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Welcome

The staff of Nor'West Newspapers feels health care is one of the top two vital components, next to education, of keeping our towns alive and well.

Access to good health care can mean the difference between towns living or dying.

The subject interests older people, who see their health declining and are looking for someplace nearby to get the care they need. The subject interests young families who are beginning to raise families, and want someone nearby to handle those little emergencies.

Our hospitals continue wrestling with the problem of recruiting doctors, nurses and staff. Some are investing in the future, trying to grow hometown doctors and specialists.

No one — families, young people, the elderly — wants to settle in towns without good hospitals, clinics and emergency medical treatment. Technology continues to expand the ability of the small hospitals to stay up with the latest treatments and bringing the doctor closer to the patient.

If our towns are to succeed, we need good, affordable health care nearby.

We found health care is available

and mostly affordable, and although our hospitals and clinics sometimes struggle, they are surviving and growing and serving their communities. The hospital staffs are committed to providing top-notch service and excellent patient care.

Specialists, once found only in the cities, are coming to their patients, and smaller hospitals are willing to send those with special needs on to larger, more specialized facilities.

Alternative sources for helping people live healthy lives provide a variety of services and can be found all over our publication area.

The government is trying to compensate rural hospitals more fairly, but the jury is out on how much good or effect the national and state health reforms will have on the area. The national health reform that passed in March will take up to four years to roll into effect, and we can expect modifications and changes to the individual pieces as the regulators get through writing the rules for each program.

Like most things in the High Plains, people are working together to solve their health care problems

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ON THE COVER: Kristle Raile, PA-C at the Cheyenne County Clinic in St. Francis, checks out Colton Raile's throat after he complained that he didn't feel well. Watching are his mother, Lori Raile, and brother, Lucas. The boys are the sons of Reid and Lori Raile, St. Francis.

Photo by Karen Krien/St. Francis Herald

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Vaccinations help children avoid diseases

By Kimberly Davis

The Oberlin Herald
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Vaccinations keep kids from catching deadly diseases and from endangering the rest of us.

Administrator Marilyn Gamblin with the Decatur County Health Department said it's important for people to get their kids vaccinated. Some diseases that are still a threat but can be prevented by vaccines are measles, pertussis, diphtheria, influenza and chicken pox.

Kansas insurance companies have to cover childhood vaccines up to age 6, the state says, but after that it depends on the plan. Most vaccines, said Gamblin, are given to kids by that age, although things are changing.

According to immunization requirements for the 2010-2011 school year kids and younger need:

- Four doses of diphtheria, tetanus and pertussis vaccine.
- Three doses for polio.
- One dose of measles, mumps and rubella.
- One dose of chicken pox.
- Two doses of hepatitis A.
- Three doses of hepatitis B.
- Four doses of pneumococcal conjugate.

For students from kindergarten and first grade:

- Five doses of diphtheria, tetanus and pertussis, one dose over what's required for 4 year olds.

- Four doses of polio, one additional.
- Two doses of measles, mumps and rubella, one additional.
- Two doses of chickenpox, one added dose.
- Three doses of Hepatitis B, same as before.

The requirements don't change for students in second through sixth grade, although another chickenpox shot is recommended.

By seventh grade, the only change is that students need one more dose of diphtheria, tetanus and pertussis. Students are required to have the same vaccine again after eighth grade to help keep up immunity to whooping cough.

The school has to keep updated vaccine records and the state audits these. Gamblin said she and the school nurse work together on immunizations, although the schools can't share immunization records with the health department.

The health department is the only provider in Decatur County for vaccines, which is the case in many counties.

In the past five to 10 years, the state has added several new vaccines, said Gamblin, including the meningococcal vaccine for bacterial meningitis. The vaccine isn't required, she said, but is recommended at age 11.

The vaccine is recommended for college freshman living in the dorms, microbiologists exposed to the bacteria, military recruits, anyone traveling to Africa, those with a damaged spleen or one that has been removed, anyone with an immune system disorder and people who might be exposed meningitis during an outbreak.

One of the newest vaccines is for human papillomavirus, said Gamblin, a sexually transmitted



Health Administrator Marilyn Gamblin gave the H1N1 flu vaccine to Tod Matsin at the Oberlin Elementary School last fall.

disease that can cause cervical cancer. Most cases don't cause symptoms, she said, so the disease isn't found until a routine pap smear is done.

The vaccine is recommended for girls 11 to 26, but can be given as early as 9. It doesn't protect those who receive it from anything but the four strains of the virus, no other sexually transmitted diseases.

A vaccine just came out that can be used on men from age 9 to 26 and can help against genital warts. Gamblin said she is giving the papillomavirus vaccine more often.

Not all vaccines are for kids, she said. There is the shingles vaccines is given to older people to prevent the painful disease, which is an offshoot of childhood chickenpox.

People need to get a tetanus shot every 10 years. Gamblin said lots of adults don't keep up on the tetanus shots until they get hurt and have to get it.

People who work in the medical field, she said, need updated hepatitis shots.

There's also the regular "seasonal" flu and H1N1 flu vaccines, although neither is required. Next year, said Gamblin, hopefully the two kind of flu vaccines will be given together, which would make things easier.

The department also offers a few vaccines to those who want to travel out of the country. Most people need to go to a larger place to get those shots, said Gamblin.

The Advisory Committee on Immunization Practices, said Gamblin, puts out the recommendations and then the state has to decide what is required.

Once the state approves the requirements, said Gamblin, then it's up to school boards on how to handle the needed immunizations. If a student doesn't have what's on the list, she said, it's up to the school to see that he or she is excluded from class until they get the shots.

Immunizations are updated every year, she said. Information is sent out all the time.

Each year, the nurse said, training is held for immunizations. There's also an opportunity for pharmacists, nurses and doctors to get training.

Gamblin said purchasing vaccines is a continual process. It's hard to gauge what will be needed, and the department tries to order what people need. It doesn't take long to get an order in, maybe a few days, she said, so most vaccines can be ordered as needed.

While vaccinations do expire, most last a while. Gamblin said the health department received vaccines the other day that don't expire until next year.

Another change in immunizations, she said, is that the state maintains an immunization registry. All health departments and some doctor's offices are on the registry, said Gamblin. All their immunization records on are there, so if someone moves from the eastern part of the state and doesn't bring their records, she can get on this site and find them.

The site is always being improved, said Gamblin, and it is secure.



Health Administrator Marilyn Gamblin gave H1N1 flu vaccine to Tony Kuhlman at the Oberlin Elementary School last fall.

— Photos by Kimberly Davis/The Oberlin Herald

Affordable Care Act divides country, leaves

By Tom Betz
The Goodland Star-News
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As part of his inaugural speech, President Barack Obama set a priority for his administration to have Congress reform the country's health-care system, and after 14 months, he signed the Patient Protection and Affordable Care Act into law.

The battle over the bills in the House and Senate created lots of rhetoric, some of it vitriolic, on both sides. The process got more attention than most bills, and when the final vote was taken, one thing was true: the country was divided about the results.

Most polls have an undecided percentage, but when healthcare reform passed the county was split 50-50. People were either for it or against it, and were quick to give you their opinion.

Passage of the law was historic, as presidents going back nearly 100 years had called for health-care reform, it passed without a single Republican vote in the Senate just before Christmas, and again in March when the House passed the Senate bill.



Sebelius



Roberts



Moran

Republicans decided early they would oppose "Obamacare," and tried to block passage at every turn. Pundits lined up on both sides and claims and counterclaims flew for months.

Several times, the bill was declared dead, but Obama kept pulling it back out and pressing forward. He held a special health-care summit at the first of the year and tried to get support to pass the Senate bill.

Both chambers spent hours on the floor debating the bills, and the Democrats had to work hard to keep their majority together. That was true especially in the Senate, where the Dems had 60 votes to override the many Republican filibusters.

When Sen. Edward Kennedy, a

champion for healthcare reform, died, his replacement was a Republican who broke the Democrat's 60-vote margin, meaning that even one senator could have blocked a vote on the bill.

When President Obama signed the bill into law, he said it was not perfect, but it was a good start on health reform.

Since the bill became law, 14 state attorneys general have filed a lawsuit challenging its constitutionality, and Republicans – including most candidates in Kansas – have vowed to "repeal and replace" the law.

"The Supreme Court has long upheld "spending clause" programs that require states that accept federal money to comply with rules and requirements, and this law simply follows those precedents," said Timothy Stoltzfus Jost, a professor of law at Washington and Lee University.

Whether the lawsuits have any basis

is a big question, but Kansas Attorney General Steve Six (a Democrat) stayed out, saying he feels the suit would be a waste of taxpayer money.

What most people really want to know is what is all this going to mean for them? Secretary of Health and Human Services, and former Kansas governor, Kathleen Sebelius is in charge of trying to make that clear, and her staff has been holding weekly webinars to answer questions about the Affordable Care Act. The site is www.healthreform.gov.

"I want to be clear: the Affordable Care Act is not a magic pill that will cure all the problems in our health care system," the Democrat told an audience at the National Press Club on April 6. "It will take time for all the benefits to kick in. And if you look at the history of major social legislation, you see there are always revisions and adjustments along the way.

"But this law is the biggest expansion in health-care coverage since Medicare, the biggest middle-class tax cut for health care in American history, the most aggressive health-care cost-cutting law we've ever had

and the most ambitious health-care-innovation legislation I've ever seen, all rolled into one.

"The more Americans learn about this legislation, the more they'll like it."

Then there's the other side of the aisle:

"This new law is not real reform," said Kansas Sen. Pat Roberts, a Republican, "and I will not stop fighting for true health care reform that the American people want and deserve.

"The law needs to be repealed as soon as possible and replaced with a plan that would actually lower health-care costs for all families, and prohibit cost controls that would interfere with treatment decisions between doctors and patients."

Western Kansas Congressman Jerry Moran was the first Republican to introduce a bill to repeal the "reform" law. He said he will continue to work to repeal and replace the bill with something he feels would be a true reform to lower costs and improve the system.

All that repeal talk isn't stopping the administration.



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country wondering what it really means

“We have a great law,” Sebelius said. “Now, we have to carry it out effectively.”

“To do that, we’ll need to communicate clearly with the American people. Many of our friends and neighbors still have questions about this law.”

“For all Americans, our department will serve as a nationwide health insurance reform Help Desk. If you have questions, we’ll have answers. If you aren’t sure what to believe, we’ll have the facts.”

“So here are the facts: if you like your doctor, you can keep your doctor. If you like your health plan, you can keep your health plan.”

“This law builds on the health insurance system we have, and makes three key changes:

- “First, it makes sure every American who has an insurance policy gets real security by creating common-sense rules ... that require insurance companies to treat you fairly.

- “Second, it makes insurance affordable for millions of Americans by creating a new insurance marketplace and providing tax credits for those who need help.

- “Third, it starts to bring down costs

Learn what is in the new Affordable Care law and what the Department of Health and Human Services is charged with doing and what the department is responsible for.

The new health reform law includes a series of authorities and responsibilities for the Department of Health and Human Services. The law calls on the Department to publish information regarding these new authorities. Information regarding the new law, the Department's role and links to more information can be found at www.healthreform.gov

for families, businesses and governments with the broadest health-care cost-cutting package ever — one that includes every serious idea for health savings proposed over the last year.”

A benefit to seniors will begin June 15, she said, when those who have hit the prescription drug “donut hole” will get a \$250 rebate check to help them afford their medicines this

year. And there is a new tax credit — available right now — to help small-business owners.

At the same time, she said the law adds new protections that will make insurance stronger for Americans who have it. A rule ending lifetime caps on benefits takes effect this year. So does a rule preventing insurance companies from canceling your coverage when you get sick.

The health-care website has a map of the U.S., and you can click on your state to find out the specific changes where you live.

For Kansas, the benefits include:

- 360,000 residents who do not have insurance and 183,000 who have nongroup insurance could get affordable coverage through the new health insurance exchange.

- 197,000 people could qualify for tax credits on premiums to help them buy health coverage.

- 416,000 seniors would receive free preventive services.

- 73,900 seniors would have the brand-name drug costs in the Medicare Part D “dounut hole” halved.

- 43,000 small businesses could be helped by a small-business tax credit

to make premiums more affordable.

All 2.8 million residents of Kansas will benefit as reform:

- Creates immediate options for people who can't get insurance today. Eight percent of the people in Kansas have diabetes, and 27 percent have high blood pressure — two conditions that insurance companies could use as a reason to deny health coverage. Reform will establish a high-risk pool to enable people who cannot get insurance today to find an affordable plan.

- Ensures free preventive services. Thirty-eight percent of Kansas residents who need on have not had a colorectal cancer screening, and 22 percent of women over 50 have not had a mammogram in the past two years.

Health insurance reform will ensure people can access preventive services free through their health plans. It will invest in a prevention and public health fund to encourage prevention and wellness programs.

These are but a few of the benefits the law will provide as provisions are rolled out over the next four years, officials say.

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State health care leaps into action for H1N1

By Kimberly Davis

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Much of the focus of statewide health care in Kansas over the past year has been the pandemic of the H1N1 flu virus, commonly known as swine flu.

In April 2009, Kansas became the third state in the Union to have a confirmed case. Two cases of swine flu were confirmed in Dickinson County. Samples were taken and sent to the Centers for Disease Control in Atlanta, who confirmed that the cases were H1N1. According to the Kansas Department of Health and Environment year-end report, a department staff member took the state's jet to personally deliver the samples to Atlanta.

Before that, H1N1 cases had only appeared in foreign countries, particularly Mexico, and in Texas and California, two states with long international borders and a lot of commerce.

The health department began to monitor suspected cases, releasing updates to the public as each new case surfaced. The department also set up websites and distributed preventative



Colby Community College nursing student Lillie Haverfield of Monument gave Athletic Director Ryan Sturdy a seasonal flu shot at the Student Union.

— Photo by Debbie Schwanke/Colby Community College

health guidelines, telling people to wash their hands with sanitizer, cough away from people and avoid high-population public places. Schools, hospitals, clinics and county health departments began restricting access to anyone with flu symptoms to protect other patients and kids.

The department has continued to monitor the virus. March 31, the department announced the 29th Kansas death from H1N1.

On Oct. 1, swine flu vaccine began trickling out to Kansas counties under the department's supervision. Rural counties got very little at first. Some

didn't get any. With the vaccine in such short supply, health departments first inoculated health workers who had contact with the public.

Eventually, the vaccine, in nasal spray and injection forms, became more available. The department's report indicates that it expects H1N1 to reappear again this year, making these shots — along with continued vaccination against other flu strains — a top priority.

The governor signed a bill on March 26 that will allow pharmacists, pharmacist's assistants and interns — as long as they are under direct supervision of a pharmacist — to administer flu shots.

Parkinson signed several other laws this year that will affect statewide health care.

The first is the Kansas Clean Indoor Air act, better known as the statewide smoking ban. Parkinson championed the effort to pass the ban. When it goes into effect after publication, the law will prohibit smoking in public places, taxicabs, limousines, common areas in public and private buildings, condos and other multi-resident buildings, and any place of employment.

Building owners or managers can't allow people to smoke in their buildings, and people can no longer smoke in the entryways and exits of buildings.

Parkinson also signed a bill banning K2, a synthetic marijuana.

The governor vetoed one bill this year that would have rewritten sections of state law regarding abortions.

The bill would have prohibited any new late-term abortion providers from establishing practices in Kansas. There are currently no late-term providers since the murder of Dr. George Tiller in Wichita last year in his church.

Doctors would have been required to report more details on abortions, such as viability of the fetus, and would have allowed patients or family members to sue if an abortion violated state law.

Parkinson said he felt the current law is reasonable and does not need changing.

A bill that would have exempted Kansas from the national health care bill failed to get enough votes on the House floor or in a Senate committee to pass.

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Logan taxpayers approve wellness center

By Andy Heintz

Colby Free Press
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After taxpayers in Logan County voted to approve a .5 percent county-wide retail sales tax that was proposed as a way to pay for a \$3.5 million bond. The bond was to pay for a 14,800-square-foot rehabilitation center adjacent to the Logan County Hospital.

Collection of the sales tax money will begin on July 1, 2010, and will end when all the costs of the center, including repayment of the bonds have been paid for. The bonds are to be paid for in 15 years at a 4.5 percent interest rate.

The center will include an indoor therapy and lap pool, a community event room, a rehabilitation department for physical and occupational therapy treatment, a wound care treatment area and a community wellness “fit for life” center.

The pool will be used by the public for lap swimming and by physical therapy patients for aquatherapy, said Gerry Baalman, director of physical therapy at the hospital. There will be three lanes for lap swimmers and the rest of the pool will be used by therapy patients.

She said the center will allow the hospital to expand on what they are doing in therapy and wellness and do it better.

“We will be able to treat more patients and offer more exercise equipment,” she said.

The wellness center will give space for 15 to 20 pieces of exercise equipment, including treadmills, recumbent bikes and free weights.

She said the hospital had community meetings in Winona and Oakley to discuss the proposed center. Baalman said the hospital made a brochure that answered questions and described the bond issue people would be voting on. Half of the building will be for therapy patients and the other half will be open to the public, she said.

The Sheridan County Health Complex in Hoxie has also added a wellness center in the hospital. Michelle Cahoj, a health information worker at the hospital, said the difference between Sheridan’s fitness center and others centers is that Sheridan’s center was a community-driven project, not a hospital project.

Cahoj said a few people in town were interested in having a wellness center, and the basement of the hospital was being used for storage. She said the hospital agreed to donate the basement to citizens who planned to design and renovate the basement into



Dike Lindeman of Oakley is a “regular” at the fitness lab in the Logan County Hospital. A bond issue passed by the voters of Logan County on April 12 will see a much needed expansion

a wellness center. The project was part of a larger Public Square Communities project known as Working Together Sheridan, focused on revitalizing the county.

Public Square Communities is a consulting firm that helps towns grow and improve. A process the group uses to bring growth and progress involves setting up citizen-led action teams that try to implement goals formed through community “conversations,” said Niceta Farber, a steering com-

mittee member for Working Together Sheridan and a nurse at the hospital. The group that worked on the fitness center was an action committee for Working Together Sheridan, she said.

When the center idea was being discussed, a hospital committee was put together to research the costs for the action group, Cahoj said. She said the action group paid for the equipment and renovations with two grants, private donations and a fund

of the space for the fitness lab space and equipment open to the community.

– Photo by Vera Sloan/Colby Free Press

raiser. Cahoj said the overall cost was between \$80,000 and \$90,000. Community residents helped renovate the basement into a center with treadmills, elliptical equipment and eight weight stations.

Shelly Eberle, physical therapy assistant at the hospital and a member of the wellness center committee, said both employees and citizens favored adding a wellness center to the hospital.

“It was definitely a community ef-

fort,” Cahoj added. “The whole town was on board with it.”

She said the center hopes to help lower obesity, which is a bigger problem than it used to be. Eberle said the wellness center will also give people a place to go when it’s cold outside.

Cahoj said there is a group of older people who used to walk around the 4-H building in Hoxie, but the cement floor wasn’t good for their joints. She said this isn’t a problem at the wellness center because it has a rubberized flooring that is easier on the body.



One- or two-bedroom apartments are available for rent at Fairview Estates in Colby. The facility, originally built to be a retirement center, saw the need for assisted living last year and received a license in July after remodeling. The apartments are at 1630 Sewell Avenue, east of the Dillon's grocery.

— Photo by Vera Sloan/Colby Free Press

Fairview Estates

By Vera Sloan

Colby Free Press
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When Fairview Estates opened 10 years ago, it began as a retirement complex of 48 apartments for people able to live alone who no longer wanted the hassle of a home and yard.

In July, the owners from McCook saw a need for more assisted-living facilities here. With vacant apartments to fill, changing some over to assisted living seemed like the perfect solution.

After meeting licensing requirements, by August, the facility at 1630 Sewell Ave. in Colby opened the doors of a 17-room wing for people who need a little more help to stay out of nursing home.

Gary Stewart, Fairview executive director and operator, said the arrangement has been good for the town. He said the operation has a good working relationship with the hospital, nursing homes, the doctors and entire medical community.

"It is truly modern apartment living," Stewart said. "The residents are provided three meals a day. They

have access to a certified medical technician and a registered nurse who consults and evaluates, then contacts a doctor when needed.

"There are suites with two bedrooms in the event someone wants to share the apartment expense with a friend or sibling. Those suites are separated by a common kitchen and living area with a bedroom on either side for privacy.

"All apartments have laundry hookups, plus a security system and call lights in every room. Each apartment has its own furnace and air conditioner, and they allow pets."

Stewart said a registered dietician oversees meal planning, and since the cook owned a restaurant for 30 years, the food is pretty good.

He said the activities are unique. Besides having someone come and read to them twice a week, residents have begun doing a "walk across America" two times a week and have learned tons about history. He said each hall is 203 feet long, making it a 406-foot round trip, and they count every foot as a mile. So far, he said, they have walked 6,846 "miles."

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