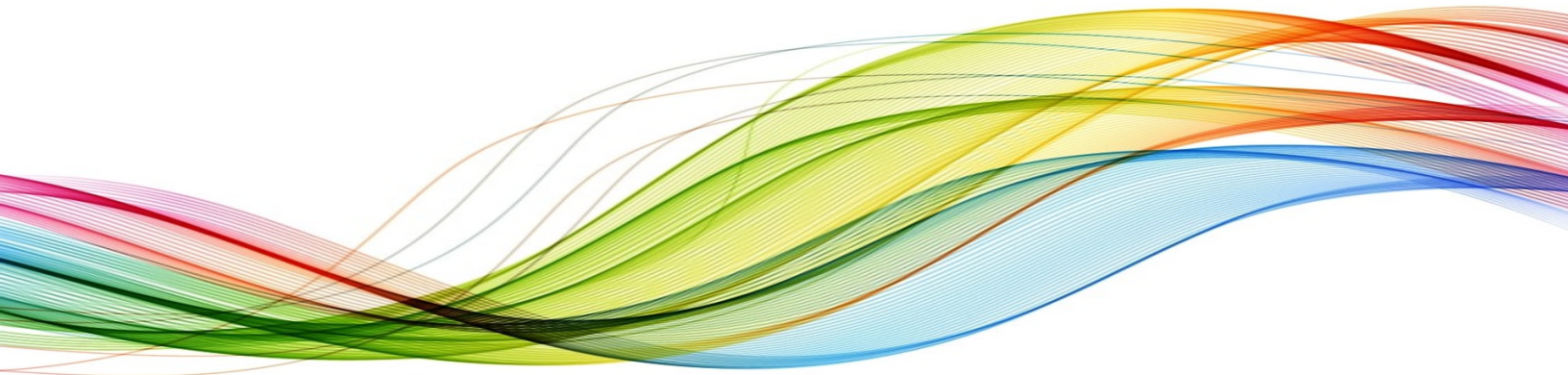




Community Health Needs Assessment

Edwards County Medical Center- Edwards County (KS)



May 2018

**VVV Consultants LLC
Olathe, KS**

Community Health Needs Assessment

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I.Executive Summary

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

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

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

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

Year 2018 Edwards County Medical Center – Edwards County “Community Health Improvements Needs”

Edwards Co. KS on behalf of ECMC				
Wave #3 CHNA - 2018 Town Hall Priorities (39 Attendees, 143 Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Child Care	20	14.0%	14.0%
2	Home Health/ Hospice	18	12.6%	26.6%
3	Obesity (Nutrition/ Exercise)	17	11.9%	38.5%
4	Substance Abuse (Meth, Marijuana, Opioids, etc)	16	11.2%	49.7%
5	Senior Center (Programing)	14	9.8%	59.4%
6	Youth Mentoring	13	9.1%	68.5%
7	Housing (Affordable / Safe)	9	6.3%	74.8%
8	Access to Local Specialists- URL, DERM, ALL, BH, PUL, RHE)	7	4.9%	79.7%
Total Votes:		143	100.0%	
Other Items Noted: Diabetes, Wellness Education and Prevention, Affordable Health Insurance, Telemedicine Utilization, Addictive Behaviors, Alcohol Abuse, Ambulance Staffing, Mammography, Nurse Recruitment and Retention.				

Edwards County Memorial Center – Edwards County CHNA Town Hall “Community Health Strengths” cited are as follows:

Edwards County Medical Center - Community Health "Strengths"			
#	Topic	#	Topic
1	Quality Providers, PA's, and Therapist's	8	Free Meen's and Women's Health Fair
2	Emergency Room	9	Immunizations
3	Ambulance Service	10	Compassionate Care
4	Outpatient Services	11	Healthy Food Options
5	Follow through on medical metrics	12	Physical Therapy
6	Strong Community Leaders	13	Ministerial Alliance Collaborating
7	Summer Food Program	14	Library

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

KS HEALTH RANKINGS: According to the 2018 RWJ County Health Rankings Study, Edwards had the highest ranking in the Physical Environment, they ranked 25 out of 105 Kansas Counties.

TAB 1. Edwards has a population of 2,938 and population per square mile of 5. 6% of the population is under 5 years old and 21% is over the age of 65. Females account for 49% of Edwards population. Edwards is a diverse County with 20% of the population Hispanic or Latino and 20% speaking a language other than English at home. 92% of people in Edwards have lived in the same house for over a year. Children living in a single parent household account for 21% of the population. Edwards has 197 veterans.

TAB 2. The per capita income in Edwards is \$26,567. 11% of people in Edwards are in Poverty and there is a 3% unemployment rate. There is a total of 1,622 housing units and a severe housing problem of 9%. Edwards has 244 firms. 24% of Edwards has a long commute to work.

TAB 3. 55% of children in school are eligible for free or reduced-price lunch. Edwards has a high school graduation rate of 83.2% and 18.2% continue to get a bachelor's degree or higher.

TAB 4. 74% of births in Edwards has prenatal care starting in the first trimester. 61% of births had a low birth weight. Edwards has a high rate of births to teens, 61%. Unmarried women account for 40.4% of births. 10.1% of women smoked during their pregnancies.

TAB 5. There is one Primary Care Physician per 3,030 people. Edwards had 26 preventable hospital stays, very low compared to other rural counties. Average wait time in the ER before being seen by a Healthcare professional is 25 minutes.

TAB 6. The depression population in Edwards is 11.8%. The age-adjusted suicide rate is 0.

TAB 7. 33% of adults in Edwards are obese and 29% of adults are physically inactive. Adults that smoke account for 17% of the population and 15% drink excessively. The sexually transmitted infections rate for Edwards is 203.7. The Medicare population for cancer is high at 9.7% as well as stroke at 4.4%. The asthma population is 5.9%. Hypertension is lower than the norm at 44.5%.

TAB 8. The adult uninsured population in Edwards County is 15%.

TAB 9. The life expectancy in Edwards for Males is 75.6 and 80.5 for Females. The age-adjusted cancer mortality rate is 155.3. The age-adjusted Heart Disease Mortality Rate is 181.7. The rate for alcohol-impaired driving deaths is very high, 75%.

TAB 10. 52% of Edwards has access to exercise opportunities. Diabetes monitoring is at 84% and 56% of women get mammography screens regularly.

Key 2018 Community Feedback Conclusions: Stakeholder feedback from residents, community leaders and providers (N=199) provided the following community insights via an online perception survey:

- Using a Likert scale, 74.4% of Edwards County stakeholders would rate the overall quality of healthcare delivery in their community Very Good or Good.
- Edwards County stakeholders are satisfied with the following services: Chiropractors, Eye Doctors/ Optometrist, Inpatient Services, Pharmacy, and Physician Clinics.
- Edwards County stakeholders view a Lack of awareness of existing local programs, providers, and services as the highest root cause of poor health, followed by Elder Assistance programs.
- When we consider past CHNA needs, Drug/Substance Abuse; Obesity; and Alcohol Abuse continue as an ongoing problem and pressing.

CHNA Wave #3		Ongoing Problem			Pressing
Past CHNAs health needs identified		Edwards N=199		Trend	Edwards
Rank	Topic	Votes	%		RANK
1	Drug / Substance Abuse	91	14.7%		1
2	Obesity	75	12.1%		4
3	Alcohol Abuse	72	11.6%		3
4	Affordable HC Insurance	65	10.5%		2
5	Mental Health Access	49	7.9%		5
6	Fitness / Exercise options	46	7.4%		7
7	Nutrition - Healthy Food options	38	6.1%		10
8	Wellness / Prevention	36	5.8%		16
9	Oncology (Cancer)	33	5.3%		12
10	Chronic Health	28	4.5%		9
11	Awareness of existing HC services	26	4.2%		13
12	Personal Health Management	20	3.2%		8
13	Primary Care Access	16	2.6%		11
14	Sexually Transmitted Diseases (STD)	11	1.8%		14
15	Teen Pregnancy	9	1.5%		15
16	Vaccinations	5	0.8%		6
	TOTALS	620	100.0%		

II. Methodology

[VVV Consultants LLC]

II. Methodology

a) CHNA Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

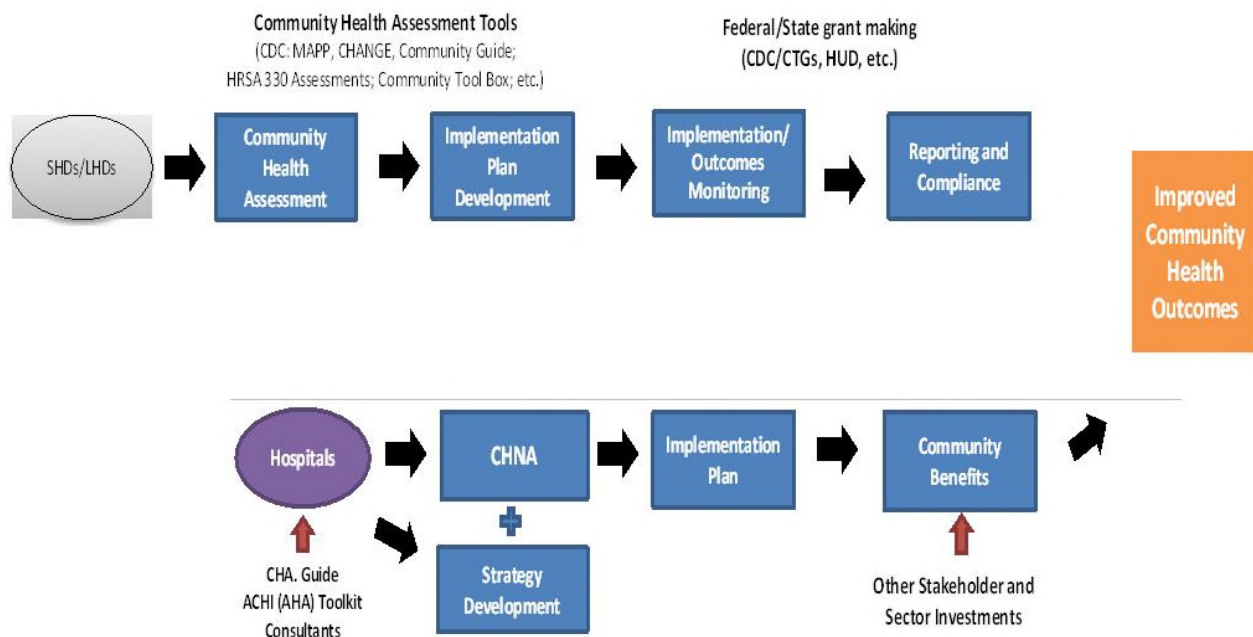
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Notice 2011-52 Overview

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

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

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

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

ACCOUNTING TODAY 1/2/15

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

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

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

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

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

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

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

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

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

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

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

RICH DALY, HFMA SENIOR WRITER/EDITOR

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

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

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

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

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

Reasons for Revocation

Hospital 501(r) requirements include:

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

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

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

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

Widespread Vulnerability

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

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

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

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

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

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

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

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

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

Public Health Criteria:

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

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

DOMAIN 1 INCLUDES FOUR STANDARDS:

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

Seven Steps of Public Health Department Accreditation (PHAB):

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

II. Methodology

b) Collaborating CHNA Parties

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

Edwards County Hospital Profile

**620 W. 8th St.
Kinsley, KS 67547
CEO: Jim Hansel**

History: Edwards County Medical Center is a 12 bed Critical Access Hospital(CAH), with a 10 bed Geriatric/Psychiatric unit, located in Kinsley, Kansas. We have two Health Clinics - Midway Clinic, which has 4 providers, and Kinsley Health Clinic, which has 2 providers.

We pride ourselves on providing top quality care for Edwards County and the surrounding area. We offer a broad range of services including 24-hour emergency care, convenient and specialized outpatient resources, Radiology, Laboratory, Physical Therapy, Cardiac Rehabilitation, Inpatient Care, Swing Bed, EMS and other services designed to improve the health and well-being of our community.

Outreach resources are offered at our facility to include the addition of Cardiology, Orthopedics, Occupational Therapy, & Psychiatrics'. Diagnostic services include Radiology, Sonography, Computed Tomography (CT), Laboratory, Bone Densitometry, MRI (mobile), Mammography and Nuclear Medicine.

Mission Statement: To provide compassionate healthcare for our community.

Vision Statement: To be passionately committed to pursuing the health and wellness of our patients, community members, and employees.

Edwards County Hospital offers the following services to its community:

- | | |
|-------------------------------|---------------------|
| - Acute Care Facilities | - Cardiac Rehab |
| - Emergency Room | - Specialty Clinics |
| - Intermediate Care | - Wound Care |
| - Radiology | - Geriatric Unit |
| - Observation Care | - Psychiatric Unit |
| - Skilled Care | - Wellness Center |
| - Evaluation & Rehabilitation | |

Edwards County Health Department Profile

622 West 8th St, Kinsley, Kansas 67547

If you've ever

- had a vaccination,
- assumed the water from your tap is safe,
- taken your child to daycare,
- expected the restaurant you eat in to be clean and safe,
- been screened for tuberculosis, high blood pressure, or some other contagious disease,
- wondered how to avoid getting influenza, or
- what to eat to stay healthy,

then you have been touched by the efforts of public health employees.

Public health protects and improves communities by: preventing epidemics and the spread of disease; promoting healthy lifestyles for children and families; protecting against hazards in homes, work, communities and the environment; assuring high quality health care services; and preparing for and responding to emergencies. There is little of daily life not related to or influenced by public health. Public health is everywhere.

PUBLIC HEALTH:

- Prevents epidemics and spread of disease.
- Protects against environmental hazards.
- Prevents injuries.
- Promotes and encourages healthy behaviors.
- Responds to disaster and assists communities in recovery.
- Assures the quality and accessibility of health services.

Hours:

Monday – Friday 8am – 12pm and 1pm – 5pm

Health Department Services:

Communicable Diseases—Tuberculosis, Sexually Transmitted Diseases, Seasonal Influenza, MRSA, Rabies.

Prevention—Chronic Disease Risk Reduction, Drug & Alcohol Prevention, Suicide Prevention, Be Well Barton County, Central Kansas Breastfeeding Coalition.

Immunizations—Diphtheria, Tetanus and Pertussis, Tatanus, Diphtheria, and Pertussis Booster (TDaP), Polio, MMR, Vericella, Hepatitis A & B, HPV Vaccine, Meningococcal Vaccine, Zostavax Vaccine, Pneumococcal Vaccine.

Emergency Preparedness—Emergency Supplies, Shelter in Place, Biological Agents, Chemical Agents, Radioactive Threats.

Family Planning and Birth Control—Annual Physical Exams and Pap Test, Pregnancy Testing, Counseling in Contraceptive Methods, Contraceptive Supplies, Counseling and Referral for Infertility and Problem Pregnancy, Health Information and Education, School and Community Education Programs, Appropriate Referrals.

Chronic Disease Risk Reduction—Tobacco Use Prevention & Cessation, Improving Nutrition & Access to Healthy Foods, Increasing Physical Activity, Central Kansas Partnership & Task Force.

Child Health—Physical Examination, Lead Screening, Nutritional Counseling, Immunizations, Well Child Physical, WIC Program, Kan-Be-Healthy Exam, Referrals to Other Services.

Maternal and Child Health—Social and educational support for pregnant women and their infants the first year after delivery including: Prenatal Clinics, Prenatal Risk Reduction, Home Visits by a nurse & social worker, Healthy Start Home Visitor Program, Well Child Exams targeting children without access to doctors (up to 5yrs), and KAN BE HEALTHY Assessments for eligible children (required by Medicaid).

WIC-Women, Infants, & Children—Maternal & Infant Health, Healthy Start.

Child Care Licensing—Investigation of child care provider and unlicensed provider complaints, monthly orientation classes, quarterly newsletters.

II. Methodology

b) Collaborating CHNA Parties Continued Consultant Qualifications



VVV Consultants LLC

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

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

VVV@VandelaarMarketing.com

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

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

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

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

Collaborating Support:

Heather Marine, BA CNA - VVV Consultants LLC
Collaborative Analyst

II. Methodology

c) CHNA and Town Hall Research Process

Wave #3 Community Health Needs Assessment (CHNA) process began in January 2018 for Edwards County Medical Center (Kinsley, KS) to meet IRS CHNA requirements.

In early January of 2018 a meeting was called (hosted) by Edwards County Medical Center to review possible CHNA collaborative options. Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps. Outcomes from discussion lead to Edwards County Administration requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

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

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

Edwards County Medical Center - Edwards Co: Defined based on historical KHA IP/ER/OP patient origin					
Home County Share	Edwards Co	ECMC	PSA	Others	%
ECMC Overall - 3 yr	22,744	21,000	92.3%	1,744	7.7%
Total Inpatient (PO 103)					
-FFY 2017	279	67	24.0%	212	76.0%
-FFY 2016	232	48	20.7%	184	79.3%
-FFY 2015	230	50	21.7%	180	78.3%
Total Outpatient (TOT223)					
-FFY 2017	8337	8076	87.3%	261	3.1%
-FFY 2016	7461	6923	88.4%	538	7.2%
-FFY 2015	6205	5836	88.0%	369	5.9%
ER Only (TOT223)					
-FFY 2017	922	782	91.2%	140	15.2%
-FFY 2016	813	611	92.3%	202	24.8%
-FFY 2015	873	711	92.5%	162	18.6%

Source: KHA Hospital Assoc

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

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

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

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

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

Phase III—Quantify Community Need:

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

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

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

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

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

Detail CHNA Development Steps Include:

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

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

Overview of Town Hall Community Priority Setting Process

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

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

Edwards County Medical Center's Town Hall was held on Tuesday, March 13th, 2018 at Kinsley City Hall in Kinsley. Vince Vandehaar and Heather Marine facilitated this 1 ½ hour session with thirty-nine (39) attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

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

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

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

Community Health Needs Assessment Town Hall Meeting Edwards County Medical Center Primary Service Area



Vince Vandehaar, MBA
VVV Consultants LLC
Principal / Adjunct Professor

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Community Health Needs Assessment (CHNA) Town Hall Discussion Agenda

- I. Opening / Introductions (10 mins)
- II. Review CHNA Purpose, Process & What's NEW (10 mins)
- III. Review Current County "Health Status"
 - Secondary Data by 10 TAB Categories
 - Review Community Feedback Research (35 mins)
- IV. Collect Community Health Perspectives
 - Debate / Build Consensus on Area Health Status
 - Conduct Town Hall Vote (30 mins)
- V. Close / Next Steps (5 mins)

I. Introduction:

Background and Experience



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

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

Adjunct Professor - Marketing / Health Admin, 25+ years

- Webster University
- Rockhurst University
- Avila University

Heather Marine BA CNA- Collaborative Analyst

Town Hall Participation (You)

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

I. Introductions: A Conversation with the Community

Community members and organizations invited to CHNA Town Hall

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

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

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

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

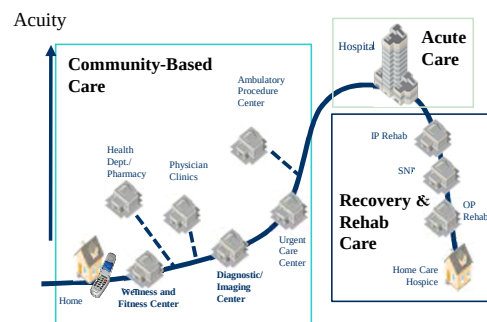
II. Review CHNA Definition

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

Purpose—Why Conduct a CHNA?

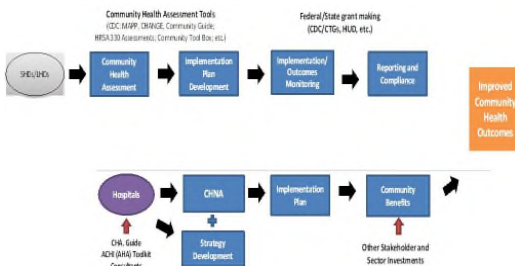
- To determine health-related trends and issues of the community
- To understand / evaluate health delivery programs in place.
- To meet Federal requirements -- both local hospital and health department
- To develop strategies to address unmet health needs (4-6 weeks after Town Hall)

Future System of Care—Sg2



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

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



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

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

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

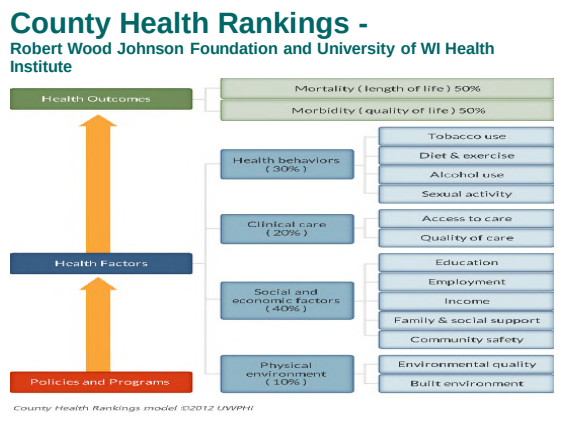
II. IRS Hospital CHNA Written Report Documentation

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

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

Trends: Good Same Poor

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



Physical Environment (10%)			Social and Economic Environment (40%)		
Focus Area	Measure	Description	Focus Area	Measure	Description
Air and water quality (5%)	Air pollution: particulate matter	The average daily measure of fine particulate matter (PM2.5) in a county	Community safety (5%)	Violent crime	Violent crime rate per 100,000 population
	Drinking water: nitrate	Percent of population potentially exposed to water exceeding a violation limit during the past year		Injury deaths	Injury mortality per 100,000
Housing and transit (5%)	Severe housing problems	Percent of households with at least 1 of 6 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities			
	Commuting alone to work	Percent of the workforce that drives alone to work			
	Long commutes: driving	Percent of workers who commute to their jobs alone, the most that commute more than 10 minutes			
Clinical Care (20%)			Health Outcomes (50%)		
Focus Area	Measure	Description	Focus Area	Measure	Description
Access to care (10%)	Insured	Percent of population under age 65 without health insurance	Adult smoking (10%)	Adult smoking	Percent of adults that report smoking on 100
	Primary care physicians	Ratio of population to primary care physicians	Adult obesity	Adult obesity	Percent of adults that report a BMI ≥ 30
	Deaths	Ratio of population to deaths	Diet and exercise (10%)	Diet and exercise	Ratio of factors that contribute to a healthy diet and exercise
Quality of care (10%)	Mental health providers	Ratio of population to mental health providers	Alcohol and drug use (5%)	Alcohol-impaired driving deaths	Percent of adults aged 20 and over reporting
	Preventable hospital stays	Hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees		Sexually transmitted infections	Percent of the population with adequate access to facilities for physical activity
	Diabetic screening	Percent of diabetic Medicare enrollees that receive diabetic screening		Teen births	Percent of births reported as preterm
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening			
Social and Economic Environment (40%)			Morbidity / Mortality		
Focus Area	Measure	Description	Focus Area	Measure	Description
Education (10%)	High school graduation	Percent of sixth grade cohort that graduates in 4 years	Quality of life (10%)	Poor or fair health	Percent of adults reporting fair or poor health
	Some college	Percent of adults aged 25-44 years with some post-secondary education		Physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
Employment (10%)	Unemployment	Percent of population age 16+ unemployed but seeking work		Mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)
	Children in poverty	Percent of children under age 18 in poverty		Low birthweight	Percent of live births with low birthweight (≤ 2,500 grams)
Family and social support (5%)	Inadequate social support	Percent of adults without social/emotional support		Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
	Children in single-parent households	Percent of children that live in household headed by single parent			

IV. Collect Community Health Perspectives

Ask your opinion. Your thoughts?

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

Community Health Needs Assessment

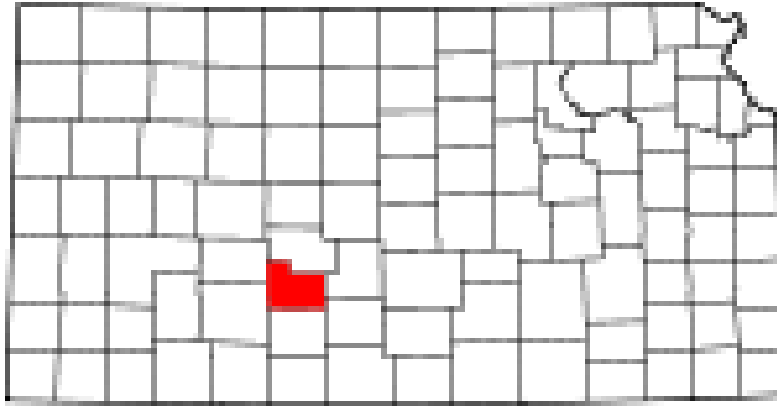
Questions; Next Steps?

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II. Methodology

d) Community Profile (A Description of Community Served)

Edwards County (KS) Community Profile



Demographics

The population of Edwards County was estimated to be 3,050 citizens in 2017, and had a 0.06% change in population from 2010–2014. The county covers 622 square miles and this area includes Arkansas River and Coon Creek Trails Cradle Park¹. The county has an overall population density of 5 persons per square mile. The county is located in South Central Kansas and manufacturing, agriculture, forestry, fishing, hunting, mining and construction are the most common industries in its economy. The county was founded in 1874 and the county seat is Kinsley².

The major highway transportation access to Kiowa County is primarily state and county roads. Three U.S. Routes run through Edwards County, all meeting in Kinsley. An east-west route, U.S. Route 50 that joins westbound U.S. Route 56 in Kinsley. U.S. Route 183 runs from Kiowa County in the south to Kinsley, where it joins eastbound U.S. 56, running as a single highway to Pawnee County. K-19 starts at U.S. Route 50 near Belpre, and travels north into Pawnee County³.

Edwards County, KS Airports⁴

Name	USGS Topo Map
Cross Landing Strip	Belpre NW
Fox Landing Strip	Lewis

¹ <https://kansas.hometownlocator.com/ks/edwards/>

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

³ <http://www.edwardscounty.org/demographic-information.htm>

⁴ <https://kansas.hometownlocator.com/features/historical,class,airport,scfips,20047.cfm>

Schools in Edwards County⁵

Public Schools

Name	Level
Kinsley Jr/Sr High School	High
Kinsley-Offerle Elementary School K-6	Primary
Lewis Elem	Primary

Parks and Recreation⁶

Kinsley Country Club
Kinsley Swimming Pool
Pioneer (South) Park
Baugher Park
Midway Park
Spence Park
O'Brien Park

Most Common Occupations⁷

Management
Administrative
Production
Education, Training, Library
Sales

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

⁶ <http://www.edwardscounty.org/recreation.htm>

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

Edwards County Detail Demographic Profile

			Population			Households		HH	Per Capita
Zip	Name	County	YR 2014	YR 2019	Chg.	YR 2014	YR 2019	Avg. Size	Income 14
67519	Belpre	EDWARDS	173	170	-1.7%	71	70	2.4	\$33,481
67547	Kinsley	EDWARDS	1,787	1,755	-1.8%	789	774	2.2	\$28,516
67552	Lewis	EDWARDS	697	692	-0.7%	282	282	2.5	\$33,688
67563	Offerle	EDWARDS	409	434	6.1%	174	185	2.4	\$37,990
Totals			3,066	3,051	1.9%	1,316	1,311	2.4	\$33,419

			Population				YR 2014		Females
Zip	Name	County	YR 2014	Pop. 65+	Kids <18	Gen. Y	Males	Females	Age 20 35
67519	Belpre	EDWARDS	71	32	40	45	46	82	11
67547	Kinsley	EDWARDS	789	369	432	461	45	912	129
67552	Lewis	EDWARDS	282	132	169	180	45	336	46
67563	Offerle	EDWARDS	174	78	98	102	46	201	27
Totals			1,316	611	739	788	182	1,531	213

			Population				Aver	HH	
Zip	Name	County	White	Black	Amer. Ind.	Hisp.	HH Inc. 14	YR 2019	HH \$50K+
67519	Belpre	EDWARDS	142	2	2	55	\$51,503	70	37
67547	Kinsley	EDWARDS	1,640	13	9	288	\$36,621	774	313
67552	Lewis	EDWARDS	583	6	8	207	\$51,379	282	147
67563	Offerle	EDWARDS	381	1	5	46	\$50,000	185	87
Totals			2,746	22	24	596	\$47,376	1,311	584

Source: ERSA Demographics

III. Community Health Status

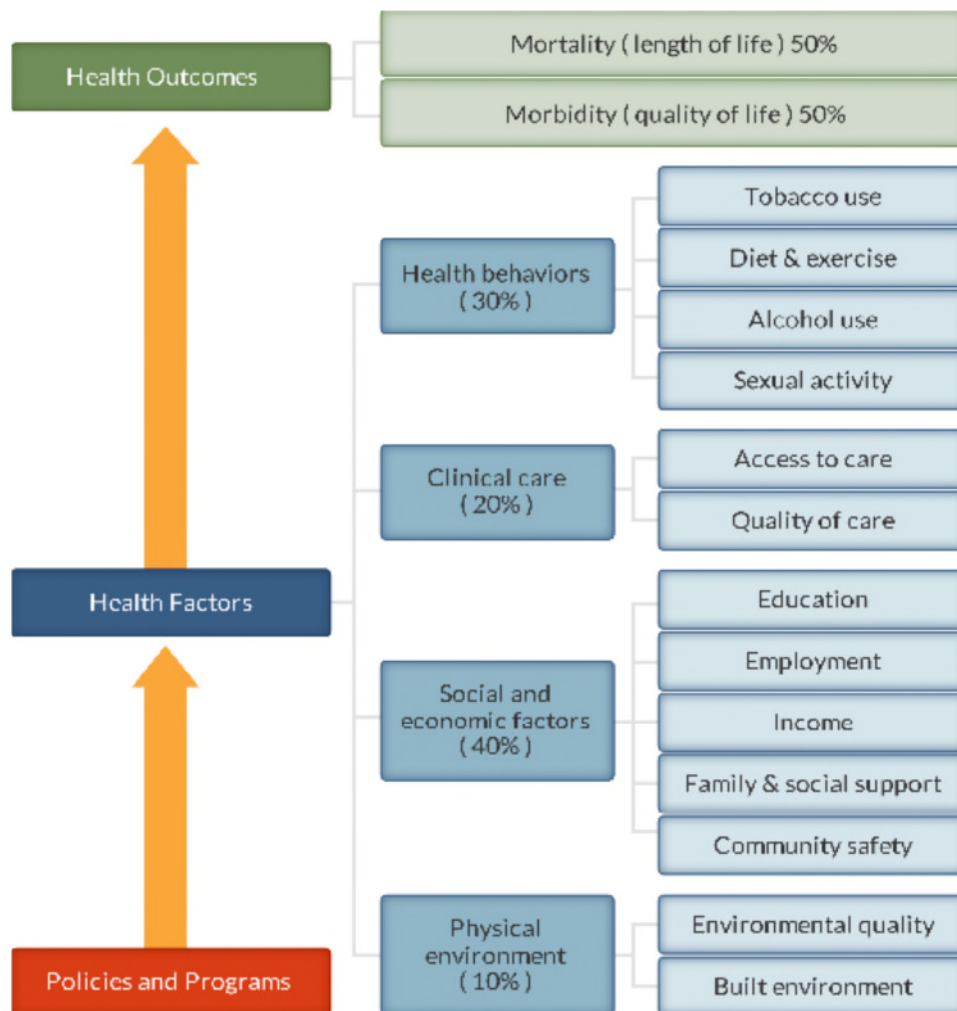
[VVV Consultants LLC]

III. Community Health Status

a) Historical Health Statistics

Health Status Profile

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



County Health Rankings model ©2012 UWPHI

National Research - State Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Edwards Co KS 2018	TREND	KS RURAL NORM (N=14)
1	Health Outcomes		81		52
2	Mortality	Length of Life	50		50
3	Morbidity	Quality of Life	95		57
4	Health Factors		41		40
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	54		47
6	Clinical Care	Access to care / Quality of Care	61		55
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	33		36
8	Physical Environment	Environmental quality	25		36
http://www.countyhealthrankings.org, released 2018					
Kansas Rural Norm (N=14) includes the following counties: Cheyenne, Barton, Edwards, Ellis, Gove, Kiowa, Norton, Osborne, Pawnee, Phillips, Russell, Sheridan, Smith and Thomas.					

PSA Secondary Research:

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

Tab 1 Demographic Profile

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

Tab	Health Indicator	Edwards 2018	Trend	State of KS	KS Rural Norm (N=14)	Source
1a	a Population estimates, July 1, 2016, (V2016)	2,938		2,907,289	7,762	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2016, (V2016)	-3%		1.9%	-2.7%	People Quick Facts
	c Population per square mile, 2012	5		34.9	8.9	Geography Quick Facts
	d Persons under 5 years, percent, July 1, 2016, (V2016)	6%		6.7%	5.8%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2016, (V2016)	21%		15.0%	21.4%	People Quick Facts
	f Female persons, percent, July 1, 2016, (V2016)	49%		50.2%	49.2%	People Quick Facts
	g White alone, percent, July 1, 2016, (V2016)	95%		86.6%	95.6%	People Quick Facts
	h Black or African American alone, percent, July 1, 2016, (V2016)	1%		6.2%	1.3%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2016, (V2016)	20%		11.6%	6.5%	People Quick Facts
	j Foreign born persons, percent, 2011-2015	12%		6.9%	3.0%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2011-2015	20%		11.3%	5.7%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	92%		83.5%	86.9%	People Quick Facts
	m Children in single-parent households, percent, 2011-2015	21%		29.0%	25.1%	County Health Rankings
	n Total Veterans, 2011-2015	197		198,396	567	People Quick Facts

Tab 2 Economic Profile

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

Tab	Health Indicator	Edwards 2018	Trend	State of KS	KS Rural Norm (N=14)	Source
2	a Per capita income in past 12 months (in 2015 dollars), 2011-2015	\$26,567		\$27,706	\$25,839	People Quick Facts
	b Persons in poverty, percent	11%		12.1%	12.2%	People Quick Facts
	c Total Housing units, July 1, 2016, (V2016)	1622		1,259,864	3,818	People Quick Facts
	d Total Persons per household, 2011-2015	2.29		2.5	2.2	People Quick Facts
	e Severe housing problems, percent, 2009-2013	9%		14.0%	9.4%	County Health Rankings
	f Total of All firms, 2012	244		239,118	972	Business Quick Facts
	g Unemployment, percent, 2015	3%		4.2%	3.2%	County Health Rankings
	h Food insecurity, percent, 2014	10%		14.0%	12.8%	County Health Rankings
	i Limited access to healthy foods, percent, 2010	5%		8.0%	16.9%	County Health Rankings
	j Low income and low access to store, percent, 2015	5%		NA	7.5%	U.S. Department of Agriculture - Food Environment Atlas
	k Long commute - driving alone, percent, 2011-2015	24%		20.0%	13.7%	County Health Rankings

Tab 3 Schools Health Delivery Profile

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

Tab	Health Indicator	Edwards 2018	Trend	State of KS	KS Rural Norm (N=14)	Source
3	a Children eligible for free or reduced price lunch, percent, 2014-2015	55.0%		50.0%	48.9%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2011-2015	83.2%		88.4%	95.7%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2011-2015	18.2%		27.1%	32.2%	People Quick Facts

TAB 4 Maternal and Infant Health Profile

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

Tab	Health Indicator	Edwards 2018	Trend	State of KS	KS Rural Norm (N=14)	Source
4	a Percent of Births Where Prenatal Care began in First Trimester, 2013-2015	74.0%		80.4%	77.4%	Kansas Health Matters
	b Percentage of Premature Births, 2013-2015	10.1%		8.8%	9.46%	Kansas Health Matters
	c Percent of Infants up to 24 months that received full Immunizations, 2015-2016	82.1%		70.6%	85.08%	Kansas Health Matters
	d Percent of Births with Low Birth Weight, 2013-2015	61.0%		7.0%	11.64%	Kansas Health Matters
	e Percent of WIC Mothers Breastfeeding Exclusively, percent, 2016	29.2%		15.0%	31.85%	Kansas Health Matters
	f Percent of all Births Occurring to Teens (15-19), 2013-2015	61.0%		6.8%	11.59%	Kansas Health Matters
	g Percent of Births Occurring to Unmarried Women, 2013-2015	40.4%		36.3%	32.81%	Kansas Health Matters
	h Percent of births Where Mother Smoked During Pregnancy, 2013-2015	10.1%		11.8%	15.21%	Kansas Health Matters

#	Criteria - Vital Statistics	Edwards 2018	Trend	KANSAS	NW Alliance (14)
a	Total Live Births, 2012	39		40,304	103
b	Total Live Births, 2013	32		38,805	94
c	Total Live Births, 2014	39		39,193	95
d	Total Live Births, 2015	29		39,126	97
e	Total Live Births, 2016	31		38,048	96
f	Total Live Births, 2012- 2016 - Five year Rate (%)	11.40%		13.5%	12.0%

TAB 5 Hospitalization/Provider Profile

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

Tab	Health Indicator	Edwards 2018	Trend	State of KS	KS Rural Norm (N=14)	Source
5	a Primary care physicians (Pop Coverage per) , 2014	3030:1		1,330:1	2,296:1	County Health Rankings
	b Preventable hospital stays, 2014 (lower the better)	26		52	74	County Health Rankings
	c Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	NA		78.0%	75.0%	CMS Hospital Compare, 10/1/2015-9/30/2016
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	NA		77.0%	77.1%	CMS Hospital Compare, 10/1/2015-9/30/2016
	e Average Time Patients Spent in the Emergency Dept. Before They Were Seen by a Healthcare Professional (in Minutes)	25		24.0	20.0	CMS Hospital Compare, 10/1/2015-9/30/2016

TAB 5 Hospitalization/Provider Profile (cont.)

#	KS Hospital Assoc PO103	Edwards County IP 2018			Trend
		FFY2015	FFY2016	FFY2017	
1	Total Discharges	230	232	279	
2	Total IP Discharges-Age 0-17 Ped	8	6	11	
3	Total IP Discharges-Age 18-44	25	25	18	
4	Total IP Discharges-Age 45-64	37	30	74	
5	Total IP Discharges-Age 65-74	29	29	43	
6	Total IP Discharges-Age 75+	86	86	93	
7	Psychiatric	5	3	4	
8	Obstetric	17	23	18	
9	Surgical %	26.10%	33.2%	29.4%	
#	KS Hospital Assoc PO103	Edwards Co Med Center (only)			Trend
		FFY2015	FFY2016	FFY2017	
1	Total Discharges	50	48	67	
	MRKT Share%	21.70%	20.70%	24.00%	
2	Total IP Discharges-Age 0-17 Ped	2	0	4	
3	Total IP Discharges-Age 18-44	2	2	1	
4	Total IP Discharges-Age 45-64	5	1	11	
5	Total IP Discharges-Age 65-74	3	3	12	
6	Total IP Discharges-Age 75+	36	42	38	
7	Psychiatric	2	0	1	
8	Obstetric	0	0	0	
9	Surgical %	0%	2.1%	0.0%	
#	Kansas Hospital Assoc OP TOT223E	FFY2015	FFY2016	FFY2017	Trend
2	ER Total Visits - Edwards Co Med Center	711	611	782	
6	Total OP Total Visits - Edwards Co Med Center	5836	6923	8076	

TAB 6 Social & Rehab Services Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	Edwards 2018	Trend	State of KS	KS Rural Norm (N=14)	Source
6 a	Depression: Medicare Population, percent, 2015	11.8%		17.8%	16.5%	Centers for Medicare and Medicaid Services
b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2014-2016 (lower is better)	0.0		15.9	12.6	Kansas Health Matters
c	Poor mental health days, 2015	3.1		3.2	2.9	County Health Rankings

TAB 7 Health Risk Profiles

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

Tab	Health Indicator	Edwards 2018	Trend	State of KS	KS Rural Norm (N=14)	Source
7a	Adult obesity, percent, 2013	33.0%		31.0%	32.3%	County Health Rankings
b	Adult smoking, percent, 2015	17.0%		18.0%	16.4%	County Health Rankings
c	Excessive drinking, percent, 2015	15.0%		17.0%	14.9%	County Health Rankings
d	Physical inactivity, percent, 2013	29.0%		23.0%	25.9%	County Health Rankings
e	Poor physical health days, 2015	3.30		3.1	3.2	County Health Rankings
f	Sexually transmitted infections, rate per 100,000, 2014	203.70		384.1	267.1	County Health Rankings

TAB 7 cont.

Tab		Health Indicator	Edwards 2018	Trend	State of KS	KS Rural Norm (N=14)	Source
7b	a	Hypertension: Medicare Population, 2015	44.5%		53.2%	55.1%	Kansas Health Matters
	b	Hyperlipidemia: Medicare Population, 2015	28.8%		40.0%	36.9%	Kansas Health Matters
	c	Heart Failure: Medicare Population, 2015	12.9%		13.0%	16.6%	Kansas Health Matters
	d	Chronic Kidney Disease: Medicare Pop, 2015	11.6%		16.2%	15.1%	Kansas Health Matters
	e	COPD: Medicare Population, 2015	11.0%		11.4%	12.7%	Kansas Health Matters
	f	Atrial Fibrillation: Medicare Population, 2015	8.2%		8.3%	10.1%	Kansas Health Matters
	g	Cancer: Medicare Population, 2015	9.7%		7.7%	8.6%	Kansas Health Matters
	h	Osteoporosis: Medicare Population, 2015	6.9%		5.7%	7.7%	Kansas Health Matters
	i	Asthma: Medicare Population, 2015	5.9%		7.3%	6.8%	Kansas Health Matters
	j	Stroke: Medicare Population, 2015	4.4%		3.4%	3.1%	Kansas Health Matters

TAB 8 Uninsured Profiles/Community Invest

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

Tab		Health Indicator	Edwards 2018	Trend	State of KS	KS Rural Norm (N=14)	Source
8	a	Uninsured, percent, 2014	15.0%		12.0%	13.0%	County Health Rankings

Source: Internal Hospital Records				
	Edwards County Medical Center	YR 2015	YR 2016	YR 2017
1	Charity Care - Free Care	NA	\$2,180	\$85,082
2	Bad Debt Writeoffs (Poor Ins.)	(\$342,000)	(\$390,601)	(\$331,286)

TAB 9 Mortality Profile

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

Tab	Health Indicator	Edwards 2018	Trend	State of KS	KS Rural Norm (N=14)	Source
9	a Life Expectancy for Males, 2014	75.6		76.5	76.8	Kansas Health Matters
	b Life Expectancy for Females, 2014	80.5		81.0	81.8	Kansas Health Matters
	c Age-adjusted Cancer Mortality Rate per 100,000 population, 2014-2016 (lower is better)	155.3		194.3	159.6	Kansas Health Matters
	d Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2014-2016 (lower is better)	181.7		157.4	174.3	Kansas Health Matters
	e Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2014-16 (Lower is better)	75.0		48.9	51.5	Kansas Health Matters
	f Alcohol-impaired driving deaths, percent, 2011-2015	75.0%		27.0%	36.1%	County Health Rankings

TAB 10 Preventive Health Profile

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

Tab	Health Indicator	Edwards 2018	Trend	State of KS	KS Rural Norm (N=14)	Source
10	a Access to exercise opportunities, percent, 2014	52.0%		76.0%	46.1%	County Health Rankings
	b Diabetes monitoring, percent, 2014	84.0%		86.0%	79.2%	County Health Rankings
	c Mammography screening, percent, 2014	56.0%		63.0%	63.6%	County Health Rankings
	d Percent Annual Check-Up Visit with PCP	TBD		TBD	TBD	TBD
	e Percent Annual Check-Up Visit with Dentist	TBD		TBD	TBD	TBD
	f Percent Annual Check-Up Visit with Eye Doctor	TBD		TBD	TBD	TBD

PSA Primary Research:

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

Chart #1 – Edwards County Medical Center PSA Online Feedback Response N=199

Community Health Needs Assessment Wave #3			
For reporting purposes, are you involved in or are you a ?	Edwards N=199	Trend	Norms18 N= 1330
Business / Merchant	7.9%		8.8%
Community Board Member	7.4%		8.1%
Case Manager / Discharge Planner	0.0%		0.9%
Clergy	1.1%		0.9%
College / University	2.6%		2.2%
Consumer Advocate	1.1%		2.0%
Dentist / Eye Doctor / Chiropractor	0.0%		0.2%
Elected Official - City/County	1.1%		1.9%
EMS / Emergency	3.2%		1.9%
Farmer / Rancher	6.3%		5.3%
Hospital / Health Dept	19.5%		18.6%
Housing / Builder	0.5%		0.6%
Insurance	1.6%		0.9%
Labor	3.7%		2.1%
Law Enforcement	0.5%		0.6%
Mental Health	1.1%		1.9%
Other Health Professional	5.3%		8.8%
Parent / Caregiver	15.8%		14.6%
Pharmacy / Clinic	3.2%		2.0%
Media (Paper/TV/Radio)	0.0%		0.6%
Senior Care	2.1%		1.8%
Teacher / School Admin	7.4%		6.4%
Veteran	2.6%		1.9%
Other (please specify)	6.3%		7.1%

Chart #2 - Quality of Healthcare Delivery Community Rating

Community Health Needs Assessment Wave #3			
Quality" of healthcare delivery in our community?	Edwards N=199	Trend	Norms18 N= 1330
Valid N	199		1330
Top Box %	31.2%		28.3%
Top 2 Boxes %	74.4%		73.5%
Very Poor	1.0%		0.5%
Poor	3.5%		3.8%
Average	21.1%		21.7%
Good	43.2%		45.3%
Very Good	31.2%		28.3%

Chart #3 - Overall Community Health Quality Trend

Community Health Needs Assessment Wave #3			
When considering "overall community health quality", is it ...	Edwards N=199	Trend	Norms18 N= 1330
Valid N	179		1203
Increasing - moving up	55.9%		49.8%
Not really changing much	39.1%		41.9%
Decreasing - slipping	5.0%		8.3%

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

CHNA Wave #3		Ongoing Problem		Pressing
Past CHNAs health needs identified		Edwards N=199	Trend	Edwards
Rank	Topic	Votes	%	RANK
1	Drug / Substance Abuse	91	14.7%	1
2	Obesity	75	12.1%	4
3	Alcohol Abuse	72	11.6%	3
4	Affordable HC Insurance	65	10.5%	2
5	Mental Health Access	49	7.9%	5
6	Fitness / Exercise options	46	7.4%	7
7	Nutrition - Healthy Food options	38	6.1%	10
8	Wellness / Prevention	36	5.8%	16
9	Oncology (Cancer)	33	5.3%	12
10	Chronic Health	28	4.5%	9
11	Awareness of existing HC services	26	4.2%	13
12	Personal Health Management	20	3.2%	8
13	Primary Care Access	16	2.6%	11
14	Sexually Transmitted Diseases (STD)	11	1.8%	14
15	Teen Pregnancy	9	1.5%	15
16	Vaccinations	5	0.8%	6
TOTALS		620	100.0%	

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

Community Health Needs Assessment Wave #3			
In your opinion, what are the root causes of "poor health" in our community?	Edwards N=199	Trend	Norms18 N= 1330
Votes (Larger %)	120		853
Lack of health & wellness education	36.7%		34.6%
Chronic disease prevention	25.8%		30.5%
Limited access to mental health assistance	34.2%		40.2%
Case management assistance	20.8%		15.7%
Elder assistance programs	46.7%		28.3%
Family assistance programs	25.8%		22.7%
Lack of awareness of existing local programs, providers, and services	48.3%		61.7%
Other (please specify)	8.3%		17.2%

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

CHNA Wave #3	Edwards			Norms 2018	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	86.6%	5.2%		89.7%	2.4%
Child Care	34.8%	23.5%		51.9%	10.8%
Chiropractors	93.4%	1.5%		79.8%	5.3%
Dentists	72.8%	8.8%		74.0%	8.1%
Emergency Room	82.0%	5.3%		72.7%	9.3%
Eye Doctor/Optometrlist	83.3%	2.3%		80.2%	4.3%
Family Planning Services	35.0%	23.6%		44.5%	13.4%
Home Health	26.6%	33.9%		59.0%	10.2%
Hospice	40.3%	20.2%		68.5%	8.0%
Inpatient Services	83.5%	3.0%		78.9%	3.7%
Mental Health	30.8%	23.1%		30.1%	28.4%
Nursing Home	53.7%	20.9%		48.9%	18.6%
Outpatient Services	78.0%	5.3%		79.5%	3.9%
Pharmacy	89.7%	2.9%		89.9%	3.5%
Physician Clinics	85.3%	4.4%		83.0%	3.7%
Public Health	67.7%	6.2%		67.3%	5.8%
School Nurse	48.5%	19.7%		64.7%	8.8%
Specialists	57.3%	13.0%		56.4%	11.8%

Chart #7 - Community Health Readiness

Community Health Needs Assessment Wave #3	Bottom 2 boxes		
Community Health Readiness is vital. How would you rate each of the following?	Edwards N=199	Trend	Norms18 N= 1330
Caregiver Training Programs	28.0%		18.0%
Early Childhood Development Programs	23.6%		8.9%
Emergency Preparedness	10.8%		7.0%
Food and Nutrition Services/Education	16.9%		11.1%
Secure Grants / Finances to Support Local Health Initiatives	20.3%		14.8%
Health Screenings (such as asthma, hearing, vision, scoliosis)	14.5%		10.3%
Immunization Programs	2.3%		2.7%
Obesity Prevention & Treatment	43.9%		29.6%
Spiritual Health Support	13.8%		6.2%
Prenatal / Child Health Programs	22.4%		7.8%
Sexually Transmitted Disease Testing	14.3%		10.7%
Substance Use Treatment & Education	39.8%		27.5%
Tobacco Prevention & Cessation Programs	26.3%		21.8%
Violence Prevention	32.8%		25.7%
Women's Wellness Programs	13.4%		11.7%
WIC Nutrition Program	12.4%		6.2%

Chart #8 – Healthcare Delivery “Outside our Community”

Specialties:

Rank		Reason
1		CARD
2		SURG
3		OBG
4		PEDS
5		SPEC
6		ENT

Community Health Needs Assessment Wave #3			
In the past 2 years, did you or someone you know receive HC outside of our community?	Edwards N=199	Trend	Norms18 N= 1330
Valid N	132		927
Yes	81.8%		77.1%
No	9.1%		17.3%
I don't know	9.1%		5.6%

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

Community Health Needs Assessment Wave #3		
What needs to be discussed further at our CHNA Town Hall meeting?	Ewdwards N=199	Norms18 N= 1330
Drugs/Substance Abuse	9.7%	8.7%
Obesity	8.6%	8.1%
Mental Illness	7.7%	9.1%
Suicide	7.7%	7.2%
Alcohol	7.5%	5.6%
Nutrition	6.4%	4.8%
Wellness Education	6.4%	6.0%
Diabetes	5.9%	4.0%
Heart Disease	4.8%	3.0%
Physical Exercise	4.8%	5.6%
Abuse/Violence	4.4%	5.5%
Poverty	4.4%	6.4%
Tobacco Use	4.0%	3.3%
Cancer	3.7%	4.2%
Respiratory Disease	2.7%	2.1%
Family Planning	2.4%	2.2%
Smoke-Free Workplace	2.4%	1.4%
Water Quality	2.0%	3.3%
Breast Feeding Friendly Workplace	1.5%	1.5%
Teen Pregnancy	1.3%	2.4%
Sexually Transmitted Diseases	0.9%	1.9%
Vaccinations	0.7%	2.4%
Lead Exposure	0.2%	0.9%
Ozone	0.2%	0.5%

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services - Edwards County, KS (2018)

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

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

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

Yr 2018 Physician Manpower - Edwards County, KS			
	Supply Working in County		
# of FTE Providers	MD/DO (County Based)	Visting MD / DO	PA/NP (County Based)
Primary Care:			
Family Practice	1.40	0.00	3.20
Surgery Specialists:			
General Surgery	0.00	0.00	0.04
Orthopedics	0.00	0.00	0.04
Thoracic/Cardiovascular/Vasc	0.00	0.00	0.05
Hospital Based:			
Anesthesia/Pain	0.00	0.00	0.04
TOTALS	1.40	0.00	3.37

Visiting Specialists to Edwards County Medical Center - Yr 2018

Specialty	Physician	Group Name	Office Location	Schedule at hospital (visiting clinics)
Medicine:				
Allergy/Immunology				
Cardiology	Richard Steckley	Cardiovascular Consultants	Wichita, KS	Once a month-Clinic 2nd Wednesday
OB/GYN	Luis Espinoza	SurgiCenter	Pratt, KS	Once a month-Clinic 1st Thursday
Podiatry	Scott Gordon	South Central KS Bone and Joint Center	Pratt, KS	Once a month-Clinic 1st Tuesday
Surgery:				
General Surgery	Jason Wiltshire	SurgiCenter	Pratt, KS	Once a month-Clinic 2nd Tuesday
Orthopedics	Ian Kovach	South Central KS Bone and Joint Center	Pratt, KS	Once a month-4th Thursday

Edwards County Help Resources

Community Resources

Emergency Numbers

Police/Sheriff	911	
Fire	911	
EMS/Ambulance	911	
Edwards County Ambulance		(620) 659-3621
620 West 8 th Kinsley, KS 67547		

Non-Emergency Numbers

Law Enforcement

Kansas Highway Patrol Troop E	(620) 276-3201
2222 East Highway 50 Garden City KS 67846	
Contact Randy Mosher Captain	

Edwards County Sheriff	(620) 659-3636
312 Massachusetts Avenue Kinsley, KS 67547	
Contact Sheriff Bryant Kurth	

Lewis Police Department	(620) 324-5357
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Non-Emergency Numbers

Fire Number

Kinsley Volunteer Fire Department	(620) 338-0214
Belpre	
Fellsburg	
Lewis	
Offerle Volunteer Fire Department	
Trousdale	
Centerview	

Municipal Non-Emergency Numbers

Edwards County Government Offices (620) 659-3000
312 Massachusetts Avenue Kinsley, KS 67547

City of Kinsley Government Offices (620) 659-3611
721 Marsh Avenue Kinsley, Ks 67547

City of Lewis (620)324-5357
219 South Main Lewis, KS 67547

City of Offerle (620) 659-2840
City of Belpre (620) 995-3531

AIDS/HIV Clinic

Edwards County Health Department (620) 659-3102
622 West 8th Street Kinsley, KS 67547

Animal Rescue

Edwards County Sheriff Office (620) 659-3636
312 South Massachusetts Avenue Kinsley, KS 67547

Assisted Living

Medicalodges of Kinsley (620) 659-21567
620 Winchester Avenue Kinsley, KS 67547

Clothing Closets/Clothing Banks

Catholic Charities of Southwest Kansas (620) 227-1562
906 Central Avenue Dodge City, KS 67801
Associated with St. Nicholas Church 706 East 6th Street
PO Box 285 Kinsley, KS 67547-0285 (620) 659-2692

Edwards County Ministerial Alliance**(620) 388-2067**

PO Box 25 Offerle, KS 67563

Contact Avery Rutledge

Twice Is Nice Thrift Store**(620) 659-3343**200 E 6th Street

Kinsley, KS 67547

Tu-Fr 9:30am-4:30pm

DCCC Child & Adult Care Food Program**(620) 225-2817**

Child and Adult Care Food Program (CACFP) is a part of the federal school lunch program started in 1977 benefiting children in family daycare homes and providing reimbursement to child care providers for serving nutritious meals and snacks for enrolled children in care.

Day care providers must keep menus and attendance records for meals served to children enrolled in their care. The program is designed to help cover the cost of meals so that a portion of dollars spent for food do not come from the providers or the parent's income, while children are assured of nutritional sound meals and snacks. It also adds extra dollars into your local economy.

To participate, providers must have a current child care license or certificate of registration.

Dodge City Community College CACFP service delivery area:

Dodge City Community College is the CACFP sponsor in 10 counties:

*Ford

*Seward

*Gray

*Comanche

*Hodgeman

*Meade

*Ness

*Kiowa

*Clark

*Edwards

Chiropractor**Schmidt-Randy Chiropractor****(620) 659-2302**

600 Emerson Avenue Kinsley, KS 67547

Optometrist**Frazier Optometry****(620) 659-3351**

713 Marsh Avenue Kinsley, KS 67547

Dental Services

Crystal A. Obee DDS

(620) 659-3617

609 Marsh Avenue Kinsley, KS 67547

Emergency Assistance

Edwards County Ministerial Alliance

(620) 253-7529

PO Box 25 Offerle, KS 67563

Contact Avery Rutledge

School Nurses

Kinsley Elementary School

(620) 659-2866

325 South Elm Street, Offerle

High School

(620) 659-2126

716 Colony Avenue, Kinsley

Lewis Elementary School

(620) 324-5541

401 Sunnyside Street, Lewis

High School

(620) 659-2521

Food Pantries/ Soup Kitchens & Food Banks

Edwards County Health Department (TEFAP)

(620) 659-3102

Site: 622 West 8th Street Kinsley, KS 67547

Kansas Food Bank Distributor

Distributed: 622 West 8th Street Kinsley, KS 67547

Contact Laura Ferguson for enrollment & distribution info

Laura@edcohealth.com

Friendship Meals

(620)338-6628

721 Marsh St. Kinsley, KS

City Hall- Community Room

Contact Margaret Ferguson or City Hall (620)659-3611

Funeral Home

McKillip Memorial Funeral Home

(620) 659-2311

623 Marsh Avenue

Health Services

Edwards County Health Department

(620) 659-3102

622 West 8th Street Kinsley, KS 67547

Farm Workers Health Insurance Program

(620) 659-3102

Edwards County Health Department 622 West 8th Street Kinsley KS 67547-2329

Uninsured migrant and season farm workers. Based upon eligibility.

Newborn screening, and wellness checks. Prenatal care. Well woman care, STD checks and preventive care. Dental screenings and preventive care. Dental Treatment. Chronic disease care. Prescription assistance. Immunizations.

Substance abuse treatment. Mental and Behavioral health services,

Transportation provided

Great Bend Regional Hospital/ Professional Services

(620) 659-2890

711 Marsh Avenue Kinsley, KS 67547

Kinsley Health Clinic

(620) 659-3639

807 East 4th Kinsley, KS 67547

Midway Clinic

(620) 659-2732

604 West 8th Street Kinsley, KS 67547

Homeless Services

Edwards County Ministerial Alliance

(620) 253-7529

PO Box 25 Offerle, KS 67563

Contact Avery Rutledge

Hospitals

Edwards County Medical Center

(620) 659-3621

620 West 8th Street Kinsley, KS 67547

Housing for Low Income, Multi Family & Handicapped

Edwards County Housing Authority

(620) 659-2602

210 West 9th Street Kinsley, KS 67547

Mental Health Services

Iroquois Center for Human Development

620 West 8th Street Kinsley, KS 67547

(Community Mental Health Center)

(620) 659-3719

Pharmacies

Kinsley Drug

207 East 6th Street Kinsley, KS 67547

(620) 659-2481

Rape/Sexual Assault

Edwards County Attorney

500 South Marsh Avenue Kinsley, KS 67547

Contact Mark Frame

(620) 659-3002

Hours Mon/Fri 8am-5pm

Rehabilitation Services

Medicalodges of Kinsley

620 Winchester Avenue Kinsley, KS 67547

(620) 659-2156

Senior Citizens Centers/Clubs

Midway Senior Center (Kinsley)

622 Colony Avenue Kinsley, KS 67547

Contact Alice Peterson

(620) 659-3305

Senior Living

Oak Manor Apartments

210 West 9th Street #317 Kinsley, KS 67547

(620) 659-2602

Veterans

American Legion Post 113/Gilbert M. Lewis

PO Box 335 Kinsley, KS 67547

Contact: not on file

Assists Veterans & Families applying for benefits and with emergency assistance

Kansas Commission on Veterans Affairs Office

(620) 225- 4041

714 Sheridan-Unit 87, 300 Custer Ft. Dodge KS 67843 www.ksva.ks.gov

Contact: Mike Fontenot E-Mail: mike.fontenot@ks.gov

Counties Served: Clark, Comanche, Edwards, Finney, Ford, Grant, Hamilton,
Haskell, Kearny, Kiowa, Meade, Seward and Stevens

Veterans of Foreign Wars Post 7349 Jones/Barnes/Gassner (620) 659-3311

1021 Highway 56 West Kinsley, KS 67547

Commander: Larry Rincon

Meets: 3rd Wed / 7:30pm

Assists Veterans and Families in emergencies

Women & Pregnancy

Edwards County Health Department

(620) 659-3102

622 West 8th Street Kinsley, KS 67547

Family Planning, Immunizations, Nutrition Services, Prenatal Care Coordination,
Well Baby Checkups, Healthy Starts, WIC

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

FFY 2017 (IP)



Patient Origin by Region - Inpatient

Edwards, KS Residents Treated in KHA Reporting Area
Federal Fiscal Year: 2017

Hospital	Total Discharges		Pediatric Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74		Age 75+		Psychiatric		Obstetric		Newborn		Surg %
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
Edwards County Medical Center - Kinsley, KS	67	24.0%	4	6.0%	1	1.5%	11	16.4%	12	17.9%	38	56.7%	1	1.5%	0		0		
HaysMed - Hays, KS	42	15.1%	0		8	19.0%	8	19.0%	1	2.4%	18	42.9%	0		4	9.5%	3	7.1%	23.8%
Wesley Healthcare - Wichita, KS	33	11.8%	2	6.1%	2	6.1%	13	39.4%	7	21.2%	4	12.1%	1	3.0%	2	6.1%	2	6.1%	42.4%
Via Christi Hospitals Wichita, Inc. - Wichita, KS	32	11.5%	2	6.2%	3	9.4%	13	40.6%	7	21.9%	7	21.9%	0		0		0		43.8%
Great Bend Regional Hospital - Great Bend, KS	32	11.5%	0		0		8	25.0%	1	3.1%	11	34.4%	0		6	18.8%	6	18.8%	56.2%
Pratt Regional Medical Center - Pratt, KS	27	9.7%	0		1	3.7%	10	37.0%	9	33.3%	6	22.2%	0		0		1	3.7%	40.7%
Western Plains Medical Complex - Dodge City, KS	17	6.1%	0		1	5.9%	2	11.8%	2	11.8%	0		0		6	35.3%	6	35.3%	17.6%
Hutchinson Regional Medical Center - Hutchinson, KS	6	2.2%	0		1	16.7%	3	50.0%	1	16.7%	1	16.7%	0		0		0		50.0%
Other Hospitals	23	8.2%	3	13.0%	1	4.3%	6	26.1%	3	13.0%	8	34.8%	2	8.7%	0		0		39.1%
Hospital Total	279	100.0%	11	3.9%	18	6.5%	74	26.5%	43	15.4%	93	33.3%	4	1.4%	18	6.5%	18	6.5%	29.4%

FFY 2016 (IP)



Patient Origin by Region - Inpatient

Edwards, KS Residents Treated in KHA Reporting Area
Federal Fiscal Year: 2016

Hospital	Total Discharges		Pediatric Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74		Age 75+		Psychiatric		Obstetric		Newborn		Surg %
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
Edwards County Medical Center - Kinsley, KS	48	20.7%	0		2	4.2%	1	2.1%	3	6.2%	42	87.5%	0		0		0		2.1%
Great Bend Regional Hospital - Great Bend, KS	32	13.8%	2	6.2%	1	3.1%	5	15.6%	0		10	31.2%	0		7	21.9%	7	21.9%	62.5%
HaysMed - Hays, KS	29	12.5%	0		3	10.3%	7	24.1%	6	20.7%	3	10.3%	0		5	17.2%	5	17.2%	44.8%
Via Christi Hospitals Wichita, Inc. - Wichita, KS	26	11.2%	1	3.8%	4	15.4%	8	30.8%	2	7.7%	11	42.3%	0		0		0		23.1%
Pratt Regional Medical Center - Pratt, KS	23	9.9%	1	4.3%	1	4.3%	3	13.0%	2	8.7%	8	34.8%	0		0		8	34.8%	39.1%
Western Plains Medical Complex - Dodge City, KS	23	9.9%	0		2	8.7%	1	4.3%	2	8.7%	2	8.7%	0		8	34.8%	8	34.8%	34.8%
Wesley Healthcare - Wichita, KS	15	6.5%	2	13.3%	3	20.0%	2	13.3%	2	13.3%	3	20.0%	0		2	13.3%	1	6.7%	46.7%
Hutchinson Regional Medical Center - Hutchinson, KS	9	3.9%	0		0		1	11.1%	3	33.3%	3	33.3%	0		1	11.1%	1	11.1%	22.2%
Kansas Residents/Minnesota Hospitals	5	2.2%	0		4	80.0%	0		0		0		1	20.0%	0		0		20.0%
Salina Regional Health Center - Salina, KS	5	2.2%	0		0		1	20.0%	2	40.0%	1	20.0%	1	20.0%	0		0		80.0%
Other Hospitals	17	7.3%	0		5	29.4%	1	5.9%	7	41.2%	3	17.6%	1	5.9%	0		0		35.3%
Hospital Total	232	100.0%	6	2.6%	25	10.8%	30	12.9%	29	12.5%	86	37.1%	3	1.3%	23	9.9%	30	12.9%	33.2%

FFY 2015 (IP)



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

Hospital	Total Discharges		Pediatric Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74		Age 75+		Psychiatric		Obstetric		Newborn		Surg %
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
Edwards County Medical Center - Kinsley, KS	50	21.7%	2	4.0%	2	4.0%	5	10.0%	3	6.0%	36	72.0%	2	4.0%	0		0		
HaysMed - Hays, KS	44	19.1%	0		6	13.6%	4	9.1%	6	13.6%	21	47.7%	0		4	9.1%	3	6.8%	34.1%
Pratt Regional Medical Center - Pratt, KS	33	14.3%	0		3	9.1%	7	21.2%	4	12.1%	5	15.2%	0		4	12.1%	10	30.3%	33.3%
Western Plains Medical Complex - Dodge City, KS	27	11.7%	1	3.7%	1	3.7%	1	3.7%	3	11.1%	2	7.4%	0		9	33.3%	10	37.0%	29.6%
Via Christi Hospitals Wichita, Inc. - Wichita, KS	20	8.7%	0		2	10.0%	7	35.0%	3	15.0%	8	40.0%	0		0		0		50.0%
Wesley Healthcare - Wichita, KS	17	7.4%	4	23.5%	5	29.4%	4	23.5%	4	23.5%	0		0		0		0		29.4%
Kansas Residents/Minnesota Hospitals	5	2.2%	0		4	80.0%	0		0		0		1	20.0%	0		0		20.0%
The University of Kansas Health System - Kansas City, KS	5	2.2%	0		0		0		2	40.0%	3	60.0%	0		0		0		40.0%
Other Hospitals	29	12.6%	1	3.4%	2	6.9%	9	31.0%	4	13.8%	11	37.9%	2	6.9%	0		0		27.6%
Hospital Total	230	100.0%	8	3.5%	25	10.9%	37	16.1%	29	12.6%	86	37.4%	5	2.2%	17	7.4%	23	10.0%	26.1%

FFY 2017 (OP)



Outpatient Total Service Category Visits by Region

Edwards, KS Residents Treated in KHA Reporting Area
Federal Fiscal Year: 2017

Revenue Category	Total Visits	Emergency Dept Visits	Surgery Visits	Observation Visits	Clinical Services Visits	% Male
1 Emergency Department (45x)	922	922	7	40		51.2%
2 Surgery (36x, 49x)	278	7	278	11		51.1%
3 Observation (76x, excl. 761)	109	40	11	109		53.2%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	1,281	398	53	34	825	48.6%
13 Radiation Therapy (333)	3				3	
14 Nuclear Medicine (34x)	83		2	2	79	53.0%
15 CT Scan (35x)	475	200	8	20	267	47.2%
16 Mammography (401, 403)	235		3		232	1.7%
17 Ultrasound (402)	188	13	3	6	168	30.3%
18 PET Scan (404)	1				1	100.0%
19 Magnetic Resonance Technology (61x)	126		3	3	121	46.8%
21 Chemotherapy (33x, excl. 333)	1				1	100.0%
23 Pulmonary Function (46x)	43	7	7	4	29	55.8%
24 Cardiac Cath Lab (481)	27				27	63.0%
25 Stress Test (482)	9			2	7	66.7%
26 Echocardiology (483)	61	4		6	54	54.1%
27 Electroencephalogram (74x)	8				8	50.0%
28 G.I. Services (75x)	3				3	33.3%
29 Telemedicine (78x)	1	1				100.0%
30 ESWT/Lithotripsy (79x)	3		2		1	33.3%
32 Electromyelogram (922)	1				1	
33 Cardiac Rehab (943)	1		1			100.0%
34 Rural Health - Clinic (521)	4,754				4,754	48.8%
35 Treatment Room (76X excl. 762)	497	12	11	19	470	42.3%
36 Respiratory Services (41x)	31	12	18	6	1	58.1%
37 EKG/ECG (73x)	493	215	23	31	251	51.9%
38 Cardiology (48x excl. 481-483)	11			1	10	54.5%
39 Sleep Lab (HCPC 95805-95811)	31				31	54.8%
42 Physical Therapy (42x)	82	5	5	6	72	52.4%
43 Occupational Therapy (43x)	4	1	1	2	1	50.0%
44 SpeechLanguage Pathology (44x)	3	1		1	2	33.3%
47 Audiology (47x)	5				5	80.0%

	Total Visits	Emergency Dept Visits	Surgery Visits	Observation Visits	Clinical Services Visits	% Male
Visits by Service Category		922	278	109	7,082	
Actual visits in report	8,337					46.9%
Actual unclassified visits	3,808					43.3%
Actual total visits	12,145					45.8%

FFY 2016 (OP)



Outpatient Total Service Category Visits by Region

Edwards, KS Residents Treated in KHA Reporting Area
Federal Fiscal Year: 2016

Revenue Category	Total Visits	Emergency Dept Visits	Surgery Visits	Observation Visits	Clinical Services Visits	% Male
1 Emergency Department (45x)	813	813	8	45		50.4%
2 Surgery (36x, 49x)	295	8	295	13		49.8%
3 Observation (76x, exd. 761)	110	45	13	110		60.9%
11 Radiology - Diagnostic (32x, exd. 322 and 323)	1,232	337	64	29	835	46.9%
12 Arthro/Arteriography (322, 323)	2				2	100.0%
13 Radiation Therapy (333)	4				4	50.0%
14 Nuclear Medicine (34x)	76		3		73	50.0%
15 CT Scan (35x)	408	168	8	22	235	46.3%
16 Mammography (401, 403)	229				229	0.9%
17 Ultrasound (402)	193	11	2	5	178	26.4%
18 PET Scan (404)	2				2	100.0%
19 Magnetic Resonance Technology (61x)	163	1	1		161	43.6%
21 Chemotherapy (33x, exd. 333)	5				5	40.0%
23 Pulmonary Function (46x)	49	5	16	4	28	53.1%
24 Cardiac Cath Lab (481)	17		2		15	41.2%
25 Stress Test (482)	9				9	55.6%
26 Echocardiology (483)	48	3		3	44	43.8%
27 Electroencephalogram (74x)	8				8	25.0%
28 G.I. Services (75x)	7	1			6	14.3%
30 ESWT/Lithotripsy (79x)	1				1	100.0%
34 Rural Health - Clinic (521)	3,904	6			3,898	46.3%
35 Treatment Room (76X exd. 762)	586	20	12	26	549	43.2%
36 Respiratory Services (41x)	25	6	11	5	7	44.0%
37 EKG/ECG (73x)	438	155	26	30	261	55.5%
38 Cardiology (48x exd. 481-483)	4	1		1	3	50.0%
39 Sleep Lab (HCPC 95805-95811)	30				30	70.0%
42 Physical Therapy (42x)	117	4	4	4	110	50.4%
43 Occupational Therapy (43x)	12	1	2	1	9	50.0%
44 SpeechLanguage Pathology (44x)	4				4	50.0%

	Total Visits	Emergency Dept Visits	Surgery Visits	Observation Visits	Clinical Services Visits	% Male
Visits by Service Category		813	295	110	6,306	
Actual visits in report	7,461					45.0%
Actual unclassified visits	3,563					42.7%
Actual total visits	11,024					44.3%

FFY 2015 (OP)



Outpatient Total Service Category Visits by Region

Edwards, KS Residents Treated in KHA Reporting Area
Federal Fiscal Year: 2015

Revenue Category	Total Visits	Emergency Dept Visits	Surgery Visits	Observation Visits	Clinical Services Visits	% Male
1 Emergency Department (45x)	873	873	8	65		49.4%
2 Surgery (36x, 49x)	207	8	207	5		37.7%
3 Observation (76x, excl. 761)	152	65	5	152		45.4%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	1,094	322	41	53	726	44.4%
12 Arthro/Arteriography (322, 323)	2				2	50.0%
13 Radiation Therapy (333)	3				3	33.3%
14 Nuclear Medicine (34x)	79	2	4	2	72	51.9%
15 CT Scan (35x)	366	142	4	26	216	48.1%
16 Mammography (401, 403)	221		3		218	0.9%
17 Ultrasound (402)	189	9	6	2	175	26.5%
18 PET Scan (404)	3				3	33.3%
19 Magnetic Resonance Technology (61x)	131	5		6	125	44.3%
21 Chemotherapy (33x, excl. 333)	1				1	
23 Pulmonary Function (46x)	28	5	10	2	13	35.7%
24 Cardiac Cath Lab (481)	17	1		4	13	52.9%
25 Stress Test (482)	14			1	13	71.4%
26 Echocardiology (483)	65	1		4	61	53.8%
27 Electroencephalogram (74x)	3	1		1	2	33.3%
28 G.I. Services (75x)	9		1		8	55.6%
30 ESWT/Lithotripsy (79x)	1		1			
33 Cardiac Rehab (943)	6				6	50.0%
34 Rural Health - Clinic (521)	2,938	3			2,935	47.7%
35 Treatment Room (76X excl. 762)	393	40	8	16	336	36.9%
36 Respiratory Services (41x)	22	10	15	3	1	50.0%
37 EKG/ECG (73x)	388	162	17	43	200	50.5%
38 Cardiology (48x excl. 481-483)	8	2		1	6	50.0%
39 Sleep Lab (HCPC 95805-95811)	14				14	64.3%
41 Behavioral Health (90x, 91x)	1				1	100.0%
42 Physical Therapy (42x)	212	2	3	4	205	47.2%
43 Occupational Therapy (43x)	7		1		6	71.4%
44 Speech/Language Pathology (44x)	5	1		1	4	40.0%
47 Audiology (47x)	3				3	100.0%

	Total Visits	Emergency Dept Visits	Surgery Visits	Observation Visits	Clinical Services Visits	% Male
Visits by Service Category		873	207	152	5,051	
Actual visits in report	6,205					44.7%
Actual unclassified visits	3,565					42.7%
Actual total visits	9,770					44.0%

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Town Hall Attendees

Community CHNA TOWN HALL 3/13/18 - Stakeholders & Community leaders									
Attend	Lastname	First name	Title	Organization	Address	County	ST	Zip	Phone
1	Anderson	Mark	NA	Resident	510 E 7th	Edwards	KS	67547	620-338-2676
1	Benish	Bradly	NA	Chamber of Commerce	806 Niles Ave	Edwards	KS	67547	620-338-1557
1	Boggs	LeRee	NA	Resident	906 Colony	Edwards	KS	67547	620-233-0135
1	Brenner	Sheri	CFO, Rotary Member	Edwards County Medical Center	607 E. 7th St.	Edwards	KS	67547	918-629-5254
1	Bruce	Crosswhich	NA	Resident	P.O. Box 113	Edwards	KS	67547	620-659-5716
1	Burcher	Becky	NA	Resident	845 100th Ave	Edwards	KS	67547	620-253-6708
1	Butler	Scott	NA	Resident	103 West 3rd Ave	Edwards	KS	67547	620-339-9695
1	Craft	Mitchell	Quarter master	VFW	622 W 8th St	Edwards	KS	67547	620-659-3102
1	Craft	Alisha	NA	Resident	869 L Rd	Edwards	KS	67547	620-253-0650
1	Dowler	Mary	NA	Resident	1331 Colony Ave	Edwards	KS	67547	620-441-8632
1	DuBois	Heather	NA	Resident	422 E. 5th Kinsley	Edwards	KS	67547	620-659-3753
1	Eustace	Brad	Pharmacist, Board Member	ECMC Hospital Board	908 South Niles	Edwards	KS	67547	620-659-8179
1	Eustace	Jeanne	NA	Resident	908 Niles	Edwards	KS	67547	620-705-1295
1	Fulls	Anna	NA	Resident	403 S Main	Edwards	KS	67547	659-2962
1	Hogan	Karla	NA	Resident	502 Emerson Ave	Edwards	KS	67547	253-5100
1	Herrmann	Alisha	NA	Resident	670 70th Ave	Edwards	KS	67547	338-3971
1	Jacobs	Krystle	NA	Resident	904 E 7th St	Edwards	KS	67547	620-659-3621
1	Kirkbride	Judith	NA	Resident	210 W 9th Apt.209	Edwards	KS	67547	620-659-2919
1	McElwain	Jackie	NA	Resident	912 East 7th Kinsley	Edwards	KS	67547	620-338-3859
1	McLean	Connie	Board Chair	ECMC Hospital Board	1339 180th Ave	Edwards	KS	67552	316-641-5804
1	Miller	Linette	NA	Edwards County Economic Development	PO Box 161	Edwards	KS	67547	620-339-9260
1	Miller	Vie	NA	Resident	215 N Locust Offerle	Edwards	KS	67547	620-255-9891
1	Miller	Julie	NA	Resident	216 N Locust Offerle	Edwards	KS	67547	620-255-9892
1	Myers	Larry	Fire Chief, Board Member	ECMC Hospital Board	415 Prairie Ave	Edwards	KS	67547	620-659-2294
1	Obee	Crystal	DDS	Crystal Obee, DDS	P.O. Box 96	Edwards	KS	67547	620-659-3617
1	Obee	Robert	Rotary Member	Resident	P.O. Box 97	Edwards	KS	67547	620-659-3618
1	Pickering	Dustin	Fire Chief	Offerle Fire Dept	207 N Chestnut St	Edwards	KS	67547	620-200-7479
1	Powers	JoAnne	NA	Resident	P.O. Box 265	Edwards	KS	67552	620-324-5477
1	Prieto	Chole	NA	Resident	515 E 6th	Edwards	KS	67547	620-339-5688
1	Schaller	Lynn	NA	Resident	920 E 5th St	Edwards	KS	67547	620-408-6120
1	Schmitt	Charles	NA	Resident	704 E 3rd Kinsley	Edwards	KS	67547	659-2309
1	Schmitt	Clara	NA	Resident	705 E 3rd Kinsley	Edwards	KS	67547	659-2310
1	Strate	Rod	NA	Resident	1521 M Rd.	Edwards	KS	67547	620-659-2814
1	Stiebe	Cindy	NA	Resident	110 Capital Ave	Edwards	KS	67547	659-3133
1	Strate	Thyra	NA	Resident	NA	Edwards	KS	67547	620-659-3621
1	Strawn	Janet	NA	Resident	1231 65 Highway 50	Edwards	KS	67547	620-255-4100
1	Wagner	Art	Pastor	Resident	1814 E 8th St	Edwards	KS	67547	620-910-7106
1	Werner	Bonita	NA	Chamber of Commerce	104 N Elm St	Edwards	KS	67547	620-659-8082
1	Wheaton	Lacey	NA	Resident	619 East 7th St	Edwards	KS	67547	620-408-4034

Notes

Edwards County Medical Center

Town Hall

Attendees: 39

March 13, 2018

Clinic down the street is open for extended hours.

Hospital doesn't do surgery but does scopes.

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

Some community members say that providers are not going to the nursing homes/ elderly facilities to take adequate quality care of their patients.

Parts of community that only speak Spanish.

Veterans go to Dodge City, Wichita, or stay in Edwards County for treatment.

A lot of people drive to Dodge City for work.

In the summer, there is a farmer's market.

Community is worried about opioid usage, think that the green color code on the map is incorrect because they see more opioid use.

Opioids, Marijuana, Meth, Cocaine are drugs that the community has in it.

Respondent: STD rate is lower than what is listed.

Respondent: Data can be skewed because people aren't able to get adequate claims due to insurance. The numbers should be higher than what they are, there are more cases than what has been claimed.

\$7 a month for a 24 hour work out facility in the hospital.

Respondent: I would like to see a Recreation Center with low impact fitness capabilities like swimming.

Respondent: I'm really surprised about the ambulance services. We have really good air and ground transportation.

Respondent: We don't have a home health agency in our area, but we call in from Dodge City.

Respondent: There is a need for elder care to check on people to make sure they are caring for themselves daily. A lot of people can't afford it though because it is private.

Respondent: Edwards County is getting into Telemedicine, which is really good for our community.

Strengths

- Quality Providers, PA's, and Therapist's
- Great Emergency Room
- Good Ambulance Service
- Outpatient Services
- Follow Through on medical metrics
- Strong Community Leaders
- Summer Food Program
- Free Men's and Women's Health Fair
- Immunizations
- Compassionate Care
- Healthy Food Options
- Physical Therapy
- Ministerial Alliance Collaborating
- Library

Improve/ Change

- Drug Abuse
- Alcohol Abuse
- Child Care- Affordable and available
- Senior Center Programs
- Low Impact Exercise Options
- Specialists- Uro, Derm, BH, Pulm, Allergy, Rhum
- Ambulance Staffing
- Mammography
- Housing
- Home Health/ Hospice
- Awareness of HC Services
- Obesity
- Wellness Education and Prevention
- Nurses
- Diabetes
- Affordable Health Insurance
- Utilize Telemedicine
- Youth Mentoring
- Addictive Behaviors

Wave #3 CHNA - Edwards County Medical Center

Town Hall Conversation 10/12/17 - Strengths (Color Cards)

Card #	C1	Community Health Strengths	Card #	C1	Community Health Strengths
24	ACC	Access to Health Services	8	OP	Outpatient
27	ALL	Healthcare (hospitals and health department)	10	OP	Outpatient
1	ALL	Healthcare/Hospital Services	14	OP	Outpatient Services
19	ALL	Healthcare/Hospital Services	16	OP	Outpatient Services
4	ALL	Services Offered	17	OP	Outpatient Services
13	ALL	Services Offered	24	OP	Outpatient Services
17	AMB	Ambulance	26	OP	Outpatient Services
25	AMB	Ambulance	29	OP	Outpatient Services
29	AMB	Ambulance	11	OTHR	Affiliation with Pratt
33	AMB	Ambulance	28	OTHR	Charity Care and Assistance
26	AMB	Ambulance Services	29	OTHR	Charity Care and Assistance
16	AMB	Great AMB Service	7	OTHR	Fast Results for Patients
21	CLIN	Great Clinics	24	OTHR	Ministerial Alliance
17	CLIN	Health Clinics	26	OTHR	Ministerial Alliance
16	CORP	Strong Community Leaders	25	OTHR	Strong Ministerial Association
24	CORP	Strong Community Leaders	24	OTHR	Turn around time of services
26	CORP	Strong Community Leaders	18	PHAR	Pharmacy
21	CORP	Very friendly/helpful Community	15	PHAR	Pharmacy Services
6	DOCS	Doctor and PA	15	PHY	Access to PT
17	DOCS	Variety of Doctors	5	PHY	Physical Therapy
20	DOH	Health Department	13	PHY	Physical Therapy
25	DOH	Public Health	17	PHY	Physical Therapy
15	EMER	Access to Emergency Care	32	PHY	Physical Therapy
8	EMER	ER	11	PHY	PT
29	EMER	ER	7	QUAL	Compassionate
31	EMER	ER	9	QUAL	Focus on Quality of Care
30	EMER	ER Services	30	QUAL	Neighbor helping Neighbor
24	EMER	ER/Transfer	19	QUAL	People helping People
17	EMER	Good ER	16	QUAL	Providers Quality
10	EMS	EMS	6	RAD	Radiology
12	EMS	EMS	4	SPEC	Growing Specialties
5	FAC	Beautiful Facility	22	SPEC	Hospital brings in Specialists
12	FIT	Access to Exercise	20	SPEC	Specialty Doctors
1	FIT	Fitness Center	16	STFF	Caring Associates
4	FIT	Fitness Center	26	STFF	Caring Associates
16	FIT	Fitness Center	28	STFF	Caring Care Givers

Wave #3 CHNA - Edwards County Medical Center

Town Hall Conversation 10/12/17 - Strengths (Color Cards)

Card #	C1	Community Health Strengths	Card #	C1	Community Health Strengths
17	FIT	Fitness Center	24	STFF	Caring Staff
24	FIT	Fitness Options	18	STFF	Good Providers
2	FIT	Nice Fitness Center	18	STFF	People who work at Hospital are friendly
16	HOSP	Hospital	11	STFF	Providers
12	HOSP	Hospital Inpatient/Outpatient	17	STFF	Providers
29	HOSP	Hospital Services	25	STFF	Providers
13	HOSP	Lab	26	STFF	Quality Providers
25	HOSP	Lab Services	9	STFF	Solid Providers (Family Practice)
2	HOSP	Proactive Hospital	5	TECH	Facebooking helpful
8	IP	Inpatient	2	TEL	Telemedicine
17	LIB	Library	16	TEL	Telemedicine
29	LIB	Library	29	TEL	Telemedicine
24	LIB	Library Program	4	TEL	Working Telemedicine
16	LOY	Follow Through	22	VACC	Health Department Immunizations
26	LOY	Follow Through	4	VACC	Immunizations
17	LOY	Good Followthrough	5	VACC	Immunizations
21	MAN	Great CEO	6	VACC	Immunizations
3	MAN	Leaders in Key positions and Committed to Helping Community	12	VACC	Immunizations
17	MAN	Leadership	13	VACC	Immunizations
21	MAN	Passionate Board of Directors	17	VACC	Immunizations
20	MDLV	Great P.A's	26	VACC	Immunizations
28	NH	Good Nursing Homes	29	VACC	Immunizations
17	NUTR	Food Options	8	VACC	Vaccinations
30	NUTR	Great Grocery Store	24	VACC	Vaccinations
16	NUTR	Grocery/Pharmacy	16	WAIT	Great ER Wait
24	NUTR	Healthy Food Options	5	WAIT	No Wait for Appointments
26	NUTR	Healthy Food Options	7	WAIT	Timely Patient Care
16	NUTR	Summer Food Program	16	WELL	Free Health Fairs
17	NUTR	Summer Food Program	24	WELL	Health Fair
24	NUTR	Summer Food Program	23	WELL	Health Fair is free
26	NUTR	Summer Food Program	29	WELL	Health Fairs
29	NUTR	Summer Food Program	5	WIC	WIC Updates

Wave #3 CHNA - Edwards County Medical Center

Town Hall Conversation - Weakness (White Cards)

Card #	C1	Community Health Weaknesses	Card #	C1	Community Health Weaknesses
15	AGE	Activity for Elder	32	HH	No Local Home Health
10	AGE	Elder Assistance Program	1	HOME	Housing
19	AGE	Elder Care	21	HOS	Hospice
7	AGE	Elderly	25	HOS	Hospice
16	AGE	More Elderly Care	3	HOUSE	Better Public Housing
9	AGE	Senior Care	6	HOUSE	Housing
24	AGE	Senior Care	3	HOUSE	Poor Living Conditions
1	AGE	Senior Center	13	HOUSE	Pride of Ownership of Home
12	AGE	Senior Center	1	INS	Affordable Insurance
6	AGE	Senior Center/Social Opportunities	2	INS	Health Insurance
30	AGE	Senior Center-Proper Meal	10	INSU	Affordable Healthcare
19	ALC	Alcohol	11	INSU	Affordable Health Insurance
21	ALC	Alcohol	6	INSU	Affordable Insurance
2	ALC	Alcohol Abuse	19	INSU	Uninsured/Affordable Health Insurance
12	ALC	Alcohol Abuse	2	KID	Affordable Child Care
31	ALC	Alcohol Abuse	1	KID	Child Care
2	ALL	Allergist	6	KID	Child Care
1	ALL	Allergy	9	KID	Child Care
19	AMB	Ambulance Staffing	10	KID	Child Care
2	AMB	Ambulance Turnover	19	KID	Child Care
12	AMB	Ambulance Turnover	22	KID	Child Care
24	AMB	Ambulance Turnover	23	KID	Child Care
1	BH	Mental Health	25	KID	Child Care
9	BH	Mental Health	20	KID	Child Care Services
17	BH	Mental Health	11	KID	Child Day Care
31	BH	Mental Health	30	KID	Childcare
10	BH	Mental Health	4	KID	Daycare
15	CHRON	Chronic Illness	12	KID	Daycare
26	COMM	Communicating what is Available	30	KID	Early Child Development
18	COMM	Community Awareness	6	KID	Mentoring for Youth
6	COMM	Getting Word out about provided services	9	KID	Mentoring for Youth
20	COMM	Letting People know what we have	15	KID	More Child Care
1	DERM	Dermatologist	14	KID	More Childcare
2	DERM	Dermatologist	8	KID	More Day Care
2	DIAB	Diabetes	2	KID	Youth Monitoring Substance Abuse
5	DIAB	Diabetes	14	MAMO	Access to Mammography
6	DIAB	Diabetes	2	MAMO	Mammography
19	DIAB	Diabetes	6	MAMO	Mammography
25	DIAB	Diabetes Care	1	MAMO	Mammography
21	DIAB	Diabetes Education	7	MRKT	Marketing
28	DOCS	More Doctors to Serve Population	19	NURSE	Available Nurses
6	DRUG	Access to Drugs/Alcohol	2	NURSE	Licensed Nurses
9	DRUG	Drug	6	NURSE	Licensed Nurses
12	DRUG	Drug Abuse	14	NURSE	More Licensed Nurses
19	DRUG	Drug Abuse	1	NURSE	Nurses

Wave #3 CHNA - Edwards County Medical Center

Town Hall Conversation - Weakness (White Cards)

Card #	C1	Community Health Weaknesses	Card #	C1	Community Health Weaknesses
23	DRUG	Drug Abuse	3	NUTR	Health and Nutrition Education
1	DRUG	Drug Abuse and Alcohol	13	NUTR	Healthy Eat Out Options
29	DRUG	Drug and Alcohol Counseling Services	1	OBES	Obesity
28	DRUG	Drug and Alcohol Issues	2	OBES	Obesity
27	DRUG	Drug Problem	6	OBES	Obesity
3	DRUG	Drug Use	9	OBES	Obesity
15	DRUG	Drug Use	15	OBES	Obesity
31	DRUG	Drug Use	16	OBES	Obesity
24	DRUG	Drug/Substance	17	OBES	Obesity
4	DRUG	Drugs	19	OBES	Obesity
14	DRUG	Opioid Problem	21	OBES	Obesity
20	DRUG	Substance Abuse Program	32	OBES	Obesity Issues
9	ECON	Ownership from Community	29	OBES	Obesity/Weight Loss
19	EDU	Education Available	4	OBES	Obesity
2	EDU	Education on Available Services	6	OTHR	Addictive Behaviors
29	EDU	Education Services	19	OTHR	Addictive Behaviors
9	EDU	School System	2	PULM	Pulmonary
32	EMER	ER Wait Time	30	REC	Rec Center
17	FIT	Exercise Place	29	SPEC	Access to Specialist
5	FIT	Indoor Pool	6	SPEC	More Specialists
8	FIT	Indoor Pool	8	SPEC	More Specialists
12	FIT	Lap Pool	32	SPEC	Need more Specialist
6	FIT	Low Impact Exercise Options	19	SPEC	Specialists
11	FIT	Low Impact Exercise Options	21	SPEC	Specialists
14	FIT	Low Impact Exercise Options	19	STF	Mentoring Health Care Providers
24	FIT	Low Impact Swimming	24	STF	Need more Providers
7	FIT	More Community Fun- Swimming	14	TELE	Improve Telemedicine
8	FIT	More Healthy Activities	1	TELE	Utilize Telemedicine
19	FIT	Senior Center Lap Pool	2	TELE	Utilize Telemedicine
2	FIT	Swimming Options- Low Impact Seniors Activities	6	TELE	Utilize Telemedicine
2	HH	Elder in home care	19	TELE	Utilize Telemedicine
6	HH	Home Health	30	TRAN	Transportation
20	HH	Home Health	1	URL	Urology
21	HH	Home Health	2	URL	Urology
22	HH	Home Health	6	WELL	Fun Community Activities
23	HH	Home Health	6	WELL	Prevention and Education
25	HH	Home Health	1	WELL	Prevention Wellness
27	HH	Home Health	19	WELL	Prevention/Wellness
1	HH	Home Health Options	20	WELL	Wellness Programs
4	HH	Home Services-Elderly			

c) Public Notice & Requests

[VVV Consultants LLC]

E Mail CHNA Request

From: Jim Hansel

To: Edwards County KS - Stakeholders & Key Staff

Date: January 29, 2018

Subject: Edwards County KS – 2018 CHNA Community Feedback Survey

Over the next three months, Edwards County Hospital will be partnering with other community health providers to update past Edwards County Community Health Needs Assessment (CHNA).

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

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

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

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

NOTE: **Please hold Tuesday March 13, 2018 (5:30-7pm)** to attend a working dinner CHNA Town Hall at the Edwards County Fair Building. More information will be coming in late February.

Edwards County Community Health Needs Assessment Survey launched.

Media Contract: K Jacobs

Release 1/23/18

Over the next three months, Edwards Co Hospital & Healthcare Center will be preparing a 2018 Community Health Needs Assessment (CHNA). The goal of this community assessment is to understand current progress in addressing community health needs cited in previous CHNA reports and to collect up-to-date health opinions and perceptions.

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

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

text key word **EdwardsCHNA to 48421** to receive the link on smart phone.

All Edwards County KS residents and business leaders are encouraged to complete the 2018 online survey by Friday March 3rd, 2018. < Note: you can also find CHNA 2018 feedback link on EDH website & Facebook page.>

“We hope that our community will assist us to provide valuable input into the future of healthcare delivery in Edwards County” comments Jim Hansel, ECH CEO “Also we hope that our residents will attend the upcoming scheduled **Town Hall on Tuesday March 13th from 5:30-7pm at Kinsley City Hall.**

If you have any questions about this important community health needs project, please call 629 659-3621.

d) Primary Research Detail

[VVV Consultants LLC]

CHNA 2018 Wave #3 Feedback - Edward Co 2018 N=179

ID	Zip	Overall	Movement	c1	c2	c3	When considering "overall community health quality", is it increasing, decreasing or not really changing. Why?
1180	67547	Good	UP	ACC	DOCS		Always looking to expand and bring in other specialty doctors.
1129	67547	Good	UP	ACC			New services and improvements
1087	67547	Very Good	UP	ALL	TEL		Because we have great providers and we have telemedicine
1142	67547	Good	UP	ALL			I think there is more awareness of health in general among people.
1065	67547	Good	UP	CLIN	WELL	CORP	I would guess it's increasing due to the outreach clinics, health fairs and other opportunities the hospital offers this community.
1053		Very Good	UP	CLIN	ACC		Increase in outpatient clinics, More services being provided.
1249	67547	Poor	DOWN	CLIN	DOCS		Less specialized medicine outreach clinics and down to one full time dr
1204	67519	Poor	No CHG	CORP			Being a rural resident I don't see the "community" often
1027	67547	Very Good	UP	CORP	SPEC	STFF	Great job of information with the community Several specialist coming to Kinsley to serve patients Community input valued Updating equipment and staff education given priority
1144		Poor	DOWN	CORP			We have amazing long-term care in our community. However, the direction of our acute community is going in a direction that is not community driven.
1154	67547	Good	UP	DOCS	PHY	HOSP	It think our PA's & NP's are awesome; as are the Physical Therapy, Lab & Xray Departments. I have had little experience on the hospital side, but it seems fine.
1270		Poor	No CHG	DOCS			Same providers they never bring any outside doctors
1213	67547	Very Good	UP	DOCS	HOSP	EYE	We have Drs, Hospital, optometrist, pharmacy, dentist, chiropractor, message therapist!!
1257		Good	DOWN	FINA	INSU		increased cost in services, people can't afford if they have no insurance or high deductibles
1198		Average	DOWN	FLU			Flu season
1201	67547	Very Good	No CHG	NO			Because we have more help and they are concerned
1205	67547	Good	No CHG	NO			Haven't used facilities lately so hard to judge changes
1200	67563	Very Good	No CHG	NO			I believe we maintain well.
1114	67547	Average	No CHG	NO			I think first you need to define quality
1241	67547	Average	UP	NO			I wish I knew
1238		Good	No CHG	NO			It pretty muck just stays the Same
1208	67547	Good	No CHG	NO			It's good already
1075	67547	Very Good	No CHG	NO			think it is not changing due to peoples willingness to change their habits.
1079	67547	Very Good	UP	OBG	SUR		adding new specialist to the hospital such as ob/gyn,general surgery etc
1074	67547	Average	DOWN	OBG	PEDS	TRAV	We have a major need of an OBGYN so that monthly checkups can be done locally and a Pediatric Doctor. People now drive out of town to go see Fleske.
1260		Very Good	UP	OP			more outpatient clinics.
1209	67547	Good	UP	OP			Outpatient clinics
1030		Very Good	UP	OTHR			Implementing new programs.
1173	67547	Good	UP	OTHR			Mary Takaishi
1081	67547	Very Poor	DOWN	QUAL	DRUG		Some of the people charged to help the sick are very poorly trained or simply do not care. Many are drug addicts. Some Drs simply do not care to be involved in helping patients.
1067	67547	Very Good	UP	SMOK			Encouraging smoking cessation by example and ECHO
1185	67547	Very Good	UP	SPEC	TEL		different specialty doctors coming; telehealth
1153	67547	Good	UP	SPEC	CLIN	QUAL	More specialty clinics offered; high quality of Drs, Mid-levels and Nurses.
1253	67547	Very Good	UP	SPEC			specialty clinics at the hospital bring other services to the community
1089	67547	Good	UP	WAIT			The quick response has improved that helps the patients overall.
1042		Good	No CHG	WELL			public understanding of health issues are about at a 5th grade level

CHNA 2018 Wave #3 Feedback - Edward Co 2018 N=179							
ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1025		Very Good	UP	ALCU	DRUG		Alchol and Drug Abuse in Teens
1150	67547	Average	No CHG	ALCU			Culture of alcohol abuse
1118	67547	Good	No CHG	ALL	QUAL		While a few services we provide here understand the need for prevention, they simply lack the motivation to complete these standards of care including isolation of sickness, wearing masks and gowns, and treating sick patients with respect as an individual and a patient.
1186	67547	Very Good	UP	DRUG			drug abuse and a patients lack of accountability
1214	67547	Good	UP	DRUG			The peopl here like drugs. (lot of young people)
1200	67563	Very Good	No CHG	NH	NUTR		Senior center would be good w/ real meals & location
1250	67563	Good	UP	NO			I really don't know.
1075	67547	Very Good	No CHG	OTHR			Peoples lack of wanting to change bad habits.
1253	67547	Very Good	UP	QUAL			There is a lack of these three; to my knowledge
1153	67547	Good	UP	WELL			Need more health-related education in the schools.

CHNA 2018 Wave #3 Feedback - Edward Co 2018 N=179

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1209	67547	Good	UP	AGE	FIT		Elder care programs Sit & be fit Yoga
1095		Poor	UP	AGE	NUTE	HH	Elder health. Nutrition. Home health.
1200	67563	Very Good	No CHG	AGE	NH		I feel senior citizens are a growing sector but we need more providers (personal in home) and senior center type services
1027	67547	Very Good	UP	AGE	STRK	BH	Occupational therapy for elderly patients after strokes, surgeries, etc. Mental Health professionals serving our community on a regular basis
1205	67547	Good	No CHG	ALC	DRUG		Alcohol & substance abuse - don't know
1150	67547	Average	No CHG	ALC			Alcohol abuse prevention
1256	67547	Good	UP	BH	FIT	NUTR	Mental health, exercise and nutrition education, chronic disease and general health education.
1065	67547	Good	UP	BH	VAST		We have no mental health professionals. We have no vein specialists.
1029	67552	Good	UP	CANC	CHRON		Cancer programs/chronic diseases through PRMC,
1114	67547	Average	No CHG	COMM	ALL		First they should all communicate together. Hospital CEO, Nursing Home, Public Health, Commissioners, school nurse, hospital board, economic development, providers, dentists, chiropractors, optometrist, mental health professionals, ECHO members, pharmacist ... and on and on ... those are the people you need to ask and/or get together
1185	67547	Very Good	UP	COMM			I do not know all that the health dept offers so each community entity working together?...
1239	67547	Good	No CHG	CORP			I think partnering with other hospitals is a good idea. Try and bring new things to our community.
1227		Very Good	UP	DIAB			Diabetes classes.
1074	67547	Average	DOWN	DIAB	NUTR		Diabetic Nutritional Classes offered by Blue Cross Blue Shield
1180	67547	Good	UP	DOCS			Dr.Fleske was a great asset to our hospital and needs to come back
1151	67547	Poor	No CHG	DOCS	WELL		Partner with a larger hospital. More physicians that are educated in different areas. More programs with the health department, like parents as teachers.
1186	67547	Very Good	UP	DRUG			drug abuse
1153	67547	Good	UP	DRUG	ALCU		Programs in schools about drug/alcohol abuse, safe sex, etc.
1109	67547	Very Good	UP	DRUG	PAIN	KID	substance abuse, pain control, early childhood education in order to support daycare services, obesity and nutrition support.
1129	67547	Good	UP	FEM	PEDS	OBG	Would love to see more for pregnancy, babies/children. Would be nice to be able to have routine exams closer to home if they were to partner somehow and do outreach clinics on certain days with surrounding gynecologists/obs. and pediatricians. Larned used to have something similar with Great Bend Children's clinic.
1266	67547	Average	No CHG	FINA	INSU		Discounts are given to people with blue cross/blue shield policies and not extend to other groups with insurance from other companies.
1126	67547	Good	No CHG	FINA	PHAR	EYE	The school is one of the largest employers in the county and from what I understand things that are written off for BC/BS are not for the IMPG policy of the school. It is sad that the Pharmacy, Dr. Obee, and the eye care clinic are willing to work with reducing rates for school employees but the hospital has not.
1154	67547	Good	UP	FIT			Exercise classes for different ages, abilities, etc.
1162	67547	Very Good	UP	FIT	WELL	NUTR	Exercise programs, education in various health areas, nutrition
1067	67547	Very Good	UP	FIT	NUTR		exercise, diet
1196	67547	Very Good	No CHG	FIT			Exercise, exercise, exercise. Team up with school district to be able to walk in the gym especially during the winter months.
1142	67547	Good	UP	FIT			Maybe the hospital, school and recreation commission can partner to offer exercise classes. Or trainers to be available to help at the Wellness Center.
1167	67550	Very Good	UP	HH			Home health
1207	67547	Very Good	UP	HH			Home health
1099		Very Good	No CHG	HH	BH	RESP	Home health Mental health therapy Respiratory therapy
1183	67547	Average	No CHG	KID			a pre-school/daycare program for 3 year olds

CHNA 2018 Wave #3 Feedback - Edward Co 2018 N=179

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1135	67547	Average	No CHG	KID	FIT		Maybe open a daycare center by the hospital More exercise workouts without judgement Workout trainer
1184	67547	Good	UP	KID			We should follow through on making KHC a daycare/childcare center once KHC and Midway clinic are together.
1261	67552	Average	No CHG	LOY	EMER	SPEC	Doctors who are willing to stay in this community for longer periods of time!! ER doctors and any specialists we need to perform surgeries needed.
1263	67547	Good	No CHG	NO			I don't know.
1075	67547	Very Good	No CHG	NUTR	FIT		I believe good nutrition and cooking healthy classes should start in jr high and high school. I cannot believe how many young families eat out or eat junk probably 80% of the time. The amount of soda our children drink is appalling. We have wonderful exercise facilities and walking path. I think the start of a healthy lifestyle is in school because by 18 habits are set and hard to change.
1253	67547	Very Good	UP	NUTR	SNUR		Improve school lunch program and how administered. Create program with our wonderful Grocery to help with fresh foods for those less fortunate.
1087	67547	Very Good	UP	NUTR	FIT		More healthy options
1052	67547	Average	No CHG	NUTR	FIT	BH	Preventive measures to stay/get healthy Things for people with mental health issues
1077	67547	Very Good	Increasing	OBES	WELL		Bariatric pre-post operative education and support groups.
1202	67563	Very Good	No CHG	OBES	FIT		Obesity and fitness programs that are very low cost.
1260		Very Good	UP	ORTH			Another Orthopedic Surgeon
1173	67547	Good	UP	OTHR	EMS		Carseat safety, bike rodeo Kiowa county ems does a great job with community outreach programs and is willing to help get this started in Edwards County.
1249	67547	Poor	DOWN	OTHR			Get involved with Christian care organization that people are using as alternative to insurance
1092	67552	Very Good	UP	OTHR			Long Term Care
1010	67547	Average	No CHG	PEDS			Pediatric
1233	67547	Good	No CHG	PREV	WELL		Prevention efforts, wellness, yes
1081	67547	Very Poor	DOWN	QUAL			get what you already have functioning properly first before you start eyeing other endeavors you are not ready for.
1089	67547	Good	UP	SNUR	FIT		Partnership with the school district to provide time to walk indoors. With my condition I cannot be outside for very long during cold and hot periods.
1237	67547	Good	UP	WELL			Better wellness and more programs
1245	67547	Good	UP	WELL			Just more awareness about the existing programs
1045	67547	Good	No CHG	WELL	NUTR	FIT	Wellness programs including diet, exercise and disease prevention. Something to address opioid use and abuse

Let Your Voice Be Heard!

Edwards County Medical Center is requesting your input in order to create a 2018 Edwards County (KS) Community Health Needs Assessment (CHNA). To collect "up to date" community feedback, a short online survey has been created to uncover any current community health issues and evaluate local health delivery.

While your participation is voluntary and confidential, all community input is valued. Thank you for your attention! Deadline to participate is Friday, Mar 2, 2018.

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

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

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

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

Why? (please specify)

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

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

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

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

- | | |
|--|--|
| ☐ Affordable HC Insurance | ☐ Obesity |
| ☐ Alcohol Abuse | ☐ Oncology (Cancer) |
| ☐ Awareness of existing HC services | ☐ Personal Health Management |
| ☐ Chronic Health | ☐ Primary Care Access |
| ☐ Drug / Substance Abuse | ☐ Sexually Transmitted Diseases (STD) |
| ☐ Fitness / Exercise options | ☐ Teen Pregnancy |
| ☐ Mental Health Access | ☐ Wellness / Prevention |
| ☐ Nutrition - Healthy Food options | ☐ Vaccinations |

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

- | | |
|--|--|
| ☐ Affordable HC Insurance | ☐ Obesity |
| ☐ Alcohol Abuse | ☐ Oncology (Cancer) |
| ☐ Awareness of existing HC services | ☐ Personal Health Management |
| ☐ Chronic Health | ☐ Primary Care Access |
| ☐ Drug / Substance Abuse | ☐ Sexually Transmitted Diseases (STD) |
| ☐ Fitness / Exercise options | ☐ Teen Pregnancy |
| ☐ Mental Health Access | ☐ Wellness / Prevention |
| ☐ Nutrition - Healthy Food options | ☐ Vaccinations |

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

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

Other (please specify)

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

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	☐	☐	☐	☐	☐
Child Care	☐	☐	☐	☐	☐
Chiropractors	☐	☐	☐	☐	☐
Dentists	☐	☐	☐	☐	☐
Emergency Room	☐	☐	☐	☐	☐
Eye Doctor/Optometrlist	☐	☐	☐	☐	☐
Family Planning Services	☐	☐	☐	☐	☐
Home Health	☐	☐	☐	☐	☐
Hospice	☐	☐	☐	☐	☐

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

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Services	☐	☐	☐	☐	☐
Mental Health	☐	☐	☐	☐	☐
Nursing Home	☐	☐	☐	☐	☐
Outpatient Services	☐	☐	☐	☐	☐
Pharmacy	☐	☐	☐	☐	☐
Physician Clinics	☐	☐	☐	☐	☐
Public Health	☐	☐	☐	☐	☐
School Nurse	☐	☐	☐	☐	☐
Specialists	☐	☐	☐	☐	☐

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

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

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

	Very Good	Good	Fair	Poor	Very Poor
Spiritual Health Support	☐	☐	☐	☐	☐
Prenatal / Child Health Programs	☐	☐	☐	☐	☐
Sexually Transmitted Disease Testing	☐	☐	☐	☐	☐
Substance Use Treatment & Education	☐	☐	☐	☐	☐
Tobacco Prevention & Cessation Programs	☐	☐	☐	☐	☐
Violence Prevention	☐	☐	☐	☐	☐
Women's Wellness Programs	☐	☐	☐	☐	☐
WIC Nutrition Program	☐	☐	☐	☐	☐

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

- ☐ Yes
- ☐ No
- ☐ I don't know

If YES, please specify the healthcare services received.

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

- ☐ Yes
- ☐ No
- ☐ I don't know

Please explain

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

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

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

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

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

Other (please specify)

17. What is your home ZIP code? Please enter 5-digit ZIP code; for example 00544 or 95305



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