



RURAL POLICY RESEARCH INSTITUTE

Center for Rural Health Policy Analysis



## Rural Innovation Profile

### *Health Outside Hospital Walls*

**What:** A community hospital offering healthy living options and filling health services gaps within the community.

**Why:** Changing reimbursement models are expanding hospital care beyond the treatment and recovery of individuals, to include a focus on overall population health. Hospitals are being incented to keep community members healthy.

**Who:** Chadron Community Hospital and Health Services, Chadron, Nebraska.

**How:** Assess community needs and engage as a strong partner to identify and build solutions. Step up to deliver services when community gaps are unmet.

### Key Points

- Look for ways the rural hospital can play a central role in shaping its community. Rural communities must sustain an adequate population base for a hospital to remain financially viable.
- Make population health a priority by supporting health beyond the treatment of disease and conditions. Healthy communities are more likely to thrive than those with unmet needs.
- Structure the board of directors to represent the diversity of the population served.
- Consider whether offering assisted living units is a viable way to address local housing needs and support community health.

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## **CHADRON COMMUNITY HOSPITAL AND HEALTH SERVICES**

Chadron Community Hospital and Health Services (CCHHS) is a general medical and surgical hospital in Chadron, Nebraska, with 25 beds. As well as providing health care to the Nebraska Panhandle region and surrounding communities in South Dakota and Wyoming, the critical access hospital supports 60 community service programs in its 100 square mile service area. CCHHS employs 100 people in its acute care facility, and an additional 108 people working in community programs. The Panhandle region has a higher prevalence of poverty than other parts of Nebraska, with a 15 percent poverty rate in the Chadron area.

Recognizing that a hospital's viability is contingent on having a sufficient population to serve, CCHHS CEO Harold Krueger focuses on all aspects of the community's health, not just hospital-delivered health care.

## **RETAINING A VIABLE POPULATION BASE**

### **Assisted Living Complements Hospital Strategy**

CCHHS owns and operates Prairie Pines Lodge, a facility in Chadron with 26 assisted-living units and 40 independent apartments. As people in Chadron aged, they were moving away because the area lacked sufficient supportive services that would allow them to live safe and healthy lives in their hometown. Community leaders recruited investors to bring in a senior housing investment company to establish an assisted living facility. When the builder went into bankruptcy halfway through construction, CCHHS—the project's largest investor—negotiated a deal to take over the project rather than have the facility stand unfinished and unoccupied.

Prairie Pines Lodge offers retirees a healthy lifestyle option within the Chadron community. It is supported with respite care, dementia care, and long-term care, with in-building clinic services including immunizations, home health, and hospice. The facility helps retain people locally and draws new residents from outside CCHHS's traditional market area. Priced to break even, Prairie Pines Lodge is at capacity with a long waiting list, while other facilities in Nebraska average 50 to 75 percent occupancy. Other Nebraska hospitals provide a limited number of assisted living units, having converted nursing home beds to assisted living with past state grant funding.

### **Train to Retain**

CCHHS funds a large scholarship program. It aims to develop a local skilled workforce and cultivate a commitment for young adults to return after college to live in and support the rural hometown. The program trains four to six nurses every year, and funds students who study for needed roles such as laboratory technician or physical therapist. Committed to training its current workforce, the hospital supports staff in ongoing education and learning.





**“It’s too easy for hospitals to come up with reasons not to fill the gaps in community health services. Health care leadership training talks about everything except taking care of our communities.”**  
*Harold Krueger, CEO*

### **COMMUNITY AS A PRIORITY**

Inspired by health care futurist Leland Kaiser, Krueger says hospital CEOs need to look out their window to understand their community’s needs, then plan services to meet those needs. All CCHHS department directors embrace a similar community-focused philosophy.

The CCHHS board is structured to represent the community it serves. Once made up of only white, male downtown business owners, board members now come from all parts of the community and are as diverse as the hospital’s patients. The CCHHS board supports the hospital’s engagement in community service programs. When grant funds for many of these programs ended, the board provided safety net dollars so the hospital could continue the programming. Annually, the hospital provides \$4.5 million to cover gaps in program funding.

### **Community Service Programs**

CCHHS manages Western Community Health Resources (WCHR), a community action agency that started under the Community Action Partnership of Western Nebraska. When WCHR went bankrupt nearly two decades ago, the community asked CCHHS to assume leadership of the agency. WCHR services programming incorporates health services like immunizations, reproductive health, and HIV testing and counseling; behavioral health; nutrition through the Women, Infants and Children (WIC) food program; family services like car seat safety checks; and diabetes prevention education.

Many of these services are offered in partnership with other hospitals, Chadron State College, and area churches and businesses, such as the local car dealership that supports the CCHHS managed soup kitchen. This broad range of services is funded through numerous grants, with the Nebraska Department of Health and Human Services being a large funder.

Krueger believes it’s too easy for hospitals to come up with reasons not to fill the gaps in community health services. He’d like to see all rural hospitals step up to fill these gaps.

For more information about the Rural Health Value project, contact:

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