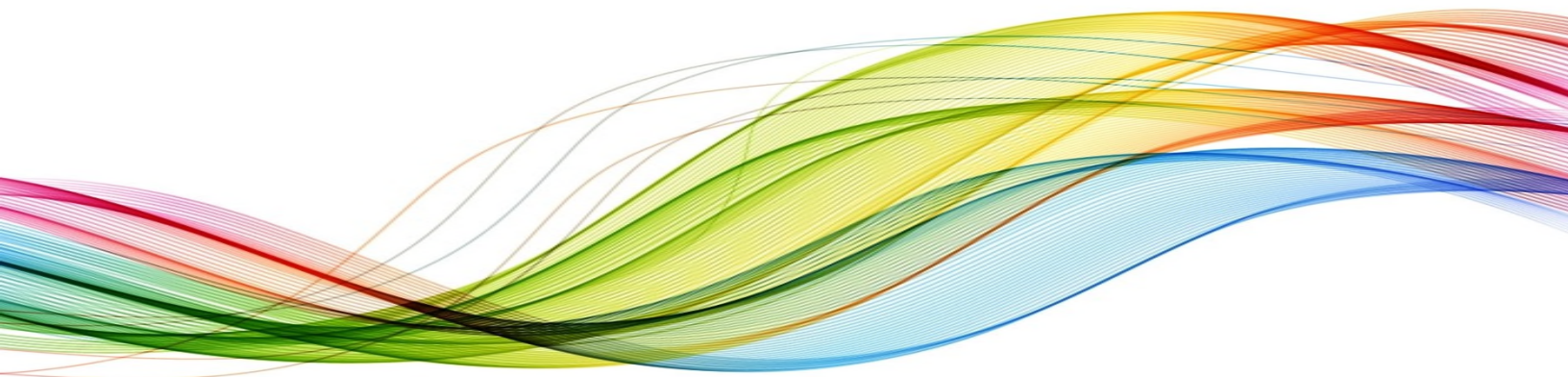




**Community Health Needs Assessment**  
**Hiawatha Community Hospital**  
Brown County, KS

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**October 2019**

VVV Consultants LLC  
Olathe, KS

# Community Health Needs Assessment

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# I. Executive Summary

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# I. Executive Summary

## Hiawatha Community Hospital – Brown 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 local residents, to research and prioritize county health needs and document community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years.

Hiawatha Community Hospital (HCH) 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 Brown County, KS CHNA assessment began in June 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 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

#### HCH – Brown County, KS Town Hall - “Community Health Improvements Needs”

2019 CHNA Health Priorities				
Hiawatha Community Hospital - Primary Service Area				
CHNA Wave #3 Town Hall - August 15, 2019				
Brown Co, KS (34 Attendees, 125 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Additional Providers (OB, Derm, Surg, Ortho, Oph, Gero, Endo, GI)	19	15.2%	15.2%
2	Financial Health of Local Hospital (HCH)	17	13.6%	28.8%
3	Mental Health (Diagnosis, Treatment, Aftercare) Including Hand-offs	11	8.8%	37.6%
4	Community Collaboration (Between Agencies)	11	8.8%	46.4%
5	Awareness of Services (Health Dept and Hospital)	11	8.8%	55.2%
6	Obesity (Nutrition / Exercise)	10	8.0%	63.2%
7	Home Health Services	9	7.2%	70.4%
8	Housing (Affordable and Safe)	7	5.6%	76.0%
9	Affordable Health Insurance	5	4.0%	80.0%
<b>Total Votes:</b>		<b>125</b>	<b>100.0%</b>	
Other Items receiving votes: Health and Wellness Education (Apathy), Drug Abuse, Access to Care in South Brown County, Food Insecurity, Alcohol, Local Transportation, and Single-Parent Households.				

## b) Town Hall CHNA Findings: Areas of Strengths

### HCH – Brown County, CHNA Town Hall - “Community Health Areas of Strengths”

Brown County KS "Community Health Strengths"			
#	Topic	#	Topic
1	Access to Pharmacies	7	Local Surgery Center
2	Area Agency on Aging	8	Low Unemployment
3	Dental Services	9	Mental Healthcare Access
4	EMS	10	OB Services
5	Extended Walk-in Clinic Hours	11	Quality Providers in PSA
6	Health Department	12	Recreational Activities / Schools

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

**KANSAS HEALTH RANKINGS:** According to the 2019 Robert Wood Johnson County Health Rankings, Brown County was ranked 67<sup>th</sup> in Health Outcomes, 69<sup>th</sup> in Health Factors, and 83<sup>rd</sup> in Physical Environmental Quality out of the 105 Counties.

**TAB 1.** Brown County’s population is 9,641 (based on 2017), with a population per square mile (based on 2010) of 18 persons. Seven percent (6.6%) of the population is under the age of 5 and 19.8% is over 65 years old. Hispanic or Latinos make up 4.7% of the population and there are 88.9% of Brown County citizens living in the same house as 1 year ago. In Brown County, children in single parent households make up 36%. There are 770 Veterans living in Brown County.

**TAB 2.** The per capita income in Brown County is \$24,319, and 15% of the population is in poverty. There is a severe housing problem of 11%. There is an unemployment rate of 3.2%. Food insecurity is 14%, and limited access to a store (healthy foods) is 4%.

**TAB 3.** Children eligible for a free or reduced-price lunch is at 57% and 93.3% of students graduate high school while 21.2% of students get their bachelor’s degree or higher in Brown County.

**TAB 4.** The percent of births where prenatal care started in the first trimester is 73.3%. Thirty-eight percent (38.1%) of births in Brown County occur to unmarried women. Births where mothers have smoked during the pregnancy is at 19.8% and the percent of babies born prematurely is 8%. Seventy-two percent (72%) of infants up to 24 months received full immunizations while 8.3% of births occur to teens.

**TAB 5.** There is one primary care physician per 810 people in Brown County. Patients who gave their hospital a rating of 9 or 10 out 10 are 79% and there are 76% of patients who reported Yes, They Would Definitely Recommend the Hospital.

**TAB 6.** Medicare population getting treated for depression in Brown County is 16.9%. There are 3.5 days out of the year that are poor mental health days.

**TAB 7.** Thirty-four percent (34%) of adults in Brown County are obese (based on 2019), with 31% of the population physically inactive. Fifteen percent (15%) of adults drink excessively and 18% smoke. Hypertension (57.9%), Heart Failure (18.7%), COPD (16.9%) and Asthma (4.5%) risk are higher than the comparative norm.

**TAB 8.** The adult uninsured rate for Brown County is 11%.

**TAB 9.** The life expectancy rate in Brown County is 75.1 for Males and 80.4 for Females. The age-adjusted chronic lower respiratory disease mortality rate is 65, which is higher than the comparative norm. Alcohol-impaired driving deaths are comparable at 23%.

**TAB 10.** Fifty-six percent (56%) of Brown County has access to exercise opportunities and 11% monitor diabetes. Forty-one percent (41%) of women in Brown County get annual mammography screenings.

**Key 2019 Community Feedback Conclusions: Stakeholder feedback from residents, community leaders and providers (N=284) provided the following community insights via an online perception survey:**

- Using a Likert scale, 74.6% of Brown County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Brown County stakeholders are satisfied with the following services: Ambulance Services, Child Care, Chiropractors, Dentists, Inpatient Services, Outpatient Services and Pharmacy.
- When considering past CHNA needs: Drug Abuse, Affordable Insurance, Obesity, Child Care Services, Economic Development, Mental Health Providers, Public Awareness of Mental Health issues, and Affordable Fitness Centers came up.

CHNA Wave #3 - Year 2019		Hiawatha KS PSA N=284			
Past CHNAs health needs identified		Ongoing Problem			Pressing
#	Topic	Votes	%	Trend	RANK
1	Drug Abuse	116	60.1%		2
2	Affordable Insurance	108	56.0%		1
3	Obesity	89	46.1%		4
4	Child Care Services	84	43.5%		9
5	Economic Development	81	42.0%		3
6	Mental Health Providers	76	39.4%		7
7	Affordable Housing	74	38.3%		5
8	Public Awareness of Mental Health issues	68	35.2%		8
9	Urgent Care Services	68	35.2%		6
10	Affordable Fitness Centers	64	33.2%		15
11	Dental / Vision Services (Uninsured and Medicare)	49	25.4%		13
12	Visiting Specialists	47	24.4%		10
13	Senior Care Centers	46	23.8%		12
14	Healthcare Education	44	22.8%		14
15	Chronic Diseases	43	22.3%		11
16	Tobacco Use	36	18.7%		17
17	Healthcare Transportation	27	14.0%		16

# 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**

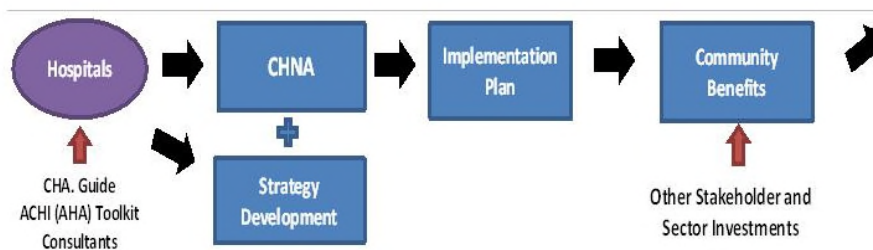
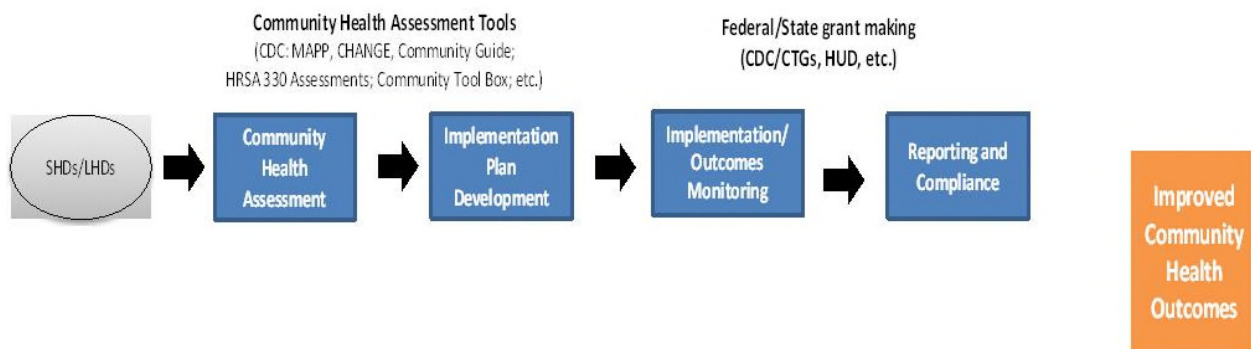
The Notice provides that a CHNA will be considered to be "conducted" in the taxable year that the written report of the CHNA findings is made widely available to the public. The Notice also indicates that the IRS intends to pattern its rules for **making a CHNA "widely available to the public"** after 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:

#### **Hiawatha Community Hospital Profile**

**300 Utah St, Hiawatha, KS 66434**  
**Phone: (785) 742-2131**  
**CEO: John Broberg**

**About Us:** Hiawatha Community Hospital is rich in history and community pride. Built in 1951 from donations from local citizens, it has continued today as a community owned system without any tax subsidies. The hospital has gone through many additions, with our last major renovation being the new family practice clinic and outpatient service area in May 2011. The Hiawatha Community Hospital has prospered because of planning by our community board members and the generosity of citizens.

Healthcare is continuously evolving. We are grateful that advancements in medicine and strides in technology are providing access to better healthcare within our own local community. Though our facility provides the equipment, it is our employees that offers the very best of psychosocial care -- mind, body and spirit -- to the patient and their loved ones.

**Mission Statement:** Hiawatha Community Hospital, Caring for you and our community

Hiawatha Community Hospital's highest priority is the provision of quality health care to our patients throughout Northeast Kansas. Comprehensive services include primary, secondary and long term care. To carry out this mission, health professionals within the hospital continually work together to improve patient care and education. This team approach ensures that our patients will benefit from the most up to date medical practices available.

The hospital can only continue to exist to service its mission through sound financial management and strategic planning. Therefore, the principles of cost effectiveness and efficiency govern the development of health care policy for the hospital. External and internal assessments are done to determine evolutionary needs and to respond to the demands of every changing technology.

Hiawatha Community Hospital feels a strong commitment to its employees and strives always to treat them fairly, responsibly and with a sense of concern for their well-being. The provision of comprehensive continuing education is essential to maintain adequate skill levels and foster a sense of pride and professionalism. As a community hospital, Hiawatha Community Hospital recognizes its responsibility to provide public health education and as such, strives to serve as a regional health resource center. Medical and professional staffs are encouraged to participate in community activities and education.

**Our Services:** Hiawatha Community Hospital provides general medical and surgical care for inpatient, outpatient, and emergency room patients, and participates in the Medicare and Medicaid programs.

Emergency room services are available on a 24-hour per day, seven-day per week basis.

Among the services we provide are:

- Anesthesia
- Business Office
- Cardiac Rehabilitation
- Community Education & Support Groups
- Diabetes and Wellness Education
- Dietitian
- Dietary Department
- Emergency Department
- Family Practice Clinic
- Gift Shop
- HCH Highland Clinic
- Infusion Clinic
- Inpatient Acute, Skilled and Intermediate Care
- Laboratory
- MRI
- Obstetrics
- Outpatient Specialty Clinic
- Physical, Occupational and Respiratory Therapy
- Radiology
- Swing Bed
- Surgical Services
- Speech Therapy

## **NEK Multi-County Health Department, Inc.: Brown County Public Health**

**907 South 2nd Street, Hiawatha, KS 66434**  
**Phone: (785) 472-2505**  
**Administrator: Chastity Schumann**  
**Hours: Mon-Fri 8:00am-4:30pm (Lunch 12-1pm)**

NEK Multi County is a single non-profit agency offering public health, home health and hospice services across Atchison, Brown and Jackson Counties.

**Public Health:** 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!

**Hospice:** Our mission is to provide outstanding, multi-disciplinary COMFORT CARE, focusing on the physical, spiritual, emotional and social needs of our patients and their loved ones during the end of life process.

Hospice is a service provided for individuals that have been diagnosed with a life-limiting illness. It is care provided in the home or nursing facility, designed specifically to manage end of life symptoms such as pain control and discomfort. Hospice also specializes in assisting with the emotional, spiritual, and social impact of the illness on the patient and the patient's loved ones.

NEK Multi-County Hospice provides professional, compassionate care for people facing a life-limiting illness or injury. NEK Hospice focuses on caring- not curing- and providing a comfortable home environment for your loved ones that is respectful and promotes care while maintaining dignity.

### *Hospice Objectives*

- Manage pain and control symptoms
- Provide personal care to ensure comfort
- Provide needed medications, medical supplies and equipment
- Assist patient and loved ones with the emotional, psychosocial and spiritual aspects of dying
- Encourage and educate family/care givers on how to provide care for the patient
- Make short term inpatient care available when pain or symptoms become too difficult to manage at home or the caregiver needs respite time
- Provide bereavement counseling to family and friends

**Home Health:** NEK Multi-County offers home health services across Atchison, Brown and Jackson counties. Home Health is available to provide treatment for illnesses or injuries. Home Health care helps you heal in a safe and comfortable environment while you learn to regain your independence.

NEK Home Health provides quality, professional care for people recovering from illness or injury. We focus on providing safe and comfortable in-home care that promotes all aspects of healing and recovery.

*NEK Multi-County Home Health Services Include:*

- Registered Nurse on call 24 hours per day, 7 days per week
- Certified Home Health Aides to provide personal care, bathing assistance, etc.
- Physical, Occupational and Speech Therapy support as needed
- Social Service Support
- Pain and Symptom management
- Non-routine DME and other necessary medical supplies

*Comprehensive Care*

- Physical Therapy for strengthening, gait-training, balance, etc.
- Occupational Therapy to evaluate the need for appropriate durable medical equipment.
- Speech Therapy for in-home swallow studies, etc.

## 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](mailto: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 June 2019 for HCH to meet IRS CHNA requirements.

In June, a meeting was called by Hiawatha Community Hospital (Brown County, KS) to review possible CHNA collaborative options, in collaboration with Brown 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 Hiawatha Community 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:

<b>Hiawatha Comm Hospital - Define Primary Service Area - Yr 2018-16</b>						
ZIP	NAME	ST	County	3YrTot	%	Accum
			Grand Total	146109		
66434	Hiawatha	KS	BROWN	75001	51.3%	51.3%
66439	Horton	KS	BROWN	16321	11.2%	62.5%
66532	Robinson	KS	BROWN	7398	5.1%	67.6%
66424	Everest	KS	BROWN	3325	2.3%	69.8%
66425	Fairview	KS	BROWN	3104	2.1%	72.0%
66527	Powhattan	KS	BROWN	2751	1.9%	73.8%
66515	Morrill	KS	BROWN	1629	1.1%	75.0%
66035	Highland	KS	DONIPHAN	9255	6.3%	81.3%

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

# Hiawatha Community Hospital KS- CHNA Wave #3

## Option C - Project Timeline and Roles 2019

Step	Date (Start-Finish)	Lead	Task
1	1/2/2019	VVV	Sent VVV quote for review.
2	1/4/2019	Hosp	Select CHNA Option A/B/C. Approve and sign VVV CHNA quote.
3	June 2019	VVV	Hold Kickoff call. Send out REQCommInvite Excel file. Hospital to fill in PSA stakeholders names, addresses and emails.
4	6/10/2019	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_3yrPOOrigin.xls).
5	On or before 07/1/2019	VVV	Prepare CHNA Wave #3 stakeholder feedback online link. Send text link for hospital review.
6	On or before 07/1/2019	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming CHNA work. Hospital to place.
7	On or before 07/1/2019	VVV / Hosp	Prepare Email request to Roster Stakeholders announcing online CHNA Wave #3 feedback. BCC email from Hospital Administration.
8	On or before 07/1/2019	VVV	Launch and conduct online survey to stakeholders. Hospital Admin will e-mail announcement to participate to all stakeholders. (Survey to end July 29th, 2019)
9	June-July 2019	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
10	On or before 07/26/2019	Hosp	Prepare and send out community Town Hall invite letter and place local ad.
11	On or before 07/24/2019	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 15th, 2019 (5:30-7:00pm)	VVV	Conduct CHNA Town Hall from 5:30 p.m. to 7:00 p.m. at the Fisher Community Center. Review and discuss basic health data plus rank health needs.
14	On or before 10/1/2019	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital and health department.
15	On or before 10/21/2019	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:

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

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.....	June 2019
Phase II: Secondary / Primary Research.....	June - Aug 2019
Phase III: Town Hall Meeting.....	Aug 15, 2019
Phase IV: Prepare / Release CHNA report.....	Sept - Oct 2019



Detail CHNA Development Steps Include:

<b>Development Steps to Create Comprehensive Community Health Needs Assessment</b>	
<b>Step # 1 Commitment</b>	<i>Determine interest level of area healthcare leaders (Hospital, Health Dept., Mental Health Centers, schools, churches, physicians etc.), prepare project quote.</i>
<b>Step # 2 Planning</b>	<i>Prepare brief CHNA Project Work Calendar - list goals, objectives, purpose, outcome, roles, community involvement, etc. Hold community kick-off meeting.</i>
<b>Step # 3 Secondary Research</b>	<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>
<b>Step # 4a Primary Research - Town Hall prep</b>	<i>Collect community opinions. (quantitative research). Gather stakeholders / community opinions regarding community health needs and healthcare practices.</i>
<b>Step # 4b Primary Research - Conduct Town Hall</b>	<i>Conduct "Conversation with Community" Town Hall (qualitative research). Review secondary &amp; primary data findings. Facilitate community conversation to build consensus; discuss opinions / identify health needs.</i>
<b>Steps # 5 Reporting</b>	<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 &amp; 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.


Hiawatha Community Hospital (HCH) (Brown Co, KS), in collaboration with Brown County Health Department, town hall meeting was held on Thursday, August 15<sup>th</sup>, 2019 from 5:30 p.m. to 7:00 p.m. at the Fisher Community Center (201 E Iowa St, Hiawatha, KS 66434). Vince Vandehaar facilitated this 1 ½ hour session with thirty-four (34) 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  
Hiawatha Community Hospital  
Brown County, KS**



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

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

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**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
- > AMA Chapter President (2 years)



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**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

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### II. Review CHNA Definition

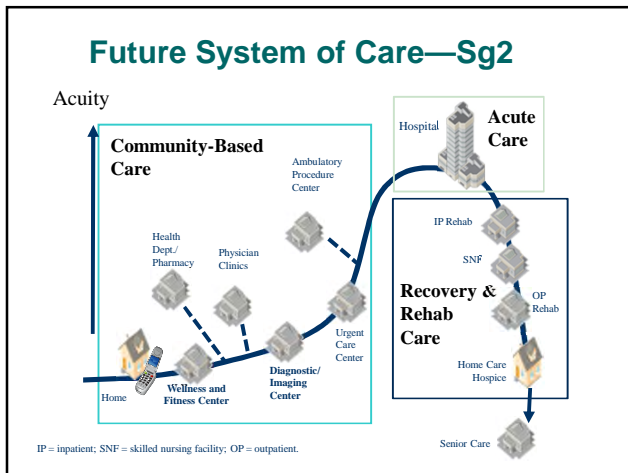
- A Community Health Needs Assessment (CHNA) is a **systematic collection, assembly, analysis, and dissemination of information about the health of the community.** (NOTE: Some the data has already been collected / published by Local, State and Federal public health organizations. Some data will be collected 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.

6

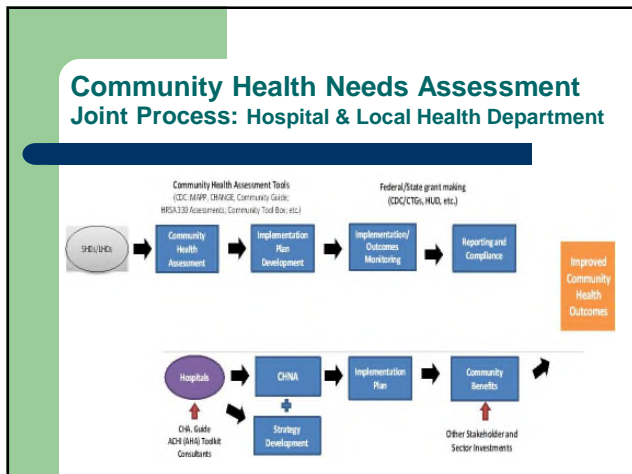
### Purpose—Why Conduct a CHNA?

- 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)

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### 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

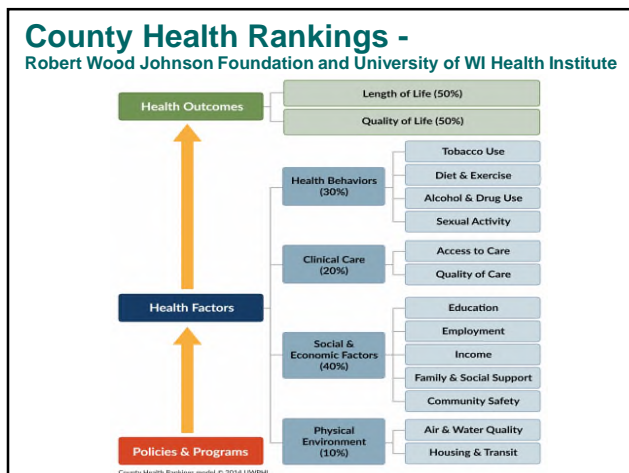
10

### 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

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1	Physical Environment (10%)	2b	Social and Economic Environment (40%)
<b>Focus Area</b>	<b>Measure</b>	<b>Description</b>	<b>Focus Area</b>
Air and water quality (5%)	Air pollution particulate matter	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	Community safety (5%)
	Drinking water arsenic	Percent of population potentially exposed to water exceeding a violation limit during the past year	Violent crime
			Injury deaths
			Injury mortality per 100,000
Housing and transit (5%)	Severe housing problems	Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	
	Driving alone to work	Percent of the workforce that drives alone to work	
	Time commutes during alone	Among workers who commute in their car alone, the percent that commutes more than 30 minutes	
2a	Clinical Care (20%)		3
<b>Focus Area</b>	<b>Measure</b>	<b>Description</b>	<b>Focus Area</b>
Access to care (10%)	Uninsured	Percent of population under age 65 without health insurance	Health Outcomes (30%)
	Primary care physicians	Ratio of population to primary care physicians	Health Behaviors
	Dentists	Ratio of population to dentists	Tobacco use
	Mental health providers	Ratio of population to mental health providers	Adult smoking
Quality of care (10%)	Preventable hospital stays	Hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees	Diet and obesity
	Diabetic screening	Percent of diabetic Medicare enrollees that receive diabetic screening	Adult obesity
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening	Percent of adults that report a BMI >= 30
2b	Social and Economic Environment (40%)		Food environment index
<b>Focus Area</b>	<b>Measure</b>	<b>Description</b>	<b>Focus Area</b>
Education (10%)	High school graduation	Percent of ninth grade cohort that graduates in 4 years	Physical inactivity index
	Some college	Percent of adults aged 25-44 years with some post-secondary education	Percent of adults aged 20 and over reporting access to facilities for physical activity
Employment (10%)	Unemployment	Percent of population age 16+ unemployed but seeking work	Access to exercise opportunities
	Children in poverty	Percent of children under age 18 in poverty	Excessive drinking
Income (10%)	Children in poverty	Percent of children under age 18 in poverty	Alcohol-impaired driving deaths
Family and social support (5%)	Inadequate social support	Percent of adults without social/emotional support	Percent of driving deaths with alcohol involvement
	Children in single-parent households	Percent of children that live in households headed by single parent	Sexually transmitted infections
			Chlamydia rate per 100,000 population
			Teen births
			Teen birth rate per 1,000 female population, ages 15-19
			2b / 3c
			Morbidity / Mortality
			<b>Focus Area</b>
			<b>Measure</b>
			<b>Description</b>
Quality of life (50%)	Poor or fair health	Percent of adults reporting fair or poor health (age-adjusted)	
	Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	
	Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	
	Low birthweight	Percent of live births with low birthweight (< 5,000 grams)	
	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)	

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### IV. Collect Community Health Perspectives

Ask your opinion. Your thoughts?

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

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### Have We Forgotten Anything?

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

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### Community Health Needs Assessment

## Questions; Next Steps?

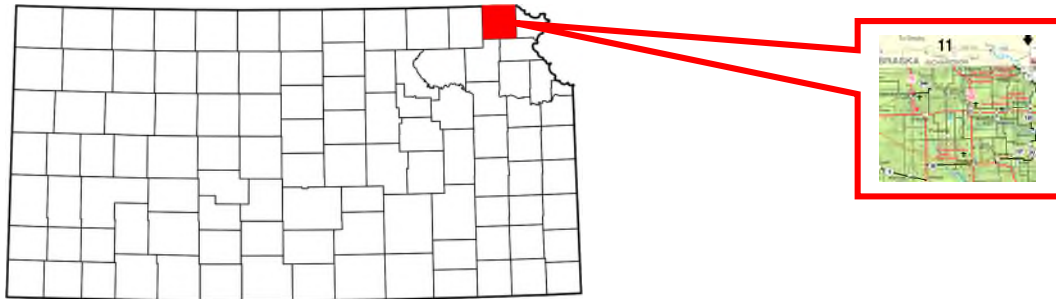
VVV Consultants LLC  
 VVV@VandelaarMarketing.com  
 (913) 302-7264

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## II. Methodology

### d) Community Profile (A Description of Community Served)

#### Brown County, Kansas Community Profile



The population of Brown County was estimated to be 9,618 citizens in 2019 and a population density of 17 persons per square mile. Brown County's major cities are Everest, Fairview, Hamlin, Hiawatha, Horton, Kickapoo Sites 1-7 CDP, Kickapoo Tribal Center CDP, Morrill, Powhattan, Reserve, Robinson, Sabetha, and Willis.

#### **Brown County (KS) Pubic Airports<sup>1</sup>**

Name	USGS Topo Map
Davis Airfield	Robinson
Hiawatha Municipal Airport	Reserve
Sabetha Municipal Airport	Sabetha
Sommers Airport	Highland

#### **Brown County (KS): Public Schools<sup>2</sup>**

Name	Address	Phone	Levels
Everest Middle	221 South 7th Everest, KS 66424	785-548-7536	5-8
Hiawatha Elem	600 Miami Hiawatha, KS 66434	785-742-7181	PK-4
Hiawatha Middle	307 South Morrill Ave Hiawatha, KS 66434	785-742-4172	5-8
Hiawatha Senior High	600 Red Hawk Dr Hiawatha, KS 66434	785-742-3312	9-12
Horton Elem	300 E 16th Horton, KS 66439	785-486-2616	PK-4
Horton High	1120 First Ave East Horton, KS 66439	785-486-2151	9-12
Kickapoo Nation School	PO Box 106 Powhattan, KS 66527	785-474-3364	K-12

<sup>1</sup> <https://kansas.hometownlocator.com/features/countyfeatures,scfips,20013,c,brown.cfm>

<sup>2</sup> <https://kansas.hometownlocator.com/schools/sorted-by-county,n,brown.cfm>

## ESRI Demographics - Brown Co (KS)

ESRI Demographics - Brown Co (KS)										
Zip	Name	ST	County	Population			Households			Per Capita
				YR 2018	YR 2023	Chg.	YR 2018	YR 2023	Size	Inc 18
66424	Everest	KS	BROWN	565	548	-3.0%	235	228	2	\$27,312
66425	Fairview	KS	BROWN	480	470	-2.1%	221	216	2	\$28,072
66434	Hiawatha	KS	BROWN	4724	4621	-2.2%	1980	1936	2	\$24,659
66439	Horton	KS	BROWN	2624	2547	-2.9%	1037	1004	2	\$20,467
66515	Morrill	KS	BROWN	445	436	-2.0%	164	160	3	\$23,078
66527	Powhattan	KS	BROWN	252	245	-2.8%	101	98	2	\$20,823
66532	Robinson	KS	BROWN	636	617	-3.0%	248	241	3	\$26,932
<b>Totals</b>				<b>9,726</b>	<b>9,484</b>	<b>-2.5%</b>	<b>3,986</b>	<b>3,883</b>	<b>2</b>	<b>\$24,478</b>
Zip	Name	ST	County	Pop18 65+	Pop18 <=18	Females	White	Black	Amer. Ind.	Hisp.
66424	Everest	KS	BROWN	112	138	282	529	3	5	15
66425	Fairview	KS	BROWN	100	116	236	420	3	42	9
66434	Hiawatha	KS	BROWN	1044	1189	2455	4157	91	220	224
66439	Horton	KS	BROWN	597	710	1340	2045	19	411	133
66515	Morrill	KS	BROWN	98	101	216	426	3	2	5
66527	Powhattan	KS	BROWN	40	78	129	125	1	120	14
66532	Robinson	KS	BROWN	123	152	300	582	5	14	22
<b>Totals</b>				<b>2,114</b>	<b>2,484</b>	<b>4,958</b>	<b>8,284</b>	<b>125</b>	<b>814</b>	<b>422</b>
<b>Percentages</b>				<b>21.7%</b>	<b>25.5%</b>	<b>51.0%</b>	<b>85.2%</b>	<b>1.3%</b>	<b>8.4%</b>	<b>4.3%</b>



# **III. Community Health Status**

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[VVV Consultants LLC]

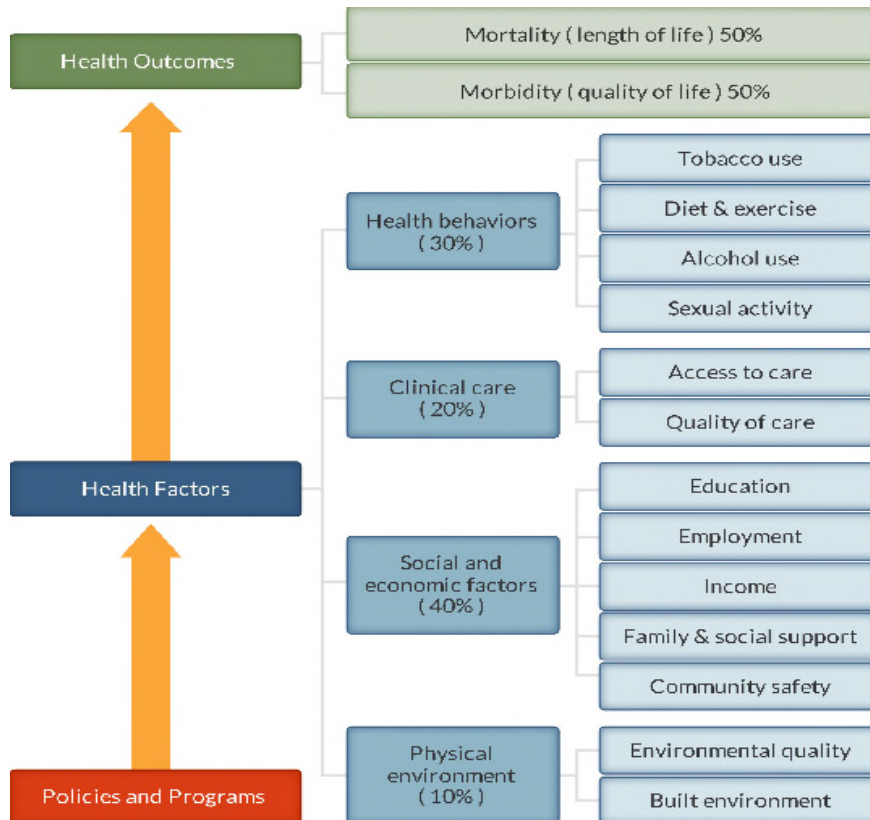
### III. Community Health Status

#### 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	Brown Co KS	TREND	KS Rural 25 Norm
1	Health Outcomes		67		52
2	Mortality	Length of Life	44		54
3	Morbidity	Quality of Life	72		48
4	Health Factors		69		57
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	82		59
6	Clinical Care	Access to care / Quality of Care	12		45
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	74		57
8	Physical Environment	Environmental quality	83		66

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, Nemaha, Doniphan, Pottawatomie.

<http://www.countyhealthrankings.org>, released 2019

## 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	Brown Co KS	Trend	State of KS	KS Rural 25 Norm	Source
1a	a Population estimates, July 1, 2017, (V2017)	9,641		2,913,123	17,601	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	-3.4%		2.1%	-3.3%	People Quick Facts
	c Population per square mile, 2010	18		35	24	Geography Quick Facts
	d Persons under 5 years, percent, July 1, 2017, (V2017)	6.6%		6.6%	6.0%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2017, (V2017)	19.8%		15.4%	19.9%	People Quick Facts
	f Female persons, percent, July 1, 2017, (V2017)	50.7%		50.2%	49.9%	People Quick Facts
	g White alone, percent, July 1, 2017, (V2017)	85.5%		86.5%	92.6%	People Quick Facts
	h Black or African American alone, percent, July 1, 2017	1.4%		6.2%	1.9%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2017, (V2017)	4.7%		11.9%	5.6%	People Quick Facts
	j Foreign born persons, percent, 2013-2017	0.9%		7.0%	2.0%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	1.8%		11.5%	3.9%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2013-2017	88.9%		83.7%	85.8%	People Quick Facts
	m Children in single-parent households, percent, 2013-2017	36.0%		29.0%	27.6%	County Health Rankings
	n Total Veterans, 2012-2016	770		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	Brown 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	\$24,319		\$29,600	\$25,530	People Quick Facts
	b Persons in poverty, percent	15.0%		11.9%	12.6%	People Quick Facts
	c Total Housing units, July 1, 2017, (V2017)	4,744		1,273,742	8,146	People Quick Facts
	d Total Persons per household, 2013-2017	2.4		2.5	2.4	People Quick Facts
	e Severe housing problems, percent, 2011-2015	11.0%		13.0%	10.6%	County Health Rankings
	f Total of All firms, 2012	883		239,118	1,474	Business Quick Facts
	g Unemployment, percent, 2017 (Percentage of population ages 16 and older unemployed but seeking work)	3.2%		3.6%	3.7%	County Health Rankings
	h Food insecurity, percent, 2016	14.0%		13.0%	13.1%	County Health Rankings
	i Limited access to healthy foods, percent, 2015	4.0%		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.)	3.6%		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)	19.0%		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	Brown Co KS	Trend	State of KS	KS Rural 25 Norm	Source
3	a Children eligible for free or reduced price lunch, percent, 2016-2017	57.0%		48.0%	50.3%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2013-2017	93.3%		90.5%	90.9%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	21.2%		32.3%	22.1%	People Quick Facts

#	2019 Health Indictors	Hiawatha Public Schools USD #415
1	Total Public School Nurses	2
2	School Nurse Part of IEP Team	YES
3	Active School Wellness Plan	YES
4	VISION: # Screened / Referred to Prof / Seen by Professional	489/80/NR
5	HEARING: # Screened / Referred to Prof / Seen by Professional	509/10/NR
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	341/52/1
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	0
8	Students Served with No Identified Chronic Health Concerns	667
9	School has Suicide Prevention Program	YES
10	Compliance on Required Vaccinations	100%

Oct 2019: 227 more Dental Screenings completed with additional referrals.

### Tab 4 Maternal and Infant Profile

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

#	Criteria - Vital Statistics	Brown Co KS	Trend	Kansas	KS Rural 25 Norm
a	Total Live Births, 2013	139		38,805	214
b	Total Live Births, 2014	119		39,193	214
c	Total Live Births, 2015	133		39,126	214
d	Total Live Births, 2016	112		38,048	210
e	Total Live Births, 2017	130		36,464	202
f	Total Live Births, 2013- 2017 - Five year Rate (per 1,000 pop)	12.9		13.2	11.6

Source: Kansas Department of Health and Environment

### Tab 4 Maternal and Infant Profile (Continued)

Tab	Health Indicator	Brown 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	73.3%		81.2%	80.6%	Kansas Health Matters
b	Percentage of Premature Births, 2015-2017	8.0%		9.1%	9.2%	Kansas Health Matters
c	Percent of Infants up to 24 months that received full immunizations, 2016-2017	72.0%		69.2%	71.1%	Kansas Health Matters
d	Percent of Births with Low Birth Weight, 2015-2017	5.9%		7.1%	6.6%	Kansas Health Matters
e	Percent of WIC Mothers Breastfeeding Exclusively, percent, 2017	9.5%		13.8%	17.1%	Kansas Health Matters
f	Percent of all Births Occurring to Teens (15-19), 2015-2017	8.3%		5.9%	6.0%	Kansas Health Matters
g	Percent of Births Occurring to Unmarried Women, 2015-2017	38.1%		35.9%	33.9%	Kansas Health Matters
h	Percent of births Where Mother Smoked During Pregnancy, 2015-2017	19.8%		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	Brown 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	810:1		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	2,592		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)	79.0%		77.0%	79.7%	CMS Hospital Compare, 10/1/2015-9/30/2016
d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	76.0%		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)	58		40	42	CMS Hospital Compare, 10/1/2015-9/30/2016

**Tab 5 Hospitalization/Provider Profile (Continued)**

KHA Market Historical Inpatient (ALL) Utilization					
#	Inpatient - KHA PO103	Brown Co - ALL IP			
		Trend	Prorate Q3 17	FFY16	FFY15
1	Total Discharges		1,399	1,394	1,447
2	Pediatric Age 0-17		63	53	51
3	Adult Medical/Surgical Age 18-44		87	126	128
4	Adult Medical/Surgical Age 45-64		300	313	332
5	Adult Medical/Surgical Age 65-74		256	241	243
6	Adult Medical/Surgical Age 75+		387	369	394
7	Psychiatric		72	79	56
8	Obstetric		120	110	127
HCH only					
#	Inpatient - KHA PO103	Trend	Prorate Q3 17	FFY16	FFY15
1	Total Discharges		580	579	565
2	Pediatric Age 0-17		25	19	14
3	Adult Medical/Surgical Age 18-44		24	47	39
4	Adult Medical/Surgical Age 45-64		111	111	98
5	Adult Medical/Surgical Age 65-74		104	99	94
6	Adult Medical/Surgical Age 75+		196	194	198
7	Psychiatric		5	10	0
8	Obstetric		58	50	63
#	MHA TOT223E - HCH	Trend	FFY17	FFY16	FFY15
1	Emergency Brown Co Mkt %		68.9%	64.3%	NA

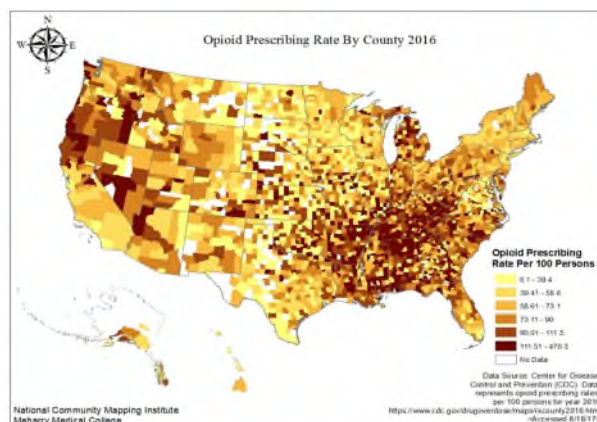
**Tab 6 Behavioral Profile**

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	Brown Co KS	Trend	State of KS	KS Rural 25 Norm	Source
6 a	Depression: Medicare Population, percent, 2017	16.9%		18.9%	17.7%	CMS (OEDA), 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 (Brown Co = 46.5 and Kansas = 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	Brown Co KS	Trend	State of KS	KS Rural 25 Norm	Source
7a	a Adult obesity, percent, 2019	34.0%		33.0%	35.6%	County Health Rankings
	b Adult smoking, percent, 2019	18.0%		17.0%	16.6%	County Health Rankings
	c Excessive drinking, percent, 2019	15.0%		17.0%	15.9%	County Health Rankings
	d Physical inactivity, percent, 2019	31.0%		24.0%	28.1%	County Health Rankings
	e Poor physical health days, 2019	3.5		3.1	3.2	County Health Rankings
	f Sexually transmitted infections, rate per 100,000, 2019	225.0		417.6	252.5	County Health Rankings

**Tab 7b Risk Indicators & Factors Profile (Continued)**

Tab	Health Indicator	Brown Co KS	Trend	State of KS	KS Rural 25 Norm	Source
7b	a Hypertension: Medicare Population, 2017	57.9%		55.2%	55.4%	CMS (OEDA), Jan 2019
	b Hyperlipidemia: Medicare Population, 2017	27.1%		37.1%	33.2%	CMS (OEDA), Jan 2019
	c Heart Failure: Medicare Population, 2017	18.7%		13.4%	14.1%	CMS (OEDA), Jan 2019
	d Chronic Kidney Disease: Medicare Pop, 2017	16.5%		21.8%	20.0%	CMS (OEDA), Jan 2019
	e COPD: Medicare Population, 2017	16.9%		11.9%	13.0%	CMS (OEDA), Jan 2019
	f Atrial Fibrillation: Medicare Population, 2017	8.4%		8.8%	9.1%	CMS (OEDA), Jan 2019
	g Cancer: Medicare Population, 2017	8.4%		8.1%	8.0%	CMS (OEDA), Jan 2019
	h Osteoporosis: Medicare Population, 2017	6.1%		6.1%	5.2%	CMS (OEDA), Jan 2019
	i Asthma: Medicare Population, 2017	4.5%		4.3%	3.7%	CMS (OEDA), Jan 2019
	j Stroke: Medicare Population, 2017	2.5%		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	Brown 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)	11.0%		10.0%	10.0%	County Health Rankings

<b>CHNA 2019.... Source: Hospital Internal Records</b>					
	<b>Hiawatha Community Hospital</b>	Trend	YR 2018	YR 2017	YR 2016
1	Bad Debt (Insurance write-off)		\$2,339,977	\$1,421,076	\$766,685
2	Charity Care (Free Care)		\$272,510	\$581,157	\$455,350

### Tab 9 Mortality Profile

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

Tab	Health Indicator	Brown Co KS	Trend	State of KS	KS Rural 25 Norm	Source
9	a Life Expectancy for Males, 2015	75.1		76.5	76.1	Kansas Health Matters
	b Life Expectancy for Females, 2015	80.4		81.0	80.7	Kansas Health Matters
	c Age-adjusted Cancer Mortality Rate per 100k population, 2015-2017 (lower is better)	149.4		158.8	165.8	Kansas Health Matters
	d Age-adjusted Heart Disease Mortality Rate per 100k population, 2015-2017 (lower is better)	184.2		157.2	181.9	Kansas Health Matters
	e Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100k population, 2015-2017 (lower is better)	65.0		49.7	56.2	Kansas Health Matters
	f Alcohol-impaired driving deaths, percent, 2013-2017	23.0%		24.0%	28.0%	County Health Rankings

### Tab 9 Mortality Profile (Continued)

Causes of Death by County of Residence, KS 2017	Brown Co KS	%	Trend	KS	%
Total Deaths 2017	139	100.0%		26,725	100.0%
All other forms of chronic ischemic heart disease	14	10.1%		2,004	7.5%
Other chronic lower respiratory diseases	12	8.6%		1,677	6.3%
Cerebrovascular diseases	10	7.2%		1,327	5.0%
Malignant neoplasms of trachea/bronchus/lung	10	7.2%		1,367	5.1%
All other diseases (residual)	9	6.5%		3,045	11.4%
Acute myocardial infarction	8	5.8%		863	3.2%
All other forms of heart disease	8	5.8%		1,186	4.4%
Alzheimer's disease	6	4.3%		886	3.3%
Other and unspecified malignant neoplasms	6	4.3%		683	2.6%
All other diseases of the digestive system	4	2.9%		610	2.3%
Certain other intestinal infections	3	2.2%		66	0.2%
Other diseases of arteries/arterioles/capillaries	3	2.2%		89	0.3%
Certain conditions originating in the perinatal period	3	2.2%		108	0.4%
Diabetes mellitus	3	2.2%		864	3.2%

### 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	Brown Co KS	Trend	State of KS	KS Rural 25 Norm	Source
10	a Access to exercise opportunities, percent, 2019	56.0%		80.0%	58.0%	County Health Rankings
	b Diabetes, Percentage of adults age 20+ diagnosed, 2015	11.0%		10.0%	11.0%	County Health Rankings
	c Mammography screening, percent, 2016	41.0%		43.0%	42.0%	County Health Rankings
	d Percent Annual Check-Up Visit with PCP	NA		NA	NA	TBD
	e Percent Annual Check-Up Visit with Dentist	NA		NA	NA	TBD
	f Percent Annual Check-Up Visit with Eye Doctor	NA		NA	NA	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 PSA. Response for Brown County online survey equals 284 residents. Below are multiple charts reviewing survey demographics.

**Chart #1 – Brown Co KS (HCH PSA) Online Feedback Response N=284**

<b>Community Health Needs Assessment Wave #3</b>			
For reporting purposes, are you involved in or are you a .... ?	Hiawatha KS PSA N=284	Trend	Rural Norms 30 Co N=5,389
<b>Business / Merchant</b>	<b>25.7%</b>		<b>11.0%</b>
<b>Community Board Member</b>	<b>11.2%</b>		<b>8.9%</b>
<b>Case Manager / Discharge Planner</b>	<b>0.7%</b>		<b>1.3%</b>
<b>Clergy</b>	<b>2.6%</b>		<b>1.5%</b>
<b>College / University</b>	<b>3.3%</b>		<b>2.3%</b>
<b>Consumer Advocate</b>	<b>2.6%</b>		<b>1.9%</b>
<b>Dentist / Eye Doctor / Chiropractor</b>	<b>0.7%</b>		<b>0.6%</b>
<b>Elected Official - City/County</b>	<b>1.3%</b>		<b>2.1%</b>
<b>EMS / Emergency</b>	<b>3.9%</b>		<b>2.5%</b>
<b>Farmer / Rancher</b>	<b>18.4%</b>		<b>6.6%</b>
<b>Hospital / Health Dept</b>	<b>25.7%</b>		<b>18.8%</b>
<b>Housing / Builder</b>	<b>0.7%</b>		<b>0.7%</b>
<b>Insurance</b>	<b>0.0%</b>		<b>1.0%</b>
<b>Labor</b>	<b>3.9%</b>		<b>2.4%</b>
<b>Law Enforcement</b>	<b>1.3%</b>		<b>1.7%</b>
<b>Mental Health</b>	<b>3.3%</b>		<b>2.7%</b>
<b>Other Health Professional</b>	<b>10.5%</b>		<b>11.2%</b>
<b>Parent / Caregiver</b>	<b>34.9%</b>		<b>16.9%</b>
<b>Pharmacy / Clinic</b>	<b>2.6%</b>		<b>2.3%</b>
<b>Media (Paper/TV/Radio)</b>	<b>0.7%</b>		<b>0.5%</b>
<b>Senior Care</b>	<b>4.6%</b>		<b>3.0%</b>
<b>Teacher / School Admin</b>	<b>11.8%</b>		<b>6.4%</b>
<b>Veteran</b>	<b>3.3%</b>		<b>3.0%</b>
<b>Unemployed / Other</b>	<b>23.7%</b>		<b>7.8%</b>

Rural 30 Norms Include the following counties: Appanoose IA, Atchison KS, Barton, Brown KS, 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 KS, Smith, Trego.

Chart #2 - Quality of Healthcare Delivery Community Rating

<b>Community Health Needs Assessment Wave #3</b>			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Hiawatha KS PSA N=284	Trend	Rural Norms 30 Co N=5,389
<b>Top Box %</b>	<b>32.0%</b>		<b>22.1%</b>
<b>Top 2 Boxes %</b>	<b>74.6%</b>		<b>65.8%</b>
Very Poor	1.1%		1.3%
Poor	4.6%		5.6%
Average	19.7%		26.9%
Good	42.6%		43.7%
Very Good	32.0%		22.1%

Chart #3 – Overall Community Health Quality Trend

<b>Community Health Needs Assessment Wave #3</b>			
When considering "overall community health quality", is it ...	Hiawatha KS PSA N=284	Trend	Rural Norms 30 Co N=5,389
Increasing - moving up	28.5%		41.6%
Not really changing much	45.4%		39.4%
Decreasing - slipping	18.3%		10.6%

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

CHNA Wave #3 - Year 2019		Hiawatha KS PSA N=284			
Past CHNAs health needs identified		Ongoing Problem			Pressing
#	Topic	Votes	%	Trend	RANK
1	Drug Abuse	116	60.1%		2
2	Affordable Insurance	108	56.0%		1
3	Obesity	89	46.1%		4
4	Child Care Services	84	43.5%		9
5	Economic Development	81	42.0%		3
6	Mental Health Providers	76	39.4%		7
7	Affordable Housing	74	38.3%		5
8	Public Awareness of Mental Health issues	68	35.2%		8
9	Urgent Care Services	68	35.2%		6
10	Affordable Fitness Centers	64	33.2%		15
11	Dental / Vision Services (Uninsured and Medicare)	49	25.4%		13
12	Visiting Specialists	47	24.4%		10
13	Senior Care Centers	46	23.8%		12
14	Healthcare Education	44	22.8%		14
15	Chronic Diseases	43	22.3%		11
16	Tobacco Use	36	18.7%		17
17	Healthcare Transportation	27	14.0%		16

**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?	Hiawatha KS PSA N=284	Trend	Rural Norms 30 Co N=5,389
Finance & Insurance Coverage*	12.2%		13.6%
Lack of awareness of existing local programs, providers, and services	11.8%		18.2%
Limited access to mental health assistance	11.0%		17.0%
Elder assistance programs	3.8%		9.2%
Lack of health & wellness education	6.4%		11.5%
Family assistance programs	8.6%		7.6%
Chronic disease prevention	14.7%		10.2%
Case management assistance	26.7%		7.3%
Other (please specify)	5.0%		5.4%

Note: \*Finance & Insurance Coverage Norm is for 16 counties.

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

CHNA Wave #3 - 2019	Hiawatha KS PSA N=284		Trend	Rural Norms 30 Co N=5,389	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?					
Ambulance Services	95.3%	2.1%		85.7%	2.4%
Child Care	48.1%	3.8%		51.0%	11.7%
Chiropractors	77.2%	1.6%		74.9%	4.9%
Dentists	87.4%	2.6%		63.2%	14.6%
Emergency Room	82.3%	7.3%		68.1%	10.9%
Eye Doctor/Optometrist	80.6%	5.4%		74.8%	7.2%
Family Planning Services	37.2%	18.3%		40.3%	17.7%
Home Health	50.5%	18.3%		58.7%	9.9%
Hospice	75.4%	5.3%		69.7%	6.8%
Inpatient Services	77.8%	3.7%		73.3%	6.4%
Mental Health	30.4%	26.1%		24.2%	35.4%
Nursing Home	48.6%	14.8%		44.1%	18.1%
Outpatient Services	73.7%	4.2%		74.1%	4.5%
Pharmacy	86.3%	1.1%		87.5%	2.5%
Physician Clinics	73.8%	6.3%		77.2%	5.0%
Public Health	49.5%	8.8%		60.4%	7.6%
School Nurse	74.4%	2.8%		63.7%	8.1%
Specialists	69.1%	6.4%		57.8%	12.5%

**Chart #7 – Community Health Readiness**

Community Health Needs Assessment Wave #3	Bottom 2 boxes		
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Hiawatha KS PSA N=284	Trend	Rural Norms 30 Co N=5,389
Early Childhood Development Programs	6.7%		10.6%
Emergency Preparedness	10.5%		8.7%
Food and Nutrition Services/Education	14.3%		13.7%
Health Screenings (asthma, hearing, vision, scoliosis)	17.0%		14.2%
Immunization Programs	5.6%		6.6%
Obesity Prevention & Treatment	33.1%		31.6%
Prenatal / Child Health Programs	7.4%		11.3%
Sexually Transmitted Disease Testing	20.2%		15.3%
Spiritual Health Support	14.6%		11.7%
Substance Use Treatment & Education	34.1%		32.9%
Tobacco Prevention & Cessation Programs	30.5%		28.8%
Violence Prevention	30.1%		31.5%
Women's Wellness Programs	18.2%		16.6%
WIC Nutrition Program	6.9%		6.8%
Poverty / Financial Health	40.9%		33.0%

Note: The calculated Norm for Poverty / Financial Health is for 13 counties.

**Chart #8 – Healthcare Delivery “Outside our Community”**

<b>Community Health Needs Assessment Wave #3</b>				<b>Specialties:</b>	
In the past 2 years, did you or someone you know receive HC outside of our community?	Hiawatha KS PSA N=284	Trend	Rural Norms 30 Co N=5,389	SPS	CTS
<b>Yes</b>	<b>81.5%</b>		<b>81.3%</b>	SURG	20
<b>No</b>	<b>14.8%</b>		<b>13.6%</b>	SPEC	19
<b>I don't know</b>	<b>3.7%</b>		<b>5.1%</b>	ORTH	12
				OBG	10
				CANCER	4
				FP	4

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

<b>Community Health Needs Assessment Wave #3</b>			
Are we actively working together to address community health?	Hiawatha KS PSA N=284	Trend	Rural Norms 30 Co N=5,389
<b>Yes</b>	<b>47.8%</b>		<b>47.9%</b>
<b>No</b>	<b>21.7%</b>		<b>12.6%</b>
<b>I don't know</b>	<b>30.4%</b>		<b>39.0%</b>

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

<b>Community Health Needs Assessment Wave #3</b>			
<b>What needs to be discussed further at our CHNA Town Hall meeting?</b>	<b>Hiawatha KS PSA N=284</b>	<b>Trend</b>	<b>Rural Norms 30 Co N=5,389</b>
<b>Abuse/Violence</b>	<b>5.4%</b>	<b>Red</b>	<b>5.5%</b>
<b>Alcohol</b>	<b>5.0%</b>	<b>Red</b>	<b>4.9%</b>
<b>Breast Feeding Friendly Workplace</b>	<b>2.6%</b>	<b>White</b>	<b>1.7%</b>
<b>Cancer</b>	<b>1.9%</b>	<b>White</b>	<b>3.7%</b>
<b>Diabetes</b>	<b>3.5%</b>	<b>Yellow</b>	<b>4.2%</b>
<b>Drugs/Substance Abuse</b>	<b>8.7%</b>	<b>Red</b>	<b>9.3%</b>
<b>Family Planning</b>	<b>1.9%</b>	<b>White</b>	<b>2.8%</b>
<b>Heart Disease</b>	<b>3.3%</b>	<b>Yellow</b>	<b>3.0%</b>
<b>Lead Exposure</b>	<b>0.2%</b>	<b>White</b>	<b>0.8%</b>
<b>Mental Illness</b>	<b>8.7%</b>	<b>Red</b>	<b>10.7%</b>
<b>Nutrition</b>	<b>4.2%</b>	<b>Yellow</b>	<b>4.8%</b>
<b>Obesity</b>	<b>5.2%</b>	<b>Red</b>	<b>7.6%</b>
<b>Environmental Health</b>	<b>3.3%</b>	<b>Yellow</b>	<b>1.3%</b>
<b>Physical Exercise</b>	<b>4.2%</b>	<b>Yellow</b>	<b>5.8%</b>
<b>Poverty</b>	<b>6.8%</b>	<b>Red</b>	<b>7.1%</b>
<b>Lung Disease</b>	<b>0.9%</b>	<b>White</b>	<b>1.7%</b>
<b>Sexually Transmitted Diseases</b>	<b>2.6%</b>	<b>White</b>	<b>2.4%</b>
<b>Smoke-Free Workplace</b>	<b>2.1%</b>	<b>White</b>	<b>1.6%</b>
<b>Suicide</b>	<b>8.3%</b>	<b>Red</b>	<b>7.5%</b>
<b>Teen Pregnancy</b>	<b>3.8%</b>	<b>Yellow</b>	<b>3.1%</b>
<b>Tobacco Use</b>	<b>4.0%</b>	<b>Yellow</b>	<b>3.6%</b>
<b>Vaccinations</b>	<b>4.5%</b>	<b>Yellow</b>	<b>3.0%</b>
<b>Water Quality</b>	<b>3.5%</b>	<b>Yellow</b>	<b>3.4%</b>
<b>Wellness Education</b>	<b>5.2%</b>	<b>Red</b>	<b>6.0%</b>

# **IV. Inventory of Community Health Resources**

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[VVV Consultants LLC]

Inventory of Healthcare Services - Brown Co, KS 2019 Update				
Cat	Healthcare Services Offered in County: Yes / No	Hospital	Health Dept	Other
Clinic	Primary Care	yes		yes
Hosp	Alzheimer Center			yes
Hosp	Ambulatory Surgery Centers	yes		
Hosp	Arthritis Treatment Center			
Hosp	Bariatric / Weight Control Services	yes		
Hosp	Birthing / LDR / LDRP Room	yes		
Hosp	Breast Cancer	yes		
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	yes		
Hosp	Cardiac Surgery			
Hosp	Cardiology Services	yes		
Hosp	Case Management	yes		yes
Hosp	Chaplaincy / Pastoral Care Services			yes
Hosp	Chemotherapy	yes		
Hosp	Colonoscopy	yes		
Hosp	Crisis Prevention			yes
Hosp	CT Scanner	yes		
Hosp	Diagnostic Radioisotope Facility			yes
Hosp	Diagnostic / Invasive Catheterization			
Hosp	Electron Beam Computed Tomography (EBCT)			
Hosp	Enrollment Assistance Services	yes		yes
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			
Hosp	Fertility Clinic			
Hosp	Full Field Digital Mammography (FFDM)	yes		
Hosp	Genetic Testing / Counseling			
Hosp	Geriatric Services	yes		yes
Hosp	Heart	yes		
Hosp	Hemodialysis			yes
Hosp	HIV / AIDS Services			
Hosp	Image-Guided Radiation Therapy (IGRT)			
Hosp	Inpatient Acute Care - Hospital Services	yes		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161			
Hosp	Intensive Care Unit	yes		
Hosp	Intermediate Care Unit			
Hosp	Interventional Cardiac Catheterization			
Hosp	Isolation Room	yes		yes
Hosp	Kidney	yes		
Hosp	Liver	yes		
Hosp	Lung	yes		
Hosp	Magnetic Resonance Imaging (MRI)	yes		
Hosp	Mammograms	yes		
Hosp	Mobile Health Services			
Hosp	Multislice Spiral Computed Tomography (<64 Slice CT)			
Hosp	Multislice Spiral Computed Tomography (64+ Slice CT)			
Hosp	Neonatal			
Hosp	Neurological Services			
Hosp	Obstetrics	yes		
Hosp	Occupational Health Services	yes		yes
Hosp	Oncology Services	yes		
Hosp	Orthopedic Services	yes		
Hosp	Outpatient Surgery	yes		
Hosp	Pain Management	yes		
Hosp	Palliative Care Program	yes		yes
Hosp	Pediatric	yes		yes
Hosp	Physical Rehabilitation	yes		yes
Hosp	Positron Emission Tomography (PET)			
Hosp	Positron Emission Tomography / CT (PET / CT)	yes		
Hosp	Psychiatric Services			yes
Hosp	Radiology, Diagnostic	yes		
Hosp	Radiology, Therapeutic			
Hosp	Reproductive Health	yes	yes	
Hosp	Robotic Surgery			
Hosp	Shaped Beam Radiation System 161			
Hosp	Single Photon Emission Computerized Tomography			



<b>Inventory of Healthcare Services - Brown Co, KS 2019 Update</b>				
<b>Cat</b>	<b>Healthcare Services Offered in County: Yes / No</b>	<b>Hospital</b>	<b>Health Dept</b>	<b>Other</b>
Hosp	Sleep Center			
Hosp	Social Work Services	yes	yes	yes
Hosp	Sports Medicine	yes		
Hosp	Stereotactic Radiosurgery			
Hosp	Swing Bed Services	yes		yes
Hosp	Transplant Services			
Hosp	Trauma Center - Level IV			
Hosp	Ultrasound	yes		
Hosp	Women's Health Services	yes	yes	yes
Hosp	Wound Care	yes		yes
SR	Adult Day Care Program			yes
SR	Assisted Living			yes
SR	Home Health Services		yes	yes
SR	Hospice		yes	yes
SR	Long-Term Care			yes
SR	Nursing Home Services			yes
SR	Retirement Housing			yes
SR	Skilled Nursing Care	yes		yes
ER	Emergency Services	yes		
ER	Urgent Care Center			
ER	Ambulance Services			yes
SERV	Alcoholism-Drug Abuse			yes
SERV	Blood Donor Center			
SERV	Chiropractic Services			yes
SERV	Complementary Medicine Services			
SERV	Dental Services			yes
SERV	Fitness Center			yes
SERV	Health Education Classes		yes	yes
SERV	Health Fair	yes	yes	yes
SERV	Health Information Center	yes		yes
SERV	Health Screenings	yes	yes	yes
SERV	Meals on Wheels	yes		
SERV	Nutrition Programs	yes	yes	yes
SERV	Patient Education Center			
SERV	Support Groups		yes	yes
SERV	Teen Outreach Services			yes
SERV	Tobacco Treatment / Cessation Program			yes
SERV	Transportation to Health Facilities	yes		yes
SERV	Wellness Program	yes		yes

<b>Providers Practicing in Brown Co KS - 2019 Update</b>			
<b>Specialty</b>	<b>MD's and DO's</b>	<b>Visiting DRs*</b>	<b>PSA PA &amp; APP</b>
<b>Primary Care:</b>			
Family Practice	4.5		3.5
Internal Medicine/Geriatrics			
Obstetrics/Gynecology		0.1	
Pediatrics			
<b>Medicine Specialists:</b>			
Allergy/Immunology			
Cardiology		0.3	
Dermatology			
Endocrinology			
Gastroenterology			
Hematology/Oncology			
Infectious Diseases			
Nephrology		0.1	
Neurology		0.1	
Psychiatry			
Pulmonary		0.1	
Rheumatology		0.1	
<b>Surgery Specialists:</b>			
General Surgery/Colon/Oral		0.4	
Neurosurgery		0.1	
Ophthalmology		0.2	
Orthopedics		0.4	
Otolaryngology		0.1	
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vascular			
Urology		0.1	
<b>Hospital Based:</b>			
Anesthesia/Pain		1.2	
Emergency			1.0
Hospitalist (Based on Discharges)			0.5
Radiology	0.5		
Pathology		1.1	
Neonatal/Perinatal			
Physical Medicine/Rehab			
Occupational Medicine			
Podiatry		0.2	
Wound Care			
<b>TOTALS</b>	<b>5.0</b>	<b>4.2</b>	<b>5.0</b>

\*Total FTE specialists serving community whose office outside PSA

Visiting Specialists to Hiawatha Community Hospital - 2019					240
Specialty	Provider Name	Credentials	Group / Office Location	Days in Clinic per MM	FTE
Audiology	Neuenswander, Julie	CCCA		1	0.05
Cardiology	Gernon, Craig	MD	Cotton O'Neil Heart Center - Topeka KS	1	0.05
Cardiology	Joliff, John	MD	St. Francis Heart & Vascular- Topeka KS	2	0.10
Cardiology	Mamidipally, Swapna	MD	St. Francis Heart & Vascular- Topeka KS	2	0.10
ENT	Meyers, Jason	MD	Topeka Ear, Nose & Throat	2	0.10
General Surgery	Sinning, Gary	MD	785-742-2161	4	0.20
General Surgery	Roderick, Warren	MD	785-742-2161	4	0.20
Neurology	Koonce, Aaron	MD	Mosaic Life Care of St. Joseph - St Joseph MO	2	0.10
OBGYN	Morrison, Heather	MD	Lincoln Center Obstetrics & Gynecology - Topeka KS	1	0.05
Oncology	Caracioni, Adrian	MD	St Francis Comprehensive Cancer Center - Topeka KS	1	0.05
Orthopedics	McCoy, Michael	MD	Cotton O'Neil Clinic - Topeka KS	1	0.05
Orthopedics	Miller, Brett	MD	Orthopedics & Sports Medicine Center - St Joseph MO	2	0.10
Orthopedics	Schrick, Cory	PA	Orthopedics & Sports Medicine Center - St Joseph MO	4	0.20
Pain Management	Gunnells, Steve	CRNA, ARNP		1	0.05
Podiatry	Davis, Elijah	DPM	Heartland Ankle & Foot Care - St Joseph MO	4	0.20
Pulmonology	Dimitriu, Vlad	MD	Cotton O'Neil Clinic - Topeka KS	1	0.05
Pulmonology	Warren, Michelle	APRN	Cotton O'Neil Clinic - Topeka KS	1	0.05
Radiology	Gernon, Crosby	MD		2	0.10
Rheumatology	Radadiya, Shashank	MD	785-742-6286	1	0.05
Urology	Moore, Bradley	MD	Phoenix Urology of St. Joseph, Inc. - St Joseph MO	1	0.05

**Brown County, KS  
Area Healthcare Services**

**Emergency Numbers**

Police/Sheriff	911
Fire	911
Ambulance	911

**Non-Emergency Numbers**

Brown County Sheriff	785-742-7125
Brown County Ambulance	785-742-7125

**Municipal Non-Emergency Numbers**

	Police/Sheriff	Fire
Hamlin	785-742-7125	785-742-7125
Horton	785-486-2694	785-486-2345
Powhattan	785-742-7125	911
Reserve	785-742-7125	911
Everest	785-742-7125	911

## **Other Emergency Numbers**

### **Kansas Child/Adult Abuse and Neglect Hotline**

1-800-922-5330

### **Domestic Violence Hotline**

1-800-799-7233

### **Emergency Management (Topeka)**

785-274-1409

[www.accesskansas.org/kdem](http://www.accesskansas.org/kdem)

### **Federal Bureau of Investigation**

1-866-483-5137

[www.fbi.gov/congress/congress01/caruso100301.htm](http://www.fbi.gov/congress/congress01/caruso100301.htm)

[1.htm](#)

### **Kansas Arson/Crime Hotline**

1-800-KS-CRIME 800-572-1763

[www.accesskansas.org/kbi](http://www.accesskansas.org/kbi)

### **Kansas Bureau of Investigation (Topeka)**

785-296-8200

[www.accesskansas.org/kbi](http://www.accesskansas.org/kbi)

### **Kansas Crisis Hotline (Domestic Violence/Sexual Assault)**

1-888-END-ABUSE

[www.kcsdv.org](http://www.kcsdv.org)

### **Kansas Road Conditions**

1-866-511-KDOT 511

[www.ksdot.org](http://www.ksdot.org)

### **Poison Control Center**

1-800-222-1222

[www.aapcc.org](http://www.aapcc.org)

### **Suicide Prevention Hotline**

1-800-273-TALK

[www.suicidepreventionlifeline.com](http://www.suicidepreventionlifeline.com)

## **Hospitals/Services**

### **Hiawatha Community Hospital**

300 Utah St. (Hiawatha)

Hiawatha, KS 66434

785-742-2131

## **Mental Health**

### **KANZA Mental Health & Guidance Center**

909 S. 2<sup>nd</sup> St. (Hiawatha)

785-527-6047

### **Horizon Mental Health Services**

120 N. 6th St. (Hiawatha)

785-740-4647

## **Medical Professionals**

### **Hiawatha Community Hospital Family Practice**

300 Utah St., 2<sup>nd</sup> floor

Hiawatha, KS 66434

785-742-2161

### **HCH Highland Clinic**

415 W Main St.

Highland, KS 66035

Phone: 785-442-3213

Fax: 785-442-5572

### **Four Tribes Women's Wellness**

1107 Goldfinch Rd (Horton)

785-486-2775

### **Four Tribes Women's Wellness**

841 Central (Horton)

785-486-2996

### **Kickapoo Nation Health Center**

1117 Goldfinch Rd (Horton)

785-486-2154

### **Esther Becker Health & Wellness**

517 Main St.

Everest, KS 66424

785-548-7610

### **White Cloud Indian Health Services**

3313 Thrasher Rd

White Cloud, KS 66094

785-595-3450

### **Specialty Clinic**

**HCH Outpatient Clinic**  
300 Utah St. (Hiawatha)  
785-742-6286

**Audiology**  
Julie Neuenswander, MA CCCC-A

**Cardiology**  
Craig Gernon, MD  
John Joliff, MD  
Swapna Mamidipally, MD

**ENT**  
Jason Meyers, MD

**Neurology**  
Aaron Koonce, MD

**Obstetrics and Gynecology**  
Heather Morrison, MD

**Oncology**  
Adrian Caracioni, MD

**Orthopedics**  
Michael McCoy, MD  
Brett Miller, MD  
Cory Schrick, P.A.

**Pain Management**  
Steve Gunnells, CRNA, ARNP

**Podiatry**  
Elijah Davis, DPM

**Pulmonology**  
Vlad Dimitriu, MD  
Michelle Warren, APRN

**Radiology**  
Crosby Gernon, MD

**Rheumatology**  
Shashank Radadiya, MD

**Urology**  
Bradley Moore, MD

### **Dental Clinics**

**Hiawatha Family Dentistry**  
314 Oregon St.  
Hiawatha, KS. 66434  
785-740-4000

**Jordan Haedt DDS**  
514 Delaware St.  
Hiawatha, KS 66434  
785-742-2165

**Gary Hochstetler**  
113 E. 8<sup>th</sup>  
Horton, KS 66439  
785-486-2807

**Kickapoo Nation Dental Clinic**  
1117 Goldfinch Rd  
Horton, KS 66439  
785-486-2154

### **Orthodontists**

**Fry Orthodontists**  
Satellite location  
107 S. 6<sup>th</sup> St.  
Hiawatha, KS 66434  
913-469-9191

### **Chiropractors**

**Farr Chiropractic**  
120 W. 18<sup>th</sup> St.  
Horton, KS 66439  
785-486-2171

**Kidwell Chiropractic**  
133 E. 8<sup>th</sup>  
Horton, KS 66439  
785-486-3100

**Stallbaumer Family Chiropractic**  
206 S. 1<sup>st</sup>  
Hiawatha, KS 66434  
785-742-7164

**Bartek Chiropractic LLC**  
120 S. 6<sup>th</sup> St.  
Hiawatha, KS 66434  
785-740-2264

**Optometrists**

**Dr. Eric McPeak**  
800 Oregon St. Suite C  
Hiawatha, KS 66434  
785-742-3021

**The Eye Doctors**  
109 S. 6<sup>th</sup> St.  
Hiawatha, KS 66434  
785-742-3631

**Other Medical Services**

**NEK Health Department/ Brown County**  
907 S 2<sup>nd</sup> St.  
Hiawatha, KS 66434

**NEK Multi-County Home Health/Hospice**  
116 N. 6<sup>th</sup> St.  
Hiawatha, KS 66434  
785-742-1966

**Freedom Hospice**  
1705 Oregon St.  
Hiawatha, KS 66434  
844-760-3733

**St. Jude Hospice**  
708 Oregon St.  
Hiawatha, KS 66434  
800-983-3881

**Personal Care, Inc.**  
110 N. 7<sup>th</sup> St.  
Hiawatha, KS 66434  
785-742-7495

**Physical & Respiratory Therapy Services Inc.**  
700 Oregon  
Hiawatha, KS 66434  
785-742-7606

**STARS, Inc.**  
201 S. 4<sup>th</sup>  
Hiawatha, KS 66434  
785-742-7300

**Pharmacies**

**KexRx**  
101 S. 6<sup>th</sup>  
Hiawatha, KS 66434  
785-742-2125

**Tice Health Mart**  
618 Oregon  
Hiawatha, KS 66434  
785-742-2191

**Walmart**  
701 Hopi Drive  
Hiawatha, KS 66434  
785-742-4213

**KexRx**  
1903 Euclid Ave.  
Horton, KS 66439  
785-486-3651

**General Health Services**

**Maple Heights Nursing Home/Adult Day  
Care/ Alzheimer's Support Group**  
302 E. Iowa St.  
Hiawatha, KS 66434  
785-742-7465

**The Pines**  
505 S. First  
Hiawatha, KS 66434  
785-742-7463

**Tri-County Manor**  
1890 Euclid Ave.  
Horton, KS 66439  
785-486-2697

**Vintage Park**  
400 Kansas Ave.  
Hiawatha, KS 66434  
785-742-4566

**Maple Grove**  
513 Iowa  
Hiawatha, KS 66434  
785-742-2544

**Pemberton Village Apartments**  
1400 N. 1<sup>st</sup> St.  
Hiawatha, KS 66434

**Sac and Fox Housing Authority**

401 N. Arch St.  
Reserve, KS 6643  
785-742-4715

**Orchard Heights/Horton Housing Authority**

1600 School Dr.  
Horton, KS 66439  
785-486-3615

**Northfield Village**

326 Locust  
Everest, KS 66424  
785-548-7529

**Lake Village Apartments**

405 E. 16<sup>th</sup>  
Horton, KS 66429  
785-486-3375

**Hiawatha Plaza**

801 N. 4<sup>th</sup>  
Hiawatha, KS 66434  
785-742-6967

**Country View Apartments**

206 E. Miami St.  
Hiawatha, KS 66434  
785-742-6967

**Countryside Apartments**

120 W. 2<sup>nd</sup> St.  
Fairview, KS 66425  
785-459-2842

**Arborknoll Homes/ Horton Housing Authority**

1701 Euclid Ave.  
Horton, KS 66439  
785-486-3615

**Kickapoo Housing Authority**

888 112<sup>th</sup> Dr.  
Horton, KS 66439  
785-486-3638

**Case Management****Northeast Kansas Area Agency on Aging**

1803 Oregon St.  
Hiawatha, KS 66434  
785-742-7153

**Adult Abuse**

DOVES, INC.  
P.O. Box 262  
Atchison, KS 66002  
800-36-7075 or 913-367-0365

**American Cancer Society**

1-800-359-1025 or  
785-273-4422

**American Red Cross**

401 N. 12th  
St. Joseph, MO 64501  
800-378-8439 or  
816-232-8439

**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](http://www.kdads.ks.gov)

**Domestic/Family Violence Child/Adult Abuse Hotline**

1-800-922-5330

**Family Crisis Center (Great Bend)**

Hotline:620-792-1885/620-663-2522

**Kansas Crisis Hotline Manhattan**

785-539-7935

**Sexual Assault/Domestic Violence Center (Hutchinson Hotline)**

1-800-701-3630/620-663-2522

**Health and Fitness Centers****Blaise Fitness**

526 Oregon St.  
Hiawatha, KS 66434  
785-740-3481



**Massage Therapists**

**Tres Soles Medical Clinic & Spa**

503 Oregon St.  
Hiawatha, KS 66434  
785-742-4100

**I Do Hair**

204 S. 6<sup>th</sup> St.  
Hiawatha, KS 66434  
785-742-4148

**PRTS**

700 Oregon St.  
Hiawatha, KS 66434

**Meals: Home Delivered**

**Brown County Services for the Elderly**

601 Oregon  
Hiawatha, KS 66434  
785-742-7881

**Meals on Wheels**

785-742-6282

**Meal Site/Nutrition Programs**

**Kickapoo Tribe Senior Center**

885 112<sup>th</sup> Dr., Box 826  
Horton, KS 66439  
785-486-2688

**Medical Equipment and Supplies**

**KEX RX**

101 S. 6<sup>th</sup>  
Hiawatha, KS 66434

**Native American Services**

**Kickapoo Nation Health Center**

1117 Goldfinch Rd.  
Horton, KS 66439  
785-486-2688

**Kickapoo Senior Center**

885 112<sup>th</sup> Dr., Box 826  
Horton, KS 66439  
785-486-2688

**Native American Family Services**

Serves Iowa Tribe  
70216-664 Ave.  
Rulo, NE 68341  
402-245-3404

**Sac & Fox Tribal Office**

305 N Main  
Reserve, KS 66434  
785-742-7471

**School Nurses**

**Hiawatha Public Schools USD #415**

**Hiawatha Elementary School K-4**

600 Miami  
785-742-7181

**Hiawatha Middle School**

307 S Morrill  
785-742-4172

**Hiawatha High School**

600 Red Hawk Dr.  
785-742-3312

**Cap Schools**

301 1<sup>st</sup> St.  
785-742-7109

**South Brown County USD # 430**

**Horton Elementary School**

300 E 16<sup>th</sup> St.  
Horton, KS 66439  
785-486-2616

**Everest Middle School**

221 S 7<sup>th</sup>  
Everest, KS 66424  
785-548-7536

**Horton High School**

1120 First Ave  
785-486-2151

**Kickapoo Nation School - Administration**

400 1<sup>st</sup> St.  
PO Box 106  
Powhattan, KS  
785-474-3364

**Kickapoo High School**

Powhattan, KS 66527  
785-474-3365

**Kickapoo Head Start**

211 SW St.  
Powhattan KS 66527  
785-474-3231

**Head Start/North Brown  
NEK Cap Head Start Center**

1260 220<sup>th</sup> St.  
Hiawatha, KS 66434  
785-742-2222

**Head Start/South Brown  
NEK Cap Head Start Center**

444E. 15<sup>th</sup> St.  
Horton, KS 66439  
785-486-6634

**Senior Services****Senior Citizen Center**

813 Oregon St.  
Hiawatha, KS 66434  
785-742-7685

**Senior Citizen Center**

116 W. 8<sup>th</sup>  
Horton, KS 66439  
785-486-2341

**Social Security****Social Security Administration**

2921 N. Belt Highway  
Saint Joseph, MO 64506  
800-772-1213- or 816-233-2511  
[www.socialsecurity.gov](http://www.socialsecurity.gov)

**Transportation****Brown County Services for the Elderly**

601 Oregon (courthouse)  
Hiawatha, KS 66434  
Hiawatha call: 785-742-7881  
Horton call: 785-547-3499

**NEK Center Health & Wellness**

(Transportation for clients of hospital or clinics  
for appointments at hospital/clinics)  
240 W. 18<sup>th</sup>  
Horton, KS 66439  
785-486-2642

**Area Agency on Aging**

1803 Oregon St.  
Hiawatha, KS 66434  
785-742-7153

**Hospital Community Hospital Van/Medical  
Transportation**

300 Utah St.  
Hiawatha, KS 66434  
785-742-6310

**Veterinary Services****NEK Veterinary Services**

1205 S. 1<sup>st</sup> St.  
Hiawatha, KS 66434  
785-742-2147

**Animal Health Center**

2015 Oregon  
Hiawatha, KS 66434  
785-742-7255

**Brown County Humane Society**

2393 Mallard Rd  
Hiawatha, KS 66434  
785-742-1976

**NEK Veterinary Group**

500 E. 15<sup>th</sup> St.  
Horton, KS 66439  
785-486-2188

**Local Government, Community, and Social  
Services****Adult Protection**

1-800-922-5330  
[www.dcf.ks.gov/services](http://www.dcf.ks.gov/services)

**Elder Abuse Hotline**

1-800-842-0078  
[www.elderabusecenter.org](http://www.elderabusecenter.org)

**Kansas department for Children and Families**  
1-800-586-3690

### **Alcohol and Drug Treatment**

**Alcohol and Drug Abuse Services**  
1-800-586-3690  
[www.dcf.ks.gov/services](http://www.dcf.ks.gov/services)

**Valley Hope Alcohol and Drug Treatment Center**  
1816 N. 2<sup>nd</sup> St. (Atchison)  
1-913-367-1618 [www.valleyhope.org](http://www.valleyhope.org)

### **Day Care – Children**

**Little Hands Daycare of Hiawatha**  
200 E Lodge Rd  
Hiawatha, KS 66434  
785-740-2012

**Brown County Extension Office**  
601 Oregon St. Suite 105  
Hiawatha, KS 66434  
785-742-7871

### **Funeral Homes**

**Chapel Oaks Funeral Home**  
124 S 7<sup>th</sup>  
Hiawatha, KS 66434  
785-742-2212

**Dishon-Maple-Chaney Mortuary**  
909 Central Ave  
Horton, KS 66434  
785-486-3811

### **Legal Services**

**Kansas Legal Services**  
1500 Community Dr.  
Seneca, KS 66538  
785-336-6016 or 888-353-5337  
[pearcer@klsinc.org](mailto:pearcer@klsinc.org)

**Boye, Hillary J.**  
301 E. 15<sup>th</sup> St.  
Horton, KS 66439-1939

**Finley, Miller, Cashman & Schmitt LLP**  
117 S. Sixth St.  
Hiawatha, KS 66434  
785-742-2181

**Delaney, Andrew M.**  
622 Oregon St.  
Hiawatha, KS 66434  
785-742-7600

**Halbert, Christopher C.**  
112 S 7<sup>th</sup> St.  
Hiawatha, KS 66434  
785-742-7101

### **Public Information**

**Hiawatha Chamber of Commerce**  
801 Oregon St.  
Hiawatha, KS 66434  
785-742-7136

### **State and National Information/ Services/ Support**

**Adult Protection Services**  
1-800-922-5330

**Domestic Violence and Sexual Assault (DVACK)**  
1-800-874-1499  
[www.dvack.org](http://www.dvack.org)

**Elder Abuse Hotline**  
1-800-842-0078  
[www.elderabusecenter.org](http://www.elderabusecenter.org)

**Elder and Nursing Home Abuse Legal**  
[www.resource4nursinghomeabuse.com/index.html](http://www.resource4nursinghomeabuse.com/index.html)

**Kansas Coalition Against Sexual and Domestic Violence**  
1-888-END-ABUSE (363-2287)  
[www.kcsdv.org/ksresources.html](http://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/](http://www.ncea.gov/)

**National Domestic Violence Hotline**

1-800-799-SAFE (799-7233)  
1-800-787-3224 (TTY)  
[www.ndvh.org](http://www.ndvh.org)

**National Sexual Assault Hotline**

1-800-994-9662 1-888-220-5416 (TTY)  
[www.4woman.gov/faq/sexualassault.htm](http://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](http://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](http://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](http://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](http://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](http://www.srskansas.org/services/alc-drug_assess.htm)

**Mothers Against Drunk Driving**

1-800-GET-MADD (438-6233)  
[www.madd.org](http://www.madd.org)

**National Council on Alcoholism and Drug Dependence, Inc.**

1-800-NCA-CALL (622-2255)  
[www.ncadd.org](http://www.ncadd.org)

**Recovery Connection**

[www.recoveryconnection.org](http://www.recoveryconnection.org)

**Regional Prevention Centers of Kansas**

1-800-757-2180  
[www.smokyhillfoundation.com/rpc-locate.html](http://www.smokyhillfoundation.com/rpc-locate.html)

**Better Business Bureau****Better Business Bureau**

328 Laura (Wichita) 316-263-3146  
[www.wichita.bbb.org](http://www.wichita.bbb.org)

**Children and Youth****Adoption**

1-800-862-3678  
[www.adopt.org/](http://www.adopt.org/)

**Boys and Girls Town National Hotline**

1-800-448-3000  
[www.girlsandboystown.org](http://www.girlsandboystown.org)

**Child/Adult Abuse and Neglect Hotline**  
1-800-922-5330

[www.srskansas.org/](http://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](http://www.childhelpusa.org/home)

**Child Abuse National Hotline**  
1-800-4-A-CHILD (422-4453)  
[www.childabuse.com](http://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](http://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](http://www.kansashealthwave.org)

**Heartspring (Institute of Logopedics)**  
8700 E. 29TH N Wichita, KS 67226  
[www.heartspring.org](http://www.heartspring.org)

**Kansas Big Brothers/Big Sisters**  
1-888-KS4-BIGS  
[www.ksbbs.org](http://www.ksbbs.org)

**Kansas Children's Service League (Hays)**  
785-625-2244 1-877-530-5275 [www.kcsl.org](http://www.kcsl.org)

**Kansas Department of Health and Environment**  
785-296-1500  
[www.kdheks.gov](http://www.kdheks.gov)  
e-mail: [info@kdheks.gov](mailto:info@kdheks.gov)

**Kansas Society for Crippled Children**  
106 W. Douglas, Suite 900 (Wichita)  
1-800-624-4530/316-262-4676  
[www.kssociety.org](http://www.kssociety.org)

**National Runaway Switchboard**  
1-800-RUNAWAY

[www.1800runaway.org/](http://www.1800runaway.org/)

**National Society for Missing and Exploited Children**  
1-800-THE-LOST (843-5678)  
[www.missingkids.com](http://www.missingkids.com)

**Parents Anonymous Help Line**  
1-800-345-5044  
[www.parentsanonymous.org/paIndex10.html](http://www.parentsanonymous.org/paIndex10.html)

**Runaway Line**  
1-800-621-4000 1-800-621-0394 (TDD)  
[www.1800runaway.org/](http://www.1800runaway.org/)

**Talking Books**  
1-800-362-0699  
[www.skyways.lib.ks.us/KSL/talking/ksl\\_bph.html](http://www.skyways.lib.ks.us/KSL/talking/ksl_bph.html)

#### Community Action

**Peace Corps**  
1-800-424-8580  
[www.peacecorps.gov](http://www.peacecorps.gov)

**Public Affairs Hotline (Kansas Corporation Commission)** 1-800-662-0027  
[www.kcc.state.ks.us](http://www.kcc.state.ks.us)

#### Counseling

**All Faith Counseling Center**  
104 N. 6<sup>th</sup> Street (Atchison)  
913-367-0105

**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](http://www.castlewoodtc.com)

**Catholic Charities**  
1-888-468-6909  
[www.catholiccharitiessalina.org](http://www.catholiccharitiessalina.org)

**Center for Counseling**  
5815 W Broadway (Great Bend) 1-800-875-2544

**Central Kansas Mental Health Center**  
1-800-794-8281

**Consumer Credit Counseling Services**  
1-800-279-2227  
[www.kscgccs.org/](http://www.kscgccs.org/)

**Kansas Problem Gambling Hotline**  
1-866-662-3800  
[www.ksmhc.org/Services/gambling.htm](http://www.ksmhc.org/Services/gambling.htm)

**National Hopeline Network**  
1-800-SUICIDE (785-2433)  
[www.hopeline.com](http://www.hopeline.com)

**National Problem Gambling Hotline**  
1-800-552-4700  
[www.npgaw.org](http://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](http://www.selfhelpnetwork.wichita.edu)

**Senior Health Insurance Counseling**  
1-800-860-5260  
[www.agingkansas.org](http://www.agingkansas.org)

**Sunflower Family Services, Inc.**  
(adoption, crisis pregnancy, conflict solution center)  
1-877-457-5437  
[www.sunflowerfamily.org](http://www.sunflowerfamily.org)

### **Disability Services**

**American Association of People with Disabilities (AAPD)**  
[www.aapd.com](http://www.aapd.com)

**American Council for the Blind**  
1-800-424-8666  
[www.acb.org](http://www.acb.org)

**Americans with Disabilities Act Information Hotline**  
1-800-514-0301/1-800-514-0383 (TTY)  
[www.ada.gov](http://www.ada.gov)

**Disability Advocates of Kansas, Incorporated**  
1-866-529-3824  
[www.disabilitysecrets.com](http://www.disabilitysecrets.com)

**Disability Group, Incorporated**  
1-888-236-3348  
[www.disabilitygroup.com](http://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](http://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](http://www.srskansas.org/kcdhh)

**Kansas Relay Center (Hearing Impaired service)**  
1-800-766-3777  
[www.kansasrelay.com](http://www.kansasrelay.com)

**National Center for Learning Disabilities**  
1-888-575-7373  
[www.nclid.org](http://www.nclid.org)

**National Library Services for Blind & Physically Handicapped**  
[www.loc.gov/nls/](http://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](http://www.epa.gov)

**Kansas Department of Health and Environment**  
Salina 785-827-9639  
Hays 785-625-5663  
Topeka 785-296-1500  
[www.kdheks.gov](http://www.kdheks.gov)

## **Food and Drug**

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

1-888-SAFEFOOD (723-3366)

[www.cfsan.fda.gov/](http://www.cfsan.fda.gov/)

[www.healthfinder.gov/docs/doc03647.htm](http://www.healthfinder.gov/docs/doc03647.htm)

### **US Consumer Product Safety Commission**

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

[www.cpsc.gov](http://www.cpsc.gov)

### **USDA Meat and Poultry Hotline**

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

[www.fsis.usda.gov/](http://www.fsis.usda.gov/)

### **U.S. Food and Drug Administration**

1-888-INFO-FDA

1-888-463-6332 [www.fsis.usda.gov/](http://www.fsis.usda.gov/)

### **Poison Hotline**

1-800-222-1222

## **Health Services**

### **American Cancer Society**

1-800-227-2345

[www.cancer.org](http://www.cancer.org)

### **American Diabetes Association**

1-800-DIABETES (342-2383)

[www.diabetes.org](http://www.diabetes.org)

### **AIDS/HIV Center for Disease Control and Prevention**

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

[www.cdc.gov/hiv/](http://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](http://www.ahaf.org)

### **American Heart Association**

1-800-242-8721

[www.americanheart.org](http://www.americanheart.org)

### **American Lung Association**

1-800-586-4872

### **American Stroke Association**

1-888-4-STROKE

[www.americanheart.org](http://www.americanheart.org)

### **Center for Disease Control and Prevention**

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

[www.cdc.gov/hiv/](http://www.cdc.gov/hiv/)

### **Elder Care Helpline**

[www.eldercarelink.com](http://www.eldercarelink.com)

### **Eye Care Council**

1-800-960-EYES

[www.seetolearn.com](http://www.seetolearn.com)

### **Kansas Foundation for Medical Care**

1-800-432-0407

[www.kfmc.org](http://www.kfmc.org)

### **National Health Information Center**

1-800-336-4797

[www.health.gov/nhic](http://www.health.gov/nhic)

### **National Cancer Information Center**

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

[www.cancer.org](http://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](http://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](http://www.lifeproject.org/akh.htm)

### **Southwind Hospice, Incorporated**

[www.southwindhospice.com](http://www.southwindhospice.com)

785-483-3161

## **Housing**

### **Kansas Housing Resources Corporation**

785-296-2065

[www.housingcorp.org](http://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](http://www.ksag.org)

**Kansas Bar Association**  
785-234-5696  
[www.ksbar.org](http://www.ksbar.org)

**Kansas Department for Aging and Disability Services**  
1-800-432-3535  
[www.agingkansas.org/index.htm](http://www.agingkansas.org/index.htm)

**Kansas Legal Services**  
1-800-723-6953  
[www.kansaslegalservices.org](http://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](http://www.firstguard.com)

**Kansas Health Wave**  
1-800-792-4884 or 1-800-792-4292 (TTY)  
[www.kansashealthwave.org](http://www.kansashealthwave.org)

**Kansas Medical Assistance Program Customer Service**  
1-800-766-9012  
[www.kmpa-state-ks.us/](http://www.kmpa-state-ks.us/)

**Medicare Information**  
1-800-MEDICARE  
[www.medicare.gov](http://www.medicare.gov)

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

#### **Mental Health Services**

**Alzheimer's Association**  
1-800-272-3900 or 1-866-403-3073 (TTY)  
[www.alz.org](http://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](http://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)  
703-516-7227 (TTY)  
[www.nami.org](http://www.nami.org)

**National Institute of Mental Health**  
1-866-615-6464 or 1-866-415-8051 (TTY)  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

**National Library Services for Blind and Physically Handicapped**  
1-800-424-8567  
[www.loc.gov/nls/music/index.html](http://www.loc.gov/nls/music/index.html)

**National Mental Health Association**  
1-800-969-6642/1-800-433-5959 (TTY)  
[www.nmha.org](http://www.nmha.org)

**Pawnee Mental Health State Mental Health Agency**  
915 SW Harrison Street  
Topeka, KS 66612  
785-296-3959  
[www.srskansas.org](http://www.srskansas.org)

**Suicide Prevention Hotline**  
1-800-SUICIDE [784-2433]  
[www.hopeline.com](http://www.hopeline.com)

#### **Nutrition**

**American Dietetic Association**  
1-800-877-1600  
[www.eatright.org](http://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/](http://www.humec.k-state.edu/hn/)

**Eating Disorders Awareness and Prevention**  
1-800-931-2237  
[www.nationaleatingdisorders.org](http://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.htm](http://www.srskansas.org/ISD/ees/food_stamps.htm)

**Kansas Department of Health and Environment**  
1000 SW Jackson, Suite 220  
Topeka, KS 66612  
785-296-1320  
[www.kdheks.gov/news-wic/index.html](http://www.kdheks.gov/news-wic/index.html)

### Road and Weather Conditions

**Kansas Road Conditions**  
1-866-511-KDOT 511  
[www.ksdot.org](http://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](http://www.aarp.org)

**Americans with Disabilities Act Information Line**  
1-800-514-0301 or 1-800-514-0383 [TTY]  
[www.usdoj.gov/crt/ada](http://www.usdoj.gov/crt/ada)

**American Association of Retired Persons**  
1-888-687-2277  
[www.aarp.org](http://www.aarp.org)

**Area Agency on Aging**  
1-800-432-2703

**Eldercare Locator**  
1-800-677-1116  
[www.eldercare.gov/eldercare/public/home.asp](http://www.eldercare.gov/eldercare/public/home.asp)

**Home Buddy**  
1-866-922-8339  
[www.homebuddy.org](http://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](http://www.kabc.org)

**Kansas Department for Aging and Disability Services**  
1-800-432-3535 or 785-291-3167 (TTY)  
[www.agingkansas.org/index.htm](http://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](http://www.kdheks.gov/tobacco/cessation.html)

**Older Kansans Employment Programs (OKEP)**  
785-296-7842  
[www.kansascommerce.com](http://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.html](http://www.agingkansas.org/SHICK/shick_index.html)

**SHICK**  
1-800-860-5260  
[www.agingkansas.org/SHICK](http://www.agingkansas.org/SHICK)

**Social Security Administration**  
785-296-3959 or 785-296-1491 (TTY)  
[www.srskansas.org](http://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](http://www.spsfv.org)

## **Veterans**

### **Federal Information Center**

1-800-333-4636  
[www.FirstGov.gov](http://www.FirstGov.gov)

### **U.S. Department of Veterans Affairs**

1-800-513-7731  
[www.kcva.org](http://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](http://www.vba.va.gov)

## **Veterans Administration**

### **Veterans Administration Benefits**

1-800-669-8477/1-877-222-8387

### **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](http://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. National Library of Medicine (NLM) does not endorse or recommend the organizations that produce these directories, nor the individuals or organizations that are included in the directories.

# V. Detail Exhibits

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[VVV Consultants LLC]

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## a) Patient Origin Source Files

[VVV Consultants LLC]



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## b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]



**Hiawatha Community Hospital (Brown County, KS) - CHNA Town Hall  
Thursday, August 15th, 2019 N=34**

Attend	Last Name	First Name	Organization	Title	City	State	Zip Code
1	Benson	Ben	Retired		Hiawatha	KS	66434
1	Bigham	Bryon	Hiawatha Community Hospital	Provider	Hiawatha	KS	66434
1	Broberg	John	Hiawatha Community Hospital	CEO	Hiawatha	KS	66434
1	Diuz	Rebecca	NEKAAA	Customer Support	Hiawatha	KS	66434
1	Edwards	Donna	Retired		Horton	KS	66439
1	Edwards	Wade	City of Horton	Commissioner	Horton	KS	66439
1	Enneking	Bonnie	Hiawatha Community Hospital - Highland Clinic	Provider	Hiawatha	KS	66434
1	Fee	Joyce	Retired		Morrill	KS	66515
1	Finley	Mary	Community Member		Hiawatha	KS	66434
2	Gliem	Brett & Heather	Hiawatha Community Hospital	Both Physician Assts	Hiawatha	KS	66434
1	Higdon	Chad	Second Harvest Community Food Bank	CEO	St. Joseph	MO	64505
1	Hillyer	Gene	Retired		Reserve	KS	66434
2	Howard	Wes& Elizabeth	Community Members		Hiawatha	KS	66434
1	Huerter	Vonda	Community Member		Hiawatha	KS	66434
1	Kerl	Alison	Hiawatha Community Hospital	HR Director	Hiawatha	KS	66434
1	Kundson	Jenny	Kanza Mental Health	CFO	Hiawatha	KS	66434
1	McCarty	Sharen	Community Member		Hiawatha	KS	66434
1	Nichols	Mike	City of Hiawatha	City Administrator	Hiawatha	KS	66434
2	Oltjen	Max & Marilyn	Community Members		Hiawatha	KS	66434
2	Pollock	Bill & Sherilynn	Retired		Powhattan	KS	66527
1	Puvogel	Amy	Hiawatha Community Hospital	Admin Asst	Hiawatha	KS	66434
1	Rodvelt	Greg	Community Member		Horton	KS	66438
1	Romine	Kristina	NEK Multi-County Health Department's, Inc	Director of Operations	Hiawatha	KS	66434
1	Rosa	Julie	Hiawatha Community Hospital	MD	Hiawatha	KS	66434
1	Rosa	Pete	Hiawatha Community Hospital	Provider	Hiawatha	KS	66434
1	Rosenberger	Kristin	Hiawatha Community Hospital	Ultrasound	Hiawatha	KS	66434
1	Williams	Dustin	Hiawatha Community Hospital	APRN	Hiawatha	KS	66434
1	Wilson	Annette	FUMC Healthy Congregations		Hiawatha	KS	66434
1	Wilson	Karen	Nirtheast Kansas Area Agency on Aging	Ex. Director	Hiawatha	KS	66434
1	Zakutansky	Lisa	Kanza Mental Health	CSS Director	Hiawatha	KS	66434

**Hiawatha Community Hospital – Hiawatha KS (Brown County, KS)**  
**CHNA Town Hall N=34 Thursday, August 15, 2019 5:30 p.m. to 7:00 p.m.**

Highland is very important to HCH.

There are jobs here, but unemployment is common. Drug tests aren't passed.

ER is busy and there is a longer wait time right now.

Drugs: Opioids, Meth, Heroin, Marijuana.

**Important things happening now:**

Horton Hospital closure impacts Hiawatha.

Tax failure and strain of that.

Building of a new Nursing Home, possibly.

Private Group Home, possibly.

There are more seniors here.

**Strengths:**

- Quality Providers in Service Area
- Surgery Center, local
- Access to Pharmacies
- Extended walk-in Clinic hours
- Good Schools
- Dental Services
- Water Quality has improved
- Recreation Programs
- Mental Health care Access – NEW  
Mental Health Facility
- Stability of Providers
- Low Unemployment
- Health Dept
- EMS Staff
- OB Services
- Area Agency on Aging
- Access to Specialists
- Rehab / Therapy Services
- Rural Environment

**Things to Improve:**

- Access to State Health Services
- Community Collaboration
- Urgent Care
- Food Insecurity
- Awareness of Services (Health Dept  
and Hospital)
- OB Facilities
- Affordable and Safe Housing
- Single-parent households
- Local Transportation
- Mental Health
- Obesity / Nutrition / Wellness
- Alcohol
- Home Health Services
- Wellness and Health Access of  
Education (Apathy)
- Providers: OB, Derm, OB, Ortho, Gero,  
Endo, GI, Gen Surg
- Affordable Health Insurance
- Financial Health of Hospital
- Access to care in Southern Brown  
County
- Drug Abuse

# Wave #3 CHNA - Hiawatha Community Hospital PSA

## Town Hall Conversation - Strengths (White Cards) N= 34

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?
9	ACC	Walk in hours/availability for acute care	20	ENV	Small town living
10	ACC	Provider availability	2	EYE	Sufficient vision
13	ACC	Access to free/low cost children's education and physical activities	7	FAC	We have good equipment
14	ACC	Crisis services - 24/7 - MH available	11	FAC	Excellent facility
17	ACC	Access to physicians	12	FAC	Excellent health facilities - hospital
21	ACC	Physician access	14	FAC	Healthcare facilities
24	ACC	Access to healthcare	14	FAC	MH facilities
25	ACC	Access to healthcare	15	FAC	Strong city support/facilities; walking trail, ballparks
25	ACC	Access to pharmacy	15	FAC	Excellent healthcare facility in Hiawatha
27	ACC	Access to healthcare	19	FAM	Many resources for families/children
28	ACC	Access to medical facilities	2	FIT	Walk/bike trail
15	AGE	Area on aging	5	FIT	A lot of open space and & fresh air in most places
3	ALL	Quality healthcare	12	FIT	Walking trail
15	BH	Mental health	14	FIT	Walking trail
17	BH	Mental health services	16	FIT	Walking trails
20	BH	Mental health	17	FIT	Walking trail
22	BH	Mental health has improved with addition of Horizen's mental health clinic	3	H2O	Better water
25	BH	We have a mental health facility	5	H2O	Better water
2	CHIRO	Sufficient chiropractic care	14	H2O	New water tower/plant
11	CLIN	Walk-in clinic	15	H2O	Water treatment
12	CLIN	Walk in clinic	17	H2O	New water treatment plant
14	CLIN	Extended walk-in clinic hours	2	HOSP	Excellent hospital
8	CORP	Awareness of need to continue	7	HOSP	We have a good hospital
23	CORP	Good community leaders	8	HOSP	Hospital
26	CORP	Close-knit community	12	HOSP	New private MH
2	DENT	Sufficient dental	13	HOSP	Hospital care (inpatient & outpatient services)
14	DENT	Dental services	18	HOSP	Pleased with hospital care
15	DENT	Dental	19	HOSP	Strong hospital with good physicians
17	DENT	Dental services	20	HOSP	Hiawatha hospital
1	DIAB	strong diabetes prevention & diabetes education programs	23	HOSP	Hospital - access to health
1	DOCS	Providers	13	HP&R	HP&R
2	DOCS	Excellent providers	17	HUNG	Hunger relief programs
4	DOCS	Providers	26	HUNG	Hunger relief efforts
6	DOCS	Providers, staff caring	21	IP	Inpatient services
6	DOCS	Visiting care providers; provision for different problems	1	KID	Childcare access
7	DOCS	We have good MD doctors and good surgeons	3	KID	Childcare improved
9	DOCS	Provider availability	7	NURSE	We have good nurses
11	DOCS	High quality providers	1	NUTR	Meals on wheels
14	DOCS	Quality providers	6	NUTR	Meals on wheels
14	DOCS	Stability of providers	12	NUTR	Summer food programs
15	DOCS	Excellent providers	1	OBG	OB access at hospital
16	DOCS	Good doctors	3	OBG	OB units
18	DOCS	Pleased with providers	6	OBG	OB facility
20	DOCS	Good providers	12	OBG	OB
25	DOCS	Quality providers	14	OBG	OB department
15	DOH	Strong health department	21	OP	Outpatient services
25	DOH	Health department	14	PHARM	Pharmacy
14	EDU	Good schools	14	PHY	Physical therapy / rehab
18	EDU	Good school system	1	PRIM	Access to primary care
19	EDU	Good schools with qualified staff	21	QUAL	Quality services
20	EDU	Good schools with qualified staff	22	QUAL	Hiawatha Hospital improving quality of care; leadership development
21	EDU	Schools	2	REC	24/7 fitness center

## Wave #3 CHNA - Hiawatha Community Hospital PSA

### Town Hall Conversation - Strengths (White Cards) N= 34

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	EDU	Schools - teachers who care	2	REC	Hiawatha offers several exercise options through the parks and Rec programs
25	EDU	Good schools	8	REC	Recreation programs
14	EMP	Employment	11	REC	Parks & Rec
19	EMP	Low unemployment / finding work isn't a challenge	12	REC	Have fitness center
21	EMP	Unemployment - low	14	REC	Recreational programs
10	EMR	EMR/patient portal	14	SPEC	Specialists
9	EMS	EMS staff	24	SPEC	Access to specialists locally
10	EMS	EMS staff	14	SURG	Surgical services
12	EMS	EMS	14	TRANS	Public transit
14	EMS	EMS staff	15	TRANS	Public transportation
14	ENV	Rural environment			

# Wave #3 CHNA - Hiawatha Community Hospital PSA

## Town Hall Conversation - Weakness (Color Cards) N= 34

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?
9	ACC	Improve access to health insurance	10	HOUS	Affordable/safe housing
11	ACC	Low income access to care	12	HOUS	Housing
12	ACC	Access to care in south Brown County	16	HOUS	Housing
12	ACC	Access to fitness - mindset change	17	HOUS	Affordable housing
15	ACC	Affordable care	18	HOUS	Housing
19	ACC	Access to healthcare - South Brown County	19	HOUS	Housing - affordable & safe
23	ACC	Access health resources outside	26	HOUS	Housing/rent available and affordable
3	AGE	Elderly coop with case workers	29	HOUS	Low & mid-income housing
14	AGE	Growing senior population	30	HOUS	Housing
17	AGE	Crisis or transition living house	14	HUNG	Food insecurity
3	ALC	alcohol abuse	14	HUNG	Backpack program - weekend
2	BH	Mental or behavioral health access	25	HUNG	Food insecurities
7	BH	Mental health	26	HUNG	Food insecurity for kids
8	BH	Mental health	30	HUNG	Food insecurity for kids
10	BH	Mental health	10	INSU	Insurance needed (affordable)
14	BH	Mental health issues	15	INSU	Affordable insurance
15	BH	Mental health access	17	INSU	Underinsured
17	BH	Mental health	19	INSU	Uninsured
18	BH	Stigma associated with seeking help for mental illness	19	INSU	Affordable health insurance
19	BH	Mental health awareness	24	INSU	Healthcare coverage/insurance
20	BH	Mental health	8	IP	Inpatient facilities
29	BH	Mental health awareness	26	MRKT	Knowledge of resources
30	BH	Increase in mental health awareness/ treatment options	2	NA/AA	NA or AA access
4	BILL	Reasonable billing (outside of insurance)	11	NA/AA	NA
9	CLIN	More PA/NP for walk-in/ER	16	NH	Nursing homes
23	COLLAB	Collaboration	3	NUTR	Nutrition - grocery
27	COMM	Better communication from those who are needy	5	NUTR	Health food - availability/education/food preparation
26	CORP	Engage the community	6	NUTR	Add grocery stores
17	DIAB	Educating PTs regarding diabetes	18	NUTR	Access to fresh produce & meals
19	DIAB	Diabetes prevention	26	NUTR	Shopping (groceries) online??
3	DOCS	More providers for patients	28	NUTR	Access to fresh food
8	DOCS	Increase in providers (MDs) - Horton	15	OBES	Obesity
9	DOCS	More MDs (fam/OB)	24	OBES	Access to free services/programs/planning for obesity and physical activity
15	DOCS	Recruit speciality physicians	3	OBG	OB facilities improved
10	DOH	More public health education on services available at LHD	19	OBG	OB facilities
3	DRUG	drug abuse	1	OP	Additional outpatient providers/services
10	DRUG	Drug addiction	1	OTHR	Continued sidewalk improvements for safety
16	DRUG	Drug use	20	OTHR	City health codes
17	DRUG	Drug issues & stigma associated	22	OTHR	How do we support three county area?
19	DRUG	Drug abuse - education/prevention/programs	24	OTHR	Capital funding for hospital
24	DRUG	Continue to work on illicit drugs & opioid problems	25	PART	Partnership with community
30	DRUG	Drug abuse	29	PART	Working together/partnerships
21	ECON	Financial stability of hospital	12	POV	Poverty
23	ECON	Financial stability	13	POV	Economic development to provide jobs to address high poverty levels
5	EDU	Intervention or education	2	REC	Convenient and affordable fitness center
14	EDU	Education - collaboration	8	REC	More community based fitness center
25	EMP	Employment options	19	SUIC	Suicide prevention
26	EMP	Jobs	21	SURG	Local surgery
28	EMP	Increase wages	8	TAX	Sales tax - capital
28	EMP	Employment options	9	TAX	Pass sales tax
1	FAC	Aging facility of hospital & nursing homes	17	TRANS	Transportation

## Wave #3 CHNA - Hiawatha Community Hospital PSA

### Town Hall Conversation - Weakness (Color Cards) N= 34

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?
7	FAC	Facilities - walking paths, community center, etc.	18	TRANS	Transportation
3	FAM	Child/family education - help single parents	19	TRANS	Low income transportation
11	FAM	Single parent services	14	URG	Urgent care
12	FAM	Single parent services	5	WELFAR	Welfare office - improve
14	FAM	Single parent resources	6	WELFAR	Move welfare office out of Brown County
6	H2O	Improve water quality	5	WELL	Provide opportunities to individual to improve the individuals health habits
1	HH	Additional home health services	23	WELL	Health education - take more personal responsibility for health
10	HH	More access to home health services	26	WELL	Access to wellness center
4	HOSP	Horton Hospital opened			

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## c) Public Notice & Requests

[VVV Consultants LLC]

# E Mail #1 CHNA Request

**From:** [apuvogel@hch-ks.org](mailto:apuvogel@hch-ks.org)

**To:** [apuvogel@hch-ks.org](mailto:apuvogel@hch-ks.org)

**BCC:** HCH – CHNA Stakeholders

**Date:** June 26, 2019

**Subject:** 2019 CHNA Community Feedback Survey- Brown County KS

Over the next three months, Hiawatha Community Hospital will be updating their 2016 Community Health Needs Assessment (CHNA). The goal of this assessment is to understand progress in addressing community health and to collect up-to-date community health perceptions. VVV Consultants LLC, an independent research firm from Olathe, KS, has been retained to conduct this community wide research.

Your feedback and suggestions regarding current community health are very important. **To accomplish this work, a short online survey has been developed:**

[https://www.surveymonkey.com/r/HCH\\_CHNA\\_2019](https://www.surveymonkey.com/r/HCH_CHNA_2019)

All responses are confidential. Thank you in advance for your time and support in participating with this important request. **All community residents are encouraged to complete the confidential CHNA 2019 online survey by Monday, July 29<sup>th</sup>, 2019**

Also, please hold August 15<sup>th</sup>, 2019 from 5:30-7:00 p.m. to attend the upcoming scheduled Community Town Hall that will be held at the Fisher Center in Hiawatha, KS.

If you seek any additional information or have any questions regarding this assessment, please contact Amy Puvogel at (785) 724-6229 or [apuvogel@hch-ks.org](mailto:apuvogel@hch-ks.org).



# PRESS RELEASE

6/26/2019

For immediate release

**Contact:** Amy Puvogel

## **Hiawatha Community Hospital seeking Community Feedback for 2019 Health Needs Assessment**

In order to gauge the overall healthcare needs of Brown County, KS residents, Hiawatha Community Hospital invites area residents to participate in a Community Health Needs Assessment (CHNA) online feedback survey. The goal of this assessment is to understand progress in addressing community health and to collect up-to-date community health perceptions. VVV Consultants LLC, an independent research firm from Olathe, KS, has been retained to conduct this community wide research.

**To accomplish this work, a short online survey has been developed and can be accessed by visiting HCH's Website or Facebook page:**

[https://www.surveymonkey.com/r/HCH\\_CHNA\\_2019](https://www.surveymonkey.com/r/HCH_CHNA_2019)

All responses are confidential. Thank you in advance for your time and support in participating with this important request. **All community residents are encouraged to complete the confidential CHNA 2019 online survey by Monday, July 29<sup>th</sup>, 2019**

Please hold August 15<sup>th</sup>, 2019 from 5:30-7:00 p.m. to attend the upcoming scheduled Community Town Hall that will be held at the Fisher Center in Hiawatha, KS.

"This Community Health Needs Assessment will be an opportunity to review our communities' health needs and make suggestions to improve healthcare delivery within our service area," said John Broberg, HCH CEO.

If you seek any additional information or have any questions regarding this assessment, please contact Amy Puvogel at (785) 724-6229 or [apuvogel@hch-ks.org](mailto:apuvogel@hch-ks.org).

## E Mail #2 Town Hall Invite

**From:** [apuvogel@hch-ks.org](mailto:apuvogel@hch-ks.org)

**To:** [apuvogel@hch-ks.org](mailto:apuvogel@hch-ks.org)

**BCC:** HCH – CHNA Stakeholders

**Date:** July 29, 2019

**Subject:** HCH and Brown County Community Town Hall – Aug 15<sup>th</sup>

Hiawatha Community Hospital, in collaboration with the Brown County Health Department, is updating their 2016 Community Health Needs Assessment (CHNA). A short survey has been developed and will be discussed at the upcoming Town Hall Meeting. VVV Consultants LLC from Olathe KS has been retained to conduct this community-wide research.

**The Brown County CHNA Town Hall meeting will be held on August 15<sup>th</sup>, 2019 from 5:30-7:00 p.m. at the Fisher Center in Hiawatha, KS.** A light dinner will be provided starting at 5:15 p.m. At this meeting, we will discuss the online survey results and set community health priorities.

Please RSVP here for the August 15<sup>th</sup> Town Hall:

[https://www.surveymonkey.com/r/HCH\\_CHNA\\_RSVP2019](https://www.surveymonkey.com/r/HCH_CHNA_RSVP2019)

Thank you in advance for your time and support in participating with this important request. If you seek any additional information or have any questions regarding this assessment, please contact Amy Puvogel at (785) 724-6229 or [apuvogel@hch-ks.org](mailto:apuvogel@hch-ks.org).

## **PRESS RELEASE #2**

**7/29/2019**

For immediate release

**Contact: Amy Puvogel**

### **Hiawatha Community Hospital and Brown County Community Town Hall – Aug 15<sup>th</sup>**

Hiawatha Community Hospital, in collaboration with the Brown County Health Department, is updating their 2016 Community Health Needs Assessment (CHNA). A short survey has been developed and will be discussed at the upcoming Town Hall Meeting. VVV Consultants LLC from Olathe KS has been retained to conduct this community-wide research.

**The Brown County CHNA Town Hall meeting will be held on August 15<sup>th</sup>, 2019 from 5:30-7:00 p.m. at the Fisher Center in Hiawatha, KS.** A light dinner will be provided starting at 5:15 p.m. At this meeting, we will discuss the online survey results and set community health priorities.

Please RSVP here for the August 15<sup>th</sup> Town Hall:

[https://www.surveymonkey.com/r/HCH\\_CHNA\\_RSVP2019](https://www.surveymonkey.com/r/HCH_CHNA_RSVP2019)

Thank you in advance for your time and support in participating with this important request. If you seek any additional information or have any questions regarding this assessment, please contact Amy Puvogel at (785) 724-6229 or [apuvogel@hch-ks.org](mailto:apuvogel@hch-ks.org).

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## d) Primary Research Detail

Neighborhood Roundtables & Online Research

[VVV Consultants LLC]

### CHNA 2019 Community Feedback - Hiawatha Community Hospital N=284

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1047	66035	Average	Not really changing much	DRUG	ALC		Drug alcohol abuse
1084	66434	Good	Not really changing much	DRUG	ECON	OTHR	Drugs, low wages, poorly educated
1041	66434	Average	Decreasing - slipping downward	DRUG			Drug addictions
1096	66434	Good	Decreasing - slipping downward	DRUG			Drugs
1173	66425	Good	Not really changing much	DRUG			substance abuse (various)
1278	66532	Good	Not really changing much	DRUG			Drug Abuse
1203	66434	Good	Not really changing much	ECON	WELL	POV	The economic situation of the community, the lack of interest in good health by a large portion of the community,thr lack of health education for the lower income portion of the community
1038		Average	Decreasing - slipping downward	ECON			Jobs and if there are jobs available many do not want to work
1202	66434	Very Good	Not really changing much	ECON			People just put things off due to living paycheck to paycheck
1180	66434	Average	Decreasing - slipping downward	FAM			Traditional Family support
1028		Very Poor	Decreasing - slipping downward	HOSP			Poor hospital and related services
1268		Very Good	Increasing - moving up	INSU	OTHR		Large amount of government subsidized insurance that has led to lack of personal responsibility and abuse of the system for the uninsured due to high premiums. They stay away rather than make another bill. Medicaid patients abuse their gift (free healthcare).
1011	66434	Very Good	Increasing - moving up	INSU			
1222	66439	Average	Decreasing - slipping downward	NUTR			Availability of Cheap healthy food
1269	66434	Very Good	Increasing - moving up	OTHR	POV		the lack of personal pride in family responsibilities to the children who live in low income situations
1196	66532	Very Good	Not really changing much	OTHR	STFF	OBES	poor lifestyle choices, you can't fix stupid people, half of your medical staff is clinically obese,
1016	66434	Good	Increasing - moving up	OTHR			Seems that people wait until a problem gets worse overtime to finally be seen then expect treatment ASAP. Patients need to be proactive about their healthcare and take action or seek attention when there seems to be a problem with their heath. I feel that HCH offers great assistance and information from the business office and is flexible with setting plans up that work with budgets so that should be taken advantage of by patients.
1182	66434	Good	Not really changing much	OTHR			Lack of sectors collaboration to identify root causes
1183	66434	Good	Not really changing much	OTHR			Lack of sectors collaboration to identify root causes
1200	66434	Very Good	Not really changing much	OTHR			Not thinking outside the box and not treating lesser known/common ailments
1215		Good	Decreasing - slipping downward	OTHR			Humans who refuse to change their habits.
1136	66434	Good	Increasing - moving up	POV	DRUG		Too much welfare causes idleness and drug abuse.
1049	66434	Good	Not really changing much	POV	OTHR		cyclical poverty and lack of personal responsibilty
1002	66434	Very Good	Decreasing - slipping downward	POV			Poverty

## CHNA 2019 Community Feedback - Hiawatha Community Hospital N=284

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?
1003	66434	Good	Decreasing - slipping downward	AGE	NUTR	REC	--Senior Citizen's Services--all surrounding counties have active Sr Citizen Centers that serve daily meals, provide activities and socialization. --partner with KU Landon Center on Aging for more comprehensive senior health services --benefit from State and national resources by organizing a Community Health non-profit to apply for grants (Kansas Health Foundation, Sunflower, & other foundations). --Nutrition & Healthy Cooking Programs: many offered through Extension; also offered during summer food program for youth --United Methodist Churches may offer community health resources through the KS UM Health Fund Healthy Congregations programs (bike share) --Other denominations and civic organizations may access health related programming
1278	66532	Good	Not really changing much	ALC	DRUG		Alcohol and drug abuse.
1267	66434	Very Good	Not really changing much	BH	CORP	OBES	Again, HCH, Brown County Health Dept and KANZA Mental health need to partner to use the resources of each to develop/promote programs to decrease obesity, prevent diabetes, and promote support and treatment for mental health.
1248	66439	Good	Decreasing - slipping downward	BH	DRUG	WELL	Mental health and drug addiction programs. Healthy lifestyle and preventative alternatives.
1041	66434	Average	Decreasing - slipping downward	BH	DRUG		More mental health, substance abuse and drug addiction counseling. Kanza is a joke and HMH is full.
1169	66434	Very Good	Increasing - moving up	BH	FAM	WELL	Mental Health, Family Services, Personal Health Partner with area hospitals.
1089	66434	Good	Not really changing much	BH	OTHR	KID	Availble Mental Health Services. Affordable Housing Programs: more of them and better/faster application process. Improvements for Headstart Programs such as availably for more children for preK ( there aren't enough spots for all the children that need and applied for the classes) Head start Process for Affordable Housing is slow and irresponsible. Their lack of care for Documents and their constant need for updating information is inexcusable. They have lost several documents provided to them by people seeking services, then those people have to do the process over again.
1069	66433	Very Good	Increasing - moving up	BH			Mental health.
1207	66434	Average	Decreasing - slipping downward	BH			Mental health has got to become a major focus, VERY soon! Having a waiting list at our only mental health facility in town can be very dangerous!
1249	66434	Good	Increasing - moving up	BH			Mental Health is the nations biggest health care crisis. Kanza can't handle our community case load alone.. nor are they equipped to handle crisis situations. We seems to brush most under the rug, we need to get very direct with the issue and form a group of well educated community member to serve and prepare to meet at the senate level to push for better mental healthcare in rural areas.
1250	66434	Very Good	Not really changing much	BH			I think mental health is a huge issue in our community that needs to be addressed. High income to low income.
1067	66434	Good	Not really changing much	CANC			Cancer treatment offered in town
1210	66439	Good	Not really changing much	CHRON			Chronic disease management
1235	66439	Average	Not really changing much	CLIN			Horton clinic open up
1072	66515	Very Good	Not really changing much	COMM			I feel that one thing that this community needs to do it communicate! Let others know what your facility offers, and how can we work with you to better service our community.
1168	66515	Good	Increasing - moving up	COMM			maybe a task force should be created-- regular health surveys--keep communication going and up to date on needs
1271	66434	Average	Decreasing - slipping downward	CORP	OTHR		Partner with St. Francis or Stormont Vail to get more advanced equipment to have on hand

## CHNA 2019 Community Feedback - Hiawatha Community Hospital N=284

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?
1183	66434	Good	Not really changing much	CORP	PREV	WELL	I truly wish that the sectors would be open to partnering as that has NOT been the case. Programs have been offered to aid prevention and early interventions with most of them at no cost but lack of referrals or mandates have lead to underutilized these opportunities. Sectors do not want to work together and attendance at community meetings tend to focus on self-interest and fear of backlash if prevention programs were utilized.
1208	66434	Average	Increasing - moving up	CORP			From what I hear Hiawatha does not want to partner with anyone... example-Falls City maternity
1269	66434	Very Good	Increasing - moving up	CORP			It becomes difficult to partner with some communities when "age-old" differences or competitions can't be forgiven, such as Horton, Hiawatha & Sabetha. I commend the "positive leaders and people" who continue to find the positive, before it seems that the negative "takes center stage" !!
1258	66425	Average	Decreasing - slipping downward	DOCS			I believe Hiawatha needs to reduce the amount of unnecessary options/doctors they have on staff and on site.
1162	66534	Good	Increasing - moving up	DRUG	ALC		drug and alcohol abuse
1052	66434	Very Good	Not really changing much	DRUG	BH	MRKT	Help for drug/substance abuse and addiction. Help for the loved ones of drug/substance addicts. More awareness of mental health issues and where to go for help.
1096	66434	Good	Decreasing - slipping downward	DRUG	PREV		Drug crackdown and prevention
1167	66434	Good	Not really changing much	DRUG	PREV		Drug and substance abuse prevention programs
1013	66434	Good	Not really changing much	DRUG			Opiod addiction
1043	66433	Average	Not really changing much	DRUG			get residents off of pills and drugs
1045	66434	Very Good	Increasing - moving up	DRUG			Seems to be a drug problem.
1098	66434	Good	Not really changing much	DRUG			We need a strong drug free program and partner with law enforcement.
1102	66434	Good	Increasing - moving up	DRUG			substance abuse
1120	66434	Very Good	Increasing - moving up	DRUG			I think there is a drug/narcotic problem in our area that needs to be addressed.
1186	66434	Good	Increasing - moving up	DRUG			substance abuse programs
1279	66515	Good	Decreasing - slipping downward	FAM	DRUG	OBES	Parenting classes, narcotics anonymous, opioid education, weightloss/obesity classes/education
1176	66534	Very Good	Decreasing - slipping downward	FAM			There is such a huge need for parent accountability and that includes foster parents. Children must come first.
1002	66434	Very Good	Decreasing - slipping downward	FINA	CLIN		FQHC or indigent care clinic in Horton
1203	66434	Good	Not really changing much	FIT	NUTR	FAM	Over-all health as related to fitness and diet, parenting courses, sport medicine and nutrition and overall health of students and especially student-athletes...true athletic trainers frequently interacting with the school
1073	66434	Good	Increasing - moving up	FIT	NUTR		Fitness and overall health/ fitness programs that are affordable and available to those that work FT or have more than one job. Quality fresh foods available for good health this town is in need of a grocery store.
1064		Very Good	Increasing - moving up	HH	AGE		I would hope that we are working with Home Health agencies and providers, hospital to provide services to the elderly to help them remain in their homes.
1188	66434	Good	Not really changing much	HOSP	CORP		I think it would be good to partner with other hospitals in the area
1047	66035	Average	Not really changing much	HOSP	STFF		Get the hospital back on track and Stop Loosing valued employees and quality wmployees!
1111	66434	Average	Not really changing much	INSU	BH		Assistance with finding resources/insurance; mental health
1247	66434	Good	Not really changing much	INSU	DENT		Uninsured Dental, for sure. I know so many people without insurance that would love something here in town.
1105	66434	Good	Not really changing much	INSU	DOH	POV	Free and reduced services for the uninsured, more programs from the health department for the poor, expand OB and prenatal care

## CHNA 2019 Community Feedback - Hiawatha Community Hospital N=284

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?
1146	66539	Good	Increasing - moving up	INSU	DRUG		Their has to be a way we can help more children who don't have insurance, and we need more drug programs
1175	66434	Good	Increasing - moving up	INSU	WELL	OBES	Training on how insurances work, most lack the knowledge that they are responsible for knowing their insurance and which one is their primary and how to fix it if it needs changed! Maybe have some free clinics on obesity and fitness?
1035	67434	Average	Not really changing much	INSU			Some type of program that would help with a people that have no health insurance and can not afford it
1117	66434	Good	Decreasing - slipping downward	INSU			Addressing health insurance needs
1171	66434	Average	Decreasing - slipping downward	INSU			services for those who are uninsured or underinsured in all aspects of health
1237	66433	Good	Not really changing much	INSU			Somehow to help those with no insurance get information on Medicare and Medicaid and assistance applying for it
1276	66434	Good	Not really changing much	INSU			expand MEDICAIDE
1166	66434	Very Good	Increasing - moving up	KID	BH		Schools, Mental Health Agencies, and Healthcare providers should work more closely together for the mental health of children and parents. I'm not sure of what the product should be, though.
1029	66439	Poor	Not really changing much	KID	DENT		Children's dental programs, more options for healthcare. There's also much we could add for the community and so much we could improve.
1239	66434	Very Good	Not really changing much	KID	FIT	FAC	expand early childhood education programs - partner with school and existing child care programs affordable exercise facilities
1174	66434	Good	Increasing - moving up	KID	WELL	FIT	My heart will always reside with the children of this community. I feel that we could use Health and Wellness programs that work on their behalf to support their needs both physically, and mentally.
1070	66434	Good	Increasing - moving up	KID	WELL		Partner with NEK-CAP to use some of the funding they receive but do not put to good use. They blow a lot of funds that can be better spent in the community. Find a community MOM to help with education and some other services. Don't get the people with Money who lecture. Use someone that people can talk to, assist them with getting help, and know how to listen.
1259	66017	Very Good	Increasing - moving up	MRKT	CORP		More awareness needed for programs that are already available yes I think partnering with others would be very beneficial to our community Brown County and Doniphan County
1018	66434	Poor	Decreasing - slipping downward	NO			I don't believe we need new programs necessarily. I think the focus should be on improving what we already have.
1265	66434	Very Good	Increasing - moving up	NO			I think we have a large variety of programs.
1084	66434	Good	Not really changing much	NUTR	DRUG	OBES	Nutrition, Drug and alcohol use, Obesity
1198	66434	Good	Not really changing much	NUTR	FAM	DRUG	Nutritional education , parenting skills education. Drug / alcohol treatment. Mental heath
1148	664	Average	Decreasing - slipping downward	NUTR	KID		School meals are very poor in hiawatha schools. Needs to be addressed. Kids are not monitored to take appropriate healthy portions. Food is cold and tasteless. These meals are sometimes the only ones kids get.
1010	66434	Very Good	Decreasing - slipping downward	NUTR			community garden
1108	66434	Good	Not really changing much	OBES	DRUG	BH	Partner with KUMed or Cotton O'Neil who have the resources available to help the rural communities. Obesity, drug rehab, mental health programs, mindfulness and coping mechanisms....
1136	66434	Good	Increasing - moving up	OBES	DRUG	ECON	Nekap and welfare should require community service in return for handouts. And enforce it. It would cut down on obesity and drug abuse and clean up community. Then lead to advancing workforce and economy. Crime and bad health is from paying people to sit at home. Depression ,suicide ,drugs, ect would be greatly reduced if people went to work 5 days spent sat with family and went to church on Sunday.
1011	66434	Very Good	Increasing - moving up	OBES	DRUG	INSU	Obesity, affordable help. Drug/alcohol/cigarettes health options for uninsured.



## CHNA 2019 Community Feedback - Hiawatha Community Hospital N=284

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?
1038		Average	Decreasing - slipping downward	OBES	INSU		Obesity programs; improve insurance programs
1230	66434	Average	Not really changing much	OBES	PREV		Obesity prevention
1101	66424	Good	Increasing - moving up	OPHTH	DERM		We need an ophthalmology services & dermatologist
1122	66434	Poor	Decreasing - slipping downward	OTHR			Yes, but you can't utilize a survey to give you all the answers ;) The people have spoke, you just aren't listening
1185	66434	Very Good	Increasing - moving up	OTHR			Partnering with the new Foster Care home would be great
1190	66434	Good	Not really changing much	OTHR			Centralized office of resources or information so that everyone knows where to go to get what they need
1238		Average	Decreasing - slipping downward	OTHR			I think for starters they need to look at other communities and see what they are doing, decide what works and what doesn't and go from there.
1087	66434	Very Good	Increasing - moving up	POV	INSU		We need to focus on those at a poverty level to work with insurance companies. Some are right between making too much for Medicaid but not enough to afford private insurance.
1196	66532	Very Good	Not really changing much	POV	OBES	ECON	We have 4th generation welfare cases only because of the ease of getting entitlements. We need a common sense bureau. If you are obese, DON'T EAT SO MUCH, if you need exercise, GET A JOB, if you don't have much money, DON'T BUY AN IPHONE. If you can't make money running a hospital, WHY DO YOU WANT TO ADD MORE SERVICES TO LOSE MORE MONEY?
1199	66434	Very Good	Not really changing much	POV			I believe poverty and poor healthcare go together. There needs to be more assistance for people to work their way out of welfare in our county.
1173	66425	Good	Not really changing much	PREV	NUTR	FIT	disease prevention through behavioral changes in diet and activity much more effective substance abuse treatment options cultivating healthy human relationships and mental health
1182	66434	Good	Not really changing much	PREV	WELL	CORP	I really wish that community sectors would be willing to collaborate to identify the root causes of the 16 high risk areas. Prevention and early intervention programs have been offered at no cost but have been underutilized and have not received referrals from other sectors or service providers.
1060	66434	Good	Increasing - moving up	REC	WELL		Partner with Parks and Rec department - walks, races, events, awareness Education for youth about healthy habits Education for Highland College for athletes
1006	64068	Average	Decreasing - slipping downward	REC			Better developed parks and rec system for the whole city, not just parts.
1015	66434	Good	Increasing - moving up	REC			aquatic center close to Hiawatha for cold weather months
1031	66434	Good	Not really changing much	REC			Fitness center
1139	66434	Very Good	Decreasing - slipping downward	REC			Indoor pool so people can do classes year round
1161		Very Good	Decreasing - slipping downward	REC			An indoor pool for year around exercise
1068	66434	Very Good	Not really changing much	SMOK	WELL	DRUG	A lot of middle school students are trying vaping or jules now. It would be great I'd someone could come in and really explain the dangers. Pot use as well since a lot of states are making legal kids think it's not dangerous.
1172	66434	Good	Decreasing - slipping downward	SPEC			I would like to see more specialists come to Hiawatha. It is hard to take off a half day of work to go to St. Jo or Topeka.
1191	66434	Good	Decreasing - slipping downward	SURG	ORTH		Surgeons to do knee and hip replacements
1065	66434	Average	Not really changing much	TEL			Telemedicine with KU and children's mercy
1222	66439	Average	Decreasing - slipping downward	TRAV			Yes. Start making Horton a town where health care is available to all just like Hiawatha. Driving an extra 15 minutes just might be a death sentence.
1034	66439	Poor	Decreasing - slipping downward	URG			AN URGENT CARE
1109	66434	Good	Increasing - moving up	URG			An urgent care would be appropriate.

### CHNA 2019 Community Feedback - Hiawatha Community Hospital N=284

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?
1141	66434	Average	Not really changing much	URG			Urgent care with out the Er cost, friendlier service
1100	66534	Very Good	Increasing - moving up	URL	DERM		Urology, dermatology
1099	66434	Very Good	Increasing - moving up	WELL	ECON		Educate the community and surrounding areas that our hospital, along with other health services, are not only important for their physical health but are important for our economic well-being.
1144	66434	Good	Decreasing - slipping downward	WELL	FIT		Education programs concerning overall health and fitness.
1071	66434	Very Good	Increasing - moving up	WELL	NUTR		Occupational health - working with local businesses to provide health risk assessments for staff Partner with Highland Comm. College to provide student health Health meal preparation education and workshop - partner with Great Harvest food bank, maybe as they also sponsor summer lunch program for kids.
1090	66434	Good	Not really changing much	WELL	POV		I would keep pushing education with the lower income individuals on how to keep good health starting with the children to try and break that cycle.
1027	66434	Very Poor	Not really changing much	WELL			Maybe when Doctors are telling people they need to lose weight, stop smoking, etc there should be some suggestions or offers to help. Meeting a dietician, an arrangement with a health organization, personal info about AA,GA, etc.
1197	66434	Good	Increasing - moving up	WELL			a program for patients who may have many layers of health problems...how to manage or balance all of them...it can be overwhelming.

Let Your Voice Be Heard!

Hiawatha Community Hospital (HCH) in collaboration with Brown County Health Department request your input in order to create a 2019-2021 Brown 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 Monday, July 29th, 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"/> Affordable Fitness Centers                        | <input type="checkbox"/> Healthcare Transportation                |
| <input type="checkbox"/> Affordable Housing                                | <input type="checkbox"/> Mental Health Providers                  |
| <input type="checkbox"/> Affordable Insurance                              | <input type="checkbox"/> Obesity                                  |
| <input type="checkbox"/> Child Care Services                               | <input type="checkbox"/> Public Awareness of Mental Health issues |
| <input type="checkbox"/> Chronic Diseases                                  | <input type="checkbox"/> Senior Care Centers                      |
| <input type="checkbox"/> Dental / Vision Services (Uninsured and Medicare) | <input type="checkbox"/> Tobacco Use                              |
| <input type="checkbox"/> Drug Abuse  | <input type="checkbox"/> Urgent Care Services                     |
| <input type="checkbox"/> Economic Development                              | <input type="checkbox"/> Visiting Specialists                     |
| <input type="checkbox"/> Healthcare Education                              |   |

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

- |  |   |
|--|---|
| <input type="checkbox"/> Affordable Fitness Centers                        | <input type="checkbox"/> Healthcare Transportation                |
| <input type="checkbox"/> Affordable Housing                                | <input type="checkbox"/> Mental Health Providers                  |
| <input type="checkbox"/> Affordable Insurance                              | <input type="checkbox"/> Obesity                                  |
| <input type="checkbox"/> Child Care Services                               | <input type="checkbox"/> Public Awareness of Mental Health issues |
| <input type="checkbox"/> Chronic Diseases                                  | <input type="checkbox"/> Senior Care Centers                      |
| <input type="checkbox"/> Dental / Vision Services (Uninsured and Medicare) | <input type="checkbox"/> Tobacco Use                              |
| <input type="checkbox"/> Drug Abuse  | <input type="checkbox"/> Urgent Care Services                     |
| <input type="checkbox"/> Economic Development                              | <input type="checkbox"/> Visiting Specialists                     |
| <input type="checkbox"/> Healthcare Education                              |   |

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

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