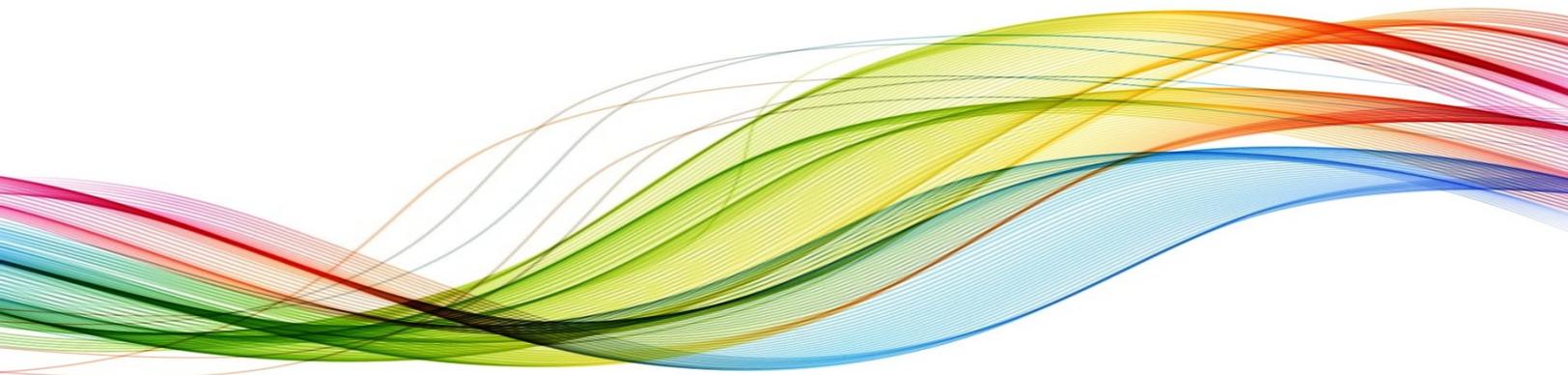




Community Health Needs Assessment Kiowa County Memorial Hospital Kiowa County (KS)



June 2018

**VVV Consultants LLC
Olathe, KS**

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I.Executive Summary

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

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders and providers, along with the local residents, to research and prioritize county health needs and document community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years.

Kiowa County Medical Center - Kiowa County, KS last CHNA was published in May of 2015. . (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). This Wave #3 CHNA assessment was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

Important CHNA Benefits for both the local hospital and the health department, as well as for the community, are as follows: 1) Increases knowledge of community health needs and resources 2) Creates common understanding of the priorities of the community’s health needs 3) Enhances relationships and mutual understanding between and among stakeholders 4) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community 5) Provides rationale for current and potential funders to support efforts to improve the health of the community 6) Creates opportunities for collaboration in delivery of services to the community and 7) Provides guidance to the hospital and local health department for how they can align their services and community benefit programs to best meet needs, and 8) fulfills Hospital “Mission” to deliver quality health care.

Year 2018 Kiowa County “Community Health Improvements Needs”

Kiowa County Memorial Hospital				
Wave #3 CHNA - 2018 Town Hall Priorities (84 Attendees, 339 Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Drug/ Substance Abuse	53	15.6%	15.6%
2	Nursing Home	49	14.5%	30.1%
3	Obesity	31	9.1%	39.2%
4	Child Care	25	7.4%	46.6%
5	Cost of Insurance	23	6.8%	53.4%
6	Mental Health	21	6.2%	59.6%
7	Alcohol	20	5.9%	65.5%
8	Home Health/ Hospice Care	19	5.6%	71.1%
9	Poverty	19	5.6%	76.7%
Total Votes:		339	100.0%	
Other Items Noted: Specialty Medical Care Clinics, Suicide, Water Quality, Awareness of HC Services/Wellness/ Prevention, Family Planning, HC Transportation, Health Education, Chiropractor, Domestic Violence, Pharmacy Services, Affordable Housing, Asthma, Oncology, and Diabetes.				

Kiowa County CHNA Town Hall “Community Health Strength” cited are as follows:

Kiowa County Memorial Hospital - Community Health "Strengths"			
#	Topic	#	Topic
1	Broad Scope of Services	6	Access to quality mid-levels
2	Access to Services	7	Quality hospital facilities
3	Communication amongst area health providers	8	Compassionate Care
4	24/7 qualified area provider available	9	Good relations with visiting specialists
5	Lab Services		

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

KS HEALTH RANKINGS: According to the 2018 RWJ County Health Rankings Study, Kiowa County received their best rank in Clinical Care. They ranked 12 out of 105 Kansas Counties.

TAB 1. Kiowa has a population of 2,483 with a population of 3.5 per square mile. 5.9% of the population are under the age of 5 and 20.4% are over the age of 65. 50.5% of the population is female. Black or African Americans account for 1.2% of the population and Hispanic or Latinos make up 6.1%. 7.5% speak a language other than English at home. Children living in a single parent household has decreased to 18%.

TAB 2. The per capita income in Kiowa is \$24,116, with 12.6% of the population in poverty. There are 1,226 total housing units and Kiowa has a severe housing problem of 10%. Kiowa has 346 firms and an unemployment rate of 3%. Food insecurity has risen to 15%, however, low income and low access to a store has decreased to 9.4%.

TAB 3. 51% of students are eligible for free or reduced-price lunch. The high school graduation rate has increased to 93.1% with 21.4% continuing to get a bachelor’s degree of higher.

TAB 4. 73 percent of infants up to 24 months receiving full immunizations has increased to 75.3%. Births with low birth weight has increased to 8.1%, as well as births where mothers smoked during the pregnancy, which increased to 8.7%. 6.3% of births in Kiowa are to teenagers and 25% are to unmarried women.

TAB 5. There is one Primary Care Physician to 2,510 people. 76% of patients rated their hospital a 9 or 10 out of 10 and 75% would recommend the hospital.

TAB 6. Depression in Kiowa has grown to 15.7%. The age-adjusted suicide mortality rate is 0.

TAB 7. 33% of adults in Kiowa are Obese and 26% are physically inactive. 17% of adults smoke and 15% drink excessively. Hypertension increased slightly to 48.1%. Atrial Fibrillation has increased to 8% as well as cancer increased to 8.8%. Asthma increased to 6.5%.

TAB 8. The adult uninsured rate for Kiowa County is 13%.

TAB 9. The life expectancy rate is 76.8 for Males and 82.0 for Females. The age-adjusted Cancer mortality rate increased to 150.5, whereas the age-adjusted Heart Disease mortality rate decreased to 119.1. Kiowa has an Alcohol-Impaired driving death rate of 57%.

TAB 10. Only 8% of Kiowa has access to exercise opportunities. 91% monitor their diabetes and 83% of women get mammography screenings regularly.

Key 2018 Community Feedback Conclusions: Stakeholder feedback from residents, community leaders and providers (N=132) provided the following community insights via an online perception survey:

- 67% of Kiowa County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good, with Good being the highest ranking.
- Kiowa County stakeholders are satisfied with the following services: Ambulance Services, Child Care, Inpatient Services, Pharmacy, and Public Health.
- Kiowa County stakeholders view a Lack of Awareness of existing local programs, providers, and services as the largest root cause for poor health, followed by Elder Assistance programs.
- When considering past CHNA needs, Nursing Home- Dementia Care; Home Health/ Hospice Services; and Drug/ Substance Abuse continue as an ongoing problem and pressing.

CHNA Wave #3		Ongoing Problem		Pressing	
Past CHNAs health needs identified		Kiowa N=132		Trend	Kiowa
Rank	Topic	Votes	%		RANK
1	Nursing Home - Dementia care	76	21.3%		1
2	Home Health / Hospice services	53	14.8%		2
3	Drug / Substance Abuse	39	10.9%		4
4	Child Care	36	10.1%		3
5	Alcohol Abuse	34	9.5%		10
6	Specialists Available	33	9.2%		7
7	Wellness / Prevention	26	7.3%		5
8	Awareness of existing HC services	21	5.9%		9
9	HC Transportation	21	5.9%		8
10	Access to Mental Health care	13	3.6%		6
11	Clinic Hours	5	1.4%		11
TOTALS		357	100.0%		

II. Methodology

[VVV Consultants LLC]

II. Methodology

a) CHNA Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

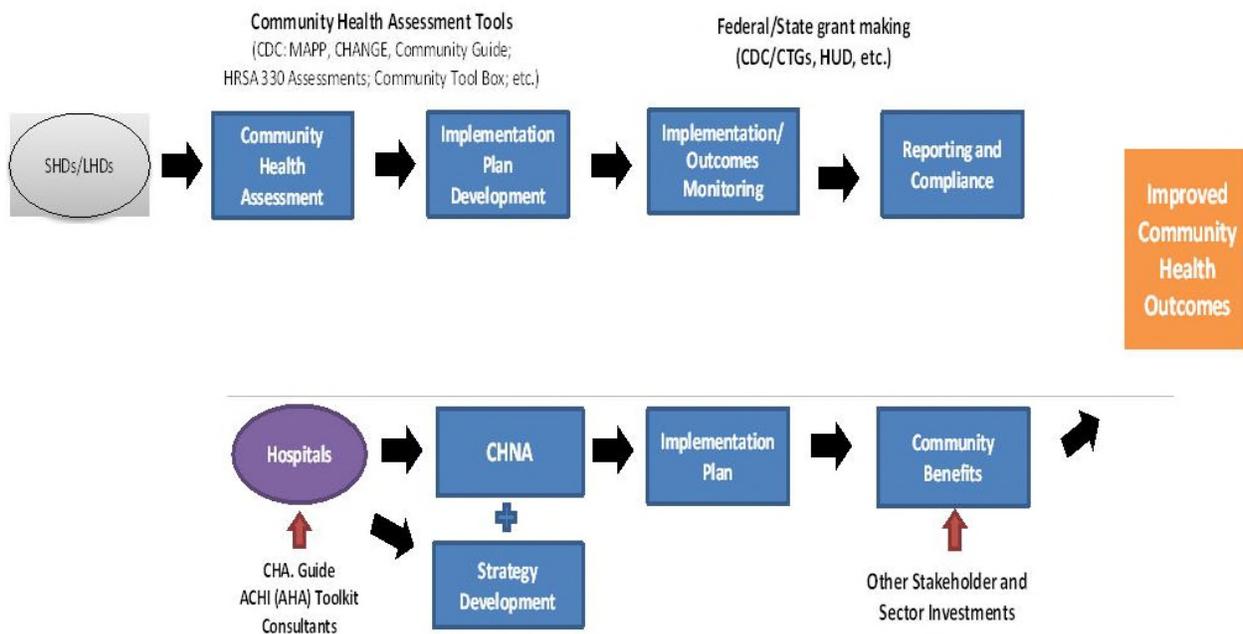
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Notice 2011-52 Overview

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three taxable years. ***The CHNA must take into account input from persons representing the community served by the hospital facility and must be made widely available to the public. The CHNA requirements are effective for taxable years beginning after March 23, 2012.*** As a result, a hospital organization with a June 30 fiscal year end must conduct an initial CHNA for each of its hospital facilities by June 30, 2013, either during the fiscal year ending June 30, 2013 or during either of the two previous fiscal years.

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

IRS and Treasury Finalize Patient Protection Rules for Tax-Exempt Hospitals

ACCOUNTING TODAY 1/2/15

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

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

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

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

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

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

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

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

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

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

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

RICH DALY, HFMA SENIOR WRITER/EDITOR

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

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

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

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

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

Reasons for Revocation

Hospital 501(r) requirements include:

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

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

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

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

Widespread Vulnerability

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

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

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

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

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

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

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

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

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

Public Health Criteria:

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

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

DOMAIN 1 INCLUDES FOUR STANDARDS:

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

Seven Steps of Public Health Department Accreditation (PHAB):

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

II. Methodology

b) Collaborating CHNA Parties

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

Kiowa County Memorial Hospital Profile

721 W. Kansas, Greensburg, KS 67054
Administrator: Mary Sweet

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

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

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

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

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

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

Kiowa County Health Department Profile

211 E. Florida, Greensburg, KS 67054

Health Director: Mitzi Hesser, RN

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

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

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

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

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications



VVV Consultants LLC

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

Vince Vandehaar MBA, Principal Consultant & Adjunct 913-302-7264

VVV@VandehaarMarketing.com

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

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

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

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

Collaborating Support:

Heather Marine, BA CNA - VVV Consultants LLC

Collaborative Analyst

II. Methodology

c) CHNA and Town Hall Research Process

Wave #3 Community Health Needs Assessment (CHNA) process began in January 2018 for Kiowa County Memorial Hospital to meet IRS CHNA requirements.

In early December of 2017 a meeting was called (hosted) by Kiowa County Memorial Hospital to review possible CHNA collaborative options. Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps. Outcomes from discussion lead to KCMH Administration requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

- Document Hospital Primary Service Area - meets the 80-20 Patient Origin Rule.
- Uncover / document basic secondary research county health data, organized by 10 tabs.
- Conduct / report CHNA Community Check-in Feedback Findings (primary research).
- Conduct a Town Hall meeting to discuss with community secondary & primary data findings leading to determining (prioritizing) county health needs.
- Prepare & publish CHNA report which meets ACA requirements.

To ensure proper PSA Town Hall representation (that meets the 80-20 Patient Origin Rule), a patient origin three-year summary was generated documenting patient draw by zips as seen below:

Source: Hospital Internal Records

Hospital : Kiowa County Memorial Hospital						
#	ZIP	City	State	3YR Total	%	Accum
1	67054	GREENSBURG	KS	10,977	40.24%	40.24%
2	67059	HAVILAND	KS	5,290	19.39%	59.63%
3	67109	MULLINVILLE	KS	2,529	9.27%	68.90%
4	67124	PRATT	KS	2,302	8.44%	77.34%
5	67834	BUCKLIN	KS	815	2.99%	80.33%

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

To meet IRS aligned CHNA requirements and meet Public Health accreditation criteria stated earlier, a four-phase methodology was followed:

Phase I—Discovery:

Conduct a 30-minute conference call with the CHNA county health department and hospital clients. Review / confirm CHNA calendar of events, explain / coach clients to complete required participant database and schedule / organize all Phase II activities.

Phase II—Qualify Community Need:

A) Conduct secondary research to uncover the following historical community health status for the primary service area. Use Kansas Hospital Association (KHA), Vital Statistics, Robert Wood Johnson County Health Rankings, etc. to document current state of county health organized as follows:

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

B) Gather primary research (stakeholder feedback) to uncover public health needs, practices and perceptions for primary service areas.

Phase III—Quantify Community Need:

Conduct a 90-minute Town Hall meeting with required community primary service area residents. At each Town Hall meeting, CHNA secondary data will be reviewed, facilitated group discussion will occur and a group ranking activity to determine the most important community health needs was administered.

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

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

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

Phase I: Discovery.....	Jan 2018
Phase II: Secondary / Primary Research.....	Jan-Feb 2018
Phase III: Town Hall Meeting.....	March 19, 2018
Phase IV: Prepare / Release CHNA report.....	May-June 2018

Detail CHNA Development Steps Include:

Development Steps to Create Comprehensive Community Health Needs Assessment	
Step # 1 Commitment	<i>Determine interest level of area healthcare leaders (Hospital, Health Dept., Mental Health Centers, Schools, Churches, Physicians etc.), prepare project quote.</i>
Step # 2 Planning	<i>Prepare brief CHNA Project Work Calendar - list goals, objectives, purpose, outcome, roles, community involvement, etc. Hold Community Kick-off meeting.</i>
Step # 3 Secondary Research	<i>Collect & Report Community Health Published Facts. Gather data health practice data from published secondary research sources i.e. census, county health records, behavioral risk factors surveillance, etc.</i>
Step # 4a Primary Research - Town Hall prep	<i>Collect Community Opinions. (Quantitative Research). Gather Stakeholders / Community opinions regarding community health needs and healthcare practices.</i>
Step # 4b Primary Research - Conduct Town Hall	<i>Conduct "Conversation with Community" Town Hall (Qualitative Research). Review Secondary & Primary Data findings. Facilitate community conversation to build consensus; discuss opinions / identify health needs.</i>
Steps # 5 Reporting	<i>Prepare/Present comprehensive CHNA report (to community leaders), facilitate development of CHNA Implementation Plan (Actions to improve health). < Note: Formal report will follow IRS Notice 2011-52 regs & PHAB requirements. ></i>
VVV Consultants, LLC Olathe, KS 913 302-7264	

Kiowa Co Memorial Hospital - CHNA Work Plan

Wave #3 Project Timeline & Roles 2018

Step	Date	Lead	Task
1	12/12/2017	VVV	Presented Wave #3 options to NW KS Network Alliance CEO's
2	1/24/2018	Hosp	Selected CHNA Option C. Approved / signed VVV CHNA quote.
3	1/29/2018	Both	Conduct CHNA Kickoff Conference Call (Hospital / DOH leaders).
4	1/29/2018	VVV	Send out REQCommInvite Excel file. Hospital client to fill in PSA key stakeholder names, addresses and e-mail addresses.
5	1/29/2018	VVV	Request hospital client to complete zip counts (three year historical PSA IP / OP / ED / Clinic). Use ZipPSA_3yrPOrigin.xls Patient Origin file.
6	1/29/2018	VVV	Request hospital client to send KHA Patient Origin reports for CCH to document service area for FFY 14, 15, 16 (KHA key).
7	On or before 2/1/18	VVV	Prepare CHNA stakeholder feedback paper survey. Send text link for hospital client to review. Prepare draft e-mail push to selected Key stakeholders.
8	On or before 2/1/18	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming CHNA work / online survey for hospital client to place. Request public to participate.
9	Jan / Feb 2018	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
10	2/5/2018	VVV	Launch online survey to stakeholders. Hospital will mail survey (with paychecks) to Staff.
11	On or before 2/13/18	All	Conduct Town Hall practice conference call with hospital client to review Town Hall data and flow. Time TBD
12	Monday 3/19/2018	VVV	Conduct CHNA Town Hall from 5:30-7pm at XXX. Review and discuss basic health data and rank health needs.
13	On or before 5/15/18	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital client.
14	On or before 5/30/18	VVV	Produce and release final CHNA report. Hospital client will post CHNA online.
15	On or before 6/1/18	TBD	Conduct hospital client Implementation Plan meeting with PSA leadership.
16	30 days prior to end of hospital fiscal year	Hosp	Hold board meetings to discuss CHNA needs, create and adopt an Implementation Plan. Communicate CHNA plan to community.

Overview of Town Hall Community Priority Setting Process

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

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

Kiowa County Memorial Hospital (Kiowa Co KS) was held on Monday, March 19th, 2018 at the Community Center in Greensburg, KS. Vince Vandehaar and Heather Marine facilitated this 1 ½ hour session with eighty-four (84) 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 (using 4 dots to cast votes on priority issues). Tally & rank top community health concerns cited.
6. Close meeting by reflecting on the health needs / community voting results. Inform participants on “next steps.”

At the end of each Town Hall session, VVV encouraged all community members to continue to contribute ideas to both hospital / health department leaders via e-mail or personal conversations.

(NOTE: To review detail Town Hall discussion content, please turn to Section V for detailed notes of session and activity card content reporting strengths & items to change or improve.)

**Community Health Needs Assessment
Town Hall Meeting
Kiowa County Memorial Hospital
Primary Service Area**



Vince Vandelaar, MBA
VVV Consultants LLC
Principal / Adjunct Professor

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

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

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

I. Introduction:

Background and Experience



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

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

Adjunct Professor - Marketing / Health Admin, 25+ years

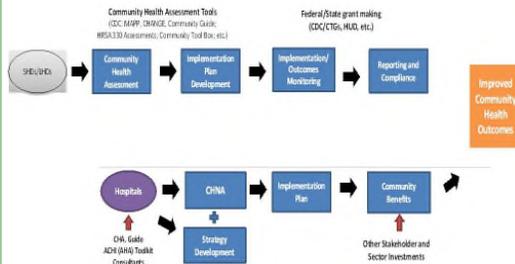
- > Webster University
- > Rockhurst University
- > Avila University

Heather Marine BA CNA- Collaborative Analyst

II. Review CHNA Definition

- A Community Health Needs Assessment (CHNA) is a systematic collection, assembly, analysis, and dissemination of information about the health of the community. *(NOTE: Some the data has already been collected / published by Local, State and Federal public health organizations. Some data will be collected today.)*
- A CHNA's role is to identify factors that affect the health of a population and determine the availability of resources to adequately address those factors.

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



Town Hall Participation (You)

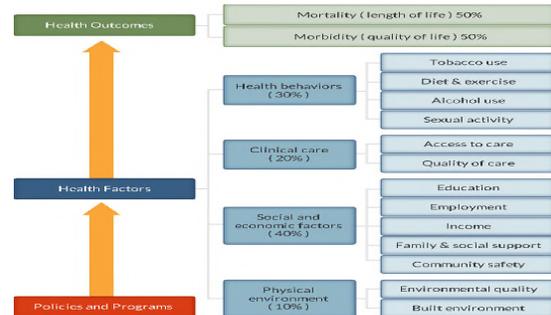
- ALL attendees welcome to share
 - Parking Lot
- There are no right or wrong answers
- Only one person speaks at a time
- Please give truthful responses
- Have a little fun along the way

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

Trends: Good Same Poor

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

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



IV. Collect Community Health Perspectives
Ask your opinion. Your thoughts?

Today: 1) What are the *strengths* of our community that contribute to health? (Color card)

2) Are there healthcare services in your community / neighborhood that you feel *need to be improved and / or changed*? (White card)

Future: What is occurring or might occur that would affect the "health of our community?"

Our HC Needs – Pick 4

- a. Aging Services
- b. Chronic Pain Management
- c. Dental Care/Oral Health
- d. Developmental Disabilities
- e. Domestic Violence,
- f. Early Detection & Screening
- g. Environmental Health
- h. Exercise
- i. Family Planning
- l. Food Safety
- j. Health Care Coverage
- k. Health Education
- L. Home Health
- m. Hospice
- n. Hospital Services
- o. Maternal, Infant & Child Health
- p. Nutrition
- r. Pharmacy Services
- s. Primary Health Care
- t. Public Health
- u. School Health
- v. Social Services
- w. Specialty Medical Care Clinics
- x. Substance Abuse
- y. Transportation
- z. Other _____

Community Health Needs Assessment

**Questions;
Next
Steps?**

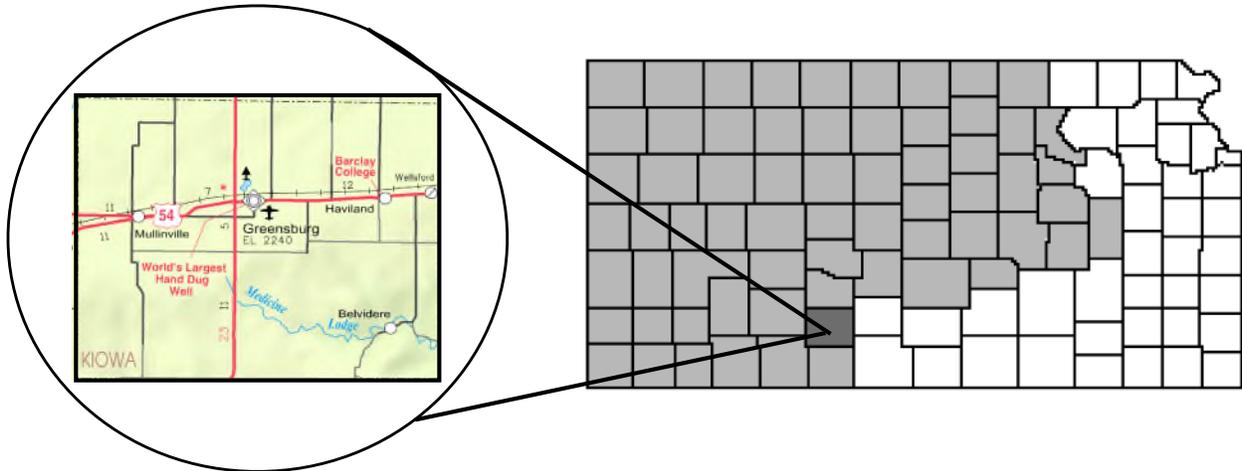


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II. Methodology

d) Community Profile (A Description of Community Served)

Kiowa County Community Profile



Demographics

The population of Kiowa County was estimated to be 2,623 citizens in 2014, and had a 0.64% change in population from 2010–2014. The county covers 722.6 square miles and this area includes Lost Lake, Cradle Park, Kiowa County State Park and Washington Park¹. The county has an overall population density of 4 persons per square mile. The county is located in South Central Kansas and education, health and social services, agriculture, forestry, fishing, hunting and mining are the most common industries in its economy². The county was founded in 1886 and the county seat is Greensburg³.

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

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

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

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

Kiowa County, KS Airports⁴

Name	USGS Topo Map
Gail Ballard Airport	Haviland

Schools in Kiowa County⁵

Name	Level
21 st Century Learning Academy Charter Elem	Primary
21 st Century Learning Academy Charter High	High
Kiowa Co Elem	Elem
Kiowa Co Middle	Middle
Kiowa Co High	High
Haviland	Elem
Haviland	High
Valley View Christian School	K-8

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

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

Kiowa County Detail Demographic Profile

Population									
Zip	Name	County	YR 2014	YR 2019	Chg.	Households		HH	Per Capita
						YR 2014	YR 2019	Avg. Size	Income 14
67054	Greensburg	KIOWA	1,206	1,267	5.1%	526	551	2.3	\$25,422
67059	Haviland	KIOWA	1,133	1,121	-1.1%	413	407	2.4	\$22,863
67109	Mullinville	KIOWA	382	383	0.3%	151	151	2.5	\$25,114
Totals			2,721	2,771	4.3%	1,090	1,109	2.4	\$24,466
Population									
Zip	Name	County	YR 2014	Pop. 65+	Kids <18	Gen. Y	YR 2014		Females
							Males	Females	Age 20-35
67054	Greensburg	KIOWA	526	253	277	321	45	620	96
67059	Haviland	KIOWA	413	198	295	351	39	575	110
67109	Mullinville	KIOWA	151	74	90	108	43	186	27
Totals			1,090	525	662	780	127	1,381	233
Population									
Zip	Name	County	White	Black	Amer. Ind.	Hisp.	Aver	HH	
							HH Inc. 14	YR 2014	HH \$50K+
67054	Greensburg	KIOWA	1,134	7	12	54	\$39,249	551	195
67059	Haviland	KIOWA	1,062	15	16	71	\$37,433	407	140
67109	Mullinville	KIOWA	356	3	1	20	\$42,673	151	58
Totals			2,552	25	29	145	\$39,785	1,109	393

Source: ERSA Demographics

III. Community Health Status

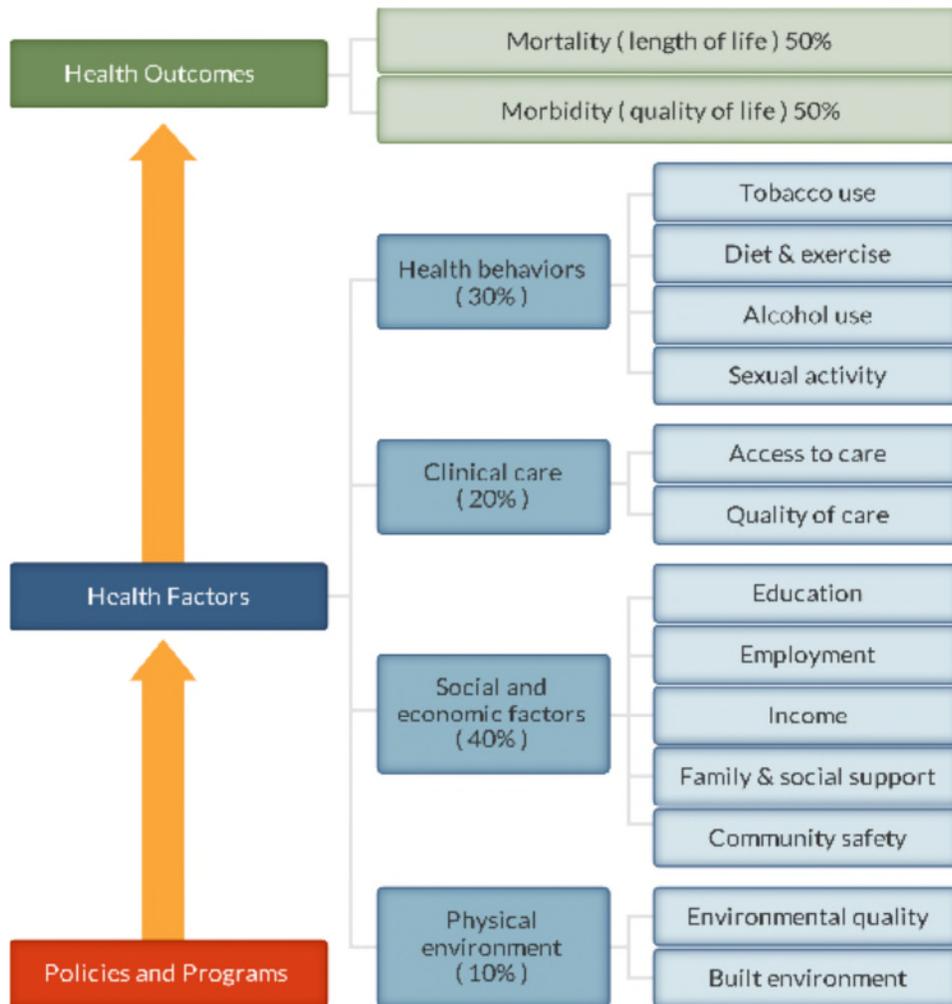
[VVV Consultants LLC]

III. Community Health Status

a) Historical Health Statistics

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2018 RMJ County Health Rankings and conversations from Town Hall participates. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators. <Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*. As seen below, RWJ’s model use a number of health factors to rank each county.>



County Health Rankings model ©2012 UWPHI

National Research - State Health Rankings:

#	KS Rankings - 103 Counties	Definitions	Kiowa Co KS 2018	TREND	Kiowa Co KS 2015	NORMS N=15
1	Health Outcomes		39		45	51
2	Mortality	Length of Life	50		52	49
3	Morbidity	Quality of Life	24		36	49
4	Health Factors		36		33	36
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	64		43	41
6	Clinical Care	Access to care / Quality of Care	12		31	50
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	38		33	37
8	Physical Environment	Environmental quality	62		59	34

<http://www.countyhealthrankings.org>, released 2018

Kansas Rural Norm (N=15) includes the following counties: Cheyenne, Barton, Edwards, Ellis, Gove, Kiowa, Norton, Osborne, Pawnee, Phillips, Russell, Sheridan, Smith, and Thomas.

PSA Secondary Research:

When studying community health, it's important to document health data by topical areas for primary service area (PSA). Below is a summary of key findings organized by subject area.

Tab 1 Demographic Profile

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

Tab	Health Indicator	Kiowa 2018	Kiowa 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
1a	a Population estimates, July 1, 2016, (V2016)	2,483	2,532		2,907,289	7,762	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2016, (V2016)	-2.7%	-1.2%		1.9%	-2.7%	People Quick Facts
	c Population per square mile, 2012	3.5	3.5		34.9	8.9	Geography Quick Facts
	d Persons under 5 years, percent, July 1, 2016, (V2016)	5.9%	6.2%		6.7%	5.8%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2016, (V2016)	20.4%	19.3%		15.0%	21.4%	People Quick Facts
	f Female persons, percent, July 1, 2016, (V2016)	50.5%	50.4%		50.2%	49.2%	People Quick Facts
	g White alone, percent, July 1, 2016, (V2016)	94.8%	95.9%		86.6%	95.6%	People Quick Facts
	h Black or African American alone, percent, July 1, 2016, (V2016)	1.2%	0.8%		6.2%	1.3%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2016, (V2016)	6.1%	5.4%		11.6%	6.5%	People Quick Facts
	j Foreign born persons, percent, 2011-2015	4.4%	2.6%		6.9%	3.0%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2011-2015	7.5%	4.6%		11.3%	5.7%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	86.7%	82.4%		83.5%	86.9%	People Quick Facts
	m Children in single-parent households, percent, 2011-2015	18.0%	22.0%		29.0%	25.1%	County Health Rankings
	n Total Veterans, 2011-2015	164	213		198,396	567	People Quick Facts

Tab 2 Economic Profile

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

Tab	Health Indicator	Kiowa 2018	Kiowa 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
2	a Per capita income in past 12 months (in 2015 dollars), 2011-2015	\$24,116	\$23,136		\$27,706	\$25,839	People Quick Facts
	b Persons in poverty, percent	12.6%	12.3%		12.1%	12.2%	People Quick Facts
	c Total Housing units, July 1, 2016, (V2016)	1,226	1,225		1,259,864	3,818	People Quick Facts
	d Total Persons per household, 2011-2015	2.2	2.2		2.5	2.2	People Quick Facts
	e Severe housing problems, percent, 2009-2013	10.0%	6.0%		14.0%	9.4%	County Health Rankings
	f Total of All firms, 2012	346	327		239,118	972	Business Quick Facts
	g Unemployment, percent, 2015	3.0%	2.6%		4.2%	3.2%	County Health Rankings
	h Food insecurity, percent, 2014	15.0%	13%		14.0%	12.8%	County Health Rankings
	i Limited access to healthy foods, percent, 2010	42.0%	42.0%		8.0%	16.9%	County Health Rankings
	j Low income and low access to store, percent, 2015	9.4%	41.7%		NA	7.5%	U. S. Department of Agriculture - Food Environment Atlas
	k Long commute - driving alone, percent, 2011-2015	13%	12.9%		20.0%	13.7%	County Health Rankings

Tab 3 Schools Health Delivery Profile

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

Tab	Health Indicator	Kiowa 2018	Kiowa 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
3	a Children eligible for free or reduced price lunch, percent, 2014-2015	51.0%	31.1%		50.0%	48.9%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2011-2015	93.1%	31.2%		88.4%	95.7%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2011-2015	21.4%	21.4%		27.1%	32.2%	People Quick Facts

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

TAB 4 Maternal and Infant Health Profile

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

Tab	Health Indicator	Kiowa 2018	Kiowa 2015	Trend	State of KS	KS Rural Norm (N=14)	Source	
4	a	Percent of Births Where Prenatal Care began in First Trimester, 2013-2015	73.1%	72.2%		80.4%	77.4%	Kansas Health Matters
	b	Percentage of Premature Births, 2013-2015	5.5%	5.5%		8.8%	9.46%	Kansas Health Matters
	c	Percent of Infants up to 24 months that received full Immunizations, 2015-2016	75.3%	70.8%		70.6%	85.1%	Kansas Health Matters
	d	Percent of Births with Low Birth Weight, 2013-2015	8.1%	6.4%		7.0%	11.6%	Kansas Health Matters
	e	Percent of WIC Mothers Breastfeeding Exclusively, percent, 2016	28.0%	45.5%		15.0%	31.8%	Kansas Health Matters
	f	Percent of all Births Occurring to Teens (15-19), 2013-2015	6.3%	6.3%		6.8%	11.6%	Kansas Health Matters
	g	Percent of Births Occurring to Unmarried Women, 2013-2015	25.0%	10.1%		36.3%	32.8%	Kansas Health Matters
	h	Percent of births Where Mother Smoked During Pregnancy, 2013-2015	8.7%	7.1%		11.8%	15.2%	Kansas Health Matters

#	Criteria - Vital Statistics	KIOWA CO 2018	Trend	KANSAS	NW Alliance (14)
a	Total Live Births, 2012	32		40,304	103
b	Total Live Births, 2013	39		38,805	94
c	Total Live Births, 2014	28		39,193	95
d	Total Live Births, 2015	37		39,126	97
e	Total Live Births, 2016	37		38,048	96
f	Total Live Births, 2012- 2016 - Five year Rate (%)	13.80%		13.5%	12.0%

TAB 5 Hospitalization/Provider Profile

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

Tab	Health Indicator	Kiowa 2018	Kiowa 2015	Trend	State of KS	KS Rural Norm (N=14)	Source	
5	a	Primary care physicians (Pop Coverage per) , 2014	2510:1	2338:1		1,330:1	2,296:1	County Health Rankings
	b	Preventable hospital stays, 2014 (lower the better)	62	70		52	74	County Health Rankings
	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	76.0%	NA		78.0%	75.0%	CMS Hospital Compare, 10/1/2015-9/30/2016
	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	75.0%	NA		77.0%	77.1%	CMS Hospital Compare, 10/1/2015-9/30/2016
	e	Average Time Patients Spent in the Emergency Dept. Before They Were Seen by a Healthcare Professional (in Minutes)	17	NA		24	20	CMS Hospital Compare, 10/1/2015-9/30/2016

TAB 5 Hospitalization/Provider Profile (cont.)

#	KS Hospital Assoc PO103	Kiowa County IP		
		FFY2015	FFY2016	FFY2017
1	Total Discharges	226	238	222
2	Total IP Discharges-Age 0-17 Ped	9	10	15
3	Total IP Discharges-Age 18-44	20	17	18
4	Total IP Discharges-Age 45-64	36	44	43
5	Total IP Discharges-Age 65-74	28	28	41
6	Total IP Discharges-Age 75+	78	75	66
7	Psychiatric	21	25	20
8	Obstetric	10	7	7
9	Surgical %	24.3%	20.6%	25.2%
#	KS Hospital Assoc PO103	Kiowa County Mem Hosp (only)		
		FFY2015	FFY2016	FFY2017
1	Total Discharges	45	45	45
	CAH Market Share %	19.9%	18.9%	20.3%
2	Total IP Discharges-Age 0-17 Ped	3	3	4
3	Total IP Discharges-Age 18-44	6	6	5
4	Total IP Discharges-Age 45-64	6	6	4
5	Total IP Discharges-Age 65-74	2	3	6
6	Total IP Discharges-Age 75+	27	26	24
#	Kansas Hospital Assoc OP TOT223E	FFY2015	FFY2016	FFY2017
2	ER Market Share - Kiowa Co Mem	63.5%	54.1%	63.6%
4	Visiting Dr Market Share - Kiowa Co	67.5%	54.9%	71.4%
6	Total OP Market Share - Kiowa Co	76.8%	72.6%	73.1%

TAB 6 Social & Rehab Services Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	Kiowa 2018	Kiowa 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
6 a	Depression: Medicare Population, percent, 2015	15.7%	13.4%		17.8%	16.5%	Centers for Medicare and Medicaid Services
b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2014-2016 (lower is better)	NA	NA		15.9	12.6	Kansas Health Matters
c	Poor mental health days, 2015	3.2	NA		3.2	2.9	County Health Rankings

TAB 7 Health Risk Profiles

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

Tab	Health Indicator	Kiowa 2018	Kiowa 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
7a a	Adult obesity, percent, 2013	33.0%	29.0%		31.0%	32.3%	County Health Rankings
b	Adult smoking, percent, 2015	17.0%	NA		18.0%	16.4%	County Health Rankings
c	Excessive drinking, percent, 2015	15.0%	NA		17.0%	14.9%	County Health Rankings
d	Physical inactivity, percent, 2013	26.0%	27.0%		23.0%	25.9%	County Health Rankings
e	Poor physical health days, 2015	3.20	NA		3.1	3.2	County Health Rankings
f	Sexually transmitted infections, rate per 100000, 2014	NA	160.00		384.1	267.1	County Health Rankings

TAB 7 cont.

Tab	Health Indicator	Kiowa 2018	Kiowa 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
7b	a Hypertension: Medicare Population, 2015	48.1%	45.2%		53.2%	55.1%	Kansas Health Matters
	b Hyperlipidemia: Medicare Population, 2015	36.4%	36.4%		40.0%	36.9%	Kansas Health Matters
	c Heart Failure: Medicare Population, 2015	14.5%	16.5%		13.0%	16.6%	Kansas Health Matters
	d Chronic Kidney Disease: Medicare Pop, 2015	11.9%	12.6%		16.2%	15.1%	Kansas Health Matters
	e COPD: Medicare Population, 2015	10.0%	8.6%		11.4%	12.7%	Kansas Health Matters
	f Atrial Fibrillation: Medicare Population, 2015	8.0%	6.1%		8.3%	10.1%	Kansas Health Matters
	g Cancer: Medicare Population, 2015	8.8%	6.5%		7.7%	8.6%	Kansas Health Matters
	h Osteoporosis: Medicare Population, 2015	6.3%	7.2%		5.7%	7.7%	Kansas Health Matters
	i Asthma: Medicare Population, 2015	6.5%	2.2%		7.3%	6.8%	Kansas Health Matters
	j Stroke: Medicare Population, 2015	4.3%	3.0%		3.4%	3.1%	Kansas Health Matters

TAB 8 Uninsured Profiles/Community Invest

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

Tab	Health Indicator	Kiowa 2018	Kiowa 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
8	a Uninsured, percent, 2014	13.0%	17.0%		12.0%	13.0%	County Health Rankings

Source: Internal Hospital Records				
	Kiowa County Memorial Hospital	YR 2015	YR 2016	YR 2017
1	Charity Care (Free Care Given)	\$16,663	\$26,216	\$52,584
2	Bad Debt Writeoffs	\$172,315	\$212,523	\$215,596

Source: Internal Records - Kiowa County KS		
	Local Health Dept Operations Expenses	YR 2017
1	Adult services	\$20,000
2	Environmental Services	\$5,000
3	Family Planning	\$8,000
4	Private Immunizations/Vaccine	\$75,000
5	Emergency Preparedness	\$8,500
6	Screenings: Health Fair	\$15,000
7	Administration of PublicVaccine	\$9,500
8	School Health	\$2,500
8	WIC	\$8,000

TAB 9 Mortality Profile

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

Tab	Health Indicator	Kiowa 2018	Kiowa 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
9	a Life Expectancy for Males, 2014	76.8	77.0		76.5	76.8	Kansas Health Matters
	b Life Expectancy for Females, 2014	82.0	81.0		81.0	81.8	Kansas Health Matters
	c Age-adjusted Cancer Mortality Rate per 100,000 population, 2014-2016 (lower is better)	150.5	145.0		194.3	159.6	Kansas Health Matters
	d Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2014-2016 (lower is better)	119.1	129.0		157.4	174.3	Kansas Health Matters
	e Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2014-16 (Lower is better)	52.4	52.0		48.9	51.5	Kansas Health Matters
	f Alcohol-impaired driving deaths, percent, 2011-2015	57.0%	25.0%		27.0%	36.1%	County Health Rankings

TAB 10 Preventive Health Profile

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

Tab	Health Indicator	Kiowa 2018	Kiowa 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
10	a Access to exercise opportunities, percent, 2014	8.0%	45.9%		76.0%	46.1%	County Health Rankings
	b Diabetes monitoring, percent, 2014	91.0%	89.0%		86.0%	79.2%	County Health Rankings
	c Mammography screening, percent, 2014	83.0%	73.0%		63.0%	63.6%	County Health Rankings
	d Percent Annual Check-Up Visit with PCP	TBD	TBD		TBD	TBD	TBD
	e Percent Annual Check-Up Visit with Dentist	TBD	TBD		TBD	TBD	TBD
	f Percent Annual Check-Up Visit with Eye Doctor	TBD	TBD		TBD	TBD	TBD

PSA Primary Research:

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

Chart #1 – Kiowa County Memorial Hospital PSA Online Feedback Response N=132

Community Health Needs Assessment Wave #3			
For reporting purposes, are you involved in or are you a ?	Kiowa N=132	Trend	Norms18 N= 1556
Business / Merchant	9.7%		8.9%
Community Board Member	5.2%		7.7%
Case Manager / Discharge Planner	0.0%		0.8%
Clergy	0.0%		1.1%
College / University	1.3%		2.0%
Consumer Advocate	2.6%		1.8%
Dentist / Eye Doctor / Chiropractor	0.0%		0.2%
Elected Official - City/County	0.6%		1.9%
EMS / Emergency	1.9%		2.2%
Farmer / Rancher	9.0%		5.8%
Hospital / Health Dept	18.1%		18.8%
Housing / Builder	0.0%		0.6%
Insurance	0.0%		0.8%
Labor	3.2%		2.0%
Law Enforcement	1.3%		0.8%
Mental Health	1.3%		1.8%
Other Health Professional	5.2%		8.6%
Parent / Caregiver	21.3%		14.0%
Pharmacy / Clinic	0.6%		1.9%
Media (Paper/TV/Radio)	0.6%		0.6%
Senior Care	0.6%		1.9%
Teacher / School Admin	11.6%		6.1%
Veteran	1.3%		2.2%
Other (please specify)	4.5%		7.1%
KS Rural Norms Include the following 8 Counties: Barton, Edwards, Hays, Kiowa, Pawnee, Nemaha, Russell, and Trego.			

Chart #2 - Quality of Healthcare Delivery Community Rating

Community Health Needs Assessment Wave #3			
Quality" of healthcare delivery in our community?	Kiowa Co N=132	Trend	Norms18 N= 1556
Valid N	132		1556
Top Box %	22.0%		27.1%
Top 2 Boxes %	67.0%		72.2%
Very Poor	2.3%		0.6%
Poor	6.1%		3.9%
Average	32.6%		22.8%
Good	37.1%		45.2%
Very Good	22.0%		27.1%

Chart #3 - Overall Community Health Quality Trend

Community Health Needs Assessment Wave #3			
When considering "overall community health quality", is it ...	Kiowa Co N=132	Trend	Norms18 N=1556
Valid N	112		1422
Increasing - moving up	16.1%		47.3%
Not really changing much	75.0%		44.0%
Decreasing - slipping	8.9%		8.7%

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

CHNA Wave #3		Ongoing Problem		Pressing	
Past CHNAs health needs identified		Kiowa N=132		Kiowa	
Rank	Topic	Votes	%	Trend	
				RANK	
1	Nursing Home - Dementia care	76	21.3%		1
2	Home Health / Hospice services	53	14.8%		2
3	Drug / Substance Abuse	39	10.9%		4
4	Child Care	36	10.1%		3
5	Alcohol Abuse	34	9.5%		10
6	Specialists Available	33	9.2%		7
7	Wellness / Prevention	26	7.3%		5
8	Awareness of existing HC services	21	5.9%		9
9	HC Transportation	21	5.9%		8
10	Access to Mental Health care	13	3.6%		6
11	Clinic Hours	5	1.4%		11
TOTALS		357	100.0%		

Chart #5 - Community Health Needs Assessment “Causes of Poor Health”

In your opinion, what are the root causes of "poor health" in our community?	Kiowa Co N=132	Trend	Norms18 N= 1556
Votes (Larger %)	103		1024
Lack of awareness of existing local programs, providers, and services	71.8%		61.1%
Elder assistance programs	46.6%		31.1%
Lack of health & wellness education	34.0%		34.4%
Family assistance programs	24.3%		23.7%
Chronic disease prevention	19.4%		30.3%
Case management assistance	11.7%		15.7%
Limited access to mental health assistance	8.7%		40.2%
Other (please specify)	14.6%		16.9%

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

CHNA Wave #3	Kiowa		Trend	Norms 2018	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?					
Ambulance Services	88.2%	2.5%		88.3%	2.4%
Child Care	77.3%	3.6%		52.2%	10.8%
Chiropractors	16.7%	55.0%		77.8%	6.0%
Dentists	35.3%	25.5%		66.8%	14.2%
Emergency Room	77.8%	7.7%		73.3%	9.0%
Eye Doctor/Optomtrist	78.9%	7.3%		79.8%	4.3%
Family Planning Services	55.3%	10.6%		43.5%	14.0%
Home Health	29.2%	36.1%		59.5%	10.7%
Hospice	40.3%	27.8%		66.4%	9.3%
Inpatient Services	73.6%	3.8%		79.0%	3.8%
Mental Health	58.4%	14.9%		28.6%	29.8%
Nursing Home	13.8%	72.3%		49.0%	18.7%
Outpatient Services	66.7%	9.0%		78.7%	4.1%
Pharmacy	98.3%	0.9%		90.7%	3.1%
Physician Clinics	69.6%	6.3%		82.4%	3.7%
Public Health	75.2%	3.5%		67.2%	5.4%
School Nurse	53.8%	23.8%		62.5%	9.2%
Specialists	44.2%	16.8%		55.4%	12.3%

Chart #7 - Community Health Readiness

Community Health Needs Assessment Wave #3	Bottom 2 boxes		
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Kiowa Co N=132	Trend	Norms18 N= 1556
Obesity Prevention & Treatment	28.3%		30.7%
Violence Prevention	26.5%		27.8%
Tobacco Prevention & Cessation Programs	21.4%		24.5%
Caregiver Training Programs	20.0%		18.7%
Substance Use Treatment & Education	18.2%		29.3%
Women's Wellness Programs	15.3%		13.8%
Food and Nutrition Services/Education	15.2%		13.0%
Secure Grants / Finances to Support Local Health	14.6%		16.1%
Prenatal / Child Health Programs	13.3%		9.6%
Sexually Transmitted Disease Testing	11.5%		12.4%
Spiritual Health Support	9.0%		7.0%
Early Childhood Development Programs	6.1%		9.8%
Health Screenings (asthma, hearing, vision, scoliosis)	6.1%		11.6%
Emergency Preparedness	5.8%		6.9%
WIC Nutrition Program	5.2%		7.0%
Immunization Programs	3.9%		3.8%

Chart #8 – Healthcare Delivery “Outside our Community”

Specialties:

Type	CTS
DENT	15
SURG	13
CHIR	12
EYE	10
OBG	9
FP	8
SPEC	7
PRIM	6
DERM	5

Community Health Needs Assessment Wave #3			
In the past 2 years, did you or someone you know receive HC outside of our community?	Kiowa Co N=132	Trend	Norms18 N= 1556
Valid N	118		1105
Yes	83.1%		78.8%
No	14.4%		15.7%
I don't know	2.5%		5.4%

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

Community Health Needs Assessment Wave #3			
What needs to be discussed further at our CHNA Town Hall meeting?	Kiowa Co N=132	Trend	Norms18 N= 1556
Obesity	9.7%		7.9%
Physical Exercise	9.1%		5.8%
Drugs/Substance Abuse	7.1%		8.7%
Mental Illness	6.5%		9.1%
Suicide	6.5%		7.0%
Wellness Education	6.5%		6.3%
Poverty	6.2%		6.2%
Nutrition	5.8%		4.7%
Alcohol	4.5%		5.5%
Water Quality	4.5%		3.2%
Heart Disease	4.2%		3.1%
Diabetes	3.9%		4.1%
Cancer	3.6%		4.4%
Family Planning	3.2%		2.2%
Vaccinations	3.2%		2.4%
Respiratory Disease	2.9%		2.2%
Teen Pregnancy	2.9%		2.5%
Abuse/Violence	2.3%		5.2%
Breast Feeding Friendly Workplace	1.9%		1.4%
Tobacco Use	1.9%		3.3%
Smoke-Free Workplace	1.6%		1.4%
Sexually Transmitted Diseases	1.3%		1.9%
Ozone	0.3%		0.4%
Lead Exposure	0.0%		0.8%

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services - Kiowa County, KS Yr 2018				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Clinic	Primary Care	YES	NO	NO
Hosp	Alzheimer Center	NO	NO	NO
Hosp	Ambulatory Surgery Centers	NO	NO	NO
Hosp	Arthritis Treatment Center	NO	NO	NO
Hosp	Bariatric/weight control services	NO	NO	NO
Hosp	Birthing/LDR/LDRP Room	NO	NO	NO
Hosp	Breast Cancer	NO	NO	NO
Hosp	Burn Care	NO	NO	NO
Hosp	Cardiac Rehabilitation	NO	NO	NO
Hosp	Cardiac Surgery	NO	NO	NO
Hosp	Cardiology Services	NO	NO	Dr. Steckley
Hosp	Case Management	NO	NO	Mental Health center
Hosp	Chaplaincy/Pastoral Care Services	NO	NO	NO
Hosp	Chemotherapy	NO	NO	NO
Hosp	Colonoscopy	NO	NO	YES
Hosp	Crisis Prevention	NO	NO	Mental Health center/Police department
Hosp	CTScanner	YES	NO	NO
Hosp	Diagnostic Radioisotope Facility	NO	NO	NO
Hosp	Diagnostic/Invasive Catheterization	NO	NO	NO
Hosp	Electron Beam Computed Tomography (EBCT)	NO	NO	NO
Hosp	Enrollment Assistance Services	YES	YES	NO
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	NO	NO	NO
Hosp	Fertility Clinic	NO	NO	NO
Hosp	FullField Digital Mammography (FFDM)	NO	NO	YES
Hosp	Genetic Testing/Counseling	NO	NO	NO
Hosp	Geriatric Services	YES	YES	YES
Hosp	Heart	NO	NO	NO
Hosp	Hemodialysis	NO	NO	NO
Hosp	HIV/AIDS Services	NO	NO	NO
Hosp	Image-Guided Radiation Therapy (IGRT)	NO	NO	NO
Hosp	Inpatient Acute Care - Hospital services	On Site	NO	NO
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	NO	NO	NO
Hosp	Intensive Care Unit	NO	NO	NO
Hosp	Intermediate Care Unit	YES	NO	NO
Hosp	Interventional Cardiac Catheterization	NO	NO	NO
Hosp	Isolation Room	YES	NO	NO
Hosp	Kidney	NO	NO	NO
Hosp	Liver	NO	NO	NO
Hosp	Lung	NO	NO	NO
Hosp	Magnetic Resonance Imaging (MRI)	NO	NO	YES
Hosp	Mammograms	NO	NO	YES
Hosp	Mobile Health Services	NO	YES	YES
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	YES	NO	NO
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)	NO	NO	NO
Hosp	Neonatal	NO	NO	NO
Hosp	Neurological Services	NO	NO	YES
Hosp	Obstetrics	NO	NO	NO
Hosp	Occupational Health Services	NO	NO	NO
Hosp	Oncology Services	NO	NO	NO
Hosp	Orthopedic Services	YES	NO	NO
Hosp	Outpatient Surgery	NO	NO	YES
Hosp	Pain Management	YES	NO	NO
Hosp	Palliative Care Program	NO	NO	NO
Hosp	Pediatric	NO	NO	NO
Hosp	Physical Rehabilitation	YES	NO	NO
Hosp	Positron Emission Tomography (PET)	NO	NO	NO
Hosp	Positron Emission Tomography/CT (PET/CT)	NO	NO	NO
Hosp	Psychiatric Services	NO	NO	Mental Health Center
Hosp	Radiology, Diagnostic	YES	NO	NO
Hosp	Radiology, Therapeutic	NO	NO	NO
Hosp	Reproductive Health	NO	NO	NO

Inventory of Health Services - Kiowa County, KS Yr 2018				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Hosp	Robotic Surgery	NO	NO	NO
Hosp	Shaped Beam Radiation System 161	NO	NO	NO
Hosp	Single Photon Emission Computerized Tomography (SPECT)	NO	NO	NO
Hosp	Sleep Center	NO	NO	NO
Hosp	Social Work Services	NO	NO	NO
Hosp	Sports Medicine	NO	NO	NO
Hosp	Stereotactic Radiosurgery	NO	NO	NO
Hosp	Swing Bed Services	YES	NO	NO
Hosp	Transplant Services	NO	NO	NO
Hosp	Trauma Center	NO	NO	NO
Hosp	Ultrasound	NO	NO	YES
Hosp	Women's Health Services	YES	YES	NO
Hosp	Wound Care	YES	NO	NO
SR	Adult Day Care Program	NO	NO	NO
SR	Assisted Living	NO	NO	NO
SR	Home Health Services	NO	NO	NO
SR	Hospice	NO	NO	Hospice
SR	Long Term Care	NO	NO	NO
SR	Nursing Home Services	NO	NO	NO
SR	Retirement Housing	NO	NO	Elmore Heights/Komotara
SR	Skilled Nursing Care	YES	NO	NO
ER	Emergency Services	YES	NO	NO
ER	Urgent Care Center	NO	NO	NO
ER	Ambulance Services	YES	NO	NO
SERV	Alcoholism-Drug Abuse	NO	NO	Mental Health Center
SERV	Blood Donor Center	NO	NO	NO
SERV	Chiropractic Services	NO	NO	NO
SERV	Complementary Medicine Services	NO	NO	NO
SERV	Dental Services	NO	NO	Dr. Sweet
SERV	Fitness Center	Yes		School and County Rec
SERV	Health Education Classes	NO	NO	NO
SERV	Health Fair (Annual)	NO	Yes	NO
SERV	Health Information Center	YES	YES	YES
SERV	Health Screenings	NO	Yes	YES
SERV	Meals on Wheels	NO	NO	Senior Center
SERV	Nutrition Programs	NO	YES (WIC)	NO
SERV	Patient Education Center	YES	YES	YES
SERV	Support Groups	NO	NO	Methodist Church
SERV	Teen Outreach Services	NO	NO	Youth for Christ
SERV	Tobacco Treatment/Cessation Program	NO	NO	NO
SERV	Transportation to Health Facilities	NO	NO	Ministerial Alliance
SERV	Wellness Program	YES	NO	Senior Center

Yr 2018 Physician Manpower - Kiowa County, KS

# of FTE Providers	Supply working in County		
	MD DO County Based	MD DO Visiting	PA/NP County Based
Primary Care:			
Internal Medicine	2.0	0.0	1.0
Medicine Specialists:			
Cardiology	0.0	0.1	
Gastroenterology	0.0	0.1	
Neurology	0.0	0.1	
Surgery Specialists:			
General Surgery	0.00	0.05	
Others			
Optometry	0.00	0.10	
Podiatry		0.05	
Denistry	0.00	0.20	
TOTALS	2.00	0.60	1.00

Visiting Specialists to Kiowa County Medical Center - Yr 2018

Specialty	Physician	Group Name	Office Location	Schedule at hospital (visiting clinics)
Medicine:				
Cardiology	Dr Steckley	Cardiovascular Consultants	Witchita, KS	Varies
Dentist	Dr Sweet	Family Dental Care	Hutchison, KS	4 times a Month- varies
Neurology	Dr Lothes	Abay Neuroscience	Witchita, KS	Once a Month- varies
Optometrist	Dr Maydew	Maydew Thibault Optometry	Pratt, KS	Every other Thursday

Kiowa Co KS - Area Health Services Directory Year 2018

Emergency Numbers

Police/Sheriff 911

Fire 911

Ambulance 911

Non-Emergency Numbers

Kiowa County Sheriff 723-2182

Kiowa County Ambulance 723-3341

Municipal Non-Emergency Numbers

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

Other Emergency Numbers

Kansas Child/Adult Abuse and Neglect Hotline

800-922-5330
www.srskansas.org/hotlines.html

Domestic Violence Hotline

800-799-7233
www.ndvh.org

Emergency Management (Topeka)

785-274-1409
www.accesskansas.org/kdem

Federal Bureau of Investigation

866-483-5137
www.fbi.gov/congress/congress01/caruso100301.htm

Kansas Arson/Crime Hotline

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)

888-END-ABUSE
www.kcsdv.org

Kansas Road Conditions

866-511-KDOT
511
www.ksdot.org

Poison Control Center

800-222-1222
www.aapcc.org

Suicide Prevention Hotline

800-SUICIDE
<http://hopeline.com>
800-273-TALK
www.suicidepreventionlifeline.com

Toxic Chemical and Oil Spills

800-424-8802
www.epa.gov/region02/contact.htm

Health Services

Hospitals

Kiowa County Memorial Hospital
721 West Kansas (Greensburg)
723-3341
www.kcmh.net

Health Department

Kiowa County Health Department

Courthouse (Greensburg)
723-2136
www.kiowacountyks.org/courthouseoffices/healthdepartment.html

Kiowa County Health Department Services Include:

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

Mental Health

Iroquois Center – Human Development

610 East Grant Avenue (Greensburg)
723-2272
www.irqcenter.com

Medical Professionals

Chiropractors

Bucklin Chiropractic Center

710 West Center Street (Bucklin)
826-3539

Coldwater Chiropractic Center

132 East Main Street (Coldwater)
582-2060

Kinsley Chiropractic Center

600 Emerson Avenue (Kinsley)
659-2302

Clinics

Greensburg Family Practice

704 West Kansas Avenue (Greensburg)
723-3341

Haviland Clinic

106 North Main Street (Haviland)
862-5471

Dentists

New Image Dental Care
207 South Washington Street (Coldwater)
582-2423

Dr. Sweet
723-4256

Optometrists

ThibaultMaydew
721 West Kansas Avenue (Greensburg)
672-5934

Pharmacies

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

Rehabilitation Services

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

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

Other Health Care Services

Assisted Living/Nursing Homes/TLC

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

Diabetes

Arriva Medical
800-375-5137

Diabetes Care Club
888-395-6009

Disability Services

American Disability Group
877-790-8899

Kansas Department on Aging
800-432-3535
www.agingkansas.org/index.htm

Domestic/Family Violence

Child/Adult Abuse Hotline
800-922-5330
http://www.srskansas.org/services/child_protective_services.htm

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

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: 663-2522

Educational Training Opportunities

Association of Continuing Education
620-792-3218

Food Programs

Kansas Food 4 Life
4 Northwest 25th Road (Great Bend)
793-7100

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

Kiowa County Food Bank and Commodities
4-H Community Center
620-825-4127

Government Healthcare

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

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

MEDICAID

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

MEDICARE

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

Southwest Kansas Area Agency on Aging

236 San Jose Drive
Dodge City, KS 67801
620-225-8230
www.swkaaa.org

Social & Rehabilitation Services (SRS)

3000 Broadway
Hays, KS 67601
785-628-1066

Social Security Administration

1212 East 27th Street
Hays, KS 67601
785-625-3496

Health and Fitness Centers

Greensburg Recreation Commission
(Greensburg)
723-1110

Massage Therapy

Feel-N-Good Massage Therapy

320 Colony Avenue (Kinsley)
289-3618

Linda's Massage

312 Atwood Avenue (Kinsley)
659-2524

Medical Equipment and Supplies

American Medical Sales and Repair
866-637-6803

School Nurses

Haviland Public Schools – USD 474

400 North Topeka (Haviland)
862-5277
www.usd474.org

Kiowa County Schools – USD 422

710 South Main (Greensburg)
Elementary School
723-2332

High School

723-2019
www.usd422.org

Senior Services

Senior Citizens Center & Meals on Wheels

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

Elder Care, Inc.

PO Box 1364 (Great Bend)
792-5942

Older Kansans Employment

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

Veterinary Services

Greensburg Veterinary Clinic

204 West Florida Avenue (Greensburg)
723-2117

Robert G Skaggs

513 North Maple Street (Greensburg)
723-2462

Local Government, Community, and Social Services

Adult Protection

Adult Protective Services (SRS)

800-922-5330
www.srskansas.org/ISD/ees/adult.htm

Elder Abuse Hotline

800-842-0078
www.elderabusecenter.org

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

800-922-5330

Alcohol and Drug Treatment

Alcohol and Drug Abuse Services

800-586-3690
http://www.srskansas.org/services/alc-drug_assess.htm

Alcohol Detoxification 24-Hour Helpline

877-403-3387
www.ACenterForRecovery.com

Alcoholics Anonymous

302 Belmont Road (Pratt)
672-2533
www.aa.org

Center for Recovery
877-403-6236

G&G Addiction Treatment Center
866-439-1807

Road Less Traveled
866-486-1812

Seabrook House
800-579-0377

The Treatment Center
888-433-9869

Child Protection

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

Children and Youth

Children's Alliance
627 Southwest Topeka Boulevard (Topeka)
235-5437
www.childally.org

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

Crime Prevention

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

Day Care Providers – Adult

Home Again Senior Living
321 North Main (Haviland)
862-5867
www.homeagainseniorliving.com

Kiowa County Memorial Hospital
721 West Kansas (Greensburg)
723-3341
www.kcmh.net

Day Care Providers - Children

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

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

Wolfley

Extension Office

Kiowa County Extension
320 South Main Street, Suite 110 (Greensburg)
723-2156
www.kiowa.ksu.edu

Funeral Homes

Fleener Funeral Home
514 South Main (Greensburg)
723-2612
www.fleenerfuneralhome.com

Housing

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

Corp Housing Equity
14482 West 118th Terrace (Olathe)
261-8067

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

Legal Services

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

Martindell Swearer Shaffer Ridenour
BTI Wind Energy Building
15477 US 54 Highway (Greensburg)
723-3478
www.martindell.com

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

Libraries, Parks and Recreation

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

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

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

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

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

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

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

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

Pregnancy Services

Adoption is a Choice
877-524-5614

Adoption Network
888-281-8054

Adoption Spacebook
866-881-4376

Graceful Adoptions
888-896-7787

Kansas Children's Service League
877-530-5275
www.kcsl.org

Kiowa County Health Department
Courthouse (Greensburg)
723-2136
www.kiowacountyks.org/courthouseoffices/healthdepartment.html

Public Information

Kiowa County Chamber of Commerce
101 South Main Street, #103 (Greensburg)
723-3188
www.kiowacountychamber.com

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

Rape

Domestic Violence and Rape Hotline
888-874-1499

Family Crisis Center
1806 12th Street (Great Bend)
793-1885

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

Red Cross

American Red Cross
114 N Main St. (Pratt)
620-672-3651
www.redcross.org

Social Security

Social Security Administration
800-772-1213
800-325-0778
www.ssa.gov

Transportation

Gail Ballard Airport
Highway 54 (Haviland)
862-5678

Paul Windle Municipal Airport
(Greensburg)
723-2751

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

State and National Information, Services, Support

Adult Protection

Adult Protection Services
1-800-922-5330
www.srskansas.org/SD/ees/adult.htm

Domestic Violence and Sexual Assault (DVACK)
1-800-874-1499
www.dvack.org

Elder Abuse Hotline
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/faq/sexualassault.htm

National Suicide Prevention Lifeline

1-800-273-8255

Poison Center

1-800-222-1222

Sexual Assault and Domestic Violence Crisis Line

1-800-701-3630

Social and Rehabilitation Services (SRS)

1-888-369-4777 (HAYS)
www.srskansas.org

Suicide Prevention Helpline

1-785-841-2345

Alcohol and Drug Abuse Hotline

800-ALCOHOL

Alcohol and Drug Abuse Services

800-586-3690
http://www.srskansas.org/services/alc-drug_assess.htm

Alcohol and Drug Addiction Treatment Programs

1-800-510-9435

Alcohol and Drug Helpline

1-800-821-4357

Alcoholism/Drug Addiction Treatment Center

800-477-3447

Kansas Alcohol and Drug Abuse Services Hotline

800-586-3690
http://www.srskansas.org/services/alc-drug_assess.htm

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

Alcohol and Drug Treatment Programs

A 1 A Detox Treatment

1-800-757-0771

AAAAAH

1-800-993-3869

Abandon A Addiction

1-800-405-4810

Able Detox-Rehab Treatment

1-800-577-2481 (NATIONAL)

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

Better Business Bureau

Better Business Bureau

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

Children and Youth

Adoption

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

Boys and GirlsTown National Hotline

1-800-448-3000
www.girlsandboystown.org

Child/Adult Abuse and Neglect Hotline

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

Child Abuse Hotline

1-800-922-5330

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

Child Abuse National Hotline
1-800-4-A-CHILD (422-4453)
www.childabuse.com

Child Find of America
1-800-426-5678

Child Help USA National Child Abuse Hotline
1-800-422-4453

Child Protective Services
800-922-5330
www.srskansas.org/services/child_protective_services.htm

HealthWave
P.O. Box 3599
Topeka, KS66601
1-800-792-4884
1-800-792-4292 (TTY)
www.kansashealthwave.org

Heartspring (Institute of Logopedics)
8700 E. 29TH North
Wichita, KS67226
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, KS67202
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
800-345-5044
<http://www.parentsanonymous.org/paIndex10>

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

Talking Books
800-362-0699
http://skyways.lib.ks.us/KSL/talking/ksl_bph.html

Community Action

Peace Corps
800-424-8580
www.peacecorps.gov

Public Affairs Hotline (Kansas Corporation Commission)
800-662-0027
www.kcc.state.ks.us

Counseling

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

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

CastlewoodTreatmentCenter for Eating Disorders
1-888-822-8938
www.castlewoodtc.com

Catholic Charities
1-888-468-6909
www.catholiccharitiessalina.org

Center for Counseling
5815 West Broadway (Great Bend)
800-875-2544

Central Kansas Mental HealthCenter
1-800-794-8281
Will roll over after hours to a crisis number.

Consumer Credit Counseling Services
800-279-2227
<http://www.kscgccs.org/>

Kansas Problem Gambling Hotline
866-662-3800
<http://www.ksmhc.org/Services/gambling.htm>

National Hopeline Network
1-800-SUICIDE (785-2433)
www.hopeline.com

National Problem Gambling Hotline
1-800-552-4700
www.npgaw.org

SamaritanCounselingCenter
1602 N. Main Street
Hutchinson, KS67501
620-662-7835
<http://cmc.pdswebpro.com/>

Self-Help Network of Kansas
1-800-445-0116
www.selfhelpnetwork.wichita.edu

Senior Health Insurance Counseling
1-800-860-5260
www.agingkansas.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

DisabilityRightsCenter of Kansas (DRC)
Formerly Kansas Advocacy & Protective Services
1-877-776-1541
1-877-335-3725 (TTY)
www.drckansas.org

Hearing Healthcare Associates
800-448-0215

Kansas Commission for the Deaf and Hearing Impaired
1-800-432-0698
www.srskansas.org/kcdhh

Kansas Relay Center (Hearing Impaired service)
1-800-766-3777
www.kansasrelay.com

NationalCenter for Learning Disabilities
1-888-575-7373
www.nclld.org

National Library Services for Blind & Physically Handicapped
www.loc.gov/nls/
1-800-424-8567

Parmelee Law Firm
8623 East 32nd Street North Suite 100 (Wichita)
877-267-6300

Environment

Environmental Protection Agency
1-800-223-0425
913-321-9516 (TTY)
www.epa.gov

Kansas Department of Health and Environment
Salina785-827-9639
Hays 785-625-5663
Topeka785-296-1500
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
800-638-2772
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

AIDS/HIV Center for Disease Control and Prevention
800-CDC-INFO
888-232-6348 (TTY)
<http://www.cdc.gov/hiv/>

AIDS/STD National Hot Line
800-342-AIDS
800-227-8922 (STD line)

American Health Assistance Foundation
800-437-2423
www.ahaf.org

American Heart Association
800-242-8721
www.americanheart.org

American Lung Association
800-586-4872

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

Center for Disease Control and Prevention
800-CDC-INFO
888-232-6348 (TTY)
<http://www.cdc.gov/hiv/>

Elder Care Helpline
www.eldercarelink.com

Eye Care Council
800-960-EYES
www.seetolearn.com

Kansas Foundation for Medical Care
800-432-0407
www.kfmc.org

National Health Information Center
800-336-4797
www.health.gov/nhic

National Cancer Information Center
800-227-2345
866-228-4327 (TTY)
www.cancer.org

**National Institute on Deafness and Other
Communication Disorders Information**
Clearinghouse
800-241-1044 or 800-241-1055 (TTY)
www.nidcd.nih.gov

Hospice

Hospice-Kansas Association
800-767-4965

**Kansas Hospice and Palliative Care
Organization**
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
800-432-2310 (Consumer Protection)
800-828-9745 (Crime Victims' Rights)
800-766-3777 (TTY)
<http://www.ksag.org/>

Kansas Bar Association
785-234-5696
www.ksbar.org

Kansas Department on Aging
800-432-3535
www.agingkansas.org/index.htm

Kansas Legal Services
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
888-828-5698
www.firstguard.com

Kansas Health Wave
800-792-4884 or 800-792-4292 (TTY)
www.kansashealthwave.org

Kansas Medical Assistance Program
Customer Service
800-766-9012
www.kmpa-state-ks.us/

Medicare Information
800-MEDICARE
www.medicare.gov

**U.S. Department of Health and Human
Services**
Centers for Medicare and Medicaid Services
800-MEDICARE (800-633-4227) or
877-486-2048 (TTY)
www.cms.hhs.gov

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

Pawnee Mental Health

State Mental Health Agency
KS Department of Social and Rehabilitation Services
915 SW Harrison Street
Topeka, KS66612
785-296-3959
www.srskansas.org

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
800-366-1655

Department of Human Nutrition
KansasStateUniversity
119 Justin Hall
Manhattan, KS66506
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, KS66612
785-296-1320
www.kdheks.gov/news-wic/index.html

Road and Weather Conditions

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

Senior Services

Alzheimer's Association
1-800-487-2585

American Association of Retired Persons (AARP)
1-888-OUR-AARP (687-2277)
www.aarp.org

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
888-687-2277
www.aarp.org

Area Agency on Aging
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
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
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
877-222-8387

Insurance Center
800-669-8477

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

U.S. Department of Veterans Affairs

Mammography Helpline
888-492-7844

Other Benefits
800-827-1000

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

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

Veterans Administration

Veterans Administration Benefits
800-669-8477

Life Insurance
800-669-8477

Education (GI Bill)
888-442-4551

Health Care Benefits
877-222-8387

**Income Verification and Means
Testing**
800-929-8387

Mammography Helpline
888-492-7844

Gulf War/Agent Orange Helpline
800-749-8387

Status of Headstones and Markers
800-697-6947

Telecommunications Device for the Deaf
800-829-4833
www.vba.va.gov

Benefits Information and Assistance
800-827-1000

Debt Management
800-827-0648

Life Insurance Information and Service
800-669-8477

Welfare Fraud Hotline

Welfare Fraud Hotline
800-432-3913

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

FFY 2017 (IP)



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

Hospital	Total Discharges		Pediatric Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74		Age 75+		Psychiatric		Obstetric		Newborn		Surg %
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
Pratt Regional Medical Center - Pratt, KS	72	32.4%	1	1.4%	5	6.9%	18	25.0%	18	25.0%	23	31.9%	0		0		7	9.7%	33.3%
Kiowa County Memorial Hospital - Greensburg, KS	45	20.3%	4	8.9%	5	11.1%	4	8.9%	6	13.3%	24	53.3%	1	2.2%	1	2.2%	0		
Wesley Healthcare - Wichita, KS	35	15.8%	6	17.1%	3	8.6%	9	25.7%	7	20.0%	6	17.1%	2	5.7%	1	2.9%	1	2.9%	42.9%
Via Christi Hospitals Wichita, Inc. - Wichita, KS	32	14.4%	3	9.4%	1	3.1%	8	25.0%	9	28.1%	7	21.9%	4	12.5%	0		0		25.0%
Hutchinson Regional Medical Center - Hutchinson, KS	11	5.0%	0		0		2	18.2%	0		1	9.1%	6	54.5%	1	9.1%	1	9.1%	9.1%
Western Plains Medical Complex - Dodge City, KS	9	4.1%	0		0		0		0		2	22.2%	0		4	44.4%	3	33.3%	22.2%
Other Hospitals	18	8.1%	1	5.6%	4	22.2%	2	11.1%	1	5.6%	3	16.7%	7	38.9%	0		0		33.3%
Hospital Total	222	100.0%	15	6.8%	18	8.1%	43	19.4%	41	18.5%	66	29.7%	20	9.0%	7	3.2%	12	5.4%	25.2%

FFY 2016 (IP)



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

Hospital	Total Discharges		Pediatric Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74		Age 75+		Psychiatric		Obstetric		Newborn		Surg %
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
Pratt Regional Medical Center - Pratt, KS	104	43.7%	3	2.9%	5	4.8%	21	20.2%	17	16.3%	28	26.9%	0		2	1.9%	28	26.9%	25.0%
Kiowa County Memorial Hospital - Greensburg, KS	45	18.9%	3	6.7%	6	13.3%	6	13.3%	3	6.7%	26	57.8%	1	2.2%	0		0		2.2%
Via Christi Hospitals Wichita, Inc. - Wichita, KS	24	10.1%	0		3	12.5%	3	12.5%	4	16.7%	12	50.0%	2	8.3%	0		0		33.3%
Wesley Healthcare - Wichita, KS	15	6.3%	4	26.7%	2	13.3%	4	26.7%	2	13.3%	3	20.0%	0		0		0		33.3%
St. Catherine Hospital - Garden City, KS	10	4.2%	0		0		0		0		0		10	100.0%	0		0		
Western Plains Medical Complex - Dodge City, KS	10	4.2%	0		0		0		0		4	40.0%	0		3	30.0%	3	30.0%	30.0%
Hutchinson Regional Medical Center - Hutchinson, KS	9	3.8%	0		0		1	11.1%	0		0		8	88.9%	0		0		
Other Hospitals	21	8.8%	0		1	4.8%	9	42.9%	2	9.5%	2	9.5%	4	19.0%	2	9.5%	1	4.8%	28.6%
Hospital Total	238	100.0%	10	4.2%	17	7.1%	44	18.5%	28	11.8%	75	31.5%	25	10.5%	7	2.9%	32	13.4%	20.6%

FFY 2015 (IP)



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

Hospital	Total Discharges		Pediatric Age 0 - 17		Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		Surg %
	Cases	%	Cases	%	Age 18 - 44	Age 45 - 64	Age 65 - 74	Age 75+	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
Pratt Regional Medical Center - Pratt, KS	89	39.4%	0		7	7.9%	16	18.0%	8	9.0%	32	36.0%	0		5	5.6%	21	23.6%	31.5%
Kiowa County Memorial Hospital - Greensburg, KS	45	19.9%	3	6.7%	6	13.3%	6	13.3%	2	4.4%	27	60.0%	1	2.2%	0		0		
Wesley Healthcare - Wichita, KS	29	12.8%	5	17.2%	4	13.8%	3	10.3%	6	20.7%	9	31.0%	0		1	3.4%	1	3.4%	34.5%
Via Christi Hospitals Wichita, Inc. - Wichita, KS	24	10.6%	1	4.2%	2	8.3%	7	29.2%	8	33.3%	4	16.7%	2	8.3%	0		0		37.5%
Hutchinson Regional Medical Center - Hutchinson, KS	10	4.4%	0		0		0		2	20.0%	1	10.0%	5	50.0%	1	10.0%	1	10.0%	20.0%
Edwards County Medical Center - Kinsley, KS	5	2.2%	0		0		0		0		0		5	100.0%	0		0		
Western Plains Medical Complex - Dodge City, KS	5	2.2%	0		1	20.0%	0		1	20.0%	0		0		2	40.0%	1	20.0%	40.0%
Other Hospitals	19	8.4%	0		0		4	21.1%	1	5.3%	5	26.3%	8	42.1%	1	5.3%	0		21.1%
Hospital Total	226	100.0%	9	4.0%	20	8.8%	36	15.9%	28	12.4%	78	34.5%	21	9.3%	10	4.4%	24	10.6%	24.3%

FFY 2017 (OP)



Outpatient Market Penetration by Service Type*
 Kiowa County Memorial Hospital - Greensburg, KS
 Total Outpatient Visits
 Federal Fiscal Year: 2017



Revenue Category Visits	Total Visits	Kiowa, KS		Pratt, KS		Ford, KS		Comanche, KS		Edwards, KS		Barber, KS		Pawnee, KS		All Other
		Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	
1 Emergency Department (45x)	664	445	66.8%	31	1.0%	46	0.5%	20	3.7%	18	2.0%	5	0.3%	1	0.0%	98
3 Observation (76x, excl. 761)	45	35	71.4%	1	0.8%	3	0.6%	1	1.7%	1	0.9%	1	0.9%			3
11 Radiology - Diagnostic (32x, excl. 322 and 323)	665	462	66.8%	49	3.1%	30	0.5%	28	5.8%	17	1.3%	29	1.8%	5	0.2%	45
15 CT Scan (35x)	284	191	73.5%	26	3.9%	10	0.4%	9	8.2%	14	2.9%	10	1.8%	4	0.3%	20
16 Mammography (401, 403)	36	29	51.8%	4	4.3%	2	0.2%	1	0.6%							
17 Ultrasound (402)	69	47	53.4%	5	2.5%	3	0.2%	8	19.0%	3	1.6%			1	0.2%	2
19 Magnetic Resonance Technology (61x)	46	31	55.4%	6	5.6%			1	1.6%	3	2.4%	2	1.3%	1	0.2%	2
34 Rural Health - Clinic (521)	7	4	5.6%	1	10.0%	1	0.7%	1	25.0%							
35 Treatment Room (76X excl. 762)	195	150	46.2%	13	0.7%	7	1.1%	8	1.1%	4	0.8%	3	0.4%			10
37 EKG/ECG (73x)	192	137	53.7%	14	1.6%	11	0.5%	6	2.7%	4	0.8%	5	0.7%	1	0.1%	14
38 Cardiology (48x excl. 481-483)	44	30	75.0%	4	13.3%			4	21.1%			1	1.2%			5
42 Physical Therapy (42x)	306	265	95.0%	4	4.1%	18	1.3%	8	7.2%	6	7.3%			4	2.8%	1
Actual visits in report	2,002	1,452	61.0%	123	1.8%	100	0.5%	75	3.5%	53	0.8%	45	0.8%	15	0.2%	139
Actual unclassified visits	2,318	1,888	86.2%	136	6.8%	67	0.8%	41	2.2%	61	1.6%	29	0.6%	16	0.2%	80
Actual total visits	4,320	3,340	73.1%	259	3.0%	167	0.5%	116	2.9%	114	0.9%	74	0.7%	31	0.2%	219

FFY 2016 (OP)



Outpatient Market Penetration by Service Type*
 Kiowa County Memorial Hospital - Greensburg, KS
 Total Outpatient Visits
 Federal Fiscal Year: 2016



Revenue Category Visits	Total Visits	Kiowa, KS		Pratt, KS		Ford, KS		Comanche, KS		Edwards, KS		Barber, KS		Reno, KS		All Other Visits
		Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	
1 Emergency Department (45x)	632	425	54.1%	26	0.7%	58	0.6%	6	1.3%	10	1.2%	1	0.1%	4	0.0%	102
3 Observation (76x, excl. 761)	35	28	54.9%	1	0.8%	3	0.4%			2	1.8%					1
11 Radiology - Diagnostic (32x, excl. 322 and 323)	623	441	61.1%	56	3.3%	27	0.4%	22	4.5%	14	1.1%	17	1.0%	5	0.0%	41
15 CT Scan (35x)	289	196	70.5%	27	4.6%	20	0.7%	6	5.5%	7	1.7%	5	0.8%	5	0.1%	23
16 Mammography (401, 403)	33	28	68.3%	4	18.2%	1	0.1%									
17 Ultrasound (402)	63	45	61.6%	4	3.5%	2	0.1%	8	22.2%	3	1.6%					1
19 Magnetic Resonance Technology (61x)	68	54	74.0%	6	7.9%	2	0.2%	2	5.1%	2	1.2%	1	0.5%			1
34 Rural Health - Clinic (521)	82	52	45.6%	3	21.4%	8	3.6%	3	33.3%	3	0.1%					13
35 Treatment Room (76X excl. 762)	155	111	24.5%	9	0.3%	5	0.7%	8	1.3%	7	1.2%	2	0.2%			13
37 EKG/ECG (73x)	185	122	47.7%	20	2.6%	10	0.5%	3	1.5%	4	0.9%	5	0.9%	2	0.1%	19
38 Cardiology (48x excl. 481-483)	26	15	71.4%	1	3.4%	2	1.8%	3	20.0%	1	25.0%					4
42 Physical Therapy (42x)	314	262	94.6%	9	13.6%	27	2.1%	2	1.5%	11	9.4%					3
Actual visits in report	2,014	1,442	55.1%	137	1.7%	127	0.6%	56	2.9%	53	0.7%	26	0.3%	11	0.0%	162
Actual unclassified visits	2,596	2,134	92.5%	148	21.1%	56	0.7%	71	3.6%	61	1.7%	17	0.3%	22	0.3%	87
Actual total visits	4,610	3,576	72.6%	285	3.3%	183	0.6%	127	3.2%	114	1.0%	43	0.3%	33	0.1%	249

FFY 2015 (OP)



Outpatient Market Penetration by Service Type*
 Kiowa County Memorial Hospital - Greensburg, KS
 Total Outpatient Visits
 Federal Fiscal Year: 2015



Revenue Category Visits	Total Visits	Kiowa, KS		Pratt, KS		Ford, KS		Comanche, KS		Edwards, KS		Reno, KS		Barber, KS		All Other Visits
		Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	
1 Emergency Department (45x)	786	525	63.5%	47	1.6%	50	0.6%	20	3.2%	17	1.9%	7	0.0%	4	0.4%	116
3 Observation (76x, excl. 761)	67	56	67.5%	5	4.4%			1	1.5%	2	1.3%					3
11 Radiology - Diagnostic (32x, excl. 322 and 323)	712	496	70.5%	50	3.5%	39	0.8%	29	5.4%	17	1.6%	10	0.1%	8	0.6%	63
15 CT Scan (35x)	349	243	80.7%	28	5.8%	17	0.7%	16	17.6%	9	2.5%	3	0.0%	1	0.2%	32
16 Mammography (401, 403)	72	63	81.8%	2	9.1%	3	0.3%	4	2.4%							
17 Ultrasound (402)	66	54	70.1%	5	4.4%	5	0.3%							1	0.7%	1
19 Magnetic Resonance Technology (61x)	60	44	78.6%	7	10.3%			3	4.8%	4	3.1%			2	1.1%	
34 Rural Health - Clinic (521)	91	66	55.0%	3	60.0%	6	8.6%	5	100.0%	2	0.1%					9
35 Treatment Room (76X excl. 762)	197	153	33.7%	15	0.5%	8	1.1%	4	0.8%	1	0.3%	5	0.1%	3	0.6%	8
37 EKG/ECG (73x)	203	151	59.9%	11	1.9%	11	0.7%	10	4.7%	2	0.5%	1	0.1%	2	0.5%	15
38 Cardiology (48x excl. 481-483)	38	33	89.2%	3	8.6%	2	2.1%									
42 Physical Therapy (42x)	265	238	95.6%	2	3.2%	6	0.5%	5	4.1%	10	4.7%					4
Actual visits in report	2,208	1,639	62.7%	137	1.9%	109	0.5%	73	3.6%	52	0.8%	18	0.1%	16	0.4%	174
Actual unclassified visits	2,676	2,153	92.7%	134	18.8%	94	1.4%	91	4.2%	43	1.2%	11	0.2%	10	0.3%	103
Actual total visits	4,884	3,792	76.8%	271	3.4%	203	0.7%	164	3.9%	95	1.0%	29	0.1%	26	0.4%	277

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

YR 2018 CHNA Kiowa County (Wave #3)- Town Hall Roster- 3/21/18 N= 93

Count	CHNA CAT	Firstname	Lastname	Firm/Title	ZIP
1	Hospitals, clinics, nursing homes managers	Joyce	Ahrens	Clerical	67057
2	Local Business	Jerry	Ahrens	Heavy Equipment	67054
3	Hospitals, clinics, nursing homes managers	Morgan	Allison	KCMH	67054
4	Local Business	Brittany	Alvarado	Daycare	67109
5	Local Business	Anna	Banman	Daycare	67054
6	Public safety officials.	Clarence	Banzet	City of Greensburg Fire/EMS	67109
7	Education officials and staff	Shelly	Barber	College admissions/marketing	67059
8	Hospitals, clinics, nursing homes managers	Sean	Barber	KCMH	67059
9	Health Dept.	Angela	Brown	Kiowa County Health	67109
10	Local Business	Jamie	Brown	Auctioneer	67109
11	Farmer	Steve	Cobb	Farmer	67054
12	Hospitals, clinics, nursing homes managers	Lavonda	Cobb	KCMH	67054
13	Hospitals, clinics, nursing homes managers	John	Colclazier	Maintenance/Student	67054
14	Hospitals, clinics, nursing homes managers	Dana	Conrad	Hospital	67054
15	Local Business	Doyle	Conrad Jr	John Deere	67054
16	Hospitals, clinics, nursing homes managers	Alexandra	Dirks	KCEMS/KCMH	67054
1	Other health professionals.	Karen	Dirks	CNA	67054
18	NA	Kathy	Feikest	Guest	67834
19	Hospitals, clinics, nursing homes managers	Daris	Ferguson	Nurse -clinic	67059
20	Farmer	Trent	Friesen	Farmer	67054
21	Hospitals, clinics, nursing homes managers	Alex	Friesen	KCMH	67054
22	Hospitals, clinics, nursing homes managers	Gina	Friesen	KCMH	67054
23	Hospitals, clinics, nursing homes managers	Tina	Fulton	KCMH	67054
24	Local Business	John	Fulton	Fedex	67054
25	Hospitals, clinics, nursing homes managers	Karen	Gonner	Receptionist	67059
26	Hospitals, clinics, nursing homes managers	Pat	Greenleaf	RN	67124
27	Local Business	Donna	Greenleaf	WC	67124
28	Hospitals, clinics, nursing homes managers	Laura	Gwin	Housekeeping	67059
29	Hospitals, clinics, nursing homes managers	Megan	Gwin	Nursing	67059
30	Local Business	Heather	Haase	Daycare	67059
31	Education officials and staff	Adrian	Halverstadt	College administrator	67059
32	Hospitals, clinics, nursing homes managers	Lisa	Halverstadt	RN	67059
33	Farmer	Jerry	Haworth	Pen Rider	67059
34	Hospitals, clinics, nursing homes managers	Christina	Hawoth	Hospital	67059
35	Hospitals, clinics, nursing homes managers	Maggie	Hayes	Nurse	67054
36	Farmer	Rodney	Hesser	Farmer	67054
37	Health Dept.	Mitzi	Hesser	Kiowa County Health Nurse	67054
38	Other health professionals.	Kelsey	Hott	PA	67104
39	Business and economic development	Meluin	Jantz	Acct	67059
40	Education officials and staff	Patty	Jantz	PTA	67059
41	Farmer	Maruin	Jantz	Rancher	67059
42	Hospitals, clinics, nursing homes managers	Kaylan	Jones	KCEMS	67054
43	Hospitals, clinics, nursing homes managers	Misty	Kenton	KCMH	67834
44	Physicians.	Dr. Nizar	Kibar	Physician	67054
45	Business and economic development	Stuart	Kirk	Banker	67834
46	Hospitals, clinics, nursing homes managers	Vanessa	Kirk	Nurse	67834
47	Hospitals, clinics, nursing homes managers	Marilyn	Koch	RN	67054
48	Hospitals, clinics, nursing homes managers	Jaylen	Kost	Hospital	67054
49	Education officials and staff	Kyla	McDonald	Childcare	67109
50	Farmer	Dennis	McKinney	Farmer	67054
51	Hospitals, clinics, nursing homes managers	Bonnie	McVey	Hospital	67021
52	Public safety officials.	Norman	McVey	Road Patrol	67021
53	Physicians.	Richard	Meador	Physician	67104
54	Hospitals, clinics, nursing homes managers	Corey	Neilrdd	KCMH	67054
55	Farmer	Brandon	Newell	Ag	67054
56	Hospitals, clinics, nursing homes managers	Rachel	Newell	KCMH	67054
57	Hospitals, clinics, nursing homes managers	Tracy	Noble	KCMH	67054

YR 2018 CHNA Kiowa County (Wave #3)- Town Hall Roster- 3/21/18 N= 93

Count	CHNA CAT	Firstname	Lastname	Firm/Title	ZIP
58	Public health officials	Kris	Oberbeck	Dietary	67059
59	Hospitals, clinics, nursing homes managers	Jane	Oborny	Hospital-CFO	67548
60	Hospitals, clinics, nursing homes managers	Theresa	Paul	Materials	67054
61	Farmer	Abe	Peters	Farmer	67054
62	Health Dept.	Ellen	Peters	Retired Nurse	67054
63	Hospitals, clinics, nursing homes managers	Rebecca	Preble	RN Hospital	67054
64	Retired	Jake	Preble	Retired	67054
65	Health Dept./Farmer	Sierra	Ralstin	KMCH/Farm	67109
66	Hospitals, clinics, nursing homes managers	Sharon	Reidd	Clinic- Receptionist	67834
67	Hospitals, clinics, nursing homes managers	Dooli	Rugg	KCMH	67054
68	Law enforcement agencies - Chiefs of police.	Justin	Rugg	Law Enforcement	67054
69	Hospitals, clinics, nursing homes managers	Rhonda	Sarber	Radiographer	67109
70	Hospitals, clinics, nursing homes managers	Kathy	Semt	KCMH	67054
71	Hospitals, clinics, nursing homes managers	Letitia	Smith	RN Hospital	67054
72	Local Business	Roelyn	Stevens	Daycare	67059
73	Hospitals, clinics, nursing homes managers	Lukamd	Sunst	Technician	67054
74	Hospitals, clinics, nursing homes managers	Sherlyn	Tedder	Hospital	67124
75	Hospitals, clinics, nursing homes managers	Shannon	Thompson	Hospital- HIM	67029
76	Public safety officials.	Christina	Thronssbery	EMT	67054
77	Hospitals, clinics, nursing homes managers	Manvela	Torrcs	Housekeeper	67054
78	Public safety officials.	Patricia	Torrcs	EMT	67054
79	Hospitals, clinics, nursing homes managers	Mylisia	Trimmell	Hospital	67059
80	Hospitals, clinics, nursing homes managers	Bertha	Tuttle	Hospital- RN	67059
81	Local Business	Ronald	Tuttle	Truck Driver	67059
82	Public safety officials.	Cyndee	Tuttle	EMT/Fire Kiowa County	67059
83	Health Dept.	Kerri	Ulrich	Kiowa County Health	67054
84	NA	Doug	Ulrich	NA	67054
85	Hospitals, clinics, nursing homes managers	Skylar	Watson	Hospital	67109
86	Farmer	Cory	West	Farmer	67059
87	Hospitals, clinics, nursing homes managers	Susan	West	Reg Nurse	67054
88	Public safety officials.	Jason	West	KDOT	67054
89	Hospitals, clinics, nursing homes managers	Don	YI	KCMH	67029
90	Hospitals, clinics, nursing homes managers	Tanya	Yoder	KCMH	67029
91	Hospitals, clinics, nursing homes managers	Adina	Young	KCMH/Farm	67054
92	Business and economic development	Aaron	Zadina	Banker	67054
93	Hospitals, clinics, nursing homes managers	Nicole	Zadina	Nurse	67054

Notes

Kiowa County Medical Center

Greensburg, KS

March 19, 2018

Attendees:

Respondents: Yes, we do have people in our community that only speak Spanish.

Respondents: We don't have a lot of options for affordable housing. That is an issue in our community since the tornado and can affect the housing numbers and total of firms in our community.

Respondent: It is interesting [about the schools] because our population wasn't big enough last year to get funding for the summer lunches.

People travel to Pratt, Wichita, and Hays for more critical care.

Respondents: Meth, Marijuana, Opioids are the drugs that are prominent in our county.

Dry environment and dust is increasing asthma.

DOH: We do family planning so I'm really sad people don't know about that and don't utilize it.

Respondent: I'm surprised that our mental health perception is so low.

c) Public Notice & Requests

[VVV Consultants LLC]



From: CEO

Date: February 2018

To: Community Leaders, Providers, Hospital Board and Staff

Subject: Community Health Needs Assessment - 2018

Kiowa County Memorial Hospital is partnering with the Kiowa County Health Department to update the 2015 Community Health Needs Assessment. (Note: This assessment update is a follow-up to meet final IRS regulations released on 01/02/2015, requiring all 501(c)(3) hospitals to conduct a Community Health Needs Assessment and adopt an implementation strategy at least once every three years).

Your feedback and suggestions regarding community health delivery are very important to collect in order to complete the 2018 Community Health Needs Assessment and implementation plan updates.

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

https://www.surveymonkey.com/r/Kiowa_CHNA

CHNA 2018 due date for completion is Wednesday March 14th. All responses are confidential. Thank you in advance for your time and support in participating with this important request.

Sincerely,
Mary Sweet
CEO

2018 Community Health Survey begins, Kiowa County KS

Media Release: 01/31/2018

Over the next three months, Kiowa County Memorial Hospital (KCMH) will be updating the 2015 Kiowa County Community Health Needs Assessment (CHNA). (Note: This assessment update is a follow-up to meet final IRS regulations released on 01/02/2015, requiring all 501(c)(3) hospitals to conduct a community health needs assessment and adopt an implementation strategy at least once every three years).

The goal of this assessment update is to understand progress in addressing community needs and to collect up-to-date community health care perceptions and suggestions. VVV Consultants LLC, an independent research firm from Olathe, Kansas has been retained again to conduct this countywide research.

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

https://www.surveymonkey.com/r/Kiowa_CHNA_ OR

text KiowaCoCHNA to 48421 to receive the link on your smart phone. < Note: you can also find CHNA 2018 feedback link on KCMH website & Facebook page.>

“We hope that our community will participate with this important project,” comments Mary Sweet, CEO. All community residents are encouraged to complete the 2018 CHNA Wave #3 online survey by Wednesday March 14th 2018.

If you have any questions about CHNA activities, please call 620-723-3341.

d) Primary Research Detail

[VVV Consultants LLC]

CHNA Community Feedback - Kiowa Co KS N= 134

ID	Zip	Overall	Movement	c1	c2	c3	When considering "overall community health quality", is it increasing, decreasing or not really changing. Why?
1080	67059	Good	UP	ACC			I see more services being added.
1132	67054	Average	DOWN	AGE			Age of the population is rising
1067	67834	Very Good	UP	DOCS			I think we strive to better health care and concerns for our patients. We don't know how their bodies feel or how they are feeling which helps me have empathy.
1006	67059	Good	No CHG	DUP			We have the same people who provide for the same things.
1034	67054	Average	No CHG	HOSP	CLIN	PHAR	Specifically at the hospital/clinic we have had the same situation for several years now. Pharmacy has been an amazing addition
1024	67109	Good	No CHG	HOSP			We are still where we were after the tornado and after the hospital was opened.
1017	67054	Average	No CHG	IP	OP		could be slipping, need to try and recruit more inpatient/outpatient services
1029	67054	Good	UP	NO			Always room for improvement
1119	67054	Average	No CHG	NO			Don't know thank health is better
1023	67054	Very Good	No CHG	NO			From my standpoint it's staying the same.
1124	67054	Very Good	No CHG	NO			Haven't noticed any increase or decrease
1020	67054	Good	No CHG	NO			I don't really need services. Pretty healthy
1068	67059	Average	No CHG	NO			I don't really understand this question.
1069	67054	Good	No CHG	NO			If it's changing, it's unknown to me.
1102	67054	Good	No CHG	OTHR			Not sure if this is due to lack of public awareness of services offered, or if services haven't changed.
1021	67054	Good	DOWN	PHAR			Too much reliance on a pill to fix everything.
1081	67109	Average	No CHG	PHY	PHAR		Only improvements I can see have been Mrs. Yoder as PT, adding pharmacy, and Dr. Meador.
1106	67054	Very Good	No CHG	QUAL			idk. It just doesn't seem like we are moving upward.
1016	67054	Good	No CHG	STFF			Our community has established providers. We haven't had any "new" programs that I am aware of.
1027	67054		DOWN	STFF			The providers are arrogant, self-serving and disrespectful to staff. The computer system is taking away time that should be to patient care
1130	67054	Average	No CHG	STFF			We have reached a place where we can't grow I think because of human resources

CHNA Community Feedback - Kiowa Co KS N= 134

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1049	67109	Very Good	UP	AGE			Aging Population
1102	67054	Good	No CHG	CONF			Distrust of local providers (due to actual experience or public perception)
1126	67054	Poor	No CHG	DOCS	MDLV		Lack of a decent physician in charge, and to be clear, I am not talking about the mid level practitioner.
1097			No CHG	FINA	INSU		Financial reasons, lack of insurance.
1106	67054	Very Good	No CHG	FIT			lack of workout facility. One that is manned most of the time.
1028	67054	Very Good	UP	FIT	NUTR		people willing to eat healthy and exercise
1093	67054	Average	No CHG	INSU			Insurance costs
1124	67054	Very Good	No CHG	NUTR			Lack of access to healthy food at a reasonable cost
1008	67054	Very Good	UP	OBES	NUTR		Unhealthy eating/obesity
1029	67054	Good	UP	OTHR			genetics
1130	67054	Average	No CHG	OTHR			Lack of desire to get help
1111	67054	Good	UP	OTHR			Unwillingness to change
1034	67054	Average	No CHG	POV			Poverty
1009	67059	Average	No CHG	STFF			Lack of providers
1105	67054	Very Poor	No CHG	STFF			Lack of quality medical providers

CHNA Community Feedback - Kiowa Co KS N= 134

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1076	67547	Good	No CHG	AGE	HH		Elderly in home care
1027	67054		DOWN	BH	NH	ASLV	Mental Health first aid- and should be required by all persons providing health care, public health and law enforcement. It is our attitudes that need changing. Nursing home and assisted living. the building is empty
1014	67109	Very Good	No CHG	CHIR			Chiropractor
1013	67054	Very Good	No CHG	CHIR			Chiropractor
1105	67054	Very Poor	No CHG	DOCS	NH		Better quality physicians. Ones that Can treat patients and admit to the hospital instead of transferring everyone and keeping nursing home people in the hospital.
1006	67059	Good	No CHG	DRUG			Need help with prescription drug abuses.
1019	67054	Good	No CHG	DRUG			Prescription drug abuse
1034	67054	Average	No CHG	FIT			Additional group wellness programs at the Rec?
1041	67054	Good	No CHG	FIT	AGE		Exercise programs for seniors
1033	67054	Good	No CHG	FIT	SMOK		Some type of physical fitness program. Quit smoking programs
1017	67054	Average	No CHG	HSP	URL	NH	Hospice, eurology, nursing home
1081	67109	Average	No CHG	KID			Involving the youth, so they feel it is important.
1010	67054	Average	DOWN	NH			Evaluate opening up a nursing home in Greensburg.
1030	67054	Very Good	No CHG	NH			Nursing Home
1029	67054	Good	UP	NH			Nursing home developments, grants , private investors
1130	67054	Average	No CHG	NH			Nursing home.
1020	67054	Good	No CHG	NH			Nursing Homes
1068	67059	Average	No CHG	NO			?
1007	67054	Good	No CHG	NO			None that I can think of.
1003	67059	Very Good	UP	NO			Unknown
1054	67054	Good	UP	NUTR			nutritionist
1024	67109	Good	No CHG	OTHR			Maybe partner with Pratt Medical Center
1065	67054	Good	No CHG	POV			Poverty
1080	67059	Good	UP	SS			Education for Social Services and how to apply and fill out the paperwork. If people knew what services were out there and had a professional help them apply for these services it would help the revenue for our county.
1102	67054	Good	No CHG	STD	DRUG	BRST	Health Dept partner with the school for sex ed. I've heard the school administration has refused to allow sex ed classes (even optional ones) for parents who would like their children to be fully educated. Health department partner with Pharmacy and school to address drug abuse in teens. Better advertising for the free local breastfeeding classes offered through julie fields.
1136	67054	Good	No CHG	WELL			Lots of education about what services are available in Kiowa County. Both inside the county and to the surrounding communities as well.

Let Your Voice Be Heard!

Kiowa County Memorial Hospital is requesting your help to update the 2018 Community Health Needs Assessment (CHNA). <Note: ACA legislation requires all tax-exempt hospitals to submit a CHNA to the IRS every three years, regardless of hospital affiliation. Each hospital, even those that serve overlapping populations, must submit a separate CHNA.>

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

Thank you for your attention! Deadline to participate is Wednesday, March 14, 2018.

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

Very Poor Poor Average Good Very Good

2. 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"/>				
Child Care	<input type="radio"/>				
Chiropractors	<input type="radio"/>				
Dentists	<input type="radio"/>				
Emergency Room	<input type="radio"/>				
Eye Doctor/Optomtrist	<input type="radio"/>				
Family Planning Services	<input type="radio"/>				
Home Health	<input type="radio"/>				
Hospice	<input type="radio"/>				

3. 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"/>				
Mental Health	<input type="radio"/>				
Nursing Home	<input type="radio"/>				
Outpatient Services	<input type="radio"/>				
Pharmacy	<input type="radio"/>				
Physician Clinics	<input type="radio"/>				
Public Health	<input type="radio"/>				
School Nurse	<input type="radio"/>				
Specialists	<input type="radio"/>				

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

- Yes
- No
- I don't know

Please specify the healthcare services received.

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

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

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

- Lack of health & wellness education
- Chronic disease prevention
- Limited access to mental health assistance
- Case management assistance
- Elder assistance programs
- Family assistance programs
- Lack of awareness of existing local programs, providers, and services

Other (please specify)

7. Does our community need any additional healthcare providers?

- Yes
- No

If yes, please specify

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

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

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

Why? (please specify)

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

	Very Good	Good	Fair	Poor	Very Poor
Caregiver Training Programs	<input type="radio"/>				
Early Childhood Development Programs	<input type="radio"/>				
Emergency Preparedness	<input type="radio"/>				
Food and Nutrition Services/Education	<input type="radio"/>				
Ability to secure Grants / Finances to Support Local Health Initiatives	<input type="radio"/>				
Health Screenings (such as asthma, hearing, vision, scoliosis)	<input type="radio"/>				
Immunization Programs	<input type="radio"/>				
Obesity Prevention & Treatment	<input type="radio"/>				

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

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

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

- Alcohol Abuse
- Access to Mental Health care
- Awareness of existing HC services
- Child Care
- Clinic Hours
- Drug / Substance Abuse
- HC Transportation
- Home Health / Hospice services
- Nursing Home - Dementia care
- Specialists Available
- Wellness / Prevention

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

- | | |
|--|---|
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> HC Transportation |
| <input type="checkbox"/> Access to Mental Health care | <input type="checkbox"/> Home Health / Hospice services |
| <input type="checkbox"/> Awareness of existing HC services | <input type="checkbox"/> Nursing Home - Dementia care |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Specialists Available |
| <input type="checkbox"/> Clinic Hours | <input type="checkbox"/> Wellness / Prevention |
| <input type="checkbox"/> Drug / Substance Abuse | |

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

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

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

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

- Yes
- No
- I don't know

Please explain

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

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

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

Other (please specify)



Report Contact:

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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