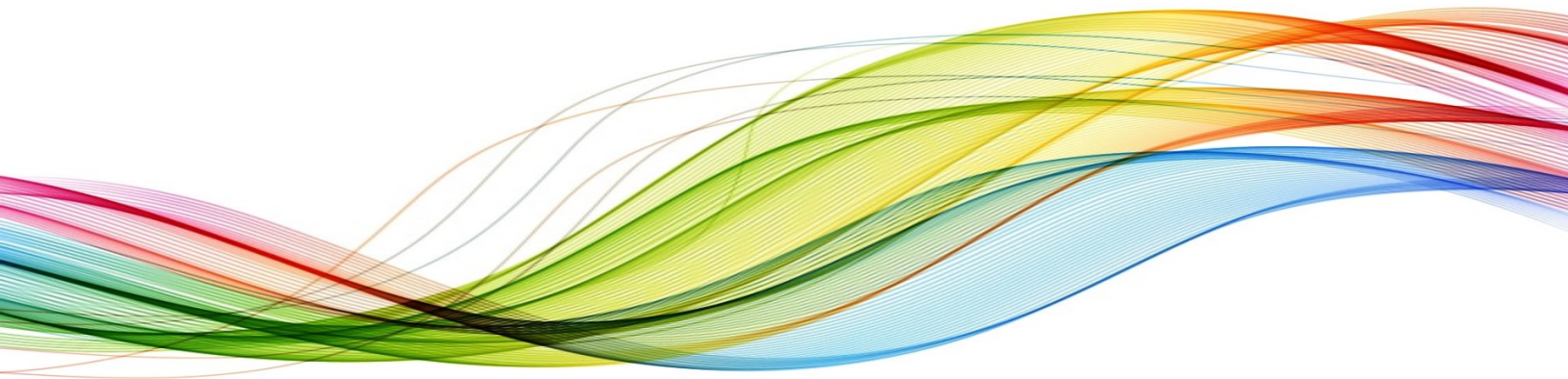




Community Health Needs Assessment Smith County Memorial Hospital- Smith County (KS)



June 2018

**VVV Consultants LLC
Olathe, KS**

Community Health Needs Assessment

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I.Executive Summary

Smith 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.

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

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

Year 2018 Smith County "Community Health Improvements Needs"

Smith County Memorial Hospital PSA				
Wave #3 CHNA - 2018 Town Hall Priorities (42 Attendees, 166 Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Diagnosis, Placement, Aftercare)	25	15.1%	15.1%
2	Child Care Access	17	10.2%	25.3%
3	Dental Service Access	17	10.2%	35.5%
4	Home Health Service Access	13	7.8%	43.4%
5	Obesity (Healthily Foods / Exercise)	13	7.8%	51.2%
6	Affordable HC Insurance	9	5.4%	56.6%
7	County Wide Preparedness	8	4.8%	61.4%
8	Drug Abuse (Marijuana. Meth & Opioids)	8	4.8%	66.3%
9	Senior Housing Options	8	4.8%	71.1%
10	Poverty/ Employment Readiness	8	4.8%	75.9%
	Total Votes:	166	100.0%	
Other Items Noted: Veterans Healthcare, Tobacco, Early Childhood Education, Sidewalks/ Trails, Chronic Disease Education, Transportation, Communication.				

Smith County CHNA Town Hall “Community Health Strengths” cited are as follows:

Smith County Memorial Hospital - Community Health "Strengths"			
#	Topic	#	Topic
1	Number of Medical Providers	9	Economic Base to Support Healthcare
2	Great OB Care	10	Emergency Medicine
3	Hospice Care	11	Pharmacy
4	Quality Nursing Staff	12	Diabetes Education
5	Strong Schools	13	Visiting Physicians in the Outpatient Clinic
6	EMS Services with Paramedics	14	Spiritual Options
7	New Hopital	15	Community Support
8	Collaboration with Support Services	16	Grant Funding Opportunities

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

KS HEALTH RANKINGS: According to the 2018 RWJ County Health Rankings Study, Smith County is in the top third of all Kansas Counties (105) in the following categories: Health Factors, Clinical Care, Social and Economic Factors, and Physical Environment.

TAB 1. Smith population is 3,632, with a population per square mile of 4.3. 4% of the population is under the age of 5 and 26.8% is over the age of 65. 50.4% of Smith is Female. Hispanic or Latinos make up 2.2% of the population and there are 1.3% of Smith that speak a language other than English at home. Single parent households has decreased to 23%. There are 371 Veterans living in Smith.

TAB 2. The per capita income in Smith is \$27,315, there are 12.2% of the population in poverty. 2,243 total housing units with a severe housing problem of 11%. There are 456 total firms in Smith and an unemployment rate of 3.9%. Food insecurity has risen to 14%. Low income and low access to a store has decreased to 4.7%.

TAB 3. Children eligible for a free or reduced-price lunch has increased to 53%. 91.6% of students graduate high school and 21.6% of students get their bachelor's degree or higher.

TAB 4. The percent of births where prenatal care started in the first trimester has decreased to 74.5%. The percent of infants up to 24 months old getting full immunizations has decreased to 88.4%. Births occurring to unmarried women has decreased to 26.4%. Births where mothers have smoked during the pregnancy is at 14.2%.

TAB 5. There is one primary care Physician per 750 people in Smith County. 61% of patients would rate their hospital 9 or 10 out of 10. 74% of patients would recommend their hospital. The average ER wait time is 25 minutes.

TAB 6. People getting treated for depression has increased to 14.4%.

TAB 7. 34% of adults in Smith are obese, with 31% of the population physically inactive. 13% of adults drink excessively and 16% smoke. Hypertension has increased to 52.3%. Asthma has risen to 5.8%.

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

TAB 9. The life expectancy rate in Smith County is 77.3 for Males and 82 for Females. The age-adjusted Cancer Mortality rate has increased to 207.5 as well as the Heart Disease Mortality rate, now at 194.1. Alcohol impaired driving deaths has decreased to 17%.

TAB 10. 47% of Smith County has access to exercise opportunities. Only 60% of women in Smith get annual mammography screenings.

Key 2018 Community Feedback Conclusions: Stakeholder feedback from residents, community leaders and providers (N=67) provided the following community insights via an online perception survey:

- Using a Likert scale, 81.4% of Smith County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Smith County stakeholders are satisfied with the following services: Ambulance Services, Chiropractors, Emergency Room, Hospice, Inpatient Services, Outpatient Services, Pharmacy, Physician Clinics, Public Health.
- Smith County stakeholders perceive a Lack of awareness of existing local programs, providers, and services assistance to be the largest root cause of poor health in their community, followed by Limited access to Mental Health.
- When considering past CHNA needs Affordable Insurance; Mental Health Assistance; Dental continue as an ongoing problem and pressing.

CHNA Wave #3		Ongoing Problem		Pressing	
Past CHNAs health needs identified		Smith N=204		Trend	Smith
Rank	Topic	Votes	%		RANK
1	Affordable Insurance	106	19.4%		1
2	Mental Health Assitance	79	14.5%		2
3	Dental	71	13.0%		4
4	Nursing Homes	57	10.5%		3
5	Fitness/ Exercise Options	44	8.1%		6
6	Alcohol Abuse	39	7.2%		9
7	Home Health/ Hospice Services	37	6.8%		5
8	Wellness/ Prevention	36	6.6%		7
9	Awareness of existing HC Services	33	6.1%		8
10	Diabetes Education and Management	22	4.0%		10
11	HC Transportation	21	3.9%		11
	TOTALS	545	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.).

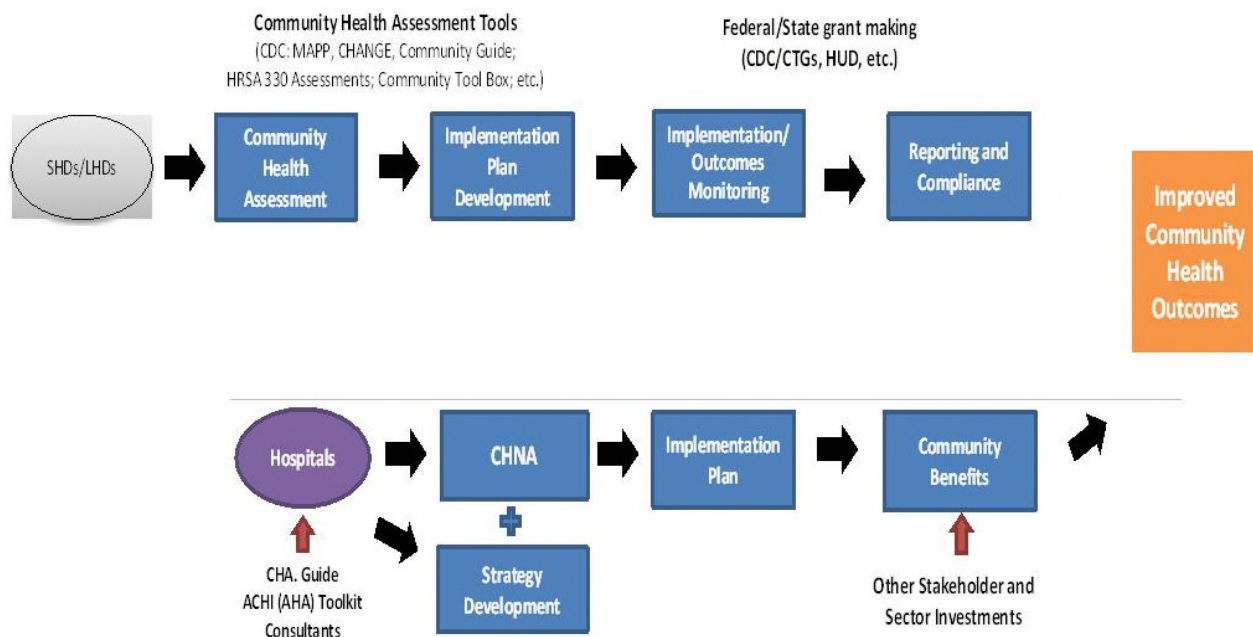
JOB #2: Making a CHNA Widely Available to the Public

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:

Smith County Memorial Hospital Profile

614 S Main St, Smith Center, KS 66967

Chief Executive Officer: Allen Van Driel

About Us: Smith County Memorial Hospital is a not-for-profit Critical Access Hospital and attached Rural Health Clinic, located in Smith Center, KS.

The hospital was opened June 7, 1951, and on December 12, 1971, the Long-Term Care Unit was opened.

A physician clinic was constructed in 1985, designed to accommodate four providers. Smith County Family Practice occupied the clinic beginning in 1987 and became a Provider Based Rural Health Clinic operated by Smith County Memorial Hospital in 2003.

In 1989 an addition was completed on the north end of the original hospital to provide a new Emergency Room, Surgical Services area, and space for four examination rooms for visiting specialty physicians.

In 2004, construction was completed of the Gardner Wellness & Physical Therapy Center, the newest addition of the hospital. This addition has provided much needed space for the Physical Therapy department as well as provided space for Cardiac Rehabilitation and a pool to provide aquatic therapy.

The Board of Trustees began seriously exploring the expansion and modernization of the facilities in 2013. A Facility Master Plan was developed, exploring whether renovation or replacement of the hospital was a better option. The Master Plan led the Board of Trustees to determine that construction of a replacement facility was more cost effective. Following exploration of costs and funding options, application was made to the U.S. Department of Agriculture Rural Development Program for a long term loan. Commitment of funds was received from USDA in 2016.

Construction began on a 63,000 square foot replacement Critical Access Hospital and Rural Health Clinic in March, 2017. The new hospital will house 16 inpatient beds, including two Labor, Delivery, Recovery, and Postpartum (LDRP) rooms. Facilities for outpatient infusion and chemotherapy administration will be included. The Emergency Department will include two large trauma treatment rooms, with an additional triage / exam room. The visiting specialty clinic will be enlarged from four exam rooms to 9, plus a procedure room. Office space will allow multiple specialty providers to conduct clinics simultaneously. The space available for Physical, Occupational, and Speech Therapy, as well as Cardiac Rehabilitation and facilities for Sleep Studies will be included, and will encompass approximately three times the space currently available for those services. The Rural Health Clinic (Smith County Family Practice) will include 19 examination rooms (up from the current 12), as well as offices for 8 providers. Construction of the new facility is expected to be complete in July, 2018. The new facility is located at 921 East Highway 36, on the east edge of Smith Center.

In October, 2017, the Smith County Memorial Hospital Long Term Care Unit was leased to SunPorch of Smith Center, Inc. This separate not for profit organization is currently operating the facility while preparing for construction of completely new facilities on the south end of the new hospital site on the east edge of Smith Center. The new senior living complex will eventually include four ten bed skilled nursing facilities and two 12 bed Assisted Living facilities, plus

facilities for Independent Living apartments. SunPorch is planning the facilities using the Greenhouse model. This model includes private apartments for residents of both the skilled nursing and assisted living facilities, each with a private bath and sleeping / sitting space. A family-style dining room will allow space for residents to congregate and socialize, as well as enjoy home-style meals. Construction of Phase I of the SunPorch complex is expected to start before the hospital construction is complete; Phase I construction timeline is expected to be approximately 10 months.

Smith County Health Department Profile

119 S Main St, Smith Center, KS 66967

Administrator: Laura Hageman

The Smith County Health Department is open Monday through Thursday 8:00am – 5:00pm and open over the noon hour. Friday hours are 8:00am – 12:00pm

Services:

- Kansas Women Infant Children Program
- Maternal Infant and Children Program
- Maternal Infant Program
- Immunizations
- Laboratory Service
- Disease Surveillance
- In Home Medication Management
- In Home Skilled Medicaid Nursing Visits
- Elderly Home Care Assistance
- Home and Community Based Service
- Public Health in Office Services
- Dietician Consultation
- Environmental Sanitation
- Emergency Preparedness
- Healthy Start Home Visitor Program
- Breastfeeding Educator Program

II. Methodology

b) Collaborating CHNA Parties Continued Consultant Qualifications



VVV Consultants LLC

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

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

VVV@VandelaarMarketing.com

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 Smith County Memorial Hospital to meet IRS CHNA requirements.

In early January of 2018 a meeting was called (hosted) by Smith 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 SCMH 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:

Smith County Memorial Hospital - Smith Co: Defined based on historical KHA IP/ER/OP patient origin					
Home County Share	Smith	SCMH	PSA	Others	%
SCMH Overall - 3 yr	5,175	4,718	91.2%	457	8.8%
Total Inpatient (PO 103)					
-FFY 2017	576	575	99.8%	1	0.2%
-FFY 2016	427	358	83.8%	69	16.2%
-FFY 2015	397	314	79.1%	83	20.9%
ER Only (TOT223)					
-FFY 2017	1421	1296	91.2%	125	8.8%
-FFY 2016	1263	1166	92.3%	97	7.7%
-FFY 2015	1091	1009	92.5%	82	7.5%
Source: KHA Hospital Assoc					

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

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

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

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.....	April 12, 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	

Smith County 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	1/31/2018	Hosp	Selected CHNA Option C. Approved / signed VVV CHNA quote.
3	2/9/2018	Both	Conduct CHNA Kickoff Conference Call (Hospital / DOH leaders).
4	2/9/2018	VVV	Send out REQCommInvite Excel file. Hospital client to fill in PSA key stakeholder names, addresses and e-mail addresses.
5	2/9/2018	VVV	Request hospital client to complete zip counts (three year historical PSA IP / OP / ED / Clinic). Use ZipPSA_3yrPOrigin.xls Patient Origin file.
6	2/9/2018	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 2/9/18	VVV	Prepare CHNA stakeholder feedback online link. Send text link for hospital client to review. Prepare draft e-mail push.
8	On or before 2/23/18	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	Feb / March 2018	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
10	3/1/2018	VVV	Launch online survey to stakeholders. Hospital client will e-mail invite to participate to all stakeholders. Client will finalize Town Hall location / food.
11	Thurs 3/15/2018	VVV / Hosp	Prepare / release PR story to local media announcing upcoming Town Hall. VVV will mock up PR release.
12	Thurs 3/15/2018	Hosp	Prepare and send out community Town Hall invite letter and place local advertisement.
13	Mon 4/9/2018	All	Conduct Town Hall practice conference call with hospital client to review Town Hall data and flow. Time TBD
14	Thurs 4/12/2018	VVV	Conduct CHNA Town Hall from 5:30-7pm at XXX. Review and discuss basic health data and rank health needs.
15	On or before 5/30/18	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital client.
16	On or before 6/15/18	VVV	Produce and release final CHNA report. Hospital client will post CHNA online.
17	On or before 6/15/18	TBD	Conduct hospital client Implementation Plan meeting with PSA leadership.
18	30 days prior to end of hospital fiscal year	Hosp	Hold board meetings to discuss CHNA needs, create and adopt an Implementation Plan. Communicate CHNA plan to community.

Overview of Town Hall Community Priority Setting Process

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

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

Smith County Memorial Hospital (Smith Co KS) was held on Thursday, April 12th, 2018 at the Smith Center Church of the Nazarene in Smith Center, KS. Vince Vandehaar and Heather Marine facilitated this 1 ½ hour session with forty-two (42) attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

1. Welcome & Introductions
2. Review Purpose for the CHNA Town Hall & 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 Smith 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

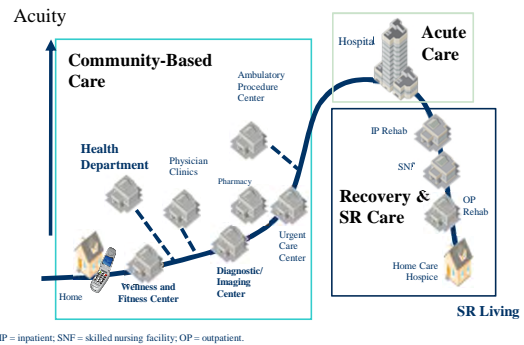
II. Review CHNA Definition

- 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.

Purpose—Why Conduct a CHNA?

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

Future System of Care—Sg2



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

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

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

I. Introductions: A Conversation with the Community

Community members and organizations invited to CHNA Town Hall

Consumers: Uninsured/underinsured people, Members of at-risk populations, Parents, caregivers and other consumers of health care in the community, and Consumer advocates.

Community leaders and groups: The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs – Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses – owners/CEO's of large businesses (local or large corporations with local branches), Business people & merchants (e.g., who sell tobacco, alcohol, or other drugs), Representatives from organized labor, Political, appointed and elected officials, Foundations, United Way organizations. And other "community leaders."

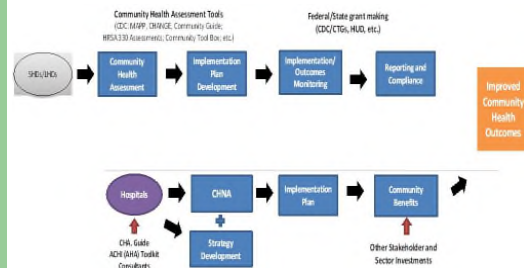
Public and other organizations: Public health officials, Directors or staff of health and human service organizations, City/Community planners and development officials, Individuals with business and economic development experience, Welfare and social service agency staff, Housing advocates – administrators of housing programs: homeless shelters, low-income-family housing and senior housing, Education officials and staff – school superintendents, principals and teachers, Public safety officials, Staff from state and area agencies on aging, Law enforcement agencies – Chiefs of police, Local colleges and universities, Coalitions working on health or other issues.

Other providers: Physicians, Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services, Leaders from Catholic Charities and other faith-based service providers, Mental health providers, Oral health providers, Health insurers, Parish and congregational nursing programs, Other health professionals

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

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



II. IRS Hospital CHNA YR 2012 / 2015 / 2018 Written Report Documentation

- a description of the community served
- a description of the CHNA process
- the identity of any and all organizations and third parties which collaborated to assist with the CHNA
- a description of how the organization considered the input of persons representing the community (e.g., *through meetings, focus groups, interviews, etc.*), who those persons are, and their qualifications
- a **prioritized description of all of the community needs identified by the CHNA** and
- a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA

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

Trends: Good Same Poor

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

The diagram illustrates the Dahlgren and Whitehead model of the determinants of health, showing a vertical flow from Policies and Programs at the bottom to Health Outcomes at the top. Health Factors are central, influenced by Health behaviors (30%), Clinical care (20%), Social and economic factors (40%), and Physical environment (10%). These factors are further broken down into specific determinants like Tobacco use, Diet & exercise, Alcohol use, Sexual activity, Access to care, Quality of care, Education, Employment, Income, Family & social support, Community safety, Environmental quality, and Built environment. Mortality (length of life) 50% and Morbidity (quality of life) 50% are shown as outcomes of the health factors.

```

graph TD
    PO[Policies and Programs] --> HF[Health Factors]
    HF --> HO[Health Outcomes]
    HF --- HB[Health behaviors 30%]
    HF --- CC[Clinical care 20%]
    HF --- SEF[Social and economic factors 40%]
    HF --- PE[Physical environment 10%]
    HB --- TB[Tobacco use]
    HB --- DE[Diet & exercise]
    HB --- AL[Alcohol use]
    HB --- SA[Sexual activity]
    CC --- AC[Access to care]
    CC --- QC[Quality of care]
    SEF --- ED[Education]
    SEF --- EMP[Employment]
    SEF --- INC[Income]
    SEF --- FSS[Family & social support]
    SEF --- CS[Community safety]
    PE --- EQ[Environmental quality]
    PE --- BE[Built environment]
    HO --- M[Mortality length of life 50%]
    HO --- Mor[Morbidity quality of life 50%]
  
```

Physical Environment (10%)			2b			Social and Economic Environment (40%)		
Focus Area	Measure	Description	Focus Area	Measure	Description	Focus Area	Measure	Description
Air and water quality (5%)	Air pollution: particulate matter	The average daily measure of five particulate matter pollutants (particulate matter (PM2.5) is a key indicator)	Community safety (5%)	Violent crime	Violent crime rate per 100,000 population			
	Drinking water	Percentage of population potentially exposed to water exceeding a violation limit during the past year		Injury deaths	Injury mortality per 100,000 population			
Housing and transit (5%)	Housing problems	Percentage of households with at least one of a housing problem: overcrowding, high housing costs, or lack of facilities in apartment buildings						
	Drinking water: taste	Percentage of the population that complains of water having an undesirable taste						
	Drinking water: nitrate	Percentage of wells where nitrate is over their action level, the level that currently poses no risk to residents						
2c	Focus Area	Measure	Focus Area	Measure	Description <td></td> <td></td> <td></td>			
Access to care (5%)	Disability	Percent of population under age 65 without health insurance	Focus Area	Adolescent	Percent of adolescents with a disability >= 100			
	Primary care physicians	Ratio of population to primary care physicians	Diet and exercise (10%)	Adult obesity	Percent of adults that contribute to a BMI >= 30			
	Obstetrics	Ratio of population to obstetrics			Index of factors that contribute to a healthy food environment			
	Obstetric health providers	Ratio of population to obstetric health providers						
Quality of care (5%)	Preventable hospital readmissions	Population rate for avoidable care readmissions (within 30 days) per 1,000 Medicare discharges						
	Primary care screening	Percent of adults without health insurance that receive prostate screening	Alcohol and drug use (5%)	Alcohol-impaired driving deaths	Alcohol-impaired driving deaths with alcohol involved			
	Gynecology screening	Percent of female Medicare enrollees that receive gynecology screening						
2d	Focus Area	Measure	Focus Area	Measure	Description <td></td> <td></td> <td></td>			
Education (10%)	High school graduation	Percent of 18th grade cohort that graduates in 4 years	Focus Area	Measure	Description			
	College enrollment	Percent of adults aged 25-44 years with post-secondary education	Quality of life (10%)	Poor life expectancy	Percent of adults reporting poor or worst health			
	Unemployment	Percent of population ages 16+ unemployed but looking for work		Poor physical condition	Percent of physically unwell persons that reported to go to work (not adjusted)			
Income (10%)	Children in poverty	Percent of children under age 18 in poverty		Poor mental health days	Number of mentally unwell subjects reported in past 30 days			
	Indigenous adult poverty	Percent of adults without income/employment support		Low birthweight	Percent of live births with low birthweight (< 3,500 grams)			
	Children in single-parent households	Percent of children born to households headed by single parent	Length of life (10%)	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)			

A. Aging Services	M. Hospice
B. Chronic Pain Management	N. Hospital Services
C. Dental Care/Oral Health	O. Maternal, Infant & Child Health
D. Developmental Disabilities	P. Nutrition
E. Domestic Violence,	R. Pharmacy Services
F. Early Detection & Screening	S. Primary Health Care
G. Environmental Health	T. Public Health
H. Exercise	U. School Health
I. Family Planning	V. Social Services
J. Food Safety	W. Specialty Medical Care Clinics
K. Health Care Coverage	X. Substance Abuse
L. Health Education	Y. Transportation
M. Home Health	Z. Other

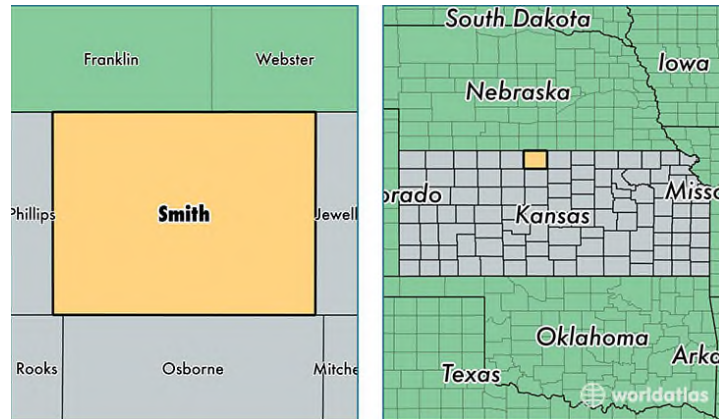
Questions; Next Steps?

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II. Methodology

d) Community Profile (A Description of Community Served)

Smith County Community Profile



Demographics

The population of Smith County was estimated to be 3,944 citizens in 2017, which is a 0.32% change in population from 2010–2017. Smith County is 896.1 square miles which includes Jennings Wastewater Plant, Price Ranch, and Oberlin-Sappa State Park. The county has an overall population density of 4 persons per square mile.¹ The most common industries in Smith County include agriculture, forestry, fishing and hunting, and mining.² It was founded in 1872 and the county seat is Smith Center

The major transportation of the county includes U.S. Highway 36, the main east-west route, which travels through Athol, Kensington, and Smith Center. The main north-south route is U.S. Highway 281, which intersects US-36 in Smith Center. Kansas state highways K-8, K-9 and K-180 serve other areas of the county.

Smith County, KS Airports³

Name	USGS Topo Map
Smith Center Municipal Airport	Smith Center

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

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

³ <http://kansas.hometownlocator.com/features/cultural/class/airport,scfips,20183.cfm>

Schools in Smith County⁴

Name	Level
Smith Center Elem	Primary
Smith Center Jr Sr High	High
Thunder Ridge Elementary	Primary
Thunder Ridge High School	High

Parks and Amenities⁵

Name	USGS Topo Map
Geographic Center of the Conterminous United States	Lebanon
Wagner Park	Smith Center
Gaylord City Library	Gaylord
Kensington School Community Library	Kensington
Kensington Senior Community Center	Kensington
Smith Center Public Library	Smith Center
Morrison Lake	Oberlin

Most Common Occupations⁶

Management
Administrative
Sales
Education, Training and Library
Construction and Extraction

⁴ <http://kansas.hometownlocator.com/schools/sorted-by-county,n,smith.cfm>

⁵ <https://kansas.hometownlocator.com/features/countyfeatures,scfips,20183,c,smith.cfm>

⁶ https://datausa.io/profile/geo/smith-county-ks/#category_occupations

Smith County Detail Demographic Profile

			Population			Households		HH	Per Capita
Zip	Name	County	YR 2014	YR 2019	Chg.	YR 2014	YR 2019	Avg. Size	Income 14
66932	Athol	SMITH	163	162		69	70	2.3	\$26,447
66951	Kensington	SMITH	707	707		294	297	2.4	\$25,681
66952	Lebanon	SMITH	487	477		240	236	2.0	\$32,947
66967	Smith Center	SMITH	2,118	2,064		976	956	2.1	\$25,720
67628	Cedar	SMITH	93	93		46	46	2.0	\$29,904
67638	Gaylord	SMITH	234	235		111	113	2.1	\$28,902
Totals			3,802	3,738	0.0%	1,736	1,718	2.1	\$28,267
			Population				YR 2014		Females
Zip	Name	County	YR 2014	Pop. 65+	Kids <18	Gen. Y	Males	Females	Age 20-35
66932	Athol	SMITH	69	42	33	34	51	80	9
66951	Kensington	SMITH	294	182	146	145	52	350	39
66952	Lebanon	SMITH	240	119	104	95	50	240	25
66967	Smith Center	SMITH	976	605	445	451	51	1,107	143
67628	Cedar	SMITH	46	25	19	20	52	45	6
67638	Gaylord	SMITH	111	62	47	49	52	116	13
Totals			1,736	1,035	794	794	307	1,938	235
			Population				Aver	HH	
Zip	Name	County	White	Black	Amer. Ind.	Hisp.	HH Inc. 14	YR 2014	HH \$50K+
66932	Athol	SMITH	157	1	0	2	\$41,810	70	29
66951	Kensington	SMITH	676	5	2	9	\$41,063	297	122
66952	Lebanon	SMITH	457	2	1	24	\$47,957	236	116
66967	Smith Center	SMITH	2,043	6	7	32	\$36,624	956	351
67628	Cedar	SMITH	89	1	0	0	\$39,420	46	18
67638	Gaylord	SMITH	225	2	1	1	\$39,698	113	44
Totals			3,647	17	11	68	\$41,095	1,718	680

Source: ERSA Demographics

III. Community Health Status

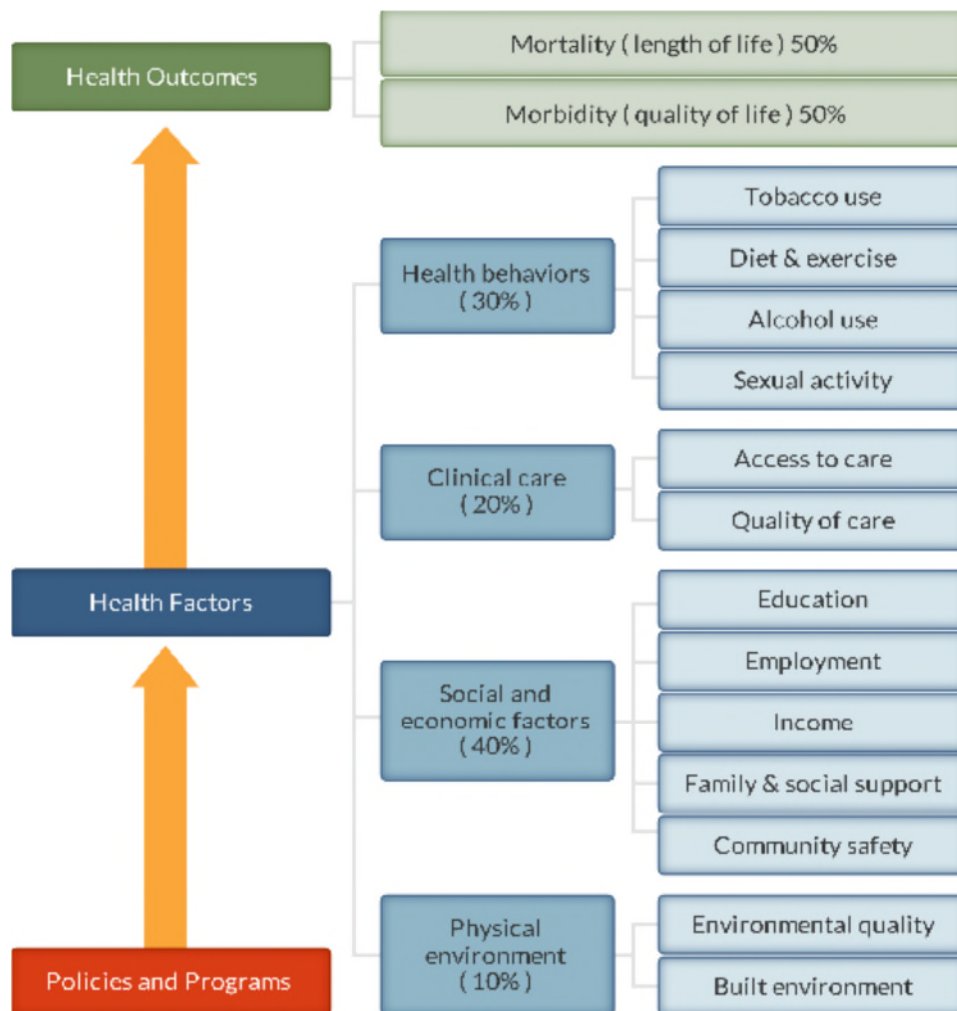
[VVV Consultants LLC]

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 - 105 Counties	Definitions	Smith Co KS 2018	TREND	Smith Co KS 2015	NORMS N=15
1	Health Outcomes		79		14	52
2	Mortality	Length of Life	90		23	52
3	Morbidity	Quality of Life	57		9	49
4	Health Factors		26		13	37
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	47		13	40
6	Clinical Care	Access to care / Quality of Care	25		35	56
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	31		19	38
8	Physical Environment	Environmental quality	21		51	33
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, Thomas, and Trego.						

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	Smith 2018	Smith 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
1a	a Population estimates, July 1, 2016, (V2016)	3,632	3,706		2,907,289	7,762	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2016, (V2016)	-5.7%	-3.8%		1.9%	-2.7%	People Quick Facts
	c Population per square mile, 2012	4.3	4.3		34.9	8.9	Geography Quick Facts
	d Persons under 5 years, percent, July 1, 2016, (V2016)	4.0%	4.6%		6.7%	5.8%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2016, (V2016)	26.8%	26.8%		15.0%	21.4%	People Quick Facts
	f Female persons, percent, July 1, 2016, (V2016)	50.4%	50.4%		50.2%	49.2%	People Quick Facts
	g White alone, percent, July 1, 2016, (V2016)	96.8%	97.2%		86.6%	95.6%	People Quick Facts
	h Black or African American alone, percent, July 1, 2016, (V2016)	0.3%	0.4%		6.2%	1.3%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2016, (V2016)	2.2%	1.5%		11.6%	6.5%	People Quick Facts
	j Foreign born persons, percent, 2011-2015	0.3%	0.6%		6.9%	3.0%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2011-2015	1.3%	1.4%		11.3%	5.7%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	93.7%	92.8%		83.5%	86.9%	People Quick Facts
	m Children in single-parent households, percent, 2011-2015	23.0%	27.0%		29.0%	25.1%	County Health Rankings
	n Total Veterans, 2011-2015	371	457		198,396	567	People Quick Facts

Tab 2 Economic Profile

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

Tab	Health Indicator	Smith 2018	Smith 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	\$27,315	\$26,646		\$27,706	\$25,839	People Quick Facts
	b Persons in poverty, percent	12.2%	15.4%		12.1%	12.2%	People Quick Facts
	c Total Housing units, July 1, 2016, (V2016)	2,243	2,231		1,259,864	3,818	People Quick Facts
	d Total Persons per household, 2011-2015	2.2	2.1		2.5	2.2	People Quick Facts
	e Severe housing problems, percent, 2009-2013	11.0%	8.5%		14.0%	9.4%	County Health Rankings
	f Total of All firms, 2012	456	488		239,118	972	Business Quick Facts
	g Unemployment, percent, 2015	3.9%	2.7%		4.2%	3.2%	County Health Rankings
	h Food insecurity, percent, 2014	14.0%	11.0%		14.0%	12.8%	County Health Rankings
	i Limited access to healthy foods, percent, 2010	12.0%	12.0%		8.0%	16.9%	County Health Rankings
	j Low income and low access to store, percent, 2015	4.7%	12.5%		NA	7.5%	U.S. Department of Agriculture - Food Environment Atlas
	k Long commute - driving alone, percent, 2011-2015	17.0%	14.2%		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	Smith 2018	Smith 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
3	a Children eligible for free or reduced price lunch, percent, 2014-2015	53.0%	31.5%		50.0%	48.9%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2011-2015	91.6%	89.7%		88.4%	95.7%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2011-2015	21.6%	14.6%		27.1%	32.2%	People Quick Facts

Smith County KS		YR2018		YR2015	
#	Health Indicators	USD # 237	USD # 110	USD # 237	USD # 110
1	Total # Public School Nurses	NA	1	1	1
2	School Nurse is part of the IEP team Yes/No	NA	Y	Y	Y
3	School Wellness Plan (Active)	NA	Y	Y	N
4	VISION: # Screened / Referred to Prof / Seen by Professional	NA	0128/12/7	267/3/3	150/9/5
5	HEARING: # Screened / Referred to Prof / Seen by	NA	0128/3/3	267/3/3	150/unk/unk
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by	NA	131/19/unk	236/48/unk	200/20/unk
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by	NA	0	98/0/0	0
8	# of Students served with no identified chronic health	NA	200	407	unk
9	School has a suicide prevention program	NA	Y	N	N
10	Compliance on required vaccinations (%)	NA	99%	97%	99%

TAB 4 Maternal and Infant Health Profile

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

Tab	Health Indicator	Smith 2018	Smith 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	74.5%	76.8%		80.4%	77.4%	Kansas Health Matters
	b Percentage of Premature Births, 2013-2015	10.5%	10.5%		8.8%	9.46%	Kansas Health Matters
	c Percent of Infants up to 24 months that received full Immunizations, 2015-2016	88.4%	92.5%		70.6%	85.1%	Kansas Health Matters
	d Percent of Births with Low Birth Weight, 2013-2015	7.3%	6.3%		7.0%	11.6%	Kansas Health Matters
	e Percent of WIC Mothers Breastfeeding Exclusively, percent, 2016	NA	NA		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	26.4%	28.4%		36.3%	32.8%	Kansas Health Matters
	h Percent of births Where Mother Smoked During Pregnancy, 2013-2015	14.2%	NA		11.8%	15.2%	Kansas Health Matters

#	Criteria - Vital Statistics	Smith	Trend	KANSAS	NW Alliance (12)
a	Total Live Births, 2012	40		40,304	103
b	Total Live Births, 2013	28		38,805	94
c	Total Live Births, 2014	28		39,193	95
d	Total Live Births, 2015	50		39,126	97
e	Total Live Births, 2016	40		38,048	96
f	Total Live Births, 2012- 2016 - Five year Rate (%)	10.0%		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	Smith 2018	Smith 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
5	a Primary care physicians (Pop Coverage per) , 2014	750:1	1419:1		1,330:1	2,296:1	County Health Rankings
	b Preventable hospital stays, 2014 (lower the better)	91	65		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)	61.0%	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	74.0%	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)	25	NA		24.0	20.0	CMS Hospital Compare, 10/1/2015-9/30/2016

TAB 5 Hospitalization/Provider Profile (cont.)

# KS Hospital Assoc PO103		Total Smith Co (KS) - Inpatients			Trend
		FY2015	FY2016	FY2017	
1	Total Discharges	572	636	576	
2	Total IP Discharges-Age 0-17 Ped	21	26	14	
3	Total IP Discharges-Age 18-44	36	48	38	
4	Total IP Discharges-Age 45-64	102	125	100	
5	Total IP Discharges-Age 65-74	99	101	105	
6	Total IP Discharges-Age 75+	224	252	237	
7	Psychiatric	8	11	22	
8	Obstetric	38	38	29	
9	Surgical %	22.7%	24.7%	24.0%	
# KS Hospital Assoc PO103		Smith Co Memorial Hospital - IP			Trend
		FY2015	FY2016	FY2017	
1	Total Discharges	314	358	332	
2	Total IP Discharges-Age 0-17 Ped	10	8	6	
3	Total IP Discharges-Age 18-44	14	17	21	
4	Total IP Discharges-Age 45-64	36	53	45	
5	Total IP Discharges-Age 65-74	47	51	43	
6	Total IP Discharges-Age 75+	144	175	163	
7	Psychiatric	3	7	14	
8	Obstetric	30	24	20	
9	Surgical %	2.9%	3.9%	2.4%	
# Kansas Hospital Assoc OP TOT223E		FY2015	FY2016	FY2017	Trend
		FY2015	FY2016	FY2017	
1	Smith Co Emergency Market Share	80.4%	85.9%	87.8%	
1	Smith Co OPS Market Share -	54.0%	51.5%	42.2%	
2	Smith Co TOT OP Visits Market Share -	83.6%	85.0%	84.4%	

TAB 6 Social & Rehab Services Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	Smith 2018	Smith 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
6 a	Depression: Medicare Population, percent, 2015	14.4%	11.6%		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	3.3	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	Smith 2018	Smith 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
7a	Adult obesity, percent, 2013	34.0%	31.0%		31.0%	32.3%	County Health Rankings
b	Adult smoking, percent, 2015	16.0%	NA		18.0%	16.4%	County Health Rankings
c	Excessive drinking, percent, 2015	13.0%	NA		17.0%	14.9%	County Health Rankings
d	Physical inactivity, percent, 2013	31.0%	30.0%		23.0%	25.9%	County Health Rankings
e	Poor physical health days, 2015	3.5	1.4		3.1	3.2	County Health Rankings
f	Sexually transmitted infections, rate per 100,000, 2014	NA	NA		384.1	267.1	County Health Rankings

TAB 7 cont.

Tab		Health Indicator	Smith 2018	Smith 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
7b	a	Hypertension: Medicare Population, 2015	52.3%	44.7%		53.2%	55.1%	Kansas Health Matters
	b	Hyperlipidemia: Medicare Population, 2015	32.2%	34.6%		40.0%	36.9%	Kansas Health Matters
	c	Heart Failure: Medicare Population, 2015	17.7%	15.6%		13.0%	16.6%	Kansas Health Matters
	d	Chronic Kidney Disease: Medicare Pop, 2015	16.1%	10.6%		16.2%	15.1%	Kansas Health Matters
	e	COPD: Medicare Population, 2015	10.0%	8.5%		11.4%	12.7%	Kansas Health Matters
	f	Atrial Fibrillation: Medicare Population, 2015	12.5%	11.0%		8.3%	10.1%	Kansas Health Matters
	g	Cancer: Medicare Population, 2015	7.5%	7.9%		7.7%	8.6%	Kansas Health Matters
	h	Osteoporosis: Medicare Population, 2015	5.5%	4.6%		5.7%	7.7%	Kansas Health Matters
	i	Asthma: Medicare Population, 2015	5.8%	2.3%		7.3%	6.8%	Kansas Health Matters
	j	Stroke: Medicare Population, 2015	1.6%	1.5%		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	Smith 2018	Smith 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
8	a	Uninsured, percent, 2014	13.0%	18.4%		12.0%	13.0%	County Health Rankings

#	Smith County Memorial Hospital	YR 2015	YR 2016	Yr 2017	TREND
1	Free Patient Care Given	\$119,365	\$180,981	\$215,483	
2	Bad Debt / Poor Ins Coverage	\$142,565	\$401,545	\$152,487	

TAB 9 Mortality Profile

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

Tab	Health Indicator	Smith 2018	Smith 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
9	a Life Expectancy for Males, 2014	77.3	76.0		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)	207.5	152.0		194.3	159.6	Kansas Health Matters
	d Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2014-2016 (lower is better)	194.1	151.0		157.4	174.3	Kansas Health Matters
	e Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2014-16 (Lower is better)	43.9	32.0		48.9	51.5	Kansas Health Matters
	f Alcohol-impaired driving deaths, percent, 2011-2015	17.0%	62.5%		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	Smith 2018	Smith 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
10	a Access to exercise opportunities, percent, 2014	47.0%	63.5%		76.0%	46.1%	County Health Rankings
	b Diabetes monitoring, percent, 2014	78.0%	75.0%		86.0%	79.2%	County Health Rankings
	c Mammography screening, percent, 2014	60.0%	71.0%		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 – Smith County Memorial Hospital PSA Online Feedback Response N=204

Community Health Needs Assessment Wave #3			
For reporting purposes, are you involved in or are you a ?	Smith N=204	Trend	Norms18 N= 1973
Business / Merchant	11.7%		9.8%
Community Board Member	5.8%		7.6%
Case Manager / Discharge Planner	0.9%		0.9%
Clergy	0.4%		0.9%
College / University	1.8%		1.9%
Consumer Advocate	1.8%		1.6%
Dentist / Eye Doctor / Chiropractor	0.0%		0.2%
Elected Official - City/County	1.3%		1.8%
EMS / Emergency	0.4%		1.9%
Farmer / Rancher	12.6%		6.7%
Hospital / Health Dept	17.5%		18.2%
Housing / Builder	0.4%		0.7%
Insurance	1.8%		1.0%
Labor	2.7%		2.4%
Law Enforcement	0.9%		0.9%
Mental Health	0.0%		1.5%
Other Health Professional	4.9%		8.2%
Parent / Caregiver	17.9%		14.8%
Pharmacy / Clinic	0.9%		1.9%
Media (Paper/TV/Radio)	0.4%		0.6%
Senior Care	2.7%		2.1%
Teacher / School Admin	7.2%		6.0%
Veteran	3.1%		2.2%
Other (please specify)	2.7%		6.4%
KS Rural Norms Include the following 11 Counties: Barton, Edwards, Hays, Kiowa, Nemaha, Osborne, Pawnee, Russell, Sheridan, Smith, and Trego.			

Chart #2 - Quality of Healthcare Delivery Community Rating

Community Health Needs Assessment Wave #3			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Smith N=204	Trend	Norms 2018 N= 1973
Valid N	204		1947
Top Box %	44.1%		29.0%
Top 2 Boxes %	81.4%		73.5%
Very Poor	1.0%		1.0%
Poor	1.5%		3.7%
Average	16.2%		21.4%
Good	37.3%		44.6%
Very Good	44.1%		29.0%

Chart #3 - Overall Community Health Quality Trend

Community Health Needs Assessment Wave #3			
When considering "overall community health quality", is it ...	Smith N=204	Trend	Norms18 N=1973
Valid N	201		1804
Increasing - moving up	72.6%		50.9%
Not really changing much	25.9%		40.7%
Decreasing - slipping	1.5%		8.1%

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

CHNA Wave #3		Ongoing Problem		Pressing
Past CHNAs health needs identified		Smith N=204	Trend	Smith
Rank	Topic	Votes	%	RANK
1	Affordable Insurance	106	19.4%	1
2	Mental Health Assistance	79	14.5%	2
3	Dental	71	13.0%	4
4	Nursing Homes	67	10.5%	3
5	Fitness/ Exercise Options	44	8.1%	6
6	Alcohol Abuse	39	7.2%	9
7	Home Health/ Hospice Services	37	6.8%	6
8	Wellness/ Prevention	36	6.6%	7
9	Awareness of existing HC Services	33	6.1%	8
10	Diabetes Education and Management	22	4.0%	10
11	HC Transportation	21	3.9%	11
TOTALS		545	100.0%	

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

Community Health Needs Assessment Wave #3			
In your opinion, what are the root causes of "poor health" in our community?	Smith N=204	Trend	Norms18 N= 1973
Votes (Larger %)	141		1303
Lack of awareness of existing local programs, providers, and services	55.3%		59.6%
Limited access to mental health assistance	48.9%		39.9%
Elder assistance programs	40.4%		32.6%
Family assistance programs	26.2%		24.0%
Lack of health & wellness education	24.8%		34.3%
Chronic disease prevention	22.0%		29.7%
Case management assistance	13.5%		15.0%
Other (please specify)	16.3%		16.9%

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

CHNA Wave #3	Smith Co N=204			Norms 2018 N=1973	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	83.7%	1.2%		86.6%	2.5%
Child Care	37.5%	17.5%		50.5%	11.5%
Chiropractors	77.9%	2.5%		78.8%	4.9%
Dentists	21.1%	44.7%		58.1%	18.8%
Emergency Room	82.4%	4.2%		74.5%	8.3%
Eye Doctor/Optomtrist	56.7%	13.4%		77.3%	5.4%
Family Planning Services	52.4%	9.7%		44.8%	13.6%
Home Health	48.0%	17.1%		55.9%	12.9%
Hospice	73.2%	3.9%		67.1%	8.8%
Inpatient Services	82.9%	4.4%		79.3%	4.2%
Mental Health	19.5%	42.9%		29.0%	30.2%
Nursing Home	35.3%	22.4%		48.5%	18.4%
Outpatient Services	81.6%	2.5%		78.8%	4.1%
Pharmacy	95.7%	0.0%		91.0%	2.9%
Physician Clinics	89.0%	1.8%		83.1%	3.7%
Public Health	64.3%	4.5%		66.4%	5.5%
School Nurse	47.0%	20.1%		59.2%	10.9%
Specialists	69.4%	9.6%		56.4%	12.8%

Chart #7 - Community Health Readiness

Community Health Needs Assessment Wave #3	Bottom 2 boxes		
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Smith Co N=204	Trend	Norms 18 N= 1973
Early Childhood Development Programs	31.7%		15.1%
WIC Nutrition Program	31.7%		12.3%
Spiritual Health Support	31.3%		12.3%
Prenatal / Child Health Programs	31.2%		13.9%
Substance Use Treatment & Education	25.2%		28.8%
Tobacco Prevention & Cessation Programs	23.4%		23.4%
Women's Wellness Programs	20.4%		14.4%
Obesity Prevention & Treatment	17.0%		27.4%
Caregiver Training Programs	17.0%		18.0%
Emergency Preparedness	16.9%		9.3%
Violence Prevention	16.7%		24.7%
Food and Nutrition Services/Education	10.9%		12.3%
Secure Grants / Finances to Support Local Health	9.7%		15.8%
Immunization Programs	6.5%		4.0%
Health Screenings (asthma, hearing, vision, scoliosis)	5.7%		11.1%
Sexually Transmitted Disease Testing	4.0%		10.5%

Chart #8 – Healthcare Delivery “Outside our Community”

Specialties:

Cal	CTS
SURG	12
DENT	10
HRT	8
SPEC	8
OBG	7
EYE	6
DERM	5
BACK	4
CANC	4

Community Health Needs Assessment Wave #3			
In the past 2 years, did you or someone you know receive HC outside of our community?	Smith N=204	Trend	Norms18 N= 1973
Valid N	155		1399
Yes	76.8%		79.3%
No	18.7%		15.7%
I don't know	4.5%		5.0%

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

CHNA Wave #3			
What needs to be discussed further at our CHNA Town Hall meeting?	Smith Co N=204	Trend	Norms18 N= 1973
Mental Illness	11.5%		9.0%
Obesity	9.6%		8.1%
Poverty	8.5%		6.2%
Drugs/Substance Abuse	7.1%		8.3%
Suicide	6.5%		6.7%
Physical Exercise	6.1%		6.1%
Cancer	5.4%		4.6%
Abuse/Violence	5.2%		5.1%
Wellness Education	5.2%		6.3%
Water Quality	4.6%		3.4%
Alcohol	4.3%		5.4%
Tobacco Use	3.9%		3.4%
Diabetes	3.3%		4.0%
Heart Disease	3.3%		3.3%
Nutrition	3.2%		4.5%
Teen Pregnancy	2.8%		2.6%
Breast Feeding Friendly Workplace	2.4%		1.6%
Vaccinations	1.7%		2.4%
Smoke-Free Workplace	1.5%		1.5%
Family Planning	1.3%		2.2%
Respiratory Disease	1.3%		2.1%
Sexually Transmitted Diseases	0.7%		2.0%
Lead Exposure	0.6%		0.8%
Ozone	0.0%		0.4%

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

2018 Inventory of Health Services - Smith County, KS				
Cat	HC Services Offered in County: Yes / No	Hospital	Health Dept	Other
Clinic	Primary Care	YES	NO	No
Hosp	Alzheimer Center	No	NO	No
Hosp	Ambulatory Surgery Centers	YES	NO	No
Hosp	Arthritis Treatment Center	No	NO	No
Hosp	Bariatric/Weight Control Services	No	NO	No
Hosp	Birthing/LDR/LDRP Room	YES	NO	No
Hosp	Breast Cancer	No	NO	No
Hosp	Burn Care	No	NO	No
Hosp	Cardiac Rehabilitation	YES	NO	No
Hosp	Cardiac Surgery	No	NO	No
Hosp	Cardiology Services	YES - OP	NO	No
Hosp	Case Management	YES	NO	No
Hosp	Chaplaincy/Pastoral Care Services	No	NO	No
Hosp	Chemotherapy	YES	NO	No
Hosp	Colonoscopy	YES	NO	No
Hosp	Crisis Prevention	No	NO	No
Hosp	CTScanner	YES	NO	No
Hosp	Diagnostic Radioisotope Facility	MOBILE	NO	No
Hosp	Diagnostic/Invasive Catheterization	No	NO	No
Hosp	Electron Beam Computed Tomography (EBCT)	No	NO	No
Hosp	Enrollment Assistance Services	No	YES	No
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	No	NO	No
Hosp	Fertility Clinic	No	NO	No
Hosp	FullField Digital Mammography (FFDM)	YES	NO	No
Hosp	Genetic Testing/Counseling	No	NO	No
Hosp	Geriatric Services	YES	YES	No
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	YES	NO	No
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	No	NO	No
Hosp	Intensive Care Unit	No	NO	No
Hosp	Intermediate Care Unit	SWING BED	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)	MOBILE	NO	No
Hosp	Mammograms	YES	NO	No
Hosp	Mobile Health Services	No	YES	No
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	No
Hosp	Obstetrics	YES	NO	No
Hosp	Occupational Health Services	No	NO	No
Hosp	Oncology Services	No	NO	No
Hosp	Orthopedic Services	No	NO	No
Hosp	Outpatient Surgery	YES	NO	No
Hosp	Pain Management	YES	NO	No
Hosp	Palliative Care Program	No	NO	YES
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)	MOBILE	NO	No
Hosp	Pulmonary Rehab	YES	NO	No
Hosp	Psychiatric Services	No	NO	CONSULT
Hosp	Radiology, Diagnostic	YES	NO	No

2018 Inventory of Health Services - Smith County, KS

Cat	HC Services Offered in County: Yes / No	Hospital	Health Dept	Other
Hosp	Radiology, Therapeutic	No	NO	No
Hosp	Reproductive Health	No	NO	No
Hosp	Robotic Surgery	No	NO	No
Hosp	Shaped Beam Radiation System 161	No	NO	No
Hosp	Single Photon Emission Computerized Tomography (SPECT)	No	NO	No
Hosp	Sleep Center	MOBILE	NO	No
Hosp	Social Work Services	YES	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	LEVEL 4	NO	No
Hosp	Ultrasound	YES	NO	No
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	PENDING
SR	Home Health Services	No	NO	No
SR	Hospice	No	NO	YES
SR	LongTerm Care	No	NO	COTRACTED
SR	Nursing Home Services	No	NO	YES
SR	Retirement Housing	No	NO	PENDING
SR	Skilled Nursing Care	YES	NO	No
ER	Emergency Services	YES	NO	No
ER	Urgent Care Center	No	NO	No
ER	Ambulance Services	No	NO	COUNTY
SERV	Alcoholism-Drug Abuse	No	NO	No
SERV	Blood Donor Center	No	NO	No
SERV	Chiropractic Services	No	NO	PRIVATE
SERV	Complementary Medicine Services	No	NO	No
SERV	Dental Services	No	NO	PRIVATE
SERV	Fitness Center	No	NO	YES
SERV	Health Education Classes	YES	NO	No
SERV	Health Fair (Annual)	YES	Yes	No
SERV	Health Information Center	No	YES	No
SERV	Health Screenings	No	Yes	No
SERV	Meals on Wheels	YES	NO	No
SERV	Nutrition Programs	No	YES (WIC)	No
SERV	Patient Education Center	No	YES	No
SERV	Support Groups	No	NO	No
SERV	Teen Outreach Services	No	NO	No
SERV	Transportation to Health Facilities	No	NO	YES
SERV	Wellness Program	No	NO	No
SERV	Tobacco Treatment/Cessation Program	YES	NO	No

2018 Physician Manpower - Smith County, KS			
	Supply Working in County		
# of FTE Providers	FTE County Based	Visting	PA/NP
Primary Care:			
Family Practice	5.00	0.00	2.00
Medicine Specialists:			
Cardiology	0.00	3.00	
Nephrology	0.00	1.00	
Pulmonary	0.00	1.00	
Surgery Specialists:			
General Surgery	0.00	2.00	
Orthopedics	0.00	1.00	
Urology	0.00	1.00	
Hospital Based:			
Anesthesia/Pain	1.00	0.00	
Radiology	0.00	4.00	
TOTALS	6.00	13.00	2.00

2018 - Visiting Specialists to Smith Co Memorial Hospital

<i>SPECIALTY</i>	<i>Physician Name/Group</i>	<i>Office Location (City/State)</i>	<i>SCHEDULE</i>	<i>LOCATION OF OUTREACH CLINIC</i>
Cardiology	Dr. Efstratiou/ NHI	KEARNEY, NE	TWICE A MONTH	HOSPITAL OUTPATIENT
Cardiology	Dr. Yerra / NHI	KEARNEY, NE	ONCE A MONTH	HOSPITAL OUTPATIENT
Cardiology	Dr. Azzam / PLATTE VALLEY	KEARNEY, NE	TWICE A MONTH	HOSPITAL OUTPATIENT
General Surgery	Dr. Teget / SOUTHWIND SURGICAL	HAYS, KS	THREE TIMES A MONTH	HOSPITAL OUTPATIENT
General Surgery	Dr. Banker / BELOIT MEDICAL CENTER	BELOIT, KS	TWICE A MONTH	HOSPITAL OUTPATIENT
Gynecology	Dr. Pankratz / OBSTETRICIANS & GYNECOLOGISTS, P.C.	HASTINGS, NE	MONTHLY	HOSPITAL OUTPATIENT
Nephrology	Dr. Sinha Ray / GOOD SAMARITAN	KEARNEY, NE	MONTHLY	HOSPITAL OUTPATIENT
Orthopedic Surgery	Dr. Adamson / KEARNEY ORTHOPEDIC	KEARNEY, NE	TWICE A MONTH	HOSPITAL OUTPATIENT
Pulmonary	Dr. Stritt / HASTINGS PULMONARY & SLEEP	HASTINGS, NE	MONTHLY	HOSPITAL OUTPATIENT
Urology	Dr. Evangelidis / ASSOCIATED	MANHATTAN, KS	MONTHLY	HOSPITAL OUTPATIENT

Service	Address	Telephone Number	Website
Local Resources			
Smith County, Emergency			
Ambulance		911	
Police/Sheriff		911	
Fire		911	
Emergency Management	Topeka	785-274-1409	www.accesskansas.org/kdem
Smith County, Non-Emergency			
Ambulance		785-282-6823	
Sheriff		785-282-5180, 785-282-3249	
Fire	Athol	785-695-2300	
	Kensington, Lebanon, Cedar, Gaylord	785-476-2400	
	Smith Center	785-282-3271	
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
Hospital			
Smith County Memorial Hospital	614 South Main, Smith Center	785-282-6845	www.scmhks.org
Chiropractic			
Midway Chiropractic	717 East 2nd Smith Center	785-282-6818	
Clinic			
Smith County Family Practice	119 East Parliament	785-282-6834	
Dentist			
Smith Center Dental Clinic	130 West Kansas Smith Center	785-282-6979	www.smithcenterdental.com
Cornerstone Orthodontics	130 West Kansas Smith Center	785-621-2953	
Optometrists			
Eye Care Center	128 West Kansas Avenue Smith Center	785-282-6086	
Pharmacies			
Kriley's Family Drug Center	127 South Main Street Smith Center	785-282-3311	www.healthmart.com
Midwest Family Healthy	317 East Highway 36 Smith Center	785-282-3333	www.midwestfamilyhealth.com
		Toll Free: 800-983-9294	
		Fax: 785-686-3071	
Rehabilitation Services			
Smith County Health & Rehab	117 West 1st Smith Center	785-282-6696	
Smith County Memorial Hospital	614 South Main Smith Center		
Nursing Facilities/Boarding Homes			
Heritage Harbor Board & Care Home	104 West Francis St. Smith Center	785-282-3372	
Independent Living Health Care	517 North Monroe Smith Center	785-282-3536	
SunPorch of Smith Center LTC Unit	614 South Main Smith Center	785-282-6722	
Diabetes			
Smith County Family Practice	119 East Parliament Smith Center	785-282-6834	
Exercise Facilities			
Srader Center	119 East Court Smith Center	785-282-5249	
walking track, equipment, BB goal			
J4 Fitness	315 East Hwy 36 Smith Center	785-282-3333	

Service	Address	Telephone Number	Website
Smith County Memorial Hospital	614 South Main Smith Center	785-282-6845	
Gardner Rehab & Wellness Center			
Hospice			
Hospice & Palliative Services, Inc.	424 8th St. Phillipsburg	785-543-2900, 800-315-5122	www.hospicenwks.net
KS Hospice & Palliative Care Organization		888-202-5433	www.lifeproject.org/akh.htm
Hospice Kansas Association	800-767-4965		
Housing			
KS Housing Resource Corporation		785-296-2065	www.housingcorp.org
US Dept. Housing & Urban Development KS Regional Office		913-551-5462	
Immunizations			
Smith County Family Practice	119 East Parliament Smith Center	785-282-6834	
Smith County Health Department	119 S. Main Smith Center	785-282-6656	
Legal Services			
Kansas Attorney General	Consumer Protection	800-432-2310	www.ksag.org
	Crime Victims Rights	800-828-9745	
	TTY	800-766-3777	
Kansas Dept. of Aging		800-432-3535	www.agingkansas.org/index.htm
Kansas Bar Association		785-234-5696	www.ksbar.org
Kansas Legal Services		800-723-6953	www.kansaslegalservices.org
Northwest KS Area Agency on Aging	510 W. 29th St Suite B Hays	785-628-8204	
Massage Therapists			
Midway Chiropractic	717 East 2nd Smith Center	785-282-6818	
Dannie Boucher		785-282-0873	
Medical Equipment & Supplies			
Kriley's Family Drug Center	127 South Main Street Smith Center	785-282-3311	www.healthmart.com
Midwest Family Health	317 East Highway 36 Smith Center	785-282-3333	www.midwestfamilyhealth.com
		Toll Free: 800-983-9294	
		Fax: 785-686-3071	
School Nurse			
Smith Center School District USD 237			
Elementary School	216 South Jefferson Smith Center	785-282-6614	
Junior/Senior High School	300 Roger Barta Way Smith Center	785-282-6609	
Thunder Ridge School District 110	128 S. Kansas Kensington	785-476-2218	
Senior Services			
Smith County Senior Center	117 West Court Smith Center		
Lebanon City Library	404 Main Street Lebanon	785-389-5711	
Smith Center Public Library	117 West Court Smith Center	785-282-3361	
Pregnancy Services			
Heart Choices Pregnancy & Parenting			
Sherelle Peterson	Beloit KS	785-738-3433	
Kansas Children's Service League		877-530-5275	www.kcsl.org
Family Crisis Center	1806 12th St. Great Bend	785-793-1885	
Public Aid			

Service	Address	Telephone Number	Website
Red Cross	425 F Street Suite A Phillipsburg	785-543-6484	
	Smith Center Contact	785-282-6261	
Salvation Army		785-282-6682	
Smith County Christian Laymen		785-282-6688	
Smith County Ministerial Association		785-282-3728	
Poison Control		800-222-1222	www.aapcc.org
Preschool			
First St John Pre-School	332 N. Adams Kensington	785-476-2247	
Early Childhood Development USD 237	216 S. Jefferson Smith Center	785-282-6614	
Extension Office			
Smith County Extension Office	218 S. Grant Smith Center	785-282-6823	
Funeral Homes			
All Faiths Funeral Chapel	113 South Madison Smith Center	785-686-4120	www.allfaithsfuneralchapel.com
Simmons Rentchler Mortuary	116 West 1st St Smith Center	785-282-6691	www.simmonsmortuary.com
Housing			
Country View Village	504 North Main Kensington	785-476-2606	
Western Plains Village	501 West 3rd Smith Center	785-282-6747	
Cedars of Lebanon	601 E. Kansas Cedar	785-282-6747	
Parkview Manor	400 6th Street Gaylord	785-697-2690	
Legal Services			
Dietz & Hardman Attorneys	206 South Main Street Smith Center	785-282-6626	
Michael Shannon McDowell	120 East Court Smith Center	785-282-6688	
Libraries, Parks & Recreation			
Kensington Community Library	128 S. Kansas Kensington	785-476-2219	
Kensington Senior Community Center	128 South Main Kensington	785-476-2224	
Elder Care Co.	PO Box 1364 Great Bend	785-792-5942	
Smith Center Recreation Commission		785-282-6474	
Kensington Recreation Commission		785-476-3236	
Children & Youth			
SFCS	129 North Main Kensington	785-476-3234	
TFI	649 4th St Phillipsburg	785-543-8954	
Emberhope	205 E. 7th St Hays	785-623-4424	
Healthwave	PO Box 3599 Topeka	800-792-4884	www.kansashealthwave.org
Kansas Big Brother/ Big Sisters		888-KS4-BIGS	www.ksbbbs.org
Kansas Children Service League	Hays	785-625-2244, 1-877-530-5275	www.kcsl.org
Kansas Dept. of Health & Environment		785-296-1500	www.kdheks.gov
Smith County Health Department	119 Main St Smith Center	785-282-6656	
Kansas Society of Crippled Children	106 West Douglas Wichita	800-624-4530, 316-262-4676	www.kssociety.org
Children's Alliance	627 SW Topeka Blvd, Topeka	785-235-5437	www.childally.org

Service	Address	Telephone Number	Website
Day Care Providers-Adult			
Smith County Health & Rehab	117 West 1st Smith Center	785-282-6696	
Heritage Harbor Board & Care Home	104 West Francis St. Smith Center	785-282-3372	
Independent Living Health Care	517 North Monroe Smith Center	785-282-3536	
Day Care Providers-Child			
Little Britches Day Care	313 North Adams Kensington	785-476-2811	
Lil Reds Daycare	Jodi Boyle Smith Center	785-686-4047	
Kelsey Jones	Smith Center	785-282-0853	
Katie Shellito	Smith Center	785-282-0853	
Sunny Side Daycare	Shalyn Schmidt, Smith Center	785-620-7660	
Darcy Hollenback	213 North Lincoln, Smith Center	785-282-8118	
Happy Campers	Lynae Martin & Melissa Clark	785-282-0556	
Cheyenne Sheldon	113 S. Lincoln St Smith Center	785-569-1816	
Deb Smith	509 West Court Smith Center	785-282-6088	
Javenia Stansbury	615 E Street Smith Center	785-282-4327	
Domestic Abuse/ Sexual Assault			
Domestic Violence & Sexual Assault (DVAK)		800-874-1499	www.dvack.org
Elder Abuse Hotline		800-842-0078	www.elderabusecenter.org
KS Coalition Against Sexual & Domestic Violence	634 SW Harrison Topeka	888-END-ABUSE (363-2287)	www.kcsdv.org/ksresources.html
KS Dept. on Aging			
Adult Care Complaint Program		888-842-0078	
NWK AAA	Hays	785-628-8204	www.nwkaaa.org
Kansas Protection Report Center		800-922-5330	
Options	2716 Plaza Ave Hays	785-625-4202	
Northwest KS Family Shelter (Domestic Violence)		800-794-4624	
Adult & Child Protective Services (DCF)		800-842-0078	
KS Dept. of Children & Family Services West Region Reporting Center		800-922-5330	
Community Action			
Public Affairs Hotline	Kansas Cooperation	800-662-0027	www.kcc.state.ks.us
Counseling			
Family Counseling Service for KS & MO		888-999-2196	
Center for Counseling	5815 West Broadway Great Bend	800-875-2544	
Central KS Mental Health Center		800-794-8281	
Sunflower Family Services	adoption, crisis pregnancy, conflict resolution	877-457-5437	www.sunflowerfamily.org
High Plains Mental Health	783 7th St Phillipsburg	785-543-5284	
Disability			
Disability Advocates of KS, Inc.		866-529-3824	www.disabilitysecrets.com
Disability Group Inc.		888-236-3348	www.disabilitygroup.com
Disability Rights Center of KS (DRC)			

Service	Address	Telephone Number	Website
(Formerly KS Advocacy & Protective Services)		877-776-1571, 877-335-3725 (TTY)	www.drckansas.org
Hearing Healthcare Associates		800-448-0215	
KS Commission for the Deaf & Hearing Impaired		800-432-0698	www.srskansas.org/kcdhh
KS Relay Center (Hearing Impaired Service)		800-766-3777	www.kansasrelay.com
Environment			
Kansas Dept. of Health & Environment	Salina	785-827-9639	
	Hays	785-625-5663	
	Topeka	785-296-1500	www.kdheks.gov
Medicaid Services			
KS Medical Assistance Program Customer Service		800-766-9012	www.kmpa-state-ks.us/
Medicare Services		800-MEDICARE	www.medicare.gov
Mental Health Services			
KS Alliance for Mentally Ill	Topeka	785-233-0755	www.namikansas.org
Developmental Services of NW Kansas		800-637-2229	
KS Dept. of Social & Rehabilitation Services	915 SW Harrison St Topeka	785-296-3959	
High Plains Mental Health	783 7th St Phillipsburg	785-543-5284	
	209 W Harrison Osborne	785-346-2184	
	208 E. 7th, Hays	785-628-2871	www.highplainsmentalhealth.com
Nutrition			
Dept. of Human Nutrition KSU	119 Justin Hall Manhattan	785-532-5500	www.humec.k-state.edu/hn/
Road and Weather Conditions			
Kansas Road Conditions		866-511-KDOT	roadrpt/
			www.ksdot.org
Senior Services			
Smith County Senior Center	117 West Court Smith Center	785-282-3361	
Area Agency on Aging NWKAAA	510 W. 29th St Hays	785-628-8204	
KS Advocates for Better Care Inc.		800-525-1782	www.kabc.org
KS Dept. on Aging		800-432-3535	www.agingkansas.org/index.htm
		785-291-3167 (TTY)	
KS Tobacco Quit Hotline		866-KAN-STOP	on.html
Older Kansans Employment Programs		785-296-7842	www.kansascommerce.com
Older Kansas Hotline		800-742-9531	
Older Kansans Information Reference Sources on Aging		800-432-3535	
Senior Health Insurance Counseling for Kansas (SHICK)		800-860-5260	www.agingkansas.org/SHICK/shickindex.html
Social Security Administration		785-296-3959	www.srskansas.org
		785-296-1491 (TTY)	
Transportation Services			
Smith Center Transportation Van	M-F 8am-4pm within city limits	785-620-7526	
F.O.R.T.H. (Friends Offering Rides for Transportation Help)		785-389-6941, 785-282-0256, 785-282-3728	Rides for out of town doctor appts.
Better Business Bureau			
Better Business Bureau	328 Laura Wichita	316-263-3146	http://www.wichita.bbb.org

Service	Address	Telephone Number	Website
National Resources			
Domestic Abuse			
Domestic Abuse Hotline		800-799-7233	www.ndvh.org
National Human Trafficking Resource		888-373-7888	
Domestic Violence & Rape Hotline			
Adult Protection Services		800-922-5330	
Law Enforcement			
Federal Bureau of Investigation		866-483-5137	www.fbi.gov/congress/congress01/caruso100301.htm
Mental Health			
Suicide Prevention Hotline		800-SUICIDE	http://hopeline.com
		800-273-TALK	m
Public Aide			
Toxic Chemical & Oil Spills		800-424-8802	m
Disability Services			
American Disability Group		877-790-8899	
Child & Adult Abuse Hotline		800-922-5330	
Pregnancy Services			
Adoption is a Choice		877-524-5614	
Adoption Network		888-281-8054	
Adoption Spacebook		866-881-4376	
Graceful Adoptions		888-896-7787	
Social Security			
Social Security Administration		800-772-1213	www.ssa.gov
		800-325-0778	
Alcohol & Drug Treatment			
Alcohol & Drug Abuse Services		800-645-8216	
Domestic Abuse/ Sexual Assault			
National Center on Elder Abuse (Administration on Aging)			www.ncea.gov/NCEAroot/MainSite?FindHelp/HelpHotline.aspx
National Domestic Violence Hotline		800-799-7233	www.ndvh.org
		800-787-3224 (TTY)	
National Sexual Assault Hotline		800-994-9662	
		888-220-5416 (TTY)	www.4woman.gov/faq/sexualassault.htm
National Suicide Prevention Lifeline		800-273-8255	
Poison Center		800-922-6633	
Sexual Assault & Domestic Violence Crisis Line		800-701-3630	
Children & Youth			
Adoption		800-862-3678	www.adopt.org/
Boys & Girls Town National Hotline		800-448-3000	www.girlsandboystown.org
Child/ Adult Abuse & Neglect Hotline		800-922-5330	
National Runaway Switchboard		800-RUNAWAY	www.1800runaway.org/
National Society for Missing & Exploited Children		800-THE-LOST	www.missingkids.com
Community Action			
Peace Corps		800-424-8580	www.peacecorps.gov
Counseling			
Consumer Credit Counseling Services		800-279-2227	http://www.ksgccc.org/
National Problem Gambling Hotline		800-522-4700	
National Hopeline Network		800-SUICIDE	www.hopeline.com
Disability Services			
American Association of People with Disabilities			www.aapd.com
American Council for the Blind		800-424-8666	www.acb.org
Americans with Disabilities Act Info		800-514-0301	
		800-514-0383 (TTY)	www.ada.gov

Service	Address	Telephone Number	Website
National Center for Learning Disabilities		888-575-7373	www.ncld.org
National Library Services for Blind & Physically Handicapped		800-424-8567	www.loc.gov/nls/
Environment			
Environmental Protection Agency		800-223-0425	
		913-321-9516 (TTY)	www.epa.gov
Food & Drug			
Center for Food Safety & Applied Nutrition		888-SAFEFOOD	www.cfsan.fda.gov/647.htm
US Consumer Product Safety Commission		800-638-2772	
USDA Meat & Poultry Hotline			
		888-674-6854	
		800-256-7072 (TTY)	www.fsis.usda.gov/
US Food & Drug Administration		888-INFO-FDA	
		888-463-6332	www.fsis.usda.gov/
Health Services			
American Cancer Society		800-227-2345	www.cancer.org
American Diabetes Society		800-DIABETES	www.diabetes.org
AIDS/HIV Center for Disease Control & Prevention		800-CDC-INFO	
		800-232-6348 (TTY)	http://www.cdc.gov/hiv/
AIDS/STD National Hotline		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		888-4-STROKE	www.americanheart.org
Center for Disease Control & Prevention		800-CDC-INFO	
		800-232-6348 (TTY)	http://www.cdc.gov/hiv/
Elder Care Hotline			www.eldercarelink.com
Eye Care Council		800-960-EYES	www.seetolearn.com
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 & Other Communication		800-241-1044	
		800-241-1055 (TTY)	www.nidcd.nih.gov
US Dept. of Health & Human Services			
Centers for Medicare & Medicaid Services		800-MEDICARE	
		877-486-2048 (TTY)	www.cms.hhs.gov
Make a Difference		800-332-6262	
Mental Health America		800-969-6MHA	
National Alliance for Mentally Ill Helpline		800-950-NAMI	www.nami.org
		703-516-7227	
National Institute of Mental Health		866-615-6464	
		866-415-8051 (TTY)	www.nihm.nih.gov

Service	Address	Telephone Number	Website
National Library Services for Blind & Blind Physically Handicapped		800-424-8567	www.loc.gov/nls/music/index.html
National Mental Health Association		800-969-6642	
		800-433-5959 (TTY)	www.nmha.org
KS Department of Social & Rehab Services	915 SW Harrison Street Topeka	785-296-3959	
Suicide Prevention Hotline		800-SUICIDE	www.hopeline.com
Nutrition			
American Dietetic Association		800-877-1600	www.eatright.org
Nutrition Hotline		800-366-1655	
Eating Disorders Awareness & Prevention		800-931-2237	www.nationaleatingdisorders.org
Senior Services			
Alzheimer's Association		800-487-2585	
Americans with Disabilities Act Information Line		800-514-0301	www.usdoj.gov/crt/ada
		800-514-0383 (TTY)	
American Association of Retired Persons		888-687-2277	www.aarp.org
Eldercare Locator		800-677-1116	ic/home.asp
Suicide Prevention			
Suicide Prevention Services		800-784-2433	www.spsfv.org
Veterans			
Federal Information Center		800-333-4636	www.FirstGov.gov
US Dept. of Veterans Affairs		800-513-7731	www.kcva.org
Education GI Bill		888-442-4551	
Health Resource Center		877-222-8387	
Insurance Center		800-669-8477	
Veterans Special Issue Help Line			
Gulf War/Agent Orange Helpline		800-749-8387	
US Dept. of Veterans Affairs Mammography Helpline		888-492-7844	
Other Benefits		800-827-1000	
Memorial Program Service (includes headstones & markers)		800-697-6947	
Telecommunications Device for the Deaf/Hearing Impaired		800-829-4833 (TTY)	www.vba.va.gov
Veterans Administration Benefits		800-669-8477	
Life Insurance		800-669-8477	
Health Care Benefits		877-222-8387	
Income Verification and Means Testing		800-929-8387	
Mammography Helpline		888-492-7844	
Telecommunications Device for the Deaf		800-829-4833	www.vba.va.gov
Debt Management		800-827-0648	
Life Insurance Information & Service		800-669-8477	
Welfare Fraud Hotline			
DCF Fraud Hotline		800-432-3913	

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

Year 2017 (IP)



Patient Origin by Hospital - Inpatient Smith County Memorial Hospital - Smith Center, KS Federal Fiscal Year: 2017

Smith County Memorial Hospital

ZIP - City	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	%	
66967 Smith Center, KS	204	47.8%	3	1.5%	11	5.4%	31	15.2%	23	11.3%	104	51.0%	5	2.5%	13	6.4%	14	6.9%	2.9%
66951 Kensington, KS	52	12.2%	1	1.9%	6	11.5%	10	19.2%	9	17.3%	19	36.5%	2	3.8%	3	5.8%	2	3.8%	3.8%
66952 Lebanon, KS	32	7.5%	0	0.0%	0	0.0%	2	6.2%	8	25.0%	20	62.5%	0	0.0%	1	3.1%	1	3.1%	0.0%
67661 Phillipsburg, KS	31	7.3%	2	6.5%	1	3.2%	0	0.0%	8	25.8%	5	16.1%	0	0.0%	8	25.8%	7	22.6%	6.5%
66932 Athol, KS	15	3.5%	0	0.0%	1	6.7%	0	0.0%	2	13.3%	7	46.7%	1	6.7%	2	13.3%	2	13.3%	0.0%
67638 Gaylord, KS	15	3.5%	0	0.0%	1	6.7%	0	0.0%	1	6.7%	9	60.0%	2	13.3%	1	6.7%	1	6.7%	0.0%
67628 Cedar, KS	14	3.3%	2	14.3%	2	14.3%	2	14.3%	0	0.0%	4	28.6%	4	28.6%	0	0.0%	0	0.0%	0.0%
66941 Esbon, KS	12	2.8%	1	8.3%	0	0.0%	1	8.3%	6	50.0%	2	16.7%	0	0.0%	1	8.3%	1	8.3%	8.3%
67621 Agra, KS	9	2.1%	0	0.0%	1	11.1%	1	11.1%	3	33.3%	2	22.2%	0	0.0%	1	11.1%	1	11.1%	11.1%
67473 Osborne, KS	8	1.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	25.0%	0	0.0%	3	37.5%	3	37.5%	12.5%
67474 Portis, KS	8	1.9%	0	0.0%	0	0.0%	2	25.0%	0	0.0%	6	75.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Other ZIP Codes	27	6.3%	2	7.4%	3	11.1%	1	3.7%	7	25.9%	3	11.1%	0	0.0%	6	22.2%	5	18.5%	0.0%
Total	427	100.0%	11	2.6%	26	6.1%	50	11.7%	67	15.7%	183	42.9%	14	3.3%	39	9.1%	37	8.7%	3.0%

Year 2016 (IP)



Patient Origin by Hospital - Inpatient Smith County Memorial Hospital - Smith Center, KS Federal Fiscal Year: 2016

Smith County Memorial Hospital

County	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	%	
Smith, KS	358	83.8%	8	2.2%	17	4.7%	53	14.8%	51	14.2%	175	48.9%	7	2.0%	24	6.7%	23	6.4%	3.9%
Phillips, KS	31	7.3%	2	6.5%	1	3.2%	5	16.1%	3	9.7%	6	19.4%	1	3.2%	7	22.6%	6	19.4%	16.1%
Osborne, KS	15	3.5%	1	6.7%	2	13.3%	3	20.0%	1	6.7%	6	40.0%	0	0.0%	1	6.7%	1	6.7%	6.7%
Jewell, KS	11	2.6%	1	9.1%	0	0.0%	2	18.2%	3	27.3%	3	27.3%	0	0.0%	1	9.1%	1	9.1%	18.2%
Other Counties	12	2.8%	2	16.7%	0	0.0%	2	16.7%	4	33.3%	1	8.3%	0	0.0%	1	8.3%	2	16.7%	0.0%
Hospital Total	427	100.0%	14	3.3%	20	4.7%	65	15.2%	62	14.5%	191	44.7%	8	1.9%	34	8.0%	33	7.7%	5.2%

Year 2015 (IP)



Patient Origin by Hospital - Inpatient Smith County Memorial Hospital - Smith Center, KS Federal Fiscal Year: 2015

Smith County Memorial Hospital

County	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	%	
Smith, KS	314	79.1%	10	3.2%	14	4.5%	36	11.5%	47	15.0%	144	45.9%	3	1.0%	30	9.6%	30	9.6%	2.9%
Phillips, KS	32	8.1%	2	6.2%	0	0.0%	9	28.1%	11	34.4%	1	3.1%	0	0.0%	4	12.5%	5	15.6%	6.2%
Osborne, KS	29	7.3%	0	0.0%	2	6.9%	4	13.8%	1	3.4%	17	58.6%	0	0.0%	3	10.3%	2	6.9%	0.0%
Jewell, KS	16	4.0%	0	0.0%	3	18.8%	5	31.2%	3	18.8%	2	12.5%	1	6.2%	1	6.2%	1	6.2%	6.2%
Other Counties	6	1.5%	0	0.0%	1	16.7%	1	16.7%	2	33.3%	1	16.7%	0	0.0%	1	16.7%	0	0.0%	0.0%
Hospital Total	397	100.0%	12	3.0%	20	5.0%	55	13.9%	64	16.1%	165	41.6%	4	1.0%	39	9.8%	38	9.6%	3.0%

Year 2017 (OP)



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

Smith County Memorial Hospital

Revenue Category Visits

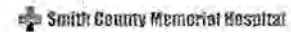
	Total Visits	Smith, KS		Phillips, KS		Osborne, KS		Jewell, KS		Mitchell, KS		Nebraska State Summary		Rooks, KS		All Other Visits
		Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	
1 Emergency Department (45x)	1,296	982	87.8%	100	7.0%	54	5.7%	43	4.8%	10	0.6%	13	0.8%	6	0.4%	88
2 Surgery (36x, 49x)	229	170	42.2%	22	5.1%	13	2.3%	18	5.0%			2	0.7%			4
3 Observation (76x, excl. 761)	137	117	85.4%	5	4.4%	4	2.5%	4	3.6%	1	0.4%	1	0.9%	1	0.7%	4
11 Radiology - Diagnostic (32x, excl. 322 and 323)	1,596	1,253	82.7%	143	8.3%	65	4.0%	65	8.2%	13	0.8%	6	0.6%	8	0.4%	43
14 Nuclear Medicine (34x)	127	91	76.5%	14	13.0%	9	9.9%	10	12.8%	1	0.5%			1	0.7%	1
15 CT Scan (35x)	519	409	85.0%	46	7.8%	24	4.2%	18	5.3%	1	0.1%	4	0.8%	1	0.1%	16
16 Mammography (401, 403)	552	424	86.7%	54	10.7%	36	7.5%	26	14.6%	1	0.1%	4	2.4%			7
17 Ultrasound (402)	546	397	84.5%	86	16.3%	30	7.4%	25	15.8%			2	0.8%			6
19 Magnetic Resonance Technology (61x)	148	113	67.7%	17	6.8%	4	1.4%	13	8.2%							1
23 Pulmonary Function (46x)	117	99	90.0%	9	16.0%	7	19.4%	1	4.0%							1
29 Telemedicine (78x)	79	76	98.7%	1	2.0%	1	25.0%	1	50.0%							
33 Cardiac Rehab (943)	134	115	89.8%	4	2.3%	12	44.4%	3	30.0%							
35 Treatment Room (76X excl. 762)	810	662	86.6%	54	6.2%	56	5.5%	24	7.3%	2	0.3%	4	1.5%			8
36 Respiratory Services (41x)	139	127	84.7%	4	7.0%	8	13.1%									
37 EKG/ECG (73x)	927	736	87.9%	64	6.5%	53	11.1%	41	13.6%	3	0.8%	2	0.5%	10	0.9%	18
38 Cardiology (48x excl. 481-483)	309	233	94.7%	30	18.4%	22	20.6%	16	32.7%	2	1.9%	1	1.1%	2	2.0%	3
39 Sleep Lab (HCPG 95805-95811)	32	26	78.8%	2	4.9%	2	18.2%	2	20.0%							
42 Physical Therapy (42x)	853	726	91.9%	42	3.4%	41	11.7%	24	5.6%	9	2.1%					11
44 SpeechLanguage Pathology (44x)	16	5	21.7%	2	4.2%	4	10.5%	5	35.7%							

Year 2016 (OP)



Outpatient Market Penetration by Service Type*

Smith County Memorial Hospital - Smith Center, KS
Total Outpatient Visits
Federal Fiscal Year: 2016



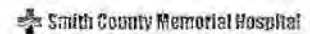
Revenue Category Visits	Total Visits	Smith, KS		Phillips, KS		Osborne, KS		Jewell, KS		Nebraska State Summary		Saline, KS		Mitchell, KS		All Other
		Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	
1 Emergency Department (45x)	1,166	884	85.9%	103	6.7%	58	6.2%	48	5.9%	15	0.9%	2	0.0%	3	0.2%	55
2 Surgery (36x, 49x)	314	224	51.5%	33	7.0%	29	5.8%	12	3.6%					3	0.2%	13
3 Observation (76x, excl. 761)	145	112	81.8%	10	7.9%	10	5.0%	5	4.4%							8
11 Radiology - Diagnostic (32x, excl. 322 and 323)	1,457	1,157	78.0%	128	7.3%	81	4.7%	51	6.5%	9	0.8%	4	0.0%	2	0.1%	35
14 Nuclear Medicine (34x)	151	112	79.4%	10	9.9%	12	10.1%	13	16.5%	1	1.1%			1	0.5%	2
15 CT Scan (35x)	498	398	81.2%	40	6.2%	20	3.6%	20	6.4%	3	0.7%			3	0.3%	14
16 Mammography (401, 403)	550	426	88.8%	53	10.4%	36	7.0%	21	11.2%	5	2.3%	1	0.1%	1	0.1%	7
17 Ultrasound (402)	566	395	80.3%	97	17.7%	35	7.6%	22	13.4%	2	0.7%			2	0.3%	13
18 PET Scan (404)	1	1	12.5%													
19 Magnetic Resonance Technology (61x)	173	132	72.5%	24	10.2%	3	1.1%	11	5.8%					1	0.2%	2
23 Pulmonary Function (46x)	64	46	73.0%	3	4.6%	10	26.3%	5	21.7%							
25 Stress Test (482)	42	33	78.6%	2	5.6%	2	6.7%	5	21.7%							
29 Telemedicine (78x)	9	8	100.0%					1	100.0%							
33 Cardiac Rehab (943)	140	131	91.0%					9	64.3%							
35 Treatment Room (76x excl. 762)	1,649	1,409	95.9%	90	9.8%	54	5.1%	70	15.7%	3	0.9%	14	0.4%			9
36 Respiratory Services (41x)	116	80	76.9%			20	37.0%	16	33.3%							
37 EKG/ECG (73x)	782	618	85.5%	53	6.0%	37	7.5%	39	14.0%	3	0.7%	1	0.0%	2	0.5%	29
38 Cardiology (48x excl. 481-483)	268	199	81.3%	22	13.2%	21	23.9%	18	36.7%	1	1.3%					7
39 Sleep Lab (HCPC 95805-95811)	74	58	92.1%	7	10.9%	3	16.7%	5	55.6%							1

Year 2015 (OP)



Outpatient Market Penetration by Service Type*

Smith County Memorial Hospital - Smith Center, KS
Total Outpatient Visits
Federal Fiscal Year: 2015



Revenue Category Visits	Total Visits	Smith, KS		Phillips, KS		Osborne, KS		Jewell, KS		Nebraska State Summary		Mitchell, KS		Norton, KS		All Other
		Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	
1 Emergency Department (45x)	1,009	809	80.4%	64	4.6%	54	5.4%	23	2.6%	4	0.3%	4	0.2%	1	0.5%	50
2 Surgery (36x, 49x)	320	231	54.0%	44	10.4%	21	4.3%	15	4.4%	3	1.2%	1	0.1%	3	1.1%	2
3 Observation (76x, excl. 761)	148	126	77.8%	6	4.8%	7	3.9%	4	2.8%			3	1.4%			2
11 Radiology - Diagnostic (32x, excl. 322 and 323)	1,441	1,171	77.5%	120	6.6%	74	4.3%	33	3.6%	7	0.7%	3	0.2%	5	0.3%	28
14 Nuclear Medicine (34x)	160	126	74.6%	12	10.2%	7	7.1%	9	11.8%	2	2.3%			2	1.7%	2
15 CT Scan (35x)	511	402	79.0%	35	5.5%	24	4.4%	30	9.1%	2	0.5%	1	0.1%	1	0.3%	16
16 Mammography (401, 403)	588	456	86.7%	50	9.6%	39	8.0%	27	12.3%	6	3.3%	2	0.3%	1	0.1%	7
17 Ultrasound (402)	506	397	83.8%	55	11.8%	24	4.5%	18	9.1%	2	0.9%	7	0.9%			3
18 PET Scan (404)	3	3	21.4%													
19 Magnetic Resonance Technology (61x)	177	146	71.6%	14	5.5%	6	2.0%	8	4.5%					2	0.8%	1
23 Pulmonary Function (46x)	6	4	11.4%	1	1.3%							1	1.3%			
25 Stress Test (482)	134	101	94.4%	9	18.4%	8	22.9%	10	34.5%	2	5.7%			2	2.5%	2
33 Cardiac Rehab (943)	196	176	94.1%	5	3.2%	14	50.0%	1	16.7%							
35 Treatment Room (76x excl. 762)	1,397	1,275	91.7%	51	5.7%	25	3.1%	33	7.2%	1	0.3%	4	0.6%			7
37 EKG/ECG (73x)	715	594	80.8%	43	4.7%	31	6.2%	24	9.1%	1	0.3%	1	0.2%	2	0.4%	19
38 Cardiology (48x excl. 481-483)	220	183	88.8%	18	11.3%	7	8.9%	7	19.4%	2	5.1%	1	1.0%			2
39 Sleep Lab (HCPC 95805-95811)	105	85	97.7%	6	10.9%	7	38.9%	6	100.0%							1
42 Physical Therapy (42x)	816	694	91.9%	39	3.2%	56	16.0%	24	6.1%					1	1.3%	2
43 Occupational Therapy (43x)	16	13	29.5%					3	42.9%							

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Town Hall Attendees

Smith County KS Town Hall Stakeholder Roster - 2018 Update

CAT	FIRST	LAST	4/12/18	Firm	Title	ADDRESS	CITY	ZIP
Hospital board members	Claire	Arment	X	NA	NMTC Board	516 E Street	Smith Center	NA
NA	Viola	Babcock	X	NA	NA	NA	NA	NA
Hospital board members	Joe	Barnes	X	SCMH BOT	Board Member	NA	NA	NA
NA	Arloa	Barnes	X	NA	NA	219 S. Monroe St.	NA	NA
NA	Art	Befort	X	NA	NA	NA	NA	NA
Hospitals, clinics, nursing homes manage	Leslie	Blizzard	X	SCMH	NA	119 N Washington	Smith Center	NA
Social worker	Lori	Dennis	X	SCMH	Social worker	979 fast 1000 Rd	Agra	67621
NA	Beca	Dvermiller	X	NA	NA	16081 140 Rd	Smith Center	NA
Hospitals, clinics, nursing homes manage	Patrick	Eastes	X	Smith County EMS	Director	914 US 36	Smith Center	66967
Physicians	Hannah	Haack	X	SCFP	Physician	NA	NA	NA
Hospitals, clinics, nursing homes manage	Laura	Hageman	X	Smith County Health Dept	Director	119 S. Main	Smith Center	66967
Hospital board members	Bruce	Hardacre	X	SCMH BOT	Board Treasurer	NA	NA	NA
Faith based clinics	Randy	Hill	X	Smith County Ministerial Association	NA	116 N Grant	Smith Center	66967
Business owners / CEOs	Amy	Howland	X	Howland Mobile Veterinary Service	Owner	P.O. Box 272	Smith Center	66967
Political, appointed and elected officials	Tom	James	X	NA	County Commissioner Distri	15061 Highway 8	Athol	66932
NA	Lisa	James	X	NA	NA	15061 Highway 8	Athol	66932
Hospitals, clinics, nursing homes manage	Laura	Kingsbury	X	SCMH	NA	18091 150 Rd	Smith Center	66967
Hospitals, clinics, nursing homes manage	Maryanne	Kirchhoff	X	Smith Co Memorial Hospital	NA	7094 Hwy 9	Cedar	67628
Hospitals, clinics, nursing homes manage	Julie	Kirnie	X	SCMH	NA	13072 R Rd	Smith Center	66967
Education officials and staff	Joshua	Lanning	X	USD 237 Smither Center	NA	520 C St	Smith Center	66967
Law enforcement agencies	Jamie	Marshall	X	SC Police	Police Chief	313 N Grant	Smith Center	66967
Local colleges and universities	Joyce	McKinney	X	K-State Research and Extension	Kansas SNAP-ED	113 N 1st St	Osborne	NA
Hospitals, clinics, nursing homes manage	Amanda	Mocaby	X	SCMH	NA	210 W Court St	Smith Center	66967
Hospitals, clinics, nursing homes manage	Joan	Nech	X	Smith Center Chamber of Commerce	Exec Director	219 S Main	Smith Center	66967
Physicians	Justin	Overmiller	X	SCFP	Physician	NA	NA	NA
City/Community officials	Adam	Rentschler	X	City of Smith Center	City Council Member	116 W 1stSt.	Smith Center	66967
Coalitions	Nora	Rhoades	X	Centerd on Healthy Living Coalition	NA	13021 P Rd	Smith Center	NA
Other health professionals	Alex	Snyder	X	Smith County	EMS	914 E Highway 36	Smith Center	66967
Hospitals, clinics, nursing homes manage	Rena	Snyder	X	SCMH	NA	14052 110 Rd	Smith Center	NA
Hospitals, clinics, nursing homes manage	Jim	Struckhoff	X	Mission Health	Administrator	P.O. Box 369	Smith Center	66967
NA	Barbara	Sweat	X	NA	NA	412 B Street	Smith Center	NA
Hospital board members	James	Sweat	X	NA	Hospital Board	412 B Street	Smith Center	NA
Business and economic development	John	Terrill	X	The Peoples Bank	NA	805 E Kansas Ave	Smith Center	66967
Business owners / CEOs	Allen	Van Driel	X	SCMH	CEO	NA	NA	NA
NA	Donna	Van Driel	X	NA	NA	415 N. Main St	NA	NA
Pharmacy	Steven	Weltmer	X	Midwest Family Health	Pharmacist	317 # US Highway 36	Smith Center	66967
Local colleges and universities	Sandra	Wick	X	K-State Research and Extension	NA	307 Barr Terrace	Smith Center	66967
Community member	Don	Wick	X	NA	community leader	307 Barr Terrace	Smith Center	66967
Physicians	Leah	Wiehl	X	NA	physician	NA	NA	NA
Education officials and staff	Alana	Williams Dean	X	USD 237	Sm. County Healthy Living C	1437 100 Rd.	Mankato	NA
Other health professionals	Tammy	Windscheffel	X	SCFP	Nurse Practitioner	NA	NA	NA
Political, appointed and elected officials	Bryce	Wyehc	X	NA	Mayor- City Council	818 E. Kansas Ave	NA	NA

Notes

Smith County Memorial Hospital Town Hall

Smith Center, KS

Attendees: 42

4/12/2018

No stop light in town.

Single parent households are about the same, not really changing much.

Respondents: If people want to work for the most part they can get a job. Unemployment rate might actually be higher than what is listed.

More backpacks going home on the weekends with children in order for them to have food.

Respondents: Poverty rate went down, but children eligible for free or reduced priced lunches went up, and that just doesn't make sense.

DO we need any more Doctors or Providers? No, there is no point.

Respondents: Yes, people are depressed in our community/ county.

Respondents are worried about suicide in their community.

EMS: had a few calls for opioid use and overdose.

Drugs in Smith County: Opioids, Meth, Marijuana, Benzos.

Drinking and driving is an issue in Smith County.

There is a gym in Smith Center, they just don't want to exercise.

Healthcare is good because of the providers, new resources coming about (Diabetes exercise, Chrons Disease Management, Collaboration, Time Critical Diagnosis).

Number of specialists in Smith is 40% higher than surrounding counties.

Strengths

- Number of medical providers
- Great OB care
- Hospice Care
- Quality Nursing Staff
- Strong Schools
- EMS Services with Paramedics
- New Hospital
- Collaboration with Support Services (Early Childhood, Breastfeeding)
- Economic Base to Support Healthcare
- Emergency Medicine
- Pharmacy
- Diabetes Education
- Visiting Physicians in the Outpatient Clinic
- Spiritual Options
- Community Support
- Grant Funding Opportunities

Needs Improvement

- Sidewalks/ Trails
- Child Care Access/ Quality
- Home Health
- Chronic Disease Education (Weight Loss, Hypertension, Diabetes)
- Obesity
- Dental
- Poverty
- Veterans' Health Care
- Affordable Insurance
- County Wide Preparedness
- Mental Healthcare
- Drugs
- Alcohol
- Communications
- Tobacco
- Senior Housing
- Early Childhood Education
- Telehealth
- Transportation
- Injury Prevention

Wave #3 CHNA - Smith County Memorial Hospital

Town Hall Conversation 4/12/18 - Strengths (Color Cards)

Card #	C1	Community Health Strengths		Card #	C1	Community Health Strengths
34	ACC	Access is Adequate		24	HSP	Hospice Care
33	ACC	Access to Healthcare		25	HSP	Hospice Care
38	ACC	Location		28	HSP	Hospice Care
3	AGE	New LTC		31	MRKT	Consumer Awareness
26	ALL	Healthcare		14	NH	New Nursing Home coming
17	ALL	Healthcare		10	NUTR	Grocery Store
7	AMB	Ambulance Services		6	OBG	Babies are able to be delivered here
14	ASLV	Assisted Living Coming		4	OBG	Great OB Care
12	BRST	Breastfeeding Coalition		3	OBG	OB
40	CLIN	Clinic		9	OBG	OB Services
21	COMM	Collaborative Direct Patient Care		22	OBG	Women's Care-OB
20	COMM	Good Collaboration		15	OP	New Equipment
4	CORP	Coalition focused on connecting Community Health Initiatives		16	OP	Newer Xray Technology coming
31	CORP	Collaboration within Community		8	OP	Specialist
9	CORP	Community Collaboration		27	OTHR	Active Churches
10	CORP	Community Collaboration		12	OTHR	Good School System
26	CORP	Community Foundation		28	OTHR	School
27	CORP	Community Foundations		36	OTHR	School-Education
2	CORP	Community Involvement		10	OTHR	Schools
27	CORP	Community Participation		36	OTHR	Spiritual Options
29	CORP	Community Values		27	OTHR	Strong Schools
28	DIAB	Diabetes Counseling		30	PHAR	Helpful Pharmacies
23	DOCS	5 Doctors- very good		5	PHAR	Pharmacies
39	DOCS	Doctors		18	PHAR	Pharmacies
3	DOCS	Doctors/Nurses		7	PHAR	Pharmacy
33	DOCS	Number and Quality of Doctors		9	PHAR	Pharmacy
6	DOCS	Outstanding Patient/Doctor Ratio		12	PHAR	Pharmacy
22	DOCS	Physician Base		13	PHAR	Pharmacy
7	DOCS	Physician Clinic/ Medical Staff		25	PHAR	Pharmacy
24	DOCS	Physicians		28	PHAR	Pharmacy
21	DOCS	Quality and Quantity of Doctors		31	PHAR	Pharmacy
16	DOCS	Visiting physicians		24	PHAR	Pharmacy Services
35	DOCS	Visiting physicians		8	PHY	Physical Therapy Staff
33	DOH	Active Health Department		21	POV	Unemployment
10	DOH	Health Department		13	QUAL	Compassionate and Caring

Wave #3 CHNA - Smith County Memorial Hospital

Town Hall Conversation 4/12/18 - Strengths (Color Cards)

Card #	C1	Community Health Strengths		Card #	C1	Community Health Strengths
39	DOH	Public Health		2	QUAL	Continuity of Care
5	DOH	Public Health Program Availability		34	QUAL	Overall Quality is Goos
25	EMER	Ambulatory Service/EMS/Paramedics		6	QUAL	Person Centered Pateint Care
33	EMER	Emergency Medical Services Top Notch		31	QUAL	Provider to Patient Ratio
2	EMER	Emergency Medicine		2	QUAL	Quality of Healthcare Providers
19	EMER	Emergency Services		34	REC	Access to Activities for Children
6	EMER	Outstanding Emergency Room Services		36	REC	Clubs/Service
18	EMS	EMS		20	SPEC	Number of Specialists
22	EMS	EMS		13	SPEC	Specialists
26	EMS	EMS		6	SPEC	Specialists coming into SCMH
27	EMS	EMS		14	SPEC	Specialty Providers
32	EMS	EMS		25	STFF	# of Providers base large and available
35	EMS	EMS		27	STFF	Care Providers
37	EMS	EMS		19	STFF	Good Providers
9	EMS	EMS Services		6	STFF	Great number of Providers
8	EMS	Full time EMS/Paramedics able to quickly intervene		1	STFF	Health Care Providers
30	EMS	Great EMT Service		28	STFF	Health Care Providers
21	FAC	Facilities		5	STFF	Healthcare Providers/facility
29	FAC	Facilities		35	STFF	Healthcare Providers/facility
35	FAC	Facilities		29	STFF	Healthcare Team
22	FAC	Facility		40	STFF	Hospital Doctors and Nurses
38	FAC	Facility		1	STFF	Hospital Personal
37	FAC	Facility Location		15	STFF	Hospital Staff
1	FAC	New Facilities		1	STFF	Hospital Staff in General
11	FAC	New Facility		14	STFF	Local Medical Staff
34	FAC	New Facility		36	STFF	Medical Community
4	FINA	Community Health Grant Work		9	STFF	Medical Providers
4	FINA	Funding Opportunities		13	STFF	Medical Staff Competency
18	FINA	Local Financial Support		16	STFF	Medical Staff Competency
23	FIT	Exercise Track/ Facility		18	STFF	Number of medical providers
18	FIT	Fitness Options		20	STFF	Number of Providers
20	FIT	Number of Wellness Facility		11	STFF	Providers
37	FIT	Wellness Programs		15	STFF	Providers
24	HOSP	Hospital		32	STFF	Providers

Wave #3 CHNA - Smith County Memorial Hospital

Town Hall Conversation 4/12/18 - Strengths (Color Cards)

Card #	C1	Community Health Strengths		Card #	C1	Community Health Strengths
39	HOSP	Hospital and Staff		37	STFF	Providers
12	HOSP	Hospital/Clinic		30	STFF	Quality Doctors and Nurses
3	HOSP	New Hospital		37	STFF	Staff
7	HOSP	New Hospital		38	STFF	Staff
15	HOSP	New Hospital		40	STFF	Staff
23	HOSP	New Hospital		8	STFF	Well Rounded Medical Staff
25	HOSP	New Hospital		26	WELL	Education
14	HOSP	New Hospital and Clinic		29	WELL	Education
16	HOSP	New Hospital/Clinic about to open		32	WELL	Education County Health
30	HSP	Hospice		5	WELL	Education-Schools
23	HSP	Hospice Care				

Wave #3 CHNA - Smith County Memorial Hospital

Town Hall Conversation - Weakness (White Cards)

Card #	C1	Community Health Weaknesses		Card #	C1	Community Health Weaknesses
10	AGE	Community Programs for Elderly		36	EYE	Eye Care
17	AGE	Home Assistance for Elderly		8	EYE	Eye Doctor
36	AGE	Housing for Elder Care		19	EYE	Eye Doctor
41	AIR	Physical Environment		25	EYE	Eye Doctor-quality
35	ALC	Alcohol and Drug Abuse		12	EYE	Increase days of Eye Care Availability
39	ALC	DUI		40	FAC	Sidewalks Connectivity all over
33	ALC	Excessive Drinking		14	FIT	Access and Focus on Wellness (Exercise and Fitness)
6	ASLV	Better Housing for Seniors		27	FIT	Access to Exercise Facilities
20	BH	Access to Mental Health		30	FIT	Encourage Healthy Lifestyle
38	BH	Access to Mental Health		29	FIT	Exercise
12	BH	Availability of Mental Health Providers		39	FIT	Exercise
3	BH	Behavioral Health		41	FIT	Focus on Wellness
11	BH	Behavioral Health		17	FIT	Need to be more physically active
14	BH	Behavioral Health		31	FIT	Physical Activity
15	BH	Behavioral Health Services		22	FIT	Wellnes
39	BH	Depression		23	FIT	Wellness
33	BH	Depression Care/Mental		26	FIT	Wellness
29	BH	Depression Treatment		25	FIT	Wellness- participation
3	BH	Injury Prevention		11	HH	Home Health
7	BH	Injury Prevention		26	HH	Home HEalth
1	BH	Mental Health		13	HH	Home Services
7	BH	Mental Health		20	HOUS	Housing
8	BH	Mental Health		33	HOUS	Housing Availability
9	BH	Mental Health		24	HRT	Heart
10	BH	Mental Health		7	INSU	Affordable Health Insurance
21	BH	Mental Health		43	INSU	Affordable Health Insurance
27	BH	Mental Health		5	INSU	Affordable Helath Insurance/Care
29	BH	Mental Health		32	INSU	Affordable Insurance
32	BH	Mental Health		34	INSU	Affordable Insurance
34	BH	Mental Health		38	INSU	Affordable Insurance
35	BH	Mental Health		39	INSU	Affordable Insurance
2	BH	Mental Health Access		6	INSU	Better Health Insurance
18	BH	Mental Health Awareness		3	INSU	Insurance Coverage
30	BH	Mental Health Care		40	INSU	Paid Professionals to provide Insurance Counseling
36	BH	Mental Health Care		1	KID	Child Care
24	BH	Mental Health Drug Alcohol		18	KID	Child Care
14	BH	Mental Health in School		29	KID	Child Care
14	BH	Mental Health in School		31	KID	Child Care
16	BH	Mental Health Services		43	KID	Child Care
42	BH	Mental Health Services		16	KID	Child Care Services
31	BH	Mental Health/Depression		30	KID	Childcare

Wave #3 CHNA - Smith County Memorial Hospital

Town Hall Conversation - Weakness (White Cards)

Card #	C1	Community Health Weaknesses		Card #	C1	Community Health Weaknesses
4	BH	Mental/Behavioral Health		33	KID	Childcare Availability
43	BH	Mental/Behavioral Health		2	KID	Community Day Care Options
13	BH	MH in General		28	KID	Daycare/Child Care
31	CHRON	Chronic Disease Education		31	KID	Early Childhood Education
20	CHRON	Chronic Disease Managemnt		7	KID	Preschools-ECE
4	CHRON	Education on Chronic Disease		5	MRKT	Awareness of Services Available
40	CLIN	Clinic		26	NEU	Neurology
25	CLIN	Health Clinics		21	NH	Nursing Home
32	COMM	Collaborative Communication		16	NURSE	Lack of Nursing
34	COMM	Collaborative Communication		14	NURSE	Nursing Shortage
18	COMM	Communication		15	NURSE	Storage of Nurses
28	DENT	Dental		42	NUTR	Healthy Dining
32	DENT	Dental		26	OBES	Childhood Obesity
34	DENT	Dental		27	OBES	Obesity
43	DENT	Dental		33	OBES	Obesity
42	DENT	Dental		6	OBES	Obesity Prevention
7	DENT	Dental Care		23	OBES	Obesity Training
11	DENT	Dental Care		2	OBES	Obesity-Exercise-Chronic Disease
12	DENT	Dental Care		3	OBES	Weight Loss
17	DENT	Dental Care		7	OBES	Weight Loss
38	DENT	Dental Care		28	OEBS	Obesity
36	DENT	Dental Care Locally		26	OTHR	Advance Care Planning
41	DENT	Dental Coverage		10	OTHR	Preschool
2	DENT	Dental Service		39	POV	27K Annual Income
4	DENT	Dental Services		20	POV	Food Security/Poverty
9	DENT	Dental Services		29	POV	Poverty
15	DENT	Dental Services		31	POV	Poverty
27	DENT	Dental/Vision		43	POV	Poverty
1	DENT	Dentist		39	POV	Poverty
8	DENT	Dentist		17	POV	Poverty- kids and elderly hunger
10	DENT	Dentist		30	POV	Under employed people
19	DENT	Dentist		33	POV	Underemployed
21	DENT	Dentist		22	PREV	Prevention
25	DENT	Dentist-quality		28	REC	Youth Activities
15	DERM	Dermatology Services		4	SMOK	Smoking Cessation Education
26	DERM	Dermatology Services		2	SMOK	Smoking Cessations
24	DIAB	Diabetes		13	STFF	Enough Support Staff
18	DRUG	Drug Education		3	SUIC	Suicide
21	DRUG	Drug Prevention		3	SURG	Surgery
7	DRUG	Drug Use		7	SURG	Surgery that can be done at SCMh
6	DRUG	Drug Use/Alcohol Use Prevention		36	SURG	Surgical Care
43	DRUG	Drugs		11	TEL	Increase Telehealth
3	DRUG	Drugs/Alcohol		40	TRAN	Expand Public Transportation
39	DRUG	Opoids, Meth, pot, benzos		38	TRAN	Transportation to appts

Wave #3 CHNA - Smith County Memorial Hospital

Town Hall Conversation - Weakness (White Cards)

Card #	C1	Community Health Weaknesses		Card #	C1	Community Health Weaknesses
14	DRUG	Public Awareness of Opoid Usage		36	TRAN	Transportation to healthcare
19	ECON	Business		14	VETS	Availability of Health Care for Aging Veteran Community
36	EMER	Emergency Preparedness		26	WELL	Adult Education
37	EMER	Emergency Preparedness		15	WELL	Health Education
9	EYE	Cataracts Services		1	WELL	Public Health Education- HTN, exercise, diet, chronic dx

c) Public Notice & Requests

[VVV Consultants LLC]

2018 Community Health Survey begins, Smith County KS

Media Release: 2018

Over the next few months, Smith County Memorial Hospital will be updating the 2015 Smith 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 to conduct this countywide research.

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

<https://www.surveymonkey.com/r/OsborneSmithCHNA> OR

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

All community residents are encouraged to complete the 2018 CHNA Wave #3 online survey by Friday March 30th 2018.

From: CEO

Date: February 2018

To: Community Leaders, Providers, Hospital Board and Staff

Subject: Community Health Needs Assessment - 2018

Smith County Memorial Hospital is updating 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/OsborneSmithCHNA>

CHNA 2018 due date for completion is Friday March 30th. All responses are confidential. Thank you in advance for your time and support in participating with this important request.

E Mail Reminder

Subject:

Town Hall Meeting – Thursday April 12, 2018

Smith County Memorial Hospital

Community Health Needs Assessment

5:30- 7p.m.

You are invited to dinner on April 12th.

Smith County Memorial Hospital and other area providers are working together to update the 2018 Smith County Community Health Needs Assessment (CHNA) report.

<Note: The goal of this assessment is to understand progress in addressing community health needs cited in 2015 report and to collect up-to-date community health perceptions. >

To continue this work, Smith County Memorial Hospital will host a **Town Hall dinner meeting on Thursday, April 12 from 5:30- 7p.m. at xxx.**

Please plan to attend one. Dinner will be served at 5:15pm.

In addition, last call to provide community CHNA feedback. Deadline to participate is Friday, March 30, 2018. <https://www.surveymonkey.com/r/OsborneSmithCHNA>

d) Primary Research Detail

[VVV Consultants LLC]

CHNA 2018 Community Feedback - Smith Co KS N=204							
ID	Zip	Overall	Movement	c1	c2	c3	When considering "overall community health quality", is it increasing, decreasing or not really changing. Why?
1022	66951	Good	UP	ACC			New services are being added to exist ing services.
1103	66967	Very Good	UP	ACC	HOSP		We have many services available and we are getting a new hospital
1041	67638	Very Poor	DOWN	AGE	DRUG		Aging population along with fixed income families who do not seek regular healthcare as they only use for emergency purposes or to work the system to obtain prescription meds to abuse
1031	66967	Very Good	DOWN	AGE	DRUG		Many elderly individuals live in the community and drug activities are increasing.
1079	66967	Average	No CHG	AGE			We are an older community that will continue to get older which increases health issues
1165	66967	Very Good	UP	CORP	WELL		SCMH is always looking to improve community health. By adding programs to teach how to live a better.
1092	66967	Very Good	UP	DOCS	TECH		Good core group of professional doctors, Quick care, updating records with new computer programs, many speciality testings are available locally and often the same day as the appointment.
1117	66967	Very Good	UP	DOCS			It's great we've been able to attract several new doctors, nurse practioners, etc. such the last survey.
1200	67621	Very Good	UP	DOCS	TRAV		more consulting physicians come to Smith Center, so we don't have to travel out of town.
1032	67437	Very Good	UP	DOCS	HOSP		More doctors in Smith Center and a new hospital is being built.
1208	67621	Very Good	UP	DOCS	MDLV		More options for a Dr and APRN.
1053	66951	Very Good	UP	DOCS	FAC		New doctors, new facilities
1188	67621	Very Good	UP	DOCS			SCFP is growing by leaps and bounds and able to accommodate more patient loads by hiring an additional Dr.
1143	66952	Average	No CHG	DOCS	QUAL		They brought in more Dr.'s but it seems to stay the same assistance perhaps more toward worse... making people into numbers vs humans
1185	66967	Good	UP	DOCS			we have new doctors
1080	67473	Good	UP	FAC	AGE		Both communities are building new facilities, this is extremely useful as the population here is the oldest in the state.
1163	66951	Very Good	UP	FAC			new facilities and increasing number of health care providers
1182	66967	Good	UP	FAC	DOCS	ACC	New facility being completed, additional physician added and more services being provided
1190	66967	Good	UP	FAC	STFF	PHAR	New facility. New providers. Great pharmacy option.
1176	66967	Very Good	UP	FAC			updating equipment. getting a new faciltity
1178	66967	Very Good	UP	FIT	REC		getting a general sence of people being more active
1211	66952	Very Good	UP	FIT			I don't know if it's improving but there are more opportunities for physical activities for adults.
1075	66967	Very Good	No CHG	FLU			Influenza B this year seems just about as prevalent
1050	66967	Very Good	UP	HOSP	DOCS		Building the new hospital has the potential to bring in new patients. The Drs and nurses will be able to give better care to patients. Hospital rooms and entrances will be handicap accessible.
1037	66967	Very Good	UP	HOSP			Looking forward to our new Hospital opening
1043	66952	Good	UP	HOSP	DOCS		New hospital More docs
1157	67661	Very Good	UP	HOSP	CLIN		New hospital and clinic many Doctors

CHNA 2018 Community Feedback - Smith Co KS N=204							
ID	Zip	Overall	Movement	c1	c2	c3	When considering "overall community health quality", is it increasing, decreasing or not really changing. Why?
1156	66952	Good	UP	HOSP	DOCS		New hospital being built in Smith Center. More new doctors in SC.
1141	66967	Very Good	UP	HOSP	DOCS		New hospital being built. New Dr's
1214	66967	Very Good	UP	HOSP			New hospital construction
1005	66967	Good	UP	HOSP			New hospital in Smith Center
1162	66967	Very Good	UP	HOSP	DOCS		New Hospital will be a GREAT improvement and the quality of physicians is EXCELLENT in Smith County. SCMH has made great improvements in past 10 years.
1014	66967	Very Good	UP	HOSP	SPEC		new hospital, more specialist availability
1192	67645	Good	UP	HOSP			So lucky to be getting the new hospital!
1033	67474	Average	UP	HOSP	STFF	COMM	The addition of the new hospital seems to have brought some new staff on board. Also there seems be better communication between hospital and clinic.
1004	67473	Poor	UP	HOSP			The approval of the new hospital.
1148	67430	Good	UP	HOSP			The new hospital is going to really improve things
1030	66967	Very Good	UP	HOSP	SPEC	STFF	The new hospital will be open before long. We have many visiting specialty clinics and that may increase with the new hospital. We continue to grow a great local medical staff.
1021	66967	Very Good	UP	HOSP	TRAV		We have added new doctors that the community really like and feel that the new hospital has the potential of bringing in more outside doctors so that patients will not have to travel!!!
1034	66967	Very Good	No CHG	NO			I really have no evidence of movement in either direction. I don't really have a reference point to answer this question with any confidence.
1029	67621	Very Good	UP	OP	TRAV		More specialists coming to the hospital for outpatient services, so that we as patients don't have to travel out of town.
1183	66967		UP	OTHR			I feel a lot of people are taking it on themselves to take better care of themselves
1152	67628	Good	UP	QUAL	CLIN		Competent, caring providers. Easy to be seen in the quick care clinic, just wish it ran all day.
1091	66967	Very Good	UP	SPEC	TRAV		Nice to have consulting specialists satellite to the hospital so you don't have to travel. Good group of physicians.
1067	66951	Good	UP	SPEC			The added specialized doctors making appointments at the local hospital rather than traveling miles away
1167	66967	Good	No CHG	SPEC			We get a new hospital but would be nice to get more specialized doctors that would allow us to be able to keep more patients n not send so many onto another hospital. I do love we have specialist come in every so often but would be nicer to have more
1209	66967	Very Good	UP	SPEC	HOSP	ASLV	We have brought more Physicians to the county. We have more specialty Dr's coming in each week and we have a new Hospital & Assisted Living developing
1088	66967	Good	UP	STFF			More highly trained medical staff with up to date research and practices
1056	66967	Average	No CHG	TRAV			We still have to go to larger areas to get tests, or surgery, etc.

CHNA 2018 Community Feedback - Smith Co KS N=204							
ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1152	66952	Good	UP	BH			Depression
1179	66967	Very Good	UP	DRUG	ALC		drug and alcohol abuse
1034	66967	Very Good	DOWN	DRUG			Drug use
1074	66967	Average	No CHG	DRUG			Too many people not working but taking drugs
1108	66951	Good	UP	FINA			affordable treatment
1211	66952	Very Good	UP	FINA			Cost of healthcare
1155	67628	Good	UP	FINA	INSU		Lack of ability to pay for services, even if you have insurance. If you can't afford it, you don't go and be seen
1198	66967	Average	UP	FINA			The cost of health care is retarded
1041	67474	Average	UP	INSU			Affordable insurance.
1106	66967	Very Good	UP	INSU			high cost of health care
1202	66967	Good	No CHG	INSU			Lack of Affordale Insurance. People do not go to our amazing Doctors cuz they can't afford it.
1147	66951	Average	No CHG	KID			There is a big gap from when children turn age 3 til the time they enter school. All early intervention programs drop at 3rd Birthday, leaving families on their own with no resources to turn to. Expanding Head Start/Early headstart would help with this. Expanding funding to Parents as teachers and KidLink may also be options.
1117	66967	Good	DOWN	NEG			Laziness
1087	67638	Average	UP	NEG			People don't care about their own health
1139	66952	Good	UP	NUTR	DRUG	ALC	Lack of good hygiene and nutrition practices at home. Drugs and alcohol pervading the home environment and pouring over at school.
1037	67437	Very Good	UP	OBES	TOB		2. Those who overeat and are grossly obese. 3. Those who know the risks of tobacco and stil smoke or chew.
1149	77967	Good	UP	OBES	NUTR		Obesity and processed food
1180	66967	Very Good	UP	OTHR			lack of jobs and education
1169	66967	Very Good	No CHG	OTHR			quality of people moving in
1062	66951	Very Good	No CHG	POV			Low Socio-economic statuses
1014	66967	Very Good	UP	PREV	WELL		more on prevention, health, wellness, outreach programs!
1153	67638	Good	No CHG	WELL			Parenting skills need improvement, but that is the person itself needs to make the effort. And they have to want to use the programs that are provided currently.
1031	66967	Very Good	UP	WELL			There are lots of options for wellness, my opinion is people are busy, tired and kinda lazy. They have to want to be and get healthy, the programs and facilities are there for them.

CHNA 2018 Community Feedback - Smith Co KS N=204							
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?
1065	66967	Average	No CHG	AGE			Elderly care!
1043	66967	Very Good	No CHG	AGE	CHRON		I would like to see more resources for elderly citizens that are caring for a spouse with chronic conditions such as dementia or Alzheimer's. I think that some sort of support system, education, encouragement, etc. is greatly needed.
1035	66951	Good	UP	AGE			More explanation and services to our senior citizens
1054	66951	Good	UP	AGE			Sometimes elder care is confusing, either there is overly aggressive treatment or care givers seem dismissive. No one seems to be able to address the fact that there is no cure for aging and sometimes we do not know why a body fails. It is very hard but in some cases a conversation needs to take place about mortality, acceptance of declining health, and peace with death.
1098	66967	Very Good	UP	ALZ	REC		Alzheimer's/dementia support group/education help The need for a new pool and updated wellness center Safe bike trails
1170	66967	Good	No CHG	ASLV	ALZ	BH	Have an nursing home/assisted living with an Alzheimer's unit so those people don't have to go out of town to like Parkview care center in Osborne and keep em in Smith center or get more to come to Smith center. More variety of specialist. More mental health available, like a full time person n hospital instead of one day a week.
1174	67621	Very Good	UP	BH	KID	CHRON	behavior health services, daycare, education of chronic disease processes
1061	67628	Very Good	UP	BH			Better mental health services
1186	66967		UP	BH			Depression awareness
1191	67621	Very Good	UP	BH			Get access to mental health up to speed for patients in our community. HPMH does nothing but pass the buck, and
1097	66967	Very Good	UP	BH			I think mental health and wellness are critically needed, especially with our youth.
1141	66967	Good	No CHG	BH			mental health
1166	66951	Very Good	UP	BH			mental health
1076	66967	Average	No CHG	BH			Mental health
1045	66932	Very Good	UP	BH			Mental Health - I think this would be crucial to have direct services in the Smith Center community.
1120	66967	Very Good	UP	BH	DRUG	FIT	Mental health awareness programs are needed as well as working with youth on violence as well as drug related issues. Drug prevention needs to be stressed as local law enforcement does not do much. Exercise programs for people in their 60's would be great.
1063	66967	Very Good	No CHG	BH	HH		mental health care home health services
1044	66967	Good	UP	BH			Mental health services
1029	67621	Very Good	UP	BH			Mental Health support doesn't exist. HPMH doesn't help us. "A safety plan" on a piece of paper is a joke. My family received more help from your Social Worker than we ever did from a HPMH therapist. Lori Dennis listens to our problems and never makes my family feel we aren't good enough. She always made time for us when we struggled.
1169	66967	Very Good	No CHG	BH	DRUG		mental health; drug problems;
1180	66967	Very Good	UP	BH			Need better mental health care to be better

CHNA 2018 Community Feedback - Smith Co KS N=204							
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?
1172	66967	Very Good	UP	BH			need home health mental health services are mostly not available here
1209	66967	Very Good	UP	BH	CANC		We need Behavior health programs in the school and a cancer group for support
1165	66967	Very Good	UP	BH	DRUG		We need more and better local mental health services. There is also a drug problem in this community that local law enforcement need to do ALOT better job of addressing and cracking down on.
1192	66967	Very Good	UP	BH	HH		We need more mrntal health services and also more home health options.
1175	66967	Very Good	UP	COMM			we could maybe partner with other facilities to bring more services to our area
1091	66967	Good	UP	CORP	WELL		We need to get the community leaders involved. There are great community health programs in progress, but we need all stakeholders involved to succeed.
1025	67628	Very Good	UP	DENT	EYE		Dentist and eye doctors
1104	66967	Good	UP	DIAB			Diabetes program
1179	66967	Very Good	UP	DRUG	ALC	EMS	help with drug and alcohol abuse. Schools, police, EMS, hospital
1111	66967	Good	UP	ENT	PHY		Ear nose throat, sports medicine
1014	66967	Very Good	UP	FAM	DRUG	DENT	family planning accessibility i.e. at health dept. healthy diet/education classes, exercise classes, need location for this i.e. classes at the wellness center are in the middle of all the equipment. Drug/alcohol prevention - partner with local police dept. Need a DENTIST!
1146	66952	Average	No CHG	FAM			More toward younger families as well as middle family needs
1214	66967	Very Good	UP	FIT			More fitness programs.
1121	66967	Average	UP	FIT			outside excersise
1102	67473	Average	No CHG	FIT			we needs some sort of fitness, maybe you could partner with J4 fitness out of smith center
1106	66967	Very Good	UP	HH			A medicare certified home health service
1162	67661	Very Good	UP	HH			Home health
1215	66967	Very Good	No CHG	HH			more home health
1110	66967	Good	UP	INSU			Affordable healthcare insurance
1147	66951	Average	No CHG	KID			Call Kearney and ask about joining their coop to start headstart and early head start programs for smith county. You could contact Hays as well and inquire what it would take to expand. There is a big gap where kids are dropped by early child services and unserved entirely until they go to school.
1078	66967	Very Good	No CHG	KID			Child Care facilities
1031	66967	Very Good	UP	KID	DENT	REC	Organized daycare. Good dental care. Having a good workout facility where classes could be given, doesn't have to be huge just an area for a class and a place for the equipment to be stored.
1202	66967	Good	No CHG	MH			WE have got to find a way to come together to address behavior health, especially in children. these parents and children need support.
1108	66951	Good	UP	MRKT			Having a caring concern and public knowledge in force. No one ever knows what is going on unless you are in town. Outsiders don't know what is happening in the county organizations.

CHNA 2018 Community Feedback - Smith Co KS N=204							
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?
1080	66932	Very Good	UP	MRKT			More health awareness of local health services. More publicity on facebook and newspaper for "total" Smith County Health Services all together in one place.
1210	67474	Very Good	UP	NO			Unknown
1047	66967	Average	UP	OBES	NUTR		Make weight loss and nutrition support groups
1208	67621	Very Good	UP	OP			High Plains Mental Health doesn't do a great job of supporting their patient/outpatients in our area.
1144	66967	Very Good	UP	PHY			Therapy other than High Plains
1205	66967	Very Good	UP	POD	DERM	SURG	Get more specialty clinics such as podiatry, dermatology, cataract surgeon.
1010	67661	Very Good	UP	REC			A walking trail would be a nice addition to the community and inspire wellness.
1004	67473	Poor	UP	REC	FIT		Work out center to promote wellness
1188	66967	Good	UP	SPEC			need more specialist
1207	66952	Good	UP	STFF			Wellness for employees
1136	66967	Very Good	UP	SURG			Full time surgeon
1198	66967	Average	UP	WAG			Make wages better to hire intelligent people and stop playing favorites or hiring family members that can not do the job.
1154	66967	Very Good	UP	WELL	CORP		Community wellness

Let Your Voice Be Heard!

Osborne County Memorial Hospital and Smith County Memorial Hospital are collaborating to update their 2015 Community Health Needs Assessments (CHNA).

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

Thank you for your attention! Deadline to participate is Friday, March 30, 2018.

1. In order to prepare CHNA findings, please select which healthcare facility you are the "most familiar with" or "have used the most". Note: If you don't know or don't want to select, please enter "No Choice"

- ☐ Osborne County Memorial Hospital
- ☐ Smith County Memorial Hospital
- ☐ No Choice

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

3. 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

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

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

Why? (please specify)

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 own words, what is the general perception of healthcare providers (Hospitals, Doctors, Health Dept., etc.) serving our community? (Be specific)

7. From our 2015 CHNA, a number of health needs were identified as priorities. Are any of these still an ongoing problem for your community? Please select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Affordable Insurance | <input type="checkbox"/> HC Transportation |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Home Health/ Hospice Services |
| <input type="checkbox"/> Awareness of existing HC Services | <input type="checkbox"/> Nursing Homes |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Mental Health Assistance |
| <input type="checkbox"/> Diabetes Education and Management | <input type="checkbox"/> Wellness/ Prevention |
| <input type="checkbox"/> Fitness/ Exercise Options | |

8. Which 2015 CHNA need is the "most pressing" for improvement? Please Select Top Three.

- | | |
|--|--|
| <input type="checkbox"/> Affordable Insurance | <input type="checkbox"/> HC Transportation |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Home Health/ Hospice Services |
| <input type="checkbox"/> Awareness of existing HC Services | <input type="checkbox"/> Nursing Homes |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Mental Health Assistance |
| <input type="checkbox"/> Diabetes Education and Management | <input type="checkbox"/> Wellness/ Prevention |
| <input type="checkbox"/> Fitness/ Exercise Options | |

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

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

Other (please specify)

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

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

11. How would our community area residents rate each of the following health services? Con't

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician Clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

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

14. 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.

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

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ Please explain

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

17. 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 |

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)



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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