



**OUR** > Compassion  
**VALUES** > Integrity  
> Teamwork  
> Excellence  
> Dedication

**OUR VISION**  
Innovate Regional  
Healthcare

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**OUR MISSION**

Serve with Compassion and Excellence

## Adopted by Greeley County Health Services Board Resolution, October 2025<sup>1</sup>

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 “2025 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 and adapting to the changing needs of our community.

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 repeat this effort at least 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 have set out to innovate regional healthcare as an organization and that is only accomplished with the support and partnership of our community and the wonderful people that allow us to serve.

Thank you.

Trice Watts  
Chief Executive Officer  
Greeley County Health Services

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<sup>1</sup> Response to Schedule H (Form 990) Part V B 4 & Schedule H (Form 9901) Part V B 9  
[Greeley County Health Services, Tribune, KS](#)  
[2025 Community Health Needs Assessment](#)

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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 2025 Significant Health Needs for Greeley and Wallace Counties are:

- **Behavioral Health continues to be of great concern in our communities (2022 – 2016 Significant Need)**
- **Youth Concerns – mental health, social pressures and anxiety (2022 Concern)**
- **Residents express concerns over use of alcohol and drugs**
- **Obesity and inactivity contribute to health problems for residents**
- **Transportation barriers create challenges for 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 2025, 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. There are areas of the CHNA implementation planning which also correlate with the pillars of the 2025 Strategic Plan. They are:



Greeley County Health Services works to create a comprehensive system of planning to hold administration, board and staff accountable to the goals of the organization. The results from the Community Health Needs Assessment have helped to inform efforts towards sustainability, growth, and development for the last decade. The results from 2025 are no exception to this work.

## 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.<sup>2</sup> 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.<sup>3</sup>

## 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

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<sup>2</sup> 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

<sup>3</sup> 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

## 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.
- 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 consider input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in 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.<sup>4</sup>

## 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 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.<sup>5</sup>*

*...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.”*

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<sup>4</sup> Section 6652

<sup>5</sup> 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

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.”<sup>6</sup>*

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 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,*

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<sup>6</sup> 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

*which would include input provided by individuals in the form of written comments.”<sup>7</sup>*

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 Advisor<sup>8</sup> 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.<sup>9</sup>

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

<sup>8</sup> “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 I CHNA process. Response to Schedule H (Form 990) V B 3 h

<sup>9</sup> Response to Schedule H (Form 990) Part V B 3 i

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 for individuals cooperating in this study are displayed in the CHNA report appendix.

Data sources include: <sup>10</sup>

Website or Data Source	Data Element	Date Accessed	Data Date
<a href="https://kic.kdheks.gov/death_new.php">https://kic.kdheks.gov/death_new.php</a>	Kansas Information for Communities	9/29/2025	2023
Greeley.health	2022 Community Health Needs Assessment	9/29/2025	2022
<a href="https://www.countyhealthrankings.org/health-data/kansas/data-and-resources">https://www.countyhealthrankings.org/health-data/kansas/data-and-resources</a>	County Health Rankings and Roadmaps	9/29/2025	2024-2025
<a href="https://www.cdc.gov/nchs/state-stats/states/ks.html">https://www.cdc.gov/nchs/state-stats/states/ks.html</a>	State and county level data	Sept Oct 2025	2023
<a href="https://usafacts.org/answers/what-are-the-leading-causes-of-death-in-the-us/state/kansas/">https://usafacts.org/answers/what-are-the-leading-causes-of-death-in-the-us/state/kansas/</a>	USA Facts	Sept 2025	2022

Federal regulations surrounding CHNA require local input from representatives of 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 138 surveys, 26 Local Expert Advisors, and 75 focus group participants was received. Survey responses started August 1, 2025 and ended with the last response on September 5, 2025.
- 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

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<sup>10</sup> 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

improve their condition, and if so, who needs to do what to improve the conditions of these groups.<sup>1112</sup>

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.<sup>13</sup>

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 138 respondents in both electronic and paper formats. Over 75 residents participated in the individual or focus group process, which was conducted with one or two group facilitators who took notes, compiled 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 represented points allocated by most of the 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.<sup>14</sup> Other Health Needs were identified by those receiving votes from fifty percent (50%) of the voting local experts.

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<sup>11</sup> Response to Schedule H (Form 990) Part V B 3 f

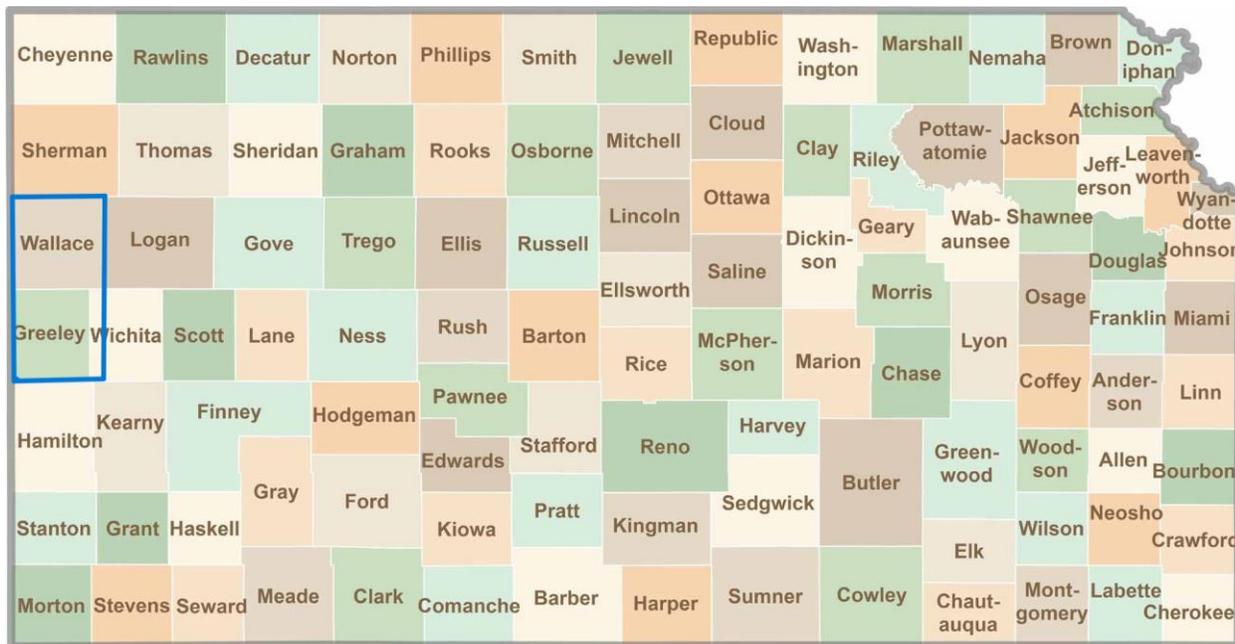
<sup>12</sup> Response to Schedule H (Form 990) Part V B 3 h

<sup>13</sup> Response to Schedule H (Form 990) Part V B 5

<sup>14</sup> Response to Schedule H (Form 990) Part V B 3 g

## Community Characteristics

## Definition of the Area Served by the Hospital<sup>15</sup>



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:<sup>16</sup>

67879 - Tribune      67758 – Sharon Springs      67761 - Wallace      67762 – Weskan

## Leading Causes of Death

The data used to generate the chart comparing **local death rates** in **Greeley County** and **Wallace County** to the **Kansas state average** was based on publicly available health statistics from the following sources:

- **Kansas Department of Health and Environment (KDHE) – Kansas Information for Communities (KIC)[1]**
- **Greeley County Health Services – 2022 Community Health Needs Assessment [2]**
- **County Health Rankings & Roadmaps – Kansas County-level data[3]**

<sup>15</sup> Responds to IRS Schedule H (Form 990) Part V B 3 a

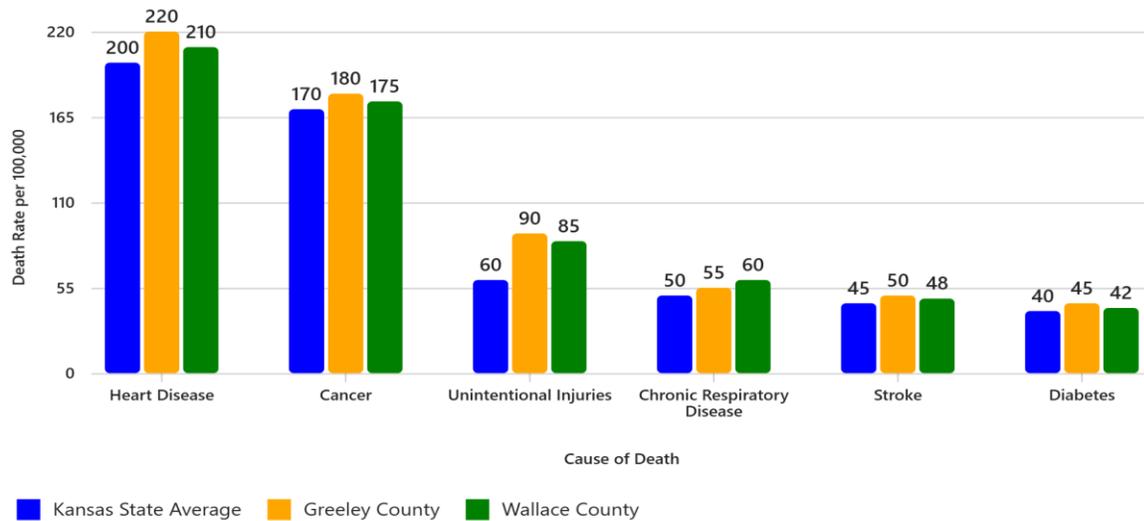
<sup>16</sup> The map above shows the service area and does not necessarily display all county zip codes represented below

- **Centers for Disease Control and Prevention (CDC)** – Stats of the States: Kansas Mortality Data [4]
- **USAFACTS** – Kansas Leading Causes of Death (2022 data) [5]

These sources provide age-adjusted death rates per 100,000 population and rankings for causes such as heart disease, cancer, unintentional injuries, chronic respiratory disease, stroke, and diabetes. The chart used **estimated rates** derived from these sources to illustrate comparative trends.

## References

- [1] [Kansas Department of Health and Environment: Kansas Information for ...](#)
- [2] [Adopted by Greeley County Health Services Board Resolution, October 20221](#)
- [3] [Kansas Data and Resources - County Health Rankings & Roadmaps](#)
- [4] [Kansas | Stats of the States | CDC](#)
- [5] [What are the leading causes of death in Kansas? - USAFACTS](#)



## Conclusions from Leading Causes of Death Compared to State and National Averages

- **Heart disease and cancer** are consistently the top causes across **local, state, and national levels**.
- **Unintentional injuries** are **more prevalent** in **Greeley and Wallace Counties** than in urban areas or the state average.
- **Chronic conditions** like **diabetes** and **respiratory diseases** are **slightly elevated** locally due to limited access to care and preventive services.

- **Mental health** and **suicide rates** are emerging concerns, especially in rural populations.
- **Healthcare access disparities** in rural counties contribute to **higher mortality rates** for preventable conditions.

## Priority Populations<sup>17</sup>

It can be difficult to obtain information about Priority Populations in a rural hospital community. The objective 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 local 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:<sup>18</sup>

- The top three priority populations identified in the area are Hispanic residents, patients with chronic disease and low-income residents.
- Youth ages 0-20 and elderly residents were a close 4th and 5th on rankings. Respondents also wrote in disabled individuals and retired military as two populations which should also be considered.

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<sup>17</sup> <http://www.ahrq.gov/research/findings/nhqdr/nhqdr14/index.html> Responds to IRS Schedule H (Form 990) Part V B 3 i

<sup>18</sup> All comments and the analytical framework behind developing this summary appear in Appendix A

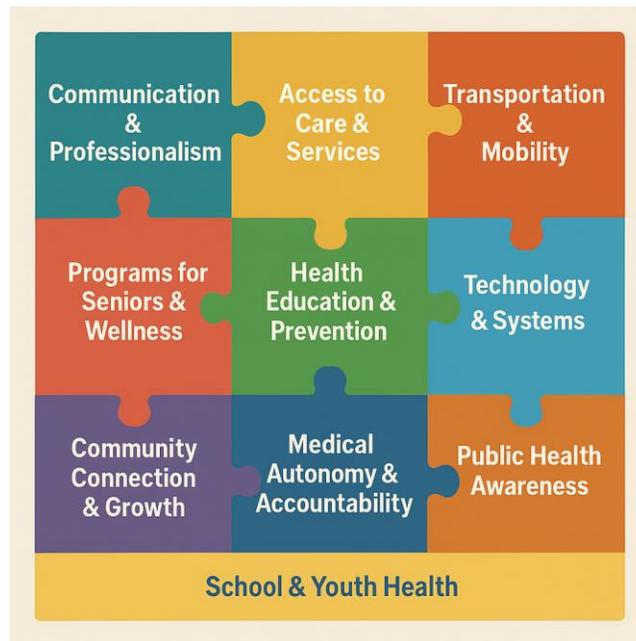
## Comparison to Other State Counties<sup>19</sup>

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.

	Greeley County	Wallace County	Kansas
<b>POPULATION HEALTH AND WELL-BEING</b>			
Poor physical health days	3.5	3.9	3.7
Poor Mental Health Days	4.9	5.2	5.2
Poor or Fair Health	14%	15%	15%
Preventable Hospital Stays	2,233	1,773	2,529
Uninsured	12%	9%	10%
Diabetes Prevalence	9%	11%	10%
Adult Obesity	37%	41%	37%
Frequent Mental Distress	15%	17%	17%
Feelings of Loneliness	32%	31%	31%
<b>DEMOGRAPHIC<sup>20</sup></b>			
% below 18	27.1%	28%	23.6%
% 65 and older	20.5%	24.1%	17.5%
% Female	50.2%	51.4%	49.9%
% American Indian or Alaska Native	1.1%	0.7%	1.3%
% Asian	.4%	0.2%	3.2%
% Hispanic	17.5%	7.4%	13.7%
% Native Hawaiian	0.0%	0.0%	0.2%
% Non-Hispanic Black	.5%	1.1%	5.7%
% Non-Hispanic White	79.7%	89.1%	73.7%
% Disability; Functional Limitations	26%	29%	29%
% Not Proficient in English	3%	2%	2%
Children in single parent households	17%	8%	21%
% Rural	100%	100%	27.7%
Population	1,181	1,509	2,940,546

<sup>19</sup> [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

## Primary Themes from Survey comments and Focus Groups



Respondents stated concerns around the topics reflected above. Paraphrased examples of suggestions included the following:

- Housing concerns which included the need for available, affordable home repair options.
- Transportation problems include the ability to attend local or regional healthcare appointments but also for social needs such as shopping or safely attending community events
- Youth focus groups were very transparent and willing to talk. They freely expressed concerns and needs from their perspectives. Perhaps because of the group participants who are identified leaders or the fact that the interviewers were strangers and not regularly in contact with them.
- Individuals discussed the needs for additional support services such as behavioral support groups, activities, and treatment options for addictions.
- Older individuals particularly expressed the need to better understand changing technology while, interestingly, youth self-identified digital fixations as personal problems and contributing to the disconnect of their generation
- The costs and benefits of living in such small communities were a frequent topic of conversation. This includes concerns about the disrepair of sidewalks and streets and the growing costs of taxation. It also included observations from younger participants of the benefits of living in a small community, *“We learn to get along with different kinds of people because we all live closely together in a small community.”*

## Community Benefit

A Worksheet of Form 990 h can be used to report the net cost of community health improvement services and community benefit operations.

*“Community health improvement services” means activities or programs, subsidized by the health care organization, carried out or supported for the express purpose of improving community health. Such services do not generate inpatient or outpatient revenue, although there may be a nominal patient fee or sliding scale fee for these services.*

*“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 tax year \(2024\) reporting period included:](#)

Greeley County Health Services administration, staff, and local community partners worked diligently in the last three years to address the significant health concerns identified in the 2022 report. Specifically, in 2024, GCHS incorporated the following strategies:

- Scheduled school physicals instead of one day events – GCHS transitioned to scheduling each child for a well child exam instead of quick, non-comprehensive health checks. This allowed clinicians to have dedicated time to address physical and behavioral concerns.
- Co-hosted a free cancer screening clinic with the Masonic lodge which was available at no cost to local participants
- Conducted low-cost health fairs which included low-cost screening labs. These were hosted onsite in each community and also on-site with major employers to add convenience to those participating.
- Employed a patient financial assistance counselor (PFAC) to work individually with patients to ease the burdens of healthcare costs. GCHS offers Sliding Fee, Prompt Pay Discounts and Medical Hardship payment options. The PFAC helps patients access prescription assistance, Medicaid presumptive eligibility and works closely with our LTC to gain and maintain Medicaid coverage for residents.
- GCHS staff members participated in housing committees as part of community development activities in both communities.
- GCHS and the Greeley-Wallace County Healthcare Foundation (Healthcare Foundation) work closely to scholarship employees in a Career Ladder program known as Frontline Worker program.
- GCHS hosted Spanish translation training which was offered to several employees to gain certification. The Healthcare Foundation assisted in funding this program.
- All major forms and many promotional and educational documents are now translated into Spanish.

- GCHS has adjusted staffing to provide a Spanish speaking staff member at the ER entrance. Bi-lingual employees are available in person and by phone to other departments of GCHS.
- GCHS staff members hosted behavioral health awareness educational efforts in both communities and sponsored educational and training events featuring outside speakers.
- GCHS hosted a behavioral health and physical therapy training conference onsite in 2024.
- GCHS hosted Career Days for all schools in our service area, bringing students on site for educational experiences in health careers.
- GCHS advanced our Telemedicine program to connect with many specialties including neurology, endocrinology, rheumatology, behavioral health, and infectious disease. GCHS providers have conducted visits via telemedicine, and we have been able to work with other outside specialties to add resources for our rural population
- GCHS continues to maintain an employer sponsored daycare and has partnered with Greeley County schools to run a daycare attached to the local school.
- GCHS staff, clinicians and administration have assumed participation and leadership roles in local, regional, and national efforts to discuss the strategies around access, behavioral health, childcare, and many other issues.

*This is a representative, not exhaustive, list of the GCHS activities in 2024.*

## 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.<sup>21</sup> 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 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 a 25-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)

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<sup>21</sup> Response to IRS Schedule H (Form 990) Part V B 3 e  
Greeley County Health Services, Tribune, KS  
2025 Community Health Needs Assessment

## Significant Health Concerns Strategy Plans

<b>NEED</b>	<b>Behavioral Health continues to be of great concern in our communities (2022 – 2016 Significant Need)</b>
Problem Statement	Behavioral health concerns continue to be a problem in our communities. Mental health access for patients of all ages is a major need
Factors	39.34% said that Behavioral health was somewhat or a major problem in our community. 34% of respondents said they have depression, 23% anxiety disorders. Behavioral health was a regular topic in each focus group with residents of all ages participating.
GCHS Current Efforts	GCHS has hired a full-time, in-person licensed professional counselor to provide therapy. We are onboarding an additional master's level therapist. We continue with area mental health partnerships including telemedicine and limited in person therapy options in Tribune. We host a robust telemedicine program which includes access to three psychiatrists and a behavioral APRN. GCHS is hosting at least two community support groups currently.
Strategy and Resources	<ul style="list-style-type: none"> <li>• Continue to employ therapist. Onboard additional therapist. Grow Care Coordination efforts</li> <li>• Promote awareness of all GCHS and community-based resources among community members, clinicians, and staff</li> <li>• Offer community educational and training resources</li> <li>• Advance training opportunities for staff members</li> <li>• Have a contractual relationship for mental health emergencies</li> </ul>
Indicators / Metrics	Number of behavioral health visits Number of mental health telemedicine encounters Completion of therapy intake assessments
Local Resources	GCHS Therapist(s), 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.

<b>NEED</b>	<b>Youth Concerns – mental health, social pressures and anxiety (2022 Concern)</b>
Problem Statement	Youth concerns have continued in the last three years with behavioral health, bullying and overuse of social and digital media
Factors	33% of survey respondents provided specific behavioral health concerns, many of them regarding youth issues
GCHS Current Efforts	GCHS has hired a full-time, in person licensed professional counselor to provide therapy. We are onboarding an additional master's level therapist. We continue with area mental health partnerships including telemedicine and limited in person therapy options in Tribune. We host a robust telemedicine program which includes access to three psychiatrists and a behavioral APRN. We switched to scheduled school physicals to better address physical and mental health concerns. We offer outreach and educational sessions to grow knowledge
Strategy and Resources	Host awareness and outreach educational efforts in all communities, including toolkits for digital use. Network with area schools and key stakeholders in youth activities. Improve curriculum for smoking, vaping and drug use, cessation and communication programming to schools. Communicate regarding social media, bullying, and other digital awareness topics. Partner with area schools.
Indicators / Metrics	Number of collaborative outreach events Number of youth accessing in-house behavioral resources
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. Continued and strengthened partnerships with area schools

<b>NEED</b>	<b>Residents express concerns over use of alcohol and drugs (2022 Other Need, 2019/2016 Significant Need)</b>
Problem Statement	CHNA participants discussed concerns about substance use and abuse. Several reflected the lack of local treatment options. Cultural pressures make it difficult to recognize unhealthy habits.
Factors	47% of survey respondents showed drugs and alcohol as somewhat or a major problem in communities. Survey comments and focus groups included concerns about use of alcohol and drugs, including prescription medication. Individuals reported the need for support services.
GCHS Current Efforts	GCHS has access to online, telemedicine support providers. We are ready to partner at the PCP, therapy, and addiction levels at patient requests.
Strategy and Resources	Host public education and awareness efforts. Partner with regional resources. Develop strong referral options for PCP. Educate staff on patient education and messaging. Develop messaging on what's healthy and unhealthy for substance use.
Indicators / Metrics	Tobacco cessation quality metrics Number of referrals for addiction treatment
Local Resources	Primary care providers and support staff. Referrals to regional addiction treatment. Staff training. Telemedicine resources.

<b>NEED</b>	<b>Obesity and inactivity contribute to health problems for residents (2019 and 2016 Significant Need)</b>
Problem Statement	Obesity and related health problems continue to be a major area of concern for our communities.
Factors	46% of respondents said that obesity was somewhat or a major concern for our communities. The 2024 data collected for our patient population showed that more than 50% of our patient population had an abnormal BMI
GCHS Current Efforts	GCHS has hosted a wellness program which includes weight loss therapies such as GLP inhibitors. PCP's frequently counsel patients on wellness strategies. GCHS partners with the rec centers and community wellness challenges and provides outreach and education efforts.
Strategy and Resources	Increase awareness of healthy lifestyle options. Provide staff education on motivational interviewing, goal-setting and small change strategies. Continue to promote and participate in community outreach events. Incorporate fitness technology and other accountability strategies into clinical discussion about wellness. Consider developing partnership with personal trainers or other community resources. Increase nutrition education available to community.
Indicators / Metrics	Number of patients with abnormal BMI Participation in wellness and recreation events
Local Resources	Primary Care Clinicians, support staff, technology devices, local rec centers, wellness professionals

<b>NEED</b>	<b>Transportation barriers create challenges for residents (2022 Other Need)</b>
Problem Statement	Our rural residents note transportation difficulties as barriers to their wellness and social goals
Factors	Transportation barriers were a frequent topic of conversation in focus groups, particularly among the elderly. 57% of Local Health Experts viewed that as a Significant health Concern
GCHS Current Efforts	GCHS currently offers limited transportation assistance to long-term care residents who must travel for specialty clinic visits. GCHS owns an aged handicapped accessible van and partners with the Greeley County Senior Center for the use of a passenger bus.
Strategy and Resources	Work collaboratively as a community partner with key community stakeholders to develop strategies for local and regional travel.
Indicators / Metrics	None at this time
Local Resources	Greeley County Community Development, Greeley County Senior Center, community groups, residents

**Other Needs Identified During the CHNA Process**

- 6. Healthcare access for specialty and support services (2022 Other need)
- 7. Safe, affordable housing. Concerns about rising taxes and affordability in retirement. (2022 Significant Need)
- 8. Heart disease / heart attacks
- 9. Cancer (2022 Other Need)
- 10. Suicide and trauma
- 11. Community infrastructure – sidewalks and streets are unsafe, poorly maintained in some areas and limiting for people with physical challenges
- 12. Trust and Community perception – stigma and fear of judgement prevent some people from seeking help

## Overall Community Need Statement and Priority Ranking Score

### **Significant community needs where the Hospital has implementation responsibility / primary driver<sup>22</sup>**

1. Behavioral Health continues to be of great concern in our communities (2022 / 2019 / 2016 Significant Need)
2. Youth Concerns – mental health, social pressures, and anxiety (2022 Concern)
3. Drugs and Alcohol – residents are concerned about usage and would like local options for treatment
4. Obesity and inactivity contribute to health problems for residents

### **Significant community needs where hospital did not develop implementation strategy / GCHS is partner to:<sup>23</sup>**

1. Transportation barriers – residents struggle with transportation to appointments, shopping, and activities

### **Other community needs where Hospital developed implementation strategy / primary owner**

1. Heart Disease / heart attacks
2. Cancer
3. Suicide / trauma
4. Healthcare access for specialty and support services

### **Other community needs where Hospital did not develop implementation strategy / GCHS is partner to**

1. Community Infrastructure and Safety – Sidewalks and streets are unsafe, poorly maintained and limiting for people disabilities
2. Housing Concerns including affordable options for new families, disrepair of existing homes and concerns about rising taxes and affordability in retirement (2022 Concern)
3. Trust and community perception - stigma and fear of judgement prevent some people from seeking help

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<sup>22</sup> Responds to Schedule h (Form 990) Part V B 8

<sup>23</sup> Responds to Schedule h (Form 990) Part V Section B 8

## Appendices

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

Hospital solicited comments about the 2022 CHNA<sup>24</sup> Twenty-five 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 choices apply to you, please give a description of your role in the community.<sup>25</sup>

	Yes (applies to me)
1) Public Health Expertise	5
2) Departments and Agencies with relevant data / information regarding health needs of the community served by the hospital	2
3) Priority Populations	25
4) Representative / Member of Chronic Disease Group or Organization	6
5) Represents the Broad Interest of the Community	8
Other	4
Answered Question	25
<i>*All respondents to the survey reside in our rural and frontier area. Many respondents identified in more than one category.</i>	

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 healthcare needs

2. Do any of these populations exist in your community, and if so, do they have any unique needs that should be addressed? Local health experts recommended the inclusion of disabled persons and military veterans.

In the 2022 CHNA, there were health needs identified as “significant” or most important:

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 poor mental health and social media difficulties.
3. The Hispanic community may sometimes feel isolated in our communities, particularly when accessing healthcare.

<sup>24</sup> Responds to IRS Schedule H (Form 990) Part V B 5

<sup>25</sup> Responds to IRS Schedule H (Form 990) Part V B 3 g

- 4. Accessing childcare is difficult in our rural communities.
- 5. Safe and affordable housing is difficult to access for our residents.

3. Should the hospital continue to consider and allocate resources to help improve the needs identified in the 2022 CHNA? Have those areas improved?

	Still a Significant Concern	Other Health Concern	Improved
1. Mental Health Concerns	15	10	8
2. Youth Concerns	19	2	4
3. Hispanic community	7	8	6
4. Accessing Childcare	3	5	16
5. Safe and affordable housing	7	12	5

*\*Respondents may have indicated a health concern category AND improved*

## Appendix B – Identification and 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
Behavioral Health continues to be of great concern in our communities	23	2	25	92%	Significant Health Concerns
Youth Concerns – mental health, social pressures, and anxiety	16	9	25	64%	
Residents express concerns over use of alcohol and drugs	17	8	25	68%	
Obesity and inactivity contribute to health problems for residents	16	8	24	67%	
Transportation barriers create challenges for residents	13	10	23	57%	
Healthcare access for specialty and support services	13	12	25	52%	Other Health Concerns
Safe, affordable housing. Concerns about rising taxes and affordability in retirement.	13	12	25	53%	
Heart disease / heart attacks	13	11	24	54%	
Cancer	12	12	24	50%	
Suicide and trauma	12	12	24	50%	
Community infrastructure – sidewalks and some roadways in poor repair	10	15	25	40%	
Trust and Community perception – stigma and fear of judgement prevent some people from seeking help	10	15	25	40%	

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

### Illustrative IRS Schedule h Part V Section B (Form 990)<sup>26</sup>

#### 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, 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 16*
  - 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 links on page 17*
  - e. The significant health needs of the community  
*See page 26*
  - f. Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  
*See footnotes 8 & 9 on page 12.*

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<sup>26</sup> Questions are drawn from 2014 Federal 990 schedule H.pdf and may change when the hospital is to make its 990 H filing

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

*See the description on page 14*

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

*See the description on page 14*

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

*See page 13 27*

- j. Other (describe in Section C)

4. Indicate the tax year the hospital facility last conducted a CHNA: **2022**

5. In conducting its most recent CHNA, did the hospital facility consider 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 considered input from persons who represent the community, and identify the persons the hospital facility consulted  
**Yes, See footnotes 8 & 9 on page 12.**

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**

7. 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 consisting 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.*

8. 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) <https://greeley.health/>

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)

9. 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**

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

11. Is the hospital facility's most recently adopted implementation strategy posted on a website? a. If "Yes," (list URL): <chrome-extension://efaidnbnmnibpcajpcglclefindmkaj/https://greeley.health/wp-content/uploads/2022/12/2022-Community-Health-Needs-Assessment-FINAL-REPORT.pdf>

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

12. 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 26*

13. 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 its hospital facilities? **Nothing to report**

## Appendix D – Resources

### 1. Population & Demographics

- Greeley County: Estimated population ~1,152 (July 1, 2024), down from ~1,283 in 2020. One of the least-populated counties in Kansas.
- Wallace County: Estimated population ~1,459 (2023). Small, aging population, low density, with household sizes generally small.

*Both counties have a higher median age compared to the Kansas average, reflecting an aging population.*

### 2. Social Determinants of Health

- Income/Poverty: Median household incomes are modest; poverty rates vary but tend to be higher than state averages in small-sample Census data.
- Education: Educational attainment generally lags behind statewide averages, with fewer residents holding bachelor's or higher degrees.
- Mobility/Access: Distance to services and limited transportation options are key barriers.

*ACS and Census Bureau estimates for these counties are unstable year-to-year due to small population sizes; use multi-year averages.*

### 3. Health Outcomes & Risk Factors

- Chronic Disease Burden: Higher prevalence of tobacco use, obesity, and related chronic disease risks relative to healthier Kansas counties.
- Mortality Outcomes: County Health Rankings and KHI profiles suggest poorer outcomes in premature death and years of potential life lost.
- Mental Health: Limited local behavioral health provider capacity, with residents often traveling out of county.

*Data Caveat: Small numbers lead to unstable rates; multi-year rolling averages recommended.*

### 4. Access to Care

- Greeley County: Served by Greeley County Health Services (hospital, clinics, outreach).
- Wallace County: Outpatient rural health clinic associated with Greeley County Health Services which is the only source of primary care. Minimal local infrastructure; relies heavily on referral to regional centers (Goodland, Colby, Hays, Denver)
- Local Partnerships: Health Departments in both communities fulfill vital public health programs. The Greeley-Wallace County Healthcare Foundation supports

community health programs. Volunteer EMS, school, and community-based programs are important for public health partnerships.

*Emergency Care: EMS transfer times and med-evac capacity are critical issues for both counties. Factors often include the geographic distance of the victim from EMS response and subsequently, the distance to nearest available healthcare*

## 6. Data Notes & Limitations

- Small population sizes cause statistical instability; data presented in 3–5-year averages where possible
- Qualitative input (surveys, focus groups, key stakeholder interviews) are essential to fill data gaps and have been incorporated into this report