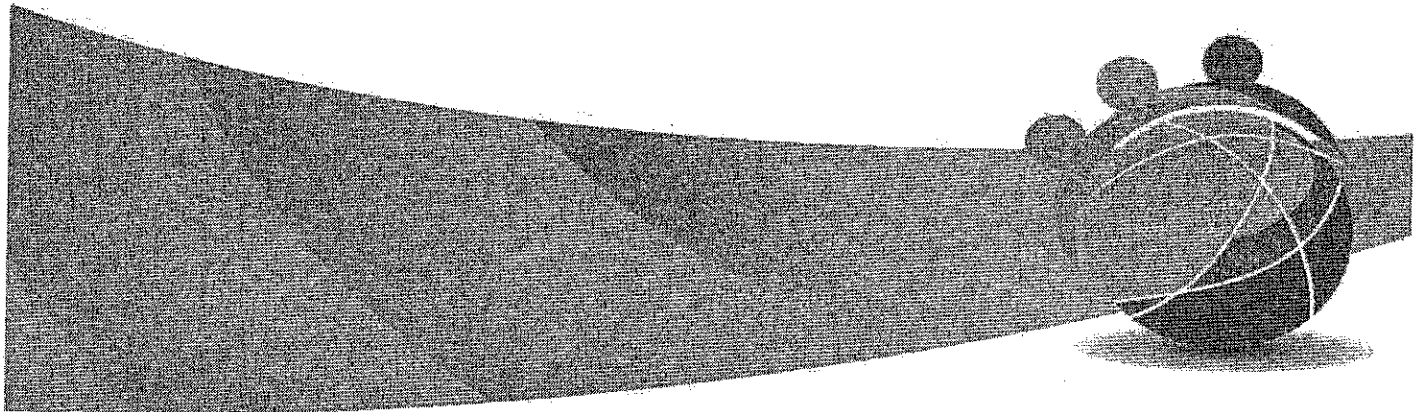


Sheridan County KS

Community Health Needs Assessment

Prepared on behalf of Sheridan County Health Complex



February 2013

**VW Research & Development INC.
Olathe, KS**

Community Health Needs Assessment

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Shaded lines note IRS requirements

I. Executive Summary

[VVV Research & Development INC]

Executive Summary

The following report is the Community Needs Health Assessment for **Sheridan County KS** for 2012. Creating healthy communities requires a high level of mutual understanding and collaboration with community individuals and partner groups. The development of this assessment brings together community health leaders and providers along with local residents to research, prioritize county health needs and to document community health delivery successes. This health assessment will serve as the foundation for community health improvement efforts for next three years. The Patient Protection and Affordable Care Act (ACA) requires a non-profit hospitals to conduct a community health needs assessment (CHNA) every three years and adopt an implementation strategy to meet the needs identified by the CHNA.

The 2012 Community Health Needs Assessment (CHNA) brings together a variety of health status information. This assessment was coordinated and produced by VVV Research & Development INC from Olathe, KS under the direction of Vince Vandehaar, MBA.

Important CHNA benefits for the sponsoring local hospital and health department, as well as for the community, are as follows: 1) Increases knowledge of community health needs and resources, 2) Creates a common understanding of the priorities of the community's health needs, 3) Enhances relationships and mutual understanding between and among stakeholders, 4) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community, 5) Provides rationale for current and potential funders to support efforts to improve the health of the community, 6) Creates opportunities for collaboration in delivery of services to the community and 7) Provides guidance to the hospital & local health department for how it can align its services and community benefit programs to best meet needs.

Key CHNA Conclusions (Secondary Research)

HEALTH RANKINGS: According to 2012 County Health Rankings study, Sheridan county number 1 out of 105 counties in Morbidity and 39th in Mortality. Health Behaviors – Tobacco Use, Diet/Exercise, Alcohol Use and Sexual Activity ranked 26th with Social Economic factors ranking in at 6th. Physical Environment (Environmental quality – air/water/food) ranked 90th.

TAB 1: Sheridan County has a higher percentage (36.7%) of people over 65 living alone. While Median household income and Per Capita Income are lower than state norms.

TAB 2: The percentage of unemployed workers in Sheridan is 2.8%. Families and children living below the poverty line are both significantly higher than state norms.

TAB 3: Student-to-teacher ratios in Sheridan are lower than state norms and the rate of students eligible for free-lunch are on par with the Critical Access Hospital norm.

TAB 4: Sheridan has a high percentage (5%) of mothers who initiate breastfeeding and a slightly higher percentage of mothers who smoke anytime during pregnancy than state norms.

TAB 5: The ratio of population to primary care physicians is significantly higher than CAH norm (1 physician to every 12560 people).

TAB 6: Financially the county has increased spending on food assistance and energy assistance consistently over the last three years.


TAB 7: Sheridan has a high percentage (30%) of adults who are obese. Increased lead risk in housing is significantly higher in Sheridan than state norms.

TAB 8: Charity care has risen over last 3 years, with county uninsured at 17%.

TAB 9: Heart disease is the major cause of death in Sheridan County.

TAB 10: Diabetic screening is occurring 91% compared to CAH norm of 82%. Infant immunization is significantly lower than state and CAH Norms.

Ranking of County Health Priorities:

Sheridan County, 			
Town Hall Community Health "Needs" N=29			
#	TOPICS	Votes	%
1	Permanent Primary Care Physician (with call coverage to rural clinic sites)	42	45%
2	Improve Hoxie Housing options	11	13%
3	Offer Local Home Health services	10	12%
4	Continue SCHC (hospital) facility improvements	10	12%
5	Explore Hospital, Public Health and School Integration of HC services	5	6%
6	Add additional school nurse services (Hoxie)	4	5%
7	Increase County Social Services support	2	2%
8	Substance Abuse	1	1%
9	Better documentation of Immunization records	1	1%
Totals		86	100%