

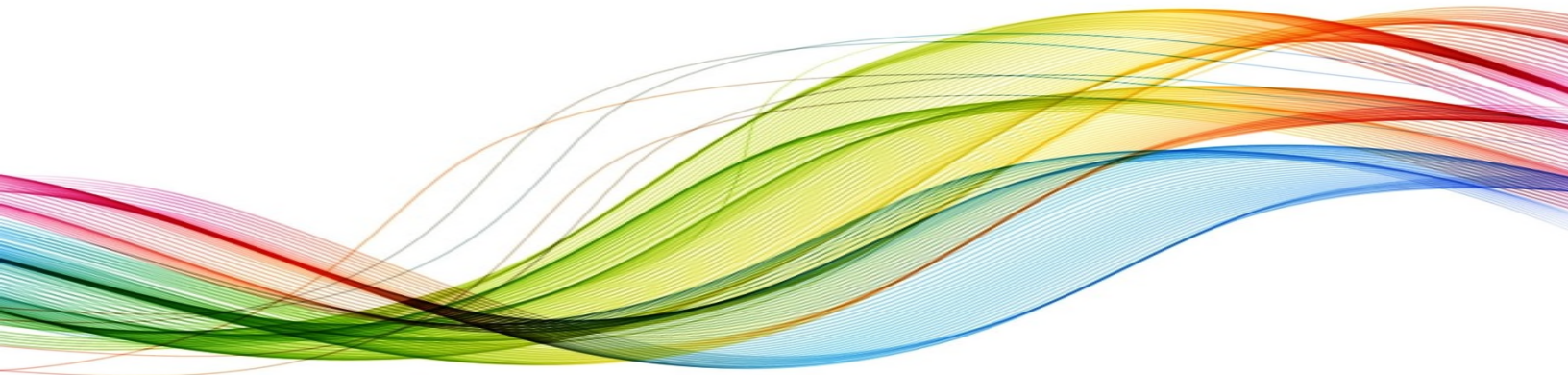


# **Community Health Needs Assessment**

## **Pawnee Valley Community Hospital-**

## **Pawnee County (KS)**

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**May 2018**

**VVV Consultants LLC**  
**Olathe, KS**

# **Community Health Needs Assessment**

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# I.Executive Summary

## Pawnee County, KS- 2018 Community Health Needs Assessment (CHNA) Wave #3

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 local 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.

Pawnee Valley Community Hospital - Pawnee County, KS last CHNA was published in May of 2015. (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). This Wave #3 CHNA assessment was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandelaar, MBA.

**Important CHNA Benefits** for both the local hospital and the health department, as well as for the community, 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 quality health care.

### Year 2018 Pawnee Valley Community Hospital – Pawnee County “Community Health Needs”

Pawnee Valley Community Hospital				
Wave #3 CHNA - 2018 Town Hall Priorities ( 51 Attendees, 205 Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Healthcare (Access, Screen, Treat, Rehab)	35	17.1%	17.1%
2	Awareness of HC Services	35	17.1%	34.1%
3	Opioids	27	13.2%	47.3%
4	Women's Health	20	9.8%	57.1%
5	Poverty	19	9.3%	66.3%
6	Support Groups (AA, NA, etc.)	10	4.9%	71.2%
7	Pediatric Care	9	4.4%	75.6%
8	School Lunch	9	4.4%	80.0%
Total Votes:		205	100.0%	
Other Items Noted: Healthcare Cost, Sexually Transmitted Disease's, Child Care, Urgent Care, Kids Health, Single Parents, Readiness of Caregivers.				

**Pawnee Valley Community Hospital – Pawnee County CHNA Town Hall “Community Health Strengths” cited are as follows:**

<b>Pawnee Valley Community Hospital - Community Health "Strengths"</b>			
<b>#</b>	<b>Topic</b>	<b>#</b>	<b>Topic</b>
1	Collaborative Community Support	8	Employment
2	Immunizations	9	Ambulance Services
3	Graduation Rates/ Education	10	Emergency Room
4	Local Service Health Offerings	11	Quality Hospital Facility
5	State Hospital in community	12	Summer Lunch
6	Access to Fitness	13	Parks and Recreation
7	Quality Providers	14	Spiritual Ministries

**Key CHNA Wave#3 Secondary Research Conclusions are as follows:**

**KS HEALTH RANKINGS:** According to the 2018 RWJ County Health Rankings Study, Pawnee County was ranked in the top third for Health Behaviors, Clinical Care, Physical Environment, and Quality of Life out of 105 Kansas Counties.

**TAB 1.** Pawnee County has a population of 6,743 with a population per square mile of 9. 4% of Pawnee’s population is under the age of 5 and 20% is over the age of 65. 44% of the population is Female. Pawnee County has a diverse population with 91% being white, 5% Black or African American, and 8% Hispanic or Latino. 6% of the population speaks a language other than English at home. 30% of the children in Pawnee County live in a single parent household. Pawnee is home to 639 veterans.

**TAB 2.** Per Capita income in Pawnee County is \$24,125 with 15% of Pawnee County in Poverty. There are 3,153 total housing units and a severe housing problem of 8%. Pawnee has 400 firms and an unemployment rate of 4%. 13% of Pawnee County feels food insecurity and 5% have limited access to healthy foods.

**TAB 3.** 60% of students in Pawnee County are eligible for free or reduced-price lunch. The high school graduation rate has improved to 90.2% and 20.6% go on to get a bachelor’s degree or higher.

**TAB 4.** 70.1% of births in Pawnee County had prenatal care starting in the first trimester. 85.1% of infants up to 24 months are fully immunized. Teenagers giving birth has increased to 9% of Pawnee County’s births as well as births to unmarried women has increased to 44%. 22.4% of births in Pawnee County were to women who smoked during the pregnancy.

**TAB 5.** Pawnee County has one Primary Care Physician for 860 people. The average wait time in the Emergency Room is 13 minutes.

**TAB 6.** Mental health continues to grow in Pawnee County with 3.2 poor mental health days, and the Depression population rising to 17.2%. The age-adjusted suicide rate is 29.7.

**TAB 7.** 30% of adults in Pawnee County are obese, and 23% are physically inactive. 17% of adults smoke and 16% excessively drink. The sexually transmitted infections rate has risen to 502.1. Hypertension in Pawnee County is slightly higher than the state norm at 59.3% as well as

Hyperlipidemia at 43.1%. Asthma has increased slightly at the county level to 5.8% but is still lower than the norm.

**TAB 8.** The adult uninsured rate in Pawnee County is 11%.

**TAB 9.** Pawnee County has a life expectancy of 76.4 for Males and 81.8 for Females. The age-adjusted cancer mortality rate has lowered slightly to 160.5 as well as the age-adjusted chronic lower respiratory disease mortality rate to 51.4. The age-adjusted heart disease mortality rate has risen to 173.7. Pawnee County has a high alcohol-impaired driving deaths percentage at 38%.

**TAB 10.** 58% of Pawnee County has access to exercise opportunities. Diabetes monitoring is 72% and mammography screening 55%.

**Key 2018 Community Feedback Conclusions:** Stakeholder feedback from residents, community leaders and providers (N=203) provided the following community insights via an online survey:

- 77.3% of Pawnee County stakeholders would rate the overall healthcare delivery in their community as either Very Good or Good, with Good being the highest ranking. The Kansas rural norm for Very Good and Good scores is 73.5%.
- Pawnee County stakeholders are satisfied with the following services: Ambulance Services, Inpatient Services, Outpatient Services, Pharmacy, and Physician Clinics.
- Pawnee County stakeholders view a Lack of awareness of existing local programs, providers, and services as the number one root cause of poor health followed by Limited access to mental healthcare assistance.
- When considering past CHNA needs, Drug/Substance Abuse; Mental Health; and Air Quality continue as an ongoing problem and pressing.

CHNA Wave #3		Ongoing Problem		Pressing
Past CHNAs health needs identified		PVCH N=203		PVCH
Rank	Topic	Votes	%	RANK
1	Drug / Substance Abuse	87	16.9%	1
2	Mental Health	62	12.1%	2
3	Air Quality	54	10.5%	3
4	Alcohol Abuse	48	9.3%	4
5	Oncology	42	8.2%	6
6	Wellness / Prevention	37	7.2%	7
7	Nutrition - Healthy Food options	34	6.6%	8
8	Awareness of existing HC services	30	5.8%	5
9	HC Transportation	28	5.4%	10
10	Nursing Home - Dementia care	26	5.1%	9
11	Home Health / Hospice services	25	4.9%	11
12	Fitness / Exercise options	23	4.5%	12
13	Dental	18	3.5%	13
TOTALS		514	100.0%	

## **II. Methodology**

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**[VVV Consultants LLC]**

## 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 who 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 that 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.).

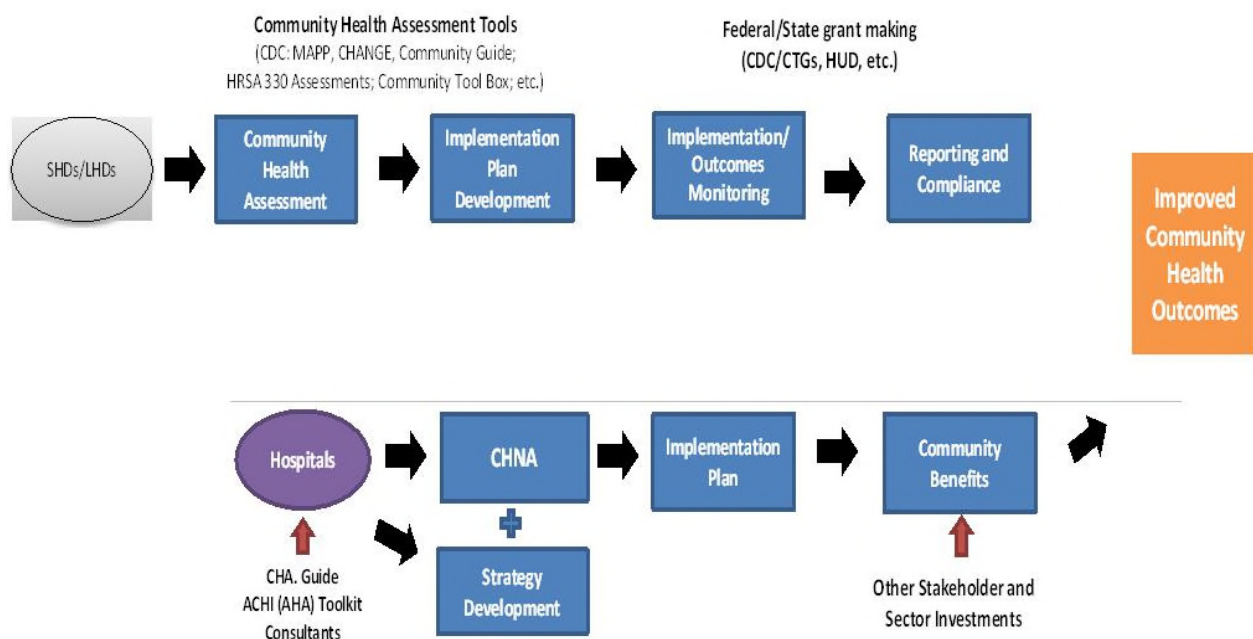
#### **JOB #2: Making a CHNA Widely Available to the Public**

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 Notice 2011-52 Overview**

### **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 conduct an initial CHNA for each of its hospital facilities by June 30, 2013, either during the fiscal year ending June 30, 2013 or during either of the two previous fiscal years.

#### **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 and Treasury Finalize Patient Protection Rules for Tax-Exempt Hospitals

ACCOUNTING TODAY 1/2/15

The Internal Revenue Service and the Treasury Department have issued **final regulations** under the Affordable Care Act to protect patients in tax-exempt hospitals from aggressive debt collection practices and to provide other rules for charitable hospitals.

Under the **final regulations**, each Section 501(c)(3) hospital organization is required to meet four general requirements on a facility-by-facility basis: establish written financial assistance and emergency medical care policies; limit the amounts charged for emergency or other medically necessary care to individuals eligible for assistance under the hospital's financial assistance policy; make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy before engaging in extraordinary collection actions against the individual; and conduct a community health needs assessment, or CHNA, and adopt an implementation strategy at least once every three years. The first three requirements are effective for tax years beginning after March 23, 2010 and the CHNA requirements are effective for tax years beginning after March 23, 2012.

The ACA also added a new Section 4959, which imposes an excise tax for failure to meet the CHNA requirements, and added reporting requirements. These final regulations provide guidance on the entities that must meet these requirements, the reporting obligations relating to these requirements and the consequences for failing to satisfy the requirements.

"Charitable hospitals represent more than half of the nation's hospitals and play a key role in improving the health of the communities they serve," wrote Emily McMahon, Deputy Assistant Secretary for Tax Policy at the U.S. Department of the Treasury, in a **blog post** Monday explaining the requirements. "But reports that some charitable hospitals have used aggressive debt collection practices, including allowing debt collectors to pursue collections in emergency rooms, have highlighted the need for clear rules to protect patients. For hospitals to be tax-exempt, they should be held to a higher standard. That is why the Affordable Care Act included additional consumer protection requirements for charitable hospitals, so that patients are protected from abusive collections practices and have access to information about financial assistance at all tax-exempt hospitals."

She noted that as a condition of their tax-exempt status, charitable hospitals must take an active role in improving the health of the communities they serve, establish billing and collections protections for patients eligible for financial assistance, and provide patients with the information they need to apply for such assistance. "These final rules adopt the same framework of proposed regulations but simplify the compliance process for charitable hospitals, while continuing to provide meaningful guidance on protections for patients and requirements to assess community health needs," she added.

Under the new rules, hospitals cannot charge individuals eligible for financial assistance more for emergency or other medically necessary care than the amounts generally billed to patients with insurance (including Medicare, Medicaid, or private commercial insurance). In addition, every tax-exempt hospital must establish and widely publicize a financial assistance policy that clearly describes to patients the eligibility criteria for obtaining financial assistance and the method for applying for financial assistance.

Charitable hospitals are also prohibited from engaging in certain collection methods (for example, reporting a debt to a credit agency or garnishing wages) until they make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy.

In addition, each charitable hospital needs to conduct and publish a community health needs assessment at least once every three years and disclose on the tax form that it files on an annual basis the steps it is taking to address the health needs identified in the assessment.

Many of the requirements have been in place since the Affordable Care Act passed in 2010, but in response to comments on the proposed regulations, the final rules also expand access to translations for patients, by lowering the threshold for having translations of financial assistance policies available from 10 percent of the community served as proposed, to five percent of the community served or population expected to be encountered by the hospital facility, or 1000 persons, whichever is less, according to McMahon. "The final rules also revise the notification requirements to maintain important protections for patients while making it easier for hospitals to comply with them," she wrote. "General notifications regarding a hospital's financial assistance policy must appear on bills and in the hospital. However, individual written and oral notifications of the hospital's financial assistance policy are now only required when a hospital plans to use extraordinary collections actions, such as reporting a debt to a credit bureau, selling the debt to a third party or garnishing wages."

While charitable hospitals must continue to make a good-faith effort to comply, the rules provide charitable hospitals with time to fully update their policies and programming to implement the changes. But if a charitable hospital fails to meet the consumer protection provisions required by the law, the hospital could have its tax-exempt status revoked. If a hospital fails to properly conduct a community health needs assessment or adopt an implementation strategy, an excise tax will apply, McMahon noted. "However, if a hospital fails to meet a requirement, but the failure is neither willful nor egregious, the hospital can correct and publicly disclose the error to have it excused, thus avoiding revocation of tax-exempt status, but the excise tax would still apply," she wrote.

# CHNA NEWS: IRS Makes First Revocation of Hospital Not-for-Profit Status Under 501(r)

RICH DALY, HFMA SENIOR WRITER/EDITOR

**Aug. 15, 2017**—Charity-care reporting requirements under the healthcare reform law may have gone into effect only last October, but already one hospital has lost its not-for-profit tax status as a result. The first-time tax-status revocation under Affordable Care Act (ACA) 501(r) requirements applied to a “dual-status” 501(c)(3) hospital operated by a “local county governmental agency” and was confirmed by a redacted copy of the [tax status letter](#), which was dated Feb. 14, 2017, and posted to the IRS website in August. Neither an IRS spokeswoman nor the redacted letter identified the hospital. Loss of the 501(c)(3) exemptions eliminates the ability of hospitals to use certain employee benefit plans; likely subjects hospitals to income, property, and other taxes; bars receipt of tax-deductible contributions; and disallows use of tax-exempt bonds.

The 501(r) requirements on performing community health needs assessments (CHNAs) and offering financial assistance became effective for tax years beginning on or after Dec. 29, 2015, meaning tax-exempt hospitals operating on the calendar had to be in compliance by Jan. 1, 2016, and those with a different fiscal-year end had to be in compliance by Oct. 1, 2016.

The only enforcement information previously released by the IRS was a June 2016 letter to Sen. Charles Grassley (R-Iowa), which noted that at that point the IRS had completed 2,482 compliance reviews under 501(r). Additionally, 163 hospitals were assigned for “examination” as a result of those compliance reviews, but no further actions were identified.

The ACA requires the IRS to review the community-benefit activities of about 3,000 tax-exempt hospitals at least once every three years. This was the first time that Keith Hearle, president, Verité Healthcare Consulting, LLC, Alexandria, Va., had heard of an instance in which a hospital lost its not-for-profit status over 501(r) requirements. He has heard of several others that incurred the \$50,000 excise tax for failing to meet the CHNA requirement.

“I would be surprised if it is a one-off,” said Hearle, who has been expecting more IRS enforcement after his own reviews indicated widespread hospital vulnerability due to poor compliance.

## Reasons for Revocation

Hospital 501(r) requirements include:

- Conducting a CHNA at least once every three years
- Making the CHNA publicly available on a website
- Adopting an implementation strategy to meet the needs identified in the CHNA
- Adopting a financial assistance policy and publicizing the policy, including by posting it on a website
- Limiting the amounts charged to individuals who are eligible for financial assistance
- Making individuals aware of the financial assistance policy prior to engaging in certain collection actions

Among the reasons for the IRS action against the county government hospital was its finding that the hospital did not make the CHNA widely available to the public through a website, although it had paper copies available on request. “The hospital indicated to the IRS that it might have acted on some of the recommendations included in the Implementation Strategy Report, but that a separate written implementation policy was neither drafted nor adopted,” the IRS letter stated.

Officials at the small rural hospital said they lacked the staffing to comply with 501(r) requirements. They also said they “really did not need, actually have any use for, or want their tax-exempt status under Section 501(c)(3),” according to the IRS letter. The hospital believed its tax-exempt status somehow prevented its involvement in certain payment arrangements. It had maintained 501(c)(3) status “only in case any liabilities arose relating to the prior management company that had originally obtained that status from the IRS.”

The IRS deemed the hospital’s failure “egregious” because its leaders had “neither the will, the resources, nor the staff to follow through with the” 501(r) requirements.

### Widespread Vulnerability

Industry advisers worry that many hospitals could be vulnerable to IRS enforcement—if not tax-status revocation—under the new requirements. “A lot of them just assume that what they have, in terms of policy and procedure, suffices under the final regulations and have not done a lot,” said Andrew Kloeckner, a partner for Omaha-based law firm Baird Holm.

Even hospitals that have taken steps to become compliant with the requirements can face downsides, including complications with their collection efforts, which in turn can delay cash flow, Kloeckner said.

Jan Smith, a tax senior manager in Crowe Horwath’s Healthcare practice, indicated that the likelihood of a similar penalty or the likelihood of this determination setting a precedent at other hospitals may be limited. This is due to the unusual position taken by the revoked hospital’s officials that they didn’t need or want charitable status (in addition to governmental status).

“If hospitals are making a good-faith effort to comply, I would be surprised if the IRS would revoke their tax status at this stage of 501(r) examinations,” Smith said in an interview. However, she is aware of several health systems that the IRS is seeking to penalize under the CHNA tax provision.

The IRS’s 501(r) compliance reviews include the agency’s analysis of hospital websites and “other information designed to identify the hospitals with the highest likelihood of non-compliance,” IRS Commissioner John Koskinen stated in his 2016 letter to Grassley.

Justin Lowe, senior manager with the Exempt Organizations Tax Practice at Ernst & Young, underscored that hospital websites are among the publicly available information that the IRS reviews. He urged hospitals to make sure that all required documents, including the CHNA and financial assistance policy, are on the website and easily findable. Insufficient approaches to 501(r) compliance, Kloeckner said, include instances when hospitals purchase financial assistance policy templates that are provided by a consultant and not submitted for legal review, potentially leaving audit vulnerabilities. Kloeckner also urged attention on practices and procedures outside of the policies.

Small government-operated hospitals are among the most vulnerable to enforcement, Hearle said, because they may not be required to file Form 990, which provides reminders about 501(r) compliance requirements. “It’s a group of hospitals I’m concerned about,” Hearle said.

Among the financial assistance requirements with which hospitals are most likely to struggle, Hearle said, is making available lists of physicians who are associated with the hospital and who utilize the same charity care policies.

“Patients obtaining charity care from a hospital want to find physician groups through which they can get the same charity care, as opposed to some group that doesn’t offer charity care,” Hearle said.

# 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 FOUR 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

### **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

## **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:

#### **Pawnee Valley Community Hospital Profile**

**923 Carroll Ave, Larned, KS 67550**

**Administrator: Kendra Barker**

**Medical Director: David Sanger, MD**

**Phone: 620-285-3161**

**History:** Pawnee Valley Community Hospital – Pawnee County, formerly St. Joseph Memorial Hospital, was operated under the Catholic Health Initiatives as an off-branch of Central Kansas Medical Center until 2010. In March of 2010, the hospital official signed a 5-year partnership agreement with Hays Medical Center. The agreement has since been renewed. The facility remains county owned including the building and all assets of the hospital. After the partnership agreement went into effect, the hospital was able to re-open its swing bed program, physical therapy and respiratory therapy departments. In June 2013, Pawnee Valley Community Hospital moved into its replacement hospital building where they have continued to expand services including the Pat Young Imaging Center with a 64-slice CT Scanner, Nuclear Camera and MRI; physical therapy, surgery, PICC Lines and a high complexity lab. Pawnee Valley Medical Associates clinic has also come under the PVCH umbrella of services. Currently, Pawnee Valley Community Hospital is a critical access hospital with 25-beds and 24 hour emergency service.

**Mission Statement:** Pawnee Valley Community Hospital will be the best Critical Access Hospital in rural America.

**Vision Statement:** To improve the quality of life for the communities we serve through exceptional healthcare and service excellence.

**Pawnee Valley Community Hospital offers** the following services to its community:

- Emergency Care
- Specialized Nursing Services
- Acute & Skilled Nursing
- Colonoscopies
- Dental Surgeries
- PICC Lines
- High Complexity Laboratory
- Digital Mammography
- 64 Slice Low Dose CT Scanner
- X-Ray
- Ultra Sound
- Bone Density (Dexascan)
- MRI
- Physical Therapy / Occupational Therapy / Speech Therapy / Lymphedema Therapy
- Respiratory Therapy
- Cardiac and Pulmonary Rehabilitation
- Accredited Sleep & Diagnostic Center
- EEG
- Cardiac Nuclear Stress Testing
- Case Management
- Wound Care Clinic
- Dry Needling
- Medical Records
- Nutrition Services
- Educational Opportunities

## **Pawnee County Health Department Profile**

**715 Broadway St, Larned, KS 67550**

**Administrator/Health Officer: Cheryl Hoberecht, RN, Health Officer, Interim Administrator**

**Medical Consultant: Mark Van Norden, DO**

**Phone: 620-285-6963 or 800-211-4401**

**Regional District Office: SC Trauma Region: SC**

The Pawnee County Health Department is open

**Mission:** To provide health services that will assist Pawnee County citizens to prevent disease, maintain health, and promote wellness.

**Offerings:** Tuberculosis testing, consultations, prophylactic treatment, consultation and investigation of communicable diseases, HIV and STD counseling and testing, HIV education and prevention, physical exams, developmental evaluations, laboratory tests, vision and hearing screenings, and child care evaluations. Nail care clinics. Assistance with applications for Medicaid insurance (Healthy Wave) for low cost or no cost health insurance for families with children. Monthly Diabetic support meetings.

**Health Screening Clinics:** Blood pressure, hearing, urine, health counseling, hemoglobin (anemia), and weight checks. Outreach clinics at senior centers.

**Immunizations:** Infant, adolescent and adult vaccines provided. Annual influenza vaccinations. Pneumonia and Shingles vaccine. Foreign travel vaccines.

**Family Planning Services:** Annual exams, breast exams, pap smears, birth control, well woman exams, cervical and breast cancer screenings, diagnosis and treatment of vaginal infections, pregnancy testing, and infertility referrals. Pre-conception counseling.

**Maternal and Child Health Services:** Assure early and regular prenatal care through early referral assistance. Social worker, nutritionist and registered nurse team to assist with education and use of resources. Newborn home visits by registered nurse, Healthy Start home visitors and parenting classes. Breastfeeding education, resources for breastfeeding equipment purchase or loan.

**WIC (Women, Infant and Child):** Birth up to 5 years of age, pregnant, breastfeeding and postpartum women and children are eligible. Nutrition education and provision of healthy supplemental foods. International Board Certified Lactation Consultants available.

**Farmworker program:** Case manage access to health care for qualified individuals.

## **II. Methodology**

### **b) Collaborating CHNA Parties Continued Consultant Qualifications**



#### **VVV Consultants LLC**

Company Profile: 601 N. Mahaffie, Olathe, KS 66061 (913) 302-7264

**Vince Vandelaar MBA, Principal Consultant & Adjunct** 913-302-7264

[VVV@VandelaarMarketing.com](mailto:VVV@VandelaarMarketing.com)

Vince provides professional business consulting services to help healthcare organizations with business strategy, research and development. Specifically, Vince facilitates strategic planning, creates proven marketing plans/tactics, prepares IRS aligned community health needs assessments and conducts both qualitative and quantitative market research studies.

Vince started his consulting firm (VVV Consultants LLC) on 1/1/2009, after working for Saint Luke's Health System of Kansas City for 16 years. (Note: Saint Luke's Hospital of KC, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003). Prior to his experience at Saint Luke's, Vince worked in the payor and insurance industry for Blue Cross and Blue Shield of Kansas City; Tillinghast, a Tower's Perrin Actuarial Consulting Firm; and Lutheran Mutual Life Insurance Company.

Vince also is an Adjunct Professor teaching BA, MBA & MHA classes part time 20% of his time at Avila, Rockhurst and/or Webster University (Strategic Planning, Marketing, MHA Capstone, Marketing Research, Sales & Social Media classes) and consults the remainder of his time.

Vince is a Malcolm Baldrige coach and a professional focus group moderator. He is actively involved in the national Society for Healthcare Strategy & Market Development (SHSMD), KHA/MHA Marketing Associations, KC Employee Benefit Professional Association, Healthcare Executives Kansas City, the American Marketing Association KC Chapter and is a SG2 advocate.

#### **Collaborating Support:**

Heather Marine, BA CNA - VVV Consultants LLC  
Collaborative Analyst

## II. Methodology

### c) CHNA and Town Hall Research Process

Wave #3 Community Health Needs Assessment (CHNA) process began in January 2018 for Pawnee Valley Community Hospital (Larned, KS) to meet IRS CHNA requirements.

In early January of 2018 a meeting was called (hosted) by Pawnee Valley Community Hospital to review possible 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 lead to Pawnee Valley Administration requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

#### 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:

<b>Pawnee Valley Community Hospital- Pawnee CO</b>					
<b>Defined based on historical KHA IP/ER/OP patient origin</b>					
	<b>Pawnee Co</b>	<b>PVCH</b>	<b>PSA</b>	<b>Others</b>	<b>%</b>
<b>Inpatient</b>					
-FFY 2017	770	130	16.9%	640	83.1%
-FFY 2016	708	121	17.1%	587	82.9%
-FFY 2015	633	167	26.4%	466	73.6%
<b>Emergency</b>					
-FFY 2017	2947	2744	93.1%	203	6.9%
-FFY 2016	3144	2922	92.9%	222	7.1%
-FFY 2015	2970	2681	90.3%	289	9.7%
<b>Total Outpatient</b>					
-FFY 2017	9255	6974	75.4%	2281	24.6%
-FFY 2016	9612	7288	75.8%	2324	24.2%
-FFY 2015	7955	7311	91.9%	644	8.1%

Source: KHA Hospital Assoc

Specific CHNA roles, responsibility and project timelines are document by the following calendar.

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 Kansas Hospital Association (KHA), Vital Statistics, Robert Wood Johnson County Health Rankings, etc. to document current state of county health organized as follows:

<b>TAB 1. Demographic Profile</b>
<b>TAB 2. Economic/Business Profile</b>
<b>TAB 3. Educational Profile</b>
<b>TAB 4. Maternal and Infant Health Profile</b>
<b>TAB 5. Hospitalization / Providers Profile</b>
<b>TAB 6. Behavioral Health Profile</b>
<b>TAB 7. 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) Gather primary research (stakeholder feedback) to uncover public health needs, practices and perceptions for primary service areas.

**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 health needs was administered.

**Phase IV—Complete Data Analysis and Create Comprehensive Community Health Needs Assessment:**

Post CHNA report findings to meet both PHAB & IRS CHNA criteria.

After consideration of CHNA stakeholders (sponsoring county health department and hospital), the CHNA Option C was selected with the following project schedule:

Phase I: Discovery.....	Jan 2018
Phase II: Secondary / Primary Research.....	Jan-Feb 2018
Phase III: Town Hall Meeting.....	March 13, 2018
Phase IV: Prepare / Release CHNA report.....	May-June 2018

**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	

<b>Pawnee Valley Community Hospital - CHNA Work Plan</b>			
<b>Wave #3 Project Timeline &amp; Roles 2018</b>			
<b>Step</b>	<b>Date</b>	<b>Lead</b>	<b>Task</b>
1	12/12/2017	VVV	Presented Wave #3 options to NW KS Network Alliance CEO's
2	12/21/2017	Hosp	Selected CHNA Option C. Approved / signed VVV CHNA quote.
3	1/15/2018	Both	Conduct CHNA Kickoff Conference Call (Hospital / DOH leaders).
4	1/15/2018	VVV	Send out REQCommInvite Excel file. Hospital client to fill in PSA key stakeholder names, addresses and e-mail addresses.
5	1/15/2018	VVV	Request hospital client to complete zip counts (three year historical PSA IP / OP / ED / Clinic). Use ZipPSA_3yrPOrigin.xls Patient Origin file.
6	1/15/2018	VVV	Request hospital client to send KHA Patient Origin reports for CCH to document service area for FFY 14, 15, 16 (KHA key).
7	On or before 1/18/18	VVV	Prepare CHNA stakeholder feedback online link. Send text link for hospital client to review. Prepare draft e-mail push.
8	On or before 1/25/18	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming CHNA work / online survey for hospital client to place. Request public to participate.
9	Jan / Feb 2018	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
10	2/1/2018	VVV	Launch online survey to stakeholders. Hospital client will e-mail invite to participate to all stakeholders. Client will finalize Town Hall location / food.
11	Monday 2/19/2018	VVV / Hosp	Prepare / release PR story to local media announcing upcoming Town Hall. VVV will mock up PR release.
12	Monday 2/19/2018	Hosp	Prepare and send out community Town Hall invite letter and place local advertisement.
13	Friday 3/9/2018	All	Conduct Town Hall practice conference call with hospital client to review Town Hall data and flow. Time TBD
14	Tues 3/13/2018	VVV	Conduct CHNA Town Hall from 11:30-1pm at Glory Be. Review and discuss basic health data and rank health needs.
15	On or before 4/30/18	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital client.
16	On or before 5/15/18	VVV	Produce and release final CHNA report. Hospital client will post CHNA online.
17	On or before 5/15/18	TBD	Conduct hospital client Implementation Plan meeting with PSA leadership.
18	30 days prior to end of hospital fiscal year	Hosp	Hold board meetings to discuss CHNA needs, create and 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, local 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.

Pawnee Valley Community Hospital's Town Hall was held on Tuesday, March 13th, 2018 at Glory Be in Larned. Vince Vandehaar and Heather Marine facilitated this 1 ½ hour session with forty-two (42) 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 and Roles in the Process
3. Present / Review of Historical County Health Indicators (10 TABS)
4. Facilitate Town Hall participant discussion of data (probe health strengths / concerns). Reflect on size and seriousness of any health concerns sited and discuss current community health strengths.
5. Engage Town Hall participants to rank health needs (using 4 dots to cast 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 encouraged all community members to continue to contribute ideas to both hospital and health department leaders via e-mail or personal conversations.

(NOTE: To review detail Town Hall discussion content, please turn to Section V for detailed notes of session and activity card content reporting of open end comments).

## Community Health Needs Assessment Town Hall Meeting Pawnee Valley Community Hospital Primary Service Area



**Vince Vandelaar, MBA**  
**VVV Consultants LLC**  
Principal / Adjunct Professor

Olathe, Kansas 66061  
VVV@VandelaarMarketing.com  
913-302-7264

## Community Health Needs Assessment (CHNA) Town Hall Discussion Agenda

- I. Opening / Introductions (10 mins)
- II. Review CHNA Purpose, Process & What's NEW (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
  - Debate / Build Consensus on Area Health Status
  - Conduct Town Hall Vote (30 mins)
- V. Close / Next Steps (5 mins)

## I. Introduction:

Background and Experience



**Vince Vandelaar, MBA**  
VVV Consultants LLC - Principal Consultant  
Olathe, KS 913 302-7264

- Professional Consulting Services: Strategic Planning, Marketing Management, Business Research & Development
- Focus: Strategy, Research, Deployment
- 25+ years of experience with Tillinghast, BCBSKC, Saint Luke's

**Adjunct Professor - Marketing / Health Admin, 25+ years**

- Webster University
- Rockhurst University
- Avila University

**Heather Marine BA CNA- Collaborative Analyst**

## Town Hall Participation (You)

- ALL attendees welcome to share
  - Parking Lot
- There are no right or wrong answers
- Only one person speaks at a time
- Please give truthful responses
- Have a little fun along the way

## I. Introductions: A Conversation with the Community

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

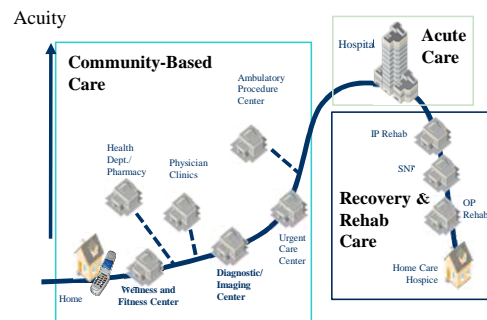
## II. Review CHNA Definition

- A Community Health Needs Assessment (CHNA) is a systematic collection, assembly, analysis, and dissemination of information about the health of the community. (NOTE: Some the data has already been collected / published by Local, State and Federal public health organizations. Some data will be collected today.)
- 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—Why Conduct a CHNA?

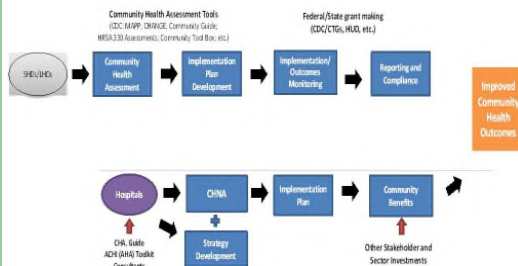
- To determine health-related trends and issues of the community
- To understand / evaluate health delivery programs in place.
- To meet Federal requirements -- both local hospital and health department
- To develop strategies to address unmet health needs (4-6 weeks after Town Hall)

## Future System of Care—Sg2



IP = inpatient; SNF = skilled nursing facility; OP = outpatient.

## Community Health Needs Assessment Joint Process: Hospital & Local Health Department



## Wave #3 Focus: Next Generation Community Health / United Health Foundation

1. Collaboration with other hospitals, providers & agencies
2. Community Visioning (What we want to get to?)
3. Population Health – Collect / Use “Big Data”
4. Seek National Collaborative (Grants etc.)

**Understand....** Causes of Poor Health; Readiness programs (Caregiver Training, Violence Prevention, Chronic Disease Management); Community HC Perceptions and barriers to care.

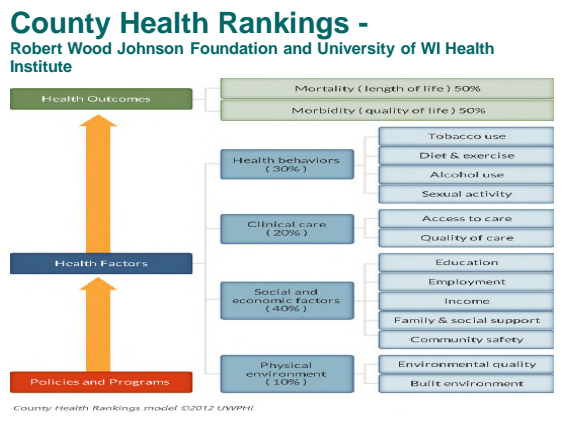
## II. IRS Hospital CHNA Written Report Documentation

- 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

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

Trends: Good Same Poor

TAB 1. Demographic Profile
TAB 2. Economic/Business Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospitalization / Providers Profile
TAB 6. Behavioral Health Profile
TAB 7. Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures



Physical Environment (10%)			Social and Economic Environment (40%)		
Focus Area	Measure	Description	Focus Area	Measure	Description
Air and water quality (5%)	Air pollution: particulate matter	The average daily measure of fine particulate matter (PM2.5) in a county	Community safety (5%)	Violent crime	Violent crime rate per 100,000 population
	Drinking water: nitrate	Percent of population potentially exposed to water exceeding a violation limit during the past year		Injury deaths	Injury mortality per 100,000
Housing and transit (5%)	Severe housing problems	Percent of households with at least 1 of 8 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities			
	Commuting alone to work	Percent of the workforce that drives alone to work			
	Long commutes: driving	Percent of workers who commute to their jobs alone, the most that commute more than 10 minutes			
Clinical Care (20%)			Health Outcomes (50%)		
Focus Area	Measure	Description	Focus Area	Measure	Description
Access to care (10%)	Insured	Percent of population under age 65 without health insurance	Tobacco use	Adult smoking	Percent of adults that report smoking on 100
	Primary care physicians	Ratio of population to primary care physicians	Adult obesity	Adult obesity	Percent of adults that contribute a BMI ≥ 30
	Deaths	Ratio of population to deaths	Diet and exercise (10%)	Food environment index	Index of factors that contribute to a healthy food environment
Quality of care (10%)	Mental health providers	Ratio of population to mental health providers		Physical inactivity	Percent of adults aged 18 and over reporting
	Preventable hospital stays	Hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees		Access to exercise opportunities	Percent of the population with adequate access to facilities for physical activity
	Diabetic screening	Percent of diabetic Medicare enrollees that receive diabetic screening		Alcohol and drug use (5%)	Excessive drinking
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening			Alcohol-impaired driving deaths
				Sexual activity	Chlamydia rate per 100,000 population
Social and Economic Environment (40%)			Morbidity / Mortality		
Focus Area	Measure	Description	2b / 2c	Measure	Description
Education (10%)	High school graduation	Percent of ninth grade cohort that graduates in 4 years	Focus Area	Measure	Description
	Some college	Percent of adults aged 25-44 years with some post-secondary education	Quality of life (5%)	Peer life health	Percent of adults reporting poor or fair health
Employment (10%)	Unemployment	Percent of population age 16+ unemployed but seeking work		Peer physical activity	Percent percent of physically unworking days, past 12 months (unadjusted)
	Children in poverty	Percent of children under age 18 in poverty		Peer mental health days	Percent percent of mentally unworking days, past 12 months (unadjusted)
Family and social support (5%)	Inadequate social support	Percent of adults without social/emotional support		Low birthweight	Percent of live births with low birthweight (10%)
	Children in single-parent households	Percent of children that live in household headed by single parent	Length of life (5%)	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)

#### IV. Collect Community Health Perspectives

Ask your opinion. Your thoughts?

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

#### Community Health Needs Assessment

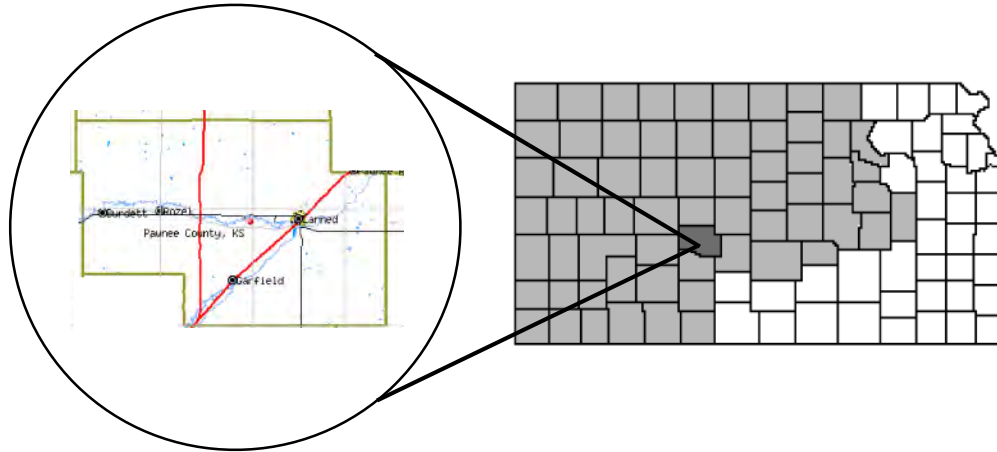
## Questions; Next Steps?

VVV Consultants LLC  
VVV@VandehaarMarketing.com  
(913) 302-7264

## II. Methodology

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

#### Pawnee County Community Profile



#### Demographics

**The population of Pawnee County was estimated to be 6,913 citizens** in 2017, and had a -0.12% change in population from 2010–2017. Pawnee County covers 754 square miles and the area is home to the Pawnee County Courthouse, the Santa Fe Trail Center, Fort Larned National Historical site, and Larned State Hospital<sup>1</sup>. The county has an overall population density of 9 persons per square mile. The county is located in Central Western Kansas and the most common industries are education, health and social services, agriculture, forestry, fishing, hunting and mining<sup>2</sup>. The county was founded in 1872 and the county seat is Larned<sup>3</sup>.

**The major highway transportation** access to Pawnee County is U.S. Interstate 70, which runs north of the county. Kansas Highway 183 is the major North–South road as well as State Highway 56 that runs diagonal from the south corner to the northeast of the county. Additionally, Highway 156 runs East-West through the center of the county.

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

Name	USGS Topo Map
Larned-Pawnee County Airport	Larned
Rucker Burdett Airport	Burdett

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

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

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

<sup>4</sup> <http://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20145.cfm>

## **Schools in Pawnee County**

### **Public Schools<sup>5</sup>**

<b>Name</b>	<b>Level</b>
Fort Larned Elementary	Primary
Larned Middle School	Middle
Larned Sr High	High
Pawnee Heights Elem / High	K - 12

### **Pawnee County Tourism**

Santa Fe Trail Center

Fort Larned National Historic Site

Central States Scout Museum

### **Most Common Occupations**

Management

Administrative

Healthcare Support

Sales

Farming, Fishing, Forestry

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

<sup>6</sup> <http://www.pawneecountykansas.com/CountyInformation/Tourism/tabid/9163/Default.aspx>

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

## Pawnee Co. KS - Detail Demographic Profile

			Population			Households		H Holds	Per Capita
Zip	Name	County	YR 2014	YR 2019	Chg.	YR 2014	YR 2019	Avg	Income 14
67523	Burdett	PAWNEE	309	298	-3.6%	133	129	2.3	\$32,458
67529	Garfield	PAWNEE	339	330	-2.7%	145	142	2.3	\$31,943
67550	Larned	PAWNEE	5,929	5,948	0.3%	2,224	2,244	2.2	\$23,012
67574	Rozel	PAWNEE	238	229	-3.8%	108	105	2.2	\$34,427
<b>Totals</b>			<b>6,815</b>	<b>6,805</b>	<b>-3.8%</b>	<b>2,610</b>	<b>2,620</b>	<b>2.3</b>	<b>\$30,460</b>

			Population				YR 2014		Females
Zip	Name	County	YR 2014	Pop. 65+	Kids <18	Gen. Y	Males	Females	Age 20_35
67523	Burdett	PAWNEE	133	63	71	74	48	151	23
67529	Garfield	PAWNEE	145	66	78	77	49	164	24
67550	Larned	PAWNEE	2,224	1,065	1,450	1,708	42	2,586	413
67574	Rozel	PAWNEE	108	51	55	56	48	118	18
<b>Totals</b>			<b>2,610</b>	<b>1,245</b>	<b>1,654</b>	<b>1,915</b>	<b>186</b>	<b>3,019</b>	<b>478</b>

			Population				Aver	HH	
Zip	Name	County	White	Black	Amer. Ind.	Hisp.	HH Inc. 14	YR 2019	HH \$50K+
67523	Burdett	PAWNEE	300	1	2	12	\$50,295	129	67
67529	Garfield	PAWNEE	329	1	2	14	\$51,426	142	75
67550	Larned	PAWNEE	5,216	360	48	496	\$39,830	2,244	873
67574	Rozel	PAWNEE	232	1	1	9	\$50,000	105	54
<b>Totals</b>			<b>6,077</b>	<b>363</b>	<b>53</b>	<b>531</b>	<b>\$47,888</b>	<b>2,620</b>	<b>1,069</b>

Source: ERSA Demographics

## **III. Community Health Status**

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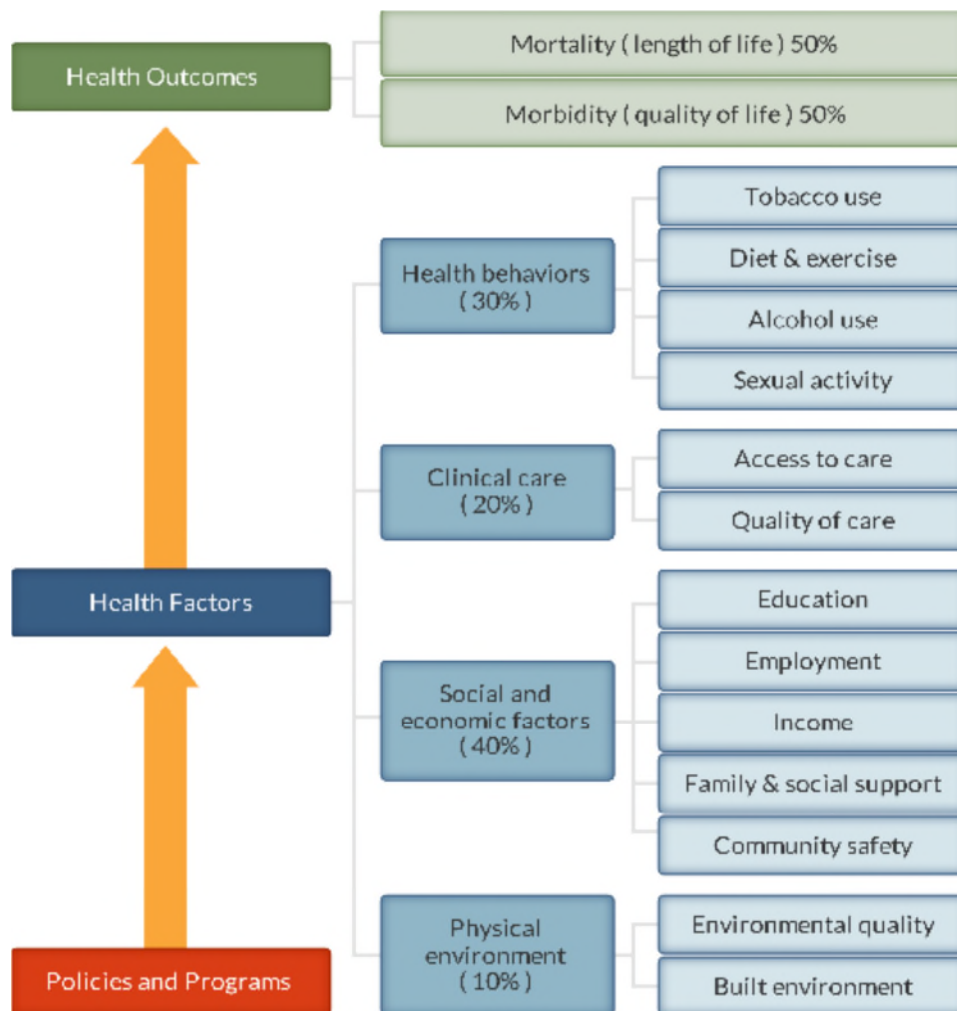
[VVV Consultants LLC]

### III. Community Health Status

#### a) Historical Health Statistics

#### 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 2018 RMJ County Health Rankings and conversations from Town Hall participates. 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 - State Health Rankings:

County Health Rankings 2017 - RWJ Univ of WI						
#	KS Rankings - 105 Counties	Definitions	Pawnee Co KS 2018	TREND	Pawnee Co KS 2015	KS RURAL NORM (N=14)
1	Health Outcomes		86		73	52
2	Mortality	Length of Life	83		68	50
3	Morbidity	Quality of Life	75		78	57
4	Health Factors		55		44	40
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	61		52	47
6	Clinical Care	Access to care / Quality of Care	29		25	55
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	60		63	36
8	Physical Environment	Environmental quality	61		75	36
http://www.countyhealthrankings.org, released 2017						
Kansas Rural Norm (N=14) includes the following counties: Cheyenne, Barton, Edwards, Ellis, Gove, Kiowa, Norton, Osborne, Pawnee, Phillips, Russell, Sheridan, Smith and Thomas.						

## 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.

### Tab 1 Demographic Profile

Understanding population and household make-up is vital to start CHNA evaluation.

Tab	Health Indicator	Pawnee Co 2018	Pawnee Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
1a	a Population estimates, July 1, 2016, (V2016)	6,743	6,971		2,907,289	7,762	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2016, (V2016)	-3.3%	Z		1.9%	-2.7%	People Quick Facts
	c Population per square mile, 2012	9	9.2		34.9	8.9	Geography Quick Facts
	d Persons under 5 years, percent, July 1, 2016, (V2016)	4.2%	5.5%		6.7%	5.8%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2016, (V2016)	19.9%	18.7%		15.0%	21.4%	People Quick Facts
	f Female persons, percent, July 1, 2016, (V2016)	44.2%	44.7%		50.2%	49.2%	People Quick Facts
	g White alone, percent, July 1, 2016, (V2016)	90.7%	91.7%		86.6%	95.6%	People Quick Facts
	h Black or African American alone, percent, July 1, 2016, (V2016)	5.4%	4.9%		6.2%	1.3%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2016, (V2016)	7.8%	7.2%		11.6%	6.5%	People Quick Facts
	j Foreign born persons, percent, 2011-2015	3.0%	0.7%		6.9%	3.0%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2011-2015	6.1%	4.7%		11.3%	5.7%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	79.5%	84.6%		83.5%	86.9%	People Quick Facts
	m Children in single-parent households, percent, 2011-2015	30.0%	22.0%		29.0%	25.1%	County Health Rankings
	n Total Veterans, 2011-2015	639	673		198,396	567	People Quick Facts

## Tab 2 Economic Profile

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

Tab	Health Indicator	Pawnee Co 2018	Pawnee Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
2	a Per capita income in past 12 months (in 2015 dollars), 2011-2015	\$24,125	\$21,793		\$27,706	\$25,839	People Quick Facts
	b Persons in poverty, percent	14.5%	6.3%		12.1%	12.2%	People Quick Facts
	c Total Housing units, July 1, 2016, (V2016)	3153	3,142		1,259,864	3,818	People Quick Facts
	d Total Persons per household, 2011-2015	2.3	2.4		2.5	2.2	People Quick Facts
	e Severe housing problems, percent, 2009-2013	8.0%	6.5%		14.0%	9.4%	County Health Rankings
	f Total of All firms, 2012	400	463		239,118	972	Business Quick Facts
	g Unemployment, percent, 2015	3.7%	3.2%		4.2%	3.2%	County Health Rankings
	h Food insecurity, percent, 2014	13.0%	12.0%		14.0%	12.8%	County Health Rankings
	i Limited access to healthy foods, percent, 2010	5.0%	5.0%		8.0%	16.9%	County Health Rankings
	j Low income and low access to store, percent, 2015	3.9%	4.9%		NA	7.5%	U.S. Department of Agriculture - Food Environment Atlas
	k Long commute - driving alone, percent, 2011-2015	16.0%	12.0%		20.0%	13.7%	County Health Rankings

## Tab 3 Schools Health Delivery Profile

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

Tab	Health Indicator	Pawnee Co 2018	Pawnee Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
3	a Children eligible for free or reduced price lunch, percent, 2014-2015	60.0%	42.6%		50.0%	48.9%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2011-2015	90.2%	75.6%		88.4%	95.7%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2011-2015	20.6%	23.3%		27.1%	32.2%	People Quick Facts

#	Indicators	Pawnee Co 2018	Pawnee Co 2015	Pawnee Co 2012
1	Total # Public School Nurses	1.5	1	2
2	School Nurse is part of the IEP team Yes/No	Yes	Yes	Yes
3	School Wellness Plan (Active)	Yes	Yes	Yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	951/10/NA	1005/32/NA	1135/120/NA
5	HEARING: # Screened / Referred to Prof / Seen by Professional	951/13/NA	1005/47/NA	1135/47/NA
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	883/99/NA	924/70/NA	1135/311/NA
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	0/0/0	0/0/0	0 / 0 / 0
8	# of Students served with no identified chronic health concerns	884	931	876
9	School has a suicide prevention program	Yes	No	No
10	Compliance on required vaccinations (%)	99.5	99.8%	99.7%

#### **TAB 4 Maternal and Infant Health Profile**

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

Tab	Health Indicator	Pawnee Co 2018	Pawnee Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
4	a Percent of Births Where Prenatal Care began in First Trimester, 2013-2015	70.1%	75.9%		80.4%	77.4%	Kansas Health Matters
	b Percentage of Premature Births, 2013-2015	8.7%	8.7%		8.8%	9.46%	Kansas Health Matters
	c Percent of Infants up to 24 months that received full Immunizations, 2015-2016	85.1%	88.8%		70.6%	85.08%	Kansas Health Matters
	d Percent of Births with Low Birth Weight, 2013-2015	7.7%	7.3%		7.0%	11.64%	Kansas Health Matters
	e Percent of WIC Mothers Breastfeeding Exclusively, percent, 2016	19.5%	25.4%		15.0%	31.85%	Kansas Health Matters
	f Percent of all Births Occurring to Teens (15-19), 2013-2015	9.0%	6.8%		6.8%	11.59%	Kansas Health Matters
	g Percent of Births Occurring to Unmarried Women, 2013-2015	44.0%	40.3%		36.3%	32.81%	Kansas Health Matters
	h Percent of births Where Mother Smoked During Pregnancy, 2013-2015	22.4%	18.6%		11.8%	15.21%	Kansas Health Matters

#	Criteria - Vital Statistics	PAWNEE CO 2018	Trend	KANSAS	NW Alliance (12)
a	Total Live Births, 2012	68		40,304	103
b	Total Live Births, 2013	63		38,805	94
c	Total Live Births, 2014	64		39,193	95
d	Total Live Births, 2015	67		39,126	97
e	Total Live Births, 2016	64		38,048	96
f	Total Live Births, 2012- 2016 - Five year Rate (%)	9.50%		13.5%	12.0%

#### **TAB 5 Hospitalization/Provider Profile**

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

Tab	Health Indicator	Pawnee Co 2018	Pawnee Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
5	a Primary care physicians (Pop Coverage per) , 2014	860:1	2412:1		1,330:1	2,296:1	County Health Rankings
	b Preventable hospital stays, 2014 (lower the better)	63	76		52	74	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	NA		78.0%	75.0%	CMS Hospital Compare, 10/1/2015-9/30/2016
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	NA	NA		77.0%	77.1%	CMS Hospital Compare, 10/1/2015-9/30/2016
	e Average Time Patients Spent in the Emergency Dept. Before They Were Seen by a Healthcare Professional (in Minutes)	13	NA		24.0	20.0	CMS Hospital Compare, 10/1/2015-9/30/2016

**TAB 5 Hospitalization/Provider Profile (cont.)**

# KS Hospital Assoc PO103		Pawnee County IP 2018		
		FFY2015	FFY2016	FFY2017
1	Total Discharges	633	708	770
2	Total IP Discharges-Age 0-17 Ped	12	18	22
3	Total IP Discharges-Age 18-44	67	52	53
4	Total IP Discharges-Age 45-64	191	186	172
5	Total IP Discharges-Age 65-74	116	141	165
6	Total IP Discharges-Age 75+	142	179	188
7	Psychiatric	14	13	14
8	Obstetric	45	57	81
9	Surgical %	23.5%	34.6%	30.8%
# KS Hospital Assoc PO103		Pawnee Valley Com Hosp (only)		
		FFY2015	FFY2016	FFY2017
1	Total Discharges	167	121	130
	MRKT Share%	26.4%	17.1%	16.9%
2	Total IP Discharges-Age 0-17 Ped	3	2	3
3	Total IP Discharges-Age 18-44	20	11	12
4	Total IP Discharges-Age 45-64	58	24	19
5	Total IP Discharges-Age 65-74	28	22	29
6	Total IP Discharges-Age 75+	57	57	67
7	Psychiatric	1	3	0
8	Obstetric	0	2	0
#	Kansas Hospital AssocOP TOT223E	FFY2015	FFY2016	FFY2017
1	ER Total Visits - Pawnee Valley	2970	2922	2744
2	OPS Total Visits - Pawnee Valley	179	149	113
3	Total OP Total Visits - Pawnee Valley	7311	7288	6974

**TAB 6 Social & Rehab Services Profile**

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	Pawnee Co 2018	Pawnee Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
6	a Depression: Medicare Population, percent, 2015	17.2%	16.5%		17.8%	16.5%	Centers for Medicare and Medicaid Services
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2014-2016 (lower is better)	29.7	30.0		15.9	12.6	Kansas Health Matters
	c Poor mental health days, 2015	3.2	3.0		3.2	2.9	County Health Rankings

**TAB 7 Health Risk Profiles**

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

Tab	Health Indicator	Pawnee Co 2018	Pawnee Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
7a	a Adult obesity, percent, 2013	30.0%	35.0%		31.0%	32.3%	County Health Rankings
	b Adult smoking, percent, 2015	17.0%	22.0%		18.0%	16.4%	County Health Rankings
	c Excessive drinking, percent, 2015	16.0%	11.0%		17.0%	14.9%	County Health Rankings
	d Physical inactivity, percent, 2013	23.0%	29.0%		23.0%	25.9%	County Health Rankings
	e Poor physical health days, 2015	3.4	2.5		3.1	3.2	County Health Rankings
	f Sexually transmitted infections, rate per 100,000, 2014	502.10	200.00		384.1	267.1	County Health Rankings

**TAB 7 cont**

Tab	Health Indicator	Pawnee Co 2018	Pawnee Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
7b	a Hypertension: Medicare Population, 2015	59.3%	58.9%		53.2%	55.1%	Kansas Health Matters
	b Hyperlipidemia: Medicare Population, 2015	43.1%	42.7%		40.0%	36.9%	Kansas Health Matters
	c Heart Failure: Medicare Population, 2015	17.3%	16.7%		13.0%	16.6%	Kansas Health Matters
	d Chronic Kidney Disease: Medicare Pop, 2015	19.0%	15.6%		16.2%	15.1%	Kansas Health Matters
	e COPD: Medicare Population, 2015	11.0%	12.5%		11.4%	12.7%	Kansas Health Matters
	f Atrial Fibrillation: Medicare Population, 2015	7.3%	8.2%		8.3%	10.1%	Kansas Health Matters
	g Cancer: Medicare Population, 2015	9.9%	9.7%		7.7%	8.6%	Kansas Health Matters
	h Osteoporosis: Medicare Population, 2015	8.3%	8.5%		5.7%	7.7%	Kansas Health Matters
	i Asthma: Medicare Population, 2015	5.8%	3.9%		7.3%	6.8%	Kansas Health Matters
	j Stroke: Medicare Population, 2015	3.6%	2.7%		3.4%	3.1%	Kansas Health Matters

**TAB 8 Uninsured Profiles/Community Invest**

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	Health Indicator	Pawnee Co 2018	Pawnee Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
8	a Uninsured, percent, 2014	11.0%	15.6%		12.0%	13.0%	County Health Rankings

Source: Internal Hospital Records					
	Pawnee Valley Mem Hosp	YR 2015	YR 2016	YR 2017	Trend
1	Charity Care	\$254,912	\$430,499	\$446,810	
2	Bad Debt Writeoffs	\$1,895,461	\$1,544,730	\$1,414,530	

Source: Internal Records - Pawnee County KS					
	Community Tax Dollars- Local Health Dept Operations	Yr 2015	YR 2016	YR 2017	Trend
2	Child Care Inspections	\$2,266	\$2,267	\$2,267	
7	Primary Care, lab, minor procedures	\$600	\$600	\$600	
9	Vaccine - received from State	\$41,779	\$44,502	\$56,494	

### ***TAB 9 Mortality Profile***

The leading causes of county deaths are listed below. Areas of higher than expected are so noted.

Tab	Health Indicator	Pawnee Co 2018	Pawnee Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
9	a Life Expectancy for Males, 2014	76.4	77.0		76.5	76.8	Kansas Health Matters
	b Life Expectancy for Females, 2014	81.8	81.0		81.0	81.8	Kansas Health Matters
	c Age-adjusted Cancer Mortality Rate per 100,000 population, 2014-2016 (lower is better)	160.5	182.0		194.3	159.6	Kansas Health Matters
	d Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2014-2016 (lower is better)	173.7	124.0		157.4	174.3	Kansas Health Matters
	e Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2014-16 (Lower is better)	51.4	57.0		48.9	51.5	Kansas Health Matters
	f Alcohol-impaired driving deaths, percent, 2011-2015	38.0%	31.3%		27.0%	36.1%	County Health Rankings

### ***TAB 10 Preventive Health Profile***

The following table reflects future health of the county. This information also is an indicator of community awareness of preventative measures.

Tab	Health Indicator	Pawnee Co 2018	Pawnee Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
10	a Access to exercise opportunities, percent, 2014	58.0%	38.6%		76.0%	46.1%	County Health Rankings
	b Diabetes monitoring, percent, 2014	72.0%	81.0%		86.0%	79.2%	County Health Rankings
	c Mammography screening, percent, 2014	55.0%	61.0%		63.0%	63.6%	County Health Rankings
	d Percent Annual Check-Up Visit with PCP	TBD	TBD		TBD	TBD	TBD
	e Percent Annual Check-Up Visit with Dentist	TBD	TBD		TBD	TBD	TBD
	f Percent Annual Check-Up Visit with Eye Doctor	TBD	TBD		TBD	TBD	TBD

## **PSA Primary Research:**

For each CHNA Wave # 3 evaluation, a community stakeholder survey has been created and administered to collect “current” healthcare information for PSA.

***Chart #1 – Pawnee Valley Community Hospital PSA Online Feedback Response  
N=203***

<b>Community Health Needs Assessment Wave #3</b>			
For reporting purposes, are you involved in or are you a .... ?	PVCH N=203	Trend	Norms18 N= 1330
Business / Merchant	10.4%		8.8%
Community Board Member	8.3%		8.1%
Case Manager / Discharge Planner	0.5%		0.9%
Clergy	1.6%		0.9%
College / University	0.5%		2.2%
Consumer Advocate	1.6%		2.0%
Dentist / Eye Doctor / Chiropractor	0.5%		0.2%
Elected Official - City/County	5.2%		1.9%
EMS / Emergency	0.5%		1.9%
Farmer / Rancher	6.2%		5.3%
Hospital / Health Dept	7.3%		18.6%
Housing / Builder	1.6%		0.6%
Insurance	2.1%		0.9%
Labor	1.6%		2.1%
Law Enforcement	1.6%		0.6%
Mental Health	2.1%		1.9%
Other Health Professional	7.8%		8.8%
Parent / Caregiver	16.1%		14.6%
Pharmacy / Clinic	1.6%		2.0%
Media (Paper/TV/Radio)	0.5%		0.6%
Senior Care	4.7%		1.8%
Teacher / School Admin	8.8%		6.4%
Veteran	2.6%		1.9%
Other (please specify)	6.7%		7.1%

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

<b>Community Health Needs Assessment Wave #3</b>			
Quality" of healthcare delivery in our community?	PVCH N=203	Trend	Norms18 N= 1330
Valid N	203		1330
Top Box %	31.0%		28.3%
Top 2 Boxes %	77.3%		73.5%
Very Poor	0.0%		0.5%
Poor	3.0%		3.8%
Average	19.7%		21.7%
Good	46.3%		45.3%
Very Good	31.0%		28.3%

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

Community Health Needs Assessment Wave #3			
When considering "overall community health quality", is it ...	PVCH N=203	Trend	Norms18 N= 1330
Valid N	181		1203
Increasing - moving up	58.6%		49.8%
Not really changing much	35.9%		41.9%
Decreasing - slipping	5.5%		8.3%

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

CHNA Wave #3		Ongoing Problem		Pressing
Past CHNAs health needs identified		PVCH N=203		PVCH
Rank	Topic	Votes	%	RANK
1	Drug / Substance Abuse	87	16.9%	1
2	Mental Health	62	12.1%	2
3	Air Quality	54	10.5%	3
4	Alcohol Abuse	48	9.3%	4
5	Oncology	42	8.2%	6
6	Wellness / Prevention	37	7.2%	7
7	Nutrition - Healthy Food options	34	6.6%	8
8	Awareness of existing HC services	30	5.8%	5
9	HC Transportation	28	5.4%	10
10	Nursing Home - Dementia care	26	5.1%	9
11	Home Health / Hospice services	25	4.9%	11
12	Fitness / Exercise options	23	4.5%	12
13	Dental	18	3.5%	13
TOTALS		514	100.0%	

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

Community Health Needs Assessment Wave #3			
In your opinion, what are the root causes of "poor health" in our community?	PVCH N=203	Trend	Norms18 N= 1330
Votes (Larger %)	122		853
Lack of awareness of existing local programs, providers, and services	67.2%		61.7%
Limited access to mental health assistance	40.2%		40.2%
Lack of health & wellness education	31.1%		34.6%
Elder assistance programs	27.9%		28.3%
Chronic disease prevention	24.6%		30.5%
Family assistance programs	24.6%		22.7%
Case management assistance	16.4%		15.7%
Other (please specify)	20.5%		17.2%

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

CHNA Wave #3	PVCH			Norms 2018	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	90.4%	2.2%		89.7%	2.4%
Child Care	50.8%	12.5%		51.9%	10.8%
Chiropractors	58.3%	10.6%		79.8%	5.3%
Dentists	68.4%	7.5%		74.0%	8.1%
Emergency Room	78.1%	7.3%		72.7%	9.3%
Eye Doctor/Optomtrist	71.5%	10.0%		80.2%	4.3%
Family Planning Services	49.2%	16.7%		44.5%	13.4%
Home Health	58.5%	8.5%		59.0%	10.2%
Hospice	64.0%	8.0%		68.5%	8.0%
Inpatient Services	83.6%	2.2%		78.9%	3.7%
Mental Health	27.3%	25.0%		30.1%	28.4%
Nursing Home	56.4%	17.3%		48.9%	18.6%
Outpatient Services	84.1%	2.3%		79.5%	3.9%
Pharmacy	91.9%	0.7%		89.9%	3.5%
Physician Clinics	83.8%	4.4%		83.0%	3.7%
Public Health	75.0%	5.3%		67.3%	5.8%
School Nurse	78.1%	5.5%		64.7%	8.8%
Specialists	47.0%	11.4%		56.4%	11.8%

**Chart #7 - Community Health Readiness**

Community Health Needs Assessment Wave #3	Bottom 2 boxes		
Community Health Readiness is vital. How would you rate each of the following?	PVCH N=203	Trend	Norms18 N= 1330
Substance Use Treatment & Education	39.7%		27.5%
Violence Prevention	34.2%		25.7%
Obesity Prevention & Treatment	30.3%		29.6%
Tobacco Prevention & Cessation Programs	29.1%		21.8%
Caregiver Training Programs	21.0%		18.0%
Secure Grants / Finances to Support Local Health Initiatives	16.7%		14.8%
Food and Nutrition Services/Education	14.6%		11.1%
Women's Wellness Programs	12.8%		11.7%
Sexually Transmitted Disease Testing	12.4%		10.7%
Health Screenings (such as asthma, hearing, vision, scoliosis)	11.3%		10.3%
Emergency Preparedness	8.8%		7.0%
Prenatal / Child Health Programs	8.5%		7.8%
Early Childhood Development Programs	7.3%		8.9%
Spiritual Health Support	5.8%		6.2%
WIC Nutrition Program	5.2%		6.2%
Immunization Programs	2.4%		2.7%

**Chart #8 – Healthcare Delivery “Outside our Community”**

**Specialties:**

TYPE	#
SURG	16
CANC	10
SPEC	10
ORTH	9
OPTH	8
CARD	7
EMER	7
URG	7
CLIN	6
MAMO	6
DENT	5
OBG	5
PEDS	5

Community Health Needs Assessment Wave #3			
In the past 2 years, did you or someone you know receive HC outside of our community?	PVCH N=203	Trend	Norms18 N= 1330
Valid N	129		927
Yes	84.5%		77.1%
No	12.4%		17.3%
I don't know	3.1%		5.6%

**Chart #9 - What HC topics need to be discussed future during Town Hall Meeting**

Community Health Needs Assessment Wave #3			
What needs to be discussed further at our CHNA Town Hall meeting?	PVCH N=203	Trend	Norms18 N= 1330
Drugs/Substance Abuse	10.0%		8.7%
Poverty	8.7%		6.4%
Mental Illness	8.0%		9.1%
Obesity	7.7%		8.1%
Suicide	6.9%		7.2%
Abuse/Violence	6.7%		5.5%
Wellness Education	6.5%		6.0%
Cancer	5.7%		4.2%
Alcohol	4.6%		5.6%
Nutrition	3.9%		4.8%
Water Quality	3.8%		3.3%
Heart Disease	3.4%		3.0%
Physical Exercise	3.4%		5.6%
Diabetes	3.3%		4.0%
Tobacco Use	2.8%		3.3%
Respiratory Disease	2.3%		2.1%
Family Planning	2.1%		2.2%
Teen Pregnancy	1.8%		2.4%
Breast Feeding Friendly Workplace	1.6%		1.5%
Sexually Transmitted Diseases	1.6%		1.9%
Lead Exposure	1.6%		0.9%
Vaccinations	1.5%		2.4%
Ozone	1.3%		0.5%
Smoke-Free Workplace	0.7%		1.4%

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

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[VVV Consultants LLC]

Inventory of Health Services - Pawnee County, KS (2018)				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Clinic	Primary Care	Yes	Yes (FP)	No
Hosp	Alzheimer Center	No	No	Yes
Hosp	Ambulatory Surgery Centers	Yes	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	Yes	No	No
Hosp	Cardiac Surgery	No	No	No
Hosp	Cardiology services	Yes	No	Yes
Hosp	Case Management	Yes	Yes for Our Clients	No
Hosp	Chaplaincy/pastoral care services	Yes	No	Yes
Hosp	Chemotherapy	No	No	No
Hosp	Colonoscopy	Yes	No	No
Hosp	Crisis Prevention	Yes	No	No
Hosp	CTScanner	Yes	No	No
Hosp	Diagnostic Radioisotope Facility	Yes	No	No
Hosp	Diagnostic/Invasive Catheterization	No	No	No
Hosp	Electron Beam Computed Tomography (EBCT)	No	No	No
Hosp	Enrollment Assistance Services	Yes	Yes for Our Clients	No
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	No	No	No
Hosp	Fertility Clinic	No	No	No
Hosp	FullField Digital Mammography (FFDM)	Yes	No	No
Hosp	Genetic Testing/Counseling	No	No	No
Hosp	Geriatric Services	Yes	No	No
Hosp	Heart	No	No	Yes
Hosp	Hemodialysis	No	No	No
Hosp	HIV/AIDS Services	No	Yes - Testing/Education/ Referral	No
Hosp	Image-Guided Radiation Therapy (IGRT)	No	No	No
Hosp	Inpatient Acute Care - Hospital services	Yes	No	No
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	No	No	No
Hosp	Intensive Care Unit	No	No	No
Hosp	Intermediate Care Unit	No	No	Yes
Hosp	Interventional Cardiac Catheterization	No	No	No
Hosp	Isolation room	Yes	No	No
Hosp	Kidney	No	No	Yes
Hosp	Liver	No	No	No
Hosp	Lung	No	No	Yes
Hosp	MagneticResonance Imaging (MRI)	Yes	No	No
Hosp	Mammograms	Yes	No	No
Hosp	Mobile Health Services	Yes	No	No
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	No
Hosp	Obstetrics	No	No	Yes
Hosp	Occupational Health Services	Yes	No	No
Hosp	Oncology Services	No	No	Yes
Hosp	Orthopedic services	NO	No	Yes
Hosp	Outpatient Surgery	Yes	No	No
Hosp	Pain Management	Yes	No	No
Hosp	Palliative Care Program	Yes	No	No
Hosp	Pediatric	Yes	No	No
Hosp	Physical Rehabilitation	Yes	No	Yes
Hosp	Positron Emission Tomography (PET)	No	No	No
Hosp	Positron Emission Tomography/CT (PET/CT)	No	No	No
Hosp	Psychiatric Services	No	No	Yes
Hosp	Radiology, Diagnostic	Yes	No	No

Inventory of Health Services - Pawnee County, KS (2018)				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Hosp	Radiology, Therapeutic	No	No	No
Hosp	Reproductive Health (Pre-conception counseling/ED)	No	Yes	No
Hosp	Robotic Surgery	No	No	No
Hosp	Shaped Beam Radiation System 161	No	No	No
Hosp	Single Photon Emission Computerized Tomography (SPECT)	No	No	No
Hosp	Sleep Center	Yes	No	No
Hosp	Social Work Services	Yes	Yes for Our Clients	No
Hosp	Sports Medicine	Yes	No	Yes
Hosp	Stereotactic Radiosurgery	No	No	No
Hosp	Swing Bed Services	Yes	No	No
Hosp	Transplant Services	No	No	No
Hosp	Trauma Center	Yes	No	No
Hosp	Ultrasound	Yes	No	No
Hosp	Women's Health Services	Yes	Yes	Yes
Hosp	Wound Care	Yes	No	No
SR	Adult Day Care Program	No	No	Yes
SR	Assisted Living	No	No	Yes
SR	Home Health Services	No	No	Yes
SR	Hospice/Respite Care	Yes	No	Yes
SR	LongTerm Care	No	No	Yes
SR	Nursing Home Services	No	No	Yes
SR	Retirement Housing	No	No	Yes
SR	Skilled Nursing Care	Yes	No	Yes
ER	Emergency Services	Yes	No	No
ER	Urgent Care Center	No	No	No
ER	Ambulance Services	No	No	Yes
SERV	Access to Farmworker Program and TB Control Program	No	Yes	Yes
SERV	Alcoholism-Drug Abuse	No	No	Yes
SERV	Annual Influenza Clinics locally and in surrounding communities	Yes	Yes	No
SERV	Blood Donor Center	No	No	Yes
SERV	Child Care Licensing, surveys and compliance evaluation	No	Yes	No
SERV	Chiropractic Services	No	No	Yes
SERV	Complementary Medicine Services	No	No	Yes
SERV	Dental Services	Yes	No	Yes
SERV	Developmental Screening	No	Yes	Yes
SERV	Early Infant and Childhood Screenings and intervention/services	No	Yes	Yes
SERV	Fitness Center (Rehab facilities allow people to come in for a fee)	No	No	Privately owned
SERV	Healthy Start Home visits for prenatal, postnatal and infants/families	No	Yes	No
SERV	Health Education Classes	Yes	Yes	Yes
SERV	Health Fair (Annual)	Yes	Yes with the hospital	No
SERV	Health Information Center	No	Yes	No
SERV	Health Screenings	Yes	Yes	Yes
SERV	Immunizations and Foreign Travel	Yes	Yes	No
SERV	Infant/toddler/booster car seats with law enforcement agency	No	No	Yes
SERV	Maternal and Child Health Services	No	Yes	Yes
SERV	Meals on Wheels	No	No	Yes
SERV	Nail Care Clinics	No	Yes	No
SERV	Nursing Health Assessments	No	Yes	No
SERV	Nutrition Programs (WIC)	No	Yes/WIC	No
SERV	Outreach clinics at Senior Centers and Elderly Housing	No	Yes	No
SERV	Parenting Classes (Just starting)	No	No	Yes
SERV	Patient Education Center	No	Yes	No

Inventory of Health Services - Pawnee County, KS (2018)				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
SERV	Pre-conception counseling	No	Yes	No
SERV	Retail Store for Breastfeeding equipment and aids	No	Yes	No
SERV	Sexually Transmitted Infection Screening and Treatment	No	Yes	No
SERV	Support Groups (Diabetic and BF Coalition)	No	Yes	Yes
SERV	Teen Outreach Services	No	Yes	No
SERV	Tobacco Treatment/Cessation Program	No	Cessation	No
SERV	Transportation to Health Facilities	No	No	x
SERV	Tuberculosis Screening, referral and treatment/prevention medications	No	Yes	No
SERV	Wellness Program	Yes	Yes with Extension Office	No

Yr 2018 Physician Manpower - Pawnee County, KS			
	Supply Working in County		
# of FTE Providers	FTE County Based	Visting	PA/NP
<b>Primary Care:</b>			
Family Practice	4.00	1.00	3.00
Internal Medicine	0.00	0.00	0.00
Obstetrics/Gynecology	0.00	0.00	0.00
Pediatrics	0.00	0.00	0.00
<b>Medicine Specialists:</b>			
Allergy/Immunology	0.00	0.00	
Cardiology	0.00	1.00	
Dermatology	0.00	0.00	
Endocrinology	0.00	0.00	
Gastroenterology	0.00	0.00	
Oncology/RADO	0.00	1.00	
Infectious Diseases	0.00	0.00	
Nephrology	0.00	0.00	
Neurology	0.00	0.00	
Psychiatry	0.00	1.00	
Pulmonary	0.00	1.00	
Rheumatology	0.00	0.00	
<b>Surgery Specialists:</b>			
General Surgery	0.00	1.00	
Neurosurgery	0.00	0.00	
Ophthalmology	0.00	0.00	
Orthopedics	0.00	1.00	
Otolaryngology (ENT)	0.00	0.00	
Plastic/Reconstructive	0.00	0.00	
Thoracic/Cardiovascular/Vasc	0.00	0.00	
Urology	0.00	1.00	
<b>Hospital Based:</b>			
Anesthesia/Pain	0.00	1.00	
Emergency	0.00	0.00	5.00
Radiology	0.00	0.00	
Pathology	0.00	0.00	
Hospitalist *	0.00	0.00	
Neonatal/Perinatal	0.00	0.00	
Physical Medicine/Rehab	0.00	0.00	
<b>Others</b>			
<b>TOTALS</b>	<b>4.00</b>	<b>9.00</b>	<b>8.00</b>

## Visiting Specialists to Pawnee Valley Community Hospital - Yr 2018

Specialty	Schedule at hospital (visiting clinics)
<b>Medicine:</b>	
Cardiology/Pulmonary	First Wednesday of Month and 3rd Monday of Month
<b>Surgery:</b>	
General Surgery	Third Thursday of Month
Orthopedics	Third Wednesday of Month/Fourth Wednesday of Month
Urology	First Monday of Month

## **Pawnee Co – 2018 Area Health Services Directory**

### **Emergency Numbers:**

Police/Sheriff	911
Fire	911
Ambulance	911

### **Non-Emergency Numbers:**

Pawnee County Sheriff	620-285-2211
Pawnee County Ambulance	620-285-8505
Larned Fire Department	620-285-8520

### **Municipal Non-Emergency Numbers**

	<u>Police/Sheriff</u>	<u>Fire</u>
Burdett	620-285-2211	620-525-6279
Garfield	620-285-2211	620-285-8520
Larned	620-285-8545	620-285-8520
Rozel	620-285-2211	620-527-4414

To provide updated information or to add new health and medical services to this directory, please contact:

Pawnee County Extension  
715 Broadway, Room 6 (Larned)  
620-285-6901

### Other Emergency Numbers

**National 211 Information and Referral for Kansas - United Way of the Plains**  
(Helps with food, housing, employment, health care, counseling and during emergency events).

**Dial 2-1-1 for service area**

**Alternate #: 888-413-4327 24/7**

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

1-800-922-5330

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

**Domestic Violence Hotline**

1-800-799-7233

[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**

1-866-483-5137

[www.fbi.gov/congress/congress01/caruso100301.htm](http://www.fbi.gov/congress/congress01/caruso100301.htm)

**Kansas Arson/Crime Hotline**

1-800-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)**

1-888-END-ABUSE

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

**Kansas Road Conditions**

1-866-511-KDOT

511

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

**Poison Control Center**

1-800-222-1222

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

**Suicide Prevention Hotline**

1-800-SUICIDE

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

800-273-TALK

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

**Toxic Chemical and Oil Spills**

1-800-424-8802

[www.epa.gov/region02/contact.htm](http://www.epa.gov/region02/contact.htm)

### Health Services

#### Hospitals

**Pawnee Valley Community Hospital**

923 Carroll Avenue (Larned)

620-285-3161

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

Pawnee Valley Community Hospital Services

Include:

Inpatient Care – 25 beds

24-Hour Emergency Room

Acute Care

Skilled Nursing/Swing Bed Services

Upper & Lower GI Scopes/Colonoscopies

Dental Surgery

PICC Lines

Specialized Nursing Services

Diagnostic Imaging/Radiology

Bone density scanning (Dexascan)

Cardiac nuclear medicine

64-Slice Low Dose CT Scanner

Endoscopies

Wide-bore Short-tube 1.5 Telsa MRI

Digital Mammography

Ultrasound

X-Ray

Sleep & Diagnostic Center – Fully Accredited

Cardiac Nuclear Stress Testing

EEG (Electroencephalogram)

Full Service Laboratory

Rehabilitative

Cardiac Rehabilitation

Dry Needling

Pulmonary Rehabilitation

Respiratory Therapy

Physical Therapy – Inpatient &

Outpatient

Occupational Therapy

Speech Therapy

Lymphedema Therapy

Vital Stem

Wound Care

Specialty Clinic's

Medicare Certified Critical Access Hospital

#### Health Department

**Pawnee County Health Department**

715 Broadway, Courthouse (Larned)

620-285-6963

1-800-211-4401

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

Pawnee County Health Department Services include:

Children's Health Services

Nursing Health Assessments  
Developmental evaluations  
Immunizations  
Laboratory tests  
Physical examinations  
Referrals  
Vision and hearing screenings  
Lead Testing  
Healthy Start Home Visitor

Disease Control

Communicable disease investigation and consultations  
HIV/AIDS counseling and testing  
HIV education and prevention  
STD testing and treatment  
Tuberculosis testing and prophylactic treatment

Women's Health Care

Cervical and breast cancer screening  
Diagnosis and treatment of vaginal infections  
Birth control and education  
Pregnancy testing  
Referral for infertility  
Reproductive counseling

Health Screening Clinics

Blood pressure  
Health counseling  
Hearing and vision screening  
Lipid profile and blood sugar screening  
Hemoglobin (anemia)  
Pneumonia, tetanus/diphtheria, etc.  
Vaccinations  
Urine test  
Weight check  
Immunizations – infant through adult and foreign travel.  
Maternal and Infant Program and Home visits  
Home visits by Registered Nurse  
Links to community resources  
Pregnancy and parenting education  
Prenatal medical care  
Support and counseling  
Breastfeeding education, support, and breast pumps available to rent or buy.

WIC

Nutrition Program  
Education and healthy supplemental foods

**Medical Professionals**

*Chiropractors*

**Perez Chiropractic Clinic PA**  
510B Broadway Street (Larned)  
620-285-6600  
*Luis Perez DC*

**Healthy Living Chiropractic LLC**

606 Topeka (Larned)  
(620) 285-6190  
*Dr. Lindsey VanSickle, D.C.*

*Clinics*

**A Healthy Choice Clinic**

200 E. 8<sup>th</sup> Street  
(620) 285-6041  
[www.healthychoiceclinic.com](http://www.healthychoiceclinic.com)

**Life Center Clinic**

112 E 6<sup>th</sup> Street (Larned)  
620-804-2691  
[www.lifecenterclinic.com](http://www.lifecenterclinic.com)

**Heart of Kansas Family Health**

522 Broadway (Larned)  
620-804-6100

**Pawnee Valley Medical Associates**

713 W 11<sup>th</sup> Street (Larned)  
620-804-6007

*Specialty Clinics*

**Hays Medical Center**

Cardiac Clinic  
Spine Clinic  
Urology Clinic  
Southwind Surgical  
Orthopedic Clinic

*Dentists*

**Rosenberg Joe O DDS PA**

613 N Broadway Street (Larned)  
620-285-3886  
*Joe & Tammy Rosenberg*

**Smith Dental Clinic**

706 Fort Larned Avenue (Larned)  
620-285-6531  
*Terry Smith D.D.S.*  
*Trent Smith D.D.S.*

*Optometrists*

**Larned Eye Health  
Douglas Ayre, D OD**

722 Mann Avenue (Larned)  
620-285-2105

**Reed McAtee D OD**

722 Mann Avenue (Larned)  
620-285-2105

## Pharmacies

### Shopko

908 E 14<sup>th</sup> Street (Larned)  
620-285-6479

### Reed Pharmacy

326 W 14<sup>th</sup> Street (Larned)  
620-285-6286

## Physicians and Health Care Providers

### A Healthy Choice Clinic

1200 E 8<sup>th</sup> St.  
Larned, KS 67550  
620-285-6041  
*Mark Van Norden D.O.*

### Pawnee County Health Department

P.O. Box 150, 715 Broadway, Courthouse (Larned)  
620-285-6963  
*Cheryl Hoberecht RN*  
*Amanda Lakin RN*

### Pawnee Valley Medical Associates

713 W 11<sup>th</sup> Street (Larned)  
620-804-6007  
*David W. Sanger M.D.*  
*Christian Whittington M.D.*  
*M. Crystal Hill M.D.*  
*Jenny A. Manry ARNP*  
*Kara L. Keenan ARNP*  
*Bonnie Landgraf ARNP*

### Life Center Clinic

Sheila Toon FNP CNM  
Family Medicine  
112 E. 6<sup>th</sup>Main Street  
(Larned)  
620-804-2691

## Rehabilitation Services

### Progressive Therapy & Sports Medicine

117 W 6<sup>th</sup> (Larned)  
620-285-6011

### Pawnee Valley Community Hospital Physical Therapy and Advanced Rehabilitation

923 Carroll Avenue (Larned)  
620-285-8605

## Other Health Services

## Assisted Living/Nursing Homes/TLC

### Country Living of Larned Memory Care

710 W 9<sup>th</sup> Street (Larned)  
620-285-6212

### Country Living of Larned

714 W 9<sup>th</sup> Street (Larned)  
620-285-6900

### Four Seasons Village

200 W 17<sup>th</sup> Street (Larned)  
620-285-7425

### Diversicare of Larned

1114 W 11<sup>th</sup> Street (Larned)  
620-285-6324

### Pawnee Plaza of Larned

1801 Broadway (Larned)  
620-285-6661

## Diabetes

### Community Diabetes Education Class

Pawnee Valley Community Hospital  
First & Second Tuesday of every other month  
Physician Referral  
1-855-429-7633

### Diabetes Support Group

Welcome Inn, 2<sup>nd</sup> Thursday of each month  
620-285-6963 for information

### Arriva Medical

1-800-375-5137

### Diabetes Care Club

1-888-395-6009

## Disability Services

### American Disability Group

1-877-790-8899

### Kansas Department on Aging

1-800-432-3535  
[www.agingkansas.org/index.htm](http://www.agingkansas.org/index.htm)

### RosewoodAdult Rehabilitation & Support Employment Assistance

384 N. Washington, Great Bend  
620-793-5888

### Sunflower Diversified Services Inc.

1312 Patton Road (Great Bend)  
620-792-4087

## Domestic/Family Violence

### Child/Adult Abuse Hotline

1-800-922-5330  
[www.srskansas.org/services/child\\_protective\\_services.htm](http://www.srskansas.org/services/child_protective_services.htm)

### General Information – Women's Shelters

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

### Kansas Crisis Hotline

Manhattan  
785-539-7935

**Sexual Assault/Domestic Violence Center**  
(Hutchinson)  
Hotline: 800-701-3630  
Business Line: 620-663-2522

**Family Crisis Center**  
1806 12<sup>th</sup> Street (Great Bend)  
620-793-1885

#### **Educational Training Opportunities**

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

**Pawnee County Learning Center**  
209 E 6<sup>th</sup> Street (Larned)  
620-285-7700

#### **Food Programs**

**Helping Hands Food Pantry**  
501 Main Street (Larned)  
4 – 6 p.m. M-F

**Kansas Food 4 Life**  
4 Northwest 25<sup>th</sup> Road (Great Bend)  
620-793-7100

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

#### **WIC Program**

**Pawnee County Health Department**  
715 Broadway, Larned, KS

**Meals on Wheels**  
Welcome Inn  
Larned, KS  
620-285-3504

**Senior Commodity Supplemental Food Program**  
620-285-6661

#### **Government Healthcare**

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

**Kansas Department of Health and Environment (KDHE)**  
Curtis State Office Building  
1000 South West Jackson (Topeka)  
785-296-1500  
[www.kdheks.gov/contact.html](http://www.kdheks.gov/contact.html)

**MEDICAID**  
Kansas Department of Social & Rehabilitation Services (SRS)  
3000 Broadway (Hays)  
785-628-1066

**MEDICARE**  
Social Security Administration  
1212 East 27<sup>th</sup> Street (Hays)  
785-625-3496

**Social & Rehabilitation Services (SRS)**  
3000 Broadway (Hays)  
785-628-1066

**Social Security Administration**  
1212 East 27<sup>th</sup> Street (Hays)  
785-625-3496

#### **Health and Fitness Centers**

**Larned Community Center**  
1500 North Toles (Larned)  
620-285-6002

**Melba Woods Fitness Center**  
620-263-3733

**Unique Physique Gym**  
424 W 14<sup>th</sup> Street (Larned)  
620-285-7015

#### **Home Health**

**Kansas Home Care Association**  
2738 SW Santa Fe Drive  
Topeka, KS 66614  
(785) 478-3640  
Fax: (785) 286-1835  
[khca@kshomecare.org](mailto:khca@kshomecare.org)

**Golden Belt Home Health and Hospice**  
3520 Lakin Ave.  
Great Bend, KS  
620-792-8171

**Southwest Area Agency on Aging**  
(620) 225-8230  
FAX: (620) 225-8240

1-800-742-9531 Dodge City Office:  
240 San Jose Drive  
Dodge City, Kansas 67801

620) 793-6633 FAX: (620) 793-7435  
1905 Washington  
Great Bend, KS 67530

**Elder Care**  
P.O. Box 1364  
Great Bend, KS 67530  
620-792-5942

**Angels Care Home Health**

1506 Vine Street  
Hays, KS 67601  
785-621-4200

Garfield, KS

**Welcome Inn Senior Center**

113 W 4<sup>th</sup> Street (Larned)  
620-285-3504

**Hospice****Golden Belt Home Health and Hospice**

3520 Lakin Ave.  
Great Bend, KS  
620-792-8171

**Kindred Hospice**

Hutchinson, KS  
620-664-5757

**Veterinary Services****Larned Veterinary Clinic**

1443 120<sup>th</sup> Avenue (Larned)  
620-285-3153

**Frick Veterinary Clinic**

1112 K19 Hwy S (Larned)  
620-285-5267

**Local Government, Community, and Social Services****Medical Equipment and Supplies****American Medical Sales and Repair**

1-866-637-6803

**Central Kansas Respiratory Services, LLC**

117 W 6<sup>th</sup> Street (Larned)  
620-804-6104

**Life Watch USA**

1-800-716-1433

**Adult Protection****Adult Protective Services (SRS)**

1-800-922-5330

[www.srskansas.org/ISD/ees/adult.htm](http://www.srskansas.org/ISD/ees/adult.htm)

**Elder Abuse Hotline**

1-800-842-0078

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

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

1-800-922-5330

**School Nurses****USD 495 Ft. Larned School District**

120 E 6<sup>th</sup> (Larned)  
*Fort Larned Elementary School*  
620-285-2141  
*Larned Middle School*  
620-285-8430  
*Larned High School*  
620-285-2151  
[www.usd495.net](http://www.usd495.net)

**Pawnee Heights School District 496**

P.O. Box 97, 100 W Grand (Rozel)  
*Elementary, Junior High, and High School*  
620-527-4211  
[www.phtigers.net](http://www.phtigers.net)

**Alcohol and Drug Treatment****Alcohol and Drug Abuse Services**

1-800-586-3690

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

**Alcohol Detoxification 24-Hour Helpline**

1-877-403-3387

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

**Center for Recovery**

1-877-403-6236

**Senior Services****Burdett Seniors Inc.**

203 Elm Street (Burdett)  
620-525-6655

**Elder Care, Inc.**

PO Box 1364 (Great Bend)  
620-792-5942

**Older Kansans Employment**

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

**Over 50 Club****G&G Addiction Treatment Center**

1-866-439-1807

**Road Less Traveled**

1-866-486-1812

**Seabrook House**

1-800-579-0377

**The Treatment Center**

1-888-433-9869

**Breastfeeding****Pawnee County Breastfeeding Coalition  
Pawnee County Health Dept.**

715 Broadway (Larned)  
620-285-6963

## **Child Protection**

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

## **Children and Youth**

**Children's Alliance**  
627 SW Topeka Boulevard (Topeka)  
785-235-5437  
[www.childally.org](http://www.childally.org)

**Kansas Children's Service League**  
1-800-332-6378  
[www.kcsl.org](http://www.kcsl.org)

## **Community Centers**

**Garfield Community Center**  
217 3<sup>rd</sup> Street (Garfield)  
620-569-2253

**Larned Community Center**  
1500 Toles Avenue (Larned)  
620-285-6002

**Rozel Community Center**  
105 N Main Street  
620-527-4366

## **Crime Prevention**

**Larned Police Department**  
419 Broadway Street (Larned)  
620-285-8545

**Pawnee County Crime Stoppers**  
419 Broadway Street (Larned)  
620-285-3277

**Pawnee County Sheriff's Office**  
116 W 8<sup>th</sup> Street (Larned)  
620-285-2211

## **Day Care Providers – Adult**

**Country Living of Larned**  
714 W 9<sup>th</sup> Street Suite 19 (Larned)  
620-285-6900

**Diversicare of Larned**  
1114 W 11<sup>th</sup> Street (Larned)  
620-285-6914

## **Day Care Providers – Children**

**Child Care Connections**  
Resource & Referral Agency  
1-877-678-2548

## **Extension Office**

**Pawnee County Extension Office**  
715 Broadway, Room 6 (Larned)  
620-285-6901

## **Funeral Homes**

**Beckwith Mortuary Inc. & Monuments**  
916 Main Street (Larned)  
620-285-2121

## **Head Start**

**Larned Head Start**  
1010 Broadway Street (Larned)  
620-285-6860

## **Housing**

**Four Seasons Village**  
200 W 17<sup>th</sup> Street (Larned)  
620-285-7425

**Pawnee Plaza Housing Apartments**  
1801 Broadway Street (Larned)  
620-285-6661

**Prairie Vista**  
1100 West 16<sup>th</sup> Street (Larned)  
620-285-8529

**Housing Opportunities, Inc.**  
1313 Stone St, Great Bend, KS 67530  
(620) 792-3299

## **Legal Services**

**Helvie & Cowell Law Office**  
412 Broadway Street (Larned)  
620-285-7446

**Martin Law Office**  
702 Broadway Street (Larned)  
620-285-3813

**Smith Burnett & Hagerman LLC**  
111 E 8<sup>th</sup> Street (Larned)  
620-285-3157

## Libraries, Parks, and Recreation

### **Burdett City Park**

Michigan Avenue & Locust Street (Burdett)

### **Burgess Park**

1120 W 7<sup>th</sup> Street (Larned)

### **Camp Criley Park**

3<sup>rd</sup> Street & 4<sup>th</sup> Street (Garfield)

### **Camp Pawnee**

2 miles west of Larned to Junction 264, ½ mile South

### **City of Larned Swimming Pool**

100 W 1<sup>st</sup> Street (Larned)  
620-285-8570

### **City Hall & Library**

207 Elm Street (Burdett)  
620-525-6279

### **Doerr Vernon Park & Tennis Courts**

Carroll Avenue & Fort Larned Avenue (Larned)

### **Downey Park**

North of Highway 56, Pawnee Street (Garfield)

### **Fort Larned National Historic Site**

1767 KS Highway 156 (Larned)  
620-285-6911

### **Jordaan Memorial Library**

724 Broadway Street (Larned)  
620-285-2876

### **Larned City Pond**

South Main and Cleveland Street (Larned)

### **Larned Country Club**

681 E 14<sup>th</sup> Street (Larned)  
620-285-3935

### **Moffett Stadium & Tennis Courts**

318 Mann Street (Larned)

### **Pawnee County Fairgrounds**

1800 Fair Drive (Larned)

### **Rozel Ballpark**

Tuttle Street & Edwards Avenue (Rozel)

### **Rozel Park**

Grand Avenue & Main Street (Rozel)

### **Santa Fe Trail Center**

1349 K 156 Hwy (Larned)

### **Schnack-Lowery Park**

544 W 1<sup>st</sup> Street (Larned)

### **State Theatre of Larned**

617 Broadway (Larned)

### **Tera Jordaan Memorial Park**

1600 Toles (Larned)

## Pregnancy Services

### **Adoption is a Choice**

1-877-524-5614

### **Adoption Network**

1-888-281-8054

### **Adoption Spacebook**

1-866-881-4376

### **Graceful Adoptions**

1-888-896-7787

### **Kansas Children's Service League**

1-877-530-5275

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

### **Pawnee County Health Department**

715 Broadway, Courthouse (Larned)

620-285-6963

800-211-4401

[www.kalhd.org/pawnee](http://www.kalhd.org/pawnee)

## Public Information

### **Larned Area Chamber of Commerce**

502 Broadway (Larned)

620-285-6916

### **Burdett City Hall & Library**

207 Elm Street (Burdett)

620-525-6279

### **City of Garfield**

217 3<sup>rd</sup> Street

620-569-2385

### **City of Rozel**

105 Main Street (Rozel)

620-527-4399

### **Clerk of Pawnee County**

715 Broadway Street, Courthouse (Larned)

620-285-3721

### **Larned City Hall**

417 Broadway (Larned)

620-285-8500

## Rape

### **Domestic Violence and Rape Hotline**

1-888-874-1499

### **Family Crisis Center**

1806 12<sup>th</sup> Street (Great Bend)

620-793-1885

### **Kansas Crisis Hotline**

Manhattan

785-539-7935

1-800-727-2785

## Social Security

### Social Security Administration

1-800-772-1213  
1-800-325-0778  
[www.ssa.gov](http://www.ssa.gov)

## Transportation

### Public Transportation Bus

Available for: doctor appointments, shopping,  
general transportation use  
Welcome Inn  
114 W 4<sup>th</sup> Street (Larned)  
620-285-3504

### Volunteers In Action/RSVP

620-792-1614

### Best Express

316-838-1419

### LogistiCare

United: 877-796-5848  
Sunflower: 877-917-8163

## State and National Information, Services, Support

### Adult Protection

#### Adult Protection Services

1-800-922-5330

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

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

#### Elder Abuse Hotline

1-800-842-0078  
[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/fag/sexualassault.htm](http://www.4woman.gov/fag/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

785-841-2345

## Alcohol and Drug Treatment Programs

### A 1 A Detox Treatment

1-800-757-0771

### Recovery Connection 24/7 support

1-800-993-3869  
1-800-511-9225

### Abandon A Addiction

1-800-405-4810

### Able Detox-Rehab Treatment

1-800-577-2481 (NATIONAL)

### 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

1-800-ALCOHOL

### Alcohol and Drug Abuse Services

1-800-586-3690  
[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**  
1-800-477-3447

**Kansas Alcohol and Drug Abuse Services Hotline**  
1-800-586-3690  
[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)

#### **Better Business Bureau**

**Better Business Bureau**  
328 Laura (Wichita)  
316-263-3146  
[www.wichita.bbb.org](http://www.wichita.bbb.org)

#### **Children and Youth**

**Adoption**  
1-800-862-3678  
[www.adopt.org/](http://www.adopt.org/)

**Boys and Girls Town National Hotline**  
1-800-448-3000  
[www.girlsandboystown.org](http://www.girlsandboystown.org)

**Child/Adult Abuse and Neglect Hotline**  
1-800-922-5330  
[www.srskansas.org/](http://www.srskansas.org/)

**Child Abuse Hotline**  
1-800-922-5330

**Child Abuse National Hotline**  
1-800-422-4453  
1-800-222-4453 (TDD)  
[www.childhelpusa.org/home](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**  
1-800-922-5330

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

**KanCare**  
P.O. Box 3599  
Topeka, KS 66601  
1-800-792-4884 1-800-792-4292 (TTY)

**Heartspring (Institute of Logopedics)**  
8700 E. 29<sup>TH</sup> N  
Wichita, KS 67226  
[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, KS 67202  
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**  
1-800-345-5044  
[www.parentsanonymous.org/paIndex10.html](http://www.parentsanonymous.org/paIndex10.html)

**Runaway Line**  
1-800-621-4000  
1-800-621-0394 (TDD)  
[www.1800runaway.org/](http://www.1800runaway.org/)

**Talking Books**  
1-800-362-0699  
[www.skyways.lib.ks.us/KSL/talking/ksl\\_bph.html](http://www.skyways.lib.ks.us/KSL/talking/ksl_bph.html)

#### **Community Action**

**Peace Corps**  
1-800-424-8580  
[www.peacecorps.gov](http://www.peacecorps.gov)

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

1-800-662-0027  
[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

**Castlewood Treatment Center 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 W Broadway (Great Bend)  
1-800-875-2544

**Central Kansas Mental Health Center**

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

**Consumer Credit Counseling Services**

1-800-279-2227  
[www.kscgccs.org/](http://www.kscgccs.org/)

**Kansas Problem Gambling Hotline**

1-866-662-3800  
[www.ksmhc.org/Services/gambling.htm](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)

**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)

**Disability Rights Center 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**

1-800-448-0215

**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)

**National Center for Learning Disabilities**

1-888-575-7373  
[www.ncld.org](http://www.ncld.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 E 32<sup>nd</sup> Street N, Suite 100 (Wichita)  
1-877-267-6300

**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**

Salina 785-827-9639  
Hays 785-625-5663  
Topeka 785-296-1500  
[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

1-800-638-2772  
1-800-638-8270 (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

### American Cancer Society

1-800-227-2345  
[www.cancer.org](http://www.cancer.org)

### American Diabetes Association

1-800-DIABETES (342-2383)  
[www.diabetes.org](http://www.diabetes.org)

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

1-800-CDC-INFO  
1-888-232-6348 (TTY)  
[www.cdc.gov/hiv/](http://www.cdc.gov/hiv/)

### AIDS/STD National Hot Line

1-800-342-AIDS  
1-800-227-8922 (STD line)

### American Health Assistance Foundation

1-800-437-2423  
[www.ahaf.org](http://www.ahaf.org)

### American Heart Association

1-800-242-8721  
[www.americanheart.org](http://www.americanheart.org)

### American Lung Association

1-800-586-4872

### American Stroke Association

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

### Center for Disease Control and Prevention

1-800-CDC-INFO  
1-888-232-6348 (TTY)  
[www.cdc.gov/hiv/](http://www.cdc.gov/hiv/)

### Elder Care Helpline

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

### Eye Care Council

1-800-960-EYES  
[www.seetolearn.com](http://www.seetolearn.com)

### Kansas Foundation for Medical Care

1-800-432-0407  
[www.kfmc.org](http://www.kfmc.org)

### National Health Information Center

1-800-336-4797  
[www.health.gov/nhic](http://www.health.gov/nhic)

### National Cancer Information Center

1-800-227-2345  
1-866-228-4327 (TTY)  
[www.cancer.org](http://www.cancer.org)

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

Clearinghouse  
1-800-241-1044  
1-800-241-1055 (TTY)  
[www.nidcd.nih.gov](http://www.nidcd.nih.gov)

## Hospice

### Hospice-Kansas Association

1-800-767-4965

### Kansas Hospice and Palliative Care Organization

1-888-202-5433  
[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

1-800-432-2310 (Consumer Protection)  
1-800-828-9745 (Crime Victims' Rights)  
1-800-766-3777 (TTY)  
[www.ksag.org/](http://www.ksag.org/)

### Kansas Bar Association

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

### Kansas Department on Aging

1-800-432-3535  
[www.agingkansas.org/index.htm](http://www.agingkansas.org/index.htm)

**Kansas Legal Services**  
1-800-723-6953  
[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**  
1-888-828-5698  
[www.firstguard.com](http://www.firstguard.com)

**Kansas KanCare**  
1-800-792-4884 or 1-800-792-4292 (TTY)

**Kansas Medical Assistance Program**  
Customer Service  
1-800-766-9012  
[www.kmpa-state-ks.us/](http://www.kmpa-state-ks.us/)

**Medicare Information**  
1-800-MEDICARE  
[www.medicare.gov](http://www.medicare.gov)

**U.S. Department of Health and Human Services**  
Centers for Medicare and Medicaid Services  
1-800-MEDICARE (1-800-633-4227) or  
1-877-486-2048 (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 Ill** (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 Ill 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**  
1-800-969-6642  
1-800-433-5959 (TTY)  
[www.nmha.org](http://www.nmha.org)

**State Mental Health Agency**  
KS Department of DCF  
915 SW Harrison Street  
Topeka, KS 66612  
785-296-3959

**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**  
1-800-366-1655

**Department of Human Nutrition**  
Kansas State University  
119 Justin Hall  
Manhattan, KS 66506  
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, KS 66612  
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**  
1-866-511-KDOT  
511  
[www.ksdot.org](http://www.ksdot.org)

## 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**  
1-888-687-2277  
[www.aarp.org](http://www.aarp.org)

**Area Agency on Aging**  
1-800-432-2703

**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**  
1-800-742-9531

**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**  
1-800-784-2433  
[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

**Health Resource Center**  
1-877-222-8387

**Insurance Center**  
1-800-669-8477

**Veteran Special Issue Help Line**  
Includes Gulf War/Agent Orange  
Helpline  
1-800-749-8387

## U.S. Department of Veterans Affairs

**Mammography Helpline**  
1-888-492-7844

**Other Benefits**  
1-800-827-1000

**Memorial Program Service** [includes  
status of headstones and markers]  
1-800-697-6947

**Telecommunications Device for the Deaf/Hearing Impaired**  
1-800-829-4833 (TTY)  
[www.vba.va.gov](http://www.vba.va.gov)

## **Veterans Administration**

### **Veterans Administration Benefits**

1-800-669-8477

#### **Life Insurance**

1-800-669-8477

#### **Education (GI Bill)**

1-888-442-4551

#### **Health Care Benefits**

1-877-222-8387

#### **Income Verification and Means Testing**

1-800-929-8387

#### **Mammography Helpline**

1-888-492-7844

#### **Gulf War/Agent Orange Helpline**

1-800-749-8387

#### **Status of Headstones and Markers**

1-800-697-6947

#### **Telecommunications Device for the Deaf**

1-800-829-4833

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

### **Benefits Information and Assistance**

1-800-827-1000

### **Debt Management**

1-800-827-0648

### **Life Insurance Information and Service**

1-800-669-8477

## **Welfare Fraud Hotline**

### **Welfare Fraud Hotline**

1-800-432-3913

# **V. Detail Exhibits**

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**[VVV Consultants LLC]**

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## a) Patient Origin Source Files

[VVV Consultants LLC]

## FFY 2017 (IP)



### Patient Origin by Region - Inpatient Pawnee, KS Residents Treated in KHA Reporting Area Federal Fiscal Year: 2017

Hospital	Total Discharges		Pediatric Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74		Age 75+		Psychiatric		Obstetric		Newborn		Surg %
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
HaysMed - Hays, KS	240	31.2%	2	0.8%	12	5.0%	61	25.4%	61	25.4%	45	18.8%	0		30	12.5%	29	12.1%	32.1%
Great Bend Regional Hospital - Great Bend, KS	155	20.1%	2	1.3%	6	3.9%	25	16.1%	27	17.4%	31	20.0%	0		33	21.3%	31	20.0%	47.7%
Pawnee Valley Community Hospital - Larned, KS	130	16.9%	3	2.3%	12	9.2%	19	14.6%	29	22.3%	67	51.5%	0		0		0		
Wesley Healthcare - Wichita, KS	70	9.1%	8	11.4%	10	14.3%	11	15.7%	10	14.3%	9	12.9%	1	1.4%	12	17.1%	9	12.9%	38.6%
Via Christi Hospitals Wichita, Inc. - Wichita, KS	48	6.2%	2	4.2%	5	10.4%	17	35.4%	9	18.8%	11	22.9%	4	8.3%	0		0		18.8%
Hutchinson Regional Medical Center - Hutchinson, KS	29	3.8%	2	6.9%	0		4	13.8%	7	24.1%	9	31.0%	3	10.3%	2	6.9%	2	6.9%	27.6%
The University of Kansas Health System - Kansas City, KS	24	3.1%	0		1	4.2%	12	50.0%	9	37.5%	2	8.3%	0		0		0		70.8%
Pratt Regional Medical Center - Pratt, KS	16	2.1%	0		1	6.2%	8	50.0%	3	18.8%	4	25.0%	0		0		0		68.8%
Salina Regional Health Center - Salina, KS	11	1.4%	0		1	9.1%	4	36.4%	5	45.5%	1	9.1%	0		0		0		45.5%
Clara Barton Hospital - Hoisington, KS	6	0.8%	0		0		3	50.0%	0		3	50.0%	0		0		0		
Hodgeman County Health Center - Jetmore, KS	6	0.8%	0		0		4	66.7%	0		1	16.7%	1	16.7%	0		0		
Western Plains Medical Complex - Dodge City, KS	6	0.8%	0		0		0		0		0		0		3	50.0%	3	50.0%	
Edwards County Medical Center - Kinsley, KS	5	0.6%	0		0		1	20.0%	2	40.0%	2	40.0%	0		0		0		
St. Catherine Hospital - Garden City, KS	5	0.6%	0		0		0		0		0		3	60.0%	1	20.0%	1	20.0%	
Shawnee Mission Health - Shawnee Mission, KS	5	0.6%	0		2	40.0%	0		2	40.0%	1	20.0%	0		0		0		100.0%
Other Hospitals	14	1.8%	3	21.4%	3	21.4%	3	21.4%	1	7.1%	2	14.3%	2	14.3%	0		0		28.6%
<b>Hospital Total</b>	<b>770</b>	<b>100.0%</b>	<b>22</b>	<b>2.9%</b>	<b>53</b>	<b>6.9%</b>	<b>172</b>	<b>22.3%</b>	<b>165</b>	<b>21.4%</b>	<b>188</b>	<b>24.4%</b>	<b>14</b>	<b>1.8%</b>	<b>81</b>	<b>10.5%</b>	<b>75</b>	<b>9.7%</b>	<b>30.8%</b>

## FFY 2016 (IP)



### Patient Origin by Region - Inpatient Pawnee, KS Residents Treated in KHA Reporting Area Federal Fiscal Year: 2016

Hospital	Total Discharges		Pediatric Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74		Age 75+		Psychiatric		Obstetric		Newborn		Surg %
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
HaysMed - Hays, KS	248	35.0%	2	0.8%	16	6.5%	74	29.8%	57	23.0%	43	17.3%	1	0.4%	27	10.9%	28	11.3%	39.1%
Pawnee Valley Community Hospital - Larned, KS	121	17.1%	2	1.7%	11	9.1%	24	19.8%	22	18.2%	57	47.1%	3	2.5%	2	1.7%	0		
Great Bend Regional Hospital - Great Bend, KS	114	16.1%	2	1.8%	5	4.4%	22	19.3%	13	11.4%	25	21.9%	0		23	20.2%	24	21.1%	51.8%
Wesley Healthcare - Wichita, KS	53	7.5%	3	5.7%	6	11.3%	14	26.4%	12	22.6%	10	18.9%	0		4	7.5%	4	7.5%	45.3%
Via Christi Hospitals Wichita, Inc. - Wichita, KS	50	7.1%	0		6	12.0%	18	36.0%	10	20.0%	15	30.0%	1	2.0%	0		0		46.0%
The University of Kansas Health System - Kansas City, KS	20	2.8%	0		2	10.0%	12	60.0%	5	25.0%	1	5.0%	0		0		0		45.0%
Hutchinson Regional Medical Center - Hutchinson, KS	19	2.7%	0		1	5.3%	2	10.5%	2	10.5%	14	73.7%	0		0		0		42.1%
Salina Regional Health Center - Salina, KS	15	2.1%	0		0		6	40.0%	7	46.7%	2	13.3%	0		0		0		60.0%
Pratt Regional Medical Center - Pratt, KS	12	1.7%	0		0		2	16.7%	3	25.0%	2	16.7%	0		0		5	41.7%	16.7%
Hodgeman County Health Center - Jetmore, KS	12	1.7%	0		0		4	33.3%	1	8.3%	7	58.3%	0		0		0		
Children's Mercy Kansas City - Kansas City, MO	8	1.1%	8	100.0%	0		0		0		0		0		0		0		50.0%
Kansas Residents/Minnesota Hospitals	6	0.8%	0		1	16.7%	1	16.7%	4	66.7%	0		0		0		0		66.7%
St. Catherine Hospital - Garden City, KS	6	0.8%	0		0		0		0		0		6	100.0%	0		0		
Other Hospitals	21	3.0%	1	4.8%	3	14.3%	5	23.8%	5	23.8%	3	14.3%	2	9.5%	1	4.8%	1	4.8%	23.8%
<b>Hospital Total</b>	<b>708</b>	<b>100.0%</b>	<b>18</b>	<b>2.5%</b>	<b>52</b>	<b>7.3%</b>	<b>186</b>	<b>26.3%</b>	<b>141</b>	<b>19.9%</b>	<b>179</b>	<b>25.3%</b>	<b>13</b>	<b>1.8%</b>	<b>57</b>	<b>8.1%</b>	<b>62</b>	<b>8.8%</b>	<b>34.6%</b>

FFY 2015 (IP)



**Patient Origin by Region - Inpatient**  
Pawnee, KS Residents Treated in KHA Reporting Area  
Federal Fiscal Year: 2015

Hospital	Total Discharges		Pediatric Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74		Age 75+		Psychiatric		Obstetric		Newborn		Surg %
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
HaysMed - Hays, KS	260	41.1%	1	0.4%	26	10.0%	77	29.6%	42	16.2%	35	13.5%	2	0.8%	39	15.0%	38	14.6%	30.8%
Pawnee Valley Community Hospital - Larned, KS	167	26.4%	3	1.8%	20	12.0%	58	34.7%	28	16.8%	57	34.1%	1	0.6%	0		0		
Via Christi Hospitals/Wichita, Inc. - Wichita, KS	43	6.8%	0		6	14.0%	12	27.9%	12	27.9%	12	27.9%	1	2.3%	0		0		37.2%
Wesley Healthcare - Wichita, KS	39	6.2%	2	5.1%	3	7.7%	13	33.3%	8	20.5%	9	23.1%	0		2	5.1%	2	5.1%	23.1%
Hutchinson Regional Medical Center - Hutchinson, KS	26	4.1%	0		0		7	26.9%	7	26.9%	9	34.6%	3	11.5%	0		0		30.8%
The University of Kansas Health System - Kansas City, KS	21	3.3%	1	4.8%	2	9.5%	7	33.3%	2	9.5%	9	42.9%	0		0		0		66.7%
Salina Regional Health Center - Salina, KS	11	1.7%	0		2	18.2%	2	18.2%	4	36.4%	1	9.1%	1	9.1%	0		1	9.1%	36.4%
Hodgeman County Health Center - Jetmore, KS	10	1.6%	0		0		4	40.0%	2	20.0%	4	40.0%	0		0		0		
Kansas Residents/Minnesota Hospitals	6	0.9%	0		1	16.7%	1	16.7%	4	66.7%	0		0		0		0		66.7%
Western Plains Medical Complex - Dodge City, KS	6	0.9%	0		0		0		1	16.7%	1	16.7%	0		2	33.3%	2	33.3%	
Pratt Regional Medical Center - Pratt, KS	5	0.8%	0		0		1	20.0%	1	20.0%	0		0		1	20.0%	2	40.0%	20.0%
Edwards County Medical Center - Kinsley, KS	5	0.8%	0		1	20.0%	0		1	20.0%	0		3	60.0%	0		0		
Newton Medical Center - Newton, KS	5	0.8%	0		0		3	60.0%	0		2	40.0%	0		0		0		
Children's Mercy Kansas City - Kansas City, MO	5	0.8%	5	100.0%	0		0		0		0		0		0		0		60.0%
Other Hospitals	21	3.3%	0		5	23.8%	4	19.0%	4	19.0%	3	14.3%	3	14.3%	1	4.8%	1	4.8%	42.9%
<b>Hospital Total</b>	<b>633</b>	<b>100.0%</b>	<b>12</b>	<b>1.9%</b>	<b>67</b>	<b>10.6%</b>	<b>191</b>	<b>30.2%</b>	<b>116</b>	<b>18.3%</b>	<b>142</b>	<b>22.4%</b>	<b>14</b>	<b>2.2%</b>	<b>45</b>	<b>7.1%</b>	<b>46</b>	<b>7.3%</b>	<b>23.5%</b>

FFY 2017 (OP)



**Outpatient Total Service Category Visits by Region**  
Pawnee, KS Residents Treated in KHA Reporting Area  
Federal Fiscal Year: 2017

Revenue Category	Total Visits	Emergency Dept Visits	Surgery Visits	Observation Visits	Clinical Services Visits	% Male
1 Emergency Department (45x)	2,947	2,947	19	111		45.3%
2 Surgery (36x, 49x)	780	19	780	15		50.0%
3 Observation (76x, excl. 761)	166	111	15	166		44.6%
40 Urgent Care (516, 526)	1	1				
11 Radiology - Diagnostic (32x, excl. 322 and 323)	2,921	1,086	110	78	1,722	45.7%
12 Arthro/Arteriography (322, 323)	9		8		1	66.7%
13 Radiation Therapy (333)	5		1		4	80.0%
14 Nuclear Medicine (34x)	201	2	5	7	190	50.2%
15 CT Scan (35x)	1,417	706	14	55	690	45.0%
16 Mammography (401, 403)	521		13		508	0.8%
17 Ultrasound (402)	605	34	15	9	553	27.9%
18 PET Scan (404)	11				11	54.5%
19 Magnetic Resonance Technology (61x)	499	12	3	8	483	46.7%
21 Chemotherapy (33x, exd. 333)	27				27	18.5%
23 Pulmonary Function (46x)	228	37	3	22	185	45.6%
24 Cardiac Cath Lab (481)	58	3	2	5	49	58.6%
25 Stress Test (482)	111	1	1	5	105	57.7%
26 Echocardiology (483)	245	7	2	15	227	43.7%
27 Electroencephalogram (74x)	5				5	60.0%
28 G.I. Services (75x)	22				22	59.1%
30 ESWT/Lithotripsy (79x)	6		2		4	50.0%
33 Cardiac Rehab (943)	7				7	100.0%
34 Rural Health - Clinic (521)	291				291	39.9%
35 Treatment Room (76X exd. 762)	427	60	24	90	319	39.3%
36 Respiratory Services (41x)	297	229	54	34	11	49.5%
37 EKG/ECG (73x)	1,180	670	43	83	456	48.4%
38 Cardiology (48x exd. 481-483)	72	9	13	4	48	61.1%
39 Sleep Lab (HCPC 95805-95811)	72				72	54.2%
42 Physical Therapy (42x)	143	2	15	4	124	49.7%
43 Occupational Therapy (43x)	36		4	1	31	41.7%
44 SpeechLanguage Pathology (44x)	29			1	28	55.2%
47 Audiology (47x)	5				5	20.0%

	Total Visits	Emergency Dept Visits	Surgery Visits	Observation Visits	Clinical Services Visits	% Male
Visits by Service Category		2,948	780	166	5,504	
Actual visits in report	9,255					42.3%
Actual unclassified visits	7,738					40.7%
<b>Actual total visits</b>	<b>16,993</b>					<b>41.6%</b>

FFY 2016 (OP)



**Outpatient Total Service Category Visits by Region**  
Pawnee, KS Residents Treated in KHA Reporting Area  
Federal Fiscal Year: 2016

Revenue Category	Total Visits	Emergency Dept Visits	Surgery Visits	Observation Visits	Clinical Services Visits	% Male
1 Emergency Department (45x)	3,144	3,144	19	79		46.2%
2 Surgery (36x, 49x)	792	19	792	29		47.5%
3 Observation (76x, excl. 761)	156	79	29	156		46.2%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	2,940	1,173	142	64	1,624	45.9%
12 Arthro/Arteriography (322, 323)	11	1	7	1	4	45.5%
13 Radiation Therapy (333)	5				5	100.0%
14 Nuclear Medicine (34x)	200	5	9	10	182	54.5%
15 CT Scan (35x)	1,497	833	21	41	643	45.0%
16 Mammography (401, 403)	521		11		510	0.6%
17 Ultrasound (402)	657	44	24	18	585	27.9%
18 PET Scan (404)	14				14	64.3%
19 Magnetic Resonance Technology (61x)	500	9	3	5	485	44.8%
21 Chemotherapy (33x, excl. 333)	44				44	13.6%
23 Pulmonary Function (46x)	209	31	9	15	167	49.8%
24 Cardiac Cath Lab (481)	68	2	4	5	60	57.4%
25 Stress Test (482)	76	4		8	68	59.2%
26 Echocardiology (483)	192	4	3	14	177	50.0%
27 Electroencephalogram (74x)	8	1		1	7	50.0%
28 G.I. Services (75x)	21		2		19	38.1%
30 ESWT/Lithotripsy (79x)	7				7	57.1%
32 Electromyelogram (922)	1		1			
33 Cardiac Rehab (943)	17				17	88.2%
34 Rural Health - Clinic (521)	344				344	49.4%
35 Treatment Room (76X excl. 762)	546	47	36	88	438	43.2%
36 Respiratory Services (41x)	307	225	67	23	12	49.2%
37 EKG/ECG (73x)	1,219	699	42	65	486	49.9%
38 Cardiology (48x excl. 481-483)	29	9	2	2	18	75.9%
39 Sleep Lab (HCPC 95805-95811)	97				97	54.6%
41 Behavioral Health (90x, 91x)	1				1	100.0%
42 Physical Therapy (42x)	235	7	19	18	203	44.7%
43 Occupational Therapy (43x)	62	4	4	5	53	45.2%
44 Speech/Language Pathology (44x)	32	2		3	29	68.8%
47 Audiology (47x)	3				3	33.3%

	Total Visits	Emergency Dept Visits	Surgery Visits	Observation Visits	Clinical Services Visits	% Male
Visits by Service Category		3,144	792	156	5,641	
Actual visits in report	9,612					42.9%
Actual unclassified visits	6,862					39.2%
<b>Actual total visits</b>	<b>16,474</b>					<b>41.3%</b>

FFY 2015 (OP)



**Outpatient Total Service Category Visits by Region**  
Pawnee, KS Residents Treated in KHA Reporting Area  
Federal Fiscal Year: 2015

Revenue Category	Total Visits	Emergency Dept Visits	Surgery Visits	Observation Visits	Clinical Services Visits	% Male
1 Emergency Department (45x)	2,681	2,681	22	96		47.0%
2 Surgery (36x, 49x)	567	22	567	8		50.1%
3 Observation (76x, exd. 761)	143	96	8	143		54.5%
11 Radiology - Diagnostic (32x, exd. 322 and 323)	2,747	1,032	144	73	1,570	47.5%
12 Arthro/Arteriography (322, 323)	4		3		1	75.0%
13 Radiation Therapy (333)	1				1	100.0%
14 Nuclear Medicine (34x)	165	2	8	5	152	53.9%
15 CT Scan (35x)	1,211	628	8	41	572	45.8%
16 Mammography (401, 403)	444		7		437	0.7%
17 Ultrasound (402)	567	23	15	8	526	21.5%
18 PET Scan (404)	13				13	76.9%
19 Magnetic Resonance Technology (61x)	406	5	3	6	394	47.3%
21 Chemotherapy (33x, exd. 333)	14	1	1		12	21.4%
23 Pulmonary Function (46x)	260	46	19	30	192	47.7%
24 Cardiac Cath Lab (481)	43	1	1	5	37	46.5%
25 Stress Test (482)	89	2		5	84	57.3%
26 Echocardiology (483)	186	6	1	17	167	43.0%
27 Electroencephalogram (74x)	13		1	1	11	53.8%
28 G.I. Services (75x)	26				26	50.0%
30 ESWT/Lithotripsy (79x)	6		3		3	66.7%
32 Electromyelogram (922)	13				13	23.1%
33 Cardiac Rehab (943)	3				3	66.7%
34 Rural Health - Clinic (521)	140				140	47.9%
35 Treatment Room (76X exd. 762)	300	71	19	86	185	44.7%
36 Respiratory Services (41x)	355	266	72	27	13	51.8%
37 EKG/ECG (73x)	1,002	635	34	68	319	50.8%
38 Cardiology (48x exd. 481-483)	27	3	4		20	51.9%
39 Sleep Lab (HCPC 95805-95811)	105				105	59.0%
41 Behavioral Health (90x, 91x)	1				1	100.0%
42 Physical Therapy (42x)	154	4	11	7	137	33.1%
43 Occupational Therapy (43x)	46	1	3	4	39	39.1%
44 SpeechLanguage Pathology (44x)	26	3	2	3	22	73.1%
47 Audiology (47x)	6		1	1	5	33.3%

	Total Visits	Emergency Dept Visits	Surgery Visits	Observation Visits	Clinical Services Visits	% Male
Visits by Service Category		2,681	567	143	4,687	
Actual visits in report	7,955					42.8%
Actual unclassified visits	6,498					39.6%
<b>Actual total visits</b>	<b>14,453</b>					<b>41.3%</b>

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

[VVV Consultants LLC]

## **Notes**

### **Pawnee County Town Hall**

Larned, KS

Attendees: 53

March 13, 2018

A little bit of veteran care in Pawnee, most go to Wichita for quality veteran care.

Cost of housing is an issue.

WIC is going to benefit cards instead of checks, so might get easier.

Women go to Great Bend or Hays to give birth.

Respondent: Seeing Opioids more than meth. Marijuana, Meth, Cocaine all problem drugs for Pawnee County.

Respondent: Drug use could be related to sexual behaviors.

New gym in Larned built by the school district.

New mammography machine coming to Pawnee.

We don't know what healthcare options are here.

Respondent: Surprised about the feedback about Eye Doctor. Have 2 eye doctors, which is good for a small town.

Respondents: Finding a dentist that takes adult Medicaid is really hard.

## **Strengths**

- Collaborative Community Support
- Immunizations
- Graduation Rates/ Education
- Local Service Health Offerings
- State Hospital in our community
- Access to Fitness
- Quality Providers
- Employment
- Ambulance Services
- Emergency Room
- Quality Hospital Facility
- Summer Lunch
- Parks and Recreation
- Spiritual Ministries

### **Improve/ Change**

- Support groups for AA and NA need to be strengthened
- All women's HC
- Poverty
- Single Parents
- Readiness for Caregivers
- School Lunch Programs
- Child Care
- Biking and walking paths
- Healthcare cost
- Mental healthcare (Access, Screen, Treat, Rehab)
- Kids Health
- STD's
- Pediatric Care
- Awareness of HC Services (to whole County)
- HC Transportation
- Urgent Care
- Opioids

## Town Hall Attendees

Pawnee County (Larned) Town Hall Roster_Year 2018 update						
First	Last	3/13/2018	Email	Organization	Address/City/ST/Zip	ZIP
Chelsea	Bieberle	X	chelsea.bieberle@haysmed.com	PVCH Rehab Director	NA	
Joan	Bohart	X	jbohart2@cox.net	PVCH PFAC	512 W 17th St Larned, KS	67550
Holly	Bower	X	NA	The Center for Counseling & C	5815 Broadway Ave. Great Bend, KS	67530
Holly	Bowyer	X	hollyb@thecentergb.org	The Center for Counseling & C	5815 Broadway Ave. Great Bend, KS	67530
Julie	Bugner-Smith	X	julie.bugnersmith@haysmed.com	PVCH Foundation	1125 Williams Great Bend, KS 67530	67630
Meribeth	Busenbark	X	philbusenbark@sbcglobal.net	PVCH Foundation Trustee	533 W. 4th Street Larned, KS 67550	67550
Jim	Delaney	X	jimmyd586@gmail.com	PVCH Foundation Trustee	NA	
Kay	Delaney	X	NA	Resident	NA	
Brandi	Demel	X	bdemel@sunflowerdiv.com	Sunflower Services	PO Box 838 Great Bend, KS 67530	67530
Gaila	Demel	X	unitedwaycentralks@hotmail.com	United Way of Central Kansas	NA	
Joe	Dickinson	X	jdickinson@cityoflarned.com	Larned EMS	P.O. Box 491 Larned, KS 67550	67550
Brad	Eilts	X	belits@cityoflarned.com	Larned City Manger	NA	
Kristi	Engle	X	kristi.engle@haysmed.com	Pawnee Valley Community Hos	923 Carroll Avenue Larned, KS 67550	67550
Tom	Giessel	X	tom.giessel@gmail.com	Resident	1392 T Rd Larned, KS 67550	67550
Mike	Gillmore	X	gillmore6178@gmail.com	Tiller & Toiler	115 W. 5th Larned, KS 67550	67550
John	Haas	X	jchaas@cox.net	PVCH Board Member	516 W 17th St. Larned, KS 67550	67550
Philip	Hammeke	X	philip.hammeke@pawneecountyks	Pawnee County Commissioner	1497 310 Ave Burdett, KS 67523	67523
Barbara	Hammond	X	barbarah5502@att.net	CHC	903 Toles Larned, KS 67550	67550
Shawn	Harding	X	shawn.m.harding@emcins.com	PFAC	2050 Q RD Larned, KS	67550
Jim	Haynes	X	js@hayneselectricinc.com	Business Owner/PVCH Founda	1215 M5 Rd Larned, KS 67550	67550
Suzan	Haynes	X	NA	Resident	NA	67550
Layton	Hein	X	layton.hein@angmarcompanies.co	Angels Care Home Health	1506 Vine Street Hays, KS 67601	67601
Cody	Helms	X	cody.helms@ks.gov	Heart of Kansas	1905 19th Street Great Bend, KS 67530	67530
Crystal	Hill	X	crystal.hill@haysmed.com	NA	NA	67550
Cheryl	Hoberecht	X	cheryl.hoberecht@pawneecountyks	Pawnee County Health Dept	715 Broadway, Larned, KS 67550	67550
Laurie	Josefiak	X	tygrlvr4@hotmail.com	Chamber & Economic Develop	1345 280th Ave Rozel, KS 67574	67529
Scott	King	X	sheriff.king@pawneecountysheriff	Pawnee County Sherriff	116 W 8th St Larned, KS 67550	67550
Rita	Kurtz	X	rita@carrauction.com	Carr Auction & Real Estate	P.O. Box 300 Larned, KS 67550	67550
Bonnie	Landgraf, ARNP	X	bonnie.landgraf@haysmed.com	PVMA	NA	
Brenda	Langdon	X	brenda.langdon@haysmed.com	Pawnee Valley Community Hos	923 Carroll Ave., Larned, KS 67550	67550
Troy	Langdon	X	troy.langdon@usd495.net	Larned High School Principal	815 Corse Larned, KS 67550	67550
Wendy	Leiker	X	wendyJ.leiker@ks.gov	Larned State Hospital	NA	
Sharon	Lessard	X	sharon@bankkansas.com	USD 495 School Board Membe	1124 W 7th St. Larned, KS 67550	67550
Brandy	Loomis	X	bloomis@sunflowerdiv.com	RN Medical Services Coordinat	PO Box 838 Great Bend, KS 67530	67530
Eli	Makings	X	eli.makings@pawneecountysheriff	PN CO Sheriff Dept	116th W 8th, Larned, KS	67550
Sister Rebecca	Otter	X	rebotter35@yahoo.com	Sacred Heart Catholic Church	1111 State Street Larned, KS 67550	67550
Jon	Prescott	X	jprescott@sunflowerdiv.com	Sunflower Services	PO Box 838 Great Bend, KS 67530	67630
Sherry	Pruter	X	sherry.pruter@usd495.net	Larned Middle School Counsel	904 Corse Avenue Larned, KS 67550	67550
Bill	Rein	X	bill.rein@lsh.ks.gov	Larned State Hospital	1301 KS Hwy 264 Larned, KS 67550	67550
Ruth	Searight	X	PN_COUNTY_CLERK@WAN.KD	Pawnee County Clerk	615 W. 5th , Larned, KS 67550	67550
Mark	Slattery	X	mark.slattery7@gmail.com	First Southern Baptist	1224 Corse Larned, Ks 67550	67550
Shannon	Slattery	X	sslattery55@gmail.com	PVCH PFAC	NA	67550
Dr. Trent	Smith	X	smithdentalclinic@gmail.com	Smith Dental Clinic	706 Fort Larned Ave., Larned, KS 67550	67550
Julie	Smith	X	julie.smith@haysmed.com	PVCH Pharmacist	923 Carroll Ave., Larned, KS 67550	67550
Kevyn	Soupiet	X	kevyn.soupiet@ptkansas.com	Progressive Therapy	117 W 6th St Larned, KS 67550	67550
Ruth	Stewart	X	colglazier.mercantile.@gmail.com	PVCH PFAC	1549 L Road Larned, KS 67550	67550
Shane	Sundahl	X	shane.sundahl@usd495.net	Larned Middle School Principal	904 Corse Avenue Larned, KS 67550	67550
Kathy	Tankersley	X	kathy.tankersley@haysmed.com	NA	NA	67550
Nicole	Tice	X	nicole.tice@lsh.ks.gov	Larned State Hospital	1318 KS Hwy 264 Larned, KS 67550	67550
Shae	Veach	X	shae.veach@haysmed.com	Hays Medical Center	2220 Canterbury Dr. Hays, KS 67601	67601
Klint	Vonfeldt	X	Klint.VonFeldt@FlyEagleMed.com	Air Med Care/Eagle Med	NA	67550
Krysten	Watkins	X	krw1117@gmail.com	Social Worker - Pawnee Count	300 Morris Ave. Larned, KS 67550	67550
Ryan	Webster	X	larnedagapastor@gmail.com	Assembly of God	921 Broadway, Larned, KS 67550	67550

### Wave #3 CHNA - Pawnee Co

#### Town Hall Conversation 10/12/17 - Strengths (Color Cards) N= 53

Card #	C1	Community Health Strengths	Card #	C1	Community Health Strengths
27	ACC	Access Care	23	HOSP	Hospital
46	ACC	Access to Care	33	HOSP	Hospital
28	ACC	Access to Emergency and Acute Care	36	HOSP	Hospital
42	ACC	Access to Emergency Medical Treatment	46	HOSP	Hospital
41	ACC	Access to Hospital	25	HOSP	Hospital
45	ACC	Access to Hospital	2	HOSP	Hospital Access
44	ACC	Access to Public Health Services	21	HOSP	Hospital Access
15	ACC	Advancing Services	26	HOSP	Hospital Access
43	ACC	Critical Care Access	5	HOSP	Nice Hospital
49	ACC	Emergency Care Access	33	HOSP	State Hospital
40	ACC	Healthcare Access	47	HOSP	State Hospital
30	ACC	Hospital- Access to Critical Care	1	MAMO	Mammogram Machine
40	ACC	Physician Access	3	NUTR	Summer Lunch Program
47	ACC	PVCH- Provide Access	40	OP	OP Services
50	ACC	Services at PVMC	43	OTHR	Affordable Care Act
4	ACC	Services Offered in a Small Community	17	OTHR	Circles Program
7	ALL	Helathcare overall is being Provided	36	OTHR	Employment
33	AMB	Ambulance	33	OTHR	Graduation
36	AMB	Ambulance	36	OTHR	Graduation Rate
45	BH	Offering More Mental Health Services	38	OTHR	Graduation Rate
30	CLIN	Clinic Care	41	OTHR	Graduation Rate
29	CLIN	Hospital-Clinic	8	OTHR	Great School System
47	COMM	Collaboration in Community	41	OTHR	Have Resources
27	COMM	Collaborative	27	OTHR	Low Unemployment
41	COMM	Collaborative Community	30	OTHR	Low Unemployment
45	COMM	Collaborative Community	41	OTHR	Low Unemployment
46	COMM	Community Cohesivness	50	OTHR	Low Unemployment
40	COMM	Community Generosity	50	OTHR	LSH
50	COMM	Community Involvement	46	OTHR	Quality Education
44	COMM	Multiple Services Working Together	15	OTHR	School
41	COMM	We Come Together	14	OTHR	Schools
8	CORP	Citizens willing to work for needs	17	OTHR	Schools
3	CORP	Community Support	1	OTHR	Spiritual
12	CORP	Strong Volunteers in Community	30	OTHR	Spiritual
29	DENT	Dental	2	OTHR	Spiritual/Church
9	DOCS	Physicians/Providers	30	PHY	Rehab in Town
33	DOCS	Providers	27	PHY	Rehabilitation Services
49	DOCS	Variety of Doctors (male and female)	14	POV	Development of Poverty Program
15	DOH	Health Department	46	POV	Poverty
16	DOH	Health Department	33	POV	Summer Lunch Program
17	DOH	Health Department	41	POV	Summer Lunch Program
26	DOH	Health Department	46	POV	Summer Lunch Program
46	DOH	Health Department	50	POV	Summer Lunch Program
47	DOH	Health Department	34	QUAL	Care Provided by PCP
50	DOH	Health Department	10	QUAL	Diversicare- good care
7	DOH	Health Department does Excellent Job	35	QUAL	Great Local Medical Care
39	DOH	Health Department in School System	12	QUAL	Keep Patients Local and Engaed
20	DOH	Health Department- Shots and Education	10	QUAL	PUCH- Good Services
40	DOH	Proactive Health Department	15	QUAL	Quality Care at Hospital

### Wave #3 CHNA - Pawnee Co

#### Town Hall Conversation 10/12/17 - Strengths (Color Cards) N= 53

Card #	C1	Community Health Strengths		Card #	C1	Community Health Strengths
43	DOH	Public Health Department		1	QUAL	Quality of Local Hospital Care
13	DOH	PVCH Service/ Health Department		13	QUAL	Quality Providers
41	ECON	Willing to Make Change		36	QUAL	Quality Providers
37	ECON	Willingness to Come Together and Improve Community		41	QUAL	Quality Providers
41	EMER	Emergency Medical Team		19	REC	Exercise/ Walk Parks
17	EMER	Emergency Room		33	REC	Parks and Recreation
22	EMER	ER		41	REC	Parks and Recreation
36	EMER	ER		50	REC	Parks and Recreation
14	EMER	ER - Access Care		12	SPEC	PVCH and Specialists
48	EMER	Quick and Caring ER Services		27	STFF	Good % Patient to Doctor
42	EMER	Sound Emergency Medical Team		43	STFF	Great Physicians and Nurses and Staff
17	EMS	Eagle Med and Transport (EMS)		17	STFF	Hospital and Medical Providers
14	EMS	EMS		22	STFF	Hospitals Personal
50	EMS	EMS		19	STFF	Medical Providers
13	EMS	EMS Service		25	STFF	Provider-Patient Ratio
36	ENV	Environment		23	STFF	Providers
33	ER	Emergency		16	TRAN	Eagle Med/ transport
23	FIT	Access to Fitness		30	VACC	Health Department- Immunizations
5	FIT	Access to Fitness Facility		29	VACC	Health Department- Vaccinations
42	FIT	Community Fitness Center		6	VACC	Immune/Shots
44	FIT	Community Physical Wellness Opportunities		36	VACC	Immunization
36	FIT	Exercise		9	VACC	Immunizations
14	FIT	Exercise Opportunities		14	VACC	Immunizations
6	FIT	Fitness Center		31	VACC	Immunizations
46	FIT	Fitness Center		38	VACC	Immunizations
50	FIT	Fitness Center		41	VACC	Immunizations
45	FIT	Fitness Center Opportunities		4	VACC	Immunizations Capability
41	FIT	Fitness Facility		45	VACC	Immunizations/School Nurse Care
25	FIT	Fitness/Wellness		33	VACC	Shots
24	FIT	Fitness/Wellness (Fitness Center)		36	VACC	Vaccination
33	FIT	Gym		17	VACC	Vaccinations
21	FIT	Gym Access		11	VACC	Vaccinations Very High
2	FIT	Inexpensive Access to Gym		18	VACC	Vaccines
49	FIT	Low Cost Fitness Center		21	VACC	Vaccines
3	FIT	New Gym		27	WAIT	13 Minute ER Room
10	FIT	New Gym		11	WAIT	ER Services Wait 13 min or less
31	FIT	New Gym		18	WAIT	ER Wait Time
32	FIT	New Gym		46	WAIT	ER Wait Time
28	FIT	Responding to Identified Need (Gym)		50	WAIT	ER Wait Time
30	FIT	Using New Gym		48	WAIT	Low Wait for Dental Care
3	HODP	Hospital		48	WAIT	Low Wait for Vision Care
8	HOSP	Great Hospital		35	WAIT	Low Waiting Times in ER
16	HOSP	Hays Med		49	WAIT	Speedy Service
24	HOSP	Healthcare Services/Hospital		17	WAIT	Wait Times
16	HOSP	Hospital		18	WIC	WIC Program
19	HOSP	Hospital				

## Wave #3 CHNA - Pawnee Co

### Town Hall Conversation - Weakness (White Cards) N= 53

Card #	C1	Community Health Weaknesses	Card #	C1	Community Health Weaknesses
20	ACC	Access and Cost of Healthcare	7	MRKT	Making Public Aware of Services
54	ACC	Access to Good Local Healthcare	11	NUTR	Better Provision of School Lunches
32	ACC	Access to Service-Resources	56	NUTR	Children's Lunch Program
19	ACC	Lack of Resources	21	NUTR	Food Insecurity
15	ADD	Addiction	27	NUTR	Lunches
36	AGE	Care for Elderly	21	NUTR	Nutrition Education
45	AGE	Elder Care	26	NUTR	School Lunches
20	AGE	Senior Stress	28	NUTR	School Lunches
30	AIR	Air Quality	30	NUTR	School Lunches
17	AIR	Air Quality	50	NUTR	School Lunches
30	AIR	Feed Lot Smells	52	NUTR	School Lunches
53	ALC	AA Support Groups	53	NUTR	School Lunches
41	ALC	Alcohol	54	NUTR	School Lunches
43	ALC	Alcohol Abuse	30	OBES	Obesity
18	ALC	Alcohol Use	2	OBG	OB Clinics
3	ALC	Alcohol/Substance Abuse	42	ONC	Oncology
44	ALC	Drinking	5	OP	Outpatient
49	ALC	DUI's	13	OP	Perception of Access to Outpatient
30	ALL	Health Maintenance	49	OTHR	Affordable Housing
2	ALL	Mental Health Opportunities	5	OTHR	Caregiver Training
4	ALL	Work Environment	34	OTHR	Caregivers
22	BH	Access and Cost for Mental Health	21	OTHR	Diminish Isolation
33	BH	Access to Mental Health	4	OTHR	High Level of Single Parent
40	BH	Access to Mental Health	19	OTHR	Isolation- all ages
50	BH	Counseling	55	OTHR	More Direction to Westside of County
3	BH	Counseling/Mental Health Availability	49	OTHR	Property Taxes
10	BH	Improve Access to Mental Health	5	OTHR	Single Parent
37	BH	Increase Exposure of Mental Health Options-Youth	23	OTHR	Single Parent Household
57	BH	Knowledge of Available Mental Health Services	26	OTHR	Single Parent Household
16	BH	Lack of Mental Health Services	29	OTHR	Single Parent Household
4	BH	Mental Health	24	PEDS	Pediatric Services Needed
5	BH	Mental Health	41	PEDS	Pediatric Care
8	BH	Mental Health	42	PEDS	Pediatric Care
29	BH	Mental Health	29	PEDS	Pediatricians
34	BH	Mental Health	8	PEDS	Peds
35	BH	Mental Health	26	PEDS	Peds/OBG
41	BH	Mental Health	38	PHY	Rehab Services
42	BH	Mental Health	9	PNEO	Access to Prenatal/OB Care
45	BH	Mental Health	16	PNEO	Early Prenatal Care
48	BH	Mental Health	39	PNEO	Increase Early Prenatal Care
51	BH	Mental Health	26	PNEO	Not getting Prenatal Care
55	BH	Mental Health	15	PNEO	Prenatal Care
7	BH	Mental Health	43	PNEO	Prenatal Care
9	BH	Mental Health Access	44	PNEO	Prenatal Care
27	BH	Mental Health Help	29	POC	Poverty
47	BH	Mental Health Help	1	POV	Healthcare Cost- Poverty
24	BH	Mental Health Services	8	POV	Poverty
26	BH	Mental Health Services	14	POV	Poverty

## Wave #3 CHNA - Pawnee Co

### Town Hall Conversation - Weakness (White Cards) N= 53

Card #	C1	Community Health Weaknesses	Card #	C1	Community Health Weaknesses
38	BH	Mental Health Services	15	POV	Poverty
17	BH	Mental Health w/o Stigma	19	POV	Poverty
32	BH	Need Mental Health Services	20	POV	Poverty
25	BH	Need Mental Locally	21	POV	Poverty
39	BRST	Increase Breastfeeding	23	POV	Poverty
38	CLIN	Outreach Special Clinics	24	POV	Poverty
10	COMM	Collaboration b/w Providers	25	POV	Poverty
12	COMM	Make People feel like they are all a part of it	26	POV	Poverty
54	CORP	Collaborative Community Efforts	27	POV	Poverty
54	CORP	Community Support	34	POV	Poverty
39	CORP	Create Community Resource Council	35	POV	Poverty
11	CORP	Reach Out to More Towns	45	POV	Poverty
12	CORP	Reach Smaller Community w/ Services Available	9	POV	Poverty Housing
39	DENT	Dental	4	POV	Poverty Level
40	DENT	Dental	18	POV	Poverty Level
31	DENT	Dentist	22	POV	Poverty Levels
44	DIAB	Diabetes	57	POV	Poverty/Housing/Food
16	DOCS	Primary Care Physicians Needed	19	POV	Senior Poverty
12	DOCS	Talk with Care Provider not Nurse	34	POV	Unemployment
20	DOH	Health Department	56	PREV	Preventive Health
25	DRUG	D/A Support Groups	31	PREV	Wellness/Prevention
26	DRUG	DARE	31	PUL	Pulmonology
41	DRUG	DARE Program	35	REC	Bike and Walk Paths
35	DRUG	Drug Abuse	41	REC	Bike and Walk Paths
44	DRUG	Drug Abuse	39	SMOK	Decrease Smoking
55	DRUG	Drug Abuse	8	SMOK	Smoking
37	DRUG	Drug Abuse Treatment Options	23	SMOK	Smoking During Pregnancy
50	DRUG	Drug and Alcohol Treatment	44	SMOK	Smoking Moms
47	DRUG	Drug Awareness	39	SMOK	Smoking while Pregnant
52	DRUG	Drug Treatments	30	SMOK	Smoking/Drugs
20	DRUG	Drug Use	26	SPEC	Add different types of Specialists
33	DRUG	Drug Use	25	SPEC	Adding More Specialists
34	DRUG	Drug Use	2	SPEC	More Specialty Clinics
40	DRUG	Drug Use	16	SPEC	Specialist Visiting at PVMC
42	DRUG	Drug Use	44	SPEC	Specialists
7	DRUG	Drugs/Opioid	45	SPEC	Specialists
46	DRUG	Improve Substance Abuse Counseling	46	SPEC	Specialists
4	DRUG	Opioid Usage	50	SPEC	Specialists
23	DRUG	Opioids	51	SPEC	Specialists
19	DRUG	Opioid Issues	36	SPEC	Specialty Care
21	DRUG	Recognize Opioid use is not a "class" issue	43	SPEC	Specialty Clinics
29	DRUG	Substance Abuse	17	SPEC	Specialty Services
45	DRUG	Substance Abuse	9	STD	Education on STDs
51	DRUG	Substance Abuse	5	STD	STD
22	DRUG	Treatment/Prevention of Drug and Alcohol	33	STD	STD Prevention

## Wave #3 CHNA - Pawnee Co

### Town Hall Conversation - Weakness (White Cards) N= 53

Card #	C1	Community Health Weaknesses		Card #	C1	Community Health Weaknesses
55	EMER	ER- better care to patients		39	STD	STD Prevention
37	EMER	ER uses for no Emergent Patients		16	STD	STDs
5	FEM	Better Women Healthcare		26	STD	STD's
34	FEM	Women's Healthcare		42	STD	STD's
44	FEM	Women's Wellness		44	STD	STD's
3	FINA	Cost is Extremely High		21	STFF	Add Employees to Health Dpeartment
26	FINA	Health Care Costs		19	STFF	More PH Staff
34	GRAD	Graduation		39	SUIC	Decrease Suicides
2	H2O	Water Quality		32	SUIC	Sucicide Prevention
48	HH	Home Health		15	SUIC	Suicide
44	HRT	Heart Disease		16	SUIC	Suicide
29	INSU	Insurance		29	SUIC	Suicide
26	INSU	Insurance Issues		43	SUIC	Suicide
27	INSU	Insurance Issues		44	SUIC	Suicide
30	INSU	Providers Accept Insurance		26	SUIC	Suicide/Substance Abuse
48	INSU	Senior Medicare Part A		32	TOB	Tobacco
5	KID	Child Care		9	TRAN	Healthcare Transportation
45	KID	Child Care		25	TRAN	Transportation
33	KID	Childcare Access		26	TRAN	Transportation
17	KID	Daycare for Younger Children (Infants)		29	TRAN	Transportation
49	KID	Number of Foster Children		39	TRAN	Transportation
1	LOY	Keeping Patients instead of Transfer		35	TRAN	Transportation for Healthcare
31	MAMO	Mammogram		19	TRAU	Trauma Informed Care
44	MAMO	Mammogram		7	URG	Urgent Care
8	MAMO	Mamo		26	URG	Urgent Care
9	MAMO	Mamo- Early Screenings		35	URG	Urgent Care
24	MAMO	More Breast Care- mammo		37	URG	Urgent Care
3	MRKT	Advertise Services Offered		32	VIO	Abuse and Violence
14	MRKT	Awareness about Resources		6	VIO	Education in Schools about Abuse, Consent, Violence
15	MRKT	Awareness about Resources		6	VIO	Education on Violence and Abuse
18	MRKT	Awareness of Services		6	VIO	Offender Accountability
43	MRKT	Awareness of Services		14	VIO	Safe Houses for Abuse
44	MRKT	Awareness of Services		5	VIO	Violence Abuse Education
13	MRKT	Better Advertising		34	WELL	Children's Education
36	MRKT	Community Awareness of Services		26	WELL	Educate on Resources Available
5	MRKT	Get Word Out Better		32	WELL	Educate Young Students
52	MRKT	Improve Local Awareness of Services Offered		19	WELL	Education of Services
16	MRKT	Increase Awareness of Services		54	WELL	Quality of Education
57	MRKT	Knowledge of Services				

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## c) Public Notice & Requests

[VVV Consultants LLC]

## PR Release #1

# Pawnee Valley Community Hospital seeks public input for health assessment update

**Media Release** 01/29/2018

Over the next three months, Pawnee Valley Community Hospital (Larned KS) will be partnering with Pawnee Co Health Department and other community health providers to update the 2015 Pawnee Co KS Community Health Needs Assessment (CHNA). <Note: ACA legislation requires all tax-exempt hospitals to submit a CHNA to the IRS every three years, regardless of hospital affiliation. Each hospital, even those that serve overlapping populations, must submit a separate CHNA.>

VVV Consultants LLC, an independent research firm from Olathe, Kansas 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 2015 CHNA report and to collect up-to-date community health perceptions.

To accomplish this work, a short online survey has been developed.

[https://www.surveymonkey.com/r/PawneeV\\_CHNA3](https://www.surveymonkey.com/r/PawneeV_CHNA3) OR

text **PawneeCoCHNA to 48421** to receive the link on your smart phone.

All community residents are encouraged to complete the 2018 CHNA Wave #3 online survey by **Friday, February 23, 2018**. < Note: you can also find CHNA 2018 feedback link on PVCH website & Facebook page.> “We hope that the community and health professionals will take advantage of this opportunity to provide input into the future of healthcare delivery in our county,” comments Kendra Barker, Interim CEO.

If you have any questions about CHNA activities, please call 620 285-3161.

# E Mail CHNA Request

**From:** Kendra Barker

**To:** Pawnee County - Stakeholders & Key Staff

**Date:** January 29, 2018

**Subject:** Pawnee County CHNA Wave #3 Community Feedback Survey

Over the next three months, Pawnee Valley Community Hospital and Pawnee County Health Department will be partnering with other community health providers to update the 2015 Pawnee County Community Health Needs Assessment (CHNA).

Your feedback / suggestions regarding current community health are very important to collect in order to complete our comprehensive 2018 Community Health Needs Assessment and Implementation Plan.

**To accomplish this work, a short online survey has been developed:**

**[https://www.surveymonkey.com/r/PawneeV\\_CHNA3](https://www.surveymonkey.com/r/PawneeV_CHNA3)**

All responses are confidential. Thank you in advance for your time and support in participating with this important request. **Please complete CHNA Round #3 online survey by Friday, March 3, 2018.**

**NOTE: Please hold Tuesday March 13, 2018 (11:30-1pm)** to attend a working lunch CHNA Town Hall at Be Glory. More information will be coming in late February.

# Pawnee County leaders discuss CHNA survey results

By **MIKE GILMORE**

News Director,

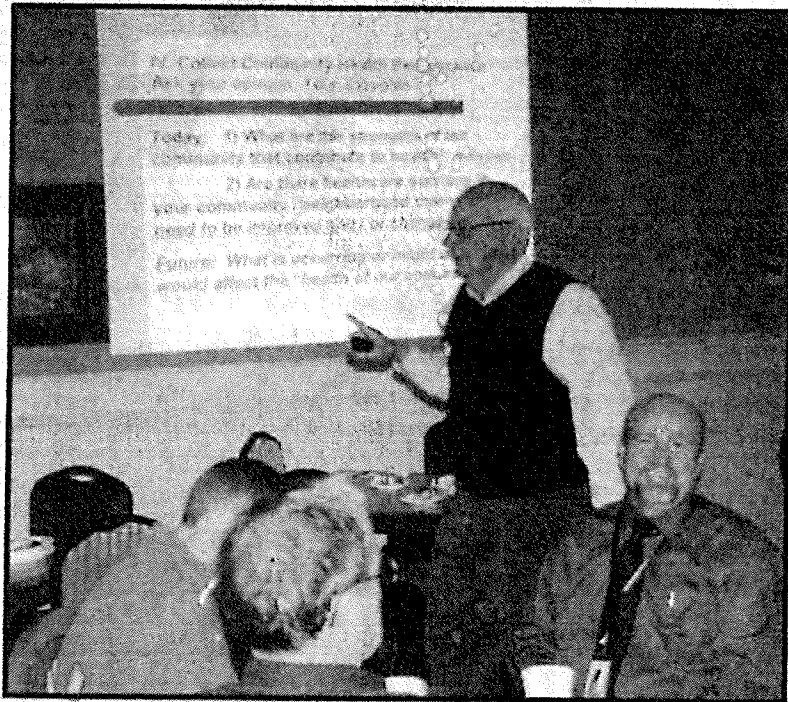
Hi, Neighbor! Newspapers

According to a survey of its patrons, Pawnee County has quality healthcare providers and services, but more awareness is needed as to what and where they are.

Over the lunch hour Tuesday, an Olathe facilitator walked a gathering of leaders, health care providers, law enforcement, school officials and concerned citizens through the results of a local on-line survey as the first step toward assessing healthcare needs in the county.

The 2018 Community Health Needs Assessment -- third in a series since its inauguration in Pawnee County in 2012 -- again drew a sizeable number of county residents to a Town Hall meeting over the lunch hour Tuesday at Glory Be in Larned.

The CHNA and its implementation strategies are newly-required  
see CHNA page 12



**HEALTHY DISCUSSION** - Vince Vandehaar, an Olathe facilitator for Pawnee County's 2018 Community Health Needs Assessment, guides a gathering of residents concerned with the county's health care profile in a Town Hall setting Tuesday at Glory Be in Larned. (photo by Mike Gilmore)

# CHNA

continued from page 1  
of tax-exempt hospitals as an outgrowth of the Patient Protection and Affordable Care Act. The CHNA is designed to create an opportunity for local citizens in collaboration with healthcare providers to provide input in the improvement of their overall community health.

The CHNA is conducted every three years, with results forwarded to local, state and federal databases. In the inaugural 2012 CHNA, the county was looking to the funding, construction and operational management of Pawnee Valley Community Hospital in 2013; in 2015, wellness facilities were tagged as a need, which was answered by the USD 495's collaborative construction of the Dale and Melba Woods Fitness Center last year.

As in the prior assessments, Vince Vandehaar of VVV Consultants, L.L.C. in Olathe, on Tuesday guided Town Hall participants through the second phase of the process, which was to review and assess results collected by a recent online survey sponsored by PVCH and the Pawnee County Health Department.

Vandehaar told the group that it should be pleased with the survey participation, which recorded responses from 203 citizens.

"That's a really good number for a community of this size," Vandehaar said.

The outline of the Town Hall meeting process proceeded as in the past two community gatherings as those present made notes of responses collected in several graphs, or "tabs," prepared by Vandehaar and flagged to their impact. A green flag meant that responders felt that the community was moving in a positive direction; a yellow flag meant that they felt it was stable or remaining the same and red meant that it needed attention.

A new wrinkle for the 2018 CHNA was a section that Vandehaar called "big data," or information collected for national database use by agencies such as the Robert Wood Johnson Foundation.

"Big data" from the RWJ included information on how the county ranked against the 2015 CHNA and the state rural norm in categories of health outcomes such as mortality rate (red flag); physical environment (yellow flag) or clinical care (green flag).

Other tabs separated responses into such categories as: population demographics, economics and business; educational profile; hospital provider profile; behavioral profile and risk factors.

After taking individual notes, participants then shared their personal notes with their tables, then in small groups.


Vandehaar then asked each small group for their consensus on such topics as healthcare services or community awareness, health department immunization coverage or behavioral health access.

The top concerns from each table were then transferred to poster-paper listings on the wall. Participants then concluded

their decision process by giving the posted concerns a green (good) yellow (no change) orange (needing attention) or red (immediate concern) sticker.

Information from the posters would then be analyzed along with the other data by Vandehaar's staff for presentation in four to six weeks. At that time, those attending the Town Hall would be asked to come together again to develop implementation strategies for most pressing concerns.

After the implementation session, the final report would then be prepared for release in May.




**STATE THEATRE**  
617 BROADWAY, LARNED  
285-3535

**March 16, 17, 18, 19**  
**•Black Panther**  
Rated PG-13

**March 23, 24, 25, 26**  
**•A Wrinkle in Time**  
Rated PG

**MOVIE STARTS PROMPTLY AT - 7:00 PM - Friday, Saturday, Sunday & Monday**

**SUNDAYS ONLY:**  
Couple's Special: \$15 -  
2 adult admissions,  
2 medium drinks & medium popcorn



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## d) Primary Research Detail

[VVV Consultants LLC]

## CHNA 2018 Wave #3 Feedback - Pawnee Co 2018 N= 203

ID	Zip	Overall	Movement	c1	c2	c3	When considering "overall community health quality", is it increasing, decreasing or not really changing. Why?
1078	67550	Good	UP	ACC	ALL		Adding additional services locally, and partnering as I understand with KU Medical. Do not fully understand all the connections, but, I think very well of KU Medical.
1054	67550	Very Good	UP	ACC	ALL		adding services
1011	67550	Very Good	UP	ACC	QUAL	MAMO	Excellent services offered at PVCH and the potential addition of a Mammogram screening device makes it better and better. Always on the lookout for ways to improve and add services.
1205	67550	Very Good	UP	ACC			Increase of services
1209	67550	Very Good	UP	ACC			More services available all the time.
1014	67550	Good	UP	ACC	HOSP		The hospital is offering more services
1010	67550	Very Good	UP	ACC	SPEC		We have ability to perform many tests here in our own area, and have specialists coming to us so that we don't have to travel.
1092	67550	Very Good	UP	AGE	DRUG		Patients in the community are aging. Slight increase of drug use.
1052		Good	DOWN	AIR	DOH		Dust and pollution from feed yards is causing allergies and lung issues
1215	67550	Very Good	No CHG	ALL	INSU	ACC	General healthcare and insurance costs. Limited resources in small communities.
1099	67550	Very Good	UP	ALL	FAC		I feel PVCH is continually trying to make improvements and obtain state of the art medical equipment.
1089	67550	Good	UP	ALL	HOSP		With the hospital, the Center, Heart of Kansas, there seems to be more options.
1055		Average	UP	BH	DRUG	DOCS	More service providers in community for mental health and substance use.
1006	67550	Good	No CHG	CANC			High incidence of cancer in this area
1183	67523	Average	DOWN	CHRON			Chronic diseases are increasing
1157		Good	UP	CORP			I believe our community is gradually becoming more aware and concerned with their health.
1020	67550	Good	DOWN	CORP	OTHR		no young people are coming here to live nothing to offer then. Café's for a family meal, no recreation, no stores to shop.
1050	67550	Very Good	UP	DOCS	MDLV	STFF	Because of the good attitude of our health care providers
1227	67550	Average	DOWN	DOCS			I don't feel we have good Drs
1091	67550	Good	UP	DOCS	FAC		Increase in health care providers. Heart of Kansas office established locally.
1076	67550	Very Good	UP	DOCS	ACC		More health care providers; PVCH provides a lot of services that often are not available in a community of this size
1160	67550	Very Good	UP	DOCS	ACC		More services offered at Pvch, more Drs. Pvch connection with Hays Med.
1201	67550	Good	DOWN	DOCS			We need more doctors that are actually in their office during the week.
1236	67550	Good	No CHG	DRUG			Drug usage continues to be a big problem.
1072	67574	Very Good	No CHG	ECON			we need to get the health care prices down.
1119	67550	Very Good	UP	FAC	HOSP	CLIN	excellent hospital and clinic
1082	67550	Good	UP	FAC	HOSP	AGE	excellent hospital and elder care centers
1039	67550	Very Good	UP	FAC			We have very nice facilities at PVCH.
1219	67523	Very Good	UP	FIT			Fitness center Continued improvements to PVCH
1121		Poor	No CHG	FIT			It was decreasing but with the fitness center it has improved.
1213	67550	Good	UP	FIT			New affordable community fitness center
1235	67550	Very Good	UP	HOSP			So many tests and procedures can be performed at our local hospital.
1220		Very Good	UP	HOSP	STFF		The hospital has a very positive thorough staff.
1195	67550	Good	UP	LOY	STFF		Longevity of providers and services.
1137	67529	Poor	No CHG	NO			I feel as though the health quality of our community has stayed the same over the last few years.
1045	67550	Good	No CHG	NO			I'm not sure because I don't experience it.
1194	67529	Very Good	No CHG	NO			Nothing comes to mind to make me say it's better or worse
1063	67550	Good	No CHG	NO			Some things start up and other things go away, so that is why I think it really isn't changing that much.
1067	67550	Very Good	No CHG	NUTR	AGE		Healthy food options are limited and not much for adult health activities.
1191	67550	Very Good	No CHG	NUTR	FIT		The way people eat and exercise is not changing.

CHNA 2018 Wave #3 Feedback - Pawnee Co 2018 N= 203							
ID	Zip	Overall	Movement	c1	c2	c3	When considering "overall community health quality", is it increasing, decreasing or not really changing. Why?
1065	67530	Average	No CHG	POV			Limited resources for handling some of the determinants of socioeconomics.
1189	67550	Good	No CHG	QUAL			I don't really have the grounds to specify... don't notice either way. I am satisfied with care received here.
1203	67550	Good	DOWN	QUAL			It seems Hays Med is not as helpful and supportive as it was in the beginning.
1184	67550	Good	DOWN	QUAL			Not sure about decreasing but Hays Med is not caring as much for Larned since they now have Great Bend, at least my assessment.
1149	67550	Very Good	UP	QUAL			Quality of care is excellent.
1173	67550	Good	No CHG	QUAL			We have reached somewhat of a plateau.
1116	67550	Good	No CHG	STFF			Health department lacks staff to provide adequate services.
1193	67550	Average	UP	STFF			The only reason I can put increasing is because of amazing providers like VanNorden and his office, Keenan, Deb T. and Melissa Mead.
1202		Good	UP	TRAV	ACC		there are many procedures we can have done here instead of going out of town--maybe I am just dis- covering some of them!
1025	67550	Very Good	UP	WELL	DOCS	RESP	Dr. Whittington, respiratory therapy and other PVCH staff assisted with high school Cpr training. Health education means empowerment.

## CHNA 2018 Wave #3 Feedback - Pawnee Co 2018 N= 203

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1062	67550	Good	No CHG	ACC			Lack of access
1184	67550	Good	DOWN	ACC			Lack of service by Hays Med
1244	67550	Very Good	No CHG	AGE			Population is ageing. That will not change
1197	67550	Average	No CHG	DOCS			Poor care from doctor's. Why go yhey don't do anything just pad the bills
1002	67550	Very Good	UP	DRUG			local substance abuse treatment in the community
1133	67550	Average	No CHG	DRUG			Too many drugs in our community due to poverty. We need to address these addictions and take care of our community. Clean it up and be drug-free
1231	67550	Very Good	UP	H2O			Water quality.
1245	67550	Good	No CHG	H2O	DRUG	INSU	Water quality. Drug abuse. For some, the lack of affordable health insurance to obtain preventive services.
1228		Good	No CHG	INSU			Cant afford insurance
1148	67550	Good	No CHG	NO			I don't know
1179	67567	Poor	UP	NO			Not sure
1039	67550	Very Good	UP	OBES			obesity
1020	67550	Good	DOWN	OTHR			feedlots
1183	67523	Average	DOWN	OTHR			Lack of alternative health care options
1205	67550	Good	DOWN	OTHR			Part of the problem is people choose to make poor decisions.
1094	67550	Good	No CHG	OTHR			People making poor personal choices
1226	67550	Good	UP	OTHR			Poor choices & ignorance; lack of motivation
1006	67550	Good	No CHG	OTHR			Surrounded by feedlots
1136	67550	Average	No CHG	POV			People who are in poverty are not concerned about wellness due to being overwhelmed with many stressors in their life. Poverty in our community needs to be addressed to eventually see an increase of greater health in our community.
1237	67550	Average	No CHG	POV			Poverty
1091	67550	Good	UP	QUAL	COMM	OTHR	A lot of services are available and I believe community members are aware of those services, but are not motivated to access the services that are intended to improve health.
1249	67550	Good	UP	QUAL			I do not perceive us to have "poor health"
1153	67550	Poor	DOWN	STFF			Lack of good providers to address issues as soon as they arrive rather than wait it out and the problem grow
1025	67550	Very Good	UP	TRAN	WELL		A lot of elderly people not able get out due to transportation issues and lack of being educated on healthy living.
1014	67550	Good	UP	WELL	NUTR		Many people just have limited interest in their own health care. The resources and education are available but people don't want to put in the time it takes to become educated or more healthy.

## CHNA 2018 Wave #3 Feedback - Pawnee Co 2018 N= 203

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1136	67550	Average	No CHG	ACC			I was wondering if we could partner with a big hospital, such as KU med in providing more mental health services for adults, but children mental health services are much needed in the community.
1125	67550	Very Good	UP	ALL			I am extremely pleased and happy with our health care services.
1091	67550	Good	UP	ALL			I am not aware of any new programs that need to be added. We need to ensure that existing programs are running as efficiently and proficiently as possible.
1098	67550	Good	No CHG	ALL			This is currently being explored.
1074	67550	Average	No CHG	BH			Local access to mental health
1027	67550	Very Good	UP	BH			Mental Counselors
1078	67550	Good	UP	BH	WELL		Mental Health A better understanding of Mental Health and the role it plays in physical health, will be the new frontier in medicine, I believe.
1114	67550	Very Good	UP	BH	DRUG		Mental health and substance abuse
1239	67567	Good	UP	BH	OP		Mental Health outpatient care is severely lacking!! The Center for Counseling is a joke!
1205	67550	Good	DOWN	BH			Mental health services. We need really good counselors. Many people have mental issues and other issues that need addressed.
1071	67550	Good	No CHG	BH			More and better mental health options
1104	67550	Very Good	UP	BH			More mental health services.
1096	67550	Very Good	UP	BH			MORE READILY AVAILABLE MENTAL HEALTH SUPPORT
1014	67550	Good	UP	BH			The community mental health center just needs to do more. They interview people in crisis (that need to be hospitalized) over a computer rather than meet with them in person.
1155	67550	Average	No CHG	BH			We really need a mental health service that bridges the gap between private care -self pay and the state hospital.
1162	67550	Good	No CHG	CANC			We need to have an oncology unit so patients can receive chemo here in Larned instead of having to drive elsewhere
1126	67550	Average	No CHG	COMM			PARTNER WITH GREAT BEND REGIONAL
1133	67550	Average	No CHG	COMM	BH		Partner with Larned State Hospital and the Correctional Facility. They are our largest community employer. Without them, we wouldn't have a town. We need to take care of these two agencies and their employees. They work hard for little money. They need to be recognized by getting their physical and mental health needs addressed.
1143	67550	Average	No CHG	CORP			hokey pokey
1158	67550	Average	No CHG	DOCS			Competent physicians, and more of them.
1018	67550	Good	UP	DRUG	WELL		Addiction awareness, day meetings for coping skills for the family or friends of an addict , awareness of what is going on in the town (at night or day) so that all of us can either , help, watch for warning signs, facilitate prevention
1190	67550	Very Good	UP	DRUG			Drug abuse treatment
1061	67529	Good	UP	DRUG	BH	SMOK	Drug assistance , mental health , Smoking classes offered more frequently , I believe we could partner with other groups
1237	67550	Average	No CHG	DRUG	BH		Drug counseling, mental health counseling
1022	67550	Very Good	UP	DRUG			More training on drug abuse partnered with other communities
1054	67550	Very Good	UP	DRUG	ALC		need to actively encourage 12 step programs in the community
1211	67550	Good	UP	DRUG	VIO		Prescription drug abuse, domestic and child abuse
1013	67550	Good	UP	DRUG			treatment center for chemical abuse in town.
1137	67529	Poor	No CHG	ECON			I'm not sure..I find it hard to think that this community would be open to anything new..they are set in their ways of treating people like numbers.. insurance numbers that is..
1193	67550	Average	UP	EMER	DOCS		The possibilities are endless, if everyone could work together. It's ridiculous when we were going to the ER and mention our provider's name then receiving looks of disdain. I had wondered if this was why my daughter's issue was "missed". We have the provider we do for a reason.
1179	67567	Poor	UP	FIT	CORP		Community walks & other programs to get people involved

## CHNA 2018 Wave #3 Feedback - Pawnee Co 2018 N= 203

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1045	67550	Good	No CHG	FIT	ALT		I'm not sure what exists, except that there are several opportunities for physical exercises. I would like to see something on natural healing resources.
1203	67550	Good	UP	HH	MRKT		I don't know of any caregiver support groups or home health/respite care for dementia patient caregivers (if available, needs advertising)
1107	67550	Very Good	UP	HH	AGE	BH	In Home Health Care especially for senior citizens. Community Mental Health Services to include more comprehensive case management and care in the home. Increased access to inpatient MH Acute care.
1219	67523	Very Good	No CHG	HOSP	ACC		I would just like to see more awareness of what is available away from the hospital such as the county health dept
1218	67550	Very Good	UP	HOSP			The day hospital program," ask the Doc" good , wish something in the eve, for working people
1242	67550	Very Good	UP	KID	PEDS		Well child checks, pediatric services
1067	67550	Very Good	No CHG	NO			Unsure of new needs or partners.
1178	67550	Good	No CHG	NUTR			healthy food choices
1116	67550	Good	No CHG	NUTR	FIT		Nutrition education, exercise classes.
1006	67550	Good	No CHG	NUTR			PLEASE it must be a priority to overhaul the crap that is being fed to our children at the school! It is intolerable to know that for some kids that is their only meal and such poor quality at that!
1213	67550	Very Good	UP	OBES			More emphasis on obesity prevention.
1194	67529	Very Good	No CHG	OBES	FIT	NUTR	More on helping people learn how to lose weight
1191	67550	Very Good	No CHG	OBES	FIT		Obesity and wellness training
1039	67550	Very Good	UP	OBES			treatment of obesity
1201	67550	Good	DOWN	ONC	CANC		I think we need oncology services here. Everyone knows someone with cancer in this county
1184	67550	Good	DOWN	OTHR			Put back in place some of the older programs but for some reason have been dropped
1149	67550	Very Good	UP	PEDS	URG		Pediatric clinic, urgent care options increased to meet needs in the community and decrease unneeded er visits.
1082	67550	Good	UP	PSY	OBES	DRUG	psych support and services, obesity programs, drug addictions prevention
1063	67550	Good	No CHG	QUAL			More healthcare meetings identifying problems, deliveries of care by different agencies.
1224	67550	Good	UP	REC			With the city of Larned. Bike paths to our new school.
1076	67550	Very Good	UP	SPEC	NUTR	AGE	Would like to see more specialty clinics available here in Larned. Also more food assistance for the elderly that isn't income based. Our sole income is from Social Security...we have difficulty affording food, but our income makes us ineligible for any income-based services. The Bob Boxes were helpful but that program has now been replaced by ANOTHER income-based commodity program.
1209	67550	Very Good	UP	STD	DRUG	ALCU	Teen sex, drugs and alcohol use
1183	67523	Average	DOWN	STFF			More holistic health care providers.
1235	67550	Average	DOWN	URG			Urgent care
1215	67550	Good	UP	URG	INSU		Urgent care clinic. Programs for under insured
1035	67550	Good	No CHG	WELL			Caregiver support and education.
1065	67530	Average	No CHG	WELL	COMM		Education, yes partnership is key
1089	67550	Good	UP	WELL			Grant opportunities and coalitions would be helpful to develop more opportunities.
1173	67550	Good	No CHG	WELL	CORP		That would be a collaborative effort with the stakeholders. The needs assessment should be reviewed and work off of that. It is too broad a subject to have an easy answer. Definitely education is a necessity for learning any new behavior or to understand an issue and how to tackle it. Prioritizing is also in integral piece of meeting needs. Isn't meeting community needs what we are wanting to do?
1216	67550	Good	UP	WELL	FIT		Wellness and preventive. Exercise program would be great.

## Let Your Voice Be Heard!

**Pawnee Valley Community Hospital and Pawnee County Health Dept are partnering together to update the 2018 Community Health Needs Assessment (CHNA). <Note: ACA legislation requires all tax-exempt hospitals to submit a CHNA to the IRS every three years, regardless of hospital affiliation. Each hospital, even those that serve overlapping populations, must submit a separate CHNA.>**

**To collect "up to date" community feedback, a short online survey has been created to uncover any current community health issues and evaluate local health delivery. While your participation is voluntary and confidential, all community input is valued.**

**Thank you for your attention! Deadline to participate is Friday, March 2, 2018.**

1. Three years ago, a Community Health Needs Assessment was completed. Today, we are updating this assessment and would like to know how would you rate the "Overall Quality" of healthcare delivery in our community?

☐ Very Poor ☐ Poor ☐ Average ☐ Good ☐ Very Good

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

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

Why? (please specify)

3. Past Community Health Needs Assessments (CHNA's) review area health resources, patient access to care, health-related factors (i.e. smoking, eating and drinking habits etc), social determinants of health, health care utilization, area health status (i.e. mortality, mental health, chronic disease rates etc.), and community economics & demographics.

In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and/or changed? (Please be specific.)

4. In your own words, what is the general community perception of healthcare providers (i.e. hospitals, doctors, public health, etc.) serving our community? (Be specific)

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

- |  |   |
|--|---|
| <input type="checkbox"/> Air Quality                       | <input type="checkbox"/> Home Health / Hospice services   |
| <input type="checkbox"/> Alcohol Abuse                     | <input type="checkbox"/> Mental Health                    |
| <input type="checkbox"/> Awareness of existing HC services | <input type="checkbox"/> Nursing Home - Dementia care     |
| <input type="checkbox"/> Dental                            | <input type="checkbox"/> Nutrition - Healthy Food options |
| <input type="checkbox"/> Drug / Substance Abuse            | <input type="checkbox"/> Oncology                         |
| <input type="checkbox"/> Fitness / Exercise options        | <input type="checkbox"/> Wellness / Prevention            |
| <input type="checkbox"/> HC Transportation                 |   |

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

- |  |   |
|--|---|
| <input type="checkbox"/> Air Quality                       | <input type="checkbox"/> Home Health / Hospice services   |
| <input type="checkbox"/> Alcohol Abuse                     | <input type="checkbox"/> Mental Health                    |
| <input type="checkbox"/> Awareness of existing HC services | <input type="checkbox"/> Nursing Home - Dementia care     |
| <input type="checkbox"/> Dental                            | <input type="checkbox"/> Nutrition - Healthy Food options |
| <input type="checkbox"/> Drug / Substance Abuse            | <input type="checkbox"/> Oncology                         |
| <input type="checkbox"/> Fitness / Exercise options        | <input type="checkbox"/> Wellness / Prevention            |
| <input type="checkbox"/> HC Transportation                 |   |

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

- |   |  |
|---|--|
| <input type="checkbox"/> Lack of health & wellness education        | <input type="checkbox"/> Elder assistance programs   |
| <input type="checkbox"/> Chronic disease prevention                 | <input type="checkbox"/> Family assistance programs  |
| <input type="checkbox"/> Limited access to mental health assistance | <input type="checkbox"/> Lack of awareness of existing local programs, providers, and services |
| <input type="checkbox"/> Case management assistance                 |  |

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/Optometrlist	<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	<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? Con't

	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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home	<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"/>
Physician Clinics	<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 Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialists	<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
Caregiver Training Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early Childhood Development Programs	<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"/>
Ability to secure Grants / Finances to Support Local Health Initiatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings (such as asthma, hearing, vision, scoliosis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunization Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity Prevention & Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very Good	Good	Fair	Poor	Very Poor
Spiritual Health Support	<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"/>
Sexually Transmitted Disease Testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Treatment & Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco Prevention & Cessation Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence 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"/>
WIC Nutrition Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. In the past 2 years, did you or someone you know receive healthcare services outside of our community?

- ☐ Yes
- ☐ No
- ☐ I don't know

If YES, please specify the healthcare services received.

13. Are our healthcare organizations, providers and stakeholders actively working together to address community health?

- ☐ Yes
- ☐ No
- ☐ I don't know

Please explain

14. What "new" community health programs should be created to meet current community health needs?  
Can we partner somehow with others?

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"/> Lead Exposure       | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Alcohol                           | <input type="checkbox"/> Mental Illness      | <input type="checkbox"/> Smoke-Free Workplace          |
| <input type="checkbox"/> Breast Feeding Friendly Workplace | <input type="checkbox"/> Nutrition           | <input type="checkbox"/> Suicide                       |
| <input type="checkbox"/> Cancer                            | <input type="checkbox"/> Obesity             | <input type="checkbox"/> Teen Pregnancy                |
| <input type="checkbox"/> Diabetes                          | <input type="checkbox"/> Ozone               | <input type="checkbox"/> Tobacco Use                   |
| <input type="checkbox"/> Drugs/Substance Abuse             | <input type="checkbox"/> Physical Exercise   | <input type="checkbox"/> Vaccinations                  |
| <input type="checkbox"/> Family Planning                   | <input type="checkbox"/> Poverty             | <input type="checkbox"/> Water Quality                 |
| <input type="checkbox"/> Heart Disease                     | <input type="checkbox"/> Respiratory Disease | <input type="checkbox"/> Wellness Education            |

16. What is your home ZIP code? Please enter 5-digit ZIP code; for example, 00544 or 94305)

17. 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)



## Report Contact:

**Vince Vandehaar, MBA**  
**VVV Consultants LLC**  
*Principal & Adjunct Professor*

601 N Mahaffie, Olathe, KS 66061  
(913) 302-7264 (C)  
VVV@VandehaarMarketing.com  
LinkedIn: [vandehaar](#)  
<http://vandehaarmarketing.com/>

VVV 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