

Community Health Needs Assessment Edwards County, KS

On Behalf of Edwards County Medical Center



August 2024

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

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I. Executive Summary

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I. Executive Summary

Edwards County Medical Center – Edwards County, KS - 2024 Community Health Needs Assessment (CHNA)

The previous Community Health Needs Assessment for Edwards County Medical Center in Edwards County, KS and its primary service area was completed in 2021. (Note: The Patient Protection and Affordable Care Act (ACA) requires non-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). The Round 5 Edwards County, KS CHNA began in January of 2023 and was facilitated/created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

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

Important community CHNA Benefits for both the local hospital and the health department, are as follows: 1.) Increases knowledge of community health needs and resources 2.) Creates a 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.) Guides the hospital and local health department on how they can align their services and community benefit programs to best meet needs, and 8.) fulfills the Hospital's "Mission" to deliver.

County Health Area of Future Focus on Unmet Needs

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

Edwards County, KS				
2024 CHNA Priorities - Unmet Needs				
CHNA Round #5 Town Hall - June 5th 2024				
Edward County Medical Center PSA (18 Attendees, 69 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Substance Abuse (Alcohol, Drugs, Smoking, Vaping)	11	15.9%	15.9%
2	Housing (Accessable, Affordable, Quality)	10	14.5%	30.4%
3	Mental Health (Diagnosis, Placement, Aftercare, Providers)	10	14.5%	44.9%
4	Obesity (Nutrition / Fitness)	9	13.0%	58.0%
5	Transportation	8	11.6%	69.6%
6	Uninsured/Underinsured	7	10.1%	79.7%
7	Youth Mentoring	7	10.1%	89.9%
Total Votes		69	89.9%	
Other Items receiving votes: School Health, Visiting Specialists (pulmonary, derm, nephrology),and Parenting Education.				

Town Hall CHNA Findings: Areas of Strengths

Edwards Co, KS - Community Health Strengths			
#	Topic	#	Topic
1	ECMC Facility Size	4	Pharmacy
2	First Responders	5	Senior Activities
3	Local Grocery Stores	6	Small Businesses

Key CHNA Round #5 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2023 Robert Wood Johnson County Health Rankings, Edwards Co, KS, on average was ranked 104th in Health Outcomes, 69th in Health Factors, and 47th in Physical Environmental Quality out of the 105 Counties.

TAB 1. Edwards County's population is 2,739 (based on 2023 findings). Additionally, 6% of the population is under the age of 5, while the population that is over 65 years old is 22%. Children in single parent households make up a total of 15.5% compared to the rural norm of 19.7%, and 95% are living in the same house as one year ago.

TAB 2. In Edwards County, the average per capita income is \$31,368 while 12.1% of the population is in poverty. The severe housing problem was recorded at 4.2% compared to the rural norm of 9.6%. Those with food insecurity in Edwards County is 8.1%, and those having limited access to healthy foods (store) is 4.8%. Individuals recorded as having a long commute while driving alone is 28.5% compared to the norm of 25.1%.

TAB 3. Children eligible for a free or reduced-price lunch in Edwards County is 53.1%. Findings found that 87.6% of Edwards County ages 25 and above graduated from high school while 17.9% has a bachelor's degree or higher (2022).

TAB 4. The percentage of births where prenatal care began in the first trimester was recorded at 82.2% compared to the rural norm of 80.1%. Additionally, the percentage of births with low birth weight was 7.5%. Edwards County recorded 4.3% of births occurring to teens between ages 15-19. The percent of births where mother smoked during pregnancy was 6.5% compared to the rural norm of 11.6%.

TAB 5. There were 1,720 preventable hospital stays in compared to the rural norm of 2,640. The average median time patients spent in the emergency department before leaving was 130 minutes.

Secondary Research Continued

TAB 6. In Edwards County, adults ever diagnosed with depression as of 2021 was 19.1%. The Mental Behavioral hospital admissions rate per 100k was 46.8 compared to the rural norm of 59.2. The average number of mentally unhealthy days was 4.2.

TAB 7a – 7b. Edwards County has an obesity percentage of 39.5% and a physical inactivity percentage is 25.2%. The percentage of adults who smoke is 19.2%, while the excessive drinking percentage is 18.7%. The percentage of adults who have taken medication for high blood pressure is 82.7%, while their heart failure admissions rate was recorded at 19.9%. Those with kidney disease is 3.8% compared to the rural norm of 3.7%. The percentage of adult individuals who were recorded with cancer was 8.7% while adults recorded with diabetes (20+) is 8.3% compared to the rural norm of 8.9%.

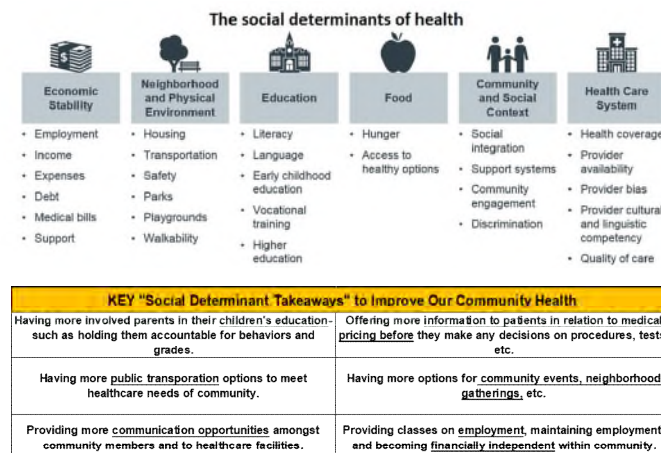
TAB 8. The adult uninsured rate for Edwards County is 16.1% compared to the rural norm of only 12.9%.

TAB 9. The life expectancy rate in Edwards County for males and females is roughly 65 years of age (64.7). Alcohol-impaired driving deaths for Edwards County is 50% while age-adjusted Cancer Mortality rate per 100,000 is 142.3. The age-adjusted heart disease mortality rate per 100,000 is at 139.2.

TAB 10. A recorded 54.1% of Edwards County has access to exercise opportunities. Continually, 37% of women have done a mammography screening compared to the rural norm of 42%. Adults recorded in Edwards County who have had a regular routine check-up is 75.8%.

Social Determinants Views Driving Community Health: From Town Hall conversations the Economy followed by Provider Access, Community/Social Support, and Neighborhood / Physical Environment are impacting community health, see Sec V for a detailed analysis

Social Determinants Online Community Feedback – ECMC PSA N=57



Key CHNA Round #5 Primary Research Conclusions found:

Community Feedback from residents, community leaders, and providers (N=57) provided the following community insights via an online perception survey:

- Using a Likert scale, the average between Edwards County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 61.5%.
- Edwards County stakeholders are very satisfied with some of the following services: Ambulance Services, Chiropractic, Optometry, Telehealth, Pharmacy, and Visiting Specialists.
- When considering past CHNA needs, the following topics came up as the most pressing: Housing (Affordable/Safe), Substance Abuse (Drug & Alcohol), Mental Health Services, and Youth Mentoring.

Edwards County, KS - CHNA YR 2024 N=57					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Housing (Affordable / Safe)	22	14.0%		3
2	Substance Abuse (Drug & Alcohol)	22	14.0%		2
3	Mental Health Services (Access, Provider, Treatment, Aftercare)	21	13.4%		1
4	Youth Mentoring	19	12.1%		4
5	Child Care Options	17	10.8%		5
6	Obesity (Nutrition / Fitness)	17	10.8%		7
7	Home Health/Hospice Care	12	7.6%		6
8	Uninsured / Underinsured	11	7.0%		8
9	Senior Programs/Activities	10	6.4%		9
10	Access to Local Specialists	6	3.8%		10
Totals		157	100.0%		

II. Methodology

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II. Methodology

a) CHNA Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

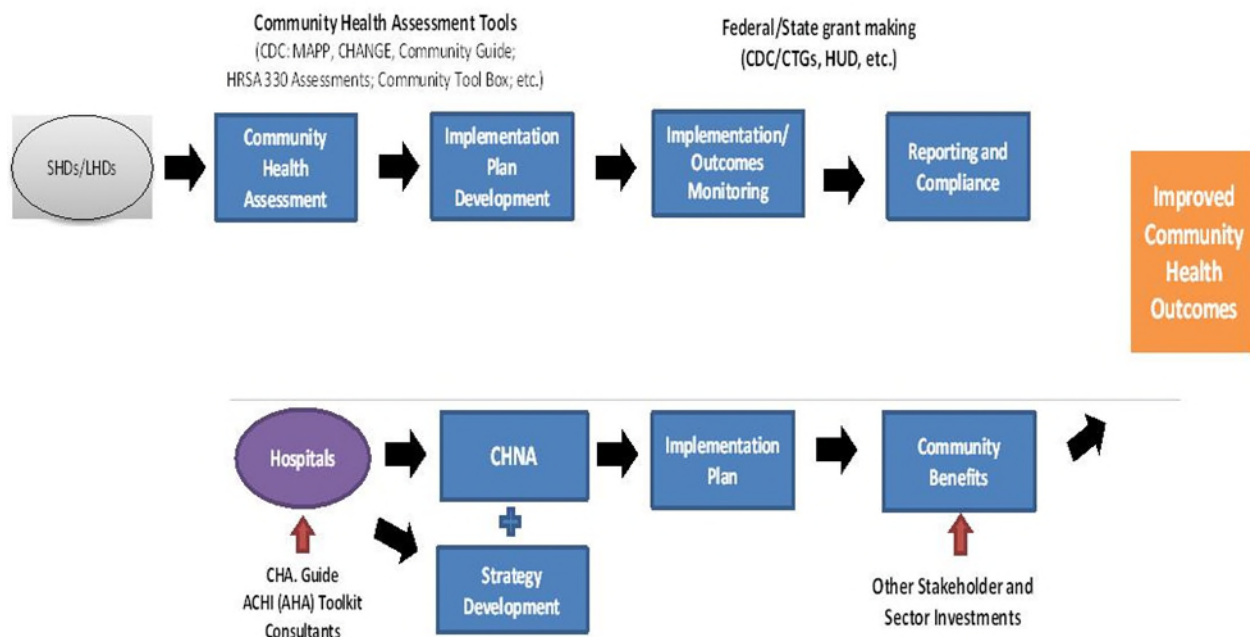
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Requirements Overview (Notice 2011-52)

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

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

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

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

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

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

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

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

Additional Sources of Input

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

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

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

Collaboration on CHNA Reports

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

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

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

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

Joint Implementation Strategies

As with the CHNA report, a hospital facility may develop an implementation strategy in collaboration with other hospital facilities or other organizations. This includes but is not limited to related and unrelated

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

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

Adoption of Implementation Strategy

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

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

New Hospital Organizations

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

New Hospital Facilities

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

Transferred/Terminated Facilities

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

Public Health Criteria:

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

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

DOMAIN 1 includes 4 STANDARDS:

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

Required CHNA Planning Process Requirements:

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

Seven Steps of Public Health Department Accreditation (PHAB):

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

MAPP Process Overview

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

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

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



Social Determinants of Health

What Are Social Determinants of Health?



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

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

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

Round #5 CHNA focuses on Social Determinants & Health Equity.

Centers for Medicare & Medicaid Services Health Equity Domains

CMS' Hospital Commitment to Health Equity has introduced two equity-focused process measures in 2023: screening for Social Drivers of Health (SDOH-01) and Screen Positive Rate for Social Drivers of Health (SDOH-02). (Although these measures will not be required until 2024, it is highly recommended that hospitals begin tracking them in 2023.)

Domain 1: Equity as a Strategic Priority

The hospital has a strategic plan for advancing health care equity that accomplishes the following:

- Identifies priority populations who currently experience health disparities.
- Establishes health care equity goals and discrete action steps to achieve them.
- Outlines specific resources that are dedicated to achieving equity goals.
- Describes an approach for engaging key stakeholders, such as community partners.

Domain 2: Data Collection

The hospital is engaging in the following three key data collection activities.

- Collecting demographic information, including self-reported race and ethnicity, and SDOH information, on a majority of patients
- Training staff in the culturally sensitive collection of demographics and SDOH information
- Inputting patient demographic and/ or SDOH information into structured interoperable data elements using a certified electronic health record technology.

Domain 3: Data Analysis

The hospital stratifies key performance indicators by demographic and/ or SDOH variables to identify equity gaps and includes this information on hospital performance dashboards.

Domain 4: Quality Improvement

The hospital participates in local, regional and or national quality improvement activities that are focused on reducing health disparities.

Domain 5: Leadership Engagement

The hospital's senior leadership, including the chief executives and the entire hospital board of trustees, demonstrates a commitment to equity through the following two activities.

- Annual reviews of the hospital's strategic plan for achieving health equity
- Annual reviews of key performance indicators stratified by demographic and/ or social factors.

Sources:

The Joint Commission. (2022, June 20). R3 Report: New Requirements to Reduce Health Care Disparities. Retrieved from https://www.jointcommission.org/-/media/tje/documents/standards/r3-reports/r3_disparities_july2022-6-20-2022.pdf

Health Equity Innovation Network. (2022, August 29). Quick Start Guide: Hospital Commitment to Health Equity Measure. Retrieved from <https://hqin.org/wp-content/uploads/2022/08/Quick-Start-Guide-Hospital-Commitment-to-Health-Equity-Measure.pdf>

The Joint Commission (TJC) Elements of Performance - Regulatory and Accreditation Requirements Related to Health Equity and Social Determinants of Health

New and revised TJC requirements to reduce health care disparities went into effect Jan. 1, 2023. Below are the six elements of performance.

Element of Performance 1:

The organization designates an individual to lead activities aimed at reducing healthcare disparities. **(Hospital Responsibility)**

Element of Performance 2:

The organization assesses the patient's health-related social needs and provides information about community resources and support services. **(CHNA full report- Section I and III)**

Examples of health-related social needs may include the following:

- Access to transportation
- Difficulty paying for prescriptions or medical bills.
- Education and literacy
- Food insecurity
- Housing insecurity

Element of Performance 3:

The organization identifies healthcare disparities in its patient population by stratifying quality and safety data. **(CHNA Town Hall)** Examples of sociodemographic characteristics may include but are not limited to the following: Age, Gender, Preferred Language, Race, and ethnicity.

Element of Performance 4:

The organization develops a written action plan that describes how it will address at least one of the healthcare disparities identified. **(CHNA IMPL Development Plan)**

Element of Performance 5:

The organization acts when it does not achieve or sustain goal(s) in its action plan to reduce health care disparities.

Element of Performance 6:

At least annually, the organization informs key stakeholders, identifying leaders, licensed practitioners, and staff, about its progress in reducing identified healthcare disparities. **(Hospital Responsibility)**

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications:

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

VVV Consultants LLC is an Olathe, KS based “boutique” healthcare consulting firm specializing in Strategy, Research and Business Development services. To date we have completed 83 unique community CHNA’s in KS, MO, IA, NE and WI (references found on our website VandehaarMarketing.com)

Introduction: Who We Are Background and Experience



Core Values
Engaged
Reliable
Skilled ---
Innovative
Accountable



Vince Vandelaar, MBA – Principal
VVV Consultants LLC – start 1/1/09 *

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



Olivia G Hewitt BA– Associate Consultant
VVV Consultants LLC – May 2024

- > Emporia State University – Communications / Marketing
- > Hometown: Olathe, KS



Cassandra Kahl, BHS MHA– Director, Project Management
VVV Consultants LLC – Nov 2020

- > University of Kansas – Health Sciences
- > Park University - MHA
- > Hometown: Maple, WI

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

Our Mission: to research, facilitate, train, create processes to improve market performance, champion a turnaround, and uncover strategic “critical success” initiatives.

Our Vision: to meet today's challenges with the voice of the market solutions.

Our Values:

Engaged – we are actively involved in community relations & boards.

Reliable – we do what we say we are going to do.

Skilled – we understand business because we've been there.

Innovative – we are process-driven & think “out of the box.”

Accountable – we provide clients with a return on their investment.

II. Methodology

c) CHNA and Town Hall Research Process

Round #5 Community Health Needs Assessment (CHNA) process began in January of 2024 for Edwards County Medical Center in Edwards County, KS to meet Federal IRS CHNA requirements.

In early January 2024, a meeting was called amongst the Edwards County Medical Center leaders to review CHNA collaborative options. <Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps.> Outcomes from discussion led to the Edwards County Medical Center to request VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

- Document Hospital Primary Service Area - meets the 80% 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% Patient Origin Rule), a patient origin three-year summary was generated documenting patient draw by zips as seen below:

Source: Hospital Internal Records						
ECMC- Defined Primary Serv Area KHA				Overall (IP/ER/OP/PC		
		TOTALS	20,541			
#	ZIP	City	County	Total 3YR	%	ACCUM
1	67547	Kinsley	Edwards	11,738	57.1%	57.1%
2	67552	Lewis	Edwards	2,899	14.1%	71.3%
3	67563	Offerle	Edwards	1,691	8.2%	79.5%
4	67519	Belpre	Edwards	175	0.9%	80.3%

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 the CHNA calendar of events, explain / coach clients to complete the 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:

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

Phase III—Quantify Community Need:

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

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

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

Specific project CHNA roles, responsibilities, and timelines are documented in the following calendar.

Edwards County Medical Center			
VVV CHNA Round #5 Work Plan - Year 2024			
Project Timeline & Roles as of 01/25/24			
Step	Timeframe	Lead	Task
1	9/9/2023	VVV / Hosp	Sent Leadership information regarding CHNA Wave #5 for review 9/1/23. Zoom Overview meeting 10/12/23
2	Edwards 10/05/2023 Kiowa 9/22/2023	Hosp	Select CHNA Wave #5 Option B. Approve (sign) VVV CHNA quote
3	1/29/2024	VVV	Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	1/20/2024	VVV	Hold Kick-off Meeting & Request Hospital Client to send KHA PO reports for FFY 18, 19 and 20. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls)
5	On or Before 2/05/2024	VVV	Prepare CHNA Wave#5 Stakeholder Feedback "online link". Send link for hospital review.
6	Jan-Feb 2024	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	2/29/2024	VVV / Hosp	Prepare/send out PR story #1 / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	2/29/2024	VVV / Hosp	Place PR story to local media CHNA survey announcing "online CHNA Wave #5 feedback". Request public to participate. Send E Mail request to local stakeholders
9	3/4/2024	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 3/29/2024 for Online Survey
10	4/1/2024	Hosp	Prepare/send out Community TOWN HALL invite letter and place local AD.
11	4/1/2024	VVV / Hosp	Prepare/send out PR story #2 to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
12	TBD	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	4/26/2024	VVV	Conduct CHNA Town Hall. Lunch 11:30-1:00pm (location TBD) Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 06/14/2021	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 06/21/2021	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	7/25/2024	Hosp	Conduct Client Implementation Plan PSA Leadership meeting
17	Before 9/30/2024	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

2024 Community Health Needs Assessment Edwards County Medical Center PSA Town Hall Meeting- 05/05/24



VVV Consultants LLC

Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

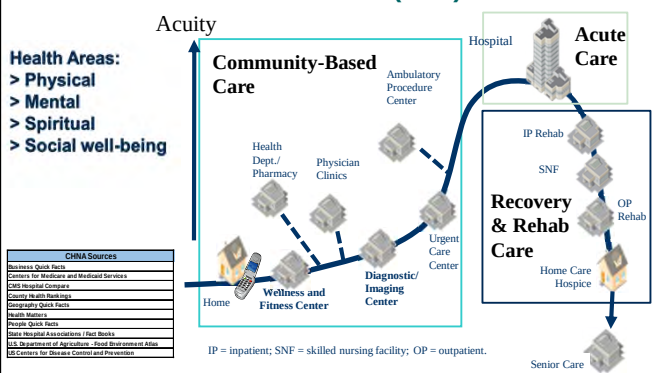
Community Health Needs Assessment (CHNA) Onsite Town Hall Discussion Agenda

- Opening Welcome / Introductions / Review CHNA Purpose and Process (5 mins)
- Discuss New Focus: Social Determinants of Health (5 mins)
- Review Current Service Area "Health Status"
 - Review Secondary Health Indicator Data (10 TABs)
 - Review Community Online Feedback (30 mins)
- Collect Community Health Perspectives
 - Share Table Reflections to verify key takeaways
 - Conduct an Open Community Conversation / Stakeholder
 - Vote to determine the Most Important Unmet Needs (45 mins)
- Close / Next Steps (5 mins)

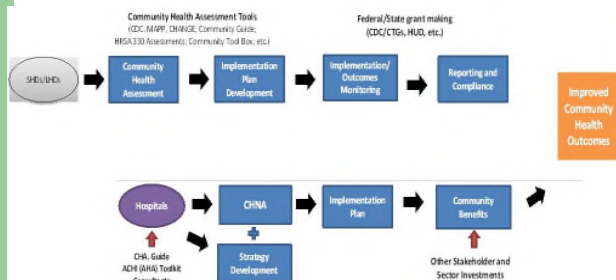
Town Hall Participation / Purpose & Parking Lot

- ALL attendees practice "Safe Engagement", working together in table teams.
- ALL attendees are welcome to share. Engaging conversation (No right or wrong answer)
- Request ALL to Take Notes of important health indicators
- Please give truthful responses – Serious community conversation.
- Discuss (Speak up) to uncover unmet health needs
- Have a little fun along the way

System of Care Delivery Birth to Grave (SG2)



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



5

A Conversation with the Community & Stakeholders

Community Stakeholder – An Inclusive Conversation

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

6

II. Review of a CHNA

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

7

CHNA Written Report Documentation to meet IRS 990 CHNA Requirements: Table of Contents

- 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.
- A description of the existing healthcare facilities and other resources within the community available to meet the needs identified through the CHNA

8

IV. Review Current County Health Status: Secondary Data by 10 Tab Categories with a focus on Social Determinants with a Local Norm & State Rankings

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

Health Indicators - Secondary Research

TAB 1. Demographic Profile

TAB 2. Economic Profile

TAB 3. Educational Profile

TAB 4. Maternal and Infant Health Profile

TAB 5. Hospital / Provider Profile

TAB 6. Behavioral / Mental Health Profile

TAB 7. High-Risk Indicators & Factors

TAB 8. Uninsured Profile

TAB 9. Mortality Profile

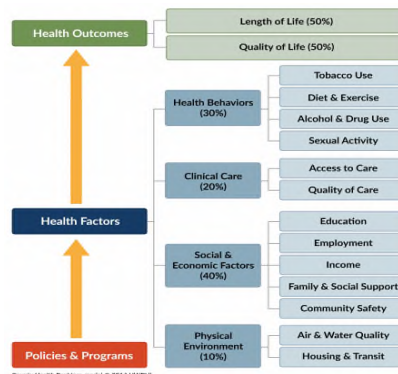
TAB 10. Preventative Quality Measures

County Health Rankings Scoring

Robert Wood Johnson Foundation and University of WI Health Institute

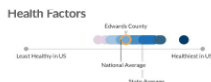
Users of the 2024 RWJ report will find representation of county health has changed significantly.

Rather than a numerical ranking, each county in a state is represented by a dot, shaded a certain color and placed on a scale from least healthy to healthiest in the nation. The new visual tool then shows where one county falls on a "continuum" of health nationally, compared to the least healthy and most healthy counties, which are unnamed in the visualization.



County Health Rankings model © 2014 UWPR

Edwards County



Health Factors: Drivers with the greatest impact on health, Edwards County, KS - 2024

Measure	Description	Factor Category	County Value	U.S. Value	Direction of Impact
1. Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	Social and Economic Environment	2.3%	3.7%	+
2. Preventable Hospital Stays	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	Clinical Care	1649	2681	+
3. Alcohol-impaired Driving Deaths	Percentage of driving deaths with alcohol involvement.	Health Behaviors	57%	26%	-
4. Flu Vaccinations	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination.	Clinical Care	22%	46%	-
5. Injury Deaths	Number of deaths due to injury per 100,000 population.	Social and Economic Environment	120	80	-

Health Outcomes: Drivers with the greatest impact on health, Edwards County, KS - 2024

Measure	Description	Factor Category	County Value	U.S. Value	Direction of Impact
1. Premature Death	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	Length of Life	24004	2972	-
2. Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	Quality of Life	3.5	3.3	+
3. Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	Quality of Life	4.9	4.8	+
4. Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	Quality of Life	17%	14%	+
5. Low Birthweight	Percentage of live births with low birthweight (< 2,500 grams).	Quality of Life	8%	8%	-

IV. Community Health Conversation: Your Perspectives / Suggestions !

Tomorrow:

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

Today:

- 1) What are the **Healthcare Strengths** of our community that contribute to health? **(BIG White Card)**
- 2) Are there healthcare services in your community/neighborhood that you feel **need to be improved and/or changed**? **(Small Color Card)**
- 3) What other **Ideas** do you have to address **Social determinants**? **(Small White Card - A)**

Data & Benchmarks Review

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

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

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

Community health assessment indicators should be.

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

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

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

CHNA Detail Sources
Quick Facts - Business
Centers for Medicare and Medicaid Services
CMS Hospital Compare
County Health Rankings
Quick Facts - Geography
Kansas Health Matters
Kansas Hospital Association (KHA)
Quick Facts - People
U.S. Department of Agriculture - Food Environment Atlas
U.S. Center for Disease Control and Prevention

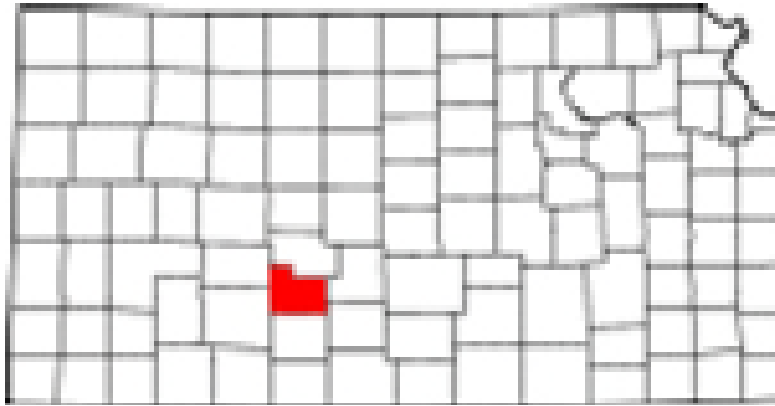
Sources of community-health level indicators:

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

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 2,907 citizens in 2020, and had a -4.3% change in population from 2010–2020. 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 4.7 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 Edwards 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 Co (KS) - Detail Demographic Profile

ZIP	NAME	ST	County	Population			Households		HH Avg Size ²³	Per Capita ²³
				Year 2023	Year 2028	5yr CHG	Year 2023	Year 2028		
67519	Belpre	KS	Edwards	167	162	-3.0%	70	69	2.4	\$30,768
67547	Kinsley	KS	Edwards	1,732	1,674	-3.3%	767	750	2.2	\$33,271
67552	Lewis	KS	Edwards	615	589	-4.2%	254	247	2.4	\$31,593
67563	Offerle	KS	Edwards	310	292	-5.8%	137	131	2.3	\$44,782
Totals				2,824	2,717	-4.1%	1,228	1,197	2.3	\$35,104

ZIP	NAME	ST	County	Population				Year 2023		Females
				Pop 21+	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
67519	Belpre	KS	Edwards	130	35	36	41	97	70	24
67547	Kinsley	KS	Edwards	1,327	433	391	386	844	888	239
67552	Lewis	KS	Edwards	467	132	140	144	315	300	89
67563	Offerle	KS	Edwards	241	70	69	77	158	152	45
Totals				2,165	670	636	648	1,414	1,410	397

ZIP	NAME	ST	County	Population 2023				Year 2023		
				White%	Black%	Asian%	Hispan%	Housing Units	% Rentals	Soc Econ Index
67519	Belpre	KS	Edwards	80.2%	0.0%	0.0%	30.5%	98	16.3%	51
67547	Kinsley	KS	Edwards	83.4%	0.7%	0.1%	19.1%	971	15.7%	53
67552	Lewis	KS	Edwards	77.6%	0.2%	0.2%	31.2%	307	15.3%	52
67563	Offerle	KS	Edwards	86.5%	1.0%	0.0%	10.6%	160	18.8%	62
Totals				81.9%	0.5%	0.1%	22.9%	1,536	16.5%	55

Source: ERSA Demographics 2023

III. Community Health Status

[VVV Consultants LLC]

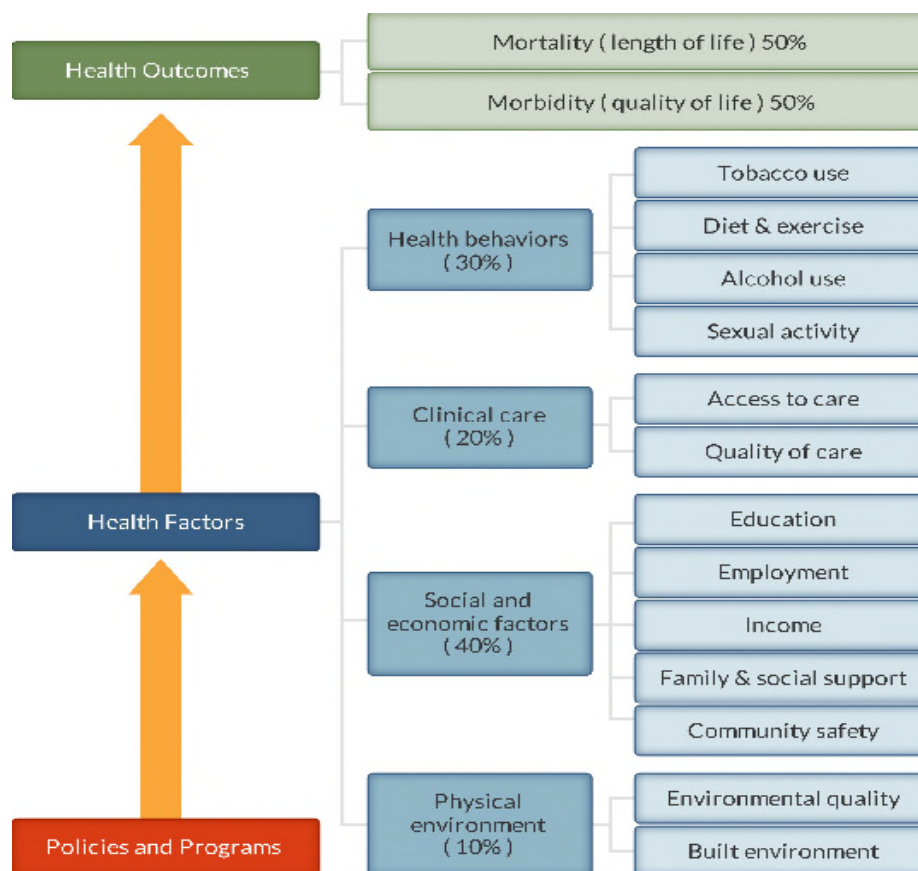
QAIII. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2020 RWJ County Health Rankings and conversations from Town Hall 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 uses a number of health factors to rank each county.



County Health Rankings model ©2012 UWPHI

National Research – Year 2023 RWJ Health Rankings:

#	2023 KS Rankings - 105 Counties	Definitions	Edwards County 2024	Edwards County 2021	Trend	SWKS Rural Norm (14)
1	Health Outcomes		104	67	+	76
	Mortality	Length of Life	103	39	+	73
	Morbidity	Quality of Life	76	67		63
2	Health Factors		69	49	-	68
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	71	49	-	61
	Clinical Care	Access to care / Quality of Care	68	81	+	59
	Social & Economic Factors	Education, Employment, Income, Family/Social Support, Community Safety	70	41	-	70
3	Physical Environment	Environmental quality	47	23	-	59
SWKS Counties: Barber, Barton, Chautauqua, Comanche, Cowley, Edwards, Elk, Harper, Kingman, Kiowa, Pratt, Reno, Stafford, Sumner.						

PSA Secondary Research:

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

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

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

Tab 1: Demographic Profile

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

1	Population Health Indicators	Edwards Co KS 2024	Edwards Co KS 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
a	Population estimates, 2020-2022	2,739	2,798		2,936,716	13,279	People Quick Facts
d	Persons under 5 years, percent, 2020-2022	6.0%	5.7%		6.0%	5.6%	People Quick Facts
e	Persons 65 years and over, percent, 2020-2022	22.0%	21.7%		17.2%	22.6%	People Quick Facts
f	Female persons, percent, 2020-2022	48.9%	48.7%		49.8%	49.5%	People Quick Facts
g	White alone, percent, 2020-2022	92.0%	93.1%		85.9%	92.7%	People Quick Facts
h	Black or African American alone, percent, 2020-2022	2.4%	1.8%		6.2%	1.6%	People Quick Facts
i	Hispanic or Latino, percent, 2020-2022	22.8%	21.1%		13.0%	9.4%	People Quick Facts
j	Language other than English spoken at home, percent of persons age 5 years+, 2017-2021	19.2%	19.4%		11.8%	5.2%	People Quick Facts
k	Living in same house 1 year ago, percent of persons age 1 year+, 2017-2021	95.0%	95.3%		84.4%	88.3%	People Quick Facts
m	Children in single-parent households, percent, 2017-2021	15.5%	9.2%		21.0%	19.7%	County Health Rankings
n	Veterans, 2017-2021	153	129		163,472	777	People Quick Facts

Tab 2: Economic Profile

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

2	Economic - Health Indicators	Edwards Co KS 2024	Edwards Co KS 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
a	Per capita income in past 12 months (in 2021 dollars), 2017-2021	\$31,368	\$27,279		\$38,108	31,172	People Quick Facts
b	Persons in poverty, percent, 2020-2022	12.1%	11.7%	-	12.00%	13.5%	People Quick Facts
c	Total Housing units, 2022	1,545	1,619		1,292,622	6,401	People Quick Facts
d	Persons per household, 2017-2021	2.3	2.3		2.5	2.4	People Quick Facts
e	Severe housing problems, percent, 2015-2019	4.2%	6.7%		12.5%	9.6%	County Health Rankings
f	Total employer establishments, 2021	75	75		75,057	361	Business Quick Facts
g	Unemployment, percent, 2021	2.1%	2.6%		3.2%	2.8%	County Health Rankings
h	Food insecurity, percent, 2020	8.1%	10.0%	-	9.7%	11.4%	County Health Rankings
i	Limited access to healthy foods, percent, 2019	4.8%	5.5%	-	8.4%	9.6%	County Health Rankings
j	Long commute - driving alone, percent, 2017-2021	28.5%	30.1%		21.7%	25.1%	County Health Rankings
k	Community Spending on Food, 2023	13.7%	NA		12.7%	13.5%	Kansas Health Matters
l	Community Spending on Transportation, 2023	21.3%	NA		18.1%	20.2%	Kansas Health Matters
m	Households With Internet an Subscription (2017-2021)	82.4%	NA		86.7%	79.4%	Kansas Health Matters
n	Student Loan Spending-to-Income Ration, 2023	5.4%	NA		4.6%	5.4%	Kansas Health Matters

****New Social Determinant Data Resources**

Tab 3: Educational Profile

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

3	Education - Health Indicators	Edwards Co KS 2024	Edwards Co KS 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
a	Children eligible for free or reduced price lunch, percent, 2020-2021	53.1%	53.4%		48.0%	51.0%	County Health Rankings
b	High school graduate or higher, percent of persons age 25 years+, 2017-2021	87.6%	93.0%	-	91.0%	90.9%	People Quick Facts
c	Bachelor's degree or higher, percent of persons age 25 years+, 2017-2021	17.9%	24.0%	-	34.7%	22.1%	People Quick Facts

Tab 4: Maternal / Infant Profile

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

4	Maternal/Infant - Health Indicators (Access/Quality)	Edwards Co KS 2024	Edwards Co KS 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
a	Percent of Births Where Prenatal Care began in First Trimester, 2019-2021	82.2%	78.8%	+	81.3%	80.1%	Kansas Health Matters
b	Percentage of Premature Births, 2019-2021	6.5%	9.6%		9.1%	10.2%	Kansas Health Matters
c	Percent of Infants up to 24 months that received full Immunizations, 2017-2018	82.9%	82.9%		69.2%	72.0%	Kansas Health Matters
d	Percent of Births with Low Birth Weight, 2019-2021	7.5%	7.1%		7.3%	7.3%	Kansas Health Matters
f	Percent of all Births Occurring to Teens (15-19), 2019-2021	4.3%	NA		5.5%	5.6%	Kansas Health Matters
g	Percent of births Where Mother Smoked During Pregnancy, 2019-2021	6.5%	7.1%		10.0%	11.6%	Kansas Health Matters
h	Child Care Centers per 1,000 Children, 2010-2022	NA	NA		7.0	6.5	County Health Rankings

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

#	Vital Statistics (Rate per 1,000)	Edwards County, KS	Kansas	SWKS RURAL NORM (14)
a	Total Live Births, 2017	8.0	12.5	10.8
b	Total Live Births, 2018	10.9	12.5	11.0
c	Total Live Births, 2019	10.7	12.1	10.9
d	Total Live Births, 2020	12.4	11.8	10.5
e	Total Live Births, 2021	10.2	11.8	10.7
f	Total Live Births, 2017-2021 - 5 year Rate (%)	10.4	12.1	10.8

Tab 5: Hospitalization and Provider Profile

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

5	Hospital/Provider - Health Indicators (Access/Quality)	Edwards Co KS 2024	Edwards Co KS 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
a	Primary care physicians (Pop Coverage per) (No extenders incl.) , 2020	NA	2849:1		1260:1	1918:1	County Health Rankings
b	Preventable hospital rate per 100,000, 2020 (lower the better)	1720	1947		2708	2,640	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	NA		NA	75.6%	CMS Hospital Compare, Latest Release
d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	NA	NA		NA	73.2%	CMS Hospital Compare, Latest Release
e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	130	97	+	NA	111	CMS Hospital Compare, Latest Release

Source: Internal Hospital Records				
	Edwards County Medical Center	YR 2021	YR 2022	YR 2023
1	Charity Care - Free Care	\$70,947	\$33,745	\$53,861
2	Bad Debt Writeoffs (Poor Ins.)	\$264,227	\$162,415	\$1,137,841

Tab 6: Behavioral / Mental Health Profile

Behavioral healthcare provides another important indicator of community health status.

6	Mental - Health Indicators	Edwards Co KS 2024	Edwards Co KS 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
a	Adults Ever Diagnosed with Depression, 2021	19.1%	NA		NA	20.1%	Kansas Health Matters
b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2018-2020	NA	NA		18.7	27.0	Kansas Health Matters
c	Mental Behavioral Hospital Admission Rates per 100,000, 2018-2020	46.8	47.6		75.1	59.2	Kansas Health Matters
d	Average Number of mentally unhealthy days, 2020	4.2	4.4		4.4	4.5	County Health Rankings

***New Social Determinant Data Resources*

CDC - 2022 U.S. County Opioid Dispensing Rates			
State	County	FPS	Opioid Dispensing Rate per 100
KS	Edwards County	20047	57.9
	KS Average 2022		45.7
Source: Drug Overdose CDC Injury Center			

Tab 7a: Risk Indicators & Factors Profile

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

7a	High-Risk - Health Indicators	Edwards Co KS 2024	Edwards Co KS 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
a	Adult obesity, percent, 2020	39.5%	35.1%	-	35.8%	38.4%	County Health Rankings
b	Adult smoking, percent, 2020	19.2%	20.6%	-	17.2%	20.1%	County Health Rankings
c	Excessive drinking, percent, 2020	18.7%	18.0%	-	19.7%	18.8%	County Health Rankings
d	Physical inactivity, percent, 2020	25.2%	23.7%	-	21.4%	24.8%	County Health Rankings
e	# of Physically unhealthy days, 2020	3.1	3.6	+	2.8	3.2	County Health Rankings
f	Sexually transmitted infections (chlamydia), rate per 100,000 - 2020	NA	4.0		502	313	County Health Rankings

Tab 7b: Chronic Risk Profile

7b	Chronic - Health Indicators	Edwards Co KS 2024	Edwards Co KS 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
a	Adults who Have Taken Medication for High Blood Pressure, 2021, percent	82.7%	NA		55.2%	82.5%	Kansas Health Matters
c	Congestive Heart Failure Hospital Admission Rate, 2018-2020	19.9%	NA		24.1%	19.3%	Kansas Health Matters
d	Adults with Kidney Disease, percent, 2021	3.8%	NA		NA	3.7%	Kansas Health Matters
e	Adults with COPD, percent, 2021	8.7%	NA		NA	8.7%	Kansas Health Matters
f	Adults 20+ with Diabetes, percent, 2021	8.3%	NA		NA	8.9%	Kansas Health Matters
g	Adults with Cancer, percent, 2021	8.7%	NA		NA	8.8%	Kansas Health Matters
h	Adults with Current Asthma, percent, 2021	9.9%	NA		NA	10.1%	Kansas Health Matters
i	Adults who Experienced a Stroke, percent, 2021	4.0%	NA		NA	3.9%	Kansas Health Matters

***New Social Determinant Data Resources*

Tab 8: Uninsured Profile and Community Benefit

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

8	Ins Coverage - Health Indicators	Edwards Co KS 2024	Edwards Co KS 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
a	Uninsured, percent, 2020	16.1%	18.2%		10.3%	12.9%	County Health Rankings
b	Persons With Health Insurance, 2021	84.8%	NA		89.1%	87.3%	Kansas Health Matters
c	Kansas Medical Assistance Programs - Adults per 1,000 (ages 20-64), 2022	103.6	NA		99.4	129.3	Kansas Health Matters

***New Social Determinant Data Resources*

Tab 9: Mortality Profile

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

9	Mortality - Health Indicators	Edwards Co KS 2024	Edwards Co KS 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
a	Life Expectancy, 2018 - 2020	64.7	69.3		77.8	74.3	Kansas Health Matters
b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2018-2020 (lower is better)	142.3	115.6		151.4	166.9	Kansas Health Matters
c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2018-2020 (lower is better)	139.2	154.4		162.0	176.4	Kansas Health Matters
d	Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2018-2020 (Lower is better)	64.7	63.5		47.1	58.8	Kansas Health Matters
e	Alcohol-impaired driving deaths, percent, 2016-2020	50.0%	50.0%		19.38%	21.3%	County Health Rankings

Causes of Death by County of Residence, KS (Year 2021)	Edwards Co KS	%	Trend	Kansas	%
TOTAL (All Causes)	30	100.0%		31,637	100.0%
All Other Causes	9	30.0%		9,536	30.1%
Diseases of Heart	8	26.7%		6,260	19.8%
Major Cardio Vascular Diseases	8	26.7%		8,307	26.3%
Chronic Lower respiratory Diseases	4	13.3%		1,494	4.7%
Diabetes Mellitus	4	13.3%		915	2.9%
Ischemic Heart Diseases	4	13.3%		3,605	11.4%
Other Heart Diseases	4	13.3%		1,892	6.0%

Tab 10: Preventive Quality Measures Profile

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

10	Preventative - Health Indicators	Edwards Co KS 2024	Edwards Co KS 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
a	Access to exercise opportunities, percent, 2020 & 2022	54.1%	71.3%	-	79.7%	52.7%	County Health Rankings
b	Mammography annual screening, percent, 2017	37.0%	38.0%		42.0%	34.8%	County Health Rankings
c	Adults who have had a Routine Checkup, percent, 2021	75.8%	NA		75.0%	75.9%	Kansas Health Matters
d	Percent Annual Check-Up Visit with Dentist	61.4%	NA		63.0%	62.0%	Kansas Health Matters
e	Percent Annual Check-Up Visit with Eye Doctor	NA	NA		NA	NA	Kansas Health Matters

****New Social Determinant Data Resources**

PSA Primary Research:

For each CHNA Round #5 evaluation, a community stakeholder survey has been created and administered to collect current healthcare information for Edwards County, Kansas.

Chart #1 – Edwards County, KS PSA Online Feedback Response (N=57)

Edwards County, KS - CHNA YR 2024 N=57			
For reporting purposes, are you involved in or are you a ...? (Check all that apply)	Edwards Co KS N=57	Trend	*Round #5 Norms N=3997
Business/Merchant	13.5%		10.8%
Community Board Member	24.3%		9.5%
Case Manager/Discharge Planner	0.0%		1.0%
Clergy	8.1%		1.3%
College/University	2.7%		2.5%
Consumer Advocate	2.7%		2.3%
Dentist/Eye Doctor/Chiropractor	0.0%		0.7%
Elected Official - City/County	2.7%		2.2%
EMS/Emergency	5.4%		2.5%
Farmer/Rancher	16.2%		9.5%
Hospital	32.4%		24.0%
Health Department	0.0%		1.4%
Housing/Builder	0.0%		0.8%
Insurance	2.7%		1.3%
Labor	2.7%		4.0%
Law Enforcement	0.0%		1.0%
Mental Health	2.7%		2.5%
Other Health Professional	16.2%		13.8%
Parent/Caregiver	32.4%		19.0%
Pharmacy/Clinic	5.4%		2.8%
Media (Paper/TV/Radio)	0.0%		0.3%
Senior Care	0.0%		4.3%
Teacher/School Admin	13.5%		6.1%
Veteran	2.7%		2.6%
TOTAL	44		2929
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa			

Typical Sample Sizes Research Studies		
Number of Subgroup Analyses	Households	Firms
	Regional	Regional
None / Few (1-2)	200-500	50-200
Average (3-4).	500-1,000	200-1,000
Many (5+)	1,000+	1,000+
Sudman, <i>Applied Sampling</i> . (Academic Press, 1976), 97. Ibid., 20.		

Quality of Healthcare Delivery Community Rating

Edwards County, KS - CHNA YR 2024 N=57			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Edwards Co KS N=57	Trend	*Round #5 Norms N=3997
Top Box %	21.1%		26.3%
Top 2 Boxes %	61.5%		68.4%
Very Good	21.1%		26.3%
Good	40.4%		42.1%
Average	28.1%		24.5%
Poor	8.8%		5.7%
Very Poor	1.8%		1.3%
Valid N	57		3,983
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa			

Re-evaluate Past Community Health Needs Assessment Needs

Edwards County, KS - CHNA YR 2024 N=57					
Past CHNA Unmet Needs Identified			Ongoing Problem		Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Housing (Affordable / Safe)	22	14.0%		3
2	Substance Abuse (Drug & Alcohol)	22	14.0%		2
3	Mental Health Services (Access, Provider, Treatment, Aftercare)	21	13.4%		1
4	Youth Mentoring	19	12.1%		4
5	Child Care Options	17	10.8%		5
6	Obesity (Nutrition / Fitness)	17	10.8%		7
7	Home Health/Hospice Care	12	7.6%		6
8	Uninsured / Underinsured	11	7.0%		8
9	Senior Programs/Activities	10	6.4%		9
10	Access to Local Specialists	6	3.8%		10
Totals		157	100.0%		

Community Health Needs Assessment “Causes of Poor Health”

Edwards County, KS - CHNA YR 2024 N=57			
In your opinion, what are the root causes of "poor health" in our community? Please select top three.	Edwards Co KS N=57	Trend	*Round #5 Norms N=3997
Chronic Disease Management	37.5%		8.8%
Lack of Health & Wellness	35.0%		11.3%
Lack of Nutrition / Access to Healthy Foods	42.5%		10.1%
Lack of Exercise	65.0%		13.8%
Limited Access to Primary Care	12.5%		5.2%
Limited Access to Specialty Care	57.5%		7.0%
Limited Access to Mental Health	47.5%		15.4%
Family Assistance Programs	22.5%		5.2%
Lack of Health Insurance	60.0%		12.2%
Neglect	22.5%		8.9%
Lack of Transportation	77.5%		4.7%
Total Votes	40		7,379
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa			

Community Rating of HC Delivery Services (Perceptions)

Edwards County, KS - CHNA YR 2024 N=57 (+10% Red)	Edwards Co KS N=57			Round #5 Norms N=3997	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	98.0%	0.0%		81.7%	4.0%
Child Care	56.0%	18.0%		38.6%	23.6%
Chiropractors	72.5%	3.9%		73.1%	6.0%
Dentists	60.8%	5.9%		60.2%	18.1%
Emergency Room	86.3%	5.9%		72.9%	8.5%
Eye Doctor/Optomtrist	82.4%	0.0%		73.7%	7.4%
Family Planning Services	32.6%	34.8%		47.0%	15.8%
Home Health	29.8%	23.4%		55.6%	11.2%
Hospice/Palliative	36.2%	14.9%		63.8%	8.5%
Telehealth	56.5%	4.3%		52.0%	12.5%
Inpatient Hospital Services	71.4%	8.2%		74.8%	7.2%
Mental Health Services	28.3%	41.3%		33.7%	30.4%
Nursing Home/Senior Living	14.9%	53.2%		54.0%	15.7%
Outpatient Hospital Services	69.4%	6.1%		73.9%	6.1%
Pharmacy	89.8%	0.0%		85.1%	2.7%
Primary Care	67.3%	12.2%		77.0%	6.8%
Public Health	52.1%	18.8%		62.7%	10.0%
School Health	48.9%	24.4%		59.6%	8.3%
Visiting Specialists	75.6%	4.4%		66.6%	8.6%
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa					

Community Health Readiness

Edwards County, KS - CHNA YR 2024 N=57		% Bottom 2 Boxes (Lower is better)	
Community Health Readiness is vital. How would you rate each? (% Poor / Very Poor)	Edwards Co KS N=57	Trend	*Round #5 Norms N=3997
Behavioral/Mental Health	35.9%		32.7%
Emergency Preparedness	5.0%		7.5%
Food and Nutrition Services/Education	28.2%		16.9%
Health Wellness Screenings/Education	12.8%		10.4%
Prenatal/Child Health Programs	35.1%		14.2%
Substance Use/Prevention	54.1%		34.9%
Suicide Prevention	51.4%		37.2%
Violence/Abuse Prevention	45.9%		33.6%
Women's Wellness Programs	26.3%		17.8%
Exercise Facilities / Walking Trails etc.	24.4%		15.1%
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa			

Healthcare Delivery "Outside our Community"

Specialties:

Edwards County, KS - CHNA YR 2024 N=57			
In the past 2 years, did you or someone you know receive HC outside of our community?	Edwards Co KS N=57	Trend	*Round #5 Norms N=3997
Yes	92.7%		71.1%
No	7.3%		28.9%
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa			

SPEC	CTS
OBG	5
ORTH	3
PRIM	3
SPEC	3
SURG	3

Access to Providers / Staff in our Community

Edwards County, KS - CHNA YR 2024 N=57			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Edwards Co KS N=57	Trend	*Round #5 Norms N=3997
Yes	67.6%		56.7%
No	32.4%		43.3%

What healthcare topics need to be discussed further at our Town Hall?

Edwards County, KS - CHNA YR 2024 N=57			
What needs to be discussed further at our CHNA Town Hall meeting? Top 3	Edwards Co KS N=57	Trend	*Round #5 Norms N=3997
Abuse/Violence	16.7%		3.5%
Access to Health Education	16.7%		3.0%
Alcohol	22.2%		3.8%
Alternative Medicine	13.9%		3.4%
Behavioral/Mental Health	44.4%		8.5%
Breastfeeding Friendly Workplace	8.3%		1.1%
Cancer	8.3%		2.6%
Care Coordination	11.1%		2.8%
Diabetes	8.3%		2.6%
Drugs/Substance Abuse	41.7%		6.5%
Family Planning	11.1%		1.7%
Health Literacy	16.7%		2.8%
Heart Disease	2.8%		1.6%
Housing	25.0%		6.1%
Lack of Providers/Qualified Staff	25.0%		5.0%
Lead Exposure	0.0%		0.4%
Neglect	16.7%		1.7%
Nutrition	19.4%		4.0%
Obesity	25.0%		4.9%
Occupational Medicine	0.0%		0.6%
Ozone (Air)	8.3%		0.4%
Physical Exercise	13.9%		4.4%
Poverty	16.7%		4.3%
Preventative Health/Wellness	30.6%		4.9%
Sexually Transmitted Diseases	2.8%		1.3%
Suicide	25.0%		5.4%
Teen Pregnancy	8.3%		1.7%
Telehealth	5.6%		2.1%
Tobacco Use	11.1%		1.9%
Transportation	19.4%		2.4%
Vaccinations	5.6%		1.9%
Water Quality	13.9%		2.6%
TOTAL Votes	44		11,174
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa			

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services - Edwards County, KS (2024)				
Cat	HC Services Offered in county: Yes / No	Hospital	Health Dept	Other
Clinic	Primary Care	Yes		
Hosp	Alzheimer Center	No		Yes
Hosp	Ambulatory Surgery Centers	No		
Hosp	Arthritis Treatment Center	No		
Hosp	Bariatric/weight control services	No		
Hosp	Birthing/LDR/LDRP Room	No		
Hosp	Breast Cancer	No		
Hosp	Burn Care	No		
Hosp	Cardiac Rehabilitation	Yes		
Hosp	Cardiac Surgery	No		
Hosp	Cardiology services	Yes		Yes
Hosp	Case Management	Yes	Yes	
Hosp	Chaplaincy/pastoral care services	Yes		Yes
Hosp	Chemotherapy	No		
Hosp	Colonoscopy	Yes		
Hosp	Crisis Prevention	Yes		
Hosp	CTScanner	Yes		
Hosp	Diagnostic Radioisotope Facility	Yes		
Hosp	Diagnostic/Invasive Catheterization	No		
Hosp	Electron Beam Computed Tomography (EBCT)	No		
Hosp	Enrollment Assistance Services	Yes	Yes for Our Clients	
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	No		
Hosp	Fertility Clinic	No		
Hosp	FullField Digital Mammography (FFDM)	Yes		
Hosp	Genetic Testing/Counseling	No		
Hosp	Geriatric Services	No		
Hosp	Heart	No		
Hosp	Hemodialysis	No		
Hosp	HIV/AIDS Services	No	Yes	
Hosp	Image-Guided Radiation Therapy (IGRT)	No		
Hosp	Inpatient Acute Care - Hospital services	Yes		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	No		
Hosp	Intensive Care Unit	No		
Hosp	Intermediate Care Unit	No		Yes
Hosp	Interventional Cardiac Catherterization	No		
Hosp	Isolation room	Yes		
Hosp	Kidney	No		
Hosp	Liver	No		
Hosp	Lung	No		
Hosp	MagneticResonance Imaging (MRI)	Yes		
Hosp	Mammograms	Yes		
Hosp	Mobile Health Services	Yes		
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	No		
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)	No		
Hosp	Neonatal	No		
Hosp	Neurological services	No		
Hosp	Obstetrics	No		Yes
Hosp	Occupational Health Services	Yes		
Hosp	Oncology Services	No		Yes
Hosp	Orthopedic services	Yes		
Hosp	Outpatient Surgery	Yes		
Hosp	Pain Management	Yes		
Hosp	Palliative Care Program	Yes		
Hosp	Pediatric	Yes		
Hosp	Physical Rehabilitation	Yes		Yes
Hosp	Positron Emission Tomography (PET)	No		
Hosp	Positron Emission Tomography/CT (PET/CT)	No		
Hosp	Psychiatric Services	Yes		Yes
Hosp	Radiology, Diagnostic	Yes		
Hosp	Radiology, Therapeutic	No		
Hosp	Reproductive Health (Pre-conception counseling/ED)	No	Yes	
Hosp	Robotic Surgery	No		
Hosp	Shaped Beam Radiation System 161	No		
Hosp	Single Photon Emission Computerized Tomography (SPECT)	No		

Inventory of Health Services - Edwards County, KS (2024)				
Cat	HC Services Offered in county: Yes / No	Hospital	Health Dept	Other
Hosp	Sleep Center	No		
Hosp	Social Work Services	Yes	Yes for Our Clients	
Hosp	Sports Medicine	Yes		Yes
Hosp	Stereotactic Radiosurgery	No		
Hosp	Swing Bed Services	Yes		
Hosp	Transplant Services	No		
Hosp	Trauma Center	No		
Hosp	Ultrasound	Yes		
Hosp	Women's Health Services	Yes	Yes	Yes
Hosp	Wound Care	Yes		
SR	Adult Day Care Program	No		Yes
SR	Assisted Living	No		Yes
SR	Home Health Services	No		Yes
SR	Hospice	No		Yes
SR	LongTerm Care	No		Yes
SR	Nursing Home Services	No		Yes
SR	Retirement Housing	No		Yes
SR	Skilled Nursing Care	Yes		Yes
ER	Emergency Services	Yes		
ER	Urgent Care Center	No		
ER	Ambulance Services	Yes		Yes
SERV	Access to Farmworker Program and TB Control Program	No	Yes	Yes
SERV	Alcoholism-Drug Abuse	No		Yes
SERV	Annual Influenza Clinics locally and in surrounding communities	Yes	Yes	
SERV	Blood Donor Center	No		Yes
SERV	Child Care Licensing, surveys and compliance evaluation	No	Yes	
SERV	Chiropractic Services	No		Yes
SERV	Complementary Medicine Services	No		
SERV	Dental Services	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)	No		Privately owned
SERV	Healthy Start Home visits for prenatal, postnatal and infants/families	No	Yes	
SERV	Health Education Classes	Yes	Yes	Yes
SERV	Health Fair (Annual)	Yes	Yes	
SERV	Health Information Center	No	Yes	
SERV	Health Screenings	Yes	Yes	
SERV	Immunizations and Foreign Travel	Yes	Yes	
SERV	Infant/toddler/booster car seats with law enforcement agency	No	No	Yes
SERV	Maternal and Child Health Services	No	Yes	Yes
SERV	Meals on Wheels	No		Yes
SERV	Nail Care Clinics	No	Yes	
SERV	Nursing Health Assessments	No	Yes	
SERV	Nutrition Programs (WIC)	No	Yes/WIC	
SERV	Outreach clinics at Senior Centers and Elderly Housing	No	Yes	
SERV	Parenting Classes (Just starting)	No	No	Yes
SERV	Patient Education Center	No	Yes	
SERV	Pre-conception counseling	No	Yes	
SERV	Retail Store for Breastfeeding equipment and aids	No	Yes	
SERV	Sexually Transmitted Infection Screening and Treatment	No	Yes	
SERV	Support Groups (Diabetic and BF Coalition)	No	Yes	Yes
SERV	Teen Outreach Services	No	Yes	
SERV	Tobacco Treatment/Cessation Program	Yes	Cessation	
SERV	Transportation to Health Facilities	No		x
SERV	Tuberculosis Screening, referral and treatment/prevention medications	Yes	Yes	
SERV	Wellness Program	Yes	Yes	

YR 2024 Update - Physician Manpower - Edwards Co KS			
# of FTE Providers	Supply Working in County		
	County Based MD or DO	Visiting DRs to Hospital (FTE)	County based PA / NP
Primary Care:			
Family Practice	1.4		3.0
Internal Medicine			
Obstetrics/Gynecology			
Pediatrics			
Medicine Specialists:			
Allergy/Immunology			
Cardiology			
Dermatology			
Endocrinology			
Gastroenterology			
Oncology/RADO			
Infectious Diseases			
Nephrology			
Neurology			
Psychiatry			
Pulmonary			1.0
Rheumatology			
Surgery Specialists:			
General Surgery			
Neurosurgery			
Ophthalmology			
Orthopedics			
Otolaryngology (ENT)			
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vasc			
Urology			
Hospital Based Specialists:			
Anesthesia/Pain			
Emergency			
Radiology			
Pathology			
Hospitalist *			
Neonatal/Perinatal			
Physical Medicine/Rehab			
Dentistry	0.0		
TOTALS	1.4	0.0	4.0

Visiting Specialists to Edwards County Medical Center - Year 2024				
Specialty	Physician	Group Name	Office Location	Schedule
Medicine:				
Cardiology	Dr. Steckley			Monthly - 2nd Monday
Gastroenterology/Internist	Dr. Westhoff			Monthly - Varies
Surgery:				
Orthopedics	Dr. Shanmugam, MD			Monthly - 1st Monday
Others:				
Podiatry	Dr. Gordon			Monthly - 1st Tuesday
Psychologist/MH Counseling	Scott Gordon			Weekly - Thursdays
Pain Management	Darin Budura PA-C			every 4th Tuesday
Pain Management	Trent Blackwill CRNA			every other Wednesday

2024 Edwards County Help Resources Community Resources

Emergency Numbers

Police/Sheriff	911
Fire	911
EMS/Ambulance	911

Edwards County Ambulance (620) 659-3621
620 West 8th 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

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 childcare 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 childcare 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

Dental Services**Dodge City Smiles**

Kinsley Location

(620) 659-3617

609 Marsh Avenue Kinsley, KS 67547

Dodge City Location

(620) 227-7521

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 67547Contact 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) 659-3719
620 West 8th Street Kinsley, KS 67547
(Community Mental Health Center)

Optometrists

Frazier Optometry (620) 659-3351
713 Marsh Avenue Kinsley, KS 67547

Pharmacies

Kinsley Drug (620) 659-2481
207 East 6th Street Kinsley, KS 67547

Rape/Sexual Assault

Edwards County Attorney (620) 659-3002
500 South Marsh Avenue Kinsley, KS 67547
Contact Mark Frame Hours Mon/Fri 8am-5pm

Rehabilitation Services

Medicalodges of Kinsley (620) 659-2156
620 Winchester Avenue Kinsley, KS 67547

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.govContact: 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

General Online Healthcare Resources

Doctors and Dentists--General

[AMA Physician Select: Online Doctor Finder](#) (American Medical Association) [DocFinder](#) (Administrators in Medicine)
[Find a Dentist](#) (Academy of General Dentistry) [Find a Dentist: ADA Member Directory](#) (American Dental Association)
[Physician Compare](#) (Centers for Medicare & Medicaid Services)

Hospitals and Clinics--General

[Find a Health Center](#) (Health Resources and Services Administration) [Find a Provider: TRICARE Provider Directories](#)
(TRICARE Management Activity) [Hospital Quality Compare](#) (Centers for Medicare & Medicaid Services)

Doctors and Dentists--Specialists

[ACOG's Physician Directory](#) (American College of Obstetricians and Gynecologists) [ACR: Geographic Membership Directory](#) (American College of Rheumatology) [American College of Surgeons Membership Directory](#) (American College of Surgeons) [American Osteopathic Association D.O. Database](#) (American Osteopathic Association) [ASGE: Find a Doctor](#) (American Society for Gastrointestinal Endoscopy) [Cancer Genetics Services Directory](#) (National Cancer Institute) [Child and Adolescent Psychiatrist Finder](#) (American Academy of Child and Adolescent Psychiatry) [Dystonia: Find a Health Care Professional](#) (Dystonia Medical Research Foundation) [Expert Locator: Immunologists](#) (Jeffrey Modell Foundation) [Find a Dermatologic Surgeon](#) (American Society for Dermatologic Surgery) [Find a Dermatologist](#) (American Academy of Dermatology) [Find a Gastroenterologist](#) (American College of Gastroenterology) [Find a Gynecologic Oncologist](#) (Society of Gynecologic Oncologists) [Find a Hand Surgeon](#) (American Society for Surgery of the Hand) [Find a Hematologist](#) (American Society of Hematology) [Find a Neurologist](#) (American Academy of Neurology) [Find a Pediatric Dentist](#) (American Academy of Pediatric Dentistry) [Find a Pediatrician or Pediatric Specialist](#) (American Academy of Pediatrics) [Find a Periodontist](#) (American Academy of Periodontology) [Find a Physical Medicine & Rehabilitation Physician](#) (American Academy of Physical Medicine and Rehabilitation) [Find a Plastic Surgeon](#) (American Society of Plastic Surgeons) [Find a Podiatrist](#) (American Podiatric Medical Association) [Find a Thyroid Specialist](#) (American Thyroid Association) [Find a Urologist](#) (American Urological Association) [Find an ACFAS Physician](#) (American College of Foot and Ankle Surgeons) [Find an Allergist/Immunologist: Search](#) (American Academy of Allergy, Asthma, and Immunology) [Find an Endocrinologist](#) (Hormone Health Network) [Find an Eye M.D.](#) (American Academy of Ophthalmology) [Find an Interventional Radiologist](#) (Society of Interventional Radiology) [Find an Oncologist](#) (American Society of Clinical Oncology) [Find an Oral and Maxillofacial Surgeon](#) (American Association of Oral and Maxillofacial Surgeons) [Find an Orthopaedic Foot and Ankle MD](#) (American Orthopaedic Foot and Ankle Society) [Find an Otolaryngologist \(ENT\)](#) (American Academy of Otolaryngology--Head and Neck Surgery) [Finding an Eye Care Professional](#) (National Eye Institute) [GI Locator Service](#) (American Gastroenterological Association)

Other Healthcare Providers

[AMTA's Find a Massage Therapist](#) (American Massage Therapy Association) [Cancer Genetics Services Directory](#) (National Cancer Institute) [Find a Diabetes Educator](#) (American Association of Diabetes Educators) [Find a Genetic Counselor](#) (National Society of Genetic Counselors) [Find a Midwife](#) (American College of Nurse-Midwives) [Find a Nurse Practitioner](#) (American Academy of Nurse Practitioners) [Find a Physical Therapist](#) (American Physical Therapy Association) [Find a Professional: Online Directory of Audiology and Speech-Language Pathology Programs](#) (American Speech-Language-Hearing Association) [Find a Registered Dietitian](#) (Academy of Nutrition and Dietetics) [Find a Therapist](#) (Anxiety Disorders Association of America) [Find an Audiologist](#) (American Academy of Audiology) [Manual Lymphatic Drainage Therapists](#) (National Lymphedema Network) [National Register of Health Service Providers in Psychology](#) (National Register of Health Service Providers in Psychology) [NCCAOM: Find Nationally Certified Practitioners](#) (National Certification Commission for Acupuncture and Oriental Medicine) [Search for an Emergency Contraception Provider in the United States](#) (Princeton University, Office of Population Research)

Hospitals and Clinics--Specialized

[Accredited Birth Centers](#) (Commission for the Accreditation of Birth Centers) [Alzheimer's Disease Research Centers](#) (National Institute on Aging) [Cystic Fibrosis Foundation: Find a Chapter](#) (Cystic Fibrosis Foundation) [Cystic Fibrosis Foundation: Find an Accredited Care Center](#) (Cystic Fibrosis Foundation) [Dialysis Facility Compare](#) (Centers for Medicare & Medicaid Services) [FDA Certified Mammography Facilities](#) (Food and Drug Administration) [Find a Free Clinic](#) (National Association of Free Clinics) [Find an Indian Health Service Facility](#) (Indian Health Service) [Find Treatment Centers](#) (American Cancer Society) [Genetics Clinic Directory Search](#) (University of Washington) [Locate a Sleep Center in the United States by Zip Code](#) (American Academy of Sleep Medicine) [MDA ALS Centers](#) (Muscular Dystrophy Association) [Mental Health Services Locator](#) (Substance Abuse and Mental Health Services Administration) [NCI Designated Cancer Centers](#) (National Cancer Institute) [Neurofibromatosis Specialists](#) (Children's Tumor Foundation) [Post-Polio Directory 2011: Post-Polio Clinics, Health Professionals, Support Groups](#) (Post-Polio Health International including International Ventilator Users Network) [Spina Bifida Clinic Directory](#) (Spina Bifida Association of America) [Substance Abuse Treatment Facility Locator](#) (Substance Abuse and Mental Health Services Administration) [Transplant Center Search Form](#) (BMT InfoNet) [U.S. NMDP Transplant Centers](#) (National Marrow Donor Program) [VA Health Care Facilities Locator & Directory](#) (Veterans Health Administration) [Where to Donate Blood](#) (AABB) [Where to Donate Cord Blood](#) (National Marrow Donor Program)

Other Healthcare Facilities and Services

[Alzheimer's Disease Resource Locator](#) (Fisher Center for Alzheimer's Research Foundation) [American College of Radiology Accredited Facility Search](#) (American College of Radiology) [APA District Branch / State Association Directory](#) (American Psychiatric Association) [Directory of Organizations \(Deafness and Communication Disorders\)](#) (National Institute on Deafness and Other Communication Disorders) [Dog Guide Schools in the United States](#) (American Foundation for the Blind) [Eldercare Locator](#) (Dept. of Health and Human Services) [Find a Hospice or Palliative Care Program](#) (National Hospice and Palliative Care Organization) [Find Services \(for People with Vision Loss\)](#) (American Foundation for the Blind) [Find Urgent Care Centers by State](#) (Urgent Care Association of America) [Genetic Testing Laboratory Directory](#) (University of Washington) [Home Health Compare](#) (Centers for Medicare & Medicaid Services) [Medicare: Helpful Contacts](#) (Centers for Medicare & Medicaid Services) [Muscular Dystrophy Association Clinics and Services](#) (Muscular Dystrophy Association) [National Foster Care and Adoption Directory Search](#) (Children's Bureau) [Nursing Home Compare](#) (Centers for Medicare & Medicaid Services) [Organizations That Offer Support Services](#) (National Cancer Institute) [Poison Control Centers](#) (American Association of Poison Control Centers) [Resources and Information for Parents about Braille](#) (American Foundation for the Blind) [State-Based Physical Activity Program Directory](#) (Centers for Disease Control and Prevention) [TSA Chapters in the USA](#) (Tourette Syndrome Association) [Violence against Women: Resources by State](#) (Dept. of Health and Human Services, Office on Women's Health) [Where to Find Hair Loss Accessories and Breast Cancer Products](#) (American Cancer Society)

SOURCE: MedlinePlus provides links to directories to help you find libraries, health professionals, services and facilities. National Library of Medicine (NLM) does not endorse or recommend the organizations that produce these directories, nor the individuals or organizations that are included in the directories.

V. Detail Exhibits

[VVV Consultants LLC]

a.) Patient Origin Source Files

[VVV Consultants LLC]

Patient Origin History 2021- 2023 for IP, OP and ER – Edwards County, KS

Edwards County, Kansas Residents					
#	Inpatients - KHA HIDI	YR23	YR22	YR21	Total
1	Edwards County Medical Center - Kinsley, KS	57	70	75	202
2	Pratt Regional Medical Center - Pratt, KS	48	30	43	121
3	HaysMed - Hays, KS	45	36	29	110
4	The University of Kansas Health System - Great Bend, KS	26	19	28	73
5	Wesley Healthcare - Wichita, KS	31	24	15	70
6	Centura St. Catherine Hospital - Dodge City, KS	14	23	24	61
7	Ascension Via Christi Hospitals (St. Fran/St. Jos) - Wichita, KS	24	2	21	47
8	Hutchinson Regional Medical Center - Hutchinson, KS	7	24	11	42
9	The University of Kansas Health System - Kansas City, KS	4	10	7	21
	Others	44	34	32	110
	Total	300	272	285	857

Edwards County, Kansas Residents					
#	Outpatients - KHA HIDI	YR23	YR22	YR21	Total
1	Edwards County Medical Center - Kinsley, KS	4,416	4,860	5,349	14,625
2	Pawnee Valley Community Hospital - Larned, KS	579	586	496	1,661
3	The University of Kansas Health System - Great Bend, KS	395	416	527	1,338
4	HaysMed - Hays, KS	284	249	233	766
5	Centura St. Catherine Hospital - Dodge City, KS	234	241	274	749
	Others	941	992	850	2,783
	Total	6,849	7,344	7,729	21,922

Edwards County, Kansas Residents					
#	Emergency - KHA HIDI	YR23	YR22	YR21	Total
1	Edwards County Medical Center - Kinsley, KS	453	462	464	1,379
2	Pawnee Valley Community Hospital - Larned, KS	100	84	63	247
3	Centura St. Catherine Hospital - Dodge City, KS	40	48	46	134
4	The University of Kansas Health System - Great Bend, KS	52	46	34	132
5	HaysMed - Hays, KS	30	33	12	75
6	Wesley Healthcare - Wichita, KS	18	18	9	45
	Others	96	86	92	274
	Total	789	777	720	2,286

b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Attendance Edwards Co (KS) CHNA Town Hall -Wednesday, 6/5/24 11=12:30pm N=18							
#	Table	Lead	Attend	Last	First	Organization	Title
1	A	xx	x	Herrmann	Alisha	Edwards County Medical Center	COO/CIO
2	A		x	Trimble	Chris	Medicalodges	Supervisor
3	A		x	Hansel	Jimmie	Edwards County Medical Center	CEO
4	A		x	Taylor	Tonya		
5	A		x	Craft	Mitchel	Health Department	
6	B	xx	x	Rice	Charis	USD 347	Counselor
7	B		x	Nicholson	Terri	Kinsley Jr/Sr High School	Science Teacher
8	B		x	Hammond	Bobbie	ECMC	
9	B		x	Gallardo	Valena	MLT Student	
10	C	xx	x	Bright	Jamie	USD 347	Social Worker
11	C		x	Dreiling	Angela	Medicalodges	Executive Director
12	C		x	Pinkerton	Julie	Hospice of the Prairie & Prairie HH	RN, Executive Director
13	C		x	VanNahmen	LaWanna	Edwards County Medical Center	CFO
14	D	xx	x	Smith	Patrisha	Edwards County Medical Center	
15	D		x	Strunk	Clara	Edwards County Medical Center	Provider
16	D		x	Hornbaker	Mark	Louis Baptist	Pastor
17	D		x	DuBois	Heather	Edwards County Medical Center	Physical Therapist Director
18	D		x	Strate	Thyra	Edwards County Medical Center	

Edwards County Medical Center (Edwards Co KS) - Town Hall Event Notes

Date: 6/5/2024 – 5:30pm – 7pm @ Edwards County Medical Center N= 18

INTRO: Following is a recap of the community conversation during CHNA 2024 Town Hall

What is coming/occurring that will affect health of community:

- The community goes to Pratt, Hays, Wichita, Hutchison, Hoisington, Great Bend, Dodge City for major health.
- ECMC takes Medicare, BlueCross, Medicaid, Atna, and United Health Insurance.
- Other than English, patients are speaking Spanish or ASL.
- Veterans come to the clinic or share with Dodge or Wichita.
- The community voiced that loss of housing units could be incorrect
- The Internet is spotty within the county depending on cell services or internet services.
- The community voiced concern for children going to school.
- The community needs accessible childcare.
- Satisfaction is around 94%
- ECMC has plenty of providers
- The Health Department has a food bank, vaccinations through WIC
- Admitting people struggling with drug abuse and mental health for help is slow.
- The schools share that there is a stigma around mental health in the schools
- There is a high concern of suicide in the farming community.
- The community is worried about alcohol, meth, and marijuana. The community is worried about vaping and smoking. The community wants to separate drugs and alcohol into separate unmet needs.
- Louis lacks exercise opportunities and recently closed an exercise facility, impacting access to exercise in the county.
- The community is working to bring pulmonology, dermatology, and nephrology.
- The community voices that the economy is driving health. Others are worried about access to health care regarding affordable insurance.
- The community has a dairy farm coming to town bringing more people and drive to economy.

Strengths (Table Reports):

- ECMC has a good size facility
- Great first responders
- Local grocery store
- Pharmacy is doing well
- Senior activities has increased with new senior center
- Small business

^From discussion

Unmet Needs in the Community:

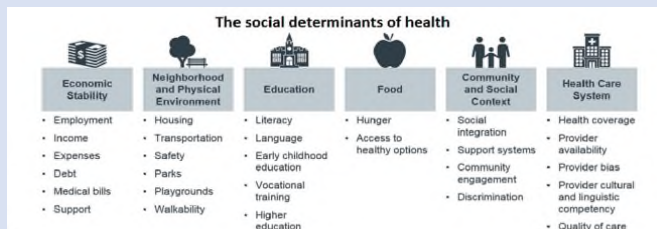
- | | |
|-------------------|--|
| • Housing | • Transportation |
| • Mental Health | • Uninsured/Underinsured |
| • Obesity | • Visiting Specialists Parenting Education |
| • School Health | • Youth Mentoring |
| • Substance Abuse | |

Round #5 CHNA - Edwards County Medical Center			
Town Hall Conversation - Strengths (Big White Cards) N=18			
Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
7	1st responders	4	Home health/ hospice
11	Access to food/groceries	13	Hospice care
13	Access to health education	5	Hospital helping with uninsured patients
18	Access to healthcare	2	Hospital is replacing/hiring providers
11	Access to Healthcare/Providers	16	Improvement in daycare
9	Access to healthy food options	18	Library
3	Access to healthy foods	6	Local food store
16	Access to primary and specialty care	17	Local grocery store
12	Access to specialists- Healthcare	8	Local healthcare access
15	Access to telehealth opportunities	3	Local pharmacy
16	Active/interested community members	5	Patient to provider ratio
6	Activities	7	Pharmacy
16	Availability of food within the community	8	Pharmacy
18	Businesses in town/employers	12	Pharmacy
1	Businesses, school facilities, rec facilities	14	Pharmacy
13	Care coordination	3	Primary care
4	Childcare	17	Primary care
14	Childcare- made great improvements	18	Proud community
2	Childcare team	13	Provider care
1	Community engagement	10	Qualified Dr's
10	Daycare has improved	10	Qualified pharmacy
12	Dental care	17	School
15	Downtown booming	18	School
15	Education opportunities at schools/clubs	8	Senior activities
12	Eye care	16	Senior center opening
11	Fitness center- access to equipment	4	Senior programs
12	Fitness options	6	Small businesses
13	Fitness options	8	Small businesses
7	Food access	1	Small community- easy to get around
8	Food access	7	Specialty care
2	Food pride	9	Specialty care options
14	Food source	2	Specialty clinics
10	Good dental and vision care	4	Specialty providers offered
6	Good first responding	4	Suicide education by the school
10	Good Medicaid facility	5	Telehealth
3	Good schools	9	Telehealth
15	Great medical facility and doctors	2	Walking trails/ new sidewalks
15	Great school facilities	1	We have good facilities in the community
1	Grocery store	3	Youth sports programs
14	Healthcare system and providers		

Round #5 CHNA - Edwards County Medical Center			
Town Hall Conversation - Weaknesses (Color Cards) N= 18			
Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
16	Access/awareness for mental health	10	Obesity
7	Add more MD/DO/PCPs	14	Obesity
10	After-school program	16	Obesity
17	Alcohol	3	Obesity
15	Childcare	4	Obesity/Nutrition
13	Childcare options	8	Obesity/poor eating/exercise
14	Chronic care disease	2	Parenting education
12	Community housing	2	Patient transfer (regulation changes needed)
7	Community support for underinsured	2	Poor county leadership support
16	Continue to increase daycare	17	Poverty
5	Drug abuse	3	School health
14	Drug and alcohol abuse	12	School health
16	Drug/alcohol misuse	9	School healthcare
17	Drugs	5	Senior Care
9	Drugs/substance abuse	11	Senior living
15	Economy/poverty	1	Services for seniors
14	Education for health issues	10	Smoking- vaping
1	Healthcare options	5	Specialty care
5	Home Health	2	Student mentoring programs
3	Housing	1	Substance abuse
4	Housing	4	Substance abuse
6	Housing	8	Substance abuse
9	Housing	12	Substance abuse
10	Housing	10	Substance abuse-alcohol
11	Housing	15	Substance use
13	Housing	1	Transportation
7	Improve access to Psych MD/DO	4	Transportation
7	Improve quality of affordable housing	6	Transportation
2	Increase in need for services (plumbers, elect., auto, etc.)	7	Transportation
2	Managing chronic care issues	8	Transportation
1	Mental Health	9	Transportation
3	Mental health	10	Transportation
5	Mental health	11	Transportation
6	Mental health	17	Transportation
8	Mental health	13	Transportation for patients to appointments
12	Mental health	16	Uninsured
13	Mental health	6	Uninsured/underinsured
14	Mental health	8	Uninsured/underinsured
17	Mental health	12	Uninsured/underinsured
10	Mental health access	15	Uninsured/underinsured
15	Mental health access/support	3	Vaping education
4	Mental Health- suicide	9	Youth mentoring
11	Need providers (specialty/dental)	10	Youth mentoring
6	Obesity	11	Youth mentoring

Round #5 CHNA - Edwards County Medical Center

Social Determinants "A" Card Themes (N = 18 with 69 Votes): E= 17 , N= 7, ED= 4 , C= 12, F= 2 & P= 7



Card #	Code	First Impressions on Social Determinants Impacting Delivery	Card #	Code	First Impressions on Social Determinants Impacting Delivery
5	C	Community activities	8	E	Economic stability- expenses
7	C	Community and social context	14	E	Economic stability- income/debt
10	C	Community and social context	6	E	Economy
11	C	Community and social context	17	E	Economy
16	C	Community and social context	1	ED	Education
12	C	Community engagement	6	ED	Education
2	C	Social	10	ED	Education
4	C	Social	13	ED	Education
6	C	Social	2	F	Food
15	C	Social and community context	13	F	Food
18	C	Social context	3	N	Housing- neighborhood
9	C	Social/community support	6	N	Neighborhood
1	E	Economic	18	N	Neighborhood
2	E	Economic	12	N	Neighborhood and build environment
9	E	Economic	2	N	Neighborhood- transportation/housing
4	E	Economic	14	N	Neighborhood- transportation/housing
16	E	Economic	10	N	Neighborhood/physical environment
3	E	Economic stability	17	P	Access
7	E	Economic stability	5	P	Affordable healthcare
10	E	Economic stability	6	P	Care access
11	E	Economic stability	11	P	Healthcare access and quality
12	E	Economic stability	8	P	Healthcare access- insurance, mental health
13	E	Economic stability	2	P	Healthcare- insurance
15	E	Economic stability	10	P	Healthcare system
18	E	Economic stability			

Email Request: Cut & Paste into your email blind cc to community roster emails.

From: Jim Hansel

Date: 2/29/2024

To: Community Leaders, Providers and Hospital Board and Staff

Subject: Edwards County Community Health Needs Assessment 2024

Edwards County Medical Center (Edwards County, KS) will be partnering with other community health providers to update the 2021 Community Health Needs Assessment (CHNA) for Edwards County, KS. Our facility has again contracted VVV Consultants to complete this work over the next few months.

Your feedback and suggestions regarding community health delivery are especially important to collect to be able to complete the 2024 Community Health Needs Assessment and implementation plan updates.

To accomplish this work, a short online survey has been developed. Please utilize the link below to complete this survey.

LINK: https://www.surveymonkey.com/r/CHNA2024_Edwards_OnlineSurvey

This online survey must be completed by **March 29th, 2024**. All responses are confidential.

Please hold the date for a community Town Hall scheduled for **Friday, April 26th, 2024 for lunch from 11:00-12:30 p.m.** to discuss research findings. If possible, we encourage you to attend. Stay tuned for further details! More information on this will be provided shortly.

Thank you in advance for your time and support in participating with this important request. If you have any questions, please contact (620) 659-3621.

PR#1 News Release

Local Contact: Jim Hansel

Media Release: 02/29/24

Edwards County Memorial Hospital Launches 2024 Community Health Needs Survey

Edwards County Medical Center will be working with area community leaders over the next few months to update our 2021 Community Health Needs Assessment (CHNA). Today we are requesting community resident input regarding healthcare delivery and unmet needs to complete this report update. VVV Consultants LLC, an independent research firm from Olathe, KS has been retained to conduct this countywide research.

The goal of this assessment update is to understand progress in addressing community health needs cited in 2021, 2018, and 2015 assessment reports, while collecting up-to-date community health perceptions and ideas. The main focus for this year's assessment will be identifying gaps in healthy eating, physical activity and/or commercial tobacco control.

A brief community survey has been developed to accomplish this work. You can participate in several different ways, including visiting our website or Facebook page, or simply scanning the QR code below.



All community residents and business leaders are encouraged to complete this online survey by **March 29th, 2024**. In addition, a CHNA Town Hall meeting to discuss the survey findings will be held over lunch on **Friday, April 26th, 2024** with more information to come.

Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (620) 659-3621.

Email #2 Message: bcc to Stakeholders List

From: Jim Hansel, CEO

Date: 5/07/2024

To: Community Leaders, Providers, Hospital Board and Staff

Subject: ECH Community Town Hall Scheduled – June 5th, 2024

Edwards County Medical Center (ECMC) will be hosting a 2024 Community Health Needs (CHNA) Town Hall on **Wednesday, June 5th**, for lunch from **11:00 a.m. - 12:30 p.m.** at the Edwards County Medical Center – Education Room 620 West 8th – Kinsley. The purpose of this meeting is to review local community health indicators and gather feedback and opinions on key community health needs.

It is vital that you participate in this important meeting. Please RSVP today with the link given below to adequately prepare for this important event.

We hope you find time to join us!

LINK: https://www.surveymonkey.com/r/CHNA2024_TownHallRSVP_EdwardsCoKS

Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (620) 659-3621

Edwards County Medical Center to Host 2024 Community Health Needs Assessment Town Hall Lunch

Media Release: May 7th 2024

Local Contact: Jim Hansel

Edwards County Hospital (ECH) will be hosting a Town Hall meeting for the 2024 Community Health Needs Assessment on **Wednesday, June 5th for lunch from 11:00 a.m. to 12:30 pm.** at the Edwards County Medical Center – Education Room 620 West 8th – Kinsley.

During this meeting, we will review the community health indicators and gather participants feedback and opinions on key community needs.

It is vital everyone planning to attend this event to RSVPs to adequately prepare for this important event. Please visit our website and social media sites to obtain the link to complete your RSVP! You may also utilize the QR code below with your smartphone.



Thank you in advance for your time and support!

If you have any questions about CHNA activities, please call (620) 659-3621

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2024 Community Feedback: Edwards County, KS (N=57)						
ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1019	67547	Average	COMM			Lack of communication.
1052	67547	Very Poor	DOCS	QUAL		Get rid of Jimmy and Thyra so we can get quality providers who will actually stay.
1041	67552	Very Good	EDU	SPRT	SH	I would like to see parents more involved in their child's education and hold their kids accountable for behaviors and grades. I wish parents had higher expectations for their children. We see a lot of kids who don't see school as important and without parental support it is hard to hold them accountable at school. When students are doing poorly in elementary/junior high/high school it affects their future outcomes as far as college and career outcomes.
1005	67547	Good	FINA	DOH	ALT	2. I really feel like our medical center needs to be a lot more transparent about pricing before providers just order tests or procedures, including listing them online, in the clinic, and letting patients know BEFORE they make any decisions. Our pricing seems to be a lot higher than many of the local clinics around and that should be shared before someone receives care and a bill so that they can make an informed decision. 3. I would like to see the health fairs return to the one day like they once were, where people could connect and get more information. Other towns are doing it this way and the prices are better. 5. Again, it would be nice to have a provider or two that are well educated in more holistic approaches and preventative medicine.
1031	67547	Good	NUTR	SERV		Be like France. Any outdated or unused food gets donated to the needy.
1001	67547	Poor	OTHR	NUTR	MRKT	Have a no-kill animal shelter, better commodity, bring pantry bus more but actually advertise it. Advertise home auctions so everyone has a chance to bid not just city/county workers and their family. Make our thrift store a thrift store again. It's not meant to charge more for brand name items, it's meant for whatever people donate to go to people who actually need it
1034	67547	Good	SERV	DOCS	SAFE	the Adult protective services are very lax in listening to medical providers and patient safety
1040	67561	Good	SERV	SPRT		Bring back community events, neighborhood gatherings
1050	67547	Average	SH	ECON	HOUS	I don't feel our ratio of kids going to college or a tech school are very high and I worry that they are not being well prepared. Economically this community looks and acts poor and there seems to be many people who have no sense of pride in lifestyle. Many houses are falling down only to be purchased by folks who say they are going to fix them up but don't. Socially we struggle as a community, but at least I see glimpses of community members working to improve this.
1051	67547	Average	SH	SERV		Getting a parents as teachers program started.
1033	67552	Good	TRAN	DOH	FINA	Public transportation services. Handing out commodities at the health department within limitations breeds dependence and does not help self change. Classes on how to become employed, maintain employment, and become financially independent would be a better option.
1036	67547	Good	TRAN	GOV	ACC	Kinsley and Edwards County are in dire need of public transportation services. The State/Government wants to know what is needed but has NO resources available for the transportation needs of our elderly and others without transporation in rural communities.
1032	67547	Good	TRAN	WAG	FAC	We need transportation for people that do not have it so they can take care of their healthcare needs. Or reimbursement for caregivers to go to the home. There is only so much healthcare facilities can provide without an increase in what they are paid because the people that are employed have to be paid, maintenance of buildings, etc have to be met as well.
1021	67547	Very Good	TRAN			Definitely need public transportation

CHNA 2024 Community Feedback: Edwards County, KS (N=57)						
ID	Zip	Rating	c1	c2	c3	Q8. In your opinion, what are the root causes of "poor health" in our community? Other (Be Specific)
1053	67523	Average	DRUG	AWARE		Lack of substance abuse awareness and treatment programs
1028	67563	Very Good	OTHR			Lack of religious involvement
1045	67547	Average	OWN	PREV		LAZY PEOPLE
1001	67547	Poor	SPRT			Treat everyone the same. The lower class people are just as important as the higher class.

CHNA 2024 Community Feedback: Edwards County, KS (N=57)						
ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1026	67547	Good	ADOL	MH	SERV	More programs for youth, increased mental health services
1051	67547	Average	ADOL	SERV		Programs for younger children and parents
1005	67547	Good	ALT	PEDS	DERM	Holistic, pediatric, dermatology
1050	67547	Average	CHRON	HOUS	CC	Chronic Care Management needs to grow. We have to find a way to have more safe and acceptable housing options. Childcare services are at a critically low level, but I am so thankful for the county committee that is actively working on this.
1015	67547	Good	DOH	EDU	MH	Health Department should be way more active with education. Something needs done with mental health
1053	67523	Average	DRUG	AWARE	MH	Substance Abuse Awareness and Prevention. Mental Health Support Groups
1019	67547	Average	EDU			Knowledgeable instructors
1036	67547	Good	HH	NH	MH	Home Health services, Assisted Living & Long-Term Care, Mental Health services.
1052	67547	Very Poor	MH	SH	DRUG	We need more mental health providers and something who middle and high school kids to do other than drugs and run around town
1021	67547	Very Good	NH	FAC	STFF	Nursing home is VERY rundown. Neefs updated and professional staff
1033	67552	Good	NUTR	FIT		Nutrition and exercise classes.
1032	67547	Good	NUTR	PREV	MH	Nutrition classes, wellness classes, behavioral health support.
1004	67547	Good	NUTR			Nutrition
1001	67547	Poor	OBE	REC	FIT	Obesity classes. YMCA. Indoor pool meant for people who need water therapy exercise,
1017	67552	Good	OTHR			art class
1028	67563	Very Good	OTHR			Stressing the spiritual dimensions of our lives.
1055	67547	Average	PEDS			Pediatrician would be amazing!
1040	67561	Good	PRIM	PREV	LAB	Action Health Check - a means to have a provider, driver and phlebotomist/ assistant go to rural customers, patients, elderly, disabled, etc. to perform a wellness check
1030	67547	Good	REC	PHY	FIT	Would love to see the medical center establish an indoor pool for physical therapy and classes.
1031	67547	Good	SH			More mentoring for elementary and middle schoolers.
1041	67552	Very Good	SPRT	SERV		I am not sure on this. I would like to see some parenting classes but I am not sure parents would attend.

Edwards County Medical Center (Kinsley, KS) along with area providers have begun the process of updating a comprehensive community-wide 2024 Community Health Needs Assessment (CHNA) to identify unmet health needs. To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery. NOTE: Please consider your answers to the survey questions as it relates to ALL healthcare services in our community, including but not limited to our local hospital.

While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention! CHNA 2024 online feedback deadline is set for May 10, 2024.

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

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

2. 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/Palliative	☐	☐	☐	☐	☐
Telehealth	☐	☐	☐	☐	☐

3. How would our community area residents rate each of the following health services?
(Continued)

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Hospital Services	☐	☐	☐	☐	☐
Mental Health Services	☐	☐	☐	☐	☐
Nursing Home/Senior Living	☐	☐	☐	☐	☐
Outpatient Hospital Services	☐	☐	☐	☐	☐
Pharmacy	☐	☐	☐	☐	☐
Primary Care	☐	☐	☐	☐	☐
Public Health	☐	☐	☐	☐	☐
School Health	☐	☐	☐	☐	☐
Visiting Specialists	☐	☐	☐	☐	☐

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

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

6. From our past CHNA, a number of health needs were identified as priorities. Are any of these an ongoing problem for our community? Please select top three.

- | | |
|--|---|
| ☐ Access to Local Specialists | ☐ Obesity (Nutrition / Fitness) |
| ☐ Child Care Options | ☐ Senior Programs/Activities |
| ☐ Home Health/Hospice Care | ☐ Substance Abuse (Drug & Alcohol) |
| ☐ Housing (Affordable / Safe) | ☐ Uninsured / Underinsured |
| ☐ Mental Health Services (Access, Provider, Treatment, Aftercare) | ☐ Youth Mentoring |

7. Which past CHNA needs are NOW the "most pressing" for improvement? Please select top three.

- | | |
|--|---|
| ☐ Access to Local Specialists | ☐ Obesity (Nutrition / Fitness) |
| ☐ Child Care Options | ☐ Senior Activities / Programs |
| ☐ Home Health / Hospice | ☐ Substance Abuse (Drug & Alcohol) |
| ☐ Housing (Affordable / Safe) | ☐ Uninsured / Underinsured |
| ☐ Mental Health | ☐ Youth Mentoring |

8. In your opinion, what are the root causes of "poor health" in our community? Please select top three.

- | | |
|--|--|
| ☐ Chronic Disease Management | ☐ Limited Access to Mental Health |
| ☐ Lack of Health & Wellness | ☐ Family Assistance Programs |
| ☐ Lack of Nutrition / Access to Healthy Foods | ☐ Lack of Health Insurance |
| ☐ Lack of Exercise | ☐ Neglect |
| ☐ Limited Access to Primary Care | ☐ Lack of Transportation |
| ☐ Limited Access to Specialty Care | |

Other (Be Specific).

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

	Very Good	Good	Fair	Poor	Very Poor
Behavioral/Mental Health	☐	☐	☐	☐	☐
Emergency Preparedness	☐	☐	☐	☐	☐
Food and Nutrition Services/Education	☐	☐	☐	☐	☐
Health Wellness Screenings/Education	☐	☐	☐	☐	☐
Prenatal/Child Health Programs	☐	☐	☐	☐	☐
Substance Use/Prevention	☐	☐	☐	☐	☐
Suicide Prevention	☐	☐	☐	☐	☐
Violence/Abuse Prevention	☐	☐	☐	☐	☐
Women's Wellness Programs	☐	☐	☐	☐	☐
Exercise Facilities / Walking Trails etc.	☐	☐	☐	☐	☐

10. Social Determinants are impacting healthcare delivery. These determinants include 1) Education Access and Quality, 2) Economic Stability, 3) Social / Community support, 4) Neighborhood / Environment, and 5) Access to Quality Health Services. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? Be Specific

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

☐ Yes ☐ No

If yes, please specify the services received

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

☐ Yes ☐ No

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

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

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

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

Other (Please specify).

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

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

Other (Please specify).



16. For reporting analysis, please enter your 5-digit ZIP code.

e.) County Health Rankings & Roadmap Detail

[VVV Consultants LLC]

Edwards County

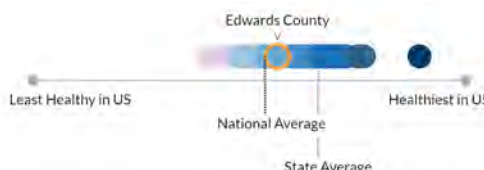


KANSAS HEALTH INSTITUTE
Informing Policy. Improving Health.

Health Outcomes



Health Factors



khi.org
countyhealthrankings.org

Health Outcomes and Health Factors summaries replace the numerical ranking provided in previous years.

Each Kansas county with sufficient data is represented by a dot, placed on a continuum from least healthy to healthiest in the nation.

The color of each dot represents data-informed groupings of counties nationwide with similar Health Outcomes or Health Factors on the continuum.

Population: 2,739

	2020	2021	2022	2023	2024	Kansas 2024	U.S. 2024
Health Outcomes							
Length of life							
Premature death (years of potential life lost, per 100,000) ⁽¹⁾					24004	8079	7972
Quality of life							
% Reporting poor or fair health, adults ⁽¹⁾		19	21	15	17	14	14
Average number of poor physical health days, adults ⁽¹⁾		4	4	3	3.5	3.2	3.3
Average number of poor mental health days, adults ⁽¹⁾		4	4	4	4.9	5.0	4.8
% Low birthweight, <2,500 grams	8.4	6.9	7.8	7.8	8	7	8
Health Factors							
Health Behaviors							
% Smokers, adults ⁽¹⁾		21	18	19	19	16	15
% Obese, adults age 20 and older ⁽¹⁾			39	40	40	37	34
Food environment index, 0 (worst) to 10 (best)	8.5	8.4	8.4	8.7	8.6	7.1	7.7
% Physically inactive, adults age 20 and older ⁽¹⁾			33	25	28	23	23
% Access to exercise opportunities ⁽¹⁾				54	43	80	84
% Excessive drinking, adults ⁽¹⁾		18	18	19	16	20	18
% Driving deaths with alcohol-involvement	57	50	50	50	57	20	26
Sexually transmitted infection rate, per 100,000 population	207	138			317.8	506.1	495.5
Teen birth rate, per 1,000 females age 15-19 ⁽¹⁾						19	17
Clinical Care							
% Uninsured, population under age 65	17	16	16	16	15	11	10
Primary care physicians rate, per 100,000 population	35	35				78	75
Dentists rate, per 100,000 population	35	36	36	35	37	63	74
Mental health providers rate, per 100,000 population						237	314
Preventable hospital stays rate, per 100,000 Medicare enrollees	4429	1947	1704	1720	1649	2576	2681
% Mammography screening, Medicare females age 65-74	42	38	40	37	44	48	43
% Flu vaccinations, Medicare enrollees	15	16	19	28	22	47	46
Social & Economic Factors							
% High school completion, adults age 25 and older ⁽²⁾		85	87	87	88	92	89
% With some college, adults age 25-44	67	69	71	62	57	71	68
% Unemployed, population age 16 and older	2.4	2.6	3	2.1	2.3	2.7	3.7
% Children in poverty	17	17	15	16	19	14	16
Income inequality ratio, 80th to 20th percentile	3.5	3.5	3.2	3.4	4.0	4.4	4.9
% Children in single-parent households	20	9	7	16	20	21	25
Membership associations rate, per 10,000 population	10.4	14	14.3	10.9	10.6	13.2	9.1
Injury death rate, per 100,000 population ⁽¹⁾					120	82	80
Physical Environment							
Average daily density of fine particulate matter ⁽³⁾	7.5	5.8	6.8	6.3	6.3	6.7	7.4
Drinking water violations?	No	No	No	Yes	No		
% Households with severe housing problems	6	7	4	4	5	12	17
% Driving alone to work	80	81	80	83	76	78	72
% Long commute - driving alone	29	30	30	29	26	22	36

Empty cells: Shaded cells indicate measures were omitted due to methodology change⁽¹⁾, new additions⁽²⁾, or are unavailable due to low reliability.

⁽³⁾Source data have not been updated since the 2023 County Health Rankings Release.

Edwards County

khi.org | countyhealthrankings.org

The annual *County Health Rankings & Roadmaps* data release provides a snapshot of the health of each county in two summaries: **Health Factors** (which measure issues that can shape the health outcomes) and **Health Outcomes** (which measure length and quality of life). Each county is placed on a continuum from least healthy to healthiest in the nation and categorized into a group of counties with similar Health Outcomes or Health Factors. The following tables illustrate the “drivers” for health of this county.

What do these drivers mean?

The drivers indicate the measures with the greatest impact on the health of the county. Drivers labeled with a green plus sign are measures on which the county performed particularly well compared to all counties nationwide. Those labeled with a red minus sign are measures which could be improved and may warrant additional attention.

Health Factors: Drivers with the greatest impact on health, Edwards County, KS - 2024

	Measure	Description	Factor Category	County Value	U.S. Value	Direction of Impact
1	Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	Social and Economic Environment	2.3%	3.7%	+
2	Preventable Hospital Stays	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	Clinical Care	1649	2681	+
3	Alcohol-Impaired Driving Deaths	Percentage of driving deaths with alcohol involvement.	Health Behaviors	57%	26%	-
4	Flu Vaccinations	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination.	Clinical Care	22%	46%	-
5	Injury Deaths	Number of deaths due to injury per 100,000 population.	Social and Economic Environment	120	80	-

Health Outcomes: Drivers with the greatest impact on health, Edwards County, KS - 2024

	Measure	Description	Factor Category	County Value	U.S. Value	Direction of Impact
1	Premature Death	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	Length of Life	24004	7972	-
2	Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	Quality of Life	3.5	3.3	+
3	Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	Quality of Life	4.9	4.8	+
4	Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	Quality of Life	17%	14%	+
5	Low Birthweight	Percentage of live births with low birthweight (< 2,500 grams).	Quality of Life	8%	8%	-

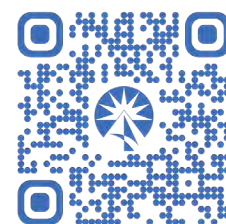
N/A: Not applicable due to insufficient data.

+ Green Plus: Measure with a positive impact on a county’s health grouping.

- Red Minus: Measure with a negative impact on a county’s health grouping.

Technical Note: The U.S. values are provided as a point of reference. However, the drivers and direction of impact are determined by using the county value and the average across counties in the U.S. and then applying measure weights. Drivers are provided in order of impact on health for this year. Values have been rounded according to how they are presented on the County Health Rankings and Roadmaps website. For more information on the derivation of health groups, please visit: bit.ly/2024CHRzScores. For more information on data sources, year(s) of data and weights for measures, please visit bit.ly/2024CHRmeasures.

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VVV Consultants LLC is an Olathe, KS-based “boutique” healthcare consulting firm specializing in Strategy; Research, and Business Development services. We partner with clients. Plan the Work; Work the Plan