

Community Health Needs Assessment
Thomas County, KS
On Behalf of Citizens Health



July 2024

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

Table of Contents

I. Executive Summary

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

II. Methodology

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

III. Community Health Status

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

IV. Inventory of Existing County Health Resources

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

V. Detail Exhibits

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

I. Executive Summary

[VVV Consultants LLC]

I. Executive Summary

Citizens Health (Primary Service Area) – Thomas County, KS - 2024 Community Health Needs Assessment (CHNA)

The previous Community Health Needs Assessment for Citizens Health and their primary service area was completed in 2021. (Note: The Patient Protection and Affordable Care Act (ACA) require non-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). The Round 5 Thomas County, KS CHNA began in December of 2023 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders, providers, and other residents in order to research and prioritize county health needs while documenting community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years. **Important community CHNA Benefits** for both the local hospital and the health department, are as follows: 1.) Increases knowledge of community health needs and resources 2.) Creates 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:

2024 CHNA Priorities				
Unmet Health Needs - Thomas County, KS				
on behalf of Citizens's Health				
Round #5 Town Hall 02/22/24 (36 Attendees/ 127 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Childcare (Available and Affordable)	20	15.7%	16%
2	Housing (Affordable and Available)	16	12.6%	28%
3	Mental Health (Diag,Treatment, Aftercare, Provider Access)	14	11.0%	39%
4	Medicaid Expansion (with a focus on Foster Access)	13	10.2%	50%
5	Health Education (starting with youth)	11	8.7%	58%
6	Visiting Specialists (ENT, DERM, Oral Surgery, RHE, PEDS, GER)	9	7.1%	65%
7	Dialysis	8	6.3%	72%
8	Lack of Ongoing Vaccinations	6	4.7%	76%
9	Access to Dentists	6	4.7%	81%
Total Votes		127	100%	
Other needs receiving votes: Awareness of Services, Transportation, Memory Care, EMS (More Resources and Tech), Focus on other Languages, Reimbursement (Insurance), & Allocation of Funds to small Thomas Co Cities.				

Town Hall CHNA Findings: Areas of Strengths

Thomas Co, KS PSA - Community Health Strengths			
#	Topic	#	Topic
1	Exercise Opportunities	7	Community Supports the Youth
2	Collaboration of Community	8	Great Hospital
3	45 Visiting Specialists	9	Annual Health Fair/offers vaccinations
4	Walking Trails	10	Two Grocery Stores
5	College in Community	11	Religious opportunities
6	Population and Economic Growth		

Key CHNA Round #5 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2023 Robert Woods Johnson County Health Rankings, Thomas Co, KS, on average was ranked 70th in Health Outcomes, 16th in Health Factors, and 27th in Physical Environmental Quality out of the 105 Counties.

TAB 1. Thomas County's population is 7,893 (based on 2023 findings). About seven percent (6.7%) of the population is under the age of 5, while the population that is over 65 years old is 18.9%. Children in single parent households make up a total of 8.1% compared to the rural norm of 15%, and 82.9% are living in the same house as one year ago.

TAB 2. In Thomas County, the average per capita income is \$34,065 while 8.7% of the population is in poverty. The severe housing problem was recorded at 13.5% compared to the rural norm of 8%. Those with food insecurity in Thomas County is 8.1%, and those having limited access to healthy foods (store) is 17.7%. Individuals recorded as having a long commute while driving alone is 9.1% compared to the norm of 17%.

TAB 3. Children eligible for a free or reduced-price lunch in Thomas County is 39.2%. Findings found that 92.1% of Thomas County ages 25 and above graduated from high school while 24.1% has a bachelor's degree or higher (2022).

TAB 4. The percent of births where prenatal care began in the first trimester was recorded at 81.8% compared to the rural norm of 82.8%. Additionally, the percentage of births with low birth weight was 7.8%. Thomas County recorded 2.1% of births occurring to teens between the ages of 15-19. The percentage of births where mother smoked during pregnancy was 8.8% compared to the rural norm of 12.2%.

TAB 5. The Thomas County primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 1,926 residents. There were 3,359 preventable hospital stays compared to the rural norm of 3,289. Patients who gave their hospital a rating of 9 or 10 (scale 0-10) was 75% while patients who reported they would definitely recommend the hospital was recorded at 75%.

Continue:

TAB 6. In Thomas County, adults ever diagnosed with depression as of 2021 was 20%. The Mental Behavioral hospital admissions rate per 100k was 42.5 compared to the rural norm of 29.3.

TAB 7a – 7b. Thomas County has an obesity percentage of 37.7% and a physical inactivity percentage is 22.3%. The percentage of adults who smoke is 17.8%, while the excessive drinking percentage is 20.2%. The percentage of adults who have taken medication for high blood pressure is 80%, while their heart failure admissions rate was recorded at 30. Those with kidney disease are 3.1% compared to the rural norm of 3.6%. The percentage of adult individuals who were recorded with cancer was 7.5% while adults recorded with diabetes (20+) is 9.2% compared to the rural norm of 8%.

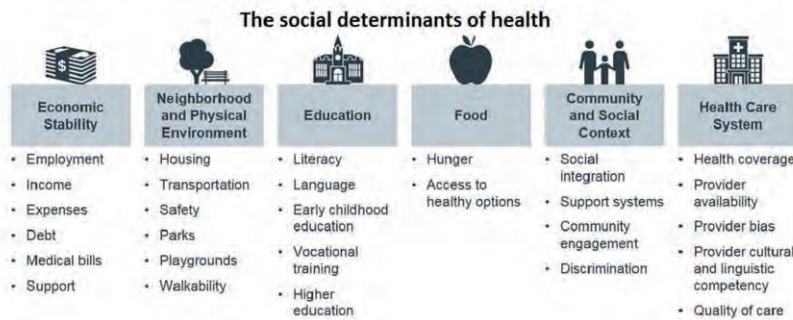
TAB 8. The adult uninsured rate for Thomas County is 11.7% compared to the rural norm of only 10.9%.

TAB 9. The life expectancy rate in Thomas County for males and females is 76 years of age (76). Alcohol-impaired driving deaths for Thomas County is 33.3% while age-adjusted Cancer Mortality rate per 100,000 is 165.2. The age-adjusted heart disease mortality rate per 100,000 is at 135.4.

TAB 10. A recorded 78.1% of Thomas County has access to exercise opportunities. Continually, 50% of women have done a mammography screening compared to the rural norm of 43.8%. Adults recorded in Thomas County who have had a regular routine check-up is 66.4%.

Social Determinants Views Driving Community Health: From Town Hall conversations the Neighborhood and Physical Environment followed by Health Care System, Economic Stability and Education are impacting community health, see Sec V for a detailed analysis

Social Determinants Online Community Feedback – Thomas County (N=441)



KEY "Social Determinant Takeaways" to Improve Our Community Health	
There needs to be access to more free classes - Community education	Accessible and affordable transportation
Economic Stability is hard, esp with costs of all things (food/gas/etc) rising. Need affordable housing options, and improve food bank to address food insecurities.	Community daycare, summer camps, and after school care is VITAL. Access to quality, affordable childcare.
Expand Medicaid, universal healthcare, so people have access to healthcare.	People in Thomas Co are not informed and unaware of the services and programs available to them.
We need affordable recreational activities for families and teens.	More mental health/behavioral health treatment and provider options.

Key CHNA Round #5 Primary Research Conclusions found:

Community Feedback from residents, community leaders and providers (N=441) provided the following community insights via an online perception survey:

- Using a Likert scale, average between Thomas County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 70.4%.
- Thomas County stakeholders are satisfied with some of the following services: Ambulance Services, Chiropractors, Optometry, Family Planning, Home Health, Hospice / Palliative, Inpatient Services, Outpatient Services, Pharmacy, Primary Care, Public Health, and Visiting Specialists.
- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health Services, Child Care, Affordable Care, Health Insurance, Transportation, Available Providers / Qualified Staff, Nutrition / Healthy Food Options, Access to Specialists, Medicaid Options, and Preventative Health / Wellness.

Thomas Co KS - CHNA YR 2024 N=441					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health Services (Provider, Treatment, Aftercare)	166	14.6%		1
2	Child Care Options	165	14.5%		2
3	Affordable Care	101	8.9%		3
4	Health Insurance (Cost / Access)	91	8.0%		4
5	Nutrition - Healthy Food Options	68	6.0%		7
6	Transportation	68	6.0%		5
7	Available Providers / Qualified Staff	59	5.2%		6
8	Exercise / Fitness Services	52	4.6%		12
9	Preventative Health / Wellness	46	4.0%		10
10	Access to Specialists	45	4.0%		8
11	Cancer Services	45	4.0%		11
12	Education / Awareness of Health Services	41	3.6%		13
13	Medicaid Options (Expansion)	35	3.1%		9
14	Community Engagement	30	2.6%		14
	Totals	1012	100.0%		

II. Methodology

[VVV Consultants LLC]

II. Methodology

a) CHNA Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

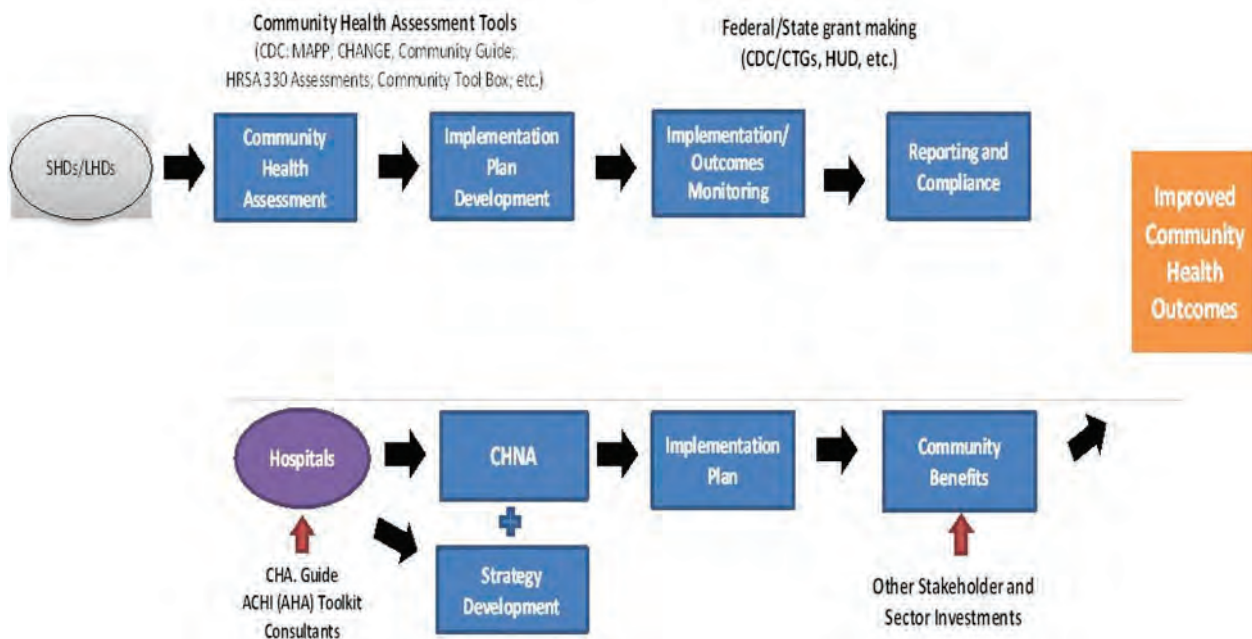
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Requirements Overview (Notice 2011-52)

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

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

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

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

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

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

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

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

Additional Sources of Input

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

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

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

Collaboration on CHNA Reports

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

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

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

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

Joint Implementation Strategies

As with the CHNA report, a hospital facility may develop an implementation strategy in collaboration with other hospital facilities or other organizations. This includes but is not limited to related and unrelated

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

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

Adoption of Implementation Strategy

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

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

New Hospital Organizations

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

New Hospital Facilities

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

Transferred/Terminated Facilities

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

Public Health Criteria:

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

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

DOMAIN 1 includes 4 STANDARDS:

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

Required CHNA Planning Process Requirements:

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

Seven Steps of Public Health Department Accreditation (PHAB):

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

MAPP Process Overview

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

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

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



Social Determinants of Health

What Are Social Determinants of Health?



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

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

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

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

Centers for Medicare & Medicaid Services Health Equity Domains

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

Domain 1: Equity as a Strategic Priority

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

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

Domain 2: Data Collection

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

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

Domain 3: Data Analysis

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

Domain 4: Quality Improvement

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

Domain 5: Leadership Engagement

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

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

Sources:

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

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

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

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

Element of Performance 1:

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

Element of Performance 2:

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

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

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

Element of Performance 3:

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

Element of Performance 4:

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

Element of Performance 5:

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

Element of Performance 6:

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

II. Methodology

b) Collaborating CHNA Parties

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

Citizens Health. Profile

100 E. College Dr, Colby, KS, 67701

Chief Executive Officer: David McCorkle

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 obstetrics, 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 know your healthcare needs are ever-changing, and our professionals can deliver the services and care you need. From emergency services and acute care nursing to obstetrics to rehabilitative care — our team of medical experts have you covered. You can avoid long travels to see a specialist by utilizing our Specialty Clinic, which is home to medical specialists from across the region who are experts in a broad range of medical specialties.

- Ancillary Services: Diagnostic imaging, rehabilitation, therapy, and laboratory testing
- Adolescent Health: Adolescent Health Maintenance, Cervical Cancer Prevention, Birth Control, Sports Physicals, Sports Medicine
- Aesthetic & Cosmetic Medicine: Botox, Restylane, Radiesse, Chemical Peels, PCA Products, Navel Piercing
- Allergy
- Anesthesia
- Asthma
- Cardiology: EKG
- Chronic Disease Management
- Counseling Services: Depression, anxiety, grief, etc.
- Dermatology
- Dietician
- Durable Medical Equipment

- Education: ACLS, PALS, STABLE, and TNCC instructions in-house
- Emergency Room
- Financial Services
- Gastroenterology: Stomach, liver, intestine, colon, pancreas, gallbladder, esophagus, and more
- Geriatrics: Welcome to Medicare, Annual Wellness Exam, Nursing Home Program
- Gynecology
- Hearing and Vision Screenings
- Immunizations: Immunization Schedule, Vaccines for Children Program, Adult Vaccination, Flu, Pneumococcal, Tetanus & Pertussis, Travel
- Laboratory
- Maternal-Fetal Medicine
- Men's Health: Men's Preventative Health, Prostate Health, Colonoscopy, Vasectomy, Nephrology, Neurology
- Obstetrics
- Occupational Medicine: Employment Physicals, Physical Capacity Profile, Worker's Compensation, DOT Physicals, Drug Testing, Flu Shots, Health Promotion
- Oncology/Hematology
- Ophthalmology
- Orthopedics
- Otolaryngology (ENT)
- Outpatient Services
- Pain Management
- Pediatrics: ADD/ADHD, Allergies, Asthma, Ear Infections, Schools Physicals, Health Wave, Well Child Check/Kan Be Healthy
- Pharmacy
- Physical Therapy
- Podiatry
- Primary Care
- Psychiatry
- Pulmonology
- Radiology
- Rehabilitation
- Respiratory Therapy
- Rheumatology
- Rejuvenation Aesthetics
- Sleep Medicine
- Specialty Clinic
- Speech Therapy
- Sports Medicine
- Surgical Services
- Urology
- Weight Loss
- Women's Health
- Wound Care

Thomas County Health Department Profile

350 S. Range Ave., Ste. #2, Colby, KS, 67701
Administrator: Kendra Glassman

The Thomas County Health Department is open Monday through Friday from 7:00 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 83 unique community CHNA’s in KS, MO, IA, NE and WI (references found on our website VandehaarMarketing.com)

Introduction: Who We Are

Background and Experience



VVV Consultants LLC
601 N Mahaffie
Olathe, KS 66061



Vince V Vandehaar, MBA – Principal

VVV Consultants LLC – start 1/1/09 *

Adjunct Full Professor @ Avila, MNU & Webster Universities

40+ year veteran marketer, strategist and researcher

Saint Luke’s Health System, BCBS of KC, and Towers Perrin

Hometown: Bondurant IA



Cassandra Kahl Parker, MHA- Dir, Project Management

University of KS / Park University

Hometown: Maple, WI



Olivia G Hewitt- Associate

Emporia State University- BS Communication

Hometown: Olathe, KS

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

Our Mission: to research, facilitate, train, create processes to improve market performance, champion a turnaround, and uncover strategic “critical success” initiatives.

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

Our Values:

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

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

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

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

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

II. Methodology

c) CHNA and Town Hall Research Process

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

In early December 2023, a meeting was called amongst the 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 the Hays Medical Center to request VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

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

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

Citizens Health Defined PSA				Overall (IP/ER/OP) FFY 21-23		
#	Zip	KHA Pat Origin	County	Total 3YR	%	ACCUM
1	67701	Colby, KS	Thomas	73,880	56.7%	56.7%
2	67732	Brewster, KS	Thomas	5000	3.8%	60.5%
3	67753	Rexford, KS	Thomas	4267	3.3%	63.8%
4	67734	Gem, KS	Thomas	1850	1.4%	65.2%
5	67743	Levant, KS	Thomas	1507	1.2%	66.4%
6	67735	Goodland, KS	Sherman	7731	5.9%	72.3%
7	67748	Oakley, KS	Logan	7578	5.8%	78.1%
8	67730	Atwood, KS	Rawlins	4966	3.8%	81.9%

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

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

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

Phase III—Quantify Community Need:

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

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

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

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

Citizens Health - Colby, KS			
VVV CHNA Wave #5 Work Plan - Year 2024			
Project Timeline & Roles as of 01/19/24			
Step	Timeframe	Lead	Task
1	9/1/2023	VVV / Hosp	Sent Leadership information regarding CHNA Round #5 for review.
2	TBD	Hosp	Select CHNA Wave #1 Option B. Approve (sign) VVV CHNA quote
3	12/1/2024	VVV	Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	12/5/2024	VVV	Hold Kick-off Meeting & Request Hospital Client to send KHA PO reports for FFY 18, 19 and 20. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls)
5	On or Before 12/05/2024	VVV	Prepare CHNA Round #5 Stakeholder Feedback "online link". Send link for hospital review.
6	Dec-Jan 2024	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	12/11/2024	VVV / Hosp	Prepare/send out PR story #1 / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	By 12/11/2024	VVV / Hosp	Place PR story to local media CHNA survey announcing "online CHNA Round #5 feedback". Request public to participate. Send E Mail request to local stakeholders
9	12/13/2024	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 1/19/2024 for Online Survey
10	1/22/2024	Hosp	Prepare/send out Community TOWN HALL invite letter and place local AD.
11	1/22/2024	VVV / Hosp	Prepare/send out PR story #2 to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
12	2/16/2024	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	Thursday 2/22/2024	VVV	Conduct CHNA Town Hall. Dinner 5:30-7pm (Colby Event Center) Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 4/16/2024	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 4/30/2024	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	15-Jul-24	Hosp	Conduct Client Implementation Plan PSA Leadership meeting
17	on or before Oct 2024	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

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

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

Phase III—Quantify Community Need:

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

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

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

2024 Community Health Needs Assessment Citizen's Health - (Colby, KS) Town Hall Meeting- 2/22/24



VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

1

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

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

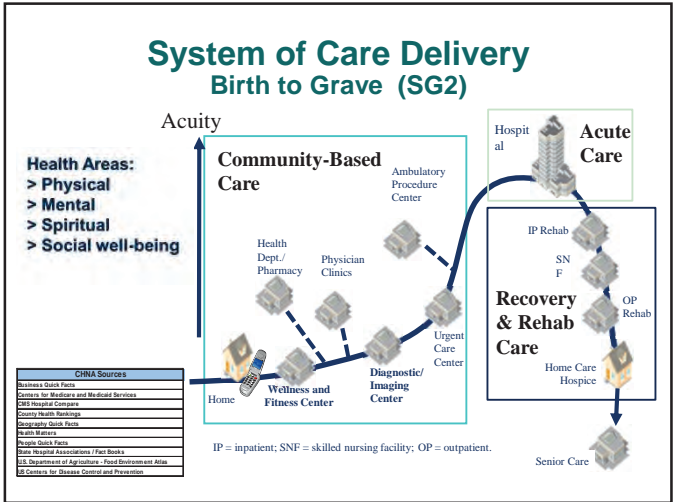
2

Town Hall Participation, Purpose & Parking Lot



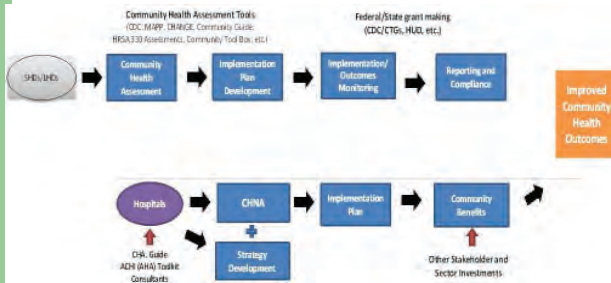
- ALL attendees practice "Safe Engagement", working together in table teams.
- ALL attendees are welcome to share. Engaging conversation (No right or wrong answer)
- Request ALL to Take Notes of important health indicators
- Please give truthful responses – Serious community conversation.
- Discuss (Speak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

3



4

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



5

A Conversation with the Community & Stakeholders

Community Stakeholder – An Inclusive Conversation

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

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

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

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

6

II. Review of a CHNA

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

7

CHNA Written Report Documentation to meet IRS 990 CHNA Requirements: Table of Contents

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

8

Social Determinants of Health

Economic Stability **Education Access and Quality** **Health Care Access and Quality** **Neighborhood and Built Environment** **Social and Community Context**

Social Determinants of Health are the conditions in the places where people live, learn, work, play, and worship that affect a wide range of health risks and outcomes.

Health Equity is when everyone has the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstances.

TASK: Your Initial Thoughts on SDOH? (Small White Card)

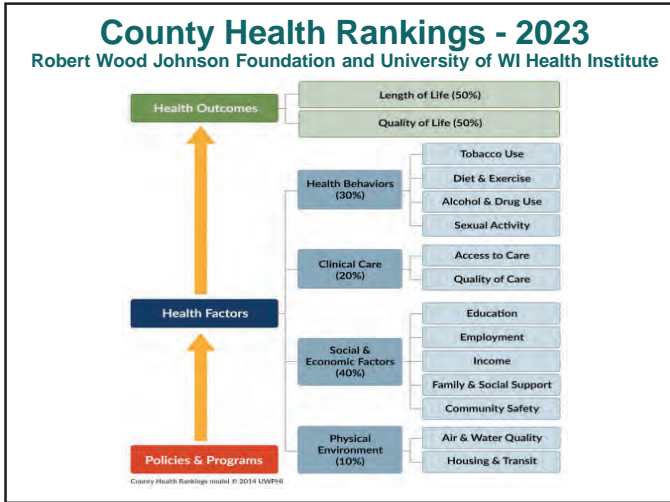
9

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

Trends: Good Same Poor

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

10



11

IV. Community Health Conversation: Your Perspectives / Suggestions !

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

Today:

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

12

Data & Benchmarks Review

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

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

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

Community health assessment indicators should be.

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

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

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

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

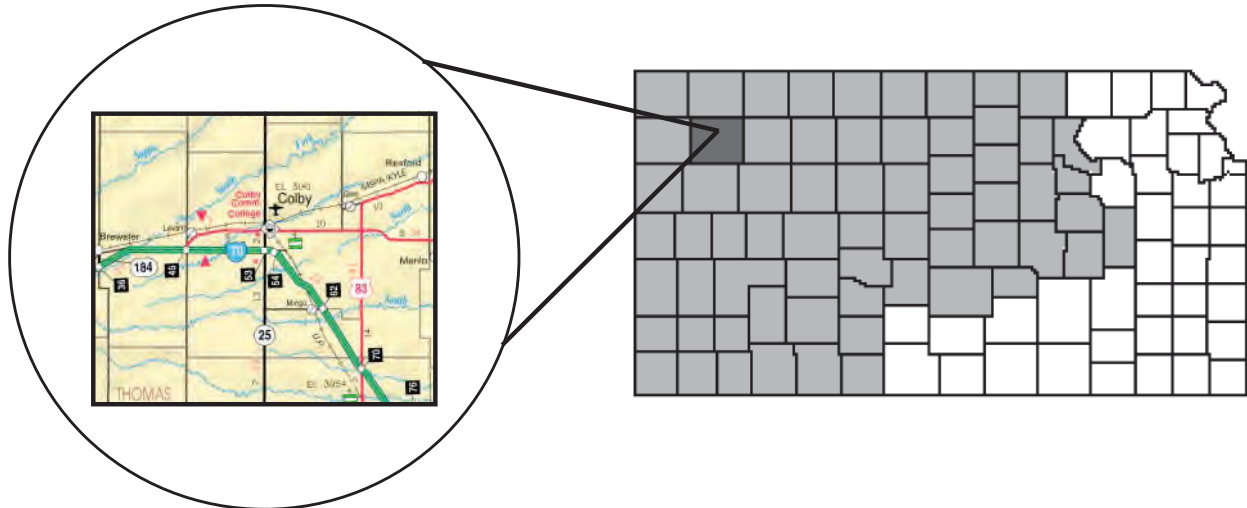
Sources of community-health level indicators:

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

II. Methodology

d) Community Profile (A Description of Community Served)

Thomas County Community Profile



Demographics

The population of Thomas County was estimated to be 7,878 citizens in 2023 and had a -0.20% change in population from 2020-2023. The county has an overall population density of 7.0 persons per square mile.¹ The county has a racial makeup of White (Non-Hispanic), White (Hispanic), and other (Hispanic).²

The median household income is \$75,244, with a per capita income of \$39,003. The overall socioeconomic status of Thomas County is moderate at 58.9.³

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 Center⁴. The county is in northwest Kansas where 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 economy⁵. 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 <https://datausa.io/profile/geo/thomas-county-ks>

³ <http://kansas.hometownlocator.com/ks/thomas/>

⁴ <http://oasiontheplains.com/beourquest/attractions-a-recreation>

⁵ http://www.city-data.com/county/Thomas_County-KS.html

Thomas County, KS Airports⁶

Local

Colby Municipal Airport- Colby, KS

Goodland Municipal Airport- Goodland, KS

Domestic

McCook Ben Nelson Regional Airport- McCook, NE

Schools in Thomas County⁷

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

Most Common Occupations⁸

By group:

Sales and Related Occupations

Office and Administrative Support Occupations

Management Occupations

⁶ <https://www.travelmath.com/nearest-airport/Thomas+County,+KS>

⁷ <http://kansas.hometownlocator.com/schools/sorted-by-county,n,thomas.cfm>

⁸ <https://datausa.io/profile/geo/thomas-county-ks>

Thomas Co (KS) - Detail Demographic Profile

ZIP	NAME	ST	County	Population			Households			Per Capita23
				Year 2023	Year 2028	5yr CHG	Year 2023	Year 2028	HH Avg Size23	
67701	Colby	KS	THOMAS	6,531	6,482	-0.8%	2,598	2,602	2.4	\$39,058
67732	Brewster	KS	THOMAS	475	473	-0.4%	204	204	2.3	\$36,051
67734	Gem	KS	THOMAS	159	157	-1.3%	59	59	2.7	\$36,942
67743	Levant	KS	THOMAS	155	154	-0.6%	59	59	2.6	\$30,990
67753	Rexford	KS	THOMAS	418	415	-0.7%	181	181	2.3	\$45,923
Totals				7,738	7,681	-0.8%	3,101	3,105	2.5	\$37,793

ZIP	NAME	ST	County	Population				Year 2020		Females
				Pop 21+	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
67701	Colby	KS	THOMAS	4734	1202	1653	1277	3,185	3346	1360
67732	Brewster	KS	THOMAS	364	100	105	120	275	200	79
67734	Gem	KS	THOMAS	115	31	41	32	82	77	26
67743	Levant	KS	THOMAS	114	32	39	32	66	89	26
67753	Rexford	KS	THOMAS	317	94	98	104	218	200	63
Totals				5,644	1,459	1,936	1,565	3,826	3,912	1,554

ZIP	NAME	ST	County	Population 2020				Year 2023		Soc Econ Index
				White%	Black%	Asian%	Hispan%	Housing Units	% Rentals	
67701	Colby	KS	THOMAS	88.8%	1.5%	0.6%	8.3%	2,950	23%	58
67732	Brewster	KS	THOMAS	92.6%	1.1%	0.0%	3.4%	230	20%	68
67734	Gem	KS	THOMAS	90.6%	1.3%	0.0%	12.6%	65	18%	68
67743	Levant	KS	THOMAS	91.6%	0.0%	0.6%	4.5%	69	17%	66
67753	Rexford	KS	THOMAS	91.9%	0.2%	1.0%	9.3%	210	18%	63
Totals				91.1%	0.8%	0.4%	7.6%	3,524	19.5%	64

Source: ERSA Demographics 2023

III. Community Health Status

[VVV Consultants LLC]

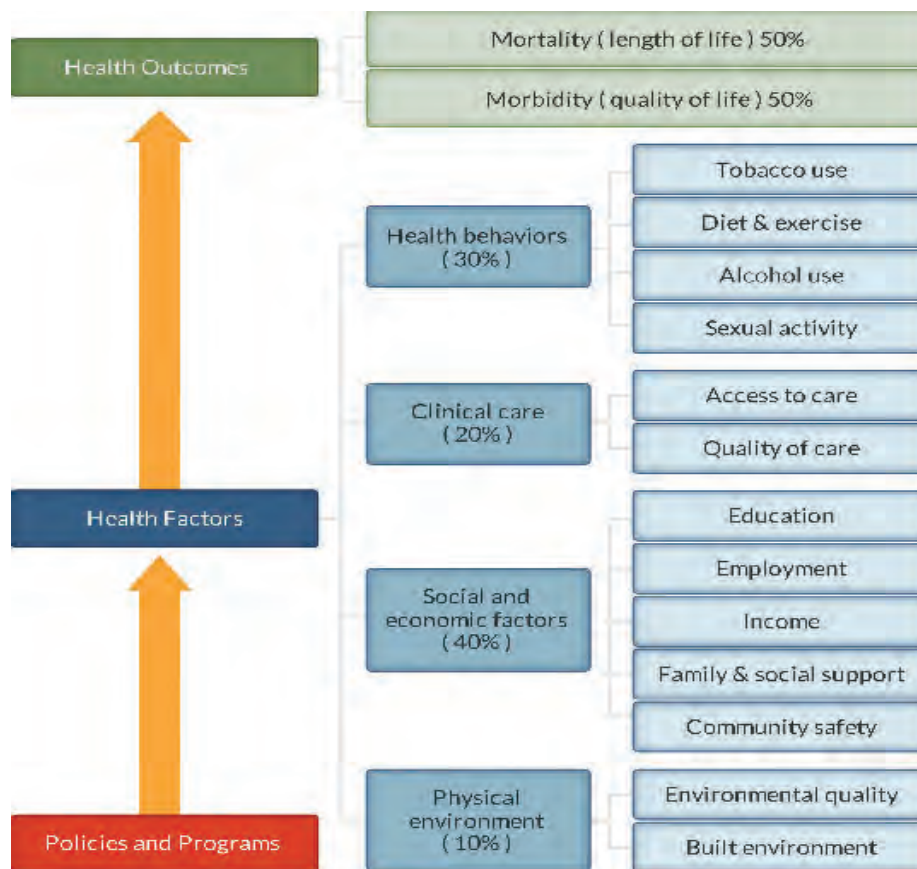
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

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

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



County Health Rankings model ©2012 UWPHI

National Research – Year 2023 RWJ Health Rankings:

#	2023 KS Rankings - 105 Counties	Definitions	Thomas Co KS 2023	Thomas Co KS 2021	Trend	NWKS Rural Norm (18)
1	Health Outcomes		70	20	-	44
	Mortality	Length of Life	100	22	-	47
	Morbidity	Quality of Life	31	25		39
2	Health Factors		16	27	+	33
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	37	53	+	50
	Clinical Care	Access to care / Quality of Care	54	57		43
	Social & Economic Factors	Education, Employment, Income, Family/Social Support, Community Safety	5	6		35
3	Physical Environment	Environmental quality	27	58	+	22

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

PSA Secondary Research:

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

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

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

Tab 1: Demographic Profile

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

1	Population Health Indicators	Thomas Co KS 2024	Thomas Co KS 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Population estimates, 2020-2022	7,893	7,777		2,913,314	5,300	People Quick Facts
b	Persons under 5 years, percent, 2020-2022	6.7%	7.4%		6.4%	5.7%	People Quick Facts
c	Persons 65 years and over, percent, 2020-2022	18.9%	18.1%		16.3%	24.5%	People Quick Facts
d	Female persons, percent, 2020-2022	51.0%	51.2%		50.2%	48.9%	People Quick Facts
e	White alone, percent, 2020-2022	94.9%	95.3%		86.3%	92.0%	People Quick Facts
f	Black or African American alone, percent, 2020-2022	1.4%	1.2%		6.1%	1.6%	People Quick Facts
g	Hispanic or Latino, percent, 2020-2022	8.3%	7.5%		12.2%	5.6%	People Quick Facts
h	Language other than English spoken at home, percent of persons age 5 years+, 2017-2021	6.3%	5.2%	+	11.9%	3.8%	People Quick Facts
i	Living in same house 1 year ago, percent of persons age 1 year+, 2017-2021	82.9%	83.5%		83.8%	87.1%	People Quick Facts
j	Children in single-parent households, percent, 2017-2021	8.1%	13.3%	+	21.0%	15.0%	County Health Rankings
k	Veterans, 2017-2021	353	209		176,444	306	People Quick Facts

Tab 2: Economic Profile

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

2	Economic - Health Indicators	Thomas Co KS 2024	Thomas Co KS 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Per capita income in past 12 months (in 2021 dollars), 2017-2021	\$34,065	\$24,652	+	\$31,814	32,780	People Quick Facts
b	Persons in poverty, percent, 2020-2022	8.7%	9.1%		11.4%	11.7%	People Quick Facts
c	Total Housing units, 2022	3,587	2,331		1,288,401	2,701	People Quick Facts
d	Severe housing problems, percent, 2015-2019	13.5%	13.1%		12.5%	8.0%	County Health Rankings
e	Total employer establishments, 2021	332	423		239,118	201	Business Quick Facts
f	Unemployment, percent, 2021	1.8%	2.6%		3.2%	2.1%	County Health Rankings
g	Food insecurity, percent, 2020	8.1%	11.4%	+	9.7%	9.9%	County Health Rankings
h	Limited access to healthy foods, percent, 2019	17.7%	11.2%	-	8.4%	10.4%	County Health Rankings
i	Long commute - driving alone, percent, 2017-2021	9.1%	8.2%	-	21.7%	17.0%	County Health Rankings
j	Community Spending on Food, 2023	13.1%	NA		12.7%	13.3%	Kansas Health Matters
k	Community Spending on Transportation, 2023	18.5%	NA		18.1%	20.0%	Kansas Health Matters
l	Households With Internet an Subscription (2017-2021)	88.3%	NA		86.7%	85.2%	Kansas Health Matters
m	Student Loan Spending-to-Income Ratio, 2021	3.7%	NA		4.6%	5.3%	Kansas Health Matters

Tab 3: Educational Profile

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

3	Education - Health Indicators	Thomas County 2024	Thomas County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Children eligible for free or reduced price lunch, percent, 2020-2021	39.2%	40.7%		45.3%	44.8%	County Health Rankings
b	High school graduate or higher, percent of persons age 25 years+, 2017-2021	92.1%	78.2%	+	91.8%	93.1%	People Quick Facts
c	Bachelor's degree or higher, percent of persons age 25 years+, 2017-2021	24.1%	13.7%		34.7%	23.3%	People Quick Facts

#	CHNA 2024 School Health Indicators	Brewster	Colby	Rexford	Heartland
		USD #314	USD #315	USD #316	Christian
1	Total # Public School Nurses	0	1	1	0
2	School Nurse is part of the IEP team Yes/No	na	yes	yes	No
3	School Wellness Plan (Active)	yes	yes	yes	No
4	VISION: # Screened / Referred to Prof / Seen by Professional	84/1/1	502/40/7	147/3	80
5	HEARING: # Screened / Referred to Prof / Seen by Professional	84/1/1	511/19/4	147/2	80
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	95/1/1	777/61/2	147/4	No
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	Not Required	Not Required	Not Required	Not Required
8	# of Students served with no identified chronic health concerns	114 (114 total)	810 (939 total)	140	NA
9	School has a suicide prevention program	yes	yes	no	NA
10	Compliance on required vaccinations (%)	90%	92%	96%	NA

Tab 4: Maternal / Infant Profile

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

4	Maternal/Infant - Health Indicators (Access/Quality)	Thomas Co KS 2024	Thomas Co KS 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Percent of Births Where Prenatal Care began in First Trimester, 2019-2021	81.8%	84.4%		81.0%	82.8%	Kansas Health Matters
b	Percentage of Premature Births, 2019-2021	8.1%	6.6%	-	9.1%	10.0%	Kansas Health Matters
c	Percent of Infants up to 24 months that received full Immunizations, 2017-2018	89.2%	85.9%	+	69.2%	81.5%	Kansas Health Matters
d	Percent of Births with Low Birth Weight, 2019-2021	7.8%	5.0%	-	7.3%	7.6%	Kansas Health Matters
e	Percent of all Births Occurring to Teens (15-19), 2019-2021	2.1%	6.2%	+	5.5%	3.8%	Kansas Health Matters
f	Percent of births Where Mother Smoked During Pregnancy, 2019-2021	8.8%	8.6%	-	10.0%	12.2%	Kansas Health Matters
g	Child Care Centers per 1,000 Children, 2010-2022	1.9	NA		7.0	8.3	County Health Rankings

#	Vital Statistics (Rate per 1,000)	Thomas Co. (KS)	Kansas	NWKS RURAL NORM (18)
a	Total Live Births, 2017	15.4	12.5	10.9
b	Total Live Births, 2018	12.8	12.5	11.4
c	Total Live Births, 2019	12.5	12.1	10.4
d	Total Live Births, 2020	15.2	11.8	10.6
e	Total Live Births, 2021	15.2	11.8	11.0
f	Total Live Births, 2017-2021 - 5 year Rate (%)	14.2	12.1	10.9

Tab 5: Hospitalization and Provider Profile

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

5	Hospital/Provider - Health Indicators (Access/	Thomas Co KS 2024	Thomas Co KS 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Primary care physicians (Pop Coverage per (No extenders) , 2020	1926:1	1558:1	-	1260:1	1308:1	County Health Rankings
b	Preventable hospital rate per 100,000, 2020 (lower the better)	3359	5933		2708	3,289	County Health Rankings
c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	75%	77%		78.0%	80.8%	CMS Hospital Compare, Latest Release
d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	75%	79%		78.0%	76.6%	CMS Hospital Compare, Latest Release
e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	174	139	-	112	115	CMS Hospital Compare, Latest Release

Tab 6: Behavioral / Mental Health Profile

Behavioral healthcare provides another important indicator of community health status.

6	Mental - Health Indicators	Thomas Co KS 2024	Thomas Co KS 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Adults Ever Diagnosed with Depression, 2021	20.0%	NA		NA	19.1%	Kansas Health Matters
b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2018-2020	30.1	NA		18.7	21.6	Kansas Health Matters
c	Mental Behavioral Hospital Admission Rates per 100,000, 2018-2020	42.5	22.9	+	70.6	29.3	Kansas Health Matters
d	Average Number of mentally unhealthy days, 2020	4.2	3.6		4.4	4.3	County Health Rankings

Tab 7a: Risk Indicators & Factors Profile

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

7a	High-Risk - Health Indicators	Thomas Co KS 2024	Thomas Co KS 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Adult obesity, percent, 2020	37.7%	33.4%	-	35.8%	36.6%	County Health Rankings
b	Adult smoking, percent, 2020	17.8%	15.7%	-	17.2%	19.0%	County Health Rankings
c	Excessive drinking, percent, 2020	20.2%	18.5%	-	19.7%	19.8%	County Health Rankings
d	Physical inactivity, percent, 2020	22.3%	30.7%	+	21.4%	23.3%	County Health Rankings
e	Sexually transmitted infections (chlamydia), rate per 100,000 - 2020	411.5	398.0		501.8	233.0	County Health Rankings

Tab 7b: Chronic Risk Profile

7b	Chronic - Health Indicators	Thomas Co KS 2024	Thomas Co KS 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Adults who Have Taken Medication for High Blood Pressure, 2021, percent	80.0%	NA		NA	82.8%	Kansas Health Matters
b	Congestive Heart Failure Hospital Admission Rate, Percent 2018-2020	30.0	NA		24.1	23.8	Kansas Health Matters
c	Adults with Kidney Disease, percent, 2021	3.1%	NA		21.8%	3.6%	Kansas Health Matters
d	Adults with COPD, percent, 2021	6.9%	NA		NA	8.3%	Kansas Health Matters
e	Adults 20+ with Diabetes, percent, 2021	9.2%	NA		8.8%	8.0%	Kansas Health Matters
f	Adults with Cancer, percent, 2021	7.5%	NA		NA	9.1%	Kansas Health Matters
g	Adults with Current Asthma, percent, 2021	10.0%	NA		4.3%	9.8%	Kansas Health Matters
h	Adults who Experienced a Stroke, percent, 2021	3.1%	NA		3.1%	3.8%	Kansas Health Matters

Tab 8: Uninsured Profile and Community Benefit

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

8	Ins Coverage - Health Indicators	Thomas Co KS 2024	Thomas Co KS 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Uninsured, percent, 2020	11.7%	9.3%	-	10.3%	10.9%	County Health Rankings
b	Persons With Health Insurance, 2021	88.6%	NA		89.1%	88.7%	Kansas Health Matters
c	Kansas Medical Assistance Programs - Adults per 1,000 (ages 20-64), 2022	79.7	NA		99.4	97.4	Kansas Health Matters

#	Citizens Health - CHNA 2024	YR 2021	YR 2022	YR 2023
1	Free Patient Care Given	\$2,391,178	\$1,650,092	\$2,465,881
2	Bad Debt	\$2,112,729	\$1,201,002	\$1,299,992

Thomas Co KS - Public Health Community Contribution (SFY July-June)		YR 2021	YR 2022	YR 2023
1	Core Public Health (SF)	\$12,000	\$12,000	\$12,000
2	MCH	\$16,678	\$16,678	\$19,178
3	FP	\$15,995	\$15,400	\$19,400
4	PHEP	\$12,316	\$12,316	\$12,284
5	IAP (Immunizations/Vaccines)	\$2,227	\$2,227	\$2,227
6	WIC Administration	Sherman Co	Sherman Co	Sherman Co
7	Child Care Inspections/Nurse Consultant	Sherman Co	Sherman Co	Sherman Co

Tab 9: Mortality Profile

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

9	Mortality - Health Indicators	Thomas Co KS 2024	Thomas Co KS 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Life Expectancy, 2018 - 2020	76.0	79.6		78.5	77.7	Kansas Health Matters
b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2018-2020 (lower is better)	165.2	117.7	-	151.4	146.4	Kansas Health Matters
c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2018-2020 (lower is better)	135.4	124.9		162.0	157.4	Kansas Health Matters
d	Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2018-2020 (Lower is better)	50.0	39.3	-	47.1	46.4	Kansas Health Matters
e	Alcohol-impaired driving deaths, percent, 2011-2015	33.3%	25.0%	-	19.4%	25.1%	County Health Rankings

Causes of Death by County of Residence, KS	Thomas Co. YR21	%	Trend	Kansas	%
TOTAL (All Causes)	72	100.0%		31,637	100.0%
All Other Causes	31	43.1%		9,536	30.1%
Major Cardio Vascular Diseases	15	20.8%		8,307	26.3%
Diseases of Heart	8	11.1%		6,260	19.8%
Cancer	7	9.7%		5,379	17.0%
Other Accidents & Adverse Effects	5	6.9%		1,565	4.9%
Cerebrovascular Diseases	4	5.6%		1,335	4.2%
Chronic Lower respiratory Diseases	4	5.6%		1,494	4.7%
Ischemic Heart Diseases	4	5.6%		3,605	11.4%
Other Heart Diseases	4	5.6%		1,892	6.0%

Tab 10: Preventive Quality Measures Profile

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

10	Preventative - Health Indicators	Thomas Co KS 2024	Thomas Co KS 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Access to exercise opportunities, percent, 2020 & 2022	78.1%	77.7%	+	79.7%	49.9%	County Health Rankings
b	Mammography annual screening, percent, 2017	50.0%	47.0%		42.0%	43.8%	County Health Rankings
c	Adults who have had a Routine Checkup, percent, 2021	73.7%	NA		NA	75.5%	County Health Rankings
d	Percent Annual Check-Up Visit with Dentist	66.4%	NA		63.0%	64.1%	County Health Rankings
e	Percent Annual Check-Up Visit with Eye Doctor	TBD	TBD		TBD	TBD	TBD

PSA Primary Research:

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

Chart #1 – Thomas County, KS PSA Online Feedback Response (N=441)

Thomas County KS- CHNA YR 2024 N=441			
For reporting purposes, are you involved in or are you a ...? (Check all that apply)	Thomas Co, KS N=441	Trend	Round #5 Norms N=1699
Business/Merchant	11.7%		9.6%
Community Board Member	6.7%		8.1%
Case Manager/Discharge Planner	1.4%		0.7%
Clergy	0.3%		0.8%
College/University	2.0%		2.3%
Consumer Advocate	2.2%		1.5%
Dentist/Eye Doctor/Chiropractor	0.8%		0.3%
Elected Official - City/County	1.1%		1.5%
EMS/Emergency	1.4%		1.3%
Farmer/Rancher	6.4%		8.7%
Hospital	16.2%		18.0%
Health Department	1.1%		0.9%
Housing/Builder	1.1%		0.8%
Insurance	0.6%		1.1%
Labor	3.1%		3.5%
Law Enforcement	1.1%		0.8%
Mental Health	1.4%		2.1%
Other Health Professional	9.5%		9.9%
Parent/Caregiver	15.4%		14.2%
Pharmacy/Clinic	2.0%		1.9%
Media (Paper/TV/Radio)	0.3%		0.2%
Senior Care	4.7%		4.2%
Teacher/School Admin	7.0%		5.4%
Veteran	2.5%		2.1%
TOTAL	358		1491
Norms: KS Counties: Russell, Smith, Sheridan, Ellis, Trego, Thomas and Pawnee.			

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

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

Quality of Healthcare Delivery Community Rating

Thomas County, KS - CHNA YR 2024 N=441			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Thomas Co, KS (N=441) YR24	Trend	*Round #5 Norms N=1699
Top Box %	25.0%		25.6%
Top 2 Boxes %	70.4%		71.9%
Very Good	25.0%		25.6%
Good	45.4%		46.4%
Average	25.9%		23.4%
Poor	2.5%		3.9%
Very Poor	1.1%		0.8%
Valid N	436		1,693
*Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego.			

Re-evaluate Past Community Health Needs Assessment Needs

Thomas Co KS - CHNA YR 2024 N=441					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health Services (Provider, Treatment, Aftercare)	166	14.6%		1
2	Child Care Options	165	14.5%		2
3	Affordable Care	101	8.9%		3
4	Health Insurance (Cost / Access)	91	8.0%		4
5	Nutrition - Healthy Food Options	68	6.0%		7
6	Transportation	68	6.0%		5
7	Available Providers / Qualified Staff	59	5.2%		6
8	Exercise / Fitness Services	52	4.6%		12
9	Preventative Health / Wellness	46	4.0%		10
10	Access to Specialists	45	4.0%		8
11	Cancer Services	45	4.0%		11
12	Education / Awareness of Health Services	41	3.6%		13
13	Medicaid Options (Expansion)	35	3.1%		9
14	Community Engagement	30	2.6%		14
Totals		1012	100.0%		

Community Health Needs Assessment "Causes of Poor Health"

Thomas County - CHNA YR 2024 N=441			
In your opinion, what are the root causes of "poor health" in our community? Please select top three.	Thomas Co, KS N=441	Trend	Round #5 Norms N=1699
Chronic Disease Management	9.0%	Yellow	8.7%
Lack of Health & Wellness	11.2%	Red	10.9%
Lack of Nutrition / Access to Healthy Foods	10.3%	Red	10.2%
Lack of Exercise	15.0%	Red	14.4%
Limited Access to Primary Care	2.7%	White	4.1%
Limited Access to Specialty Care	4.3%	White	6.7%
Limited Access to Mental Health	15.6%	Red	14.0%
Family Assistance Programs	7.1%	White	5.7%
Lack of Health Insurance	11.0%	Red	11.7%
Neglect	9.4%	White	9.4%
Lack of Transportation	4.4%	White	4.1%
Total Votes			3,166
Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego.			

Community Rating of HC Delivery Services (Perceptions)

Thomas County, KS - CHNA YR 2024 N=118	Thomas County, KS N=441			Round #5 Norms N=1699	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	75.6%	3.1%	Green	82.5%	2.6%
Child Care	39.8%	22.9%	Red	42.0%	19.4%
Chiropractors	89.3%	1.4%	Green	79.6%	2.7%
Dentists	63.3%	9.2%	Yellow	47.6%	28.0%
Emergency Room	74.2%	6.3%	Yellow	77.0%	4.7%
Eye Doctor/Optomtrist	90.8%	2.2%	Green	74.7%	7.0%
Family Planning Services	60.2%	4.7%	Green	49.0%	13.9%
Home Health	61.0%	4.9%	Green	53.5%	9.8%
Hospice/Palliative	64.5%	4.9%	Green	65.9%	6.8%
Telehealth	56.0%	10.2%	Yellow	52.1%	11.0%
Inpatient Hospital Services	77.6%	3.4%	Green	77.0%	4.6%
Mental Health Services	33.9%	29.2%	Red	39.4%	24.6%
Nursing Home/Senior Living	50.4%	14.0%	Red	59.6%	10.3%
Outpatient Hospital Services	75.3%	3.7%	Green	75.8%	3.5%
Pharmacy	84.9%	2.3%	Green	85.8%	2.0%
Primary Care	83.7%	3.2%	Green	80.0%	3.5%
Public Health	69.7%	3.9%	Green	61.3%	9.7%
School Health	55.2%	8.0%	Yellow	58.3%	7.1%
Visiting Specialists	79.0%	3.2%	Green	68.2%	7.0%
*Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego.					

Community Health Readiness

Thomas County - CHNA YR 2024 N=441		Bottom 2 boxes		
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Thomas Co, KS N=441	Trend	Round #5 Norms N=1699	
Behavioral/Mental Health	33.1%		28.2%	
Emergency Preparedness	5.0%		6.0%	
Food and Nutrition Services/Education	15.8%		14.4%	
Health Wellness Screenings/Education	8.1%		8.1%	
Prenatal/Child Health Programs	6.7%		11.0%	
Substance Use/Prevention	33.5%		33.1%	
Suicide Prevention	43.4%		36.4%	
Violence/Abuse Prevention	31.6%		31.2%	
Women's Wellness Programs	12.9%		13.9%	
Exercise Facilities / Walking Trails etc.	11.5%		11.6%	

Healthcare Delivery "Outside our Community"

Thomas County - CHNA YR 2024 N=441			
In the past 2 years, did you or someone you know receive HC outside of our community?	Thomas Co, KS N=441	Trend	Round #5 Norms N=1699
Yes	72.0%		74.4%
No	28.0%		25.6%
Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego.			

Specialties:

SPEC	CTS
SURG	17
DENT	16
ORTH	13
SPEC	10
TRAV	10
CARD	9
PEDS	9
CANC	7
ENDO	6
PRIM	6
MH	5
OBG	5

Access to Providers / Staff in our Community

Thomas County - CHNA YR 2024 N=441			
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=441	Trend	Round #5 Norms N=1699
Yes	64.8%		60.6%
No	35.2%		39.4%

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

Thomas County - CHNA YR 2024 N=441			
What needs to be discussed further at our CHNA Town Hall meeting? Top 3	Thomas Co, KS N=441	Trend	Round #5 Norms N=1699
Abuse/Violence	4.4%		4.2%
Access to Health Education	2.9%		3.0%
Alcohol	4.1%		4.2%
Alternative Medicine	3.8%		3.5%
Behavioral/Mental Health	8.5%		7.9%
Breastfeeding Friendly Workplace	0.8%		0.9%
Cancer	2.3%		2.7%
Care Coordination	2.8%		2.6%
Diabetes	1.9%		2.6%
Drugs/Substance Abuse	6.1%		6.8%
Family Planning	0.9%		1.6%
Health Literacy	2.4%		2.6%
Heart Disease	1.2%		1.6%
Housing	5.9%		5.9%
Lack of Providers/Qualified Staff	3.1%		4.5%
Lead Exposure	0.5%		0.5%
Neglect	2.0%		1.7%
Nutrition	4.1%		3.8%
Obesity	6.2%		5.3%
Occupational Medicine	1.0%		0.7%
Ozone (Air)	0.2%		0.5%
Physical Exercise	4.3%		4.3%
Poverty	3.8%		4.1%
Preventative Health/Wellness	4.1%		4.4%
Sexually Transmitted Diseases	1.4%		1.2%
Suicide	8.1%		6.3%
Teen Pregnancy	2.7%		1.8%
Telehealth	1.4%		2.0%
Tobacco Use	2.3%		2.1%
Transportation	2.9%		2.5%
Vaccinations	2.1%		2.0%
Water Quality	1.9%		2.3%
TOTAL Votes	1330		4,811
Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego.			

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services (2024) - 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	yes		
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	yes		
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)	yes		
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
Hosp	Robotic Surgery			
Hosp	Shaped Beam Radiation System 161			

Inventory of Health Services (2024) - Thomas County, KS				
Cat	Services Offered in Thomas Co KS Yes / No	Hospital	HLTH Dept	Other
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

Physician Manpower (2024) - 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	7.0		10.0
Internal Medicine			
Obstetrics/Gynecology		0.1	
Pediatrics			
Medicine Specialists:			
Allergy/Immunology		0.1	
Cardiology		0.2	
Dermatology		0.2	
Endocrinology		0.1	
Gastroenterology		0.0	
Oncology/Rado		0.1	
Infectious Diseases			
Nephrology			
Neurology		0.2	
Podiatry		0.2	
Psychiatry		0.1	
Pulmonary		0.1	
Rheumatology		0.1	
Surgery Specialists:			
General Surgery	2.0		
Neurosurgery		0.0	
Ophthalmology		0.1	
Orthopedics	0.1	0.5	
Otolaryngology (ENT)		0.2	
Plastic/Reconstructive		0.1	
Thoracic/Cardiovascular/Vasc		0.1	
Urology		0.1	
Hospital Based:			
Anesthesia/Pain			2.0
Emergency			2.0
Radiology		0.1	0.2
Pathology			
Hospitalist *	1.0		
Neonatal/Perinatal			
Physical Medicine/Rehab			
TOTALS	10.1	2.7	14.2

Thomas Co KS - 2024 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
Cardiology	Hays Medical Center	Dr. Patricia D. Crawley	Hays, KS	1 Monday
Cardiology	Great Plains Health	Dr. Saleh Dassouki	North Platte, NE	
Cardiology	Hays Medical Center	Dr. Mohammed Janif	Hays, KS	First Tuesday of month
Cardiology	Great Plains Health	Dr. Ramex Smairat	North Platte, NE	
Counseling	Meier Clinics	Angie Witman	Colby, KS	
Endocrine	The Univ. Of KS Health System	Dr. Daniel Tilden	KS City, KS	
ENT	Great Plains Health	Dr. Philip Fitzpatrick	North Platte, NE	Every Tuesday
Hematology/Oncology	Hays Medical Center	Dr. Anthony Accurso	Hays, KS	
Hematology/Oncology	Hays Medical Center	Dr. Issac Chambers	Hays, KS	
Hematology/Oncology	Hays Medical Center	Dr. Robert Rodriguez	Hays, KS	
Neurology	Blue Sky Neurology	Dr. Katrina Pack	Lafayette, CO	
Neurology	Goodland Regional Med Center	Dr. Ernest Nitka	Goodland, KS	
Nephrologist	Great Plains Health	Dr. Pushkar Kanade	North Platte, NE	
Psychiatry	Salina Regional Health Center	Dr. Tara Richardson	Salina, KS	
Psychiatry		Sasha Edwards, APRN		
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	Western Orthopedic	Dr. Sean Baran	Denver, CO	First Monday of month
Orthopedics	Western Orthopedic	Dr. Rajesh Bazaz	Denver, CO	One Tuesday a month
Orthopedics	Western Orthopedic	Dr. James Holmes	Denver, CO	One Tuesday a month
Orthopedics	Western Orthopedic	Dr. Benjamin Sears	Denver, CO	One Tuesday a month
Orthopedics	Salina Ortho	Dr. Jeffrey Horinek	Salina, KS	
Orthopedics	Salina Ortho	Dr. Todd Herrenbruck	Salina, KS	
Orthopedics	Salina Ortho	Dr. Byron Grauerholz	Salina, KS	
Orthopedics	Salina Ortho	Dr. Gary Harbin	Salina, KS	
Orthopedics	Salina Ortho	Dr. Michael Johnson	Salina, KS	
Spinal Sugery	Western Orthopedic	Dr. Michael Eby	Denver, CO	
Urology	Hays Medical Center	Dr. Ernesto Lopez-Corona	Hays, KS	Second Wed/Thurs of month
Urology	Hays Medical Center	Dr. Srinivas Samavedi	Hays, KS	Third Thursday every other month
Vascular Surgery	Vascular Institute of the Rockies	Dr. Alexander Leung	Denver, CO	
Anesthesia		Michael Goode		
Anesthesia	CCI Anesthesia	Michael Bruden		
Podiatry	High Plains Podiatry	Dr. Robert Hinze, DPM	McCook, NE	2-3 days a month
Sleep Medicine	CIC Associates Mercy	Dr. Jefery 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

	<u>Police/Sheriff</u>	<u>Fire</u>
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; kglassman@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

Community Health Workers

Citizens Health Community Health Worker
785-460-1733
chw@cmciks.com

LiveWell Community Health Workers

Liz Merchan
785-460-8177
lizm@nwksprevention.com

Sandra Estrada

785-460-8177
sandrae@nwksprevention.com

Hospital

Citizens Medical Center (Citizens Health)

100 East College Drive (Colby)
785-462-7511; www.cmciks.com

Mental Health

Family Center for Health Care

Amanda Sowers, LSCSW
310 E College Dr. (Colby)
785-462-6184

Heartland Rural Counseling Services

Amanda Lanning, LMSW; Dana Youngman, LMLP
485 W 4th St (Colby)
785-460-7588

High Plains Mental Health Center Colby Branch;

750 South Range Avenue (Colby)
785-462-6774
800-432-0333-24 Hour Crisis Line
<https://hpmhc.com/>

Meier New Life Clinic

Angie Witman, LPC & LCMFT
CMC Specialty Clinic
100 E. College Drive (Colby)
888-725-4642
www.meierclinics.com/Colby

The Office of Carrie Nassif, PhD

Provider: Carla Sloan-Brown, LMLP
785-460-0050
www.psychotherapyforkansas.com

Second Chance @ Life, Inc

315 Main Street, Rexford, KS
785-687-2220

Tele Psychiatry Services @ Hoxie Medical Clinic

Alexis Foster, MPAS-PA-C
Wednesday 8:00 am-12:00 pm
Call Kristal Walker at 785-675-3018 EXT. 141 to schedule

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
785-460-033

Dentists

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

Karen Thummel, DDS

480 West 4th Street (Colby)
785-460-6800

Rawlins County Dental Clinic

515 State St (Atwood)
785-626-8290

Optometrists

Sam Funk, OD

505 N Franklin Street (Colby)
785-462-3348

Vision Source

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

Hearing

Hearing Solutions

1870 S Range (Colby) 785-460-4327

Naturopathic Doctors

Dr. Joan D. Waters, ND

990 S. Range Ave #5
Colby, KS 67701
(970) 482-2010; www.practicalhealthsolutions.com

Pharmacies

Dillon's

1605 South Range
785-462-1310

Palace Drug Store

460 North Franklin
785-460-7507

Wal-Mart

115 West Willow
785-462-8634

Primary Care Providers

Family Center for Health Care

310 East College Drive (Colby)
785-462-6184 www.cmciks.com/family-center

Rehabilitation Services (physical, occupational and speech therapies)

Citizens Medical Center

100 E. College Drive (Colby)
785-460-4868

Good Samaritan Society of NW Kansas

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

Northwest Kansas Educational Service Center

703 W. 2nd (Oakley)
785-672-3125

Northwest Kansas Physical Therapy

135 W 6th St (Colby)
785-460-7848

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

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

Good Samaritan Society of NW Kansas

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

Goodland Home Health

1502 Main Ave (Goodland)
785-890-7658

Guardian Home Health

112 S. Kansas Ave., Ste. 304
Norton, KS 67654
785-622-4254
www.guardianks.com

L&C Home Health Agency

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

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

Sizewise (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 of Health & Environment (KDHE)**

Curtis State Office Building
1000 South West Jackson (Topeka)
785-296-1500
<https://www.kdhe.ks.gov/>

KanCare (Medicaid)

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

CHIP/Medicaid Enrollment**Paige Hurst**

785-460-1733

phurst@cmciks.com

Senior Health Insurance Counseling for Kansas (SHICK)

NW Kansas Dept for Aging & Disability Services
510 West 29th, Suite B (Hays)
785-628-8204; 800-432-7422

Healthcare Navigator

NW Kansas Dept for Aging & Disability Services
510 West 29th, Suite B (Hays)
785-628-8204; 800-432-7422

Family Center for Healthcare

Navigator (Marketplace/Medicare/Medicaid)
310 E College Drive
Colby, KS 67701
785-460-1777

Certified Insurance Navigator

Valerie Ohlrogge
Medicaid/Medicare Enrollment
785-443-9264
valerie@kansascare.org

Certified Insurance Navigator

Peggy Ritter
Medicaid/Medicare Enrollment
785-470-7896
peggyritterconsulting@gmail.com

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**High Point Advocacy & Resource Center**

785 W. Webster (Colby)
785-460-8463
<https://highpointadvocacy.com/>

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

Children and Youth**Children's Alliance**

627 Southwest Topeka Boulevard (Topeka)
785-235-5437
www.childally.org

Consumer Safety

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

Kansas Children's Service League

800-332-6378 (Bullying Prevention)
800-530-5275 (Main Line)
<https://www.kcsl.org/>

LiveWell Northwest Kansas (Home Visiting Programs ABC & PALS)

460 N. Garfield
785-460-8177
<https://www.livewellnwkc.org/>

Parent Helpline

800-332-6378
1800children@kcsl.org (email or text)
<https://1800childrenks.org/>

Western Kansas Child Advocacy Center (WKCAC)

Trauma Focused Services to Children and Families
212 E 5th (Scott City-Main Office)
620-872-3706
www.wkcac.com

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

KCSDV (Kansas Coalition against Sexual and Domestic Violence)

634 SW Harrison, Topeka KS coalition@kcsdv.org

Jana's Campaign

PO Box 647, Hays KS
785-656-0324
www.janascampaign.org

Options Domestic and Sexual Violence Services

2716 Plaza Ave, Hays, KS
Or 1480 W 4th, Colby, KS 785-625-4202;
1-800-794-4624 24 Hour
<http://www.help4abuse.org/>

General Information – Women's Shelters

www.WomenShelters.org

Food Programs**Genesis Food Bank**

350 S. Range Avenue (Colby)
785-460-7930
<https://sites.google.com/genesisthomascounty.org/gtc>

Harvest America

120 W 11th St., (Goodland)
785-728-4333
Lisa Rodriguez

Homestead Nutrition (Meal Delivery based on Eligibility)**Senior Progress Center**

165 Fike Park Street (Colby) 785-460-2901

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

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**Citizens Medical Center**

100 E. College Drive (Colby)
785-460-4868
<https://www.cmciks.com/>

Colby Community College

1255 S. Range Avenue (Colby)
785-462-3984
<https://www.colbytrojans.com/Facilities/index>

Colby Recreation Department

585 N Franklin Avenue (Colby)
785-460-4440
<https://www.cityofcolby.com/291/Colby-Recreation-Department>

The Movement Connection

430 North Franklin Avenue (Colby)
785-462-2044
<http://www.movementconnection.net/>

CrossFit Colby

1981 W. Fourth Street (Colby) 785-460-0361
<http://crossfitcolby.com/>

Flex Fitness

200 North Franklin Avenue (Colby)
785-443-1097
<http://www.flexfitnesscolby.com/>

Jump Start Fitness Center

415 North Franklin Avenue (Colby)
785-443-0419
www.jump-start-fitness-center.business.site

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**Alwin 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

Ronald Shalz

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

Thomas County Attorney

Chris Rohr
410 N Franklin Ave
785-460-4580

Public Information**Colby/Thomas County****Chamber of Commerce**

350 S. Range Suite 10 (Colby)
785-460-3401
www.colbychamber.com

Colby Visitors Center

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

<http://oasisontheplains.com/>

City of Colby

785-460-4400

www.cityofcolby.com

Colby Convention & Visitors Bureau

350 S Range Ave, Suite 10 (Colby)
785-460-7643

<http://oasisontheplains.com/>

Thomas County Courthouse

300 North Court Avenue (Colby)
785-460-4500

<http://thomascountyks.com/>

Rape**Options Domestic and Sexual Violence Services**

2716 Plaza Ave, Hays, KS

Or 1480 W 4th

785-625-4202; 800-794-4624 24 Hour

<http://www.help4abuse.org/>

Domestic Violence and Rape Hotline

888-656-HOPE (4673)

Family Crisis Center

1806 12th Street (Great Bend)

620-792-1885/ 866-792-1885

www.familycrisisctr.org

Kansas Crisis Hotline

888-363-2287

Western Kansas Child Advocacy Center (WKCAC)

Trauma Focused Services to Children and Families

212 E 5th (Scott City-Main Office)

620-872-3706

www.wkcac.com

Social Security**Social Security Administration**

888-552-7176 (Hays- serves Colby/ Thomas County)

www.ssa.gov

Transportation**Thomas County Transportation Van**

300 N. Court (Colby)

785-443-9208; 785-460-4500

rides@thomascountyks.gov

Colby Cab

785-462-TAXI (8294)

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**Alcohol and Drug Helpline**

1-800-821-4357

www.aa.org

High Point Advocacy & Resource Center

785 W. Webster (Colby)

785-460-8463

<https://highpointadvocacy.com/>

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)
<https://www.kdads.ks.gov/commissions/behavioral-health/kpc>

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

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>

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

Alsana (Eating Disorders)

1-866-932-1264

<http://alsana.com>

Catholic Charities

1-888-887-9124 (Crisis Line)

785-625-2644 (Hays office)

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

Central Kansas Mental Health Center

1-800-794-8281

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

Kansas Problem Gambling Hotline

1-800-522-4700 or 1-800-GAMBLER

<http://www.ksgamblinghelp.com/>

National Problem Gambling Hotline

1-800-GAMBLER (426-3537)

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

National Hopeline Network

988

<https://988lifeline.org/>

Self-Help Network of Kansas

1-800-445-0116

<https://supportgroupsinkansas.org/>

Senior Health Insurance Counseling for Kansas (SHICK)

1-800-860-5260

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

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

American Council for the Blind

800-424-8666

www.acb.org

Americans with Disabilities Act Hotline

800-514-0301; 800-514-0383 (TTY)

www.ada.gov

Disability Advocates of Kansas, Inc.

855-747-6075

www.disabilitysecrets.com

Disability Group, Inc.

888-236-3348

www.disabilitygroup.com

Disability Rights Center of Kansas (DRC)

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

www.drckansas.org

Hearing Healthcare Associates

800-448-0215

Kansas Commission for the Deaf & Hearing Impaired

800-432-0698

<http://www.dcf.ks.gov/>

Kansas Relay Center

800-766-3777 or dial 7-1-1

www.kansasrelay.com

National Center for Learning Disabilities

888-575-7373

www.nclld.org

National Library Services for Blind & Physically Handicapped

888-657-7323

800-424-8567

www.loc.gov/nls/

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/>

USDA Meat and Poultry

1-888-674-6854 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

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

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/cessation.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

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

Veterans

Federal Information Center

1-800-333-4636
www.usa.gov

Kansas Commission on Veterans Affairs

1-800-513-7731
www.kcva.org

Veterans Administration

Veterans Administration Benefits

1-800-669-8477

Benefits Information and Assistance

1-800-827-1000

Debt Management

1-800-827-0648

Life Insurance Information and Service

1-800-669-8477

V. Detail Exhibits

[VVV Consultants LLC]

a.) Patient Origin Source Files

[VVV Consultants LLC]

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

Thomas County, Kansas Residents				
	Inpatients - KHA HIDI	FFY23	FFY22	FFY21
#	Total	697	828	759
1	Citizens Health - Colby, KS	432	534	500
	% Patients Receiving Care in Home County	62.0%	64.5%	65.9%
2	HaysMed - Hays, KS	99	108	84
3	Wesley Healthcare - Wichita, KS	32	29	23
4	Salina Surgical Hospital - Salina, KS	27	24	24
5	Salina Regional Health Center - Salina, KS	19	18	25
6	The University of Kansas Health System - Kansas City, K	14	26	18
7	Logan County Health Services - Oakley, KS	12	13	17
8	Kansas Residents/Nebraska Hospitals - , NE	6	8	22

Thomas County, Kansas Residents				
	Outpatients - KHA HIDI	FFY23	FFY22	FFY21
#	Total	30229	31267	27679
1	Citizens Health - Colby, KS	26,851	27,691	24,160
	% Patients Receiving Care in Home County	88.8%	88.6%	87.3%
2	Logan County Health Services - Oakley, KS	786	836	817
3	HaysMed - Hays, KS	782	709	669
4	Goodland Regional Medical Center - Goodland, KS	434	637	718
5	Sheridan County Health Complex - Hoxie, KS	254	228	279
6	Rawlins County Health Center - Atwood, KS	194	173	173
7	The University of Kansas Health System - Kansas City, KS	162	163	139
8	Gove County Medical Center - Quinter, KS	140	135	113
9	Salina Regional Health Center - Salina, KS	84	108	66
10	Cheyenne County Hospital - St. Francis, KS	68	78	76

Thomas County, Kansas Residents				
	Emergency - KHA HIDI	FFY23	FFY22	FFY21
#	Total	2399	2620	2201
1	Citizens Health - Colby, KS	2,127	2317	1889
	% Patients Receiving Care in Home County	88.7%	88.4%	85.8%
2	Logan County Health Services - Oakley, KS	46	63	76
3	HaysMed - Hays, KS	54	38	42
4	Goodland Regional Medical Center - Goodland, KS	32	36	51
5	Sheridan County Health Complex - Hoxie, KS	39	27	30
6	Rawlins County Health Center - Atwood, KS	21	21	15
7	Salina Regional Health Center - Salina, KS	8	14	18
8	Wesley Healthcare - Wichita, KS	9	10	9

b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Attendance Thomas County, KS CHNA Town Hall 2/22/24 5:30-7pm (N=36)

#	Table	Lead	Attend	Last	First	Organization
1	C		X	Anaya	Kendall	Citizens Health
2	E		X	Brown	Jeanene	Retired
3	B	xx	X	Carmichael	Megan	Citizens Health
4	C		X	Carter	Caleb	
5	A		X	Carter	Jennifer	Citizens Health
6	I	xx	X	Davis	Connie	
7	F		X	Draper	Sue	Citizens Health
8	F		X	Eaton	Monique	Thomas Co Health Dept
9	C		X	Fields	Erik	
10	F	xx	X	Gabel	Larry	Heartland Christian School
11	H		X	Gaede	Alyssa	Citizens Health
12	D	xx	X	Glassman	Kendra	Thomas Co Health Dept
13	D		X	Hamilton	Mike	Adams Bank & Trust
14	B		X	Hamilton	Krista	Colby Public Schools
15	D		X	Hoover	Nic	Hoover Lumber
16	C		X	Hopper	Virginia	Retired
17	I		X	Hurst	Paige	Citizens Health
18	G	xx	X	Jennings	Dan	Thomas Co Foundation
19	G		X	Jorgensen	Sarah	
20	H		X	Lahalle	Leandre	
21	A	xx	X	McCorkle	David	Citizens Health
22	E	xx	X	Mocaby	Amanda	Citizens Health
23	I		X	Ochoa	Chachi	Citizens Health
24	F		X	Orcajo	Lucia	
25	E		X	Parker-West	Judy	
26	E		X	Pfeifer	Marlene	Prairie Musuem
27	E		X	Satomi	Kathy	
28	C		X	Schoenfeld	Jen	Citizen's Health
29	G		X	Shirley	Michael	Resident
30	A		X	Shirley	Sharon	Resident
31	H		X	Smith	Randi	Palace Drug
32	H		X	Steele	Paul	
33	I		X	Tellin	Barbara	
34	B		X	Voss	Betty	
35	D		X	Voss	Dave	
36	A		X	West	Doug	

Citizen's Health Town Hall Event Notes

Date: 02/22/2024 – 5:30 p.m. to 7:00 p.m. @ Colby Event Center: N=36

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

- Spanish is the other main language spoken in the community (The College has 57 international students with various languages.)
- Veterans get care at Citizen's Primary Care, but for more services and care they are going to Denver, Wichita.
- Non-traditional (After-school care) and childcare is a big need in the community.
- CEO commented that the ER wait times are not as high as the CMS Hospital Ratings source cited.
- One community member wants to know why Denver, CO isn't showing up in the Hospital %. Answer: the data is sourced from Kansas HID1
- The community is worried about Marijuana, Meth, fentanyl, opioids, cocaine, and vaping.
- The community wants all substance abuse treated together (alcohol, vaping, and drug use).

Things that are occurring or may occur that affect county health:

- Lawyers must sue beverage makers, as they did with cigarettes.
- Vaccine hesitancy
- New Hospital Opening

Strengths of the community:

- Exercise Opportunities
- Collaboration of Community
- 45 visiting specialists
- Walking Trails
- College in community
- Population and Economic Growth
- Community supports the youth.
- Hospital
- Annual health fair/includes vaccinations.
- 2 grocery stores
- Religious opportunities

Areas needing improvement or change:

- Fund Allocation -Small Thomas cities.
- Awareness of Services
- Childcare (available and affordable)
- Dialysis
- EMS... More resources & tech
- Focus on other languages.
- Health Education (starting with youth)
- Housing (Affordable and Available)
- Medicaid Expansion (children/foster access)
- Memory Care
- Mental Health
- More Dentists
- Ongoing vaccinations
- Reimbursement (Insurance)
- Transportation (General)
- Visiting Specialists Access (ENT, Derm, Oral Surgery, Rheum, Peds, Ger)

Round #5 CHNA - Thomas Co KS PSA

Town Hall Conversation - Strengths (Big White Cards) N=36

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
22	# of providers	27	Hospital
27	45 consulting providers to CH	19	hospital
4	62% inpatients needs met	16	Hospital staying current
4	88.8% of er patients needs met	20	Hospital/ providers
25	Access to education	9	housing authority nutrition workshops
24	access to Exercise opportunities	20	Improvements on housing
3	Accessibly	21	income levels increasing
26	Accessories to education	28	increasing providers for specialty needs
21	Access to care providers	27	Infrastructure growth
18	access to healthy foods	6	local Drs
2	Annual Health Fair	16	local nursing school
1	Area Healthcare source	2	local transportation
26	Availability of providers	26	more specialty providers
2	Available health care providers	3	new hospital
2	available specialists	4	new hospital
28	building nre facility for health care	9	new hospital
25	center of health care for the area	10	New hospital
13	choice of medical personal	11	New hospital
8	CHW/ Interpreter	14	new hospital
10	college	22	new hospital
9	college influence	24	new hospital
14	community building	26	new hospital
21	Community collaboration	29	new hospital
26	community food support	9	New walking path
16	Community hospital vs conglomerate	16	number of providers
22	Community pulls together	19	Opportunity to Exercise
31	Community support	31	Optimistic leadership
4	Community supports youth	17	Otolaryngologists
5	Community supports youth	26	outreach in smaller surroundings communities
14	Community supports youth	26	Overall quality of health care
14	Community supports youth	5	pharmacy/ medication access
26	Community supports youth	7	physical exercise opportunity
25	Community working together	21	Population growth
26	Community working together	25	population/economic growth
7	county health options	7	primary care
16	decent access to specialty services	26	Provide many comprehensive HC services
17	Dentist	5	Provider relations
8	diabetic prevention program	30	providers
9	Disaster management	19	Providers
29	ease of check in	24	Providers
20	Economic growth	28	Providers in clinic, educating and promoting helath
21	Economic growth	3	Quick response
21	exercise opportunity	25	Religious options
11	Educated providers	31	religous opportunities
17	education	27	religous options
31	education	11	resources available
20	Education	27	school system through CCC
24	Education - bachelor degree	14	school/ college
30	Employment	15	Sense of community/ support
22	EMS, ALS not basic	22	services (eyes, dental, chiro)
24	event center	15	services at hospital and clinic
29	Excellent Providers	23	Small community
4	excercise opportunities	13	social interaction
30	exercise	25	social media
15	Exercise availability	26	Social media
13	exercise facilities	28	social media post for education/ awareness
2	Exercise oppurtunities	7	Specialist
10	Exercise places	19	Specialist
12	Exercise places available	25	Specialist
5	expansion of city and health	11	specialist coming in
6	Fitness centers	5	Specialists
30	Food available	17	Specialists
23	good care givers	29	specialists come to town
17	Good pharmacy	3	specialst visit
10	good specialist	8	Specialty clinic / providers
31	great people	8	surgical clinic/ providers
24	Growing population	13	the college
20	growth are progressive spirit	23	turn around time
18	have access to exercise	1	unified health care
29	have child care facility on premises	8	Walk in clinic / urgent care
30	Health Care	13	Walking trails
1	Health care providers	14	walking trails / health awareness
10	health care providers	15	we are a progressive team
28	health dpt going to outlying community for need	13	work together
12	Healthcare doctors available	3	working together
19	healthy foods		

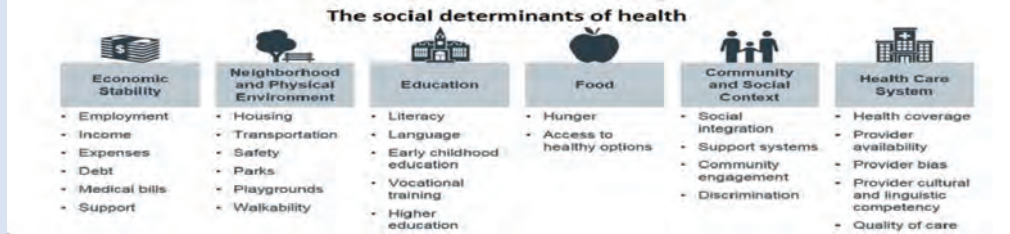
Round #5 CHNA - Thomas Co KS PSA

Town Hall Conversation - Weaknesses (Color Cards) N= 36

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
22	Alcohol use	30	Increase mental health options
23	access to healthy foods	21	Increase senior living
8	activities	1	increased affordable housing
22	Affordability of health insurance	12	Inpatient education
27	Affordable care	10	Insurance
6	affordable care and help for low income	11	Insurance
12	Affordable care for all	14	insurance / medicade
2	affordable health care insurance	5	insurance availability
4	affordable healthy food	11	Knowledge bank for resources
13	Affordable housing	24	Lack of cost and housing
27	Affordable housing	11	language interpreters
29	Affordable housing	26	LTC services
6	affordable housing and availability	27	Medicade expansion
15	Alcohol and drug abuse	14	Medicaid for children
13	Alcohol and drug prevention	18	medical transportation
5	allocate resources to smaller communities	17	Medicine Cost
26	at home care for all	6	memory care
12	be more aggressive with picture of drugs and alcohol	8	memory care
24	Behavioral and mental health	27	memory care
21	Better mental health/ Drug abuse , suicide	9	mental health
27	child care	3	Mental Health
1	Child care	16	Mental health
2	Child care	18	Mental Health
6	Child care	27	Mental health
8	Child care	5	mental health access
12	Child care	23	Mental Health Access
13	Child care	6	mental health availability and money
16	Child care	10	mental health service/ options
23	Child care availability	1	Mental Health services
4	childcare	13	mental health/ suicide
15	Childcare	13	more affordable health insurance
20	Childcare	19	More daycare help
30	Childcare options	3	more dentist
9	child care	19	More help for school nurse
10	chronic care management	25	More local options / Specialists
24	chronic care management	9	more nutritional Education
29	chronic health	1	more oral surgeons
5	collaborate in new ways with nursing school	3	Need child inoculations
18	Community involvement with direction	9	Need lifeguards for pools
22	cost of care	3	need otologists
4	cost of living	22	Not taking advantage of facilities
13	Day care needs	19	nursing homes
7	daycare	16	Nutrition
6	dentist	8	nutrition education
8	dentist	29	Obesities/ Physical activity
13	dentists	22	Obesity
20	Depression/ Suicide	14	Other languages/ ESL/ Special ED
6	dialysis	17	other languages
18	Dialysis Center	22	Participation in healthy offering
16	Domestic abuse	25	Payment options
24	Drinking	26	Quality of providers
16	Drug abuse	28	Retention of staff in medical facilities
30	drug prevention	4	senior care
12	educate at school level and more	7	senior care
17	education for drug use	12	senior care facilities
5	educational opportunities for health literacy	17	Sex education
15	elder care	6	spanish
7	ER needs improvements on time, care and staff	2	specialist
4	ER takes too long	12	staff ask if they have new diagnosis
1	expand medicare and medicaid	18	Substance abuse
10	eye/dentists providers	20	Substance abuse
28	Financial stability for hospital	23	Substance abuse
17	food insecurity	24	substance abuse
4	free activities	29	SUD
26	Health awareness	16	Suicide
20	Healthy food	29	Suicide / depression
13	help for depression	25	Technology
21	Help with reduced lunch	2	transportation
2	Housing	14	Transportation
8	housing	17	Transportation
9	housing	18	Transportation
15	housing	27	Transportation
20	Housing	10	transportation available to/from appointments
23	housing	26	Transportation to regional centers
28	Housing	11	uninsured assistance
13	housing shortage	2	Vaccine Expectancy
28	Improvements on college nursing program	15	violence
12	increase access to mental health	30	Walkable streets/ Handicap accessible
30	increase food programs	4	working to exercise
21	Increase healthy snack education	8	Working together to promote service
21	Increase immunizations	28	Youth drug and drinking programs

Round #5 CHNA - Thomas Co KS

Social Determinants "A" Card Themes (N = 36 with 36 Votes): E=9, N=11, ED=8, C=6, F=1 & P=11



Card #	Code	First Impressions on Social Determinants Impacting Delivery	Card #	Code	First Impressions on Social Determinants Impacting Delivery
9	C	beverage options	1	F	food
10	C	drug abuse	4	N	activities for kids with sliding fees
11	C	social and community	1	N	Housing
4	C	social groups	5	N	housing
10	C	suicide rate	6	N	Housing
11	C	working together	7	N	housing
4	E	debt	10	N	housing
12	E	Economic	12	N	lack affordable housing
6	E	economic stability	1	N	Transportation
1	E	Economical	6	N	Transportation
3	E	Economical	7	N	Transportation
7	E	economics	8	N	Transportation
8	E	economics	8	P	access to medicine providers
4	E	economy	10	P	expanding kansas medicaid
5	E	need money to complete projects	2	P	health care
8	ED	child care	6	P	Health care acces
9	ED	child care	7	P	health insurance
10	ED	child care	10	P	health insurance
1	ED	education	8	P	insurance
2	ED	education	9	P	medicaid in kansas
3	ED	education	2	P	new hospital
12	ED	education / Health care access	8	P	social debts of health
4	ED	language	10	P	specialist needed

EMAIL Request to Thomas Co KS CHNA Stakeholders

From: Megan Carmichael

Date: 12/11/2023

To: Community Leaders, Providers, Hospital Board and Staff

Subject: CHNA Wave #5 Community Online Feedback Survey

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

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

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

LINK: https://www.surveymonkey.com/r/CHNA2024_CitizensHealth_ThomasCoKS

All community residents and business leaders are encouraged to **complete the 2024 online CHNA survey by January 19th, 2024**. All responses are confidential.

Please Hold the Date A virtual community Town Hall is scheduled for **Thursday, February 22nd, 2024 for dinner from 5:30-7pm**. More details regarding the virtual community Town Hall will be shared soon so stay on the lookout!

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

Thank you for your time and participation.



COMMUNITY UPDATE

Community Health Needs Assessment for Thomas County Residents

Over the next three months, Citizen's Health – Colby KS will work with other area providers to update the 2021 Thomas County, KS Community Health Needs Assessment (CHNA). We are seeking input from community members regarding the healthcare needs in Thomas County to complete the 2024 CHNA.

This assessment update aims to understand progress in addressing community health needs cited in the 2015, 2018, and 2021 CHNA reports while collecting up-to-date community health perceptions and ideas.

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

LINK: https://www.surveymonkey.com/r/CHNA2024_CitizensHealth_ThomasCoKS



All community residents and business leaders are encouraged to **complete the 2024 online CHNA survey by January 19th, 2024**. All responses are confidential.

Please Hold the Date A community **Town Hall** is scheduled for **Thursday, February 22nd, 2024 for dinner from 5:30-7pm**. More details regarding the virtual community Town Hall will be shared soon, so stay on the lookout!

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

Thank you for your time and participation.

PR#1 News Release

Local Contact: Megan Carmichael

Media Release: 12/11/2023

Citizens Health Starts 2024 Community Health Needs Assessment for Thomas County, KS

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

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

A brief community survey has been developed to accomplish this work. <Note: The CHNA survey link can be accessed by visiting Citizens Health website or by utilizing the QR code below for quick access.



All community residents and business leaders are encouraged to complete this online survey by **January 19th, 2024**. In addition, a CHNA Town Hall meeting to discuss the survey findings and identify unmet needs will be held on **Thursday, February 22nd 2024 for dinner from 5:30-7pm**. More info to come soon!

Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (785) 460-1214

Lady Eagles place second at Norton tourney

By Sloane Enninga
Colby Free Press
senninga@nwkansas.com
Colby High School
Basketball
Boys

The Colby High School varsity boys played the Hoxie Indians last Tuesday at the Colby Event Center, winning 56-27. The junior varsity boys also

played, winning against the junior varsity Indians 68-28.

Girls

The Colby High School varsity Lady eagles played the Hoxie Lady Indians last Tuesday at the Colby Event Center, but they lost 51-47. The junior varsity girls also played, but lost to the junior varsity Lady Indians in overtime by one point, 54-53.

Colby High School Lady Eagle Wrestling

The Colby Lady Eagles wrestling team competed Saturday at Norton Community High School, placing second as a team. For individual results, Aspen Sharpe, wrestling at 100 pounds, placed fourth. Adrian Salcido and Gala White, both weighing in at 105 pounds,

placed second and fourth respectively.

In the 110 weigh class, Cora DeGood placed second and Cheyanne Hill, at 125, placed fourth, Amanda Jaeger, in the 130 weight class, placed first, and Morgan Hills, at 135, also placed first.

Makenzi Rhymer, weighing in at 140, placed fourth and

Alana Fabrizio, at 170, placed fourth as well.

Colby High School Eagle Wrestling

The Colby Eagles junior varsity wrestling team competed Saturday at Norton Community High School. For individual results, Xander Rhymer, weighing in at 105, placed second.

At 113, Haydin Litsinberger placed third while Braxton Withington, at 132, placed first. Nathan Schroeder, 138 pounds, placed fourth, Sean Wederski, 144, placed second. Vance Dempewolf, 144, placed fourth and McCager Wright, 150, placed second.

Advertising at the right time in the right place to the right people will help you grow your business Call Kathryn at the Colby Free Press today! 785-462-3963

COLBY FREE PRESS 155 W. 5th • Colby • 785-462-3963

Citizens Health Starts 2024 Community Health Needs Assessment for Thomas County, KS

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

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

A brief community survey has been developed to accomplish this work.

<Note: The CHNA survey link can be accessed by visiting Citizens Health website or by utilizing the QR code below for quick access.

All community residents and business leaders are encouraged to complete this online survey by January 19th, 2024. In addition, a CHNA Town Hall meeting to discuss the survey findings and identify unmet needs will be held on Thursday, February 22nd 2024 for dinner from 5:30-7 pm. At the Colby Event Center. To register, contact Megan Carmichael at 785-460-1214 or mcarmichael@cmchks.com.

Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (785) 460-1214

EMAIL #2 Request Message

From: Megan Carmichael

Date: 1/22/24

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

Subject: Citizen's Health Community Health Needs Assessment Town Hall lunch– February 22, 2024

Citizen's Health will host a Town Hall Community Health Needs Assessment (CHNA) dinner on Thursday February 22nd. The purpose of this meeting will be to review collected community health indicators and gather community feedback opinions on key unmet health needs for Thomas County, KS.

Note: This event will be held on Thursday, February 22nd from 5:30 - 7:00 p.m. at the Colby Event Center Conference Room, 1200 S Franklin, Colby KS, 67701, with a check-in time starting at 5:15 p.m.

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

LINK: <https://www.surveymonkey.com/r/ThomasTownHallRSVP>



Thanks in advance for your time and support!

If you have any questions regarding CHNA activities, please call (785) 462-7511.

Citizen's Health CHNA Town Hall Scheduled for Thursday, February 22, 2024.

Media Release: 01/22/24

To gauge the overall community health needs of residents, **Citizen's Health**, in conjunction with other area providers, invites the public to participate in a Community Health Needs Assessment (CHNA) Town Hall roundtable on Thursday, **February 22nd for dinner from 5:30-7:00 p.m.** located at the **Colby Event Center Conference Room, 1200 S Franklin, Colby KS, 67701.**

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

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



We hope that you will be able to join us for this discussion on February 22nd. Thanks in advance for your time and support!

If you have any questions about CHNA activities, please call (785) 462-7511.

###

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2024 Community Feedback: Thomas County, KS (N=441)

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1094		Average	ACC	DOCS	WAG	Availability to see one doctor instead of not knowing which one you are going to see
1188	67701	Average	ACC	SERV	RESO	There needs to be access to more free classes
1342	67701	Very Good	ACC	TRAN		More accessible transportation.
1180	67701	Good	AWARE	ACC		Unfortunately I do not, but I feel that the people who need this are not aware they need it and are not able to find a new path.
1063	67701	Good	AWARE	DOH	INSU	People in Thomas County are simply not informed are not aware of the services and programs available to them. Organizations need to do better in communicating with the public. The rising costs of insurance, the poor quality of care offered by insurance policies, and the fact that insurance dictates treatment options (rather than a patient's doctor) are a huge cause for concern regarding healthcare. Although a few local community members are rising up to the challenge of offering healthy eating options, by and large, choosing to eat healthy is not only difficult but also much more expensive.
1200	67701	Good	CC	ADOL	TRAN	Community daycare, summer camps, and after school care is VITAL. Public Transportation is lacking and more availability and access to transportation to larger communities for specialists would help with access to healthcare. Low cost healthcare sliding scale fees or flat fees for preventative services for those with no health insurance.
1239	67743	Average	CC	NUTR	DENT	Better child care the food pantry is giving out dated food that needs attention dental services are null
1001	67701	Very Good	CC	QUAL		Quality, affordable childcare
1187		Good	CHRON	EDU	RESO	More transparency in the community about diseases that are being passed around.
1114	67701	Good	DIAL	TRAN		Dialysis provisions. We desperately need help with this!! Transportation to life saving services!
1242	67701	Good	DOCS	ACC	SCH	There is good access to many providers in the community, people have to be willing to see them.
1385	67734	Very Good	ECON	FINA	POV	Economic stability is hard esp with costs of all things and food/gas/etc raising. Colby has more of poverty crisis then people care to believe.
1082	67701	Very Good	ECON	SPRT		Economic status, social support
1223	67701	Average	EDU	ACC	RESO	More community education, speakers with knowledge and enthusiasm to lecture and teach!
1327	67732	Average	EDU	DOH	FINA	<p>1) Public education is underfunded, which trickles into health literacy. Leveraging local subject matter experts to bring into schools might help close some gaps about health literacy. There is a tendency to avoid sensitive topics in public schools, but subject matter experts can help navigate this issue, especially when remembering that public schools serve the public, which includes a diverse population. Education at large is threatened by myopic views of what "should be" instead of "what is." 2) Affordable housing is a perpetual problem, yet one that, if solved, could reduce childhood abuse and other adverse childhood experiences, truancy, stress-related illnesses, and a poverty-to-prison pipeline. One model to investigate is the Mirasol Senior Living Community (Loveland Housing Authority). Although this example is focused on the aging population, their economic and functional structures can be replicated and modified, especially for an organization whose goal is not monetary profit, but human capital. 3) There are more community supports for organizations that serve the confirmation bias of the population at large. However, there are people in Thomas County who do not subscribe to the majority belief and value systems and who still need support. I suggest asking them directly what they need instead of assuming what they need. And when they articulate what their needs are, take the seriously and find ways to support those needs. Mutual aid organizations could be support in various ways if the community can accept that someone other than them is receiving assistance in ways that have been defined by those served. 4) Colby and surrounding towns seem to be physically pleasant environments and neighborhoods, generally speaking. It would be beneficial to have some community improvement funds and efforts go to the smaller communities as well for things like walking paths, tree planting, etc. 5) It is expected that such a rural community will have challenges with access to healthcare. For the most part, I am impressed with CMCI's ability to provide multiple services to help people avoid travelling excessive distances. However, one huge benefit of being a community hospital is the ability to be free of governing by a healthcare conglomerate. Now is the time to think outside the box, tap into local subject matter experts, be courageous enough to be different, and consider opinions that differ from a leadership group that is largely homogenous. Homogenous groups tend to be resistant to change and seek out information that serves their collective confirmation bias, at times even disregarding data that would be helpful to marginalized people under their charge. I have heard valuable ideas from the public, but if decision makers don't entertain ideas other than their own, and at times other than when a community health needs assessment is due, then equitable change will continue to be elusive.</p>
1097	67753	Good	EDU	EMS		Education fairs would be great. Teaching standard things like CPR and AED use as well as what to do/not do in emergency situations such as car accidents.

CHNA 2024 Community Feedback: Thomas County, KS (N=441)

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1348	67701	Average	EDU	NUTR		Provide education to the entire community(including the schools), have a monthly topic with guest speaker, printed education...ask community members to help volunteer. Would love to see healthy snack/meal making classes for any to attend with a small fee for costs of supplies...
1311	67701	Good	EDU	QUAL		I work in healthcare, unfortunately, social determinants "are" a huge factor impacting healthcare delivery systems. Even if a program is offered, the majority of people to "seek" better care are those with a college education or higher.... I don't know how to best address social determinants.
1092	67701	Good	EDU	RESO		More community gathering education
1284	67732	Average	FAC	WAG	SPRT	Our community can't withstand a new Hospital because the taxpayers are paying for it and our taxes are already the highest I have ever seen and they will go up again there is not job supporting and wages can't not withstand anymore people will move and the community will fold sad to say but this is the truth and most don't want to hear the truth
1133	67701	Good	FINA	AMB	FAC	The hospital needs to stop ridiculously overselling. It is nonsense that if you pay it off immediately you get a 25% or so discount. Maybe just stop jacking up the prices. TCEMS maybe stop screwing the taxpayers who already pay you. How do you buy ambulances, your building, the supplies on the ambulances? Taxpayers. Probably guessing your staff are also paid by taxes. So why do you need to charge citizens who use it \$600 or so?
1387	67701	Good	FINA	HOUS	TRAN	The cost of living here is outrageous, There is very limited afforded housing. We need a reliable transportation. If transportation is unavailable, why can't we have sidewalks around all streets so people don't have to walk in the street
1136	67701	Good	FINA	REC	SPRT	We need affordable recreational activities for families and teens.
1366	67701	Good	FINA	RESO	DRUG	We need more financial resources for our local treatment provider (High Point) to provide access to substance abuse treatment to people and other recovery resources to families who don't have health insurance.
1318	67701	Average	FIT	ADOL		More signage for healthy exercise options. Increase areas of exercise. A safe space for children to go beside the parks.
1289	67743	Good	FUND	NUTR		Fundraisers to raise money for buying food for families in need, in particular those with children.
1399	67701	Good	HOUS	ACC	ECON	Colby has very poor housing opportunities. We are located in the middle of no where so we have limited access to supplies and builders.
1195		Good	HOUS	CLIN	INSU	Colby I believe would benefit from more affordable housing options, a walk in clinic that offers care based on your income level, insurance. Also needed are walking trails, more activities that are geared towards family and youth activities. There is nothing for families and our youth to do here. Bowling alley? Skating rink?
1401	67701	Good	HOUS	FINA	EDU	There needs to be more housing in this community and it needs to be affordable. We need more community outdoor activities when possible and we need our community to be educated.
1409	67701	Very Good	HOUS	FINA	TRAN	I believe we need to have more affordable housing options and then transportation options for people to get to provider appointments.
1034	67701	Very Good	HOUS	FINA	TRAN	We need more housing and affordable housing. We need more access to pets in rentals, many people rely on their pets for comfort. Transportation is a problem also, it would be amazing if a not for profit transportation organization that helps low income people get to their jobs, medical appointments, counseling sessions, go to Genesis, grocery store, and other organizations that can help them.
1355	67701	Average	HOUS	FINA		Housing is very hard to find, and expensive.
1134	67701	Very Good	HOUS	NUTR	NH	More simple affordable housing would be helpful. Also a "Meals on Wheels" type of program would be beneficial to shut-ins and Seniors.
1106	67701	Good	HOUS	NUTR		Make housing for low income family's more accessible and make food stamp qualifying easier for residents of the community and country and more difficult for non residents and illegal immigrants.
1119	67701	Average	HOUS	POV	ADOL	Housing rates are too high, most housing for the low income are deplorable and the landlords are only in it for the money/tax write off. Nothing for the 7th graders and older to do besides get into trouble. Workout centers are too expensive for single part families. The "walking trail" is on the otherside of town. The public schools are a joke-
1168	67701	Good	HOUS	QUAL	TRAN	The housing is a huge problem. The rentals are very high priced for poor quality. This is something that the city has allowed to become out of control. There is a lack of development and forward thinking on helping Colby expand and grow. The transport could be adjusted to more of a route that runs during the day over it count call to call.
1404	67701	Good	HOUS	TRAN		We need more housing and more offers for transportation
1053	67701	Good	HOUS	WAG	ECON	As the community seems to be growing, I feel like housing is a huge deal. I believe our wages need to continue to increase to support all of these drivers.

CHNA 2024 Community Feedback: Thomas County, KS (N=441)

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1192	67701	Very Good	HOUS			More housing
1256	67701	Good	INSU	HOUS		I see the biggest issue being addressed by expanded Medicaid. Housing always seems to be a challenge but we've also seen more houses being constructed in 2023.
1294	67701	Good	INSU	MH	EDU	Medicaid expansion would certainly help people gain access to essential healthcare services. We need access to more mental health and substance abuse treatment options, including MAT. We need more education/prevention efforts regarding substance abuse and other mental health concerns, such as suicide awareness/prevention, especially in our schools. We need efforts to help make our communities more recovery-friendly for people who are recovering from substance abuse and/or re-entering our communities from treatment and/or incarceration. We need more affordable housing, childcare options, and recreational activities for our youth and families, as well.
1149	67701	Very Good	INSU	REC	EDU	*Expanding Medicaid *Offering regularly scheduled and free or low cost access to Indoor Pool Water Aerobics and Adult/Senior Exercise Classes like Yoga and Strength Training *Efforts to reduce ACES (Adverse Childhood Experiences) through education and such things as establishing a CASA (Court Appointed Special Advocates) program for youth involved in the child welfare system. *Be proactive in identifying mothers with postpartum depression and offering in-home/accessible counseling and support
1043	67701	Average	INSU			Expand medicaid, universal Healthcare,
1085	67701	Very Good	INSU			Medicaid expansion is critical Lead related reviews for the community
1004	67701	Very Good	MH	QUAL	DRUG	We need to work to provide quality mental health care and substance abuse treatment. The biggest provider at this point is our county jail.
1009	67701	Very Good	MH	REC	HOUS	Behavior health more affordable and a larger pool of thearipists. Housing is very limited and the costs are high. A food pantry that was not income based, but rather a freewill donation based- open to all.
1414	67701	Good	MH	TRAN	WAIT	Mental health options and transportation to mental health facilities is a constant battle. Long wait times in the ED cause frustration with patients and staffing.
1204	67701	Good	NH	SERV		Senior center should serve dinners since some don't get food often
1143	67701	Average	NO			I do not have any specific ideas.
1386	67701	Good	NO			I do not have any specific suggestions for any of this.
1251	67732	Good	NO			I have none.
1041		Average	NUTR	ACC	FINA	Aldi grocer Discount grocers
1109		Good	NUTR	EDU	NH	Nutritional education to students. Help them make better choices. More interaction between younger & older generations. Perhaps create a youth volunteer program helping the elderly. Create neighborhood block party events. Getting to know your neighbors has you caring more about your area. There's a local transportation service, but I don't know who is eligible to use it. Perhaps improve visibility for this program.
1301	67734	Very Good	NUTR	EDU		Health care and Nutrition should be taught in the school setting. So many are home schooled and do not get this information,
1201	67701	Good	NUTR	HOUS		Colby is really in need of eating establishments, and more housing available to buy and not rent. It seems that everyone is buying houses for rental businesses. Colby needs to expand with housing.
1131	67701	Average	NUTR	HOUS		Definitely food and housing needs. Need more health food options in stores.
1371	67701	Very Good	NUTR	INSU		Food insecurities seem to be increasing.
1182	67701	Good	PREV	OWN	SERV	Health care is so individual. Personal choices are often changed in crisis. So, keep preventative and advocacy of services at forefront of our attention.
1111	67701	Very Good	QUAL			Good. Hospital place
1214	67701	Very Good	QUAL			I think our community does very well in all of these
1036	67751	Good	QUAL			Talk to those that this effects
1338	67701	Good	REC	TRAN	NUTR	Connecting more safe walking areas, increased transportation options for the community, more healthy food options in stores, more housing
1295	67701	Good	REC			limited sidewalks all throughout town make it difficult to walk/get exercise when young kids in tow.
1122	67701	Good	RESO	NUTR	SH	Scheduled programs Classes to learn pickelball Fix the CCC pool - only a government would take months to fix something! Cheaper family fees for summer pool Nutrition classes Weight loss programs Sell the electronic County sign and use the Money to help the people with health bills!! Get nutrition in schools as students obese Recruit life coaches for money management classes. Earn coupons for free farmers markets fresh produce all summer. NC does! Shouldn't need 30 providers in Colby if residents were Healthy. Preventive care.
1037	67701	Very Good	SERV	ACC	MRKT	I think that with the new hospital there will be more services available to more people - a bit more advertising of services may be needed as well, not just social media, mailings as well.
1423	67701	Average	SERV	ACC		Utilize CCC to implement services for these areas.

CHNA 2024 Community Feedback: Thomas County, KS (N=441)

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1370	67701	Average	SPRT	AWARE		There are probably support places for people/our community but they need to be made public.
1315	67801	Average	SPRT	RESO		Social and community support
1040	67701	Average	STFF	TRAN	MRKT	Better staffed public transportation. Better advertising for public education services
1306	67701	Good	TRAN	ACC		Increase transportation availability to weekends and evenings.
1247	67701	Very Good	TRAN	INSU	ACC	Public Transportation needs improvement. Access to health insurance options and affordable insurance options
1266		Good	TRAN	SCH	EDU	Since we are in northwest Kansas, the community sizes are small. Many of the communities do not have things such as affordable transportation methods to get to and from clinic appointments, etc. The smaller tax base puts the bulk of improvement on a smaller number of taxpayers or wealthy individuals for donation. To my knowledge, there are no specific programs to educate the average person on healthy eating, the importance of exercise, etc. It might be prudent to visit larger communities, Garden City for example, to determine which improvements most greatly affected the community and how they went about guaranteeing its success.
1142	67701	Very Good	TRAN			I know we need more transportation options.
1417	67701	Good	TRAN			I think that transportation is lacking in our community. I've seen first hand people not being able to get the care they need due to transportation issues.
1329	67701	Very Good	TRAN			Transportation to providers can be an issue for many in our community.
1226	67701	Good				A program free for kids Sports Program free for community like the Y. THEY REALLY HAVE THE REALITY OF HELPING LOW INCOME FAMILIES ANDHAVE COMMUNITY BASED GOALS. Proof of how it helps Community and keeps kids out of trouble. We have needs but income PROBLEMS AND PARENTS WORKING SO CAN NOT TAKE KIDS TO PROGRAMS. Keeps people from able to QUALIFY FOR SPORTS IN SCHOOL. A BIG NEED IS LET ALL AT LOW INCOME TO BE ABLE TO: Go to public pool, weight lifting and exercising. We need more Music for All.. In school.QUALIFY FOR INSTRUMENTS AND MUSIC LESSONS. We need more activities for youth. The walking trail is nice,but seasonal only. The new community center is nice to walk free. Much appreciated. But, Why not offer more...How about free older adult stretching low impact classes.??? KIDS NEED FREE ACTIVITIES.. COLBY HAS NO BOWLING ALLEY OR ANYTHING FOR KIDS ... ADULT FREE GAMES? For adults basketball,volleyball and exercising? Kids sports free. The public pool should have a scale of fee for low income. Put our tax money to use. FOR ALL... More entertainment. Bands and Plays,Speakers. Colby is growing and needs more Entertainment.

CHNA 2024 Community Feedback: Thomas County, KS (N=441)

ID	Zip	Rating	c1	c2	c3	Q8. In your opinion, what are the root causes of "poor health" in our community? Other (Be Specific)
1294	67701	Good	ADOL	SERV	RESO	not enough physical/social activities for kids to do
1365		Very Good	DERM			Need for dermatology services.
1327	67732	Average	DIAG			A focus on treatment, not prevention through both medical and social means.
1114	67701	Good	DIAL	DOCS		Dialysis providers
1094		Average	DIAL			Kidney dialysis
1040	67701	Average	DOCS	BED		Lack of caring doctors.
1366	67701	Good	DRUG			Addiction treatment
1225	67701	Very Good	DRUG			Drug addiction treatment
1270	67701	Good	ECON	FINA	POV	Lack of income to afford good healthcare
1268	67701	Average	EDU	RESO		Lack of education for patients
1172	67701	Good	EDU	RESO		LACK OF HEALTH INFORMATION
1155		Very Good	FINA	ACC		Healthcare is so ridiculously expensive that most people avoid any type of treatment for as long as possible.
1422	67701	Very Good	FINA	INSU		Cost of services even with insurance
1168	67701	Good	FINA	NUTR	MH	Cost of services and nutritional food. Lack of quality mental healthcare.
1041		Average	FINA	NUTR		Lack of AFFORDABLE food - no discount grocer
1295	67701	Good	FINA			Cost of the care
1204	67701	Good	FINA			Expensive
1085	67701	Very Good	INSU			medicaid expansion
1104	67701	Poor	MAN			Only worry about management. Not patients
1229	67701	Very Good	NO			I really don't know. Been lucky!
1122	67701	Good	OBE	EDU		Thomas county is obese! Education needed at every level.
1244	67701	Very Good	OTHER	SERV		Mens health
1154	67701	Average	OTHR	FAC		Unwillingness to use local hospital
1315	67801	Average	OTHR			No sexual assault program!!!!
1370	67701	Average	PHY	SERV		The PT department needs some type of water therapy. They took away the recliners that allowed patients to sit comfortably in while receiving treatment. Now, there is nowhere except a flat bed to lay on and not everyone can lay on their backs for any amount of time.
1189	67701	Good	POV			Low incomes
1109		Good	PREV	ALT		Not enough preventative healthy options. Too much pill pushing.
1299	67701	Good	PRIM	SCH	WAIT	To access primary care many times is delayed. Having to schedule sometimes weeks to be seen.
1076		Very Good	QUAL			all are well provided
1119	67701	Average	REC			Lack of being about to safely ride bikes in town (against city ordinance to ride bikes on sidewalks? Yes, bike it's smart for 7yr olds to ride in the street! :/)
1223	67701	Average	SERV	PREV	EDU	Free services, lectures, and guidance and preventative assistance before illness occurs
1191	67701	Average	STFF	QUAL		Employees of citizen's health are clickish

CHNA 2024 Community Feedback: Thomas County, KS (N=441)

ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1104	67701	Poor	ADMIN	FINA		New CEO and spending less money
1036	67751	Good	ADOL	RESO	SPRT	Children and teen programs
1401	67701	Good	ADOL	SERV	MH	We need a place for children/teens to go and engaged in Activity and socializing. This can keep our children active and improve mental health
1303	67701	Good	ALT			Holistic wellness
1041		Average	ALT			Natropath
1342	67701	Very Good	AWARE	INSU		More awareness of programs available for those without insurance
1348	67701	Average	BULL	EDU	DOM	Anti-bullying programs, suicide prevention programs ,domestic violence programs(self defense training), cooking classes, Education, Education, Education....you can never have to much and it can be useful to everyone in some way shape or form.
1070	67702	Average	CANC	CHRON		Cancer programs and programs for chronic health issues.
1179	67701	Good	CANC	FEM	SPRT	cancer survivors group miscarriage groups
1386	67701	Good	CANC	SPEC	CLIN	Cancer care center Expanded specialty clinic
1037	67701	Very Good	CARD			More heart related testing
1143	67701	Average	CC	FIT		Quality child care Access to fitness opportunities
1311	67701	Good	CC	SPRT		COMMUNITY CHILD CARE ----- Denise Jeunemann at Citizens Health Clubhouse has done a WONDERFUL job getting that program up and running. It is educational based, ages 3 weeks to pre-k, and SUCH an asset. We NEED more programs like this in our community.
1200	67701	Good	CC			Community daycare
1169	67701	Good	CC			Daycare?
1112	67701	Good	CC			More child care
1338	67701	Good	CHRON			Chronic disease management
1195		Good	CLIN	FINA	MH	I believe a walk in clinic that sees patients based on income . We also need more social services for our youth mental health programs.
1438	67734	Average	CLIN	MH		Expanded urgent care, more mental health professionals
1074	67701	Good	CLIN	TRAN		Urgent Care. More public transportation.
1063	67701	Good	COMM	SERV	NUTR	An online communication hub needs to be established that shares information from every health-related organization in Thomas County. Highpoint Advocacy needs to be overhauled with new ownership and/or a different organization needs to be headquartered in Colby to offer these services. An initiative to encourage healthy food options at every restaurant needs to be spearheaded.
1116	67701	Good	DIAL	ACC	SERV	A local dialysis unit, even if only capable of seeing 2-4 patients at a time, would save significant time and money for those able to travel for dialysis services and would open the door to treatment for those not able to travel the long distances currently required.
1009	67701	Very Good	DIAL	ONC		Dialysis and Oncology on site treatment facilities.
1114	67701	Good	DIAL	SERV		A dialysis center should be considered an emergency in our community!
1391	67701	Good	DOCS	DIAB	CANC	We need doctors for specialized needs, like backs, diabetes, cancer.
1097	67753	Good	DOH	EDU	SPRT	Public education classes
1081	67701	Very Good	DRUG	EDU	SPRT	Addiction education and support
1355	67701	Average	DRUG	MH		Addiction care, mental health care.
1256	67701	Good	DRUG	MH		Substance abuse support. There are several mental health providers but we seem to struggle to get people to go them (still a stigma and we're in a small town).
1418	67701	Very Good	DRUG			Substance abuse prevention
1053	67701	Good	EDU	AWARE		I feel like I am the wrong person to ask this. If there were to be any program I think it could be more about educating us as a whole.
1395	67701	Good	EDU	MH	RESO	more education about mental health/resources
1294	67701	Good	EDU	PREV	AWARE	Again, we need more educational and prevention on substance abuse and suicide awareness/prevention in our schools. Maybe implement peer mentoring in our schools.
1301	67734	Very Good	EDU	SH		More education of children of school age.
1183	67701	Good	EDU	SPRT	MH	Family education on health services. Mental health services and education on how to handle someone with a breakdown.
1250	67702	Average	EDU	SPRT	SERV	Education services into the needs of relatively young handicapped individuals. Education into use of gender pronouns and preferred none assigned at birth name usage. Education in regards to all areas of GLBTQ interactions such as respecting boundaries in regards to what procedures or medications one has had or have planned that are not directly relevant to the health care service being provided.
1085	67701	Very Good	EDU	SPRT		Community lead review in water, pipes, across multiple environments. And education on this critical topic for children and pregnancy.
1223	67701	Average	EDU			Educational programs in all areas
1057	67701	Good	FEM	SPRT		Pregnancy classes
1374	67701	Good	FF			Healthcare "followup" after appointments or hospitalization
1234	67701	Good	FIT	FINA	ACC	Cheaper option for working out
1346	67743	Good	FIT	NUTR	NH	Exercise and nutrition for seniors
1308	67701	Average	GER	NH		Geriatric daycare to decrease caregiver burnout

CHNA 2024 Community Feedback: Thomas County, KS (N=441)

ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1119	67701	Average	HOUS	MH	DENT	Affordable family housing *3 bedrooms* most families have more than 1 kid. More mental health services In town Dentist that actually accepts state insurance
1205	67701	Good	HRS	FIT	REC	A facility that allows for more hours of access for reasonably costing exercise facilities, update our college swimming pool.
1284	67732	Average	MH	DOCS		You really need mental health doctors and counseling and not work when I want people that does nothing for our mental health crisis that is everywhere
1257	67701	Good	MH	DRUG		BETTER MENTAL HEALTH BETTER SUBSTANCE ABUSE MORE INTERACTIVE THINGS FOR THE KIDS TO DO
1306	67701	Good	MH	DRUG		Collaboration between mental health, substance use/abuse providers and other health care providers needs to be improved.
1001	67701	Very Good	MH	SERV		Quality mental health services
1226	67701	Good	MH	SH	ADOL	It all boils down to Mental Health. Nw Ks is not uptodate. Kids in school, community.
1436	67701	Good	MH			Anything to do with mental health
1423	67701	Average	MH			Mental health
1260	67701	Very Good	MH			Mental health crisis strategies.
1268	67701	Average	MH			Mental health is a major need!
1096	67701	Good	MH			Mental health programs
1082	67701	Very Good	MH			Mental health providers are important
1299	67701	Good	MH			Mental health services
1345	67701	Good	MH			Mental health!!!!!!
1261	67701	Very Poor	MH			New mental health programs because what is already in place is a joke
1282	67701	Poor	NUTR	ACC	EDU	Serving whole and unprocessed meals/food in a health care system would be an important start. Model what needs to be taught.
1158	67701	Very Good	NUTR	ACC		More healthy food options not fast food. Many families eat out frequently and everything here is fast food
1371	67701	Very Good	NUTR	EDU	PREV	More nutritional education for mental health and autoimmune issues
1247	67701	Very Good	NUTR	EDU		Diet planning or classes
1152	67701	Good	NUTR	EDU		Dietician guided food health.
1122	67701	Good	NUTR	FIT	DRUG	Nutrition Exercise Preventive care Indoor pool that actually works Farmers Market is mostly sugar/ breads/ jams/ junk! Need fresh produce/ veggies Incentives from County to reduce obesity Rate in Thomas County. % is very high Arrest drug dealers/ users
1106	67701	Good	NUTR	POV		A new food bank that doesn't just give out expired junk food, and actually gives out healthy foods, and actually is for low income families.
1358	67701	Average	NUTR			Nutrition
1126	67701	Average	OBE	EDU		Weight loss programs
1154	67701	Average	OBE	EDU		Wellness programs
1004	67701	Very Good	OBE	FIT	NUTR	We need to decrease obesity and increase fitness and food and nutrition programs and consider "food as medicine."
1244	67701	Very Good	ORTHO	SURG		Oral surgeon
1327	67732	Average	OTHR	CLIN	HRS	1) Post-incarceration care program (multiple benefits!) 2) In-home immediate/urgent visits 3) Mutual aid programs 4) Satellite clinics *** Meet people where they are; don't make the sick and injured do the work to get treatment!
1201	67701	Good	PEDS			Pediatrics,
1399	67701	Good	PHAR	SERV		A program to help patients afford medications and other healthcare services.
1377	67701	Good	PHY	ACC		A rehabilitation center that is available to the community.
1109		Good	PREV	ALT	REC	Preventative medicine prior to standard pill pushing practices. Offer a more naturopathic approach to healing. Offer more fitness options. Perhaps by adding walking trails. Additional hours to use the community pools.
1289	67743	Good	PREV	DIAB	FIT	Preventative health programs for things such as diabetes, tobacco cessation, exercise programs for the general public rather than just targeted populations (such as Parkinsons).
1055	67701	Good	PREV	EDU	COVD	More emphasis needs to be put on prevention vs treating symptoms. Also, the hospital board and providers need to research the TRUTH about COVID-19, which is a bioweapon, not a virus. RESEARCH it!
1111	67701	Very Good	QUAL			Good
1192	67701	Very Good	QUAL			Health
1040	67701	Average	QUAL			Unknown but we need to improve what we do have.
1220	67701	Good	REC	ACC		Better walkability in our town, more free exercise activities
1061	67701	Very Good	REC	FIT		Inside walking facilities for after 5 Indoor pool updated Exercise programs to help people w their health
1092	67701	Good	REC	SERV		Water aerobics and other classes it would be nice if the hospital would work better with CCC to offer services
1387	67701	Good	REC	SPRT	FINA	sidewalks, safe parts, true drug resistance programs, activity centers for all ages, reduce tax to allow living to be more affordable
1370	67701	Average	REC	THER	EQUIP	water therapy, better therapy department with updated equipment.

CHNA 2024 Community Feedback: Thomas County, KS (N=441)

ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1281	67701	Average	REC			YMCA
1133	67701	Good	REF	TRAV		Anything so patients aren't shipped off to other hospitals
1182	67701	Good	RESO	EDU		Continue collaboration with entities like the public library. This way health changes become more open to all and less stigmatized.
1188	67701	Average	RESO	REC		Events like 5k half marathon spartan
1131	67701	Average	SCREE	REC	RESO	Health screenings, community health activities &/or events
1043	67701	Average	SERV	MH	CC	Universal health care Mental health department at the hospital or clinic New child care facility for community
1286	67701	Good	SERV	SH	MH	I think more options and activities for middle school/high school students would be beneficial for their mental health.
1315	67801	Average	SERV			A SANE program
1318	67701	Average	SH	SERV	RESO	Something to target Middle School and High School students who are not in activities or athletics.
1113		Very Good	SPEC	NH		More specialists to out patient services for the elderly.
1239	67743	Average	SPEC			More specilistes
1366	67701	Good	SPRT	SERV	MH	1) Family support services for people new to / or living in longterm SUD recovery. And 2) Certified peer mentoring and support services in our high schools and middle schools to offer more mental health support to students with anxiety, depression, PTSD, grief, isolation, etc. so issues don't rise up to crises levels.
1359	67701	Average	SUIC	MH	AWARE	Suicide prevention, mental health awareness
1427	67701	Good	SUIC	MH		Suicide and mental health
1191	67701	Average	SUIC			Suicide prevention
1034	67701	Very Good	TRAN	FINA		Not for profit transportation services for anyone who can not afford to buy a car or their car has broke down.

Year 2024 - Let Your Voice Be Heard!

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

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

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

- Very Good Good Average Poor Very Poor

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

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

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

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

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

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

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

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



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

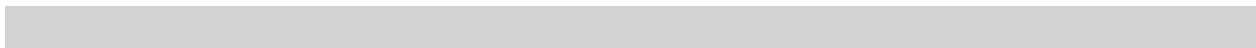
- | | |
|----------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Mental Health Services (Provider, Treatment, Aftercare) | <input type="checkbox"/> Preventative Health / Wellness |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



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

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

Other (Be Specific).



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

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

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

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

- Yes No

If yes, please specify the services received

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

- Yes No

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



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



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

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

Other (Please specify).



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

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

Other (Please specify).



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

e.) County Health Rankings & Roadmap Detail

[VVV Consultants LLC]

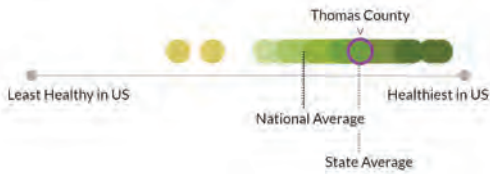
Thomas County



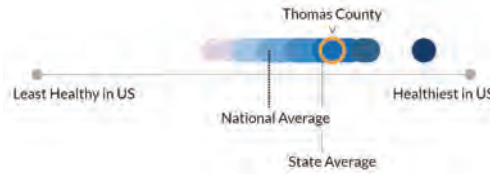
KANSAS HEALTH INSTITUTE

Informing Policy. Improving Health.

Health Outcomes



Health Factors



khi.org
countyhealthrankings.org

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

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

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

Population: 7,893

	2020	2021	2022	2023	2024	Kansas 2024	U.S. 2024
Health Outcomes							
Length of life							
Premature death (years of potential life lost, per 100,000) ⁽¹⁾					8558	8079	7972
Quality of life							
% Reporting poor or fair health, adults ⁽¹⁾		16	17	12	14	14	14
Average number of poor physical health days, adults ⁽¹⁾		4	4	3	3.2	3.2	3.3
Average number of poor mental health days, adults ⁽¹⁾		4	5	4	4.7	5.0	4.8
% Low birthweight, <2,500 grams	6.3	6.4	6.8	6.8	7	7	8
Health Factors							
Health Behaviors							
% Smokers, adults ⁽¹⁾		19	19	18	17	16	15
% Obese, adults age 20 and older ⁽¹⁾			35	38	39	37	34
Food environment index, 0 (worst) to 10 (best)	7.6	7.6	6.9	7.4	7.4	7.1	7.7
% Physically inactive, adults age 20 and older ⁽¹⁾			29	22	25	23	23
% Access to exercise opportunities ⁽¹⁾				78	78	80	84
% Excessive drinking, adults ⁽¹⁾		19	19	20	18	20	18
% Driving deaths with alcohol-involvement	25	31	33	33	31	20	26
Sexually transmitted infection rate, per 100,000 population	398	244	322	412	380.9	506.1	495.5
Teen birth rate, per 1,000 females age 15-19 ⁽¹⁾					14	19	17
Clinical Care							
% Uninsured, population under age 65	9	10	11	12	11	11	10
Primary care physicians rate, per 100,000 population	64	65	64	52	51	78	75
Dentists rate, per 100,000 population	52	51	52	51	51	63	74
Mental health providers rate, per 100,000 population	156	154	169	190	177	237	314
Preventable hospital stays rate, per 100,000 Medicare enrollees	5933	5559	6063	3359	3961	2576	2681
% Mammography screening, Medicare females age 65-74	47	50	54	50	51	48	43
% Flu vaccinations, Medicare enrollees	27	29	33	31	21	47	46
Social & Economic Factors							
% High school completion, adults age 25 and older ⁽²⁾		93	93	92	94	92	89
% With some college, adults age 25-44	82	77	81	75	77	71	68
% Unemployed, population age 16 and older	2.6	2.3	2.9	1.8	1.9	2.7	3.7
% Children in poverty	12	10	9	11	10	14	16
Income inequality ratio, 80th to 20th percentile	4.4	4.7	3.6	4	3.9	4.4	4.9
% Children in single-parent households	13	8	5	8	14	21	25
Membership associations rate, per 10,000 population	19.3	19.5	19.3	19.5	19.0	13.2	9.1
Injury death rate, per 100,000 population ⁽¹⁾					93	82	80
Physical Environment							
Average daily density of fine particulate matter ⁽³⁾	6.6	5.1	5.9	5.4	5.4	6.7	7.4
Drinking water violations?	Yes	Yes	Yes	No	No		
% Households with severe housing problems	13	13	13	13	6	12	17
% Driving alone to work	83	82	83	81	84	78	72
% Long commute - driving alone	8	8	11	9	10	22	36

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

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

2024

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

What do these drivers mean?

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

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

	Measure	Description	Factor Category	County Value	U.S. Value	Direction of Impact
1	Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	Social and Economic Environment	1.9%	3.7%	+
2	Children in Poverty	Percentage of people under age 18 in poverty.	Social and Economic Environment	10%	16%	+
3	Some College	Percentage of adults ages 25-44 with some post-secondary education.	Social and Economic Environment	77%	68%	+
4	High School Completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	Social and Economic Environment	94%	89%	+
5	Preventable Hospital Stays	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	Clinical Care	3961	2681	-

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

	Measure	Description	Factor Category	County Value	U.S. Value	Direction of Impact
1	Premature Death	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	Length of Life	8558	7972	+
2	Low Birthweight	Percentage of live births with low birthweight (< 2,500 grams).	Quality of Life	7%	8%	+
3	Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	Quality of Life	3.2	3.3	+
4	Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	Quality of Life	14%	14%	+
5	Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	Quality of Life	4.7	4.8	+

N/A: Not applicable due to insufficient data.

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

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

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



CONTINUE THE JOURNEY
**Explore resources and strategies
 to move with data to action.**



SCAN FOR MORE INFORMATION



VWV Consultants LLC



VWV Consultants LLC

Vince Vandehaar, MBA

Principal & Adjunct Professor

VWV@VandehaarMarketing.com

Olivia Hewitt, BS

Associate

OGH@VandehaarMarketing.com

Cassandra Kahl, BHS MHA

Director, Project Management

CJK@VandehaarMarketing.com

HQ Office:

601 N Mahaffie, Olathe, KS 66061

(913) 302-7264

<http://vandehaarmarketing.com/>

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