Community Health Needs Assessment Report

Kearney Regional Medical Center
December 2024

Bryan Health

Contents

Contents

Introduction

Community Health Needs Assessment

Kearney Regional Medical Center (KRMC) has prepared and submitted this Community Health Needs Assessment, fulfilling the requirements established by the Patient Protection and Affordable Care Act requiring that non-profit hospitals conduct community health needs assessments at least every three years. Several aspects of this health assessment represent a collaborative effort between KRMC, Two Rivers District Health Department, Buffalo County Community Partners, and CHI Good Samaritan Hospital, gathering input representing the broad interests of the community. Prioritized significant health needs were identified by subject matter experts at KRMC, based on findings from the collaborative assessment.

KRMC is a full-service, 93-bed acute care hospital and affiliate of Bryan Health, a non-profit, Nebraska-owned health system. Since opening in 2014, KRMC has grown to include a medical clinic, 24-hour emergency room and Level III Trauma Center, Maternity Care Center and Level II Neonatal Intensive Care Unit (NICU).

For the purposes of this report, the community served includes the city of Kearney and Buffalo County, Nebraska. Buffalo County is one of seven (7) counties served by Two Rivers Public Health Department.

1

Community Served by Hospital

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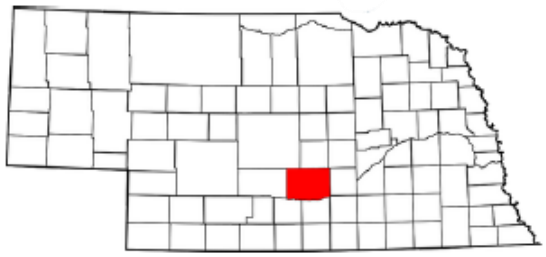
Community Overview

About Buffalo County

Buffalo County is the 2nd most populous county in Nebraska outside the Lincoln-Omaha region. The three largest cities in Buffalo County are Kearney (county seat), Gibbon and Ravenna.



Demographics

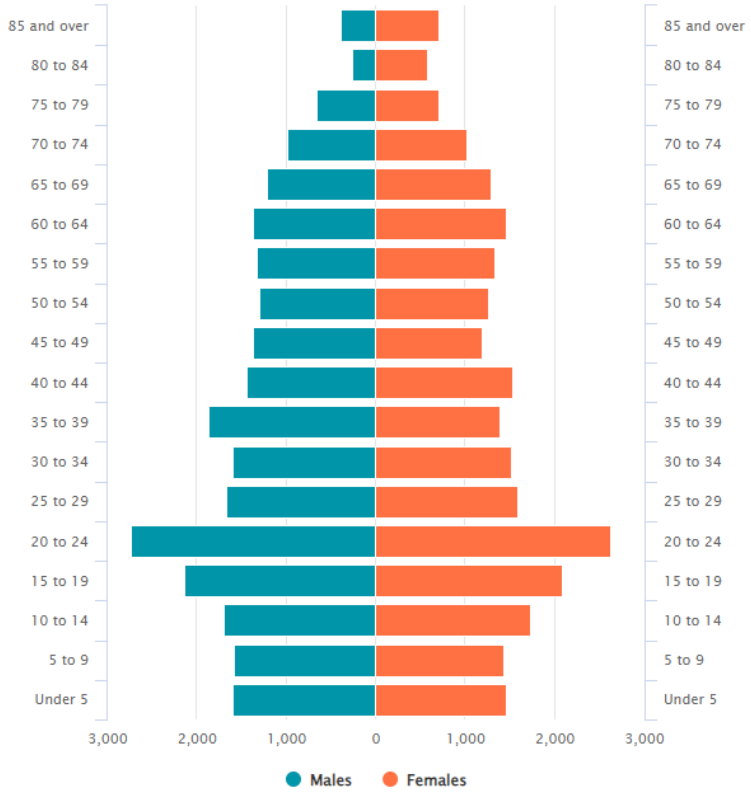
According to Two Rivers Health Department's county health data report, Buffalo County is the "4th youngest county in Nebraska with a median age of 33.8 years.

Buffalo County is also home to the third highest number of assisted living/ long term care facilities in Nebraska, after Douglas and Lancaster counties."

According to the U.S. Census Bureau's 2018-2022 ACS 5-Year Narrative Profile, Buffalo County had a total population of 50,103.

Of these, 24,976 (49.8 percent) were females and 25,127 (50.2 percent) were males. The median age was 34.2 years. An estimated 22.8 percent of the population was under 18 years, 40.4 percent was 18 to 44 years, 21.1 percent was 45 to 64 years, and 15.6 percent was 65 years and older.

Percent of Buffalo County, Nebraska's Population by Age (2018-2022)

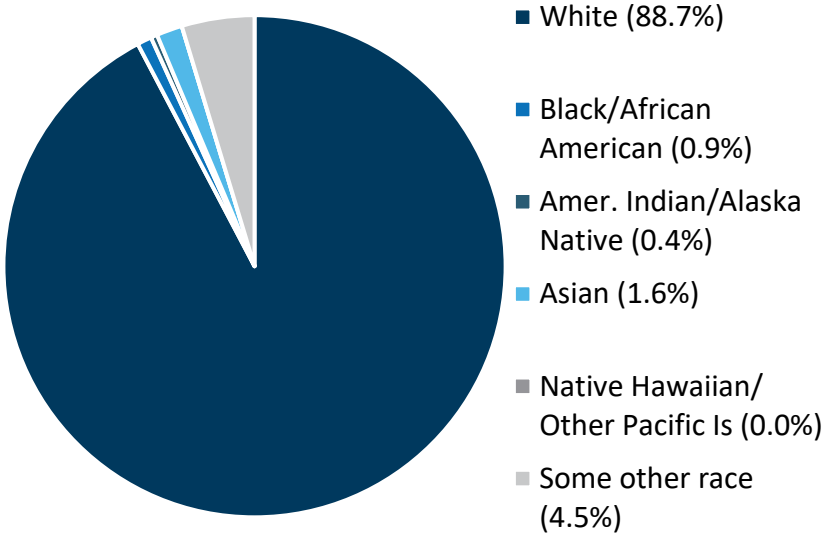


Race/Ethnicity

According to the U.S. Census Bureau's 2018—2022 ACS 5-Year Narrative Profile for Buffalo County, for people reporting one race alone, 88.7 percent were White; 0.9 percent were Black or African American; 0.4 percent were American Indian and Alaska Native; 1.6 percent were Asian; 0.0 percent were Native Hawaiian and Other Pacific Islander, and 4.5 percent were Some Other Race.

An estimated 3.9 percent reported Two or More Races. An estimated 9.7 percent of the people in Buffalo County, Nebraska were Hispanic or Latino. An estimated 85.5 percent of the people in Buffalo County, Nebraska were White alone, non-Hispanic. People of Hispanic origin may be of any race.

Estimated Percent of People in Buffalo County, Nebraska Reporting 'One Race Alone'. (2018-2022)

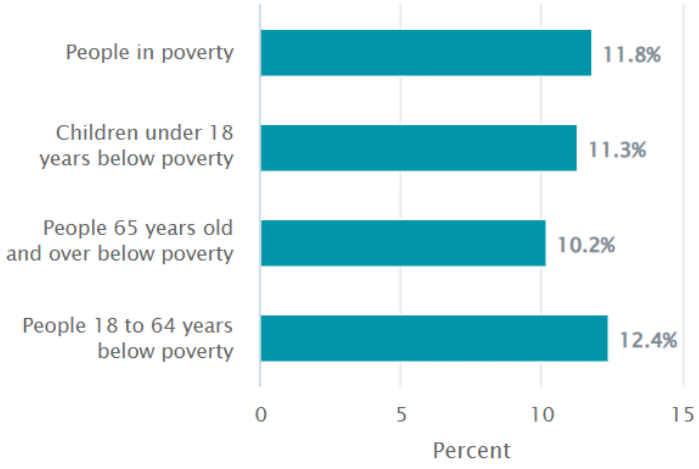


Poverty Rates & SNAP

According to the U.S. Census Bureau's ACS 5-Year Narrative Profile, in Buffalo County, in 2018-2022, 11.8 percent of people were in poverty. An estimated 11.3 percent of children under 18 were below the poverty level, compared with 10.2 percent of people 65 years old and over. An estimated 12.4 percent of people 18 to 64 years were below the poverty level.

In 2018-2022, 8.0 percent of households received SNAP (the Supplemental Nutrition Assistance Program). An estimated 56.6 percent of households that received SNAP had children under 18, and 24.9 percent of households that received SNAP had one or more people 60 years and over. An estimated 39.3 percent of all households receiving SNAP were families with a female householder and no spouse present. An estimated 24.0 percent of households receiving SNAP had two or more workers in the past 12 months.

Poverty Rates in Buffalo County, Nebraska (2018-2022)



Economic Indicators

Unemployment Rates

Kearney has one of the lowest unemployment rates in the nation. According to the Nebraska Department of Labor, Kearney's unemployment rate in January 2024 was 2.1 percent, up slightly from 1.8 percent in January 2023.

According to 2022 Census data, 68.7 percent of Buffalo County's population 16 and over are employed; 29.0 percent are not currently in the labor force.

2024 Unemployment Rate, Buffalo County

	UNEMPLOYMENT RATE %		LABOR FORCE		EMPLOYMENT	
	2024	2023	**2024**	2023	**2024**	2023
January	**2.1%**	1.8%	**28,435**	28,254	**27,828**	27,741
February	**2.2%**	1.8%	**28,466**	28,456	**27,839**	27,956
March	**2.0%**	1.6%	**28,497**	28,485	**27,936**	28,025
April	**1.7%**	1.4%	**28,540**	28,510	**28,067**	28,103
May	**2.1%**	1.7%	**28,307**	28,527	**27,703**	28,036
June		2.2%		28,614		27,979
July		1.9%		28,197		27,662
August		1.6%		28,107		27,662
September		1.6%		28,462		28,009
October		1.8%		28,694		28,167
November		1.7%		28,712		28,219
December		1.8%		28,466		27,961

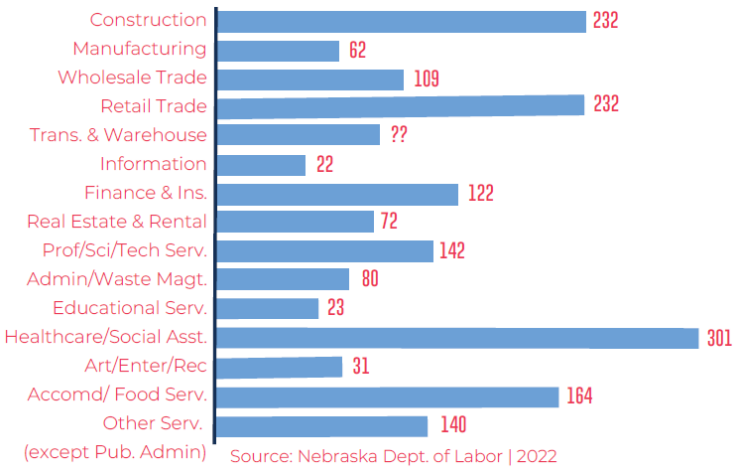
Source: Nebraska Department of Labor

Top Employers & Sectors

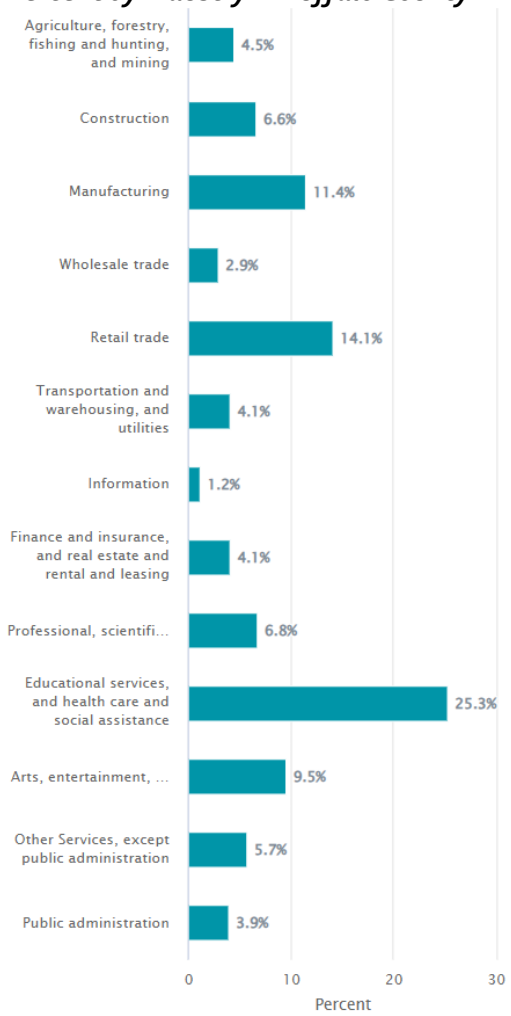
As of 2022, the top economic sector in Buffalo County is Healthcare/Social Assistance – with two of Kearney's top employers being Kearney Regional Medical Center and CHI Good Samaritan.

Other top employers include: the University of Nebraska –Kearney, Kearney Public Schools, The Buckle, Parker Hannifin and Eaton Corporation.

Economic Sectors in Buffalo County



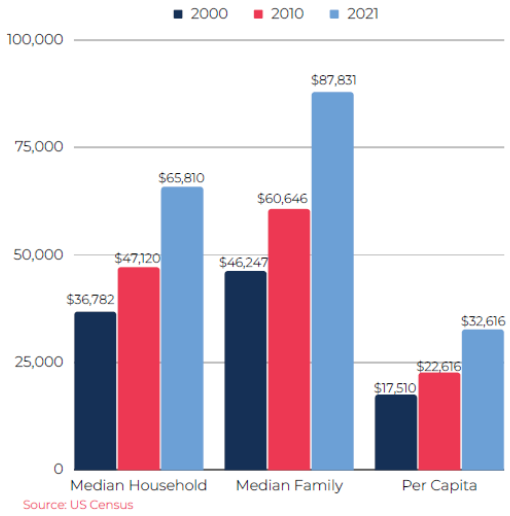
Percent by Industry in Buffalo County



Income

According to 2021 US Census data, the median household income in Buffalo County in 2021 was $65,810, more than $5000 above the State of Nebraska's median household income.

Median Income in Buffalo County



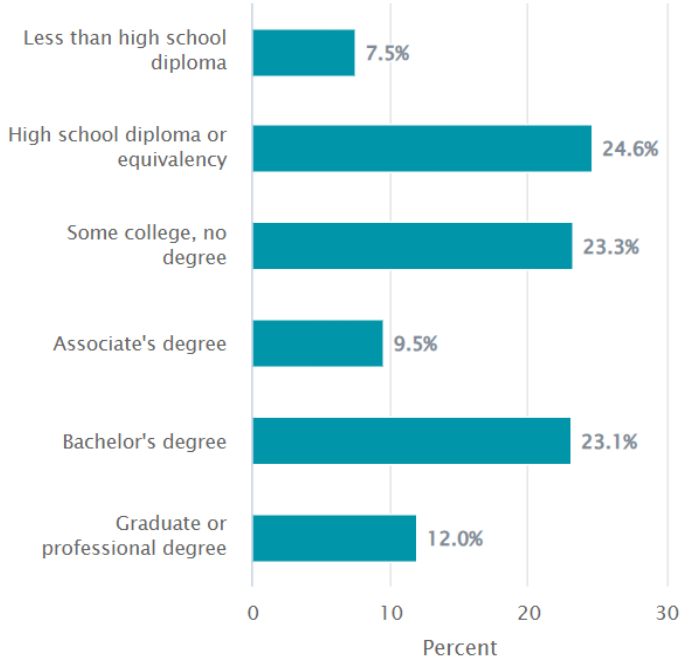
Education

In 2018-2022, 92.6 percent of people 25 years and over had at least graduated from high school and 35.2 percent had a bachelor's degree or higher. An estimated 7.5 percent did not complete high school.

The total school enrollment in Buffalo County, Nebraska was 14,555 in 2018-2022. Nursery school enrollment was 769 and kindergarten through 12th grade enrollment was 8,260. College or graduate school enrollment was 5,526.

According to TRPHD report, the proportion of people with a high school or college degree in Buffalo County is comparable to that of the whole state of Nebraska.

Educational Attainment of People in Buffalo County



Health Indicators

Health Behaviors

According to 2024 County Health Ranking data, Buffalo County residents report these less-healthy behaviors than national averages: adult obesity, physical inactivity and excessive drinking.

Health Behaviors	Buffalo County	Nebraska	United States
Adult Smoking	15%	14%	15%
Adult Obesity	40%	36%	34%
Food Environment Index	7.8	8.0	7.7
Physical Inactivity	24%	24%	23%
Access to Exercise Opportunities	84%	84%	84%
Excessive Drinking	22%	22%	18%
Alcohol-Impaired Driving Deaths	24%	32%	26%
Sexually Transmitted Infections	409.2	453.1	495.5
Teen Births	12	16	17

Clinical Care

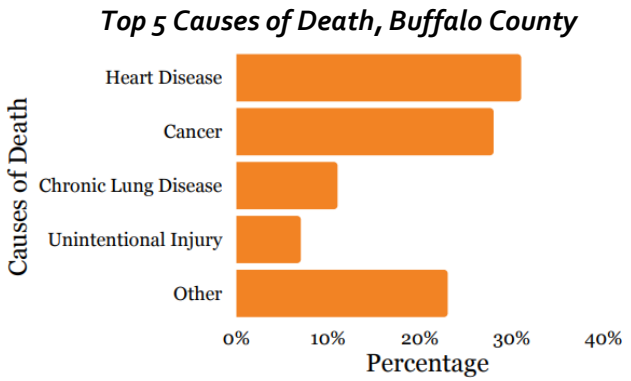
According to 2024 County Health Ranking data, residents in Buffalo County have less access to Primary Care Physicians, Dentists, and Mental Health Providers compared to both statewide and national averages.

There was one primary care physician per 1,140 people in Buffalo County, Nebraska, and only 1 mental health provider per 230 people.

Clinical Care	Buffalo County	Nebraska	United States
Uninsured	8%	8%	10%
Primary Care Physicians	1,140:1	1,340:1	1,330:1
Dentists	1,180:1	1,220:1	1,360:1
Mental Health Providers	230:1	310:1	320:1
Preventable Hospital Stays	2,342	2,249	2,681
Mammography Screening	50%	50%	43%
Flu Vaccinations	58%	49%	46%

Causes of Death

According to the 2024 Buffalo County Community Profile, the top causes of death for residents are: heart disease, cancer, chronic lung disease, and unintentional injury.



2

Gathering Input from the Community

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Community Health Needs Assessment Survey

Overview

Two Rivers Public Health Department developed and distributed a community health assessment survey to gather input from community members on various health-related topics. The survey was reviewed by Kearney Regional Medical Center, CHI Health Good Samaritan, Buffalo County Community Partners, Gothenburg Memorial Health, and Kearney County Health Services.

While many people from all three entities contributed to this work, primary collaborators are listed below.

Entity	Name	Title
Two Rivers Public Health Department	Jeremy Eschliman	Health Director
Two Rivers Public Health Department	Katie Mulligan	Planning Section Manager
Two Rivers Public Health Department	Aravind Menon, PhD	Epidemiologist
Two Rivers Public Health Department	Zander Wells	Data Analyst
Kearney Regional Medical Center	Amanda Polacek	Marketing Manager
Kearney Regional Medical Center	Amber Lubben	Director of Quality and Patient Safety
CHI Health Good Samaritan	Abby Olson	Director of Care Management and Social Work
CHI Health	Sarah Stanislav	Healthy Communities Coordinator
Denise Zwiener.	CEO	Buffalo County Community Partners

Survey Distribution

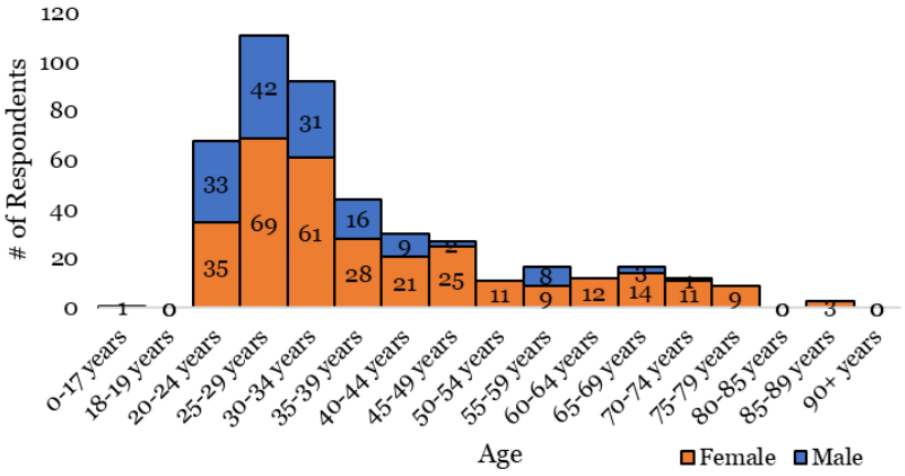
TRPHD prepared links and QR codes for distribution, and community members were encouraged to participate through in-person interviews, flyers with QR codes in hospital and clinic waiting rooms, online surveys shared via social media and community websites, as well as links in hospital newsletters. Additionally, local organizations and leaders were engaged to help spread the word about the survey. The goal was to collect a comprehensive and diverse range of responses that accurately represent the health needs and priorities of the community.

Survey Results

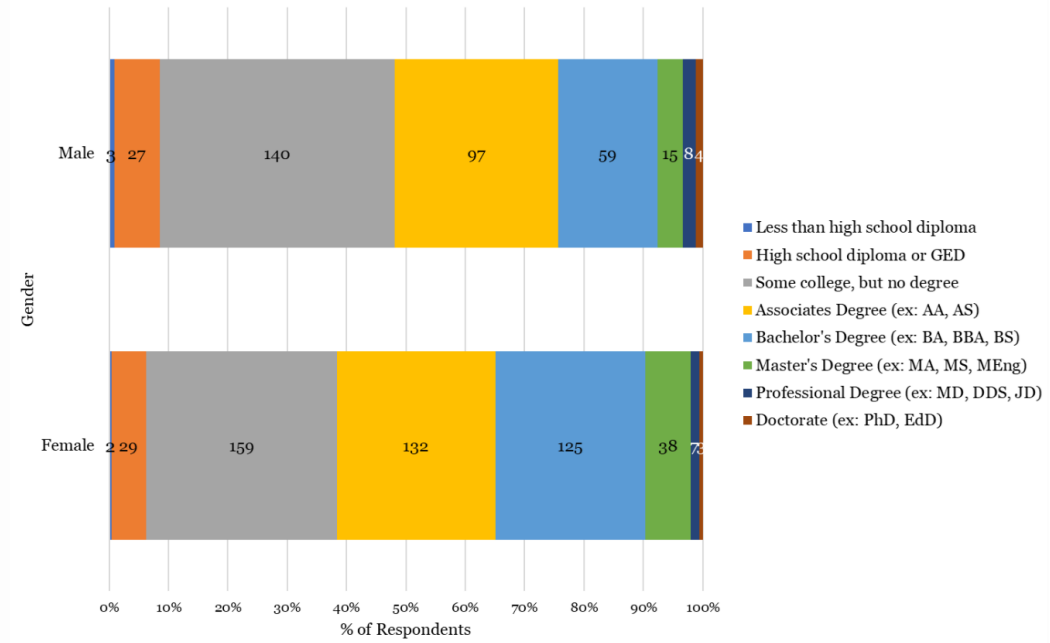
Kearney Regional Medical Center and TRPHD utilized Qualtrics to gather demographic and health information for the Community Health Needs Assessment Survey.

Out of the initial 973 responses, 120 surveys with a completion rate below 50% were excluded from analysis, resulting in a total sample size of 853. Of the responses, 24% of the respondents were residents of Buffalo County, Of the total respondents (≥50% completion) 21% were from Kearney, 18% from Alma, and less than 5% each from the remaining cities in the district. 58% of respondents identified as female, and the median age was 32 years. Among the 853 respondents, 1 individual identified as non-binary and 411 individuals identified as non-white and 311 as Hispanic or Latino origin.

Survey Respondents by Age and Gender



Survey Respondents by Education and Gender

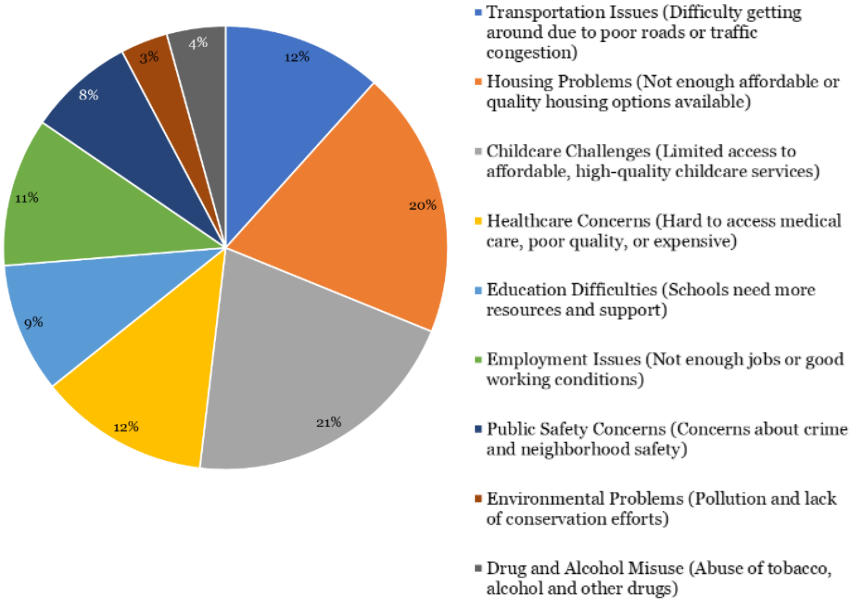


Social Determinants of Health

When asked what they thought were the three leading social health concerns in the community, survey respondents cited:

- Childcare challenges (limited access to affordable, high-quality childcare services) as the leading issue (20.7%).
- Housing problems (Not enough affordable or quality housing options available) as the second most important concern (19.5%).
- Healthcare Concerns (hard to access medical care, poor quality, or expensive) as the third leading issue in the community (12.7%).

Leading Health Concerns in The Community

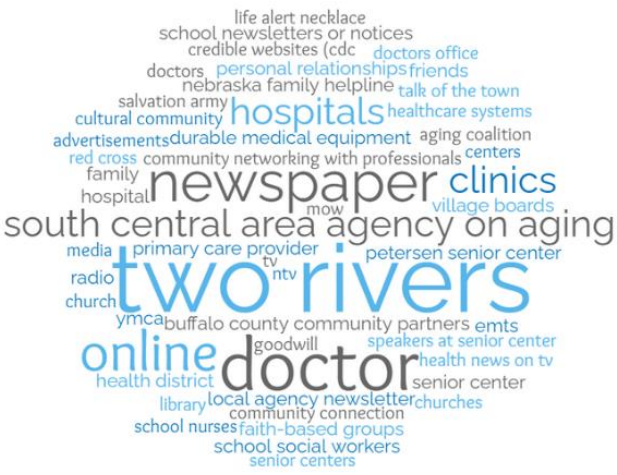


Focus Groups

The Community Health Assessment Team facilitated three focus groups to gather insights, opinions and perceptions from participants regarding topics such as: how people access reliable health information, and what community resources they utilize.

These insights can help inform KRMC's prioritized health needs and plans for improving our community's health outcomes.

Where People Access Reliable Health Information



Community Resources for a Healthy Lifestyle

3

Prioritized Health Needs

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Overview

Prioritized Significant Health Needs

Of KRMC's 852 total completed responses reported in the 2024 Community Health Needs Survey, the following topics were identified as the most important health problems in our community:

1. Lack of exercise and physical activity – 370 (14.9%)
2. Challenges to accessing healthcare – 354 (24.3%)
3. Cancer – 271 (10.9%)
4. Food quality and access to healthy nutrition – 265 (10.7%)
5. Diabetes/Metabolic disorders –258 (10.4%)

Of these identified needs, KRMC Leadership selected three of these areas to focus its efforts on, based on ability to positively affect change for our patients and community:

Challenges to Accessing Healthcare

Cancer Care

Diabetes/Metabolic Disorders

These significant health needs were selected based on a combination of factors, including responses from the Community Health Survey, analysis of community data sources such as Buffalo County's vital statistics, KRMC's own internal hospitalization data and other forms of research.

These selections do not imply that other health needs are not worthy of attention, or that efforts in other areas should be diverted to these. In fact, other areas of need might be reported as lower priority because of KRMC and the community's current efforts to alleviate them. The selected need priorities appear to be the most pressing at the time of assessment due to a combination of prevalence, severity, community interest and the current level at which the need is being appropriately engaged.

Challenges to Accessing Healthcare

Accessing healthcare can be challenging for many people due to a variety of common and prevalent barriers. During the Focus Groups conducted with TRPHD, financial barriers and transportation issues were the top two challenges named related to healthcare access challenges.

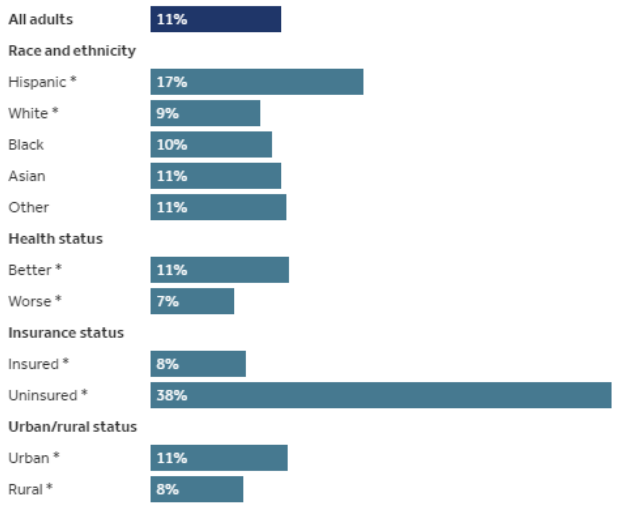
Financial Barriers

National polling data from 2022 found 43 percent of adults report that they or a family member in their household put off or postponed needed healthcare due to cost. Uninsured adults, adults in worse health (reported as fair or poor health status), and Hispanic adults are much more likely than others to delay or forego healthcare due to cost.

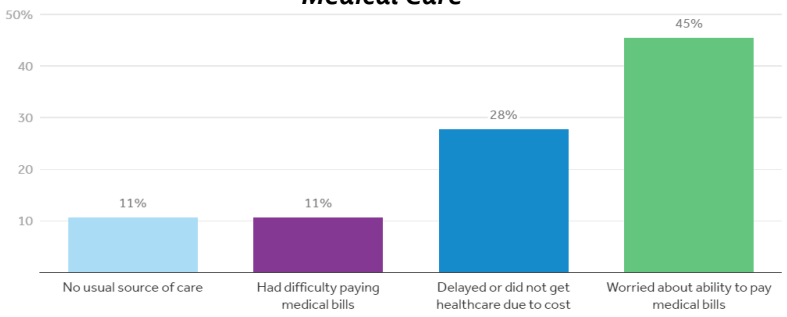
Uninsured adults and adults who are in worse health are twice as likely to report that they or a family member had difficulty paying medical bills.

Uninsured adults are nearly five times as likely than insured adults to have no usual source of care (38% versus 8%). While the share of adults without a usual source of care is similar across most race and ethnic groups, Hispanic adults (17%) are more likely than others to report not having a usual source of care.

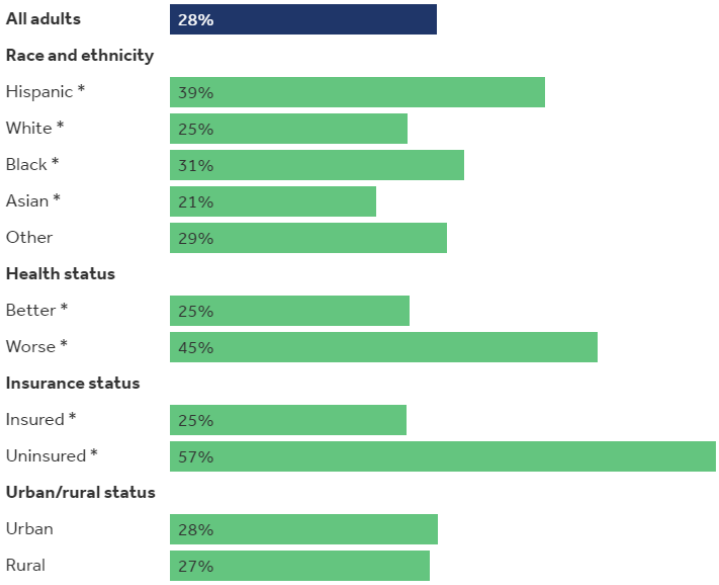
Percent Of Adults Who Have No Usual Source Of Care, By Selected Demographics



Percent of Adults Who Reported Barriers To Accessing Medical Care



Percent Of Adults Who Delayed Or Did Not Get Health Or Dental Care Due To Cost



Challenges to Accessing Healthcare

Transportation Issues

Individuals without access to a vehicle or reliable public transportation may struggle to reach healthcare facilities, especially in areas where public transit is limited or nonexistent.

While there is a growing focus on the social determinants of health (SDOH) within healthcare driving more attention toward the role of transportation to both medical and non-medical sites, there is limited research on transportation's role in supporting access to nonmedical sites (e.g., grocery stores, fitness centers, social services) and on how improved nonemergency transportation improves people's health.

If transportation services to non-medical sites are to mature into a commonly available service to address SDOH, Medicare and Medicaid will be important vehicles for transforming the greater US health care landscape.

"Considering the Ideal Role for Nonemergency Medical Transportation in Addressing Social Determinants of Health" (2021)

Key Research Findings

- Transportation use is positively correlated with an average 1.5 times more primary care physician visits than for nonutilizers and higher generic drug utilization. Both behaviors are associated with appropriate and cost-effective healthcare.
- Transportation utilizers tend to be sicker than nonutilizers. The average risk score of transportation utilizers is 1.97 vs. 1.35 for nonutilizers, based on the most recent complete risk adjustment coding year.
- Non-Medical transportation is occurring in both Medicare Advantage and Medicaid but there is no single "consensus" destination served by a large majority of responding organizations.
- Permissible sites for Medicare Advantage plans trend toward destinations with an obvious correlation with physical health (grocery stores, fitness centers).
- Medicaid destinations are more likely to include social services and vocational destinations.

Challenges to Accessing Healthcare

Availability of Providers

Access to healthcare is directly impacted by the availability of providers, especially in rural areas like Central and Western Nebraska.

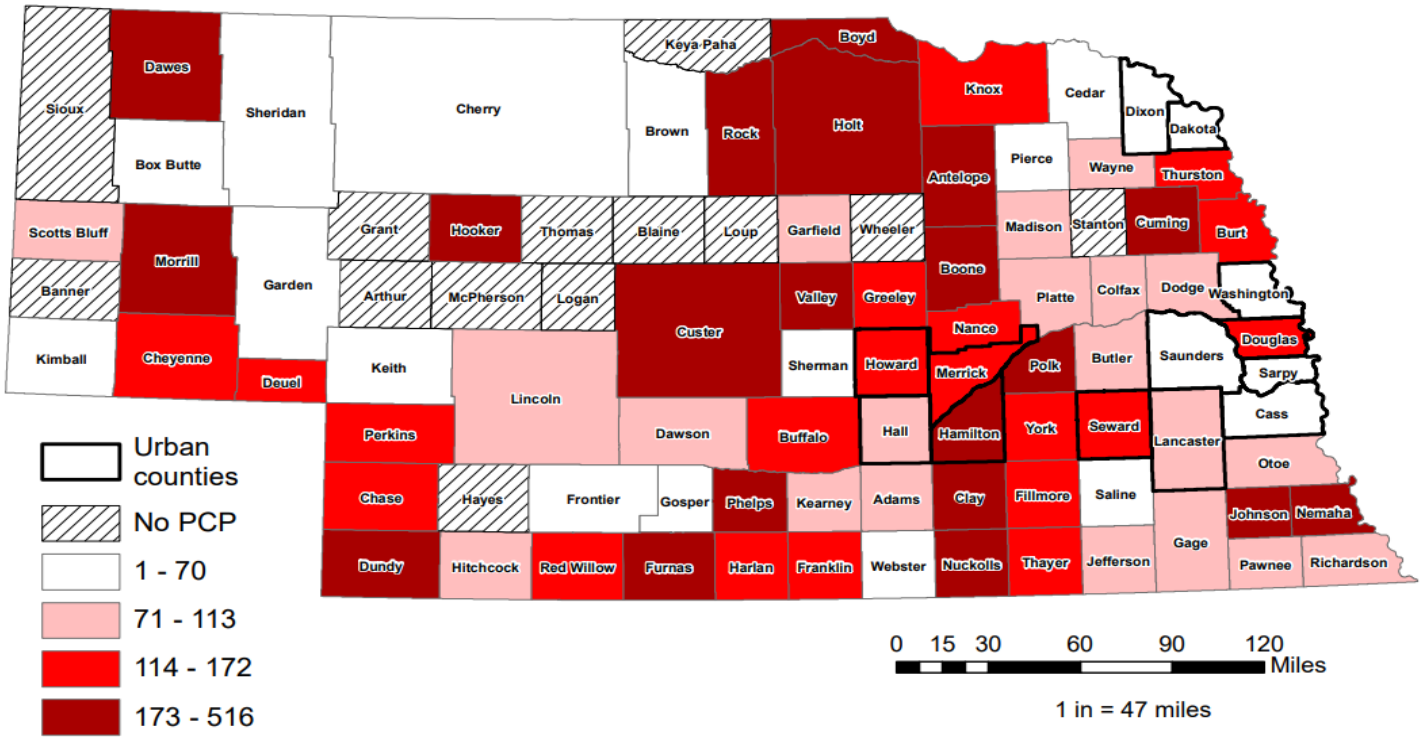
According to a 2022 report by UNMC, the total number of physicians practicing in Nebraska decreased in 2021 compared to 2019, a reversal of the increase between 2017 and 2019. Compared to 2019, the most significant decline in the number of actively practicing physicians occurred for the primary care specialties with a loss of 99 primary care physicians.

Buffalo County has moderate access to Primary Care Providers, but many counties served by KRMC have limited or no access to PCPs in their area and must travel to receive care.

Number and Rate Per 100,000 Population by Specialty of Physicians

	2017	2019	2021
Primary Care	1,794 (94.1)	1,774 (92.0)	1,675 (85.3)
-Family Med	894 (46.9)	870 (45.1)	838 (42.7)
-Internal Med	395 (20.7)	387 (20.1)	371 (18.9)
-OBGYN	214 (11.2)	210 (10.9)	195 (9.9)
-Pediatrics	291 (15.3)	307 (15.9)	271 (13.8)
General Surgery	172 (9.0)	188 (9.7)	184 (9.4)
Other	2,861 (253.1)	4,971 (257.7)	4,906 (249.8)

Number of Active Primary Care Physicians Per 100,000 Population by County (2021)



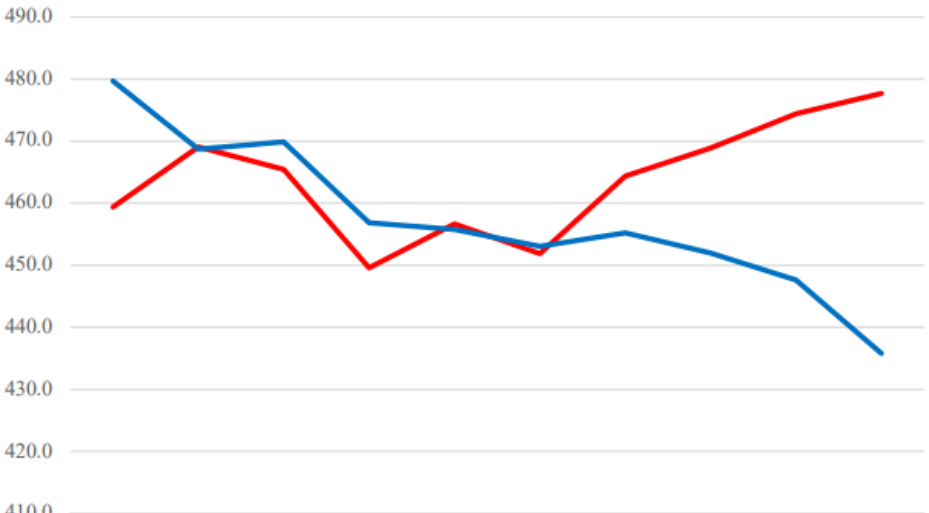
Cancer Care

Cancer is the second-leading cause of death for Buffalo County residents. Better access to cancer care, trials and treatments was identified as a top issue among Community Health Awareness survey respondents, as well as focus group participants.

Overview

The 2022 Cancer Burden in Nebraska report states that Nebraskans are at higher risk of developing cancer than the overall U.S. population.

Trend Of Age-Adjusted Cancer Incidence Rates Per 100,000 Population: Nebraska And The United States (2020)



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Nebraska	459.4	469.1	465.5	449.6	456.7	451.9	464.4	468.9	474.4	477.7
United States	479.7	468.7	469.9	456.9	455.8	453.1	455.2	452.0	447.6	435.8

The following cancer incidence rates are significantly higher in Nebraska compared to the United States:

- Brain and other nervous system cancer in females
- Breast cancer in females
- Colon and rectum cancer in males and females
- Kidney cancer in males
- Melanoma skin cancer in males and females
- Prostate cancer in males
- Thyroid cancer in females

There were no major differences in the age-adjusted cancer mortality rates between Nebraska and the United States.

The following cancer mortality rates are significantly higher in Nebraska compared to the United States:

- Esophageal cancer in males
- Kidney cancer in males
- Leukemia in males

Cancer Care

Health Disparities

Nebraskans experience cancer health disparities in the following areas:

- The breast cancer mortality rate was significantly higher among African American women compared to non-Hispanic White women in both Nebraska and the United States.
- The prostate cancer incidence and mortality rates were significantly higher among African American persons compared to non-Hispanic White persons in both Nebraska and the United States.
- In Nebraska, the proportion of Hispanic persons up to date on colorectal cancer screening (46.7%) was significantly lower than the proportion of non-Hispanic White persons who were up to date (74.7%).
- In Nebraska, the proportion of adults who currently smoke was significantly higher among African American persons (22.0%) and American Indian/Alaska Native persons (35.4%) compared to non-Hispanic White persons (14.9%).
- In Nebraska, the proportion of adults with obesity was significantly higher among African American persons (41.1%) and American Indian/Alaska Native persons (41.0%) compared to non-Hispanic White persons (33.1%).
- Among non-Hispanic White persons, the pediatric cancer mortality rate in Nebraska was significantly higher (3.1 deaths per 100,000 population) than the U.S. rate (2.4 deaths per 100,000 population)

Cancer Incidence And Age-adjusted Incidence Rate By Race/Ethnicity, Nebraska (2020)

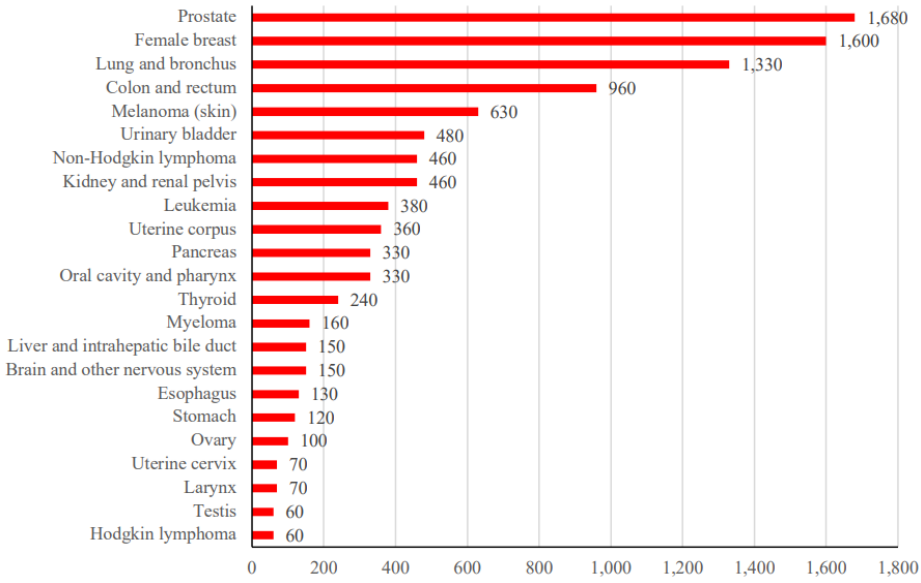
	White			African American			American Indian/Alaska Native			Asian and Pacific Islander			Hispanic		
Rank	Site	Number	Rate	Site	Number	Rate	Site	Number	Rate	Site	Number	Rate	Site	Number	Rate
	All sites	92,286	461.1	All sites	3,457	509.0	All sites	572	410.7	All sites	817	298.7	All sites	2,394	285.4
1	Female breast	13,033	127.5	Prostate	644	201.9	Female breast	84	105.3	Female breast	116	64.6	Female breast	335	77.6
2	Prostate	11,958	120.7	Female breast	423	116.5	Prostate	41	72.2	Prostate	54	58.5	Prostate	243	74.4
3	Lung	11,779	57.3	Lung	480	75.9	Lung	76	68.0	Lung	91	40.4	Colorectal	222	28.5
4	Colorectal	8,727	43.3	Colorectal	350	53.8	Colorectal	59	44.1	Colorectal	83	33.8	Lung	164	26.7
5	Uterus	2,911	27.6	Kidney	190	27.8	Kidney	40	22.6	Liver	55	21.6	Uterus	77	15.2
6	Melanoma (skin)	4,592	24.4	Uterus	71	19.2	Liver	38	21.9	Thyroid	65	16.2	Non-Hodgkin lymphoma	119	15.1
7	Bladder	4,338	21.0	Pancreas	110	18.1	Uterus	17	17.9	Uterus	26	15.8	Kidney	124	14.4
8	Non-Hodgkin lymphoma	4,087	20.4	Non-Hodgkin lymphoma	116	16.3	Ovary	10	16.8*	Non-Hodgkin lymphoma	35	14.4	Thyroid	139	11.1
9	Kidney	3,442	17.3	Myeloma	99	15.5	Bladder	13	14.0*	Leukemia	34	10.9	Bladder	58	9.3
10	Thyroid	2,606	15.0	Bladder	84	14.4	Non-Hodgkin lymphoma	17	13.4	Oral cavity	32	9.6	Leukemia	116	9.2

Cancer Care

Cancer Types

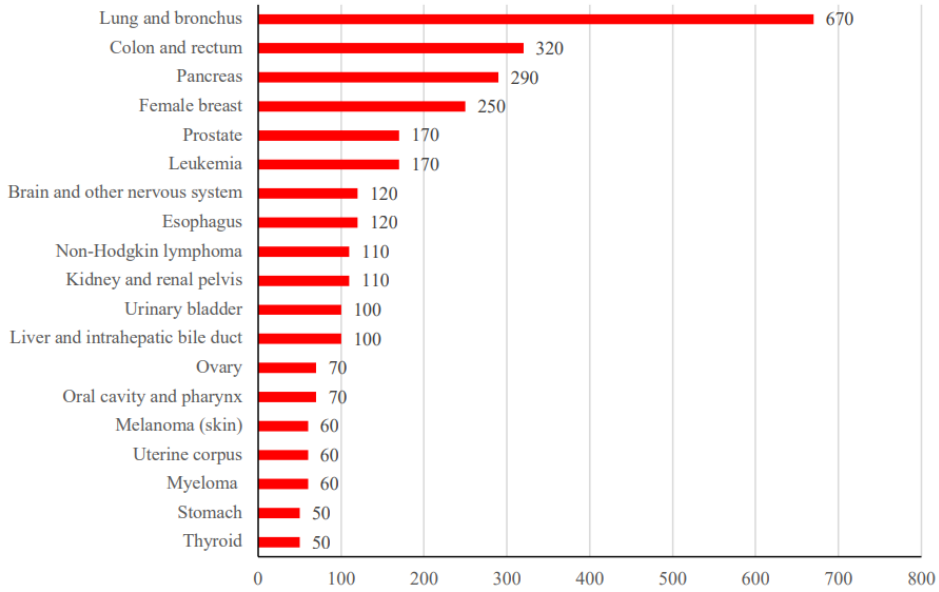
The expected number of new cancer cases in Nebraska in 2022 by cancer type, as projected by the American Cancer Society was 11,280 of which breast, prostate, lung, and colorectal cancers were the most common.

New Cases of Cancer, Nebraska (2022)



The expected number of cancer deaths in Nebraska in 2022 by cancer type projected by the American Cancer Society was 3,550. Deaths from lung, colorectal, pancreatic, and breast cancer were the most common.

Cancer Deaths, Nebraska (2022)

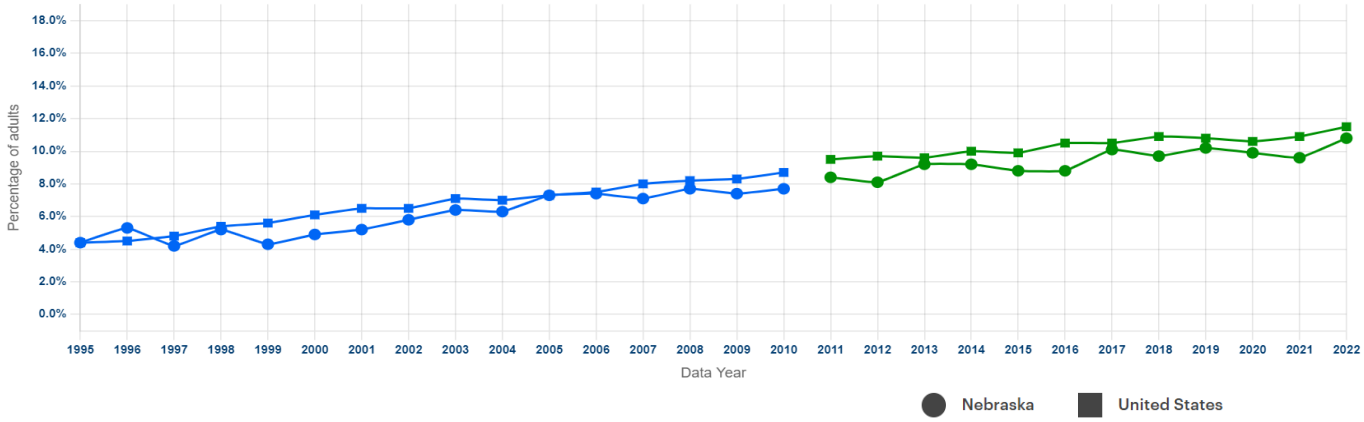


Diabetes/Metabolic Disorders

Diabetes/metabolic disorders were identified as a top health concern by respondents of the Community Health Assessment. People with diabetes are more likely to have health conditions such as hypertension, high cholesterol, and obesity. These conditions can ultimately lead to serious health complications including heart disease, stroke, kidney failure, blindness, nerve damage, and lower limb amputations.

Unfortunately, diabetes has been on the rise nationally, and locally for decades.

Percentage Of Adults Who Reported Ever Being Told By A Health Professional That They Have Diabetes (2022)

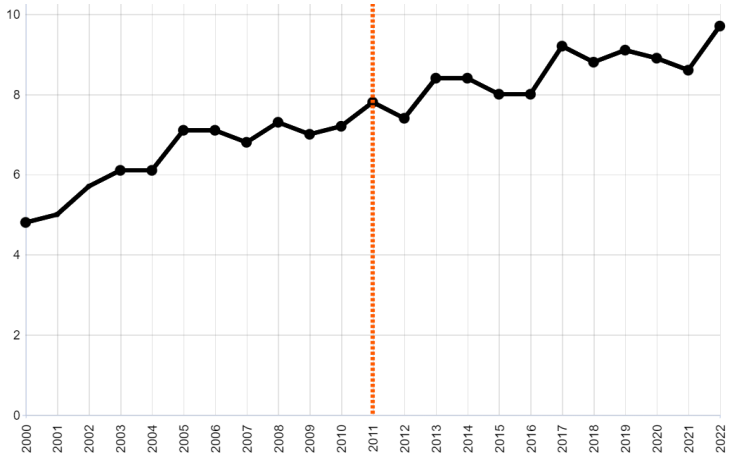


Prevalence

Approximately 145,127 people in Nebraska, or 9.8% of the adult population, have diagnosed diabetes.

- An additional 44,000 people in Nebraska have diabetes but don't know it, greatly increasing their health risk.
- There are 522,000 people in Nebraska, 36.2% of the adult population, who have prediabetes with blood glucose levels that are higher than normal but not yet high enough to be diagnosed as diabetes.
- Every year an estimated 11,611 people in Nebraska are diagnosed with diabetes

Diagnosed Diabetes, Adults Aged 18+ Years, Age-Adjusted Percentage, Nebraska (2022)



Vertical dotted line indicates Major changes to the survey methods in 2011

Diabetes/Metabolic Disorders

According to the Buffalo County Community Partners Diabetes Referral Network:

- 1 in 3 adults has prediabetes; yet 90 percent do not know they have it.
- Without making lifestyle changes, 15-30 percent of people with prediabetes will develop type 2 diabetes within 5 years.
- Only 67.6 percent of Nebraska adults with diabetes have taken a Diabetes Self-Management Course.

Disparities

Diabetes and metabolic disorders disproportionately affect certain groups, including racial and ethnic minorities, low-income communities, older adults, and those with limited access to healthcare. These disparities are often linked to social determinants of health, such as access to nutritious food, safe environments for physical activity, education, and healthcare.

Among U.S. adults aged 18 years or older, age-adjusted data for 2019–2021 indicated that:

- For both men and women, prevalence of diagnosed diabetes was highest among American Indian and Alaska Native adults (13.6%), followed by non-Hispanic Black adults. (12.1%), adults of Hispanic origin (11.7%), non-Hispanic Asian adults (9.1%) and non-Hispanic White adults (6.9%).
- Prevalence varied significantly by education level, which is an indicator of socioeconomic status. Specifically, 13.1% of adults with less than a high school education had diagnosed diabetes versus 9.1% of those with a high school education and 6.9% of those with more than a high school education.
- Adults with family income above 500% of the federal poverty level had the lowest prevalence for both men (6.3%) and women (3.9%).
- For both men and women, prevalence was higher among adults living in nonmetropolitan areas compared to those in metropolitan areas.

Prevalence Of Diagnosed Diabetes By Detailed Race And Ethnicity Among Adults Aged 18 Years+ (2021)

Race and Ethnicity Subgroup	Total Percentage (95% CI)
American Indian or Alaska Native, non-Hispanic	16.0 (12.1–20.6)
Black, non-Hispanic	12.5 (11.6–13.4)
Native Hawaiian or Other Pacific Islander, non-Hispanic	11.7 (7.4–17.2)
Asian, non-Hispanic	9.2 (8.2–10.4)
Asian Indian, non-Hispanic	10.8 (8.3–13.7)
Chinese, non-Hispanic	7.1 (5.2–9.3)
Filipino, non-Hispanic	12.2 (9.4–15.6)
Japanese, non-Hispanic	6.8 (4.1–10.5)
Korean, non-Hispanic	6.1 (3.8–9.1)
Vietnamese, non-Hispanic	6.4 (3.7–10.0)
Other Asian, non-Hispanic	8.9 (5.9–12.8)
Hispanic	10.3 (9.4–11.1)
Mexican or Mexican American	11.1 (9.9–12.3)
Central American	7.3 (5.6–9.4)
South American	5.0 (3.3–7.1)
Puerto Rican	13.3 (11.0–15.9)
Cuban	9.0 (6.5–12.1)
Dominican	9.4 (5.9–14.2)
Other Hispanic, Latino, or Spanish	7.2 (5.5–9.2)
White, non-Hispanic	8.5 (8.2–8.8)

Note: CI = confidence interval. Data sources: National Center for Health Statistics; 2019–2021 National Health Interview Survey.

4

Community Health Resources

Bryan Health

Overview

Community Health Resources

The Community of Kearney and Buffalo County, Nebraska has a wide range of personal health care providers, mental health providers, family practice clinics, other health facilities and medical and dental providers that address the needs of the local population, as well as residents in the surrounding Central Nebraska region. Some of the major providers and resources are listed in this section.

Acute Care Services

Kearney Regional Medical Center
Non-profit, 93 licensed bed, part of Bryan Health, is a Nebraska owned health system with acute inpatient and outpatient services and attached clinic with primary care and specialty providers. Services include cardiology, orthopedics, trauma, obstetrics, NICU, podiatry, gastroenterology, pulmonology, neurology and immunology.
https://www.bryanhealth.com/locations/hospitals/krmc/

CHI Health Good Samaritan Hospital
Non-profit, faith-based care provider affiliated with Catholic Health Initiatives. With 245 licensed beds, CHI Health Good Samaritan's services include: newborn and pediatric care, emergency medicine, orthopedics, neuroscience, oncology, cardiology, and burn and wound care.
https://www.chihealth.com/good-samaritan.html

Richard Young Behavioral Health
Richard Young is a part of the CHI Health Good Samaritan Hospital system with inpatient hospitalization and outpatient clinic services to provide mental health treatment for children, adolescents and adults.
https://www.chihealth.com/en/services/behavioral-care/levels/inpatient/richard-young.html

Heartland Surgery Center
Heartland Surgery Center is an affiliate of CHI Health Good Samaritan. It is a stand-alone outpatient surgery center that provides cardiology, ENT, gastroenterology, urology, podiatry, orthopedic, general surgery, hand surgery, and pain management.
https://heartlandsurgery.com/About-Us/Our-Services

New West Sports and Medicine & Orthopedics Surgery
Surgical services include all musculoskeletal conditions ranging from sports injuries to total joint replacement.

https://www.newwestsportsmedicine.com/

First Care Medical
Locally-owned urgent care is a walk-in clinic available for minor injuries to acute illnesses. https://firstcarekearney.com/

Primary Care Services

Platte Valley Medical Clinic
Part of the KRMC Bryan Health system, services include family practice, internal medicine, cardiology, gastroenterology, gynecology allergy/immunology, neurology, orthopedic surgery, general surgery, podiatry, pulmonology, plastic surgery and wound care.
https://www.bryanhealth.com/locations/profile/platte-valley-medical-clinic/

CHI Health Clinic Kearney
Part of the CHI Health System offering primary care, specialty care and women's health, walk-in or by appointment. A membership-based model featuring a fixed monthly cost is also available.
https://www.chihealth.com/clinic/locations/chi-health-clinic-kearney-clinic.html

Family Practice Associates
A comprehensive medical clinic serving scheduled and walk-in patients. A patient –centered medical home model offering a Patient Care Coordinator team approach to patient health management.
https://www.kearneyfpa.com/

Click Family Healthcare
Direct primary care is offered as a walk-in or scheduled appointment. Services are provided with cash payment model, in addition to excluding per-visit fees and co-pays.
https://www.clickfamilyhealth.com/

Choice Family Health Care
A non-profit community based health care clinic that specializes in reproductive health care and health education for women, men and adolescents. Many services are provided on a sliding fee scale.. No refusal of services due to inability to pay.
https://www.choicefamilyhealthcare.org/home.aspx

Contemporary OBGYN
A full-service women's health clinic offering services in obstetrics, gynecology and mammography.
https://www.cobgyn.com/

Dr. Brad Rodgers Family Practice & Sports Medicine
A privately owned medical clinic specializing in family practice, sports medicine and hormone therapy.
https://www.bradrodgersmd.com/

UNK Student Health
Student Health is a campus health clinic that offers medical care to UNK students.
https://www.unk.edu/offices/counseling_healthcare/health-care/index.php

Forward Family Healthcare
An independent family practice clinic offering unlimited medical care, with a monthly fee care model.
https://forwardfamilyhealthcare.com/

Resources, Support and Advocacy

Help Care Clinic
A non-profit medical clinic receive income based primary health care, who are residents of Buffalo, Kearney and Phelps counties, provided by paid and volunteer staff, by appointment only.
https://helpcareclinic.org/

Kearney Jubilee Center
A non-profit organization offering a thrift store, food pantry, community dinners, rescue food and utilities assistance to the local community.
https://kearneyjubilee.org/

Salvation Army of Kearney
A non-profit organization offering services including, but not limited to disaster relief, holiday giving, LGBTQ support, human trafficking support, veteran's assistance, after-school programs, job training, life skills, utility assistance

Mid-NE Community Action Partnership
A non-profit organization serving 27 counties offering services such as early Head Start, immunizations, affordable housing, weatherization, supplemental food program and food pantry, WIC, RYDE Transit, and senior programs.
https://communityactionmidne.com/

Buffalo County Community Partners
A non-profit organization providing advocacy services including Youth Aadvisory Board, Be Well healthy lifestyle, early childhood collaboration, behavioral health, community unity among other local non-profit organizations. https://bcchp.org/

Region III Behavioral Health Services
A non-profit organization assisting individuals during a mental health crisis, substance abuse and prevention, peer support services, homeless and housing assistance, substance and suicide prevention. https://region3.net/

United Way of the Kearney Area
A non-profit organization offering fundraising and financial assistance to 21 programs, through 13 partner agencies in the Kearney Area.
https://www.uwka.org/

Collage Center
A non-profit organization offering services that include STD testing and treatment, pregnancy testing, OB ultrasounds, abortion information and confidential support.
https://www.collagecenter.com/

SAFE Center
A non-profit organization offering free and confidential services for those affected by dating violence, domestic violence, human trafficking, sexual assault, and stalking while bringing awareness and prevention efforts to all individuals, in Buffalo, Franklin, Harlan, Kearney and Phelps counties.
https://safecenter.org/

Cancer Care Services

CHI Health Regional Cancer Center at Good Samaritan
A comprehensive cancer center, belonging to the CHI Health System.

https://providers.chihealth.com/l/chi-health-regional-cancer-center-at-good-samaritan-2096

Nebraska Medicine Heartland Hematology and Oncology
UNMC affiliated center providing hematology and oncology services.
https://www.nebraskamed.com/kearney-heartland

Behavioral Health Services

Richard Young Behavioral Health
Richard Young is a part of the CHI Health Good Samaritan Hospital system with inpatient hospitalization and outpatient clinic services to provide mental health treatment for children, adolescents and adults.
https://www.chihealth.com/en/services/behavioral-care/levels/inpatient/richard-young.html

Population Health Organizations & Tools

Two Rivers Public Health Department
A locally-governed public health department serving a seven-county area including Dawson, Buffalo, Gosper, Kearney, Phelps, Harlan and Franklin.
https://trphd.ne.gov/

Economic Development Council of Buffalo County
A compilation of business and economic development resources for the Kearney area.

NE Department of Health & Human Services
Provides a range of services throughout the state, including the cleanliness and safety of drinking water, licensing and certifying health care professionals, assisting the elderly and low-income individuals, providing safety to abused and/or neglected individuals, and more.
https://dhhs.ne.gov/Pages/default.aspx

5

Evaluating the Impact of the 2023 Community Health Improvement Plan

Bryan Health

Overview

2019 Community Health Needs Assessment

KRMC was one of many community partners that worked with Two Rivers Public Health Department to complete the 2019 Community Health Survey using the Mobilizing for Action through Planning and Partnership (MAPP) process.

In reviewing this data, along with the unique needs of KRMC, the following priorities were identified for the first-ever Community Health Needs Assessment and subsequent Community Health Improvement Plan created for KRMC in 2022.

Cardiovascular Disease

Nursing Shortage

Access to Care

The following section assesses the efforts and impact of actions Kearney Regional Medical Center has taken in the past few years to address these health needs.

Cardiovascular Disease

Heart Failure: KRMC cares for heart failure patients by providing personalized education for patients in the hospital and after they've left the facility. To help prevent readmission for heart disease, the KRMC Heart Failure Coordinator provides patients in-need with scales, blood pressure monitors and/or O2 to help track vitals. The coordinator also offers community education opportunities on heart failure, other cardiac diseases and comorbidities to empower our community with knowledge on health maintenance and management.

Stroke Administration: Kearney Regional Medical Center earned Primary Stroke Center certification in April 2020 by meeting/exceeding all standards for stroke program accreditation. In KRMC saw/treated 120 stroke patients in 2022 and 136 in 2023.

TAVR: In May 2021, Kearney Regional Medical Center began performing transcatheter aortic valve replacement (TAVR) surgery. This procedure helps patients who have a narrowing of the aortic valve. It is a less-invasive alternative to open heart surgery, making it a preferable option for older patients who may not be a suitable candidate for open heart surgery. As of May 1, 2024, 83 procedures have been completed at KRMC.

Watchman: In 2023 KRMC began offering the Watchman procedure for patients suffering from atrial fibrillation not caused by a heart valve problem (also known as non-valvular AFib). Watchman is a one-time, minimally-invasive procedure where an implant about the size of a quarter is placed on top of the left atrial appendage (LAA), permanently closing it off to keep blood clots from escaping. This procedure will help to reduce strokes, lessen use of blood thinners, and decrease risk of bleeding from falls or minor injuries.

CardioMEMS: In May 2024 KRMC began the CardioMEMS Heart Failure (HF) System. The CardioMEMS HF System offers real-time notification of patient changes and simple, convenient access to secure data for proactive, personalized patient management. It also provides patients with a heightened awareness of the factors affecting their health and a powerful sense of control. The CardioMEMS HF System is proven to reduce heart failure hospitalizations and mortality, as well as improve quality of life for heart failure patients. The data provided by the CardioMEMS HF System allows for proactive changes in medical therapy to be made before heart failure symptoms appear. And the ability to individually set patient thresholds allows physicians to personalize and optimize care and medical management for each patient.

Nursing Shortage

Nurse Residency: In 2018, Kearney Regional Medical Center launched a Nurse Residency Program. This program is designed for new graduates and provides an in-depth orientation program and assistance preparing for the NCLEX board assessment. It provides exposure to various nurse/career tracks, training in leadership and problem-solving, career track placement, and skills certification.

To date, four classes of 60 total students have completed this program, and more are planned in the future.

Workforce Incentives: In January 2022, KRMC and all other Bryan Health entities launched a two-year comprehensive Workforce Incentive Program to approximately 6,500 staff, including: retention incentives, student loan repayment, tuition remission, student loan repayment, shift differentials and more.

General Recruitment Programs: KRMC employs a full-time recruiter that attends multiple career fairs and engages in cold calling and targeted marketing methods to recruit nurses and other staff for KRMC.

Access to Care

Recruitment/Retention of Providers: KRMC is actively growing its provider base to be able to adequately improve patient access. Since 2020, Platte Valley Medical Group, the group that provides physician services at KRMC, has grown 43.75 percent (from 32 providers to 46). They have also added multiple new specialty services such as Allergy/Immunology, Anesthesiology Services, Vascular Services, and more.

Master Facility Planning: To match the pace of growth of provider recruitment/growth that KRMC is experiencing, KRMC broke ground in April 2024 on a $30 million, two-story inpatient addition. This will add 25 more patient rooms, as well as more room for services such as infusion, cardiac rehab, PFT testing, and more. Following the inpatient addition, an expansion of the Medical Office Building/clinic is planned to be able to accommodate more provider services on-site at KRMC.

Outreach Clinics: Platte Valley Medical Clinic operates 15 outreach cardiology clinics in Greater Nebraska and Northern Kansas. By having PVMC providers meet with patients for routine or follow-up appointments in their own community, this greatly decreases travel and other barriers for at-risk patients. This improves the likelihood of patient's heart health being maintained or increasing. In 2021, cardiology outreach providers made 4,679 visits, and in 2022 they increased outreach clinic visits by 5% for a total of4,926 visits.

Cancer Program: In fall of 2023, KRMC broke ground on a joint-venture cancer center that will be located on the KRMC main campus. The cancer center will provide comprehensive oncology and hematology services and help keep care close to home for patients in central/western Nebraska and northern Kansas. The Kearney Cancer Center is anticipated to open in late 2025.

Access to Care

Epic Implementation/MyChart Functionality: In February 2024, KRMC implemented Epic as its Electronic Health Record (EHR) system. The all-encompassing nature of this system helps to ensure care coordination across the health system and among caregivers. Related, Epic's patient portal called "MyChart" allows patients to quickly and easily access health records and test results for themselves and their family, along with many other options.

Telemedicine: KRMC works with Bryan Telemedicine to provide a broad range of on-call consultations and services, including tele-stroke, tele-ICU services, and more.

Free and Discounted Services: Since becoming a nonprofit organization and part of Bryan Health, KRMC is now able to provide free or discounted services to those who cannot pay, along with covering the unreimbursed costs of Medicare, Medicaid and other public programs. In 2023 KRMC provided free and discounted services to 422 accounts, at a value of nearly $345,000.

Health Insurance Subsidy & YMCA Discount: Internally, KRMC provides an additional subsidy for health insurance premiums to employees under a certain wage level. KRMC also provides a monthly subsidy for employee memberships at the Kearney Family YMCA. In 2023, 60 KRMC employees took advantage of this discount.

Clothing Closet: Following the 2023 Employee Campaign, KRMC started a donor-driven clothing closet for discharging patients in need of clothes. These may be trauma patients whose clothes are destroyed, homeless individuals who have no clothes or patients who have no family nearby to get them clothing.

Physician Acceptance of Medicare and Medicaid: KRMC's commitment to accepting Medicare and Medicaid patients into its practices expands the access of physician care in the community.

Community Support and Advocacy: KRMC annually provides nearly $50,000 in contributions to various health and community needs-related causes within Buffalo County and the Kearney area.

Immunization Records: KRMC keeps track of employee immunizations, allowing them to document, track and manage necessary immunizations, based on the CDC and Immunization Action Coalition guidelines.

6

Summary, Next Steps and Adoption/Approval

Bryan Health

Summary, Next Steps and Adoption

Summary: Assessment and Priorities

A description of the health assessment and its corresponding evaluations are addressed in chapter 2. Chapter 3 lists the identification of prioritized significant health needs for the coming three years. As a result of the assessment and identification of significant health needs, Kearney Regional Medical Center is committing to focus implementation strategies on the following needs:

- Challenges to Accessing Healthcare
- Cancer Care
- Diabetes/Metabolic Disorders

Next Steps

The significant health needs put forth in this assessment, along with their evaluated and adjusted objectives and goals, will be the basis of Kearney Regional Medical Center's Community Health Improvement Plan. Furthermore, these needs, objectives, and goals will be assessed and reflected in Kearney Regional Medical Center implementation strategy reports, which will identify resources currently committed to the priority community health needs, as well as additional resources needed to secure improved outcomes at the hospital and in the community.

Adoption/Approval

This community health needs assessment will be submitted to the Kearney Regional Medical Center Board of Trustees for approval and adoption on September 25, 2024.

Appendix

Bryan Health

Sources

Chapter 1: Community Served by Hospital

About Buffalo County

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Cancer Care

Overview

Cancer Burden in Nebraska. UNMC, Nebraska Cancer Coalition, Nebraska Comprehensive Cancer Control Program. Accessed 9/15/24. https://www.unmc.edu/cancercenter/_documents/cancerburdenfinal-2022.pdf

Health Disparities

Cancer Burden in Nebraska. UNMC, Nebraska Cancer Coalition, Nebraska Comprehensive Cancer Control Program. Accessed 9/15/24. https://www.unmc.edu/cancercenter/_documents/cancerburdenfinal-2022.pdf

Diabetes/Metabolic Disorders

Diabetes Trends. "Percentage of adults who reported ever being told by a health professional that they have diabetes." Accessed at "https://www.americashealthrankings.org, Diabetes in Nebraska, Diabetes Trends. Accessed 9/13/24. https://www.americashealthrankings.org/explore/measures/Diabetes/NE

The Burden of Diabetes in Nebraska. American Diabetes Association. Accessed at https://diabetes.org. Accessed 9/13/24. https://diabetes.org/sites/default/files/2023-09/ADV_2023_State_Fact_sheets_Nebraska.pdf

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Chapter 4: Community Health Resources

Acute Care Services

Source: KRMC Subject Matter Experts.

Primary Care Services

Source: KRMC Subject Matter Experts.

Resources, Support and Advocacy

Source: KRMC Subject Matter Experts.

Cancer Care Services

Source: KRMC Subject Matter Experts.

Behavioral Care Services

Source: KRMC Subject Matter Experts.

Population Health Organizations & Tools

Source: KRMC Subject Matter Experts.

Chapter 5: Summary, next Steps and Adoption/Approval

Summary: Assessment and Priorities

Source: KRMC Subject Matter Experts.

Next Steps

Source: KRMC Subject Matter Experts.

Adoption/Approval

Source: KRMC Subject Matter Experts.