



Community Health Needs Assessment Cheyenne County, KS

On Behalf of Cheyenne County Hospital



June 2023

**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 Improve.

II. Methodology

- a) CHNA Scope and Purpose
- b) Local Collaborating CHNA Parties (The identity of any and all organizations in which the organization collaborated with 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) CHNA Inventory of PSA Services and Providers (A description of the existing health care 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

I. Executive Summary

[VVV Consultants LLC]

I. Executive Summary

Cheyenne County Hospital (Primary Service Area) – Cheyenne County, KS - 2023 Community Health Needs Assessment (CHNA)

The previous CHNA for Cheyenne County Hospital (CCH) and their primary service area, was completed in 2020. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #4 Cheyenne County, KS CHNA assessment began in December of 2022 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders and providers, along with the residents, to research and prioritize county health needs and document community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years. **Important community CHNA Benefits** for both the local hospital and the health department, are as follows: 1.) Increases knowledge of community health needs and resources 2.) Creates common understanding of the priorities of the community’s health needs 3.) Enhances relationships and mutual understanding between and among stakeholders 4.) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community 5.) Provides rationale for current and potential funders to support efforts to improve the health of the community 6.) Creates opportunities for collaboration in delivery of services to the community and 7.) Provides guidance to the hospital and local health department for how they can align their services and community benefit programs to best meet needs, and 8.) fulfills Hospital “Mission” to deliver.

County Health Area of Future Focus on Unmet Needs

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

2023 CHNA Priorities - Unmet Needs				
Cheyenne Co KS on behalf of Cheyenne Hospital				
CHNA Wave #4 Town Hall - 5/18/23 (29 Attendees / 88 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Substance Abuse (Drugs/ Alcohol)	18	20.5%	20%
2	Mental Health (Diagnosis, Placement, Aftercare, Providers)	17	19.3%	40%
3	Lack of Community HC Knowledge / Personal Health Responsibility to curb apathy	12	13.6%	53%
4	Lack of Visiting Specialists: Derm, Ped, Ent, Eye, Neu, Ortho and Urol.	12	13.6%	67%
5	Lack of HC Reimbursement to cover HC Delivery Expenses	5	5.7%	73%
6	Workforce Shortages	5	5.7%	78%
Total Votes		88	100%	
Other needs receiving votes: Domestic Abuse/ Neglect, Access to Affordable Insurance, Access to Transfer Care (Transportation), Chronic Disease Management, Dental Retention, Exercise/ Wellness, Child Care, Poverty, Substance Rehab (Drugs/ Alcohol)				

Town Hall CHNA Findings: Areas of Strengths

Cheyenne Co KS - Community Health Strengths			
#	Topic	#	Topic
1	Continuum of care	6	Quality Senior Living
2	Ambulance	7	Future vision to grow health
3	Supporting Ancillary Services	8	Quality of life
4	Collaborative, caring community	9	Emergency preparedness
5	# of providers in county to population.	10	Healthy Physical environment

Key CHNA Wave #4 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2023 Robert Woods Johnson Health Rankings, Cheyenne County, KS Average was ranked 62nd in Health Outcomes, 39th in Health Factors, and 4th in Physical Environmental Quality out of the 105 Counties.

TAB 1. Cheyenne County's population is 2,633 (based on 2021). About six percent (5.9%) of the population is under the age of 5, while the population that is over 65 years old is 27.6%. As of 2021, 7.6% of citizens speak a language other than English in their home. Children in single parent households make up a total of 26.0% compared to the rural norm of 17.1%, and 91.0% are living in the same house as one year ago.

TAB 2. In Cheyenne County, the average per capita income is \$31,826 while 13.8% of the population is in poverty. The severe housing problem was recorded at 6.0% compared to the rural norm of 8.8%. Those with food insecurity in Cheyenne County is 10.0%, and those having limited access to healthy foods (store) is 8.0%. Individuals recorded as having a long commute while driving alone is 16.0% compared to the norm of 15.6%.

TAB 3. Children eligible for a free or reduced-price lunch in Cheyenne County is 54.0%. Roughly ninety-two percent (92.1%) of students graduated high school compared to the rural norm of 92.8%, and 21.6% have a bachelor's degree or higher.

TAB 4. The percent of births where prenatal care started in the first trimester is 82.9% compared to the rural norm of 82.7%. Additionally, 10.2% of births in Cheyenne County have a low birth weight. The percent of all births occurring to teens (15-19) is 8.3%.

TAB 5. The Cheyenne County primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 2,600 residents. There were 3,429 preventable hospital stays in 2020 compared to the Rural Norm of 3,069. Patients who gave the hospital a rating of 9 or 10 on a scale from 0 to 10, was reported at 71% compared to the rural norm of 73.8%. The average median time patients spent in the emergency department before leaving form there visit was 131 minutes.

TAB 6. In Cheyenne County, 13.0% of the Medicare population has depression. The average mentally unhealthy days last reported (2020) is 4.4 days in a one-week period. The mental behavioral hospital admissions rate (per 10,000) was records at 27.5.

TAB 7a – 7b. Cheyenne County has an obesity percentage of 37.0% and a physical inactivity percentage is 24.0%. The percentage of adults who smoke is 19.0%, while the excessive drinking percentage is 19.0%. The Medicare hypertension percentage is 59.0%, while their heart failure percentage is 10.0%. Those with chronic kidney disease amongst the Medicare population is 7.0% compared to the rural norm of 15.3%. The percentage of individuals who were recorded with COPD was 11.0%. Cheyenne County recorded 5.0 % of individuals having had a stroke.

TAB 8. The adult uninsured rate for Cheyenne County is 12.0% (based on 2020) compared to the rural norm of only 10.7%.

TAB 9. The life expectancy rate in Cheyenne County for males and females is seventy-eight years of age (78.3). The age-adjusted Cancer Mortality rate per 100,000 is 156.6. The age-adjusted heart disease mortality rate per 100,000 for Cheyenne County is 153.6.

TAB 10. A recorded 57.0% of Cheyenne County has access to exercise opportunities. Those reported having diabetes was 10.0%. Continually, twenty-seven percent of women in Cheyenne County seek annual mammography screenings compared to the rural norm of 41.6%. Adults who reported having visited a doctor for a routine check-up within the past year was 75.6% compared the rural norm of 75.0%.

Key CHNA Wave #4 Primary Research Conclusions found:

Community Feedback from residents, community leaders and providers (N=205) provided the following community insights via an online perception survey:

- Using a Likert scale, average between Cheyenne County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 69.0%.
- Cheyenne County stakeholders are satisfied with some of the following services: Ambulance Services, Chiropractors, Emergency Room, Inpatient Services, Nursing Home/Senior Care, Outpatient Services, Pharmacy, Primary Care, and Public Health.
- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health, Staffing, Substance Abuse, Access to Child Care, Obesity, Access to Affordable Health Insurance, Healthcare Confidentiality, Economic Development, Access to Visiting Specialists, and Diabetes,

Cheyenne Co KS - CHNA YR 2023 N=276					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health (Diagnosis, Treatment, Aftercare, Providers)	138	14.9%		1
2	Substance Abuse (Drugs & Alcohol)	99	10.7%		3
3	Staffing: Lack of Qualified Healthcare Workers	94	10.1%		2
4	Access to Child Care	89	9.6%		4
5	Obesity (Nutrition & Exercise)	70	7.5%		5
6	Access to Affordable Health Insurance	63	6.8%		6
7	Access to Visiting Specialists	56	6.0%		9
8	Healthcare Confidentiality	53	5.7%		7
9	Diabetes	51	5.5%		10
10	Economic Development	47	5.1%		8
11	Community Health Education	42	4.5%		12
12	Financial Resources	42	4.5%		11
13	Suicide Prevention	36	3.9%		13
14	Food Insecurity	22	2.4%		14
15	Lack of Adequate Medicaid Reimbursement	14	1.5%		16
16	Health Apathy	13	1.4%		15
Totals		929	100.0%		

II. Methodology

[VVV Consultants LLC]

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.).

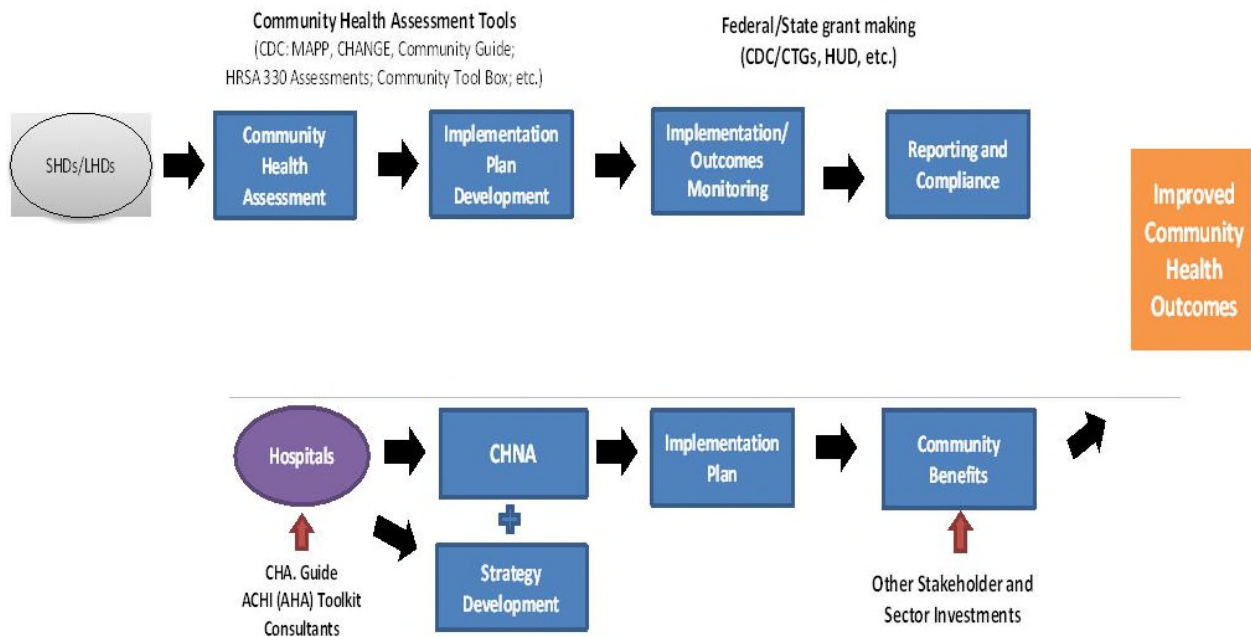
JOB #2: Making a CHNA Widely Available to the Public

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 describe how one or more of the collaborating facilities or organizations plan to address the health need or identify the health need as one the collaborating facilities or organizations do not intend to address. It must also explain why they do not intend to address the health need.

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

Adoption of Implementation Strategy

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

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

New Hospital Organizations

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

New Hospital Facilities

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

Transferred/Terminated Facilities

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

Public Health Criteria:

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

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

DOMAIN 1 includes 4 STANDARDS:

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

Required CHNA Planning Process Requirements:

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

Seven Steps of Public Health Department Accreditation (PHAB):

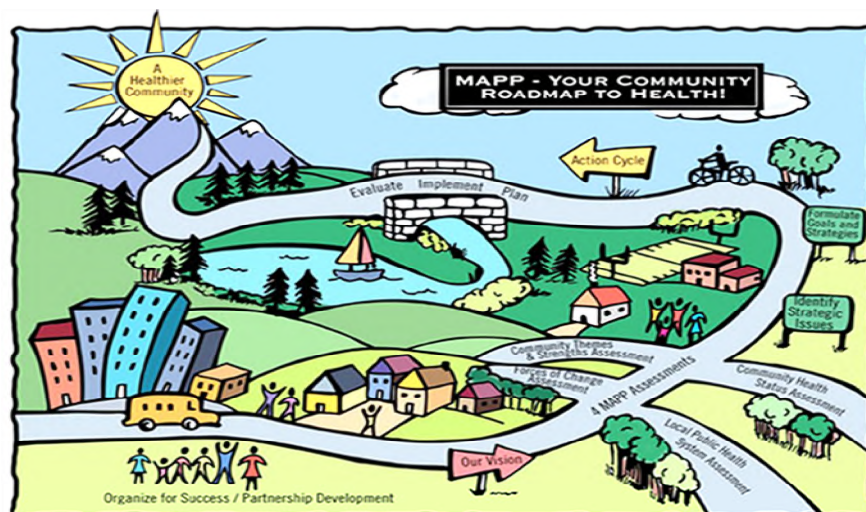
1. Pre-Application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

MAPP Process Overview

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

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

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



Drivers of Health Assessment & Improvement Planning

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

National Voluntary Accreditation Requirements

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

CDC Grant Requirements

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

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

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

Social Determinants of Health

What Are Social Determinants of Health?



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

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

II. Methodology

b) Collaborating CHNA Parties

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

Cheyenne County Hospital Profile

210 W 1st St. St. Francis, KS 67756

CEO: Jeremy Clingenpeel

About Us: Cheyenne County Hospital is a not for profit, Critical Access Hospital. The hospital is licensed for 16 beds and offers Acute Care as well as Swing Bed Care and Obstetrics.

There is a 24-hour Emergency Room, and we have a Level IV Trauma designation.

Has a Laboratory with a full range of services

Diagnostic Imaging including a X-ray, CT, and Ultrasound. Mobile units provide MRI, mammography, Dexa scans, and nuclear medicine imaging.

Cardiopulmonary Department provides cardiac and pulmonary rehab.

The Rehabilitation department provides physical therapy, occupational therapy, speech therapy, women's health services, and has an endless pool for aquatic therapy.

The hospital is leased by Great Plains Health Alliance. The legal name is Great Plains of Cheyenne County Inc., dba Cheyenne County Hospital.

Improving Health through Access to Quality Care is our mission as we serve our county and the surrounding counties located in rural northwestern Kansas, southwestern Nebraska and northeastern Colorado.

CCH is licensed by CMS (Medicare).

Cheyenne County Hospital began in March 1953. It operates the Cheyenne County Clinics in St. Francis and Bird City as well as the County Health Department.

Cheyenne County Hospital is one of the larger employers in Cheyenne County.

Our History: Cheyenne County Hospital is a small rural hospital in the northwestern corner of Kansas. Cheyenne County is in a "four corner" area that is 180 miles from the population centers of Hays, Kansas or Denver, Colorado.

Through the past 70 years we have helped generation after generation achieve better health. Our organization has been striving to serve the needs of our region since we were established. We have set out to make additional improvements that can be seen throughout our community, including in the lives of those we serve. We here at Cheyenne County Hospital are loyal to our community and region and will continue to strive for excellence in healthcare.

Serving The Needs Cheyenne County: Through the sacrifices of many, we have managed to make quality healthcare a reality for Cheyenne County. Being part of the community has been an important goal, and with your help and loyalty we can continue to provide health services that you can depend on.

Mission: "Improving Health through Access to Quality Care."

Vision: "To promote exceptional, team based, rural healthcare!"

Values: Compassion, Integrity, Consistency

Our Progressive Outlook: Our progressive outlook can be seen in the personal care that our patients receive. Find out more about us as well as the many services we offer. At our facility you receive high quality care, close to home!

Services to Meet Patient Needs: It is important for a hospital to have available a variety of services for patients to accommodate all their needs. At Cheyenne County Hospital we understand your concern. Not only do we take care of colds and broken bones, but we also have a variety of specialized medical practices.

- 24 Hour Emergency Services
- Inpatient (Acute and Swingbed)
- County Clinics—St. Francis and Bird City
- County Health Department
- Cardiopulmonary/Respiratory Therapy
- Diagnostic Imaging (X-ray, CT, Ultrasound, MRI, Nuclear Medicine)
- Laboratory Services
- Rehabilitation (Physical Therapy, Occupational Therapy, Speech Therapy, Womens' Health, Aquatic Therapy)
- Obstetrics
- Anesthesia Services
- Mammography
- Dexa scans for osteoporosis
- Mental Health—Senior Life Solutions
- Outpatient Services
- General Surgery
- Cardiology
- Ophthalmology
- Audiology
- Interventional Pain Management
- Sleep Studies
- Center for Wound Healing and Hyperbaric Medicine
- Lifeline

Cheyenne County Health Department Profile

221 West 1st Street, St. Francis, KS 67756

Our mission is "Evaluate, monitor, protect, restore and/or improve the health of all persons within the county by providing health, environmental, and educational services to maintain and promote a healthy lifestyle for individuals, families, and the community." The Cheyenne County Health Department offers many services to the community.

Health Department Information and Services

- Immunizations—child and adult
- Blood sugar screening
- Blood pressure screening
- Oximeter screening
- Hearing screening—child and adult
- Vision screening—child and adult
- Body mass index scoring
- Lead screening
- Hemoglobin screening
- County wellness screenings
- Reportable disease investigation
- Food safety education and referrals
- DCF access point
- Tobacco cessation education
- Health Fair coordinator
- School health consultants
- Emergency Preparedness
- Community Health

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications:

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

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

Introduction: Who We Are

Background and Experience



Vince Vandehaar, MBA – Principal
VVW 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,
– Hometown: Bondurant IA



Cassandra Kahl, BHS – Director, Project Management – Nov 2020
University of Kansas – Health Sciences
Park University - MHA
Hometown: Maple, WI



Hannah Foster MBA – Associate Consultant – April 2022
MO Southern State – Joplin, MO
Avila University – MBA with HC
Hometown: Lee's Summit, MO

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

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

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

Our Values :

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

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

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

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

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

II. Methodology

c) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in December of 2022 for Cheyenne County Hospital (CCH) in Cheyenne County, Kansas to meet Federal IRS CHNA requirements.

In early December 2022, a meeting was called amongst the CCH 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 CCH to request VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

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

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

Hospital : Cheyenne Co Hosp			TOT (IOEC)			
#	ZIP	City	County	Yr20-23	%	Accum
1	67756	St. Francis, KS	Cheyenne	30,229	56.0%	56.0%
2	67731	Bird City, KS	Cheyenne	8,641	16.0%	72.0%
3	67735	Goodland, KS	Sheridan	8,846	16.4%	88.4%
4	67745	Mc Donald, KS	Rawlins	1,510	2.8%	91.2%
		Grand Total		54,000	100%	

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

A) Conduct secondary research to uncover the following historical community health status for the primary service area. Use valid health indicator sources cited to document current state of county health organized as follows:

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

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

Phase III—Quantify Community Need:

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

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

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

Detail CHNA Development Steps Include:

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

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 are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the US Virgin Islands, and Guam.
- The [Selected Metropolitan/ Micropolitan Area Risk Trends](#) project was an outgrowth of BRFSS from the increasing number of respondents who made it possible to produce prevalence estimates for smaller statistical areas.
- [CDC Wonder](#) Databases using a rich ad-hoc query system for the analysis of public health data. Reports and other query systems are also available.
- [Center for Applied Research and Engagement Systems](#)
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](#)
Interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
- [Dartmouth Atlas of Health Care](#)
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](#)
Indicators categorized by topic, geography, and initiative.
- [US Census Bureau](#)
Key source for population, housing, economic, and geographic information.
- [US Food Environment Atlas](#)
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](#)
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](#)
Research, statistics, data, and systems.
- [Healthy People 2030 Leading Health Indicators](#)
Twenty-six leading health indicators organized under 12 topics.
- [Kids Count external icon](#)
Profiles the status of children on a national and state-by-state basis and ranks states on 10 measures of well-being; includes a [mobile site](#).
- [National Center for Health Statistics](#)
Statistical information to guide actions and policies.
- [Pregnancy Risk Assessment and Monitoring System](#)
State-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.
- [Web-based Injury Statistics Query and Reporting System \(WISQARS\)](#)
Interactive database system with customized reports of injury-related data.
- [Youth Risk Behavior Surveillance System](#)
Monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults.

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

Cheyenne County Hospital - Cheyenne County, KS			
VVV CHNA Wave #4 Work Plan - Year 2023			
Project Timeline & Roles - Working Draft as of 3/22/23			
Step	Timeframe	Lead	Task
1	Nov. 2022	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	12/7/2022	Hosp	Select CHNA Wave #4 Option B. Approve (sign) VVV CHNA quote
3	3/1/2023	VVV	Conduct Kickoff Zoom. Send out REQCommInvite Excel file - update PSA Stakeholders Names /Address /Email
4	3/6/2023	VVV	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	By 3/6/2023	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	March-April 2023	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	3/20/2023	VVV / Hosp	Prepare/send out PR story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	By 3/31/2023	VVV / Hosp	Place PR story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	4/3/2023	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 4/24/2023 for Online Survey
10	4/23/2023	Hosp	Prepare/send out Community TOWN HALL invite letter to local stakeholders via email.
11	4/23/2023	VVV / Hosp	Prepare/send out PR story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
12	5/19/2023	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	Thurs May18	VVV	Conduct CHNA Town Hall for Lunch 11:30-1pm (@ Fresh Serve) . Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 6/04/2023	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 6/11/2023	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	On 6/15/2023	Hosp	Conduct Client Implementation Plan PSA Leadership meeting (Tentative Date: 6/17/21)
17	On or before 10/31/23	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

Community Health Needs Assessment Town Hall Meeting – Cheyenne County KS on Behalf of Cheyenne County Hospital



VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

1

CHNA TEAM Tables – Community Discussion

RSVP's Cheyenne Co CHNA Town Hall Thursday 5/18 11:30-1pm

#	Table	Lead	Last	First	Organization	#	Table	Lead	Last	First	Organization
1	A	#	McTague	Daphne	Cheyenne County Village	19	E	#	Blanka	Shawna	Cheyenne County Hospital
2	A		Bosen	Benjamin	Cheyenne County Hospital	20	E		Emerson	Luke	Peace Lutheran
3	A		Ewing	Barbara	Centenarians	21	E		Fernandez	Nichole	Good Samaritan Society NW KS
4	A		Zimbelman	Erika	Cheyenne County Hospital	22	E		Sloper	Carol	GNKWCF
5	B	#	Licke	Heather	Cheyenne County Hospital	23	F		Douglas	Sloper	Retired Citizen
6	B		Ewing-Hayes	Jacque	Family Care Givers	24	F		Johnson	Kim	Cheyenne County EMS
7	B		Keller	Lea		25	F		Klepper	Rod	
8	B		Parsons	Jeffrey	Cheyenne County Hospital	26	F		Norris	Makayla	GNKWCF
9	B		Tice	Heidi	Cheyenne County Hospital	27	G		Murray	Ryan	Cheyenne Co Emergency Serv
10	C	#	Clingenpeel	Jeremy	Cheyenne County Hospital	28	G		Norris	Makayla	Greater NWKS Comm Foundation
11	C		Cahoj	Jesse	Cheyenne County Hospital	29	G		PAUGH	JILL	Cheyenne County EMS
12	C		Lacy	Leslie	Great Plains Health Alliance	30	G		Waters	Judy	
13	C		Milliken	Kelley	CN CO Recovery						
14	D	#	Bandel	Mila	Cheyenne Co Health Dept						
15	D		Bracelin	Sondra	The R.M. Jaqua Abstract Co						
16	D		Bunker	Katie	CCH						
17	D		Milliken	Ruth	Cheyenne County Hospital						
18	D		Penka	Mark	St Francis Community School						

2

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

- I. **Opening / Introductions** (5 mins)
- II. **Review CHNA Purpose and Process** (5 mins)
- III. **Review Current County "Health Status"**
 - Secondary Data by 10 TAB Categories
 - Review Community Feedback Research (40 mins)
- IV. **Collect Community Health Perspectives**
 - Hold Community Voting Activity
 - Determine Most Important Unmet Needs (35 mins)
- V. **Close / Next Steps** (5 mins)

3

Introduction: Who We Are Background and Experience







Vince Vandelaar, 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

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

- University of Kansas – Health Sciences
- Park University - MHA
- Hometown: Maple, WI

McKenzie Green BS – Associate
VVV Consultants LLC – *March 2022*

- Avila University – Business Administration / Marketing Minor
- Currently working on MBA
- Hometown: Leawood, KS

4

Town Hall Participation (You)

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

5

II. Review of a CHNA

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

6

A Conversation with the Community & Stakeholders

Community members and organizations invited to CHNA Town Hall

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

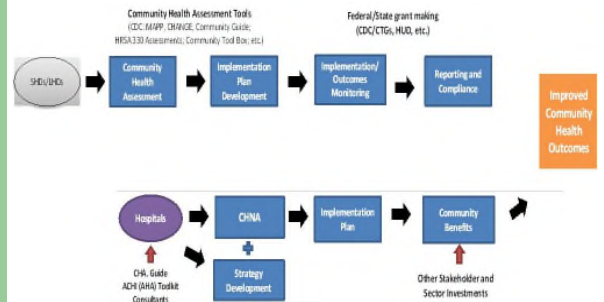
Community leaders and groups: The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs – Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses – owners/CEO's of large businesses (local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

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

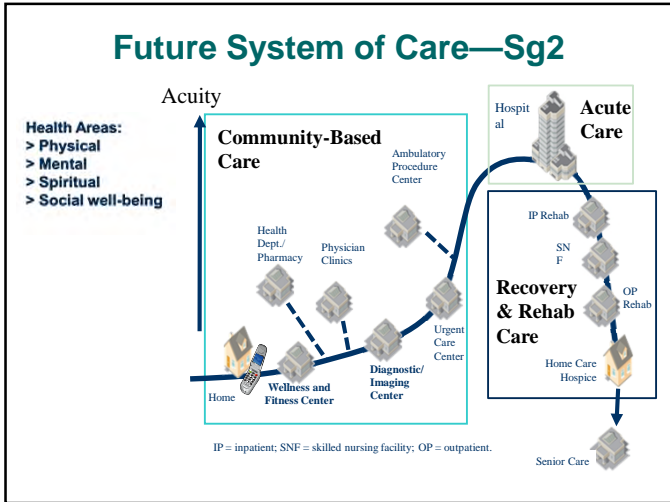
Other providers: Physicians, Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services, Leaders from Catholic Charities and other faith-based service providers, Mental health providers, Oral health providers, Health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

7

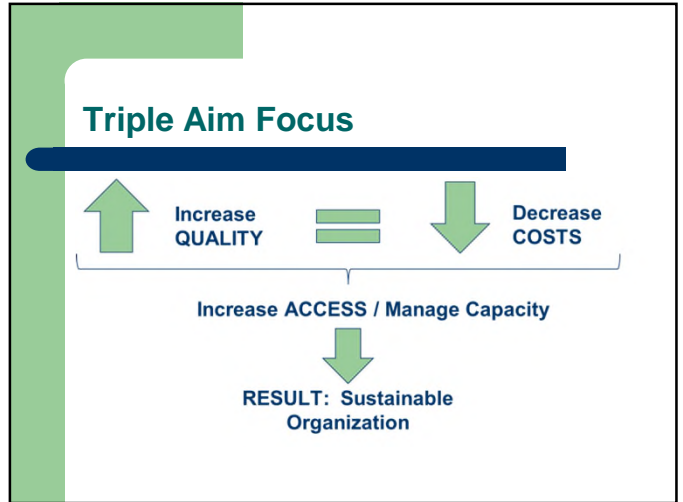
Community Health Needs Assessment Joint Process: Hospital & Local Health Providers



8



9



10

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

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

11

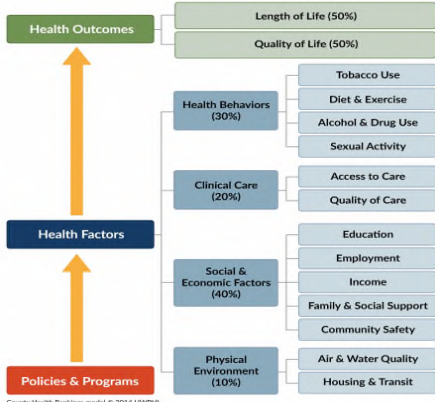
III. Review Current County Health Status: Secondary Data by 10 Tab Categories & State Rankings

Trends: Good Same Poor

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

12

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



13

Focus Area	Measure	Description	Focus Area	Measure	Description
1 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	2b Community safety (5%)	Violent crime	Violent crime rate per 100,000 population
	Drinking water violation	Percent of population potentially exposed to water exceeding a violation limit during the past year		Injury deaths	Injury mortality per 100,000
	Housing and transit (5%)	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	3 Health Outcomes (10%)	
Driving alone to work		Percent of the workforce that drives alone to work	1a Health Behaviors		
Long commutes - driving alone		Among workers who commute in their car alone, the percent that commute more than 30 minutes	2c Clinical Care (20%)		
2a Access to care (10%)	Uninsured	Percent of population under age 65 without health insurance	2b Diet and exercise (10%)	Adult smoking	Percent of adults that report smoking >= 100
	Primary care physicians	Ratio of population to primary care physicians		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 inactivity	Percent of adults aged 20 and over reporting
	Preventable hospitalizations	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees		Access to exercise opportunities	Percent of the population with adequate access to locations for physical activity
Quality of care (10%)	Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c screening	Alcohol and drug use (5%)	Excessive drinking	Binge plus heavy drinking
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening		Alcohol-impaired driving deaths	Percent of driving deaths with alcohol involvement
	2b Social and Economic Environment (40%)			Sexually transmitted infections	Chlamydia rate per 100,000 population
Education (10%)	High school graduation	Percent of ninth grade cohort that graduates in 4 years	3b / 3c Morbidity / Mortality	Quality of life (50%)	
	Some college	Percent of adults aged 25-44 years with some post-secondary education		Poor or fair health	Percent of adults reporting fair or poor health (age-adjusted)
	Unemployment	Percent of population age 16+ unemployed but seeking work		Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
Employment (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)	
Income (10%)	Inadequate social support	Percent of adults without social/emotional support	Low birthweight	Percent of live births with low birthweight (< 5,000 grams)	
Family and social support (5%)	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)

14

IV. Collect Community Health Perspectives Thoughts/Opinions?

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

15

Community Health Needs Assessment

Questions?
Next Steps?



VVV Consultants LLC
601 N Mahaffie
Olathe, KS 66061

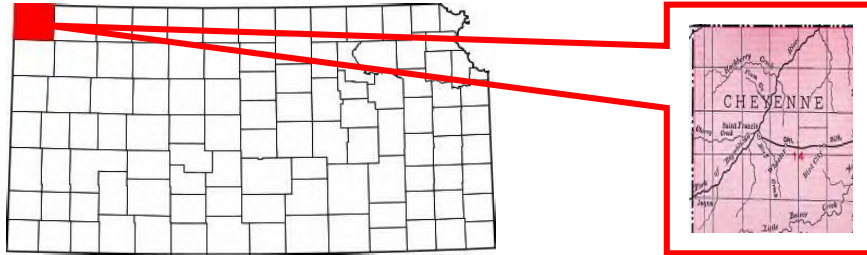
VVV@VandelaarMarketing.com
MEG@VandelaarMarketing.com
(913) 302-7264

16

II. Methodology

d) Community Profile (A Description of Community Served)

Cheyenne County, Kansas Community Profile



The population of Cheyenne County was estimated to be 2,579 citizens as of July 2022 and a population density of 3 persons per square mile. Cheyenne County's major cities are St. Francis and Bird City. U.S. Route 36 goes horizontally throughout the entire county. Cheyenne County Hospital is located north of U.S. Route 36.

Cheyenne County (KS): Public Airports¹

Name

[Bressler Field](#)

[Bursch Private Airport](#)

[Cheyenne County Municipal Airport](#)

Cheyenne County (KS): Public Schools²

Name	Level
Cheylin Elementary	Elementary
Cheylin Jr/Sr High	High
St. Francis Elem	Elementary
St. Francis High	High

¹ <https://kansas.hometownlocator.com/features/cultural,class,public%20and%20private%20airports,fcode,20000,scfips,20023.cfm>

² <https://kansas.hometownlocator.com/schools/sorted-by-county,n,cheyenne.cfm>

Cheyenne County, KS - Detail Demographic Profile

	ZIP	NAME	County	Population			Households		HH	Per Capita
				Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
1	67731	Bird City	CHEYENNE	674	666	-1.19%	304	303	2.2	\$28,531
2	67756	Saint Francis	CHEYENNE	1,966	1,940	-1.32%	942	940	2.0	\$28,328
Totals				2,640	2,606	-1.29%	1,246	1,243	2.1	\$28,430

	ZIP	NAME	County	Population				Year 2020		Females
				Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
1	67731	Bird City	CHEYENNE	674	182	176	61	49	330	53
2	67756	Saint Francis	CHEYENNE	1,966	660	444	167	54	976	156
Totals				2,640	842	620	228	104	1,306	209

	ZIP	NAME	County	Population 2020				Average Households 2020		
				Caucasian	African Amer	Amer Ind.	Hispanic	HH 2020	Med \$ HH	# HH \$50K+
1	67731	Bird City	CHEYENNE	94.81%	0.15%	0.45%	12.02%	304	\$47,241	153
2	67756	Saint Francis	CHEYENNE	97.81%	0.05%	0.15%	4.27%	942	\$44,860	441
Totals				96.31%	0.10%	0.30%	8.15%	1246	\$46,051	594

Source: ERSI Demographics

III. Community Health Status

[VVV Consultants LLC]

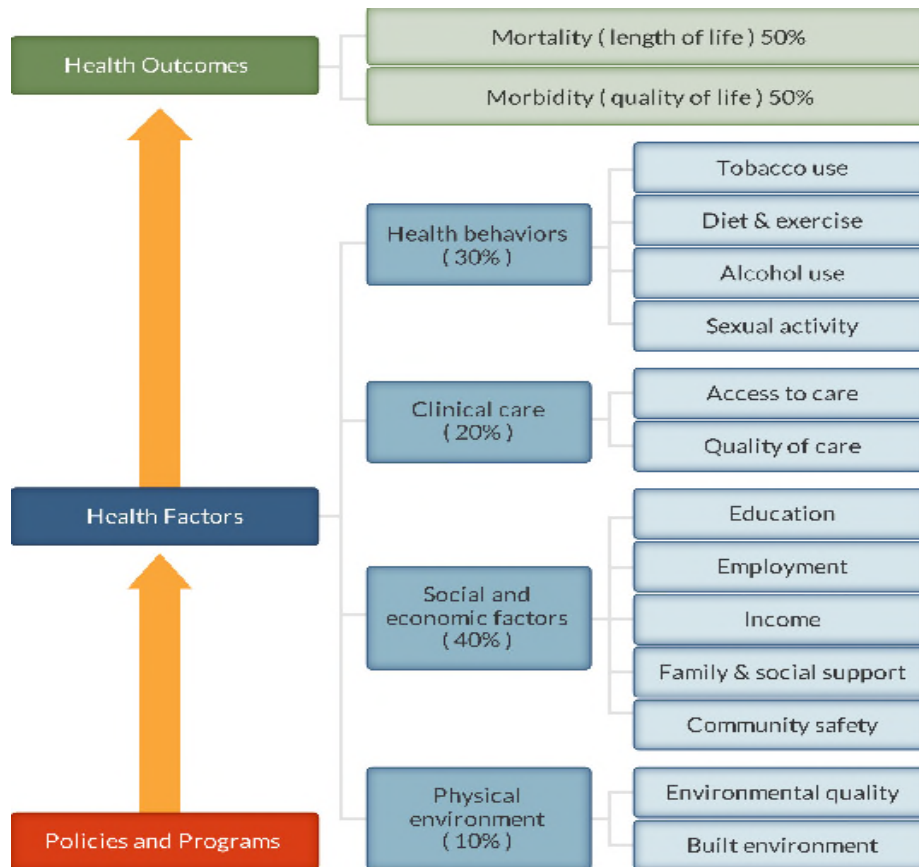
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2020 RWJ County Health Rankings and conversations from Town Hall 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 2022 RWJ Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Cheyenne Co, KS	TREND	KS Rural 16 Norm
1	Health Outcomes		62		40
2	Mortality	Length of Life	44		44
3	Morbidity	Quality of Life	61		38
4	Health Factors		39		29
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	32		43
6	Clinical Care	Access to care / Quality of Care	72		41
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	54		33
8	Physical Environment	Environmental quality	4		23
KS Rural 16 Norm includes the following counties: Chyenne, Decatur, Ellis, Gove, Logan, Mitchell, Norton, Pawnee, Phillips, Rawlins, Rooks, Russell, Sheridan, Sherman, Smith, and Thomas.					
http://www.countyhealthrankings.org , released 2023					

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.

Tab		Demographic - Health Indicators	Cheyenne Co , KS	Trend	State of KS	KS Rural Norm (16)	Source
1	a	Population estimates, July 1, 2021, (V2021)	2,633		2,937,922	5,981	People Quick Facts
	b	Population, percent change - April 1, 2020 (estimates base) to July 1, 2021, (V2021)	0.6%		NA	-0.6%	People Quick Facts
	d	Persons under 5 years, percent, 2017-2021	5.9%		6.1%	5.9%	People Quick Facts
	e	Persons 65 years and over, percent, 2017-2021	27.6%		16.7%	23.6%	People Quick Facts
	f	Female persons, percent, 2017-2021	49.3%		49.9%	48.8%	People Quick Facts
	g	White alone, percent, 2017-2021	96.4%		86.0%	95.1%	People Quick Facts
	h	Black or African American alone, percent, 2017-2021	0.7%		6.2%	1.4%	People Quick Facts
	i	Hispanic or Latino, percent, 2017-2021	7.8%		12.7%	5.8%	People Quick Facts
	j	Language other than English spoken at home, percent of persons age 5 years+, 2017-2021	7.6%		11.8%	4.1%	People Quick Facts
	k	Living in same house 1 year ago, percent of persons age 1 year+, 2017-2021	91.0%		84.3%	86.6%	People Quick Facts
	l	Children in single-parent households, percent, 2017-2021	26.0%		21.0%	17.1%	County Health Rankings
	m	Veterans, 2017-2021	127		167,573	335	People Quick Facts

Tab 2: Economic Profile

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

Tab		Economic - Health Indicators	Cheyenne Co , KS	Trend	State of KS	KS Rural Norm (16)	Source
2	a	Per capita income in past 12 months (in 2020 dollars), 2017-2021	\$31,826		\$34,968	\$31,599	People Quick Facts
	b	Persons in poverty, percent, 2021	13.8%		11.7%	11.8%	People Quick Facts
	c	Housing units, July 1, 2021, (V2021)	1,462		1,284,344	2,986	People Quick Facts
	d	Persons per household, 2017-2021	2.1		2.5	2.3	People Quick Facts
	e	Severe housing problems, percent, 2015-2019	6.0%		13.0%	8.8%	County Health Rankings
	f	Total employer establishments, 2020	110		73,982	228	People Quick Facts
	g	Unemployment, percent, 2021	1.8%		3.2%	2.0%	County Health Rankings
	h	Food insecurity, percent, 2020	10.0%		10.0%	9.9%	County Health Rankings
	i	Limited access to healthy foods, percent, 2019	8.0%		8.0%	12.0%	County Health Rankings
	j	Long commute - driving alone, percent, 2017-2021	16.0%		22.0%	15.6%	County Health Rankings

Tab 3: Educational Profile

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

Tab	Education - Health Indicator	Cheyenne Co , KS	Trend	State of KS	KS Rural Norm (16)	Source
3	a Children eligible for free or reduced price lunch, percent, 2020-2021	54.0%		45.0%	44.5%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2017-2021	92.1%		91.6%	92.8%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2017-2021	21.6%		34.4%	23.5%	People Quick Facts

#	School District Indicators - 2023	ST FRANCIS COMM USD 297	CHEYLIN USD 103
1	Total Public School Nurses	0	0
2	School nurse is part of the IEP team	No	No
3	School Wellness Plan in place	No	No
4	VISION: # Screened / Referred to Prof / Seen by Professional	299/5/NA	159/2/NA
5	HEARING: # Screened / Referred to Prof / Seen by Professional	299/7/NA	159/4/NA
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	299/17/NA	159/13/NA
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	Do Not Screen	Do Not Screen
8	Students served with no identified chronic health concerns	NA	NA
9	School has a Suicide Prevention Program	No	No
10	Compliance on required vaccinations	86.2%	86.2%

Tab 4: Maternal / Infant Profile

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

Tab	Maternal/Infant - Health Indicators	Cheyenne Co , KS	Trend	State of KS	KS Rural Norm (16)	Source
4	a Percent of Births Where Prenatal Care began in First Trimester, 2018-2020 (2021)	82.9%		81.0%	82.7%	Kansas Health Matters
	b Percentage of Premature Births, 2018-2020 (2021)	14.8%		9.8%	10.1%	Kansas Health Matters
	c Percent of Infants up to 24 months that received full Immunizations, 2017-2018 (2021)	87.5%		71.1%	82.9%	Kansas Health Matters
	d Percent of Births with Low Birth Weight, 2018-2020 (2021)	10.2%		7.4%	7.7%	Kansas Health Matters
	f Percent of all Births Occurring to Teens (15-19), 2018-2020	8.3%		5.2%	5.5%	Kansas Health Matters
	g Percent of births Where Mother Smoked During Pregnancy, 2018-2020	NA		8.7%	12.7%	Kansas Health Matters

#	Criteria - Vital Statistics	Cheyenne Co KS	Trend	Kansas	KS Rural Norm
a	Total Live Births, 2017	11.2		12.5	11.6
b	Total Live Births, 2018	7.9		12.5	11.5
c	Total Live Births, 2019	11.7		12.1	10.9
d	Total Live Births, 2020	13.8		11.8	10.7
e	Total Live Births, 2021	14.1		11.8	11.6
g	Total Live Births, 2017- 2021 - Five year Rate (per 1,000)	11.7		12.1	11.3

Source: Kansas Department of Health and Environment

Tab 5: Hospitalization and Provider Profile

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

Tab	Hospital/Provider - Health Indicator	Cheyenne Co , KS	Trend	State of KS	KS Rural Norm (16)	Source
5	a Primary care physicians (Pop Coverage per) (MD / DO only -No extenders incl.) , 2020	2600:1		1260:1	1777:1	County Health Rankings
	b Preventable hospital rate per 100,000, 2020 (lower the better)	3,429		2,708	3,069	County Health Rankings
	c Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	71.0%		71.0%	73.8%	CMS Hospital Compare, Latest Release
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	75.0%		70.0%	73.2%	CMS Hospital Compare, Latest Release
	e Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	131		120	116	CMS Hospital Compare, Latest Release

Tab 6: Behavioral / Mental Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Mental - Health Indicator	Cheyenne Co , KS	Trend	State of KS	KS Rural Norm (16)	Source
6	a Depression: Medicare Population, percent, 2018 (2021)	13.0%		18.0%	16.3%	Kansas Health Matters
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2018-2020 (lower is better)	NA		18.0	4.1	Kansas Health Matters
	c Mental Behavioral Hospital Admission Rates per 10,000, 2018-2020	27.5		70.6	28.3	Kansas Health Matters
	k Percent of Medicare Part D Beneficiaries Receiving Opioids Supply >10 Days 2017 (2021)	43.7%		37.8%	40.3%	Kansas Health Matters
	d Average Number of mentally unhealthy days, 2020	4.4		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.

Tab	High-Risk - Health Indicator	Cheyenne Co , KS	Trend	State of KS	KS Rural Norm (16)	Source
7a	a Adult obesity, percent, 2020	37.0%		36.0%	36.8%	County Health Rankings
	b Adult smoking, percent, 2020	19.0%		17.0%	18.8%	County Health Rankings
	c Excessive drinking, percent, 2020	19.0%		20.0%	19.7%	County Health Rankings
	d Physical inactivity, percent, 2020	24.0%		21.0%	23.1%	County Health Rankings
	e # of Physically unhealthy days, 2020	3.1		2.8	3.0	County Health Rankings
	f Sexually transmitted infections (chlamydia), rate per 100,000 - 2020	NA		501.8	246.5	County Health Rankings

Tab 7b: Chronic Risk Profile

Tab	Chronic - Health Indicator	Cheyenne Co , KS	Trend	State of KS	KS Rural Norm (16)	Source
7b	a Hypertension: Medicare Population, 2018 (2021)	59.0%		66.0%	66.6%	Kansas Health Matters
	b Hyperlipidemia: Medicare Population, 2018 (2021)	39.0%		45.0%	55.7%	Kansas Health Matters
	c Heart Failure: Medicare Population, 2018 (2021)	10.0%		11.0%	13.4%	Kansas Health Matters
	d Chronic Kidney Disease: Medicare Pop, 2018 (2021)	7.0%		16.0%	15.3%	Kansas Health Matters
	e COPD: Medicare Population, 2018 (2021)	11.0%		12.0%	15.0%	Kansas Health Matters
	f Atrial Fibrillation: Medicare Population, 2018 (2021)	16.0%		8.9%	16.3%	Kansas Health Matters
	g Cancer: Medicare Population, 2018 (2021)	8.0%		8.2%	10.7%	Kansas Health Matters
	h Osteoporosis: Medicare Population, 2018 (2021)	10.0%		6.4%	12.4%	Kansas Health Matters
	i Asthma: Medicare Population, 2018 (2021)	3.0%		4.2%	5.1%	Kansas Health Matters
	j Stroke: Medicare Population, 2018 (2021)	5.0%		3.2%	4.4%	Kansas Health Matters

Tab 8: Uninsured Profile and Community Benefit

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

Tab	Coverage - Health Indicator	Cheyenne Co , KS	Trend	State of KS	KS Rural Norm (16)	Source
8	a Uninsured, percent, 2020	12.0%		10.0%	10.7%	County Health Rankings

CHNA 2023 Source: Internal Hospital Records				
	Cheyenne County Hospital	YR 2022	YR 2021	YR 2020
1	Bad Debt	\$362,812	\$385,253	\$356,300
2	Charity Care	\$169,538	\$169,887	\$252,721

Source: Cheyenne County Health Dept - Internal Records				
	Cheyenne Co Health Dept Community Benefits	YR 2022	YR 2021	YR 2020
1	Core Community Public Health	1640	2153	1920
2	Immunization/Vaccine \$\$ From VFC (State)	\$ 19,854.48	\$ 26,932.68	\$ 31,736.43
	Immunization # Given VFC (State)	347	458	522
	Immunization/Vaccine \$\$ Revenue VFC (State)	\$ 8,675.00	\$ 9,160.00	\$ 10,440.00
	Immunization/Vaccine \$\$ Cost Private Vaccine	\$ 107,388.97	\$ 108,020.54	\$ 90,909.80
	Immunization/Vaccine # Given Private Vaccine	1,162	1,985	1,288
	Immunization/Vaccine \$\$ Revenue from Private	\$ 166,242.00	\$ 222,555.00	\$ 143,607.00
3	Screenings: Blood pressure / Blood Sugar	337	189	283
4	Vaccine ## - received from State	470	499	370
5	Other Services:			
	Adult Health #	240	348	160
	Early Dectectin Works Cancer Screening #	14	94	50
	Vision, Hearing, Lead Screening- MCH #	862	697	702
	School Nurse Screenings, Physicals, Programs	465	394	410
	Tuberculosis Screening #	89	70	30
	Disease Surveillance #	641	996	754
	Tobacco Prevention #	150	188	102
	Homemaker: Other funding not from State	\$0	\$0	\$0
	Child Burial Grant	\$0	\$0	\$0
	Medicaid \$\$	N/A	N/A	N/A
	Medicare Flu	\$20,560	\$22,640	\$26,640
	County Funding	\$11,000	\$11,000	\$11,000
	Other/Misc Funding	\$10,000	\$5,000	\$10,000
	Immunization Actin Plan	\$1,893	\$1,893	\$1,893
	State Formula	\$7,000	\$12,000	\$7,000
	Emergency Preparedness	\$9,358	\$9,358	\$9,358
	NWBT Emergency Preparedness	\$2,600	\$3,336	\$2,400
	Maternal/Child Health	\$0	\$0	\$0
7	WIC Administration	\$0	\$0	\$0

Tab 9: Mortality Profile

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

Tab	Mortality - Health Indicator	Cheyenne Co , KS	Trend	State of KS	KS Rural Norm (16)	Source
9	a Life Expectancy, 2018-2020 (2021)	78.3	Green	77.8	77.9	Kansas Health Matters
	b Age-adjusted Cancer Mortality Rate per 100,000 population, 2018-2020 (lower is better)	156.6	Red	151.4	148.7	Kansas Health Matters
	c Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2018-2020 (lower is better)	153.6	Yellow	162.0	154.7	Kansas Health Matters
	d Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2018-2020 (Lower is better)	42.4	Yellow	47.1	42.5	Kansas Health Matters
	e Alcohol-impaired driving deaths, percent, 2016-2020 (2021)	NA		19.0%	21.9%	County Health Rankings

Causes of Death by County of Residence, KS 2020	Cheyenne Co	%	Trend	Kansas	%
TOTAL	55	100.0%		31,667	100.0%
Other causes	24	43.6%	Red	9,226	29.1%
Heart disease	12	21.8%	Red	6,202	19.6%
Ischemic Heart Disease	11	20.0%	Red	3,641	11.5%
Cancer	7	12.7%	Yellow	5,471	17.3%
Cerebrovascular disease (Stroke)	3	5.5%	Red	1,361	4.3%
Chronic lower respiratory diseases	3	5.5%	Yellow	1,630	5.1%

Tab 10: Preventive Quality Measures Profile

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

Tab	Preventative - Health Indicator	Cheyenne Co , KS	Trend	State of KS	KS Rural Norm (16)	Source
10	a Access to exercise opportunities, percent, 2022 & 2020	57.0%	Yellow	80.0%	60.1%	County Health Rankings
	b Adults with diabetes, monitoring, percent, 2020	10.0%	Red	10.0%	9.4%	County Health Rankings
	c Mammography annual screening, percent, 2020	27.0%	Red	42.0%	41.6%	County Health Rankings
	d Adults that report having visited a doctor for a routine check-up within the past year, percent, 2019	75.6%	Green	NA	75.0%	Kansas Health Matters
	e Adults who visited a dentist or dental clinic in the past year, percent, 2020	63.8%	Yellow	NA	64.5%	Kansas Health Matters
	f Percent Annual Check-Up Visit with Eye Doctor	NA		NA	NA	TBD

PSA Primary Research:

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

Chart #1 – Cheyenne Co KS PSA Online Feedback Response (N=276)

Cheyenne Co KS - CHNA YR 2023			
For reporting purposes, are you involved in or are you a ...? (Check all that apply)	Cheyenne Co KS N=276	Trend	Wave 4 Norms N=10,098
Business / Merchant	9.7%		8.8%
Community Board Member	8.1%		7.7%
Case Manager / Discharge Planner	1.0%		0.8%
Clergy	0.6%		1.3%
College / University	1.9%		2.7%
Consumer Advocate	2.6%		1.5%
Dentist / Eye Doctor / Chiropractor	0.6%		0.7%
Elected Official - City/County	0.6%		1.7%
EMS / Emergency	0.6%		2.2%
Farmer / Rancher	11.6%		5.9%
Hospital / Health Dept	11.6%		15.1%
Housing / Builder	1.3%		0.8%
Insurance	0.6%		1.0%
Labor	3.9%		2.5%
Law Enforcement	0.3%		1.0%
Mental Health	1.3%		1.9%
Other Health Professional	3.9%		9.5%
Parent / Caregiver	15.8%		14.0%
Pharmacy / Clinic	2.6%		2.0%
Media (Paper/TV/Radio)	1.0%		0.6%
Senior Care	4.8%		3.1%
Teacher / School Admin	5.2%		5.7%
Veteran	3.5%		2.7%
Other (please specify)	6.8%		6.8%
TOTAL	276		9386
<small>Norms: KS Counties: Atchinson, Brown, Cheyenne, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; MO Counties: Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; IA Counties: Cass, Cherokee, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; NE Counties: Custer, Gage, Furnis; WI County: Rock</small>			

Chart #2 - Quality of Healthcare Delivery Community Rating

Cheyenne Co KS - CHNA YR 2023			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Cheyenne Co KS = 276	Trend	Wave 4 Norms N=10,098
Top Box %	31.7%		24.5%
Top 2 Boxes %	69.0%		66.0%
Very Good	31.7%		24.5%
Good	37.3%		41.5%
Average	28.8%		26.0%
Poor	2.2%		6.2%
Very Poor	0.0%		1.8%
Valid N	276		10,026
<small>Norms: KS Counties: Atchinson, Brown, Cheyenne, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; MO Counties: Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; IA Counties: Cass, Cherokee, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; NE Counties: Custer, Gage, Furnis; WI County: Rock</small>			

Chart #3 – Overall Community Health Quality Trend

Cheyenne Co KS - CHNA YR 2023			
When considering "overall community health quality", is it...	Cheyenne Co KS N=276	Trend	Wave 4 Norms N=10,098
Increasing - moving up	50.2%		41.6%
Not really changing much	42.0%		45.7%
Decreasing - slipping	7.8%		12.7%
Valid N	276		9,045
<small>Norms: KS Counties: Atchinson, Brown, Cheyenne, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; MO Counties: Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; IA Counties: Cass, Cherokee, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; NE Counties: Custer, Gage, Furnis; WI County: Rock</small>			

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

Cheyenne Co KS - CHNA YR 2023 N=276					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health (Diagnosis, Treatment, Aftercare, Providers)	138	14.9%		1
2	Substance Abuse (Drugs & Alcohol)	99	10.7%		3
3	Staffing: Lack of Qualified Healthcare Workers	94	10.1%		2
4	Access to Child Care	89	9.6%		4
5	Obesity (Nutrition & Exercise)	70	7.5%		5
6	Access to Affordable Health Insurance	63	6.8%		6
7	Access to Visiting Specialists	56	6.0%		9
8	Healthcare Confidentiality	53	5.7%		7
9	Diabetes	51	5.5%		10
10	Economic Development	47	5.1%		8
11	Community Health Education	42	4.5%		12
12	Financial Resources	42	4.5%		11
13	Suicide Prevention	36	3.9%		13
14	Food Insecurity	22	2.4%		14
15	Lack of Adequate Medicaid Reimbursement	14	1.5%		16
16	Health Apathy	13	1.4%		15
Totals		929	100.0%		

Chart #5 - Community Health Needs Assessment “Causes of Poor Health”

Cheyenne Co KS - CHNA YR 2023			
In your opinion, what are the root causes of "poor health" in our community?	Cheyenne Co KS N=276	Trend	Wave 4 Norms N=10,098
Chronic disease prevention	14.7%		11.2%
Lack of health & Wellness Education	15.3%		13.8%
Lack of Nutrition / Exercise Services	13.3%		10.7%
Limited Access to Primary Care	4.8%		7.3%
Limited Access to Specialty Care	9.0%		8.6%
Limited Access to Mental Health Assistance	15.3%		17.6%
Family assistance programs	4.0%		5.7%
Lack of health insurance	11.8%		14.1%
Neglect	11.8%		11.1%
Total Votes	276		16,610
<small>Norms: KS Counties: Atchinson, Brown, Cheyenne, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; MO Counties: Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; IA Counties: Cass, Cherokee, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; NE Counties: Custer, Gage, Furnis; WI County: Rock</small>			

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

Cheyenne Co KS - CHNA YR 2023	Cheyenne Co KS N=276		Trend	Wave 4 Norms N=10,098	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?					
Ambulance Services	88.8%	2.8%		79.7%	5.6%
Child Care	37.8%	12.4%		39.9%	17.8%
Chiropractors	75.0%	4.8%		68.4%	6.6%
Dentists	61.7%	13.4%		66.3%	11.4%
Emergency Room	84.8%	3.3%		68.3%	11.3%
Eye Doctor/Optomtrist	68.1%	8.1%		70.8%	8.6%
Family Planning Services	31.3%	16.8%		36.5%	19.7%
Home Health	54.7%	9.5%		52.6%	11.7%
Hospice	62.7%	7.5%		62.5%	9.2%
Telehealth	39.0%	14.4%		46.2%	14.3%
Inpatient Services	78.3%	1.5%		71.9%	8.2%
Mental Health	30.1%	26.5%		25.5%	36.6%
Nursing Home/Senior Living	69.6%	4.9%		48.5%	15.9%
Outpatient Services	74.6%	3.0%		70.8%	5.8%
Pharmacy	86.5%	2.9%		82.8%	3.2%
Primary Care	81.6%	1.4%		72.4%	7.3%
Public Health	73.5%	4.0%		55.5%	10.3%
School Health	50.3%	13.5%		56.7%	9.1%
Visiting Specialists	63.3%	9.0%		61.6%	10.7%

Chart #7 – Community Health Readiness

Cheyenne Co KS - CHNA YR 2023		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Cheyenne Co KS N=276	Trend	Wave 4 Norms N=10,098
Behavioral / Mental Health	24.4%		36.1%
Emergency Preparedness	5.1%		10.6%
Food and Nutrition Services/Education	12.8%		17.9%
Health Screenings (as asthma, hearing, vision, scoliosis)	5.1%		12.5%
Prenatal/Child Health Programs	6.6%		14.0%
Substance Use/Prevention	29.4%		37.1%
Suicide Prevention	27.2%		38.5%
Violence Prevention	27.8%		36.5%
Women's Wellness Programs	14.1%		19.7%

Norms: **KS Counties:** Atchinson, Brown, Cheyenne, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; **MO Counties:** Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; **IA Counties:** Cass, Cherokee, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; **NE Counties:** Custer, Gage, Furnis; **WI County:** Rock

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

Specialties:

Cheyenne Co KS - CHNA YR 2023			
In the past 2 years, did you or someone you know receive HC outside of our community?	Cheyenne Co KS N=276	Trend	Wave 4 Norms N=10,098
Yes	70.7%		69.5%
No	29.3%		30.5%

Norms: **KS Counties:** Atchinson, Brown, Cheyenne, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; **MO Counties:** Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; **IA Counties:** Cass, Cherokee, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; **NE Counties:** Custer, Gage, Furnis; **WI County:** Rock

Specialty	Counts
ORTH	14
SUR	10
CARD	7
DENT	7
ENT	5
OBG	5
OPHT	5
MAMO	4
PRIM	4

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

Cheyenne Co KS - CHNA YR 2023			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Cheyenne Co KS N=276	Trend	Wave 4 Norms N=10,098
Yes	63.5%		54.7%
No	36.5%		45.3%

Norms: **KS Counties:** Atchinson, Brown, Cheyenne, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; **MO Counties:** Bates, Benton, Carroll, Caldwell, Cedar, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; **IA Counties:** Cass, Cherokee, Decatur, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; **NE Counties:** Custer, Gage, Furnis; **WI County:** Rock

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

Cheyenne Co KS - CHNA YR 2023			
What needs to be discussed further at our CHNA Town Hall meeting? Top 3	Cheyenne Co KS N=276	Trend	Wave 4 Norms N=10,098
Abuse/Violence	3.6%		4.1%
Alcohol	2.9%		3.6%
Alternative Medicine	3.3%		3.1%
Breast Feeding Friendly Workplace	4.4%		2.1%
Cancer	9.9%		5.3%
Care Coordination	1.1%		2.1%
Diabetes	4.8%		2.6%
Drugs/Substance Abuse	2.4%		4.7%
Family Planning	3.6%		2.5%
Heart Disease	6.7%		4.0%
Lack of Providers/Qualified Staff	1.9%		3.3%
Lead Exposure	1.7%		1.6%
Mental Illness	1.8%		5.5%
Neglect	4.3%		3.1%
Nutrition	5.6%		4.7%
Obesity	0.3%		3.1%
Occupational Medicine	2.3%		1.2%
Ozone (Air)	4.1%		2.0%
Physical Exercise	4.3%		4.5%
Poverty	0.8%		2.8%
Preventative Health / Wellness	0.4%		2.7%
Respiratory Disease	6.2%		2.0%
Sexually Transmitted Diseases	2.4%		2.9%
Smoke-Free Workplace	5.0%		2.4%
Suicide	1.0%		4.0%
Teen Pregnancy	3.3%		3.9%
Telehealth	1.3%		2.4%
Tobacco Use	2.9%		2.2%
Transporation	1.8%		2.4%
Vaccinations	1.1%		3.2%
Water Quality	1.3%		2.1%
Health Literacy	2.7%		2.7%
Other (please specify)	0.9%		1.4%
TOTAL Votes	276		32,425

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Healthcare Services - Cheyenne County, KS				
Cat	Healthcare Services Offered in County	Hospital	Health Dept.	Other
Clinic	Primary Care	Yes		Yes
Hosp	Alzheimer Center			Yes
Hosp	Ambulatory Surgery Centers			
Hosp	Arthritis Treatment Center			
Hosp	Bariatric / Weight Control Services	Yes		
Hosp	Birthing / LDR / LDRP Room	Yes		
Hosp	Breast Cancer Services			
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	Yes		
Hosp	Cardiac Surgery			
Hosp	Cardiology Services	Yes		
Hosp	Case Management	Yes		Yes
Hosp	Chaplaincy / Pastoral Care			Yes
Hosp	Chemotherapy			
Hosp	Colonoscopy	Yes		
Hosp	Crisis Prevention			Yes
Hosp	CT Scanner	Yes		
Hosp	Diagnostic Radioisotope Facility	Yes		
Hosp	Diagnostic / Invasive Catheterization			
Hosp	Electron Beam Computed Tomography (EBCT)			
Hosp	Enrollment Assistance	Yes		Yes
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			
Hosp	Fertility Clinic			
Hosp	Full Field Digital Mammography (FFDM)			Yes
Hosp	Genetic Testing / Counseling	Yes		
Hosp	Geriatric Services	Yes	Yes	Yes
Hosp	Heart Services			
Hosp	Hemodialysis			
Hosp	HIV / AIDS Services			
Hosp	Image-Guided Radiation Therapy (IGRT)			
Hosp	Inpatient Acute Care Services	Yes		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161			
Hosp	Intensive Care Unit			
Hosp	Intermediate Care Unit			
Hosp	Interventional Cardiac Catheterization			
Hosp	Isolation Room	Yes		
Hosp	Kidney Services			
Hosp	Liver Services			
Hosp	Lung Services			
Hosp	Magnetic Resonance Imaging (MRI)	Yes		
Hosp	Mammograms	Yes		Yes
Hosp	Mobile Health Services			
Hosp	Multi-slice Spiral Computed Tomography (<64 Slice CT)			
Hosp	Multi-slice Spiral Computed Tomography (64+ Slice CT)	Yes		
Hosp	Neonatal Services			
Hosp	Neurological services			
Hosp	Obstetrics Services	Yes		
Hosp	Occupational Health Services			
Hosp	Oncology Services			

Inventory of Healthcare Services - Cheyenne County, KS				
Cat	Healthcare Services Offered in County	Hospital	Health Dept.	Other
Hosp	Orthopedic Services			
Hosp	Outpatient Surgery	Yes		
Hosp	Pain Management	Yes		
Hosp	Palliative Care Program			Yes
Hosp	Pediatric Services	Yes		
Hosp	Physical Rehabilitation	Yes		
Hosp	Positron Emission Tomography (PET)			
Hosp	Positron Emission Tomography / CT (PET / CT)			
Hosp	Psychiatric Services	Yes		Yes
Hosp	Radiology, Diagnostic	Yes		
Hosp	Radiology, Therapeutic			
Hosp	Reproductive Health	Yes		
Hosp	Robotic Surgery			
Hosp	Shaped Beam Radiation System 161			
Hosp	Single Photon Emission Computerized Tomography			
Hosp	Sleep Center	Yes		
Hosp	Social Work	Yes	Yes	Yes
Hosp	Sports Medicine			
Hosp	Stereotactic Radiosurgery			
Hosp	Swing Bed Services	Yes		
Hosp	Transplant Services			
Hosp	Trauma Center -Level IV	Yes		
Hosp	Ultrasound	Yes		
Hosp	Women's Health Services	Yes		
Hosp	Wound Care	Yes		
SR	Adult Day Care Program			Yes
SR	Assisted Living			Yes
SR	Home Health			Yes
SR	Hospice			Yes
SR	Long-term Care			Yes
SR	Nursing Home			Yes
SR	Retirement Housing			Yes
SR	Skilled Nursing Care	Yes		Yes
ER	Emergency Services	Yes		
ER	Urgent Care Center			
ER	Ambulance Services			Yes
SERV	Alcoholism-Drug Abuse Services			Yes
SERV	Blood Donor Center			
SERV	Chiropractic Services			Yes
SERV	Complementary Medicine Services			Yes
SERV	Dental Services		Yes	Yes
SERV	Fitness Center	Yes		Yes
SERV	Health Education Classes	Yes	Yes	Yes
SERV	Health Fair	Yes	Yes	
SERV	Health Information Center		Yes	Yes
SERV	Health Screenings	Yes	Yes	Yes
SERV	Meals on Wheels			Yes
SERV	Nutrition Program	Yes	Yes	Yes
SERV	Patient Education Center		Yes	Yes
SERV	Support Groups			Yes

Inventory of Healthcare Services - Cheyenne County, KS				
Cat	Healthcare Services Offered in County	Hospital	Health Dept.	Other
SERV	Teen Outreach Services			Yes
SERV	Tobacco Treatment / Cessation Program	Yes	Yes	Yes
SERV	Transportation to Health Facilities			Yes
SERV	Wellness Program	Yes		Yes

CHNA 2023 - Providers Delivering Care			
Cheyenne County, KS			
Providers Working in PSA	FTE Physicians		FTE Allied Staff
	FTE MD / DO	Visiting DR*	FTE NP / PA
Primary Care:			
Family Practice	2.0		2.0
Internal Medicine / Geriatrics			
Obstetrics / Gynecology			
Pediatrics			0.1
Medicine Specialists:			
Allergy / Immunology			
Cardiology		0.1	
Dermatology			
Endocrinology			
Gastroenterology			
Oncology / Radiology			
Infectious Disease			
Nephrology			
Neurology			
Psychiatry		0.1	
Pulmonary			
Rheumatology			
Surgery Specialists:			
General Surgery / Colon / Oral		0.1	
Neurosurgery			
Ophthalmology		0.1	
Orthopedics			
Otolaryngology			
Plastic / Reconstructive Surgery			
Thoracic / Cardiovascular / Vascular Surgery			
Urology			
Hospital Based:			
Anesthesia / Pain Management			1.0
Emergency Medicine			
Radiology			
Pathology			
Hospitalist			
Neonatology / Perinatology			
Physical Medicine / Rehabilitation			
Occupational Medicine			
Podiatry			
Others:			
Chiropractic	?		
Optometry	?		
Dental	?		
TOTALS	2.0	0.3	3.1

*FTE Specialists serving the community who office outside the PSA

2023 Visiting Specialists Coming to Cheyenne County Hospital

Specialty	Physician Name / Group Name	Office Location	Schedule	Days per Month	FTE
Cardiology	Dr. Sean Denney / Platte Valley Medical Clinic	Kearney, NE	Twice a month-2nd and 4th Tuesdays	2	0.05
General Surgery	Dr. Charles Frankum	Denver, CO	Twice a month-1st and 3rd Thursdays	2	0.10
Mammography/ DEXA Scans	United Radiology Group	Salina, KS	Every other month--no set day	0.5	0.02
MRI	Shared Medical Services	Cottage Grove, WI	Every Friday	4	0.07
Nuclear Medicine	Front Range Nuclear Services	Cheyenne, WY	1st Tues of month	1	0.03
Ophthalmology	Dr. Mathew Uyemura	Greeley, CO	Once a month-Clinic 2nd Wednesday and Surgery is 4th Wednesday (rotating months)	1	0.05
Sleep Studies	Rural Sleep Solutions, LLC	Joplin, MO	Monthly as needed	4	0.20
Audiology	Dr. Rachel McArthur / McArthur Audiology	Burlington, CO	Every other month--1st Monday	0.5	0.02
Pain Management	Keith Gist, CRNA / Remedy Pain & Restoration	Midland, TX	Monday and Tuesday every 3-4 weeks	1.5	0.08

YEAR 2023 UPDATE
Cheyenne County, KS
Emergency Numbers

Police/Sheriff 911
Fire 911
Ambulance 911

Non-Emergency Numbers

Cheyenne County Dispatch 785-332-8880

Municipal Non-Emergency Numbers

	Police/Sheriff	Fire
St. Francis	785-332-8880	785-332-2560
Bird City	785-332-8880	785-734-2323

Hospital

Cheyenne County Hospital
 210 W 1st St (St. Francis)
 785-332-2104
www.cheyennecountyhospital.com

Prairie Developmental Center,
 DSNWK
 208 South 4th Street (Atwood)
 785-626-3688
www.mydsnwk.org

Wheat Haven
 Skilled Nursing
 304 Marion St (Mc Donald)
 785-899-9009
www.wheathaven.com

Rehabilitation Services

Cheyenne County Hospital
 Rehabilitation Services
 210 W 1st St (St. Francis) 785-332-9600
www.cheyennecountyhospital.com

Citizens Health Rehabilitation and
 Sports Medicine
 100 East College Drive (Colby)
 785-460-4868
www.cmciks.com

Topside Manor
 Skilled Nursing
 201 Kansas Ave (Goodland)
 785-890-7517
www.topsidemanor.org

ResCare Community Living (Golden
 West)
 208 W 2nd St (Goodland)
 785-899-2322
www.rescarecommunityliving.com/location/rescare-community-living-goodland-kansas/

Colby Health and Rehab
 105 E College Dr (Colby)
 785-462-6721
www.missionhealthcommunities.com/colby-health-and-rehab

Wheat Ridge Acres
 707 Wheat Ridge Circle (Goodland)
 785-899-0100
www.hhmsi.com/facilities/kansas/wheat-ridge-acres

Kansas Department for Children and
 Families
 109 W 11th St (Goodland)
 785-899-5661
 1135 South County Club Drive, Ste 1
 (Colby)
 785-462-6760
www.dcf.ks.gov

Wray Hospital Physical Therapy
 1017 W 7th St (Wray, CO)
 970-332-3450
www.wrayhospital.org
 Wray Rehabilitation & Activities Center
 700 Main Street (Wray, CO)
 970-332-4451
www.wracofwray.org

Good Samaritan Society
 Skilled Nursing
 650 Lake Road (Atwood)
 785-661-1688
www.good-sam.com/locations/atwood

Goodland Regional Medical Center
 Rehabilitative Services
 220 W 2nd St (Goodland)
 785-890-3625
www.goodlandregional.com

Dynamic Dimensions
 567 18th St (Burlington, CO)
 719-346-5367
<https://dynamicdimensions.org>

Colby Health and Rehab
 Transitional Care, Long-term Care
 105 E College Dr (Colby)
 785-462-6721
www.missionhealthcommunities.com/colby-health-and-rehab

Rawlins County Health Center
 Rehabilitation Services
 707 Grant St (Atwood)
 785-626-3211
www.rchc.us

Other Health Services
 Assisted Living, Nursing Homes, L
 Term Care

Fairview Estates Assisted Living
 1630 Sewell Avenue (Colby)
 785-462-2154

Cheyenne County Village
 Skilled Nursing, Assisted Living,
 Independent Living
 820 South Denison Street (St. Francis)
 785-332-2531
www.ccvillages.com

Prairie Senior Living Complex
 Skilled Nursing, Special Care Unit
 1625 South Franklin Avenue (Colby)
 785-462-8295
www.cmciks.com/prairie-senior/

Sarah Ann Hester Memorial Home and
K.C. Stout Assisted Living
407 Dakota Street (Benkelman, NE)
308-423-2179

Hillcrest Care Center & The Towers
Skilled Nursing, Assisted Living
360 Canyon Ridge Dr (Wray, CO)
970-332-4856
www.hillcrestcare.org

Grace Manor Care Center
Skilled Nursing
465 5th Street (Burlington, CO)
719-346-7512
www.gracemanorcarecenter.com

The Legacy at Burlington Assisted
Living
233 S 9th St (Burlington, CO)
719-346-7403
www.hhmsi.com/facilities/colorado/the-
legacy-at-burlington

Prairie Manor Good Samaritan Center
Skilled Nursing
408 East 6th Street (Sharon Springs)
785-852-4244

Disability Services

Prairie Developmental Center,
Developmental Services of Northwest
Kansas
208 South 4th Street (Atwood)
785-626-3688
www.mysnwk.org

ResCare Community Living (Golden
West)
208 W 2nd St (Goodland)
785-899-2322

www.rescarecommunityliving.com/loca-
tion/rescare-community-living-
goodland-kansas/

LINK Incorporated
2401 E 13th St (Hays)
785-625-6942
www.linkinc.org

Northwest Kansas Educational Service
Center
703 W 2nd St (Oakley)
785-672-3125
www.nkesc.org

Northwest Kansas Down Syndrome
Society
PO Box 382 (Hays)
nwkds@gmail.com
www.nwkds.org

Heartspring
8700 E. 29th North (Wichita)
316-634-8700
www.heartspring.org

Kansas Department for Aging and
Disability Services
800-432-3535
www.kdads.ks.gov

Disability Rights Center of Kansas
877-776-1541
www.drckansas.org

The Kansas Society for Children with
Challenges
316-262-4676 or 800-624-4530
www.kssociety.org

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

KS Commission for the Deaf and
Hearing
Impaired
785-368-8034
www.kcdhh.ks.gov

National Center for Learning
Disabilities
301-966-2234
www.nclld.org

Domestic Violence
Options Domestic & Sexual Violence
Services
1480 W. 4th (Colby)
800-794-4624
www.help4abuse.org

Battered Women's Crisis Center
403 East 23rd Street (Hays)
785-625-4202

Blackwell Conflict Management
Consulting, LLC
103 East 27th Street (Hays)
785-621-7273

National Domestic Violence Hotline
800-799-SAFE (7233)
www.thehotline.org

General Information – Women's
Shelters
www.WomensShelters.org

Kansas Children's Service League 1-800-CHILDREN (332-6378) www.kcsl.org	785-332-2381 www.cheyennecountyhospital.com	St. Francis Recreation Commission 100 College St (St. Francis) 785-332-2220
Educational Training Opportunities NW KS Technical College 1209 Harrison (Goodland) 800-316-4127 www.nwktc.edu	Kansas Department for Aging and Disability Services 800-432-3535 www.kdads.ks.gov	Cheylin Recreation Commission Bird City 785-673-6237
Colby Community College 1255 South Range Street (Colby) 888-350-5534 www.colbycc.edu	Kansas Department of Health and Environment (KDHE) 1000 South West Jackson (Topeka) 785-296-1500 www.kdhe.ks.gov	Goodland Activities Center 808 Main Street (Goodland) 785-890-7242 www.goodlandgac.com
Food Program Cheyenne County Food Pantry 405 S Lorraine St (St. Francis) 785-332-4860	MEDICAID 800-792-4884 www.kancare.ks.gov	Jump Start Fitness Center 415 North Franklin Avenue (Colby) 785-443-0419
Bird City Community Food Bank 116 E Bressler St (Bird City) 785-734-2739	MEDICARE Senior Health Insurance Counseling for Kansas (SHICK) 800-860-5260 www.kdads.ks.gov/kdads-commissions/long-term-services-supports/aging-services/medicare-programs/shick	Flex Fitness 200 N Franklin Ave (Colby) 785-443-1097 www.flexfitnesscolby.com
Genesis-Sherman County 320 E 6th St (Goodland) 785-890-2299	Social Security Administration 1212 East 27th Street (Hays) 800-772-1213 www.ssa.gov	CrossFit Colby 1981 W 4th St (Colby) 785-460-0361
Rawlins County Food Pantry 510 Main St (Atwood)	Health and Fitness Centers Cheyenne County Hospital Rehabilitation Department 210 W 1st St (St. Francis) 785-332-9600 www.cheyennecountyhospital.com	Fab & Fit Habits 1025 Taylor Ave (Colby) 785-443-9178
Genesis 350 South Range Avenue (Colby) 785-460-7930		Movement Connection 430 N Franklin Av (Colby) 785-462-2044 www.movementconnection.net
Government Healthcare Cheyenne County Health Department 210 West 1st Street St. Francis, KS 67756		Home Health Services Good Samaritan Society-Northwest Kansas Home Care 217 US Highway 36 (St. Francis) 785-332-9331

Living Life Home Care, LLC Goodland 785-821-4004	Much Kneaded Massage Therapy 218 E 3rd St (Bird City) 308-640-4479	Medical Equipment and Supplies Krien Pharmacy 105 West Washington (St. Francis) 785-332-2177
Lincare, Inc. 1013 Main Street (Goodland) 785-899-6848 www.lincare.com	Josh Moberly CMT Healing, Massage, Wellness 104 E 10th St (Goodland) 785-772-5116	Lincare, Inc. 1013 Main Street (Goodland) 785-899-6848 www.lincare.com
ResCare Community Living 208 W 2nd St (Goodland) 785-899-2322 www.rescarecommunityliving.com	All About You Salon & Spa 921 Main St (Goodland) 785-890-2970	Medical Arts Pharmacy 202 Willow Road (Goodland) 785-890-5111
NWKareS 483 N Franklin (Colby) 800-315-5122 www.hospicenwks.net	Healthful Solutions 915 E 9th St (Goodland) 785-821-4442 www.healthfulsolutions4you.com	Walmart Pharmacy 2160 Commerce Road (Goodland) 785-899-2266 www.walmart.com/store/2562- goodland-ks/pharmacy
L & C Home Health Agency 1005 Taylor Ave (Colby) 785-465-7444 www.landchomehealthagencyinc.com	Nicole Burmester Massage Therapy 1006 Main St (Goodland) 970-466-9201	Currier Drug 416 State St (Atwood) 785-626-3214 www.currierdrug.com
Hospice NWKareS/Hospice Services of Northwest Kansas 424 8th St (Phillipsburg) 800-315-5122 www.hospicenwks.net	110 Therapeutic Massage & Wellness 990 S Range (Colby) 785-821-2651 www.110therapeuticmassage.abmp.co m	Citizens Medical Equipment 100 E College Dr (Colby) 785-460-1269 www.cmciks.com/citizens-medical- center/durable-medical-equipment
Caring Hands Hospice 182 16th Street (Burlington, CO) 719-346-4860	Essential Bliss Day Spa 1675 W 4th St (Colby) 785-460-7772	Dillon Store Pharmacy 1605 South Range Avenue (Colby) 785-462-1310 www.dillons.com/stores/grocery/ks/col by/colby-dillons/615/00050
Massage Therapists Hand in Hand Therapeutic Touch Kelley Milliken 115 W Spencer (St. Francis) 303-358-9112	Beauty for Life Salon and Day Spa 505 E 4th St (Colby) 785-462-2383 www.vagaro.com/us04/beautyforlifesa lonanddayspa	

Walmart Pharmacy 115 W Willow (Colby) 785-462-8651 www.walmart.com/store/1214-colby-ks/pharmacy	Lifeline Medical Alert (Cheyenne County Hospital) 785-332-2104 www.cheyennecountyhospital.com	Cheyenne County Health Department School Consultant – USD 103 & 297 Mila Bandel, BSN, RN 221 West First (St. Francis) 785-332-2381
Palace Drug Store 460 North Franklin Ave. (Colby) 785-460-7507 www.cornerdrugstore.com	Life Alert 800-813-3104 www.lifealerthelp.com	Senior Services St. Francis Senior Center 322 West Washington Street (St. Francis) 785-332-2945
Benkelman Pharmacy 509 Chief Street (Benkelman, NE) 308-423-2759	Freedom Phone www.freedomphone.com	Bird City Senior Center 122 West Bressler Street (Bird City) 785-734-7369
Foltmer Drug 317 Main Street (Wray, CO) 970-332-4911	1-800-Medicine 1-800-633-4246 www.1800medicine.com	Senior Progress Center 165 Fike Park Street (Colby) 785-460-2901
W-B Drug Company 314 14th Street (Burlington, CO) 719-346-8851 www.wbdrug.com	US MED (United States Medical Supply) 877-840-8218 www.usmed.com	Brewster Senior Center 327 Kansas Avenue (Brewster) 785-694-2645
Night Time Medical 1506 Taylor Plaza E (Garden City) 620-276-8100 www.sleepresolutions.com/knight-time-medical-location (Local rep for CPAP set up)	U-Scoot 844-3USCOOT (387-2668) www.uscootusa.com	Kanorado Senior Citizen 212 Main Street (Kanorado) 785-399-2348
Medical Equipment and Supplies Corporations American Medical Sales & Rentals 866-245-2349 www.oxygenconcentratorstore.com	Nutrition Cheyenne County Health Department 221 West First (St. Francis) 785-332-2381 www.cheyennecountyhospital.com	NWKS Area on Aging 510 W 29th St (Hays) 800-432-7422 www.nwkaaa.com
Liberator Medical Supply, Inc. 1-877-567-6448 www.liberatormedical.com	St. Francis Senior Center 322 West Washington (St. Francis) 785-332-2945	Kansas Adult Protective Services Protection Report Center 800-922-5330 www.dcf.ks.gov/services/pps/pages/reportadultabuseneglect.aspx
	Citizens Medical Center Specialty Clinic 100 East College Drive (Colby) 785-462-7511	
	School Nurses	

Local Government, Community and Social Services

Adult Protection

Kansas Adult Protective Services
Protection Report Center

800-922-5330

www.dcf.ks.gov/services/pps/pages/reportadulthoodneglect.aspx

Available 24 hours / 7 days per week – including holidays

Cheyenne County Sheriff

212 East Washington Street (St. Francis)

785-332-8800

www.cncoks.us/sheriff/

Alcohol and Drug Treatment and Support

Narcotics Anonymous

Cheyenne County Recovery

104 West Webster (St. Francis)

New Hope NA

326 E 6th St (Goodland)

Freedom Today

585 N Franklin (Colby)

Oz Area Service Committee

PO Box 105 (Colby)

855-732-HOPE (4673)

www.marscna.net

Alcoholics Anonymous

326 E 6th St (Goodland)

585 N Franklin (Colby)

Hotline – Hays 785-625-9860

www.ks-aa.org

High Point Advocacy & Resource Center, Inc.

785 W Webster (Colby)

785-460-TIME (8463)

Centennial Mental Health Center

365 W 2nd (Wray, CO)

970-332-3133

1921 Circle Dr (Burlington, CO)

719-346-8183

www.centennialmhc.org

First Step Recovery

595 14th Street (Burlington, CO)

719-346-6060

Out-Patient Treatment Programs

Valley Hope of Norton

Requires private insurance – no Medicare or Medicaid

709 W Holme St (Norton)

785-877-5101

www.valleyhope.org/locations/kansas/norton-treatment-center

Dream, Inc.

1011 W 27th St, #4 (Hays)

785-628-6655

www.dreamhays.com

Smoky Hill Foundation for Chemical Dependency, Inc.

2714 Plaza Ave (Hays)

785-625-5521 or 877-625-5115

www.smokyhillfoundation.net

High Plains Mental Health Center

208 E. 7th Street (Hays)

800-432-0333

www.hpmhc.com

New Chance, Inc.

2500 Wyatt Earp Blvd. (Dodge City)

620-225-0476

www.newchance.org

CFK Addiction Treatment

617 E Elm St (Salina)

785-825-6224

www.ckfaddictiontreatment.org

In-Patient Treatment Programs

New Chance, Inc.

Will accept Medicaid Title 19

2500 E Wyatt Earp Blvd. (Dodge City)

620-225-0476

www.newchance.org

Valley Hope of Norton

Requires private insurance – no Medicare or Medicaid

709 W Holme St (Norton)

785-877-5101

www.valleyhope.org/locations/kansas/norton-treatment-center

CFK Addiction Treatment

617 E Elm St (Salina)

785-825-6224

www.ckfaddictiontreatment.org

Child Protection

Kansas Children's Service League

620-375-4933 Leoti, KS

1-877-530-5275

24/7 Parent Helpline 1-800-CHILDREN (1-800-244-5373)

www.kcsl.org

Kansas Department for Children

Protection Reporting Center

(Protection Report Center for Abuse)

1-800-922-5330

Available 24 hours/7 days per week – including holidays for elder and child abuse reports

Children and Youth ABC Preschool 104 W Webster (St. Francis) 785-332-0129	Kansas Department of Health and Environment 785-296-1500 www.kdhe.ks.gov	Bird City Housing Authority Lebow Manor (Bird City) 785-734-2407
Cheyenne County Head Start Northwest Kansas Educational Service Center 307 E Webster St (St. Francis) 785-332-3110 www.nkescheadstart.org	Parent Helpline 800-332-6378 Kansas Talking Books 800-362-0699 www.kslib.info/talking	Northwest Kansas Housing Bird City 785-421-2151 Kansas Housing Resources Corporation 785-217-2001 www.kshousingcorp.org
Cheylin USD 103 Preschool 605 Bird Ave (Bird City) 785-734-2351 www.cheylin.com	National Runaway Safeline 800-RUNAWAY (786-2929) www.1800runaway.org	US Department of Housing and Urban Development Kansas/Western Missouri Field Office 913-551-5462 www.hud.gov
Child Support Application 888-757-2445 www.dcfks.gov/services/CSS/Pages/default.aspx	Extension Office Sunflower Extension District Office 212 East Washington (St. Francis) 785-332-3171 813 Broadway #301 (Goodland) 785-890-4880 118 N Gardner (Sharon Springs) 785-852-4285 www.sunflower.k-state.edu	Legal Services Milliken Reyelts, P.A. Lauren Reyelts 101 West Washington (St. Francis) 785-332-2101 www.millikenlaw.com
Assistance for Families KS Department for Children and Families 109 W 11th St (Goodland) 785-899-5661 www.dcf.ks.gov	Head Start Cheyenne County Head Start Northwest Kansas Educational Service Center 307 E Webster St (St. Francis) 785-332-3110 www.nkescheadstart.org	Cheyenne County Attorney Leslie Beims 212 E Washington St (St. Francis) 785-332-2363 www.cncoks.us/county-attorney/
KanCare 800-792-4884 www.kancare.ks.gov		
Kansas Children's Service League 620-375-4933 Leoti, KS 1-877-530-5275 24/7 Parent Helpline 1-800-CHILDREN (1-800-244-5373) www.kcsl.org	Housing Cheyenne Manor (Low rent housing authority) 200 North Ash (St. Francis) 785-332-3934	Northwest Kansas Area Agency Partnership with Kansas Legal Services 510 West 29th Street (Hays) Kansas Legal Services 785-625-4514 Elder Law Hotline 800-353-5337 NWKAAA 800-432-7422 www.nakaaa.com

Libraries, Parks and Recreation

Riverside Recreation Golf Course

1215 Highway 36 (St. Francis)

785-332-3401

Sawhill Park

Corner of Benton and Washington (St. Francis)

785-332-3142

www.stfranciskansas.com

St. Francis Public Library

121 North Scott (St. Francis)

785-332-3292

www.stfrancis.nwkls.org

St. Francis Aquatic Park

Corner of Washington and Denison (St. Francis)

785-332-3410

Keller Pond & River Walk

Northwest Edge St. Francis

www.stfranciskansas.com

Bird City Public Library

110 East 4th Street (Bird City)

785-734-2203

www.birdcity.nwkls.org

Bird City Swimming Pool

Lebow St and Rich Ave (Bird City)

785-734-2556

Public Information

City of St. Francis

Mayor Scott Schultz

Clerk Leann Lee

209 E Washington St (St. Francis)

785-332-3142

www.stfranciskansas.com

City of Bird City

Mayor Mark Loop

City Clerk Seante Gyukeri

114 E 4th St (Bird City)

785-734-2616

www.birdcity.com

Cheyenne County

Commissioners William Martinez,
Roger Faulkender, Brett Poling

County Clerk Scott Houtman

212 E Washington St (St. Francis)

785-332-8800

www.cncoks.us

Support Groups

Options Domestic & Sexual Violence
Services

1480 W. 4th (Colby)

800-794-4624

www.help4abuse.org

Hope's Place Pregnancy and Family
Support Center

902 W Old Highway 24 (Goodland)

785-890-4673

www.hopesplace-goodland.com

Assistance and support groups

Parkinson's Family of Northwest
Kansas

PO Box 32 (Colby)

785-443-3439

www.movingtolive.org

Various classes and support group

American Cancer Society

Various support programs

1-800-227-2345

www.cancer.org

Transportation

Cheyenne County Public
Transportation

212 E. Washington St (St. Francis)

785-772-1053

www.cncoks.us/rides/

Goodland Public Transportation Van

204 W 11th St (Goodland)

785-899-5082

www.goodlandks.gov/city-departments/public-transportation

Thomas County Transportation Van

300 N Court (Colby)

785-443-9208

www.thomascountyks.gov

KanCare Non-Emergency Medical
Transportation for patients with
Medicaid/KanCare coverage

Medicaid 800-766-9012

Amerigroup Kancare 855-345-6943

Sunflower Kancare 877-644-4623

United HealthCare KanCare 877-796-5847

State and National Information,

Services & Support

Adult Protection

Kansas Department for Children

Protection Reporting Center

(Protection Report Center for Abuse)

1-800-922-5330

Available 24 hours/7 days per week –
including

holidays for elder and child abuse
reports

Kansas Office of the Long-Term Care Ombudsman 877-662-8362 www.ombudsman.ks.gov	109 W 11th St (Goodland) 785-899-5661 1135 South County Club Drive, Ste 1 (Colby) 785-462-6760 www.dcf.ks.gov	Children and Youth Kansas Department for Children Protection Reporting Center (Protection Report Center for Abuse) 1-800-922-5330 Available 24 hours/7 days per week – including holidays for elder and child abuse reports
Kansas Coalition Against Sexual and Domestic Violence 1-888-END-ABUSE (363-2287) www.kcsdv.org	Kansas Suicide Prevention Headquarters Hotline 1-785-841-2345 www.ksphq.org	Child Abuse National Hotline 1-800-4-A-CHILD (422-4453) www.childabuse.com
Kansas Department for Aging and Disability Services 1-800-842-0078 www.kdads.ks.gov	Alcohol and Drug Treatment Programs Substance Abuse and Addiction Hotline 844-289-0879 www.drughelpline.org	Child Find of America 1-800-I-AM-LOST (426-5678) www.childfindofamerica.org
National Center on Elder Abuse (Administration for Community Living) Do not report suspected abuse to the NCEA 855-500-3537 www.ncea.acl.gov	AI-Anon Family Group 1-888-4AL-ANON (425-2666) www.al-anon.org	Kansas Big Brothers Big Sisters 1-888-KS4-BIGS (574-2447) www.kansasbigs.org
National Domestic Violence Hotline 800-799-SAFE (7233) www.thehotline.org	American Addiction Centers 313-217-3872 www.americanaddictioncenters.org	National Runaway Safeline 1-800-RUNAWAY (786-2929) www.1800runaway.org/
National Sexual Assault Hotline 1-800-656-4673 www.rainn.org	Mothers Against Drunk Driving 877-ASK-MADD (275-6233) 24 Hr Victim Help Line 877-MADD-HELP (623-3435) www.madd.org	National Center for Missing and Exploited Children 1-800-THE-LOST (843-5678) www.missingkids.org
National Suicide Prevention Lifeline 1-800-273-8255 988 from any phone www.988lifeline.org	National Council on Alcoholism and Drug Dependence www.ncadd.us	Counseling Catholic Charities of Northern Kansas 122 E 12th St (Hays) 785-625-2644 www.ccnks.org
Poison Control Help Hotline 1-800-222-1222 www.kansashealthsystem.com/care/centers/poison-control-center www.poison.org	Recovery Connection 866-812-8231 www.recoveryconnection.com	
Kansas Department for Children and Families		

<p>Kansas Consumer Advisory Council for Adult Mental Health, Inc.</p> <p>Mental health advocacy and resources</p> <p>316-648-4388</p> <p>www.kansascac.org</p>	<p>Americans with Disabilities Act Information</p> <p>Hotline</p> <p>1-800-514-0301</p> <p>1-833-610-1264 (TTY)</p> <p>www.ada.gov</p>	<p>Kansas Department of Health and Environment 785-296-1500</p> <p>www.kdhe.ks.gov</p>
<p>National Suicide Prevention Lifeline</p> <p>1-800-273-8255</p> <p>988 from cell phone</p> <p>www.988lifeline.org</p>	<p>Disability Rights Center of Kansas (DRC)</p> <p>1-877-776-1541</p> <p>www.drckansas.org</p>	<p>Milco Environment Services</p> <p>320 West 4th Street (Colby)</p> <p>785-460-1956</p> <p>www.milcoinc.com</p>
<p>National Council on Problem Gambling Hotline</p> <p>1-800-GAMBLER (522-4700)</p> <p>www.ncpgambling.org</p>	<p>KS Commission for the Deaf and Hearing Impaired</p> <p>785-368-8034</p> <p>www.kcdhh.ks.gov</p>	<p>Northwest Local Environmental Protection Group</p> <p>350 South Range Avenue Suite 4 (Colby)</p> <p>785-462-8636</p> <p>www.nwlepg.org</p>
<p>Senior Health Insurance Counseling for Kansas (SHICK)</p> <p>800-860-5260</p> <p>www.kdads.ks.gov/kdads-commissions/long-term-services-supports/aging-services/medicare-programs/shick</p>	<p>Kansas Relay Center (Hearing Impaired Service)</p> <p>711 from any phone</p> <p>1-800-766-3777</p> <p>www.kansasrelay.com</p>	<p>Northwest Kansas Groundwater Management – District #4</p> <p>1290 W 4th St (Colby)</p> <p>785-462-3915</p> <p>www.gmd4.org</p>
<p>Inner Circle/Sunflower Family Services, Inc.</p> <p>(Adoption, crisis pregnancy, conflict solution center)</p> <p>785-625-4600</p>	<p>National Center for Learning Disabilities</p> <p>301-966-2234</p> <p>www.ncld.org</p>	<p>Food and Drug</p> <p>USDA Center for Food Safety and Applied Nutrition</p> <p>1-888-SAFEFOOD (723-3366)</p> <p>www.fda.gov/food</p>
<p>Disability Services</p> <p>American Association of People with Disabilities (AAPD)</p> <p>800-840-8844</p> <p>www.aapd.com</p>	<p>National Library Services for Blind and Print Disabled</p> <p>1-888-657-7323</p> <p>www.loc.gov/nls/</p>	<p>U.S. Food and Drug Administration</p> <p>1-888-INFO-FDA (463-6332)</p> <p>www.fda.gov</p>
<p>American Council of the Blind</p> <p>1-800-424-8666</p> <p>www.acb.org</p>	<p>Environment</p> <p>Environmental Protection Agency Region 7</p> <p>1-800-223-0425</p> <p>www.epa.gov</p>	<p>USDA Meat and Poultry Hotline</p> <p>1-888-MPHOTLINE (674-6854)</p> <p>www.fsis.usda.gov/</p>

Poison Control Help Hotline
1-800-222-1222
www.kansashealthsystem.com/care/centers/poison-control-center
www.poison.org
www.aapcc.org

Kansas Department of Agriculture
785-296-3556 (Topeka)
785-564-6700 (Manhattan)
www.agriculture.ks.gov

Kansas Department of Agriculture
Pesticide and Fertilizer Program
785-564-6688
www.agriculture.ks.gov/divisions-programs/pesticide-fertilizer

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

American Heart Association
1-800-AHA-USA-1 (242-8721)
www.heart.org

American Stroke Association
1-888-4-STROKE (478-7653)
www.stroke.org

Arthritis Foundation, Kansas Chapter
1-800-283-7800
www.arthritis.org/local-offices/ks/

Bright Focus Foundation
800-437-2423
www.brightfocus.org

Center for Disease Control and
Prevention

1-800-CDC-INFO (232-4636)
www.cdc.gov
Eye Care Council, Inc.
1-800-960-EYES (3937)
www.eyecarecouncil.com
www.seetolearn.com

Kansas Foundation for Medical Care
1-800-432-0770
www.kfmc.org

National Health Information Center
www.health.gov/nhic

National Institute on Deafness and
Other
Communication Disorders
1-800-241-1044
www.nidcd.nih.gov

Hospice
KDHE Palliative Care Program
785-296-5535
www.kdhe.ks.gov/834/Palliative-Care-Program

Housing
Kansas Housing Resources
Corporation
785-217-2001
www.housingcorp.org

US Department of Housing and Urban
Development
Kansas/Western Missouri Field Office
913-551-5462
www.hud.gov/states/kansas/offices#kansascity

Legal Services

Kansas Attorney General
785-296-2215
Consumer Protection Hotline 1-800-432-2310
Victims' Services 1-800-828-9745
www.ag.ks.gov

Kansas Bar Association
785-234-5696
www.ksbar.org

Kansas Department for Aging and
Disability Services
800-432-3535
www.kdads.ks.gov

Kansas Legal Services
785-625-4514
www.kansaslegalservices.com

Medicaid/Medicare Services

KanCare
800-792-4884
www.kancare.ks.gov

Kansas Medical Assistance Program
Customer Service
1-800-766-9012
<https://portal.kmap-state-ks.us/PublicPage>

Centers for Medicare and Medicaid
Services
Medicare Information
1-800-MEDICARE (633-4227)
TTY 877-486-2048
www.medicare.gov
www.cms.gov

Mental Health Services

Alzheimer's Association

1-800-272-3900

1-866-403-3073 (TTY)

www.alz.org

Developmental Services of Northwest
Kansas

785-625-5678

www.mydsnwk.org

NAMI Kansas

785-233-0755

Resource Line 785-214-4496

www.namikansas.org

Mental Health America

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

www.mhanational.org

National Alliance for Mental Illness

703-516-7227

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

Crisis call or text 988

www.nami.org

National Institute of Mental Health

1-866-615-6464

1-866-415-8051 (TTY)

www.nimh.nih.gov

Kansas Behavioral Services Program

888-582-3759

www.kdads.ks.gov/kdads-commissions/behavioral-health/

Suicide Prevention Hotline

988 from any phone

1-800-SUICIDE (800-784-2433)

1-800-273-TALK (8255)

Nutrition

Academy of Nutrition and Dietetics

312-899-00440

www.eatright.org

Kansas State University

Department of Food, Nutrition,
Dietetics, and Health

785-532-5508

www.hhs.k-state.edu/fndh

National Eating Disorders Association

212-575-6200

www.nationaleatingdisorders.org

Food Assistance (Supplemental
Nutrition Assistance Program—SNAP)

Kansas Department for Children and
Families

1-888-369-4777

or Local DCF office

www.dcf.ks.gov/services/ees/pages/food/foodassistance.aspx

Kansas Department of Health and
Environment 785-296-1500

www.kdhe.ks.gov

Senior Services

Alzheimer's Association

1-800-272-3900

1-866-403-3073 (TTY)

www.alz.org

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

1-833-310-1264 (TTY)

www.ada.gov/infoline

Eldercare Locator

1-800-677-1116

www.eldercare.acl.gov/Public/Index.aspx

Kansas Advocates for Better Care Inc.

Consumer information for better elder
care

1-800-525-1782

www.kabc.org

Kansas Department for Aging and
Disability Services

785-296-4986

www.kdads.ks.gov

KanQuit (Kansas Tobacco Quitline)

1-800-QUIT-NOW (784-8669)

www.ksquit.org

Medical Provider or Facility Complaints

Kansas Department of Health and
Environment

1-800-842-0078

www.kdhe.ks.gov

Older Kansans Employment Programs
(OKEP)

785-296-3481

www.kansascommerce.gov/program/older-kansans-employment-program-providers

Senior Health Insurance Counseling
for Kansas (SHICK)

800-860-5260

www.kdads.ks.gov/kdads-commissions/long-term-services-supports/aging-services/medicare-programs/shick

Veterans

USA Gov Contact Center

1-844-USAGOV1 (872-4681)

www.usa.gov

U.S. Department of Veterans Affairs

1-800-698-2411

GI Bill Hotline 888-GIBILL1 (442-4551)

VA Benefits Hotline 800-827-1000

www.va.gov

www.benefits.va.gov

VA Health Resource Center

1-877-470-5947

www.connectedcare.va.gov/virtual-health-resource-centers

VA Life Insurance Center

1-800-669-8477

www.benefits.va.gov/insurance

VA Memorial Program Service
(includes status of

headstones and markers)

1-800-697-6947

www.va.gov/burials-memorials

VA Rehabilitation and Prosthetic
Services

www.prosthetics.va.gov/index.asp

Women Veterans Call Center

855-829-6636

www.womenshealth.va.gov

V. Detail Exhibits

[VVV Consultants LLC]

a.) Patient Origin Source Files

[VVV Consultants LLC]

Patient Origin History 2020- 2022 for Cheyenne County IP Only

KHA Inpatient Origin by Cheyenne Co KS			Pediatric		Adult Medical/Surgical							
Calendar Year: 2020 - KS Residents Treated			Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+	
Hospital Name	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Cheyenne County Hospital - St. Francis, KS	209	69.9%	13	6.2%	21	10.0%	29	13.9%	39	18.7%	107	51.2%
HaysMed - Hays, KS	29	9.7%	0	0.0%	2	1.0%	8	3.8%	2	1.0%	17	8.1%
Citizens Health - Colby, KS	14	4.7%	0	0.0%	11	5.3%	0	0.0%	0	0.0%	3	1.4%
Goodland Regional Medical Center - Goodland, KS	6	2.0%	0	0.0%	2	1.0%	0	0.0%	0	0.0%	4	1.9%
Rawlins County Health Center - Atwood, KS	5	1.7%	0	0.0%	0	0.0%	1	0.5%	0	0.0%	4	1.9%
Wesley Healthcare - Wichita, KS	4	1.3%	2	1.0%	2	1.0%	0	0.0%	0	0.0%	0	0.0%
Others	32	10.7%	0	0.0%	23	11.0%	2	1.0%	4	1.9%	1	0.5%
Overall	299	1	15	0	61	0	40	0	45	0	136	1

KHA Inpatient Origin by Cheyenne Co KS			Pediatric		Adult Medical/Surgical							
Calendar Year: 2021- KS Residents Treated			Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+	
Hospital Name	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Cheyenne County Hospital - St. Francis, KS	218	75.4%	13	6.0%	30	13.8%	28	12.8%	38	17.4%	109	50.0%
HaysMed - Hays, KS	15	5.2%	0	0.0%	0	0.0%	7	3.2%	5	2.3%	3	1.4%
Citizens Health - Colby, KS	10	3.5%	1	0.5%	6	2.8%	1	0.5%	1	0.5%	1	0.5%
The University of Kansas - Kansas City, KS	7	2.4%	0	0.0%	4	1.8%	0	0.0%	2	0.9%	1	0.5%
Wesley Healthcare - Wichita, KS	1	0.3%	0	0.0%	1	0.5%	0	0.0%	0	0.0%	0	0.0%
Others	38	13.1%	5	2.3%	4	1.8%	6	2.8%	9	4.1%	14	6.4%
Overall	289	100%	19	0	45	0	42	0	55	0	128	1

KHA Inpatient Origin by Cheyenne Co KS			Pediatric		Adult Medical/Surgical							
Calendar Year: 2022- KS Residents Treated			Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+	
Hospital Name	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Cheyenne County Hospital - St. Francis, KS	197	80.7%	12	6.1%	19	9.6%	30	15.2%	35	17.8%	101	51.3%
HaysMed - Hays, KS	21	8.6%	1	0.5%	2	1.0%	4	2.0%	6	3.0%	8	4.1%
Citizens Health - Colby, KS	8	3.3%	0	0.0%	8	4.1%	0	0.0%	0	0.0%	0	0.0%
The University of Kansas - Kansas City, KS	6	2.5%	0	0.0%	4	2.0%	0	0.0%	2	1.0%	0	0.0%
Wesley Healthcare - Wichita, KS	4	1.6%	2	1.0%	1	0.5%	1	0.5%	0	0.0%	0	0.0%
Others	8	3.3%	2	1.0%	0	0.0%	3	1.5%	2	1.0%	1	0.5%
Overall	244	100%	17	0	34	0	38	0	45	0	110	1

Patient Origin History 2020-2022 for Cheyenne County OP Only

KHA Outpatient Origin by Cheyenne Co KS			Pediatric		Adult Medical/Surgical							
Calendar Year: 2020- KS Residents Treated			Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+	
Hospital Name	Total Visits	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Cheyenne County Hospital - St. Francis, KS	6841	83.9%	398	5.8%	1317	19.3%	1672	24.4%	1657	24.2%	1797	26.3%
Goodland Regional Medical Center - Goodland, KS	535	6.6%	22	0.3%	61	0.9%	151	2.2%	105	1.5%	196	2.9%
Citizens Health - Colby, KS	465	5.7%	16	0.2%	205	3.0%	96	1.4%	88	1.3%	60	0.9%
Rawlins County Health Center - Atwood, KS	95	1.2%	4	0.1%	17	0.2%	47	0.7%	11	0.2%	16	0.2%
HaysMed - Hays, KS	94	1.2%	4	0.1%	11	0.2%	44	0.6%	19	0.3%	16	0.2%
The University of Kansas - KCK	43	0.5%	0	0.0%	18	0.3%	9	0.1%	15	0.2%	1	0.0%
Others	80	1.0%	21	0.3%	20	0.3%	20	0.3%	12	0.2%	7	0.1%
Overall	8,153	100%	465	0	1,649	0	2,039	0	1,907	0	2,093	0

KHA Outpatient Origin by Cheyenne Co KS			Pediatric		Adult Medical/Surgical							
Calendar Year: 2021- KS Residents Treated			Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+	
Hospital Name	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Cheyenne County Hospital - St. Francis, KS	6997	83.9%	426	6.1%	1436	20.5%	1671	23.9%	1566	22.4%	1898	27.1%
Goodland Regional Medical Center - Goodland, KS	511	6.1%	15	0.2%	73	1.0%	129	1.8%	104	1.5%	190	2.7%
Citizens Health - Colby, KS	480	5.8%	36	0.5%	125	1.8%	132	1.9%	144	2.1%	43	0.6%
HaysMed - Hays, KS	105	1.3%	5	0.1%	20	0.3%	41	0.6%	24	0.3%	15	0.2%
Rawlins County Health Center - Atwood, KS	90	1.1%	12	0.2%	8	0.1%	56	0.8%	11	0.2%	3	0.0%
The University of Kansas - Kansas City, KS	52	0.6%	0	0.0%	7	0.1%	10	0.1%	35	0.5%	0	0.0%
Others	108	1.3%	22	0.3%	37	0.5%	27	0.4%	10	0.1%	12	0.2%
Overall	8,343	1	516	0	1,706	0	2,066	0	1,894	0	2,161	0

KHA Inpatient Origin by Cheyenne Co KS			Pediatric		Adult Medical/Surgical							
Calendar Year: 2022- KS Residents Treated			Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+	
Hospital Name	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Cheyenne County Hospital - St. Francis, KS	6,238	84.0%	486	7.8%	1,278	20.5%	1,387	22.2%	1,466	23.5%	1,621	26.0%
Citizens Health - Colby, KS	489	6.6%	38	0.6%	165	2.6%	123	2.0%	105	1.7%	58	0.9%
Goodland Regional Medical Center - Goodland, KS	485	6.5%	20	0.3%	74	1.2%	99	1.6%	114	1.8%	178	2.9%
HaysMed - Hays, KS	117	1.6%	5	0.1%	29	0.5%	46	0.7%	24	0.4%	13	0.2%
The University of Kansas - Kansas City, KS	97	1.3%	0	0.0%	16	0.3%	66	1.1%	15	0.2%	0	0.0%
Rawlins County Health Center - Atwood, KS	89	1.2%	9	0.1%	13	0.2%	43	0.7%	14	0.2%	10	0.2%
Others	94	1.3%	22	0.4%	20	0.3%	25	0.4%	14	0.2%	13	0.2%
Overall	7,426	1	580	0	1,595	0	1,789	0	1,752	0	1,893	0

b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Cheyenne Co CHNA Town Hall Thursday 5/18 11:30-1pm N=29 (Attendees)							
#	Table	Lead	Attend	Last	First	Organization	Title
1	A	#	x	McTague	Daphne	Cheyenne County Village	Administrator
2	A		x	Bosen	Benjamin	Cheyenne County Hospital	DO
3	A		x	Zimbelman	Erika	Cheyenne County Hospital	CCIO
4	B		x	Cahoj	Jesse	Cheyenne County Hospital	APRN, FNP-C
5	B		x	Keller	Lea		
6	B		x	Parsons	Jeffrey	Cheyenne County Hospital	APRN, NP-C
7	B		x	Waters	Judy		
8	C	#	x	Clingenpeel	Jeremy	Cheyenne County Hospital	CEO
9	C		x	Lacy	Leslie	Great Plains Health Alliance	VPRO, CCO
10	C		x	Milliken	Kelley	CN CO Recovery	Coordinator
11	D	#	x	Bandel	Mila	Cheyenne County Health Depart	RN Administrator
12	D		x	Bracelin	Sondra	The R.M. Jaqua Abstract Company	
13	D		x	Bunker	Katie	CCH	CNO
14	D		x	Milliken	Ruth	Cheyenne County Hospital	Board Member
15	E	#	x	Blanka	Shawna	Cheyenne County Hospital	COO
16	E		x	Fernandez	Nichole	Good Samaritan Society NW KS	Administrator
17	E		x	Sloper	Carol	GNWKCF	Director of Grants & Scholarships
18	E		x	Sloper	Doug		
19	F		x	Johnson	Kim	Cheyenne County EMS	
20	F		x	Kellner	Dorothy		
21	F		x	Kellner	Elmer		
22	F		x	Klepper	Rod		
23	G		x	Murray	Ryan	Cheyenne Co Emergency Serv	Director
24	G		x	Norris	Makayla	Greater NW KS Comm Foundation	Grants & Scholarships Coordinator
25	G		x	PAUGH	JILL	Cheyenne County EMS	
26	G		x	Tice	Heidi	Cheyenne County Hospital	CFO
27	H		x	Dungan	Bill		
28	H		x	Licke	Heather	Cheyenne County Hospital	MD
29	H		x	Smull	Tom		

Cheyenne County, KS PSA Town Hall Event Notes

Attendance: N=29

Date: 5/18/2023 – 11:30 a.m. to 1:00 p.m.

Drugs/Substances Occurring: Opioids, meth, fentanyl

Strengths

- Continuum of care (birth to death)
- Number of providers in county (good relative to population)
- Ambulance
- Ancillary services
- Collaborative active caring community
- Population Growth (Not Decreasing)
- Senior living
- Future vision to grow health (adding programs, teamwork to solve issues)
- Quality of life
- Emergency preparedness
- Healthy environment

Needs

- Mental health (All Ages)
- Workforce shortages
- Exercise and wellness
- ER wait times
- Child care
- Domestic abuse/ neglect
- Access to transfer care (transportation)
- Poverty
- Visiting specialists: derm, ped, ent, ortho, neur, uro, eye
- Substance abuse (drug and alcohol)
- Dental retention
- Chronic disease management
- Substance rehab (drug and alcohol)
- Community education (importance and challenges of healthcare and personal responsibility/ being apathetic)
- Access to affordable insurance
- Cost vs reimbursement
- Radon

Wave #4 CHNA - Cheyenne KS PSA

Town Hall Conversation - Strengths (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?
1	Quality of life/ community	14	Opportunity and vision
1	Air quality	14	Worth ethic
1	Senior care	15	Good providers
1	Primary care/ providers	15	Access to home health/ nursing home
1	Public health	15	Up to date equipment
1	OB	15	Continuum of care
1	Holding steady on population	15	Number of providers
1	Patient satisfaction	15	String ancillary services
2	Primary care/ providers	15	Ambulance services
2	Public health	15	Population staying steady
2	Access to providers	15	Senior living
2	Senior living	15	Future vision to grow health
2	Steady population (no loss)	15	Quality of life
2	Ambulance	15	Emergency preparedness
2	Environment/ quality of life/ community	16	Excellent providers
2	OB/ OB education	16	Great facility
2	Patient satisfaction	16	Easy access
3	Availability to go elsewhere	16	Specialty clinic
3	Emergency preparedness	16	Documentation
3	EMS	16	Equipment
4	Ambulance service	16	Ancillary services
4	Doctors	17	Excellent providers
5	Healthy environment	17	Facility
5	Care for elderly	17	Easy access
5	Access to providers	17	Specialty clinics
5	EMS	17	Up-to-date equipment
5	Current access to specialists	17	Health care community
6	Hospital providers	17	Strong overall community
6	Nursing home/ assisted living	17	Resilient
6	Community foundations (grants)	17	Great opportunity/ future vision
7	Mother care/ delivering babies	17	Work ethic
7	Pharmacy	17	Teamwork
7	High school graduates	18	SNF/ assisted living
7	"Flow"/ effectiveness within healthcare	18	Home health
7	Care for elderly	18	Pharmacy
7	Access to grants	18	Hospital
8	Access to healthcare	18	Clinic
8	Quality providers	18	Schools
8	Transportation	18	Active community/ caring
8	Ambulance services	18	Future visions
8	Delivering babies	18	Emergency preparedness
8	Pharmacy	19	Providers
8	Healthy environment	19	Facilities
8	Current access to specialists	19	Continuum of care
8	Community foundations (grants)	19	OB
8	Care for elderly/ assisted living	19	Quality of life
9	Medium family	20	Number and diversity of local providers
9	Nurses care	20	Hospital and clinic services
9	Therapy department	20	Senior living specialties
9	Senior living and villages	21	Pharmacy
10	Healthcare leadership	21	Clinic
10	Volunteers/ community leaders	21	Hospital
10	Provider team	22	Overall medical staff
10	Small town atmosphere	22	Delivery of babies

Wave #4 CHNA - Cheyenne KS PSA

Town Hall Conversation - Strengths (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?
10	Emergency services	22	Air quality
11	Primary care services	22	Access to care
11	Involved community (charitable as well)	22	Caring staff
11	Hospital beds available	23	Providers
12	Quality of care	23	County health
12	Access to care	23	Environment
12	Welcoming community/ active community	23	Employment
12	Local workers numbers are high	23	Quality of care
13	Healthcare services	24	Hospital and clinic access
13	Holding our own population	24	Health department
13	Senior living	24	Physicians/ nurses/ staff
13	Caring hospital	24	Radiology
13	Community OB education	24	Health fair/ sports physicals
14	Healthcare community	24	Ambulance/ EMTS
14	Individual strength	24	Supporting services
14	Resilience		

Wave #4 CHNA - Cheyenne KS PSA

Town Hall Conversation - Weaknesses (Color Cards) N= 29

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
1	Mental health	16	Regulation
1	Drugs	17	Teen pregnancy prevention
1	Poverty	17	Increased childcare
1	Population	17	Addition of specialists
1	Labor/ workforce	17	Mental health awareness
1	Childcare	17	Influx of drug abuse overdose
1	Participation of community	17	Nursing staff
1	Uninsured/ underinsured	18	Mental health
1	Seasonal activity	18	Staffing - quality workforce
1	Dental - replacement future	18	Chronic disease
1	Wellness	18	Substance abuse - smoking/ opioids
1	Improve ER wait time	18	Food/ nutrition insecurity
2	Mental health (outlook on life)	18	Communication - make better
2	Uninsured/ underinsured	18	Participation of community
2	Workforce shortages	18	Hire more local nurses
2	Substance abuse/ opioids addiction	18	Teen pregnancy
2	Socialization networking	18	Childcare
2	Access to wellness	19	Cost of healthcare
2	Obesity	19	Affordable insurance
2	ER wait times	19	Mental health - especially children
3	Chronic care	19	Drug enforcement
3	Mental health	19	BC access to clinic
3	Substance abuse	19	Medicare reimbursement
3	Workforce shortages	20	Mental health awareness and resources
3	Specialties	20	Insurance - too expensive
3	Uninsured/ underinsured	20	Chronic disease management
4	Radon - free or discounted test kits	20	General health/ obesity/ fitness
4	Mental health - provider contact	20	Awareness of services
4	Eye "specialists"	20	Home health
5	Mental health - options, therapists, schools	20	Meth labs
5	Exercise opportunities, things to do	20	Cost vs reimbursement
5	Substance abuse awareness	21	Health insurance
5	Job pay	21	Underinsured
6	Diet of our own citizens	22	Mental health - especially children and teens
6	Exercise	22	Home health/ hospice
6	Programs to help people out of poverty	22	Telehealth
6	Dental - cost prohibitive	22	Transportation to hospital
6	POPs	22	Specialists
6	Smoking	22	Childcare - regulations
7	Mental health	22	Staffing/ work force
7	Exercise equipment	22	Need patient advocacy
8	Suicide prevention/ plans	22	Transfer care
8	Chronic disease - education	22	Substance abuse
8	Confidentiality	22	Drug/ alcohol rehab
8	Access to childcare	23	Mental health
9	Mental health - even younger age	23	Diabetic
9	Opioid and other drug addictions/ usage	23	Childcare
9	Access to childcare	23	More specialists
9	decrease diabetic number	23	Drug education/ rehab
9	Poverty leading to food security	23	Housing
10	Mental health - younger age	23	Staffing
10	Staffing shortages	24	Mental health
10	Substance abuse	24	Opioids
10	Childcare	24	Childcare
10	decrease diabetic number	24	Specialists available

Wave #4 CHNA - Cheyenne KS PSA

Town Hall Conversation - Weaknesses (Color Cards) N= 29

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
10	Poverty/ social security	24	Home health
10	Domestic violence	25	Mental health
10	Chronic diseases	25	Extended provider - dermatology
10	Visiting specialists	25	Depression/ anxiety
10	Depression/ anxiety	25	Domestic abuse - children included
11	Drug awareness	25	School health
11	Dentist retention	25	More local nurses
11	Visiting specialists	26	Mental health/ behavioral
12	Self responsibility/ motivation	26	Domestic violence/ substance abuse
12	People's character	26	Exercise/ wellness
13	Substance abuse/ opioids	27	Apathy drug use - law enforcement
13	Mental health resources	27	Mental health awareness - especially teens/ bullying
13	Lack of healthcare workers	27	affordable healthcare insurance
13	Uninsured population	27	Uninsured/ underinsured
13	Reimbursement vs costs	27	More assisted living - especially for low income
14	Staffing shortages	27	Cost of healthcare - reimbursement
14	Childcare	28	Mental health
14	Health apathy	28	Childcare
14	Exercise/ wellness	29	Education
14	Chronic disease management	29	Depression/ anxiety
15	Increase mental health access	29	Opioids
15	Substances (alcohol and Rx opioids) and tobacco	29	Obesity
15	Increase specialty access	29	Uninsured/ underinsured
15	School health - health education	29	Mental health
15	Childcare	29	Substance abuse
16	Communication - make better	29	Staffing
16	Nursing staff	29	Childcare
16	Reimbursement	29	Visiting specialists
16	Economy		

EMAIL #1 Request Message

From: Administration Office

Date: 4/3/2023

To: Community Leaders, Providers and Hospital Board and Staff

Subject: 2023 Cheyenne County Community Health Needs Assessment

Cheyenne County Hospital (CCH) located in St Francis, Kansas is working with other community leaders to update the 2023 Cheyenne County, KS Community Health Needs Assessment. The goal of this assessment update is to understand progress in addressing health needs cited in the 2017 and 2020 CHNA reports and to collect up-to-date community health perceptions.

VVW Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct this countywide research. All responses will be confidential if you choose to participate in this online survey.

To gather community feedback, a short and confidential online survey has been developed. To access this survey, please utilize the link below to participate.

LINK: https://www.surveymonkey.com/r/CHNA2023_CheyenneCoKS

All community residents and business leaders are encouraged to complete the 2023 CHNA online survey by **Monday, April 24th, 2023**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Thursday, May 18th, 2023**, for lunch from 11:30 a.m. - 1:00 p.m. Please stay on the lookout for more information to come soon. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (785) 332-2104

PR#1 News Release

Local Contact: Jeremy Cligenpeel

Media Release: 5/3/23

Cheyenne County Conducts 2023 Community Health Needs Assessment

Over the next few months, **Cheyenne County Hospital (CCH)** will be working with area providers to update the Cheyenne County, KS Community Health Needs Assessment (CHNA) for 2023. We strive to seek input from the community members regarding the healthcare needs in order to complete the 2023 Community Health Needs Assessment update.

VVV Consultants LLC, an independent research firm from Olathe, KS has been retained to conduct this countywide research. The goal of this assessment update is to understand progress in addressing community health needs cited in both the 2017 and 2020 assessment reports, while collecting up-to-date community health perceptions and ideas.

A brief community survey has been developed to accomplish this work. The survey link can be accessed by visiting the hospitals' website or their Facebook page if you would like to participate in this important work. You may also utilize the QR code below for quick access.



All community residents and business leaders are encouraged to complete the 2023 CHNA online survey by **Monday, April 24th, 2023**. In addition, please **HOLD the date** for the Town Hall meeting scheduled for **Thursday, May 18th, 2023**, for lunch from **11:30 am - 1:00 p.m.** Please, stay on the lookout for more information to come soon. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (785) 332-2104

EMAIL #2 Request Message

From: Jeremy Clingenpeel

Date: 4/24/2023

To: Community Leaders, Providers and Hospital Board and Staff

Subject: Cheyenne County Community Health Needs Assessment Town Hall

Cheyenne County Hospital is hosting a Town Hall lunch session for the 2023 Community Health Needs Assessment (CHNA). The purpose of this meeting will be to review the community health indicators and gather feedback opinions on key community unmet health needs. This event will be held on **Thursday, May 18th, 2023, for lunch from 11:30 a.m. - 1:00 p.m at Caddy Shack at Riverside.**

All business leaders and residents are encouraged to join us for this meeting. To adequately prepare for this event, it is imperative all RSVP who plan to participate.

We hope you find the time to attend this important event by following the link below to complete your RSVP for May 18th. Note> A light lunch will be served beginning @ 11:15am. Thank you for you participation.

LINK: https://www.surveymonkey.com/r/CHNA2023_RSVP_CheyenneCoTH

Thanks in advance for your time and support

If you have any questions regarding CHNA activities, please call (785) 332-2104

Cheyenne County Hospital Hosts Community Health Needs Town Hall

Media Release: 04/24/23

Local Contact: Jeremy Clingenpeel

Cheyenne County Hospital (Saint Francis, KS), in conjunction with other area providers invites the public to participate in a Community Health Needs Assessment Town Hall session on **Thursday, May 18th from 11:30 a.m. to 1:00 p.m.** located at the **Caddy Shack at Riverside.**

The purpose for this event is to review collected health data, identify and prioritize the community's unmet 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 on May 18th. Thanks in advance for your time and support!

If you have any questions about CHNA activities, please call (785) 332-2104

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2023 Feedback: Cheyenne County Hospital (St. Francis, KS) N=276

ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1094	67756	Good	Not really changing much	ALT	PREV		Lack of alternative health care..homeopathy, accupuncture..etc
1123	67766	Very Good	Not really changing much	CC	INSU	NEG	Even in our little town there are children that don't get 3 meals a day. It's hard for me to understand this. Lack of insurance is the high cost. Health insurance is way out of hand as far as cost goes. If I hadn't had insurance thru my job I wouldn't have been able to afford health insurance. As far as neglect, people neglect themselves, then want to blame others for it. If you don't try to take care of yourself you can't blame others. We have great doctors here, a very good hospital, a great PT department and access to specialist. You as a person had to take the first step in taking care of yourself and using everything available to you to help yourself.
1178	67731	Poor	Not really changing much	COMM	DOCS	STFF	Communication between Dr and health staff to return call and get the process started for surgery.
1234	67756	Poor	Not really changing much	DRUG	MH		meth and mental health.
1266	67756	Average	Decreasing - slipping downward	EDU	CONF		knowledge and consent.
1129	67756	Very Good	Not really changing much	EDU	NUTR	PREV	Poor education/knowledge of what causes poor health. Can't eat crap and expect to feel well.
1158	67756	Very Good	Increasing - moving up	EDU	OWN	PREV	Requirements to learn more about our own health is not being judgmental. We should all be willing to help ourselves and not expect the medical community to "fix us."
1153	67756	Very Good	Not really changing much	FF	DOCS		Lack of continuity with health care providers.
1085	67756	Good	Not really changing much	HH	THER		Home health rehab
1255		Very Good	Increasing - moving up	NEG	OWN		Self negligence
1021	67756	Average	Not really changing much	NH			An aging population.
1166	67756	Good	Increasing - moving up	NH			Elderly population
1222	67756	Good	Increasing - moving up	OWN			People being lazy and not wanting to work or do much. To many handouts
1274	67756	Average	Decreasing - slipping downward	OWN			People just don't take care of themselves. They want everything handed to them.
1141	67756	Good	Increasing - moving up	OWN			self-induced
1024	67756	Average	Not really changing much	OWN			Stubborn farmers who don't want to go to the doctor
1146		Good	Not really changing much	PREV	ALT		Greater emphasis on "wholeness: physical, emotional, spiritual...
1095	67756	Average	Not really changing much	PREV	ALT		Too much emphasis on allopathic care. So many other options available.
1264		Good	Not really changing much	SERV	NH		Lack of respite services for individuals caring for an elderly relative.

CHNA 2023 Feedback: Cheyenne County Hospital (St. Francis, KS) N=276

ID	Zip	Rating	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1271	67731	Average	Not really changing much	ACC	HRS		Access to more hours in BC
1075	67745	Good	Increasing - moving up	ACC			Always can use more in BirdCity
1114	67756	Good	Increasing - moving up	ACC			There are times when the clinic hasn't been available when patients needed it. They were told they couldn't get in that day.
1081	67756	Very Good	Increasing - moving up	ALL			Need more ever thing
1061	60609	Good	Increasing - moving up	ALT			Recreational marijuana everywhere
1190	67756	Good	Not really changing much	CLIN	SCH		Sometimes can not get into the clinic to be seen, already booked up schedules
1020	67767	Average	Decreasing - slipping downward	CLIN	SCH		Walk in Saturday morning do not have time to see the walk ins and are asked to schedule appt for later in the week. Appointments often must be scheduled 2 weeks in advance for earliest available time. Pts are not notified of lab results or medication changes in timely manner.
1230	67756	Good	Increasing - moving up	CLIN			It is getting better, but sometimes it is hard to get in to the clinic same day
1021	67756	Average	Not really changing much	COMM	CLIN		Need better communication.. between clinic, patient, hospital.
1181	67731	Average	Increasing - moving up	DOCS	ACC		If people are wanting a specific provider, there may not be availability immediately
1262	67756	Average	Not really changing much	DOCS	ACC		Limited availability for routine doctor visits
1272	67731	Very Good	Increasing - moving up	DOCS	ACC		need another provider
1189	67756	Very Good	Not really changing much	DOCS	DENT	MH	I'm not sure what you mean by providers. I do not think that the vision, dental, mental health, or chiropractic services in Saint Francis are any good at all.
1248	67756	Average	Increasing - moving up	DOCS	EMER		Takes too long for on call doctors to get to hospital for emergency
1139	67731	Good	Increasing - moving up	DOCS	STFF		Could have more provider so the current ones D'Souza not burn out
1025	67756	Average	Decreasing - slipping downward	DOCS	STFF		I am honestly not sure if we have enough providers/staff available. I do not use our hospital and clinic enough to be able to confidently answer if we have enough staff
1195	67756	Very Good	Increasing - moving up	DOCS	STFF		Need enough permeant providers on staff so that time off does not need to be covered by outside providers
1182		Very Good	Not really changing much	DOCS			could use another provider
1022	67756	Good	Increasing - moving up	DOCS			Currently, providers seem to be overworked and relied on heavily which some show symptoms of burnout. Others also show better overall usage of more recent health practices
1275	67756	Average	Decreasing - slipping downward	DOCS			Dr. Licke is paid by Cheyenne County tax dollars and lives in Sherman County. Medical providers need to live in Cheyenne County. Dr. Licke is gone alot and hard to make an appointment with for female issues.
1129	67756	Very Good	Not really changing much	DOCS			I feel like more providers is always a need so that existing providers don't get burned out.
1219		Average	Not really changing much	DOCS			Just more knowledgeable providers.
1237	67756	Average	Not really changing much	DOCS			More docs
1133	67731	Average	Increasing - moving up	DOCS			More provider time in bird.
1197	67756	Good	Not really changing much	DOCS			Need another full time provider, MD or PA/APRN
1168	67756	Very Good	Not really changing much	DOCS			seems like there are new doctors that come help while the doctors that are on staff are gone, should be better coverage so we don't have to use out of town doctors
1144	67756	Good	Increasing - moving up	EMER	CLIN	DOCS	There should be more providers, so that when at the clinic and there is an emergency your provider doesn't have to leave and take care of the ER.
1069	67756	Average	Not really changing much	EMER	DOCS		ER on weekends a Dr would have to be called in
1131	67756	Average	Decreasing - slipping downward	FEM	DOCS		Need another female doctor that lives in the county
1173	67756	Average	Decreasing - slipping downward	FEM	DOCS		Need another female doctor. Dr. Bosen is great and Mr. Parsons is good. Do not like going to a visiting doctor, I don't feel like I get consentant care.
1098	67756	Average	Decreasing - slipping downward	FEM	OBG		Need another female doctor and spends time with you not in a hurry like the one now. Needs to live in Cheyenne County too
1212	67756	Very Good	Not really changing much	FINA			There is significant use of agency and locums that increases local costs, I understand that his can't be helped and won't be a quick fix.
1060	67731	Average	Not really changing much	HRS	CONF		Longer hours in bird city and more privacy
1143	67756	Very Good	Increasing - moving up	NH			RN LPN and CNA shortage hurts both hospital and nursing home.
1008		Good	Increasing - moving up	NO			I don't know.
1091	67756	Average	Decreasing - slipping downward	NURSE	FAC		don't recognize nurses in hospital; clinic Dr. Licke hurries us through not enough time to explain and talk to her face to face.
1148	67756	Very Good	Not really changing much	NURSE	OBG		Nursing, specifically OB nursing
1163	67756	Poor	Decreasing - slipping downward	NURSE	STFF		As stated before we need more competent nurses and staff.
1051	68757	Good	Increasing - moving up	NURSE	STFF		Short nursing staff. If there is a big accident
1117	67756	Good	Increasing - moving up	NURSE			It seems like we have a problem keeping good nurses
1170	67756	Average	Increasing - moving up	NURSE			More nursing experience and stability.
1150	67756	Average	Decreasing - slipping downward	NURSE			Nursing at the hospital is a problem. Many new faces and high turnover
1269	67756	Good	Increasing - moving up	NURSE			Shortage on nurses
1192	67756	Good	Not really changing much	OBG	TRAIN	EMER	Lack in OB training at the hospital for nurses. Unsure if an OB comes in if the nurse can complete what is needed done, especially in an emergency. We have very good, competent providers. Sometimes I don't know if they are staffed appropriately. Where only 1 provider is in clinic. I think with 5 providers, we could at least always have 2 on.
1095	67756	Average	Not really changing much	ORTH	NH	TRAV	Orthopedic surgeons are within 40 minutes and are excellent, yet thus County continues to send elderly patients 3-4 hours away and often without a family member available. Why not utilize Wray?!
1274	67756	Average	Decreasing - slipping downward	OTHR			But use a lot of locums, and no ownership.
1109	67731	Average	Not really changing much	PHAR	OPHTH		Hard to get in same day for things that require antibiotics like ear infection, pink eye, etc
1226	67756	Very Good	Increasing - moving up	PT			Physical therapy
1246	67731	Good	Not really changing much	PT			PT providers
1225	67756	Average	Decreasing - slipping downward	QUAL			Getting Better, but still seems that there could be improvement
1130	67756	Very Good	Not really changing much	QUAL			Most of the time

CHNA 2023 Feedback: Cheyenne County Hospital (St. Francis, KS) N=276

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1062	67731	Average	Not really changing much	ACC	RESO		More locations
1170	67756	Average	Increasing - moving up	ALC	AWARE	MH	Alcohol awareness, mental health programs,
1177	67756	Very Good	Increasing - moving up	ALC	DRUG		I am not familiar with the who, what or where for education for new parents, who is readily available for mental health care. I do think that there is a support group(s) for drug & Alcohol abuse but not sure they reach enough people.
1129	67756	Very Good	Not really changing much	ALT	ACC		I would love to see a functional medicine or homeopathic practitioner in our community.
1095	67756	Average	Not really changing much	ALT	VACC	DRUG	Homeopathic Acupuncture Anything besides toxic vaccines and drugs
1146		Good	Not really changing much	ALT			move from allopathic to total health care...
1169	67756	Very Good	Increasing - moving up	AWARE	EDU		self help awareness of personal health
1180	67756	Very Good	Not really changing much	AWARE	MRKT	NUTR	Maybe a community awareness campaign on increasing healthy activities. Perhaps a community contest for weight loss (husband + wife weight loss contest) and write up these results in the paper. Community walking nights?
1083	67756	Very Good	Increasing - moving up	CC	SPRT	HH	Childcare, prenatal classes, after school programs, home health.
1081	67756	Very Good	Increasing - moving up	CC	STFF	MH	Child care maintaining staff, including home health after school programs mental health
1044	67861	Good	Not really changing much	CC			Childcare
1043		Good	Increasing - moving up	CC			Childcare
1197	67756	Good	Not really changing much	CHRON	OBE	FIT	Chronic Disease/Obesity and not the SAD (Standard American Diet). Low Carb/Low Sugar, exercise, weight training.
1217	67731	Good	Increasing - moving up	CHRON			Programs such as Celebrate Recovery for people with life controlling problems.
1171	67731	Average	Not really changing much	CLIN	EQUIP		Bird City Clinic upgrade
1266	67756	Average	Decreasing - slipping downward	CONF			thorough informed consent
1240		Very Good	Increasing - moving up	DENT			Dental Care
1004	67731	Poor	Not really changing much	DIAL	DENT	CLIN	Dialysis, dentistry, and a new clinic in Bird City to offer a confidential service.
1186	67756	Average	Decreasing - slipping downward	DRUG	MH		Substance Abuse, Mental Health
1061	60609	Good	Increasing - moving up	DRUG			Recreational cocaine
1024	67756	Average	Not really changing much	EDU	ACC	DRUG	Health education and access to healthcare in the school is lacking. Almost nonexistent. Substance abuse is a very serious problem too.
1069	67756	Average	Not really changing much	EDU	OBE	DIAB	Education for high cholesterol, obesity and diabetes. Exercise classes especially for the aging
1173	67756	Average	Decreasing - slipping downward	FEM	SPRT		Womens health programs
1238	67731	Good	Increasing - moving up	FINA	NUTR		Simply produce baskets were a good way to get people eating better at an affordable cost. Perhaps more events that encourage people to get out and be active.
1265	67756	Good	Increasing - moving up	FINA			Better reaching out as not everyone is able to afford the news paper or to get out much to see local bulletin boards more ways to reach the community
1074	67731	Average	Not really changing much	FIT	NH		Exercise for elders
1144	67756	Good	Increasing - moving up	FIT	REC		More places to exercise, like a walking trail or bike trail would be nice to stay active.
1096	67756	Good	Not really changing much	FIT			a fully functional gym with circuit training machines
1222	67756	Good	Increasing - moving up	FIT			Community exercise programs
1148	67756	Very Good	Not really changing much	MH	AWARE	SH	Mental health awareness in the school system
1016	67756	Good	Increasing - moving up	MH	CC		Mental health for children and adults.
1139	67731	Good	Increasing - moving up	MH	DRUG	ALC	Mental health access, drug /alcohol rehab
1198	67756	Good	Not really changing much	MH	NH		Any program in regards to mental health, other than Senior Life Solutions would be a step in the right direction.
1051	68757	Good	Increasing - moving up	MH	NUTR		More Mental health available. Improving food pantry, store has it a lot of outdated dry goods.
1219		Average	Not really changing much	MH	SERV	SPRT	More mental health services, grief support, cancer support
1231	67756	Very Good	Increasing - moving up	MH	SERV		Continue to build Mental Health services
1234	67756	Poor	Not really changing much	MH	STFF		MENTAL HEALTH FACILITY FULLY STAFFED AND FUNCTIONAL
1168	67756	Very Good	Not really changing much	MH	SUIC	PREV	mental health and suicide prevention, there are just not enough people in our community that are trained to help in this area
1189	67756	Very Good	Not really changing much	MH	TEEN	TELE	In person mental health provider for children, teens, and adults under 65. High Plains only does telehealth here.
1243	67756	Very Good	Not really changing much	MH			Better mental health care for everyone
1138	67731	Good	Not really changing much	MH			Community MH task force or committee to connect all facets of available MH
1136	67731	Good	Not really changing much	MH			Free Mental Health
1227	67756	Very Good	Increasing - moving up	MH			Intensive Mental Help for those under the age of 65.
1223	67756	Good	Increasing - moving up	MH			mental health
1116	67756	Average	Not really changing much	MH			Mental health
1145	67756	Good	Increasing - moving up	MH			Mental health for younger adults
1064	67731	Average	Increasing - moving up	MH			Mental health for younger adults and kids.
1102	67756	Good	Not really changing much	MH			Mental health groups
1239	67756	Average	Not really changing much	MH			Qualified mental health care
1271	67731	Average	Not really changing much	MH			The mental health communities have gone out on their own so maybe help them and collaborate services.
1126	67731	Good	Not really changing much	NH	ACC		Better access for the elderly to receive Senior Life solutions for those living in Bird City.
1090	67756	Very Good	Increasing - moving up	NH	FIT		Senior exercises
1101	67756	Good	Increasing - moving up	NH			Respite for adults caring for elderly family members
1272	67731	Very Good	Increasing - moving up	NUTR	ACC	DRUG	food programs, easier access for substance abuse patients
1158	67756	Very Good	Increasing - moving up	NUTR	MH		Nutrition; mental health as part of every check-up to remove stigma; school programs on nutrition and mental health.
1130	67756	Very Good	Not really changing much	OBE	NUTR		Obesity and eating
1254	67756	Good	Increasing - moving up	OBES	CLIN		Weight loss clinic
1085	67756	Good	Not really changing much	OBG	HH	MH	Prenatal classes, improved home health, improved mental health, more childcare
1195	67756	Very Good	Increasing - moving up	ORTH	DERM	PEDS	Would be nice to be able to see a dermatologist, pediatricist, and orthopedist in town if needed.
1020	67767	Average	Decreasing - slipping downward	PREV	EDU	MH	Overall health and wellness education Mental health substance abuse
1236	67731	Average	Not really changing much	PREV	EDU	OWN	Preventative health care is NEEDED. How to stay healthy and if you do seek medical help --it needs to be treated or followed up on.
1207	67731	Average	Increasing - moving up	PREV	FIT	MH	Health and wellness, Exercise Mental Health

CHNA 2023 Feedback: Cheyenne County Hospital (St. Francis, KS) N=276

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1212	67756	Very Good	Not really changing much	PREV	MH	RESO	Community wellness initiatives. We need to figure out how to provide mental health resources in a sustainable way. Everyone knows we need it, but it creates a burden for other already challenged services.
1230	67756	Good	Increasing - moving up	PREV	NUTR		Health/wellness/nutrition
1150	67756	Average	Decreasing - slipping downward	PREV	SH	EDU	Wellness! Does our county health really work with the schools to educate kids on disease prevention, mental health wellness, etc? Diabetic education/support. At one time CN county had an active diabetic group.
1094	67756	Good	Not really changing much	PREV			Programs for prevention of illness
1269	67756	Good	Increasing - moving up	PREV			Wellness
1262	67756	Average	Not really changing much	PRIM			Just focus on providing excellent primary care instead of trying to innovate and come up with new programs.
1155	67756	Very Good	Increasing - moving up	PUL			Need a pulmonologist
1237	67756	Average	Not really changing much	QUAL	SERV		Fix what we have 1st.
1233	67756	Good	Not really changing much	QUAL			don't necessarily need new, just better
1267	67731	Very Good	Increasing - moving up	QUAL			I believe we have what is needed
1054	67731	Average	Not really changing much	QUAL			Yes medical in hospital patient care for family to stay with other members in hospital
1022	67756	Good	Increasing - moving up	REC	INSU	NUTR	Community rec programs/sliver sneakers programs allowing insurance coverage to help with workout/health/nutrition programs
1259	67756	Very Good	Increasing - moving up	REC			An outdoor walking track or activity center (look at Atwood's walking track around their lake).
1019	67756	Average	Not really changing much	SCAN			More screening options for residents.
1058	67731	Average	Not really changing much	SCH	DOCS		Apps to make our appointments and to notify us and help finding doctors
1057	67756	Good	Not really changing much	SCH			To get an app to set up appointments
1154		Very Good	Not really changing much	SERV	ACC		Becoming a part of the community and knowing and understanding the needs. We are so inclined to rely on DATA to meet needs, but in small communities we need more individual assessment. not more "programs".
1225	67756	Average	Decreasing - slipping downward	SERV	INSU		Community Programs about signing up for Medicare/ Medicaid or secondary ins. for person's who do not have family to help them.
1192	67756	Good	Not really changing much	SERV			Possibly things as far as adult coed to be active. Steps challenge, different things to make community members engaged and competitive.
1264		Good	Not really changing much	SERV			Respite services
1009	67731	Very Good	Increasing - moving up	SH	MH		Working with the school systems and letting that be a stepping stone for students is huge and gaining trust with their family's Mental health and letting people know it's okay to not be okay all the time.
1025	67756	Average	Decreasing - slipping downward	SH	NUTR	DRUG	I believe there needs to be more work done in the schools. Health and nutrition was never really touched on when I was in school. Parents and teachers need to be aware of what food children need to be eating. We also need to address substance abuse in our community. The number of people in our community that I believe has substance abuse problems is outrageous and it only getting worse. Yes, the individual needs to want to working on their substance abuse but if we don't offer or advertise services to help, no one is going to want to try and get better
1182		Very Good	Not really changing much	SPEC	DOCS		more specialty providers
1079	67756	Average	Not really changing much	SPEC	DOCS		Need more specialty providers
1099	67756	Very Good	Increasing - moving up	SPRT	RESP		Family caregiver respite care
1021	67756	Average	Not really changing much	SPRT	SERV		We don't need any NEW programs. People are private.. and don't take part in such things.
1076	67756	Good	Increasing - moving up	SPRT			Meals on wheels in bird city
1202	67756	Average	Decreasing - slipping downward	STFF	FIT	SPEC	Hospital daycare for employees. Health and fitness center with classes Mental health specialist Indoor recreational center for people of all ages with various activities
1175	67756	Very Good	Increasing - moving up	STFF	SPRT		Strong supporter of community Child Care which could help with many other issues.... staffing, family support, economic dev and would receive a lot of federal and state support - along with grant funding. Win, Win, Win
1143	67756	Very Good	Increasing - moving up	TRAIN	NURSE		Need a program to help train nurses.
1275	67756	Average	Decreasing - slipping downward	WEB			need to make website more user friendly - hard to find subject matter material compared to other websites.

Let Your Voice Be Heard!

In 2020, Cheyenne County Hospital surveyed our community stakeholders to assess health needs. Today, we request your input again in order to create a 2023 Cheyenne County, KS Community Health Needs Assessment (CHNA).

To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery. The survey deadline will be on WED 4/26/23 NOON.

While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention!

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

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

Please specify why.

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

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

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

- | | |
|-------------------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Substance Abuse (Drugs & Alcohol) | <input type="checkbox"/> Access to Child Care |
| <input type="checkbox"/> Mental Health (Diagnosis, Treatment, Aftercare, Providers) | <input type="checkbox"/> Food Insecurity |
| <input type="checkbox"/> Staffing: Lack of Qualified Healthcare Workers | <input type="checkbox"/> Suicide Prevention |
| <input type="checkbox"/> Lack of Adequate Medicaid Reimbursement | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Health Apathy | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Community Health Education | <input type="checkbox"/> Financial Resources |
| <input type="checkbox"/> Obesity (Nutrition & Exercise) | <input type="checkbox"/> Healthcare Confidentiality |
| <input type="checkbox"/> Access to Affordable Health Insurance | <input type="checkbox"/> Access to Visiting Specialists |

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

- | | |
|-------------------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Substance Abuse (Drugs & Alcohol) | <input type="checkbox"/> Access to Child Care |
| <input type="checkbox"/> Mental Health (Diagnosis, Treatment, Aftercare, Providers) | <input type="checkbox"/> Food Insecurity |
| <input type="checkbox"/> Staffing: Lack of Qualified Healthcare Workers | <input type="checkbox"/> Suicide Prevention |
| <input type="checkbox"/> Lack of Adequate Medicaid Reimbursement | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Health Apathy | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Community Health Education | <input type="checkbox"/> Financial Resources |
| <input type="checkbox"/> Obesity (Nutrition & Exercise) | <input type="checkbox"/> Healthcare Confidentiality |
| <input type="checkbox"/> Access to Affordable Health Insurance | <input type="checkbox"/> Access to Visiting Specialists |

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

- Chronic Disease
- Limited Access to Mental Health
- Lack of Health & Wellness
- Family Assistance programs
- Lack of Nutrition/Exercise Services
- Lack of Health Insurance
- Limited Access to Primary Care
- Neglect
- Limited Access Specialty Care

Other (Be Specific).



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

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chiropractors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Doctor/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"/>



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

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home/Senior Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

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

	Very Good	Good	Fair	Poor	Very Poor
Behavioral/Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal/Child Health Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use/Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence/Abuse Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Wellness Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- Yes No

If yes, please specify your thoughts.

[Text input box]



12. 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

[Text input box]

13. If yes to the question above (Q12), please specify which City you received care from. (Check all that apply)

- Goodland, KS Beckelman, NE
 Colby, KS Atwood, KS
 Wray, CO
 Other (please specify)

[Text input box]



14. 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.

[Text input box]



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

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

- | | | |
|-----------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Abuse/Violence | <input type="checkbox"/> 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).

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

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

Other (Please specify).



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



VWV Consultants LLC



VWV Consultants LLC

Vince Vandehaar, MBA

Principal & Adjunct Professor

VVV@VandehaarMarketing.com

Cassandra Kahl, BHS MHA

Director, Project Management

CJK@VandehaarMarketing.com

McKenzie Green, BS

Associate Consultant

MEG@VandehaarMarketing.com

HQ Office:

601 N Mahaffie, Olathe, KS 66061

(913) 302-7264

<http://vandehaarmarketing.com/>

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