



Goodland
Regional Medical Center

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2020 - 2021
COMMUNITY HEALTH NEEDS ASSESSMENT
Published December 31, 2021

220 W 2nd Street
Goodland, KS 67735

Prepared By:

Carol Sloper, Consultant



Greater Northwest Kansas
COMMUNITY FOUNDATION

105 W. 4th Street, Bird City, KS 67731

This CHNA was a collaborative effort by the following organizations:



Sherman County Community Health Needs Assessment 2020 - 2021

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I. Executive Summary

Community Health is not just the physical health of individuals living within a geographic area, it is the intersection of physical health, mental health, economic health, and social support that impacts the ability for individuals, businesses, and the community at-large to thrive. When needs are not being met in any one of these areas, the “health” of the community is at jeopardy.

Thomas G. Bognanno, President and CEO of Community Health Charities, said it best: “Community health impacts everything—educational achievement, safety and crime, people’s ability to work and be financially healthy, life expectancy, happiness and more. Health impacts every other facet of life, from a child’s ability to learn to an adult’s ability to work, so health is critical for education and financial well-being.”¹

CHNA Purpose

Communities need to complete a Community Health Needs Assessment (CHNA), a process to develop a strategic plan to improve community health and wellness, every 3 to 5 years. Federal and State Governments, Community Hospitals and Health Centers, Safety-Net Clinics, Community Dental Clinics, County Health Departments, and Community Development Organizations complete a CHNA for planning, funding, and achieving positive outcomes.

Beyond the legal requirement, health leaders in Sherman County believe that by conducting a CHNA periodically, a snapshot of the overall health of the community can be captured and reviewed by the public with the goal of addressing the unmet needs. These needs may be appropriate for the health department, dental clinic, or health center to address, but some findings may require being addressed by other community groups or organizations. This process can be a conduit to collaboration. The survey data helps facilitate community discussions to remove barriers which keep individuals and the entire community from thriving.

There is no one definition of “community health need.” This is up to the interpretation of the stakeholders engaged in the process. To assess the health needs of the community, a broad representation of the community must be surveyed to identify the significant health needs of the population. Health requirements and potential resources are then identified. Resources can include organizations, facilities, and programs in the community, including those of the hospital facility, health clinic, dental clinic, or public health department, potentially available to address those health needs.

CHNA Survey

The most recent CHNA prior to this assessment was conducted in 2018. In that survey, 4% of the adult population of Sherman County responded to the survey with the top concerns being:

- Health and Wellness (exercise, nutrition)
- Chronic Disease Prevention (obesity, diabetes, etc.)
- Regional Collaboration Among Health Care Providers
- Expanded Access to Mental Health Care Services
- Physician Recruitment and Retention.

Over the past three years, health care providers and leaders in Sherman County have created programs and projects to address these concerns. This current CHNA continues to build on past priorities by providing the data to support additional programs and changes to continue improvement of the overall health of Sherman County.

The 2020-2021 CHNA was conducted by a third-party consultant, Carol Sloper of Greater Northwest Kansas Community Foundation of Bird City, Kansas. Mrs. Sloper has a bachelor’s in Journalism and Mathematics Education and has experience with large and small hospital operations in both urban and rural settings. Her impartial view of the data helped facilitate robust discussion of the information gleaned from the survey and process.

The 2020-21 survey tool (*see Supporting Document A*) resulted in an 11.5% response rate (511 out of 4,450 people ages 18 and over). As is typical with surveys, some participants did not complete the entire questionnaire. By the end of the survey, there were 457 respondents (10.3%) remaining through the last question. The overall responses provided adequate data for analysis of community needs.

The primary community concerns which emerged from the 2020-21 CHNA include:

- Economic Development (businesses, jobs, livable wages, cost of living, housing)
- **Health Care Providers** (retain / recruit medical staff)
- Hospital Quality / Retaining Facility (Centura)
- **Mental Health** and Substance Abuse (quality and local treatment)
- Community Engagement (activities, fitness) / Communication
- Covid Pandemic

Two of these top concerns were also deemed priorities in the 2018 CHNA:

- **Access to Mental Health Care Services**
- **Physician Recruitment and Retention**

Leaders from the Sherman County health department, hospital, health clinic, and other area health care providers acknowledge that they may not be able to have a direct hand in change for some of these top concerns, but they most certainly will have implementation strategies to address issues such as health care providers, local access to mental health and substance abuse treatment, and quality health care systems. Individuals, other organizations, and businesses in the community will need to collaborate to address the economic concern and community engagement and communication. An alliance already exists and is actively working to address Mental Health Services at a regional level. Several groups connecting via the Sherman County Community Foundation's Strategic Doing initiatives are addressing activities / fitness, housing, economic development, and promoting / marketing within the Sherman County community.

Legal Requirements

As stated previously, federal and state policies require a community health needs assessment (CHNA) to be completed every three to five years for community hospitals and health centers, safety-net clinics, community dental clinics, and county health departments and to adopt an implementation strategy to meet the community health needs identified through the process. To conduct a CHNA, the following steps should be completed:

1. **Define the community it serves.** (*Sherman County and surrounding area citizens who obtain health care in Sherman County.*)
2. **Assess the health needs of that community.** (*Survey tool widely distributed, not to just a single faction, including multilingual survey tool.*)
3. In assessing the community's health needs, **solicit and consider input received from persons who represent the broad interests of that community**, including those with special knowledge of or expertise in public health. (*Establish an assessment committee of stakeholders to review the community health needs data that represents a broad spectrum of the population served. Solicit input from public at a community forum.*)
4. **Document the CHNA in a written report** that is provided for use by the health care leadership teams and governing boards of health care organizations. (*Based on this CHNA written report, health care boards or administration should develop and implement actionable strategic initiatives to address results.*)
5. **Make the CHNA report widely available to the public.** (*Publish online, publish highlight of results in local newspaper, have printed copies available at patient facing locations throughout the health complex.*)

CHNA Timeline

The CHNA process began with a planning meeting by a core team of four people on August 5 via Zoom. The official kick off meeting with the designated task force was held on August 27, 2020 at the Goodland Regional Medical Center. The purpose of the gathering was to discuss the scope, purpose, and requirements of the CHNA; determine the scope / content of the survey instrument; discuss community stakeholders in the process; and establish a timeline for completion.

The primary milestones included:

- A draft survey was provided at the kick-off meeting and task members were asked to provide input on questions no later than September 15, 2020.
- An online and paper survey was created in October 2020 by the consultant.
- The survey was distributed from November 1 – December 31, 2020. During that time, all task force members participated in marketing the survey via social media, newspaper ads / press releases, radio announcements, business cards, flyers, and word of mouth (**see examples in Supporting Document B**).
- Data was compiled by the consultant in January and February 2021.
- Executive Summary of data was provided to the task force members and selected stakeholders by email prior to the March 16, 2021, review meeting which was held at Goodland Regional Medical Center.
- Fourteen of the 27 stakeholders and task force members met March 16 from 2 to 4 p.m., to discuss survey findings and establish proposed priorities. It was requested at that meeting to hold off on a public forum until August or September 2021 as the hospital had hired a new Chief Executive Officer and wanted to wait until he started. The actual public forum date was later set for October 18, 2021.
- The Public Forum was advertised broadly in September and October throughout Sherman County in the newspaper, radio, social media, flyers, direct emails to specific stakeholders, and personal invitations (**see examples in Supporting Document D**).
- The final Executive Summary (**see Supporting Document C**) was shared with attendees at the Public Forum. The meeting was held October 18, 2021, at the Elks Club in Goodland and was co-hosted by Sherman County Community Foundation. Approximately 30 people attended the meeting.
- The final CHNA Report was completed in December 2021.
- In December 2021, the CHNA was published on Goodland Regional Medical Center website for public access and announced in the local newspaper and on social media.
- In January 2022 and beyond, Goodland Regional Medical Center leadership team and/or board will establish and implement a community health improvement plan.
- Sherman County Community Foundation will follow up with people from the Public Forum interested in community priorities established at that meeting through the ongoing Strategic Doing process.

II. Methodology

Process Overview

The process was developed and implemented utilizing the contracted professional services of Greater Northwest Kansas Community Foundation (GNWKCF). The CHNA Task Force, comprised of health care leaders in Sherman County, came together to develop the survey questionnaire. Past CHNA survey tools were reviewed, and some questions from prior surveys included to maintain continuity in reporting trends. Emerging concerns were considered, and questions added for a deeper dive for needs such as mental health issues which surface repeatedly in CHNA survey results.

It is important to note that in 2020 and 2021, the world was amid the novel coronavirus (SARS-CoV-2) pandemic. Due to the contagious nature of this virus, extra caution was required when conducting public projects. In past years, the hospital was able to conduct the survey in conjunction with a public health fair, attend community meetings to discuss the CHNA, and visit one-on-one with people to increase distribution of the survey. Distribution of the survey in 2020 required non-personal methods of delivery. Likewise, the Public Forum was less attended than in past years with concerns regarding social distancing.

The CHNA survey was conducted November 1 – December 31, 2020. The target audience was Sherman County citizens ages 18 and above (4,450 persons²). Based on best practices for selecting a sample size for a statistically valid survey with (+/-) 5% confidence level, a sample size of 445 (10%) at the minimum was the target; however, the task force set a goal to reach 15% or 668 responses.

Every effort was made to reach the following demographics to ensure the survey adequately represented each faction of the population: Atwood – 67%, McDonald – 13%, Herndon – 10%, Ludell – 4%, and 6% - other non-incorporated areas; elderly persons 65 and older – 35.7%; minorities – 8.6%; poverty level - 12.9%; and living at or below 200% Federal Poverty Level (FPL) – 32.3%.

The primary survey was conducted through an online link in both English and Spanish. Printed copies in both languages were available and distributed throughout the county. The CHNA assessment consisted of 28 questions that focused on four main areas.

Survey Tool

Survey was conducted from November 1 – December 31, 2020

- **Survey with 28 questions**
 - Community Concerns / Opinions
 - Delivery of Health Care Services / Barriers
 - Behavior / Mental Health Care Services
 - Demographics
- **Administered by Third Party (GNWKCF)**
- **Widely distributed:**
 - Online Link
 - Business Cards at Key Businesses
 - Published in Newspaper (articles & ads)
 - Radio Ads
 - Shared on Social Media
 - Reminders Given at Points of Contact
 - Notices Posted Throughout County

Due to Covid-19 pandemic, Health System staff members did NOT meet with public groups to discuss the survey as would have been the case in normal years.

A public forum was then held to review the survey findings and provide an opportunity for citizens to have input on the findings, ask questions, and prioritize community health needs. At the end of the public forum, citizens were encouraged to sign up to serve on committees to further explore the main priorities through a Strategic Doing Process with a third-party facilitator, Betty Johnson of Betty Johnson & Associates of Lawrence, Kansas.

Final results are published in Section III of this report which will be utilized for the final step of creating of an improvement action plan by GRMC leadership to be adopted by the board. This final phase is being completed outside the scope of this document and is available for public review upon request. The leadership team will use criteria such as urgency, severity, feasibility, disparities, or community established priorities to determine the needs in which they will formally address.

Objectives

The objectives of this assessment include:

- **Identify priorities** by gathering data from our community (**SURVEY**),
- **Analyze indicators** based on the data gathered (**TASK FORCE**),
- **Review and discuss findings** with stakeholders and the community to determine and rank priorities (**PUBLIC FORUM**), and
- **Create a Community Health Improvement Plan** to address those priorities (**HOSPITAL**).

Task Force / Stakeholders

The CHNA Task Force and Stakeholders, comprised of health leaders in Sherman County, included the following representation:

- **Allison Mulch***, Director of Nursing, GRMC
- **Amie Powell***, Clinic Administrator, GRMC
- **Amy Dovidio***, Communications Coordinator, GRMC
- **Andy Flemer***, Interim CEO, GRMC / Centura
- Ashley Mannis, County Clerk, Sherman County
- Chris Crocker, Administrator, Topside Manor
- **Christy Pemberton***, Risk / Compliance, GRMC
- Dawn Jolly, Genesis Food Bank
- Derick Lorentz, CFO, GRMC / Centura
- Donna Swager, Administrator, Hope's Place
- **Erica Warnke***, Dialysis Administrator, GRMC
- **Gennifer House***, Board Member, Topside Manor
- **Jade Spellmeier***, Provider (APRN FNPC), GRMC
- Dr. James Baker, Dentist
- Jen Maddox, Executive Director, ResCare
- **Jennifer Cure***, Sherman County Public Health Director
- **Josh Neff***, Interim CEO, GRMC / Centura
- Judy Goodwin, Administrator, Wheatridge Acres
- Mike Johnson, Northwest Kansas Ambulance Service
- **Dr. Ronald Robinson***, MD and Interim CEO, GRMC / Centura
- Dr. Ryan Newman, Newman Vision Care
- Sandy Kuhlman, Hospice Services & Palliative Care of Northwest Kansas
- **Suzanna Koel***, Foundation / Communications Director, Rawlins County Health Center
- Tammy Fogg, ResCare
- **Tiffany Fisher***, Clinic Quality and Prior Authorization Coordinator, GRMC
- **Dr. Travis Daise***, MD and Chief Medical Officer, GRMC
- Dr. Torrence Gleason, Chiropractor

**Names listed in Bold served on the main Task Force. All members served as Stakeholders for input.*

III. CHNA Survey Results

Demographics

The more closely the response demographics match the actual Census demographics, the more likely results represent the actual population. Overall, when reviewing the demographic data of the Sherman County CHNA, there are many similarities between those people responding to the survey and the actual population of Sherman County with a few exceptions.

RESPONSE RATE: 11.5%, 511 people ages 18 and older.

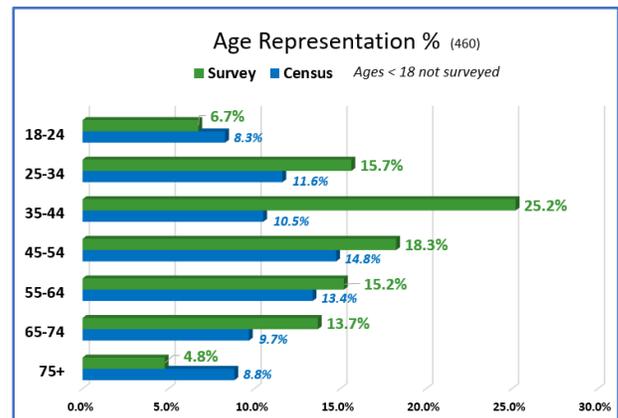
The total response rate was slightly below the task force’s target goal of 15% or 668 responses. The result was an improvement of 7.5% from the 2018 CHNA survey response rate.

AGE:

The population between 35 to 44 years old was significantly over-represented.

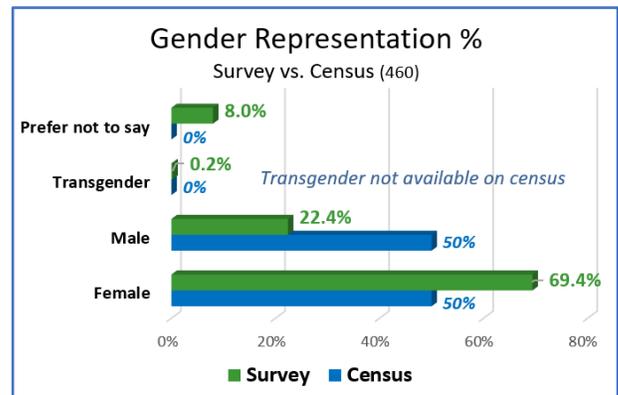
Ages 18-24 and 75 and over were under-represented.

All other age groups were slightly over-represented.



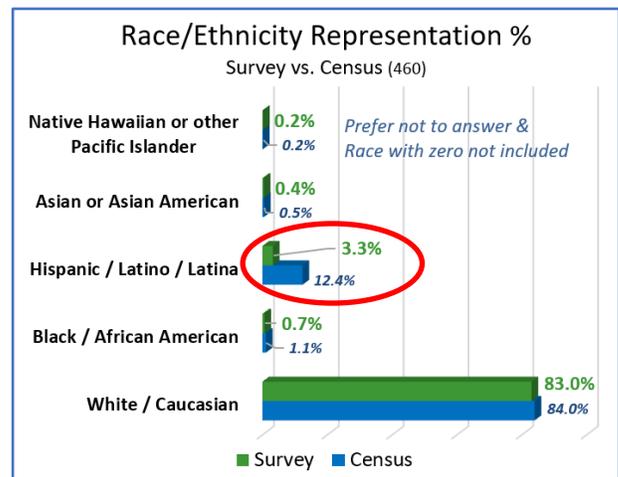
GENDER:

Despite efforts to obtain additional male participation, the female population remained over-represented.



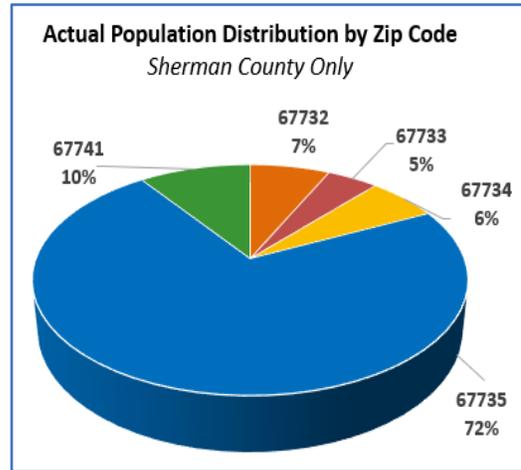
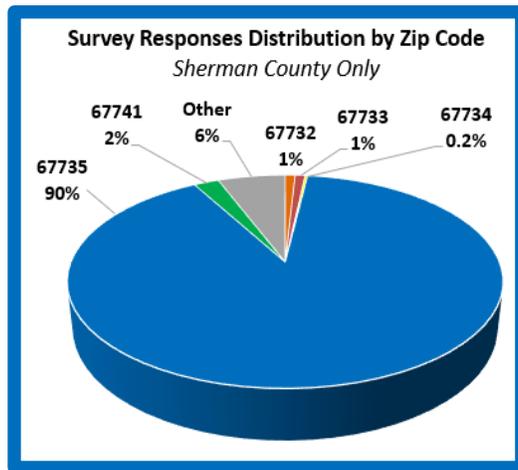
RACE / ETHNICITY:

The Hispanic population was under-represented. Both online and paper surveys were available in Spanish. Social media and other advertising were also created with Spanish versions. Direct outreach to the Hispanic community was attempted by task force members.



ZIP CODE:

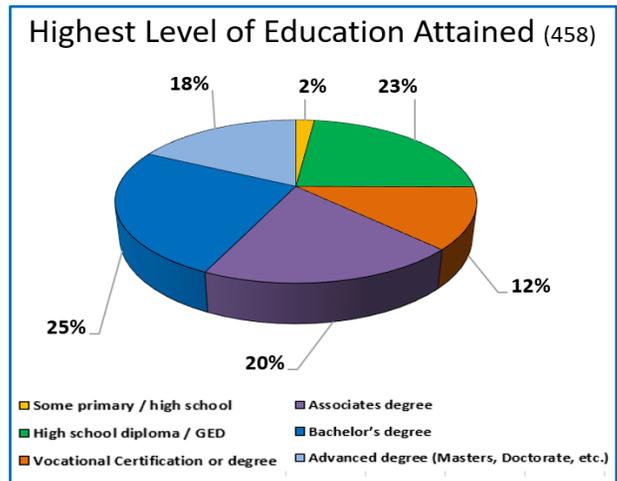
Overall, The Goodland / General Sherman County zip code of 67735 was overrepresented in the survey despite efforts to seek participation from other towns including Edson, Gem and Kanorado.



EDUCATION LEVEL

Nearly 75% of people responding to the survey have education beyond high school with 43% of those who answered the survey having a bachelor's degree or higher.

This is higher than the actual Census data which indicates only 21.8% of people living in Sherman County have a bachelor's or advanced degree. This indicates there is a bias in the data towards people with more advanced education than the actual population.

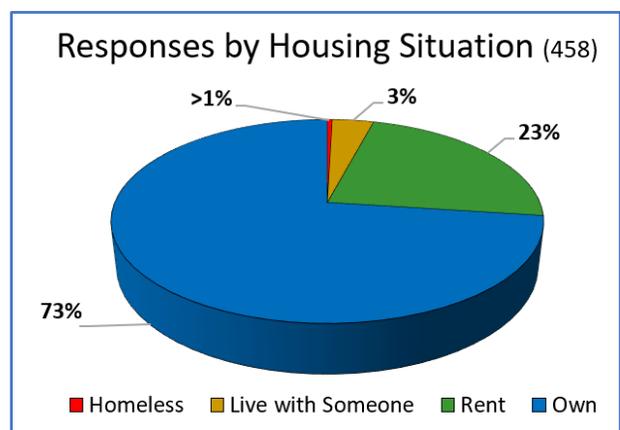


HOUSING SITUATION

The average persons per household in Sherman County in U.S. Census estimates was 2.25 at the time of the survey. Survey respondents averaged 2.91 people per household.

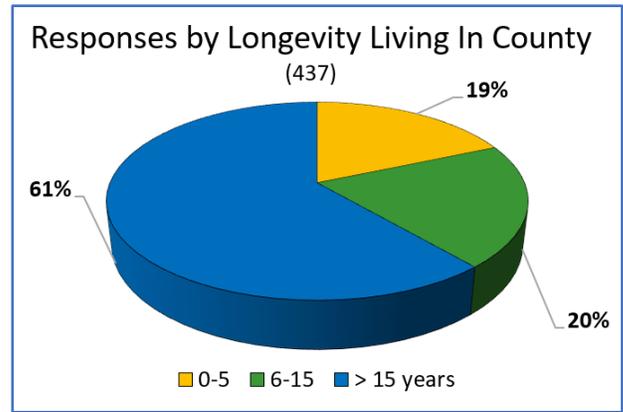
According to 2019 Census estimates, the homeownership in Sherman County is 66.9%.

Survey responses slightly over-represented homeowners by 6.1% based on housing situation.



A majority of respondents, 61%, have lived in the county for more than 15 years.

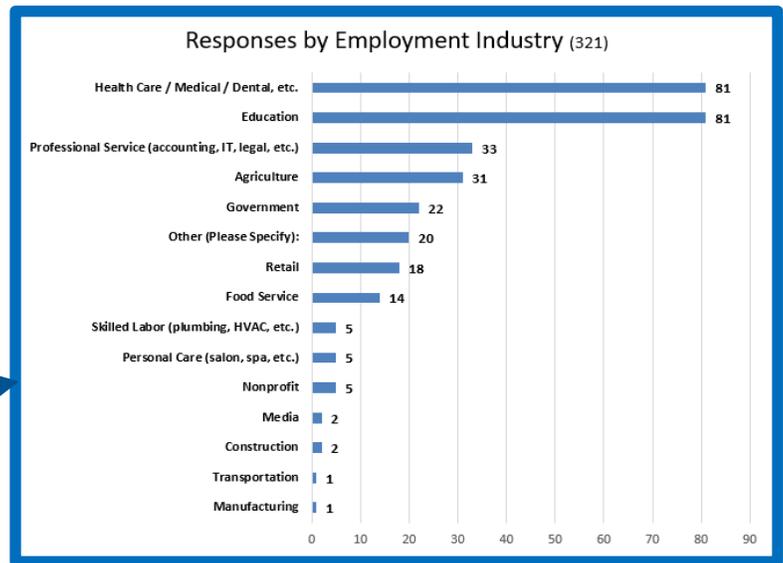
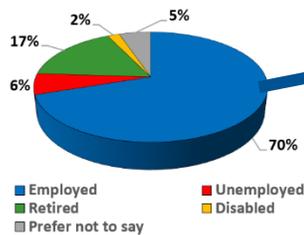
Nearly one fifth of respondents have lived in the county for less than five years. The most recent Census estimates for 2021 indicate the population has had 0% change for the past three years. The six years prior to 2019 show continual decline. It is a positive sign with many people “new” to the county have remained living in the county.



EMPLOYMENT STATUS

The survey slightly overrepresented unemployed persons in the county. The unemployment rate in Sherman County at the time of the survey was 3.2%, and 6.0% persons answered that they were unemployed.

Responses by Employment Status (458)

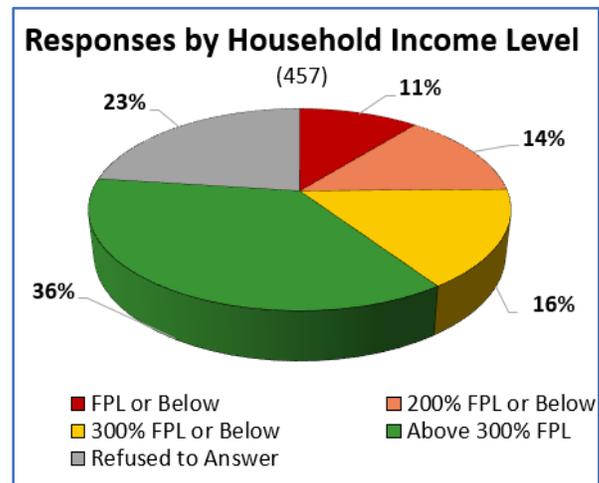


INCOME:

The **Federal Poverty Level (FPL)** is an economic measure that is used to decide whether the income level of a household qualifies the family for certain federal and state benefits and programs.

According to the 2010 U.S. Census, **12.5%** of the Sherman County population lives **below the poverty level**, and more recent 2014-2018 estimates from Kansas Health Matters shows **19.1%** are now living below 100% FPL. Survey respondents living at or below poverty were underrepresented with just **11%** of responses

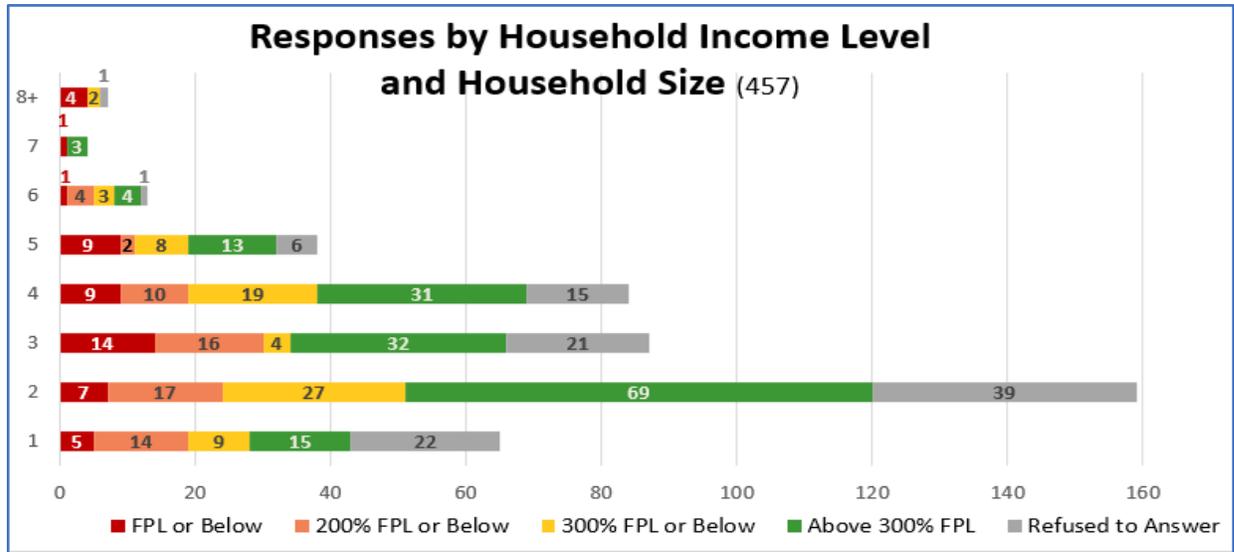
Generally families living **at or below 200% FPL** are considered to be vulnerable families in need of assistance. **25%** of survey responses fall into this **low income / vulnerable population**. According to Kansas Health Matters data, **32.9%** of Sherman County residents live at or below 200% FPL indicating this vulnerable population was underrepresented in the survey.



Overall, lower income families were underrepresented; however, nearly a quarter (23%) of participants refused to answer this question. It is possible the number of low income families responding to the survey is higher than reported.

Some families living **at or below 300% FPL** are still eligible for certain financial assistance programs including the Affordable Health Care Act, and **40%** of survey respondents fall into this category.

Size of Household	100% FPL	200% FPL	300% FPL	> 300% FPL
1	\$ 12,760.00	\$ 25,520.00	\$ 38,280.00	Above
2	\$ 17,240.00	\$ 34,480.00	\$ 51,720.00	Above
3	\$ 21,720.00	\$ 43,440.00	\$ 65,160.00	Above
4	\$ 26,200.00	\$ 52,400.00	\$ 78,600.00	Above
5	\$ 30,680.00	\$ 61,360.00	\$ 92,040.00	Above
6	\$ 35,160.00	\$ 70,320.00	\$ 105,480.00	Above
7	\$ 39,640.00	\$ 79,280.00	\$ 118,920.00	Above
8+	\$ 44,120.00	\$ 88,240.00	\$ 132,360.00	Above

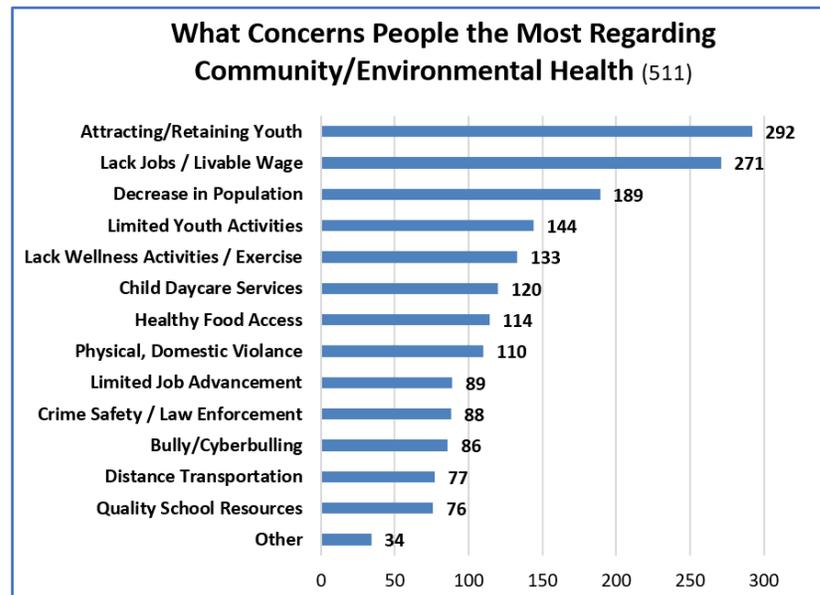


Community Feedback Results

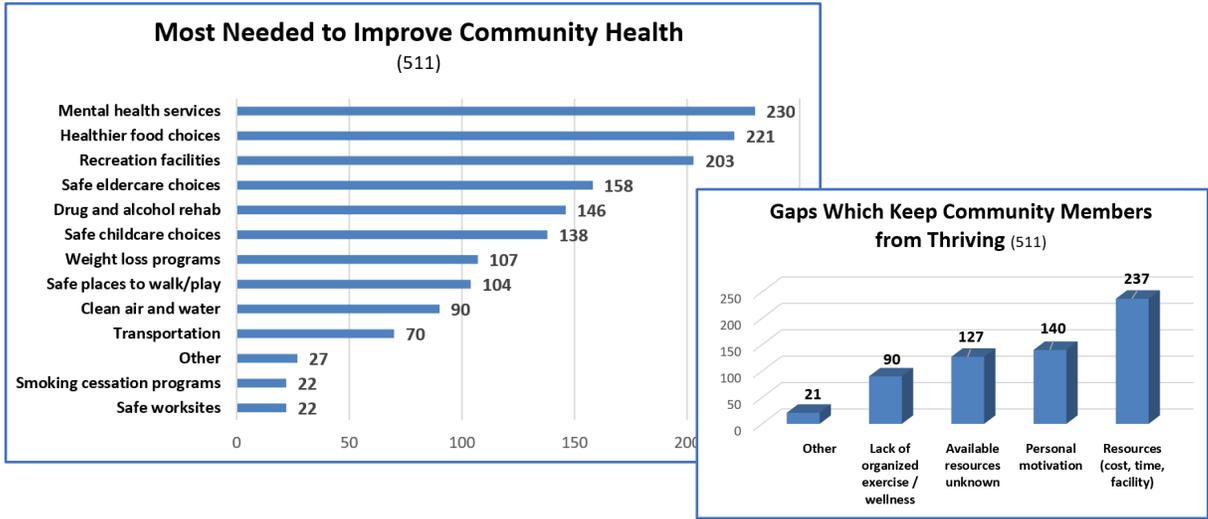
COMMUNITY ASSETS AND CONCERNS

1. Considering factors which impact the **QUALITY-OF-LIFE**, Most of the concerns focused around economic development (attracting / retaining youth, jobs, and wages).

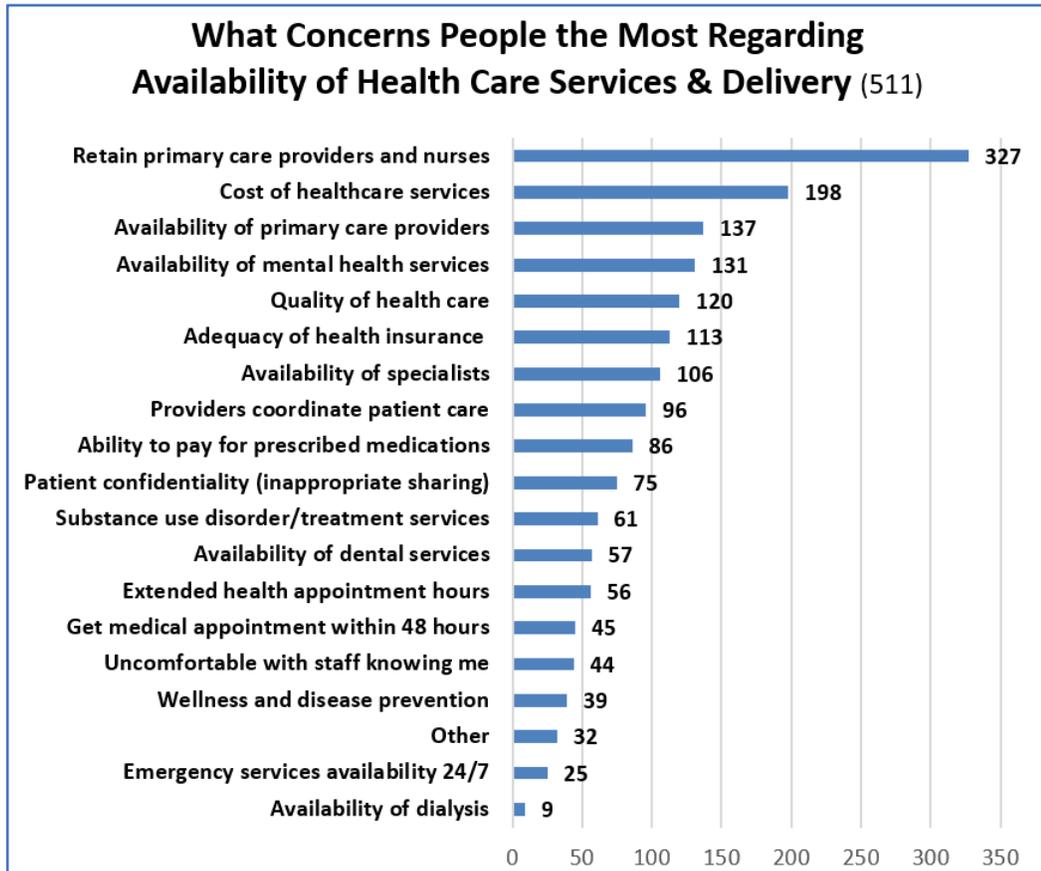
Other concerns expressed impact economic development (having childcare services, quality schools, access to healthy foods, wellness activities, and youth activities). These factors may contribute to a decision of whether or not to move into the county.



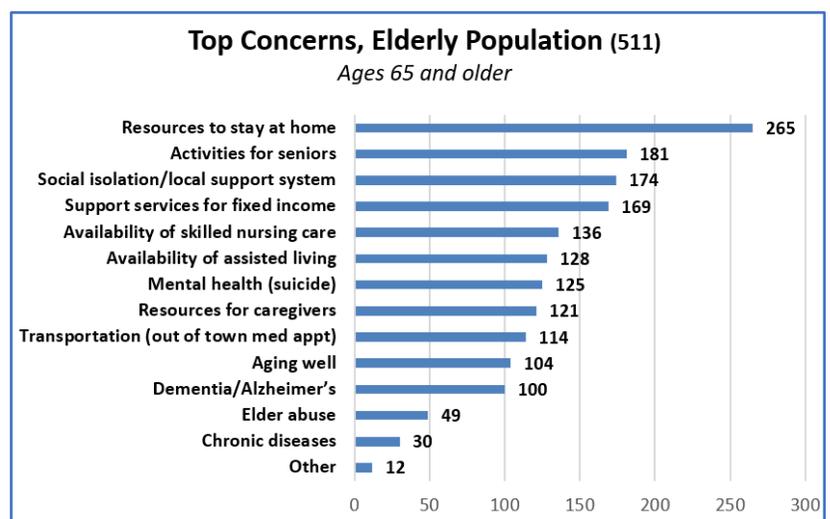
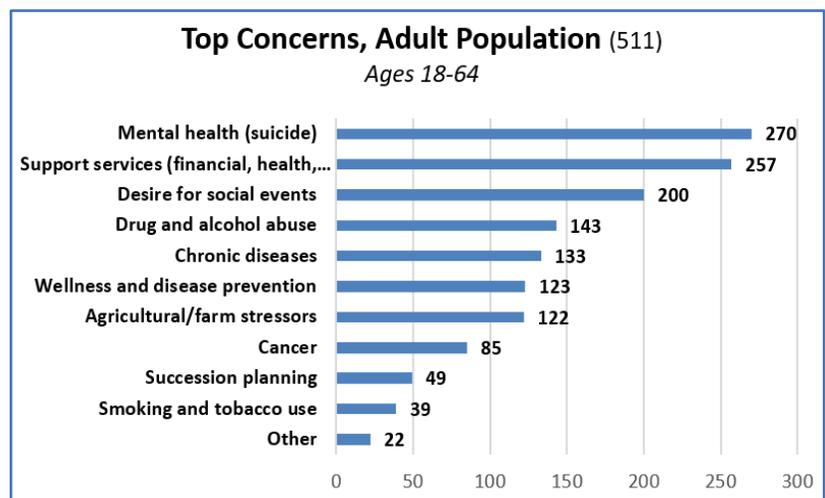
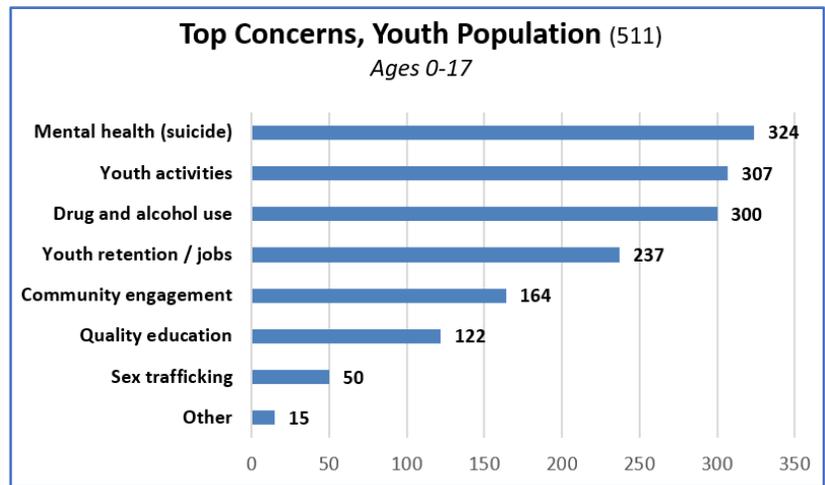
2. When considering what services are needed to address the concerns express regarding community / environmental health, mental health services topped the list. Throughout the survey, mental health and drug and alcohol rehab services rise to the surface as a recurring need.



3. Considering **HEALTH CARE DELIVERY**, overwhelmingly, concern regarding recruiting and retaining health care staff and availability of health care staff (providers) topped the list. Cost, quality and mental health also ranked high in responses.



4. For community health concerns based on age group, the top concern for both youth (under the age of 17) and adults (18-64 years old) was mental health (suicide). For the senior population (65 and older), mental health as a stand-alone topic ranked eighth; however, social isolation / local support system (impacting mental health) ranked third. The top concern for the elderly population revolves around being able to stay at home longer including support services for those on a fixed income.



LARGEST CHALLENGE:

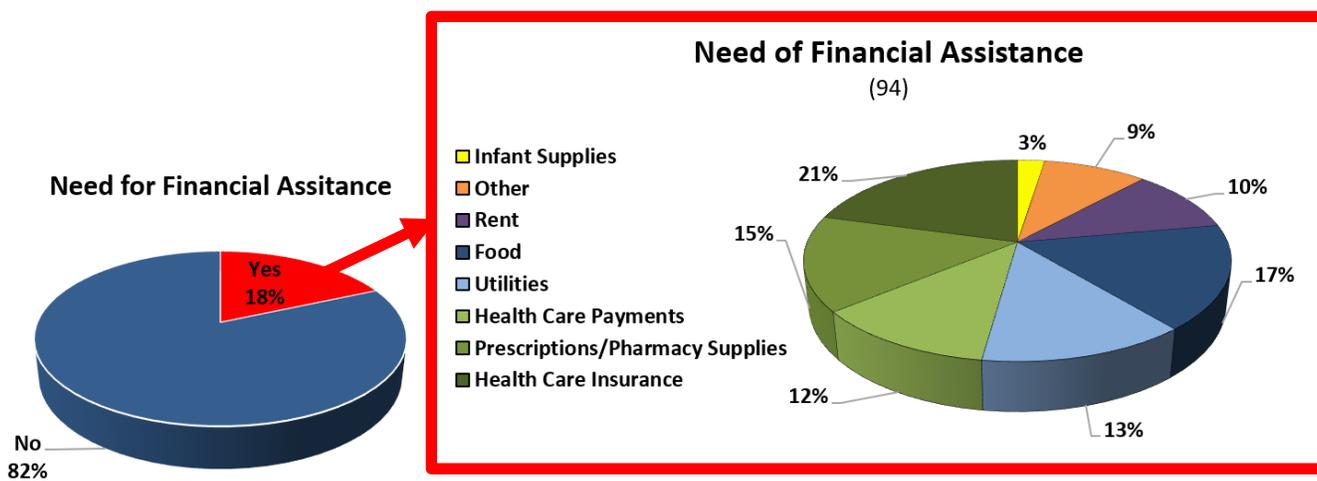
The **top concerns** expressed across multiple questions (regardless of whether community health or delivery of health care) is depicted in the chart below. Economic development and health care staff remain at the top of the list of needs.



FINANCIAL ASSISTANCE

Overall, 18% of survey respondents indicated they need or receive some form of assistance. This more closely mirrors the Kansas Health Matters 2018 estimates for Sherman County that 19.1% of people live below FPL than those who responded with their household income as depicted on Page 8 of this report. With 23% of survey respondents opting to not answer the household income question, this data suggests the lower income population may have been represented more than equitably than the previous financial data suggested.

The chart below indicates the types of assistance required or received. Health Care (shades of green in the chart below – 48%) and Dental Care (shades of blue in the chart below – 30%) expenses comprises 78% of the type of financial assistance needed.

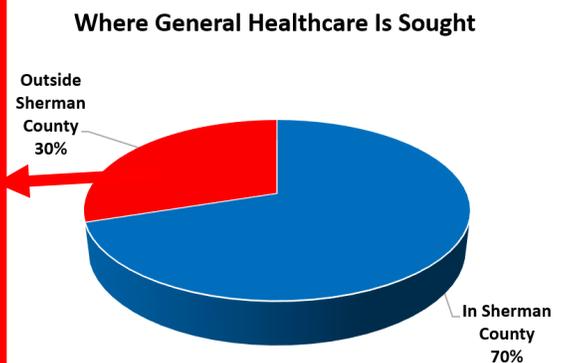
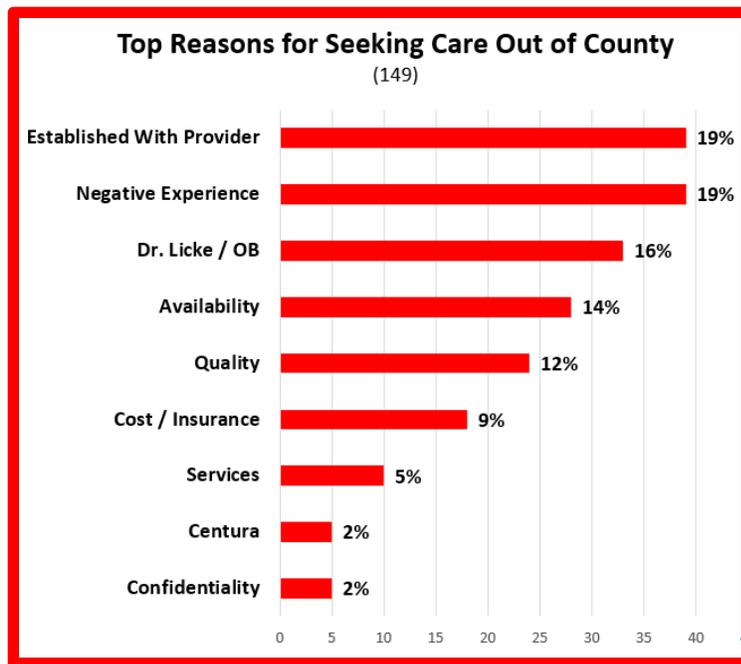


Health Care Systems Results

DELIVERY OF HEALTH CARE SERVICES

Regarding **Delivery of Health Care Services**, 70% of those responding to the survey seek general health care within Sherman County. For the 30% of respondents that look outside of Sherman County (to places such as St. Francis, Colby, or Burlington Colorado) for health care services, the top three reasons (54%) provided included:

- Established with a provider out of the county,
- Have had a negative experience in the county, and
- Have followed Dr. Licke when she changed locations or need obstetrics care.



With nearly 30% of patients “shopping” for health care outside of the county, those individuals are likely to shop for other items in those other communities while there seeking health care. This could result in an additional financial strain on an already fragile local health care system.

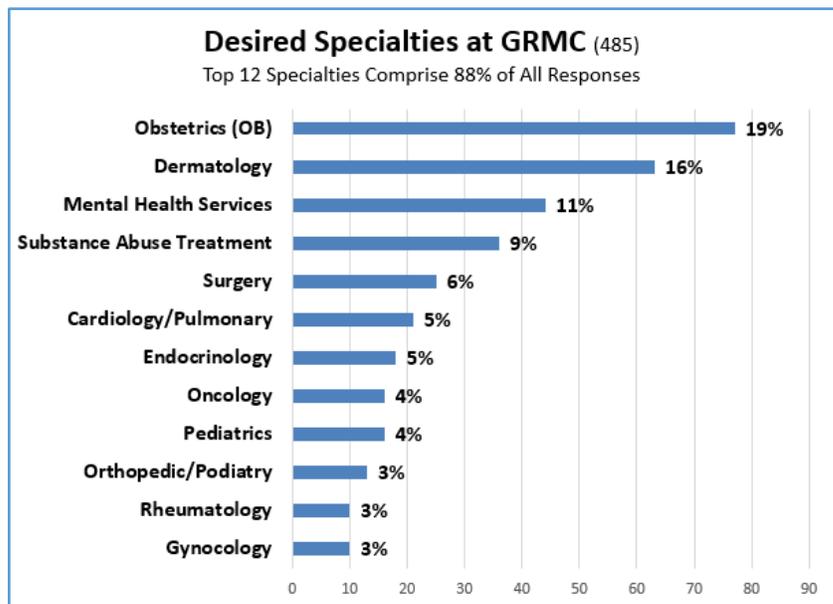
When specifically queried about services provided at Goodland Regional Medical Center, the majority perception of health care services is positive.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unsure
View GRMC as an effective partner in delivery health services	71 15%	199 41%	98 20%	70 14%	48 10%
56% Agree					
GMRC can meet the majority of my medical health needs	52 11%	198 41%	134 28%	71 15%	30 6%
52% Agree					
The outpatient speciality clinic is a very important part of GRMC	224 46%	201 41%	16 3%	7 1%	37 8%
87% Agree					
The dialysis program is a very important service at GRMC	212 44%	139 29%	35 7%	20 4%	79 16%
73% Agree					
The annual health fair is a valuable service / low cost testing	168 35%	181 37%	36 7%	46 9%	54 11%
72% Agree					

When questioned regarding which services were desired at GRMC, the top twelve responses are listed to the right.

In addition to this list, other services (each with 2% or less of all responses) included: bariatrics, allergy specialist, geriatric care, diabetes specialist, gastrologist, neurologist, nutritionist, pain management, colonoscopy, and internal medicine.

Many of the services desired are provided at the specialty clinic. While the obstetrics program is no longer available, the family health care clinic does provide prenatal and post-delivery care as well as well child visits.

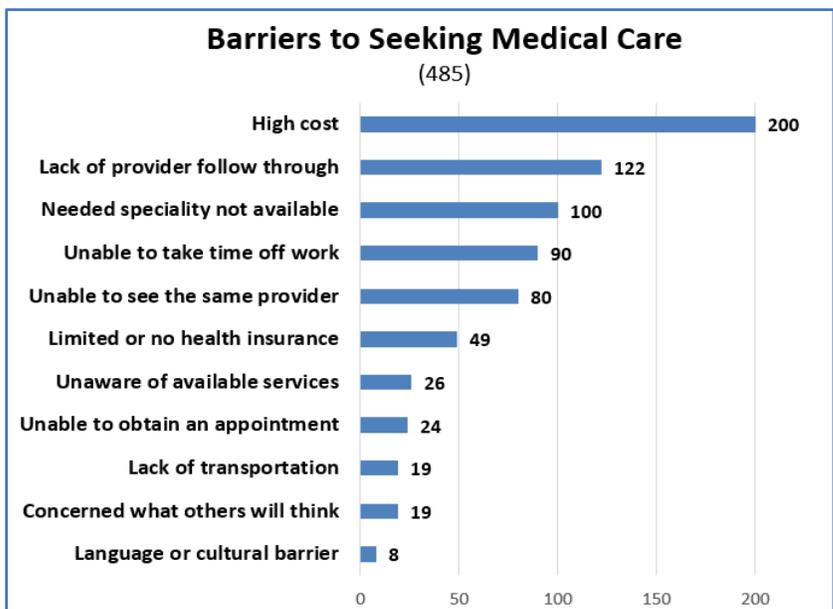


An overwhelming majority (74%) of respondents indicated there was some form of a barrier that kept them or family members from receiving health care.

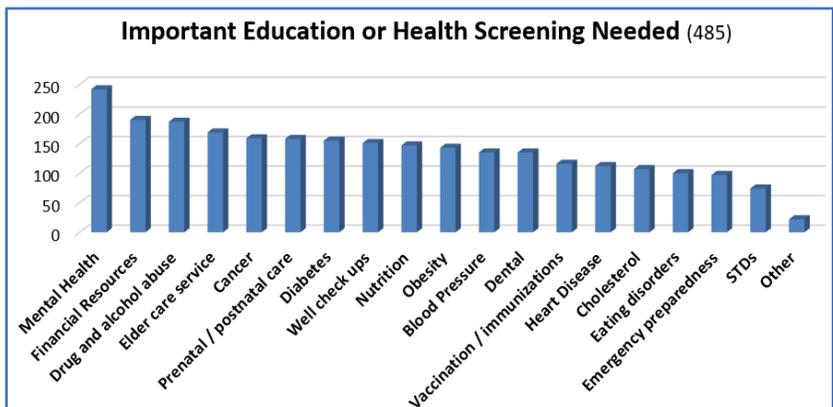
Of those experiencing obstacles to obtain medical care, 27% indicated the high cost of co-pays, prescriptions or other health care services keep them from seeking medical care. Another 7% indicated limited or lack of health insurance was a reason for not obtaining health care.

Service-related barriers included: specialty required was not available (14%) or unaware of the services provided (4%).

Provider-related reasons for not seeking health care included lack of provider follow through (17%) and inability to see the same provider (11%).



Once again, Mental Health topped the list for education or health screenings needed.

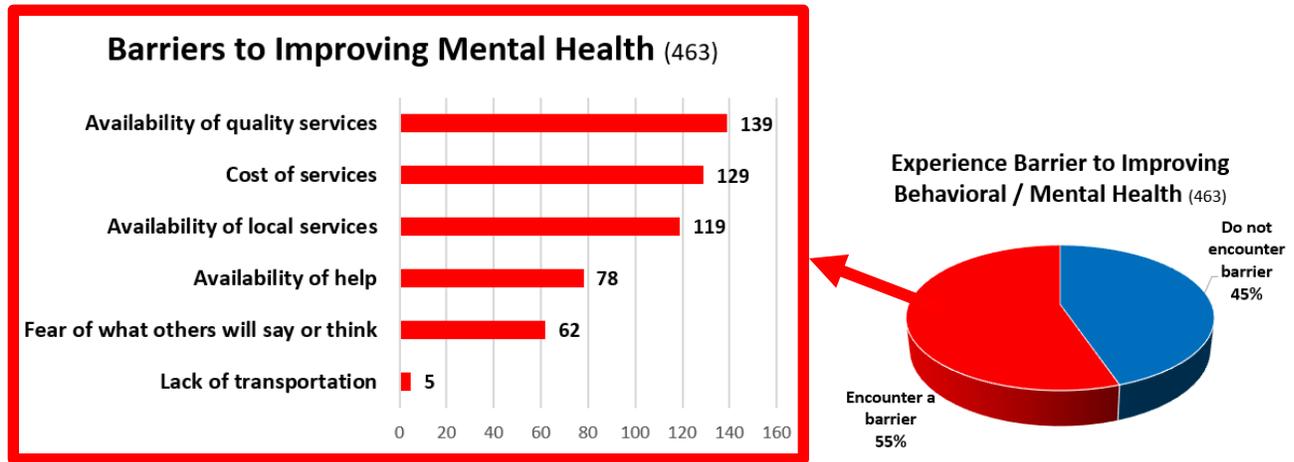


Behavioral / Mental Health Care Services

Regional community members from Northwest Kansas including Sherman, Thomas, Cheyenne, and Sherman Counties have been participating in ongoing area behavioral / mental health care initiatives over the past 3 years. Mental health care has risen to be one of the top concerns in all these counties. The 2020-21 survey sought to determine the barriers and stigma associated with these important health care services.

BARRIERS

More than half of respondents indicated they do not struggle in this area. Those wishing to improve their mental or behavioral health cited the lack of locally available or quality mental health services as leading factors for not seeking care followed closely by the cost of services.

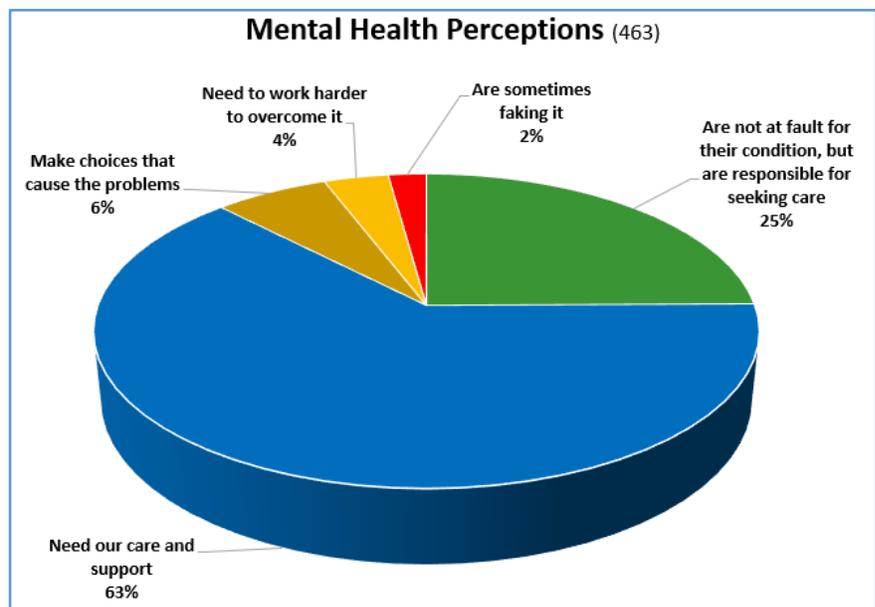


STIGMA

Overwhelmingly, most people (88%) were empathetic toward those dealing with mental and/or behavioral conditions and indicated people need care and support. A small percentage of respondents have the perception that mental or behavioral health problems are caused by the person with the condition or are not real.

Some of the harmful effects of a negative stigma can include:

- Reluctance to seek help or treatment;
- Lack of understanding by family, friends, coworkers, or others;
- Fewer opportunities for work, school or social activities or trouble finding housing;
- Bullying, physical violence or harassment;
- Health insurance that doesn't adequately cover your mental illness treatment; and
- The belief that you'll never succeed at certain challenges or that you can't improve your situation.



Progress on 2018 CHNA Priorities

The survey included a matrix of priorities identified in the 2018 CHNA and opinions as to whether there has been progress evident on these community problems over the past three years. Based on respondent opinions:

- **Mental Health Issues** continue to be an ongoing problem with a slight trend toward worsening. This category surfaced again in the 2020-21 survey as a priority.
- **Physician Recruitment / Retention** indicators are that the concern has worsened. This area also continues to remain a top concern in the 2020-21 survey.

	Significantly Improved	Slightly Improved	No Change	Worsened	Unsure
Health and wellness (exercise, nutrition)	29 6%	131 28%	142 30%	50 11%	119 25%
Chronic disease prevention (obesity, diabetes, etc.)	13 3%	98 21%	153 32%	62 13%	145 31%
Regional collaboration among health care providers	24 5%	91 19%	91 19%	120 26%	145 31%
Expanded access to mental health care services	13 3%	61 13%	112 24%	130 28%	153 32%
Physician recruitment and retention	21 4%	79 17%	92 20%	209 45%	67 14%

IV. Prioritization of Needs

Task Force / Stakeholders

At the March 16, 2021, Survey Review Meeting held at GRMC, 14 members of the task force and stakeholder groups discussed the results. The survey questions were reviewed question-by-question with the following noteworthy highlights.

1. Overall, consensus was that there was not anything that necessarily surprised the group. It was more confirmation of what they anticipated:
 - Clients are upset with the lack of OB services. (It may not be cost effective to offer locally.)
 - There is a lack of quality mental health services. (High Plains Mental Health is not enough.)
 - Provider retention has impacted where people seek health care (outside of Sherman County – followed Dr. Licke).
 - Providers being part of Centura and referring to Colorado providers / hospitals causes challenges with BlueCross BlueShield of Kansas insurance.
 - The response rate of 11.5% was lower than hoped, but an increase from past years. With Covid, it was difficult to do outreach to minority groups, lower income people which is normally done in-person. Tried to reach minorities, men, lower income groups – but not successful.
 - Lack of quality child-care and affordable housing directly impacts economic development.
2. One committee member was surprised that lack of OB services was not the highest-ranking priority.
3. Information that emerged from the data which is actionable by GRMC:
 - Lack of awareness / communication of all services offered.
 - People don't know what they don't know.
 - How to better educate public on services offered and how to access such care.
 - Many of services desired in survey are services provided, clients are just not aware they are offered.
 - Lack of provider follow up regarding lab work, surgery, and other evaluations
 - Outreach / Specialty providers that do not have notes from hospital system available electronically.
 - Lack of continuity of care / possible patient needs missed without follow up.
 - Missed revenue opportunities without follow up.
 - Communicating the way surgery is scheduled through outpatient clinic. (Physician recommends a procedure, but burden is on patient to reach out to schedule.)
 - Patients getting calls from Walmart Pharmacy before they even know the doctor has added a prescription.
 - There is some fear of losing the hospital / Centura management not integrated into the community.
 - Communicate the reason for changes / benefit of Centura.
 - Centura staff / providers live in the community, actively participate in community events.
 - Frustration with lack of a live person answering the phone / automated call distributor system.
 - If it is difficult to reach a live person, chances are they will give up and not pursue treatment or information.
 - GRMC is lacking a noticeable presence in community initiatives. Social media and advertising in local media should not replace having key staff members visible in local projects beyond GRMC projects.
4. Data not “actionable” by group, but should be shared to be addressed:
 - Economic Development comments and concerns could be shared with the new economic development group being reformed to address.
5. Services for the elderly could be shared with Wheat Ridge and Top Side Manor.

PRIORITIZE KEY FINDINGS FROM DATA

After a thorough discussion of all the data, reviewers took part in a priority exercise. While keeping in mind concerns and needs which are within the scope of the local health care providers to address, each participant listed the top three priorities based on data in their opinion and then ranked those priorities. The total from this exercise was tallied with the results in the chart below.

Community Need	Priority 1	Priority 2	Priority 3	Total	Rank
Health Care Experience / Communication / Community Engagement	2	1	4	7	1
Mental Health Services	2	2	2	6	2
OB Services / Care	2	2	0	4	3
Day Care Services / Child Care Providers	0	3	1	4	4
Recreational Activities / Wellness	1	1	1	3	5
Economic Development (including Housing)	2	0	0	2	6

There was consensus that these six community needs should be the focus of strategic action plans and further discussed at the public forum.

Public Forum

A public forum was held on October 18, 2021, at the Elks Lodge in Goodland, Kansas. The goal of the meeting was not to discuss solutions or a specific set of plans to address the data from the CHNA survey. The purpose of the forum was to share results and gather input from the Sherman County community regarding priorities that should be addressed.

Goodland Regional Medical Center (GRMC) provided a light dinner for attendees as they signed into the public forum. The Sherman County Community Foundation (SCCF) co-hosted the meeting and provided the Strategic Doing facilitator. A total of 29 people attended the meeting (Covid numbers were rising again locally at the time of this meeting impacting attendance).

DATA PRESENTATION

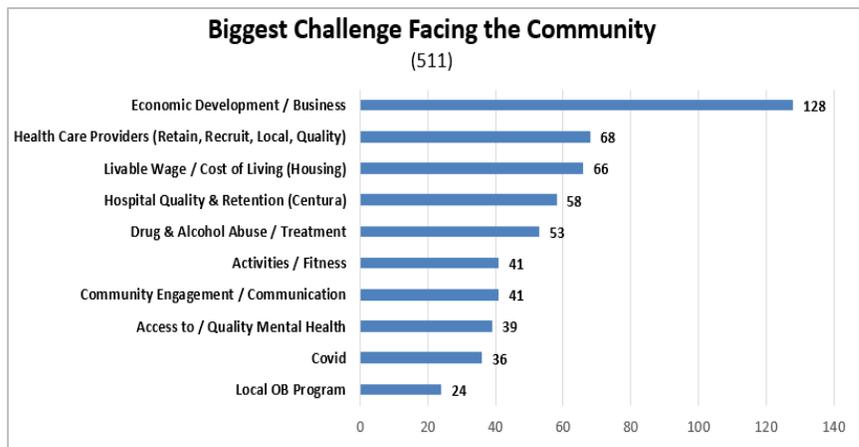
Craig Loveless, GRMC CEO and Administrator welcomed participants. He provided an overview of the CHNA process, reviewed the task force composition, objectives, and scope for the CHNA. He then presented the survey data results with a slide presentation. He entertained questions during and after the presentation.

PRIORITY EXERCISE

After the survey data presentation and a short break, participants were given three post-it notes and instructed to list the top three community needs that they felt were important or needed to be addressed at a community level. This was the same activity conducted at the task force / stakeholder survey data review meeting. Participants were asked to rank those three topics from most important to least. Results were as follows:

Rank	Topic	Priority 1	Priority 2	Priority 3	Total
1	Child Care Services	6	4	3	13
1	Mental Health	4	6	3	13
2	Economic Development / Jobs / Housing	1	4	7	12
3	Community Engagement / Communication / Collaboration	3	3	1	7
4	OB Services	2	0	2	4
4	Fitness / Wellness	1	3	0	4
4	Financial Assistance / Resource Assistance	2	0	2	4
5	Improve Hospital Facility	3	0	0	3
6	Medical Specialities	0	1	0	1
6	First Class Emergency Services	0	0	1	1

For comparison, the survey data indicated the list to the right as the biggest challenges facing the community.



COMMUNITY FOUNDATION RESOURCE INFORMATION

After the priority exercise, Sherman County Community Foundation board chair, Cora House, provided a review of the Sherman County Community Foundation’s mission. She reviewed many of the grants funded by the foundation to address issues identified in past CHNA surveys. SCCF’s grant funds are used specifically to address community needs in Sherman County. She then introduced Betty Johnson, facilitator of the Strategic Doing portion of the meeting.

STRATEGIC DOING

Betty Johnson, Betty Johnson & Associates (consultant), led participants through the Strategic Doing process. SCCF has hosted numerous Strategic Doing meetings over the past three years and most in attendance were very familiar with the process. She led by stating that local improvements only happen because local people get involved and make things happen. She is happy to facilitate meetings and provide guidance, but the real work to change must be done by local people to improve their own community.

The Dane G. Hansen Foundation has been working with leaders in all 26 counties that they support and are focused on three primary areas:

- Strengthen and support our local communities,
- Improve economic opportunities in a variety of ways, and
- Reverse the population decline.

After the discussion, participants had an opportunity to sign up to start a (or join an existing) Strategic Doing project on the top priorities expressed at this meeting. Ms. Johnson offered to travel to Sherman County to facilitate Strategic Doing meetings for any of these topics at no charge with the host of SCCF. Ms. Johnson’s services are funded by the Dane G. Hansen Foundation. The Strategic Doing initiative is designed to work with leaders in Northwest Kansas to strengthen and support local communities, improve economic opportunities, and reverse the population decline.

Based on the priorities determined via the exercise, attendees were asked to sign up to participate in a committee to develop projects to address needs:

- **Mental Health:** Stephanie Wendt, Amie Powell, Craig Loveless, Jessica Gittinger, Laci Lechliter
- **Economic Development** (Jobs, Livable Wages, Business / Housing): Craig Loveless, Kevin Rasure
- **Community Engagement and Collaboration:** Kim Horinek, Evann Lovins, Dr. Travis Daise, Jade Spellmeyer, Allison Mulch, Christy Pemberton.
- **Fitness / Wellness:** Kim Horinek, Jessica Gittinger, Jade Spellmeyer, JayDee Brumbaugh

Cora House also indicated that there is an active strategic doing group working on childcare, activities / recreation, economic development, and housing. She invited anyone who would like to join an existing active group to contact her to get connected to those groups.

MEETING CONCLUSION

Craig Loveless concluded the program by thanking the presenters, task force, and everyone who attended this evening. He thanked Sherman County Community Foundation for providing the facility and facilitator. He entertained questions regarding the hospital. He also shared that they have hired an additional provider who will start in January 2022 to help address provider availability.

V. Community Health Status

Health Statistics for Sherman

Per the “County Health Rankings & Roadmaps”³ published by A Robert Wood Johnson Foundation in 2021, Sherman County **ranked 47** out of 104 counties with regards to Health Outcomes which has improved significantly from 87 at the time of the last CHNA in 2018.

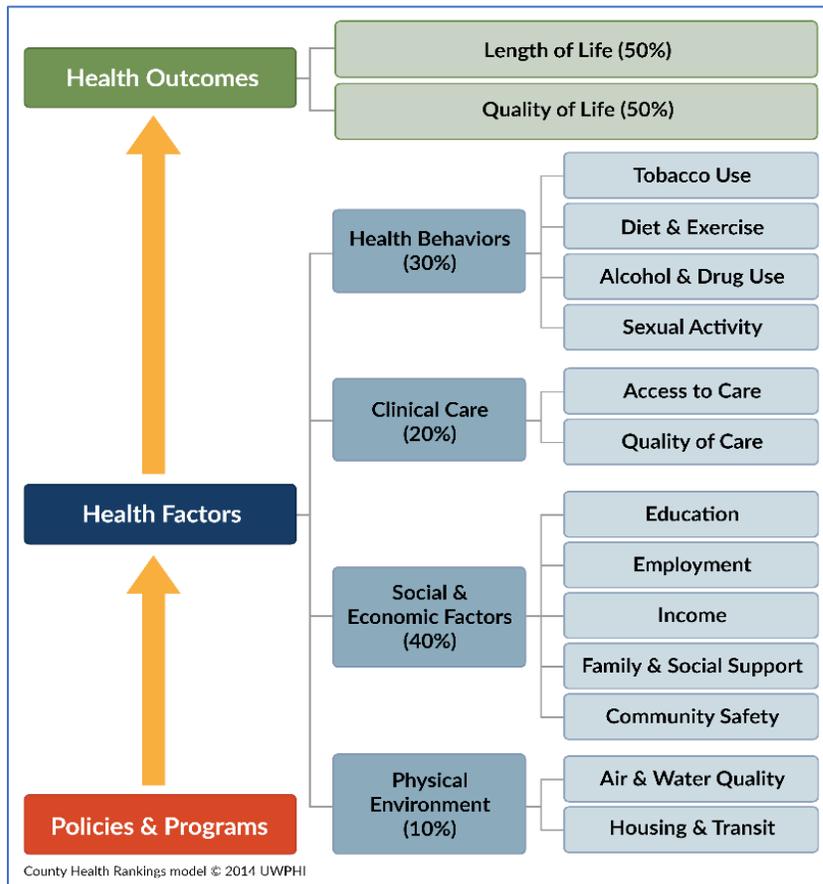
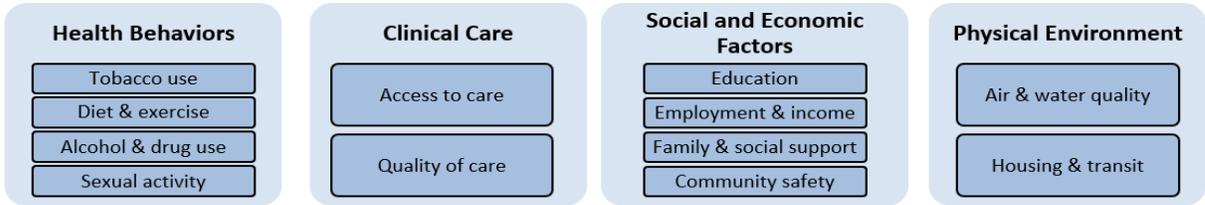
The county health rankings provide some insight on what influences community health and how long and well citizens in each community live. The rankings take in account many different health factors, policies and programs, and health outcomes in determining the results.

Differences in Health Factors

Chart used with permission from University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps

What are Health Factors?

Many factors shape our opportunities to be healthy and influence how well and how long we live. Health factors represent the things we can change to improve health for all, like opportunities for quality education, good paying jobs, access to quality clinical care, healthy foods, green spaces, and secure and affordable housing. We measure four health factor areas.



According to the Kansas Health Matters dashboard⁴ for Sherman County, the following health indicators experience a **higher rate** in Sherman County than the overall Kansas average and / or are of **concern** to community health in an adverse way:

Health Indicator	Kansas Value	Sherman Co. Value
Percent Medicare Part D Beneficiaries Having Daily Opioid Dosage >= 50 MME	33.3%	42.7%
Percent Medicare Part D Beneficiaries Having Daily Opioid Dosage >= 90 MME	16.6%	25.6%
Percent Medicare Part D Beneficiaries Receiving Opioids Supply Greater Than 10 Days	37.8%	48.2%
Colon Cancer Screening (<i>lower % rate is of concern</i>)	66.4%	59.9%
Female Breast Cancer Rate <i>per 100,000 female population</i>	126.0	128.0
Male Prostate Cancer Rate <i>per 100,000 male population</i>	108.6	125.9
Adults Without Health Insurance	2 nd worst quartile of counties in Kansas (US is 12.2%)	16.3%
Average Monthly WIC Participation <i>per 1,000 population</i>	15.8	20.4
Primary Care Provider Rate <i>providers per 100,000 population</i>	78	17
Age-Adjusted Death Rate due to Heart Attack <i>deaths per 100,000 population 35+ years</i>	48.3	67.9
Cholesterol Test History	81.5%	75.9%
Congestive Heart Failure Hospital Admission Rate <i>per 10,000 population</i>	24.7	33.8
Percent of Medicare Eligible Beneficiaries 65+ Receiving Pneumococcal Polysaccharide Vaccine (<i>lower % rate is of concern</i>)	57.4%	38.2%
Percent of all Births Occurring to Teens (15-19)	5.2%	6.9%
Percent of Births Where Mother Smoked During Pregnancy	8.7%	14.3%
Percent of Births with Inadequate Birth Spacing	10.1%	12.0%
Frequent Mental Distress	12.6%	14.3%
Mental Health Provider Rate <i>providers per 100,000 population</i>	205	51
Age-adjusted Cancer Mortality Rate <i>per 100,000 population</i>	152.9	161.6
Age-adjusted Chronic Lower Respiratory Disease Mortality Rate <i>per 100,000 population</i>	49.7	56.7
Age-adjusted Heart Disease Mortality Rate <i>per 100,000 population</i>	158.7	164.0
Age-adjusted Mortality Rate <i>per 100,000 population</i>	759.2	790.2
Age-adjusted Suicide Mortality Rate <i>per 100,000 population</i>	18.6	29.6
Age-adjusted Traffic Injury Mortality Rate <i>per 100,000 population</i>	14.4	42.2
Age-adjusted Unintentional Injuries Mortality Rate <i>per 100,000 population</i>	47.2	61.2
Age-adjusted Years of Potential Life Lost – Chronic Respiratory Disease <i>per 100,000 population</i>	208.7	289.1
Age-adjusted Years of Potential Life Lost – Heart Disease <i>per 100,000 population</i>	847.5	1089.1
Age-adjusted Years of Potential Life Lost – Suicide <i>per 100,000 population</i>	663.7	1102.0
Age-adjusted Years of Potential Life Lost – Traffic Injury <i>per 100,000 population</i>	492.2	1586.6
Age-adjusted Years of Potential Life Lost – Unintentional Injuries <i>per 100,000 population</i>	1094.1	2999.8
Adults 65+ Who Received Recommended Preventive Services: Male	2 nd worst quartile of counties in Kansas (US is 32.4%)	30.9%
Percentage of Screened 3-12 Grade Students with No Dental Sealants	57.0%	71.7%

Osteoporosis: Medicare Population	6.5%	8.5%
Adults with Asthma <i>per 10,000 population</i>	2 nd worst quartile of counties in Kansas (US is 9.2%)	9.8%
Asthma Hospital Admission Rate <i>per 10,000 population</i>	3.5	7.7
Chronic Obstructive Pulmonary Disease (COPD) Hospital Admission Rate <i>per 10,000 population</i>	12.5	21.9
COPD: Medicare Population	11.9%	16.6%
Pneumonia (Bacterial) Hospital Admission Rate <i>per 10,000 population</i>	22.5	48.4
Adults Who Smoke	2 nd worst quartile of counties in Kansas (US is 15.5%)	18.8%
Rate of Violent Crime <i>per 1,000 population</i>	4.8	5.4
People 65+ Living Alone	28.5%	32.3%
Child Food Insecurity Rate	17.1% (14.6% US)	17.7%
Homeownership	58.8%	54.4%
Households that are Below the Federal Poverty Level	12.2%	16.2%
Children Living Below Poverty Level	14.9%	17.2%
Poverty Status by School Enrollment	10.9%	15.8%
People 25+ with a Bachelor's Degree or Higher	33.4%	21.8%
High School Graduation	87.3%	69.5%
Food Environment Index (access to food)	6.7	5.5
Grocery Store Density	Worst quartile of counties in Kansas (and US)	0.0
Households with No Car and Low Access to Grocery Store	Worst quartile of counties in Kansas (and US)	6.1%
People 65+ with Low Access to a Grocery Store	Worst quartile of counties in Kansas (and US)	14.1%
People with Low Access to a Grocery Store	Worst quartile of counties in Kansas (and US)	71.6%

Using the same data set from Kansas Health Matters, the following are health and social determinants which are at a **lower rate** for Sherman County compared to the State of Kansas Average and / or is a **positive** trend towards good health:

Health Indicator	Kansas Value	Sherman Co. Value
Cancer: Medicare Population	8.2%	6.0%
Colorectal Cancer Rate <i>per 100,000 population</i>	39.1	31.7
Lung and Bronchus Cancer Rate <i>per 100,000 population</i>	55.7	49.5
Diabetes Hospital Admission Rate <i>per 10,000 population</i>	16.9	13.0
Non-Physician Primary Care Provider Rate <i>per 100,000 population</i>	124	152
Staffed Hospital Bed Ratio <i>per 1,000 population</i>	3.2	4.2
Acute Cerebrovascular (Stroke) Disease Hospital Admission Rate <i>per 10,000 population</i>	11.9	3.6
Age-Adjusted Hospitalization Rate due to Heart Attack <i>per 10,000 population</i>	25.6	18.9
Atrial Fibrillation: Medicare Population	8.9%	7.5%
Heart Disease Hospital Admission Rate <i>per 10,000 population</i>	117.1	110.8
Hyperlipidemia: Medicare Population	43.9%	29.4%

Hypertension: Medicare Population	55.9%	47.3%
Stroke: Medicare Population	3.2%	1.8%
Percent of Infants Fully Immunized at 24 Months	71.1%	82.8%
Percent of WIC Mothers Breastfeeding Exclusively	13.6%	19.4%
Depression: Medicare Population	19.8%	15.5%
Age-adjusted Alzheimer's Disease Mortality Rate <i>per 100,000 population</i>	22.9	20.5
Age-adjusted Cerebrovascular Disease Mortality Rate <i>per 100,000 population</i>	35.5	32.3
Age-adjusted Homicide Mortality Rate <i>per 100,000 population</i>	5.6	0.0
Age-adjusted Years of Potential Life Lost – Cancer <i>per 100,000 population</i>	1206.5	1096.8
Age-adjusted Years of Potential Life Lost - Cerebrovascular Disease <i>per 100,000 population</i>	151.7	0.0
Alzheimer's Disease or Dementia: Medicare Population	10.9%	9.0%
Percentage of Screened K-12 Grade Students with Obvious Dental Decay	15.3%	6.1%
Injury Hospital Admission Rate <i>per 10,000 population</i>	73.3	54.6
Asthma: Medicare Population	4.2%	3.4%
Alcohol-Impaired Driving Deaths	19.9%	0%
Households without a Vehicle	5.4%	2.8%
Renters Spending 30% or More of Household Income on Rent	43.4%	41.8%
People 65+ Living Below Poverty Level	7.5%	4.8%
Uninsured Adult Population Rate	12.8%	11.0%
People 25+ with a High School Degree or Higher	91.0%	92.3%
Blood Lead Levels in Children (>= 5 micrograms per deciliter)	1.8%	0.0%
Public Water Supply: Percent of Population Served Unaffected by SDWA Nitrate Violations	95.7%	100%

VI. Local County Health Resources

All addresses are Goodland, KS 67735 unless specified otherwise.

Medical Health Care

GOODLAND REGIONAL MEDICAL CENTER

220 W 2nd Street
785-890-3625
grmc@goodlandregional.com

Mission: *Making The Communities We Serve Healthier*

The actual “first hospital” in Sherman County was opened in 1923 and was a collaborative effort between the county and the Methodist Church. The facility was jointly funded by Sherman County and the Northwest Kansas Methodist Church District. Named the “Goodland Methodist Hospital & Training School for Nurses,” it had 24 patient beds and produced a total of 21 graduates during the eight years of the training school’s existence.

The facility’s name was changed to the “Boothroy Memorial Hospital” in 1929 due to a donation of land from Joseph Boothroy in honor of his wife, Hulda Emma Boothroy. The facility experienced a significant upgrade after World War II, as natural gas and indoor plumbing were added along with a new electric elevator for moving patients from floor to floor.

In 1953 an addition known as the “Sweet Annex” was built onto the hospital that provided 26 more patient beds and extended the basement to the east to accommodate an emergency and operating room, laboratory and x-ray services, and a dietary department.

In the mid-1960’s efforts began to replace the hospital with a new medical center. “Northwest Kansas Regional Medical Center,” opened March 17, 1972.

There were no major changes to the hospital’s physical plant until the fall of 1995 when construction began on a new clinic for the visiting consultant-specialist program that had begun at the hospital in the mid-1970’s. The new clinic was completed in mid-1996 about the time that the hospital’s name changed for the final time to “Goodland Regional Medical Center.”

The new specialist clinic added 9,000 square feet to the hospital and a total of 18 exam rooms for visiting consultants to use during their visits to Goodland.

In July 2017, GRMC became a Centura Health managed facility and is part of the Centura Health network of hospitals in Northwest Kansas. Being a part of this network allows GRMC to share resources with other hospitals in the network thus allowing for the best patient care available for all citizens of Sherman County and the surrounding area.

Services offered include:

- Air Medical Transport Services
- Behavioral Health Counseling Services
- Cardiopulmonary Services
- Chronic Care Management Services
- Diagnostic Imaging / Radiology
- Emergency Room
- High Plains Regional Dialysis
- Home Health Care Service through NWKareS
- Laboratory Services
- Prenatal, Post-Delivery and Child Visits

- Outpatient Oncology Services / Infusions
- Rehabilitative Services
- Surgical Services
- Swing Bed
- Telemedicine Services

GOODLAND FAMILY HEALTH CENTER

106 Willow Road
785-890-6075

Monday – Friday from 8 a.m. to 5 p.m. MT

The rural health clinic is a full-service family practice clinic and is located within the Goodland Regional Medical Center complex.

GRMC SPECIALITY CLINIC

220 W 2nd Street
785-890-3625

- Allergy Treatment
- Audiology
- Cardiology
- Ear, Nose & Throat
- Gastroenterology
- Gynecology
- Nephrology
- Neurology
- Ophthalmology
- Orthopedics
- Pain Management
- Pulmonologist
- Surgery
- Urology

The specialty health clinic is located within the Goodland Regional Medical Center complex.

SHERMAN COUNTY PUBLIC HEALTH DEPARTMENT

1622 Broadway Ave.
785-890-4888

<https://www.shermancountyhealthdepartment.org/>

Monday – Friday from 8 a.m. to 5 p.m. MT (closed over lunch from Noon to 1 p.m. daily)

All services are by appointment

The Sherman County Health Department through partnership with the Kansas Department of Health and Environment, promotes healthy lifestyles within the county by providing health, environmental and educational services to maintain and promote healthy living for individuals, families, and the community. Many services include but are not limited to adult and childhood immunizations, school health, Early Detection Works, Farmworkers Health program, reportable disease investigation, emergency preparedness, health screenings and health education programming.

It is the philosophy of this agency that every human being is entitled to basic health services and that every individual has the same basic health care needs. These needs are best met through adequate self-care which

can be enhanced through health service programs. It is a belief also that the individual should be encouraged to show responsibility for his/her own health. It is further believed that coordination of services with other health care agencies is required to provide minimum overlap and maximum utilization of all funds. Because participants stand to benefit from the service, user fees will be assessed to supplement allocated tax revenues.

Mission: The mission coincides with the mission defined by the Pride in Education for Public Health group (PEPH) as that of fulfilling society's interest in assuring conditions in which every individual can achieve optimum health.

HOPE'S PLACE PREGNANCY SUPPORT CENTER

902 W. Highway 24
785-890-4673

info@hopesplace-goodland.com
<https://hopesplace-goodland.com/>

Mental / Behavior Health Care / Addiction Services

ALCOHOL ANONYMOUS

Rock House, 326 E Sixth St.
8 p.m. M W Sa
Rob Cotter, 785-821-0433

HIGH PLAINS MENTAL HEALTH SERVICES

High Plains Mental Health Services
208 E 7th Street, Hays, KS 67601
785-625-2871 / 800-432-0333
www.hpmhc.com

Goodland Office: 723 Main Street, Goodland, KS 67735; 785-899-5991

2020 Directory of Mental Health Resources in Kansas from the Kansas Department for Aging and Disability Services: https://www.kdads.ks.gov/docs/default-source/csp/bhs-documents/mental-health-resource-directory.pdf?sfvrsn=95ab29ee_120.

NARCOTICS ANONYMOUS

Rock House, 326 E Sixth St.
7 p.m. Tu F
785-332-5895
Call 800-407-7195 for information on other NA groups in the Sherman County Area.

Other Health Care Resources

AUDITORY / HEARING SERVICES

McArthur Audiology

366 14th St.
Burlington, CO or Colby KS
719-346-5717

Precision Hearing Solutions

1208 Main
785-899-3166

CHIROPRACTIC CARE

Barnes Chiropractic

227 S 14th St.
Burlington, CO
719-346-7810

Gleason Chiropractic

1015 Main Ave.
785-899-2225

Northwest Kansas Chiropractic

1101 Main Ave.
785-460-0332

Poling Chiropractic

912 Main Ave.
785-728-7282

DENTAL SERVICES

Goodland Dental Arts

504 Main Ave.
785-899-6222

Dr. James Baker

1009 Main Ave.
785-890-2562

Waterhouse Ortho

1014 Main Ave.
785-899-3025

HOME HEALTH SERVICES

Goodland Regional Home Health Agency

1502 Main
785-890-7658

Skilled Nursing Care, Physical Therapy, Occupational Therapy, Speech Pathology, Home Health Aide Service

Good Samaritan Society of Northwest Kansas Home Health Agency (Care in Multiple NW KS Counties)

820 S. Denison, St. Francis, KS 67756
785-332-3588

Skilled Nursing Care, Home Health Aide Service, Home Maker Service, Physical Therapy, Occupational Therapy, Speech Pathology Service

Living Life Home Care, LLC

Lisa Hill, RN
785-821-4004

<https://www.facebook.com/lhivinglife/>

24 Hour Care, Nail Trimming, Light House Keeping, Medication Assistance, Skilled Nursing Care, Transportation to Medical Appointments, Adult Day Care, Meal Preparation

HOSPICE SERVICES

Hospice Services of Northwest Kansas Inc. (Care in Multiple NW KS Counties)

424 8th Street, Phillipsburg, KS 67661
785-543-2900 or 800-315-5122

OPTOMETRIST SERVICES

Newman Vision Care

919 Main
785-890-3937

Vision Source

1018 Main
785-899-3654

PHARMACY SERVICES

Medical Arts Pharmacy

202 Willow Road
785-890-5111

Walmart Super Center Pharmacy

2160 Commerce Road
785-899-2266

SKILLED NURSING CARE / SENIOR LIVING

Topside Manor

208 W Second St.
785-890-7517

Wheat Ridge Acres Retirement Community

W. Eighth Ave.
785-899-0100

MASSAGE THERAPY

Hand in Hand Therapeutic Touch

115 W Spencer
St. Francis, KS 67756
303-358-9112

Healthful Solutions

115 E Ninth St.
785-821-4442

Healing Hands Massage

Melissa Soderlund
785-728-8386

Jamee Grinnan

336 14th St.
Burlington, CO

Josh Moberly

109 E Washington
St. Francis, KS 67756
785-772-5116

Other Community Resources

AGING SERVICES

Kanorado Senior Citizens Association

212 Main
Kanorado, KS 67741
785-399-8111

Sixty Plus Club of Sherman County Inc. (Senior Center)

208 W 15th Street
785-890-7764

Northwest Kansas Area on Aging

Provides Discounted In-Home Services, Caregiver Program, Senior Health Insurance Counseling, Home Delivered Meal Programs and Other Information for the Elderly.
301 W 13th St., Hays, KS, 67601, 800-432-7422, 785-628-8204
Elder Abuse Line: 800-842-0078

ANIMAL SERVICES

Northwest Kansas Animal Shelter

P.O. Box 128
785-821-1470 or 785-899-4398
kypawwash@eaglecom.net
<https://nwkasgoodland.webs.com/>

CHILD CARE

Little Blessings (Preschool)

416 Caldwell
785-821-3563

Sherman County Early Childhood Center (USD 352)

1311 Main
785-890-2397

CITY GOVERNMENT

City of Goodland

PO Box 59
785-890-4500
<http://cityofgoodland.org>

City of Kanorado

PO Box 68
Kanorado, KS 67741
785-399-2355
kanks@st-tel.net
<http://cityofkanorado.com>

FOOD PANTRY

Genesis of Sherman County
PO Box 313
785-821-2245

LIBRARY

Goodland Public Library

812 Broadway
785-899-5461

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

HEALTH CARE EQUIPMENT

Lincare

1013 Main
785-899-6848

ResCare

108 Aspen Rd
785-899-2322

MEALS ON WHEELS

785-890-3625 x 3400

EDUCATION / SCHOOL DISTRICTS

USD 352 – Goodland Public Schools

1311 Main Street
785-890-2397

Bill Biermann, Superintendent

<https://www.usd352.org/>

Northwest Kansas Technical College

1209 Harrison Ave.
785-890-3641

<https://www.nwktc.edu/>

Goodland Tech

1202 Main Ave.

hello@goodland.tech

GOODLAND PUBLIC TRANSPORTATION

City of Goodland

P.O. Box 59

204 W 11th Street

785-899-5082 to schedule pickup

785-890-4500 administration

Fee is \$1.50 per destination

PHYSICAL FITNESS FACILITIES

Goodland Activities Center

808 Main Ave.
785-890-7242

Goodland Baseball Club Inc.

1617 Clark
785-890-6594

Topside Aquatics (indoor swimming pool)

101-149 W 15th St.
785-728-2920

SHERMAN COUNTY EMERGENCY SERVICES (SHERIFF / DISPATCH / FIRE / EMS)**Emergency: 911****Northwest Kansas Emergency Medical Services:**

1006 Center St.
911 – Emergency
785-890-4849 – Administrative Calls

Sherman County Emergency Management

Ryan Murray, Emergency Manager
911 - Emergency
785-332-2560
rmurray@cncoks.us

Sherman County Fire and Rescue

1006 Center St.
911 – Emergency
785-890-4545

Sherman County Sheriff

Sheriff Burton Pianalto
813 ½ Broadway
785-890-4835

CodeRED Community Notification System Enrollment:

<https://public.coderedweb.com/CNE/en-US/BF44D25748D8>

Register online or call Sherman County Emergency Management to receive community emergency notifications and/or weather alerts.

WOMEN, INFANTS & CHILDREN

Call Sherman County Health Clinic: 785-890-4888 or 800-899-4892

VII. Reference of Resources

1. Rasmussen College Health and Wellness Study, “What is Community Health and Why Is It Important?” by Ashley Brooks, 3/4/2019. <https://www.rasmussen.edu/degrees/health-sciences/blog/what-is-community-health/>
2. 2010 U.S. Census Data: <https://www.census.gov/quickfacts/>
3. A Robert Wood Johnson Foundation 2020, “County Health Rankings & Roadmaps.” <https://www.countyhealthrankings.org/reports/state-reports/2020-kansas-report>
4. Kansas Health Matters Dashboard. <https://www.kansashealthmatters.org>

Additional data compiled from World Population Review: <https://worldpopulationreview.com/us-counties/ks/Sherman-county-population> most recent state estimates from the Census Bureau’s Population Estimates Program.

VIII. CHNA Consultant Information

Greater Northwest Kansas Community Foundation (GNWKCF) is an organization exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, a public charity, and a non-profit corporation organized in the State of Kansas. The organization provides grant writing and project consultation in addition to services to community foundations in 12 Northwest Kansas counties: Cheyenne, Decatur, Gove, Graham, Logan, Norton, Phillips, Sherman, Sheridan, Sherman, Thomas, and Wallace.

105 W 4th Street
PO Box 593
Bird City, KS 67731
785-734-2406
www.gnwkcf.org

Carol Sloper has worked for GNWKCF since 2017 as the Director of Grants and Scholarships. She has experience as a grant writer for Cheyenne County, Kansas and worked in Information Technology for various industries since 1997. Included in that experience is three years at Children's Hospital of Denver and two years at Cheyenne County Hospital. Her experience at hospitals have given her insight to overall hospital operations at a macro level for both urban and rural hospitals. While at Cheyenne County Hospital, she was project manager for the Rural Health Care Collaboration Project and assisted with the 2014 CHNA. Carol has dual Bachelor of Arts degrees from Kansas State University in Mathematics and Journalism Education.

IX. Supporting Documentation to Follow

- A. CHNA Survey Tool**
- B. Marketing the Survey**
- C. Executive Summary**
- D. Marketing the Public Forum**
- E. PowerPoint Presentation – Public Forum Presentation**
- F. Post Forum Publicity**

Supporting Document A - CHNA Survey Tool

2020-21 Sherman County Community Health Needs Assessment

Introduction

Goodland Regional Medical Center wants to hear from you regarding the health needs and concerns of the community.

The purpose of this survey is to:

1. Identify the positives in our community as well as concerns.
2. Understand perceptions and attitudes about the health of individuals and the community at large.
3. Receive and collect feedback on how our local health systems can improve.
4. Learn more about how you and the community use local health services.

Please complete this survey no later than December 31, 2020.

All responses are confidential and anonymous..

Surveys will be tabulated by the Greater Northwest Kansas Community Foundation. Your answers will be combined with other responses and notified only in total. If you have any questions regarding this survey, please contact Carol Sloper at 785-734- 2406 or info@gnwkcf.org.

Your opinion matters! Thank you in advance for participating!

You can complete this online survey at:

<https://gmedctr.formstack.com/forms/2020shchna> (English)

<https://gmedctr.formstack.com/forms/2020shchnaspan> (Spanish)

Or you may complete this printed survey and return it to:

Greater Northwest Kansas Community Foundation
Attn: CHNA
PO Box 593
Bird City, KS 67731

Or, you can drop it off at the Goodland Regional Medical Center registration desk.

Section 1 - Community assets and concerns

For the purposes of this survey, "health" is defined as the following: a complete state of physical, psychological and social wellbeing of an individual, not just the absence of disease or chronic diseases.

Please tell us about your community by choosing up **to three (3) options** you **most agree** within each category below.

1.1 Considering **community/environmental health** in your community, what **concerns** you most is:

- Attracting and retaining young individuals
- Bullying/cyberbullying
- Crime and safety, adequate law enforcement
- Decrease in population
- Having enough child daycare services (affordable)
- Having enough quality school resources
- Healthy food access
- Limited job advancement, degree options
- Limited youth activities
- Need for distance transport options
- Not enough exercise and wellness activities
- There aren't enough jobs with livable wages, not enough to live
- Physical, domestic violence, child abuse or sexual abuse
- Other (Specify):

1.2 Considering the **availability/delivery of health services** in your community, what **concerns** you the most is:

- Ability of healthcare providers to work together to coordinate patient care within the health system
- Ability to get medical appointments within 48 hours
- Ability to pay for prescribed medications
- Ability to retain primary care providers (MD, PA, NP) and nurses in the community
- Adequacy of health insurance coverage (out of pocket expenses too high)
- Availability of dental services
- Availability of dialysis
- Availability of primary care providers
- Availability of specialists
- Availability of mental health services
- Availability of substance use disorder/treatment services
- Cost of healthcare services
- Emergency services (ambulance and 911) availability 24/7
- Extended health appointment hours, evenings and weekends
- Not comfortable seeking care where I know the employees at the facility
- Patient confidentiality (inappropriate sharing of personal health information)
- Quality of health care
- Wellness and disease
- Other (Please Specify):

1.3 Considering the **youth population** (0-17) in the community, what **concerns you most** is:

- Anxiety, stress, depression, suicide
- Community engagement, volunteering
- Drug and alcohol use
- How to encourage youth to return home; have adequate jobs for them
- Quality education
- Sex trafficking
- Youth activities, places where they can congregate with supervision
- Other (specify):

1.4 Considering the **adult population** (18-64) in the community, what **concerns you most** is:

- Agricultural/agricultural stressors
- Anxiety, stress, depression, suicide
- Availability of support services (financial, health, behavioral)
- Cancer
- Chronic diseases (health issue that is managed rather than cured)
- Desire for social events
- Drug and alcohol abuse
- Smoking and tobacco use
- Succession planning
- Welfare and disease prevention
- Other (specify):

1.5 Considering the **senior population** (65 and over) in the community, what **concerns you most** is:

- Aging well
- Anxiety, stress, depression, suicide
- Availability of activities for seniors
- Availability of assisted living
- Availability of long-term/skilled nursing care options
- Availability of resources to help the elderly stay in their homes
- Availability of support services for those with fixed incomes
- Chronic diseases
- Dementia/Alzheimer's
- Elder abuse
- Knowledge of resources for family and friends caring for the elderly
- Social isolation/lack of local support system
- Transportation for out-of-town medical appointments
- Other (specify):

1.6 Which of the following is **MOST needed** to **improve the health of our community?** (Select up to 3)

- Clean air and water
- Drug and alcohol rehabilitation services
- Healthier food choices
- Mental health services
- Recreational facilities
- Safe childcare choices
- Safe eldercare choices
- Safe places to walk/play
- Safe worksites
- Smoking cessation programs
- Weight loss programs
- Transportation
- Other (Specify):

1.7 What **single issue** do you feel is the **biggest challenge** facing our community?

1.8 What **gaps** exist that keep you from **thriving** (to flourish and live the best life)? (Select all that apply)

- Lack of knowledge of available resources or opportunities
- Lack of organized exercise or wellness opportunities
- Personal motivation
- Resources (cost, time, facility)
- I feel that I am thriving
- Other (Please specify):

1.9 What is needed for Sherman County **businesses to thrive?**

1.10 Do you feel Sherman County citizens would benefit from collaborating with neighboring communities to address community health needs?

- Yes
- No
- I am not sure

1.11 Do you need or receive financial assistance with any of the living expenses listed below? (Select all that apply)

- Food
- Health Care Insurance
- Health Care Payments
- Infant Supplies
- Prescriptions/Pharmacy Supplies
- Rent
- Utilities
- I do not need or receive financial assistance
- Other (Please Specify):

Section 2 - Delivery of Health Care Services

2.1 Where do you seek general health care most frequently (primary care / routine doctor visits)?

- In Sherman County
- Outside of Sherman County

2.1.1 If you selected, Outside of Sherman County, why do you seek care outside of Sherman County?

For the following statements, select the response that best represents your opinion:

	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
2.2.1 I view Goodland Regional Medical Center as an effective partner in delivering health services to Sherman County residents.	<input type="checkbox"/>				
2.2.2 Goodland Regional Medical Center can meet most of my medical health care needs.	<input type="checkbox"/>				
2.2.3 The Outpatient Specialty Clinic is a very important part of Goodland Regional Medical Center.	<input type="checkbox"/>				
2.2.4 The Dialysis program is a very important service at Goodland Regional Medical Center.	<input type="checkbox"/>				
2.2.5 The annual Health Fair is a valuable service for Sherman County citizens to receive low-cost lab tests and health information.	<input type="checkbox"/>				

2.3 What specialized services should Goodland Regional Medical Center offer?

2.4 What **prevents** you or your immediate family from **seeking medical care**? (Select all that apply)

- Concerned about what others will think
- Cultural barrier
- Don't know what services are available
- High cost / out of pocket expenses (co pays, medications, travel)
- Lack of provider/healthcare staff follow through (prescriptions, consults, referrals)
- Lack of transportation services
- Language barrier
- Limited or no insurance coverage
- Needed specialty not available locally
- Not able to get appointments at the clinic
- Not able to see same provider each time
- Not able to take time away from work for appointments
- I do not experience any barriers in receiving health care
- Other (Please Specify):

2.5 What health screening or education/information services are needed in our community? (Select all that apply)

- Blood Pressure
- Cancer
- Cholesterol
- Dental
- Diabetes
- Drug and alcohol abuse
- Eating disorders
- Elder care service
- Emergency preparedness
- Exercise / physical activity (obesity)
- Financial and informational resources for those in poverty
- Heart Disease
- Importance of routine well checkups
- Mental health / depression / suicide
- Nutrition
- Prenatal / postnatal care
- Sexually transmitted diseases / Infections
- Vaccination / immunizations
- Other (Please specify):

2.6 In the most recent CHNA, the following were identified as priority areas to change and/or improve. Please respond with your opinion on progress in addressing these issues within Sherman County over the past five years:

	Significantly improved	Slightly improved	Worsened	No Change	I don't know
2.6.1 Health and wellness (exercise, nutrition, etc.)	<input type="checkbox"/>				
2.6.2 Chronic disease prevention (obesity, diabetes, high blood pressure, etc.)	<input type="checkbox"/>				
2.6.3 Regional collaboration among health care providers	<input type="checkbox"/>				
2.6.4 Expanded access to mental health care services	<input type="checkbox"/>				
2.6.5 Physician recruitment and retention	<input type="checkbox"/>				

Section 3 – Behavioral / Mental Health Care Services

Behavioral / mental health conditions include but are not limited to depression, learning disorders, ADHD, addiction, anxiety, trauma, mood disorders, stress, eating disorders, relationship problems, etc.

3.1 What prevents you from improving your behavioral / mental health? (Select all that apply)

- Availability of help
- Availability of local services
- Availability of quality services
- Cost of services
- Fear of what others will say or think
- Lack of transportation
- I don't struggle in this area
- Other (Please Specify):

3.2 Select one response that best completes this sentence when you think about people with behavior / mental health conditions. **I think people with behavioral health conditions:** (select only one)

- Need to work harder to overcome it
- Need our care and support
- Make choices that cause the problems
- Are not at fault for their condition, but are responsible for seeking care
- Are sometimes faking it

Section 4 – Demographic Information

Again, this information is confidential and anonymous. The information in this section is used to help us analyze trends based on age, gender, and other social determinants when considering answers later in the survey. This information will not be used for any purpose other than to analyze trends for health needs in Sherman County.

4.1 What is your age?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+

4.2 What is your gender?

- Female
- Male
- Transgender
- Prefer not to say
- Other (Please Specify):

4.3 What is your Race / Ethnicity?

- White / Caucasian
- Black / African American
- Hispanic / Latino / Latina
- Asian or Asian American
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Other Race
- Prefer not to say

4.4 Do you live in Sherman County?

- Yes
 - 4.4.1 Enter zip code:
 - 4.4.2 How long have you lived in Sherman County?
 - 0-5 years
 - 6-15 years
 - More than 15 years
- No
 - 4.4.3 Enter zip code:

4.5 For my primary residence, I:

- Own / Co-Own my home
- Rent / Co-Rent my home
- Live with someone else (do not pay rent, etc.)
- Am currently homeless

4.6 The highest level of education I have completed is:

- Some primary / high school
- High school diploma / GED
- Vocational Certification or degree
- Associates degree
- Bachelor's degree
- Advanced degree (Masters, Doctorate, etc.)

4.7 What is your employment status?

- Employed (*Please answer 4.7.1 below*)
- Unemployed
- Retired
- Disabled
- Prefer not to say

4.7.1 **If you answered, *Employed above***, please select the your primary industry you work in:

- Agriculture
- Construction
- Education
- Food Service
- Government
- Health Care / Medical / Dental, etc.
- Manufacturing
- Media
- Nonprofit
- Personal Care (salon, spa, etc.)
- Professional Service (accounting, IT, legal, etc.)
- Retail
- Skilled Labor (plumbing, HVAC, etc.)
- Transportation
- Other (Please Specify):

4.8 For your household, which of the following most describes you?

- I am the primary wage earner
- I share equally in earning wages
- I am not the primary wage earner

4.9 How many people live at your address? (And then select the corresponding gross income for your selection). Again, this information is CONFIDENTIAL and ANONYMOUS.

1

4.9.1 What is your gross household income?

- <= \$12,760
- <= \$25,520
- <= \$38,280
- > \$38,280
- Refuse to Answer

2

4.9.2 What is your gross household income?

- <= \$17,240
- <= \$34,480
- <= \$51,720
- > \$51,720
- Refuse to Answer

3

4.9.3 What is your gross household income?

- <= \$21,720
- <= \$43,440
- <= \$65,160
- > \$65,160
- Refuse to Answer

4

4.9.4 What is your gross household income?

- <= \$26,200
- <= \$52,400
- <= \$78,600
- > \$78,600
- Refuse to Answer

5

4.9.5 What is your gross household income?

- <= \$30,680
- <= \$61,360
- <= \$92,040
- > \$92,040
- Refuse to Answer

6

4.9.6 What is your gross household income?

- <= \$35,160
- <= \$70,320
- <= \$105,480
- > \$105,480
- Refuse to Answer

7

4.9.7 What is your gross household income?

- <= \$39,640
- <= \$79,280
- <= \$118,920
- > \$118,920
- Refuse to Answer

8+

4.9.8 What is your gross household income?

- <= \$44,120
- <= \$99,240
- <= \$132,360
- > \$132,360
- Refuse to Answer

Supporting Document B – Marketing the Survey

Business Cards were printed in both English and Spanish. They were broadly distributed throughout Sherman County at Health Care locations and other public places.

Stakeholders and Task Force Members were encouraged to distribute business cards and verbally remind people to take the survey.

♦ **All Sherman County Residents** ♦
Community Health Needs Assessment Survey

Go online to:

<https://gmedctr.formstack.com/forms/2020shchna> (English)
<https://gmedctr.formstack.com/forms/2020shchnaspan> (Spanish)

For assistance or to request a paper copy contact:

- Amy Dovidio, 785-890-6036
- Christy Pemberton, 785-890-4059

Complete the survey anytime between November 1 – December 31, 2020
All responses are ANONYMOUS and CONFIDENTIAL



Sherman County
 Encuesta de evaluación de las necesidades sanitarias de la comunidad

Vaya en línea a:

<https://gmedctr.formstack.com/forms/2020shchnaspan>

Para obtener ayuda o solicitar un contacto con copia en papel:

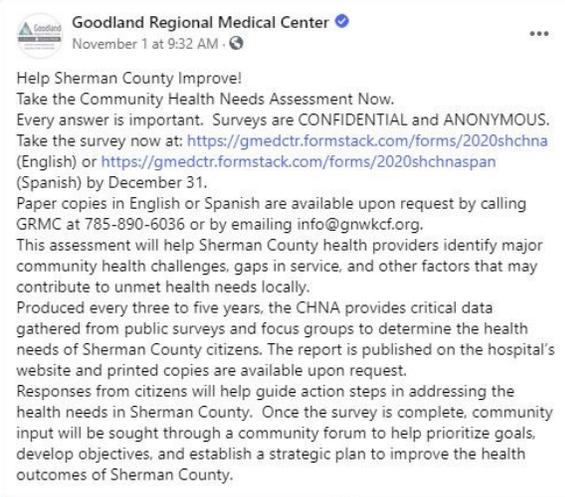
- Amy Dovidio, 785-890-6036

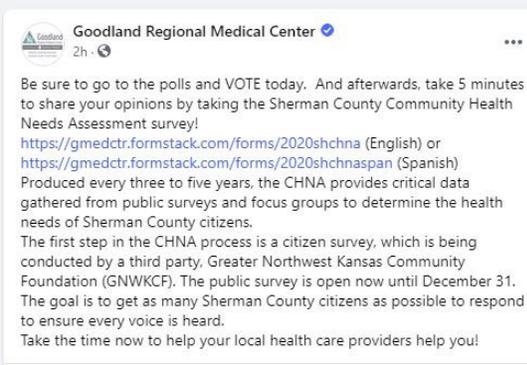
Todas las respuestas son ANONYMOUS y CONFIDENTIAL

Complete la encuesta en cualquier momento entre el 1 de noviembre y el 31 de diciembre de 2020



Examples of social media posted:






Goodland Regional Medical Center ✓
December 26 at 9:30 AM · 🌐

REMINDER: The Sherman County Community Health Needs Assessment deadline is DECEMBER 31, 2020 and is quickly approaching! Surveys can be completed online at <https://gmedctr.formstack.com/forms/2020shchna> (English) or <https://gmedctr.formstack.com/forms/2020shchnaspan> (Spanish). Paper copies in English or Spanish are available upon request by calling GRMC at 785-890-6036 or emailing Amy at amy.dovidio@goodlandregional.com... [See More](#)



AMY DOVIDIO, COMMUNICATIONS MANAGER

Goodland Regional Medical Center ✓
December 9 at 9:00 AM · 🌐

Help us help YOU!
Complete the Sherman County Community Health Needs Assessment online today at <https://gmedctr.formstack.com/forms/2020shchna> (English) or <https://gmedctr.formstack.com/forms/2020shchnaspan> (Spanish)
If you know someone who does not have online access, offer to help them take the survey too!
All responses will help health care leaders in Sherman County address gaps and concerns that expressed through this CONFIDENTIAL and ANONYMOUS survey.

**Take the
Sherman County
Community Health
Needs Assessment
Today!**



Goodland Regional Medical Center ✓
December 21 at 11:00 AM · 🌐

Don't forget your Health Community this holiday season. Give the Gift of YOUR opinion to help GRMC improve! Take the Sherman County Community Health Needs Assessment now. The deadline to respond is December 31. Every answer is important. Surveys are CONFIDENTIAL and ANONYMOUS. <https://gmedctr.formstack.com/forms/2020shchna> (English) or <https://gmedctr.formstack.com/forms/2020shchnaspan> (Spanish)
This assessment will help Sherman County health providers identify major communi... [See More](#)



Give the Gift of YOUR Feedback This Holiday Season
Take the Sherman County Community Health Needs Assessment Survey Now!

Goodland Regional Medical Center ✓
December 23 at 6:30 PM · 🌐

Earn a \$5 Good Grounds - Coffee & Bistro Gift Card!
Complete the Sherman County Health Needs Assessment online. Email a screenshot/ photo of your completion screen to Amy Dovidio at amy.dovidio@goodlandregional.com
Deadline is December 31, 2020.
Please note this is for anyone who has not already completed the survey and for the next 50 participants who email Amy their completion screenshot/ photo. ... [See More](#)

**EARN A \$5
GOOD GROUNDS GIFT CARD!**
COMPLETE THE SHERMAN COUNTY HEALTH NEEDS ASSESSMENT

The deadline to respond is December 31, 2020.
Surveys are CONFIDENTIAL and ANONYMOUS.
<https://gmedctr.formstack.com/forms/2020shchna> (English) or <https://gmedctr.formstack.com/forms/2020shchnaspan> (Spanish)

HOW TO EARN YOUR GIFT CARD:



1. Complete the Sherman County Health Needs Assessment online.
2. Screenshot/ take a photo of your completion screen at end of the survey.
3. Email the screenshot/ photo to Amy Dovidio at amy.dovidio@goodlandregional.com along with your mailing address.

Rules: For the next 50 participants only. Please do not retake the assessment if you have already done so.
Please contact Amy Dovidio with any questions at (785) 890-6036 or by email.

The Goodland Star-News

1205 Main Avenue, Goodland, KS 67735 • Phone (785) 899-2338

MIDWEEK
Tuesday, Oct. 20
2020

\$1

Volume 88, Number 84

8 Pages

Goodland, Kansas 67735

Local input needed on health survey

Goodland Regional Medical Center in conjunction with the Sherman County Public Health Department, is conducting a Community Health Needs Assessment from Nov. 1 through Dec. 31. The purpose of this assessment is to identify major community health challenges, gaps in service, and other factors that may contribute to unmet health needs locally.

"We hope that every Sherman County resident, ages 18 and over will participate in the survey," said Jennifer Cure, Sherman County Health Officer. "All of the health service providers in the county - whether medical, dental, vision, or other alternative medicine - need to understand what the true needs of our residents are, what prevents people from receiving care, and how we can improve services to better meet those needs."

Produced every three to five years, the assessment provides critical data gathered from public surveys and focus groups to determine the health needs of Sherman County citizens. The report will be published on the hospital and Sherman County Public Health Department websites and printed copies are available upon request from these organization

The first step in the process is a citizen survey, which is being conducted by a third party, Greater Northwest Kansas Community Foundation. The public survey will open November 1. The goal is to get as many Sherman County citizens as possible to respond to ensure every voice is heard.

Surveys can be completed online until December 31 at: gmedctr.formstack.com/forms/2020shchna (English) or gmedctr.formstack.com/forms/2020shchnaspan (Spanish). Paper copies in English or Spanish are available upon request by calling the hospital at (785) 890-6036 or by emailing info@gnwkcfc.org.

"The survey is completely anonymous," stated Carol Sloper, consultant from foundation. "I know some people are hesitant to provide personal data or opinions in surveys, but there is no way to link responses to any individual. These surveys are confidential and anonymous. Without honest and complete feedback, the CHNA will not paint the true picture of Sherman County's health needs."

Responses from citizens will help guide action steps in address-

Input needed on health needs survey

SURVEY, from Page 1

ing concerns or barriers. Once the survey is complete, community input will be sought through a stakeholder forum open to the public to help prioritize goals, develop objectives, and establish a strategic plan to improve the health outcomes of Sherman County.

"The CHNA is an essential part of the hospital leadership teams visioning," stated Ronald Robinson, Goodland hospital administrator. "While it's a requirement of critical access hospitals to comply with the Patient Protection and Affordable Care Act of 2010, we view it as more than just checking a box. It helps us take a look at the services we provide and how they are delivered compared to what our community really needs. It is a chance to make adjustments to ensure health equity in Sherman

County."

In 2013, the assessment outlined concerns regarding physician recruitment and retention, expanded access to mental health care services, regional collaboration among health care providers, chronic disease prevention and health and wellness (exercise, nutrition, etc.). One question on the 2020 survey is to gauge whether there have been improvements made in any of these areas.

All citizens of Sherman County are encouraged to take this survey. A link to the survey can be found on the hospital or county health department's websites, Facebook pages, or accessed directly at gmedctr.formstack.com/forms/2020shchna (in English) or gmedctr.formstack.com/forms/2020shchnaspan (in Spanish). For more information about the survey, contact Amy Dovidio at 785-890-6036 or amy.dovidio@goodlandregional.com.

See SURVEY, Page 5

Advertisements were run in both English and Spanish in the local newspaper on November 13, November 20, November 27, December 4, and December 22, 2020.

**Sherman County
Residents**

Your OPINION Matters!

Take the Community Health Needs Assessment
Survey Now

Go online to:

<https://gmedctr.formstack.com/forms/2020shchna>

Deadline is December 31, 2020 to have your answers included
All responses are CONFIDENTIAL and ANONYMOUS

Contact us at 785-890-6036 or info@gnwkcf.org
to request
a paper survey in English or Spanish

Respond 
Community Health Needs Assessment **2020**

Survey is being conducted by Goodland Regional Medical Center in conjunction with the
Sherman County Health Department.

**Sherman County
Residentes**

¡Tu opinion importa!

Tome la Encuesta de Evaluación de Necesidades
de Salud de la Comunidad ahora

Vaya en línea a:

<https://gmedctr.formstack.com/forms/2020raspanish>

La fecha límite es el 31 de diciembre de 2020 para incluir sus respuestas
Todas las respuestas son CONFIDENCIALES y ANONIMAS

Contacta con nosotros en
785-890-6036 o info@gnwkcf.org solicitar una
encuesta en papel en inglés o español

Respond 
Evaluación de necesidades de salud comunitaria **2020**

La encuesta está siendo realizada por el Centro Médico Regional de Goodland en
conjunto con el Departamento de Salud del Condado de Sherman.

Other forms of marketing:

- Emails were sent by Goodland Regional Medical Center's marketing staff to large employers in Sherman County and requested that the email be forwarded to all employees to encourage participation in the survey.
- Flyers with the ads above were distributed with food pantry boxes by Genesis.
- Flyers were posted at apartments by Goodland Housing Authority.
- Business cards and flyers were set out at the reception point for all health care providers in Sherman County (including medical, dental, vision, chiropractic, etc.).
- Facebook Messages were sent to key contacts throughout Sherman County to request assistance in marketing the survey with friends and family members.
- Sherman County Community Foundation sent an email out to their donor mailing list requesting people to take the survey.

From: Sherman County Community Foundation <shermanccf@gmail.com>
Sent: Tuesday, November 3, 2020 9:56 AM
To: Jennifer <gnhouse@st-fel.net>
Subject: Sherman County Health Needs Assessment

[View this email in your browser](#)



**Sherman County
Residents**

Your OPINION Matters!

Take the Community Health Needs Assessment
Survey Now

The press release was posted on the Goodland Regional Medical Center Website.

220 W 2nd Street, Goodland, KS 67735 GRMC (785) 890-3625 GFHC (785) 890-6075

 HOME ABOUT US ▾ PROVIDERS SERVICES PATIENT PORTAL

Hospital Seeking Local Input on Health Needs

HOME → BLOG → HOSPITAL SEEKING LOCAL INPUT ON HEALTH NEEDS

OCTOBER 21, 2020
0 COMMENTS



Hospital Seeking Local Input on Health Needs

Goodland Regional Medical Center (GRMC), in conjunction with the Sherman County Public Health Department, is conducting a Community Health Needs Assessment (CHNA) from November 1 through December 31. The purpose of this assessment is to identify major community health challenges, gaps in service, and other factors that may contribute to unmet health needs locally.

"We hope that every Sherman County resident, ages 18 and over, will participate in the survey," said Jennifer Cure, Sherman County Health Officer. "All of the health service providers in the county – whether medical, dental, vision, or other alternative medicine – need to understand what the true needs of our residents are, what prevents people from receiving care, and how we can improve services to better meet those needs."

Produced every three to five years, the CHNA provides critical data gathered from public surveys and focus groups to determine the health needs of Sherman County citizens. The report will be published on the GRMC and Sherman County Public Health Department websites and printed copies are available upon request from these organization.

The first step in the CHNA process is a citizen survey, which is being conducted by a third party, Greater Northwest Kansas Community Foundation (GNWKCF). The public survey will open November

Supporting Document C - Executive Summary

Sherman County Community Health Needs Assessment (CHNA)

Executive Summary

Conducted November 1 – December 31, 2020

Final Report to be available by August 2021, available online at <https://goodlandregional.com>

Scope and Purpose:

Community Health Needs Assessments (CHNA) are part strategic plan and part grounding rod. The Patient Protection and Affordable Care Act of 2010 (ACA) require critical access hospitals and community dental clinics to complete a CHNA every three years. While it is a required activity for compliance, it is a tool to help health care leaders throughout the community develop strategic plans which address community health needs and concerns.

There is no one definition of “community health need.” This is up to the interpretation of the stakeholders engaged in the process. To assess the health needs of its community, a broad representation of the community must be surveyed to identify the significant health needs to address. The leadership team must also prioritize those health needs, as well as identify potential resources available to tackle the needs. Resources can include, but are not limited to: organizations, facilities, groups, programs, or individuals from a number of sources including the hospital / medical clinic facility, dental clinic, vision care, county health department, emergency medical services, mental health provider, pharmacy or other organizations.

CHNA Methodology:

The process was developed and implemented utilizing the contracted professional services of Greater Northwest Kansas Community Foundation (GNWKCF). The CHNA Taskforce, comprised of health leaders in Sherman County, included the following representation:

- Sherman County Health Nurse
- Sherman County Elected Official
- Hospital CEO
- Hospital Medical Officer
- Health Care Clinic Manager
- Hospital Quality Management
- Hospital Director of Nursing
- Hospital Risk Manager
- Dialysis Administrator
- Hospital Marketing / Communication
- Skilled Nursing Home Director
- Assisted Living Representative
- Dental Services Representative
- Vision Services Representative
- Chiropractic Services Representative
- Grant Writer
- Northwest Kansas Hospice Director
- ResCare Homecare Representative
- EMS Director
- Hope’s Place Representative
- Food Pantry Representative
- Topside Manor

The CHNA Task Force conducted the health needs assessment survey November 1 through December 31, 2020. The target audience was Sherman County citizens age 18 and above (4,450 persons, based on 2010 Census data.) The survey was widely distributed so that all Sherman County citizens could respond. The survey was announced in the local newspaper including press releases and advertisements, posted on social media, and advertised on local radio shows. Business cards and flyers were distributed throughout the county via gathering places, churches, and other public areas.

The primary survey was conducted through an online link (in both English and Spanish). Printed copies in both languages were available and distributed throughout the county to Hispanic and elderly persons. The survey included 34 questions focused on the following main areas:

- Section 1: Community Assets and Concerns
- Section 2: Delivery of Health Care Services
- Section 3: Behavior / Mental Health Care Services
- Section 4: Demographic Information

After the survey ended, data was compiled by GNWKCF staff and shared with the CHNA Taskforce and Stakeholders for review. This leadership team will perform a data interpretation of results and determine initial priorities which will be shared and discussed at a Public Forum in the late Spring / early Summer of 2021.

Survey Highlights

Disclaimer: In charts, the number of respondents per question are listed as (###) in the chart title. Some questions allowed for multiple answers per question, so total responses may not equal total respondents.

Section 1: Community Assets and Concerns

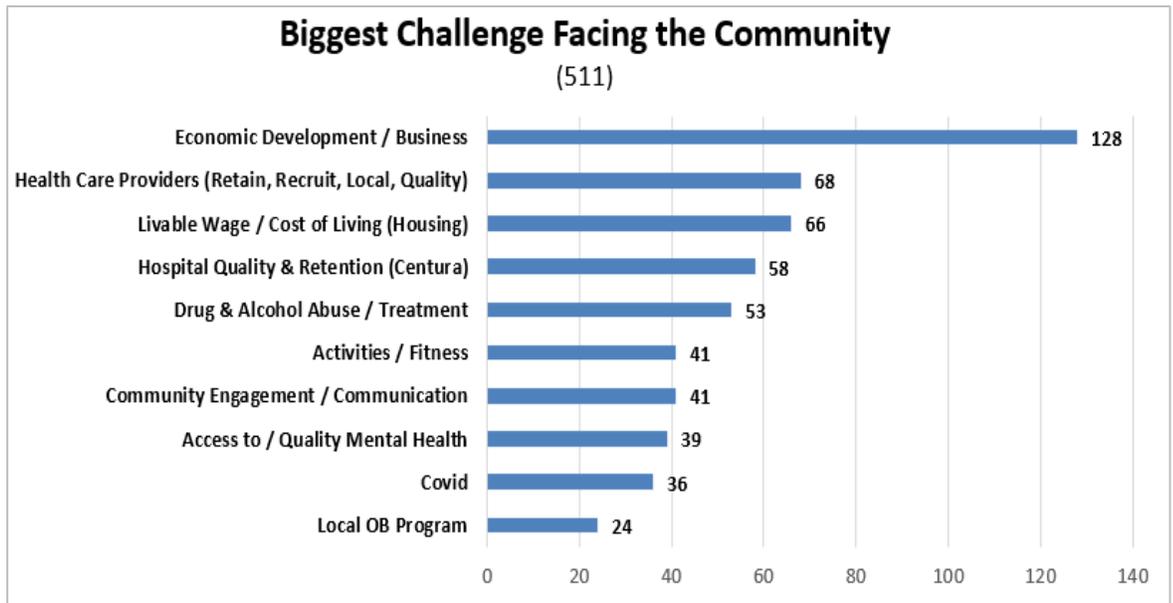
Overall, 511 total responses were received from the target population of 4,450 (11.5%). As is typical with surveys, some respondents did not complete the entire survey. By the end of the survey, there were 456 respondents (10.2%) remaining through the last question. Survey results were up dramatically from the most recent CHNA survey with a response rate of 4%. The overall responses provided adequate data for analysis of community needs.

1. Considering **Community / Environmental Health in Sherman County**, the biggest concerns are:
 1. Attracting / retaining youth
 2. Lack of jobs / livable Wage
 3. Decrease in population
 4. Limited youth activities
 5. Lack of wellness activities / exercise
 6. Child daycare services

2. Considering **Availability / Delivery of Health Services**, the biggest concerns are:
 1. Ability to retain primary care providers and nurses in the community
 2. Cost of health care services
 3. Availability of primary care providers
 4. Availability of mental health services
 5. Quality of health care
 6. Adequacy of health insurance coverage (out of pocket expenses)
 7. Availability of specialists

3. Top concerns based on age group of population mostly centered around **mental health** and **cost of living**.
 - **Youth Population:** Anxiety, stress, depression, suicide; youth activities (places to congregate); drug and alcohol use; and how to encourage youth to return home (jobs).
 - **Adult Population:** Anxiety, stress, depression, suicide; availability of support services (financial, health, behavioral; desire for social events; and drug and alcohol abuse.
 - **Elderly Population:** Resources to help elderly stay at home; availability of activities for seniors; social isolation / lack of local support system; and availability for those on a fixed income.

4. The top ten responses to the question "**What Is the Biggest Challenge Facing the Community**" are ranked in the graph below.



Overwhelmingly, respondents indicated the **economic health of the community** as the biggest challenge. Concerns in this category included attracting and allowing new businesses to start up in Sherman County (losing out on new businesses to neighboring counties), incentive programs for startup businesses including utility discounts, finding ways to retain or attract families to Sherman County, shopping locally, and reviving the downtown area.

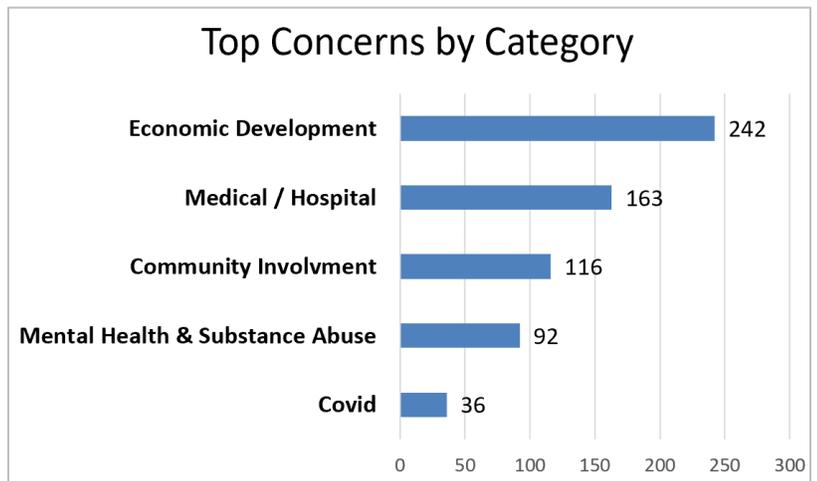
The second largest concern was the **stability and quality of local health care providers**. Many responses noted the lack of available providers, quality of providers, and consistency of care due to changing providers. Also, comments included concerns that Centura providers refer too frequently and quickly to Centura’s Denver area hospitals rather than treating locally which causes transportation, employment, and cost barriers to local patients. Responses also expressed a lack of medical providers and senior hospital leadership living full-time in the county.

Another serious concern expressed by participants is the **lack of livable wages** or professional jobs with benefits. Included in these concerns were **lack of affordable housing**. Comments implied that working and living in Sherman County go hand-in-hand: decent jobs are needed for living expenses, and affordable housing is needed to be able to work locally. Poverty issues and “those who have, those who have not” was occasionally mentioned in this category of response.

It is noteworthy that many answers included concern of **losing the Goodland Regional Medical Center**. Comments included concerns that the lack of consistent providers, lost OB program, and referring medical care out of county / state could put the hospital’s sustainability in jeopardy.

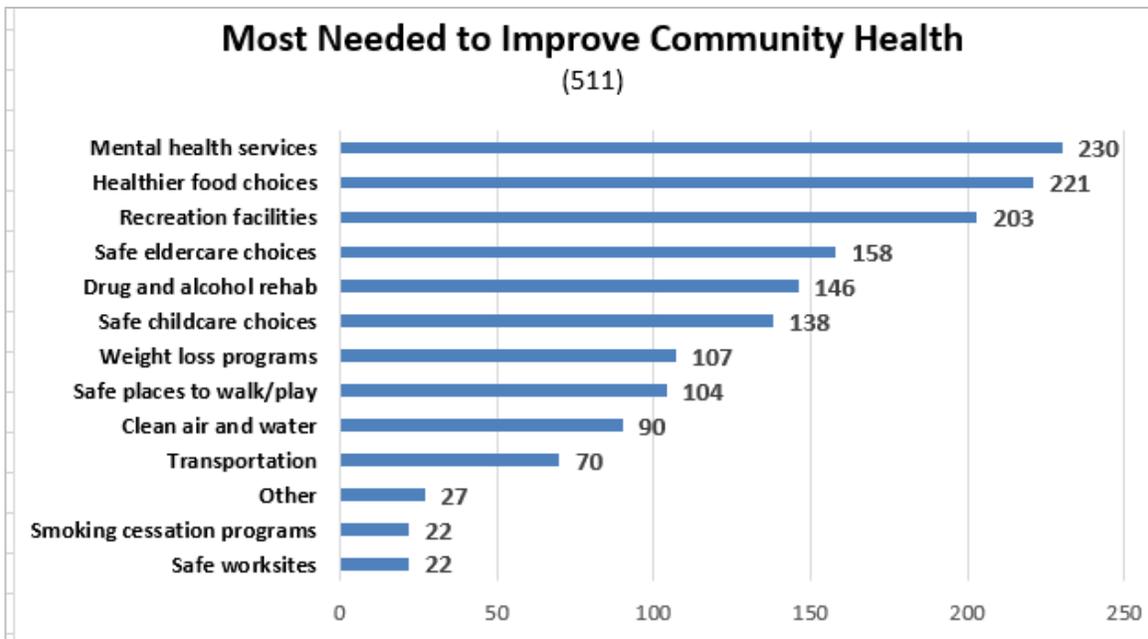
5. The most common **top concerns** expressed across multiple questions (community or delivery of health care) include:

- Again, Economic Development topped the list of concerns.
- The hospital and medical services provided (including provider retention) continues to be consistently the second biggest concern.
- Community Involvement comments were frequent throughout the survey including the need for people to collaborate and be proactive to make Sherman County a better place to live.

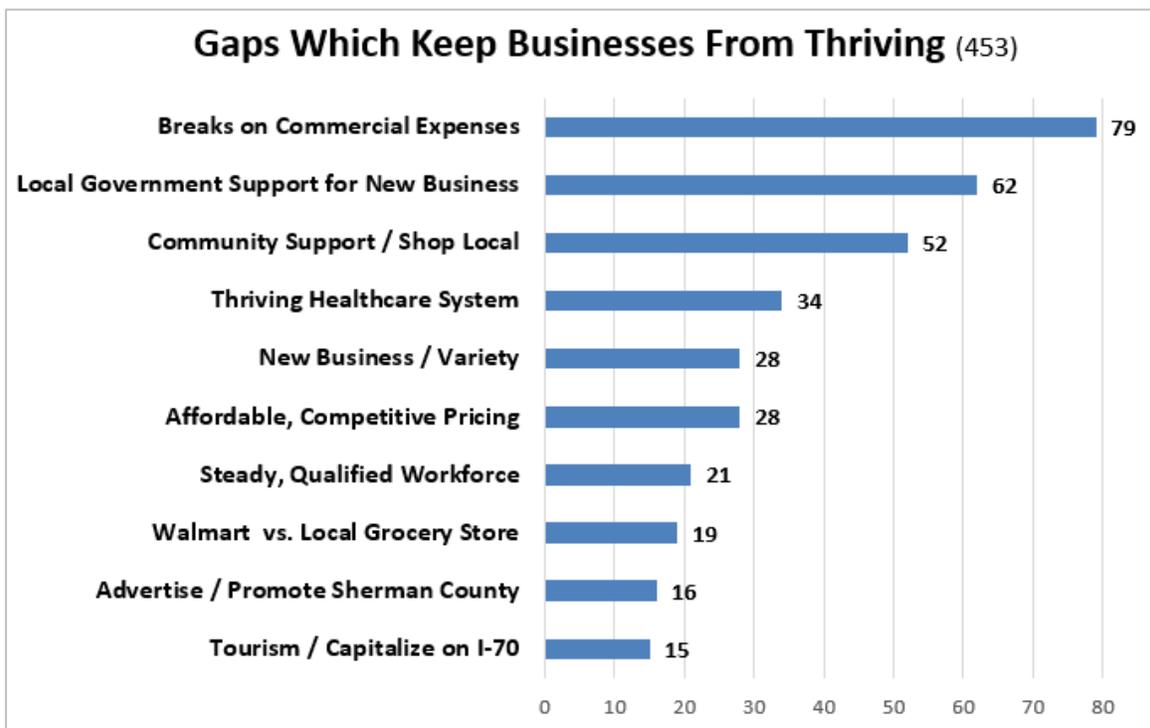


- Mental Health and Substance Abuse (drug and alcohol addiction treatment) comments were prevalent throughout survey comments. Concerns regarding local quality mental health services was frequent (concerns regarding High Plains Mental Health care). The affordability of mental health care was raised many times. In addition to needing improved mental health services, the lack of local drug and alcohol treatment services was mentioned often.
- Not surprisingly, amid the Covid-19 pandemic, Covid was cited frequently. Often, the context was related to the stress the pandemic response is placing on people which is increasing mental health concerns. Frustration with closures due to the pandemic response were aired.

6. Almost half of respondents (45%) indicated **mental health services** are needed to improve the health of the community followed closely by healthier food choices (43%); recreation facilities (39%) safe eldercare choices (30%), and drug and alcohol abuse treatment (29%).



7. When questioned what is keeping community members from thriving (to flourish and live the best life), 32% felt they are thriving. Of the remaining 68%, the majority indicated a lack of resources (cost, time, or facility).
8. When asked what businesses need to thrive, 17% indicated there needs to be a **monetary incentive** such as reduced rent, tax rebates / lower taxes, lower utilities, and possibly debt forgiveness. In a close second, local **backing from city and county government** in support of new businesses, manufacturing or industry was cited as a gap. Another top factor for local business survival, receiving 11% of overall responses, is community support in the form of people **shopping local**.

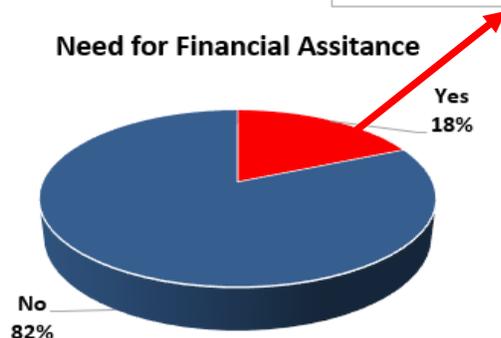
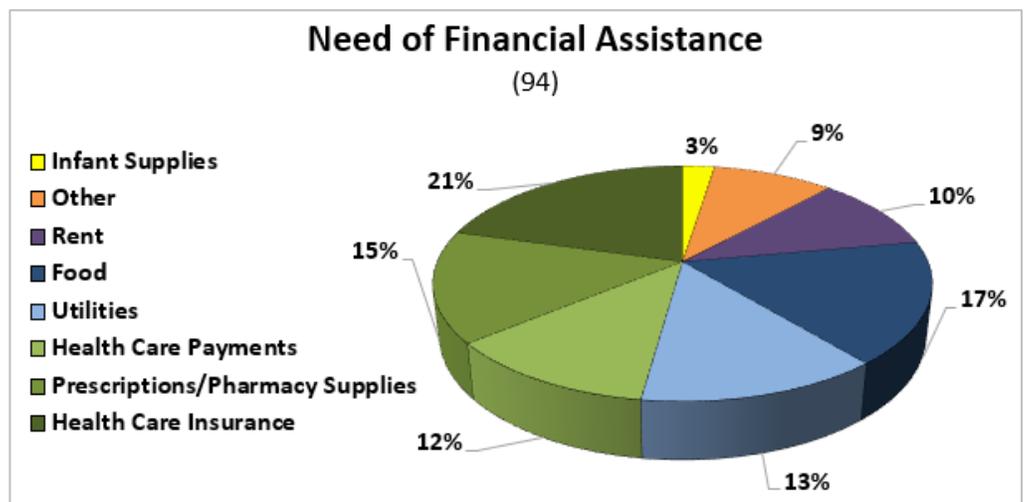


9. When queried regarding the **progress of community needs identified in the 2013 CHNA**, respondents indicated that there has been some improvement regarding health and wellness in Sherman County. Access to mental health care services and collaboration among health care providers has remained nearly constant with a slight trend toward worsening. Physician recruitment and retention has worsened and has once again surfaced as a top concern for Sherman County.

	Significantly Improved	Slightly Improved	No Change	Worsened	Unsure
Health and wellness (exercise, nutrition)	29 6%	131 28%	142 30%	50 11%	119 25%
Chronic disease prevention (obesity, diabetes, etc.)	13 3%	98 21%	153 32%	62 13%	145 31%
Regional collaboration among health care providers	24 5%	91 19%	91 19%	120 25%	145 31%
Expanded access to mental health care services	13 3%	61 13%	112 24%	130 28%	153 33%
Physician recruitment and retention	21 4%	79 17%	92 20%	209 45%	67 14%

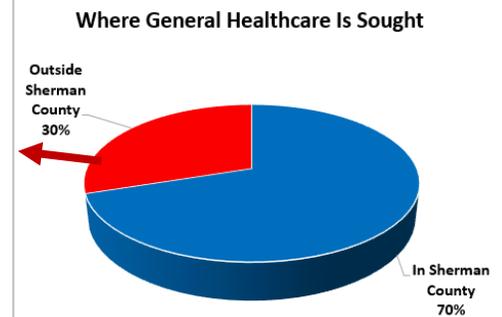
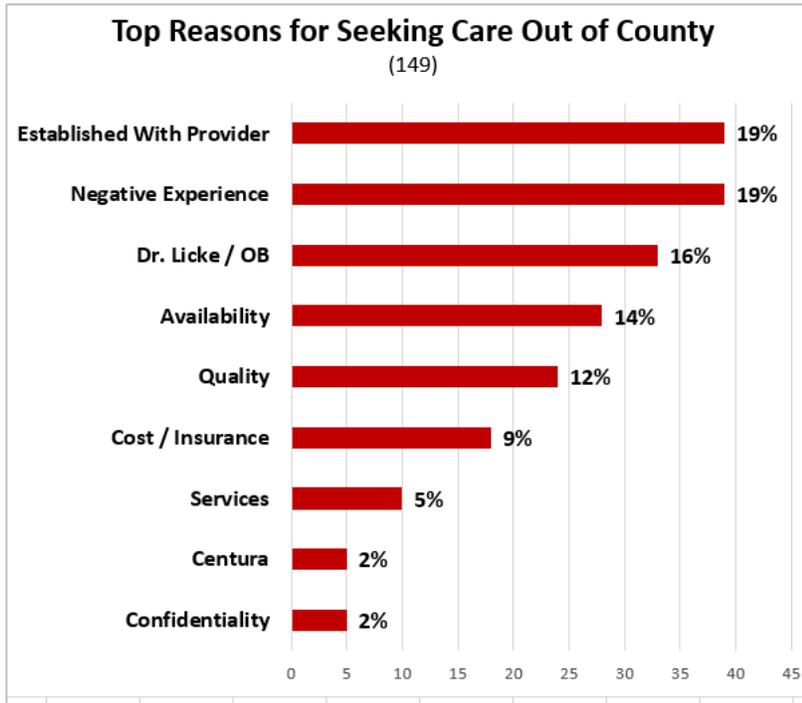
Mental Health and Physician Recruitment and Retention remain priorities in the 2020 CHNA.

10. Most respondents (82%) indicated they do not need or receive financial assistance. The remaining 18% indicated they need some type of assistance. Nearly half (48%) of the respondents denoted **assistance with medical related payments** is needed. (Health care related expenses are colored in green in the chart below; basic living expenses are colored in blue.) According to 2010 Census data, 19.1% of people in Sherman County are living below the federal poverty level, which nearly mirrors the cited need for financial assistance.



Section 2: Delivery of Health Care Services

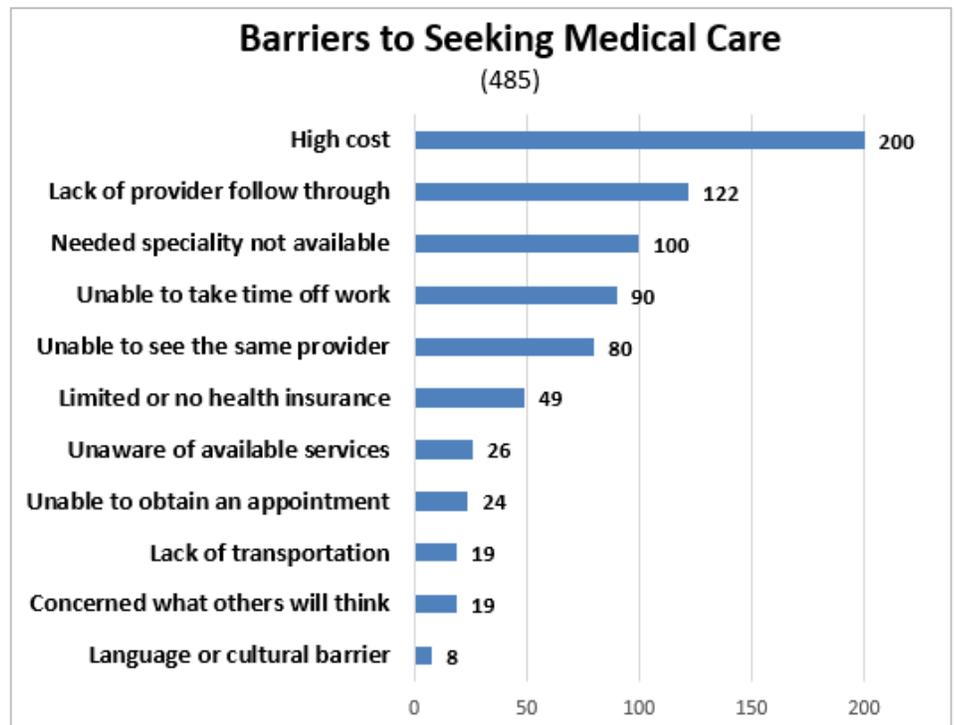
11. Regarding Delivery of Health Care Services, 70% of respondents revealed they seek general health care within Sherman County. For the 30% of respondents that look outside of Sherman County for health care services, the reasons provided are listed in the chart below.



12. An overwhelming majority (74%) of respondents indicated there was some form of a barrier that kept them or their family from receiving health care.

Of those experiencing obstacles, **27%** responded that the **high cost of health care** (co-pays, prescriptions, insurance, or other health care services) keeps them from seeking medical care, followed closely by **lack of provider follow through** at **17%**.

While the overall responses show a small number of **language and cultural barrier** responses, they represent 36% of the minority population that responded making it noteworthy.



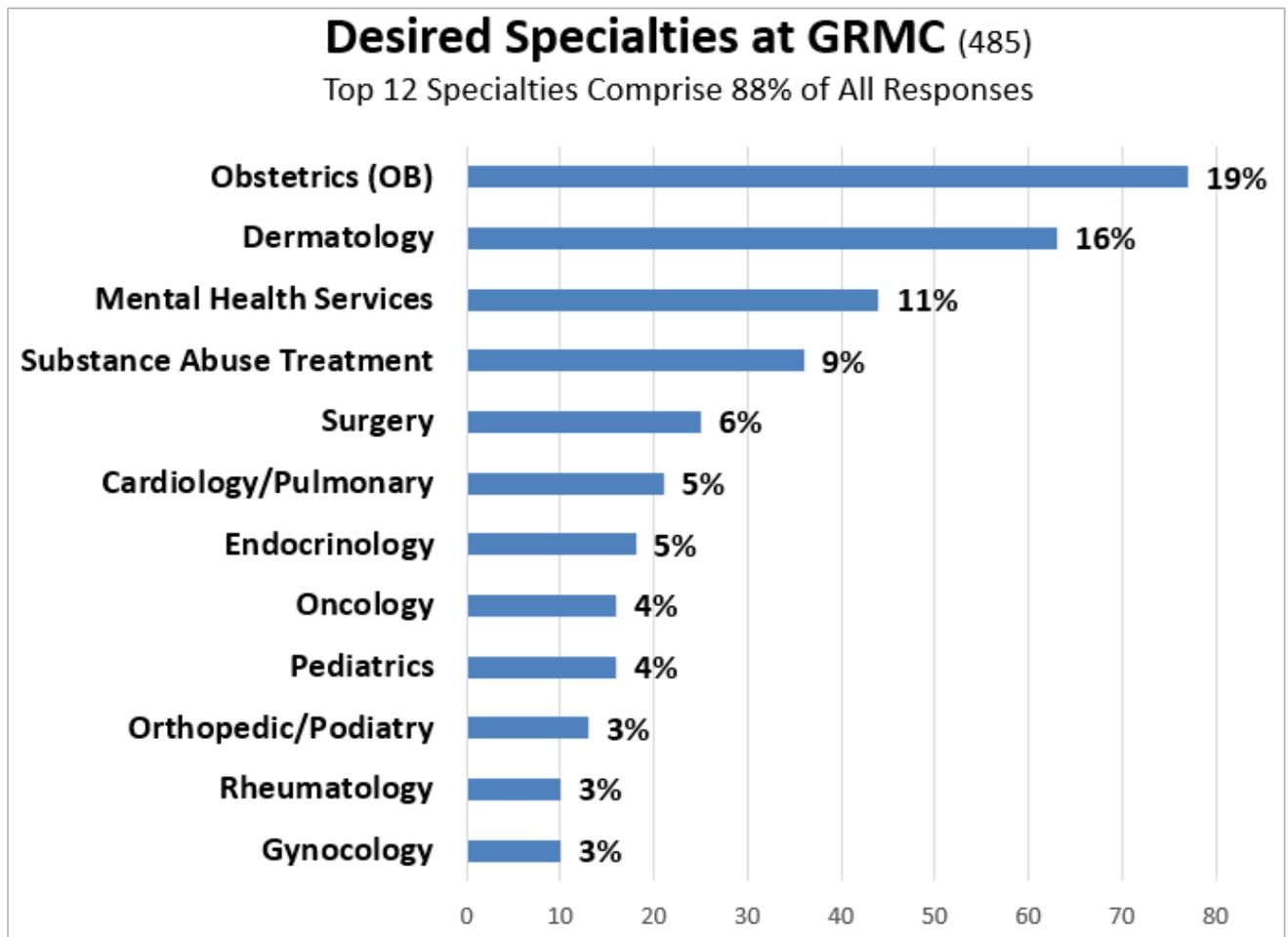
13. Survey participants were asked to select the response that best represented their opinion to each of the individual statements in the chart below.

Results suggest that citizens are very pleased with the outpatient specialty clinic, dialysis program, and health fair.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unsure
View GRMC as an effective partner in delivery health services	71 15%	199 41%	98 20%	70 14%	48 10%
GRMC can meet the majority of my medical health needs	52 11%	198 41%	134 28%	71 15%	30 6%
The outpatient specialty clinic is a very important part of GRMC	224 46%	201 41%	16 3%	7 1%	37 8%
The dialysis program is a very important service at GRMC	212 44%	139 29%	35 7%	20 4%	79 16%
The annual health fair is a valuable service / low cost testing	168 35%	181 37%	36 7%	46 9%	54 11%

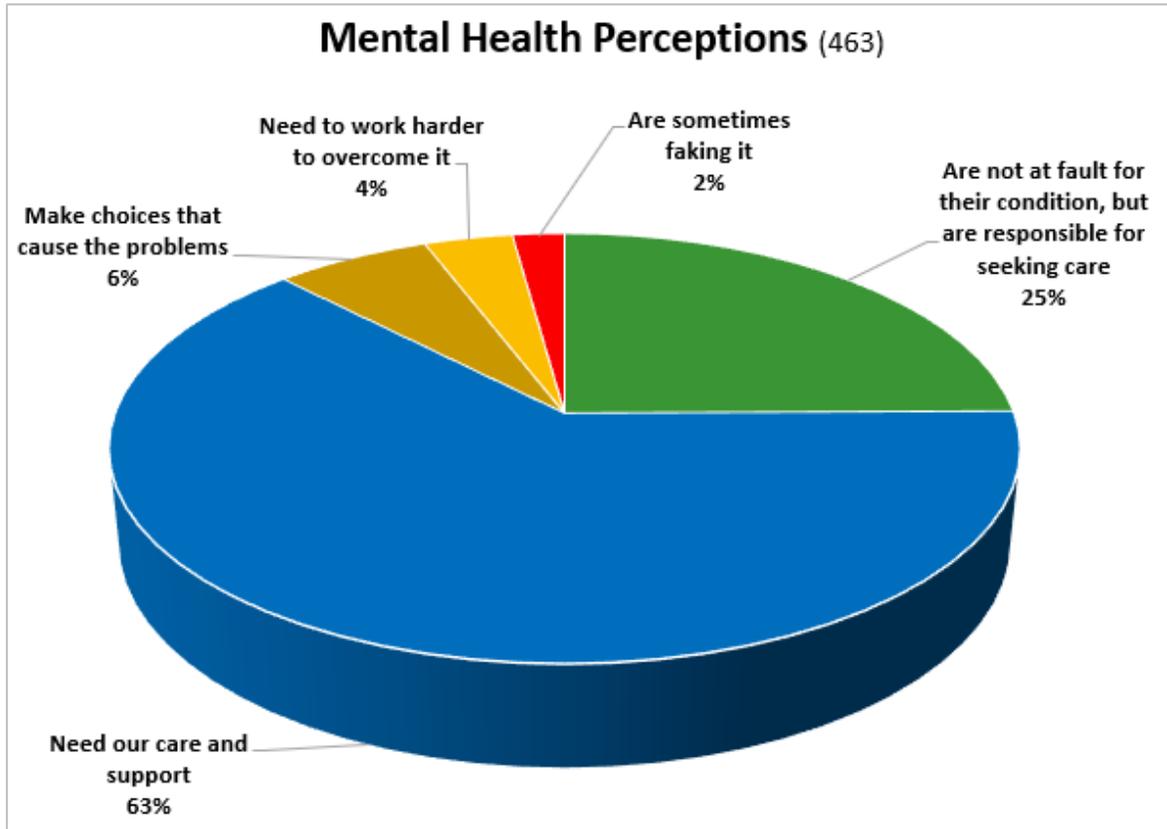
14. Participants were queried as to what specialty services Goodland Regional Medical Center should provide.

The top 12 responses from all comments are listed below. In addition to these specialties, other services desired (each with 2% or less of all responses) included: bariatrics, allergy specialist, geriatric care, diabetes specialist, gastrologist, neurologist, nutritionist, pain management, colonoscopy, and internal medicine.

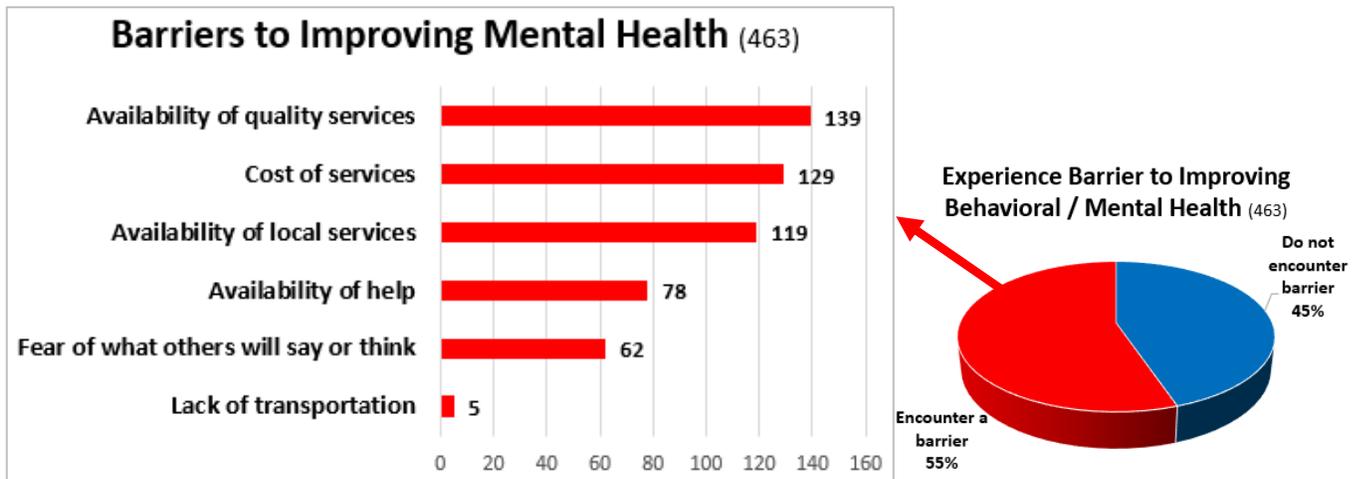


Section 3: Behavioral / Mental Health Care Services

15. With regards to perception of people with mental / behavior health issues, overwhelmingly most people (88%) responded that they are sympathetic and indicate these people need care and support or are not at fault for their condition.

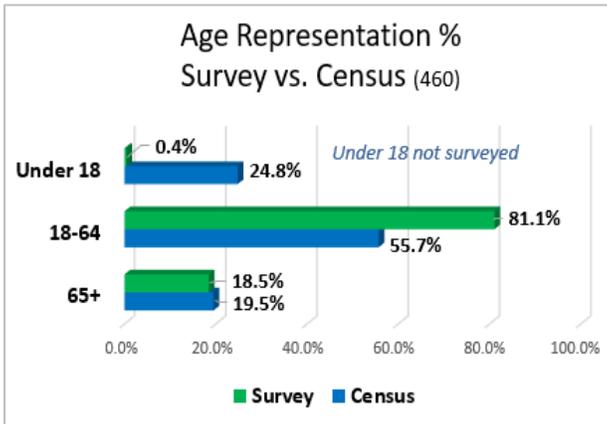


16. More than half of those surveyed (55%) specified they struggle with **improving behavioral / mental health**. **Availability of quality or local services** and the **cost of service** were evident barriers for improving behavioral / mental health.

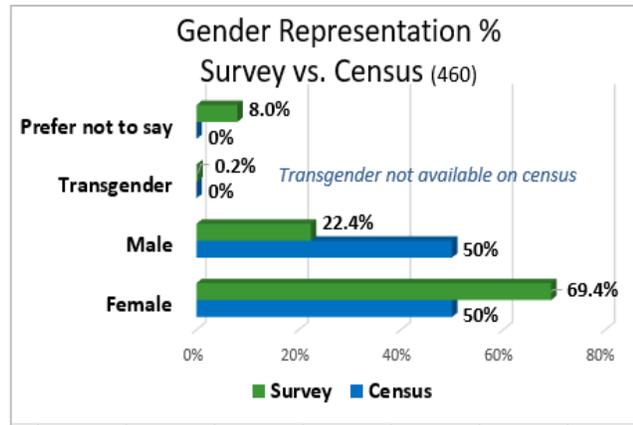


Section 4: Demographic Information

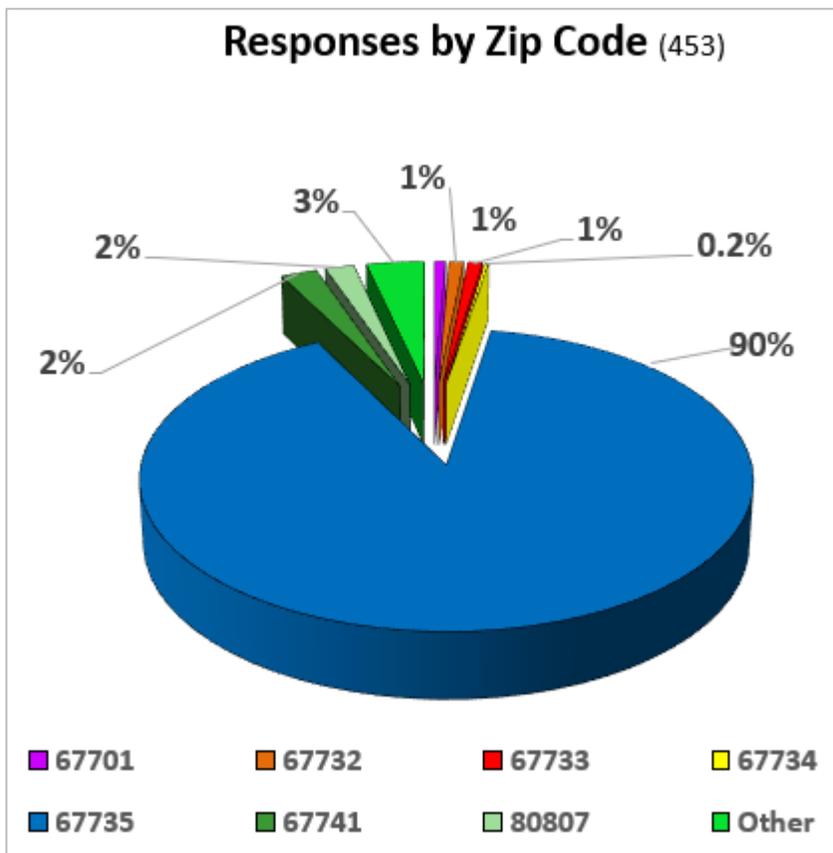
Responses by Age:



Responses by Gender:

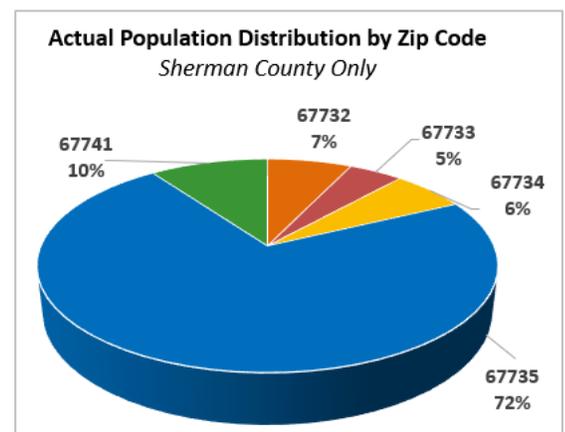
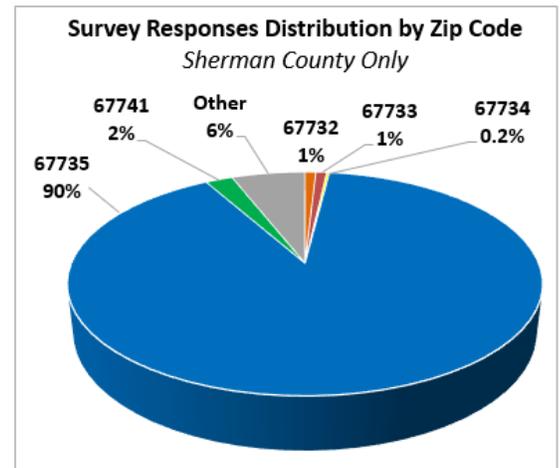


Responses by Zip Code:



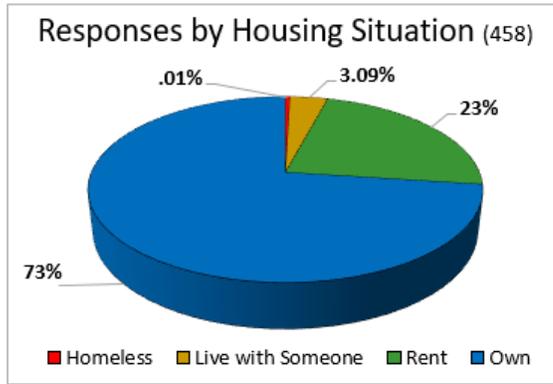
Above, the percentage of seniors age 65 and above closely mirror the actual population.

There were a disproportional number of responses of women vs. men compared to the actual Census population in Sherman County.

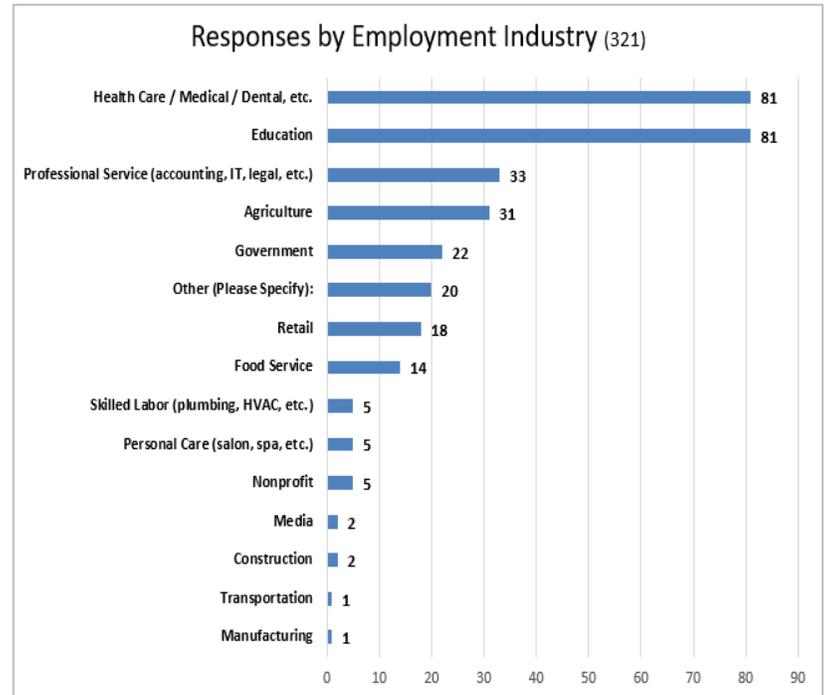
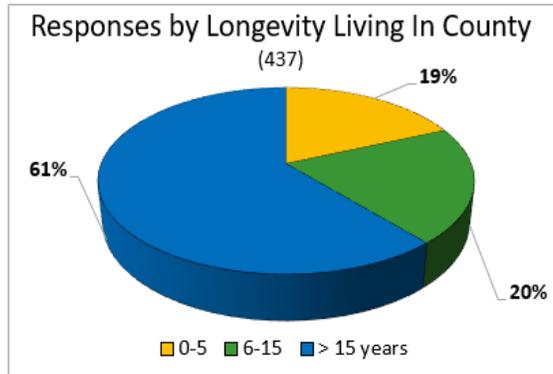
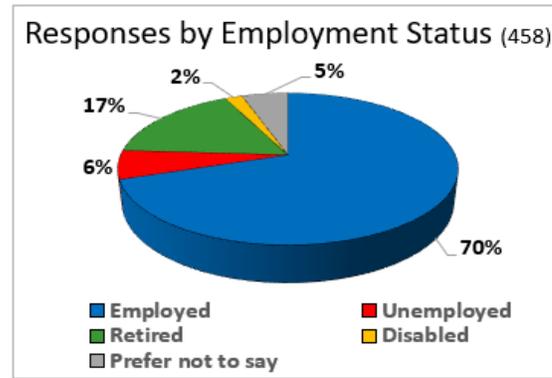


The Goodland / General Sherman County zip code of 67735 was overrepresented in the survey despite efforts to seek participation from other towns including Edson, Gem and Kanorado.

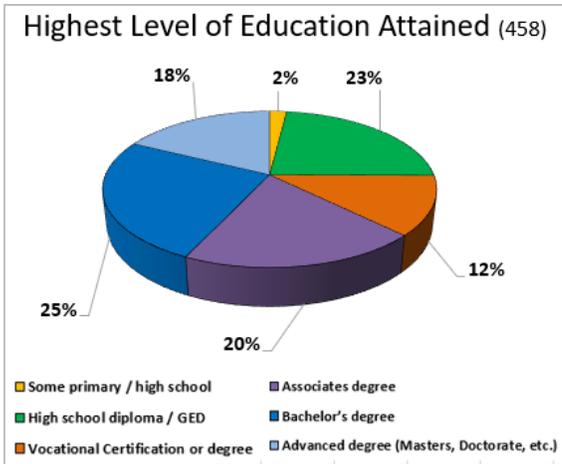
Responses by Housing Situation:



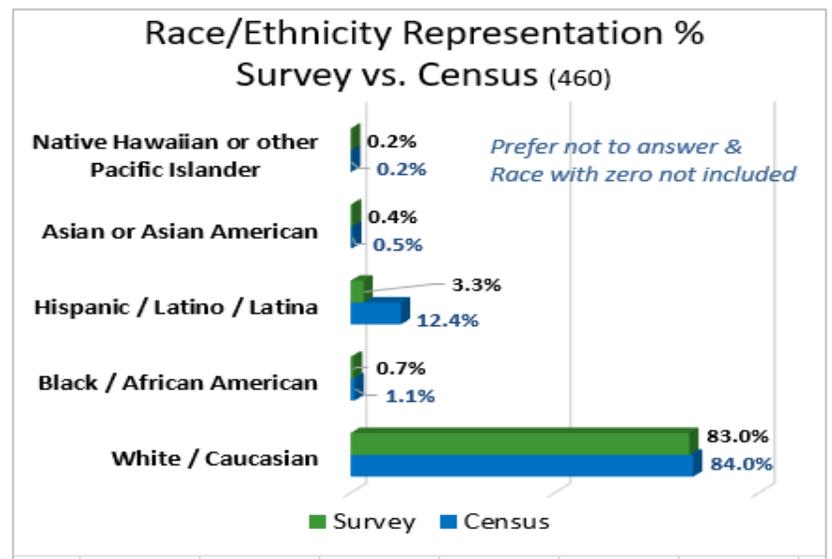
Responses by Employment Status:



Responses by Education Level Attained:



Responses by Ethnicity/Race:



Despite efforts by the CHNA Task Force to obtain survey feedback from the Hispanic / Latino / Latina population, including offering both an online and paper survey in Spanish, response rates from this group fell short mirroring the actual population.

Responses by Income and Household Size:

The Federal Poverty Level (FPL) is an economic measure, based on household size and correlating household income, which is used to decide whether the income level of an individual or family qualifies them for certain federal and state assistance programs. Those at or below the Federal Poverty Level generally qualify for Medicaid and Child Health Insurance Program (CHIP) benefits. **Generally, all households living at or below 200% FPL are considered to be families in need of assistance.**

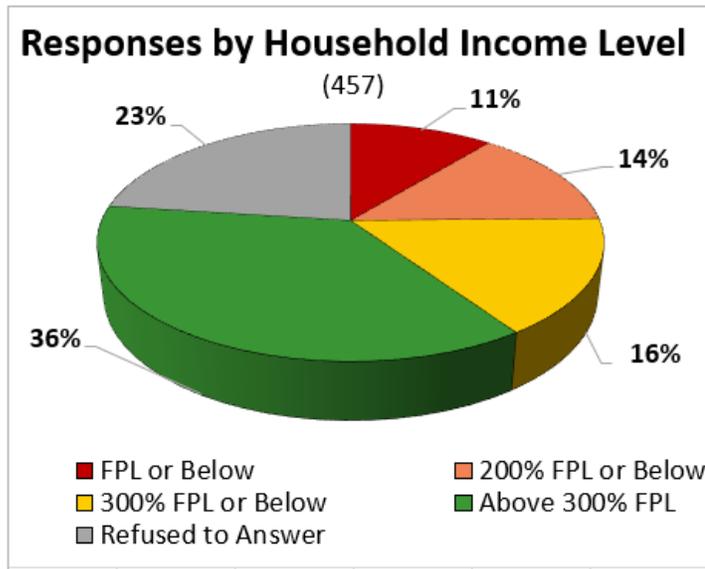
Some families living at or below 300% FPL are still eligible for some financial assistance programs including premium tax credits based on the Affordable Health Care Act. Households earning above 300% FPL are considered to be at a livable financial level with limited or no federal or state assistance.

Income Chart for Federal Poverty Level (FPL)

Size of Household	100% FPL	200% FPL
1	\$ 12,760.00	\$ 25,520.00
2	\$ 17,240.00	\$ 34,480.00
3	\$ 21,720.00	\$ 43,440.00
4	\$ 26,200.00	\$ 52,400.00
5	\$ 30,680.00	\$ 61,360.00
6	\$ 35,160.00	\$ 70,320.00
7	\$ 39,640.00	\$ 79,280.00
8+	\$ 44,120.00	\$ 88,240.00

Size of Household	300% FPL	> 300% FPL
1	\$ 38,280.00	Above
2	\$ 51,720.00	Above
3	\$ 65,160.00	Above
4	\$ 78,600.00	Above
5	\$ 92,040.00	Above
6	\$ 105,480.00	Above
7	\$ 118,920.00	Above
8+	\$ 132,360.00	Above

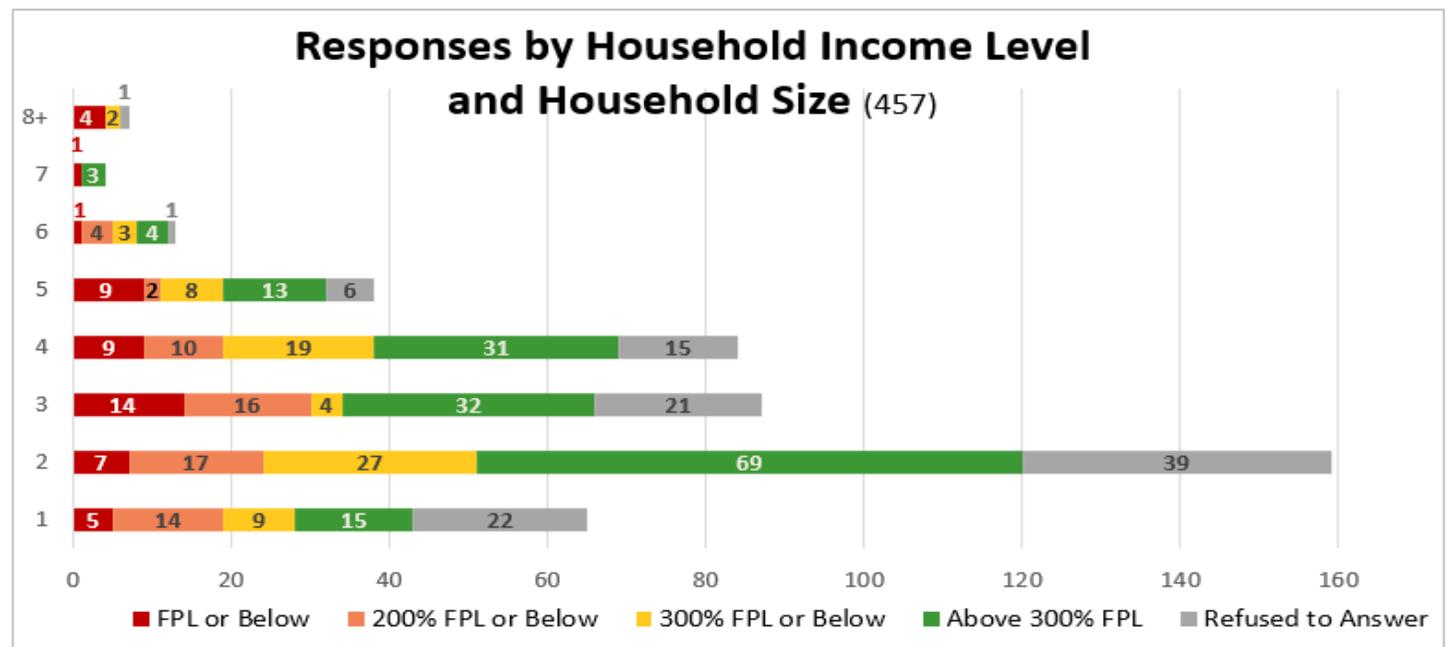
Average Household Size:
 Census: 2.25
 Survey: 2.91



According to the 2010 US Census, 12.5% of the Sherman County population lives below the poverty level, and more recent 2014-2018 estimates from Kansas Health Matters shows 19.1% are now living below 100% FPL. Survey respondents living at or below poverty were underrepresented with just 5.8% of responses.

According to Kansas Health Matters data, 32.9% of Sherman County residents live at or below 200% FPL.

Survey results show 25% of those responding at or below 200% FPL, which is slightly more representative of the actual population. Overall, lower income families were underrepresented. Nearly a quarter (23%) of participants refused to answer this final question.



Next Steps

With the community health needs survey completed and results compiled, the next step in the Community Health Needs Assessment process was to seek input from the CHNA Task Force and Stakeholders. The team met on March 16, 2021 to review these findings and establish potential priorities to share with the public.

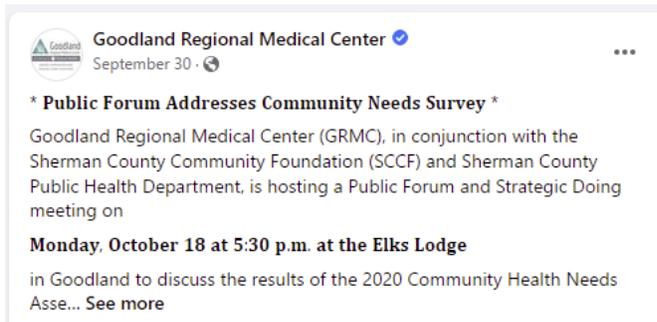
A Stakeholder Forum / Town Hall Meeting should be scheduled in the fall 2021 to present these findings to the community and seek input from stakeholders that represent a broad spectrum of the Sherman County population. The purpose of the public forum is to determine overall priorities, resources needed to address those priorities, and action plans to tackle these community needs and concerns. Due to the Covid-19 pandemic, it will be necessary to include an online option to participate to ensure public safety.

Based on the Task Force review meeting and the public forum, a final report will be developed by the consultant. This CHNA report will be used to assist local health care leaders at the county, hospital/clinic and other health care providers create action plans for improvement.

Results compiled by Carol Sloper, Consultant, Greater Northwest Kansas Community Foundation, PO Box 593, Bird City, KS 67731, 785-734-2406, carol@gnwkc.org.

Supporting Document D – Marketing the Public Forum

Posts announcing the Public Forum were made on social media. Flyers were distributed at the point of contact (reception desks) of health care providers throughout Sherman County.





Sherman County Community Foundation

September 14

Please join us...



Strategic Doing™

Do More Together.

Wednesday, Sept 15, 2021

5:30 pm

Goodland Elks Lodge

light meal provided

join us on **Wednesday** for Session three! Think about the projects you have a passion about and bring your ideas about what they should look like. Additionally, please bring people with who have an interest in the topics and can add a depth of ideas. Also, please feel free to forward this email to them. The meeting is only 1 hour long so we want the content to be dense and affective!

Agenda
5:15-5:30 pm Sign in (sandwiches will be served!)
5:30 Introductions and goals discussion
5:45 Break into groups based your interests (listed above)

5:45-6:15 Collaboration of ideas! Discuss what project or projects could come from each topic, then form a committee with that project as the focus.

6:15-6:30 Brief report from each group of what projects to pursue and the path to success!
6:30 Adjourn!

Please join us on **Wednesday, Sept 15, 5:30 pm at the Goodland Elks Lodge** for Session three! Think about the projects you have a passion about and bring your ideas about what they should look like. Additionally, please bring people with who have an interest in the topics and can add a depth of ideas. Also, please feel free to forward this email to them. The meeting is only 1 hour long so we want the content to be dense and affective!

Agenda

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- 6:15-6:30 Brief report from each group of what projects to pursue and the path to success!
- 6:30 Adjourn!

Tentative Session 3, Wednesday 9/15/21! TBA

We have many community successes from our first Strategic Doing Sessions that will have a lasting benefit to our community. Only through you can more be accomplished. Let's do it again!! A few of the results of our first sessions include:

1. Topside Manor
2. Topside Trail and Dog Park
3. Restoration of the Historic Telephone Building
4. Topside Aquatics
5. Skate Park

See you on Wednesday, Sept 15!!

Public Health
Prevent. Promote. Protect.
Sherman County
HEALTH DEPARTMENT

Northwest Tech
NORTHWEST KANSAS TECHNICAL COLLEGE

GAC
GOODLAND ACTIVITIES CENTER

Goodland
Regional Medical Center

SHERMAN COUNTY
Community Foundation
Honoring the Past... Building the Future!

TOPSIDE
—MANOR INC—

Sherman County

Community Health Needs Assessment
2020 ~ 2021
Public Forum

October 18, 2021, 5:30 p.m. MT
Elks Lodge, 1523 Arcade Ave., Goodland, KS

Welcome KANORADO

GOODLAND
HIGH SCHOOL

Soldiers Memorial Park
Smoky Gardens

WELCOME

Public Health
Prevent. Promote. Protect.
Sherman County
HEALTH DEPARTMENT

Goodland
Regional Medical Center

SHERMAN COUNTY
Community Foundation
Honoring the Past... Building the Future!

Craig Loveless, GRMC Chief Executive Officer

1

CHNA Purpose

Communities need to complete a **Community Health Needs Assessment (CHNA)**, a strategic plan to improve community health and wellness every 3 to 5 years. Federal and State Governments, Community Hospitals and Health Centers, Safety-Net Clinics, County Health Departments, and Community Development Organizations complete a CHNA for planning, funding and achieving positive outcomes.

2

Task Force

- Hospital Administration / Leadership Team
- Medical Director / Providers
- Sherman County Health Department Staff
- Hospital Quality Director / Director of Nursing
- Outpatient and Health Clinic Manager
- Elder Care Facility Staff and Board Members
- Home Health / Hospice Representation
- DSNWK and High Plains Mental Health Representation
- Local Government and Emergency Services Representation
- Food Bank Volunteers



3

Objectives

The objectives of this assessment:

- ✓ **Identify priorities** by gathering data from our community (**SURVEY**),
- ✓ **Analyze indicators** based on the data gathered (**TASK FORCE**),
- ✓ **Review and discuss findings** with stakeholders and the community to provide input, determine and rank priorities (**PUBLIC FORUM**), and
- ✓ **Create Community Health Improvement Plans** to address those priorities (**HOSPITAL / CLINIC / ELDER CARE / STRATEGIC DOING PROJECTS**).

4

Scope

- Define the Community Served
 - **Sherman County (5,917 total, target: 4,450 age 18 or older)**
 - Goodland (4,386 – 74.1%)
 - Kanorado (150 – 2.5%)
 - Other (1,381 – 23.4%)
 - Adults (75.2%) – 18 or older
 - Elderly (19.5%)
 - Minority (4.5%)
 - Living in Poverty (13.7%)

2018 Census Estimates Data

5

Survey Tool

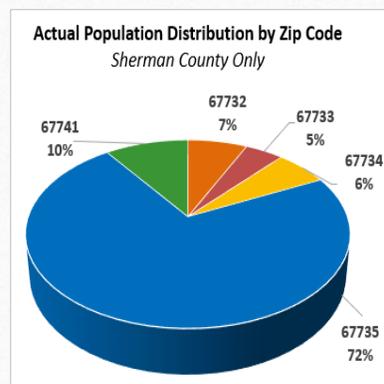
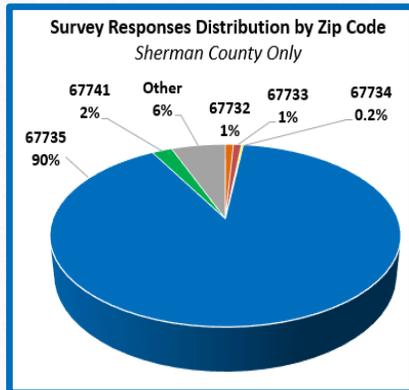
Survey was conducted from November 1 – December 31, 2020

- **Survey with 28 questions**
 - Community Concerns / Opinions
 - Delivery of Health Care Services / Barriers
 - Behavior / Mental Health Care Services
 - Demographics
- **Administered by Third Party (GNWKCF)**
- **Widely distributed:**
 - Online Link
 - Business Cards at Key Businesses
 - Published in Newspaper (articles & ads)
 - Radio Ads
 - Shared on Social Media
 - Reminders Given at Points of Contact
 - Notices Posted Throughout County

Due to Covid-19 pandemic, Health System staff members did NOT meet with public groups to discuss the survey as would have been the case in normal years.

Who Responded?

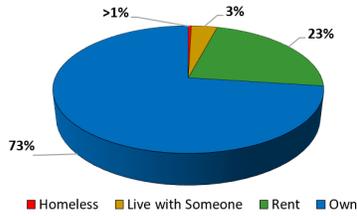
Response Rate: 11.5% (511 out of 4,450 people – age 18 and older)



Who Responded?

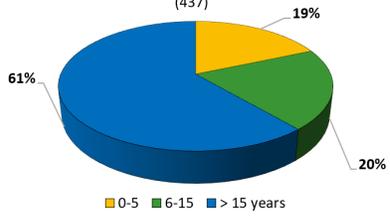
Average persons per household: Census - 2.25, Survey - 2.91

Responses by Housing Situation (458)

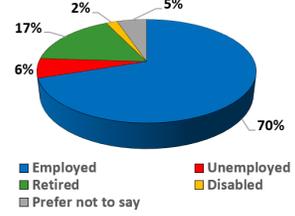


Census: 66.9% Own Home

Responses by Longevity Living In County (437)



Responses by Employment Status (458)

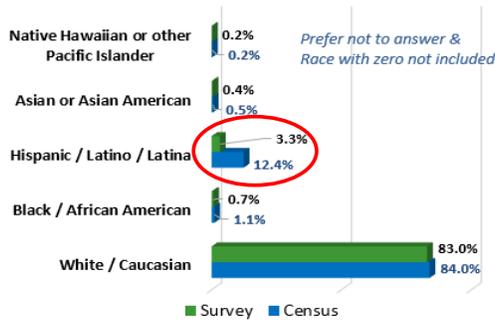


Survey: 43%; Census: 21.8% Attained Bachelors Degree or Above

Who Responded?

Survey was offered online / paper in English and Spanish

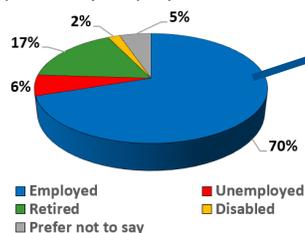
Race/Ethnicity Representation %
Survey vs. Census (460)



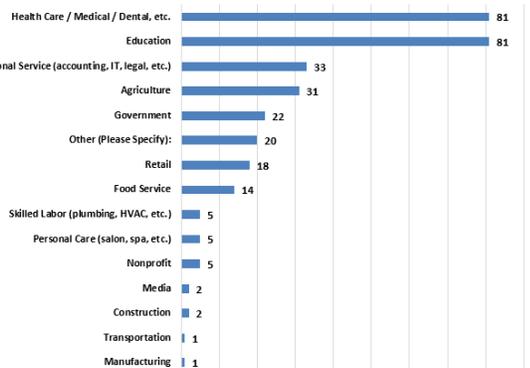
Who Responded?

The average unemployment rate in Sherman County at the end of 2020 was 3.2%.
6.0% of respondents indicated they were unemployed.

Responses by Employment Status (458)



Responses by Employment Industry (321)

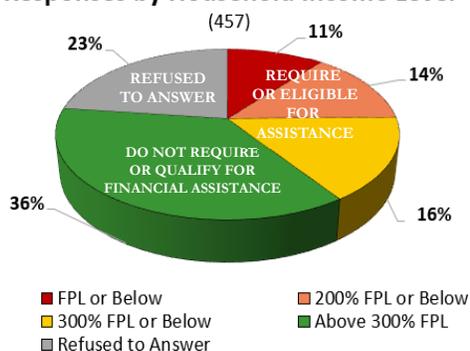


10

Who Responded?

25% of respondents are considered low income / vulnerable populations,
32.9%* of people in Sherman County live at or below 200% FPL

Responses by Household Income Level (457)



The FEDERAL POVERTY LEVEL is an economic measure that is used to decide whether the income level of an individual qualified them for certain federal and state benefits and programs.

Generally, families living **at or below 200% FPL** are considered to be a **vulnerable population**/families in need of assistance.

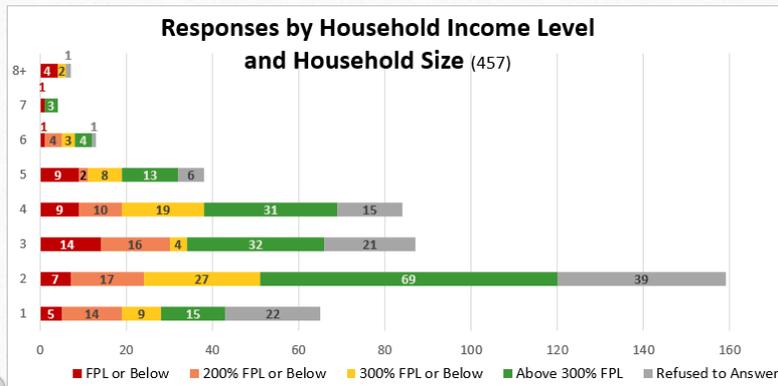
Some families living at or below 300% FPL are still eligible for some financial assistance programs including the Affordable Health Care Act.

**2010 Census Data*

11

Who Responded?

42% of households responding to the survey live at or below 300% FPL
27% of that population lives at or below the Federal Poverty Level (FPL)



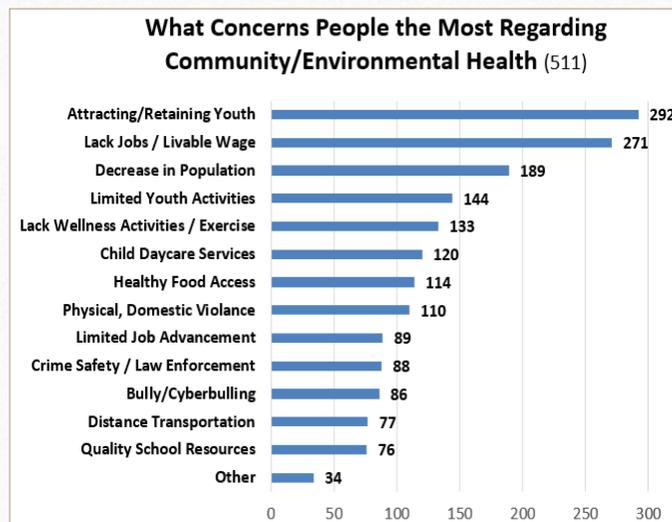
Income Chart for Federal Poverty Level (FPL)

Size of Household	100% FPL	200% FPL
1	\$ 12,760.00	\$ 25,520.00
2	\$ 17,240.00	\$ 34,480.00
3	\$ 21,720.00	\$ 43,440.00
4	\$ 26,200.00	\$ 52,400.00
5	\$ 30,680.00	\$ 61,360.00
6	\$ 35,160.00	\$ 70,320.00
7	\$ 39,640.00	\$ 79,280.00
8+	\$ 44,120.00	\$ 88,240.00

Size of Household	300% FPL	> 300% FPL
1	\$ 38,280.00	Above
2	\$ 51,720.00	Above
3	\$ 65,160.00	Above
4	\$ 78,600.00	Above
5	\$ 92,040.00	Above
6	\$ 105,480.00	Above
7	\$ 118,920.00	Above
8+	\$ 132,360.00	Above

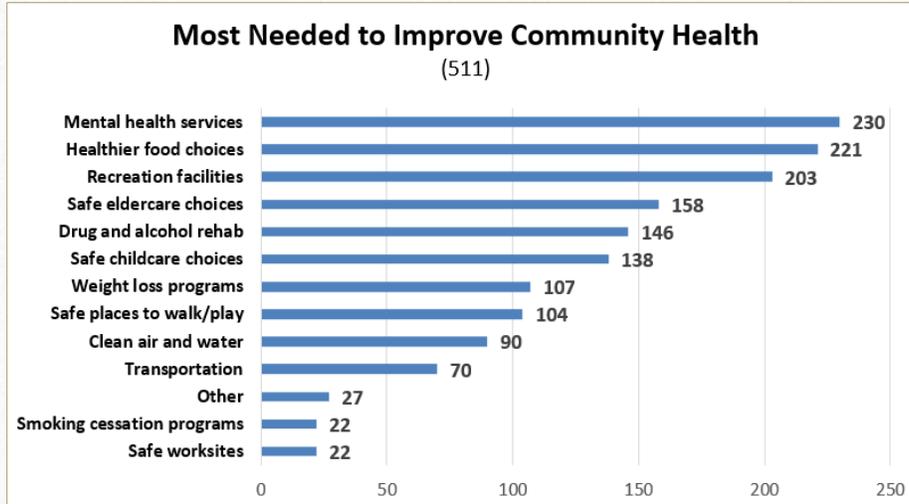
12

How Did People Respond?

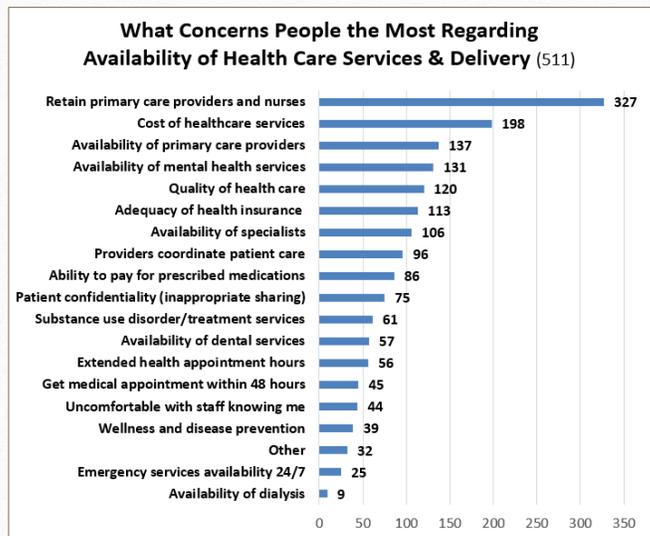


13

How Did People Respond?



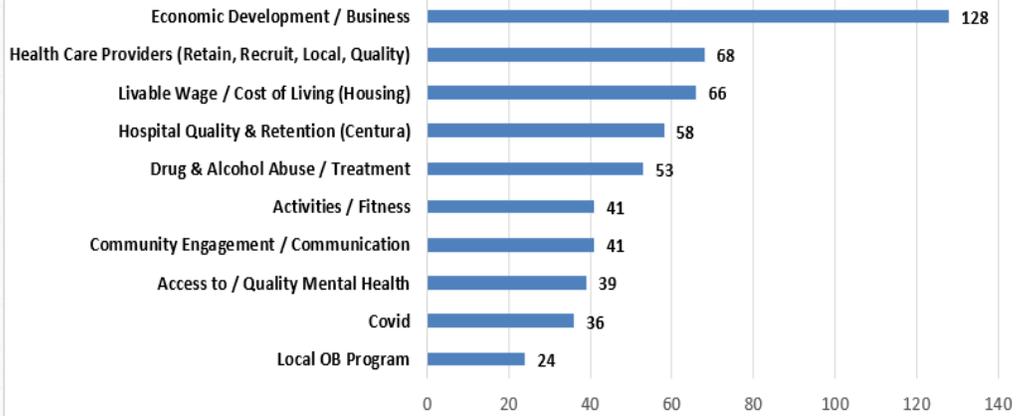
How Did People Respond?



How Did People Respond?

Biggest Challenge Facing the Community

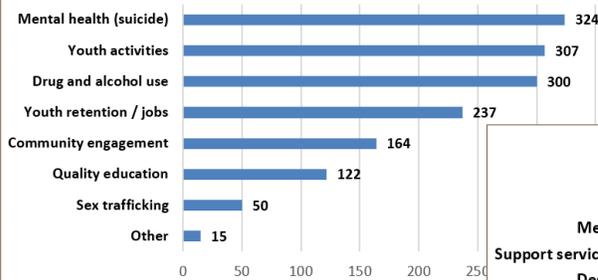
(511)



16

Top Concerns, Youth Population (511)

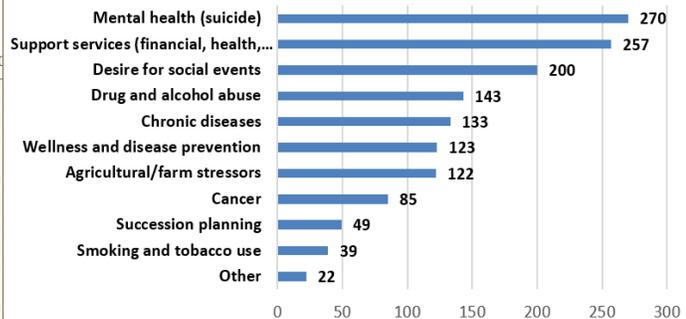
Ages 0-17



Concerns Based on Age of Population

Top Concerns, Adult Population (511)

Ages 18-64

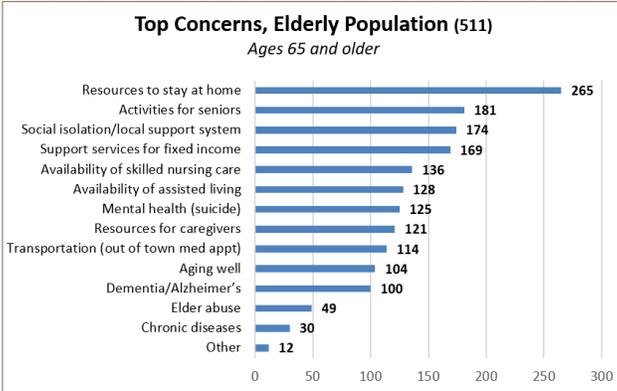


Mental health related issues *anxiety, stress, depression and suicide* are high on the list for both youth and adults

17

Concerns Regarding Elderly Population

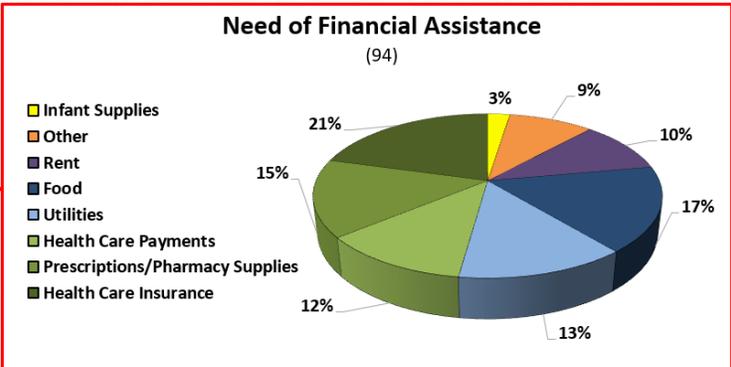
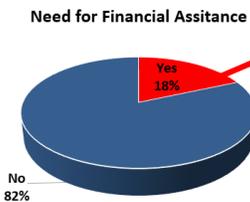
For the elderly, the main concerns revolve around being able to *stay at home longer*, resources and support services available, and activities / addressing social isolation.



How Did People Respond?

19.1%* of people in Sherman County live below the Federal Poverty Level.
18% of respondents indicated they need some form of assistance.

47% of the financial assistance needed is for health care related expenses (in GREEN).



*2018 Kansas Health Matters

Progress on Previous CHNA Identified Priorities

	Significantly Improved	Slightly Improved	No Change	Worsened	Unsure
Health and wellness (exercise, nutrition)	29 6%	131 28%	142 30%	50 11%	119 25%
Chronic disease prevention (obesity, diabetes, etc.)	13 3%	98 21%	153 32%	62 13%	145 31%
Regional collaboration among health care providers	24 5%	91 19%	91 19%	120 26%	145 31%
Expanded access to mental health care services	13 3%	61 13%	112 24%	130 28%	153 32%
Physician recruitment and retention	21 4%	79 17%	92 20%	209 45%	67 14%

Physician Recruitment / Retention and Mental Health Services are priorities again in the 2020 survey.

Indications are the matters have worsened and continue to be top concerns.

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Delivery of Health Care Services

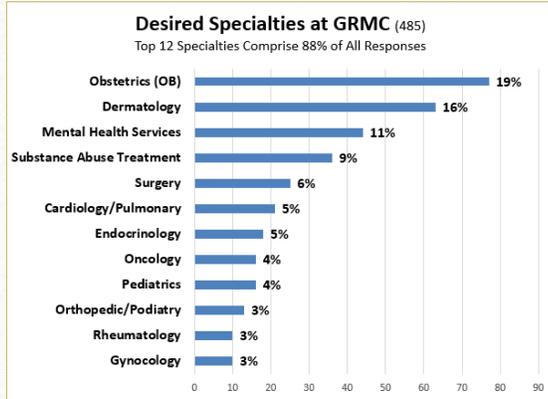
In all categories, more than half of those responding strongly agreed with questions regarding GRMC health care services.

More than 50% of responses indicated approval of GRMC services.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unsure
View GRMC as an effective partner in delivery health services	71 15%	199 41%	98 20%	70 14%	48 10%
56% Agree					
GRMC can meet the majority of my medical health needs	52 11%	198 41%	134 28%	71 15%	30 6%
52% Agree					
The outpatient speciality clinic is a very important part of GRMC	224 46%	201 41%	16 3%	7 1%	37 8%
87% Agree					
The dialysis program is a very important service at GRMC	212 44%	139 29%	35 7%	20 4%	79 16%
73% Agree					
The annual health fair is a valuable service / low cost testing	168 35%	181 37%	36 7%	46 9%	54 11%
72% Agree					

21

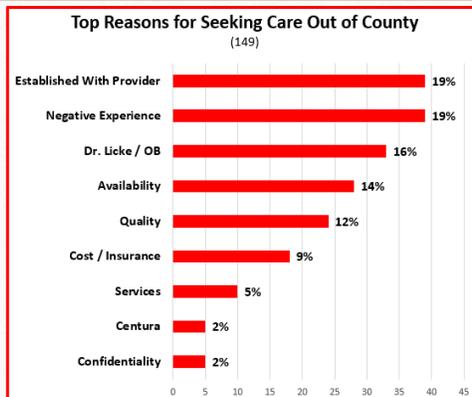
Delivery of Health Care Services



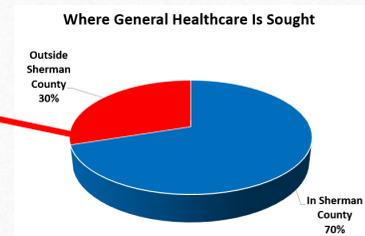
In addition to the top 12 services desired, other services (*each with 2% or less of all responses*) included: bariatrics, allergy specialist, geriatric care, diabetes specialist, gastrologist, neurologist, nutritionist, pain management, colonoscopy, and internal medicine.

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Delivery of Health Care Services



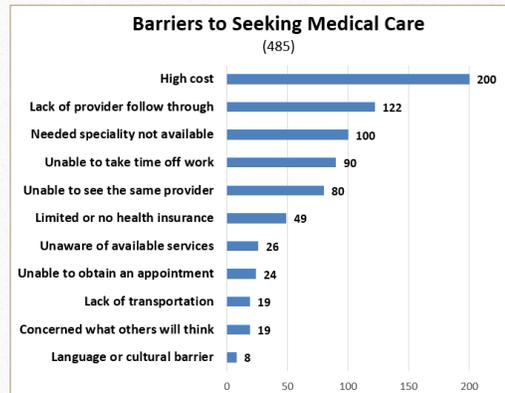
70% of respondents seek health care within Sherman County.



23

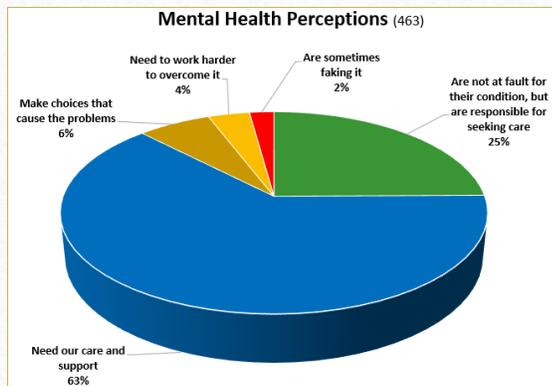
Barriers to Receiving Health Care

74% of all respondents indicated they experience *some barrier* that keeps them from seeking medical care.



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Mental Health Stigma

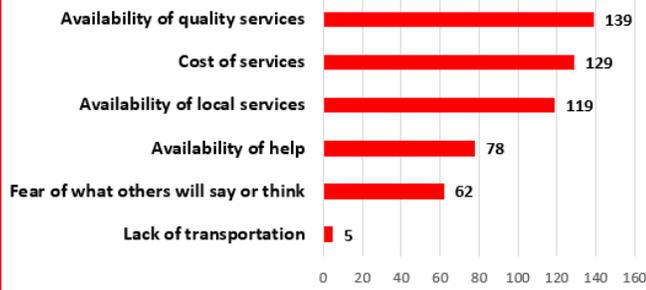


Most respondents (88%) felt *empathetic* toward those dealing with behavioral / mental health issues.

25

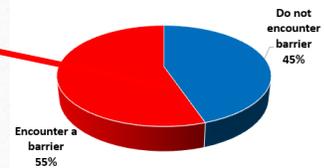
Access to Mental Health Services

Barriers to Improving Mental Health (463)



55% of respondents indicated they encounter a barrier to improving mental health.

Experience Barrier to Improving Behavioral / Mental Health (463)



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2018 CHNA

Response Rate: 4%

Top Concerns

- Health and Wellness (*exercise, nutrition*)
- Chronic Disease Prevention (*obesity, diabetes, etc.*)
- Regional Collaboration Among Health Care Providers
- Expanded Access to **Mental Health** Care Services
- Physician Recruitment and Retention**

2021 CHNA

Response Rate: 11.5%

Top Concerns

- Economic Development (*businesses, jobs, livable wages, cost of living, housing*)
- Health Care Providers (*retain / recruit medical staff*)
- Hospital Quality / Retaining Facility (Centura)
- Mental Health & Substance Abuse** (*quality and local treatment*)
- Community Engagement (*activities, fitness*) / *Communication*
- Covid Pandemic

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What Should the Priorities Be?



YOU DECIDE!

28

What Does This All Mean?



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Supporting Document F – Post Forum Publicity

The following story appeared in the local newspaper after the public forum.



Hospital chief updates city on vaccine, new doctor

By Kevin Bottrell
kbottrell@nwkansas.com

Goodland Regional Medical Center Chief Executive Officer Craig Loveless attended the Goodland City Commission meeting on Monday to provide an update on activities at the hospital.

Loveless said he wanted to address some community questions on whether it would mandate Covid-19 vaccines for its employees. He said the hospital will not require employees to be vaccinated unless the federal government mandates end up being approved. He said the local administration does not want to implement a mandate unless it is necessary to keep in compliance with regulations.

Loveless said the hospital had recently released the results of the Community Health Needs Assessment, which found there were four main areas the community was interested in. One of the top concerns is childcare. Loveless said many rural communities are facing a lack of childcare options, and in Goodland a group has already been formed to try and address this.

The survey also said the community was interested in economic development, providing behavioral health as part of primary care, and recruitment and retention of physicians. Loveless said the hospital has recruited a new family practice doctor, who is due to start in

Goodland in early January. He said recruitment issues also tie back into economic development, since one common issue for finding new doctors is a lack of housing for them.

Loveless said the hospital has also been working on strategic planning. The areas being focused on include strengthening core services.

"We want to make sure our care is of the highest quality and safe," he said.

The hospital is also focusing on improving patient satisfaction as well as employee satisfaction and engagement. Loveless said they have been surveying the staff and finding a lot of areas to improve.

The commission asked about patient numbers. The average census is about six and on Monday there were eight patients. The emergency room averages about 200 a month, but November is on track for 300. Clinic visits are at about 300 provider visits a week, which is close to the numbers prior to the Covid pandemic.

The city commissioners were also introduced to the new code enforcement officer Jeff Dinkel, and two new police officers, Duncan Kroskey and Karina Angelos, who will be attending the law enforcement academy starting in January.

The commissioners appointed Kin Huang to the Cemetery Board and Karen Peck to the Goodland Housing Authority