



Sedgwick County Hospital District 2019 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.¹

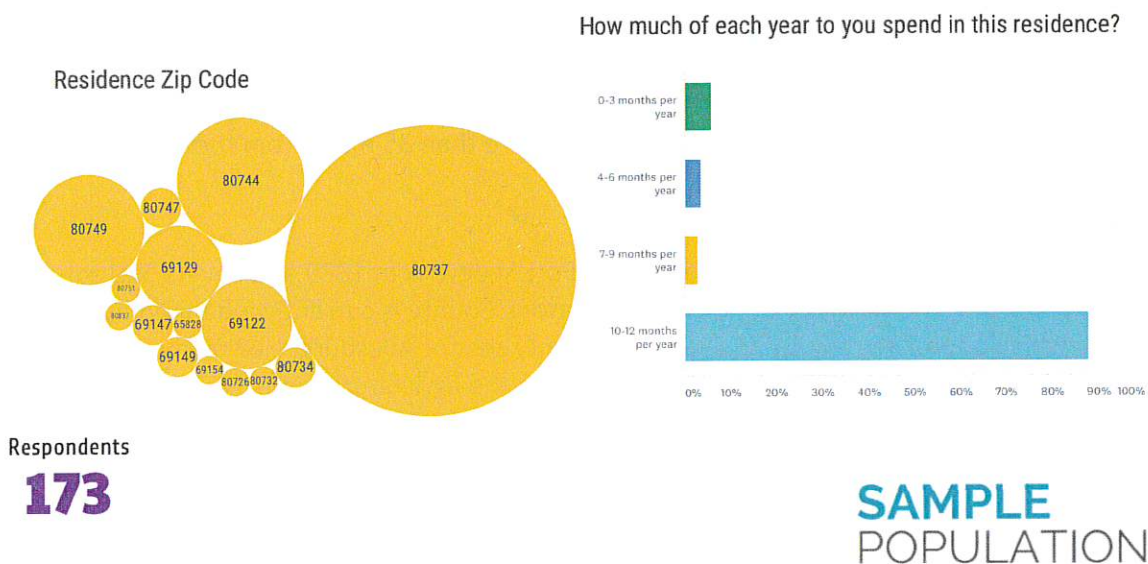
The community. Sedgwick County was named for Fort Sedgwick in 1889 and covers 549 square miles in the north eastern corner of Colorado. Sedgwick County is currently inhabited by 2,357 people of which approximately 1,225 live in the county seat of Julesburg. Like many of its eastern plains counterparts, Sedgwick County relies heavily on the agriculture industry with over 226 farms that are valued at over \$101 million in 2012. Julesburg has reinvented itself a number of times over the years with the second iteration evolving in 1867 when the residents built around where they had thought the Union Pacific railroad would cross. Later in the year they moved the town again, approximately two and a half miles north where they established their first hotel, a telegraph office and a large freight house owned by Wells Fargo. The blossoming town grew to 3,000 people and developed a reputation as the “Wickedest City in the West” with numerous saloons, prostitution houses, gambling and firearms. After the Union Pacific railroad workers left the town downsized significantly until 1881 when routes were expanded from Denver to a spot four miles east of Julesburg, so in 1886 the town moved for the third and final time. The current Julesburg location allows the town to serve as a vital shipping hub for produce. Today the county ranks eighth in the state of Colorado for corn production. Sedgwick county is rich with history

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

and celebrates its history with a number of museums that highlight transportation history as well as cultural, historical conflicts and the Union Pacific's influence on the town.²

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 2019 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.

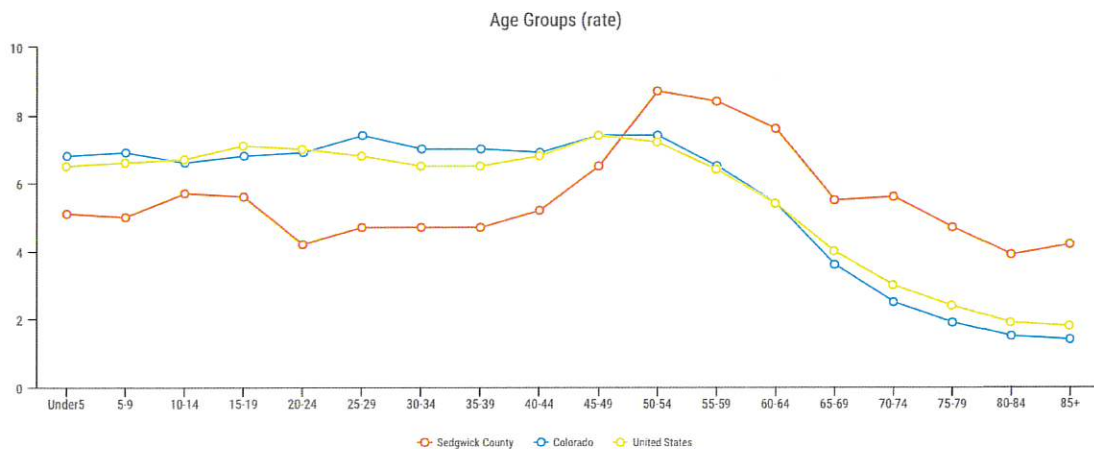
² Colorado Encyclopedia, Sedgwick County, <https://coloradoencyclopedia.org/article/sedgwick-county>

As documented from a national perspective, SCHC recognizes the disparities that exist in health status and risk between those in the highest income brackets and the lowest, as well as between the insured and uninsured. Those in the lowest income level without insurance have the greatest health needs and are most challenged in gaining access to high quality, affordable health services. This is especially challenging in a rural area, such as the SCHC service area.

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 included³:

1. The current population of Sedgwick County is 2,357 (2017)
2. The median age of Sedgwick County residents is 48.4
3. Corresponding to the median age, females make up 50.7 percent of Sedgwick County population
4. People over the age of 65 constitute over 23.9 percent of all people living in Sedgwick County.
5. The Sedgwick County community is predominantly Caucasian, contributing 92.2 percent of the population. Following are the race and ethnicity demographics, ranking by density:
 - a. Other race, not specified, 4.7 percent
 - b. Asian, 0.7 percent
 - c. American Indian/Native American, 0.4 percent
 - d. African American, 0.3 percent
6. Males in Sedgwick County make an average of \$12,779 more a year than their female professional counterparts. The unemployment is currently sitting at 6.8 percent.
7. Sedgwick County's median household income is \$49,583 which is significantly less than the state of Colorado at \$65,458.
8. A significant number of people living in Sedgwick County are living in poverty, 17 percent, while 9.9 percent of people over 65 function below the poverty line.

³ US Census Bureau, American Fact Finder,
https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml



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.⁴ In Sedgwick County Education and Healthcare make up 23.4 percent of the industry employment. 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 multipliers⁵ for both jobs and economic impact.

Because healthcare facilities contribute significantly as an economic driver in the 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, engaged Vertical

⁴ National Center for Rural Health Works, Economic Impact of Rural Health Care, September 2012

⁵ Minnesota IMPLAN Group, Inc.



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, and others, determined the health needs of the community. It is important to note that gaps exist in reported health data at the local level. The 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 had 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 community stakeholders meeting.

The community stakeholders group, in collaboration with Vertical Strategies, conducted a survey of interested community residents. The survey included 51 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 179 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 groups. At that meeting, participants reviewed the survey summary data and determined community priorities.

Community Needs

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

1. Education and poverty are correlated, in Sedgwick County 26.2 percent of those living in poverty have less than a high school education 16.7 percent have graduated high school or equivalent, but no higher education.⁶
2. Approximately 73 percent of three to four-year-old's are enrolled in preschool⁷
3. Roughly 12.5 percent of Sedgwick County has low income and low access to healthy foods.⁸
4. Sedgwick's population of veterans makes up 11 percent of the total population.⁹

⁶ US Census Bureau, American Fact Finder,
https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

⁷ US Census Bureau, American Fact Finder,
https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

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

⁹ US Census Bureau, American Fact Finder,
https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

5. Only 63 percent of the population of Sedgwick County has access to exercise opportunities, significantly lower when compared to the state rate of 91 percent¹⁰
6. Twenty one percent of residents are obese, and 15 percent of adults identify as smokers.¹¹

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
 - Cancer
- The majority of respondents who left the community for care stated their reason was either because that type of care was not available locally, or they were in need of emergency services and were closer to another facility at the time of need.
- Regarding hospital satisfaction, reasons for utilizing SCHC included:
 - Patient care and individualized treatment
 - Providers and staff
- Private coverage insurance plans of respondents included:
 - Anthem
 - United Health Care
 - Cigna
- Respondents spoke of mental health services they've utilized within the past year, including:
 - Counseling
 - Pharmaceuticals
- Over 17.69 percent of respondents noted that pain kept them from their activities of daily living more than 11 days per month.
- Ranked in order of highest number of responses, respondents told the survey where they receive their health information:
 - Healthcare providers

¹⁰ County Health Rankings,
<https://www.countyhealthrankings.org/app/colorado/2019/rankings/sedgwick/county/outcomes/overall/snapshot>

¹¹ County Health Rankings,
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- Internet
- Family and friends
- Pharmacy
- Health Fairs
- When asked what SCHC should start doing, respondents answered:
 - Specialty services
 - Hire more doctors
 - Mental Health Services
 - General Surgery
 - Mammograms

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. Specialty Care
2. Mental Health
3. Aging Services

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.

 Board President 10/26/19

Name, Title, Date