



Community Health Needs Assessment Smith County, KS

On Behalf of Smith County Memorial Hospital



June 2021

VVV Consultants LLC
Olathe, KS

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I. Executive Summary

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I. Executive Summary

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

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

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

County Health Area of Future Focus on Unmet Needs

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

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.				

Town Hall CHNA Findings: Areas of Strengths

Smith County (KS) "Community Health Strengths"			
#	Topic	#	Topic
1	Medical Services	6	Quality of Providers
2	Ration of Providers	7	ER (Quick Services)
3	School Systems	8	Healthcare Community Collaboration
4	Primary Care	9	Aging Services
5	Food Programs	10	Health Department

Key CHNA Wave #4 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2020 Robert Wood Johnson County Health Rankings, Smith County, KS Average was ranked 33rd in Health Outcomes, 20th in Health Factors, and 52nd in Physical Environmental Quality out of the 105 Counties.

TAB 1. Smith County's population is 3,583 (based on 2019), with a population per square mile of approximately 4.3 persons. Roughly six percent (6.2%) of the population is under the age of 5, while the population that is over 65 years old is 28%. As of 2019, Hispanic / Latinos make up 2.3% of the population and 1.2% of citizens that speak a language other than English in their home. Children in single parent households make up a total of 21.7% compared to the rural norm of 25.2%, and 87.7% are living in the same house as one year ago.

TAB 2. In Smith County, the average per capita income is \$30,355 while 11.6% of the population is in poverty. The severe housing problem was recorded at 10% compared to the rural norm of 9.5%. Food insecurity is 12.5%, and limited access to healthy foods (store) is 12.3%.

TAB 3. Children eligible for a free or reduced-price lunch in Smith County is 49.7%. Ninety three percent (93%) of students graduated high school compared to the rural norm of 88.1% and 22.3% have a bachelor's degree or higher.

TAB 4. The percent of births where prenatal care started in the first trimester is 85% and 9.7% of births were considered premature in Smith County. Continually, 80% (compared to 81.5% rural norm) of infants up to 24 months are receiving full immunization. The percent of mothers who were reported as smoking during pregnancy is 14.2% (2016 – 2018).

TAB 5. The population coverage in Smith County of Primary Care Physicians per patient is 611 physicians to 1 patient. The preventable hospital rate per 100,000 reported in 2017 was 5,904. The average (median) time patients spend in the emergency department before leaving was 76 minutes.

TAB 6. In Smith County, 13.5% of the Medicare population has depression. The percent of Medicare Part D beneficiaries receiving an opioid day supply >10 Days is 43.9%. The average mentally unhealthy days last reported (2017) is 3.8 days in a one-week period.

TAB 7a – 7b. Smith County has an obesity percentage of 37.4% as of 2016, and physical inactivity percentage is 28.6%. The adult smoking is 16%, while the excessive drinking percentage is 14.7% as of 2017. The Medicare hypertension percentage is 51.3%, while their heart failure percentage is 19.8%. There is close to six percent recorded with cancer (5.9%) among their Medicare population and 2.1% stroke percentage.

TAB 8. The adult uninsured rate for Smith County is 13% (based on 2017) compared to the rural norm of only 11.9%.

TAB 9. The life expectancy rate in Smith County is roughly seventy-nine years of age (78.8) for the entire general population in this county. Alcohol-impaired driving deaths for Smith County is at 33.3% while age-adjusted Cancer Mortality rate per 100,000 is 143.2, while the Age-adjusted Heart Disease Mortality rate per 100,000 is at 171.4.

TAB 10. Roughly forty-nine percent (48.6%) of Smith County has access to exercise opportunities. There are 8.4% of the population with diabetes prevalence. Forty-nine percent (49%) of women in Smith County seek annual mammography screenings (based on 2017).

Town Hall Review - During the virtual Town Hall session (via Zoom) on Thursday, April 8th, 2021, the table below (2018 CHNA unmet needs) was displayed amongst community members for discussion to confirm whether the past needs should move forward.

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	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

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II. Methodology

a) CHNA Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

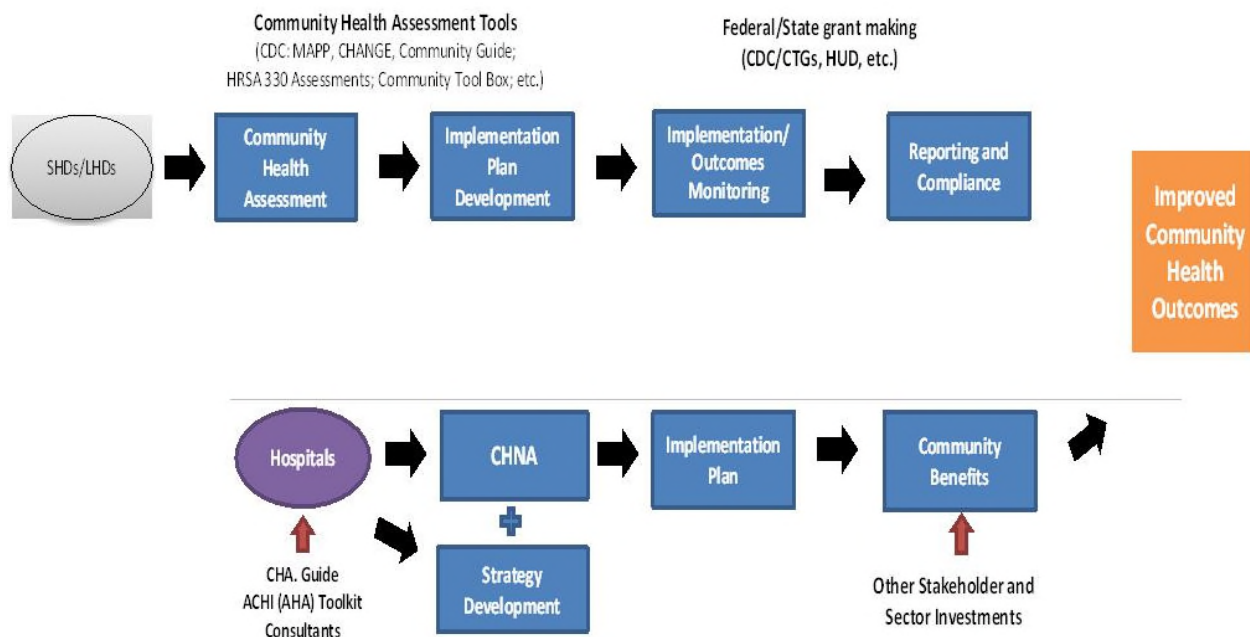
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Requirements Overview (Notice 2011-52)

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

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

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

IRS Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(0)(3) Last Reviewed or Updated: 21-Aug-2020

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

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

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

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

Additional Sources of Input

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

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

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

Collaboration on CHNA Reports

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

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

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

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

Joint Implementation Strategies

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

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

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

Adoption of Implementation Strategy

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

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

New Hospital Organizations

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

New Hospital Facilities

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

Transferred/Terminated Facilities

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

Public Health Criteria:

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

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

DOMAIN 1 includes 4 STANDARDS:

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

Required CHNA Planning Process Requirements:

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

Seven Steps of Public Health Department Accreditation (PHAB):

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

MAPP Process Overview

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

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

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



Drivers of Health Assessment & Improvement Planning

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

National Voluntary Accreditation Requirements

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

CDC Grant Requirements

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

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

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

Social Determinants of Health

What Are Social Determinants of Health?



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

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

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

II. Methodology

b) Collaborating CHNA Parties

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

Smith County Memorial Hospital Profile

921 E Highway 36, Smith Center, KS 66967

Chief Executive Officer: Allen Van Driel, FACHE

About Us: Smith County Memorial Hospital is a county-owned facility originally opened on June 7, 1951, as a 25-bed community hospital. It is governed by a five-member Board of Trustees, appointed by the Smith County Board of Commissioners. From its inception, the hospital has been operated under a lease arrangement by Great Plains Health Alliance, a not-for-profit organization dedicated to the operation and support of community hospitals in Kansas and surrounding states. Between 1971 and 2004, various additions were added to the physical plant of Smith County Memorial Hospital. The hospital was designated by the Centers for Medicare and Medicaid Services (CMS) as a Critical Access Hospital in 2003. Also in 2003, the physician practice known as Smith County Family Practice was purchased by the county and was designated by CMS as a provider-based Rural Health Clinic.

As a result of a reorganization of Great Plains Health Alliance in 2000, the operating entity of Smith County Memorial Hospital was re-designated Great Plains of Smith County, Inc. The hospital continued to be known in the community as Smith County Memorial Hospital, and the Board of Trustees continued to be responsible for the physical structure. Through the timeframe of 2000-2012, it became increasingly obvious that major renovation or reconstruction of the aging facility was needed to meet the demands of the ever-changing delivery of healthcare. The Board of Trustees began seriously exploring the expansion and modernization of the facility in 2013. A Facility Master Plan was developed, exploring whether renovation of the existing facility or construction of a replacement facility was more cost effective. The Master Plan led the Board of Trustees to the conclusion 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 for a 35-year note was received from USDA in 2016.

Construction of a 63,000 square foot replacement Critical Access Hospital and Rural Health Clinic began in March 2017. The new hospital, opened in August 2018, houses 16 inpatient beds, including two Labor, Delivery, Recovery, and Postpartum (LDRP) rooms. The Emergency Department includes two large trauma treatment rooms, a smaller triage/treatment room, and a three-patient facility for infusion and chemotherapy administration. Surgical facilities, including three pre-operative holding rooms, two Post Anesthesia Care Rooms, a sub-sterile procedure room, and a state-of-the-art Operating Room provide greatly enhanced facilities compared to the outdated facilities in the old hospital. The space available for Physical, Occupational, and Speech Therapy, as well as Cardiac and Pulmonary Rehabilitation is approximately three times as large as the space in the old facility. Part of the space used for Occupational Therapy doubles as facilities for a Sleep Center, for which accreditation was achieved in 2019.

The Specialty Clinic area consists of nine examination rooms and a small procedure room (up from 4 small exam rooms in the old facility). Also included in this space are three provider offices and nursing support areas, allowing simultaneous conduction of multiple specialty clinics. The Rural Health Clinic includes 19 examination rooms (up from 12 in the old facility), as well as offices for eight providers.

Smith County Long Term Care Unit was built attached to the old Smith County Memorial Hospital in 1971. Licensed for 28 beds, the facility had struggled with dwindling occupancy due to cramped rooms. Under the Critical Access Hospital reimbursement model, the LTCU became a significant financial drain on the overall facility. As a result of the financial situation and projected construction costs, the Board of Trustees decided during the planning stages to eliminate the LTCU from the plans for the new facility. Realizing the continued need for senior living options in the community, a partnership with an outside entity was sought. In October 2017, the existing SCMH Long Term Care Unit was leased to SunPorch of Smith County, a not-for-profit entity operated by a separate organization. SunPorch began planning for construction of a senior living complex located on the south end of the property on the east edge of Smith Center that had been acquired for construction of the Smith County Memorial Hospital. Construction of two 10 bed Greenhouse model Skilled Nursing buildings and a 12 bed Assisted Living Facility was begun in 2018, and the facility was opened in September 2019.

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

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



Vince Vandehaar, MBA – Principal

VVV Consultants LLC – start 1/1/09 *

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

Cassandra Kahl, BHS – Lead Consultant

VVV Consultants LLC – Nov 2020

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



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

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

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

Our Values :

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

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

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

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

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

II. Methodology

c) CHNA and Town Hall Research Process

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

In early January 2021, the SCMh CEO requested a zoom conversation to review CHNA collaborative options. <Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps.> Outcomes from this discussion led to SCMh's CEO requesting VVV Consultants LLC to complete a comprehensive CHNA IRS aligned 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		48,024	FFY18-20	
KHA Patient Zip Code	County	IP/OP	%	Accum
66967-Smith Center, KS	Smith	24,166	50.3%	50.3%
66951-Kensington, KS	Smith	5,706	11.9%	62.2%
66952-Lebanon, KS	Smith	3,928	8.2%	70.4%
67638-Gaylord, KS	Smith	1,654	3.4%	73.8%
66932-Athol, KS	Smith	1,037	2.2%	76.0%
67628-Cedar, KS	Smith	711	1.5%	77.5%
67661-Phillipsburg, KS	Phillips	2,548	5.3%	82.8%
67621-Agra, KS	Phillips	1,400	2.9%	85.7%

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's Johnson County Health Rankings, etc. to document current state of county health organized as follows:

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

Phase III—Quantify Community Need:

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

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

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

Data & Benchmarks Review

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

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

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

Community health assessment indicators should be

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

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

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

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

Sources of community-health level indicators:

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

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

Smith County Memorial Hospital VVV CHNA Wave #4 Work Plan - Year 2021 Project Timeline & Roles			
Step	Timeframe	Lead	Task
1	12/1/2020	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	1/15/2021	Hosp	Received CEO approval - CHNA Wave #4 Option A BASIC
3	1/26/2021	VVV	Send out previous Community Roster file for update. Confirm PSA Stakeholders Names /Address /Emails
4	1/26/2021	VVV	Request hospital client to send KHA PO reports for FFY 18, 19 and 20. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient zip origin file (Use ZipPSA_3yrPOOrigin.xls)
5	Feb-Mar 2021	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
6	3/1/2021	VVV / Hosp	Prepare/send out PR story / E Mail Request announcing upcoming CHNA project to general community.
7	3/26/2021	Hosp	Prepare/send out Community Stakeholder Virtual TOWN HALL invite email to Roster names.
8	3/26/2021	VVV / Hosp	Prepare/send out PR #2 story to local media reminding community of virtual Town Hall. Send #2 Stakeholder Town Hall email asking for RSVP. VVV will mock-up both messages..
9	4/2/2021	ALL	Conduct conference call (time TBD) with Hospital (Public HLTH TBD) to review Town Hall data / meeting flow.
10	Thurs 4/08/2021	VVV	Conduct virtual CHNA Town Hall 5:30 -7pm. Review Basic health PSA data plus facilitate a community conversation to identify TOP Health Needs.
11	On or Before 5/21/2021	VVV	Complete Analysis - Release Draft 1- seek feedback from Client Leaders.
12	On or Before 5/28/2021	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
13	TBD	Hosp	Conduct Client Implementation Plan PSA Leadership meeting
14	On or before Dec 31,2021	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

Overview of Virtual Town Hall Community Priority Setting Process

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

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

Smith County Memorial Hospital's Virtual Town Hall was held on Thursday April 8th, 2021 via Zoom due to COVID-19 safety requirements. Vince Vandehaar MBA and Cassandra Kahl facilitated this 1 ½ hour session with nineteen RSVP's / 15 attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

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

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

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



VVV Consultants LLC
Olathe, Kansas 66061

VandelaarMarketing.com
913-302-7264

1

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

- I. **Check-In / Introductions** (Start: 5:20 – 5:35 pm)
- II. **Review CHNA Purpose and Process** (5:35 – 5:40)
- III. **Review Current County “Health Status”** 5:40 – 6:10)
 - Secondary Data by 10 TAB Categories
 - Review Past Community Unmet Needs - Previous CHNAs
- IV. **Collect Community Health Perspectives**
 - Assigned Breakout Sessions (Lead/Reporter)
 - Uncover unmet needs/reporting back discussion (6:10 - 6:40)
- V. **Returning To Community General Session**
 - Report up / Poll & End Town Hall (6:40 – 7:00pm)

2

**II. Review CHNA Focus and Process
Town Hall Roles / Duties**

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

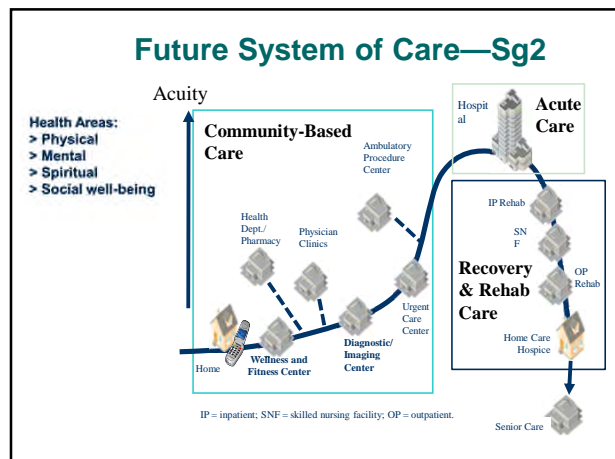
Have a little fun too

3

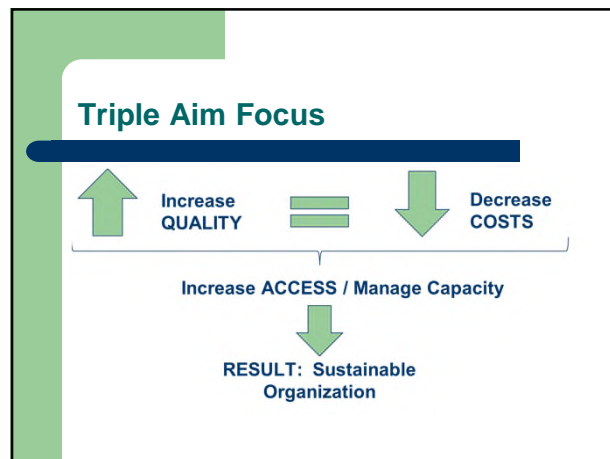
CHNA Brief Overview

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

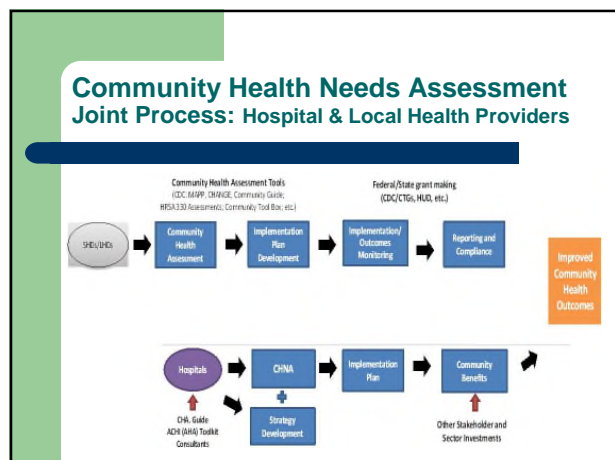
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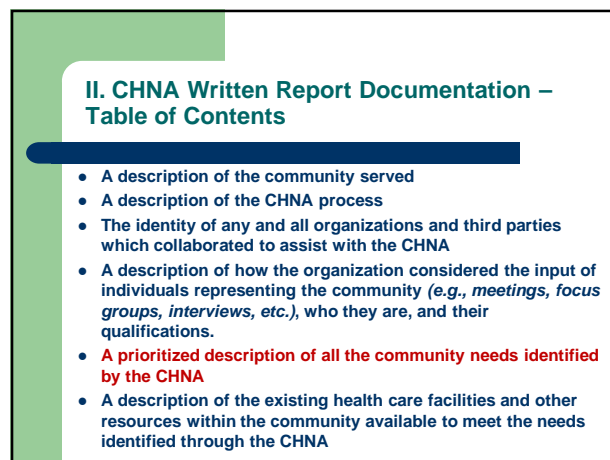
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6



7



8

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

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

Health Indicators - Secondary Research

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

9

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

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

ROLES: Local LEAD – Guide discussion

VVV Staff – Take notes

10

Collaborate Breakout Room Discussions

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

After Meeting Thoughts: EMAIL

VVV@VandehaarMarketing.com
CJK@VandehaarMarketing.com

11

Community Health Needs Assessment

**Questions;
Next
Steps?**



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Olathe, KS 66061

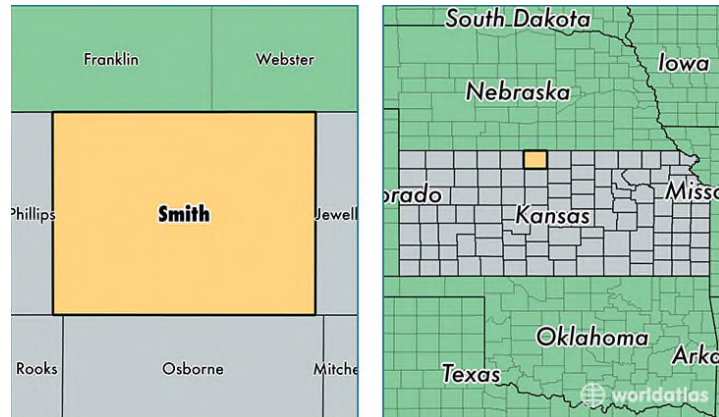
VVV@VandehaarMarketing.com
CJK@VandehaarMarketing.com
(913) 302-7264

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II. Methodology

d) Community Profile (A Description of Community Served)

Smith County Community Profile



Demographics

The 2020 population of Smith County is estimated to be 3,639, which 29.7% of the population 65 years or older. 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-181 serve other areas of the county.

Smith County, KS Airports³

Name	USGS Topo Map
Smith Center Municipal Airport	Smith Center

Schools in Smith County⁴

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>

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

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

Parks and Amenities⁵

<i>Name</i>	<i>USGS Topo Map</i>
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

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

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

Smith Co KS -Detail Demographic Profile

ZIP	NAME	County	Population			Households		HH	Per Capita
			Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
66932	Athol	Smith	141	136	-3.5%	62	60	2.2	\$31,432
66951	Kensington	Smith	701	680	-3.0%	286	279	2.4	\$29,810
66952	Lebanon	Smith	464	450	-3.0%	230	224	2.0	\$29,454
66967	Smith Center	Smith	1,999	1,931	-3.4%	922	893	2.1	\$28,175
67628	Cedar	Smith	91	88	-3.3%	45	43	2.0	\$37,559
67638	Gaylord	Smith	243	235	-3.3%	115	112	2.1	\$36,295
Totals			3,639	3,520	-3.3%	1,660	1,611	2.1	\$32,121

ZIP	NAME	County	Population				Year 2020		Females
			Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
66932	Athol	Smith	141	45	29	11	71	70	10
66951	Kensington	Smith	701	216	152	54	356	345	51
66952	Lebanon	Smith	464	133	105	34	240	224	31
66967	Smith Center	Smith	1,999	579	492	184	955	1,044	198
67628	Cedar	Smith	91	28	20	7	46	45	7
67638	Gaylord	Smith	243	79	51	18	121	122	18
Totals			3,639	1,080	849	308	1,789	1,850	315

ZIP	NAME	County	Population 2020				Average Households 2020		
			Caucasian	African Amer	Amer Ind.	Hispanic	HH Inc	HH	HH \$50K+
66932	Athol	Smith	133	1	0	3	\$51,988	62	31
66951	Kensington	Smith	655	3	3	13	\$50,000	286	148
66952	Lebanon	Smith	430	1	1	28	\$44,904	230	109
66967	Smith Center	Smith	1,917	4	10	38	\$39,239	922	338
67628	Cedar	Smith	88	0	0	0	\$48,724	45	24
67638	Gaylord	Smith	233	1	0	0	\$51,812	115	61
Totals			3,456	10	14	82	\$47,778	1,660	711

Source: ERSI Demographics

III. Community Health Status

[VVV Consultants LLC]

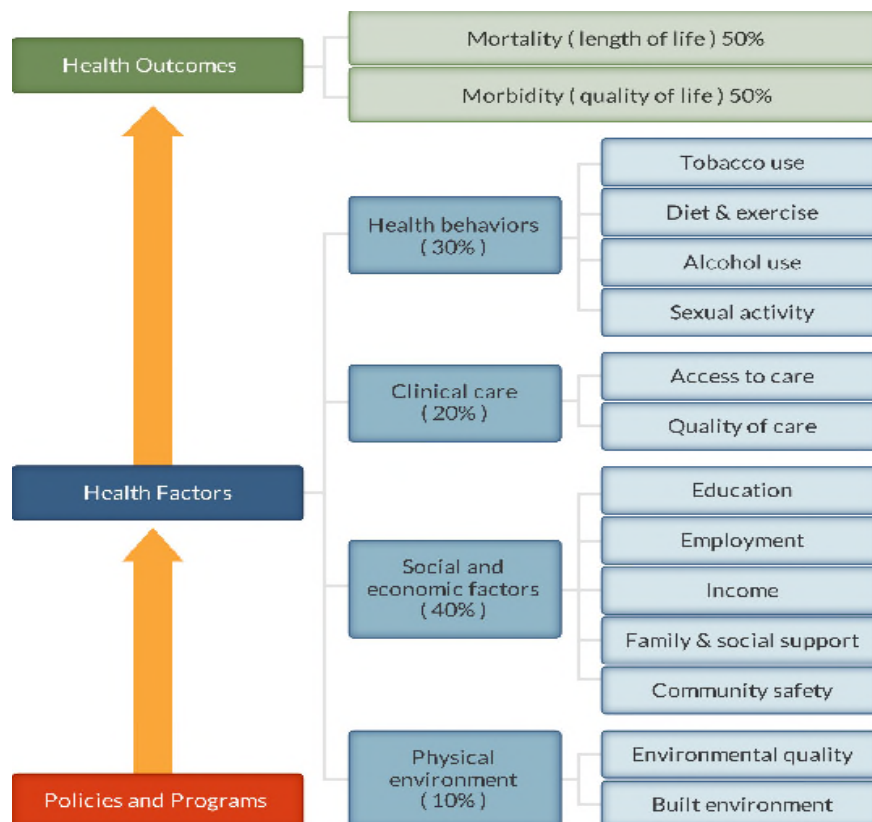
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

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

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



County Health Rankings model ©2012 UWPHI

National Research – Year 2020 RWJ Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Smith Co. (KS)	TREND	NW KS RURAL NORM (N=20)
1	Health Outcomes		33		52
2	Mortality	Length of Life	38		42
3	Morbidity	Quality of Life	29		52
4	Health Factors		20		35
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	48		39
6	Clinical Care	Access to care / Quality of Care	36		53
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	14		44
8	Physical Environment	Environmental quality	52		22
http://www.countyhealthrankings.org , released 2020					
Kansas Rural Norm (N=20) includes the following counties: Cheyenne, Barton, Edwards, Ellis, Gove, Kiowa, Norton, Osborne, Pawnee, Phillips, Russell, Sheridan, Smith and Thomas.					

PSA Secondary Research:

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

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

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

Tab 1: Demographic Profile

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

Tab		Demographic - Health Indicators	Smith Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
1	a	Population estimates, July 1, 2019, (V2019)	3,583		2,913,314	6,405	People Quick Facts
	b	Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	-7.0%		2.1%	-4.2%	People Quick Facts
	c	Population per square mile, 2010 (V2019)	4.3		35	7	Geography Quick Facts
	d	Persons under 5 years, percent, 2019, (V2019)	6.2%		6.4%	5.8%	People Quick Facts
	e	Persons 65 years and over, percent, 2019, (V2019)	28.0%		16.3%	23.8%	People Quick Facts
	f	Female persons, percent, 2019, (V2019)	49.7%		50.2%	49.4%	People Quick Facts
	g	White alone, percent, 2019, (V2019)	96.1%		86.3%	95.3%	People Quick Facts
	h	Black or African American alone, percent, 2019, (V2019)	0.3%		6.1%	1.4%	People Quick Facts
	i	Hispanic or Latino, percent, 2019, (V2019)	2.3%		12.2%	5.6%	People Quick Facts
	j	Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	1.2%		11.9%	4.4%	People Quick Facts
	k	Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	87.7%		83.8%	86.0%	People Quick Facts
	l	Children in single-parent households, percent, 2014-2018	21.7%		29.0%	25.2%	County Health Rankings
	m	Total Veterans, 2015-2019	305		176,444	609	People Quick Facts

Tab 2: Economic Profile

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

Tab		Economic - Health Indicators	Smith Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
2	a	Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$30,355		\$31,814	25,383	People Quick Facts
	b	Persons in poverty, percent	11.6%		11.4%	12.0%	People Quick Facts
	c	Total Housing units, July 1, 2019, (V2019)	2,232		1,288,401	3,328	People Quick Facts
	d	Total Persons per household, 2015-2019	2.2		2.5	2.4	People Quick Facts
	e	Severe housing problems, percent, 2012-2016	10.0%		13.0%	9.5%	County Health Rankings
	f	Total of All firms, 2012	231		239,118	1021	Business Quick Facts
	g	Unemployment, percent, 2018	2.5%		3.4%	2.7%	County Health Rankings
	h	Food insecurity, percent, 2017	12.5%		13.0%	11.8%	County Health Rankings
	i	Limited access to healthy foods, percent, 2010	12.3%		8.0%	9.4%	County Health Rankings
	j	Low income and low access to store, percent, 2015	12.3%		9.4%	9.4%	U.S. Department of Agriculture - Food Environment Atlas
	k	Long commute - driving alone, percent, 2011-2015	16.1%		21.0%	15.6%	County Health Rankings

Tab 3: Educational Profile

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

Tab	Educative - Health Indicator		Smith Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
3	a	Children eligible for free or reduced price lunch, percent, 2017-2018	49.7%		48.0%	46.7%	County Health Rankings
	b	High school graduate or higher, percent of persons age 25 years+, 2015-2019	93.0%		91.0%	88.1%	People Quick Facts
	c	Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	22.3%		33.4%	19.9%	People Quick Facts

Smith County KS Districts		YR2021
#	School Health Indicators	USD # 237
1	Total # Public School Nurses	1
2	School Nurse is part of the IEP team Yes/No	yes
3	School Wellness Plan (Active)	yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	295/5/5
5	HEARING: # Screened / Referred to Prof / Seen by	295/4/4
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by	308/3/3
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by	0
8	# of Students served with no identified chronic health	400
9	School has a suicide prevention program	yes
10	Compliance on required vaccinations (%)	98%

Tab 4: Maternal / Infant Profile

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

Tab	Maternal/Infant - Health Indicators		Smith Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
4	a	Percent of Births Where Prenatal Care began in First Trimester, 2016-2018	85.0%		81.0%	81.7%	Kansas Health Matters
	b	Percentage of Premature Births, 2016-2018	9.0%		9.1%	8.7%	Kansas Health Matters
	c	Percent of Infants up to 24 months that received full Immunizations, 2016-2018	80.0%		69.2%	81.5%	Kansas Health Matters
	d	Percent of Births with Low Birth Weight, 2015-2017	4.5%		7.3%	7.2%	Kansas Health Matters
	e	Percent of WIC Mothers Breastfeeding Exclusively, percent, 2018	NA		14.1%	27.3%	Kansas Health Matters
	f	Percent of all Births Occurring to Teens (15-19), 2017-2019	6.5%		5.5%	5.5%	Kansas Health Matters
	g	Percent of births Where Mother Smoked During Pregnancy, 2016-2018	14.2%		10.0%	13.7%	Kansas Health Matters

Tab 4: Maternal / Infant Profile (Continued)

#	Criteria - Vital Statistics	Smith Co. (KS)	Trend	Kansas	NW KS Norm (N=20)
a	Total Live Births, 2015	50		39,126	82
b	Total Live Births, 2016	40		38,048	81
c	Total Live Births, 2017	43		36,464	72
d	Total Live Births, 2018	30		36,268	73
e	Total Live Births, 2019	35		35,395	69
f	Total Live Births, 2015-2019 - 5 year Rate (%)	10.9%		12.7%	11.6%

Tab 5: Hospitalization and Provider Profile

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

Tab		Hospital/Provider - Health Indicator	Smith Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
5	a	Primary care physicians (Pop Coverage per) (No extenders incl.) , 2017	611:1		1295:1	1850:1	County Health Rankings
	b	Preventable hospital rate per 100,000, 2017 (lower the better)	5904		4024	5,827	County Health Rankings
	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	NA		78.0%	82.3%	CMS Hospital Compare, Latest Release
	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	NA		78.0%	77.7%	CMS Hospital Compare, Latest Release
	e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	96		112	100.5	CMS Hospital Compare, Latest Release

#	KS Hospital Assoc PO103	Total Smith Co (KS) - Inpatients		
		FFY2018	FFY2019	FFY2020
1	Total Discharges	633	604	704
2	Total IP Discharges-Age 0-17 Ped	20	14	18
3	Total IP Discharges-Age 18-44	38	30	20
4	Total IP Discharges-Age 45-64	110	116	124
5	Total IP Discharges-Age 65-74	145	123	158
6	Total IP Discharges-Age 75+	239	238	328
7	Psychiatric	10	6	14
8	Obstetric	34	35	19
9	Surgical %	23.1%	23.0%	21.9%
#	KS Hospital Assoc PO103	Smith Co Memorial Hospital -IP		
		FFY2018	FFY2019	FFY2020
1	Total Discharges	365	332	430
	SCMH IP Share - Smith Co Only	57.7%	55.0%	61.1%
2	Total IP Discharges-Age 0-17 Ped	10	7	10
3	Total IP Discharges-Age 18-44	17	11	6
4	Total IP Discharges-Age 45-64	46	44	61
5	Total IP Discharges-Age 65-74	73	55	74
6	Total IP Discharges-Age 75+	163	159	237
7	Psychiatric	8	5	10
8	Obstetric	25	26	17
9	Surgical %	2.5%	3.9%	1.4%
#	Kansas Hospital Assoc OP TOT223E	FFY2018	FFY2019	FFY2020
1	SCMH ER Share - Smith Co Only	84.1%	84.8%	87.4%
1	SCMH OpSRG Share - Smith Co Only	55.6%	52.1%	57.5%
2	SCMH TOT OP Share - Smith Co Only	88.4%	88.8%	88.6%

Tab 6: Behavioral / Mental Profile

Behavioral healthcare provides another important indicator of community health status.

Tab		Mental - Health Indicator	Smith Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
6	a	Depression: Medicare Population, percent, 2017	13.5%		18.9%	17.8%	Kansas Health Matters
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2015-2017 (lower is better)	NA		17.6	25.6	Kansas Health Matters
	c	Mental Behavioral Hospital Admission Rates per 100,000, 2016-2018	35.4		75.1	26.7	Kansas Health Matters
	d	Percent of Medicare Part D Beneficiaries Receiving Opioids Supply >10 Days	43.9%		37.8%	42.5%	Kansas Health Matters
	e	Average Number of mentally unhealthy days, 2017	3.8		3.7	3.6	County Health Rankings

Tab 7a: Risk Indicators & Factors Profile

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

Tab		High-Risk - Health Indicator	Smith Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
7a	a	Adult obesity, percent, 2016	37.4%		33.0%	32.9%	County Health Rankings
	b	Adult smoking, percent, 2017	16.0%		17.0%	15.6%	County Health Rankings
	c	Excessive drinking, percent, 2017	14.7%		19.0%	16.5%	County Health Rankings
	d	Physical inactivity, percent, 2016	28.6%		25.0%	29.9%	County Health Rankings
	e	# of Physically unhealthy days, 2015	3.5		3.6	3.4	County Health Rankings
	f	Sexually transmitted infections (chlamydia), rate per 100,000 2017	272.6		13554	264.7	County Health Rankings

Tab 7b: Chronic Risk Profile

Tab		Chronic - Health Indicator	Smith Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
7b	a	Hypertension: Medicare Population, 2017	51.3%		55.2%	56.9%	Kansas Health Matters
	b	Hyperlipidemia: Medicare Population, 2017	24.8%		37.1%	37.2%	Kansas Health Matters
	c	Heart Failure: Medicare Population, 2017	19.8%		13.4%	19.0%	Kansas Health Matters
	d	Chronic Kidney Disease: Medicare Pop, 2017	26.0%		21.8%	21.2%	Kansas Health Matters
	e	COPD: Medicare Population, 2017	9.4%		11.9%	14.0%	Kansas Health Matters
	f	Atrial Fibrillation: Medicare Population, 2017	13.4%		8.8%	10.7%	Kansas Health Matters
	g	Cancer: Medicare Population, 2017	5.9%		8.1%	8.4%	Kansas Health Matters
	h	Osteoporosis: Medicare Population, 2017	5.7%		6.1%	9.3%	Kansas Health Matters
	i	Asthma: Medicare Population, 2017	3.4%		4.3%	3.6%	Kansas Health Matters
	j	Stroke: Medicare Population, 2015	2.1%		3.1%	3.6%	Kansas Health Matters

Tab 8 Uninsured Profile and Community Benefit

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

Tab		Coverage - Health Indicator	Smith Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
8	a	Uninsured, percent, 2017	13.0%		10.0%	11.9%	County Health Rankings

#	Smith County Memorial Hospital	YR 2018	YR 2019	Yr 2020
1	Charity Care Given	\$190,821	\$115,265	\$39,259
2	Bad Debt / Poor Ins Coverage	\$771,990	\$649,006	\$325,626

Tab 9: Mortality Profile

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

Tab		Mortality - Health Indicator	Smith Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
9	a	Life Expectancy, 2016 - 2018	78.8		78.5	78.4	Kansas Health Matters
	b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2016-2018 (lower is better)	143.2		155.3	146.8	Kansas Health Matters
	c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2016-2018 (lower is better)	171.4		156.7	169.8	Kansas Health Matters
	d	Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2014-16 (Lower is better)	38.4		49.9	52.2	Kansas Health Matters
	e	Alcohol-impaired driving deaths, percent, 2011-2015	33.3%		21.9%	38.9%	County Health Rankings
	f	Total # Deaths involving COVID-19 if released, 2021	2		3575	13.6	NY Times

Causes of Death by County of Residence, KS 2016	Smith Co. (KS)	%	Trend	Kansas	%
TOTAL	57			27,312	
Other causes	18	31.6%		6,058	22.2%
Cancer	13	22.8%		5,537	20.3%
Heart disease	13	22.8%		5,520	20.2%
Hypertensive Renal Disease	8	14.0%		3,603	13.2%
Suicide	4	7.0%		3,085	11.3%
Known Death Percentage From Tobacco Use	4	7.0%		1,283	4.7%
Chronic lower respiratory diseases	3	5.3%		1,774	6.5%

Tab 10: Preventive Quality Measures Profile

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

Tab		Preventative - Health Indicator	Smith Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
10	a	Access to exercise opportunities, percent, 2019	48.6%		80.0%	63.8%	County Health Rankings
	b	Adults with diabetes, monitoring, percent, 2016	8.4%		10.0%	11.3%	County Health Rankings
	c	Mammography annual screening, percent, 2017	49.0%		45.0%	42.9%	County Health Rankings
	d	Percent Annual Check-Up Visit with PCP					TBD
	e	Percent Annual Check-Up Visit with Dentist					TBD
	f	Percent Annual Check-Up Visit with Eye Doctor					TBD

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

YR 2021 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	Yes	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	Yes	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)	No	NO	No
Hosp	Multislice Spiral Computed Tomo (<64+ slice CT)	Yes	NO	No
Hosp	Neonatal	No	NO	No
Hosp	Neurological Services	No	NO	No
Hosp	Obstetrics	YES	NO	No
Hosp	Occupational Health Services	Yes	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	Yes	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

YR 2021 Inventory of Health Services - Smith County, KS				
Cat	HC Services Offered in County: Yes / No	Hospital	Health Dept	Other
Hosp	Psychiatric Services	Yes	NO	CONSULT
Hosp	Radiology, Diagnostic	YES	NO	No
Hosp	Radiology, Therapeutic	No	NO	No
Hosp	Reproductive Health	No	NO	No
Hosp	Robotic Surgery	No	NO	No
Hosp	Shaped Beam Radiation System 161	No	NO	No
Hosp	Single Photon Emission Computerized Tomo(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	YES
SR	Home Health Services	No	NO	No
SR	Hospice	No	NO	YES
SR	LongTerm Care	No	NO	YES
SR	Nursing Home Services	No	NO	YES
SR	Retirement Housing	No	NO	PENDING
SR	Skilled Nursing Care	YES	NO	YES
ER	Emergency Services	YES	NO	No
ER	Urgent Care Center	No	NO	No
ER	Ambulance Services	No	NO	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	No
SERV	Fitness Center	Yes	NO	YES
SERV	Health Education Classes	YES	NO	No
SERV	Health Fair (Annual)	No	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	Yes	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

YR 2021 Physician Manpower - Smith County, KS

# of FTE Providers	Supply Working in County				
	FTE County Based MDs / Dos	Visiting MDs & DOs	Visiting PA/NPs	Visiting Providers (Telehealth)	County Based PA/NPs
Primary Care:					
Family Practice	4.0	0.0			4.0
Internal Medicine					
Obstetrics/Gynecology		1.0			
Pediatrics					
Medicine Specialists:					
Allergy/Immunology					
Cardiology		3.0	1.0		
Dermatology					
Endocrinology					
Gastroenterology		1.0			
Oncology/RADO					
Infectious Diseases					
Nephrology		1.0			
Neurology					
Psychiatry				11.0	
Pulmonary		1.0	1.0		
Rheumatology					
Surgery Specialists:					
General Surgery		2.0	1.0		
Neurosurgery					
Ophthalmology					
Orthopedics					
Otolaryngology (ENT)					
Plastic/Reconstructive					
Thoracic/Cardiovascular/Vasc					
Urology		1.0			
Hospital Based:					
Anesthesia/Pain	1.0				
Emergency				19.0	3.0
Radiology		4.0			
Pathology		6.0			
Hospitalist *					
Neonatal/Perinatal					
Physical Medicine/Rehab					
TOTALS	5.0	20.0	3.0	30.0	7.0

YR 2021 - Visiting Specialists to Smith Co Memorial Hospital

<i>SPECIALTY</i>	<i>Physician Name/Group</i>	<i>Office Location</i>	<i>SCHEDULE / DAY</i>	<i>Annual Days</i>	<i>FTE</i>
Gynecology	Dr. Pankratz / OBSTETRICIANS & GYNECOLOGISTS, P.C.	HASTINGS, NE	MONTHLY	12	0.05
Cardiology	Dr. Efstratiou / NHI	KEARNEY, NE	TWICE A MONTH	24	0.1
Cardiology	Kirby Knuth, APRN / NHI	KEARNEY, NE	ONCE A MONTH	12	0.05
Cardiology	PLATTE VALLEY MEDICAL GROUP	KEARNEY, NE	ONCE A MONTH	12	0.05
Cardiology	Dr. Curtis / HAYS MED	HAY, KS	TWICE A MONTH	24	0.1
Pulmonary	Dr. Stritt / HASTINGS PULMONARY & SLEEP	HASTINGS, NE	MONTHLY	12	0.05
Pulmonary	Abby Gallagher, APRN / HASTINGS PULMONARY & SLEEP	HASTINGS, NE	MONTHLY	12	0.05
Nephrology	Dr. Sinha Ray / GOOD SAMARITAN	KEARNEY, NE	MONTHLY	12	0.05
Gastroenterology	Dr. Ellis / MOWERY CLINIC	SALINA, KS	MONTHLY	12	0.05
General Surgery	Dr. Teget /SOUTHWIND SURGICAL	HAYS, KS	THREE TIMES A MONTH	36	0.15
General Surgery	Dr. Banker / BELOIT MEDICAL CENTER	BELOIT, KS	TWICE A MONTH	24	0.1
General Surgery	Alan Curtis, AGNP	BELOIT, KS	TWICE A MONTH	24	0.1
Urology	Dr. Evangelidis / ASSOCIATED UROLOGISTS	MANHATTAN, KS	MONTHLY	12	0.05

Year 2021 Smith County KS

Area Health Services Directory

Emergency Numbers

Police/Sheriff 911

Fire 911

Ambulance 911

County Non-Emergency Numbers

Smith County Sheriff 785-282-5180

Smith County Ambulance 785-282-6823

Municipal Non-Emergency Numbers

	Police/Sheriff	Fire
Athol	785-282-5180	785-695-2300
Kensington	785-282-5180	785-476-2400
Lebanon	785-282-5180	785-476-2400
Smith Center	785-282-3249	785-282-3271
Cedar	785-282-5180	785-476-2400
Gaylord	785-282-5180	785-476-2400

Health Services

Hospitals

Smith County Memorial Hospital
921 E Hwy 36 (Smith Center)
785-282-6845
www.scmhks.org

Chiropractors

Midway Chiropractic
717 East 2nd Street (Smith Center)
785-282-6818

Clinics

Smith County Family Practice Clinic
921 E Hwy 36 (Smith Center)
785-282-6834

Diabetes

Smith County Family Practice
921 E Hwy 36 (Smith Center)
(785) 282-6834

Disability Services

American Disability Group
1-877-790-8899

Kansas Department on Aging
1-800-432-3535
www.agingkansas.org/index.htm

Domestic/Family Violence Child/Adult Abuse
Hotline
1-800-922-5330

Northwest Kansas Family Shelter (Domestic
Violence)
800-794-4624

Educational Training Opportunities Association
of Continuing Education
620-792-3218

Health Department (County)

Smith County Health Department
119 S Main (Smith Center)
785-282-6656

Hospice

Hospice Services
424 8th Street (Phillipsburg)
785-543-2900
www.hospicenwks.net

Immunizations

Smith County Family Practice Clinic
921 E Hwy 36 (Smith Center)
785-282-6834

Smith County Health Department
119 S Main (Smith Center)
785-282-6656

Massage Therapists

Midway Chiropractic
717 E 2nd St (Smith Center)
785-282-6818

Mid-America Massage and Essentials
110 W Kansas (Smith Center)
785-282-4848

Medicaid

Kansas Department for Aging and Disability
Services (KDADS)
3000 Broadway (Hays)
785-628-1066

Medicare

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

Medical Equipment and Supplies

Kriley Family Healthmart
125 S Main (Smith Center)
785-282-3311

Midwest Family Health
317 E Highway 36 (Smith Center)
785-282-3333

Medical Providers/Physicians

Smith County Family Practice Clinic
921 E Hwy 36 (Smith Center)
785-282-6834

Smith County Memorial Hospital
921 E Hwy 36 (Smith Center)
785-282-6845
www.scmhks.org

Mental Health

High Plains Mental Health Center
209 W Harrison (Osborne)
785-346-2184
783 7th Street (Phillipsburg)
785-543-5284
208 E 7th Street (Hays)
785-628-2871
www.highplainsmentalhealth.com

Nursing Homes/LTC

Independent Living Health Care
517 North Monroe Street (Smith Center)
785-282-3536

Smith Center Health & Rehab
117 West 1st Street (Smith Center)
785-282-6696

SunPorch of Smith County
920 E Kansas Ave (Smith Center)
785-282-6722

Optometrists

Eye Care Center
128 W Kansas Ave (Smith Center)
785-282-6086

Pharmacies

Kriley's Family Drug Center
125 South Main Street (Smith Center)
785-282-3311
www.healthmart.com

Midwest Family Health
317 E. Highway 36 (Smith Center)
Phone: 785-282-3333
Toll Free: 800-983-9294
Fax: 785-686-3071
www.midwestfamilyhealth.com

Rehabilitation Services

Smith Center Health & Rehab
117 West 1st Street (Smith Center)
785-282-6696

Smith County Memorial Hospital
921 E Hwy 36 (Smith Center)
785-282-6845

School Nurses

Smith Center School District USD 237
Elementary School
216 S Jefferson Street (Smith Center)
785-282-6614
Junior/Senior High School
300 Roger Barta Way (Smith Center)
785-282-6609

Local Community Resources

Child Day Care Providers/Pre Schools

Little Britches Day Care
313 N Adams St (Kensington)
785-476-2811

First St. John's 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 St (Smith Center)
785-282-6823

Food Programs

Smith Center Food Pantry
101 S Lincoln (Smith Center)
785-282-6155 or 785-282-3728
Open M, Tu, Wed 9-12 am

Strader Center
119 W Court St (Smith Center)

Kensington Food Pantry
Serving the Thunder Ridge School District
Kensington Senior Community Center
102 E Pine (Kensington)
Open 3rd Saturday 1-3 pm

Meals on Wheels
Serving Smith Center
921 E Hwy 36 (Smith Center)
782-282-6845

Funeral Homes

All Faiths Funeral Chapel
113 South Madison Street (Smith Center)

785-686-4120
www.allfaithsfuneralchapel.com

Simmons Rentschler Mortuary
116 West 1st Street (Smith Center)
785-282-6691
www.simmonsmortuary.com

Health and Fitness Centers

Gardner Wellness Center
616 S. Main (Smith Center)
785-686-3000

Kensington Recreation Commission
785-476-3236

Smith Center Recreation Commission
785-282-6474

Strader Center
119 W Court St (Smith Center)
785-282-6696

Tribe Fitness
105 N Main St (Smith Center)
785-282-4414

Housing

Country View Village
504 North Main Street (Kensington)
785-476-2606

Western Plains Village
501 W 3rd (Smith Center)
785-282-6747

Cedars of Lebanon
601 E Kansas
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

Allen & McDowell
113 N Main (Smith Center)
785-282-6688

Libraries, Parks and Recreation

Kensington Community Library
128 So. Kansas (Kensington)
785-476-2219

Lebanon City Library
404 Main Street (Lebanon)
785-389-5711

Smith Center Public Library
117 West Court Street (Smith Center)
785-282-3361

Pregnancy Services

Heart Choices (Osborne)
117 N 1st St
Osborne, KS 67473
785-346-3315

Rape

Domestic Violence and Rape Hotline
1-888-874-1499
Family Crisis Center
1806 12th Street (Great Bend)
785-793-1885

Public Aid Organizations

Red Cross

425 F Street Suite A (Phillipsburg)
785-543-6484

785-282-6261 (Smith Center Contact)

Salvation Army
785-282-6682 (Smith Center contact)

Smith County Christian Laymen
785-282-6688 (Smith Center)

Smith County Ministerial Association
785-282-3728 (Smith Center)

Senior Services

Smith County Senior Center
119 W Court St (Smith Center)
785-282-3800

Kensington Senior Community Center
128 S Main St (Kensington)
785-476-2224

Transportation Services

SC Public Transportation Community
Connection
City Van: 785-620-7526
*Rides M-F 8 am-4 pm within the city of Smith
Center*
County Van: 785-282-4248

F.O.R.T.H. (Friends Offering Rides for
Transportation Help)
785-389-6941 or
785-282-0256 or
784-282-3728
Offers rides/drivers for out of town medical
appointments

Veterans Services

5500 E Kellogg
Wichita, KS 67218
316-239-2773
After hours: 316-737-4291

Other Emergency Numbers and Hotlines

Kansas Protection Report Center

1-800-922-5330

Domestic Violence Hotline

1-800-799-7233

www.ndvh.org

Kansas Coalition Against Sexual and Domestic Violence

634 SW Harrison

Topeka, KS 66603

Phone: 785-232-9784

Fax: 785-266-1874

Email: coalition@kcsdv.org

Website Address:

<http://www.kcsdv.org>

Information on Sexual Assault Centers:

<http://www.kcsdv.org/find-help/in-kansas/dv-sa-services.html>

National Human Trafficking Resource Center

888-373-7888

Emergency Management (Topeka)

785-274-1409

www.accesskansas.org/kdem

Federal Bureau of Investigation

1-866-483-5137

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

Kansas Arson/Crime Hotline

1-800-KS-CRIME

1-800-572-1763

www.accesskansas.org/kbi

Kansas Bureau of Investigation (Topeka)

785-296-8200

www.accesskansas.org/kbi

Kansas Road Conditions

1-866-511-KDOT

511

www.ksdot.org

Poison Control Center

1-800-222-1222

www.aapcc.org

Suicide Prevention Hotline

1-800-SUICIDE

<http://hopeline.com>

1-800-273-TALK

www.suicidepreventionlifeline.com

Toxic Chemical and Oil Spills

1-800-424-8802

www.epa.gov/region02/contact.htm

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

Inpatient Origin Reports



Inpatient Origin by County

Smith, KS Residents Treated in KHA Reporting Area

Federal Fiscal Year: 2020

Hospital Detail by County				Pediatric		Adult Medical/Surgical										Psychiatric		Obstetric		Newborn		
				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+										
Hospital Name	Rank	Total	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Surg %		
Smith County Memorial Hospital - Smith Center, KS	1	430	61.1%	10	2.3%	6	1.4%	61	14.2%	74	17.2%	237	55.1%	10	2.3%	17	4.0%	15	3.5%	1.4%		
Kansas Residents/Nebraska Hospitals	2	177	25.1%	6	3.4%	9	5.1%	35	19.8%	61	34.5%	62	35.0%	0	0.0%	0	0.0%	4	2.3%	55.9%		
HaysMed, The University of Kansas Health System - Hays, KS	3	38	5.4%	1	2.6%	2	5.3%	10	26.3%	13	34.2%	8	21.1%	0	0.0%	2	5.3%	2	5.3%	50.0%		
Salina Regional Health Center - Salina, KS	4	21	3.0%	0	0.0%	1	4.8%	5	23.8%	5	23.8%	10	47.6%	0	0.0%	0	0.0%	0	0.0%	57.1%		
Wesley Healthcare - Wichita, KS	5	6	0.9%	1	16.7%	0	0.0%	2	33.3%	0	0.0%	1	16.7%	0	0.0%	0	0.0%	2	33.3%	16.7%		
Mitchell County Hospital Health Systems - Beloit, KS	6	5	0.7%	0	0.0%	0	0.0%	1	20.0%	2	40.0%	2	40.0%	0	0.0%	0	0.0%	0	0.0%	60.0%		
Salina Surgical Hospital - Salina, KS	7	5	0.7%	0	0.0%	0	0.0%	4	80.0%	1	20.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Osborne County Memorial Hospital - Osborne, KS	8	4	0.6%	0	0.0%	0	0.0%	1	25.0%	0	0.0%	2	50.0%	1	25.0%	0	0.0%	0	0.0%	0.0%		
Phillips County Health Systems - Phillipsburg, KS	9	4	0.6%	0	0.0%	1	25.0%	1	25.0%	0	0.0%	0	0.0%	2	50.0%	0	0.0%	0	0.0%	0.0%		
The University of Kansas Health System - Kansas City, KS	10	4	0.6%	0	0.0%	0	0.0%	2	50.0%	1	25.0%	1	25.0%	0	0.0%	0	0.0%	0	0.0%	75.0%		
Ascension Via Christi Hospitals St. Francis - Wichita, KS	11	3	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0	0.0%	33.3%		
AdventHealth Shawnee Mission - Shawnee Mission, KS	12	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Ascension Via Christi Hospital Manhattan - Manhattan, KS	13	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Children's Mercy Kansas City - Kansas City, MO	14	1	0.1%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Citizens Health - Colby, KS	15	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Hutchinson Regional Medical Center - Hutchinson, KS	16	1	0.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
NMC Health - Newton, KS	17	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
St. Catherine Hospital - Garden City, KS	18	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0.0%		
Overall		704	100.0%	18	2.6%	20	2.8%	124	17.6%	158	22.4%	328	46.6%	14	2.0%	19	2.7%	23	3.3%	21.9%		

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Inpatient Origin by County

Smith, KS Residents Treated in KHA Reporting Area

Federal Fiscal Year: 2019

Hospital Detail by County				Pediatric		Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		
				Age 0-17	Age 18-44	Age 45-64	Age 65-74	Age 75+												
Hospital Name	Rank	Total	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Sum %		
Smith County Memorial Hospital - Smith Center, KS	1	332	55.0%	7	2.1%	11	3.3%	44	13.3%	55	16.6%	159	47.9%	5	1.5%	26	7.8%	25	7.5%	3.9%
Kansas Residents/Nebraska Hospitals	2	156	25.8%	1	0.6%	11	7.1%	34	21.8%	48	30.8%	55	35.3%	0	0.0%	0	0.0%	7	4.5%	51.9%
HaysMed, The University of Kansas Health System - Hays, KS	3	37	6.1%	0	0.0%	4	10.8%	14	37.8%	5	13.5%	8	21.6%	0	0.0%	3	8.1%	3	8.1%	51.4%
Salina Regional Health Center - Salina, KS	4	19	3.1%	0	0.0%	2	10.5%	6	31.6%	5	26.3%	2	10.5%	1	5.3%	2	10.5%	1	5.3%	42.1%
The University of Kansas Health System - Kansas City, KS	5	15	2.5%	0	0.0%	0	0.0%	8	53.3%	7	46.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	40.0%
Mitchell County Hospital Health Systems - Beloit, KS	6	9	1.5%	0	0.0%	0	0.0%	2	22.2%	0	0.0%	5	55.6%	0	0.0%	1	11.1%	1	11.1%	0.0%
Wesley Healthcare - Wichita, KS	7	9	1.5%	3	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	33.3%	3	33.3%	0.0%
Salina Surgical Hospital - Salina, KS	8	6	1.0%	0	0.0%	0	0.0%	4	66.7%	0	0.0%	2	33.3%	0	0.0%	0	0.0%	0	0.0%	100.0%
Ascension Via Christi Hospitals St. Francis - Wichita, KS	9	3	0.5%	0	0.0%	1	33.3%	0	0.0%	1	33.3%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	66.7%
Phillips County Health Systems - Phillipsburg, KS	10	3	0.5%	0	0.0%	1	33.3%	2	66.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Ascension Via Christi Hospital Manhattan - Manhattan, KS	11	2	0.3%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Children's Mercy Hospital Kansas - Overland Park, KS	12	2	0.3%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Osborne County Memorial Hospital - Osborne, KS	13	2	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Rooks County Health Center - Plainville, KS	14	2	0.3%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	0.0%
AdventHealth Shawnee Mission - Shawnee Mission, KS	15	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Centerpoint Medical Center - Independence, MO	16	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0.0%
Children's Mercy Kansas City - Kansas City, MO	17	1	0.2%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Kansas Residents/Montana Hospitals	18	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Menorah Medical Center - Overland Park, KS	19	1	0.2%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Stormont Vail Health - Topeka, KS	20	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
The University of Kansas Health System St. Francis Campus - T	21	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Overall		604	100.0%	14	2.3%	30	5.0%	116	19.2%	123	20.4%	238	39.4%	6	1.0%	35	5.8%	42	7.0%	23.0%

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Inpatient Origin Reports



Inpatient Origin by County

Smith, KS Residents Treated in KHA Reporting Area

Federal Fiscal Year: 2018

Hospital Detail by County				Pediatric		Adult Medical/Surgical										Psychiatric		Obstetric		Newborn		
				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+		Cases	%	Cases	%	Cases	%			
Hospital Name	Rank	Total	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%			
Smith County Memorial Hospital - Smith Center, KS	1	365	57.7%	10	2.7%	17	4.7%	46	12.6%	73	20.0%	163	44.7%	8	2.2%	25	6.8%	23	6.3%	2.5%		
Kansas Residents/Nebraska Hospitals	2	156	24.6%	1	0.6%	11	7.1%	34	21.8%	48	30.8%	55	35.3%	0	0.0%	0	0.0%	7	4.5%	53.2%		
HaysMed, The University of Kansas Health System - Hays, KS	3	27	4.3%	2	7.4%	3	11.1%	13	48.1%	2	7.4%	1	3.7%	0	0.0%	3	11.1%	3	11.1%	51.9%		
Salina Regional Health Center - Salina, KS	4	15	2.4%	0	0.0%	3	20.0%	3	20.0%	3	20.0%	4	26.7%	2	13.3%	0	0.0%	0	0.0%	60.0%		
Mitchell County Hospital Health Systems - Beloit, KS	5	13	2.1%	0	0.0%	0	0.0%	2	15.4%	1	7.7%	1	7.7%	0	0.0%	4	30.8%	5	38.5%	23.1%		
The University of Kansas Health System - Kansas City, KS	6	12	1.9%	1	8.3%	3	25.0%	4	33.3%	4	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	58.3%		
Wesley Healthcare - Wichita, KS	7	8	1.3%	2	25.0%	1	12.5%	2	25.0%	0	0.0%	2	25.0%	0	0.0%	2	25.0%	0	0.0%	25.0%		
Salina Surgical Hospital - Salina, KS	8	6	0.9%	0	0.0%	0	0.0%	3	50.0%	2	33.3%	1	16.7%	0	0.0%	0	0.0%	0	0.0%	100.0%		
AdventHealth Shawnee Mission - Shawnee Mission, KS	9	5	0.8%	0	0.0%	0	0.0%	0	0.0%	4	80.0%	1	20.0%	0	0.0%	0	0.0%	0	0.0%	40.0%		
Ascension Via Christi Hospitals St. Francis - Wichita, KS	10	5	0.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	5	100.0%	0	0.0%	0	0.0%	0	0.0%	80.0%		
Philips County Health Systems - Phillipsburg, KS	11	4	0.6%	0	0.0%	0	0.0%	1	25.0%	2	50.0%	1	25.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
The University of Kansas Health System St. Francis Campus - 1	12	4	0.6%	0	0.0%	0	0.0%	0	0.0%	4	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	25.0%		
Children's Mercy Hospital Kansas - Overland Park, KS	13	2	0.3%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Saint Luke's South Hospital - Overland Park, KS	14	2	0.3%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	50.0%		
Ascension Via Christi Hospital Manhattan - Manhattan, KS	15	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Children's Mercy Kansas City - Kansas City, MO	16	1	0.2%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Kansas Residents/Montana Hospitals	17	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
LMH Health - Lawrence, KS	18	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Olathe Health - Olathe, KS	19	1	0.2%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Osborne County Memorial Hospital - Osborne, KS	20	1	0.2%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Rooks County Health Center - Plainville, KS	21	1	0.2%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Russell Regional Hospital - Russell, KS	22	1	0.2%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Saint Luke's Hospital of Kansas City - Kansas City, MO	23	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Overall		633	100.0%	20	3.2%	38	6.0%	110	17.4%	145	22.9%	239	37.8%	10	1.6%	34	5.4%	38	6.0%	23.1%		

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Outpatient Origin Reports



Outpatient Market Penetration By Service Type*			
County by Federal Fiscal Year: 2020		Total Visits	
		Smith, KS	
		Visits	%
1 Emergency Department (45x)		2,540	87.4%
2 Surgery (36x, 49x)		652	57.5%
3 Observation (76x, excl. 761)		234	82.2%
Actual total visits		30,606	88.6%
County by Federal Fiscal Year: 2019		Total Visits	
		Smith, KS	
		Visits	%
1 Emergency Department (45x)		2,585	84.8%
2 Surgery (36x, 49x)		734	52.1%
3 Observation (76x, excl. 761)		154	78.6%
Actual total visits		30,660	88.8%
County by Federal Fiscal Year: 2018		Total Visits	
		Smith, KS	
		Visits	%
1 Emergency Department (45x)		2,629	84.1%
2 Surgery (36x, 49x)		619	55.6%
3 Observation (76x, excl. 761)		247	85.1%
Actual total visits		30,374	88.4%

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b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

CHNA Town Hall RSVP's:

This represents a list Stakeholders / Residents (N = 19) of Smith County, KS who RSVP'd for this event, with 15 in attendance.

Smith County, KS 2021 CHNA Town Hall - April 8th: 5:30-7:00pm								
Team	Lead	Rpt	Last	First	Organization	Title	City	ST Zip
B			LACY	LESLIE	Great Plains Health Alliance	VPRO	St. Francis	KS 67756
A			Struckhoff	James	Smith Center Health and Rehab	Administrator	Smith Center	KS 66967
A			Wiehl	Leah	Smith County Family Practice	MD	Smith Center	KS 66967
B			Windscheffel	Tammy	Smith County Family Practice	APRN	Smith Center	KS 66967
A	XX	CJ	Hageman	Laura	Smith County Health Department	Administrator	Smith Center	KS 66967
A			Barnes	Joe	Smith County Memorial Hospital	Board of Trustees	Smith Center	KS 66967
B	XX	RD	Doane	Amy	Smith County Memorial Hospital	Director of Comm	SMITH CENTER	KS 66967
B			Haack	Hannah	Smith County Memorial Hospital	MD	Smith Center	KS 66967
B			Lewis	Steve	Smith County Memorial Hospital	CFO	Superior	NE 68978
B			Lyon	Lakin	Smith County Memorial Hospital	DON	Smith Center	KS 66967
A			Mocaby	Amanda	Smith County Memorial Hospital	Clinic Director	SMITH CENTER	KS 66967
B			Ragsdale	Sarah	Smith County Memorial Hospital	COO	Agra	KS 67621
A			Van Driel	Allen	Smith County Memorial Hospital	CEO	Smith Center	KS 66967
B			Pettijohn	Tammy	SunPorch of Smith County	Administrator	Smith Center	KS 66967
A			Weltmer	Kenton	W and S Ranch INC	Board of Trustees	smith center	KS 66967

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

Smith County KS

Virtual 2021 Community Health Needs Assessment

Town Hall Attendees 4/8/21



NOTES: Smith County Town Hall

Date: 4/08/2021

Established Needs/Strengths: Breakout Rooms

N = 14

Team A:

Needs

- Drugs / Substance Abuse (Opioids)
- Mental Health Services
- Child Care
- Transportation
- Dental Services
- Affordable Insurance (Medicaid)
- Obesity
- Nursing Home / Senior Care Growth
- Chronic Disease Management (Diabetes)
- Tobacco Use (Vaping)
- Entry Level Workforce
- Recreational Services
- Housing
- Telehealth Services (Broadband)

Strengths

- Vaccine Program
- Medical Services / Staff
- Health Department
- School Systems
- Primary Care
- Ratio of Health Providers
- Quality of Facilities
- Food Programs
- OB/GYN Services
- EMS (New services)
- Preventative Care
- Ambulance (Timely)
- Specialty Providers (Coming from afar)
- Rehabilitation Services

Team B:

Needs

- Behavioral / Mental Health Services
- Dental Services
- Podiatry Care
- Obesity
- Nutrition: Healthy Foods (Cost)
- Fitness / Recreation
- "Owning Your Health"
- Insurance (Expensive)
- Opioids
- Alcohol Abuse
- Optometry Care
- Drug / Substance Abuse
- Transportation
- Childcare
- Assisted Living (Wait time)
- Preventative Health / Wellness
- Diabetes Management

Strengths

- Quality of Providers
- Education
- Medical Staff / Services
- Quality Care
- ER Access (Quick)
- Growth
- Chemotherapy Admin.
- Hospital
- Collaboration in HC Community
- Religion Support / Access
- Young Health Prof. (Recruitable)
- Service for Aging

c) Public Notice & Requests

[VVV Consultants LLC]

Email #1 Message: bcc to Stakeholders List

From: Allen Van Driel, CEO

Date: 3/01/2021

To: Community Leaders, Providers, Hospital Board and Staff

Subject: Community Health Needs Assessment - 2021

Smith County Memorial Hospital (SCMH) over the next few months will be partnering with area providers to complete the 2021 Community Health Needs Assessment. The goal of this assessment update from the 2018 CHNA, is to understand the progress on addressing community health needs while being able to discuss up-to-date community health perceptions and ideas.

Your feedback and suggestions regarding community health delivery are imperative in order to complete the 2021 CHNA updates. The feedback will be collected in a virtual Town Hall this year due safety precautions being addressed in relation to COVID-19.

Therefore, we hope that all community and health leaders/professionals will take advantage of this opportunity to get together and assist in providing valuable input.

Please **HOLD THE DATE** for the 2021 virtual Town Hall scheduled for **Thursday, April 8th 2021 from 5:30-7:00pm**. More information will be released early March regarding how to RSVP, so please keep a lookout. All responses are confidential. Thank you in advance for your time and support in participating with this important request.

If you have any questions about CHNA activities, please call (785)-282-6845 or email Allen.vandriel@scmhks.org

Email #2 Message: bcc to Stakeholders List

From: Allen Van Driel, CEO

Date: 3/26/2021

To: Community Leaders, Providers, Hospital Board and Staff

Subject: Smith Co. Community Town Hall Scheduled – April 8th @ 5:30 – 7pm

Join **Smith County Memorial Hospital (SCMH)** as we host a virtual Town Hall meeting for the 2021 Community Health Needs (CHNA) on **Thursday, April 8th, 2021 from 5:30 p.m. - 7:00 p.m. via ZOOM.**

To adhere to COVID guidelines, SCMH will be conducting this meeting virtually. Therefore, it is imperative that community members RSVP for this event if they desire to attend in order to properly prepare. We hope you find time to join us for this important event. To RSVP, please utilize the link below to complete this step. **Note>** For those who do RSVP, additional information will be sent out a few days prior to the event.

LINK: https://www.surveymonkey.com/r/SmithCo_CHNA2021_RSVP

Thanks in advance for your time and support!

If you have any questions about CHNA activities, please call (785)-282-6845 or email
Allen.vandriel@scmhks.org

Email #3 Cut and paste (bcc) to RSVP attendees

Smith County Memorial Hospital is confirming your participation on **April 8th** for our Virtual 2021 Community Health Needs Assessment Town Hall meeting via Zoom that is scheduled from **5:30 p.m. to 7:00 p.m.**

In order to get through our agenda and start on time, we ask that each of you please be signed on to zoom by 5:20 p.m. to begin promptly at 5:30 p.m. As we are checking people in, it will help us and for a smoother process if you could make sure your full name is on your screen when you sign-in. In addition, we ask that you plan to stay for the full duration as the last half portion will be the most important for gathering community insight.

To access the Town Hall Zoom session, please utilize the link provided below.

Join Zoom Meeting: <https://us02web.zoom.us/j/86468934857>

Meeting ID: 864 6893 4857

CHNA Zoom agenda – April 8th.

- Review Current Community Health Status
- Review past CHNA unmet HC needs.
- Collect current community health perspective through assigned breakout rooms.
- Report 2021 unmet needs – Breakout Room Discussions
- Participate in Zoom Unmet Needs Poll
- Wrap up discussion & review next steps.

Thank you in advance for contributing your time and support for this vital process! We look forward to your Town Hall engagement. If you have any further questions regarding this virtual Town Hall event, please reach out to me via email.



FOR IMMEDIATE RELEASE
Smith County Memorial Hospital
Amy Doane
Office of Communication, Marketing and Development
Office: (785) 282-6845 ext. 1105
Cell: (571) 245-9617
amy.doane@scmhks.org

Smith County Memorial Hospital Assesses Community Health Needs

SMITH CENTER, Kan. – Staff at Smith County Memorial Hospital are preparing for the 2021 Community Health Needs Assessment. This every-three-year assessment is done as a requirement for critical access hospitals across the country. The goal of the assessment is to update stakeholders from the community on the progress of previously identified needs as well as have an open discussion about current and upcoming needs.

"When we look back at previous assessments, we see a roadmap to help identify needs and plan strategically as a county to address them," said Allen Van Driel, CEO of SCMH. "Often these needs require involvement from multiple organizations to successfully be achieved."

Two recent examples, Van Driel notes, are the new hospital and clinic campus completed in 2018 as well as the new early childhood education center set to open later in 2021.

"These projects took input from stakeholders across the county," Van Driel said. "In fact, it was through feedback from area stakeholders that the plan for a new hospital and clinic facility really took root."

Because of safety precautions around COVID-19, the hospital has elected to host a virtual town hall to gather feedback for the 2021 assessment. County-wide stakeholders have been invited to save the date for Thursday, April 8 from 5:30 to 7 p.m. to participate in the meeting by Zoom.

Questions about CHNA activities can be directed to Amy Doane at 785-282-6845. Previous assessments can be found on the hospital's website at scmhks.org/chna.

Smith County Memorial Hospital is a critical access hospital, with an attached rural health clinic located in Smith Center, Kan. Our medical staff includes four board-certified family medicine physicians, four nurse practitioners and two physician assistants. SCMH is proud of the rich history of medical providers, nursing staff and support staff and is privileged to employ qualified community-minded leaders. For more information visit scmhks.org.

Smith County Memorial Hospital Hosts Virtual Town Hall

Media Release: 3/26/21

Join **Smith County Memorial Hospital (SCMH)** as they host a Virtual Town Hall Meeting for the 2021 Community Health Needs Assessment on **Thursday, April 8th, 2021, from 5:30 p.m. – 7 p.m.** via ZOOM.

As COVID is still upon us, we want to make sure the safety of our community is at the forefront when arranging this important event. Therefore, we have taken the guidelines seriously through the decision to hold this meeting virtually. This virtual meeting will consist of reviewing the community health indicators and gathering feedback opinions on key community health needs.

It is imperative that all those who plan to attend the virtual 2021 CHNA Town Hall on **April 8th**, RSVP by accessing the link on our website. This is especially important to adequately prepare for this event ahead of time. We hope that you find the time to join us for this important event. Thanks in advance for your support!

Note> Those who RSVP will receive additional information a few days prior to the event.

If you have any questions about CHNA activities, please call , please call (785)-282-6845 or email
Allen.vandriel@scmhks.org



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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