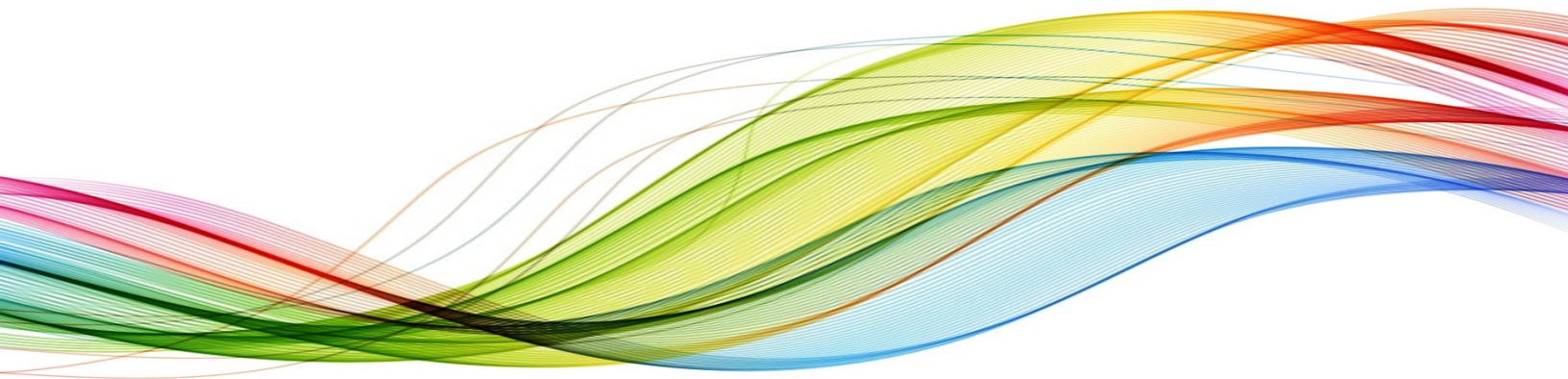




Community Health Needs Assessment Atchison Hospital

Atchison County, KS



August 2019

**VVV Consultants LLC
Olathe, KS**

Community Health Needs Assessment

Table of Contents

I. Executive Summary

- a) County Health Area of Future Focus (A prioritized description of future community needs identified by community discussion)
- b) Town Hall CHNA Findings: Areas of Strengths and Areas to Change and/or Improve.

II. Methodology

- a) CHNA Scope and Purpose
- b) Local Collaborating CHNA parties (The identity of any and all organizations with which the organization collaborated and third parties that engaged to assist with the CHNA)
- c) CHNA & Town Hall Research Process (A description of the process & methods used to conduct the CHNA, a description of how the organization considered the input of persons representing the community, and an explanation of the process/ criteria used in prioritizing)
- d) Community Profile (A description of the community served by the facility and how the community was determined)

III. Community Health Status

- a) Historical Community Health Statistics- Secondary Data
- b) Online Research- Health Status

IV. Inventory of Existing County Health Resources

- a) A description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA

V. Detail Exhibits

- a) Patient Origin & Access to Care
- b) Town Hall Attendees, Notes, & Feedback (Who attended with qualifications)
- c) Public CHNA Notice / News
- d) Primary Research Detail

I. Executive Summary

[VVV Consultants LLC]

I. Executive Summary

Atchison Hospital – Atchison County, KS- 2019 Community Health Needs Assessment (CHNA) Wave #3

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

Atchison Hospital's previous CHNA was completed in 2016. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #3 Atchison Hospital CHNA assessment began February 2019 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

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

a) County Health Area of Future Focus

Atchison County, KS Town Hall - "Community Health Improvements Needs"

2019 CHNA Health Priorities CHNA Wave #3 Town Hall - August 1, 2019 Atchison Hospital - Primary Service Area Atchison County KS (40 Attendees, 148 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Diagnosis / Treatment / Aftercare) Special focus on awareness of services	29	19.6%	19.6%
2	Drugs (Opioids, Meth, etc.)	25	16.9%	47.3%
3	Add Providers (PC, IM, Surg, Derm, Peds, Onc, Pulm)	21	14.2%	61.5%
4	Obesity (Nutrition / Exercise)	16	10.8%	30.4%
5	Emergency Room Access (Timeliness of Care)	13	8.8%	70.3%
6	Smoking -Vaping	9	6.1%	76.4%
7	Coordination of Atchison County Social Service Agencies	8	5.4%	81.8%
		148	100.0%	
Other Items receiving votes: Parenting Education, Poverty, Healthcare Transportation, Shelters, Community Healthcare Perception, Qualified Labor, Alcohol, Walk-In Clinics, Affordable Housing, Women's Health, and Preventive Healthcare Education.				

b) Town Hall CHNA Findings: Areas of Strengths

Atchison County, KS Town Hall - "Community Health Areas of Strengths"

Atchison Hospital Primary Service Area " Community Health Strengths "			
#	Topic	#	Topic
1	Community Mental Health Center	7	Hospital Access
2	Dental Care	8	Law Enforcement
3	Economic Development	9	Live Well Live Atchison
4	EMTs / Ambulance	10	Schools / School Programs
5	Eye Care	11	Walking Trails
6	Farmer's Market	12	YMCA

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

KANSAS HEALTH RANKINGS: According to the 2019 Robert Wood Johnson County Health Rankings, Atchison County KS was ranked 89th in Health Outcomes, 97th in Health Factors, and 46th in Physical Environmental Quality out of the 105 Counties.

TAB 1. Atchison County's population is 16,332 (based on 2017), with a population per square mile (based on 2010) of 39 persons. Six percent (6%) of the population is under the age of 5 and 16.8% is over 65 years old. Hispanic or Latinos make up 3.1% of the population and there are 1.4% of Atchison County citizens that speak a language other than English at home. Children in single parent households make up 29% and 85.9% are living in the same house as one year ago. There are 1,026 Veterans living in Atchison County.

TAB 2. The per capita income in Atchison County is \$25,494, and as high as 14.3% of the population is in poverty. There is a severe housing problem of 10% and an unemployment rate of 5.2%. Food insecurity is 17%, and limited access to a store (healthy foods) is 6%.

TAB 3. Children eligible for a free or reduced-price lunch is at 63% and 92.4% of students graduate high school while 20.7% of students get their bachelor's degree or higher in Atchison County.

TAB 4. The percent of births where prenatal care started in the first trimester is 74.1%. Forty-five percent (45.3%) of births in Atchison County occur to unmarried women. Births where mothers have smoked during the pregnancy is at 18.8% and the percent of babies that were born prematurely is 7.7%. There are 8.6% of WIC Mothers breastfeeding exclusively.

TAB 5. There is one primary care physician per 2,050 people in Atchison County. Patients who gave their hospital a rating of 9 or 10 out of 10 are 80% and there are 72% of patients who reported Yes, They Would Definitely Recommend the Hospital.

TAB 6. Medicare population getting treated for depression in Atchison County is 17.2%. There are 3.5 days out of the year that are poor mental health days. Opioid prescription rates per 100 (based on 2017) are high at 95.1 for Atchison County.

TAB 7. Forty-three percent (43%) of adults in Atchison County are obese (based on 2019), with 32% of the population physically inactive. Seventeen percent (17%) of adults drink excessively and 19% smoke. Hyperlipidemia (34.2%), COPD (14.3%) and Chronic Kidney Disease (22%) risk are all higher than the comparative norm in Atchison County.

TAB 8. The adult uninsured rate for Atchison County is 7%.

TAB 9. The life expectancy rate in Atchison County is 75.3 for Males and 80.0 for Females. Alcohol-impaired driving deaths for Atchison County is high, at 29%.

TAB 10. Seventy-four percent (74%) of Atchison County has access to exercise opportunities and 10% monitor diabetes. Thirty-seven percent (37%) of women in Atchison County get annual mammography screenings.

Key 2019 Community Feedback Conclusions: Stakeholder feedback from residents, community leaders and providers (N=102) provided the following community insights via an online perception survey:

- Using a Likert scale, 55.9% of Atchison County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Atchison County stakeholders are satisfied with the following services: Ambulance Services, Chiropractors, Dentists, Eye Doctors, Nursing Homes, Pharmacy and School Nurses.
- When considering past CHNA needs: Alcohol and Drug Abuse, Mental Health Specialists, Obesity, Uninsured and Specialty Healthcare Physicians came up.

CHNA Wave #3 AH - 2019		Atchison KS PSA N=102			
Past CHNAs health needs identified		Ongoing Problem			Pressing
#	Topic	Votes	%	Trend	RANK
1	Alcohol and Drug Abuse	56	75.7%		1
2	Mental Health Specialists	44	59.5%		2
3	Obesity	40	54.1%		3
4	Uninsured	35	47.3%		7
5	Specialty Healthcare Physicians	33	44.6%		5
6	Economic Development	31	41.9%		4
7	Nutrition and Wellness Education	30	40.5%		8
8	Smoking	26	35.1%		9
9	Urgent Care	25	33.8%		6
10	Healthcare Transportation	22	29.7%		11
11	Dental Services	19	25.7%		10
12	Sex Education	18	24.3%		12

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.).

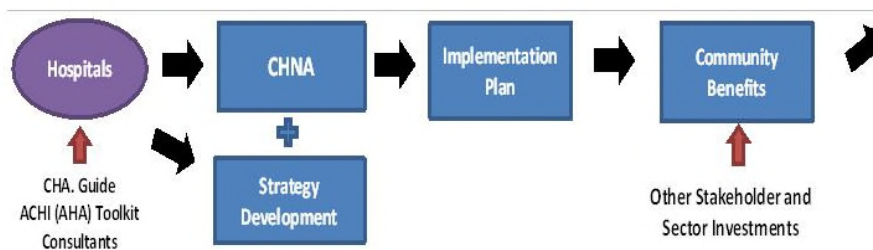
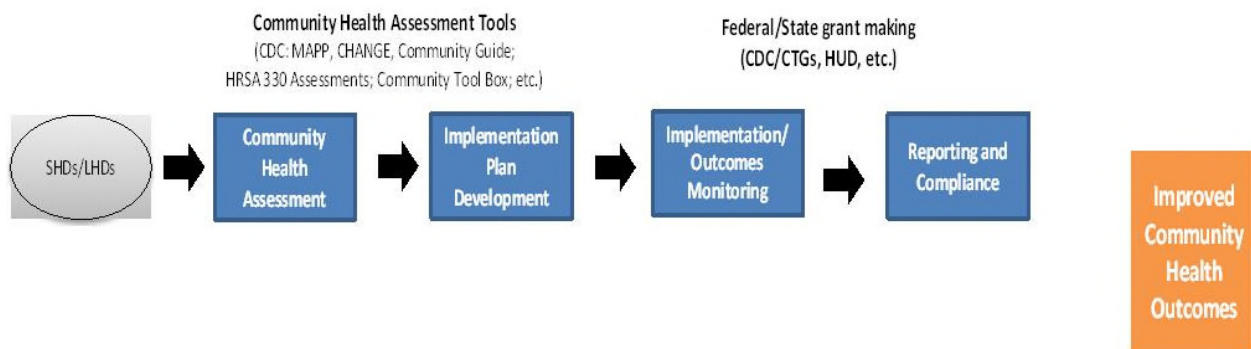
JOB #2: Making a CHNA Widely Available to the Public

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 Notice 2011-52 Overview

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

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

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

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

ACCOUNTING TODAY 1/2/15

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

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

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

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

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

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

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

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

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

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

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

RICH DALY, HFMA SENIOR WRITER/EDITOR

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

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

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

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

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

Reasons for Revocation

Hospital 501(r) requirements include:

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

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

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

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

Widespread Vulnerability

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

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

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

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

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

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

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

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

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

Public Health Criteria:

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

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

DOMAIN 1 includes 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

II. Methodology

b) Collaborating CHNA Parties

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

Atchison Hospital

**800 Raven Hill Dr
Atchison, KS 66002
CEO: Jeff Perry
913-367-2131**

About Us: Atchison Hospital has been the leading healthcare provider in the Atchison community and surrounding area since 1912. In 2010 a new facility was built and was designed with patient care in mind. Our 85,000 square foot, single story building allows all departments and nurses stations to be in close proximity which increases efficiency in patient care. Why go anywhere else when you can get the best care right here.

Features of Atchison Hospital

- Single-story facility design allowing for all departments to be in close proximity, increasing efficiency that is entirely patient focused.
- 25 private family friendly patient rooms each with their own bathroom; designed for patient comfort and privacy.
- The Emergency Department has private rooms, and a separate entry as well as dedicated parking.
- A four-bed Intensive Care Unit (ICU) located in the center of the Inpatient Care area. Each ICU room has its own restroom.
- Three large surgical suites with comfortable pre-op and post-op areas that accommodate video and fiber-optic technology to perform minimally invasive surgery.
- A Gastrointestinal (GI) Lab and an Infusion Services room.
- Comfortable, hotel-like, family friendly OB rooms that accommodate all phases of having a baby. Nurse's stations located closer to patient's rooms and the technology that allows the nursing staff to observe the patient's bedside fetal monitor from the nurse's station.

We do our best to keep up with technology so that our staff has the newest resources to provide the best care for our patients. We appreciate you taking the time to look at what our facility has to offer and we encourage you to come and take a look around for yourself.

Our Mission: Atchison Hospital provides excellent healthcare and wellness for life.

Our Vision: Atchison Hospital is a leader in health and wellness:

- Patient Centered
- Regional
- Independent, community-owned
- Distinguished by our care and service
- Essential to our community

Our Values: Atchison Hospital recognizes our employees are our most valuable asset. We have identified core values successful employees need to strive for in order for us to accomplish our mission.

- Pride
- Trust
- Compassion
- Education
- Change Driven
- Quality
- Respect
- Innovative
- Teamwork
- Accountability/Ownership

Our Services: Atchison Hospital is a full-service Community Hospital. We work hard to make sure that most of your health care needs can be met close to home, for both inpatient and outpatient care. Our team of visiting specialists complements our own local medical staff, and our highly trained employees give you the best care, right here. If you ever need more advanced care, our relationships with larger hospitals in St. Joseph or Kansas City can make a referral or transfer a much better experience for you and your family.

- Advanced Health Services
- Auxiliary
- Cardiac Rehab
- Cardiology
- Cardio Pulmonary
- Dietary
- Donations and Community Support
- Education
- Emergency Department
- Home Health and Hospice
- Hospitalist
- Intensive Care Unit
- Laboratory
- Medical/Surgical - Swing Bed Unit
- Obstetrics
- Orthopedics
- Pharmacy
- Radiology
- Rehabilitation (Physical Therapy, Speech Therapy and Occupational Therapy)
- Social Services
- Surgery
- Volunteer Spirituality Support Program

Live Well Live Atchison

**200 South 10th St
Atchison, KS 66002
Executive Director: Andrea Clements
913-367-2427**

Since 2011, *Live Well Live Atchison* has been a vibrant community action group focused on improving the overall health and well-being of Atchison County residents. Our work is organized under four priorities – physical activity, healthy eating, tobacco-free living, and behavioral health. Our aim is to help people feel inspired, capable, motivated, and prepared to improve their health. We want to get people moving more, eating healthier, feeling better, and enjoying more energized lives. LWLA believes that changes to policy systems and environments are the most effective means of promoting and sustaining healthy lifestyles and uses advocacy and education across key sectors to effect these changes.

Mission: Our Mission is to promote and sustain healthy behaviors through education, community action, and advocacy.

Vision: Our Vision is to inspire vibrant and thriving communities within the Atchison area.

Values

- Accountability
- Supporting families in all their forms
- Forward thinking
- Respect for community
- Education
- Everyone is valuable

What We Do

We encourage people to:

- Get active. Walk, bike, play outside—just get moving.
- Eat healthier. Eat more fresh fruit and vegetables and less processed food. Cook at home and use whole foods.
- Reduce/eliminate tobacco use.
- Refrain from underage drinking and youth prescription-drug misuse.
- Get happy and be connected. We're social beings and when we're connected to neighbors, friends, family, and community organizations, well-being and happiness increase.

We strive to accomplish these goals by engaging with the community through community policy, schools, healthcare, workplaces, restaurants, and food retailers.

NEK Multi-County Health Department., Inc. - Atchison County Health Department

**616 Commercial St
Atchison, KS 66002**

**Hours: Monday- Friday 8:00 a.m. to 4:30 p.m. (closed 12:00-1:00 p.m.)
913-367-5152**

NEK Multi County is a single non-profit agency offering public health, home health and hospice services across the tri-county area (Atchison, Brown and Jackson counties) for over 35 years.

NEK Multi County Health Departments, Inc. offers public health services across three counties. Some of those services include WIC (Women, Infants, Children), Healthy Start home visiting, immunizations for both children and adults, family planning, adult and child health assessments and communicable disease control. Our staff of registered nurses are professional, knowledgeable, compassionate and have extensive experience in the field of public health!

Services: WIC, immunizations, well baby checks, hearing screenings and more!

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications



VVV Consultants LLC

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

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

VVV@VandehaarMarketing.com

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

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

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

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

Collaborating Support:

Tessa Taylor BBA BA - VVV Consultants LLC

Lead Consultant

II. Methodology

c) CHNA and Town Hall Research Process

Wave #3 Community Health Needs Assessment (CHNA) process began in February 2019 for Atchison Hospital to meet IRS CHNA requirements.

In February a meeting was called by Atchison Hospital (Atchison County, KS) to review possible CHNA collaborative options, in collaboration with Live Well Live Atchison and North-East Kansas Multi-County Health Department. 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 Atchison Hospital requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

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

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

Atchison Hospital - Atchison KS				KHA FFY2016-2018		
Define Primary Service Area				109704		
ZIP	CITY	ST	County	3YR IP/OP/ER	%	Accum
66002	Atchison, KS	KS	ATCHISON	79819	72.8%	72.8%
66023	Effingham, KS	KS	ATCHISON	4828	4.4%	77.2%
66041	Lancaster, KS	KS	ATCHISON	3562	3.2%	80.4%
66016	Cummings, KS	KS	ATCHISON	2529	2.3%	82.7%
64484	Rushville, MO	MO	BUCHANAN	2724	2.5%	85.2%
66087	Troy, KS	KS	DONIPHAN	2604	2.4%	87.6%

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

Atchison Hospital - CHNA Wave #3

Option C - Project Timeline and Roles 2019

Step	Date (Start-Finish)	Lead	Task
1	1/7/2019	VVV	Sent VVV quote for review.
2	1/14/2019	Hosp	Select CHNA Option A/B/C. Approve and sign VVV CHNA quote.
3	2/15/2019	VVV	Send out REQCommInvite Excel file. Hospital and health department to fill in PSA stakeholders names, addresses and emails.
4	6/18/2019	VVV	Request client to send KHA PO101, PO103 and TOT223 PO Reports for FFY 16, 17 and 18. In addition, request three year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls).
5	On or before 6/18/2019	VVV	Prepare CHNA Wave #3 stakeholder feedback online link. Send link for hospital review.
6	On or before 6/18/2019	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming CHNA work. Hospital to place.
7	On or before 6/18/2019	VVV / Hosp	Prepare Email request to Roster Stakeholders announcing online CHNA Wave #3 feedback. BCC email from Hospital Administration.
8	By June 20, 2019	VVV	Launch and conduct online survey to stakeholders. Hospital Admin will e-mail announcement to participate to all stakeholders. (Survey to end July 15th)
9	July 2019	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
10	On or before 7/12/2019	Hosp	Prepare and send out community Town Hall invite letter and place local ad.
11	On or before 7/15/2019	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming Town Hall. VVV will mock up PR release to media sources.
12	TBD Week prior to Town Hall	All	Conduct conference call (<i>time TBD</i>) with hospital and health department to review Town Hall data and flow.
13	Thursday, August 1st, 2019 (5:30pm-7:00pm)	VVV	Conduct CHNA Town Hall from 5:30 p.m. to 7:00 p.m. in the Atchison Hospital Cafeteria. Review and discuss basic health data plus rank health needs.
14	On or before 8/30/2019	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital and health department.
15	On or before 9/6/2019	VVV	Produce and release final CHNA report. Hospital will post CHNA online.
16	30 days prior to end of hospital fiscal year	TBD	Hold board meetings to discuss CHNA needs and create and adopt an Implementation Plan. Communicate CHNA plan to community.

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

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

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

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

Phase III—Quantify Community Need:

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

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

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

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

Phase I: Discovery.....	Feb 2019
Phase II: Secondary / Primary Research.....	Mar – Jul 2019
Phase III: Town Hall Meeting.....	Aug 1, 2019
Phase IV: Prepare / Release CHNA report.....	Aug – Sept 2019

Detail CHNA Development Steps Include:

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

Overview of Town Hall Community Priority Setting Process

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

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


Atchison Hospital (Atchison Co, KS), in collaboration with Live Well Live Atchison and North-East Kansas Multi-County Health Department, town hall meeting was held on Thursday, August 1st, 2019 from 5:30 p.m. to 7:00 p.m. in the Atchison Hospital Cafeteria. Vince Vandehaar facilitated this 1 ½ hour session with forty (40) attendees. (Note: a detailed roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

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

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

**Community Health Needs Assessment
Town Hall Meeting – on behalf of
Atchison Hospital and Live Well Live Atchison
Atchison County, KS**



**Vince Vandehaar, MBA
VVV Consultants LLC**
Principal / Adjunct Full Professor

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

1

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

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

2

I. Introduction:
Background and Experience



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

- > Professional Consulting Services: Strategic Planning, Marketing Management, Business Research & Development
- > Focus: Strategy, Research, Deployment
- > 30+ years of experience with Tillinghast, BCBSKC, Saint Luke's

Adjunct Full Professor - Marketing & MHA 31+ years

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

Tessa Taylor, BBA BA - Associate Consultant

- > University of Wisconsin-Whitewater
- > American Marketing Association - Chapter President (2 years)
- > KAHCC Member / AMAKC Board Member

3

Town Hall Participation (You)

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

4

I. Introductions: A Conversation with the Community

Community members and organizations invited to CHNA Town Hall

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

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

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

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

5

II. Review CHNA Definition

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

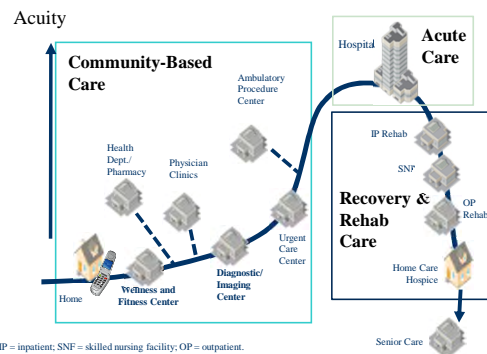
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Purpose—Why Conduct a CHNA?

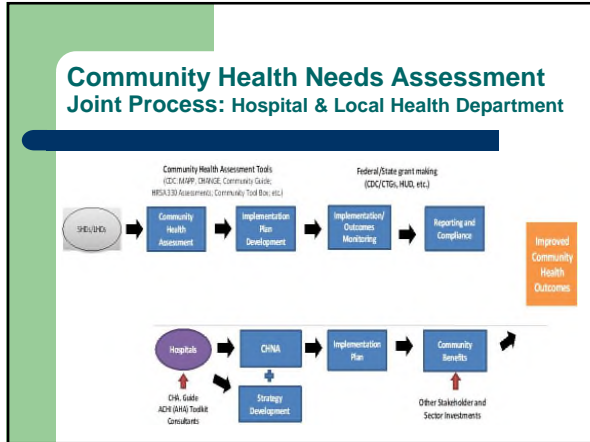
- To determine health-related trends and issues of the community
- To understand / evaluate health delivery programs in place.
- To meet Federal requirements – both local hospital and health department
- To develop strategies to address unmet health needs (4-6 weeks after Town Hall)

7

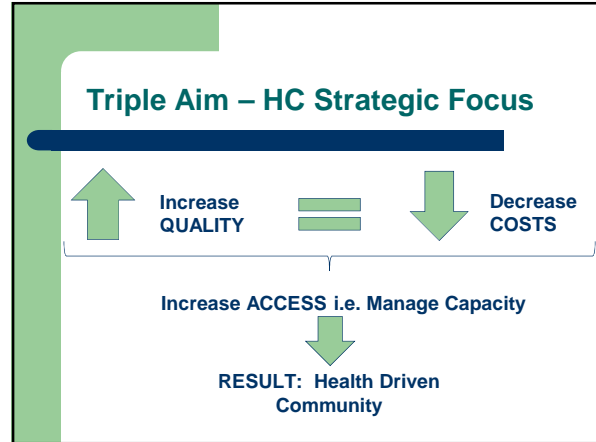
Future System of Care—Sg2



8



9



10

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

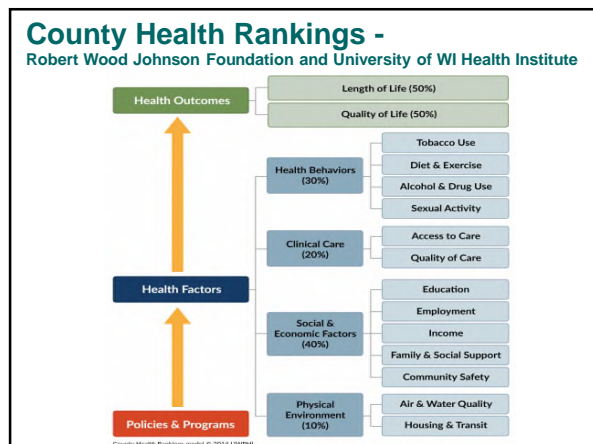
11

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

Trends: Good Same Poor

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

12



13

IV. Collect Community Health Perspectives

Ask your opinion. Your thoughts?

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

14

Have We Forgotten Anything?

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

15

Community Health Needs Assessment

Questions; Next Steps?

VVV Consultants LLC

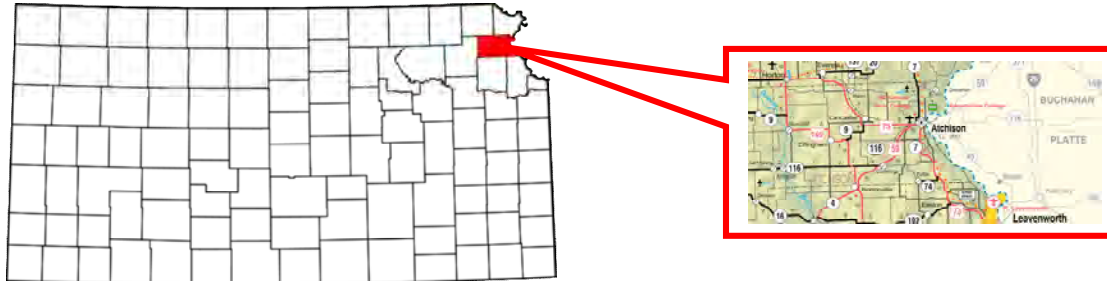
VVV@VandehaarMarketing.com
TET@VandehaarMarketing.com
(913) 302-7264

16

II. Methodology

d) Community Profile (A Description of Community Served)

Atchison County, Kansas Community Profile



The population of Atchison County was estimated to be 16,529 in July 2019. There is a population density of 38 persons per square mile. Atchison County's major cities are: Atchison, Effingham, Huron, Lancaster and Muscotah.

The major highway transportation is by U.S. Route 59, U.S. Route 73, U.S. Route 159, Kansas Highway 7, Kansas Highway 9 and Kansas Highway 116.

Atchison County (KS) Pubic Airports¹

Name	USGS Topo Map
Amelia Earhart Airport	Atchison West
Bent Nail Ranch Airport	Everest
Strafuss Airport	Effingham

Atchison County (KS) Public Schools²

Name	Address	Phone	Levels
Atchison Alternative School	215 N 8th St Atchison, KS 66002	913-360-6540	1-12
Atchison County Community Elem	607 8th St Effingham, KS 66023	913-833-4420	PK-6
Atchison County Community Jr/Sr High	908 Tiger Rd Effingham, KS 66023	913-833-2240	7-12
Atchison Elem	825 N 17th St Atchison, KS 66002	913-367-1161	PK-5
Atchison High	1500 W Riley St Atchison, KS 66002	913-367-4162	9-12
Atchison Middle	301 N 5th Atchison, KS 66002	913-367-5363	6-8

¹ <https://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20005.cfm>

² https://kansas.hometownlocator.com/schools/sorted-by-county_n,atchison.cfm

Demographics - Atchison Co (KS)

Demographics - Atchison Co (KS)										
				Population			Households			Per Capita
Zip	Name	ST	County	YR 2018	YR 2023	Chg.	YR 2018	YR 2023	Size	Inc 18
66002	Atchison	KS	ATCHISON	13544	13342	-1.5%	4880	4790	2	\$23,102
66016	Cummings	KS	ATCHISON	511	499	-2.3%	195	191	3	\$23,854
66023	Effingham	KS	ATCHISON	1074	1048	-2.4%	435	424	2	\$22,464
66041	Lancaster	KS	ATCHISON	667	642	-3.7%	255	246	3	\$23,945
66058	Muscotah	KS	ATCHISON	399	398	-0.3%	152	152	3	\$23,637
Totals				16,195	15,929	-1.6%	5,917	5,803	3	\$23,400
Zip	Name	ST	County	Pop18 65+	Pop18 <=18	Females	White	Black	Amer. Ind.i	Hisp.
66002	Atchison	KS	ATCHISON	2300	3823	7007	11946	835	87	481
66016	Cummings	KS	ATCHISON	102	121	245	488	10	3	6
66023	Effingham	KS	ATCHISON	211	272	524	1031	11	7	28
66041	Lancaster	KS	ATCHISON	142	153	326	640	2	4	10
66058	Muscotah	KS	ATCHISON	75	95	193	386	1	2	9
Totals				2,830	4,464	8,295	14,491	859	103	534
Percentages				17.5%	27.6%	51.2%	89.5%	5.3%	0.6%	3.3%

III. Community Health Status

[VVV Consultants LLC]

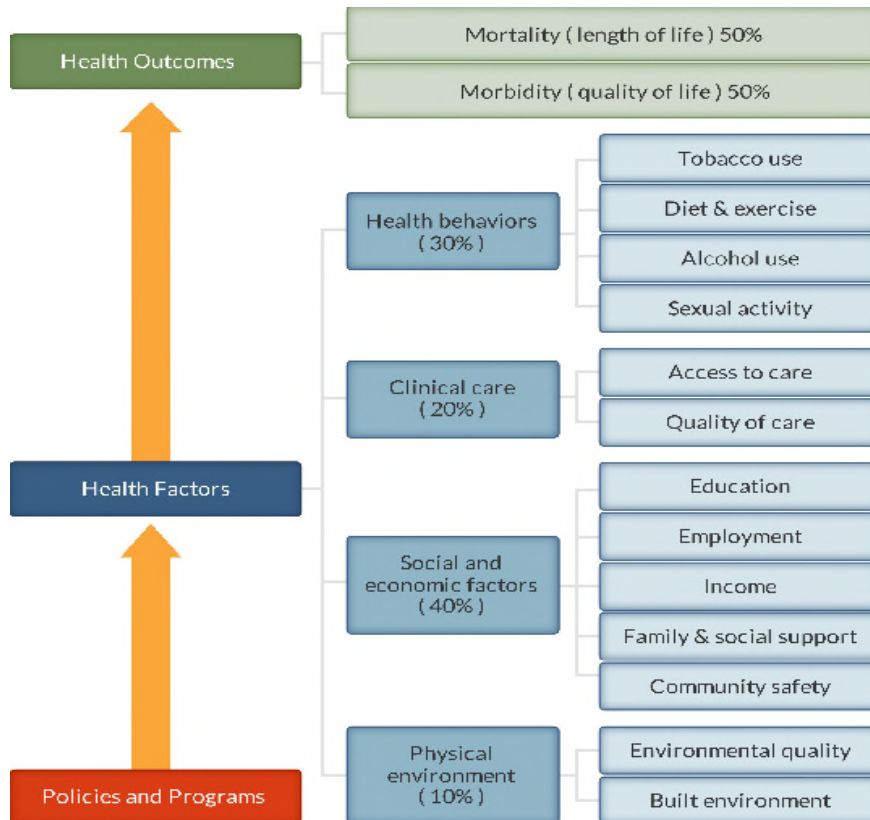
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2019 RWJ County Health Rankings and conversations from Town Hall participants. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

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



County Health Rankings model ©2012 UWPHI

National Research – Year 2019 RWJ Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Atchison Co KS	TREND	KS Rural 25 Norm
1	Health Outcomes		89		52
2	Mortality	Length of Life	84		54
3	Morbidity	Quality of Life	92		48
4	Health Factors		97		57
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	100		59
6	Clinical Care	Access to care / Quality of Care	65		45
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	92		57
8	Physical Environment	Environmental quality	46		66
<p>KS Rural 25 Norm includes the following counties: Russell, Ellsworth, Rice, Lincoln, McPherson, Butler, Cowley, Lyon, Greenwood, Marion, Harvey, Montgomery, Labette, Chautauqua, Wilson, Dickinson, Clay, Marion, Morris, Atchison, Jackson, Brown, Jefferson, Namaha, Doniphan, Pottawatomie.</p>					
<p>http://www.countyhealthrankings.org, released 2019</p>					

PSA Secondary Research:

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

Tab 1 Demographic Profile

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

Tab	Health Indicator	Atchison Co KS	Trend	State of KS	KS Rural 25 Norm	Source
1a	a Population estimates, July 1, 2017, (V2017)	16,332		2,913,123	17,601	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	-3.5%		2.1%	-3.3%	People Quick Facts
	c Population per square mile, 2010	39		35	24	Geography Quick Facts
	d Persons under 5 years, percent, July 1, 2017, (V2017)	6.0%		6.6%	6.0%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2017, (V2017)	16.8%		15.4%	19.9%	People Quick Facts
	f Female persons, percent, July 1, 2017, (V2017)	51.4%		50.2%	49.9%	People Quick Facts
	g White alone, percent, July 1, 2017, (V2017)	91.0%		86.5%	92.6%	People Quick Facts
	h Black or African American alone, percent, July 1, 2017	5.0%		6.2%	1.9%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2017, (V2017)	3.1%		11.9%	5.6%	People Quick Facts
	j Foreign born persons, percent, 2013-2017	1.2%		7.0%	2.0%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	1.4%		11.5%	3.9%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2013-2017	85.9%		83.7%	85.8%	People Quick Facts
	m Children in single-parent households, percent, 2013-2017	29.0%		29.0%	27.6%	County Health Rankings
	n Total Veterans, 2012-2016	1,026		185,292	1,246	People Quick Facts

Tab 2 Economic/Business Profile

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

Tab	Health Indicator	Atchison Co KS	Trend	State of KS	KS Rural 25 Norm	Source
2	a Per capita income in past 12 months (in 2017 dollars), 2013-2017	\$25,494		\$29,600	\$25,530	People Quick Facts
	b Persons in poverty, percent	14.3%		11.9%	12.6%	People Quick Facts
	c Total Housing units, July 1, 2017, (V2017)	6,957		1,273,742	8,146	People Quick Facts
	d Total Persons per household, 2013-2017	2.5		2.5	2.4	People Quick Facts
	e Severe housing problems, percent, 2011-2015	10.0%		13.0%	10.6%	County Health Rankings
	f Total of All firms, 2012	925		239,118	1,474	Business Quick Facts
	g Unemployment, percent, 2017 (Percentage of population ages 16 and older unemployed but seeking work)	5.2%		3.6%	3.7%	County Health Rankings
	h Food insecurity, percent, 2016	17.0%		13.0%	13.1%	County Health Rankings
	i Limited access to healthy foods, percent, 2015	6.0%		8.0%	8.0%	County Health Rankings
	j Low income and low access to store, percent, 2015 (% of people in a county with low income and living more than 10 miles from a supermarket or large grocery store if in a rural area.)	5.7%		NA	8.1%	U.S. Department of Agriculture - Food Environment Atlas
	k Long commute - driving alone, percent, 2013-2017 (Percentage that commute more than 30 minutes)	24.0%		82.0%	24.9%	County Health Rankings

Tab 3 Educational Profile

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

Tab	Health Indicator	Atchison Co KS	Trend	State of KS	KS Rural 25 Norm	Source
3	a Children eligible for free or reduced price lunch, percent, 2016-2017	63.0%		48.0%	50.3%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2013-2017	92.4%		90.5%	90.9%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	20.7%		32.3%	22.1%	People Quick Facts

Tab 4 Maternal and Infant Profile

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

#	Criteria - Vital Statistics	Atchison Co KS	Trend	Kansas	KS Rural 25 Norm
a	Total Live Births, 2013	191		38,805	214
b	Total Live Births, 2014	205		39,193	214
c	Total Live Births, 2015	208		39,126	214
d	Total Live Births, 2016	203		38,048	210
e	Total Live Births, 2017	174		36,464	202
f	Total Live Births, 2018	185		36,247	201
g	Total Live Births, 2013- 2018 - Six Years	1,166		227,883	1,256

Source: Kansas Department of Health and Environment

Tab	Health Indicator	Atchison Co KS	Trend	State of KS	KS Rural 25 Norm	Source
4	a Percent of Births Where Prenatal Care began in First Trimester, 2015-2017	74.1%		81.2%	80.6%	Kansas Health Matters
	b Percentage of Premature Births, 2015-2017	7.7%		9.1%	9.2%	Kansas Health Matters
	c Percent of Infants up to 24 months that received full immunizations, 2016-2017	75.0%		69.2%	71.1%	Kansas Health Matters
	d Percent of Births with Low Birth Weight, 2015-2017	7.2%		7.1%	6.6%	Kansas Health Matters
	e Percent of WIC Mothers Breastfeeding Exclusively, percent, 2017	8.6%		13.8%	17.1%	Kansas Health Matters
	f Percent of all Births Occurring to Teens (15-19), 2015-2017	7.4%		5.9%	6.0%	Kansas Health Matters
	g Percent of Births Occurring to Unmarried Women, 2015-2017	45.3%		35.9%	33.9%	Kansas Health Matters
	h Percent of births Where Mother Smoked During Pregnancy, 2015-2017	18.8%		10.5%	15.1%	Kansas Health Matters

Tab 5 Hospitalization/Provider Profile

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

Tab	Health Indicator	Atchison Co KS	Trend	State of KS	KS Rural 25 Norm	Source
5	a Primary care physicians (MD or DO only) Ratio of population to PCP, 2019	2,050:1		1,310:1	1,966:1	County Health Rankings
	b Preventable hospital stays, 2016 (lower the better) Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	6,492		4,078	4,459	County Health Rankings
	c Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	80.0%		77.0%	79.7%	CMS Hospital Compare, 10/1/2015-9/30/2016
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	72.0%		77.0%	76.6%	CMS Hospital Compare, 10/1/2015-9/30/2016
	e Average Time Patients Spent in the Emergency Dept. Before They Were Seen by a HC Professional (Minutes)	NA		40	42	CMS Hospital Compare, 10/1/2015-9/30/2016

Market Historical Inpatient Utilization					
#	Inpatient - KHA PO103	Atchison KS- ALL IP			
		Trend	FFY18	FFY17	FFY16
1	Total Discharges		1,890	2,029	1,995
2	Pediatric Age 0-17		106	94	107
3	Adult Medical/Surgical Age 18-44		168	179	174
4	Adult Medical/Surgical Age 45-64		454	499	481
5	Adult Medical/Surgical Age 65-74		308	337	350
6	Adult Medical/Surgical Age 75+		445	463	450
7	Psychiatric		108	108	72
8	Obstetric		176	198	166
#	Inpatient - KHA PO103	AH Only			
		Trend	FFY18	FFY17	FFY16
1	Total Discharges		616	764	754
2	Pediatric Age 0-17		15	16	13
3	Adult Medical/Surgical Age 18-44		45	53	64
4	Adult Medical/Surgical Age 45-64		101	150	139
5	Adult Medical/Surgical Age 65-74		98	125	121
6	Adult Medical/Surgical Age 75+		177	243	224
7	Psychiatric		3	5	4
8	Obstetric		110	100	97
#	KHA TOT223E	Trend	FFY18	FFY17	FFY16
	Total Atchison Co KS - ER visits		7,878	8,394	9,150
	Atchison Co Hospital ONLY		6,211	6,515	7,222

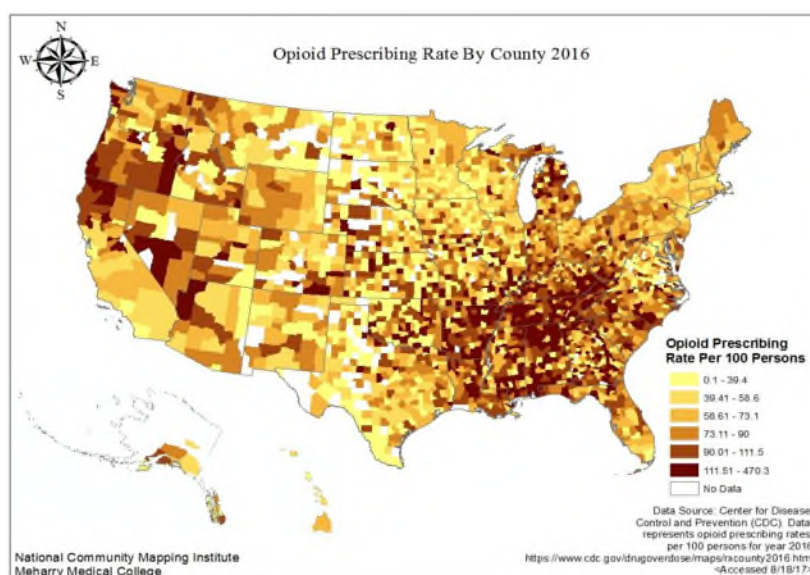
Tab 6 Behavioral Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	Atchison Co KS	Trend	State of KS	KS Rural 25 Norm	Source
6	a Depression: Medicare Population, percent, 2017	17.2%		18.9%	17.7%	CMS (OEEDA), Jan 2019
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2015-2017 (lower is better)	NA		17.6	21.5	Kansas Health Matters
	c Poor mental health days, 2019	3.5		3.3	3.3	County Health Rankings

Tab 6 Behavioral Profile (Continued)

Opioid Prescription Rate per 100 – 2017 (Atchison Co = 95.1; State of KS = 69.8)



Tab 7a Risk Indicators & Factors Profile

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

Tab	Health Indicator	Atchison Co KS	Trend	State of KS	KS Rural 25 Norm	Source
7a	a Adult obesity, percent, 2019	43.0%		33.0%	35.6%	County Health Rankings
	b Adult smoking, percent, 2019	19.0%		17.0%	16.6%	County Health Rankings
	c Excessive drinking, percent, 2019	17.0%		17.0%	15.9%	County Health Rankings
	d Physical inactivity, percent, 2019	32.0%		24.0%	28.1%	County Health Rankings
	e Poor physical health days, 2019	3.3		3.1	3.2	County Health Rankings
	f Sexually transmitted infections, rate per 100,000, 2019	347.6		417.6	252.5	County Health Rankings

Tab 7b Risk Indicators & Factors Profile (Continued)

Tab	Health Indicator	Atchison Co KS	Trend	State of KS	KS Rural 25 Norm	Source
7b	a Hypertension: Medicare Population, 2017	54.7%		55.2%	55.4%	CMS (OEDA), Jan 2019
	b Hyperlipidemia: Medicare Population, 2017	34.2%		37.1%	33.2%	CMS (OEDA), Jan 2019
	c Heart Failure: Medicare Population, 2017	13.8%		13.4%	14.1%	CMS (OEDA), Jan 2019
	d Chronic Kidney Disease: Medicare Pop, 2017	22.0%		21.8%	20.0%	CMS (OEDA), Jan 2019
	e COPD: Medicare Population, 2017	14.3%		11.9%	13.0%	CMS (OEDA), Jan 2019
	f Atrial Fibrillation: Medicare Population, 2017	9.8%		8.8%	9.1%	CMS (OEDA), Jan 2019
	g Cancer: Medicare Population, 2017	6.6%		8.1%	8.0%	CMS (OEDA), Jan 2019
	h Osteoporosis: Medicare Population, 2017	4.2%		6.1%	5.2%	CMS (OEDA), Jan 2019
	i Asthma: Medicare Population, 2017	4.2%		4.3%	3.7%	CMS (OEDA), Jan 2019
	j Stroke: Medicare Population, 2017	2.7%		3.1%	2.9%	CMS (OEDA), Jan 2019

Tab 8a Uninsured Profile/Community Benefit

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

Tab	Health Indicator	Atchison Co KS	Trend	State of KS	KS Rural 25 Norm	Source
8	a Uninsured, percent, 2019 (Percentage of population under age 65 without health insurance)	7.0%		10.0%	10.0%	County Health Rankings

#	Atchison Hospital	Trend	YR18	YR17	YR16
1	Bad Debt - Write off (in thousands)		\$2,837,000	\$3,095,000	\$3,407,000
2	Charity Care - Free Care Given		\$1,006,000	\$1,692,000	\$1,862,000

Tab 9 Mortality Profile

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

Tab	Health Indicator	Atchison Co KS	Trend	State of KS	KS Rural 25 Norm	Source
9	a Life Expectancy for Males, 2015	75.3		76.5	76.1	Kansas Health Matters
	b Life Expectancy for Females, 2015	80.0		81.0	80.7	Kansas Health Matters
	c Age-adjusted Cancer Mortality Rate per 100k population, 2015-2017 (lower is better)	186.8		158.8	165.8	Kansas Health Matters
	d Age-adjusted Heart Disease Mortality Rate per 100k population, 2015-2017 (lower is better)	189.7		157.2	181.9	Kansas Health Matters
	e Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100k population, 2015-2017 (lower is better)	87.9		49.7	56.2	Kansas Health Matters
	f Alcohol-impaired driving deaths, percent, 2013-2017	29.0%		24.0%	28.0%	County Health Rankings

Tab 9 Mortality Profile (Continued)

Causes of Death by County of Residence, KS 2017	Atchison Co KS	%	Trend	Kansas	%
Total Deaths 2017	161	100.0%		26,725	100.0%
Other chronic lower respiratory diseases	18	11.2%		3,045	11.4%
All other forms of heart disease	12	7.5%		1,677	6.3%
All other forms of chronic ischemic heart disease	9	5.6%		2,004	7.5%
Cerebrovascular diseases	9	5.6%		863	3.2%
All other diseases (residual)	8	5.0%		1,367	5.1%
Acute myocardial infarction	8	5.0%		1,327	5.0%
Malignant neoplasms of trachea/bronchus/lung	7	4.3%		1,186	4.4%
Malignant neoplasms of colon/rectum/anus	7	4.3%		507	1.9%
Other diseases of the respiratory system	7	4.3%		864	3.2%
Pneumonia	6	3.7%		522	2.0%
Diabetes mellitus	5	3.1%		306	1.1%
Motor vehicle accidents	5	3.1%		342	1.3%

Tab 10 Preventive Quality Measures Profile

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

Tab	Health Indicator	Atchison Co KS	Trend	State of KS	KS Rural 25 Norm	Source
10 a	Access to exercise opportunities, percent, 2019	74.0%		80.0%	58.0%	County Health Rankings
b	Diabetes, Percentage of adults age 20+ diagnosed, 2015	10.0%		10.0%	11.0%	County Health Rankings
c	Mammography screening, percent, 2016	37.0%		43.0%	42.0%	County Health Rankings
d	Percent Annual Check-Up Visit with PCP	TBD		TBD	TBD	TBD
e	Percent Annual Check-Up Visit with Dentist	TBD		TBD	TBD	TBD
f	Percent Annual Check-Up Visit with Eye Doctor	TBD		TBD	TBD	TBD

b) Online Research- Health Status

PSA Primary Research:

For each CHNA Wave # 3 evaluation, a community stakeholder survey has been created and administered to collect “current” healthcare information for Atchison County, KS. Response for Atchison Hospital PSA online survey equals 102 residents. Below are two charts reviewing survey demographics.

Chart #1 – Atchison KS PSA Online Feedback Response N=102

Community Health Needs Assessment Wave #3			
For reporting purposes, are you involved in or are you a ?	Atchison KS PSA N=102	Trend	Rural Norms 29 Co N=5105
Business / Merchant	20.4%		10.5%
Community Board Member	13.0%		8.8%
Case Manager / Discharge Planner	0.0%		1.3%
Clergy	0.0%		1.4%
College / University	3.7%		2.2%
Consumer Advocate	0.0%		1.8%
Dentist / Eye Doctor / Chiropractor	1.9%		0.6%
Elected Official - City/County	3.7%		2.1%
EMS / Emergency	0.0%		2.5%
Farmer / Rancher	0.0%		6.2%
Hospital / Health Dept	13.0%		18.6%
Housing / Builder	1.9%		0.7%
Insurance	1.9%		1.0%
Labor	5.6%		2.3%
Law Enforcement	1.9%		1.7%
Mental Health	5.6%		2.7%
Other Health Professional	18.5%		11.2%
Parent / Caregiver	20.4%		16.3%
Pharmacy / Clinic	3.7%		2.3%
Media (Paper/TV/Radio)	0.0%		0.5%
Senior Care	5.6%		2.9%
Teacher / School Admin	9.3%		6.2%
Veteran	3.7%		3.0%
Unemployed / Other	18.5%		7.3%

Rural 29 Norms Include the following counties: Appanoose IA, Atchison KS, Barton, Butler KS, Carroll IA, Clinton MO, Cowley, Decatur IA, Dickinson, Edwards, Ellsworth, Fremont IA, Furnas NE, Hays, Hoxie, Jasper IA, Kiowa, Johnson MO, Linn, Marion MO, Miami, Nemaha, Osborne, Page IA, Pawnee, Pike MO, Russell, Smith, Trego.

Chart #2 - Quality of Healthcare Delivery Community Rating

Community Health Needs Assessment Wave #3			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Atchison KS PSA N=102	Trend	Rural Norms 29 Co N=5105
Top Box %	12.7%		21.6%
Top 2 Boxes %	55.9%		65.3%
Very Poor	1.0%		1.3%
Poor	6.9%		5.6%
Average	34.3%		27.3%
Good	43.1%		43.7%
Very Good	12.7%		21.6%

Chart #3 – Overall Community Health Quality Trend

Community Health Needs Assessment Wave #3			
When considering "overall community health quality", is it ...	Atchison KS PSA N=102	Trend	Rural Norms 29 Co N=5105
Increasing - moving up	47.1%		42.3%
Not really changing much	41.2%		39.0%
Decreasing - slipping	5.9%		10.2%

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

CHNA Wave #3 AH - 2019		Atchison KS PSA N=102			
Past CHNAs health needs identified		Ongoing Problem			Pressing
#	Topic	Votes	%	Trend	RANK
1	Alcohol and Drug Abuse	56	75.7%		1
2	Mental Health Specialists	44	59.5%		2
3	Obesity	40	54.1%		3
4	Uninsured	35	47.3%		7
5	Specialty Healthcare Physicians	33	44.6%		5
6	Economic Development	31	41.9%		4
7	Nutrition and Wellness Education	30	40.5%		8
8	Smoking	26	35.1%		9
9	Urgent Care	25	33.8%		6
10	Healthcare Transportation	22	29.7%		11
11	Dental Services	19	25.7%		10
12	Sex Education	18	24.3%		12

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

Community Health Needs Assessment Wave #3			
In your opinion, what are the root causes of "poor health" in our community?	Atchison KS PSA N=102	Trend	Rural Norms 29 Co N=5105
Finance & Insurance Coverage*	25.0%		13.7%
Lack of awareness of existing local programs, providers, and services	18.5%		18.6%
Limited access to mental health assistance	15.0%		17.3%
Elder assistance programs	5.5%		9.5%
Lack of health & wellness education	12.0%		11.8%
Family assistance programs	7.0%		7.5%
Chronic disease prevention	9.0%		10.0%
Case management assistance	4.0%		6.2%
Other (please specify)	4.0%		5.4%

*Note: *Finance & Insurance Coverage Norm is for 15 counties.*

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

CHNA Wave #3 - AH PSA	Atchison KS PSA N=102		Trend	Rural Norms 29 Co N=5105	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?					
Ambulance Services	76.8%	2.9%	Green	85.2%	2.4%
Child Care	66.2%	8.8%	Yellow	51.2%	12.1%
Chiropractors	81.8%	4.5%	Green	74.8%	5.0%
Dentists	87.1%	1.4%	Green	62.0%	15.3%
Emergency Room	57.1%	25.7%	Red	67.3%	11.1%
Eye Doctor/Optomtrist	78.9%	0.0%	Green	74.5%	7.3%
Family Planning Services	48.4%	15.6%	Red	40.4%	17.7%
Home Health	71.2%	6.1%	Yellow	59.1%	9.5%
Hospice	79.1%	6.0%	Yellow	69.4%	6.9%
Inpatient Services	68.7%	11.9%	Red	73.1%	6.5%
Mental Health	23.1%	27.7%	Red	23.9%	35.9%
Nursing Home	43.5%	14.5%	Red	43.9%	18.3%
Outpatient Services	67.2%	4.5%	Green	74.1%	4.5%
Pharmacy	87.1%	1.4%	Green	87.6%	2.5%
Physician Clinics	75.0%	5.9%	Yellow	77.3%	4.9%
Public Health	52.2%	7.5%	Yellow	61.0%	7.6%
School Nurse	73.4%	3.1%	Green	63.1%	8.4%
Specialists	52.9%	8.8%	Yellow	57.2%	12.8%

Chart #7 – Community Health Readiness

Community Health Needs Assessment Wave #3	Bottom 2 boxes		
	Atchison KS PSA N=102	Trend	Rural Norms 29 Co N=5105
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)			
Early Childhood Development Programs	11.5%	Yellow	10.8%
Emergency Preparedness	13.4%	Yellow	8.6%
Food and Nutrition Services/Education	20.6%	Red	13.7%
Health Screenings (asthma, hearing, vision, scoliosis)	48.4%	Red	14.0%
Immunization Programs	18.5%	Red	6.6%
Obesity Prevention & Treatment	6.5%	Yellow	31.5%
Prenatal / Child Health Programs	35.9%	Red	11.5%
Sexually Transmitted Disease Testing	6.2%	Yellow	15.1%
Spiritual Health Support	8.2%	Yellow	11.6%
Substance Use Treatment & Education	14.8%	Yellow	32.8%
Tobacco Prevention & Cessation Programs	32.8%	Red	28.7%
Violence Prevention	20.0%	Yellow	31.5%
Women's Wellness Programs	33.3%	Red	16.5%
WIC Nutrition Program	16.1%	Red	6.8%
Poverty / Financial Health	5.0%	Yellow	32.0%

Chart #8 – Healthcare Delivery “Outside our Community”

Community Health Needs Assessment Wave #3				Specialties:	
In the past 2 years, did you or someone you know receive HC outside of our community?	Atchison KS PSA N=102	Trend	Rural Norms 29 Co N=5105	SPEC	CTS
	Yes	85.1%	81.3%	SURG	8
	No	9.0%	13.5%	DERM	6
	I don't know	6.0%	5.2%	ORTH	5
				CANC	4
				EYE	4
				OBG	4
				PEDS	4

Chart #8 – Healthcare Delivery “Outside our Community” (Continued)

Community Health Needs Assessment Wave #3			
Are we actively working together to address community health?	Atchison KS PSA N=102	Trend	Rural Norms 29 Co N=5105
Yes	52.3%		47.9%
No	7.7%		12.1%
I don't know	40.0%		39.4%

Chart #9 – What Healthcare topics need to be discussed in future Town Hall Meeting

Community Health Needs Assessment Wave #3			
What needs to be discussed further at our CHNA Town Hall meeting?	Atchison KS PSA N=102	Trend	Rural Norms 29 Co N=5105
Abuse/Violence	5.4%	Red	5.5%
Alcohol	5.0%	Red	5.0%
Breast Feeding Friendly Workplace	2.6%	White	1.7%
Cancer	1.9%	White	3.8%
Diabetes	3.5%	Yellow	4.2%
Drugs/Substance Abuse	8.7%	Red	9.3%
Family Planning	1.9%	White	2.7%
Heart Disease	3.3%	Yellow	3.0%
Lead Exposure	0.2%	White	0.9%
Mental Illness	8.7%	Red	10.9%
Nutrition	4.2%	Yellow	4.7%
Obesity	5.2%	Red	7.6%
Environmental Health	3.3%	Yellow	1.3%
Physical Exercise	4.2%	Yellow	5.8%
Poverty	6.8%	Red	7.1%
Lung Disease	0.9%	White	1.7%
Sexually Transmitted Diseases	2.6%	White	2.4%
Smoke-Free Workplace	2.1%	White	1.6%
Suicide	8.3%	Red	7.5%
Teen Pregnancy	3.8%	Yellow	3.1%
Tobacco Use	4.0%	Yellow	3.6%
Vaccinations	4.5%	Yellow	3.0%
Water Quality	3.5%	Yellow	3.4%
Wellness Education	5.2%	Red	6.0%

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services Atchison County, KS - 2019

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

Inventory of Health Services Atchison County, KS - 2019

Cat	Healthcare Services Offered in County: Yes / No	Hospital	Health Dept	Other
Hosp	Reproductive Health	yes	no	yes
Hosp	Robotic Surgery	no	no	no
Hosp	Shaped Beam Radiation System 161	no	no	no
Hosp	Single Photon Emission Computerized Tomography	no	no	no
Hosp	Sleep Center	yes	no	no
Hosp	Social Work Services	yes	yes	yes
Hosp	Sports Medicine	yes	no	yes
Hosp	Stereotactic Radiosurgery	no	no	no
Hosp	Swing Bed Services	yes	no	yes
Hosp	Transplant Services	no	no	no
Hosp	Trauma Center-Level IV	no	no	no
Hosp	Ultrasound	yes	no	yes
Hosp	Women's Health Services	yes	yes	yes
Hosp	Wound Care	no	no	yes
SR	Adult Day Care Program	no	no	yes
SR	Assisted Living	no	no	yes
SR	Home Health Services	yes	yes	yes
SR	Hospice	yes	yes	yes
SR	LongTerm Care	no	no	yes
SR	Nursing Home Services	no	no	yes
SR	Retirement Housing	no	no	yes
SR	Skilled Nursing Care	yes	no	yes
ER	Emergency Services	yes	no	no
ER	Urgent Care Center	yes	no	no
ER	Ambulance Services	no	no	yes
SERV	Alcoholism-Drug Abuse	no	no	yes
SERV	Blood Donor Center	no	no	no
SERV	Chiropractic Services	no	no	yes
SERV	Complementary Medicine Services	no	no	yes
SERV	Dental Services	no	no	yes
SERV	Fitness Center	no	no	yes
SERV	Health Education Classes	yes	yes	yes
SERV	Health Fair (Annual)	yes	yes	yes
SERV	Health Information Center	yes	yes	yes
SERV	Health Screenings	yes	yes	yes
SERV	Meals on Wheels	no	no	yes
SERV	Nutrition Programs	no	no	yes
SERV	Patient Education Center	no	no	no
SERV	Support Groups	yes	yes	yes
SERV	Teen Outreach Services	no	no	yes
SERV	Tobacco Treatment / Cessation Program	yes	no	yes
SERV	Transportation to Health Facilities	no	no	yes
SERV	Wellness Program	yes	yes	yes

Providers Delivering Care in Atchison County KS Atchison Hospital Primary Service Area

# of FTE Providers working in county	Physicians		Allied Staff
	PSA Based DRs	Consulting	PSA Based PA / NP
Primary Care:	7.0	3.0	9.0
Family Practice			
Internal Medicine / Geriatrician	1.0		
Obstetrics/Gynecology			
Pediatrics			
Medicine Specialists:			
Allergy/Immunology			
Audiology			2.0
Cardiology		35.0	
Dermatology			
Endocrinology		1.0	
Gastroenterology		1.0	
Oncology/RADO		1.0	
Infectious Diseases			
Nephrology		1.0	
Neurology		2.0	
Psychiatry			
Pulmonary		2.0	
Rheumatology		1.0	
Surgery Specialists:			
General Surgery / Colon / Oral	1.0	1.0	1.0
Neurosurgery			
Ophthalmology		2.0	
Orthopedics	1.0		1.0
Otolaryngology (ENT)		1.0	
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vasc			
Urology		2.0	
Hospital Based:			
Anesthesia/Pain	1.0		4.0
Emergency	3.0	3.0	4.0
Radiology		15.0	
Pathology		13.0	
Hospitalist	1.0		
Neonatal/Perinatal			
Physical Medicine/Rehab	1.0		
Occupational Medicine			
Podiatry		2.0	
Chiropractor		3.0	
Optometrist OD			
Dentists		3.0	
TOTALS	16.0	92.0	21.0

* Total # of FTE Specialists serving community whose office outside PSA.

Visiting Specialists to Atchison Hospital (KS) - 2019

<i>Specialty</i>	<i>Physician Name/Group</i>	<i>Office Location</i>	<i>Schedule</i>	<i>Annual Days</i>	<i>Location of Outreach Clinic</i>
Audiology	Kevin Albee, AuD	Leavenworth, KS	1st and 3rd Wednesday	24	Suite 105, 810 Raven Hill Dr
Cardiology	Mosaic Cardiovascular Consultants	St. Joseph, MO	Mon/Wed/Fri	156	Suite 103, 820 Raven Hill Dr
Cardiology	Mid America Cardiology	Kansas City, KS	Tuesday/Thursday	104	Suite 106B, 820 Raven Hill Dr
Ear, Nose, Throat (ENT)	Michael Franklin, MD	Topeka, KS	2nd and 4th Friday	24	800 Raven Hill Dr
Endocrinology / Metabolism	Mosaic Life Care	St. Joseph, MO	3rd Thursday	12	820 Raven Hill Dr
Hematology / Oncology	St. Joseph Oncology	St. Joseph, MO	Every Wednesday	52	104 N 6th, Atchison, KS
Nephrology	St. Joseph Nephrology Associates, PA	St. Joseph, MO	3rd Wednesday	12	820 Raven Hill Dr
Neurology	Fariz Habib, MD	Leavenworth, KS	Every Tuesday	52	Suite 105, 820 Raven Hill Dr
Neurology	Mosaic Life Care	St. Joseph, MO	2nd Wednesday	12	Suite 103, 820 Raven Hill Dr
Ophthalmology	John Reifschneider, DO	Leavenworth, KS	3rd Thursday	12	800 Raven Hill Dr
Podiatry	Shannon Engel, DPM	St. Joseph, MO	1st and 3rd Wednesday	24	Suite 109, 820 Raven Hill Dr
Pulmonary	Randall Mitchem, DO	St. Joseph, MO	4th Monday	12	Suite 103, 820 Raven Hill Dr
Rheumatology	Stephen Ruhlman, MD	Overland Park, KS	1st Wednesday	12	Suite 105, 820 Raven Hill Dr
Urology	Mark Lierz, MD	St. Joseph, MO	1st and 3rd Tuesday	24	Suite 105, 820 Raven Hill Dr

Atchison County, KS – 2019 Area Health Services

Emergency Numbers

Police/Sheriff	911
Fire	911
Ambulance	911

Non-Emergency Numbers

Atchison County Sheriff	913-367-0216
Atchison County Ambulance	913-833-4025

Municipal Non-Emergency Numbers

	Police/Sheriff	Fire
Atchison	913-367-4323	913-367-4329
Cummings	913-367-4323	913-367-4329
Effingham	913-367-4323	913-367-4329
Lancaster	913-367-4323	913-367-4329
Muscotah	913-367-4323	913-872-3222

Other Emergency Numbers

Kansas Child/Adult Abuse and Neglect Hotline

1-800-922-5330
www.dcf.ks.gov/services

Domestic Violence Hotline

1-800-799-7233
www.ndvh.org

Emergency Management (Topeka)

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

Federal Bureau of Investigation

1-866-483-5137
www.fbi.gov

Kansas Arson/Crime Hotline

1-800-KS-CRIME 800-572-1763
www.accesskansas.org/kbi

Kansas Bureau of Investigation (Topeka)

785-296-8200
www.accesskansas.org/kbi

Kansas Crisis Hotline (Domestic Violence/Sexual Assault) 1-888-END-ABUSE

www.kcsdv.org

Kansas Road Conditions

1-866-511-KDOT 511 www.ksdot.org

Poison Control Center

1-800-222-1222 www.aapcc.org

Suicide Prevention Hotline

1-800-SUICIDE
www.hopeline.com
1-800-273-TALK
www.suicidepreventionlifeline.com

Toxic Chemical and Oil Spills

1-800-424-8802
www.epa.gov/region02/contact.htm

Hospitals / Health Services

Atchison Hospital

800 Raven Hill Drive (Atchison)
913-367-2131 www.atchisonhospital.org

NEK Multi County Health

Department/Atchison County Health
Department

616 Commercial Street (Atchison)
913-367-5152 <http://www.atchisoncountyks.org>

Mental Health

Atchison Counseling Service

107 North 6th Street #4 (Atchison)
913-367-2002

The Guidance Center

201 Main Street (Atchison)
913-367-1593 www.theguidance-ctr.org

Hope Family Therapy

104 N 6th Street (Atchison)
913-674-0057

Kerry A. Marvin

710 Parallel Street (Atchison)
913-367-5419

Medical Professionals

Chiropractors

Atchison Chiropractic Clinic

1500 Main Street (Atchison)
913-367-4441

ChiroHealthCare

940 Commercial Street (Atchison)
913-367-3963 www.chcchartered.com

Koenen Chiropractic Clinic

522 Commercial Street (Atchison)
913-367-5371

Stephen W. Wheatley

104 North Sixth Street Suite F (Atchison)
913-367-2269

Trusted Care Chiropratic

310 Commercial (Atchison)
913-426-3913

Clinics

Atchison Community Health Clinic

1412 North 2nd Street (Atchison)
913-367-4879 www.achc-ks.org

Atchison Hospital Primary Care Clinic

810 & 820 Raven Hill Drive (Atchison)
913-367-7300 & 913-367-1623

Specialty Clinic

Atchison Hospital Internal Medicine Clinic

810 Ravenhill Drive (Atchison)
913-367-7300

Advanced Health Services

820 Raven Hill Drive (Atchison)
913-360-5829

Wilkinson Orthopedics

820 Ravenhill Drive (Atchison)
913-674-2380

Surgical Services of Atchison

820 Ravenhill Drive (Atchison)
913-367-5496

Mid-America Cardiology (KU Medical)

820 Ravenhill Drive (Atchison)
913-367-6227

Mosaic Cardiovascular Consultants

820 Ravenhill Drive (Atchison)
913-367-4664

Dentists

Atchison Dental Associates

111 North 5th Street (Atchison)
913-367-0212 www.atchisondental.com

Heartland Dental Group

104 North 6th Street (Atchison)
913-367-2245

John Dolenz

817 Santa Fe Street (Atchison)
913-367-7270

Northwest Missouri Oral & Maxillofacial Surgery

110 South 6th Street (Atchison)
913-367-3400 *Donald L. Gossett*

Paolillo & Jungbluth

1642 Main Street (Atchison)
913-367-7625

Oltjen Orthodontics

110 South 6th Street (Atchison)
913-367-2798 www.oltjenbraces.com

Atchison Family Dentistry

413 South 10th Street (Atchison)
913-367-0203 www.dentistinatchison.com

Optometrists

Atchison Eye Center

727 Commercial Street (Atchison)
913-367-498

Eye Specialists of Atchison

605 Commercial Street (Atchison)
913-367-4451

Pharmacies

CVS Pharmacy

400 South 10th Street (Atchison)
913-367-1518

Kex Rx

807 Main Street (Atchison)
913-367-5252

Wal-Mart Pharmacy

101 North 4th Street (Atchison)
913-367-6142

Physicians and Health Care Providers

Atchison Hospital Primary Care Clinic

810 & 820 Raven Hill Drive (Atchison)
913-367-7300 & 913-367-1623
John R. Eplee, MD, Norma Green, MD, McGarrett Groth, DO, Johnathan Leck, MD, Bonnie Tackett, MD, Brandon Tackett, MD, Ryan M. Thomas M.D.

Other Health Services

General Health Services

Atchison County Health Department

616 Commercial Street (Atchison)
913-367-5152 <http://www.atchisoncountyks.org>

Assisted Living/Nursing Homes/TLC

Atchison Senior Village
1419 North 6th Street (Atchison)
913-367-1905

The Gran Villas of Atchison

1635 Riley Street (Atchison)
913-367-2077

Mall Towers

103 S. 7th Street (Atchison)
913-367-3323

Medicalodges

1637 Riley Street (Atchison)
913-367-6066

Santa Fe Place Apartments

807 Santa Fe Street (Atchison)

Trinity Place Senior Residences

600 North 9th Street (Atchison)
913-367-1185

Vintage Park at Atchison

1301 North Fourth Street (Atchison)
913-367-2655 www.vintageparkatchison.com

Diabetes Arriva Medical

1-800-375-5137

Diabetes Care Club

1-888-395-6009

Disability Services American Disability Group

1-877-790-8899

Kansas Department for Aging and Disability Services

1-800-432-3535
www.kdads.ks.gov

Domestic/Family Violence Child/Adult Abuse Hotline

1-800-922-5330
www.dcf.ks.gov/services

Alliance Against Family Violence

Hotline: 913-675-7217
Business: 913-675-7220

Kurth Law Office

304 Commercial Street (Atchison)
913-367-2681

Kansas Crisis Hotline

Manhattan 785-539-7935

Health and Fitness Centers**Snap Fitness**

409 Commercial Street (Atchison)
913-367-1511

YMCA

321 Commercial Street (Atchison)
913-367-4948 www.kansascityymca.org

Home Health/Hospice**Atchison Hospital Home Health/ Hospice**

1301 North 3rd Street (Atchison)
913-367-6626

Massage Therapists**Trusted Care Chiropractic**

310 Commercial Street (Atchison)
913-367-5103

True Roots Massage

101 S 5th Street (Atchison)
423-620-5200

Health Arts Massage

717 Commercial Street (Atchison)
913-744-8475

Medical Equipment and Supplies**Atchison Home Health Equipment Incorporated**

708 Commercial Street (Atchison)
913-367-4099

School Nurses**St. Benedict's Catholic School**

201 Division Street (Atchison)
913-367-3503

Atchison Child Care Association

1326 Kansas Avenue (Atchison)
913-367-6441

Atchison Public Schools – USD 409

Elementary School K-2
825 North 17th Street (Atchison)
913-367-1161
Elementary School 3-5
825 North 17th Street (Atchison)
913-367-3787
Middle School
301 North 5th (Atchison)
913-367-5363
High School
1500 West Riley (Atchison)
913-367-4162
Alternative School
215 North 8th (Atchison)
913-360-6540 www.usd409.net

Atchison County Community Schools – USD 377 (Effingham) 913-833-5050 www.usd377.org

Maur Hill-Mount Academy
1000 Green Street (Atchison)
913-367-5482 www.maurhillmountacademy.com

Trinity Lutheran School
611 North 8th Street (Atchison)
913-367-4763 www.tlsatchison.org

Food Pantry

First Christian Church
301 N. 7th Street (Atchison)
913-367-3036

Catholic Charities of NEKS
502 Kansas Avenue (Atchison)
913-367-5070

Salvation Army
926 Commercial Street (Atchison)
913-367-1207

Second Harvest
915 Douglas Street
St. Joseph, MO 64505
816-364-3663

Housing & Homeless Services

NEK – CAP, Inc. Atchison County Outreach Office
509 Commercial Street (Atchison)
913-367-7114

Atchison Housing Authority
103 7th Street (Atchison)
913-367-3323

Effingham Community Housing
103 S. 7th Street (Effingham)

Atchison Area United Way
625 Commercial Street #7 (Atchison)
913-367-6510

Senior Services

Project Concern
504 Kansas Avenue (Atchison)
913-367-4655

Shepherd's Center
302 North 5th Street (Atchison)
913-367-0512

Atchison Senior Village
1419 North 6th Street (Atchison)
913-367-1905

The Gran Villas of Atchison
1635 Riley Street (Atchison)
913-367-2077

Medicalodges
1637 Riley Street (Atchison)
913-367-6066

Vintage Park At Atchison
1301 North 4th Street (Atchison)
913-367-2655

Veterinary Services

Atchison Animal Clinic
908 Commercial Street (Atchison)
913-367-0427

Cedar Ridge Veterinary Clinic
12047 US Highway 73 (Atchison)
913-367-3600
www.cedarridgeveterinaryclinic.com

Westside Veterinary Hospital
17014 286th Road (Atchison)
913-367-0456

Local Government, Community, and Social Services

Adult Protection

Adult Protective Services (SRS)
1-800-922-5330
www.dcf.ks.gov/services

Elder Abuse Hotline
1-800-842-0078
www.elderabusecenter.org

Kansas Department for Children and Families
1-800-922-5330

Alcohol and Drug Treatment

Alcohol and Drug Abuse Services
1-800-586-3690
www.dcf.ks.gov/services

Alcohol Detoxification 24-Hour Helpline
1-877-403-3387
www.ACenterForRecovery.com

Center for Recovery
1-877-403-6236

G&G Addiction Treatment Center 1-866-439-1807

Heartland Regional Alcohol & Drug Assessment Center
1-913-789-0951
www.hradac.com

Recovery Services Guidance Center
201 Main Street (Atchison)
913-367-1593

Road Less Traveled
1-866-486-1812

Seabrook House
1-800-579-0377

The Treatment Center
1-888-433-9869

Valley Hope Alcohol and Drug Treatment Center
1816 N. 2nd Street (Atchison)
1-913-367-1618
www.valleyhope.org

Child Protection

Kansas Department for Children and Families– i.e. PROTECTION REPORT CENTER FOR ABUSE
1-800-922-5330 Available 24 hours/7 days per week – including holidays

Children and Youth

Hope Family Therapy
104 N 6th Street
Atchison, KS 66002
913-674-0057

Children's Alliance
627 SW Topeka Boulevard (Topeka) 785-235-5437 www.childally.org

The Guidance Center
201 Main Street (Atchison)
913-367-1593 www.thguidance-ctr.org

Kansas Children's Service League
1-800-332-6378
www.kcsl.org

Child Care – Children

Atchison Child Care Association
1326 Kansas Avenue (Atchison)
913-367-6441 www.atchchildcare.org

First Steps
913-367-6060

NEK Cap Head Start Center
751 South 8th Street (Atchison)
913-367-7848

Funeral Homes

Arensberg Pruett Funeral Home
208 North 5 (Atchison)
913-367-6403

Becker-Dyer-Stanton Funeral Home Incorporated
800 Kansas (Atchison)
913-367-6543

Legal Services

Campbell Law Office
107 North 6th Street, Suite 5 (Atchison) 913-367-9900
www.campbelllawofficepa.com

Kuckelman
414 North 5th Street (Atchison)
913-367-2008

Henderson Law Office
627 Commercial Street (Atchison)
913-367-1912 www.pehlaw.com

Kurth Law Office
304 Commercial Street (Atchison)
913-367-2681

J. David Farris Law Offices
110 North 5th Street (Atchison)
913-367-2424

John W. Fresh
104 North 6th Street (Atchison)
913-367-0850

Kansas Legal Services

1500 Community Drive (Seneca)
913-367-4266

Mears, Hausmann, P.A.

104 North Sixth Street (Atchison)
913-367-0850

Leonard Buddenbohm

107 North 6th Street (Atchison)
913-367-5246

Rex Lane

P.O. Box 109 (Atchison)
913-367-4233

Ternent Law Office

P.O. Box 396 (Atchison)
913-367-1790

Werring Law Office

101 South 5th Street (Atchison)
913-367-4069

Libraries, Parks and Recreation**Atchison County Park**

Grasshopper Township (Atchison)

Atchison Library

401 Kansas Avenue (Atchison)
913-367-1902

Atchison Lions Pool

1201 Commercial Street (Atchison)
913-367-1018

Jackson Park

(Atchison)

Pregnancy & Adoption Services**Pregnancy Services****Adoption is a Choice**

1-877-524-5614

Adoption Network

1-888-281-8054

Adoption Spacebook

1-866-881-4376

Graceful Adoptions

1-888-896-7787

Kansas Children's Service League

1-877-530-5275 www.kcsl.org

Public Information**Atchison Chamber of Commerce**

200 South 10th Street (Atchison)
913-367-2427

Rape Domestic Violence and Rape Hotline

1-888-874-1499

Atchison County Court House

423 N 5th Street (Atchison)
www.atchisoncountyks.org

Kansas Crisis Hotline

Manhattan 785-539-7935
1-800-727-2785

Red Cross**American Red Cross**

504 1/2 Kansas Avenue (Atchison)
913-367-5355

Social Security**Social Security Administration**

1-800-772-1213 1-800-325-0778 www.ssa.gov

Transportation**Amelia Earhart Airport**

(Atchison)
913-367-5560

Strafuss Airport

(Effingham)

Project Concern

504 Kansas Avenue (Atchison)
913-367-4655

State and National Information, Services, Support**Adult Protection****Adult Protection Services**

1-800-922-5330

Domestic Violence and Sexual Assault (DVACK)

1-800-874-1499 www.dvack.org

Elder Abuse Hotline

1-800-842-0078
www.elderabusecenter.org

Elder and Nursing Home Abuse Legal
www.resource4nursinghomeabuse.com/index.html

Kansas Coalition Against Sexual and Domestic Violence 1-888-END-ABUSE (363-2287) www.kcsdv.org/ksresources.html

Kansas Department on Aging Adult Care Complaint Program
1-800-842-0078

National Center on Elder Abuse
(Administration on Aging)
www.ncea.gov/NCEARoot/Main_Site?Find_Help/Help_Hotline.aspx

National Domestic Violence Hotline
1-800-799-SAFE (799-7233)
1-800-787-3224 (TTY) www.ndvh.org

National Sexual Assault Hotline
1-800-994-9662 1-888-220-5416 (TTY)
www.4woman.gov/faq/sexualassault.htm

National Suicide Prevention Lifeline
1-800-273-8255
Poison Center
1-800-222-1222

Sexual Assault and Domestic Violence Crisis Line
1-800-701-3630

Department for Children and Families
1-888-369-4777 (HAYS)
www.srskansas.org

Suicide Prevention Helpline
785-841-2345

Alcohol and Drug Treatment Programs

A 1 A Detox Treatment
1-800-757-0771

AAAAAH
1-800-993-3869

Abandon A Addiction
1-800-405-4810

Able Detox-Rehab Treatment
1-800-577-2481 (NATIONAL)

Abuse Addiction Agency
1-800-861-1768
www.thewatershed.com

AIC (Assessment Information Classes)
1-888-764-5510

Al-Anon Family Group
1-888-4AL-ANON (425-2666)
www.al-anon.alateen.org

Alcohol and Drug Abuse Hotline
1-800-ALCOHOL

Alcohol and Drug Abuse Services
1-800-586-3690
www.srskansas.org/services/alc-drug_assess.htm

Alcohol and Drug Addiction Treatment Programs
1-800-510-9435

Alcohol and Drug Helpline
1-800-821-4357

Alcoholism/Drug Addiction Treatment Center
1-800-477-3447

Kansas Alcohol and Drug Abuse Services Hotline
1-800-586-3690
www.srskansas.org/services/alc-drug_assess.htm

Mothers Against Drunk Driving
1-800-GET-MADD (438-6233)
www.madd.org

National Council on Alcoholism and Drug Dependence, Inc.
1-800-NCA-CALL (622-2255) www.ncadd.org

Recovery Connection
www.recoveryconnection.org

Regional Prevention Centers of Kansas
1-800-757-2180
www.smokyhillfoundation.com/rpc-locate.html

Better Business Bureau
Better Business Bureau
328 Laura (Wichita) 316-263-3146
www.wichita.bbb.org

Children and Youth

Adoption

1-800-862-3678

www.adopt.org/

Boys and Girls Town National Hotline

1-800-448-3000

www.girlsandboystown.org

Child/Adult Abuse and Neglect Hotline

1-800-922-5330 www.srskansas.org/

Child Abuse Hotline

1-800-922-5330

Child Abuse National Hotline

1-800-422-4453 1-800-222-4453 (TDD)

www.childhelpusa.org/home

Child Abuse National Hotline

1-800-4-A-CHILD (422-4453)

www.childabuse.com

Child Find of America

1-800-426-5678

Child Help USA National Child Abuse Hotline

1-800-422-4453

Child Protective Services

1-800-922-5330

www.srskansas.org/services/child_protective_service_s.htm

Health Wave

P.O. Box 3599 Topeka, KS 66601 1-800-792-

4884 1-800-792-4292 (TTY)

www.kansashealthwave.org

Heartspring (Institute of Logopedics)

8700 E. 29TH N Wichita, KS 67226

www.heartspring.org

Kansas Big Brothers/Big Sisters

1-888-KS4-BIGS

www.ksbbbs.org

Kansas Children's Service League (Hays)

785-625-2244 1-877-530-5275 www.kcsl.org

Kansas Department of Health and Environment

785-296-1500

www.kdheks.gov e-mail: info@kdheks.gov

Kansas Society for Crippled Children

106 W. Douglas, Suite 900 (Wichita) 1-800-624-4530 316-262-4676 www.kssociety.org

National Runaway Switchboard

1-800-RUNAWAY

www.1800runaway.org/

National Society for Missing and Exploited Children

1-800-THE-LOST (843-5678)

www.missingkids.com

Parents Anonymous Help Line

1-800-345-5044

www.parentsanonymous.org

Runaway Line

1-800-621-4000 1-800-621-0394 (TDD)

www.1800runaway.org/

Talking Books

1-800-362-0699

www.skyways.lib.ks.us/KSL/talking/ksl_bph.html

Community Action

Peace Corps

1-800-424-8580

www.peacecorps.gov

Public Affairs Hotline (Kansas Corporation Commission) 1-800-662-0027

www.kcc.state.ks.us

Counseling

Hope Family Therapy

104 N. 6th Street (Atchison)

913-674-0057

Care Counseling

Family counseling services for Kansas and

Missouri 1-888-999-2196

Carl Feril Counseling

608 N Exchange (St. John)

620-549-6411

Castlewood Treatment Center for Eating Disorders 1-888-822-8938

www.castlewoodtc.com

Catholic Charities

1-888-468-6909

www.catholiccharitiessalina.org

Center for Counseling

5815 W Broadway (Great Bend) 1-800-875-2544

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

Consumer Credit Counseling Services

1-800-279-2227

www.kscocs.org/

The Guidance Center

201 Main Street (Atchison)
913-367-1593

Kansas Problem Gambling Hotline

1-866-662-3800

www.ksmhc.org/Services/gambling.htm

National Hopeline Network

1-800-SUICIDE (785-2433)

www.hopeline.com

National Problem Gambling Hotline

1-800-552-4700

www.npgaw.org

Samaritan Counseling Center

1602 N. Main Street Hutchinson, KS 67501 620-662-7835 <http://cmc.pdswebpro.com/>

Self-Help Network of Kansas

1-800-445-0116

www.selfhelpnetwork.wichita.edu

Senior Health Insurance Counseling

1-800-860-5260

www.agingkansas.org

Sunflower Family Services, Inc.

(adoption, crisis pregnancy, conflict solution center) 1-877-457-5437

www.sunflowerfamily.org

Disability Services

American Association of People with Disabilities (AAPD) www.aapd.com

American Council for the Blind

1-800-424-8666

www.acb.org

Americans with Disabilities Act Information Hotline 1-800-514-0301 1-800-514-0383 (TTY)

www.ada.gov

Disability Advocates of Kansas, Incorporated

1-866-529-3824

www.disabilitysecrets.com

Disability Group, Incorporated

1-888-236-3348

www.disabilitygroup.com

Disability Rights Center of Kansas (DRC)

Formerly Kansas Advocacy & Protective Services 1-877-776-1541 1-877-335-3725 (TTY)

www.drckansas.org

Hearing Healthcare Associates

1-800-448-0215

Kansas Commission for the Deaf and Hearing Impaired 1-800-432-0698

www.srskansas.org/kcdhh

Kansas Relay Center (Hearing Impaired service)

1-800-766-3777 www.kansasrelay.com

National Center for Learning Disabilities 1-

888-575-7373

www.nclld.org

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

800-424-8567

Parmele Law Firm

8623 E 32nd Street N, Suite 100 (Wichita) 1-877-267-6300

Environment**Environmental Protection Agency**

1-800-223-0425 913-321-9516 (TTY)

www.epa.gov

Kansas Department of Health and Environment

Salina 785-827-9639 Hays 785-625-5663

Topeka 785-296-1500 www.kdheks.gov

Food and Drug**Center for Food Safety and Applied Nutrition**

1-888-SAFEFOOD (723-3366)

www.cfsan.fda.gov/

www.healthfinder.gov/docs/doc03647.htm

US Consumer Product Safety Commission

1-800-638-2772 1-800-638-8270 (TDD)

www.cpsc.gov

USDA Meat and Poultry Hotline

1-888-674-6854 1-800-256-7072 (TTY)

www.fsis.usda.gov/

U.S. Food and Drug Administration

1-888-INFO-FDA 1-888-463-6332

www.fsis.usda.gov/

Poison Hotline

1-800-222-1222

Health Services

American Cancer Society

1-800-227-2345

www.cancer.org

American Diabetes Association

1-800-DIABETES (342-2383)

www.diabetes.org

AIDS/HIV Center for Disease Control and Prevention 1-800-CDC-INFO 1-888-232-6348 (TTY)

www.cdc.gov/hiv/

AIDS/STD National Hot Line

1-800-342-AIDS 1-800-227-8922 (STD line)

American Health Assistance Foundation

1-800-437-2423

www.ahaf.org

American Heart Association

1-800-242-8721

www.americanheart.org

American Lung Association

1-800-586-4872

American Stroke Association

1-888-4-STROKE

www.americanheart.org

Center for Disease Control and Prevention

1-800-CDC-INFO 1-888-232-6348 (TTY)

www.cdc.gov/hiv/

Elder Care Helpline

www.eldercarelink.com

Eye Care Council

1-800-960-EYES

www.seetolearn.com

Kansas Foundation for Medical Care

1-800-432-0407

www.kfmc.org

National Health Information Center

1-800-336-4797

www.health.gov/nhic

National Cancer Information Center

1-800-227-2345 1-866-228-4327 (TTY)

www.cancer.org

National Institute on Deafness and Other Communication Disorders Information Clearinghouse

1-800-241-1044

1-800-241-1055 (TTY)

www.nidcd.nih.gov

Hospice Hospice-Kansas Association

1-800-767-4965

Kansas Hospice and Palliative Care Organization

1-888-202-5433

www.lifeproject.org/akh.htm

Southwind Hospice, Incorporated

www.southwindhospice.com

785-483-3161

Housing

Kansas Housing Resources Corporation

785-296-2065

www.housingcorp.org

US Department of Housing and Urban Development

Kansas Regional Office 913-551-5462

Legal Services

Kansas Attorney General

1-800-432-2310 (Consumer Protection) 1-800-

828-9745 (Crime Victims' Rights) 1-800-766-

3777 (TTY) www.ksag.org

Kansas Bar Association

785-234-5696

www.ksbar.org

Kansas Department for Aging and Disability Services

1-800-432-3535

www.agingkansas.org/index.htm

Kansas Legal Services

1-800-723-6953

www.kansaslegalservices.org

Southwest Kansas Area Agency on Aging
240 San Jose Drive (Dodge City) (620) 225-8230 <http://www.swkaaa.org/>

Medicaid Services

First Guard
1-888-828-5698
www.firstguard.com

Kansas Health Wave
1-800-792-4884 or 1-800-792-4292 (TTY)
www.kansashealthwave.org

Kansas Medical Assistance Program
Customer Service 1-800-766-9012 www.kmpa-state-ks.us/

Medicare Information
1-800-MEDICARE
www.medicare.gov

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services 1-800-MEDICARE (1-800-633-4227) or 1-877-486-2048 (TTY) www.cms.hhs.gov

Mental Health Services

Alzheimer's Association
1-800-272-3900 or 1-866-403-3073 (TTY)
www.alz.org

Developmental Services of Northwest Kansas
1-800-637-2229

Kansas Alliance for Mentally Ill (Topeka, KS)
785-233-0755 www.namikansas.org

Make a Difference
1-800-332-6262

Mental Health America
1-800-969-6MHA (969-6642)

National Alliance for the Mentally Ill Helpline
1-800-950-NAMI (950-6264) or 703-516-7227 (TTY) www.nami.org

National Institute of Mental Health 1-866-615-6464 or 1-866-415-8051 (TTY)
www.nimh.nih.gov

National Library Services for Blind and Physically Handicapped 1-800-424-8567

www.loc.gov/nls/music/index.html

National Mental Health Association
1-800-969-6642 1-800-433-5959 (TTY)
www.nmha.org

Pawnee Mental Health State Mental Health Agency
915 SW Harrison Street Topeka, KS 66612 785-296-3959
www.srskansas.org

Suicide Prevention Hotline
1-800-SUICIDE [784-2433]
www.hopeline.com

Nutrition

American Dietetic Association
1-800-877-1600 www.eatright.org

American Dietetic Association Consumer Nutrition Hotline 1-800-366-1655

Department of Human Nutrition
Kansas State University 119 Justin Hall
Manhattan, KS 66506 785-532-5500
www.humec.k-state.edu/hn/

Eating Disorders Awareness and Prevention
1-800-931-2237
www.nationaleatingdisorders.org

Food Stamps
Kansas Department of Social and Rehabilitation Services (SRS) 1-888-369-4777 or Local SRS office www.srskansas.org/ISD/ees/food_stamps

Kansas Department of Health and Environment
1000 SW Jackson, Suite 220 Topeka, KS 66612
785-296-1320 www.kdheks.gov/news-wic

Road and Weather Conditions

Kansas Road Conditions
1-866-511-KDOT 511 www.ksdot.org

Senior Services

Alzheimer's Association
1-800-487-2585

American Association of Retired Persons (AARP)
1-888-OUR-AARP (687-2277)

www.aarp.org

Americans with Disabilities Act Information Line

1-800-514-0301 or 1-800-514-0383 [TTY]
www.usdoj.gov/crt/ada

American Association of Retired Persons

1-888-687-2277
www.aarp.org

Area Agency on Aging

1-800-432-2703

Eldercare Locator

1-800-677-1116
www.eldercare.gov/eldercare/public/home

Home Buddy

1-866-922-8339
www.homebuddy.org

Home Health Complaints

Kansas Department of Social and Rehabilitation Services (SRS) 1-800-842-0078

Kansas Advocates for Better Care Inc.

Consumer Information 1-800-525-1782
www.kabc.org

Kansas Department for Aging and Disability Services

1-800-432-3535 or 785-291-3167 (TTY)
www.agingkansas.org/index.htm

Kansas Foundation for Medical Care, Inc.

Medicare Beneficiary Information 1-800-432-0407

Kansas Tobacco Use Quitline

1-866-KAN-STOP (526-7867)
www.kdheks.gov/tobacco/cessation.html

Older Kansans Employment Programs (OKEP)

785-296-7842
www.kansascommerce.com

Older Kansans Hotline

1-800-742-9531

Older Kansans Information Reference Sources on Aging (OKIRSA)

1-800-432-3535

Senior Health Insurance Counseling for Kansas

www.agingkansas.org/SHICK/shick_index

SHICK

1-800-860-5260
www.agingkansas.org/SHICK

Social Security Administration

785-296-3959 or 785-296-1491 (TTY)
www.srskansas.org

Department for Children and Family Services

785-296-3959 785-296-1491 (TTY)

Suicide Prevention

Suicide Prevention Services

1-800-784-2433 www.spsfv.org

Veterans

Federal Information Center

1-800-333-4636
www.FirstGov.gov

U.S. Department of Veterans Affairs

1-800-513-7731
www.kcva.org

Education (GI Bill)

1-888-442-4551

Health Resource Center

1-877-222-8387

Insurance Center

1-800-669-8477

Veteran Special Issue Help Line

Includes Gulf War/Agent Orange Helpline 1-800-749-8387

U.S. Department of Veterans Affairs

Mammography Helpline

1-888-492-7844

Other Benefits

1-800-827-1000

Memorial Program Service [includes status of headstones and markers] 1-800-697-6947

Telecommunications Device for the

Deaf/Hearing Impaired 1-800-829-4833 (TTY)

www.vba.va.gov

Veterans Administration

Veterans Administration Benefits

1-800-669-8477

Life Insurance

1-800-669-8477

Education (GI Bill)

1-888-442-4551

Health Care Benefits

Income Verification and Means Testing

1-800-929-8387

Mammography Helpline

1-888-492-7844

Gulf War/Agent Orange Helpline

1-800-749-8387

Status of Headstones and Markers

1-800-697-6947

Telecommunications Device for the Deaf

1-800-829-4833

www.vba.va.gov

Benefits Information and Assistance

1-800-827-1000

Debt Management

1-800-827-0648

Life Insurance Information and Service

1-800-669-8477

Welfare Fraud Hotline

Welfare Fraud Hotline

1-800-432-3913

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. 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 by Region - Inpatient

Atchison, KS Residents Treated in KHA Reporting Area

Federal Fiscal Year: 2018

Kansas Hospital Association



Hospital Cases	Discharges		Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74		Age 75+		Psychiatric		Obstetric		Newborn		
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
Atchison Hospital - Atchison, KS	616	32.6%	15	2.4%	45	7.3%	101	16.4%	98	15.9%	177	28.7%	3	0.5%	110	17.9%	67	10.9%	14.3%
Kansas Residents/Other Missouri Hospitals	480	25.4%	2	0.4%	42	8.8%	171	35.6%	67	18.1%	129	26.9%	22	4.6%	14	2.9%	13	2.7%	42.5%
The University of Kansas Health System - Kansas City, KS	285	15.1%	9	3.2%	47	16.5%	94	33.0%	44	15.4%	51	17.9%	16	5.6%	15	5.3%	9	3.2%	35.4%
Stormont Vail Health - Topeka, KS	83	4.4%	2	2.4%	6	7.2%	14	16.9%	10	12.0%	5	6.0%	31	37.3%	8	9.6%	7	8.4%	20.5%
Saint Luke's Hospital of Kansas City - Kansas City, MO	61	3.2%	0		9	14.8%	16	26.2%	19	31.1%	15	24.6%	0		1	1.6%	1	1.6%	31.1%
Children's Mercy Kansas City - Kansas City, MO	56	3.0%	55	98.2%	0		0		0		0		1	1.8%	0		0		17.9%
The University of Kansas Health System St. Francis Campus - Topeka, KS	35	1.9%	1	2.9%	4	11.4%	9	25.7%	7	20.0%	13	37.1%	0		1	2.9%	0		31.4%
Providence Medical Center - Kansas City, KS	28	1.5%	0		2	7.1%	11	39.3%	5	17.9%	8	28.6%	1	3.6%	1	3.6%	0		39.3%
Saint John Hospital - Leavenworth, KS	25	1.3%	0		1	4.0%	5	20.0%	6	24.0%	6	24.0%	7	28.0%	0		0		
North Kansas City Hospital - North Kansas City, MO	25	1.3%	0		1	4.0%	5	20.0%	8	32.0%	9	36.0%	0		1	4.0%	1	4.0%	44.0%
Overland Park Regional Medical Center - Overland Park, KS	22	1.2%	0		0		1	4.5%	5	22.7%	1	4.5%	0		7	31.8%	8	36.4%	27.3%
Menorah Medical Center - Overland Park, KS	20	1.1%	0		0		4	20.0%	6	30.0%	10	50.0%	0		0		0		80.0%
AdventHealth Shawnee Mission - Shawnee Mission, KS	18	1.0%	1	5.6%	0		1	5.6%	3	16.7%	0		7	38.9%	3	16.7%	3	16.7%	16.7%
LMH Health - Lawrence, KS	17	0.9%	0		0		5	29.4%	0		3	17.6%	0		4	23.5%	5	29.4%	29.4%
Children's Mercy Hospital Kansas - Overland Park, KS	17	0.9%	17	100.0%	0		0		0		0		0		0		0		
Saint Luke's North Hospital - Barry Road - Kansas City, MO	16	0.8%	0		3	18.8%	4	25.0%	1	6.2%	3	18.8%	0		3	18.8%	2	12.5%	16.8%
Saint Luke's Cushing Hospital - Leavenworth, KS	11	0.6%	0		0		3	27.3%	1	9.1%	0		1	9.1%	3	27.3%	3	27.3%	9.1%
Hiawatha Community Hospital - Hiawatha, KS	10	0.5%	0		0		0		1	10.0%	3	30.0%	0		3	30.0%	3	30.0%	10.0%
Holton Community Hospital - Holton, KS	8	0.4%	0		0		0		1	12.5%	7	87.5%	0		0		0		
Research Medical Center - Kansas City, MO	6	0.3%	0		1	16.7%	0		1	16.7%	1	16.7%	3	50.0%	0		0		33.3%
Saint Luke's North Hospital - Smithville - Smithville, MO	6	0.3%	0		0		2	33.3%	0		1	16.7%	3	50.0%	0		0		
Two Rivers Behavioral Health System - Kansas City, MO	6	0.3%	0		0		0		0		0		6	100.0%	0		0		
Kansas Residents/Nebraska Hospitals	5	0.3%	2	40.0%	2	40.0%	0		1	20.0%	0		0		0		0		20.0%
Olathe Medical Center Inc. - Olathe, KS	5	0.3%	0		0		1	20.0%	1	20.0%	0		0		1	20.0%	2	40.0%	20.0%
Other Hospitals	28	1.5%	1	3.6%	5	17.9%	7	25.0%	3	10.7%	3	10.7%	7	25.0%	1	3.6%	1	3.6%	25.0%
Hospital Total 1,880		100.0%	106	5.6%	168	8.9%	464	24.6%	308	16.3%	445	23.6%	108	5.7%	176	9.3%	126	6.6%	27.6%

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6/25/2019

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Atchison Hospital PSA CHNA Town Hall meeting - August 1st 5:30 - 7:00 p.m. N=40

Attend	Last Name	First Name	Organization	Title	City	ST	ZIP
1	Adrian	Janet	Benedictine College	Director of Student Health	Atchison	KS	66002
1	Affield	Lorin	YMCA	Executive Director	Atchison	KS	66002
1	Asher	Aggie	Atchison Hospital	Social work	Atchison	KS	66002
1	Berger	Becky	City of Atchison	City Manager	Atchison	KS	66002
1	Berger	Rick	Berger Company	President	Atchison	KS	66002
1	Bowen	Janean	Atchison Hospital	RN	Atchison	KS	66002
1	Bradshaw	Sarah	Atchison Hospital	CNO	Atchison	KS	66002
1	Clem	Marcus		Community Member	Atchison	KS	66002
1	Eplee	John	Atchison Hospital	MD	Atchison	KS	66002
1	Falk	Karen	Atchison Hospital	Admin	Atchison	KS	66002
1	Feil-Neavitt	Lisa	Atchison Hospital	Director of Materials	Atchison	KS	66002
1	Foll	Gary R.	Atchison Hospital	CFO	Atchison	KS	66002
1	Folsom	Amy	Atchison Hospital	RN	Atchison	KS	66002
1	Folsom	Rick & Ellie		Community Member	Atchison	KS	66002
1	Hansen	Lindsey	USD 409	LWLA	Atchison	KS	66002
1	Higdon	Chad	Second Harvest Community Food Bank	CEO	St. Joseph	MO	64505
1	Higgins	Barbara	Atchison Lions Club		Atchison	KS	66002
1	Higgins	Mike	Atchison Lions Club		Atchison	KS	66002
1	Irwin	Crystal	Atchison Hospital	RRT	Topeka	KS	66614
1	Jesnowski	Luke	Atchison Airport Board	Chairman	Atchison	KS	66002
1	Kamatuka	Louisa	Atchison Hospital	Unit Manager	Atchison	KS	66002
1	Klingman	JANE		Community Member	Atchison	KS	66002
1	Klingman	Dwaine	Atchison Hospital	Director Cardio-Pulmonary	Atchison	KS	66002
1	Lanter	Wesley	Atchison County EM		Atchison	KS	66002
1	Laurie	Jack	Atchison County Sheriff's Office		Atchison	KS	66002
1	McCarty	Kelli	Atchison Hospital	Revenue Cycle Director	Atchison	KS	66002
1	McGuire	Michael	Maur Hill - Mount Academy	Residency Direcy	Atchison	KS	66002
1	Mears	Larry		Attorney at Law	Atchison	KS	66002
1	Myers	Susan		Community Member	Atchison	KS	66002
1	Nielson	Diane	K-State Research & Extension	County Extension Educator	Effingham	KS	66023
1	Norvilas	Justas	Bank of Atchison	Financial strategy officer	Atchison	KS	66002
1	Oom	Brandi	Hospital	Director of Home Care	Atchison	KS	66002
1	Oom	Brandi	Atchison Hospital	Director of Home care	Atchison	KS	66002
1	Parks	Eric	HOPE Family Therapy Inc	Founder	Atchison	KS	66002
1	Perry	Jeff	Atchison Hospital	CEO	Atchison	KS	66002
1	Roberts	TC	Atchison Hospital	Marketing Dept	Atchison	KS	66002
1	Slingsby	Jacque	Atchison Public Library	Director	Atchison	KS	66002
1	Warren	Joe	City of Atchison	Director of Administrative Services	Atchison	KS	66002
1	Wenger	Jill	Atchison Hospital	CHRO	Atchison	KS	66002
1	Wilson	Karen	Northeast Kansas Area Agency on Aging		Hiawatha	KS	66434

Atchison Hospital – Atchison County KS Community Town Hall Notes

Thursday, August 1st, 2019 5:30 p.m. to 7:00 p.m. N=40

Lead and Radon are in homes.

School Nurses are at all schools.

Drugs that are present in Atchison area: Opioids, Meth- Amphetamine, and Marijuana.

YMCA is here, Walking Trails, Hospital offers exercise options.

Current: loosing businesses- they are coming and going. WIRE, Grocery Store and Printing Company loss. The Flood impacted many people and businesses.

Things to Improve:

Strengths:

- Live Well Live Atchison
- YMCA
- Hospital Access, Quality, Care
- Farmer's Market
- Dental Care
- Atchison Community Health Clinic with Schools
- Walking Trails
- Guidance Center / Community Mental Health Center
- City Development / Economic
- Have a Theater
- DREAM Team / Monthly Assessment of Community (Not everyone knows about it)
- Schools
- Summer Feeding Program / School Lunches
- Meals on Wheels / Skip a Meal in College Programs
- Eye Care
- Law Enforcement
- Quality Ambulance / EMTs
- Back-pack Buddies / Food Insecurity
- New Sidewalks and Lights / Infrastructure

- Clinic Accessibility
- Providers: PC, Internal Med, Surg, Derm, Peds, Oncology, Pulmonology
- Community Perception of Healthcare
- ER Timeliness
- Mental Health
- Drugs / Substance Abuse
- Qualified Labor Force
- Coordination of Social Services
- Shelters for Women and Children
- Wellness and Preventive Healthcare Education
- Poverty
- Parenting Education
- Smoking, Vaping
- Obesity
- Alcohol
- Walk-In Clinic Expansion
- Affordable Housing
- Women's Health

Wave #3 CHNA - Atchison Hospital PSA

Town Hall Conversation - Strengths (Color Cards) N= 40

Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?
23	ACC	Access to healthcare	15	HOSP	Local hospital
25	ACC	Timely access to immediate (not emergency) medical treatment	16	HOSP	Atchison hospital
12	AIR	Clean air, water	19	HOSP	Newer hospital
16	AIR	Clean water and air	20	HOSP	Financially sound hospital
1	AMB	Ambulance response time	22	HOSP	Hospital
25	AMB	Ambulance dep	25	HOSP	Good hospital/clinic access
7	BH	School based mental health	27	HOSP	Level hospital and clinic
8	BH	Intro of school based mental health	28	HOSP	Hospital - services provided exceed most
5	CLIN	Health clinic	29	HOSP	Hospital
6	CLIN	Walk in clinic	30	HOSP	Atchison Hospital
8	CLIN	After hours clinic	10	HOSP	Hospital facility - state of the art
9	CLIN	Walk-in clinic	20	INSU	Higher insurance rates
9	CLIN	Community health clinic	3	KID	Childcare
10	CLIN	Walk-in clinic	1	NUTR	Healthy shake store opening
13	CLIN	New walk in clinic	12	NUTR	Farmers market
16	CLIN	FQHC (income based)	14	NUTR	Farmers market
18	CLIN	FQHC Atchison community health clinic	15	NUTR	Farmers market
21	CLIN	Consolidated clinics/hospital	16	NUTR	Farmers market
22	CLIN	Clinics	18	NUTR	Farmers market
26	CLIN	Walk in clinic is great	19	NUTR	Farmer market
28	CLIN	Atchison community health clinic	22	NUTR	Farmers market
30	CLIN	Atchison Community health clinic	23	NUTR	Farmers market
31	CLIN	Free and low income clinic	2	OTHR	LWLA
31	CLIN	Walk-in clinic	7	OTHR	Hard working people who care about Atchison and work together
1	COMM	Community awareness	8	OTHR	Community works well together - problem solvers
2	COMM	Awareness of issues is high	10	OTHR	BC
2	CORP	ACHC	11	OTHR	Close-knit community
31	CORP	Multiple organizations working together	11	OTHR	Benedictine
5	DENT	Dentists	14	OTHR	Working to improve services
12	DENT	Dental care	14	OTHR	New movie
25	DENT	Dental care (dentist, orthodontist, and oral surgeons)	15	OTHR	Great schools, colleges
1	DOCS	Good clinic physicians	15	OTHR	Great movie theater
9	DOCS	Providers	23	OTHR	Community improvement groups are strong
14	DOCS	Good providers	25	OTHR	Schools
18	DOCS	Qualified competent providers/staff	25	OTHR	Law enforcement
19	DOCS	Young physicians	26	OTHR	Hotels
21	DOCS	Providers	26	OTHR	Dream tram
25	DOCS	Clinic physicians at hospital	28	OTHR	Guidance center in Atchison
26	DOCS	Doctors at the hospital great	29	OTHR	Good schools
29	DOCS	Providers	1	REC	Walking trails
10	EMER	Critical access designation	2	REC	High availability of outdoor recreation options
26	EMER	ER is great	3	REC	Parks, Recreational opportunities
29	EMER	E.R.	5	REC	Outdoor exercise opportunities
25	EMT	Quality EMT	6	REC	Riverfront sidewalk that runs by Wal-Mart
5	EYE	Eye docs	12	REC	Walking trails
25	EYE	Eye care providers	13	REC	Walking trail
12	FAC	Health care facilities	18	REC	Trails
14	FAC	Health care facility	22	REC	Activities - walking tours, parks
18	FAC	New facility	23	REC	Access to walking trails/YMCA/etc.
18	FINA	Financially sound	25	REC	Walking trails
1	FIT	New YMCA	27	REC	Continuous emphasis on sidewalk improvement at the city level that may lead to more walking trails

Wave #3 CHNA - Atchison Hospital PSA

Town Hall Conversation - Strengths (Color Cards) N= 40

Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?
2	FIT	YMCA	29	REC	Walking trails/sidewalks
4	FIT	Opportunities for physical health - fitness	4	SPEC	Specialists from KC, etc. come to hospital clinics
5	FIT	YMCA	8	SPEC	Specialty clinics available including orthopedic
6	FIT	YMCA	21	SPEC	Specialty clinics
7	FIT	Access to quality fitness	24	SPEC	New doctors (specialists)
9	FIT	YMCA	4	STFF	Caring nurses and professionals when your hospitalized
10	FIT	YMCA	18	TRAV	Location to metropolitan area
11	FIT	YMCA	19	TRAV	Proximity to city
12	FIT	Physical fitness facilities - YMCA	20	TRAV	Proximity to city
13	FIT	YMCA	4	WELL	Health info opportunities - walk with docs, extension, health clinic, live well
14	FIT	YMCA	6	WELL	Live well, live Atchison
15	FIT	YMCA	12	WELL	Wellness organizations - live well, live Atchison
16	FIT	YMCA	13	WELL	Live well Atchison
18	FIT	YMCA	14	WELL	Live well Atchison
19	FIT	YMCA	15	WELL	Live well live Atchison
25	FIT	YMCA	15	WELL	Atchison community health
26	FIT	YMCA	16	WELL	Live well, live Atchison
27	FIT	Enough local facilities for working out	17	WELL	Live well/live Atchison
28	FIT	YMCA - improvements	18	WELL	Live well live Atchison
29	FIT	YMCA	19	WELL	Live well live Atchison
16	GOV	City development	20	WELL	Some formal movement on health issues and wellness - live well YMCA
3	HOSP	Hospital	22	WELL	Live well/live Atchison
5	HOSP	Hospital	24	WELL	Live well
6	HOSP	Hospital facility	27	WELL	Live well live Atchison
8	HOSP	Hospital in our town	28	WELL	Strong programs - live well live Atchison
10	HOSP	Hospital	30	WELL	Live well live Atchison

Wave #3 CHNA - Atchison Hospital PSA

Town Hall Conversation - Weakness (Color Cards) N= 40

Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
29	ACC	Access to care - clinic (increase providers?)	17	INSU	Access to care - underinsured
16	ALC	Alcohol	20	INSU	Uninsured
17	ALC	Alcohol	11	MAMO	Mammography promotions
1	BH	Awareness of available mental health providers	15	MAMO	Mammograph/women's health promotion
5	BH	Mental health services	7	MDLV	More midlevel providers
6	BH	Access to mental healthcare	6	NH	Nursing home quality
9	BH	Access to mental health care	2	NUTR	Need more quality grocery options locally
10	BH	Mental health services	6	NUTR	Access to food/meals - esp. for children
12	BH	Need better mental health support	8	NUTR	Healthy food choices
13	BH	More mental health	26	NUTR	Increased access to nutritious food product
14	BH	Better mental health	2	OBES	Obesity rate is high
15	BH	Mental health availability	3	OBES	Obesity
16	BH	Mental health	25	OBES	Obesity education
17	BH	Limited mental health care	27	OBES	Obesity
18	BH	Mental health care	5	OTHR	Public perception of healthcare services
20	BH	Mental health	6	OTHR	Funding to schools
22	BH	Mental health	8	OTHR	Life skills related to health care
23	BH	Improve awareness of additional mental health treatment options	8	OTHR	Lack of connection in community
25	BH	Access to mental health treatment	8	OTHR	Coordination of services beyond healthcare/education not valued
28	BH	Expand clinic - mental health - guidance center	9	OTHR	Improve perceptions of local healthcare
29	BH	Continue to increase access to school-based mental health - more therapist	16	OTHR	Housing - good affordable housing
30	BH	Mental health providers/facilities	16	OTHR	Labor force
31	BH	We need more access to mental health	19	OTHR	Too many entitlement people
33	BH	Help of mental health issues	19	OTHR	Poor housing
5	CHRON	Chronic disease management > COPD	20	OTHR	Housing
9	CHRON	Problems addressing COPD	21	OTHR	Culture of what's accepted
10	CHRON	Chronic illnesses COPD	23	OTHR	Women's and children's shelter
15	CLIN	Sunday walk-in clinic	25	OTHR	Housing
27	CLIN	Walk in clinic and wellness clinic	27	OTHR	Need abuse shelter
31	CLIN	More clinic hours	27	OTHR	Health transfer
22	CONF	Privacy	32	OTHR	Run down housing
3	CORP	Collaboration	33	OTHR	Safe housing for everyone
24	DENT	Dentist in the clinic	28	PEDS	Health services for kids
2	DOCS	More physicians needed	4	POV	Low income population
3	DOCS	Not enough docs	5	POV	Poverty level
4	DOCS	Not enough doctors at hospital - PC's	8	POV	Food insecurity
5	DOCS	Access to physicians	9	POV	Poverty level
7	DOCS	More providers	10	POV	Poverty
10	DOCS	Access to providers	11	POV	Poverty
11	DOCS	New doctors	13	POV	Poverty
13	DOCS	Need more providers	15	POV	Poverty
15	DOCS	Full-time physicians	19	POV	Poverty
30	DOCS	More providers	20	POV	Poverty
32	DOCS	More providers	21	POV	Poverty
2	DRUG	Drug issues - meth	29	POV	Bring services to those in need
11	DRUG	Drugs	9	PRIM	Access to primary care
13	DRUG	Drugs	15	PUL	Pulmonary disease education
15	DRUG	Drugs	4	REC	Activities not as available for adults
16	DRUG	Drugs	26	SMOK	Increase smoking cessation effects
17	DRUG	Drugs	27	SMOK	Smoking and vaping
19	DRUG	Methamphetamine abuse	29	SMOK	Improve or begin education to students on vaping, e-cigs, etc.

Wave #3 CHNA - Atchison Hospital PSA

Town Hall Conversation - Weakness (Color Cards) N= 40

Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
20	DRUG	Drug and alcohol use	31	SMOK	Vaping/smoking cessation
21	DRUG	Meth use	7	SPEC	Specialists
27	DRUG	Drug abuse	12	SPEC	Need more specialized doctors
28	DRUG	Drug/alcohol services	14	SPEC	More specialty services
33	DRUG	Access to drug treatment	15	SPEC	More specialty providers
2	ECON	Socio-economic issues	10	SS	Too many aide agencies
5	ECON	Economic growth	23	SUIC	Improve response to teen suicide ideation
13	ECON	Unemployment	31	SUIC	Suicide prevention in schools
15	ECON	Unemployment	5	TRAN	Transportation
16	ECON	Economic development	6	TRAN	Access to reasonably priced transportation
25	ECON	Increased business to increase employment	8	TRAN	Transportation to services
33	ECON	Economic development	10	TRAN	Transportation
1	EMER	ER wait times	11	TRAN	Better transportation
10	EMER	E/D	11	TRAN	Health transportation
15	EMER	ED turnaround time	12	TRAN	Public transportation
23	EMER	ER length of care time	13	TRAN	Public transportation
27	EMER	EMR timeliness	14	TRAN	UBER
29	EMER	Improve perception/reality of ER	15	TRAN	Good public transportation
8	FAM	Family support	16	TRAN	Transportation
25	FAM	Family planning	17	TRAN	Transportation
27	FAM	Parenting	21	TRAN	Health transportation
28	FAM	Better family services/parenting	24	TRAN	Health transportation local/outside
1	FINA	Hosp billing practices	28	TRAN	Better neighborhood connectivity/driving alternatives
27	FINA	Affordable health	24	URG	Longer after hours clinic (close before 5 pm)
32	FINA	Billing	3	WELL	Education on resources
12	FP	Need more full time family docs	7	WELL	Wellness education
16	INSU	Access to care - underinsured	21	WELL	Education to the public

c) Public Notice & Requests

[VVV Consultants LLC]

EMAIL Request to Atchison CHNA Stakeholders

(Send via John Jacobson Email ... paste message add subject line BCC all stakeholders emails from roster.

From: John Jacobson

Date: June 1st, 2019

To: Community Leaders, Providers, Hospital Board and Staff

Subject: CHNA Wave #3 Community Online Feedback Survey

Over the next three months, Atchison Hospital will be working with Live Well Live Atchison to update the 2016 Atchison County Community Health Needs Assessment. (*Note:* This assessment update is a follow-up to meet final IRS regulations released on 01/02/2015, requiring all 501(c)(3) hospitals to conduct a Community Health Needs Assessment and adopt an implementation strategy at least once every three years).

Your feedback and suggestions regarding current community health delivery are very important to collect, in order to complete our 2019 Community Health Needs Assessment and implementation plan updates.

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

https://www.surveymonkey.com/r/AtchisonCo_CHNA2019

All community residents and business leaders are encouraged to **complete the 2019 online CHNA survey by Monday, June 3rd, 2019**. All responses are confidential.

Also, please hold **Tuesday, June 18th from 5:30 p.m. to 7:00 p.m. in order to attend 2019 CHNA Town Hall meeting** in the Atchison Hospital Cafeteria. Dinner will be provided.

Thank you are your attention and participation. JJ

EMAIL Request to Atchison CHNA Stakeholders

(Send via John Jacobson Email ... paste message add subject line BCC all stakeholders emails from roster.

From: John Jacobson

Date: June 18th, 2019

To: Community Leaders, Providers, Hospital Board and Staff

Subject: Atchison Hospital - CHNA work continues; Town Hall moved to Aug 1st

Atchison Hospital is working with Live Well Live Atchison to update the 2016 Atchison County (KS) Community Health Needs Assessment. *(Note: This assessment update is a follow-up to meet final IRS regulations released on 01/02/2015, requiring all 501(c)(3) hospitals to conduct a Community Health Needs Assessment and adopt an implementation strategy at least once every three years).*

Your feedback and suggestions regarding current community health delivery are very important to collect, in order to complete our 2019 Community Health Needs Assessment and implementation plan updates.

To accomplish this work, a short online survey has been developed:
https://www.surveymonkey.com/r/AtchisonCo_CHNA2019

All community residents and business leaders are encouraged to **complete the 2019 online CHNA survey by Monday, July 15th, 2019**. All responses are confidential.

Also, please hold **Thursday, August 1st from 5:30 p.m. to 7:00 p.m. in order to attend 2019 CHNA Town Hall meeting** in the Atchison Hospital Cafeteria. Dinner will be provided.

Thank you for your attention and participation. JJ

Atchison Hospital - CHNA work continues; Town Hall moved to Aug 1st

Media Release 6/18/2019

Atchison Hospital is working with Live Well Live Atchison to update the 2016 Atchison County (KS) Community Health Needs Assessment. (Note: Affordable Care Act legislation requires all tax-exempt hospitals to submit an assessment to the IRS every three years, regardless of hospital affiliation. Each hospital, even those that serve overlapping populations, must submit a separate assessment.)

VVV Consultants LLC, an independent research firm from Olathe, has been retained again to conduct this countywide research. The goal of this assessment update is to understand progress in addressing community health needs cited in the 2016 assessment report and to collect up-to-date community health perceptions.

To accomplish this work, a short online survey has been developed. Note: You can also go to Atchison Hospital website and / or Facebook page to find survey link.

https://www.surveymonkey.com/r/AtchisonCo_CHNA2019

All community residents and business leaders are encouraged to complete the 2019 online CHNA survey by Monday, July 15th and to attend the upcoming scheduled Town Hall on August 1st from 5:30 p.m. to 7:00 p.m. in the Atchison Hospital Cafeteria.

“We hope that the community and health professionals will take advantage of this opportunity to provide input into the future of healthcare delivery in our county.”
comments John Jacobson, CEO.

If you have any questions about CHNA activities, please call TC Roberts at 913-367-2131.

Community Health Needs Assessment Town Hall Meeting

Atchison Hospital
will be hosting a Town Hall Meeting
on Thursday August 1, 2019
from 5:30 to 7 p.m. at Atchison Hospital Cafeteria

Please join us for this opportunity to share your thoughts
& suggestions to improve health care delivery.

All area residents are invited to attend.
A light dinner will be provided starting at 5:15 pm

RSVP here today:

https://www.surveymonkey.com/r/AtchisonKS_CHNA_RSVP2019

Email Request

From: troberts@atchhosp.org

To: troberts@atchhosp.org

BCC: Community Stakeholders **Cut & Paste (Blind CC)**

Subject: Atchison Hospital Town Hall meeting – Aug 1st

Atchison Hospital, in partnership with *Live Well, Live Atchison*, is updating their 2016 Community Health Needs Assessment (CHNA). VVV Consultants LLC from Olathe KS has been retained to conduct this community-wide research.

The Atchison County CHNA Town Hall working dinner meeting on Thursday, August 1st from 5:30 p.m. to 7:00 p.m. at Atchison Hospital in the Cafeteria. At this meeting, we will discuss the initial online survey results and set priorities.

Please RSVP here for the August 1st Town Hall:

https://www.surveymonkey.com/r/AtchisonKS_CHNA_RSVP2019

Thank you in advance for your time and support in participating with this important request. If you have any questions regarding the CHNA, please call TC Roberts at (913) 367 2131.

New CEO oversees health needs seminar



By Marcus Clem Atchison Globe
Aug 3, 2019

Atchison has a lot of good things going for it, from a health perspective.

A majority of survey respondents to a recent a public wellness survey reflected high satisfaction with the amount of physical fitness activities available in the area, the state of the public health in the community and the quality of education and health services available to young Atchisonians.

However, participants in the triennial Community Health Needs Assessment at Atchison Hospital, conducted on Thursday evening by VVV Consultants LLC of Olathe, reflected concentrated concern on the issues of mental health, drugs and the number of health care providers locally available. Amid all of the discussion was some residents' first extended interaction with new hospital CEO Jeff Perry, who stepped into the shoes of retired CEO John Jacobson earlier this summer.

“The big part of this event for me is all of the strengths of the community and the ability of our constituents to come together and take on the needs of the community,” Perry said. “I think that to the extent we have problems, we have the people here and the ability to solve them.”

The ratio of full-time health care providers is considered modestly satisfactory against an average of 25 rural Kansas counties, with Atchison County offering 1 full-time health care

provider for every 2,050 residents, but respondents indicated more are needed to improve urgent care wait times, among other concerns.

“I think there’s a lot of mental health awareness statewide right now,” said Dr. John Eplee of the Atchison Hospital Clinics, who also serves in the Kansas House of Representatives and on the Atchison Public Schools USD 409 Board of Education.

“There’s more awareness than there’s ever been. People get it. There’s a lot of needs in Kansas of course in Atchison. And it’s hard. It’s hard in the state and it’s hard here in Atchison. We will work hard to change it but it’s going to be a slow process.”

Lindsey Hansen, assistant principal for Atchison High School and spokeswoman for Atchison Public Schools USD 409, said a lot of progress has been made.

“Mental health has at times been a concern that people take for granted, and sometimes it’s been a concern people don’t want to discuss,” she said. “A large part of improving public health and happiness is a matter of perception. We have so many good things in this community that are unknown or under-utilized. How can we get the word out?”

Perry said one of the advantages he has in his relatively new role is the infrastructure present. Most rural communities don’t have an entire hospital complex that is of new construction and enjoys solid financial and institutional stability. With the closure of Horton Community Hospital and financial difficulties affecting Hiawatha Community Hospital in Brown County, Atchison has privileges Perry doesn’t intend to squander.

“Because we have a relatively new structure, we have an opportunity to expand services here,” Perry said. “We have a strong ability to improve patient access and serve a growing population.”

Marcus Clem can be reached via marcus.clem@atchisonglobenow.com and @AdAstraGorilla on Twitter.

https://www.atchisonglobenow.com/news/local_news/new-ceo-oversees-health-needs-seminar/article_b273f332-b577-11e9-8cf5-2ffc904c7d26.html

d) Primary Research Detail

Neighborhood Roundtables & Online Research

[VVV Consultants LLC]

CHNA 2019 Community Feedback - Atchison Hospital (KS) N=102

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community? Please select top THREE.
1018	66002	Good	Increasing - moving up	ACC			Lack of above services
1021	66002	Poor	Decreasing - slipping downward	FINA	FIT		Everything cost too much! Your health and wellness programs cost a fortune!
1008	66002	Good	Not really changing much	OBES	SMOK	DRUG	High rates of obesity, smoking and drug abuse, especially "meth" use.
1044		Good		OTHR	DOH		Laziness, ignores opportunity, let schools take care of it. The community health offers it all free.
1028	66002	Good	Decreasing - slipping downward	OTHR			Laziness and apathy
1034	66002	Average	Not really changing much	OTHR			Lack of desire/ease of healthy living and eating
1043	66002	Average	Increasing - moving up	POV	ECON	OTHR	Poverty and high unemployment large number of children living in poverty. Terrible housing. Slum landlords who do not fix up rentals
1053	66002	Average	Increasing - moving up	SS			poor collaboration between social service agencies

CHNA 2019 Community Feedback - Atchison Hospital (KS) N=102

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1021	66002	Poor	Decreasing - slipping downward	ACC			Need to be more open for everyone
1070	66002	Very Good	Increasing - moving up	ALC	DRUG	FINA	Community approach to addressing alcohol/drug problems. There are community partners who could address this but little to no funding available.
1050	66002	Good	Increasing - moving up	BH	ACC		Mental health. More counselors are needed in the community. It took almost 2 months to get an appointment.
1074	66002	Good	Not really changing much	BH	DRUG		Mental Health- grief support, substance abuse
1018	66002	Good	Increasing - moving up	BH	KID	INSU	Mental health, youth, underinsured
1040	64593	Very Good	Not really changing much	BH	WELL		Mental health. Also sex education needs to be less of scaring kids and more of letting them know the risks.
1066	66002	Good	Increasing - moving up	BH			Removing the stigma associated with mental health issues and getting care for those in need. More health and wellness for young folks, get them in good habits early.
1017	66002	Very Good	Increasing - moving up	BH			We need more mental health professionals who have more time available for the needs of the community
1048	66002	Good	Decreasing - slipping downward	CHRON	DIAB		Chronic disease clinics (diabetes)
1053	66002	Average	Increasing - moving up	CLIN	DENT	BH	The Atchison Community Health Clinic, as a Federally Qualified Health Center, is able to provide medical, dental, behavioral healthcare, childcare, health education, etc. to all persons regardless of their ability to pay. ACHC must continue to find our "niche" and grow programs that allow us to increase our revenues in services that the Atchison Hospital or those in private clinics don't provide, i.e. dental outreach, medication management services for mental health, school based mental health services to name a few. ACHC spends considerable money on pharmaceuticals and lab costs for the uninsured to keep them from accessing the ER which ultimately would result in uncollectable debt for the hospital. Many non-profit agencies are given grant funds from local businesses, city, county, state, etc. and I believe we could be more cost effective with those funds and demonstrate a bigger impact by working together, avoid duplication of service and enhancing coordination. For example, house the ACHC and the Health Department together, even consider adding in NEKCAP/Headstart programs, into the same building to increase collaboration and organization of services provided to uninsured/underinsured families. The hospital needs to be in a position to thrive at what they are doing and to remain in a financial position to navigate the struggles rural hospital often face, which has been done incredibly well. ACHC must grow to alleviate more of the strain (uncompensated care) that the hospital incurs. As of now, our location and size of our building is too small, resulting in our (ACHC) inability to fully accommodate the need of the uninsured in Atchison and resulting in continued use of the ER, negative impact on our local law enforcement, etc.
1100	66002	Good	Increasing - moving up	CLIN	DOCS		More clinic doctors
1096	66002	Good	Not really changing much	CORP	CLIN	CHRON	You should partner with Live well Atchison, community health clinic, county, city, schools, dentists, and mental health providers to design a comprehensive Chronic Disease Risk Reduction Program targeting Adult and child obesity, Tobacco and e-cig reduction, increased physical activity, alcohol and drug use prevention, and mental health services.
1051	66002	Very Good	Increasing - moving up	CORP			Continue partnerships with the YMCA and all schools within the community.
1002	66002	Good	Increasing - moving up	DENT	INSU		Dental assistance for underinsured
1004		Poor	Decreasing - slipping downward	DOCS	ACC		Just having the availability of patients getting to see their own doctor would be a start.
1011	66002	Good	Increasing - moving up	DOCS	SPEC		More MD's & specialist
1008	66002	Good	Not really changing much	DRUG	VIO		There is an escalating problem with drug usage, especially meth usage. Lots of criminal activity connected to this.
1077	66002		Not really changing much	FINA	INSU	AGE	Not sure. We have the basics, in different formats, for many things. Some services are restricted by either ability to pay, or Medicaid-only. Big gaps for elderly with some means, so don't qualify for Medicaid.
1028	66002	Good	Decreasing - slipping downward	FIT	AGE		I would like to see the hospital offer free exercise classes. Maybe chair yoga for Seniors or do a weekly fitness class out in the parking lot after hours
1071	66002	Good	Not really changing much	GOV			The county commissioners need to step up and participate more..
1014		Average	Not really changing much	INSU	DENT	BH	There is a need for uninsured people and families to have access to free care. Dental. Medical. Mental Health. Etc

CHNA 2019 Community Feedback - Atchison Hospital (KS) N=102

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1102	66002	Average	Not really changing much	INSU			More for the uninsured. Not everyone can afford healthcare and many go without it
1034	66002	Average	Not really changing much	MDLV			Midwives should be welcomed and evidence-based care followed for maternity care
1031	66002	Good	Not really changing much	MRKT			Letting everyone know what is available in words they can understand.
1012		Average	Not really changing much	OBES			The obesity problem needs attention.
1063	66002	Good	Not really changing much	OTHR	BH		Housing programs Mental Health programs
1043	66002	Average	Increasing - moving up	OTHR			Work with city and county regarding housing. Improve codes so that landlords fix up rentals
1082	66002	Average	Not really changing much	PAIN	FINA		Pain management locally (outside of anesthesia intervention). Atchison Clinics ask a lot of patients to see pain management docs. A lot of patients state they can't afford to go to them.
1038	66002	Good	Increasing - moving up	POV	BH	CORP	We have a number of homeless in Atchison; some of these may also have mental health issues. Partner with Valley Hope???
1059	66434	Good	Not really changing much	SPEC	ONC		More robust specialty services Oncology care
1056	66002	Good	Increasing - moving up	WELL	AGE	KID	as I stated in earlier questions more events to teach and learn for our older community and our younger community. events to even include our teenage community as they too have mental and health needs and this too can be held right at the middle and high schools, AMS, AHS, MHMA, St, Benedict 7,8th graders
1024	66002	Poor	Not really changing much	WELL	FAM	PAIN	Car seat programs. Free/reduced prices for seats when people get unexpected guardianship. More events for car seat checks. Have pain management docs come to atchison.
1065	66002	Good	Increasing - moving up	WELL	REC		Not sure. But would like to know what has Live Well Liva Atchison done other than bike / walking trails. What is their purpose? Don't see them working with the hospital much.
1076	66002	Good	Increasing - moving up	WELL	REC		Would like to know more of the progress of Live Well Liva Atchison, than just bike / walking trails. Whatelese are they doing for / in our community?
1099	66002	Very Good	Increasing - moving up	WELL			More info for the public the importance of wellness, we are making great strides

Let Your Voice Be Heard!

Atchison Hospital requests your input in order to create a 2019-2021 Atchison County, Kansas Community Health Needs Assessment (CHNA). To collect "up to date" community feedback, a short online survey has been created to uncover any current community health issues and evaluate local health delivery.

While your participation is voluntary and confidential, all community input is valued. Thank you for your attention! Deadline to participate is Friday, July 19th, 2019.

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

- Very Poor Poor Average Good Very Good

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

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

Why? (please specify)

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

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

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

- | | |
|---|--|
| <input type="checkbox"/> Alcohol and Drug Abuse | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Dental Services | <input type="checkbox"/> Sex Education |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Healthcare Transportation | <input type="checkbox"/> Specialty Healthcare Physicians |
| <input type="checkbox"/> Mental Health Specialists | <input type="checkbox"/> Uninsured |
| <input type="checkbox"/> Nutrition and Wellness Education | <input type="checkbox"/> Urgent Care |

6. Which past health assessment of our community need is NOW the "most pressing" for improvement? Please select top THREE.

- | | |
|---|--|
| <input type="checkbox"/> Alcohol and Drug Abuse | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Dental Services | <input type="checkbox"/> Sex Education |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Healthcare Transportation | <input type="checkbox"/> Specialty Healthcare Physicians |
| <input type="checkbox"/> Mental Health Specialists | <input type="checkbox"/> Uninsured |
| <input type="checkbox"/> Nutrition and Wellness Education | <input type="checkbox"/> Urgent Care |

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

- Health & wellness education
- Chronic disease prevention
- Limited access to mental health assistance
- Case management assistance
- Elder assistance programs
- Family assistance programs
- Awareness of existing local programs, providers, and services
- Finance & Insurance coverage

Other (please specify)



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

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



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

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

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

	Very Good	Good	Fair	Poor	Very Poor
Early Childhood Development Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poverty/Financial Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings (such as asthma, hearing, vision, wellness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunization Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity Prevention & Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

- Yes
- No
- I don't know

If YES, please specify the healthcare services received.

13. Are our healthcare organizations, providers and community members actively working together to address/improve health in our community?

- Yes
- No
- I don't know

Please explain

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

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

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

Other (please specify)

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

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

Other (please specify)

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



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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