

## ***Community Health Needs Assessment***

Chase County was named after Champion S. Chase, who served as mayor of Omaha for seven years and was Nebraska's first Attorney General. Chase County is on the west edge of Nebraska. Communities located within Chase County include; Imperial, Wauneta, Champion, Lamar, and Enders. Its west boundary line abuts the east boundary line of the state of Colorado. According to the US Census Bureau, the county has a total land area of 894.42 square miles and the population per square mile, calculated with 2020 Census data, is 4.4.

There is one hospital located within Chase County. Chase County Community Hospital (CCCH) was established back in the mid-twenties, due to the vision and courage of two young nurses, Chase County was fortunate in acquiring its first hospital. In 1925, Elva and Eeva Yaw bought a house in Imperial and called their venture a 10 bed "Home Hospital". Dr. George Hoffmeister then moved his emergency services to a room in their "Home Hospital". It was not long after they realized they needed more room and an operating room, therefore adding on another room. In 1929, due to some personal changes by the existing staff the "home hospital" was rented out as a residence and the equipment was sold.

It was not long after when many local businessmen of Imperial realized a great need for a hospital here and decided to canvass the surrounding territory to raise sufficient funds to start a new hospital. The Imperial Community Hospital opened in the spring of 1931 and added on more rooms in 1958. The next groundbreaking ceremony took place in 1976 and the 'New' Chase County Hospital commenced in the summer of 1977. In 1992, an addition for outpatient and physical therapy services was constructed, and 25 years later, groundbreaking occurred again to add a hospital affiliated clinic. Our mission is to enhance the quality of life in our community by providing accessible, affordable, and compassionate healing for those in need while emphasizing prevention and health promotion as effective ways to reduce health care costs. This is without regard to race, gender, sexual orientation, economic status, or religion.

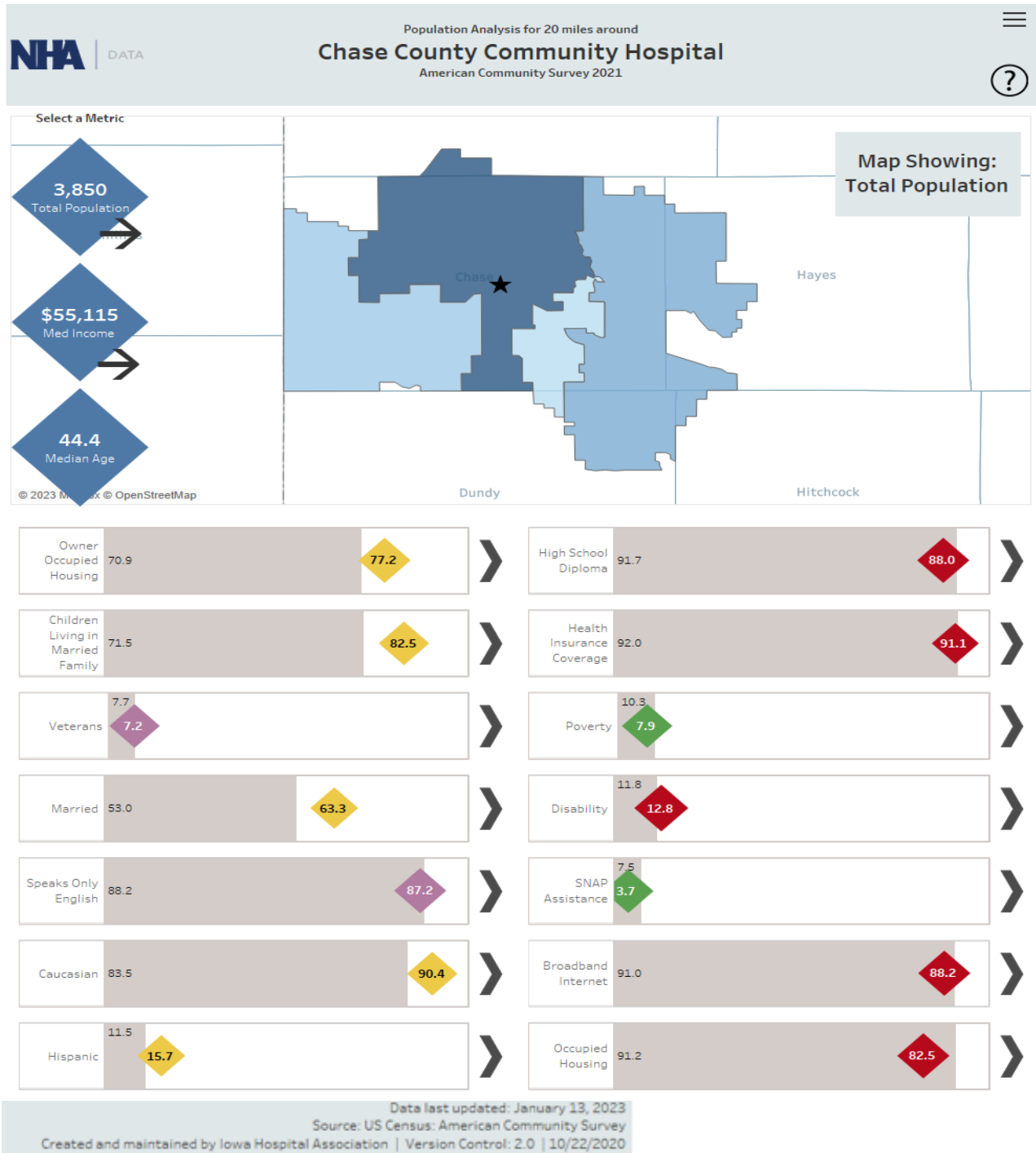
Today Chase County Community Hospital is a 15 bed Critical Access Hospital with acute care services, swing bed services, Level VI trauma designation, 24-hour emergency services and a wide range of diagnostic and therapeutic services provided to inpatients and outpatients. CCCH employs more than eighty employees in the various departments. The affiliated Chase County Clinics employ two physicians, one physician assistant and one nurse practitioner. There are also many specialists offering their services on a monthly basis.

CCCH is governed by a five-member board appointed by the county commissioners to a six-year term.

## Community Served

### Geographic Area

Chase County Community Hospital is the only Critical Access Hospital in Chase County, serving a population of nearly 4,000 residents. The townships included in Chase County include: Imperial, Wauneta, Champion, Lamar and Enders and the surrounding rural residents. Overlapping counties also served are Dundy and Hays counties respectively.



## Target Populations


The following table outlines the target populations, according to the Census Bureau, served in Chase County, Nebraska. Chase County Community Hospital and Clinic does not focus on any specific population group but strives to provide care to those who seek it in our area.

<b>People—Population Estimates, July 2021, (V2021)</b>	<b>Chase County, Nebraska</b>
<b><i>Population</i></b>	
Population estimates, July 1, 2021, (V2021)	*3826
Population, percent change - April 1, 2020 (estimates base) to July 1, 2022, (V2021)	*-1.7%
Population, Census, April 1, 2020	3893.0
<b><i>Age and Sex</i></b>	
Persons under 5 years, percent	*6.6%
Persons under 18 years, percent	*25.3%
Persons 65 years and over, percent	*21.3%
Female persons, percent	*49.8%
<b><i>Race and Hispanic Origin</i></b>	
White alone, percent, (a)	*97.3%
Black or African American alone, percent, (a)	*0.7%
American Indian and Alaska Native alone, percent, (a)	*0.7%
Asian alone, percent, (a)	*0.2%
Native Hawaiian and Other Pacific Islander alone, percent (a)	n/a
Two or More Races, percent,	*1%
Hispanic or Latino, percent, (b)	15.7%
White alone, not Hispanic or Latino, percent,	*82.6%
<b><i>Population Characteristics</i></b>	
Veterans, 2017-2021	191
Foreign born persons, percent, 2017-2021	7.2%
<b><i>Housing</i></b>	191
Housing units, July 1, 2021, (V2021)	1852
Owner-occupied housing unit rate, 2017-2021	76.6%
Median value of owner-occupied housing units, 2017-2021	159,400
Median selected monthly owner costs -with a mortgage, 2017-2021	\$1,303
Median selected monthly owner costs -without a mortgage, 2017-2021	\$542
Median gross rent, 2017-2021	\$689
Building permits, 2021	4
<b><i>Families and Living Arrangements</i></b>	
Households, 2017-2021	1,514
Persons per household, 2017-2021	2.4
Living in same house 1 year ago, percent of persons age 1 year+, 2017-2021	92.4%

Language other than English spoken at home, percent of persons age 5 years+, 2017-2021	12.9%
<b>Education</b>	
High school graduate or higher, percent of persons age 25 years+, 2017-2021	87.9%
Bachelor's degree or higher, percent of persons age 25 years+, 2017-2021	22.4%
<b>Health</b>	
With a disability, under age 65 years, percent, 2017-2021	4.3%
Persons without health insurance, under age 65 years, percent	*14.4%
<b>Economy</b>	
In civilian labor force, total, percent of population age 16 years+, 2017-2021	61.8%
In civilian labor force, female, percent of population age 16 years+, 2017-2021	53.2%
Total accommodation and food services sales, 2017 (\$1,000) ( c )	2,613
Total health care and social assistance receipts/revenue, 2017 (\$1,000) ( c )	D
Total retail sales, 2017 (\$1,000) ( c )	113,435
Total retail sales per capita, 2017 ( c )	\$28,923
<b>Transportation</b>	
Mean travel time to work (minutes), workers age 16 years+, 2017-2021	13.4
<b>Income and Poverty</b>	
Median household income (in 2021 dollars), 2017-2021	\$55,690
Per capita income in past 12 months (in 2021 dollars), 2017-2021	\$32,446.0
Persons in poverty, percent	*8.8%
<b>Businesses</b>	
Total employer establishments, 2020	165.0
Total employment, 2020	1106.0
Total annual payroll, 2020 (\$1000)	42,192
Total employment, percent change, 2019-2020	4.9%
Total nonemployer establishments, 2019	445
All firms, 2017	137
<b>Geography</b>	
Population per square mile, 2020	4.4
Land area in square miles, 2020	894.42
FIPS Code	31029

<https://www.census.gov/quickfacts/fact/table/chasecountynebraska/SEX255221>

**Value Notes**

\*Estimates are not comparable to other geographic levels due to methodology differences that may exist between different data sources. Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable. Click the Quick Info  icon to the left of each row in TABLE view to learn about sampling error. The vintage year (e.g., V2022) refers to the final year of the series (2020 thru 2022). Different vintage years of estimates are not comparable. Users should exercise caution when comparing 2017-2021 ACS 5-year estimates to other ACS estimates. For more information, please visit the [2021 5-year ACS Comparison Guidance](#) page.

**Fact Notes**

- (a) Includes persons reporting only one race
- (c) Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data
- (b) Hispanics may be of any race, so also are included in applicable race categories

**Value Flags**

- - Either no or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest or upper interval of an open-ended distribution.
- **F** Fewer than 25 firms
- **D** Suppressed to avoid disclosure of confidential information
- **N** Data for this geographic area cannot be displayed because the number of sample cases is too small.
- **FN** Footnote on this item in place of data
- **X** Not applicable
- **S** Suppressed; does not meet publication standards
- **NA** Not available
- **Z** Value greater than zero but less than half unit of measure shown

QuickFacts data are derived from: Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Health Insurance Estimates, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Non-employer Statistics, Economic Census, Survey of Business Owners, Building Permits.

**Selected characteristics of the County population include:**

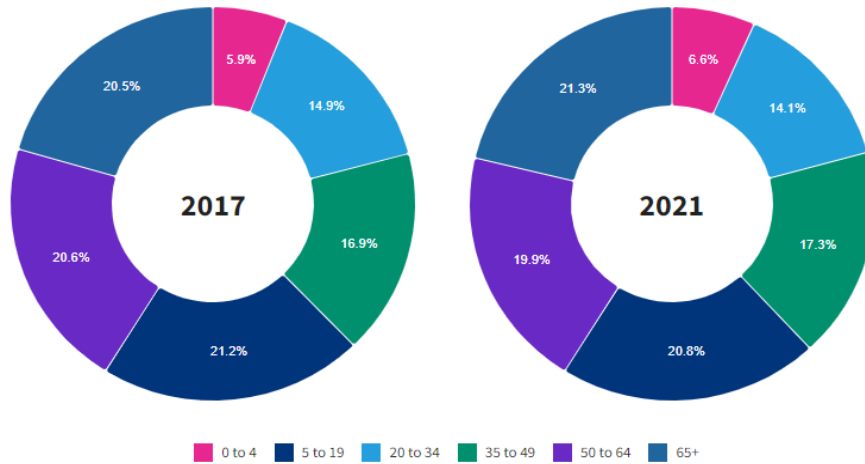
The data estimates and graphics that will be used is for the selected characteristics is slightly different from the U.S. Census data above and is from USAfacts.org. The time frame evaluated is from 2017-2021

- The population of Chase County, Nebraska in 2021 was 3,826, 2.4% down from the 3,922 who lived there in 2017.
- In 2021, the largest racial or ethnic group in Chase County was the white (non-Hispanic) group, which had a population of 3,161. Between 2017 and 2021, the Hispanic/Latino population had the most growth increasing by 52 from 547 in 2017 to 599 in 2021.
- The share of the population that is 0 to 4 years old increased from 5.9% in 2017 to 6.6% in 2021.
- The share of the population that is 65 and older increased from 20.5% in 2017 to 21.3% in 2021.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Chase County, NE	3,707	894.42	4
Nebraska	1,923,826	76,817.87	25
United States	326,569,308	3,533,038.14	92

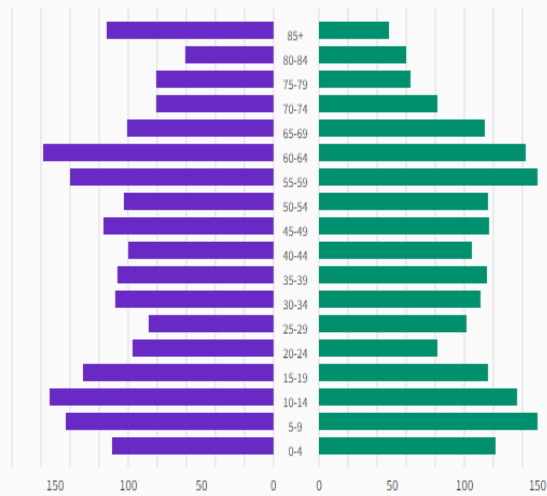
Data Source: US Census Bureau, American Community Survey, 2016-20. Source geography: Tract

### Age makeup of Chase County



These population pyramids group the populace by age and sex (female and male).

Total population in 2017



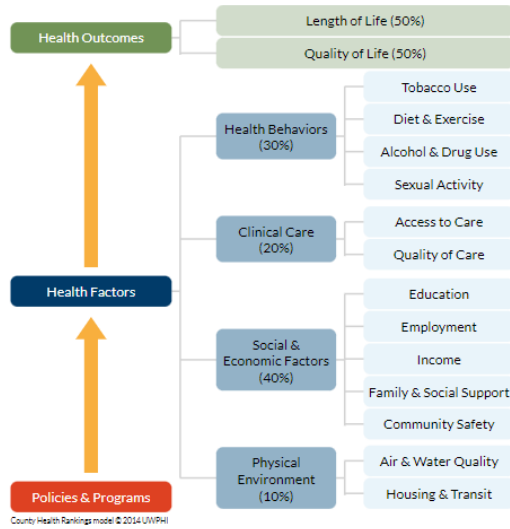
Total population in 2021



### Health Outcomes and Factors

“The County Health Rankings Model illustrates a broad vision for health. The model shows that policies and programs at the local, state, and federal levels play an important role in shaping health factors that in turn, influence a community’s health outcomes. Health factors represent things that, if modified, can improve length and quality of life. They are predictors of how healthy our communities can be in the future. The four health factor areas in the model include Health Behaviors, Clinical Care, Social & Economic Factors, and Physical Environment. Health outcomes represent how healthy a county is right now. They reflect the physical and mental well-being of residents through measures representing the

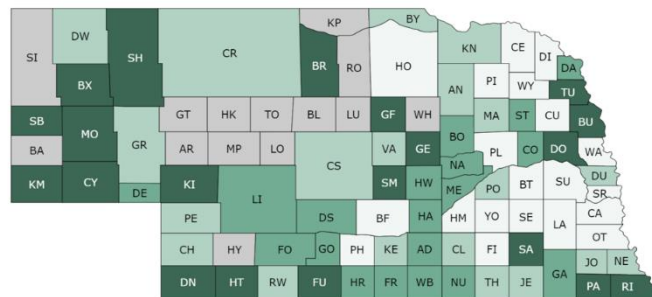
length and quality of life typically experienced in the community.” <https://www.countyhealthrankings.org/>



Chase County ranks 22nd in the state of Nebraska out of 78 counties ranked according to overall health outcomes. Health outcomes are based on length of life and quality of life.

- Length of life is based on premature death. Premature Death is the years of potential life lost before age 75. The intent of this measure is to focus on deaths that potentially could have been prevented.

2022 Health Outcomes - Nebraska

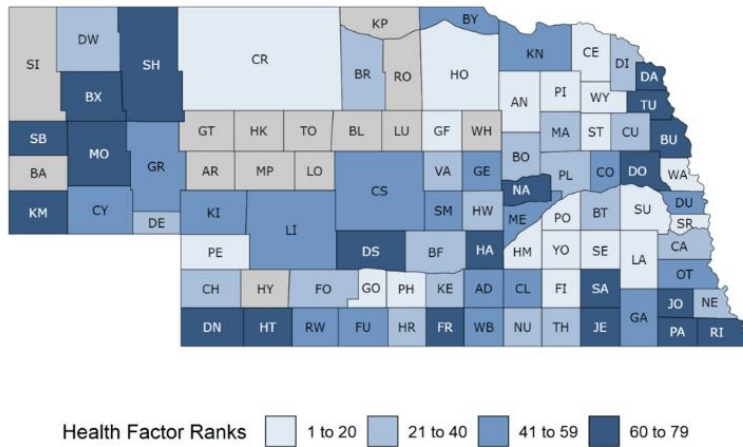


Health Outcome Ranks 1 to 20 21 to 40 41 to 59 60 to 79



Chase County ranks 29<sup>th</sup> out of 78 counties rated in Nebraska for overall health factors. According to County Health Rankings, “The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors.”

2022 Health Factors - Nebraska



**Economic Factors**

Resources such as a steady income, access to quality food, and safe housing contribute to an individual’s health and well-being.

**Current Unemployment**

Labor force, employment, and unemployment data for each county in the report area is provided in the table below. Overall, the report area experienced an average 1.7% percent unemployment rate in November 2022.

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Chase County, NE	2,267	2,228	39	1.7%
Nebraska	1,062,741	1,039,978	22,763	2.1%
United States	165,487,765	159,888,984	5,598,780	3.4%

Data Source: US Department of Labor, Bureau of Labor Statistics. 2022 - November. Source geography: County



## Income Levels

### Income - Median Household Income

This indicator reports median household income based on the latest 5-year American Community Survey estimates. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one-person, average household income is usually less than average family income. There are 1,591 households in the report area, with an average income of \$72,698 and a median income of \$56,135.

Report Area	Total Households	Average Household Income	Median Household Income
Chase County, NE	1,591	\$72,698	<b>\$56,135</b>
Nebraska	766,663	\$82,306	\$63,015
United States	122,354,219	\$91,547	\$64,994

*Note: This indicator is compared to the state average.*

*Data Source: US Census Bureau, [American Community Survey](#). 2016-20. Source geography: Tract –courtesy of Spark Map retrieved 1/27/2023; <https://cares.page.link/dYvP>*

### Households by Household Income Levels, Percent

Report Area	Under \$25,000	\$25,000 - \$49,999	\$50,000 - \$99,999	\$100,000 - \$199,999	\$200,000+
Chase County, NE	18.54%	25.46%	37.84%	12.45%	5.72%
Nebraska	16.98%	22.48%	33.38%	21.96%	5.20%
United States	18.41%	20.64%	29.95%	22.73%	8.26%

*Data Source: US Census Bureau, [American Community Survey](#). 2016-2020-- courtesy of Spark Map retrieved 1/27/2023; <https://cares.page.link/dYvP>*

### **Medicare and Medicaid Providers**

Total institutional Medicare and Medicaid providers, including hospitals, nursing facilities, federally qualified health centers, rural health clinics and community mental health centers for the report area are shown.

<i>Report Area</i>	<i>Total Institutional Providers</i>	<i>Hospitals</i>	<i>Nursing Facilities</i>	<i>Federally Qualified Health Centers</i>	<i>Rural Health Clinics</i>	<i>Community Mental Health Centers</i>
<i>Chase County, NE</i>	4	1	2	0	2	0

### ***Descriptions of Meetings, Focus Groups, Surveys Process, Strategy, and Community Input***

February 2023 the Southwest Public Health Department (SWPHD) launched the Community Health Partnership planning meeting. The purpose was to strengthen the collaborative relationships among the systems of care in the area to effectively serve our communities and maximize the potential for population well-being. The group invited to participate included the SWPHD as well as the healthcare facilities in the service area. Several planning meetings from February through June were held via Zoom. During this time, the partnership was established between Dr. Maya Chilese from Blue Agate Collaborative, Kayla Schnuelle of Mission Matters, Dr. JP Ramirez of GIS and Human Dimensions, staff of Southwest Nebraska Public Health Department and representatives from neighboring communities, including Linda Nelson of Chase County Community Hospital. To assist in establishing a framework, we were guided through a process called “Forces of Change.” This assessment helped the group identify what changes in our communities were happening in the areas of politics, economics, social, technological, legal and environmental aspects that affecting healthcare now or in the future. From the discussion a summary of threats and opportunities were identified, forces of change that impact well-being and community health. The next step was to gather data from the community members using a survey. The survey was distributed by the partners and then data presented by Dr. JP Ramirez. Using the results of the survey the group then met to set priorities to address the top three concerns in the health district. The intent of the community health needs assessment is to ensure that needs are being met in Southwest Nebraska by describing the health status of the population, identifying areas for improvement in health, determine factors that contribute to health-related conditions, and identify resources that can be utilized to address population health issues.

SUMMARY of THREATS	
<ul style="list-style-type: none"> <li>• Traditional beliefs, resistance to change</li> <li>• Drought, physical environment</li> <li>• Physical separation</li> <li>• Potential policy barriers</li> <li>• How does national dialogue about healthcare access for specific populations?</li> <li>• Public health laws being challenged that could weaken infrastructure</li> <li>• Insurance companies and prior authorizations</li> <li>• Public health authority</li> <li>• Data fluency</li> <li>• Data security</li> <li>• Security, electronic threats / hackers</li> <li>• Technology issues and literacy, impersonal, interpreting value</li> <li>• Social media</li> <li>• Patient portals</li> <li>• Telehealth</li> </ul>	<ul style="list-style-type: none"> <li>• Cultural shifts that are hate driven</li> <li>• Lockdowns have driven people inwards and caused depression and overall wellbeing</li> <li>• Spreading of misinformation</li> <li>• Lack of getting care / services due to high deductibles</li> <li>• Not enough homes</li> <li>• Cannot open up job search to remote without technology availability</li> <li>• Cost of school, student loans</li> <li>• The misinformation will cause the people to not trust those of political parties</li> <li>• No forward movement on issue of choice / particular issues</li> </ul>

SUMMARY of OPPORTUNITIES	
<ul style="list-style-type: none"> <li>• Inspiration from influencers</li> <li>• Gatherings with community events and activities</li> <li>• Can open up job search to remote work with technology availability</li> <li>• Rising cost, more people might become more economically self-sustained</li> <li>• Clean up public health legislature</li> </ul>	<ul style="list-style-type: none"> <li>• Rural geography and effect on local healthcare</li> <li>• State dollars</li> <li>• Quick / efficient communication to patients and between providers, healthcare more accessible</li> <li>• More access to specialized services, less travel time, weather advantages. Reach younger people</li> <li>• Personal health tracking devices</li> <li>• Faster access to personal records virtual partnerships</li> <li>• Access to data / data sharing</li> <li>• Remote staff expand workforce</li> </ul>

SUMMARY of HIGH IMPACT to COMMUNITY HEALTH and WELL-BEING	SUMMARY of VERY IMPORTANT to COMMUNITY HEALTH and WELL-BEING
<ul style="list-style-type: none"> <li>✓ Aging population</li> <li>✓ Mental health stigma</li> <li>✓ Cost of living</li> <li>✓ Affordable housing</li> </ul>	<ul style="list-style-type: none"> <li>✓ Community partnerships</li> <li>✓ School systems</li> <li>✓ Data and health information</li> <li>✓ Transportation systems</li> </ul>

<ul style="list-style-type: none"> <li>✓ Manmade disasters</li> <li>✓ Healthcare costs</li> <li>✓ Healthy relationships</li> <li>✓ Preventative healthcare</li> <li>✓ immunizations</li> </ul>	<ul style="list-style-type: none"> <li>✓ Infrastructure quality</li> <li>✓ Access to dental care</li> <li>✓ Access to specialists</li> <li>✓ Telehealth / Telemedicine</li> <li>✓ Mental health systems</li> <li>✓ Collaborative systems of care</li> <li>✓ Internet availability / stability</li> </ul>
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Three priority areas in the health district were established and included physical activity, cancer and heart disease. The chart below lists the goals, strategies and desired results associated with the three priority areas.

PHYSICAL ACTIVITY			
Objective: Everyone in our community is aware of the benefits of physical activity and knows how to incorporate physical activity into their daily life. Thus, it is easy for everyone, of all ages and abilities, to be physically active throughout all seasons of the year.			
Goal	Strategies	Desired results	Partners
Increase health literacy on the importance of physical activity and knowledge on how to be physically fit.	<ul style="list-style-type: none"> <li>• Facilitate evidence-based awareness campaign to increase knowledge about the importance of physical activity and how it affects health.</li> <li>• Produce awareness initiatives via various modalities to improve fitness literacy.</li> </ul>		
Goal			
Improve access to opportunities to be active for all ages an all communities.	<ul style="list-style-type: none"> <li>• Promote a more walkable community and evidence based-campaign to increase walking.</li> <li>• Increase the safety and accessibility of outdoor spaces.</li> <li>• Increase availability of structured fitness programs.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Increase access to fitness opportunities for all ages.</li> </ul>		
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Heart Disease			
Objective: Raise awareness of contributing factors that lead to cardiovascular disease.			
Goal	Strategies	Desired results	Partners
Decrease obesity rates across the SWNPHD district.	<ul style="list-style-type: none"> <li>• Find and implement a best practice or evidence-based practice for education.</li> <li>• Target children via social media.</li> <li>• Work with school nurses to distribute education.</li> <li>• Promote healthy lifestyle through community education and activities.</li> </ul>		Hospitals / clinics College / schools Grocery stores
Goal			
Increase Blood Pressure and Cholesterol screening rates, including reaching younger population.	<ul style="list-style-type: none"> <li>• Target counties where heart disease is prevalent.</li> </ul>		Hospitals / clinics Colleges / schools

CANCER			
Objective: Our community is more aware of different types of cancer and the screenings available. There are ample resources to support early detection in all age groups and demographics.			
Goal	Strategies	Desired results	Partners
Increased education around prevention and detection.	<ul style="list-style-type: none"> <li>• Educate the community about the updated screening recommendations.</li> <li>• Educate about the different services available.</li> </ul>	Education reaching populations that are not getting screenings today.	Hospitals / clinics
Goal			

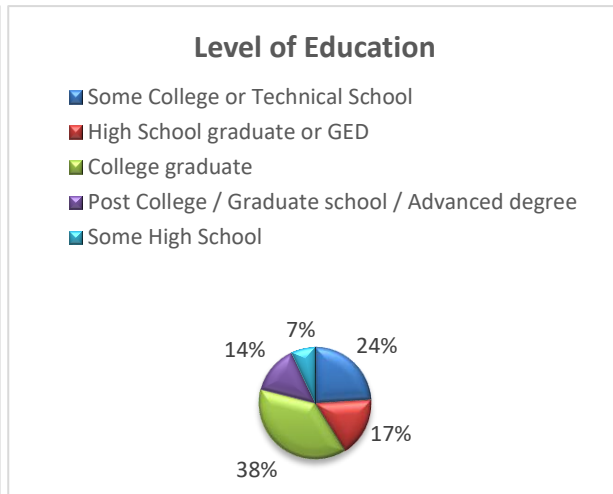
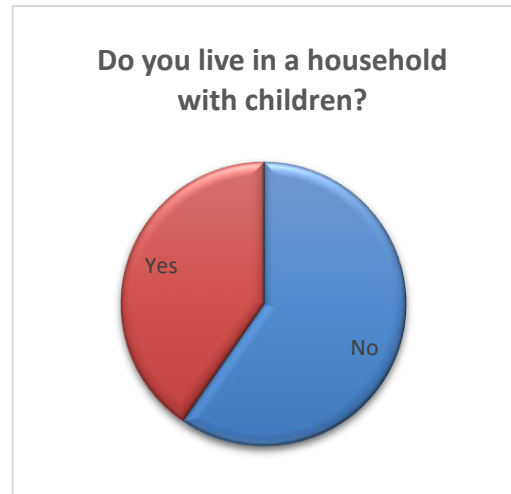
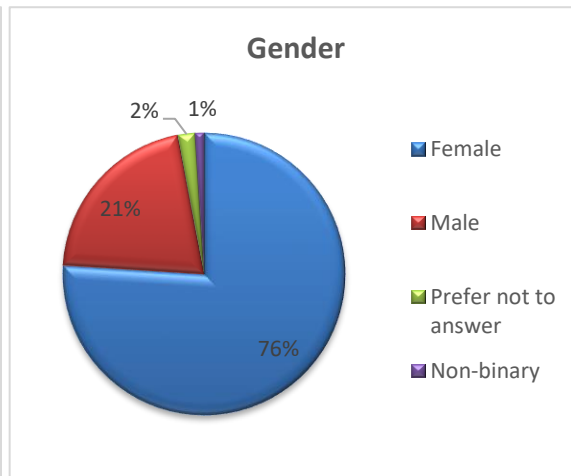
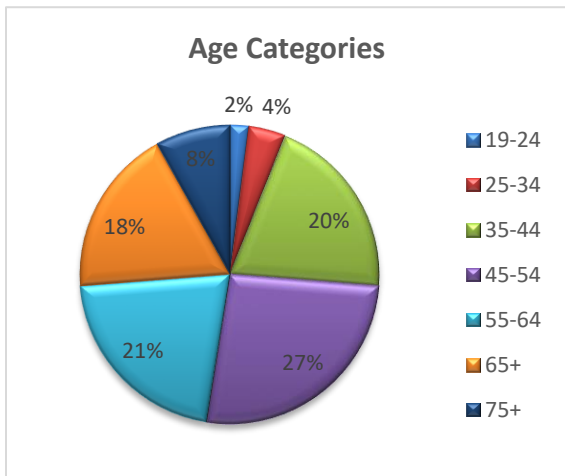
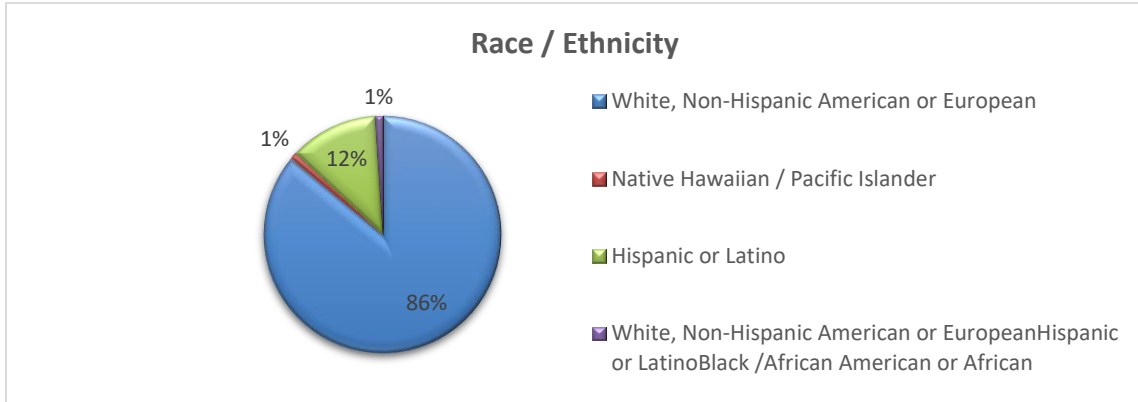
<p>Increase the number of people getting cancer screenings regularly.</p>	<ul style="list-style-type: none"> <li>• Extending minority population POD services to include available cancer screenings (Colon cancer kits, etc.)</li> <li>• Provide education during urgent or emergent (discharge)-specifically men and minority.</li> <li>• Communication campaign focused on reaching middle age.</li> <li>•</li> </ul>	<p>Increase screening tests, PSA, mammography, colonoscopy and lung cancer. Increase education on vaping. Education on screening guidelines and recommendations.</p>	<p>Hospitals / clinics Colleges / schools</p>
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Concluding the group meeting with the area healthcare facilities and the public health department, Chase County Community Hospital was given its individual survey data and local input.

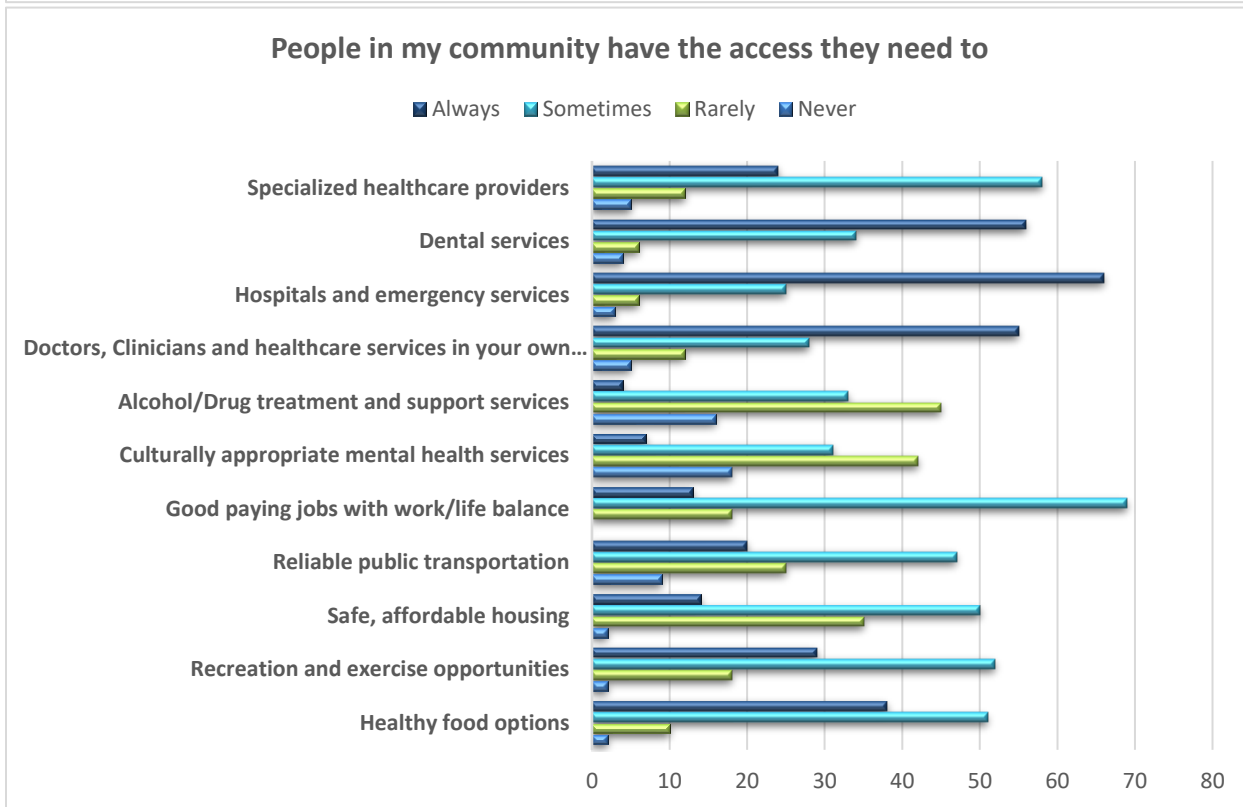
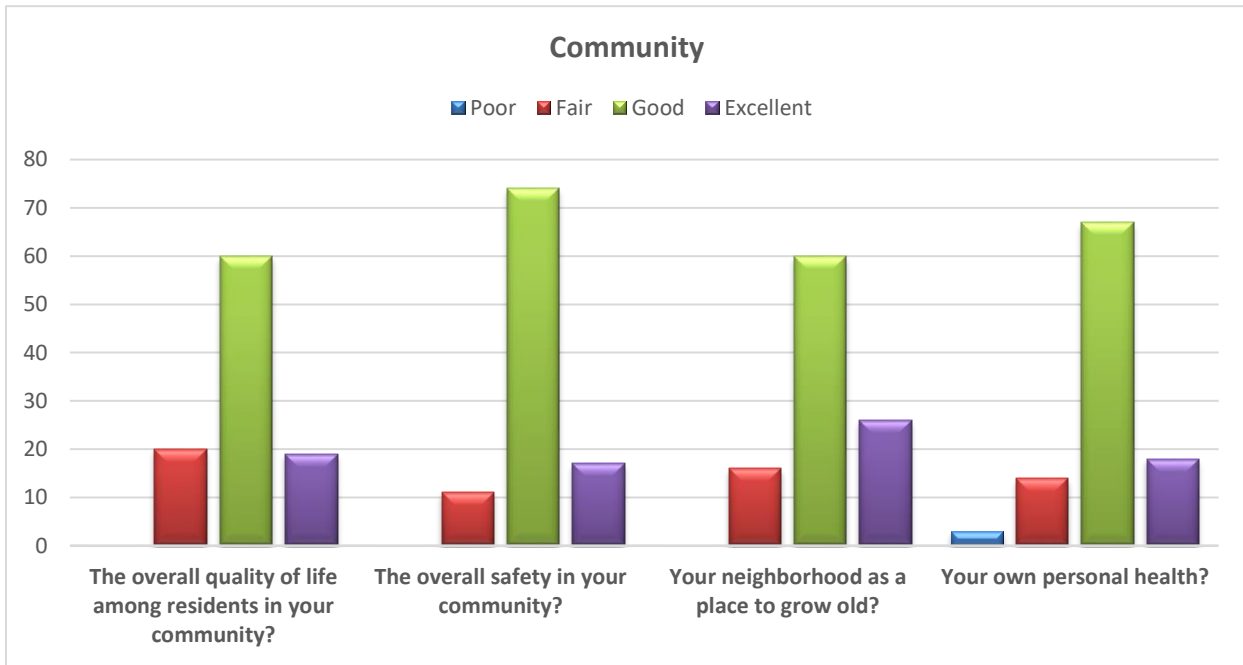
**Local Community Input**

Southwest Public Health Department distributed a public survey, which included questions on a variety of health, provider and access to healthcare. The survey link was posted on the hospital website, social media sites, posted in the facility, email distribution and paper copies were dropped off at the local Senior Services/Community Center and were available at the Chase County Hospital and Clinics. Participants were encouraged to have friends and family complete the survey as well. The same questions were asked of all participants. There was a total of 136 responses from Chase County. The questions included a series of matrix/rating scale, prioritization ranking opportunities as well as opportunities for free-flowing text comments. Responses were compiled anonymously to maintain the anonymity of the respondents. Comments were shared with the hospital board, leadership team, and the Imperial **Community Foundation**.

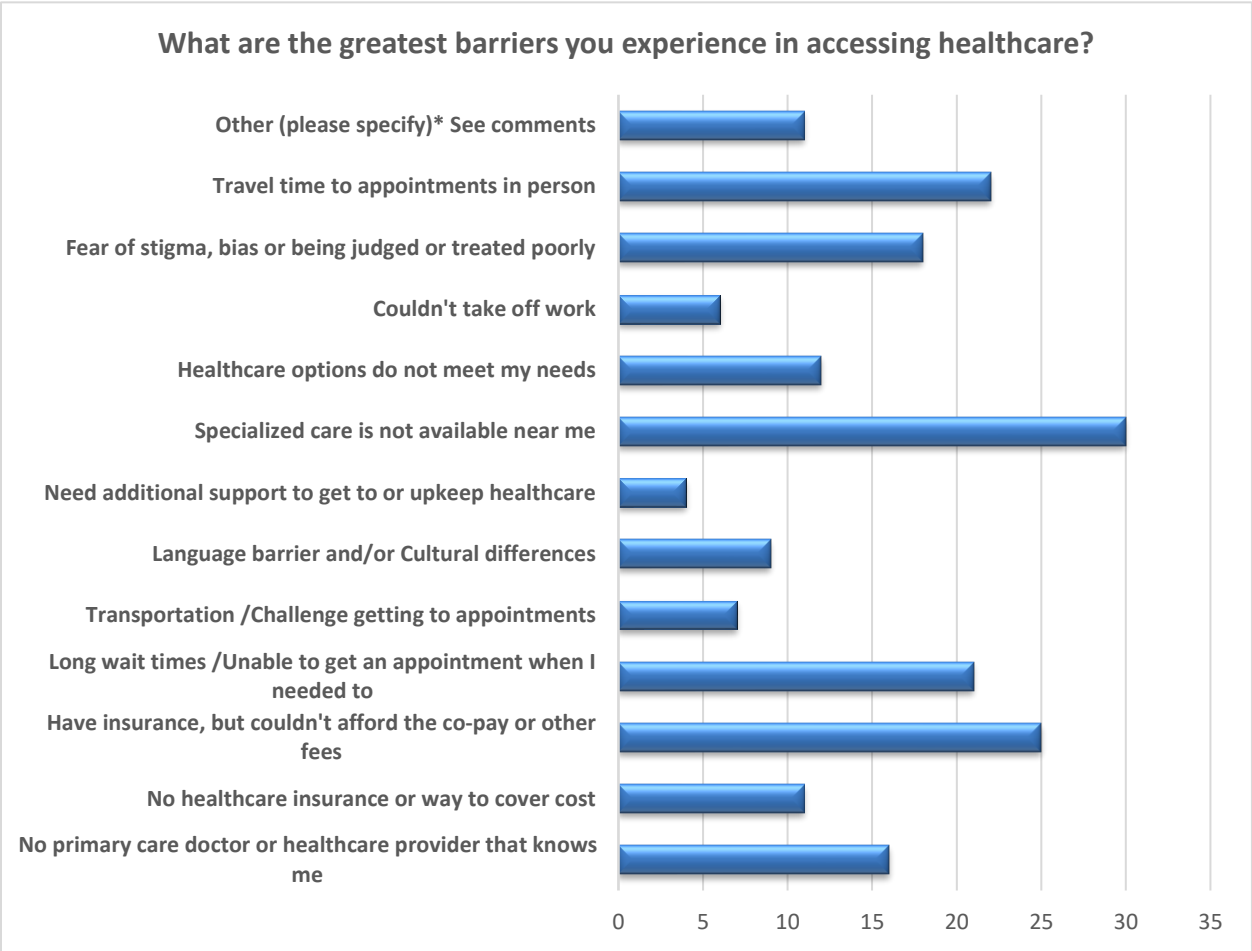
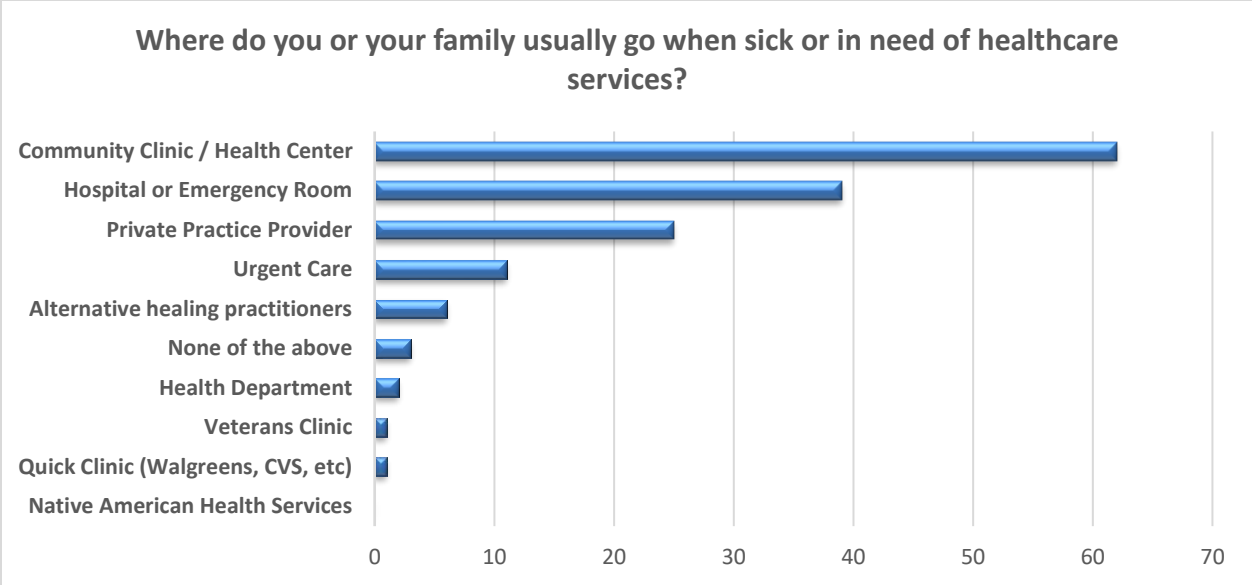
**Demographic Data of Respondents**



The survey results included the following observations.

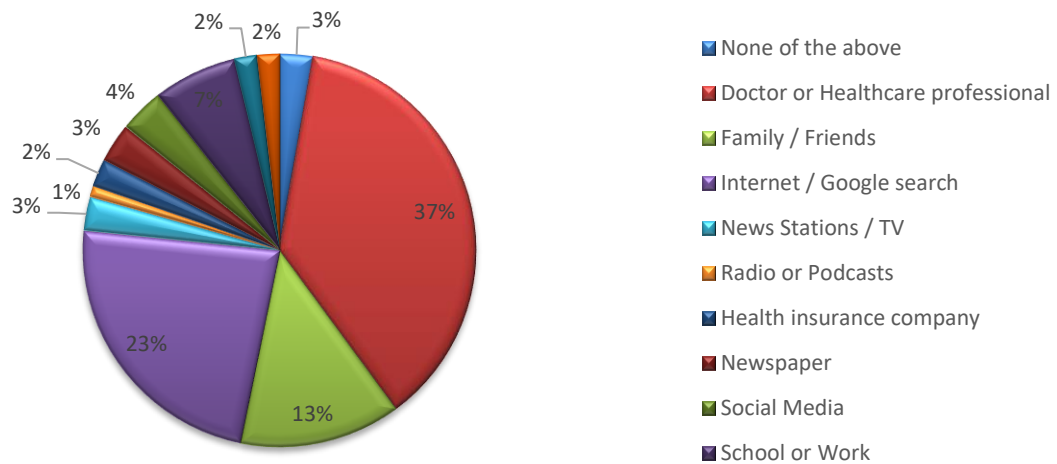






*\*Feedback on the specific comments related to the greatest barriers experienced in accessing healthcare included communication problems with providers and staff, VA authorizations, personality conflicts with providers, staff and privacy concerns, and scheduling appointment availability.*

## Where do you most commonly get information about health-related issues and resources?



Respondents then had the opportunity to give feedback with three open-ended questions. Those questions as well as the common themes that were found are as follows:

1. What worries you the most about your health or the health of your loved ones?
  - a. Cost of health care and insurance
  - b. Travel time and distance to specialists and other healthcare related visits
  - c. Insurance company involvement and control of access to services
  - d. Mental health resources-limited availability
  - e. Adequate local healthcare facility and providers
  - f. Loss of local healthcare system and providers
  - g. Increased obesity and lack of exercise
  - h. Aging and caring for self and family members
  - i. Lack of extracurricular resources for senior citizens
  - j. Cancer, heart disease and other chronic illnesses
  - k. Dental health
  - l. Healthy eating options
2. What are the three most important concerns you have about the health and well-being of your community?
  - a. Lack of healthy and affordable food options, expensive produce
  - b. Sustaining and recruiting healthcare workers and services
  - c. Mental health resources and counseling
  - d. Year around exercise options including an indoor pool
  - e. Affordable housing and rental options
  - f. Loss of healthcare and healthcare services and providers
  - g. Cost of healthcare and insurance
  - h. Drugs and crime
  - i. Cost of prescription drugs and access to pharmacy
  - j. Indoor exercise options for both males and females

- k. Community fitness center, YMCA and programs
  - l. Walking and biking trails
  - m. Environmental concerns: elevator dust, city water, and speeding
3. What are the three most important things that would make your community a healthier place for you and your loved ones?
- a. Community gym/Rec Center
  - b. Healthy foods that are affordable
  - c. Mental health care providers
  - d. Pharmacy
  - e. Increase in doctors and nurses
  - f. Supported weight loss programs
  - g. Activities for the elderly and aging
  - h. Indoor swimming pool
  - i. Walking and biking trails
  - j. Updated healthcare facilities
  - k. Activities and programs to promote and active and healthy lifestyle
  - l. Affordable healthcare and pharmacy
  - m. Dental Health
  - n. Safety / security personnel
  - o. Transportation for clinic and ER visits
  - p. Community gatherings
  - q. Keeping good schools and staff
  - r. Reproductive healthcare services
  - s. Educational resources on tobacco, vaping, drunk driving
  - t. Healthy lifestyle classes and cooking courses
  - u. Assistance programs for healthcare and medicine

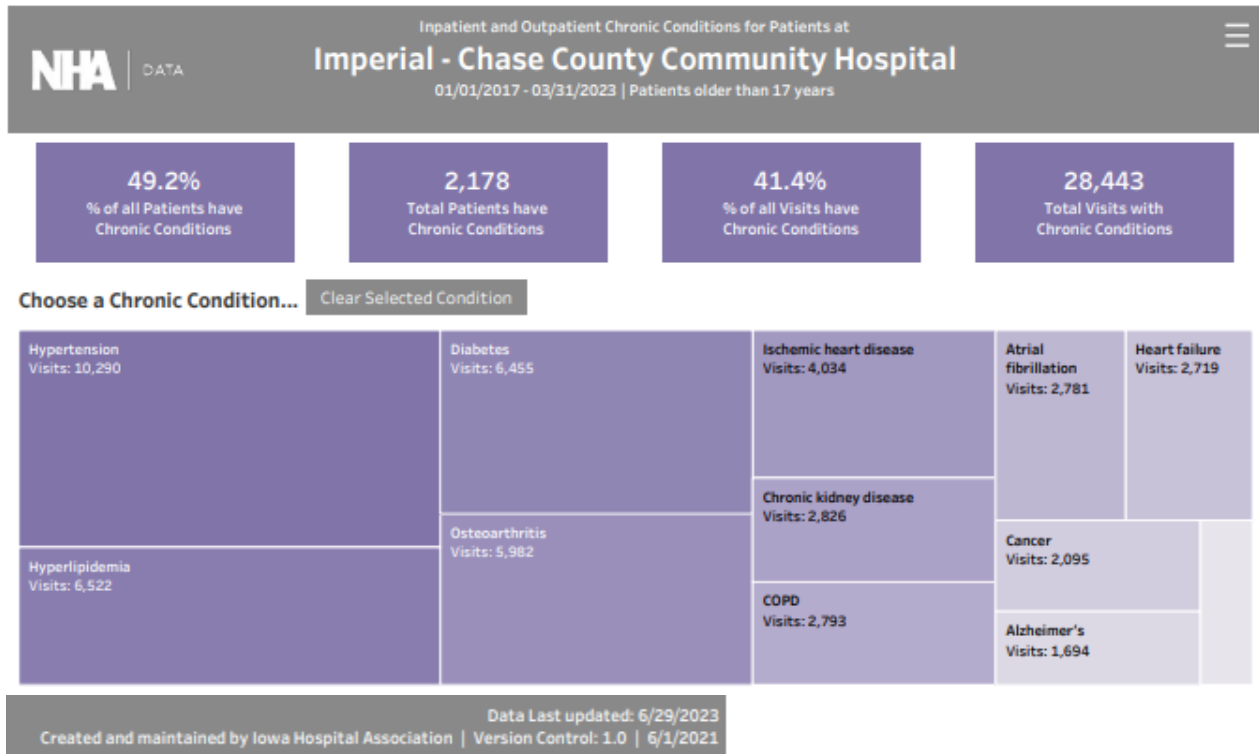
The open-ended questions garnered valuable honest opinions of the residents of Chase County. The responses were given to the administration and board of Chase County Community Hospital to review.

### **Prioritization of Needs**

Following the strategic planning session, regional input meetings, and community input survey, CCCH developed a prioritization of the health needs. Based on the feedback the following issues were identified.

- Substance misuse and abuse
- Cancer detection and prevention
- Access to healthcare
- Chronic Disease

Data claims information was using the Nebraska Hospital Association regarding chronic disease impact in our service area. This data identified the number of visits associated with chronic illnesses. These visits included all inpatient and outpatient claims and were from unique or reoccurring patients who had certain diagnoses. The visual representation listed below is from the primary service area of Chase County Community Hospital from January 1, 2017 to March 31, 2023 and represents those patients who are greater than seventeen years of age.



**Our Action**

**1. Substance misuse and abuse**

- a. Strategies
  - i. Opioid monitoring and pain management program.
  - ii. Develop and maintain opioid prescription practice by utilizing evidence-based Family Practice guidelines and best practice protocols.
- b. Goals
  - i. Decrease opioid dispensing rates as published by the CDC. (or other opioid publishing sites)
  - ii. Work in partnership with Public Health Department or other agency on narcotic education and awareness.

**2. Cancer detection and prevention**

- a. Strategies
  - i. Work with local health department and marketing department to distribute education and screening guidelines on different types of cancer with an emphasis on the lower age screening guidelines for colorectal cancer screening.
  - ii. Deliver a consistent message throughout the year regarding cancer awareness
- b. Goals
  - i. Increase number of colorectal cancer screenings in adults
  - ii. Host an annual Cancer Walk to raise awareness of cancer and raise funds to support local cancer patients undergoing treatment.
  - iii. Increase number of annual mammograms
  - iv. Promote preventative screening using radio advertisements, social media and local newspaper.

- v. Implement automated screening reminders generated through the EMR.

### **3. Access to healthcare**

- a. Strategies
  - i. Promote use of patient portal to increase access to personal medical records and enhance the material and services that are available within the site.
  - ii. Provide healthcare services in both Imperial and Wauneta.
- b. Goals
  - i. Increase the number of adults receiving preventive healthcare.
  - ii. Automate admission services with online update of personal health data and information using text links and reminders as well as patient portal.
  - iii. Decrease the number of adults who report poor communication with their healthcare provider and facility.
  - iv. Implement a phone system that is easy to understand and efficient for the caller.

### **4. Chronic disease**

- a. Strategies
  - i. Evaluate opportunities to provide or support chronic disease management and education.
  - ii. Medication management and safety.
- b. Goals
  - i. Implement strategies with Southwest Public Health Department on heart disease, cholesterol and blood pressure education and screening.
  - ii. Increase the number of patients who bring in actual medications to appointments for proper documentation and reconciliation.
  - iii. Increase annual wellness visits and screenings.
  - iv. Investigate opportunities for CCCH to partner or collaborate with Southwest Public Health Department and local schools on obesity and exercise education and the implications of obesity on chronic health conditions.
  - v. Partner with local college and health department to offer a healthy cooking class or educational presentations regarding healthy lifestyles.

The major takeaway from this assessment that our area has a need for improvement in chronic disease management and improvement in healthier lifestyles within our community. This need was felt by our public health department as well as surrounding partners. With obesity, high blood pressure, heart disease and diabetes on the rise in our area it is beneficial to our community that we as a healthcare system partner with public health to strengthen the message and educate our community on health improvement. Another area of improvement is encouraging our community to engage in preventative health screenings such as annual wellness visits, mammograms, and colorectal cancer screenings. Wellness visits provide the opportunity to address a range of health issues that impact quality of life and assess risk factors that contribute to chronic illness. Our priority is to continuously strive to make Chase County a healthy, safe, successful and thriving place to live, raise a family and enjoy retirement.

**Existing Health Care Facilities and Other Community Resources**

**Counseling and Mental Health Services**

Ogallala Counseling	1-308-284-6519
Heartland Counseling	
Imperial	1-308-882-4203
Ogallala	1-308-284-6767
McCook	1-308-345-2770
North Platte	1-308-534-6029
Ambience Counseling	1-308-345-4067
Growth and Enrichment Counseling	
	1-308-345-2932
Bridges Counseling Service	1-308-532-3000
Family Matters	1-308-534-3351
Inner Reflections	1-308-221-5288
Unified Therapy Clinic	1-308-345-4884

**Abuse/Assault**

Abuse/Neglect Hotline (all ages)	1-800-652-1999
McCook Domestic Abuse/Sexual Assault Services	
Office	1-308-345-1612
Crisis Line	1-877-345-5534
National Domestic Violence Hotline	
	1-800-799-7233
The Nebraska Rural Response Hotline	
	1-800-464-0258

**Emotional Health**

Region II Human Services

Grounding using a simple set of strategies to help relieve stress or to help you be in the present. Grounding works by focusing outward on the external world rather than inward toward the self. You can also think of it as “distraction”, “centering”, “looking outward”, or “healthy detachment”.

Grounding Line-English	1-308-534-9142
Grounding Line-Spanish	1-308-532-6436
Suicide Prevention Life Line	dial 988

**Crisis text** in crisis?      Text **HELLO** to **741741**

Suicide Survivors Support (LOSS Team)  
1-308-221-0143

**Addiction/Alcohol and Drugs**

Lutheran Family Services	1-308-532-0587
Beacon of Hope Counseling Center	
	1-308-532-0777
Region II Human Services - Ogallala, NE	
	1-308-284-6767
Alcohol & Drug Abuse 24-hour hotline	
	1-877-479-9777
National Institute of Drug Abuse	
	1-800-662-4357
Alcoholics Anonymous (Imperial has 2 meeting dates a week)	
	1-800-839-1686
Narcotics Anonymous (call for area meetings)	
	1-800-407-7195
Poison Control	1-800-222-1222
Nebraska Tobacco Quit Line	
	1-800-QUIT-NOW

**Children and Youth**

CASA (Court Appointed Special Advocate)  
1-308-345-8817

Child Abuse/Neglect Hotline: 1-800-652-1999

PTI Nebraska (Parent Training and Information)  
(402) 346-0525 or (800) 284-8520

Families 1st Partnership  
Phone: 308-520-3743

Boys & Girls Town 1-800-448-3000

Foster Care Program 1-800-772-7368

National Runaway Safe line 1-800-786-2929

Nebraska Family Helpline 1-888-866-8660

Health and Human Services  
1-308-882-4791 or 1-877-272-6907

Bridge of Hope Child Advocacy Center  
1-308-534-4064

**Migrant program** (308) 324-1258

**Food Programs**

Chase County Pantry (Imperial) 1-308-882-5136

Dundy County Pantry (Benkelman)  
1-308-423-2393

Crossroad Wesleyan Church Food Pantry  
1-308-882-5010

WIC--North Platte 1-800-395-7336

**Aging**

West Central Area Agency on Aging  
1-308-535-8195

Elder Access Line 1-800-527-7249

**Senior Centers**

Imperial 1-308-882-5343

Wauneta 1-308-394-6333

Benkelman 1-308-423-5454

Grant 1-308-352-4236

Hayes Center 1-308-286-3233

AARP 1-866-389-5651

**Pregnancy Counseling/Sexually Transmitted Diseases**

ABC Family Planning 1-308-350-0126

Family Planning Clinic 1-308-345-3626

AIDS hotline 1-800-782-2437

National Hepatitis Hotline 1-800-435-7443

National Sexually Transmitted Diseases Hotline  
1-800-227-8922

**City Offices**

Imperial 1-308-882-4368

Wauneta 1-308-394-5390

Benkelman 1-308-423-2540

Grant 1-308-352-2100

Hayes Center 1-308-286-3411

**County Attorney**

Chase 1-308-882-7515

Dundy 1-308-423-5225

Hayes 1-308-286-3486

Perkins 1-308-352-7552



**Law Enforcement (Non-Emergency)**

Imperial Police Department 1-308-882-4400  
Chase County Sheriff 1-308-882-4878  
Dundy County Sheriff 1-308-423-2393  
Hayes County Sheriff 1-308-286-3364  
Perkins County Sheriff 1-308-352-7501  
Nebraska State Patrol 1-308-535-8047

**Other**

McCook Humane Society 1-308-345-2372  
Homeless--The Connection, North Platte  
1-308-532-5050

Social Security Office, North Platte  
1-833-329-5527

**UNL Extension Offices**

Chase 1-308-882-4731  
Dundy 1-308-423-2021  
Hayes 1-308-286-3312  
Perkins 1-308-352-4340

**Southwest Nebraska Public Health Department**  
1-308-345-4223

Child Support Enforcement 1-877-631-9973  
Legal Aid of Nebraska 1-877-250-2016



## Data and Source Material

<https://www.nhadatadimensions.org>

<https://www.census.gov/quickfacts/fact/table/chasecountynebraska/SEX255221>

USA Facts: <https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/nebraska/county/chase-county?endDate=2021-01-01&startDate=2017-01-01>

Chase County, NE population by year, race, & more | USAFacts

<https://www.americashealthrankings.org/explore/states/NE>

<https://www.r2hs.com/> Health and Human Services Region II

Spark Map url: <https://cares.page.link/dYvP>

[Chase, Nebraska | County Health Rankings & Roadmaps](#)

<https://www.countyhealthrankings.org/explore-health-rankings/nebraska/chase?year=2022>

<https://places.cdc.gov/?locationIds=31029>

Data Source: US Census Bureau, American Community Survey. 2016-2020-- courtesy of Spark Map retrieved 1/27/2023; <https://cares.page.link/dYvP>

<https://cancerstatisticscenter.cancer.org/state/Nebraska/HcwT2CLV>

<https://www.countyhealthrankings.org/reports/what-works-strategies-improve-rural-health>

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. PLACES Data [online]. URL: <https://www.cdc.gov/PLACES>

[https://experience.arcgis.com/experience/dc15b033b88e423d85808ce04bd7a497/page/Health-Outcomes/?data\\_id=dataSource\\_13-](https://experience.arcgis.com/experience/dc15b033b88e423d85808ce04bd7a497/page/Health-Outcomes/?data_id=dataSource_13-)

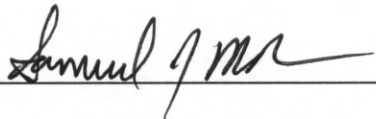
[PLACES LocalData for BetterHealth 1050%3A21136%2CdataSource\\_4-](#)

[PLACES LocalData for BetterHealth 7348%3A21136&views=Diabetes](#) (obesity and health maps)



Board of Directors Approval

The Community Assessment was reviewed and approved by the Chase County Community Hospital and Clinics Board of Directors on November 29, 2023.



A handwritten signature in black ink, appearing to read "Samuel J. Mc", is written over a horizontal line.

Signature, Chairman of the Board

