Community Health Needs Assessment

Custer County, NE

On Behalf of Jennie M. Melham Memorial Medical Center

September 2025

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment
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I. Executive Summary

[VVV Consultants LLC]

I. Executive Summary

Jennie M. Melham Memorial Medical Center (Primary Service Area) – Custer County, NE - 2025 Community Health Needs Assessment (CHNA)

The previous Community Health Needs Assessment for *Jennie M. Melham Memorial Medical Center* and its primary service area was completed in 2022. (Note: The Patient Protection and Affordable Care Act (ACA) requires non-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). The Round 5 Custer County, NE CHNA began in January of 2025 and was facilitated/created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders, providers, and other residents to research and prioritize county health needs while documenting community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years.

Important community CHNA Benefits for both the local hospital and the health department, are as follows: 1.) Increases knowledge of community health needs and resources 2.) Creates a common understanding of the priorities of the community's health needs 3.) Enhances relationships and mutual understanding between and among stakeholders 4.) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community 5.) Provides rationale for current and potential funders to support efforts to improve the health of the community 6.) Creates opportunities for collaboration in delivery of services to the community and 7.) Guides the hospital and local health department on how they can align their services and community benefit programs to best meet needs, and 8.) fulfills the Hospital's "Mission" to deliver.

County Health Area of Future Focus on Unmet Needs

Area Stakeholders held a community conversation to review, discuss, and prioritize health delivery. Below are two tables reflecting community views and findings:

2025 CHNA Unmet Needs

Melham Memorial Medical Center PSA

Broken Bow, NE Town Hall: 5/15/25 (42 Attendees, 168 Total Stakeholder Votes)

#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Diagnosis, Placement, Providers, Aftercare)	28	17%	17%
2	Childcare (Affordable, Safe, Quality)	19	11%	28%
3	Urgent Care / After Hours	19	11%	39%
4	Housing (Affordable & Quality)	18	11%	50%
5	Access to Prescription (Affordable)	14	8%	58%
6	Workforce Staffing (All)	13	8%	66%
7	Providers (Succession Planning)	13	8%	74%
8	OBGYN & Prenatal Services	10	6%	80%
	Total Votes	168		

Other Items receiving votes: Wellness & Preventative Health, Senior Health, Transportation, Oncology Services, Uninsured / No Insurance, Poverty, Food Insecurity, Suicide, Pediatric (Kids), Substance Abuse (Treatment), and Food for Seniors.

Town Hall CHNA Findings: Areas of Strengths

Melham Memorial Medical Center PSA - Community Health Strengths			
#	Topic	#	Topic
1	Access to Providers & Specialty Providers	7	EMS
2	Collaboration of Healthcare Providers	8	Financially stable hospital
3	Community College	9	Hospital Staff
4	Community Engagement	10	Outpatient Services
5	Community Wellness Center	11	Physical Therapy
6	Education Excellence	12	Quality Care (EMS, Providers, Nurses)

Key CHNA Round #5 Secondary Research Conclusions found:

NEBRASKA HEALTH RANKINGS: According to the 2023 Robert Woods Johnson County Health Rankings, Custer Co, NE, on average was ranked 87th in Health Outcomes, 55th in Health Factors, and 28th in Physical Environmental Quality out of the 93 Counties.

TAB 1. Custer County's population is 10,581 (2024). About six percent (6.1%) of the population is under the age of 5, while the population that is over 65 years old is 23%. Children in single parent households make up a total of 16.8% compared to the rural norm of 16.5%, and 89.4% are living in the same house as one year ago.

TAB 2. In Custer County, the average per capita income is $35,562 while 11.1% of the population is in poverty. The severe housing problem was recorded at 12.8% compared to the rural norm of 10.7%. Those with food insecurity in Custer County is 11.1%, and those having limited access to healthy foods (store) is 14.4%. Individuals recorded as having a long commute while driving alone is 17.2% compared to the norm of 22.1%.

TAB 3. Children eligible for a free or reduced-price lunch in Custer County is 36%. Findings found that 94.7% of Custer County ages 25 and above graduated from high school while 25.8% has a bachelor's degree or higher (2023).

TAB 4. The percent of births where prenatal care began in the first trimester was recorded at 83.4% compared to the rural norm of 83.7%. Additionally, the percentage of births with low birth weight was 6.9%. Custer Counts recorded a rate of 15.3 (per 1k) of births occurring to teens between ages 15-19.

TAB 5. The Custer County primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 1,743 residents. There were 3,456 preventable hospital stays in compared to the rural norm of 2,580. Patients who gave their hospital a rating of 9 or 10 (scale 0-10) was 77% while patients who reported they would definitely recommend the hospital was recorded at 63%.

Secondary Research Continued

TAB 6. In Custer County, the age-adjusted prevalence of depression among adults was recorded at 16.4% compared to the rural norm of 17%. The average number of mentally unhealthy days among the population was recorded at 4.2 days (in a seven day period).

TAB 7a – 7b. Custer County has an obesity percentage of 37.7% and a physical inactivity percentage is 25.2%. The percentage of adults who smoke is 15.8%, while the excessive drinking percentage is 18.3%. The age-adjusted prevalence of those diagnosed with diabetes among adults in 9.2%. The prevalence of COPD was recorded at 6%, while the prevalence of coronary heart disease was 5.4%. The age-adjusted prevalence of those diagnosed and living with cancer is 6.3%.

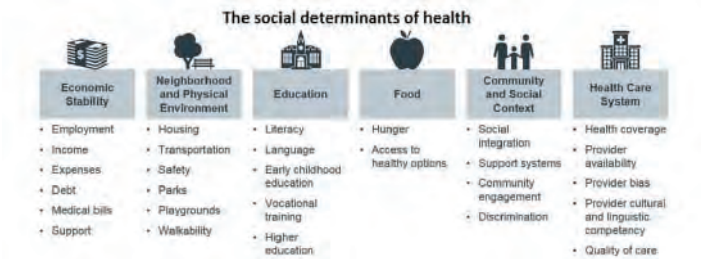
TAB 8. The adult uninsured rate for Custer County is 8% compared to the rural norm of only 8.5%.

TAB 9. The life expectancy rate in Custer County for males and females is roughly 79 years of age (79.2). Alcohol-impaired driving deaths for Custer County is 10% while age-adjusted Cancer Mortality rate per 100,000 is 156.7. The age-adjusted heart disease mortality rate per 100,000 is at 20.7.4 compared to the norm of 179.8.

TAB 10. A recorded 53.9% of Custer County has access to exercise opportunities. Continually, 52% of women have done a mammography screening compared to the rural norm of 49.3%. Adults recorded in Custer County who have had a regular routine check-up is 69.3%. The age-adjusted prevalence of high blood pressure among adults was recorded at 29.9%

Social Determinants Views Driving Community Health: From Town Hall conversations the Health Care System, followed by Economic Stability, Neighborhood / Physical Environment, and Education are impacting community health, see Sec V for a detailed analysis.

Social Determinants Online Community Feedback – Custer, NE (N=213)



"KEY" Social Determinant Takeaways to Improve Our Community Health Custer Co, NE	
"Nice **housing** in Broken Bow is hard to come by for rentals which I believe deters a lot of people from living and working here."	"Bring in **more specialized doctors,** offers more **wellness and preventative services**"
"Promote **community gardens** and school gardens/greenhouses to be used to feed the community and students. Promote **locally grown meat, eggs, milk, fruits and veggies**…"	"Programs/funding for **transportation for health care needs.** Bus/van for those needing help getting to appointments or hospital."
"I don't see much on **community support programs**."	"There is definitely an **affordable housing issue** in this community…"

Key CHNA Round #5 Primary Research Conclusions found:

Community Feedback from residents, community leaders, and providers (N=213) provided the following community insights via an online perception survey:

- Using a Likert scale, the average between Custer County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 63.6%.

- Custer County stakeholders are very satisfied with some of the following services: Ambulance Services, Chiropractors and Visiting Specialists.

- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health Services, Child Care Availability, Housing, Access to Primary Care, Obstetric Services, Workforce Staffing, Senior Care Services, Suicide, Substance Abuse, and General Transportation.

During the Town Hall on May 15th, 2025, a discussion was held to evaluate the impact of any actions taken to address the 2022 significant health needs identified. The table below was reviewed in-depth asking for feedback on which needs are still pressing and ongoing, thus evaluating actions taken in 2022.

JMMMMC PSA (NE) - CHNA YR 2025 N=213					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health (Diagnosis, Placement, Aftercare, Available Providers)	79	11.6%		1
2	Available Childcare Services	70	10.3%		2
3	Access to Primary Care	66	9.7%		4
4	Housing	65	9.6%		3
5	Obstetrics Services	62	9.1%		5
6	Workforce Staffing	61	9.0%		6
7	Substance Abuse (Drugs/Alcohol)	42	6.2%		9
8	Suicide	41	6.0%		8
9	Senior Care Services	38	5.6%		7
10	Transportation - General	38	5.6%		10
11	Access to Preventative Care	34	5.0%		11
12	Affordable Home Care (Private Duty)	30	4.4%		13
13	Provider Education on Crisis Management (Human Trafficking, Domestic Violence, Sexual Assault)	22	3.2%		14
14	Public Health	18	2.7%		12
15	Transportation - High Level Acute Care	13	1.9%		15
	Totals	679	100.0%		

II. Methodology

II. Methodology

a) CHNA Scope and Purpose

The federal Patient Protection and Affordable Care Act (ACA) requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs. Any hospital that has filed a 990 is required to conduct a CHNA. IRS Notice 2011-52 was released in late fall of 2011 to give notice and request comments.

JOB #1: Meet/Report IRS 990 Required Documentation

1. A definition of the community served by the hospital facility and a description of how the community was determined.
2. A description of the process and methods used to conduct the CHNA.
3. A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves.
4. A prioritized description of the significant health needs of the community identified through the CHNA. This includes a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs.
5. A description of resources potentially available to address the significant health needs identified through the CHNA.
6. An evaluation of the impact of any actions that were taken to address the significant health needs identified in the immediately preceding CHNA.

Section 501(r) provides that a CHNA must take into account input from persons who represent the broad interests of the community served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: Government agencies with current information relevant to the health needs of the community and representatives or members in the community who are medically underserved, low-income, minority populations, and populations with chronic disease needs. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.).

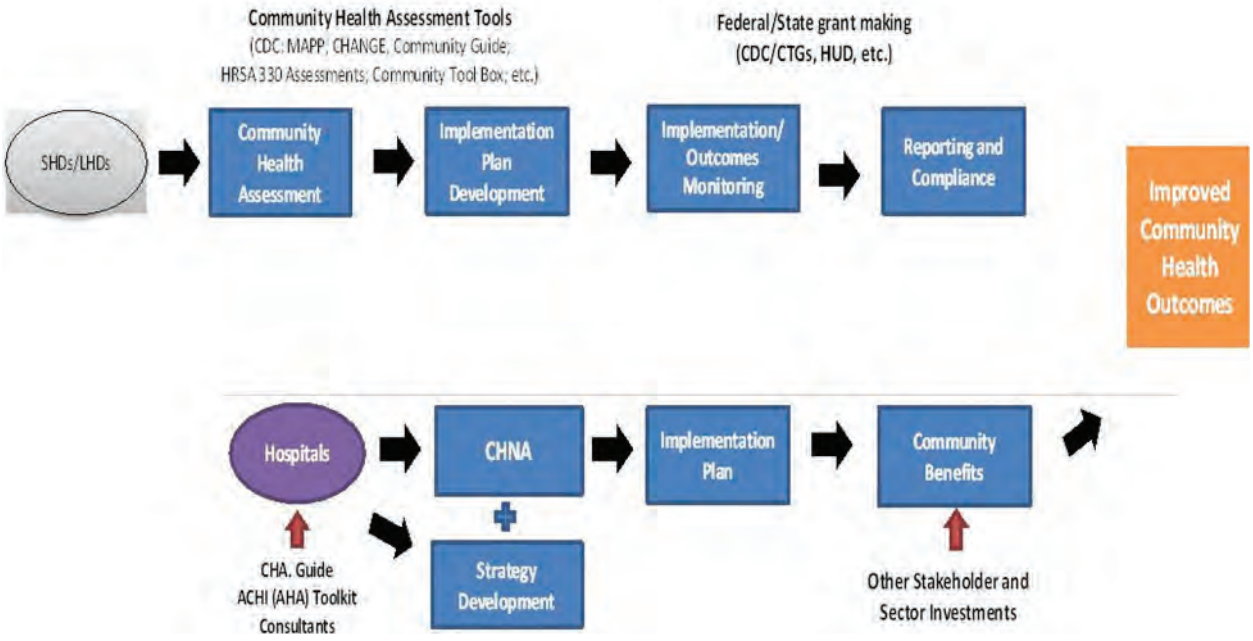
JOB #2: Making a CHNA Widely Available to the Public

The Notice provides that a CHNA will be considered to be "conducted" in the taxable year that the written report of the CHNA findings is made widely available to the public. The Notice also indicates that the IRS intends to pattern its rules for **making a CHNA "widely available to the public"** after the rules currently in effect for Form 990. Accordingly, an organization would make a **facility's written report** widely available by posting the final report on its website either in the form of (1) the report itself, in a readily accessible format or (2) a link to another organization's website, along with instructions for accessing the report on that website. *The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

JOB #3: Adopt an Implementation Strategy by Hospital

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. The Notice defines an "implementation strategy" as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it. A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Great emphasis has been given to work hand-in-hand with leaders from hospitals, the state health department and the local health department. A common approach has been adopted to create the CHNA, leading to aligned implementation plans and community reporting.



IRS Requirements Overview (Notice 2011-52)

Notice and Request for Comments Regarding the Community Health Needs Assessment Requirements for Tax-exempt Hospitals

Applicability of CHNA Requirements to "Hospital Organizations"

The CHNA requirements apply to "hospital organizations," which are defined in Section 501(r) to include (1) organizations that operate one or more state-licensed hospital facilities, and (2) any other organization that the Treasury Secretary determines is providing hospital care as its principal function or basis for exemption.

How and When to Conduct a CHNA

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three taxable years. ***The CHNA must take into account input from persons representing the community served by the hospital facility and must be made widely available to the public.*** **The CHNA requirements are effective for taxable years beginning after March 23, 2012**. As a result, a hospital organization with a June 30 fiscal year end must complete a CHNA full report every 3 years for each of its hospital facilities by fiscal June 30th.

Determining the Community Served

A CHNA must identify and assess the health needs of the **community served** by the hospital facility. Although the Notice suggests that geographic location should be the primary basis for defining the community served, it provides that the organization may also take into account the target populations served by the facility (e.g., children, women, or the aged) and/or the facility's principal functions (e.g., specialty area or targeted disease). *A hospital organization, however, will not be permitted to define the community served in a way that would effectively circumvent the CHNA requirements (e.g., by excluding medically underserved populations, low-income persons, minority groups, or those with chronic disease needs).*

Persons Representing the Community Served

Section 501(r) provides that a CHNA must take into account input from **persons who represent the broad interests of the community** served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: (1) government agencies with current information relevant to the health needs of the community and (2) representatives or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.).

Required Documentation

The Notice provides that a hospital organization will be required to separately document the CHNA for each of its hospital facilities in a **written report** that includes the following information: 1) a description of the community served by the facility and how the community was determined; 2) a description of the process and methods used to conduct the CHNA; 3) the identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA; 4) a description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications; 5) a prioritized

description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and 6) a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Making a CHNA Widely Available to the Public

The Notice provides that a CHNA will be considered to be "**conducted**" in the taxable year that the written report of the CHNA findings is made **widely available to the public**. The Notice also indicates that the IRS intends to pattern its rules for making a CHNA "widely available to the public" after the rules currently in effect for Forms 990. *Accordingly, an organization would make a facility's written report widely available by posting on its website either (1) the report itself, in a readily accessible format, or (2) a link to another organization's website, along with instructions for accessing the report on that website. The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

How and When to Adopt an Implementation Strategy

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. **The Notice defines an "implementation strategy" as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need, or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it**. A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Under the Notice, an implementation strategy is considered to be "**adopted**" on the date the strategy is approved by the organization's board of directors or by a committee of the board or other parties legally authorized by the board to act on its behalf. Further, the formal adoption of the implementation strategy must occur by the end of the same taxable year in which the written report of the CHNA findings was made available to the public. For hospital organizations with a June 30 fiscal year end, that effectively means that the organization must complete and appropriately post its first CHNA no later than its fiscal year ending June 30, 2013, and formally adopt a related implementation strategy by the end of the same tax year. *This final requirement may come as a surprise to many charitable hospitals, considering Section 501(r) contains no deadline for the adoption of the implementation strategy.*

IRS Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(0(3) Last Reviewed or Updated: 21-Aug-2020

In addition to the general requirements for tax exemption under Section 501(c)(3) and Revenue Ruling 69-545hospital organizations must meet the requirements imposed by Section 501(r) on a facility-by-facility basis in order to be treated as an organization described in Section 501(c)(3). These additional requirements are:

1. Community Health Needs Assessment (CHNA) - Section 501(r)(3),
2. Financial Assistance Policy and Emergency Medical Care Policy - Section 501(r)(4),
3. Limitation on Charges - Section 501(r)(5), and
4. Billing and Collections - Section 501(r)(6).

Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Additionally, in determining its patient populations for purposes of defining its community, a hospital facility must take into account all patients without regard to whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under the hospital facility's financial assistance policy. If a hospital facility consists of multiple buildings that operate under a single state license and serve different geographic areas or populations, the community served by the hospital facility is the aggregate of these areas or populations.

Additional Sources of Input
In addition to soliciting input from the three required sources, a hospital facility may solicit and take into account input received from a broad range of persons located in or serving its community. This includes, but is not limited to:

- Health care consumers and consumer advocates
- Nonprofit and community-based organizations
- Academic experts
- Local government officials
- Local school districts
- Health care providers and community health centers
- Health insurance and managed care organizations,
- Private businesses, and
- Labor and workforce representatives.

Although a hospital facility is not required to solicit input from additional persons, it must take into account input received from any person in the form of written comments on the most recently conducted CHNA or most recently adopted implementation strategy.

Collaboration on CHNA Reports
A hospital facility is permitted to conduct its CHNA in collaboration with other organizations and facilities. This includes related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations.

In general, every hospital facility must document its CHNA in a separate CHNA report unless it adopts a joint CHNA report. However, if a hospital facility is collaborating with other facilities and organizations in conducting its CHNA, or if another organization has conducted a CHNA for all or part of the hospital facility's community, portions of a hospital facility's CHNA report may be substantively identical to portions of the CHNA reports of a collaborating hospital facility or other organization conducting a CHNA, if appropriate under the facts and circumstances.

If two hospital facilities with overlapping, but not identical, communities collaborate in conducting a CHNA, the portions of each hospital facility's CHNA report relevant to the shared areas of their communities might be identical. So, hospital facilities with different communities, including general and specialized hospitals, may collaborate and adopt substantively identical CHNA reports to the extent appropriate. However, the CHNA reports of collaborating hospital facilities should differ to reflect any material differences in the communities served by those hospital facilities. Additionally, if a governmental public health department has conducted a CHNA for all or part of a hospital facility's community, portions of the hospital facility's CHNA report may be substantively identical to those portions of the health department's CHNA report that address the hospital facility's community.

Collaborating hospital facilities may produce a joint CHNA report as long as all of the collaborating hospital facilities define their community to be the same and the joint CHNA report contains all of the same basic information that separate CHNA reports must contain. Additionally, the joint CHNA report must be clearly identified as applying to the hospital facility.

Joint Implementation Strategies
As with the CHNA report, a hospital facility may develop an implementation strategy in collaboration with other hospital facilities or other organizations. This includes but is not limited to related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and

nonprofit organizations. In general, a hospital facility that collaborates with other facilities or organizations in developing its implementation strategy must still document its implementation strategy in a separate written plan that is tailored to the particular hospital facility, taking into account its specific resources. However, a hospital facility that adopts a joint CHNA report may also adopt a joint implementation strategy. With respect to each significant health need identified through the joint CHNA, the joint implementation strategy must either describes how one or more of the collaborating facilities or organizations plan to address the health need or identify the health need as one the collaborating facilities or organizations do not intend to address. It must also explain why they do not intend to address the health need.

A joint implementation strategy adopted for the hospital facility must also: Be clearly identified as applying to the hospital facility, Clearly identify the hospital facility's role and responsibilities in taking the actions described in the implementation strategy as well as the resources the hospital facility plans to commit to such actions, and Include a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relate to the hospital facility.

Adoption of Implementation Strategy
An authorized body of the hospital facility must adopt the implementation strategy. See the discussion of the Financial Assistance Policy below for the definition of an authorized body.· This must be done on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility finishes conducting the CHNA. This is the same due date (without extensions) of the Form 990.

Acquired Facilities A hospital organization that acquires a hospital facility (through merger or acquisition) must meet the requirements of Section 501(r)(3) with respect to the acquired hospital facility by the last day of the organization's second taxable year beginning after the date on which the hospital facility was acquired. In the case of a merger that results in the liquidation of one organization and survival of another, the hospital facilities formerly operated by the liquidated organization will be considered "acquired," meaning they will have until the last day of the second taxable year beginning after the date of the merger to meet the CHNA requirements. Thus, the final regulations treat mergers equivalently to acquisitions.

New Hospital Organizations
An organization that becomes newly subject to the requirements of Section 501(r) because it is recognized as described in Section 501(c)(3) and is operating a hospital facility must meet the requirements of Section 501(r)(3) with respect to any hospital facility by the last day of the second taxable year beginning after the latter of:The effective date of the determination letter recognizing the organization as described in Section 501(c)(3), or · The first date that a facility operated by the organization was licensed, registered, or similarly recognized by a state as a hospital.

New Hospital Facilities
A hospital organization must meet the requirements of Section 501(r)(3), with respect to a new hospital facility it operates by the last day of the second taxable year beginning after the date the facility was licensed, registered, or similarly recognized by its state as a hospital.

Transferred/Terminated Facilities
A hospital organization is not required to meet the requirements of Section 501(r)(3) with respect to a hospital facility in a taxable year if the hospital organization transfers all ownership of the hospital facility to another organization or otherwise ceases its operation of the hospital facility before the end of the taxable year. The same rule applies if the hospital facility ceases to be licensed, registered, or similarly recognized as a hospital by a state during the taxable year. By extension, a government hospital organization that voluntarily terminates its Section 501(c)(3) recognition as described in Rev. Proc. 2018-5 (updated annually) is no longer considered a hospital organization for purposes of Section 501(r) and therefore is not required to meet the CHNA requirements during the taxable year of its termination.

Public Health Criteria:

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community.

Domain 1 focuses on the assessment of the health of the population in the jurisdiction served by the health department. The domain includes systematic monitoring of health status; collection, analysis, and dissemination of data; use of data to inform public health policies, processes, and interventions; and participation in a process for the development of a shared, comprehensive health assessment of the community.

DOMAIN 1 includes 4 STANDARDS:

- **Standard 1.1 -** Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment
- **Standard 1.2 -** Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and on the Health Status of the Population
- **Standard 1.3 -** Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors That Affect the Public's Health
- **Standard 1.4 -** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions

Required CHNA Planning Process Requirements:

a. Participation by a wide range of community partners.
b. Data / information provided to participants in CHNA planning process.
c. Evidence of community / stakeholder discussions to identify issues & themes. Community definition of a "healthy community" included along with list of issues.
d. Community assets & resources identified.
e. A description of CHNA process used to set priority health issues.

Seven Steps of Public Health Department Accreditation (PHAB):

1. Pre-Application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

MAPP Process Overview

Mobilizing for Action through Planning and Partnerships (MAPP) is a flexible strategic planning tool for improving the health and quality of life for the community. Like most strategic planning, MAPP involves organizing partners, creating a vision and shared values, collecting data, identifying areas for improvement, and developing goals and strategies to address them. Through collaboration with partners and the community, MAPP allows us to focus our efforts and work on issues to strengthen the local public health system.

The MAPP process includes the following six phases. It's important to note that MAPP has no set end point and will continue throughout the life cycle of the Community Health Improvement Plan (CHIP).

1. In this first phase, **Organize for Success/Partnership Development**, various sectors of the community with established relationships are reviewed, leading to the identification of areas for partnership development and creation of new relationships to enhance the MAPP process.

2. In the second phase, **Visioning**, a shared community vision and common values for the MAPP process are created.

3. In the third phase, **Four MAPP Assessments**, data is collected from existing and new sources about the health of our community, which results in a Community Health Assessment (CHA).

4. In the fourth phase, **Identify Strategic Issues**, community partners and health professionals select issues based on data collected from the third phase that are critical to the local public health system and align with the vision from the second phase.

5. In the fifth phase, **Formulate Goals and Strategies**, potential ways to address the strategic issues are identified by the community along with the setting of achievable goals. The final result is a Community Health Improvement Plan (CHIP).

6. The sixth and final phase of the MAPP process is the **Action Cycle**, which is where the work happens for meeting the objectives set in the previous phase. Through these collaborative efforts, the health of the community is improved.

Social Determinants of Health

What Are Social Determinants of Health?

Social determinants of health (SDOH)external icon are defined as the conditions in which people are born, grow, live, work, and age. SDOH are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world. Differences in these conditions lead to health inequities or the unfair and avoidable differences in health status seen within and between countries.

Healthy People 2030external icon includes SDOH among its leading health indicators. One of Healthy People 2030's five overarching goals is specifically related to SDOH: Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.

Through broader awareness of how to better incorporate SDOH throughout the multiple aspects of public health work and the 10 Essential Public Health Services, public health practitioners can transform and strengthen their capacity to advance health equity. Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Round #5 CHNA focuses on Social Determinants & Health Equity.

Centers for Medicare & Medicaid Services Health Equity Domains

CMS' Hospital Commitment to Health Equity has introduced two equity-focused process measures in 2023: screening for Social Drivers of Health (SDOH-01) and Screen Positive Rate for Social Drivers of Health (SDOH-02). (Although these measures will not be required until 2024, it is highly recommended that hospitals begin tracking them in 2023.)

Domain 1: Equity as a Strategic Priority

The hospital has a strategic plan for advancing health care equity that accomplishes the following:

- Identifies priority populations who currently experience health disparities.
- Establishes health care equity goals and discrete action steps to achieve them.
- Outlines specific resources that are dedicated to achieving equity goals.
- Describes an approach for engaging key stakeholders, such as community partners.

Domain 2: Data Collection

The hospital is engaging in the following three key data collection activities.

- Collecting demographic information, including self-reported race and ethnicity, and SDOH information, on a majority of patients
- Training staff in the culturally sensitive collection of demographics and SDOH information
- Inputting patient demographic and/ or SDOH information into structured interoperable data elements using a certified electronic health record technology.

Domain 3: Data Analysis

The hospital stratifies key performance indicators by demographic and/ or SDOH variables to identify equity gaps and includes this information on hospital performance dashboards.

Domain 4: Quality Improvement

The hospital participates in local, regional and or national quality improvement activities that are focused on reducing health disparities.

Domain 5: Leadership Engagement

The hospital's senior leadership, including the chief executives and the entire hospital board of trustees, demonstrates a commitment to equity through the following two activities.

- Annual reviews of the hospital's strategic plan for achieving health equity
- Annual reviews of key performance indicators stratified by demographic and/ or social factors.

Sources:
The Joint Commission. (2022, June 20). R3 Report: New Requirements to Reduce Health Care Disparities. Retrieved from https://www.jointcommission.org/-/media/tje/documents/standards/r3-reports/r3_disparities_july2022-6-20-2022.pdf

Health Equity Innovation Network. (2022, August 29). Quick Start Guide: Hospital Commission to Health Equity Measure. Retrieved from https://hqin.org/wp-content/uploads/2022/08/Quick-Start-Guide-Hospital-Commitment-to-Health-Equity-Measure.pdf

The Joint Commission (TJC) Elements of Performance - Regulatory and Accreditation Requirements Related to Health Equity and Social Determinants of Health

New and revised TJC requirements to reduce health care disparities went into effect Jan. 1, 2023. Below are the six elements of performance.

Element of Performance 1:

The organization designates an individual to lead activities aimed at reducing healthcare disparities. **(Hospital Responsibility)**

Element of Performance 2:

The organization assesses the patient's health-related social needs and provides information about community resources and support services. **(CHNA full report- Section I and III)**

Examples of health-related social needs may include the following:

- Access to transportation
- Difficulty paying for prescriptions or medical bills.
- Education and literacy
- Food insecurity
- Housing insecurity

Element of Performance 3:

The organization identifies healthcare disparities in its patient population by stratifying quality and safety data. **(CHNA Town Hall)** Examples of sociodemographic characteristics may include but are not limited to the following: Age, Gender, Preferred Language, Race, and ethnicity.

Element of Performance 4:

The organization develops a written action plan that describes how it will address at least one of the healthcare disparities identified. **(CHNA IMPL Development Plan)**

Element of Performance 5:

The organization acts when it does not achieve or sustain goal(s) in its action plan to reduce health care disparities.

Element of Performance 6:

At least annually, the organization informs key stakeholders, identifying leaders, licensed practitioners, and staff, about its progress in reducing identified healthcare disparities. **(Hospital Responsibility)**

II. Methodology
b) Collaborating CHNA Parties

Working together to improve community health takes collaboration. Listed below is an in-depth profile of the local hospitals and health department CHNA partners**.**

Jennie M. Melham Memorial Medical Center

CEO: Kyle Kellum
145 Memorial Drive
Broken Bow, NE 68822
(308) 872-4100

History: *The history of the Melham Medical Center began with a dream by the late Leo Mellam, who wanted for years to create a memorial in Broken Bow to his mother, whose strength and spirit guided her in raising three young sons after the death of her husband, Charles. In Mrs. Melham's declining years, arthritis left her an invalid. At that time, the community was served by the old Broken Bow Community Hospital, which the State Department of Health had ordered closed. Mellam (he changed the spelling of his last name) invented the "piggyback" system for transferring tractor-trailer boxes onto railroad cars or cargo ships. Immediately upon his mother's death in 1970, he gave $500,000 and 10 acres of land for a new hospital, challenging the community to match his donation. Following a successful community fund raising campaign, the new hospital with attached nursing home was dedicated Nov. 5, 1972. Since then, additions have included a medical clinic in 1973, assisted living complex and independent living apartments in 1980, a nursing home addition in 1987, the Leo L. and Laural D. Mellam Diagnostic Center in 1990 and a nursing home addition and remodeling project in 2000. A $3.6 million hospital expansion was completed in 2003. Creating a modern medical center in a rural community was the dream that became a reality in 1972. The staff continues to carry that dream into the future, guided by the motto, "Large enough to serve, small enough to care."*

Mission*: Partnering with you to inspire healthy living through quality care.*

Vision*: To be your preferred healthcare partner.*

Values*: Integrity, Respect, & Responsibility.*

Services Offered:

Departments

- Cardiac Rehabilitation
- Cardiopulmonary Services
- Emergency Services
- IV Infusion Services
- Laboratory Services
- Pharmacy
- Radiology
- Specialty Clinic
- Surgical Services

Specialties

- Cardiology
- Ear, Nose, & Throat
- Nephrology
- Obstetrics & Gynecology
- Oncology/Hematology
- Ophthalmology
- Orthopedics
- Podiatry
- Pulmonology
- Surgery
- Urology

Loup Basin Public Health Department

County Administrator: Lynn Longmore
934 I Street
Burwell, NE 68823
(308) 346-5795
After Hours: (402) 370-6075
Monday-Thursday 8:30 AM - 5:00 PM
Friday 8:30 AM – 4:30 PM

Counties Served: Garfield, Blaine, Custer, Greeley, Howard, Loup, Sherman, Valley, and Wheeler

Mission*: To improve the health and well-being of Loup Basin Public Health Department's nine county district by providing accessible, high-quality public health services, promoting disease prevention, and addressing health disparities through education, outreach, and collaboration.*

Vision*: Healthier People, Stronger Communities, Brighter Tomorrows.*

Values*: Adaptive, Inclusive, Trusted, & Progressive.*

Services:

- Certified Lactation Counseling
- Car Seat Safety
- Immunizations
- LB Smiles
- Colorectal Cancer Screening
- Emergency Preparedness
- Environmental
- Healthy Families
- Nebraska Safe Sleep Champion

II. Methodology
b) Collaborating CHNA Parties Continued

Consultant Qualifications:
VVV Consultants LLC 601 N. Mahaffie, Olathe, KS 66061 (913) 302-7264

VVV Consultants LLC is an Olathe, KS based "boutique" healthcare consulting firm specializing in Strategy, Research and Business Development services. To date we have completed 83 unique community CHNA's in KS, MO, IA, NE and WI (references found on our website VandehaarMarketing.com

VVV Consultants LLC (EIN 27-0253774) began as "VVV Research & Development INC" in early 2009 and converted to an LLC on 12/24/12. Web: VandehaarMarketing.com

Our Mission: to research, facilitate, train, create processes to improve market performance, champion a turnaround, and uncover strategic "critical success" initiatives.

Our Vision: to meet today's challenges with the voice of the market solutions.

Our Values:

Engaged – we are actively involved in community relations & boards.
Reliable – we do what we say we are going to do.
Skilled – we understand business because we've been there.
Innovative – we are process-driven & think "out of the box."
Accountable – we provide clients with a return on their investment.

II. Methodology

c) CHNA and Town Hall Research Process

Round #5 Community Health Needs Assessment (CHNA) process began in February of 2024 for Jennie M. Melham Memorial Medical Center in Custer County, NE to meet Federal IRS CHNA requirements.

In early September 2024, a meeting was called amongst the Melham Memorial Medical Center leaders to review CHNA collaborative options. <Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps.> Outcomes from discussion led to Melham Memorial Medical Center to request VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

- Document Hospital Primary Service Area - meets the 80% Patient Origin Rule.
- Uncover / document basic secondary research county health data, organized by 10 tabs.
- Conduct / report CHNA Community Check-in Feedback Findings (primary research).
- Conduct a Town Hall meeting to discuss with community secondary & primary data findings leading to determining (prioritizing) county health needs.
- Prepare & publish CHNA report which meets ACA requirements.

To ensure proper PSA Town Hall representation (that meets the 80% Patient Origin Rule), a patient origin three-year summary was generated documenting patient draw by zips as seen below:

Source: Hospital Internal Records

JMMMC Define Primary Service Area				Yr 2022-24 (IP/OP/ER)		
#	Zip	City	County	3YRTot	%	Accum
		Grand Total		38,987		
1	68822	Broken Bow	Custer	23,465	60.2%	60.2%
2	68814	Ansley	Custer	2,784	7.1%	67.3%
3	68874	Sargent	Custer	2,725	7.0%	74.3%
4	68856	Merna	Custer	2,348	6.0%	80.3%
5	68813	Anselmo	Custer	1,784	4.6%	84.9%
6	68815	Arcadia	Valley	1,234	3.2%	88.1%

To meet IRS aligned CHNA requirements and meet Public Health accreditation criteria stated earlier, a four-phase methodology was followed:

Phase I—Discovery:

Conduct a 30-minute conference call with the CHNA county health department and hospital clients. Review / confirm the CHNA calendar of events, explain / coach clients to complete the required participant database, and schedule / organize all Phase II activities.

Phase II—Qualify Community Need:

A) Conduct secondary research to uncover the following historical community health status for the primary service area. Use Kansas Hospital Association (KHA), Vital Statistics, Robert Wood Johnson County Health Rankings, etc. to document current state of county health organized as follows:

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

Phase III—Quantify Community Need:

Conduct a 90-minute Town Hall meeting with required community primary service area residents. At each Town Hall meeting, CHNA secondary data will be reviewed, an evaluation of past CHNA needs actions taken, a facilitated group discussion will occur, and a group ranking activity to determine the most important community unmet health needs was administered.

Phase IV—Complete Data Analysis and Create Comprehensive Community Health Needs Assessment:

Complete full documentation to create each CHNA section documented in the Table of Contents. Publish hard copy reports (2) for client usage plus create a full CHNA report pdf to be posted on the hospital website to meet government CHNA regulation criteria.

Specific project CHNA roles, responsibilities, and timelines are documented in the following calendar.

Melham Memorial Medical Center - Broken Bow, NE VVV CHNA Round #5 Work Plan - Year 2025			
Project Timeline & Roles - Working Draft as of 2/4/25			
Step	**Timeframe**	**Lead**	**Task**
1	7/18/2024	VVV / Hosp	Meeting Leadership information regarding CHNA Round #5 for review.
2	9/18/2024	Hosp	Select/approve CHNA Round #5 Option B - VVV quote—work to start 2025
3	2/4/2025	VVV	Hold Client Kick-off Meeting. Review CHNA process / timeline with leadership. Request MHA PO reports for FFY 22, 23 and 24 and hospital client to complete PSA IP/OP/ER/Clinic patient origin counts file (Use **ZipPSA_3yrPOrigin.xls**)
4	2/4/2025	VVV	Send out **REQCommInvite Excel** file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
5	2/4/2025	VVV	Prepare CHNA Round#5 Stakeholder Feedback "online link". Send link for hospital review.
6	February / March 2025	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	On or before 2/11/2025	VVV	Prepare/send out PR #1 story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	On or before 3/1/2025	Hosp	Place PR story to local media CHNA survey announcing "online CHNA Wave #5 feedback". Request public to participate. Send E Mail request to local stakeholders
9	3/3/2025	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. **Cut-off 3/31/2025 for Online Survey**
10	On or before 3/17/2025	VVV	Prepare PR #2 story / E Mail (E#2) Request announcing upcoming Town Hall. VVV will send to CEO to review/approve.
11	On or before 3/31/2025	Hosp	Place PR #2 story to local media announcing upcoming Town Hall. Request public to participate. Send E Mail (E#2) request to local stakeholders
12	By 5/13/2025	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	**5/15/2025**	VVV	Conduct CHNA Town Hall. Time - **Dinner 5:30pm - 7:00 pm at the Broken Bow Library** Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 8/15/2025	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 8/30/2025	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	August 5th 2025	Both	Conduct Client Implementation Plan PSA Leadership meeting
17	By 8/30/2025	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

2025 Community Health Needs Assessment
Melham Memorial Medical Center (Custer Co, NE)
Broken Bow, NE Town Hall May 15, 2025

VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

1

CHNA Town Hall Team Tables

RSVP-JMMMC CHNA Town Hall 5/15/25 5:30-7pm.

#	Table	Lead	Last	First	Organization	Title
1	A	XX	Kellum	Kyle	JMMMC	CEO
2	A		Baltz	David	Broken Bow Ambulance	Chief
3	A		Books	N. Leon	JMMMC	Board member
4	A		Holcomb	Jacob	City of Broken Bow	Deputy Clerk
5	A		Lacy	Andrew	KBEAR Radio	News Director
6	B	XX	McIntosh	Jenna	Melham Medical Center	Interim Director of Nursing
7	B		Holland	Andrew	Broken Bow EMS	Emergency Director
8	B		Mayo	Bonnie	Retired	RN
9	B		Sell	Teri	JMMMC	HR/Payroll Manager
10	B		Smith	John	Nebraska State Bank & Trust	Sr. VP
11	C	XX	Jilg	Michael	BBAS	EMS
12	C		Bean	Darry		
13	C		Erickson	William	Erickson Law	Attorney
14	C		Finney	Ahren	BBAS	Aemt
15	C		Jackson	Jennifer	JMMMC	Board Member
16	D	XX	Harvey	Jennie	JMMMC	Pharmacy Tech
17	D		Erickson	Sheila	Erickson Law	office manager
18	D		Richardson	Joyce	Runza	Board Member
19	D		Scott	Jim	Bruning Bank	President
20	D		Shipe	Jeremy	KCNI/KBBN Radio	Station Manager
21	E	XX	Bazyn	Carla	JMMMC	CFO
22	E		Anderson	Rebeka	Melham Medical Center	Exec Assistant/Marketing Coordinator
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24	E		Ross	Scotti	CEDC	Executive Director
25	E		Toline	Julie	Custer County Salvation Army	President
26	F	XX	Schaaf	Jennifer	JMMMC	Chief Performance Officer
27	F		Gates	Colleen	Adams Land & Cattle Co.	Senior Data Analyst
28	F		Grafel	Stephanie	Broken Bow Chamber	ED
29	F		Schmidt	Heather	Love to Learn Childcare	Owner
30	F		Weber	Colleen		
31	G	XX	Hunt	Angie		
32	G		French	Levi	Sargent Pipe	
33	G		Schmidt	David	City Of Broken Bow	City Administrator
34	G		Sonnichsen	Rodney	City of BB	Mayor
35	G					
36	H	XX	Koepke	Suellen	Healing Hearts & Families	Executive Director
37	H		Schmidt	Rachel	Schafer & White	Legal Secretary
38	H		Holland	Paul	City of Broken Bow	City Council
39	H					
40	H					

2

Community Health Needs Assessment (CHNA) Onsite Town Hall Discussion Agenda

- **Opening Welcome / Introductions / Review CHNA Purpose and Process (5 mins)**
- **Discuss New Focus: Social Determinants of Health (5 mins)**
- **Review Current Service Area "Health Status"**
  - *Review Secondary Health Indicator Data (10 TABs)*
  - *Review Community Online Feedback* **(30 mins)**
- **Collect Community Health Perspectives**
  - ***Share Table Reflections*** *to verify key takeaways*
  - ***Conduct an Open Community Conversation / Stakeholder Vote to determine the Most Important Unmet Needs (45 mins)***
- **Close / Next Steps (5 mins)**

3

Introduction: Who We Are
Background and Experience

Vince Vandehaar, MBA – Principal
VVV Consultants LLC (Olathe, KS) – *start 1/1/09 **
- **Adjunct Full Professor @ Avila & Webster Universities**
- **35+ year veteran marketer, strategist and researcher**
- **Saint Luke's Health System, BCBS of KC,**
- **Tillinghast Towers Perrin, and Lutheran Mutual Life**
- **Hometown: Bondurant IA**

Olivia G Hewitt BS – Associate Consultant
VVV Consultants LLC – May 2024
- **Emporia University – BS Marketing**
- **Hometown: Olathe, KS**

Cassandra Kahl, BHS – Director, Project Management
VVV Consultants LLC – *Nov 2020*
- **University of Kansas – Health Sciences**
- **Park University - MHA**
- **Hometown: Maple, WI**

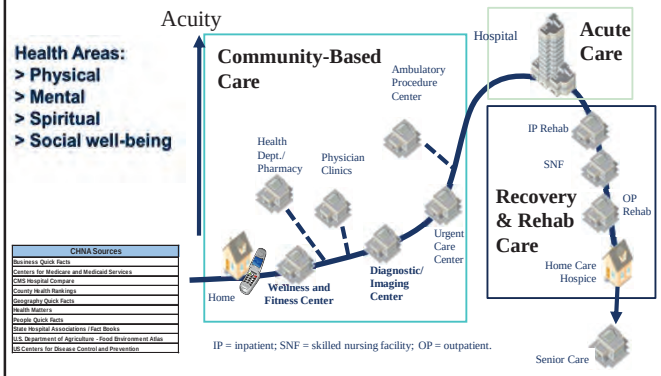
4

Town Hall Participation / Purpose & Parking Lot

- ALL attendees practice “Safe Engagement”, working together in table teams.
- ALL attendees are welcome to share. Engaging conversation (No right or wrong answer)
- Request ALL to Take Notes of important health indicators
- Please give truthful responses – Serious community conversation.
- Discuss (Speak up) to uncover unmet health needs
- Have a little fun along the way

6

System of Care Delivery
Birth to Grave (SG2)



IP = inpatient; SNF = skilled nursing facility; OP = outpatient.

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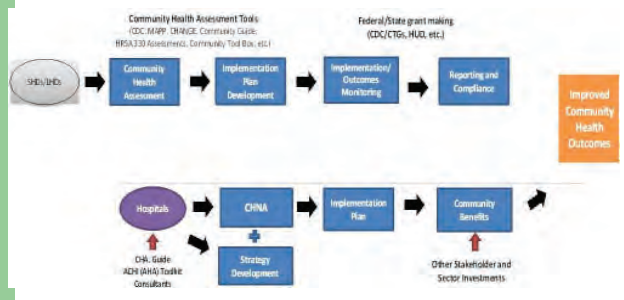
Community Health Needs Assessment
Joint Process: Hospital & Local Health Providers



8

JMMMC Define Service Area (Z=6)

Source: Hospital Internal Records

JMMMC Define Primary Service Area				Yr 2022-24 (IP/OP/ER)		
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		Grand Total		38,987		
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5	68813	Anselmo	Custer	1,784	4.6%	84.9%
6	68815	Arcadia	Valley	1,234	3.2%	88.1%

9

A Conversation with the Community & Stakeholders

Community Stakeholder – An Inclusive Conversation

Consumers: Uninsured/underinsured people, Members of at-risk populations, Parents, caregivers and other consumers of health care in the community, and Consumer advocates.

Community leaders and groups: The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs -- Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses – owners/CEO's of large businesses (local or large corporations with local branches.),Business people & merchants (e.g., who sell tobacco, alcohol, or other drugs), Representatives from organized labor, Political, appointed and elected officials., Foundations., United Way organizations. And other "community leaders."

Public and other organizations: Public health officials, Directors or staff of health and human service organizations, City/Community planners and development officials, Individuals with business and economic development experience,Welfare and social service agency staff,Housing advocates - administrators of housing programs: homeless shelters, low-income-family housing and senior housing,Education officials and staff - school superintendents, principals and teachers, Public safety officials, Staff from state and area agencies on aging,Law enforcement agencies - Chiefs of police, Local colleges and universities, Coalitions working on health or other issues.

Other providers: Physicians, Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services, Leaders from Catholic Charities and other faith-based service providers, Mental health providers, Oral health providers, Health insurers, Parish and congregational nursing programs, Other health professionals

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II. Review of a CHNA

- What is a Community Health Needs Assessment (CHNA)..?
  - Systematic collection, assembly, analysis, and dissemination of information about the health of the community.
- A CHNA's role is to….
  - Identify factors that affect the health of a population and determine the availability of resources to adequately address those factors.
- Purpose of a CHNA – Why Conduct One?
  - Determine health-related trends and issues of the community
  - Understand / evaluate health delivery programs in place.
  - Meet Federal requirements – both local hospital and health department
  - Develop Implementation Plan strategies to address unmet health needs (4-6 weeks after Town Hall)

11

CHNA Written Report Documentation to meet IRS 990 CHNA Requirements: Table of Contents

- A description of the community served
- A description of the CHNA process
- The identity of any and all organizations and third parties which collaborated to assist with the CHNA
- A description of how the organization considered the input of persons representing the community *(e.g., through meetings, focus groups, interviews, etc.)*, who those persons are, and their qualifications
- A prioritized description of all of the community needs identified by the CHNA.
- A description of the existing healthcare facilities and other resources within the community available to meet the needs identified through the CHNA

12

Social Determinants of Health

Social determinants of health are the conditions in the places where people live, learn, work, play, and worship **that affect a wide range of health risks and outcomes**.

Health equity is when everyone has the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstances.

TASK A: Your Initial Thoughts on SDoH? (Small White Card)

13

IV. Review Current County Health Status:

Secondary Data by 10 Tab Categories with a focus on Social Determinants with a Local Norm & State Rankings

Trends: Good | Same | Poor

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

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IV. Community Health Conversation: Your Perspectives / Suggestions !

Tomorrow:

What is occurring or might occur that would affect the "health of our community"?

Today:

1) What are the **Healthcare Strengths of our community** that contribute to health? ***(BIG White Card)***
2) Are there healthcare services in your community/neighborhood that you feel **need to be improved and/or changed**? ***(Small Color Card)***
3) *What other Ideas do you have **to address Social determinants**? **(Small White Card - A)***

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Tables – Share Table Conversations Unmet Needs

RSVP-JMMMC CHNA Town Hall 5/15/25 5:30-7pm.

#	Table	Lead	Last	First	Organization	Title
1	A	XX	Kellum	Kyle	JMMMC	CEO
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7	B		Holland	Andrew	Broken Bow EMS	Emergency Director
8	B		Mayo	Bonnie	Retired	Rn
9	B		Sell	Teri	JMMMC	HR/Payroll Manager
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11	C	XX	Jog	Michael	BBAS	EMS
12	C		Bean	Darry		
13	C		Erickson	William	Erickson Law	Attorney
14	C		Finney	Afren	BBAS	Asmt
15	C		Jackson	Jennifer	JMMMC	Board Member
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39	H					
40	H					

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Community Health Needs Assessment Round #5 Year 2025

Thank You

Next Steps

VVV Consultants LLC
601 N Mahaffie
Olathe, KS 66061

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OGH@VandehaarMarketing.com
(913) 302-7264

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Data & Benchmarks Review

Community health assessments typically use both primary and secondary data to characterize the health of the community:

- **Primary data** are collected first-hand through surveys, listening sessions, interviews, and observations.
- **Secondary data** are collected by another entity or for another purpose.
- **Indicators** are secondary data that have been analyzed and can be used to compare rates or trends of priority community health outcomes and determinants.

Data and indicator analyses provide descriptive information on demographic and socioeconomic characteristics; they can be used to monitor progress and determine whether actions have the desired effect. They also characterize important parts of health status and health determinants, such as behavior, social and physical environments, and healthcare use.

Community health assessment indicators should be.

- Methodologically sound (valid, reliable, and collected over time)
- Feasible (available or collectable)
- Meaningful (relevant, actionable, and ideally, linked to evidence-based interventions)
- Important (linked to significant disease burden or disparity in the target community)

Jurisdictions should consider using data and indicators for the smallest geographic locations possible (e.g., county-, census block-, or zip code-level data), to enhance the identification of local assets and gaps.

Local reporting (County specific) sources of community-health level indicators:

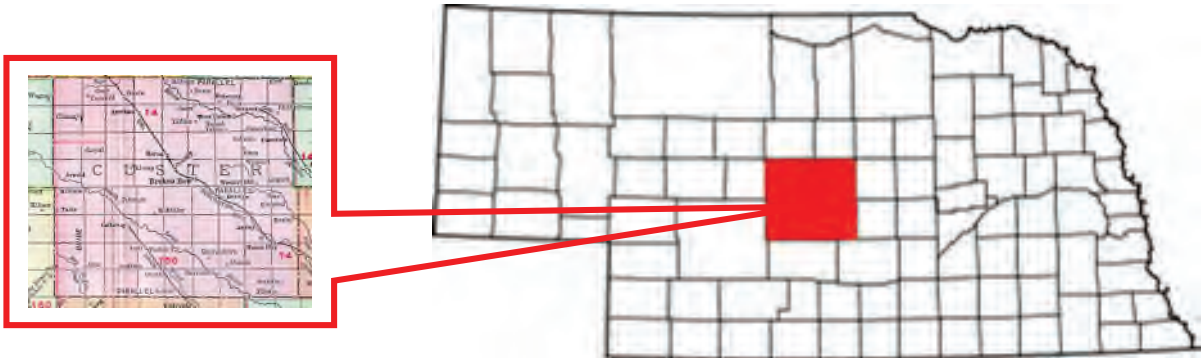
CHNA Detail Sources
Quick Facts - Business
Centers for Medicare and Medicaid Services
CMS Hospital Compare
County Health Rankings
Quick Facts - Geography
Health Matters
Nebraska Hospital Association (NHA)
Quick Facts - People
U.S. Department of Agriculture - Food Environment Atlas
U.S. Center for Disease Control and Prevention

Sources of community-health level indicators:

- County Health Rankings and Roadmaps
  The annual Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. They provide a snapshot of how health is influenced by where we live, learn, work and play.
- Prevention Status Reports (PSRs)
  The PSRs highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce important public health problems.
- Behavioral Risk Factor Surveillance System
  The world's largest, ongoing telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Data is collected monthly in all 50 states, the District of Columbia, Puerto Rico, the US Virgin Islands, and Guam.
- The Selected Metropolitan/ Micropolitan Area Risk Trends project was an outgrowth of BRFSS from the increasing number of respondents who made it possible to produce prevalence estimates for smaller statistical areas.
- CDC Wonder Databases using a rich ad-hoc query system for the analysis of public health data. Reports and other query systems are also available.
- Center for Applied Research and Engagement Systems external icon
  Create customized interactive maps from a wide range of economic, demographic, physical and cultural data. Access a suite of analysis tools and maps for specialized topics.
- Community Commons external icon
  Interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
- Dartmouth Atlas of Health Care external icon
  Documented variations in how medical resources are distributed and used in the United States. Medicare data used to provide information and analysis about national, regional, and local markets, as well as hospitals and their affiliated physicians.
- Disability and Health Data System
  Interactive system that quickly helps translate state-level, disability-specific data into valuable public health information.
- Heart Disease and Stroke Prevention's Data Trends & Maps
  View health indicators related to heart disease and stroke prevention by location or health indicator.
- National Health Indicators Warehouse external icon
  Indicators categorized by topic, geography, and initiative.
- US Census Bureau external icon
  Key source for population, housing, economic, and geographic information.
- US Food Environment Atlas external icon
  Assembled statistics on food environment indicators to stimulate research on the determinants of food choices and diet quality, and to provide a spatial overview of a community's ability to access healthy food and its success in doing so.
- Centers for Medicare & Medicaid Services Research and Data Clearinghouse external icon
  Research, statistics, data, and systems.
- Environmental Public Health Tracking Network
  System of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources.
- Health Research and Services Administration Data Warehouse external icon
  Research, statistics, data, and systems.
- *Healthy People 2030* Leading Health Indicators external icon
  Twenty-six leading health indicators are organized under 12 topics.
- Kids Count external icon
  Profiles the status of children on a national and state-by-state basis and ranks states on 10 measures of well-being; includes a mobile site external icon.
- National Center for Health Statistics
  Statistical information to guide actions and policies.
- Pregnancy Risk Assessment and Monitoring System
  State-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.
- Web-based Injury Statistics Query and Reporting System (WISQARS)
  Interactive database system with customized reports of injury-related data.
- Youth Risk Behavior Surveillance System
  Monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults.

II. Methodology
d) Community Profile (A Description of Community Served)

Custer County (NE) Community Profile



As of the 2020 United States census, the population of Custer County was 10,545.[1] Its county seat is Broken Bow.[2] The county was formed in 1877[3] and named after General George Armstrong Custer,[4] who was killed at the Battle of Little Bighorn.

Custer County, named in honor of General George Armstrong Custer, was officially organized in 1877, although its settlement commenced earlier. The region was once part of the Sioux territory, but following the Indian Wars, particularly after the Battle of the Little Bighorn, the land was opened for homesteading. The first settlers arrived in the early 1870s, inspired by the promise of land through the Homestead Act of 1862. These early pioneers encountered formidable challenges like extreme weather conditions, isolation, and the task of farming in what was considered the Great American Desert. They constructed sod houses due to the absence of timber, and settlements were strategically placed near water sources.[5]

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1 https://www.census.gov/data/tables/time-series/demo/popest/2020s-total-cities-and-towns.html

2 https://web.archive.org/web/20110531210815/http://www.naco.org/Counties/Pages/FindACounty.aspx

3 https://books.google.com/books?id=InM_AAAAYAAJ&pg=PA105#v=onepage&q&f=false

4 https://web.archive.org/web/20110716101004/http://www.nacone.org/webpages/counties/countywebs/custer.htm

5 https://books.google.com/books?id=VJxDNjDXIJ8C&q=Butcher,+Solomon+D.+S.D.+Butcher%27s+Pioneer+History+of+Custer+County:+And+Short+Sketches+of+Early+Days+in+Nebraska.+Broken+Bow,+NE:+The+Merchants+Publishing+Co.,+1901#v=onepage&q=Butcher%2C%20Solomon%20D.%20S.D.%20Butcher's%20Pioneer%20History%20of%20Custer%20County%3A%20And%20Short%20Sketches%20of%20Early%20Days%20in%20Nebraska.%20Broken%20Bow%2C%20NE%3A%20The%20Merchants%20Publishing%20Co.%2C%201901&f=false

Custer County (NE) - Detail Demographic Profile

				Population			Households			
ZIP	City	ST	County	Year 2023	Year 2028	5yr CHG	Year 2023	Year 2028	HH Avg Size23	Per Capita23
68813	Anselmo	NE	CUSTER	484	486	0.4%	218	219	2.22	$43,922
68814	Ansley	NE	CUSTER	969	971	0.2%	420	424	2.31	$34,607
68822	Broken Bow	NE	CUSTER	4,521	4,427	-2.1%	1,970	1,946	2.26	$37,470
68825	Callaway	NE	CUSTER	1,004	979	-2.5%	406	398	2.4	$33,070
68828	Comstock	NE	CUSTER	264	260	-1.5%	106	104	2.49	$32,008
68855	Mason City	NE	CUSTER	393	391	-0.5%	154	155	2.55	$35,318
68856	Merna	NE	CUSTER	546	532	-2.6%	233	231	2.34	$41,941
68860	Oconto	NE	CUSTER	369	367	-0.5%	161	161	2.29	$44,413
68874	Sargent	NE	CUSTER	837	818	-2.3%	383	377	2.19	$38,531
68881	Westerville	NE	CUSTER	44	41	-6.8%	17	17	2.59	$28,387
69120	Arnold	NE	CUSTER	912	897	-1.6%	399	397	2.29	$38,522
Totals				**10,343**	**10,169**	**-1.8%**	**4,467**	**4,429**	**2.4**	**$37,108**

				Population				Year 2020		Females
ZIP	City	ST	County	Pop 21+	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
68813	Anselmo	NE	CUSTER	372	124	108	102	256	228	59
68814	Ansley	NE	CUSTER	749	236	209	224	501	468	147
68822	Broken Bow	NE	CUSTER	3338	1116	1152	986	2,188	2333	664
68825	Callaway	NE	CUSTER	795	279	201	211	510	494	134
68828	Comstock	NE	CUSTER	198	60	63	60	145	119	37
68855	Mason City	NE	CUSTER	305	81	85	97	208	185	58
68856	Merna	NE	CUSTER	411	119	131	131	302	244	62
68860	Oconto	NE	CUSTER	287	82	78	86	185	184	47
68874	Sargent	NE	CUSTER	645	225	181	183	424	413	121
68881	Westerville	NE	CUSTER	33	10	11	8	17	27	5
69120	Arnold	NE	CUSTER	699	243	206	197	477	435	119
Totals				**7,832**	**2,575**	**2,425**	**2,285**	**5,213**	**5,130**	**1,453**

				Population 2020				Year 2023		
ZIP	City	ST	County	White%	Black%	Asian%	Hispan%	Housing Units	% Rentals	Soc Econ Index
68813	Anselmo	NE	CUSTER	92.8%	0.4%	0.2%	3.9%	275	18.5%	59
68814	Ansley	NE	CUSTER	96.4%	0.3%	0.2%	1.9%	482	23.7%	52.4
68822	Broken Bow	NE	CUSTER	91.5%	0.6%	0.3%	5.8%	2,233	31.4%	50.4
68825	Callaway	NE	CUSTER	94.4%	0.3%	0.1%	2.9%	491	21.0%	58.1
68828	Comstock	NE	CUSTER	94.7%	0.8%	0.4%	1.9%	145	15.2%	53.9
68855	Mason City	NE	CUSTER	96.4%	0.3%	0.0%	0.5%	187	21.4%	53.8
68856	Merna	NE	CUSTER	95.6%	0.7%	0.0%	3.1%	268	34.0%	58.6
68860	Oconto	NE	CUSTER	94.6%	0.3%	0.0%	2.2%	176	22.7%	63.4
68874	Sargent	NE	CUSTER	95.9%	0.2%	0.0%	2.2%	479	20.7%	55.9
68881	Westerville	NE	CUSTER	90.9%	0.0%	0.0%	6.8%	17	47.1%	62.7
69120	Arnold	NE	CUSTER	96.5%	0.1%	0.2%	3.7%	475	17.1%	65.4
Totals				**94.5%**	**0.4%**	**0.1%**	**3.2%**	**5,228**	**24.8%**	**58**

Source: ERSA Demographics 2023

III. Community Health Status

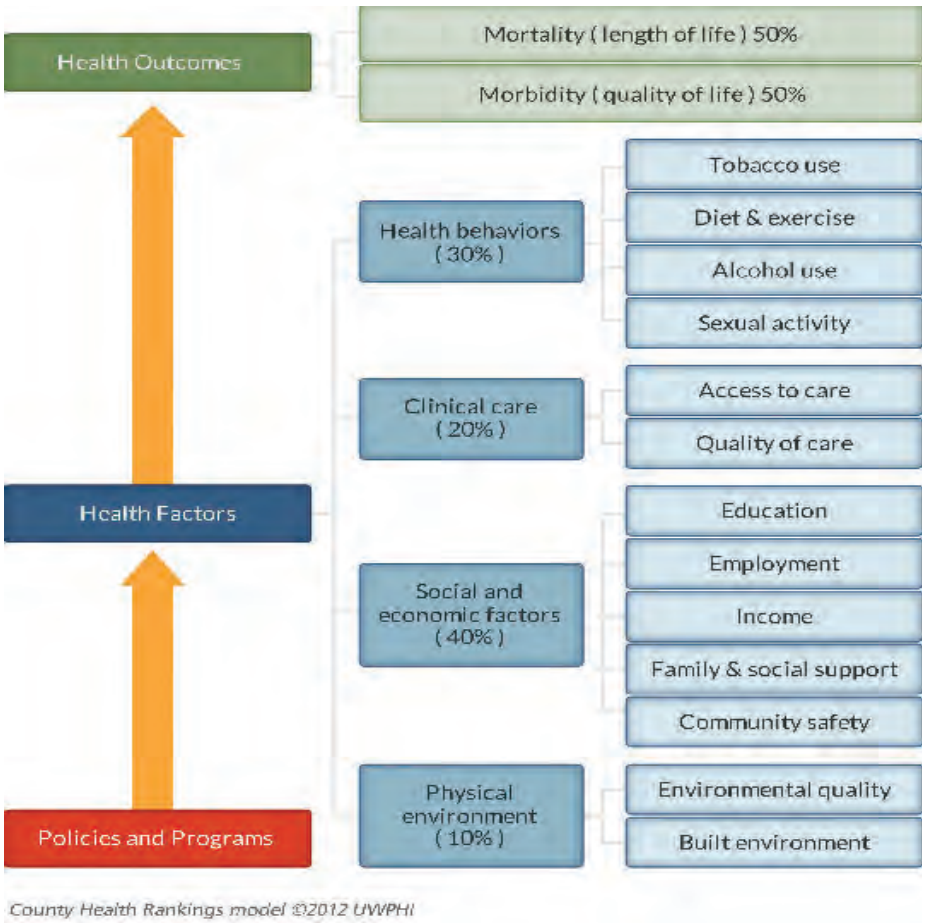
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2020 RWJ County Health Rankings and conversations from Town Hall participates*. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.*

Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings.* As seen below, RWJ's model uses a number of health factors to rank each county.



National Research – Year 2023 RWJ Health Rankings:

#	2023 NE Rankings - 93 Counties	Definitions	Custer Co NE 2023	Custer Co NE 2022	TREND	WC NE Norm N=18
1	Health Outcomes		36	30		44
2	Mortality	Length of Life	16	16		42
3	Morbidity	Quality of Life	53	39		46
4	Health Factors		32	34		40
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	20	30		37
6	Clinical Care	Access to care / Quality of Care	56	20		40
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	35	53		42
8	Physical Environment	Environmental quality	30	52		42
WC Nebraska (N=18): Blaine, Buffalo, Custer, Dawson, Furnas, Greeley, Hall, Holt, Howard, Kearney, Lincoln, Logan, Loup, Rock, Sherman, Thomas, Valley, and Wheeler						
University of Wisconsin Population Health Institute. County Health Rankings Nebraska State Report 2023.						
http://www.countyhealthrankings.org						

PSA Secondary Research:

When studying community health, it is important to document health data by topical areas for primary service area (PSA). Below is a summary of key findings organized by subject area.

Note: Each Tab has been trended to reflect County trends to NORM.

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

Tab 1: Demographic Profile

Understanding population and household make-up is vital to start CHNA evaluation.

1		Population Health Indicators	JMMMMC PSA (NE) 2025	JMMMMC PSA (NE) 2022	Trend	State of NE	WC NE Norm N=18	Source
	a	Population estimates, 2020-2022	10,581	10,460		1,963,554	12,361	People Quick Facts
	b	Persons under 5 years, percent, 2020-2022	6.1%	4.1%		6.4%	6.1%	People Quick Facts
	c	Persons 65 years and over, percent, 2020-2022	23.0%	22.7%		16.4%	24.2%	People Quick Facts
	d	Female persons, percent, 2020-2022	49.5%	50.2%		49.7%	49.3%	People Quick Facts
	e	White alone, percent, 2020-2022	96.6%	97.4%		87.7%	95.6%	People Quick Facts
	f	Black or African American alone, percent, 2020-2022	0.9%	0.6%		5.3%	1.4%	People Quick Facts
	g	Hispanic or Latino, percent, 2020-2022	4.0%	3.5%		12.0%	8.3%	People Quick Facts
	h	Language other than English spoken at home, percent of persons age 5 years+, 2018-2022	3.2%	4.1%		11.8%	6.5%	People Quick Facts
	i	Living in same house 1 year ago, percent of persons age 1 year+, 2018-2022	89.4%	89.4%		85.2%	89.9%	People Quick Facts
	j	Children in single-parent households, percent, 2019-2023	16.8%	21.8%	+	20.4%	16.5%	County Health Rankings
	k	Veterans, 2018-2022	640	770		111,873	648	People Quick Facts

Tab 2: Economic Profile

Monetary resources will (at times) drive health “access” and self-care.

2		Economic - Health Indicators	Custer Co NE 2025	Custer Co, NE 2022	Trend	State of NE	NE NEB Norm N=18	Source
	a	Per capita income in past 12 months, 2018-2022	$35,562	$32,021		$35,189	$34,512	People Quick Facts
	b	Persons in poverty, percent, 2020-2022	11.1%	9.8%	+	10.8%	12.6%	People Quick Facts
	c	Total Housing units, 2023	5,351	5,671		766,887	5,505	People Quick Facts
	d	Persons per household, 2018-2022	2.3	2.2		2.5	2.4	People Quick Facts
	e	Severe housing problems, percent, 2017-2021	12.8%	11.1%	-	12.2%	10.7%	County Health Rankings
	f	Total employer establishments, 2022	368	224		43,344	395	People Quick Facts
	g	Unemployment, percent, 2022	1.7%	2.7%		2.3%	2.2%	County Health Rankings
	h	Food insecurity, percent, 2022	11.1%	12.5%		5.6%	11.7%	County Health Rankings
	i	Limited access to healthy foods, percent, 2019	14.4%	9.7%	-	5.6%	11.7%	County Health Rankings
	j	Long commute - driving alone, percent, 2018-2022	17.2%	18.1%		19.0%	22.1%	County Health Rankings
	k	Households with a broadband Internet subscription, percent, 2018-2022*	82.6%	NA		89.6%	81.7%	People Quick Facts

***New Social Determinant Data Resources*

Tab 3: Educational Profile

Currently, school districts are providing on-site primary health screenings and basic care.

3		Education - Health Indicators	JMMMMC PSA (NE) 2025	JMMMMC PSA (NE) 2022	Trend	State of NE	NE NEB Norm N=18	Source
	a	Children eligible for free or reduced price lunch, percent, 2020-2021	36.0%	40.5%	-	41.3%	42.0%	County Health Rankings
	b	High school graduate or higher, percent of persons age 25 years+, 2018-2022	94.7%	94.8%		91.7%	92.6%	People Quick Facts
	c	Bachelor's degree or higher, percent of persons age 25 years+, 2018-2022	25.8%	24.7%		32.9%	23.7%	People Quick Facts

#	CHNA 2025 Indicators - Custer Co. NE	Broken Bow Public Schools
1	Total Public School Nurses	1
2	School Nurse is part of the IEP Team	Yes if needed
3	Active School Wellness Plan	Yes - EHA
4	VISION: # Screened / Referred to Prof / Seen by Professional	PK-5, 7&10
5	HEARING: # Screened / Referred to Prof / Seen by Professional	K-5, 7&10
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by	PK-5, 7&10, LBPHD
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	Done in their physicals
8	Students Served with No Identified Chronic Health Concerns	PK-5th 463, 6-12 396
9	School has a Suicide Prevention Program	Outside Counseling
10	Compliance on Required Vaccinations	97%

Tab 4: Maternal / Infant Profile

Tracking maternal / infant care patterns are vital in understanding the foundation of family health.

4		Maternal/Infant - Health Indicators (Access/Quality)	JMMMMC PSA (NE) 2025	JMMMMC PSA (NE) 2022	Trend	State of NE	NE NEB Norm N=18	Source
	a	Average Percentage of Births Where Prenatal Care began in First Trimester, 2019-2022	83.4%	NA		72.5%	83.7%	Nebraska DHHS Division of Public Health
	b	Percentage of Premature Births, 2019-2022	8.6%	8.3%		11.1%	9.8%	March of Dimes
	d	Percent of Births with Low Birth Weight, 2017-2023	6.9%	7.6%		7.5%	7.1%	County Health Rankings
	e	Teen Pregnancy Rate (Age 15-19) 2017-2023 Rate per 1k	15.3	NA		16.0	16.9	County Health Rankings
	f	Child Care Centers per 1,000 Children, 2010-2022*	7.6	NA		7.4	6.1	County Health Rankings

Tracking maternal / infant care patterns are vital in understanding the foundation of family health.

#	Criteria - Vital Satistics	Custer Co NE	Trend	State of NE	NE Rural 18 Norm
a	Total Live Births 2016	135		26,594	177
b	Total Live Births 2017	127		25,833	169
c	Total Live Births 2018	131		25,494	174
d	Total Live Births 2019	123		24,758	161

Tab 5: Hospitalization and Provider Profile

Understanding provider access and disease patterns are fundamental in healthcare delivery. Listed below are several vital county statistics.

5		Hospital/Provider - Health Indicators (Access/Quality)	JMMMMC PSA (NE) 2025	JMMMMC PSA (NE) 2022	Trend	State of NE	NE NEB Norm N=18	Source
	a	Primary Care Physicians (Pop Coverage per MDs & DOs) - No extenders Included, 2021	1743:1	1,347:1	-	1310:1	2,117:1	County Health Rankings
	b	Preventable hospital rate per 100,000, 2022 (lower the better)	3,456	5,978		2,249	2,580	County Health Rankings
	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)* Avg. 2 Q 2024	77.0%	NA		80.0%	78.0%	CMS Hospital Compare, 4/1/2018 to 3/31/2019
	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital * Avg. 2 Q 2024	63.0%	NA		77.0%	74.3%	CMS Hospital Compare, 4/1/2018 to 3/31/2019
	e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	124	NA		108	118	CMS Hospital Compare, 4/1/2018 to 3/31/2019

Tab 6: Behavioral / Mental Health Profile

Behavioral healthcare provides another important indicator of community health status.

6		Mental - Health Indicators	JMMMMC PSA (NE) 2025	JMMMMC PSA (NE) 2022	Trend	State of NE	NE NEB Norm N=18	Source
	a	Age-Adjusted Prevalence of Depression Among Adults, 2021*	16.4%	NA		17.2%	17.0%	Nebraska DHHS Division of Public Health
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2018-2020	NA	6.2		14.9	17.1	National Institute of Health
	c	Average Number of mentally unhealthy days, 2022	4.2	4.0		4.3	4.1	County Health Rankings

***New Social Determinant Data Resources*

CDC - 2023 U.S. County Opioid Dispensing

State	County	FIPS	Opioid Dispensing Rate per 100
NE	Custer County	31041	35.7
	NE Average 2023		29.4

Source: U.S. County Opioid Dispensing Rates, 2023 | Drug Overdose | CDC Injury Center

Tab 7a: Risk Indicators & Factors Profile

Knowing community health risk factors and disease patterns can aid in the understanding next steps to improve health.

7a		High-Risk - Health Indicators	JMMMMC PSA (NE) 2025	JMMMMC PSA (NE) 2022	Trend	State of NE	NE NEB Norm N=18	Source
	a	Adult obesity, percent, 2022	37.7%	35.6%	-	36.3%	38.6%	County Health Rankings
	b	Adult smoking, percent, 2022	15.8%	16.9%		13.9%	16.2%	County Health Rankings
	c	Excessive drinking, percent, 2022	18.3%	19.2%		22.1%	18.7%	County Health Rankings
	d	Physical inactivity, percent, 2022	25.2%	30.8%		23.5%	25.7%	County Health Rankings
	e	Ade-Adjusted Prevalence of Sleeping less than 7 Hours Among Adults*	29.7%	NA		29.3%	29.3%	ephtracking.cdc.gov
	f	Sexually transmitted infections (chlamydia), rate per 100,000 (2022)	76.5	111.3	+	453.1	188.2	County Health Rankings

Tab 7b: Chronic Risk Profile

7b		Chronic - Health Indicators *	JMMMMC PSA (NE) 2025	JMMMMC PSA (NE) 2022	Trend	State of NE	NE NEB Norm N=18	Source
	a	Age-Adjusted Prevalence of Arthritis Among Adults >=18 ,2021	22.4%	NA		22.6%	22.6%	ephtracking.cdc.gov
	b	Age-Adjusted Prevalence of Current Asthma Among Asults >=18 ,2021	8.9%	NA		8.7%	8.7%	ephtracking.cdc.gov
	c	Age-Adjusted Prevalence of Diagnosed Diabetes Among Asults >=18 ,2021	9.2%	NA	-	8.9%	8.8%	ephtracking.cdc.gov
	d	Age-Adjusted Prevalence of Chronic Kidney Diseasae Among Adults >=18 ,2021	2.7%	NA		2.6%	2.6%	ephtracking.cdc.gov
	e	Age-Adjusted Prevalence of COPD Among Asults >=18 ,2021	6.0%	NA		5.7%	5.7%	ephtracking.cdc.gov
	f	Age-Adjusted Prevalence of Coronary Heart Disease Among Adults >=18, 2021	5.4%	NA		5.2%	5.2%	ephtracking.cdc.gov
	g	Age-Adjusted Prevalence of Cancer Among Adults >=18 ,2021	6.3%	NA		6.2%	6.3%	ephtracking.cdc.gov
	h	Age-Adjusted Incidence Rate of Breast Cancer per 100k over 5 year period (Females Only - Smoothed)- 2016-2020	118.9	NA		121.6	118.3	ephtracking.cdc.gov
	i	Age-Adjusted Prevalence of Stroke Among Asults >=18 ,2021	2.7%	NA		2.7%	2.6%	ephtracking.cdc.gov

***New Social Determinant Data Resources*

Tab 8: Uninsured Profile and *Community Benefit*

Based on state estimations, the number of insured is documented below. Also, the amount of charity care (last three years of free care) from area providers is trended below.

8		Insurance Coverage - Health Indicators	JMMMMC PSA (NE) 2025	JMMMMC PSA (NE) 2022	Trend	State of NE	NE NEB Norm N=18	Source
	a	Uninsured, percent, 2022	8.0%	11.2%		8.5%	8.5%	County Health Rankings

***New Social Determinant Data Resources*

Tab 9: Mortality Profile

The leading causes of county deaths from Vital Statistics are listed below.

9		Mortality - Health Indicators	JMMMMC PSA (NE) 2025	JMMMMC PSA (NE) 2022	Trend	State of NE	NE NEB Norm N=18	Source
	a	Life Expectancy (Males & Females), 2020 - 2022	79.2	NA		78.4	78.3	County Health Rankings
	b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2021 (lower is better)	156.7	156.1		150.9	157.6	World Bank
	c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2021 (lower is better)	207.4	204.6		160.8	179.8	World Bank
	d	Age-adjusted Chronic Lung Disease Mortality Rate per 100,000, 2021 (Lower is better)	44.6	43.7		40.5	48.5	World Bank
	e	Alcohol-impaired driving deaths, percent, 2018-2022	10.0%	12.5%		32.2%	30.0%	County Health Rankings

Nebraska Death Statistics by Selected Causes of Death (2018-2022) Per 100k	Custer Co NE	Mix %	Trend	State of NE	%
Total Deaths	728			768.2	
Heart Disease	183.4	25.2%		149.8	19.5%
Cerebrovascular Disease	31.7	4.4%		34.2	4.5%
Diabetes	28	3.8%		24.4	3.2%
Cancer	134	18.4%		147.6	19.2%
Chronic Lower Respiratory Disease	38.8	5.3%		43.1	5.6%
Accidents & Adverse Events	40.9	5.6%		42.0	5.5%
Alzheimer's Disease	16.2	2.2%		29.9	3.9%

Tab 10: Preventive Quality Measures Profile

The following table reflects future health of the county. This information also is an indicator of community awareness of preventative measures.

10		Preventative - Health Indicators	JMMMMC PSA (NE) 2025	JMMMMC PSA (NE) 2022	Trend	State of NE	NE NEB Norm N=18	Source
	a	Access to exercise opportunities, percent, 2022 & 2024	53.9%	43.5%	+	84.2%	51.4%	County Health Rankings
	b	Age-Adjusted Prevalence of Hearing Disability Among Adults >=18, 2021*	7.1%	NA		7.0%	6.9%	ephtracking.cdc.gov
	c	Age-Adjusted Prevalence of High Chloesterol Among Adults >=18 ,2021(Screened in the last 5 years)*	30.8%	NA		NA	29.3%	ephtracking.cdc.gov
	d	Age-Adjusted Prevalence of High Blood Pressue Among Adults >=18 ,2021*	29.9%	NA		NA	29.7%	ephtracking.cdc.gov
	e	Mammography annual screening, percent, 2022	52.0%	48.0%		50.0%	49.3%	County Health Rankings
	f	Age-Adjusted Prevalence of Visits for a Routine Check-Up Among Adults >=18, 2020*	69.3%	NA		69.5%	69.2%	ephtracking.cdc.gov
	g	Age-Adjusted Prevalence of Visits to the Dentist Among Adults >=18, 2020*	63.8%	NA		63.6%	64.5%	ephtracking.cdc.gov
	h	Percent Annual Check-Up Visit with Eye Doctor	NA	NA		TBD	TBD	ephtracking.cdc.gov

***New Social Determinant Data Resources*

PSA Primary Research:

For each CHNA Round #5 evaluation, a community stakeholder survey has been created and administered to collect current healthcare information for Custer County, Nebraska.

Chart #1 –Custer Co, NE PSA Online Feedback Response (N=213)

JMMMMC PSA (NE) - CHNA YR 2025 N=213			
For reporting purposes, are you involved in or are you a ...? (Check all that apply)	JMMMMC PSA (NE) N=213	Trend	*Round #5 Norms N=7,561
Business/Merchant	14.6%		9.9%
Community Board Member	6.8%		8.6%
Case Manager/Discharge Planner	0.0%		1.0%
Clergy	1.5%		1.3%
College/University	1.5%		3.1%
Consumer Advocate	2.4%		2.0%
Dentist/Eye Doctor/Chiropractor	1.0%		0.7%
Elected Official - City/County	1.5%		1.9%
EMS/Emergency	2.9%		2.6%
Farmer/Rancher	10.2%		8.1%
Hospital	13.7%		21.4%
Health Department	1.0%		1.4%
Housing/Builder	0.5%		0.8%
Insurance	0.5%		1.2%
Labor	3.4%		3.3%
Law Enforcement	0.5%		0.9%
Mental Health	0.5%		2.5%
Other Health Professional	7.3%		12.6%
Parent/Caregiver	18.5%		17.4%
Pharmacy/Clinic	2.0%		2.5%
Media (Paper/TV/Radio)	0.0%		0.4%
Senior Care	3.9%		3.9%
Teacher/School Admin	2.4%		7.0%
Veteran	3.4%		3.1%
TOTAL	205		5,851

*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Elllsworth, Republic WI County: Richland NE Counties: Furnas, Custer

Typical Sample Sizes Research Studies		
Number of Subgroup Analyses	Households Regional	Firms Regional
None / Few (1-2)	200-500	50-200
Average (3-4)	500-1,000	200-1,000
Many (5+)	1,000+	1,000+

Sudman, *Applied Sampling*, (Academic Press, 1976), 87. Ibid., 30.

Quality of Healthcare Delivery Community Rating

JMMMMC PSA (NE) - CHNA YR 2025 N=213			
How would you rate the "Overall Quality" of healthcare delivery in our community?	JMMMMC PSA (NE) N=213	Trend	*Round #5 Norms N=7,561
Top Box %	**10.8%**		**27.1%**
Top 2 Boxes %	**52.1%**		**70.3%**
Very Good	10.8%		27.1%
Good	41.3%		43.2%
Average	31.9%		23.6%
Poor	11.7%		5.0%
Very Poor	4.2%		1.1%
Valid N	213		7,538

*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic WI County: Richland NE Counties: Furnas, Custer

Re-evaluate Past Community Health Needs Assessment Needs & Actions Taken

JMMMMC PSA (NE) - CHNA YR 2025 N=213					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health (Diagnosis, Placement, Aftercare, Available Providers)	79	11.6%		1
2	Available Childcare Services	70	10.3%		2
3	Access to Primary Care	66	9.7%		4
4	Housing	65	9.6%		3
5	Obstetrics Services	62	9.1%		5
6	Workforce Staffing	61	9.0%		6
7	Substance Abuse (Drugs/Alcohol)	42	6.2%		9
8	Suicide	41	6.0%		8
9	Senior Care Services	38	5.6%		7
10	Transportation - General	38	5.6%		10
11	Access to Preventative Care	34	5.0%		11
12	Affordable Home Care (Private Duty)	30	4.4%		13
13	Provider Education on Crisis Management (Human Trafficking, Domestic Violence, Sexual Assault)	22	3.2%		14
14	Public Health	18	2.7%		12
15	Transportation - High Level Acute Care	13	1.9%		15
	Totals	679	100.0%		

Community Health Needs Assessment "Causes of Poor Health"

JMMMMC PSA (NE) - CHNA YR 2025 N=213			
In your opinion, what are the root causes of "poor health" in our community? Please select top three.	JMMMMC PSA (NE) N=213	Trend	*Round #5 Norms N=7,561
Chronic Disease Management	9.3%		8.6%
Lack of Health & Wellness	13.9%		11.7%
Lack of Nutrition / Access to Healthy Foods	8.8%		10.7%
Lack of Exercise	13.2%		14.0%
Limited Access to Primary Care	11.7%		5.4%
Limited Access to Specialty Care	3.4%		5.9%
Limited Access to Mental Health	15.6%		14.9%
Family Assistance Programs	2.4%		4.7%
Lack of Health Insurance	9.0%		11.9%
Neglect	8.6%		8.6%
Lack of Transportation	3.9%		4.9%
Total Votes	409		14,909

*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Elllsworth, Republic WI County: Richland NE Counties: Furnas, Custer

Community Rating of HC Delivery Services (Perceptions)

JMMMMC PSA (NE) - CHNA YR 2025 N=213	JMMMMC PSA (NE) 2022 N=280		JMMMMC PSA (NE) 2025 N=213			*Round #5 Norms N=7,561	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	78%	2.3%	77%	1.1%		83.1%	3.3%
Child Care	25%	29.0%	32%	22.3%		39.8%	21.9%
Chiropractors	81%	2.3%	76%	5.3%		70.3%	7.2%
Dentists	62%	7.6%	60%	9.7%		62.2%	14.8%
Emergency Room	64%	12.7%	60%	15.5%		73.7%	7.7%
Eye Doctor/Optometrist	56%	9.3%	61%	9.2%		71.1%	9.1%
Family Planning Services	18%	31.5%	24%	31.5%		46.3%	16.3%
Home Health	36%	16.1%	41%	15.9%		56.8%	11.1%
Hospice/Palliative	50%	10.7%	48%	9.1%		65.2%	7.9%
Telehealth	38%	18.6%	35%	17.1%		52.1%	12.0%
Inpatient Hospital Services	60%	8.3%	65%	8.8%		75.8%	5.7%
Mental Health Services	14%	57.0%	15%	44.2%		34.6%	29.4%
Nursing Home/Senior Living	37%	22.4%	48%	16.3%		48.3%	18.6%
Outpatient Hospital Services	67%	4.8%	65%	9.8%		75.0%	5.1%
Pharmacy	86%	2.4%	74%	6.4%		82.7%	3.0%
Primary Care	57%	14.4%	47%	20.9%		76.7%	6.4%
Public Health	32%	18.7%	39%	20.2%		62.7%	8.8%
School Health	37%	16.8%	41%	11.4%		59.4%	8.1%
Visiting Specialists	74%	4.2%	71%	3.8%		68.6%	7.1%

*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Elllsworth, Republic WI County: Richland NE Counties: Furnas, Custer

Community Health Readiness

JMMMMC PSA (NE) - CHNA YR 2025 N=213	% Bottom 2 Boxes (Lower is better)		
Community Health Readiness is vital. How would you rate each? (% Poor / Very Poor)	JMMMMC PSA (NE) N=213	Trend	*Round #5 Norms N=7,561
Behavioral/Mental Health	50.0%		32.1%
Emergency Preparedness	13.9%		7.1%
Food and Nutrition Services/Education	32.2%		16.0%
Health Wellness Screenings/Education	18.3%		9.9%
Prenatal/Child Health Programs	42.5%		13.6%
Substance Use/Prevention	53.4%		32.9%
Suicide Prevention	53.8%		34.4%
Violence/Abuse Prevention	45.5%		32.5%
Women's Wellness Programs	35.7%		18.2%
Exercise Facilities / Walking Trails etc.	32.6%		15.1%

*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Elllsworth, Republic WI County: Richland NE Counties: Furnas, Custer

Healthcare Delivery "Outside our Community

JMMMMC PSA (NE) - CHNA YR 2025 N=213			
In the past 2 years, did you or someone you know receive HC outside of our community?	JMMMMC PSA (NE) N=213	Trend	*Round #5 Norms N=7,561
Yes	89.1%		68.7%
No	10.9%		31.3%

*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Elllsworth, Republic WI County: Richland NE Counties: Furnas, Custer

Specialties:

SPEC	Total
DERM	11
OBG	11
PRIM	11
ORTH	9
OPTH	8
SURG	7

Access to Providers / Staff in our Community

JMMMMC PSA (NE) - CHNA YR 2025 N=213			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	JMMMMC PSA (NE) N=213	Trend	*Round #5 Norms N=7,561
Yes	35.4%		55.9%
No	64.6%		44.1%

What healthcare topics need to be discussed further at our Town Hall?

JMMMMC PSA (NE) - CHNA YR 2025 N=213			
What needs to be discussed further at our CHNA Town Hall meeting? Top 3	JMMMMC PSA (NE) N=213	Trend	*Round #5 Norms N=7,561
Abuse/Violence	3.4%		3.9%
Access to Health Education	2.9%		3.5%
Alcohol	4.5%		3.7%
Alternative Medicine	4.4%		3.7%
Behavioral/Mental Health	8.2%		9.3%
Breastfeeding Friendly Workplace	1.0%		1.2%
Cancer	2.2%		2.7%
Care Coordination	2.3%		3.2%
Diabetes	3.3%		2.7%
Drugs/Substance Abuse	4.7%		6.7%
Family Planning	2.7%		2.1%
Health Literacy	2.3%		3.2%
Heart Disease	1.5%		1.6%
Housing	5.1%		5.9%
Lack of Providers/Qualified Staff	6.4%		5.1%
Lead Exposure	0.4%		0.5%
Neglect	1.8%		2.0%
Nutrition	5.3%		4.6%
Obesity	5.9%		5.6%
Occupational Medicine	0.7%		0.6%
Ozone (Air)	1.2%		0.5%
Physical Exercise	4.5%		5.0%
Poverty	2.4%		4.8%
Preventative Health/Wellness	4.5%		5.6%
Sexually Transmitted Diseases	1.2%		1.5%
Suicide	6.2%		6.1%
Teen Pregnancy	1.7%		1.7%
Telehealth	2.5%		2.1%
Tobacco Use	0.8%		2.1%
Transportation	3.0%		3.0%
Vaccinations	1.9%		2.2%
Water Quality	1.1%		2.6%
TOTAL Votes	826		22,005

*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Elllsworth, Republic WI County: Richland NE Counties: Furnas, Custer

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

YR 2025 Inventory of Health Services - Custer County, NE				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Clinic	Primary Care	Yes	No	No
Hosp	Alzheimer Center	No	No	Yes
Hosp	Ambulatory Surgery Centers	No	No	No
Hosp	Arthritis Treatment Center	No	No	No
Hosp	Bariatric/weight control services	No	No	Yes
Hosp	Birthing/LDR/LDRP Room	No	No	No
Hosp	Breast Cancer	Yes	No	No
Hosp	Burn Care	No	No	No
Hosp	Cardiopulmonary Rehabilitation	Yes	No	No
Hosp	Cardiac Surgery	No	No	No
Hosp	Cardiology services	Yes	No	No
Hosp	Case Management (Horizons MHC, Arrowhead West, ILCs, AAA)	Yes	No	Yes
Hosp	Chaplaincy/pastoral care services (Hospice agencies)	Yes	No	Yes
Hosp	Chemotherapy	Yes	No	No
Hosp	Colonoscopy	Yes	No	No
Hosp	Crisis Prevention (Horizons MHC & Sexual Assault/DV)	No	No	Yes
Hosp	CTScanner	Yes	No	No
Hosp	Diagnostic Radioisotope Facility	Yes	No	No
Hosp	Diagnostic/Invasive Catheterization	No	No	No
Hosp	Electron Beam Computed Tomography (EBCT)	No	No	No
Hosp	Enrollment Assistance Services	Yes	Yes	No
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	No	No	No
Hosp	Fertility Clinic	No	No	No
Hosp	FullField Digital Mammography (FFDM)	Yes	No	No
Hosp	Genetic Testing/Counseling	No	No	No
Hosp	Geriatric Services	Yes	No	No
Hosp	Heart	Yes	No	No
Hosp	Hemodialysis	No	No	No
Hosp	HIV/AIDSServices (Testing & Counseling)	Yes	Yes	No
Hosp	Image-Guided Radiation Therapy (IGRT)	No	No	No
Hosp	Inpatient Acute Care - Hospital services	Yes	No	No
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	No	No	No
Hosp	Intensive Care Unit	No	No	No
Hosp	Intermediate Care Unit	Yes	No	No
Hosp	Interventional Cardiac Catherterization	No	No	No
Hosp	Isolation room	Yes	No	No
Hosp	Kidney	Yes	No	No
Hosp	Liver	Yes	No	No
Hosp	Lung	Yes	No	No
Hosp	MagneticResonance Imaging (MRI)	Yes	No	No
Hosp	Mammograms	Yes	No	No
Hosp	Mobile Health Services	Yes	No	No
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	Yes	No	No
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)	No	No	No
Hosp	Neonatal	No	No	No
Hosp	Neurological services	No	No	No
Hosp	Obstetrics	No	No	No
Hosp	Occupational Health Services (Occupational Therapy/HHA)	Yes	No	Yes
Hosp	Oncology Services	Yes	No	No
Hosp	Orthopedic services	Yes	No	No
Hosp	Outpatient Surgery	Yes	No	No
Hosp	Pain Management (HHA & Hospice agencies)	Yes	Yes	Yes
Hosp	Palliative Care Program (Hospice agencies)	Yes	No	Yes
Hosp	Pediatric (Immunizations)	Yes	Yes	Yes
Hosp	Physical Rehabilitation (Physical & Speech Therapy/HHA)	Yes	No	Yes
Hosp	Positron Emission Tomography (PET)	No	No	No
Hosp	Positron Emission Tomography/CT (PET/CT)	No	No	No
Hosp	Psychiatric Services (Horizons MHC)	Yes	No	Yes
Hosp	Radiology, Diagnostic	Yes	No	Yes
Hosp	Radiology, Therapeutic	No	No	No
Hosp	Reproductive Health (Family Planning Program)	No	Yes	Yes
Hosp	Robotic Surgery	No	No	No
Hosp	Senior Behavioral Health Services	No	No	Yes

YR 2025 Inventory of Health Services - Custer County, NE				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Hosp	Shaped Beam Radiation System 161	No	No	No
Hosp	Single Photon Emission Computerized Tomography (SPECT)	No	No	No
Hosp	Sleep Center	Yes	No	No
Hosp	Social Work Services (Horizons MHC)	Yes	No	Yes
Hosp	Sports Medicine	Yes	No	Yes
Hosp	Stereotactic Radiosurgery	No	No	No
Hosp	Swing Bed Services	Yes	No	Yes
Hosp	Transplant Services	No	No	No
Hosp	Trauma Center- Level IV	Yes	No	No
Hosp	Ultrasound	Yes	No	No
Hosp	Women's Health Services (Limited testing & support programs)	Yes	Yes	Yes
Hosp	Wound Care (Home Health Services)	Yes	Yes	No
SR	Adult Day Care Program	No	No	Yes
SR	Assisted Living	No	No	Yes
SR	Home Health Services	No	Yes	Yes
SR	Hospice	Yes	No	Yes
SR	LongTerm Care	No	No	Yes
SR	Nursing Home Services	No	No	Yes
SR	Retirement Housing	Yes	No	Yes
SR	Skilled Nursing Care (Swing)	Yes	No	Yes
ER	Emergency Services	Yes	No	Yes
ER	Walk-in Clinic	Yes	No	Yes
ER	Ambulance Services	No	No	Yes
SERV	Alcoholism-Drug Abuse (AA, Mirror Inc., Horizons MHC)	No	No	Yes
	Basis Health Assessments/Education	Yes	Yes	Yes
SERV	Blood Donor Center (Red Cross outreach)	Yes	No	Yes
	Breastfeeding Support/Counseling	No	Yes	No
SERV	Chiropractic Services	No	No	Yes
SERV	Complementary Medicine Services (Pharmacies, Vision, Horizons MHC)	No	No	Yes
	Comprehensive Infant, Child, Adolescent, & Adult Immunization Services	Yes	Yes	Yes
SERV	Dental Services	No	No	Yes
	Disease Investigation Services	No	Yes	No
SERV	Fitness Center	Yes	No	Yes
SERV	Health Education Classes	Yes	Yes	Yes
SERV	Health Fair (Annual)	Yes	No	Yes
SERV	Health Information Center	Yes	No	Yes
SERV	Health Screenings	Yes	Yes	Yes
	Hearing/Vision Screenings	Yes	Yes	Yes
	Lead Testing	No	Yes	No
SERV	Meals on Wheels	No	No	Yes
SERV	Nutrition Programs	Yes	Yes	Yes
SERV	Patient Education Center	Yes	No	Yes
	Pregnancy Testing/Counseling	No	Yes	Yes
	Public Health Emergency Preparedness	Yes	Yes	Yes
SERV	Support Groups (Alzheimers, grief, SADD)	No	No	Yes
	STI Testing/Counseling	No	Yes	Yes
SERV	Teen Outreach Services (Church youth groups, SADD)	No	No	Yes
SERV	Tobacco Treatment/Cessation Program (Quitline)	No	Yes	Yes
SERV	Transportation to Health Facilities	No	No	Yes
	Women, Infant, & Children Nutrition Services Program (WIC)	No	Yes	Yes
SERV	Wellness Program (Limited employer/Wellness Centers)	Yes	No	Yes

YR 2025 Provider Manpower - JMMMMC PSA

# of FTE Providers working in county	Supply working in PSA		
	MD's DO's PSA Based	FTE Visting Providers *	PA's / NP's PSA Based
Primary Care:			
Family Practice	4		4
Internal Medicine			
Obstetrics/Gynecology		0.22	
Pediatrics			
Medicine Specialists:			
Allergy/Immunology			3
Cardiology		0.38	
Dermatology			
Endocrinology			
Gastroenterology			
Oncology/RADO		0.05	
Infectious Diseases			
Nephrology		0.05	
Neurology			
Psychiatry			
Pulmonary		0.05	
Rheumatology			
Surgery Specialists:			
General Surgery		0.22	
Neurosurgery		0.05	
Ophthalmology			
Orthopedics		0.11	
Otolaryngology (ENT)		0.10	
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vasc			
Urology		0.05	
Hospital Based:			
Anesthesia/Pain		0.05	1
Emergency			
Radiology			
Pathology			
Physical Medicine/Rehab		0.05	
Pharamacy			2
Podiatry / Wound		0.27	
Others HC Providers			
Eye Care (OD)	2		
Dentists	4		
Audiologists	1		
Chiroprators	3		
Therapy			15
TOTALS	14.0	1.7	25.0

YR 2025 Visiting Specialists to Custer County, NE						
Specialty	***Provider / Degree***	***Group Name***	***From (City / ST)***	***SCHEDULE***	***Days per YR***	***FTE***
OB/Gynecology	Dr Tyler Adam, MD	Ostetricians & Gynecologists, PC	Hastings, NE	Every Thursday	52	0.22
Cardiology	Erich Fruehling, MD	CHI Health Clinic/NHI	Grand Island, NE	Every other Wednesday	26	0.11
Cardiology	Christopher Balwanz, MD	Bryan Health/BHI Heart Institute	Lincoln, NE	Every other Monday	26	0.11
Cardiology	Brock Cookman, MD	Bryan Health/BHI Heart Institute	Lincoln, NE	Every other Wednesday	26	0.11
Cardiology	Saleh El Dassouki, MD	Great Plains Health Heart Institute	North Platte, NE	Once a month	12	0.05
Pulmonology	Matthew Stritt, MD	Hastings Pulmonary & Sleep Clinic	Hastings, NE	Once a month	12	0.05
ENT	Thomas V. Connely, MD	ENT Physicians of Kearney	Kearney, NE	Twice a month	24	0.10
General Surgery	Christopher Seip, M.D.	Surgery Group of Grand Island	Grand Island, NE	Every Tuesday	52	0.22
Nephrologist	Imtiaz Islam, MD	CHI Health Clinic Nephrology	Kearney, NE	Once a month	12	0.05
Neurosurgery	Daniel J. Tomes	The Nebraska Neurosurgery Group, LLC	Lincoln, NE	Once a month	12	0.05
Orthopedist	Gregory Sextro, MD	Central Nebraska Orthopedics and Sports Medicine	Grand Island, NE	Every other Thursday	26	0.11
Orthopedist	Jason Hadenfeldt, PA-C	Central Nebraska Orthopedics and Sports Medicine	Grand Island, NE	Every other Thursday	26	0.11
Oncology & Hematology	Nick J Hartl, MD	Heartland Hematology and Oncology	Kearney, NE	Once a month	12	0.05
Pain Management/ Rehab	Burt McKeag, MD	REGENIREX	Kearney, NE	Once a month	12	0.05
Podiatry	Jonathan B Wilson, DPM	Foot & Ankle Clinic of Central Nebraska	Grand Island, NE	Every other Wednesday	26	0.11
Podiatry	Corey Blackburn, DPM	Prairie Foot & Ankle	Grand Island, NE	Every other Wednesday	26	0.11
Podiatry/Wound Care	Karl Vollers, APRN	Prairie Foot and Ankle	Grand Island, NE	Every 4th Monday	12	0.05
Urology	Garrett D. Pohlman, M.D.	Kearney Urology Center PC	Kearney, NE	Once a month	12	0.05

Custer County, NE
Emergency Numbers

Police/Sheriff	**911**
Fire	**911**
Ambulance	**911**
Suicide Hotline	**988**

Non-Emergency Numbers

Custer County Sheriff	(308) 872-6418
EMS	(308) 872-3349

Municipal Non-Emergency Numbers

	Police	Fire
Broken Bow	(308) 872-6424	(308) 872-1253
Callaway	(308) 836-4444	(308) 836-2898
Arnold	(308) 848-3333	(308) 848-2731
Sargent	(308) 527-4200	(308) 527-3647

ASSISTED LIVING

Off Broadway

308-872-2522

403 S 1st Ave.,

Broken Bow, NE 68822

Custer Care Center Inc

308-872-6303

1020 S 2nd Ave.,

Broken Bow, NE 68822

Quality Senior Villages

308-872-6387

715 Arapahoe Lane,

Broken Bow, NE 68822

BANKS

Bruning Bank

308-872-2757

803 S D St.,

Broken Bow, NE 68822

Farm Credit Services of America

308-872-2461

2555 S E St.,

Broken Bow, NE 68822

Custer Federal State Bank

308-872-6486

341 S 10th Ave.,

Broken Bow, NE 68822

Flatwater Bank

308-935-1700

624 Main St.,

Ansley, NE 68814

Nebraska State Bank & Trust Co.

308-872-2466

945 S D St.,

Broken Bow, NE 68822

First Interstate Bank

308-872-6808

901 S D. St.,

Broken Bow, NE 68822

Heritage Bank

308-872-6688

2525 Heritage Drive,

Broken Bow, NE 68822

CHILD CARE

Bow Club

308-872-6821

1135 N H St,

Broken Bow, NE 68822

Brandi L. Piper

308-870-0134

1445 S. H St.,

Broken Bow, NE 68822

Bubbles Daycare

308-202-0318

130 S. Reynolds St.,

Arcadia, NE 68815

Busy Bee Daycare

308-870-0123

44556 Dutchman Valley Rd.,

Broken Bow, NE 68822

Cradles to Crayons

308-380-4090

230 E. Rounds St.,

Arcadia, NE 68815

Family Fun Center

308-872-8319

215 S. 5th St.,

Broken Bow, NE 68822

Heather Schmidt/ Love & Learn Childcare

308-872-5034

525 S. 13 St.,

Broken Bow, NE 68822

House of Hugs

308-870-5892

43850 Paulsen Rd.,

Broken Bow, NE 68822

Katrina Griffiths

308-870-1328

845 N. F St.,

Broken Bow, NE 68822

Leslea's Daycare

308-870-3183

708 S. 9th Ave.,

Broken Bow, NE 68822

Precious Angel Daycare

308-872-3474; 308-872-6474

1240 S G St., 1241 S. G St.

Broken Bow, NE 68822

Ready Set Grow Child Care

308-212-2837

520 Keene St.,

Ansley, NE 68814

Shafer's Daycare

308-872-6103

1112 S. 3rd St.,

Broken Bow, NE 68822

Shelley Sheets Daycare

308-527-3627

411 N. 2nd St.,

Sargent, NE 68874

CHAMBER OF COMMERCE

Broken Bow Chamber of Commerce

308-872-5691

424 S 8th Ave Ste 4,

Broken Bow, NE 68822

CHIROPRACTORS

Broken Bow Chiropractic Center, P.C.

308-872-3106

312 S. 9th Ave.,

Broken Bow, NE 68822

Backbone of Healthcare Chiropractic

308-872-2171

606 S 9th Ave.,

Broken Bow, NE 68822

Roberts Chiropractic

308-527-3431

103 Center St.,

Sargent, NE 68822

Thomsen Chiropractic

308-293-6340

715 S. E St.,

Broken Bow, NE 68822

CHURCHES

Ansley First Baptist Church

402-413-1556

502 Main St.,

Ansley, NE 68814

Assembly of God Church

308-872-5332

606 3rd Ave.,

Broken Bow, NE 68822

Arcadia Methodist Church

308-789-6613

235 Reynolds St.

Arcadia, NE 68815

Assumption of the Blessed Virgin Mary Catholic Church

308-872-5809

300 2nd St.,

Sargent, NE 68874

Berean Bible Church

(308) 872-6408

2419 Memorial Dr,

Broken Bow, NE 68822

Bow Evangelical Free Church

308- 872-3000

2079 Memorial Dr,

Broken Bow, NE 68822

Broken Bow Seventh-Day Adventist Church

308-872-5711

403 N. 10th Ave.,

Broken Bow, NE 68822

Broken Bow Church of Christ

402-366-7112

728 S. 1st Ave.,

Broken Bow, NE 68822

Broken Bow United Methodist Church

308-872-5963

1000 S. 3rd Ave.,

Broken Bow, NE 68822

Christian Church

308-935-1359

821 Douglas St.,

Ansley, NE 68814

Christian Life Center

308-872-5523

204 N 5th Ave.,

Broken Bow, NE 68822

Church of Christ

308-527-3509

200 2nd St.,

Sargent, NE 68874

Evangelical Free Church

308-527-3369

106 E. Main St.,

Sargent, NE 68874

First Presbyterian Church

308-872-2302

925 N. H St.,

Broken Bow, NE 68822

Free Methodist Church

308-546-7097

741 S. 9th Ave.,

Broken Bow, NE 68822

Immanuel Lutheran Church

308-643-2302

328 E. Brotherton Ave.,

Merna, NE 68822

Our Savior Lutheran Church

308-767-2020

1221 S. E St.,

Broken Bow, NE 68822

Sandhills Bible Church

308-527-3433

105 1st St.,

Sargent, NE 68874

Sargent United Methodist Church

308-527-3421

208 2nd St.,

Sargent, NE 68874

St. Anselm's Catholic Church

308-872-5809

201 W. Rolla Ave.,

Anselmo, NE 68813

St. John's Episcopal Church

308-872-8361

602 N. 10th Ave.,

Broken Bow, NE 68822

St. Joseph Catholic Church

308-872-5809

1407 S, E St.,

Broken Bow, NE 68822

St. Paul's Lutheran Church

308-872-3158

642 S 9th Ave.,

Broken Bow, NE 68822 2408

The Church of Jesus Christ of Latter-day Saints

402-519-5257

1108 S. 1st Ave.,

Broken Bow, NE 68822

Third City Christian Church

308-767-2017

831 Buffalo Run Rd.,

Broken Bow, NE 68822

United Methodist Church

308-935-1979

602 Keene St.,

Ansley, NE 68814

COUNSELING

Forrester Counseling Inc.

308-880-5872

805 S. F St.,

Broken Bow, NE 68822

Healing Hearts and Families

308-872-2420

930 S. D St.,

Broken Bow, NE 68822

Jessica McCaslin

308-627-3079

302 S. 9th Ave.,

Broken Bow, NE 68822

Live Well Counseling Center of Greater Nebraska

308-381-7487

255 S. 10th Ave., Suite 101

Broken Bow, NE 68822

Midwest Country Clinic

402-684-2908

805 S. F St.,

Broken Bow, NE 68822

Nebraska Integral Wellness

308-430-1374

315 S 8th Ave.,

Broken Bow, NE 68822

Wholeness Healing Center, P.C.

308-872-5040

525 S 9th Ave.,

Broken Bow, NE 68822

Embracing Life Through Horses & KC Photography

308-870-3159

43936 Paulsen Rd,

Broken Bow, NE 68822

DENTIST

Broken Bow Dental

308-767-2002

551 S. E St.,

Broken Bow, NE 68822

Clark Dental Clinic

308-872-2575

310 S. 9th Ave.,

Broken Bow, NE 68822

Clint Jordan, DDS

308-643-2255

130 Old Hwy 2

Merna, NE 68856

Maple Park Dental Associates, PC

308-767-2004

2021 S. E Street Suite #5,

Broken Bow, NE 68822

DIABETIC SUPPLIES

Frontier Family Pharmacy

308-872-5231

540 South 8th Ave.,

Broken Bow, NE 68822

Varney Pharmacy

308-872-2321

744 South E St.,

Broken Bow, NE 68822

DURABLE MEDICAL SUPPLIES

Frontier Family Pharmacy

308-872-5231

540 South 8th Ave.,

Broken Bow, NE 68822

Varney Pharmacy

308-872-2321

744 South E St.,

Broken Bow, NE 68822

EARLY CHILDHOOD DEVELOPMENT

Love to Learn Childcare

308-872-5034

525 S 13th Ave,

Broken Bow, NE 68822-2309

Precious Angel Daycare

308-872-6474

1241 S. G St.,

Broken Bow, NE 68822

Hermsmeyer Occupational Therapy, LLC

402-631-7577

45255 Rd 800,

Ansley, NE 68814

ECONOMIC DEVELOPMENT

Custer Economic Development Corporation

402-450-7476

P.O. Box 2,

Broken Bow, NE 68822

EDUCATION

Anselmo-Merna School

308-643-2224

750 N Conway,

Merna, NE 68856

Ansley Public Schools

308-935-1121

PO Box 370,

Ansley, NE 68814

Boneyard Creation Museum

308-390-5113

1709 S. E St.,

Broken Bow, NE 68822

Broken Bow Public Schools

308-872-6821

323 North 7th. Ave.,

Broken Bow, NE 68822

Central Plains Center for Services

308-872-6176

610 N. 13th Ave.,

Broken Bow, NE 68822

Custer Christian School

308-767-2096

767 S. 6th Ave.,

Broken Bow, NE 68822

Custer County Historical Society

308-872-2203

445 South 9th Ave.,

Broken Bow, NE 68822

Hunters For Youth

308-870-2358

315 Cayuga Ave.,

Berwyn, NE 68814

Love to Learn Childcare

308-872-5034

525 S 13th Ave,

Broken Bow, NE 68822-2309

Mid-Plains Community College

308-872-5259

2520 South E St.,

Broken Bow, NE 68822

Precious Angel Daycare

308-872-6474

1241 S. G St.,

Broken Bow, NE 68822

GOVERNMENT

City of Broken Bow

314 South 10th Ave

Broken Bow, NE 68822

Custer County NE Offices

431 S 10th

Broken Bow, NE 68822

HEALTH CARE ASSISTED

Off Broadway

308-872-2522

403 South 1st Ave.,

Broken Bow, NE 68822

Quality Senior Villages

308-872-6387

715 Arapahoe Lane,

Broken Bow, NE 68822

HEALTH INSURANCE

Nebraska Owners Insurance Agency

308-836-2201

424 S. 8th Ave., Suite 1

Broken Bow, NE 68822

HEALTH AND WELLNESS

AmanaCare, LLC

308-870-4990

5001 NW 1st St., Suite 9

Lincoln, NE 68521

Broken Bow Chiropractic Center, P.C.

308-872-3106

312 South 9th Ave.,

Broken Bow, NE 68822

Click Family Healthcare

308-870-8073

805 S. F St.,

Broken Bow, NE 68822

RISE Rehab & Performance

308-872-5800

2021 South E St. Suite 1,

Broken Bow, NE 68822

Thomsen Chiropractic

308-293-6340

715 S. E St.,

Broken Bow, NE 68822

Wholeness Healing Center, P.C.

308-872-5040

525 South 9th Ave.,

Broken Bow, NE 68822

HEALTHCARE

Audiology and Hearing Center

308-708-7353

805 S. F St.,

Broken Bow, NE 68822

Broken Bow Chiropractic Center, P.C.

308-872-3106

312 South 9th Ave.,

Broken Bow, NE 68822

Central Nebraska Medical Clinic, P.C.

308-872-2486

145 Memorial Dr.,

Broken Bow, NE 68822

Click Family Healthcare

308-870-8073

805 S F St.,

Broken Bow, NE 68822

Jennie M. Melham Memorial Medical Center

308-872-6891

145 Memorial Dr.,

Broken Bow, NE 68822

RISE Rehab & Performance

308-872-5800

2021 South E St. Suite 1,

Broken Bow, NE 68822

TEAM Physical Therapy, P.C.

308-872-5111

325 S. 1st Ave.,

Broken Bow, NE 68822

Wholeness Healing Center, P.C.

308-872-5040

525 South 9th Ave.,

Broken Bow, NE 68822

HOME CARE

Custer Care

308-872-6303

1020 South 2nd Ave.,

Broken Bow, NE 68822

AmanaCare, LLC

308-870-4990

5001 NW 1st St., Suite 9

Lincoln, NE 68521

HOME HEALTH CARE

Frontier Family Pharmacy

308-872-5231

540 South 8th Ave.,

Broken Bow, NE 68822

HOSPITALS

Jennie M. Melham Memorial Medical Center

308-872-6891

145 Memorial Dr.,

Broken Bow, NE 68822

Callaway Hospital

308-863-2228

211 E Kimball St,

Callaway, NE 68825

INSURANCE

American Family Insurance-Justin Thompson Agency, Inc.

308-872-5252

2021 S E St Ste 3,

Broken Bow, NE 68822

Clang Financial

308-872-6810

940 S D Street,

Broken Bow, NE 68822

Farm Bureau Financial Services

308-872-6433

616 S. C St.,

Broken Bow, NE 68822

Highstreet Insurance and Financial Services

308-872-6438

940 S. E St.,

Broken Bow, NE 68822

Grange Mutual Insurance Company of Custer County

308-872-2100

420 South 8th Ave., Suite 3,

Broken Bow, NE 68822

Shelter Insurance

308-872-5105

542 South 10th Ave.,

Broken Bow, NE 68822

Nebraska Owners Insurance Agency

308-836-2201

424 S. 8th Ave., Suite 1

Broken Bow, NE 68822

Jones Group

308-935-1253

716 Main St,

Ansley, NE 68814

Universal Insurance Group

308-872-6438

940 South E St., PO Box 583

Broken Bow, NE 68822

Russell Title & Escrow Co.

308-872-5938

702 South D St, P.O. Box 442

Broken Bow, NE 68822

State Farm Insurance Agency

308-872-5171

901 East South E St.,

Broken Bow, NE 68822

Thrivent Financial

308-872-2511

511 N 10th Ave.,

Broken Bow, NE 68822

LONG TERM & SKILLED NURSING FACILITIY

Brookestone View

308-767-2300

850 Laural Parkway Drive,

Broken Bow, NE 68822

Callaway Good Life Center

308-836-2267

600 W. Kimball St.,

Callaway, NE 68825

MEDICAL

Broken Bow Chiropractic Center, P.C.

308-872-3106

312 South 9th Ave.,

Broken Bow, NE 68822

Central Nebraska Medical Clinic, P.C.

308-872-2486

145 Memorial Dr.,

Broken Bow, NE 68822

Click Family Healthcare

308-870-8073

805 S F St.,

Broken Bow, NE 68822

Jennie M. Melham Memorial Medical Center

308-872-6891

145 Memorial Dr.,

Broken Bow, NE 68822

RISE Rehab & Performance

308-872-5800

2021 South E St. Suite 1,

Broken Bow, NE 68822

TEAM Physical Therapy, P.C.

308-872-5111

325 S. 1st Ave.,

Broken Bow, NE 68822

Varney Pharmacy

308-872-2321

744 South E St.,

Broken Bow, NE 68822

Frontier Family Pharmacy

308-872-5231

540 South 8th Ave.,

Broken Bow, NE 68822

MENTAL HEALTH

Wholeness Healing Center, P.C.

308-872-5040

525 South 9th Ave.,

Broken Bow, NE 68822

NEWSPAPER

Custer County Chief

308-872-2471

305 South 10th Ave.,

Broken Bow, NE 68822

NON FOR PROFIT

Muddy Creek Celebration

308-763-1193

612 Main St,

Ansley, NE 68814

Central Plains Center for Services

308-872-6176

1138 North C Street,

Broken Bow, NE 68822

Custer Christian School

308-767-2096

767 S. 6th Ave.,

Broken Bow, NE 68822

Spartan Foundation

PO Box 8

Ansley, NE 68814

Broken Bow Publick Library

308-872-2927

626 Sout D. St.,

Broken Bow, NE 68822

Nebraska Extension-Custer County

308-872-6831

431 South 10th Ave.,

Broken Bow, NE 68822

Hunters for Youth

308-870-2358

315 Cayuga Ave.,

Berwyn, NE 68822

Nebraska One Box Ladies Board

PO Box 294

Broken Bow, NE 68822

Broken Bow Ministerial Association

308-767-2020

PO Box 172

Broken Bow, NE 68823

Custer Economic Development Corporation

402-450-7476

P.O. Box 2,

Broken Bow, NE 68822

Broken Bow Mission Avenue Thrift

308-767-2664

440 S. 8th Ave.,

Broken Bow, NE 68822

Goodwill Industries of Greater Nebraska

402-694-1724

Make-A-Wish Nebraska

308-234-6612

412 East 25th Street, Suite D

Kearney, NE 68847

American Red Cross

308-708-9347

520 West 48th,

Kearney, NE 68845

Broken Bow Lions Club

308-870-2426

1620 South G St,

Broken Bow, NE 68822

Broken Bow Rotary

308-870-2909

PO Box 24,

Broken Bow, NE 68822

Broken Bow Chamber of Commerce

308-872-5691

424 South 8th Ave Ste 4,

Broken Bow, NE 68822

Custer County Salvation Army

402-677-9323

116 S. 11th Ave.,

Broken Bow, NE 68822

Community Connection

308-872-2250

837 South D St.,

Broken Bow, NE 68822

Broken Bow Housing Authority

308-872-2850

825 South 9th. Ave.,

Broken Bow, NE 68822

Custer County Foundation

308-872-2232

403 South 9th Ave.,

Broken Bow, NE 68822

Custer County Diamond Youth Organization

PO BOX 105,

Broken Bow, NE 68822

OCCUPATIONAL THERAPY

Hermsmeyer Occupational Therapy, LLC

402-631-7577

45255 Rd 800,

Ansley, NE 68814

OPTOMETRIST

Prairie Eyecare Center, P.C.

308-872-2291

408 South 8th Ave.,

Broken Bow, NE 68822

PHARMACY

Varney Pharmacy

308-872-2321

744 South E St.,

Broken Bow, NE 68822

Frontier Family Pharmacy

308-872-5231

540 South 8th Ave.,

Broken Bow, NE 68822

PHYSICAL THERAPY

Backbone of Healthcare Chiropractic

308-872-2171

606 S. 9th Ave.,

Broken Bow, NE 68822

RISE Rehab & Performance

308-872-5800

2021 South E St. Suite 1,

Broken Bow, NE 68822

TEAM Physical Therapy, P.C.

308-872-5111

325 South 1st Ave., PO Box 435

Broken Bow, NE 68822

RECREATION

Nebraska One Box Gun Club

308-870-4958

P.O. Box 294,

Broken Bow, NE 68822

Prairie Pioneer Center, Inc.

308-872-6121

1314 South B St.,

Broken Bow, NE 68822

Broken Bow Golf Club

308-872-6444

2280 Memorial Drive

Broken Bow, NE 68822

REHABILITATION

Backbone of Healthcare Chiropractic

308-872-2171

606 S. 9th Ave.,

Broken Bow, Ne 68822

TEAM Physical Therapy, P.C.

308-872-5111

325 South 1st Ave., PO Box 435

Broken Bow, NE 68822

Callaway Good Life Center

308-836-2267

600 W. Kimball St.,

Callaway, NE 68825

Brookestone View

308-767-2300

850 Laurel Parkway Drive,

Broken Bow, NE 68822

AmanaCare, LLC

308-870-4990

5001 NW 1st St.

Lincoln, NE 68521

SENIOR LIVING

Off Broadway

308-872-2522

403 South 1st Ave.,

Broken Bow, NE 68822

AmanaCare, LLC

308-870-4990

5001 NW 1st St., Suite 9

Lincoln, NE 68521

SENIOR SERVICES

Prairie Pioneer Center, Inc.

308-872-6121

1314 South B St.,

Broken Bow, NE 68822

SOCIAL SERVICE AGENCY

Central Plains Center for Services

308-872-6176

1138 North C Street,

Broken Bow, NE 68822

V. Detail Exhibits

[VVV Consultants LLC]

a.) Patient Origin Source Files

Patient Origin History 2022- 2024 for IP, OP and ER – Custer County, NE

Nebraska Hospital Association		
Selected County: Custer County Inpatients- All Ages		
NHA Patient Origin Reports by Hospital		Year 2024 Discharges
Rank	IP Totals - YR 2024	1,150
1	Kearney - CHI Health Good Samaritan	266
2	Kearney Regional Medical Center	221
3	Broken Bow - JMMMMC	156
4	Callaway - Callway District Hospital	70
5	North Platte - Great Plains Health	67

Selected Counties : Custer County Outpatients- All Ages		
NHA Patient Origin Reports by Hospital		Year 2024 Visits
Rank	OP Totals - YR 2024	33,169
1	Broken Bow - JMMMMC	10,119
2	Callaway - Callway District Hospital	4,991
3	Callaway - Callway Medical Clinic	4,543
4	Kearney Regional Medical Center	2,482
5	North Platte - Great Plains Health	2,183

Selected Counties : Custer County Emergency- All Ages		
NHA Patient Origin Reports by Hospital		Year 2024 Visits
Rank	ER Totals - YR 2024	3,415
1	Broken Bow - JMMMMC	1,982
2	Callaway - Callway District Hospital	541
3	Kearney - CHI Health Good Samaritan	252
4	Kearney Regional Medical Center	171
5	Ord - Valley County Health System	171

5

b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Attendance JMMMMC CHNA Town Hall 5/15/25 5:30-7pm N=42						
#	Table	Lead	Attend	Last	First	Organization
1	A	XX	X	Kellum	Kyle	JMMMC
2	A		X	Baltz	David	Broken Bow Ambulance
3	A		X	Books	N. Leon	JMMMC
4	A		X	Holcomb	Jacob	City of Broken Bow
5	A		X	Lacy	Andrew	KBEAR Radio
6	B	XX	X	McIntosh	Jenna	Melham Medical Center
7	B		X	Holland	Andrew	Broken Bow EMS
8	B		X	Mayo	Bonnie	Retired
9	B		X	Sell	Teri	JMMMC
10	B		X	Smith	John	Nebraska State Bank & Trust
11	B		X	Chris	Anderson	
12	C	XX	X	Erickson	William	Erickson Law
13	C		X	Jackson	Jennifer	JMMMC
14	C		X	Grafel	Douglas	
15	C		X	Hunsberger	Mo	
16	D	XX	X	Harvey	Jennie	JMMMC
17	D		X	Erickson	Sheila	Erickson Law
18	D		X	Richardson	Joyce	Runza
19	D		X	Scott	Jim	Bruning Bank
20	D		X	Shipe	Jeremy	KCNI/KBBN Radio
21	D		X	Lindan	Brett	
22	E	XX	X	Bazyn	Carla	JMMMC
23	E		X	Anderson	Rebeka	Melham Medical Center
24	E		X	Denson	Jeff	TEAM Physical Therapy P.C.
25	E		X	Ross	Scotti	CEDC
26	E		X	Toline	Julie	Custer County Salvation Army
27	E		X	Cantrell	Dawn	
28	F	XX	X	Schaaf	Jennifer	JMMMC
29	F		X	Grafel	Stephanie	Broken Bow Chamber
30	F		X	Schmidt	Heather	Love to Learn Childcare
31	F		X	Weber	Colleen	
32	F		X		Mona	
33	G	XX	X	Hunt	Angie	
34	G		X	French	Levi	Sargent Pipe
35	G		X	Schmidt	David	City Of Broken Bow
36	G		X	Sonnichsen	Rodney	City of BB
37	G		X	Scott	Nathan	
38	H	XX	X	Schmidt	Rachel	Schafer & White
39	H		X	Holland	Paul	City of Broken Bow
40	H		X	Scott	Rachel	
41	I	XX	X	Denson	Jeanette	Custer Care
42	I		X	Boldt Reiff	Erin	ESU 10

JMMMMC (Broken Bow, NE) Town Hall Event Notes

Date: 5/15/2025 – 5:30-7:00 p.m. @ Broken Bow Public Library Attendance: N=42

INTRO: Following is a recap of the community conversation during CHNA 2025 Town Hall

- Other than JMMMMC, the community seeks care in Carney, Grand Island, North Platte, Lincoln, Omaha, or Denver, CO.
- Other than English, Spanish and Vietnamese are being spoken in the county.
- The wealth gap has increased in the county according to the community.
- There are homeless ("couch surfers") in the county which is starting to become as issue.
- There are healthy foods available, but they are unaffordable. The elderly may not be driving and lack access to healthy foods.
- Vaping in school is an issue. Broadband may be an issue for students (higher education). Mental and emotional health is a concern (bullying).
- Mothers are going to Carney, Hastings, North Platte, Grand Island, Gothenburg to deliver.
- Drugs in the community consist of: Meth, Fentanyl, Alcohol, Molly, Opioids, Marijuana (Delta 8), M30 pills, and Nicotine.
- There is an increase in STD (syphilis especially).
- Cancer rates are high and a concern.
- As for exercise, there is a need for access and affordability.
- People in the community are not seeking preventative care such as physicals and dental cleanings (maybe a lack of insurance).

<u>What is coming/occurring that will affect health of the community:</u>

- FDA
- Medicaid
- Prescription Drugs
- Research Funding
- United Healthcare
- Vaccination Changes

<u>Things going well for healthcare in the community:</u>

- Access to Providers & Specialty Providers
- Community Engagement
- Community Wellness Center
- Education Excellence
- Collaboration of Healthcare Providers
- EMS
- Financially stable hospital
- Hospital Staff
- Outpatient Services
- Community College
- Physical Therapy
- Quality Care (EMS, Providers, Nurses)

<u>Areas to improve or change in the community:</u>

- Access to Prescription (Affordable)
- Childcare (Affordable, Safe, Quality)
- Dentists taking Medicaid
- Food for Seniors
- Food Insecurity
- Housing (Affordable & Quality)
- Mental Health (Diagnosis, Placement, Providers, Aftercare)
- OBGYN & Prenatal Services
- Oncology Services
- Pediatric (Kids)
- Poverty
- Providers (Succession Planning)
- Senior Health
- Substance Abuse (Treatment)
- Suicide
- Transportation
- Underinsured / No Insurance
- Urgent Care / After Hours
- Wellness & Preventative Health
- Workforce Staffing (All)

Round #5 CHNA - Broken Bow NE PSA

Town Hall Conversation - Strengths (Big White Cards) N=42

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
1	Quality of the care given by existing providers	12	Families & community	26	Primary care physicians
10	Ability to work together	22	Financially stable hospital	13	Providers
43	Access to emergency services	33	Financially stable hospital	10	Providers - local services
40	Access to primary care	38	Financially stable hospital	35	PT
8	Accessibility to healthcare/ER	42	Fire/EMS	31	Quality education, high graduation rates
45	Active economic development	1	First responders/EMT response, continuing education	17	Quality of care given
34	Advocacy efforts in childcare	32	Fresh air	34	Quality preschool
13	Affordable healthy foods	18	Friendly staff at hospital	17	Quality specialty care available
11	After school program	10	Funding for services	30	Recovery from surgery
16	ALS EMS squad in county	7	Good access to doctors	12	Religious community
39	ALS services	7	Good clinic doctors	36	Rural setting
42	Amazing local providers	14	Good community support	14	Safe area
30	Ambulance care	14	Good health care	15	Safe community
5	Ambulance services	38	Good health care providers	17	Safe community
7	Ambulance services	32	Good hospital	18	Safe community
9	Ambulance services	32	Good schools	40	Satellite clinics
17	Ambulance services	42	Great community	25	School
43	Ambulance services	32	Great doctor	2	School - behavioral health
44	Ambulance services	9	Having a hospital	30	School kids shots
23	Availability of specialty providers	41	Health care access	19	School structure
6	Availability to providers/specialty clinic	31	Higher prenatal care locally	36	School systems
29	Available space	11	Hospital & clinic facilities	16	Schools for children 5-18 yrs old
4	Caring & supportive community	26	Hospital facilities	41	Senior citizen needs
32	Caring community	24	Hospital financially stable & up to date	36	Several parks
4	Caring education in schools	36	Hospital in area	16	Small businesses/younger families
2	Child care moving in the right direction	12	Hospital staff	10	Specialists
35	Chiropractor/hospital staff	22	Hospital staff	41	Specialists
4	Choices of quality providers	7	Hospital/ER	7	Specialists brought in
9	CNMC providing access to nonemergency care	16	Hospitals in the county	18	Specialists coming in
38	Collaboration/ambulance	13	Housing	25	Specialties
4	Communities open to change/improvements	2	Housing availability improving	35	Specialty
27	Community	19	Improving housing	5	Specialty clinic
39	Community activities	28	Independence from corporate influence	22	Specialty clinic
26	Community assistance	29	Internship	33	Specialty clinic
33	Community caring/engagement	25	Job availability/ variety of employers	36	Specialty clinic
25	Community collaboration	14	Job opportunities	37	Specialty clinic
33	Community college	31	Less single income households	43	Specialty clinic - variety
35	Community college/education	44	Limited language barriers	27	Specialty clinic & providers
37	Community engagement	33	Local accessible health care	1	Specialty clinic, variety of care categories
11	Community involvement	12	Local business support	45	Specialty doctors
9	Community outreach & involvement	12	Local economy	38	Specialty doctors available
40	Community parks/playgrounds	39	Local government	21	Specialty providers
19	Community support	28	Local leadership - community involvement	26	Specialty services offered
39	Community support	13	Mental health	3	Stable economy
18	Continuing care	31	More exercise opportunities	6	Stable hospital
29	Controlling workload	31	More specialized care offered	20	Stable K-12 system
30	Doctor ratio to patients	19	More traveling specialty doctors	29	Staff & education
18	Easy to get appointments with providers	34	MPCC campus	34	Strong community collaboration
26	Education	36	Neighbors helping each other	15	Strong hospital (financial)
30	Education	37	No overcrowding in schools	14	Strong school system
34	Education (school)	39	Nonprofit organizations	8	Strong work ethic
38	Education access	44	Not a huge mobility	15	Supportive community
21	Education in schools & community college	22	Number of dentists & chiropractors	45	Supportive community
40	Education system	24	Number of dentists & chiropractors & physical therapy	18	Telehealth for rural areas
11	Emergency responder services	11	Opportunities to exercise	28	Treatment/care
28	Emergency response/care	40	Out pt services	27	VA community care program
29	Emergency room	27	Out pt services - chemo infusions	24	Walking trail & pool
37	Emergency services	1	Park, outdoor activities for children	22	Wellness center
25	EMS	42	People who put in effort	27	Wellness center & walking path
19	EMS going ALS/transport to hospital	5	Pharmacy	24	Wellness center access & cost
33	EMS/Ambulance services	24	Pharmacy	43	Wellness center updates
2	Exercise available	20	Physical infrastructure/hospital & community	21	Wellness center/family activities
4	Exercise options	44	Population to PCP is low	13	Workforce staffing
20	Fairly stable economy	13	Primary care access		

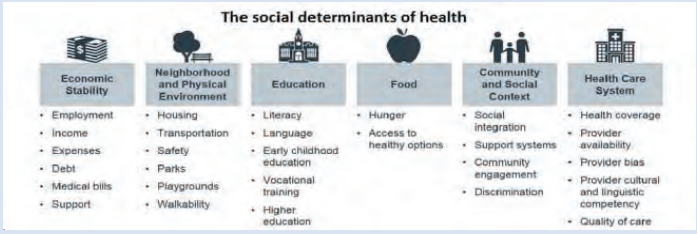
Round #5 CHNA - Broken Bow NE PSA

Town Hall Conversation - Weaknesses (Color Cards) N= 42

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
16	Access to affordable health insurance	19	Doctors on call	16	Mental health/suicide
1	Access to health insurance - quality	25	Drug care services - access	28	Mental/behavioral health
14	Access to healthy foods	26	Drug store access to prescription plans	10	More access to past Medicare plans
11	Access to mental health services	24	Drug use	36	More access to preventative care
16	Access to primary care	18	Drugs	38	More childcare
39	Access to primary care	27	Drugs - alcohol - addiction	24	More childcare availability
14	Access to telehealth	20	Education on health	42	More healthcare providers
16	Access to transportation	34	Education/awareness on health issues/insurance	8	More primary care physicians
30	Access to urgent care	32	Elder care	14	More providers
23	Access to varied/nutritious foods	30	ER transfer times long	25	More providers
40	Access to wellness programs/education	41	Exercise	1	More quality, affordable housing
27	Accessibility to exercise facility	5	Exercise, community health locations/equipment	13	Need more doctors - urgent care/after hours
12	Accessibility to mental health	9	Food	37	NH access/HH access
40	Accessible/quality	4	Food insecurity	17	No home health or hospice in our county/hospital
41	Accountability	39	Food insecurity	17	No OB care offered
34	Addiction problems/support/prevention	40	Food insecurity	17	No oncology care offered locally
42	Additional mental health care	42	Food insecurity	21	Not enough housing for employees
36	Address food/housing insecurity	35	Food stability	21	Not enough MD's/PA's
36	Address households in poverty	43	Good accessible childcare	38	Not enough mental health care
14	Adult obesity	38	Health care too expensive	21	Not enough qualified employees
11	Affordability, especially with poor insurance	20	Healthy foods at schools	29	Nursing home
42	Affordable healthcare	20	Home health	10	Nursing home availability
16	Affordable healthy foods	19	Hospitals	31	Nursing staff
13	Affordable housing	3	Housing	18	Obesity
31	Affordable housing	15	Housing	3	Obesity - diabetes
43	Affordable housing	20	Housing	2	OBGYN
27	Affordable housing & insurance	28	Housing	30	OBGYN needs not met
32	Affordable housing/home environment	34	Housing	40	OBGYN prenatal care
40	Affordable/accessible	41	Housing	1	Obstetrics in Custer County
9	Aging - physicians	23	Housing affordability	2	Oncology services
15	Aging doctors at clinic	44	Housing poor conditions not enough	35	Oncology services including treatment
38	Alcohol abuse	33	Housing/specialty staff	8	Ophthalmology
24	Alcohol dependency	24	Improve perception of primary care	6	Perception of hospital
5	Amount of primary providers	13	Improved exercise facility	30	Pharmacy needs
7	Areas for exercise	33	Incentives for more staff	24	Poverty
15	Availability of primary care & clinic	36	Increase behavioral health	30	Prenatal care
28	Availability of providers	23	Increase primary care staff	33	Prenatal care
15	Availability of services	35	Insurance/prescription/eyecare coverage	2	Prescription access
35	Awareness of poverty	22	Lack of access	40	Prescription affordability & access
29	Baby delivery	22	Lack of affordable home care	10	Preventive health - education
29	Being sent to other doctors	44	Lack of affordable mental health providers	7	preventative monitoring at home
25	Better screenings for health conditions	44	Lack of affordable, quality childcare	18	Primary care access
6	Birthing hospital	41	Lack of child care	40	Provider/staffing shortage
9	Child care	2	Lack of housing	36	Public transportation in rural small towns
15	Child care	22	Lack of nursing home care	37	Quality insurance/education
21	Child care	22	Lack of OBGYN	2	Rec center
28	Child care	22	Lack of psych care	24	Rental housing affordability
30	Child care	13	Lack of quality workforce	4	See a doc/PA quicker
32	Child care	17	Little community involvement	29	Senior care
34	Child care	19	Med clinics	34	Senior care
37	Child care	13	Mental & emotion support counselors	3	Single parent households
39	Child care	3	Mental health	40	Substance abuse
2	Child care - nights & weekends	4	Mental health	43	Substance abuse treatment providers
4	Child care - nights & weekends	18	Mental health	7	Telehealth
42	Child health needs	29	Mental health	38	Too many smokers
37	Childbirth providers	39	Mental health	37	Treatment of mental health
3	Childcare - birth-5	41	Mental health access awareness	26	Understaffing at clinic
5	Childcare availability/affordability	5	Mental health access programs for all ages	8	Urgent care
20	Childcare birth to age 5	14	Mental health availability	31	Urgent care
10	Childcare services	8	Mental health care	29	Veteran med services
11	Childcare services	15	Mental health care	23	Walkability of neighborhoods
42	Chronic disease management	34	Mental health care	5	Weekend/non M-F hours
28	Chronic health	27	Mental health for all ages	6	Wellness center
23	Communication of resources	2	Mental health options	10	Wellness center
33	Communication with public	1	Mental health options child to adult	32	Wellness/exercise
41	Costs	43	Mental health providers	39	Workforce
41	Dental	23	Mental health screening	41	Workforce
9	Depression - suicide	7	Mental health services	9	Workforce staffing
32	Diabetes education	25	Mental health services	18	Workforce staffing
21	Dialysis center	31	Mental health services	43	Workforce staffing
31	Dietician/nutritionist	17	Mental health support services	26	Worry about Medicaid access for elderly
31	Different types of daycare	24	Mental health treatment availability		

Round #5 CHNA - Broken Bow NE PSA

Social Determinants "A" Card Themes (N = 42 with 92 Votes): E=30, N=10, ED=6, C=12, F=1 & P=33



Card #	Code	First Impressions on Social Determinants Impacting Delivery	Card #	Code	First Impressions on Social Determinants Impacting Delivery
6	C	Family	14	ED	Education access & quality
27	C	Social	30	ED	Education access & quality
10	C	Social & community context	42	F	Food
14	C	Social & community context	35	N	Access/neighborhood
15	C	Social & community context	25	N	Environment
16	C	Social & community context	29	N	Environment
20	C	Social & community context	39	N	Environment
21	C	Social & community context	43	N	Neighborhood
22	C	Social & community context	1	N	Neighborhood & physical environment
23	C	Social & community context	8	N	Neighborhood & physical environment
36	C	Social & community context	9	N	Neighborhood & physical environment
40	C	Social & community context	38	N	Neighborhood & physical environment
2	E	Economic	41	N	Neighborhood & physical environment
4	E	Economic	4	P	Access
13	E	Economic	7	P	Access
24	E	Economic	18	P	Access
34	E	Economic	11	P	Access & quality
37	E	Economic	32	P	Access to pharmacy
39	E	Economic	34	P	Health
40	E	Economic	41	P	Health insurance access
1	E	Economic Stability	2	P	Healthcare
5	E	Economic Stability	19	P	Healthcare
9	E	Economic Stability	33	P	Healthcare
10	E	Economic Stability	43	P	Healthcare
11	E	Economic Stability	8	P	Healthcare access
14	E	Economic Stability	9	P	Healthcare access
20	E	Economic Stability	13	P	Healthcare access
26	E	Economic Stability	15	P	Healthcare access
29	E	Economic Stability	16	P	Healthcare access
30	E	Economic Stability	22	P	Healthcare access
31	E	Economic Stability	24	P	Healthcare access
33	E	Economic Stability	39	P	Healthcare access
36	E	Economic Stability	42	P	Healthcare access
38	E	Economic Stability	5	P	Healthcare access & quality
41	E	Economic Stability	12	P	Healthcare access & quality
44	E	Economic Stability	21	P	Healthcare access & quality
7	E	Economy	23	P	Healthcare access & quality

EMAIL Request to CHNA Stakeholders

From: Kyle Kellum
Date: 3/3/2025
To: Community Leaders, Providers, Hospital Board and Staff
Subject: CHNA Round #5 Community Online Feedback Survey – Custer Co. NE

Jennie M. Melham Memorial Medical Center – Custer County, NE; will be working with other area providers over the next few months to update the 2022 Custer County, NE Community Health Needs Assessment (CHNA). We are seeking input from community members regarding the healthcare needs in Custer County in order to complete the 2025 CHNA.

The goal of this assessment update is to understand progress in addressing community health needs cited in 2016, 2019, and 2022 CHNA reports while collecting up-to-date community health perceptions and ideas.

Your feedback and suggestions regarding current community health delivery are especially important to collect in order to complete this comprehensive report. To accomplish this work, a short online survey has been developed for community members to take. Please visit our hospital webpage, facebook page, or utilize the link below to complete this survey.

LINK: https://www.surveymonkey.com/r/JMMMMC_2025CHNA

All community residents and business leaders are encouraged to **complete the 2025 online CHNA survey by March 31st, 2025.** All responses are confidential.

Please Hold the Date A community Town Hall is scheduled for **Thursday, May 15th, 2025, for dinner from 5:30-7:00pm at the Broken Bow Library Meeting Room.** This meeting is to discuss the survey findings and identify unmet needs.

If you have any questions about CHNA activities, please call (308) 872-4100

Thank you for your time and participation.

Melham Medical Center Community Health Needs Assessment

https://ruralradio.com/kbear/video/melham-medical-center-community-health-needs-assessment/

K BEAR 92.5 Radio March 31st, 2025

Kyle Kellum, Melham Medical Center CEO/President, joins us to talk about updating the Custer County Community Health Needs Assessment.

They're asking for your input on local healthcare and what's still missing. It's all part of a community survey open now through March 31. Your feedback helps shape the future of care in our area.

Watch the full interview to learn how to get involved and why your voice matters.

Link to the CHNA Survey

Share:

PR#1 News Release

Local Contact: Kyle Kellum, CEO
Media Release: 3/3/2025

2025 Community Health Needs Assessment to be Hosted by Jennie M. Melham Memorial Medical Center

Over the next few months, **Jennie M. Melham Memorial Medical Center** will be working together with other area community leaders to update the Custer County, NE 2022 Community Health Needs Assessment (CHNA). Today we are requesting Custer County community members' input regarding current healthcare delivery and unmet resident needs.

The goal of this assessment update is to understand progress from past community health needs assessments conducted in 2022, 2019 and 2016, while collecting up-to-date community health perceptions and ideas. VVV Consultants LLC, an independent research firm from Olathe, KS has been retained to conduct this countywide research.

A brief community survey has been developed to accomplish this work. <Note: The CHNA survey link can be accessed by visiting the Jennie M. Melham Memorial Medical Center website and/or Facebook page. You may also utilize the QR code below for quick access.

All community residents and business leaders are encouraged to complete this online survey by **March 31st, 2025**. In addition, a CHNA Town Hall meeting to discuss the survey findings and identify unmet needs will be held on **Thursday, May 15th, 2025, for dinner from 5:30pm-7:00pm**. More info to come soon! Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (308) 872-4100

EMAIL #2 Request Message

From: Kyle Kellum
Date: 4/16/25
To: Area Community Leaders, Providers and Hospital Board & Staff
Subject: Custer County Community Health Needs Assessment Town Hall dinner– May 15,2025

Jennie M. Melham Memorial Medical Center will host a Town Hall Community Health Needs Assessment (CHNA) luncheon on Thursday May 15th. The purpose of this meeting will be to review collected community health indicators and gather community feedback opinions on key unmet health needs for Custer Co, NE. **Note: This event will be held on Thursday, May 15th from 5:30 p.m. - 7:00 p.m. at the Broken Bow Library Meeting Room in Broken Bow, NE with check-in starting at 5:15pm.**

We hope you find the time to attend this important event. All business leaders and residents are encouraged to join us. To adequately prepare for this event, it is imperative all RSVP who plan to attend town hall.

LINK: https://www.surveymonkey.com/r/JMMMMC_TownHallRSVP

Thanks in advance for your time and support!

If you have any questions regarding CHNA activities, please call (308) 872-4100.

Join Jennie M. Melham Memorial Medical Center CHNA Town Hall Thursday, May 15th, 2025.

Media Release: 04/16/25

To gauge the overall community health needs of residents, **Jennie M. Melham Memorial Medical Center** invites the public to participate in a Community Health Needs Assessment (CHNA) Town Hall roundtable on **Thursday, May 15th for dinner from 5:30 p.m. to 7:00 p.m.** located at the **Broken Bow Library Meeting Room in Broken Bow, NE.**

This event is being held to identify and prioritize the community health needs. Findings from this community discussion will also serve to fulfill both federal and state mandates.

To adequately prepare for this event, it is vital everyone planning to attend this event RSVPs. Please visit our hospital website and social media sites to obtain the link to complete your RSVP OR please utilize the QR code below.

We hope that you will be able to join us for this discussion on May 15th. Thanks in advance for your time and support!

If you have any questions about CHNA activities, please call (308) 872-4100.

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2025 Community Feedback: Custer County, NE (N=213)

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1016	68822	Good	ACC	TRAN	SEN	Better access to heath care. Affordable transportation for seniors
1188	68855	Very Good	AMB	EMER		Many times people call the ambulance to bring them to the ER & then don't have a ride home. Difficult many times to find these people a ride home. Some as far away as Sargent & then middle of the night.
1149	68822	Good	AWARE	SERV	LAB	Better knowledge sharing from healthcare agencies through means of social media and traditional media outlets. More community engagement events. "Free blood pressure screenings" or "reduced cost basic lab work screening" Transportation for the community to and from appointments.
1172	68822	Good	CC	ECON		We need more daycare to be able to free up individuals for join the workforce. As well as more wellness facilities.
1199	68822	Good	CC	FINA	HOUS	Child care support is needed as well being affordable for the working parent to have/hold a job. Nice housing in Broken Bow is hard to come by for rentals which I believe deters a lot of people from living and working here.
1045	68822	Average	CC	HOUS	FINA	Pay by the hour for child care!!!!! Reasonable rent
1108	68813	Good	CLIN	MH	SERV	Urgent Care Clinic, Available mental health services
1104	68813	Poor	COMM	DOCS		Better communication!!! And better choices of healthcare providers!!
1026	68822	Good	DOCS	ACC	PRIM	Everything starts in my doctors office. These would improve if there was a stronger presence of primary care access.
1095	68814	Poor	DOCS	PREV	FIT	Bring in more specialized doctors, offers more wellness and preventative services(maybe a fitness plan that includes dietary, trainer and wellness membership for a great package price)
1038		Average	DOCS	QUAL	FINA	I think better quality doctors that community members can trust to figure out root cause issues and help them work through a problem is a good start. Other wise community have to travel outside of the community and many can't physically do that or afford to do so they aren't getting the help they need. Seasonal depression is big for our community and in the winter months it would be nice to have a place to go with the family like a YMCA or activity center would be nice. Bringing in specialist speakers for exercise and nutrition and help community member build a healthy habit plan that fits their lifestyle.
1195	68856	Good	ECON			people need to be eager to work and keep jobs there are lots of jobs available in our area
1116	68822	Poor	EDU	ECON	SPRT	In our community, social determinants like education access, economic stability, and social support greatly influence healthcare delivery. While there are some resources like the wellness center, it's clear that more is needed to truly create a healthy environment for everyone. One major issue is the lack of advertising and outreach for the resources that are available. Many community members may not be aware of the wellness center or other health programs because they're not being promoted effectively. Additionally, the wellness center is often overrun by teenagers, which makes it less welcoming for adults, especially those 30 and older. This suggests that there could be more tailored spaces or programs for different age groups, ensuring that everyone has a comfortable place to access health services and support. To address these issues, I believe the community could invest in better advertising and communication about health resources, ensuring that all residents are aware of the services available. Creating more diverse spaces—like separate areas or times for different age groups at the wellness center—would also help make these services more accessible and welcoming. Furthermore, expanding support in other areas like food access, affordable housing, and transportation would help improve overall economic stability and health. For instance, providing transportation for those who can't easily get to healthcare facilities or ensuring there are affordable, healthy food options in the community could make a significant difference. Also, strengthening social support networks through local community centers or programs for mental health, employment, and education could provide a more holistic approach to improving the health of the community as a whole.
1200	68822	Good	EDU	FINA	MH	Healthcare facilities need to partner with the schools to educate families about health and supporting services. Local businesses that employe greater than 15 employees need to take a strong stance in educating employees and providing health resources. Finance education to families that do not prioritize finances for healthy living. Addition of mental health therapists in the community.
1070	68822	Good	EDU	PRIM	CHRON	Increase access to local postsecondary education. We need better access to primary health care including care for acute illnesses, chronic health conditions and mental health.
1047	68814	Average	FINA	EDU	NUTR	More financial and educational opportunities for those who would like to become doctors with emphasis on giving back to rural communities. More low-cost exercise options like hiking/biking trails, outdoor sports facilities and open gyms. Promote community gardens and school gardens/greenhouses to be used to feed the community and students. Promote locally grown meat, eggs, milk, fruits and veggies and provide better education on the health risks of prepackaged foods and the long-term effects of their ingredients on the human body.
1025	68822	Average	FINA	FIT	NUTR	Affordable access to wellness centers (exercise) year-round, affordable healthy food choices, mental health and mental/childhood trauma education
1145	68874	Average	FIT	REC		YMCA

CHNA 2025 Community Feedback: Custer County, NE (N=213)						
ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1191	68822	Average	FUND	FINA		We need to seek out grants in order to help with these things. Life has gotten so expensive and we had poor access to things before and I feel like its declining even more. Groceries cost so much more than going out of town, the interest rates have made it impossible for normal people to buy a house-especially with the houses being 200k+. People who were barely getting by before are now struggling and digging themselves even further into debt.
1085	68822	Good	FUND	TRAN	SCH	Programs/funding for transportation for health care needs. Bus/van for those needing help getting to appointments or hospital. More in home services as elderly more and more are staying home as nursing homes are closing or are unaffordable.
1159	68814	Poor	GOV	FUND	DOH	This paragraph sounds like a plea for more government funding at tax payer expense. I don't believe the local public health departments rate more funding for the programs they provide. They should be abolished.
1102	68822	Average	HOUS	FINA	SH	Stop spending taxes on stupid community beautification, we don't need affordable housing built on snobhill that is far from the average residents available financing availability. Bring back conservative leadership in the city and Healthcare. Care about the patients not just getting the handful of pockets lined. A town of 3700 people is dying off and becoming a ghost town. For the available services in our communities we might as well move to the bigger cities we pay the same in taxes, they water the same on new schools the bring no educational value, they have more, opinions for Healthcare services at the same or cheaper rates.
1208	68822	Very Good	HOUS	FINA	TRAN	There is definitely an affordable housing issue in this community. The price of rent in this small community is toe to toe with the tri city area - which is ridiculous. The price of homes are also out of reach for young people who want to return to the area/move out of their parents home/low wage earners. Its impossible to work at the grocery store full time or a new elementary school teacher and afford rent in this town. I also see a need for public transportation.
1132		Average	HOUS	FINA		Affordable housing is much needed.
1129	68822	Average	HOUS	FINA		Housing need more availability for people that need it then lots being bought for storage units and dealership lots for vehicles
1004	68822	Very Good	HOUS	FINA		There needs to be more housing that is affordable to families that are struggling with income to make ends meat.
1072	68822	Average	HOUS	POV	TRAV	Housing is so poor and there is absolutely nothing available for lower income people or families. The options for all services such as food, clothing, and retail is very poor. Most travel for healthcare. Our community has sadly went the opposite direction in so much. Even entertainment is so limited.
1054	68822	Poor	HOUS	QUAL	PREV	Affordable Housing. Quality compassionate affordable Healthcare. Wellness center/ young youth soprt for winter months (YMCA). Fresh health food choices without the price gouging. Health eat out establishments.
1042	68822	Good	NUTR	ACC		Having a specifically healthy place to get healthy food like Mediterranean, vegan ready made food would give people the option to choose healthier; as a lot of people do not know how to do it for themselves. Even a health store would be a plus
1011	68874	Average	NUTR	SH		Prohibit “snack bar”, full of junk at schools…
1139	68822	Good	PREV	ACC		Bring 340B into the hospital. Also work with local officials to bring in a wellness center. Every community our size within an hour of Broken Bow has something like this except Broken Bow and Ord.
1103	68822	Good	PREV	NUTR	HOUS	Poor health is directly linked to inability to afford healthy food, inability to afford healthcare including vision and dental, potential disabilities, lack of transportation, low income, and insufficient housing.
1068	68822	Good	PRIM	CLIN	PREV	Most of the disconnect probably comes because people cannot access primary care and when you call the clinic new patients are often turned away. Its hard to support the clinic and the hospital by extension when you can't access or know the people who work there. The community also needs a central location to learn about and practice preventive location. If I wanted to access a heath coach, trainer, work out class, youth or adult sports groups its difficult to find and so it seems like these things don't exist. Similar sized communities such as Gothenburg, Cozad or Holdrege really seem to do much better.
1007	68822	Good	QUAL			Not being an expert in any of these areas, I think our community does pretty well in all of them. I am proud of our community, including the rest of Custer County, and think it's a great place to live, work, raise a family, and retire in.
1061	68855	Good	RURAL			Out reach to smaller surrounding communities
1209	68822	Good	SEN	HH	TRAN	We have an aging population that have needs not being met - care at home, care in a facility, transportation, overall health/wellness.
1210	68822	Very Poor	SEN	SPRT		Our elderly need more support.

CHNA 2025 Community Feedback: Custer County, NE (N=213)						
ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1051	68822	Average	SERV	ADMIN	EDU	I don't know what the answer is to fixing the community perception of Melham, but something needs done. And unfortunately it is mostly all stemming from the ER, and CNMC. Mostly everything else is fine, but something needs done, I just don't have the answer. As of right now, I don't believe the CEO of Melham knows what to do either, which means they are probably not the man for the job. The economic stability? Don't make people pay for the services in advance, obviously the economic state of the community is not well right now, and people need operations or other services, and are required to pay up front, so they go without something they need because they can't afford it. Seems to me that Melham is more worried about the almighty dollar rather than helping the community. I understand you have bills to pay also, but if someone isn't paying there are avenues to get recouped, like sending people to collections. Education, I don't have any experience in that area from the hospital. Quality Health Services? I wouldn't say it's quality, Jacob Karmazin is a huge dick. Anytime he is needed at the ER it is a mess. He hates being there and having to work. The fact he makes everyone feel like an inconvenience is ridiculous. He thinks he's better than you, his relationship with outside agencies that have to work with the ER as emergency services the relationship is horrendous. I have not spoke with anyone there that has anything good to say about the ER or Karmazin. He is a problem and needs to have an attitude check or be let go.
1059	68822	Good	SERV	ADMIN	GOV	My concern is what is going to happen to services when this present administration of Trump gets done ravaging the government. What services will be left and will social security still be here.
1189	68874	Good	SPEC	ACC		More specialist available.
1150		Poor	SPIRT	QUAL		More reliance on churches and more quality community service hour requirements.
1205	68822	Good	SPRT	HOUS	FINA	I don't see much on community support programs. I still believe affordable housing remains an issue as there are few places to rent and some cannot afford to buy.
1098	68822	Good	STFF	NUTR	SPRT	with appropriate staffing, start a walking/learning program. a facilitator(s) would foster discussion on various topics, healthy food, sleep habits, etc. People would learn from each other, and be naturally encouraged and supported. Should be outside whenever possible. with no gadgets.
1120	68822	Good	TRAN	ACC	NUTR	We need a service that will deliver food, medicine, supplies and people. The bigger cities have Grub Hub, door dash, etc. It would be nice if we could get something similar.
1086	68822	Average	TRAN	CLIN		We need another option for public transportation, bus or uber Urgent care option
1180	68822	Good	TRAN	DIAL	INSU	The lack of transportation for specialized medical fields outside of the community. e.g. transport for dialysis. High deductible insurance plans holding families back for smaller health issues.
1087	68822	Good	TRAN	HOUS		transportation, housing
1124		Average	TRAN	MH		Transportation for patients and better mental health care.
1143	68813	Good	TRAN	MH		We need a better transportation system to get home from the hospital after hours. Continue to have food drives for our local food bank and offer lunches to students over the summer from the school. We need more teenage behavioral health counseling available or support groups.
1077	68822	Good	TRAN	SPRT	MH	We need transportation and community support for mental health
1003	68813	Poor	TRAN			Additional private transportation services
1115	68814	Good	TRAN			I know we can't always do everything for free, but transportation is a big problem
1027	68813	Average	WAG	EDU	HOUS	Unfortunately money talks. Higher wages and benefits may only bring the educated and qualified to the area. Benefits to include would be part owner, paid education, housing stipend/bonus.
1176	68822	Average	WAG	RESO	CC	There are many low to mid paying jobs, but a limited amount of jobs with higher pay in the community. Many are living at a lower SES. There are not a lot of community resources (i.e emergency housing shelters, mental health resouces, etc). It would be nice if the handi bus to other towns was reinstated or some sort of other bus service was available. As far as childcare goes, I think once Precious Angels gets their new facility up and running that will help. Would be great to have street lights and sidewalks in all neighborhoods to help people to be able to get out, feel safe, and exercise more. More nutrition classes or information could be offered to reduce the amount of chronic illnesses such as diabetes, heart disease, high blood pressure. The Melham gym could lower their prices to allow better and cheaper access to the only gym in town.
1171	68822	Average	YOUTH	DRUG	MH	The only entertainment in area is the theater. If there was more for teens to do maybe they wouldn't turn to alcohol and drugs as much. Need more attention to mental health

CHNA 2025 Community Feedback: Custer County, NE (N=213)						
ID	Zip	Rating	c1	c2	c3	Q8. In your opinion, what are the root causes of "poor health" in our community? Other (Be Specific)
1012	68822	Very Good	AIR			Air Quality
1076	68822	Good	AIR			The air quality
1098	68822	Good	EDU			education in healthy living
1104	68813	Poor	FAC	DOCS		Trust in the healthcare system and the doctors.
1043	68822	Average	FINA	HOUS	NUTR	COST OF LIVING IS VERY EXPENSIVE, INSURANCE, GROCERIES AND SENIOR LIVING EXPENSES
1103	68822	Good	FINA	NUTR		Inability to afford healthy foods
1111	68822	Average	FINA	SPEC	PHAR	cost to treat OR choices for speciality care, IN NETWORK pharmacy with elders
1038		Average	INSU	QUAL	FINA	Not so much lack of insurance but QUALITY insurance. Since ACA most families can't afford to be seen for issues.
1018	68822	Average	NUTR			Not as a le to get natural food, sugar free, gluten free, etc
1139	68822	Good	PHAR	OWN	PREV	PBM's destroying locally owned pharmacies. Mail order rxs. Lack of personal accountability in taking preventative medications.
1159	68814	Poor	QUAL	DOCS		poor quality providers
1059	68822	Good	SEN	SPRT		I don't know enough to answer this. As healthy senior citizens, it's up to us to get motivated!
1210	68822	Very Poor	SEN	SPRT		So many elderly alone without support.
1072	68822	Average	SPRT			Lack of people caring about eachother in our community all around and every aspect.

CHNA 2025 Community Feedback: Custer County, NE (N=213)						
ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1012	68822	Very Good	AIR	ALLER		Address air quality due to local feedlot. This would impact respiratory and allergy issues in the entire community.
1065	68822	Good	CLIN	ACC		Emergicare/urgent care walk in facility
1025	68822	Average	CLIN	MH	TRAU	An urgent care clinic, mental health & mental trauma education and support, obstetrics, pediatrician
1115	68814	Good	CLIN			first care/quick care
1169	68822	Average	CLIN			Free Clinics
1108	68813	Good	CLIN			Urgent care
1184	68856	Average	CLIN			Urgent care
1016	68822	Good	CLIN			Urgent care
1205	68822	Good	DIAB	EDU	CARD	Diabetes education/nutrition services, Congestive Heart Failure support groups/education, violence and substance abuse prevention programs
1213	68822	Good	DOCS			hospital employ providers
1176	68822	Average	EDU	CHRON	NUTR	Again, more educational programs on chronic health issues, nutrition, physical fitness, etc. Holding exercise classes at the Melham gym and/or parks might be good too. Nurse visitation programs for new infants and young children. Programs to combat dating and intimate partner violence are needed as well.
1004	68822	Very Good	EDU	MH		Education to help mental health, to prevent or give help to people that need it
1098	68822	Good	EDU	REC	PREV	build community with an health education that is basically a walking/learning activity. a facilitator(s) would lead discussion on preventive health topics with all participating Would be outside whenever possible.
1013	68822	Average	ENDO	OBG	FEM	Endocrinology and OB/GYN, menopause care
1137	68822	Good	FEM	CLIN	NUTR	Women's clinic Holistic healthcare Nutrition Education
1007	68822	Good	FINA	SEN		Not sure about this one at this time. If it comes to it, affordable in home care some day may be a need for one or both of us as we age, now being in our late 70s.
1145	68874	Average	FIT	ACC		Exercise available to everyone. Etc.
1120	68822	Good	FIT	FINA		more exercise programs that are affordable
1143	68813	Good	FIT	NUTR	EDU	Exercise programs and nutrition training available to the public. Also parenting classes about how to treat common ailments at home.
1114	68822	Good	FIT	REC	SEN	Exercise/wellness facility Indoor pool Senior health programs
1090	68822	Average	FIT	REC		A "YMCA" type facility
1186	68822	Average	FIT	THER		New wellness center and indoor pool for therapy and other activities that get you moving.
1118	68814	Good	FIT			i would like to see more fitness classes offered,
1111	68822	Average	FIT			open wellness center for FREE for taxpayers
1072	68822	Average	FUND	INSU	FINA	Grants for those that can't meet the financial after their insurance pays. There would need to be a financial cap based from what is left over after basic needs.
1188	68855	Very Good	HRS	SERV	CLIN	After hours "driver's service" to take people home, from the ER. Urgent Care with "odd" hours.
1043	68822	Average	HRS			After Hours availability
1180	68822	Good	INSU	MH	DOCS	There needs to be assistance for people who have high deductible plans and who don't qualify for assistance. Mental health care providers for the more complex cases.
1051	68822	Average	MH	PREV		We need better mental health services in town. Also the wellness center is pretty expensive, I think more people would utilize it if prices were down, which would help the overall health of our community
1101	68822	Average	MH	SERV		Mental health services
1048	68822	Very Poor	MH	SPRT	RESO	Mental Health needs are huge. If any new programs can be introduced I feel it is highly necessary.
1077	68822	Good	MH	SUIC		Mental health and suicide prevention
1204	68822	Good	MH	THER	ACC	Expand mental health areas, have access to therapists and providers in that area
1172	68822	Good	MH	WEB	BULL	Mental health programs for kids. Social Media is creating more social issues than we have seen, and the mental health from bullying and expectations through social media are impacting our children
1005	68822	Good	MH			Mental Health
1091	68822	Very Poor	MH			mental health
1099	68822	Very Good	MH			mental health
1100		Average	MH			Mental Health
1042	68822	Good	NUTR	CC		Having ready made healthy Mediterranean/ vegan food, smoothies, a health food store, more child daycare, gut biome testing
1047	68814	Average	NUTR	REC	CANC	Community gardens, fitness trails, and urgent care facilities are much needed as well as cancer treatment centers and specialty care centers.
1171	68822	Average	OBG	MH		obgyn, mental health
1197	68822	Good	OBG	SPEC	COUN	Having more OB doctors visit our specialty clinic...weekly counselors available instead of just occasional...
1113	68856	Very Poor	OBG	SUIC	MH	Women's OB, suicide prevention, mental health awareness.
1029	68822	Poor	OBG	SURG		OB, specialists, surgery
1018	68822	Average	OBG			OB
1003	68813	Poor	OTHR			3 shift work is a real possibility
1196	68822	Average	PEDS	SH	DIAB	Get kids active at the wellness center or activities for after school for fun and not for competition. Teach them about healthier food options, the school needs to help with this, the food they are serving is not like it was when a was in school. Getting the kids moving will also help the parents moving. The majority our community are overweight which does not help comorbidities depression, anxiety, diabetes...
1104	68813	Poor	PHAR	FF	HRS	You better work on providing better discharge planning and pharmacy needs on weekends and holiday, plus after hours. Take cake of the quality of doctors available in your facility. Then you can tackle "new" needs!
1139	68822	Good	PHAR	FIT	OBG	340B at the Hospital Pharmacy, Wellness center, start delivering babies again.
1208	68822	Very Good	PREV	EDU	NUTR	Health & Wellness - education on whole food diet and importance of moving your body. Education on food. If you can fix a person's eating habits - most of their health issues will go away. Access to whole foods that are affordable needs to be improved. there should be a heavy tax on fast food/junk food/soda/anything that has an ingredient list a mile long..
1209	68822	Good	PREV	FIT	REC	Community wellness center, trails running through town (not just Melham park), additional childcare centers, continued advertising and availability for mental health services for the community
1202	68815	Good	PREV	FIT		Health & Exercise classes

CHNA 2025 Community Feedback: Custer County, NE (N=213)

ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1095	68814	Poor	PREV	NUTR	FIT	Highly discounted wellness packages that include wellness screening, nutritionist, fitness trainer, wellness center membership with incentives to participate and awards for completing goals. Give people a reason to get healthier and help them succeed
1070	68822	Good	PRIM	CLIN		Another primary care clinic and an urgent care clinic.
1124		Average	PSY	THER	MH	Psychiatrist, therapist, mental health care in general.
1159	68814	Poor	QUAL	DOCS		none. Don't waste taxpayer money. Let JMMMC hire better quality providers.
1191	68822	Average	QUAL	PREV	CC	You have done a great job expanding the Wellness Center, but I think we need more services there. A childcare drop off like other facilities have would open the door for so many young families.
1054	68822	Poor	QUAL	STFF	DOCS	I feel the whole thing need restructured, maybe to ease the weight of the Dr and staff to onto walk in clinics and ER
1068	68822	Good	REC	FIT	OBES	Wellness classes aren't well known or accessible. If you are some who wants to get started with weights, exercise programs etc there isn't a clear person to ask or space to have it.
1168	68822	Good	REC			More walking/biking trails
1053	68822	Good	REC			Whatever happened to the YMCA coming to the area?
1011	68874	Average	REC			YMCA
1027	68813	Average	RESO	SERV	CANC	This isn't new, but something to bring to the area. Relay for Life with the American Cancer Association. Great community involvement from businesses to patrons. Cancer awareness, honor the survivors and remember our loved ones who lost their battle.
1149	68822	Good	SEN	FINA		services for the older population in general. Specifically, financial planning for the older population. Do they have enough money for a nursing home, assisted living, etc. Do they have a living will or power of attorney?
1210	68822	Very Poor	SEN	SPRT		More elderly support programs.
1116	68822	Poor	SERV	NUTR	CHRON	To meet the current health needs of our community, there are several new health programs that could be created to promote overall well-being and address gaps in services. Comprehensive Nutrition Education Programs: While there is a hormone-focused nutrition class available, many in the community aren't aware of it, including healthcare workers. To bridge this gap, a more accessible and well-advertised series of nutrition classes should be developed. These classes could cover topics like whole food nutrition, meal planning, and the impact of food on chronic health conditions like diabetes and heart disease. A local cookbook focusing on affordable, easy-to-make, whole food recipes could also be a great addition. It would provide practical tips on incorporating nutritious meals into everyday life, with an emphasis on the benefits of whole foods and how they support long-term health. Group Fitness Classes for All Ages: While younger people may have easy access to fitness programs, the 30+ age group is often overlooked. Group fitness classes designed for adults, especially those over 30, could focus on functional fitness, joint health, and cardiovascular health. These programs could include low-impact options such as yoga, pilates, or water aerobics, tailored to prevent injuries while improving strength, mobility, and mental well-being. The key would be making these classes accessible, affordable, and in community spaces. Chronic Disease Prevention and Management Programs: Many chronic diseases, such as hypertension and diabetes, can be managed or even prevented with lifestyle changes. Programs specifically targeting chronic disease prevention and management through diet, exercise, and stress management could be invaluable. These programs could include educational workshops, support groups, and access to healthcare professionals who can offer personalized advice. Mental Health Support and Stress Management: Alongside physical health, mental health is critical to overall well-being. A program that focuses on mental health support, stress reduction techniques, and mindfulness could help the community cope with daily pressures. This could be especially beneficial for working adults, parents, and caregivers who often lack the time to prioritize their mental health. Community Health Fairs and Resource Awareness: There could also be more health fairs or events aimed at educating the community on available resources. Many people may not know what health services are accessible to them or how to utilize them effectively. These fairs could provide free health screenings, informational sessions, and a chance to meet local health professionals who can direct them to the right services. By implementing programs that cater to nutrition education, physical activity, chronic disease management, and mental health support, our community can take a more holistic approach to improving health outcomes for all age groups, especially the 30+ population.
1150		Poor	SERV	QUAL		We don't need new programs. Focus on making what we have better.
1144	68822	Very Good	SERV			none. people just need to use them
1200	68822	Good	SH	EDU	FINA	Partnerships with schools and local businesses for education on health. Local businesses need to assist with finance education that teaches responsibility which will reduce neglect.
1102	68822	Average	SPIRT			There is nothing "New" the Good Samaritan and Jesus showed us the way 7000 years ago. Love one another, don't boast, works will not get you into heaven.
1059	68822	Good	SPRT			There are things available-just need to be motivated to participate!
1028	68822	Poor	SUIC	MH		Something to reduce the suicides and help those struggling with mental health issues is critical.
1195	68856	Good	SUIC			focus on suicide, depression
1087	68822	Good	TELE	SPEC		more telehealth in some of the specialty areas that the hospital is missing
1085	68822	Good	TRAN	MH	CHRON	24hr transportation services Urgent care options Mental/behavioral health clinic Chronic care management Nursing home care for high needs- behavioral health elders (Alzheimer's, dementia)
1086	68822	Average	TRAN	SCH	REC	More options for transportation to health appointments -indoor swimming/rec center
1103	68822	Good	YOUTH	RESO	POV	Programs for adults and teens with disabilities. Lactation consultants. Maybe classes on gardening to help lower income folks grow healthy foods.
1105	68822	Very Poor	YOUTH			Child Programs

Year 2025 - Let Your Voice Be Heard!

Jennie M. Melham Memorial Medical Center (Custer Co, NE) along with area providers have begun the process of updating a comprehensive community-wide 2025 Community Health Needs Assessment (CHNA) to identify unmet health needs. To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery. NOTE: Please consider your answers to the survey questions as it relates to ALL healthcare services in our community, including but not limited to our local hospital.

While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention! CHNA 2025 online feedback deadline is set for April 15th, 2025.

1. In your opinion, how would you rate the "Overall Quality" of healthcare delivery in our community?

◯ Very Good ◯ Good ◯ Average ◯ Poor ◯ Very Poor

2. How would our community area residents rate each of the following health services?

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	◯	◯	◯	◯	◯
Child Care	◯	◯	◯	◯	◯
Chiropractors	◯	◯	◯	◯	◯
Dentists	◯	◯	◯	◯	◯
Emergency Room	◯	◯	◯	◯	◯
Eye Doctor/Optometrist	◯	◯	◯	◯	◯
Family Planning Services	◯	◯	◯	◯	◯
Home Health	◯	◯	◯	◯	◯
Hospice/Palliative	◯	◯	◯	◯	◯
Telehealth	◯	◯	◯	◯	◯

3. How would our community area residents rate each of the following health services? (Continued)

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Hospital Services	◯	◯	◯	◯	◯
Mental Health Services	◯	◯	◯	◯	◯
Nursing Home/Senior Living	◯	◯	◯	◯	◯
Outpatient Hospital Services	◯	◯	◯	◯	◯
Pharmacy	◯	◯	◯	◯	◯
Primary Care	◯	◯	◯	◯	◯
Public Health	◯	◯	◯	◯	◯
School Health	◯	◯	◯	◯	◯
Visiting Specialists	◯	◯	◯	◯	◯

4. In your own words, what is the general perception of healthcare delivery for our community (i.e. hospitals, doctors, public health, etc.)? Be Specific.

5. In your opinion, are there healthcare services in our community/your neighborhood that you feel need to be improved, worked on and/or changed? (Please be specific)

6. From our past CHNA and other rural communities, a number of health needs have been identified as priorities. Are any of these an ongoing problem for our community? Please select top three only.

- [ ] Mental Health (Diagnosis, Placement, Aftercare, Available Providers)
- [ ] Housing
- [ ] Access to Primary Care
- [ ] Senior Care Services
- [ ] Available Childcare Services
- [ ] Substance Abuse (Drugs/Alcohol)
- [ ] Workforce Staffing
- [ ] Affordable Home Care (Private Duty)
- [ ] Provider Education on Crisis Management (Human Trafficking, Domestic Violence, Sexual Assault)
- [ ] Access to Preventative Care
- [ ] Suicide
- [ ] Transportation - General
- [ ] Transportation - High Level Acute Care
- [ ] Obstetrics Services
- [ ] Public Health

7. Which past CHNA needs are NOW the most pressing for improvement? Please select top three only.

- [ ] Mental Health (Diagnosis, Placement, Aftercare, Available Providers)
- [ ] Housing
- [ ] Access to Primary Care
- [ ] Senior Care Services
- [ ] Available Childcare Services
- [ ] Substance Abuse (Drugs/Alcohol)
- [ ] Workforce Staffing
- [ ] Affordable Home Care (Private Duty)
- [ ] Provider Education on Crisis Management (Human Trafficking, Domestic Violence, Sexual Assault)
- [ ] Access to Preventative Care
- [ ] Suicide
- [ ] Transportation - General
- [ ] Transportation - High Level Acute Care
- [ ] OB Services
- [ ] Public Health

8. In your opinion, what are the root causes of "poor health" in our community? Please select top three only.

- [ ] Chronic Disease Management
- [ ] Lack of Health & Wellness
- [ ] Lack of Nutrition / Access to Healthy Foods
- [ ] Lack of Exercise
- [ ] Limited Access to Primary Care
- [ ] Limited Access to Specialty Care
- [ ] Limited Access to Mental Health
- [ ] Family Assistance Programs
- [ ] Lack of Health Insurance
- [ ] Neglect
- [ ] Lack of Transportation

Other (Be Specific).

9. Community Health Readiness is vital. How would you rate each of the following?

	Very Good	Good	Fair	Poor	Very Poor
Behavioral/Mental Health	○	○	○	○	○
Emergency Preparedness	○	○	○	○	○
Food and Nutrition Services/Education	○	○	○	○	○
Health Wellness Screenings/Education	○	○	○	○	○
Prenatal/Child Health Programs	○	○	○	○	○
Substance Use/Prevention	○	○	○	○	○
Suicide Prevention	○	○	○	○	○
Violence/Abuse Prevention	○	○	○	○	○
Women's Wellness Programs	○	○	○	○	○
Exercise Facilities / Walking Trails etc.	○	○	○	○	○

10. Social Determinants are impacting healthcare delivery. These determinants include 1) Education Access and Quality, 2) Economic Stability, 3) Social / Community support, 4) Neighborhood / Environment, and 5) Access to Quality Health Services. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? Be Specific

11. Over the past 2 years, did you or someone in your household receive healthcare services outside of our community?

◯ Yes ◯ No

If yes, please specify the services received

12. Access to care is vital. Are there enough providers/staff available at the right times to care for you and your community?

◯ Yes ◯ No

If NO, please specify what is needed where. Be specific.

13. What "new" community health programs should be created to meet current community health needs?

14. Are there any other health needs (listed below) that need to be discussed further at our upcoming CHNA Town Hall meeting? Please select all that apply.

- [ ] Abuse/Violence
- [ ] Access to Health Education
- [ ] Alcohol
- [ ] Alternative Medicine
- [ ] Behavioral/Mental Health
- [ ] Breastfeeding Friendly Workplace
- [ ] Cancer
- [ ] Care Coordination
- [ ] Diabetes
- [ ] Drugs/Substance Abuse
- [ ] Family Planning
- [ ] Health Literacy
- [ ] Heart Disease
- [ ] Housing
- [ ] Lack of Providers/Qualified Staff
- [ ] Lead Exposure
- [ ] Neglect
- [ ] Nutrition
- [ ] Obesity
- [ ] Occupational Medicine
- [ ] Ozone (Air)
- [ ] Physical Exercise
- [ ] Poverty
- [ ] Preventative Health/Wellness
- [ ] Sexually Transmitted Diseases
- [ ] Suicide
- [ ] Teen Pregnancy
- [ ] Telehealth
- [ ] Tobacco Use
- [ ] Transportation
- [ ] Vaccinations
- [ ] Water Quality

Other (Please specify).

15. For reporting purposes, are you involved in or are you a....? Please select all that apply.

- [ ] Business/Merchant
- [ ] Community Board Member
- [ ] Case Manager/Discharge Planner
- [ ] Clergy
- [ ] College/University
- [ ] Consumer Advocate
- [ ] Dentist/Eye Doctor/Chiropractor
- [ ] Elected Official - City/County
- [ ] EMS/Emergency
- [ ] Farmer/Rancher
- [ ] Hospital
- [ ] Health Department
- [ ] Housing/Builder
- [ ] Insurance
- [ ] Labor
- [ ] Law Enforcement
- [ ] Mental Health
- [ ] Other Health Professional
- [ ] Parent/Caregiver
- [ ] Pharmacy/Clinic
- [ ] Media (Paper/TV/Radio)
- [ ] Senior Care
- [ ] Teacher/School Admin
- [ ] Veteran

Other (Please specify).

* 16. For reporting analysis, please enter your home 5-digit ZIP code.

e.) County Health Rankings & Roadmap Detail

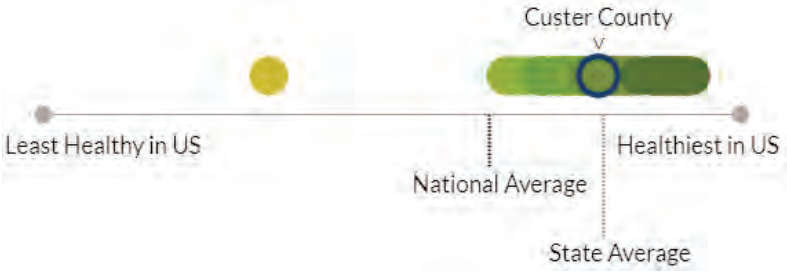
Custer County 2025

Health Outcomes and Health Factors summaries replace the numerical ranking provided in previous years. Each Nebraska county with sufficient data is represented by a dot, placed on a continuum from least healthy to healthiest in the nation. The color of each dot represents data-informed groupings of counties nationwide with similar Health Outcomes and Health Factors on the continuum.

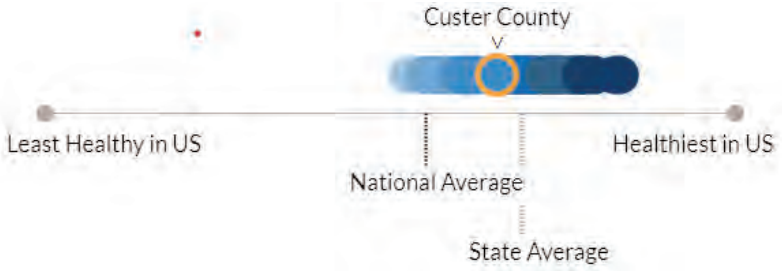
County Health Rankings & Roadmaps
A Healthier Nation, County by County

https://www.countyhealthrankings.org/health-data/nebraska/custer?year=2025

Health Outcomes



Health Factors



Population: 10,581

Population Health and Well-being				
Length of life		Custer County	Nebraska	United States
Premature Death		8,200	7,100	8,400
Additional Length of life (not included in summary)				
Quality of life		Custer County	Nebraska	United States
Poor Physical Health Days		3.7	3.4	3.9
Low Birth Weight		8%	8%	8%
Poor Mental Health Days		4.3	4.3	5.1
Poor or Fair Health		16%	15%	17%
Additional Quality of life (not included in summary)		Custer County	Nebraska	United States
Frequent Physical Distress		11%	10%	12%
Diabetes Prevalence		10%	10%	10%
HIV Prevalence		57	149	387
Adult Obesity		39%	36%	34%
Frequent Mental Distress		16%	13%	16%
Suicides		27	15	14
Feelings of Loneliness		33%	31%	33%

Note: Blank values reflect unreliable or missing data.

The annual County Health Rankings & Roadmaps data release provides a snapshot of the health of each county in two summaries: Health Factors (which measure issues that can shape the health outcomes) and Health Outcomes (which measure length and quality of life). Each county is placed on a continuum from least healthy to healthiest in the nation and categorized into a group of counties with similar Health Outcomes or Health Factors. The following tables illustrate the "drivers" for health of this county.

What do these drivers mean? The drivers indicate the measures with the greatest impact on the health of the county. Drivers labeled with a green plus sign are measures on which the county performed particularly well compared to all counties nationwide. Those labeled with a red minus sign are measures which could be improved and may warrant additional attention.

Health Factors: Drivers with the greatest impact on health, Custer County, NE - 2025

Health infrastructure	Custer County	Nebraska	United States
Flu Vaccinations	39%	50%	48%
Access to Exercise Opportunities	54%	85%	84%
Food Environment Index	6.9	7.6	7.4
Primary Care Physicians	1,740:1	1,340:1	1,330:1
Mental Health Providers	810:1	290:1	300:1
Dentists	2,100:1	1,220:1	1,360:1
Preventable Hospital Stays	3,369	2,231	2,666
Mammography Screening	49%	52%	44%
Uninsured	7%	8%	10%

Physical environment	Custer County	Nebraska	United States
Severe Housing Problems	12%	12%	17%
Driving Alone to Work	79%	77%	70%
Long Commute - Driving Alone	19%	19%	37%
Air Pollution: Particulate Matter	5.9	6.0	7.3
Drinking Water Violations	Yes		
Broadband Access	82%	90%	90%
Library Access	4	3	2

Social and economic factors	Custer County	Nebraska	United States
Some College	65%	72%	68%
High School Completion	94%	92%	89%
Unemployment	1.7%	2.3%	3.6%
Income Inequality	4.0	4.2	4.9
Children in Poverty	13%	11%	16%
Injury Deaths	90	65	84
Social Associations	11.5	13.7	9.1
Child Care Cost Burden	30%	30%	28%

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VVV Consultants LLC is an Olathe, KS-based “boutique” healthcare consulting firm specializing in Strategy; Research, and Business Development services. We partner with clients. Plan the Work; Work the Plan