



# **Community Health Needs Assessment Kiowa County, KS**

On Behalf of Kiowa County Memorial Hospital



**July 2021**

VVV Consultants LLC  
Olathe, KS

# Community Health Needs Assessment

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# I. Executive Summary

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# I. Executive Summary

## Kiowa County Memorial Hospital – Kiowa County, KS - 2021 Community Health Needs Assessment (CHNA)

The previous CHNA for Kiowa County Memorial Hospital was completed in 2018. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #4 Kiowa County, KS CHNA assessment began December 2020 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 and providers, along with the residents, to research and prioritize county health needs and document 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 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.) Provides guidance to the hospital and local health department for how they can align their services and community benefit programs to best meet needs, and 8.) fulfills Hospital “Mission” to deliver.

## County Health Area of Future Focus on Unmet Needs

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

Kiowa County, KS			
2021 CHNA Priorities - Unmet Needs			
CHNA Wave #4 Town Hall - April 22, 2021			
Kiowa County Memorial Hospital PSA (28 Attendees, 104 Total Votes)			
#	Community Health Needs to Change and/or Improve	Votes	%
1	Child Care Options	23	22.1%
2	Nursing Home Access	16	15.4%
3	Affordable Housing	15	14.4%
4	Mental Health (Diagnosis, Placement, Aftercare) Focus on Peds / Fight Stigma	10	9.6%
5	Resident Community Engagement	9	8.7%
6	HC Education: Awareness of Services	8	7.7%
7	Obesity (Nutrition / Fitness)	5	4.8%
<b>Total Votes</b>		<b>104</b>	<b>100.0%</b>
Other Items receiving votes: Drug / Substance Abuse Rehab, Home Health, Poverty / Economic Development, Grocery Store Options, Uninsured, Pain Management Alternatives and Transportation.			

## Town Hall CHNA Findings: Areas of Strengths

Kiowa Co. (KS) "Community Health Strengths"			
#	Topic	#	Topic
1	Hospital - Facility + Staff	6	Pharmacy (Quality)
2	Health Collaboration (Providers)	7	EMS Services
3	School System/Education	8	COVID Vaccine + Care
4	Health Department	9	Clinic Access
5	Available Specialties (OPH, DENT, etc.)	10	Food Bank

### Key CHNA Wave #4 Secondary Research Conclusions found:

**KANSAS HEALTH RANKINGS:** According to the 2020 Robert Wood Johnson County Health Rankings, Kiowa County, KS Average was ranked 27<sup>th</sup> in Health Outcomes, 36<sup>th</sup> in Health Factors, and 36<sup>th</sup> in Physical Environmental Quality out of the 105 Counties.

**TAB 1.** Kiowa County's population is 2,475 (based on 2019), with a population per square mile of approximately 3.5 persons. Roughly six percent (6.1%) of the population is under the age of 5, while the population that is over 65 years old is 22.7%. As of 2019, Hispanic / Latinos make up 6.1% of the population and 7.6% of citizens that speak a language other than English in their home. Children in single parent households make up a total of 13.5% compared to the rural norm of 25.2%, and 93.1% are living in the same house as one year ago.

**TAB 2.** In Kiowa County, the average per capita income is \$26,552 while 12.1% of the population is in poverty. The severe housing problem was recorded at 13.3% compared to the rural norm of 10.9%. Food insecurity is 11.3%, and limited access to healthy foods (store) is 36.7%.

**TAB 3.** Children eligible for a free or reduced-price lunch in Kiowa County is 28.4%. Roughly ninety-two percent (92.1%) of students graduated high school in compared to the rural norm of 91.3% and 23.7% have a bachelor's degree or higher.

**TAB 4.** The percent of births where prenatal care started in the first trimester is 76.6% and 8.1% of births in Kiowa County have a low birth weight. Continually, 76.7% (compared to the rural norm of 74%) of infants up to 24 months are receiving full immunization. The percent of mothers who were reported as smoking during pregnancy is 8.1% (2016 – 2018).

**TAB 5.** The Kiowa County primary care service coverage ratio is 1 provider (county based office physician who is a MD and/or DO) to 2,485 residents. The average (median) time patients spend in the emergency department before leaving was 79 minutes.

**TAB 6.** In Kiowa County, 19.6% of the Medicare population has depression. The percent of Medicare Part D beneficiaries receiving an opioid day supply >10 Days is 44.4%. The average mentally unhealthy days last reported (2017) is 3.6 days in a one-week period.

**TAB 7a – 7b.** Kiowa County has an obesity percentage of 29.9% as of 2016, and physical inactivity percentage is 29.7%. The adult smoking is 15.4%, while the excessive drinking percentage is 16.7% as of 2017. The Medicare hypertension percentage is 46.5%, while their heart failure percentage is 15.4%. The percentage of individuals who were recorded with COPD was 12.4%. Kiowa County recorded eight percent for those who have cancer (8.2%) among their Medicare population and 2.1% stroke percentage.

**TAB 8.** The adult uninsured rate for Kiowa County is 13.2% (based on 2017) compared to the rural norm of only 13%.

**TAB 9.** The life expectancy rate in Kiowa County is roughly eighty years of age (78.5) for the entire general population in this county. Alcohol-impaired driving deaths for Kiowa County is at 18.2% while age-adjusted Cancer Mortality rate per 100,000 is 145.2, while the Age-adjusted Heart Disease Mortality rate per 100,000 is at 97.4.

**TAB 10.** Roughly twenty percent (19.1%) of Kiowa County has access to exercise opportunities. There are 10.5% of the population that have diabetes prevalence. Forty percent (40%) of women in Kiowa County seek annual mammography screenings (based on 2017).

## Key CHNA Wave #4 Primary Research Conclusions found:

Community Feedback from residents, community leaders and providers (N=84) provided the following community insights via an online perception survey:

- Using a Likert scale, 49.2% of Kiowa County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Kiowa County stakeholders are satisfied with some of the following services: Ambulance Services, Mental Health, Pharmacy, Public Health, and School Health.
- When considering past CHNA needs, the following topics came up as the most pressing: Child Care, Access to Specialists, and Nursing Home / Senior Care.

Kiowa Co. KS - CHNA Wave #4		Ongoing Problem		Pressing
Past CHNAs Unmet Needs identified		Kiowa Co. (N=128)		Kiowa Co. N=128
Rank	Ongoing Problem	Votes	%	Trend
1	Child Care	44	12.2%	Red
2	Access to Specialists	41	11.4%	Red
3	Nursing Home / Senior Care	35	9.7%	Red
4	Availability of Primary Care	26	7.2%	Yellow
5	Home Health / Hospice	22	6.1%	Yellow
6	Poverty / Economic Development	22	6.1%	Yellow
7	Affordable Health Insurance	21	5.8%	Yellow
8	Awareness of Health Services	20	5.6%	Yellow
9	Exercise/Fitness	20	5.6%	Yellow
10	Transportation	19	5.3%	Yellow
11	Drug/Substance Abuse	18	5.0%	Yellow
12	Behavioral / Mental Health	17	4.7%	White
13	Nutrition - Healthy Food Options	17	4.7%	White
14	Preventative Health / Wellness	17	4.7%	White
15	Health Education	13	3.6%	White
16	Alcohol Abuse	8	2.2%	White
TOTALS		360		

# II. Methodology

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## 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 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.

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.*).

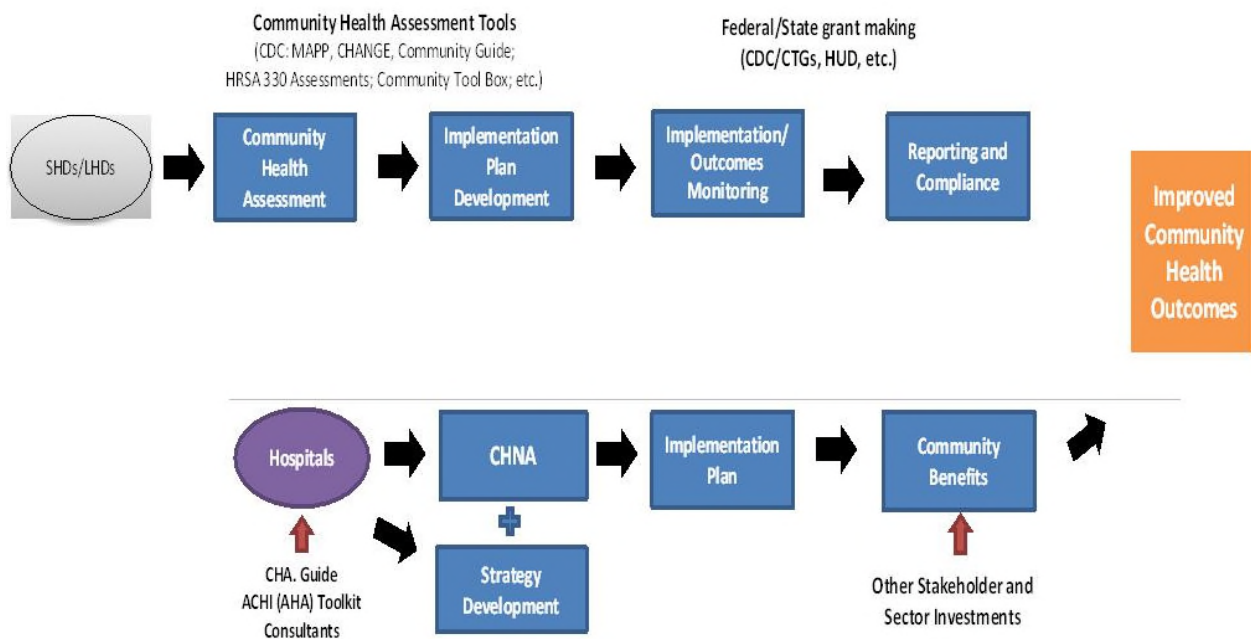
#### **JOB #2: Making a CHNA Widely Available to the Public**

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 69-545 hospital 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.





## Drivers of Health Assessment & Improvement Planning

Different drivers have led health agencies and organizations to institutionalize community health assessment and community health improvement planning in recent years.

### National Voluntary Accreditation Requirements

In 2011, the Public Health Accreditation Board (PHAB), in partnership with key public health organizations, launched a new national voluntary accreditation program for state, tribal, local, and territorial health departments. The standards and measures encompass 12 domains of performance and include a comprehensive community health assessment (Domain 1, Standard 1.1) and a community health improvement plan (Domain 5, Standard 5.2). A documented community health assessment and improvement plan are two of the three prerequisites for applying to PHAB. PHAB requires that these processes be conducted collaboratively and that the documents be dated within the last five years. More information is available from [PHABexternal icon](#) and [CDC](#).

### CDC Grant Requirements

CDC grants often require or encourage completing a community health assessment or improvement plan. In some cases, these plans provide valuable information for identifying priority health issues or needs. Examples include ; [National Public Health Improvement Initiative \(NPHII\)](#); [Community Transformation Grants or REACH Core](#)

The Public Health Accreditation board defines *community health assessment* as a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation. Turnock B. *Public Health: What It Is and How It Works*. Jones and Bartlett, 2009, as adapted in [Public Health Accreditation Board Acronyms and Glossary of Terms Version 1.0 Cdc-pdf\[PDF – 536KB\]External](#), July 2011.

The Catholic Health Association defines a *community health needs assessment* as a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize these needs, and to plan and act upon unmet community health needs.” Catholic Health Association, [Guide to Assessing and Addressing Community Health Needs Cdc-pdf\[PDF-1.5MB\]External](#), June 2013.

## 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.

## 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:

#### **Kiowa County Memorial Hospital Profile**

**721 W. Kansas, Greensburg, KS 67054**  
**Administrator: Morgan Allison**

**History:** Construction of Kiowa County Memorial Hospital was begun in 1948 with the total cost of the hospital being \$192,000. The hospital opened with 20 beds on March 7, 1950 with a contract with the Mennonite Board of Missions and Charities of Elkhart, Indiana to manage the hospital. The first medical staff of the hospital included: Edwin P. Deal, M.D. Florence Friesen, M.D. J.R. Bradley, M.D. M. H. Waldorf, Jr., M.D.

*The Tornado:* On May 4, 2007, the hospital was destroyed by an EF5 tornado. On May 21, 2007, the hospital reopened in a temporary tent hospital (Emeds unit) brought in by the Air National Guard, Topeka, Kansas. The ER was opened first and other departments were brought on board. August 1, 2007, we opened Greensburg Family Practice in a modular building. By December 2007, the facility consisted of 4 tents and 6 modulares. We offered onsite ER, acute inpatient, lab, X-ray, Daycare, administration, medical records, materials management, business office and maintenance departments. Ground for the new building was on October 28, 2008. Health Facility Group, Wichita, Kansas was the architect and Murray Group was the contraction manager. Open House for the new 50,000 square foot hospital and clinic was held on March 12, 2010. A retail Pharmacy was added to the hospital site in January 2012.

**Mission Statement:** The mission of Kiowa County Memorial Hospital is to provide high quality health related services in a spirit of Christian concern to meet the personal needs and improve the health status of the people and communities we serve. (To improve lives though compassionate, quality healthcare).

**Vision:** KMCH will distinguish itself as a leader in Community Healthcare, utilizing a multidisciplinary team approach to care that will achieve cost-effective quality outcomes.

**Kiowa County Memorial Hospital offers** the following services to its community:

- Acute Hospital Admission
- Swing Bed Skilled and Intermediate Care Admissions
- 24 Hour Emergency Care
- Laboratory Services
- Radiology Services
- X-Ray and Cat Scans Services
- Full Time Physical Therapy
- Rural Health Clinic Appointments
- Ambulance Services
- Specialty Services:
  - o Cardiology, Dental, Optometry, Epidural/Steroid Injections, Endoscopy Services/Surgical Consults, Neurology
- Child Care Center

## **Kiowa County Health Department Profile**

**211 E. Florida, Greensburg, KS 67054**

**Health Director: Kerri Ulrich**

The Kiowa County Health Department was established in November 1965. Our mission has always been to provide our citizens with comprehensive, cost-effective, and quality health services. Our primary goal is to provide information and help prevent acute illness and diseases. We feel that all people are entitled to adequate health care. This department's objective is to provide a scope of preventative health services to all residents including, but not limited to: immunizations, nutritional information, education in caring for infants and children, well-person health assessments, early intervention health and development screening, family planning and women's health services, disease investigation, and adult screenings and foot care.

**Offerings:** The Health Department offers immunizations, nutritional information, infant and child education, health assessments, early intervention screenings, family planning, women's health, disease investigation, licensing of childcare providers, foot care, and adult screenings

**Screenings:** Concepts (large and fine motor development), communication/ speech skills, social and self-help developments, vision, hearing, and immunizations.

**Mission:** To provide our citizens with comprehensive, cost-effective, and quality health services.

## 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 70 unique community CHNA's in KS, MO, IA and NE (references found on our website [VandehaarMarketing.com](http://VandehaarMarketing.com))



#### Vince Vandehaar, MBA – Principal

VVV Consultants LLC – start 1/1/09 \*

- Adjunct Full Professor @ Avila and Webster Universities
- 35+ year veteran marketer, strategist and researcher
- Saint Luke's Health System, BCBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA

#### Cassandra Kahl, BHS – Lead Consultant

VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences
  - Park University MHA (May 2021)
- Pharmacy Management (CVS) – 2 ½ years
- Hometown: Maple, WI



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](http://VandehaarMarketing.com)

**Our Mission:** to research, facilitate, train, and create processes to improve healthcare delivery and uncover strategic "critical success" initiatives.

**Our Vision:** meeting today's challenges with the voice of the market.

#### Our Values :

"Community" – Industry engagement...membership AMA KC, ACHE, EPBA, Forum and SHSMD.

"Stewardship" – Fair fees based on client, project scope, turnaround time, etc.

"Integrity" – Trustworthy delivery with numerous client recommendations / endorsements.

"Experience" – Skilled consulting; Marketing careers. We understand business because we have been there!

"Growth" – Process-driven; ongoing innovational delivery.

## II. Methodology

### c) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in December 2020 for Kiowa County Memorial Hospital (Greensburg, KS) located in Kiowa County, KS to meet Federal IRS CHNA requirements.

In December, a meeting was called by Pratt Regional (sponsor 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 Pratt Regional leaders requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report for KCMH

#### VVV CHNA Deliverables:

- Document Hospital Primary Service Area - meets the 80-20 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 80-20 Patient Origin Rule), a patient origin three-year summary was generated documenting patient draw by zips as seen below:

Kiowa Couty Memorial Hospital - Define PSA					Inpatients			Outpatients		
Source: KHA - FFY 2018-20		12,669	Totals - IP/OP		47	78	105	3,978	4,138	4,323
Patient Zip Code	County	3YR TOT	%	Accum	FFY18	FFY19	FFY20	FFY18	FFY19	FFY20
67054-Greensburg, KS	Kiowa	5,187	40.9%	40.9%	24	27	49	1,666	1,655	1,766
67059-Haviland, KS	Kiowa	2,989	23.6%	64.5%	4	11	26	948	973	1,027
67109-Mullinville, KS	Kiowa	1,317	10.4%	74.9%	8	9	9	432	477	382
67124-Pratt, KS	Pratt	675	5.3%	80.3%	1	5	4	197	208	260
67834-Bucklin, KS	Ford	463	3.7%	83.9%	1	0	0	147	150	165

**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 CHNA calendar of events, explain / coach clients to complete 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 valid health indicator sources cited to document current state of county health organized as follows:

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

B) Survey Community Stakeholders to inquire about past CHNA unmet needs and obtain current health delivery trends and document on going health issues.

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

**Detail CHNA Development Steps Include:**

<b>Development Steps to Create Comprehensive Community Health Needs Assessment</b>	
<b>Step # 1 Commitment</b>	<i>Determine interest level of area healthcare leaders (Hospital, Health Dept., Mental Health Centers, Schools, Churches, Physicians etc.), prepare project quote.</i>
<b>Step # 2 Planning</b>	<i>Prepare brief CHNA Project Work Calendar - list goals, objectives, purpose, outcome, roles, community involvement, etc. Hold Community Kick-off meeting.</i>
<b>Step # 3 Secondary Research</b>	<i>Collect &amp; Report Community Health Published Facts. Gather data health practice data from published secondary research sources i.e. census, county health records, behavioral risk factors surveillance, etc.</i>
<b>Step # 4a Primary Research - Town Hall prep</b>	<i>Collect Community Opinions. (Quantitative Research). Gather Stakeholders / Community opinions regarding community health needs and healthcare practices.</i>
<b>Step # 4b Primary Research - Conduct Town Hall</b>	<i>Conduct "Conversation with Community" Town Hall (Qualitative Research). Review Secondary &amp; Primary Data findings. Facilitate community conversation to build consensus; discuss opinions / identify health needs.</i>
<b>Steps # 5 Reporting</b>	<i>Prepare/Present comprehensive CHNA report (to community leaders), facilitate development of CHNA Implementation Plan (Actions to improve health). &lt; Note: Formal report will follow IRS Notice 2011-52 regs &amp; PHAB requirements. &gt;</i>
VVV Consultants, LLC Olathe, KS 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
Business Quick Facts
Centers for Medicare and Medicaid Services
CMS Hospital Compare, 10/1/2015-9/30/2016
County Health Rankings
Geography Quick Facts
Kansas Health Matters
Kansas Hospital Association (KHA)
People Quick Facts
U.S. Department of Agriculture - Food Environment Atlas
US Centers 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 are 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 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.

Specific Project CHNA roles, responsibility and timelines are documented by the following calendar.

<b>Kiowa County Memorial Hospital</b>			
<b>VVV CHNA Wave #4 Work Plan - Year 2021</b>			
<b>Project Timeline &amp; Roles</b>			
<b>Step</b>	<b>Timeframe</b>	<b>Lead</b>	<b>Task</b>
1	10/30/2020	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review
2	12/9/2020	Hosp	Select CHNA Wave #4 Option B. Approve (sign) VVV CHNA quote
3	1/22/20	VVV	Send out <b>REQCommInvite Excel</b> file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	2/5/2021	VVV	Hold Kick-off Meeting & Request Hospital Client to send KHA PO reports for FFY 18, 19 and 20. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use <b>ZipPSA_3yrPOrigin.xls</b> )
5	On or Before 1/22/20	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	Feb-Mar 2021	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	2/10/2021	VVV / Hosp	Prepare/send out PR story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	By 2/15/2021	VVV / Hosp	Place PR story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	2/18/2021	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. <b>Cut-off 3/18/2021 for Online Survey</b>
10	3/29/2021	Hosp	Prepare/send out Community TOWN HALL invite letter and place local AD.
11	3/29/2021	VVV / Hosp	Prepare/send out PR story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
12	4/19/2021	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	<b>Thursday, 4/22/2021</b>	VVV	Conduct virtual CHNA Town Hall. <b>Lunch 11:30-1pm</b> . Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 05/14/2021	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 05/21/2021	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	On or before 12/31/21	Hosp	Conduct Client Implementation Plan PSA Leadership meeting
17	On or before 12/31/21	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

## Overview of Town Hall Community Priority Setting Process

Each community has a wealth of expertise to be tapped for CHNA development. For this reason, a town hall is the perfect forum to gather community insight and provide an atmosphere to objectively consensus build and prioritize county health issues.

All Town Hall priority-setting and scoring processes involve the input of key stakeholders in attendance. Individuals and organizations attending the Town Halls were critically important to the success of the CHNA. The following list outlines partners invited to Town Hall: local hospital, public health community, mental health community, free clinics, community-based clinics, service providers, residents, community leaders, opinion leaders, school leaders, business leaders, local government, faith-based organizations, and persons (or organizations serving them), people with chronic conditions, uninsured community members, low-income residents, and minority groups.


**Kiowa County Town Hall** was held on Thursday April 22nd, 2021, onsite following COVID-19 safety requirements. Vince Vandehaar MBA and Cassandra Kahl MHA facilitated this 1 ½ hour session with twenty-nine RSVP's / 28 attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

1. Welcome & Introductions!
2. Review Purpose for the CHNA Town Hall & Process Roles
3. Present / Review of Historical County Health Indicators (10 TABS) and Primary Online survey results.
4. Facilitate Town Hall participant discussion of data (probe health strengths / concerns). Reflect on size and seriousness of any health concerns cited and discuss current community health strengths.
5. Engage Town Hall participants to rank health needs (casting 3 votes on priority issues). Tally & rank top community health concerns cited.
6. Close meeting by reflecting on the health needs / community voting results. Inform participants on “next steps.”

At the end of each Town Hall session, VVV Consultants encouraged all community members to continue to contribute ideas to both hospital / health department leaders via e-mail and/or personal conversations. < NOTE: To review detail Town Hall discussion content, please turn to Section V for detailed notes of retreat session and activities citing health strengths & unmet health needs to change or improve.>

**Community Health Needs Assessment  
Town Hall Meeting – Kiowa Co. (KS)**  
on behalf of Kiowa County Memorial Hospital



**VVV Consultants LLC**  
Olathe, Kansas 66061

VandehaarMarketing.com  
913-302-7264

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

- I. Opening / Introductions (10 mins)
- II. Review CHNA Purpose and Process (10 mins)
- III. Review Current County “Health Status”  
-Secondary Data by 10 TAB Categories  
-Review Community Feedback Research (35 mins)
- IV. Collect Community Health Perspectives  
-Hold Community Voting Activity  
-Determine Most Important Unmet Needs (30 mins)
- V. Close / Next Steps (5 mins)

2

**I. Introduction: Who We Are**  
Background and Experience





**Vince Vandelaar, MBA – Principal**  
VVV Consultants LLC – start 1/1/09 \*

- Adjunct Full Professor @ Avila and Webster Universities
- 35+ year veteran marketer, strategist and researcher
- Saint Luke’s Health System, BCBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA



**Cassandra Kahl, BHS – Lead Consultant**  
VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences
  - Park University MHA (May 2021)
- Pharmacy Management (CVS) – 2 ½ years
- Hometown: Maple, WI

\*NOTE: Vince started VVV Consultants LLC on 1/1/2009, after working for Saint Luke’s Health System of Kansas City for 16 years. Saint Luke’s Hospital of KC, SLHS’s largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003.

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**Town Hall Participation (You)**

- ALL attendees practice “Safe Engagement”. We will work together - Table Teams
- ALL attendees welcome to share. Engaging Conversation (No right or wrong answer)
  - Parking Lot
- ALL Take Notes – Important Health Indicators
- Please give truthful responses – Serious Community Conversation. Here to Update Unmet Needs List.
- Have a little fun along the way

4

## I. Introductions: A Conversation with the Community & Stakeholders

*Community members and organizations invited to CHNA Town Hall*

**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

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## II. Review of a CHNA

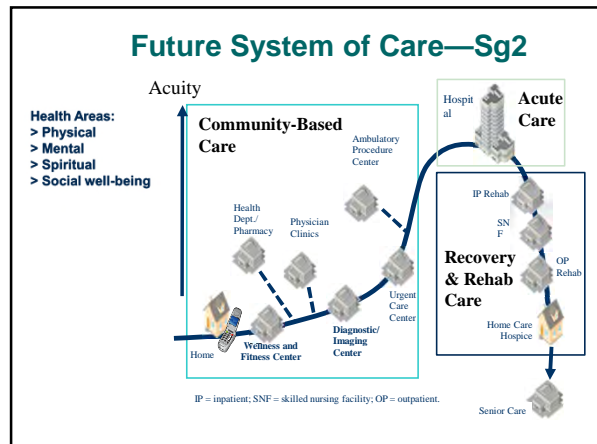
- A Community Health Needs Assessment (CHNA) is a....
  - Systematic collection, assembly, analysis, and dissemination of information about the health of the community.
- A CHNA's role is to....
  - Identify factors that affect the health of a population and determine the availability of resources to adequately address those factors.
- Purpose of a CHNA – Why Conduct One?
  - Determine health-related trends and issues of the community
  - Understand / evaluate health delivery programs in place.
  - Meet Federal requirements – both local hospital and health department
  - Develop Implementation Plan strategies to address unmet health needs (4-6 weeks after Town Hall)

6

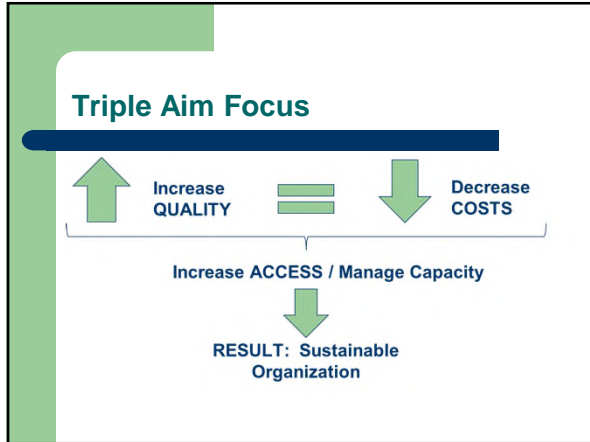
## Purpose—Why Conduct a CHNA?

- To determine health-related trends and issues of the community
- To understand / evaluate health delivery programs in place.
- To meet Federal requirements – both local hospital and health department
- To develop Implementation Plan strategies to address unmet health needs (4-6 weeks after Town Hall)

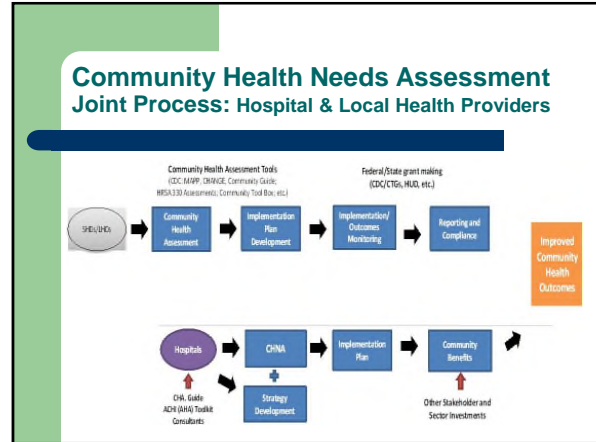
7



8



9



10

**II. IRS Hospital CHNA Written Report Documentation – Table of Contents**

- A description of the community served
- A description of the CHNA process
- The identity of any and all organizations and third parties which collaborated to assist with the CHNA
- 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
- A prioritized description of all of the community needs identified by the CHNA and
- A description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA

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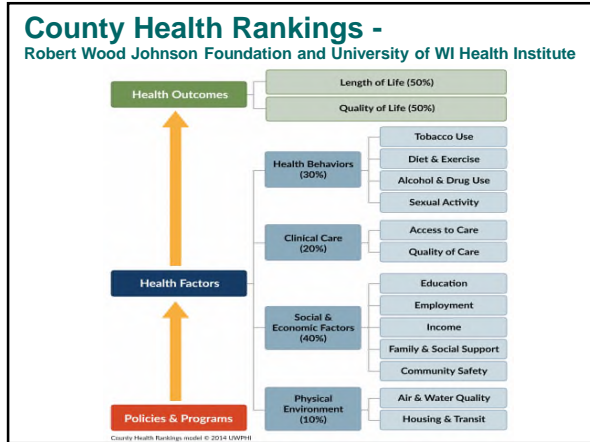
**III. Review Current County Health Status: Secondary Data by 10 Tab Categories & State Rankings**

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

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### IV. Collect Community Health Perspectives

Ask your opinion. Your thoughts?

- 1) **Today:** What are the *strengths* of our community that contribute to health? (White card)
- 2) **Today:** Are there healthcare services in your community / neighborhood that you feel *need to be improved and / or changed?* (Color card)
- 3) **Tomorrow:** What is occurring or might occur that would affect the "health of our community?"

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### "Table Lead" Report Out....

#### Unmet Needs and Strengths

Kiowa County, KS 2021 CHNA Town Hall RSVPs April 22nd 11:30-1pm					
#	Table Lead	Last	First	Organization	Organization
1	A	##	Universtaut	Adrian	Barday College
2	A		Ballard	Chris	Greensburg State Bank
3	A		Dean	Andie	Pratt Regional Medical Center
4	A		Wright	Collin	Kiowa County Pharmacy
5	B	##	Stonitzer	Heidi	Jud 421
6	B		Blackburn	Jeffrey	Greensburg Mennonite Church
7	B		Osborn	Jane	KCMH
8	B		Price	Debbie	KSR
9	C	##	Marsh	Keri	Kiowa County Health Depart
10	C		Kretson	Jodie	Kiowa County Pharmacy/KCMH
11	C		Tredder	Jodi	KCMH
12	C		Wright	Collin	Kiowa County Pharmacy
13	D	##	Allison	Morgan	KCMH
14	D		Beneto	Krista	Kiowa County Sheriff's Office
15	D		Henson	Kim	Barday College
16	D		Henson	Mindy	KSR
17	D		Page	Susan	Pratt Regional Medical Center

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### Community Health Needs Assessment

## Questions; Next Steps?

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Olathe, KS 66061

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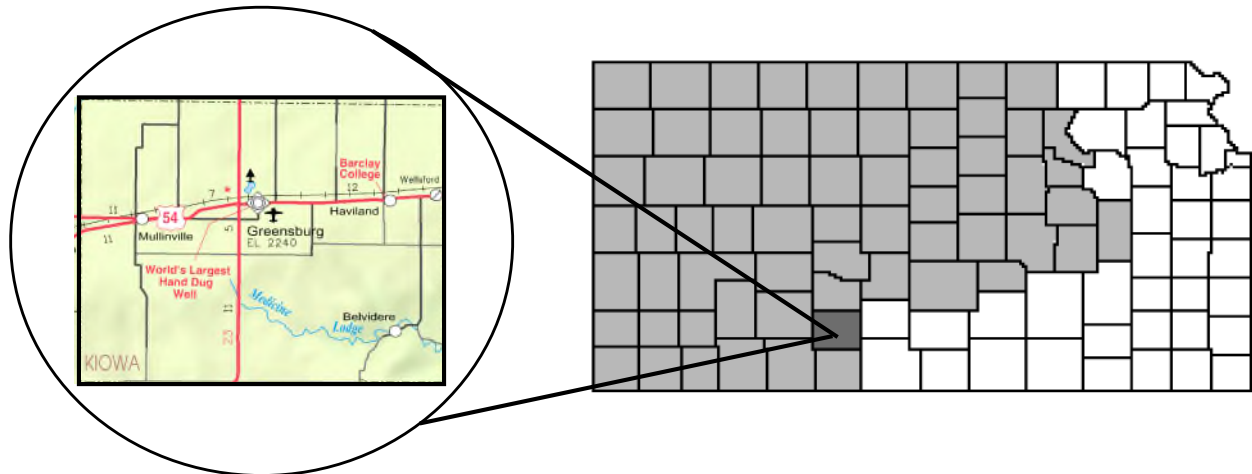
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## II. Methodology

### d) Community Profile (A Description of Community Served)

#### Kiowa County Community Profile



#### Demographics

The population of Kiowa County was estimated to be 2,603 citizens in 2017, and had a 0.27% change in population from 2010–2017. The county covers 722 square miles and this area includes Lost Lake, Cradle Park, Kiowa County State Park and Washington Park<sup>1</sup>. The county has an overall population density of 3 persons per square mile. The county is located in South Central Kansas and education, health and social services, agriculture, forestry, fishing, hunting and mining are the most common industries in its economy<sup>2</sup>. The county was founded in 1886 and the county seat is Greensburg<sup>3</sup>.

The major highway transportation access to Kiowa County is primarily state and county roads. Kansas highway 183 runs North–South through the center of the county and Kansas highway 400 and 54 run East–West in the center of the county. The major U.S. interstate, I-70 runs North of the county and Interstate 135 is East of the county.

#### Kiowa County, KS Airports<sup>4</sup>

Name	USGS Topo Map
Gail Ballard Airport	Haviland

<sup>1</sup> <http://kansas.hometownlocator.com/ks/kiowa/>

<sup>2</sup> [http://www.city-data.com/county/Kiowa\\_County-KS.html](http://www.city-data.com/county/Kiowa_County-KS.html)

<sup>3</sup> <http://www.skyways.org/counties/KW/>

<sup>4</sup> <http://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20097.cfm>

## **Schools in Kiowa County**<sup>5</sup>

### **Public Schools**

<b>Name</b>	<b>Level</b>
21 <sup>st</sup> Century Learning Academy Charter Elem	Primary
21 <sup>st</sup> Century Learning Academy Charter High	High
Kiowa Co Elem	Primary
Kiowa Co High	High

### **Parks and Amenities**<sup>6</sup>

<b>Name</b>	<b>USGS Topo Map</b>
Cradle Park	Greensburg
Kiowa County State Park	Greensburg
Washington Park	Mullinville
Barclay College Worden Memorial Library	Haviland
Kiowa County Courthouse	Greensburg
Kiowa County Library	Haviland
The Big Well	Greensburg

### **Most Common Occupations**<sup>7</sup>

Management  
Education, Training, Library  
Administrative  
Construction and Extraction  
Sales

<sup>5</sup> <http://kansas.hometownlocator.com/schools/sorted-by-county,n,kiowa.cfm>

<sup>6</sup> <https://kansas.hometownlocator.com/features/countyfeatures,scfips,20097,c,kiowa.cfm>

<sup>7</sup> [https://datausa.io/profile/geo/kiowa-county-ks/#category\\_occupations](https://datausa.io/profile/geo/kiowa-county-ks/#category_occupations)

## ESRI Detail Demographic Profile - Kiowa County KS

		Population				Households		HH	Per Capita
ZIP	NAME	County	YR 2020	YR 2025	Change	YR 2020	YR 2025	Avg Size20	Inc 2020
67054	Greensburg	Kiowa	1,149	1,119	-2.6%	502	490	2.3	\$26,528
67059	Haviland	Kiowa	955	917	-4.0%	337	322	2.4	\$20,827
67109	Mullinville	Kiowa	435	433	-0.5%	175	174	2.5	\$27,105
<b>Totals</b>			<b>2,539</b>	<b>2,469</b>	<b>-7.0%</b>	<b>1,014</b>	<b>986</b>	<b>2.4</b>	<b>\$24,820</b>

		Population					Year 2020		Females
ZIP	NAME	County	YR 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
67054	Greensburg	Kiowa	1,149	252	305	125	558	591	123
67059	Haviland	Kiowa	955	175	320	123	472	483	122
67109	Mullinville	Kiowa	435	97	114	61	222	213	44
<b>Totals</b>			<b>2,539</b>	<b>524</b>	<b>739</b>	<b>309</b>	<b>1,252</b>	<b>1,287</b>	<b>289</b>

		Population 2020					Average Households 2020		
ZIP	NAME	County	Caucasian	African Amer	Amer Ind.	Hispanic	HH Inc	HH	HH \$50K+
67054	Greensburg	Kiowa	1,060	10	10	78	\$44,071	502	232
67059	Haviland	Kiowa	877	19	2	82	\$48,454	337	154
67109	Mullinville	Kiowa	394	6	0	34	\$55,821	175	105
<b>Totals</b>			<b>2,331</b>	<b>35</b>	<b>12</b>	<b>194</b>	<b>\$49,449</b>	<b>1,014</b>	<b>491</b>

Source: ERSI Demographics

# **III. Community Health Status**

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[VVV Consultants LLC]

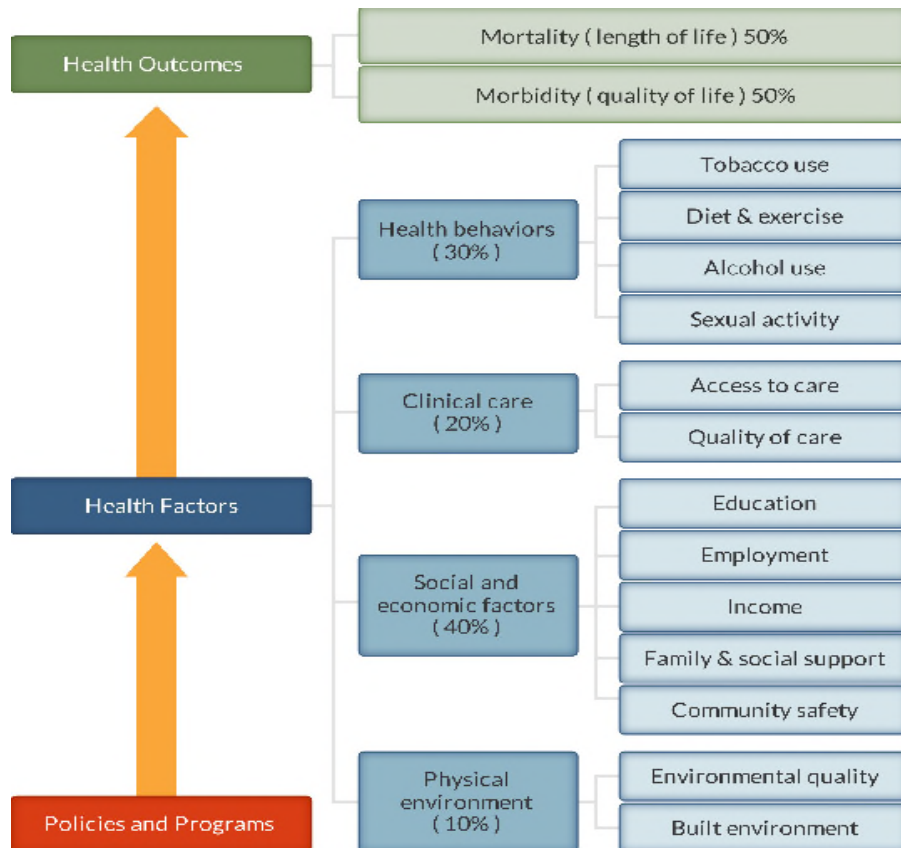
### III. Community Health Status

#### 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 2020 RWJ County Health Rankings and conversations from Town Hall participantes. 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 use a number of health factors to rank each county.



County Health Rankings model ©2012 UWPHI

## National Research – Year 2020 RWJ Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Kiowa Co. (KS)	TREND	SCKS RURAL NORM (N=16)
1	<b>Health Outcomes</b>		27		57
2	Mortality	Length of Life	38		51
3	Morbidity	Quality of Life	14		48
4	<b>Health Factors</b>		36		52
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	39		46
6	Clinical Care	Access to care / Quality of Care	58		66
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	34		50
8	<b>Physical Environment</b>	Environmental quality	36		46

<http://www.countyhealthrankings.org>, released 2020

Kansas SC Rural Norm (N=16) includes the following counties: Barber, Clark, Comanche, Cowley, Edwards, Ford, Gray, Harper, Haskell, Hodgeman, Kindgman, Kiowa, Meade, Pratt, Seward, Sumner

## PSA Secondary Research:

When studying community health, it's 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.*

<b>Health Indicators - Secondary Research</b>
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.

Tab		Demographic - Health Indicators	Kiowa Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
1	a	Population estimates, July 1, 2019, (V2019)	2,475		2,913,314	10,233	People Quick Facts
	b	Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	-3.1%		2.1%	-6.6%	People Quick Facts
	c	Population per square mile, 2010 (V2019)	3.5		34.9	11.7	Geography Quick Facts
	d	Persons under 5 years, percent, 2019, (V2019)	6.1%		6.4%	6.5%	People Quick Facts
	e	Persons 65 years and over, percent, 2019, (V2019)	22.7%		16.3%	19.7%	People Quick Facts
	f	Female persons, percent, 2019, (V2019)	50.6%		50.2%	49.6%	People Quick Facts
	g	White alone, percent, 2019, (V2019)	94.5%		86.3%	93.7%	People Quick Facts
	h	Black or African American alone, percent, 2019, (V2019)	1.4%		6.1%	1.5%	People Quick Facts
	i	Hispanic or Latino, percent, 2019, (V2019)	6.1%		12.2%	17.3%	People Quick Facts
	j	Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	7.6%		11.9%	16.6%	People Quick Facts
	k	Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	93.1%		83.8%	88.5%	People Quick Facts
	l	Children in single-parent households, percent, 2014-2018	13.5%		29.0%	26.9%	County Health Rankings
	m	Total Veterans, 2015-2019	210		176,444	2254	People Quick Facts

**Tab 2: Economic Profile**

Monetary resources will (at times) drive health “access” and self-care.

Tab		Economic - Health Indicators	Kiowa Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
2	a	Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$26,552		\$31,814	\$27,368	People Quick Facts
	b	Persons in poverty, percent	12.1%		11.4%	11.8%	People Quick Facts
	c	Total Housing units, July 1, 2019, (V2019)	1,239		1,288,401	4,636	People Quick Facts
	d	Total Persons per household, 2015-2019	2.1		2.5	2.4	People Quick Facts
	e	Severe housing problems, percent, 2012-2016	13.3%		13.0%	10.9%	County Health Rankings
	f	Total of All firms, 2012	387		239,118	2,466	Business Quick Facts
	g	Unemployment, percent, 2018	2.4%		3.4%	2.7%	County Health Rankings
	h	Food insecurity, percent, 2017	11.3%		13.0%	10.5%	County Health Rankings
	i	Limited access to healthy foods, percent, 2010	36.7%		8.0%	13.6%	County Health Rankings
	j	Low income and low access to store, percent, 2015	36.7%		NA	13.6%	U.S. Department of Agriculture - Food Environment Atlas
	k	Long commute - driving alone, percent, 2011-2015	13.4%		21.0%	20.8%	County Health Rankings

**Tab 3: Educational Profile**

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

Tab	Educative - Health Indicator	Kiowa Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
3	a Children eligible for free or reduced price lunch, percent, 2017-2018	28.4%		48.0%	52.8%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2015-2019	92.1%		91.0%	91.3%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	23.7%		33.4%	23.1%	People Quick Facts

#	School Health Indicators	Kiowa USD YR 2021	Kiowa USD YR 2018	Kiowa USD YR 2015
1	Total # Public School Nurses	1	1	1
2	School Nurse is part of the IEP team Yes/No	N	N	N
3	School Wellness Plan (Active)	N	N	N
4	VISION: # Screened / Referred to Prof / Seen by Professional	211/10/?	285/13/?	272/20/?
5	HEARING: # Screened / Referred to Prof / Seen by Professional	211/11/?	285/16/?	272/3/?
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	NA	NA	NA
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	N	44/2/?	25/9/?
8	# of Students served with no identified chronic health concerns	NA	NA	NA
9	School has a suicide prevention program	Y	N	N
10	Compliance on required vaccinations (%)	97%	97%	97%

**Tab 4: Maternal / Infant Profile**

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

Tab	Maternal/Infant - Health Indicators	Kiowa Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
4	a Percent of Births Where Prenatal Care began in First Trimester, 2016-2018	76.6%		81.0%	76.6%	Kansas Health Matters
	b Percentage of Premature Births, 2016-2018 (Latest)	5.8%		9.1%	7.9%	Kansas Health Matters
	c Percent of Infants up to 24 months that received full Immunizations, 2016-2018	76.7%		69.2%	74.0%	Kansas Health Matters
	d Percent of Births with Low Birth Weight, 2016-2018 (Latest)	8.1%		7.3%	6.9%	Kansas Health Matters
	e Percent of WIC Mothers Breastfeeding Exclusively, percent, 2016	26.7%		14.1%	17.3%	Kansas Health Matters
	f Percent of all Births Occurring to Teens (15-19), 2016-2018	6.3%		5.5%	6.2%	Kansas Health Matters
	g Percent of births Where Mother Smoked During Pregnancy, 2016-2018	8.1%		10.0%	11.3%	Kansas Health Matters



**Tab 4: Maternal / Infant Profile (Continued)**

#	Criteria - Vital Statistics	Kiowa Co. (KS)	Trend	Kansas	SC KS Norm (N=16)
a	Total Live Births, 2015	37		39,126	158
b	Total Live Births, 2016	37		38,048	148
c	Total Live Births, 2017	32		36,464	142
d	Total Live Births, 2018	42		36,268	140
e	Total Live Births, 2019	13		35,395	142
f	Total Live Births, 2015-2019 - 5 year Rate (%)	12.9%		12.7%	12.6%

**Tab 5: Hospitalization and Provider Profile**

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

Tab	Hospital/Provider - Health Indicator	Kiowa Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
5	a Primary care physicians (Pop Coverage per (No extenders incl.) , 2017	2485:1		1295:1	2,296:1	County Health Rankings
	b Preventable hospital rate per 100,000, 2017 (lower the better)	3,293		4024	4,221	County Health Rankings
	c Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	NA		78.0%	78.7%	CMS Hospital Compare, Latest Release
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	NA		78.0%	80.2%	CMS Hospital Compare, Latest Release
	e Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	79		112.0	87	CMS Hospital Compare, Latest Release

#	KS Hospital Assoc PO103	Kiowa County IP (ALL)		
		FFY2018	FFY2019	FFY2020
1	Total Discharges	239	256	272
2	Total IP Discharges-Age 0-17 Ped	13	10	11
3	Total IP Discharges-Age 18-44	10	12	18
4	Total IP Discharges-Age 45-64	54	50	35
5	Total IP Discharges-Age 65-74	27	43	37
6	Total IP Discharges-Age 75+	55	72	91
7	Psychiatric	12	22	39
8	Obstetric	34	25	22
9	Surgical %	27.6%	26.6%	21.7%
#	KS Hospital Assoc PO103	Kiowa County Mem Hosp (IP only)		
		FFY2018	FFY2019	FFY2020
1	Total Discharges	36	47	72
	CAH Market Share %	15.1%	18.4%	26.5%
2	Total IP Discharges-Age 0-17 Ped	1	2	0
3	Total IP Discharges-Age 18-44	1	2	2
4	Total IP Discharges-Age 45-64	13	7	5
5	Total IP Discharges-Age 65-74	5	11	12
6	Total IP Discharges-Age 75+	16	24	49
#	Kansas Hospital Assoc OP TOT223E	FFY2018	FFY2019	FFY2020
1	ER Market Share - Kiowa Co Mem	80.2%	84.3%	83.6%
2	Observation Share - Kiowa Co	50.7%	63.0%	59.6%
3	Total OP Market Share - Kiowa Co	70.8%	73.8%	77.4%

**Tab 6: Behavioral / Mental Profile**

Behavioral healthcare provides another important indicator of community health status.

Tab	Mental - Health Indicator	Kiowa Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
6	a Depression: Medicare Population, percent, 2017	19.6%	Red	18.9%	17.6%	Kansas Health Matters
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2016-2018 (lower is better)	0.0	Green	17.6	18.1	Kansas Health Matters
	c Mental Behavioral Hospital Admission Rates per 100,000, 2016-2018	157.3	Red	75.1	55.7	Kansas Health Matters
	k Percent of Medicare Part D Beneficiaries Receiving Opioids Supply >10 Days	44.4%	Yellow	37.8%	49.8%	Kansas Health Matters
	d Average Number of mentally unhealthy days, 2017	3.6	Yellow	3.7	3.6	County Health Rankings

**Tab 7a: Risk Indicators & Factors Profile**

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

Tab	High-Risk - Health Indicator	Kiowa Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
7a	a Adult obesity, percent, 2016	29.9%	Red	33.0%	33.6%	County Health Rankings
	b Adult smoking, percent, 2017	15.4%	Yellow	17.0%	15.8%	County Health Rankings
	c Excessive drinking, percent, 2017	16.7%	Yellow	19.0%	16.6%	County Health Rankings
	d Physical inactivity, percent, 2016	29.7%	Red	25.0%	29.3%	County Health Rankings
	e # of Physically unhealthy days, 2015	3.47	Yellow	3.6	3.5	County Health Rankings
	f Sexually transmitted infections (chlamydia), rate per 100,000 - 2017	NA	Yellow	13,554	290.3	County Health Rankings

**Tab 7b: Chronic Risk Profile**

Tab	Chronic - Health Indicator	Kiowa Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
7b	a Hypertension: Medicare Population, 2017	46.5%	Yellow	55.2%	55.8%	Kansas Health Matters
	b Hyperlipidemia: Medicare Population, 2017	36.7%	Red	37.1%	35.2%	Kansas Health Matters
	c Heart Failure: Medicare Population, 2017	15.4%	Yellow	13.4%	16.9%	Kansas Health Matters
	d Chronic Kidney Disease: Medicare Pop, 2017	17.3%	Yellow	21.8%	22.4%	Kansas Health Matters
	e COPD: Medicare Population, 2017	12.4%	Red	11.9%	12.0%	Kansas Health Matters
	f Atrial Fibrillation: Medicare Population, 2017	8.3%	Yellow	8.8%	8.6%	Kansas Health Matters
	g Cancer: Medicare Population, 2017	8.2%	Red	8.1%	7.4%	Kansas Health Matters
	h Osteoporosis: Medicare Population, 2017	8.7%	Red	6.1%	5.6%	Kansas Health Matters
	i Asthma: Medicare Population, 2017	2.9%	Yellow	4.3%	3.1%	Kansas Health Matters
	j Stroke: Medicare Population, 2015	2.1%	Yellow	3.1%	2.8%	Kansas Health Matters

**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.

Tab	Coverage - Health Indicator	Kiowa Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
8	a Uninsured, percent, 2017	13.2%		10.0%	13.0%	County Health Rankings

Source: Internal Hospital Records				
	Kiowa County Memorial Hospital	YR 2018	YR 2019	YR 2020
1	Charity Care (Free Care Given)	\$26,424	\$22,952	\$34,944
2	Bad Debt Writeoffs	\$133,081	\$204,380	\$173,494

**Tab 9: Mortality Profile**

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

Tab	Mortality - Health Indicator	Kiowa Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
9	a Life Expectancy, 2016 - 2018	78.5		78.5	76.1	Kansas Health Matters
	b Age-adjusted Cancer Mortality Rate per 100,000 population, 2016-2018 (lower is better)	145.2		155.3	150.7	Kansas Health Matters
	c Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2016-2018 (lower is better)	97.4		156.7	161.7	Kansas Health Matters
	d Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2014-16 (Lower is better)	52.4		49.9	54.4	Kansas Health Matters
	e Alcohol-impaired driving deaths, percent, 2011-2015	18.2%		21.9%	38.1%	County Health Rankings
	f Total # Deaths involving COVID-19 if released, 2021	4.0		3,575	10.4	NY Times

Causes of Death by County of Residence, KS 2020	Kiowa Co. (KS)	%	Trend	Kansas	%
<b>TOTAL</b>	<b>23</b>			<b>27,312</b>	
Hypertensive Renal Disease	7	30.4%		3,603	13.2%
Cancer	4	17.4%		5,537	20.3%
Chronic lower respiratory diseases	3	13.0%		1,774	6.5%
Cerebrovascular disease (Stroke)	2	8.7%		828	3.0%
Chronic liver disease and cirrhosis	2	8.7%		398	1.5%
Heart disease	2	8.7%		5,520	20.2%
Cancer of the Trachea, Bronchus, and Lungs	2	8.7%		1,180	4.3%
Residual Infections and Parasitic Diseases	2	8.7%		514	1.9%

**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.

Tab	Preventative - Health Indicator		Kiowa Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
10	a	Access to exercise opportunities, percent, 2019	19.1%		76.0%	58.7%	County Health Rankings
	b	Adults with diabetes, monitoring, percent, 2016	10.5%		86.0%	11.0%	County Health Rankings
	c	Mammography annual screening, percent, 2017	40.0%		63.0%	38.0%	County Health Rankings
	d	Percent Annual Check-Up Visit with PCP	TBD		TBD	TBD	TBD
	e	Percent Annual Check-Up Visit with Dentist	TBD		TBD	TBD	TBD
	f	Percent Annual Check-Up Visit with Eye Doctor	TBD		TBD	TBD	TBD

**PSA Primary Research:**

For each CHNA Wave # 4 evaluation, a community stakeholder survey has been created and administered to collect “current” healthcare information for Kiowa Co. KS.

**Chart #1 – Kiowa County, KS Online Feedback Response (N=128)**

<b>Kiowa Co. KS - CHNA Wave #4</b>			
For reporting purposes, are you involved in or are you a .... ?	Kiowa Co. N=128	Trend	NWKS Rural Norms N=1910
Business / Merchant	11.3%		9.2%
Community Board Member	12.7%		7.7%
Case Manager / Discharge Planner	2.8%		0.8%
Clergy	7.0%		1.1%
College / University	25.4%		5.7%
Consumer Advocate	2.8%		1.3%
Dentist / Eye Doctor / Chiropractor	0.0%		0.5%
Elected Official - City/County	5.6%		2.2%
EMS / Emergency	1.4%		2.2%
Farmer / Rancher	9.9%		7.1%
Hospital / Health Dept	14.1%		20.3%
Housing / Builder	2.8%		0.9%
Insurance	0.0%		1.1%
Labor	2.8%		2.4%
Law Enforcement	1.4%		0.8%
Mental Health	2.8%		1.2%
Other Health Professional	7.0%		12.7%
Parent / Caregiver	29.6%		17.5%
Pharmacy / Clinic	0.0%		1.7%
Media (Paper/TV/Radio)	0.0%		0.5%
Senior Care	11.3%		4.5%
Teacher / School Admin	16.9%		9.9%
Veteran	7.0%		3.3%
Other (please specify)	8.5%		9.3%
<b>TOTAL</b>	<b>71</b>		<b>1320</b>
Rural KS County Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa and Pratt.			

**Chart #2 - Quality of Healthcare Delivery Community Rating**

<b>Kiowa Co. KS - CHNA Wave #4</b>			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Kiowa Co. (N=128)	Trend	Rural Norms N=1910
Top Box %	15.9%		30.8%
Top 2 Boxes %	49.2%		75.8%
Very Good	15.9%		30.8%
Good	33.3%		45.0%
Average	34.1%		19.3%
Poor	12.7%		3.7%
Very Poor	4.0%		1.2%
Valid N	126		1901
KS Norms Include: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa and Pratt counties.			

**Chart #3 – Overall Community Health Quality Trend**

<b>Kiowa Co. KS - CHNA Wave #4</b>			
When considering "overall community health quality", is it ...	Kiowa Co. (N=128)	Trend	Rural Norms N=1910
Increasing - moving up	26.8%		62.8%
Not really changing much	62.5%		56.1%
Decreasing - slipping	10.7%		9.0%
Valid N	112		1,327

**Chart #4 – Re-evaluate Past Community Health Needs Assessment Needs**

<b>Kiowa Co. KS - CHNA Wave #4</b>		<b>Ongoing Problem</b>		<b>Pressing</b>
Past CHNAs Unmet Needs identified		Kiowa Co. (N=128)		Kiowa Co. N=128
Rank	Ongoing Problem	Votes	%	Trend
1	Child Care	44	12.2%	
2	Access to Specialists	41	11.4%	
3	Nursing Home / Senior Care	35	9.7%	
4	Availability of Primary Care	26	7.2%	
5	Home Health / Hospice	22	6.1%	
6	Poverty / Economic Development	22	6.1%	
7	Affordable Health Insurance	21	5.8%	
8	Awareness of Health Services	20	5.6%	
9	Exercise/Fitness	20	5.6%	
10	Transportation	19	5.3%	
11	Drug/Substance Abuse	18	5.0%	
12	Behavioral / Mental Health	17	4.7%	
13	Nutrition - Healthy Food Options	17	4.7%	
14	Preventative Health / Wellness	17	4.7%	
15	Health Education	13	3.6%	
16	Alcohol Abuse	8	2.2%	
TOTALS		360		

**Chart #5 - Community Health Needs Assessment "Causes of Poor Health"**

<b>Kiowa Co. KS - CHNA Wave #4</b>			
In your opinion, what are the root causes of "poor health" in our community?	Kiowa Co. (N=128)	Trend	Rural Norms N=1910
Lack of health insurance	14.0%		15.7%
Limited Access to Mental Health Assistance	4.1%		16.3%
Neglect	13.4%		12.4%
Lack of health & Wellness Education	12.2%		12.3%
Chronic disease prevention	8.1%		9.2%
Family assistance programs	6.4%		7.1%
Lack of Nutrition / Exercise Services	7.6%		9.1%
Limited Access to Specialty Care	19.8%		9.3%
Limited Access to Primary Care	14.5%		6.0%
<b>Total Votes</b>	<b>172</b>		<b>2,857</b>

**Chart #6 – Community Rating of HC Delivery Services (Perceptions)**

<b>Kiowa Co. KS - CHNA Wave #4</b>	<b>Kiowa Co. (N=128)</b>		<b>Trend</b>	<b>Rural Norms N=1910</b>	
	<b>Top 2 boxes</b>	<b>Bottom 2 boxes</b>		<b>Top 2 boxes</b>	<b>Bottom 2 boxes</b>
Ambulance Services	86.0%	1.2%		85.5%	2.2%
Child Care	36.7%	32.9%		34.0%	18.1%
Chiropractors	33.3%	37.2%		65.7%	6.2%
Dentists	30.9%	38.3%		72.7%	8.6%
Emergency Room	56.8%	18.2%		69.7%	9.2%
Eye Doctor/Optomtrist	52.4%	25.6%		78.7%	6.7%
Family Planning Services	51.9%	16.9%		39.8%	14.5%
Home Health	24.3%	36.5%		44.1%	10.6%
Hospice	43.2%	20.3%		57.1%	8.4%
Telehealth	33.3%	25.4%		48.3%	8.8%
Inpatient Services	52.6%	21.1%		80.2%	4.4%
Mental Health	57.3%	10.7%		34.5%	28.4%
Nursing Home/Senior Living	29.2%	38.9%		62.0%	11.1%
Outpatient Services	47.2%	11.1%		75.4%	3.3%
Pharmacy	93.8%	0.0%		86.7%	2.1%
Primary Care	39.7%	25.6%		75.9%	6.4%
Public Health	75.3%	7.8%		66.9%	6.6%
School Health	80.3%	3.9%		67.3%	5.5%
Visiting Specialists	42.9%	19.5%		63.7%	9.5%
Walk- In Clinic	38.4%	32.9%		51.9%	22.8%

**Chart #7 – Community Health Readiness**

<b>Kiowa Co. KS - CHNA Wave #4</b>		<b>Bottom 2 boxes</b>	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Kiowa Co. (N=128)	Trend	Rural Norms N=1910
Behavioral / Mental Health	6.6%	Yellow	27.6%
Emergency Preparedness	14.3%	Red	7.7%
Food and Nutrition Services/Education	16.2%	Red	14.1%
Health Screenings (as asthma, hearing, vision, scoliosis)	17.6%	Red	8.9%
Prenatal/Child Health Programs	5.7%	Yellow	8.3%
Substance Use/Prevention	49.3%	Red	32.5%
Suicide Prevention	47.1%	Red	32.4%
Violence Prevention	34.3%	Red	28.3%
Women's Wellness Programs	18.2%	Red	13.4%

**Chart #8a – Healthcare Delivery “Outside our community”**

**Specialties:**

<b>Kiowa Co. KS - CHNA Wave #4</b>			
In the past 2 years, did you or someone you know receive HC outside of our community?	Kiowa Co. (N=128)	Trend	Rural Norms N=1910
Yes	92.6%	Red	70.8%
No	7.4%		28.0%
I don't know	0.0%		1.2%
Valid N	81		1,150

Specialty	Total
PRIM	9
ORTH	7
OPHTH	6
SPEC	6
SURG	6
DENT	5
FP	5

**Chart #8b – Healthcare Delivery “Within our community” (Continued)**

<b>Kiowa Co. KS - CHNA Wave #4</b>			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Kiowa Co. N=128	Trend	NWKS Rural Norms N=1910
Yes	43.4%		59.2%
No	56.6%	Red	40.8%
Valid N	76		1007



**Chart #9 – What HC topics need to be discussed in future Town Hall Meeting**

<b>Kiowa Co. KS - CHNA Wave #4</b>			
What needs to be discussed further at our CHNA Town Hall meeting?	Kiowa Co. (N=128)	Trend	Rural Norms N=1910
Abuse/Violence	3.2%		6.0%
Alcohol	1.4%		6.4%
Alternative Medicine	4.5%		5.4%
Breast Feeding Friendly Workplace	4.1%		1.7%
Cancer	1.4%		3.0%
Care Coordination	2.3%		3.3%
Diabetes	3.2%		3.4%
Drugs/Substance Abuse	3.6%		8.7%
Family Planning	0.9%		2.0%
Heart Disease	0.9%		2.6%
Lack of Providers/Qualified Staff	12.3%		6.1%
Lead Exposure	0.5%		0.6%
Mental Illness	4.1%		12.0%
Neglect	2.3%		3.1%
Nutrition	4.1%		5.5%
Obesity	6.8%		8.2%
Occupational Medicine	0.9%		0.9%
Ozone (Air)	0.0%		1.2%
Physical Exercise	8.2%		5.4%
Poverty	4.5%		6.4%
Preventative Health / Wellness	8.2%		6.0%
Respiratory Disease	0.0%		0.3%
Sexually Transmitted Diseases	0.9%		1.6%
Smoke-Free Workplace	0.0%		0.1%
Suicide	2.7%		8.4%
Teen Pregnancy	1.4%		2.2%
Telehealth	1.8%		3.0%
Tobacco Use	0.5%		2.7%
Transporation	1.8%		2.9%
Vaccinations	5.0%		5.0%
Water Quality	1.4%		2.9%
Health Literacy	5.0%		4.0%
Other (please specify)	2.3%		2.7%
<b>TOTAL Votes</b>	<b>220</b>		<b>3,439</b>

# **IV. Inventory of Community Health Resources**

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[VVV Consultants LLC]

Year 2021 Inventory of Health Services - Kiowa County, KS				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Clinic	Primary Care	YES	NO	NO
Hosp	Alzheimer Center	NO	NO	NO
Hosp	Ambulatory Surgery Centers	NO	NO	NO
Hosp	Arthritis Treatment Center	NO	NO	NO
Hosp	Bariatric/weight control services	NO	NO	NO
Hosp	Birthing/LDR/LDRP Room	NO	NO	NO
Hosp	Breast Cancer	NO	NO	NO
Hosp	Burn Care	NO	NO	NO
Hosp	Cardiac Rehabilitation	NO	NO	NO
Hosp	Cardiac Surgery	NO	NO	NO
Hosp	Cardiology Services	NO	NO	Dr. Steckley
Hosp	Case Management	NO	NO	Mental Health center
Hosp	Chaplaincy/Pastoral Care Services	NO	NO	NO
Hosp	Chemotherapy	NO	NO	NO
Hosp	Colonoscopy	NO	NO	YES
Hosp	Crisis Prevention	NO	NO	Mental Health center/Police Dept
Hosp	CTScanner	YES	NO	NO
Hosp	Diagnostic Radioisotope Facility	NO	NO	NO
Hosp	Diagnostic/Invasive Catheterization	NO	NO	NO
Hosp	Electron Beam Computed Tomography (EBCT)	NO	NO	NO
Hosp	Enrollment Assistance Services	YES	YES	NO
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	NO	NO	NO
Hosp	Fertility Clinic	NO	NO	NO
Hosp	FullField Digital Mammography (FFDM)	NO	NO	YES
Hosp	Genetic Testing/Counseling	NO	NO	NO
Hosp	Geriatric Services	YES	YES	YES
Hosp	Heart	NO	NO	NO
Hosp	Hemodialysis	NO	NO	NO
Hosp	HIV/AIDS Services	NO	NO	NO
Hosp	Image-Guided Radiation Therapy (IGRT)	NO	NO	NO
Hosp	Inpatient Acute Care - Hospital services	On Site	NO	NO
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	NO	NO	NO
Hosp	Intensive Care Unit	NO	NO	NO
Hosp	Intermediate Care Unit	YES	NO	NO
Hosp	Interventional Cardiac Catheterization	NO	NO	NO
Hosp	Isolation Room	YES	NO	NO
Hosp	Kidney	NO	NO	NO
Hosp	Liver	NO	NO	NO
Hosp	Lung	NO	NO	NO
Hosp	Magnetic Resonance Imaging (MRI)	NO	NO	YES
Hosp	Mammograms	NO	NO	YES
Hosp	Mobile Health Services	NO	YES	YES
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	NO	NO	NO
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)	YES	NO	NO
Hosp	Neonatal	NO	NO	NO
Hosp	Neurological Services	NO	NO	YES
Hosp	Obstetrics	NO	NO	NO
Hosp	Occupational Health Services	NO	NO	NO
Hosp	Oncology Services	NO	NO	NO
Hosp	Orthopedic Services	YES	NO	NO
Hosp	Outpatient Surgery	NO	NO	YES
Hosp	Pain Management	YES	NO	NO

Year 2021 Inventory of Health Services - Kiowa County, KS				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Hosp	Palliative Care Program	NO	NO	NO
Hosp	Pediatric	NO	NO	NO
Hosp	Physical Rehabilitation	YES	NO	NO
Hosp	Positron Emission Tomography (PET)	NO	NO	NO
Hosp	Positron Emission Tomography/CT (PET/CT)	NO	NO	NO
Hosp	Psychiatric Services	NO	NO	Mental Health Center
Hosp	Radiology, Diagnostic	YES	NO	NO
Hosp	Radiology, Therapeutic	NO	NO	NO
Hosp	Reproductive Health	NO	NO	NO
Hosp	Robotic Surgery	NO	NO	NO
Hosp	Shaped Beam Radiation System 161	NO	NO	NO
Hosp	Single Photon Emission Computerized Tomography	NO	NO	NO
Hosp	Sleep Center	NO	NO	NO
Hosp	Social Work Services	NO	NO	NO
Hosp	Sports Medicine	NO	NO	NO
Hosp	Stereotactic Radiosurgery	NO	NO	NO
Hosp	Swing Bed Services	YES	NO	NO
Hosp	Transplant Services	NO	NO	NO
Hosp	Trauma Center	NO	NO	NO
Hosp	Ultrasound	NO	NO	YES
Hosp	Women's Health Services	YES	YES	NO
Hosp	Wound Care	YES	NO	NO
SR	Adult Day Care Program	NO	NO	NO
SR	Assisted Living	NO	NO	NO
SR	Home Health Services	NO	NO	NO
SR	Hospice	NO	NO	Hospice
SR	Long Term Care	NO	NO	NO
SR	Nursing Home Services	NO	NO	NO
SR	Retirement Housing	NO	NO	Elmore Heights/Komotara
SR	Skilled Nursing Care	YES	NO	NO
ER	Emergency Services	YES	NO	NO
ER	Urgent Care Center	NO	NO	NO
ER	Ambulance Services	YES	NO	NO
SERV	Alcoholism-Drug Abuse	NO	NO	Mental Health Center
SERV	Blood Donor Center	NO	NO	NO
SERV	Chiropractic Services	NO	NO	NO
SERV	Complementary Medicine Services	NO	NO	NO
SERV	Dental Services	NO	NO	Dr. Sweet
SERV	Fitness Center	Yes		School and County Rec
SERV	Health Education Classes	NO	NO	NO
SERV	Health Fair (Annual)	NO	Yes	NO
SERV	Health Information Center	YES	YES	YES
SERV	Health Screenings	NO	Yes	YES
SERV	Meals on Wheels	NO	NO	Senior Center
SERV	Nutrition Programs	NO	YES (WIC)	NO
SERV	Patient Education Center	YES	YES	YES
SERV	Support Groups	NO	NO	Methodist Church
SERV	Teen Outreach Services	NO	NO	Youth for Christ
SERV	Tobacco Treatment/Cessation Program	NO	NO	NO
SERV	Transportation to Health Facilities	NO	NO	Ministerial Alliance
SERV	Wellness Program	YES	NO	Senior Center

## YR 2021 Physician Manpower - Kiowa County, KS

# of FTE Providers	Supply Working in County		
	FTE County Based MDs / Dos	Visiting MDs & DOs (Days a Month)	County Based PA/NPs
<b>Primary Care:</b>			
Family Practice			
Internal Medicine	1.0		2.0
Obstetrics/Gynecology			
Pediatrics			
<b>Medicine Specialists:</b>			
Allergy/Immunology			
Cardiology		0.05	
Dermatology			
Endocrinology			
Gastroenterology		0.1	
Oncology/RADO			
Infectious Diseases			
Nephrology			
Neurology		0.05	
Psychiatry			
Pulmonary			
Rheumatology			
<b>Surgery Specialists:</b>			
General Surgery		0.05	
Neurosurgery			
Ophthalmology			
Orthopedics			
Otolaryngology (ENT)			
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vasc			
Urology			
<b>Hospital Based:</b>			
Anesthesia/Pain			
Emergency			
Radiology			
Pathology			
Hospitalist *			
Neonatal/Perinatal			
Physical Medicine/Rehab			
<b>Others</b>			
Optometry		0.1	
Podiatry		0.05	
Denistry		0.2	
<b>TOTALS</b>	1.0	0.6	2.0

## Visiting Specialists to Kiowa Co Memorial Hospital - Yr 2021

Specialty	Physician Name	Group Name	City, ST, Zip	Days per month
<b>Medicine:</b>				
Allergy/Immunology				
Cardiology	Steckley, Richard	Cardiovascular Group	Wichita, KS	Once a month- varies
Dermatology				
Endocrinology				
Gastroenterology				
Infectious Diseases				
Nephrology **				
Neurology	Lotus, Christian	Abay Neuro	Wichita, KS	Once a month- varies
OB/GYN				
Oncology				
Pediatrics				
Psychiatry				
Pulmonary				
Rheumatology				
<b>Surgery:</b>				
General Surgery				
Neurosurgery				
Ophthalmology	Maydew, Seth		Pratt, KS	Every other Thursday
Orthopedics				
Otolaryngology (ENT)				
Plastic				
Thoracic/CV/Vasc				
Urology				
<b>Others:</b>				
Pain Management				

# Area Health Services Directory

## Kiowa County Year 2021 Update

### Emergency Numbers

Police/Sheriff 911

Fire 911

Ambulance 911

### Non-Emergency Numbers

Kiowa County Sheriff 723-2182

Kiowa County Ambulance 723-3341

### Municipal Non-Emergency Numbers

	<u>Police/Sheriff</u>	<u>Fire</u>
Greensburg	723-2182	862-5317
Haviland	723-2182	862-5317
Mullinville	723-2182	862-5317

## Other Emergency Numbers

### **Kansas Child/Adult Abuse and Neglect Hotline**

800-922-5330  
[www.srskansas.org/hotlines.html](http://www.srskansas.org/hotlines.html)

### **Domestic Violence Hotline**

800-799-7233  
[www.ndvh.org](http://www.ndvh.org)

### **Emergency Management (Topeka)**

785-274-1409  
[www.accesskansas.org/kdem](http://www.accesskansas.org/kdem)

### **Federal Bureau of Investigation**

866-483-5137  
[www.fbi.gov/congress/congress01/caruso100301.htm](http://www.fbi.gov/congress/congress01/caruso100301.htm)

### **Kansas Arson/Crime Hotline**

800-KS-CRIME  
800-572-1763  
[www.accesskansas.org/kbi](http://www.accesskansas.org/kbi)

### **Kansas Bureau of Investigation (Topeka)**

785-296-8200  
[www.accesskansas.org/kbi](http://www.accesskansas.org/kbi)

### **Kansas Crisis Hotline (Domestic Violence/Sexual Assault)**

888-END-ABUSE  
[www.kcsdv.org](http://www.kcsdv.org)

### **Kansas Road Conditions**

866-511-KDOT  
511  
[www.ksdot.org](http://www.ksdot.org)

### **Poison Control Center**

800-222-1222  
[www.aapcc.org](http://www.aapcc.org)

### **Suicide Prevention Hotline**

800-SUICIDE  
<http://hopeline.com>  
800-273-TALK  
[www.suicidepreventionlifeline.com](http://www.suicidepreventionlifeline.com)

### **Toxic Chemical and Oil Spills**

800-424-8802  
[www.epa.gov/region02/contact.htm](http://www.epa.gov/region02/contact.htm)

## Health Services

### Hospitals

#### **Kiowa County Memorial Hospital**

721 West Kansas (Greensburg)  
723-3341  
[www.kcmh.net](http://www.kcmh.net)

## Health Department

### **Kiowa County Health Department**

Courthouse (Greensburg)  
723-2136  
[www.kiowacountyks.org/courthouseoffices/healthdepartment.html](http://www.kiowacountyks.org/courthouseoffices/healthdepartment.html)

### Kiowa County Health Department Services Include:

Adult Screenings  
Disease Investigation  
Early Intervention Health & Development Screenings  
Family Planning  
Foot Care  
Immunizations  
Infant and Children Care Education  
Licensing of Child Care Providers  
Nutritional Information  
Well-Person Health Assessments  
Women's Health Services

## Mental Health

### **Iroquois Center – Human Development**

610 East Grant Avenue (Greensburg)  
723-2272  
[www.irqcenter.com](http://www.irqcenter.com)

## Medical Professionals

### Chiropractors

#### **Bucklin Chiropractic Center**

710 West Center Street (Bucklin)  
826-3539

#### **Coldwater Chiropractic Center**

132 East Main Street (Coldwater)  
582-2060

#### **Kinsley Chiropractic Center**

600 Emerson Avenue (Kinsley)  
659-2302

## Clinics

#### **Greensburg Family Practice**

704 West Kansas Avenue (Greensburg)  
723-3341

#### **Haviland Care Center**

200 North Main Street (Haviland)  
862-5295



**Dentists**

**Dr. Sweet**  
723-4256

[http://www.srskansas.org/services/child\\_protective\\_services.htm](http://www.srskansas.org/services/child_protective_services.htm)

**Family Crisis Center**  
(Great Bend)  
Hotline: 792-1885  
Business Line: 793-1965

**Optometrists**

**ThibaultMaydew**  
721 West Kansas Avenue (Greensburg)  
672-5934

**General Information – Women’s Shelters**  
[www.WomenShelters.org](http://www.WomenShelters.org)

**Kansas Crisis Hotline**  
Manhattan  
785-539-7935

**Pharmacies**

**Kiowa County Pharmacy**  
721 West Kansas Avenue (Greensburg)  
723-3112

**Sexual Assault/Domestic Violence Center**  
(Hutchinson)  
Hotline: 800-701-3630  
Business Line: 663-2522

**Rehabilitation Services**

**Lakewood Rehab Center**  
200 North main Street (Haviland)  
862-5315

**Educational Training Opportunities**

**Association of Continuing Education**  
620-792-3218

**Social & Rehabilitation Services**  
116 South Pine Street (Greensburg)  
723-3321

**Food Programs**

**Kansas Food 4 Life**  
4 Northwest 25<sup>th</sup> Road (Great Bend)  
793-7100

**Other Health Care Services**

**Kansas Food Bank**  
1919 East Douglas (Wichita)  
316-265-4421  
[www.kansasfoodbank.org](http://www.kansasfoodbank.org)

**Assisted Living/Nursing Homes/TLC**

**Home Again Senior Living**  
321 North Main Street (Haviland)  
862-5867

**Kiowa County Food Bank and Commodities**  
207 S. Main St. Greensburg, KS 67054  
620-825-4127

**Diabetes**

**Arriva Medical**  
800-375-5137

**Government Healthcare**

**Kansas Department on Aging (KDOA)**  
503 S. Kansas Avenue  
Topeka, KS66603  
785-296-4986 or 1-1-800-432-3535  
[www.agingkansas.org/](http://www.agingkansas.org/)

**Diabetes Care Club**  
888-395-6009

**Kansas Department of Health and Environment (KDHE)**  
CurtisStateOfficeBuilding  
1000 SW Jackson  
Topeka, KS66603  
785-296-1500  
[www.kdheks.gov/contact.html](http://www.kdheks.gov/contact.html)

**Disability Services**

**American Disability Group**  
877-790-8899

**Kansas Department on Aging**  
800-432-3535  
[www.agingkansas.org/index.htm](http://www.agingkansas.org/index.htm)

**MEDICAID**

Kansas Department of Social & Rehabilitation Services (SRS)  
3000 Broadway  
Hays, KS 67601  
785-628-1066

**Domestic/Family Violence**

**Child/Adult Abuse Hotline**  
800-922-5330

**MEDICARE**

Social Security Administration  
1212 East 27<sup>th</sup> Street  
Hays, KS 67601  
785-625-3496

**Southwest Kansas Area Agency on Aging**

236 San Jose Drive  
Dodge City, KS67801  
620-225-8230  
[www.swkaaa.org](http://www.swkaaa.org)

**Social & Rehabilitation Services (SRS)**

3000 Broadway  
Hays, KS 67601  
785-628-1066

**Social Security Administration**

1212 East 27<sup>th</sup> Street  
Hays, KS 67601  
785-625-3496

**Health and Fitness Centers**

**Greensburg Recreation Commission**  
(Greensburg)  
723-1110

**Home Health**

**Kiowa County Memorial Hospital**

721 West Kansas (Greensburg)  
723-3341  
[www.kcmh.net](http://www.kcmh.net)

**Massage Therapy**

**Feel-N-Good Massage Therapy**

320 Colony Avenue (Kinsley)  
289-3618

**Linda's Massage**

312 Atwood Avenue (Kinsley)  
659-2524

**Medical Equipment and Supplies**

**American Medical Sales and Repair**  
866-637-6803

**School Nurses**

**Haviland Public Schools – USD 474**

400 North Topeka (Haviland)  
862-5277  
[www.usd474.org](http://www.usd474.org)

**Kiowa County Schools – USD 422**

710 South Main (Greensburg)  
*Elementary School*  
723-2332  
*High School*

723-2019

[www.usd422.org](http://www.usd422.org)

**Senior Services**

**Senior Citizens Center & Meals on Wheels**

431 S Main St (Greensburg)  
620-723-2288

**Elder Care, Inc.**

PO Box 1364 (Great Bend)  
792-5942

**Older Kansans Employment**

Southwest Kansas Area Agency on Aging  
240 San Jose Drive  
Dodge City, KS 67801  
(316) 225-8230  
<http://www.swkaaa.org/>

**Veterinary Services**

**Greensburg Veterinary Clinic**

204 West Florida Avenue (Greensburg)  
723-2117

**Robert G Skaggs**

513 North Maple Street (Greensburg)  
723-2462

**Local Government, Community, and Social Services**

**Adult Protection**

**Adult Protective Services (SRS)**

800-922-5330  
[www.srskansas.org/ISD/ees/adult.htm](http://www.srskansas.org/ISD/ees/adult.htm)

**Elder Abuse Hotline**

800-842-0078  
[www.elderabusecenter.org](http://www.elderabusecenter.org)

**Kansas Department of Social and Rehabilitation Services West Region Protection Reporting Center**

800-922-5330

**Alcohol and Drug Treatment**

**Alcohol and Drug Abuse Services**

800-586-3690  
[http://www.srskansas.org/services/alc-drug\\_assess.htm](http://www.srskansas.org/services/alc-drug_assess.htm)

**Alcohol Detoxification 24-Hour Helpline**

877-403-3387  
[www.ACenterForRecovery.com](http://www.ACenterForRecovery.com)

**Alcoholics Anonymous**  
302 Belmont Road (Pratt)  
672-2533  
[www.aa.org](http://www.aa.org)

**Center for Recovery**  
877-403-6236

**G&G Addiction Treatment Center**  
866-439-1807

**Road Less Traveled**  
866-486-1812

**Seabrook House**  
800-579-0377

**The Treatment Center**  
888-433-9869

#### Child Protection

**Kansas Department of Social and Rehabilitation Services West Region Protection Reporting Center – i.e. PROTECTION REPORT CENTER FOR ABUSE**  
1-1-800-922-5330  
Available 24 hours/7 days per week – including holidays

#### Children and Youth

**Children's Alliance**  
627 Southwest Topeka Boulevard (Topeka)  
235-5437  
[www.childally.org](http://www.childally.org)

**Kansas Children's Service League**  
800-332-6378  
[www.kcsl.org](http://www.kcsl.org)

#### Crime Prevention

**Kiowa County Sheriff Office**  
200 East Wisconsin Avenue (Greensburg)  
723-2182  
[www.kiowacountyks.org/emergencyservices/sheriff.html](http://www.kiowacountyks.org/emergencyservices/sheriff.html)

#### Day Care Providers – Adult

**Home Again Senior Living**  
321 North Main (Haviland)  
862-5867  
[www.homeagainliving.com](http://www.homeagainliving.com)

**Kiowa County Memorial Hospital**

721 West Kansas (Greensburg)  
723-3341  
[www.kcmh.net](http://www.kcmh.net)

#### Day Care Providers - Children

**First United Methodist Church**  
600 West Lincoln Avenue (Greensburg)  
723-3324

**William Martie's Day Care**  
301 North Emporia Street (Haviland)  
862-5361

**Wolfley**

#### Extension Office

**Kiowa County Extension**  
320 South Main Street, Suite 110 (Greensburg)  
723-2156  
[www.kiowa.ksu.edu](http://www.kiowa.ksu.edu)

#### Funeral Homes

**Fleener Funeral Home**  
514 South Main (Greensburg)  
723-2612  
[www.fleenerfuneralhome.com](http://www.fleenerfuneralhome.com)

#### Housing

**Community Housing Services**  
122 East Illinois Avenue (Greensburg)  
723-3231

**Corp Housing Equity**  
14482 West 118<sup>th</sup> Terrace (Olathe)  
261-8067

**Kiowa County Housing Authority**  
408 South Main Street (Greensburg)  
723-1097

#### Legal Services

**Kiowa County Attorney**  
211 East Florida (Greensburg)  
723-2721

**Martindell Swearer Shaffer Ridenour**  
BTI Wind Energy Building  
15477 US 54 Highway (Greensburg)  
723-3478  
[www.martindell.com](http://www.martindell.com)

**Southwest Kansas Area Agency on Aging**  
240 San Jose Drive  
Dodge City, KS 67801  
(316) 225-8230

<http://www.swkaaa.org/>

### Libraries, Parks and Recreation

**Greensburg Recreation Commission**  
600 South Main Street (Greensburg)  
723-1110

**Greensburg Swimming Pool**  
206 North Olive Street (Greensburg)  
723-2850

**Haviland Library**  
112 North Main Street (Haviland)  
862-5349

**Kiowa County Conservation**  
122 East Illinois Avenue (Greensburg)  
723-2146

**Kiowa County Library**  
320 South Main Street (Greensburg)  
723-1118  
[www.skyways.org/towns/greensburg/library.htm](http://www.skyways.org/towns/greensburg/library.htm)

**Mullinville Library**  
115 North Main Street (Mullinville)  
548-2630

**Mullinville Recreation Commission**  
200 North Main Street (Mullinville)  
548-2207

**Worden Memorial Library**  
100 East Cherry Street (Haviland)  
862-5274

### Pregnancy Services

**Adoption is a Choice**  
877-524-5614

**Adoption Network**  
888-281-8054

**Adoption Spacebook**  
866-881-4376

**Graceful Adoptions**  
888-896-7787

**Kansas Children's Service League**  
877-530-5275  
[www.kcsl.org](http://www.kcsl.org)

**Kiowa County Health Department**  
Courthouse (Greensburg)  
723-2136  
[www.kiowacountyks.org/courthouseoffices/healthdepartment.html](http://www.kiowacountyks.org/courthouseoffices/healthdepartment.html)

### Public Information

**Kiowa County Chamber of Commerce**

101 South Main Street, #103 (Greensburg)  
723-3188  
[www.kiowacountychamber.com](http://www.kiowacountychamber.com)

**Greensburg City Hall**  
300 South Main Street (Greensburg)  
723-2751

### Rape

**Domestic Violence and Rape Hotline**  
888-874-1499

**Family Crisis Center**  
1806 12<sup>th</sup> Street (Great Bend)  
793-1885

**Kansas Crisis Hotline**  
Manhattan  
785-539-7935  
800-727-2785

### Red Cross

**American Red Cross**  
114 N Main St. (Pratt)  
620-672-3651  
[www.redcross.org](http://www.redcross.org)

### Social Security

**Social Security Administration**  
800-772-1213  
800-325-0778  
[www.ssa.gov](http://www.ssa.gov)

### Transportation

**Gail Ballard Airport**  
Highway 54 (Haviland)  
862-5678

**Paul Windle Municipal Airport**  
(Greensburg)  
723-2751

**Transportation Department**  
210 North Poplar Street (Greensburg)  
723-2503

### State and National Information, Services, Support

#### Adult Protection

**Adult Protection Services**  
1-800-922-5330  
[www.srskansas.org/SD/ees/adult.htm](http://www.srskansas.org/SD/ees/adult.htm)

**Domestic Violence and Sexual Assault (DVACK)**

1-800-874-1499  
[www.dvack.org](http://www.dvack.org)

**Elder Abuse Hotline**

800-842-0078  
[www.elderabusecenter.org](http://www.elderabusecenter.org)

**Elder and Nursing Home Abuse Legal**

[www.resource4nursinghomeabuse.com/index.html](http://www.resource4nursinghomeabuse.com/index.html)

**Kansas Coalition Against Sexual and Domestic Violence**

1-888-END-ABUSE (363-2287)  
[www.kcsdv.org/ksresources.html](http://www.kcsdv.org/ksresources.html)

**Kansas Department on Aging Adult Care Complaint Program**

1-800-842-0078

**National Center on Elder Abuse** (Administration on Aging)

[www.ncea.gov/NCEAroot/Main\\_Site?Find\\_Help/Help\\_Hotline.aspx](http://www.ncea.gov/NCEAroot/Main_Site?Find_Help/Help_Hotline.aspx)

**National Domestic Violence Hotline**

1-800-799-SAFE(799-7233)  
1-800-787-3224 (TTY)  
[www.ndvh.org](http://www.ndvh.org)

**National Sexual Assault Hotline**

1-800-994-9662  
1-888-220-5416 (TTY)  
[www.4woman.gov/faq/sexualassault.htm](http://www.4woman.gov/faq/sexualassault.htm)

**National Suicide Prevention Lifeline**

1-800-273-8255

**Poison Center**

1-800-222-1222

**Sexual Assault and Domestic Violence Crisis Line**

1-800-701-3630

**Social and Rehabilitation Services (SRS)**

1-888-369-4777 (HAYS)  
[www.srskansas.org](http://www.srskansas.org)

**Suicide Prevention Helpline**

1-785-841-2345

**Abuse Addiction Agency**

1-800-861-1768  
[www.thewatershed.com](http://www.thewatershed.com)

**AIC (Assessment Information Classes)**

1-888-764-5510

**Al-Anon Family Group**

1-888-4AL-ANON (425-2666)  
[www.al-anon.alateen.org](http://www.al-anon.alateen.org)

**Alcohol and Drug Abuse Hotline**

800-ALCOHOL

**Alcohol and Drug Abuse Services**

800-586-3690  
[http://www.srskansas.org/services/alc-drug\\_assess.htm](http://www.srskansas.org/services/alc-drug_assess.htm)

**Alcohol and Drug Addiction Treatment Programs**

1-800-510-9435

**Alcohol and Drug Helpline**

1-800-821-4357

**Alcoholism/Drug Addiction Treatment Center**

800-477-3447

**Kansas Alcohol and Drug Abuse Services Hotline**

800-586-3690  
[http://www.srskansas.org/services/alc-drug\\_assess.htm](http://www.srskansas.org/services/alc-drug_assess.htm)

**Mothers Against Drunk Driving**

1-800-GET-MADD (438-6233)  
[www.madd.org](http://www.madd.org)

**National Council on Alcoholism and Drug Dependence, Inc.**

1-800-NCA-CALL (622-2255)  
[www.ncadd.org](http://www.ncadd.org)

**Recovery Connection**

[www.recoveryconnection.org](http://www.recoveryconnection.org)

**Regional Prevention Centers of Kansas**

1-800-757-2180  
[www.smokyhillfoundation.com/rpc-locate.html](http://www.smokyhillfoundation.com/rpc-locate.html)

**Alcohol and Drug Treatment Programs**

**A 1 A Detox Treatment**

1-800-757-0771

**AAAAAH**

1-800-993-3869

**Abandon A Addiction**

1-800-405-4810

**Able Detox-Rehab Treatment**

1-800-577-2481 (NATIONAL)

**Better Business Bureau**

**Better Business Bureau**

328 Laura (Wichita)  
316-263-3146  
<http://www.wichita.bbb.org>

**Children and Youth**

**Adoption**

800-862-3678  
<http://www.adopt.org/>

**Boys and GirlsTown National Hotline**

1-800-448-3000  
[www.girlsandboystown.org](http://www.girlsandboystown.org)

**Child/Adult Abuse and Neglect Hotline**

800-922-5330  
<http://www.srskansas.org/>

**Child Abuse Hotline**

1-800-922-5330

**Child Abuse National Hotline**

800-422-4453  
800-222-4453 (TDD)  
<http://www.childhelpusa.org/home>

**Child Abuse National Hotline**

1-800-4-A-CHILD (422-4453)  
[www.childabuse.com](http://www.childabuse.com)

**Child Find of America**

1-800-426-5678

**Child Help USA National Child Abuse Hotline**

1-800-422-4453

**Child Protective Services**

800-922-5330  
[www.srskansas.org/services/child\\_protective\\_services.htm](http://www.srskansas.org/services/child_protective_services.htm)

**HealthWave**

P.O. Box 3599  
Topeka, KS66601  
1-800-792-4884  
1-800-792-4292 (TTY)  
[www.kansashealthwave.org](http://www.kansashealthwave.org)

**Heartspring (Institute of Logopedics)**

8700 E. 29<sup>TH</sup> North  
Wichita, KS67226  
[www.heartspring.org](http://www.heartspring.org)

**Kansas Big Brothers/Big Sisters**

1-888-KS4-BIGS  
[www.ksbbbs.org](http://www.ksbbbs.org)

**Kansas Children's Service League (Hays)**

785-625-2244  
1-877-530-5275  
[www.kcsl.org](http://www.kcsl.org)

**Kansas Department of Health and Environment**

785-296-1500  
[www.kdheks.gov](http://www.kdheks.gov)  
e-mail: [info@kdheks.gov](mailto:info@kdheks.gov)

**Kansas Society for Crippled Children**

106 W. Douglas, Suite 900  
Wichita, KS67202  
1-800-624-4530  
316-262-4676  
[www.kssociety.org](http://www.kssociety.org)

**National Runaway Switchboard**

1-800-RUNAWAY  
[www.1800runaway.org/](http://www.1800runaway.org/)

**National Society for Missing and Exploited Children**

1-800-THE-LOST (843-5678)  
[www.missingkids.com](http://www.missingkids.com)

**Parents Anonymous Help Line**

800-345-5044  
<http://www.parentsanonymous.org/paIndex10.html>

**Runaway Line**

800-621-4000  
800-621-0394 (TDD)  
<http://www.1800runaway.org/>

**Talking Books**

800-362-0699  
[http://skyways.lib.ks.us/KSL/talking/ksl\\_bph.html](http://skyways.lib.ks.us/KSL/talking/ksl_bph.html)

**Community Action****Peace Corps**

800-424-8580  
[www.peacecorps.gov](http://www.peacecorps.gov)

**Public Affairs Hotline (Kansas Corporation Commission)**

800-662-0027  
[www.kcc.state.ks.us](http://www.kcc.state.ks.us)

**Counseling****Care Counseling**

Family counseling services for Kansas and Missouri  
1-888-999-2196

**Carl Feril Counseling**

608 North Exchange (St. John)  
620-549-6411

**CastlewoodTreatmentCenter for Eating Disorders**

1-888-822-8938  
[www.castlewoodtc.com](http://www.castlewoodtc.com)

**Catholic Charities**

1-888-468-6909  
[www.catholiccharitiessalina.org](http://www.catholiccharitiessalina.org)

**Center for Counseling**

5815 West Broadway (Great Bend)  
800-875-2544

**Central Kansas Mental HealthCenter**

1-800-794-8281  
Will roll over after hours to a crisis number.

**Consumer Credit Counseling Services**

800-279-2227

<http://www.kscgccs.org/>

**Kansas Problem Gambling Hotline**

866-662-3800

<http://www.ksmhc.org/Services/gambling.htm>

**National Hopeline Network**

1-800-SUICIDE (785-2433)

[www.hopeline.com](http://www.hopeline.com)

**National Problem Gambling Hotline**

1-800-552-4700

[www.npgaw.org](http://www.npgaw.org)

**SamaritanCounselingCenter**

1602 N. Main Street

Hutchinson, KS67501

620-662-7835

<http://cmc.pdswebpro.com/>

**Self-Help Network of Kansas**

1-800-445-0116

[www.selfhelpnetwork.wichita.edu](http://www.selfhelpnetwork.wichita.edu)

**Senior Health Insurance Counseling**

1-800-860-5260

[www.agingkansas.org](http://www.agingkansas.org)

**Sunflower Family Services, Inc.**

(adoption, crisis pregnancy, conflict solution center)

1-877-457-5437

[www.sunflowerfamily.org](http://www.sunflowerfamily.org)

**Disability Services**

**American Association of People with Disabilities (AAPD)**

[www.aapd.com](http://www.aapd.com)

**American Council for the Blind**

1-800-424-8666

[www.acb.org](http://www.acb.org)

**Americans with Disabilities Act Information Hotline**

1-800-514-0301

1-800-514-0383 (TTY)

[www.ada.gov](http://www.ada.gov)

**Disability Advocates of Kansas, Incorporated**

1-866-529-3824

[www.disabilitysecrets.com](http://www.disabilitysecrets.com)

**Disability Group, Incorporated**

1-888-236-3348

[www.disabilitygroup.com](http://www.disabilitygroup.com)

**DisabilityRightsCenter of Kansas (DRC)**

Formerly Kansas Advocacy & Protective Services

1-877-776-1541

1-877-335-3725 (TTY)

[www.drckansas.org](http://www.drckansas.org)

**Hearing Healthcare Associates**

800-448-0215

**Kansas Commission for the Deaf and Hearing Impaired**

1-800-432-0698

[www.srskansas.org/kcdhh](http://www.srskansas.org/kcdhh)

**Kansas Relay Center** (Hearing Impaired service)

1-800-766-3777

[www.kansasrelay.com](http://www.kansasrelay.com)

**NationalCenter for Learning Disabilities**

1-888-575-7373

[www.nclld.org](http://www.nclld.org)

**National Library Services for Blind & Physically Handicapped**

[www.loc.gov/nls/](http://www.loc.gov/nls/)

1-800-424-8567

**Parmele Law Firm**

8623 East 32<sup>nd</sup> Street North Suite 100 (Wichita)

877-267-6300

**Environment**

**Environmental Protection Agency**

1-800-223-0425

913-321-9516 (TTY)

[www.epa.gov](http://www.epa.gov)

**Kansas Department of Health and Environment**

Salina785-827-9639

Hays 785-625-5663

Topeka785-296-1500

[www.kdheks.gov](http://www.kdheks.gov)

**Food and Drug**

**Center for Food Safety and Applied Nutrition**

1-888-SAFEFOOD (723-3366)

[www.cfsan.fda.gov/](http://www.cfsan.fda.gov/)

[www.healthfinder.gov/docs/doc03647.htm](http://www.healthfinder.gov/docs/doc03647.htm)

**US Consumer Product Safety Commission**

800-638-2772

800-638-8270 (TDD)

[www.cpsc.gov](http://www.cpsc.gov)

**USDA Meat and Poultry Hotline**

1-888-674-6854

1-800-256-7072 (TTY)

[www.fsis.usda.gov/](http://www.fsis.usda.gov/)

**U.S. Food and Drug Administration**

1-888-INFO-FDA

1-888-463-6332

[www.fsis.usda.gov/](http://www.fsis.usda.gov/)

**Poison Hotline**

1-800-222-1222

**Health Services**

**AIDS/HIV Center for Disease Control and Prevention**

800-CDC-INFO  
888-232-6348 (TTY)  
<http://www.cdc.gov/hiv/>

**AIDS/STD National Hot Line**

800-342-AIDS  
800-227-8922 (STD line)

**American Health Assistance Foundation**

800-437-2423  
[www.ahaf.org](http://www.ahaf.org)

**American Heart Association**

800-242-8721  
[www.americanheart.org](http://www.americanheart.org)

**American Lung Association**

800-586-4872

**American Stroke Association**

1-888-4-STROKE  
[www.american heart.org](http://www.americanheart.org)

**Center for Disease Control and Prevention**

800-CDC-INFO  
888-232-6348 (TTY)  
<http://www.cdc.gov/hiv/>

**Elder Care Helpline**

[www.eldercarelink.com](http://www.eldercarelink.com)

**Eye Care Council**

800-960-EYES  
[www.seetolearn.com](http://www.seetolearn.com)

**Kansas Foundation for Medical Care**

800-432-0407  
[www.kfmc.org](http://www.kfmc.org)

**National Health Information Center**

800-336-4797  
[www.health.gov/nhic](http://www.health.gov/nhic)

**National Cancer Information Center**

800-227-2345  
866-228-4327 (TTY)  
[www.cancer.org](http://www.cancer.org)

**National Institute on Deafness and Other Communication Disorders Information**

Clearinghouse  
800-241-1044 or 800-241-1055 (TTY)  
[www.nidcd.nih.gov](http://www.nidcd.nih.gov)

**Hospice**

**Hospice-Kansas Association**

800-767-4965

**Kansas Hospice and Palliative Care Organization**

888-202-5433  
[www.lifeproject.org/akh.htm](http://www.lifeproject.org/akh.htm)

**Southwind Hospice, Incorporated**

[www.southwindhospice.com](http://www.southwindhospice.com)  
785-483-3161

**Housing**

**Kansas Housing Resources Corporation**

785-296-2065  
[www.housingcorp.org](http://www.housingcorp.org)

**US Department of Housing and Urban Development**

Kansas Regional Office  
913-551-5462

**Legal Services**

**Kansas Attorney General**

800-432-2310 (Consumer Protection)  
800-828-9745 (Crime Victims' Rights)  
800-766-3777 (TTY)  
<http://www.ksag.org/>

**Kansas Bar Association**

785-234-5696  
[www.ksbar.org](http://www.ksbar.org)

**Kansas Department on Aging**

800-432-3535  
[www.agingkansas.org/index.htm](http://www.agingkansas.org/index.htm)

**Kansas Legal Services**

800-723-6953  
[www.kansaslegalservices.org](http://www.kansaslegalservices.org)

**Southwest Kansas Area Agency on Aging**

240 San Jose Drive  
Dodge City, KS 67801  
(316) 225-8230  
<http://www.swkaaa.org/>

**Medicaid Services**

**First Guard**

888-828-5698  
[www.firstguard.com](http://www.firstguard.com)

**Kansas Health Wave**

800-792-4884 or 800-792-4292 (TTY)  
[www.kansashealthwave.org](http://www.kansashealthwave.org)

**Kansas Medical Assistance Program**

Customer Service  
800-766-9012  
[www.kmpa-state-ks.us/](http://www.kmpa-state-ks.us/)

**Medicare Information**

800-MEDICARE  
[www.medicare.gov](http://www.medicare.gov)

**U.S. Department of Health and Human Services**



Centers for Medicare and Medicaid Services  
800-MEDICARE (800-633-4227) or  
877-486-2048 (TTY)  
[www.cms.hhs.gov](http://www.cms.hhs.gov)

## Mental Health Services

**Alzheimer's Association**  
1-800-272-3900 or 1-866-403-3073 (TTY)  
[www.alz.org](http://www.alz.org)

**Developmental Services of Northwest Kansas**  
1-800-637-2229

**Kansas Alliance for Mentally III**(Topeka, KS)  
785-233-0755  
[www.namikansas.org](http://www.namikansas.org)

**Make a Difference**  
1-800-332-6262

**Mental Health America**  
1-800-969-6MHA (969-6642)

**National Alliance for the Mentally III Helpline**  
1-800-950-NAMI (950-6264) or 703-516-7227 (TTY)  
[www.nami.org](http://www.nami.org)

**National Institute of Mental Health**  
1-866-615-6464 or 1-866-415-8051 (TTY)  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

**National Library Services for Blind and Physically Handicapped**  
1-800-424-8567  
[www.loc.gov/nls/music/index.html](http://www.loc.gov/nls/music/index.html)

**National Mental Health Association**  
800-969-6642  
800-433-5959 (TTY)  
[www.nmha.org](http://www.nmha.org)

**Pawnee Mental Health**

**State Mental Health Agency**  
KS Department of Social and Rehabilitation Services  
915 SW Harrison Street  
Topeka, KS66612  
785-296-3959  
[www.srskansas.org](http://www.srskansas.org)

**Suicide Prevention Hotline**  
1-800-SUICIDE [784-2433]  
[www.hopeline.com](http://www.hopeline.com)

## Nutrition

**American Dietetic Association**  
1-800-877-1600  
[www.eatright.org](http://www.eatright.org)

**American Dietetic Association Consumer Nutrition Hotline**  
800-366-1655

**Department of Human Nutrition**  
KansasStateUniversity  
119 Justin Hall  
Manhattan, KS66506  
785-532-5500  
[www.humec.k-state.edu/hn/](http://www.humec.k-state.edu/hn/)

**Eating Disorders Awareness and Prevention**  
1-800-931-2237  
[www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org)

**Food Stamps**  
Kansas Department of Social and Rehabilitation Services (SRS)  
1-888-369-4777 or Local SRS office  
[www.srskansas.org/ISD/ees/food\\_stamps.htm](http://www.srskansas.org/ISD/ees/food_stamps.htm)

**Kansas Department of Health and Environment**  
1000 SW Jackson, Suite 220  
Topeka, KS66612  
785-296-1320  
[www.kdheks.gov/news-wic/index.html](http://www.kdheks.gov/news-wic/index.html)

## Road and Weather Conditions

**Kansas Road Conditions**  
866-511-KDOT  
511  
<http://kdot1.ksdot.org/divplanning/roadrpt/>

## Senior Services

**Alzheimer's Association**  
1-800-487-2585

**American Association of Retired Persons (AARP)**  
1-888-OUR-AARP (687-2277)  
[www.aarp.org](http://www.aarp.org)

**Americans with Disabilities Act Information Line**  
1-800-514-0301 or 1-800-514-0383 [TTY]  
[www.usdoj.gov/crt/ada](http://www.usdoj.gov/crt/ada)

**American Association of Retired Persons**  
888-687-2277  
[www.aarp.org](http://www.aarp.org)

**Area Agency on Aging**  
800-432-2703

**Eldercare Locator**  
1-800-677-1116  
[www.eldercare.gov/eldercare/public/home.asp](http://www.eldercare.gov/eldercare/public/home.asp)

**Home Buddy**

1-866-922-8339

[www.homebuddy.org](http://www.homebuddy.org)

**Home Health Complaints**

Kansas Department of Social and Rehabilitation Services (SRS)

1-800-842-0078

**Kansas Advocates for Better Care Inc.**

Consumer Information

1-800-525-1782

[www.kabc.org](http://www.kabc.org)

**Kansas Department on Aging**

1-800-432-3535 or 785-291-3167 (TTY)

[www.agingkansas.org/index.htm](http://www.agingkansas.org/index.htm)

**Kansas Foundation for Medical Care, Inc.**

Medicare Beneficiary Information

1-800-432-0407

**Kansas Tobacco Use Quitline**

1-866-KAN-STOP (526-7867)

[www.kdheks.gov/tobacco/cessation.html](http://www.kdheks.gov/tobacco/cessation.html)

**Older Kansans Employment Programs (OKEP)**

785-296-7842

[www.kansascommerce.com](http://www.kansascommerce.com)

**Older Kansans Hotline**

800-742-9531

**Older Kansans Information Reference Sources on Aging (OKIRSA)**

1-800-432-3535

**Senior Health Insurance Counseling for Kansas**

1-800-860-5260

[www.agingkansas.org/SHICK/shick\\_index.html](http://www.agingkansas.org/SHICK/shick_index.html)

**SHICK**

1-800-860-5260

[www.agingkansas.org/SHICK](http://www.agingkansas.org/SHICK)

**Social Security Administration**

785-296-3959 or 785-296-1491 (TTY)

[www.srskansas.org](http://www.srskansas.org)

**SRS Rehabilitation Services Kansas**

785-296-3959

785-296-1491 (TTY)

[www.srskansas.org](http://www.srskansas.org)

**Suicide Prevention**

**Suicide Prevention Services**

800-784-2433

[www.spsfv.org](http://www.spsfv.org)

**Veterans**

**Federal Information Center**

1-800-333-4636

[www.FirstGov.gov](http://www.FirstGov.gov)

**U.S. Department of Veterans Affairs**

1-800-513-7731

[www.kcva.org](http://www.kcva.org)

**Education (GI Bill)**

1-888-442-4551

**HealthResourceCenter**

877-222-8387

**InsuranceCenter**

800-669-8477

**Veteran Special Issue Help Line**

Includes Gulf War/Agent Orange

Helpline

800-749-8387

**U.S. Department of Veterans Affairs**

**Mammography Helpline**

888-492-7844

**Other Benefits**

800-827-1000

**Memorial Program Service** [includes status of headstones and markers]

800-697-6947

**Telecommunications Device for the Deaf/Hearing Impaired**

800-829-4833 (TTY)

[www.vba.va.gov](http://www.vba.va.gov)

**Veterans Administration**

**Veterans Administration Benefits**

800-669-8477

**Life Insurance**

800-669-8477

**Education (GI Bill)**

888-442-4551

**Health Care Benefits**

877-222-8387

**Income Verification and Means Testing**

800-929-8387

**Mammography Helpline**

888-492-7844

**Gulf War/Agent Orange Helpline**

800-749-8387

**Status of Headstones and Markers**

800-697-6947

**Telecommunications Device for the Deaf**

800-829-4833

[www.vba.va.gov](http://www.vba.va.gov)

**Benefits Information and Assistance**

800-827-1000

**Debt Management**

800-827-0648

**Life Insurance Information and Service**

800-669-8477

**Welfare Fraud Hotline**

**Welfare Fraud Hotline**

800-432-3913

# V. Detail Exhibits

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[VVV Consultants LLC]

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## a) Patient Origin Source Files

[VVV Consultants LLC]

# Inpatient Origin Reports



## Inpatient Origin by County Kiowa, KS Residents Treated in KHA Reporting Area Federal Fiscal Year: 2020

Detail																				
Hospital Detail by County				Pediatric		Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		Surg %
				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+		Cases	%	Cases	%	Cases	%	
Hospital Name	Rank	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
Kiowa County Memorial Hospital - Greensburg, KS	1	72	26.5%	0	0.0%	2	2.8%	5	6.9%	12	16.7%	49	68.1%	4	5.6%	0	0.0%	0	0.0%	0.0%
Pratt Regional Medical Center - Pratt, KS	2	72	26.5%	1	1.4%	3	4.2%	12	16.7%	9	12.5%	18	25.0%	1	1.4%	14	19.4%	14	19.4%	34.7%
Ascension Via Christi Hospitals St. Francis - Wichita, KS	3	36	13.2%	1	2.8%	6	16.7%	10	27.8%	6	16.7%	6	16.7%	7	19.4%	1	2.8%	0	0.0%	33.3%
Wesley Healthcare - Wichita, KS	4	36	13.2%	8	22.2%	4	11.1%	5	13.9%	2	5.6%	9	25.0%	1	2.8%	4	11.1%	3	8.3%	25.0%
St. Catherine Hospital - Garden City, KS	5	19	7.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	19	100.0%	0	0.0%	0	0.0%	0.0%
Western Plains Medical Complex - Dodge City, KS	6	7	2.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	14.3%	0	0.0%	3	42.9%	3	42.9%	28.6%
The University of Kansas Health System - Kansas City, KS	7	6	2.2%	0	0.0%	1	16.7%	2	33.3%	2	33.3%	1	16.7%	0	0.0%	0	0.0%	0	0.0%	83.3%
Hutchinson Regional Medical Center - Hutchinson, KS	8	4	1.5%	0	0.0%	1	25.0%	0	0.0%	0	0.0%	0	0.0%	3	75.0%	0	0.0%	0	0.0%	25.0%
Sumner Community Hospital - Wellington, KS	9	4	1.5%	0	0.0%	0	0.0%	0	0.0%	2	50.0%	0	0.0%	2	50.0%	0	0.0%	0	0.0%	0.0%
HaysMed, The University of Kansas Health System - Hays, KS	10	3	1.1%	0	0.0%	0	0.0%	0	0.0%	2	66.7%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	33.3%
The University of Kansas Health System Great Bend Campus - Salina Regional Health Center - Salina, KS	11	3	1.1%	0	0.0%	0	0.0%	1	33.3%	1	33.3%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	66.7%
Wesley Woodlawn Hospital & ER - Wichita, KS	12	2	0.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0.0%
Wesley Woodlawn Hospital & ER - Wichita, KS	13	2	0.7%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	50.0%
Children's Mercy Kansas City - Kansas City, MO	14	1	0.4%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Comanche County Hospital - Coldwater, KS	15	1	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Edwards County Medical Center - Kinsley, KS	16	1	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Kansas Residents/Illinois Hospitals	17	1	0.4%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Kansas Residents/Other Missouri Hospitals	18	1	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Stafford County Hospital - Stafford, KS	19	1	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
<b>Overall</b>		<b>272</b>	<b>100.0%</b>	<b>11</b>	<b>4.0%</b>	<b>18</b>	<b>6.6%</b>	<b>35</b>	<b>12.9%</b>	<b>37</b>	<b>13.6%</b>	<b>91</b>	<b>33.5%</b>	<b>39</b>	<b>14.3%</b>	<b>22</b>	<b>8.1%</b>	<b>20</b>	<b>7.4%</b>	<b>21.7%</b>

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## Inpatient Origin by County Kiowa, KS Residents Treated in KHA Reporting Area Federal Fiscal Year: 2019

Detail																				
Hospital Detail by County				Pediatric		Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		Surg %
				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+		Cases	%	Cases	%	Cases	%	
Hospital Name	Rank	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
Pratt Regional Medical Center - Pratt, KS	1	112	43.8%	0	0.0%	3	2.7%	22	19.6%	14	12.5%	29	25.9%	1	0.9%	22	19.6%	21	18.8%	30.4%
Kiowa County Memorial Hospital - Greensburg, KS	2	47	18.4%	2	4.3%	2	4.3%	7	14.9%	11	23.4%	24	51.1%	0	0.0%	1	2.1%	0	0.0%	0.0%
Ascension Via Christi Hospitals St. Francis - Wichita, KS	3	30	11.7%	1	3.3%	1	3.3%	5	16.7%	10	33.3%	9	30.0%	3	10.0%	0	0.0%	1	3.3%	43.3%
Wesley Healthcare - Wichita, KS	4	23	9.0%	6	26.1%	4	17.4%	4	17.4%	3	13.0%	4	17.4%	1	4.3%	1	4.3%	1	4.3%	39.1%
St. Catherine Hospital - Garden City, KS	5	12	4.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	12	100.0%	0	0.0%	0	0.0%	0.0%
Wesley Woodlawn Hospital & ER - Wichita, KS	6	6	2.3%	0	0.0%	1	16.7%	2	33.3%	1	16.7%	2	33.3%	0	0.0%	0	0.0%	0	0.0%	66.7%
The University of Kansas Health System - Kansas City, KS	7	4	1.6%	0	0.0%	0	0.0%	4	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	75.0%
The University of Kansas Health System Great Bend Campus - Hutchinson Regional Medical Center - Hutchinson, KS	8	4	1.6%	0	0.0%	0	0.0%	2	50.0%	2	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	75.0%
Hutchinson Regional Medical Center - Hutchinson, KS	9	3	1.2%	0	0.0%	0	0.0%	2	66.7%	0	0.0%	0	0.0%	1	33.3%	0	0.0%	0	0.0%	0.0%
Minneola Healthcare - Minneola, KS	10	3	1.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
South Central Kansas Medical Center - Arkansas City, KS	11	2	0.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0.0%
Stromont Vail Health - Topeka, KS	12	2	0.8%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0.0%
Western Plains Medical Complex - Dodge City, KS	13	2	0.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0.0%
Edwards County Medical Center - Kinsley, KS	14	1	0.4%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
HaysMed, The University of Kansas Health System - Hays, KS	15	1	0.4%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Kansas Residents/Minnesota Hospitals	16	1	0.4%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Meade District Hospital/Artesian Valley Health System - Meade, Olathe Health - Olathe, KS	17	1	0.4%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Salina Regional Health Center - Salina, KS	18	1	0.4%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Salina Regional Health Center - Salina, KS	19	1	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0.0%
<b>Overall</b>		<b>256</b>	<b>100.0%</b>	<b>10</b>	<b>3.9%</b>	<b>12</b>	<b>4.7%</b>	<b>50</b>	<b>19.5%</b>	<b>43</b>	<b>16.8%</b>	<b>72</b>	<b>28.1%</b>	<b>22</b>	<b>8.6%</b>	<b>25</b>	<b>9.8%</b>	<b>24</b>	<b>9.4%</b>	<b>26.6%</b>

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# Inpatient Origin Reports (Con't)



**Inpatient Origin by County**  
 Kiowa, KS Residents Treated in KHA Reporting Area  
 Federal Fiscal Year: 2018

Detail																				
Hospital Detail by County				Pediatric		Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		Surg %
				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+		Cases %		Cases %		Cases %		
Hospital Name	Rank	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
Pratt Regional Medical Center - Pratt, KS	1	124	51.9%	3	2.4%	3	2.4%	24	19.4%	11	8.9%	26	21.0%	0	0.0%	29	23.4%	29	23.4%	30.6%
Kiowa County Memorial Hospital - Greensburg, KS	2	36	15.1%	1	2.8%	1	2.8%	13	36.1%	5	13.9%	16	44.4%	0	0.0%	0	0.0%	0	0.0%	2.8%
Ascension Via Christi Hospitals St. Francis - Wichita, KS	3	24	10.0%	0	0.0%	4	16.7%	10	41.7%	6	25.0%	4	16.7%	0	0.0%	0	0.0%	0	0.0%	37.5%
Wesley Healthcare - Wichita, KS	4	23	9.6%	8	34.8%	1	4.3%	4	17.4%	1	4.3%	6	26.1%	0	0.0%	1	4.3%	2	8.7%	39.1%
St. Catherine Hospital - Garden City, KS	5	8	3.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	6	75.0%	1	12.5%	1	12.5%	0.0%
Western Plains Medical Complex - Dodge City, KS	6	7	2.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	14.3%	0	0.0%	3	42.9%	3	42.9%	42.9%
Hutchinson Regional Medical Center - Hutchinson, KS	7	3	1.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0.0%
The University of Kansas Health System - Kansas City, KS	8	3	1.3%	0	0.0%	0	0.0%	1	33.3%	1	33.3%	0	0.0%	1	33.3%	0	0.0%	0	0.0%	33.3%
The University of Kansas Health System Great Bend Campus - AdventHealth Shawnee Mission - Shawnee Mission, KS	9	2	0.8%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Children's Mercy Kansas City - Kansas City, MO	10	1	0.4%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
HaysMed, The University of Kansas Health System - Hays, KS	11	1	0.4%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Kansas Residents/Minnesota Hospitals	12	1	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Kiowa District Healthcare - Kiowa, KS	13	1	0.4%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
McPherson Hospital, Inc. - McPherson, KS	14	1	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Minneola Healthcare - Minneola, KS	15	1	0.4%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
South Central Kansas Medical Center - Arkansas City, KS	16	1	0.4%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Sumner Community Hospital - Wellington, KS	17	1	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0.0%
Summer Community Hospital - Wellington, KS	18	1	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0.0%
<b>Overall</b>		<b>239</b>	<b>100.0%</b>	<b>13</b>	<b>5.4%</b>	<b>10</b>	<b>4.2%</b>	<b>54</b>	<b>22.6%</b>	<b>27</b>	<b>11.3%</b>	<b>55</b>	<b>23.0%</b>	<b>12</b>	<b>5.0%</b>	<b>34</b>	<b>14.2%</b>	<b>35</b>	<b>14.6%</b>	<b>27.6%</b>

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# Outpatient Origin Reports

Outpatient Market Penetration By Service Type*			
Kiowa County Memorial Hospital - Greensburg, KS County by Federal Fiscal Year: 2020	Total Visits	Kiowa, KS	
		Visits	%
1 Emergency Department (45x)	1,253	433	83.6%
3 Observation (76x, excl. 761)	86	34	59.6%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	1,301	407	77.2%
15 CT Scan (35x)	515	181	81.2%
16 Mammography (401, 403)	60	23	74.2%
17 Ultrasound (402)	122	45	68.2%
19 Magnetic Resonance Technology (61x)	124	44	68.8%
26 Echocardiology (483)	37	14	51.9%
35 Treatment Room (761)	543	213	83.5%
37 EKG/ECG (73x)	370	118	50.6%
42 Physical Therapy (42x)	493	199	85.4%
<b>Actual total visits</b>	<b>8,430</b>	<b>3,175</b>	<b>77.4%</b>

## Outpatient Origin Reports (Con't)

<b>Outpatient Market Penetration By Service Type*</b>			
Kiowa County Memorial Hospital - Greensburg, KS	Total Visits	Kiowa, KS	
		Visits	%
County by Federal Fiscal Year: 2019			
1 Emergency Department (45x)	1,237	451	84.3%
2 Surgery (36x, 49x)	34	15	5.8%
3 Observation (76x, excl. 761)	93	29	63.0%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	1,314	448	76.5%
15 CT Scan (35x)	470	136	73.5%
16 Mammography (401, 403)	75	33	76.7%
17 Ultrasound (402)	116	42	84.0%
19 Magnetic Resonance Technology (61x)	86	35	64.8%
26 Echocardiology (483)	43	17	58.6%
35 Treatment Room (761)	471	181	78.4%
37 EKG/ECG (73x)	416	141	47.0%
38 Cardiology (48x excl. 481-483)	8	2	10.0%
42 Physical Therapy (42x)	666	289	85.8%
Actual total visits	8,057	3,105	73.8%

<b>Outpatient Market Penetration By Service Type*</b>			
Kiowa County Memorial Hospital - Greensburg, KS	Total Visits	Kiowa, KS	
		Visits	%
County by Federal Fiscal Year: 2018			
1 Emergency Department (45x)	1129	406	0.802
3 Observation (76x, excl. 761)	98	34	0.507
11 Radiology - Diagnostic (32x, excl. 322 and 323)	1195	391	0.662
15 CT Scan (35x)	447	149	0.73
16 Mammography (401, 403)	52	19	0.679
17 Ultrasound (402)	96	39	0.684
19 Magnetic Resonance Technology (61x)	92	33	0.647
35 Treatment Room (761)	464	186	0.667
37 EKG/ECG (73x)	292	107	0.379
38 Cardiology (48x excl. 481-483)	57	22	0.564
42 Physical Therapy (42x)	500	205	0.817
Actual total visits	7793	3046	0.708



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## b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

## Kiowa County, KS 2021 CHNA Town Hall RSVPs April 22nd 11:30-1pm

#	Table	Lead	Last	First	Organization	Title	City	ST	ZIP
1	A	##	Halverstadt	Adrian	Barclay College	chancellor	Haviland	KS	67069
2	D		Hansen	Kim	Barclay College	Director of Nursing Ed	Haviland	KS	67059
3	F		Aaron	Stokes	City of Haviland	Mayor	Haviland	KS	67059
4	B		Blackburn	Jeffrey	Greensburg Mennonite Church	Pastor	Greensburg	KS	67054
5	A		Ballard	Chris	Greensburg State Bank	Sr. V. P.	Greensburg	KS	67054
6	G	##	Dalke	Rick	ICHHD	Executive Director	Greensburg	KS	67054
7	H		Persen	Patricia	Kiowa Co Health Department		Greensburg	KS	67053
8	E	##	Zadina	Nicole	Kiowa Co Health Department	RN	Greensburg	KS	67054
9	D	##	Allison	Morgan	Kiowa Co Memorial Hospital	CEO	Greensburg	KS	67054
10	E		Kibar	Nizar	Kiowa Co Memorial Hospital	MD	Greensburg	KS	67054
11	B		Oborny	Jane	Kiowa Co Memorial Hospital	CFO	Greensburg	KS	67054
12	A		Paul	Theresa	Kiowa Co Memorial Hospital	Materials	Greensburg	KS	67054
13	G		Stevens	RaeLyn	Kiowa Co Memorial Hospital	Administrative Asst	Greensburg	KS	67054
14	C		Tedder	Jodi	Kiowa Co Memorial Hospital	Director of Nursing	Greensburg	KS	67054
15	H	##	Hott	Kelsey	KCMH family Practice	PA-C	Greensburg	KS	67054
16	F	##	Hettinger	Rosa	Kiowa County EMS	EMS Director	Greensburg	KS	67054
17	E		Fuller	Patricia	Kiowa Co Health Department	Public Health Tech	Greensburg	KS	67054
18	C	##	Ulrich	Kerri	Kiowa Co Health Department	Administrator	Greensburg	KS	67054
19	E		Hesser	Mitzi	Kiowa Co Memorial Hospital	Board Member	Greensburg	KS	67054
20	G		Jones	Kaylan	Kiowa Co Memorial Hospital	EMS	Greensburg	KS	67054
21	C		Wright	Collin	Kiowa County Pharmacy	Pharmacy Intern	Greensburg	KS	67054
22	C		Keeton	Julie	Kiowa County Pharmacy/KCMH	Owner/PIC	Greensburg	KS	67054
23	D		Heinson	Mindy	KSRE	FCS Agent	Greensburg	KS	67054
24	B		Price	Debbie	KSRE	Office Professional	Greensburg	KS	67054
25	A		Dean	Andie	Pratt Regional Medical Center	Community Relations	Pratt	KS	67124
26	D		Page	Susan	Pratt Regional Medical Center	President and CEO	Pratt	KS	67124
27	H		Dersher	Staci	USD 422	Super Intend.	Greensburg	KS	67052
28	B	##	Stimatze	Heidi	USD 422		Haviland	KS	67059

## NOTES: Kiowa County Town Hall

Date: 4/22/2021

### Established Needs/Strengths: Small Group Session

N = 28

#### Needs

- Access to Child Care
- Nursing Home (Need one in the area)
- Awareness of HC Services
- Affordable Housing
- Behavioral/Mental Health Services Awareness
- Stigma of MH Services
- Community Engagement
- Grocery Store (Quality)
- Alternatives to Pain Management
- Drug/Substance Abuse + Rehab
- Poverty/Economic Development
- Nutrition/Obesity/Fitness
- Transportation
- Uninsured / Underinsured
- Home Health

#### Strengths

- Hospital - Facility & Staff
- Health Collaboration of Providers
- Available Specialties (OPH, DENT, etc.)
- School System / School Health
- Pharmacy (Quality)
- COVID Vaccines + Care
- Health Department
- Food Bank
- Family Support
- EMS Services
- Clinic Access
- Access to MH Services
- Senior Center
- City, State. & Federal Assistance

# Wave #4 CHNA - Kiowa County KS

## KCHC Greensburg KS - Town Hall Conversation - Strengths (White Cards) N= 24

Card #	Today: What are the strengths of our community that contribute to health?	Card #	Today: What are the strengths of our community that contribute to health?
2	Access to care	22	Jobs
3	Access to care	4	Life expectancy
5	Access to care	19	Life expectancy
4	Ambulance	31	Life expectancy
9	Child Care	18	many agencies working together
22	Child Care	9	Mental Health
28	Clinic	13	Mental Health
31	Clinic	21	Mental Health
12	communication	23	Mental Health
12	Community partnerships	24	Mental Health
1	Compassion for Others	27	Mental Health
6	COVID vaccine	17	New people who want to make improvements
20	COVID vaccine	22	Nursing Home
10	Education	13	openness in care
27	Education	25	Opioid
11	EMS	6	Outside services
13	EMS	13	Personal care
15	EMS	8	Pharmacy
16	EMS	9	Pharmacy
18	EMS	10	Pharmacy
24	EMS	11	Pharmacy
27	EMS	15	Pharmacy
20	EMS	16	Pharmacy
6	ER	24	Pharmacy
13	ER	28	Pharmacy
27	ER	29	Pharmacy
21	Exercise	30	Pharmacy
24	Facility	31	Pharmacy
7	Family Planning	15	Physical Therapy
24	family support	16	Physical Therapy
7	Food bank	5	Poverty
11	Food bank	15	Providers
18	Food bank	11	Public Exercise
24	Food bank	28	Public Schools
26	Food bank	10	Resources
19	good immunization rate	22	RX Drug
4	Good Infrastructure	3	School System
8	Health Department	29	School System
10	Health Department	30	School System
11	Health Department	11	Senior Center
24	Health Department	24	Senior Center
27	Health Department	12	sense of community
29	Health Department	25	Social connections
15	Health Screening	18	Specialty providers
21	Healthy food	22	Specialty providers
8	Hospitals	24	Specialty providers
15	Hospitals	1	State/Fed Aid
19	Hospitals	14	Substance abuse
26	Hospitals	21	Uninsured
30	Hospitals	20	Use of ED
22	House	28	Vaccines
11	ICHHD	9	WIC program
1	Interagency Cooperation	27	WIC program

## Wave #4 CHNA - Kiowa County KS

KCHC Greensburg KS- Town Hall Conversation - Weakness (Color Cards) N= 24

Card #	Today: What are the weaknesses of our community that contribute to health?	Card #	Today: What are the weaknesses of our community that contribute to health?
1	Access to Affordable Housing	23	Exercise opportuinities
2	Access to Affordable Housing	16	Fitness
5	Access to Affordable Housing	26	fresh food
6	Access to Affordable Housing	9	Health Screenings
11	Access to Affordable Housing	15	Healthy food
12	Access to Affordable Housing	17	healthy food
19	Access to Affordable Housing	20	Healthy food
20	Access to Affordable Housing	22	Healthy food
23	Access to Affordable Housing	18	Heart Disease
24	Access to Affordable Housing	14	home health
25	Access to Affordable Housing	21	hospitals
26	Access to Affordable Housing	9	Housing
27	Access to Affordable Housing	22	Housing
9	Access to Care	5	Jobs
10	Access to Care	26	jobs
1	Access to Child Care	3	Local services being used
6	access to food	2	Long Term Care
17	Alternative medicine	10	Mental Health
26	assited living	11	Mental Health
2	Child Care	20	Mental Health
3	Child Care	23	Mental Health
5	Child Care	24	Mental Health
6	Child Care	27	Mental Health
10	Child Care	27	Need another MD
12	Child Care	17	Neurologist
19	Child Care	13	nursing home
20	Child Care	17	nursing home
23	Child Care	20	nursing home
24	Child Care	23	nursing home
25	Child Care	1	Obesity
26	Child Care	10	Obesity
27	Child Care	11	Obesity
21	Clinic	18	Obesity
14	communication	20	Pain management
10	Community Engagement	1	Poverty
9	Day Care	9	Poverty
13	Day Care	24	Poverty
1	Depression	11	primary care
3	Depression	15	provider
23	drug use	21	provider
10	Econmic Development	16	providers
19	Econmic Development	13	RX Drug
24	Econmic Development	14	Senior Care
5	Education	24	Senior Care
7	Education	25	Senior Care
5	Elderly Help	10	Services available
3	Exercise opportuinities	2	Speciality Services
6	Exercise opportuinities	20	Speciality Services
8	Exercise opportuinities	25	Speciality Services
11	Exercise opportuinities	4	Transportation
15	Exercise opportuinities	16	Transportation
18	Exercise opportuinities	15	Unisured
21	Exercise opportuinities	22	Unisured
22	Exercise opportuinities	7	use what we have

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## c) Public Notice & Requests

[VVV Consultants LLC]

## **EMAIL #1 Request Message (Cut & Paste)**

**From:** Morgan Allison, Administrative Coordinator

**Date:** 2/15/2021

**To:** Community Leaders, Providers and Hospital Board and Staff

**Subject:** Kiowa County Community Health Needs Assessment 2021

**Kiowa County Memorial Hospital** is partnering with other community health providers to update the Kiowa County Community Health Needs Assessment. The goal of this assessment update is to understand progress in addressing health needs cited in the 2015 and 2018 CHNA reports and to collect up-to-date community health perceptions.

VVW Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct this countywide research. All responses will be confidential.

To gather community feedback, a short and confidential online survey has been developed. It can be accessed through the link below

**LINK:** [https://www.surveymonkey.com/r/CHNA2021\\_Kiowa](https://www.surveymonkey.com/r/CHNA2021_Kiowa)

All community residents and business leaders are encouraged to complete the 2021 CHNA online survey by **Thursday, March 18<sup>th</sup>**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Thursday, April 22<sup>nd</sup>**, for Lunch from **11:30 p.m. - 1:00 p.m.** Please stay on the lookout for more information to come soon. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call [\(620\) 723-3341](tel:6207233341)

## **EMAIL #2 Request Message (Cut & Paste)**

**From:** Morgan Allison, Administrative Coordinator

**Date:** 3/29/2021

**To:** Community Leaders, Providers and Hospital Board and Staff

**Subject:** Kiowa Co. Scheduled Town Hall Meeting – **April 22 @ 11:30am – 1pm**

Please join Kiowa County Memorial Hospital as they host the 2021 Community Health Needs Assessment (CHNA). This event will be held on **Thursday April, 22<sup>nd</sup>, 2021 for lunch from 11:30 a.m. – 1:00 p.m.** at the **Community Building**.

During this meeting, our focus will be to review the community health indicators and gather feedback opinions on key community needs. In order to meet the state-wide guidelines and standards due to COVID, it is imperative for each individual to RSVP that plans to attend this vital community event. We will be facilitating the meeting to stay socially distanced for the safety of our community members. We hope you find time to join us during this meeting.

Note> Those who RSVP will receive further additional information a few days prior to the event with confirmation of their attendance to ensure the proper amount of space is allotted.

Please use the link below to make your reservation for **April 22nd**

**LINK:** [https://www.surveymonkey.com/r/CHNA2021\\_Kiowa](https://www.surveymonkey.com/r/CHNA2021_Kiowa)

*Thank you in advance for your time and support!  
If you have any questions regarding CHNA activities, please call (620) 723-3341*



## Email #3 – Town Hall Event Reminder

The on-site Town Hall event being hosted by **Kiowa County Memorial Hospital** for the 2021 Community Health Needs Assessment, is almost here and we are sending this RSVP reminder in order to adhere to social distancing guidelines during this event. This community event is being held on **Thursday, April 22<sup>nd</sup>**, for Lunch from **11:30 a.m. – 1:00 p.m. at the Community Building**. If you are no longer able to attend this event, please let Morgan Allison know via email at [MAllison@kmch.net](mailto:MAllison@kmch.net).

To keep things moving and cover all that is on our agenda promptly, we ask that you please plan to be **10 mins early**, as we will begin right away at **11:30 a.m.** In addition, we ask that you plan to stay for the full duration as the last 45 mins will be the most important for gathering community insight.

We look forward to seeing you all on Thursday, April 22<sup>nd</sup>, as we gather for an important community event.

*Thank you for your time and support!*

If you any questions or change in RSVP for this Town Hall meeting, please [contact Morgan Allison](#)

# Kiowa County Memorial Hospital begins 2021 Community Health Needs Assessment.

**Media Release:** 02/15/21

Over the next few months, **Kiowa County Memorial Hospital** will be working with area providers to update the 2018 Kiowa County Community Health Needs Assessment (CHNA). KCMH is seeking input from community members regarding the healthcare needs in Kiowa County in order to complete the 2021 CHNA.

VVV Consultants LLC, an independent research firm from Olathe KS, has been retained to conduct this countywide research. The goal of this assessment update is to understand progress in addressing community health needs cited in the both the 2015 and 2018 assessment reports while collecting up-to-date community health perceptions and ideas.

A brief community survey has been developed in order to accomplish this work. It can be accessed via the [link below](#), social media, or our website.

**LINK:** [https://www.surveymonkey.com/r/CHNA2021\\_Kiowa](https://www.surveymonkey.com/r/CHNA2021_Kiowa)

All community residents and business leaders are encouraged to complete the 2021 CHNA online survey by **Thursday, March 18<sup>th</sup>**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Thursday, April 22<sup>nd</sup>**, for Lunch from **11:30 p.m. - 1:00 p.m.** Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call [\(620\) 723-3341](tel:6207233341)

###

# Kiowa County Memorial Schedules Local Town Hall Event.

**Media Release:** 03/29/21

**Kiowa County Memorial Hospital** is hosting the 2021 Community Health Needs Assessment Town Hall on **Thursday April 22<sup>nd</sup>, from 11:30 a.m. – 1:00 p.m. at the Community Building** in Greensburg, KS. This event will consist of reviewing the community health indicators and gathering feedback opinions on key community health needs.

To adequately prepare for this on-site event while COVID is still upon us, it is vital that all who wish to attend utilize the RSVP link found on the Kiowa County Memorial Hospital website. This will allow us to save a seat for all participants attending, while adhering to state-guidelines and being socially distanced. As important as this event is, we hope you will find the time to join us on April 22<sup>nd</sup>.

Note> If you RSVP, additional information will be released to you a few days prior to the event. Thanks in advance for your time and support!

If you have any questions regarding CHNA activities, please call (620) 723-3341

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## d.) Primary Research Detail

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[VVV Consultants LLC]

CHNA 2021 Community Feedback: Kiowa Co. KS (N= 128)							
ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1006	67054	Good	Not really changing much	POV			Poverty
1028	67109	Average	Not really changing much	TRANS			if you are able to drive then there is not a problem.
1049	67059	Good	Increasing - moving up	DOCS	STFF	REF	Some health care workers not understanding their limitations and when to refer.
1058	67059	Average	Decreasing - slipping downward	QUAL	DOCS		too small of an area to draw quality professionals
1070		Average	Decreasing - slipping downward	COMM			Lack of communication
1079	67054	Average	Increasing - moving up	MISD			Not wanting to see the current Dr
1080	67054	Poor	Not really changing much	MISD	DOCS	QUAL	Lack of a good doctor.
1094	67054	Average	Increasing - moving up	MISD	DOCS		fear of being dismissed by local Dr, so patients opt to delay care (go elsewhere) or don't seek help at all
1113	67054	Average	Not really changing much	COMM	MRKT	STFF	Incorrect information spread by staff members on social media
1120	67059	Average	Decreasing - slipping downward	OTHR			interface between PRMC and KCMH

CHNA 2021 Community Feedback: Kiowa Co. KS (N= 128)							
ID	Zip	Overall	Movement	c1	c2	c3	Covid-19 has impacted our communities. Do you have any worries and/or concerns regarding COVID-19 in relation to Community Health?
1001	67054	Good	Not really changing much	VACC	COMM		I have not been shown the benefits of receiving the injections outweighs the perceived risks. The emergency use designation and lack of manufacturer liability raise red flags.
1004	67059	Average	Increasing - moving up	ALL			Community has done great at doing their part.
1013	67054	Good	Not really changing much	VACC			Not enough people taking shots.
1014		Very Good	Increasing - moving up	VACC	COVD		People who need the Covid shot. Need to practice mask wearing, hand washing, and social distancing
1018	67054	Good	Increasing - moving up	COVD			To much of quarantine
1035	67109	Poor	Not really changing much	LDRS			They are not constant on rules and guidelines.
1049	67059	Good	Increasing - moving up	LDRS	MAN		Move on... We have done a poor job of evaluating measures and then making new adjustments. We continue to do the same measures/prevention strategies when data would show ineffectiveness. It takes a different level of research and assessment and that would have cost so I understand. Yet if we are going to do better we need to understand what is better and how to perscribe it.
1053	67059	Poor	Decreasing - slipping downward	COMM	LDRS		no real clarity on guidelines of the day.
1055	67059	Good	Increasing - moving up	COVD			How strict our county health department is in comparison to other KS counties.
1060	67059	Good	Not really changing much	COVD	COMM		When someone who comes down with COVID and they make a list of who they have come in contact with for the Health Department, I feel the people on the list should have the right to know who has put them on the list so that they can appeal their need to be or not be quarantined because of exposure.
1070		Average	Decreasing - slipping downward	OTHR			Kibar released me from hospital with no medication
1087	67059	Average	Not really changing much	QUAL			There is no consistency
1090	67054	Good	Not really changing much	COVD	PREV		They need to think out of the Covid box-not every sickness is covid related. Hard to get health care for other issues because of the Covid.
1094	67054	Average	Increasing - moving up	HOSP	COVD	NURSE	Community rumor is that our local hospital won't accept COVID patients. That if patient isn't severe enough for another hospital to take in ICU, they send them home when the patient is having continued breathing issues and should be observed. Rumor is that Nursing is understaffed and Dr Kibar doesn't want to treat any COVID patients personally. Health Dept is doing great, other than people mad they have to quarantine/mask. But hospital has terrible COVID reputation.
1097	67054	Average	Increasing - moving up	LDRS	COVD	MAN	My only concern is with Kerri. I think Nicole should be in front of the public more as the trained medical professional. Kerri has taken it upon herself to act as a medical professional. There have been multiple issues in regards to Covid in this small county and the vast majority revolves around Kerri's handling of different situations.
1098	67054	Average	Not really changing much	COVD	ACC		People are being charged at the clinic for a health assessment before able to get a covid test. Some people are unable to afford an \$80 visit for this and there are not other options.
1102	67059	Good	Not really changing much	ALL			I am confident in our community health care workers will provide the needed services as they become available
1103	67054	Very Good	Not really changing much	COVD	ACC		I don't think the clinic should require an appointment prior to testing.
1108	67054	Good	Not really changing much	COVD			Think they are over doing quarantine of people
1113	67054	Average	Not really changing much	COMM	MRKT	STFF	Staff members not taking precautions in the general public. Spreading misinformation on social media. Down playing the pandemic in general
1120	67059	Average	Decreasing - slipping downward	OTHR			inconsistencies across the state. Seems like purpose is to eradicate COVID rather than the initial purpose of not overwhelming the health care system. We keep doing things that haven't prevented the spread. Seems we aren't learning but keep doing the same things that we did when the outbreak started.

### CHNA 2021 Community Feedback: Kiowa Co. KS (N= 128)

ID	Zip	Overall	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1001	67054	Good	Not really changing much	REF			Seems too quick to stabilize and transport to another facilities when care/service could be provided locally.
1004	67059	Average	Increasing - moving up	SERV	DOCS		More options for Doctors
1006	67054	Good	Not really changing much	NO			Briefly but not often
1007	67054	Very Good	Increasing - moving up	SERV	SPEC	DOCS	More specialized medical personal.
1014		Very Good	Increasing - moving up	DOCS	SURG		More Doctors. Minor Surgeries.
1015	67054	Good	Not really changing much	ALL			In a small community - there will always be a need
1026	67054	Poor	Not really changing much	DOCS			Need Dr
1027	67054	Poor	Not really changing much	DOCS			Need Dr.
1029	67059	Very Poor	Decreasing - slipping downward	SPEC	DOCS		More specialized doctors/PA's.
1030	67059			ACC	SPEC		Our county is too small to afford the specialists needed to provide consistent services in all areas which are needed.
1037	67054	Poor	Not really changing much	ACC	HOSP	URG	The hospital always seems understaffed. The providers don't like to be bothered after hours.
1044	67059	Poor	Not really changing much	IM	DOCS		Internal medicine doctor
1052	67059	Very Good	Increasing - moving up	SPEC	DOCS		Lack of specialists
1056	67059	Average	Not really changing much	DOCS			We don't think there are enough staff at the time needed.
1060	67059	Good	Not really changing much	PEDS			For myself and husband yes. It probably would be good for families with children to have another option.
1068	67054	Average	Decreasing - slipping downward	MAN	MISD		We pay a LOT out for traveling providers because we have a medical director that won't take call on weekends. We had another doctor that was extremely unhealthy himself. People shouldn't feel the need to call in and ask who's on call before they decide to utilize the hospital. I had no problems with my experiences with the traveling providers, they provided excellent care. I just know they cost the facility a lot of money.
1074		Average	Not really changing much	ACC			Often times you have to see one provider and will have to wait to see someone else
1079	67054	Average	Increasing - moving up	NURSE			Need more local nursing staff available
1087	67059	Average	Not really changing much	DOCS			At times it is good, but there needs to be more PA's available for those that refuse to see the Medical Doctor.
1090	67054	Good	Not really changing much	DOCS			Need more doctors in the community
1094	67054	Average	Increasing - moving up	QUAL	STFF		I think there is ENOUGH staff for the most part. It's the quality of staff that is debatable.
1098	67054	Average	Not really changing much	CLIN			It would be nice for the clinic to have a third provider present so that if one of them is gone there is still space to see patients or have routine care done.
1101	67059	Good	Not really changing much	PEDS			Pediatrics would be nice
1102	67059	Good	Not really changing much	CLIN			The Haviland Clinic is not open to our residents
1103	67054	Very Good	Not really changing much	CLIN	URG		My child was sent home from school one day for a fever, and the clinic couldn't get him in till the next day and he tested positive for flu, so it kept him from getting meds
1106	67059	Very Poor	Decreasing - slipping downward	STFF			I do not think they have enough staff available to help all the needs in the community.
1115	67059	Average	Not really changing much	QUAL	MISD		They are available, but I would never receive care by the three medical providers in Greensburg.
1118	67054	Good	Not really changing much	SERV			Need another mid-level
1120	67059	Average	Decreasing - slipping downward	ALL			If we think more broadly than KCMH, yes!
1124	67054	Very Good	Not really changing much	DENT	OPHT	SURG	Many seniors are traveling to Pratt, Kinsley, and Wichita for services they cannot get here (dental, optical, minor surgery).
1125	67054	Poor	Decreasing - slipping downward	NURSE			Need to get up to speed in paying employees what they are worth. Seems nursing staff is short changed on pay and can work at Walmart for the same pay you offer.

### CHNA 2021 Community Feedback: Kiowa Co. KS (N= 128)

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1001	67054	Good	Not really changing much	ORTH	SPEC	CLIN	Orthopedic specialty clinic
1004	67059	Average	Increasing - moving up	KID			More childcare options
1006	67054	Good	Not really changing much	COVD			When I needed a COVID test, there was not a provider available that day at KCMH.
1010	67054	Average	Not really changing much	WELL	NUTR	FIT	Healthy lifestyle programs
1028	67109	Average	Not really changing much	KID			child care is lacking in kiowa county
1029	67059	Very Poor	Decreasing - slipping downward	CHRON	NUTR	FIT	Chronic Diseases, Nutrition, Physical activity, partnership with other health opportunities.
1036	67059	Average	Not really changing much	PRIM			IS there a primary doctor in Kiowa County, or does everyone go to Pratt?
1042	67059	Very Good	Increasing - moving up	AGE	FIT	POV	In not sure what might be useful in relation to senior services, youth services, addiction services, recreation services, poverty services...
1044	67059	Poor	Not really changing much	FIT			exercise
1052	67059	Very Good	Increasing - moving up	SPEC			Attract health care specialists
1053	67059	Poor	Decreasing - slipping downward	INSU	FINA		Programs for people without healthcare.
1055	67059	Good	Increasing - moving up	BH			More mental health
1057	67059	Good	Not really changing much	PREV	NUTR	FIT	Preventative programs, Nutrition programs, community walkways & activities programs.
1060	67059	Good	Not really changing much	HH			Home Health for elderly. My mother had to go into a nursing home in Pratt because we could not find anyone available to do home health care in Haviland area.
1061	67059	Average	Increasing - moving up	DRUG			Improved resources to meet the challenges of the opioid crisis.
1062	67054	Very Good	Not really changing much	SPEC			special services
1065	67059	Average	Not really changing much	QUAL			Not new just better
1071	67054	Good	Increasing - moving up	BH	WELL		I believe that mental health should be focused on. Educating people on health would be another important area.
1083	67054	Good	Increasing - moving up	FINA	DENT	DRUG	Less expensive dental specialty. Different guidelines so law enforcement can hold people accountable for illegal drugs.
1094	67054	Average	Increasing - moving up	QUAL	STFF		Revamp of hospital and clinic's public perception. Kelsey Hott has great public perception but is only 1 person. Dr Kibar has terrible public perception, as does nursing from time to time. Getting a new provider who cares, or getting our current provider to care, would be imperative to turning overall healthcare around for Kiowa County.
1095	67054	Good	Not really changing much	OTHR			I think the current needs could be met if more of the population chose to seek health care in the county
1097	67054	Average	Increasing - moving up	QUAL	STFF		"New" Doctors and PA's that are friendly and courteous to both coworkers and patients.
1098	67054	Average	Not really changing much	FIT	MRKT	DIAB	It would be nice to have a community fitness center with some classes for the elderly and also classes for working people. The rec does good with kids activities but poorly with adults classes and the access is sometimes not great. There should be more advertisement of family planning services available from other sources in the community to raise awareness. Diabetes education classes would be a great to have for people to attend.
1099	67054	Very Good	Not really changing much	DRUG			substance abuse
1100	67059	Average	Increasing - moving up	KID			Child care
1101	67059	Good	Not really changing much	WELL			General Health education/wellness
1102	67059	Good	Not really changing much	WELL	FIT		A County wellness center where health education and exercise could be ongoing.
1106	67059	Very Poor	Decreasing - slipping downward	DOCS	NUTR	FIT	Have a couple more doctors or PA's. Some health programs that should be created are healthy eating habits, how to take care of your health, exercise facility, and chiropractor.
1112	67054	Average	Not really changing much	DENT			A dentist who is here weekly.
1115	67059	Average	Not really changing much	FIT	SH	SPEC	Fitness Classes, support for Kiowa County School Nurse, specialists available
1124	67054	Very Good	Not really changing much	DENT	DOCS	NH	More choices on all dentists and physicians, and long-term assisted living for seniors.
1125	67054	Poor	Decreasing - slipping downward	DOCS			A new Dr willing to be a dr to the whole community.
1127	67054	Poor	Increasing - moving up	FIT	NUTR	KID	Personal trainers, healthier food options , more child care centers

Let Your Voice Be Heard!

In 2018, Kiowa County Memorial Hospital surveyed the community to assess health needs. Today, Kiowa requests your input in order to create a 2021 Kiowa County (KS) Community Health Needs Assessment (CHNA). To gather current feedback, a short online survey has been created to evaluate current community health needs.

While your participation is voluntary and confidential, all community input is valued. Thank you for your attention! Deadline to participate is Thursday, March 18th, 2021.

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

- Very Good     Good     Average     Poor     Very Poor

2. When considering "overall community health quality", is it ...

- Increasing - moving up                       Decreasing - slipping downward  
 Not really changing much

Why? (please specify)

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



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

5. From past CHNAs, a number of health needs were identified as priorities. Are any of these an ongoing problem for our community? Please select all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Access to Specialists        | <input type="checkbox"/> Exercise/Fitness                 |
| <input type="checkbox"/> Affordable Health Insurance  | <input type="checkbox"/> Health Education                 |
| <input type="checkbox"/> Alcohol Abuse                | <input type="checkbox"/> Home Health / Hospice            |
| <input type="checkbox"/> Availability of Primary Care | <input type="checkbox"/> Nutrition - Healthy Food Options |
| <input type="checkbox"/> Awareness of Health Services | <input type="checkbox"/> Nursing Home / Senior Care       |
| <input type="checkbox"/> Behavioral / Mental Health   | <input type="checkbox"/> Poverty / Economic Development   |
| <input type="checkbox"/> Child Care                   | <input type="checkbox"/> Preventative Health / Wellness   |
| <input type="checkbox"/> Drug/Substance Abuse         | <input type="checkbox"/> Transportation                   |

6. Which past CHNA need is NOW the "most pressing" for improvement? Please Select Top Three.

- |   |   |
|---|---|
| <input type="checkbox"/> Access to Specialists        | <input type="checkbox"/> Exercise/Fitness                 |
| <input type="checkbox"/> Affordable Health Insurance  | <input type="checkbox"/> Health Education                 |
| <input type="checkbox"/> Alcohol Abuse                | <input type="checkbox"/> Home Health / Hospice            |
| <input type="checkbox"/> Availability of Primary Care | <input type="checkbox"/> Nutrition - Healthy Food Options |
| <input type="checkbox"/> Awareness of Health Services | <input type="checkbox"/> Nursing Home / Senior Care       |
| <input type="checkbox"/> Behavioral / Mental Health   | <input type="checkbox"/> Poverty / Economic Development   |
| <input type="checkbox"/> Child Care                   | <input type="checkbox"/> Preventative Health / Wellness   |
| <input type="checkbox"/> Drug/Substance Abuse         | <input type="checkbox"/> Transportation                   |

7. In your opinion, what are the root causes of "poor health" in our community? Please Select Top Three.

- |  |  |
|--|--|
| <input type="checkbox"/> Chronic disease prevention          | <input type="checkbox"/> Limited Access to Mental Health |
| <input type="checkbox"/> Lack of Health & Wellness           | <input type="checkbox"/> Family Assistance programs      |
| <input type="checkbox"/> Lack of Nutrition/Exercise Services | <input type="checkbox"/> Lack of health insurance        |
| <input type="checkbox"/> Limited Access to Primary Care      | <input type="checkbox"/> Neglect                         |
| <input type="checkbox"/> Limited Access Specialty Care       |  |

Other (please specify)



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

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chiropractors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Doctor/Optomestrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Planning Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice / Palliative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telehealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home/Senior Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk- In Clinic Access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very Good	Good	Fair	Poor	Very Poor
Behavioral / Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings / Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal/Child Health Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use/Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence / Abuse Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Wellness Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Do you have any Covid-19 worries and/or concerns in regards to Community Health delivery?

- Yes
- No

If yes, please share your thoughts. Be specific



12. Over the past 2 years, did you or someone in your household receive healthcare services outside of Kiowa County communities?

- Yes
- No

If YES, please specify the healthcare services received.



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

- Yes
- No

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



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



15. 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.)

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

Other (please specify)

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

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

Other (please specify)

17. What is your home ZIP code? Please enter 5-digit ZIP code; for example 66544 or 65305



**VWV Consultants LLC**



## **VWV Consultants LLC**

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**VWV 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