622, 67628, 67638, 67645, 67653, 67654, 67661, 67749, 68637, 68714, 68812, 68813, 68814, 68815, 68817, 68822, 68823, 68825, 68828, 68833, 68834, 68837, 68840, 68844, 68845, 68847, 68848, 68850, 68852, 68853, 68855, 68856, 68858, 68859, 68860, 68862, 68863, 68866, 68869, 68870, 68871, 68874, 68876, 68878, 68879, 68881, 68920, 68922, 68923, 68924, 68926, 68927, 68929, 68932, 68936, 68937, 68939, 68940, 68946, 68947, 68948, 68958, 68959, 68960, 68966, 68967, 68969, 68971, 68972, 68976, 68977, 68981, 68982, 69001, 69020, 69022, 69026, 69028, 69034, 69036, 69046, 69101, 69123, 69130, 69138, 69151, 69210, 69217

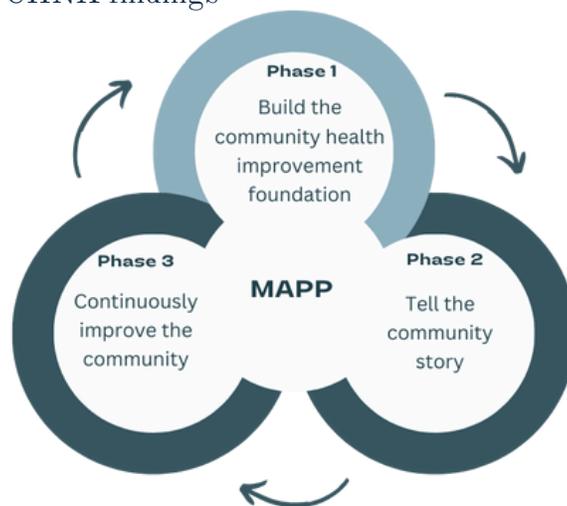
COMMUNITY HEALTH ASSESSMENT PROCESS



CHI Health Good Samaritan and Bryan Health Kearney Regional Medical Center (KRMC) partnered with Two Rivers Public Health Department to complete a Community Health Needs Assessment (CHNA) and a Community Health Improvement Process (CHIP) using the Mobilizing for Action through Planning and Partnerships Process (MAPP). The MAPP process uses 3 phases and 6 steps to gain an understanding for the community.

This 6 step process is:

- Form the assessment design team
- Design the assessment implementation process
- Conduct the three assessments
 - Community Partner Assessment
 - Community Status Assessment
 - Community Context Assessment
- Triangulate the data, identify themes, and develop issue statements
- Develop issue profiles through root cause analysis
- Disseminate CHNA findings



PROCESS AND CRITERIA TO IDENTIFY & PRIORITIZE SIGNIFICANT HEALTH NEEDS



This report focuses on identifying and prioritizing significant health needs within the Buffalo County community, a central Nebraska county with both rural and urban characteristics. Our process combined quantitative data analysis with a social determinants of health (SDOH) framework to identify health disparities. We reviewed health indicators specific to Buffalo County, drawing from the County Health Rankings, U.S. Census Bureau data, CDC’s Social Vulnerability Index (SVI), and TRPHD’s internal priority areas. Recognizing that upstream factors drive many health disparities, we deliberately included metrics beyond morbidity and mortality, emphasizing housing stability, healthcare access, education, and workforce participation.

The assessment began with identifying key strengths and vulnerabilities within the county. Strengths included high life expectancy and employment rates, while challenges were evident in housing affordability and access to tertiary healthcare and behavioral health services. We analyzed a broad set of indicators—covering chronic disease burden, birth outcomes, mental health trends, and healthcare workforce capacity—while aligning them with broader SDOH categories. We emphasized identifying disparities across population subgroups, including low-income families and rural residents. Indicators were prioritized based on local relevance, deviation from state or national benchmarks, and potential for action through public health or healthcare system interventions. A concise one-page summary of Buffalo County’s health profile was also included to enhance accessibility and facilitate stakeholder engagement, supported by an in-depth analysis of demographic, educational, economic, and clinical outcomes.

The findings from this process underscore a set of intertwined health needs shaped by demographic shifts, provider shortages, and persistent inequities. Limited access to primary and behavioral health services, housing insecurity, and adverse birth outcomes emerged as high-priority concerns. As such, Buffalo County region would benefit from investments in preventive care infrastructure, cross-sector coordination, and data-driven policymaking. This report, co-produced with CHI Health - Good Samaritan Hospital, provides a shared evidence base for aligning resources, advocating for community needs, and informing the partners’ Community Health Improvement Plan and future regional health strategy.

CHI Health Good Samaritan invited written comments on the previous CHNA report and Implementation Strategy both in the documents and on the website where they are widely available to the public. No written comments have been received.

Health Survey Distribution

The Two Rivers Public Health Department developed and distributed a community health assessment survey to gather input from community members on various health-related topics. The survey was reviewed by CHI Health Good Samaritan, Kearney Regional Medical Center, Buffalo County Community Partners, Gothenburg Memorial Health, and Kearney County Health Services, and was then edited based on their feedback. TRPHD prepared links and QR codes for distribution, and community members were encouraged to participate through in-person interviews, flyers with QR codes in hospital and clinic waiting rooms, online surveys shared via social media and community websites, as well as links in hospital newsletters. Additionally, local organizations and leaders were engaged to help spread the word about the survey. The goal was to collect a comprehensive and diverse range of responses that accurately represent the health needs and priorities of the community.



CHI Health

SCAN HERE



Please scan this QR code to complete a survey. Completed surveys will be entered for a drawing to win gift cards worth \$50. Weekly drawings!



BUFFALO COUNTY
community
partners

SCAN HERE



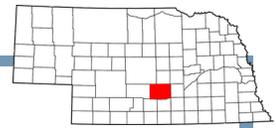
Please scan this QR code to complete a survey. Completed surveys will be entered for a drawing to win gift cards worth \$50. Weekly drawings!

Key Findings

Indicator/Area of Community Health Need	Rationale for Selection
Aging/Lifespan Health	<ul style="list-style-type: none"> Focus groups identified aging/lifespan health as a significant health need. From 2018-2022, Buffalo County had the lowest death rate (8.3 per 1,000 population) of all TRPHD counties (State comparison: 9.3 per 1,000 population)
Behavioral Health	<ul style="list-style-type: none"> Focus groups identified mental health, access to services, and suicide prevention as a significant health need.
Chronic Disease	<ul style="list-style-type: none"> Focus groups identified dementia and diabetes as a significant health need.
Heart Disease	<ul style="list-style-type: none"> From 2019-2021, Buffalo County had the highest heart disease hospitalization rate (37.3 per 1,000 Medicare beneficiaries, 65+ of all TRPHD counties (TRPHD comparison: 28.2 per 1,000 Medicare beneficiaries, 65+; State comparison: 32.4 per 1,000 Medicare beneficiaries, 65+)
High Blood Pressure	<ul style="list-style-type: none"> From 2019-2021, Buffalo County had the highest high blood pressure hospitalization rate in TRPHD (13.1 per 1,000 Medicare Beneficiaries, 65+; State comparison: 9.5 per 1,000 Medicare Beneficiaries, 65+).
Poverty	<ul style="list-style-type: none"> In 2022, 11.8% of the Buffalo County population had an income below the federal poverty level (TRPHD comparison: 12.3%; State comparison: 10.4%)

Key Findings

Indicator/Area of Community Health Need	Rationale for Selection
Severe Housing Problems	<ul style="list-style-type: none"> In 2020, Buffalo County was the second highest percentage (25.9%) of households with severe housing problems in TRPHD (TRPHD comparison: 24.2%; State comparison: 24.9%)
Shortages of Specialty Care	<ul style="list-style-type: none"> Buffalo County reported a shortage of specialty care professionals in the following specialty areas: <ul style="list-style-type: none"> Psychiatry and Mental Health Dental Care and Primary Care were the only specialties with no reported shortages in Buffalo County.
Stroke	<ul style="list-style-type: none"> In 2019-2021, Buffalo County had the second lowest stroke death rate in TRPHD (24.8 per 100,000 population; State comparison: 34.7 per 100,000 population). Although the stroke death rate in Buffalo County was the second lowest of all TRPHD counties, the stroke hospitalization rate (9 per 1,000 Medicare Beneficiaries, 65+) was the second highest of all TRPHD counties.
Suicide	<ul style="list-style-type: none"> From 2018-2022, the suicide death rate was 12.8 per 100,000 population in Buffalo County (State comparison: 15 per 100,000 population).
Unintentional Injury Death Rate	<ul style="list-style-type: none"> In 2022, the unintentional injury death rate in Buffalo County was 31.6 per 100,000 population (State comparison: 50.3 per 100,000 population).

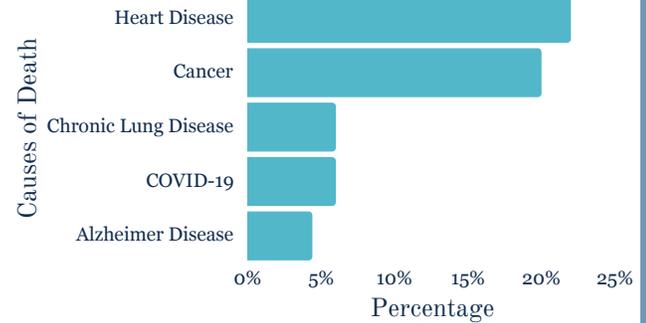


Buffalo County Data Summary

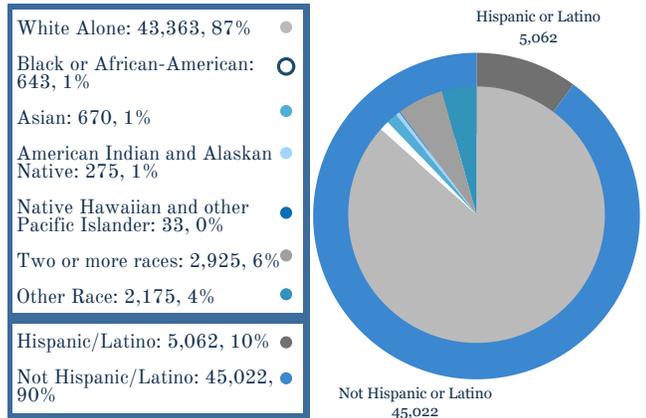
Background

	Buffalo Co.	NE
Total Area	975 sq mi	772,358 sq mi
Population	50,586	1,961,504
Median Age The median value of ages among all residents of a location.	34 Years	37 Years
Average Household Size Average # of people per household.	2.46	2.46
Average Family Size Average # of people per family.	3.02	3.09
Life Expectancy (at birth) Average # of years a person can expect to live at birth.	80 Years	79 Years
High School Completion Percentage of adults ages 25 and over with a high school diploma or equivalent.	93%	92%
Some College Completion Percentage of the population ages 25-44 with some post-secondary education, such as enrollment in vocational/technical school, junior college, or 4-year college.	72%	72%
Unemployment Percentage of the populations' civilian labor force, ages 16 and older that is unemployed but still seeking work.	2.0%	2.3%
Children in Poverty Percentage of people under age 18 living in a household whose income is below the poverty level.	13%	14%
Children in Single Parent Household Percentage of children (under 18 years of age) living in households that are headed by a single parent.	21%	20%
Adult Smoking Percentage of the adult population who both report that they currently smoke every day or some days and have smoked at least 100 cigarettes in their lifetime.	15%	14%
Adult Obesity Percentage of the adult population (ages 18 and older) that reports a BMI greater than or equal to 30 kg/m2.	40%	36%
Physical Inactivity Percentage of adults ages 18 and over reporting no leisure-time physical activity in the past month.	24%	24%
Alcohol-Impaired Driving Deaths Percentage of driving deaths with alcohol involvement	30%	33%
STI Rate Number of newly diagnosed chlamydia cases per 100,000 populations.	409.2	453.1
Leading Cause of Mortality	Heart Disease	Heart Disease
Heart Disease Mortality Number of heart disease deaths per 100,000 populations.	177/100,000	187/100,000

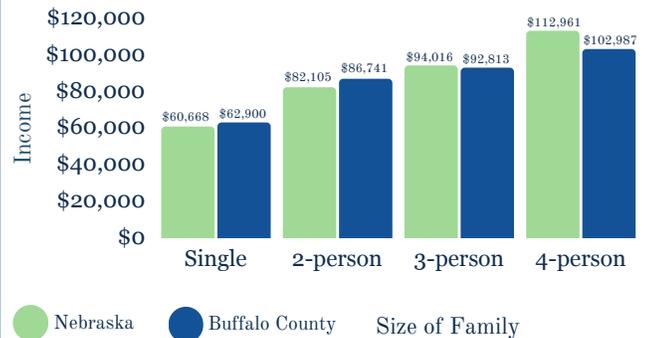
Top Five Causes of Death in Buffalo County 2018-2023



Population of Buffalo County, by Race/Ethnicity



Median Income, per Family Size



Annual Weighted Poverty Threshold for Nebraska

Size of Household	1	2	4	6
Annual Income	\$15,060	\$20,440	\$31,200	\$41,960

County Information

Buffalo is the 2nd most populous county in Nebraska outside the Lincoln-Omaha region and home to the University of Nebraska Kearney campus. The proportion of people with a high school or college degree in Buffalo County is comparable to that of the whole state. Buffalo is also the 4th youngest county in Nebraska with a median age of 33.8 years. Yet, Buffalo is also home to the third highest number of assisted living/ long term care facilities in Nebraska, after Douglas and Lancaster counties. The 3 largest cities in Buffalo County are Kearney (county seat), Gibbon and Ravenna.

*All sources for data can be found on the Resources page.

Buffalo County Demographic Data

Comparison of Social Determinants of Health and Health/Nutrition Disparities in Buffalo County 2024			
	Buffalo County	Nebraska	United States
General Health and Nutrition			
% of adults reporting poor or fair Health ¹	13.0%	13.0%	14.0%
Average # of poor physical health days in the past 30 days	2.9	2.9	3.0
Average # of poor mental health days in the past 30 days	4.2	4.3	4.8
Average # of years people are expected to live	80.0	78.4	77.6
% of adults reporting 14 or more days of poor physical health per month	9.0%	9.0%	10.0%
% of adults who are current smokers	15.0%	14.0%	15.0%
% of adults with obesity (BMI >30kg/m ²)	40.0%	36.0%	34.0%
% of adults reporting no leisure-time physical activity	24.0%	24.0%	23.0%
% of pop. with adequate access to locations for physical activity	84.0%	84.0%	84.0%
% of adults reporting binge or heavy drinking	22.0%	22.0%	18.0%

*Adults refer to individuals ≥ 18 years or older.

**All sources for data can be found on the Resources page.

General Health and Nutrition

- Buffalo County residents have a higher rate of adult obesity than the state and nation, despite having similar access to adequate physical activity/ recreation areas.

Buffalo County Demographic Data

Social Determinants of Health

Residents of Buffalo County experience lower levels of unemployment and poverty compared to the rest of Nebraska, but also have a lower median household income to the state and national averages. Despite having a lower percentage of households with severe housing problems when compared nationwide, Buffalo county has a higher percentage than Nebraska.

Comparison of Social Determinants of Health and Health/Nutrition Disparities in Buffalo County			
	Buffalo County	Nebraska	United States
Social Determinants of Health			
Median Household Income	\$67,800	\$69,800	\$74,800
% of pop. (≥ 16 years) unemployed	2.0%	2.3%	3.7%
% of children (< 18 years) in poverty	13.0%	14.0%	16.0%
% of children enrolled in public schools eligible for free/reduced price lunch	35.0%	41.0%	51.0%
% of households with severe housing problems*	13.0%	12.0%	17.0%

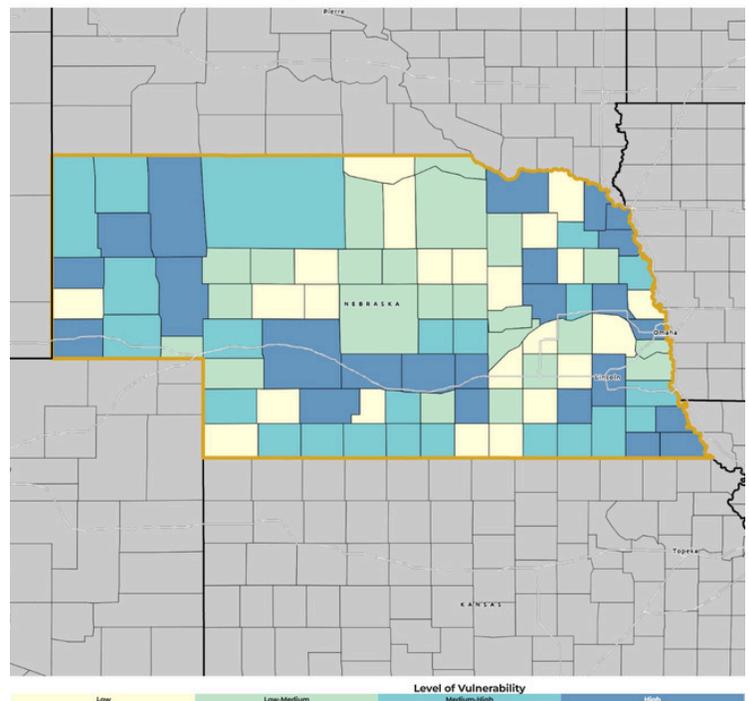
*Severe housing problems refers to households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing

**All sources for data can be found on the Resources page.

Social Vulnerability Index (SVI)

- Overall Vulnerability: Buffalo County's SVI score of 0.837 places it among the most vulnerable counties nationwide in terms of disaster and public health response capacity.
- Housing and Transportation: With a score of 0.9674, this is the county's most vulnerable area—likely due to high rates of housing crowding, multi-unit structures, or limited access to vehicles and public transit.
- Socioeconomic Status: The 0.7391 score suggests notable vulnerability, potentially driven by elevated poverty, unemployment, or lower education and income levels.
- Racial/Ethnic Minority Status: A score of 0.7174 indicates moderate to high vulnerability, likely reflecting a larger share of racial/ethnic minorities or residents with limited English proficiency.
- Household Composition: This domain is less concerning, with a score of 0.4674, but still suggests some risk due to factors like older adults, single-parent households, or individuals with disabilities.

Overall SVI Nebraska: Statewide Comparison By County | 2022



Buffalo County Demographic Data

Comparison of Healthcare and Preventative Measures in Buffalo County

	Buffalo County	Nebraska	United States
Healthcare and Prevention			
% of pop. < 65 years without health insurance ¹	8.0%	8.0%	10.0%
Ratio of pop. to primary care physicians ⁵	1,140:1	1,340:1	1,330:1
Ratio of pop. to dentists	1,180:1	1,220:1	1,360:1
Ratio of pop. to mental health providers	230:1	310:1	320:1
Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	2,342	2,249	2,681
% of female Medicare enrollees ages 65-74 who received an annual mammography screening	50.0%	50.0%	43.0%
% of fee-for-services Medicare enrollees who had an annual flu vaccination	58.0%	49.0%	46.0%
Communicable and Non-communicable Illnesses			
% of driving deaths with alcohol involvement	24.0%	32.0%	26.0%
% of adults (≥20 years) with diagnosed diabetes	9.0%	9.0%	10.0%
# of newly diagnosed chlamydia cases per 100,000 pop.	409.2	453.1	495.5

*All sources for data can be found on the Resources page.

Healthcare Providers

- Buffalo County has greater access to healthcare providers-including physicians, dentists, and mental health professionals-than both the Nebraska and U.S. averages.
- Buffalo County displays a 9% increase in flu vaccinations compared to the state.
- The top three leading causes of death in Buffalo County are heart disease, malignant neoplasms, and chronic lower respiratory diseases.
- Buffalo County has been designated a Health Professional Shortage Area for primary care and mental health. The city of Ravenna within Buffalo County is designated a Medically Underserved Area for primary care.

Buffalo County Demographic Data

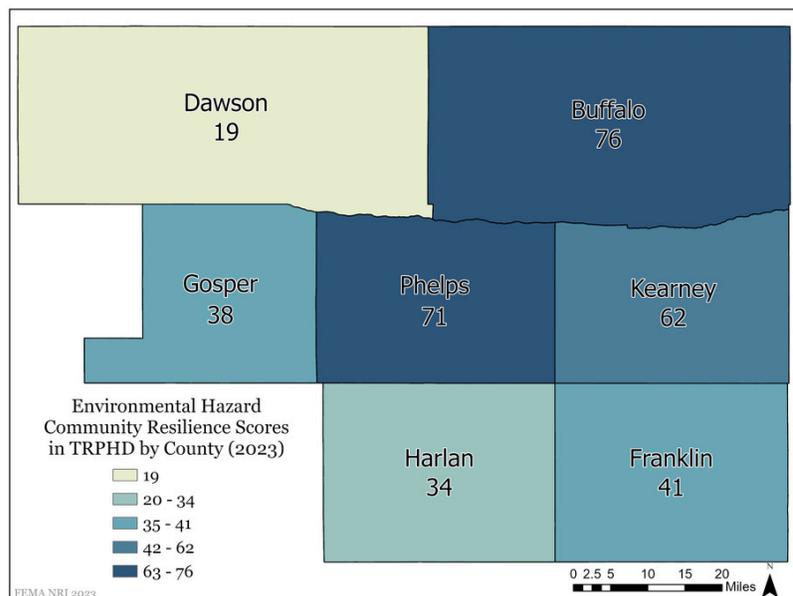
Life Expectancy in Buffalo County, Nebraska, and the U.S. 1980-2024						
	Life Expectancy by Year					Change in Life Expectancy 1980-2024 (years)
	1980	1990	2000	2010	2020	
Buffalo	75.2	76.6	79.1	80.2	81.1	+5.9
Nebraska	75.4	76.8	78.0	79.5	79.6	+4.2
United States	73.8	75.4	77.7	78.8	79.1	+5.3

Sources: US Health Map data visualization for life expectancies in the years 1980, 1990, 2000, 2010, and 2019. <https://vizhub.healthdata.org/subnational/usa> & National Center for Health Statistics- Natality and Mortality Files; Census Population Estimates

- In 2020, the average life expectancy at birth in Buffalo County was 81.1 years, with females living longer (82.4 years) than males (78.1 years).
- Life expectancy increased by 5.9 years from 1980 to 2020, surpassing both state and national averages.
- The gap in life expectancy between Buffalo County and Nebraska has narrowed, averaging 0.6 years more every decade since 1980.
- Buffalo County has generally maintained a higher life expectancy than Nebraska and the nation, except in 1990.

Climate Indicator

- FEMA’s Community Resilience Score (from the National Risk Index, 2023) reflects a community’s ability to withstand and bounce back from natural hazards. Higher scores mean stronger infrastructure, better social and economic conditions, and greater access to resources and emergency preparedness systems.
- Buffalo County has the highest Environmental Hazard Community Resilience Score (76) in TRPHD, indicating it is the most resilient county when it comes to preparing for, responding to, and recovering from environmental hazards.



Kearney Demographic Data

Comparison of Socio-demographic Background in Kearney, Nebraska			
	Kearney	Buffalo	Nebraska
Socio-demographic Background			
Total Area ²	11.2 sq miles	968 sq miles	772,358 sq miles
Population Size	34,277	50,586	1,961,504
Median Age	31.9	34.2	37.4
Average Household Size	2.4	2.5	2.5
Average Family Size	2.9	3.0	3.1
Median Household Income	\$66,843	\$70,093	\$69,597
% of pop. in poverty	15.1%	11.8%	10.4%
% of adults (≥25 years) with a high school diploma or higher	92.4%	92.6%	92.8%
% of adults (≥25 years) with a college degree (2 year or higher)	46.2%	44.6%	46.2%
% of people age 5 years and older who are non-English speaking	10.2%	12.3%	22.0%
% of people with Medicaid	12.7%	11.2%	16.0%
# of other hospitals serving the community	1	1	99

*Adults refer to individuals ≥18 years or older.

**All sources for data can be found on the Resources page.

Socio-demographic Background

- Kearney follows similar county and state trends with respects to socio-demographic backgrounds although they have a lower median age, median household income, and higher percentage of population in poverty.

Kearney Demographic Data

Comparison of Health Backgrounds in Kearney, Nebraska			
	Kearney	Buffalo	Nebraska
Health Background			
% of pop. with a disability	12.6%	13.2%	12.0%
% of pop. with no health insurance	7.9%	7.2%	7.8%
% of adults with hearing difficulty	4.1%	4.4%	3.9%
% of adults with vision difficulty	2.5%	2.7%	2.0%
% of adults with cognitive difficulty	5.2%	5.2%	4.7%
% of adults with ambulatory difficulty	5.2%	5.3%	5.7%
% of adults with self-care difficulty	2.3%	2.2%	1.9%
% of adults with independent living difficulty	4.5%	4.8%	4.8%

*Adults refer to individuals ≥ 18 years or older.

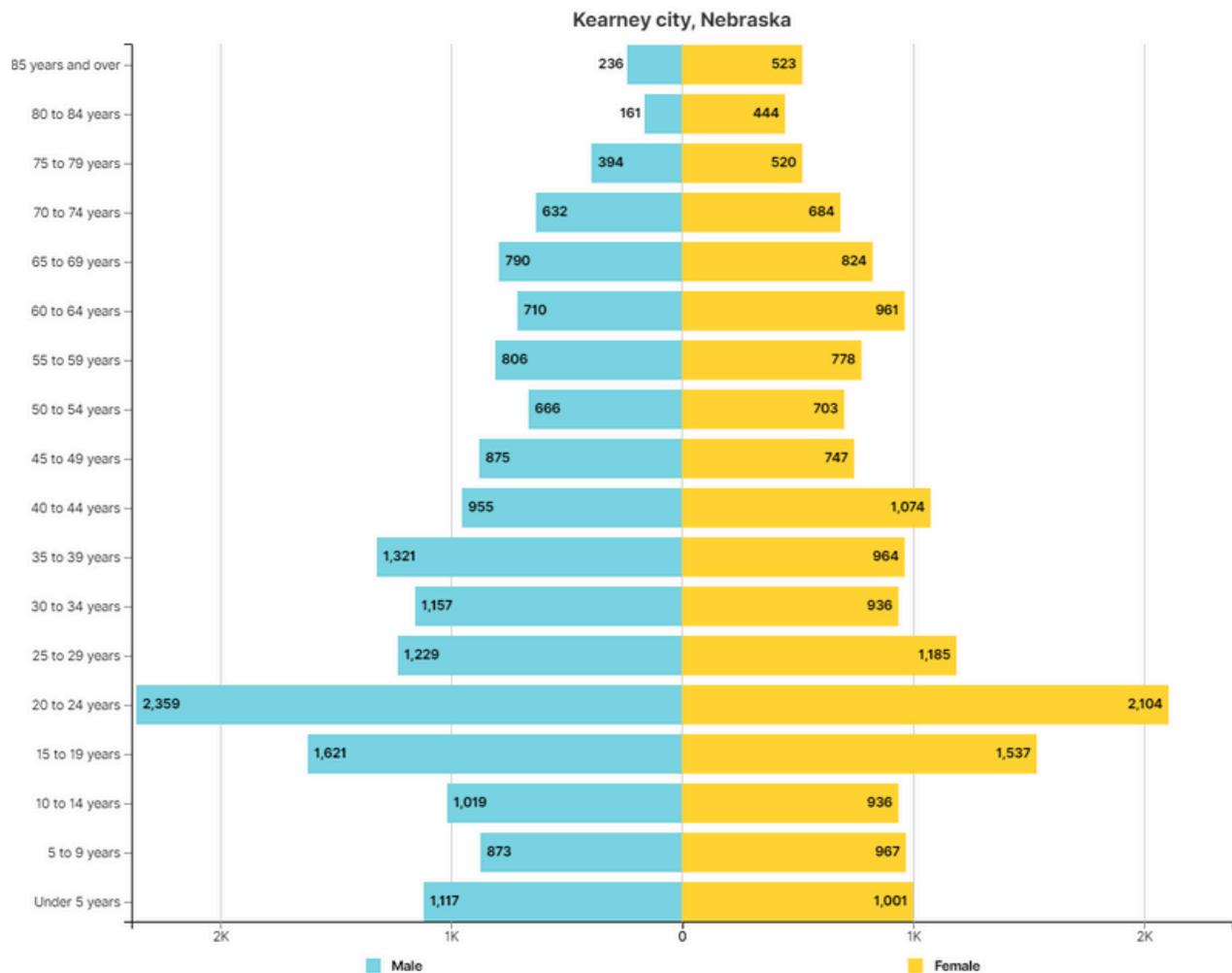
**All sources for data can be found on the Resources page.

Health Backgrounds

- Kearney follows similar health trends at the county and state level, but has a lower proportion of residents who have ambulatory (4.8%) and independent living (4.5%) difficulties when compared with county and state trends.
- Kearney has a higher proportion of self-care (2.3%) disabilities when compared with county and state trends.

Kearney Demographic Data

Population Pyramid: Population by Age and Sex in Kearney city, Nebraska



Source: 2022 ACS 5-Year Estimates. Population Pyramid: Population by Age and Sex in Kearney city, Nebraska. <https://data.census.gov/vizwidget?g=160XX00US3119385&infoSection=Age%20and%20Sex>

Population Background

- 15.4% of the population in Kearney is 65 years and older.
- The population of Kearney has a gender split of 50.0% male and 50.0% female.
- Approximately 85.0% of Kearney's population identifies as White, with 10.8% of the total population identifying as Hispanic or Latino.
- 6.7% of Kearney residents have not completed a high school education or equivalent.
- Of the Kearney population that is 5 years and older, 3.2% of the population speak English less than very well.

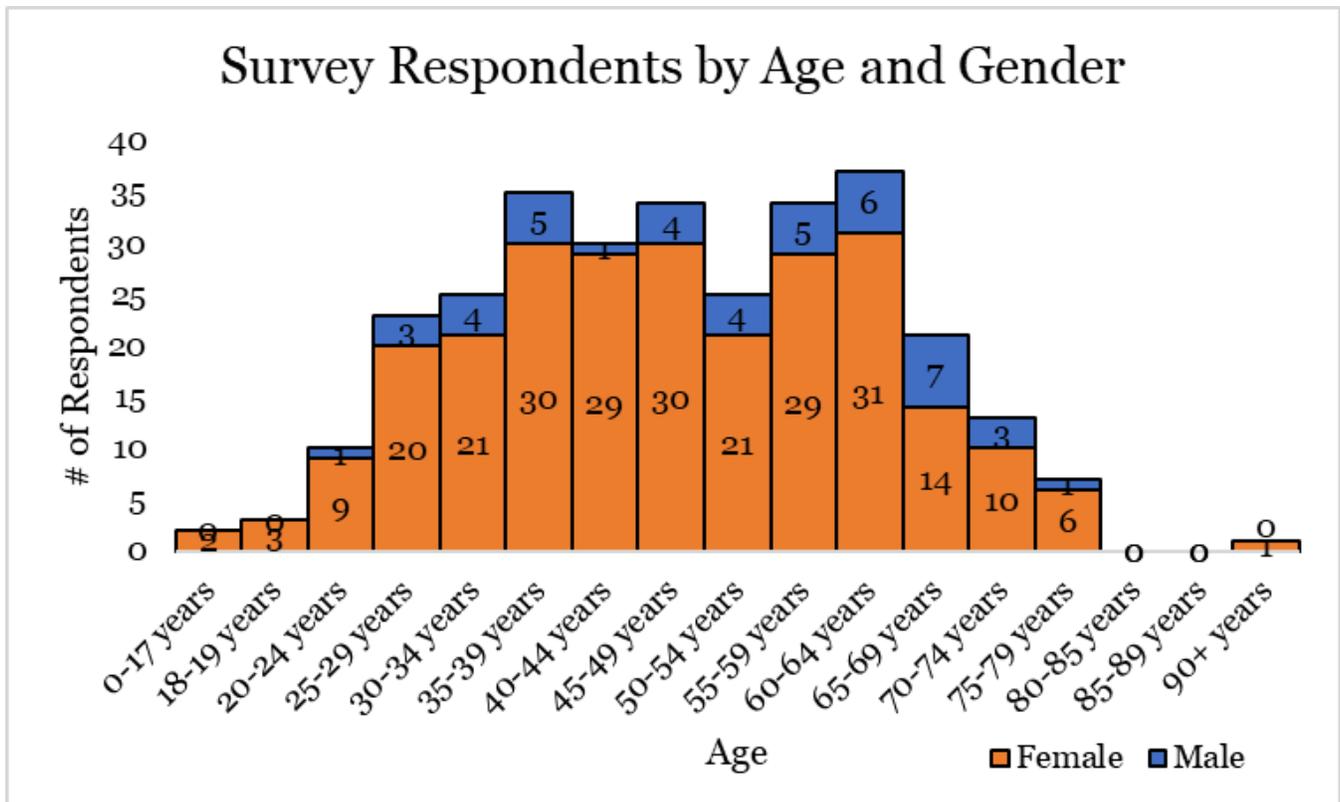
Health Survey: Demographics

Survey Background

CHI and TRPHD utilized Qualtrics to gather demographic and health information for the Community Health Needs Assessment Survey. All respondents were able to scan a QR code with their mobile device to access the survey. TRPHD included survey responses that were gathered through CHI Health and Buffalo County Community Partners. Survey respondents indicated they seek services at CHI Health Good Samaritan Hospital.

This demographic snapshot of survey respondents provides an overview of the survey sample, highlighting key characteristics such as residence, gender, age, racial and ethnic identification, educational attainment, and income levels.

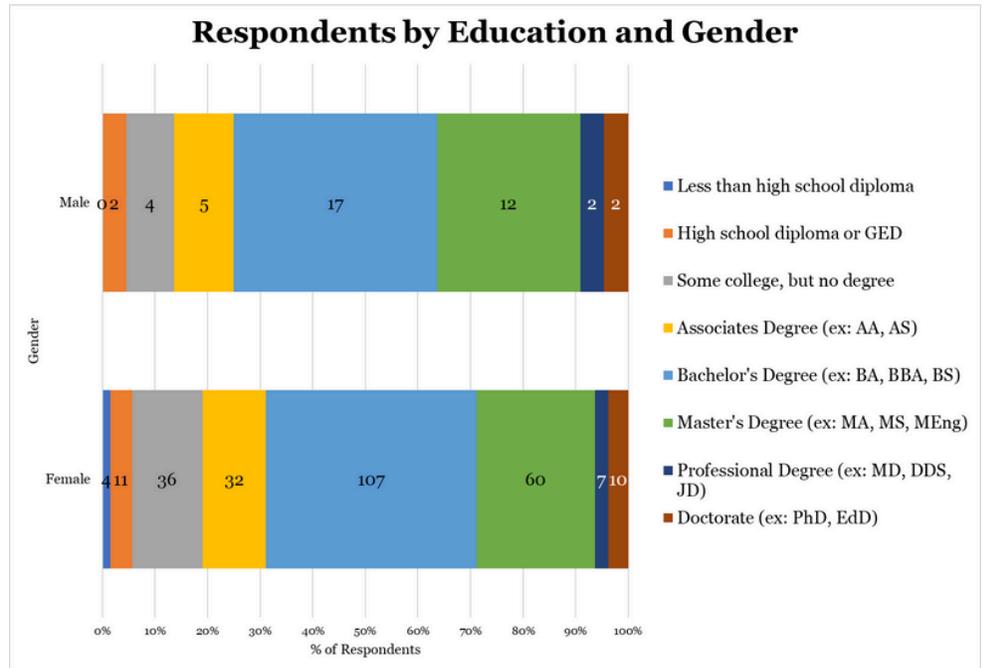
Out of the initial 421 responses, 106 surveys with a completion rate below 50% were excluded from analysis, resulting in a total sample size of 315. 89% of respondents were Buffalo County residents; (78% from Kearney city, and remaining spread among towns in TRPHD's 7-county region). 85% of respondents identified as female, and the median age was 32 years. Among the 315 respondents, 14 individuals identified as non-white and 19 as Hispanic or Latino origin.



Health Survey: Education & Employment

- 81.5% (256) of respondents stated their highest level of education was a 2-year degree or higher. Close to 70% stated that they had completed a 4-year college degree or higher.
- Only 5.4% (17) of respondents stated that they had a high-school degree or less.
- Over 92% of the sample identified as white, non-Hispanic which is somewhat higher than the general population in Buffalo county.
- A majority (79.0%) of respondents were currently employed, comparable to nationwide rates in the US, although below the Nebraska average.
- About 14% of the sample had either retired from active employment or were homemakers or stay at home parents. Over 90% had current health insurance

In summary, a majority of survey respondents were white non-Hispanic female residents of Kearney city in the 35-64 age group, most had a 4-year college degree and high rates of health insurance coverage.



What is your current employment status?		
Employment status	Frequency	%
Employed for wages	249	79.0%
Retired	40	12.7%
Self-employed	10	3.2%
A homemaker/stay-at-home parent	3	1.0%
A student	2	0.6%
Out of work for less than a year	2	0.6%
Unable to work	2	0.6%
Out of work for 1 year or more	1	0.3%
Other	6	1.9%
Total:	315	100.0%

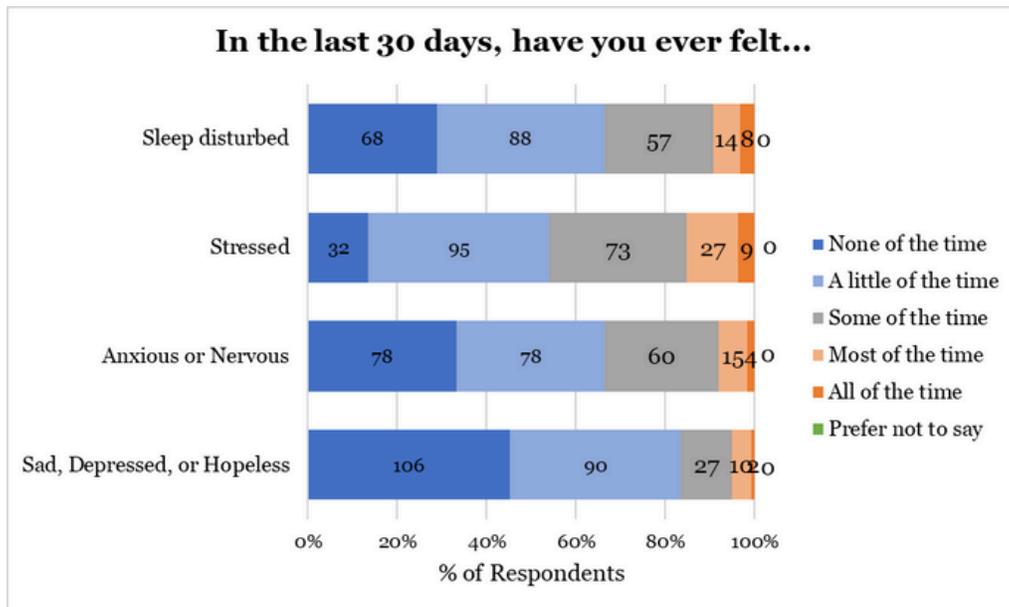
Health Survey: Health Status

Health Issues in the Community

- Of the diseases reported Mental Health Disorders had the highest prevalence (Depression, anxiety disorder, etc.) (16.0%), Arthritis/Other Autoimmune Disorders (12.7%), and Diabetes/Thyroid Disease/Other Endocrinological Disorders (10.4%).
- About a quarter of the sample said they did not suffer from any diseases in the past year; 22.6% of female and 35.7% of male respondents did not currently suffer from any diseases.
- Respondents were asked for feelings of nervousness, hopelessness, restlessness, depression, worthlessness and undue tiredness in the last 30 days. 17.1% of women reported suffering from mental health issues versus 7.1% of men.
- Among male respondents, injuries, falls, and accidents had the highest prevalence (12.5%) compared to 7.1% of female respondents.
- Reported rates of diabetes and autoimmune diseases seem to align with expected ranges for this age and demographic.

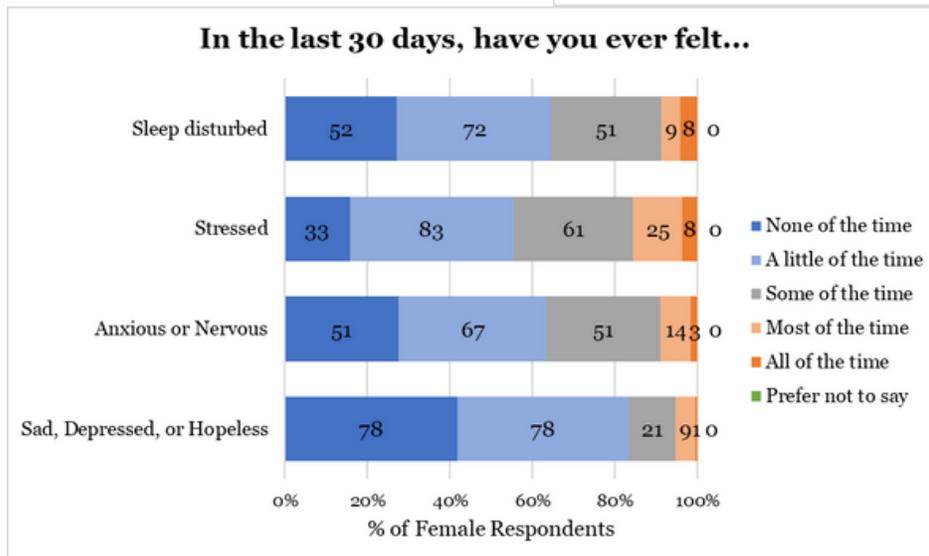
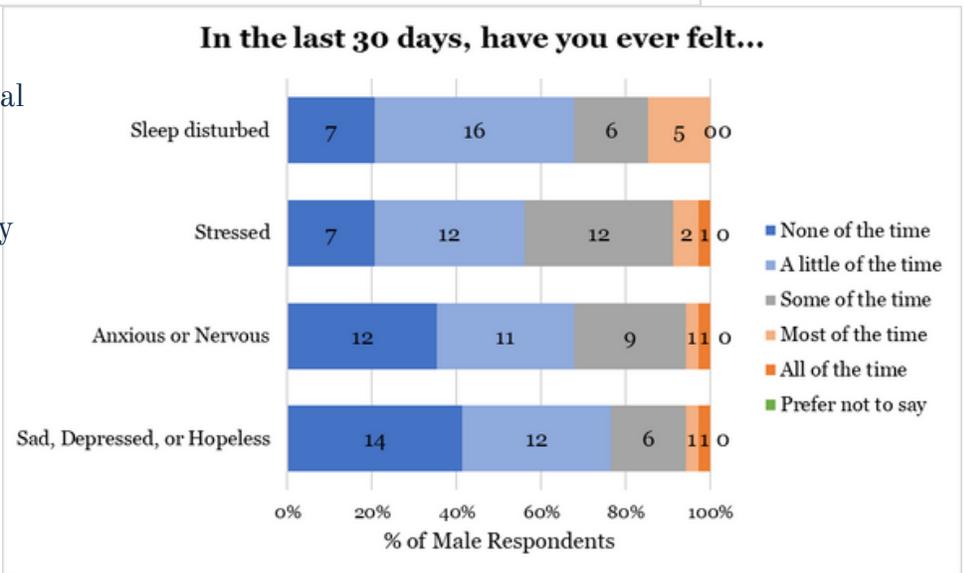
In the last 1 year, have you suffered from any of the following conditions?		
Ailment	Frequency	%
Mental health disorders (Depression, anxiety disorder, etc.)	77	16.0%
Arthritis/Other autoimmune disorders	61	12.7%
Diabetes/Thyroid disease/Other endocrinological disorders	50	10.4%
Injuries, falls, accidents	37	7.7%
Asthma/COPD/Other chronic respiratory illness	28	5.8%
Infectious Respiratory Illness	28	5.8%
Heart disease (Aortic disease, coronary heart disease, etc.)	18	3.7%
Cancer/Tumor (including skin cancers)	16	3.3%
Oral disease/Poor oral health	15	3.1%
Pregnancy/Childbirth	13	2.7%
Other	20	4.1%
I do not suffer from any of the following illnesses	115	23.9%
Prefer not to say	4	0.8%
Total:	482	100%

Health Survey: Mental Health



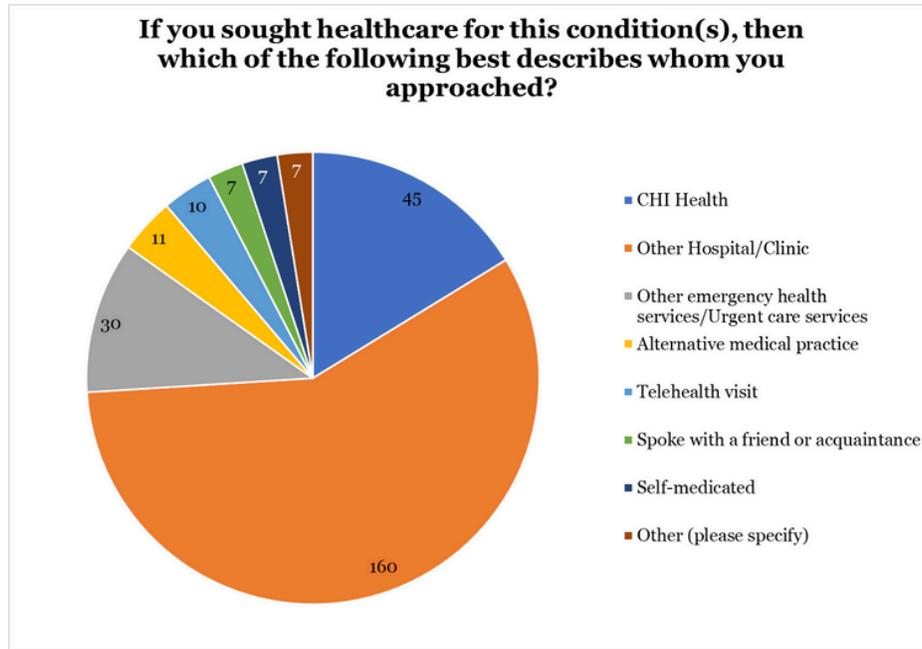
Sleep deprivation and stress/ anxiety were the most commonly reported mental health symptoms.

Although a few respondents reported symptoms suggestive of depression, only about half reported not feeling sleep-deprived or stressed in the past month. There was a clear articulation for the need for identifying and addressing mental health symptoms, and high response rates to mental health questions.



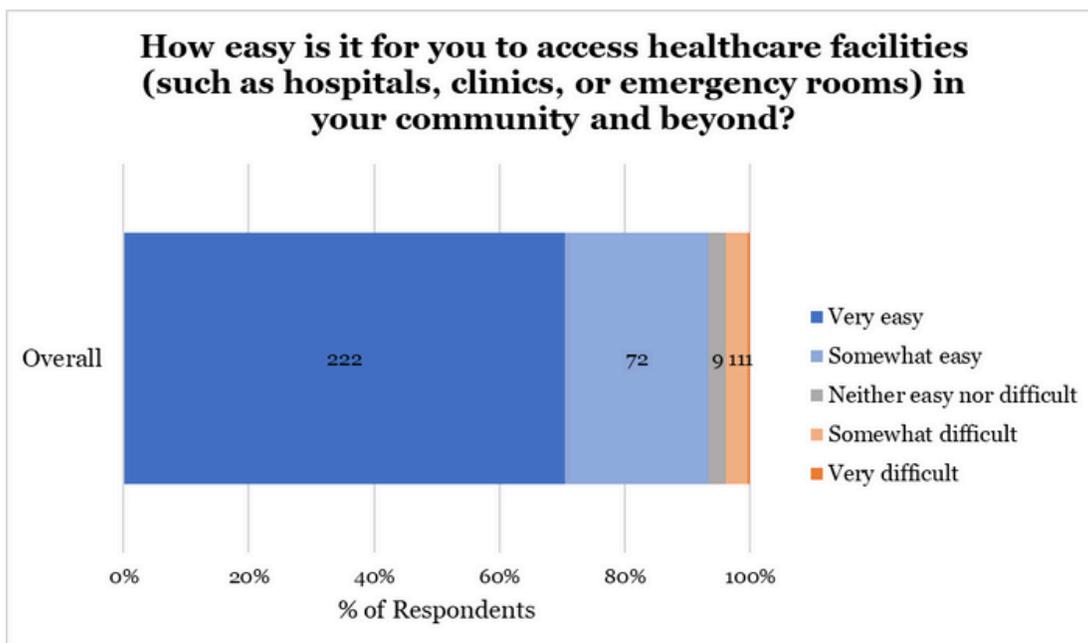
Women were more likely than men to report stress and anxiety as the most common symptom while men were more likely to report sleep deprivation and stress as their key mental health concern.

Health Survey: Healthcare Access

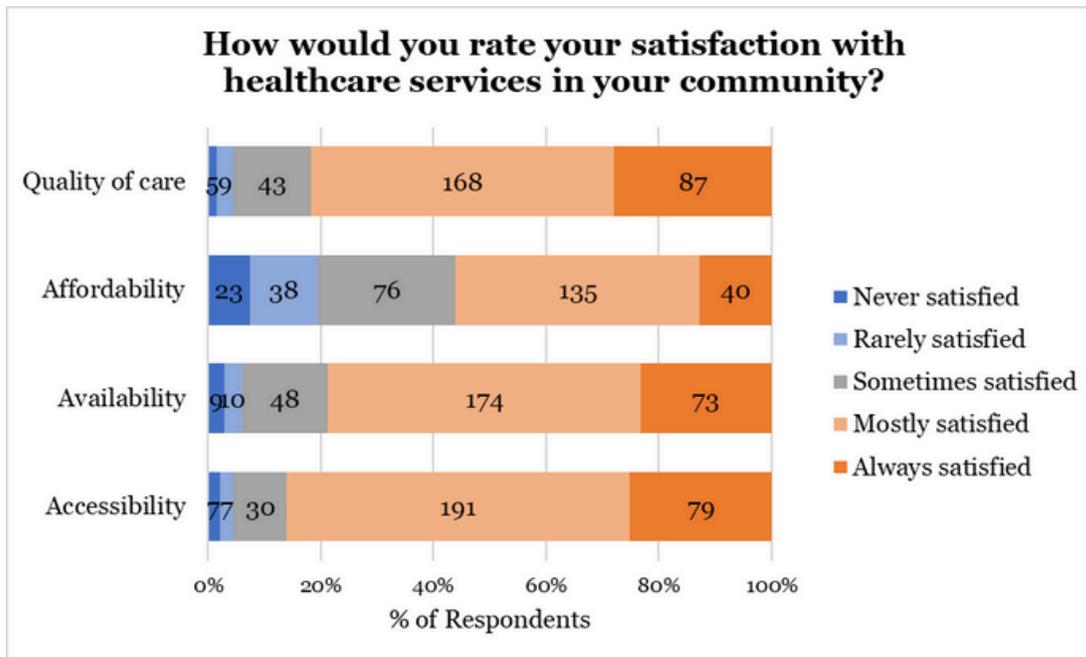


Healthcare Access

- Only about a fifth of respondents identified CHI as their primary healthcare facility of choice. Some part of this result may be related to the sampling frame, as results were pooled from partner surveys by BCCP
- Over 90% of respondents felt it was easy to access healthcare facilities. The key challenges faced when accessing a healthcare facility were (lack of) public transportation options (25.0%), long waiting times at healthcare facilities (25.0%), no access to private vehicle for transport (12.5%), and poor/unsafe road conditions (12.5%)

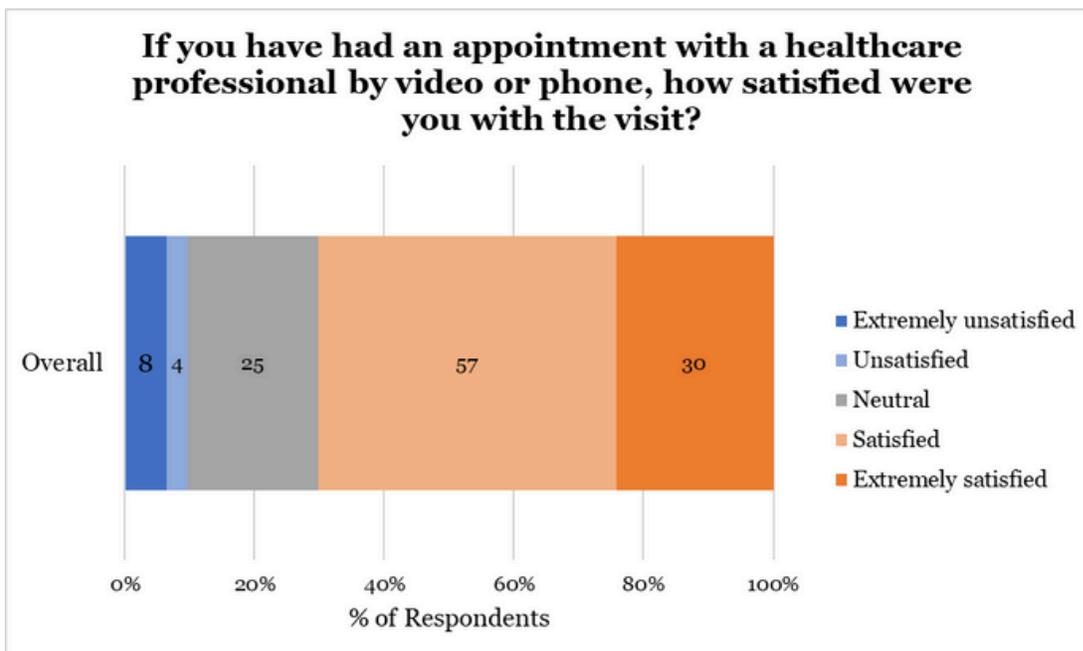


Health Survey: Healthcare Satisfaction



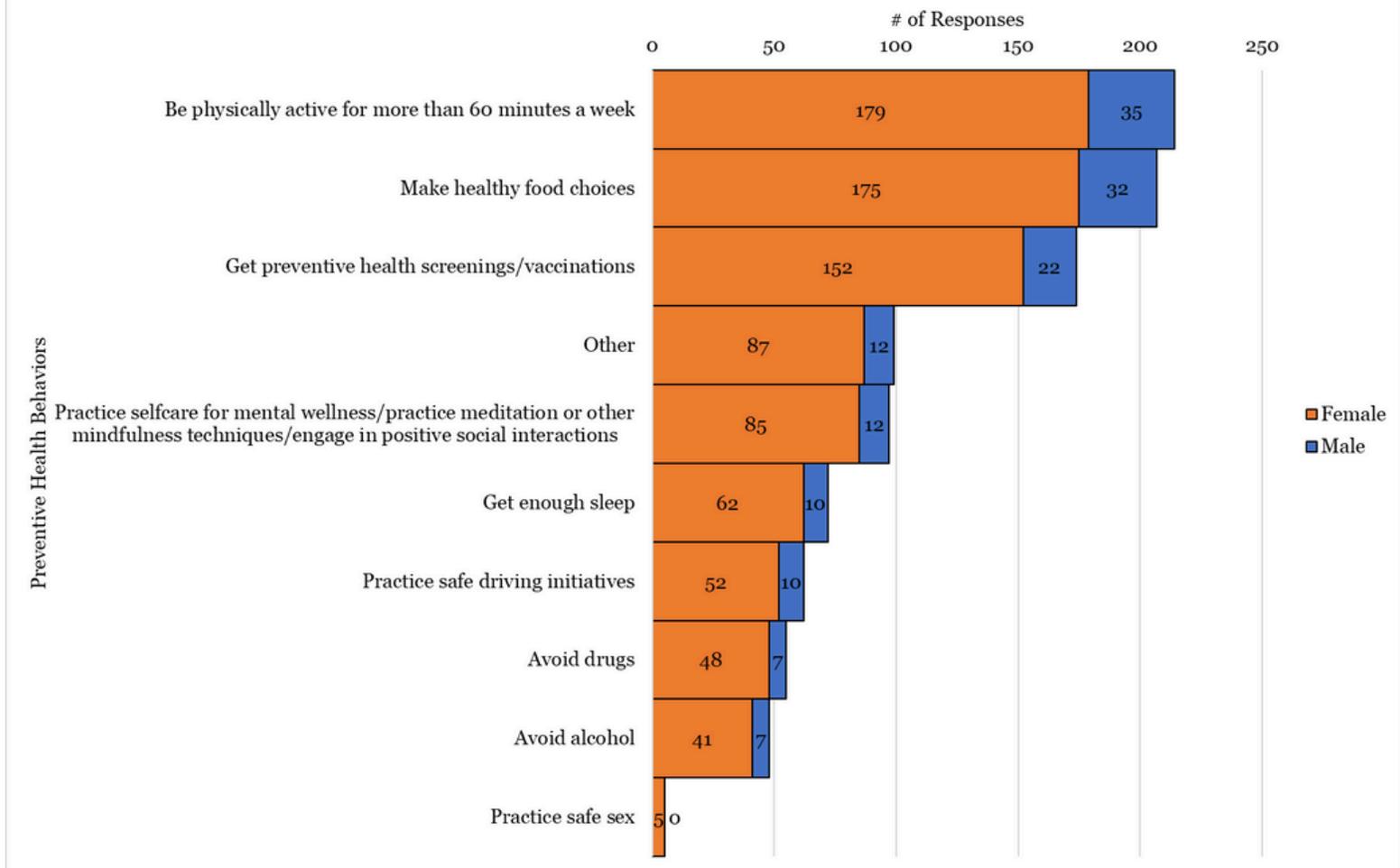
Healthcare Satisfaction

- 84% of responses were ‘mostly or always’ satisfied with the quality of healthcare, as opposed to only 46% for affordability. Although men and women’s views largely coincided, there was a wide variation (over 20%) in their satisfaction with availability and accessibility of services. Women were significantly more likely to be ‘very or mostly satisfied’ compared to men on issues like accessibility, clinic wait times and scheduling
- 49% of respondents who had used telehealth services were ‘satisfied or extremely satisfied or satisfied’, with their experience as opposed to 23% who were dissatisfied



Health Survey: Health Behaviors

Which of these behaviors have you engaged in the last year?



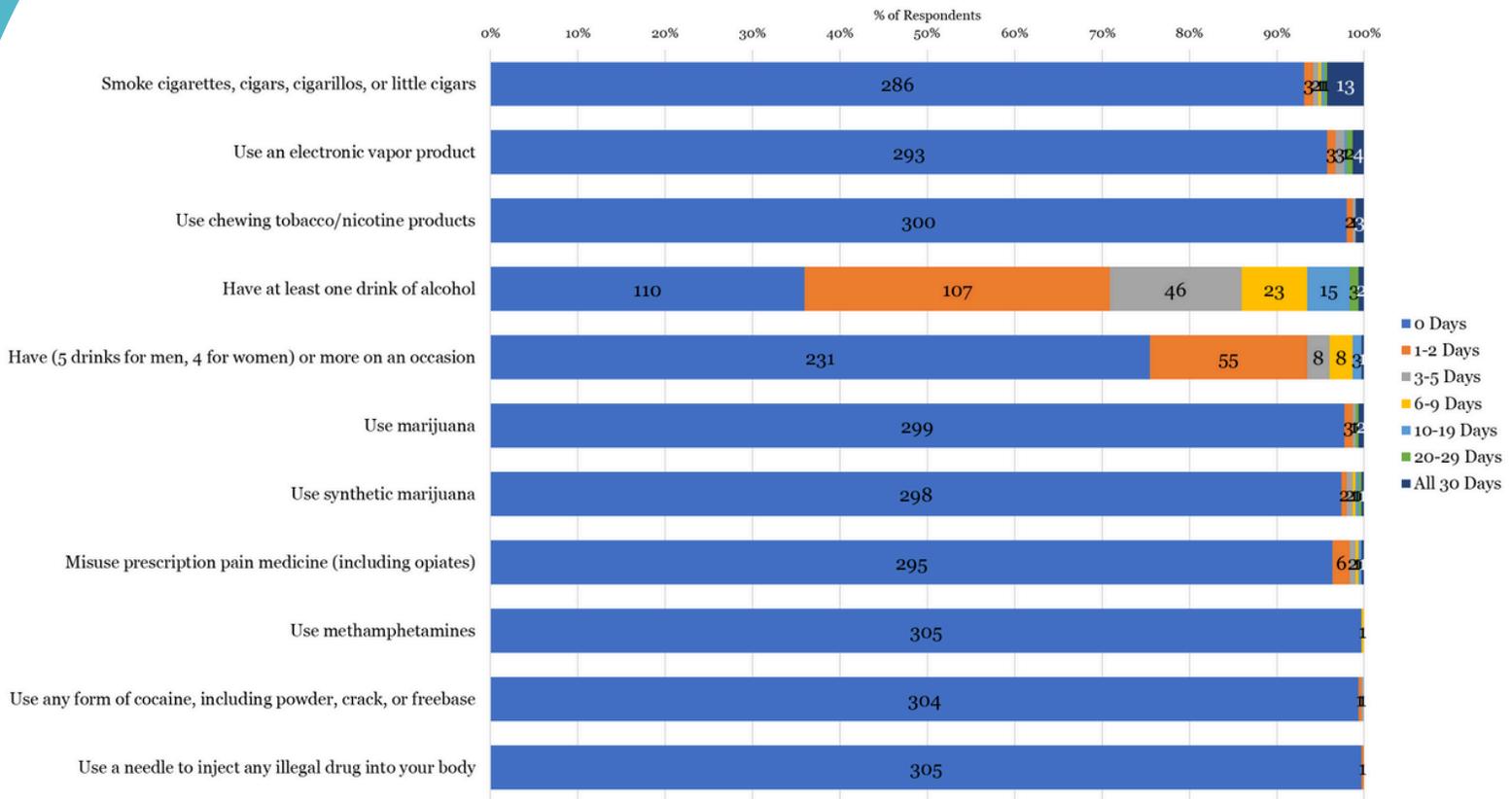
Health Behaviors in the Community

The top three health behaviors that residents partake in include being physically active for more than 60 minutes a week (20.7%), make healthy food choices (20.1%), and get preventive health screenings/vaccinations (16.8%).

- 85.7% of the respondents stated that they participate in physical exercise outside of a regular job.
 - Of this proportion, 88.7% exercise for an hour or more a week.
- Women are more likely to have accessed preventive care and screenings compared to men, and men are more likely to have participated in recent physical activity than women.
- 29% of respondents report consuming processed/fast foods or sugar/sweet beverages everyday in a typical week.

Health Survey: Substance Use Behaviors

In the past 30 days, how many days did you...

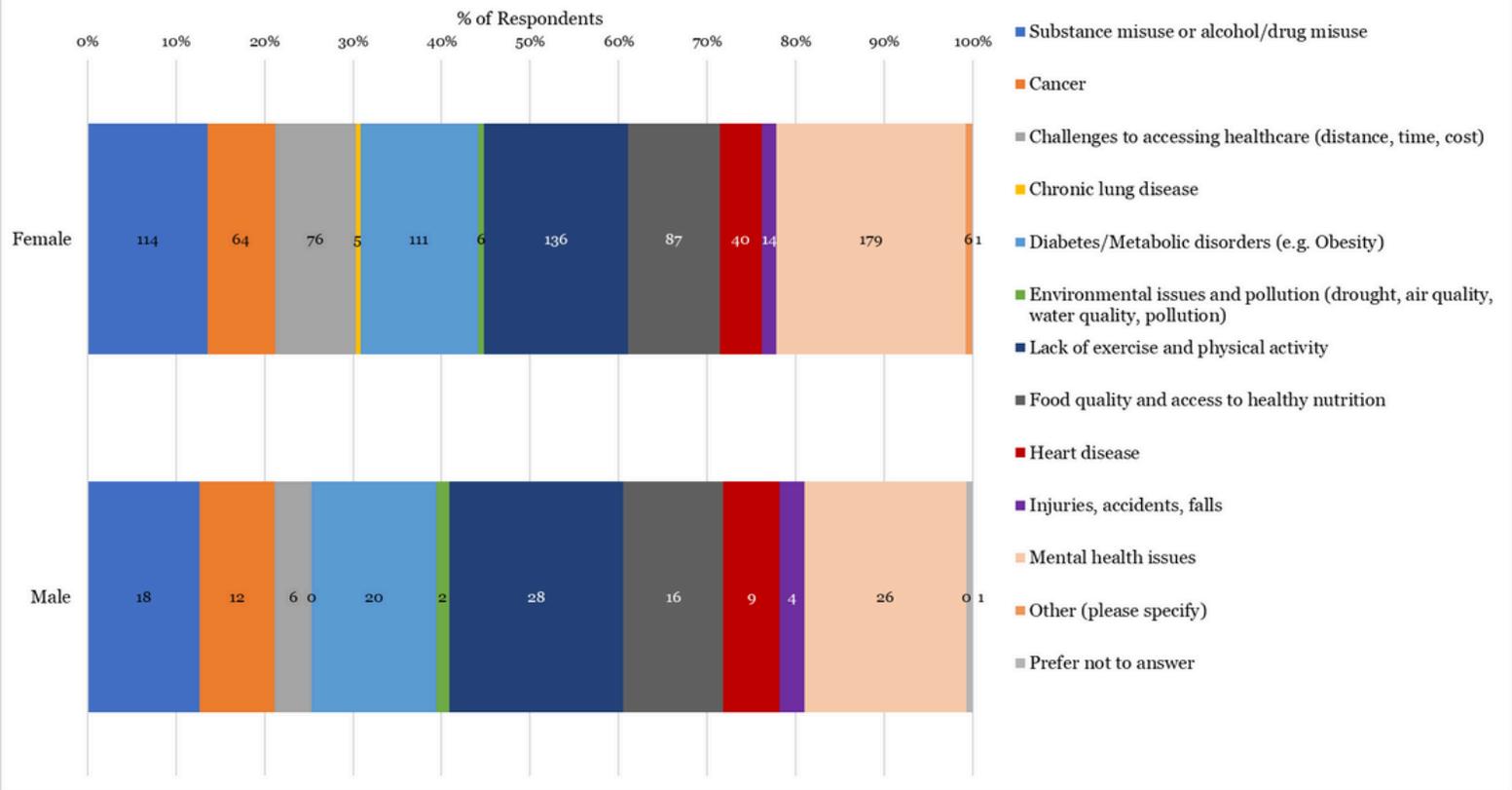


Substance Abuse

- Reported substance abuse rates were low, alcohol use was the only significant behavior reported.
- Although women and men are about par in their consumption of alcoholic beverages, men were significantly more likely to have indulged in binge drinking in the past month. 54% of the overall sample reported at least one occasion of binge drinking in the previous month.
- Men were about two times as likely as women to have used tobacco or vaping products in the past 30 days.
- Although men and women have roughly similar rates of daily alcohol consumption, men who use marijuana, methamphetamines and cocaine do so at roughly twice the rate as women.

Health Survey: Health Problems

In the following list, what do you think are the three most important HEALTH problems in our community?



Health Problems in the Community

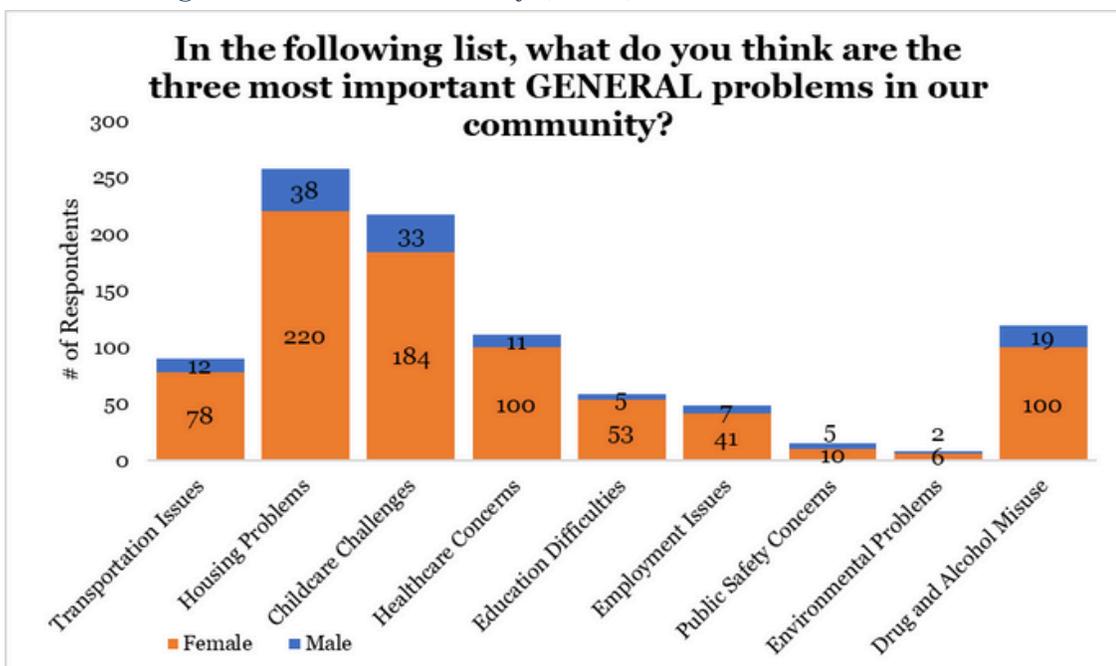
- The top 3 health problems in region were identified as mental health issues (21.0%), lack of exercise and physical activity (16.7%), and substance misuse or alcohol/drug misuse (13.5%).
- Men and women were roughly congruent in their opinions regarding common health problems in the area. Men were more likely than women to identify the lack of exercise and physical activity as important health problems while women were more likely to identify health care access as a key issue in the community.
- Men were about 1.5 times as likely as women to identify environmental health issues including pollution and resource contamination as a major health issue in the area, while women were 4 times more likely than men to identify mental health as a major area of concern.

Health Survey: Social Determinants

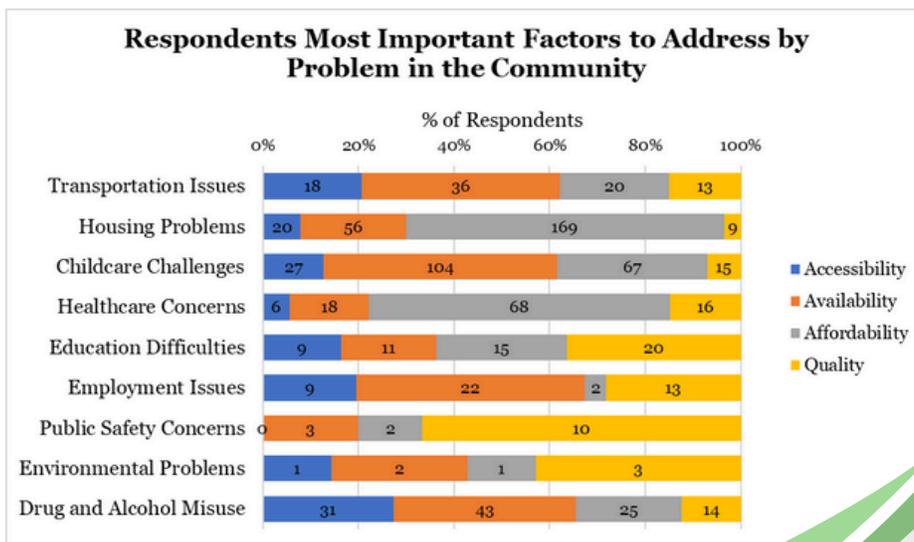
Social Determinants of Health

Respondents were asked what they thought the three leading social and health-aligned concerns in the community were:

- Housing problems (not enough affordable or quality housing options available) (28.0%) was the leading issue, followed by childcare challenges (limited access to affordable, high-quality childcare services) (23.4%), and drug and alcohol misuse (abuse of tobacco, alcohol, and other drugs) (12.7%).
- Of those specifically mentioned, environmental problems were considered to be one of the least concerning issues in the community (0.9%).



- Affordability of housing and healthcare was a key concern for respondents. 2/3rds of respondents identified it as the most important factor to address in the community.
- The quality of childcare and transportation options were identified as areas for potential improvement



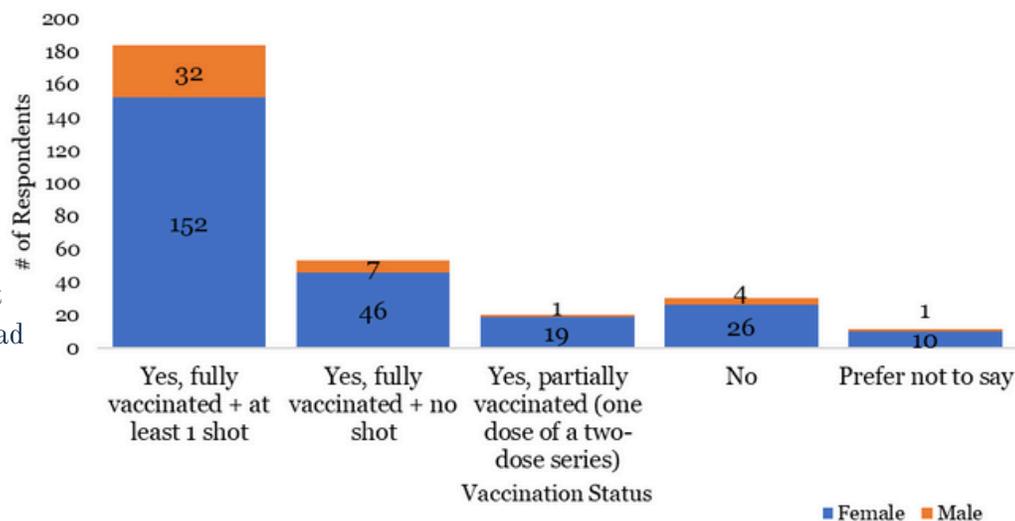
Health Survey: COVID-19 Vaccination

COVID Vaccine Behavior

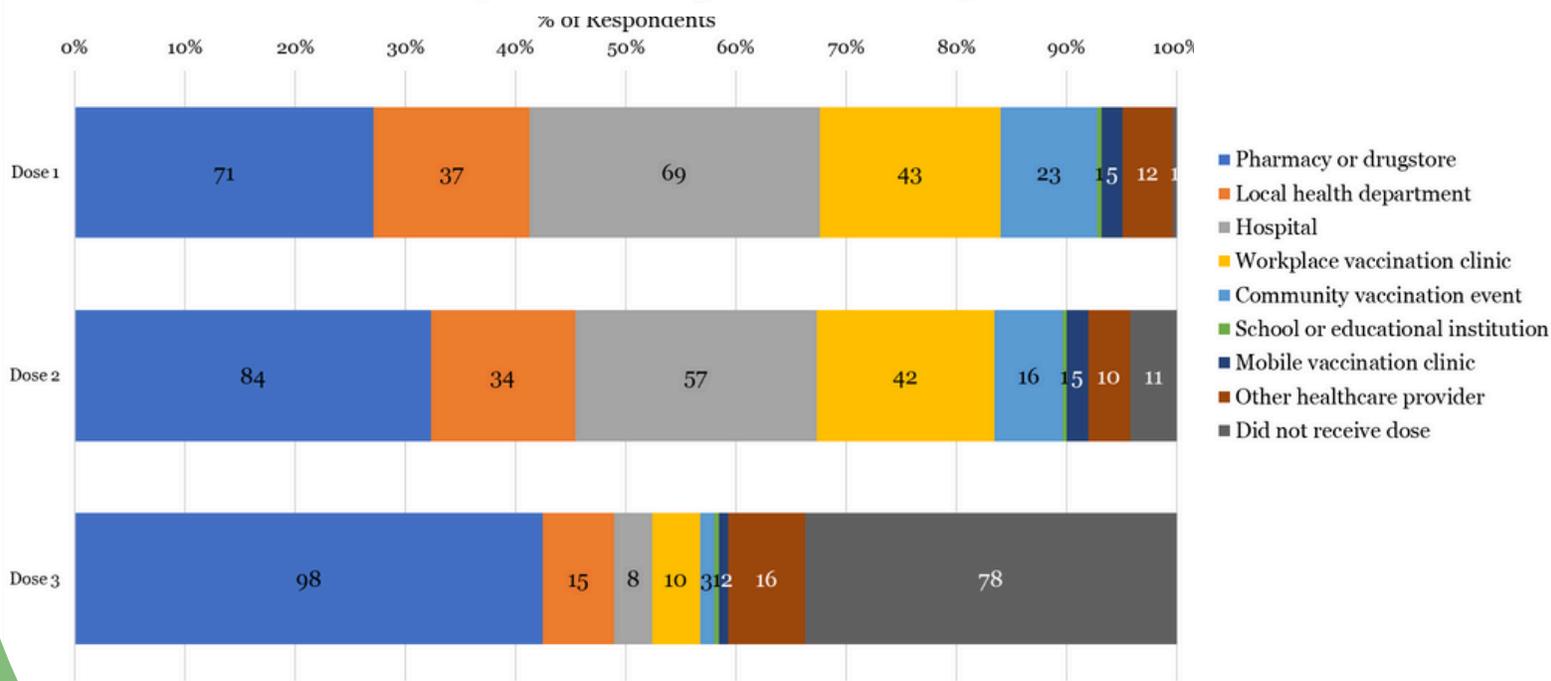
The CHNA explored COVID-19 vaccination behavior to gauge the population response to a widely accepted public health intervention that was applicable to all adults.

- 61.8% of all respondents had taken the full vaccination series along with at least one follow-up dose.
 - This is contrasted with about 17.6% of respondents who had taken the vaccine but not follow up 'booster' doses, indicating vaccine hesitancy among already-vaccinated persons. 10% of the sample had never been vaccinated.

Have you received the COVID-19 vaccine?



Where did you receive your COVID-19 vaccination?



COVID Vaccine Access

- Overall, men and women had roughly similar rates of COVID vaccine uptake
 - Both women and men were more likely to have received the vaccine at a pharmacy or drugstore.

Health Survey: Communications

If you had a choice for a trusted source for health news, what characteristics would it ideally have?

Characteristics	Frequency	%
Verifiable sources	199	28.1%
Accessible to everyone	169	23.9%
Simple language	156	22.0%
Single source for all information	85	12.0%
Run by private agencies with public oversight	51	7.2%
Run by government agencies with public oversight	40	5.6%
Other	4	0.6%
Prefer not to say	4	0.6%
Total:	708	100%

Health Information

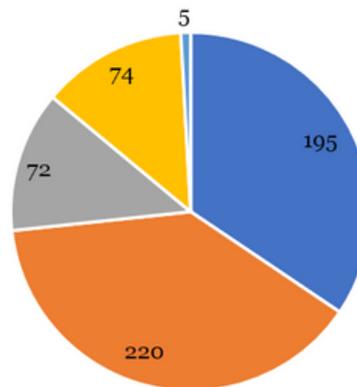
The most important attributes of health information included verifiable sources (28.1%), accessibility (23.9%), and that it contain simple language (22.0%).

23.3% of respondents stated that they access information about their personal and community health from physicians or healthcare providers (23.7%), followed by 15.6% from media (TV, print, radio, online), and 15.5% from social media.

When asked about preference of how health information is communicated, 38.9% of respondents stated they would prefer visualized health information, 34.5% text-based, and 13.1% to be in audio format.

- Other suggestions included via email.

Would you prefer health information to be provided in a specific format?



- Text-based (articles, blogs)
- Visual (infographics, videos)
- Interactive (apps, quizzes)
- Audio (podcasts)
- Other (please specify)

How do you access information about your personal health and health of your community?

Source	Frequency	%
Physicians or healthcare provider	215	23.7%
Media (TV, Print, Radio, Online)	142	15.6%
Social media	141	15.5%
Friends and family	141	15.5%
Co-workers	106	11.7%
College, training, and work experience	85	9.4%
CDC, NIH, other federal and state health agencies	68	7.5%
Other	7	0.8%
Prefer not to say	3	0.3%
Total:	1554	100%

Community Focus Groups

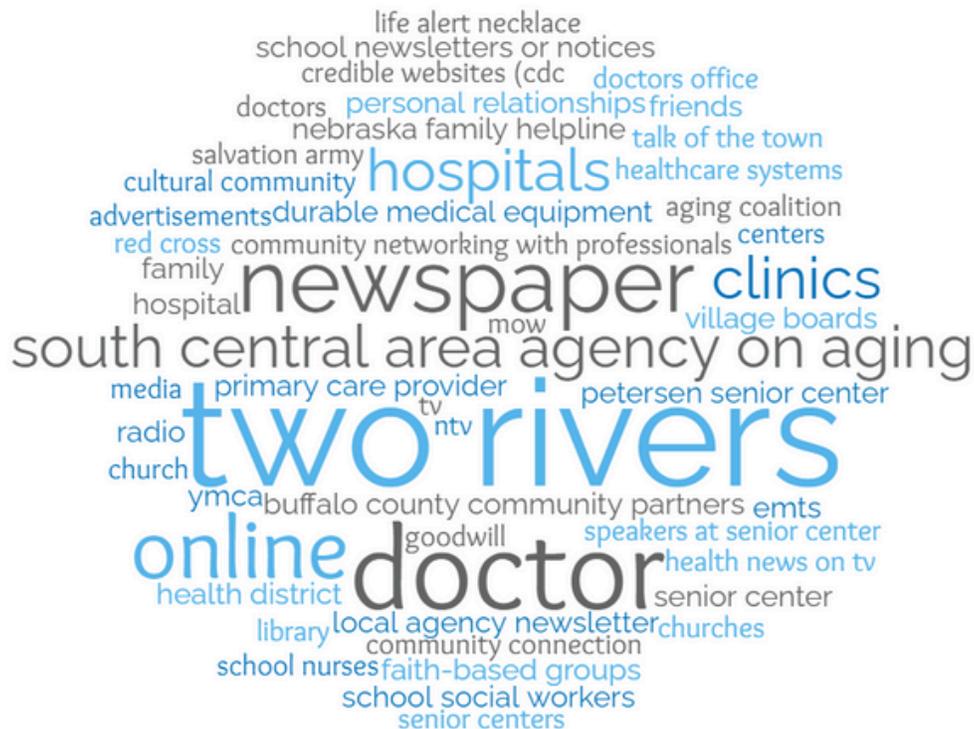
Focus Group Time	Number in Attendance	Number not associated with organizations
10 AM	15	4
1 PM	17	4
5 PM	19	18

Partners Providing Input

Buffalo County Community Partners
Buffalo County Emergency Management Agency
CHI Health Good Samaritan Hospital
Kearney Regional Medical Center
Monroe Meyer Institute -University of Nebraska Medical Center
Salvation Army
S.A.F.E Center
South Central Nebraska Area Agency on Aging
Two Rivers Public Health Department
YMCA

Community Focus Groups

Where people access reliable health information

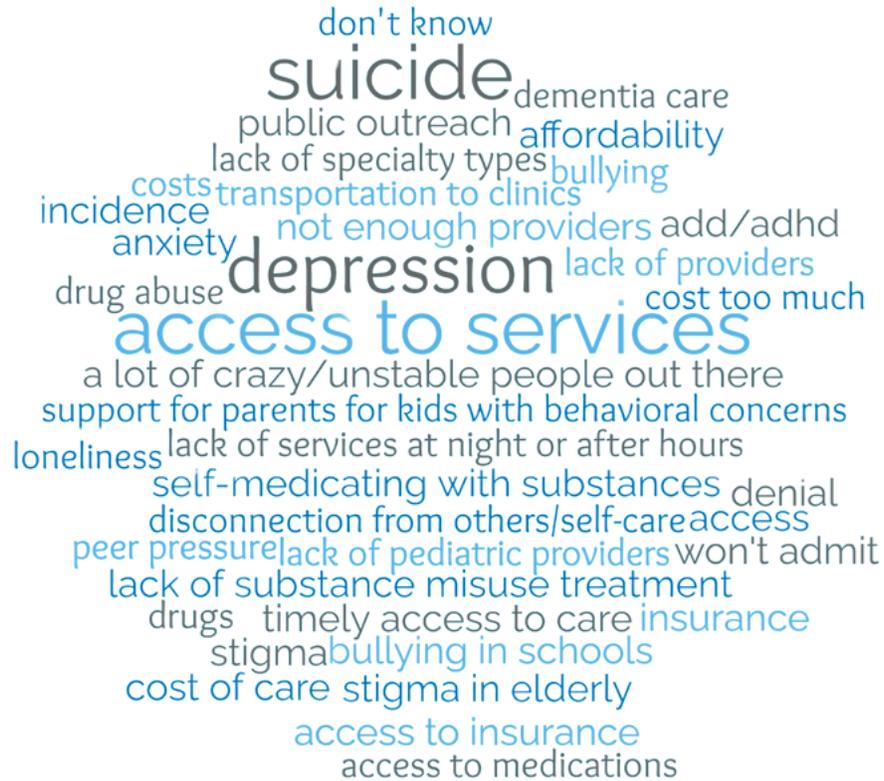


Barriers to a safe environment



Community Focus Groups

Top 3 Mental Health Concerns



Top 3 Physical Health Concerns



Community Health Assessment Planning Team



Community Resources in Buffalo County

- Alcoholics Anonymous, Narcotics Anonymous, Al-Anon
- Alzheimer Association
- American Cancer Society
- American Red Cross
- Boystown Central Nebraska Services
- Buffalo County Community Partners
- Buffalo County Sheriff
- Central Community College
- Central Mediation
- Children's Nebraska Behavioral Health Urgent Care
- Choice Family Healthcare
- Citizen Advocacy
- Collage Center
- Community Action Partnership of Mid-Nebraska
- Compass
- Crossroads Mission Avenue
- East Lawn Ministries Food Pantry
- Elm Creek Public Library
- Elm Creek Public Schools
- Elm Creek Village Center
- Family Advocacy Network
- Freedom House
- Gibbon Faith United - Free Pantry
- Gibbon Little Free Pantry
- Gibbon Public Library
- Gibbon Public Schools
- Habitat For Humanity
- Healthy Families Nebraska Two Rivers
- Heartland Health FQHC | Ravenna
- HelpCare Clinic
- Helping Hands Food Pantry
- Kearney Area Foundation
- Kearney Housing Agency
- Kearney Jubilee Center
- Kearney Little Free Pantries
- Kearney Police Department
- Kearney Public Library
- Kearney Public Schools
- Kearney Works
- League of Human Dignity
- Legal Aid of Nebraska
- Lion's Club
- Meals on Wheels
- Mid-Nebraska Individual Services
- Mid-Plains Center for Behavioral Health
- Nebraska AIDS Project (NAP)
- Nebraska Department of Health and Human Services
- Peterson Senior Center
- Pleasanton Community Center
- Prince of Peace Catholic Church
- Proteus
- Ravenna Public Schools
- Ravenna Senior Center
- Region 3 Behavioral Health
- Residential Assistance to Families in Transition (RAFT)
- RYDE
- S.A.F.E. Center
- Salvation Army
- Shelton Public Schools
- Shelton Township Library
- Shelton United Methodist Church - Food Pantry
- South Central Area Agency on Aging
- South Central Behavioral Services
- St James Catholic Church
- Storehouse @ Kearney E Free Church
- The Arc of Buffalo County
- The Friends Program
- United Way of the Kearney Area
- UNK Big Blue Cupboard
- Veteran's Services

**These resources are potentially available to address identified significant health needs. While not exhaustive, this list draws on the experiences and wide knowledge base of those directly serving our community.

Impact of Actions Taken Since the Preceding CHNA

Strategies and Program Activities by Health Need

 Health Need #1: Access to Care		
Goal & Anticipated Impact	<p>Goal: Ensure equitable access to clinic and community-based services (medical and behavioral), including preventive health care to improve the overall health of the community.</p> <p>Anticipated Impact:</p> <ul style="list-style-type: none"> ● Improve accessibility and use of preventive care ● Increase the number of community residents who identify a primary care physician ● Reduce the number of community residents who report cost as a barrier to healthcare access 	
Community Indicators	<p>CHNA 2016</p> <ul style="list-style-type: none"> ● 87.5% of adults and children have health insurance. ● 20.0% of Adults (18 and over) without a personal doctor or health care provider. ● 11.4% of adults (18 and over) unable to see a doctor due to cost in the past 12 months <p>CHNA 2019</p> <ul style="list-style-type: none"> ● 10% of adults and 4.2% of children under 19 are uninsured in Buffalo County ● 22.5% of Adults (18 and over) without a personal doctor or health care provider. ● 10.2% of adults (18 and over) unable to see a doctor due to cost in the past 12 months ● Primary care physicians (MD & DO Only) 1,110:1 Buffalo, 1,340:1 NE Mental Health provider shortage area (310:1 Buffalo, 420:1 NE, 330:1 Top US Performers) <p>CHNA 2022</p> <ul style="list-style-type: none"> ● 10% of Buffalo County residents lack healthcare coverage ● 18% of adults (18 and over) unable to see a doctor due to cost in the past 12 months (2018) ● 3.3 - Average number of physically unhealthy days reported in past 30 days (age-adjusted) ● 38.7% of TRPHD adults aged 18 and older had a flu vaccination in the past year (2018), slightly lower than Nebraska (39.4%). The rate of flu vaccination was lower in TRPHD than Nebraska since 2012, except in 2016 	
Strategy	Campus or System	Key Activities
1.1 Engage with local health and human service agencies to improve access to clinic and community based health services through optimization of service offerings, coordination of care, promotion of services, and insurance enrollment service to serve those most in need in Buffalo County.	CHI Health Good Samaritan	<p>1.1.1 Explore and identify opportunities for alignment with existing health care access improvement efforts through Two Rivers Public Health.</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> ● Supported TRPHD's CHIP efforts focusing on minority populations, improved education, and vaccination programs. CHIP workgroups did not meet often and they are aiming to increase capacity in next year by further focusing their efforts. ● Supported TRPHD's Put us on the Map Challenge application, which was awarded. The following message was shared "Two Rivers Public Health Department is excited to announce that Kearney, NE will be featured on the City Health Dashboard's Put Us on the Map Challenge! The City Health Dashboard is an online data and mapping tool featuring 40+ measures of health, the factors that shape health, and drivers of health equity to help local decision-makers prioritize resources and catalyze improvement. Kearney will receive in-kind analytic services from the talented City Health Dashboard team providing city and neighborhood-level data. In the coming year, Kearney will have the chance to be featured in the Dashboard's blog to highlight how the data is being used in our city. Starting in July 2023, Kearney's data dashboard will be free to all users. Users will be able to use all of the site's features including exploring metric maps, comparing metrics within their city or comparing to other Dashboard cities, viewing demographic maps, accessing Take Action resources, and more." <ul style="list-style-type: none"> ○ The following activities took place in calendar year 2023 in Grand Island and Kearney as CHI Health St. Francis and Good Samaritan share a cancer outreach coordinator: <ul style="list-style-type: none"> ■ Continued to post stall stories - one page educational flyers placed in restrooms at 122 locations throughout the area ■ Continued cancer awareness ads in the local newspaper ■ Provided an emotional sobriety support group ■ Provided the freedom from smoking program ■ Provided the Discovery Kids program at multiple schools ■ Planned and hosted the CHI Health St. Francis Summer Spectacular - cancer prevention and importance of health screenings ■ Multiple additional outreach and educational events throughout the year

Impact of Actions Taken Since the Preceding CHNA

Strategy	Campus or System	Key Activities
		<p>FY23 Measures</p> <ul style="list-style-type: none"> • Stall stories: updated monthly • Emotional sobriety group: Weekly • Summer Spectacular participants: 275 • Screenings: <ul style="list-style-type: none"> ◦ FIT Tests: 628 ◦ FOBT Kids: 425 ◦ Skin cancer screenings: 37 <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> • Not available at time of reporting. <p>FY24 Measures</p> <ul style="list-style-type: none"> • No measures to report. <p>FY25 Results Pending</p>
	CHI Health Good Samaritan	<p>1.1.2. Support and partner with HelpCare Clinic through volunteer clinics to improve access for under/uninsured and improve diabetes management, through board participation, and financial support.</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> • Good Samaritan/RYBHC VP of Patient Care Services continues to serve on the board of directors for HelpCare. She reports that the organization is in a good position, they are continuing to seek out volunteers, and have had success in recruiting local dentists for emergency services. They have seen an uptick in need for behavioral services so making referrals to providers (therapists, APRNs) that have that skill set can be challenging. They are also looking for tools/resources for patients that have language barriers. <p>FY23 Measures</p> <ul style="list-style-type: none"> • Due to a transition in leadership, measures will be reported beginning in FY24. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> • Awarded a Community Health Improvement Grant (CHIG) to HelpCare. • Good Samaritan/RYBHC Vice President of Patient Care Services, serves on the HelpCare board. The board has noted positive impacts from adding dentists from
		<p>the area as well as mental health practitioners to support the patient population of the Helpcare clinic. The board has been discussing business continuity plans and formalized strategic planning.</p> <p>FY24 Measures</p> <ul style="list-style-type: none"> • CHIG funds awarded (1/1/24-12/31/24): \$20,000 • Patients served (as of June 2024): 496 • Patients who access mental health services (as of June 2024): 91 <p>FY25 Results Pending</p>
	CHI Health Good Samaritan & RYBHC	<p>1.1.3 Complete the American Hospital Association's Health Equity Transformation Assessment (HETA) and utilize results to develop an action plan.</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> • Activity created in FY24. <p>FY23 Measures</p> <ul style="list-style-type: none"> • No measures to report. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> • The hospital's president and Director of Care Management attended national health equity team meetings. • Completed the HETA assessment. Created a health equity action plan and formed a committee to advance the work. • Provided health equity education and an overview of the action plan to the hospital's administrative and management teams. <p>FY24 Measures</p> <ul style="list-style-type: none"> • National health equity team meetings attended: 4 • Monthly Health Equity Steering Committee meetings: 6 <p>FY25 Results Pending</p>
1.2 Joint Commission Health Disparities Plan	CHI Health Good Samaritan	<p>1.2.1 Improve Maternal health</p> <p>FY23 Actions and Impact</p>

Impact of Actions Taken Since the Preceding CHNA

Strategy	Campus or System	Key Activities
		<ul style="list-style-type: none"> • Activity created in FY24. <p>FY23 Measures</p> <ul style="list-style-type: none"> • No measures to report. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> • The Director and Manager of the Family Birth Center and the Director of Care Coordination meet monthly to review the previous month's compliance rate for bundle performance. They complete staff coaching and process improvement as needed. • The care coordination team is developing a tracking system and is documenting referral sources for patients who have high risk scores. <p>FY24 Measures</p> <ul style="list-style-type: none"> • Compliance rate as of July 2024: 89.7% (46.2% in March) <p>FY25 Results Pending</p>
Related Activities	<p>In addition to the specific strategies and key activities outlined above to address Access to Healthcare Services (to be reported annually on Schedule H tax narrative), CHI Health also supports the following bodies of work related to this health need area:</p> <ul style="list-style-type: none"> • MD Save offers low-cost, pre-paid care bundles for select services and procedures. • CHI Health Clinic strategic plan includes the improvement or expansion of direct access options for primary care. 	
Planned Resources	<ul style="list-style-type: none"> • Funding • Staff and partner time • Medical supplies and equipment 	
Planned Collaborators	<ul style="list-style-type: none"> • BCCP • TRPHD • HelpCare Clinic • CHI Health Clinics • Others to be determined 	

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 Health Need #2: Behavioral Health		
Goal & Anticipated Impact	<p>Goal:</p> <ul style="list-style-type: none"> Provide relevant and timely care for those in need of mental health care or substance abuse recovery Promote social and emotional wellness to prevent violence in the community and prevent violence and future traumatization once violence has occurred <p>Anticipated Impact:</p> <ul style="list-style-type: none"> As a result of increased community awareness, readiness to address behavioral health issues, and optimization of clinical behavioral health services, the community will realize a reduction in suicide rates, substance abuse, and those experiencing mentally unhealthy days. 	
Community Indicators	<p>CHNA 2016</p> <ul style="list-style-type: none"> 14.7% of youth seriously considered attempting suicide in the past 12 months. Suicide death rate 10.0 per 100,000 population (age-adjusted). <p>CHNA 2019</p> <ul style="list-style-type: none"> Age-adjusted suicide rate for Buffalo County unreliable (2017 data set) Poor mental health days in past 30 – 3.0 Buffalo County, 3.2 NE Excessive drinking 23% in Buffalo County, 21% NE Drug overdose deaths per 100,000 population (modeled) 6-7.9 Buffalo, 6.4 NE <p>CHNA 2022</p> <ul style="list-style-type: none"> Mental Health provider shortage area (1:270 Buffalo, 1:360 NE). In 2016, the suicide death rate was 13.5 per 100,000 population in Buff 	
Strategy	Campus or System	Key Activities
2.1 Collaborate with local community, public health, and health care partners to	CHI Health Good Samaritan & RYBHC	<p>2.1.1 Continue to explore and build capacity for integration of behavioral health into primary care and further improve behavioral health access points within the behavioral health system of care (i.e. perinatal assessment and referral to clinics for postpartum depression screening)</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Initiated perinatal assessment and referral for postpartum depression workflow in clinics.
support community-based strategies to address mental illness, substance use, and violent behaviors, while continuing to build and optimize behavioral health services internally.		<p>FY23 Measures</p> <ul style="list-style-type: none"> No measures to report; measures will begin to be reported in FY24. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Continued to administer Edinburgh Postnatal Depression Screenings and refer patients with an at-risk score to social work. <p>FY24 Measures</p> <ul style="list-style-type: none"> Screenings for patients with live births: 233 <ul style="list-style-type: none"> Screenings with at-risk scores: 24 <ul style="list-style-type: none"> Referrals to social work: 15 <p>FY25 Results Pending</p>
	CHI Health Good Samaritan & RYBHC	<p>2.1.2 Ensure continued participation and support of community partners that have an interest in behavioral health to ensure:</p> <ul style="list-style-type: none"> On-going community-based strategies to improve the stigma of mental illness; Inform the improvement of clinical service offerings; and Improve continuum of care models to ensure access and utilization of appropriate mental and physical health services. <p>Partnership may include alignment with TRPHD, South Central Behavioral Health Services, and Region 3.</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> RYBHC worked with Kearney Public Schools and University of Nebraska Kearney students, in partnership with the Healthy Minds coalition to enhance resources and collaboration. The group identified shared mental health goals, looked at gaps in adolescent resources and explored how to enhance programming and support for kids in the community Staff continued to participate in collective impact process and the transition of BCCP BCCP and RYBHC continued to partner on medication lockbox, firearm means restriction initiatives, and Rx take back BCCP continued to work with the mental health system and distribute mental health gift certificates Continued to focus on mentoring/ youth support, photo voice, and youth lived experience BCCP promoted Reaching Teens Toolkit

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Strategy	Campus or System	Key Activities
		<p>FY23 Measures</p> <ul style="list-style-type: none"> • Participants served through medication lockboxes and firearms means restrictions: 465 • Persons served through Rx take back: 145 • # of mental health gift certificates distributed: 83 • # children served through mentoring/ youth support, photo voice, and youth lived experience: 50 • # served through Reaching Teens toolkit: 200 • # reached through social norms campaigns: 81,536 • Financial support provided to BCCP: \$65,000 <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> • RYBHC worked with Kearney Public Schools and University of Nebraska Kearney students, in partnership with the Healthy Minds coalition to enhance resources and collaboration. The group identified shared mental health goals, looked at gaps in adolescent resources, and explored how to enhance programming and support for kids in the community. • Buffalo County Community Partners (BCCP) continued to work with the mental health system and distribute mental health gift certificates. • BCCP also promoted the Reaching Teens Toolkit. • BCCP and RYBHC continued to partner on medication lockbox, firearm means restriction, and Rx take back initiatives. • An RYBHC staff member served as a representative on BCCP's Opioid Task Force. • RYBHC joined a Central Nebraska Collaborative of behavioral health stakeholders. The collaborative, sponsored by Region 3 Behavioral Health, aims to increase access to mental health services, decrease hospitalizations, and form a collaborative resources spot for all entities to be able to refer to for up-to-date resources. • Awarded a Community Health Improvement Grant (CHIG) to BCCP. <p>FY24 Measures</p> <ul style="list-style-type: none"> • Rx take back <ul style="list-style-type: none"> ◦ April: 85 cars with 209.5 lbs ◦ October: 63 cars with 149.5 lbs • Children served through mentoring/youth support, photo voice, and youth lived experience: 27 • Teens served through the Reaching Teens Toolkit: 90
	<p>CHI Health Good Samaritan & RYBHC</p>	<ul style="list-style-type: none"> • Social norms campaigns reach: <ul style="list-style-type: none"> ◦ Campaign messages sent by Community Partners and other partners: 20 ◦ Paid social media posts by Community Partners and other partners: 8 ◦ Social media marijuana messages sent through eblast to community: 2000 ◦ Positive Pressure/Opioid Task Force Meetings: 9 ◦ Number of radio ads run: 75 • CHIG funds awarded (1/1/24-12/31/24): \$65,000 <p>FY25 Results Pending</p> <p>2.1.3 Support and participate in BCCP's multi-sector behavioral health coalition, which will focus on:</p> <ul style="list-style-type: none"> • Promoting mental health awareness through evidence based training and education • Continuing cross sector collaboration through facilitation and alignment of community resources • Identifying barriers to accessing behavioral health resources • Providing space and opportunities for lived experience voices in behavioral health conversations and initiatives to inform the community work <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> • The behavioral health coalition activities were largely included in the overall Buffalo County Community Collaborative work and reported in 2.1.2. <p>FY23 Measures</p> <ul style="list-style-type: none"> • See 2.1.2. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> • This activity has been combined with 2.1.2 and detailed above. <p>FY24 Measures</p> <ul style="list-style-type: none"> • See 2.1.2. <p>FY25 Results Pending</p>
<p>2.2 Prevent violence, intervene when suspected,</p>	<p>CHI Health Good Samaritan & RYBHC</p>	<p>2.2.1 Support community and school-based programming to increase protective factors and reduce risk factors for violence</p>

Impact of Actions Taken Since the Preceding CHNA

Strategy	Campus or System	Key Activities
<p>and provide resources and support to victims of violence.</p>		<p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> ● CHI Health Good Samaritan Hospital was awarded an MMF planning grant to establish a coalition of community leaders/stakeholders to examine the types of violence impacting the community and develop an informed, data-based plan for intervention. From the Coalition's inception, multiple members voiced the need to prevent or mitigate Adverse Childhood Experiences such that they did not perpetuate the cycles of violence that many of our stakeholders witness across generations. It was clear from the data and stakeholder dialogue that the violence impacting these small rural towns in central Nebraska is related to family systems broken by addiction, poverty, mental health challenges or a combination of all three. Therefore, the Coalition honed in on the need for a coordinated community response to prevent intimate partner violence by addressing ACEs through supporting youth at particularly vulnerable points throughout their developmental continuum, before trajectories lead to harm and increased risk of violence. The Coalition designed a three year plan and secured a MMF implementation grant to move this work forward. There are two core purposes to this work, which the community has named Kearney Connecting 4 Kids: 1) Prevent violence by responding to children and families' immediate needs and creating environments that foster healthy development at key points along the developmental continuum, and 2) Strengthen community capacity to prevent, identify, and respond to violence (and precipitating factors). This will be accomplished through various strategies that will leverage existing programs, services, and partners to build and expand upon, while better connecting the system of services and care providers. <ul style="list-style-type: none"> ○ The following were accomplished during the FY23 planning grant period: <ul style="list-style-type: none"> ■ Created internal task force that met monthly to implement CSH HT/ Violence Prevention and Response Work Plan ■ Hired an anti-trafficking coordinator ■ Promote awareness of HT and IPV through key dates ■ Complete training needs assessment to be designed in partnership with partnering task forces and system VP leadership ■ Maintain participation in HT101 training via Pathways and offer additional training on responding to FNE related cases - TIC, PEARR tool, etc. ■ Increased number of forensic nurse examiners in CHI Health Good Samaritan ■ Bring together key stakeholders monthly to identify violence-related issues most impacting the community
		<ul style="list-style-type: none"> ■ Developed a three year action plan and applied for/ received implementation funding ■ Supported and participated in Walk for Freedom hosted by A21 ■ Distribute educational materials to partners and throughout the community ■ Partnered with SAFE Center to better serve victims of violence and increase community outreach ■ Hosted Anti-Trafficking Conference <p>FY23 Measures</p> <ul style="list-style-type: none"> ● The Good Samaritan Violence Prevention Task Force met two times in FY23 with an average of 8 out of 15 members attending consistently, and will continue meeting bimonthly. ● Anti-trafficking coordinator hired: 1 ● Staff awareness survey launched: 1 ● All CHI Health Lower Midwest Division employees are required to complete annual HT101 education beginning in FY22. Human Trafficking 101, PEARR Tool and Trauma Informed Care trainings are automatically assigned yearly on October 1st through CommonSpirit Pathways with a completion deadline of December 31st. <ul style="list-style-type: none"> ○ The completion rates are as follows as of January 2023. ○ Human Trafficking 101: 81% completion rate <ul style="list-style-type: none"> ■ 13087 assigned ■ 10677 completed ○ PEARR* (Trauma-Informed Approach to Victim Assistance in Health Care Settings): 86% completion rate <ul style="list-style-type: none"> ■ 7639 assigned ■ 6571 completed ○ Trauma Informed Care*: 86% completion rate <ul style="list-style-type: none"> ■ 7645 assigned ■ 6555 completed <p>*PEARR/ Trauma Informed Care training was assigned to defined clinical staff only. Note: Non-employed Service Partner work was completed in May 2022 and vendors were inadvertently assigned this training. This most likely explains the discrepancy between assigned and completion rates.</p> <ul style="list-style-type: none"> ● FNE trained nurses: 6 ● Community coalition meetings: 3 ● Amount awarded for implementation: \$220,955

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Strategy	Campus or System	Key Activities
		<ul style="list-style-type: none"> • CHI Good Samaritan hosted the A21 Walk for Freedom which engaged approximately 150 community members in a silent walk to raise awareness about the tragedy of human trafficking in our world. • CHI Health hosted the second annual Midwest Regional Anti-Human Trafficking Conference on November 3, 2022 with 396 people registered. Live attendance peaked at 141 virtual and 69 in-person attendees from 22 different states. This conference was developed and provided by CHI Health and 11 community partners. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> • The Healthy Communities Team supported this strategy through a FY22-24 Mission and Ministry United Against Violence grant. Throughout FY24: • Buffalo County Community Partners (BCCP), SAFE Center and The Friends Program, enrolled families into the Coaching Program. During the Coaching Program, families received services to support immediate needs and long-term family planning (including healthy development education for parents/guardians). • SAFE Center formed a team of individuals representing community organizations to attend a Green Dot training event at the end of July. This team will utilize information learned to disperse bystander intervention training and curriculums throughout the community in FY25 and FY26. • The Forensic Nurse Examiner (FNE) Program Market Manager provided ongoing education on Intimate Partner Violence (IPV), Sexual Assault (SA), and Human Trafficking (HT) identification to emergency departments. • The Good Samaritan Violence Prevention Task Force began meeting in FY23 and has since continued to meet bi-monthly. • Hosted, in collaboration with Creighton University's Office of Continuing Education and 11 community/state organizations, including Willow Rising, Catholic Charities, Omaha Police Department, and the Douglas County Sheriff's Department, the second annual Midwest Regional Anti-Human Trafficking Conference on November 8, 2023 in Omaha, NE. Conference attendees received all resources such as PowerPoints and handouts via the virtual event app. • Required Human Trafficking 101, PEARR (Trauma-Informed Approach to Victim Assistance in Health Care Settings), and Trauma Informed Care staff training via Pathways. The Division releases these trainings annually on October 1st and requires their completion by December 31st. <p>FY24 Measures</p> <ul style="list-style-type: none"> • Families enrolled in Coaching Program: 10
	<p>CHI Health Good Samaritan & RYBHC</p>	<ul style="list-style-type: none"> • Buffalo county youth who received health development and relationship education: 240 • Professionals trained using bystander intervention curriculum: 16 • Identified IPV, SA, and/or HT cases for which FNEs were called to provide support: 9 • Violence Prevention Task Force <ul style="list-style-type: none"> ◦ Average Attendees: 10-14 ◦ Meetings: 5 • Midwest Regional Anti-Human Trafficking Conference <ul style="list-style-type: none"> ◦ Registrants: 377 ◦ Live Attendees: 161 virtual and 77 in-person from 22 different states ◦ CEUs: 786.5 claimed by 143 eligible professionals • Staff Pathways Trainings (Nebraska and Iowa Completion Rates as of January 2024) <ul style="list-style-type: none"> ◦ Human Trafficking 101: 85% (11,194/13,128) ◦ PEARR Tool: 90% (6893/7686) ◦ **Assigned to defined clinical staff only. ◦ Trauma-Informed Care: 90% (7089/7854) <p>FY25 Results Pending</p> <p>2.2.2 Increase health system and community capacity to identify victims of human trafficking and respond appropriately</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> • This activity has been combined with 2.2.1 and detailed above. <p>FY23 Measures</p> <ul style="list-style-type: none"> • See 2.2.1. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> • This activity has been combined with 2.2.1 and detailed above. <p>FY24 Measures</p> <ul style="list-style-type: none"> • See 2.2.1. <p>FY25 Results Pending</p>

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 Health Need #2: Behavioral Health	
Related Activities	<p>In addition to the specific strategies and key activities outlined above to address Behavioral Health (to be reported annually on Schedule H tax narrative), CHI Health also supports the following bodies of work related to this health need area:</p> <ul style="list-style-type: none"> • Good Samaritan Cancer Outreach program continuing existing work related to raising awareness around the dangers of youth smoking/Juuling • System-wide effort related to expanding integration of behavioral health into primary care. • System-level legislative advocacy to improve laws related to behavioral health services for patients and care teams
Planned Resources	<ul style="list-style-type: none"> • Funding • Staff and partner time
Planned Collaborators	<ul style="list-style-type: none"> • Buffalo County Community Partners • Two Rivers Public Health Department • HelpCare Clinic • CHI Health Clinics • Region 3 • South Central Behavioral Health • Others to be determined

 Health Need #3: Social Determinants of Health		
Goal and Anticipated Impact	<p>Goal: Capacity building of and connection to community-based services for unmet health and social needs.</p> <p>Anticipated Impact:</p> <ul style="list-style-type: none"> • Through internal processes and partnership with key stakeholders, the community will have an increased awareness of resources, increase in accessing those resources, and overall more positive health outcomes. 	
Community Indicators	<p>CHNA 2016</p> <ul style="list-style-type: none"> • 12% of residents in Buffalo County were uninsured • 15% of children were in poverty • 12% of residents reported severe housing problems <p>CHNA 2019</p> <ul style="list-style-type: none"> • 13.6% persons in poverty (below 100% of the federal poverty line) • 14.9% children in poverty (population under age 18 - children below the federal poverty line) • 17.3% of children were experiencing food insecurity <p>CHNA 2022</p> <ul style="list-style-type: none"> • 14.1% of the Buffalo County population had an income below the poverty level (TRPHD: 12.8%; NE: 11.6%) • 13% of households report severe housing problems • Since 2010, those "always/usually" worried or stressed about paying rent or mortgage has increased from 5% in 2018 to 12% in 2018 • Both the TRPHD and BCCP processes identified safe environment/quality housing as a priority 	
Strategy	Campus or System	Key Activities
3.1 Ensure Buffalo County residents have access to basic needs through resource navigation, policy, systems and environmental changes.	CHI Health Good Samaritan & RYBHC	<p>3.1.1 Partner and support BCCP which will create a diverse wellbeing collaboration across multiple sectors by:</p> <ul style="list-style-type: none"> • Improving access to resources and services (food insecurity) through Unite Us and MyLNK, including supporting the release, promotion, utilization of the platform for social and health care sectors. • Intentionally supporting efforts in diversity and inclusion as part of a Buffalo County wide focus to build and sustain a positive and welcoming learning, working, and living environment in our communities. • Ensuring vulnerable people residing in Buffalo County have access to basic needs (healthy choices) by implementing multiple strategies that include providing information, building skills, providing support, reducing barriers/enhancing access, changing

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Strategy	Campus or System	Key Activities
		<p>consequences/incentives, altering the physical design of the environment, and change policy and rules.</p> <ul style="list-style-type: none"> • Facilitate partner conversations and drive action on healthy food access: <ul style="list-style-type: none"> ○ Support UNL Extension efforts to build capacity at the Kearney Area Farmers Market (KAFM), expand Double Up Food Bucks, and promote SNAP through education at the market and schools. ○ Support KAFM capacity and systems for electronic banking transactions to be available at farmer's markets. ○ Promote DUBF and SNAP education through distribution of flyers and marketing materials <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> • CHI Health staff attended the Community Response Team (2 meetings) to discuss transportation barriers & efforts to address them. They joined subgroup with the GSH cancer center to focus on food insecurity--first meeting will be in April. • Through the 2030 visioning process, continued to convene the Buffalo County Well-Being Collaborative that is focused on Youth, Children, and Adolescents. The Collaborative work is aligned with HealthyMINDS and Suicide Prevention coalitions and continues. • Continued to lead and facilitate Central Navigation in Buffalo County in partnership with Nebraska Children and Families Foundation ensuring that the basic needs of families are met. • Continued to support and build the prevention system infrastructure, programs, and practices in Buffalo County. • BCCP continued to promote and offer Circle of Security Parenting. • Supported statewide Double Up Food Bucks efforts. <p>FY23 Measures</p> <ul style="list-style-type: none"> • Financial support provided to BCCP: \$65,000 • Central Navigation: <ul style="list-style-type: none"> ○ Number of participants: 132 ○ Number of children served: 173 ○ Of total, 71% were female; 28% male ○ 99 of the total were between the ages of 27-60 ○ Participants with disabilities: 48% ○ Qualified for public assistance: 47% ○ Support Services funds distributed: \$97,743 (66% toward housing)
		<ul style="list-style-type: none"> • Prevention system and strategies: <ul style="list-style-type: none"> ○ Central Navigation: <ul style="list-style-type: none"> ■ # of staff participating: 1.77 ■ # of organizations participating: 5-10 ○ Coaching: <ul style="list-style-type: none"> ■ # of staff participating: 1.87 ■ # of organizations participating: 5 ■ Participants served through coaching referrals: 42 ■ Children served through coaching referrals: 49 ○ Youth and Parent Engagement and Leadership Activities or Opportunities <ul style="list-style-type: none"> ■ # of staff participating: 12 ■ # of organizations participating: 31 • Circle of Security Parenting: <ul style="list-style-type: none"> ○ # of participants served: 24 ○ # of children served: 51 ○ # of participating staff: 2 ○ # of participating organizations: 4 ○ Reported positive parent-child relationships: 92% (63% in pre assessment) ○ Reported positive parent-child interactions: 100% (42% pre assessment) ○ Reported stress related to parenting: 8% (67% pre assessment) • # served through diversity / inclusion: 120 • Statewide Double Up Foods Bucks: <ul style="list-style-type: none"> ○ Funds provided: \$50,000 ○ SNAP sales: \$2,208,408 ○ DUBF sales: \$111,525 ○ # of unique customers: On average, sites see about 87 unique customers each month. ○ # of participating retailers: 26 ○ # of expansion sites: 11 <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> • Six new Collaborative co-leaders (volunteers) from multiple sectors were recruited and trained to lead the collaborative. They facilitated a meeting, Nov. 28 th , 2023, with over 80 people in attendance who listed all prevention programs available in Buffalo County. They meet quarterly. In February and May, the collaborative invited 12+ community work groups to share their work to begin to find a common agenda in which to focus their collaborative efforts. Early indications show this fall the collaborative will embrace a

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Strategy	Campus or System	Key Activities
		<p>common agenda around 'increasing mental health workforce' as a priority. This would include increasing the capacity of providers, peer support and local volunteer champions.</p> <ul style="list-style-type: none"> Exceeded our goal of vendors making 20 new SNAP/DUFB transactions, which means more money was spent on fresh, healthy foods by customers than anticipated and more funds were given to local farmers. Community Partners began hosting quarterly 'Community Conversations'. Starting in February and March, food security was the main topic. New partners were invited to hear a panel presentation of the work in food security. Time was left for partners to talk about the work and how to support efforts collectively. A new food security program was launched by law enforcement to bring food boxes into homes where they are called to service. The next quarter substance abuse was the topic. Attendees learned of new programs from local partners and challenges faced by school resource officer who reported majority of youth using vape products secure a vape from the dumpster promoting community conversations around the recycling of lithium batteries. The next conversation will be around early childhood to engage business leaders to be held in fall of 2024. Community Partner staff creates a 'data brief' to be shared at the community conversations, built by community work groups focused on prevention programs around the issue area. Staff has also created 'data repositories' to keep key data points for overall Results Based Accountability model – how much did we do? How well did we do it? Is anyone better off? These 'issue briefs' are shared to engage new donors, partners, and volunteers. Several promotional opportunities to promote the farmers market and SNAP/DUFB to the public. We were invited to Talk of the Town three times; a radio program that operates in 9 markets throughout the Midwest with an estimated 30,000 listeners per episode. During the Chamber of Commerce Instagram takeover, KAFM reached over 700 accounts. The farmers market manager and a KAFM vendor participated in Rural Rapport, a video blog produced by CFRA, which was viewed more than 2.1 thousand times. Through these and other marketing opportunities, we were able to share the opportunity for SNAP customers to buy fresh, healthy foods with the added incentive of DUFB, to thousands of community members. Partner feedback and food security data influenced the roll out of the federal summer EBT program. Double Up Food Bucks Partnership with Farmer's Market and University of Nebraska Kearney improved data collection methods
		<ul style="list-style-type: none"> Emergency Rental Assistance (ERA2) was supported by local agencies and community members seeking assistance. Funds supporting the network development and increasing capacity to serve families. Created a common Community Response application that blends the assistance applications from three main helping agencies in our area. Two bilingual faith leaders became certified instructors for Youth Mental Health First Aid. They hosted two trainings in Spanish. Three staff members trained in Community Readiness that was hosted by the Region VII Disaster Health Response Ecosystem (R7DHRE). Kearney Area Farmers Market expanded to include UNL healthy food demonstrations with recipes and invited local chefs to prepare samplings using produce at the market. Four staff members and one YAB member engaged in DHHS Latino Dialogue August 8-9 2023 to address health disparities and inequities. Expansion of efforts to continue ensuring outcomes for social emotional and healthy relationships in schools and community response Transportation conversation convening with participants involving local non-profits leaders, state-level mobility management professionals, city council members and staff. The steering committee is holding court with leaders to support next steps, to guide and engage other partners. New community response format includes a coaching referral with all flex funding is creating a streamlined referral and coaching service, strengthening relationships among organizations. Created Community Response Referral graphic, and re-created collaborative organization. Worked to create community response map with NCCF consultant. Community Partners Response team is working on a pilot for volunteer-based coaching. This format of coaching would be similar to community based coaching program. Includes access to incentives and an informal service. If there's a need that's unmet by volunteer coach, a referral can be made to community-based agency. A volunteer coach would be the first point of contact. Spring of 2024, staff introduced to FindHelp as new tool required for resource coordination. The site works in partnership with 211 and other tools. Nebraska Findhelp is an online directory that lists free or reduced cost services like food, housing, mental health supports, and more. <p>FY24 Measures</p> <ul style="list-style-type: none"> Meetings and attendance: <ul style="list-style-type: none"> Meetings: 131

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Strategy	Campus or System	Key Activities
		<ul style="list-style-type: none"> ○ Attendance: 1180 ● Collaborative strategies: <ul style="list-style-type: none"> ○ Enhancing mental health workforce <ul style="list-style-type: none"> ■ Work to research, define and adopt the right model to lessen the burden on the behavioral health workforce in our community. Models: Peer support, paid behavioral health professionals, community wellness ambassadors ● Unite Us: <ul style="list-style-type: none"> ○ Referrals: 18 ○ Users: 7 ● MyLNK Uses: 318 ● Food: <ul style="list-style-type: none"> ○ DUFB <ul style="list-style-type: none"> ■ Dollar value of incentives issued: \$1,449 ■ Dollar value of incentives redeemed: \$826 (some data still being processed) ■ Number of fruit/vegetable vendors: 12 ■ Number of unique incentive customers: 73 ● SNAP: <ul style="list-style-type: none"> ○ Dollar value of SNAP purchased: \$2,040 ○ Dollar value of SNAP redeemed: \$2,392 ○ Number of SNAP transactions: 81 <ul style="list-style-type: none"> ■ 12 new customers ● SNAP/DUFB materials distributed: 30 tear pads distributed <p>FY25 Results Pending</p>
	CHI Health Good Samaritan & RYBHC	<p>3.1.2 Support housing insecurity efforts through BCCP, Residential Assistance to Families in Transition, internal SDOH screening processes and explore other community strategies and initiatives.</p> <p>FY23 Actions and Impact</p>
		<ul style="list-style-type: none"> ● CHI Health Good Samaritan staff has attended monthly meeting for RAFT as a board member. There were three meetings this calendar year (2023). RAFT has purchased land with the hope of expanding more housing options for families. ● A housing/ planning subgroup was formed and they have started drawings with an architect. <p>FY23 Measures</p> <ul style="list-style-type: none"> ● No measures to report. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> ● The Director of Care Management represents the hospital as a Residential Assistance to Families in Transition (RAFT) board member. ● The Director of Care Management also serves as a Buffalo County Community Partners (BCCP) Steering Committee Member. They also attend BCCP's Wellness Collaborative, which is working to develop peer support and mental health ambassador trainings for community members. <p>FY24 Measures</p> <ul style="list-style-type: none"> ● RAFT board meetings attended: 9 ● The Director of Care Management dedicates about one hour a month to check signing and oversight of the RAFT program. ● BCCP Steering Committee meetings attended: 10 <p>FY25 Results Pending</p>
	CHI Health Good Samaritan & RYBHC	<p>3.1.3 Develop and test referral processes for social needs through Unite Us</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> ● Uptake of the Unite Nebraska referral platform was slow, but continues to grow. ● The majority of referrals were for housing and shelter. <p>FY23 Measures</p> <ul style="list-style-type: none"> ● CHI Health Clinics are the primary user internally: 1,174 referrals (statewide) ● CHI Health Good Samaritan referrals: 10 <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> ● Integrated Unite Us within the electronic health record system, Epic, in May 2024.

Impact of Actions Taken Since the Preceding CHNA

Strategy	Campus or System	Key Activities
		<ul style="list-style-type: none"> • Launched universal health-related social needs screening of all adult inpatient admissions in April 2024. <p>FY24 Measures (CHI Health-Nebraska Network, which includes all NE CHI hospitals):</p> <ul style="list-style-type: none"> • Patients impacted by Unite Us referrals: 154 • Referrals: 370 <p>FY25 Results Pending</p>
Related Activities	<p>In addition to the specific strategies and key activities outlined above to address Behavioral Health (to be reported annually on Schedule H tax narrative), CHI Health also supports the following bodies of work related to this health need area:</p> <ul style="list-style-type: none"> • CHI Health Good Samaritan/RVBHC participates on several community boards that guide the work of social needs in the community, including Buffalo County Community Partners and HelpCare Clinic. Additionally, the hospital provides office and clinic space for these organizations. 	
Planned Resources	<ul style="list-style-type: none"> • Funding • Staff and partner time 	
Planned Collaborators	<ul style="list-style-type: none"> • BCCP • TRPHD • HelpCare Clinic • Residential Assistance to Families in Transition • Others to be determined 	

References

- U.S. Census Bureau (2022), ACS 5-Year Est, [S1701|Poverty Status in the Past 12 Months](#)
- HUD USER (2020), ACS 5-Year Est, [Consolidated Planning/Comprehensive Housing Affordability Strategy Data](#)
- U.S. Bureau of Labor Statistics (2023), [Unemployment](#)
- Rural Health Info (2024), [Health Professional Shortage Areas](#)
- Centers for Disease Control and Prevention (CDC) (2021), [Interactive Atlas of Heart Disease and Stroke](#)
- CDC (2022), Wonder, [Underlying Cause of Death](#)
- CDC (2021), [Behavioral Risk Factor Surveillance System](#)
- National Center for Health Statistics (2021), Census Population Estimates Program, [Nativity and Mortality Files](#)
- ArcGIS Business Analyst and ArcGIS Online (2023), [US Census TIGER/Line Shapefile](#)
- U.S. Census Bureau (2022), ACS 5-Year Est, [Small Area Income and Poverty Estimates](#)
- National Center for Education Statistics (2023), [Free/Reduced Price Lunch](#)
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- Health Resources & Services Administration (2023), [Area Health Resource File & American Medical Association](#)
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- CDC (2024), [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#)
- U.S. Census Bureau (2022), ACS 5-Year Est, [Kearney city Profile](#)
- U.S. Census Bureau (2022), ACS 5-Year Est, [S1501|Educational Attainment](#)
- U.S. Census Bureau (2022), ACS 5-Year Est, [S1101|Households and Families](#)
- U.S. Census Bureau (2022), ACS 5-Year Est, [S1810|Disability Characteristics](#)
- U.S. Census Bureau (2022), ACS 5-Year Est, [S2701|Selected Characteristics of Health Insurance Coverage in the United States](#)



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