

Cheyenne County Hospital (CCH)

Community Health Needs Assessment (CHNA)

Executive Summary

Conducted May 1 – June 15, 2020

Final Report to be available by December 31, 2020, available online at cheyennecountyhospital.com

Scope and Purpose:

Community Health Needs Assessments (CHNA) are part strategic plan and part grounding rod. The Patient Protection and Affordable Care Act of 2010 (ACA) requires tax-exempt hospitals (including Cheyenne County Hospital) to create a CHNA every three years. While it is a required activity for compliance, it is a tool to help the hospital leadership team develop strategic plans which address community health needs and concerns.

There is no one definition of “community health need.” This is up to the interpretation of the stakeholders engaged in the process. To assess the health needs of its community, a hospital facility must survey a broad representation of the community to identify the significant health needs of the community. It must also prioritize those health needs, as well as identify resources potentially available to address them. Resources can include organizations, facilities, and programs in the community, including those of the hospital facility, potentially available to address those health needs.

CHNA Methodology:

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

- Hospital CEO / Administrator
- Great Plains Health Alliance Vice President
- Cheyenne County Health Department Staff
- Hospital CFO
- Hospital Quality Director
- Hospital Director of Nursing
- Health Clinic Director
- Cheyenne County Village Director of Nursing
- Northwest Kansas Home Health Director
- Cheyenne County Emergency Medical Services staff

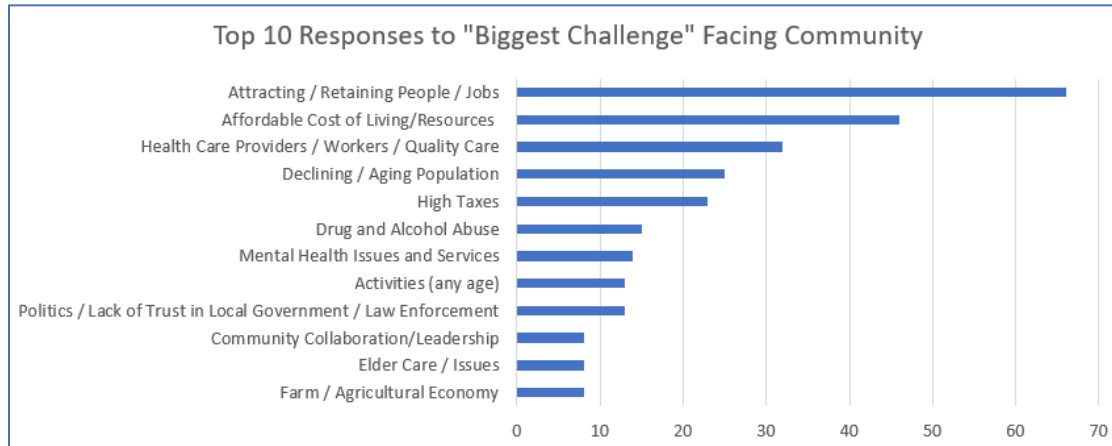
Cheyenne County Hospital (CCH) conducted a Community Health Needs Assessment (CHNA) Survey May 1 through June 15, 2020. The target audience was Cheyenne County citizens aged 18 and above (2,156 persons). The survey was widely distributed so that all Cheyenne County citizens could respond. The survey was advertised in the newspaper, press releases published, and social media posts were shared in various pages and groups. The primary survey was conducted through an online link; however, printed copies in both Spanish and English were available and distributed throughout the county to Hispanic and elderly persons. The survey included 34 questions focused on the following main areas:

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

After the survey ended, data was compiled by GNWKCF staff and shared with the CHNA Taskforce for review. The Taskforce performed a data interpretation of results and determined initial priorities which will be shared and discussed at a Public Forum on October 19 from 6:30 – 8:30 p.m. at the Bird City American Legion Hall.

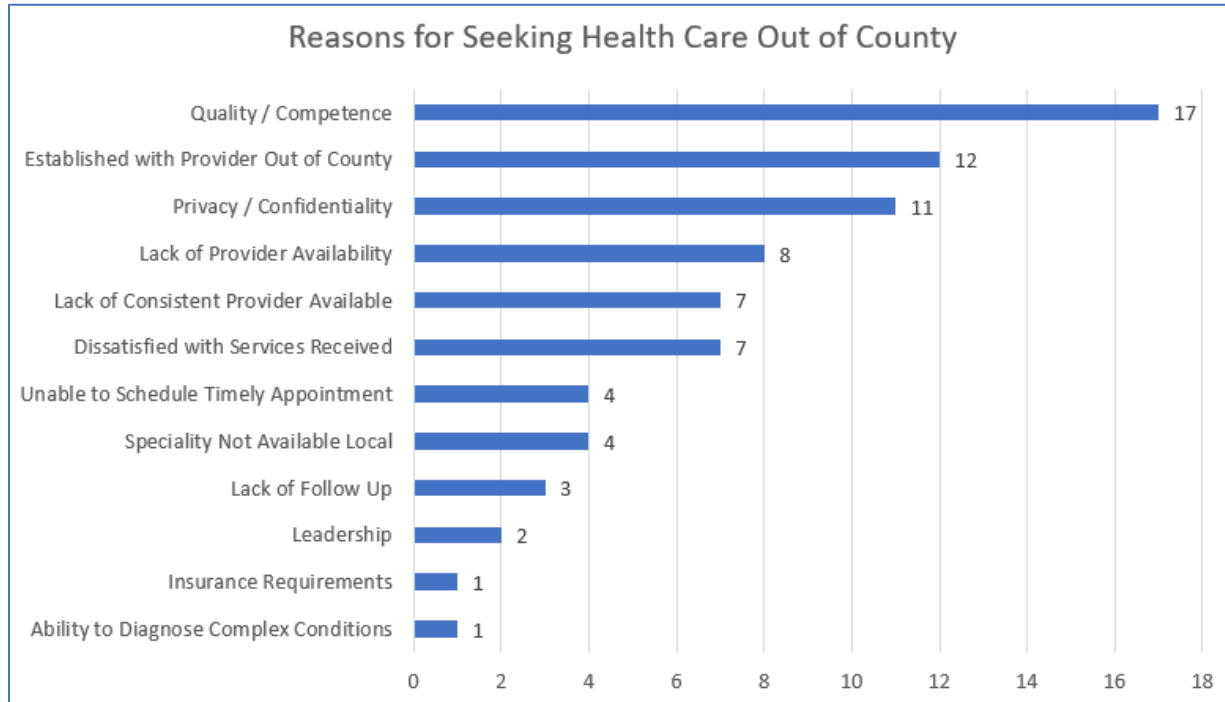
Survey Highlights

1. Regardless of age group, considering **Quality of Life in Cheyenne County**, the best things are: Family Friendly, Safe Place to Live, and Affordable. These are qualities that are desired and valued.
2. Considering **Activities**, the best things varied based on the age group of the respondents. These are activities that are sought and valued.
 - Active Faith Community, Activities for Family and Youth, and Family Events/Social Times topped the list.
 - For ages 65 and over, Involvement in Ag rose to the top three.
 - For ages 18 to 44, Recreational and Sports Activities was more important than Family Events/Social Times.
3. The top 10 responses to the question “**What is the Biggest Challenge Facing the Community**”:

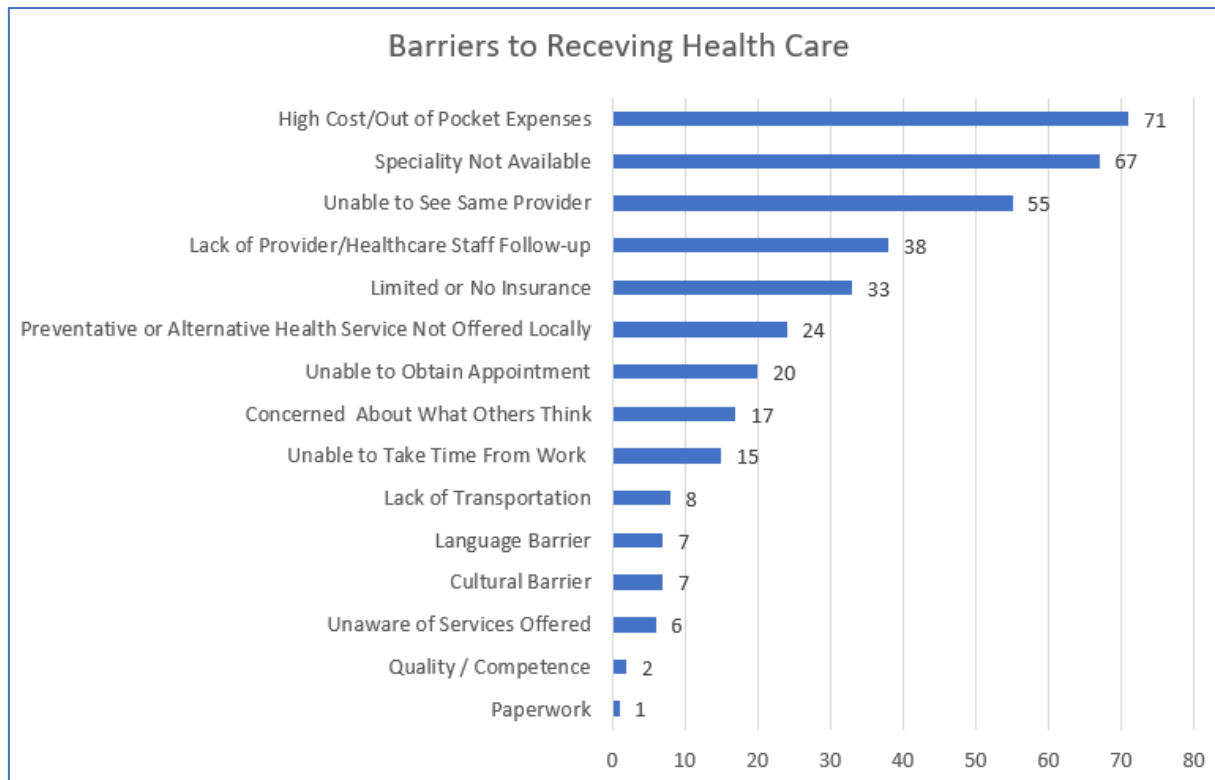


4. The most common **top concerns** expressed across multiple questions (community or delivery of health care) included:
 - Mental Health Services (Local Availability and Cost); Including Substance Abuse
 - Health Care Providers (Retain, Recruit, Consistency, Availability, Quality)
 - Attracting and Retaining Youth / Businesses; Job Creation in Cheyenne County; Decrease in Population
 - Local Access to Health Care Specialists
 - Cost of Health Care / Living; Including High Taxes
 - Confidentiality / Trust; Including Public Officials/GovernmentTwo of these concerns have been a **top concern** expressed in both the 2014 and 2017 CHNA surveys as well:
 - Mental Health Services
 - Cost of Health Care
5. Concerns regarding the **Youth Population**, younger adults ranked Anxiety, Stress, Depression, and Suicide as the top concern. Older adults and the elderly population placed Youth Returning Home / Jobs as the top concern.
6. Concerns regarding the **Adult Population**, across the board for all age groups responding, listed Agricultural Stressors followed closely by Depression, Stress, and Suicide as the top concerns.
7. Concerns regarding the **Elderly Population**, older adults and seniors (45 and older) placed Resources to Stay in Own Home as the top concern; younger adults (44 and under) ranked Availability of Assisted Living at the top. All age groups listed Support Services for those on Fixed Incomes as the second main concern for the elderly.

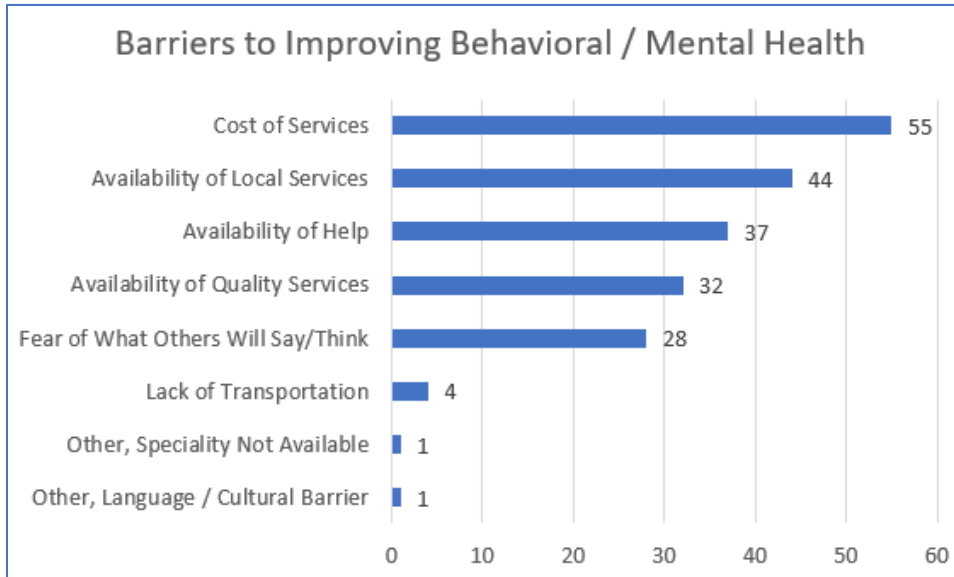
8. Regarding **Delivery of Health Care Services**, 80% of respondents indicated they seek general health care within Cheyenne County. For the 20% of respondents that look outside of Cheyenne County for health care services, the reasons provided were as follows in the chart below.



9. More than 57% of respondents indicated there was some form of a **barrier that kept them or their family from receiving health care**. The top concern was financial: 21.4% indicated high cost or insurance being the primary factor [14.6% high cost / out of pocket expenses, 6.8% additional indicated limited or no insurance].



10. Nearly 40% of respondents indicated they struggle with **improving behavioral / mental health**. The same top barrier, **cost of service**, was evident for improving behavioral / mental health.

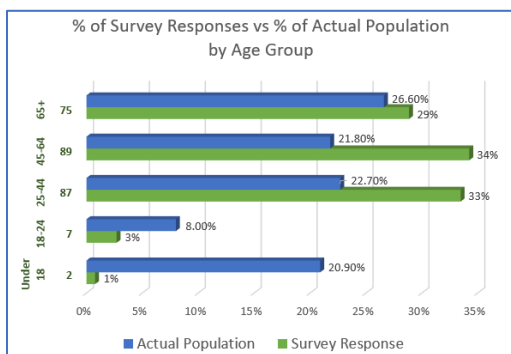


11. A majority of respondents, 62% indicated they agreed there is a need for a **Behavioral Wellness Center**; 31% were unsure, while 7% responded it was not needed. While there is overall strong support that such a center is needed, there was less consensus that those responding would utilize a facility (42% indicated they would use it and 45% were unsure).

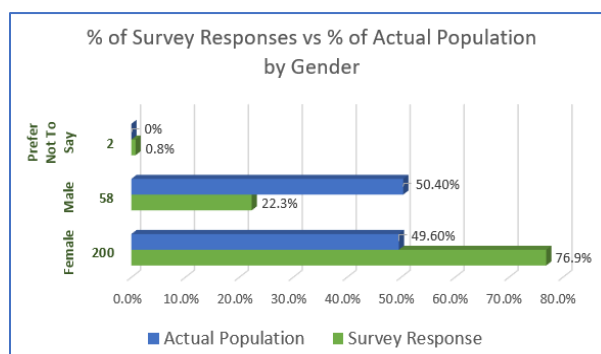
Survey Demographics

Overall, 316 people, 14.7% of the target population, responded to the survey, which is a 7.1% increase over the 2017 CHNA survey. Respondents closely mirrored the overall population by zip code and ethnicity.

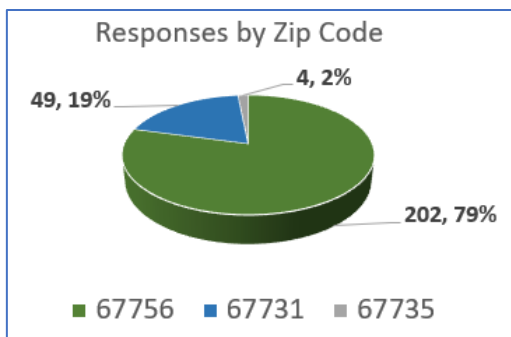
Responses by Age:



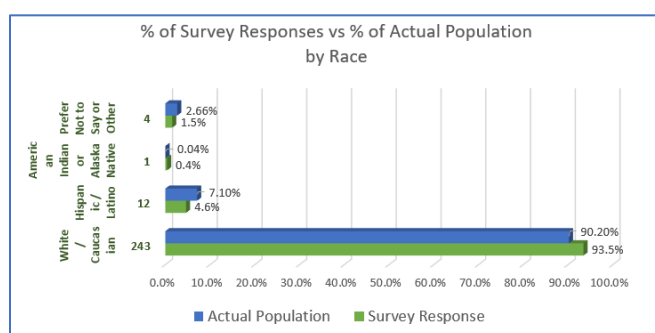
Responses by Gender:



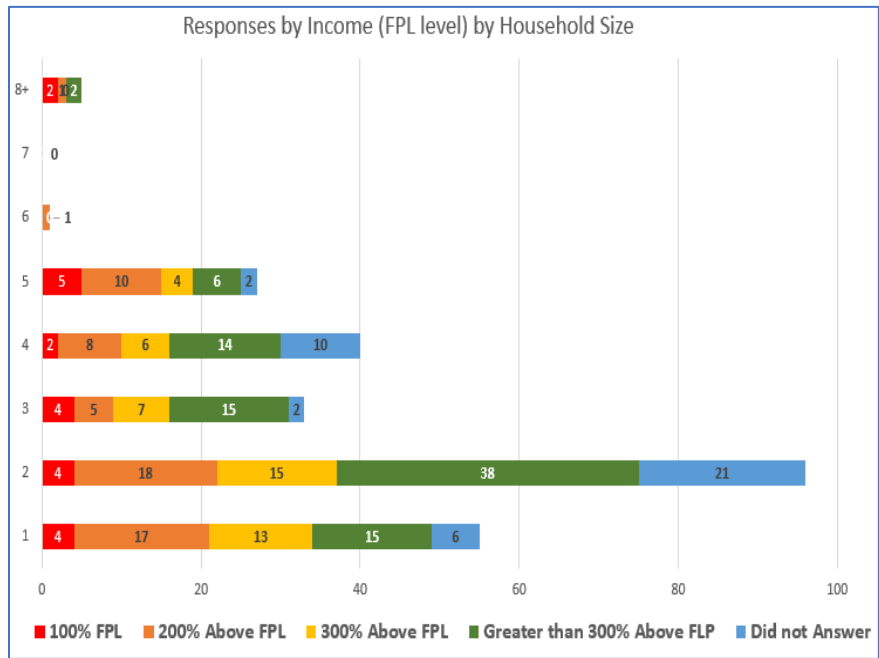
Responses by Zip Code:



Responses by Ethnicity/Race:



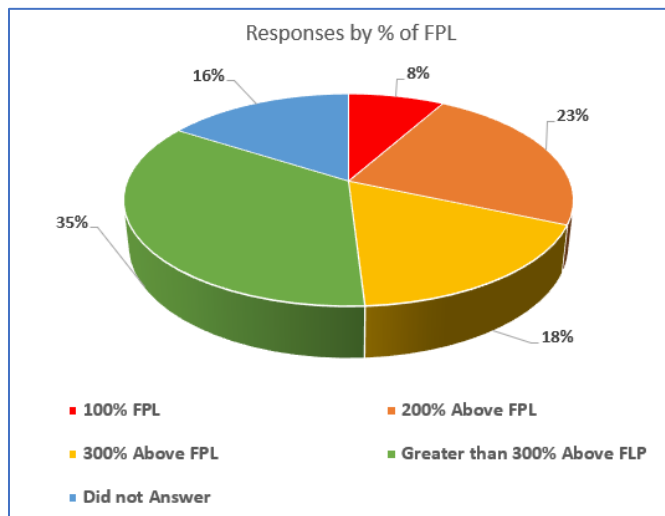
Responses by Income and Household Size:



Income Chart for Federal Poverty Level (FPL)

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

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



Data shows that **all elderly respondents** live at 200% Above the Federal Poverty Level (FPL) or less.

Younger adults (18 to 44 years old) with larger families (5 or more family members) live at 100% FPL or less.

This correlates to these populations being vulnerable with regards to income.

# in Household	Elderly (65+)				Older Adult (45-64)				Younger Adult (up to 44)			
	Response	%	200% FPL or below	% of total	Response	%	200% FPL or below	% of total	Response	%	200% FPL or below	% of total
1	33	48%	14	42%	11	15%	1	9%	6	7%	1	1%
2	34	49%	11	32%	42	58%	6	14%	8	9%	2	1%
3	2	3%	2	100%	6	8%	1	17%	19	22%	4	1%
4	0				9	12%	0	0%	28	33%	6	1%
5	0				4	5%	1	25%	21	25%	12	1%
6	0				0	0%	0	0%	1	1%	0	1%
7	0				0	0%	0	0%	0	0%	0	0%
8+	0				1	1%	0	0%	2	2%	1	1%

Next Steps

With the community survey completed and compiled, the next step in the Community Health Needs Assessment process is to seek input from stakeholders that represent a broad spectrum of the Cheyenne County population to determine overall priorities, resources needed to address those priorities, and action plans to tackle these community needs and concerns.

A Stakeholder Forum / Town Hall Meeting is scheduled for Monday, October 19, 2020 from 6:30 – 8:30 p.m. at the Bird City American Legion Hall (and available in listen only via Zoom online with RSVP) to present these findings to the community and solicit input into the process. Watch posts on Social Media (from Cheyenne County Hospital) and updates in the St. Francis Herald / Bird City Times for additional details. If you would like to attend by Zoom (listen only), please rsvp to info@gnwkcf.org to receive the electronic invitation.

We highly encourage all community members interested in the overall health, vibrancy and well being of Cheyenne County to attend the public forum.



210 W. 1st Street
St. Francis, KS 67756
785-332-2104

Contact Shawna Blanka with questions (sblanka@cheyennecountyhospital.com)

Monday, October 19, 2020
6:30 – 8:30 p.m.
Bird City American Legion Hall

Cheyenne County
Community Health Needs Assessment
PUBLIC / STAKEHOLDER FORUM

We Need YOUR Input! Plan to Attend!
RSVP to info@gnwkcf.org

Want to listen, but from a distance? Email info@gnwkcf.org to request a Zoom invitation to join electronically (listen only).