

CHNA IMPLEMENTATION PLAN TACTICS – Sheridan County Health Complex (SCHC)
3-Year CHNA Health Needs
2015 - 2018

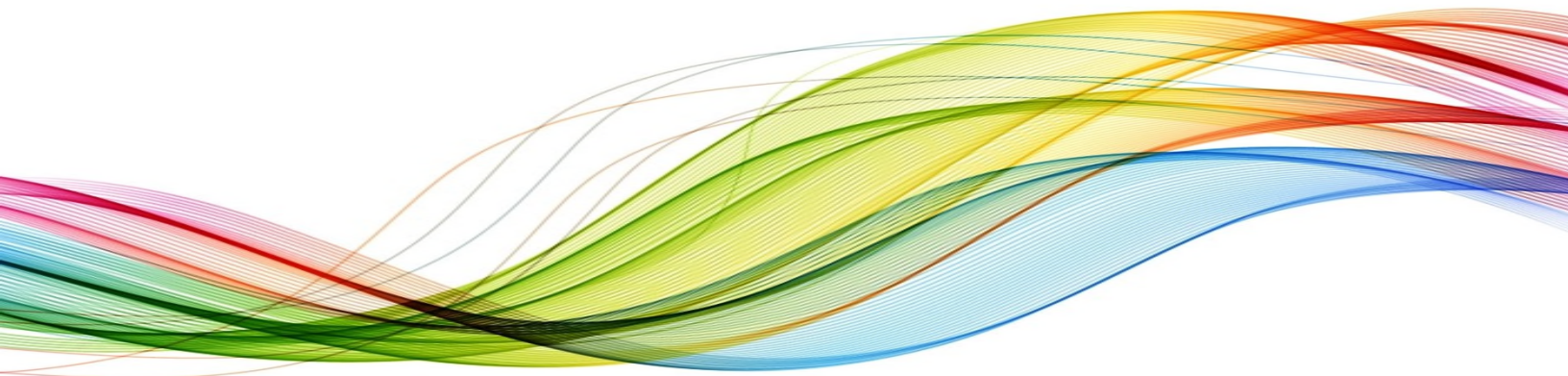
In May 2015, the Sheridan County Community Health Needs Assessment Round #2 was completed. A town hall meeting was held at the Bowen Scout House with 30 participants in attendance.

#	CHNA Health Areas of Need	T	“Specific Actions” to address Community Health Need or “Reasons Why Hospital Will Not” Address need.	Identified “Lead”	Identified Partners	Timeframe
1.	Provide Primary Care Physicians (at least one full-time)who lives here	a.	Ongoing recruitment with contingency firms	Sheridan County Health Complex		Ongoing
		b.	Dr. Nemechek hired	Sheridan County Health Complex		07/01/2016
		c.	Recruit new physician	Sheridan County Health Complex	KU, Career Fairs	Ongoing
		d.				
2.	Increase Child Care Options	a.	Hospital will participate in local conversations about child care options		Community members/SCHC	Ongoing
		b.				
		c.				
		d.				
3.	Continue Facility Upgrade	a.	CGID Architecture & BD construction hired for addition/renovation (\$18 million)	Sheridan County Health Complex	Community taskforce/County Commissioners	Vote on 04/2016
		b.	Revise Building project (\$7.8 million)	Sheridan County Health Complex	CGID/County of Sheridan	Ongoing
		c.	Acute wing renovation	Sheridan County Health Complex	Community members/CGID/County of Sheridan	10/2017-10/2019

		d.				
4.	Provide more Specialists (Neuro, Derm, Pulm, ENT, Cardiac, Urology)	a.	Meet with Great Plains/CMCI	SCHC Administration	SCHC/CMCI/Great Plains	Ongoing
		b.	Dr. Gable	SCHC	SCHC/CMCI	
		c.	Dr. Markiewicz	SCHC	SCHC/Great Plains	
5.	Develop More Affordable Housing Options	a.	This health need is not a part of Hospital Mission of Critical Operations. Will partner with others as appropriate.		Community/Business owners/Realtors	
		b.				
6.	Increase Number of Volunteer EMTs	a.	This need is not a part of Hospital Mission of Critical Operations. Will partner with others as appropriate.	EMS	SC EMS/County Commissioners	Ongoing
		b.				
		c.				
		d.				



Community Health Needs Assessment Sheridan County Health Complex Sheridan County (KS)



June 2018

**VVV Consultants LLC
Olathe, KS**

I.Executive Summary

Sheridan County, KS-2018 Community Health Needs Assessment (CHNA) Wave#3

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders and providers, along with the local residents, to research and prioritize county health needs and document community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years.

Sheridan County Health Complex - Sheridan County, KS was published in May of 2015. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). This Wave #3 CHNA assessment was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

Important CHNA Benefits for both the local hospital and the health department, as well as for the community, are as follows: 1) Increases knowledge of community health needs and resources 2) Creates common understanding of the priorities of the community’s health needs 3) Enhances relationships and mutual understanding between and among stakeholders 4) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community 5) Provides rationale for current and potential funders to support efforts to improve the health of the community 6) Creates opportunities for collaboration in delivery of services to the community and 7) Provides guidance to the hospital and local health department for how they can align their services and community benefit programs to best meet needs, and 8) fulfills Hospital “Mission” to deliver quality health care.

Year 2018 Sheridan County “Community Health Improvements Needs”

Sheridan County Health Complex PSA				
Wave #3 CHNA - 2018 Town Hall Priorities (47 Attendees, 142 Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Hospital Facility Upgrades / Expansion	38	26.8%	26.8%
2	Drug Abuse (Marijuana, Meth & Opioids)	20	14.1%	40.8%
3	Economic Development	17	12.0%	52.8%
4	Awareness of HC Services	16	11.3%	64.1%
5	Affordable Rental Housing	14	9.9%	73.9%
6	Obesity (Healthily Foods / Exercise)	8	5.6%	79.6%
Total Votes:		142	100.0%	
Other Items Noted: Drinking, Organized Adult/ H.S. Activities, Dental Care, Respiratory Therapy, Diabetes, Out of State Transportation, HC Volunteers, and Collaboration with schools.				

Sheridan County CHNA Town Hall “Community Health Strengths” cited are as follows:

Sheridan County Health Complex - Community Health "Strengths"			
#	Topic	#	Topic
1	Hospital	10	School Systems
2	Clinic	11	Safe Community
3	FQHC	12	Sheridan County Wellness Center
4	Public Health	13	Children Recreations - Elementary and Down
5	Availability to get appointments	14	Pharmacies
6	Hospital Administration always looking to improve	15	Living Environment
7	Community Support/Collaboration	16	Community Transportation
8	Access to Healthy Foods	17	Full Time Physician
9	Good EMS	18	Telemedicine - AVERA in the ER

Key CHNA Wave#3 Secondary Research Conclusions are as follows:

KS HEALTH RANKINGS: According to the 2018 RWJ County Health Rankings, Sheridan County is ranked in the top third of Kansas in Physical Environment and Social & Economic Factors.

TAB 1. The population estimate in Sheridan County is 2,509 with a population per square mile of 2.9. 5.4% of the population is under the age of 5 and 23.7% of the population is over age 65. 49.8% of Sheridan is Female. Sheridan has 4.7% of their population as Hispanic or Latino and 4.3% of Sheridan speak a language other than English at home. Single parent households have increased to 20%. There are 210 Veterans in Sheridan County.

TAB 2. Per capita income for Sheridan is \$28,733 with 10.9% of the population in poverty. There are 304 firms in Sheridan and an unemployment rate of 2.3%. 1,260 total housing units and a severe housing problem at 6%. Limited access to healthy foods and low income and low access to a store have both decreased to 10% and 2.5% respectively.

TAB 3. Children eligible for free or reduce-priced lunches at school has increased to 38%. Students graduating from high school in Sheridan is 89.7% and 24% continue on to get their bachelor’s degree of higher.

TAB 4. The percent of mothers starting prenatal care in the first trimester has dropped to 79.5%. Infants up to 24 months old getting full immunizations has increased to 84%. Births occurring to unmarried woman dropped to 16.9% and 6.8% of births occur to Teens. 7.2% of births occurred to mothers who smoked during their pregnancy.

TAB 5. 87% of patients would give their hospital a rating of 9 or 10 out of 10. 84% would recommend their hospital to others. The average ER wait time is 19 minutes.

TAB 6. Depression is rising in Sheridan to 18.3% of Medicare population receiving treatment.

TAB 7. 32% of Sheridan population is obese. 27% of the population is physically inactive. Excessive drinking has increased to 14% and smoking has increased to 16%. Hypertension in Sheridan is high at 62.7% of the Medicare population. Chronic Kidney disease has increased to 14.2% as well as asthma increasing to 7.3%. Osteoporosis has decreased to 9.1%.

TAB 8. The number of uninsured adults in Sheridan County is 14%.

TAB 9. Life expectancy in Sheridan for Males is 77.5 and 82.7 for Females. The age-adjusted Cancer Mortality Rate has increased to 152.2. The ag-adjusted Heart Disease Mortality Rate has decreased to 121.2. Alcohol-impaired driving deaths have increased to 60%.

TAB 10. 63.5% of Sheridan has access to exercise opportunities. 88% of diabetics monitor their diabetes and 69% of the female population gets annual mammography screenings.

Key 2018 Community Feedback Conclusions: Stakeholder feedback from residents, community leaders and providers (N=67) provided the following community insights via an online perception survey:

- Using a Likert scale, 78.7% of Sheridan County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Sheridan County stakeholders are satisfied with the following services:
- Sheridan County stakeholders perceive Limited access to Mental Health and a Lack of awareness of existing local programs, providers, and services to be the highest root causes of poor health.
- When considering past CHNA needs, Specialists; Wellness/Prevention; Alcohol Abuse continue as an ongoing problem and pressing.

CHNA Wave #3		Ongoing Problem		Pressing
Past CHNAs health needs identified		Sheridan N=61		Sheridan
Rank	Topic	Votes	%	Trend
1	Specialists	20	13.6%	1
2	Wellness/ Prevention	18	12.2%	2
3	Alcohol Abuse	16	10.9%	5
4	Child Care	16	10.9%	7
5	Drug / Substance Abuse	16	10.9%	3
6	Awareness of existing HC services	14	9.5%	6
7	Housing	14	9.5%	4
8	Home Health/ Hospice Services	12	8.2%	9
9	Clinic Hours	8	5.4%	10
10	Integration of Health Care Services	8	5.4%	8
11	Health Care Transportation	5	3.4%	11
TOTALS		147	100.0%	

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II. Methodology

[VVV Consultants LLC]

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a) CHNA Scope and Purpose

The federal Patient Protection and Affordable Care Act (ACA) requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs. Any hospital who has filed a 990 is required to conduct a CHNA. IRS Notice 2011-52 was released in late fall of 2011 to give notice and request comments.

JOB #1: Meet/Report IRS 990 Required Documentation

1. A description of the community served by the facility and how the community was determined;
2. A description of the process and methods used to conduct the CHNA;
3. The identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA;
4. A description of how the organization considered the input of persons representing the community (*e.g., through meetings, focus groups, interviews, etc.*), who those persons are, and their qualifications;
5. A prioritized description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and
6. A description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Section 501(r) provides that a CHNA must take into account input from persons who represent the broad interests of the community served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: Government agencies with current information relevant to the health needs of the community and representatives or members in the community that are medically underserved, low-income, minority populations, and populations with chronic disease needs. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (*e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.*).

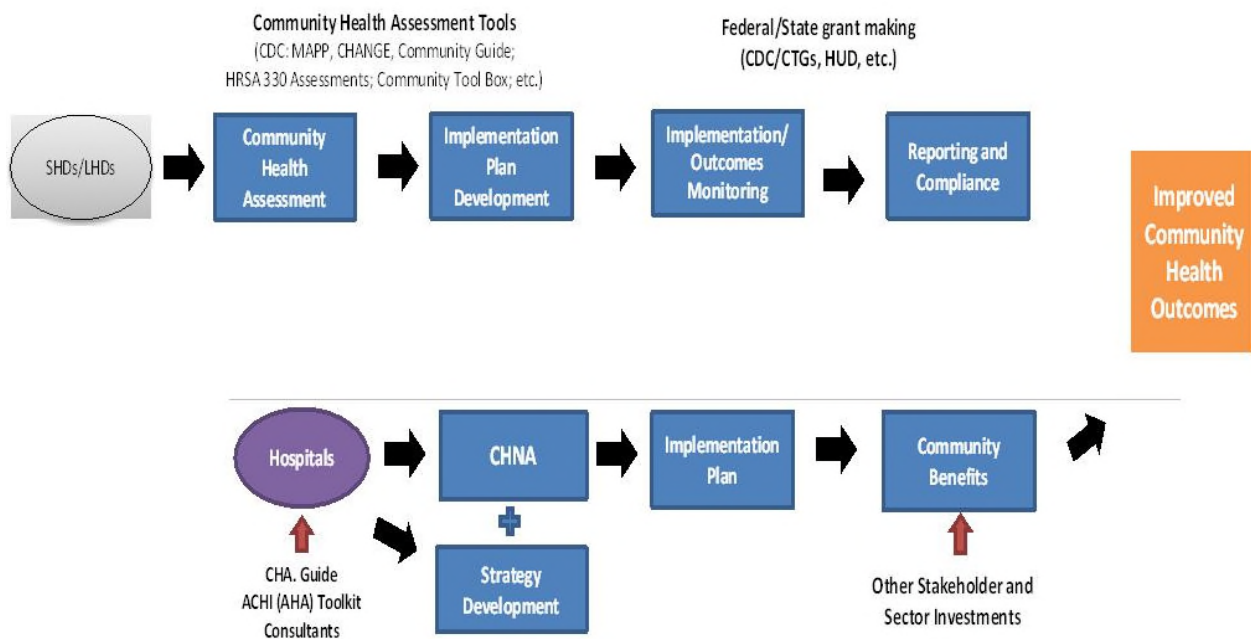
JOB #2: Making a CHNA Widely Available to the Public

The Notice provides that a CHNA will be considered to be "conducted" in the taxable year that the written report of the CHNA findings is made widely available to the public. The Notice also indicates that the IRS intends to pattern its rules for **making a CHNA "widely available to the public"** after the rules currently in effect for Form 990. Accordingly, an organization would make a **facility's written report** widely available by posting the final report on its website either in the form of (1) the report itself, in a readily accessible format or (2) a link to another organization's website, along with instructions for accessing the report on that website. *The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

JOB #3: Adopt an Implementation Strategy by Hospital

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. The Notice defines an “implementation strategy” as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it. A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Great emphasis has been given to work hand-in-hand with leaders from hospitals, the state health department and the local health department. A common approach has been adopted to create the CHNA, leading to aligned implementation plans and community reporting.



IRS Notice 2011-52 Overview

Notice and Request for Comments Regarding the Community Health Needs Assessment Requirements for Tax-exempt Hospitals

Applicability of CHNA Requirements to “Hospital Organizations”

The CHNA requirements apply to “hospital organizations,” which are defined in Section 501(r) to include (1) organizations that operate one or more state-licensed hospital facilities, and (2) any other organization that the Treasury Secretary determines is providing hospital care as its principal function or basis for exemption.

How and When to Conduct a CHNA

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three taxable years. ***The CHNA must take into account input from persons representing the community served by the hospital facility and must be made widely available to the public. The CHNA requirements are effective for taxable years beginning after March 23, 2012.*** As a result, a hospital organization with a June 30 fiscal year end must conduct an initial CHNA for each of its hospital facilities by June 30, 2013, either during the fiscal year ending June 30, 2013 or during either of the two previous fiscal years.

Determining the Community Served

A CHNA must identify and assess the health needs of the **community served** by the hospital facility. Although the Notice suggests that geographic location should be the primary basis for defining the community served, it provides that the organization may also take into account the target populations served by the facility (e.g., children, women, or the aged) and/or the facility’s principal functions (e.g., specialty area or targeted disease). *A hospital organization, however, will not be permitted to define the community served in a way that would effectively circumvent the CHNA requirements (e.g., by excluding medically underserved populations, low-income persons, minority groups, or those with chronic disease needs).*

Persons Representing the Community Served

Section 501(r) provides that a CHNA must take into account input from **persons who represent the broad interests of the community** served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: (1) government agencies with current information relevant to the health needs of the community and (2) representatives or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility’s defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc).

Required Documentation

The Notice provides that a hospital organization will be required to separately document the CHNA for each of its hospital facilities in a **written report** that includes the following information: 1) a description of the community served by the facility and how the community was determined; 2) a description of the process and methods used to conduct the CHNA; 3) the identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA; 4) a description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications; 5) a prioritized description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and 6) a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Making a CHNA Widely Available to the Public

The Notice provides that a CHNA will be considered to be “conducted” in the taxable year that the written report of the CHNA findings is made **widely available to the public**. The Notice also indicates that the IRS intends to pattern its rules for making a CHNA “widely available to the public” after the rules currently in effect for Forms 990. *Accordingly, an organization would make a facility’s written report widely available by posting on its website either (1) the report itself, in a readily accessible format, or (2) a link to another organization’s website, along with instructions for accessing the report on that website. The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

How and When to Adopt an Implementation Strategy

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. **The Notice defines an “implementation strategy” as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need, or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it.** A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Under the Notice, an implementation strategy is considered to be “adopted” on the date the strategy is approved by the organization’s board of directors or by a committee of the board or other parties legally authorized by the board to act on its behalf. Further, the formal adoption of the implementation strategy must occur by the end of the same taxable year in which the written report of the CHNA findings was made available to the public. For hospital organizations with a June 30 fiscal year end, that effectively means that the organization must complete and appropriately post its first CHNA no later than its fiscal year ending June 30, 2013, and formally adopt a related implementation strategy by the end of the same tax year. *This final requirement may come as a surprise to many charitable hospitals, considering Section 501(r) contains no deadline for the adoption of the implementation strategy.*

IRS and Treasury Finalize Patient Protection Rules for Tax-Exempt Hospitals

ACCOUNTING TODAY 1/2/15

The Internal Revenue Service and the Treasury Department have issued **final regulations** under the Affordable Care Act to protect patients in tax-exempt hospitals from aggressive debt collection practices and to provide other rules for charitable hospitals.

Under the **final regulations**, each Section 501(c)(3) hospital organization is required to meet four general requirements on a facility-by-facility basis: establish written financial assistance and emergency medical care policies; limit the amounts charged for emergency or other medically necessary care to individuals eligible for assistance under the hospital's financial assistance policy; make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy before engaging in extraordinary collection actions against the individual; and conduct a community health needs assessment, or CHNA, and adopt an implementation strategy at least once every three years. The first three requirements are effective for tax years beginning after March 23, 2010 and the CHNA requirements are effective for tax years beginning after March 23, 2012.

The ACA also added a new Section 4959, which imposes an excise tax for failure to meet the CHNA requirements, and added reporting requirements. These final regulations provide guidance on the entities that must meet these requirements, the reporting obligations relating to these requirements and the consequences for failing to satisfy the requirements. "Charitable hospitals represent more than half of the nation's hospitals and play a key role in improving the health of the communities they serve," wrote Emily McMahon, Deputy Assistant Secretary for Tax Policy at the U.S. Department of the Treasury, in a **blog post** Monday explaining the requirements. "But reports that some charitable hospitals have used aggressive debt collection practices, including allowing debt collectors to pursue collections in emergency rooms, have highlighted the need for clear rules to protect patients. For hospitals to be tax-exempt, they should be held to a higher standard. That is why the Affordable Care Act included additional consumer protection requirements for charitable hospitals, so that patients are protected from abusive collections practices and have access to information about financial assistance at all tax-exempt hospitals."

She noted that as a condition of their tax-exempt status, charitable hospitals must take an active role in improving the health of the communities they serve, establish billing and collections protections for patients eligible for financial assistance, and provide patients with the information they need to apply for such assistance. "These final rules adopt the same framework of proposed regulations but simplify the compliance process for charitable hospitals, while continuing to provide meaningful guidance on protections for patients and requirements to assess community health needs," she added.

Under the new rules, hospitals cannot charge individuals eligible for financial assistance more for emergency or other medically necessary care than the amounts generally billed to patients with insurance (including Medicare, Medicaid, or private commercial insurance). In addition, every tax-exempt hospital must establish and widely publicize a financial assistance policy that clearly describes to patients the eligibility criteria for obtaining financial assistance and the method for applying for financial assistance.

Charitable hospitals are also prohibited from engaging in certain collection methods (for example, reporting a debt to a credit agency or garnishing wages) until they make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy.

In addition, each charitable hospital needs to conduct and publish a community health needs assessment at least once every three years and disclose on the tax form that it files on an annual basis the steps it is taking to address the health needs identified in the assessment.

Many of the requirements have been in place since the Affordable Care Act passed in 2010, but in response to comments on the proposed regulations, the final rules also expand access to translations for patients, by lowering the threshold for having translations of financial assistance policies available from 10 percent of the community served as proposed, to five percent of the community served or population expected to be encountered by the hospital facility, or 1000 persons, whichever is less, according to McMahon. "The final rules also revise the notification requirements to maintain important protections for patients while making it easier for hospitals to comply with them," she wrote. "General notifications regarding a hospital's financial assistance policy must appear on bills and in the hospital. However, individual written and oral notifications of the hospital's financial assistance policy are now only required when a hospital plans to use extraordinary collections actions, such as reporting a debt to a credit bureau, selling the debt to a third party or garnishing wages."

While charitable hospitals must continue to make a good-faith effort to comply, the rules provide charitable hospitals with time to fully update their policies and programming to implement the changes. But if a charitable hospital fails to meet the consumer protection provisions required by the law, the hospital could have its tax-exempt status revoked. If a hospital fails to properly conduct a community health needs assessment or adopt an implementation strategy, an excise tax will apply, McMahon noted. "However, if a hospital fails to meet a requirement, but the failure is neither willful nor egregious, the hospital can correct and publicly disclose the error to have it excused, thus avoiding revocation of tax-exempt status, but the excise tax would still apply," she wrote.

CHNA NEWS: IRS Makes First Revocation of Hospital Not-for-Profit Status Under 501(r)

RICH DALY, HFMA SENIOR WRITER/EDITOR

Aug. 15, 2017—Charity-care reporting requirements under the healthcare reform law may have gone into effect only last October, but already one hospital has lost its not-for-profit tax status as a result. The first-time tax-status revocation under Affordable Care Act (ACA) 501(r) requirements applied to a “dual-status” 501(c)(3) hospital operated by a “local county governmental agency” and was confirmed by a redacted copy of the [tax status letter](#), which was dated Feb. 14, 2017, and posted to the IRS website in August. Neither an IRS spokeswoman nor the redacted letter identified the hospital. Loss of the 501(c)(3) exemptions eliminates the ability of hospitals to use certain employee benefit plans; likely subjects hospitals to income, property, and other taxes; bars receipt of tax-deductible contributions; and disallows use of tax-exempt bonds.

The 501(r) requirements on performing community health needs assessments (CHNAs) and offering financial assistance became effective for tax years beginning on or after Dec. 29, 2015, meaning tax-exempt hospitals operating on the calendar had to be in compliance by Jan. 1, 2016, and those with a different fiscal-year end had to be in compliance by Oct. 1, 2016.

The only enforcement information previously released by the IRS was a June 2016 letter to Sen. Charles Grassley (R-Iowa), which noted that at that point the IRS had completed 2,482 compliance reviews under 501(r). Additionally, 163 hospitals were assigned for “examination” as a result of those compliance reviews, but no further actions were identified.

The ACA requires the IRS to review the community-benefit activities of about 3,000 tax-exempt hospitals at least once every three years. This was the first time that Keith Hearle, president, Verité Healthcare Consulting, LLC, Alexandria, Va., had heard of an instance in which a hospital lost its not-for-profit status over 501(r) requirements. He has heard of several others that incurred the \$50,000 excise tax for failing to meet the CHNA requirement.

“I would be surprised if it is a one-off,” said Hearle, who has been expecting more IRS enforcement after his own reviews indicated widespread hospital vulnerability due to poor compliance.

Reasons for Revocation

Hospital 501(r) requirements include:

- Conducting a CHNA at least once every three years
- Making the CHNA publicly available on a website
- Adopting an implementation strategy to meet the needs identified in the CHNA
- Adopting a financial assistance policy and publicizing the policy, including by posting it on a website
- Limiting the amounts charged to individuals who are eligible for financial assistance
- Making individuals aware of the financial assistance policy prior to engaging in certain collection actions

Among the reasons for the IRS action against the county government hospital was its finding that the hospital did not make the CHNA widely available to the public through a website, although it had paper copies available on request. “The hospital indicated to the IRS that it might have acted on some of the recommendations included in the Implementation Strategy Report, but that a separate written implementation policy was neither drafted nor adopted,” the IRS letter stated.

Officials at the small rural hospital said they lacked the staffing to comply with 501(r) requirements. They also said they “really did not need, actually have any use for, or want their tax-exempt status under Section 501(c)(3),” according to the IRS letter. The hospital believed its tax-exempt status somehow prevented its involvement in certain payment arrangements. It had maintained 501(c)(3) status “only in case any liabilities arose relating to the prior management company that had originally obtained that status from the IRS.”

The IRS deemed the hospital’s failure “egregious” because its leaders had “neither the will, the resources, nor the staff to follow through with the” 501(r) requirements.

Widespread Vulnerability

Industry advisers worry that many hospitals could be vulnerable to IRS enforcement—if not tax-status revocation—under the new requirements. “A lot of them just assume that what they have, in terms of policy and procedure, suffices under the final regulations and have not done a lot,” said Andrew Kloeckner, a partner for Omaha-based law firm Baird Holm.

Even hospitals that have taken steps to become compliant with the requirements can face downsides, including complications with their collection efforts, which in turn can delay cash flow, Kloeckner said.

Jan Smith, a tax senior manager in Crowe Horwath’s Healthcare practice, indicated that the likelihood of a similar penalty or the likelihood of this determination setting a precedent at other hospitals may be limited. This is due to the unusual position taken by the revoked hospital’s officials that they didn’t need or want charitable status (in addition to governmental status).

“If hospitals are making a good-faith effort to comply, I would be surprised if the IRS would revoke their tax status at this stage of 501(r) examinations,” Smith said in an interview. However, she is aware of several health systems that the IRS is seeking to penalize under the CHNA tax provision.

The IRS’s 501(r) compliance reviews include the agency’s analysis of hospital websites and “other information designed to identify the hospitals with the highest likelihood of non-compliance.” IRS Commissioner John Koskinen stated in his 2016 letter to Grassley.

Justin Lowe, senior manager with the Exempt Organizations Tax Practice at Ernst & Young, underscored that hospital websites are among the publicly available information that the IRS reviews. He urged hospitals to make sure that all required documents, including the CHNA and financial assistance policy, are on the website and easily findable. Insufficient approaches to 501(r) compliance, Kloeckner said, include instances when hospitals purchase financial assistance policy templates that are provided by a consultant and not submitted for legal review, potentially leaving audit vulnerabilities. Kloeckner also urged attention on practices and procedures outside of the policies.

Small government-operated hospitals are among the most vulnerable to enforcement, Hearle said, because they may not be required to file Form 990, which provides reminders about 501(r) compliance requirements. “It’s a group of hospitals I’m concerned about,” Hearle said.

Among the financial assistance requirements with which hospitals are most likely to struggle, Hearle said, is making available lists of physicians who are associated with the hospital and who utilize the same charity care policies.

“Patients obtaining charity care from a hospital want to find physician groups through which they can get the same charity care, as opposed to some group that doesn’t offer charity care,” Hearle said.

Public Health Criteria:

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community.

Domain 1 focuses on the assessment of the health of the population in the jurisdiction served by the health department. The domain includes: systematic monitoring of health status; collection, analysis, and dissemination of data; use of data to inform public health policies, processes, and interventions; and participation in a process for the development of a shared, comprehensive health assessment of the community.

DOMAIN 1 INCLUDES FOUR STANDARDS:

- **Standard 1.1** - Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment
- **Standard 1.2** - Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and on the Health Status of the Population
- **Standard 1.3** - Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors That Affect the Public's Health
- **Standard 1.4** - Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions

Seven Steps of Public Health Department Accreditation (PHAB):

1. Pre-Application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

II. Methodology

b) Collaborating CHNA Parties

Working together to improve community health takes collaboration. Listed below is an in depth profile of the local hospital and Health Department CHNA partners:

Sheridan County Health Complex Profile

826 18th St, PO Box 167, Hoxie, KS 67740
Administrator: Niceta Farber

History: Sheridan County Hospital was opened in 1952. The facility currently consists of an 18-bed Critical Access Hospital with an attached FQHC (Hoxie Medical Clinic) a 32-bed long term care unit and eight (8) assisted living apartments. SCHC is located in Hoxie, KS in northwest Kansas. Hoxie is the county seat for Sheridan County. Sheridan County is classified as a frontier county and has a population of approximately 2,550 people. Hoxie has a population of 1,250.

Mission Statement: To excel at providing quality healthcare close to home.

Vision Statement: Strengthening relationships by providing exceptional healthcare from the heart.

Sheridan County Health Complex offers the following services to its community:

- Outpatient Services
- Specialty Clinics
- Laboratory
- Radiology
- Physical Therapy
- Dietary

Each year, hundreds of people seek medical services at the Sheridan County Health Complex which includes the Sheridan County Hospital, Hoxie Medical Clinic, Long Term Care Unit and Assisted Living Unit. Our staff is committed to improving the health and wellbeing of all those in Sheridan County and the surrounding region. The programs and services we provide go beyond statistics and numbers, as we often serve those who do not have the means to pay for needed health care services.

The Hoxie Medical Clinic, FQHC provides a safety net for vulnerable populations who have no health insurance. We provide all individuals, whether they have insurance or not, with expert medical care and access to the latest medical technologies. The FQHC has fully integrated behavioral health and is planning expansion into dental outreach services. The FQHC has a sliding fee scale with a nominal fee so that no one is denied access to care.

The Sheridan County Health Complex offers a variety of free or low cost educational programs, support groups and health screenings each year. We provide a variety of direct health care services that are not profitable, but fulfill a great need in the community and region. We offer educational opportunities to physicians and health professionals throughout the region. We remain active in community organizations and endeavors that benefit us all.

Sheridan County Public Health Profile

940 8th St, Hoxie, KS 67740

Phone: 785-675-2101

The Sheridan County Public Health Department is open Monday-Friday from 8:30 am to 12:30 pm and from 1:00 pm to 5:00 pm.

Offerings:

- Urinalysis
- Foot Care
- Ear Care
- Blood Pressure Checks
- Vaccinations
- Education Regarding Public Health
- Emergency Preparedness
- Healthy Start
- Quit Smoking Guides
- Bob Box Supplier
- Maternal Child Health
- WIC
- Breastfeeding Guides and Help
- KanBeHealthy
- Diabetic Consult and Education
- Urine Drug Screen
- Ear/Throat Assessment
- Employee Physical
- Safe Haven for Unwanted or Abandoned Children
- Health Screenings
- Health Promo Pack
- Skin Cancer Assessment
- Height/Weight/BMI
- Breast Exam
- Heart Health Screening
- Nurse Consult
- Physical for Daycare
- RX Med for Allergy Shot or Other RX Injections
- Wound Care Bandage Change
- O2 Sat Reading
- Urine Pregnancy Test
- HCG Blood Test
- Shaving of Body Hair
- Suture Removal
- TB Skin Test
- UA
- Kindergarten Screening
- Preschool screening
- Home Visits
- Immunization Administration
- Flu Vaccine
- Labs

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications



VVV Consultants LLC

Company Profile: 601 N. Mahaffie, Olathe, KS 66061 (913) 302-7264

Vince Vandehaar MBA, Principal Consultant & Adjunct 913-302-7264

VVV@VandehaarMarketing.com

Vince provides professional business consulting services to help healthcare organizations with business strategy, research and development. Specifically, Vince facilitates strategic planning, creates proven marketing plans/tactics, prepares IRS aligned community health needs assessments and conducts both qualitative and quantitative market research studies.

Vince started his consulting firm (VVV Consultants LLC) on 1/1/2009, after working for Saint Luke's Health System of Kansas City for 16 years. (Note: Saint Luke's Hospital of KC, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003). Prior to his experience at Saint Luke's, Vince worked in the payor and insurance industry for Blue Cross and Blue Shield of Kansas City; Tillinghast, a Tower's Perrin Actuarial Consulting Firm; and Lutheran Mutual Life Insurance Company.

Vince also is an Adjunct Professor teaching BA, MBA & MHA classes part time 20% of his time at Avila, Rockhurst and/or Webster University (Strategic Planning, Marketing, MHA Capstone, Marketing Research, Sales & Social Media classes) and consults the remainder of his time.

Vince is a Malcolm Baldrige coach and a professional focus group moderator. He is actively involved in the national Society for Healthcare Strategy & Market Development (SHSMD), KHA/MHA Marketing Associations, KC Employee Benefit Professional Association, Healthcare Executives Kansas City, the American Marketing Association KC Chapter and is a SG2 advocate.

Collaborating Support:

Heather Marine, BA CNA - VVV Consultants LLC

Collaborative Analyst

II. Methodology

c) CHNA and Town Hall Research Process

Wave #3 Community Health Needs Assessment (CHNA) process began in January 2018 for Sheridan County Health Complex to meet IRS CHNA requirements.

In early January of 2018 a meeting was called (hosted) by Sheridan County Health Complex to review possible CHNA collaborative options. Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps. Outcomes from discussion lead to SCHC Administration requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

- Document Hospital Primary Service Area - meets the 80-20 Patient Origin Rule.
- Uncover / document basic secondary research county health data, organized by 10 tabs.
- Conduct / report CHNA Community Check-in Feedback Findings (primary research).
- Conduct a Town Hall meeting to discuss with community secondary & primary data findings leading to determining (prioritizing) county health needs.
- Prepare & publish CHNA report which meets ACA requirements.

To ensure proper PSA Town Hall representation (that meets the 80-20 Patient Origin Rule), a patient origin three-year summary was generated documenting patient draw by zips as seen below:

Sheridan County Health Complex - Sheridan Co: Defined based on historical KHA IP/ER/OP patient origin					
Home County Share	Sheridan	SCHC	PSA	Others	%
SCHC Overall - 3 yr	392	319	81.4%	73	18.6%
Total Inpatient (PO 103)					
-FFY 2017	177	132	74.6%	45	25.4%
-FFY 2016	105	89	84.8%	16	15.2%
-FFY 2015	110	98	89.1%	12	10.9%
Total Outpatient (TOT223)					
-FFY 2017	6722	5868	87.3%	854	12.7%
-FFY 2016	6526	5769	88.4%	757	11.6%
-FFY 2015	6499	6499	88.0%	0	0.0%
ER Only (TOT223)					
-FFY 2017	496	452	91.2%	44	8.8%
-FFY 2016	458	423	92.3%	35	7.7%
-FFY 2015	520	481	92.5%	39	7.5%

Source: KHA Hospital Assoc

Specific CHNA roles, responsibility and project timelines are document by the following calendar.

To meet IRS aligned CHNA requirements and meet Public Health accreditation criteria stated earlier, a four-phase methodology was followed:

Phase I—Discovery:

Conduct a 30-minute conference call with the CHNA county health department and hospital clients. Review / confirm CHNA calendar of events, explain / coach clients to complete required participant database and schedule / organize all Phase II activities.

Phase II—Qualify Community Need:

A) Conduct secondary research to uncover the following historical community health status for the primary service area. Use Kansas Hospital Association (KHA), Vital Statistics, Robert Wood Johnson County Health Rankings, etc. to document current state of county health organized as follows:

TAB 1. Demographic Profile
TAB 2. Economic/Business Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospitalization / Providers Profile
TAB 6. Behavioral Health Profile
TAB 7. Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

B) Gather primary research (stakeholder feedback) to uncover public health needs, practices and perceptions for primary service areas.

Phase III—Quantify Community Need:

Conduct a 90-minute Town Hall meeting with required community primary service area residents. At each Town Hall meeting, CHNA secondary data will be reviewed, facilitated group discussion will occur and a group ranking activity to determine the most important community health needs was administered.

Phase IV—Complete Data Analysis and Create Comprehensive Community Health Needs Assessment:

Post CHNA report findings to meet both PHAB & IRS CHNA criteria.

After consideration of CHNA stakeholders (sponsoring county health department and hospital), the CHNA Option C was selected with the following project schedule:

Phase I: Discovery.....	Jan 2018
Phase II: Secondary / Primary Research.....	Jan-Feb 2018
Phase III: Town Hall Meeting.....	March 11, 2018
Phase IV: Prepare / Release CHNA report.....	May-June 2018

Detail CHNA Development Steps Include:

Development Steps to Create Comprehensive Community Health Needs Assessment	
Step # 1 Commitment	<i>Determine interest level of area healthcare leaders (Hospital, Health Dept., Mental Health Centers, Schools, Churches, Physicians etc.), prepare project quote.</i>
Step # 2 Planning	<i>Prepare brief CHNA Project Work Calendar - list goals, objectives, purpose, outcome, roles, community involvement, etc. Hold Community Kick-off meeting.</i>
Step # 3 Secondary Research	<i>Collect & Report Community Health Published Facts. Gather data health practice data from published secondary research sources i.e. census, county health records, behavioral risk factors surveillance, etc.</i>
Step # 4a Primary Research - Town Hall prep	<i>Collect Community Opinions. (Quantitative Research). Gather Stakeholders / Community opinions regarding community health needs and healthcare practices.</i>
Step # 4b Primary Research - Conduct Town Hall	<i>Conduct "Conversation with Community" Town Hall (Qualitative Research). Review Secondary & Primary Data findings. Facilitate community conversation to build consensus; discuss opinions / identify health needs.</i>
Steps # 5 Reporting	<i>Prepare/Present comprehensive CHNA report (to community leaders), facilitate development of CHNA Implementation Plan (Actions to improve health). < Note: Formal report will follow IRS Notice 2011-52 regs & PHAB requirements. ></i>
VVV Consultants, LLC Olathe, KS 913 302-7264	

Sheridan County Health Complex - CHNA Work Plan

Wave #3 Project Timeline & Roles 2018

Step	Date	Lead	Task
1	12/12/2017	VVV	Presented Wave #3 options to NW KS Network Alliance CEO's
2	1/31/2018	Hosp	Selected CHNA Option C. Approved / signed VVV CHNA quote.
3	2/13/2018	Both	Conduct CHNA Kickoff Conference Call (Hospital / DOH leaders).
4	2/13/2018	VVV	Send out REQCommInvite Excel file. Hospital client to fill in PSA key stakeholder names, addresses and e-mail addresses.
5	2/13/2018	VVV	Request hospital client to complete zip counts (three year historical PSA IP / OP / ED / Clinic). Use ZipPSA_3yrPOrigin.xls Patient Origin file.
6	2/13/2018	VVV	Request hospital client to send KHA Patient Origin reports for CCH to document service area for FFY 14, 15, 16 (KHA key).
7	On or before 2/15/18	VVV	Prepare CHNA stakeholder feedback online link. Send text link for hospital client to review. Prepare draft e-mail push.
8	On or before 2/23/18	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming CHNA work / online survey for hospital client to place. Request public to participate.
9	Feb / March 2018	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
10	3/1/2018	VVV	Launch online survey to stakeholders. Hospital client will e-mail invite to participate to all stakeholders. Client will finalize Town Hall location / food.
11	Thurs 3/15/2018	VVV / Hosp	Prepare / release PR story to local media announcing upcoming Town Hall. VVV will mock up PR release.
12	Thurs 3/15/2018	Hosp	Prepare and send out community Town Hall invite letter and place local advertisement.
13	Mon 4/9/2018	All	Conduct Town Hall practice conference call with hospital client to review Town Hall data and flow. Time TBD
14	Wed 4/11/2018	VVV	Conduct CHNA Town Hall from 5:30-7pm at XXX. Review and discuss basic health data and rank health needs.
15	On or before 5/30/18	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital client.
16	On or before 6/15/18	VVV	Produce and release final CHNA report. Hospital client will post CHNA online.
17	On or before 6/15/18	TBD	Conduct hospital client Implementation Plan meeting with PSA leadership.
18	30 days prior to end of hospital fiscal year	Hosp	Hold board meetings to discuss CHNA needs, create and adopt an Implementation Plan. Communicate CHNA plan to community.

Overview of Town Hall Community Priority Setting Process

Each community has a wealth of expertise to be tapped for CHNA development. For this reason, a town hall is the perfect forum to gather community insight and provide an atmosphere to objectively consensus build and prioritize county health issues.

All Town Hall priority-setting and scoring processes involve the input of key stakeholders in attendance. Individuals and organizations attending the Town Halls were critically important to the success of the CHNA. The following list outlines partners invited to Town Hall: local hospital, public health community, mental health community, free clinics, community-based clinics, service providers, local residents, community leaders, opinion leaders, school leaders, business leaders, local government, faith-based organizations and persons (or organizations serving them), people with chronic conditions, uninsured community members, low income residents and minority groups.

Sheridan County Health Complex (Sheridan Co KS) was held on Wednesday, March 11th, 2018 at the Bowen Scout House in Hoxie, KS. Vince Vandehaar and Heather Marine facilitated this 1 ½ hour session with forty-seven (47) attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

1. Welcome & Introductions
2. Review Purpose for the CHNA Town Hall & Process Roles
3. Present / Review of Historical County Health Indicators (10 TABS)
4. Facilitate Town Hall participant discussion of data (probe health strengths / concerns). Reflect on size and seriousness of any health concerns cited and discuss current community health strengths.
5. Engage Town Hall participants to rank health needs (using 4 dots to cast votes on priority issues). Tally & rank top community health concerns cited.
6. Close meeting by reflecting on the health needs / community voting results. Inform participants on “next steps.”

At the end of each Town Hall session, VVV encouraged all community members to continue to contribute ideas to both hospital / health department leaders via e-mail or personal conversations.

(NOTE: To review detail Town Hall discussion content, please turn to Section V for detailed notes of session and activity card content reporting strengths & items to change or improve.)

Community Health Needs Assessment Town Hall Meeting Sheridan County Health Complex Primary Service Area



Vince Vandehaar, MBA
VVV Consultants LLC
Principal / Adjunct Professor

Olathe, Kansas 66061
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913-302-7264

Community Health Needs Assessment (CHNA) Town Hall Discussion Agenda

- I. Opening / Introductions (10 mins)
- II. Review CHNA Purpose and Process (10 mins)
- III. Review Current County "Health Status"
-Secondary Data by 10 TAB Categories
-Review Community Feedback Research (35 mins)
- IV. Collect Community Health Perspectives
-Hold Community Voting Activity
-Determine Most Important Health Areas (30 mins)
- V. Close / Next Steps (5 mins)

I. Introduction:

Background and Experience



Vince Vandehaar, MBA
VVV Consultants LLC - Principal Consultant
Olathe, KS 913 302-7264

- Professional Consulting Services: Strategic Planning, Marketing Management, Business Research & Development
- Focus: Strategy, Research, Deployment
- 25+ years of experience with Tillinghast, BCBSKC, Saint Luke's

Adjunct Professor - Marketing / Health Admin, 25+ years

- Webster University
- Rockhurst University
- Avila University

Heather Marine BA CNA- Collaborative Analyst

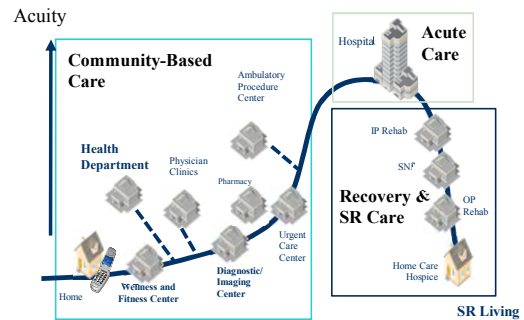
II. Review CHNA Definition

- A Community Health Needs Assessment (CHNA) is a systematic collection, assembly, analysis, and dissemination of information about the health of the community. (NOTE: Some the data has already been collected / published by Local, State and Federal public health organizations. Some data will be collected today.)
- A CHNA's role is to identify factors that affect the health of a population and determine the availability of resources to adequately address those factors.

Purpose—Why Conduct a CHNA?

- To determine health-related trends and issues of the community
- To understand / evaluate health delivery programs in place.
- To meet Federal requirements – both local hospital and health department
- To develop strategies to address unmet health needs (4-6 weeks after Town Hall)

Future System of Care—Sg2



IP = inpatient, SNF = skilled nursing facility, OP = outpatient.

Wave #3 Focus: Next Generation Community Health / United Health Foundation

1. Collaboration with other hospitals, providers & agencies
2. Community Visioning (What we want to get to?)
3. Population Health – Collect / Use “Big Data”
4. Seek National Collaborative (Grants etc.)

Understand.... Causes of Poor Health; Readiness programs (Caregiver Training, Violence Prevention, Chronic Disease Management); Community HC Perceptions and barriers to care.

I. Introductions: A Conversation with the Community

Community members and organizations invited to CHNA Town Hall

Consumers: Uninsured/underinsured people, Members of at-risk populations, Parents, caregivers and other consumers of health care in the community, and Consumer advocates.

Community leaders and groups: The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs – Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses – owners/CEO's of large businesses (local or large corporations with local branches), Business people & merchants (e.g., who sell tobacco, alcohol, or other drugs), Representatives from organized labor, Political, appointed and elected officials, Foundations, United Way organizations. And other "community leaders."

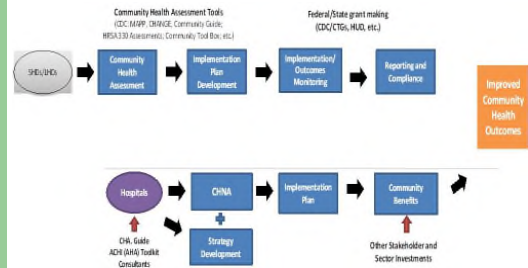
Public and other organizations: Public health officials, Directors or staff of health and human service organizations, City/Community planners and development officials, Individuals with business and economic development experience, Welfare and social service agency staff, Housing advocates – administrators of housing programs: homeless shelters, low-income-family housing and senior housing, Education officials and staff – school superintendents, principals and teachers, Public safety officials, Staff from state and area agencies on aging, Law enforcement agencies – Chiefs of police, Local colleges and universities, Coalitions working on health or other issues.

Other providers: Physicians, Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services, Leaders from Catholic Charities and other faith-based service providers, Mental health providers, Oral health providers, Health insurers, Parish and congregational nursing programs, Other health professionals

Town Hall Participation (You)

- ALL attendees welcome to share
 - Parking Lot
- There are no right or wrong answers
- Only one person speaks at a time
- Please give truthful responses
- Have a little fun along the way

Community Health Needs Assessment Joint Process: Hospital & Local Health Department



II. IRS Hospital CHNA YR 2012 / 2015 / 2018 Written Report Documentation

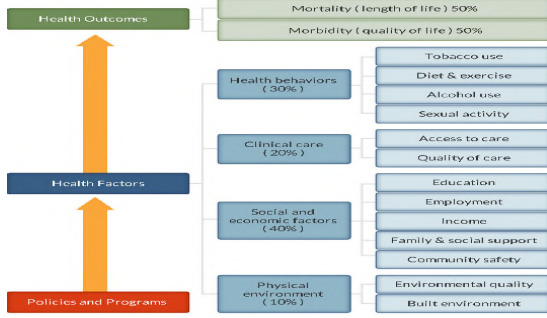
- a description of the community served
- a description of the CHNA process
- the identity of any and all organizations and third parties which collaborated to assist with the CHNA
- a description of how the organization considered the input of persons representing the community (e.g., *through meetings, focus groups, interviews, etc.*), who those persons are, and their qualifications
- a **prioritized description of all of the community needs identified by the CHNA** and
- a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA

III. Review Current County Health Status: Secondary Data by 10 Tab Categories & IA State Rankings

Trends: Good Same Poor

TAB 1. Demographic Profile
TAB 2. Economic/Business Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospitalization / Providers Profile
TAB 6. Behavioral Health Profile
TAB 7. Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

County Health Rankings - Robert Wood Johnson Foundation and University of WI Health Institute



County Health Rankings model ©2012 UWPH

Focus Area	Measure	Description	Focus Area	Measure	Description		
Air and water quality (5%)	Air pollution particulate matter	The average daily measure of the particulate matter in micrograms per cubic meter (PM2.5) in a county	Community safety (5%)	Violent crime	Violent crime rate per 100,000 population		
	Drinking water violations	Percent of population potentially exposed to water exceeding a violation limit during the past year		Injury deaths	Injury mortality per 100,000		
	Severe home problems	Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or bathing facilities					
Housing and transit (5%)	Driving alone to work	Percent of the workforce that drives alone to work	Health Outcomes (50%)	Health behaviors (30%)	Mortality (length of life) 50%		
	Walk-to-work	Percent of the workforce who commutes to their car alone, the car-pool, or by bicycle more than 10 minutes				Morbidity (quality of life) 50%	
Clinical Care (20%)							
Access to care (10%)	Insurance	Percent of population under age 65 without health insurance	Health Outcomes (50%)	Health behaviors (30%)	Mortality (length of life) 50%		
	Primary care physicians	Ratio of population to primary care physicians				Morbidity (quality of life) 50%	
	Deaths	Ratio of population to deaths					
	Mental health providers	Ratio of population to mental health providers					
Quality of care (10%)	Preventable hospital stays	Hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees	Health Outcomes (50%)	Health behaviors (30%)	Mortality (length of life) 50%		
	Diabetic screening	Percent of diabetic Medicare enrollees that receive blood screening					
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening					
Social and Economic Environment (40%)							
Education (10%)	High school graduation	Percent of sixth grade cohort that graduates in 4 years	Quality of life (10%)	Peer or fair health days	Percent of adults reporting fair or poor health days		
	Some college	Percent of adults aged 25-44 years with some post-secondary education				Peer physical health days	Percent of adults reporting fair or poor physical health days
	Unemployment	Percent of population age 16+ unemployed but seeking work				Peer mental health days	Percent of adults reporting fair or poor mental health days
	Income	Percent of children under age 18 in poverty				Peer overall health days	Percent of adults reporting fair or poor overall health days
Employment (10%)	Children in poverty	Percent of children under age 18 in poverty	Length of life (10%)	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)		
	Family and social support	Percent of adults without social/emotional support					
Family and social support (5%)	Children in single-parent households	Percent of children that live in household headed by single parent					

Have We Forgotten Anything?

- A. Aging Services
- B. Chronic Pain Management
- C. Dental Care/Oral Health
- D. Developmental Disabilities
- E. Domestic Violence,
- F. Early Detection & Screening
- G. Environmental Health
- H. Exercise
- I. Family Planning
- J. Food Safety
- K. Health Care Coverage
- L. Health Education
- M. Home Health
- N. Hospice
- O. Hospital Services
- P. Maternal, Infant & Child Health
- Q. Nutrition
- R. Pharmacy Services
- S. Primary Health Care
- T. Public Health
- U. School Health
- V. Social Services
- W. Specialty Medical Care Clinics
- X. Substance Abuse
- Y. Transportation
- Z. Other _____

Community Health Needs Assessment

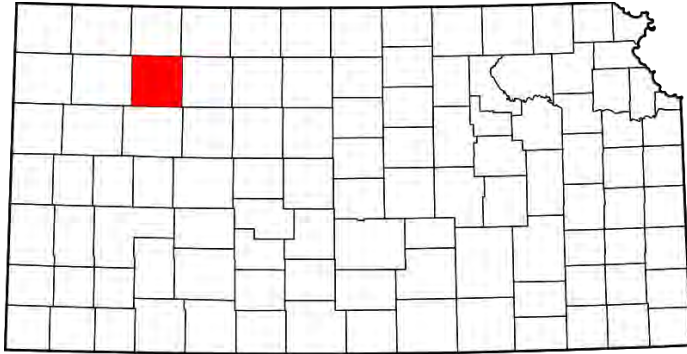
Questions; Next Steps?

VVV Consultants LLC
VVV@VandelaarMarketing.com
(913) 302-7264

II. Methodology

d) Community Profile (A Description of Community Served)

Sheridan County Community Profile



Demographics

The population of Sheridan County was estimated to be 2,494 in 2017, and had a -0.34% change in population from 2010–2017. The county covers 896.3 square miles and this area includes Cottonwood Ranch, Mickey's Museum, Sheridan County Historical Society, Hoxie Sentinel and Sheridan County Library¹. The county has an overall population density of 3 persons per square mile. The county is located in Northwestern Kansas and its economy is based on agriculture, forestry, fishing and hunting and mining. The county was founded in 1873 and the county seat is Hoxie².

The major highway transportation is US Highway 24, which runs East to West, and Kansas Highway 23, which runs North and South.

Sheridan County KS Airports³

Name	USGS Topo Map
Hoxie-Sheridan County Airport	Hoxie
Stevenson Private Airport	Rexford

¹ <http://kansas.hometownlocator.com/ks/sheridan/>

² http://www.city-data.com/county/Sheridan_County-KS.html

³ <http://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20179.cfm>

Schools in Sheridan County

Public Schools⁴

Name	Level
Golden Plains Elem	Primary
Hoxie Elem	Primary
Hoxie High	High

Parks and Amenities⁵

Name	USGS Topo Map
Sheridan State Fishing Lake	Studley
Sheridan Wildlife Area	Quinter NW
Sheridan Wildlife Area	Quinter NW
Selden Public Library	Selden
Sheridan County Public Library	Hoxie
Cottonwood Ranch	Studley
North Folk Saline River	Grinnell River
Sheridan County State Lake Dam	Studley

Most Common Occupations⁶

Management

Administrative

Sales

Farming, Fishing, Forestry

Education, Training and Library

⁴ <http://kansas.hometownlocator.com/schools/sorted-by-county,n,pawnee.cfm>

⁵ <https://kansas.hometownlocator.com/features/countyfeatures,scfips,20179,c,sheridan.cfm>

⁶ https://datausa.io/profile/geo/sheridan-county-ks/#category_occupations

Sheridan County Detail Demographic Profile

Population										
Zip	Name	County	YR 2014	YR 2019	Chg.	Households		HH	Per Capita	
						YR 2014	YR 2019	Avg. Size	Income 14	
67740	Hoxie	SHERIDAN	1,697	1,704	0.4%	762	765	2.2	\$28,072	
67757	Selden	SHERIDAN	465	465	0.0%	200	200	2.3	\$29,614	
Totals			2,162	2,169	0.4%	962	965	2.3	\$28,843	
Population										
Zip	Name	County	YR 2014	Pop. 65+	Kids <18	Gen. Y	YR 2014		Females	
							Males	Females	Age 20-35	
67740	Hoxie	SHERIDAN	762	442	383	367	50	858	111	
67757	Selden	SHERIDAN	200	85	117	117	45	209	27	
Totals			962	527	500	484	94	1,067	138	
Population										
Zip	Name	County	Population				Aver	HH		
			White	Black	Amer. Ind.	Hisp.	HH Inc. 14	YR 2014	HH \$50K+	
67740	Hoxie	SHERIDAN	1,643	1	3	57	\$44,956	765	356	
67757	Selden	SHERIDAN	444	0	8	23	\$49,381	200	99	
Totals			2,087	1	11	80	\$47,169	965	455	

Source: ERSA Demographics

III. Community Health Status

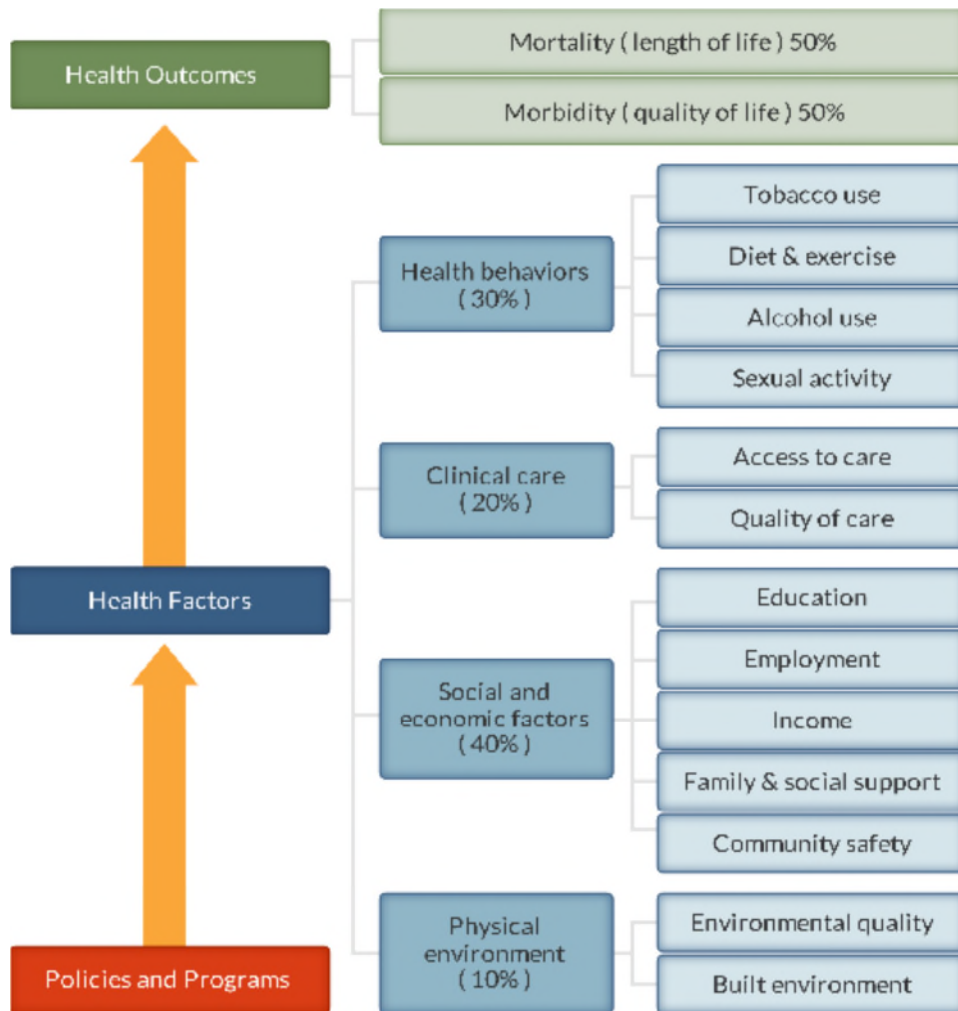
[VVV Consultants LLC]

III. Community Health Status

a) Historical Health Statistics

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2018 RMJ County Health Rankings and conversations from Town Hall participates. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators. <Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*. As seen below, RWJ’s model use a number of health factors to rank each county.>



County Health Rankings model ©2012 UWPHI

National Research - State Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Sheridan Co KS 2018	TREND	Sheridan Co KS 2015	NORMS N=15
1	Health Outcomes		50		44	52
2	Mortality	Length of Life	50		51	52
3	Morbidity	Quality of Life	44		31	49
4	Health Factors		35		7	37
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	46		58	40
6	Clinical Care	Access to care / Quality of Care	91		27	56
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	18		1	38
8	Physical Environment	Environmental quality	12		41	33

<http://www.countyhealthrankings.org>, released 2018

Kansas Rural Norm (N=15) includes the following counties: Cheyenne, Barton, Edwards, Ellis, Gove, Kiowa, Norton, Osborne, Pawnee, Phillips, Russell, Sheridan, Smith, Thomas, and Trego.

PSA Secondary Research:

When studying community health, it's important to document health data by topical areas for primary service area (PSA). Below is a summary of key findings organized by subject area.

Tab 1 Demographic Profile

Understanding population and household make-up is vital to start CHNA evaluation.

Tab	Health Indicator	Sheridan 2018	Sheridan 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
1a	a Population estimates, July 1, 2016, (V2016)	2,509	2,553		2,907,289	7,762	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2016, (V2016)	-1.8%	-0.1%		1.9%	-2.7%	People Quick Facts
	c Population per square mile, 2012	2.9	2.9		34.9	8.9	Geography Quick Facts
	d Persons under 5 years, percent, July 1, 2016, (V2016)	5.4%	5.6%		6.7%	5.8%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2016, (V2016)	23.7%	22.5%		15.0%	21.4%	People Quick Facts
	f Female persons, percent, July 1, 2016, (V2016)	49.8%	49.3%		50.2%	49.2%	People Quick Facts
	g White alone, percent, July 1, 2016, (V2016)	97.6%	97.9%		86.6%	95.6%	People Quick Facts
	h Black or African American alone, percent, July 1, 2016, (V2016)	0.5%	0.2%		6.2%	1.3%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2016, (V2016)	4.7%	4.0%		11.6%	6.5%	People Quick Facts
	j Foreign born persons, percent, 2011-2015	2.2%	0.5%		6.9%	3.0%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2011-2015	4.3%	1.5%		11.3%	5.7%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	92.6%	89.0%		83.5%	86.9%	People Quick Facts
	m Children in single-parent households, percent, 2011-2015	20.0%	15.0%		29.0%	25.1%	County Health Rankings
	n Total Veterans, 2011-2015	210	272		198,396	567	People Quick Facts

Tab 2 Economic Profile

Monetary resources will (at times) drive health “access” and self-care.

Tab	Health Indicator	Sheridan 2018	Sheridan 2015	Trend	State of KS	KS Rural Norm (N=20)	Source
2	a Per capita income in past 12 months (in 2015 dollars), 2011-2015	\$28,733	\$26,746		\$27,706	\$25,839	People Quick Facts
	b Persons in poverty, percent	10.9%	12.9%		12.1%	12.2%	People Quick Facts
	c Total Housing units, July 1, 2016, (V2016)	1,260	1,260		1,259,864	3,818	People Quick Facts
	d Total Persons per household, 2011-2015	2.2	2.3		2.5	2.2	People Quick Facts
	e Severe housing problems, percent, 2009-2013	6.0%	5.9%		14.0%	9.4%	County Health Rankings
	f Total of All firms, 2012	304	NA		239,118	972	Business Quick Facts
	g Unemployment, percent, 2015	2.3%	2.1%		4.2%	3.2%	County Health Rankings
	h Food insecurity, percent, 2014	12.0%	11.5%		14.0%	12.8%	County Health Rankings
	i Limited access to healthy foods, percent, 2015	10.0%	NA		8.0%	16.9%	County Health Rankings
	j Low income and low access to store, percent, 2015	2.5%	3.6%		NA	7.5%	U.S. Department of Agriculture - Food Environment Atlas
	k Long commute - driving alone, percent, 2011-2015	12%	15.9%		20.0%	13.7%	County Health Rankings

Tab 3 Schools Health Delivery Profile

Currently, school districts are providing on-site primary health screenings and basic care.

Tab	Health Indicator	Sheridan 2018	Sheridan 2015	Trend	State of KS	KS Rural Norm (N=20)	Source
3	a Children eligible for free or reduced price lunch, percent, 2014-2015	38.0%	24.4%		50.0%	48.9%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2011-2015	89.7%	89.5%		88.4%	95.7%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2011-2015	24.0%	20.5%		27.1%	32.2%	People Quick Facts

#	Indicators	Hoxie USD 2018	Hoxie USD 2015	Hoxie USD 2012
1	Total # Public School Nurses (1 day a week)	1	1	1
2	School Nurse is part of the IEP team Yes/No	Yes	Yes	Yes
3	School Wellness Plan (Active)	Yes	Yes	Yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	301/7/6	311/NA/NA	277/NA/NA
5	HEARING: # Screened / Referred to Prof / Seen by Professional	315/5/5	304/NA/NA	289/NA/NA
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	448/20/NA	315/NA/NA	309/NA/NA
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	NA	NA	NA
8	# of Students served with no identified chronic health concerns	448	354	371
9	School has a suicide prevention program	Yes	Yes	Yes
10	Compliance on required vaccinations (%)	99.5%	100.0%	100.0%

TAB 4 Maternal and Infant Health Profile

Tracking maternal / infant care patterns are vital in understanding the foundation of family health.

Tab	Health Indicator	Sheridan 2018	Sheridan 2015	Trend	State of KS	KS Rural Norm (N=20)	Source
4	a Percent of Births Where Prenatal Care began in First Trimester, 2013-2015	79.5%	86.4%		80.4%	77.4%	Kansas Health Matters
	b Percentage of Premature Births, 2013-2015	8.0%	8.0%		8.8%	9.46%	Kansas Health Matters
	c Percent of Infants up to 24 months that received full Immunizations, 2013- 2014	84.0%	63.2%		70.6%	85.1%	Kansas Health Matters
	d Percent of Births with Low Birth Weight, 2013-2015	8.6%	8.0%		7.0%	11.64%	Kansas Health Matters
	e Percent of WIC Mothers Breastfeeding Exclusively, percent, 2016	NA	NA		15.0%	31.8%	Kansas Health Matters
	f Percent of all Births Occurring to Teens (15-19), 2013-2015	6.8%	6.8%		6.8%	11.6%	Kansas Health Matters
	g Percent of Births Occurring to Unmarried Women, 2013-2015	16.9%	25.0%		36.3%	32.8%	Kansas Health Matters
	h Percent of births Where Mother Smoked During Pregnancy, 2013-2015	7.2%	NA		11.8%	15.2%	Kansas Health Matters

#	Criteria - Vital Statistics	Sheridan	Trend	KANSAS	NW Alliance (12)
a	Total Live Births, 2012	26		40,304	103
b	Total Live Births, 2013	31		38,805	94
c	Total Live Births, 2014	24		39,193	95
d	Total Live Births, 2015	28		39,126	97
e	Total Live Births, 2016	33		38,048	96
f	Total Live Births, 2012- 2016 - Five year Rate (%)	11.2%		13.5%	12.0%

TAB 5 Hospitalization/Provider Profile

Understanding provider access and disease patterns are fundamental in healthcare delivery. Listed below are several vital county statistics.

Tab	Health Indicator	Sheridan 2018	Sheridan 2015	Trend	State of KS	KS Rural Norm (N=20)	Source
5	a Primary care physicians (Pop Coverage per) , 2014	NA	NA		1,330:1	2,296:1	County Health Rankings
	b Preventable hospital stays, 2015 (lower the better)	119	112		52	74	County Health Rankings
	c Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	87%	NA		78.0%	75.0%	CMS Hospital Compare, 10/1/2015-9/30/2016
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	84%	NA		77.0%	77.1%	CMS Hospital Compare, 10/1/2015-9/30/2016
	e Average Time Patients Spent in the Emergency Dept. Before They Were Seen by a Healthcare Professional (in Minutes)	19	NA		24	20	CMS Hospital Compare, 10/1/2015-9/30/2016

TAB 5 Hospitalization/Provider Profile (cont.)

#	KS Hospital Assoc PO103	Sheridan County KS IP		
		FFY2015	FFY2016	FFY2017
1	Total Discharges	342	317	304
2	Total IP Discharges-Age 0-17 Ped	31	10	12
3	Total IP Discharges-Age 18-44	16	16	12
4	Total IP Discharges-Age 45-64	58	55	48
5	Total IP Discharges-Age 65-74	61	51	56
6	Total IP Discharges-Age 75+	134	153	150
7	Psychiatric	4	1	5
8	Obstetric	23	22	19
9	Surgical %	22.5%	22.7%	25.0%
#	KS Hospital Assoc PO103	SCHC (Hoxie) only		
		FFY2015	FFY2016	FFY2017
1	Total Discharges	98	89	132
	CAH Market Share	28.7%	28.1%	43.4%
2	Total IP Discharges-Age 0-17 Ped	9	3	4
3	Total IP Discharges-Age 18-44	5	5	2
4	Total IP Discharges-Age 45-64	17	12	17
5	Total IP Discharges-Age 65-74	10	11	23
6	Total IP Discharges-Age 75+	57	58	85
7	Psychiatric	0	0	1
8	Obstetric	0	0	0
9	Surgical %	0.0%	0.0%	0.0%
#	Kansas Hospital AssocOP TOT223E	FFY2015	FFY2016	FFY2017
1	ER Visits -SCHC	481	423	452
2	Surgery Visits - SCHC	31	15	56
3	Total OP Visits - SCHC	3815	2938	2647

TAB 6 Social & Rehab Services Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	Sheridan 2018	Sheridan 2015	Trend	State of KS	KS Rural Norm (N=20)	Source
6 a	Depression: Medicare Population, percent, 2015	18.3%	14.7%		17.8%	16.5%	Centers for Medicare and Medicaid Services
b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2014-2016 (lower is better)	NA	NA		15.9	12.6	Kansas Health Matters
c	Poor mental health days, 2015	3.2	NA		3.2	2.9	County Health Rankings

TAB 7 Health Risk Profiles

Knowing community health risk factors and disease patterns can aid in the understanding next steps to improve health.

Tab	Health Indicator	Sheridan 2018	Sheridan 2015	Trend	State of KS	KS Rural Norm (N=20)	Source
7a a	Adult obesity, percent, 2013	32.0%	31.0%		31.0%	32.3%	County Health Rankings
b	Adult smoking, percent, 2015	16.0%	NA		18.0%	16.4%	County Health Rankings
c	Excessive drinking, percent, 2015	14.0%	NA		17.0%	14.9%	County Health Rankings
d	Physical inactivity, percent, 2013	27.0%	28.0%		23.0%	25.9%	County Health Rankings
e	Poor physical health days, 2015	3.30	NA		3.1	3.2	County Health Rankings
f	Sexually transmitted infections, rate per 100000, 2014	NA	NA		384.1	267.1	County Health Rankings

TAB 7 cont.

Tab	Health Indicator	Sheridan 2018	Sheridan 2015	Trend	State of KS	KS Rural Norm (N=20)	Source
7b a	Hypertension: Medicare Population, 2015	62.7%	61.0%	Red	53.2%	55.1%	Kansas Health Matters
b	Hyperlipidemia: Medicare Population, 2015	39.6%	43.0%	Yellow	40.0%	36.9%	Kansas Health Matters
c	Heart Failure: Medicare Population, 2015	18.1%	19.0%	Yellow	13.0%	16.6%	Kansas Health Matters
d	Chronic Kidney Disease: Medicare Pop, 2015	14.2%	10.7%	Red	16.2%	15.1%	Kansas Health Matters
e	COPD: Medicare Population, 2015	15.2%	15.9%	Yellow	11.4%	12.7%	Kansas Health Matters
f	Atrial Fibrillation: Medicare Population, 2015	11.0%	9.1%	Red	8.3%	10.1%	Kansas Health Matters
g	Cancer: Medicare Population, 2015	8.1%	9.1%	Yellow	7.7%	8.6%	Kansas Health Matters
h	Osteoporosis: Medicare Population, 2015	9.1%	12.6%	Yellow	5.7%	7.7%	Kansas Health Matters
i	Asthma: Medicare Population, 2015	7.3%	3.3%	Red	7.3%	6.8%	Kansas Health Matters
j	Stroke: Medicare Population, 2015	3.0%	3.7%	Yellow	3.4%	3.1%	Kansas Health Matters

TAB 8 Uninsured Profiles/Community Invest

Based on state estimations, the number of insured is documented below. Also, the amount of charity care (last three years of free care) from area providers is trended below.

Tab	Health Indicator	Sheridan 2018	Sheridan 2015	Trend	State of KS	KS Rural Norm (N=20)	Source
8 a	Uninsured, percent, 2014	14.0%	16.3%	Red	12.0%	13.0%	County Health Rankings

Source: Internal Hospital Records				
	Sheridan County Health Complex	YR 2015	YR 2016	YR 2017
1	Charity Care	\$31,311	\$97,130	\$123,819
2	Bad Debt Writeoffs	\$159,220	\$102,817	\$81,893

Source: Internal Records - Sheridan County KS				
	Local Health Dept Operations	Yr 2015	YR 2016	YR 2017
1	Community Public Health Grant Money (Aid to Local contributes \$7000 per grant cycle)	\$26,902	\$24,956	\$26,902
6	Immunizations/Vaccine (Immunization Action Program and Maternal Child Health Program contributes \$5,000 to \$6,000 per grant cycle)	\$25,000	\$30,000	\$40,000
7	Primary Care, lab, minor procedures	\$2,500	\$2,500	\$2,500
8	Screenings: Blood pressure / STD	\$2,500	\$2,500	\$2,500
9	Vaccine - received from State (VFC and CHIP programs fund 100% of vaccines received by HD)	\$25,000	\$30,000	\$30,000
10	WIC Administration (US Department of Agriculture Monies) Requested amounts.	\$18,784	\$39,049	\$20,446

TAB 9 Mortality Profile

The leading causes of county deaths are listed below. Areas of higher than expected are so noted.

Tab	Health Indicator	Sheridan 2018	Sheridan 2015	Trend	State of KS	KS Rural Norm (N=20)	Source
9 a	Life Expectancy for Males, 2014	77.5	77.0		76.5	76.8	Kansas Health Matters
b	Life Expectancy for Females, 2014	82.7	82.0		81.0	81.8	Kansas Health Matters
c	Age-adjusted Cancer Mortality Rate per 100,000 population, 2014-2016 (lower is better)	152.2	141.0		194.3	159.6	Kansas Health Matters
d	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2014-2016 (lower is better)	121.2	151.0		157.4	174.3	Kansas Health Matters
e	Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2014-16 (Lower is better)	52.3	53.0		48.9	51.5	Kansas Health Matters
f	Alcohol-impaired driving deaths, percent, 2011-2015	60.0%	25.0%		27.0%	36.1%	County Health Rankings

TAB 10 Preventive Health Profile

The following table reflects future health of the county. This information also is an indicator of community awareness of preventative measures.

Tab	Health Indicator	Sheridan 2018	Sheridan 2015	Trend	State of KS	KS Rural Norm (N=20)	Source
10 a	Access to exercise opportunities, percent, 2014	63.5%	49.9%		76.0%	46.1%	County Health Rankings
b	Diabetes monitoring, percent, 2014	88.0%	86.0%		86.0%	79.2%	County Health Rankings
c	Mammography screening, percent, 2014	69.0%	76.0%		63.0%	63.6%	County Health Rankings
d	Percent Annual Check-Up Visit with PCP	TBD	TBD		TBD	TBD	TBD
e	Percent Annual Check-Up Visit with Dentist	TBD	TBD		TBD	TBD	TBD
f	Percent Annual Check-Up Visit with Eye Doctor	TBD	TBD		TBD	TBD	TBD

PSA Primary Research:

For each CHNA Wave # 3 evaluation, a community stakeholder survey has been created and administered to collect “current” healthcare information for PSA.

Chart #1 – Sheridan County Health Complex PSA Online Feedback Response N=61

Community Health Needs Assessment Wave #3			
For reporting purposes, are you involved in or are you a ?	Sheridan N=61	Trend	Norms18 N= 1973
Business / Merchant	9.5%		9.8%
Community Board Member	7.9%		7.6%
Case Manager / Discharge Planner	1.6%		0.9%
Clergy	0.0%		0.9%
College / University	3.2%		1.9%
Consumer Advocate	0.0%		1.6%
Dentist / Eye Doctor / Chiropractor	0.0%		0.2%
Elected Official - City/County	0.0%		1.8%
EMS / Emergency	4.8%		1.9%
Farmer / Rancher	6.3%		6.7%
Hospital / Health Dept	20.6%		18.2%
Housing / Builder	0.0%		0.7%
Insurance	1.6%		1.0%
Labor	0.0%		2.4%
Law Enforcement	0.0%		0.9%
Mental Health	0.0%		1.5%
Other Health Professional	9.5%		8.2%
Parent / Caregiver	15.9%		14.8%
Pharmacy / Clinic	6.3%		1.9%
Media (Paper/TV/Radio)	0.0%		0.6%
Senior Care	4.8%		2.1%
Teacher / School Admin	3.2%		6.0%
Veteran	1.6%		2.2%
Other (please specify)	3.2%		6.4%

KS Rural Norms Include the following 11 Counties: Barton, Edwards, Hays, Kiowa, Nemaha, Osborne, Pawnee, Russell, Sheridan, Smith, and Trego.

Chart #2 - Quality of Healthcare Delivery Community Rating

Community Health Needs Assessment Wave #3			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Sheridan Co N=61	Trend	Norms 2018 N= 1973
Valid N	61		1967
Top Box %	23.0%		28.7%
Top 2 Boxes %	78.7%		72.8%
Very Poor	4.9%		1.0%
Poor	6.6%		3.7%
Average	9.8%		21.1%
Good	55.7%		44.1%
Very Good	23.0%		28.7%

Chart #3 - Overall Community Health Quality Trend

Community Health Needs Assessment Wave #3			
When considering "overall community health quality", is it ...	Sheridan N=61	Trend	Norms18 N=1973
Valid N	59		1804
Increasing - moving up	61.0%		50.9%
Not really changing much	22.0%		40.7%
Decreasing - slipping	11.9%		8.1%

Chart #4 – Re-evaluate Past Community Health Needs Assessment Needs

CHNA Wave #3		Ongoing Problem		Pressing
Past CHNAs health needs identified		Sheridan N=61		Sheridan
Rank	Topic	Votes	%	RANK
1	Specialists	20	13.6%	1
2	Wellness/ Prevention	18	12.2%	2
3	Alcohol Abuse	16	10.9%	5
4	Child Care	16	10.9%	7
5	Drug / Substance Abuse	16	10.9%	3
6	Awareness of existing HC services	14	9.5%	6
7	Housing	14	9.5%	4
8	Home Health/ Hospice Services	12	8.2%	9
9	Clinic Hours	8	5.4%	10
10	Integration of Health Care Services	8	5.4%	8
11	Health Care Transportation	5	3.4%	11
TOTALS		147	100.0%	

Chart #5 - Community Health Needs Assessment "Causes of Poor Health"

CHNA Wave #3		Ongoing Problem		Pressing
Past CHNAs health needs identified		Sheridan N=61		Sheridan
Rank	Topic	Votes	%	RANK
1	Specialists	20	13.6%	1
2	Wellness/ Prevention	18	12.2%	2
3	Alcohol Abuse	16	10.9%	5
4	Child Care	16	10.9%	7
5	Drug / Substance Abuse	16	10.9%	3
6	Awareness of existing HC services	14	9.5%	6
7	Housing	14	9.5%	4
8	Home Health/ Hospice Services	12	8.2%	9
9	Clinic Hours	8	5.4%	10
10	Integration of Health Care Services	8	5.4%	8
11	Health Care Transportation	5	3.4%	11
TOTALS		147	100.0%	

Chart #6 - Community Rating of HC Delivery Services (Perceptions)

CHNA Wave #3	Sheridan		Trend	Norms 2018	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?					
Ambulance Services	87.8%	2.4%		86.6%	2.5%
Child Care	63.4%	7.3%		50.5%	11.5%
Chiropractors	68.3%	0.0%		78.8%	4.9%
Dentists	29.3%	29.3%		58.1%	18.8%
Emergency Room	62.5%	5.0%		74.5%	8.3%
Eye Doctor/Optomtrist	48.8%	14.6%		77.3%	5.4%
Family Planning Services	31.6%	23.7%		44.8%	13.6%
Home Health	47.5%	12.5%		55.9%	12.9%
Hospice	73.2%	4.9%		67.1%	8.8%
Inpatient Services	77.5%	10.0%		79.3%	4.2%
Mental Health	16.2%	37.8%		29.0%	30.2%
Nursing Home	80.0%	5.0%		48.5%	18.4%
Outpatient Services	75.0%	10.0%		78.8%	4.1%
Pharmacy	74.4%	2.6%		91.0%	2.9%
Physician Clinics	82.1%	7.7%		83.1%	3.7%
Public Health	65.0%	10.0%		66.4%	5.5%
School Nurse	36.4%	15.2%		59.2%	10.9%
Specialists	65.0%	5.0%		56.4%	12.8%

Chart #7 - Community Health Readiness

Community Health Needs Assessment Wave #3	Bottom 2 boxes		
	Sheridan N=61	Trend	Norms18 N= 1973
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)			
Early Childhood Development Programs	36.1%		15.1%
WIC Nutrition Program	35.3%		12.3%
Spiritual Health Support	35.3%		12.3%
Substance Use Treatment & Education	32.4%		28.8%
Prenatal / Child Health Programs	32.4%		13.9%
Secure Grants / Finances to Support Local Health	23.5%		15.8%
Health Screenings (asthma, hearing, vision, scoliosis)	22.9%		11.1%
Violence Prevention	17.1%		24.7%
Emergency Preparedness	17.1%		9.3%
Caregiver Training Programs	13.9%		18.0%
Tobacco Prevention & Cessation Programs	11.4%		23.4%
Obesity Prevention & Treatment	11.4%		27.4%
Women's Wellness Programs	11.4%		14.4%
Food and Nutrition Services/Education	8.6%		12.3%
Sexually Transmitted Disease Testing	2.9%		10.5%
Immunization Programs	2.9%		4.0%

Chart #8 – Healthcare Delivery “Outside our Community”

Specialties:

Cat	CTS
SPEC	4
SURG	4
OBG	3
DERM	2
EYE	2
FEM	2
PHY	2

Community Health Needs Assessment Wave #3			
In the past 2 years, did you or someone you know receive HC outside of our community?	Sheridan N=61	Trend	Norms18 N= 1973
Valid N	36		1399
Yes	80.6%		79.3%
No	13.9%		15.7%
I don't know	5.6%		5.0%

Chart #9 - What HC topics need to be discussed future during Town Hall Meeting

CHNA Wave #3			
What needs to be discussed further at our CHNA Town Hall meeting?	Sheridan N=61	Trend	Norms18 N= 1973
Mental Illness	10.0%		9.0%
Obesity	10.0%		8.1%
Physical Exercise	8.1%		6.1%
Wellness Education	6.9%		6.3%
Alcohol	5.6%		5.4%
Diabetes	5.6%		4.0%
Nutrition	5.6%		4.5%
Drugs/Substance Abuse	5.0%		8.3%
Heart Disease	5.0%		3.3%
Respiratory Disease	4.4%		2.1%
Abuse/Violence	3.8%		5.1%
Breast Feeding Friendly Workplace	3.8%		1.6%
Tobacco Use	3.8%		3.4%
Cancer	3.1%		4.6%
Poverty	3.1%		6.2%
Suicide	3.1%		6.7%
Vaccinations	3.1%		2.4%
Family Planning	2.5%		2.2%
Sexually Transmitted Diseases	2.5%		2.0%
Smoke-Free Workplace	1.3%		1.5%
Teen Pregnancy	1.3%		2.6%
Water Quality	1.3%		3.4%
Lead Exposure	0.6%		0.8%
Ozone	0.6%		0.4%

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

2018 Inventory of Health Services - Sheridan County, KS				
Cat	HC Services Offered in county: Yes / No	Hospital	Health Dept	Other
Clinic	Primary Care	YES	YES	No
Hosp	Alzheimer Center	No	No	No
Hosp	Ambulatory Surgery Centers	No	No	No
Hosp	Arthritis Treatment Center	No	No	No
Hosp	Bariatric/Weight Control Services	YES	YES	No
Hosp	Birthing/LDR/LDRP Room	No	No	No
Hosp	Breast Cancer	YES	No	No
Hosp	Burn Care	No	No	No
Hosp	Cardiac Rehabilitation	No	No	No
Hosp	Cardiac Surgery	No	No	No
Hosp	Cardiology Services	Yes-OP	No	No
Hosp	Case Management	YES	No	No
Hosp	Chaplaincy/Pastoral Care Services	YES	No	No
Hosp	Chemotherapy	YES	No	No
Hosp	Colonoscopy	YES	No	No
Hosp	Crisis Prevention	No	No	YES
Hosp	CTScanner	YES	No	No
Hosp	Diagnostic Radioisotope Facility	X-Mobile	No	No
Hosp	Diagnostic/Invasive Catheterization	No	No	No
Hosp	Electron Beam Computed Tomography (EBCT)	No	No	No
Hosp	Enrollment Assistance Services	YES	YES	No
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	No	No	No
Hosp	Fertility Clinic	No	No	No
Hosp	FullField Digital Mammography (FFDM)	X-Mobile	No	No
Hosp	Genetic Testing/Counseling	No	No	No
Hosp	Geriatric Services	YES	No	No
Hosp	Heart	X-Consult	No	No
Hosp	Hemodialysis	No	No	No
Hosp	HIV/AIDS Services	No	No	No
Hosp	Image-Guided Radiation Therapy (IGRT)	No	No	No
Hosp	Inpatient Acute Care - Hospital Services	YES	No	No
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	No	No	No
Hosp	Intensive Care Unit	No	No	No
Hosp	Intermediate Care Unit	YES	No	No
Hosp	Interventional Cardiac Catherterization	No	No	No
Hosp	Isolation Room	YES	No	No
Hosp	Kidney	No	No	No
Hosp	Liver	No	No	No
Hosp	Lung	No	No	No
Hosp	Magnetic Resonance Imaging (MRI)	X-Mobile	No	No
Hosp	Mammograms	X-Mobile	No	No
Hosp	Mobile Health Services	YES	No	No
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	YES	No	No
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)	No	No	No
Hosp	Neonatal	No	No	No
Hosp	Neurological Services	No	No	No
Hosp	Obstetrics	No	No	Yes
Hosp	Occupational Health Services	YES	No	No
Hosp	Oncology Services	No	No	Yes
Hosp	Orthopedic Services	No	No	Yes
Hosp	Outpatient Surgery	Yes	No	No
Hosp	Pain Management	No	No	No
Hosp	Palliative Care Program	YES	No	No
Hosp	Pediatric	YES	No	No
Hosp	Physical Rehabilitation	YES	No	No
Hosp	Positron Emission Tomography (PET)	No	No	No
Hosp	Positron Emission Tomography/CT (PET/CT)	No	No	No
Hosp	Pulmonary Rehab	No	No	No

2018 Inventory of Health Services - Sheridan County, KS				
Cat	HC Services Offered in county: Yes / No	Hospital	Health Dept	Other
Hosp	Psychiatric Services	YES	No	No
Hosp	Radiology, Diagnostic	YES	No	No
Hosp	Radiology, Therapeutic	YES	No	No
Hosp	Reproductive Health	YES	YES	No
Hosp	Robotic Surgery	No	No	No
Hosp	Shaped Beam Radiation System 161	No	No	No
Hosp	Single Photon Emission Computerized Tomography	No	No	No
Hosp	Sleep Center	No	No	No
Hosp	Social Work Services	YES	No	No
Hosp	Sports Medicine	YES	No	No
Hosp	Stereotactic Radiosurgery	No	No	No
Hosp	Swing Bed Services	YES	No	No
Hosp	Transplant Services	No	No	No
Hosp	Trauma Center	No	No	No
Hosp	Ultrasound	YES	No	No
Hosp	Women's Health Services	YES	YES	No
Hosp	Wound Care	YES	YES	No
SR	Adult Day Care Program	No	No	No
SR	Assisted Living	YES	No	No
SR	Home Health Services	No	No	No
SR	Hospice	YES	No	No
SR	LongTerm Care	YES	No	No
SR	Nursing Home Services	YES	No	No
SR	Retirement Housing	No	No	No
SR	Skilled Nursing Care	YES	No	No
ER	Emergency Services	YES	No	No
ER	Urgent Care Center	No	No	No
ER	Ambulance Services	No	No	YES
SERV	Alcoholism-Drug Abuse	YES	No	No
SERV	Blood Donor Center	No	No	X-Mobile
SERV	Chiropractic Services	No	No	YES
SERV	Complementary Medicine Services	No	No	No
SERV	Dental Services	No	No	YES
SERV	Fitness Center	YES	No	No
SERV	Health Education Classes	YES	YES	No
SERV	Health Fair (Annual)	YES	YES	No
SERV	Health Information Center	YES	No	No
SERV	Health Screenings	YES	YES	No
SERV	Meals on Wheels	YES	No	No
SERV	Nutrition Programs	YES	No	No
SERV	Patient Education Center	YES	No	No
SERV	Support Groups	YES	No	No
SERV	Teen Outreach Services	No	No	YES
SERV	Transportation to Health Facilities	No	No	YES
SERV	Wellness Program	YES	No	YES
SERV	Tobacco Treatment/Cessation Program	YES	No	No

Yr 2018 Provider Manpower - Sheridan County, KS			
	Supply working in county		
# of FTE Providers working in county	FTE County Based	FTE Visting Drs*	PA/NP
Primary Care:			
Family Practice	1.0	0.5	2.0
Eye Care (OD)	0.0	0.2	
Dentists	0.0	1.0	
TOTALS	1.0	1.7	2.0

* Note names/groups of visiting providers

Visiting Specialists to SCHC - Yr 2018

Specialty	Physician	Group Name	Schedule at hospital (visiting clinics)
Medicine:			
Cardiology	Dr Estratiou	CHI Health Good Samaritan	Twice a Month
	Dr Markiewicz	Great Plains Health	Twice a Month
Surgery:			
General Surgery	Dr Gabel	Citizens Medical Center	Twice a Month
	Dr Schultz	Southwind Surgical	Twice a Month

Sheridan Co (KS) Health Services Directory May 2018

Emergency Numbers

Police/Sheriff 911
Fire 911
Ambulance 911

Non-Emergency Numbers

Sheridan County Sheriff 785-675-3481
Sheridan County EMS 785-675-3364

Municipal Non-Emergency Numbers

	<u>Police/Sheriff</u>	<u>Fire</u>
Hoxie	785-675-3291	785-675-3773
Selden	911	911
Studley	911	911

Other Emergency Numbers

Kansas Child/Adult Abuse and Neglect Hotline

1-800-922-5330

www.srskansas.org/hotlines.html

Domestic Violence Hotline

1-800-799-7233

www.ndvh.org

Emergency Management (Topeka)

785-274-1409

www.accesskansas.org/kdem

Federal Bureau of Investigation

1-866-483-5137

www.fbi.gov/congress/congress01/caruso100301.htm

Kansas Arson/Crime Hotline

1-800-KS-CRIME

800-572-1763

www.accesskansas.org/kbi

Kansas Bureau of Investigation (Topeka)

785-296-8200

www.accesskansas.org/kbi

Kansas Crisis Hotline (Domestic

Violence/Sexual Assault)

1-888-END-ABUSE

www.kcsdv.org

Kansas Road Conditions

1-866-511-KDOT

511

www.ksdot.org

Poison Control Center

1-800-222-1222

www.aapcc.org

Suicide Prevention Hotline

1-800-SUICIDE

www.hopeline.com

1-800-273-TALK

www.suicidepreventionlifeline.com

Toxic Chemical and Oil Spills

1-800-424-8802

www.epa.gov/region02/contact.htm

Health Services Hospital

Sheridan County Health Complex

826 1 8th Street (Hoxie)

P.O. Box 167

Fax: 785-675-3840

785-675-3281

www.sheridancountyhospital.com

Sheridan County Health Complex services

include:

Assisted Living Apartments

3 Meals a Day

General Maintenance

Handicap Accessible Shower

Housekeeping

Kitchenette

Laundry

Dietary Services

Emergency Services

Hoxie Medical Clinic

Acute Care

Annual Exams

Blood Pressure Checks

Cardiovascular Care

Chronic Care Management

Diabetes Medical Management

DOT Physicals

Early Detection Works Provider

Foot Care

Holter Monitors

Hypertension Medical Management

Insurance Exams

KAN Be Healthy Exams

Micro Albumin - Urine

Orthopedic Consultation

Oximetry

Prenatal and Postnatal Care

Preventative Care

Pulmonary Function Testing

School Physicals

Skin Screenings

Total Family Care

Weight Loss Management

Well Women Exams

Inpatient Services

Acute Care

Medical Services

Night Care

Intermediate Swing Bed (Private Pay)	Occupational Therapy
Observation	Arm and Hand Function
Respite Care (Private Pay)	Cognitive Assessments
Skilled Nursing/Swing Bed	Electrical Stimulation
Laboratory Services (Must have physician's order)	Home Safety Evaluations
Blood Gases	Self Care Skills
Comprehensive Blood Testing	Strength and Endurance
BNP	Ultrasound
CK	Outpatient Doctors
CKMB	Outpatient Services
Complete Blood Count (CBC)	Anti-Coagulant Therapy
Auto Differential	Antibiotic Therapy
Manual Differential	Blood Transfusions
Comprehensive Metabolic Profile (CMP)	Bone Density Scans
D-dimer	Cardiac Stress Testing
Direct Bilirubin	Cardiology Consults
ESR	Dexa Scans
Hemoglobin A1C	EKGs/Electrocardiograms
Lipid Profile	Endoscopes/Endoscopy
Vanco trough	Flu/Pneumonia Vaccinations
Mono Testing	Hickman Care/Port-a-Cath Care/PICC Line
Pregnancy Testing (both urine and blood)	Maintenance
Prostate Specific Antigen (PSA)	Infusion Therapy
PT/PTT/INR (Co-ag Checks)	IV Therapy
Thyroid Stimulating Hormone (TSH)	IVIG & Remicade
Troponin I	Lab Draws
Type & Crossmatch (for transfusions)	Mammograms
Emergency Basis	Minor Surgeries
Fecal Occult Blood (FOB)	MRI's
Inpatient	Neupogen/Neulasta
Outpatient	Nuclear Medicine
Other Lab Services	Other Injection Therapy
Rapid Influenza Testing	Procrit
Rapid Strep Testing	Reclast
Urinalysis	Surgical Consults
Urine Toxicology Screening	TB Skin Tests
Lifeline	Wound Care/Dressing Changes
Long Term Care	Pharmacy
32-bed Residence	Inpatient
Long Term Care	Physical Therapy
Medical Services	Balance and Coordination
Social Services	BioStep
Therapeutic Services	Brace Fitting
Meals-on-Wheels	Cervical Traction
Cardiac Ultrasound	Electrical Stimulations
Vascular Ultrasound	Gait Training
Mobile Services	Crutches
Bone Density	Parallel Bars
Magnetic Resonance Imaging	Walker
Mammography	H ivamat
Nuclear Medicine	Women's Health
	Iontophoresis Treatments
	Lymphedema Treatment

Manual Therapy
 Massage
 Paraffin Bath
 Pediatric Care
 Pelvic Traction
 Phonophoresis
 Therapeutic Exercise
 Transcutaneous Electrical Nerve Stimulation
 Treatment of Vertigo
 Ultrasound
 Whirlpool Therapy
 Wound Care/Wound Vacuum
 Radiology Services
 Computed Tomography
 Dexa Scans (Bone Density)
 Fluoroscopy
 General Radiography
 X-Ray
 Skilled Swing Bed
 IV Therapy
 Occupational Therapy
 Physical Therapy
 Speech-Language Pathology
 Surgery Services
 General Surgery
 Minor Procedures
 Outpatient
 Therapy
 Wellness Center

**Sheridan County Health Complex
Providers**

Kerri Schippers, APRN-C
 Amanda Volchko, PA-C
 Deanna Sulzman, APRN –C
 Jill Stewart, M.D. Family Practice
 Victor Nemecheck, M.D. Family Practice
 Sheridan County Health Complex Visiting
 Providers
 Michael Machen, M.D. (Quinter) Family
 Practice
 Sheridan County Health Complex Visiting
 Specialists
 Alain Efstratiou, M.D. (Kearney, NE)
 Cardiology
 Richard Markiewicz, M.D. (North Platte, NE)
 Cardiology/Vascular
 Charles Schultz, M.D. (Hays) General
 Surgery
 Kelly Gable, D.O. (Colby) General Surgery

Health Department

**Sheridan County Public Health
Department**

940 8th Street (Hoxie)
 785-675-2101
www.kalhd.org/sheridan

**Sheridan County Public Health
Department services include:**

Breast Exam
 Child Health Assessments
 Blood Lead
 Developmental Evaluation
 Hearing Screenings
 Hemoglobin Test
 Physical Examinations
 KAN Be Healthy
 School Entry
 Head Start
 Referrals
 Vision Screenings
 Disease Control
 Tuberculosis Testing
 Emergency Preparedness
 Flu POD (Point of Dispensation)
 Other POD Communicable Diseases
 Health Screening
 Blood Pressure Check
 Cholesterol Screening
 Diabetic Education
 Foot Care
 Glucose Screening
 Hearing Test
 Hemoglobin
 Shots With Own Medication
 Urine Test
 Healthy Start Program
 Breastfeeding
 Child Development
 Home Visits
 Immunizations
 Parent-Child Relationship
 Lab Draw Days (2 yearly)
 School
 Health Education (Tobacco, Pregnancy,
 Suicide)
 Immunizations
 Vaccinations
 Adult
 Children
 Childhood Immunizations
 Flu
 Foreign Travel
 Pneumonia

Tetanus/Diphtheria
WIC
Assessments
Breastfeeding Support – Peer Counselor
Breast Pump Rental
Mom Support Group (Monthly)
Nutrition Education
Nutritious Foods

Mental Health

Catholic Charities of Hays

350 S. Range Avenue (Colby)
785-462-3426

Heartland Rural Counseling Services

485 W. 4th Street (Colby)
785-460-7588

High Plains Mental Health Center

750 S. Range Avenue (Colby)
785-462-6774

Turning Point

Jamie Kinderknecht

323 Main Street, Suite #4 (Quinter)
785-673-6160 or 785-628-3575
Head Office
124 E. 1 2th St. (Hays)
785-628-3575

Wings Upon the Prairie, Inc.

485 N. Franklin Avenue (Colby)
785-460-7477

Medical Professionals Chiropractors

Bainter Chiropractic

800 Main St. (Hoxie)
785-677-3077

Etherton Chiropractic

917 Pine Ave (Hoxie)
785-677-3944

Franz Chiropractic

135 W. 6th Street (Colby)
785-462-7236

Hill City Chiropractic Center

303 W. Main Street (Hill City)
785-421-2800

Miss Align Chiropractic

1132 Oak Ave (Hoxie)
785-675-3143

Karen Miller, D.C.

513 N. 10th Avenue (Hill City)
785-421-2067

Tubbs Chiropractic

135 W. 6th Street (Colby)
785-462-7236

Quinter Chiropractic

David Heskett (Quinter)
116 4th Street
785-754-2212

Wiley Chiropractic

990 South Range Avenue, Suite 5 (Colby)
785-462-7577

Clinics:

Hoxie Medical Clinic

826 18th Street (Hoxie)
785-675-3018

Selden Community Clinic

112 N. Kansas Avenue (Selden)
785-386-4380

Sheridan County Health Complex

826 18th Street (Hoxie)
P.O. Box 167
785-675-3281

Bluestem Medical

501 Garfield Street (Quinter)
785-754-3333

Family Center for Health Care

310 E. College Drive (Colby) 785-462-6184

Gove County Medical Center

P.O. Box 129 (Quinter)
785-754-3341

Graham County Medical Clinic

114 E. Walnut Street (Hill City)
785-421-2191

Specialty Clinic in Citizens Medical Center 100 E. College Drive (Colby)
785-460-1215

Dentists:

Karl Neuenschwander, D.D.S.
600 Main Street (Hoxie)
785-675-3292

Blackwood Family Dentistry
501 Garfield Street (Quinter)
785-754-2441

Karen Thummel, D.D.S.
480 W. 4th Street (Colby)
785-460-6800

Rawlins County Dental
515 State St.
785-626-8290

Scott Haas, D.D.S.
770 S. Range Avenue (Colby)
785-460-3922

Shawn Jensen, D.D.S.
1690 W. 4th Street (Colby)
785-460-3999

Thomas Barlow, D.D.S.
505 N. Franklin Avenue (Colby)
785-460-7538

William Miller, D.D.S.
305 W. Main Street (Hill City)
785-421-3492

Hearing

Hearing Solutions L.L.C.
1870 1/2 S. Range Avenue (Colby)
785-460-4327

Northwest Kansas Hearing Services
175 S. Range Avenue (Colby)
785-460-2957

Precision Hearing Aid Center
113 W. Walnut Street (Hill City)
785-421-2781

Optometrists:

Joshua Gooden, O.D.
210 Center - Monday, Tuesday, Wednesday
& Friday (Oakley)785-672-4271

Sam Funk, O.D.
505 N. Franklin, Suite B (Colby)
785-462-3348

Prairie Wind Eye Care
302 N. Pomeroy Avenue (Hill City)
785-421-3406

Travis Kinderknecht, O.D.
1201 Castle Rock Street (Quinter)
785-754-2494

Vision Source of Colby & Goodland
1005 S. Range Avenue, Suite 100 (Colby)
785-462-8231

Pharmacies

Mahanna Pharmacy, Inc.
833 Main Street (Hoxie)
785-675-3461

Dillon's Pharmacy
1605 S. Range Avenue (Colby)
785-462-1310

Palace Drug Store
460 N. Franklin Avenue (Colby)
785-460-7507

Ray's Pharmacy
414 Main Street (Quinter)
785-754-3312

Wal-Mart Pharmacy
115 W. Willow (Colby)
785-460-8651

Ward Drug
142 S Penn Avenue (Oberlin)
785-475-2285

Wise Drug
308 N. Pomeroy Avenue (Hill City)
785-421-5751

Rehabilitation Services

Sheridan County Health Complex

826 18th Street (Hoxie)
785-675-3281

Citizens Medical Center: Occupational Therapy & Medicine

100 E. College Drive (Colby)
785-460-4868

Social & Rehabilitation Services

1135 S. Country Club Drive (Colby)
785-462-6769

Other Health Services

Assisted Living/Nursing Homes/LTC

Sheridan County Long Term Care Unit/Assisted Living

826 1 8th Street (Hoxie)
785-675-3802

Apria Healthcare

1255 S. Country Club Drive (Colby)
785-462-8661

Colby Care Center

105 E. College Drive (Colby)
785-462-6721

Dawson Place

208 W. Prout Street (Hill City)
785-421-4314

Gove County Medical Center Long Term Care Facility

520 W. 5th Street
P.O. Box 129 (Quinter)
785-754-3335

Graham County Home Health Solution

208 W. Main Street (Hill City)
785-421-3400

Prairie Senior Living Complex

1625 S. Franklin Avenue (Colby)
785-462-8295

Sealye House

619 N. 4th Avenue (Hill City)
785-421-2662

Disability Services

Developmental Service of Northwest Kansas Hoxie Center

733 9th Street (Hoxie)
785-675-3933

Home and Community Based Services – HCBS

Provides medical services to children and adults in their home, assisted living or residential care facility. Designed to provide the least intensive level of care for individuals who may be placed in other care facilities.

Jill's Helping Hands, Inc.

27438 U.S. Highway 283 (Edmond)
785-622-4254 or 785-625-5690

Kobler Developmental Services of Northwest Kansas

100 W. McFarland Street (Hill City)
785-421-2851

LINK

LINK is an in-home support service for the disabled under age 65 – applicant must have qualified for disability and Medicaid services.

505G N. Franklin Avenue (Colby)
785-462-7600

LINK

415 N. Pomeroy Avenue (Hill City)
785-421-5774

Midwest Support & Information Services, Inc.

640 N. Franklin Avenue (Colby)
785-460-1896

Northwest Kansas Area Agency on Aging

510 W. 29th Street, Suite B
P.O. Box 610 (Hays)
785-628-8204 or 1-800-432-7422
www.nwkaaa.com

SKIL

SKIL is an in-home support service for the

physically disabled under 65 – applicant must qualify for disability and Medicaid services.

Domestic Violence Information and Treatment Centers

Domestic or Sexual Violence Crisis Center or 24 Hour Crisis Line
785-625-3055
General Information – Women’s Shelters
www.womenshelters.org

Northwest Kansas Domestic & Sexual Violence Services

P.O. Box 284 (Hays)
785-625-4202 (Daytime)
1-800-794-4624 (24 Hour Hotline)

Food Program

Sheridan County Food Pantry – Hoxie United Methodist Church

900 S. 12th Street (Hoxie)
785-675-3565

Sheridan County Health Complex – Meals on Wheels

826 1 8th Street (Hoxie)
785-675-3281

**Food Stamps
Social and Rehabilitation Services (SRS)**

3000 Broadway (Hays)
785-628-1066 or 1-888-369-4777

Genesis – Thomas County Inc. Food Pantry

350 S. Range Avenue (Colby)
785-460-7930

Graham County Hospital – Meals on Wheels

Hill City, KS 67642
785-421-2121

Homestead Nutrition Meal Site at Ridgewood Manor

925 8th Street (Hoxie)
785-675-2154

Northwest Kansas Area Agency on Aging – Commodity Distribution and Meals on Wheels

510 W. 29th Street, Suite B
P.O. Box 610 (Hays)
785-628-8204 or 1-800-432-7422
www.nwkaaa.com

Senior Progress Center of Thomas County – Meals on Wheels

165 Fike Park Street (Colby)
785-460-2901

**Government Healthcare
Kansas Department of Health and Environment (KDHE)**

Curtis State Office Building
1000 S.W. Jackson (Topeka)
785-296-1500
www.kdheks.gov/contact.html

Kansas Department on Aging and Disability Services (KDADS)

503 S. Kansas Avenue (Topeka)
785-296-4986 or 1-800-432-3535

Medicaid

Kansas Department of Children and Families

2250 E. 22nd Street (Hays)
785-628-1066

Medicare

Social Security Administration

1212 E. 27th Street (Hays)
800-772-1213

Northwest Kansas Area Agency on Aging (NWKAAA)

510 W. 29th Street, Suite B
P.O. Box 610 (Hays)
785-628-8204 or 1-800-432-7422

Health and Fitness Centers

Wellness Center – Sheridan County Hospital

826 1 8th Street (Hoxie)
785-675-3281

Jump Start Fitness Center
415 N. Franklin Avenue (Colby)
785-443-0419

WOW-Work Out Women
430 N. Franklin Avenue (Colby)
785-460-1969

Home Health Services

Good Samaritan Home Health of Central Kansas
(formerly Caring Heart)
1008 E. 17th Street (Hays)
785-621-2499 or 1-866-402-6458

Graham County Medical Clinic
114 E. Walnut Street (Hill City)
785-421-2191

Hospice of Graham County
304 W. Prout Street (Hill City) 785-421-2121

L&C Home Health Agency, Inc.
160 E. 2nd Street (Colby)
785-465-7444

Professional Home Health Services
1307 Lawrence (Hays)
785-625-0055

Hospice

Hospice Services, Inc.
438 N. Franklin Avenue (Colby)
785-462-6710

Hospice Services, Inc.
P.O. Box 116 (Phillipsburg)
1-800-315-5122
785-543-5688

Massage Therapists

Escape to Serenity
1132 Oak Avenue
785-657-1580

Massage by Cara
150 E. 5th Street (Colby)
785-462-2860

Stone Cottage Massage
611 4th Street (Morland)
785-627-3083

Renew Massage Therapy Clinic
1141 Main Street (Hoxie)
785-657-2171

Tina Harris Physical Therapy & Sports Medicine Center
270 N. Franklin Avenue (Colby)
785-462-8008

Uptown Style Salon & Day Spa
505 E. 4th Street (Colby)
785-462-2383
www.uptownstyleonline.com

Medical Equipment and Supplies

Mahanna Pharmacy, Inc.
833 Main Street (Hoxie)
785-675-3461

Apria Healthcare
1255 S. Country Club Drive (Colby)
785-462-8661

B&B Sales
202 W. Main Street (Hill City)
785-421-5580

Blue Sage Medical
200 Main Street (Quinter)
785-754-3994

Rays Pharmacy
324 Main Street (Quinter)
785-754-3314

Oakley Health Mart Pharmacy
103 Center Avenue (Oakley)
785-672-4727

Palace Drug Store
460 N. Franklin Avenue (Colby)
785-460-7507

Wise Drug
308 N. Pomeroy Avenue (Hill City)
785-421-5751

Nutrition Counseling

Sheridan County Public Health Department

940 8th Street (Hoxie)
785-675-2101

Citizen's Medical Center: Nutrition Counseling

100 E. College Drive (Colby)
785-460-4849

Health Cottage

1919 S. Range Avenue (Colby)
785-462-8609

Hill City Chiropractic Center

303 W. Main Street (Hill City)
785-421-2800

Senior Services

Homestead Nutrition Meal Site – Ridgewood

Manor
925 8th Street (Hoxie)
785-675-2154

Selden Community Center

110 N. Kansas Avenue (Selden)
785-386-4263

Seniors in Action

305 Main Street (Rexford)
785-687-4646

Citizens Medical Center: Prairie Senior Living Complex

1625 S. Franklin Avenue (Colby)
785-462-8295

Home Community Based Services (HCBS) 65+

Northwest Kansas Area Agency on Aging – NWKAAA

5510 W. 29th Street, Suite B
P.O. Box 610 (Hays)
785-628-8204 or 1-800-432-7422

Senior Citizens Center

300 Main Street (Quinter)
785-754-3598

Senior Progress Center of Thomas County

165 Fike Park Street (Colby)
785-460-2901

Veterinary Services

Hoxie Veterinary Clinic

1367 N. Hwy 23 (Hoxie)
785-675-3378

Central Veterinary Service

114 W. Main Street (Hill City)
785-421-6000

Colby Animal Clinic

810 E. 4th Street (Colby)
785-460-8621

Paul Brassfield, D.V.M.

207 N. Pomeroy Avenue (Hill City)
785-421-2200

Swartz Veterinary Hospital

1775 W. 4th Street (Colby)
785-460-1078

Local Government, Community and Social Services

Adult Protection

Hoxie Police Department

1024 Royal Avenue (Hoxie)
785-675-3291

Sheridan County Sheriff

940 8th Street (Hoxie)
785-675-3481

Kansas Department of Social and Rehabilitation Services West Region Protection Reporting Center – i.e. PROTECTION REPORT CENTER FOR ABUSE

1-800-922-5330
Available 24 hours/7 days per week – including Holidays

Alcohol and Drug Treatment Support Alcoholics Anonymous – AL ANON/AL TEEN 745 Main Street (Use West Door) (Hoxie) 785-675-1966

Alcoholics Anonymous – AL ANON

1275 W. 6th Street (Colby)
785-462-2906

ASAP – Alcohol Safety Action Program

1523 W. 4th Street (Colby)
785-462-6111

Central Kansas Foundation

180 W. 6th Street (Colby)
785-460-5885

Heartland Regional Alcohol & Drug Assessment

208 E. 7th Street (Hays)
785-621-2410

Regional Prevention Center of NW Kansas

505 N. Franklin Avenue, Suite E (Colby)
785-460-8177
www.nwksprevention.org

Thomas County Alcohol & Drug Abuse Council

345 N. Lake (Colby)
785-462-6111

Heartland RADAC – Regional Alcohol and Drug Assessment Center

3000 Broadway (SRS Building) (Hays)
Heartland RADAC is a licensed alcohol and drug treatment program that provides assessment and referral services for individuals. Heartland RADAC facilitates access to treatment services

If financial assistance is needed for in-patient treatment, contact Heartland RADAC Center at 913-789-0951 or 1-800-281-0951
www.hradac.com
www.hradac.com/resources.htm

Valley Hope Centers

Requires private insurance – will not accept Medicare or Medicaid
Norton, KS 785-877-5101
Halstead, KS 620-830-2041
Atchison, KS 913-967-1618
Or 1-800-544-5101

Out-Patient Treatment Programs

Heartland Rural Counseling Services, Inc.

485 W. 4th Street (Colby)
785-460-7588

Child Protection Hoxie Police Department

1024 Royal Avenue (Hoxie)
785-675-3291

Sheridan County Sheriff

940 8th Street (Hoxie)
785-675-3481

Kansas Department of Social and Rehabilitation Services West Region Protection Reporting Center – i.e. Protection

Report Center for Abuse

1-800-922-5330
Available 24 hours/7days per week – including Holidays

Children and Youth Assistance for Families – Department of Social and Rehabilitation Services (SRS)

3000 Broadway (Hays)
785-628-1066
www.srskansas.org
AYSO Youth Soccer
1195 E. 10th Street (Colby)
785-460-2976

Thomas County Big Brothers Big Sisters

112 E. 5th Street (Colby)
785-460-9125
Children's Neighborhood
700 Grant Street (Quinter)
785-754-3588

Child Support Application

www.kschild.com
1-888-757-2445

KanCare

Low or no cost health plan for Kansas children
within stipulated income guidelines – some low income parents may also qualify
1-800-792-48884
P.O. Box 3599 (Topeka)

www.kansashealthwave.org

Kansas Children's Service League

2717 Canal Boulevard, Suite G (Hays)
785-625-2244
KCSL Parent Hotline – 1-800-332-6378
www.kcsl.org

Kid Link

Associated with Early Head Start for Child Assessment

Kid's Port
460 N. Garfield (Colby)
785-465-9110

Lighthouse for Girls

430 W. Webster Street (Colby)
785-462-2590

Northwest Kansas Child Care Resource & Referral Agency

1255 Range (Colby)
785-460-5485

NWKS Juvenile Services

505 N. Franklin Avenue (Colby)
785-460-8008

St. Francis Community Services

180 W. 5th Street (Colby)
785-462-6679

**Tender Hearts Child Care Center
504 Castle Rock Road (Quinter)**

785-754-3937

Tiny Blessings Daycare

480 S. Garfield Avenue (Colby)
785-460-0880
Extension Office
Sheridan County Extension Agent
(Hoxie)
785-675-3268

Funeral Homes:

Mickey-Leopold Funeral Home

1024 Sheridan Avenue (Hoxie)
785-675-3057

Paul's Funeral Homes, Inc.

4th Street & Illinois (Selden)
785-386-4311

Harrison Chapel

190 S. Franklin Avenue (Colby)
785-462-2331

Kersenbrock Funeral Chapel

745 S. Country Club Drive (Colby)
785-462-7979

Schmitt Funeral Home

901 S. Main Street (Quinter)
785-754-3321

Head Start

Sheridan County Head Start

1117 Royal Avenue (Hoxie)
785-675-2048

Head Start NKESC

210 N. Grant Avenue (Colby)
785-462-6067

Head Start NKESC

216 N. 4th Avenue (Hill City)
Head Start NWKESC
210 North Grant Avenue (Colby)
785-460-6067

Housing

Eastview Homes

700 1 9th Street (Hoxie)
785-675-2171

Hoxie Housing Authority/Ridgewood Manor

925 8th Street (Hoxie)
785-675-2171

Indian Creek Apartments 401 Pine Avenue (Hoxie)

785-675-2358

Midway Realty (Hoxie)

785-675-3934

Pratt Real Estate

724 Main Street (Hoxie)
785-675-301 1

Sheridan Estates

2025 Sheridan Avenue (Hoxie) 785-675-3297

Watkins Realty & Insurance

901 Trail Avenue (Hoxie)
785-675-3239

Low Income Energy Assistance Program (LIEAP)

Assistance with paying utility bills for target income applicants.

Social and Rehabilitation Services

For more information or to request an application:

1-800-432-0043

Legal Services**Steve Hersch**

821 Main Street (Hoxie)
785-675-3762

Sloan & Eland Law Office & Title Insurance

736 Main Street (Hoxie)
785-675-3217

Sheridan District Magistrate

925 9th Street (Hoxie)
785-675-3221

Elder Law Hotline

1-888-353-5337

Older Kansans Information Service

Legal representation in specific areas of concern

funded by Area Agency on Aging and Federal

funds.

1-800-432-7422 and leave message or call direct

1-800-723-6953 or 785-625-4514

Senior Health Insurance Counseling for Kansas (SHICK)

Assists older adults with Medicare and supplemental insurance questions and concerns.

Northwest Kansas Area Agency on Aging

510 W. 29th Street, Suite B (Hays)

1-800-432-7422 or 785-628-8204

Senior Health Insurance Counseling for Kansas (SHICK)

Contact Persons:

Peggy Ritter

Jackie Rose

Sheridan County Health Complex

826 18th Street – Box 415 (Hoxie)

785-675-3281

Libraries, Parks and Recreation**Cottonwood Ranch**

14432 E. U.S. Highway 24 (Studley)

785-627-5866

Hoxie Swimming Pool

1300 Sheridan Avenue (Hoxie)

785-675-3003

Selden City Library

109 S. Kansas Avenue (Selden)

785-386-4321

Sheridan County Historical Society & Mickey's Museum

1224 Oak (Hoxie)

P.O. Box 274

785-675-3501

Sheridan County Public Library

801 Royal Avenue (Hoxie)

785-675-3102

Sheridan State Fishing Lake

(Hoxie)

785-675-2340

Public Information**City of Selden**

Mayor: 785-386-4450

Clerk: 785-386-4450

Hoxie Chamber of Commerce

924 Sheridan Avenue (Hoxie)

785-675-3016

Hoxie City Clerk's Office

827 Main Street (Hoxie)
785-675-3291

Selden Public Library

109 S. Kansas Avenue (Selden)
785-386-4321

Sheridan County Library

801 Royal Avenue (Hoxie)
785-675-3102

Colby/Thomas County Chamber of Commerce

350 S. Range Avenue (Colby)
785-460-3401

Hill City Area Chamber of Commerce

801 W. Main Street (Hill City)
785-421-5621

Ridgewood Manor

925 8th Street (Hoxie)
785-675-2171

Rape**Domestic or Sexual Violence Crisis Center or 24 Hour Crisis Line**

785-625-3055

High Plains Mental Health Center

750 S. Range Avenue (Colby) 785-462-6774

Options Domestic and Sexual Violence Services

403 E. 23rd Street (Hays)
785-625-4202

Red Cross**American Red Cross**

350 S. Range Avenue (Colby) 785-462-7161

Social Security Administration

1212 E. 27th Street (Hays)
785-625-3496
www.ssa.gov

Support Groups**American Cancer Society**

Heather West, Community Manager – Health Initiatives

785-472-4075

heather.west@cancer.org
Kim Peach, Community Manager –
Development
785-222-3327

Alzheimer's Support Group

Meetings are at 7 pm the first Monday of each month at the Northwest Kansas Area Health Education Center.
217 E. 32nd Street (Hays)
785-625-9006

Patient Service Center – American Cancer Society

1-877-227-1618
HPLPatientServiceCenter@cancer.org

Transportation**Hoxie-Sheridan County Airport**

(Hoxie)
785-675-3291

Sheridan County General Public Transportation

925 9th Street (Hoxie)
785-675-2191

Stevenson Private Airport

Box 9 (Selden)
785-386-4285

Transportation Department

West U.S. 24 (Hoxie)
785-675-3842

Colby Municipal Airport

Kansas Highway 25 (Colby)
785-460-4438

Gove County General Public Transportation

520 W. 5th Street (Quinter)
785-754-3335

Greyhound Bus Lines

2000 South Range Avenue (Colby)
785-462-8299

Hill City Municipal Airport

(Hill City)
785-421-3422

Johnson Transport, Inc.
735 E. Hill Street (Colby)
785-460-6479

Murray Airport
(Colby)
Quinter Air Strip
(Qu inter)

**Quinter School Transportation
Department**
500 Grant Street (Quinter)
785-754-3500

Senior Progress Center
165 Fike Park Street (Colby)
785-460-2901

Transportation Department
1020 S. Range Avenue (Colby)
785-672-3136

Transportation Department
205 N. 12th Avenue (Hill City)
785-421-2208

**State and National Information,
Services, Support Adult Protection**

Adult Protection Services
1-800-922-5330
www.srskansas.org/SD/ees/adult.htm

**Domestic Violence and Sexual Assault
(DVACK)**
1-800-874-1499
www.dvack.org

Elder Abuse Hotline
1-800-842-0078
www.elderabusecenter.org

Elder and Nursing Home Abuse Legal
www.resource4nursinghomeabuse.com/index.html

**Kansas Coalition Against Sexual and
Domestic Violence**
1-888-END-ABUSE (363-2287)
www.kcsdv.org/ksresources.html

**Kansas Department on Aging
Adult Care Complaint Program**
1-800-842-0078

National Center on Elder Abuse
(Administration on Aging)
[www.ncea.gov/NCEARoot/Main Site?Find
Help/
Help Hotline.aspx](http://www.ncea.gov/NCEARoot/Main Site?Find Help/Help Hotline.aspx)

National Domestic Violence Hotline
1-800-799-SAFE (799-7233)
1-800-787-3224 (TTY)
www.ndvh.org

National Sexual Assault Hotline
1-800-994-9662
1-888-220-5416 (TTY)
www.4woman.gov/faq/sexualassault.htm

National Suicide Prevention Lifeline
1-800-273-8255

Poison Center
1-800-222-1222

**Sexual Assault and Domestic Violence
Crisis
Line**
1-800-701-3630

Social and Rehabilitation Services
(SRS) 1-888-369-4777 (HAYS)
www.srskansas.org

Suicide Prevention Helpline
785-841-2345

**Alcohol and Drug Treatment Programs
A 1 A Detox Treatment**
1-800-757-0771

AAAAAH
1-800-993-3869

Abandon A Addiction
1-800-405-4810

Able Detox-Rehab Treatment
1-800-577-2481 (NATIONAL)

Abuse Addiction Agency
1-800-861-1768
www.thewatershed.com

AIC (Assessment Information Classes)

1-888-764-5510

Al-Anon Family Group

1 -888-4AL-ANON (425-2666)

www.al-anon.alateen.org

Alcohol and Drug Abuse Hotline

1-800-ALCOHOL

Alcohol and Drug Abuse Services

1-800-586-3690

[www.srskansas.org/services/alc
drug assess.htm](http://www.srskansas.org/services/alcdrug%20assess.htm)

Alcohol and Drug Addiction Treatment Programs

1-800-510-9435

Alcohol and Drug Helpline

1-800-821-4357

Alcoholism/Drug Addiction Treatment Center 1-800-477-3447

Kansas Alcohol and Drug Abuse Services Hotline

1-800-586-3690

[www.srskansas.org/services/alc
drug assess.htm](http://www.srskansas.org/services/alcdrug%20assess.htm)

Mothers Against Drunk Driving

1 -800-GET-MADD (438-6233)

www.madd.org

National Council on Alcoholism and Drug Dependence, Inc.

1 -800-NCA-CALL (622-2255)

www.ncadd.org

Recovery Connection

www.recoveryconnection.org

Regional Prevention Centers of Kansas

1-800-757-2180

[www.smokyhillfoundation.com/rpc-
locate.html](http://www.smokyhillfoundation.com/rpc-locate.html)

Better Business Bureau

Better Business Bureau

328 Laura (Wichita)

316-263-3146

www.wichita.bbb.org

Children and Youth Adoption

1-800-862-3678

www.adopt.org/

Boys and Girls Town National Hotline

1-800-448-3000

www.girlsandboystown.org

Child/Adult Abuse and Neglect Hotline

1-800-922-5330

www.srskansas.org/

Child Abuse Hotline

1-800-922-5330

Child Abuse National Hotline

1-800-422-4453

1-800-222-4453 (TDD)

www.childhelpusa.org/home

Child Abuse National Hotline

1-800-4-A-CHILD (422-4453)

www.childabuse.com

Child Find of America

1-800-426-5678

Child Help USA National Child Abuse Hotline

1-800-422-4453

Child Protective Services

1-800-922-5330

[www.srskansas.org/services/childprotectives
ervices.htm](http://www.srskansas.org/services/childprotectiveservices.htm)

Health Wave

P.O. Box 3599

Topeka, KS 66601

1-800-792-4884

1-800-792-4292 (TTY)

www.kansashealthwave.org

Heartspring (Institute of Logopedics)

8700 E. 29TH N

Wichita, KS 67226

www.heartspring.org

Kansas Big Brothers/Big Sisters

1 -888-KS4-BIGS

www.ksbbbs.org

**Kansas Children's Service League
(Hays)** 785-625-2244
1-877-530-5275
www.kcsl.org

**Kansas Department of Health and
Environment**
785-296-1500
www.kdheks.gov
e-mail: info@kdheks.gov

Kansas Society for Crippled Children
106 W. Douglas, Suite 900
Wichita, KS 67202
1-800-624-4530
316-262-4676
www.kssociety.org

National Runaway Switchboard
1-800-RUNAWAY
www.1800runaway.org/

**National Society for Missing and
Exploited Children**
1-800-THE-LOST (843-5678)
www.missingkids.com

Parents Anonymous Help Line
1-800-345-5044
www.parentsanonymous.org/paIndex10.htm
l

Runaway Line
1-800-621-4000
1-800-621-0394 (TDD)
www.1800runaway.org/

Talking Books
1-800-362-0699
[www.skyways.lib.ks.us/KSL/talking/ksl
bph.html](http://www.skyways.lib.ks.us/KSL/talking/ksl
bph.html)

Community Action

Peace Corps
1-800-424-8580
www.peacecorps.gov

**Public Affairs Hotline (Kansas
Corporation
Commission)**

1-800-662-0027
www.kcc.state.ks.us

Counseling

Care Counseling
Family counseling services for Kansas and
Missouri
1-888-999-2196

Carl Feril Counseling
608 N Exchange (St. John)
620-549-641 1

**Castlewood Treatment Center for
Eating Disorders**
1-888-822-8938
www.castlewoodtc.com

Catholic Charities
1-888-468-6909
www.catholiccharitiessalina.org

Center for Counseling
5815 W Broadway (Great Bend)
1-800-875-2544

Central Kansas Mental Health Center
1-800-794-8281
Will roll over after hours to a crisis number.
Consumer Credit Counseling Services
1-800-279-2227
www.kscgccs.org/

Kansas Problem Gambling Hotline
1-866-662-3800
www.ksmhc.org/Services/gambling.htm

National Hopeline Network
1-800-SUICIDE (785-2433)
www.hopeline.com

National Problem Gambling Hotline
1-800-552-4700
www.npgaw.org

Samaritan Counseling Center
1602 N. Main Street
Hutchinson, KS 67501
620-662-7835
<http://cmc.pdswebpro.com/>

Self-Help Network of Kansas

1-800-445-0116
www.selfhelpnetwork.wichita.edu

Senior Health Insurance Counseling
1-800-860-5260
www.agingkansas.org

Sunflower Family Services, Inc.
(adoption, crisis pregnancy, conflict solution center)
1-877-457-5437
www.sunflowerfamily.org

Disability Services
American Association of People with Disabilities (AAPD)
www.aapd.com

American Council for the Blind
1-800-424-8666
www.acb.org

Americans with Disabilities Act Information Hotline
1-800-514-0301
1-800-514-0383 (TTY)
www.ada.gov

Disability Advocates of Kansas, Incorporated
1-866-529-3824
www.disabilitysecrets.com

Disability Group, Incorporated
1-888-236-3348
www.disabilitygroup.com

Disability Rights Center of Kansas (DRC)
Formerly Kansas Advocacy & Protective Services
1-877-776-1541
1-877-335-3725 (TTY)
www.drckansas.org

Hearing Healthcare Associates
1-800-448-0215
Kansas Commission for the Deaf and Hearing Impaired
1-800-432-0698

www.srskansas.org/kcdhh

Kansas Relay Center (Hearing Impaired service)
1-800-766-3777
www.kansasrelay.com

National Center for Learning Disabilities
1-888-575-7373
www.nclld.org

National Library Services for Blind & Physically Handicapped
www.loc.gov/nls/
1-800-424-8567
Parmele Law Firm
8623 E 32nd Street N, Suite 100 (Wichita)
1-877-267-6300

Environment

Environmental Protection Agency 1-800-223-0425
913-321-9516 (TTY)
www.epa.gov

Kansas Department of Health and Environment
Salina 785-827-9639 Hays 785-625-5663
Topeka 785-296-1500
www.kdheks.gov

Food and Drug Center for Food Safety and Applied Nutrition 1-888-SAFE FOOD (723-3366)
www.cfsan.fda.gov/
www.healthfinder.gov/docs/doc03647.htm
US Consumer Product Safety Commission
1-800-638-2772
1-800-638-8270 (TDD)
www.cpsc.gov

USDA Meat and Poultry Hotline
1-888-674-6854
1-800-256-7072 (TTY)
www.fsis.usda.gov/

U.S. Food and Drug Administration
1-888-INFO-FDA
1-888-463-6332

www.fsis.usda.gov/

Poison Hotline
1-800-222-1222

Health Services
American Cancer Society
1-800-227-2345
www.cancer.org

American Diabetes Association
1-800-DIABETES (342-2383)
www.diabetes.org

AIDS/HIV Center for Disease Control and Prevention
1-800-CDC-INFO
1-888-232-6348 (TTY)
www.cdc.gov/hiv/

AIDS/STD National Hot Line
1-800-342-AIDS
1-800-227-8922 (STD line)

American Health Assistance Foundation
1-800-437-2423
www.ahaf.org

American Heart Association
1-800-242-8721
www.americanheart.org

American Lung Association
1-800-586-4872

American Stroke Association
1-888-4-STROKE
www.americanheart.org

Center for Disease Control and Prevention
1-800-CDC-INFO
1-888-232-6348 (TTY)
www.cdc.gov/hiv/

Elder Care Helpline
www.eldercarelink.com

Eye Care Council
1-800-960-EYES
www.seetolearn.com

Kansas Foundation for Medical Care
1-800-432-0407
www.kfmc.org

National Health Information Center
1-800-336-4797
www.health.gov/nhic

National Cancer Information Center
1-800-227-2345
1-866-228-4327 (TTY)
www.cancer.org

National Institute on Deafness and Other Communication Disorders Information Clearinghouse
1-800-241-1044
1-800-241-1055 (TTY)
www.nidcd.nih.gov

Hospice

Hospice-Kansas Association
1-800-767-4965

Kansas Hospice and Palliative Care Organization
1-888-202-5433
www.lifeproject.org/akh.htm
Southwind Hospice, Incorporated
www.southwindhospice.com
785-483-3161

Housing

Kansas Housing Resources Corporation
785-296-2065
www.housingcorp.org

US Department of Housing and Urban Development
Kansas Regional Office
913-551-5462

Legal Services

Kansas Attorney General
1-800-432-2310 (Consumer Protection)
1-800-828-9745 (Crime Victims' Rights)
1-800-766-3777 (TTY)
www.ksag.org/

Kansas Bar Association
785-234-5696

www.ksbar.org

Kansas Department on Aging

1-800-432-3535

www.agingkansas.org/index.htm

Kansas Legal Services

1-800-723-6953

www.kansaslegalservices.org

Southwest Kansas Area Agency on Aging

240 San Jose Drive (Dodge City)

(620) 225-8230

<http://www.swkaaa.org/>

Medicaid Services

First Guard

1-888-828-5698

www.firstguard.com

Kansas Health Wave

1-800-792-4884 or 1-800-792-4292 (TTY)

www.kansashealthwave.org

Kansas Medical Assistance Program

Customer Service

1-800-766-9012

www.kmpa-state-ks.us/

Medicare Information

1-800-MEDICARE

www.medicare.gov

U.S. Department of Health and Human Services

Centers for Medicare and Medicaid Services

1-800-MEDICARE (1-800-633-4227) or

1-877-486-2048 (TTY)

www.cms.hhs.gov

Mental Health Services

Alzheimer's Association

1-800-272-3900 or 1-866-403-3073 (TTY)

www.alz.org

Developmental Services of Northwest Kansas

1-800-637-2229

Kansas Alliance for Mentally Ill (Topeka, KS)

785-233-0755

www.namikansas.org

Make a Difference

1-800-332-6262

Mental Health America

1-800-969-6MHA (969-6642)

National Alliance for the Mentally Ill Helpline

1-800-950-NAMI (950-6264) or

703-516-7227 (TTY)

www.nami.org

National Institute of Mental Health

1-866-615-6464 or 1-866-415-8051 (TTY)

www.nimh.nih.gov

National Library Services for Blind and Physically Handicapped

1-800-424-8567

www.loc.gov/nls/music/index.html

National Mental Health Association

1-800-969-6642

1-800-433-5959 (TTY)

www.nmha.org

**State Mental Health Agency
KS Department of Social and Rehabilitation Services**

915 SW Harrison Street (Topeka)

785-296-3959

www.srskansas.org

Suicide Prevention Hotline

1-800-SUICIDE [784-2433]

www.hopeline.com

Nutrition

American Dietetic Association

1-800-877-1600

www.eatright.org

American Dietetic Association

Consumer

Nutrition Hotline

1-800-366-1655

Department of Human Nutrition

Kansas State University

119 Justin Hall (Manhattan)

785-532-5500

www.humec.k-state.edu/hn/

Eating Disorders Awareness and Prevention

1-800-931-2237

www.nationaleatingdisorders.org

Food Stamps

Kansas Department of Social and Rehabilitation Services (SRS)

1-888-369-4777 or Local SRS office

www.srskansas.org/ISD/ees/foodstamps.htm

Kansas Department of Health and Environment

1000 SW Jackson, Suite 220 (Topeka)
785-296-1320

www.kdheks.gov/news-wic/index.html

Road and Weather Conditions

Kansas Road Conditions

1-866-511-KDOT

511

www.ksdot.org

Senior Services

Alzheimer's Association

1-800-487-2585

American Association of Retired Persons (AARP)

1-888-OUR-AARP (687-2277)

www.aarp.org

Americans with Disabilities Act Information Line

1-800-514-0301 or 1-800-514-0383 [TTY]

www.usdoj.gov/crt/ada

American Association of Retired Persons

1-888-687-2277

www.aarp.org

Area Agency on Aging

1-800-432-2703

Eldercare Locator

1-800-677-1116

www.eldercare.gov/eldercare/public/home.asp

Home Buddy

1-866-922-8339

www.homebuddy.org

Home Health Complaints

Kansas Department of Social and Rehabilitation Services (SRS)

1-800-842-0078

Kansas Advocates for Better Care Inc. Consumer Information

1-800-525-1782

www.kabc.org

Kansas Department on Aging

1-800-432-3535 or 785-291-3167 (TTY)

www.agingkansas.org/index.htm

Kansas Foundation for Medical Care, Inc.

Medicare Beneficiary Information

1-800-432-0407

Kansas Tobacco Use Quitline

1-866-KAN-STOP (526-7867)

www.kdheks.gov/tobacco/cessation.html

Older Kansans Employment Programs (OKEP)

785-296-7842

www.kansascommerce.com

Older Kansans Hotline

1-800-742-9531

Older Kansans Information Reference Sources on Aging (OKIRSA)

1-800-432-3535

Senior Health Insurance Counseling for Kansas

1-800-860-5260

www.agingkansas.org/SHICK/shickindex.html

SHICK

1-800-860-5260

www.agingkansas.org/SHICK

Social Security Administration

785-296-3959 or 785-296-1491 (TTY)

www.srskansas.org

SRS Rehabilitation Services Kansas

785-296-3959
785-296-1491 (TTY)
www.srskansas.org

**Suicide Prevention
Suicide Prevention Services**

1-800-784-2433
www.spsfv.org

**Veterans
Federal Information Center**

1-800-333-4636
www.FirstGov.gov

U.S. Department of Veterans Affairs

1-800-513-7731
www.kcva.org

Education (GI Bill)

1-888-442-4551

Health Resource Center

1-877-222-8387

Insurance Center

1-800-669-8477

**Veteran Special Issue Help Line
Includes Gulf War/Agent Orange
Helpline**

1-800-749-8387

**U.S. Department of Veterans Affairs
Mammography Helpline**

1-888-492-7844

Other Benefits

1-800-827-1000

**Memorial Program Service [includes
status of headstones and markers]**

1-800-697-6947

**Telecommunications Device for the
Deaf/Hearing Impaired 1-800-829-
4833 (TTY)**

www.vba.va.gov

Veterans Administration

Welfare Fraud Hotline

1-800-432-3913

Kansas State University Agricultural Experiment Station and Cooperative Extension Service,
Manhattan, Kansas.

It is the policy of Kansas State University Agricultural Experiment Station and Cooperative
Extension Service that all persons shall have equal opportunity and access to its educational
programs, services, activities, and materials without regard to race, color, religion, national
origin, sex, age or disability. Kansas State University is an equal opportunity organization.
Issued in furtherance of Cooperative Extension Work, Acts of May 8 and June 30, 1914, as
amended. Kansas State University, County Extension Councils, Extension Districts, and United
States Department of Agriculture Cooperating, John D. Floros, Dean, College of Agriculture.

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

FFY 2017 (IP)



Patient Origin by Region - Inpatient
 Sheridan, KS Residents Treated in KHA Reporting Area
 Federal Fiscal Year: 2017

Hospital	Total Discharges		Pediatric Age 0 - 17		Age 18 - 44		Adult Medical/Surgical				Psychiatric		Obstetric		Newborn		Surg %		
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%			
Sheridan County Health Complex - Hoxie, KS	132	43.4%	4	3.0%	2	1.5%	17	12.9%	23	17.4%	85	64.4%	1	0.8%	0	0			
HaysMed - Hays, KS	53	17.4%	0		3	5.7%	5	9.4%	12	22.6%	24	45.3%	1	1.9%	4	7.5%	4	49.1%	
Gove County Medical Center - Quinter, KS	31	10.2%	2	6.5%	1	3.2%	7	22.6%	2	6.5%	5	16.1%	0		14	45.2%	0	12.9%	
Salina Regional Health Center - Salina, KS	19	6.2%	0		1	5.3%	2	10.5%	3	15.8%	13	68.4%	0		0		0	68.4%	
Citizens Medical Center - Colby, KS	18	5.9%	1	5.6%	3	16.7%	5	27.8%	5	27.8%	4	22.2%	0		0		0	5.6%	
Kansas Residents/Nebraska Hospitals	17	5.6%	0		0		4	23.5%	5	29.4%	8	47.1%	0		0		0	64.7%	
Salina Surgical Hospital - Salina, KS	10	3.3%	0		0		2	20.0%	3	30.0%	5	50.0%	0		0		0	90.0%	
Via Christi Hospitals Wichita, Inc. - Wichita, KS	5	1.6%	0		1	20.0%	1	20.0%	1	20.0%	1	20.0%	1	20.0%	0		0	20.0%	
The University of Kansas Health System - Kansas City, KS	5	1.6%	0		1	20.0%	1	20.0%	1	20.0%	2	40.0%	0		0		0	80.0%	
Other Hospitals	14	4.6%	5	35.7%	0		4	28.6%	1	7.1%	3	21.4%	0		1	7.1%	0	50.0%	
Hospital Total	304	100.0%	12	3.9%	12	3.9%	48	15.8%	56	18.4%	150	49.3%	3	1.0%	19	6.2%	4	1.3%	25.0%

FFY 2016 (IP)



Patient Origin by Region - Inpatient
 Sheridan, KS Residents Treated in KHA Reporting Area
 Federal Fiscal Year: 2016

Hospital	Total Discharges		Pediatric Age 0 - 17		Age 18 - 44		Adult Medical/Surgical				Psychiatric		Obstetric		Newborn		Surg %		
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%			
Sheridan County Health Complex - Hoxie, KS	89	28.1%	3	3.4%	5	5.6%	12	13.5%	11	12.4%	58	65.2%	0		0		0		
Gove County Medical Center - Quinter, KS	68	21.5%	0		1	1.5%	13	19.1%	5	7.4%	33	48.5%	0		15	22.1%	1	1.5%	16.2%
HaysMed - Hays, KS	65	20.5%	0		4	6.2%	8	12.3%	16	24.6%	28	43.1%	0		4	6.2%	5	7.7%	44.6%
Kansas Residents/Nebraska Hospitals	16	5.0%	0		3	18.8%	4	25.0%	7	43.8%	2	12.5%	0		0		0	62.5%	
Salina Regional Health Center - Salina, KS	15	4.7%	0		2	13.3%	1	6.7%	4	26.7%	8	53.3%	0		0		0	60.0%	
Citizens Medical Center - Colby, KS	13	4.1%	0		0		3	23.1%	4	30.8%	6	46.2%	0		0		0	15.4%	
Wesley Healthcare - Wichita, KS	10	3.2%	4	40.0%	0		2	20.0%	0		1	10.0%	0		1	10.0%	2	20.0%	10.0%
Via Christi Hospitals Wichita, Inc. - Wichita, KS	9	2.8%	0		0		5	55.6%	0		4	44.4%	0		0		0	22.2%	
Decatur Health Systems, Inc. - Oberlin, KS	5	1.6%	0		0		0		0		5	100.0%	0		0		0		
Other Hospitals	27	8.5%	3	11.1%	1	3.7%	7	25.9%	4	14.8%	8	29.6%	1	3.7%	2	7.4%	1	3.7%	29.6%
Hospital Total	317	100.0%	10	3.2%	16	5.0%	55	17.4%	51	16.1%	153	48.3%	1	0.3%	22	6.9%	9	2.8%	22.7%



Patient Origin by Region - Inpatient
 Sheridan, KS Residents Treated in KHA Reporting Area
 Federal Fiscal Year: 2015

Hospital	Total Discharges		Pediatric Age 0 - 17		Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		Surg %
	Cases	%	Cases	%	Age 18 - 44	Age 45 - 64	Age 65 - 74	Age 75+	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
Sheridan County Health Complex - Hoxie, KS	98	28.7%	9	9.2%	5	5.1%	17	17.3%	10	10.2%	57	58.2%	0		0		0		
HaysMed - Hays, KS	74	21.6%	1	1.4%	5	6.8%	17	23.0%	21	28.4%	23	31.1%	1	1.4%	3	4.1%	3	4.1%	51.4%
Gove County Medical Center - Quinter, KS	56	16.4%	0		0		7	12.5%	13	23.2%	22	39.3%	2	3.6%	10	17.9%	2	3.6%	5.4%
Citizens Medical Center - Colby, KS	41	12.0%	2	4.9%	2	4.9%	3	7.3%	5	12.2%	9	22.0%	0		10	24.4%	10	24.4%	26.8%
Kansas Residents/Nebraska Hospitals	16	4.7%	0		3	18.8%	4	25.0%	7	43.8%	2	12.5%	0		0		0		62.5%
Children's Mercy Kansas City - Kansas City, MO	14	4.1%	14	100.0%	0		0		0		0		0		0		0		14.3%
Salina Regional Health Center - Salina, KS	7	2.0%	0		1	14.3%	2	28.6%	1	14.3%	3	42.9%	0		0		0		
Salina Surgical Hospital - Salina, KS	6	1.8%	0		0		0		1	16.7%	5	83.3%	0		0		0		100.0%
The University of Kansas Health System - Kansas City, KS	6	1.8%	0		0		6	100.0%	0		0		0		0		0		33.3%
Via Christi Hospitals Wichita, Inc. - Wichita, KS	5	1.5%	1	20.0%	0		0		0		3	60.0%	1	20.0%	0		0		
Other Hospitals	19	5.6%	4	21.1%	0		2	10.5%	3	15.8%	10	52.6%	0		0		0		26.3%
Hospital Total	342	100.0%	31	9.1%	16	4.7%	58	17.0%	61	17.8%	134	39.2%	4	1.2%	23	6.7%	15	4.4%	22.5%



Outpatient Total Service Category Visits by Hospital*

Sheridan County Health Complex - Hoxie, KS
Federal Fiscal Year: 2017



Revenue Category	Total Visits	Emergency Dept Visits	Surgery Visits	Observation Visits	Clinical Services Visits	% Male
1 Emergency Department (45x)	452	452	1	28		42.5%
2 Surgery (36x, 49x)	56	1	56	1		55.4%
3 Observation (76x, excl. 761)	43	28	1	43		46.5%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	899	177	8	20	708	44.3%
14 Nuclear Medicine (34x)	61				61	49.2%
15 CT Scan (35x)	237	90		14	145	46.4%
16 Mammography (401, 403)	99				99	
17 Ultrasound (402)	187	6	6	2	175	27.3%
19 Magnetic Resonance Technology (61x)	100	1		1	99	55.0%
25 Stress Test (482)	37				37	51.4%
35 Treatment Room (76X excl. 762)	468	7	7	3	452	29.9%
37 EKG/ECG (73x)	375	84		16	285	56.0%
38 Cardiology (48x excl. 481-483)	82	1		2	80	46.3%
42 Physical Therapy (42x)	154				154	44.8%
43 Occupational Therapy (43x)	13				13	30.8%
44 SpeechLanguage Pathology (44x)	8				8	75.0%

	Total Visits	Emergency Dept Visits	Surgery Visits	Observation Visits	Clinical Services Visits	% Male
Visits by service category		452	56	43	2,125	
Actual visits in report	2,647					40.5%
Actual unclassified visits	3,221					41.0%
Actual total visits	5,868					40.8%

FFY 2016 (OP)



Outpatient Total Service Category Visits by Hospital*

Sheridan County Health Complex - Hoxie, KS
Federal Fiscal Year: 2016



Revenue Category	Total Visits	Emergency Dept Visits	Surgery Visits	Observation Visits	Clinical Services Visits	% Male
1 Emergency Department (45x)	423	423		26		48.7%
2 Surgery (36x, 49x)	15		15			53.3%
3 Observation (76x, exd. 761)	44	26		44		47.7%
11 Radiology - Diagnostic (32x, exd. 322 and 323)	910	169		21	739	46.6%
14 Nuclear Medicine (34x)	38				38	39.5%
15 CT Scan (35x)	241	79		14	161	44.4%
16 Mammography (401, 403)	97				97	
17 Ultrasound (402)	133				133	26.3%
19 Magnetic Resonance Technology (61x)	107				107	48.6%
25 Stress Test (482)	25				25	44.0%
35 Treatment Room (76X exd. 762)	793	7	1		785	42.1%
37 EKG/E CG (73x)	320	81		7	239	60.3%
38 Cardiology (48x exd. 481-483)	51				51	49.0%
42 Physical Therapy (42x)	246				246	42.3%
43 Occupational Therapy (43x)	25				25	44.0%
44 SpeechLanguage Pathology (44x)	11				11	45.5%

	Total Visits	Emergency Dept Visits	Surgery Visits	Observation Visits	Clinical Services Visits	% Male
Visits by service category		423	15	44	2,482	
Actual visits in report	2,938					42.7%
Actual unclassified visits	2,831					39.0%
Actual total visits	5,769					40.9%

FFY 2015 (OP)



Outpatient Total Service Category Visits by Hospital*

Sheridan County Health Complex - Hoxie, KS
Federal Fiscal Year: 2015



Revenue Category	Total Visits	Emergency Dept Visits	Surgery Visits	Observation Visits	Clinical Services Visits	% Male
1 Emergency Department (45x)	481	481		45		51.6%
2 Surgery (36x, 49x)	31		31			35.5%
3 Observation (76x, excl. 761)	88	45		88		47.7%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	992	231	8	50	741	47.8%
14 Nuclear Medicine (34x)	28				28	46.4%
15 CT Scan (35x)	263	105		29	150	49.0%
16 Mammography (401, 403)	103				103	
17 Ultrasound (402)	162	2	2		158	26.5%
19 Magnetic Resonance Technology (61x)	98	1		1	97	51.0%
25 Stress Test (482)	22				22	59.1%
35 Treatment Room (76X excl. 762)	1,612	17	7	7	1,584	45.6%
37 EKG/ECG (73x)	343	116		29	220	56.3%
38 Cardiology (48x excl. 481-483)	57				57	61.4%
42 Physical Therapy (42x)	285				285	38.2%
43 Occupational Therapy (43x)	41				41	43.9%
44 SpeechLanguage Pathology (44x)	16	1		1	15	43.8%

	Total Visits	Emergency Dept Visits	Surgery Visits	Observation Visits	Clinical Services Visits	% Male
Visits by service category		481	31	88	3,260	
Actual visits in report	3,815					44.7%
Actual unclassified visits	2,684					39.3%
Actual total visits	6,499					42.5%

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Town Hall Attendees

Sheridan County - Hoxie CHNA Roster 2018 Town Hall - 4/11/18							N=47	
CHNA Cat	Fname	Lname	Attend	Firm / Agency	Address	City	KS	Zip
Political, appointed and elected officials.	Gary	Baalman	1	Member at large	PO Box 745	Hoxie	KS	67740
Political, appointed and elected officials.	Janice	Baalman	1	Member at large	PO Box 745	Hoxie	KS	67740
Hospitals, clinics, nursing homes managers	Dalene	Babcock	1	SCHC Dietary Director	2430 N Rd 10 E	Hoxie	KS	67740
Hospital Board Member	Joy	Bretz	1	Hospital Board member	NA	Hoxie	KS	67740
PRESS (Paper, TV, Radio)	Julie	Britton	1	Grant writer	NA	Hoxie	KS	67740
Community member	Brandon	Carver	1		PO Box 898	Hoxie	KS	67740
Mental health providers.	Jodi	Dumler	1	Mental health provider at SCHC	NA	Hoxie	KS	67740
Hospital Board Member	Ken	Eland	1	Board	PO Box 565	Hoxie	KS	67740
Other health professionals.	Morgan	Farber	1	Physical Therapy for SCHC	NA	Hoxie	KS	67740
Community member	Verlene	Feldt	1	Resident	NA	Hoxie	KS	67740
Hospitals, clinics, nursing homes managers	Carlene	Gillespie	1	Assistant to hospital administrator	NA	Hoxie	KS	67740
Community member	Ed	Heim	1	Resident	PO Box 234	Hoxie	KS	67740
Community member	Lucille	Heim	1	Resident	PO Box 234	Hoxie	KS	67740
Education staff and officials.	Jim	Howard	1	School superintendent & principal	NA	Hoxie	KS	67740
Community member	Ladonna	Joslyn	1	Resident	RR 1 Box 108	Hoxie	KS	67740
Community member	Mark	Joslyn	1	Resident	RR 1 Box 108	Hoxie	KS	67740
Community member	Deb	Kaufman	1	Resident	NA	Hoxie	KS	67740
Community member	Doyle	Kauk	1	Resident	1208 N Rd 50 W	Hoxie	KS	67740
Community member	Veronica	Kauk	1	Resident	1208 N Rd 50 W	Hoxie	KS	67740
Mental health providers.	Taylor	Leitner	1	Behavioral health therapist	NA	Hoxie	KS	67740
Community member	David & Jan	Leopold	2	Resident	PO Box 235	Hoxie	KS	67740
Other health professionals.	Kou	Louin	1	Ambulance volunteer	NA	Hoxie	KS	67740
Other health professionals.	Renee	Mader	1	Skilled swing bed SCHC	NA	Hoxie	KS	67740
Community member	Bobby Kay	Mary	1	Resident	NA	Hoxie	KS	67740
Community member	Don and Flo	Mense	1	Resident	PO Box 356	Hoxie	KS	67740
Health Dept - health professionals.	Lynn	Moss	1	Public health nurse	NA	Hoxie	KS	67740
Community member	Mitch	Moss	1	Resident	PO Box 811	Hoxie	KS	67740
Business and economic development	Shelby	Moss	1	Human Resources SCHC	NA	Hoxie	KS	67740
Representative from business	Becky	Mullins	1	Business office SCHC	NA	Hoxie	KS	67740
Hospital Board Member	Mike	Mullins	1	Hospital board members	NA	Hoxie	KS	67740
Other	Pam	Nemechek	1	Wife of Dr. Nemechek	NA	Hoxie	KS	67740
Community member	Chris	Niblock	1	Resident	NA	Hoxie	KS	67740
Business owners / CEOs	Michael	O'Dell	1	Hospital CFO	NA	Hoxie	KS	67740
Health and Human Service Organizations	Maureen	Ostmeyer	1	Live Well Northwest Kansas	NA	Hoxie	KS	67740
Community member	Pam	Popp	1	Resident	6422 County Road AA	Quinter	KS	67752
Community member	Kerri	Schippers	1	Resident	PO Box 899	Hoxie	KS	67740
Community member	Cindy	Schnelle	1	Resident	PO Box 282	Hoxie	KS	67740
Hospitals, clinics, nursing homes managers	Hannah	Schoendaler	1	Director of Nursing SCHC	NA	Hoxie	KS	67740
Community member	Tom	Sloan	1	Resident	PO Box 408	Hoxie	KS	67740
Other health professionals.	Misty	Stewart	1	Long-term care D.O.N.	NA	Hoxie	KS	67740
Hospitals, clinics, nursing homes managers	Becky	Vickers	1	SCHC head of health info	NA	Hoxie	KS	67740
Health Dept - health professionals.	Melissa	Wachendorfer	1	Public health nurse administrator	NA	Hoxie	KS	67740
Community member	Deb	Wade	1	Resident	NA	Hoxie	KS	67740
PRESS (Paper, TV, Radio)	Brad	Weems	1	Newspaper: The Hoxie Times	NA	Hoxie	KS	67740
Community member	Mary Ellen	Welshon	1	Resident	PO Box 176	Hoxie	KS	67740
Community member	Joe	Welshon	1	Resident	NA	Hoxie	KS	67740

Notes

Sheridan County Health Complex

Town Hall

Attendees: 47

4/11/2018

Wellness center in town.

Respondents say that physical environment is not as good as RWJ Health Rankings says.

Population is actually increasing.

More Spanish in community, are prepared to care for Spanish speaking population.

Poverty is based on Federal Poverty Line.

Kids wouldn't take lunch weekend backpacks home with them. Used to be a program offered but no one wanted it.

Opioids are a problem in Sheridan. Drugs in general are affecting our health. Marijuana, Meth, and opioid's.

Asthma is going up, could be caused by increased smoking, the weather (its very dry).

Respondents think that the uninsured rate is going to increase with the change in policies.

New community pool. Wellness center is \$36 a year.

Hard to get access to mammography machine. A lot of people also go out of county to get them done.

Why did Sheridan go from 27 to 91 in critical access care in the RWJ Study?

Food Insecurity is an issue.

Strengths

- Hospital
- Clinic
- FQHC
- Public Health
- Availability to get appointments
- Hospital Administration always looking to improve
- Community Support/ Collaboration
- Access to Healthy Foods
- Good EMS
- School Systems
- Safe Community
- Sheridan County Wellness Center
- Children Recreations- Elementary and down
- Pharmacies
- Living Environment
- Community Transportation
- Full Time Physician
- Telemedicine- AVERA in the Emergency Room

Improve/ Change

- Facility Upgrades/ Expansion
- Drugs (Marijuana, Meth, Opioids)
Treatment Access
- Economic Development
- Awareness of services/ Communication
- Affordable Rental Housing
- Obesity
- Drinking
- Organized Adult/ H.S. Activities
- Dental Care
- Respiratory Therapy
- Diabetes
- Out of state Transportation
- HC Volunteers
- Further Collaboration- Focus on Schools
- Smoking Cessation

Wave #3 CHNA - Sherdian County Health Complex

Town Hall Conversation - Strengths (Color Cards)

Card #	C1	Community Health Strengths	Card #	C1	Community Health Strengths
25	ACC	Access to Healthcare	35	FIT	Wellness Center
23	ACC	Access to Medical Care	37	FIT	Wellness Center Access
43	ACC	Available Health Care	22	FIT	Wellness Center- Price
33	ACC	Expanding Services and Medical Staff	21	HOSP	Access to Hospital
29	ACC	Growing and Expanding Healthcare Services	24	HOSP	Hospital and Clinic
40	ACC	Hospital-Assisted Living-Clinic all in One Location	36	HOSP	Hospital Clinic, Public Health, LTUC
39	ACC	Medical Services Available	25	HOSP	Hospital Equipment
25	AGE	LTC	22	HOSP	Strong Hospital
31	AGE	LTC is very good	26	KID	Better Available Daycare
11	AIR	Clean Air	19	MAN	Admin always looking to improve
24	AIR	Clean- Good place to live and raise kids	5	MAN	Good Hospital Management
5	AIR	Clean Living Environment	6	MAN	Good Hospital Management
6	AIR	Clean Living Environment	8	MAN	Hospital Admin
23	AIR	Good Air/Environment	14	MAN	Hospital Board/Adiministration
43	AIR	Good Environment	34	NH	Nursing Home
28	ALL	Health Care	1	NURSE	Nursing
37	ALL	Working on Growing	34	NUTR	Coffee Shop and Healthy Food
14	AMB	Ambulance	31	NUTR	Farmers Market
39	AMB	Ambulance Services	34	NUTR	Farmers Market
5	AMB	Good Ambulance/EMS Service	8	NUTR	Healthy Food
28	ASLV	Senior Housing	40	NUTR	Healthy Food Development
22	BH	Incorporating Mental Health	11	NUTR	Local Store sells Healthy Food
6	BH	Initiating Behavioral Health	26	OTHR	Better Law Enforcement
14	CLIN	Clinic	32	OTHR	Employment
13	CLIN	Clinic Available	34	OTHR	Employment
10	CLIN	Clinic becoming FQHC	23	OTHR	Good School System
23	CLIN	Clinic continues to Improve	26	OTHR	Great People
6	CLIN	Clinic-Good Providers	26	OTHR	Great Schools
22	CLIN	Expanding Clinic	24	OTHR	Great Schools and Educational Professionals
8	CLIN	FQHC	33	OTHR	Growing Population of School Children
23	CLIN	FQHC	6	OTHR	Job Opportunities
27	CLIN	FQHC	41	OTHR	Law Enforcement
4	CLIN	FQHC Clinic	35	OTHR	Living Room
33	CLIN	FQHC-affordable care available	34	OTHR	Living Room has activities
18	CLIN	Good Clinic and Hospital	5	OTHR	Low Crime Rate
16	COMM	Collaboration b/w Medical Community	5	OTHR	Plenty of Job Opportunities

Wave #3 CHNA - Sherdian County Health Complex

Town Hall Conversation - Strengths (Color Cards)

Card #	C1	Community Health Strengths	Card #	C1	Community Health Strengths
30	COMM	Good Working Relationships	7	OTHR	Population Trends going up
29	COMM	Improving Collaboration	38	OTHR	Religious Organization for Youth
3	CORP	Community Support	32	OTHR	Safety
23	CORP	Community Support	35	OTHR	Safety/Sheriff
36	CORP	Community Support	6	OTHR	School Quality
38	CORP	Community Support	4	OTHR	Schools
39	CORP	Community Support	31	OTHR	Sheriff Department is good
24	CORP	Great People and Business Employers	35	OTHR	Stability in Employment
30	CORP	Supportive Community	6	OTHR	Wellness and Population Up
15	CORP	Willingness to Work Together for Improvement	23	PHAR	Have Pharmacy
34	DOCS	Actively Recruiting Physicians	8	PHAR	Pharmacies
36	DOCS	Doctor in Town	27	PHAR	Pharmacy
37	DOCS	Doctor on Staff	11	PHAR	Pharmacy in Town
1	DOCS	Doctors	33	PREV	Wellness/Preventative Care Improving
17	DOCS	Doctors and PA's	3	PRIM	Access to Primary Care
34	DOCS	Full Time Doctor and Great Providers	26	QUAL	Better Medical Care
2	DOCS	Full-time MD	40	QUAL	Care is Good at Hospital
5	DOCS	Good Doctor at Hospital	36	QUAL	Care of Hospital People
42	DOCS	Have Medical Doctor Here	41	QUAL	Good Hospital Care
13	DOCS	Physician on Staff	30	QUAL	Stability in Staff
18	DOH	Public Health	35	REC	Active Rec Department
24	DOH	Public Health	31	REC	Ball Diamonds
27	DOH	Public Health	34	REC	Ballpark
38	DOH	Public Health	29	REC	Ballpark/Swimming Pool/Fitness Center
39	DOH	Public Health	40	REC	Community Rec Group
8	DOH	Public Health Department	24	REC	Kids Recreation
21	DOH	Public Health Department	39	REC	Kids Recreation
12	DOH	Public Health is strong	35	REC	Lots of Parks
23	ECON	Business Economy Great	34	REC	Rec Center
36	EMER	Emergency Care good	31	REC	Rec Department
38	EMER	Emergency Services	26	REC	Rec for Youth
17	EMER	ER	12	REC	Rec Program
22	EMER	ER	37	REC	Recreation Program
23	EMER	ER Care is Prompt	36	REC	Recreation Program for Children
42	EMER	Good Emergency Response	28	REC	Summer Rec Program
4	EMS	EMS	34	REC	Swimming Pool
6	EMS	EMS	35	REC	Swimming POol
9	EMS	EMS	34	REC	The Elks has concerts and activities
14	EMS	EMS	9	REC	Wonderful Rec Program for Kids
8	EMS	EMS Dept Good	36	REC	Youth Organization

Wave #3 CHNA - Sherdian County Health Complex

Town Hall Conversation - Strengths (Color Cards)

Card #	C1	Community Health Strengths	Card #	C1	Community Health Strengths
41	EMS	EMT Services	23	REC	Youth Recreation Good
12	EMS	Good EMS Dept	34	SPEC	Bringing more Specialists
23	EMS	Good EMS Dept	20	SPEC	Specialists coming in
39	FINA	Affordable Health Care	34	SS	Social Workers @ SCHC
31	FINA	Grant Writing	22	STFF	# of Providers
23	FIT	Available Wellness Center	9	STFF	Clinic, Good Competent Staff
4	FIT	Fitness Center	8	STFF	Current Providers
28	FIT	Fitness Center	19	STFF	Friendly/Personal Staff
13	FIT	Fitness Center and Water Aerobics	3	STFF	Good Healthcare Providers
8	FIT	Fitness Center/Pool	31	STFF	Good Nurses and Doctors
11	FIT	Lots of Opportunities for Kids to stay Active	30	STFF	Good Providers
8	FIT	Opportunities for Kids to stay Active	24	STFF	Great Health Care Providers
18	FIT	Opportunities for Physical Activity	20	STFF	HealthCare Professionals are knowledgeable
40	FIT	Physical Fitness Center	10	STFF	Medical Staff getting Stronger
1	FIT	Wellness Center	12	STFF	Providers we have are good
7	FIT	Wellness Center	23	STFF	SCHC Staff
10	FIT	Wellness Center	34	TRAN	Public Transportation
19	FIT	Wellness Center	13	TRAN	Public Transportation Van
24	FIT	Wellness Center	9	TRAN	Trans Van
25	FIT	Wellness Center	16	VACC	Clinic and DOH Work Together to provide Immunizations
27	FIT	Wellness Center	19	WAIT	Promptness for Obtaining Appointment
31	FIT	Wellness Center	15	WIC	Strong and Thriving WIC Program
32	FIT	Wellness Center	16	WIC	WIC

Wave #3 CHNA - Sheridan County Health Complex

Town Hall Conversation - Weakness (White Cards)

Card #	C1	Community Health Weaknesses	Card #	C1	Community Health Weaknesses
14	ACC	Decline in Access to Care	14	HH	Home Health
16	AGE	Need things for Seniors to do	16	HH	Home Health
26	AGE	Programs for Elderly at home	17	HH	Home Health
1	AGE	Volunteers to help with Ederly	18	HH	Home HHealth
38	ALC	Alcohol is a drug	19	HH	Home HHealth
10	ALC	Drinking	31	HH	Home HHealth
17	ALL	Health Risks	19	HOSP	Hospital Infrastructure
26	ALL	Volunteers for Health Improvement	41	HOSP	Hospital Updated
4	BH	Behaviorial Health	42	HOUS	Affordable Housing
23	BH	Behaviorial Health	33	HOUS	Affordable Housing
24	BH	Behaviorial Health	3	HOUS	Affordable Rental Housing
28	BH	Behaviorial Health	16	HOUS	Affordable Rental Housing
7	BH	Mental Health	40	HOUS	Housing
31	BH	Mental Health	29	HOUS	Housing Availability
33	BH	Mental Health	24	HOUS	Housing for Young, Single People
34	BH	Mental Health	5	HRT	Heart Disease
9	BH	Mental Health Availability	6	HRT	Heart Disease
25	BH	Mental Health getting started	16	KID	Affordable Child Care
18	BH	Mental Health Program Hospital Upgrades to Facility	42	KID	Affordable Child Care
10	BH	Mental Health Service	15	KID	Child Care
11	BH	Need more Mental Health Centers	16	KID	Child Care
3	CANC	Cancer	17	KID	Child Care
4	CHRON	Chronic Disease	19	KID	Child Care
36	CHRON	Chronic Health Conditions	40	KID	Child Care
22	COMM	Collaboration	41	KID	Child Care
32	COMM	Communication	20	KID	Child Care- Need more Babysitters
1	COMM	Coordination of Services	1	MAMO	Mammogram
3	COMM	Educate Patient on Importance of Record Sharing	5	MAMO	Mammography
3	COMM	Increase in Reports and Getting Records Back	6	MAMO	Mammography
43	COMM	More Community Communication	9	MRKT	Awareness of Health Resources
24	CORP	Collaborate with SchoolS	39	MRKT	Awareness of Services
16	CORP	People to help others do something they can't do	30	MRKT	Communication- know services available
42	DENT	Access to Dental Care	17	MRKT	Communication of Services Available
23	DENT	Dental	8	MRKT	Communication on Availability
30	DENT	Dental	1	MRKT	Community Awareness
35	DENT	Dental	37	NUTR	Access to Healthy Food

Wave #3 CHNA - Sheridan County Health Complex

Town Hall Conversation - Weakness (White Cards)

Card #	C1	Community Health Weaknesses	Card #	C1	Community Health Weaknesses
31	DENT	Dental Care	24	NUTR	Availability of foods
32	DENT	Dental Care	31	NUTR	Food Insecurity
36	DENT	Dental Services	42	NUTR	Food Insecurity
40	DENT	Dentist	1	NUTR	Meals
41	DENT	Dentist	35	NUTR	School Lunch
17	DENT	Future Dental Care	17	OBES	Education on Obesity
38	DIAB	Diabetes	12	OBES	Obesity
28	DOCS	Activitly Recruiting	13	OBES	Obesity
43	DOCS	Doctor in Town	38	OBES	Obesity
40	DOCS	Doctors	42	OBES	Obesity
2	DOCS	Full Time Doctor	30	OBES	Obesity Education
41	DOCS	More Doctors	9	OBES	Physical Activity/Obesity
25	DOCS	Need another Doctor	32	OP	More Outpatient Clinics Specialty
15	DOCS	Physician Recruitment needs to continue	40	OP	Outpatient
27	DOCS	Recruit another Physician	14	OTHR	Are we ready for disasters?
10	DORUG	Worry about Drugs/Opoid	38	OTHR	HTN
31	DRUG	Drug and Alcohol Use	31	OTHR	Jobs- Housing Rental
30	DRUG	Drug Treatment and Prevention	6	OTHR	Population Trends
14	DRUG	Drug/Alc Abuse	31	OTHR	Reduce mill levy on property
35	DRUG	Drug/Alcohol	40	OTHR	Teens
4	DRUG	Drug/Alcohol Abuse	22	POV	Poverty Levels in School
33	DRUG	Drug/Alcohol Abuse	28	PREV	Prevention
34	DRUG	Drug/Substance Abuse	1	REC	Adult Recreation
7	DRUG	Opiod and Drug Use	21	REC	Place for Kids to go
14	DRUG	Opiod and other Drugs	19	REC	Recreation
6	DRUG	Opiod Use	30	REC	Recreation for Teens
31	ECON	Expand Economic Base	17	RESP	Heart Respiratory Therapy
40	EMER	ER	16	RESP	Respiratory
32	EYE	Eye Care	18	RESP	Respiratory Therapist
23	EYE	Vision	19	RESP	Respiratory Therapist
24	FAC	Aging Building	15	RESP	Respiratory Therapy
16	FAC	Expanding Facilities of Hospitals	21	RESP	Respiratory Therapy
35	FAC	Facility Upgrade	6	SMOK	Smoking
8	FAC	Hospital Facility	25	SMOK	Smoking and Alcohol
2	FAC	Hospital Facility Improvements	3	SMOK	Smoking Cesstation
26	FAC	Hospital/Clinic/Nursing Home- Building Needs Help	11	SNUR	More Time with School Nurse
11	FAC	Improve Health Facilities	37	SPEC	More Specialty Doctors
25	FAC	More space in Clinic and Hospital	24	SPEC	Recruitment of Med/Eye/Physician
44	FAC	New Facility	8	STFF	Need More Providers
39	FAC	Updates to Facilities	36	SUIC	Suicide Prevention/Depression

Wave #3 CHNA - Sheridan County Health Complex

Town Hall Conversation - Weakness (White Cards)

Card #	C1	Community Health Weaknesses	Card #	C1	Community Health Weaknesses
3	FAC	Upgrade Facilities	17	TRAN	Gap b/w Public Trans and Ambulance
3	FINA	Having Funding get to Rural Services	16	TRAN	Out of state transportation
30	FINA	Tax too high	18	TRAN	Out of state transportation
16	FIT	Activities for Adults	22	WELL	Education
12	FIT	Activity is Low	16	WELL	Education on smoking, drugs, alcohol etc
12	FIT	Not enough activity for adults	38	WELL	Health Education
13	FIT	Physical Inactivity	12	WELL	Lack of Education
4	FIT	Wellness	43	WELL	Youth-Health Awareness/Fairs
7	FIT	Wellness			

c) Public Notice & Requests

[VVV Consultants LLC]

2018 Community Health Survey begins, Sheridan County KS

Media Release: 2018

Over the next few months, Sheridan County Health Complex will be updating the 2015 Sheridan County Community Health Needs Assessment (CHNA). (Note: This assessment update is a follow-up to meet final IRS regulations released on 01/02/2015, requiring all 501(c)(3) hospitals to conduct a community health needs assessment and adopt an implementation strategy at least once every three years).

The goal of this assessment update is to understand progress in addressing community needs and to collect up-to-date community health care perceptions and suggestions. VV Consultants LLC, an independent research firm from Olathe, Kansas has been retained to conduct this countywide research.

To accomplish this work, a short online survey has been developed:

<https://www.surveymonkey.com/r/SheridanCHNA> OR

text SheridanCHNA to 48421 to receive the link on your smart phone. < Note: you can also find CHNA 2018 feedback link on TCLMH website & Facebook page.>

All community residents are encouraged to complete the 2018 CHNA Wave #3 online survey by Friday March 30th 2018.

From: CEO

Date: February 2018

To: Community Leaders, Providers, Hospital Board and Staff

Subject: Community Health Needs Assessment - 2018

Sheridan County Health Complex is updating the 2015 Community Health Needs Assessment. (Note: This assessment update is a follow-up to meet final IRS regulations released on 01/02/2015, requiring all 501(c)(3) hospitals to conduct a Community Health Needs Assessment and adopt an implementation strategy at least once every three years).

Your feedback and suggestions regarding community health delivery are very important to collect in order to complete the 2018 Community Health Needs Assessment and implementation plan updates.

To accomplish this work, a short online survey has been developed:

<https://www.surveymonkey.com/r/SheridanCHNA>

CHNA 2018 due date for completion is Friday March 30th. All responses are confidential. Thank you in advance for your time and support in participating with this important request.

E Mail Reminder

Subject:

Town Hall Meeting – Wednesday April 11, 2018

Sheridan County Health Complex

Community Health Needs Assessment

6- 7:30p.m.

You are invited to dinner on April 11th.

Sheridan County Health Complex and other area providers are working together to update the 2018 Sheridan County Community Health Needs Assessment (CHNA) report. <Note: The goal of this assessment is to understand progress in addressing community health needs cited in 2015 report and to collect up-to-date community health perceptions. >

To continue this work, Sheridan County Health Complex will host a **Town Hall dinner meeting on Wednesday April 11 from 6- 7:30p.m. at xxx.**

Please plan to attend one. Dinner will be served at 5:45pm.

In addition, last call to provide community CHNA feedback. Deadline to participate is Friday, March 30, 2018. <https://www.surveymonkey.com/r/SheridanCHNA>

d) Primary Research Detail

[VVV Consultants LLC]

CHNA 2018 Community Feedback - Sheridan Co KS N= 61							
ID	Zip	Overall	Movement	c1	c2	c3	When considering "overall community health quality", is it increasing, decreasing or not really changing. Why?
1050	67740	Very Good	UP	ACC	CLIN	STFF	Increase in services in clinic and specialty clinic. Got new providers
1014	67740	Good	UP	ACC	FAC		services and facilities are gradually updating and expanding when able
1046		Very Good	UP	DOCS			Great docs
1040		Poor	DOWN	DOCS	LOY		No ability to keep a doctor long term
1010	67740	Good	UP	DOCS			Only because of Dr. Nemecek being here to see patients.
1036	67740	Good	No CHG	FINA			Hard to increase because of funding restraints
1055	67740	Very Good	UP	MAN	WELL		FQHC status with designated Quality Director. More community health education classes offered and community outreach programs
1017	67738	Good	UP	SPEC			some specialty services offered daily

CHNA 2018 Community Feedback - Sheridan Co KS N= 61							
ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1056	67740	Good	UP	AGE			Elderly
1031	67740	Good	No CHG	FIT			lack of exercise -too many electronic entertainment devices
1014	67740	Good	UP	NEG			Lack of personal motivation
1010	67740	Good	UP	STD	TPRG		parents are responsible to teach/educate children about sex, but I feel there needs to be a place kids can go for answers, education etc... I hear from a high school student that there are numerous jr. and high school students that are sexually active. They are questioning each other about STDs and pregnancy.
1016	67740	Average	DOWN	STFF			Not enough providers

CHNA 2018 Community Feedback - Sheridan Co KS N= 61							
ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1010	67740	Good	UP	ALC	DRUG	BH	alcohol and drug abuse, some sex education-cons of, mental health services
1002	67740	Good	UP	ALC	DRUG		Over dose and alcohol abuse prevention. Partner with law enforcement.
1049	67740	Good	No CHG	BH	ADD	SPEC	mental health services, addiction prevention, increase the number of specialists that people can see locally
1054	67740	Average	UP	BH	PEDS		Mental health, pediatric services
1017	67738	Good	UP	CLIN			CHF CLINIC
1055	67740	Very Good	UP	COMM	DOH	DENT	Collaboration with public health, dental care, fitness classes, chronic disease prevention
1061	67740	Good	UP	COMM			Something for the teens/ young adults. Rec program or something. Something to keep them busy, keep them from drinking and a distraction from their own negative thoughts.
1050	67740	Very Good	UP	DIAB			Diabetes programs
1011	67740	Good	UP	DOH	DRUG	OBES	Public health and provider clinic work together on substance abuse and obesity related health issues
1004	67753	Good	UP	IM	NUTR		compliance education on medications and diet.
1003	67635	Good	UP	NO			N/A

Let Your Voice Be Heard!

Sheridan County Health Complex is requesting your help to update the 2018 Community Health Needs Assessment (CHNA). <Note: ACA legislation requires all tax-exempt hospitals to submit a CHNA to the IRS every three years, regardless of hospital affiliation. Each hospital, even those that serve overlapping populations, must submit a separate CHNA.>

To collect "up to date" community feedback, a short online survey has been created to uncover any current community health issues and evaluate local health delivery. While your participation is voluntary and confidential, all community input is valued.

Thank you for your attention! Deadline to participate is Friday, March 30, 2018.

1. Three years ago, a Community Health Needs Assessment was completed. Today, we are updating this assessment and would like to know how would you rate the "Overall Quality" of healthcare delivery in our community?

Very Poor Poor Average Good Very Good

2. When considering "overall community health quality", is it ...

- Increasing - moving up
- Not really changing much
- Decreasing - slipping downward

Why? (please specify)

3. Past Community Health Needs Assessments (CHNA's) review area health resources, patient access to care, health-related factors (i.e. smoking, eating and drinking habits etc), social determinants of health, health care utilization, area health status (i.e. mortality, mental health, chronic disease rates etc.), and community economics & demographics.

In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and/or changed? (Please be specific.)



4. In your own words, what is the general community perception of healthcare providers (i.e. hospitals, doctors, public health, etc.) serving our community? (Be specific)



5. From our past CHNAs, a number of health needs were identified as priorities. Are any of these still an ongoing problem for your community? Please select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Home Health/ Hospice Services |
| <input type="checkbox"/> Awareness of existing HC services | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Integration of Health Care Services |
| <input type="checkbox"/> Clinic Hours | <input type="checkbox"/> Specialists |
| <input type="checkbox"/> Drug / Substance Abuse | <input type="checkbox"/> Wellness/ Prevention |
| <input type="checkbox"/> Health Care Transportation | |



6. Which past CHNA need is NOW the "most pressing" for improvement? Please Select Top Three.

- | | |
|--|--|
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Home Health/ Hospice Services |
| <input type="checkbox"/> Awareness of existing HC services | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Integration of Health Care Services |
| <input type="checkbox"/> Clinic Hours | <input type="checkbox"/> Specialists |
| <input type="checkbox"/> Drug / Substance Abuse | <input type="checkbox"/> Wellness/ Prevention |
| <input type="checkbox"/> Health Care Transportation | |

7. In your opinion, what are the root causes of "poor health" in our community? Please Select Top Three.

- Lack of health & wellness education
- Chronic disease prevention
- Limited access to mental health assistance
- Case management assistance
- Elder assistance programs
- Family assistance programs
- Lack of awareness of existing local programs, providers, and services

Other (please specify)

8. Does our community need any additional healthcare providers?

- Yes
- No

Specialties Needed? Be specific.

9. How would our community area residents rate each of the following health services?

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chiropractors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Doctor/Optomertist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Planning Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. How would our community area residents rate each of the following health services? Con't

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician Clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Community Health Readiness is vital. How would you rate each of the following?

	Very Good	Good	Fair	Poor	Very Poor
Caregiver Training Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early Childhood Development Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to secure Grants / Finances to Support Local Health Initiatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings (such as asthma, hearing, vision, scoliosis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunization Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity Prevention & Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Community Health Readiness is vital. How would you rate each of the following? Continue

	Very Good	Good	Fair	Poor	Very Poor
Spiritual Health Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal / Child Health Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Transmitted Disease Testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Treatment & Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco Prevention & Cessation Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Wellness Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WIC Nutrition Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. In the past 2 years, did you or someone you know receive healthcare services outside of our community?

- Yes
- No
- I don't know

Please specify the healthcare services received.



14. Are our healthcare organizations, providers and stakeholders actively working together to address community health?

- Yes
- No
- I don't know

Please explain



15. What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?



16. Are there any other health needs (listed below) that need to be discussed further at our upcoming CHNA Town Hall meeting? (Please select all that apply.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Abuse/Violence | <input type="checkbox"/> Lead Exposure | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Smoke-Free Workplace |
| <input type="checkbox"/> Breast Feeding Friendly Workplace | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Obesity | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ozone | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Drugs/Substance Abuse | <input type="checkbox"/> Physical Exercise | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Poverty | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Respiratory Disease | <input type="checkbox"/> Wellness Education |

17. What is your home ZIP code? Please enter 5-digit ZIP code; for example, 00544 or 94305)

18. For reporting purposes, are you involved in or are you a ? (Please select all that apply.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Business / Merchant | <input type="checkbox"/> EMS / Emergency | <input type="checkbox"/> Other Health Professional |
| <input type="checkbox"/> Community Board Member | <input type="checkbox"/> Farmer / Rancher | <input type="checkbox"/> Parent / Caregiver |
| <input type="checkbox"/> Case Manager / Discharge Planner | <input type="checkbox"/> Hospital / Health Dept | <input type="checkbox"/> Pharmacy / Clinic |
| <input type="checkbox"/> Clergy | <input type="checkbox"/> Housing / Builder | <input type="checkbox"/> Media (Paper/TV/Radio) |
| <input type="checkbox"/> College / University | <input type="checkbox"/> Insurance | <input type="checkbox"/> Senior Care |
| <input type="checkbox"/> Consumer Advocate | <input type="checkbox"/> Labor | <input type="checkbox"/> Teacher / School Admin |
| <input type="checkbox"/> Dentist / Eye Doctor / Chiropractor | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Elected Official - City/County | <input type="checkbox"/> Mental Health | |

Other (please specify)



Report Contact:

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VVV Consultants LLC is an Olathe, KS based “boutique” healthcare consulting firm specializing in Strategy; Research and Business Development services. We partner with clients. Plan the Work; Work the Plan