

# Sedgwick County Hospital District 2022 Community Health Needs Assessment

## Background

**Mission statement.** Building upon our community-oriented heritage and tradition, the Mission of Sedgwick County Health Center is to provide a broad continuum of high-quality health and resident care services to the people of northeast Colorado and the surrounding Nebraska area.

**Services.** SCHC is a 15-bed critical access hospital (CAH). A CAH is a federal designation for rural hospitals with less than 25 acute care beds, located more than 35 miles from the nearest hospital, although a few exceptions apply.<sup>1</sup>

**Hospital governance.** SCHC is governed by a five-person board of trustees, all local residents, appointed by the county commissioners.

**Summary.** This document provides a summary of SCHC's plan to develop new, and to enhance established, community benefit programs and services. This plan is focused on addressing the top community health priorities identified in the 2022 community health needs assessment (CHNA), administered by SCHC and facilitated by Vertical Strategies.

## Target Areas, Economics and Populations

**Note on data collection.** SCHC primarily serves the residents of Sedgwick County. Data, however, were collected for Sedgwick County, when available, the Eastern Plains PUMA Region, Colorado, and at a national level. The rationale was to provide measurable comparisons for benchmarks. It is noted that for some indicators, the data for Sedgwick County is suppressed because of the small population.

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<sup>1</sup> Rural Health Information Hub, <https://www.ruralhealthinfo.org/topics/critical-access-hospitals>

Data was primarily collected from the US Census Bureau, County Health Rankings, and the Colorado State Demography Office. It appears that because of the Pandemic there is a delay in these bodies updating publicly available health and demographic data. Data presented to the community and in the body of this report is the most recently published data as of the time of this writing and has been used primarily for the purposes of inspiring communication and brainstorming among the participating community members.

The CHNA included data on all populations in Sedgwick County without regard to income, insurance, or any other discriminating factors. Selected characteristics of the population included<sup>2</sup>:

1. The current population of Sedgwick County is 2,336 (2021 Estimate)<sup>2</sup>
2. Females make up 50.8 percent of Sedgwick County population<sup>2</sup>
3. People over the age of 65 constitute 29.7 percent which has risen from the 23.9 percent reported in 2019.<sup>2</sup>
4. Sedgwick County is predominantly Caucasian, contributing 93.5 percent of the population. Following are the race and ethnicity demographics, ranking by density:<sup>2</sup>
  - a. Hispanic or Latinx 17.5 percent
  - b. Two or more races 2.4 percent
  - c. American Indian and Alaska Native 1.7 percent
  - d. Asian 1.3 percent
  - e. Black or African American 0.9 percent
  - f. Native Hawaiian and other Pacific Islander 0.2 percent
5. The median age of Sedgwick County residents is 39.7 (2020) which is a significant change from the 48.4 average age reported in the 2019 CHNA<sup>3</sup>
6. The unemployment is currently sitting at 2.3 percent which is a significant drop from the 6.8 percent reported in 2019<sup>4</sup>
7. Sedgwick County's median household income is \$43,875 which is significantly less than the state of Colorado at \$75,231.<sup>2</sup>
  - a. The state saw a roughly \$10k increase in median income while Sedgwick County has seen a decrease by 11.5 percent.

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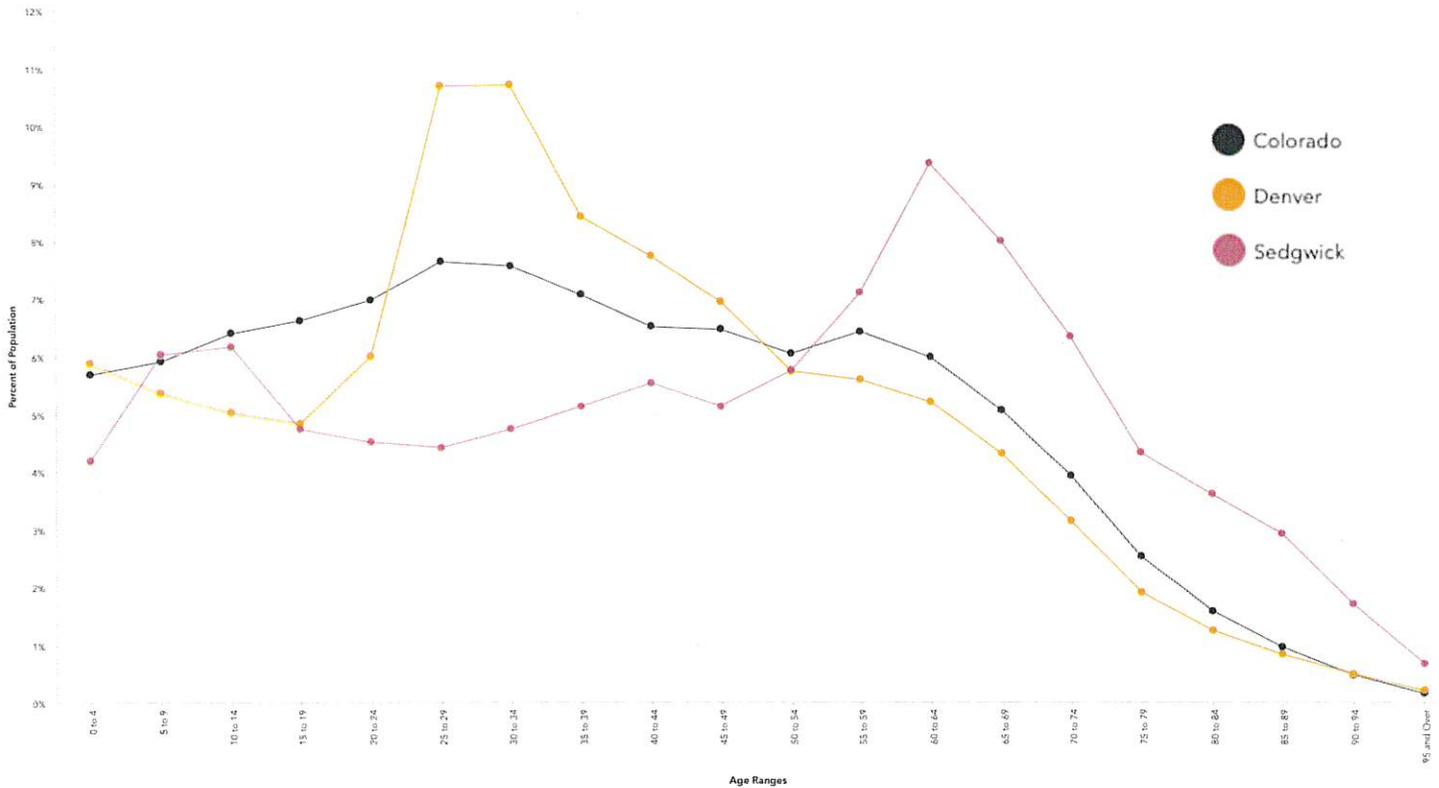
<sup>2</sup> US Census Bureau, American Fact Finder,

<https://www.census.gov/quickfacts/sedgwickcountycolorado>

<sup>3</sup> DataUSA, Sedgwick County, CO <https://datausa.io/profile/geo/sedgwick-county-co>

<sup>4</sup> Colorado State Demography Office [https://gis.dola.colorado.gov/apps/unemployment\\_ribbon/](https://gis.dola.colorado.gov/apps/unemployment_ribbon/)

8. A significant number of people living in Sedgwick County are living in poverty, 13.2 percent which is down from the 17 percent reported in 2019 <sup>2</sup>



## Economic Stability

Healthcare employment is one of the most significant service industries in a local area, usually more so in rural areas. A rural hospital is one of the largest employers in a rural economy, typically one of the top two employers in the area.<sup>5</sup> In Sedgwick County Agriculture, Retail and Healthcare are the top three industries and make up 40.4 percent of employment.<sup>6</sup> As employees spend money locally, additional jobs are created in other businesses in the community. These additional jobs are referred to as secondary and create additional economic impact in the community. The impact is estimated using multipliers<sup>7</sup> for both jobs and economic impact. Because healthcare facilities contribute significantly as an economic driver in the

<sup>5</sup> National Center for Rural Health Works, Economic Impact of Rural Health Care

<sup>6</sup> DataUSA, Sedgwick County, CO <https://datausa.io/profile/geo/sedgwick-county-co>

<sup>7</sup> Minnesota IMPLAN Group, Inc.



community, the use of health facilities by area residents supports employment and economic drivers.

## Process, Strategy and Community Impact

SCHC identified community health needs by undergoing an assessment process. This process incorporated a comprehensive review by SCHC community stakeholders. SCHC, reengaged Vertical Strategies, a consulting firm dedicated to elevating nonprofits, to assist with the project. Vertical Strategies assisted by: (1) gathering and assimilating data, (2) facilitating and compiling results of group meetings and surveys, (3) drafting reports and public notices, and (4) other facilitation-type activities. Vertical Strategies is well suited to this type of project because of their expertise in rural health in Colorado and nationally, and the work their staff has done regarding many community-oriented projects in rural health services. The SCHC community stakeholders group was formed with members of the organization, and other community members representing areas of strategy, communications, community benefit, finance, education, quality of patient care, and direct patient services.

The community stakeholders group, assisted by Vertical Strategies, retrieved data from public sources such as the Colorado Department of Public Health and Environment, United States Census Bureau, Centers for Disease Control, US Department of Health and Human Services Health Resources and Services Administration, County Health Rankings published by the Robert Wood Johnson Foundation and the University of Wisconsin, among other resources. Data were compiled, formatted, and manipulated from these sources relating to the health status of the county population, health needs, incidence of disease, etc. and shared with community members. The data, which helped form the assessment, provided the basis from which the community stakeholders group determined the health needs of the community. It is important to note that some gaps exist in reported health data at the local level. These gaps exist because of the lack of reporting certain disease data and the characteristics of unique populations that may experience certain diseases and chronic conditions. In addition, low numbers of reported instances, due in large part to a low population base, make certain data unavailable or not readily comparable to state and national data.

While SCHC leadership has access to the entire data package developed by Vertical Strategies, a condensed version was presented by Vertical Strategies at community stakeholder meetings to inform those in attendance about the health status of Sedgwick County and surrounding areas. Vertical Strategies identified a number of top positive indicators and opportunities for improvement, based on the data.



Following the presentation of data, the meeting attendees discussed the data results. They were asked to identify other opportunities that were omitted from the initial presentation and to judge if the positive indicators were represented appropriately. The group was requested to identify the top three opportunities that were of most concern to them and how they perceive access to healthcare providers in the Sedgwick County area. In addition, attendees were asked how, given limited financial and human resources, could SCHC and its health care providers improve the health status of residents. Findings were tabulated and reconsidered at the second community stakeholders meeting.

The community stakeholders group, in collaboration with Vertical Strategies, conducted a survey of interested community residents. The survey included 33 multiple choice and open-ended questions on a variety of health and provider issues. The health questionnaire for SCHC was distributed by paper and web-based survey. The paper survey and link to the web-based survey were made available at SCHC through the organization's website at <https://www.schealth.org>. The communities were informed about the survey and provided the link in through flyers posted throughout the towns, the website, and social media. The same questions were asked of all participants. There were 249 responses. The survey was provided in English and Spanish.

The survey questions included a series of "yes or no" questions, prioritization ranking, as well as ample opportunities for the respondent to offer a free-flowing response. Vertical Strategies compiled the results of the survey to maintain the anonymity of respondents. SCHC leadership was provided a detailed response compilation of the survey results. Summary results of the survey findings were presented to the community stakeholder group in the second session. At that meeting, participants reviewed the survey summary data and determined community priorities.

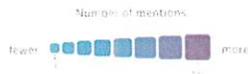


Illustration of survey respondent's place of residence

## Community Needs

Data derived from state and national resources indicated a number of health observation needs in Sedgwick County. Among them were:

1. Roughly 12.6 percent of Sedgwick County residents have low income and low access to healthy foods.<sup>8</sup>
2. Roughly 22 percent of children are experiencing poverty which is double the rate for the state of Colorado.<sup>9</sup>
  - a. Additionally, 58 percent of school aged children are eligible for free or reduced lunches
3. Sedgwick's population of veterans makes up 7.7 percent of the total population.<sup>8</sup>
4. Only 63 percent of the population of Sedgwick County has access to exercise opportunities, significantly lower when compared to the state rate of 91 percent (2021 data)<sup>9</sup>
5. Twenty eight percent of residents are obese, up from the 21 percent reported in 2019<sup>9</sup>
6. 19 percent of adults identify as smokers.<sup>9</sup>

<sup>8</sup> Map the Meal Gap, <http://map.feedingamerica.org>

<sup>9</sup> County Health Rankings,

<https://www.countyhealthrankings.org/app/colorado/2022/rankings/sedgwick/county/outcomes/overall/snapshot>

## Sedgwick (SE)



### Health Outcomes

Sedgwick (SE) is ranked in the lower middle range of counties in Colorado (Lower 25%-50%)



### Health Factors

Sedgwick (SE) is ranked among the least healthy counties in Colorado (Lowest 0%-25%)

The community stakeholders group used the qualitative results of the survey process to frame the story portrayed by the data gathered and discussion group observations. The survey results included the following sample observations:

- The most important health concerns were, by ranking:
  - Aging problems
  - Mental Health
  - Substance Abuse
  - Cancer
  - Heart Disease and Stroke
  - Diabetes
  - High Blood Pressure
  - Obesity
- When asked if there was a time in the last three years that the respondent or a member of their family delayed or skipped healthcare services when they thought they needed them 74.58 percent indicated they had not
  - The 25.42 percent of respondents that had delayed or skipped care cited the following reasons (ranked in order of highest number of responses)
    - It cost too much
    - Too long to wait for an appointment
    - Too nervous to be treated

- Nearly 13 percent (12.99%) of respondents noted that pain kept them from their activities of daily living more than 11 days per month.
- Over 7 percent (7.33%) indicated that their mental health kept them from their activities of daily living for more than 11 days per month
- Ranked in order of highest number of responses, respondents told the survey where they receive their health information:
  - Internet
  - Pamphlets or other printed materials
  - TV
  - Newspaper
  - Radio
  - Classes in the community
- When asked what additional services are needed in the community respondents ranked the following priorities:
  - Mental health counseling
  - Additional child/adult day care services
  - After school programs
  - Senior retirement housing
  - Substance abuse counselor
  - Exercise/nutrition programming
  - Psychiatrist

## Prioritization of Needs

Following the assimilation of the detailed health data along with results from the surveys and community stakeholder meetings, SCHC developed a prioritization of health needs. Based on review of health, health access, and health outcomes data; demographic data; economic data; economic impact data; community survey data and the experience of meeting participants, the following issues were chosen by SCHC to pursue.

These needs were identified as most pressing:

1. Mental health
  - a. Patient education on stigma and available resources
  - b. Crisis intervention
  - c. Drug abuse
  - d. Stratify services by age and considerations for modern day environment
    - i. Ex: Adolescents with drugs and social media, Aging residents with depression

- e. Coordination of care
- 2. Aging services
  - a. Combine resources to provide childcare and adult day care
    - i. Ex: Community service opportunities for High School students or 4H
  - b. Student Pen Pal project
  - c. Activities, social connections, support systems
  - d. Transportation
- 3. Streamline clinic services
  - a. Patient education- more information on what services are available, how to access them and when to access
  - b. Weekend clinic hours
  - c. Nurse phone services
  - d. Community paramedicine
  - e. Reduce/modify heavy administrative functions

Other issues were identified by the community as important, but SCHC has not addressed them in this plan as other groups have taken the lead on solutions. SCHC maintains a willingness to work with other entities within the community to look at providing appropriate programs.

## Approval

The SCHC Board of Directors approves the prioritization of needs identified in the community health needs assessment.

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Name, Title, Date