

2022 Community Health Needs Assessment

**YOUR HEALTH
IS OUR PRIORITY**

**GREELEY
COUNTY
HEALTH
SERVICES**



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Adopted by Greeley County Health Services Board Resolution, October 2022¹

¹ Response to Schedule H (Form 990) Part V B 4 & Schedule H (Form 9901) Part V B 9

Dear Community Member:

Greeley County Health Services (GCHS) has been providing care to our community for over 60 years. Our efforts to provide exceptional healthcare to the people of the greater Greeley and Wallace counties region has long been in alignment with the needs of our community. The “2022 Community Health Needs Assessment” identifies local health and medical needs and provides a plan of how GCHS will respond to such needs. This document illustrates one way we are meeting our obligations to efficiently deliver medical services.

In compliance with the Affordable Care Act, all not-for-profit hospitals are required to develop a report on the medical and health needs of the communities they serve. We welcome you to review this document not just as part of our compliance with federal law, but of our continuing efforts to meet your health and medical needs. We strive to meet the true needs of the populations we serve.

GCHS will conduct this effort at least once every three years. The report produced three years ago is also available for your review and comment. As you review this plan, please see if, in your opinion, we have identified the primary needs of the community and if you think our intended response will lead to needed improvements.

We do not have the ability to solve all the problems identified. Some issues are beyond the mission of the health system and action is best suited for a response by others. We view this as a plan for how we, along with other area organizations and agencies, can collaborate to bring the best each has to offer to support change and to address the most pressing identified needs. Most importantly, this report is intended to guide our actions and the efforts of others to make needed health and medical improvements in our area.

I invite your response to this report. As you read, please think about how to help us improve health and medical services in our area. We all live in, work in, and enjoy this wonderful community, and together, we can make our community healthier for every one of us.

Thank You,

Trice Watts
Chief Executive Officer
Greeley County Health Services

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EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Greeley County Health Services ("GCHS" or the "Hospital") has performed a Community Health Needs Assessment to determine the health needs of the local community.

Data were gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey was conducted and made available to all members of the community to provide feedback to determine current health needs. Additionally interviews and focus groups were conducted in three locations to better understand the concerns and strengths of our communities. These results were provided to a group of Local Experts to review and provide feedback. Additionally, this group reviewed previous CHNA significant health concerns to ascertain whether the previously identified needs are still a priority. Finally, the group reviewed the data gathered from the secondary sources and determined the Significant Health Needs for the community.

The 2022 Significant Health Needs identified for Greeley and Wallace Counties are:

1. Mental health concerns continue to be a problem in our communities. Mental health access for patients of all ages is a major need.
2. Youth concerns have increased in the last three years with an increase in poor mental health and social media difficulties.
3. The Hispanic community may sometimes feel isolated in our communities, particularly when accessing healthcare.
4. Accessing childcare is difficult in our rural communities.
5. Safe and affordable housing is difficult to access for our residents.

The hospital will develop implementation strategies and drive the process for some of these items. Other items may require community partnerships. Greeley County Health Services is committed to remaining an active partner in our communities. In 2021-22, GCHS Leadership developed a strategic plan to guide the organization for the next three years. This CHNA is closely aligned / connected with the pillars of this strategy as summarized below. This information was incorporated into the Business plan as well. You will see several areas identified throughout this report which are reflective of the seven pillars of the Strategic Plan framework. They are as follows:

- Financial Strength
- Talent Management
- Growth and Expansion
- Site Planning and Infrastructure
- Customer (Patient) Service and Cultural Excellence
- Strategic Partnerships
- Community Connections



APPROACH

APPROACH

Greeley County Health Services ("GCHS" or the "Hospital") is organized as a not-for-profit hospital. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA helps the hospital identify and respond to the primary health needs of its residents.

This study is designed to comply with standards required of a not-for-profit hospital.² Tax reporting citations in this report are superseded by the most recent Schedule H (Form 990) filings made by the hospital.

In addition to completing a CHNA and funding necessary improvements, a not-for-profit hospital must document the following:

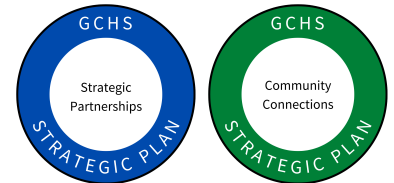
- Financial assistance policy and policies relating to emergency medical care
- Billing and collections
- Charges for medical care

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury.³

Project Objectives

GCHS partnered with Community Partners and other consultants to:

- Complete a CHNA report, compliant with Treasury – IRS guidelines
- Provide the Hospital with information required to complete the IRS – Schedule H (Form 990)
- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response



Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c)(3) of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided to those who did not have means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- An Emergency Room open to all, regardless of ability to pay
- Surplus funds used to improve patient care, expand facilities, train, etc.

² Federal Register Vol. 79 No. 250, Wednesday December 31, 2014. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602

³ As of the date of this report all tax questions and suggested answers relate to 2017 Draft Federal 990 Schedule H instructions i990sh—dft(2) and tax form

- A board controlled by independent civic leaders
- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three taxable years, and adopt an implementation strategy to meet the community needs identified through the assessment.
- The assessment may be based on current information collected by a public health agency or non-profit organization, and may be conducted together with one or more other organizations, including related organizations.
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues.
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources).
- Each hospital facility is required to make the assessment widely available and downloadable from the hospital website.
- Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of \$50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four).
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.⁴

Community Health Needs Assessment Subsequent to Initial Assessment

The Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. The specific requirement is:

“The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources:

- (1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;*
- (2) members of medically underserved, low-income, and minority populations in the*

⁴ Section 6652

community, or individuals or organizations serving or representing the interests of such populations; and

- (3) written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy.⁵*

...the final regulations retain the three categories of persons representing the broad interests of the community specified in the 2013 proposed regulations but clarify that a hospital facility must "solicit" input from these categories and take into account the input "received." The Treasury Department and the IRS expect, however, that a hospital facility claiming that it solicited, but could not obtain, input from one of the required categories of persons will be able to document that it made reasonable efforts to obtain such input, and the final regulations require the CHNA report to describe any such efforts."

Representatives of the various diverse constituencies outlined by regulation to be active participants in this process were actively solicited to obtain their written opinion. Opinions obtained formed the introductory step in this Assessment.

To complete a CHNA:

"... the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:

- (1) A definition of the community served by the hospital facility and a description of how the community was determined;*
- (2) a description of the process and methods used to conduct the CHNA;*
- (3) a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;*
- (4) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and*
- (5) a description of resources potentially available to address the significant health needs identified through the CHNA.*

... final regulations provide that a CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report describes the data and other information used in the assessment, as well as the methods of collecting and analyzing this data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA."⁶

Additionally, all CHNAs developed after the very first CHNA must consider written commentary on the prior Assessment and Implementation Strategy efforts. The Hospital followed the Federal requirements in the solicitation of written

⁵ Federal Register Vol. 79 No. 250, Wednesday December 31, 2014. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602 P. 78963 and 78964

⁶ Federal Register Op. cit. P 78966 As previously noted the Hospital collaborated and obtained assistance in conducting this CHNA from Quorum Health Resources. Response to Schedule H (Form 990) B 6 b

comments by securing characteristics of individuals providing written comment but did not maintain identification data.

“...the final regulations provide that a CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA, which would include input provided by individuals in the form of written comments.”⁷

The methodology takes a comprehensive approach to the solicitation of written comments. As previously cited, input was obtained from the required three minimum sources and expanded input to include other representative groups. The Hospital asked all participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications, which is detailed in an Appendix to this report. Written comment participants self-identified into the following classifications:



- (1) Public Health** – Persons with special knowledge of or expertise in public health
- (2) Departments and Agencies** – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility
- (3) Priority Populations** – Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs in the community served by the hospital facility. Also, in other federal regulations the term Priority Populations, which include rural residents and LGBT interests, is employed and for consistency is included in this definition
- (4) Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
- (5) Broad Interest of the Community** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations

Other (please specify)

The methodology also takes a comprehensive approach to assess community health needs: Perform several independent data analyses based on secondary source data, augment this with Local Expert Advisor⁸ opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local experts. The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Local expert area residents were asked to evaluate and rank the data collected through survey, individual and focus group interviews.⁹

Most data used in the analysis are available from public Internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the Local Expert Advisor individuals cooperating in this study are displayed in the CHNA report appendix.

⁷ Federal Register Op. cit. P 78967 & Response to Schedule H (Form 990) B 3 h

⁸ “Local Expert” is an advisory group of at least 15 local residents, inclusive of at least one member self-identifying with each of the five written comment solicitation classifications, with whom the Hospital solicited to participate in the CHNA process. Response to Schedule H (Form 990) V B 3 h

⁹ Response to Schedule H (Form 990) Part V B 3 i

Data sources include:¹⁰

Website or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of Greeley and Wallace counties compared to all Kansas counties	October 2022	2018-2020
www.worldlifeexpectancy.com/usa-health-rankings	To determine relative importance among 15 top causes of death	October 2022	2020-2022

Federal regulations surrounding CHNA require local input from representatives of particular demographic sectors. For this reason, a standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the community and Hospital's Local Expert Advisors to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically and ethnically diverse population. Additionally focus groups and interviews were conducted in both counties. Community input from 121 surveys, 21 Local Expert Advisors, and 33 focus group participants was received. Survey responses started August 1, 2022 and ended with the last response on September 5, 2022.
- Information analysis augmented by local opinions showed how Greeley and Wallace Counties relate to their peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups ("Priority Populations") need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups.^{11 12}

Having taken steps to identify potential community needs, the Local Experts then participated in a structured communication technique called a "Wisdom of Crowds" method. The premise of this approach relies on a panel of experts with the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.¹³

In the GCHS process, we conducted a community health needs assessment with the guidance of a multidisciplinary team which included membership from each county: local extension offices, health departments, community development office and administrative staff from Greeley County Health Services. Additionally individual interviews and focus groups were conducted to gain additional information to inform the process. Each Local Expert had the opportunity to introduce needs previously unidentified and contribute to the process.



The survey was conducted with 121 respondents in both electronic and paper formats. Over 31 residents participated in the individual or focus group process which was conducted with one or two group facilitators who took notes, compiled

¹⁰ The final regulations clarify that a hospital facility may rely on (and the CHNA report may describe) data collected or created by others in conducting its CHNA and, in such cases, may simply cite the data sources rather than describe the "methods of collecting" the data. Federal Register Op. cit. P 78967 & Response to Schedule H (Form 990) Part V B 3 d

¹¹ Response to Schedule H (Form 990) Part V B 3 f

¹² Response to Schedule H (Form 990) Part V B 3 h

¹³ Response to Schedule H (Form 990) Part V B 5

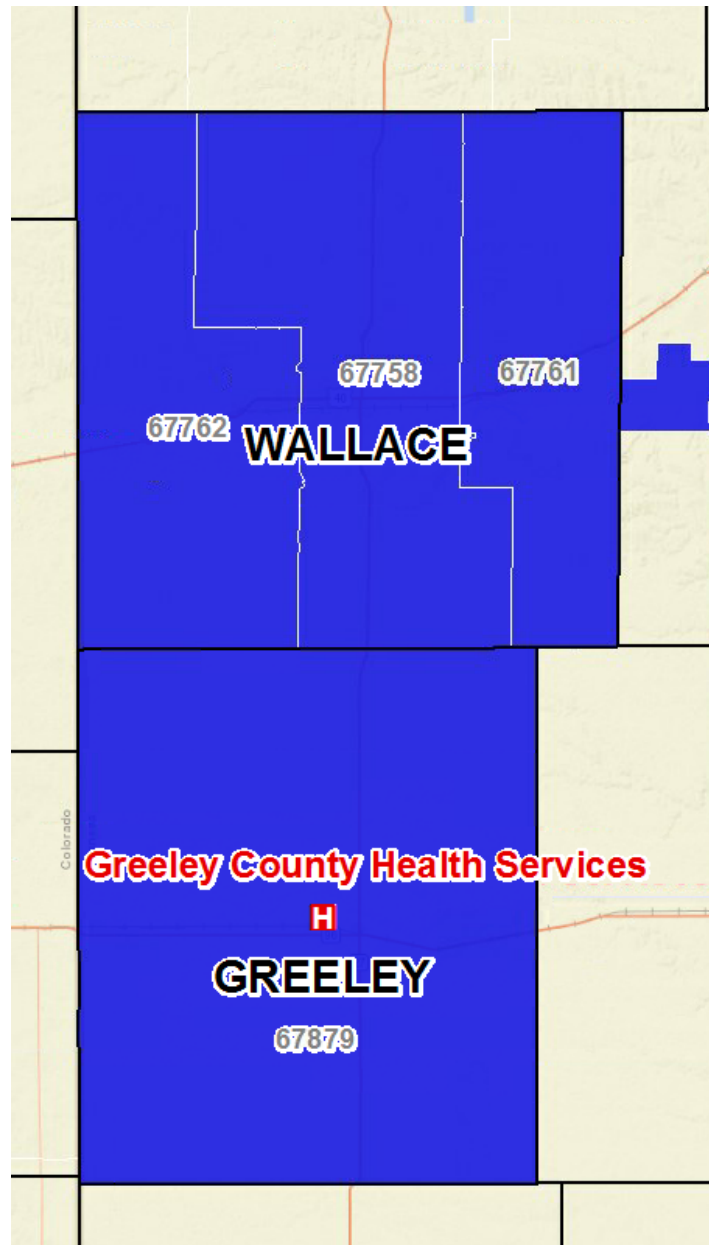
results and shared back with the steering committee for their review. Survey results and focus group information both informed the identification of needs and priority populations.

The ranked needs were divided into two groups: “Significant” and “Other Identified Needs.” The Significant Needs were prioritized based on total points cast by the Local Experts in descending order, further ranked by the number of local experts casting any points for the need. By definition, a Significant Need had to include all rank ordered needs until at least sixty percent (60%) of all points were included and to the extent possible, represented points allocated by a majority of voting local experts. The determination of the break point — “Significant” as opposed to “Other” — was a qualitative interpretation where a reasonable break point in rank order occurred.¹⁴

¹⁴ Response to Schedule H (Form 990) Part V B 3 g

COMMUNITY CHARACTERISTICS

Definition of Area Served by the Hospital¹⁵



For the purposes of this study, Greeley County Health Services defines its service area as Greeley and Wallace Counties in Kansas, which includes the following ZIP codes:¹⁶

67758 – Sharon Springs

67761 – Wallace

67762 – Weskan

67879 - Tribune

¹⁵ Responds to IRS Schedule H (Form 990) Part V B 3 a

¹⁶ The map above amalgamates zip code areas and does not necessarily display all county zip codes represented below

Leading Causes of Death¹⁷

The Leading Causes of Death are determined by World Life Expectancy. Kansas's Top 14 Leading Causes of Death are listed in the tables below in Greeley and Wallace County's rank order. Greeley and Wallace Counties were compared to all other Kansas counties, Kansas state average and whether the death rate was higher, lower or as expected compared to the U.S. average.

Cause of Death				Red=higher >state average Green=<state average	Rate of Death / 100,000 - age adjusted	
Condition	Greeley Rank (out of 105)	Wallace Rank (out of 105), #1=worst	National Rate	KS Rate	Greeley	Wallace
Heart Disease	102	85	168.19	167.04	140.52	167.06
Cancer	45	103	144.13	151.43	175.28	145.84
Covid 19	43	62	84.96	90.49	118.64	94.4
Accidents	2	38	57.58	55.37	89.37	61.45
Lung Disease	1	35	36.41	43.92	93.7	54.17
Stroke	105	100	38.84	36.73	19.88	27.33
Diabetes	2	68	24.81	28.53	43.87	20.56
Alzheimers	89	90	32.45	25.27	11.97	11.77
Suicide	2	102	13.52	18.38	25.79	8.01
Nephritis / Kidney	5	101	12.71	14.3	27.47	9.63
Flu / Pneumonia	38	105	13.05	13.85	22.74	3.04
Liver Disease	102	103	13.26	14.07	2.17	2.04
Parkinson's	43	39	9.87	11.42	8.01	8.35
HTN / Renal	34	57	10.08	9.19	6.55	5.07

¹⁷ www.worldlifeexpectancy.com/usa-health-rankings

Conclusions from Leading Causes of Death Analysis Compared to State Averages

The following areas were identified from a comparison of GCHS Service Area to national averages. **Adverse** metrics are statistically significantly different from the state average include:

- Residents of Greeley County have an adjusted death rate from cancer of 175.28 which is significantly higher than the state rate of 151.43
- Greeley County residents have a much higher rate of lung disease at 93.7, Wallace County is somewhat higher at 54.17 than the state rate of 43.92
- Accidents are a concern for both communities with a death rates for Greeley and Wallace at 89.37 and 61.45 respectively with a state rate of 55.37
- Unfortunately Greeley County ranks 1st or 2nd out of 105 counties in the following areas: lung disease, accidents, diabetes, and suicide
- The service area has a higher percentage of population below 18 and over 65 than the state average

Beneficial metrics are statistically significantly different from the state average include:

- Greeley County is lower than the state average of heart disease at 140.52 as compared to state rate of 167.04
- Both communities have a lower than average rate of stroke at 19.88 for Greeley and 27.33 for Wallace as compared to 36.73
- Alzheimer's disease is much less likely in our service area with 11.97 and 11.77 rates again respectively for Greeley and Wallace and a state rate of 25.27
- Both counties have very limits death rates for liver disease

It's important to note that due to our small populations, only one or two individuals can make a difference in the statistical prevalence and thereby the state ranking.

Priority Populations¹⁸

It can be difficult to obtain information about Priority Populations in a hospital's community. The object is to understand the general trends of issues impacting Priority Populations and to interact with the Local Experts to discern if local conditions exhibit any similar or contrary trends. The following discussion examines findings about Priority Populations from a national perspective.

A specific question was asked to the GCHS's Local Expert Advisors about unique needs of Priority Populations, and their responses were reviewed to identify if there were any trends in the service area. Accordingly, GCHS places great importance on the commentary received from the Local Expert Advisors to identify unique population needs to which GCHS should respond. Specific opinions from the Local Expert Advisors are summarized below:¹⁹

- The top three priority populations identified in the area are Hispanic residents, patients with chronic disease and elderly residents.
- Youth ages 0-20 and low income residents were a close 4th and 5th on rankings.



¹⁸ <http://www.ahrq.gov/research/findings/nhqrdr/nhqrdr14/index.html> Responds to IRS Schedule H (Form 990) Part V B 3 i

¹⁹ All comments and the analytical framework behind developing this summary appear in Appendix A

Comparison to Other State Counties²⁰

To better understand the community, Greeley and Wallace Counties have been compared to all 105 counties in the state of Kansas across five areas available: Quality of Life, Health Behaviors, Clinical Care, Socioeconomic Factors and Demographics.

County Health Rankings

red=higher >state average Green=<state average

	Greeley County	Wallace County	Kansas
Quality of Life			
Frequent physical distress	11%	11%	11%
Frequent mental distress	14%	14%	14%
Diabetes prevalence	10%	9%	10%
Health Behaviors			
Food insecurity	11%	11%	12%
Limited access to healthy foods	4%	8%	8%
Insufficient sleep	34%	32%	34%
Clinical Care			
Uninsured adults	15%	12%	13%
Uninsured children	11%	8%	6%
Other primary care providers	300:1	1540:1	750:1
Socioeconomic Factors			
School Funding Adequacy	-\$5,145	\$612	\$1,708
Median Household Income	\$66,100	\$57,400	\$63,200
Children Eligible for free or reduced lunch	49%	35%	47%
Child Care Cost Burden	19%	26%	22%
Demographics²¹			
Population	1,196	1,536	2,913,805
% below 18	26.7%	26.6%	23.9%

²⁰ www.countyhealthrankings.org

²¹ Responds to IRS Schedule H (Form 990) Part V B 3 b

% 65 and older	20.0%	23.0%	16.8%
Non-Hispanic black	0.3%	0.5%	5.7%
% American Indian	0.8%	0.6%	1.2%
% Asian	0.4%	0.1%	3.2%
% Native Hawaiian	0%	0%	0.1%
% Hispanic	20.9%	7.9%	12.4%
% Non-Hispanic White	77.1%	89.3%	75.1%
% non proficient in English	4%	2%	2%
% Female	50.1%	49.3%	50.2%
% Rural	100%	100%	25.8%

“Community benefit operations” means:

- *activities associated with community health needs assessments, administration, and*
- *the organization's activities associated with fundraising or grant-writing for community benefit programs.*

Activities or programs cannot be reported if they are provided primarily for marketing purposes or if they are more beneficial to the organization than to the community. For example, the activity or program may not be reported if it is designed primarily to increase referrals of patients with third-party coverage, required for licensure or accreditation, or restricted to individuals affiliated with the organization (employees and physicians of the organization).

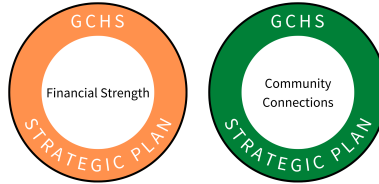
To be reported, community need for the activity or program must be established. Community need can be demonstrated through the following:

- A CHNA conducted or accessed by the organization.
- Documentation that demonstrated community need or a request from a public health agency or community group was the basis for initiating or continuing the activity or program.
- The involvement of unrelated, collaborative tax-exempt or government organizations as partners in the activity or program carried out for the express purpose of improving community health.

Community benefit activities or programs also seek to achieve a community benefit objective, including improving access to health services, enhancing public health, advancing increased general knowledge, and relief of a government burden to improve health. This includes activities or programs that do the following:

- Are available broadly to the public and serve low-income consumers.
- Reduce geographic, financial, or cultural barriers to accessing health services, and if they ceased would result in access problems (for example, longer wait times or increased travel distances).
- Address federal, state, or local public health priorities such as eliminating disparities in access to healthcare services or disparities in health status among different populations.
- Leverage or enhance public health department activities such as childhood immunization efforts.
- Otherwise would become the responsibility of government or another tax-exempt organization.
- Advance increased general knowledge through education or research that benefits the public.

Activities reported by the Hospital in its implementation efforts and/or its prior year tax reporting (FY2021) included:



Greeley County Health Services Charitable Donations			
DATE	LOCATION / COUNTY	ACTIVITY	ESTIMATED DONATION
April	Wallace and Greeley County	Spring into Fitness exercise activity	100.00
April	Wallace County	Dining with diabetes group visit	100.00
April	Greeley County	Free skin check day, low cost labs, balance checks	3000.00
April	Greeley County	Labs \$25 panels	1000.00
March	Greeley County	Sharon Springs Career Day	1000.00
May	Wallace County	Wallace County School Physicals	2000.00
May	Greeley County	Greeley County School Physicals	1000.00
May-Aug	Greeley County	Student mentor - Laney Crouch	750.00
June	Wallace County	Health fair, low cost labs	1000.00
July	Wallace County	County fair health booth	100.00
August	Greeley County	County fair health booth	100.00
November	Greeley County	Christmas Open House - face painting, popcorn	250.00
		Meals on Wheels	38,300.00
	Wallace County	Chrysanne participate in Weskan CTE	500.00
		Sponsorships	1448.00
TOTAL			\$50,648.00

IMPLEMENTATION STRATEGY

Significant Health Needs

GCHS used the priority ranking of area health needs by the Local Expert Advisors to organize the search for locally available resources as well as the response to the needs by GCHS.²² The Implementation includes the following:


- Identifies the rank order of each identified Significant Need
- Presents the factors considered in developing the ranking
- Establishes a Problem Statement to specify the problem indicated by use of the Significant Need term
- Identifies GCHS current efforts responding to the need including any written comments received regarding prior GCHS implementation actions
- Establishes the Implementation Strategy programs and resources GCHS will devote to attempt to achieve improvements
- Provides Indicators or Metrics to follow progress
- Presents the locally available resources noted during the development of this report as believed to be currently available to respond to this need.


GCHS is a primary hospital in its service area. GCHS is an 18-bed, acute care medical facility located in Tribune, Kansas. The next closest facilities are outside the service area and include:



- Wichita County Health Center, Leoti, KS; 22.8 miles (26 minutes)
- Hamilton County Hospital, Syracuse, KS; 35.8 miles (37 minutes)
- Keefe Memorial Hospital, Cheyenne Wells, CO; 57.8 miles (59 minutes)
- Scott County Hospital, Scott City, KS; 47.9 miles (51 minutes)
- Kearny County Hospital, Lakin, KS; 62.5 miles (62 minutes)

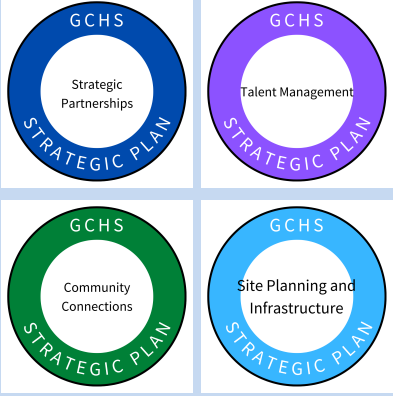
²² Response to IRS Schedule H (Form 990) Part V B 3 e

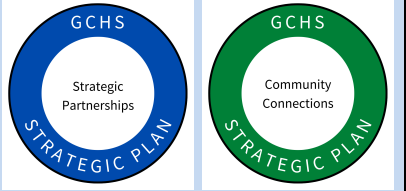
Significant Health Concerns Strategy Plans

Need	<p style="text-align: center;">Access to behavioral health and awareness of mental health conditions (2019-2016 Significant Need)</p> 
Problem statement	Mental health concerns continue to be a problem in our communities. Mental health access for patients of all ages is a major need.
Factors	86.54% of CHNA survey respondents reported “Yes, this is somewhat a problem or a major problem” to the question <i>how much are the following a public health concern</i> . 28.21% of survey respondents mentioned accessing mental health care via telemedicine. 28.57% reported being told they have a depression diagnosis and 19.05% report anxiety disorders. Mental health was mentioned more than 21 times in the individual and focus group interviews.
GCHS current efforts	GCHS has partnered with Compass Behavioral Services to incorporate face to face counseling in our Tribune clinic one day each week and features telemedicine access for both scheduled and emergency services. We have also partnered with High Plains Mental health in Northwest Kansas to offer telemedicine access in the Sharon Springs clinic. We have integrated telemedicine counseling and psychiatry access in both practice locations.
Strategy and Resources	<ul style="list-style-type: none"> • Continue partnership with existing mental health regional agencies and telemedicine resources. • Promote awareness among staff, patients and community members. • Create mental health resource guides and distribute to community partners. • Partner to develop additional community based resources for improved access. • Train GCHS staff on the referral process. Share referral resources to community groups such as schools.
Indicators / Metrics	<p>Number of behavioral health visits</p> <p>Number of mental health telemedicine encounters</p>
Local resources	Area mental health agencies – Compass Behavioral Health and High Plains Mental Health, County health departments, local community based groups, Telemedicine practitioners, regional providers and education and outreach events.

Need	Youth Concerns - drug/alcohol, mental health, social media use 
Problem statement	Youth concerns have increased in the last three years with an increase in poor mental health and social media difficulties.
Factors	92.52% of CHNA respondents report these issues as a major or significant public health concern. To the question, <i>Do you have concerns about youth mental and behavioral health</i> , 76% noted effects of social media/internet use, 69.33% identified use of drugs/alcohol and 52% suggested a need for access to counseling services. With regard to youth concerns, 21 of the 31 interviews were concerned about mental health, 14 about social media and 8 mentioned that our youth are not connected through friendships and other relationships. This was a major concern in almost all of the in person meetings.
GCHS current efforts	GCHS has current relationships with area mental health centers which provide in person and emergency services at both locations. We have current telemedicine providers available and have begun to connect with additional programs such as telephone and texting
Strategy and Resources	<ul style="list-style-type: none"> • Continue current efforts and increase networking with area schools and key stakeholders in youth activities. • Consider opportunities for healthcare providers to interact with students more often such as individual school physicals and outreach events • Create curriculum / visit content for smoking, vaping and drug use cessation. Communicate programming to schools • Develop strong mental health referral options for PCP
Indicators / Metrics	Number of outreach events: Number of youth accessing in-house behavioral health resources: Number of cessation visits
Local resources	Improved coordination with area mental health agencies – Compass Behavioral Health and High Plains Mental Health, County health departments, local community based groups, Telemedicine practitioners, regional providers and education and outreach events. Continued and strengthened partnerships with area schools.

Need	<div> <div>Hispanic Community - inclusion and healthcare access</div> <div>   </div> </div>
Problem statement	The Hispanic community may sometimes feel isolated in our communities, particularly when accessing healthcare.
Factors	Individual CHNA comments included the following: <i>Our clinics/hospital need to provide for all people---especially in Spanish. Treat these people with respect. Not belittled because they don't speak English, or don't have the income, or are poor looking or they don't know how to fill out health documents, or can't read or write in any language. Spanish services need to be addressed severely. I feel like there's a need to help the Spanish-speaking population in our community. They try to be involved in school activities. Many times there are no translators available at the hospital. Sometimes the clinic. Would like to see language classes both for English to learn Spanish in Spanish to learn English as they are becoming a big part of our community.</i> Focus groups and individual interviews also noted a need to improve inclusiveness particularly for patients attempting to seek care. We need to be conscious of transportation and childcare needs when working with immigrant families.
GCHS current efforts	GCHS was pleased to hire a bilingual provider in fall of 2021. He has been a great addition to staff. We are also working to translate intake and patient education documents.
Strategy and Resources	<ul style="list-style-type: none"> • Continue translation efforts on GCHS patient materials. • Develop a phone system and/or texting options which allows Spanish speaking patients to connect with Spanish speaking staff. • Utilize translation line options by both phone and video. Train all current and incoming staff on utilizing the language line. • Conduct more culturally relevant health education. • Facilitate translation training with staff
Indicators / Metrics	Number of Hispanic residents in community Number of Hispanic children in schools Number of Spanish speaking patients in health system
Local resources	Bilingual community leaders, Bilingual GCHS staff members,

Need	Childcare	
Problem statement	Accessing childcare is difficult in our rural communities.	
Factors	67% of survey respondents said that child care is a problem on the CHNA survey.	
GCHS current efforts	Greeley County Health Services began a daycare service for our employees called Little Docs Daycare in May 2022.	
Strategy and Resources	<ul style="list-style-type: none"> The Little Docs Daycare offers daycare services to our employees at a slightly reduced rate as an employee benefit. This has allowed our employees to obtain services and has opened a few spots in other community daycare for other children. 2022 GCHS Strategic plan item - offer as an incentive for new employees 	
Indicators / Metrics	Number of children needing daycare Number of daycare centers in the community Parents unable to work due to limited childcare options	
Local resources	Little Docs Daycare, Greeley County Health Services, Greeley County Community Development, Wallace County Community Development, Northwest Kansas Cares for Kids	

Need	Safe and affordable Housing	
Problem statement	Safe and affordable housing is difficult to access for our residents.	
Factors	<i>88% of the members of the CHNA advisory team and Greeley County Health Services organization noted safe housing to be a concern.</i>	
GCHS current efforts	GCHS has purchased several homes adjacent to the hospital which have been used as short term housing for clinicians and staff.	
Strategy and Resources	<ul style="list-style-type: none"> Partner with community based organizations to address housing difficulties GCHS staff often volunteer on committees and other groups working to identify housing opportunities 	
Indicators / Metrics	Number of staff volunteering at the community level Number of residents reporting housing is unsafe or unlivable.	
Local resources	Greeley County Health Services, Greeley County Community Development, Wallace County Community Development	

Other Needs Identified During CHNA Process

6. Healthcare Costs
7. Telemedicine - utilization of and opportunity for more
8. Chronic Disease - high blood pressure, arthritis, depression, asthma/allergy, high cholesterol, diabetes (2019/2016 Significant Need)
9. Elderly Resources - transportation, access, wellness (2019 / 2016 Significant need)
10. Healthcare access and affordability
11. Cancer
12. Services currently underutilized - bone density testing, colonoscopy, prostate screening
13. Vaccination utilization - flu, pneumonia, covid
14. Public Transportation
15. Alternative Energy sources and community impact
16. Sidewalks / Accessibility
17. Obesity (2019/2016 significant need)
18. Health Education / Prevention (2019/2016 significant need)
19. Alcoholism and Drug Abuse (2019/2016 significant need)

Overall Community Need Statement and Priority Ranking Score

Significant community needs where hospital has implementation responsibility / primary driver²³

1. Access to behavioral health and awareness of mental health conditions (2019 / 2016 significant need)
2. Youth Concerns - mental health, social media, and other issues
3. The Hispanic Community often feels isolated socially and has difficulty gaining access to health resources.

Significant community needs where hospital did not develop implementation strategy / GCHS is partner to²⁴

1. Obtaining childcare is difficult in our communities
2. Safe and affordable housing is difficult to access in our community

Other community needs where hospital developed implementation strategy / primary owner

1. Elderly Resources and Wellness - 2019 / 2016 Significant Need
2. Aging Population/Elder Wellness – 2019/ 2016 Significant Need
3. Health Education/Prevention – 2019/ 2016 Significant Need
4. Alcoholism and Drug Abuse – 2019/ 2016 Significant Need
5. Telemedicine is an opportunity to benefit our patients
6. The impact of chronic disease continues to be a concern
7. Primary healthcare access can be difficult for those unable to leave jobs during the day
8. Cancer care and education is a concern for our residents
9. There are recommended preventive screenings which are underutilized.
10. There is a continued need for vaccination education

Other community needs where hospital did not develop implementation strategy / GCHS is partner to

1. Public Transportation does not exist in our communities but a need remains
2. Sidewalks and accessibility for those walking or on bicycles
3. Alternative energy sources and their community impact is a concern

²³ Responds to Schedule h (Form 990) Part V B 8

²⁴ Responds to Schedule h (Form 990) Part V Section B 8

APPENDIX

Appendix A – Written Commentary on Prior CHNA (Local Expert Survey)

Hospital solicited written comments about its 2019 CHNA.²⁵ 21 individuals responded to the request for comments. The following presents the information received in response to the solicitation efforts by the hospital. No unsolicited comments have been received.

1. Please indicate which (if any) of the following characteristics apply to you. If none of the following choices apply to you, please give a description of your role in the community.²⁶

	Yes (Applies to Me)
1) Public Health Expertise	7
2) Departments and Agencies with relevant data/information regarding health needs of the community served by the hospital	3
3) Priority Populations*	19
4) Representative/Member of Chronic Disease Group or Organization	6
5) Represents the Broad Interest of the Community	7
Other	1
Answered Question	21
Skipped Question	0

**All respondents to the survey reside in our rural and frontier area. Many respondents identified in more than one category.*

Congress defines “Priority Populations” to include:

- Racial and ethnic minority groups
- Low-income groups
- Women
- Children
- Older Adults
- Residents of rural areas
- Individuals with special needs including those with disabilities, in need of chronic care, or in need of end-of-life care
- Lesbian Gay Bisexual Transsexual (LGBT)
- People with major comorbidity and complications

²⁵ Responds to IRS Schedule H (Form 990) Part V B 5

²⁶ Responds to IRS Schedule h (Form 990) Part V B 3 g

2. Do any of these populations exist in your community, and if so, do they have any unique needs that should be addressed? (Comments from surveys)

Transportation needs for elderly community for appointments.

Growing population that needs to bridge the communication gap.

Isolation and negative social influences seems to be a deeper issues than most understand. I believe our community needs to come together and figure out an entry point to address this. Limited resources cannot be the ongoing excuse to get started.

Limited resources for Spanish speakers in our area, especially at the hospital.

In the 2019 CHNA, there were health needs identified as “significant” or most important:

- 1. Obesity**
- 2. Access to Primary Care and Specialty Care Physicians**
- 3. Mental Health and Behavioral Health**
- 4. Aging Population and Elder Wellness**
- 5. Health Education and Prevention**
- 6. Alcoholism and Drug Abuse**

3. Should the hospital continue to consider and allocate resources to help improve the needs identified in the 2019 CHNA?

	Yes	No	Improved	Response Count
Obesity	15	6		21
Access to Primary care and Specialty Care Physicians	11	4	6	21
Mental Health and Behavioral Health	20	1		21
Aging population and elder wellness	14	6	1	21
Health Education and Prevention	14	4	3	21
Alcoholism and Drug Abuse	17	3	1	21

Appendix B – Identification & Prioritization of Community Needs (Local Expert Survey)

Need Topic	Total Votes for Significant Health Concern	Total Votes for Other Health Concern	Number of local Experts Voting for Needs	Percent of Votes	Need determination
Mental Health in the Community	20	1	21	95.24%	Significant Health Concerns
Youth Concerns	18	2	20	90.00%	
Housing	17	3	20	85.00%	
Childcare	7	4	11	63.64%	
Hispanic community	14	6	20	70.00%	
Healthcare Costs	4	3	7	57.14%	Other Health Concerns
Telemedicine	3	3	6	50.00%	
Chronic Disease	2	5	7	28.57%	
Elderly Resources	2	5	7	28.57%	
Healthcare Access	1	6	7	14.29%	
Cancer	1	5	6	16.67%	
Services currently underutilized	1	5	6	16.67%	
Vaccination	1	6	7	14.29%	
Public Transportation	1	5	6	16.67%	
Alternative Energy	0	6	6	0.00%	
Sidewalks / accessibility	0	6	6	0.00%	

Appendix C – Illustrative Schedule H (Form 990) Part V B Potential Response

Illustrative IRS Schedule h Part V Section B (Form 990)²⁷

Community Health Need Assessment Illustrative Answers

1. Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?

No

2. Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If “Yes,” provide details of the acquisition in Section C

No

3. During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If “No,” skip to line 12. If “Yes,” indicate what the CHNA report describes (check all that apply)

- a. A definition of the community served by the hospital facility

Greeley County Health Services provides care in the core service areas of Greeley and Wallace Counties with patients from the surrounding communities as well including eastern Colorado. These areas are designated as “frontier” by the federal government due to the limited population in the communities.

- b. Demographics of the community

See chart beginning on page 14

- c. Existing health care facilities and resources within the community that are available to respond to the health needs of the community

Greeley County Health Services is the only form of primary and emergency care in both communities. There is a local health department and volunteer emergency medical services in Greeley and Wallace Counties.

- d. How data was obtained

See footnote 11 on page 8

- e. The significant health needs of the community

See page 24

- f. Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups

See footnote 10 & 11 on page 8

- g. The process for identifying and prioritizing community health needs and services to meet the community health needs

See the description on page 8

- h. The process for consulting with persons representing the community's interests

See the description on page 8

- i. Information gaps that limit the hospital facility's ability to assess the community's health needs

See page 13

²⁷ Questions are drawn from 2014 Federal 990 schedule H.pdf and may change when the hospital is to make its 990 H filing

j. Other (describe in Section C)

N/A

4. Indicate the tax year the hospital facility last conducted a CHNA: **2019**

5. In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted

Yes, see footnote 10 & 11 on page 8

6. a. Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C

No

b. Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations

Greeley County Hospital participated with a multi-disciplinary steering committee which consisted of membership from Community Development, local extension offices and health departments. Wider comments were sought from an advisory group which contained local law enforcement, attorney, school administration and members of the community.

7. Did the hospital facility make its CHNA report widely available to the public?

Yes

If "Yes," indicate how the CHNA report was made widely available (check all that apply):

a. Hospital facility's website (list URL)

<http://mygchs.com/>

b. Other website (list URL)

No other website

c. Made a paper copy available for public inspection without charge at the hospital facility

Yes

d. Other (describe in Section C)

8. Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11

Yes

9. Indicate the tax year the hospital facility last adopted an implementation strategy: **2022**

10. Is the hospital facility's most recently adopted implementation strategy posted on a website?

a. If "Yes," (list url):

<http://mygchs.com/wp-content/uploads/Final-CHNA-Report-2019-converted.pdf>

b. If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?

- 11. Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed**

See Implementation Plans - Strategies for Significant Health Concerns beginning page 25

- 12. a. Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r) (3)?**

None incurred

- b. If “Yes” to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?**

Nothing to report

- c. If “Yes” to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities?**

Nothing to report