Community Health Needs Assessment

Cheyenne County, KS

On Behalf of Cheyenne County Hospital



June 2026

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment
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I. Executive Summary

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I. Executive Summary

Cheyenne County Hospital (Primary Service Area) – Cheyenne County, KS – 2026 Community Health Needs Assessment (CHNA)

The previous Community Health Needs Assessment for Cheyenne County Hospital and its primary service area was completed in 2023. (Note: The Patient Protection and Affordable Care Act (ACA) requires non-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). The Round #5 Cheyenne County, KS CHNA began in January of 2026 and was facilitated/created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders, providers, and other residents to research and prioritize county health needs while documenting community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years.

Important community CHNA benefits for both the local hospital and the health department, 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.) Guides the hospital and local health department on how they can align their services and community benefit programs to best meet needs, and 8.) fulfills the Hospital's "Mission" to deliver.

County Health Area of Future Focus on Unmet Needs

Area Stakeholders held a community conversation to review, discuss, and prioritize health delivery. Below are two tables reflecting community views and findings:

2026 CHNA Unmet Needs				
Cheyenne County Hospital (Primary Service Area)				
St. Francis, KS - 4/9/26 Town Hall: (19 Attendees, 73Total Stakeholder Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Diagnosis, Treatment, Aftercare, Providers)	13	18%	18%
2	Dentists	11	15%	33%
3	Service Area Workforce Retention (All Industries)	9	12%	45%
4	Health Literacy (Own Personal Health)	9	12%	58%
5	Housing (Access & Affordable)	9	12%	70%
6	Access to Healthy Foods (Local Grocery Stores)	8	11%	81%
	Total Votes	73		
Other Items receiving votes: Obesity (Nutrition / Fitness), Insurance, Suicide Prevention, Visiting Specialists, Home Health (Private / CMS), Substance Abuse (Drugs & Alcohol)				

Town Hall CHNA Findings: Areas of Strengths

Cheyenne County, KS - Community Health Strengths Recalled			
#	Topic	#	Topic
1	Collaborative Community	5	Local Hospital and Clinics
2	EMS	6	Maternal Health On The Move
3	Facility Upgrades	7	OB Care
4	Interventional Primary Care	8	Provider Stability

Key CHNA Round #5 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2023 Robert Woods Johnson County Health Rankings, Cheyenne Co, KS, on average was ranked 62nd in Health Outcomes, 39th in Health Factors, and 12th in Physical Environmental Quality out of the 105 Counties.

TAB 1. Cheyenne County's population is 2,636 (based on 2023 findings). About six percent (6.6%) of the population is under the age of 5, while the population that is over 65 years old is 27.2%. Children in single parent households make up a total of 20.7% compared to the rural norm of 17.1%, and 89.3% are living in the same house as one year ago.

TAB 2. In Cheyenne County, the average per capita income is $32,883 while 17.4% of the population is in poverty. The severe housing problem was recorded at 9.3% compared to the rural norm of 8.2%. Those with food insecurity in Cheyenne County is 13.7%, and those having limited access to healthy foods (store) is 8.3%. Individuals recorded as having a long commute while driving alone is 20.3% compared to the norm of 17.9%.

TAB 3. Children eligible for a free or reduced-price lunch in Cheyenne County is 53.5%. Findings reported that 87.8% of Cheyenne County ages 25 and above graduated from high school while 73.6% of adults ages 25-44 hold some post-secondary education (2019-2023).

TAB 4. The percent of births where prenatal care began in the first trimester was recorded at 75.4% compared to the rural norm of 78.1%. Additionally, the percentage of births with low birth weight was 12.0%. In Cheyenne County, the percentage of infants (up to 24 months) that received full immunizations was 87.5% compared to the rural norm of 82.2%.

TAB 5. In Cheyenne County, there were 2,827 preventable hospital stays in compared to the rural norm of 3,235. Patients who gave their hospital a rating of 9 or 10 (scale 0-10) was 80.0% while patients who reported they would definitely recommend the hospital was recorded at 78.0%.

Secondary Research Continued

TAB 6. In Cheyenne County, adults diagnosed with depression as of 2021 was 20.8%. The age-adjusted suicide mortality rate per 100k from 2021-2023 was 5.7 compared to the rural norm of 23.1.

TAB 7a – 7b. Cheyenne County has an obesity percentage of 39.9% and a physical inactivity percentage is 26.7%. The percentage of adults who smoke is 18.1%, while the excessive drinking percentage is 19.5%. The percentage of adults with chronic kidney disease is 2.8%. The percentage of adult individuals who were recorded with cancer was 6.3% while adults recorded with diabetes is 10.8% compared to the rural norm of 10.7%.

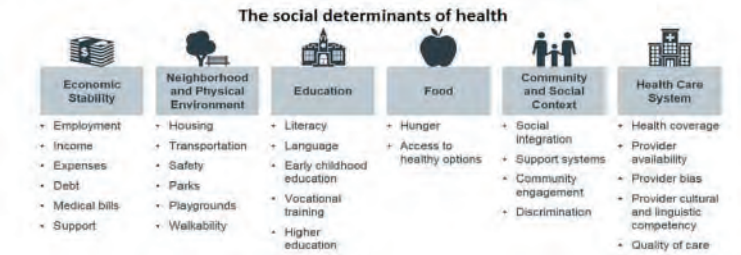
TAB 8. The adult uninsured rate for Cheyenne County is 17.4% compared to the rural norm of only 16.5%.

TAB 9. The life expectancy rate in Cheyenne County for males and females is roughly 76 years of age (76.4). Age-adjusted cancer mortality rate per 100k is 179.7. The age-adjusted heart disease mortality rate per 100k is at 198.5.

TAB 10. Continually, 29.0% of women have done a mammography screening compared to the rural norm of 42.5%. Adults recorded in Cheyenne County who have had a regular routine check-up is 71.9% compared to the rural norm of 71.2%.

Social Determinants Views Driving Community Health: From Town Hall conversations the Economy followed by Provider Access, and Neighborhood / Physical Environment are impacting community health, see Sec V for a detailed analysis.

Social Determinants Online Community Feedback – Cheyenne County Hospital PSA (N=140)



Cheyenne County KS "KEY" Social Determinant Takeaways to Improve Our Community Health	
Education access and quality: **Health literacy** remains a challenge…	…make sure that **fresh and affordable healthy ingredients** are locally available and education on how to prepare them.
We need a bigger **gym/workout** facility.	…**housing** is difficult. Rentals are hard to find, and property taxes are exploding…
Community support and services are lacking in the areas of suicide prevention, drug & alcohol abuse, and general health/wellness education.	**Transportation** to and from health care needs, including specialists outside of our immediate area…

Key CHNA Round #5 Primary Research Conclusions found:

Community Feedback from residents, community leaders, and providers (N=140) provided the following community insights via an online perception survey:

- Using a Likert scale, the average between Cheyenne County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 72.9%.

- Cheyenne County stakeholders are very satisfied with some of the following services: Ambulance Services, Chiropractors, Dentists, Emergency Room, Inpatient Hospital Services, Outpatient Hospital Services, Pharmacy, Primary Care, and Public Health.

- When considering past CHNA needs, the following topics came up as the most pressing: Access to Affordable Insurance, Mental Health, Lack of Visiting Specialists, and Workforce Shortages.

During the Town Hall on April 9th, 2026, a discussion was held to evaluate the impact of any actions taken to address the 2023 significant health needs identified. The table below was reviewed in-depth asking for feedback on which needs are still pressing and ongoing, thus evaluating actions taken in 2023.

Cheyenne County Hospital PSA - CHNA 2026 N=140					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Access to Affordable Insurance	54	12.9%		1
2	Mental Health (Diagnosis, Placement, Aftercare, Providers)	50	12.0%		2
3	Lack of Visiting Specialists: Derm, Ped, Ent, Eye, Neu, Ortho and Urol.	43	10.3%		3
4	Workforce Shortages	42	10.1%		4
5	Exercise/ Wellness	33	7.9%		7
6	Substance Abuse (Drugs/ Alcohol)	30	7.2%		5
7	Dental Retention	30	7.2%		8
8	Child Care	30	7.2%		9
9	Lack of Community HC Knowledge / Personal Health Responsibility to curb apathy	29	7.0%		6
10	Poverty	20	4.8%		11
11	Chronic Disease Management	18	4.3%		12
12	Access to Transfer Care (Transportation)	17	4.1%		10
13	Lack of HC Reimbursement to cover HC Delivery Expenses	12	2.9%		13
14	Domestic Abuse/ Neglect	9	2.2%		14
	Totals	417	100.0%		

II. Methodology

II. Methodology

a) CHNA Scope and Purpose

The federal Patient Protection and Affordable Care Act (ACA) requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs. Any hospital that has filed a 990 is required to conduct a CHNA. IRS Notice 2011-52 was released in late fall of 2011 to give notice and request comments.

JOB #1: Meet/Report IRS 990 Required Documentation

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. This includes a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs.
5. A description of resources potentially available to address the significant health needs identified through the CHNA.
6. An evaluation of the impact of any actions that were taken to address the significant health needs identified in the immediately preceding CHNA.

Section 501(r) provides that a CHNA must take into account input from persons who represent the broad interests of the community served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: Government agencies with current information relevant to the health needs of the community and representatives or members in the community who are medically underserved, low-income, minority populations, and populations with chronic disease needs. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.).

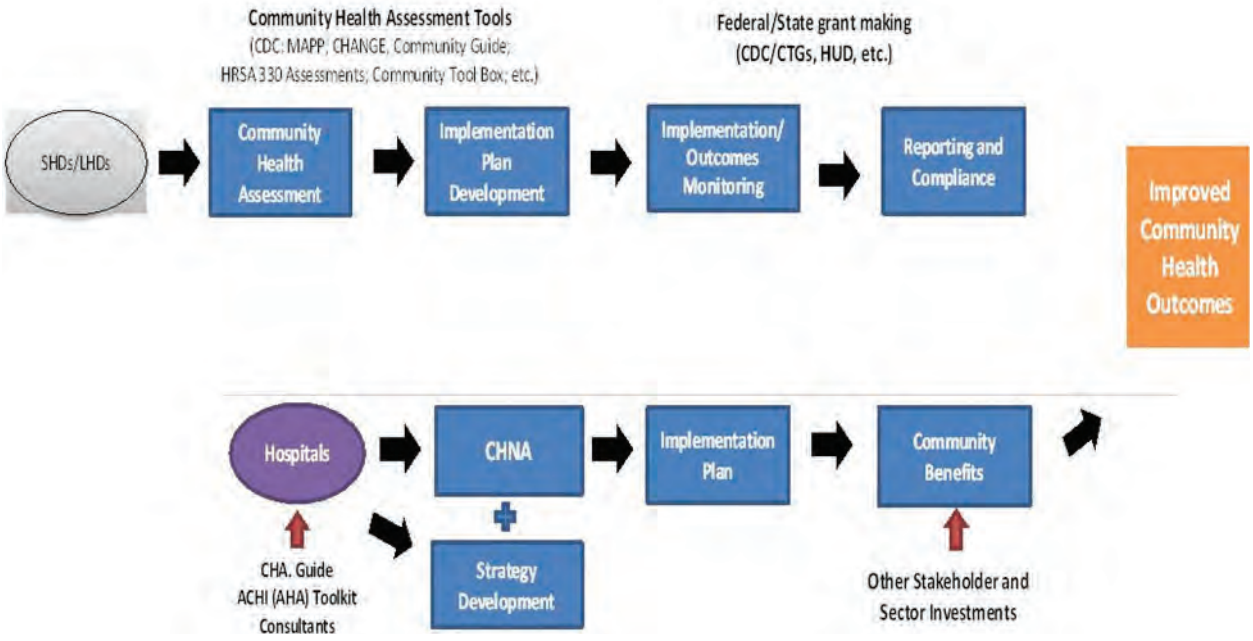
JOB #2: Making a CHNA Widely Available to the Public

The Notice provides that a CHNA will be considered to be "conducted" in the taxable year that the written report of the CHNA findings is made widely available to the public. The Notice also indicates that the IRS intends to pattern its rules for **making a CHNA "widely available to the public"** after the rules currently in effect for Form 990. Accordingly, an organization would make a **facility's written report** widely available by posting the final report on its website either in the form of (1) the report itself, in a readily accessible format or (2) a link to another organization's website, along with instructions for accessing the report on that website. *The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

JOB #3: Adopt an Implementation Strategy by Hospital

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. The Notice defines an "implementation strategy" as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it. A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Great emphasis has been given to work hand-in-hand with leaders from hospitals, the state health department and the local health department. A common approach has been adopted to create the CHNA, leading to aligned implementation plans and community reporting.



IRS Requirements Overview (Notice 2011-52)

Notice and Request for Comments Regarding the Community Health Needs Assessment Requirements for Tax-exempt Hospitals

Applicability of CHNA Requirements to "Hospital Organizations"

The CHNA requirements apply to "hospital organizations," which are defined in Section 501(r) to include (1) organizations that operate one or more state-licensed hospital facilities, and (2) any other organization that the Treasury Secretary determines is providing hospital care as its principal function or basis for exemption.

How and When to Conduct a CHNA

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three taxable years. ***The CHNA must take into account input from persons representing the community served by the hospital facility and must be made widely available to the public.*** **The CHNA requirements are effective for taxable years beginning after March 23, 2012**. As a result, a hospital organization with a June 30 fiscal year end must complete a CHNA full report every 3 years for each of its hospital facilities by fiscal June 30th.

Determining the Community Served

A CHNA must identify and assess the health needs of the **community served** by the hospital facility. Although the Notice suggests that geographic location should be the primary basis for defining the community served, it provides that the organization may also take into account the target populations served by the facility (e.g., children, women, or the aged) and/or the facility's principal functions (e.g., specialty area or targeted disease). *A hospital organization, however, will not be permitted to define the community served in a way that would effectively circumvent the CHNA requirements (e.g., by excluding medically underserved populations, low-income persons, minority groups, or those with chronic disease needs).*

Persons Representing the Community Served

Section 501(r) provides that a CHNA must take into account input from **persons who represent the broad interests of the community** served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: (1) government agencies with current information relevant to the health needs of the community and (2) representatives or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.).

Required Documentation

The Notice provides that a hospital organization will be required to separately document the CHNA for each of its hospital facilities in a **written report** that includes the following information: 1) a description of the community served by the facility and how the community was determined; 2) a description of the process and methods used to conduct the CHNA; 3) the identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA; 4) a description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications; 5) a prioritized

description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and 6) a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Making a CHNA Widely Available to the Public

The Notice provides that a CHNA will be considered to be "**conducted**" in the taxable year that the written report of the CHNA findings is made **widely available to the public**. The Notice also indicates that the IRS intends to pattern its rules for making a CHNA "widely available to the public" after the rules currently in effect for Forms 990. *Accordingly, an organization would make a facility's written report widely available by posting on its website either (1) the report itself, in a readily accessible format, or (2) a link to another organization's website, along with instructions for accessing the report on that website. The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

How and When to Adopt an Implementation Strategy

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. **The Notice defines an "implementation strategy" as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need, or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it**. A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Under the Notice, an implementation strategy is considered to be "**adopted**" on the date the strategy is approved by the organization's board of directors or by a committee of the board or other parties legally authorized by the board to act on its behalf. Further, the formal adoption of the implementation strategy must occur by the end of the same taxable year in which the written report of the CHNA findings was made available to the public. For hospital organizations with a June 30 fiscal year end, that effectively means that the organization must complete and appropriately post its first CHNA no later than its fiscal year ending June 30, 2013, and formally adopt a related implementation strategy by the end of the same tax year. *This final requirement may come as a surprise to many charitable hospitals, considering Section 501(r) contains no deadline for the adoption of the implementation strategy.*

IRS Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(0(3) Last Reviewed or Updated: 21-Aug-2020

In addition to the general requirements for tax exemption under Section 501(c)(3) and Revenue Ruling 69-545hospital organizations must meet the requirements imposed by Section 501(r) on a facility-by-facility basis in order to be treated as an organization described in Section 501(c)(3). These additional requirements are:

1. Community Health Needs Assessment (CHNA) - Section 501(r)(3),
2. Financial Assistance Policy and Emergency Medical Care Policy - Section 501(r)(4),
3. Limitation on Charges - Section 501(r)(5), and
4. Billing and Collections - Section 501(r)(6).

Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Additionally, in determining its patient populations for purposes of defining its community, a hospital facility must take into account all patients without regard to whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under the hospital facility's financial assistance policy. If a hospital facility consists of multiple buildings that operate under a single state license and serve different geographic areas or populations, the community served by the hospital facility is the aggregate of these areas or populations.

Additional Sources of Input
In addition to soliciting input from the three required sources, a hospital facility may solicit and take into account input received from a broad range of persons located in or serving its community. This includes, but is not limited to:

- Health care consumers and consumer advocates
- Nonprofit and community-based organizations
- Academic experts
- Local government officials
- Local school districts
- Health care providers and community health centers
- Health insurance and managed care organizations,
- Private businesses, and
- Labor and workforce representatives.

Although a hospital facility is not required to solicit input from additional persons, it must take into account input received from any person in the form of written comments on the most recently conducted CHNA or most recently adopted implementation strategy.

Collaboration on CHNA Reports
A hospital facility is permitted to conduct its CHNA in collaboration with other organizations and facilities. This includes related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations.

In general, every hospital facility must document its CHNA in a separate CHNA report unless it adopts a joint CHNA report. However, if a hospital facility is collaborating with other facilities and organizations in conducting its CHNA, or if another organization has conducted a CHNA for all or part of the hospital facility's community, portions of a hospital facility's CHNA report may be substantively identical to portions of the CHNA reports of a collaborating hospital facility or other organization conducting a CHNA, if appropriate under the facts and circumstances.

If two hospital facilities with overlapping, but not identical, communities collaborate in conducting a CHNA, the portions of each hospital facility's CHNA report relevant to the shared areas of their communities might be identical. So, hospital facilities with different communities, including general and specialized hospitals, may collaborate and adopt substantively identical CHNA reports to the extent appropriate. However, the CHNA reports of collaborating hospital facilities should differ to reflect any material differences in the communities served by those hospital facilities. Additionally, if a governmental public health department has conducted a CHNA for all or part of a hospital facility's community, portions of the hospital facility's CHNA report may be substantively identical to those portions of the health department's CHNA report that address the hospital facility's community.

Collaborating hospital facilities may produce a joint CHNA report as long as all of the collaborating hospital facilities define their community to be the same and the joint CHNA report contains all of the same basic information that separate CHNA reports must contain. Additionally, the joint CHNA report must be clearly identified as applying to the hospital facility.

Joint Implementation Strategies
As with the CHNA report, a hospital facility may develop an implementation strategy in collaboration with other hospital facilities or other organizations. This includes but is not limited to related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations. In general, a hospital facility that collaborates with other facilities or organizations

in developing its implementation strategy must still document its implementation strategy in a separate written plan that is tailored to the particular hospital facility, taking into account its specific resources. However, a hospital facility that adopts a joint CHNA report may also adopt a joint implementation strategy. With respect to each significant health need identified through the joint CHNA, the joint implementation strategy must either describes how one or more of the collaborating facilities or organizations plan to address the health need or identify the health need as one the collaborating facilities or organizations do not intend to address. It must also explain why they do not intend to address the health need.

A joint implementation strategy adopted for the hospital facility must also: Be clearly identified as applying to the hospital facility, Clearly identify the hospital facility's role and responsibilities in taking the actions described in the implementation strategy as well as the resources the hospital facility plans to commit to such actions, and Include a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relate to the hospital facility.

Adoption of Implementation Strategy
An authorized body of the hospital facility must adopt the implementation strategy. See the discussion of the Financial Assistance Policy below for the definition of an authorized body.· This must be done on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility finishes conducting the CHNA. This is the same due date (without extensions) of the Form 990.

Acquired Facilities A hospital organization that acquires a hospital facility (through merger or acquisition) must meet the requirements of Section 501(r)(3) with respect to the acquired hospital facility by the last day of the organization's second taxable year beginning after the date on which the hospital facility was acquired. In the case of a merger that results in the liquidation of one organization and survival of another, the hospital facilities formerly operated by the liquidated organization will be considered "acquired," meaning they will have until the last day of the second taxable year beginning after the date of the merger to meet the CHNA requirements. Thus, the final regulations treat mergers equivalently to acquisitions.

New Hospital Organizations
An organization that becomes newly subject to the requirements of Section 501(r) because it is recognized as described in Section 501(c)(3) and is operating a hospital facility must meet the requirements of Section 501(r)(3) with respect to any hospital facility by the last day of the second taxable year beginning after the latter of: The effective date of the determination letter recognizing the organization as described in Section 501(c)(3), or · The first date that a facility operated by the organization was licensed, registered, or similarly recognized by a state as a hospital.

New Hospital Facilities
A hospital organization must meet the requirements of Section 501(r)(3), with respect to a new hospital facility it operates by the last day of the second taxable year beginning after the date the facility was licensed, registered, or similarly recognized by its state as a hospital.

Transferred/Terminated Facilities
A hospital organization is not required to meet the requirements of Section 501(r)(3) with respect to a hospital facility in a taxable year if the hospital organization transfers all ownership of the hospital facility to another organization or otherwise ceases its operation of the hospital facility before the end of the taxable year. The same rule applies if the hospital facility ceases to be licensed, registered, or similarly recognized as a hospital by a state during the taxable year. By extension, a government hospital organization that voluntarily terminates its Section 501(c)(3) recognition as described in Rev. Proc. 2018-5 (updated annually) is no longer considered a hospital organization for purposes of Section 501(r) and therefore is not required to meet the CHNA requirements during the taxable year of its termination.

Public Health Criteria:

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community.

Domain 1 focuses on the assessment of the health of the population in the jurisdiction served by the health department. The domain includes systematic monitoring of health status; collection, analysis, and dissemination of data; use of data to inform public health policies, processes, and interventions; and participation in a process for the development of a shared, comprehensive health assessment of the community.

DOMAIN 1 includes 4 STANDARDS:

- **Standard 1.1 -** Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment
- **Standard 1.2 -** Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and on the Health Status of the Population
- **Standard 1.3 -** Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors That Affect the Public's Health
- **Standard 1.4 -** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions

Required CHNA Planning Process Requirements:

a. Participation by a wide range of community partners.
b. Data / information provided to participants in CHNA planning process.
c. Evidence of community / stakeholder discussions to identify issues & themes. Community definition of a "healthy community" included along with list of issues.
d. Community assets & resources identified.
e. A description of CHNA process used to set priority health issues.

Seven Steps of Public Health Department Accreditation (PHAB):

1. Pre-Application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

MAPP Process Overview

Mobilizing for Action through Planning and Partnerships (MAPP) is a flexible strategic planning tool for improving the health and quality of life for the community. Like most strategic planning, MAPP involves organizing partners, creating a vision and shared values, collecting data, identifying areas for improvement, and developing goals and strategies to address them. Through collaboration with partners and the community, MAPP allows us to focus our efforts and work on issues to strengthen the local public health system.

The MAPP process includes the following six phases. It's important to note that MAPP has no set end point and will continue throughout the life cycle of the Community Health Improvement Plan (CHIP).

1. In this first phase, **Organize for Success/Partnership Development**, various sectors of the community with established relationships are reviewed, leading to the identification of areas for partnership development and creation of new relationships to enhance the MAPP process.

2. In the second phase, **Visioning**, a shared community vision and common values for the MAPP process are created.

3. In the third phase, **Four MAPP Assessments**, data is collected from existing and new sources about the health of our community, which results in a Community Health Assessment (CHA).

4. In the fourth phase, **Identify Strategic Issues**, community partners and health professionals select issues based on data collected from the third phase that are critical to the local public health system and align with the vision from the second phase.

5. In the fifth phase, **Formulate Goals and Strategies**, potential ways to address the strategic issues are identified by the community along with the setting of achievable goals. The final result is a Community Health Improvement Plan (CHIP).

6. The sixth and final phase of the MAPP process is the **Action Cycle**, which is where the work happens for meeting the objectives set in the previous phase. Through these collaborative efforts, the health of the community is improved.



Social Determinants of Health

What Are Social Determinants of Health?



Social determinants of health (SDOH)external icon are defined as the conditions in which people are born, grow, live, work, and age. SDOH are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world. Differences in these conditions lead to health inequities or the unfair and avoidable differences in health status seen within and between countries.

Healthy People 2030external icon includes SDOH among its leading health indicators. One of Healthy People 2030's five overarching goals is specifically related to SDOH: Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.

Through broader awareness of how to better incorporate SDOH throughout the multiple aspects of public health work and the 10 Essential Public Health Services, public health practitioners can transform and strengthen their capacity to advance health equity. Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Round #5 CHNA focuses on Social Determinants & Health Equity.

Centers for Medicare & Medicaid Services Health Equity Domains

CMS' Hospital Commitment to Health Equity has introduced two equity-focused process measures in 2023: screening for Social Drivers of Health (SDOH-01) and Screen Positive Rate for Social Drivers of Health (SDOH-02). (Although these measures will not be required until 2024, it is highly recommended that hospitals begin tracking them in 2023.)

Domain 1: Equity as a Strategic Priority

The hospital has a strategic plan for advancing health care equity that accomplishes the following:

- Identifies priority populations who currently experience health disparities.
- Establishes health care equity goals and discrete action steps to achieve them.
- Outlines specific resources that are dedicated to achieving equity goals.
- Describes an approach for engaging key stakeholders, such as community partners.

Domain 2: Data Collection

The hospital is engaging in the following three key data collection activities.

- Collecting demographic information, including self-reported race and ethnicity, and SDOH information, on a majority of patients
- Training staff in the culturally sensitive collection of demographics and SDOH information
- Inputting patient demographic and/ or SDOH information into structured interoperable data elements using a certified electronic health record technology.

Domain 3: Data Analysis

The hospital stratifies key performance indicators by demographic and/ or SDOH variables to identify equity gaps and includes this information on hospital performance dashboards.

Domain 4: Quality Improvement

The hospital participates in local, regional and or national quality improvement activities that are focused on reducing health disparities.

Domain 5: Leadership Engagement

The hospital's senior leadership, including the chief executives and the entire hospital board of trustees, demonstrates a commitment to equity through the following two activities.

- Annual reviews of the hospital's strategic plan for achieving health equity
- Annual reviews of key performance indicators stratified by demographic and/ or social factors.

Sources:
The Joint Commission. (2022, June 20). R3 Report: New Requirements to Reduce Health Care Disparities. Retrieved from https://www.jointcommission.org/-/media/tje/documents/standards/r3-reports/r3_disparities_july2022-6-20-2022.pdf

Health Equity Innovation Network. (2022, August 29). Quick Start Guide: Hospital Commission to Health Equity Measure. Retrieved from https://hqin.org/wp-content/uploads/2022/08/Quick-Start-Guide-Hospital-Commitment-to-Health-Equity-Measure.pdf

The Joint Commission (TJC) Elements of Performance - Regulatory and Accreditation Requirements Related to Health Equity and Social Determinants of Health

New and revised TJC requirements to reduce health care disparities went into effect Jan. 1, 2023. Below are the six elements of performance.

Element of Performance 1:

The organization designates an individual to lead activities aimed at reducing healthcare disparities. **(Hospital Responsibility)**

Element of Performance 2:

The organization assesses the patient's health-related social needs and provides information about community resources and support services. **(CHNA full report- Section I and III)**

Examples of health-related social needs may include the following:

- Access to transportation
- Difficulty paying for prescriptions or medical bills.
- Education and literacy
- Food insecurity
- Housing insecurity

Element of Performance 3:

The organization identifies healthcare disparities in its patient population by stratifying quality and safety data. **(CHNA Town Hall)** Examples of sociodemographic characteristics may include but are not limited to the following: Age, Gender, Preferred Language, Race, and ethnicity.

Element of Performance 4:

The organization develops a written action plan that describes how it will address at least one of the healthcare disparities identified. **(CHNA IMPL Development Plan)**

Element of Performance 5:

The organization acts when it does not achieve or sustain goal(s) in its action plan to reduce health care disparities.

Element of Performance 6:

At least annually, the organization informs key stakeholders, identifying leaders, licensed practitioners, and staff, about its progress in reducing identified healthcare disparities. **(Hospital Responsibility)**

II. Methodology
b) Collaborating CHNA Parties

Working together to improve community health takes collaboration. Listed below is an in-depth profile of the local hospital and Health Department CHNA partners:

Cheyenne County Hospital Profile

210 W 1st Street St Francis, Kansas 67756
M-F 8:00 am - 5:00 pm
(785) 332-2104
CEO: Jeremy Clingenpeel

About: Cheyenne County Hospital is a nonprofit Critical Access Hospital dedicated to providing high-quality, compassionate care close to home. Licensed for 16 beds, we offer Acute Care, Swing Bed services, and Obstetrics, along with a 24-hour Emergency Department for urgent needs.

We also operate the Cheyenne County Clinics in St. Francis and Bird City, as well as the County Health Department, ensuring comprehensive care for our community. Cheyenne County Hospital's Senior Life Solutions program, is an intensive outpatient group counseling program, is designed to meet the unique needs of older adults over the age of 65 struggling with depression and anxiety often related to aging.

Since opening in 1953, we have proudly served Cheyenne County and surrounding rural areas in northwestern Kansas, near the Nebraska and Colorado borders. As one of the county's largest employers, we remain committed to our mission:
"Improving Health through Access to Quality Care"

Cheyenne County Hospital is leased by Great Plains Health Alliance and legally recognized as Great Plains of Cheyenne County, dba Cheyenne County Hospital.

"Your Health, Our Commitment—Quality Care Close to Home."

Cheyenne County Hospital offers the following services to its community:

- Acute Care
- Anesthesia
- Audiology
- Cardiology
- Cardiopulmonary
- County Clinics
- County Health Department
- Emergency Services
- General Surgery
- Laboratory
- Obstetrics
- Ophthalmology
- Pain Management
- Radiology
- Rehabilitation
- Senior Life Solutions
- Sleep Studies
- Swing Bed
- Ultrasound
- Wound Care

Cheyenne County Health Department Profile

221 West 1st Street
PO Box 547
St. Francis, KS 67756
Phone: 785-332-2381

County Health Mission
Evaluate, monitor, protect, restore and/or improve the health of all persons within the county by providing health services, environmental services, and educational services to maintain and promote a healthy lifestyle for individuals, families, and the community.

County Health Vision
"To Promote a Healthy Community through our Commitment to Quality Patient Care"

What Public Health Does? (The Purpose of Public Health)

- Prevent epidemic & the spread of disease.
- Protect against environmental hazards.
- Prevent injuries.
- Promote & encourage healthy behaviors & mental health.
- Respond to disasters & assist communities in recovery.
- Assure the quality & accessibility of health services.

Cheyenne County Health Departments offers the following services:

- Immunizations
- School Health
- Education
- Screening Testing
- Early Detection Works
- Farmworker Health Program
- Reportable Disease Investigation Program
- Emergency Preparedness

II. Methodology
b) Collaborating CHNA Parties Continued

Consultant Qualifications:
VVV Consultants LLC 601 N. Mahaffie, Olathe, KS 66061 (913) 302-7264

VVV Consultants LLC is an Olathe, KS based "boutique" healthcare consulting firm specializing in Strategy, Research and Business Development services. To date we have completed 83 unique community CHNA's in KS, MO, IA, NE and WI (references found on our website VandehaarMarketing.com



VVV Consultants LLC (EIN 27-0253774) began as "VVV Research & Development INC" in early 2009 and converted to an LLC on 12/24/12. Web: VandehaarMarketing.com

Our Mission: to research, facilitate, train, create processes to improve market performance, champion a turnaround, and uncover strategic "critical success" initiatives.

Our Vision: to meet today's challenges with the voice of the market solutions.

Our Values:

Engaged – we are actively involved in community relations & boards.
Reliable – we do what we say we are going to do.
Skilled – we understand business because we've been there.
Innovative – we are process-driven & think "out of the box."
Accountable – we provide clients with a return on their investment.

II. Methodology

c) CHNA and Town Hall Research Process

Round #5 Community Health Needs Assessment (CHNA) process began in January of 2026 for Cheyenne County Hospital in Cheyenne County, KS to meet Federal IRS CHNA requirements.

In early January 2026, a meeting was called amongst the Cheyenne County Hospital leaders to review CHNA collaborative options. <Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps.> Outcomes from discussion led to Cheyenne County Hospital to request VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

- Document Hospital Primary Service Area - meets the 80% Patient Origin Rule.
- Uncover / document basic secondary research county health data, organized by 10 tabs.
- Conduct / report CHNA Community Check-in Feedback Findings (primary research).
- Conduct a Town Hall meeting to discuss with community secondary & primary data findings leading to determining (prioritizing) county health needs.
- Prepare & publish CHNA report which meets ACA requirements.

To ensure proper PSA Town Hall representation (that meets the 80% Patient Origin Rule), a patient origin three-year summary was generated documenting patient draw by zips as seen below:

CCH -Defined Primary Serv Area				Overall (IP/ER/OP) YR22-24		
#	ZIP	City	County	Total 3YR	%	ACCUM
1	67756	St. Francis, KS	CHEYENNE	16,997	57.7%	57.7%
2	67735	Goodland, KS	SHERMAN	4,664	15.8%	73.5%
3	67731	Bird City, KS	CHEYENNE	4,597	15.6%	89.1%

To meet IRS aligned CHNA requirements and meet Public Health accreditation criteria stated earlier, a four-phase methodology was followed:

Phase I—Discovery:

Conduct a 30-minute conference call with the CHNA county health department and hospital clients. Review / confirm the CHNA calendar of events, explain / coach clients to complete the required participant database, and schedule / organize all Phase II activities.

Phase II—Qualify Community Need:

A) Conduct secondary research to uncover the following historical community health status for the primary service area. Use Kansas Hospital Association (KHA), Vital Statistics, Robert Wood Johnson County Health Rankings, etc. to document current state of county health organized as follows:

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

Phase III—Quantify Community Need:

Conduct a 90-minute Town Hall meeting with required community primary service area residents. At each Town Hall meeting, CHNA secondary data will be reviewed, an evaluation of past CHNA needs actions taken, a facilitated group discussion will occur, and a group ranking activity to determine the most important community unmet health needs was administered.

Phase IV—Complete Data Analysis and Create Comprehensive Community Health Needs Assessment:

Complete full documentation to create each CHNA section documented in the Table of Contents. Publish hard copy reports (2) for client usage plus create a full CHNA report pdf to be posted on the hospital website to meet government CHNA regulation criteria.

Specific project CHNA roles, responsibilities, and timelines are documented in the following calendar.

Cheyenne County Hospital - St. Francis, KS VVV CHNA Round #5 Work Plan - Year 2026 Project Timeline & Roles - Working Draft as of 5/8/26			
Step	**Timeframe**	**Lead**	**Task**
1	6/1/2025	VVV / Hosp	Meeting Leadership information regarding CHNA Round #5 for review.
2	8/3/2025	Hosp	Select/approve CHNA Round #5 Option B - VVV quote—work to start 1/5/26.
3	On or Before 1/9/26	VVV	Send out **REQCommInvite Excel** file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	On or Before 1/9/2026	VVV	Hold Client Kick-off Meeting. Review CHNA process / timeline with leadership. Request KHA PO reports for YR 22, 23 and 24 and hospital client to complete PSA IP/OP/ER/Clinic patient origin counts file (Use **ZipPSA_3yrPOrigin.xls**)
5	On or Before 1/9/2026	VVV	Prepare CHNA Round#5 Stakeholder Feedback "online link". Send link for hospital review.
6	On or before 1/9/26	VVV / Hosp	Prepare PR #1 story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
7	Jan 2026 - Feb 2026	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
8	1/26/2026	Hosp	Place PR story to local media CHNA survey announcing "online CHNA Round #5 feedback". Request public to participate. Send E Mail request to local stakeholders
9	1/26/2026	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. **Cut-off 2/23/2026 for Online Survey**
10	On or before 2/6/26	VVV / Hosp	Prepare/send out PR #2 story / E Mail (E#2). VVV will send to CEO to review/approve.
11	By 2/23/2026	Hosp	Place PR #2 story to local media announcing upcoming Town Hall. Send E Mail (E#2) request to local stakeholders
12	4/7/2026	ALL	Conduct conference call (12:30pm) with Hospital / Public HLTH to review Town Hall data / flow
13	**April 9th 2026**	VVV	Conduct CHNA Town Hall. **Lunch 11:15am - 1pm (Quincy Room).** Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 5/15/26	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 5/30/26	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	May 20th 2026	Both	Conduct Client Implementation Plan PSA Leadership meeting
17	On or Before 6/30/2026	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

2026 Community Health Needs Assessment
Cheyenne County Hospital
St Francis, KS - Town Hall April 9th, 2026

VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264



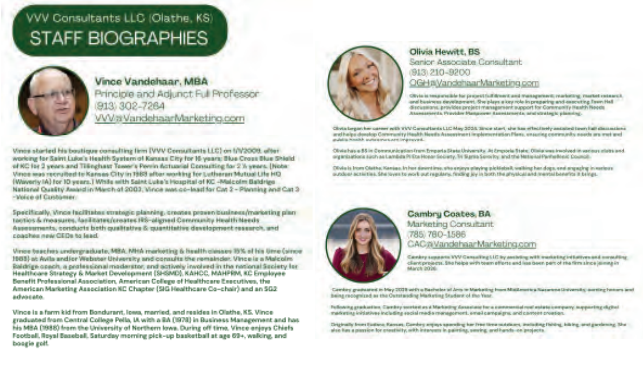
CHNA Town Hall Team Tables

RSVP Cheyenne KS CHNA Town Hall Thursday, April 9th, 2026, from 11-1:00pm							
#	Table	Lead	Last	First	Organization	Title	City
1	A	XX	Clingenpeel	Jeremy	CCH	CEO	Saint Francis
2	A		Licke	Heather	Cheyenne County Hospital	Md	Saint francis
3	A		Blanka	Shawna	Cheyenne County Hospital	COO	Saint Francis
4	A		Bandel	Mila	CN Health Department	RN, Administrato	Saint Francis
5	A		Griffin	Susan			St Francis
6	B	XX	Heidi	Tice	Cheyenne County Hospital	CFO	ST Francis
7	B		Carson	Jessica	Cheyenne County Clinic	Clinic Manager	St Francis
8	B		Lacy	Leslie	Great Plains Health Alliance	VPRO, CCO	St. Francis
9	B		Carman	Janet	CCHISTORICALSOC		St. Francis
10	B		Parsons	Jeffrey	Cheyenne County Hospital	NP	Saint Francis
11	C	XX	Partch	Carol	Cheyenne Co. Hospital	Board member	Bird City
12	C		Keller	Tom	GNWKCF	Board Member	St. Francis
13	C		Andrist	Sharissa	Cheyenne County		Saint Francis
14	C		Fernandez	Nichole	Good Samaritan NW KS Home Health	Administrator	Saint Francis
15	C						

Community Health Needs Assessment (CHNA)
Onsite Town Hall Discussion Agenda

- **Opening Welcome / Introductions / Review CHNA Purpose and Process (5 mins)**
- **Discuss New Focus: Social Determinants of Health (5 mins)**
- **Review Current Service Area "Health Status"**
  - *Review Secondary Health Indicator Data (10 TABs)*
  - *Review Community Online Feedback* **(30 mins)**
- **Collect Community Health Perspectives**
  - ***Share Table Reflections*** *to verify key takeaways*
  - ***Conduct an Open Community Conversation / Stakeholder Vote to determine the Most Important Unmet Needs*** ***(45 mins)***
- **Close / Next Steps (5 mins)**

Introduction: Who We Are
Background and Experience Since 2009


VVV Consultants LLC (Olathe, KS)
STAFF BIOGRAPHIES

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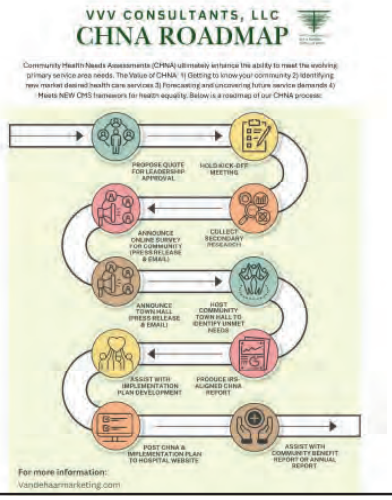
Cambry Coates, BA
Marketing Consultant
785) 760-1586
CAC@VandehaarMarketing.com

Town Hall Participation / Purpose & Parking Lot

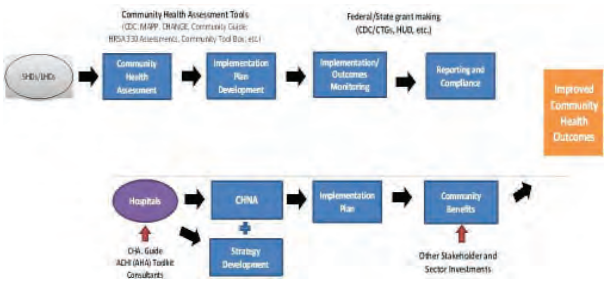
- ALL attendees practice “Safe Engagement”, working together in table teams.
- ALL attendees are welcome to share. Engaging conversation (No right or wrong answer)
- Request ALL to Take Notes of important health indicators
- Please give truthful responses – Serious community conversation.
- Discuss (Speak up) to uncover unmet health needs
- ALL… Have a little fun along the way

TEN (10) CHNA PROJECT STEPS

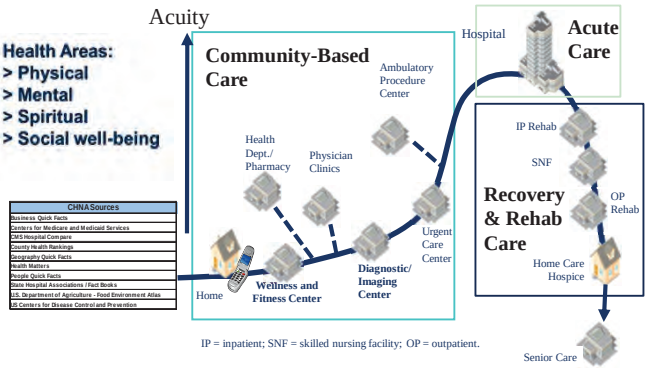




Community Health Needs Assessment
Joint Process: Hospital & Local Health Providers



System of Care Delivery
Birth to Grave (SG2)



A Conversation with the Community & Stakeholders

Community Stakeholder – An Inclusive Conversation

Consumers: Uninsured/underinsured people, Members of at-risk populations, Parents, caregivers and other consumers of health care in the community, and Consumer advocates.

Community leaders and groups: The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs -- Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses – owners/CEO's of large businesses (local or large corporations with local branches.),Business people & merchants (e.g., who sell tobacco, alcohol, or other drugs), Representatives from organized labor, Political, appointed and elected officials., Foundations., United Way organizations. And other "community leaders."

Public and other organizations: Public health officials, Directors or staff of health and human service organizations, City/Community planners and development officials, Individuals with business and economic development experience,Welfare and social service agency staff,Housing advocates - administrators of housing programs: homeless shelters, low-income-family housing and senior housing,Education officials and staff - school superintendents, principals and teachers, Public safety officials, Staff from state and area agencies on aging,Law enforcement agencies - Chiefs of police, Local colleges and universities, Coalitions working on health or other issues.

Other providers: Physicians, Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services, Leaders from Catholic Charities and other faith-based service providers, Mental health providers, Oral health providers, Health insurers, Parish and congregational nursing programs, Other health professionals

IV. Review Current County Health Status:

Secondary Data by 10 Tab Categories with a focus on Social Determinants with a Local Norm & State Rankings

Trends: Good | Same | Poor

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

IV. Community Health Conversation: Your Perspectives / Suggestions !

Tomorrow:

What is occurring or might occur that would affect the "health of our community"?

Today:

1) What are the **Healthcare Strengths of our community t**hat contribute to health? ***(BIG White Card)***
2) Are there healthcare services in your community/neighborhood that you feel **need to be improved and/or changed**? ***(Small Color Card)***
3) *What other Ideas do you have* ***to address Social determinants****? (Small White Card - A)*

Community Health Needs Assessment Round #5 Year 2026

VVV Consultants LLC
601 N Mahaffie
Olathe, KS 66061

Thank You

Next Steps

VVV@VandehaarMarketing.com
OGH@VandehaarMarketing.com
(913) 302-7264

Data & Benchmarks Review

Community health assessments typically use both primary and secondary data to characterize the health of the community:

- **Primary data** are collected first-hand through surveys, listening sessions, interviews, and observations.
- **Secondary data** are collected by another entity or for another purpose.
- **Indicators** are secondary data that have been analyzed and can be used to compare rates or trends of priority community health outcomes and determinants.

Data and indicator analyses provide descriptive information on demographic and socioeconomic characteristics; they can be used to monitor progress and determine whether actions have the desired effect. They also characterize important parts of health status and health determinants, such as behavior, social and physical environments, and healthcare use.

Community health assessment indicators should be.

- Methodologically sound (valid, reliable, and collected over time)
- Feasible (available or collectable)
- Meaningful (relevant, actionable, and ideally, linked to evidence-based interventions)
- Important (linked to significant disease burden or disparity in the target community)

Jurisdictions should consider using data and indicators for the smallest geographic locations possible (e.g., county-, census block-, or zip code-level data), to enhance the identification of local assets and gaps.

Local reporting (County specific) sources of community-health level indicators:

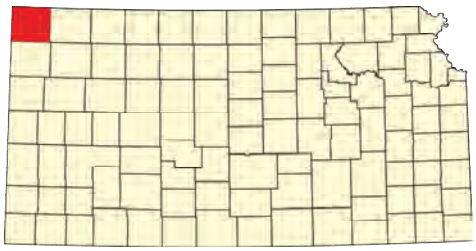
CHNA Detail Sources
Quick Facts - Business
Centers for Medicare and Medicaid Services
CMS Hospital Compare
County Health Rankings
Quick Facts - Geography
Kansas Health Matters
Kansas Hospital Association (KHA)
Quick Facts - People
U.S. Department of Agriculture - Food Environment Atlas
U.S. Center for Disease Control and Prevention

Sources of community-health level indicators:

- County Health Rankings and Roadmaps
  The annual Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. They provide a snapshot of how health is influenced by where we live, learn, work and play.
- Prevention Status Reports (PSRs)
  The PSRs highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce important public health problems.
- Behavioral Risk Factor Surveillance System
  The world's largest, ongoing telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Data is collected monthly in all 50 states, the District of Columbia, Puerto Rico, the US Virgin Islands, and Guam.
- The Selected Metropolitan/ Micropolitan Area Risk Trends project was an outgrowth of BRFSS from the increasing number of respondents who made it possible to produce prevalence estimates for smaller statistical areas.
- CDC Wonder Databases using a rich ad-hoc query system for the analysis of public health data. Reports and other query systems are also available.
- Center for Applied Research and Engagement Systems external icon
  Create customized interactive maps from a wide range of economic, demographic, physical and cultural data. Access a suite of analysis tools and maps for specialized topics.
- Community Commons external icon
  Interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
- Dartmouth Atlas of Health Care external icon
  Documented variations in how medical resources are distributed and used in the United States. Medicare data used to provide information and analysis about national, regional, and local markets, as well as hospitals and their affiliated physicians.
- Disability and Health Data System
  Interactive system that quickly helps translate state-level, disability-specific data into valuable public health information.
- Heart Disease and Stroke Prevention's Data Trends & Maps
  View health indicators related to heart disease and stroke prevention by location or health indicator.
- National Health Indicators Warehouse external icon
  Indicators categorized by topic, geography, and initiative.
- US Census Bureau external icon
  Key source for population, housing, economic, and geographic information.
- US Food Environment Atlas external icon
  Assembled statistics on food environment indicators to stimulate research on the determinants of food choices and diet quality, and to provide a spatial overview of a community's ability to access healthy food and its success in doing so.
- Centers for Medicare & Medicaid Services Research and Data Clearinghouse external icon
  Research, statistics, data, and systems.
- Environmental Public Health Tracking Network
  System of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources.
- Health Research and Services Administration Data Warehouse external icon
  Research, statistics, data, and systems.
- *Healthy People 2030* Leading Health Indicators external icon
  Twenty-six leading health indicators are organized under 12 topics.
- Kids Count external icon
  Profiles the status of children on a national and state-by-state basis and ranks states on 10 measures of well-being; includes a mobile site external icon.
- National Center for Health Statistics
  Statistical information to guide actions and policies.
- Pregnancy Risk Assessment and Monitoring System
  State-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.
- Web-based Injury Statistics Query and Reporting System (WISQARS)
  Interactive database system with customized reports of injury-related data.
- Youth Risk Behavior Surveillance System
  Monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults.

II. Methodology
d) Community Profile (A Description of Community Served)

Cheyenne County Community Profile



About:

The county is home to two main cities: Bird City and St. Francis. The balance of the county's population is located in rural country homes, farms, or ranches.

We have a proud agriculture-based heritage with producers of wheat, corn, beef, poultry, pork, and other commodities. Western Kansas is home to some of the most beautiful prairie in the state of Kansas with sunsets and sunrises that, in our humble opinion, just can't be beat. The county is abundant with wildlife including deer, pheasants, turkeys, and quail. Archers and hunters enjoy our landscapes during hunting seasons.[1]

Adjacent counties

- Dundy County, Nebraska (north/Mountain Time border)
- Rawlins County (east)
- Sherman County (south/Mountain Time border)
- Kit Carson County, Colorado (southwest/Mountain Time border)
- Yuma County, Colorado (west/Mountain Time border)

Major highways[2]

- U.S. Route 36
- Kansas Highway 27
- Kansas Highway 161

[1] https://cncoks.us/
[2] http://www.nationalatlas.gov/

Cheyenne County (KS) - Detail Demographic Profile

				Population			Households			
ZIP	NAME	ST	County	Year 2023	Year 2028	5yr CHG	Year 2023	Year 2028	HH Avg Size23	Per Capita23
67731	Bird City	KS	CHEYENNE	612	595	-2.8%	289	286	2.12	$47,808
67756	Saint Francis	KS	CHEYENNE	1,923	1,899	-1.2%	867	862	2.19	$37,392
Totals				**2,535**	**2,494**	**-2.0%**	**1,156**	**1,148**	**2.2**	**$42,600**

				Population				Year 2020		Females
ZIP	NAME	ST	County	Pop 21+	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
67731	Bird City	KS	CHEYENNE	462	179	147	142	313	299	78
67756	Saint Francis	KS	CHEYENNE	1549	608	358	373	985	938	276
Totals				**2,011**	**787**	**505**	**515**	**1,298**	**1,237**	**354**

				Population 2020				Year 2023		
ZIP	NAME	ST	County	White%	Black%	Asian%	Hispan%	Housing Units	% Rentals	Soc Econ Index
67731	Bird City	KS	CHEYENNE	83.7%	0.0%	0.3%	12.6%	389	18.0%	51.4
67756	Saint Francis	KS	CHEYENNE	87.5%	0.4%	0.5%	8.6%	1,064	12.6%	52.8
Totals				**85.6%**	**0.2%**	**0.4%**	**10.6%**	**1,453**	**15.3%**	**52**

Source: ERSA Demographics 2023

III. Community Health Status

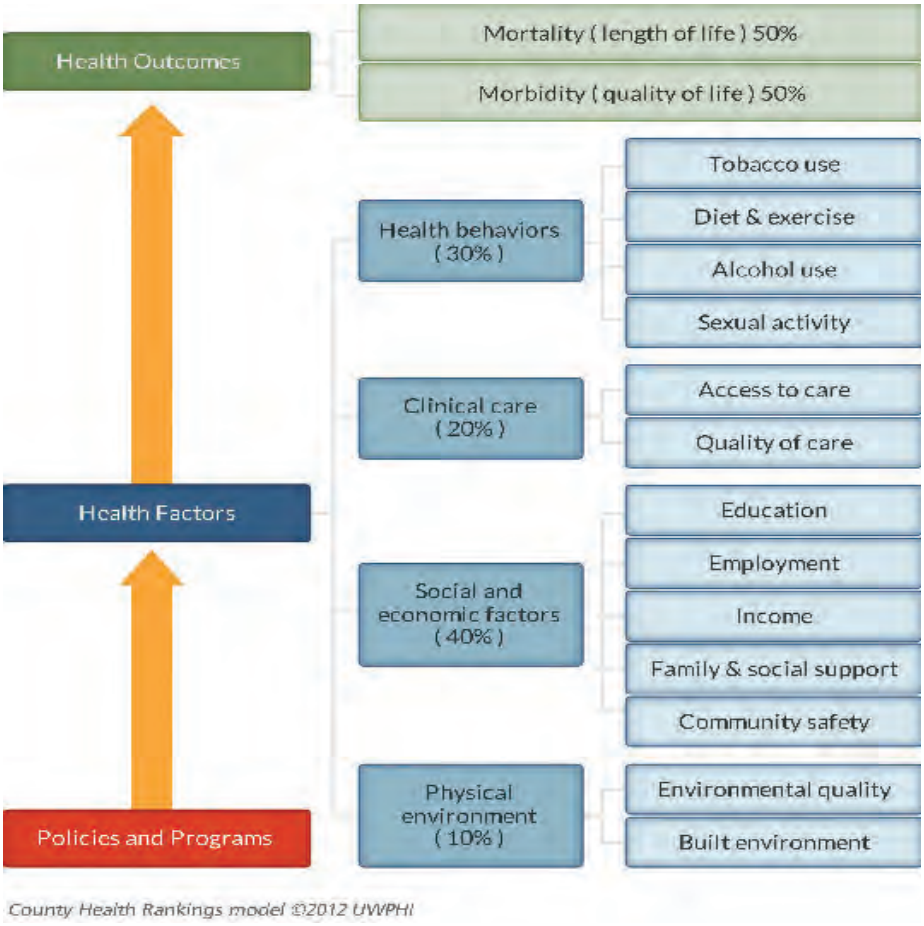
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2023 RWJ County Health Rankings and conversations from Town Hall participates*. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.*

Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings.* As seen below, RWJ's model uses a number of health factors to rank each county.



National Research – Year 2023 RWJ Health Rankings:

#	RWJ KS Rankings - 105 Counties	Definitions	Cheyenne Co KS 2023	Cheyenne Co, KS 2022	Trend	W KS N=26
1	Health Outcomes		62	62		55
	Mortality	Length of Life	44	44		46
	Morbidity	Quality of Life	61	61		52
2	Health Factors		39	39		41
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	38	32		41
	Clinical Care	Access to care / Quality of Care	96	72		63
	Social & Economic Factors	Education, Employment, Income, Family/Social Support, Community Safety	79	54		37
3	Physical Environment	Environmental quality	12	4		14

W KS Norm (N=26) Counties: Cheyenne, Decatur, Edwards, Finney, Ford, Gove, Graham, Gray, Greeley, Hamilton, Hodgemen, Kearny, Lane, Logan, Ness, Norton, Pawnee, Rawlins, Rush, Scott, Seridan, Sherman, Thomas, Trego, Wallace and Wichita.

PSA Secondary Research:

When studying community health, it is important to document health data by topical areas for primary service area (PSA). Below is a summary of key findings organized by subject area.

Note: Each Tab has been trended to reflect County trends to NORM.

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

Tab 1: Demographic Profile

Understanding population and household make-up is vital to start CHNA evaluation.

1		Population Health Indicators	Cheyenne Co KS YR26	Cheyenne Co KS YR23	Trend	State KS	W KS N=26	Source
	a	Population estimates, 2023	2,636	2,633		2,940,546	5,785	County Health Rankings
	b	Persons under 5 years, percent, 2020-2022	6.6%	5.9%		6.0%	6.4%	People Quick Facts
	c	Persons 65 years and over, percent, 2023	27.2%	27.6%		17.5%	22.1%	County Health Rankings
	d	Female persons, percent, 2023	48.3%	49.3%		49.9%	48.6%	County Health Rankings
	e	White alone, percent, 2023	87.1%	96.4%		73.7%	78.6%	County Health Rankings
	f	Black or African American, percent, 2023	0.6%	0.7%		5.7%	1.5%	County Health Rankings
	g	Hispanic or Latino, percent, 2023	9.3%	7.8%		13.7%	16.7%	County Health Rankings
	h	Percentage of population aged 5 and over who reported speaking English less than well: 2019-2023	2.8%	7.6%		2.2%	3.0%	County Health Rankings
	i	Living in same house 1 year ago, percent of persons age 1 year+, 2019-2023	89.3%	91.0%		84.4%	88.1%	People Quick Facts
	j	Children in single-parent households, percent, 2019-2023	20.7%	26.0%		21.2%	17.1%	County Health Rankings
	k	Veterans, 2019-2023	4.3%	NA		7.0%	6.3%	Kansas Health Matters

Tab 2: Economic Profile

Monetary resources will (at times) drive health “access” and self-care. **New Social Determinant Data Resources

2		Economic - Health Indicators	Cheyenne Co KS YR26	Cheyenne Co KS YR23	Trend	State KS	W KS N=26	Source
	a	Per capita income in past 12 months (in dollars), 2019-2023	$32,883	$31,826	+	$39,638	$36,686	Kansas Health Matters
	b	Persons living below federal poverty level, 2019-2023	17.4%	13.8%	-	11.5%	10.2%	Kansas Health Matters
	c	Total Housing units, 2024	1,458	1,462		1,310,506	3,133	Kansas Health Matters
	d	Average household size, 2019-2023	2.2	2.1		2.1	2.4	Kansas Health Matters
	e	Severe housing problems, percent, 2019-2023	9.3%	6.0%	-	12.3%	8.2%	County Health Rankings
	f	Total employer establishments, 2023	105	110		76,139	184	Kansas Health Matters
	g	Unemployment, percent, 2023	2.5%	1.8%	-	2.7%	2.2%	County Health Rankings
	h	Food insecurity, percent, 2020	13.7%	10.0%	-	13.1%	12.4%	County Health Rankings
	i	Limited access to healthy foods, percent, 2019	8.3%	8.0%	-	8.4%	9.7%	County Health Rankings
	j	Long commute - driving alone, percent, 2019-2023	20.3%	16.0%	-	21.8%	17.9%	County Health Rankings
	k	Community Spending on Food, 2025 **	13.6%	NA		12.7%	13.4%	Kansas Health Matters
	l	Community Spending on Transportation, 2025 **	20.6%	NA		18.1%	20.2%	Kansas Health Matters
	m	Households with a broadband Internet, percent, 2019-2023**	84.1%	NA		89.3%	87.7%	County Health Rankings

Tab 3: Educational Profile

Currently, school districts are providing on-site primary health screenings and basic care.

3		Education - Health Indicators	Cheyenne Co KS YR26	Cheyenne Co KS YR23	Trend	State KS	W KS N=26	Source
	a	Children eligible for free or reduced price lunch, percent, 2020-2021	53.5%	54.0%		48.0%	49.8%	County Health Rankings
	b	Percentage of adults ages 25 and over with a high school diploma or equivalent: 2019-2023	87.8%	92.1%		91.0%	89.8%	County Health Rankings
	c	Percentage of adults ages 25-44 with some post-secondary education: 2019-2023	73.6%	21.6%		70.3%	65.1%	County Health Rankings

Cheyenne Co (KS)			
#	School District Indicators - 2026	ST FRANCIS COMM USD 297	CHEYLIN USD 103
1	Total Public School Nurses	0	0
2	School nurse is part of the IEP team	No	No
3	School Wellness Plan in place	Yes	Yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	275/18/NA	178/14/NA
5	HEARING: # Screened / Referred to Prof / Seen by Professional	275/4/NA	178/3/NA
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	260/18/NA	152/16/NA
7	Students served with no identified chronic health concerns	n/a	n/a
8	School has a Suicide Prevention Program	No	No
9	Compliance on required vaccinations	89.7%	89.7%

Tab 4: Maternal / Infant Profile

Tracking maternal / infant care patterns are vital in understanding the foundation of family health.

4		Maternal/Infant - Health Indicators (Access/Quality)	Cheyenne Co KS YR26	Cheyenne Co KS YR23	Trend	State KS	W KS N=26	Source
	a	Percent of Births Where Prenatal Care began in First Trimester, 2021-2023	75.4%	82.9%	-	81.1%	78.1%	Kansas Health Matters
	b	Percentage of Premature Births, 2021-2023	12.6%	14.8%		10.2%	10.4%	Kansas Health Matters
	c	Percent of Infants up to 24 months that received full Immunizations, 2017-2018	87.5%	87.5%		71.1%	82.2%	Kansas Health Matters
	d	Percent of Births with Low Birth Weight, 2021-2023	12.0%	10.2%		8.3%	9.8%	Kansas Health Matters
	e	Percent of all Births Occurring to Teens (15-19), 2021-2023	NA	8.3%		4.6%	5.9%	Kansas Health Matters
	f	Percent of births Where Mother Smoked During Pregnancy, 2019-2021	NA	NA		5.8%	7.4%	Kansas Health Matters
	g	Child Care Centers per 1,000 Children, 2010-22**	13.6	NA		7.0	8.2	County Health Rankings

Tracking maternal / infant care patterns are vital in understanding the foundation of family health.

#	Criteria - Vital Satistics Rate per 1,000	Cheyenne Co. 2026	Trend	Kansas
a	Total Live Births, 2017	11.2		12.5
b	Total Live Births, 2018	7.9		12.5
c	Total Live Births, 2019	11.7		12.1
d	Total Live Births, 2020	13.8		11.8
e	Total Live Births, 2021	14.1		11.8
f	Total Live Births, 2017-2021 - 5 year Rate (%)	11.7%		12.7%

Tab 5: Hospitalization and Provider Profile

Understanding provider access and disease patterns are fundamental in healthcare delivery. Listed below are several vital county statistics.

5		Hospital/Provider - Health Indicators (Access/Quality)	Cheyenne Co KS YR26	Cheyenne Co KS YR23	Trend	State KS	W KS N=26	Source
	a	Primary Care Physicians (Pop Coverage per MDs & DOs) - No extenders Included, 2021	NA	2600:1		1285:1	1918:1	County Health Rankings
	b	Preventable hospital rate per 100,000, 2020 (lower the better)	2,827	3,429	+	2,529	3,235	County Health Rankings
	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	80.0%	71.0%	+	NA	76.5%	CMS Hospital Compare, Latest Release
	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	78.0%	75.0%	+	NA	74.8%	CMS Hospital Compare, Latest Release
	e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	129	131		NA	125	CMS Hospital Compare, Latest Release

Source: Cheyenne County Health Dept - Internal Records

	Cheyenne County Health Dept Community Services	YR 2025	YR 2024	YR 2023
1	Core Community Public Health	1,114	1,226	1,442
2	Immunization/Vaccine $$ From VFC (State)	$ 24,715.50	$ 27,743.35	$ 33,700.53
	Immunization # Given VFC (State)	292	351	486
	Immunization/Vaccine $$ Revenue VFC (State)	$ 5,840.00	$ 7,020.00	$ 9,720.00
	Immunization/Vaccine $$ Cost Private Vaccine	$ 90,645.00	$ 78,846.00	$ 156,584.00
	Immunization/Vaccine # Given Private Vaccine	891	1,037	1,222
	Immunization/Vaccine $$ Revenue from Private	$ 152,233.00	$ 129,565.00	$ 176,356.00
3	Screenings: Blood pressure / Blood Sugar	300	n/a	thru 9/23 = 225
4	Vaccine ## - received from State	305	350	475
5	Other Services:			
	Adult Health #	99	n/a	thru 9/23 = 115
	Early Dectectin Works Cancer Screening #	21	n/a	thru 9/23 = 42
	Vision, Hearing, Lead Screening- MCH #	402	n/a	thru 9/23 = 562
	School Nurse Screenings, Physicals, Programs	251	n/a	thru 9/23 = 334
	Tuberculosis Screening #	72	n/a	thru 9/23 = 63
	Disease Surveillance #	22	48	thru 9/23 = 75
	Tobacco Prevention #	25	n/a	thru 9/23 = 48
	Homemaker: Other funding not from State	$0	$0	$0
	Child Burial Grant	$0	$0	$0
	Medicaid $$	n/a	n/a	n/a
	Medicare Flu	$3,600	$3,680	$4,780
	County Funding	$11,000	$11,000	$11,000
	Other/Misc Funding	$20,024	$25,195	$42,975
	Immunization Actin Plan	$1,893	$1,893	$1,893
	State Formula	$12,000	$12,000	$7,000
	Emergency Preparedness	$9,330	$9,330	$9,464
	NW BT Emergency Preparedness	$5,329	$4,935	$4,003
	Maternal/Child Health	$0	$0	$0
7	WIC Administration	$0	$0	$0

Tab 6: Behavioral / Mental Health Profile **New Social Determinant Data Resources

Behavioral healthcare provides another important indicator of community health status.

6		Mental - Health Indicators	Cheyenne Co KS YR26	Cheyenne Co KS YR23	Trend	State KS	W KS N=26	Source
	a	Age-Adjusted Prevalence of Depression Among Adults, 2021**	20.8%	NA		20.7%	20.1%	ephtracking.cdc.gov
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2021-2023	5.7	NA		19.6	23.1	Kansas Health Matters
	c	Mental Behavioral Hospital Admission Rates per 100,000, 2018-2020	26.7	27.5		70.4	34.6	Kansas Health Matters
	d	Average Number of mentally unhealthy days, 2022	5.2	4.4	-	5.2	5.2	County Health Rankings

CDC - 2023 U.S. County Opiod Dispensing			
State	County	FIPS	Opioid Dispensing Rate per 100
KS	Cheyenne County	20023	113.2
	KS Average 2023		41.3

Source: U.S. County Opioid Dispensing Rates, 2023 | Drug Overdose | CDC Injury Center

Tab 7a: Risk Indicators & Factors Profile

Knowing community health risk factors and disease patterns can aid in the understanding next steps to improve health.

7a		High-Risk - Health Indicators	Cheyenne Co KS YR26	Cheyenne Co KS YR23	Trend	State KS	W KS N=26	Source
	a	Adult obesity, percent, 2020	39.9%	37.0%	-	36.5%	39.5%	County Health Rankings
	b	Adult smoking, percent, 2020	18.1%	19.0%	-	15.1%	16.7%	County Health Rankings
	c	Excessive drinking, percent, 2020	19.5%	19.0%	-	19.5%	19.4%	County Health Rankings
	d	Physical inactivity, percent, 2020	26.7%	24.0%	-	22.6%	25.5%	County Health Rankings
	e	Age-Adjusted Prevalence of Sleeping less than 7 Hours Among Adults **	31.5%	NA		32.8%	32.4%	ephtracking.cdc.gov
	f	Sexually transmitted infections (chlamydia), rate per 100,000 - 2020	NA	NA		474.4	221.8	County Health Rankings

Tab 7b: Chronic Risk Profile ***New Social Determinant Data Resources*

7b		Chronic - Health Indicators **	Cheyenne Co KS YR26	Cheyenne Co KS YR23	Trend	State KS	W KS N=26	Source
	a	Age-Adjusted Prevalence of Arthritis Among Adults >=18 ,2021	34.5%	NA		24.2%	24.0%	ephtracking.cdc.gov
	b	Age-Adjusted Prevalence of Current Asthma Among Adults >=18 ,2021	10.3%	NA		10.2%	10.0%	ephtracking.cdc.gov
	c	Percentage of adults aged 18 and above with diagnosed diabetes (age-adjusted) 2022	10.8%	NA		10.1%	10.7%	County Health Rankings
	d	Age-Adjusted Prevalence of Chronic Kidney Diseasae Among Adults >=18 ,2021	2.8%	NA		2.8%	2.8%	ephtracking.cdc.gov
	e	Age-Adjusted Prevalence of COPD Among Adults >=18 ,2021	7.2%	NA		6.5%	6.4%	ephtracking.cdc.gov
	f	Age-Adjusted Prevalence of Coronary Heart Disease Among Adults >=18, 2021	6.2%	NA		5.8%	5.8%	ephtracking.cdc.gov
	g	Age-Adjusted Prevalence of Cancer Among Adults >=18 ,2021	6.3%	NA		6.3%	6.3%	ephtracking.cdc.gov
	h	Age-Adjusted Prevalence of Stroke Among Adults >=18 ,2021	2.9%	NA		2.8%	2.8%	ephtracking.cdc.gov

Tab 8: Uninsured Profile and *Community Benefit*

Based on state estimations, the number of insured is documented below. Also, the amount of charity care (last three years of free care) from area providers is trended below.

8		Insurance Coverage - Health Indicators	Cheyenne Co KS YR26	Cheyenne Co KS YR23	Trend	State KS	W KS N=26	Source
	a	Uninsured, percent, 2022	17.4%	12.0%	-	12.3%	15.6%	County Health Rankings

***New Social Determinant Data Resources*

CHNA 2026 Source: Internal Hospital Records				
	Cheyenne County Hospital	YR 2025	YR 2024	YR 2023
1	Bad Debt	$185,200	$187,547	$307,866
2	Charity Care	$226,621	$190,755	$159,427

Tab 9: Mortality Profile

The leading causes of county deaths from Vital Statistics are listed below.

9		Mortality - Health Indicators	Cheyenne Co KS YR26	Cheyenne Co KS YR23	Trend	State KS	W KS N=26	Source
	a	Life Expectancy, 2020 - 2022	76.4	78.3		76.4	75.0	Kansas Health Matters
	b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2021-2023 (lower is better)	179.7	156.6	-	147.4	139.3	Kansas Health Matters
	c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2021-2023 (lower is better)	198.5	153.6	-	170.7	173.8	Kansas Health Matters
	d	Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2021-2023 (Lower is better)	43.9	42.4		42.2	45.1	Kansas Health Matters
	e	Alcohol-impaired driving deaths, percent, 2018-2022	0.0	NA		21.0%	22.3%	County Health Rankings

Causes of Death by County of Residence, 2018-2022	Cheyenne Co. 2026	%	Trend	Kansas	Kansas %
TOTAL (All Causes)	41			27,312	
Suicide & Self-Inflicted Injury	13	31.7%		6,058	22.2%
Chronic Lower Respiratory Disease	7	17.1%		5,520	20.2%
Diabetes	4	9.8%		3,085	11.3%
Cancer	9	22.0%		5,537	20.3%
Heart disease	10	24.4%		3,603	13.2%
Kidney disease	2	4.9%		1,774	6.5%
Alzheimer's disease	2	4.9%		1,283	4.7%
Pneumonia	2	4.9%		879	3.2%

Tab 10: Preventive Quality Measures Profile

The following table reflects future health of the county. This information also is an indicator of community awareness of preventative measures.

10		Preventative - Health Indicators	Cheyenne Co KS YR26	Cheyenne Co KS YR23	Trend	State KS	W KS N=26	Source
	a	Access to exercise opportunities, percent, 2024	NA	57.0%	-	80.3%	62.4%	County Health Rankings
	b	Age-Adjusted Prevalence of Hearing Disability Among Adults >=18, 2021	7.3%	NA		6.9%	6.9%	ephtracking.cdc.gov
	c	Age-Adjusted Prevalence of High Chloesterol Among Adults >=18 ,2021(Screened in the last 5 years)	32.0%	NA		32.7%	32.4%	ephtracking.cdc.gov
	d	Age-Adjusted Prevalence of High Blood Pressue Among Adults >=18 ,2021	32.7%	NA		32.2%	31.9%	ephtracking.cdc.gov
	b	Mammography annual screening, percent, 2022	29.0%	27.0%	+	49.0%	42.5%	County Health Rankings
	c	Age-Adjusted Prevalence of Visits to Doctor for Routine Check-Up Among Adults >=18 ,2021	71.9%	75.6%	-	71.7%	71.2%	ephtracking.cdc.gov
	d	Age-Adjusted Prevalence of Visits to the Dentist Among Adults >=18 ,2022	62.7%	63.8%		62.0%	62.1%	ephtracking.cdc.gov
	e	Percent Annual Check-Up Visit with Eye Doctor	TBD	NA		TBD	TBD	TBD
NEKS Rural N=21: Anderson, Atchison, Brown, Chase, Coffey, Doniphan, Franklin, Graham, Greenwood, Jackson, Jefferson, Lyon, Lyon, Marshall, Miami, Morris, Nemaha, Osage, Pottawatomie, Riley, and Wabaunsee								

***New Social Determinant Data Resources*

PSA Primary Research:

For each CHNA Round #5 evaluation, a community stakeholder survey has been created and administered to collect current healthcare information for Cheyenne County, Kansas

Chart #1 – Cheyenne County, KS PSA Online Feedback Response (N=140)

Cheyenne County Hospital PSA - CHNA 2026 N=140			
For reporting purposes, are you involved in or are you a ...? (Check all that apply)	Cheyenne Co. KS N=140	Trend	*Round #5 Norms N=10,751
Business/Merchant	6.4%		9.8%
Community Board Member	10.0%		8.3%
Case Manager/Discharge Planner	0.0%		1.0%
Clergy	0.0%		1.1%
College/University	2.1%		2.7%
Consumer Advocate	1.4%		1.9%
Dentist/Eye Doctor/Chiropractor	0.0%		0.7%
Elected Official - City/County	2.9%		1.9%
EMS/Emergency	0.0%		2.5%
Farmer/Rancher	8.6%		7.8%
Hospital/Health Department	16.4%		20.2%
Health Department	2.1%		1.5%
Housing/Builder	0.7%		0.7%
Insurance	0.0%		1.3%
Labor	2.9%		3.0%
Law Enforcement	0.0%		0.8%
Mental Health	0.7%		2.6%
Other Health Professional	7.9%		12.0%
Parent/Caregiver	15.0%		16.2%
Pharmacy/Clinic	5.7%		2.4%
Media (Paper/TV/Radio)	0.0%		0.4%
Senior Care	5.0%		3.8%
Teacher/School Admin	10.7%		6.7%
Veteran	1.4%		2.8%
TOTAL	140		8,383

*Norms: IA Counties: Carroll, Page, Sac, Hamilton, Cherokee MO Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone, Ray , Bates, Cedar KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown, Montgomery, Marshall, Stevens, Hodgeman, Cheyenne WI County: Richland, Rock NE Counties: Furnas, Custer, Gage

Typical Sample Sizes Research Studies		
Number of Subgroup Analyses	Households Regional	Firms Regional
None / Few (1-2)	200-500	50-200
Average (3-4).	500-1,000	200-1,000
Many (5+)	1,000+	1,000+

Sudman. *Applied Sampling*, (Academic Press, 1976), 87. Ibid., 30.

Quality of Healthcare Delivery Community Rating

Cheyenne County Hospital PSA - CHNA 2026 N=140			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Cheyenne Co. KS N=140	Trend	*Round #5 Norms N=10,751
Top Box %	24.3%		26.4%
Top 2 Boxes %	72.9%		69.4%
Very Good	24.3%		26.4%
Good	48.6%		42.9%
Average	22.9%		24.2%
Poor	4.3%		5.3%
Very Poor	0.0%		1.1%
Valid N	140		10,720

*Norms: IA Counties: Carroll, Page, Sac, Hamilton, Cherokee MO Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone, Ray , Bates, Cedar KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown, Montgomery, Marshall, Stevens, Hodgeman, Cheyenne WI County: Richland, Rock NE Counties: Furnas, Custer, Gage

Re-evaluate Past Community Health Needs Assessment Needs & Actions Taken.

Cheyenne County Hospital PSA - CHNA 2026 N=140					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Access to Affordable Insurance	54	12.9%		1
2	Mental Health (Diagnosis, Placement, Aftercare, Providers)	50	12.0%		2
3	Lack of Visiting Specialists: Derm, Ped, Ent, Eye, Neu, Ortho and Urol.	43	10.3%		3
4	Workforce Shortages	42	10.1%		4
5	Exercise/ Wellness	33	7.9%		7
6	Substance Abuse (Drugs/ Alcohol)	30	7.2%		5
7	Dental Retention	30	7.2%		8
8	Child Care	30	7.2%		9
9	Lack of Community HC Knowledge / Personal Health Responsibility to curb apathy	29	7.0%		6
10	Poverty	20	4.8%		11
11	Chronic Disease Management	18	4.3%		12
12	Access to Transfer Care (Transportation)	17	4.1%		10
13	Lack of HC Reimbursement to cover HC Delivery Expenses	12	2.9%		13
14	Domestic Abuse/ Neglect	9	2.2%		14
	Totals	417	100.0%		

Community Health Needs Assessment "Causes of Poor Health"

Cheyenne County Hospital PSA - CHNA 2026 N=140			
In your opinion, what are the root causes of "poor health" in our community? Please select top three.	Cheyenne Co. KS N=140	Trend	*Round #5 Norms N=10,751
Chronic Disease Management	7.5%		8.5%
Lack of Health & Wellness	14.4%		11.6%
Lack of Nutrition / Access to Healthy Foods	15.7%		10.6%
Lack of Exercise	16.1%		14.1%
Limited Access to Primary Care	2.0%		5.2%
Limited Access to Specialty Care	10.5%		6.0%
Limited Access to Mental Health	10.8%		14.3%
Family Assistance Programs	3.0%		4.6%
Lack of Health Insurance	11.5%		11.9%
Neglect	5.9%		8.8%
Lack of Transportation	2.6%		5.3%
Total Votes	305		21,501

*Norms: IA Counties: Carroll, Page, Sac, Hamilton, Cherokee MO Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone, Ray , Bates, Cedar KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown, Montgomery, Marshall, Stevens, Hodgeman, Cheyenne WI County: Richland, Rock NE Counties: Furnas, Custer, Gage

Community Rating of HC Delivery Services (Perceptions)

Cheyenne County Hospital PSA - CHNA 2026 N=140	Cheyenne Co. KS N=140			*Round #5 Norms N=10,751	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	86.8%	3.1%		82.5%	3.5%
Child Care	57.9%	8.7%		40.7%	20.9%
Chiropractors	68.2%	4.5%		70.1%	6.9%
Dentists	36.2%	21.5%		63.3%	14.1%
Emergency Room	83.3%	3.0%		73.6%	7.9%
Eye Doctor/Optometrist	53.8%	22.3%		68.9%	11.1%
Family Planning Services	28.4%	25.0%		44.8%	17.4%
Home Health	56.5%	15.3%		56.9%	12.0%
Hospice/Palliative	61.7%	9.2%		65.3%	8.0%
Telehealth	42.0%	18.5%		50.1%	13.6%
Inpatient Hospital Services	78.3%	5.8%		75.7%	5.8%
Mental Health Services	30.4%	22.6%		35.6%	29.7%
Nursing Home/Senior Living	59.8%	10.7%		48.5%	17.5%
Outpatient Hospital Services	77.7%	5.0%		74.9%	5.1%
Pharmacy	86.4%	3.2%		83.5%	3.1%
Primary Care	83.9%	4.0%		76.5%	6.7%
Public Health	81.1%	3.3%		62.8%	8.7%
School Health	44.6%	11.6%		59.0%	8.3%
Visiting Specialists	67.5%	10.0%		68.0%	7.4%

*Norms: IA Counties: Carroll, Page, Sac, Hamilton, Cherokee MO Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone, Ray , Bates, Cedar KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown, Montgomery, Marshall, Stevens, Hodgeman, Cheyenne WI County: Richland, Rock NE Counties: Furnas, Custer, Gage

Community Health Readiness

Cheyenne County Hospital PSA - CHNA 2026 N=140	% Bottom 2 Boxes (Lower is better)		
Community Health Readiness is vital. How would you rate each? (%Poor / Very Poor)	Cheyenne Co. KS N=140	Trend	*Round #5 Norms N=10,751
Behavioral/Mental Health	20.4%		32.1%
Emergency Preparedness	4.0%		7.9%
Food and Nutrition Services/Education	19.0%		17.1%
Health Wellness Screenings/Education	11.0%		10.9%
Prenatal/Child Health Programs	6.5%		14.4%
Substance Use/Prevention	25.0%		34.3%
Suicide Prevention	35.4%		35.1%
Violence/Abuse Prevention	31.2%		33.7%
Women's Wellness Programs	20.0%		19.5%
Exercise Facilities / Walking Trails etc.	23.2%		15.8%

*Norms: IA Counties: Carroll, Page, Sac, Hamilton, Cherokee MO Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone, Ray, Bates, Cedar KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown, Montgomery, Marshall, Stevens, Hodgeman, Cheyenne WI County: Richland, Rock NE Counties: Furnas, Custer, Gage

Healthcare Delivery "Outside our Community"

Cheyenne County Hospital PSA - CHNA 2026 N=140			
In the past 2 years, did you or someone you know receive HC outside of our community?	Cheyenne Co. KS N=140	Trend	*Round #5 Norms N=10,751
Yes	79.6%		69.3%
No	20.4%		30.7%

Specialties:

SPEC	CTS
DENT	8
SPEC	7
SURG	7
OPTH	5
ORTH	5

Access to Providers / Staff in our Community

Cheyenne County Hospital PSA - CHNA 2026 N=140			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Cheyenne Co. KS N=140	Trend	*Round #5 Norms N=10,751
Yes	72.4%		55.7%
No	27.6%		44.3%

What healthcare topics need to be discussed further at our Town Hall?

Cheyenne County Hospital PSA - CHNA 2026 N=140			
What needs to be discussed further at our CHNA Town Hall meeting? Top 3	Cheyenne Co. KS N=140	Trend	*Round #5 Norms N=10,751
Abuse/Violence	1.3%		3.9%
Access to Health Education	3.1%		3.4%
Alcohol	2.6%		3.6%
Alternative Medicine	5.0%		3.6%
Behavioral/Mental Health	7.7%		8.7%
Breastfeeding Friendly Workplace	0.7%		1.1%
Cancer	3.7%		2.7%
Care Coordination	2.6%		3.1%
Diabetes	3.9%		2.8%
Drugs/Substance Abuse	4.8%		6.5%
Family Planning	1.5%		2.1%
Health Literacy	2.8%		3.1%
Heart Disease	1.8%		1.6%
Housing	4.8%		5.5%
Lack of Providers/Qualified Staff	4.6%		4.8%
Lead Exposure	0.7%		0.5%
Neglect	1.8%		1.9%
Nutrition	6.6%		4.6%
Obesity	4.6%		5.4%
Occupational Medicine	0.9%		0.6%
Ozone (Air)	0.0%		0.5%
Physical Exercise	6.8%		4.8%
Poverty	2.8%		4.7%
Preventative Health/Wellness	7.0%		5.4%
Sexually Transmitted Diseases	0.4%		1.4%
Suicide	4.4%		5.8%
Teen Pregnancy	1.8%		1.7%
Telehealth	2.0%		2.1%
Tobacco Use	2.0%		2.0%
Transportation	2.2%		3.2%
Vaccinations	2.0%		2.2%
Water Quality	3.3%		2.6%
TOTAL Votes	457		32,796

*Norms: IA Counties: Carroll, Page, Sac, Hamilton, Cherokee MO Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone, Ray , Bates, Cedar KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown, Montgomery, Marshall, Stevens, Hodgeman, Cheyenne WI County: Richland, Rock NE Counties: Furnas, Custer, Gage

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

2026 Inventory of Healthcare Services - Cheyenne County, KS

Cat	Healthcare Services Offered in County	Hospital	Health Dept.	Other
Clinic	Primary Care	Yes		Yes
Hosp	Alzheimer Center			Yes
Hosp	Ambulatory Surgery Centers			
Hosp	Arthritis Treatment Center			
Hosp	Bariatric / Weight Control Services	Yes		
Hosp	Birthing / LDR / LDRP Room	Yes		
Hosp	Breast Cancer Services			
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	Yes		
Hosp	Cardiac Surgery			
Hosp	Cardiology Services	Yes		
Hosp	Case Management	Yes		Yes
Hosp	Chaplaincy / Pastoral Care			Yes
Hosp	Chemotherapy			
Hosp	Colonoscopy	Yes		
Hosp	Crisis Prevention			Yes
Hosp	CT Scanner	Yes		
Hosp	Diagnostic Radioisotope Facility	Yes		
Hosp	Diagnostic / Invasive Catheterization			
Hosp	Electron Beam Computed Tomography (EBCT)			
Hosp	Enrollment Assistance	Yes		Yes
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			
Hosp	Fertility Clinic			
Hosp	Full Field Digital Mammography (FFDM)			Yes
Hosp	Genetic Testing / Counseling	Yes		
Hosp	Geriatric Services	Yes	Yes	Yes
Hosp	Heart Services			
Hosp	Hemodialysis			
Hosp	HIV / AIDS Services			
Hosp	Image-Guided Radiation Therapy (IGRT)			
Hosp	Inpatient Acute Care Services	Yes		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161			
Hosp	Intensive Care Unit			
Hosp	Intermediate Care Unit			
Hosp	Interventional Cardiac Catheterization			
Hosp	Isolation Room	Yes		
Hosp	Kidney Services			
Hosp	Liver Services			
Hosp	Lung Services			
Hosp	Magnetic Resonance Imaging (MRI)	Yes		
Hosp	Mammograms	Yes		Yes
Hosp	Mobile Health Services			
Hosp	Multi-slice Spiral Computed Tomography (<64 Slice CT)			
Hosp	Multi-slice Spiral Computed Tomography (64+ Slice CT)	Yes		
Hosp	Neonatal Services			
Hosp	Neurological services			
Hosp	Obstetrics Services	Yes		
Hosp	Occupational Health Services	Yes		
Hosp	Oncology Services			
Hosp	Orthopedic Services			
Hosp	Outpatient Surgery	Yes		
Hosp	Pain Management	Yes		
Hosp	Palliative Care Program			Yes
Hosp	Pediatric Services	Yes		
Hosp	Physical Rehabilitation	Yes		Yes
Hosp	Positron Emission Tomography (PET)			
Hosp	Positron Emission Tomography / CT (PET / CT)			
Hosp	Psychiatric Services	Yes		Yes
Hosp	Radiology, Diagnostic	Yes		
Hosp	Radiology, Therapeutic			
Hosp	Reproductive Health	Yes		
Hosp	Robotic Surgery			
Hosp	Shaped Beam Radiation System 161			

2026 Inventory of Healthcare Services - Cheyenne County, KS

Cat	Healthcare Services Offered in County	Hospital	Health Dept.	Other
Hosp	Single Photon Emission Computerized Tomography			
Hosp	Sleep Center	Yes		
Hosp	Social Work	Yes	Yes	Yes
Hosp	Sports Medicine			
Hosp	Stereotactic Radiosurgery			
Hosp	Swing Bed Services	Yes		
Hosp	Transplant Services			
Hosp	Trauma Center -Level IV	Yes		
Hosp	Ultrasound	Yes		
Hosp	Women's Health Services	Yes		Yes
Hosp	Wound Care	Yes		
SR	Adult Day Care Program			Yes
SR	Assisted Living			Yes
SR	Home Health			Yes
SR	Hospice			Yes
SR	Long-term Care			Yes
SR	Nursing Home			Yes
SR	Retirement Housing			Yes
SR	Skilled Nursing Care	Yes		Yes
ER	Emergency Services	Yes		
ER	Urgent Care Center			
ER	Ambulance Services			Yes
SERV	Alcoholism-Drug Abuse Services			Yes
SERV	Blood Donor Center			
SERV	Chiropractic Services			Yes
SERV	Complementary Medicine Services			Yes
SERV	Dental Services		Yes	Yes
SERV	Fitness Center	Yes		Yes
SERV	Health Education Classes	Yes	Yes	Yes
SERV	Health Fair	Yes	Yes	
SERV	Health Information Center		Yes	Yes
SERV	Health Screenings	Yes	Yes	Yes
SERV	Meals on Wheels			Yes
SERV	Nutrition Program	Yes	Yes	Yes
SERV	Patient Education Center		Yes	Yes
SERV	Support Groups			Yes
SERV	Teen Outreach Services			Yes
SERV	Tobacco Treatment / Cessation Program	Yes	Yes	Yes
SERV	Transportation to Health Facilities			Yes
SERV	Wellness Program	Yes		Yes

CHNA 2026 - Providers Delivering Care Cheyenne County, KS			
Providers Working in PSA	FTE Physicians		FTE Allied Staff
	FTE MD / DO	Visiting DR*	FTE NP / PA
Primary Care:			
Family Practice	2.0		2.1
Internal Medicine / Geriatrics			
Obstetrics / Gynecology			
Pediatrics			0.1
Medicine Specialists:			
Allergy / Immunology			
Cardiology		0.1	
Dermatology			
Endocrinology			
Gastroenterology			
Oncology / Radiology			
Infectious Disease			
Nephrology			
Neurology			
Psychiatry		0.1	
Pulmonary			
Rheumatology			
Wound Care/HBOT			1.0
Pain Management		0.1	
Surgery Specialists:			
General Surgery / Colon / Oral		0.1	
Neurosurgery			
Ophthalmology		0.1	
Orthopedics			
Otolaryngology			
Plastic / Reconstructive Surgery			
Thoracic / Cardiovascular / Vascular Surgery			
Urology			
Hospital Based:			
Anesthesia / Pain Management			2.0
Emergency Medicine			
Radiology			
Pathology			
Hospitalist			
Neonatology / Perinatology			
PT / OT Rehabilitation			4.0
Occupational Medicine			
Podiatry			
Others:			
Chiropractic	3.0		
Optometry	0.5		
Dental	1.0		
TOTALS	**6.5**	**0.4**	**9.2**

**FTE Specialists serving the community who office outside the PSA*

2026 Visiting Specialists Coming to Cheyenne County Hospital					
Specialty	**Physician Name / Group Name**	**Office Location**	**Schedule**	**Days per Month**	**FTE**
Cardiology	Dr. Sean Denney / Platte Valley Medical Clinic	Kearney, NE	Twice a month-2nd and 4th Tuesdays	2	0.05
General Surgery	Dr. Charles Frankum	Denver, CO	Twice a month-1st and 3rd Thursdays	2	0.10
Mammography/ DEXA Scans	United Radiology Group	Salina, KS	Every other month--no set day	0.5	0.02
MRI	Shared Medical Services	Cottage Grove, WI	Every Friday	4	0.07
Nuclear Medicine	Front Range Nuclear Services	Cheyenne, WY	1st Tues of month	1	0.03
Ophthalmalogy	Dr. Mathhew Uyemura	Greeley, CO	Once a month-Clinic 2nd Wednesday and Surgery is 4th Wednesday (rotating months)	1	0.05
Sleep Studies	Rural Sleep Solutions, LLC	Joplin, MO	Monthly as needed	4	0.20
Audiology	Dr. Rachel McArthur / McArthur Audiology	Burlington, CO	Every other month--1st Monday	0.5	0.02
Pain Management	Keith Gist, CRNA / Remedy Pain & Restoration	Midland, TX	Monday and Tuesday every 3-4 weeks	1.5	0.08

YEAR 2026
Cheyenne County, KS
Emergency Numbers

Police/Sheriff	911
Fire	911
Ambulance	911

Non-Emergency Numbers

Cheyenne County Dispatch 785-332-8880

Municipal Non-Emergency Numbers

	Police/Sheriff	Fire
St. Francis	785-332-8880	785-332-2560
Bird City	785-332-8880	785-734-2323

Hospital

Cheyenne County Hospital

210 W 1st St (St. Francis)

785-332-2104

www.cheyennecountyhospital.com

Rehabilitation Services

Cheyenne County Hospital Rehabilitation Services

210 W 1st St (St. Francis) 785-332-9600

www.cheyennecountyhospital.com

Revive Performance+ Rehab

102 W Washington (St. Francis)

785-772-1693

ResCare Community Living (Golden West)

208 W 2nd St (Goodland)

785-899-2322

www.rescarecommunityliving.com/location/rescare-community-living-goodland-kansas/

Kansas Department for Children and Families

109 W 11th St (Goodland)

785-899-5661

1135 South County Club Drive, Ste 1 (Colby)

785-462-6760

www.dcf.ks.gov

Goodland Regional Medical Center Rehabilitative Services

220 W 2nd St (Goodland)

785-890-3625

www.goodlandregional.com

Rawlins County Health Center Rehabilitation Services

707 Grant St (Atwood)

785-626-3211

www.rchc.us

Prairie Developmental Center, DSNWK

208 South 4th Street (Atwood)

785-626-3688

www.mydsnwk.org

Citizens Health Rehabilitation and Sports Medicine

100 East College Drive (Colby)

785-460-4868

www.cmciks.com

Colby Health and Rehab

105 E College Dr (Colby)

785-462-6721

www.missionhealthcommunities.com/colby-health-and-rehab

Wray Hospital Physical Therapy

1017 W 7th St (Wray, CO)

970-332-3450

www.wrayhospital.org

Wray Rehabilitation & Activities Center

700 Main Street (Wray, CO)

970-332-4451

www.wracofwray.org

Dynamic Dimensions

567 18th St (Burlington, CO)

719-346-5367

https://dynamicdimensions.org

Schaal Therapy Center

334 S. 13th St. (Burlington, CO)

719-346-6050

www.schaalptandfitness.com

Other Health Services

Assisted Living, Nursing Homes, L Term Care

Cheyenne County Village

Skilled Nursing, Assisted Living, Independent Living

820 South Denison Street (St. Francis)

785-332-2531

www.ccvillages.com

Wheat Haven

Skilled Nursing

304 Marion St (Mc Donald)

785-899-9009

www.wheathaven.com

Topside Manor

Skilled Nursing

201 Kansas Ave (Goodland)

785-890-7517

www.topsidemanor.org

Wheat Ridge Acres

707 Wheat Ridge Circle (Goodland)

785-899-0100

www.hhmsi.com/facilities/kansas/wheat-ridge-acres

Good Samaritan Society

Skilled Nursing

650 Lake Road (Atwood)

785-661-1688

www.good-sam.com/locations/atwood

Colby Health and Rehab

Transitional Care, Long-term Care

105 E College Dr (Colby)

785-462-6721

www.missionhealthcommunities.com/colby-health-and-rehab

Fairview Estates Assisted Living

1630 Sewell Avenue (Colby)

785-462-2154

Prairie Senior Living Complex

Skilled Nursing, Special Care Unit

1625 South Franklin Avenue (Colby)

785-462-8295

www.cmciks.com/prairie-senior/

Sarah Ann Hester Memorial Home and K.C. Stout Assisted Living

407 Dakota Street (Benkelman, NE)

308-423-2179

Hillcrest Care Center & The Towers

Skilled Nursing, Assisted Living

360 Canyon Ridge Dr (Wray, CO)

970-332-4856

www.hillcrestcare.org

Grace Manor Care Center

Skilled Nursing

465 5th Street (Burlington, CO)

719-346-7512

www.gracemanorcarecenter.com

The Legacy at Burlington Assisted Living

233 S 9th St (Burlington, CO)

719-346-7403

www.hhmsi.com/facilities/colorado/the-legacy-at-burlington

Prairie Manor Good Samaritan Center

Skilled Nursing

408 East 6th Street (Sharon Springs)

785-852-4244

Disability Services

Prairie Developmental Center, Developmental Services of Northwest Kansas

208 South 4th Street (Atwood)

785-626-3688

www.mydsnwk.org

ResCare Community Living (Golden West)

208 W 2nd St (Goodland)

785-899-2322

www.rescarecommunityliving.com/location/rescare-community-living-goodland-kansas/

LINK Incorporated

2401 E 13th St (Hays)

785-625-6942

www.linkinc.org

Northwest Kansas Educational Service Center

703 W 2nd St (Oakley)

785-672-3125

www.nkesc.org

Northwest Kansas Down Syndrome Society

PO Box 382 (Hays)

nwkdss@gmail.com

www.nwkdss.org

Heartspring

8700 E. 29th North (Wichita)

316-634-8700

www.heartspring.org

Kansas Department for Aging and Disability Services

800-432-3535

www.kdads.ks.gov

Disability Rights Center of Kansas

877-776-1541

www.drckansas.org

The Kansas Society for Children with Challenges

316-262-4676 or 800-624-4530

www.kssociety.org

American Council of the Blind

1-800-424-8666

www.acb.org

KS Commission for the Deaf and Hearing Impaired

785-368-8034

www.kcdhh.ks.gov

National Center for Learning Disabilities

301-966-2234

www.ncld.org

Domestic Violence

Options Domestic & Sexual Violence Services

1480 W. 4th (Colby)

800-794-4624

www.help4abuse.org

Battered Women's Crisis Center

403 East 23rd Street (Hays)

785-625-4202

Blackwell Conflict Management Consulting, LLC

103 East 27th Street (Hays)

785-621-7273

National Domestic Violence Hotline

800-799-SAFE (7233)

www.thehotline.org

General Information – Women's Shelters

www.WomensShelters.org

Kansas Children's Service League

1-800-CHILDREN (332-6378)

www.kcsl.org

Educational Training Opportunities

Fort Hays Tech Northwest

1209 Harrison (Goodland)

800-316-4127

www.nwktc.edu

Colby Community College

1255 South Range Street (Colby)

888-350-5534

www.colbycc.edu

Food Program

Cheyenne County Food Pantry

405 S Lorraine St (St. Francis)

785-332-4860

Bird City Community Food Bank

116 E Bressler St (Bird City)

785-734-2739

Genesis-Sherman County

320 E 6th St (Goodland)

785-890-2299

Rawlins County Food Pantry

510 Main St (Atwood)

Genesis

350 South Range Avenue (Colby)

785-460-7930

Government Healthcare

Cheyenne County Health Department

210 West 1st Street

St. Francis, KS 67756

785-332-2381

www.cheyennecountyhospital.com

Kansas Department for Aging and Disability Services

800-432-3535

www.kdads.ks.gov

Kansas Department of Health and Environment (KDHE)

1000 South West Jackson (Topeka)

785-296-1500

www.kdhe.ks.gov

MEDICAID

800-792-4884

www.kancare.ks.gov

MEDICARE

Senior Health Insurance Counseling for Kansas (SHICK)

800-860-5260

www.kdads.ks.gov/kdads-commissions/long-term-services-supports/aging-services/medicare-programs/shick

Social Security Administration

1212 East 27th Street (Hays)

800-772-1213

www.ssa.gov

Health and Fitness Centers

Cheyenne County Hospital Rehabilitation/Rehab Visions Department

210 W 1st St (St. Francis)

785-332-9600

www.cheyennecountyhospital.com

Revive Performance + Rehab

102 W Washington (St. Francis)

785-772-1693

St. Francis Recreation Commission

100 College St (St. Francis)

785-332-2220

Cheylin Recreation Commission

Bird City

785-332-4498

Goodland Activities Center

808 Main Street (Goodland)

785-890-7242

www.goodlandgac.com

Northwest Kansas Jiu Jitsu

602 Caldwell Ave. (Goodland)

785-728-7997

Flatland Fitness & MMA

1209 Main St. (Goodland)

785-821-1411

Jump Start Fitness Center

415 North Franklin Avenue (Colby)

785-443-0419

Flex Fitness

200 N Franklin Ave (Colby)

785-443-1097

www.flexfitnesscolby.com

CrossFit Colby

1981 W 4th St (Colby)

785-460-0361

Fab & Fit Habits

1025 Taylor Ave (Colby)

785-443-9178

Movement Connection

430 N Franklin Av (Colby)

785-462-2044

www.movementconnection.net

Home Health Services

Good Samaritan Society-Northwest Kansas Home Care

217 US Highway 36 (St. Francis)

785-332-9331

Living Life Home Care, LLC

Goodland

785-821-4004

Lincare, Inc.

1013 Main Street (Goodland)

785-899-6848

www.lincare.com

ResCare Community Living

208 W 2nd St (Goodland)

785-899-2322

www.rescarecommunityliving.com

NWKareS

483 N Franklin (Colby)

800-315-5122

www.hospicenwks.net

L & C Home Health Agency

1005 Taylor Ave (Colby)

785-465-7444

www.landchomehealthagencyinc.com

Hospice

NWKareS/Hospice Services of Northwest Kansas

424 8th St (Phillipsburg)

800-315-5122

www.hospicenwks.net

Caring Hands Hospice

182 16th Street (Burlington, CO)

719-346-4860

Massage Therapists

Hand in Hand Therapeutic Touch

Kelley Milliken

115 W Spencer (St. Francis)

303-358-9112

Much Kneaded Massage Therapy

218 E 3rd St (Bird City)

308-640-4479

Josh Moberly CMT Healing, Massage, Wellness

104 E 10th St (Goodland)

785-772-5116

All About You Salon & Spa

921 Main St (Goodland)

785-890-2970

Healthful Solutions

915 E 9th St (Goodland)

785-821-4442

www.healthfulsolutions4you.com

Healing Haven

1616 Main Ave. (Goodland)

620-927-0343

Nicole Burmester Massage Therapy

1006 Main St (Goodland)

970-466-9201

110 Therapeutic Massage & Wellness

990 S Range (Colby)

785-821-2651

www.110therapeuticmassage.abmp.com

Essential Bliss Day Spa

1675 W 4th St (Colby)

785-460-7772

Beauty for Life Salon and Day Spa

505 E 4th St (Colby)

785-462-2383

www.vagaro.com/us04/beautyforlifesalonanddayspa

Medical Equipment and Supplies

Krien Pharmacy

105 West Washington (St. Francis)

785-332-2177

Lincare, Inc.

1013 Main Street (Goodland)

785-899-6848

www.lincare.com

Medical Arts Pharmacy

202 Willow Road (Goodland)

785-890-5111

Walmart Pharmacy

2160 Commerce Road (Goodland)

785-899-2266

www.walmart.com/store/2562-goodland-ks/pharmacy

Currier Drug

416 State St (Atwood)

785-626-3214

www.currierdrug.com

Citizens Medical Equipment

100 E College Dr (Colby)

785-460-1269

www.cmciks.com/citizens-medical-center/durable-medical-equipment

Dillon Store Pharmacy

1605 South Range Avenue (Colby)

785-462-1310

www.dillons.com/stores/grocery/ks/colby/colby-dillons/615/00050

Walmart Pharmacy

115 W Willow (Colby)

785-462-8651

www.walmart.com/store/1214-colby-ks/pharmacy

Palace Drug Store

460 North Franklin Ave. (Colby)

785-460-7507

www.cornerdrugstore.com

Benkelman Pharmacy

509 Chief Street (Benkelman, NE)

308-423-2759

Foltmer Drug

317 Main Street (Wray, CO)

970-332-4911

W-B Drug Company

314 14th Street (Burlington, CO)

719-346-8851

www.wbdrug.com

Night Time Medical

1506 Taylor Plaza E (Garden City)

620-276-8100

www.sleepresolutions.com/knight-time-medical-location

(Local rep for CPAP set up)

Medical Equipment and Supplies Corporations

American Medical Sales & Rentals

866-245-2349

www.oxygenconcentratorstore.com

Liberator Medical Supply, Inc.

1-877-567-6448

www.liberatormedicial.com

Lifeline Medical Alert (Cheyenne County Hospital)

785-332-2104

www.cheyennecountyhospital.com

Life Alert

800-813-3104

www.lifealerthelp.com

Freedom Phone

www.freedomphone.com

1-800-Medicine

1-800-633-4246

www.1800medicine.com

US MED (United States Medical Supply)

877-840-8218

www.usmed.com

U-Scoot

844-3USCOOT (387-2668)

www.uscootusa.com

Nutrition

Cheyenne County Health Department

221 West First (St. Francis)

785-332-2381

www.cheyennecountyhospital.com

St. Francis Senior Center

322 West Washington (St. Francis)

785-332-2945

Citizens Medical Center Specialty Clinic

100 East College Drive (Colby)

785-462-7511

School Nurses

Cheyenne County Health Department

School Consultant – USD 103 & 297

Mila Bandel, BSN, RN

221 West First St. (St. Francis)

785-332-2381

Senior Services

Sr. Life Solutions

221 West First St. (St. Francis)

785-332-2711

St. Francis Senior Center

322 West Washington Street (St. Francis)

785-332-2945

Bird City Senior Center

122 West Bressler Street (Bird City)

785-734-7369

Senior Progress Center

165 Fike Park Street (Colby)

785-460-2901

Brewster Senior Center

327 Kansas Avenue (Brewster)

785-694-2645

Kanorado Senior Citizen

212 Main Street (Kanorado)

785-399-2348

NWKS Area on Aging

510 W 29th St (Hays)

800-432-7422

www.nwkaaa.com

Kansas Adult Protective Services Protection Report Center

800-922-5330

www.dcf.ks.gov/services/pps/pages/reportadultabuseneglect.aspx

Local Government, Community and Social Services

Adult Protection

Kansas Adult Protective Services Protection Report Center

800-922-5330

www.dcf.ks.gov/services/pps/pages/reportadultabuseneglect.aspx

Available 24 hours / 7 days per week – including holidays

Cheyenne County Sheriff

212 East Washington Street (St. Francis)

785-332-8800

www.cncoks.us/sheriff/

Alcohol and Drug Treatment and Support

Narcotics Anonymous

Cheyenne County Recovery

104 West Webster (St. Francis)

New Hope NA

326 E 6th St (Goodland)

Freedom Today

585 N Franklin (Colby)

Oz Area Service Committee

PO Box 105 (Colby)

855-732-HOPE (4673)

www.marscna.net

Alcoholics Anonymous

326 E 6th St (Goodland)

585 N Franklin (Colby)

Hotline – Hays 785-625-9860

www.ks-aa.org

High Point Advocacy & Resource Center, Inc.

785 W Webster (Colby)

785-460-TIME (8463)

Centennial Mental Health Center

365 W 2nd (Wray, CO)

970-332-3133

1921 Circle Dr (Burlington, CO)

719-346-8183

www.centennialmhc.org

First Step Recovery

595 14th Street (Burlington, CO)

719-346-6060

Out-Patient Treatment Programs

Valley Hope of Norton

Requires private insurance – no Medicare or Medicaid

709 W Holme St (Norton)

785-877-5101

www.valleyhope.org/locations/kansas/norton-treatment-center

Dream, Inc.

1011 W 27th St, #4 (Hays)

785-628-6655

www.dreamhays.com

Smoky Hill Foundation for Chemical Dependency, Inc.

2714 Plaza Ave (Hays)

785-625-5521 or 877-625-5115

www.smokyhillfoundation.net

High Plains Mental Health Center

208 E. 7th Street (Hays)

800-432-0333

www.hpmhc.com

New Chance, Inc.

2500 Wyatt Earp Blvd. (Dodge City)

620-225-0476

www.newchance.org

CFK Addiction Treatment

617 E Elm St (Salina)

785-825-6224

www.ckfaddictiontreatment.org

In-Patient Treatment Programs

New Chance, Inc.

Will accept Medicaid Title 19

2500 E Wyatt Earp Blvd. (Dodge City)

620-225-0476

www.newchance.org

Valley Hope of Norton

Requires private insurance – no Medicare or Medicaid

709 W Holme St (Norton)

785-877-5101

www.valleyhope.org/locations/kansas/norton-treatment-center

CFK Addiction Treatment

617 E Elm St (Salina)

785-825-6224

www.ckfaddictiontreatment.org

Child Protection

Kansas Children's Service League

620-375-4933 Leoti, KS

1-877-530-5275

24/7 Parent Helpline 1-800-CHILDREN (1-800-244-5373)

www.kcsl.org

Kansas Department for Children

Protection Reporting Center

(Protection Report Center for Abuse)

1-800-922-5330

Available 24 hours/7 days per week – including holidays for elder and child abuse reports

Children and Youth

ABC Preschool

104 W Webster (St. Francis)

785-332-0129

Cheyenne County Head Start

Northwest Kansas Educational Service Center

307 E Webster St (St. Francis)

785-332-3110

www.nkescheadstart.org

Cheylin USD 103 Preschool

605 Bird Ave (Bird City)

785-734-2351

www.cheylin.com

Child Support Application

888-757-2445

www.dcfks.gov/services/CSS/Pages/default.aspx

Assistance for Families

KS Department for Children and Families

109 W 11th St (Goodland)

785-899-5661

www.dcf.ks.gov

KanCare

800-792-4884

www.kancare.ks.gov

Kansas Children's Service League

620-375-4933 Leoti, KS

1-877-530-5275

24/7 Parent Helpline 1-800-CHILDREN (1-800-244-5373)

www.kcsl.org

Kansas Department of Health and Environment

785-296-1500

www.kdhe.ks.gov

Parent Helpline

800-332-6378

Kansas Talking Books

800-362-0699

www.kslib.info/talking

National Runaway Safeline

800-RUNAWAY (786-2929)

www.1800runaway.org

Extension Office

Sunflower Extension District Office

212 East Washington (St. Francis)

785-332-3171

813 Broadway #301 (Goodland)

785-890-4880

118 N Gardner (Sharon Springs)

785-852-4285

www.sunflower.k-state.edu

Head Start

Cheyenne County Head Start

Northwest Kansas Educational Service Center

307 E Webster St (St. Francis)

785-332-3110

www.nkescheadstart.org

Housing

Cheyenne Manor

(Low rent housing authority)

200 North Ash (St. Francis)

785-332-3934

Bird City Housing Authority

Lebow Manor (Bird City)

785-734-2407

Northwest Kansas Housing

Bird City

785-421-2151

Kansas Housing Resources Corporation

785-217-2001

www.kshousingcorp.org

US Department of Housing and Urban Development

Kansas/Western Missouri Field Office

913-551-5462

www.hud.gov

Legal Services

Milliken Reyelts, P.A.

Lauren Reyelts

101 West Washington (St. Francis)

785-332-2101

www.millikenlaw.com

Cheyenne County Attorney

Leslie Beims

212 E Washington St (St. Francis)

785-332-2363

www.cncoks.us/county-attorney/

Northwest Kansas Area Agency Partnership with Kansas Legal Services

510 West 29th Street (Hays)

Kansas Legal Services 785-625-4514

Elder Law Hotline 800-353-5337

NWKAAA 800-432-7422

www.nakaaa.com

Libraries, Parks and Recreation

Riverside Recreation Golf Course

1215 Highway 36 (St. Francis)

785-332-3401

Sawhill Park

Corner of Benton and Washington (St. Francis)

785-332-3142

www.stfranciskansas.com

St. Francis Public Library

121 North Scott (St. Francis)

785-332-3292

www.stfrancis.nwkls.org

St. Francis Aquatic Park

Corner of Washington and Denison (St. Francis)

785-332-3410

Keller Pond & River Walk

Northwest Edge St. Francis

www.stfranciskansas.com

Bird City Public Library

110 East 4th Street (Bird City)

785-734-2203

www.birdcity.nwkls.org

Bird City Swimming Pool

Lebow St and Rich Ave (Bird City)

785-734-2556

Van Doren Park (Bird City)

102 N Rich Ave

Public Information

City of St. Francis

Mayor Amanda Milne

Assistant Clerk/Tresurer Jennifer Blair

209 E Washington St (St. Francis)

785-332-3142

www.stfranciskansas.com

City of Bird City

Mayor John Bays

City Clerk Sarah Mellinger

114 E 4th St (Bird City)

785-734-2616

www.birdcity.com

Cheyenne County

Commissioners William Martinez, Roger Faulkender, Brett Poling

County Clerk Sharissa Andrist

212 E Washington St (St. Francis)

785-332-8800

www.cncoks.us

Support Groups

Options Domestic & Sexual Violence Services

1480 W. 4th (Colby)

800-794-4624

www.help4abuse.org

Hope's Place Pregnancy and Family Support Center

902 W Old Highway 24 (Goodland)

785-890-4673

www.hopesplace-goodland.com

Assistance and support groups

Parkinson's Family of Northwest Kansas

PO Box 32 (Colby)

785-443-3439

www.movingtolive.org

Various classes and support group

American Cancer Society

Various support programs

1-800-227-2345

www.cancer.org

Transportation

Cheyenne County Public Transportation

212 E. Washington St (St. Francis)

785-772-1053

www.cncoks.us/rides/

Goodland Public Transportation Van

204 W 11th St (Goodland)

785-899-5082

www.goodlandks.gov/city-departments/public-transportation

Thomas County Transportation Van

300 N Court (Colby)

785-443-9208

www.thomascountyks.gov

KanCare Non-Emergency Medical Transportation for patients with Medicaid/KanCare coverage

Medicaid 800-766-9012

Healthy Blue Kancare 833-270-2254

Sunflower Kancare 877-644-4623

United HealthCare KanCare 877-796-5847

State and National Information, Services & Support

Adult Protection

Kansas Department for Children Protection Reporting Center

(Protection Report Center for Abuse)

1-800-922-5330

Available 24 hours/7 days per week – including

holidays for elder and child abuse reports

Kansas Office of the Long-Term Care Ombudsman

877-662-8362

www.ombudsman.ks.gov

Kansas Coalition Against Sexual and Domestic Violence

1-888-END-ABUSE (363-2287)

www.kcsdv.org

Kansas Department for Aging and Disability Services

1-800-842-0078

www.kdads.ks.gov

National Center on Elder Abuse (Administration for Community Living)

Do not report suspected abuse to the NCEA

855-500-3537

www.ncea.acl.gov

National Domestic Violence Hotline

800-799-SAFE (7233)

www.thehotline.org

National Sexual Assault Hotline

1-800-656-4673

www.rainn.org

National Suicide Prevention Lifeline

1-800-273-8255

988 from any phone

www.988lifeline.org

Maternal Mental Health Hotline

Call or Text

1-833-TLC-MAMA (852-6262)

Poison Control Help Hotline

1-800-222-1222

www.kansashealthsystem.com/care/centers/poison-control-center

www.poison.org

Kansas Department for Children and Families

109 W 11th St (Goodland)

785-899-5661

1135 South County Club Drive, Ste 1 (Colby)

785-462-6760

www.dcf.ks.gov

Kansas Suicide Prevention Headquarters Hotline

1-785-841-2345

www.ksphq.org

Alcohol and Drug Treatment Programs

Substance Abuse and Addiction Hotline

844-289-0879

www.drughelpline.org

Al-Anon Family Group

1-888-4AL-ANON (425-2666)

www.al-anon.org

American Addiction Centers

313-217-3872

www.americanaddictioncenters.org

Mothers Against Drunk Driving

877-ASK-MADD (275-6233)

24 Hr Victim Help Line 877-MADD-HELP (623-3435)

www.madd.org

National Council on Alcoholism and Drug Dependence

www.ncadd.us

Recovery Connection

866-812-8231

www.recoveryconnection.com

Children and Youth

Kansas Department for Children

Protection Reporting Center

(Protection Report Center for Abuse)

1-800-922-5330

Available 24 hours/7 days per week – including

holidays for elder and child abuse reports

Child Abuse National Hotline

1-800-4-A-CHILD (422-4453)
www.childabuse.com

Child Find of America

1-800-I-AM-LOST (426-5678)

www.childfindofamerica.org

Kansas Big Brothers Big Sisters

1-888-KS4-BIGS (574-2447)

www.kansasbigs.org

National Runaway Safeline

1-800-RUNAWAY (786-2929)

www.1800runaway.org/

National Center for Missing and Exploited Children

1-800-THE-LOST (843-5678)

www.missingkids.org

Counseling

Sowing Sees Consulting LLC

Kim A. Zweygardt

709 S. Benton St. (St. Francis)

785-282-9288

Soul Love Therapy

Alice Barclay

405 Ketcham Ave. (Bird City)

720-805-8852

Catholic Charities of Northern Kansas

122 E 12th St (Hays)

785-625-2644

www.ccnks.org

Kansas Consumer Advisory Council for Adult Mental Health, Inc.

Mental health advocacy and resources

316-648-4388

www.kansascac.org

National Suicide Prevention Lifeline

1-800-273-8255

988 from cell phone

www.988lifeline.org

Maternal Mental Health Hotline

Call or Text

1-833-TLC-MAMA (852-6262)

National Council on Problem Gambling Hotline

1-800-GAMBLER (522-4700)

www.ncpgambling.org

Senior Health Insurance Counseling for Kansas (SHICK)

800-860-5260

www.kdads.ks.gov/kdads-commissions/long-term-services-supports/aging-services/medicare-programs/shick

Inner Circle/Sunflower Family Services, Inc.

(Adoption, crisis pregnancy, conflict solution center)

785-625-4600

Disability Services

American Association of People with Disabilities

(AAPD)

800-840-8844

www.aapd.com

American Council of the Blind

1-800-424-8666

www.acb.org

Americans with Disabilities Act Information

Hotline

1-800-514-0301

1-833-610-1264 (TTY)

www.ada.gov

Disability Rights Center of Kansas (DRC)

1-877-776-1541

www.drckansas.org

KS Commission for the Deaf and Hearing

Impaired

785-368-8034

www.kcdhh.ks.gov

Kansas Relay Center (Hearing Impaired Service)

711 from any phone

1-800-766-3777

www.kansasrelay.com

National Center for Learning Disabilities

301-966-2234

www.ncld.org

National Library Services for Blind and Print Disabled

1-888-657-7323

www.loc.gov/nls/

Environment

Environmental Protection Agency Region 7

1-800-223-0425

www.epa.gov

Kansas Department of Health and Environment 785-296-1500

www.kdhe.ks.gov

Milco Environment Services

320 West 4th Street (Colby)

785-460-1956

www.milcoinc.com

Northwest Local Environmental Protection Group

350 South Range Avenue Suite 4 (Colby)

785-462-8636

www.nwlepg.org

Northwest Kansas Groundwater Management – District #4

1290 W 4th St (Colby)

785-462-3915

www.gmd4.org

Food and Drug

USDA Center for Food Safety and Applied Nutrition

1-888-SAFEFOOD (723-3366)

www.fda.gov/food

U.S. Food and Drug Administration

1-888-INFO-FDA (463-6332)

www.fda.gov

USDA Meat and Poultry Hotline

1-888-MPHOTLINE (674-6854)

www.fsis.usda.gov/

Poison Control Help Hotline

1-800-222-1222

www.kansashealthsystem.com/care/centers/poison-control-center

www.poison.org

www.aapcc.org

Kansas Department of Agriculture

785-296-3556 (Topeka)

785-564-6700 (Manhattan)

www.agriculture.ks.gov

Kansas Department of Agriculture Pesticide and Fertilizer Program

785-564-6688

www.agriculture.ks.gov/divisions-programs/pesticide-fertilizer

Health Services

American Cancer Society

1-800-227-2345

www.cancer.org

American Heart Association

1-800-AHA-USA-1 (242-8721)

www.heart.org

American Stroke Association

1-888-4-STROKE (478-7653)

www.stroke.org

Arthritis Foundation, Kansas Chapter

1-800-283-7800

www.arthritis.org/local-offices/ks/

Bright Focus Foundation

800-437-2423

www.brightfocus.org

Center for Disease Control and Prevention

1-800-CDC-INFO (232-4636)

www.cdc.gov

Eye Care Council, Inc.

1-800-960-EYES (3937)

www.eyecarecouncil.com

www.seetolearn.com

Kansas Foundation for Medical Care

1-800-432-0770

www.kfmc.org

National Health Information Center

www.health.gov/nhic

National Institute on Deafness and Other

Communication Disorders

1-800-241-1044

www.nidcd.nih.gov

Hospice

KDHE Palliative Care Program

785-296-5535

www.kdhe.ks.gov/834/Palliative-Care-Program

Housing

Kansas Housing Resources Corporation

785-217-2001

www.housingcorp.org

US Department of Housing and Urban

Development

Kansas/Western Missouri Field Office

913-551-5462

www.hud.gov/states/kansas/offices#kansascity

Legal Services

Kansas Attorney General

785-296-2215

Consumer Protection Hotline 1-800-432-2310

Victims' Services 1-800-828-9745

www.ag.ks.gov

Kansas Bar Association

785-234-5696

www.ksbar.org

Kansas Department for Aging and Disability Services

800-432-3535

www.kdads.ks.gov

Kansas Legal Services

785-625-4514

www.kansaslegalservices.com

Medicaid/Medicare Services

KanCare

800-792-4884

www.kancare.ks.gov

Kansas Medical Assistance Program Customer Service

1-800-766-9012

https://portal.kmap-state-ks.us/PublicPage

Mental Health Services

Alzheimer's Association

1-800-272-3900

1-866-403-3073 (TTY)

www.alz.org

Developmental Services of Northwest Kansas

785-625-5678

www.mydsnwk.org

NAMI Kansas

785-233-0755

Resource Line 785-214-4496

www.namikansas.org

Mental Health America

1-800-969-6MHA (969-6642)

www.mhanational.org

National Alliance for Mental Illness

703-516-7227

Helpline 1-800-950-NAMI (950-6264)

Crisis call or text 988

www.nami.org

National Institute of Mental Health

1-866-615-6464

1-866-415-8051 (TTY)

www.nimh.nih.gov

Kansas Behavioral Services Program

888-582-3759

www.kdads.ks.gov/kdads-commissions/behavioral-health/

Suicide Prevention Hotline

988 from any phone

1-800-SUICIDE (800-784-2433)

1-800-273-TALK (8255)

Maternal Mental Health Hotline

Call or Text

1-833-TLC-MAMA (852-6262)

Nutrition

Academy of Nutrition and Dietetics

312-899-00440

www.eatright.org

Kansas State University

Department of Food, Nutrition, Dietetics, and Health

785-532-5508

www.hhs.k-state.edu/fndh

National Eating Disorders Association

212-575-6200

www.nationaleatingdisorders.org

Food Assistance (Supplemental Nutrition Assistance Program—SNAP)

Kansas Department for Children and Families

1-888-369-4777

or Local DCF office

www.dcf.ks.gov/services/ees/pages/food/foodassistance.aspx

Kansas Department of Health and Environment 785-296-1500

www.kdhe.ks.gov

Senior Services

Alzheimer's Association

1-800-272-3900

1-866-403-3073 (TTY)

www.alz.org

American Association of Retired Persons (AARP)

1-888-OUR-AARP (687-2277)

www.aarp.org

Americans with Disabilities Act Information Line 1-800-514-0301

1-833-310-1264 (TTY)

www.ada.gov/infoline

Eldercare Locator

1-800-677-1116

www.eldercare.acl.gov/Public/Index.aspx

Kansas Advocates for Better Care Inc.

Consumer information for better elder care

1-800-525-1782

www.kabc.org

Kansas Department for Aging and Disability Services

785-296-4986

www.kdads.ks.gov

KanQuit (Kansas Tobacco Quitline)

1-800-QUIT-NOW (784-8669)

www.ksquit.org

Medical Provider or Facility Complaints

Kansas Department of Health and Environment

1-800-842-0078

www.kdhe.ks.gov

Older Kansans Employment Programs (OKEP)

785-296-3481

www.kansascommerce.gov/program/older-kansans-employment-program-providers

Senior Health Insurance Counseling for Kansas (SHICK)

800-860-5260

www.kdads.ks.gov/kdads-commissions/long-term-services-supports/aging-services/medicare-programs/shick

Veterans

USA Gov Contact Center

1-844-USAGOV1 (872-4681)

www.usa.gov

U.S. Department of Veterans Affairs

1-800-698-2411

GI Bill Hotline 888-GIBILL1 (442-4551)

VA Benefits Hotline 800-827-1000

www.va.gov

www.benefits.va.gov

VA Health Resource Center

1-877-470-5947

www.connectedcare.va.gov/virtual-health-resource-centers

VA Life Insurance Center

1-800-669-8477

www.benefits.va.gov/insurance

VA Memorial Program Service (includes status of headstones and markers)

1-800-697-6947

www.va.gov/burials-memorials

Hospital

Cheyenne County Hospital

210 W 1st St (St. Francis)

785-332-2104

www.cheyennecountyhospital.com

Rehabilitation Services

Cheyenne County Hospital Rehabilitation Services

210 W 1st St (St. Francis) 785-332-9600

www.cheyennecountyhospital.com

ResCare Community Living (Golden West)

208 W 2nd St (Goodland)

785-899-2322

www.rescarecommunityliving.com/location/rescare-community-living-goodland-kansas/

Kansas Department for Children and Families

109 W 11th St (Goodland)

785-899-5661

1135 South County Club Drive, Ste 1 (Colby)

785-462-6760

www.dcf.ks.gov

Goodland Regional Medical Center Rehabilitative Services

220 W 2nd St (Goodland)

785-890-3625

www.goodlandregional.com

Rawlins County Health Center Rehabilitation Services

707 Grant St (Atwood)

785-626-3211

www.rchc.us

Prairie Developmental Center, DSNWK

208 South 4th Street (Atwood)

785-626-3688

www.mydsnwk.org

Citizens Health Rehabilitation and Sports Medicine

100 East College Drive (Colby)

785-460-4868

www.cmciks.com

Colby Health and Rehab

105 E College Dr (Colby)

785-462-6721

www.missionhealthcommunities.com/colby-health-and-rehab

Wray Hospital Physical Therapy

1017 W 7th St (Wray, CO)

970-332-3450

www.wrayhospital.org

Wray Rehabilitation & Activities Center

700 Main Street (Wray, CO)

970-332-4451

www.wracofwray.org

Dynamic Dimensions

567 18th St (Burlington, CO)

719-346-5367

https://dynamicdimensions.org

Other Health Services

Assisted Living, Nursing Homes, L Term Care

Cheyenne County Village

Skilled Nursing, Assisted Living, Independent Living

820 South Denison Street (St. Francis)

785-332-2531

www.ccvillages.com

Wheat Haven

Skilled Nursing

304 Marion St (Mc Donald)

785-899-9009

www.wheathaven.com

Topside Manor

Skilled Nursing

201 Kansas Ave (Goodland)

785-890-7517

www.topsidemanor.org

Wheat Ridge Acres

707 Wheat Ridge Circle (Goodland)

785-899-0100

www.hhmsi.com/facilities/kansas/wheat-ridge-acres

Good Samaritan Society

Skilled Nursing

650 Lake Road (Atwood)

785-661-1688

www.good-sam.com/locations/atwood

Colby Health and Rehab

Transitional Care, Long-term Care

105 E College Dr (Colby)

785-462-6721

www.missionhealthcommunities.com/colby-health-and-rehab

Fairview Estates Assisted Living

1630 Sewell Avenue (Colby)

785-462-2154

Prairie Senior Living Complex

Skilled Nursing, Special Care Unit

1625 South Franklin Avenue (Colby)

785-462-8295

www.cmciks.com/prairie-senior/

Sarah Ann Hester Memorial Home and K.C. Stout Assisted Living

407 Dakota Street (Benkelman, NE)

308-423-2179

Hillcrest Care Center & The Towers

Skilled Nursing, Assisted Living

360 Canyon Ridge Dr (Wray, CO)

970-332-4856

www.hillcrestcare.org

Grace Manor Care Center

Skilled Nursing

465 5th Street (Burlington, CO)

719-346-7512

www.gracemanorcarecenter.com

The Legacy at Burlington Assisted Living

233 S 9th St (Burlington, CO)

719-346-7403

www.hhmsi.com/facilities/colorado/the-legacy-at-burlington

Prairie Manor Good Samaritan Center

Skilled Nursing

408 East 6th Street (Sharon Springs)

785-852-4244

Disability Services

Prairie Developmental Center, Developmental Services of Northwest Kansas

208 South 4th Street (Atwood)

785-626-3688

www.mydsnwk.org

ResCare Community Living (Golden West)

208 W 2nd St (Goodland)

785-899-2322

www.rescarecommunityliving.com/location/rescare-community-living-goodland-kansas/

LINK Incorporated

2401 E 13th St (Hays)

785-625-6942

www.linkinc.org

Northwest Kansas Educational Service Center

703 W 2nd St (Oakley)

785-672-3125

www.nkesc.org

Northwest Kansas Down Syndrome Society

PO Box 382 (Hays)

nwkdss@gmail.com

www.nwkdss.org

Heartspring

8700 E. 29th North (Wichita)

316-634-8700

www.heartspring.org

Kansas Department for Aging and Disability Services

800-432-3535

www.kdads.ks.gov

Disability Rights Center of Kansas

877-776-1541

www.drckansas.org

The Kansas Society for Children with Challenges

316-262-4676 or 800-624-4530

www.kssociety.org

American Council of the Blind

1-800-424-8666

www.acb.org

KS Commission for the Deaf and Hearing Impaired

785-368-8034

www.kcdhh.ks.gov

National Center for Learning Disabilities

301-966-2234

www.ncld.org

Domestic Violence

Options Domestic & Sexual Violence Services

1480 W. 4th (Colby)

800-794-4624

www.help4abuse.org

Battered Women's Crisis Center

403 East 23rd Street (Hays)

785-625-4202

Blackwell Conflict Management Consulting, LLC

103 East 27th Street (Hays)

785-621-7273

National Domestic Violence Hotline

800-799-SAFE (7233)

www.thehotline.org

General Information – Women's Shelters

www.WomensShelters.org

Kansas Children's Service League

1-800-CHILDREN (332-6378)

www.kcsl.org

Educational Training Opportunities

NW KS Technical College

1209 Harrison (Goodland)

800-316-4127

www.nwktc.edu

Colby Community College

1255 South Range Street (Colby)

888-350-5534

www.colbycc.edu

Food Program

Cheyenne County Food Pantry

405 S Lorraine St (St. Francis)

785-332-4860

Bird City Community Food Bank

116 E Bressler St (Bird City)

785-734-2739

Genesis-Sherman County

320 E 6th St (Goodland)

785-890-2299

Rawlins County Food Pantry

510 Main St (Atwood)

Genesis

350 South Range Avenue (Colby)

785-460-7930

Government Healthcare

Cheyenne County Health Department

210 West 1st Street

St. Francis, KS 67756

785-332-2381

www.cheyennecountyhospital.com

Kansas Department for Aging and Disability Services

800-432-3535

www.kdads.ks.gov

Kansas Department of Health and Environment

(KDHE)

1000 South West Jackson (Topeka)

785-296-1500

www.kdhe.ks.gov

MEDICAID

800-792-4884

www.kancare.ks.gov

MEDICARE

Senior Health Insurance Counseling for Kansas (SHICK)

800-860-5260

www.kdads.ks.gov/kdads-commissions/long-term-services-supports/aging-services/medicare-programs/shick

Social Security Administration

1212 East 27th Street (Hays)

800-772-1213

www.ssa.gov

Health and Fitness Centers

Cheyenne County Hospital Rehabilitation Department

210 W 1st St (St. Francis)

785-332-9600

www.cheyennecountyhospital.com

St. Francis Recreation Commission

100 College St (St. Francis)

785-332-2220

Cheylin Recreation Commission

Bird City

785-673-6237

Goodland Activities Center

808 Main Street (Goodland)

785-890-7242

www.goodlandgac.com

Jump Start Fitness Center

415 North Franklin Avenue (Colby)

785-443-0419

Flex Fitness

200 N Franklin Ave (Colby)

785-443-1097

www.flexfitnesscolby.com

CrossFit Colby

1981 W 4th St (Colby)

785-460-0361

Fab & Fit Habits

1025 Taylor Ave (Colby)

785-443-9178

Movement Connection

430 N Franklin Av (Colby)

785-462-2044

www.movementconnection.net

Home Health Services

Good Samaritan Society-Northwest Kansas Home Care

217 US Highway 36 (St. Francis)

785-332-9331

Living Life Home Care, LLC

Goodland

785-821-4004

Lincare, Inc.

1013 Main Street (Goodland)

785-899-6848

www.lincare.com

ResCare Community Living

208 W 2nd St (Goodland)

785-899-2322

www.rescarecommunityliving.com

NWKareS

483 N Franklin (Colby)

800-315-5122

www.hospicenwks.net

L & C Home Health Agency

1005 Taylor Ave (Colby)

785-465-7444

www.landchomehealthagencyinc.com

Hospice

NWKareS/Hospice Services of Northwest Kansas

424 8th St (Phillipsburg)

800-315-5122

www.hospicenwks.net

Caring Hands Hospice

182 16th Street (Burlington, CO)

719-346-4860

Massage Therapists

Hand in Hand Therapeutic Touch

Kelley Milliken

115 W Spencer (St. Francis)

303-358-9112

Much Kneaded Massage Therapy

218 E 3rd St (Bird City)

308-640-4479

Josh Moberly CMT Healing, Massage, Wellness

104 E 10th St (Goodland)

785-772-5116

All About You Salon & Spa

921 Main St (Goodland)

785-890-2970

Healthful Solutions

915 E 9th St (Goodland)

785-821-4442

www.healthfulsolutions4you.com

Nicole Burmester Massage Therapy

1006 Main St (Goodland)

970-466-9201

110 Therapeutic Massage & Wellness

990 S Range (Colby)

785-821-2651

www.110therapeuticmassage.abmp.com

Essential Bliss Day Spa

1675 W 4th St (Colby)

785-460-7772

Beauty for Life Salon and Day Spa

505 E 4th St (Colby)

785-462-2383

www.vagaro.com/us04/beautyforlifesalonanddayspa

Medical Equipment and Supplies

Krien Pharmacy

105 West Washington (St. Francis)

785-332-2177

Lincare, Inc.

1013 Main Street (Goodland)

785-899-6848

www.lincare.com

Medical Arts Pharmacy

202 Willow Road (Goodland)

785-890-5111

Walmart Pharmacy

2160 Commerce Road (Goodland)

785-899-2266

www.walmart.com/store/2562-goodland-ks/pharmacy

Currier Drug

416 State St (Atwood)

785-626-3214

www.currierdrug.com

Citizens Medical Equipment

100 E College Dr (Colby)

785-460-1269

www.cmciks.com/citizens-medical-center/durable-medical-equipment

Dillon Store Pharmacy

1605 South Range Avenue (Colby)

785-462-1310

www.dillons.com/stores/grocery/ks/colby/colby-dillons/615/00050

Walmart Pharmacy

115 W Willow (Colby)

785-462-8651

www.walmart.com/store/1214-colby-ks/pharmacy

Palace Drug Store

460 North Franklin Ave. (Colby)

785-460-7507

www.cornerdrugstore.com

Benkelman Pharmacy

509 Chief Street (Benkelman, NE)

308-423-2759

Foltmer Drug

317 Main Street (Wray, CO)

970-332-4911

W-B Drug Company

314 14th Street (Burlington, CO)

719-346-8851

www.wbdrug.com

Night Time Medical

1506 Taylor Plaza E (Garden City)

620-276-8100

www.sleepresolutions.com/knight-time-medical-location

(Local rep for CPAP set up)

Medical Equipment and Supplies Corporations

American Medical Sales & Rentals

866-245-2349

www.oxygenconcentratorstore.com

Liberator Medical Supply, Inc.

1-877-567-6448

www.liberatormedicial.com

Lifeline Medical Alert (Cheyenne County Hospital)

785-332-2104

www.cheyennecountyhospital.com

Life Alert

800-813-3104

www.lifealerthelp.com

Freedom Phone

www.freedomphone.com

1-800-Medicine

1-800-633-4246

www.1800medicine.com

US MED (United States Medical Supply)

877-840-8218

www.usmed.com

U-Scoot

844-3USCOOT (387-2668)

www.uscootusa.com

Nutrition

Cheyenne County Health Department

221 West First (St. Francis)

785-332-2381

www.cheyennecountyhospital.com

St. Francis Senior Center

322 West Washington (St. Francis)

785-332-2945

Citizens Medical Center Specialty Clinic

100 East College Drive (Colby)

785-462-7511

School Nurses

Cheyenne County Health Department

School Consultant – USD 103 & 297

Mila Bandel, BSN, RN

221 West First (St. Francis)

785-332-2381

Senior Services

St. Francis Senior Center

322 West Washington Street (St. Francis)

785-332-2945

Bird City Senior Center

122 West Bressler Street (Bird City)

785-734-7369

Senior Progress Center

165 Fike Park Street (Colby)

785-460-2901

Brewster Senior Center

327 Kansas Avenue (Brewster)

785-694-2645

Kanorado Senior Citizen

212 Main Street (Kanorado)

785-399-2348

NWKS Area on Aging

510 W 29th St (Hays)

800-432-7422

www.nwkaaa.com

Kansas Adult Protective Services Protection Report Center

800-922-5330

www.dcf.ks.gov/services/pps/pages/reportadultabuseneglect.aspx

Local Government, Community and Social Services

Adult Protection

Kansas Adult Protective Services Protection Report Center

800-922-5330

www.dcf.ks.gov/services/pps/pages/reportadultabuseneglect.aspx

Available 24 hours / 7 days per week – including holidays

Cheyenne County Sheriff

212 East Washington Street (St. Francis)

785-332-8800

www.cncoks.us/sheriff/

Alcohol and Drug Treatment and Support

Narcotics Anonymous

Cheyenne County Recovery

104 West Webster (St. Francis)

New Hope NA

326 E 6th St (Goodland)

Freedom Today

585 N Franklin (Colby)

Oz Area Service Committee

PO Box 105 (Colby)

855-732-HOPE (4673)

www.marscna.net

Alcoholics Anonymous

326 E 6th St (Goodland)

585 N Franklin (Colby)

Hotline – Hays 785-625-9860

www.ks-aa.org

High Point Advocacy & Resource Center, Inc.

785 W Webster (Colby)

785-460-TIME (8463)

Centennial Mental Health Center

365 W 2nd (Wray, CO)

970-332-3133

1921 Circle Dr (Burlington, CO)

719-346-8183

www.centennialmhc.org

First Step Recovery

595 14th Street (Burlington, CO)

719-346-6060

Out-Patient Treatment Programs

Valley Hope of Norton

Requires private insurance – no Medicare or Medicaid

709 W Holme St (Norton)

785-877-5101

www.valleyhope.org/locations/kansas/norton-treatment-center

Dream, Inc.

1011 W 27th St, #4 (Hays)

785-628-6655

www.dreamhays.com

Smoky Hill Foundation for Chemical Dependency, Inc.

2714 Plaza Ave (Hays)

785-625-5521 or 877-625-5115

www.smokyhillfoundation.net

High Plains Mental Health Center

208 E. 7th Street (Hays)

800-432-0333

www.hpmhc.com

New Chance, Inc.

2500 Wyatt Earp Blvd. (Dodge City)

620-225-0476

www.newchance.org

CFK Addiction Treatment

617 E Elm St (Salina)

785-825-6224

www.ckfaddictiontreatment.org

In-Patient Treatment Programs

New Chance, Inc.

Will accept Medicaid Title 19

2500 E Wyatt Earp Blvd. (Dodge City)

620-225-0476

www.newchance.org

Valley Hope of Norton

Requires private insurance – no Medicare or Medicaid

709 W Holme St (Norton)

785-877-5101

www.valleyhope.org/locations/kansas/norton-treatment-center

CFK Addiction Treatment

617 E Elm St (Salina)

785-825-6224

www.ckfaddictiontreatment.org

Child Protection

Kansas Children's Service League

620-375-4933 Leoti, KS

1-877-530-5275

24/7 Parent Helpline 1-800-CHILDREN (1-800-244-5373)

www.kcsl.org

Kansas Department for Children

Protection Reporting Center

(Protection Report Center for Abuse)

1-800-922-5330

Available 24 hours/7 days per week – including holidays for elder and child abuse reports

Children and Youth

ABC Preschool

104 W Webster (St. Francis)

785-332-0129

Cheyenne County Head Start

Northwest Kansas Educational Service Center

307 E Webster St (St. Francis)

785-332-3110

www.nkescheadstart.org

Cheylin USD 103 Preschool

605 Bird Ave (Bird City)

785-734-2351

www.cheylin.com

Child Support Application

888-757-2445

www.dcfks.gov/services/CSS/Pages/default.aspx

Assistance for Families

KS Department for Children and Families

109 W 11th St (Goodland)

785-899-5661

www.dcf.ks.gov

KanCare

800-792-4884

www.kancare.ks.gov

Kansas Children's Service League

620-375-4933 Leoti, KS

1-877-530-5275

24/7 Parent Helpline 1-800-CHILDREN (1-800-244-5373)

www.kcsl.org

Kansas Department of Health and Environment 785-296-1500

www.kdhe.ks.gov

Parent Helpline

800-332-6378

Kansas Talking Books

800-362-0699

www.kslib.info/talking

National Runaway Safeline

800-RUNAWAY (786-2929)

www.1800runaway.org

Extension Office

Sunflower Extension District Office

212 East Washington (St. Francis)

785-332-3171

813 Broadway #301 (Goodland)

785-890-4880

118 N Gardner (Sharon Springs)

785-852-4285

www.sunflower.k-state.edu

Head Start

Cheyenne County Head Start

Northwest Kansas Educational Service Center

307 E Webster St (St. Francis)

785-332-3110

www.nkescheadstart.org

Housing

Cheyenne Manor

(Low rent housing authority)

200 North Ash (St. Francis)

785-332-3934

Bird City Housing Authority

Lebow Manor (Bird City)

785-734-2407

Northwest Kansas Housing

Bird City

785-421-2151

Kansas Housing Resources Corporation

785-217-2001

www.kshousingcorp.org

US Department of Housing and Urban Development

Kansas/Western Missouri Field Office

913-551-5462

www.hud.gov

Legal Services

Milliken Reyelts, P.A.

Lauren Reyelts

101 West Washington (St. Francis)

785-332-2101

www.millikenlaw.com

Cheyenne County Attorney

Leslie Beims

212 E Washington St (St. Francis)

785-332-2363

www.cncoks.us/county-attorney/

Northwest Kansas Area Agency Partnership with Kansas Legal Services

510 West 29th Street (Hays)

Kansas Legal Services 785-625-4514

Elder Law Hotline 800-353-5337

NWKAAA 800-432-7422

www.nakaaa.com

Libraries, Parks and Recreation

Riverside Recreation Golf Course

1215 Highway 36 (St. Francis)

785-332-3401

Sawhill Park

Corner of Benton and Washington (St. Francis)

785-332-3142

www.stfranciskansas.com

St. Francis Public Library

121 North Scott (St. Francis)

785-332-3292

www.stfrancis.nwkls.org

St. Francis Aquatic Park

Corner of Washington and Denison (St. Francis)

785-332-3410

Keller Pond & River Walk

Northwest Edge St. Francis

www.stfranciskansas.com

Bird City Public Library

110 East 4th Street (Bird City)

785-734-2203

www.birdcity.nwkls.org

Bird City Swimming Pool

Lebow St and Rich Ave (Bird City)

785-734-2556

Public Information

City of St. Francis

Mayor Scott Schultz

Clerk Leann Lee

209 E Washington St (St. Francis)

785-332-3142

www.stfranciskansas.com

City of Bird City

Mayor Mark Loop

City Clerk Seante Gyukeri

114 E 4th St (Bird City)

785-734-2616

www.birdcity.com

Cheyenne County

Commissioners William Martinez, Roger Faulkender, Brett Poling

County Clerk Scott Houtman

212 E Washington St (St. Francis)

785-332-8800

www.cncoks.us

Support Groups

Options Domestic & Sexual Violence Services

1480 W. 4th (Colby)

800-794-4624

www.help4abuse.org

Hope's Place Pregnancy and Family Support Center

902 W Old Highway 24 (Goodland)

785-890-4673

www.hopesplace-goodland.com

Assistance and support groups

Parkinson's Family of Northwest Kansas

PO Box 32 (Colby)

785-443-3439

www.movingtolive.org

Various classes and support group

American Cancer Society

Various support programs

1-800-227-2345

www.cancer.org

Transportation

Cheyenne County Public Transportation

212 E. Washington St (St. Francis)

785-772-1053

www.cncoks.us/rides/

Goodland Public Transportation Van

204 W 11th St (Goodland)

785-899-5082

www.goodlandks.gov/city-departments/public-transportation

Thomas County Transportation Van

300 N Court (Colby)

785-443-9208

www.thomascountyks.gov

KanCare Non-Emergency Medical Transportation for patients with Medicaid/KanCare coverage

Medicaid 800-766-9012

Amerigroup Kancare 855-345-6943

Sunflower Kancare 877-644-4623

United HealthCare KanCare 877-796-5847

State and National Information,

Services & Support

Adult Protection

Kansas Department for Children

Protection Reporting Center

(Protection Report Center for Abuse)

1-800-922-5330

Available 24 hours/7 days per week – including

holidays for elder and child abuse reports

Kansas Office of the Long-Term Care Ombudsman

877-662-8362

www.ombudsman.ks.gov

Kansas Coalition Against Sexual and Domestic Violence

1-888-END-ABUSE (363-2287)

www.kcsdv.org

Kansas Department for Aging and Disability Services

1-800-842-0078

www.kdads.ks.gov

National Center on Elder Abuse (Administration for Community Living)

Do not report suspected abuse to the NCEA

855-500-3537

www.ncea.acl.gov

National Domestic Violence Hotline

800-799-SAFE (7233)

www.thehotline.org

National Sexual Assault Hotline

1-800-656-4673

www.rainn.org

National Suicide Prevention Lifeline

1-800-273-8255

988 from any phone

www.988lifeline.org

Poison Control Help Hotline

1-800-222-1222

www.kansashealthsystem.com/care/centers/poison-control-center

www.poison.org

Kansas Department for Children and Families

109 W 11th St (Goodland)

785-899-5661

1135 South County Club Drive, Ste 1 (Colby)

785-462-6760

www.dcf.ks.gov

Kansas Suicide Prevention Headquarters Hotline

1-785-841-2345

www.ksphq.org

Alcohol and Drug Treatment Programs

Substance Abuse and Addiction Hotline

844-289-0879

www.drughelpline.org

Al-Anon Family Group

1-888-4AL-ANON (425-2666)

www.al-anon.org

American Addiction Centers

313-217-3872

www.americanaddictioncenters.org

Mothers Against Drunk Driving

877-ASK-MADD (275-6233)

24 Hr Victim Help Line 877-MADD-HELP (623-3435)

www.madd.org

National Council on Alcoholism and Drug Dependence

www.ncadd.us

Recovery Connection

866-812-8231

www.recoveryconnection.com

Children and Youth

Kansas Department for Children

Protection Reporting Center

(Protection Report Center for Abuse)

1-800-922-5330

Available 24 hours/7 days per week – including

holidays for elder and child abuse reports

Child Abuse National Hotline

1-800-4-A-CHILD (422-4453)
www.childabuse.com

Child Find of America

1-800-I-AM-LOST (426-5678)

www.childfindofamerica.org

Kansas Big Brothers Big Sisters

1-888-KS4-BIGS (574-2447)

www.kansasbigs.org

National Runaway Safeline

1-800-RUNAWAY (786-2929)

www.1800runaway.org/

National Center for Missing and Exploited Children

1-800-THE-LOST (843-5678)

www.missingkids.org

Counseling

Catholic Charities of Northern Kansas

122 E 12th St (Hays)

785-625-2644

www.ccnks.org

Kansas Consumer Advisory Council for Adult Mental Health, Inc.

Mental health advocacy and resources

316-648-4388

www.kansascac.org

National Suicide Prevention Lifeline

1-800-273-8255

988 from cell phone

www.988lifeline.org

National Council on Problem Gambling Hotline

1-800-GAMBLER (522-4700)

www.ncpgambling.org

Senior Health Insurance Counseling for Kansas (SHICK)

800-860-5260

www.kdads.ks.gov/kdads-commissions/long-term-services-supports/aging-services/medicare-programs/shick

Inner Circle/Sunflower Family Services, Inc.

(Adoption, crisis pregnancy, conflict solution center)

785-625-4600

Disability Services

American Association of People with Disabilities

(AAPD)

800-840-8844

www.aapd.com

American Council of the Blind

1-800-424-8666

www.acb.org

Americans with Disabilities Act Information

Hotline

1-800-514-0301

1-833-610-1264 (TTY)

www.ada.gov

Disability Rights Center of Kansas (DRC)

1-877-776-1541

www.drckansas.org

KS Commission for the Deaf and Hearing

Impaired

785-368-8034

www.kcdhh.ks.gov

Kansas Relay Center (Hearing Impaired Service)

711 from any phone

1-800-766-3777

www.kansasrelay.com

National Center for Learning Disabilities

301-966-2234

www.ncld.org

National Library Services for Blind and Print Disabled

1-888-657-7323

www.loc.gov/nls/

Environment

Environmental Protection Agency Region 7

1-800-223-0425

www.epa.gov

Kansas Department of Health and Environment 785-296-1500

www.kdhe.ks.gov

Milco Environment Services

320 West 4th Street (Colby)

785-460-1956

www.milcoinc.com

Northwest Local Environmental Protection Group

350 South Range Avenue Suite 4 (Colby)

785-462-8636

www.nwlepg.org

Northwest Kansas Groundwater Management –

District #4

1290 W 4th St (Colby)

785-462-3915

www.gmd4.org

Food and Drug

USDA Center for Food Safety and Applied Nutrition

1-888-SAFEFOOD (723-3366)

www.fda.gov/food

U.S. Food and Drug Administration

1-888-INFO-FDA (463-6332)

www.fda.gov

USDA Meat and Poultry Hotline

1-888-MPHOTLINE (674-6854)

www.fsis.usda.gov/

Poison Control Help Hotline

1-800-222-1222

www.kansashealthsystem.com/care/centers/poison-control-center

www.poison.org

www.aapcc.org

Kansas Department of Agriculture

785-296-3556 (Topeka)

785-564-6700 (Manhattan)

www.agriculture.ks.gov

Kansas Department of Agriculture Pesticide and Fertilizer Program

785-564-6688

www.agriculture.ks.gov/divisions-programs/pesticide-fertilizer

Health Services

American Cancer Society

1-800-227-2345

www.cancer.org

American Heart Association

1-800-AHA-USA-1 (242-8721)

www.heart.org

American Stroke Association

1-888-4-STROKE (478-7653)

www.stroke.org

Arthritis Foundation, Kansas Chapter

1-800-283-7800

www.arthritis.org/local-offices/ks/

Bright Focus Foundation

800-437-2423

www.brightfocus.org

Center for Disease Control and Prevention

1-800-CDC-INFO (232-4636)

www.cdc.gov

Eye Care Council, Inc.

1-800-960-EYES (3937)

www.eyecarecouncil.com

www.seetolearn.com

Kansas Foundation for Medical Care

1-800-432-0770

www.kfmc.org

National Health Information Center

www.health.gov/nhic

National Institute on Deafness and Other

Communication Disorders

1-800-241-1044

www.nidcd.nih.gov

Hospice

KDHE Palliative Care Program

785-296-5535

www.kdhe.ks.gov/834/Palliative-Care-Program

Housing

Kansas Housing Resources Corporation

785-217-2001

www.housingcorp.org

US Department of Housing and Urban

Development

Kansas/Western Missouri Field Office

913-551-5462

www.hud.gov/states/kansas/offices#kansascity

Legal Services

Kansas Attorney General

785-296-2215

Consumer Protection Hotline 1-800-432-2310

Victims' Services 1-800-828-9745

www.ag.ks.gov

Kansas Bar Association

785-234-5696

www.ksbar.org

Kansas Department for Aging and Disability Services

800-432-3535

www.kdads.ks.gov

Kansas Legal Services

785-625-4514

www.kansaslegalservices.com

Medicaid/Medicare Services

KanCare

800-792-4884

www.kancare.ks.gov

Kansas Medical Assistance Program Customer Service

1-800-766-9012

https://portal.kmap-state-ks.us/PublicPage

Centers for Medicare and Medicaid Services

Medicare Information

1-800-MEDICARE (633-4227)

TTY 877-486-2048

www.medicare.gov

www.cms.gov

Mental Health Services

Alzheimer's Association

1-800-272-3900

1-866-403-3073 (TTY)

www.alz.org

Developmental Services of Northwest Kansas

785-625-5678

www.mydsnwk.org

NAMI Kansas

785-233-0755

Resource Line 785-214-4496

www.namikansas.org

Mental Health America

1-800-969-6MHA (969-6642)

www.mhanational.org

National Alliance for Mental Illness

703-516-7227

Helpline 1-800-950-NAMI (950-6264)

Crisis call or text 988

www.nami.org

National Institute of Mental Health

1-866-615-6464

1-866-415-8051 (TTY)

www.nimh.nih.gov

Kansas Behavioral Services Program

888-582-3759

www.kdads.ks.gov/kdads-commissions/behavioral-health/

Suicide Prevention Hotline

988 from any phone

1-800-SUICIDE (800-784-2433)

1-800-273-TALK (8255)

Nutrition

Academy of Nutrition and Dietetics

312-899-00440

www.eatright.org

Kansas State University

Department of Food, Nutrition, Dietetics, and Health

785-532-5508

www.hhs.k-state.edu/fndh

National Eating Disorders Association

212-575-6200

www.nationaleatingdisorders.org

Food Assistance (Supplemental Nutrition Assistance Program—SNAP)

Kansas Department for Children and Families

1-888-369-4777

or Local DCF office

www.dcf.ks.gov/services/ees/pages/food/foodassistance.aspx

Kansas Department of Health and Environment 785-296-1500

www.kdhe.ks.gov

Senior Services

Alzheimer's Association

1-800-272-3900

1-866-403-3073 (TTY)

www.alz.org

American Association of Retired Persons (AARP)

1-888-OUR-AARP (687-2277)

www.aarp.org

Americans with Disabilities Act Information Line 1-800-514-0301

1-833-310-1264 (TTY)

www.ada.gov/infoline

Eldercare Locator

1-800-677-1116

www.eldercare.acl.gov/Public/Index.aspx

Kansas Advocates for Better Care Inc.

Consumer information for better elder care

1-800-525-1782

www.kabc.org

Kansas Department for Aging and Disability Services

785-296-4986

www.kdads.ks.gov

KanQuit (Kansas Tobacco Quitline)

1-800-QUIT-NOW (784-8669)

www.ksquit.org

Medical Provider or Facility Complaints

Kansas Department of Health and Environment

1-800-842-0078

www.kdhe.ks.gov

Older Kansans Employment Programs (OKEP)

785-296-3481

www.kansascommerce.gov/program/older-kansans-employment-program-providers

Senior Health Insurance Counseling for Kansas (SHICK)

800-860-5260

www.kdads.ks.gov/kdads-commissions/long-term-services-supports/aging-services/medicare-programs/shick

Veterans

USA Gov Contact Center

1-844-USAGOV1 (872-4681)

www.usa.gov

U.S. Department of Veterans Affairs

1-800-698-2411

GI Bill Hotline 888-GIBILL1 (442-4551)

VA Benefits Hotline 800-827-1000

www.va.gov

www.benefits.va.gov

VA Health Resource Center

1-877-470-5947

www.connectedcare.va.gov/virtual-health-resource-centers

VA Life Insurance Center

1-800-669-8477

www.benefits.va.gov/insurance

VA Memorial Program Service (includes status of

headstones and markers)

1-800-697-6947

www.va.gov/burials-memorials

VA Rehabilitation and Prosthetic Services

www.prosthetics.va.gov/index.asp

Women Veterans Call Center

855-829-6636

www.womenshealth.va.gov

V. Detail Exhibits

[VVV Consultants LLC]

a.) Patient Origin Source Files

Patient Origin History 2022 - 2024 for IP, OP and ER – Cheyenne County, KS

Cheyenne County, Kansas Residents				
#	Inpatients - KHA HIDI	YR24	YR23	YR22
1	Cheyenne County Hospital - St. Francis, KS	191	194	197
	% of Patients Staying Home	75.2%	75.2%	77.9%
2	HaysMed - Hays, KS	11	28	21
3	Kansas Residents/Nebraska Hospitals - , NE	32	6	8
4	Citizens Health - Colby, KS	1	9	8
5	The University of Kansas Health System - Kansas City, KS	5	6	6
6	Wesley Healthcare - Wichita, KS	0	4	4
	Other Hospitals	14	11	9
	Total	254	258	253

Cheyenne County, Kansas Residents				
#	Outpatients - KHA HIDI	YR24	YR23	YR22
1	Cheyenne County Hospital - St. Francis, KS	6,271	6,303	6,238
	% of Patients Staying Home	88.8%	81.2%	81.9%
2	Goodland Regional Medical Center - Goodland, KS	325	459	485
3	Citizens Health - Colby, KS	60	656	489
4	HaysMed - Hays, KS	118	126	120
5	Rawlins County Health Center - Atwood, KS	97	78	89
6	The University of Kansas Health System - Kansas City, KS	82	37	97
7	Logan County Health Services - Oakley, KS	10	14	14
8	Scott County Hospital - Scott City, KS	15	9	6
	Other Hospitals	80	80	76
	Total	7,058	7,762	7,614

Cheyenne County, Kansas Residents				
#	Emergency - KHA HIDI	YR24	YR23	YR22
1	Cheyenne County Hospital - St. Francis, KS	725	750	725
	% of Patients Staying Home	90.9%	90.5%	91.1%
2	Goodland Regional Medical Center - Goodland, KS	23	25	20
3	Rawlins County Health Center - Atwood, KS	14	11	12
4	Citizens Health - Colby, KS	1	13	14
5	HaysMed - Hays, KS	10	8	9
6	Ascension Via Christi Hospitals Wichita, Inc. - Wichita, KS	3	6	2
	Others	22	16	14
	Total	798	829	796

b.) Town Hall Attendees, Notes, & Feedback

Attendance Cheyenne Co, KS CHNA Town Hall 4/9/26 11:00-1pm N=19						
#	Table	Lead	Attend	Last	First	Organization
1	A	XX	x	Clingenpeel	Jeremy	CCH
2	A		x	Licke	Heather	Cheyenne County Hospital
3	A		x	Blanka	Shawna	Cheyenne County Hospital
4	A		x	Bandel	Mila	CN Health Department
5	B	XX	x	Heidi	Tice	Cheyenne County Hospital
6	B		x	Carson	Jessica	Cheyenne County Clinic
7	B		x	Lacy	Leslie	Great Plains Health Alliance
8	C	XX	x	Partch	Carol	Cheyenne Co. Hospital
9	C		x	Keller	Tom	GNWKCF
10	C		x	Andrist	Sharissa	Cheyenne County
11	C		x	Fernandez	Nichole	Good Samaritan NW KS Home Health
12	C		x	Carmichael	Teryn	Bird City Century II Foundation
13	D	XX	x	Bracelin	Sondra	Cheyenne County Hospital Board
14	D		x	Penka	Mark	St. Francis School
15	D		x	Milne	Amanda	Cheyenne County Court House
16	D		x	Winegarner	Aubrey	Cheyenne County Hospital
17	E		x	Zweygardt	Kary	CCDC
18	E		x	Oldsen	Kris	CCDC
19	E		x	Keller	Melissa	Community Member

Cheyenne County Hospital Town Hall Event Notes

Date: 4/9/2026 – 11:00-1 p.m. @ Art Gallery Attendance: N=19

INTRO: Following is a recap of the community conversation during CHNA 2026 Town Hall

- Other than English, Spanish and Filipino are being spoken in the community.
- For veterans, they typically go to Cheyenne County Hospital, Burlington, Colorado and Hays Med, Colorado Springs, and Denver.
- The wealth gap is continuing to widen in the community.
- The community is driving to Atwood, Colby, Goodland, Wray, or Burlington for employment.
- Broadband is weak in the rural areas of the community. A community member shared that the economy was heavily affected by covid losing results, employers, and groceries prices going up. There is a concern for the community becoming a food desert.
- There are no school nurses at either school district, so the health department does health screenings, but they are limited in resources.
- Vaping is impacting health and a high concern.
- Childcare has come a long way in the past few years, but there is still a need.
- The local dentist is retiring so the community needs a dentist in town. Mental Health is also a need specifically for teens. An eye doctor is also need in the community.
- Depression is a concern across all generations. Meth, Opioids, Alcohol, Marijuana, Nicotine are occurring in the community. There was specific conversation on social acceptance of marijuana in the younger generation where marijuana is more accepted than alcohol.
- As of now, STD rates are not a concern in the community.
- Within the last 5 years, younger people are experiencing strokes in relation to stress a community member shared.
- There is access to exercise in the community but there is a lack of class opportunities. A social aspect to fitness would help apathy a community member shared.
- There is also a need for nurses at the hospital (focus on diversity).
- Home Health is an issue for the community and Medicare Advantage is a problem. Nursing Home beds is also an area to focus on.

<u>Things going well for healthcare in the community:</u>

- Collaborative Community
- EMS
- Facility upgrades
- Interventional Primary Care
- Local Hospital and Clinics
- Maternal Health on the move
- OB Care
- Provider stability

<u>Areas to improve or change in the community:</u>

- Access to Healthy Foods (Local Grocery Store)
- Dentists
- Health Literacy (Personal Health)
- Home Health (Private / CMS)
- Housing (Affordable)
- Suicide Prevention
- Visting Specialists
- Insurance
- Mental Health (Diagnosis, Providers, Treatment, Aftercare)
- Obesity (Nutrition / Fitness)
- Substance Abuse (Drugs & Alcohol)
- Workforce Retention

Round #5 CHNA - Cheyenne County, KS PSA

Town Hall Conversation - Strengths (Big White Cards) N=19

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
17	2 clinics w/ extended hours	11	Great clinic
17	340 BICAP	11	Great health department
7	Access to care	11	Great hospital
5	Access to exercise alternatives	9	Health Dep.
2	Access to healthcare - ER - PCP County health EMS	14	Health department
10	Access to in-community preventive and support services	12	Health fairs
6	Access to providers	8	Hospital employees - quality, care, friendliness
10	Accessible local hospital and clinics	9	Information provided through newspaper / social media
12	Appt. readily available	6	Inpatient hospital services
5	Caring Community	15	Interventinal primary care
12	Caring staff	13	Local access to clinics
3	Clean enviornment / air	15	Local commitemnt sense of community
1	Collaboration between entities	10	Maternal and child health access
2	Community	12	Maternal health - bus to neighboring areas
5	Community food need programs	17	Multiple stafed providers
7	Community minded	1	Number of services compared to Nr community pop.
4	Community suporting each other	17	OB providers / delivery capability
17	Community transporation	9	Pharmacy
16	County health	4	Primary care
13	Emergency care / including EMS	13	Primary care givers
14	Emergency room	1	Provider stability (coverage)
6	Emergency room services	9	Providers
3	EMS	16	Providers - access to health
4	EMS	10	Public health and preventative services
5	EMS	15	Public schools
6	EMS	8	Quality of care
11	EMS	5	Quality providers who listen
14	EMS	10	Rural healthcare focus - quality care close to home
16	EMS	12	Specialty clinics
10	EMS and Emergency response	2	transporation
8	EMT service	11	Transporation
12	EMT's	14	Transportation
15	Enviornment	15	Transportation
12	ER	16	Transportation > community
14	Exercise opportinites	4	Traveling providers
3	Exercise opportunities - park, school track	4	Vaccinations
8	Facilities	3	Vaccinations and opportinuty of education about vaccine
12	facilities - consistantly trying to improve (new equipment)	8	Willingness to change / adapt
1	Good volunteer group, sweitch, parks (TAP), funding grants.		

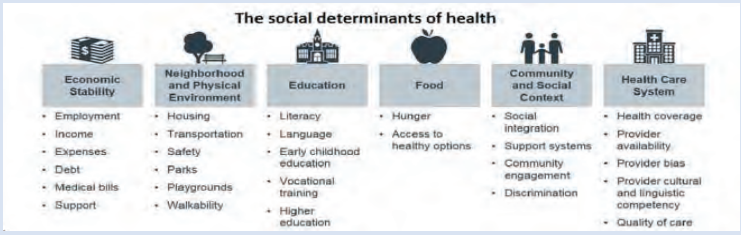
Round #5 CHNA - Cheyenne County, KS PSA

Town Hall Conversation - Weaknesses (Color Cards) N= 19

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
2	Access to dentists	11	Insurance
10	Access to Healthy Food	8	Keeping qualifed staff - RN's CHNA, LPN's
13	Affordable healthy food	12	Lack of HC reimbursement to cover HC costs
4	Affordable housing - family	9	Lack of knowlede / apathy
6	Affordable insurance	4	Local professional retention
12	Affordable insurance	5	Mental health
7	Alternative care	7	Mental health
8	Assisted living need more exercise opportunites	8	Mental health
13	Attitude towards healthcare after COVID	16	Mental health
2	Behavioral / mental health	15	Mental health - Teens / suicide
17	Behavioral and mental health services	9	Mental health / suicide
16	Broadband	11	Mental health 0 quality workers, therapist, counselors
16	Cancer treatment - must travel	6	Mental health access
16	Childcare	4	Mental health teens
5	Childcare - access / more care	10	Mentla Health
12	Chronic disease management	16	More education on chronic diseases
17	Community based are and relationships	14	More exercise - groups
1	Community education help	13	More healthcare services in clinic
15	Dentist	16	More social opportunities for elderly
6	Dentistry	2	Number of self pay patiends
7	Dentistry NEED	16	Nurses - travel
5	Depression / suicide	5	Nursing home - bed available
12	Depression suicide mental health	3	Nursing staff (Not agency)
15	Education	1	Nursing staff (workforce food insecurity)
14	Education on need for mental health	9	Obesity (healthy food)
1	Employment	4	Other providers - dentist
11	Exercise	2	Overall compliance w/ health plans / meds from provider
9	Exercise / wellness	15	Personal health awareness
16	Focus on local care	10	Physical fitness
5	Food - access to affordable	12	Physicall inactivity / obesity
15	Food / healthy	12	Poverty level rising
6	Food availability / affordability	11	Quality healp
11	Food quality	1	Specialists
16	Grocery stores	10	Specialists
2	Health literacy	6	Structured exercise
16	Health literacy (health awareness)	2	Substance abuse programs avalability
13	Healthcare access - providers not available on schedule	10	Substance abuse programs avalability
4	Healthy food affrdable	9	Substane abuse (alchohol, opiod)
14	Home health care	16	Suicide prevention
16	Home health care	3	Suicide prevention / mental health / beh.
10	Housing	8	Taking care of what we have
13	Housing - updated / remodeled	3	Therapy staff (recruiting)
14	Improved local ownership food -St Francis	8	Too much staff turnover
7	In home care / assistance	16	Wellness classes (exercise)
2	Increased preventative / wellness	17	Workforce commitment and local dedication

Round #5 CHNA - Cheyenne County, KS

Social Determinants "A" Card Themes (N = 19 with 33 Votes): E=14, N=1, ED=4, C=5, F=6 & P=3



Card #	Code	First Impressions on Social Determinants Impacting Delivery	Card #	Code	First Impressions on Social Determinants Impacting Delivery
1	C	Social and Community Context	13	E	Economic Stability
8	C	Community and Social Context	14	E	Economics
9	C	Social and Community Context	3	ED	Education
13	C	Community and Social Context	5	ED	Education
15	C	Community and Social Context	6	ED	Education
1	E	Economic Stability	10	ED	Education
2	E	Ecnomic Stability	4	F	Food
3	E	Economic Stability	5	F	Food
4	E	Economic Stability	6	F	Food
5	E	Economic Stability	8	F	Food
6	E	Economic Stability	12	F	Food
7	E	Economic Stability	14	F	Food
8	E	Economic Stability	11	N	Neighborhood and Physical Enviornment
9	E	Economic Stability	2	P	Health Care and Access
10	E	Economic Stability	4	P	Health Care System
11	E	Economic Stability	7	P	Health Care System
12	E	Economic Stability			

EMAIL Request to CHNA Stakeholders

From: Cheyenne County Hospital
Date: 1/25/2026
To: Community Leaders, Providers, Hospital Board and Staff
Subject: CHNA Round #5 Community Online Feedback Survey – Cheyenne Co. KS

Cheyenne County Hospital – Cheyenne County, KS; will be working with other area providers over the next few months to update the 2023 Cheyenne County, KS Community Health Needs Assessment (CHNA). We are seeking input from community members regarding the healthcare needs in Cheyenne County in order to complete the 2026 CHNA.

The goal of this assessment update is to understand progress in addressing community health needs cited in 2017, 2020, and 2023 CHNA reports while collecting up-to-date community health perceptions and ideas.

Your feedback and suggestions regarding current community health delivery are especially important to collect in order to complete this comprehensive report. To accomplish this work, a short online survey has been developed for community members to take. Please visit our hospital webpage, facebook page, or utilize the link below to complete this survey.

LINK: https://www.surveymonkey.com/r/CheyenneCoHosp_CHNA2026

All community residents and business leaders are encouraged to **complete the 2026 online CHNA survey by February 23rd, 2026.** All responses are confidential.

Please Hold the Date A community Town Hall is scheduled for **Thursday, April 9th, 2026, for lunch from 11:15am-1pm at the Quincy Room (109 N. Quincy, St. St. Francis, KS 67756).** This meeting is to discuss the survey findings and identify unmet needs.

If you have any questions about CHNA activities, please call (785) 332-2104

Thank you for your time and participation.

PR#1 News Release

Local Contact: XXX
Media Release: 1/26/2026

2026 Community Health Needs Assessment to be Hosted by Cheyenne County Hospital

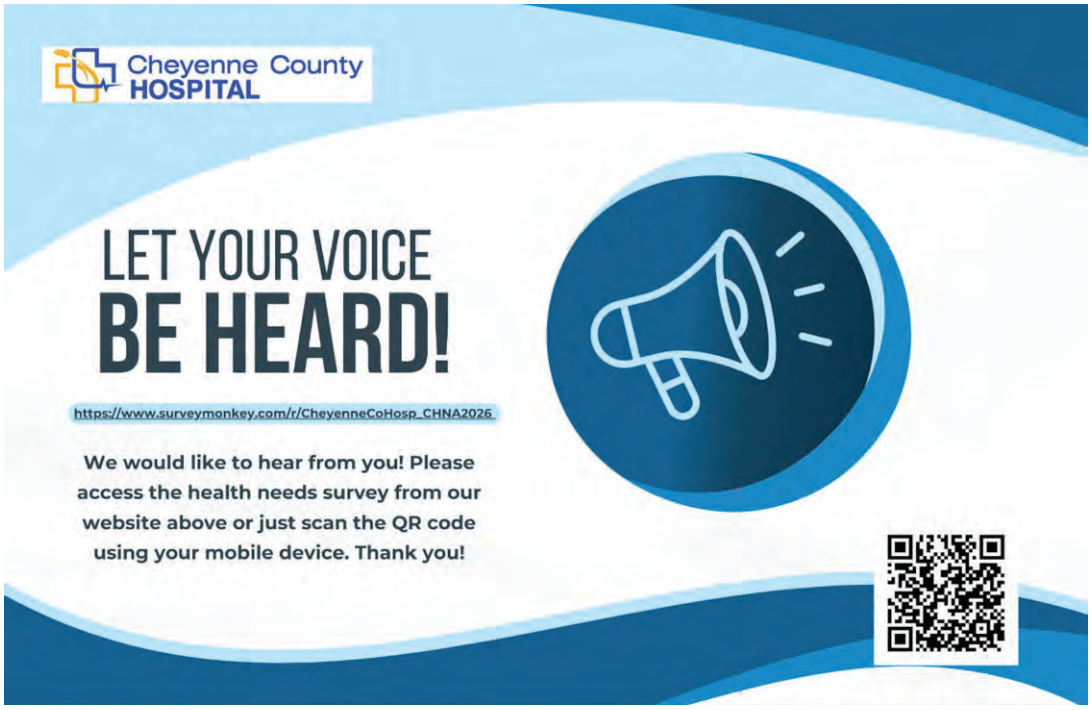
Over the next few months, **Cheyenne County Hospital** will be working together with other area community leaders to update the Cheyenne County, KS 2023 Community Health Needs Assessment (CHNA). Today we are requesting Cheyenne County community members' input regarding current healthcare delivery and unmet resident needs.

The goal of this assessment update is to understand progress from past community health needs assessments conducted in 2023, 2020 and 2017, while collecting up-to-date community health perceptions and ideas. VVV Consultants LLC, an independent research firm from Olathe, KS has been retained to conduct this countywide research.

A brief community survey has been developed to accomplish this work. <Note: The CHNA survey link can be accessed by visiting the Cheyenne County Hospital website and/or Facebook page. You may also utilize the QR code below for quick access.

All community residents and business leaders are encouraged to complete this online survey by **February 23rd, 2026**. In addition, a CHNA Town Hall meeting to discuss the survey findings and identify unmet needs will be held on **Thursday, April 9th, 2026, for lunch from 11:15am-1:00pm**. More info to come soon! Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (785) 332-2104



Cheyenne County
HOSPITAL

Place
Postage
Here

CHEYENNE COUNTY HOSPITAL

is conducting the 2026 Community Health Needs Assessment. Please take the survey to help us assess the health needs in our community.

Save the date: Community Town Hall Thursday, April 9th 11:15am-1pm.

Your voice matters!

EMAIL #2 Request Message

From: Jeremy Clingenpeel
Date: 2/24/26
To: Area Community Leaders, Providers and Hospital Board & Staff
Subject: Cheyenne County Community Health Needs Assessment Town Hall lunch– April 9, 2026

Cheyenne County Hospital will host a Town Hall Community Health Needs Assessment (CHNA) luncheon on Thursday April 9th. The purpose of this meeting will be to review collected community health indicators and gather community feedback opinions on key unmet health needs for Cheyenne Co, KS. **Note: This event will be held on Thursday, April 9th from 11:00 a.m. - 1:00 p.m. at the Quincy Room with check-in starting at 10:45am.**

We hope you find the time to attend this important event. All business leaders and residents are encouraged to join us. To adequately prepare for this event, it is imperative all RSVP who plan to attend town hall.

LINK: https://www.surveymonkey.com/r/CheyenneCoHosp_CHNATownHallRSVP

Thanks in advance for your time and support!

If you have any questions regarding CHNA activities, please call (785) 332-2104.

Join Cheyenne County Hospital CHNA Town Hall Thursday, April 9th, 2026.

Media Release: 02/24/26

To gauge the overall community health needs of residents, **Cheyenne County Hospital**, in conjunction with other area providers, invites the public to participate in a Community Health Needs Assessment Town Hall roundtable on **Thursday, April 9th for lunch from 11:00 a.m. to 1:00 p.m.** located at the **Quincy Room.**

This event is being held to identify and prioritize the community health needs. Findings from this community discussion will also serve to fulfill both federal and state mandates.

To adequately prepare for this event, is vital everyone planning to attend this event RSVPs. Please visit our hospital website and social media sites to obtain the link to complete your RSVP OR please utilize the QR code below.

We hope that you will be able to join us for this discussion on April 9th. Thanks in advance for your time and support!

If you have any questions about CHNA activities, please call (785) 332-2104.

###

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2026 Community Feedback: Cheyenne County Hospital PSA N=140						
ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1011	67731	Average	ACC			Access
1058	67756	Very Good	COMM	AWARE		Some people are alway going to be negative about everything that is available - no matter how good it is. I believe the biggest thing we are lacking is communication so people know when things are happening. With our poor newspaper, many no longer subscribe to it...and social media isn't as prevalent as some think it is - so that means people simply don't know.
1092	67731	Good	COMM			nobody has info on assistance programs or anything. seems a lack of communication or services being available. people just don't seem to have options.
1078	67756	Good	CORP			Community involvement should be considered. Surveys are good however talking in person to all people is also important for collecting information/data to improve our community health.
1045	67731	Average	CORP			You have community support.
1027	67756	Good	CUL			Interaction between Anglo and Hispanic and Latino population addressing stress regarding status of undocumented residents. Address how this CHNA survey is completed. There has to be software programs now available that would allow this surveymonkey CHNA survey to be a more accurate random survey of Cheyenne County residents. If the survey questions included at least the following; age, gender, zip code, race, marital status, employed, self employed, unemployed or retired status. The specific number of surveys reviewed per each of the combination of demographic categories listed above would be based on the actual percentage of the number of residents represented in these demographic categories from the latest census data. This type of survey would be as close as one could achieve as through a random cell phone number calls within Cheyenne County. An online survey such as this one without assuring that all segments of the population are polled can be easily influenced by misrepresentation of certain age groups, genders, employee groups, ethnicity groups, and address within the county. Such a software program has to be available and should be utilized every three years in completing this survey.
1032	67731	Average	ECON	QUAL		Economic Stability and Access to Quality Health Services.
1086	67756	Average	EDU	ACC	QUAL	1.Education access and quality: Health literacy remains a challenge, especially around chronic disease management, preventive care, and navigating insurance changes. There is already a partnership between the new childcare facility and the school, which could be leveraged to provide health education to families early, but broader educational outreach to the general community would help support informed health decisions across all ages. 2.Economic stability: While there are programs aimed at low-income residents, many middle-class families do not qualify, leaving a large portion of the community with limited support. The local grocery store provides access to food, but high prices can restrict healthy choices. Expanding sliding-scale healthcare options, financial literacy programs, or food assistance initiatives that reach a broader income range could help reduce these barriers. 3.Social/community support: There are small social groups like book clubs and bridge clubs, mostly for retirees, and the senior center provides meals and connection for older adults. Expanding inclusive social opportunities for all ages and raising awareness of these existing resources could strengthen community support, reduce isolation, and promote mental well-being. 4.Neighborhood/environment: The community has invested in outdoor spaces, including a park with Pickleball, volleyball, and a walking track, and there are ongoing initiatives to improve another park and make it more inclusive. These resources encourage physical activity and social interaction. Continued investment in safe, accessible outdoor spaces and programming that engages a broader portion of the population can further support wellness. 5.Access to quality health services: Even with community transportation options, access remains limited. Many residents, including local healthcare professionals, travel out of town for primary care, reflecting gaps in provider availability and continuity. Expanding local primary care, telehealth options, and patient education around navigating insurance and policy changes is critical to improving local healthcare delivery.
1133	67731	Very Good	EDU	CLIN	REC	Offer clinic based education during visits (short handouts) for chronic disease management and preventive screenings. Promote safe physical activity through community walking programs and use of existing public spaces.
1014	67756	Average	EDU	ECON	HOUS	Educational- classes offered- if you have them they will come. Economic - good luck the ones in charge don't want this community to grow, they shut down growth. New businesses can't stay open, lack of community support. Neighborhoods- this used to be a nice town, it's run down, the streets are awful, it's not the welcoming place it once was. Access - more specialists, again, clinic staff needs an overhaul, they are judgmental, relay false information, and patient needs are NOT met.
1136	67756	Good	EDU	ECON	NUTR	1. Start young with early childhood education teaching more health programs. 2. Provide more job training and make sure wages are competitive, reduce food shortage, affordable housing. 3. Provide more community events and improve mental and physical health through more programs. 4. Ensure more fresh produce in grocery stores, coordinate with Farmers Market, continue improving local parks. 5. Educate about health insurance coverage, work to improve timely preventative care for patients.
1060	67756	Very Good	EDU	NUTR	MH	Educate young people on the importance of nutrition, physical and mental well being.
1044	67731	Average	EDU	PREC	NUTR	Getting in the schools and providing education on health and wellness, and make sure that fresh and affordable healthy ingredients are locally available and education on how to prepare them.

CHNA 2026 Community Feedback: Cheyenne County Hospital PSA N=140						
ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1018	67731	Good	EDU	TELE	ECON	Expand health literacy workshops at schools, libraries, and community centers; Create mentorship and career pathways into healthcare fields; Provide digital literacy training so residents can access telehealth and services; Support for small businesses and local hiring incentives; Family resource centers acting as one-stop service hubs; Extended clinic hours for working families
1075	67756	Very Good	EDU			Perhaps some evening classes (with college credits if applicable) that are more than one hour a month. An ongoing study.
1088	67731	Good	EDU			Providing more education to the community would be helpful- such as gatherings that address the current concerns. Surveying the people of the community to actually see what they need. Listening to the people and actually making changes to improve the weak spots.
1137	67756	Good	FIT	NUTR	HOUS	We need a bigger gym/workout facility. We have the REC but its small, no bathroom, not upkept. You can also get access to the weight room but your key card doesn't work during 8-4 (school hours) so on breaks/weekends, you still can't workout at those times. That's frustrating and needs to be addressed or looking at a bigger facility for workout in general. We have a great local grocery store but $6.99/lb of grapes is not affordable for many families. I like to support local but the cost of getting my "grocery haul" is not sustainable in town. We do have the public transportation bus which has been well used and I think is a great thing for people. We also have the low income housing which is good. There are not rental options and the housing market has increased so much that young couples moving back can simply not afford to buy a house because property taxes are OUTRAGEOUS. We are making it unappealing for young people to want to come back here.
1039	67756	Good	FIT			With so many elderly people in our community, it would be great to have a safe place where they can go exercise. I know younger people would appreciate this as well.
1139	67756	Very Good	HOUS	ECON		High housing prices and high taxes causing limited economic stability.
1079	67756	Good	HOUS	ECON		I think for anyone coming into this community, housing is difficult. Rentals are hard to find, and property taxes are exploding to a point where it's hard to own homes, especially on fixed incomes as most aged are.
1108	67756	Good	HOUS			Access to safe and affordable housing
1122	67756	Very Good	MH	HOUS	ECON	access to affordable, quality mental health services neighborhood revitalization support local businesses
1124	67756	Good	MRKT	AWARE		Use of media, i.e. newspaper as well as facebook, websites, etc. Not everyone loves computers so one might need to have written info available at the hospital/clinic/etc. etc.
1099	67756	Very Good	NO			I don't know
1028	67731	Good	NO			na
1138	67756	Good	NO			NA
1112	67756	Good	NO			no

CHNA 2026 Community Feedback: Cheyenne County Hospital PSA N=140						
ID	Zip	Rating	c1	c2	c3	Q8. In your opinion, what are the root causes of "poor health" in our community? Other (Be Specific)
1023		Average	FF			Follow through from the doctors
1039	67756	Good	NUTR	REC		Our grocery store is trying, but we don't find a lot of healthy things there and not a great variety of fruits and vegetables. The cost of healthy food is extremely expensive. Our streets do not make it easy to go for a walk. I feel like we need an indoor pool and track.
1108	67756	Good	OTHR			Environmental
1104	67756	Average	OTHR			TOO much of everything. People never used to doctor weekly or even monthly. They didn't take all of these toxic prescriptions or get toxic tests done. Very little of that is necessary. Change the purpose back to health care from the health business you have.
1062	67756	Good	OWN	NUTR		Personal responsibility for your health. Starting with food choices.
1122	67756	Very Good	OWN			apathy, just not caring
1128	67756	Good	OWN			Lack of personal responsibility in addressing healthcare needs.
1086	67756	Average	OWN			Neglect - individuals neglecting to utilize the resources available and neglecting care for themselves
1021		Average	PRIM			Proper care from primary care

CHNA 2026 Community Feedback: Cheyenne County Hospital PSA N=140						
ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1018	67731	Good	ALL			Focus on what you have and make it better. Focus on what you can offere and do it well. We have chronic diease in our family and we seek professinals else where as that is what they specialize in. We get regular routine care or minor procedures done locally.
1104	67756	Average	ALT	NUTR	FIT	ALTERNATIVES. Acupuncture, dry needling, homeopathy, holistic. DIETARY education based on the recent food pyramid. Quit coming to Doctor - he out and move! Exercise.
1038	67731	Average	CLIN	DENT		Urgent care clinic and a dental clinic
1058	67756	Very Good	COMM			Health communication app - similar to the school using the Remind app - something that is easy to access and view what is happening.
1049	67731	Good	DENT	OPTH	SPEC	Dental and Vision locally, along with more specialists visiting the area more frequently.
1125	67731	Good	DRUG	CANC	SPRT	AA, NA, cancer support groups.
1014	67756	Average	DRUG	MH	SH	Drug/alcohol, mental health (not just old people), diabetes education, school education, prevention.
1135	67756	Good	DRUG			Abuse of partner/drugs/alochol
1011	67731	Average	DRUG			Substance abuse
1097	67756	Average	EDU	NH	CHRON	Health education for the elderly community so they can understand the chronic health problems.
1133	67731	Very Good	EDU	PREV		Community education on health topics and preventative care and their importance
1075	67756	Very Good	EDU			Education and education and education.
1059	67756	Very Good	FINA	INSU		I wish there were some way to provide a financial incentive for people to become healthier. Of course, that might be outside the purview of our local health community, but insurance companies could certainly find a way to lower premiums for people who demonstrate a relatively healthy lifestyle and keep their weight in control.
1079	67756	Good	FIT	FAC	ALT	It would be nice to see a community health and wellness facility outside of the high school footprint. A deeper focus on preventative wellness instead of treating the problem. Functional medicine is fascinating, seems to be a thing more and more people are talking about and very hard to come by in our area.
1062	67756	Good	FIT	NUTR		Actual health starts with intentional movement of the human body. A walk is not exercise. Providers need to understand this and then motivate patients to move intentionally. Then comes dietary modifications.
1045	67731	Average	FIT	NUTR		Exercise and wellness
1137	67756	Good	FIT	NUTR		New workout facility/gym with equipment options. Access to healthy foods at an affordable price
1109	67756	Very Good	FIT	PREV	NH	exercise and wellness especially for the elderly;
1039	67756	Good	FIT			Swimming is excellent for everyone's health. We really need an indoor pool and track.
1140	67756	Very Good	HOUS			Too new to the neighborhood.
1129	67731	Average	INSU			Insurance help. Maybe a membership program
1041	67731	Very Good	LAB			A more comprehensive lab
1027	67756	Good	MH			good mental health care clinics in the region
1028	67731	Good	MH			Maybe more mental health services
1117	67756	Good	MH			Mental Health
1121	67756	Average	MH			Mental health workers
1054	67756	Good	MH			We need more options for mental health care.
1060	67756	Very Good	NO			I do not know.
1012	67756	Average	NO			I don't know
1099	67756	Very Good	NO			I don't know

Year 2026 - Let Your Voice Be Heard!

Cheyenne County Hospital (Cheyenne Co, KS) along with area providers have begun the process of updating a comprehensive community-wide 2026 Community Health Needs Assessment (CHNA) to identify unmet health needs. To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery. NOTE: Please consider your answers to the survey questions as it relates to ALL healthcare services in our community, including but not limited to our local hospital.

While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention! CHNA 2026 online feedback deadline is set for February 23rd, 2026.

1. In your opinion, how would you rate the "Overall Quality" of healthcare delivery in our community?

◯ Very Good ◯ Good ◯ Average ◯ Poor ◯ Very Poor

2. How would our community area residents rate each of the following health services?

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	◯	◯	◯	◯	◯
Child Care	◯	◯	◯	◯	◯
Chiropractors	◯	◯	◯	◯	◯
Dentists	◯	◯	◯	◯	◯
Emergency Room	◯	◯	◯	◯	◯
Eye Doctor/Optometrist	◯	◯	◯	◯	◯
Family Planning Services	◯	◯	◯	◯	◯
Home Health	◯	◯	◯	◯	◯
Hospice/Palliative	◯	◯	◯	◯	◯
Telehealth	◯	◯	◯	◯	◯

3. How would our community area residents rate each of the following health services? (Continued)

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Hospital Services	◯	◯	◯	◯	◯
Mental Health Services	◯	◯	◯	◯	◯
Nursing Home/Senior Living	◯	◯	◯	◯	◯
Outpatient Hospital Services	◯	◯	◯	◯	◯
Pharmacy	◯	◯	◯	◯	◯
Primary Care	◯	◯	◯	◯	◯
Public Health	◯	◯	◯	◯	◯
School Health	◯	◯	◯	◯	◯
Visiting Specialists	◯	◯	◯	◯	◯

4. In your own words, what is the general perception of healthcare delivery for our community (i.e. hospitals, doctors, public health, etc.)? Be Specific.

5. In your opinion, are there healthcare services in our community/your neighborhood that you feel need to be improved, worked on and/or changed? (Please be specific)

6. From our past CHNA, a number of health needs have been identified as priorities. Are any of these an ongoing problem for our community? Please select top three.

- [ ] Substance Abuse (Drugs/ Alcohol)
- [ ] Mental Health (Diagnosis, Placement, Aftercare, Providers)
- [ ] Lack of Community HC Knowledge / Personal Health Responsibility to curb apathy
- [ ] Lack of Visiting Specialists: Derm, Ped, Ent, Eye, Neu, Ortho and Urol.
- [ ] Lack of HC Reimbursement to cover HC Delivery Expenses
- [ ] Workforce Shortages
- [ ] Domestic Abuse/ Neglect
- [ ] Access to Affordable Insurance
- [ ] Access to Transfer Care (Transportation)
- [ ] Chronic Disease Management
- [ ] Dental Retention
- [ ] Exercise/ Wellness
- [ ] Child Care
- [ ] Poverty

7. Which past CHNA needs are NOW the most pressing for improvement? Please select top three.

- [ ] Substance Abuse (Drugs/ Alcohol)
- [ ] Mental Health (Diagnosis, Placement, Aftercare, Providers)
- [ ] Lack of Community HC Knowledge / Personal Health Responsibility to curb apathy
- [ ] Lack of Visiting Specialists: Derm, Ped, Ent, Eye, Neu, Ortho and Urol.
- [ ] Lack of HC Reimbursement to cover HC Delivery Expenses
- [ ] Workforce Shortages
- [ ] Domestic Abuse/ Neglect
- [ ] Access to Affordable Insurance
- [ ] Access to Transfer Care (Transportation)
- [ ] Chronic Disease Management
- [ ] Dental Retention
- [ ] Exercise/ Wellness
- [ ] Child Care
- [ ] Poverty

8. In your opinion, what are the root causes of "poor health" in our community? Please select top three.

- [ ] Chronic Disease Management
- [ ] Lack of Health & Wellness
- [ ] Lack of Nutrition / Access to Healthy Foods
- [ ] Lack of Exercise
- [ ] Limited Access to Primary Care
- [ ] Limited Access to Specialty Care
- [ ] Limited Access to Mental Health
- [ ] Family Assistance Programs
- [ ] Lack of Health Insurance
- [ ] Neglect
- [ ] Lack of Transportation

Other (Be Specific).

9. Community Health Readiness is vital. How would you rate each of the following?

	Very Good	Good	Fair	Poor	Very Poor
Behavioral/Mental Health	○	○	○	○	○
Emergency Preparedness	○	○	○	○	○
Food and Nutrition Services/Education	○	○	○	○	○
Health Wellness Screenings/Education	○	○	○	○	○
Prenatal/Child Health Programs	○	○	○	○	○
Substance Use/Prevention	○	○	○	○	○
Suicide Prevention	○	○	○	○	○
Violence/Abuse Prevention	○	○	○	○	○
Women's Wellness Programs	○	○	○	○	○
Exercise Facilities / Walking Trails etc.	○	○	○	○	○

10. Social Determinants are impacting healthcare delivery. These determinants include 1) Education Access and Quality, 2) Economic Stability, 3) Social / Community support, 4) Neighborhood / Environment, and 5) Access to Quality Health Services. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? Be Specific

11. Over the past 2 years, did you or someone in your household receive healthcare services outside of your county?

◯ Yes ◯ No

If yes, please specify the services received

12. Access to care is vital. Are there enough providers/staff available at the right times to care for you and your community?

◯ Yes ◯ No

If NO, please specify what is needed where. Be specific.

13. What "new" community health programs should be created to meet current community health needs?

14. Are there any other health needs (listed below) that need to be discussed further at our upcoming CHNA Town Hall meeting? Please select all that apply.

- [ ] Abuse/Violence
- [ ] Access to Health Education
- [ ] Alcohol
- [ ] Alternative Medicine
- [ ] Behavioral/Mental Health
- [ ] Breastfeeding Friendly Workplace
- [ ] Cancer
- [ ] Care Coordination
- [ ] Diabetes
- [ ] Drugs/Substance Abuse
- [ ] Family Planning
- [ ] Health Literacy
- [ ] Heart Disease
- [ ] Housing
- [ ] Lack of Providers/Qualified Staff
- [ ] Lead Exposure
- [ ] Neglect
- [ ] Nutrition
- [ ] Obesity
- [ ] Occupational Medicine
- [ ] Ozone (Air)
- [ ] Physical Exercise
- [ ] Poverty
- [ ] Preventative Health/Wellness
- [ ] Sexually Transmitted Diseases
- [ ] Suicide
- [ ] Teen Pregnancy
- [ ] Telehealth
- [ ] Tobacco Use
- [ ] Transportation
- [ ] Vaccinations
- [ ] Water Quality

Other (Please specify).

15. For reporting purposes, are you involved in or are you a....? Please select all that apply.

- [ ] Business/Merchant
- [ ] Community Board Member
- [ ] Case Manager/Discharge Planner
- [ ] Clergy
- [ ] College/University
- [ ] Consumer Advocate
- [ ] Dentist/Eye Doctor/Chiropractor
- [ ] Elected Official - City/County
- [ ] EMS/Emergency
- [ ] Farmer/Rancher
- [ ] Hospital
- [ ] Health Department
- [ ] Housing/Builder
- [ ] Insurance
- [ ] Labor
- [ ] Law Enforcement
- [ ] Mental Health
- [ ] Other Health Professional
- [ ] Parent/Caregiver
- [ ] Pharmacy/Clinic
- [ ] Media (Paper/TV/Radio)
- [ ] Senior Care
- [ ] Teacher/School Admin
- [ ] Veteran

Other (Please specify).

16. For reporting analysis, please enter your home 5-digit ZIP code.

e.) County Health Rankings & Roadmap Detail

Cheyenne County

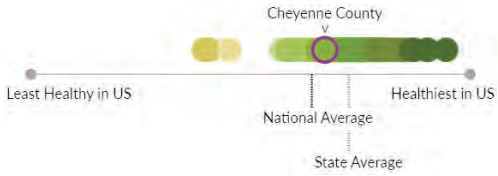
Each Kansas county with sufficient data is represented by a dot, placed on a continuum from least healthy to healthiest in the nation.

The color of each dot represents groups of counties nationwide with similar **Population Health and Well-being** or **Community Conditions**.

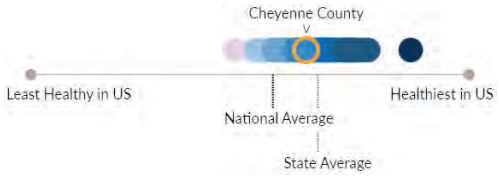
Notice different measures?
Learn more about the new model of health introduced this year.

2025

Population Health and Well-being



Community Conditions



Population: 2,636

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	2021	2022	2023	2024	2025	Kansas 2025	U.S. 2025
Population Health and Well-being							
Length of life							
Premature death (years of potential life lost, per 100,000)[1]						8,589	8,352
Quality of life							
Average number of poor physical health days, adults	4	4	3	4	4	4	4
% Low birthweight, <2,500 grams	6.8	7.0	7.0	10.1	9.5	7.5	8.4
Average number of poor mental health days, adults	4	4	4	5	5	5	5
% Reporting poor or fair health, adults	16	18	14	16	18	15	17
Community Conditions							
Health Infrastructure							
% Flu vaccinations, Medicare enrollees	36	37	48	41	39	49	48
% Access to exercise opportunities[1]			57	2	2	80	84
Food environment index, 0 (worst) to 10 (best)	8.4	7.9	8.0	7.8	7.6	6.8	7.4
Primary care physicians rate, per 100,000 population		38	38			78	75
Mental health providers rate, per 100,000 population	38	38	38	155	152	253	332
Dentists rate, per 100,000 population	75	77	76	77	77	63	73
Preventable hospital stays rate, per 100,000 Medicare enrollees	4,868	3,429	3,429	1,892	2,827	2,529	2,666
% Mammography screening, Medicare females age 65-74	27	29	27	25	29	49	44
% Uninsured, population under age 65	14	16	12	15	15	10	10
Physical Environment							
% Households with severe housing problems	6	7	6	9	9	12	17
% Driving alone to work	76	75	76	78	75	77	70
% Long commute - driving alone	14	15	16	20	20	22	37
Average daily density of fine particulate matter	5.1	5.7	5.1	5.1	5.8	7.3	7.3
Drinking water violations?	No	No	No	No	No		
% Households with broadband internet connection[1,2]		82	83	84	84	89	90
Library visits per person in service area per year[2]					4	3	2
Social & Economic Factors							
% With some college, adults age 25-44	67	72	71	74	74	70	68
% High school completion, adults age 25 and older	94	93	92	89	88	92	89
% Unemployed, population age 16 and older	2.4	2.2	1.8	2.4	2.5	2.7	3.6
Income inequality ratio, 80th to 20th percentile	4.8	4.6	5.2	4.7	3.8	4.4	4.9
% Children in poverty	18	20	21	19	18	13	16
Injury death rate, per 100,000 population[1]				121	107	85	84
Membership associations rate, per 10,000 population	30.1	33.9	34.6	38.0	34.8	13.2	9.1
Child care cost, as % of median household income, two children[1,2]				24	34	19	28

Note: Shaded cells indicate data are unavailable due to low reliability or were omitted due to [1]methodology change or [2]new additions in 2025. For broadband and child care costs, data prior to 2025 are provided for reference.

This document was prepared by Wyatt Beckman, Viktoria Sterkhova, Stewart Cole, Kaci Cink, Angela Wu and Wen-Chieh Lin.
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Cheyenne County

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The County Health Rankings & Roadmaps data release provides a snapshot of the health of each county in two summary scores: **Community Conditions** (which measure issues that can shape population health & well-being) and **Population Health & Well-being** (which measures length and quality of life). Each county is placed on a continuum from least healthy to healthiest in the nation and is categorized into a health grouping of counties with similar summary scores. The following tables illustrate the "drivers" for the health of this county.

What do these drivers mean?
The drivers indicate the measures with the greatest impact on the health of the county, according to the CHR&R model of health and county performance. Drivers labeled with a green plus sign are measures where the county performed better than the average of counties nationwide. Drivers labeled with a red minus sign could be improved and may warrant additional attention.

Population Health and Well-being: Drivers with the greatest impact on health, Cheyenne County, Kansas - 2025

	Measure	Description	Factor Category	County Value	U.S. County Avg.	Direction of Impact
1	Low Birth Weight	Percentage of live births with low birth weight (< 2,500 grams).	Quality of Life	9.5%	8.4%	-
2	Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	Quality of Life	5	6	+
3	Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	Quality of Life	4	4	+
4	Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	Quality of Life	18%	20%	+
5	Premature Death	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	Length of Life	N/A	10,395	N/A

Community Conditions: Drivers with the greatest impact on health, Cheyenne County, Kansas - 2025

	Measure	Description	Factor Category	County Value	U.S. County Avg.	Direction of Impact
1	Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity.	Health Infrastructure	2%	62%	-
2	Some College	Percentage of adults ages 25-44 with some post-secondary education.	Social and Economic Factors	74%	59%	+
3	Air Pollution: Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	Physical Environment	5.8	7.6	+
4	Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	Social and Economic Factors	3.8	4.6	+
5	Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	Social and Economic Factors	2.5%	3.6%	+

N/A: Not applicable due to insufficient data.
+ Green Plus: County performed better than the average of counties in U.S.
– Red Minus: County performed worse than the average of counties in U.S.

The top five drivers are determined by using the county performance relative to the average among counties in the U.S. and the measure weight for each measure. The U.S. County Average (Avg.) in the tables above is based on analysis by KHI. The U.S. County Avg. may differ from the value for the entire U.S. population on the front page. The Direction of Impact indicates whether a county performed better (+) or worse (-) than the average of counties in the U.S. The Direction of Impact is not determined for counties with insufficient data. For more information on the derivation of health groups, please visit: bit.ly/2025CHRRmethods. For more information on data sources, year(s) of data and weights for measures, please visit bit.ly/2025CHRRmeasures.



CONTINUE THE JOURNEY

Explore resources and strategies to put data into action.

SCAN FOR MORE INFORMATION

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VVV Consultants LLC is an Olathe, KS-based “boutique” healthcare consulting firm specializing in Strategy; Research, and Business Development services. We partner with clients. Plan the Work; Work the Plan