

## Community Health Needs Assessment

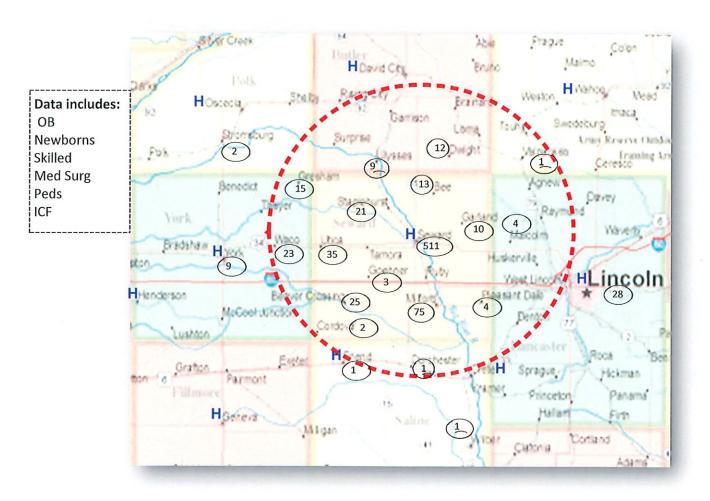
June, 2019

#### **Community Served**

#### Geographic Area

Memorial Hospital is the sole Critical Access Hospital in Seward County, serving a county population of over 17,000 residents. Statistics shown regarding inpatient and outpatient visits (page 3) show Memorial Hospital largely serves the community of Seward, Nebraska.

#### **Inpatient Statistics**



831 Inpatient Visits
Reporting dates: 1/1/2018-12/31/2018

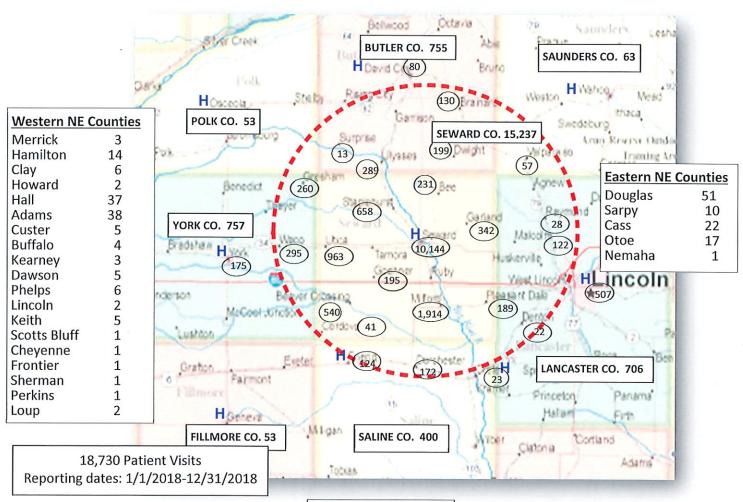
25 mile radius

NE Counties			
Seward	699	York	47
Saunders	1	Lancaster	32
Butler	21	Dixon	1
<b>Box Butte</b>	1	Furnas	1
Saline	7	Hamilton	2
Polk	2		
Madison	1	Out of State	16

#### **Outpatient Statistics**

# Data includes: PT/ST/OT Lab/Blood Stress Test Card Rehab EKG/Peripheral Respiratory Therapy Pulmonary Rehab Radiology Specialty Clinic Surgery Emergency Dept. Diabetic Ed Observation

Boone Platte Colfax Dodge Madison Cuming Nance Cedar	2 36 7 8 7 5 7	Grant Antelope Dixon Holt Box Butte Pierce Brown	2 1 1 3 3 2
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Outpatient Visit Percentages:

0-25 miles 90% (16,928) Over 25 8% (1,501) Out of State 2% (301) Seward County 81% 15,237

Southern NE	Counties
Richardson	1
Thayer	1
Jefferson	7
Gage	16
Nuckolls	1
Webster	1
Franklin	2
Red Willow	4
Furnas	4
Johnson	1

Out of State 301



#### **Target Population**

The following table outlines the target populations served in the city of Seward and Seward County, Nebraska. Memorial Hospital does not target any specific population groups; but instead targets all residents of the city of Seward and Seward County not excluding medically underserved populations, low-income persons, minority groups, or individuals with chronic disease needs.

United States Census Bureau		
Seward County/Nebraska Quick Facts Statistics		
People	Seward County	Nebraska
Population estimates, July 1, 2018, (V2018)	<u>NA</u>	1,929,268
Population estimates, July 1, 2017, (V2017)	17,161	1,920,076
Population estimates base, April 1, 2010, (V2018)	NA	1,826,305
Population estimates base, April 1, 2010, (V2017)	16,750	1,826,327
Population, percent change - April 1, 2010 (estimates base) to July 1, 2018, (V2018)	NA	5.6%
Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	2.5%	5.1%
Population, Census, April 1, 2010	16,750	1,826,341
Age and Sex		
Persons under 5 years, percent	5.8%	6.9%
Persons under 18 years, percent	23.3%	24.8%
Persons 65 years and over, percent	16.7%	15.4%
Female persons, percent	49.1%	50.1%
Race and Hispanic Origin	49	
White alone, percent	97.1%	88.6%
Black or African American alone, percent(a)	0.6%	5.1%
American Indian and Alaska Native alone, percent(a)	0.6%	1.5%
Asian alone, percent(a)	0.5%	2.6%
Native Hawaiian and Other Pacific Islander alone, percent(a)	<u>Z</u>	0.1%
Two or More Races, percent	1.2%	2.2%
Hispanic or Latino, percent(b)	2.7%	11.0%
White alone, not Hispanic or Latino, percent	94.7%	79.0%
Population Characteristics		
Veterans, 2013-2017	941	122,311
Foreign born persons, percent, 2013-2017	1.8%	6.9%
Housing		
Housing units, July 1, 2017, (V2017)	7,167	837,568
Owner-occupied housing unit rate, 2013-2017	70.9%	66.0%
Median value of owner-occupied housing units, 2013-2017	\$159,700	\$142,400
Median selected monthly owner costs -with a mortgage, 2013-2017	\$1,296	\$1,315
Median selected monthly owner costs -without a mortgage, 2013-2017	\$541	\$494
Median gross rent, 2013-2017	\$699	\$773

Building permits, 2017	58	8,863
Families & Living Arrangements		
Households, 2013-2017	6,496	748,405
Persons per household, 2013-2017	2.40	2.46
Living in same house 1 year ago, percent of persons age 1 year+, 2013-2017	83.7%	83.8%
Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	3.0%	11.2%
Computer and Internet Use		
Households with a computer, percent, 2013-2017	87.3%	86.9%
Households with a broadband Internet subscription, percent, 2013-2017	76.8%	78.5%
Education		
High school graduate or higher, percent of persons age 25 years+, 2013-2017	93.0%	90.9%
Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	28.1%	30.6%
Health		
With a disability, under age 65 years, percent, 2013-2017	5.9%	7.6%
Persons without health insurance, under age 65 years, percent	6.5%	9.6%
Economy		
In civilian labor force, total, percent of population age 16 years+, 2013-2017	66.4%	69.6%
In civilian labor force, female, percent of population age 16 years+, 2013-2017	61.2%	64.9%
Total accommodation and food services sales, 2012 (\$1,000)(c)	18,581	3,094,498
Total health care and social assistance receipts/revenue, 2012 (\$1,000)(c)	53,738	12,869,418
Total manufacturers shipments, 2012 (\$1,000)(c)	576,786	57,499,177
Total merchant wholesaler sales, 2012 (\$1,000)(c)	528,217	42,618,995
Total retail sales, 2012 (\$1,000)(c)	105,630	30,470,717
Total retail sales per capita, 2012(c)	\$6,237	\$16,422
Transportation		
Mean travel time to work (minutes), workers age 16 years+, 2013-2017	21.7	18.4
Income & Poverty		
Median household income (in 2017 dollars), 2013-2017	\$63,095	\$56,675
Per capita income in past 12 months (in 2017 dollars), 2013-2017	\$29,398	\$29,866
Persons in poverty, percent	7.5%	10.8%
Businesses		
Total employer establishments, 2016	463	54,265 <sup>1</sup>
Total employment, 2016	5,669	884,450 <sup>1</sup>
Total annual payroll, 2016 (\$1,000)	190,503	37,715,0041
Total employment, percent change, 2015-2016	2.1%	1.6%1
Total nonemployer establishments, 2016	1,344	134,524
All firms, 2012	1,400	164,089
Men-owned firms, 2012	654	83,696

Women-owned firms, 2012	303	51,936
Minority-owned firms, 2012	<u>E</u>	14,571
Nonminority-owned firms, 2012	1,309	144,122
Veteran-owned firms, 2012	160	16,693
Nonveteran-owned firms, 2012	1,153	137,254
Geography		
Population per square mile, 2010	29.3	23.8
Land area in square miles, 2010	571.43	76,824.17
FIPS Code	31159	31
	000	

The vintage year (e.g., V2018) refers to the final year of the series (2010 thru 2018). Different vintage years of estimates are not comparable.

#### **Fact Notes**

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

#### 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.
- D: Suppressed to avoid disclosure of confidential information
- F: Fewer than 25 firms
- FN: Footnote on this item in place of data
- NA: Not available
- S: Suppressed; does not meet publication standards
- X: Not applicable
- 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, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.

#### **Process and Methods**

#### Identities and Qualifications of Collaborators

Amy Peterson – UNL Extension, Polk County

Carrie Gottschalk – UNL Extension, Seward County

Charlene Dorcey – York Medical Clinic

Cheryl Brown – Henderson Healthcare Services

Chris Young – Midwest Covenant Home, Stromsburg

Darla Winslow - Polk County Health Department

Deb Kallhoff - Tabitha

Don Naiberk – Butler County Healthcare Services

Donelle Ellison - York Public Schools

Jen Janousek - Concordia University, Seward

Joe Lohrman – Annie Jeffery Healthcare Services

Judy Bors – Memorial Healthcare Systems

Katelyn Pleskac – UNL Extension, Butler County

Kathy Ruzicka – Seward County Aging Services

Kelly Gifford – Seward Family Medical Center

Sandra Shaw – Seward County Aging Services

Sandra Palmer - St Joseph's Villa, David City

Stacy Riley - Southeast Community College, Milford

Tamara Wiens – York General Healthcare Services

Tonya Kaup – Annie Jeffery Healthcare Services

#### **Descriptions of Meetings and Surveys**

Four Corners Health Department and Memorial Health Care Systems worked together to conduct the 2018 Seward County Community Health Assessment. The purpose of the community health assessment is to describe the health status of the population, identify areas for health improvement, determine factors that contribute to health issues, and identify assets and resources that can be mobilized to address population health issues.

The assessment focuses on the "local public health system" which includes all entities that contribute to the delivery of public health services within a community. It includes many public, private and voluntary entities, as well as individuals and informal associations. It is the collective efforts of these entities, working together, that are measured in the assessment.

A Community Health Advisory Team consists of individuals representing 22 partner agencies from across the Four Corners District. The team works to identify health concerns and needs across the District and then helps to identify possible solutions to the most pressing concerns. The team uses the MAPP process as seen below.



#### **Background Information**

In July of 2018, Four Corners Health Department launched a community health assessment project that will have lasting effects for the entire public health system in the district.

In April of 2015, Four Corners Health Department launched a community assessment project. A community-driven process, called MAAP, was chosen to complete the assessment. Mobilizing for Action through Planning and Partnerships (MAAP) is a dynamic process developed by the Centers for Disease Control and Prevention (CDC) and the National Association of City and County Health Officials (NACCHO) that helps communities prioritize public health issues and identify resources for addressing them. Community ownership is a fundamental component of MAAP.

The MAPP project includes four community assessments. In this report, we have focused on the results of the Community Themes and Strengths Assessment which focus on collecting the community's perspective on issues such as health care, education, care for older adults, jobs, support networks, health problems, and risky behaviors. A survey was designed utilizing a sample survey template provided by the NACCHO.

An updated survey was distributed in 2018. The survey was available from August to October of 2018. It was available at various community meetings such as Rotary, Kiwanis, or Sertoma Clubs. They were taken to churches, school events, county fairs, etc., The survey was also available online at Survey Monkey. In Seward County, 120 responses were received by the end of the process. The following is a summary of respondents.

How old are you?		
Answer Options	Response Percent	Response Count
19-25 years	4.20%	5
26-39 years	30.25%	36
40-54 years	37.82%	45
55-64 years	17.65%	21
65-80 years	8.40%	10
Over 80 years	1.68%	2
	answered question	119

Which describes your race/ethnicity? Please sele	ct just one.	
Answer Options	Response Percent	Response Count
White, not Hispanic or Latino	98.28%	114
Hispanic or Latino	0.86%	1
American Indian, not Hispanic or Latino	0.4%	1
Asian, not Hispanic or Latino	0.8%	2
Black, not Hispanic or Latino	0.0%	0
Multi-Race, not Hispanic or Latino	0.0%	0
Some other race alone, not Hispanic or Latino	0.0%	0
Native Hawaiian and other Pacific Islander - not Hispanic or Latino	0.0%	0
	answered question	116

#### Information Gaps that Exist

Due to the positive response throughout the community health assessment project, no information gaps were identified.

### Identification, Assessment, and Prioritization of Health Needs of the Community

#### **Identified Health Problems**

The most important "health problems" identified in the community as a result of the assessment process are:

- I. Obesity
- II. Mental Health
- III. Cancer
- IV. Alcohol Abuse
- V. Aging Problems

Answer Options	Response Percent	Response Count
Being overweight	56.73%	59
Mental Health Problems	29.81%	31
Cancers	23.08%	24
Alcohol abuse	20.19%	21
Aging problems (arthritis, hearing loss, etc.)	19.23%	20
	answered question	10

#### **Area Resources**

The community of Seward, Nebraska offers a variety of community and health resources:

- 1. Aging Partners
- 2. Blue Valley Community Action
- 3. Four Corners Health Department
- 4. Nebraska Department of Health and Human Services
- 5. Lutheran Family Services
- 6. Nebraska Family Help Line
- 7. Senior Centers in Milford, Seward, and Utica
- 8. Meals on Wheels Program
- 9. Mom's Meals
- 10. Home delivered meals for Medicaid through the Kiwanis
- 11. Seward County Emergency Management
- 12. Seward County Extension Services
- 13. Memorial Health Care Systems
  - a. Memorial Hospital
  - b. Memorial Hospital Assisted Living
  - c. Seward Family Medical Center
  - d. Milford Family Medical Center
  - e. Utica Family Medical Center
  - f. MHCS Annual Health Fair
- 14. Ridgewood Rehabilitation and Care Center
- 15. Brookdale Park Retirement Community Independent and Assisted Living
- 16. Greene Place Assisted Living
- 17. Seward Manor Independent Retirement Housing
- 18. Sunrise Country Manor
- 19. Crestview Care Center
- 20. Utica Community Care
- 21. Seward County Transportation
- 22. Seward Senior Shuttle
- 23. Hope Crisis Center-Domestic Violence Services
- 24. Seward County Bridges
- 25. Blue Valley Behavioral Health
- 26. Seward Fitness Centers include: Snap Fitness, T's Gym, InMotion

Resources that provide services to Seward area but do not originate from our county include:

- Hospice-Pathways to Compassion Hospice, Hospice Community Care, HoriSun Hospice, AseraCare Hospice, CHI Health at Home/Hospice, Tabitha, St. Croix Hospice, Avalon Hospice
- 2. Home Health- Angels Care, Kindred, CHI Health at Home, Personal Health Care Services, Elite Professionals Home Care, Physician's Choice, PhysMed, Tabitha, Homecare Plus, Maxim
- 3. Non-Medical Home Care-Guardian Angels, Home Instead, Right at Home, Caring for People, Community Care, Sunlight Support Services, Home Care Plus, Personal Health Care, Care Consultants for the Aging, Care Tech Inc.