



Community Health Needs Assessment

Thomas County, KS
on behalf of Citizens Health



May 2021

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

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I. Executive Summary

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I. Executive Summary

Citizens Health Medical Center – Thomas County, KS - 2021 Community Health Needs Assessment (CHNA)

The previous CHNA for Citizens Health was completed in 2018. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #4 Thomas County, KS CHNA assessment began December 2020 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandelaar, MBA.

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

County Health Area of Future Focus on Unmet Needs

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

Thomas County, KS 2021 CHNA Priorities - Unmet Needs				
Wave #4 Town Hall - March 25th, 2021				
Citizens Health PSA (14 Attendees, 72 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Housing	12	16.7%	16.7%
2	Mental Health Services	10	13.9%	30.6%
3	Child Care Options	9	12.5%	43.1%
4	Lack of Qualified Staff / Providers (Availability)	8	11.1%	54.2%
5	Drug / Alcohol Abuse	5	6.9%	61.1%
6	Behavioral Health Long-term Care	5	6.9%	68.1%
7	Teen Programs / Services	5	6.9%	75.0%
8	Nutrition - Healthy Food Options	5	6.9%	81.9%
	Total Votes:	72		
Other Items receiving votes: Alcohol Abuse, Recreation Opportunities, Access to Care and Home Health				

Town Hall CHNA Findings: Areas of Strengths

Thomas County (KS) "Community Health Strengths"			
#	Topic	#	Topic
1	School System	6	Primary Care Providers
2	Community Involvement	7	Variety of Services
3	Exercise / Fitness	8	Community Programs
4	Obstetrics Services	9	Nursing Home / Senior Services
5	Safe Environment	10	Vaccine Program

Key CHNA Wave #4 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2020 Robert Wood Johnson County Health Rankings, Thomas County, KS Average was ranked 20th in Health Outcomes, 27th in Health Factors, and 58th in Physical Environmental Quality out of the 105 Counties.

TAB 1. Thomas County's population is 7,777 (based on 2019), with a population per square mile of approximately 7.4 persons. Roughly seven percent (7.4%) of the population is under the age of 5, while the population that is over 65 years old is 18.1%. As of 2019, Hispanic / Latinos make up 7.5% of the population and 5.2% of citizens that speak a language other than English in their home. Children in single parent households make up a lower percentage of 13.3% compared to the rural norm of 25.2%, and 83.5% are living in the same house as one year ago.

TAB 2. In Thomas County, the average per capita income is \$24,652 while 9.1% of the population is in poverty. The severe housing problem was recorded at 13.1% compared to the rural norm of 9.5%. Food insecurity is 11.4%, and limited access to healthy foods (store) is 11.2%.

TAB 3. Children eligible for a free or reduced-price lunch in Thomas County is 40.7%. Almost eighty percent (78.2%) of students graduated high school in compared to the rural norm of 88.1% and 13.7% have a bachelor's degree or higher.

TAB 4. The percent of births where prenatal care started in the first trimester is 84.4% and 5% of births in Thomas County have a low birth weight. Continually, 85.9% (compared to 81.5% rural norm) of infants up to 24 months are receiving full immunization. The percent of births happening to teens is 6.2% and the percent of mothers who reported smoking during pregnancy is 8.6% (2016 – 2018).

TAB 5. The population coverage in Thomas County of Primary Care Physicians per resident is 1 MD/DO per 1,558 population. The percentage of patients who gave their hospital a rating of 9 or 10 out of 10 is only 77%, while 79% of patients reported Yes, They Would Definitely Recommend the Hospital. The average (median) time patients spend in the emergency department before leaving was 139 minutes.

TAB 6. In Thomas County, 12.4% of the Medicare population has depression. The percent of Medicare Part D beneficiaries receiving an opioid day supply >10 Days is 46.6%. The average mentally unhealthy days last reported (2017) is 3.6 days in a one-week period.

TAB 7a – 7b. Thomas County has an obesity percentage of 33.4% as of 2016, and physical inactivity percentage is 30.7%. The adult smoking is 15.7%, while the excessive drinking percentage is 18.5% as of 2017. The Medicare hypertension percentage is 63.3%, while their heart failure percentage is 33.8%. Thomas County has an almost 11% cancer percentage (10.8%) among their Medicare population and 3.9% stroke percentage.

TAB 8. The adult uninsured rate for Thomas County is 9.3% (based on 2017) compared to the rural norm of only 11.9%.

TAB 9. The life expectancy rate in Thomas County is roughly 80 years of age (79.6) for the entire general population in this county. Alcohol-impaired driving deaths for Thomas County is at 25% while age-adjusted Cancer Mortality rate per 100,000 is 117.7, while the Age-adjusted Heart Disease Mortality rate per 100,000 is at 124.9.

TAB 10. Roughly seventy eight percent (77.7%) of Thomas County has access to exercise opportunities. There are 4.9% of the population that have diabetes prevalence. Forty seven percent (47%) of women in Thomas County seek annual mammography screenings (based on 2017).

Key CHNA Wave #4 Primary Research Conclusions found:

Community Feedback from residents, community leaders and providers (N=243) provided the following community insights via an online perception survey:

- Using a Likert scale, 77.1% of Thomas County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Thomas County stakeholders are satisfied with some of the following services: Ambulance Services, Emergency Room, Outpatient Services, Telehealth, Dental, Optometry, Pharmacy, Walk-In Clinic, Inpatient Services, Hospice, and Chiropractic.
- When considering past CHNA needs, the following topics came up as the most pressing: Mental health Services, Child Care Options, Affordable Care, and Fitness / Exercise Services.

Thomas Co. KS- CHNA Wave #4		Ongoing Problem		Pressing
Past CHNAs Unmet Needs identified		Thomas Co. (N=325)		Thomas Co. (N=325)
Rank	Ongoing Problem	Votes	%	Trend
				RANK
1	Mental Health Services	115	11.9%	1
2	Child Care Options	105	10.8%	2
3	Affordable Care	78	8.0%	3
4	Exercise/Fitness Services	66	6.8%	8
5	Nutrition - Healthy Food Options	66	6.8%	9
6	Education/Awareness of Health Services	65	6.7%	6
7	Access to Specialists	61	6.3%	4
8	Preventative Health / Wellness	59	6.1%	11
9	Transportation	57	5.9%	12
10	Access to Preventative Health/Wellness	54	5.6%	15
11	Community Engagement	53	5.5%	13
12	Health Insurance	52	5.4%	10
13	Cancer Services	51	5.3%	5
14	Available Providers/Qualified Staff	50	5.2%	7
15	Medicaid Options (Expansion)	38	3.9%	14

II. Methodology

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II. Methodology

a) CHNA Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

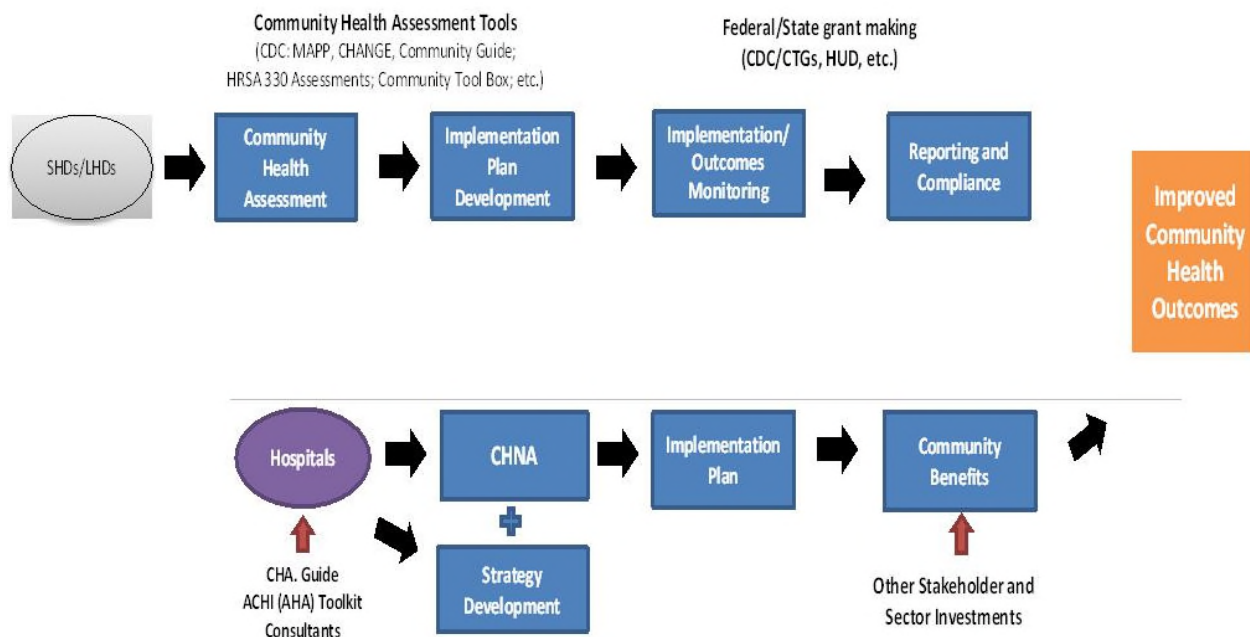
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Requirements Overview (Notice 2011-52)

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three taxable years. ***The CHNA must take into account input from persons representing the community served by the hospital facility and must be made widely available to the public. The CHNA requirements are effective for taxable years beginning after March 23, 2012.*** As a result, a hospital organization with a June 30 fiscal year end must complete a CHNA full report every 3 years for each of its hospital facilities by fiscal June 30th.

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and 6) a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

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

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

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

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

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

Additional Sources of Input

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

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

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

Collaboration on CHNA Reports

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

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

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

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

Joint Implementation Strategies

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

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

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

Adoption of Implementation Strategy

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

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

New Hospital Organizations

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

New Hospital Facilities

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

Transferred/Terminated Facilities

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

Public Health Criteria:

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

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

DOMAIN 1 includes 4 STANDARDS:

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

Required CHNA Planning Process Requirements:

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

Seven Steps of Public Health Department Accreditation (PHAB):

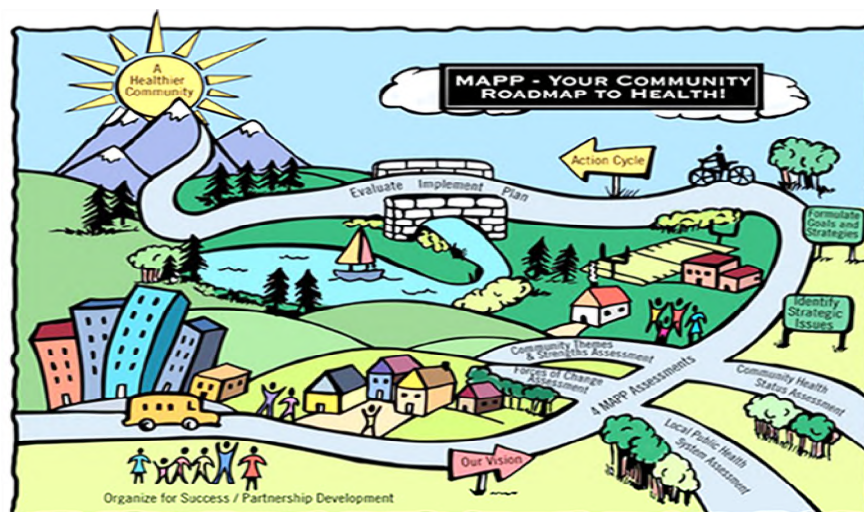
1. Pre-Application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

MAPP Process Overview

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

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

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



Drivers of Health Assessment & Improvement Planning

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

National Voluntary Accreditation Requirements

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

CDC Grant Requirements

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

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

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

Social Determinants of Health

What Are Social Determinants of Health?



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

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

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

II. Methodology

b) Collaborating CHNA Parties

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

Citizens Health. Profile

100 E. College Dr, Colby, KS, 67701
Chief Executive Officer: Greg Unruh

Our Story: At Citizens Health (CH) our mission is "Enhancing the Lives of Those We Serve." The over 380 employees of CH including our doctors, nurse practitioners, physician assistants, nurses, technicians, therapists, and other professionals are dedicated to this mission every day. CH is composed of Citizens Medical Center, Family Center for Health Care, Prairie Senior, and the Citizens Foundation. We all work together to ensure that the care you receive is the best it can be, from first encounter to last. That's what it takes to be your choice for health care.

Citizens Health provides emergency services, acute care nursing, swing bed nursing, obstetrics, rehabilitative, and many other specialty services. Our patients can receive care in our Specialty Clinic from medical specialists from across the region in a broad range of medical specialties.

We provide the health care services you need by continually assessing our capabilities and updating or expanding our services as needs are identified. In the past this has required: expanding the Family Center for Health Care complex, upgrading our radiology department with a new CT scanner, and adding MRI, Nuclear Medicine, and Mammography capabilities. In the future it will lead to the expansion of our services as we add new obstetric, family medicine, and surgical capabilities.

We will strive to constantly improve the care you receive. Our commitment is to provide you with the high-quality health care you need now and in the future.

Mission Statement: Enhancing the Lives of Those We Serve

Vision: Citizens Health is the people's choice as a provider of care, place to work and partner for regional growth. Our financial health supports keeping pace with an ever-changing healthcare environment. Our reputation of quality and caring continuously strengthens our relationships with the communities we serve. Every choice made and action taken during the life of this vision helps achieve our mission.

Services: We think it is important to provide you with the most advanced, extensive, timely, and compassionate care possible. That is why we continue to keep abreast of medical advances; to provide you with a full range of family practice and obstetrical services. The following summarizes our most frequently provided services and is not meant to be an exhaustive list of the full scope of our services. It is meant to provide you with a sample of the range of services available. If you have questions about a particular service, please speak with your health care provider for assistance and to receive a more thorough explanation or call us at (785) 462-6184.

- Adolescent Health
 - Adolescent Health Maintenance, Cervical Cancer Prevention, Birth Control, Sports Physicals, Sports Medicine
- Aesthetic & Cosmetic Medicine
 - Botx, Restylane, Radiesse, Chemical Peels, PCA Products, Navel Piercing
- Chronic Disease Management
- Geriatrics
 - Welcome to Medicare, Annual Wellness Exam, Nursing Home Program
- Immunizations
 - Immunization Schedule, Vaccines for Children Program, Adult Vaccination, Flu, Pneumococcal, Tetanus & Pertussis, Travel
- Men's Health
 - Men's Preventative Health, Prostate Health, Colonoscopy, Vasectomy
- Obstetrics
- Occupational Medicine
 - Employment Physicals, Physical Capacity Profile, Worker's Compensation, DOT Physicals, Drug Testing, Flu Shots, Health Promotion
- Osteopathic Manipulative Treatment
- Pediatrics
 - ADD/ADHD, Allergies, Asthma, Ear Infections, Schools Physicals, Health Wave, Well Child Check/Kan Be Healthy
- Surgical Services
- Weight Loss
- Women's Health
 - Women's Annual Exams, Sexually Transmitted Diseases, Mammograms, Bone Densitometry (DEXA), Hormone Replacement Therapy, Birth Control
- Other Services
 - Dermatology, Earwax Removal, Electrocardiogram, Fracture Care, Laceration Repair, Hearing and Vision Screenings, IV Therapy, Pulmonary Function Test

Thomas County Health Department Profile

350 S. Range Ave., Ste. #2, Colby, KS, 67701

Administrator: Kasiah Rothchild

The Thomas County Health Department is open Monday through Friday from 8:00 am to 5:00 pm. Thomas County Health Department also has the Breastfeeding Boutique that offers breastfeeding supplies (bras, breast pumps, Bellaband, Maya wraps, milk storage, pillows, bracelets, and other baby items) for rent and purchase. The goal is to enhance mother's breastfeeding experience. In 2011 the Health Department offered a seasonal Flu Clinic to provide the vaccination in either injection or flu mist forms. The health department also offers WIC services through the Sherman County Health Department.

Thomas County Health Department offers the following services:

- Immunizations
- TB Skin Test
- Health Preparedness
- Physicals (School, Daycare)
- KanBe Healthy Program
- Hearing/Vision Screen
- Lab Work
- Family Planning
- RN & APRN Physicals
- Pap Smear
- Birth Control
- Pregnancy Testing
- HIV/STD's Check
- Maternal and Infant Program
- Lactation Classes
- Lactation Room Available for Mothers Who Need to Nurse
- Programs
 - Immunization, Public Health Preparedness, Maternal and Infant Program, Chronic Disease Risk Reduction, Family Planning

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications:

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

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



Vince Vandehaar, MBA – Principal

VVV Consultants LLC – start 1/1/09 *

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

Cassandra Kahl, BHS – Lead Consultant

VVV Consultants LLC – Nov 2020

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



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

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

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

Our Values :

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

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

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

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

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

II. Methodology

c) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in December 2020 for Citizens Health (Colby, KS) located in Thomas County, KS to meet Federal IRS CHNA requirements.

In December, a meeting was called by Citizens Health leaders to review CHNA collaborative options. <Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps.> Outcomes from discussion led to Citizens Health leaders requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

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

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

Citizens Health - Colby, KS				
Patient Zip Code	County	3YR TOT	%	ACCUM
KHA Patient Origin FFY18-20		101,016	TOTALS	
67701-Colby, KS	Thomas	56,896	56.3%	56.3%
67732-Brewster, KS	Thomas	3,467	3.4%	59.8%
67753-Rexford, KS	Thomas	3,323	3.3%	63.0%
67734-Gem, KS	Thomas	1,450	1.4%	64.5%
67743-Levant, KS	Thomas	1,237	1.2%	65.7%
67748-Oakley, KS	Logan	6,536	6.5%	72.2%
67735-Goodland, KS	Sherman	4,258	4.2%	76.4%
67730-Atwood, KS	Rawlins	4,248	4.2%	80.6%

Data & Benchmarks Review

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

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

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

Community health assessment indicators should be

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

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

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

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

Sources of community-health level indicators:

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

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

Citizens Health - Colby, KS VVV CHNA Wave #4 Work Plan - Year 2021 Project Timeline & Roles			
Step	Timeframe	Lead	Task
1	11/13/2020	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	11/13/2020	Hosp	Select CHNA Wave #4 Option B. Approve (sign) VVV CHNA quote
3	1/6/2021	VVV	Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	1/6/2021	VVV	Hold Kick-off Meeting & Request Hospital Client to send KHA PO reports for FFY 18, 19 and 20. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls)
5	1/6/2021	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	Feb-Mar 2021	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	2/1/2021	VVV / Hosp	Prepare/send out PR story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	By 2/1/2021	VVV / Hosp	Place PR story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	2/5/2021	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 3/5/2021 for Online Survey
10	2/26/2021	Hosp	Prepare/send out Community TOWN HALL invite letter and place local AD.
11	2/26/2021	VVV / Hosp	Prepare/send out PR story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
12	3/22/2021	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	Thursday 3/25/2021	VVV	Conduct CHNA Town Hall. Lunch 11:30-1pm (location TBD) Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 4/16/2021	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 4/30/2021	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	July 15, 2021	Hosp	Conduct Client Implementation Plan PSA Leadership meeting
17	on or before Oct 2021	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

Overview of Virtual Town Hall Community Priority Setting Process

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

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

Citizens Health's Virtual Town Hall was held on Thursday March 25th, 2021 via Zoom due to COVID-19 safety requirements. Vince Vandehaar MBA and Cassandra Kahl facilitated this 1 ½ hour session with twenty-six RSVP's / 14 attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

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

At the end of each Town Hall session, VVV Consultants encouraged all community members to continue to contribute ideas to both hospital / health department leaders via e-mail and/or personal conversations. < NOTE: To review detail Town Hall discussion content, please turn to Section V for detailed notes of retreat session and activities citing health strengths & unmet health needs to change or improve.>



Community Health Needs Assessment
Virtual Town Hall Meeting - Thomas Co. (KS)
 on behalf of Citizens Health

VVV Consultants LLC
 Olathe, Kansas 66061

VandehaarMarketing.com
 913-302-7264

1

Community Health Needs Assessment (CHNA)
Town Hall Discussion Agenda

- I. **Check-In/Introductions** (Start: 11:20 – 11:35)
- II. **Review CHNA Purpose and Process** (11:35 – 11:40)
- III. **Review Current County “Health Status”**
 - Secondary Data by 10 TAB Categories
 - Review Community Feedback Research (11:40 – 12:10)
- IV. **Collect Community Health Perspectives**
 - Assigned Breakout Sessions (Lead/Reporter)
 - Uncover unmet needs/reporting back discussion (12:10 - 12:40)
- V. **Returning To Community General Session**
 - Report up / Poll & End Town Hall (12:40 – 1:00)

2

Town Hall Participant Roles (You)

- **Attendees**
 - Have Engaging Conversation (Be specific on your point)
 - No right or wrong answer
 - Give truthful responses
 - Take Notes – Make your list of Important Health Indicators
 - Complete Unmet Needs Poll – Representing Community
 - Encourage Chat – Log thoughts during meeting
- **Local Leads (During Breakout Rooms)**
 - Facilitate Community Conversation
 - Ensure Team Involvement – ALL speak up

Have Some Fun!

3

I. Introductions: A Conversation with the Community & Stakeholders
Community members and organizations invited to CHNA Town Hall

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

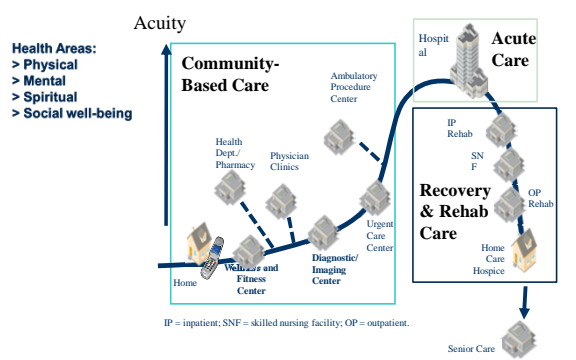
Community leaders and groups: The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs – Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses – owners/CEO's of large businesses (local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

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

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

4

Future System of Care - Sg2



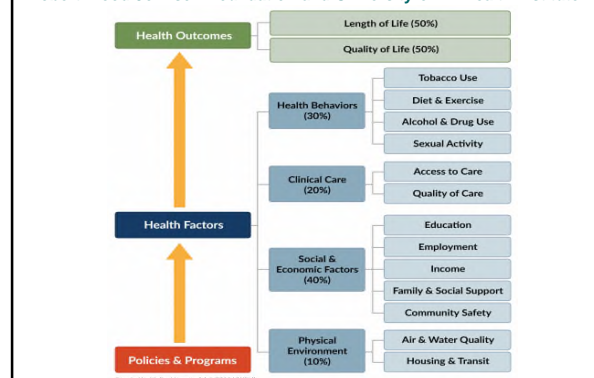
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Triple Aim Focus



6

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



7

Physical Environment (10%)			Social and Economic Environment (40%)		
Focus Area	Measure	Description	Focus Area	Measure	Description
Air and water quality (5%)	Air pollution: particulate matter	The average daily measure of fine particulate matter (PM2.5) in a county	Community safety (5%)	Violent crime	Violent crime rate per 100,000 population
	Drinking water violations	Percent of population potentially exposed to water exceeding a violation limit during the past year		Injury deaths	Injury mortality per 100,000
	Severe housing problems	Percent of households with at least 1 of 4 housing problems: overcrowding, high heating costs, or lack of kitchen or plumbing facilities	2b Health Outcomes (50%)	Health Indicators	
	Living alone & weak long-term care: dining alone	Percent of the workforce that plans alone to work			
2a Access to care (10%)	Central Care (20%)		Focus Area	Measure	Description
	Uninsured	Percent of population under age 65 without health insurance	Tobacco use, Adult smoking, Adult obesity	Adult smoking	Percent of adults that report smoking ≥ 100
Quality of care (10%)	Primary care physicians	Ratio of population to primary care physicians	Diet and exercise (5%)	Adult obesity	Percent of adults that report a BMI ≥ 30
	Dentists	Ratio of population to dentists		Food environment index	Index of factors that contribute to a healthy food environment
	Mental health providers	Ratio of population to mental health providers	Access to essential resources		
	Preventable hospitalizations	Hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees	Alcohol and drug use (5%)	Percent of driving deaths with alcohol impairment	
	Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c screening		Alcohol-impaired driving deaths	Percent of driving deaths with alcohol impairment
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening	Sexual activity (5%)	Chlamydia rate per 100,000 population	
2b Social and Economic Environment (40%)			Sexual activity (5%)	Prematurity (5%)	
Focus Area	Measure	Description			
Education (10%)	High school graduation	Percent of ninth grade cohort that graduates in 4 years	Focus Area	Measure	Description
	Some college	Percent of adults aged 25-44 years with some post-secondary education		Quality of life (50%)	
Employment (10%)	Unemployment	Percent of population age 16+ unemployed but seeking work	Poor or fair physical health	Percent of adults reporting poor or fair physical health (age-adjusted)	
	Children in poverty	Percent of children under age 18 in poverty			
Family and social support (5%)	Inadequate social support	Percent of adults without social/emotional support	Low birthweight	Percent of low birthweight babies (1,000+ grams)	
	Children in single-parent households	Percent of children that live in household headed by single parent			

8

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

Trends: **Good** **Same** **Poor**

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

9

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

- 1) Are there healthcare services in your community/neighborhood that you feel need to be improved and/or changed? **ASK: Top 3 unmet health needs per attendee – rapid fire** (15 mins)
- 2) What are the strengths of our community that contribute to health? **ASK: Top 3 Strengths per attendee – rapid fire** (15 mins)

ROLES: Local LEAD – Guide discussion
VVV Staff – Take notes

10

Collaborate Breakout Room Discussions

- TEAMS: Share Themes from Breakout Sessions
- Unmet Needs - Consensus
- Administer Poll
- Close – Next Steps Moving Forward

After Meeting Thoughts: EMAIL
VVV@VandehaarMarketing.com
CJK@VandehaarMarketing.com

11

Community Health Needs Assessment

Questions; Next Steps?



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Olathe, KS 66061

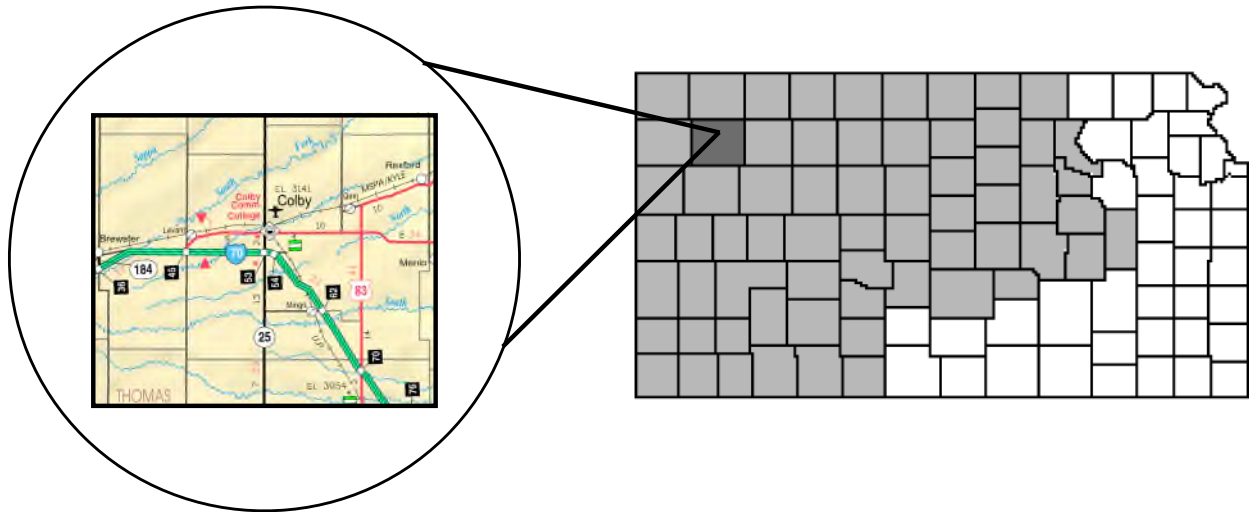
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(913) 302-7264

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II. Methodology

d) Community Profile (A Description of Community Served)

Thomas County Community Profile



Demographics

The population of Thomas County was estimated to be 7,877 citizens in 2015, and had a -0.06% change in population from 2010 – 2015. The county has an overall population density of 7.0 persons per square mile.¹ The county covers 1,074.7 square miles and this area includes the Prairie Museum of Art & History, Cooper Barn, the Thomas County Courthouse, and the Northwest Research and Experiment Center². The county is located in northwest Kansas and agriculture, forestry, fishing, hunting, and mining, wholesale trade, educational, health and social services, professional, scientific, management, administrative and waste management services are the most common industries in its economy³. The county was founded in 1885 and the county seat is Colby.

The major highway transportation access to Thomas County is U.S. interstate 70, which runs from the southeast corner through the center of the county in an east-west direction. Kansas highways 83 and 25 run north–south through the county, and Kansas Highway 24 runs east–west.

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

² <http://oasisonthepains.com/beourquest/attractions-a-recreation>

³ http://www.city-data.com/county/Thomas_County-KS.html

Thomas County, KS Airports⁴

Name	USGS Topo Map
Hutton Airport	Brewster SE
Murray Airport	Colby

Schools in Thomas County⁵

Name	Level
Brewster Elem	Primary
Brewster High	High
Colby Elem	Primary
Colby Middle School	Middle
Colby Senior High	High
Golden Plains High	High
Golden Plains Middle	Middle
Thomas County Academy	Other/Ungraded

⁴ <http://kansas.hometownlocator.com/features/historical,class,airport,scfips,20193.cfm>

⁵ <http://kansas.hometownlocator.com/schools/sorted-by-county,n,thomas.cfm>

Thomas Co KS -Detail Demographic Profile

		Population				Households		HH	Per Capita
ZIP	NAME	County	Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
67701	Colby	Thomas	6,367	6,273	-1.5%	2,617	2,587	2.3	\$27,249
67732	Brewster	Thomas	475	464	-2.3%	191	188	2.5	\$31,171
67734	Gem	Thomas	134	131	-2.2%	55	54	2.4	\$32,219
67743	Levant	Thomas	127	124	-2.4%	58	57	2.2	\$35,611
67753	Rexford	Thomas	506	496	-2.0%	194	191	2.6	\$30,071
Totals			7,609	7,488	-10.4%	3,115	3,077	2.4	\$31,264

			Population				Year 2020		Females
ZIP	NAME	County	Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
67701	Colby	Thomas	6,367	1,129	2,164	916	3,111	3,256	876
67732	Brewster	Thomas	475	95	139	53	250	225	48
67734	Gem	Thomas	134	24	42	15	68	66	13
67743	Levant	Thomas	127	23	39	14	67	60	12
67753	Rexford	Thomas	506	99	146	55	264	242	46
Totals			7,609	1,370	2,530	1,053	3,760	3,849	995

			Population 2020				Average Households 2020		
ZIP	NAME	County	Caucasian	African Amer	Amer Ind.	Hispanic	HH Inc	HH	HH \$50K+
67701	Colby	Thomas	5,896	70	45	445	\$52,941	2,617	1,398
67732	Brewster	Thomas	443	0	5	36	\$63,548	191	134
67734	Gem	Thomas	117	0	0	16	\$60,925	55	37
67743	Levant	Thomas	117	0	2	10	\$64,540	58	41
67753	Rexford	Thomas	454	1	3	52	\$61,461	194	125
Totals			7,027	71	55	559	\$60,683	3,115	1,735

Source: ERS Demographics

III. Community Health Status

[VVV Consultants LLC]

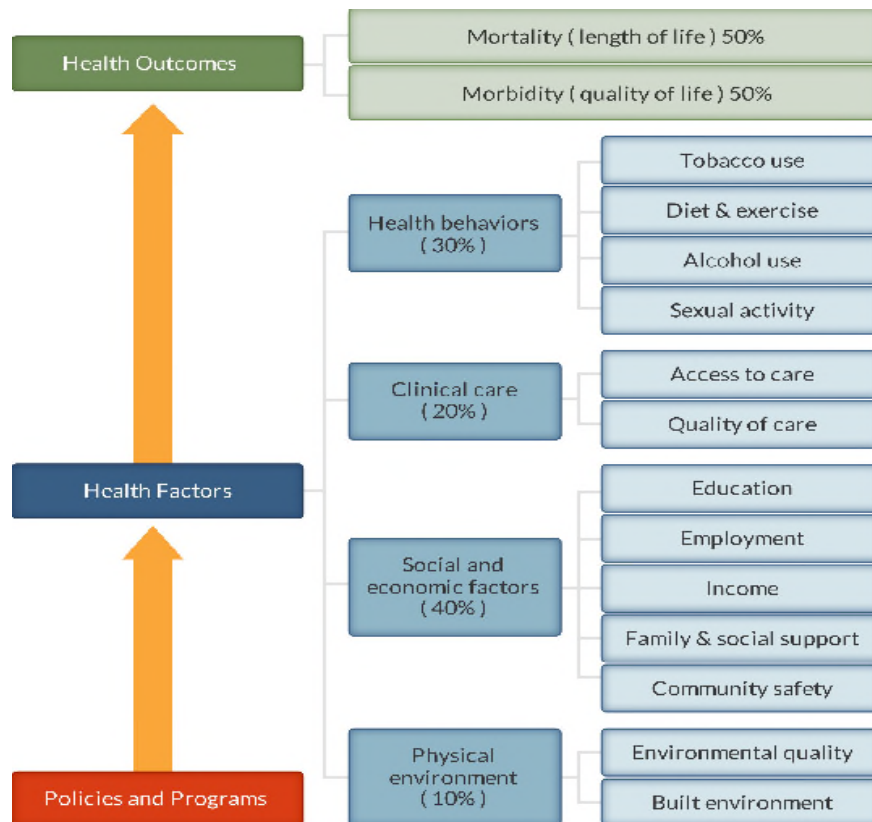
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2020 RWJ County Health Rankings and conversations from Town Hall participants. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

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



County Health Rankings model ©2012 UWPHI

National Research – Year 2020 RWJ Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Thomas Co (KS) 2021	TREND	NW KS RURAL NORM (N=20)
1	Health Outcomes		20		52
2	Mortality	Length of Life	22		42
3	Morbidity	Quality of Life	25		52
4	Health Factors		27		35
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	53		39
6	Clinical Care	Access to care / Quality of Care	57		53
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	6		44
8	Physical Environment	Environmental quality	58		22
http://www.countyhealthrankings.org, released 2020					
Kansas Rural Norm (N=20) includes the following counties: Barton, Cheyenne, Decatur, Ellis, Gove, Graham, Logan, Norton, Osborne, Pawnee, Phillips, Rawlins, Russell, Sheridan, Smith, Thomas, and Trego.					

PSA Secondary Research:

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

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

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

Tab 1: Demographic Profile

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

Tab		Demographic - Health Indicators	Thomas Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
1	a	Population estimates, July 1, 2019, (V2019)	7,777		2,913,314	6,405	People Quick Facts
	b	Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	-1.6%		2.1%	-4.2%	People Quick Facts
	c	Population per square mile, 2010 (V2019)	7.4		35	7	Geography Quick Facts
	d	Persons under 5 years, percent, 2019, (V2019)	7.4%		6.4%	5.8%	People Quick Facts
	e	Persons 65 years and over, percent, 2019, (V2019)	18.1%		16.3%	23.8%	People Quick Facts
	f	Female persons, percent, 2019, (V2019)	51.2%		50.2%	49.4%	People Quick Facts
	g	White alone, percent, 2019, (V2019)	95.3%		86.3%	95.3%	People Quick Facts
	h	Black or African American alone, percent, 2019, (V2019)	1.2%		6.1%	1.4%	People Quick Facts
	i	Hispanic or Latino, percent, 2019, (V2019)	7.5%		12.2%	5.6%	People Quick Facts
	j	Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	5.2%		11.9%	4.4%	People Quick Facts
	k	Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	83.5%		83.8%	86.0%	People Quick Facts
	m	Children in single-parent households, percent, 2014-2018	13.3%		29.0%	25.2%	County Health Rankings
	n	Total Veterans, 2015-2019	209		176,444	599	People Quick Facts

Tab 2: Economic Profile

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

Tab		Economic - Health Indicators	Thomas Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
2	a	Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$24,652		\$31,814	25,383	People Quick Facts
	b	Persons in poverty, percent	9.1%		11.4%	12.0%	People Quick Facts
	c	Total Housing units, July 1, 2019, (V2019)	3,614		1,288,401	5,506	People Quick Facts
	d	Total Persons per household, 2015-2019	3		2.51	2.4	People Quick Facts
	e	Severe housing problems, percent, 2012-2016	13.1%		13.0%	9.5%	County Health Rankings
	f	Total of All firms, 2012	423		239,118	1021	Business Quick Facts
	g	Unemployment, percent, 2018	2.6%		3.4%	2.7%	County Health Rankings
	h	Food insecurity, percent, 2017	11.4%		13.0%	11.8%	County Health Rankings
	i	Limited access to healthy foods, percent, 2010	11.2%		8.0%	9.4%	County Health Rankings
	j	Low income and low access to store, percent, 2015	11.2%		9.4%	9.4%	U.S. Department of Agriculture - Food Environment Atlas
	k	Long commute - driving alone, percent, 2011-2015	8.2%		21.0%	15.6%	County Health Rankings

Tab 3: Educational Profile

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

Tab	Educative - Health Indicator		Thomas Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
3	a	Children eligible for free or reduced price lunch, percent, 2017-2018	40.7%		48%	46.7%	County Health Rankings
	b	High school graduate or higher, percent of persons age 25 years+, 2015-2019	78.2%		91.0%	88.1%	People Quick Facts
	c	Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	13.7%		33.40%	19.6%	People Quick Facts

#	CHNA 2021 School Health Indicators	Brewster USD #314	Colby USD #315	Rexford USD #316
1	Total # Public School Nurses	1 part time	1	1 part time
2	School Nurse is part of the IEP team Yes/No	Yes	Yes	Yes
3	School Wellness Plan (Active)	Yes	Yes	Yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	101 screened; 7 referred; 4 seen	115 screened; 16 referred; 4 seen	103 screened; 4 referred; 4 seen
5	HEARING: # Screened / Referred to Prof / Seen by Professional	114 screened; 4 referred; 0 seen	114 screened; 4 referred; 0 seen	189 screened, 3 referred, 3 seen
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	None	None	None
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	Not required	Not required	Not required
8	# of Students served with no identified chronic health concerns	140	836 (977 students)	185 (189 students)
9	School has a suicide prevention program	Yes	Yes	No
10	Compliance on required vaccinations (%)	91%	95%	97%

Tab 4: Maternal / Infant Profile

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

Tab	Maternal/Infant - Health Indicators		Thomas Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
4	a	Percent of Births Where Prenatal Care began in First Trimester, 2016-2018	84.4%		81.0%	81.7%	Kansas Health Matters
	b	Percentage of Premature Births, 2016-2018	6.6%		9.1%	8.7%	Kansas Health Matters
	c	Percent of Infants up to 24 months that received full Immunizations, 2016-2018	85.9%		69.2%	81.5%	Kansas Health Matters
	d	Percent of Births with Low Birth Weight, 2016-2018	5.0%		7.3%	7.2%	Kansas Health Matters
	e	Percent of WIC Mothers Breastfeeding Exclusively, percent, 2018	NA		14.1%	27.3%	Kansas Health Matters
	f	Percent of all Births Occurring to Teens (15-19), 2016-2018	6.2%		5.5%	5.4%	Kansas Health Matters
	g	Percent of births Where Mother Smoked During Pregnancy, 2016-2018	8.6%		10.0%	13.7%	Kansas Health Matters

Tab 4: Maternal / Infant Profile (Continued)

#	Criteria - Vital Statistics	Thomas Co. (KS)	Trend	Kansas	NW KS Norm (N=20)
a	Total Live Births, 2015	107		39,126	82
b	Total Live Births, 2016	119		38,048	81
c	Total Live Births, 2017	120		36,464	72
d	Total Live Births, 2018	99		36,268	73
e	Total Live Births, 2019	97		35,395	69
f	Total Live Births, 2015- 2019 - 5 year Rate (%)	13.9%		12.7%	11.6%

Tab 5: Hospitalization and Provider Profile

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

Tab	Hospital/Provider - Health Indicator	Thomas Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
5 a	Primary care physicians (Pop Coverage per) (No extenders incl.) , 2017	1558:1		1295:1	1850:1	County Health Rankings
b	Preventable hospital rate per 100,000, 2017 (lower the better)	5933		4024	5,827	County Health Rankings
c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	77.0%		78.0%	82.3%	CMS Hospital Compare, Latest Release
d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	79.0%		78.0%	77.7%	CMS Hospital Compare, Latest Release
e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	139		112	101	CMS Hospital Compare, Latest Release

#	KS Hospital Assoc PO103	Thoms Co, KS ALL IP		
		FFY2018	FFY2019	FFY2020
1	Total Discharges	802	653	596
2	Total IP Discharges-Age 0-17 Ped	31	19	14
3	Total IP Discharges-Age 18-44	63	38	42
4	Total IP Discharges-Age 45-64	184	162	140
5	Total IP Discharges-Age 65-74	184	125	110
6	Total IP Discharges-Age 75+	280	232	213
7	Psychiatric	13	21	14
8	Obstetric	27	23	33
9	Surgical %	22.1%	22.1%	22.8%
#	KS Hospital Assoc PO103	Citizens Health - Thomas Co Only		
		FFY2018	FFY2019	FFY2020
1	Total Discharges	469	364	279
2	Total IP Discharges-Age 0-17 Ped	15	13	5
3	Total IP Discharges-Age 18-44	26	18	13
4	Total IP Discharges-Age 45-64	104	72	62
5	Total IP Discharges-Age 65-74	119	77	50
6	Total IP Discharges-Age 75+	195	164	135
7	Psychiatric	2	6	4
8	Obstetric	5	2	0
9	Surgical %	5.8%	4.7%	3.2%
Kansas Hospital Assoc OP TOT223E		FFY2018	FFY2019	FFY2020
ER Market Share - Thomas Co.		68.9%	76.6%	87.3%
OPS Market Share - Thomas Co.		72.2%	73.3%	69.2%
Total OP Market Share - Thomas Co.		89.4%	87.5%	87.7%

Tab 6: Behavioral / Mental Profile

Behavioral healthcare provides another important indicator of community health status.

Tab		Mental - Health Indicator	Thomas Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
6	a	Depression: Medicare Population, percent, 2017	12.4%		18.9%	17.8%	Kansas Health Matters
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2016-2018 (lower is better)	26.8%		18.6%	25.6%	Kansas Health Matters
	c	Mental Behavioral Hospital Admission Rates per 100,000, 2016-2018	22.9		75.1	26.7	Kansas Health Matters
	d	Percent of Medicare Part D Beneficiaries Receiving Opioids Supply >10 Days	46.6%		37.8%	42.5%	Kansas Health Matters
	e	Average Number of mentally unhealthy days, 2017	3.6		3.7	3.6	County Health Rankings

Tab 7a: Risk Indicators & Factors Profile

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

Tab		High-Risk - Health Indicator	Thomas Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
7a	a	Adult obesity, percent, 2016	33.4%		33.0%	32.9%	County Health Rankings
	b	Adult smoking, percent, 2017	15.7%		17.0%	15.6%	County Health Rankings
	c	Excessive drinking, percent, 2017	18.5%		19.0%	16.5%	County Health Rankings
	d	Physical inactivity, percent, 2016	30.7%		25.0%	29.9%	County Health Rankings
	e	# of Physically unhealthy days, 2015	3.4		3.6	3.4	County Health Rankings
	f	Sexually transmitted infections (chlamydia), rate per 100,000 2017	398.0		13554	264.7	County Health Rankings

Tab 7b: Chronic Risk Profile

Tab		Chronic - Health Indicator	Thomas Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
7b	a	Hypertension: Medicare Population, 2017	63.3%		55.2%	56.9%	Kansas Health Matters
	b	Hyperlipidemia: Medicare Population, 2017	48.1%		37.1%	37.2%	Kansas Health Matters
	c	Heart Failure: Medicare Population, 2017	33.8%		13.4%	19.0%	Kansas Health Matters
	d	Chronic Kidney Disease: Medicare Pop, 2017	25.7%		21.8%	21.2%	Kansas Health Matters
	e	COPD: Medicare Population, 2017	17.1%		11.9%	14.0%	Kansas Health Matters
	f	Atrial Fibrillation: Medicare Population, 2017	12.6%		8.8%	10.7%	Kansas Health Matters
	g	Cancer: Medicare Population, 2017	10.8%		8.1%	8.4%	Kansas Health Matters
	h	Osteoporosis: Medicare Population, 2017	11.3%		6.1%	9.3%	Kansas Health Matters
	i	Asthma: Medicare Population, 2017	3.5%		4.3%	3.6%	Kansas Health Matters
	j	Stroke: Medicare Population, 2015	3.9%		3.1%	2.6%	Kansas Health Matters

Tab 8 Uninsured Profile and Community Benefit

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

Tab	Coverage - Health Indicator	Thomas Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
8	a Uninsured, percent, 2017	9.3%		10.0%	11.9%	County Health Rankings

#	Citizens Health - CHNA 2021	YR 2018	YR 2019	YR 2020
1	Free Patient Care Given	\$1,401,823	\$1,545,133	\$1,189,044
2	Bad Debt	\$2,138,210	\$2,762,519	\$2,413,364

Tab 9: Mortality Profile

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

Tab	Mortality - Health Indicator	Thomas Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
9	a Life Expectancy, 2016 - 2018	79.6		78.5	78.4	Kansas Health Matters
	b Age-adjusted Cancer Mortality Rate per 100,000 population, 2016-2018 (lower is better)	117.7		155.3	146.8	Kansas Health Matters
	c Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2016-2018 (lower is better)	124.9		156.7	169.8	Kansas Health Matters
	d Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2014-16 (Lower is better)	39.3		49.9	52.2	Kansas Health Matters
	e Alcohol-impaired driving deaths, percent, 2011-2015	25.0%		21.9%	38.9%	County Health Rankings
	f Total # Deaths involving COVID-19 if released, 2021	9		3575	13.6	NY Times

Causes of Death by County of Residence, KS 2016	Thomas Co. (KS)	Overall %	Kansas	NW KS Norm (N=20)
TOTAL	94		27,312	1,333
Heart disease	23		5520	316
Other causes	20		6058	364
Cancer	18		5537	336
Primary Hypertension/ Hypertensive Renal Disease & Secondary Hypertension	12		3603	227
Suicide	11		3085	205

Tab 10: Preventive Quality Measures Profile

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

Tab		Preventative - Health Indicator	Thomas Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
10	a	Access to exercise opportunities, percent, 2019	77.7%		80.0%	63.8%	County Health Rankings
	b	Adults with diabetes, monitoring, percent, 2016	4.9%		10.0%	11.3%	County Health Rankings
	c	Mammography annual screening, percent, 2017	47.0%		45.0%	42.9%	County Health Rankings
	d	Percent Annual Check-Up Visit with PCP	NA		TBD	TBD	TBD
	e	Percent Annual Check-Up Visit with Dentist	NA		TBD	TBD	TBD
	f	Percent Annual Check-Up Visit with Eye Doctor	NA		TBD	TBD	TBD

PSA Primary Research:

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

Chart #1 – Thomas County, KS Online Feedback Response N=243

Thomas Co. KS- CHNA Wave #4			
For reporting purposes, are you involved in or are you a ?	Thomas Co. KS (N=325)	Trend	NWKS Rural Norms N=1159
Business / Merchant	4.1%		6.9%
Community Board Member	6.1%		6.2%
Case Manager / Discharge Planner	0.7%		0.3%
Clergy	0.7%		0.3%
College / University	4.7%		2.3%
Consumer Advocate	0.7%		1.0%
Dentist / Eye Doctor / Chiropractor	0.0%		0.3%
Elected Official - City/County	0.7%		1.7%
EMS / Emergency	0.7%		2.2%
Farmer / Rancher	3.7%		5.2%
Hospital / Health Dept	29.2%		20.5%
Housing / Builder	0.7%		0.8%
Insurance	1.4%		1.0%
Labor	1.7%		1.8%
Law Enforcement	0.0%		0.6%
Mental Health	0.3%		1.0%
Other Health Professional	18.3%		13.4%
Parent / Caregiver	11.9%		13.3%
Pharmacy / Clinic	2.0%		1.8%
Media (Paper/TV/Radio)	0.0%		0.5%
Senior Care	1.4%		3.0%
Teacher / School Admin	2.0%		5.6%
Veteran	1.7%		2.1%
Other (please specify)	7.5%		7.9%
TOTAL	295		954
NW KS Norms Include: Ellis Co, Pawnee Co, Gove Co and Thomas Co.			

Chart #2 - Quality of Healthcare Delivery Community Rating

Thomas Co. KS - CHNA Wave #4			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Thomas Co. (N=325)	Trend	NWKS Rural Norms N=1159
Top Box %	28.1%		29.6%
Top 2 Boxes %	77.1%		76.3%
Very Good	28.1%		29.6%
Good	49.0%		46.6%
Average	20.3%		19.4%
Poor	1.6%		3.2%
Very Poor	1.0%		1.1%
Valid N	384		1158
KS Norms Include: Ellis Co, Pawnee Co, Gove Co and Thomas Co.			

Chart #3 – Overall Community Health Quality Trend

Thomas Co. KS - CHNA Wave #4			
When considering "overall community health quality", is it ...	Thomas Co. (N=325)	Trend	NWKS Rural Norms N=1159
Increasing - moving up	40.0%		47.7%
Not really changing much	60.6%		44.3%
Decreasing - slipping	9.2%		8.0%
Valid N	292		1031

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

Thomas Co. KS- CHNA Wave #4		Ongoing Problem		Pressing
Past CHNAs Unmet Needs identified		Thomas Co. (N=325)		Thomas Co. (N=325)
Rank	Ongoing Problem	Votes	%	Trend
				RANK
1	Mental Health Services	115	11.9%	1
2	Child Care Options	105	10.8%	2
3	Affordable Care	78	8.0%	3
4	Exercise/Fitness Services	66	6.8%	8
5	Nutrition - Healthy Food Options	66	6.8%	9
6	Education/Awareness of Health Services	65	6.7%	6
7	Access to Specialists	61	6.3%	4
8	Preventative Health / Wellness	59	6.1%	11
9	Transportation	57	5.9%	12
10	Access to Preventative Health/Wellness	54	5.6%	15
11	Community Engagement	53	5.5%	13
12	Health Insurance	52	5.4%	10
13	Cancer Services	51	5.3%	5
14	Available Providers/Qualified Staff	50	5.2%	7
15	Medicaid Options (Expansion)	38	3.9%	14

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

Thomas Co. KS- CHNA Wave #4			
In your opinion, what are the root causes of "poor health" in our community?	Thomas Co. (N=325)	Trend	NWKS Rural Norms N=1159
Lack of health insurance	15.3%		14.8%
Limited Access to Mental Health Assistance	19.2%		17.7%
Neglect	11.2%		11.5%
Lack of health & Wellness Education	9.8%		11.8%
Chronic disease prevention	10.0%		10.0%
Family assistance programs	5.1%		6.9%
Lack of Nutrition / Exercise Services	5.6%		8.7%
Limited Access to Specialty Care	9.0%		8.2%
Limited Access to Primary Care	10.8%		5.9%
Total Votes	590		1734

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

Thomas Co. KS- CHNA Wave #4	Thomas Co. (N=325)			NWKS Rural Norms N=1159	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	90.7%	0.4%		85.5%	2.7%
Child Care	50.0%	12.5%		46.0%	14.3%
Chiropractors	86.5%	0.9%		77.1%	5.0%
Dentists	87.2%	2.6%		70.3%	8.0%
Emergency Room	78.0%	4.0%		75.7%	7.7%
Eye Doctor/Optometrlist	82.3%	0.4%		74.5%	5.5%
Family Planning Services	50.0%	13.2%		49.9%	13.0%
Home Health	63.3%	5.4%		53.2%	10.0%
Hospice	75.8%	4.1%		64.6%	8.5%
Telehealth	66.5%	4.1%		60.4%	7.5%
Inpatient Services	81.7%	2.7%		79.5%	3.6%
Mental Health	28.1%	33.9%		27.9%	35.2%
Nursing Home/Senior Living	43.6%	15.6%		60.3%	10.7%
Outpatient Services	75.8%	0.4%		75.7%	2.3%
Pharmacy	87.9%	1.3%		83.8%	3.3%
Primary Care	66.8%	6.3%		73.5%	5.3%
Public Health	54.1%	11.5%		63.5%	7.2%
School Health	67.0%	7.8%		65.5%	6.1%
Visiting Specialists	56.1%	9.9%		62.9%	8.9%
Walk- In Clinic	78.9%	4.5%		63.1%	13.6%

Chart #7 – Community Health Readiness

Thomas Co. KS - CHNA Wave #4		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Thomas Co. KS (N=325)	Trend	NWKS Rural Norms N=1159
Behavioral / Mental Health	33.5%		33.9%
Emergency Preparedness	6.5%		7.8%
Food and Nutrition Services/Education	8.5%		12.5%
Health Screenings (such as asthma, hearing, vision, scoliosis)	4.6%		8.5%
Prenatal/Child Health Programs	2.9%		7.4%
Substance Use/Prevention	25.9%		32.3%
Suicide Prevention	24.6%		32.6%
Violence Prevention	21.7%		26.8%
Women's Wellness Programs	5.7%		11.2%

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

Thomas Co. KS- CHNA Wave #4			
In the past 2 years, did you or someone you know receive HC outside of our community?	Thomas Co. (N=325)	Trend	NWKS Rural Norms N=1159
Yes	50.9%		67.2%
No	49.1%		30.8%
I don't know	0.0%		2.1%
Valid N	218		679

Specialties Leaving County:

Specialty	Total
SURG	16
CARD	12
CANC	11
ORTH	11
SPEC	11
DENT	10
DERM	9
GAS	8
OBG	7
PEDS	6

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

Thomas Co. KS- CHNA Wave #4			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Thomas Co. KS (N=325)	Trend	NWKS Rural Norms N=952
Yes	67.7%		56.5%
No	32.3%		43.5%
Valid N	192		549

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

Thomas Co. KS- CHNA Wave #4			
What needs to be discussed further at our CHNA Town Hall meeting?	Thomas Co. (N=325)	Trend	NWKS Rural Norms N=1159
Abuse/Violence	4.3%		4.3%
Alcohol	5.7%		5.2%
Alternative Medicine	3.5%		4.0%
Breast Feeding Friendly Workplace	1.5%		1.3%
Cancer	1.1%		2.5%
Care Coordination	3.2%		2.5%
Diabetes	2.3%		2.4%
Drugs/Substance Abuse	7.1%		6.4%
Family Planning	1.7%		1.4%
Heart Disease	1.6%		1.9%
Lack of Providers/Qualified Staff	5.5%		4.4%
Lead Exposure	0.1%		0.6%
Mental Illness	9.7%		9.2%
Neglect	2.2%		2.1%
Nutrition	3.7%		4.0%
Obesity	6.1%		6.0%
Occupational Medicine	0.3%		0.7%
Ozone (Air)	0.5%		1.2%
Physical Exercise	2.9%		3.3%
Poverty	4.3%		4.0%
Preventative Health / Wellness	4.5%		3.8%
Respiratory Disease	0.0%		0.3%
Sexually Transmitted Diseases	1.5%		1.3%
Smoke-Free Workplace	0.0%		0.2%
Suicide	7.2%		7.1%
Teen Pregnancy	1.1%		1.6%
Telehealth	2.1%		2.3%
Tobacco Use	2.5%		2.2%
Transporation	2.4%		2.6%
Vaccinations	4.3%		3.9%
Water Quality	1.5%		2.3%
Health Literacy	3.9%		3.0%
Other (please specify)	2.2%		1.9%
Total Votes	1011		3031

IV. Inventory of Community Health Resources

[VVV Research & Development, LLC]

YR 2018 Inventory of Health Services - Thomas County, KS

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

YR 2018 Inventory of Health Services - Thomas County, KS

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

YR 2018 Physician Manpower - Thomas County, KS

# of FTE Providers	Supply Working in Thomas Co KS		
	Co Based MDs / DOs	Visiting Providers	Co Based APPs
Primary Care:			
Family Practice	6.4	0.0	6.8
Internal Medicine	0.0	0.0	0.0
Obstetrics/Gynecology	0.0	0.1	0.0
Pediatrics	0.0	0.0	0.0
Medicine Specialists:			
Allergy/Immunology	0.0	0.1	
Cardiology	0.0	0.2	
Dermatology	0.2	0.0	
Endocrinology	0.0	0.0	
Gastroenterology	0.0	0.2	
Oncology/Rado	0.0	0.1	
Infectious Diseases	0.0	0.0	
Nephrology	0.0	0.0	
Neurology	0.0	0.1	
Podiatry	0.0	0.1	
Psychiatry	0.0	0.0	
Pulmonary	0.0	0.1	
Rheumatology	0.0	0.1	
Surgery Specialists:			
General Surgery	1.0	0.1	
Neurosurgery	0.0	0.0	
Ophthalmology	0.0	0.1	
Orthopedics	0.0	0.5	
Otolaryngology (ENT)	0.0	0.1	
Plastic/Reconstructive	0.0	0.1	
Thoracic/Cardiovascular/Vasc	0.0	0.1	
Urology	0.0	0.1	
Hospital Based:			
Anesthesia/Pain	0.0	0.0	1.0
Emergency	0.0	0.0	1.0
Radiology	0.0	0.0	0.2
Pathology	0.0	0.0	
Hospitalist *	0.0	0.0	
Neonatal/Perinatal	0.0	0.0	
Physical Medicine/Rehab	0.0	0.0	
TOTALS	7.6	2.2	9.0

Thomas Co KS - 2018 Visiting Specialists Providing Care

Specialty	Group Name	Physician Name	Office Location	Days per Month
Gynecology	Rocky Mountain Women's Care	Dr. David Forschner	Denver, CO	Third Wednesday every other month
Allergy	Advanced Allergy Asthma & Immunology	Dr. Michael Volz	Greenwood Village, CO	Tuesday /Wednesday third week of month
Cardio Electro	Hays Medical Center	Dr. Kent Glead	Hays, KS	Last Monday of month
Cardiology	Great Plains Health	Dr. Richard Markiewicz	North Platte, NE	2 Monday's
Cardiology	Hays Medical Center	Dr. Jeffery L. Curtis	Hays, KS	Third Monday of month
Cardiology	Hays Medical Center	Dr. Mohammed Janif	Hays, KS	First Tuesday of month
Cardiology	Hays Medical Center	Dr. Patricia D. Crawley	Hays, KS	1 Monday
ENT	Great Plains Health	Dr. Philip Fitzpatrick	North Platte, NE	Every Tuesday
Hematology/Oncology	Central Care Cancer Center	Dr. Jose Velasco	Dodge City, KS	
Hematology/Oncology	Centura St. Catherine Hospital	Dr. Anis Toumeh	Garden City, KS	
Hematology/Oncology	Hays Medical Center	Dr. Anthony Accurso	Hays, KS	
Hematology/Oncology	Hays Medical Center	Dr. Robert Rodriguez	Hays, KS	
Maternal Fetal Medicine	Stormont Vail Hospital	Dr. John Evans	Topeka, KS	First Thursday of month
Neurology	Centura Wound Care and Hyperbaric	Dr. Khoi Pham	Parker, CO	One Wednesday a month
Psychiatry	Saint Luke's North Hospital	Dr. French	Lee Summit, MO	
Pulmonology	Colorado Pulmonary Associates, P.C.	Dr. Michael D. Ricafort	Denver, CO	Last Wednesday every other month
Pulmonology	Hays Medical Center	Dr. Manmohan Biring	Hays, KS	Second Friday of month
Rheumatology	One Health Rose Medical Center	Dr. David Korman	Denver, CO	1 Wednesday every other month
Ophthalmology	Fry Eye Associates	Dr. William Clifford	Garden City, KS	Two Friday's a month
Orthopedics	Hays Medical Center	Dr. Gulraiz Cheema	Hays, KS	Third Wednesday of month
Orthopedics	Hays Medical Center	Dr. Max France De Carvalho	Hays, KS	First Wednesday of month
Orthopedics	Western Orthopedic	Dr. Armodios Hatzidakis	Denver, CO	
Orthopedics	Western Orthopedic	Dr. Benjamin Sears	Denver, CO	One Tuesday a month
Orthopedics	Western Orthopedic	Dr. James Holmes	Denver, CO	One Tuesday a month
Orthopedics	Western Orthopedic	Dr. Kevin Nagamani	Denver, CO	Second Wednesday of month
Orthopedics	Western Orthopedic	Dr. Rajesh Bazaz	Denver, CO	One Tuesday a month
Orthopedics	Western Orthopedic	Dr. Sean Baran	Denver, CO	First Monday of month
Orthopedics	Western Orthopedic	Dr. Timothy Birney	Denver, CO	Second Tuesday of month
Plastic Surgery	Western Orthopedic	Dr. Thomas Mordick, II	Denver, CO	Third Thursday of month
Urology	Hays Medical Center	Dr. Ernesto Lopez-Corona	Hays, KS	Second Wednesday/Thursday of month
Urology	Hays Medical Center	Dr. Srinivas Samavedi	Hays, KS	Third Thursday every other month
Vascular Surgery	Vascular Institute of the Rockies	Dr. Stephen Annest	Denver, CO	Last Wednesday of month
Anesthesia	Beatrice Community Hospital	John Evans, CRNA	Beatrice, NE	
Anesthesia	Centura St. Catherine Hospital	Jessica Berg, CRNA	Garden City, KS	
Podiatry	High Plains Podiatry	Dr. Robert Hinze, DPM	McCook, NE	2-3 days a month
Sleep Medicine Specialist	CIC Associates Mercy Sleep Center	Dr. Start	Clive, IA	Third Friday of month

Thomas County KS

Health Services Directory

Emergency Numbers

Police/Sheriff 911
Fire 911
Ambulance 911

Non-Emergency Numbers

Thomas County Sheriff	785-460-4570
Colby Police Department	785-460-4460
Kansas Highway Patrol	(State) 785-296-6800
	(Hays) 785-625-3518
Thomas County Ambulance	785-460-4585
Thomas County Emergency Management	785-460-4516

Municipal Non-Emergency Numbers

	Police/Sheriff	Fire
Colby	785-460-4460	785-460-4454
Brewster	785-460-4570	785-890-4575
Gem	785-460-4570	785-460-4460
Levant	785-460-4570	785-460-4460
Rexford	785-460-4570	785-460-4460

Thomas County Health Department
350 S Range, Ste 2
Colby, KS 67701
785-460-4596
estrange@thomascountyks.gov

Other Emergency Numbers

Kansas Child/Adult Abuse and Neglect Hotline

800-922-5330

<http://www.dcf.ks.gov/Pages/Default.aspx>

Domestic Violence Hotline

800-799-7233

www.ndvh.org

Emergency Management (Topeka)

785-274-1409

<http://www.kansastag.gov/kdem/default.asp>

Federal Bureau of Investigation

816-512-8200

<http://www.fbi.gov/>

Kansas Arson/Crime Hotline

800-KS-CRIME or 800-572-7463

www.accesskansas.org/kbi or

firemarshal.ks.gov/ars

Toxic Chemical and Oil Spills

800-424-8802

Kansas Bureau of Investigation (Topeka)

785-296-8200

www.accesskansas.org/kbi

Kansas Crisis Hotline (Domestic Violence/Sexual Assault)

888-363-2287

www.kcsdv.org

Kansas Road Conditions

866-511-KDOT, 511

785-871-1515 (Main Office)

www.ksdot.org

Poison Control Center

800-222-1222

www.aapcc.org

Suicide Prevention Hotline

800-784-2433

www.hopeline.com

800-273-TALK

www.suicidepreventionlifeline.com

Health Services

Health Department

Thomas County Health Department

350 South Range Avenue, Suite #2 (Colby)

Phone: (785) 460-4596 Fax: (785) 460-4595

<https://www.thomascohealth.com/>

Open M-F 7:30am to 5:00pm

Thomas County Health Department Services include:

*Breastfeeding Boutique
Certified Lactation
Consultants Becoming A
Mom®*

*Blood Pressure Screenings
Family Planning
STI & HIV Testing
Immunizations
Lab Services*

*Physicals
Tobacco Control &
Prevention
TB Skin Tests & Treatment
Worksite Wellness*

Hospital

Citizens Medical Center, Inc.

100 East College Drive (Colby)

785-462-7511

www.cmciks.com

Citizens Medical Center, Inc. (CMCI) Services include:

Anesthesia

Cardiopulmonary

Pulmonary Rehabilitation

Rehabilitation Education

- *Certified Lactation Consultant*

- *Childbirth Classes*

- *Diabetes Education*

Emergency Department

Foundation

- *Citizens Foundation*

General Surgical Services

Laboratory

Labor and Delivery

Long Term

Nursing Services

Nutrition Counseling

(Diabetes and Obesity)

Oncology

Pharmacy

Primary Care

Rehabilitation Services

- *Adult and Pediatric*

Speech Therapy

- *Occupational*

Therapy

- *Physical Therapy*

- *Women's Health*

Social Services

- *Serenity Room (end of life care)*

Specialty Clinics

Mental Health

Heartland Rural Counseling Services

Elaine Ptacek, LCPC; Amanda Lanning, LMSW

485 W 4th St (Colby)

785-460-7588

High Plains Mental Health Center Colby Branch

750 South Range Avenue (Colby)

785-462-6774 785-628-2871 24 Hour

www.highplainsmentalhealth.com

Meier New Life Clinic

Angie Witman, LPC & LCMFT

100 E. College Drive (Colby)

888-725-4642

www.meierclinics.com/Colby

The Office of Carrie Nassif, PhD

Provider: Carla Sloan-Brown, LMLP 2513

170 W 6th St (Colby)

785-460-0050

www.psychotherapyforkansas.com

Turning Point (Colby)

Bill Davis, LPC, LCAC; Jaime Kinderknecht,

LCPC; Megan Briggs, MSW, LSCSW

866-463-2679

www.turningpointpcs.net

Tele Psychiatry Services @ Hoxie Medical

Clinic Paula Wiesehan, 785-675-3060

Medical Professionals

Chiropractors

Franz&Tubbs Chiropractic

135 West 6th Street Suite 4

785-462-7236

<https://www.notjusttheback.com/>

Gundlach Chiropractic

480 North Franklin Avenue

785-269-9565

<http://www.gundlachchiropractic.com>

Northwest Kansas

Chiropractic

Dr. Kristin Parker

1005 S. Range Ave #200

785-460-0332

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

Colby Family Dentistry
Bryan Nagle, DDS
770 South Range Avenue (Colby)
785-460-3922

Sam Funk, OD
505 N Franklin Street (Colby)
785-462-3348

Dentists

Karen Thummel, DDS
480 West 4th Street (Colby)
785-460-6800

Rawlins County Dental Clinic
515 State St (Atwood)
(Accepts KanCare (Medicaid))
785-626-8290

Optometrists

Vision Source
1005 South Range Avenue (Colby)
785-462-8231
<http://visionsource-colby.com/>

Hearing

Northwest Kansas Hearing Services, Inc
175 S Range (Colby)
785-460-2957
<https://www.hearusa.com/>

Hearing Solutions
1870 S Range (Colby)
785-460-4327

Naturopathic Doctors

Dr. Joan D. Waters, ND
990 S. Range Ave #5 (Inside 110 Massage & Wellness)
Colby, KS 67701
(970) 482-2010
www.practicalhealthsolutions.com

Pharmacies

Dillon's
1605 South Range
Avenue (Colby)
785-462-1310
www.kroger.com

Palace Drug Store
460 North Franklin
Avenue (Colby)
785-460-7507
[https://www.corner
drugstore.com/](https://www.cornerdrugstore.com/)

Wal-Mart
115 West Willow
Avenue (Colby)
785-462-8634
www.walmart.com

Primary Care Providers

Family Center for Health Care
310 East College Drive (Colby)
785-462-6184
www.cmciks.com/family-center

Dr. Kelly Gabel, DO
Dr. Sarah Gabel, DO
Dr. Bruce Kellogg, DO
Dr. Brenda Kopriva, MD
Dr. Dan Kuhlman, MD
Dr. Kara Kuhlman, MD
Dr. Darren Matchell, DO
Dr. Dereck Totten, MD

*Dr. Kysha Nichols-Totten,
MD*
Tina Benson, APRN
Tricia Carney, APRN
Luetta Flanagan, APRN
Jenny Niblock, APRN
Kamau, Gitau, CRNA
Adam Horinek, PA-C

Jennifer Haag, PA-C
Regina Taylor, PA-C
Brian Unruh, PA-C
Amanda Reid, PA-C
Allie Keller, PA-C
Robert Hieger, APRN
Stephanie Mesch, APRN

Rehabilitation Services (physical, occupational and speech therapies)

Citizens Medical Center

(PT, OT, Pediatric and Adult Speech, Women's Health)
100 E. College Drive (Colby)
785-460-4868

Northwest Kansas Educational Service Center

(Home Care-PT, OT, Speech) 703 W. 2nd (Oakley) 785-672-3125

Good Samaritan Society of NW Kansas

(Home Care-PT, OT, Speech) 820 S. Denison St. (St. Francis) 785-332-3588

Tina Harris Physical Therapy & Sports Medicine Center

270 North Franklin Avenue (Colby)
785-462-8008

Other Healthcare Services

Assisted Living/Nursing Homes/Long Term Care

Colby Health & Rehab

105 East College Drive (Colby)
785-462-6721
<http://www.colbyhealthandrehab.com/>

Fairview Estates

1630 Sewell Avenue (Colby)
785-462-2154

Prairie Senior Living

Complex 1625 South Franklin Avenue (Colby)
785-462-8295
www.cmciks.com/senior-living

Diabetes

Citizens Medical Center

100 E. College Drive (Colby)
785-460-1237

Disability Services

SKIL of Western Kansas (Hays)

800-316-8019 or 785-628-8019

Kansas Dept. of Children and Families

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

Kansas Department on Aging & Disability (Hays)

800-432-7422

LINK (ages 16-60) (Hays)

800-569-5926; 1-785-625-694

Home Health

Angels Care Home Health

519 Russell Avenue
Wakeeney, KS 67672
785-743-2270

Guardian Home Health

(In home private pay and long-term care insurance)
112 S. Kansas Ave., Ste. 304
Norton, KS 67654
785-622-4254
www.guardianks.com

Good Samaritan Society of NW Kansas

820 S. Denison St. (St. Francis)
785-332-3588

L&C Home Health Agency

1175 S Range Ave, Ste 1, Box 5 (Colby)
785-465-7444

Goodland Home Health

1502 Main Ave (Goodland)
785-890-7658

Hospice

Hospice Services, Inc.

438 N Franklin Avenue (Colby)
785-462-6710, 800-315-5122

Medical Equipment and Supplies

VFW Post 6882
(Wheelchairs and Walkers)
220 Lake St (Colby)
460-7275

Northwest Kansas
Educational Service Center
(Keyes)
785-672-3125

Dillon's (Durable Medical
Equipment)
462-1310

Wal-Mart (Durable Medical
Equipment)
462-8651

Lincare (Oxygen)
1013 Main St (Goodland)
785-899-6848

Size-wise (Bariatric
Equipment)
210 Jefferson St, PO Box 320
(Ellis)
800-814-9389

**Citizen's Medical
Equipment**
100 E. College Drive
460-1269

Senior Services

Brewster Senior Center
327 Kansas Avenue
(Brewster)
785-694-2645

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

Seniors in Action
305 Main Street (Rexford)
785-687-4646

Government Health Care Services

Kansas Department on Aging & Disabilities
503 South Kansas Avenue (Topeka)
785-296-4986 or 800-432-3535
www.kdads.ks.gov

**Kansas Department of Health &
Environment (KDHE)**
1000 South West Jackson (Topeka)
785-296-1500
www.kdheks.gov/contact.html

KanCare (Medicaid)
900 SW Jackson, Suite 900 N (Topeka)
866-305-5147
www.kancare.ks.gov

Senior Health Insurance Counseling KS
510 West 29th, Suite B (Hays)
785-628-8204; 800-432-7422

**Medicare Part D Prescription Drug
Insurance Counseling**
350 S Range Ave Suite 16 (Colby)
785-460-4582

Healthcare Navigator
510 West 29th, Suite B (Hays)
785-628-8204; 800-432-7422
<https://www.healthcare.gov/glossary/navigator/>

Medicare
Social Security Administration
1212 East 27th Street (Hays)
888-552-7176
www.ssa.gov/benefits/medicare

Kansas Department of Children and Families
1135 S Country Club Drive Suite 1 (Colby)
785-462-6760; TTY/TDD 1-800-766-3777

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

Veteran's Affairs
990 S. Range Avenue (Colby)
785-462-3572 or 785-443-0120
<http://kcva.ks.gov/veteran-services/>

Local Government, Community, and Social Services

Adult Protection

**Kansas Department of
Aging & Disability Services**
800-922-5330
<http://www.kdads.ks.gov/hotlines>

Elder Abuse Hotline
800-842-0078
[http://www.kdheks.gov/bhfr/elder abuse hotlines.html](http://www.kdheks.gov/bhfr/elder%20abuse%20hotlines.html)

**Kansas Department of
Social and Rehabilitation
Services West Region
Protection Reporting
Center**
1-800-922-5330

Alcohol and Drug Treatment

Turning Point (Colby)
Bill Davis
Jaime Kinderknecht,
Megan Briggs
866-463-2679
www.turningpointpcs.net

Recovery Way Counseling
990 S Range Ste2B
Wendy Armbruster
785-269-1033

**Smoking Cessation
KanQuit**
1-800-784-8669
www.QuitNow.net/
www.KanQuit.org

Child Protection

Kansas Department of Children and Families Services
Western Region Protection Reporting Center
1-800-922-5330
Available 24 hours/7 days per week
<http://www.dcf.ks.gov/DCFContacts/Pages/default.aspx>

Children and Youth

Children's Alliance
627 Southwest Topeka Boulevard (Topeka)
785-235-5437
www.childally.org

Kansas Children's Service League
800-332-6378 (Bullying Prevention)
800-530-5275 (Main Line)
<https://www.kcsl.org/>

Community Assistance
Salvation Army (Thomas Co. Health Dept.)
Emergency Assistance/Vision USA
785-460-4596 (Colby)

LiveWell Northwest Kansas (Home Visiting
Programs ABC & PALS)
460 N. Garfield
785-460-8177
<https://www.livewellnwkc.org/>

Consumer Safety
<https://www.consumersafety.org/>

Community Event Centers
Colby Community Building
285 E 5th St
785-460-4435

Crime Prevention

Thomas County Sheriff
225 North Court Avenue (Colby)
785-460-4570

Colby Police Department
225 North Court Avenue (Colby)
785-460-4570

Day Care Providers-Children

Child Care Aware of NW Kansas
1255 South Range Avenue (Colby)
785-460-5482; 1-877-678-2548

Kids Port Group Childcare
460 North Garfield Avenue (Colby)
785-465-9110

Employment/Job Services

Kansas WorkforceONE
350 S Range (Colby)
785-462-2024
<http://www.kansasworkforceone.org/>

Extension Office

Northwest Area Extension Office
105 Experiment Farm Drive, Suite 1 (Colby)
785-462-7575
www.northwest.ksu.edu

Thomas County Extension Service
350 S. Range Avenue, Ste 16 (Colby)
785-460-4582
www.thomas.ksu.edu

Domestic/Family Violence

Child/Adult Abuse Hotline
1-800-922-5330
www.dcf.ks.gov/Pages/Report-Abuse-or-Neglect.aspx

Options Domestic and Sexual Violence Services
2716 Plaza Ave, Hays, KS
785-625-4202; 1-800-794-4624

<http://www.help4abuse.org>

General Information – Women’s Shelters
www.WomenShelters.org

Food Programs

Bobs Box distributed by Thomas County Health Department
350 South Range Avenue, Ste. 2 (Colby)
785-460-4596

Homestead Nutrition (Meal Delivery based on Eligibility) Senior Progress Center
165 Fike Park Street (Colby) 785-460-2901

Genesis Food Bank (Limited hours on most Wednesdays)
350 S. Range Avenue (Colby)
785-460-7930

High Plains Food Coop
1678 US Hwy 36 (Saint Francis)
7900 E Union Ave, Ste 200 (Denver)
785-626-6082
<http://www.highplainsfood.org>

WIC (Goodland – serves Colby/Thomas County)
1-800-899-4892

Head Start

Head Start NKESC
210 North Grant Avenue (Colby)
785-462-6067
www.nkesc.org/

Early Head Start NKESC
703 W 2nd St (Oakley- Serves Colby/Thomas County)
785-672-3125

Health and Fitness Centers (Colby)

Citizens Medical Center
100 E. College Drive
785-460-4868

Flex Fitness
200 N Franklin Avenue
785-443-1097

Colby Community College
1255 S. Range Avenue

785-462-3984

Movement Connection
430 N Franklin Avenue
785-462-2044

Crossfit Colby
1981 W. Fourth Street
785-460-0361

Colby Recreation Dept.
285 E. Fifth Street
785-460-4440

Jump Start Fitness Center
415 N Franklin Avenue
785-443-0419

Housing (Colby)

Colby Housing Authority
600 S Mission Ridge Ave
785-460-6763

**St. Thomas Historic
Residence**
200 S Range Ave
785-460-4360

Colby House LP
770 Dylan Dr
785-462-3473

Pregnancy Services

**Emergency Pregnancy
Services & Natural Family
Planning**
350 S. Range Ave, Ste 3
785-462-3022

Prenatal Classes
Thomas County Health
Department
Becoming A Mom®
785-462-4596

**Kansas Children's Service
League**
877-530-5275
www.kcsl.org

Legal Services

Iwin Legal Services
PO Box 288 (Colby)
785-269-7603

Barrett Law Firm
280 N. Court Ave Box 544
785-460-0188

John D. Gatz
505 N Franklin Ave, Ste A
785-460-3383

**Kansas Legal Services
Legal Aide Society**
1401 B Main (Hays)
800-723-6953
785-625-4514

Stramel Law Firm
480 N Franklin Ave
785-460-3222

Lamm Law
785-443-3476

Ronald Shalz
1675 W. 4th St. Ste A
785-464-6736

Thomas County Attorney
410 N Franklin Ave
785-460-4580

Public Information

City of Colby
785-460-4400

Chamber of Commerce
350 S. Range Suite 10 (Colby)
785-460-3401

Thomas County Courthouse
300 North Court Avenue (Colby)
785-460-4500

Colby Visitors Center
2015 S Range Ave (Colby)
785-460-0076

Colby Convention & Visitors Bureau
350 S Range Ave, Suite 10 (Colby)
785-460-7643

Rape

The Crisis Center (Manhattan)
785-539-7935
800-727-2785
www.thecrisiscenterinc.org

Options Domestic and Sexual Violence Services
2716 Plaza Ave, Hays, KS
785-625-4202; 800-794-4624

Domestic Violence and Rape Hotline
888-656-HOPE (4673)
Family Crisis Center
1806 12th Street (Great Bend)
620-792-1885/ 866-792-1885
www.familycrisiscntr.org

Kansas Crisis Hotline
888-363-2287

Social Security

Social Security Administration
888-552-7176
www.ssa.gov

Transportation

Thomas County Transportation van
300 N. Court (Colby)
785-443-9208
785-460-4500

Colby Cab
785-462-TAXI (8294)

Veterinary Services

Colby Animal Clinic
810 East 4th Street (Colby)
785-460-8621
www.colbyanimalclinic.com

Swartz Veterinary Hospital
1775 West 4th Street (Colby)
785-460-1078
<http://www.swartzvethospital.com/>

State and National Information, Services, Support

Adult Protection

Adult Protection Services
1-800-922-5330

Poison Center 1-800-222-1222

Domestic Violence and Sexual Assault
1-800-874-1499
www.dvack.org

Elder Abuse Hotline
1-800-922-5330 or 877-662-8362
www.elderabusecenter.org

Elder and Nursing Home Abuse Legal
http://www.kdheks.gov/bhfr/elder_abuse_hotlines.html

Kansas Coalition Against Sexual and Domestic Violence
1-888-END-ABUSE (363-2287)

www.kcsdv.org/

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

National Center on Elder Abuse
(Administration on Aging)
<https://ncea.acl.gov/>

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

National Sexual Assault Hotline
800.656.4673 <https://www.rainn.org/>

National Suicide Prevention Lifeline
1-800-273-8255

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

Kansas Department of Children and Families
1-888-369-4777 (Hays)
www.dcf.ks.gov

Alcohol and Drug Treatment Programs

AIC (Assessment, Information & Counseling)
205 E. 7th St. Ste. 126, Hays
785-639-1081
www.aicounseling.org

Al-anon/Alateen Helpline
1-888-425-2666
www.al-anon.alateen.org

Alcohol and Drug Helpline
1-800-821-4357
www.aa.org

Kansas Alcohol and Drug Abuse Services Hotline
1-800-586-3690
www.dcf.ks.gov

Mothers Against Drunk Driving
1-800-GET-MADD (438-6233)
www.madd.org

National Council on Alcoholism & Drug Dependence, Inc.
1-800-622-2255
www.ncadd.org

SAMHSA's National Helpline
1-800-662-HELP (4357)
<https://www.samhsa.gov/find-help/national-helpline>

Recovery Connection
1-800-993-3869
www.recoveryconnection.org

Regional Prevention Centers of Kansas
785-625-5521 (Hays)(Smoky Hill Foundation)
<https://www.kdads.ks.gov/commissions/behavioral-health/kpc>

Valley Hope
1-800-544-5101
<https://valleyhope.org/location/>

Children and Youth

Adoption
1-800-862-3678
www.adopt.org/

Boys and Girls Town National Hotline
1-800-448-3000
www.girlsandboystown.org

Child/Adult Abuse and Neglect Hotline
1-800-922-5330
www.dcf.ks.gov/Pages/Report-Abuse-or-Neglect.aspx

Child Abuse National Hotline
1-800-422-4453
1-800-222-4453 (TDD)
<https://www.childhelp.org/hotline/>

Child Find of America: 1-800-426-5678

Child Help USA National Child Abuse Hotline: 1-800-422-4453

Child Protective Services: 1-800-922-5330

KanCare (Medicaid)
105 W 13th (Hays)
785-621-5147; 785-259-8614
bney@kdheks.gov 1-800-792-4884
1-800-792-4292 (TTY)

Heartspring (Institute of Logopedics)
8700 E. 29TH N, Wichita, KS 67226
800-835-1043
www.heartspring.org

Kansas Big Brothers/Big Sisters
1-888-574-2447
<https://www.kansasbig.org/>

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

Kansas Department of Health and Environment

785-296-1500
www.kdheks.gov

The Kansas Society for Children with Challenges

106 W. Douglas, Suite 900, Wichita, KS 67202
1-800-624-4530; 316-262-4676
www.kssociety.org

National Runaway Switchboard

1-800-RUNAWAY (786-2929)
www.1800runaway.org/

National Society for Missing and Exploited Children 1-800-THE-LOST (843-5678)

www.missingkids.com

Parents Anonymous Help Line

1-800-345-5044
<http://parentsanonymous.org/>

Parent Help Line: 1-800-CHILDREN
24/7 Statewide, anonymous, information and referral

Runaway Line

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

Talking Books: 1-800-362-0699
<https://kslib.info/153/Talking-Books>

Community Action

Public Affairs Hotline

(Kansas Corporation Commission)
1-800-662-0027
www.kcc.state.ks.us

Peace Corps

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

Counseling

Care Counseling

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

Kansas Problem Gambling Hotline

1-800-522-4700
[http://www.ksgamblinghelp.c
om/](http://www.ksgamblinghelp.com/)

Self-Help Network of Kansas

316-978-3843

Catholic Charities

1-888-468-6909
<https://www.ccnks.org/>

National Problem Gambling Hotline

1-800-522-4700

National Hopeline Network

1-800-SUICIDE

Central Kansas Mental Health Center

1-800-794-8281
<http://www.ckmhc.org/>

Senior Health Insurance Counseling for Kansas

1-800-860-5260
[http://www.kdads.ks.gov/co
mmissions/commission-on-
aging/medicare-
programs/shick](http://www.kdads.ks.gov/commissions/commission-on-aging/medicare-programs/shick)

Sunflower Family Services, Inc.

1-877-457-5437
www.sunflowerfamily.org

Consumer Credit Counseling Services

1- 800-279-2227
www.kscccs.org/

WINGS Upon the Prairie

485 N Franklin (Colby)
785-460-7477

Disability Services

American Association of People with Disabilities (AAPD)

800-840-8844
www.aapd.com

www.drckansas.org

Hearing Healthcare Associates

800-448-0215

American Council for the Blind

800-424-8666
www.acb.org

Kansas Commission for the Deaf & Hearing Impaired

800-432-0698
<http://www.dcf.ks.gov/>

Americans with Disabilities Act Hotline

800-514-0301; 800-514-0383 (TTY)
www.ada.gov

Kansas Relay Center

800-766-3777 or dial 7-1-1
www.kansasrelay.com

Disability Advocates of Kansas, Inc.

855-747-6075
www.disabilitysecrets.com

National Center for Learning Disabilities

888-575-7373
www.ncld.org

Disability Group, Inc.

888-236-3348
www.disabilitygroup.com

National Library Services for Blind & Physically Handicapped

888-657-7323
800-424-8567 (Music Section)
www.loc.gov/nls/

Disability Rights Center of Kansas (DRC)

877-776-1541; 877-335-3725 (TTY)

Environment

Environmental Protection Agency

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

Kansas Department of Health and Environment

Salina 785-827-9639
Hays 785-625-5663
Topeka 785-296-1500

www.kdheks.gov

Local Environmental Protection Group (LEPG)

785-462-8636

Food and Drug

Center for Food Safety and Applied Nutrition

1-888-723-3366
<http://www.fda.gov/Food/>

www.fsis.usda.gov/

US Consumer Product Safety Commission

1-800-638-2772; 1-800-638-8270 (TDD)

Poison Hotline

1-800-222-1222

U.S. FDA

1-888-463-6332
www.fda.gov

USDA Meat and Poultry

1-888-674-6854

Health Services

American Cancer Society

1-800-227-2345
www.cancer.org

American Diabetes Association

1-800-DIABETES
www.diabetes.org

AIDS/HIV Center for Disease Control/Prev.

1-800-CDC-INFO
www.cdc.gov/hiv/

AIDS/STD National Hot Line

1-800-342-AIDS
1-800-227-8922 (STD)

Bright Focus Foundation

1-800-437-2423
<https://www.brightfocus.org/>
American Heart Association
1-800-242-8721
www.heart.org

American Lung Association

1-800-586-4872
www.lung.org

American Stroke Association

1-888-4-STROKE
www.heart.org

Center for Disease Control and Prevention

1-800-CDC-INFO
1-888-232-6348 (TTY)
www.cdc.gov/hiv/

Early Detection Works

877-277-1368
www.kdheks.gov/edw/about.htm

Elder Care Helpline

www.eldercarelink.com

Eye Care Council

1-800-960-EYES
www.seetolearn.com

Kansas Foundation for Medical Care

1-800-432-0770
www.kfmc.org

National Health Information Center

www.health.gov/nhic

National Cancer Information Center

1-800-227-2345
1-866-228-4327 (TTY)
www.cancer.org

Hospice

Hospice-Kansas Association

800-315-5122 (NW Kansas)
www.hospicenwks.com

Kansas Hospice and Palliative Care Organization

<https://khpco.wordpress.com/>

Housing

US Department of Housing and Urban Development

Kansas Regional Office
913-551-5462
800-225-5342; 800-877-8339
www.hud.gov

Kansas Housing Resources Corporation

785-217-2001
1-800-766-3777 TTY
<http://www.kshousingcorp.org/>

Legal Services

Kansas Attorney General

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

Kansas Bar Association

785-234-5696
www.ksbar.org

Kansas Legal Services

1-800-723-6953
www.kansaslegalservices.org

Northwest Kansas Area Agency on Aging

510 W 29th Street, Suite B (Hays)
785-628-8204
800-432-7422
www.nwkaaa.com

Kansas Department on Aging

785-296-4986
<http://www.kdads.ks.gov/commissions/commission-on-aging>

Medicaid/Medicare Services

KanCare (Medicaid)

900 SW Jackson, Suite 900 N (Topeka)

1-866-305-5147

www.kancare.ks.gov

Medicare Information

1-800-MEDICARE

www.medicare.gov

U.S. Department of Health and Human Services

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

1-877-486-2048 (TTY)

www.cms.hhs.gov

Senior Health Insurance Counseling for KS

510 West 29th, Suite B (Hays)

785-628-8204

800-432-7422

www.kdads.ks.gov

Medicare Part D Prescription Drug Insurance Counseling Senior Health Insurance Counseling for Kansas

350 S Range Ave Suite 16 (Colby)

785-460-4582

Mental Health Services

Alzheimer's Association

1-800-272-3900; 1-866-403-

3073 (TTY)

www.alz.org

Developmental Services of Northwest Kansas

1-800-637-2229

www.dsnwk.org

KS Alliance for Mentally Ill

785-233-0755

www.namikansas.org

Make a Difference (KDHE – Special Health Care Needs)

1-800-332-6262

www.kdheks.gov/shcn/index.htm

Mental Health America

1-800-969-6MHA (969-

6642)

www.mentalhealthamerica.net

National Alliance for the Mentally Ill

Helpline 1-800-950-NAMI

(950-6264)

703-516-7227 (TTY)

1-800-539-2660 (Kansas

NAMI office)

www.nami.org

National Institute of Mental Health

1-866-615-6464 or 1-866-

415-8051 (TTY)

www.nimh.nih.gov

National Library Services for Blind and Physically Handicapped

1-800-424-8567

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

State Mental Health Agency

915 SW Harrison Street

(Topeka)

785-296-3959

www.dcf.ks.gov

Suicide Prevention Hotline

1-800-SUICIDE (784-2433)

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

Nutrition

Eating Disorders Awareness and Prevention

1-800-931-2237

www.nationaleatingdisorders.org

American Dietetic Association Consumer

Nutrition Hotline 1-800-366-1655

American Dietetic

Association 1-800-877-1600

Kansas Department of Health and Environment

1000 SW Jackson, Suite 220

785-296-1320

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

Department of Human Nutrition

119 Justin Hall

785-532-5508

www.he.k-state.edu/fndh/

Road and Weather Conditions

Kansas Road Conditions

1-866-511-KDOT or 5-1-1 from mobile

www.ksdot.org

Senior Services

Alzheimer's Association

1-800-487-2585

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

American Association of Retired Persons (AARP)

1-888-OUR-AARP

www.aarp.org

Americans with Disabilities Act Information Line

1-800-514-0301; 1-800-514-0383

<https://www.ada.gov/infoline.htm>

Area Agency on Aging

1-800-432-2703

Eldercare Locator

1-800-677-1116

Home Buddy

1-866-922-8339

www.homebuddy.org

Home Health Complaints

Kansas Department of Children & Families

1-800-842-0078

www.dcf.ks.gov

Kansas Advocates for Better Care Inc.

1-800-525-1782

www.kabc.org

Kansas Department for Aging & Disability Services

1-800-432-3535

785-291-3167 (TTY)

www.kdads.ks.gov

Kansas Foundation for Medical Care, Inc.

1-800-432-0770

Kansas Tobacco Use Quitline

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

www.kdheks.gov/tobacco/cesation.html

Older Kansans Employment Programs

785-296-7842

<https://kansascommerce.gov/997/Older-Kansans-Employment-Program>

Older Kansans Information Reference Sources on Aging

1-800-432-3535

Senior Health Insurance Counseling for Kansas

1-800-860-5260

<http://www.kdads.ks.gov/commissions/commission-on-aging/medicare-programs/shick>

Medicare Part D Prescription Drug Insurance Counseling Senior Health Insurance Counseling for Kansas

350 S Range Ave Suite 16 (Colby)

785-460-4582

Kansas Department for Aging & Disability Services

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

www.kdads.ks.gov

Federal Information Center

1-800-333-4636

www.usa.gov

Veterans

Kansas Commission on Veterans Affairs

1-800-513-7731

www.kcva.org

Veterans Administration

Veterans Administration Benefits

1-800-669-8477

Debt Management

1-800-827-0648

Benefits Information and Assistance

1-800-827-1000

Welfare Fraud Hotline

1-800-432-3913

Life Insurance Information and Service

1-800-669-8477

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

Inpatient Origin Reports



Inpatient Origin by County Thomas, KS Residents Treated in KHA RPT Area Federal Fiscal Year: 2018

Hospital Detail by County				Pediatric		Adult Medical/Surgical										Psychiatric		Obstetric		Newborn		
				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+										
Hospital Name	Rank	Total	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Surg %		
Citizens Health - Colby, KS	1	469	58.5%	15	3.2%	26	5.5%	104	22.2%	119	25.4%	195	41.6%	2	0.4%	5	1.1%	3	0.6%	5.8%		
HaysMed, The University of Kansas Health System - Hays,	2	163	20.3%	0	0.0%	24	14.7%	36	22.1%	30	18.4%	47	28.8%	0	0.0%	14	8.6%	12	7.4%	46.0%		
Ascension Via Christi Hospitals St. Francis - Wichita, KS	3	23	2.9%	0	0.0%	4	17.4%	9	39.1%	4	17.4%	6	26.1%	0	0.0%	0	0.0%	0	0.0%	43.5%		
Wesley Healthcare - Wichita, KS	4	20	2.5%	6	30.0%	4	20.0%	5	25.0%	1	5.0%	3	15.0%	0	0.0%	1	5.0%	0	0.0%	55.0%		
Kansas Residents/Nebraska Hospitals	5	19	2.4%	0	0.0%	0	0.0%	1	5.3%	9	47.4%	9	47.4%	0	0.0%	0	0.0%	0	0.0%	68.4%		
Salina Surgical Hospital - Salina, KS	6	19	2.4%	0	0.0%	0	0.0%	8	42.1%	5	26.3%	6	31.6%	0	0.0%	0	0.0%	0	0.0%	100.0%		
The University of Kansas Health System - Kansas City, KS	7	16	2.0%	1	6.3%	1	6.3%	10	62.5%	3	18.8%	1	6.3%	0	0.0%	0	0.0%	0	0.0%	68.8%		
Salina Regional Health Center - Salina, KS	8	15	1.9%	1	6.7%	0	0.0%	2	13.3%	3	20.0%	5	33.3%	4	26.7%	0	0.0%	0	0.0%	6.7%		
Goodland Regional Medical Center - Goodland, KS	9	13	1.6%	0	0.0%	1	7.7%	0	0.0%	1	7.7%	3	23.1%	0	0.0%	4	30.8%	4	30.8%	7.7%		
St. Catherine Hospital - Garden City, KS	10	9	1.1%	0	0.0%	0	0.0%	1	11.1%	1	11.1%	0	0.0%	7	77.8%	0	0.0%	0	0.0%	0.0%		
Children's Mercy Kansas City - Kansas City, MO	11	6	0.7%	6	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%		
Sheridan County Health Complex - Hoxie, KS	12	6	0.7%	0	0.0%	0	0.0%	3	50.0%	1	16.7%	2	33.3%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Rawlins County Health Center - Atwood, KS	13	5	0.6%	2	40.0%	0	0.0%	3	60.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Graham County Hospital - Hill City, KS	14	3	0.4%	0	0.0%	0	0.0%	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Overall		802	100.0%	31	3.9%	63	7.9%	184	22.9%	184	22.9%	280	34.9%	13	1.6%	27	3.4%	20	2.5%	22.1%		

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Inpatient Origin by County Thomas, KS Residents Treated in KHA Reporting Area Federal Fiscal Year: 2019

Hospital Detail by County				Pediatric		Adult Medical/Surgical										Psychiatric		Obstetric		Newborn		
				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75 +										
Hospital Name	Rank	Total	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Surg %		
Citizens Health - Colby, KS	1	364	55.7%	13	3.6%	18	4.9%	72	19.8%	77	21.2%	164	45.1%	6	1.6%	2	0.5%	12	3.3%	4.7%		
HaysMed, The University of Kansas Health System - Hays,	2	144	22.1%	1	0.7%	15	10.4%	46	31.9%	23	16.0%	32	22.2%	2	1.4%	12	8.3%	13	9.0%	43.8%		
Salina Surgical Hospital - Salina, KS	3	19	2.9%	0	0.0%	0	0.0%	13	68.4%	3	15.8%	3	15.8%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Wesley Healthcare - Wichita, KS	4	17	2.6%	1	5.9%	1	5.9%	3	17.6%	2	11.8%	4	23.5%	0	0.0%	2	11.8%	4	23.5%	58.8%		
Kansas Residents/Nebraska Hospitals	5	16	2.5%	0	0.0%	0	0.0%	1	6.3%	8	50.0%	7	43.8%	0	0.0%	0	0.0%	0	0.0%	62.5%		
Salina Regional Health Center - Salina, KS	6	16	2.5%	0	0.0%	1	6.3%	4	25.0%	2	12.5%	5	31.3%	2	12.5%	1	6.3%	1	6.3%	31.3%		
St. Catherine Hospital - Garden City, KS	7	14	2.1%	0	0.0%	1	7.1%	2	14.3%	1	7.1%	0	0.0%	8	57.1%	1	7.1%	1	7.1%	14.3%		
Logan County Hospital - Oakley, KS	8	12	1.8%	1	8.3%	1	8.3%	3	25.0%	1	8.3%	6	50.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
The University of Kansas Health System - Kansas City, KS	9	11	1.7%	0	0.0%	0	0.0%	7	63.6%	4	36.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	72.7%		
Sheridan County Health Complex - Hoxie, KS	10	6	0.9%	0	0.0%	0	0.0%	4	66.7%	0	0.0%	2	33.3%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Ascension Via Christi Hospitals St. Francis - Wichita, KS	11	5	0.8%	0	0.0%	1	20.0%	2	40.0%	1	20.0%	1	20.0%	0	0.0%	0	0.0%	0	0.0%	40.0%		
Goodland Regional Medical Center - Goodland, KS	12	4	0.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	50.0%	0	0.0%	1	25.0%	1	25.0%	0.0%		
Stormont Vail Health - Topeka, KS	13	4	0.6%	1	25.0%	0	0.0%	0	0.0%	1	25.0%	1	25.0%	1	25.0%	0	0.0%	0	0.0%	0.0%		
South Central Kansas Medical Center - Arkansas City, KS	14	3	0.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	33.3%	2	66.7%	0	0.0%	0	0.0%	0.0%		
Overall		653	100.0%	19	2.9%	38	5.8%	162	24.8%	125	19.1%	232	35.5%	21	3.2%	23	3.5%	33	5.1%	22.1%		

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Inpatient Origin Reports



Inpatient Origin by County Thomas, KS Residents Treated in KHA Reporting Area Federal Fiscal Year: 2020

Hospital Detail by County				Pediatric		Adult Medical/Surgical										Psychiatric		Obstetric		Newborn		
				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+										
Hospital Name	Rank	Total	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Surg %
Citizens Health - Colby, KS	1	279	46.8%	5	1.8%	13	4.7%	62	22.2%	50	17.9%	135	48.4%	4	1.4%	0	0.0%	10	3.6%	3.2%		
HaysMed, The University of Kansas Health System - Hays,	2	137	23.0%	0	0.0%	13	9.5%	39	28.5%	23	16.8%	35	25.5%	1	0.7%	14	10.2%	12	8.8%	37.2%		
Wesley Healthcare - Wichita, KS	3	32	5.4%	6	18.8%	1	3.1%	4	12.5%	4	12.5%	0	0.0%	0	0.0%	11	34.4%	6	18.8%	31.3%		
Kansas Residents/Nebraska Hospitals	4	27	4.5%	1	3.7%	2	7.4%	4	14.8%	8	29.6%	12	44.4%	0	0.0%	0	0.0%	0	0.0%	55.6%		
Salina Surgical Hospital - Salina, KS	5	23	3.9%	0	0.0%	0	0.0%	9	39.1%	5	21.7%	9	39.1%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Salina Regional Health Center - Salina, KS	6	20	3.4%	0	0.0%	2	10.0%	3	15.0%	4	20.0%	6	30.0%	5	25.0%	0	0.0%	0	0.0%	35.0%		
Logan County Hospital - Oakley, KS	7	14	2.3%	0	0.0%	0	0.0%	4	28.6%	2	14.3%	8	57.1%	0	0.0%	0	0.0%	0	0.0%	0.0%		
The University of Kansas Health System - Kansas City, KS	8	12	2.0%	0	0.0%	1	8.3%	7	58.3%	3	25.0%	1	8.3%	0	0.0%	0	0.0%	0	0.0%	66.7%		
Ascension Via Christi Hospitals St. Francis - Wichita, KS	9	10	1.7%	0	0.0%	3	30.0%	2	20.0%	4	40.0%	1	10.0%	0	0.0%	0	0.0%	0	0.0%	60.0%		
St. Catherine Hospital - Garden City, KS	10	8	1.3%	0	0.0%	1	12.5%	0	0.0%	2	25.0%	0	0.0%	2	25.0%	2	25.0%	1	12.5%	12.5%		
Rawlins County Health Center - Atwood, KS	11	5	0.8%	0	0.0%	0	0.0%	2	40.0%	3	60.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	20.0%		
Gove County Medical Center - Quinter, KS	12	4	0.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	100.0%	0	0.0%	25.0%		
Goodland Regional Medical Center - Goodland, KS	13	3	0.5%	0	0.0%	1	33.3%	0	0.0%	0	0.0%	2	66.7%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Kansas Residents/Illinois Hospitals	14	3	0.5%	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Overall		596	100.0%	14	2.3%	42	7.0%	140	23.5%	110	18.5%	213	35.7%	14	2.3%	33	5.5%	31	5.2%	22.8%		
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Outpatient Origin Reports



Outpatient Market Penetration By Service Type*			
Citizens Health - Colby, KS			
County by Federal Fiscal Year: 2020	Total Visits	Thomas Co, KS	
		Visits	%
1 Emergency Department (45x)	4,617	1,752	87.3%
2 Surgery (36x, 49x)	1,871	519	69.2%
3 Observation (76x, excl. 761)	393	151	79.5%
Actual total visits	64,167	21,780	87.7%
County by Federal Fiscal Year: 2019	Total Visits	Thomas Co, KS	
		Visits	%
1 Emergency Department (45x)	2,424	898	76.6%
2 Surgery (36x, 49x)	2,270	674	73.3%
3 Observation (76x, excl. 761)	443	165	80.9%
Actual total visits	66,639	22,802	87.5%
County by Federal Fiscal Year: 2018	Total Visits	Thomas Co, KS	
		Visits	%
1 Emergency Department (45x)	2,070	1,380	91.2%
2 Surgery (36x, 49x)	1,194	677	72.2%
3 Observation (76x, excl. 761)	168	108	82.4%
Actual total visits	31,061	20,228	89.4%

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

CHNA Town Hall RSVP's:

This represents a list Stakeholders / Residents (N = 26) of Thomas County, KS who RSVP'd for this event, with 14 in attendance.

TABLES - Thomas Co CHNA Town Hall RSVP's March 3/25/21							
##	TEAM	Lead	Attend	Last Name	First	Organization	Title
1	B		X	Hamilton	Mike	Citizens Board	Trustee
2	B	XX	X	Carmichael	Megan	Citizens Health	Foundation Exec Director
3	B		X	Focke	Scott	Citizens Health	
4	A		X	McCorkle	David	Citizens Health	Ancillary Services Admin
5	A	XX	X	Niblock	Jenny	Citizens Health	CCO
6	B		X	Stover	Ryan	Citizens Health	CFO
7	A		X	Unruh	Greg	Citizens Health	CEO
8	A		X	Griffin	Jennifer	Colby Health & Rehab	RN/CRC
9	A		X	Hastings	Kyra	Colby Health & Rehab	RN/CRC
10	A		X	Clymer	Tamara	Colby/Thomas County Chamber	President/CEO
11	A		X	Voss	Denise	Department for Children & Families	Asst Regional Director
12	B		X	hopper	virginia	Hopper Farms	
13	A		X	Davis	Connie	Thomas County Democrats	Chsirwoman
14	B		X	Thompson	Jennifer	Valley Hope	Director of Bus Dev

Note> local CHNA leads are tagged below who assisted with community zoom breakout room discussions.

NOTES: Thomas County Town Hall

Date: 3/25/21

Established Needs/Strengths: Breakout Rooms

N = 14

Team A:

Needs

- Child Care Options
- Recreational Activities
- Transportation
- Mental Health Services
- Drug / Alcohol Programs
- Long-Term Mental Health Care
- Housing
- Cancer Services
- Access to Specialists (Neuro)
- Food Insecurity
- Qualified Providers & Staff
- Community Engagement
- Teen Engagement Programs

Strengths

- Community Involvement / Support
- School System
- Leadership
- Local Education
- Safe Environment
- Religion / Culture Support
- Community Outreach
- Senior Services
- Exercise / Fitness Options
- Obstetrics Services
- Vaccine Program

Team B:

Needs

- Food Insecurity
- Affordable Housing
- Vaccine Awareness
- Awareness of Services/Resources
- Child Care
- Mental Health Services
- Cancer Services
- "Owning Your Health"
- Nutrition – Healthy Food Options

Strengths

- School System
- Telehealth / Telemedicine Adoption
- Community Programs
- Clinic Navigator for Patient Asst.
- Chamber: Insurance
- Patient Resources
- Variety of Services
- Primary Care Providers (Number)
- Exercise / Fitness Opportunities

c) Public Notice & Requests

[VVV Consultants LLC]

EMAIL Request to Thomas Co KS CHNA Stakeholders

(Send via Megan's Email ... paste message add subject line BCC all stakeholders' emails from roster.

From: Megan Carmichael

Date: Jan 19, 2021

To: Community Leaders, Providers, Hospital Board and Staff

Subject: CHNA Wave #4 Community Online Feedback Survey

Over the next three months, Citizen's Health – Colby KS will be working with other area providers to update the 2018 Thomas County Community Health Needs Assessment (CHNA). Citizens Health is seeking input from community members regarding the healthcare needs in Thomas County in order to complete the 2021 CHNA.

The goal of this assessment update is to understand progress in addressing community health needs cited in both the 2015 and 2018 CHNA reports and to collect up-to-date community health perceptions and ideas.

This is a requirement for Critical Access Hospitals and we welcome your feedback if you choose to participate. Your feedback and suggestions regarding current community health delivery are especially important to collect in order to complete a comprehensive 2021 Community Health Needs Assessment.

To accomplish this work, a short online survey has been developed. Note: You can also go to Citizens Health website at cmciks.com to find the survey link.

https://www.surveymonkey.com/r/CHNA2021_ThomasCo

All community residents and business leaders are encouraged to **complete the 2021 online CHNA survey by Friday, March 5th, 2021**. All responses are confidential.

NOTE Hold the Date> A virtual community Town Hall is scheduled for **Thursday March 25th, 2021 from 11:30-1pm**. More details regarding the virtual community Town Hall will be shared early March. Again, all Community members are encouraged and invited to attend.

If you have any questions about CHNA activities, please call (785) 460-1214 or email mcarmichael@cmciks.com.

Thank you for your time and participation.

EMAIL Request to Thomas Co KS CHNA Stakeholders

(Send via Megan's Email ... paste message add subject line BCC all stakeholders' emails from roster.

From: Megan Carmichael

Date: Feb 26, 2021

To: Community Leaders, Providers, Hospital Board and Staff

Subject: Scheduled virtual Community Town Hall – March 25th

Join Citizens Health as they hold a virtual Town Hall Meeting for the 2021 Community Health Needs Assessment (CHNA) on **Thursday, March 25th, 2021 at Lunch from 11:30 – 1pm.**

As in-person meetings are not currently possible due to COVID guidelines and keeping community members safe, this scheduled Town Hall will be done virtually. This virtual meeting will consist of reviewing the community health indicators and gathering feedback opinions on key community health needs. We hope you find time to join us for this important event. It is vital that community members RSVP if they are planning to attend the 2021 CHNA virtual Town Hall on **March 25th** for adequate preparation.

If you plan to attend this virtual Town Hall, please click on the link below to complete your RSVP. NOTE: If you RSVP, additional information will be emailed to you a few days prior to the event.

LINK: https://www.surveymonkey.com/r/ThomasCo_CHNA2021_RSVP

Thanks in advance for your time and support!

If you have any questions about the Town Hall, please call (785) 460-1214 or email mcarmichael@cmciks.com.

Citizens Health Virtual Town Hall Meeting

Megan Carmichael

Tue, Mar
16, 2:07 PM

to bcc: me

The virtual Town Hall meeting being hosted by **Citizens Health** for the 2021 Community Health Needs Assessment, is almost here and it is vital that we confirm your RSVP. If you no longer plan to attend the meeting, please contact Megan at the email below. This community event for Thomas County is being held on **Thursday, March 25th, from 11:30 a.m. – 1:00 p.m. via Zoom** (feel free to enjoy your lunch during the meeting). You must utilize the link below to gain access to this meeting.

Join Zoom Meeting: <https://us02web.zoom.us/j/85813208254>

Meeting ID: 858 1320 8254

To keep things moving and cover all that is on our agenda promptly, we ask that you please be signed on by **11:20 a.m.** as we will begin right away at 11:30 a.m. In addition, we ask that you plan to stay for the full duration as the last 45 mins will be the most important for gathering community insight. To allow us to get everyone checked-in in a timely matter, we ask that you please make sure your full name is accurate and appears on your screen upon signing on.

To provide you with a brief overview of what to expect during this community meeting, please review the following agenda.

- Current Community Health Scores
- Review Community Feedback Research
- Collect Current Community Health Perspective through assigned breakout rooms
- Uncover unmet needs through reporting back to large group
- Report back to general session – Participate in Poll
- Wrap up discussion & review next steps

We look forward to seeing you all on Thursday, March 25th, as we gather for an important community event.

Thank you for your time and support!

If you any questions regarding this virtual Town Hall meeting, please **contact Megan Carmichael** at mcarmichael@cmciks.com

Megan Carmichael
Foundation Executive Director | Citizens Health
P: 785-460-1214
E: mcarmichael@cmciks.com
100 E. College Drive
Colby, KS 67701
www.cmciks.com

Email #3

The virtual Town Hall meeting being hosted by **Citizens Health** for the 2021 Community Health Needs Assessment, is almost here and it is vital that we confirm your RSVP. If you no longer plan to attend the meeting, please contact Megan at the email below. This community event for Thomas County is being held on **Thursday, March 25th, from 11:30 a.m. – 1:00 p.m. via Zoom** (feel free to enjoy your lunch during the meeting). You must utilize the link below to gain access to this meeting.

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Meeting ID: 858 1320 8254

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We look forward to seeing you all on Thursday, March 25th, as we gather for an important community event.

Thank you for your time and support!

If you any questions regarding this virtual Town Hall meeting, please **contact Megan Carmichael at mcarmichael@cmciks.com**



COMMUNITY UPDATE



Community Health Needs Assessment (CHNA) *Community Online Feedback Survey*

Over the next three months, Citizen's Health – Colby KS will be working with other area providers to update the 2018 Thomas County Community Health Needs Assessment (CHNA). Citizens Health is seeking input from community members regarding the healthcare needs in Thomas County in order to complete the 2021 CHNA.

The goal of this assessment update is to understand progress in addressing community health needs cited in both the 2015 and 2018 CHNA reports and to collect up-to-date community health perceptions and ideas.

This is a requirement for Critical Access Hospitals and we welcome your feedback

if you choose to participate. Your feedback and suggestions regarding current community health delivery are especially important to collect in order to complete a comprehensive 2021 Community Health Needs Assessment.

To accomplish this work, please complete the short online survey by clicking [HERE](#)


The survey is also located on the Citizens Health website at cmciks.com.

All community residents and business leaders are encouraged to **complete the 2021 online CHNA survey by Friday, March 5th, 2021**. All responses are confidential.

NOTE Hold the Date> A virtual community Town Hall is scheduled for **Thursday March 25th, 2021 from 11:30-1pm**. More details regarding the virtual community Town Hall will be shared early March. Again, all Community members are encouraged and invited to attend.

If you have any questions about CHNA activities, please call (785) 460-1214 or email mcarmichael@cmciks.com.

Foundation Communication



← → ↻ 🏠 cmciks.com

📱 Apps 🖼️ Graphic Stock 🌐 New Tab 🌐 welcome - Google... 📧 Hootsuite 📧 Inbox (1) - mcarmic... 🏢 The Marlin Company 🏠 HealthStream 🌐 Google 📄 Storyblocks 🌐 Log In < Citizens He...

Proudly Serving Northwest Kansas

SIGN-UP FOR COVID-19 VACCINATION CLICK [HERE](#)

*Residents of Thomas County who are 65 & over or patients of Family Center for Health Care (FCHC) who are 65 & over, will be the first to receive the vaccination. For help, please call 785-405-0104. Once they become available, we will follow the KS Vaccination Plan and contact people based on the following phases, starting with Phase 2. To view the phases, click [HERE](#).

Community Health Needs Assessment (CHNA) Survey CLICK [HERE](#)

Over the next three months, Citizen's Health – Colby KS will be working with other area providers to update the 2018 Thomas County Community Health Needs Assessment (CHNA). Citizens Health is seeking input from community members regarding the healthcare needs in Thomas County in order to complete the 2021 CHNA. The goal of this assessment update is to understand progress in addressing community health needs cited in both the 2015 and 2018 CHNA reports and to collect up-to-date community health perceptions and ideas.

This is a requirement for Critical Access Hospitals and we welcome your feedback if you choose to participate. Your feedback and suggestions regarding current community health delivery are especially important to collect in order to complete a comprehensive 2021 Community Health Needs Assessment. To accomplish this work please complete the survey above or click [here](#).

Citizens Health seeks residents' input on local health needs.

Media Release: 01/19/21

Over the next few months, Citizens Health – Colby, KS will be working with area providers to update the 2018 Thomas County Community Health Needs Assessment (CHNA). Citizens Health is seeking input from community members regarding the healthcare needs in Thomas County in order to complete the 2021 CHNA.

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

To accomplish this work, a short online survey is available now. The survey will be distributed via social media, newspaper, email, and will be located on our website. Please be on the lookout for future communications.

All community residents and business leaders are encouraged to complete the 2021 CHNA online survey by **Friday, March 5th**. In addition, please hold the date for a virtual Town Hall meeting scheduled on **Thursday, March 25th for Lunch from 11:30 p.m. - 1:00 p.m.** More information will be released in early March.

If you have any questions about CHNA activities, please call (785) 460-1214 or email mcarmichael@cmciks.com.

###

Citizens Health is Hosting a Virtual Town Hall

Media Release: 02/26/21

Join Citizens Health as they host a virtual Town Hall Meeting for the 2021 Community Health Needs Assessment (CHNA) on **Thursday, March 25th, 2021 at Lunch from 11:30 – 1pm.**

As in-person meetings are not currently possible due to COVID guidelines and keeping community members safe, this scheduled Town Hall will be done virtually. This virtual meeting will consist of reviewing the community health indicators and gathering feedback opinions on key community health needs. We hope you find time to join us for this important event. It is vital that community members RSVP if they are planning to attend the 2021 CHNA virtual Town Hall on **March 25th** for adequate preparation.

If you plan on attending this virtual Town Hall, please visit the Citizens Health website to RSVP. NOTE> If you RSVP, additional information will be sent to you in an email 3 days prior to the event.

If you have any questions about CHNA activities, please call (785) 460-1214 or email mcarmichael@cmciks.com.

Thank you in advance for your support and participation!

###

Press Coverage

*****FIRM 67701
 6388 00-00-00 98 1N (12)
 CITIZENS MEDICAL CENTER ***R003
 100 E COLLEGE DR
 COLBY KS 67701-3702



Friday

January 22, 2021

Volume 132, Number 12

Serving Thomas County since 1888

Voice views on county's health needs

Over the next few months, Citizens Health in Colby will be working with area providers to update the 2018 Thomas County Community Health Needs Assessment.

Citizens Health is seeking input from community members regarding the healthcare needs in Thomas County in order to complete the 2021 assessment.

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

This is a requirement for Critical Access Hospitals and your feedback is welcome if you choose to participate.

A short online survey is available at cmciiks.com or you can go to surveymonkey.com/r/CHNA2021_ThomasCo.

All community residents and business leaders are encouraged to complete the online survey by Friday, March 5. In addition, there will be a virtual "Town Hall" meeting from 11:30 a.m. to 1 p.m. on Thursday, March 25. More information will be released in early March.

If you have any questions about the needs assessment activities, call (785) 460-1214 or email mcarmichael@cmciiks.com.

Colby Free Press Monday, January 25, 2021

Area/State

Weather



**Final Weather Service
ter Storm Warning
r Weather Advisory**
it: Snow likely, mainly
2.m. Cloudy, with a low
0. North wind around
Chance of precipitation
cent. New snow accu-
of less than one inch
iv: Snow likely, mainly

Event Center changes get attention

From "CENTER," Page 1

come out right at beam level, so we just moved it."

"Is there anything that we did, as far as the play equipment or anything, that caused this not to work?" council member Lee Leiker asked.

McGreer said that was not the problem; that when he argued the point that it wasn't the city's design flaw, the contractors reduced the cost on the change.

Leiker said he didn't think the city should have to pay for it at all, since the city wasn't responsible for the problem.

"I think that's part of the obligation of an architect and design (firm) that these things shouldn't cost the owner," he added.

McGreer agreed, explaining

that there are three air vents, with the duct for the middle one encountering the beam.

"So, aesthetically, they won't be aligned, or we could move them all," he said. "And I said I don't really care about that, you probably wouldn't really notice it. But it had to be moved.... We need the air vent in there."

After considerable discussion, the council decided to table the matter, sending McGreer back to work to clear the city of any cost. He said he did not feel that that delay would hold up construction.

The next change order came from a similar problem, with a credit to the city of \$5,269. McGreer said that during a visit to the building site, he noticed that the window in the playroom had

X bracing across it of the typing used to stabilize the steel structure throughout the building.

"And immediately it was like, this cannot stay this way," he said. "Why would we put (in) a window to stare at X-bracing?"

He said the architect had agreed to take care of it as a design flaw.

The council voted to accept the portal frame rework for a credit of \$5,269.

In the area of equipping the building, the council approved buying a modular portable stage for \$21,633. It has railing around three sides of a 16-by-32-foot platform, stairs at each end and an adjustable height. McGreer said it can be expanded if necessary.

The council approved another

change order for the Event Center, deducting the \$2,744 cost of paper towel dispensers, toilet tissue dispensers and wall-mounted soap dispensers, which will be provided free by Waxie, a janitorial supply company.

It authorized a payment to contractor Conrod and Associates of \$1,340,896 on the center.

In other business, the council approved order-of-violation notices to remove a junk vehicle at 1114 Court Place, an illegally parked vehicle at 1181 Summer Sun, an inoperable vehicle at 210 S. Chickamauga, an inoperable vehicle at 615 E. Eighth and weeds and debris at 1440 W. Fifth.

Briefly

The deadline for Briefly is noon the day before and for Monday's paper, noon Friday. Items submitted in the morning will be set up for the following day.

Citizens seeks ideas on health-care needs

Citizens Health needs to update the 2018 Thomas County Community Health Needs Assessment, looking for ideas from people on health-care needs. A short online survey is available at www.cmciiks.com or at www.surveymonkey.com/r/CHNA2021_ThomasCo. Everyone is asked to complete it by Friday, March 5. The hospital will hold a virtual "town hall" meeting from 11:30 a.m. to 1 p.m. Thursday, March 25. For questions, call (785) 460-1214 or email mcarmichael@cmciiks.com.

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2021 Community Feedback: Thomas Co KS N= 326

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1013	67701	Very Good	Increasing - moving up	NUTR	BH		Dietary / behavioral choices of the population in this area.
1021	67701	Good	Increasing - moving up	COMM	PREV	CORP	You can provide education, prevention, etc but until the individual feels it's important or makes themselves a priority they most likely won't avail themselves to the service.
1046		Good	Not really changing much	PREV			We as patients need to be more pro active in our health. So many just don't care
1071	67701	Average	Increasing - moving up	EDU	NUTR	ALL	Lack of knowledge of good nutrition and health practices
1088	67753	Very Poor	Not really changing much	FINA			Financial difficulties
1090	67701	Very Good	Increasing - moving up	CHIRO	ALT		Some doctors refuse to work with chiropractor/naturopaths!
1119	67701	Poor	Not really changing much	ACC	REC	NUTR	We do have several gyms which unfortunately are not affordable for most people. An affordable/free option would be great. Would also be great if our dietician could have classes with recipes to help show people what is needed in a balanced diet.
1145	67701	Very Good	Increasing - moving up	CORP			This community has much to offer. Most of the time "poor health" is a choice, because there are options available to improve health.
1185	67701	Good	Increasing - moving up	ACC	TRAN		Available care and public transportation for possible COVID positive patients and those that do not have family around to help with care and transportation.
1191	67701	Good	Increasing - moving up	POV			POVERTY
1203	67701	Very Good	Increasing - moving up	WELL	EDU		Lifestyle Choices - Education and then Compliance
1206	67732	Good	Increasing - moving up	EDU	OTHR		Lack of Education; Non-compliance
1213		Very Good	Increasing - moving up	EDU	COMM		Population not believing the science
1223	67701	Very Good	Increasing - moving up	MRKT	FINA	ALL	Letting people know what can be done through free and low cost services
1241	67753	Very Good	Increasing - moving up	OTHR			People don't want to change their lifestyle
1256	67701	Average	Not really changing much	INSU	FINA		cost
1266	67701	Good	Not really changing much	OTHR			Public Ignorance
1294	67701	Poor	Decreasing - slipping downward	BILL	FINA		Lack of ability to pay for services so people don't seek treatment
1298	67701	Good	Increasing - moving up	EDU	PC		Lack of education on the need for regular primary care
1306	67701	Very Good	Increasing - moving up	MRKT			People are unaware of what's available

CHNA 2021 Community Feedback: Thomas Co KS N= 326

ID	Zip	Overall	Movement	c1	c2	c3	Covid-19 has impacted our communities. Do you have any worries and/or concerns regarding COVID-19 in relation to Community Health?
1002	67701	Average	Not really changing much	COVD			not enough masking. people think that it does not pertain to them. they think they immuned
1013	67701	Very Good	Increasing - moving up	COVD	LDRS		Absolutely. This community has responded poorly to the pandemic and the recommendations from our leaders, both local and state / federal. Our population has paid the price for that. We are not unique to this area, as other counties around us have similar issues. There is a small, but very vocal part of the population that has been a negative influence on the health of this community, but I'm not sure that there is a fix to that in the present climate. Covid-19 will continue to be an issue that the county faces for most of 2021, and somewhat likely for the future as well.
1018	67701	Average	Increasing - moving up	PREV			Yes.I do not believe that we are being preventative with measures such as vitamin/HCQ/or ivermectin as prevention. I am sadden our healthcare workers were given a bonus for taking the vaccine. Many of the younger or less affluent took it without even looking into adverse possibilities
1024	67701	Good	Increasing - moving up	PUL	RESP		Yes.We need a full time pulmonologist and more respiratory techs on hand.
1065	67701	Average	Not really changing much	ACC			Yes. Providers not being up to date on current treatments
1070	67701	Very Poor	Not really changing much	COVD			Nobody wearing mask people got relaxed
1079	67701	Very Poor	Not really changing much	VACC			Yes.Don't push an experimental biological agent as a "vaccine." Proper PPE is effective, however, a "hanky" over your face does nothing
1088	67753	Very Poor	Not really changing much	FINA			Yes.Financial
1090	67701	Very Good	Increasing - moving up	COMM			Yes. Appears docs not open to RXs rather than pushing experimental vaccines. Docs need to listen to Frontline Physicians research!
1110	67701	Very Poor	Decreasing - slipping downward	COVD			Yes. Covid concerns outweigh crisis at hand.
1115	67701	Average	Increasing - moving up	VACC			Yes.I think a large number of our local population will be hesitant or resistant to receiving a COVID-19 vaccine.
1119	67701	Poor	Not really changing much	COVD			Yes. It's unfortunate our schools have decided to go massless right in the middle of flu season and when covid is so unknown.
1122	67701	Good	Increasing - moving up	DOH			Yes. Feel community members have a poor regard for the County Health Department, which we feel has done a great job!
1146	67701	Good	Decreasing - slipping downward	VACC			Yes. Fear of vaccine mandate.
1148	67701	Good	Increasing - moving up	LDRS	COMM		Yes. We need better public health leaders that don't just think about themselves and don't let threats from the community dictate the outcome of mandates. New strains are exempt from the current vaccine so they will have to redistribute new vaccines once again and who is to say it's even going to work then. In my opinion it is just grooming for something worse from the political side of it but that's whole other can of worms.
1151	67701	Very Good	Increasing - moving up	DOH			Yes. Public health has not been taken seriously by our residents
1185	67701	Good	Increasing - moving up	ACC	TRAN		Yes. Transportation for elderly, single parents, and those that can't drive to get testing completed or to see a doctor due to possible symptoms.
1209	67701	Good	Increasing - moving up	COVD			Yes. Not many people seem to be taking it seriously and refuse to wear masks.
1212	67701	Good	Increasing - moving up	COVD	VACC		Yes. too many refusing the vaccine
1213		Very Good	Increasing - moving up	EDU			Yes. The general population is one of the few places in the USA that is against following the science
1215	67701	Good	Not really changing much	EDU	LDRS		Yes. they have tried to educate the community but they refuse to comply; if only our community leaders took this seriously
1225	67701	Very Good	Increasing - moving up	EDU			Yes. Most people did not take the threat seriously and believed precautions were political.
1226	67701	Very Good	Not really changing much	ACC			Yes. I don't think our community is always doing everything they could to take precautions. I don't think the health felt has been supposed and given the resources it needs to be successful
1228	67701	Very Good	Increasing - moving up	VACC			Yes. Many people I know will refuse to take the vaccine.
1238	67701	Good	Increasing - moving up	STFF			Yes. HAVING ENOUGH STAFF EDUCATED TO TAKE CARE OF PATIENTS ON VENTILATORS IF LARGER HOSPITALS ARE FULL.
1243		Average	Increasing - moving up	COMM			As stated previously. It is confusing as an employee to what co health is telling us too.
1245		Very Good		ACC	VACC	AGE	Yes. availability of the vaccine is not being communicated - especially to the elderly, and the outlying areas
1248	67701	Very Good	Increasing - moving up	ACC	VACC		Yes. availability of vaccines
1252	67701	Very Good	Increasing - moving up	ACC	VACC		Yes. When we will receive the vaccine and if it will be effective. When can we return to normal????
1261	67701	Good	Not really changing much	COVD			Yes. People aren't buying into what they need to do to protect themselves and others
1269	67701	Average	Not really changing much	STFF	GEN		Yes. staffing to continue to take care of regular customers.
1276	67701			ACC	VACC		Need to get vaccine and get it delivered.
1281	67701	Very Good	Increasing - moving up	COMM	AGE	ACC	Yes. The elderly are being required to sign up for the vaccine when many of them are not on social media or have access to signing up. Those most vulnerable were not put on the list by physicians and I found they then missed the first eligible vaccines when they should have been the first. I assumed the health care professionals would have searched their databases and made a contact list and done this in our community. Not so. This is a dropped ball in my assessment.
1287	67701	Average	Not really changing much	COMM	VACC	ACC	Yes. I FEEL SOME PEOPLE ARE NOT EXPOSED OR INFORMED ABOUT VACCINE AVAILABILITY. ESPECIALLY THOSE WITH MEDIA

CHNA 2021 Community Feedback: Thomas Co KS N= 326

ID	Zip	Overall	Movement	c1	c2	c3	Covid-19 has impacted our communities. Do you have any worries and/or concerns regarding COVID-19 in relation to Community Health?
1288	67743	Good	Not really changing much	ACC	VACC	COVD	Yes. I think we are all stressed about when the vaccine will be available for teachers (who struggle daily with non-compliant students over mask wearing).
1291	67701	Average	Decreasing - slipping downward	ACC	VACC		Yes. This corner of the state will be forgotten and the last to receive. Lots of anti-vaxers here, which is the next battle to end this pandemic.
1292	67701	Good	Increasing - moving up	COVD			Yes. I really wish people would wear masks while in public! Such a small way to reassure others.
1295	67701	Good	Not really changing much	VACC			Yes. I would like to get my vaccination as soon as possible because my spouse has an immunodeficiency and I need to protect him.
1298	67701	Good	Increasing - moving up	ACC	VACC		Yes. Access to the vaccine, will we get enough vaccine for everyone who wants it?
1299	67701	Good	Not really changing much	STFF	COMM	COVD	Yes. It's extremely disheartening to have a surgeon and at least one physician as well as chiropractors actively telling the community that masks don't work/aren't necessary and that COVID-19 isn't serious enough to change behaviors. It's even more worrisome to see so many of the Citizens Health staff completely disregarding community health practices in public. It's an embarrassment.
1304	67701	Average	Not really changing much	DOH	ACC	VACC	Yes. County health department lack of knowledge and lack of answers. Spend less time on testing and more time on delivering vaccine.
1305	67701	Poor	Decreasing - slipping downward	COVD			Yes. Policy and tests changes from case to case.
1309	67701	Good	Increasing - moving up	ACC	HOSP	STFF	Enough ventilators, hospital (ICU) capacity, well-trained medical people for this particular illness.
1311	67701	Good	Increasing - moving up	COVD			I feel that we should have a mask mandate. Masks have been proven to slow and prevent the spread of the virus, but the people of Colby are too ignorant to realize that. Our community is so concerned about loosing "freedom" by wearing a mask, but they are taking away freedom from others by doing so. The stores that have mask mandates like Casey's, Dillons, and Walmart do not enforce the policy at all. If I can wear a mask all day as a healthcare professional, the citizens of this town should be able to wear one for 30 minutes.
1317	67748	Very Good	Not really changing much				Limiting visitors is hurting patient care
1324	67701	Good	Increasing - moving up				Our community does not take it seriously

CHNA 2021 Community Feedback: Thomas Co KS N= 326

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1001	67701	Average	Not really changing much	URG	HRS	TRAN	Urgent Care clinic for the evenings and weekends. Transportation to and from appointments for those who need it.
1002	67701	Average	Not really changing much	ALL	SERV		Program to see that all areas of health care are up to standards and are maintained.
1012	67701	Very Poor	Decreasing - slipping downward	ACC	SERV	SPEC	More specialized providers coming to Colby
1013	67701	Very Good	Increasing - moving up	NUTR	REC	FIT	Weight loss incentive community programs, development of more activities (disc golf league, local athletic competitions / races, better development of public areas for recreation and exercise (I don't mean exercise equipment along the walking trail - that's been a waste of money in every community I've seen it placed in)
1014	67701	Good	Not really changing much	BH	ACC		Mental health professionals availability
1015	67701	Good	Not really changing much	BH	SUIC		Mental Health is a must Suicide prevention BULLYING PREVENTION
1017	67701	Average	Not really changing much	EDU			Updated education
1018	67701	Average	Increasing - moving up	ALT			Alternative wellness to work hand in hand with technology we have. Holistic or naturopathic options
1019	67732	Very Good	Increasing - moving up	COVD			Covid recovery?
1023		Average	Increasing - moving up	SS	BH	SCHL	Domestic Violence and Child welfare. Mental health. School counselors.
1035		Very Good	Not really changing much	BH			More mental health counselors
1043	67701	Very Good	Increasing - moving up	BH	PEDS		Mental health especially for youth
1044	67701	Good	Increasing - moving up	ORTH			Orthopedic
1048	67701	Very Good	Increasing - moving up	SUIC	BH	SCHL	More services for youth - suicide, depression. Community addressing bullying in our schools. Schools are not handling this issue. Teachers as bad as students.
1052	67701	Good	Increasing - moving up	NUTR	OBES		I think that we need some sort of nutrition program. Fast food is cheap and easy to come by. Obesity is running rampant in the community,
1056	67701	Very Poor	Decreasing - slipping downward	BH			Mental health services
1063	67701	Very Good	Increasing - moving up	BH			mental health programs
1065	67701	Average	Not really changing much	URG	HRS		24 hour urgent care
1067	67701	Very Good	Increasing - moving up	NUTR			Health/diet/exercises best suited for patient
1068	67734	Good	Increasing - moving up	URG	HRS		Urgent Care Clinic 24/7
1071	67701	Average	Increasing - moving up	SPRPT	NUTR	OBES	Overeaters anonymous. Free weight loss program. Not everyone who is overweight can afford WW or gym
1075	67701	Good	Not really changing much	URG	ENDO		An urgent care clinic; an on-site endocrinologist
1077	67701	Very Good	Increasing - moving up	ALL			I think they do a great job keeping up with 'new' things.
1079	67701	Very Poor	Not really changing much	NUTR	FIT		Nutrition and exercise classes
1082		Very Good	Increasing - moving up	FIT	AGE		Senior exercise program. Zoom or in person.
1085	67701	Very Good	Not really changing much	ACC	BH	KID	More access to mental health services availability of services that are affordable More childcare availability
1088	67753	Very Poor	Not really changing much	FINA			Low income care
1090	67701	Very Good	Increasing - moving up	ALT			Naturopath needs to be brought to town so those of us utilizing that care don't have to drive so far.
1099	67701	Good	Increasing - moving up	BH			More mental health
1106	67701	Very Good	Increasing - moving up	AUD			hearing
1115	67701	Average	Increasing - moving up	VACC	KID	COMM	A vaccine information program would be beneficial for the new COVID vaccine, and for childhood vaccinations in general. There is a lot of skepticism regarding immunizations in this area.
1118	67701	Good	Not really changing much	NUTR	SPEC		Nutrition specialist for hire
1119	67701	Poor	Not really changing much	NUTR	FIT	PREV	Free nutrition/cooking classes for anyone who wants to attend, with menu ideas and recipes. Specialized classes for diabetics, heart healthy patients etc.. Free exercise classes/support for anyone who would like to attend. Teach patients how they can exercise at home without expensive equipment. Preventative classes..
1122	67701	Good	Increasing - moving up	AGE	FIT		Think when new Event Center opens more elder people will use the walking area during inclement weather. Possibly a community exercise program for elders at no cost, as many don't have the means to pay.
1124	67701	Average	Increasing - moving up	BH	ACC		Access to mental health that is reasonably priced
1134	67701	Average	Not really changing much	FIT	NUTR		An exercise and healthy eating program
1136	67701	Good	Increasing - moving up	NEO	FEM	OBG	Prenatal and women's health specific programs and medical providers.
1138	67743	Average	Increasing - moving up	OTHR			Community center attracting those not usually participating
1139	67701	Good	Increasing - moving up	INSU	FINA	QUAL	More patience for the lower income families who dont have insurance. Maybe put yourselves in their shoes.
1140	67743	Average	Increasing - moving up	WELL			Health and wellness community center driven to help those less likely to participate
1146	67701	Good	Decreasing - slipping downward	WELL	BH	ALT	More wellness programs More mental health programs More options for alternative medicine
1147	67701	Good	Increasing - moving up	PREV	FIT	EDU	Prevention, exercise, education

CHNA 2021 Community Feedback: Thomas Co KS N= 326

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1148	67701	Good	Increasing - moving up	BH	NUTR		mental health and healthy diet tips at a young age.
1149	67743	Very Good	Increasing - moving up	EDU	NUTR		Education on Nutrition
1151	67701	Very Good	Increasing - moving up	COMM	EDU		Consistent education messaging
1154	67701	Good	Not really changing much	NUTR	SUIC	BH	Nutrition and diet management regimens, suicide awareness meetings or meetings for people struggling with depression.
1158	67743	Good	Increasing - moving up	AGE	BH		Since the pandemic the elderly have been alone more, I think there should be a program for people to have access to a "friend". Just someone to be there when they need to be.
1162	67701	Good	Increasing - moving up	BH	SCHL	EDU	Develop mental health screenings in schools; research granting agencies Collaborate with schools on educational seminars for students about mental health issues and increase interaction with school counselors Train Emergency Room personnel on how to effectively facilitate mental health committals, transportation, and other responses, including training on paperwork and patient interactions
1170	67730	Very Good	Increasing - moving up	CANC	SPRRT		cancer survivor groups or more resources for familys dealing with cancer
1174	67701	Average	Not really changing much	KID	REC		A place for kids to hang out at. There is nothing in our community since the bowling ally is gone. Just parks, but who going to want to play at a park in the middle of winter.
1178	67701	Average	Not really changing much	BH			mental health
1183	67701	Very Good	Increasing - moving up	DRUG			SUBSTANCE ABUSE TREATMENT PROGRAM
1185	67701	Good	Increasing - moving up	SPRRT	NEU		support groups and meetings for those with Parkinson's, post stroke, and other debilitating neurological diagnoses.
1186	67743	Good	Increasing - moving up	ALL	NUTR	FIT	Unsure if one exists but a program that entices the general public to participate in healthier habits (i.e., eating healthy, exercising, work/life balance, healthy sleeping habits)
1187	67701	Very Good	Increasing - moving up	BH			mental health access
1190	67701	Very Good	Increasing - moving up	BH			Mental Health for teens/young adults
1191	67701	Good	Increasing - moving up	BH	INSU		More mental health services. Afordable health insurance for the middle class.
1197	67701	Very Good	Increasing - moving up	DRUG	BH		Alcohol & Drug Abuse Counseling and general counseling
1198	67701	Good	Increasing - moving up	NUTR	BH	DENT	Nutritional/healthier foods available or programs on how to eat properly. Mental Health Dentistry that is covered by Medicaid (closest is Atwood)
1203	67701	Very Good	Increasing - moving up	BH	DRUG	WELL	-Mental health and substance abuse -Community education on health and wellness -Wellness programs and activities
1204	67701	Very Good	Increasing - moving up	DIAL			Dialysis facility
1207	67701	Good	Increasing - moving up	CHRON	EDU	SPRRT	chronic disease education support groups for patients and family/caregivers
1209	67701	Good	Increasing - moving up	BH			Care for adolescents with mental health issues so that hospitalizations don't have to be across the state.
1216	67701	Average	Not really changing much	ACC	PRIM	INSU	Easier access to primary healthcare providers, increased access to affordable health insurance, education on natural women's health treatments/wellness
1216	67701	Average	Not really changing much	ALT	EDU	FEM	Easier access to primary healthcare providers, increased access to affordable health insurance, education on natural women's health treatments/wellness
1217	67701	Good	Increasing - moving up	KID			Expand the childcare centers.
1220	67701	Very Good	Increasing - moving up	BH	SPRRT	CHRON	Mental health initiative- increased mental health access, someone to organize grief counseling and support for those with diabetes or other chronic health issues.
1221	67701	Good	Increasing - moving up	FIT	REC		It would be nice to have fitness and swimming like the Logan County Hospital has
1223	67701	Very Good	Increasing - moving up	FINA			Help for the in between families. They make to much for assistance but can't afford basic care
1224	67701	Very Good	Increasing - moving up	DERM			Dermatologist
1225	67701	Very Good	Increasing - moving up	BH			More mental health services.
1226	67701	Very Good	Not really changing much	BH	DOH		Mental health center More robust and involved health dept
1228	67701	Very Good	Increasing - moving up	HOSP			a new hospital
1235	67701	Poor	Decreasing - slipping downward	NUTR			Nutrition
1238	67701	Good	Increasing - moving up	ACC	BH	SERV	WE HAVE SOME REALLY GOOD MENTAL HEALTH PROVIDERS IN TOWN BUT NOT ENOUGH OF THEM TO MEET TGHE GROWING NEEDS.
1239	67734	Very Good	Increasing - moving up	NUTR	OBES		Weight loss programs
1241	67753	Very Good	Increasing - moving up	BH	SPEC		More mental health specialists.
1243		Average	Increasing - moving up	BH	SPRRT	SERV	Mental health is highly needed. Grief/loss of a loved one group. In the last year we have had several YOUNGER individuals loose their spouse. Would it be worth the communities time to do this?
1245		Very Good		ACC	FIT	HRS	could the community center be open for walking especially when the weather is bad (hot or cold)
1248	67701	Very Good	Increasing - moving up	ORTH	BH		orthopedics and mental health
1249	67701	Good	Increasing - moving up	FIT	WELL		Public exercise and health wellness t that are free
1251	67701	Good	Increasing - moving up	BH			mental health;
1252	67701	Very Good	Increasing - moving up	ACC			We just need to take advantage of what is being offered.
1253	67701	Good	Increasing - moving up	BH	IP		Better mental health access for inpatient.
1255	67701	Good	Not really changing much	FIT	NUTR	MRKT	Exercise programs nutrition programs if we have this better advertising so public knows about it. Not just electronic notes
1256	67701	Average	Not really changing much	DENT	EYE	FINA	More affordable Dental, Eye and health care for all.

CHNA 2021 Community Feedback: Thomas Co KS N= 326

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1257	67701	Good	Not really changing much	BH			More mental Health
1259	67735	Very Good	Increasing - moving up	BH			Any type of mental health help. not just a line to call but an active pursuing and long term way to help.
1265	67701	Average	Not really changing much	FAM			A Family Planning
1268	67701	Very Good	Increasing - moving up	AGE	FIT	NUTR	Old people exercise and nutrition programs
1269	67701	Average	Not really changing much	BH	SERV		MENTAL HEALTH - SERVICES ARE SO NEEDED IN RURAL KANSAS!!
1273	67701	Very Good	Increasing - moving up	BH			Mental Health
1279	67701	Very Good	Increasing - moving up	BH			mental health
1281	67701	Very Good	Increasing - moving up	COMM	MRKT	COMM	I'd love to see health programs that would be offered by medical staff/nutritionist that would coordinate with the public library to get more information and services out to the general public. Or start at the library and then move to a more specific class after the initial introduction, thus attracting more in the community to participate and be educated.
1291	67701	Average	Decreasing - slipping downward	BH	SERV	DRUG	Not new, but mental health and drug prevention are HUGE issues that need addressed yesterday.
1294	67701	Poor	Decreasing - slipping downward	BH			Mental health
1295	67701	Good	Not really changing much	SS	EDU		Violence prevention education for all persons, and for first responders.
1297	67701	Good	Not really changing much	WELL	KID	SERV	Community wellness/mental health groups for school age kids, a place where age groups can meet and check-in and ask questions and talk about what they struggle with and received life skills to help them as they grow older throughout their life. A safe place to talk freely.
1298	67701	Good	Increasing - moving up	RAD	OBG	FEM	On site radiologist, expand OB services and get another provider who will deliver babies.
1299	67701	Good	Not really changing much	WELL	DOH	PREV	It'd be nice to see some sort of wellness effort between public health, Citizens Health and local businesses. We need greater engagement to improve overall health of the community through healthy lifestyle choices.
1302	67734	Good	Not really changing much	TELE	ACC		I personally do not want tele medicine. I need the look and feel of a person.
1303	67732	Very Good	Increasing - moving up	BH			Just need improvement in mental health services
1304	67701	Average	Not really changing much	URG	QUAL	DOH	Urgent care facility and more competent county health department
1305	67701	Poor	Decreasing - slipping downward	NUTR	FIT	WELL	Easier access to calories on restaurant menus. More 5 K walk/runs Free diabetic awareness/health programs
1311	67701	Good	Increasing - moving up				Again, some sort of mental health program would be great. New daycare facilities
1319	67701	Good	Not really changing much	BH			Mental Health
1317	67748	Very Good	Not really changing much	BH	SH	CORP	Mental health access for school age children. Program at school with not exactly mandatory attendance, but something they all do so no one could have a chance to bully or embarrass another student for doing it
1318	67701	Good	Increasing - moving up	BH	SPPRT		Mental Health Support Groups
1324	67701	Good	Increasing - moving up	BH	QUAL		Need more mental health. QUALITY mental health not more like high plains mental health. They are NOT effective

Let Your Voice Be Heard!

In 2015 and 2018, Citizens Health (CH) surveyed the community to assess health needs. Today, CH requests your input in order to create a 2021 Thomas County (Colby, KS) Community Health Needs Assessment (CHNA). To gather current Thomas County resident feedback, a short online survey has been created to evaluate current community health needs.

While your participation is voluntary and confidential; all community input is valued. Thank you for your attention! Deadline to participate is Friday, March 5th, 2021.

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

- ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ Very Poor

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

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

Why? (please specify)

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

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

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

- | | |
|---|---|
| <input type="checkbox"/> Access to Preventative Health/Wellness | <input type="checkbox"/> Exercise/Fitness Services |
| <input type="checkbox"/> Access to Specialists | <input type="checkbox"/> Health Insurance |
| <input type="checkbox"/> Affordable Care | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Available Providers/Qualified Staff | <input type="checkbox"/> Medicaid Options (Expansion) |
| <input type="checkbox"/> Cancer Services | <input type="checkbox"/> Nutrition - Healthy Food Options |
| <input type="checkbox"/> Child Care Options | <input type="checkbox"/> Preventative Health / Wellness |
| <input type="checkbox"/> Community Engagement | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Education/Awareness of Health Services | |

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

- | | |
|---|---|
| <input type="checkbox"/> Access to Preventative Health/Wellness | <input type="checkbox"/> Exercise/Fitness Services |
| <input type="checkbox"/> Access to Specialists | <input type="checkbox"/> Health Insurance |
| <input type="checkbox"/> Affordable Care | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Available Providers/Qualified Staff | <input type="checkbox"/> Medicaid Options (Expansion) |
| <input type="checkbox"/> Cancer Services | <input type="checkbox"/> Nutrition - Healthy Food Options |
| <input type="checkbox"/> Child Care Options | <input type="checkbox"/> Preventative Health / Wellness |
| <input type="checkbox"/> Community Engagement | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Education/Awareness of Health Services | |

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

☐ Chronic Disease Prevention

☐ Limited Access to Family Assistance Programs

☐ Lack of Health & Wellness

☐ Limited Access to Primary Care

☐ Lack of Nutrition / Exercise Services

☐ Lack of Health Insurance

☐ Limited Access to Specialty Care

☐ Neglect

☐ Limited Access to Mental Health Services

Other (please specify)

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

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

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

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

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

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

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

- ☐ Yes
- ☐ No

If Yes, please share your thoughts. Be Specific.

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

- ☐ Yes
- ☐ I don't know
- ☐ No

If YES, please specify the healthcare services received.

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

- ☐ Yes
- ☐ No

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

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

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

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

Other (please specify)

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

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

Other (please specify)

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



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