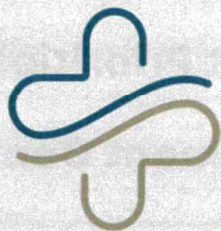


2023

Community Health Needs Assessment



KEARNEY COUNTY
HEALTH SERVICES

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About



Kearney County Health Services is pleased to provide our community with high quality health services. Our hospital is a 10-bed inpatient Critical Access Hospital which provides spacious rooms for patients to recover from illness.

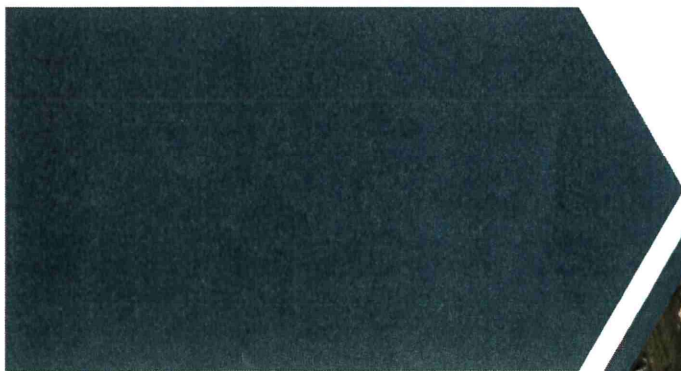
Kearney County Health Services has been awarded the Bronze Award for efforts in improving rural stroke care. The American Heart Association's Get With The Guidelines - Stroke Rural Recognition recognizes efforts to address the unique health needs of rural communities. For efforts to optimize stroke care and eliminate rural health care outcome disparities, KCHS has received the Bronze Award.

Services provided by Kearney County Hospital include:

- Emergency Care
- Acute Care
- Observation
- Swing Bed
- Outpatient Infusion
- Outpatient Surgery
- Wound Care
- Laboratory
- Radiology
- Ultrasound
- Cardiac Rehab
- Counseling services

Specialist Services provided at Kearney County Hospital include:

- Cardiology
- Cataract Surgery
- E.N.T.
- General Surgery
- Orthopedics
- OB/GYN
- Pain Specialist
- Podiatry
- Psychiatric/Mental Health
- Pulmonology



Vision And Mission



Vision

We strive for quality healthcare in a safe environment, with progressive health and wellness options, in order to be the trusted partner in health and wellness and the employer of choice.

Mission

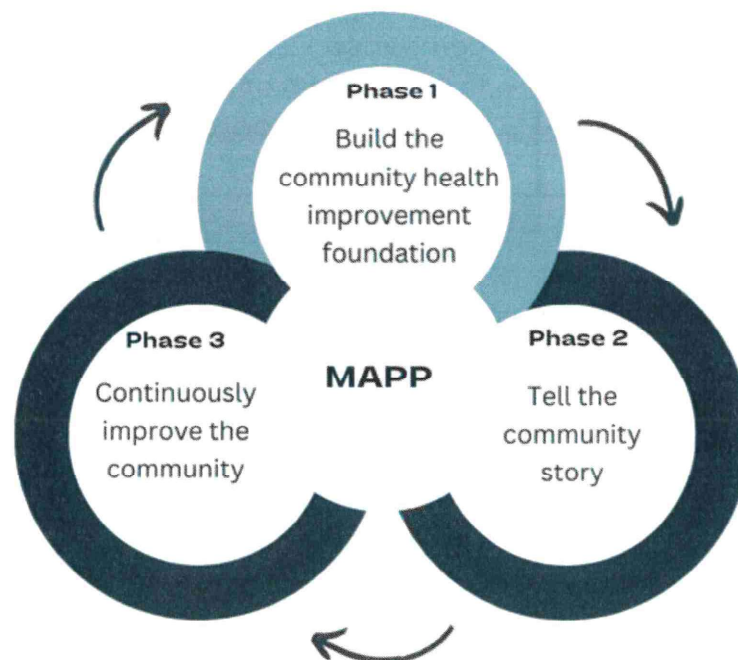
To provide exceptional, family-centered care while strengthening the health and well-being of our community.

Community Health Assessment Process

Kearney County Health Services Partnered with Two Rivers Public Health Department to complete a Community Health Needs Assessment (CHNA) and a Community Health Improvement Process (CHIP) using the Mobilizing for Action through Planning and Partnerships Process (MAPP). The MAPP process uses 3 phases and 6 steps to gain an understanding for the community.

This 6 step process is:

1. Form the assessment design team
2. Design the assessment implementation process
3. Conduct the three assessments (previously 4)
 - a. Community Partner Assessment
 - b. Community Status Assessment
 - c. Community Context Assessment
4. Triangulate the data, identify themes, and develop issue statements
5. Develop issue profiles through root cause analysis
6. Disseminate CHNA findings



Kearney County Health Services met with Two Rivers Public Health Department in May 2023 to form the community health improvement foundation. Kearney County Health Services began the process of data collection at the Kearney County Fair in August 2023. A community meeting was held to conduct the community partner and community context assessments during November 2023. Starting in early 2024, Kearney County Health Services and community partners will name community health improvement priorities and begin Phase 3, continuously improve the community.



Key Findings

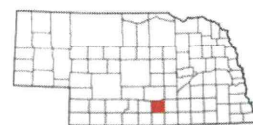
Indicator/Area of Community Health Need	Rationale for Selection
Increase in Population	<ul style="list-style-type: none">• In 2020, the Kearney County population increased 4.3% from the 2010 population (State comparison: 7.4%)
Racial and Ethnic Minorities	<ul style="list-style-type: none">• Since 2010, Kearney County's racial and ethnic minority population has increased by 95.4%
Education Attainment	<ul style="list-style-type: none">• In 2022, 20.7% of Kearney County's population had a bachelor's degree or higher (State comparison: 21.9%).• In 2022, 18.6% of the Kearney County population had a high school diploma or equivalent (State comparison: 14.5%)
Socioeconomic Status	<ul style="list-style-type: none">• In 2021, the Kearney County median household income was \$72,700 (State comparison: \$66,900).
Poverty	<ul style="list-style-type: none">• In 2022, 9.3% of the Kearney County population had an income below the poverty level (State comparison 10.1%)• The Kearney County poverty percentage increased by 3.4% from 2010 to 2022 (State comparison: -0.7%)• In 2021, 9% of the Kearney County population under 18 years old lived in poverty (State comparison: 12%).• The poverty percentage for individuals under 18 years old decreased by 4% from 2012 to 2021 (State comparison: -5%).
Severe Housing Problems	<ul style="list-style-type: none">• In 2019, 8% of Kearney County households were classified as having severe housing problems (State comparison: 12%)



Key Findings

Indicator/Area of Community Health Need	Rationale for Selection
General Health “Fair” or “Poor”	<ul style="list-style-type: none">In 2020, 11% of Kearney County residents reported general health as “fair” or “poor” (State comparison: 11%, U.S. Comparison: 12%)
Sleep	<ul style="list-style-type: none">In 2020, 29% of Kearney County adults got less than 7 hours of sleep per day (State comparison: 29%)
Shortage of Specialty Care	<ul style="list-style-type: none">Kearney County had reported a shortage of specialty care professionals in the areas of Mental Health and Primary Care.The specialty care profession without reported shortage in Kearney County was General Dentistry.
Uninsured	<ul style="list-style-type: none">In 2020, 8% of the Kearney County population reported being without health insurance (State comparison: 9%).
Low Birth Weight	<ul style="list-style-type: none">In 2020, 8% of all live births in Kearney County were classified as being low birthweight (<2,500g) (State comparison: 7%).
Disability	<ul style="list-style-type: none">In 2020, 11.8% of the Kearney County civilian noninstitutionalized population was identified as having disability (State comparison: 11.1%)
Heart Disease	<ul style="list-style-type: none">In 2020, the heart disease death rate in Kearney County was 157.9 per 100,000 population (State comparison: 144.9 per 100,000 population).
Cancer	<ul style="list-style-type: none">In 2020, the cancer death rate in Kearney County was 154.7 per 100,000 population (State comparison: 148.3 per 100,000 population).

Kearney County Data Summary



Ranked the **32nd**
healthiest county in
Nebraska



516 W. 11th Street,
Suite 108B,
Kearney, NE 68845

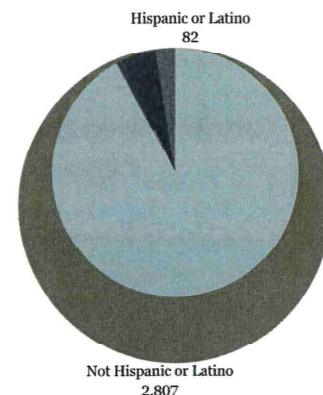
Background

	Kearney County	Nebraska ²
Total Area	516 mi	772,358 mi
Population	6,688	1,961,504
Median Age	40 Years	37 Years
Average Household Size	2.42	2.45
Average Family Size	3.04	3.06
Life Expectancy (at birth)	79 Years	79 Years
High School Completion	95%	92%
College Graduation (2 year, 4 year)	65%	73%
Unemployment	1.8%	2.5%
Children in Poverty	9%	12%
Children in Single Parent Household	17%	20%
Adult Smoking	17%	15%
Adult Obesity	37%	34%
Physical Inactivity	22%	21%
DUI Mortality (per 100,000 fatal motor accidents)	40%	33%
STI Rate	154/100,000	480/100,000
Leading Cause of Mortality	Heart Disease	Malignant Neoplasms
Heart Disease Mortality	180/100,000	144/100,000

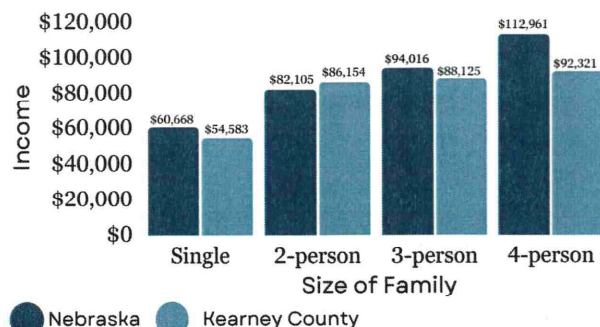
Population of Kearney County, by Race/Ethnicity

White Alone: 6,159, 92% ●
Black or African-American: 9, 0.1% ●
Asian: 12, 0.2% ●
American Indian and Alaskan Native: 19, 0.3% ●
Native Hawaiian and other Pacific Islander: 9, 0.1% ●
Two or more races: 311, 5% ●
Other Race: 175, 3% ●

Hispanic or Latino: 82, 3% ●
Not Hispanic or Latino: 2,807, 97% ●



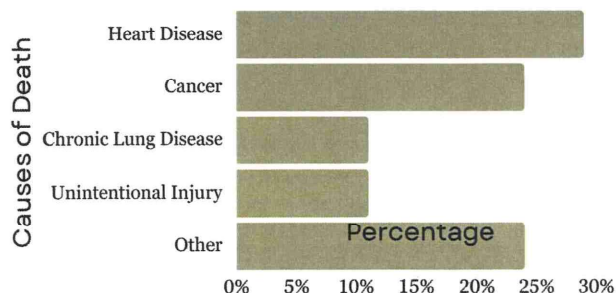
Median Income, per Family Size



Annual Weighted Poverty Threshold for Nebraska

Size of Household	1	2	4	6
Annual Income	\$14,580	\$19,720	\$30,000	\$40,280

Top Five Causes of Death in Kearney County



County Information

Kearney County is home to a predominantly agricultural community in South Central Nebraska. With a population just under 7000 people, Kearney's per-capita income is the 10th highest in the state. Almost 2/3rd of the County is farmland, and Kearney is 13th among Nebraska counties with respect to agricultural output through sales. The 3 largest cities are Minden (County seat), Axtell and Wilcox. Kearney County is home to specialized facilities that offer in-patient mental health treatment and support, including the first certified autism center in Nebraska.

Resources:

1. U.S. Census Bureau. (2020). [Race \[P1\]. DEC Redistricting Data.](#)
2. U.S. Census Bureau. (2020). [Age and Sex \[S0101\]. ACS 5-Year Estimates.](#)

3. U.S. Census Bureau. (2019). [Households and Families \[S1101\]. ACS 5-Year Estimates.](#)
4. National Center for Health Statistics. (2020). [Life Expectancy at Birth for U.S. States and Census Tracts, 2010-2015.](#)

5. County Health Rankings & Roadmaps. (2021). [Buffalo County Rankings.](#)
6. Center for Disease Control and Prevention. (2021). [Wonder.](#)

7. U.S. Census Bureau. (2020). [Hispanic or Latino, and Not Hispanic or Latino by Race \[P2\]. DEC Redistricting Data.](#)
8. U.S. Census Bureau (2021). [Median Income in the Past 12 Months \(in 2021 Inflation-Adjusted Dollars\) \[S1903\]. ACS 5-Year Estimates.](#)

Community Demographic Data

Comparison of Social Determinants of Health and Health/Nutrition Disparities in Kearney County			
	Kearney County	Nebraska	United States
General Health and Nutrition			
Poor or Fair Health	11%	10%	12%
Poor Physical Health Days	2.7	2.5	3
Poor Mental Health Days	3.8	3.9	4.4
Life Expectancy	79.2	79	78.5
Frequent Physical Distress	8%	8%	9%
Frequent Mental Distress	12%	12%	14%
Adult Smoking	17%	15%	16%
Adult Obesity	37%	34%	32%
Physical Inactivity	22%	21%	22%
Access to Exercise Opportunities	62%	83%	84%
Excessive Drinking	24%	23%	19%

General Health and Nutrition

- When compared to the state and national records, Kearney County residents are at a higher risk of adult obesity although having less opportunities to exercise due larger distances between housing and parks/recreational centers.

Social Determinants of Health

- Residents of Kearney County experience lower levels of unemployment, poverty and housing issues compared to the rest of Nebraska, but also have a significantly lower median household income compared to national averages.

Comparison of Social Determinants of Health and Health/Nutrition Disparities in Kearney County			
	Kearney County	Nebraska	United States
Social Determinants of Health			
Single Household Median Income	\$52,396	\$55,580	\$58,780
Unemployment	1.8%	2.5%	5.4%
Children in Poverty	9%	12%	17%
Children Eligible for Free or Reduced Price	35%	46%	53%
Severe Housing Problems	8%	19%	37%

Community Demographic Data

Comparison of Healthcare and Preventative Measures in Kearney County			
	Kearney County	Nebraska	United States
Healthcare and Prevention			
Uninsured	8%	9%	10%
Uninsured Adults	9%	11%	12%
Uninsured Children	6%	5%	5%
Primary Care Physicians	3,330:1	1,300:1	1,310:1
Dentists	2,220:1	1,240:1	1,380:1
Mental Health Providers	2,220:1	330:1	340:1
Preventable Hospital Stays	2,976	2,374	2,809
Mammography Screening	43%	45%	37%
Flu Vaccination	39%	53%	51%
Communicable and Non-communicable Illnesses			
Alcohol-Impaired Driving Deaths	40%	33%	27%
Diabetes Prevalence	9%	9%	9%
Sexually transmitted Infections	77	457.2	481.3

Healthcare Providers

- Kearney County displays an increase of two to three times the national average need for healthcare providers (Physicians, Dentists, and Mental Health Providers).
- The top three leading causes of death in Kearney County are Heart Disease, Cancer, and Lung Disease.

Life Expectancy

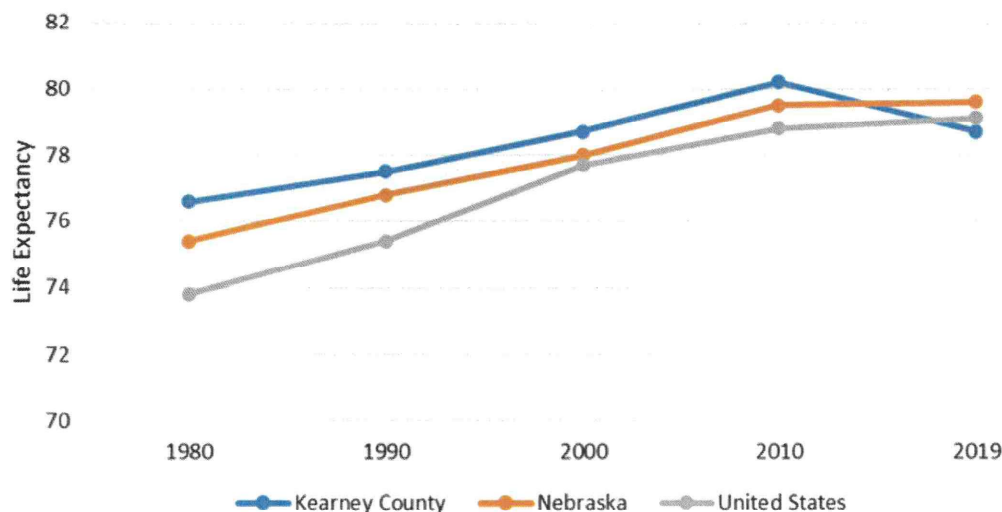
Life Expectancy in Kearney County, Nebraska, and the U.S. 1980-2019						
	Life Expectancy by Year					Change in Life Expectancy 1980-2019 (years)
	1980	1990	2000	2010	2019	
Kearney	76.6	77.5	78.7	80.2	78.7	+2.1
Nebraska	75.4	76.8	78.0	79.5	79.6	+4.2
United States	73.8	75.4	77.7	78.8	79.1	+5.3

Source: US Health Map data visualization for life expectancies in the years 1980, 1990, 2000, 2010, and 2019. <https://vizhub.healthdata.org/subnational/usa>

Life Expectancy

- Life expectancy at birth in Kearney County averaged 78.7 years in 2019, with females (80.7 years) expected to live nearly four years longer than males (76.8 years).
- Between 1980 and 2019, life expectancy in Kearney County added 2.1 years, but is slightly lower when compared to State and National averages.
- The difference in life expectancy has been decreasing between Kearney County and Nebraska, averaging 0.5 additional years every ten years since 1980.
- Up until 2010, Kearney County sustained a higher life expectancy than the state

Life Expectancy in Kearney County, Nebraska, and the U.S.
1980-2019



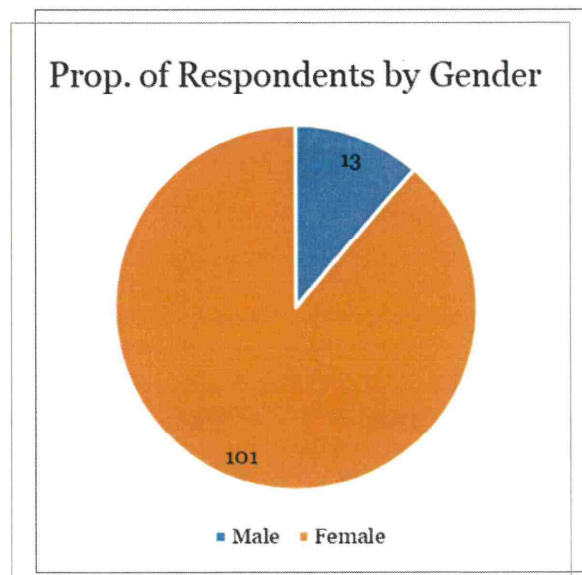
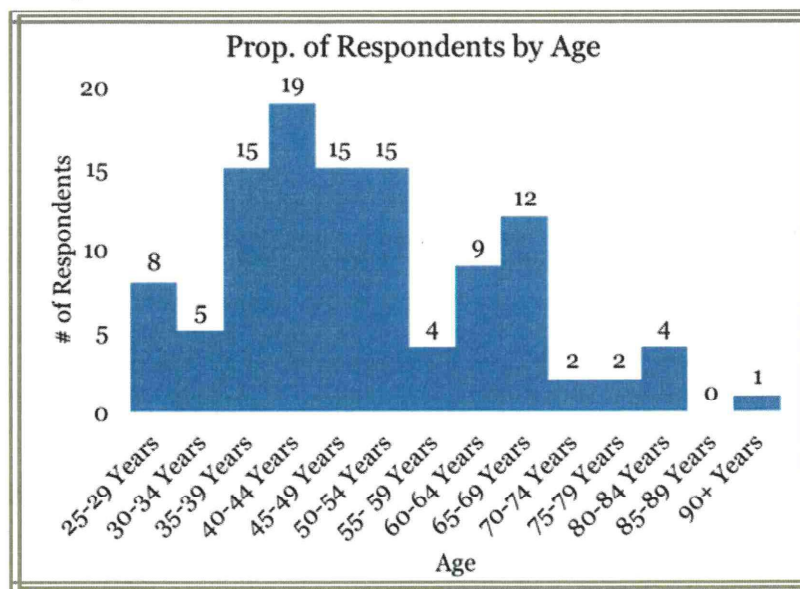
Health Survey: Demographics

Survey Background

KCHS and TRPHD utilized Qualtrics to gather demographic and health information for the Community Health Assessment Survey. All respondents were able to scan a QR code with their mobile device to access the survey.

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

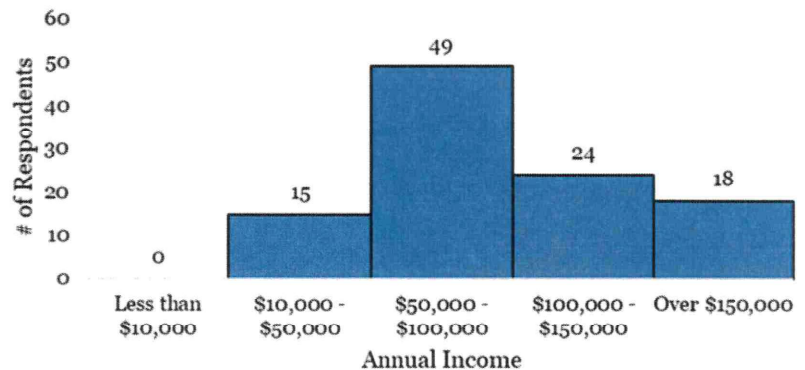
Out of the initial 150 responses, 36 surveys with a completion rate below 50% were excluded from analysis, resulting in a total sample size of 114. The majority of respondents (77%) were residents of Kearney County, Of these, over 2/3rds were from Minden, 4% from Axtell, 2% from Heartwell, 1% from Norman, and 1% from Wilcox. 89% of respondents identified as female, with the remaining 11% identifying as male. The median age of respondents was 48 years. Notably, among the 114 respondents, only one individual identified as non-white and of Hispanic or Latino origin.



Health Survey: Education, Employment & Annual Income

Over 55% of respondents had a 4-year college degree or more. While this may not be representative of Kearney County's population, sampling methods and sample pre-selection likely contributed to the education levels.

Prop. of Respondents by Annual Household Income



Education	Frequency	%
Less than High School diploma	1	1%
High school diploma or GED	10	9%
Some college, but no degree	19	17%
Associates Degree	21	18%
Bachelor's Degree	40	35%
Master's Degree	18	16%
Professional Degree	2	2%
Doctorate	3	3%
Total	114	100%

A majority of respondents earned between 50-100,000 dollars a year, comparable to the median household income in the US.

A little over 80% of the sample was employed; retirees made up over 10% of respondents

Employment		
Employed for Wages	85	75%
Self-employed	8	7%
A homemaker/stay at home parent	4	4%
A student	1	1%
Retired	13	11%
Other/Prefer not to say	3	3%
Total	114	100%

Health Survey: Health Issues & Mental Health

Health Issues in the Community

- Sampling for the survey included clinical settings, likely influencing respondents replies.
- Kearney County residents report the highest prevalence of Mental Health Diseases (including Depression), and Arthritis (over 13%).
- About 2/3rds of the sample said they did not currently suffer from any diseases, and the proportion was comparable between men and women.
- Of the diseases reported, 21.4% of males reported having Type 2 diabetes, while only 7.1% for females. Prevalence of most other conditions in men and women were within expected ranges.

Mental Health

- Respondents were asked for feelings of nervousness, hopelessness, restlessness, depression, worthlessness and undue tiredness in the last 30 days.
 - 34% reported “all or some of the time” at least once
 - 43% reported “never or very rarely” for all symptoms

Do you suffer from any of the following?

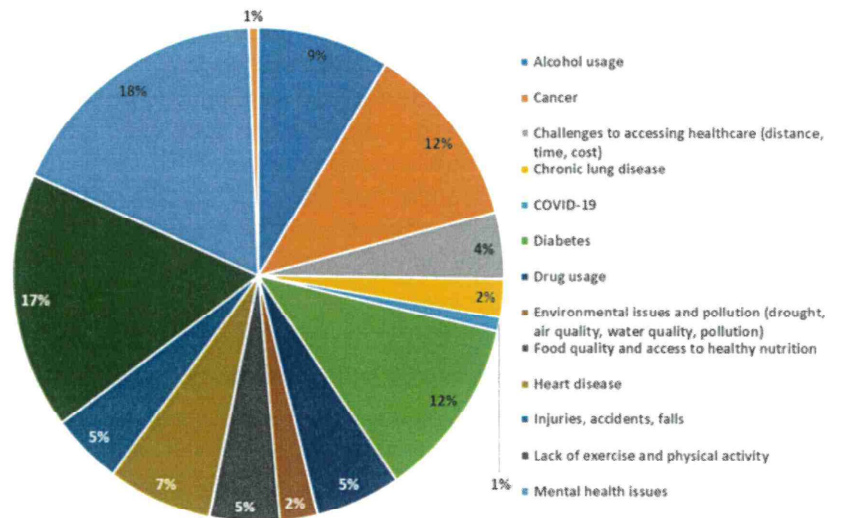
Ailment	%
Arthritis	13%
Asthma	2%
Chronic kidney disease	1%
Chronic obstructive pulmonary disease (COPD)	2%
Colorectal cancer	0%
Depression	13%
Heart disease (Aortic disease, coronary heart disease, or etc.)	2%
Lung cancer	0%
Mental health disease (Depression, anxiety disorder, etc.)	14%
Oral disease	1%
Osteoporosis	3%
Stroke	0%
Type 2 diabetes	7%
I do not suffer from any of the following illnesses	32%
Other/Refuse to answer	9%
Total:	100%

Health Survey: Leading Concerns

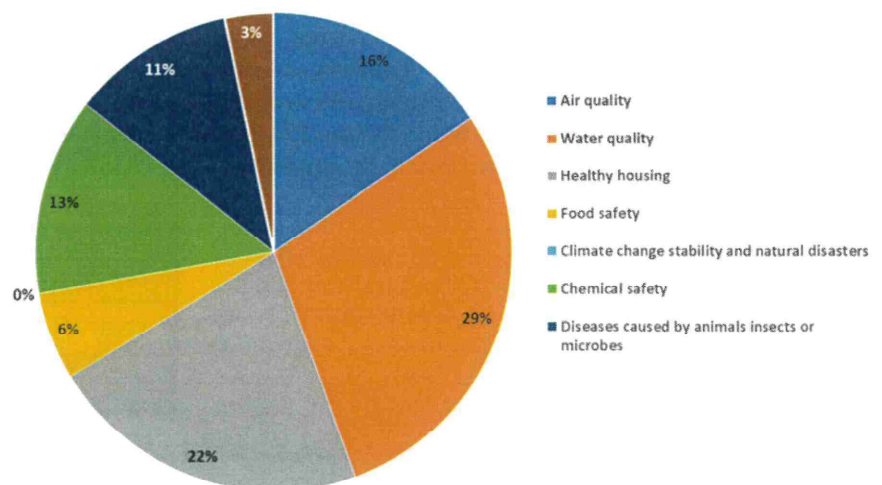
Respondents were asked what they thought the 3 leading health concerns in the community were:

- Mental health issues and lack of access to spaces for physical activity and exercise were the leading health concerns, accounting for over 1/3 of responses.
- Access to and abuse of alcohol and other drugs was identified as a significant health concern by respondents
- Chronic diseases like diabetes and heart disease linked to lifestyle and diet were identified as concerns, and the lack of access to good nutrition in the region
- Systemic issues such as limited access to healthcare and environmental issues, although listed, were not seen as especially significant.
- Less than 1% of respondents listed COVID-19 as a significant health problem in the region.

Leading Health Concerns in the Community



Leading Environmental Health Concerns in the Community



Additionally, respondents identified the leading environmental health concerns in the community:

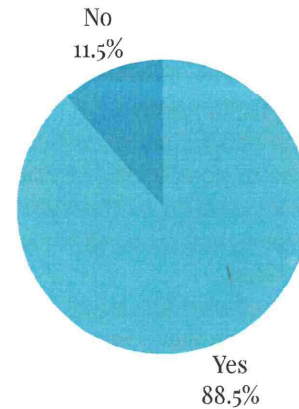
- Water quality and safe housing were the two most important environmental health concerns identified by respondents
- Concerns about air quality and climate stability were the other main concerns of survey respondents

Health Survey: COVID-19

COVID-19 Vaccination

- Of those who were surveyed, 88.5% (89.1% female, 83.3% male) reported receiving the COVID-19 vaccination.
- Of those who reported receiving the COVID-19 vaccination a majority (63%) stated that they were fully vaccinated and had received at least one booster dose
- 83.3% of male respondents were fully vaccinated with none/ at least one booster dose.
- When asked how difficult (or easy) accessing a COVID-19 vaccine, 96.7% of respondents answered that it was "somewhat easy" or "very easy" to access a vaccine.

Have you received the COVID-19 vaccine?



Impact of COVID-19

- The most significant impact that residents identified as a result of the COVID-19 pandemic were barriers imposed on traveling to visit friends and family (30.6%)
- Males (21%) were impacted at greater proportions with regards to personal health or health of a family member than females (13%).
- Female respondents were more likely (7%) to have encountered bereavement (death of a close friend or family member) than males
- Respondents report that the COVID-19 pandemic had little-to-no impact on their lives, with less than 1% listing it as a significant health problem in the region.

Did the COVID-19 pandemic impact you or your family any of these ways?		
Identified Impact	Female	Male
Access to food and nutrition	7%	8%
Change in housing status	1%	0%
Employment or income	8%	13%
Education/Schooling	13%	13%
Personal health or health of a family member	13%	21%
Bereavement (death of a close friend or family member)	7%	0%
Mental health issues	12%	13%
Barriers to travel visiting friends and family	31%	29%
Other/Refuse to answer	9%	4%
Total	100%	100%

Health Survey: Communications

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

Source	Female	Male
Media (TV, Print, Radio, Online)	17%	12%
Social Media	16%	15%
Friends and Family	16%	15%
Co-workers	12%	8%
Training and work experience	8%	8%
CDC, NIH, and other agencies	7%	8%
Physicians or healthcare provider	23%	35%
Other/Refuse to answer	1%	0%
Total	100%	100%

Access to Health Information

- 24.3% of respondents access information about personal and community health from a physician or other healthcare provider.
- Male and Female respondents had similar access to health information with little difference,

Trusted Source Characteristics

- The most commonly shared characteristics for a health news source were verifiability (30%), accessibility (26%) and simplicity of presentation (23%)
- Health information accessed through government agencies with public oversight were the least trusted among options listed (2%)
- Female respondents were more likely than men to want a single source of health information, while males were more likely to trust news presented by private agencies with public oversight.

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

Characteristics	Female	Male
Single source for all information	12%	7%
Simple language	23%	21%
Accessible to everyone	26%	25%
Verifiable sources	30%	29%
Run by government agencies with public oversight	2%	4%
Run by private agencies with public oversight	5%	11%
Other/Refuse to answer	3%	4%
Total	100%	100%

Community Partner and Context Data



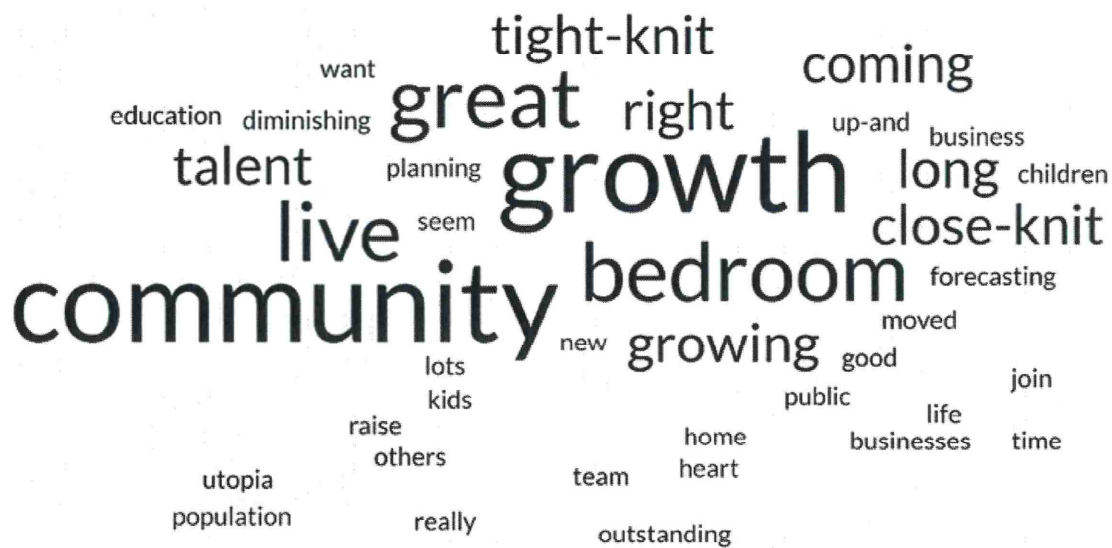
This report summarizes the community context meeting held as part of the Community Health Assessment process for Kearney County Health System. The Community Context Assessment (CCA) is a qualitative data assessment tool aimed at harnessing the unique insights, expertise, and perspectives of individuals and communities directly impacted by social systems to improve the functioning and impact of those systems.

Two Rivers Public Health Department facilitated this meeting to understand:

- What strengths and resources does the Kearney County community have that support health and well-being?
- What are the current and historical forces of change at play in the local community, regionally and globally that shape political, economic, and social conditions for community members?
- What are the physical and cultural assets in the built environment and how do those vary by neighborhood?
- What steps are being taken in the community to improve health outcomes? What solutions has the community already identified on its own to improve community health?



Community Partner & Context Data



All participants were asked to describe Kearney County in their own words. These words were fed into a word cloud generator creating the image above.

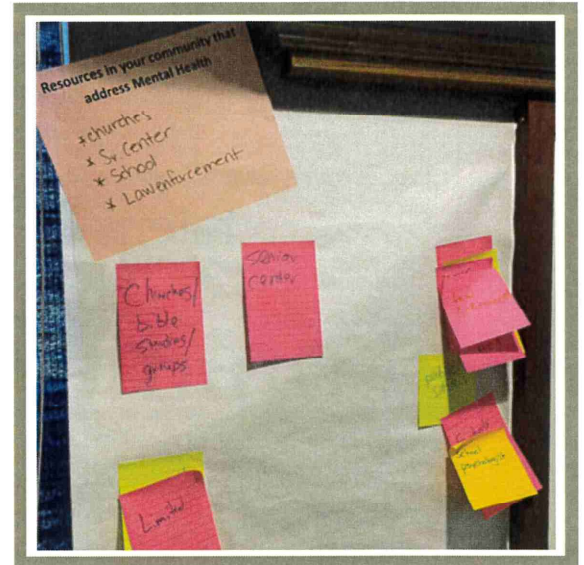


Community Partner & Context Data

Participants were asked to answer a series of questions regarding the health of the community. The questions were written on large Post-it notes. Participants responded to the prompts with sticky notes.

Prompts read as follows:

- Access to resources in your community that lead to a healthy lifestyle
- Resources in your community that address Mental Health
- Barriers to a safe environment in the Kearney County community
- Where do you receive reliable and relevant healthcare information for your community?
- Barriers to accessing healthcare information in Kearney County



Responses were categorized and brought forward to the group for further thought. The summary below is the outcome of this process.





| Created by:



PUBLIC HEALTH DEPARTMENT



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trphd.ne.gov

Technical assistance for this Community Health Assessment process was provided by Two Rivers Public Health Department. This documentation serves as a record of what has been done and provides a reference for future work. Two Rivers Public Health Department would like to acknowledge the following employees who contributed to this report and work:

Jeremy Eschliman, Health Director

Katie Mulligan, Planning Section Manager

Aravind Menon, Epidemiologist

Zander Wells, Data Analyst

Hayley Jelinek, Health Educator

Erica Carpenter, Emergency Response Coordinator

Akaela Lieth, Marketing & Communications Coordinator