COMMUNITY HEALTH NEEDS ASSESSMENT
TOP HEALTH PRIORITIES

1. Housing options
2. Hospital facility improvements
3. Substance abuse

ADDRESSING COMMUNITY HEALTH PRIORITIES

“A strategic planning meeting was held in June 2016 to review progress on disparities discovered in our 2015 assessment. The first disparity/initiative of addressing the community housing shortage has been completed. In our efforts to glean community support to address our healthcare facility infrastructure needs we went to the public for support of a general obligation bond issue which failed. We are now addressing vital needs within our facility through grant funding. We have also begun the process of initiating community-based programs to meet those needs found in the assessment.”

COLLABORATION EXAMPLE

“Our county health fair held in October is a full scale community event. We encourage and assist other community partners to participate in this event to include EMS, local school districts, chiropractic, and all health related local entities.”

COMMUNITY PARTNERSHIPS

HOSPITAL “Both hospital and clinic is owned by Sheridan County. Both reside within the Sheridan County Health Complex.”

HEALTH DEPARTMENT “collaborates on health fairs, immunizations, information, and emergency planning to reach more of the underserved population in Sheridan County”

MENTAL HEALTH CENTER “partners with High Plains Mental Health Center for the treatment of behavioral health”

PRIVATE PRACTICES “collaborate with community mental health centers, school districts, local elected officials, and local service clinics.”

OTHER “partnership with Rawlins County Dental Clinic”

CARE COORDINATION & PATIENT-CENTERED MEDICAL CARE

“We are currently in the process of being recognized through the National Committee for Quality Assurance as a Patient Centered Medical Home. We have brought in a full-time coordinator, Peggy Ritter, to lead us in this pursuit.”

USING GRANT FUNDS TO IMPROVE PATIENT CARE

“We anticipate expanding the duties of our PCMH Coordinator to include Patient Care Coordinator. With these new duties she will serve as a first contact for the patient as well as liaison between patient and provider. This is to ensure our clinic remains the patient’s medical home. This move is a perfect inclusion to build on our support and social services. One of our goals is to improve a patient’s quality of life outside the exam room as well.”

KANSAS PRIMARY CARE AND RURAL HEALTH

Community-based Primary Care Clinic Grant Data, 2017-2018