



Community Health Needs Assessment

Pawnee County, KS

The University of Kansas Health System, Pawnee Valley Campus



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VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

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I. Executive Summary

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I. Executive Summary

Pawnee Valley Community Hospital, part of the University of Kansas Health System – Pawnee County, KS - 2021 Community Health Needs Assessment (CHNA)

Pawnee Valley Community Hospital (PVCH) previous CHNA was completed in 2018. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #4 Pawnee County, KS CHNA assessment began December 2020 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandelaar, MBA.

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders and providers, along with the residents, to research and prioritize county health needs and document community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years. **Important community CHNA Benefits** for both the local hospital and the health department, are as follows: 1.) Increases knowledge of community health needs and resources 2.) Creates common understanding of the priorities of the community's health needs 3.) Enhances relationships and mutual understanding between and among stakeholders 4.) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community 5.) Provides rationale for current and potential funders to support efforts to improve the health of the community 6.) Creates opportunities for collaboration in delivery of services to the community and 7.) Provides guidance to the hospital and local health department for how they can align their services and community benefit programs to best meet needs, and 8.) fulfills Hospital "Mission" to deliver.

County Health Area of Future Focus on Unmet Needs

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

Pawnee County, KS				
2021 CHNA Priorities - Unmet Needs				
CHNA Wave #4 Town Hall - March 24, 2021				
Pawnee Valley Community Hospital PSA (24 Attendees, 115 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Diagnosis, Placement, Aftercare)	19	16.5%	16.5%
2	Drug (Opioids) & Alcohol Abuse	17	14.8%	31.3%
3	Access to Care after Hours	10	8.7%	40.0%
4	Affordable Care	9	7.8%	47.8%
5	Awareness of Health Services	9	7.8%	55.7%
6	Teen Tobacco /Vaping)	9	7.8%	63.5%
7	Awareness of Exercise / Fitness Activities	7	6.1%	69.6%
8	Insurance Coverage	7	6.1%	75.7%
9	Women's Health (Maternal & Fetal, Breastfeeding, etc.)	7	6.1%	81.7%
Total Votes		115	100.0%	
Other Items receiving votes: Nutrition/Healthy Foods, Poverty/ Unemployment, Occ Medicine, Air Quality, Dental Services, Suicide, Access to Specialists and Cancer Services.				

Town Hall CHNA Findings: Areas of Strengths

Pawnee County (KS) "Community Health Strengths"			
#	Topic	#	Topic
1	Nutrition - Healthy Food Options	6	Care Coordination / Leadership
2	Nursing Home / Senior Care	7	Recreational Activities
3	Access to Services	8	Stable Health Services
4	Growth Opportunity	9	Health Department - Communication / Collaboration
5	Charity Care	10	Ratio of Providers

Key CHNA Wave #4 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2020 Robert Wood Johnson County Health Rankings, Pawnee County, KS Average was ranked 30th in Health Outcomes, 9th in Health Factors, and 6th in Physical Environmental Quality out of the 105 Counties.

TAB 1. Pawnee County's population is 6,414 (based on 2019), with a population per square mile (based on 2019) of approximately 9 persons. Roughly five percent (4.6%) of the population is under the age of 5, while the population that is over 65 years old is 21.5%. As of 2019, Hispanic / Latinos make up 7.3% of the population and 2.8% of citizens that speak a language other than English in their home. Children in single parent households make up a lower percentage of 33.5% compared to the rural norm of 25.2%, and 74.7% are living in the same house as one year ago.

TAB 2. In Pawnee County, the average per capita income is \$22,672 while 14% of the population is in poverty. There is a severe housing problem of 7.1% compared to the rural norm of 9.5%. Food insecurity is 11.6%, and limited access to healthy foods (store) is 5.6%.

TAB 3. Children eligible for a free or reduced-price lunch in Pawnee County is 53.4%. Over 90% (90.7%) of students graduated high school in compared to the rural norm of 88.1% and 17.2% have a bachelor's degree or higher.

TAB 4. The percent of births where prenatal care started in the first trimester is 80.7% and 10.2% of births in Pawnee County have a low birth weight. Continually, 88.2% (compared to 81.5% rural norm) of infants up to 24 months are receiving full immunization. The percent of mothers who reported smoking during pregnancy is 15.7% (2016 – 2018).

TAB 5. The population coverage in Pawnee County of Primary Care Physicians per resident is 1 MD/DO to 954 (Based on MDs/DOs only officing in Pawnee Co.). The percentage of patients who gave their hospital a rating of 9 or 10 out of 10 is 87%. There are 92% of patients who reported Yes, They Would Definitely Recommend the Hospital.

TAB 6. In Pawnee County, 17.2% of the Medicare population has depression. The Mental Behavioral Hospital Admission Rates per 100,000 was 33.9 and the percent of Medicare Part D beneficiaries receiving an opioid day supply >10 Days is 39.4%. The average mentally unhealthy days last reported (2017) is 3.6 days in a one-week period.

TAB 7a – 7b. Pawnee County has an obesity percentage of 36.7% as of 2016, and physical inactivity percentage is 31.2%. The adult smoking is 16%, while the excessive drinking percentage is 18.3% as of 2017. The Medicare hypertension percentage is 62%, while their heart failure percentage is 17.6%. Pawnee County has an almost 9% cancer percentage (8.7%) among their Medicare population and 2.7% stroke percentage.

TAB 8. The adult uninsured rate for Pawnee County is 8.9% (based on 2017) compared to the rural norm of only 11.9%.

TAB 9. The life expectancy rate in Pawnee County is roughly 76 years of age (76.2) for the entire general population in this county. Alcohol-impaired driving deaths for Pawnee County is at 33.3% while age-adjusted Cancer Mortality rate per 100,000 is at a high of 175.5. Age-adjusted Heart Disease Mortality rate per 100,000 is at 187.6.

TAB 10. Roughly sixty five percent (64.6%) of Pawnee County has access to exercise opportunities. There are 13.9% of the population that have diabetes prevalence. Twenty seven percent (27%) of women in Pawnee County seek annual mammography screenings (based on 2017).

Key CHNA Wave #4 Primary Research Conclusions found:

Community Feedback from residents, community leaders and providers (N=243) provided the following community insights via an online perception survey:

- Using a Likert scale, 70% of Pawnee County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Pawnee County stakeholders are satisfied with the following services: Ambulance Services, Outpatient Services and School Health.
- When considering past CHNA needs, the following topics came up as the most pressing: Drug/Alcohol Abuse, Mental health Services, Air Quality, and Poverty/Employment.

Pawnee Co KS - CHNA Wave #4		Ongoing Problem			Pressing
Past CHNAs Unmet Needs Identified		Pawnee Co. (N=243)		Trend	Pawnee Co. (N=243)
Rank	Ongoing Problem	Votes	%		RANK
1	Drug/Alcohol Abuse	95	14.7%		1
2	Mental Health Services	68	10.5%		2
3	Air Quality	61	9.5%		4
4	Poverty/Employment	54	8.4%		3
5	Pediatric Care	44	6.8%		8
6	Water Quality	42	6.5%		6
7	Opioids	41	6.4%		10
8	Awareness/Education of HC Services	40	6.2%		9
9	Nutrition - Healthy Food Options	38	5.9%		7
10	Oncology Treatment	38	5.9%		5
11	Women's Health	36	5.6%		11
12	Home Health/Hospice	31	4.8%		12
13	Exercise/Fitness Services	30	4.7%		14
14	Nursing Home/Senior Care	27	4.2%		13
	TOTALS	645	100.0%		

II. Methodology

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II. Methodology

a) CHNA Scope and Purpose

The federal Patient Protection and Affordable Care Act (ACA) requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs. Any hospital that has filed a 990 is required to conduct a CHNA. IRS Notice 2011-52 was released in late fall of 2011 to give notice and request comments.

JOB #1: Meet/Report IRS 990 Required Documentation

1. A description of the community served by the facility and how the community was determined;
2. A description of the process and methods used to conduct the CHNA;
3. The identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA;
4. A description of how the organization considered the input of persons representing the community (e.g., *through meetings, focus groups, interviews, etc.*), who those persons are, and their qualifications;
5. A prioritized description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and
6. A description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Section 501(r) provides that a CHNA must take into account input from persons who represent the broad interests of the community served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: Government agencies with current information relevant to the health needs of the community and representatives or members in the community who are medically underserved, low-income, minority populations, and populations with chronic disease needs. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.).

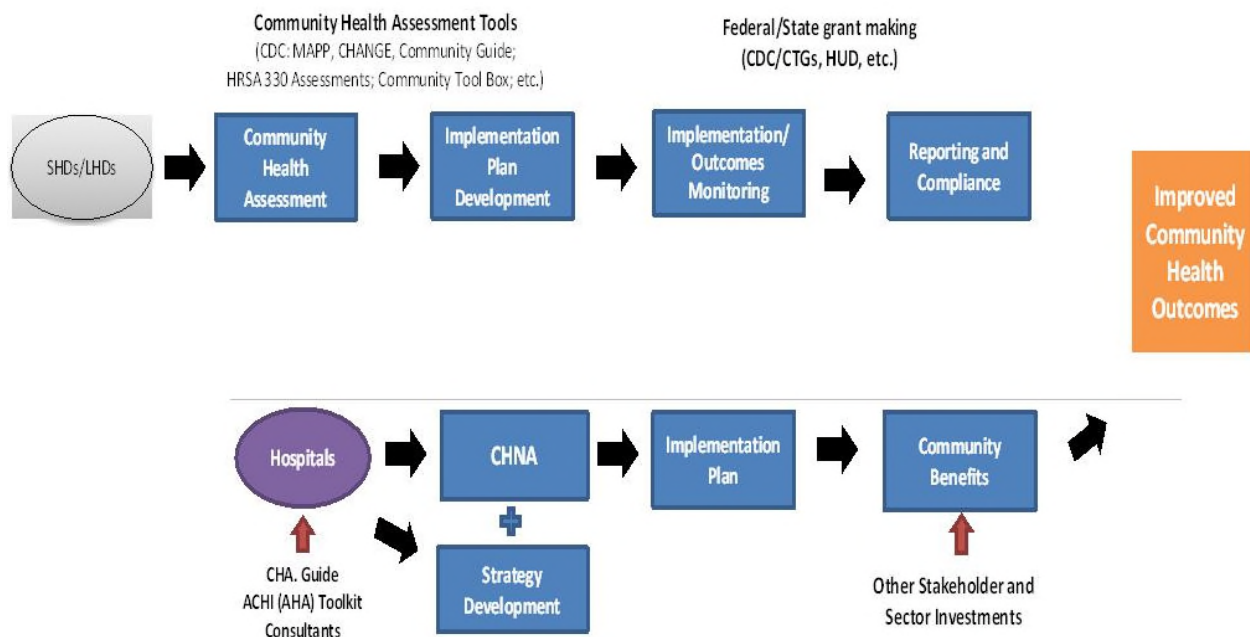
JOB #2: Making a CHNA Widely Available to the Public

The Notice provides that a CHNA will be considered to be "conducted" in the taxable year that the written report of the CHNA findings is made widely available to the public. The Notice also indicates that the IRS intends to pattern its rules for **making a CHNA "widely available to the public"** after the rules currently in effect for Form 990. Accordingly, an organization would make a **facility's written report** widely available by posting the final report on its website either in the form of (1) the report itself, in a readily accessible format or (2) a link to another organization's website, along with instructions for accessing the report on that website. *The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

JOB #3: Adopt an Implementation Strategy by Hospital

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. The Notice defines an “implementation strategy” as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it. A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Great emphasis has been given to work hand-in-hand with leaders from hospitals, the state health department and the local health department. A common approach has been adopted to create the CHNA, leading to aligned implementation plans and community reporting.



IRS Requirements Overview (Notice 2011-52)

Notice and Request for Comments Regarding the Community Health Needs Assessment Requirements for Tax-exempt Hospitals

Applicability of CHNA Requirements to “Hospital Organizations”

The CHNA requirements apply to “hospital organizations,” which are defined in Section 501(r) to include (1) organizations that operate one or more state-licensed hospital facilities, and (2) any other organization that the Treasury Secretary determines is providing hospital care as its principal function or basis for exemption.

How and When to Conduct a CHNA

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three taxable years. ***The CHNA must take into account input from persons representing the community served by the hospital facility and must be made widely available to the public. The CHNA requirements are effective for taxable years beginning after March 23, 2012.*** As a result, a hospital organization with a June 30 fiscal year end must complete a CHNA full report every 3 years for each of its hospital facilities by fiscal June 30th.

Determining the Community Served

A CHNA must identify and assess the health needs of the **community served** by the hospital facility. Although the Notice suggests that geographic location should be the primary basis for defining the community served, it provides that the organization may also take into account the target populations served by the facility (e.g., children, women, or the aged) and/or the facility's principal functions (e.g., specialty area or targeted disease). *A hospital organization, however, will not be permitted to define the community served in a way that would effectively circumvent the CHNA requirements (e.g., by excluding medically underserved populations, low-income persons, minority groups, or those with chronic disease needs).*

Persons Representing the Community Served

Section 501(r) provides that a CHNA must take into account input from **persons who represent the broad interests of the community** served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: (1) government agencies with current information relevant to the health needs of the community and (2) representatives or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.).

Required Documentation

The Notice provides that a hospital organization will be required to separately document the CHNA for each of its hospital facilities in a **written report** that includes the following information: 1) a description of the community served by the facility and how the community was determined; 2) a description of the process and methods used to conduct the CHNA; 3) the identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA; 4) a description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications; 5) a prioritized

description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and 6) a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Making a CHNA Widely Available to the Public

The Notice provides that a CHNA will be considered to be “**conducted**” in the taxable year that the written report of the CHNA findings is made **widely available to the public**. The Notice also indicates that the IRS intends to pattern its rules for making a CHNA “widely available to the public” after the rules currently in effect for Forms 990. *Accordingly, an organization would make a facility’s written report widely available by posting on its website either (1) the report itself, in a readily accessible format, or (2) a link to another organization’s website, along with instructions for accessing the report on that website. The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

How and When to Adopt an Implementation Strategy

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. **The Notice defines an “implementation strategy” as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need, or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it.** A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Under the Notice, an implementation strategy is considered to be “**adopted**” on the date the strategy is approved by the organization’s board of directors or by a committee of the board or other parties legally authorized by the board to act on its behalf. Further, the formal adoption of the implementation strategy must occur by the end of the same taxable year in which the written report of the CHNA findings was made available to the public. For hospital organizations with a June 30 fiscal year end, that effectively means that the organization must complete and appropriately post its first CHNA no later than its fiscal year ending June 30, 2013, and formally adopt a related implementation strategy by the end of the same tax year. *This final requirement may come as a surprise to many charitable hospitals, considering Section 501(r) contains no deadline for the adoption of the implementation strategy.*

IRS Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(c)(3) Last Reviewed or Updated: 21-Aug-2020

In addition to the general requirements for tax exemption under Section 501(c)(3) and Revenue Ruling 69-545, hospital organizations must meet the requirements imposed by Section 501(r) on a facility-by-facility basis in order to be treated as an organization described in Section 501(c)(3). These additional requirements are:

1. Community Health Needs Assessment (CHNA) - Section 501(r)(3),
2. Financial Assistance Policy and Emergency Medical Care Policy - Section 501(r)(4),
3. Limitation on Charges - Section 501(r)(5), and
4. Billing and Collections - Section 501(r)(6).

Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility’s service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Additionally, in determining its patient populations for purposes of defining its community, a hospital facility must take into account all patients without regard to whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under the hospital facility's financial assistance policy. If a hospital facility consists of multiple buildings that operate under a single state license and serve different geographic areas or populations, the community served by the hospital facility is the aggregate of these areas or populations.

Additional Sources of Input

In addition to soliciting input from the three required sources, a hospital facility may solicit and take into account input received from a broad range of persons located in or serving its community. This includes, but is not limited to:

- Health care consumers and consumer advocates
- Nonprofit and community-based organizations
- Academic experts
- Local government officials
- Local school districts
- Health care providers and community health centers
- Health insurance and managed care organizations,
- Private businesses, and
- Labor and workforce representatives.

Although a hospital facility is not required to solicit input from additional persons, it must take into account input received from any person in the form of written comments on the most recently conducted CHNA or most recently adopted implementation strategy.

Collaboration on CHNA Reports

A hospital facility is permitted to conduct its CHNA in collaboration with other organizations and facilities. This includes related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations.

In general, every hospital facility must document its CHNA in a separate CHNA report unless it adopts a joint CHNA report. However, if a hospital facility is collaborating with other facilities and organizations in conducting its CHNA, or if another organization has conducted a CHNA for all or part of the hospital facility's community, portions of a hospital facility's CHNA report may be substantively identical to portions of the CHNA reports of a collaborating hospital facility or other organization conducting a CHNA, if appropriate under the facts and circumstances.

If two hospital facilities with overlapping, but not identical, communities collaborate in conducting a CHNA, the portions of each hospital facility's CHNA report relevant to the shared areas of their communities might be identical. So, hospital facilities with different communities, including general and specialized hospitals, may collaborate and adopt substantively identical CHNA reports to the extent appropriate. However, the CHNA reports of collaborating hospital facilities should differ to reflect any material differences in the communities served by those hospital facilities. Additionally, if a governmental public health department has conducted a CHNA for all or part of a hospital facility's community, portions of the hospital facility's CHNA report may be substantively identical to those portions of the health department's CHNA report that address the hospital facility's community.

Collaborating hospital facilities may produce a joint CHNA report as long as all of the collaborating hospital facilities define their community to be the same and the joint CHNA report contains all of the same basic information that separate CHNA reports must contain. Additionally, the joint CHNA report must be clearly identified as applying to the hospital facility.

Joint Implementation Strategies

As with the CHNA report, a hospital facility may develop an implementation strategy in collaboration with other hospital facilities or other organizations. This includes but is not limited to related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations. In general, a hospital facility that collaborates with other facilities or organizations

in developing its implementation strategy must still document its implementation strategy in a separate written plan that is tailored to the particular hospital facility, taking into account its specific resources. However, a hospital facility that adopts a joint CHNA report may also adopt a joint implementation strategy. With respect to each significant health need identified through the joint CHNA, the joint implementation strategy must either describes how one or more of the collaborating facilities or organizations plan to address the health need or identify the health need as one the collaborating facilities or organizations do not intend to address. It must also explain why they do not intend to address the health need.

A joint implementation strategy adopted for the hospital facility must also: Be clearly identified as applying to the hospital facility, Clearly identify the hospital facility's role and responsibilities in taking the actions described in the implementation strategy as well as the resources the hospital facility plans to commit to such actions, and Include a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relate to the hospital facility.

Adoption of Implementation Strategy

An authorized body of the hospital facility must adopt the implementation strategy. See the discussion of the Financial Assistance Policy below for the definition of an authorized body.· This must be done on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility finishes conducting the CHNA. This is the same due date (without extensions) of the Form 990.

Acquired Facilities A hospital organization that acquires a hospital facility (through merger or acquisition) must meet the requirements of Section 501(r)(3) with respect to the acquired hospital facility by the last day of the organization's second taxable year beginning after the date on which the hospital facility was acquired. In the case of a merger that results in the liquidation of one organization and survival of another, the hospital facilities formerly operated by the liquidated organization will be considered "acquired," meaning they will have until the last day of the second taxable year beginning after the date of the merger to meet the CHNA requirements. Thus, the final regulations treat mergers equivalently to acquisitions.

New Hospital Organizations

An organization that becomes newly subject to the requirements of Section 501(r) because it is recognized as described in Section 501(c)(3) and is operating a hospital facility must meet the requirements of Section 501(r)(3) with respect to any hospital facility by the last day of the second taxable year beginning after the latter of: The effective date of the determination letter recognizing the organization as described in Section 501(c)(3), or · The first date that a facility operated by the organization was licensed, registered, or similarly recognized by a state as a hospital.

New Hospital Facilities

A hospital organization must meet the requirements of Section 501(r)(3), with respect to a new hospital facility it operates by the last day of the second taxable year beginning after the date the facility was licensed, registered, or similarly recognized by its state as a hospital.

Transferred/Terminated Facilities

A hospital organization is not required to meet the requirements of Section 501(r)(3) with respect to a hospital facility in a taxable year if the hospital organization transfers all ownership of the hospital facility to another organization or otherwise ceases its operation of the hospital facility before the end of the taxable year. The same rule applies if the hospital facility ceases to be licensed, registered, or similarly recognized as a hospital by a state during the taxable year. By extension, a government hospital organization that voluntarily terminates its Section 501(c)(3) recognition as described in Rev. Proc. 2018-5 (updated annually) is no longer considered a hospital organization for purposes of Section 501(r) and therefore is not required to meet the CHNA requirements during the taxable year of its termination.

Public Health Criteria:

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community.

Domain 1 focuses on the assessment of the health of the population in the jurisdiction served by the health department. The domain includes systematic monitoring of health status; collection, analysis, and dissemination of data; use of data to inform public health policies, processes, and interventions; and participation in a process for the development of a shared, comprehensive health assessment of the community.

DOMAIN 1 includes 4 STANDARDS:

- **Standard 1.1** - Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment
- **Standard 1.2** - Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and on the Health Status of the Population
- **Standard 1.3** - Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors That Affect the Public's Health
- **Standard 1.4** - Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions

Required CHNA Planning Process Requirements:

- a. Participation by a wide range of community partners.
- b. Data / information provided to participants in CHNA planning process.
- c. Evidence of community / stakeholder discussions to identify issues & themes. Community definition of a "healthy community" included along with list of issues.
- d. Community assets & resources identified.
- e. A description of CHNA process used to set priority health issues.

Seven Steps of Public Health Department Accreditation (PHAB):

1. Pre-Application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

MAPP Process Overview

Mobilizing for Action through Planning and Partnerships (MAPP) is a flexible strategic planning tool for improving the health and quality of life for the community. Like most strategic planning, MAPP involves organizing partners, creating a vision and shared values, collecting data, identifying areas for improvement, and developing goals and strategies to address them. Through collaboration with partners and the community, MAPP allows us to focus our efforts and work on issues to strengthen the local public health system.

The MAPP process includes the following six phases. It's important to note that MAPP has no set end point and will continue throughout the life cycle of the Community Health Improvement Plan (CHIP).

1. In this first phase, **Organize for Success/Partnership Development**, various sectors of the community with established relationships are reviewed, leading to the identification of areas for partnership development and creation of new relationships to enhance the MAPP process.
2. In the second phase, **Visioning**, a shared community vision and common values for the MAPP process are created.
3. In the third phase, **Four MAPP Assessments**, data is collected from existing and new sources about the health of our community, which results in a Community Health Assessment (CHA).
4. In the fourth phase, **Identify Strategic Issues**, community partners and health professionals select issues based on data collected from the third phase that are critical to the local public health system and align with the vision from the second phase.
5. In the fifth phase, **Formulate Goals and Strategies**, potential ways to address the strategic issues are identified by the community along with the setting of achievable goals. The final result is a Community Health Improvement Plan (CHIP).
6. The sixth and final phase of the MAPP process is the **Action Cycle**, which is where the work happens for meeting the objectives set in the previous phase. Through these collaborative efforts, the health of the community is improved.



Drivers of Health Assessment & Improvement Planning

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

National Voluntary Accreditation Requirements

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

CDC Grant Requirements

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

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

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

Social Determinants of Health

What Are Social Determinants of Health?



[Social determinants of health \(SDOH\)external icon](#) are defined as the conditions in which people are born, grow, live, work, and age. SDOH are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world. Differences in these conditions lead to health inequities or the unfair and avoidable differences in health status seen within and between countries.

[Healthy People 2030external icon](#) includes SDOH among its leading health indicators. One of Healthy People 2030's five overarching goals is specifically related to SDOH: Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.

Through broader awareness of how to better incorporate SDOH throughout the multiple aspects of public health work and the [10 Essential Public Health Services](#), public health practitioners can transform and strengthen their capacity to advance health equity. Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

II. Methodology

b) Collaborating CHNA Parties

Working together to improve community health takes collaboration. Listed below is an in depth profile of the local hospital and Health Department CHNA partners:

Pawnee Valley Community Hospital Profile

923 Carroll Ave, Larned, KS 67550

Administrator: Melanie Urban

History: Pawnee Valley Community Hospital – Pawnee County, formerly St. Joseph Memorial Hospital, was a religiously operated facility under the Catholic Health Initiative system until 2010. In March of 2010 the hospital official signed a 5-year affiliation agreement with Hays Medical Center. The facility remains locally owned and is keeping all of its assets, however, Hays Medical Center leases the facility and the equipment for the term of the agreement. Since this transition Pawnee Valley Community Hospital has been able to expand the lab and diagnostic imaging with the help of HaysMed. The hospital was also able to re-open its swing bed program, physical therapy and respiratory therapy departments. Currently, Pawnee Valley Memorial Hospital is a critical access hospital with 25-beds and 24 hour emergency services.

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:

- | | |
|----------------------------|-------------------------------|
| – Rehabilitative Services | – Educational Opportunities |
| – Special Nursing | – Skilled Nursing/Swing Bed |
| – Case Management | – CardioPulmonary |
| – Laboratory Services | – Cardiac and Pulmonary Rehab |
| – Pat Young Imaging Center | – Sleep and Diagnostic Center |
| – Medical Records | – Operating Room |
| – Emergency Care | – Billing/Financial Services |
| – Nutrition Services | |

Pawnee County Community Hospital works closely with its community partners – HaysMed to identify the needs of the citizens, as defined by the citizens themselves and the organizations that address the concerns.

Pawnee County Health Department Profile

715 Broadway St, Larned, KS 67550

Administrator/Health Officer: Mary Beth Herrmann, RN

Medical Consultant: David Sanger, MD

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

Regional District Office: SC Trauma Region: SC

The Pawnee County Health Department is open Monday, Wednesday, Thursday 7:30 am- 12:00 pm -1:00 -6pm Tuesday 8:00 AM-12:00 PM and 1:00-6:00 pm.

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 & licensing. 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, covid 19 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 and retail store 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 601 N. Mahaffie, Olathe, KS 66061 (913) 302-7264

VVV Consultants LLC is an Olathe, KS based "boutique" healthcare consulting firm specializing in Strategy, Research and Business Development services. To date we have completed 70 unique community CHNA's in KS, MO, IA and NE (references found on our website VandehaarMarketing.com)



Vince Vandehaar, MBA – Principal

VVV Consultants LLC – start 1/1/09 *

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

Cassandra Kahl, BHS – Lead Consultant

VVV Consultants LLC – Nov 2020

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



VVV Consultants LLC (EIN 27-0253774) began as "VVV Research & Development INC" in early 2009 and converted to an LLC on 12/24/12. Web: VandehaarMarketing.com

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

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

Our Values :

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

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

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

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

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

II. Methodology

c) CHNA and Town Hall Research Process

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

In December, a meeting was called by PVCH leaders to review CHNA collaborative options. <Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps.> Outcomes from discussion led to PVCH leaders 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:

Source: Hosp Internal Records						Inpatient			Emergency			Outpatient Total		
Hospita	PVCH		49408		TOTALS	158	174	195	2775	2634	2327	14225	14551	12369
ZIP	City	County	3YR Tot	%	ACCUM	2018	2019	2020	2018	2019	2020	2018	2019	2020
67550	Larned, KS	Pawnee	38442	77.8%	77.8%	132	147	130	2116	2014	1777	11324	11412	9390
67523	Burdett, KS	Pawnee	1641	3.3%	81.1%	4	7	10	62	80	62	430	469	517
67529	Garfield, KS	Pawnee	1542	3.1%	84.2%	4	3	9	97	83	65	424	475	382
67574	Rozel, KS	Pawnee	952	1.9%	86.2%	6	3	0	58	30	38	289	313	215
67530	Great Bend, KS	Barton	1304	2.6%	88.8%	3	4	16	83	72	64	333	323	406
67567	Pawnee Rock, KS	Barton	892	1.8%	90.6%	2	0	4	61	54	41	219	261	250

Data & Benchmarks Review

Community health assessments typically use both primary and secondary data to characterize the health of the community:

- **Primary data** are collected first-hand through surveys, listening sessions, interviews, and observations
- **Secondary data** are collected by another entity or for another purpose
- **Indicators** are secondary data that have been analyzed and can be used to compare rates or trends of priority community health outcomes and determinants

Data and indicator analyses provide descriptive information on demographic and socioeconomic characteristics; they can be used to monitor progress and determine whether actions have the desired effect. They also characterize important parts of health status and health determinants, such as behavior, social and physical environments, and healthcare use.

Community health assessment indicators should be

- Methodologically sound (valid, reliable, and collected over time)
- Feasible (available or collectable)
- Meaningful (relevant, actionable, and ideally, linked to evidence-based interventions)
- Important (linked to significant disease burden or disparity in the target community)

Jurisdictions should consider using data and indicators for the smallest geographic locations possible (e.g., county-, census block-, or zip code-level data), to enhance the identification of local assets and gaps.

Local reporting (County specific) sources of community-health level indicators:

CHNA Detail Sources
Business Quick Facts
Centers for Medicare and Medicaid Services
CMS Hospital Compare, 10/1/2015-9/30/2016
County Health Rankings
Geography Quick Facts
Kansas Health Matters
Kansas Hospital Association (KHA)
People Quick Facts
U.S. Department of Agriculture - Food Environment Atlas
US Centers for Disease Control and Prevention

Sources of community-health level indicators:

- [County Health Rankings and Roadmaps](#)
The annual Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. They provide a snapshot of how health is influenced by where we live, learn, work and play.
- [Prevention Status Reports \(PSRs\)](#)
The PSRs highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce important public health problems.
- [Behavioral Risk Factor Surveillance System](#)
The world's largest, ongoing telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the US Virgin Islands, and Guam.
- The [Selected Metropolitan/ Micropolitan Area Risk Trends](#) project was an outgrowth of BRFSS from the increasing number of respondents who made it possible to produce prevalence estimates for smaller statistical areas.
- [CDC Wonder](#) Databases using a rich ad-hoc query system for the analysis of public health data. Reports and other query systems are also available.
- [Center for Applied Research and Engagement System](#)[external icon](#)
Create customized interactive maps from a wide range of economic, demographic, physical and cultural data. Access a suite of analysis tools and maps for specialized topics.
- [Community Common](#)[external icon](#)
Interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
- [Dartmouth Atlas of Health Care](#)[external icon](#)
Documented variations in how medical resources are distributed and used in the United States. Medicare data used to provide information and analysis about national, regional, and local markets, as well as hospitals and their affiliated physicians.
- [Disability and Health Data System](#)
Interactive system that quickly helps translate state-level, disability-specific data into valuable public health information.
- [Heart Disease and Stroke Prevention's Data Trends & Maps](#)
View health indicators related to heart disease and stroke prevention by location or health indicator.
- [National Health Indicators Warehouse](#)[external icon](#)
Indicators categorized by topic, geography, and initiative.
- [US Census Bureau](#)[external icon](#)
Key source for population, housing, economic, and geographic information.
- [US Food Environment Atlas](#)[external icon](#)
Assembled statistics on food environment indicators to stimulate research on the determinants of food choices and diet quality, and to provide a spatial overview of a community's ability to access healthy food and its success in doing so.
- [Centers for Medicare & Medicaid Services Research and Data Clearinghouse](#)[external icon](#)
Research, statistics, data, and systems.
- [Environmental Public Health Tracking Network](#)
System of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources.
- [Health Research and Services Administration Data Warehouse](#)[external icon](#)
Research, statistics, data, and systems.
- [Healthy People 2030 Leading Health Indicator](#)[external icon](#)
Twenty-six leading health indicators organized under 12 topics.
- [Kids Count](#)[external icon](#)
Profiles the status of children on a national and state-by-state basis and ranks states on 10 measures of well-being; includes a [mobile site](#)[external icon](#).
- [National Center for Health Statistics](#)
Statistical information to guide actions and policies.
- [Pregnancy Risk Assessment and Monitoring System](#)
State-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.
- [Web-based Injury Statistics Query and Reporting System \(WISQARS\)](#)
Interactive database system with customized reports of injury-related data.
- [Youth Risk Behavior Surveillance System](#)
Monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults.

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

Pawnee Valley Community Hospital			
VVV CHNA Wave #4 Work Plan - Year 2021			
Project Timeline & Roles			
Step	Timeframe	Lead	Task
1	12/1/2020	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	Dec. 22, 2020	Hosp	Select CHNA Wave #4 Option B. Approve (sign) VVV CHNA quote
3	1/7/20	VVV	Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	1/7/2021	VVV	Hold Kick-off Meeting & Request Hospital Client to send KHA PO reports for FFY 18, 19 and 20. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls)
5	On or Before 1/11/20	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	Jan-Feb 2021	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	1/12/2021	VVV / Hosp	Prepare/send out PR story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	By 1/22/2021	VVV / Hosp	Place PR story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	2/5/2021	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 3/5/2021 for Online Survey
10	2/12/2021	Hosp	Prepare/send out Community TOWN HALL invite letter and place local AD.
11	2/12/2021	VVV / Hosp	Prepare/send out PR story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
12	3/22/2021	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	Wednesday, 3/24/2021	VVV	Conduct virtual CHNA Town Hall. Lunch 11:30-1pm. Review & discuss Basic health data plus RANK Health Needs.
14	On or Before 5/7/2021	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 5/14/2021	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	5/4/2021	Hosp	Conduct Client Implementation Plan PSA Leadership meeting
17	On or before 6/30/21	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

Overview of Virtual Town Hall Community Priority Setting Process

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

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

Pawnee Valley Community Hospital's Virtual Town Hall was held on Wed March 24th, 2021 via Zoom due to COVID-19 safety requirements. Vince Vandehaar MBA and Cassandra Kahl facilitated this 1 ½ hour session with twenty four (24) attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

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

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

Community Health Needs Assessment Virtual Town Hall Meeting - Pawnee Co. (KS) on behalf of Pawnee Valley Community Hospital



VAV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

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Community Health Needs Assessment (CHNA) Town Hall Discussion Agenda

- I. Check-In / Introductions** (Start: 11:20 – 11:35)
- II. Review CHNA Purpose and Process** (11:35 – 11:40)
- III. Review Current County "Health Status"** (11:40 – 12:10)
 - Secondary Data by 10 TAB Categories
 - Review Community Feedback Research
- IV. Collect Community Health Perspectives** (12:10 – 12:40)
 - Assigned Breakout Sessions (Lead/Reporter)
 - Uncover unmet needs/reporting back discussion
- V. Returning To Community General Session** (12:40 – 1:00)
 - Report up / Poll & End Town Hall

2

I. Introduction: Who We Are Background and Experience

Vince Vandehaar, MBA – Principal

VAV Consultants LLC – start 1/1/09 *

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



VAV Consultants LLC



Cassandra Kahl, BHS – Lead Consultant
VAV Consultants LLC – Nov 2020

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



Rachel Doctor – Breakout Room Reporter.

3

Breakout Room Assignments/ Lead Roles

Pawnee Valley Virtual CHNA Town Hall on Wednesday, March 24th									
#	TEAM	Lead	Rpt	Last	First	Organization	Title		
1	A	XX	CJ	Urban	Melanie	Pawnee Valley Campus	Administrator		
2	A			Bowman	Kimi	Pawnee Valley Campus	Executive Assistant		
3	A			Burke	Michael	Larned State Hospital	Chief Medical Officer		
4	A			Davis	Jewel	Pawnee Valley Medical Associates	Clinic Office Manager		
5	A			Dipman	Lesia	Larned State Hospital	Superintendent		
6	A			ELTS	BRADLEY	City of Larned	City Manager		
7	A			Filbert	Alex	Larned Area Chamber/Pawnee Co. EDC	Exec. Director		
8	A			Hoberecht	Cheryl	Pawnee County Health Department	RN, Administrator		
9	A			King	Scott	Pawnee County Sheriff's Office	Sheriff		
10	A			Mawhirter	Megan	TUJHS - Pawnee Valley Campus	Health Information Manager		
11	A			McNitt	Douglas	Pawnee County Attorney's Office	County Attorney		
12	A			Reed	Brian	Reed Pharmacy	Pres/Owner/PhC/RPh		
13	A			Smith	Laura	Country Living of Larned			
14	A			Wachs	Bryce	Fort Larned USD 495	Superintendent		
15	B	XX	RD	Donecker	Megan	TUJHS - Pawnee Valley Campus	Sleep Director		
16	B			Barnes	Kim	Poca	Co		
17	B			Burton	Cindy	Pawnee Valley Community Hospital	DON		
18	B			Dustin	Thacker	TUJHS Pawnee Valley Campus	Director of Cardiology, Service		
19	B			Frick	Christina	Frick Vet	dr		
20	B			Gadow	Tina	Pawnee Valley Campus	Case Manager		
21	B			Hammond	Barbara	PVCH Auxiliary	RN/Member		
22	B			Hill	Crystal	Pawnee Valley Medical Associates	MD		
23	B			Kramp	Julie	The Center for Counseling & Consultation	Executive Director		
24	B			Middleton	Brett	Heart of Kansas Family Health Care, Inc.	CDO		
25	B			Scipsack	Rebecca	Larned State Hospital	Chief Nursing Officer		
26	B			Spina	Charles	City of Larned			
27	B			Sundahl	Shane	USD 495 Fort Larned			

4

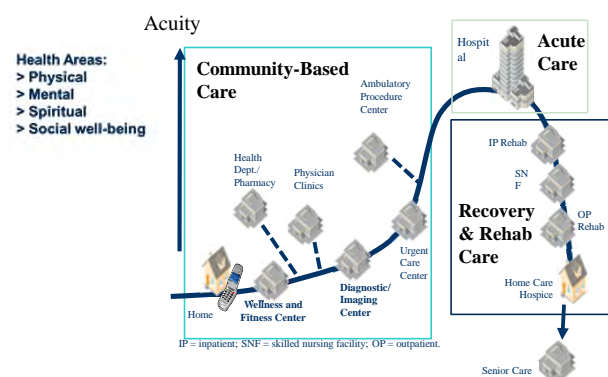
Town Hall Participant Roles (You)

- Attendees
 - Have Engaging Conversation (Be specific on your point)
 - No right or wrong answer
 - Give truthful responses
 - Take Notes – Make your list of Important Health Indicators
 - Complete Unmet Needs Poll – Representing Community
 - Encourage Chat – Log thoughts during meeting
- Local Leads (During Breakout Rooms)
 - Facilitate Community Conversation
 - Ensure Team Involvement – ALL speak up

Have Some Fun!

5

Future System of Care - Sg2



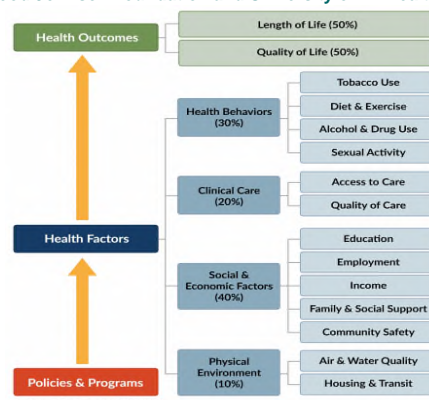
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Triple Aim Focus



7

County Health Rankings - Robert Wood Johnson Foundation and University of WI Health Institute



8

III. Review Current County Health Status:

Secondary Data by 10 Tab Categories & State Rankings

Trends: **Good** **Same** **Poor**

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

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IV. Collect Community Health Perspectives

Ask your opinion. Your thoughts?

- 1) Are there healthcare services in your community/neighborhood that you feel ***need to be improved and/or changed?*** **ASK: Top 3 unmet health needs per attendee – rapid fire** (20 mins)
- 2) What are the ***strengths*** of our community that contribute to health? **ASK: Top 3 Strengths per attendee – rapid fire** (10 mins)

ROLES: Local LEAD – Guide discussion
VVV Staff – Take notes

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Collaborate Breakout Room Discussions

- TEAMS: Share Themes from Breakout Sessions
- Unmet Needs - Consensus
- Administer Poll
- Close – Next Steps Moving Forward

After Meeting Thoughts: EMAIL

VVV@VandehaarMarketing.com
CJK@VandehaarMarketing.com

11

Community Health Needs Assessment

Questions;
Next
Steps?



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Olathe, KS 66061

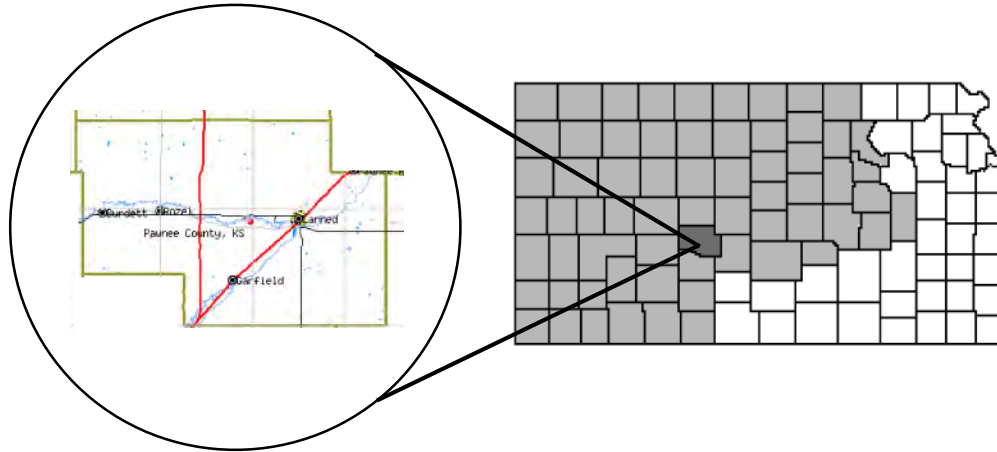
VVV@VandehaarMarketing.com
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(913) 302-7264

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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, Larned Correctional Mental Health Facility, and Larned State Hospital¹. 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 mining². The county was founded in 1872 and the county seat is Larned³.

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 Airports⁴

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

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

² http://www.city-data.com/county/Pawnee_County-KS.html

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

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

Schools in Pawnee County

Public Schools⁵

Name	Level
Hillside Elementary	Primary
Larned Middle School	Middle
Larned Sr High	High
Northside Elem	Primary
Pawnee Heights Elem / High	K - 12
Phinney Elem	Primary
Westside High	Other/Ungraded

Pawnee County Tourism

Santa Fe Trail Center

Fort Larned National Historic Site

Central States Scout Museum

Rose Manor

Camp Pawnee

Most Common Occupations

Management

Administrative

Healthcare Support

Sales

Farming, Fishing, Forestry

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

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

⁷ https://datausa.io/profile/geo/pawnee-county-ks/#category_occupations

Detail Demographic Profile - Pawnee County, KS

ZIP	NAME	County	Population		Change	Households		HH	Per Capita
			Year 2020	Year 2025		Year 2020	Year 2025	Avg Size	Income 20
67523	Burdett	Pawnee	315	299	-5.1%	139	132	2.3	\$28,688
67529	Garfield	Pawnee	324	309	-4.6%	140	134	2.3	\$29,686
67550	Larned	Pawnee	5,567	5,379	-3.4%	2,068	1,988	2.2	\$22,150
67574	Rozel	Pawnee	231	218	-5.6%	104	99	2.2	\$29,054
Totals			6,437	6,205	-18.7%	2,451	2,353	2.3	\$27,395

ZIP	NAME	County	Population				Year 2020		Females
			Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
67523	Burdett	Pawnee	315	78	81	35	161	154	34
67529	Garfield	Pawnee	324	76	84	34	169	155	33
67550	Larned	Pawnee	5,567	1,142	1,599	684	3,158	2,409	527
67574	Rozel	Pawnee	231	56	59	26	119	112	24
Totals			6,437	1,352	1,823	779	3,607	2,830	618

ZIP	NAME	County	Population 2020				Average Households 2020		
			Caucasian	African Amer	Amer Ind.	Hispanic	HH Inc	HH	HH \$50K+
67523	Burdett	Pawnee	304	0	1	10	\$45,913	139	66
67529	Garfield	Pawnee	312	0	1	11	\$49,081	140	71
67550	Larned	Pawnee	4,821	384	44	489	\$44,773	2,068	926
67574	Rozel	Pawnee	224	1	1	9	\$45,276	104	49
Totals			5,661	385	47	519	\$46,261	2,451	1,112

Source: ERSA Demographics 2020

III. Community Health Status

[VVV Consultants LLC]

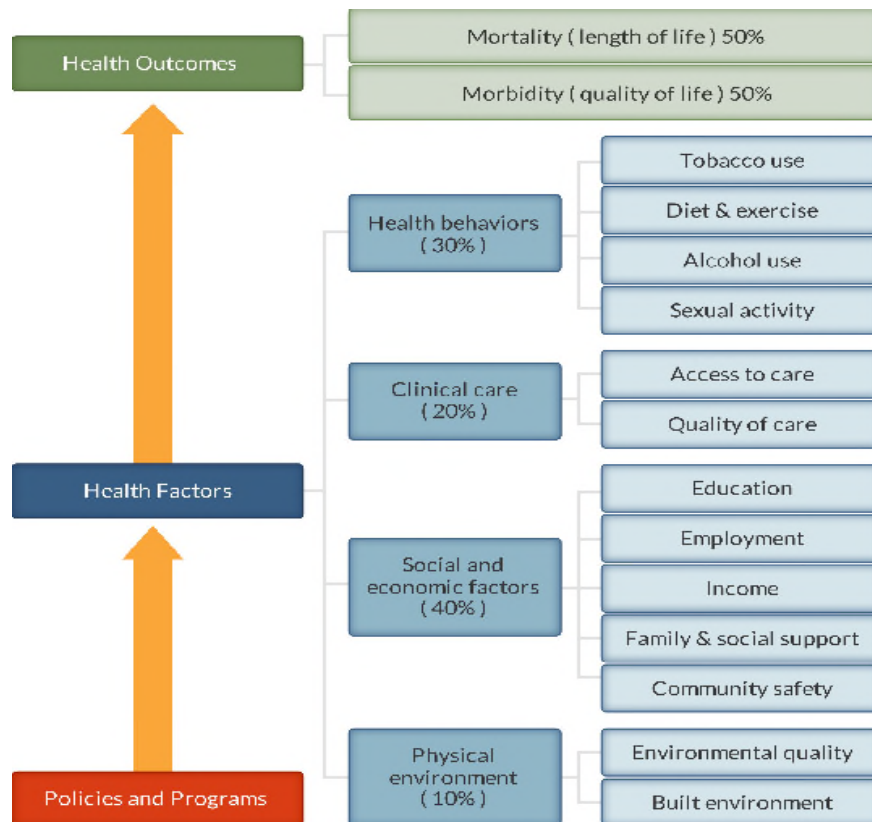
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2020 RWJ County Health Rankings and conversations from Town Hall participants. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*. As seen below, RWJ's model use a number of health factors to rank each county.>



County Health Rankings model ©2012 UWPHI

National Research – Year 2020 RWJ Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Pawnee Co (KS) 2021	TREND	NW KS RURAL NORM (N=20)
1	Health Outcomes		89		52
2	Mortality	Length of Life	80		42
3	Morbidity	Quality of Life	89		52
4	Health Factors		54		35
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	66		39
6	Clinical Care	Access to care / Quality of Care	21		53
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	78		44
8	Physical Environment	Environmental quality	28		22
http://www.countyhealthrankings.org , released 2020					
Kansas Rural Norm (N=20) 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.

Note: Each Tab has been trended to reflect County trends to NORM.

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

Tab 1: Demographic Profile

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

Tab		Demographic - Health Indicators	Pawnee Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
1	a	Population estimates, July 1, 2019, (V2019)	6,414		2,913,314	6,405	People Quick Facts
	b	Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	-8.0%		2.1%	-4.2%	People Quick Facts
	c	Population per square mile, 2010 (V2019)	9.2		34.9	7.4	Geography Quick Facts
	d	Persons under 5 years, percent, 2019, (V2019)	4.6%		6.4%	5.8%	People Quick Facts
	e	Persons 65 years and over, percent, 2019, (V2019)	21.5%		16.3%	23.8%	People Quick Facts
	f	Female persons, percent, 2019, (V2019)	43.8%		50.2%	49.4%	People Quick Facts
	g	White alone, percent, 2019, (V2019)	90.3%		86.3%	95.3%	People Quick Facts
	h	Black or African American alone, percent, 2019, (V2019)	5.7%		6.1%	1.4%	People Quick Facts
	i	Hispanic or Latino, percent, 2019, (V2019)	7.3%		12.2%	5.6%	People Quick Facts
	j	Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	2.8%		11.9%	4.4%	People Quick Facts
	k	Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	74.7%		83.8%	86.0%	People Quick Facts
	l	Children in single-parent households, percent, 2014-2018	33.5%		29.0%	25.2%	County Health Rankings
	m	Total Veterans, 2015-2019	248		176,444	599	People Quick Facts

Tab 2: Economic Profile

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

Tab		Economic - Health Indicators	Pawnee Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
2	a	Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$22,672		\$31,814	25,383	People Quick Facts
	b	Persons in poverty, percent	14.0%		11.40%	12.0%	People Quick Facts
	c	Total Housing units, July 1, 2019, (V2019)	2,026		1,288,401	5,442	People Quick Facts
	d	Total Persons per household, 2015-2019	2		2.51	2.4	People Quick Facts
	e	Severe housing problems, percent, 2012-2016	7.1%		13.0%	9.5%	County Health Rankings
	f	Total of All firms, 2012	276		239,118	1021	Business Quick Facts
	g	Unemployment, percent, 2018	3.2%		3.40%	2.7%	County Health Rankings
	h	Food insecurity, percent, 2017	11.6%		13%	11.8%	County Health Rankings
	i	Limited access to healthy foods, percent, 2010	5.6%		8%	9.4%	County Health Rankings
	j	Low income and low access to store, percent, 2015	5.6%		9.35%	9.4%	U.S. Department of Agriculture - Food Environment Atlas
	k	Long commute - driving alone, percent, 2011-2015	10.9%		21%	15.6%	County Health Rankings

Tab 3: Educational Profile

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

Tab		Educative - Health Indicator	Pawnee Co (KS)			Source
3	a	Children eligible for free or reduced price lunch, percent, 2017-2018	53.4%		48.0%	County Health Rankings
	b	High school graduate or higher, percent of persons age 25 years+, 2015-2019	90.7%		91.0%	People Quick Facts
	c	Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	17.2%		33.40%	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%

Note> The old School Health Indicators are the most up-to-date information at this time.

Tab 4: Maternal and Infant Profile

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

Tab		Maternal/Infant - Health Indicators	Pawnee Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
4	a	Percent of Births Where Prenatal Care began in First Trimester, 2016-2018	80.7%		81%	81.7%	Kansas Health Matters
	b	Percentage of Premature Births, 2016-2018	10.9%		9.10%	8.7%	Kansas Health Matters
	c	Percent of Infants up to 24 months that received full Immunizations, 2016-2018	88.2%		69.20%	81.5%	Kansas Health Matters
	d	Percent of Births with Low Birth Weight, 2016-2018	10.2%		7.30%	7.2%	Kansas Health Matters
	e	Percent of WIC Mothers Breastfeeding Exclusively, percent, 2018	17.1%		14.10%	27.3%	Kansas Health Matters
	f	Percent of all Births Occurring to Teens (15-19), 2016-2018	5.1%		5.50%	5.4%	Kansas Health Matters
	g	Percent of births Where Mother Smoked During Pregnancy, 2016-2018	15.7%		10%	13.7%	Kansas Health Matters

Tab 4: Maternal / Infant Profile (Continued)

#	Criteria - Vital Statistics	Pawnee Co. (KS)	Trend	Kansas	NW KS Norm (N=20)
a	Total Live Births, 2015	67		39,126	82
b	Total Live Births, 2016	64		38,048	81
c	Total Live Births, 2017	81		36,464	72
d	Total Live Births, 2018	52		36,268	73
e	Total Live Births, 2019	65		35,395	69
f	Total Live Births, 2015-2019 - 5 year Rate (%)	9.9%		12.7%	11.6%

Tab 5: Hospitalization and Provider Profile

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

Tab		Hospital/Provider - Health Indicator	Pawnee Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
5	a	Primary care physicians (Pop Coverage per) (No extenders incl.) , 2017	954:1		1295:1	1850:1	County Health Rankings
	b	Preventable hospital rate per 100,000, 2017 (lower the better)	3344		4024	5,827	County Health Rankings
	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	87.0%		78.0%	82.3%	CMS Hospital Compare, Latest Release
	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	92.0%		78.0%	77.7%	CMS Hospital Compare, Latest Release
	e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	103		112	101	CMS Hospital Compare, Latest Release

Tab 5: Hospitalization and Provider Profile (Con't)

KS Hospital Assoc PO103	Pawnee County IP (ALL)			TREND
	FFY2018	FFY2019	FFY2020	
Total Inpatient Discharges	627	660	617	
Psychiatric	11	18	10	
Obstetric	53	66	67	
Surgical %	34.1%	29.8%	33.4%	
KS Hospital Assoc PO103	Pawnee Valley Community Hospital			TREND
	FFY2018	FFY2019	FFY2020	
Total Inpatient Discharges	78	84	74	
% IP Served in County	12.4%	12.7%	12.0%	
Psychiatric	0	1	0	
Obstetric	0	0	0	
Kansas Hosp Assoc OP TOT223E	FFY2018	FFY2019	FFY2020	TREND
PVC ER Share - Pawnee Co Only	84.2%	82.7%	80.4%	
PVC Op SUR Share - Pawnee Co Only	7.3%	13.7%	9.8%	
PVC TOT OP Share - Pawnee Co Only	70.8%	71.7%	70.4%	

Tab 6: Behavioral / Mental Profile

Behavioral healthcare provides another important indicator of community health status.

Tab		Mental - Health Indicator	Pawnee Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
6	a	Depression: Medicare Population, percent, 2017	17.2%		18.9%	17.8%	Kansas Health Matters
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2016-2018 (lower is better)	NA		18.6	25.6	Kansas Health Matters
	c	Mental Behavioral Hospital Admission Rates per 100,000, 2016-2018	33.9		75.1	26.7	Kansas Health Matters
	d	Percent of Medicare Part D Beneficiaries Receiving Opioids Supply >10 Days	39.4%		37.8%	42.5%	Kansas Health Matters
	e	Average Number of mentally unhealthy days, 2017	3.6		3.7	3.6	County Health Rankings

Tab 7a: Risk Indicators & Factors Profile

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

Tab		High-Risk - Health Indicator	Pawnee Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
7a	a	Adult obesity, percent, 2016	36.7%		33.0%	32.9%	County Health Rankings
	b	Adult smoking, percent, 2017	16.0%		17.0%	15.6%	County Health Rankings
	c	Excessive drinking, percent, 2017	18.3%		19.0%	16.5%	County Health Rankings
	d	Physical inactivity, percent, 2016	31.2%		25.0%	29.9%	County Health Rankings
	e	# of Physically unhealthy days, 2015	3.4		3.6	3.4	County Health Rankings
	f	Sexually transmitted infections (chlamydia), rate per 100,000 2017	149.7		13554	264.7	County Health Rankings

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ab 7b: Chronic Risk Profile

Tab	Chronic - Health Indicator	Pawnee Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
7b	a Hypertension: Medicare Population, 2017	62.0%		55.2%	56.9%	Kansas Health Matters
	b Hyperlipidemia: Medicare Population, 2017	39.0%		37.1%	37.2%	Kansas Health Matters
	c Heart Failure: Medicare Population, 2017	17.6%		13.4%	19.0%	Kansas Health Matters
	d Chronic Kidney Disease: Medicare Pop, 2017	22.1%		21.8%	21.2%	Kansas Health Matters
	e COPD: Medicare Population, 2017	14.3%		11.9%	14.0%	Kansas Health Matters
	f Atrial Fibrillation: Medicare Population, 2017	8.4%		8.8%	10.7%	Kansas Health Matters
	g Cancer: Medicare Population, 2017	8.7%		8.1%	8.4%	Kansas Health Matters
	h Osteoporosis: Medicare Population, 2017	9.0%		6.1%	9.3%	Kansas Health Matters
	i Asthma: Medicare Population, 2017	4.3%		4.3%	3.6%	Kansas Health Matters
	j Stroke: Medicare Population, 2015	2.7%		3.1%	3.6%	Kansas Health Matters

Tab 8 Uninsured Profile and Community Benefit

Based on state estimations, the number of insured is documented below. Also, the amount of charity care (last three years of free care) from area providers is trended below.

Tab	Coverage - Health Indicator	Pawnee Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
8	a Uninsured, percent, 2017	8.9%		10%	11.9%	County Health Rankings

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

Tab 9: Mortality Profile

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

Tab		Mortality - Health Indicator	Pawnee Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
9	a	Life Expectancy, 2016 - 2018	76.2		78.5	78.4	Kansas Health Matters
	b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2016-2018 (lower is better)	175.5		155.3	146.8	Kansas Health Matters
	c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2016-2018 (lower is better)	187.6		156.7	169.8	Kansas Health Matters
	d	Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2014-16 (Lower is better)	56.2		49.9	52.2	Kansas Health Matters
	e	Alcohol-impaired driving deaths, percent, 2011-2015	33.3%		21.9%	38.9%	County Health Rankings
	f	Total # Deaths involving COVID-19 if released, 2021	8		3575	13.6	NY Times

Causes of Death by County of Residence, KS 2016	Pawnee Co.	%	Trend	Kansas	%
TOTAL	81			27,312	
Cancer	24	29.6%		5,537	20.3%
Heart disease	15	18.5%		5,520	20.2%
Other causes	14	17.3%		6,058	22.2%
Suicide	9	11.1%		3,085	11.3%
Hypertensive Renal Disease	6	7.4%		3,603	13.2%
Cerebrovascular disease (Stroke)	5	6.2%		828	3.0%
# Of Drug Overdoses	5	6.2%		1,392	5.1%

Tab 10: Preventive Quality Measures Profile

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

Tab		Preventative - Health Indicator	Pawnee Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
10	a	Access to exercise opportunities, percent, 2019	64.6%		80.0%	63.8%	County Health Rankings
	b	Adults with diabetes, monitoring, percent, 2016	13.9%		10%	11.3%	County Health Rankings
	c	Mammography annual screening, percent, 2017	27.0%		45%	42.9%	County Health Rankings
	d	Percent Annual Check-Up Visit with PCP					TBD
	e	Percent Annual Check-Up Visit with Dentist					TBD
	f	Percent Annual Check-Up Visit with Eye Doctor					TBD

PSA Primary Research:

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

Chart #1 – Pawnee County, KS Online Feedback Response N=243

Pawnee Co. KS - CHNA Wave #4			
For reporting purposes, are you involved in or are you a?	Pawnee Co. (N=243)	Trend	NWKS Rural Norms N=1159
Business / Merchant	7.6%		6.9%
Community Board Member	9.4%		6.2%
Case Manager / Discharge Planner	0.0%		0.3%
Clergy	0.0%		0.3%
College / University	1.8%		2.3%
Consumer Advocate	1.8%		1.0%
Dentist / Eye Doctor / Chiropractor	0.0%		0.3%
Elected Official - City/County	2.7%		1.7%
EMS / Emergency	4.5%		2.2%
Farmer / Rancher	5.8%		5.2%
Hospital / Health Dept	10.7%		20.5%
Housing / Builder	0.9%		0.8%
Insurance	0.4%		1.0%
Labor	0.4%		1.8%
Law Enforcement	2.2%		0.6%
Mental Health	2.2%		1.0%
Other Health Professional	8.5%		13.4%
Parent / Caregiver	15.2%		13.3%
Pharmacy / Clinic	2.2%		1.8%
Media (Paper/TV/Radio)	0.4%		0.5%
Senior Care	3.1%		3.0%
Teacher / School Admin	11.2%		5.6%
Veteran	3.1%		2.1%
Other (please specify)	5.8%		7.9%
TOTAL	224		954
NW KS Norms Include: Ellis Co, Pawnee Co, Gove Co and Thomas Co.			

Chart #2 - Quality of Healthcare Delivery Community Rating

Pawnee Co KS - CHNA Wave #4			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Pawnee Co. (N=243)	Trend	NWKS Rural Norms N=1159
Top Box %	21.8%		29.6%
Top 2 Boxes %	70.0%		76.3%
Very Good	21.8%		29.6%
Good	48.1%		46.6%
Average	23.5%		19.4%
Poor	6.2%		3.2%
Very Poor	0.4%		1.1%
Valid N	243		1158
KS Norms Include: Ellis Co, Pawnee Co, Gove Co and Thomas Co.			

Chart #3 – Overall Community Health Quality Trend

Pawnee Co. KS - CHNA Wave #4			
When considering "overall community health quality", is it ...	Pawnee Co. (N=243)	Trend	NWKS Rural Norms N=1159
Increasing - moving up	39.4%		47.7%
Not really changing much	47.2%		44.3%
Decreasing - slipping	13.3%		8.0%
Valid N	218		1031

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

Pawnee Co. KS - CHNA Wave #4		Ongoing Problem		Pressing
Past CHNAs Unmet Needs Identified		Pawnee Co. (N=243)		Pawnee Co. (N=243)
Rank	Ongoing Problem	Votes	%	Trend
				RANK
1	Drug/Alcohol Abuse	95	14.7%	1
2	Mental Health Services	68	10.5%	2
3	Air Quality	61	9.5%	4
4	Poverty/Employment	54	8.4%	3
5	Pediatric Care	44	6.8%	8
6	Water Quality	42	6.5%	6
7	Opioids	41	6.4%	10
8	Awareness/Education of HC Services	40	6.2%	9
9	Nutrition - Healthy Food Options	38	5.9%	7
10	Oncology Treatment	38	5.9%	5
11	Women's Health	36	5.6%	11
12	Home Health/Hospice	31	4.8%	12
13	Exercise/Fitness Services	30	4.7%	14
14	Nursing Home/Senior Care	27	4.2%	13
TOTALS		645	100.0%	

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

Pawnee Co. KS - CHNA Wave #4			
In your opinion, what are the root causes of "poor health" in our community?	Pawnee Co. (N=243)	Trend	NWKS Rural Norms N=1159
Lack of health insurance	16.3%		14.8%
Limited Access to Mental Health Assistance	14.1%		17.7%
Neglect	11.2%		11.5%
Lack of health & Wellness Education	10.7%		11.8%
Chronic disease prevention	7.3%		10.0%
Family assistance programs	7.1%		6.9%
Lack of Nutrition / Exercise Services	11.5%		8.7%
Limited Access to Specialty Care	13.4%		8.2%
Limited Access to Primary Care	4.6%		5.9%

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

Pawnee Co. KS - CHNA Wave #4		Pawnee Co. (N=243)			NWKS Rural Norms N=1159	
How would our community rate each of the following?		Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services		88.6%	1.9%		85.5%	2.7%
Child Care		53.5%	9.4%		46.0%	14.3%
Chiropractors		61.5%	11.5%		77.1%	5.0%
Dentists		59.4%	12.5%		70.3%	8.0%
Emergency Room		58.6%	17.8%		75.7%	7.7%
Eye Doctor/Optomtrist		63.5%	10.1%		74.5%	5.5%
Family Planning Services		40.9%	16.1%		49.9%	13.0%
Home Health		43.8%	11.1%		53.2%	10.0%
Hospice		53.5%	14.2%		64.6%	8.5%
Telehealth		49.7%	9.8%		60.4%	7.5%
Inpatient Services		75.8%	5.2%		79.5%	3.6%
Mental Health		31.6%	28.3%		27.9%	35.2%
Nursing Home/Senior Living		59.2%	10.5%		60.3%	10.7%
Outpatient Services		69.5%	3.9%		75.7%	2.3%
Pharmacy		79.4%	5.2%		83.8%	3.3%
Primary Care		63.2%	8.4%		73.5%	5.3%
Public Health		63.4%	7.8%		63.5%	7.2%
School Health		67.3%	4.0%		65.5%	6.1%
Visiting Specialists		49.0%	16.8%		62.9%	8.9%
Walk- In Clinic		38.8%	28.3%		63.1%	13.6%

Chart #7 – Community Health Readiness

Pawnee Co. KS - CHNA Wave #4		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Pawnee Co. (N=243)	Trend	NWKS Rural Norms N=1159
Behavioral / Mental Health	28.6%		33.9%
Emergency Preparedness	9.2%		7.8%
Food and Nutrition Services/Education	17.6%		12.5%
Health Screenings (such as asthma, hearing, vision, scoliosis)	9.7%		8.5%
Prenatal/Child Health Programs	15.8%		7.4%
Substance Use/Prevention	40.8%		32.3%
Suicide Prevention	43.8%		32.6%
Violence Prevention	38.4%		26.8%
Women's Wellness Programs	20.3%		11.2%

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

Specialties:

Pawnee Co. KS - CHNA Wave #4			
In the past 2 years, did you or someone you know receive HC outside of our community?	Pawnee Co. (N=243)	Trend	NWKS Rural Norms N=1159
Yes	82.8%		67.2%
No	16.6%		30.8%
I don't know	0.7%		2.1%
Valid N	151		679

Specialty	Total
OBG	10
CARD	9
SURG	9
ORTH	7
OTHR	6
ENT	5
FP	5
PRIM	5
SPEC	5

Chart #8b – Healthcare Delivery “Outside our Community” (Continued)

Pawnee Co. KS - CHNA Wave #4			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Pawnee Co. (N=243)	Trend	NWKS Rural Norms N=952
Yes	53.5%		56.5%
No	46.5%		43.5%
Valid N	142		549

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

Pawnee Co. KS - CHNA Wave #4			
What needs to be discussed further at our CHNA Town Hall meeting?	Pawnee Co. (N=243)	Trend	NWKS Rural Norms N=1159
Abuse/Violence	4.3%		4.3%
Alcohol	5.7%		5.2%
Alternative Medicine	3.5%		4.0%
Breast Feeding Friendly Workplace	1.5%		1.3%
Cancer	1.1%		2.5%
Care Coordination	3.2%		2.5%
Diabetes	2.3%		2.4%
Drugs/Substance Abuse	7.1%		6.4%
Family Planning	1.7%		1.4%
Heart Disease	1.6%		1.9%
Lack of Providers/Qualified Staff	5.5%		4.4%
Lead Exposure	0.1%		0.6%
Mental Illness	9.7%		9.2%
Neglect	2.2%		2.1%
Nutrition	3.7%		4.0%
Obesity	6.1%		6.0%
Occupational Medicine	0.3%		0.7%
Ozone (Air)	0.5%		1.2%
Physical Exercise	2.9%		3.3%
Poverty	4.3%		4.0%
Preventative Health / Wellness	4.5%		3.8%
Respiratory Disease	0.0%		0.3%
Sexually Transmitted Diseases	1.5%		1.3%
Smoke-Free Workplace	0.0%		0.2%
Suicide	7.2%		7.1%
Teen Pregnancy	1.1%		1.6%
Telehealth	2.1%		2.3%
Tobacco Use	2.5%		2.2%
Transporation	2.4%		2.6%
Vaccinations	4.3%		3.9%
Water Quality	1.5%		2.3%
Health Literacy	3.9%		3.0%
Other (please specify)	2.2%		1.9%
Total Votes	1011		3031

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Yr 2021 Inventory of Health Services - Pawnee County, KS

Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Clinic	Primary Care	Yes	Yes (FP)	
Hosp	Alzheimer Center	No		Yes
Hosp	Ambulatory Surgery Centers	No		
Hosp	Arthritis Treatment Center	No		
Hosp	Bariatric/weight control services	No		
Hosp	Birthing/LDR/LDRP Room	No		
Hosp	Breast Cancer	No		
Hosp	Burn Care	No		
Hosp	Cardiac Rehabilitation	Yes		
Hosp	Cardiac Surgery	No		
Hosp	Cardiology services	Yes		Yes
Hosp	Case Management	Yes	Yes DOH Clients	
Hosp	Chaplaincy/pastoral care services	Yes		Yes
Hosp	Chemotherapy	No		
Hosp	Colonoscopy	Yes		
Hosp	Crisis Prevention	Yes		
Hosp	CTScanner	Yes		
Hosp	Diagnostic Radioisotope Facility	Yes		
Hosp	Diagnostic/Invasive Catheterization	No		
Hosp	Electron Beam Computed Tomography (EBCT)	No		
Hosp	Enrollment Assistance Services	Yes	Yes DOH Clients	
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	No		
Hosp	Fertility Clinic	No		
Hosp	FullField Digital Mammography (FFDM)	Yes		
Hosp	Genetic Testing/Counseling	No		
Hosp	Geriatric Services	Yes		
Hosp	Heart	No		Yes
Hosp	Hemodialysis	No		
Hosp	HIV/AIDS Services - Testing/Education/Referral	No	Yes -	
Hosp	Image-Guided Radiation Therapy (IGRT)	No		
Hosp	Inpatient Acute Care - Hospital services	Yes		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	No		
Hosp	Intensive Care Unit	No		
Hosp	Intermediate Care Unit	No		Yes
Hosp	Interventional Cardiac Catheterization	No		
Hosp	Isolation room	Yes		
Hosp	Kidney	No		Yes
Hosp	Liver	No		
Hosp	Lung	No		Yes
Hosp	MagneticResonance Imaging (MRI)	Yes		
Hosp	Mammograms 3D	Yes		
Hosp	Mobile Health Services	Yes		
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	No		
Hosp	Multislice Spiral Computed Tomography (>64+ slice CT)	Yes		
Hosp	Neonatal	No		
Hosp	Neurological services	No		
Hosp	Obstetrics	No		Yes
Hosp	Occupational Health Services	Yes		
Hosp	Oncology Services	No		Yes
Hosp	Orthopedic services	NO		Yes
Hosp	Outpatient Surgery	Yes		

Yr 2021 Inventory of Health Services - Pawnee County, KS

Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Hosp	Pain Management	Yes		
Hosp	Palliative Care Program	Yes		
Hosp	Pediatric	Yes		
Hosp	Physical Rehabilitation	Yes		Yes
Hosp	Positron Emission Tomography (PET)	No		
Hosp	Positron Emission Tomography/CT (PET/CT)	No		
Hosp	Psychiatric Services	Yes Clinic		Yes
Hosp	Radiology, Diagnostic	Yes		
Hosp	Radiology, Therapeutic	No		
Hosp	Reproductive Health (Pre-conception counseling/ED)	No	Yes	
Hosp	Robotic Surgery	No		
Hosp	Shaped Beam Radiation System 161	No		
Hosp	Single Photon Emission Computerized Tomography (SPECT)	No		
Hosp	Sleep Center	Yes		
Hosp	Social Work Services	Yes	Yes DOH Clients	
Hosp	Sports Medicine	Yes		Yes
Hosp	Stereotactic Radiosurgery	No		
Hosp	Swing Bed Services	Yes		
Hosp	Transplant Services	No		
Hosp	Trauma Center	Yes		
Hosp	Ultrasound	Yes		
Hosp	Women's Health Services	Yes	Yes	Yes
Hosp	Wound Care	Yes		
SR	Adult Day Care Program	No		Yes
SR	Assisted Living	No		Yes
SR	Home Health Services	No		Yes
SR	Hospice/Respite Care	Yes		Yes
SR	LongTerm Care	No		Yes
SR	Nursing Home Services	No		Yes
SR	Retirement Housing	No		Yes
SR	Skilled Nursing Care	Yes		Yes
ER	Emergency Services	Yes		
ER	Urgent Care Center	No		
ER	Ambulance Services	No		Yes
SERV	Access to Farmworker Program and TB Control Program	No	Yes	Yes
SERV	Alcoholism-Drug Abuse	No		Yes
SERV	Annual Influenza Clinics locally and in surrounding communities	Yes	Yes	
SERV	Blood Donor Center	No		Yes
SERV	Child Care Licensing, surveys and compliance evaluation	No	Yes	
SERV	Chiropractic Services	No		Yes
SERV	Complementary Medicine Services	No		Yes
SERV	Dental Services	Yes		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		Privately owned

Yr 2021 Inventory of Health Services - Pawnee County, KS

Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
SERV	Healthy Start Home visits for prenatal, postnatal and infants/families	No	Yes	
SERV	Health Education Classes	Yes	Yes	Yes
SERV	Health Fair (Annual) (Partner together)	Yes	Yes	
SERV	Health Information Center	No	Yes	
SERV	Health Screenings	Yes	Yes	Yes
SERV	Immunizations and Foreign Travel	Yes	Yes	
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		Yes
SERV	Nail Care Clinics	No	Yes	
SERV	Nursing Health Assessments	No	Yes	
SERV	Nutrition Programs (WIC)	No	Yes	
SERV	Outreach clinics at Senior Centers and Elderly Housing	No	Yes	
SERV	Parenting Classes (Just starting)	No	No	Yes
SERV	Patient Education Center	No	Yes	
SERV	Pre-conception counseling	No	Yes	
SERV	Retail Store for Breastfeeding equipment and aids	No	Yes	
SERV	Sexually Transmitted Infection Screening and Treatment	No	Yes	
SERV	Support Groups (Diabetic and BF Coalition)	No	Yes	Yes
SERV	Teen Outreach Services	No	Yes	
SERV	Tobacco Treatment/Cessation Program	No	Cessation	
SERV	Transportation to Health Facilities	No		
SERV	Tuberculosis Screening, referral and treatment	No	Yes	
SERV	Wellness Program (DOH with Extension Office)	Yes	Yes	

Yr 2021 Physician Manpower - Pawnee County, KS			
	Supply Working in County		
# of FTE Providers	County Based MD or DO	Visting DR to County	County based PA / NP
Pawnee Valley Campus Hospital Based:			
Primary Care:			
Family Practice	4	0	7
Internal Medicine	0	0	0
Obstetrics/Gynecology	0	0	0
Pediatrics	0	0	0
Medicine Specialists:			
Allergy/Immunology	0	0	0
Cardiology	0	1	0
Dermatology	0	0	0
Endocrinology	0	0	0
Gastroenterology	0	0	0
Oncology/RADO	0	0	0
Infectious Diseases	0	0	0
Nephrology	0	0	0
Neurology	0	0	0
Psychiatry	0	0	0
Pulmonary	0	1	1
Rheumatology	0	0	0
Surgery Specialists:			
General Surgery	0	1	0
Neurosurgery	0	0	0
Ophthalmology	1	0	0
Orthopedics	0	2	0
Otolaryngology (ENT)	0	0	0
Plastic/Reconstructive	0	0	0
Thoracic/Cardiovascular/Vasc	0	0	0
Urology	0	0	1
Hospital Based Specialists:			
Anesthesia/Pain	0	4	0
Emergency	0	0	5
Radiology	0	0	0
Pathology	0	0	0
Hospitalist *	0	0	0
Neonatal/Perinatal	0	0	0
Physical Medicine/Rehab	0	0	0
Dentistry	2	0	0
Larned State Hospital Based:			
Hospitalist *	2	0	4
Psychiatry	6	0	0
Dentistry	1	0	0
Larned Correctional MH Facility Based:			
Hospitalist *	1	0	1
Psychiatry	1	0	0
Dentistry	1	0	
TOTALS	19	9	19

Year 2021- Visiting Specialists to Pawnee Valley Hospital					
Specialty	Physician Name	Office Location	Schedule	Days per Month	FTE
CARDIOLOGY	Dr. Curtis	Hays KS	Monthly-Every Fourth Wednesday of a Month	1	0.05
PULMONOLOGY	Lesa Klozenbutcher, APRN	Hays KS	Monthly	1	0.05
UROLOGY	Ed Habash, PA	Hays KS	Twice a Month-First and Third Wednesday of a Month	2	0.10
GENERAL SURGERY	Barandon Cunningham	Hays KS	Monthly-Fourth Thursday of a Month	1	0.05
ORTHOPEDIC	Dr. Cheema and Dr. De Carvalho	Hays KS	Twice a Month-Second and Fourth Wednesday of a Month	2	0.10
SLEEP	Dr. Truong	Bel Aire KS	Monthly-Second Tuesday of a Month	1	0.05
PAIN	Dr. Green, Dr. Marecic, Dr. Mendendez	Hays KS	Monthly, Third Wednesday of a Month	1	0.05
DENTAL	Dr. Smith	Larned KS	Twice a Month-Second and Fourth Friday of a Month	2	0.10
WOUND CARE	Kelly Miller, APRN	Hays KS	Twice a Month-Second and Fourth Friday of a Month	2	0.10
Pawnee Valley Specialty Clinic - 923 Carroll Ave, Larned					

Pawnee County Area Health Services Directory

Year 2021

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

Domestic Violence Hotline

1-800-799-7233

www.ndvh.org

Emergency Management (Topeka)

785-274-1409

www.accesskansas.org/kdem

Federal Bureau of Investigation

1-866-483-5137

www.fbi.gov/congress/congress01/caruso100301.htm

Kansas Arson/Crime Hotline

1-800-KS-CRIME

800-572-1763

www.accesskansas.org/kbi

Kansas Bureau of Investigation (Topeka)

785-296-8200

www.accesskansas.org/kbi

Kansas Crisis Hotline (Domestic Violence/Sexual Assault)

1-888-END-ABUSE

www.kcsdv.org

Kansas Road Conditions

1-866-511-KDOT

511

www.ksdot.org

Poison Control Center

1-800-222-1222

www.aapcc.org

Suicide Prevention Hotline

1-800-SUICIDE

www.hopeline.com

800-273-TALK

www.suicidepreventionlifeline.com

Toxic Chemical and Oil Spills

1-800-424-8802

www.epa.gov/region02/contact.htm

Hospitals

Pawnee Valley Community Hospital

923 Carroll Avenue (Larned)

620-285-3161

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

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

Child Care Licensing Program

- Orientation Classes, Survey Visits
- Complaint reporting and follow-up

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. 8th Street
(620) 285-6041
www.healthychoiceclinic.com

Life Center Clinic

112 E 6th Street (Larned)
620-804-2691
www.lifecenterclinic.com

Heart of Kansas Family Health

522 Broadway (Larned)
620-804-6100

Pawnee Valley Medical Associates

713 W 11th Street (Larned)
620-804-6007

Specialty Clinics

Hays Medical Center

(Refer to Page 51 to Review Specialties)

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

Reed Pharmacy

326 W 14th Street (Larned)
620-285-6286

Physicians and Health Care Providers

A Healthy Choice Clinic

1200 E 8th St.
Larned, KS 67550
620-285-6041
Mark Van Norden D.O.

Heart of Kansas Family Healthcare

522 Broadway St.
Larned, KS 67550
620-804-6100

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 11th Street (Larned)
620-804-6007
Christian Whittington M.D.
M. Crystal Hill M.D.
Susan Aistrup APRN
Haley Gleason APRN
Heather Holaday APRN

Life Center Clinic

Sheila Toon FNP CNM
Family Medicine
112 E. 6thMain Street
(Larned)
620-804-2691

Rehabilitation Services

Progressive Therapy & Sports Medicine

117 W 6th (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 9th Street (Larned)
620-285-6212

Country Living of Larned

714 W 9th Street (Larned)
620-285-6900

Four Seasons Village

200 W 17th Street (Larned)
620-285-7425

Diversicare of Larned

1114 W 11th 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, 2nd 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

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

General Information – Women's Shelters

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 12th Street (Great Bend)
620-793-1885

Educational Training Opportunities

Association of Continuing Education
620-792-3218

Pawnee County Learning Center
209 E. 6th 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 25th Road (Great Bend)
620-793-7100

Kansas Food Bank
1919 East Douglas (Wichita)
316-265-4421
www.kansasfoodbank.org

WIC Program

Pawnee County Health Department
715 Broadway, Larned, KS

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

Government Healthcare

Kansas Department on Aging (KDOA)
503 South Kansas Avenue (Topeka)
785-296-4986 or 1-800-432-3535
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

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

MEDICARE
Social Security Administration
1212 East 27th Street (Hays)
785-625-3496

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

Social Security Administration
1212 East 27th 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 14th 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

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

Hospice

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

Kindred Hospice
Hutchinson, KS
620-664-5757

Medical Equipment and Supplies

American Medical Sales and Repair
1-866-637-6803

Central Kansas Respiratory Services, LLC
117 W 6th Street (Larned)
620-804-6104

Life Watch USA
1-800-716-1433

School Nurses

USD 495 Ft. Larned School District
120 E 6th (Larned)
Fort Larned Elementary School
620-285-2141
Larned Middle School
620-285-8430
Larned High School
620-285-2151
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

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
Garfield, KS

Welcome Inn Senior Center
113 W 4th Street (Larned)
620-285-3504

Veterinary Services

Larned Veterinary Clinic
1443 120th Avenue (Larned)
620-285-3153

Frick Veterinary Clinic
1112 K19 Hwy S (Larned)
620-285-5267

Local Government, Community, and Social Services

Adult Protection

Adult Protective Services (SRS)
1-800-922-5330
www.srskansas.org/ISD/ees/adult.htm

Elder Abuse Hotline
1-800-842-0078
www.elderabusecenter.org

Kansas Department of Social and Rehabilitation Services West Region Protection Reporting Center
1-800-922-5330

Alcohol and Drug Treatment

Alcohol and Drug Abuse Services
1-800-586-3690
http://www.srskansas.org/services/alc-drug_assess.htm

Alcohol Detoxification 24-Hour Helpline
1-877-403-3387
www.ACenterForRecovery.com

Center for Recovery
1-877-403-6236

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

Kansas Children's Service League
1-800-332-6378
www.kcsl.org

Community Centers

Garfield Community Center
217 3rd 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 8th Street (Larned)
620-285-2211

Day Care Providers – Adult

Country Living of Larned
714 W 9th Street Suite 19 (Larned)
620-285-6900

Diversicare of Larned
1114 W 11th Street (Larned)
620-285-6914

Day Care Providers – Children

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

Caring Hands Daycare
620-285-4869

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 17th Street (Larned)
620-285-7425

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

Prairie Vista
1100 West 16th 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 8th Street (Larned)
620-285-3157

Libraries, Parks, and Recreation

Burdett City Park
Michigan Avenue & Locust Street (Burdett)

Burgess Park
1120 W 7th Street (Larned)

Camp Criley Park
3rd Street & 4th Street (Garfield)

Camp Pawnee

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

City of Larned Swimming Pool

100 W 1st 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 14th 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 1st 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

Pawnee County Health Department

715 Broadway, Courthouse (Larned)

620-285-6963

800-211-4401

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 3rd 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 12th 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

Transportation

Public Transportation Bus

Available for: doctor appointments, shopping,
general transportation use
Welcome Inn
114 W 4th 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
www.srskansas.org/SD/ees/adult.htm

Domestic Violence and Sexual Assault (DVACK)

1-800-874-1499
www.dvack.org

Elder Abuse Hotline

1-800-842-0078
www.elderabusecenter.org

Elder and Nursing Home Abuse Legal

www.resource4nursinghomeabuse.com/index.html

Kansas Coalition Against Sexual and Domestic Violence

1-888-END-ABUSE (363-2287)
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

National Domestic Violence Hotline

1-800-799-SAFE (799-7233)
1-800-787-3224 (TTY)
www.ndvh.org

National Sexual Assault Hotline

1-800-994-9662
1-888-220-5416 (TTY)
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

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

AIC (Assessment Information Classes)

1-888-764-5510

AI-Anon Family Group

1-888-4AL-ANON (425-2666)
www.ai-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

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

Mothers Against Drunk Driving

1-800-GET-MADD (438-6233)

www.madd.org

National Council on Alcoholism and Drug Dependence, Inc.

1-800-NCA-CALL (622-2255)

www.ncadd.org

Recovery Connection

www.recoveryconnection.org

Regional Prevention Centers of Kansas

1-800-757-2180

www.smokyhillfoundation.com/rpc-locate.html

Better Business Bureau**Better Business Bureau**

328 Laura (Wichita)

316-263-3146

www.wichita.bbb.org

Children and Youth**Adoption**

1-800-862-3678

www.adopt.org/

Boys and Girls Town National Hotline

1-800-448-3000

www.girlsandboystown.org

Child/Adult Abuse and Neglect Hotline

1-800-922-5330

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

Child Abuse National Hotline

1-800-4-A-CHILD (422-4453)

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

HealthWave

P.O. Box 3599

Topeka, KS 66601

1-800-792-4884 1-800-792-4292 (TTY)

www.kansashealthwave.org

Heartspring (Institute of Logopedics)

8700 E. 29TH N

Wichita, KS 67226

www.heartspring.org

Kansas Big Brothers/Big Sisters

1-888-KS4-BIGS

www.ksbbbs.org

Kansas Children's Service League (Hays)

785-625-2244

1-877-530-5275

www.kcsl.org

Kansas Department of Health and Environment

785-296-1500

www.kdheks.gov

E-mail: 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

National Runaway Switchboard

1-800-RUNAWAY

www.1800runaway.org/

National Society for Missing and Exploited Children

1-800-THE-LOST (843-5678)

www.missingkids.com

Parents Anonymous Help Line

1-800-345-5044

www.parentsanonymous.org/paIndex10.html

Runaway Line

1-800-621-4000

1-800-621-0394 (TDD)

www.1800runaway.org/

Talking Books

1-800-362-0699

www.skyways.lib.ks.us/KSL/talking/ksl_bph.html

Community Action**Peace Corps**

1-800-424-8580

www.peacecorps.gov

Public Affairs Hotline (Kansas Corporation Commission)

1-800-662-0027

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

Catholic Charities

1-888-468-6909

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.kscacs.org/

Kansas Problem Gambling Hotline

1-866-662-3800

www.ksmhc.org/Services/gambling.htm

National Hopeline Network

1-800-SUICIDE (785-2433)

www.hopeline.com

National Problem Gambling Hotline

1-800-552-4700

www.npgaw.org

Self-Help Network of Kansas

1-800-445-0116

www.selfhelpnetwork.wichita.edu

Senior Health Insurance Counseling

1-800-860-5260

www.agingkansans.org

Sunflower Family Services, Inc.

(Adoption, crisis pregnancy, conflict solution center)

1-877-457-5437

www.sunflowerfamily.org

Disability Services

American Association of People with Disabilities (AAPD)

www.aapd.com

American Council for the Blind

1-800-424-8666

www.acb.org

Americans with Disabilities Act Information Hotline

1-800-514-0301

1-800-514-0383 (TTY)

www.ada.gov

Disability Advocates of Kansas, Incorporated

1-866-529-3824

www.disabilitysecrets.com

Disability Group, Incorporated

1-888-236-3348

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

Hearing Healthcare Associates

1-800-448-0215

Kansas Commission for the Deaf and Hearing Impaired

1-800-432-0698

www.srskansas.org/kcdhh

Kansas Relay Center (Hearing Impaired service)

1-800-766-3777

www.kansasrelay.com

National Center for Learning Disabilities

1-888-575-7373

www.ncld.org

National Library Services for Blind & Physically Handicapped

www.loc.gov/nls/

1-800-424-8567

Parmelee Law Firm

8623 E 32nd Street N, Suite 100 (Wichita)

1-877-267-6300

Environment

Environmental Protection Agency

1-800-223-0425

913-321-9516 (TTY)

www.epa.gov

Kansas Department of Health and Environment

Salina 785-827-9639

Hays 785-625-5663

Topeka 785-296-1500

www.kdheks.gov

Food and Drug

Center for Food Safety and Applied Nutrition

1-888-SAFEFOOD (723-3366)

www.cfsan.fda.gov/

www.healthfinder.gov/docs/doc03647.htm

US Consumer Product Safety Commission

1-800-638-2772

1-800-638-8270 (TDD)

www.cpsc.gov

USDA Meat and Poultry Hotline

1-888-674-6854

1-800-256-7072 (TTY)

www.fsis.usda.gov/

U.S. Food and Drug Administration

1-888-INFO-FDA
1-888-463-6332
www.fsis.usda.gov/

Poison Hotline

1-800-222-1222

Health Services

American Cancer Society

1-800-227-2345
www.cancer.org

American Diabetes Association

1-800-DIABETES (342-2383)
www.diabetes.org

AIDS/HIV Center for Disease Control and Prevention

1-800-CDC-INFO
1-888-232-6348 (TTY)
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

American Heart Association

1-800-242-8721
www.americanheart.org

American Lung Association

1-800-586-4872

American Stroke Association

1-888-4-STROKE
www.americanheart.org

Center for Disease Control and Prevention

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

Elder Care Helpline

www.eldercarelink.com

Eye Care Council

1-800-960-EYES
www.seetolearn.com

Kansas Foundation for Medical Care

1-800-432-0407
www.kfmc.org

National Health Information Center

1-800-336-4797
www.health.gov/nhic

National Cancer Information Center

1-800-227-2345
1-866-228-4327 (TTY)

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

Hospice

Hospice-Kansas Association

1-800-767-4965

Kansas Hospice and Palliative Care Organization

1-888-202-5433
www.lifeproject.org/akh.htm

Southwind Hospice, Incorporated

www.southwindhospice.com
785-483-3161

Housing

Kansas Housing Resources Corporation

785-296-2065
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/

Kansas Bar Association

785-234-5696
www.ksbar.org

Kansas Department on Aging

1-800-432-3535
www.agingkansas.org/index.htm

Kansas Legal Services

1-800-723-6953
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

Kansas Health Wave

1-800-792-4884 or 1-800-792-4292 (TTY)
www.kansashealthwave.org

Kansas Medical Assistance Program

Customer Service
1-800-766-9012
www.kmpa-state-ks.us/

Medicare Information

1-800-MEDICARE
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

Mental Health Services**Alzheimer's Association**

1-800-272-3900 or 1-866-403-3073 (TTY)
www.alz.org

Developmental Services of Northwest Kansas

1-800-637-2229

Kansas Alliance for Mentally III (Topeka, KS)

785-233-0755
www.namikansas.org

Make a Difference

1-800-332-6262

Mental Health America

1-800-969-6MHA (969-6642)

National Alliance for the Mentally III Helpline

1-800-950-NAMI (950-6264) or 703-516-7227 (TTY)
www.nami.org

National Institute of Mental Health

1-866-615-6464 or 1-866-415-8051 (TTY)
www.nimh.nih.gov

National Library Services for Blind and Physically Handicapped

1-800-424-8567
www.loc.gov/nls/music/index.html

National Mental Health Association

1-800-969-6642
1-800-433-5959 (TTY)
www.nmha.org

State Mental Health Agency

KS Department of Social and Rehabilitation Services
915 SW Harrison Street
Topeka, KS 66612
785-296-3959
www.srskansas.org

Suicide Prevention Hotline

1-800-SUICIDE [784-2433]
www.hopeline.com

Nutrition**American Dietetic Association**

1-800-877-1600
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/

Eating Disorders Awareness and Prevention

1-800-931-2237
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

Kansas Department of Health and Environment

1000 SW Jackson, Suite 220
Topeka, KS 66612
785-296-1320
www.kdheks.gov/news-wic/index.html

Road and Weather Conditions**Kansas Road Conditions**

1-866-511-KDOT
511
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

Americans with Disabilities Act Information Line

1-800-514-0301 or 1-800-514-0383 [TTY]
www.usdoj.gov/crt/ada

American Association of Retired Persons

1-888-687-2277
www.aarp.org

Area Agency on Aging

1-800-432-2703

Eldercare Locator

1-800-677-1116
www.eldercare.gov/eldercare/public/home.asp

Home Buddy

1-866-922-8339

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**Kansas Department on Aging**

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

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**Older Kansans Employment Programs (OKEP)**

785-296-7842

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**SHICK**

1-800-860-5260

www.agingkansas.org/SHICK**Social Security Administration**

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

www.srskansas.org**SRS Rehabilitation Services Kansas**

785-296-3959

785-296-1491 (TTY)

www.srskansas.org**Suicide Prevention****Suicide Prevention Services**

1-800-784-2433

www.spsfv.org**Veterans****Federal Information Center**

1-800-333-4636

www.FirstGov.gov**U.S. Department of Veterans Affairs**

1-800-513-7731

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**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

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

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

Patient Origin Reports



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

Detail																						
Hospital Detail by County			Pediatric		Adult Medical/Surgical										Psychiatric		Obstetric		Newborn		Surg %	
			Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+		Cases	%	Cases	%	Cases	%	Cases	%		
Hospital Name	Total	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%		
HaysMed, The University of Kansas Health System - Hays, KS	216	35.0%	0	0.0%	13	6.0%	66	30.6%	45	20.8%	51	23.6%	1	0.5%	21	9.7%	19	8.8%	29.2%			
The University of Kansas Health System Great Bend Campus - Great Bend, KS	117	19.0%	0	0.0%	6	5.1%	19	16.2%	17	14.5%	11	9.4%	0	0.0%	32	27.4%	32	27.4%	43.6%			
The University of Kansas Health System Pawnee Valley Campus - Larned, KS	74	12.0%	0	0.0%	7	9.5%	12	16.2%	16	21.6%	39	52.7%	0	0.0%	0	0.0%	0	0.0%	0.0%			
Wesley Healthcare - Wichita, KS	60	9.7%	13	21.7%	4	6.7%	15	25.0%	7	11.7%	11	18.3%	0	0.0%	7	11.7%	3	5.0%	45.0%			
Ascension Via Christi Hospitals St. Francis - Wichita, KS	33	5.3%	1	3.0%	3	9.1%	13	39.4%	9	27.3%	6	18.2%	1	3.0%	0	0.0%	0	0.0%	63.6%			
Children's Mercy Kansas City - Kansas City, MO	16	2.6%	16	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	12.5%			
The University of Kansas Health System - Kansas City, KS	14	2.3%	3	21.4%	1	7.1%	7	50.0%	2	14.3%	1	7.1%	0	0.0%	0	0.0%	0	0.0%	57.1%			
Clara Barton Hospital - Holington, KS	13	2.1%	0	0.0%	0	0.0%	4	30.8%	5	38.5%	4	30.8%	0	0.0%	0	0.0%	0	0.0%	38.5%			
Pratt Regional Medical Center - Pratt, KS	13	2.1%	0	0.0%	0	0.0%	2	15.4%	5	38.5%	2	15.4%	0	0.0%	2	15.4%	2	15.4%	53.8%			
Salina Regional Health Center - Salina, KS	11	1.8%	0	0.0%	1	9.1%	5	45.5%	1	9.1%	3	27.3%	1	9.1%	0	0.0%	0	0.0%	72.7%			
Hutchinson Regional Medical Center - Hutchinson, KS	8	1.3%	0	0.0%	0	0.0%	1	12.5%	1	12.5%	3	37.5%	1	12.5%	1	12.5%	1	12.5%	12.5%			
Western Plains Medical Complex - Dodge City, KS	5	0.8%	0	0.0%	0	0.0%	0	0.0%	1	20.0%	0	0.0%	0	0.0%	2	40.0%	2	40.0%	20.0%			
AdventHealth Shawnee Mission - Shawnee Mission, KS	4	0.6%	0	0.0%	2	50.0%	2	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%			
Stormont Vall Health - Topeka, KS	3	0.5%	2	66.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0.0%			
Citizens Health - Colby, KS	2	0.3%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%			
Kansas Residents/Other Missouri Hospitals	2	0.3%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%			
McPherson Hospital, Inc. - McPherson, KS	2	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0.0%			
Menorah Medical Center - Overland Park, KS	2	0.3%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%			
Minneapolis Healthcare - Minneapolis, KS	2	0.3%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%			
NMC Health - Newton, KS	2	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	50.0%			
Research Medical Center - Kansas City, MO	2	0.3%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%			
South Central Kansas Medical Center - Arkansas City, KS	2	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0.0%			
St. Catherine Hospital - Garden City, KS	2	0.3%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0.0%			
Stafford County Hospital - Stafford, KS	2	0.3%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%			
Ascension Via Christi Hospital St. Teresa - Wichita, KS	1	0.2%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%			
Edwards County Medical Center - Kinsley, KS	1	0.2%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%			
Hodgeman County Health Center - Jetmore, KS	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%			
Kansas Residents/Minnesota Hospitals	1	0.2%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%			
Kansas Residents/Nebraska Hospitals	1	0.2%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%			
LMH Health - Lawrence, KS	1	0.2%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%			
Overland Park Regional Medical Center - Overland Park, KS	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%			
Salina Surgical Hospital - Salina, KS	1	0.2%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%			
Scott County Hospital - Scott City, KS	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%			
Wesley Woodawn Hospital & ER - Wichita, KS	1	0.2%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%			
Overall	617	100.0%	36	5.8%	38	6.2%	153	24.8%	120	19.4%	134	21.7%	10	1.6%	67	10.9%	61	9.9%	33.4%			
Discharge Data Available from: 2015 Q1 through 2021 Q1																						
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Discharge Data Available from: 2015 Q1 through 2021 Q1

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Inpatient Origin by County wnee, KS Residents Treated in KHA Reporting Ai Federal Fiscal Year: 2019

Detail																						
Hospital Detail by County				Pediatric		Adult Medical/Surgical										Psychiatric		Obstetric		Newborn		Surg %
				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+		Cases	%	Cases	%	Cases	%	Cases	%	
Hospital Name	Rank	Total	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
HaysMed, The University of Kansas Health System - Hays, KS	1	227	34.4%	3	1.3%	17	7.5%	57	25.1%	49	21.6%	54	23.8%	0	0.0%	25	11.0%	23	10.1%	31.7%		
The University of Kansas Health System Great Bend Campus - Great Bend, KS	2	123	18.6%	2	1.6%	5	4.1%	18	14.6%	19	15.4%	18	14.6%	0	0.0%	31	25.2%	31	25.2%	41.5%		
The University of Kansas Health System Pawnee Valley Campus - Larned, KS	3	84	12.7%	1	1.2%	4	4.8%	12	14.3%	21	25.0%	45	53.6%	1	1.2%	0	0.0%	0	0.0%	0.0%		
Wesley Healthcare - Wichita, KS	4	65	9.8%	26	40.0%	9	13.8%	7	10.8%	6	9.2%	6	9.2%	2	3.1%	5	7.7%	5	7.7%	23.1%		
Ascension Via Christi Hospitals St. Francis - Wichita, KS	5	41	6.2%	3	7.3%	6	14.6%	10	24.4%	6	14.6%	12	29.3%	5	12.2%	1	2.4%	1	2.4%	39.0%		
Hutchinson Regional Medical Center - Hutchinson, KS	6	21	3.2%	0	0.0%	0	0.0%	5	23.8%	4	19.0%	9	42.9%	1	4.8%	1	4.8%	1	4.8%	33.3%		
The University of Kansas Health System - Kansas City, KS	7	16	2.4%	0	0.0%	1	6.3%	10	62.5%	4	25.0%	1	6.3%	0	0.0%	0	0.0%	0	0.0%	43.8%		
Pratt Regional Medical Center - Pratt, KS	8	14	2.1%	1	7.1%	0	0.0%	4	28.6%	4	28.6%	1	7.1%	0	0.0%	2	14.3%	2	14.3%	35.7%		
Clara Barton Hospital - Holsington, KS	9	13	2.0%	0	0.0%	2	15.4%	4	30.8%	4	30.8%	3	23.1%	0	0.0%	0	0.0%	0	0.0%	23.1%		
Salina Regional Health Center - Salina, KS	10	11	1.7%	0	0.0%	1	9.1%	6	54.5%	3	27.3%	1	9.1%	0	0.0%	0	0.0%	0	0.0%	81.8%		
Research Medical Center - Kansas City, MO	11	8	1.2%	0	0.0%	0	0.0%	4	50.0%	3	37.5%	1	12.5%	0	0.0%	0	0.0%	0	0.0%	37.5%		
St. Catherine Hospital - Garden City, KS	12	7	1.1%	0	0.0%	0	0.0%	2	28.6%	0	0.0%	0	0.0%	5	71.4%	0	0.0%	0	0.0%	0.0%		
AdventHealth Shawnee Mission - Shawnee Mission, KS	13	3	0.5%	0	0.0%	1	33.3%	1	33.3%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Children's Mercy Kansas City - Kansas City, MO	14	3	0.5%	3	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	33.3%		
Memorial Health System - Abilene, KS	15	3	0.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0.0%		
Menorah Medical Center - Overland Park, KS	16	3	0.5%	0	0.0%	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Overland Park Regional Medical Center - Overland Park, KS	17	3	0.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	33.3%	1	33.3%	1	33.3%	1	33.3%	33.3%		
Stormont Vail Health - Topeka, KS	18	3	0.5%	1	33.3%	0	0.0%	2	66.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Wesley Woodawn Hospital & ER - Wichita, KS	19	3	0.5%	0	0.0%	0	0.0%	2	66.7%	0	0.0%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	33.3%		
Children's Mercy Hospital Kansas - Overland Park, KS	20	2	0.3%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Kansas Residents/Minnesota Hospitals	21	2	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Hodgeman County Health Center - Jetmore, KS	22	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
UMH Health - Lawrence, KS	23	1	0.2%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
North Kansas City Hospital - North Kansas City, MO	24	1	0.2%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Saint Luke's Hospital of Kansas City - Kansas City, MO	25	1	0.2%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Scott County Hospital - Scott City, KS	26	1	0.2%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Overall		660	100.0%	42	6.4%	46	7.0%	147	22.3%	128	19.4%	155	23.5%	18	2.7%	66	10.0%	64	9.7%	29.8%		
Discharge Data Available from: 2015 Q1 through 2021 Q1																						
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Patient Origin Reports



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

Detail																					
Hospital Detail by County				Pediatric		Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		Surv %	
				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+		Cases		Cases		Cases			
Hospital Name	Rank	Total	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%		
HaysMed, The University of Kansas Health System - Hays, KS	1	240	38.3%	5	2.1%	24	10.0%	70	29.2%	63	26.3%	42	17.5%	0	0.0%	18	7.5%	18	7.5%	34.6%	
The University of Kansas Health System Great Bend Campus - Great Bend, KS	2	93	14.8%	4	4.3%	4	4.3%	16	17.2%	13	14.0%	13	14.0%	0	0.0%	22	23.7%	21	22.6%	46.2%	
The University of Kansas Health System Pawnee Valley Campus - Larned, KS	3	78	12.4%	0	0.0%	7	9.0%	10	12.8%	24	30.8%	37	47.4%	0	0.0%	0	0.0%	0	0.0%	0.0%	
Wesley Healthcare - Wichita, KS	4	57	9.1%	7	12.3%	3	5.3%	13	22.8%	10	17.5%	11	19.3%	0	0.0%	7	12.3%	6	10.5%	47.4%	
Ascension Via Christi Hospitals St. Francis - Wichita, KS	5	44	7.0%	3	6.8%	7	15.9%	11	25.0%	6	13.6%	16	36.4%	3	6.8%	0	0.0%	0	0.0%	27.3%	
Hutchinson Regional Medical Center - Hutchinson, KS	6	24	3.8%	1	4.2%	2	8.3%	6	25.0%	7	29.2%	5	20.8%	1	4.2%	1	4.2%	1	4.2%	45.8%	
Pratt Regional Medical Center - Pratt, KS	7	18	2.9%	0	0.0%	0	0.0%	5	27.8%	8	44.4%	3	16.7%	0	0.0%	1	5.6%	1	5.6%	50.0%	
Salina Regional Health Center - Salina, KS	8	14	2.2%	0	0.0%	2	14.3%	5	35.7%	1	7.1%	3	21.4%	1	7.1%	1	7.1%	1	7.1%	64.3%	
The University of Kansas Health System - Kansas City, KS	9	14	2.2%	3	21.4%	1	7.1%	6	42.9%	2	14.3%	2	14.3%	2	14.3%	0	0.0%	0	0.0%	42.9%	
Clara Barton Hospital - Holsington, KS	10	12	1.9%	0	0.0%	1	8.3%	4	33.3%	1	8.3%	5	41.7%	1	8.3%	0	0.0%	0	0.0%	41.7%	
Western Plains Medical Complex - Dodge City, KS	11	7	1.1%	0	0.0%	1	14.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	42.9%	3	42.9%	28.6%	
Hodgeman County Health Center - Jetmore, KS	12	6	1.0%	0	0.0%	1	16.7%	0	0.0%	3	50.0%	2	33.3%	0	0.0%	0	0.0%	0	0.0%	0.0%	
St. Catherine Hospital - Garden City, KS	13	4	0.6%	0	0.0%	0	0.0%	1	25.0%	0	0.0%	1	25.0%	2	50.0%	0	0.0%	0	0.0%	25.0%	
Edwards County Medical Center - Kinley, KS	14	2	0.3%	0	0.0%	1	50.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	
Kansas Residents/Minnesota Hospitals	15	2	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	100.0%	
St. Joseph Medical Center - Kansas City, MO	16	2	0.3%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	
Children's Mercy Kansas City - Kansas City, MO	17	1	0.2%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%	
Kansas Residents/Other Missouri Hospitals	18	1	0.2%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%	
Menorah Medical Center - Overland Park, KS	19	1	0.2%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	
Research Medical Center - Kansas City, MO	20	1	0.2%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%	
Saint Luke's Hospital of Kansas City - Kansas City, MO	21	1	0.2%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	
Saint Luke's North Hospital - Berry Road - Kansas City, MO	22	1	0.2%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	
Salina Surgical Hospital - Salina, KS	23	1	0.2%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%	
Signature Psychiatric Hospital - Kansas City, MO	24	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0.0%	
Stormont Val Health - Topeka, KS	25	1	0.2%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	
Wesley Wooddown Hospital & ER - Wichita, KS	26	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	
Overall		627	100.0%	24	3.8%	56	8.9%	153	24.4%	139	22.2%	144	23.0%	11	1.8%	53	8.5%	51	8.1%	34.1%	
Discharge Data Available from: 2015 Q1 through 2021 Q1																					
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Discharge Data Available from: 2015 Q1 through 2021 Q1

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Outpatient Market Penetration By Service Type*

Pawnee Valley Campus - Larned, KS
Residents Treated in KHA Reporting Area
County by Federal Fiscal Year: 2020



	Total Visits	Pawnee, KS		Barton, KS		Edwards, KS		Stafford, KS		Rush, KS		Hodgeman, KS		Ford, KS		Other
		Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	
1 Emergency Department (45x)	4,550	1,942	80.4%	125	1.3%	84	10.2%	49	5.1%	16	1.7%	3	0.9%	4	0.0%	2,327
2 Surgery (36x, 49x)	211	72	9.8%	18	0.6%	13	4.9%					1	0.3%			107
3 Observation (76x, excl. 761)	86	38	27.9%	2	0.2%	2	1.4%									44
11 Radiology - Diagnostic (32x, excl. 322 and 323)	3,981	1,723	73.2%	123	1.5%	57	5.2%	42	4.1%	13	0.9%	3	0.5%	4	0.1%	2,016
14 Nuclear Medicine (34x)	106	45	28.8%	5	0.8%			1	2.0%	1	1.0%					54
15 CT Scan (35x)	2,203	957	72.8%	60	1.3%	35	7.3%	28	7.3%	5	0.8%	1	0.3%	4	0.1%	1,113
16 Mammography (401, 403)	332	148	33.1%	7	0.4%	6	2.9%	3	2.2%					1	0.1%	167
17 Ultrasound (402)	733	314	46.7%	23	0.8%	6	2.9%	13	6.7%	6	1.5%			3	0.2%	368
19 Magnetic Resonance Technology (61x)	800	326	70.3%	39	2.9%	16	11.0%	10	10.3%	6	2.6%	1	1.4%	1	0.1%	401
21 Chemotherapy (33x, excl. 333)	8	4	30.8%													4
23 Pulmonary Function (46x)	448	183	85.9%	17	5.0%	10	35.7%	3	7.1%	1	1.5%	4	25.0%	4	1.1%	226
25 Stress Test (482)	80	33	46.5%	4	1.1%			1	3.1%	1	2.4%					41
26 Echocardiography (483)	309	134	63.8%	10	2.1%	5	8.6%	3	10.0%	1	0.8%	1	4.2%			155
27 Electroencephalogram (74x)	14	4	50.0%	3	8.1%											7
33 Cardiac Rehab (943)	58	23	100.0%	5	9.1%							1	11.1%			29
35 Treatment Room (761)	356	151	31.0%	14	0.5%	6	1.7%	1	0.3%	2	0.4%					182
36 Respiratory Services (41x)	354	159	69.4%	4	0.7%	10	38.5%	2	5.3%							179
37 EKG/ECG (73x)	1,505	647	65.4%	52	1.3%	27	4.8%	8	1.5%	7	1.3%	2	0.5%			762
38 Cardiology (48x excl. 481-483)	16	8	17.0%													8
39 Sleep Lab (HCPC 95805-95811)	193	48	84.2%	18	36.7%	18	75.0%	2	15.4%	1	2.0%	3	37.5%	4	22.2%	99
42 Physical Therapy (42x)	416	177	76.0%	11	0.9%	7	7.7%	7	1.7%	2	0.9%	1	0.5%			211
43 Occupational Therapy (43x)	118	46	59.0%	7	2.9%	1	7.1%	5	15.6%							59
44 Speech-Language Pathology (44x)	36	16	47.1%	1	1.0%	1	16.7%									18
Actual visits in report	12,321	5,217	63.1%	423	1.4%	217	6.2%	136	3.9%	48	1.1%	20	0.8%	20	0.1%	6,240
Actual unclassified visits	12,188	5,287	79.6%	387	1.5%	196	4.4%	103	4.4%	27	0.8%	37	2.0%	22	0.1%	6,129
Actual total visits	24,509	10,504	70.4%	810	1.4%	413	5.2%	239	4.1%	75	0.9%	57	1.3%	42	0.1%	12,369

Discharge Data Available from: 2015 Q1 through 2021 Q1

*Hospital-Specific Report

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Patient Origin Reports



Outpatient Penetration By Service Type*

Pawnee Valley Campus - Larned, KS
Residents Treated in KHA Reporting Area
County by Federal Fiscal Year: 2019



	Total Visits	Pawnee, KS		Barton, KS		Edwards, KS		Stafford, KS		Rush, KS		Hodgeman, KS		Kiowa, KS		Other
		Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	
1 Emergency Department (45x)	5,144	2,207	82.7%	146	1.4%	86	8.9%	47	4.8%	13	1.3%	4	0.9%	7	1.3%	2,634
2 Surgery (36x, 49x)	345	114	13.7%	37	1.1%	6	2.0%	5	1.3%	5	1.0%	3	1.3%			175
3 Observation (76x, exd. 761)	75	34	27.0%	1	0.1%	2	1.7%									38
11 Radiology - Diagnostic (32x, exd. 322 and 323)	4,795	2,091	76.3%	112	1.2%	81	6.2%	44	4.7%	26	1.9%	3	0.4%	8	1.4%	2,430
14 Nuclear Medicine (34x)	135	61	29.3%	2	0.3%	2	3.2%	1	1.7%	1	1.0%					68
15 CT Scan (35x)	2,451	1,084	77.0%	42	0.9%	39	7.3%	25	7.3%	10	1.6%	1	0.3%	4	2.2%	1,246
16 Mammography (401, 403)	338	155	32.9%	4	0.2%	6	2.5%	2	1.1%	1	0.3%					170
17 Ultrasound (402)	872	371	46.3%	24	0.9%	21	9.1%	8	5.2%	8	1.8%	2	1.4%			438
19 Magnetic Resonance Technology (61x)	959	388	73.3%	54	3.8%	14	10.4%	11	8.2%	8	3.7%					484
21 Chemotherapy (33x, exd. 333)	10	5	38.5%													5
23 Pulmonary Function (46x)	595	240	88.9%	11	2.8%	32	64.0%	6	14.3%			5	17.9%			301
25 Stress Test (482)	137	60	66.7%	2	0.5%	2	7.7%	3	5.9%	1	1.6%					69
26 Echocardiology (483)	325	143	63.3%	8	1.3%	8	13.3%	1	2.5%			2	7.7%			163
27 Electroencephalogram (74x)	22	6	46.2%	2	4.1%	2	33.3%	1	100.0%							11
29 Telemedicine (78x)	6	3	50.0%													3
33 Cardiac Rehab (943)	39	14	93.3%	3	5.3%	2	50.0%									20
35 Treatment Room (761)	585	247	43.2%	24	0.7%	10	2.7%	1	0.2%	2	0.5%			2	0.9%	299
36 Respiratory Services (41x)	358	161	63.1%	8	1.1%	2	6.3%	4	8.3%			1	3.7%			182
37 EKG/ECG (73x)	1,773	781	67.2%	38	0.9%	22	3.7%	18	3.2%	6	1.1%	2	0.4%	4	1.3%	902
39 Sleep Lab (HCPC 95805-95811)	254	81	96.4%	15	23.4%	18	75.0%	3	27.3%	2	3.8%	2	28.6%			133
42 Physical Therapy (42x)	443	192	78.4%	10	0.9%	8	10.1%	7	1.6%	1	0.4%	1	0.4%	2	0.6%	222
43 Occupational Therapy (43x)	140	62	76.5%	4	1.9%	1	3.2%	1	4.0%			1	8.3%			71
44 Speech-Language Pathology (44x)	46	19	51.4%	4	4.7%											23
Actual visits in report	14,603	6,226	63.6%	438	1.3%	286	3.0%	142	3.9%	65	1.4%	23	0.9%	16	0.7%	7,407
Actual unclassified visits	14,208	6,443	81.6%	266	1.0%	175	3.7%	100	4.4%	25	0.9%	36	2.3%	19	1.0%	7,144
Actual total visits	28,811	12,669	71.7%	704	1.2%	461	3.2%	242	4.1%	90	1.2%	59	1.4%	35	0.8%	14,551

Discharge Data Available from: 2015 Q1 through 2021 Q1

*Hospital-Specific Report

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Outpatient Penetration By Service Type*

Pawnee Valley Campus - Larned, KS
Residents Treated in KHA Reporting Area
County by Federal Fiscal Year: 2018



	Total Visits	Pawnee, KS		Barton, KS		Edwards, KS		Stafford, KS		Rush, KS		Ellis, KS		Kiowa, KS		Other
		Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	
1 Emergency Department (45x)	5,446	2,333	84.2%	167	1.8%	96	10.5%	42	5.0%	16	1.4%	9	0.1%	8	1.6%	2,775
2 Surgery (36x, 49x)	228	57	7.3%	48	1.5%	3	1.1%	4	1.0%	2	0.4%					114
3 Observation (76x, exd. 761)	120	52	36.1%	6	1.3%											62
11 Radiology - Diagnostic (32x, exd. 322 and 323)	4,708	2,062	72.2%	110	1.1%	76	5.8%	42	4.8%	18	1.1%	5	0.1%	11	1.9%	2,384
14 Nuclear Medicine (34x)	206	93	42.5%	3	0.4%	5	6.3%							1	2.3%	104
15 CT Scan (35x)	2,570	1,141	78.3%	52	1.2%	43	8.6%	16	4.4%	12	1.9%	1	0.0%	3	1.5%	1,302
16 Mammography (401, 403)	199	89	19.4%	3	0.1%	3	1.3%	2	1.5%	2	0.5%					100
17 Ultrasound (402)	836	377	54.0%	10	0.5%	17	7.7%	4	3.4%	7	1.7%					421
19 Magnetic Resonance Technology (61x)	924	401	71.7%	33	2.3%	12	9.4%	6	5.0%	6	2.1%			2	3.9%	464
21 Chemotherapy (33x, exd. 333)	8	3	10.7%	1	2.0%											4
23 Pulmonary Function (46x)	608	245	83.3%	21	6.8%	22	44.9%	2	6.9%	2	2.3%	3	0.5%	2	8.7%	311
25 Stress Test (482)	113	52	54.2%	1	0.2%	3	20.0%									57
26 Echocardiology (483)	308	136	58.4%	3	0.7%	11	14.3%	1	4.5%	1	0.9%			1	11.1%	155
27 Electroencephalogram (74x)	10	3	50.0%	2	8.7%											5
33 Cardiac Rehab (943)	46	22	100.0%			1	33.3%									23
35 Treatment Room (761)	487	208	34.1%	21	0.6%	7	1.9%	1	0.2%	2	0.4%			1	0.4%	247
36 Respiratory Services (41x)	430	195	73.6%	6	0.9%	7	24.1%	4	9.1%	1	1.7%					217
37 EKG/ECG (73x)	1,865	822	67.1%	55	1.3%	23	3.7%	9	2.1%	8	1.3%	3	0.1%	2	0.7%	943
38 Cardiology (48x exd. 481-483)	12	6	9.4%													6
39 Sleep Lab (HCPC 95805-95811)	368	84	97.7%	36	73.5%	31	100.0%	13	59.1%	7	19.4%	3	1.3%	2	15.4%	192
42 Physical Therapy (42x)	349	155	75.6%	3	0.3%	10	6.8%	3	0.8%	2	0.6%			1	0.4%	175
43 Occupational Therapy (43x)	90	41	71.9%	1	0.5%			2	12.5%					1	20.0%	45
44 Speech-Language Pathology (44x)	32	16	51.6%													16
Actual visits in report	14,006	5,984	62.3%	430	1.3%	276	3.5%	116	3.4%	63	1.2%	19	0.1%	25	1.1%	7,093
Actual unclassified visits	14,196	6,483	81.0%	246	0.8%	175	4.4%	65	2.9%	48	1.3%	30	0.6%	17	0.8%	7,132
Actual total visits	28,202	12,467	70.8%	676	1.1%	451	3.8%	181	3.2%	111	1.2%	49	0.1%	42	1.0%	14,225

Discharge Data Available from: 2015 Q1 through 2021 Q1

*Hospital-Specific Report

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b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

CHNA Town Hall RSVP's:

This represents a list Stakeholders / Residents (N = 27) of Pawnee County, KS who RSVP'd for this event, with 24 in attendance.

Pawnee Valley Virtual CHNA Town Hall on Wednesday, March 24th							
TEAM	ATTD	Lead	Rpt	Last	First	Organization	Title
B	X			Vonfeldt	Klint	Air Med Care/Eagle Med	
B	X			Spina	Charles	City of Larned	
A	X			Smith	Laura	Country Living of Larned	
A	X			Wachs	Bryce	Fort Larned USD 495	Superintendent
B	X			Frick	Christina	Frick Vet	dr
A	X			Lessard	Sharon	Fusion Bank	Executive VP
B	X			Middleton	Brett	Heart of Kansas Family Health Care	CEO
A	X			Filbert	Alex	Larned Area Chamber /Pawnee Co.EDC	Exec. Director
A	X			Dipman	Lesia	Larned State Hospital	Superintendent
B	X			Scripsick	Rebecca	Larned State Hospital	Chief Nursing Officer
B	X			Hoberecht	Cheryl	Pawnee County Health Department	RN, Administrator
A	X			King	Scott	Pawnee County Sheriffs Office	Sheriff
A	X			Bowman	Kimi	Pawnee Valley Campus	Executive Assistant
B	X			Gladow	Tina	Pawnee Valley Campus	Case Manager
A	X	XX	CJ	Urban	Melanie	Pawnee Valley Campus	Administrator
B	X			Burton	Cindy	Pawnee Valley Community Hospital	DON
A	X			Davis	Jewel	Pawnee Valley Medical Associates	Clinic Office Manager
B	X			Hill	Crystal	Pawnee Valley Medical Associates	MD
A	X			Holaday	Heather	Pawnee Valley Medical Associates	APRN
B	X			Bugner-Smith	Julie	PVCH	Foundation Director
B	X			Hammond	Barbara	PVCH Auxiliary	RN/Member
B	X	XX	RD	Donecker	Megan	TUKHS - Pawnee Valley Campus	Sleep Director
A	X			Mawhirter	Megan	TUKHS - Pawnee Valley Campus	Health Infor Manager
B	X			Sundahl	Shane	USD 495 Fort Larned	

Note> local CHNA leads are tagged below who assisted with community zoom breakout room discussions.

NOTES: Pawnee Valley Town Hall

Date: 3/25/21

Established Needs/Strengths: Breakout Rooms

N = 24

Team A: Needs

- Drug/Alcohol Abuse
- Mental Health Accessibility/Services
- Oncology Services
- Poverty/Unemployment
- Occupational Medicine
- Awareness of Fitness Opps.
- Air Quality
- Opioids
- Women's Health Services
- Access to Specialists
- Quality of Care

Team A: Strengths

- Access to Health Services (Options)
- Growth Opportunity
- Nutrition (Access to Healthy Food options)
- Nursing Home/Senior Care
- Religion/Culture Support & Services
- Charity Care
- Partnerships (Hays – this has benefitted them)
- Recreational Opportunities
- Working Together as a Community
- Care Coordination
- Leadership
- Stable Health Services
- Communication as a whole

Team B: Needs (RD)

- Food Insecurity
- Poverty
- Access to After Hrs Care
- Opioids
- Awareness of Healthcare Resources/Services
- Insurance Coverage
- Suicide
- Dental Care
- Breastfeeding Support
- Mental Health Services
- BH for Peds
- Affordable Care
- Transportation
- Teen Tobacco Use (Vaping)
- Marketing of Services

Strengths

- School System
- Health Department
- Access to a Variety of Services
- New Technology
- Specialty Services Offered
- Vaccinations in Long-Term Facilities
- School Food Assistance Program
- Ratio of Providers

c) Public Notice & Requests

[VVV Consultants LLC]

NEWS RELEASE

**Pawnee Valley Campus
923 Carroll Ave
Larned, KS 67550
(785) 623-2300
For Immediate Release**

January 15, 2021

The University of Kansas Health System Pawnee Valley Campus Seeks Public Input for 2021 Community Health Needs Assessment Update

LARNED, Kansas - Over the next three months, Pawnee Valley Campus will be working with other community providers to update the 2018 Pawnee County (KS) Community Health Needs Assessment (CHNA).

ACA legislation requires all tax-exempt hospitals to submit a CHNA to the IRS every three years, regardless of hospital affiliation.

“While healthcare is front and center right now due to the coronavirus, we hope you find the time to help us learn how we are doing in providing healthcare in general to our community and what concerns or suggestions you have for us going forward,” comments Melanie Urban, Administrator. “We urge all Pawnee county residents to participate.”

Every three years, the hospital and health department complete an assessment, which begins with a review of local health data and collecting online community feedback.

The goal of this assessment update is to understand progress in addressing community health needs cited in the 2021 CHNA report and to collect up-to-date community health perceptions. To accomplish this work, a short online survey has been developed.

The survey can be accessed by going to https://www.surveymonkey.com/r/CHNA4_PawneeCo2021 or scan the QR Code with your smart phone and the link will open my default. The link is also available on the Pawnee Valley Campus website in the News section and Facebook page.



All community residents are encouraged to complete the 2021 CHNA online survey by Friday, February 12, 2021.

If you have any questions about the CHNA survey, please call 785-623-2300.

The University of Kansas Health System Pawnee Valley Campus Seeks Public Input for 2021 Community Health Needs Assessment Update

Over the next three months, Pawnee Valley Campus will be working with other community providers to update the 2018 Pawnee County (KS) Community Health Needs Assessment (CHNA). VVV Consultants LLC, an independent research firm from Olathe, Kansas has been retained again to conduct this countywide research.

ACA legislation requires all tax-exempt hospitals to submit a CHNA to the IRS every three years, regardless of hospital affiliation.

“While healthcare is front and center right now due to the coronavirus, we hope you find the time to help us learn how we are doing in providing healthcare in general to our community and what concerns or suggestions you have for us going forward,” comments Melanie Urban, Administrator. “We urge all Pawnee county residents to participate.”

Every three years, the hospital and health department complete an assessment, which begins with a review of local health data and collecting online community feedback.

The goal of this assessment update is to understand progress in addressing community health needs cited in the 2018 CHNA report and to collect up-to-date community health perceptions. To accomplish this work, a short online survey has been developed.

The survey can be accessed by going to https://www.surveymonkey.com/r/CHNA2021_PawneeCo and the link will open by default. The link is also available on the Pawnee Valley Campus website in the News section and Facebook page.

All community residents are encouraged to complete the 2021 CHNA online survey by Friday, March 5, 2021.

If you have any questions about the CHNA survey, please call 785-623-2300.

Source: Tiller & Toiler – 01/21/2021



MEDIA RELEASE

February 12, 2021

**Pawnee Valley Campus
923 Carroll Ave
Larned, KS 67550
(785) 623-2300
For Immediate Release**

The University of Kansas Health System Pawnee Valley Campus is Hosting a Virtual Town Hall

Pawnee Valley Campus will be hosting the 2021 Community Health Needs Assessment (CHNA) virtual Town Hall Meeting on Wednesday, March 24th, 2021 at Lunch from 11:30 – 1pm.

It is imperative that community members RSVP their desire to attend the 2021 CHNA Town Hall on 3/24/21, to properly prepare due to no in person meetings COVID guidelines. This virtual meeting will consist of reviewing the community health indicators and gathering feedback opinions on key community health needs. We hope you find the time to join this discussion.

If you are interested in attending this virtual Town Hall, please visit Pawnee Valley hospital website to RSVP. NOTE: If you RSVP, additional information giving further information will be emailed to you 3 days prior to event

If you have any questions about the CHNA Town Hall or activities to come, please call 785-623-2300.

Email #3

The virtual Town Hall meeting that Pawnee Valley Community Hospital is hosting for the 2021 Community Health Needs Assessment, is approaching and we would like to confirm your participation. This community event for Pawnee County is being held on **Wednesday, March 24th, from 11:30 a.m. – 1:00 p.m. via Zoom**. Please save and utilize the link below to access the virtual Town Hall.

Join Zoom Meeting: <https://us02web.zoom.us/j/81590518925>

Meeting ID: 815 9051 8925

To keep things moving and cover all that is on our agenda promptly, we ask that you please be signed on by **11:20 a.m.** as we will begin right away at 11:30 a.m. In addition, we ask that you plan to stay for the full duration as the last 45 mins will be the most important for gathering community insight. To allow us to get everyone checked-in in a timely matter, we ask that you please make sure your full name is accurate and appears on your screen upon signing on.

To provide you with a brief overview of what to expect during this community meeting, please review the following agenda.

- Current Community Health Scores
- Review Community Feedback Research
- Collect Current Community Health Perspective through assigned breakout rooms
- Uncover unmet needs through reporting back to large group
- Report back to general session – Participate in Poll
- Wrap up discussion & review next steps

Thanks you in advance for your time and support! We look forward to seeing you all on Wednesday, March 24th, as we gather for an important community event.

If you any questions regarding this virtual Town Hall meeting, please contact Kimi Bowman at kbowman8@kumc.edu

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2021 Community Feedback: Pawnee Co KS N= 243

ID	Zip	Overall	Movement	c1	c2	c3	Covid-19 has impacted our communities. Do you have any worries and/or concerns regarding COVID-19 in relation to Community Health?
1018		Good	Decreasing - slipping downward	ACC	VACC		Availability of vaccine, especially to the vulnerable population.
1029	67550	Good	Decreasing - slipping downward	ACC	VACC		When, when....we get the vaccine is always the answer.
1146	67550	Average	Decreasing - slipping downward	ACC			Seems as though we are behind other communities in how aggressive we are in treating patients early enough.
1174	67550	Good	Increasing - moving up	ACC	VACC		Availability of vaccine
1078	67550	Good	Increasing - moving up	ACC	VACC		When will vaccines be released
1145	67530	Very Good	Increasing - moving up	ACC	VACC		Expedient delivery of Vaccine
1195	67550	Very Good	Increasing - moving up	ACC	VACC		Vaccine availability
1130	67550	Good	Increasing - moving up	ACC			General concern about access to space and treatment
1152	67550	Good	Not really changing much	ACC	VACC	CLIN	no vaccine available in our area or have to be a client of said clinic
1197	67550	Very Good	Increasing - moving up	COMM	COVID	LDRS	Health care providers are providing excellent care/prevention services. However local government leadership has been lacking in mandating and enforcing preventative measures.
1154	67550	Good	Increasing - moving up	COMM			Lack of community participation in safety measures due to political misguidance.
1023	67550	Average	Not really changing much	COMM	DOH		Health department has been messy at delivering updates and random times, no bulletin or message for citizens of their resource for health care or testing during this time
1119	67550	Good	Not really changing much	COMM			When I had it, it was so busy, it took a few days to hear from the health department.
1090	67550	Very Good	Increasing - moving up	CONF			Lack of HIPAA compliance
1027	67550	Good	Decreasing - slipping downward	CORP	COVID		The county has been a very poor example of how people should behave during a pandemic. The failure county commissioners should have mandated masks very early on but they didn't.
1165	67550	Average	Increasing - moving up	CORP	DOH	COVID	The sheer lack of city/county support of programs and mandates to help curb the pandemic is appalling and embarrassing. Pawnee County at one time was one of the counties with the highest per capita rate of infections and yet the County Commissioners didn't see a need for a mandate. With thinking like that, the COVID situation, as well as general health overall, will never flourish in Pawnee County. If I had the means, I would move to a county where it's governance has a larger appreciation for the health of its constituents.
1163	67550	Good	Not really changing much	CORP	COMM		Worries: 1.) Ignorance displayed by "intelligent" people. 2.)Lack of leadership by public officials, especially the county commission. 3.) Relying on social media to deliver "the message." - an important segment of our population not on FB. .
1223	67550	Good	Not really changing much	CORP	COVID	COMM	Leaders in community not taking the need for mitigation measures seriously. Reluctant to promote masks etc. Ignoring the experts because they feel they know more than highly trained scientists.
1242	67550	Average	Not really changing much	CORP	EDU	ECON	The subject became political.
1193	67550	Poor	Decreasing - slipping downward	COVID	PREV	VACC	Community lack of belief in masks and prevention. Roll out of vaccine.
1182	67550	Poor	Decreasing - slipping downward	COVID	VACC	COMM	Lack of masks worn, and problems with vaccine rollout. Lack of information on how to receive it.
1202	67550	Very Good	Increasing - moving up	COVID	ACC	VACC	Wish for consistent mask wearing in community and more vaccine accessibility.
1042	67550	Very Good	Increasing - moving up	COVID	DOH		
1110		Good	Increasing - moving up	COVID			There are still people unwilling to wear a mask or get the vaccine.
1170	67550	Good	Increasing - moving up	COVID			The people that refuse to acknowledge it's real and put others health at risk
1176	67550	Very Good	Increasing - moving up	COVID			More people should be wearing masks; also concerned about schools - are they checking the kids' temps each day?
1073	67550	Very Good	Increasing - moving up	COVID			People don't wear masks as they should.
1005	67550	Good	Not really changing much	COVID	ACC	FINA	The cost of COVID testing. I work with an impoverished population and they cannot afford to be tested. The free testing at a local church came back as "inconclusive" twice for the same client. I do not know how accurate the testing is there.
1019	67550	Good	Not really changing much	COVID	LDRS	DOH	The county commissioners are unwilling to step up with mask mandates
1089	67550	Average	Not really changing much	COVID			People not wearing mask
1128	67550	Good	Not really changing much	COVID			Lack of mask usage.
1167		Very Good	Not really changing much	COVID			People do not wear masks and many do not want to get the shots. (especially those under 65)
1097	67550	Very Good		COVID	LDRS		Too many people not wearing any masks And need to be threatened by something maybe A monetary fine

CHNA 2021 Community Feedback: Pawnee Co KS N= 243							
ID	Zip	Overall	Movement	c1	c2	c3	Covid-19 has impacted our communities. Do you have any worries and/or concerns regarding COVID-19 in relation to Community Health?
1125	67550	Average	Decreasing - slipping downward	DOH	LDRS		I do not think Cheryl Hobrecht operates fairly and the County Health Board needs to find a replacement.
1171	67550	Very Good	Not really changing much	DOH	COMM	LDRS	The lack of information coming from our health department has been concerning. They have not communicated well with emergency services which has put first responders at risk.
1159	67550	Good	Increasing - moving up	NURSE	DOH		Need more than one public health nurse.
1104	67574	Good	Not really changing much	OTHR	BH		Nursing homes and senior places need a plexiglass for visiting family and friends, kind of like prisons have where you can see the other person and talk to them, but not necessarily get germs from them. Mental health is strained because of no contact.
1224	67550	Good	Not really changing much	STFF	QUAL	COVD	I feel our Community Health Nurse is doing a great job. The commissioners, however, do not follow the science. They did not seem to take things as serious as I feel they should have. They are lifting mask mandates and do not set a good example.
1074		Poor	Not really changing much	STFF	QUAL		NO treatment for covid patients, tests not accurate, need staff knowledgeable of treating covid
1082	67550	Good	Increasing - moving up	VACC	ACC		Need to get shots. Need a drive through. So hard for people to get treated when you have to lug oxy. around.
1187	67550	Good	Increasing - moving up	VACC	EDU		I am interested in more information concerning the vaccine I don't feel there has been enough to make a good decision about taking the vaccine.
1069	67529	Average	Increasing - moving up	VACC			Worried that the shots are not safe
1016	67550	Very Good	Increasing - moving up	VACC			We are all worried about the virus. Waiting for the vaccine and concerned about reactions to the vaccine.
1026	68519	Average	Not really changing much	VACC	EDU		Long term affects of the vaccine
1192	67550	Poor	Not really changing much	VACC	EDU	COMM	misinformation about the vaccine, poor response from the community on prevention

CHNA 2021 Community Feedback: Pawnee Co KS N= 243							
ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1042	67550	Very Good	Increasing - moving up	ALL	QUAL		The prevalence of outdated, judgemental, ignorant BS that passes for care because Larned is stuck socially, mentally, economically, and financially. Evolution needs to happen NOW.
1059	67550	Good	Increasing - moving up	DENT			Denatal care is always an issue
1223	67550	Good	Not really changing much	DENT	ACC		Dental care for indigent
1074		Poor	Not really changing much	DOCS	ACC	SERV	NO DOCTORS
1008	67574	Good	Increasing - moving up	DRUG			Drug/alcohol abuse
1186	67550	Very Good	Increasing - moving up	H20	AIR	CANC	Lots of Chemicals being sprayed around us, lots of cancer
1136	67550	Average	Not really changing much	H20	AIR		Feedlot pollution
1222		Good	Not really changing much	H20	QUAL		Nitrates in water and cattle dung dust in air
1119	67550	Good	Not really changing much	INSU			People cannot afford to go to the doctor.
1027	67550	Good	Decreasing - slipping downward	MAN	LDRS		In Larned's case, poor management of the hospital, current and one previous administrator.
1163	67550	Good	Not really changing much	POV			poverty

CHNA 2021 Community Feedback: Pawnee Co KS N= 243

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1121	67550	Good	Increasing - moving up	ACC	BH		Local access to emergency mental health crisis care
1193	67550	Poor	Decreasing - slipping downward	AGE	BH		Mental health needs addressed and the lack of care for the elderly is a concern
1202	67550	Very Good	Increasing - moving up	AIR	H20		Air and water quality
1165	67550	Average	Increasing - moving up	ALL	FIT	BH	More general health/fitness programs would be a start. There also need to be better resources for mental health.
1074		Poor	Not really changing much	ALL			need a complete overhaul
1182	67550	Poor	Decreasing - slipping downward	BH	ACC	SERV	Mental health programs. There are not good solutions out there for people seeking counseling for depression and grief. It often takes several weeks to get an appointment and options are very limited.
1157	67550	Good	Increasing - moving up	BH	DRUG		Mental health services along with Substance abuse rehabilitation services.
1236	67550	Average	Increasing - moving up	BH	PREV	DRUG	Mental health to include Eye-Movement Desensitization and Reprocessing, an Evidence-Based Treatment for PTSD. Health and wellness. Drug addiction programs. We need a better outdoor wellness/ Fitness , as in upgrades. Programs.
1078	67550	Good	Increasing - moving up	BH			Depression is a big one that needs to be addressed.
1174	67550	Good	Increasing - moving up	BH			More mental health connections and services in Larned
1003	67530	Average	Not really changing much	BH	DRUG		Mental health and drug/alcohol treatment
1012	67550	Average	Not really changing much	BH	DRUG		We need more drug use help and mental health
1192	67550	Poor	Not really changing much	BH	DRUG		mental health, and substance abuse
1224	67550	Good	Not really changing much	BH	OP		outpatient mental health
1209	67550	Very Good	Not really changing much	BH	SERV		More mental health services
1014		Good	Not really changing much	BH	SUIC		Better mental health, and better suicide prevention services.
1051	67550	Average	Not really changing much	BH			Need more mental health education, counseling, and providers
1070	67550	Good	Not really changing much	BH			Mental health community providers
1100	67550	Good	Not really changing much	BH			mental health
1195	67550	Very Good	Increasing - moving up	BILL			The billing department with KU is awful. You need to fix this! Ridiculous!
1029	67550	Good	Decreasing - slipping downward	CLIN			Walk in clinics.
1215	67550	Good	Increasing - moving up	CLIN	HRS	SPEC	maybe a few more open clinic hours or specialty clinics
1198	67550	Very Good	Increasing - moving up	CLIN	HRS	CANC	Weekend clinic hours so we don't have to spend half a years paycheck to go to the ER or drive to GB to their urgent care, Dialysis and chemo/radiation in Larned
1016	67550	Very Good	Increasing - moving up	CLIN			I continue to hear of people from Larned going to Walk-In services in Great Bend. Could this be improved here in Larned.
1230	67550	Good	Not really changing much	DOH	ACC	REC	Committee for "Fresh air"!!
1005	67550	Good	Not really changing much	DOH	FINA		Maybe public health clinics at a reduced or no fee rate. Similar to the dental clinics that occur a few times a year in the area.
1142	67550	Average	Decreasing - slipping downward	DRUG	BH		Drug and Alcohol counseling.
1143	67574	Average	Decreasing - slipping downward	DRUG	BH		Mental health, substance abuse support
1013		Good	Increasing - moving up	DRUG	BH		many problems with drug, alcohol , and opioid abuse, along with mental health concerns
1168	67550	Very Good	Increasing - moving up	DRUG	BH		Better mental health services. Better drug/alcohol services.
1135	67550	Very Good	Increasing - moving up	DRUG	INSU	DENT	Alcohol and Substance Abuse Services. More services for adults without insurance including dental care as well as prescription assistance.
1028		Good	Increasing - moving up	DRUG			Drug & Alcohol
1170	67550	Good	Increasing - moving up	DRUG			Help for drug addiction
1206	67550	Good	Not really changing much	DRUG	SPPT		Local drug and alcohol counseling is definitely lacking in Pawnee County.
1015	67550	Good	Not really changing much	DRUG	SUIC		Drug, opioid, suicide help
1228	67530	Good	Not really changing much	DRUG	SUIC	PREV	Something more geared towards young adult for drug/alcohol prevention, as well as for suicide prevention to be less intimidating or more welcomed.
1222		Good	Not really changing much	ECON	DOH		Enforcement of environmental codes on surrounding feed lots.
1073	67550	Very Good	Increasing - moving up	EDU	WIC		More educational programs for women.
1090	67550	Very Good	Increasing - moving up	EDU			Not aware of all health programs currently available.
1223	67550	Good	Not really changing much	EDU	COMM		More education
1150	67550	Average	Decreasing - slipping downward	EMER	STFF	QUAL	Make sure the hospital ER is performing to the standards that we expect.
1122	67550	Poor	Decreasing - slipping downward	EMER			New ER
1216	67530	Good	Increasing - moving up	FEM	SERV		Women's Health
1163	67550	Good	Not really changing much	FINA	INSU		I don't know if we might need "new" programs. My question is "do we have adequate funding of existing programs?" Expansion of Medicaid would be a good start.
1098	67530	Average	Decreasing - slipping downward	FIT	NUTR		fitness programs education on nutrition hands on learning of how to prepare healthy meals

CHNA 2021 Community Feedback: Pawnee Co KS N= 243

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1123	67550	Average	Decreasing - slipping downward	FIT			Fitness programs
1204	67550	Average	Not really changing much	FIT			Better gyms for families
1007	67550	Good	Not really changing much	FIT			Exercise availability
1112	67550	Good	Not really changing much	FIT			Yoga and exercise sessions.
1027	67550	Good	Decreasing - slipping downward	HOSP	MAN	LDRS	
1059	67550	Good	Increasing - moving up	INSU			Assistance with navigating the Insurance marketplace
1119	67550	Good	Not really changing much	INSU	FINA	BH	Low cost mental health services, counselors, psychologists.
1124	67550	Good	Increasing - moving up	KID	BH	PREV	After school program/summer program to assist with children who go home alone or need more help with mental health, education in self-regulation, emotional well-being, and self-care, etc.
1130	67550	Good	Increasing - moving up	KID	WELL		? What programs do other counties similar to us have that we don't? Schools used to have a DARE program
1134	67529	Average	Not really changing much	KID	FINA		We desperately need childcare providers who take DCF payments/are DCF approved. We also desperately need those daycare providers (and even non-DCF daycare providers) to work second and third shift hours. There are many single moms, working families, who cannot find childcare. I am not personally affected, thankfully, but I know many who are.
1023	67550	Average	Not really changing much	KID	WELL	EDU	kid programs, wellness and and education programs
1042	67550	Very Good	Increasing - moving up	MRKT	EDU	COVD	Right now we need an aggressive campaign to thoroughly inform and educate citizens about COVID in a way that creates mass behavioral change. Post immediate threat of COVID: APPOINT A COMMITTEE COMPRISED OF KAI, WETZEL, AND OGWIN. THEN APPLY THEIR FINDINGS.
1069	67529	Average	Increasing - moving up	NUTR			Weight loss
1242	67550	Average	Not really changing much	NUTR	ACC		Healthy eating
1089	67550	Average	Not really changing much	NUTR	BH	AGE	Access to Food programs, mental health and elder care.
1177	67550	Average	Not really changing much	OBG	WIC		womens health and wellness programs
1087	67550	Good	Not really changing much	ONC			oncology services
1139	67550	Good	Not really changing much	PHAR	HRS	CLIN	Pharmacy open on Saturday/During the same time of the Walk-In Clinic Hours.

Let Your Voice Be Heard!

In 2015 and 2018, The University of Kansas Health System, Pawnee Campus, surveyed the community to assess health needs. Today, Pawnee requests your input in order to create a 2021 Pawnee County (Larned, KS) Community Health Needs Assessment (CHNA). To gather current feedback, a short online survey has been created to evaluate current community health needs.

While your participation is voluntary and confidential; all community input is valued. Thank you for your attention! Deadline to participate is Friday, March 5th, 2021.

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

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

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

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

Why? (please specify)

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

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

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

- | | |
|--|---|
| <input type="checkbox"/> Air Quality | <input type="checkbox"/> Nutrition - Healthy Food Options |
| <input type="checkbox"/> Awareness/Education of Health Care Services | <input type="checkbox"/> Oncology Treatment |
| <input type="checkbox"/> Drug/Alcohol Abuse | <input type="checkbox"/> Opioids |
| <input type="checkbox"/> Exercise/Fitness Services | <input type="checkbox"/> Pediatric Care |
| <input type="checkbox"/> Home Health/Hospice | <input type="checkbox"/> Poverty/Employment |
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Nursing Home/Senior Care | <input type="checkbox"/> Women's Health |

6. Which past CHNA need is NOW the "most pressing" for improvement? Please select top three.

- | | |
|--|---|
| <input type="checkbox"/> Air Quality | <input type="checkbox"/> Nutrition - Healthy Food Options |
| <input type="checkbox"/> Awareness/Education of Health Care Services | <input type="checkbox"/> Oncology Treatment |
| <input type="checkbox"/> Drug/Alcohol Abuse | <input type="checkbox"/> Opioids |
| <input type="checkbox"/> Exercise/Fitness Services | <input type="checkbox"/> Pediatric Care |
| <input type="checkbox"/> Home Health/Hospice | <input type="checkbox"/> Poverty/Employment |
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Nursing Home/Senior Care | <input type="checkbox"/> Women's Health |

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

☐ Chronic Disease prevention

☐ Limited Access to Primary Care

☐ Lack of Health & Wellness

☐ Family Assistance Programs

☐ Lack of Nutrition / Exercise

☐ Lack of health insurance

☐ Limited Access to Specialty Care

☐ Neglect

☐ Limited Access to Mental Health

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 / Palliative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telehealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. How would our community area residents rate each of the following health services? 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 Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home/Senior Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk- In Clinic Access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

- ☐ Yes
- ☐ No
- ☐ If YES, please share your thoughts. Be specific

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

- ☐ Yes ☐ I don't know
- ☐ No

If YES, please specify the healthcare services received.

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

- ☐ Yes ☐ No

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

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

15. Are there any other health needs (listed below) that need to be discussed further at our upcoming CHNA Town Hall meeting? (Please select all that apply.)

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

Other (please specify)

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

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

Other (please specify)

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



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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