



Community Health Needs Assessment Sheridan County, KS

On Behalf of Sheridan County Health Complex



August 2024

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

Table of Contents

I. Executive Summary

- a) Community Health Area of Future Focus (A prioritized description of future community unmet needs identified by community discussion)
- b) Town Hall CHNA Health Findings: Areas of Strengths and Areas to Change and/or Improvement.

II. Methodology

- a) CHNA Scope and Purpose
- b) Local Collaborating CHNA Parties (The identity of all organizations in which the organization collaborated and third parties that engaged to assist with the CHNA)
- c) CHNA and Town Hall Research Process (A description of the process & methods used to conduct the CHNA, a description of how the organization considered the input of persons representing the community, and an explanation of the process/ criteria used in prioritizing)
- d) Community Profile (A description of the community served by the facility and how the community was determined)

III. Community Health Status

- a) Historical Community Health Indicators Review - Secondary Data
- b) Current Community Health Status - Online Feedback Research

IV. Inventory of Existing County Health Resources

- a) Community Healthcare Service Offerings
- b) Provider Manpower (Local and Visiting Specialists)
- c) CHNA Inventory of PSA Services and Providers (A description of the existing healthcare facilities and other resources within the community available to meet the needs identified through the CHNA)

V. Detail Exhibits

- a) Patient Origin & Access to Care
- b) Town Hall Attendees, Notes, and Feedback
- c) Public CHNA Notice / News
- d) Primary Research Detail
- e) County Health Rankings & Roadmap Detail

I. Executive Summary

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I. Executive Summary

Sheridan County Health Complex – Sheridan County, KS - 2024 Community Health Needs Assessment (CHNA)

The previous Community Health Needs Assessment for Sheridan County Health Complex in Sheridan County, KS and its primary service area was completed in 2021. (Note: The Patient Protection and Affordable Care Act (ACA) requires non-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). The Round 5 Sheridan County, KS CHNA began in December of 2023 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, providers, and other residents to research and prioritize county health needs while documenting 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 a 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.) Guides the hospital and local health department on how they can align their services and community benefit programs to best meet needs, and 8.) fulfills the Hospital's “Mission” to deliver.

County Health Area of Future Focus on Unmet Needs

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

2024 CHNA Priorities				
Unmet Health Needs - Sheridan Co, KS				
on behalf Sheridan County Health Complex				
Town Hall - 03/07/24 (Attendees 24 / 84 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Housing (Safe and Affordable)	17	20.2%	20%
2	Staffing Issues	12	14.3%	35%
3	Dental Care	11	13.1%	48%
4	Update ER Facility	10	11.9%	60%
5	Childcare (Accessible & Affordable)	9	10.7%	70%
6	Exercise Opportunities	4	4.8%	75%
7	Poverty/ Economic Development	4	4.8%	80%
	Total Votes	129	100%	
Other needs receiving votes: Access to Healthy/Affordable Foods, Awareness of Services, Home Health, Sensitive to Cultural Diversity, Specialists (URO, DERM, ENT, PEDS, ORTHO), Additional Services (Public Health)				

Town Hall CHNA Findings: Areas of Strengths

Sheridan Co, KS PSA - Community Health Strengths			
#	Topic	#	Topic
1	Community Support	7	Greater access to Mental Health services
2	Quality Providers	8	Long-term care
3	Updated, Nice Hospital Facilities	9	New Senior activities group
4	Growing FQHC Programs	10	Youth Rec. opportunities/Youth Groups
5	Quality services offered from the Hospital	11	EMS
6	Quality local pharmacies and HC services	12	Great Education System

Key CHNA Round #5 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2023 Robert Woods Johnson County Health Rankings, Sheridan Co, KS, on average was ranked 12th in Health Outcomes, 8th in Health Factors, and 3rd in Physical Environmental Quality out of the 105 Counties.

TAB 1. Sheridan County's population is 2,425 (based on 2023 findings). About six percent (5.9%) of the population is under the age of 5, while the population that is over 65 years old is 23.7%. Children in single parent households make up a total of 17.3% compared to the rural norm of 15%, and 87.5% are living in the same house as one year ago.

TAB 2. In Sheridan County, the average per capita income is \$40,943 while 11.1% of the population is in poverty. The severe housing problem was recorded at 7.9% compared to the rural norm of 8%. Those with food insecurity in Sheridan County is 7%, and those having limited access to healthy foods (store) is 12%. Individuals recorded as having a long commute while driving alone is 25.1% compared to the norm of 17%.

TAB 3. Children eligible for a free or reduced-price lunch in Sheridan County is 40.6%. Findings found that 95.8% of Sheridan County ages 25 and above graduated from high school while 22.8% has a bachelor's degree or higher (2022).

TAB 4. The percentage of births where prenatal care began in the first trimester was recorded at 89.7% compared to the rural norm of 82.8%. Additionally, the percentage of births with low birth weight was 5.7%. Sheridan County recorded 83.3% of the population who are infants of 24 months of age have received full immunizations compared to the rural norm of 81.5%.

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 1,260 residents. There were 4,904 preventable hospital stays in compared to the rural norm of 3,017. Patients who gave their hospital a rating of 9 or 10 (scale 0-10) was 91% while the average median time patients spent in the emergency department before leaving was 120 minutes.

Secondary Research Continued

TAB 6. In Sheridan County, adults ever diagnosed with depression as of 2021 was 18.7%. The Mental Behavioral hospital admissions rate per 100k was 27.5 compared to the rural norm of 56.5.

TAB 7a – 7b. Sheridan County has an obesity percentage of 37.8% and a physical inactivity percentage is 22.6%. The percentage of adults who smoke is 17.9%, while the excessive drinking percentage is 20.1%. The percentage of adults who have taken medication for high blood pressure is 82.9%, while their heart failure admissions rate was recorded at 20.8%. Those with kidney disease is 3.5% compared to the rural norm of 3.3%. The percentage of adult individuals who were recorded with cancer was 9.2% while adults recorded with diabetes (20+) is 6% compared to the rural norm of 8.2%.

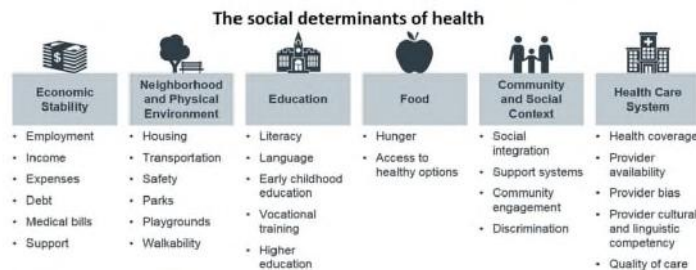
TAB 8. The adult uninsured rate for Sheridan County is 7.4% compared to the rural norm of only 10%.

TAB 9. The life expectancy rate in Sheridan County for males and females is roughly 78 years of age (77.8). The age-adjusted Cancer Mortality rate per 100,000 is 118.8. The age-adjusted heart disease mortality rate per 100,000 is at 195.6.

TAB 10. A recorded 57.3% of Sheridan County has access to exercise opportunities. Continually, 45% of women have done a mammography screening compared to the rural norm of 43.2%. Adults recorded in Sheridan County who have had a regular routine check-up is 75.3%.

Social Determinants Views Driving Community Health: From Town Hall conversations the Neighborhood / Physical Environment followed by Economic Stability, Provider Access, Community/Social Support, and Education are impacting community health. See Sec V for a detailed analysis.

Social Determinants Online Community Feedback – Sheridan County (N=310)



KEY "Social Determinant Takeaways" to improve Our Community Health	
More and affordable <u>childcare and housing</u> .	Currently <u>economic stability</u> is tough with the price increase in so many things
Access to an indoor gym for <u>walking, recreation, exercise</u> would benefit the community with ample parking.	There is no <u>education and quality</u> given by our health community. I'd like to see more speakers or workshops in the community regarding health related topics.
Easier access to <u>transportation</u>	<u>Community support</u> so people don't feel alone, lonely

Key CHNA Round #5 Primary Research Conclusions found:

Community Feedback from residents, community leaders, and providers (N=310) provided the following community insights via an online perception survey:

- Using a Likert scale, the average between Sheridan County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 84.2%.
- Sheridan County stakeholders are very satisfied with some of the following services: Ambulance Services, Chiropractors, Emergency Room, Inpatient Hospital Services, Nursing Home / Senior Living, Outpatient Hospital Services, and Pharmacy.
- When considering past CHNA needs, the following topics came up as the most pressing: Affordable Housing, Child Care Access, Mental Health Services, EMS Staffing, Drugs / Alcohol Abuse, Hospital Facility Upgrades, Home Health, Visiting Specialists, Awareness of Healthcare Services, and Obesity.

Sheridan County, KS - CHNA YR 2024 N=310					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Affordable Housing	110	16.2%		1
2	Child Care Access	84	12.4%		2
3	Drugs / Alcohol Abuse	65	9.6%		5
4	EMS Staffing	64	9.4%		4
5	Mental Health Services (Access, Provider, Treatment, Aftercare)	62	9.1%		3
6	Visiting Specialists (Space / Availability)	51	7.5%		8
7	Hospital Facility Upgrades	41	6.0%		6
8	Home Health	41	6.0%		7
9	Awareness of Healthcare Services	39	5.8%		9
10	Obesity (Access to Healthy Foods / Exercise)	29	4.3%		10
11	Preventative Health / Wellness	28	4.1%		13
12	Economic Development	25	3.7%		11
13	Hours of Operation (Evenings / Weekends)	23	3.4%		12
14	Nutrition Education	16	2.4%		14
Totals		678	100.0%		

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.*).

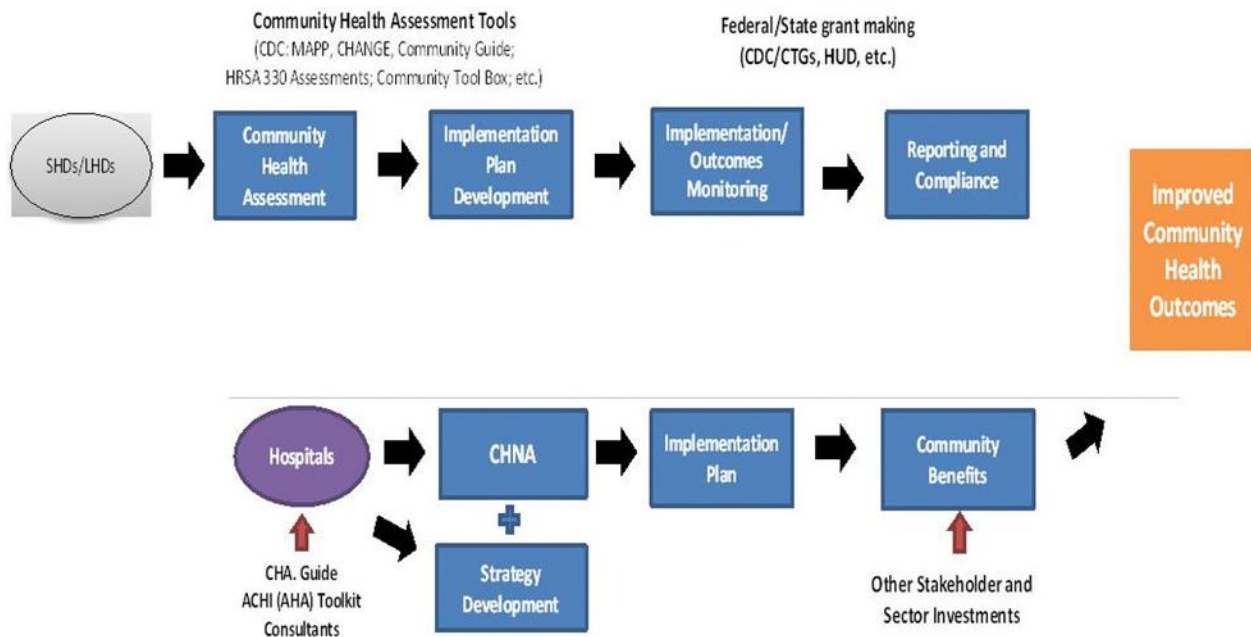
JOB #2: Making a CHNA Widely Available to the Public

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.



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.

Round #5 CHNA focuses on Social Determinants & Health Equity.

Centers for Medicare & Medicaid Services Health Equity Domains

CMS' Hospital Commitment to Health Equity has introduced two equity-focused process measures in 2023: screening for Social Drivers of Health (SDOH-01) and Screen Positive Rate for Social Drivers of Health (SDOH-02). (Although these measures will not be required until 2024, it is highly recommended that hospitals begin tracking them in 2023.)

Domain 1: Equity as a Strategic Priority

The hospital has a strategic plan for advancing health care equity that accomplishes the following:

- Identifies priority populations who currently experience health disparities.
- Establishes health care equity goals and discrete action steps to achieve them.
- Outlines specific resources that are dedicated to achieving equity goals.
- Describes an approach for engaging key stakeholders, such as community partners.

Domain 2: Data Collection

The hospital is engaging in the following three key data collection activities.

- Collecting demographic information, including self-reported race and ethnicity, and SDOH information, on a majority of patients
- Training staff in the culturally sensitive collection of demographics and SDOH information
- Inputting patient demographic and/ or SDOH information into structured interoperable data elements using a certified electronic health record technology.

Domain 3: Data Analysis

The hospital stratifies key performance indicators by demographic and/ or SDOH variables to identify equity gaps and includes this information on hospital performance dashboards.

Domain 4: Quality Improvement

The hospital participates in local, regional and or national quality improvement activities that are focused on reducing health disparities.

Domain 5: Leadership Engagement

The hospital's senior leadership, including the chief executives and the entire hospital board of trustees, demonstrates a commitment to equity through the following two activities.

- Annual reviews of the hospital's strategic plan for achieving health equity
- Annual reviews of key performance indicators stratified by demographic and/ or social factors.

Sources:

The Joint Commission. (2022, June 20). R3 Report: New Requirements to Reduce Health Care Disparities. Retrieved from https://www.jointcommission.org/-/media/tje/documents/standards/r3-reports/r3_disparities_july2022-6-20-2022.pdf

Health Equity Innovation Network. (2022, August 29). Quick Start Guide: Hospital Commitment to Health Equity Measure. Retrieved from <https://hqin.org/wp-content/uploads/2022/08/Quick-Start-Guide-Hospital-Commitment-to-Health-Equity-Measure.pdf>

The Joint Commission (TJC) Elements of Performance - Regulatory and Accreditation Requirements Related to Health Equity and Social Determinants of Health

New and revised TJC requirements to reduce health care disparities went into effect Jan. 1, 2023. Below are the six elements of performance.

Element of Performance 1:

The organization designates an individual to lead activities aimed at reducing healthcare disparities. **(Hospital Responsibility)**

Element of Performance 2:

The organization assesses the patient's health-related social needs and provides information about community resources and support services. **(CHNA full report- Section I and III)**

Examples of health-related social needs may include the following:

- Access to transportation
- Difficulty paying for prescriptions or medical bills.
- Education and literacy
- Food insecurity
- Housing insecurity

Element of Performance 3:

The organization identifies healthcare disparities in its patient population by stratifying quality and safety data. **(CHNA Town Hall)** Examples of sociodemographic characteristics may include but are not limited to the following: Age, Gender, Preferred Language, Race, and ethnicity.

Element of Performance 4:

The organization develops a written action plan that describes how it will address at least one of the healthcare disparities identified. **(CHNA IMPL Development Plan)**

Element of Performance 5:

The organization acts when it does not achieve or sustain goal(s) in its action plan to reduce health care disparities.

Element of Performance 6:

At least annually, the organization informs key stakeholders, identifying leaders, licensed practitioners, and staff, about its progress in reducing identified healthcare disparities. **(Hospital Responsibility)**

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: Chad Koster

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 all relationships by providing exceptional healthcare from the heart.

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

- Inpatient & 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 (needs removed). 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, a Federally Qualified Health Center (FQHC), provides a safety net for vulnerable populations who have no health insurance. We provide all individuals, whether they have insurance or not, with expert medical care and access to the latest medical technologies. The FQHC has fully integrated behavioral health and is planning expansion into dental outreach services. The FQHC has a sliding fee scale with a nominal fee so that no one is denied access to care.

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

Sheridan County Public Health Profile

940 8th St, Hoxie, KS 67740

Phone: 785-675-2101

The Sheridan County Public Health Department is open Monday-Friday from 8:00 am to 12:30 pm and from 1:00 pm to 4:30 pm.

Offerings:

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

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 83 unique community CHNA’s in KS, MO, IA, NE and WI (references found on our website VandehaarMarketing.com)

Introduction: Who We Are Background and Experience



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

- Adjunct Full Professor @ Avila & 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



Olivia G Hewitt BA – Associate
VVV Consultants LLC – May 2024

- Emporia University – BS Marketing
- Hometown: Olathe, KS



Cassandra Kahl, BHS – Director, Project Management
VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences
- Park University - MHA
- 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, create processes to improve market performance, champion a turnaround, and uncover strategic “critical success” initiatives.

Our Vision: to meet today’s challenges with the voice of the market solutions.

Our Values:

Engaged – we are actively involved in community relations & boards.

Reliable – we do what we say we are going to do.

Skilled – we understand business because we’ve been there.

Innovative – we are process-driven & think “out of the box.”

Accountable – we provide clients with a return on their investment.

II. Methodology

c) CHNA and Town Hall Research Process

Round #5 Community Health Needs Assessment (CHNA) process began in December of 2023 for Sheridan County Health Complex (SCHC) in Sheridan County, KS to meet Federal IRS CHNA requirements.

In early December 2023, a meeting was called amongst the 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 the Sheridan County Health Complex to request VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

- Document Hospital Primary Service Area - meets the 80% 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% Patient Origin Rule), a patient origin three-year summary was generated documenting patient draw by zips as seen below:

<i>Source: Hospital Internal Records</i>						
Sheridan- Defined Primary Serv Area				Overall (IP/ER/OP/PC)		
#	ZIP	City	County	Total 3YR	%	ACCUM
			Totals	21,577		
1	67740	Hoxie, KS	Sheridan	14506	67.2%	67.2%
2	67757	Selden, KS	Sheridan	807	3.7%	71.0%
3	67752	Quinter, KS	Edwards	655	3.0%	74.0%
4	67737	Grainfield, KS	Gove	621	2.9%	76.9%
5	67738	Grinnell, KS	Gove	607	2.8%	79.7%
		Other Zips		4,381	20.3%	100.0%

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 the CHNA calendar of events, explain / coach clients to complete the required participant database, and schedule / organize all Phase II activities.

Phase II—Qualify Community Need:

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

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

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

Specific project CHNA roles, responsibilities, and timelines are documented in the following calendar.

Sheridan County Health Complex			
VVV CHNA Wave #5 Work Plan - Year 2024			
Project Timeline & Roles as of 01/19/24			
Step	Timeframe	Lead	Task
1	9/1/2023	VVV / Hosp	Sent Leadership information regarding CHNAR for review.
2	10/17/2023	Hosp	Select CHNA Round # 5 Option B. Approve (sign) VVV CHNA quote
3	12/13/2023	VVV	Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	12/18/2023	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 12/18/2023	VVV	Prepare CHNA Round # 5 Stakeholder Feedback "online link". Send link for hospital review.
6	Jan-Feb 2024	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	1/12/2024	VVV / Hosp	Prepare/send out PR story # 1 / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	By 1/12/2024	VVV / Hosp	Place PR story to local media CHNA survey announcing "online CHNA Round # 5 feedback". Request public to participate. Send E Mail request to local stakeholders
9	1/15/2024	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 01/19/2024 for Online Survey
10	2/12/2024	Hosp	Prepare/send out Community TOWN HALL invite letter and place local AD.
11	2/12/2024	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	3/5/2024	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	Thursday 3/07/2024	VVV	Conduct CHNA Town Hall. Lunch 11:30-1pm (location TBD) Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 06/23/2024	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 07/31/24	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	06/19/24	Hosp	Conduct Client Implementation Plan PSA Leadership meeting
17	on our before fiscal yearend 12/31/24	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

2024 Community Health Needs Assessment Sheridan County Health Complex Town Hall Meeting- 03/07/2024



VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

1

Community Health Needs Assessment (CHNA) Onsite Town Hall Discussion Agenda

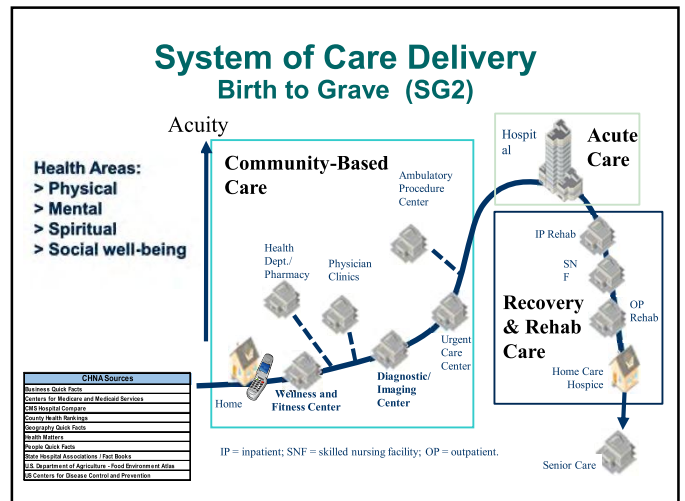
- **Opening Welcome / Introductions / Review CHNA Purpose and Process (5 mins)**
- **Discuss New Focus: Social Determinants of Health (5 mins)**
- **Review Current Service Area “Health Status”**
Review Secondary Health Indicator Data (10 TABs)
Review Community Online Feedback (30 mins)
- **Collect Community Health Perspectives**
Share Table Reflections to verify key takeaways
Conduct an Open Community Conversation / Stakeholder Vote to determine the Most Important Unmet Needs (45 mins)
- **Close / Next Steps (5 mins)**

2

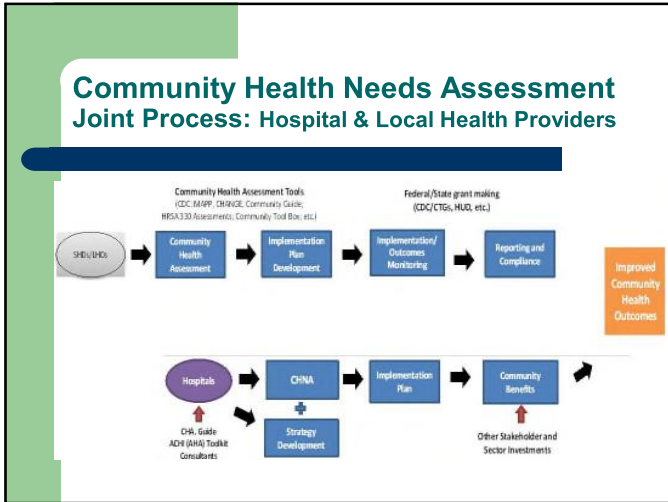
Town Hall Participation / Purpose & Parking Lot

- ALL attendees practice “Safe Engagement”, working together in table teams.
- ALL attendees are welcome to share. Engaging conversation (No right or wrong answer)
- Request ALL to Take Notes of important health indicators
- Please give truthful responses – Serious community conversation.
- Discuss (Speak up) to uncover unmet health needs
- Have a little fun along the way

3



4



5

A Conversation with the Community & Stakeholders

Community Stakeholder – An Inclusive Conversation

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

6

II. Review of a CHNA

- What is a Community Health Needs Assessment (CHNA)..?
 - 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)

7

CHNA Written Report Documentation to meet IRS 990 CHNA Requirements: 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.
- A description of the existing healthcare facilities and other resources within the community available to meet the needs identified through the CHNA

8

IV. Review Current County Health Status: Secondary Data by 10 Tab Categories with a focus on Social Determinants with a Local Norm & State Rankings

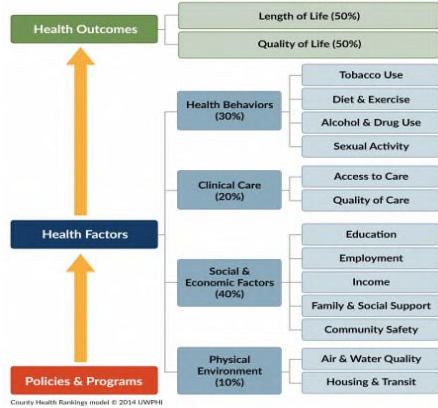
Trends: Good Same Poor

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

9

County Health Rankings - 2023

Robert Wood Johnson Foundation and University of WI Health Institute



10

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 violations	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 housing costs, or lack of kitchen or plumbing facilities					
Housing and transit (5%)	Living alone to work	Percent of the workforce that drives alone to work					
	Long commute - driving alone	Among workers who commute in their car alone, the percent that commutes more than 30 minutes					
2a			3				
			3a				
Access to care (10%)	Uninsured	Percent of population under age 65 without health insurance	Health Behaviors (30%)	Tobacco use	Adult smoking	Percent of adults that report smoking ≥ 100	
	Primary care physicians	Ratio of population to primary care physicians		Diet and exercise (10%)	Adult obesity	Percent of adults that report a BMI ≥ 30	
	Dentists	Ratio of population to dentists		Food environment index			Index of factors that contribute to a healthy food environment
	Mental health providers	Ratio of population to mental health providers			Physical health (5%)	Percent of adults aged 20 and over reporting access to locations for physical activity	
	Quality of care (10%)	Preventable hospital stays		Hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees	Access to exercise opportunities	Percent of population with adequate access to locations for physical activity	
Diabetic screening		Percent of diabetic Medicare enrollees that receive diabetic screening	Excessive drinking	Single plus heavy drinking	Percent of driving deaths with alcohol involvement		
Mammography screening		Percent of female Medicare enrollees that receive mammography screening	Alcohol-impaired driving deaths		Chlamydia rate per 100,000 population		
2b			Sexual activity (5%)		Chlamydia rate per 100,000 population, ages 15-19		
			Teen births		Teen birth rate per 1,000 female population, ages 15-19		
Education (10%)	High school graduation	Percent of ninth grade cohort that graduates in 4 years	Morbidity / Mortality				
	Some college	Percent of adults aged 25-44 years with some post-secondary education		Quality of life (50%)	Poor or fair health	Percent of adults reporting fair or poor health (age-adjusted)	
	Employment (10%)	Unemployment		Percent of population age 16+ unemployed but available to work	Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	
Income (10%)	Children in poverty	Percent of children under age 18 in poverty	Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)			
Family and social support (5%)	Inadequate social support	Percent of adults without social/emotional support	Low birthweight	Percent of live births with low birthweight (< 3,500 grams)			
	Children in single-parent households	Percent of children that live in household headed by single parent	Length of life (50%)	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)		

11

IV. Community Health Conversation: Your Perspectives / Suggestions !

Tomorrow:

What is occurring or might occur that would affect the “health of our community”?

Today:

- 1) What are the **Healthcare Strengths** of our community that contribute to health? (**BIG White Card**)
- 2) Are there healthcare services in your community/neighborhood that you feel **need to be improved and/or changed**? (**Small Color Card**)
- 3) *What other Ideas do you have to address Social determinants?* (**Small White Card - A**)

12

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
Quick Facts - Business
Centers for Medicare and Medicaid Services
CMS Hospital Compare
County Health Rankings
Quick Facts - Geography
Kansas Health Matters
Kansas Hospital Association (KHA)
Quick Facts - People
U.S. Department of Agriculture - Food Environment Atlas
U.S. Center for Disease Control and Prevention

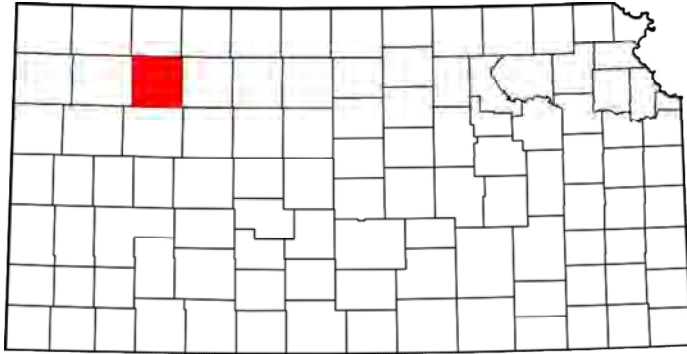
Sources of community-health level indicators:

- [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 is 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 are 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.

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 Co (KS) - Detail Demographic Profile

ZIP	NAME	ST	County	Population			Households			Per Capita23
				Year 2023	Year 2028	5yr CHG	Year 2023	Year 2028	HH Avg Size23	
67740	Hoxie	KS	SHERIDAN	1,700	1,684	-0.9%	709	697	2.3	\$40,991
67757	Selden	KS	SHERIDAN	415	411	-1.0%	182	180	2.3	\$52,083
Totals				2,115	2,095	-1.0%	891	877	2.3	\$46,537

ZIP	NAME	ST	County	Population				Year 2020		Females
				Pop 21+	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
67740	Hoxie	KS	SHERIDAN	1288	451	402	355	860	840	209
67757	Selden	KS	SHERIDAN	327	103	85	92	223	192	67
Totals				1,615	554	487	447	1,083	1,032	276

ZIP	NAME	ST	County	Population 2020				Year 2023		
				White%	Black%	Asian%	Hispan%	Housing Units	% Rentals	Soc Econ Index
67740	Hoxie	KS	SHERIDAN	91.4%	0.2%	0.5%	7.0%	792	21%	62
67757	Selden	KS	SHERIDAN	93.7%	0.0%	0.2%	4.1%	221	20%	55
Totals				92.5%	0.1%	0.4%	5.5%	1,013	20.4%	59

Source: ERSA Demographics 2023

III. Community Health Status

[VVV Consultants LLC]

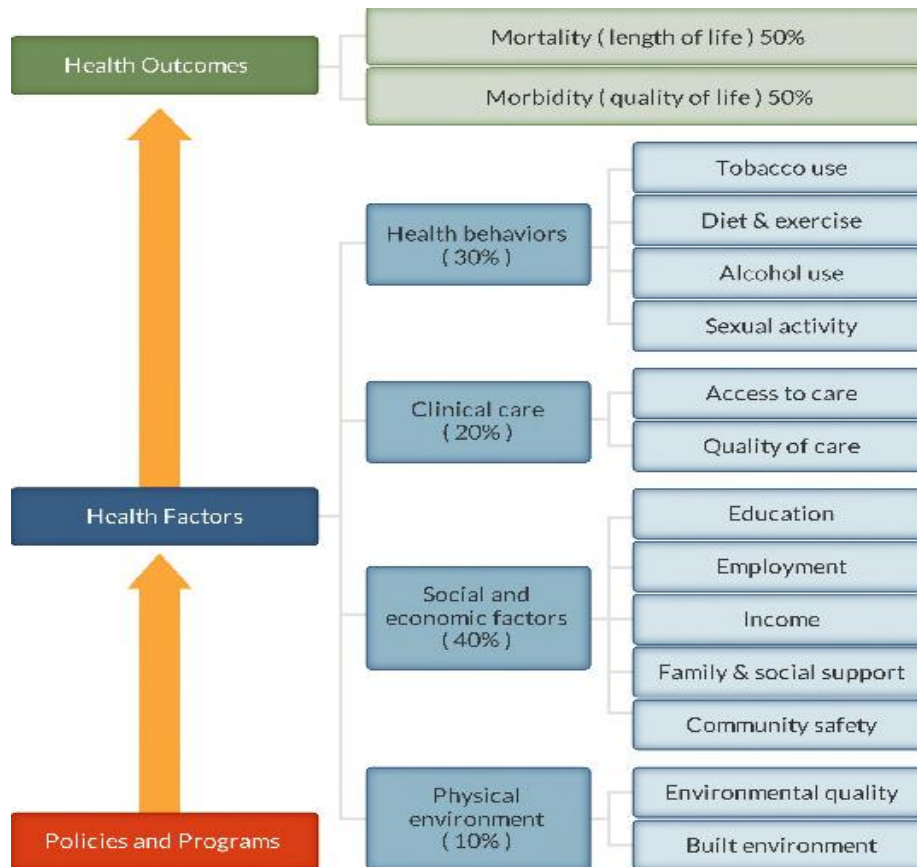
III. Community Health Status

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 participates. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*. As seen below, RWJ’s model uses a number of health factors to rank each county.



County Health Rankings model ©2012 UWPHI

National Research – Year 2023 RWJ Health Rankings:

#	2023 KS Rankings - 105 Counties	Definitions	Sheridan Co (KS) 2023	Sheridan Co (KS) 2020	Trend	NWKS Rural Norm (18)
1	Health Outcomes		12	39		44
	Mortality	Length of Life	44	38		47
	Morbidity	Quality of Life	8	37		39
2	Health Factors		8	25		33
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	20	7	-	50
	Clinical Care	Access to care / Quality of Care	63	103	+	43
	Social & Economic Factors	Education, Employment, Income, Family/Social Support, Community Safety	8	21		35
3	Physical Environment	Environmental quality	3	2		22

NWKS Counties: Decatur, Ellis, Gove, Graham, Logan, Ness, Norton, Pawnee, Phillips, Rawlins, Rooks, Rush, Russell, Sheridan, Osborne, Smith, Thomas, and Trego.

PSA Secondary Research:

When studying community health, it is 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.

1	Population Health Indicators	Sheridan County 2024	Sheridan County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Population estimates, 2020-2022	2,425	2,521	-	2,913,314	5,300	People Quick Facts
d	Persons under 5 years, percent, 2020-2022	5.9%	6.0%		6.4%	5.7%	People Quick Facts
c	Persons 65 years and over, percent, 2020-2022	23.7%	23.7%		16.3%	24.5%	People Quick Facts
d	Female persons, percent, 2020-2022	49.8%	49.5%		50.2%	48.9%	People Quick Facts
e	White alone, percent, 2020-2022	96.2%	97.1%		86.3%	92.0%	People Quick Facts
f	Black or African American alone, percent, 2020-2022	0.7%	0.8%		6.1%	1.6%	People Quick Facts
g	Hispanic or Latino, percent, 2020-2022	6.1%	5.7%		12.2%	5.6%	People Quick Facts
h	Language other than English spoken at home, percent of persons age 5 years+, 2017-2021	5.3%	6.0%	-	11.9%	3.8%	People Quick Facts
i	Living in same house 1 year ago, percent of persons age 1 year+, 2017-2021	87.5%	89.3%		83.8%	87.1%	People Quick Facts
j	Children in single-parent households, percent, 2017-2021	17.3%	32.8%	+	21.0%	15.0%	County Health Rankings
k	Veterans, 2017-2021	172	200		176,444	306	People Quick Facts

Tab 2: Economic Profile

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

2	Economic - Health Indicators	Sheridan County 2024	Sheridan County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Per capita income in past 12 months (in 2021 dollars), 2017-2021	\$40,943	\$23,875	+	\$31,814	32,780	People Quick Facts
b	Persons in poverty, percent, 2020-2022	11.1%	11.8%		11.4%	11.7%	People Quick Facts
c	Total Housing units, 2022	1,150	1,252		1,288,401	2,701	People Quick Facts
d	Severe housing problems, percent, 2015-2019	7.9%	6.0%	+	12.5%	8.0%	County Health Rankings
e	Total employer establishments, 2021	108	NA		239,118	201	Business Quick Facts
f	Unemployment, percent, 2021	1.8%	2.3%	+	3.2%	2.1%	County Health Rankings
g	Food insecurity, percent, 2020	7.0%	9.4%	+	9.7%	9.9%	County Health Rankings
h	Limited access to healthy foods, percent, 2019	12.0%	9.7%	-	8.4%	10.4%	County Health Rankings
i	Long commute - driving alone, percent, 2017-2021	25.1%	17.3%	-	21.7%	17.0%	County Health Rankings
j	Community Spending on Food, 2023	13.1%	NA		12.7%	13.3%	Kansas Health Matters
k	Community Spending on Transportation, 2023	20.5%	NA		18.1%	20.0%	Kansas Health Matters
l	Households With Internet an Subscription (2017-2021)	87.9%	NA		86.7%	85.2%	Kansas Health Matters
m	Student Loan Spending-to-Income Ration, 2023	4.5%	NA		4.6%	5.3%	Kansas Health Matters

Tab 3: Educational Profile

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

3	Education - Health Indicators	Sheridan County 2024	Sheridan County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Children eligible for free or reduced price lunch, percent, 2020-2021	40.6%	38.1%	+	45.3%	44.8%	County Health Rankings
b	High school graduate or higher, percent of persons age 25 years+, 2017-2021	95.8%	88.5%		91.8%	93.1%	People Quick Facts
c	Bachelor's degree or higher, percent of persons age 25 years+, 2017-2021	22.8%	15.6%		34.7%	23.3%	People Quick Facts

#	School Health Indicators	USD 412 2024
1	Total # Public School Nurses (1 day a week)	1
2	School Nurse is part of the IEP team Yes/No	Yes
3	School Wellness Plan (Active)	Yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	218/27/NA
5	HEARING: # Screened / Referred to Prof / Seen by Professional	218/12/NA
6	Professional	NA/42/12
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	NA
8	# of Students served with no identified chronic health concerns	324
9	School has a suicide prevention program	Yes
10	Compliance on required vaccinations (%)	99.0%

Tab 4: Maternal / Infant Profile

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

4	Maternal/Infant - Health Indicators (Access/Quality)	Sheridan County 2024	Sheridan County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Percent of Births Where Prenatal Care began in First Trimester, 2019-2021	89.7%	80.2%	+	81.0%	82.8%	Kansas Health Matters
b	Percentage of Premature Births, 2019-2021	10.2%	7.8%		9.1%	10.0%	Kansas Health Matters
c	Percent of Infants up to 24 months that received full Immunizations, 2017-2018	83.3%	90.0%		69.2%	81.5%	Kansas Health Matters
d	Percent of Births with Low Birth Weight, 2019-2021	5.7%	7.0%		7.3%	7.6%	Kansas Health Matters
e	Percent of all Births Occurring to Teens (15-19), 2019-2021	NA	NA		5.5%	3.8%	Kansas Health Matters
f	Percent of births Where Mother Smoked During Pregnancy, 2019-2021	NA	11.6%		10.0%	12.2%	Kansas Health Matters
g	Child Care Centers per 1,000 Children, 2010-2022	NA	NA		7.0	8.3	County Health Rankings

#	Vital Statistics (Rate per 1,000)	Sheridan Co. (KS)	Kansas	NWKS RURAL NORM (18)
a	Total Live Births, 2017	11.5	12.5	10.9
b	Total Live Births, 2018	9.5	12.5	11.4
c	Total Live Births, 2019	13.9	12.1	10.4
d	Total Live Births, 2020	9.9	11.8	10.6
e	Total Live Births, 2021	11.3	11.8	11.0
f	Total Live Births, 2017- 2021 - 5 YR (%)	11.2	12.1	10.9

Tab 5: Hospitalization and Provider Profile

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

5	Hospital/Provider - Health Indicators (Access/Quality)	Sheridan County 2024	Sheridan County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Primary Care Physicians (Pop Coverage per MDs & DOs) - No extenders Included, 2020	1260:1	2527:1	+	1260:1	1308:1	County Health Rankings
b	Preventable hospital rate per 100,000, 2020 (lower the better)	4904	8292	+	2708	3,289	County Health Rankings
c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	91.0%	81.0%	+	78.0%	80.8%	CMS Hospital Compare, Latest Release
d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	93.0%	72.0%	+	78.0%	76.6%	CMS Hospital Compare, Latest Release
e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	120	101		112	115	CMS Hospital Compare, Latest Release

Tab 6: Behavioral / Mental Health Profile

Behavioral healthcare provides another important indicator of community health status.

6	Mental - Health Indicators	Sheridan County 2024	Sheridan County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Adults Ever Diagnosed with Depression, 2021	18.7%	NA		NA	19.1%	Kansas Health Matters
b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2018-2020	NA	NA		18.7	21.6	Kansas Health Matters
c	Mental Behavioral Hospital Admission Rates per 100,000, 2018-2020	27.5	15.2	-	70.6	29.3	Kansas Health Matters
d	Average Number of mentally unhealthy days, 2020	4.1	3.6		4.4	4.3	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.

7a	High-Risk - Health Indicators	Sheridan County 2024	Sheridan County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Adult obesity, percent, 2020	37.8%	23.7%	-	35.8%	36.6%	County Health Rankings
b	Adult smoking, percent, 2020	17.9%	15.0%	-	17.2%	19.0%	County Health Rankings
c	Excessive drinking, percent, 2020	20.1%	16.5%	-	19.7%	19.8%	County Health Rankings
d	Physical inactivity, percent, 2020	22.6%	26.1%	+	21.4%	23.3%	County Health Rankings
e	Sexually transmitted infections (chlamydia), rate per 100,000 - 2020	198.3	NA		501.8	233.0	County Health Rankings

Tab 7b: Chronic Risk Profile

7b	Chronic - Health Indicators	Sheridan County 2024	Sheridan County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Adults who Have Taken Medication for High Blood Pressure, 2021, percent	82.9%	NA		NA	82.8%	Kansas Health Matters
b	Congestive Heart Failure Hospital Admission Rate, Percent 2018-2020	20.8%	NA		24.1%	23.7%	Kansas Health Matters
c	Adults with Kidney Disease, percent, 2021	3.5%	NA		21.8%	3.6%	Kansas Health Matters
d	Adults with COPD, percent, 2021	7.4%	NA		NA	8.3%	Kansas Health Matters
e	Adults 20+ with Diabetes, percent, 2021	7.6%	NA		8.8%	8.0%	Kansas Health Matters
f	Adults with Cancer, percent, 2021	9.2%	NA		NA	9.1%	Kansas Health Matters
g	Adults with Current Asthma, percent, 2021	9.4%	NA		4.3%	9.8%	Kansas Health Matters
h	Adults who Experienced a Stroke, percent, 2021	3.5%	NA		3.1%	3.8%	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.

8	Ins Coverage - Health Indicators	Sheridan County 2024	Sheridan County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Uninsured, percent, 2020	7.4%	19.6%	+	10.3%	10.9%	County Health Rankings
b	Persons With Health Insurance, 2021	92.3%	NA		89.1%	88.7%	Kansas Health Matters
c	Kansas Medical Assistance Programs - Adults per 1,000 (ages 20-64), 2022	74.7	NA		99.4	97.4	Kansas Health Matters

Source: Internal Hospital Records - CHNA 2024				
	Sheridan County Health Complex	YR 2021	YR 2022	YR 2023
1	Charity Care	\$172,610	\$169,884	\$226,219
2	Bad Debt Writeoffs	\$182,828	\$148,208	\$206,424

Source: HLTH Dept Internal Records - Sheridan County KS				
	Local Health Dept Operations - Community Benefit	Yr 2021	YR 2022	YR 2023
1	Community Public Health Grant Money (Aid to Local contributes \$7000 per grant cycle)	\$18,481	\$30,286	\$26,730
2	Immunizations/Vaccine (Immunization Action Program and Maternal Child Health Program contributes \$5,000 to \$6,000 per grant cycle)	\$1,764	\$1,764	\$29,437
3	Primary Care, lab, minor procedures	NA	\$1,040	\$1,500
4	Screenings: Blood pressure / STD	NA	NA	NA
5	Vaccine - received from State (VFC and CHIP programs fund 100% of vaccines received by HD)	NA	NA	NA
6	WIC Administration (US Department of Agriculture Monies) Requested amounts.	NA	NA	NA

Tab 9: Mortality Profile

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

9	Mortality - Health Indicators	Sheridan County 2024	Sheridan County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Life Expectancy, 2018 - 2020	77.8	82.8		78.5	77.7	Kansas Health Matters
b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2018-2020 (lower is better)	118.8	115.9		151.4	146.4	Kansas Health Matters
c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2018-2020 (lower is better)	195.6	107.2	-	162.0	157.4	Kansas Health Matters
d	Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2018-2020 (Lower is better)	38.7	55.2	+	47.1	46.4	Kansas Health Matters
e	Alcohol-impaired driving deaths, percent, 2011-2015	NA	44.4%		19.4%	25.1%	County Health Rankings

Causes of Death by County of Residence, KS Year 2021	Sheridan County	%	Trend	Kansas	%
TOTAL (All Causes)	39	100.0%		31,637	100.0%
Major Cardio vascular Diseases	13	33.3%		8,307	26.3%
All Other Causes	12	30.8%		9,536	30.1%
Diseases of Heart	8	20.5%		6,260	19.8%
Ischemic Heart Diseases	4	10.3%		3,605	11.4%

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.

10	Preventative - Health Indicators	Sheridan County 2024	Sheridan County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Access to exercise opportunities, percent, 2020 & 2022	57.3%	62.9%	-	79.7%	49.9%	County Health Rankings
b	Mammography annual screening, percent, 2017	45.0%	45.0%		42.0%	43.8%	County Health Rankings
c	Adults who have had a Routine Checkup, percent, 2021	75.3%	NA		NA	75.5%	TBD
d	Percent Annual Check-Up Visit with Dentist	66.1%	NA		63.0%	64.1%	Kansas Health Matters
e	Percent Annual Check-Up Visit with Eye Doctor	NA	NA		TBD		TBD

PSA Primary Research:

For each CHNA Round #5 evaluation, a community stakeholder survey has been created and administered to collect current healthcare information for Sheridan County, Kansas.

Chart #1 – Sheridan County, KS PSA Online Feedback Response (N=310)

Sheridan County - CHNA YR 2024			
For reporting purposes, are you involved in or are you a ...? (Check all that apply)	Sheridan Co, KS N=310	Trend	Round #5 Norms N=1744
Business/Merchant	17.8%		17.0%
Community Board Member	10.4%		14.2%
Case Manager/Discharge Planner	0.7%		1.3%
Clergy	0.0%		1.4%
College/University	1.5%		4.2%
Consumer Advocate	1.5%		2.7%
Dentist/Eye Doctor/Chiropractor	0.0%		0.6%
Elected Official - City/County	2.2%		2.7%
EMS/Emergency	3.0%		2.3%
Farmer/Rancher	27.4%		15.9%
Hospital	21.5%		33.7%
Health Department	1.5%		1.8%
Housing/Builder	2.2%		1.4%
Insurance	4.4%		1.9%
Labor	11.9%		6.1%
Law Enforcement	0.7%		1.4%
Mental Health	1.5%		3.6%
Other Health Professional	11.9%		17.9%
Parent/Caregiver	28.9%		26.0%
Pharmacy/Clinic	1.5%		3.4%
Media (Paper/TV/Radio)	0.7%		0.4%
Senior Care	14.8%		7.7%
Teacher/School Admin	4.4%		9.4%
Veteran	5.2%		3.7%
TOTAL	135		854
Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego.			

Typical Sample Sizes Research Studies		
Number of Subgroup Analyses	Households	Firms
	Regional	Regional
None / Few (1-2)	200-500	50-200
Average (3-4).	500-1,000	200-1,000
Many (5+)	1,000+	1,000+

Sudman. *Applied Sampling*. (Academic Press, 1976), 87. Ibid., 30.

Quality of Healthcare Delivery Community Rating

Sheridan County, KS - CHNA YR 2024 N=310			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Sheridan Co, KS N=310	Trend	*Round #5 Norms N=1744
Top Box %	32.3%		26.4%
Top 2 Boxes %	84.2%		72.1%
Very Good	32.3%		26.4%
Good	51.9%		45.7%
Average	15.5%		23.1%
Poor	0.3%		3.8%
Very Poor	0.0%		0.7%
Valid N	310		1,744
*Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego.			

Re-evaluate Past Community Health Needs Assessment Needs

Sheridan County, KS - CHNA YR 2024 N=310					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Affordable Housing	110	16.2%		1
2	Child Care Access	84	12.4%		2
3	Drugs / Alcohol Abuse	65	9.6%		5
4	EMS Staffing	64	9.4%		4
5	Mental Health Services (Access, Provider, Treatment, Aftercare)	62	9.1%		3
6	Visiting Specialists (Space / Availability)	51	7.5%		8
7	Hospital Facility Upgrades	41	6.0%		6
8	Home Health	41	6.0%		7
9	Awareness of Healthcare Services	39	5.8%		9
10	Obesity (Access to Healthy Foods / Exercise)	29	4.3%		10
11	Preventative Health / Wellness	28	4.1%		13
12	Economic Development	25	3.7%		11
13	Hours of Operation (Evenings / Weekends)	23	3.4%		12
14	Nutrition Education	16	2.4%		14
Totals		678	100.0%		

Community Health Needs Assessment “Causes of Poor Health”

Sheridan County - CHNA YR 2024 N=310			
In your opinion, what are the root causes of "poor health" in our community? Please select top three.	Sheridan Co, KS N=310	Trend	Round #5 Norms N=1744
Chronic Disease Management	26.1%		25.7%
Lack of Health & Wellness	34.7%		33.1%
Lack of Nutrition / Access to Healthy Foods	30.7%		30.5%
Lack of Exercise	52.3%		43.4%
Limited Access to Primary Care	8.5%		12.2%
Limited Access to Specialty Care	27.3%		19.6%
Limited Access to Mental Health	25.0%		42.3%
Family Assistance Programs	10.8%		16.9%
Lack of Health Insurance	26.1%		35.3%
Neglect	29.5%		28.6%
Lack of Transportation	6.8%		12.5%
Total Votes	176		1,086
Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego.			

Community Rating of HC Delivery Services (Perceptions)

Sheridan County - CHNA YR 2024 N=310	Sheridan Co, KS N=310		Trend	Round #5 Norms N=1744	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?					
Ambulance Services	89.6%	0.4%		82.7%	2.6%
Child Care	53.8%	11.1%		41.5%	20.2%
Chiropractors	81.5%	1.3%		79.3%	2.8%
Dentists	17.6%	66.2%		47.5%	27.7%
Emergency Room	83.0%	2.4%		77.3%	4.6%
Eye Doctor/Optomtrist	55.8%	15.0%		74.1%	7.1%
Family Planning Services	37.5%	21.9%		49.6%	13.7%
Home Health	53.3%	10.7%		54.1%	9.7%
Hospice/Palliative	66.4%	5.1%		66.3%	6.8%
Telehealth	54.6%	9.7%		52.7%	10.8%
Inpatient Hospital Services	88.1%	0.9%		77.6%	4.5%
Mental Health Services	65.1%	9.9%		39.3%	24.8%
Nursing Home/Senior Living	84.0%	3.0%		60.2%	10.1%
Outpatient Hospital Services	81.0%	1.3%		76.2%	3.5%
Pharmacy	82.3%	3.4%		86.1%	1.9%
Primary Care	88.6%	1.3%		80.4%	3.4%
Public Health	43.8%	26.5%		61.8%	9.4%
School Health	58.1%	5.9%		58.9%	7.0%
Visiting Specialists	67.4%	5.9%		68.5%	6.9%
*Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego.					

Community Health Readiness

Sheridan County - CHNA YR 2024 N=310		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Sheridan Co, KS N=310	Trend	Round #5 Norms N=1744
Behavioral/Mental Health	12.0%		28.4%
Emergency Preparedness	5.5%		5.9%
Food and Nutrition Services/Education	10.7%		14.3%
Health Wellness Screenings/Education	7.2%		8.0%
Prenatal/Child Health Programs	13.3%		10.7%
Substance Use/Prevention	16.2%		33.0%
Suicide Prevention	26.2%		35.8%
Violence/Abuse Prevention	20.1%		31.0%
Women's Wellness Programs	13.6%		13.9%
Exercise Facilities / Walking Trails etc.	13.6%		11.7%

Healthcare Delivery "Outside our Community"

Sheridan County - CHNA YR 2024 N=310			
In the past 2 years, did you or someone you know receive HC outside of our community?	Sheridan Co, KS N=310	Trend	Round #5 Norms N=1744
Yes	78.4%		76.6%
No	21.6%		26.4%
Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego.			

Specialties:

SPEC	CTS
DENT	40
OPTH	22
PRIM	17
ORTH	16
CARD	14
SURG	12
OBG	11

Access to Providers / Staff in our Community

Sheridan County - CHNA YR 2024 N=310			
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=310	Trend	Round #5 Norms N=1744
Yes	69.5%		61.6%
No	30.5%		38.4%

What healthcare topics need to be discussed in future Town Hall Meeting

Sheridan County - CHNA YR 2024 N=310			
What needs to be discussed further at our CHNA Town Hall meeting? Top 3	Sheridan Co, KS N=310	Trend	Round #5 Norms N=1744
Abuse/Violence	12.9%		24.3%
Access to Health Education	21.2%		17.0%
Alcohol	18.9%		24.1%
Alternative Medicine	18.2%		19.5%
Behavioral/Mental Health	28.0%		45.5%
Breastfeeding Friendly Workplace	6.1%		5.2%
Cancer	17.4%		15.6%
Care Coordination	12.9%		14.4%
Diabetes	15.2%		14.6%
Drugs/Substance Abuse	31.8%		39.0%
Family Planning	12.9%		9.2%
Health Literacy	13.6%		14.5%
Heart Disease	12.9%		9.2%
Housing	45.5%		33.8%
Lack of Providers/Qualified Staff	28.8%		24.9%
Lead Exposure	1.5%		2.8%
Neglect	3.8%		9.8%
Nutrition	22.7%		21.4%
Obesity	25.0%		30.1%
Occupational Medicine	4.5%		3.8%
Ozone (Air)	1.5%		2.5%
Physical Exercise	28.8%		24.8%
Poverty	15.9%		23.5%
Preventative Health/Wellness	30.3%		25.5%
Sexually Transmitted Diseases	6.1%		7.2%
Suicide	28.8%		34.9%
Teen Pregnancy	4.5%		10.3%
Telehealth	18.9%		11.3%
Tobacco Use	9.1%		11.9%
Transportation	6.8%		14.1%
Vaccinations	9.8%		11.0%
Water Quality	12.9%		13.5%
TOTAL Votes	132		871
Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego.			

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

2024 Inventory of Health Services - Sheridan County, KS				
Cat	HC Services Offered in county: Yes / No	Hospital	Health Dept	Other
Clinic	Primary Care	YES	YES	No
Hosp	Alzheimer Center	No	No	No
Hosp	Ambulatory Surgery Centers	No	No	No
Hosp	Arthritis Treatment Center	No	No	No
Hosp	Bariatric/Weight Control Services	YES	YES	No
Hosp	Birthing/LDR/LDRP Room	No	No	No
Hosp	Breast Cancer	YES	No	No
Hosp	Burn Care	No	No	No
Hosp	Cardiac Rehabilitation	No	No	No
Hosp	Cardiac Surgery	No	No	No
Hosp	Cardiology Services	Yes-OP	No	No
Hosp	Case Management	YES	No	No
Hosp	Chaplaincy/Pastoral Care Services	YES	No	No
Hosp	Chemotherapy	YES	No	No
Hosp	Colonoscopy	YES	No	No
Hosp	Crisis Prevention	No	No	YES
Hosp	CTScanner	YES	No	No
Hosp	Diagnostic Radioisotope Facility	X-Mobile	No	No
Hosp	Diagnostic/Invasive Catheterization	No	No	No
Hosp	Electron Beam Computed Tomography (EBCT)	No	No	No
Hosp	Enrollment Assistance Services	YES	YES	No
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	No	No	No
Hosp	Fertility Clinic	No	No	No
Hosp	FullField Digital Mammography (FFDM)	X-Mobile	No	No
Hosp	Genetic Testing/Counseling	No	No	No
Hosp	Geriatric Services	YES	No	No
Hosp	Heart	X-Consult	No	No
Hosp	Hemodialysis	No	No	No
Hosp	HIV/AIDS Services	No	No	No
Hosp	Image-Guided Radiation Therapy (IGRT)	No	No	No
Hosp	Inpatient Acute Care - Hospital Services	YES	No	No
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	No	No	No
Hosp	Intensive Care Unit	No	No	No
Hosp	Intermediate Care Unit	YES	No	No
Hosp	Interventional Cardiac Catherterization	No	No	No
Hosp	Isolation Room	YES	No	No
Hosp	Kidney	No	No	No
Hosp	Liver	No	No	No
Hosp	Lung	No	No	No
Hosp	Magnetic Resonance Imaging (MRI)	X-Mobile	No	No
Hosp	Mammograms	X-Mobile	No	No
Hosp	Mobile Health Services	YES	No	No
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	YES	No	No
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)	No	No	No
Hosp	Neonatal	No	No	No
Hosp	Neurological Services	No	No	No
Hosp	Obstetrics	No	No	Yes
Hosp	Occupational Health Services	YES	No	No
Hosp	Oncology Services	No	No	Yes
Hosp	Orthopedic Services	No	No	Yes
Hosp	Outpatient Surgery	Yes	No	No
Hosp	Pain Management	No	No	No
Hosp	Palliative Care Program	YES	No	No
Hosp	Pediatric	YES	No	No
Hosp	Physical Rehabilitation	YES	No	No
Hosp	Positron Emission Tomography (PET)	No	No	No
Hosp	Positron Emission Tomography/CT (PET/CT)	No	No	No
Hosp	Pulmonary Rehab	No	No	No
Hosp	Psychiatric Services	YES	No	No
Hosp	Radiology, Diagnostic	YES	No	No
Hosp	Radiology, Therapeutic	YES	No	No
Hosp	Reproductive Health	YES	YES	No

2024 Inventory of Health Services - Sheridan County, KS				
Cat	HC Services Offered in county: Yes / No	Hospital	Health Dept	Other
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 2024 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: *Includes 1 MD Starting Sept. 2024	5.0*		1.0
Internal Medicine			
Obstetrics/Gynecology			
Pediatrics			
Medicine Specialists:			
Allergy/Immunology			
Cardiology		0.2	
Dermatology			
Endocrinology		0.2	
Gastroenterology			
Oncology/RADO			
Infectious Diseases			
Nephrology			
Neurology			
Psychiatry			
Pulmonary			
Rheumatology		0.2	
Surgery Specialists:			
General Surgery		0.2	
Neurosurgery			
Ophthalmology			
Orthopedics			
Otolaryngology (ENT)			
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vasc			
Urology			
Hospital Based:			
Anesthesia/Pain			
Emergency			
Radiology			
Pathology			
Hospitalist *			
Neonatal/Perinatal			
Physical Medicine/Rehab			
Others			
Eye Care (OD)			
Dentists			
Podiatry			
TOTALS	5.0	0.80	1.0

YR 2024 - Visiting Specialists to Sheridan County Health Complex					
Specialty	Physician Name/Group	Office Location (City/State)	Schedule / Days	Annual Days	FTE
Cardiology	Dr Markiewicz	North Platte, NE	Once a Month	12	0.2
Rheumatology	Tele Health		Once a Month	12	0.2
Surgery	Dr Schultz	Hays, Kansas	Once a Month	12	0.2
Endocrinology	Tele Health		Once a Month	12	0.2

2024 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

Health Department

Sheridan County Public Health Department

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

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

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)

913-789-0951 or 1-800-281-0951

www.hradac.com

www.hradac.com/resources.htm

Valley Hope Centers

Requires private insurance – will not accept
Medicare or Medicaid

Norton, KS 785-877-5101

Halstead, KS 620-830-2041

Atchison, KS 913-967-1618

Or 1-800-544-5101

Out-Patient Treatment Programs

Heartland Rural Counseling Services, Inc.

485 W. 4th Street (Colby)

785-460-7588

Child Protection

Hoxie Police Department

1024 Royal Avenue (Hoxie)

785-675-3291

Sheridan County Sheriff

940 8th Street (Hoxie)

785-675-3481

Kansas Department of Social and Rehabilitation Services West Region Protection Reporting Center – i.e. Protection Report Center for Abuse
1-800-922-5330
Available 24 hours/7days per week – including Holidays

Children and Youth Assistance for Families – Department of Social and Rehabilitation Services (SRS)
3000 Broadway (Hays)
785-628-1066
www.srskansas.org
AYSO Youth Soccer
1195 E. 10th Street (Colby)
785-460-2976

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
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)

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
(Qu inter)

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

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

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

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

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

Adult Protection Services

1-800-922-5330

www.srskansas.org/SD/ees/adult.htm

Domestic Violence and Sexual Assault (DVACK)

1-800-874-1499

www.dvack.org

Elder Abuse Hotline

1-800-842-0078

www.elderabusecenter.org

Elder and Nursing Home Abuse Legal

www.resource4nursinghomeabuse.com/index.html

Kansas Coalition Against Sexual and Domestic Violence

1-888-END-ABUSE (363-2287)

www.kcsdv.org/ksresources.html

Kansas Department on Aging Adult Care Complaint Program

1-800-842-0078

National Center on Elder Abuse (Administration on Aging)

www.ncea.gov/NCEAroot/Main Site?Find Help/Help Hotline.aspx

National Domestic Violence Hotline

1-800-799-SAFE (799-7233)

1-800-787-3224 (TTY)

www.ndvh.org

National Sexual Assault Hotline

1-800-994-9662

1-888-220-5416 (TTY)

www.4woman.gov/faq/sexualassault.htm

National Suicide Prevention Lifeline

1-800-273-8255

Poison Center

1-800-222-1222

Sexual Assault and Domestic Violence Crisis Line

1-800-701-3630

Social and Rehabilitation Services (SRS) 1-

888-369-4777 (HAYS)

www.srskansas.org

Suicide Prevention Helpline

785-841-2345

Alcohol and Drug Treatment Programs

A 1 A Detox Treatment

1-800-757-0771

AAAAAH

1-800-993-3869

Abandon A Addiction

1-800-405-4810

Able Detox-Rehab Treatment

1-800-577-2481 (NATIONAL)

Abuse Addiction Agency

1-800-861-1768

www.thewatershed.com

AIC (Assessment Information Classes)

1-888-764-5510

Al-Anon Family Group

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

www.al-anon.alateen.org

Alcohol and Drug Abuse Hotline

1-800-ALCOHOL

Alcohol and Drug Abuse Services

1-800-586-3690

www.srskansas.org/services/alcdrugassess.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/alcdrugassess.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

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** 1-800-922-5330www.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

Health Wave

P.O. Box 3599

Topeka, KS 66601

1-800-792-4884

1-800-792-4292 (TTY)

www.kansashealthwave.org**Heartspring (Institute of Logopedics)** 8700 E. 29TH N

Wichita, KS 67226

www.heartspring.org**Kansas Big Brothers/Big Sisters**

1-888-KS4-BIGS

www.ksbbbs.org**Kansas Children's Service League (Hays)** 785-625-2244

1-877-530-5275

www.kcsl.org**Kansas Department of Health and Environment**

785-296-1500

www.kdheks.gove-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/palIndex10.html**Runaway Line**

1-800-621-4000

1-800-621-0394 (TDD)

www.1800runaway.org/**Talking Books**

1-800-362-0699

www.skyways.lib.ks.us/KSL/talking/ksl_bph.html**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

Parmelee 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/food_stamps.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/shick_index.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

[VWV Consultants LLC]

a.) Patient Origin Source Files

[VVV Consultants LLC]

Patient Origin History 2021- 2023 for IP, OP and ER – Sheridan County, KS

Sheridan County, Kansas Residents				
#	Inpatients - KHA HIDI	FFY23	FFY22	FFY21
	Total	306	311	322
1	Sheridan County Health Complex - Hoxie, KS	138	123	143
	% Patients Receiving Care in Home County	45.1%	39.5%	44.4%
2	HaysMed - Hays, KS	39	36	45
3	Citizens Health - Colby, KS	39	31	25
4	Gove County Medical Center - Quinter, KS	19	16	16
5	Salina Surgical Hospital - Salina, KS	16	22	13
6	The University of Kansas Health System - Kansas City, KS	9	9	15
7	Kansas Residents/Nebraska Hospitals - , NE	3	5	22
8	Wesley Healthcare - Wichita, KS	14	9	3
9	Salina Regional Health Center - Salina, KS	4	6	11
10	Logan County Health Services - Oakley, KS	2	10	5
11	Ascension Via Christi Hosp (St. Francis/St. Joe) - Wichita, KS	6	7	2
12	Graham County Hospital - Hill City, KS	3	6	3
13	Norton County Hospital - Norton, KS	2	5	4
	Others	12	26	15

Sheridan County, Kansas Residents				
#	Outpatients - KHA HIDI	FFY23	FFY22	FFY21
	Total	8,256	7,943	7,896
1	Sheridan County Health Complex - Hoxie, KS	4,519	4,418	4,603
	% Patients Receiving Care in Home County	54.7%	55.6%	58.3%
2	Citizens Health - Colby, KS	2,006	1,827	1,631
3	Gove County Medical Center - Quinter, KS	683	615	596
4	HaysMed - Hays, KS	297	306	264
5	Logan County Health Services - Oakley, KS	231	232	197
6	Decatur Health Systems, Inc. - Oberlin, KS	112	114	96
7	The University of Kansas Health System - Kansas City, KS	75	67	74
8	Goodland Regional Medical Center - Goodland, KS	39	62	90
9	Graham County Hospital - Hill City, KS	45	50	70
10	Salina Regional Health Center - Salina, KS	48	45	45
11	Norton County Hospital - Norton, KS	32	41	64
12	Rooks County Health Center - Plainville, KS	18	28	43
13	Wesley Healthcare - Wichita, KS	47	12	5
	Others	103	125	117

Sheridan County, Kansas Residents				
#	Emergency - KHA HIDI	FFY23	FFY22	FFY21
	Total	673	660	635
1	Sheridan County Health Complex - Hoxie, KS	462	457	450
	% Patients Receiving Care in Home County	68.6%	69.2%	70.9%
2	Citizens Health - Colby, KS	106	88	83
3	HaysMed - Hays, KS	25	20	19
4	Gove County Medical Center - Quinter, KS	13	26	19
5	Logan County Health Services - Oakley, KS	9	16	11
6	Decatur Health Systems, Inc. - Oberlin, KS	15	4	3
7	Salina Regional Health Center - Salina, KS	4	7	10
8	Graham County Hospital - Hill City, KS	3	5	7
9	The University of Kansas Health System - Kansas City, KS	4	1	8
10	Wesley Healthcare - Wichita, KS	7	3	1
11	Norton County Hospital - Norton, KS	0	4	5
	Others	25	29	19

b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Attendance Sheridan Co, KS CHNA Town Hall - 03/07/24 N=24						
#	Table	Attend	Lead	Last	First	Organization
1	D	yes		Bird	Rebecca	Sheridan County Hospital
2	B	yes		Bretz	Joy	
3	E	yes		Dumler	Jodi	SCHC
4	F	yes		Farber	Niceta	Retired
5	A	yes		Heim	Ed	
6	E	yes		Heim	Lucille	Board Member
7	A	yes		Johnson	Anna Marie	SCHC
8	B	yes	xx	Kaufman	Deb	Sheridan County EMS
9	C	yes		Kersenbrock	Rena	Board Member
10	A	yes	xx	Koster	Chad	SCHC
11	C	yes		Lang	Sabrina	
12	B	yes		Meyer	Carolyn	Pregnancy Pathways, Inc
13	D	yes		Moss	Shelby	SCHC
14	F	yes		Moss	Teri	Sheridan County Hospital
15	A	yes		Poage	Theresa	
16	F	yes	xx	Pratt	Karl	Foundation/Eco Devo
17	D	yes	xx	Reuber	Monica	Sheridan Co Public Health
18	D	yes		Riley	Jordan	EMS Director
19	C	yes		Roudybush	Nicole	SCHC
20	D	yes		Sloan	Leanna	
21	B	yes		Thompson	Josie	Hoxie medical clinic
22	C	yes	xx	Wade	Justine	SCHC
23	E	yes		Wade	Deb	Board Member
24	E	yes	xx	Welshon	Joe	FQHC board & USD 412

Sheridan County Health Complex Town Hall Event Notes

Date: 03/07/2024 – 11:30 a.m. to 1:00 p.m. @ Impact Community Center: N=24

INTRO: Following is a recap of the community conversation during CHNA 2024 Town Hall

- Spanish, South African, Haitian, Creole, & Filipino are the other languages spoken in the community.
- There has been an influx of Hispanic families moving into the area.
- Veteran work through the VA and see a provider in Sheridan. For further care, they go to Wichita.
- There are people struggling to make ends meet, experiencing poverty in the community.
- Sheridan community members are driving to Colby, Quinter, & Hill City for work—long commutes.
- Schools offer Free and Reduced Lunches but no longer offer free meals.
- Labor and Delivery patients go to Colby, Hayes, Quinter.
- FQHC does offer pre-natal care—offers extensive services.
- Low birth rates may be impacted by lack of childcare options.
- Transportation to ER may be impacting delayed care and longer waiting times.
- Graham County provides services for WIC programs.
- The community is concerned about suicide rates around them.
- The drugs in the community are Opioids, Marijuana (newest synthetic), Meth, Fentanyl, & Heroin is coming back.
- The Sheriff commented that Drinking and Driving has decreased in the community.
- Community has a problem getting fitness equipment serviced—may contribute to obesity rates.
- Citizens are going to Colby and Hays for Dental Care.
- Phreesia is the check-in platform that Sheridan uses for their patients. They sent the CHNA survey through that system using texts.

What is coming/occurring that will affect health of community:

- No comments were made.

Healthcare Strengths in the community:

- Community Support
- Quality providers
- Nice and updated facilities
- Growing Services and programs offered by FQHC
- Quality services in the Hospital, especially for a small community
- Great Pharmacies and services right in town.
- Greater access to Mental Health services than surrounding counties.
- Long-term care
- Youth Rec. opportunities/Youth Groups
- New Senior activities group
- EMS
- Great Education System

Areas in the community to improve:

- Access to Healthy/Affordable Foods
- Additional Services (Public Health)
- Awareness of Services
- Childcare (Accessible & Affordable)
- Dental Care
- ER Facility Restraints
- Exercise Access / Usage
- Family planning
- Health Education
- Home Health
- Housing (Safe and Affordable)
- Poverty/ Economic Development
- Sensitive to Cultural Diversity
- Specialists (URO, DERM, ENT, PEDS, ORTHO)
- Substance Abuse (Drugs & Alcohol)
- Workflow Shortage – Staffing

Round #5 CHNA - Sheridan County PSA

Town Hall Conversation - Strengths (Big White Cards) N= 24

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
12	Access to care.	12	Insured patients.
2	Access to grocery, pharmacy, wellness center.	23	Kid recreation opportunities.
14	Access to health care.	4	Law enforcement engagement.
14	Access to mental health.	14	Law enforcement engagement.
20	Access to primary care.	8	Long term care.
13	Add new outreach programs including telehealth.	9	Long term care.
2	Always looking to grow via grant opportunities.	21	Long term care.
8	Ambulance services.	23	Long term care.
11	Behavioral health is trending upward.	24	Long term care.
5	Caring providers.	16	Low crime - good law enforcement.
16	Clean air, water, etc.	7	LTC.
22	Clinic expansion.	20	LTC.
4	Clinic services and availability.	4	Mental health access.
15	Communication.	12	Mental health providers.
12	Community helps each other.	10	More active economic development.
2	Community involvement - youth activities.	22	New ER.
14	Community involvement/support.	2	Offer birth to death services.
4	Community support.	9	Opportunities (recreation for kids).
21	Community support.	18	Opportunity for employment.
1	Community transportation.	20	Opportunity for employment.
22	Community works together.	20	Overall health status of county.
16	Currently good doctors.	11	Participation in surveys is uprising.
15	Doctors.	3	Pharmacy / grocery / convenience.
3	Education.	2	Physician to patient ratio.
2	Efforts made to improvement.	1	Physicians to patient ratio.
6	Employment, have jobs, good pay.	4	Population health clinic.
7	Employment.	15	Population health.
7	EMS response.	12	Poverty is less than surrounding counties.
2	EMS.	4	Primary care.
5	EMS.	15	Primary care.
21	EMS.	11	Providers / access to quality HC.
1	ER care.	7	Providers.
2	ER care.	21	Quality providers.
11	F.Q. access to so much than FMS.	24	Rec opportunities for kids.
21	Facilities are kept updated.	2	Rural size - more cohesiveness.
13	Financially stable compared to other small hospitals	6	Safe place to live.
6	FQHC clinic.	6	Schools.
22	FQHC mobile van.	7	Schools.
23	FQHC program initiatives and funding.	8	Schools.
1	FQHC.	4	Senior program.
2	FQHC.	21	Services growing such as FQHC.
8	FQHC.	17	Services that are available for small community.
7	FQHC/hospital.	24	Services/programs through FDHC are increasing.
5	General community willing to help w/ need.	10	Stable in health care staffing BOT and leadership.
13	Good community support.	2	Strong education.
8	Good doctors.	18	Strong sense of community.
16	Good employment opportunities.	24	Supportive and willingness of community.
20	Good EMS and provider.	23	Supportive community (volunteers and financial).
16	Good EMS.	19	The people and willingness to change.
19	Good group of midlevel.	15	Timely access.
18	Good healthcare providers.	2	Top quality services for small town.
20	Good MD ratio.	14	Transportation.
7	Good place to live.	24	Updated hospital and facility.
21	Great access to mental health services.	19	Upgraded facility.
10	Great leadership.	5	Variety of at home health services available.
18	Great place to raise children.	13	Very good staff - including new physician.
14	Great school districts/education.	11	Well educated population.
1	Growth.	10	Well rounded community.
20	High community proaction.	3	Wellness center/parks
5	High quality facilities proactive w / updating.	13	Willing staff to expand services & access to grants.
9	Hospital care.	3	Youth activities.
3	Hospital/clinic.	21	Youth groups in general.

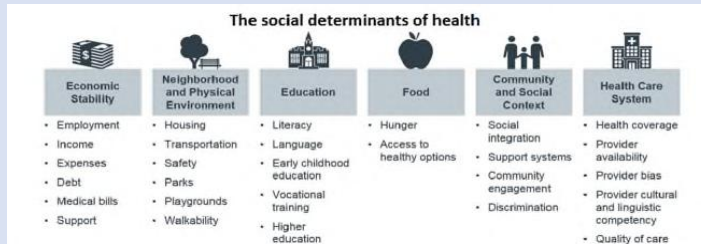
Round #5 CHNA - Sheridan County PSA

Town Hall Conversation - Weaknesses (Color Cards) N= 24

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
24	Access to care in Selden.	8	Full time employees.
18	Add MIH.	23	Get creative with housing.
10	Adjust to the melting pot of cultural diversity.	9	Get dental up and running.
21	Affordable housing.	15	Health education (nutrition & disease mgmt).
22	Affordable housing.	12	Health education.
24	Awareness of healthcare and cost.	19	Health education.
4	Awareness of opportunities.	13	Health/wellness prevention.
11	Awareness of services.	4	Healthy food access.
23	Awareness of services.	11	Home health.
15	Awareness of SVC.	12	Home health.
19	Behavioral health.	15	Home health.
7	Better child care.	18	Home health.
3	Bigger clinic space.	5	Hospital upgrades.
3	Bigger emergency room.	21	Hours of operation.
5	Billing procedures.	13	Housing access.
10	Census.	12	Housing availability.
1	Child care.	19	Housing is still a need.
8	Child care.	20	Housing, daycare.
11	Child care.	1	Housing.
17	Child care.	3	Housing.
10	Childcare.	5	Housing.
12	Childcare.	8	Housing.
13	Childcare.	10	Housing.
15	Childcare.	14	Housing.
22	Childcare.	15	Housing.
21	Chronic disease management.	16	Housing.
8	Chronic health.	17	Housing.
23	Collaboration and partnerships.	7	Improve ER room.
8	Community knowledge of services.	20	Insurance, affordability.
9	Community's perception of edu. & quality of HC.	23	isolation - finding help.
9	Community's perception of level of services.	18	Mental health - access, preventative.
23	Continue addressing.	24	Mental health crisis - suicide/depression.
12	Cost of food.	2	Mitigate drugs.
2	Create more apps for education (health).	7	More affordable housing.
16	Daycare.	3	More education to public services.
11	Dental care.	7	More full time health care employees.
7	Dental services in town.	6	More specialty care closer to home.
8	Dental.	6	Need more child care options.
15	Dental.	6	Need more housing.
13	Dentist (specialty services).	2	Need more of all staff.
1	Dentist.	17	Nurse co health.
12	Dentist.	16	Obesity (nutrition education).
14	Dentist.	8	Obesity.
17	Dentist.	22	Physical exercise access.
5	Drug treatment / counseling.	1	Poverty.
21	Drugs / alcohol/ vaping.	5	Poverty.
22	Drugs / alcohol/ vaping.	12	Poverty.
24	Economic development.	14	Providers.
10	Economic stability - large divide.	11	Public health additional services.
22	Economic stability.	15	Public health nurse.
17	Education - obesity.	8	Public health service.
20	Education on wellness.	4	Public Health.
14	EMS - find more people to work.	5	Public Health.
12	EMS staffing.	18	Public health.
2	End of life planning.	18	Recreation.
14	ER - Space.	4	Relation's with other hospitals expanding bed
8	ER facility.	20	Sidewalks for safety.
11	ER facility.	5	Specialist.
1	ER needs more space.	22	Specialists clinics and providing.
12	ER.	11	Specialists.
11	Exercise - access and affordable.	21	Specialty clinic/ visiting specialists.
15	Exercise (afford/access).	6	Staffing medical personal hospital.
12	Exercise opportunity and norms.	11	Staffing.
2	Expand access to medical + BH care.	15	Staffing.
2	Expand transportation access.	22	Staffing.
19	Family planning.	19	Substance abuse education.
24	Family planning.	12	Substance use/abuse.
15	Food cost.	16	Suicide/depression.
24	Food insecurity / poverty.	17	Vaping.
20	Food insecurity.	15	Variety of specialists - (ENT, Uro, Ortho, Derm).
12	Food quality and availability	16	Variety of specialists.

Round #5 CHNA - Sheridan County PSA

Social Determinants "A" Card Themes (N = 84 Votes): E= 17, N= 18, ED= 7, C= 10, F= 5 & P= 11



Card #	Code	First Impressions on Social Determinants Impacting Delivery	Card #	Code	First Impressions on Social Determinants Impacting Delivery
8	C	Communication skills w/ young people.	11	ED/N	Childcare and housing.
18	C	Community support, childcare, housing.	14	F	Access to healthy and affordable foods.
13	C	Have increasing minority populations - language iss	20	F	Cost of food.
8	C	Poor home life for young people.	1	F	Food.
14	C	Social engagement.	17	F	Healthy food costs.
13	C	Social isolation/judgmental.	16	F	Hunger/food insecurity.
8	C	Social media.	2	N	Access to transportation.
15	C	Social media's illusion of connection and loneliness	13	N	Built environment- natural movement.
19	C	Support systems.	9	N	Exercise.
4	C	Support.	15	N	Farming contaminants (spraying chemicals).
19	E	Debt / financial management.	10	N	Housing
15	E	Economic challenges (cost of living).	17	N	Housing - childcare - EMS - Obesity.
14	E	Economic stability -adequate paying jobs w/ benefit	5	N	Housing and transportation.
1	E	Economic stability.	1	N	Housing.
3	E	Economic stability.	3	N	Housing.
4	E	Economic stability.	6	N	Housing.
6	E	Economic stability.	17	N	Housing.
9	E	Economic stability.	7	N	Lack of wi-fi.
10	E	Economic stability.	6	N	Neighborhood and built environment.
11	E	Economic stability.	1	N	Neighborhood.
16	E	Economic stability.	9	N	Neighborhood.
7	E	Economics, lack of insurance.	12	N	Transportation barriers.
19	E	Expenses.	20	P	Addiction.
6	E	Income.	7	P	Chronic disease management providers.
13	E	Job option limits.	5	P	Comfort w/ health care - history, culture.
3	E	Medical bills/billing.	18	P	Health care access - distance to behavior health.
14	E/N	Work and housing.	12	P	Health/wellness prevention topics.
13	ED	Arts limited in education.	16	P	Healthcare access.
20	ED	Bullying.	20	P	Mental health.
20	ED	Child care.	17	P	Need NP.
11	ED	Education access and quality.	17	P	New ER.
17	ED	Education.	2	P	Patient age.
19	ED	Nutrition education.	17	P	Vaping.

EMAIL Request to CHNA Stakeholders

From: Chad Koster

Date: 1/12/2024

To: Community Leaders, Providers, Hospital Board and Staff

Subject: CHNA Wave #5 Community Online Feedback Survey – Sheridan Co KS

Over the next three months, **Sheridan County Health Complex** will be working with other area providers to update the 2021 Sheridan County, KS Community Health Needs Assessment (CHNA). We are seeking input from community members regarding the healthcare needs in order to complete the 2024 CHNA.

The goal of this assessment update is to understand progress in addressing community health needs cited in 2015, 2018, and 2021 CHNA reports while collecting up-to-date community health perceptions and ideas.

Your feedback and suggestions regarding current community health delivery are especially important to collect in order to complete this comprehensive report. To accomplish this work, a short online survey has been developed for community members to take. Please visit our hospital webpage, Facebook page, or utilize the link below to complete this survey.

LINK: https://www.surveymonkey.com/r/CHNA2024_SheridanHoxie_OnlineSurvey

All community residents and business leaders are encouraged to complete the 2024 online CHNA survey by **February 9th, 2024**. All responses are confidential.

Please Hold the Date A virtual community Town Hall is scheduled for **Thursday, March 7th, 2024 for lunch from 11:30am-1pm**. More details regarding the virtual community Town Hall will be shared soon so stay on the lookout!

If you have any questions about CHNA activities, please call 785 675-3281

Thank you for your time and participation.

PR#1 News Release

Local Contact: Chad Koster

Media Release: 1/12/2024

Sheridan County Health Complex to Host 2024 Community Health Needs Assessment

Over the next few months, **Sheridan County Health Complex (SCHC)** will be working together along with other area community leaders to update the Sheridan County, KS 2024 Community Health Needs Assessment (CHNA). Today we are requesting all community members input regarding current healthcare delivery and unmet resident needs.

The goal of this assessment update is to understand progress from past community health needs assessments conducted in 2021, 2018 and 2015, while collecting up-to-date community health perceptions and ideas. VVV Consultants LLC, an independent research firm from Olathe, KS has been retained to conduct this countywide research.

A brief community survey has been developed to accomplish this work. The CHNA survey link can be accessed by visiting our hospital website and/or Facebook page. You may also utilize the QR code below for quick access.



All community residents and business leaders are encouraged to complete this online survey by **February 9th, 2024**. In addition, a CHNA Town Hall meeting to discuss the survey findings and identify unmet needs. Please **HOLD THE DATE** for this event on **Thursday, March 7th 2024 for lunch from 11:30am-1:00pm**. More info to come soon! Thank you in advance for your time and support!

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



We would like to hear from you!
Please access the health needs survey from our website, above, or just scan the QR code using your mobile device. Thank you!



826 18th Ste. A
Hoxie, KS 67740
785-675-3281



Sheridan County Health Complex is conducting our 2024 Community Health Needs Assessment.

Please take this survey to help us assess the health needs in our community.

Your voice matters!

EMAIL #2 Request Message

From: Chad Koster

Date: 1/22/24

To: Area Community Leaders, Providers and Hospital Board & Staff

Subject: Sheridan County Health Complex - Community Health Needs Assessment Town Hall lunch– March 7, 2024

Sheridan County Health Complex will host a Town Hall Community Health Needs Assessment (CHNA) lunch on Thursday, March 7th. The purpose of this meeting will be to review collected community health indicators and gather community feedback opinions on key unmet health needs for Sheridan County, KS. **Note: This event will be held on Thursday, March 7th, from 11:30 a.m.- 1:00 p.m. at Impact Center, 820 Main St., Hoxie KS 67740, with a check-in time starting at 11:15 a.m.**

We hope you find the time to attend this important event. All business leaders and residents are encouraged to join us. To adequately prepare for this event, it is imperative all RSVP who plan to attend town hall.

LINK: <https://www.surveymonkey.com/r/Sheridan2024CHNA-RSVP>



Thanks in advance for your time and support!

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

EMAIL #2 Request Message

From: Chad Koster

Date: 1/22/24

To: Area Community Leaders, Providers and Hospital Board & Staff

Subject: Sheridan County Health Complex - Community Health Needs Assessment Town Hall lunch– March 7, 2024

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LINK: <https://www.surveymonkey.com/r/Sheridan2024CHNA-RSVP>



Thanks in advance for your time and support!

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

Sheridan County Health Complex to host community health needs Town Hall Thursday, March 7th, 2024.

Media Release: 01/22/24

To gauge the overall community health needs of residents, **Sheridan County Health Complex**, in conjunction with other area providers, invites the public to participate in a Community Health Needs Assessment Town Hall roundtable on Thursday, **March 7th for lunch from 11:30 a.m.-1:00 p.m.** located at Impact Center, 820 Main St., Hoxie KS 67740.

This event is being held to identify and prioritize the community health needs. Findings from this community discussion will also serve to fulfill both federal and state mandates.

To adequately prepare for this event, is vital everyone planning to attend this event RSVPs. Please visit our hospital website and social media sites to obtain the link to complete your RSVP OR please utilize the QR code below.



We hope that you will be able to join us for this discussion on March 7th. Thanks in advance for your time and support!

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

###

Sheridan County Health Complex to host community health needs Town Hall Thursday, March 7th, 2024.

Media Release: 01/22/24

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We hope that you will be able to join us for this discussion on March 7th. Thanks in advance for your time and support!

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

###

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2024 Community Feedback: Sheridan County, KS (N=312)

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1004	67753	Good	ADOL	SPRT		programs to involve youth
1208	67740	Good	AWARE	QUAL	ACC	How do people learn about items/programs that are available. People don't always want others to know their personal business and Hoxie is very bad about gossip. I personally would like to use Hoxie facilities but nosy people and no availability is a problem.
1076	67740	Good	CC	FINA		I believe that our community would have a solid chance of growing and improving if we had adequate childcare. Families are having to struggle to make ends meet by having one income due to the lack of childcare opportunities. Our community has heard time and time again that there will be childcare opportunities coming up but that does not happen. We would be able to hold positions at jobs longer if parents were able to ensure their children will be taken care of. Childcare is also expensive and the burden that places on families could be a cause of a lot of issues that we see regarding health and wellness.
1110	67740	Very Good	CC	FINA		More affordable child care
1268	67740	Average	CC	HOUS	ACC	Child care affordable housing available housing
1218			DENT			Desperately need dental care.
1031	67740	Good	DOCS	INSU	FINA	Once again it goes back to out patient physicians. A lot of insurance does not cover out of state trips for care. Just because you can Zoom meet does not mean that if you need to go to them your insurance will not pay unless you want to increase your premium
1011	67757	Average	DOH	FEM	SPRT	The public health is not being utilized like it used to and what is has potential for. For example, there is no where to turn locally for advice and care for things like breastfeeding, child development, postpartum depression, etc.
1226	67740	Very Good	DRUG	SERV		It will surprise many Drugs are problem More community Services And having groups for those needing help, treatment and assistance getting treatment social workers
1311	67740	Very Good	ECON	FINA		Currently economic stability is tough with the price increase in so many things
1129	67752	Good	ECON			Economic stability
1207	67740	Good	ECON			Economic stability
1217	67740	Poor	EDU	ACC		Access to education and exercise classes free or sliding scale.
1151	67738	Very Good	EDU	HOUS	FINA	I'd like to see more speakers or workshops in the community regarding health related topics. Also affordable housing has been a huge issue.
1049	67740	Good	EDU	MH		We need more education for parents about how social media and amount of screen time hurts our children. We need to encourage church involvement for mental health.
1291	67740	Average	EDU	NH	STFF	There is no education and quality given by our health community. If you think the wellness center is great, you are wrong. The elderly cannot access the basement. We are not economically able to continue the growth of this hospital utilizing the community taxes. You need to start realizing that an individual can work an 8 hour shift and not be indisposed and have 2 people work so that 1 person could complete the same job. You are overstaffed in some areas!!!! In the hospital, there is not enough staff. This tells me that the office staff does not want to work. They cannot handle their positions and that they need assistance. The hospital needs to support the community as much as the community needs to support them. When was the last time the CFO had a meet and greet? What about the Board of Directors? The access to quality health service has not been great because the Chief of Staff and the Board are not willing to hire individuals that are willing to stay and to remove those that are too old or not equipped to handle the local issues. The community needs to be able to communicate and not just the ones that feel as if they are the elite of the community. Their situations are very different from the rest of the community. The hospital needs to hire staff that reside in our community, care about our community and are willing to put out the effort.
1103		Very Good	EDU	QUAL		Access to quality in both education and health services varies widely according to the people employed to provide those services. So there is no simple solution when quality declines and people are needed to improve it in our community. A lot of the problems that arise are the result of our remote location and of the disinclination of prospective employees to live here. Mostly, we do the best we can, and I don't see that changing in the foreseeable future.
1148	67740	Very Good	EMS	TRAIN	ACC	Sorry I do not have any ideas. I am working to get first aid and CPR training for the junior high students.
1043	67740	Good	FINA	ECON	NUTR	Cost of living and cost of groceries is becoming a real issue
1204	67749	Very Good	FINA	NUTR	SPRT	Everyone needs a pay raise in order to have better living so that they can afford to go to the doctors. Right now it's so hard to afford groceries pay for a car or even afford housing. Don't know if you can partner with a hotel and restaurants to have a reduced or free options for people in need but they have to submit to a drug and alcohol test first. Then if they fail they can get more help and clean up our town more.
1164		Good	FINA			Money is tight put
1272	67740	Good	FUND	QUAL		Funding is very important to provide these improvements
1277	67740	Good	GOV	SPRT	ECON	If people wouldn't be abusing the government help programs and would work, this would help to improve the Economic stability in our area. As well as in other afore mentioned areas.
1282	67740	Good	HOUS	ACC	FINA	Housing that is affordable and is not just a house but some apartments as well. Especially for the young adults that just need 1-2 bedrooms.
1166	67740	Very Good	HOUS	AWARE	FINA	Finding affordable housing is so very difficult in our community. Homes sell before most of the community even know they are on the market. Rental properties are very difficult to come by. There is no place to even find what is available except through Facebook or word of mouth. Getting good, affordable quality food is almost nonexistent in our community. I'm lucky enough to be able to make weekly trips out of town to shop for fresh produce. Our grocery store is becoming more and more unaffordable for most citizens. Even some of the older citizens I have talked to have complained about the price gouging with only one grocer.
1278	67740	Very Good	HOUS	FINA	HOUS	I think affordable housing will always be the most important issue for Hoxie. I think the housing market is over-inflated. I think there needs to be true income based housing available and more of it.
1236	67740	Good	HOUS	FINA		I've know of a few single people looking for accommodation and u able to find any. Think there is a huge need for affordable housing for young individuals wanting to be independent

CHNA 2024 Community Feedback: Sheridan County, KS (N=312)

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1005	67740	Average	HOUS	NUTR	TRAN	Affordable housing. lowering food cost. easier access to transportation to those who need it.
1181	67740	Good	HOUS	QUAL	POV	Better more affordable housing for low income folks.
1061	67740	Good	HOUS			Affordable housing
1223	67737	Good	NO			I've had to read this question several times and I'm still not sure what you are asking.
1003	67740	Average	OTHR	FINA	NH	Offer a GED class or offer college outreach classes again. Offer financial class on how to manage money and pay off debt. Make a list of people willing to help sick and elderly to mow a lawn or shovel snow instead of bad mowthing that their grass is to tall. We need end of day walk in clinic and Saturday walk in clinic. We need Saturday medicine
1040	67740	Very Good	OTHR	SPRT		we just need to work with anyone and everyone
1018	67740	Average	PHAR	MRKT	FIT	Pharmacy delivery service for those unable to drive. Increased advertising of sheridan county estates with details of apartments being so accessible with meals on wheels delivered to building. Magents with large print for fridge and/or calendar with all phone numbers listed of transportation, pharmacy, hospital and other emergency numbers to be more accesible when needed especially for the elderly. Access to an Indoor gym for walking, recreation, exercise would benefit the community with ample parking.
1137	67740	Very Good	QUAL	FAC		I think the community is doing a good job on these issues. The FQHC is a great help.
1298	67740	Average	QUAL	NUTR	SERV	Access to healthy/high quality food that is affordable. Continue to expand healthcare services, however, make sure that the processes are coordinated and organized for an effective implementation.
1240	67740	Good	QUAL			I think Sheridan County does as well as any community in the area The ebb and flow of the agronomic system in the area is not in the hands of local control
1257	67752	Very Good	QUAL			Great
1310	67740	Good	QUAL			I don't think any of those are a huge problem in our community.
1138	67740	Good	RESO	QUAL		I don't see a lot of problems. It seems our community is doing a good job of addressing the above problems. When problems arise, it doesn't take long to find resources or help in our community.
1017	67740	Good	SERV	SPRT		Work out more ways to include Selden especially. There's a produce prescription program, the food pantry, meal sites are in Hoxie, but Selden probably needs it more.
1296	67740	Good	SPRT	DOH	CLIN	There is support out there if you can afford this or is you are in the know. Some events that are put on for community are not supported, no one attends. Health fair was a flop this year, 10 people came to my booth for vaccines. 20 some people had DISCOUNTED fasting labs drawn. Our clinic is an FQHC, you can get health care for free if you are low income. It is not supported by our community, many members leave town to go to the doctor. Our grocery store is 3 times more expensive for any given product, LOTS shop out of town due to these prices. There is no housing for newcomers to come live in due to the skyrocket costs of housing.
1209	67740	Very Good	SPRT	ECON	EDU	Community support so people don't feel alone, lonely, etc. Economic instability could be a cause of many problems which not easy for others to help. Education for finance may help some.
1194		Very Good	SPRT	SERV		Everyone needs to be proactive and be ready to support the above anyway they can- boards, fundraising, support and elections.
1118	67740	Good	SPRT	TRAU	SERV	Social/community support: we have many more people in our community who have suffered developmental trauma (time in foster care, high conflict families, etc.) than in the past. There is a great need for continued services for these individuals and families
1147	67740	Good	TRAN	FINA	NUTR	Application to grants to pay for transportation if folks cannot afford it; get something like Bountiful Baskets here to bring in fruit & veggies- I know a lot of folks are afraid if we would do this we could loose are grocery store and Dollar General. Maybe those stores could donate to the HAMA Food Pantry - especially if DG suts down end of February.
1044	67740	Good	WEB	EDU		A lot of things are done online now days. Maybe there can be a website (or a section on the hospital website) that could provide education to patients: videos, webinars, etc.

CHNA 2024 Community Feedback: Sheridan County, KS (N=312)

ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1038	67740	Good	ADOL	NUTR	MH	Focus on Youth Health (Nutrition and Mental Health)
1044	67740	Good	ALLER	SPEC	DERM	I would like to see an allergy specialist and dermatology come to the area.
1211	67740	Good	ALT	EDU		Wider reach in the food is medicine program. Why wait to educate?
1208	67740	Good	AWARE	NH	FIT	I am not aware of the programs available for senior individuals. Is it listed somewhere. Such as exercise services, health programs, meal programs ect...
1180	67740	Good	AWARE			Not sure as to what is available now
1110	67740	Very Good	CC			Child care
1182		Average	CC			Child care
1042	67757	Good	CLIN	ACC	SERV	Selden clinic needs to be utilized for patient visits and other health programs.
1064	67740	Good	CLIN	HRS	ACC	Walk in clinics a couple times a month on the weekends for a few hours would be helpful.
1003	67740	Average	CLIN	HRS	PHAR	Weekend walk-in clinic weekend pharmacy
1291	67740	Average	CLIN	SPEC	ACC	Speciality clinic for outside doctors to come to the community. Since the old Neuenschwander building has been purchased cannot it be utilized with other than Dr. Funk or for other offices that do not need to be at the hospital?
1032	67740	Average	DENT	ACC	CC	A dentist office in town first off would be great. Also having more access to childcare for all the working parents as well.
1311	67740	Very Good	DENT	ACC		getting dental back in our county
1061	67740	Good	DENT			Dentist and dental hygiene
1218			DENT			Dental care
1225	67740	Good	DENT			Dentist
1301	67740	Good	DENT			Dentist.
1134	67736	Average	DOH	SERV		Health department and utilization of existing services in the area
1226	67740	Very Good	DRUG	SERV	NUTR	Help assistance with drug use This is a huge problem everywhere An outreach is needed More Grants like food is medicine
1183	66223	Very Good	EDU	NUTR	ADOL	Childhood education on sugars and fats in food.
1303	67740	Good	EDU	NUTR	CC	Education on reading food labels and ingredients, and what they mean. How to count calories and grams of sodium, carbs etc. Education and support on physical fitness, well-being. More access to child day care services.
1148	67740	Very Good	EDU	SH		Education for students outside school
1159	67751	Good	EDU	SPRT	MH	Education, more hands on for helping family and kids deal with mental health.
1223	67737	Good	EQUIP	RURAL	STFF	It's not programs that need to be added. Updating current equipment and keeping staff happy to retain them at the facility. So they can be competitive and continue to provide quality healthcare in this rural setting. If you don't do anything to retain staff they will leave and then they will have to spend even more money for traveling help.
1296	67740	Good	FEM	PEDS	ACC	Well woman and well children exams should increase in our community but fail to.
1287	67740	Average	FIT	ADOL	DENT	Wellness and exercise programs for seniors; programs targeting young children and their families for vision, dental, and hearing -- these are services that don't seem to be covered in well-child visits.
1276	67740	Very Good	FIT	NUTR		My household is aware to exercise and eat healthy.
1151	67738	Very Good	FIT	SPRT	MH	Exercise classes, support groups for grief/mental health/ addiction/weight management
1278	67740	Very Good	FIT	SPRT	SERV	I think there could be some workout groups or exercise directed groups for middle aged folks (not just senior citizens) that aren't at 6 in the morning. Maybe some co-ed activities.
1017	67740	Good	FIT	TEEN	ACC	More exercise and community centered exercise opportunities. The Wellness Center isn't suitable for teens (without an adult present) nor is it suitable for those with mobility issues because of the stairs.
1133	67740	Good	FIT			Group exercises
1072	67740	Good	HH	NH		More home health to be able to keep more people in their homes since we have lost our assisted living apartments
1217	67740	Poor	HH	NH		Home health visits for elderly
1100		Very Good	HH			Home health
1267	67740	Good	MH	DRUG	AWARE	Mental health awareness and drug abuse awareness. Also abuse
1310	67740	Good	MH	FIT		Mental, exercise type
1240	67740	Good	NH	ACC		More care for the elderly and nursing home patients, mainly more space and access
1036		Average	NH	EDU	RESO	Programming geared more toward the elderly. Too many times we assume (or disregard) whether an individual understands what is being shared/offered to them. Things that may have been offered/shared in the past may now be updated offering new medical resources/procedures, Informational/hands on programs such as the ones being offered at The Impact Center of late for the elderly (ie Smart Phone training). Could weight/strength training programs be offered for the elderly? Could a partnership be developed btwn elderly and students offering reading buddy/game programs which both could benefit from? Could they serve as mentors for students? In turn could students do community service projects to help elderly with mowing, cleaning around their houses, etc?
1018	67740	Average	NH	TRAN	MRKT	Increase elderly events in accessible venues as well as providing transportation if needed. "Open gym" to increase exercise in all community members young and old, more advertising about what is already offered.
1035	67740	Good	NO			None come to mind.
1125	67752	Good	NO			Dont live there
1153	67737	Good	NUTR	ACC		Healthy food
1005	67740	Average	NUTR	EDU		more food nutrition class or heath benefits class.
1122	67740	Very Good	NUTR	FIT	DIAB	Something to help the community with diet, exercise and health. Something that people can join. We have stuff for diabetics but nothing for people who struggle to lose weight due to other reasons
1043	67740	Good	NUTR	SPRT	SERV	Something to do with grocery assistance
1235		Good	NUTR			Nutrition programs

CHNA 2024 Community Feedback: Sheridan County, KS (N=312)						
ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1031	67740	Good	OP	STFF	FF	More out patient. More PA's to assist when needed. More qualified personnel who are willing to help or call back with an answer
1298	67740	Average	ORTH	URL	DERM	ortho, urology, and dermatology clinic.
1293	67740	Very Good	REC	FIT	ACC	We need to encourage more walking around town. I loved the idea of putting some benches throughout town, possibly developing a trail that indicates measurement (some people like to keep track), etc. Encourage more pedestrian activity downtown.
1101	67740	Very Good	REC	FIT		It would be nice if this community had an indoor pool for exercise programs.
1282	67740	Good	REC	SERV	EDU	Health and wellness that includes trails, cooking classes, etc to promote healthy habits.
1204	67749	Very Good	SERV	AWARE		Have you looked into a program called circles. They have offices in colby and st Francis for helping people in poverty.
1277	67740	Good	SERV	URL		Scrap the current community outreach/awareness group and create a new body.
1004	67753	Good	SH	DRUG	SPRT	In school and community health/drug seminars.
1292	67740	Very Good	SPEC	HH		More specialists and more home health.
1227	67740	Average	SPRT	DRUG	MH	Baby classes, drug and alcoholic programs, groups for people with depression
1011	67757	Average	SPRT	FEM	EDU	Parental support. (Again - lactation consultation, child development, parents as teachers)
1083	67740	Good	SPRT	MH	SERV	AA, NA, Counseling groups for lose of a child, mental health evaluations like AdHd or Autism
1076	67740	Good	SPRT	OWN	SPRT	A more supportive AA group. There are many in our community who do not care for themselves and don't believe that there is help. But it starts within and there is not a lot of support that is publicly known. It would help if others were encouraged.
1138	67740	Good	STFF	DENT	DERM	Staffing needs for hospital/LTC Dental Specialty services like dermatology
1272	67740	Good	STFF	SPRT		Personnel to assist with current health care needs
1049	67740	Good	STFF	TRAIN	NH	we need more CNA training available in our county to fill the human resource need in our long term care facility.
1118	67740	Good	SW	DOH	SPRT	Perhaps licensed social workers within the public health office to provide social support services for high need families
1147	67740	Good	TEEN	SH		Some programs at high school level- like Restore could show teens how to stretch properly; we now have chair exercises, why not chair yoga, walking track at HS courts...
1050	67740	Good	TRAN	SERV		We need better options for transportation services.

CHNA 2024 Community Feedback: Sheridan County, KS (N=312)						
ID	Zip	Rating	c1	c2	c3	Q8. In your opinion, what are the root causes of "poor health" in our community? Other (Be Specific)
1209	67740	Very Good	DENT			Need dentist in town
1218			DENT			Lack of dental care
1142	67646	Good	ECON			Our areas physical work demands
1208	67740	Good	NH	TRAN		For the elderly cost for transportation
1125	67752	Good	NO			Dont live there
1085		Good	NUTR	FINA	PHAR	Food prices, ignorance on effects of pharmaceuticals
1092		Very Good	OTHR			Many of us sit at computers/desks too long throughout the day.
1303	67740	Good	OWN	PREV	ECON	Poor Health Management, Poor Socioeconomic's.
1213		Good	OWN			People do not take care of themselves and neglect their health
1003	67740	Average	PHAR	ACC		Lack of access to a pharmacy
1061	67740	Good	PHY	THER		Would be good to have a physical therapist at hospital with also massage therapist
1004	67753	Good	POV	OWN		low self-esteem, poverty
1296	67740	Good	PREV			lack of preventable visits
1100		Very Good	SERV	AWARE	MRKT	Most health care options are available but not always used to the fullest. Maybe more publicity about services available
1019	67740	Good	SERV	DOH	DENT	Basic services not available like health department and dentist
1291	67740	Average	SPEC	CLIN	NH	Lack of speciality care is not because you do not have space. There are rooms that can be utilized. Take some of the unused office space and use it for speciality care. You could open a speciality care clinic. Use the area that use to be for assisted living.

Year 2024 - Let Your Voice Be Heard!

Sheridan County Health Complex (SCHC) area providers have begun the process of updating a comprehensive community-wide 2024 Community Health Needs Assessment (CHNA) to identify unmet health needs. To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery. NOTE: Please consider your answers to the survey questions as it relates to ALL healthcare services in our community, including but not limited to our local hospital.

While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention! CHNA 2024 online feedback deadline is set for Jan 19, 2024.

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

- Very Good Good Average Poor Very Poor

2. 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/Optomtrist	<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"/>

3. How would our community area residents rate each of the following health services?
(Continued)

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Hospital 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 Hospital 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"/>

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

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

6. From our past CHNA, a number of health needs were identified as priorities. Are any of these an ongoing problem for our community? Please select top three.

- | | |
|--|---|
| <input type="checkbox"/> Mental Health Services (Access, Provider, Treatment, Aftercare) | <input type="checkbox"/> Hours of Operation (Evenings / Weekends) |
| <input type="checkbox"/> Drugs / Alcohol Abuse | <input type="checkbox"/> Nutrition Education |
| <input type="checkbox"/> Child Care Access | <input type="checkbox"/> Hospital Facility Upgrades |
| <input type="checkbox"/> EMS Staffing | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Visiting Specialists (Space / Availability) | <input type="checkbox"/> Awareness of Healthcare Services |
| <input type="checkbox"/> Affordable Housing | <input type="checkbox"/> Obesity (Access to Healthy Foods / Exercise) |
| <input type="checkbox"/> Preventative Health / Wellness | <input type="checkbox"/> Home Health |



7. Which past CHNA needs are NOW the "most pressing" for improvement? Please select top three.

- | | |
|--|---|
| <input type="checkbox"/> Mental Health Services (Access, Provider, Treatment, Aftercare) | <input type="checkbox"/> Hours of Operation (Evenings / Weekends) |
| <input type="checkbox"/> Drugs / Alcohol Abuse | <input type="checkbox"/> Nutrition Education |
| <input type="checkbox"/> Child Care Access | <input type="checkbox"/> Hospital Facility Upgrades |
| <input type="checkbox"/> EMS Staffing | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Visiting Specialists (Space / Availability) | <input type="checkbox"/> Awareness of Healthcare Services |
| <input type="checkbox"/> Affordable Housing | <input type="checkbox"/> Obesity (Access to Healthy Foods / Exercise) |
| <input type="checkbox"/> Preventative Health / Wellness | <input type="checkbox"/> Home Health |



8. In your opinion, what are the root causes of "poor health" in our community? Please select top three.

- | | |
|--|--|
| <input type="checkbox"/> Chronic Disease Management | <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 / Access to Healthy Foods | <input type="checkbox"/> Lack of Health Insurance |
| <input type="checkbox"/> Lack of Exercise | <input type="checkbox"/> Neglect |
| <input type="checkbox"/> Limited Access to Primary Care | <input type="checkbox"/> Lack of Transportation |
| <input type="checkbox"/> Limited Access to Specialty Care | |

Other (Be Specific).



9. 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 Wellness 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"/>
Exercise Facilities / Walking Trails etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Social Determinants are impacting healthcare delivery. These determinants include 1) Education Access and Quality, 2) Economic Stability, 3) Social / Community support, 4) Neighborhood / Environment, and 5) Access to Quality Health Services. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? Be Specific

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

- Yes No

If yes, please specify the services received

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

- Yes No

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



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



14. 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).



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

Other (Please specify).



16. For reporting analysis, please enter your 5-digit ZIP code.

e.) County Health Rankings & Roadmap Detail

[VVV Consultants LLC]

Sheridan County



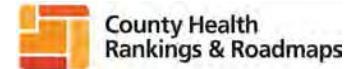
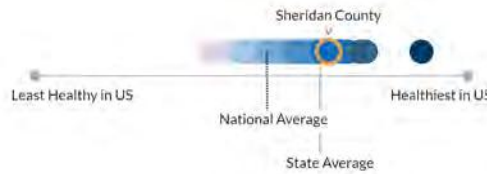
KANSAS HEALTH INSTITUTE

Informing Policy. Improving Health.

Health Outcomes



Health Factors



khi.org
countyhealthrankings.org

Health Outcomes and Health Factors summaries replace the numerical ranking provided in previous years.

Each Kansas county with sufficient data is represented by a dot, placed on a continuum from least healthy to healthiest in the nation.

The color of each dot represents data-informed groupings of counties nationwide with similar Health Outcomes or Health Factors on the continuum.

Population: 2,425

	2020	2021	2022	2023	2024	Kansas 2024	U.S. 2024
Health Outcomes							
Length of life							
Premature death (years of potential life lost, per 100,000) ⁽¹⁾						8079	7972
Quality of life							
% Reporting poor or fair health, adults ⁽¹⁾		16	16	12	13	14	14
Average number of poor physical health days, adults ⁽¹⁾		4	4	3	3.0	3.2	3.3
Average number of poor mental health days, adults ⁽¹⁾		4	4	4	4.7	5.0	4.8
% Low birthweight, <2,500 grams	6.7	5.9	5.6	5.6	7	7	8
Health Factors							
Health Behaviors							
% Smokers, adults ⁽¹⁾		20	17	18	17	16	15
% Obese, adults age 20 and older ⁽¹⁾			37	38	38	37	34
Food environment index, 0 (worst) to 10 (best)	8.1	8	7.8	8.2	8.0	7.1	7.7
% Physically inactive, adults age 20 and older ⁽¹⁾			29	23	23	23	23
% Access to exercise opportunities ⁽¹⁾				57	59	80	84
% Excessive drinking, adults ⁽¹⁾		20	20	20	19	20	18
% Driving deaths with alcohol-involvement	44	25	0	0	17	20	26
Sexually transmitted infection rate, per 100,000 population			159	198	242.1	506.1	495.5
Teen birth rate, per 1,000 females age 15-19 ⁽¹⁾						19	17
Clinical Care							
% Uninsured, population under age 65	20	16	15	7	8	11	10
Primary care physicians rate, per 100,000 population	40	39	40	79	81	78	75
Dentists rate, per 100,000 population	39	40	40	40	41	63	74
Mental health providers rate, per 100,000 population						237	314
Preventable hospital stays rate, per 100,000 Medicare enrollees	8292	8017	4747	4904	4361	2576	2681
% Mammography screening, Medicare females age 65-74	45	44	49	45	53	48	43
% Flu vaccinations, Medicare enrollees	36	37	35	29	18	47	46
Social & Economic Factors							
% High school completion, adults age 25 and older ⁽²⁾		96	96	96	96	92	89
% With some college, adults age 25-44	70	77	75	76	74	71	68
% Unemployed, population age 16 and older	2.3	2.2	2.3	1.8	1.9	2.7	3.7
% Children in poverty	22	16	17	13	16	14	16
Income inequality ratio, 80th to 20th percentile	3.3	3.8	4.7	4.9	5.6	4.4	4.9
% Children in single-parent households	33	23	22	17	18	21	25
Membership associations rate, per 10,000 population	31.7	31.6	39.7	39.7	28.2	13.2	9.1
Injury death rate, per 100,000 population ⁽¹⁾					111	82	80
Physical Environment							
Average daily density of fine particulate matter ⁽³⁾	6.7	5.1	6.1	5.5	5.5	6.7	7.4
Drinking water violations?	No	No	No	No	No		
% Households with severe housing problems	6	6	9	8	9	12	17
% Driving alone to work	70	66	65	66	68	78	72
% Long commute - driving alone	17	17	23	25	24	22	36

Empty cells: Shaded cells indicate measures were omitted due to methodology change⁽¹⁾, new additions⁽²⁾, or are unavailable due to low reliability.

⁽³⁾Source data have not been updated since the 2023 County Health Rankings Release.

2024

The annual *County Health Rankings & Roadmaps* data release provides a snapshot of the health of each county in two summaries: **Health Factors** (which measure issues that can shape the health outcomes) and **Health Outcomes** (which measure length and quality of life). Each county is placed on a continuum from least healthy to healthiest in the nation and categorized into a group of counties with similar Health Outcomes or Health Factors. The following tables illustrate the “drivers” for health of this county.

What do these drivers mean?

The drivers indicate the measures with the greatest impact on the health of the county. Drivers labeled with a green plus sign are measures on which the county performed particularly well compared to all counties nationwide. Those labeled with a red minus sign are measures which could be improved and may warrant additional attention.

Health Factors: Drivers with the greatest impact on health, Sheridan County, KS - 2024

	Measure	Description	Factor Category	County Value	U.S. Value	Direction of Impact
1	Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	Social and Economic Environment	1.9%	3.7%	+
2	Social Associations	Number of membership associations per 10,000 population.	Social and Economic Environment	28.2	9.1	+
3	High School Completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	Social and Economic Environment	96%	89%	+
4	Preventable Hospital Stays	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	Clinical Care	4361	2681	-
5	Some College	Percentage of adults ages 25-44 with some post-secondary education.	Social and Economic Environment	74%	68%	+

Health Outcomes: Drivers with the greatest impact on health, Sheridan County, KS - 2024

	Measure	Description	Factor Category	County Value	U.S. Value	Direction of Impact
1	Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	Quality of Life	3.0	3.3	+
2	Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	Quality of Life	13%	14%	+
3	Low Birthweight	Percentage of live births with low birthweight (< 2,500 grams).	Quality of Life	7%	8%	+
4	Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	Quality of Life	4.7	4.8	+
5	Premature Death	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	Length of Life	N/A	7972	N/A

N/A: Not applicable due to insufficient data.

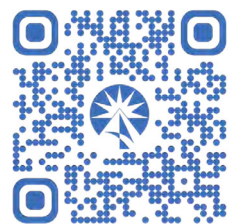
+ Green Plus: Measure with a positive impact on a county’s health grouping.

- Red Minus: Measure with a negative impact on a county’s health grouping.

Technical Note: The U.S. values are provided as a point of reference. However, the drivers and direction of impact are determined by using the county value and the average across counties in the U.S. and then applying measure weights. Drivers are provided in order of impact on health for this year. Values have been rounded according to how they are presented on the County Health Rankings and Roadmaps website. For more information on the derivation of health groups, please visit: bit.ly/2024CHRzScores. For more information on data sources, year(s) of data and weights for measures, please visit bit.ly/2024CHRmeasures.



CONTINUE THE JOURNEY
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SCAN FOR MORE INFORMATION



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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