



Community Health Needs Assessment
Sheridan County, KS
On Behalf of Sheridan County Health Complex



June 2021

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

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I. Executive Summary

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I. Executive Summary

Sheridan County Memorial Hospital – Sheridan County, KS - 2021 Community Health Needs Assessment (CHNA)

The previous CHNA for Sheridan County Health Complex was completed in 2018. (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). Wave #4 Sheridan County, KS CHNA assessment began December 2020 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

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 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. **Important community CHNA Benefits** for both the local hospital and the health department, 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.

County Health Area of Future Focus on Unmet Needs

Area Stakeholder held a community conversation to review, discuss and prioritize health delivery. Below are two tables reflecting community views and findings:

Sheridan County, KS				
2021 CHNA Priorities - Unmet Needs				
CHNA Wave #4 Town Hall - April 13, 2021				
Sheridan County Health Complex PSA (25 Attendees, 96 Total Votes)				
#	Community Health Unmet Needs	Votes	%	Accum
1	Child Care Access (Availability)	19	19.8%	19.8%
2	EMS Staffing	13	13.5%	33.3%
3	Stigma of Mental Health	12	12.5%	45.8%
4	Availability of Hospital Facility - Visiting Specialists Space	9	9.4%	55.2%
5	Affordable Housing	8	8.3%	63.5%
6	Preventative Health & Wellness	8	8.3%	71.9%
7	Weekend HC Availability (Extended Hours)	6	6.3%	78.1%
8	Alcohol & Drug Abuse	4	4.2%	82.3%
9	Nutrition Education	4	4.2%	86.5%
10	Qualified PSA Workforce Recruitment	4	4.2%	90.6%
Total Votes		96	100.0%	
Other Items receiving votes: Upcoming retirements of key PSA providers, Awareness of HC services, Prenatal Care and Single Parent Support.				

Town Hall CHNA Findings: Areas of Strengths

Sheridan Co. (KS) "Community Health Strengths"			
#	Topic	#	Topic
1	Increased Availability to MH Services	6	Access to Funding
2	Community Support	7	EMS Services
3	Hospital (Updates/Remodel)	8	Variety of Services
4	Access to Food (Meals on Wheels)	9	Access to Senior Care/Assisted Living
5	Seldon Clinic Improvement	10	Primary Care

Key CHNA Wave #4 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2020 Robert Woods Johnson County Health Rankings, Sheridan County, KS Average was ranked 39th in Health Outcomes, 25th in Health Factors, and 2nd in Physical Environmental Quality out of the 105 Counties.

TAB 1. Sheridan County's population is 2,521 (based on 2019), with a population per square mile of approximately 2.9 persons. Six percent (6.0%) of the population is under the age of 5, while the population that is over 65 years old is 23.7%. As of 2019, Hispanic / Latinos make up 5.7% of the population and 6.0% of citizens that speak a language other than English in their home. Children in single parent households make up a total of 32.8% compared to the rural norm of 25.2%, and 89.3% are living in the same house as one year ago.

TAB 2. In Sheridan County, the average per capita income is \$23,875 while 11.8% of the population is in poverty. The severe housing problem was recorded at 6.0% compared to the rural norm of 9.5%. Food insecurity is 9.4%, and limited access to healthy foods (store) is 9.7%.

TAB 3. Children eligible for a free or reduced-price lunch in Sheridan County is 38.1%. Roughly ninety percent (88.5%) of students graduated high school in compared to the rural norm of 88.1% and 15.6% have a bachelor's degree or higher.

TAB 4. The percent of births where prenatal care started in the first trimester is 80.2% and 7.0% of births in Sheridan County have a low birth weight. Continually, 90.0% (compared to 81.5% rural norm) of infants up to 24 months are receiving full immunization. The percent of mothers who were reported as smoking during pregnancy is 11.6% (2016 – 2018).

TAB 5. The Sheridan County primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 2,527 residents. The percentage of patients who gave their hospital a rating of 9 or 10 out of 10 is only 81.0%, while 72.0% of patients reported Yes, They Would Definitely Recommend the Hospital. The average (median) time patients spend in the emergency department before leaving was 101 minutes.

TAB 6. In Sheridan County, 22.1% of the Medicare population has depression. The percent of Medicare Part D beneficiaries receiving an opioid day supply >10 Days is 49.4%. The average mentally unhealthy days last reported (2017) is 3.6 days in a one-week period.

TAB 7a – 7b. Sheridan County has an obesity percentage of 23.7% as of 2016, and physical inactivity percentage is 26.1%. The adult smoking is 15.0%, while the excessive drinking percentage is 16.5% as of 2017. The Medicare hypertension percentage is 65.1%, while their heart failure percentage is 23.5%. The percentage of individuals who were recorded with COPD was 18.1%. Sheridan County recorded eight percent for those who have cancer (8.0%) among their Medicare population and 2.7% stroke percentage.

TAB 8. The adult uninsured rate for Sheridan County is 19.6% (based on 2017) compared to the rural norm of only 11.9%.

TAB 9. The life expectancy rate in Sheridan County is roughly eighty-two years of age (82.8) for the entire general population in this county. Alcohol-impaired driving deaths for Sheridan County is at 44.4% while age-adjusted Cancer Mortality rate per 100,000 is 115.9, while the Age-adjusted Heart Disease Mortality rate per 100,000 is at 107.2.

TAB 10. Roughly sixty-three percent (62.9%) of Sheridan County has access to exercise opportunities. There are 7.7% of the population that have diabetes prevalence. Forty five percent (45%) of women in Sheridan County seek annual mammography screenings (based on 2017).

Key CHNA Wave #4 Primary Research Conclusions found:

Community Feedback from residents, community leaders and providers (N=84) provided the following community insights via an online perception survey:

- Using a Likert scale, 83.1% 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 some of the following services: Ambulance Services, Emergency Room, Hospice, Inpatient Services, Nursing Home/Senior Care, Outpatient Services, Pharmacy, Primary Care, Public Health, School Health, and Visiting Specialists.
- When considering past CHNA needs, the following topics came up as the most pressing: Child Care, Affordable Housing, Awareness of Healthcare Services, Expansion/Upgrades to the Facility, and Nutrition or Healthy Food Options.
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Sheridan Co. KS- CHNA Wave #4		Ongoing Problem		Pressing
Past CHNAs Unmet Needs identified		Sheridan Co. (N=84)		Sheridan Co. (N=84)
Rank	Ongoing Problem	Votes	%	Trend
1	Child Care	37	16.6%	
2	Affordable Housing	29	13.0%	
3	Awareness of Health Services	19	8.5%	
4	Expansion/Upgrades to Facility	19	8.5%	
5	Nutrition - Healthy Food Options	17	7.6%	
6	Access to Specialists	16	7.2%	
7	Obesity	16	7.2%	
8	Preventative Health / Wellness	16	7.2%	
9	Drug/Substance Abuse	13	5.8%	
10	Alcohol Abuse	10	4.5%	
11	Exercise/Fitness	10	4.5%	
12	Home Health / Hospice	10	4.5%	
13	Economic Development	6	2.7%	
14	Access to Provider Clinics	3	1.3%	
15	Transportation	2	0.9%	
TOTALS		223		

II. Methodology

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II. Methodology

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 that 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 who 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.).

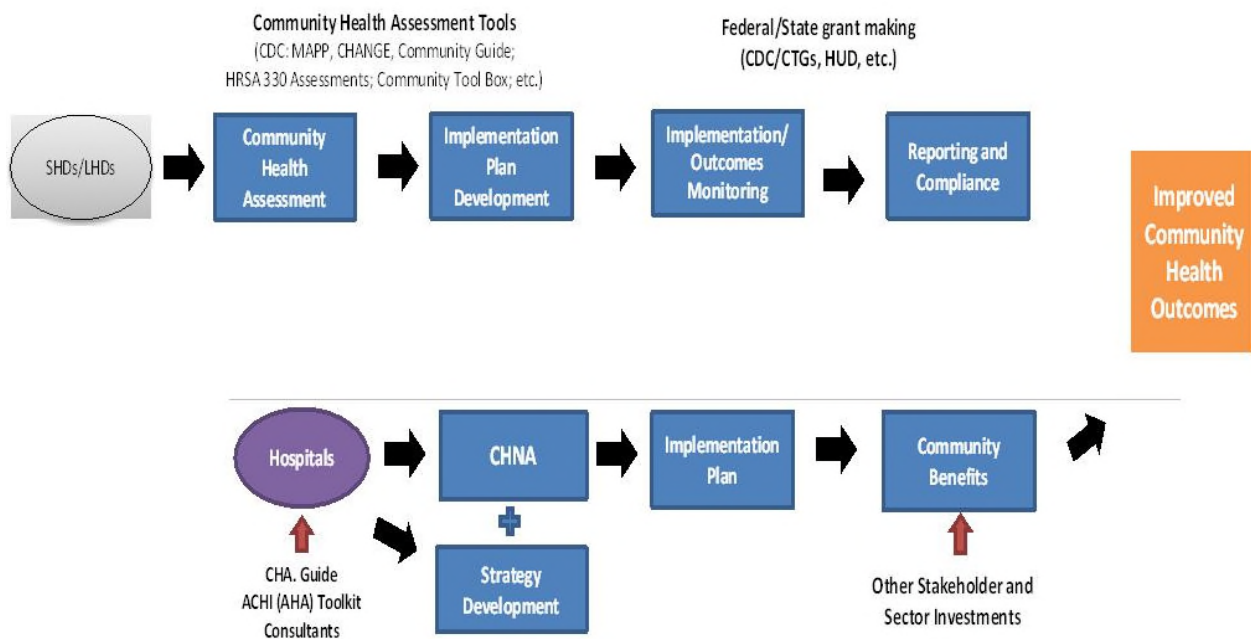
JOB #2: Making a CHNA Widely Available to the Public

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 Requirements Overview (Notice 2011-52)

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 complete a CHNA full report every 3 years for each of its hospital facilities by fiscal June 30th.

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 Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(0)(3) Last Reviewed or Updated: 21-Aug-2020

In addition to the general requirements for tax exemption under Section 501(c)(3) and Revenue Ruling 69-545 hospital organizations must meet the requirements imposed by Section 501(r) on a facility-by-facility basis in order to be treated as an organization described in Section 501(c)(3). These additional requirements are:

1. Community Health Needs Assessment (CHNA) - Section 501(r)(3),
2. Financial Assistance Policy and Emergency Medical Care Policy - Section 501(r)(4),
3. Limitation on Charges - Section 501(r)(5), and
4. Billing and Collections - Section 501(r)(6).

Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility’s service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Additionally, in determining its patient populations for purposes of defining its community, a hospital facility must take into account all patients without regard to whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under the hospital facility's financial assistance policy. If a hospital facility consists of multiple buildings that operate under a single state license and serve different geographic areas or populations, the community served by the hospital facility is the aggregate of these areas or populations.

Additional Sources of Input

In addition to soliciting input from the three required sources, a hospital facility may solicit and take into account input received from a broad range of persons located in or serving its community. This includes, but is not limited to:

- Health care consumers and consumer advocates
- Nonprofit and community-based organizations
- Academic experts
- Local government officials
- Local school districts
- Health care providers and community health centers
- Health insurance and managed care organizations,
- Private businesses, and
- Labor and workforce representatives.

Although a hospital facility is not required to solicit input from additional persons, it must take into account input received from any person in the form of written comments on the most recently conducted CHNA or most recently adopted implementation strategy.

Collaboration on CHNA Reports

A hospital facility is permitted to conduct its CHNA in collaboration with other organizations and facilities. This includes related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations.

In general, every hospital facility must document its CHNA in a separate CHNA report unless it adopts a joint CHNA report. However, if a hospital facility is collaborating with other facilities and organizations in conducting its CHNA, or if another organization has conducted a CHNA for all or part of the hospital facility's community, portions of a hospital facility's CHNA report may be substantively identical to portions of the CHNA reports of a collaborating hospital facility or other organization conducting a CHNA, if appropriate under the facts and circumstances.

If two hospital facilities with overlapping, but not identical, communities collaborate in conducting a CHNA, the portions of each hospital facility's CHNA report relevant to the shared areas of their communities might be identical. So, hospital facilities with different communities, including general and specialized hospitals, may collaborate and adopt substantively identical CHNA reports to the extent appropriate. However, the CHNA reports of collaborating hospital facilities should differ to reflect any material differences in the communities served by those hospital facilities. Additionally, if a governmental public health department has conducted a CHNA for all or part of a hospital facility's community, portions of the hospital facility's CHNA report may be substantively identical to those portions of the health department's CHNA report that address the hospital facility's community.

Collaborating hospital facilities may produce a joint CHNA report as long as all of the collaborating hospital facilities define their community to be the same and the joint CHNA report contains all of the same basic information that separate CHNA reports must contain. Additionally, the joint CHNA report must be clearly identified as applying to the hospital facility.

Joint Implementation Strategies

As with the CHNA report, a hospital facility may develop an implementation strategy in collaboration with other hospital facilities or other organizations. This includes but is not limited to related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations. In general, a hospital facility that collaborates with other facilities or organizations

in developing its implementation strategy must still document its implementation strategy in a separate written plan that is tailored to the particular hospital facility, taking into account its specific resources. However, a hospital facility that adopts a joint CHNA report may also adopt a joint implementation strategy. With respect to each significant health need identified through the joint CHNA, the joint implementation strategy must either describes how one or more of the collaborating facilities or organizations plan to address the health need or identify the health need as one the collaborating facilities or organizations do not intend to address. It must also explain why they do not intend to address the health need.

A joint implementation strategy adopted for the hospital facility must also: Be clearly identified as applying to the hospital facility, Clearly identify the hospital facility's role and responsibilities in taking the actions described in the implementation strategy as well as the resources the hospital facility plans to commit to such actions, and Include a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relate to the hospital facility.

Adoption of Implementation Strategy

An authorized body of the hospital facility must adopt the implementation strategy. See the discussion of the Financial Assistance Policy below for the definition of an authorized body. This must be done on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility finishes conducting the CHNA. This is the same due date (without extensions) of the Form 990.

Acquired Facilities A hospital organization that acquires a hospital facility (through merger or acquisition) must meet the requirements of Section 501(r)(3) with respect to the acquired hospital facility by the last day of the organization's second taxable year beginning after the date on which the hospital facility was acquired. In the case of a merger that results in the liquidation of one organization and survival of another, the hospital facilities formerly operated by the liquidated organization will be considered "acquired," meaning they will have until the last day of the second taxable year beginning after the date of the merger to meet the CHNA requirements. Thus, the final regulations treat mergers equivalently to acquisitions.

New Hospital Organizations

An organization that becomes newly subject to the requirements of Section 501(r) because it is recognized as described in Section 501(c)(3) and is operating a hospital facility must meet the requirements of Section 501(r)(3) with respect to any hospital facility by the last day of the second taxable year beginning after the latter of: The effective date of the determination letter recognizing the organization as described in Section 501(c)(3), or The first date that a facility operated by the organization was licensed, registered, or similarly recognized by a state as a hospital.

New Hospital Facilities

A hospital organization must meet the requirements of Section 501(r)(3), with respect to a new hospital facility it operates by the last day of the second taxable year beginning after the date the facility was licensed, registered, or similarly recognized by its state as a hospital.

Transferred/Terminated Facilities

A hospital organization is not required to meet the requirements of Section 501(r)(3) with respect to a hospital facility in a taxable year if the hospital organization transfers all ownership of the hospital facility to another organization or otherwise ceases its operation of the hospital facility before the end of the taxable year. The same rule applies if the hospital facility ceases to be licensed, registered, or similarly recognized as a hospital by a state during the taxable year. By extension, a government hospital organization that voluntarily terminates its Section 501(c)(3) recognition as described in Rev. Proc. 2018-5 (updated annually) is no longer considered a hospital organization for purposes of Section 501(r) and therefore is not required to meet the CHNA requirements during the taxable year of its termination.

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 4 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

Required CHNA Planning Process Requirements:

- a. Participation by a wide range of community partners.
- b. Data / information provided to participants in CHNA planning process.
- c. Evidence of community / stakeholder discussions to identify issues & themes. Community definition of a "healthy community" included along with list of issues.
- d. Community assets & resources identified.
- e. A description of CHNA process used to set priority health issues.

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

MAPP Process Overview

Mobilizing for Action through Planning and Partnerships (MAPP) is a flexible strategic planning tool for improving the health and quality of life for the community. Like most strategic planning, MAPP involves organizing partners, creating a vision and shared values, collecting data, identifying areas for improvement, and developing goals and strategies to address them. Through collaboration with partners and the community, MAPP allows us to focus our efforts and work on issues to strengthen the local public health system.

The MAPP process includes the following six phases. It's important to note that MAPP has no set end point and will continue throughout the life cycle of the Community Health Improvement Plan (CHIP).

1. In this first phase, **Organize for Success/Partnership Development**, various sectors of the community with established relationships are reviewed, leading to the identification of areas for partnership development and creation of new relationships to enhance the MAPP process.
2. In the second phase, **Visioning**, a shared community vision and common values for the MAPP process are created.
3. In the third phase, **Four MAPP Assessments**, data is collected from existing and new sources about the health of our community, which results in a Community Health Assessment (CHA).
4. In the fourth phase, **Identify Strategic Issues**, community partners and health professionals select issues based on data collected from the third phase that are critical to the local public health system and align with the vision from the second phase.
5. In the fifth phase, **Formulate Goals and Strategies**, potential ways to address the strategic issues are identified by the community along with the setting of achievable goals. The final result is a Community Health Improvement Plan (CHIP).
6. The sixth and final phase of the MAPP process is the **Action Cycle**, which is where the work happens for meeting the objectives set in the previous phase. Through these collaborative efforts, the health of the community is improved.



Drivers of Health Assessment & Improvement Planning

Different drivers have led health agencies and organizations to institutionalize community health assessment and community health improvement planning in recent years.

National Voluntary Accreditation Requirements

In 2011, the Public Health Accreditation Board (PHAB), in partnership with key public health organizations, launched a new national voluntary accreditation program for state, tribal, local, and territorial health departments. The standards and measures encompass 12 domains of performance and include a comprehensive community health assessment (Domain 1, Standard 1.1) and a community health improvement plan (Domain 5, Standard 5.2). A documented community health assessment and improvement plan are two of the three prerequisites for applying to PHAB. PHAB requires that these processes be conducted collaboratively and that the documents be dated within the last five years. More information is available from [PHABexternal icon](#) and [CDC](#).

CDC Grant Requirements

CDC grants often require or encourage completing a community health assessment or improvement plan. In some cases, these plans provide valuable information for identifying priority health issues or needs. Examples include ; [National Public Health Improvement Initiative \(NPHII\)](#); [Community Transformation Grants or REACH Core](#)

The Public Health Accreditation board defines *community health assessment* as a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation. Turnock B. *Public Health: What It Is and How It Works*. Jones and Bartlett, 2009, as adapted in [Public Health Accreditation Board Acronyms and Glossary of Terms Version 1.0 Cdc-pdf\[PDF – 536KB\]External](#), July 2011.

The Catholic Health Association defines a *community health needs assessment* as a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize these needs, and to plan and act upon unmet community health needs.” Catholic Health Association, [Guide to Assessing and Addressing Community Health Needs Cdc-pdf\[PDF-1.5MB\]External](#), June 2013.

Social Determinants of Health

What Are Social Determinants of Health?



[Social determinants of health \(SDOH\)external icon](#) are defined as the conditions in which people are born, grow, live, work, and age. SDOH are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world. Differences in these conditions lead to health inequities or the unfair and avoidable differences in health status seen within and between countries.

[Healthy People 2030external icon](#) includes SDOH among its leading health indicators. One of Healthy People 2030's five overarching goals is specifically related to SDOH: Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.

Through broader awareness of how to better incorporate SDOH throughout the multiple aspects of public health work and the [10 Essential Public Health Services](#), public health practitioners can transform and strengthen their capacity to advance health equity. Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

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: Michael O'Dell

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.

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications:

VVV Consultants LLC 601 N. Mahaffie, Olathe, KS 66061 (913) 302-7264

VVV Consultants LLC is an Olathe, KS based "boutique" healthcare consulting firm specializing in Strategy, Research and Business Development services. To date we have completed 70 unique community CHNA's in KS, MO, IA and NE (references found on our website VandehaarMarketing.com)



Vince Vandehaar, MBA – Principal

VVV Consultants LLC – start 1/1/09 *

- Adjunct Full Professor @ Avila and Webster Universities
- 35+ year veteran marketer, strategist and researcher
- Saint Luke's Health System, BCBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA

Cassandra Kahl, BHS – Lead Consultant

VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences
 - Park University MHA (May 2021)
- Pharmacy Management (CVS) – 2 ½ years
- Hometown: Maple, WI



VVV Consultants LLC (EIN 27-0253774) began as "VVV Research & Development INC" in early 2009 and converted to an LLC on 12/24/12. Web: VandehaarMarketing.com

Our Mission: to research, facilitate, train, and create processes to improve healthcare delivery and uncover strategic "critical success" initiatives.

Our Vision: meeting today's challenges with the voice of the market.

Our Values :

"Community" – Industry engagement...membership AMA KC, ACHE, EPBA, Forum and SHSMD.

"Stewardship" – Fair fees based on client, project scope, turnaround time, etc.

"Integrity" – Trustworthy delivery with numerous client recommendations / endorsements.

"Experience" – Skilled consulting; Marketing careers. We understand business because we have been there!

"Growth" – Process-driven; ongoing innovational delivery.

II. Methodology

c) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in January of 2021 for Sheridan County Health Complex (SCHC) located in Sheridan County, KS to meet Federal IRS CHNA requirements.

In late January 2021, a meeting was called by SCHC leaders to review 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 led to SCHC CFO to request 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 - Define PSA					Inpatients			Outpatients		
Source: KHA - FFY 2018-20		20210	als - IP/OP		195	233	204	6719	6949	5910
Patient Zip Code	County	3YR TOT	%	Accum	FFY18	FFY19	FFY20	FFY18	FFY19	FFY20
67740-Hoxie, KS	Sheridan	14379	71.1%	71.1%	125	147	143	4,943	4,922	4,099
67757-Selden, KS	Sheridan	755	3.7%	74.9%	12	7	8	241	264	223
67735-Goodland, KS	Sherman	185	0.9%	75.8%	0	13	5	36	64	67
67737-Grainfield, KS	Gove	730	3.6%	79.4%	11	17	3	271	253	175
67738-Grinnell, KS	Gove	604	3.0%	82.4%	5	10	5	152	245	187
© 2021 Hospital Industry Data Institute										

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 valid health indicator sources cited to document current state of county health organized as follows:

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

B) Survey Community Stakeholders to inquire about past CHNA unmet needs and obtain current health delivery trends and document on going health issues.

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 unmet health needs was administered.

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

Complete full documentation to create each CHNA sections documented in Table of Contents. Publish hard copy reports (2) for client usage plus create a full CHNA report pdf to be posted on hospital website to meet government CHNA regulation criteria.

Detail CHNA Development Steps Include:

<p align="center">Development Steps to Create Comprehensive Community Health Needs Assessment</p>	
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>
<p>VVV Consultants, LLC Olathe, KS 913 302-7264</p>	

Data & Benchmarks Review

Community health assessments typically use both primary and secondary data to characterize the health of the community:

- **Primary data** are collected first-hand through surveys, listening sessions, interviews, and observations.
- **Secondary data** are collected by another entity or for another purpose.
- **Indicators** are secondary data that have been analyzed and can be used to compare rates or trends of priority community health outcomes and determinants.

Data and indicator analyses provide descriptive information on demographic and socioeconomic characteristics; they can be used to monitor progress and determine whether actions have the desired effect. They also characterize important parts of health status and health determinants, such as behavior, social and physical environments, and healthcare use.

Community health assessment indicators should be.

- Methodologically sound (valid, reliable, and collected over time)
- Feasible (available or collectable)
- Meaningful (relevant, actionable, and ideally, linked to evidence-based interventions)
- Important (linked to significant disease burden or disparity in the target community)

Jurisdictions should consider using data and indicators for the smallest geographic locations possible (e.g., county-, census block-, or zip code-level data), to enhance the identification of local assets and gaps.

Local reporting (County specific) sources of community-health level indicators:

CHNA Detail Sources
Business Quick Facts
Centers for Medicare and Medicaid Services
CMS Hospital Compare, 10/1/2015-9/30/2016
County Health Rankings
Geography Quick Facts
Kansas Health Matters
Kansas Hospital Association (KHA)
People Quick Facts
U.S. Department of Agriculture - Food Environment Atlas
US Centers for Disease Control and Prevention

Sources of community-health level indicators:

- [County Health Rankings and Roadmaps](#)
The annual Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. They provide a snapshot of how health is influenced by where we live, learn, work and play.
- [Prevention Status Reports \(PSRs\)](#)
The PSRs highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce important public health problems.
- [Behavioral Risk Factor Surveillance System](#)
The world's largest, ongoing telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the US Virgin Islands, and Guam.
- The [Selected Metropolitan/ Micropolitan Area Risk Trends](#) project was an outgrowth of BRFSS from the increasing number of respondents who made it possible to produce prevalence estimates for smaller statistical areas.
- [CDC Wonder](#) Databases using a rich ad-hoc query system for the analysis of public health data. Reports and other query systems are also available.
- [Center for Applied Research and Engagement Systems external icon](#)
Create customized interactive maps from a wide range of economic, demographic, physical and cultural data. Access a suite of analysis tools and maps for specialized topics.
- [Community Commons external icon](#)
Interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
- [Dartmouth Atlas of Health Care external icon](#)
Documented variations in how medical resources are distributed and used in the United States. Medicare data used to provide information and analysis about national, regional, and local markets, as well as hospitals and their affiliated physicians.
- [Disability and Health Data System](#)
Interactive system that quickly helps translate state-level, disability-specific data into valuable public health information.
- [Heart Disease and Stroke Prevention's Data Trends & Maps](#)
View health indicators related to heart disease and stroke prevention by location or health indicator.
- [National Health Indicators Warehouse external icon](#)
Indicators categorized by topic, geography, and initiative.
- [US Census Bureau external icon](#)
Key source for population, housing, economic, and geographic information.
- [US Food Environment Atlas external icon](#)
Assembled statistics on food environment indicators to stimulate research on the determinants of food choices and diet quality, and to provide a spatial overview of a community's ability to access healthy food and its success in doing so.
- [Centers for Medicare & Medicaid Services Research and Data Clearinghouse external icon](#)
Research, statistics, data, and systems.
- [Environmental Public Health Tracking Network](#)
System of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources.
- [Health Research and Services Administration Data Warehouse external icon](#)
Research, statistics, data, and systems.
- [Healthy People 2030 Leading Health Indicators external icon](#)
Twenty-six leading health indicators organized under 12 topics.
- [Kids Count external icon](#)
Profiles the status of children on a national and state-by-state basis and ranks states on 10 measures of well-being; includes a [mobile site external icon](#).
- [National Center for Health Statistics](#)
Statistical information to guide actions and policies.
- [Pregnancy Risk Assessment and Monitoring System](#)
State-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.
- [Web-based Injury Statistics Query and Reporting System \(WISQARS\)](#)
Interactive database system with customized reports of injury-related data.
- [Youth Risk Behavior Surveillance System](#)
Monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults.

Specific Project CHNA roles, responsibility and timelines are documented by the following calendar.

Sheridan County Health Complex			
VVV CHNA Wave #4 Work Plan - Year 2021			
Project Timeline & Roles			
Step	Timeframe	Lead	Task
1	Dec. 2020	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review
2	1/28/2020	Hosp	Select CHNA Wave #4 Option B. Approve (sign) VVV CHNA quote
3	2/8/2021	VVV	Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	2/8/2021	VVV	Hold Kick-off Meeting & Request Hospital Client to send KHA PO reports for FFY 18, 19 and 20. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls)
5	On or Before 2/11/20	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	Feb-Mar 2021	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	2/15/2021	VVV / Hosp	Prepare/send out PR #1 story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	By 2/17/2021	VVV / Hosp	Place PR story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	2/19/2021	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 3/19/2021 for Online Survey
10	3/15/2021	Hosp	Prepare/send out Community TOWN HALL invite letter and place local AD.
11	3/15/2021	VVV / Hosp	Prepare/send out PR #2 story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
12	4/8/2021	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	Tuesday, 4/13/2021	VVV	Conduct CHNA Town Hall. Lunch 11:30-1pm OR dinner 5:30-7pm (location TBD) . Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 09/23/2021	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 09/30/2021	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	27-May-21	Hosp	Conduct Client Implementation Plan PSA Leadership meeting
17	on our before fiscal yearend	Hosp	Hold Board Meetings discuss CHNA needs, create & 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, 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 Town Hall was held on Tuesday April 13th, 2021, onsite following COVID-19 safety requirements. Vince Vandehaar MBA and Cassandra Kahl MHA facilitated this 1 ½ hour session with twenty-seven RSVP's / 25 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) and Primary Online survey results.
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 (casting 3 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 Consultants encouraged all community members to continue to contribute ideas to both hospital / health department leaders via e-mail and/or personal conversations. < NOTE: To review detail Town Hall discussion content, please turn to Section V for detailed notes of retreat session and activities citing health strengths & unmet health needs to change or improve.>



**Community Health Needs Assessment
Town Hall Meeting – Sheridan Co. (KS)**
on behalf of Sheridan County Health Complex

VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

1

**Community Health Needs Assessment (CHNA)
Onsite 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 Unmet Needs (30 mins)
- v. Close / Next Steps (5 mins)

2

I. Introduction: Who We Are
Background and Experience



Vince Vandehaar, MBA – Principal
VVV Consultants LLC – start 1/1/09 *

- Adjunct Full Professor @ Avila and Webster Universities
- 35+ year veteran marketer, strategist and researcher
- Saint Luke’s Health System, BCBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA



Cassandra Kahl, BHS – Lead Consultant
VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences
 - Park University MHA (May 2021)
- Pharmacy Management (CVS) – 2 ½ years
- Hometown: Maple, WI



*NOTE: Vince started VVV Consultants LLC on 1/1/2009, after working for Saint Luke’s Health System of Kansas City for 16 years. Saint Luke’s Hospital of KC, SLHS’s largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003.

3

Town Hall Participation (You)

- ALL attendees practice “Safe Engagement”. We will work together - Table Teams
- ALL attendees welcome to share. Engaging Conversation (No right or wrong answer)
 - Parking Lot
- ALL Take Notes – Important Health Indicators
- Please give truthful responses – Serious Community Conversation. Here to Update Unmet Needs List.
- Have a little fun along the way

4

II. Review of a CHNA

- A Community Health Needs Assessment (CHNA) is a....
 - Systematic collection, assembly, analysis, and dissemination of information about the health of the community.
- 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 of a CHNA – Why Conduct One?
 - Determine health-related trends and issues of the community
 - Understand / evaluate health delivery programs in place.
 - Meet Federal requirements – both local hospital and health department
 - Develop Implementation Plan strategies to address unmet health needs (4-6 weeks after Town Hall)

5

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 Implementation Plan strategies to address unmet health needs (4-6 weeks after Town Hall)

6

I. Introductions: A Conversation with the Community & Stakeholders

Community members and organizations invited to CHNA Town Hall

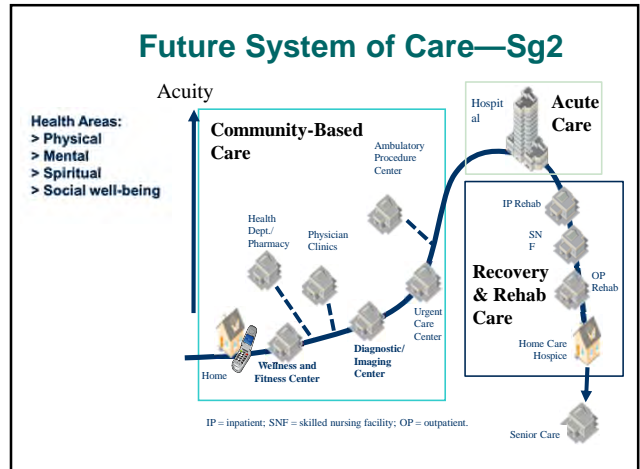
Consumers: Uninsured/underinsured people, Members of at-risk populations, Parents, caregivers and other consumers of health care in the community, and Consumer advocates.

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."

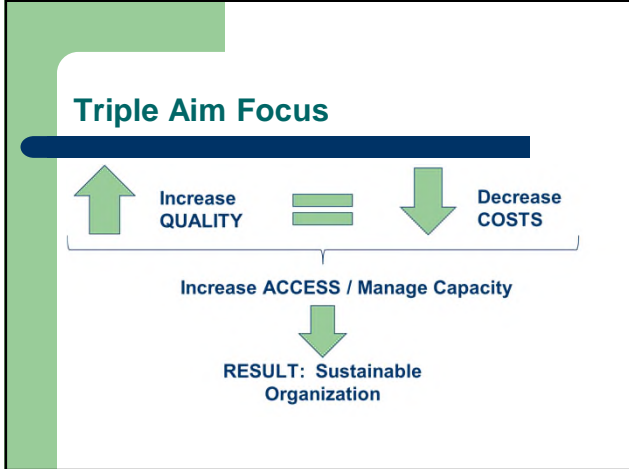
Public and other organizations: Public health officials, Directors or staff of health and human service organizations, City/Community planners and development officials, Individuals with business and economic development experience, Welfare and social service agency staff, Housing advocates - administrators 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

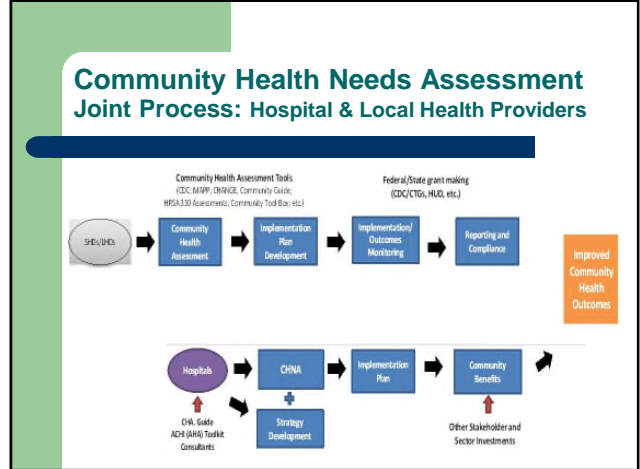
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8



9



10

II. IRS Hospital CHNA Written Report Documentation – Table of Contents

- 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

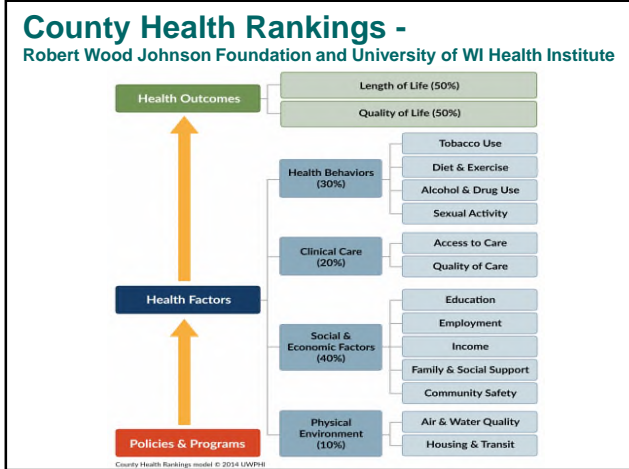
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III. Review Current County Health Status: Secondary Data by 10 Tab Categories & State Rankings

Trends: Good Same Poor

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

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1 Physical Environment (10%)			2b Social and Economic Environment (40%)		
Focus Area	Measure	Description	Focus Area	Measure	Description
Air and water quality (5%)	Air pollution - particulate matter	The average daily measure of fine 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 - nitrate	Percent of population potentially exposed to water exceeding a violation limit during the past year		Injury deaths	Injury mortality per 100,000
	Severe housing problems	Percent of households with at least 1 of 4 housing problems: overcrowding, high heating costs, or lack of kitchen or plumbing facilities	2c Health Outcomes (50%) Health Subsets		
Housing and transit (5%)	Driving alone to work	Percent of the workforce that drives alone to work			
	Commute - drive	Percent of workers who commute in their car alone, the percent that commute more than 30 minutes			
2a Clinical Care (20%)					
Access to care (10%)	Uninsured	Percent of population under age 65 without health insurance	Adult obesity	Percent of adults that report a BMI ≥ 30	
Quality of care (10%)	Primary care physicians	Ratio of population to primary care physicians	Diet and exercise (10%)	Food environment index	Index of factors that contribute to a healthy food environment
	Dentists	Ratio of population to dentists	Physical inactivity	Access to exercise opportunities	Percent of the population with adequate access to facilities for physical activity
	Mental health providers	Ratio of population to mental health providers	Alcohol and drug use (15%)	Alcohol-impaired driving deaths	Percent of driving deaths with alcohol involvement
Preventable hospital stays	Preventable hospital stays	Hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees	Sexually transmitted infections	Chlamydia rate per 100,000 population	
	Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c screening	Teen births	Teen birth rate per 1,000 female population, ages 15-19	
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening	Morbidity / Mortality		
2b Social and Economic Environment (40%)					
Education (10%)	High school graduation	Percent of ninth grade cohort that graduates in 4 years	Quality of life health (50%)	Poor or fair health	Percent of adults reporting fair or poor health (age-adjusted)
Employment (10%)	Some college	Percent of adults aged 25-44 years with some post-secondary education	Physical health days	Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)
	Unemployment	Percent of population age 15+ unemployed but seeking work		Poor overall health days	Average number of overall unhealthy days reported in past 30 days (age-adjusted)
Income (10%)	Children in poverty	Percent of children under age 18 in poverty	Low birthweight	Percent of live births with low birthweight (< 2,500 grams)	
Family and social support (5%)	Inadequate social support	Percent of adults without social/emotional support	Length of life (50%)	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
	Children in single-parent households	Percent of children that live in household headed by single parent			

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IV. Collect Community Health Perspectives Ask your opinion. Your thoughts?

- Today:** What are the *strengths* of our community that contribute to health? (White card)
- Today:** Are there healthcare services in your community / neighborhood that you feel *need to be improved and / or changed*? (Color card)
- Tomorrow:** What is occurring or might occur that would affect the "health of our community?"

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Community Health Needs Assessment

Questions; Next Steps?

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Olathe, KS 66061

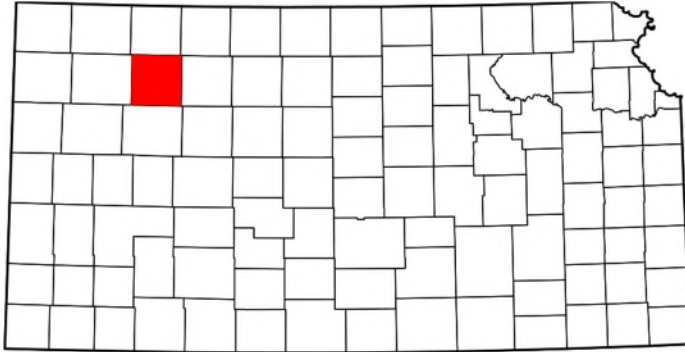
VVV@VandelaarMarketing.com
CJK@VandelaarMarketing.com
(913) 302-7264

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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 KS -ESRI Detail Demographic Profile

		Population				Households		HH	Per Capita
ZIP	NAME	County	Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
67740	Hoxie	SHERIDAN	1730	1722	-0.46%	781	786	2.17	30830
67757	Selden	SHERIDAN	480	479	-0.21%	202	202	2.38	26471
Totals			2,210	2,201	-0.41%	983	988	2.3	\$28,651

		Population					Year 2020		Females
ZIP	NAME	County	Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
67740	Hoxie	SHERIDAN	1730	440	470	155	871	859	150
67757	Selden	SHERIDAN	480	99	130	51	264	216	43
Totals			2,210	539	600	206	1,135	1,075	193

		Population 2020					Average Households 2020		
ZIP	NAME	County	Caucasian	African Amer	Amer Ind.	Hispanic	HH Inc	HH	HH \$50K+
67740	Hoxie	SHERIDAN	1664	2	2	90	\$53,042	781	433
67757	Selden	SHERIDAN	453	0	7	37	\$48,453	202	102
Totals			2,117	2	9	127	\$50,748	983	535

Source: ERSI Demographics

III. Community Health Status

[VVV Consultants LLC]

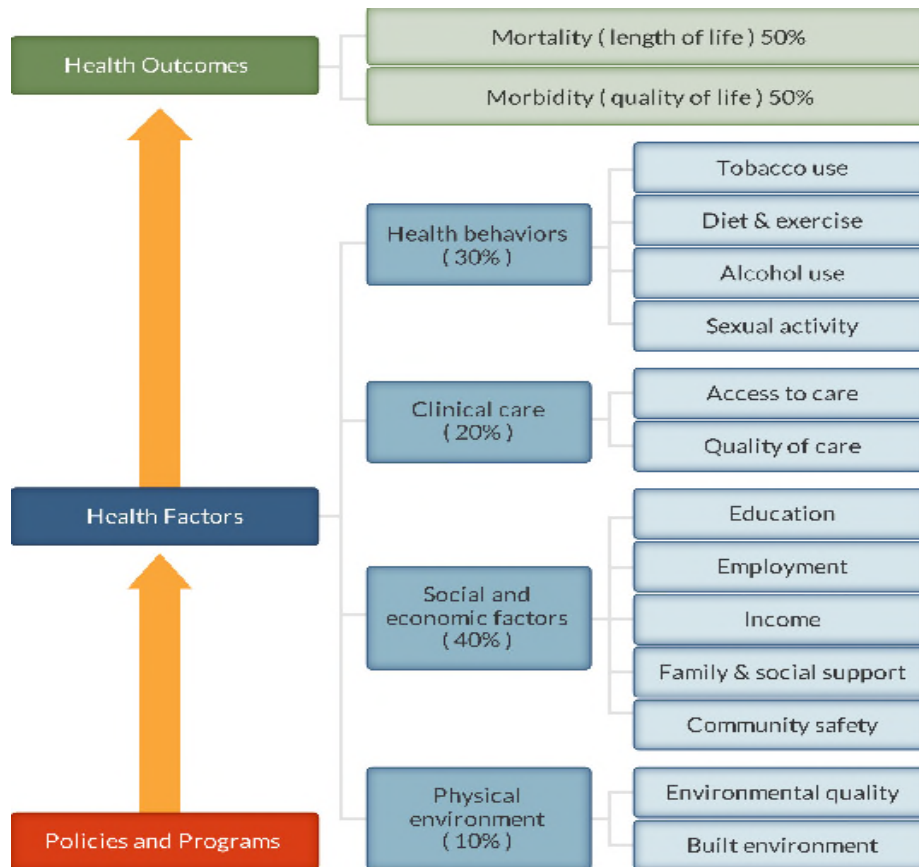
III. Community Health Status

a) Historical Health Statistics- Secondary Research

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 2020 RWJ County Health Rankings and conversations from Town Hall participantes. 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 – Year 2020 RWJ Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Sheridan Co. (KS)	TREND	NW KS RURAL NORM (N=20)
1	Health Outcomes		39		52
2	Mortality	Length of Life	38		42
3	Morbidity	Quality of Life	37		52
4	Health Factors		25		35
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	7		39
6	Clinical Care	Access to care / Quality of Care	103		53
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	21		44
8	Physical Environment	Environmental quality	2		22

<http://www.countyhealthrankings.org>, released 2020

Kansas Rural Norm (N=20) includes the following counties: Cheyenne, Barton, Edwards, Ellis, Gove, Kiowa, Norton, Osborne, Pawnee, Phillips, Russell, Sheridan, Smith and Thomas.

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.

Note: Each Tab has been trended to reflect County trends to NORM.

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

Tab 1: Demographic Profile

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

Tab		Demographic - Health Indicators	Sheridan Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
1	a	Population estimates, July 1, 2019, (V2019)	2,521		2,913,314	6,405	People Quick Facts
	b	Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	-0.9%		2.1%	-4.2%	People Quick Facts
	c	Population per square mile, 2010 (V2019)	2.9		34.9	7.4	Geography Quick Facts
	d	Persons under 5 years, percent, 2019, (V2019)	6.0%		6.4%	5.8%	People Quick Facts
	e	Persons 65 years and over, percent, 2019, (V2019)	23.7%		16.3%	23.8%	People Quick Facts
	f	Female persons, percent, 2019, (V2019)	49.5%		50.2%	49.4%	People Quick Facts
	g	White alone, percent, 2019, (V2019)	97.1%		86.3%	95.3%	People Quick Facts
	h	Black or African American alone, percent, 2019, (V2019)	0.8%		6.1%	1.4%	People Quick Facts
	i	Hispanic or Latino, percent, 2019, (V2019)	5.7%		12.2%	5.6%	People Quick Facts
	j	Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	6.0%		11.9%	4.4%	People Quick Facts
	k	Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	89.3%		83.8%	86.0%	People Quick Facts
	l	Children in single-parent households, percent, 2014-2018	32.8%		29.0%	25.2%	County Health Rankings
	m	Total Veterans, 2015-2019	200		176,444	599	People Quick Facts

Tab 2: Economic Profile

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

Tab		Economic - Health Indicators	Sheridan Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
2	a	Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$23,875		\$31,814	25,383	People Quick Facts
	b	Persons in poverty, percent	11.8%		11.4%	12.0%	People Quick Facts
	c	Total Housing units, July 1, 2019, (V2019)	1,252		1,288,401	5,417	People Quick Facts
	d	Total Persons per household, 2015-2019	2.2		2.5	2.4	People Quick Facts
	e	Severe housing problems, percent, 2012-2016	6.0%		13.0%	9.5%	County Health Rankings
	f	Total of All firms, 2012	472		239,118	1,021	Business Quick Facts
	g	Unemployment, percent, 2018	2.3%		3.4%	2.7%	County Health Rankings
	h	Food insecurity, percent, 2017	9.4%		13.0%	11.8%	County Health Rankings
	i	Limited access to healthy foods, percent, 2010	9.7%		8.0%	9.4%	County Health Rankings
	j	Low income and low access to store, percent, 2015	9.7%		9.4%	9.4%	U.S. Department of Agriculture - Food Environment Atlas
	k	Long commute - driving alone, percent, 2011-2015	17.3%		21.0%	15.6%	County Health Rankings

Tab 3: Educational Profile

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

Tab	Educative - Health Indicator		Sheridan Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
3	a	Children eligible for free or reduced price lunch, percent, 2017-2018	38.1%		48.0%	46.7%	County Health Rankings
	b	High school graduate or higher, percent of persons age 25 years+, 2015-2019	88.5%		91.0%	88.1%	People Quick Facts
	c	Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	15.6%		33.40%	19.6%	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 / Infant Profile

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

Tab	Maternal/Infant - Health Indicators		Sheridan Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
4	a	Percent of Births Where Prenatal Care began in First Trimester, 2016-2018	80.2%		81.0%	81.7%	Kansas Health Matters
	b	Percentage of Premature Births, 2016-2018	7.8%		9.1%	8.7%	Kansas Health Matters
	c	Percent of Infants up to 24 months that received full Immunizations, 2016-2018	90.0%		69.2%	81.5%	Kansas Health Matters
	d	Percent of Births with Low Birth Weight, 2016-2018	7.0%		7.3%	7.2%	Kansas Health Matters
	e	Percent of WIC Mothers Breastfeeding Exclusively, percent, 2018	NA		14.1%	27.3%	Kansas Health Matters
	f	Percent of all Births Occurring to Teens (15-19), 2016-2018	NA		5.5%	5.4%	Kansas Health Matters
	g	Percent of births Where Mother Smoked During Pregnancy, 2016-2018	11.6%		10.0%	13.7%	Kansas Health Matters

Tab 4: Maternal / Infant Profile (Continued)

#	Criteria - Vital Statistics	Sheridan Co. (KS)	Trend	Kansas	NW KS Norm (N=20)
a	Total Live Births, 2015	28		39,126	82
b	Total Live Births, 2016	33		38,048	81
c	Total Live Births, 2017	29		36,464	72
d	Total Live Births, 2018	24		36,268	73
e	Total Live Births, 2019	35		35,395	69
f	Total Live Births, 2015-2019 - 5 year Rate (%)	11.8%		12.7%	11.6%

Tab 5: Hospitalization and Provider Profile

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

Tab	Hospital/Provider - Health Indicator	Sheridan Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
5	a Primary care physicians (Pop Coverage per) (No extenders incl.) , 2017	2527:1		1295:1	1850:1	County Health Rankings
	b Preventable hospital rate per 100,000, 2017 (lower the better)	8,292		4,024	5,827	County Health Rankings
	c Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	81.0%		78.0%	82.3%	CMS Hospital Compare, Latest Release
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	72.0%		78.0%	77.7%	CMS Hospital Compare, Latest Release
	e Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	101		112	101	CMS Hospital Compare, Latest Release

KS Hospital Assoc PO103	Sheridan County KS IP		
	FFY2018	FFY2019	FFY2020
Total Discharges	280	316	285
Total IP Discharges-Age 0-17 Ped	3	5	4
Total IP Discharges-Age 18-44	19	20	16
Total IP Discharges-Age 45-64	52	49	31
Total IP Discharges-Age 65-74	56	49	43
Total IP Discharges-Age 75+	133	167	164
Psychiatric	2	7	8
Obstetric	10	12	14
Surgical %	20.4%	19.6%	16.5%
KS Hospital Assoc PO103	SCHC (Hoxie) only		
	FFY2018	FFY2019	FFY2020
Total Discharges	137	154	151
IP Market Share - Sheridan Co	48.9%	48.7%	53.0%
Total IP Discharges-Age 0-17 Ped	0	2	1
Total IP Discharges-Age 18-44	8	5	4
Total IP Discharges-Age 45-64	17	16	9
Total IP Discharges-Age 65-74	17	15	15
Total IP Discharges-Age 75+	95	14	119
Psychiatric	0	2	3
Obstetric	0	0	0
Surgical %	0.0%	0.6%	0.0%
Kansas Hospital AssocOP TOT223E	FFY2018	FFY2019	FFY2020
SCHC ER Visits -Sheridan Co only	86.1%	79.7%	73.9%
SCHC OP SRG Visits -Sheridan Co only	24.5%	21.2%	19.4%
SCHC Total OP Visits -Sheridan Co only	62.1%	61.3%	59.4%

Tab 6: Behavioral / Mental Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Mental - Health Indicator	Sheridan Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
6	a Depression: Medicare Population, percent, 2017	22.1%		18.9%	17.8%	Kansas Health Matters
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2016-2018 (lower is better)	NA		18.6	25.6	Kansas Health Matters
	c Mental Behavioral Hospital Admission Rates per 100,000, 2016-2018	15.2		75.1	26.7	Kansas Health Matters
	k Percent of Medicare Part D Beneficiaries Receiving Opioids Supply >10 Days	49.4%		37.8%	42.5%	Kansas Health Matters
	d Average Number of mentally unhealthy days, 2017	3.6		3.7	3.6	County Health Rankings

Tab 7a: Risk Indicators & Factors Profile

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

Tab	High-Risk - Health Indicator	Sheridan Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
7a	a Adult obesity, percent, 2016	23.7%		33.0%	32.9%	County Health Rankings
	b Adult smoking, percent, 2017	15.0%		17.0%	15.6%	County Health Rankings
	c Excessive drinking, percent, 2017	16.5%		19.0%	16.5%	County Health Rankings
	d Physical inactivity, percent, 2016	26.1%		25.0%	29.9%	County Health Rankings
	e # of Physically unhealthy days, 2015	3.4		3.6	3.4	County Health Rankings
	f Sexually transmitted infections (chlamydia), rate per 100,000 2017	NA		13,554	265	County Health Rankings

Tab 7b: Chronic Risk Profile

Tab	Chronic - Health Indicator	Sheridan Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
7b	a Hypertension: Medicare Population, 2017	65.1%		55.2%	56.9%	Kansas Health Matters
	b Hyperlipidemia: Medicare Population, 2017	48.6%		37.1%	37.2%	Kansas Health Matters
	c Heart Failure: Medicare Population, 2017	23.5%		13.4%	19.0%	Kansas Health Matters
	d Chronic Kidney Disease: Medicare Pop, 2017	18.3%		21.8%	21.2%	Kansas Health Matters
	e COPD: Medicare Population, 2017	18.1%		11.9%	14.0%	Kansas Health Matters
	f Atrial Fibrillation: Medicare Population, 2017	12.8%		8.8%	10.7%	Kansas Health Matters
	g Cancer: Medicare Population, 2017	8.0%		8.1%	8.4%	Kansas Health Matters
	h Osteoporosis: Medicare Population, 2017	13.2%		6.1%	9.3%	Kansas Health Matters
	i Asthma: Medicare Population, 2017	5.1%		4.3%	3.6%	Kansas Health Matters
	j Stroke: Medicare Population, 2015	2.7%		3.1%	2.6%	Kansas Health Matters

Tab 8 Uninsured Profile and Community Benefit

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	Coverage - Health Indicator	Sheridan Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
8	a Uninsured, percent, 2017	19.6%		10.0%	11.9%	County Health Rankings

Source: Internal Hospital Records - CHNA 2021				
	Sheridan County Health Complex	YR 2018	YR 2019	YR 2020
1	Charity Care	\$229,271	\$149,533	\$154,487
2	Bad Debt Writeoffs	\$134,129	\$183,439	\$182,433

Tab 9: Mortality Profile

The leading causes of county deaths from Vital Statistics are listed below.

Tab	Mortality - Health Indicator	Sheridan Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
9	a Life Expectancy, 2016 - 2018	82.8		78.5	78.4	Kansas Health Matters
	b Age-adjusted Cancer Mortality Rate per 100,000 population, 2016-2018 (lower is better)	115.9		155.3	146.8	Kansas Health Matters
	c Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2016-2018 (lower is better)	107.2		156.7	169.8	Kansas Health Matters
	d Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2014-16 (Lower is better)	55.2		49.9	52.2	Kansas Health Matters
	e Alcohol-impaired driving deaths, percent, 2011-2015	44.4%		21.9%	38.9%	County Health Rankings
	f Total # Deaths involving COVID-19 if released, 2021	NA		3,575	14	NY Times

Causes of Death by County of Residence, KS 2016	Sheridan Co. (KS)	TREND	Kansas	NW KS Norm (N=20)
TOTAL	31		27,312	1,333
Other causes	12		6058	364
Primary Hypertension/ Hypertensive Renal Disease & Secondary Hypertension	8		3603	227
Heart disease	5		5520	316
Cancer of the Trachea, Bronchus, and Lungs	5		1180	59
Cancer	4		5537	336

Tab 10: Preventive Quality Measures Profile

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

Tab	Preventative - Health Indicator		Sheridan Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
10	a	Access to exercise opportunities, percent, 2019	62.9%		80.0%	63.8%	County Health Rankings
	b	Adults with diabetes, monitoring, percent, 2016	7.7%		10.0%	11.3%	County Health Rankings
	c	Mammography annual screening, percent, 2017	45.0%		45.0%	42.9%	County Health Rankings
	d	Percent Annual Check-Up Visit with PCP					TBD
	e	Percent Annual Check-Up Visit with Dentist					TBD
	f	Percent Annual Check-Up Visit with Eye Doctor					TBD

PSA Primary Research:

For each CHNA Wave # 4 evaluation, a community stakeholder survey has been created and administered to collect “current” healthcare information for Sheridan Co. KS.

Chart #1 – Sheridan County, KS Online Feedback Response (N=84)

Sheridan Co. KS- CHNA Wave #4			
For reporting purposes, are you involved in or are you a ?	Ellis Co. (KS) N=84	Trend	NWKS Rural Norms N=1910
Business / Merchant	23.8%		9.2%
Community Board Member	11.9%		7.7%
Case Manager / Discharge Planner	2.4%		0.8%
Clergy	2.4%		1.1%
College / University	0.0%		5.7%
Consumer Advocate	0.0%		1.3%
Dentist / Eye Doctor / Chiropractor	0.0%		0.5%
Elected Official - City/County	2.4%		2.2%
EMS / Emergency	11.9%		2.2%
Farmer / Rancher	16.7%		7.1%
Hospital / Health Dept	47.6%		20.3%
Housing / Builder	0.0%		0.9%
Insurance	4.8%		1.1%
Labor	0.0%		2.4%
Law Enforcement	0.0%		0.8%
Mental Health	2.4%		1.2%
Other Health Professional	14.3%		12.7%
Parent / Caregiver	31.0%		17.5%
Pharmacy / Clinic	4.8%		1.7%
Media (Paper/TV/Radio)	0.0%		0.5%
Senior Care	4.8%		4.5%
Teacher / School Admin	2.4%		9.9%
Veteran	2.4%		3.3%
Other (please specify)	2.4%		9.3%
TOTAL	42		1,320
NW KS Norms Include: Ellis Co, Pawnee Co, Gove Co and Thomas Co.			

Chart #2 - Quality of Healthcare Delivery Community Rating

Sheridan Co. KS- CHNA Wave #4			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Sheridan Co. (N=84)	Trend	NWKS Rural Norms N=1910
Top Box %	28.9%		30.8%
Top 2 Boxes %	83.1%		75.8%
Very Good	28.9%		30.8%
Good	54.2%		45.0%
Average	15.7%		19.3%
Poor	1.2%		3.7%
Very Poor	0.0%		1.2%
Valid N	83		1901
KS Norms Include: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa and Pratt counties.			

Chart #3 – Overall Community Health Quality Trend

Sheridan Co. KS- CHNA Wave #4			
When considering "overall community health quality", is it ...	Sheridan Co. (N=84)	Trend	NWKS Rural Norms N=1910
Increasing - moving up	65.3%		62.8%
Not really changing much	30.7%		56.1%
Decreasing - slipping	4.0%		9.0%
Valid N	75		1,327

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

Sheridan Co. KS- CHNA Wave #4		Ongoing Problem		Pressing
Past CHNAs Unmet Needs identified		Sheridan Co. (N=84)		Sheridan Co. (N=84)
Rank	Ongoing Problem	Votes	%	Trend
1	Child Care	37	16.6%	
2	Affordable Housing	29	13.0%	
3	Awareness of Health Services	19	8.5%	
4	Expansion/Upgrades to Facility	19	8.5%	
5	Nutrition - Healthy Food Options	17	7.6%	
6	Access to Specialists	16	7.2%	
7	Obesity	16	7.2%	
8	Preventative Health / Wellness	16	7.2%	
9	Drug/Substance Abuse	13	5.8%	
10	Alcohol Abuse	10	4.5%	
11	Exercise/Fitness	10	4.5%	
12	Home Health / Hospice	10	4.5%	
13	Economic Development	6	2.7%	
14	Access to Provider Clinics	3	1.3%	
15	Transportation	2	0.9%	
TOTALS		223		

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

Sheridan Co. KS- CHNA Wave #4			
In your opinion, what are the root causes of "poor health" in our community?	Sheridan Co. (N=84)	Trend	NWKS Rural Norms N=1910
Lack of health insurance	17.7%	Red	15.7%
Limited Access to Mental Health Assistance	12.4%	Yellow	16.3%
Neglect	16.8%	Red	12.4%
Lack of health & Wellness Education	15.9%	Red	12.3%
Chronic disease prevention	7.1%		9.2%
Family assistance programs	8.8%		7.1%
Lack of Nutrition / Exercise Services	13.3%	Yellow	9.1%
Limited Access to Specialty Care	7.1%		9.3%
Limited Access to Primary Care	0.9%		6.0%
Total Votes	113		2857

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

Sheridan Co. KS - CHNA Wave #4	Sheridan Co. (N=84)		Trend	NWKS Rural Norms N=1910	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
Ambulance Services	87.0%	2.2%	Green	88.3%	2.4%
Child Care	22.7%	27.3%	Red	36.8%	17.5%
Chiropractors	82.2%	6.7%	Yellow	69.4%	4.8%
Dentists	41.3%	10.9%	Red	76.5%	7.0%
Emergency Room	87.0%	2.2%	Green	74.6%	8.2%
Eye Doctor/Optomtrist	41.3%	17.4%	Red	79.8%	6.6%
Family Planning Services	33.3%	28.9%	Red	40.8%	15.3%
Home Health	46.7%	20.0%	Red	46.4%	10.2%
Hospice	73.9%	4.3%	Green	59.5%	8.5%
Telehealth	56.8%	9.1%	Yellow	53.4%	8.5%
Inpatient Services	86.4%	2.3%	Green	85.3%	3.2%
Mental Health	61.4%	11.4%	Red	33.2%	31.5%
Nursing Home/Senior Living	95.6%	2.2%	Green	68.2%	9.7%
Outpatient Services	88.9%	0.0%	Green	80.6%	3.0%
Pharmacy	82.2%	2.2%	Green	87.6%	2.7%
Primary Care	86.7%	2.2%	Green	81.6%	4.9%
Public Health	68.9%	4.4%	Green	69.4%	6.4%
School Health	60.5%	2.3%	Green	69.1%	5.5%
Visiting Specialists	75.6%	2.2%	Green	68.7%	8.4%
Walk- In Clinic	70.5%	11.4%	Red	54.5%	23.0%

Chart #7 – Community Health Readiness

Sheridan Co. KS- CHNA Wave #4		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Sheridan Co (KS) N=84	Trend	NWKS Rural Norms N=1910
Behavioral / Mental Health	11.4%		27.1%
Emergency Preparedness	4.4%		7.7%
Food and Nutrition Services/Education	11.4%		14.1%
Health Screenings (as asthma, hearing, vision, scoliosis)	6.7%		8.9%
Prenatal/Child Health Programs	15.9%		8.3%
Substance Use/Prevention	31.8%		32.5%
Suicide Prevention	31.8%		32.4%
Violence Prevention	29.5%		28.3%
Women's Wellness Programs	18.2%		13.4%

Chart #8a – Healthcare Delivery “Outside our Community”

Specialties:

Sheridan Co. KS - CHNA Wave #4			
In the past 2 years, did you or someone you know receive HC outside of our community?	Sheridan Co. (N=84)	Trend	NWKS Rural Norms N=1910
Yes	86.7%		70.8%
No	13.3%		28.0%
I don't know	0.0%		1.2%
Valid N	45		1,150

Specialty	Total
GEN	5
OBG	5
CARD	3
SURG	3
CANC	2
DENT	2
DERM	2

Chart #8b – Healthcare Delivery “Outside our Community” (Continued)

Sheridan Co. KS- CHNA Wave #4			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Sheridan Co. (KS) N=84	Trend	NWKS Rural Norms N=1910
Yes	72.7%		59.2%
No	27.3%		40.8%
Valid N	44		1,007

Chart #9 – What HC topics need to be discussed in future Town Hall Meeting

Sheridan Co. KS- CHNA Wave #4			
What needs to be discussed further at our CHNA Town Hall meeting?	Sheridan Co. (N=84)	Trend	NWKS Rural Norms N=1910
Abuse/Violence	3.2%		6.0%
Alcohol	2.1%		6.4%
Alternative Medicine	5.9%		5.4%
Breast Feeding Friendly Workplace	1.1%		1.7%
Cancer	2.7%		3.0%
Care Coordination	2.7%		3.3%
Diabetes	3.2%		3.4%
Drugs/Substance Abuse	2.7%		8.7%
Family Planning	2.7%		2.0%
Heart Disease	1.6%		2.6%
Lack of Providers/Qualified Staff	4.3%		6.1%
Lead Exposure	0.0%		0.6%
Mental Illness	8.5%		12.0%
Neglect	2.7%		3.1%
Nutrition	7.4%		5.5%
Obesity	5.3%		8.2%
Occupational Medicine	0.5%		0.9%
Ozone (Air)	0.0%		1.2%
Physical Exercise	5.9%		5.4%
Poverty	5.3%		6.4%
Preventative Health / Wellness	6.4%		6.0%
Respiratory Disease	0.0%		0.3%
Sexually Transmitted Diseases	0.5%		1.6%
Smoke-Free Workplace	0.0%		0.1%
Suicide	6.9%		8.4%
Teen Pregnancy	2.1%		2.2%
Telehealth	3.7%		3.0%
Tobacco Use	1.6%		2.7%
Transporation	0.5%		2.9%
Vaccinations	4.8%		5.0%
Water Quality	1.6%		2.9%
Health Literacy	2.1%		4.0%
Other (please specify)	2.1%		2.7%
TOTAL Votes	188		3,439

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

2021 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

2021 Inventory of Health Services - Sheridan County, KS				
Cat	HC Services Offered in county: Yes / No	Hospital	Health Dept	Other
Hosp	Positron Emission Tomography (PET)	No	No	No
Hosp	Positron Emission Tomography/CT (PET/CT)	No	No	No
Hosp	Pulmonary Rehab	No	No	No
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 2021 Physician Manpower - Sheridan County, KS

# of FTE Providers	Supply Working in County		
	FTE County Based MDs / Dos	Visiting Providers	County Based PA/NPs
Primary Care:			
Family Practice	2.0		2.0
Internal Medicine			
Obstetrics/Gynecology			
Pediatrics			
Medicine Specialists:			
Allergy/Immunology			
Cardiology		1.0	
Dermatology			
Endocrinology			
Gastroenterology			
Oncology/RADO			
Infectious Diseases			
Nephrology			
Neurology			
Psychiatry			
Pulmonary			
Rheumatology			
Surgery Specialists:			
General Surgery		2.0	
Neurosurgery			
Ophthalmology			
Orthopedics			
Otolaryngology (ENT)			
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vasc			
Urology			
Hospital Based:			
Anesthesia/Pain		1.0	
Emergency			
Radiology			
Pathology			
Hospitalist *			
Neonatal/Perinatal			
Physical Medicine/Rehab			
Others			
Eye Care (OD)		0.2	
Dentists		1.0	
Podiatry		1.0	
TOTALS	2.0	6.2	2.0

YR 2021 - Visiting Specialists to Sheridan County Health Complex

<i>SPECIALTY</i>	<i>Physician Name/Group</i>	<i>Office Location (City/State)</i>	<i>SCHEDULE / DAY</i>	<i>Annual Days</i>
Cardiology	Dr Markiewicz	North Platte Nebraska	Once a Month	12
Surgery	Dr Gabel	Colby Kansas	Twice a Month	24
Surgery	Dr Schultz	Hays Kansas	Once a Month	12
Audiology	Rachel McArthur	Burlington Colorado	Once a Month	12
Podiatry	Dr. Christensen	North Platte Nebraska	Twice a Month	24
Pain Management	Brad Wertz	Pinnacle Anesthesia	Weekly	48

2021 Health Services Directory Sheridan County (KS)

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	785-386-4246
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 18th Street (Hoxie)
P.O. Box 167
Fax: 785-675-3840
785-675-3281
www.sheridancountyhospital.com

Sheridan County Health Complex services include:

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 Disease 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)
Night Care

Observation
Respite Care (Private Pay)
Skilled Nursing/Swing Bed
Laboratory Services (Must have physician's order)
Blood Gases
Comprehensive Blood Testing
BNP
CK
CKMB
Complete Blood Count (CBC)
Auto Differential
Manual Differential
Comprehensive Metabolic Profile (CMP)
D-dimer
Direct Bilirubin
ESR
Hemoglobin A1C
Lipid Profile
Mono Testing
Pregnancy Testing (both urine and blood)
Prostate Specific Antigen (PSA)
PT/PTT/INR (Co-ag Checks)
Thyroid Stimulating Hormone (TSH)
Troponin I
Type & Crossmatch (for transfusions)
Emergency Basis
Fecal Occult Blood (FOB)
Inpatient
Outpatient
Other Lab Services
Rapid Influenza Testing
Rapid Strep Testing
Urinalysis
Urine Toxicology Screening
Lifeline
Long Term Care
38-bed Residence
Adult Day Care
Long Term Care
Medical Services
Night Care
Social Services
Therapeutic Services
Meals-on-Wheels
Mobile Services
Bone Density
Cardiac Ultrasound
Magnetic Resonance Imaging
Mammography
Nuclear Medicine
Vascular Ultrasound

Occupational Therapy
Arm and Hand Function
Cognitive Assessments
Electrical Stimulation
Home Safety Evaluations
Self Care Skills
Strength and Endurance
Ultrasound
Outpatient Doctors
Outpatient Services
Anti-Coagulant Therapy
Antibiotic Therapy
Blood Transfusions
Bone Density Scans
Cardiac Stress Testing
Cardiology Consults
Dexa Scans
EKGs/Electrocardiograms
Endoscopes/Endoscopy
Flu/Pneumonia Vaccinations
Hickman Care/Port-a-Cath Care/PICC Line
Maintenance
Infusion Therapy
IV Therapy
IVIG & Remicade
Lab Draws
Mammograms
Minor Surgeries
MRI's
Neupogen/Neulasta
Nuclear Medicine
Other Injection Therapy
Procrit
Reclast
Sonograms
Surgical Consults
TB Skin Tests
Wound Care/Dressing Changes
Pharmacy
Inpatient
Physical Therapy
Balance and Coordination
BioStep
Brace Fitting
Cervical Traction
Electrical Stimulations
Gait Training
Crutches
Parallel Bars
Walker
Hivamat
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
CT Scan
Dexa Scans (Bone Density)
Digital Mammography
Fluoroscopy
General Radiography
Magnetic Resonance Imaging (MRI)
Nuclear Medicine
Ultrasound (General, Vascular, and Cardiac)
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**

Shannon Herl, APRN
Deanna Sulzman, APRN
Brady Gilson, PA-C
Chris Hansen, PA-C
Bhavini Gopaldas, PA-C
Jill Stewart, M.D.
Victor Nemechek, M.D.
Dallas Walz, M.D.
SCHC Visiting Providers
Michael Machen, M.D.
SCHC Visiting Physician Specialists
Alain Efstratiou, M.D. (Kearney, NE)
Cardiology
Charles Schultz, M.D. (Hays) 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
Car Seat Rental/Car Seat Technician
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

David Heskett, D.C.
1132 Oak Avenue (Hoxie)
785-675-3143

Thorpe R.H., D.C.
1132 Oak Avenue (Hoxie)
785-675-3143

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

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

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

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

Clinics:

Hoxie Medical Clinic
826 18th Street, P.O Box 415 (Hoxie)
785-675-3018

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

Sheridan County Health Complex
826 1 8th 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

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

Larry Washburn, 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

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

Rehabilitation Services

Sheridan County Health Complex
826 1 8th 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
Leiker Nursing Services, L.L.C**
841 1 4th Street (Hoxie)
785-675-8995

Sheridan County Long Term Care Unit
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 (KDOA) 503 S. Kansas Avenue (Topeka)

785-296-4986 or 1-800-432-3535

Medicaid

Kansas Department of Social & Rehabilitation Services (SRS)

3000 Broadway (Hays)
785-628-1066

Medicare

Social Security Administration

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

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
Social Security Administration
1212 E. 27th Street (Hays)
785-625-3496

Health and Fitness Centers

Venture 2000 – Wanda Sealock – Wellness Education

1741 Pine Avenue (Hoxie)
785-675-8444

Wellness Center – Sheridan County Hospital

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

Jump Start Fitness Center

415 N. Franklin Avenue (Colby)
785-4460-5867

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. 1 7th Street (Hays)
785-621-2499 or 1-866-402-6458

Gove County Medical Center
520 W. 5th Street (Quinter)
785-754-3341

Graham County Home Health Solution 208
W. Main Street (Hill City) 785-421-3400

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

Graham County Hospital
304 W. Prout (Hill City)
785-421-2121

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
David Heskett, D.C. (Water Table)
1132 Oak Avenue (Hoxie)

785-675-3143

The Comfort Zone
1517 Queen Avenue (Hoxie)
785-675-2344

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**Virginia Ziegler, R.D. & L.D.
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

RSVP

165 Fike Park, P.O. Box 803 (Colby)
785-462-6744

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**Countryside Veterinary Clinic of Hoxie**

Rt. 2, P.O. Box 625 (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

Quinter Veterinary Services

2553 Castle Rock Road (Quinter)
785-754-341 1

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 NON/AL TEEN 745 Main Street (Use West Door) (Hoxie)
785-675-1966
Alcoholics Anonymous
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

Hope House
317 W. 8th Street (Quinter)
785-754-9900

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. 1 0th Street (Colby)
785-460-2976

Sheridan County Big Brothers Big Sisters

Contact Persons:
Jenny Bates
Tracey Andrews
2707 Vine Street, Suite 14 (Hays)
785-657-7776

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

Healthwave

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
Hope House
317 W. 8th Street (Quinter)
785-754-9900

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

Ronald Neff Realty Co. 5772 N. 130 (Selden)

785-386-4472

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**Michael Haas**

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:

Susan Bicker

Jackie Rose

Sheridan County Health Complex

826 1 8th Street – Box 415 (Hoxie)

785-675-3281

Libraries, Parks and Recreation

Cottonwood Ranch State Historical Site

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 (Jacque Boultinghouse)
Clerk: 785-386-4450 (Jacque Neff)

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

Northwest Kansas 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
(Quinter)

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

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

AI-Anon Family Group
1-888-4AL-ANON (425-2666)
www.ai-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 assess.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 assess.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/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.ksbbs.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

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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/kslbph.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

Parmeale 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

1-866-51 1 -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

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

Inpatient Origin Reports

Inpatient Origin by County - Federal Fiscal Year: 2020																						
Sheridan, KS Residents Treated in KHA Reporting Area				Pediatric				Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		Surg %
Hospital Detail by County				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+		Psychiatric		Obstetric		Newborn		Surg %		
Hospital Name	Rank	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Surg %		
Sheridan County Health Complex - Hoxie, KS	1	151	53.0%	1	0.7%	4	2.6%	9	6.0%	15	9.9%	119	78.8%	3	2.0%	0	0.0%	0	0.0%	0.0%		
HaysMed, The University of Kansas Health System - Hays, KS	2	38	13.3%	0	0.0%	7	18.4%	7	18.4%	6	15.8%	10	26.3%	0	0.0%	4	10.5%	4	10.5%	42.1%		
Gove County Medical Center - Quinter, KS	3	31	10.9%	0	0.0%	0	0.0%	2	6.5%	2	6.5%	16	51.6%	1	3.2%	10	32.3%	0	0.0%	16.1%		
Citizens Health - Colby, KS	4	14	4.9%	0	0.0%	0	0.0%	2	14.3%	5	35.7%	5	35.7%	0	0.0%	0	0.0%	2	14.3%	7.1%		
Salina Regional Health Center - Salina, KS	5	13	4.6%	0	0.0%	3	23.1%	2	15.4%	6	46.2%	2	15.4%	0	0.0%	0	0.0%	0	0.0%	76.9%		
Kansas Residents/Nebraska Hospitals	6	11	3.9%	0	0.0%	0	0.0%	0	0.0%	5	45.5%	6	54.5%	0	0.0%	0	0.0%	0	0.0%	54.5%		
Decatur Health Systems, Inc. - Oberlin, KS	7	7	2.5%	0	0.0%	1	14.3%	3	42.9%	0	0.0%	3	42.9%	0	0.0%	0	0.0%	0	0.0%	0.0%		
The University of Kansas Health System - Kansas City, KS	8	5	1.8%	0	0.0%	0	0.0%	4	80.0%	1	20.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	60.0%		
Salina Surgical Hospital - Salina, KS	9	3	1.1%	0	0.0%	0	0.0%	1	33.3%	1	33.3%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	100.0%		
St. Catherine Hospital - Garden City, KS	10	3	1.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0.0%		
Ascension Via Christi Hospital St. Teresa - Wichita, KS	11	2	0.7%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	50.0%		
Graham County Hospital - Hill City, KS	12	2	0.7%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Ascension Via Christi Hospitals St. Francis - Wichita, KS	13	1	0.4%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Children's Mercy Kansas City - Kansas City, MO	14	1	0.4%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Stormont Vail Health - Topeka, KS	15	1	0.4%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0.0%		
The University of Kansas Health System Great Bend Campus - Great Bend, KS	16	1	0.4%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Wesley Healthcare - Wichita, KS	17	1	0.4%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Overall County Totals		285	100.0%	4	1.4%	16	5.6%	31	10.9%	43	15.1%	164	57.5%	8	2.8%	14	4.9%	6	2.1%	16.5%		

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Inpatient Origin by County - Federal Fiscal Year: 2019																						
Sheridan, KS Residents Treated in KHA Reporting Area				Pediatric				Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		Surg %
Hospital Detail by County				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+		Psychiatric		Obstetric		Newborn		Surg %		
Hospital Name	Rank	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Surg %		
Sheridan County Health Complex - Hoxie, KS	1	154	48.7%	2	1.3%	5	3.2%	16	10.4%	15	9.7%	114	74.0%	2	1.3%	0	0.0%	0	0.0%	0.6%		
HaysMed, The University of Kansas Health System - Hays, KS	2	40	12.7%	0	0.0%	3	7.5%	7	17.5%	9	22.5%	11	27.5%	0	0.0%	5	12.5%	5	12.5%	35.0%		
Kansas Residents/Nebraska Hospitals	3	23	7.3%	0	0.0%	6	26.1%	5	21.7%	3	13.0%	9	39.1%	0	0.0%	0	0.0%	0	0.0%	69.6%		
Citizens Health - Colby, KS	4	22	7.0%	0	0.0%	1	4.5%	6	27.3%	9	40.9%	4	18.2%	0	0.0%	0	0.0%	2	9.1%	9.1%		
Gove County Medical Center - Quinter, KS	5	21	6.6%	0	0.0%	0	0.0%	2	9.5%	1	4.8%	11	52.4%	0	0.0%	7	33.3%	0	0.0%	33.3%		
Salina Surgical Hospital - Salina, KS	6	12	3.8%	0	0.0%	1	8.3%	3	25.0%	6	50.0%	2	16.7%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Salina Regional Health Center - Salina, KS	7	8	2.5%	0	0.0%	0	0.0%	3	37.5%	0	0.0%	3	37.5%	2	25.0%	0	0.0%	0	0.0%	0.0%		
The University of Kansas Health System - Kansas City, KS	8	6	1.9%	0	0.0%	1	16.7%	2	33.3%	0	0.0%	3	50.0%	0	0.0%	0	0.0%	0	0.0%	50.0%		
Decatur Health Systems, Inc. - Oberlin, KS	9	5	1.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	5	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Graham County Hospital - Hill City, KS	10	5	1.6%	0	0.0%	0	0.0%	0	0.0%	1	20.0%	3	60.0%	1	20.0%	0	0.0%	0	0.0%	0.0%		
Ascension Via Christi Hospitals St. Francis - Wichita, KS	11	4	1.3%	0	0.0%	1	25.0%	1	25.0%	2	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%		
Wesley Healthcare - Wichita, KS	12	4	1.3%	2	50.0%	0	0.0%	2	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%		
St. Catherine Hospital - Garden City, KS	13	3	0.9%	0	0.0%	0	0.0%	1	33.3%	1	33.3%	0	0.0%	1	33.3%	0	0.0%	0	0.0%	33.3%		
Children's Mercy Kansas City - Kansas City, MO	14	1	0.3%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Logan County Hospital - Oakley, KS	15	1	0.3%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Mitchell County Hospital Health Systems - Beloit, KS	16	1	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Newman Regional Health - Emporia, KS	17	1	0.3%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Norton County Hospital - Norton, KS	18	1	0.3%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Overland Park Regional Medical Center - Overland Park, KS	19	1	0.3%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Overall County Totals		316	100.0%	5	1.6%	20	6.3%	49	15.5%	49	15.5%	167	52.8%	7	2.2%	12	3.8%	7	2.2%	19.6%		

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Inpatient Origin Reports (Con't)

Inpatient Origin by County - Federal Fiscal Year: 2018																				
Sheridan, KS Residents Treated in KHA Reporting Area				Pediatric		Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		
Hospital Detail by County				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+								
Hospital Name	Rank	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Surg %
Sheridan County Health Complex - Hoxie, KS	1	137	48.9%	0	0.0%	8	5.8%	17	12.4%	17	12.4%	95	69.3%	0	0.0%	0	0.0%	0	0.0%	0.0%
HaysMed, The University of Kansas Health System - Hays, KS	2	35	12.5%	0	0.0%	1	2.9%	9	25.7%	14	40.0%	3	8.6%	0	0.0%	4	11.4%	4	11.4%	40.0%
Kansas Residents/Nebraska Hospitals	3	23	8.2%	0	0.0%	6	26.1%	5	21.7%	3	13.0%	9	39.1%	0	0.0%	0	0.0%	0	0.0%	69.6%
Citizens Health - Colby, KS	4	21	7.5%	0	0.0%	3	14.3%	7	33.3%	6	28.6%	5	23.8%	0	0.0%	0	0.0%	0	0.0%	9.5%
Gove County Medical Center - Quinter, KS	5	18	6.4%	0	0.0%	0	0.0%	3	16.7%	3	16.7%	6	33.3%	0	0.0%	6	33.3%	0	0.0%	16.7%
Salina Surgical Hospital - Salina, KS	6	15	5.4%	0	0.0%	0	0.0%	5	33.3%	7	46.7%	3	20.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Decatur Health Systems, Inc. - Oberlin, KS	7	7	2.5%	0	0.0%	0	0.0%	1	14.3%	0	0.0%	6	85.7%	0	0.0%	0	0.0%	0	0.0%	0.0%
Salina Regional Health Center - Salina, KS	8	5	1.8%	0	0.0%	0	0.0%	2	40.0%	2	40.0%	1	20.0%	0	0.0%	0	0.0%	0	0.0%	40.0%
Graham County Hospital - Hill City, KS	9	4	1.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Wesley Healthcare - Wichita, KS	10	4	1.4%	0	0.0%	0	0.0%	1	25.0%	2	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%
Ascension Via Christi Hospitals St. Francis - Wichita, KS	11	3	1.1%	1	33.3%	1	33.3%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Children's Mercy Kansas City - Kansas City, MO	12	2	0.7%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Saint Luke's Hospital of Kansas City - Kansas City, MO	13	2	0.7%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	50.0%
St. Catherine Hospital - Garden City, KS	14	2	0.7%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	50.0%
AdventHealth Shawnee Mission - Shawnee Mission, KS	15	1	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0.0%
Hutchinson Regional Medical Center - Hutchinson, KS	16	1	0.4%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Overall County Totals		280	100.0%	3	1.1%	19	6.8%	52	18.6%	56	20.0%	133	47.5%	2	0.7%	10	3.6%	5	1.8%	20.4%

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Outpatient Origin Reports

Outpatient Market Penetration By Service Type* -			
Sheridan County Health Complex - Hoxie, KS County by Federal Fiscal Year: 2020	Total Visits	Sheridan, KS	
		Visits	%
1 Emergency Department (45x)	1,024	394	73.9%
2 Surgery (36x, 49x)	106	36	19.4%
3 Observation (76x, excl. 761)	307	117	85.4%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	1,765	634	62.5%
14 Nuclear Medicine (34x)	103	29	42.0%
15 CT Scan (35x)	551	204	58.0%
16 Mammography (401, 403)	187	69	27.0%
17 Ultrasound (402)	343	120	42.1%
19 Magnetic Resonance Technology (61x)	227	83	49.4%
25 Stress Test (482)	91	24	61.5%
35 Treatment Room (761)	993	354	57.4%
37 EKG/ECG (73x)	770	275	65.0%
38 Cardiology (48x excl. 481-483)	181	59	83.1%
42 Physical Therapy (42x)	317	138	62.7%
43 Occupational Therapy (43x)	19	4	25.0%
44 SpeechLanguage Pathology (44x)	10	4	80.0%
Actual total visits	11,543	4,322	59.4%

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Outpatient Origin Reports (Con't)

Outpatient Market Penetration By Service Type* -			
Sheridan County Health Complex - Hoxie, KS	Total Visits	Sheridan, KS	
		Visits	%
County by Federal Fiscal Year: 2019			
1 Emergency Department (45x)	1,209	456	79.7%
2 Surgery (36x, 49x)	135	50	21.2%
3 Observation (76x, excl. 761)	262	100	78.7%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	2,365	845	67.0%
14 Nuclear Medicine (34x)	133	44	42.7%
15 CT Scan (35x)	533	187	55.3%
16 Mammography (401, 403)	190	77	29.7%
17 Ultrasound (402)	370	122	38.4%
19 Magnetic Resonance Technology (61x)	304	103	57.2%
25 Stress Test (482)	97	30	55.6%
35 Treatment Room (761)	1,160	404	62.2%
37 EKG/ECG (73x)	966	343	67.0%
38 Cardiology (48x excl. 481-483)	122	40	61.5%
42 Physical Therapy (42x)	365	155	64.6%
43 Occupational Therapy (43x)	51	22	64.7%
44 SpeechLanguage Pathology (44x)	20	9	75.0%
Actual total visits	13,621	5,186	61.3%
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Outpatient Market Penetration By Service Type* -			
Sheridan County Health Complex - Hoxie, KS	Total Visits	Sheridan, KS	
		Visits	%
County by Federal Fiscal Year: 2018			
1 Emergency Department (45x)	1,120	439	86.1%
2 Surgery (36x, 49x)	159	57	24.5%
3 Observation (76x, excl. 761)	193	67	73.6%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	2,133	817	65.1%
14 Nuclear Medicine (34x)	143	54	55.7%
15 CT Scan (35x)	610	229	59.8%
16 Mammography (401, 403)	185	74	28.1%
17 Ultrasound (402)	378	139	46.2%
19 Magnetic Resonance Technology (61x)	289	102	57.0%
25 Stress Test (482)	103	39	65.0%
35 Treatment Room (761)	1,186	457	65.2%
37 EKG/ECG (73x)	848	331	68.1%
38 Cardiology (48x excl. 481-483)	181	64	80.0%
42 Physical Therapy (42x)	336	150	67.9%
43 Occupational Therapy (43x)	40	18	60.0%
44 SpeechLanguage Pathology (44x)	24	10	58.8%
Actual total visits	13,167	5,184	62.1%
© 2021 Hospital Industry Data Institute			

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Sheridan Co (KS) 2021 CHNA Town Hall Attendees - 4/13/21							
#	Table	Lead	Last	First	Organization	Title	City
1	B		Johnson	Kevin	Hoxie Medical Clinic	COO/Project Director	Hoxie
2	E		Zerr	Whitney	Hoxie Medical Clinic		Hoxie
3	A		Campbell	Jessica	Miss Align Family Chiropractic	DC	Hoxie
4	D		Babcock	Dalene	SCHC	CDM/CFPP	Hoxie
5	A		Bird	Rebecca	SCHC	Accounting Manager	Hoxie
6	E	##	Hageman	Trisha	SCHC	Director of Nursing	Hoxie
7	B	##	Lee	Tim	SCHC	Director of Facilities	HOXIE
8	C	##	O'Dell	Michael	SCHC	CFO	HOXIE
9	D		Sloan	Leanna	SCHC	Board Member	Hoxie
10	A	##	Wade	Justine	SCHC	Admin Assistant	Hoxie
11	A		Jones	Leisha	SCHC		
12	B		Schoendaler	Hannah	SCHC		
13	B		Pratt	Karl	Sheridan Co Comm Foundation	Board Liaison	Hoxie
14	C		Bracht	Heather	Sheridan County	County Clerk	Hoxie
15	C		Kaufman	Deb	Sheridan County EMS	Director	Hoxie
16	D	##	Wagoner	Renee	Sheridan Co Public Health	Administrator	Hoxie
17	D		Caldwell	Judith			Hoxie
18	E		Caldwell	Keith			Hoxie
19	F	##	Dumler	Jodi			Hoxie
20	F		Feldt	Judi			Hoxie
21	B		MULLINS	REBECCA			HOXIE
22	C		Dumler	Carl			
23	C		Lee	Darla			
24	E		Lovin	Kou			
25	D		Wade	Deb			

NOTES: Sheridan County Town Hall

Date: 4/13/2021

Established Needs/Strengths: Small Group Session

N = 25

Needs

- Childcare Availability
- Prenatal Care
- Awareness of HC Services
- Stigma of Mental Health
- Affordable Housing
- Retirement of Key Providers
- Access to Affordable Healthy Foods
- Nutrition Education
- Available Facility Space for Specialties
- EMS Staffing
- Qualified Workforce Recruitment
- Weekend Availability (Extended Hours)
- Alcohol / Drug Abuse
- Preventative Health / Wellness
- Support for Single Parents

Strengths

- Increased Availability for Mental Health Services
- Primary Care
- Community Support
- Hospital Updates / Remodel
- Accessibility (Everyone under one roof)
- Access to Food (Meals on Wheels)
- Seldon Clinic Improving
- Overall County Health
- Access to Funding
- EMS Services
- Recreational Groups
- Financial Service Program
- Access to Senior Care / Assisted Living
- Access to a Variety of Services

Wave #4 CHNA - Sheridan County KS

SCHC Hoxie KS - Town Hall Conversation - Strengths (White Cards) N= 25

Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?
8	DOCS	2 PAs, 1 NPs	18	OTHR	Growing/Holding Population
18	ACC	Access to care	8	FIT	Gym availability
20	FAC	Access to education and Facilites	22	DOH	Have active public health that works well with hospital and clinics
19	PHAR	access to pharmacy/ health care	13	FINA	have financial assistance programs
6	ADM	admin staff	14	QUAL	high quailty facility and care that is actually improving
6	FINA	affordability	1	HOSP	Hospital Remodel
10	FINA	Affordable health	3	HOSP	Hospital Remodel
20	AMB	Ambulance	13	PHAR	In house pharmacist
4	FF	Available consulting and ansulary services	23	ACC	Increasing Resources
4	EMS	Available EMS & ER- Law Enforcement	13	FINA	keep cost down
4	FIT	Available physical activites for younger people	5	OTHR	Know people who may need help
16	BH	Behavioral Health Access	6	LTC	long term care
13	FINA	charge master on website	18	LTC	Longevity
10	KID	Child Care	19	LTC	Longevity of life is good
6	CLIN	clinics is a FQHC	7	DOCS	MD Team
8	CLIN	Clinics--Hosp--LTC	15	SCH	MD/DO providers availablitiy
24	CORP	Community backs certain initiatives	22	NUTR	Meals through Hoxie recreation for kids in the summer
23	CORP	Community Involment	1	BH	Mental Health
7	CORP	Community Involvement	15	BH	Mental health providers availablitiy
17	PART	County depts working closely together for common goal	23	OTHR	Mini Health System
1	DOH	County Health	8	ACC	Options of Care
20	COVD	COVID	3	OWN	Passion for improvement
14	DOCS	dedicated medical professionals	24	OWN	Personal engaged and wanting to improve
3	CORP	dedication to the community	17	SCH	Physician appointment availibity
14	FAC	easy access to facilities	12	FINA	PLE patient Liability estimator
5	ACC	Easy access to health care	19	ALL	Postive perception of hospital/sheridan county health care
8	EDU	Education options for students	11	PRIM	Primary care
22	EMS	EMS Services with volunteers	16	LDRS	Proactive hospital leadership/BOT
17	EMS	EMS Volunteers	11	ALL	Progressive health care organizaition
18	ENV	Enviornmental Health	1	DOCS	Providers
15	EMER	ER	3	DOCS	Providers
20	EMER	ER	6	DOCS	Providers
19	EMS	ER & EMS services	3	DOH	public health
20	FAC	Facilities (Getting an upgrade)	7	BH	School-based mental health
15	NUTR	Food Services	9	CLIN	Seldon Clinc is growing
7	GOV	FQHC/Access to Government funding	15	NH	Senior Care
2	EMER	Good access to medical professionals and emergency personnel	9	OTHR	Setlc Board treats us good I think
21	COMM	Good communication between agencies	18	QUAL	Strong approval of facilites/providers
2	CORP	Good community support for health care	16	STFF	Strong medical staff
5	HOSP	Good hospital- help is available	11	CORP	Supportive community towards SCHC/HMC
2	BH	good mental health professionals	21	BH	Unique ability to cover both mental and physical needs
3	BH	good mental health services	10	FAC	Up grade facalities
2	DOH	good public health care	12	SPEC	We do have more specallist coming
17	DOCS	Growing internal providers	14	REC	we have an active recreational department and school athetic department to get kids started out on the right foot.
19	OTHR	growing popuation	12	FINA	We have financial assistance programs to help under/run insured.
11	PRIM	Growing primary care practice/provider base	12	FINA	We watch our cost so we can keep things affordable

Wave #4 CHNA - Sheridan County KS

SCHC Hoxie KS- Town Hall Conversation - Weakness (Color Cards) N= 25

Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
16	STFF	Ability to attinet staff	3	DENT	dental care/ RX in future
5	SPEC	Access to specialist	17	BH	depression/ suicide
15	DENT	Add dental care	22	LAB	discounted habs
9	FUND	Add Hospital Foundation	8	EMS	EMS staff
15	PHAR	Add pharmacy	9	CLIN	Expansion of Clinic
10	HOUS	Affordable Housing	19	OPHT	Eye doctor
4	HOUS	affordable housing	2	OWN	Health care ownership
5	HOUS	affordable housing	4	NUTR	healthy food/ health awareness & intereset street
2	HOUS	affordable housing/rental availability	13	ACC	Helping break down barriers for people who are in need
3	HOUS	Affordable housing	5	COMM	improved communication between alternative med and the hospital
17	HOUS	affordable housing	22	HOSP	intrigate county health and hospital
1	HOUS	Affordable housing in not really affordable	8	LABS	Labs:Services
21	NH	Aging facility	1	CC	Lack of childcare availability; making employee recruitment difficult
3	DRUG	Alcohol and drug use	15	DRUG	Lower alcohol & drug use/abuse
4	CC	availability of child care	12	NUTR	Meal program for weekends
11	CC	avaiiability of chlid care	18	BH	Mental health issue
3	AWARE	Awareness of services	17	BH	mental health services utilization
13	AWARE	Better understanding of resources in community	7	SCH	more appointment time
22	CANC	Cancer	7	CLIN	More space in clinc
7	CANC	cancer drug administration	7	SPEC	more specialist
6	CARD	care for heart disease, obesity	20	SPEC	Need specialist to come more often
6	NH	care for impoverished/onely/elderly	20	CC	Need to support single parents and their ability to work and child care
6	OBES	care for obesity	2	NUTR	nutrition education
9	LDRS	Change in leadership of Hosp Board	24	NUTR	nutrition/ student education sessions/exercise
7	CC	Child care	22	HRS	office hours
8	CC	Child care	23	FIT	physical activites for older people
9	CC	Child care	10	PNEO	Prenatal
14	CC	Child Care	9	PNEO	Prenatal Care
15	CC	Child Care	17	PREV	prevental care locally
16	CC	Child Care	12	DRUG	Program/discussion about suicide, drinking, driving, and drugs.
18	CC	Child care	12	SUIC	Program/discussion about suicide, drinking, driving, and drugs.
2	CC	Child care	1	NH	Services continuation after retirement
3	CC	Child care	21	LDRS	Some micro-managing from CAH board
5	CC	Child care	10	SPEC	Specialist Space
6	CC	child care	9	SPEC	Specialists--ENT, Cancer Ortho
17	CC	child care	14	SPEC	Specially Care
22	CC	Child care	1	DIAL	The drive for dialysis patients with the number of people in our community
24	CC	child care availability	1	SPEC	traveling to other cities/town for specailty care of the specailist who do come don't have proper equitment, ect
21	CC	Child care for shift workers traveling out of town	8	INSU	Un-insured
12	CONF	Confidentaility of mental health	23	INSU	uninsured
20	ALC	Conversation about support alcohol	12	OTHR	Volunteers
20	DRUG	Conversation about support drug	16	OTHR	Volunterrism
20	SUIC	Conversation about support suicide	20	URG	weekend access to DR other than ER
10	DIAB	COPD, Diabetes, Strokes, Htn	20	PHAR	weekend access to Pharmacy RX
10	CC	Daycare for hospital	21	WELL	Wellness center with better access
18	DENT	Dental Care	18	WELL	Wellness programs for adults and senior age groups
19	DENT	Dental Care			

c) Public Notice & Requests

[VVV Consultants LLC]

EMAIL #1 Request Message (Cut & Paste)

From: Niceta Farber, CEO

Date: 2/15/2021

To: Community Leaders, Providers and Hospital Board and Staff

Subject: Sheridan County Community Health Needs Assessment 2021

Sheridan County Health Complex is partnering with other community health providers to update the 2018 Sheridan County Community Health Needs Assessment. SCHC is seeking input from the community regarding healthcare needs in order to complete the 2021 CHNA assessment update.

VVV Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct this countywide research. The goal of this assessment update is to understand progress in addressing community health needs cited in the both the 2015 and 2018 assessment reports while collecting up-to-date community health perceptions and ideas.

To gather community feedback, a short and confidential online survey has been developed. It can be accessed through our website and social media sites.

All community residents and business leaders are encouraged to complete the 2021 CHNA online survey by **Friday, March 19th**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Tuesday, April 13th**. Please stay on the lookout for more information to come early March regarding the RSVP. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call **(785) 675-3281**

Sheridan County Health Complex begins 2021 Community Health Needs Assessment.

Media Release: 02/15/21

Over the next few months, **Sheridan County Health Complex (SCHC)** will be working with area providers to update the 2018 Sheridan County Community Health Needs Assessment. SCHC is seeking input from the community regarding healthcare needs in order to complete the 2021 CHNA assessment update.

VVV Consultants LLC, an independent research firm from Olathe KS, has been retained to conduct this countywide research. The goal of this assessment update is to understand progress in addressing community health needs cited in the both the 2015 and 2018 assessment reports while collecting up-to-date community health perceptions and ideas.

A brief community survey has been developed in order to accomplish this work. The survey can be accessed on our website or social media sites.

All community residents and business leaders are encouraged to complete the 2021 CHNA online survey by **Friday, March 19th**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Tuesday, April 13th**. More information will be coming early March regarding the RSVP. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call [\(785\) 675-3281](tel:7856753281)

###

EMAIL #2 Request Message (Cut & Paste)

From: Niceta Farber, CEO

Date: 3/15/2021

To: Community Leaders, Providers and Hospital Board and Staff

Subject: Sheridan County Community Health Needs Assessment 2021

Sheridan County Health Complex is hosting a scheduled Town Hall Meeting for the 2021 Community Health Needs Assessment (CHNA). The purpose of this meeting will be to review the community health indicators and gather feedback opinions on key community needs. This event will be held on **Tuesday, April 13th, 2021 from 5:00 p.m. – 6:30 p.m. at Scout House.**

All business leaders and residents are encouraged to join us for this meeting, but it is imperative that you complete an RSVP to properly adhere to safety guidelines. With COVID still among us, we must ensure the safety of our community first and foremost. We hope you find the time to attend this important event by following the link below to complete your RSVP for April 13th. Note> Those who RSVP, will receive additional information and confirmation a few days prior to the event.

LINK: https://www.surveymonkey.com/r/SheridanCoRSVP_CHNA2021

Thanks in advance for your time and support

If you have any questions regarding CHNA activities, please call (785) 675-3281

Email #3

The on-site Town Hall meeting being hosted by **Sheridan Health Complex** for the 2021 Community Health Needs Assessment, is almost here and it is vital that we confirm your RSVP. This community event for Sheridan County is being held on **Tuesday, April 13th, from 5:00 p.m. – 6:30 p.m. at Scout House** for dinner. If you are no longer able to attend this event, please email Justine Wade via email at jwade@schcmed.com.

To keep things moving and cover all that is on our agenda promptly, we ask that you please plan to be **10 mins early**, as we will begin right away at 5:00 p.m. In addition, we ask that you plan to stay for the full duration as the last 45 mins will be the most important for gathering community insight.

We look forward to seeing you all on Tuesday, April 13th, as we gather for an important community event.

Thank you for your time and support!

If you any questions or change in RSVP for this Town Hall meeting, please **contact Justine**

Sheridan County Health Complex Hosts Local Town Hall Event.

Media Release: 03/15/21

Sheridan County Health Complex has scheduled the Town Hall meeting for the 2021 Community Health Needs Assessment on **Tuesday April 13th, from 5:00 p.m. – 6:30 p.m.** located at Scout House. During this event, we will review the community health indicators and gather feedback opinions on key community health needs for Sheridan County.

Due to Covid and state-wide guidelines, we must ensure the safety of our community members during the on-site meeting. Therefore, those who wish to attend must RSVP to adequately prepare for this social distanced gathering. You may do this by visiting the Sheridan County Health Complex website to obtain the link and complete your RSVP. We hope you can find the time to join us for this important event on April 13th, 2021.

Note> If you RSVP, additional information will be released to you a few days prior to the event.

Thanks in advance for your time and support!

If you have any questions regarding CHNA activities, please call (785) 675-3281

###

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2021 Community Feedback: Sheridan Co. KS (N= 83)

ID	Zip	Overall	Movement	c1	c2	c3	Is there healthcare services in your community/neighborhood that you feel need to be improved and/or changed? (Please be specific)
1008		Very Good	Increasing - moving up	ACC	SERV		need more services so don't have to travel to other towns
1058		Good	Not really changing much	ACC	SERV		Just more access to different areas of healthcare
1057	67757	Good	Increasing - moving up	ACC	SPEC	OP	It would be nice to have access to more specialists doing outreach in our out-patient clinic.
1053		Good	Not really changing much	ALL	BH	SERV	There is always room for improvement. Nothing is ever perfect. Having more access to mental health providers, more services provided by the clinic and hospital, and more resources for public health would be great.
1030		Good	Increasing - moving up	ALL			I believe for our community we have wonderful services.
1038		Good	Increasing - moving up	ALL			The people at SCHC are always way ahead of us in knowing what will improve health care in our community and are on top of all available opportunities to improve. I can't think of anything I can offer to this plan.
1045	67740	Average	Decreasing - slipping downward	BILL			Billing ~ seems to take a long time to receive bills after appointments
1053		Good	Not really changing much	CLIN	HOSP	DOH	There is always room for improvement. Nothing is ever perfect. Having more access to mental health providers, more services provided by the clinic and hospital, and more resources for public health would be great.
1071		Good	Not really changing much	DERM	DENT	ORTHD	Possibly bringing a dermatologist to town could be a helpful service as well as more dental/orthodontic services.
1079		Good	Not really changing much	DOH	EMS	STFF	Public health is in transition. Hopeful it is supported to grow. EMS always needs support with volunteer personnel or additional full time personnel.
1041	67753	Good	Increasing - moving up	DOH	RNT		Our public health yes; but really that is just bad timing in my opinion. During our busiest COVID outbreak our public health nurse was out with an injury and then she has since resigned and we now have a new nurse there. I feel like that will continue to improve if we can just get someone to stay there more long term. I feel like a big issue with health care is the lack of space for expansion in the hospital/clinic in Sheridan county.
1070	67740	Very Good	Increasing - moving up	DOH	STFF	COMM	Public health- im not if they have full time people working there now or not, but to have scheduled days and hours, and get the information out to the public the services they offer.
1042		Average	Increasing - moving up	DOH			Public Health needs more support from the city and county.
1068		Very Good		FAC	SERV	STFF	The facilities need improvement (which is starting), continue you adding services, and continue adding physicians.
1055		Very Good	Increasing - moving up	FEM	OBG		I would really like to see Women's health be more focused on in our community. This would include OB visits. Even if the hospital doesn't do the delivery, I feel that this would be a great option.
1016	67740	Good	Not really changing much	FEM	OBG	FAM	Pregnant mothers and children
1037		Very Good	Increasing - moving up	FEM	STFF		A female doctor would be nice to offer our community
1050	67740	Good	Not really changing much	FUND	EMS	STFF	Increased Funding for Emergency Management Services for additional staffing.
1046	67740	Good	Increasing - moving up	GEN			physicians are needed, not mid-level providers
1018		Very Good	Increasing - moving up	KID	HOUS		Daycare & Affordable Housing
1007	67740	Good	Increasing - moving up	KID	SPEC	ENDO	Increased day care. More specialty outreach. Ex. Endocrinology
1015		Average	Increasing - moving up	KID			Daycare. I do not have children, but when I do where am I to put them?
1021		Very Good	Increasing - moving up	OBG			The only thing I wish we offered is labor & delivery in town.
1061		Good		OBG			OB consultant
1005	67740	Good	Increasing - moving up	PEDS			Pediatrics
1011	67740	Good	Not really changing much	QUAL	STFF		Better Doctors
1017		Average	Not really changing much	SPEC	ACC		Yes, Speciality doctor availability in Hoxie routinely.
1049	67740	Good	Increasing - moving up	SPEC	ALL		The options for specialized care can always improve. But it is hard to get that in this area of Kansas.

CHNA 2021 Community Feedback: Sheridan Co. KS (N= 83)

ID	Zip	Overall	Movement	c1	c2	c3	Is there healthcare services in your community/neighborhood that you feel need to be improved and/or changed? (Please be specific)
1025		Very Good	Not really changing much	STFF	MAN	OTHR	I've never understood why it takes so many receptionists, etc. It seems that we have as many as 15 to 20 people working in bookkeeping/secretarial/office type positions and there are often conversations among the public about what all those people do, and if they're necessary. It seems we do more remodeling to accommodate those types of workers than actually worrying about patient care and comfort.
1034	67740	Very Good	Increasing - moving up	URG	ACC	EMS	"urgent care" that would save money over emergency room visits seems to be an area that we could use in our community. I also feel that better access to emergency "life flight" services would be good. It seems to me that we should have a helicopter pad at the hospital.
1035	67740	Poor	Decreasing - slipping downward	URG	CLIN		Would be nice to have a Saturday half day clinic for walk ins. Seems like my family always gets sick on Saturday and we have had to go to Colby or the Emergency room
1083		Good	Not really changing much	URG			Sat morning clinic

CHNA 2021 Community Feedback: Sheridan Co. KS (N= 83)							
ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1025		Very Good	Not really changing much	AGE	COMM	MRKT	Reaching the Elderly/mailings (we seem to have forgotten that most elderly people do not get on their phone or laptop for information)
1035	67740	Poor	Decreasing - slipping downward	COVD			Covid-19 related illnesses side affect
1017		Average	Not really changing much	COVD			"COVID" is an easy excuse for people to use now for not addressing their health issues.
1051		Good	Not really changing much	OBES	PEDS	FIT	childhood obesity/lack of exercise because of screens/ devices

CHNA 2021 Community Feedback: Sheridan Co. KS (N= 83)							
ID	Zip	Overall	Movement	c1	c2	c3	Covid-19 has impacted our communities. Do you have any worries and/or concerns regarding COVID-19 in relation to Community Health?
1014	67740	Very Good	Increasing - moving up	ACC	VACC		I don't think enough people have gotten their shots. And if they don't, we will see another round of sick and death from it..
1005	67740	Good	Increasing - moving up	COVD			The lack of community support for rules and regulations like masks and social distancing.
1035	67740	Poor	Decreasing - slipping downward	OTHR			Still have symptoms months after having it is concerning

CHNA 2021 Community Feedback: Sheridan Co. KS (N= 83)							
ID	Zip	Overall	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1008		Very Good	Increasing - moving up	ACC			Never can get in to who I want to see
1035	67740	Poor	Decreasing - slipping downward	CLIN	URG		Clinic care on weekends instead of having to go out of town or expensive emergency room
1006	67740	Good	Increasing - moving up	CLIN	URG		saturday walk in clinic
1057	67757	Good	Increasing - moving up	ER	EMS	NURS	There is limited resources on people being willing to cover the ER and EMS services, and always short on nursing staff.
1053		Good	Not really changing much	NURS	SPEC		Nursing staff in the hospital is always short, specialty providers are always needed
1055		Very Good	Increasing - moving up	SERV	GEN		I wish that there were doctors who didn't focus solely on the elderly population.
1042		Average	Increasing - moving up	SERV			Medical Doctors
1036	67740	Very Good	Increasing - moving up	STFF	QUAL		no or not any good doctors here and the hospital has no or very few good nurses left.
1046	67740	Good	Increasing - moving up	URG	CLIN	SERV	there is no physician during the night for emergencies and not enough docs in general. a lot of people do not want to see a mid-level, they want a physician
1070	67740	Very Good	Increasing - moving up	WAIT	ACC	BH	The waiting time seems to be to long. In both the waiting room and after your vitals are taken. Also its challenging to get into Mental Health at a day and time that works for us.

CHNA 2021 Community Feedback: Sheridan Co. KS (N= 83)

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1037		Very Good	Increasing - moving up	ACC	SPEC	DIAL	more specialist options for patients so they don't have to travel so much/so far. Ability to do dialysis in Hoxie (we have a lot of people that require this service now so keeping them at home and saving money would be extremely helpful)
1036	67740	Very Good	Increasing - moving up	AGE	FIT		exercise classes for seniors. we are an aging community and more emphasis on staying in our own homes instead of LTC
1068		Very Good		ALL	DOH		Continue to grow any programs available and public health
1061		Good		BRST	KID	OBG	Lactation consultant Parenting classes Child care availability OB/GYN consults/outreach
1006	67740	Good	Increasing - moving up	CLIN	URG		saturday walk in clinic
1035	67740	Poor	Decreasing - slipping downward	COVD			Help for those still suffering from Covid affects
1053		Good	Not really changing much	FEM			Women's health
1057	67757	Good	Increasing - moving up	HOUS	BH	STFF	Programs to fund community housing, addiction counseling and resources, more staffing for ER, EMS, and nursing staff.
1041	67753	Good	Increasing - moving up	KID	NUTR	OTHR	Child care facility Food/Wellness services Dietician more available
1005	67740	Good	Increasing - moving up	KID			additional daycare services
1018		Very Good	Increasing - moving up	KID			Daycares
1025		Very Good	Not really changing much	KID			Has there ever been discussion about a child care facility funded by the Sheridan County Health Agencies? Child care availability has been something that is lacking in Sd. Co. for years.
1070	67740	Very Good	Increasing - moving up	NEU	OPHT	OBG	Neurologist, Optometrist, OBGYN
1024	67740	Good	Increasing - moving up	NUTR	BH	OBES	dietary mental health obesity
1015		Average	Increasing - moving up	NUTR	FIT		More health programs geared towards healthy eating and weight loss
1073		Good	Increasing - moving up	NUTR	WELL		Nutrition/Wellbeing programs
1042		Average	Increasing - moving up	NUTR			Healthy Choices Programs
1021		Very Good	Increasing - moving up	OBG	FAM		Labor & delivery
1055		Very Good	Increasing - moving up	OBG			I feel that a new doctor should be brought in that is for OB/Womens health/ Gyno
1044	67740	Good	Increasing - moving up	PREV	OBES	NUTR	I would like to see more on health and wellness. Something to help those who are overweight lose weight. Something like healthy eating classes.
1050	67740	Good	Not really changing much	PREV			Prevention Programs
1051		Good	Not really changing much	SH			teaching children, especially girls, safety on the internet, and how to deal with sexual predators
1034	67740	Very Good	Increasing - moving up	TELE	OTHR		telehealth seems to be a great service from my point of view. I also feel that I would pay extra for a 24-hour "telehealth service" that may include doctors/nurses/etc from out of the area but is administered through the Sheridan County Health Complex. I would even consider buying this "subscription service" for my employees and hopefully this would save on expensive emergency room visit costs. Having a bi-lingual telehealth service would be nice as well.
1058		Good	Not really changing much	WELL			Community education groups.
1017		Average	Not really changing much	WIC	FIT	EDU	Consistent WIC availability. Group activities and educational opportunities.

Let Your Voice Be Heard!

In 2018, Sheridan County Health Complex (SCHC) surveyed our community to assess health needs. Today, we request your input again in order to create a 2021 Sheridan County (KS) Community Health Needs Assessment (CHNA). To gather current service area feedback, a short online survey has been created to evaluate current community health needs.

While your participation is voluntary and confidential, all community input is valued. Thank you for your attention! Deadline to participate is Friday, March 19th, 2021.

1. In your opinion, how would you rate the "Overall Quality" of healthcare delivery in your community?

- Very Good Good Average Poor Very Poor

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

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

Why? (please specify)

3. In your own words, what is the general perception of healthcare delivery for our community (i.e. hospitals, doctors, public health, etc.)? Be Specific.

4. In your opinion, are there healthcare services in our community / your neighborhood that you feel need to be improved, worked on and/or changed? (Be specific)

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

- | | |
|---|---|
| <input type="checkbox"/> Access to Specialists | <input type="checkbox"/> Exercise/Fitness |
| <input type="checkbox"/> Access to Provider Clinics | <input type="checkbox"/> Expansion/Upgrades to Facility |
| <input type="checkbox"/> Affordable Housing | <input type="checkbox"/> Home Health / Hospice |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Nutrition - Healthy Food Options |
| <input type="checkbox"/> Awareness of Health Services | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Preventative Health / Wellness |
| <input type="checkbox"/> Drug/Substance Abuse | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Economic Development | |

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

- | | |
|---|---|
| <input type="checkbox"/> Access to Specialists | <input type="checkbox"/> Exercise/Fitness |
| <input type="checkbox"/> Access to Provider Clinics | <input type="checkbox"/> Expansion/Upgrades to Facility |
| <input type="checkbox"/> Affordable Housing | <input type="checkbox"/> Home Health / Hospice |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Nutrition - Healthy Food Options |
| <input type="checkbox"/> Awareness of Health Services | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Preventative Health / Wellness |
| <input type="checkbox"/> Drug/Substance Abuse | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Economic Development | |

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

- | | |
|--|--|
| <input type="checkbox"/> Chronic disease prevention | <input type="checkbox"/> Limited Access to Mental Health |
| <input type="checkbox"/> Lack of Health & Wellness | <input type="checkbox"/> Family Assistance programs |
| <input type="checkbox"/> Lack of Nutrition/Exercise Services | <input type="checkbox"/> Lack of health insurance |
| <input type="checkbox"/> Limited Access to Primary Care | <input type="checkbox"/> Neglect |
| <input type="checkbox"/> Limited Access Specialty Care | |

Other (please specify)



8. 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/Optomestrist	<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 / Palliative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telehealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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

	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 Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home/Senior Living	<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"/>
Primary Care	<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 Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk- In Clinic Access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very Good	Good	Fair	Poor	Very Poor
Behavioral / Mental Health	<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"/>
Health Screenings / Education	<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"/>
Substance Use/Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence / Abuse 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"/>

11. Do you have any Covid-19 worries and/or concerns in regards to Community Health delivery?

- Yes
- No

If yes, please share your thoughts. Be specific



12. Over the past 2 years, did you or someone in your household receive healthcare services outside of Sheridan County?

- Yes
- No

If YES, please specify the healthcare services received.



13. Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?

- Yes
- No

If NO, please specify what is needed where. Be specific.



14. What "new" community health programs should be created to meet current community health needs?



15. 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"/> Health Literacy | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Access to Health Education | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Preventative Health / Wellness |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Housing | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Alternative Medicine | <input type="checkbox"/> Lack of Providers/Qualified Staff | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Behavioral / Mental Health | <input type="checkbox"/> Lead Exposure | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Breastfeeding Friendly Workplace | <input type="checkbox"/> Neglect | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Care Coordination | <input type="checkbox"/> Obesity | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Occupational Medicine | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Drugs/Substance Abuse | <input type="checkbox"/> Ozone (Air) | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Physical Exercise | |

Other (please specify)

16. 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)

17. What is your home ZIP code? Please enter 5-digit ZIP code; for example 66544 or 65305



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VWV 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