Greeley Counties Health Services, Inc.

Greeley and Wallace Counties, Kansas

Community Health Needs Assessment and Implementation Strategy

Adopted by Board Resolution Oct 2016[1]

[1] Response to Schedule h (Form 990) Part V B 4 & Schedule h (Form 990) Part V B 9

Dear Community Member:
At Greeley Counties Health Services (GCHS), we have spent more than 60 years providing high-quality compassionate healthcare to the greater Western Kansas / Eastern Colorado area including Greeley and Wallace Counties in Kansas. The "2016 Community Health Needs Assessment" identifies local health and medical needs and provides a plan of how GCHS will respond to such needs. This document suggests areas where other local organizations and agencies might work with us to achieve desired improvements and illustrates one way we, GCHS, are meeting our obligations to efficiently deliver medical services.

In addition, in compliance with the Affordable Care Act, all not-for-profit hospitals are now 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.

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 adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. 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.

The report is a response to a federal requirement of not-for-profit hospitals to identify the community benefit they provide in responding to documented community need. Footnotes are provided to answer specific tax form questions; for most purposes, they may be ignored. 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 together. Together, we can make our community healthier for every one of us.

Thank You,
Jamie Guin, Interim CEO
Greeley Counties Health Services

TABLE OF CONTENTS

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Greeley Counties Health Services ("GCHS" or the "Hospital") has performed a Community Health Needs Assessment to determine the health needs of the local community, develop an implementation plan to outline and organize how to meet those needs, and fulfill federal requirements.
Data was gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of our resident population was performed and included a review of the prior CHNA, and to ascertain whether the previously identified needs are still a priority. The survey results were reviewed by a multi-disciplinary group and determined the Significant Health Needs for the community.

The Significant Health Needs for Greeley and Wallace Counties are:
1. Dental Care and Preventive screenings are available for all
2. Alcoholism and Drug Dependence are recognized and treatment is as available
3. Housing is a limiting factor in attracting new residents
4. Obesity education, nutrition and preventive medicine are needs in our communities
5. Access to behavioral health and awareness of mental health conditions
6. Issues of aging, end of life decision making and elder wellness are a concern
7. Patient care would benefit from additional physicians
8. There is a need for additional healthcare resources in our community such as dental care, home health options, and optometrists

GCHS and partners have developed implementation strategies for all eight needs including activities to continue/pursue, community partners to work alongside, and leading and lagging indicators to track.

APPROACH

APPROACH

Greeley Counties 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 assures GCHS identifies and responds 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 990 h 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 Based Partners to: [4]

- Better understand the needs of our communities
- Complete a CHNA report, compliant with Treasury – IRS
- Provide the Hospital with information required to complete the IRS – 990h schedule
- 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 the less fortunate who did not have means to pay. 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 is required to conduct a CHNA at least once every three taxable years and to adopt an implementation strategy to meet the community needs identified through such assessment.

---

[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 2014 Draft Federal 990 schedule h instructions i990sh—dft(2) and tax form

[4] Part 3 Treasury/IRS – 2011 – 52 Section 3.03 (2) third party disclosure notice & Schedule h (Form 990) V B 6 b

- 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.[5]

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.*[6] *…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

[5] Section 6652

[6] 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

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."[7]

Additionally, a CHNA developed subsequent to the initial Assessment must consider written commentary received regarding the prior Assessment and Implementation Strategy efforts. We 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, which would include input provided by individuals in the form of written comments."[8]

Quorum takes a comprehensive approach to the solicitation of written comments. As previously cited, we obtained input from the required three minimum sources and expanded input to include other representative groups. We 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) Represents the 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)

Greeley County Health Services also takes a comprehensive approach to assess community health needs. We performed a comprehensive community health survey in both Greeley and Wallace Counties, several independent data analyses based on secondary source data, augment this with Local Expert Advisor opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local experts. We rely on secondary source data, and most secondary sources use the Counties as the smallest unit of analysis. We asked our local expert area residents to note if they perceived the problems or needs identified by secondary sources existed in their portion of the counties. Most data used in the analysis is available from public Internet sources. Any critical data needed to address specific regulations or developed by the Local Expert Advisor individuals cooperating with us in this study are displayed in the CHNA report appendix.

Data sources include:[9]

---

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

[8] Federal Register Op. cit. P 78967 & Response to Schedule h (Form 990) B 3 h

[9] 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

Website or Data Source Data Element

www.Countieshealthrankings.org Assessment of health needs of Greeley and Wallace Counties compared to all of State counties
www.communityhealth.hhs.gov Assessment of health needs of Greeley and Wallace Counties compared to its national set of "peer counties"
www.fedstats.gov
www.cdc.gov To examine area trends for heart disease and stroke
www.CHNA.org To identify potential needs from a variety of resources and health need metrics
www.datawarehouse.hrsa.gov To identify applicable manpower shortage designations
www.worldlifeexpectancy.com To determine relative importance among 15 top causes of death

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

- We deployed a CHNA "Round 1" survey to our 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. We received community input from 12 Local Expert Advisors.
- We deployed a community based survey in both Greeley and Wallace Counties, Kansas. Survey responses started September 1 and ended with the last response on December 23, 2016. All written comments are presented verbatim in the Appendix to this report.
- Information analysis augmented by local opinions showed how Greeley and Wallace Counties relates to its 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.[10]
- Local opinions of the needs of Priority Populations, while presented in its entirety in the Appendix, was abstracted in the following "take-away" bulleted comments
    - Insurance coverage / lack of insurance coverage is a top concern ranking 1.83 on scale of 4
    - Access to services / hours of operation also ranked 1.83 out of 4
    - Costs of care (can you afford to pay your deductible) – 2.33
    - Language barrier – lowest rated concern at 4

When the analysis was complete, we put the information and summary conclusions before our Local Expert Advisors[11] who were asked to agree or disagree with the summary conclusions. They were free to augment potential conclusions with additional comments of need, and new needs did emerge from this exchange.[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, each Local Expert had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, the vast majority of comments agreed with our findings. We developed a summary of all needs identified by any of the analyzed

---

describe the ''methods of collecting'' the data. Federal Register Op. cit. P 78967 & Response to Schedule h (Form 990) Part V B 3 d

[10] Response to Schedule h (Form 990) Part V B 3 f

[11] Response to Schedule h (Form 990) Part V B 3 h

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

[13] Response to Schedule h (Form 990) Part V B 5

data sets. These needs were discussed with the eight opportunities listed including three from the 2013 CHNA study.

COMMUNITY CHARACTERISTICS

COMMUNITY CHARACTERISTICS

Definition of Area Served by the Hospital

GCHS, in conjunction with Quorum, defines its service area as Greeley and Wallace Counties in Kansas, which includes the following ZIP codes:[14]
67879 – Tribune
67758 – Sharon Springs
67761 – Wallace
67762 - Weskan
In 2015, the Hospital received 84.0% of its patients from this area.[15]

Demographic of the Community[16]

Data item	Greeley County	Wallace County
2015 Population[17]	1301	1506
% Increase/Decline	4.3	1.4
% White, non-Hispanic	80.4%	91.2%
% Hispanic	17.6%	6.7%
Median Household Income	$51,023	$48,125
% Population >65	20.9%	21.4%
% Population < 18	24.6%	24.6%

Consideration of Questions from Prior CHNA

The areas of interest or healthcare opportunity from the 2013 survey were represented in the 2016 CHNA survey which was widely distributed to local residents.

Local Experts Offering Solicited Written Comments on 2013 Priorities and Implementation Strategy

The following questions were reviewed by our multi-disciplinary group and approved for distribution as part of the CHNA survey. The response categories included: Yes, this is still a major community concern, This concern is still important but has improved from 3 years ago, This is not a primary health concern for our community. *The percentages indicate the number of respondents who indicated a positive answer in that category.*

	Yes, this is still a major community concern.	This concern is still important but has improved from 3 years ago.	This is not a primary health concern for our community.
Quality childcare is available and affordable	49.28%	41.3%	9.42%
Dental care and preventive screenings are	65.03%	27.9%	6.99%

[14] Responds to IRS Schedule h (Form 990) Part V B 3 a
[15] Kansas Hospital Association patient origin data for the hospital; Responds to IRS Schedule h (Form 990) Part V B 3 a
[16] Responds to IRS Schedule h (Form 990) Part V B 3 b
[17] All population information, unless otherwise cited, sourced from www.fedstats.gov

available for all			
Alcoholism and drug dependence are recognized and treatment is available	55.71%	31.43%	12.86%
Adults and youth know how to avoid unsafe sex and have access to contraceptives	48.55%	35.51%	15.94%
Housing is a limiting factor in attracting new residents	73.79%	20.69%	5.52%
Early childhood education is a need	31.39%	20.69%	5.52%
Chronic physical and mental illness is a concern	44.53%	42.34%	13.14%
Access to healthcare for the uninsured is a concern	30.71%	49.29%	20.00%

Conclusions from Public Input

These results indicate that only two of the original concerns noted from the 2013 CHNA survey seem to have some real improvement and several still remain a primary concern for community members.

Summary of Observations: Comparison to Other Counties

Greeley and Wallace Counties remain statistically insignificant with regard to county health rankings as designated by County Health Rankings and Roadmaps by the Robert Wood Johnson Foundation program due the limited population in each community.[18] Cumulative and comparison data is further handicapped by the lack of statistical significance in the behavioral risk factor surveillance system offered through the Kansas Department of Health and Environment.[19]

Health Outcomes - NR

In a health status classification termed "Health Outcomes," Greeley and Wallace are not ranked. However relevant information obtained through County Health Rankings show that both Greeley and Wallace Counties rank favorably when compared to their Kansas counterparts with regard to Poor or fair health days (GC and WC 2.9 days, KS 3.2), Poor mental health days (GC 2.9, WC 2.8, KS 3.0). Finally only 13% of this report indicates poor or fair health compared to 15% of the state. Comparatively, 79.59% of the CHNA respondents reported Good or Fair Health on this survey.

Health Factors

In another health status classification "Health Factors," Greeley and Wallace Counties remain not statistically significant or "Not Ranked". The following indicators compared to the KS average:

- Adult Obesity – Greeley 31% and Wallace 33% compared to KS 30%
- Physical Inactivity – Greeley 27% and Wallace 26% compared to KS 25%
- Access to Exercise Opportunities – Greeley is noticeably improved at 72% and Wallace remains low at 38% which is considerably lower than the KS avg. of 76%.
- Adult Smoking – Our communities indicate a favorable percentage as opposed to Kansas. Both Greeley and Wallace Counties show 15% and state average is 18%.

Clinical Care

In the "Clinical Care" classification, Greeley and Wallace Counties remain Not Ranked. The following indicators compared to the KS:

[18] 2016 County Health Rankings and Roadmaps – Robert Wood Johnson Foundation program

[19] www.kdheks.gov – Kansas Department of Health and Environment BRFSS

- Uninsured – Greeley 16% and Wallace 17% of residents compared to KS 14%
- Population to Primary Care Physician – Greeley 1,290:1 and Wallace 1,570:1 which is more than the KS 1,330:1
- Population to Dentist – Greeley and Wallace 1,300 and 1,510:1 respectively which is considerably above the KS average of 1,741:1
- Population to Mental Health Provider – No reports indicated for Greeley and Wallace shows 1,510:1 compared to KS 550:1. Both communities currently have access through telemedicine agreements and Greeley County has a licensed clinical social worker staffed one day each week which seems to indicate some inconsistency with the statistical information.
- Preventable Hospital Stays (a measure of potential physician shortage) – Greeley 104 and Wallace 116 admissions per 1,000 compared to KS 55
- Diabetic Monitoring – Greeley 85%and Wallace 89% which is comparable with KS average 86%

Social and Economic Factors

- Some College – Greeley 63% and Wallace 67% which is slightly less than the KS avg. of 69%
- Children in Poverty – Greeley 15% and Wallace 13% which is lower than the KS avg. of 18%
- Children in Single-Parent Households – Greeley 13% and Wallace 3% compared to KS 29%
- Number of Social Associations – Greeley 62.0 and Wallace 38.2 per 10,000 residents ranks higher than KS avg. of 13.9
- Violent Crime – Greeley 212 and Wallace 67 offenses per 100,000 compared to KS 360
- Injury Deaths – Greeley 206 and Wallace (no report) deaths compared to KS 67

Conclusions from Demographic Analysis Compared to National Averages

The population commentary for which we obtained local opinions was as follows.

The 2016 population for Greeley and Wallace Counties is estimated to be 2,807 and expected to increase at a rate of 1.4 for Wallace County and 4.3 for Greeley County. This is compared to Kansas's expected population increase of 3.3%. The 2016 Median Household Income for the area is $48,125 for Wallace County and $51,023 for Greeley County, both of which are lower than the Kansas median income of $53,482. Median Home Value for Greeley is $83,000 and Wallace is $67,700 and is significantly lower than both the Kansas median of $175,700. Greeley and Wallace's unemployment rate as of July 2016 are 2.1 an 2.7% respectively which is lower than the 4.5% statewide.

The portion of the population in the Counties over 65 is 21.4% for Wallace County and 20.9% for Greeley, compared to Kansas (14.5%) and the national average (15.1%). The portion of the population under eighteen is 24.6%, higher than the Kansas average of 23.1%. Both of these age groups are typically high utilizers of primary care systems. Over 90% of the population in Wallace County is White non-Hispanic. Less so in Greeley County with 80.4% listing as White, non-Hispanic. The largest minority is the Hispanic population which comprises 6.7% of the total in Wallace County and 17.6% in Greeley.

The following areas were identified from County Health Rankings & Roadmaps by RWJF as compared to state averages. All are considered adverse:

- Excessive drinking – GC 16%, WC 15% - State of Kansas = 17%
- Alcohol impaired driving deaths – GC 67%, WC 100%, State of Kansas = 33%
- Air pollution – GC 13.2, WC 13.4, State of Kansas = 10.9

Conclusions from Other Statistical Data

Among the Top 15 Causes of Death in the U.S., 5 of the 10 occurred at expected rates in Greeley and Wallace Counties. Heart disease, accidents, diabetes, lung disease and suicide occurred at higher rates than expected. Cancer, liver disease, stroke, flu, pneumonia and kidney disease occurred at lower rates than expected. The Top 10 Causes of Death in Greeley and Wallace Counties are:

Red indicates higher than state average		Green indicates lower than state average		
Disease	US	Kansas	Greeley Co / County Rank	Wallace Co / County Rank
Heart Disease	166.9	157.37	134.94 / 103	176.81 / 81

Cancer	161	166.84	159.86 / 85	147.99 / 102
Accidents	40.5	44.1	96.77 / 2	62.79 / 33
Diabetes	20.9	19.2	43.71 / 4	20.03 / 71
Lung	40.45	49.6	81.84 / 1	62.22 / 10
Liver	10.43	8.86	2.85 / 101	2.99 / 100
Stroke	36.47	39.01	13.75 / 105	31.29 / 98
Flu / Pneumonia	15.13	18.2	15.9 / 95	4.23 / 105
Suicide	12.97	15.74	24.1 / 4	7.95 / 98
Kidney	13.29	16.6	14.24 / 70	10.61 / 98

Conclusions from Prior CHNA Implementation Activities

Worksheet 4 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 year tax reporting included:

- $4,440

EXISTING HEALTHCARE FACILITIES, RESOURCES, & IMPLEMENTATION STRATEGY

SIGNIFICANT HEALTH NEEDS

We 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.[20] The following list:

- 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
- Documents the Leading Indicators GCHS will use to measure progress
- Presents the Lagging Indicators GCHS believes the Leading Indicators will influence in a positive fashion, and
- Presents the locally available resources noted during the development of this report as believed to be currently available to respond to this need.

In general, GCHS is the major hospital in the service area. Greeley Counties Health Services (GCHS) is an 18-bed, critical access hospital located in Greeley and Wallace Counties, KS. The next closest facilities are outside the service area and include:

- *Hamilton County Hospital, Syracuse, Kansas 32 miles (60 minutes)*
- *Wichita County Hospital, Leoti, Kansas, 31 miles (35 minutes)*
- *Goodland Regional Medical Center, Goodland, Kansas, 63 miles (70 minutes)*

All data items analyzed to determine significant needs are "Lagging Indicators," measures presenting results after a period of time, characterizing historical performance. Lagging Indicators tell you nothing about how the outcomes were achieved. In contrast, the GCHS Implementation Strategy uses "Leading Indicators." Leading Indicators anticipate change in the Lagging Indicator. Leading Indicators focus on short-term performance, and if accurately selected, anticipate the broader achievement of desired change in the Lagging Indicator. In the Quorum application, Leading Indicators also must be within the ability of the hospital to influence and measure.

Kansas Community Benefit Requirements

Significant Needs

Need	**Dental Care and Preventive screenings are available for all**
Factors	Both communities are in dental HPSA areas, 66.66% of CHNA respondents reported "Not Correct or Not at all Correct" to the question, *Dental care and preventive screenings are available for all*, 45.11% CHNA survey respondents reported "poor" access to dentists
Problem statement	There are currently no dentists in either of the core communities.
GCHS current efforts	GCHS has worked with two dentists with local ties in an attempt to establish a part time dental service without success.
Strategy and Resources	Each school system does provide a free preventive dental visit for each child at least once annually.
Leading indicators	# of residents who report no dental care
Lagging indicators	Health concerns relating to poor dental care
Local resources	Explore new dental partnerships with local and regional partners. School systems continue current efforts. Evaluate opportunities for preventive care such as dental sealants to be used in primary care offices.

[20] Response to IRS Schedule h (Form 990) Part V B 3 e

Need	**Alcoholism and Drug Dependence are recognized and treatment is available**
Factors	55.71% of CHNA respondents reported "Yes this is still a major concern for our community" to the question, *Alcoholism and Drug Dependence are recognized and treatment is available,* 92.19% of respondents report "Somewhat a problem or Major Problem" to the question *How much of a problem is drugs and alcohol in your community?,* Both communities are higher than state average for excessive drinking and alcohol impaired driving deaths.
Problem statement	The use of alcohol and drugs in our rural communities remains a health and public safety concern for our residents.
GCHS current efforts	GCHS has partnered with Compass Behavioral Health to staff a licensed drug and alcohol addictions counselor one day each week in the Tribune location. Additionally, this service is available in both clinics daily through telemedicine. GCHS clinicians also participate in an annual or bi-annual education event in each school system to discuss dangers of drug and alcohol use among other health concerns.
Strategy and Resources	Continue with current behavioral health partnering efforts. Work more closely with local law enforcement and community groups for greater community education.
Leading indicators	Number of Emergency room visit with an alcohol or drug related diagnosis codes - 2
Lagging indicators	County health rankings for alcohol impaired driving deaths – GC-67%, WC 100% County health rankings for excessive drinking – GC-16%, WC 15%
Local resources	School systems, county health fairs, local law enforcement, local community support groups

Need	**Housing is a limiting factor in attracting new residents**
Factors	73.79% report that "Yes, this is still a major community concern" to the question *Housing is a limiting factor in attracting new residents*
Problem statement	Affordable housing is difficult to find in many rural communities.
GCHS current efforts	This 2013 CHNA concern continues in the 2016 survey results. Although this remains a large problem for our community, it is difficult for GCHS to have a major role in resolving the issue.
Strategy and Resources	Greeley County Community Development has debuted an aggressive housing approach by building four duplexes in the community. These were completed in 2013. However, housing remains a large concern. GCHS remains supportive of community efforts and will partner when possible.
Leading indicators	N/A
Lagging indicators	N/A
Local resources	Community development organizations

Need	**Obesity education, nutrition and preventive medicine are needs in our communities**
Factors	2016 CHNA respondents indicated concern for these areas through the following statistics: 90% indicated "Somewhat a problem or major problem" to the question *how much of a problem is obesity,* in that same question the percentages were 93.15% cancer, 92.2 diabetes and 88.4 heart disease, many answered "yes" to the question *What areas need additional education or attention in our community* 77.08% obesity, 76.43% preventive medicine, 71.33% wellness education, 72.14% nutrition and 61.43% chronic

	disease
Problem statement	The need continues for effective chronic disease and wellness education in our communities.
GCHS current efforts	GCHS was awarded a HRSA Small Health Care Provider Quality Improvement Grant in 2016. This 3 year grant includes a new strategy to the primary care approach towards chronic disease and includes wellness and education efforts.
Strategy and Resources	HRSA Health COACH grant, annual county fair partnering, utilizing staff and community resources for wellness education
Leading indicators	Number of programs that promote healthy behaviors in 2016 / 2017
Lagging indicators	Percent of population 20+ with BMI > 30
Local resources	GCHS HRSA Health Coach grant, Greeley and Wallace County Health Departments, Greeley and Wallace County Extension Departments, School systems, County Health Fairs

Need	**Access to behavioral health and awareness of mental health conditions**
Factors	44.53% of CHNA respondents reported "Yes, this is still a major concern for our community" to the question *chronic physical and mental illness is a concern,* 71.43% answered "Yes" to the question *Does mental health need additional education or attention in our community* and 50.38% indicated that access to behavioral and mental health services are *fair* or *poor.*
Problem statement	Access to mental health services can be difficult in rural communities and may still carry some stigma associated with seeking services.
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 recently partnered with High Plains Mental health in Northwest Kansas to offer telemedicine access in the Sharon Springs clinic. We will also continue clinician and staff education for mental health awareness.
Strategy and Resources	Continue partnership with existing mental health regional agencies. Promote awareness among staff, patients and community members. Incorporate mind and body training in new primary care programming.
Leading indicators	Number of behavioral health visits: 160 Number of mental health telemedicine encounters: 10
Lagging indicators	Rate of residents reporting poor mental health days. GC 2.9 and WC 2.8
Local resources	Area mental health agencies – Compass Behavioral Health and High Plains Mental Health, County health departments, local community based groups

Need	**Issues of aging, end of life decision making and elder wellness are a concern**
Factors	79.45% of CHNA respondents reported "Yes" to the question *As you think about the aging process, what types of information would be important to you – Healthy Aging and Financial Preparation for healthcare expenses",* 66.67% reported "Yes" to *End of Life Decision making*, 78.32% believe aging and dementia require additional education and attention in our communities, 46.92% reported "Fair or Poor" to the *How satisfied are you with home health access* question. These communities are aging with 20.9% and 21.4% over the age of 65 in Greeley and Wallace Counties respectively
Problem statement	As rural Americans are living longer, more are in need of increased education about the issues of aging and elder wellness.
GCHS current efforts	GCHS has several efforts currently in place including a Patient Financial

	Assistance Counselor who is quite knowledgeable about many elder issues including Medicare, secondary coverage, and other long term planning. We have also begun to work more diligently at training our staff for caring for patients with aging diagnosis such as Alzheimer's Disease and Dementia.
Strategy and Resources	We must continue with current efforts and increase community outreach and education. Partnering with community, regional and state organizations will also benefit our residents.
Leading indicators	Number of Community presentations in 2015 - 5
Lagging indicators	Average age of community residents – GC 48.4, WC 43.4 Percent of residents over the age of 65 – GC 20.9%, WC 21.4%
Local resources	GCHS LTC, Wallace County Community Care Center, Medicare Ombudsmen, Silver Haired Legislators, GCHS staff, particularly Patient Financial Assistance Counselor, Annual Aging Expo hosted by GCHS

Need	**Patient care would benefit from additional physicians**
Factors	Both Greeley and Wallace Counties are located in HPSA (Health Provider Shortage Area), we currently staff 1.6 FTE physicians for service population greater than 3,000, the current search for a physician has lasted more than 2 years without an on-site interview or a hire
Problem statement	The shortage of Family Physicians will only continue to increase making rural recruitment that much more difficult.
GCHS current efforts	We have worked with two search firms in the past including Delta and Comp Health with no success. We continue with existing agreements with Christian Medical Dental Association, National Health Service Corps and Kansas Recruitment Center. We have an innovative, informal arrangement with a group of mission minded physicians and hospitals in southwest Kansas.
Strategy and Resources	Continue with current recruiting agreements, further develop mission minded recruiting approach, maintain presence at state recruiting venues, and pursue recruiting opportunities with residencies in Pueblo and Amarillo in addition to Kansas residency programs. Develop medical student relationship with Salina Family Medicine School
Leading indicators	On site interviews with physician candidates – 2015 = 0
Lagging indicators	Wait time for an appointment with a physician – 3 weeks HPSA score – WC 16, GC 12
Local resources	GCHS, Community Groups, KUMC, UMKC, GCHS Board of Directors, Southwest Kansas mission minded hospital group

Need	**There is a need for additional healthcare resources in our community such as dental care, home health options, and optometrists**
Factors	66.66% of CHNA respondents reported "poor or fair" to the question *how satisfied are you with the following-dental care.* 54.96% and 46.92% answered the same to eye doctor and home health respectively, our aging population finds it difficult to travel out of town for care
Problem statement	The GCHS population is interested in expansion of services. Recruiting specialties and maintaining a sufficient patient load for profitability is an even greater challenge than recruiting primary care.
GCHS current efforts	GCHS remains open to partnering with outside specialists and maintains a good referral relationship whenever possible to local outside specialists.
Strategy and Resources	GCHS will continue to work with area agencies such as Centura Health in Garden City to explore partnering opportunities. We will also explore opportunities for new service delivery for our population.

Leading indicators	Number of partnering conversations with existing specialists –
Lagging indicators	
Local resources	GCHS, GCHS Board of Directors, Quorum Health Resources, local, regional and state partners

Other Needs Identified During CHNA Process

9. EDUCATION/PREVENTION
10. HOUSING CONCERNS
11. SOCIAL VULNERABILITY
12. ACCESS TO EXERCISE OPPORTUNITIES
13. SOCIAL SUPPORT

Overall Community Need Statement and Priority Ranking Score

Significant needs where hospital has implementation responsibility[21]

1. Alcoholism and drug dependence are recognized and treatment is available
2. Obesity education, nutrition and preventive medicine are needs in our communities
3. Access to behavioral health and awareness of mental health conditions
4. Issues of aging, end of life decision making and elder wellness are a concern
5. Patient care would benefit from additional physicians
6. There is an expressed need for additional healthcare resources in our community such as dental care, home health options and optometrists

Significant needs where hospital did not develop implementation strategy[22]

1. Housing is a limiting factor in attracting new residents

Other needs where hospital developed implementation strategy

1. Social vulnerability and social support

Other needs where hospital did not develop implementation strategy

1. Access to Exercise opportunities

[21] Responds to Schedule h (Form 990) Part V B 8

[22] Responds to Schedule h (Form 990) Part V Section B 8

APPENDIX

Appendix A – Written Commentary on Prior CHNA

Hospital solicited feedback on the top results from the 2013 CHNA survey.[23] Over 145 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.

Represented among this group and the multi-disciplinary group –

- Public Health Expertise
- Departments and Agencies with relevant data/information regarding health needs of the community served by the hospital
- Priority Populations
- Representative/Member of Chronic Disease Group or Organization
- Represents the Broad Interest of the Community

147 Answered Question

5 Skipped Question

2. In the last process, several data sets were examined and a group of local people were involved in advising the Hospital. While multiple needs emerged, the Hospital had to determine what issues were of high priority and where it would be a valuable resource to assist in obtaining improvements.

Priorities from the last assessment where the Hospital intended to seek improvement were:

- Quality Childcare is available and affordable
- Dental Care and Screenings are available for all
- Alcoholism and drug dependence are recognized and treatment is available
- Adults and youth know how to avoid unsafe sex and have access to contraceptives
- Housing is a limiting factor in attracting new residents
- Early childhood education is a need
- Chronic physical and mental illness is a concern
- Access to healthcare for the uninsured is a concern

Comments from the 2016 related to these health concerns:

Treatment of mental illness is a major problem in our community!!!
"We need" optometrists, dentists, behavioral health, wellness education
We are so starved for Mental Health care and counseling in our community!!
Child care in our facility
More specialized clinics for the chronic diseases and prevention of such
Mental health services

Appendix B – Identification & Prioritization of Community Needs

Individuals Participating as Local Expert Advisors[24]

Local Experts Review results on 2013 Priorities and Implementation Strategy

1) Public Health Expertise
2) Departments and Agencies with relevant data/information regarding health needs of the community served by the hospital
3) Priority Populations
4) Representative/Member of Chronic Disease Group or Organization
5) Represents the Broad Interest of the Community

Advice Received from Local Expert Advisors - Question: *Do you agree with the observations formed about Greeley and Wallace Counties?* The multi-disciplinary group gathered in two different meetings to

[23] Responds to IRS Schedule h (Form 990) Part V B 5

[24] Responds to IRS Schedule h (Form 990) Part V B 3 g

discuss the results of the survey and share their experiences from the perspective of their personal and professional relationships. This group identified the 2016 Community Health Needs which were then collated and prepared for review by the Greeley County Health Services Board of Directors.

Appendix C – Complete list of written comments received

*Comments which personally identify an individual have been removed to preserve confidentiality and have been referred for review by administration

Treatment of Mental Illness is a major problem in our community!!
I feel that all of these are important and shouldn't be overlooked
Last three responses were regarding Syracuse
Not enough food given for a family
Cheaper prices
Word of mouth to programs
"You are all awesome"
md and rn
Additional docs needed, not mid-levels
Faster response to tests that are sent out of town
Full time RN all the time.
Optometrists, Dentist, Behavioral Health, Wellness Education
We have a great medical staff I personally am very happy with my care...
More doctors, nurses, et CNA's
We are so starved for Mental Health care and counseling in our community!!
child care in our facility
Our building could be cleaner and there is always position available signs up
House calls
Go back to delivering babies, have more part time/job split positions avail
Having a bilingual provider would benefit the community greatly
RN in clinics, instill confidence in information to patients having knowledge based person delivering
OB
More specialized clinics for the chronic diseases and prevention of such
Maybe not additional services, but making people aware of what is available to them.
Mental health services
Need a public access fitness center. The arrangement with the school in SS is inadequate.
The Senior Citizen Bus sits in the school bus barn no driver or number to call. It would be a job for someone if County or Hospital would pay them.
Our clinic is wonderful!
Thanks for the survey!!
I receive very good health care in town. I get referrals when needed. The yearly health fair is a great service too our community.
I saw an article on house calls and thought it would be great if we had the staff....
having a Spanish speaking provider would benefit the community and help the Spanish speaking patients more comfortable with attending the doctor on regular basis also having more options for day care would help, maybe a hospital based daycare?????
Our community is not very accessible to the handicap community. Poor sidewalks, heavy doors, ramps that are not ADA compliant. No park with ramps to the play equipment.
need other category on question 8, for optometrist, ophthalmologist, dental, dental surgeon

Appendix D – Illustrative Schedule h (Form 990) Part V B Potential Response

Illustrative IRS Schedule h Part V Section B (Form 990)[25]

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

See footnotes 14 and 16 on page 9

b. Demographics of the community

See footnote 16 on page 9

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

See footnotes 20 on pages 13

d. How data was obtained

See page 7

e. The significant health needs of the community

See page 13

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

See page 8

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

See page 8

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

See footnotes 7 through 9 on page 7

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

See footnote 10 on page 20

j. Other (describe in Section C)

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

2013

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

See footnote 7-9 on page 7

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, the health departments in Greeley and Wallace Counties, Kansas

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)

mygchs.com

b. Other website (list URL)

[25] Questions are drawn from 2014 Federal 990 schedule h.pdf and may change when the hospital is to make its 990 h filing

N/A

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

Yes

d. Other (describe in Section C)

Paper copies were printed and distributed at community events.

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, see page 13

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

2013

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

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

Yes; mygchs.com

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

Page 13. The most significant need identified by our community members is the need for affordable housing. Unfortunately, as a non-profit organization, Greeley County Health Services has very little ability to directly impact affordable housing in any meaningful way. Members of the staff and board have served in a number of volunteer capacities on civic groups in an attempt to identify solutions to the problem. Most recently, Greeley County constructed several duplexes with the assistance of private investors which has provided some respite to the problem in this community. The board has determined that this significant need will not serve as a priority for our organization but we will remain supportive of community efforts.

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 Form4720 for all of its hospital facilities?

Nothing to report