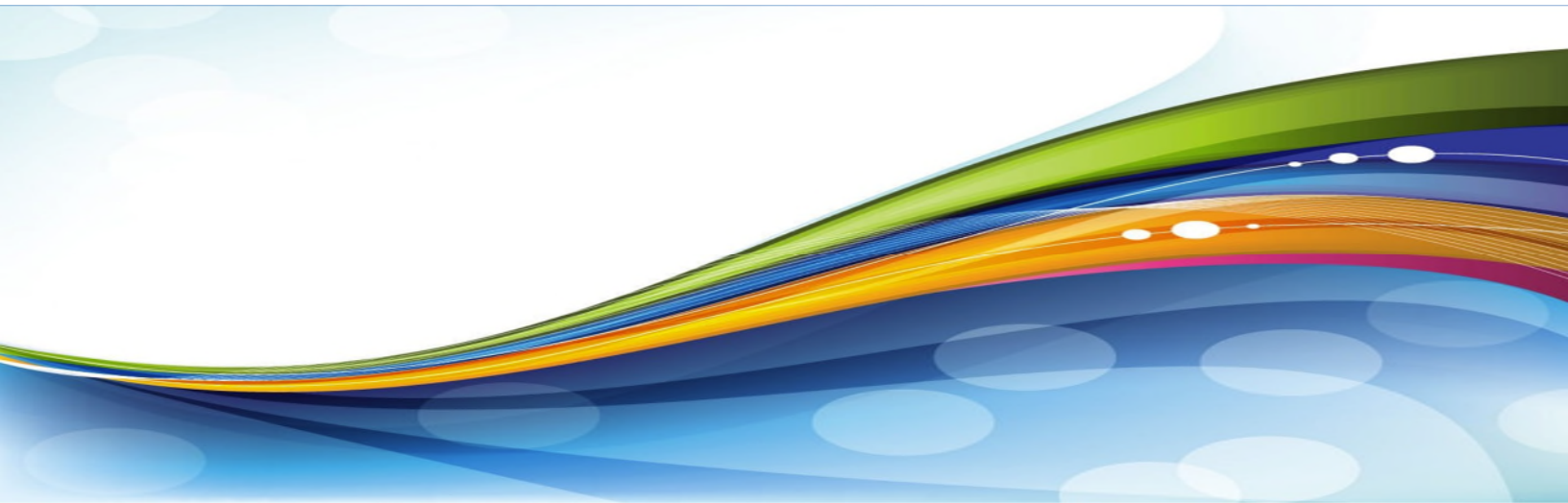




**Hiawatha Community Hospital - PSA
Brown County, Kansas
Community Health Needs Assessment Round #2**



October 2016

**VVV Consultants LLC
Olathe, KS**

Community Health Needs Assessment

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**Italic lines note IRS requirements*

I. Executive Summary

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I. Executive Summary

Hiawatha Community Hospital (Primary Service Area) - 2016 Community Health Needs Assessment (CHNA)

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 local residents, to research and prioritize county health needs and document community health delivery successes. This health assessment will serve as the foundation for community health improvement efforts for the next three years. The last CHNA for Hiawatha Community Hospital (Primary Service Area) was published in 2013. The Patient Protection and Affordable Care Act (ACA) requires not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA. This assessment was coordinated and produced by VVV Consultants LLC (Olathe, Kansas) under the direction of Vince Vandehaar, MBA.

The CHNA provides benefits to local health service organizations, the hospital, the public health department, as well as the community, in the following ways: 1) Increases knowledge of community health needs and resources; 2) Creates a common understanding of the priorities of the community's health needs; 3) Enhances relationships and mutual understanding between and among stakeholders; 4) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community; 5) Provides rationale for current and potential funders to support efforts to improve the health of the community; 6) Creates opportunities for collaboration in delivery of services to the community; and 7) Provides guidance to the hospital and local health department for how they can align their services and community benefit programs to best meet needs.

Town Hall “Community Health Strengths” cited for Hiawatha Community Hospital's Primary Service Area are as follows:

Hiawatha Community Hospital (Primary Service Area) - Community Health "Strengths"			
#	Topic	#	Topic
1	Blaise Fitness Center	8	Walking Trail
2	Extended walk-in hours	9	Recruited new, young doctor
3	New water treatment facility	10	Child nutrition programs
4	New Nursing Home	11	Quality of care from providers
5	Community investment in development of schools	12	Involved businesses
6	Access to healthy foods	13	Community gardens
7	Staff at hospital		

Town Hall “Community Health Changes and/or Improvements Ranking” cited for Hiawatha Community Hospital’s Primary Service Area are as follows:

Hiawatha Community Hospital - Primary Service Area				
2016 Community Health Needs - Town Hall Priorities (27 Attendees, 87 Votes)				
#	Health Needs to Change and/or Improve	Votes	%	Accum
1	Public Awareness of Mental Health Issues	16	18.4%	18.4%
2	Obesity (Fitness and Evidence-Based Nutrition)	15	17.2%	48.3%
3	Drug Abuse (Meth and Prescription Drugs)	11	12.6%	31.0%
4	Affordable Fitness Centers (with Water Aerobics)	9	10.3%	58.6%
5	Mental Health Staffing / Lack of Providers	6	6.9%	65.5%
6	Tobacco Use (Mothers Smoking During Pregnancy)	6	6.9%	72.4%
7	Dental / Vision Services for Uninsured / Medicaid	6	6.9%	79.3%
8	Urgent Care Services	5	5.7%	85.1%
9	Senior Center	4	4.6%	89.7%
10	Healthcare Transportation	4	4.6%	94.3%
Total Town Hall Votes		87	100.0%	
Other Items Noted: Economic Development, Affordable Housing (Especially for Elderly and Low-Income Persons), Affordable Child Care, Affordable Insurance and Orthopedic Visiting Specialists.				

Key Community Health Needs Assessment Conclusions from secondary research for Hiawatha Community Hospital’s Primary Service Area are as follows:

KANSAS HEALTH RANKINGS: According to the 2016 RWJ County Health Rankings study, Hiawatha Community Hospital’s Primary Service Area (Brown County, Kansas) had the highest State of Kansas ranking (of 105 counties) in Physical Environment.

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

- TAB 1: Brown County has a population of 9,766 residents as of July 1, 2015, lower than the Kansas Rural Norm of 15,586. The percent change in population in Brown County from April 1, 2010 to July 1, 2015 is -2.1%, lower than the Kansas Rural Norm of -3.5%. The percent of persons under 18 years in Brown County is 25.4%, higher than the

Kansas Rural Norm of 23.5%. The percent of white alone persons in Brown County is 85.8%, lower than the Kansas Rural Norm of 90.9%. The percent of people 65+ living alone in Brown County is 31.7%, higher than the Kansas Rural Norm of 29.1%. The number of Veterans in the Brown County is 802, lower than the Kansas Rural Norm of 1,887. The population per square mile in Brown County is 17.5, lower than the Kansas Rural Norm of 27.6. The number of violent crimes in Brown County is 177, lower than the Kansas Rural Norm of 268. The percent of children in single-parent households in the Brown County is 33.0%, higher than the Kansas Rural Norm of 30.3%. The percent of people living below poverty in Brown County is 19.3%, higher than the Kansas Rural Norm of 16.4%. The percent of children living below poverty in Brown County is 29.3%, higher than the Kansas Rural Norm of 23.4%. The percent of limited access to healthy foods in Brown County is 3.0%, lower than the Kansas Rural Norm of 11.0%. The percent of people 65+ living below poverty level in Brown County is 13.3%, higher than the Kansas Rural Norm of 9.2%. The percent of people 65+ with low access to a grocery store in Brown County is 1.4%, lower than the Kansas Rural Norm of 5.4%. The rate of voter turnout in Brown County is 61.3, lower than the Kansas Rural Norm of 64.9.

- TAB 2: The number of households in Brown County is 4,157, lower than the Kansas Rural Norm of 6,294. The number of housing units in Brown County is 4,749, lower than the Kansas Rural Norm of 7,390. The median value of owner-occupied housing units in Brown County is \$81,600, higher than the Kansas Rural Norm of \$77,062. The owner-occupied housing rate in Brown County is 68.2, lower than the Kansas Rural Norm of 73.1. All firms in Brown County total 883, lower than the Kansas Rural Norm of 1,195. Total employment in Brown County is 3,406, lower than the Kansas Rural Norm of 5,259. The percent of persons who are low income with low access to a grocery store in Brown County is 2.6%, lower than the Kansas Rural Norm of 10.5%. The percent of low income persons who are SNAP participants in Brown County is 29.3%, higher than the Kansas Rural Norm of 25.0%. The mean travel time to work for workers age 16 years+ is 16.5 minutes, lower than the Kansas Rural Norm of 19.5 minutes. The percent of Brown County residents with a long commute driving alone is 15.0%, lower than the Kansas Rural Norm of 23.4%. The percent of workers who walk to work in Brown County is 2.9%, lower than the Kansas Rural Norm of 4.1%.
- TAB 3: The percent of children in poverty in Brown County is 27.0%, higher than the Kansas Rural Norm of 23.6%. The percent of persons age 25 years+ in Brown County who are a high school graduate or higher is 91.9%, higher than the Kansas Rural Norm of 89.5%.
- TAB 4: The percent of births where the mother smoked during pregnancy is 28.5%, higher than the Kansas Rural Norm of 22.6. The percent of births occurring to unmarried women in Brown County is 45.0%, higher than the Kansas Rural Norm of 42.1%. The average monthly WIC participation per 1,000 population in Brown County is 26.8%, higher than the Kansas Rural Norm of 24.3%. The percent of WIC mothers breastfeeding exclusively in Brown County is 14.1%, higher than the Kansas Rural Norm of 12.9%.
- TAB 5: The ratio of the population in Brown County to primary care physicians is 1,000:1, lower than the Kansas Rural Norm of 2,090:1. The staffed hospital bed ratio in Brown County is 5.1, higher than the Kansas Rural Norm of 3.6. The percent of births with inadequate birth spacing in Brown County is 10.5%, lower than the Kansas Rural

Norm of 12.0%. The number of preventable hospital stays in Brown County is 110, higher than the Kansas Rural Norm of 73.2. The Heart Disease hospital admission rate in Brown County is 413.6, higher than the Kansas Rural Norm of 293.4. The Congestive Heart Failure hospital admission rate in Brown County is 227.1, higher than the Kansas Rural Norm of 191.2. The Chronic Obstructive Pulmonary Disease (COPD) hospital admission rate in Brown County is 512.3, higher than the Kansas Rural Norm of 208.1. The injury hospital admission rate in Brown County is 1,360.0, higher than the Kansas Rural Norm of 1,061.7.

- TAB 6: The percent of Depression in the Medicare population in Brown County is 14.3%, lower than the Kansas Rural Norm of 16.3%. The percent of alcohol-impaired driving deaths in Brown County is 32.0%, lower than the Kansas Rural Norm of 42.2%.
- TAB 7: The percent of adults tested and diagnosed with high Cholesterol in Brown County is 38.5%, lower than the Kansas Rural Norm of 406.%. The percent of adult obesity in Brown County is 31.0%, lower than the Kansas Rural Norm of 33.5%. The percent of adults who are binge drinkers in Brown County is 15.3%, lower than the Kansas Rural Norm of 17.4%. The percent of adults who currently smoke cigarettes in Brown County is 18.0%, lower than the Kansas Rural Norm of 23.4%. The percent of physical inactivity in Brown County is 32.0%, higher than the Kansas Rural Norm of 29.7%. The percent of the population in Brown County served unaffected by SDWA nitrate violations is 32.9%, lower than the Kansas Rural Norm of 94.8%. The rate of sexually transmitted infections in Brown County is 182.2, lower than the Kansas Rural Norm of 262.0. The percent of the Medicare population in Brown County with Rheumatoid Arthritis or Osteoarthritis is 31.5%, higher than the Kansas Rural Norm of 28.3%. The percent of the Medicare population in Brown County with Heart Failure is 18.0%, higher than the Kansas Rural Norm of 15.3%. The percent of the Medicare population in Brown County with Chronic Kidney Disease is 9.2%, lower than the Kansas Rural Norm of 13.1%.
- TAB 8: The percent of residents uninsured in Brown County is 16.0%, higher than the Kansas Rural Norm of 15.5%.
- TAB 9: The life expectancy for females in Brown County is 81.5, higher than the Kansas Rural Norm of 79.3. The life expectancy for males in Brown County is 75.7, higher than the Kansas Rural Norm of 73.9%. The infant mortality rate in Brown County is 8.8, higher than the Kansas Rural Norm of 6.4. The age-adjusted years of potential life lost due to traffic injury in Brown County is 1,455.2, higher than the Kansas Rural Norm of 957.4. The age-adjusted traffic injury mortality rate per 100,000 population in Brown County is 32.9, higher than the Kansas Rural Norm of 23.1. The age-adjusted suicide mortality rate per 100,000 population in Brown County is 24.9, higher than the Kansas Rural Norm of 13.6.
- TAB 10: The percent of infants fully immunized at 24 months in Brown County is 73.3%, higher than the Kansas Rural Norm of 67.8%. The percent of adults in Brown County who reported consuming fruit less than one time per day is 42.2%, lower than the Kansas Rural Norm of 46.1%. The percent of adults in Brown County who reported consuming vegetables less than one time per day is 19.9%, lower than the Kansas Rural Norm of 26.1%. The percent of Diabetic monitoring in Brown County is 81.0%, lower than the Kansas Rural Norm of 83.8%.

Key 2016 Community Feedback Conclusions

In July 2016, Hiawatha Community Hospital (HCH) collected stakeholder feedback from their primary service area consumers, community leaders and groups, public and other organizations, and other providers. These stakeholders (N=145) provided the following community feedback insights via an online perception survey:

- 89.0% of HCH primary service area stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good, with Very Good being the highest ranking.
- HCH primary service area stakeholders are satisfied with the following services: Ambulance, Chiropractors, Dentists, Emergency Room, Eye Doctor / Optometrist, Home Health, Hospice, Inpatient Services, Outpatient Services, Pharmacy, Primary Care, Public Health Department, School Nurse and Visiting Specialists.
- HCH primary service area stakeholders are not satisfied with the following services: Mental Health Services.
- 67.2% of HCH primary service area stakeholders have received healthcare services outside of their community over the past two years.
- HCH primary service area stakeholders perceive the following causes of disease or disability a problem in their community: Diabetes, Drugs/Substance Abuse, Mental Illness, Nutrition, Obesity, Physical Exercise, Poverty, Suicide and Wellness.

As seen below, the community still senses a health need for Mental Health Issues, Affordable Insurance Options, Obesity (Nutrition and Fitness) and Chronic Diseases (Respiratory, Kidney, Cardiovascular and Cancer).

Hiawatha Community Hospital (Primary Service Area) - Hiawatha, KS N=145						
3. From our last CHNA (2013), a number of health needs were identified as priorities. Are any of these 2013 CHNA needs still an "Ongoing Problem" in Hiawatha Community Hospital's primary service area?						
Answer Options	Not a Problem Anymore	Somewhat of a Problem	Major Problem	Problem %	Response Count	Most Pressing Rank
Mental Health Issues	5	74	42	95.9%	121	2
Affordable Insurance Options	5	62	53	95.8%	120	3
Obesity (Nutrition and Fitness)	6	52	64	95.1%	122	1
Chronic Diseases (Respiratory, Kidney, Cardiovascular and Cancer)	11	69	42	91.0%	122	4
Healthcare Education	25	72	24	79.3%	121	5
Child Care Options	32	73	18	74.0%	123	6
Healthcare Transportation	50	65	6	58.7%	121	7

II. Methodology

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II. Methodology

a) Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

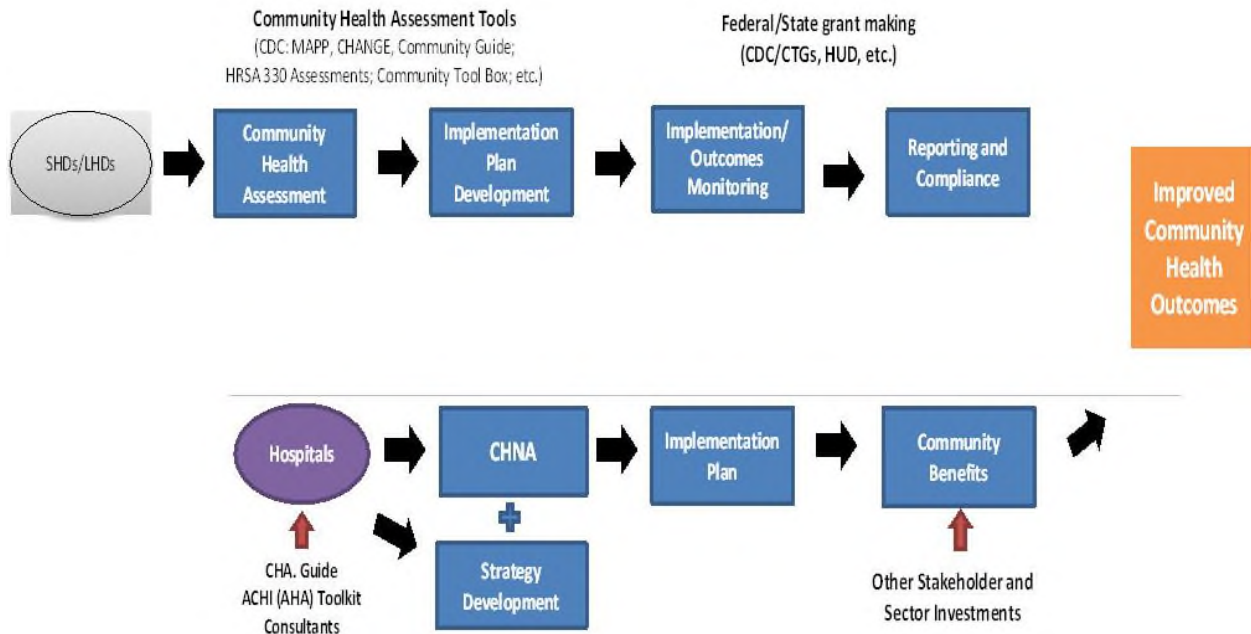
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Notice 2011-52 Overview

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three taxable years. ***The CHNA must take into account input from persons representing the community served by the hospital facility and must be made widely available to the public. The CHNA requirements are effective for taxable years beginning after March 23, 2012.*** As a result, a hospital organization with a June 30 fiscal year end must conduct an initial CHNA for each of its hospital facilities by June 30, 2013, either during the fiscal year ending June 30, 2015 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.*

Year 2015 - 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.

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
CFO: Jennifer Knudson

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
- Home Health Services
- 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
Administrator: Kristin Watkins

Providing Public Health, Home Health and Hospice services to Atchison, Brown and Jackson counties for over 35 years.

NEK Multi County is a single non-profit agency offering public health, home health and hospice services across the tri-county area.

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!

Brown County Public Health Department is located at 907 South 2nd Street in Hiawatha, Kansas. Administrative offices are also housed in this location. Call Connie, Kristy and Cheryl for your public health needs in this county at 785-742-2505.

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 and Owner of VVV Consultants LLC

VVV Consultants LLC was incorporated on May 28, 2009. With over 30 years of business and faculty experience in helping providers, payors and financial service firms obtain their strategic planning and research and development needs, Vince brings in-depth health industry knowledge, research aptitude, planning expertise and energy. VVV Consultants LLC services are organized, formal processes of listening to the voice of the customer. Vince started his consulting business after working for Saint Luke's Health System (SLHS) of Kansas City for 16 years. *(Note: Saint Luke's Hospital of Kansas City, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003. The Baldrige examiners cited Vince's department as "Best Practice" in the areas of customer satisfaction, market research and evaluation efforts <Kansas City Star 3/10/04>).*

VVV Consultants LLC consultants have in-depth experience helping hospitals work with local health departments to engage community residents and leaders to identify gaps between existing health community resources and needs and construct detailed strategies to meet those needs, while still adhering to the hospital's mission and budget. Over the past 20 years, Vandehaar has completed eight comprehensive Baldrige aligned Community Health Needs Assessments for Saint Luke's of Kansas City System facilities (3 campuses) and was contracted to conduct two additional independent department of health consulting projects (prior to IRS 990 regs). To date, VVV has completed 55 CHNA IRS-aligned assessments for Iowa, Kansas, Missouri and Nebraska hospitals and health departments.

Vince Vandehaar, MBA is actively involved in the Kansas City community. He is a member the Greater Kansas City Employee Benefits Association, the Society for Healthcare Strategy and Market Development, the American Marketing Association Kansas City Chapter and Co-Chair of the AMA Kansas City Healthcare Special Interest Group. In addition to these roles, from 2000 to 2008, Vince served as the state chairman for MHA's Data Committee and was a member of KHA's Data Taskforce.

Collaborating Consultants

Alexa Backman, MBA - VVV Consultants LLC

Associate Consultant

Alexa supports all aspects of VVV Consultants LLC healthcare consulting services and is proficient in Microsoft Word, SurveyMonkey, Excel and PowerPoint. Alexa is client focused with a special interest in quality patient health delivery to meet customer needs. Alexa graduated from the University of Kansas with a Bachelor's Degree in Community Health Education in May of 2013. After graduation, Alexa started her career at Cerner Corporation as a Delivery Consultant. In 2015, Alexa received her MBA with a Health Care Management emphasis from RU's Helzberg School of Management.

II. Methodology

c) CHNA and Town Hall Research Process

Hiawatha Community Hospital's Community Health Needs Assessment (CHNA) process began in April 2016. At that time, an inquiry was made by Jennifer Knudson, CFO to VVV Consultants LLC to explore the possibility of conducting a comprehensive IRS-aligned CHNA. VVV Consultants LLC then reviewed CHNA experience, in-depth CHNA requirements and regulations, CHNA development options to meet IRS requirements and next steps after option approval.

VVV CHNA Deliverables:

- Confirm HCH service area meets 80-20 Patient Origin Rule.
- Uncover / Document basic secondary research and health of county, organized by 10 TABS.
- Conduct Town Hall meeting to discuss secondary data and uncover / prioritize county health needs.
- Conduct and report CHNA primary research (with valid N).
- Prepare and publish IRS-aligned CHNA report that meets requirements.

To ensure proper HCH Town Hall representation that meets the 80-20 Rule, a Patient Origin 3-year summary was generated and documented the zip codes below as HCH's Primary Service Area.

<i>Source: Hospital Internal Records</i>					136,786	TOTALS
Hiawatha Community Hospital - Patient Totals by Zip					Yr 2015-13	
#	ZIP	City	County	ACCUM	I / O / E / C	%
1	66434	Hiawatha	Brown	53.5%	73,118	53.5%
2	66439	Horton	Brown	62.6%	12,542	9.2%
3	66035	Highland	Doniphan	70.4%	10,690	7.8%
4	66532	Robinson	Brown	75.6%	7,057	5.2%
5	66094	White Cloud	Doniphan	78.5%	3,979	2.9%
6	66534	Sabetha	Brown	81.0%	3,350	2.4%
7	66424	Everest	Brown	83.3%	3,160	2.3%
8	68355	Falls City, NE	Richardson	85.5%	3,064	2.2%
9	66087	Troy	Doniphan	87.5%	2,773	2.0%
10	66425	Fairview	Brown	89.3%	2,482	1.8%
11	66527	Powhattan	Brown	91.1%	2,447	1.8%
12	66515	Morrill	Brown	92.5%	1,864	1.4%

Hiawatha Community Hospital - CHNA Work Plan

Option C - Project Timeline and Roles 2016

Step	Date (Start-Finish)	Lead	Task
1	4/20/2016	VVV	Sent VVV quote for review.
2	4/22/2016	Hosp	Select CHNA Option A/B/C. Approve and sign VVV CHNA quote.
3	6/15/2016	VVV	Send out REQCommInvite Excel file. Hospital and health department to fill in PSA stakeholders names, addresses and e-mails.
4	6/15/2016	VVV	Request hospital client to send KHA PO101, PO103 and TOT223E Patient Origin Reports to document service area for FFY 13, 14 and 15. In addition, request hospital to complete three year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls).
5	On or before 6/24/2016	VVV	Prepare CHNA Round#2 stakeholder feedback online link. Send text link for hospital review.
6	On or before 7/5/2016	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming CHNA work. Hospital to place.
7	7/11/2016	VVV	Launch and conduct online survey to stakeholders. Hospital will e-mail invite to participate to all stakeholders.
8	7/11/2016	VVV / Hosp	Prepare and send out PR story to local media CHNA survey announcing online CHNA Round #2 feedback. Request public to participate.
9	On or before 7/18/2016	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
10	7/25/2016	Hosp	Prepare and send out community Town Hall invite letter and place local ad.
11	7/25/2016	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	On or before 8/12/2016	All	Conduct conference call (<i>time TBD</i>) with hospital and health department to review Town Hall data and flow.
13	8/16/2016 TBD	VVV	Conduct CHNA Town Hall from 5:30-7:00pm at the Fisher Community Center. Review and discuss basic health data plus rank health needs.
14	On or before 9/15/2016	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital and health department.
15	On or before 10/15/2016	VVV	Produce and release final CHNA report. Hospital will post CHNA online.
16	30 days prior to end of hospital fiscal year	Hosp	Hold board meetings to discuss CHNA needs and create and adopt an Implementation Plan. Communicate CHNA plan to community.

To meet IRS CHNA requirements, a four-phase methodology was reviewed and approved as follows:

Phase I—Discovery:

Conduct a 30-minute conference call with the CHNA Hospital client and county Health Department. Review / Confirm CHNA calendar of events, explain / coach client to complete required participant database and schedule / organize all Phase II activities.

Phase II—Qualify Community Need:

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

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

B) Gather historical primary research to uncover public health needs, practices and perceptions for hospital primary service areas.

Phase III—Quantify Community Need:

Conduct a 90-minute Town Hall meeting with required county 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 will be administered.

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

Post CHNA report findings to meet IRS-aligned CHNA criteria.

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

Phase I: Discovery.....	June 2016
Phase II: Secondary / Primary Research.....	July 2016
Phase III: Town Hall Meeting.....	August 16 2016
Phase IV: Prepare / Release CHNA report.....	October 2016

Detail CHNA Development Steps Include:

Steps to Conduct Community Health Needs Assessment	
	Development Steps
Step #1 Commitment	<i>Determine interest level of area healthcare leaders (Hospital, Health Dept., Mental Health Centers, Schools, Churches and Physicians, etc.), hold community meeting.</i>
Step #2 Planning	<i>Prepare brief Community Health Needs Assessment Plan. List goals, objectives, purpose, outcome, roles, community involvement, etc. Hold community kick-off meeting.</i>
Step #3 Secondary Research	<i>Collect and report community health published facts. Gather health practice data from published secondary research sources (i.e. census, county health records, behavioral risk factors surveillance, etc.).</i>
Step #4a Primary Research	<i>Conduct Community Roundtable (qualitative research). Review secondary research (Step #3) with community stakeholders. Gather current opinions and identify health needs.</i>
Step #4b Primary Research <Optional>	<i>Collect community opinions (quantitative research). Gather current opinions (valid sample size) regarding community health needs and healthcare practices. If appropriate, conduct Physician Manpower Assessment to determine FTE physician need by specialty.</i>
Steps #5 Reporting	<i>Prepare / Present comprehensive Community Health Needs Assessment report to community leaders with recommended actions to improve health. (Note: Formal report will follow IRS Notice 2011-52 regulations).</i>
VVV Consultants LLC	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 build consensus 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 the 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's Town Hall was held on Tuesday, August 16, 2016 at the Fisher Community Center. Vince Vandelaar and Alexa Backman facilitated this 1½ hour session with 27 attendees. (Note: a detailed roster of all Town Hall attendees is listed in Section V.)


The following Town Hall agenda was conducted:

1. Welcome and introductions.
2. Review purpose for the CHNA Town Hall and roles in the process.
3. Presentation/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 four dots to cast votes on priority issues). Tally and 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 the Town Hall session, VVV encouraged all community members to continue to contribute ideas to both hospital and health department leaders via e-mail or personal conversations.

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

**Community Health Needs Assessment
Town Hall Meeting**
Hiawatha Community Hospital PSA



Vince Vandelaar, MBA
VVV Consultants LLC
Principal / Adjunct Professor

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

**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)
 - I. Close / Next Steps (5 mins)

I. Introduction:
Background and Experience



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

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

Adjunct Professor - Marketing / Health Admin, 26 years +

- > Webster University (1988 – present)
- > Rockhurst University (2010 – present)

Alexa Backman, MBA, Associate Consultant

Town Hall Participation (You)

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

I. Introductions: A Conversation with the Community

Community members and organizations invited to CHNA Town Hall

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

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

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

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

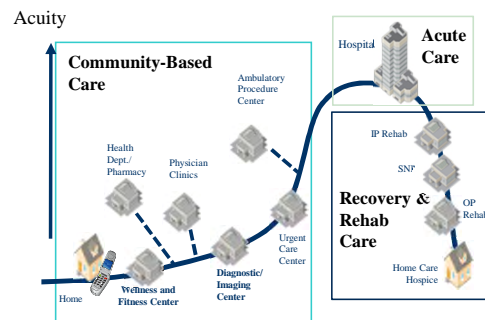
II. Purpose—Why Conduct a CHNA?

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

II. Review CHNA Definition

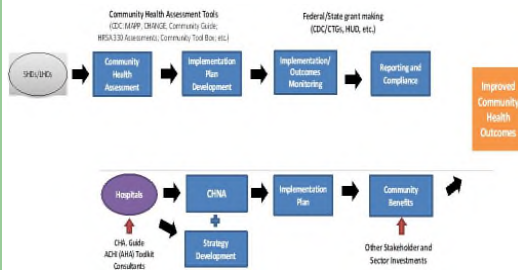
- A Community Health Needs Assessment (CHNA) is a **systematic collection, assembly, analysis, and dissemination of information** about the health of the community. *(NOTE: Some the data has already been collected / published by Local, State and Federal public health organizations. Some data will be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

Future System of Care—Sg2



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

Community Health Needs Assessment Joint Process: Hospital and Health Department



II. Required Written Report—IRS 990 Documentation

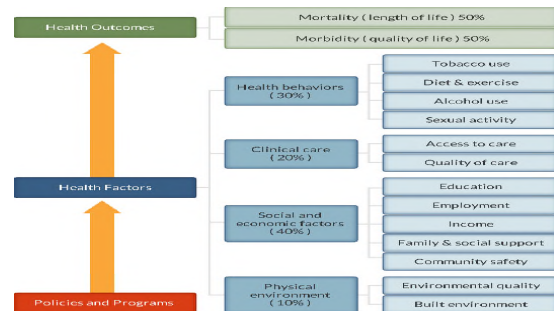
- a description of the community served
- a description of the CHNA process
- the identity of any and all organizations and third parties which collaborated to assist with the CHNA
- a description of how the organization considered the input of persons representing the community (e.g., through meetings,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

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

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

County Health Rankings -

Robert Wood Johnson Foundation and University of WI Health Institute



1a	Measure	Description	1b	Measure	Description
1. Focus Area Air and water quality (2%)	Air pollution - particulate matter	The average daily measure of fine particulate matter (in micrograms per cubic meter (PM2.5)) in a county	2. Focus Area Community safety (5%)	Violent crime	Violent crime rate per 100,000 population
	Drinking water violations	Percent of population potentially exposed to water exceeding a violation limit during the past year		Injury deaths	Injury mortality per 100,000
	Housing and transit (5%)	Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities			
	Drinking water to work	Percent of the workforce that drives alone to work			
	Long commute - driving alone	Among workers who commute in their car alone, the percent that commutes more than 30 minutes			
2a	Measure	Description	3.	Health Outcomes (30%)	
2. Focus Area Access to care (10%)	Uninsured	Percent of population under age 65 without health insurance	3a	Health Behaviors	
	Primary care physicians	Ratio of population to primary care physicians	Focus Area	Measure	Description
	Domestic violence	Ratio of population to deaths	Tobacco use	Adult smoking	Percent of adults that report smoking = 100
3. Focus Area Quality of care (10%)	Mental health providers	Ratio of population to mental health providers	Diet and exercise (10%)	Adult obesity	Percent of adults that report a BMI >= 30
	Preventable hospital stays	Hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees	Food environment index	Index of factors that contribute to a healthy food environment	
	Diabetic screening	Percent of diabetic Medicare enrollees that receive A1C screening	Physical inactivity	Percent of adults aged 18 and over reporting access to locations for physical activity	
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening	Alcohol and drug use (5%)	Alcohol-impaired driving deaths	Percent of population with adequate access to locations for physical activity
			Sexual activity (5%)	Sexually transmitted infections	Single plus heavy drinking
			Teen births	Teen birth rate per 1,000 female population, ages 15-19	Alcohol-impaired driving deaths
					Chlamydia rate per 100,000 population
3b	Measure	Description	3b / 3c	Morbidity / Mortality	
3. Focus Area Education (10%)	High school graduation	Percent of tenth grade cohort that graduates in 4 years	Quality of life (10%)	Poor or fair health	Percent of adults reporting fair or poor health (age-adjusted)
	Some college	Percent of adults aged 25-44 years with some post-secondary education	Poor physical health days	Average number of physically unhealthy days reported in past 30 days, (age-adjusted)	
4. Focus Area Employment (10%)	Unemployment	Percent of population age 16+ unemployed but seeking work	Poor mental health days	Average number of mentally unhealthy days reported in past 30 days, (age-adjusted)	
	Children in poverty	Percent of children under age 18 in poverty	Low birthweight	Percent of live births, with low birthweight (< 3,500 grams)	
5. Focus Area Family and social support (5%)	Inadequate social support	Percent of adults without social/emotional support	Length of life (10%)	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
	Children in single-parent households	Percent of children that live in household headed by single parent			

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

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

Have We Forgotten Anything ?

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

Community Health Needs Assessment

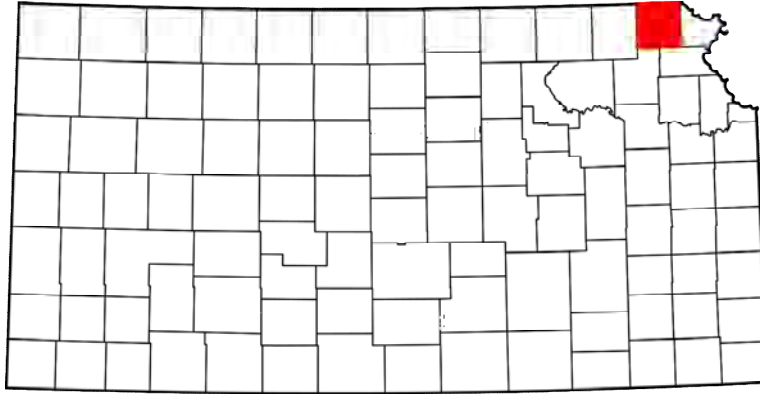
Questions Next Steps?

VVV Consultants LLC
vmlvandehaar@aol.com
913 302-7264

II. Methodology

d) Community Profile (A Description of Community Served)

Brown County, Kansas Community Profile



Demographics

The population of Brown County was estimated to be 9,776 on July 1, 2015, and had a -2.1% change in population from April 1, 2010–July 1, 2015.¹ According to the United States Census Bureau, its county seat and most populous city is Hiawatha. The county has a total area of 572 square miles, of which 571 square miles is land and 1.2 square miles is water.² Brown County's population density is 17 persons per square mile and its industries providing employment are Agriculture (forestry, fishing and hunting, and mining) (51.2%), Finance, (insurance, real estate, and rental and leasing) (11.4%) and Transportation (warehousing and utilities) (10.3%).³

The major highway transportation is by U.S. Route 36, U.S. Route 73, U.S. Route 75, U.S. Route 159, Kansas Highway 20 and Kansas Highway 246.⁴

¹ <http://www.census.gov/quickfacts/table/PST045215/20013>

² U.S. Census Bureau

³ http://www.city-data.com/county/Brown_County-KS.html

⁴ U.S. Census Bureau

Hiawatha Community Hospital - PSA Detail Demographic Profile

Zip	Name	County	Population			Households		HH	Per Capita
			YR 2014	YR 2019	Chg.	YR 2014	YR 2019	Avg. Size	Income 14
66424	Everest	BROWN	593	583	-1.7%	246	243	2.4	\$22,836
66425	Fairview	BROWN	477	471	-1.3%	221	218	2.2	\$28,248
66434	Hiawatha	BROWN	4,885	4,958	1.5%	2,063	2,095	2.3	\$22,153
66439	Horton	BROWN	2,633	2,578	-2.1%	1,050	1,030	2.5	\$18,500
66515	Morrill	BROWN	476	470	-1.3%	177	175	2.7	\$23,876
66527	Powhattan	BROWN	235	230	-2.1%	94	93	2.5	\$18,034
66532	Robinson	BROWN	652	647	-0.8%	258	256	2.5	\$23,087
Totals			9,951	9,937	-7.7%	4,109	4,110	2.4	\$22,391

Zip	Name	County	Population			Gen. Y	YR 2014		Females
			YR 2014	Pop. 65+	Kids <18		Males	Females	Age 20_35
66424	Everest	BROWN	593	107	156	147	293	300	41
66425	Fairview	BROWN	477	91	120	117	240	237	33
66434	Hiawatha	BROWN	4,885	1,008	1,263	1,268	2,337	2,548	388
66439	Horton	BROWN	2,633	502	741	743	1,296	1,337	224
66515	Morrill	BROWN	476	98	111	113	242	234	32
66527	Powhattan	BROWN	235	32	74	66	116	119	19
66532	Robinson	BROWN	652	121	160	167	344	308	49
Totals			9,951	1,959	2,625	2,621	4,868	5,083	786

Zip	Name	County	Population				Aver		HH	HH \$50K+
			White	Black	Amer. Ind.	Hisp.	HH Inc. 14	YR 2014		
66424	Everest	BROWN	558	4	6	12	\$55,047	246	121	
66425	Fairview	BROWN	415	4	43	6	\$60,943	221	105	
66434	Hiawatha	BROWN	4,306	111	227	179	\$52,295	2,063	806	
66439	Horton	BROWN	2,075	23	398	92	\$46,213	1,050	398	
66515	Morrill	BROWN	453	4	3	4	\$64,208	177	91	
66527	Powhattan	BROWN	118	1	110	9	\$44,920	94	31	
66532	Robinson	BROWN	596	6	16	18	\$57,989	258	134	
Totals			8,521	153	803	320	\$54,516	4,109	1,686	

Source: ERSA Demographics

III. Community Health Status

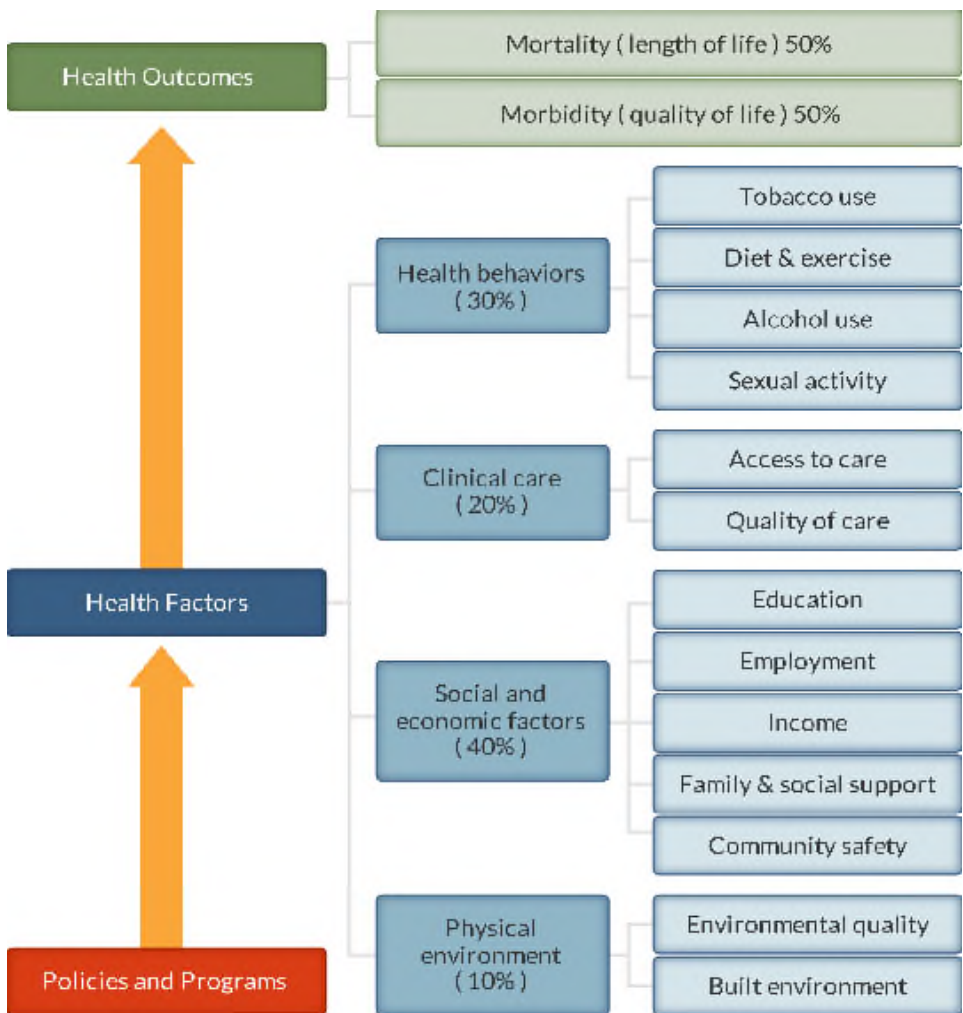
[VVV Consultants LLC]

III. Community Health Status

a) Historical Health Statistics

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators and results of our recent CHNA Town Hall. To produce this profile, VVV Consultants LLC staff analyzed 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 2015 County Health Rankings and conversations from Town Hall primary research. **Each table 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 in model, these rankings are based on a number of health factors.>



County Health Rankings model ©2012 UWPHI

Secondary Research

2016 State Health Rankings for Brown County, Kansas

#	KS Rank of 105 Counties	Definitions	Brown Co	TREND	KS Rural Norm N=13
1	Health Outcomes		94		66
2	Mortality	Length of life	95		60
3	Morbidity	Quality of Life	80		68
4	Health Factors		80		78
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	84		76
6	Clinical Care	Access to care / Quality of Care	77		59
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	86		79
8	Physical Environment	Environmental quailty	40		41

<http://www.countyhealthrankings.org>, released 2016

KS Rural Norm N=13 includes the following counties: Atchison, Doniphan, Brown, Nemaha, Jackson, Montgomery, Chautauqua, Elk, Wilson, Neosho, Labette, Crawford and Cherokee.

When considering the state of community health, it's important to review published health data by topic area. Below is a summary of key tabs of information collected:

Tab 1a Demographic Profile

TAB	HEALTH INDICATOR	Brown Co	TREND	State of KS	Kansas Rural Norm N=13	SOURCE
1a a	Population estimates, July 1, 2015, (V2015)	9,776		2,911,641	15,586	People Quick Facts
1a b	Population, percent change - April 1, 2010 (estimates base) to July 1, 2015, (V2015)	-2.1		2.1	-3.5	People Quick Facts
1a c	Population, Census, April 1, 2010	9,984		2,853,118	16,060	People Quick Facts
1a d	Persons under 5 years, percent, July 1, 2014, (V2014)	7.0		6.9	6.2	People Quick Facts
1a e	Persons under 18 years, percent, July 1, 2014, (V2014)	25.4		24.9	23.5	People Quick Facts
1a f	Persons 65 years and over, percent, July 1, 2014, (V2014)	19.0		14.3	19.3	People Quick Facts
1a g	Female persons, percent, July 1, 2014, (V2014)	51.2		50.2	50.1	People Quick Facts
1a h	White alone, percent, July 1, 2014, (V2014) (a)	85.8		86.8	90.9	People Quick Facts
1a i	Black or African American alone, percent, July 1, 2014, (V2014) (a)	1.6		6.3	2.2	People Quick Facts
1a j	Hispanic or Latino, percent, July 1, 2014, (V2014) (b)	3.8		11.4	3.8	People Quick Facts
1a k	Foreign born persons, percent, 2010-2014	1.3		6.8	1.6	People Quick Facts
1a l	Language other than English spoken at home, percent of persons age 5 years+, 2010-2014	2.3		11.1	3.0	People Quick Facts
1a m	Living in same house 1 year ago, percent of persons age 1 year+, 2010-2014	85.3		83.4	85.9	People Quick Facts
1a n	People 65+ Living Alone, Percent, 2010-2014	31.7		29.0	29.1	American Community Survey

Tab 1b Demographic Profile

TAB	HEALTH INDICATOR	Brown Co	TREND	State of KS	Kansas Rural Norm N=13	SOURCE
1b a	Veterans, 2010-2014	802		204,538	1,187	People Quick Facts
1b b	Population per square mile, 2010	17.5		34.9	27.6	Geography Quick Facts
1b c	Violent Crime, 2010-2012	177		280	268	Uniform Crime Reporting - FBI
1b d	Children in single-parent households, 2010-2014	33.0%		25.0%	30.3%	American Community Survey
1b e	People Living Below Poverty Level, percent, 2010-2014	19.3		13.8	16.4	American Community Survey
1b f	Children Living Below Poverty Level, percent, 2010-2014	29.3		18.5	23.4	American Community Survey
1b g	Limited access to healthy foods, 2010	3.0%		7.0%	11.0%	USDA Food Environment Atlas
1b h	People 65+ Living Below Poverty Level, percent, 2010-2014	13.3		7.5	9.2	American Community Survey
1b i	People 65+ with Low Access to a Grocery Store, percent, 2010	1.4		NA	5.4	U.S. Department of Agriculture - Food Environment Atlas
1b j	Voter Turnout, 2012	61.3		66.8	64.9	Kansas Secretary of State

Tab 2a Economic Profile

TAB	HEALTH INDICATOR	Brown Co	TREND	State of KS	Kansas Rural Norm N=13	SOURCE
2a a	Households, 2010-2014	4,157		1,112,335	6,294	People Quick Facts
2a b	Median Household Income, 2010-2014	\$41,126		\$51,872	\$42,955	American Community Survey
2a c	Per capita income in past 12 months (in 2014 dollars), 2010-2014	\$22,284		\$27,367	\$22,167	People Quick Facts
2a d	Total Households with Cash Public Assistance Income, percent, 2014	1.9		2.2	2.1	American Community Survey
2a e	Housing units, July 1, 2014, (V2014)	4,749		1,248,813	7,390	People Quick Facts
2a f	Median Value of Owner-Occupied Housing Units, 2009-2013	\$81,600		\$129,400	\$77,062	People Quick Facts
2a g	Owner-occupied housing unit rate, 2010-2014	68.2		67.1	73.1	People Quick Facts
2a h	Persons per household, 2010-2014	2.4		2.5	2.4	People Quick Facts
2a i	Severe Housing Problems, 2008-2012	10.0%		11.0%	10.8%	Comprehensive Housing Affordability Strategy
2a j	Homeowner Vacancy Rate, percent, 2010-2014	3.6		2.0	2.3	American Community Survey
2a k	Renters Spending 30% or More of Household Income on Rent, percent, 2010-2014	41.9		45.8	42.3	American Community Survey

Tab 2b Economic Profile

TAB	HEALTH INDICATOR	Brown Co	TREND	State of KS	Kansas Rural Norm N=13	SOURCE
2b a	Total retail sales per capita, 2012	\$7,568		\$13,263	\$8,376	Business Quick Facts
2b b	All firms, 2012	883		239118	1195	Business Quick Facts
2b c	Unemployment, 2014	4.1%		5.0%	5.3%	Bureau of Labor Statistics
2b d	Total employment, 2013	3,406		1,150,401	5,259	Business Quick Facts
2a e	Households with No Car and Low Access to a Grocery Store, percent, 2010	2.0		NA	2.7	U.S. Department of Agriculture - Food Environment Atlas
2b f	Food Insecurity, 2013	16.0%		16.0%	15.5%	Map the Meal Gap
2a g	Grocery Store Density, 2012	0.2		NA	0.2	U.S. Department of Agriculture - Food Environment Atlas
2b h	Low-Income and Low Access to a Grocery Store, percent, 2010	2.6		NA	10.5	U.S. Department of Agriculture - Food Environment Atlas
2b i	Low-Income Persons who are SNAP Participants, percent, 2007	29.3		NA	25.0	U.S. Department of Agriculture - Food Environment Atlas
2b j	Households without a Vehicle, percent, 2010-2014	7.3		5.4	6.2	American Community Survey
2b k	Mean travel time to work (minutes), workers age 16 years+, 2010-2014	16.5		19.1	19.5	People Quick Facts
2b l	Long Commute - Driving Alone, 2010-2014	15.0%		25.0%	23.4%	American Community Survey
2b m	Workers who Walk to Work, percent, 2010-2014	2.9		2.4	4.1	American Community Survey

Tab 3 Public Schools Health Delivery Profile

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

TAB	HEALTH INDICATOR	Brown Co	TREND	State of KS	Kansas Rural Norm N=13	SOURCE
3	a Students Eligible for the Free Lunch Program, 2013-2014	45.9%		40.4%	45.4%	National Center for Education Statistics
3	b Children in Poverty, 2014	27.0%		27.0%	23.6%	Small Area Income and Poverty Estimates
3	c Student-to-Teacher Ratio, 2013-2014	10.4		14.0	11.8	National Center for Education Statistics
3	d High school graduate or higher, percent of persons age 25 years+, 2010-2014	91.9		90.0	89.5	People Quick Facts
3	e Bachelor's degree or higher, percent of persons age 25 years+, 2010-2014	19.6		30.7	18.9	People Quick Facts

#	Health Indicators	Brown County, KS Special Education Cooperative	Hiawatha Public Schools USD #415	Kickapoo Nation School	South Brown County Public Schools USD #430
1	Total Public School Nurses	Shared with USD 415 & 430	2	NA	NA
2	School Nurse Part of IEP Team	Shared with USD 415 & 430	YES	NA	NA
3	Active School Wellness Plan	Shared with USD 415 & 430	YES	NA	NA
4	VISION: # Screened / Referred to Prof / Seen by Professional	Shared with USD 415 & 430	452/51/NR	NA	NA
5	HEARING: # Screened / Referred to Prof / Seen by Professional	Shared with USD 415 & 430	358/1/NR	NA	NA
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	Shared with USD 415 & 430	41/3/2	NA	NA
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	Shared with USD 415 & 430	0	NA	NA
8	Students Served with No Identified Chronic Health Concerns	Shared with USD 415 & 430	551	NA	NA
9	School has Suicide Prevention Program	Shared with USD 415 & 430	YES	NA	NA
10	Compliance on Required Vaccinations	Shared with USD 415 & 430	100%	NA	NA

TAB 4 Maternal and Infant Health Profile

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

TAB	HEALTH INDICATOR	Brown Co	TREND	State of KS	Kansas Rural Norm N=13	SOURCE
4 a	Percent of Births Where Prenatal Care began in First Trimester, percent, 2012-2014	75.1		79.4	75.3	Kansas Department of Health and Environment
4 b	Percentage of Premature Births, percent, 2012-2014	8.9		8.9	9.1	Kansas Department of Health and Environment
4 c	Low Birthweight, 2012	6.0%		7.0%	7.1%	National Center for Health Statistics
4 d	Percent of births Where Mother Smoked During Pregnancy, percent, 2012-2014	28.5		12.7	22.6	Kansas Department of Health and Environment
4 e	Percent of all Births Occurring to Teens (15-19), 2012-2014	9.6		7.5	9.4	Kansas Department of Health and Environment
4 f	Percent of Births Occurring to Unmarried Women, percent, 2012-2014	45.0		36.5	42.1	Kansas Department of Health and Environment
4 g	Average Monthly WIC Participation per 1,000 population, 2014	26.8		22.5	24.3	Kansas Department of Health and Environment
4 h	Percent of WIC Mothers Breastfeeding Exclusively, 2014	14.1		13.2	12.9	Kansas Department of Health and Environment

Tab		Vital Statistics	Brown Co	TREND	KANSAS
4 a		Total Live Births, 2011	161		39,628
4 b		Total Live Births, 2012	136		40,304
4 c		Total Live Births, 2013	139		38,805
4 d		Total Live Births, 2014	119		39,193
4 e		Total Live Births, 2015	133		39,126

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	TREND	State of KS	Kansas Rural Norm N=13	SOURCE
5	a Primary Care Physicians, 2013	1000:1		4200:1	2090:1	Area Health Resource File/American Medical Association
5	b Staffed Hospital Bed Ratio, 2014	5.1		3.4	3.6	Kansas Hospital Association
5	c Percent of Births with Inadequate Birth Spacing, percent, 2012-2014	10.5		10.7	12.0	Kansas Department of Health and Environment
5	d Preventable Hospital Stays, 2013	110.0		59.0	73.2	Dartmouth Atlas of Health Care
5	e Heart Disease Hospital Admission Rate, 2011-2013	413.6		266.7	293.4	Kansas Department of Health and Environment
5	f Congestive Heart Failure Hospital Admission Rate, 2011-2013	227.1		176.8	191.2	Kansas Department of Health and Environment
5	g Bacterial Pneumonia Hospital Admission Rate, 2011-2013	394.0		244.4	406.7	Kansas Department of Health and Environment
5	h Chronic Obstructive Pulmonary Disease (COPD) Hospital Admission Rate, 2011-2013	512.3		123.7	208.1	Kansas Department of Health and Environment
5	i Injury Hospital Admission Rate, 2011-2013	1,360.0		865.2	1,061.7	Kansas Department of Health and Environment

TAB 5 Hospitalization/Provider Profile

Listed below is Patient Origin by Region – Inpatient and Market Penetration by Service Type – Outpatient data collected by the Kansas Hospital Association (KHA) through the Hospital Industry Data Institute (HIDI).

#	KHA PO103	Brown County, KS			Trend
		FFY13	FFY14	FFY15	
1	Total Discharges	1,591	1,528	1,536	
2	Total IP Discharges-Age 0-17 Ped	52	54	56	
3	Total IP Discharges-Age 18-44	159	123	147	
4	Total IP Discharges-Age 45-64	348	331	389	
5	Total IP Discharges-Age 65-74	291	287	252	
6	Total IP Discharges-Age 75+	426	416	393	
7	Psychiatric	52	77	68	
8	Obstetric	136	118	121	
9	Surgical %	22.6%	20.7%	27.3%	
#	KHA PO103	Hiawatha Community Hospital Only			Trend
		FFY13	FFY14	FFY15*	
1	Total Discharges	623	564	359	
2	Total IP Discharges-Age 0-17 Ped	12	17	7	
3	Total IP Discharges-Age 18-44	47	36	27	
4	Total IP Discharges-Age 45-64	112	103	73	
5	Total IP Discharges-Age 65-74	106	109	51	
6	Total IP Discharges-Age 75+	198	176	132	
7	Psychiatric	4	4	0	
8	Obstetric	75	58	36	
9	Surgical %	7.2%	3.4%	10.8%	

*Partial year reported

TAB 6 Social & Rehab Services Profile

Behavioral healthcare provides another important indicator of community health status.

TAB	HEALTH INDICATOR	Brown Co	TREND	State of KS	Kansas Rural Norm N=13	SOURCE
6 a	Depression: Medicare Population, percent, 2014	14.3		17.2	16.3	Centers for Medicare and Medicaid Services
6 b	Alcohol-Impaired Driving Deaths, 2010-2014	33.0%		39.0%	42.2%	Fatality Analysis Reporting System
6 c	Poor Mental Health Days, 2014	3.3		3.3	3.2	Behavioral Risk Factor Surveillance System

TAB 7a Health Risk Profiles

Knowing community health risk factors and disease patterns can aid in the understanding of next steps to improve health. Being overweight / obese; smoking, drinking in excess, not exercising, etc. can lead to poor health.

TAB	HEALTH INDICATOR	Brown Co	TREND	State of KS	Kansas Rural Norm N=13	SOURCE
7a a	Percent of Adults Tested and Diagnosed with High Cholesterol, 2013	38.5		38.1	40.6	Kansas Department of Health and Environment
7a b	Adult Obesity, 2012	31.0%		39.0%	33.5%	CDC Diabetes Interactive Atlas
7a c	Percent of Adults Who are Binge Drinkers, 2013	15.3		15.4	17.4	Kansas Department of Health and Environment
7a d	Percent of Adults Who Currently Smoke Cigarettes, 2013	18.0		20.0	23.4	Kansas Department of Health and Environment
7a e	Percent of Adults with Diagnosed Hypertension, 2013	37.2		31.3	36.7	Kansas Department of Health and Environment
7a f	Percent of Adults with Doctor Diagnosed Arthritis, 2013	31.4		23.9	31.7	Kansas Department of Health and Environment
7a g	Physical Inactivity, 2012	32.0%		33.0%	29.7%	CDC Diabetes Interactive Atlas
7a h	Poor or Fair Health, 2014	16%		16%	15%	Behavioral Risk Factor Surveillance System
7a i	Percent of Population Served Unaffected by SDWA Nitrate Violations, 2014	32.9		99.5	94.8	Kansas Department of Health and Environment
7a j	Sexually Transmitted Infections, 2013	182.2		254.4	262.0	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

TAB 7b Health Risk Profiles

TAB	HEALTH INDICATOR	Brown Co	TREND	State of KS	Kansas Rural Norm N=13	SOURCE
7b a	Rheumatoid Arthritis or Osteoarthritis: Medicare Population, percent, 2014	31.5		28.2	28.3	Centers for Medicare and Medicaid Services
7b b	Ischemic Heart Disease: Medicare Population, percent, 2014	27.0		25.6	28.1	Centers for Medicare and Medicaid Services
7b c	Diabetes: Medicare Population, percent, 2014	26.6		24.7	26.4	Centers for Medicare and Medicaid Services
7b d	Atrial Fibrillation: Medicare Population, percent, 2014	7.9		8.3	8.2	Centers for Medicare and Medicaid Services
7b e	Heart Failure: Medicare Population, percent, 2014	18.0		15.0	15.3	Centers for Medicare and Medicaid Services
7b f	COPD: Medicare Population, percent, 2014	14.9		11.1	13.1	Centers for Medicare and Medicaid Services
7b g	Cancer: Medicare Population, percent, 2014	7.5		7.7	7.3	Centers for Medicare and Medicaid Services
7b h	Chronic Kidney Disease: Medicare Population, percent, 2014	9.2		14.7	13.1	Centers for Medicare and Medicaid Services
7b i	Osteoporosis: Medicare Population, percent, 2014	5.5		5.7	5.1	Centers for Medicare and Medicaid Services
7b j	Asthma: Medicare Population, percent, 2014	3.6		4.1	3.7	Centers for Medicare and Medicaid Services
7b k	Stroke: Medicare Population, percent, 2014	2.7		3.2	3.0	Centers for Medicare and Medicaid Services

TAB 8 Uninsured Profiles

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	TREND	State of KS	Kansas Rural Norm N=13	SOURCE
8 a	Uninsured, 2013	16.0%		14.0%	15.5%	Small Area Health Insurance Estimates

Source: Hospital Internal Records					
	Hiawatha Community Hospital	YR 2013	YR 2014	YR 2015	Trend
1	Bad Debt	\$915,300	\$1,238,786	\$1,087,415	
2	Charity Care	\$467,801	\$348,851	\$446,767	

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	TREND	State of KS	Kansas Rural Norm N=13	SOURCE
9 a	Life Expectancy for Females, 2010	81.5		80.5	79.3	Institute for Health Metrics and Evaluation
9 b	Life Expectancy for Males, 2010	75.7		75.8	73.9	Institute for Health Metrics and Evaluation
9 c	Infant Mortality Rate, 2010-2014	8.8		6.3	6.4	Kansas Department of Health and Environment
9 d	Age-Adjusted Mortality Rate per 100,000 Population, 2012-2014	878.2		753.9	839.2	Kansas Department of Health and Environment
9 e	Age-Adjusted Years of Potential Life Lost - Traffic Injury, 2012-2014	1,455.2		450.3	957.4	Kansas Department of Health and Environment
9 f	Age-adjusted Cancer Mortality Rate per 100,000 population, 2012-2014	174.6		165.1	184.9	Kansas Department of Health and Environment
9 g	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2012-2014	191.7		155.9	193.2	Kansas Department of Health and Environment
9 h	Age-Adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000 Population, 2012-2014	61.2		50.1	58.6	Kansas Department of Health and Environment
9 i	Age-adjusted Traffic Injury Mortality Rate per 100,000 population, 2012-2014	32.9		12.8	23.1	Kansas Department of Health and Environment
9 j	Age-adjusted Unintentional Injuries Mortality Rate per 100,000 population, 2012-2014	54.9		40.1	50.9	Kansas Department of Health and Environment
9 k	Age-adjusted Suicide Mortality Rate per 100,000 population, 2012-2014	24.9		15.6	13.6	Kansas Department of Health and Environment

#	Causes of Death by County of Residence, Kansas Vital Statistics 2015	Brown Co	%	TREND	KANSAS	%
	Total	98			26,611	
1	ALL OTHER DISEASES	17	17.3%	-3.4%	5,514	20.7%
2	ISCHEMIC HEART DISEASES	12	12.2%	0.7%	3,073	11.5%
3	OTHER HEART DISEASE	10	10.2%	1.5%	2,309	8.7%
4	CANCERS OF TRACHEA, BRONCHUS AND LUNG	7	7.1%	1.5%	1,511	5.7%
5	CEREBROVASCULAR DIS.	7	7.1%	2.0%	1,360	5.1%
6	INFLUENZA AND PNEUMONIA	5	5.1%	2.5%	682	2.6%
7	CHRONIC LOWER RESPIRATORY DIS.	5	5.1%	-1.3%	1,705	6.4%
8	ALZHEIMERS	4	4.1%	0.8%	862	3.2%
9	SYM., SIGNS, ABNORMAL FINDINGS, NEC	4	4.1%	2.6%	386	1.5%
10	OTHER CANCER	3	3.1%	-2.5%	1,479	5.6%
11	NEPHRITIS, NEPH. SYND., NEPHROSIS	3	3.1%	0.9%	580	2.2%

TAB 10 Preventive Health Profile

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

TAB	HEALTH INDICATOR	Brown Co	TREND	State of KS	Kansas Rural Norm N=13	SOURCE
10 a	Access to Exercise Opportunities, 2014	44.0%		25.0%	43.9%	Business Analyst, Delorme map data, ESRI, & US Census Tigerline
10 b	Percent of Infants Fully Immunized at 24 Months, 2014-2015	73.3		70.6	67.8	Kansas Department of Health and Environment
10 c	Percent of Adults Ages 65 Years and Older Who Were Immunized Against Influenza During the Past 12 Mo, 2013	NA		64.8	42.9	Kansas Department of Health and Environment
10 d	Percent of Adults Who Reported Consuming Fruit Less than 1 Time Per Day, 2013	42.2		41.7	46.1	Kansas Department of Health and Environment
10 e	Percent of Adults Who Reported Consuming Vegetables Less than 1 Time Per Day, 2013	19.9		22.9	26.1	Kansas Department of Health and Environment
10 f	Diabetic Monitoring, 2013	81.0%		80.0%	83.8%	Dartmouth Atlas of Health Care
10 g	Mammography Screening, 2013	54.0%		55.0%	54.8%	Dartmouth Atlas of Health Care
10 h	Percent Annual Check-Up Visit with PCP					Not Available
10 i	Percent Annual Check-Up Visit with Dentist					Not Available
10 j	Percent Annual Check-Up Visit with Eye Doctor					Not Available

Community Feedback Research

For a CHNA, it's also important to gather community perspective from key stakeholders on their views of progress to address the baseline CHNA needs documented three years ago. Below are findings of this online community primary research:

Question 1—Overall Quality of Healthcare Delivery

Hiawatha Community Hospital (PSA) - Hiawatha, KS N=145						
1. Three years ago, Hiawatha Community Hospital and the Brown County Health Department completed a Community Health Needs Assessment (CHNA). This assessment identified a number of health needs for our community. Today, we are updating this assessment and would like to know how you rate the "Overall Quality" of healthcare delivery in our community?						
Answer Options	Very Good	Good	Fair	Poor	Very Poor	Valid N
Hiawatha Community Hospital PSA N=145	50	79	13	2	1	145
Top 2 Boxes (Very Good / Good)	89.0%		9.0%	1.4%	0.7%	
Option C Stakeholders Round #2	1,027	2,144	839	122	26	4,158
Top 2 Boxes (Very Good / Good)	76.3%		20.2%	2.9%	0.6%	

Question 8—Requested Discussion Items for Town Hall Agenda

Hiawatha Community Hospital (PSA) - Hiawatha, KS N=145			
8. Are there any other health needs from the list below that need to be discussed at our upcoming CHNA Town Hall meeting?	Option C Stakeholders Round #2 Bottom 2 Boxes	HCH PSA N=145	TREND
Abuse / Violence	4.9%	4.4%	
Alcohol	5.0%	3.9%	
Cancer	5.1%	4.5%	
Diabetes	5.1%	5.0%	
Drugs / Substance Abuse	8.5%	9.1%	
Family Planning	2.9%	3.5%	
Heart Disease	3.9%	2.7%	
Lead Exposure	0.8%	0.2%	
Mental Illness	9.0%	7.9%	
Nutrition	5.3%	5.7%	
Obesity	8.1%	8.9%	
Ozone	0.8%	0.5%	
Physical Exercise	5.8%	6.9%	
Poverty	5.5%	5.7%	
Respiratory Disease	2.3%	1.0%	
Sexual Transmitted Diseases	2.4%	4.5%	
Suicide	5.2%	6.2%	
Teen Pregnancy	3.7%	3.7%	
Tobacco Use	4.1%	3.5%	
Vaccinations	4.0%	3.9%	
Wellness	6.0%	5.9%	
Other (please specify)	1.6%	2.4%	
TOTAL	100.0%	100.0%	

Questions 5-6—Rating of Healthcare Services

Hiawatha Community Hospital (PSA) - Hiawatha, KS N=145			
5. How would Hiawatha Community Hospital's primary service area residents rate each of the following services?	Option C Stakeholders Round #2 Bottom 2 Boxes	HCH PSA N=145	TREND
Ambulance Services	3.2%	0.0%	
Child Care	13.5%	7.3%	
Chiropractors	5.0%	2.1%	
Dentists	11.6%	0.9%	
Emergency Room	7.9%	4.4%	
Eye Doctor / Optometrist	6.4%	0.9%	
Family Planning Services	15.3%	8.3%	
Home Health	9.5%	4.1%	
Hospice	5.9%	3.2%	
Inpatient Services	3.7%	1.8%	
Mental Health Services	33.6%	36.4%	
Nursing Home	11.4%	9.7%	
Outpatient Services	3.0%	0.9%	
Pharmacy	2.3%	0.0%	
Primary Care	4.1%	0.0%	
Public Health Department	4.3%	0.0%	
School Nurse	6.3%	1.3%	
Specialists	7.9%	1.9%	

Question 7—Healthcare Services Outside of PSA

Hiawatha Community Hospital (PSA) - Hiawatha, KS N=145			
7. Throughout the past two years, did you or someone you know receive healthcare services outside of Hiawatha Community Hospital's primary service area?	Option C Stakeholders Round #2 Bottom 2 Boxes	HCH PSA N=145	TREND
Yes	78.2%	67.2%	
No	14.8%	24.1%	
Don't know	7.1%	8.6%	
TOTALS	100.0%	100.0%	

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

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

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

HCH Providers on Staff - September 2016					
Population					
Providers by Specialty	CRED Providers	PSA PA & APP	FTE HCH	Emp HCH	Visting DRs*
TOTALS					
Primary Care:					
Family Practice	3.7	2.4	7.1	6.1	1.0
Internal Medicine/Geriatrics					
Obstetrics/Gynecology			0.1		0.1
Pediatrics					
Medicine Specialists:					
Allergy/Immunology					
Cardiology			0.2		0.2
Dermatology					
Endocrinology					
Gastroenterology					
Hematology/Oncology			0.1		0.1
Infectious Diseases					
Nephrology			0.1		0.1
Neurology			0.1		0.1
Psychiatry					
Pulmonary			0.1		0.1
Rheumatology			0.1		0.1
Surgery Specialists:					
General Surgery/Colon/Oral			0.4		0.4
Neurosurgery			0.1		0.1
Ophthalmology			0.2		0.2
Orthopedics			0.6		0.6
Otolaryngology			0.2		0.2
Plastic/Reconstructive					
Thoracic/Cardiovascular/Vascular					
Urology			0.1		0.1
Hospital Based:					
Anesthesia/Pain			1.2		1.2
Emergency		1.5	1.5	1.5	
Hospitalist (Based on Discharges)					
Radiology	0.5		0.5	0.5	
Pathology			1.1		1.1
Neonatal/Perinatal					
Physical Medicine/Rehab			12.6		12.6
Occupational Medicine			2.4		2.4
Podiatry			0.2		0.2
Wound Care			1.1		1.1
TOTALS	4.2	3.9	29.6	8.1	21.5

*Total FTE specialists serving community who office outside PSA

Visiting Specialists to Hiawatha Community Hospital

Provider Name	Specialty	Credentials	County	Clinic	Days in Clinic per Month
Turk, Ann	Audiology	AuD, F-AAA, CCC-A	Brown	Outpatient Speciality Clinic at HCH	2
Gernon, Craig	Cardiology	MD	Brown	Outpatient Speciality Clinic at HCH	1
Joliff, John	Cardiology	MD	Brown	Outpatient Speciality Clinic at HCH	2
Mamidipally, Swapna	Cardiology	MD	Brown	Outpatient Speciality Clinic at HCH	1
Meyers, Jason	ENT	MD	Brown	Outpatient Speciality Clinic at HCH	2
Sinning, Gary	General Surgery	MD	Brown	Outpatient Speciality Clinic at HCH	4
Warren, Rod	General Surgery	MD	Brown	Outpatient Speciality Clinic at HCH	4
Dobyan, Dennis	Nephrology	MD	Brown	Outpatient Speciality Clinic at HCH	1
Camarata, Paul	Neuro Surgery	MD	Brown	Outpatient Speciality Clinic at HCH	1
Davuluri, Sreenadha	Neurology	MD	Brown	Outpatient Speciality Clinic at HCH	2
Morrison, Heather	OBGYN	MD	Brown	Outpatient Speciality Clinic at HCH	1
Caracioni, Adrian	Oncology	MD	Brown	Outpatient Speciality Clinic at HCH	1
McCoy, Michael	Orthopedics	MD	Brown	Outpatient Speciality Clinic at HCH	2
Miller, Brett	Orthopedics	MD	Brown	Outpatient Speciality Clinic at HCH	4
Schrick, Cory	Orthopedics	PA	Brown	Outpatient Speciality Clinic at HCH	4
Gunnells, Steve	Pain Management	CRNA, FNP-C, MSN	Brown	Outpatient Speciality Clinic at HCH	1
Davis, Elijah	Podiatry	DPM	Brown	Outpatient Speciality Clinic at HCH	4
Dimitriu, Vlad	Pulmonology	MD	Brown	Outpatient Speciality Clinic at HCH	1
Leeds, William	Pulmonology	DO	Brown	Outpatient Speciality Clinic at HCH	1
Latinis, Kevin	Rheumatology	MD	Brown	Outpatient Speciality Clinic at HCH	2
Carlson, Kristopher	Urology	MD	Brown	Outpatient Speciality Clinic at HCH	1

Brown County, Kansas 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

Federal Bureau of Investigation

1-866-483-5137

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

Kansas Arson/Crime Hotline

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

www.accesskansas.org/kbi

Kansas Bureau of Investigation (Topeka)

785-296-8200

www.accesskansas.org/kbi

Poison Hotline

1-800-222-1222

Kansas Crisis Hotline (Domestic Violence/Sexual Assault)

1-888-END-ABUSE

www.kcsdv.org

Kansas Road Conditions

1-866-511-KDOT 511

www.ksdot.org

Poison Control Center

1-800-222-1222

www.aapcc.org

Suicide Prevention Hotline

1-800-273-TALK

www.suicidepreventionlifeline.com

Hospitals/Services

Hiawatha Community Hospital

300 Utah St. (Hiawatha)

785-742-2131

Horton Community Hospital

240 W 18th St. (Horton)

785-486-2642

Mental Health

KANZA Mental Health & Guidance Center

909 S. 2nd St. (Hiawatha)

785-742-7113

Medical Professionals

Hiawatha Community Hospital Family Practice

300 Utah St., 2nd 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

Mosaic Life Care of Hiawatha

313 Utah St. (Hiawatha)

785-742-3523

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

Ann Turk, AuD, F-AAA, CCCC-A

Cardiology

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

ENT

Jason Meyers, MD

Nephrology

Dennis Dobyhan, MD

Neurological Surgery

Paul Ceramarata, MD

Neurology

Sreenadha R. Davuluri, MD

Obstetrics and Gynecology

Heather Morrison, MD

Onocology

Adrian Caracioni, MD

Ophthalmology

Andrea Bock-Kunz, MD
William Burr, MD

Orthopedics

Brian Duncan, MD
Michael McCoy, MD
Brett Miller, MD
Cory Schirck, P.A.

Physician Assistant

Cory Schirck P.A.

Podiatry

Elijah Davis, DPM

Pulmonology

Vlad Dimitriu, MD
William Leeds, DO

Rheumatology

Kevin Latinis, MD

Urology

Kristopher Carlson, MD

Horton Outpatient Specialty Clinic

240 W. 18th St.
Horton, KS 66439
785-486-2642

Dental Clinics**Hiawatha Family Dentistry**

107 S. Sixth
Hiawatha, KS. 66434
785-740-4000

Ronald Wright DDS

514 Delaware St.
Hiawatha, KS 66434
785-742-2165

Gary Hochstetler

113 E. 8th
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. 6th St.
Hiawatha, KS 66434
913-469-9191

Chiropractors**Farr Chiropractic**

120 W. 18th St.
Horton, KS 66439
785-486-2171

Kidwell Chiropractic

133 E. 8th
Horton, KS 66439
785-486-3100

Stallbaumer Family Chiropractic

206 S. 1st (Hiawatha)
785-742-7164

Bartek Chiropractic LLC
120 S. 6th St. (Hiawatha)
785-740-2264

Optometrists

Dr. Eric McPeak
706 Oregon St
Hiawatha, KS 66434
785-742-3021

The EyeDoctors
109 S. 6th St.
Hiawatha, KS 66434
785-742-3631

Other Medical Services

**NEK Health Department/
Brown County**
907 S 2nd St.
Hiawatha, KS 66434
785-742-2505

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

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

Personal Care, Inc.
110 N. 7th St.
Hiawatha, KS 66434
785-742-7495

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

STARS, Inc.
201 S. 4th
Hiawatha, KS 66434
785-742-7300

Hiawatha Community Home Health
314 Oregon St.
Hiawatha, KS 66434
785-742-6282

Pharmacies

Kex Rx
101 S. 6th
Hiawatha, KS 66434
785-742-2125

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

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

Kex Rx
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. 1st 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. 16th
Horton, KS 66429
785-486-3375

Hiawatha Plaza
801 N. 4th
Hiawatha, KS 66434
785-742-6967

Country View Apartments
206 E. Miami St.
Hiawatha, Ks. 66434
785-742-6967

Countryside Apartments
120 W. 2nd 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 112th 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

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. 6th St.
Hiawatha, KS 66434
785-742-4148

Heather Vernon

120 W. 18th St.
Horton, KS 66439
785-486-2171

Meals: Home Delivered

Brown County Services for the Elderly

601 Oregon
Hiawatha, KS 66434
785-742-7881

Meal Site/Nutrition Programs

Kickapoo Tribe Senior Center

885 112th Dr., Box 826
Horton, KS 66439
785-486-2688

Medical Equipment and Supplies

KEX RX

101 S. 6th
Hiawatha, KS 66434
785-742-2125

Native American Services

Kickapoo Nation Health Center

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

Kickapoo Senior Center

885 112th 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
Elementary School K-4**

600 Miami
785-742-7181

Middle School

307 S Morrill
785-742-4172

High School

600 Red Hawk Dr.
785-742-3312

Cap Schools

301 1st St.
785-742-7109

South Brown County USD # 430

300 E 16th St.
785-486-2616

Everest Middle School

221 S 7th Everest
785-548-7536

Horton High School

1120 First Ave
785-486-2151

Kickapoo Nation School**Administration**

400 1st St.
PO box 106
Powhattan, KS
785-474-3364

High School

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 220th St.
Hiawatha, KS 66434
785-742-2222

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

444E. 15th 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. 8th
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

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. 18th
Horton, KS 66439
785-486-2642

Area Agency on Aging

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

Veterinary Services**Brown County Animal Clinic**

1205 S. 1st St.
Hiawatha, KS 66434
785-742-2147

Animal Health Center

2015 Oregon
Hiawatha, KS 66434
785-742-7255

NEK Veterinary Group

500 E. 15th St.
Horton, KS 66439
785-486-2188

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

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

Elder Abuse Hotline

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

Kansas department for Children and Families

1-800-586-3690

Alcohol and Drug Treatment

Alcohol and Drug Abuse Services

1-800-586-3690
www.dcf.ks.gov/services

Valley Hope Alcohol and Drug Treatment Center

1816 N. 2nd St. (Atchison)
1-913-367-1618
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

Happy Hearts Christian Daycare

1104 Oregon St.
Hiawatha, KS 66434
785-742-3441

Funeral Homes

Chapel Oaks Funeral Home

124 S 7th
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

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, Dunn & Halbert, LLC

Halbert, Christopher C.
112 S. 7th St.
Hiawatha, KS 66434
785-742-7101

Public Information

Hiawatha Chamber of Commerce

701 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

Elder Abuse Hotline

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

Elder and Nursing Home Abuse Legal

www.resource4nursinghomeabuse.com/index.html

Kansas Coalition Against Sexual and Domestic Violence

1-888-END-ABUSE (363-2287)
www.kcsdv.org/ksresources.html

Kansas Department on Aging Adult Care Complaint Program

1-800-842-0078

National Center on Elder Abuse

(Administration on Aging)
www.ncea.gov/NCEAroot/Main_Site?Find_Help/Help_Hotline.aspx

National Domestic Violence Hotline

1-800-799-SAFE (799-7233)
1-800-787-3224 (TTY)
www.ndvh.org

National Sexual Assault Hotline

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

National Suicide Prevention Lifeline

1-800-273-8255

Poison Center

1-800-222-1222

Sexual Assault and Domestic Violence Crisis Line

1-800-701-3630

Department for Children and Families

1-888-369-4777 (HAYS)
www.srskansas.org

Suicide Prevention Helpline

785-841-2345

Alcohol and Drug Treatment Programs**A 1 A Detox Treatment**

1-800-757-0771

AAAAAH

1-800-993-3869

Abandon A Addiction

1-800-405-4810

Able Detox-Rehab Treatment

1-800-577-2481 (NATIONAL)

Abuse Addiction Agency

1-800-861-1768
www.thewatershed.com

AIC (Assessment Information Classes)

1-888-764-5510

Al-Anon Family Group

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

Alcohol and Drug Abuse Hotline

1-800-ALCOHOL

Alcohol and Drug Abuse Services

1-800-586-3690
www.srskansas.org/services/alc-drug_assess.htm

Alcohol and Drug Addiction Treatment Programs

1-800-510-9435

Alcohol and Drug Helpline

1-800-821-4357

Alcoholism/Drug Addiction Treatment Center

1-800-477-3447

Kansas Alcohol and Drug Abuse Services Hotline

1-800-586-3690
www.srskansas.org/services/alc-drug_assess.htm

Mothers Against Drunk Driving

1-800-GET-MADD (438-6233)
www.madd.org

National Council on Alcoholism and Drug Dependence, Inc.

1-800-NCA-CALL (622-2255)
www.ncadd.org

Recovery Connection

www.recoveryconnection.org

Regional Prevention Centers of Kansas

1-800-757-2180
www.smokyhillfoundation.com/rpc-locate.html

Better Business Bureau**Better Business Bureau**

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

Children and Youth**Adoption**

1-800-862-3678
www.adopt.org/

Boys and Girls Town National Hotline

1-800-448-3000
www.girlsandboystown.org

Child/Adult Abuse and Neglect Hotline

1-800-922-5330

www.srskansas.org/**Child Abuse Hotline**

1-800-922-5330

Child Abuse National Hotline

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

www.childhelpusa.org/home**Child Abuse National Hotline**

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

www.childabuse.com**Child Find of America**

1-800-426-5678

Child Help USA National Child Abuse Hotline

1-800-422-4453

Child Protective Services

1-800-922-5330

www.srskansas.org/services/child_protective_service_s.htm**Health Wave**

P.O. Box 3599

Topeka, KS 66601

1-800-792-4884 / 1-800-792-4292 (TTY)

www.kansashealthwave.org**Heartspring (Institute of Logopedics)**

8700 E. 29TH N

Wichita, KS 67226

www.heartspring.org**Kansas Big Brothers/Big Sisters**

1-888-KS4-BIGS

www.ksbbbs.org**Kansas Children's Service League (Hays)**

785-625-2244 / 1-877-530-5275

www.kcsl.org**Kansas Department of Health and Environment**

785-296-1500

www.kdheks.gove-mail: info@kdheks.gov**Kansas Society for Crippled Children**

106 W. Douglas, Suite 900 (Wichita)

1-800-624-4530 / 316-262-4676

www.kssociety.org**National Runaway Switchboard**

1-800-RUNAWAY

www.1800runaway.org/**National Society for Missing and Exploited Children**

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

www.missingkids.com**Parents Anonymous Help Line**

1-800-345-5044

www.parentsanonymous.org/paIndex10.html**Runaway Line**

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

www.1800runaway.org/**Talking Books**

1-800-362-0699

www.skyways.lib.ks.us/KSL/talking/ksl_bph.html**Community Action****Peace Corps**

1-800-424-8580

www.peacecorps.gov**Public Affairs Hotline (Kansas Corporation Commission)**

1-800-662-0027

www.kcc.state.ks.us**Counseling****All Faith Counseling Center**104 N. 6th 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**Catholic Charities**

1-888-468-6909

www.catholiccharitiessalina.org

Center for Counseling

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

Central Kansas Mental Health Center

1-800-794-8281
Will roll over after hours to a crisis number.

Consumer Credit Counseling Services

1-800-279-2227
www.kscgccs.org/

Kansas Problem Gambling Hotline

1-866-662-3800
www.ksmhc.org/Services/gambling.htm

National Hopeline Network

1-800-SUICIDE (785-2433)
www.hopeline.com

National Problem Gambling Hotline

1-800-552-4700
www.npgaw.org

Samaritan Counseling Center

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

Self-Help Network of Kansas

1-800-445-0116
www.selfhelpnetwork.wichita.edu

Senior Health Insurance Counseling

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

Sunflower Family Services, Inc.

(adoption, crisis pregnancy, conflict solution center)
1-877-457-5437
www.sunflowerfamily.org

Disability Services**American Association of People with Disabilities (AAPD)**

www.aapd.com

American Council for the Blind

1-800-424-8666
www.acb.org

Americans with Disabilities Act Information Hotline

1-800-514-0301 / 1-800-514-0383 (TTY)
www.ada.gov

Disability Advocates of Kansas, Incorporated

1-866-529-3824
www.disabilitysecrets.com

Disability Group, Incorporated

1-888-236-3348
www.disabilitygroup.com

**Disability Rights Center of Kansas (DRC)
Formerly Kansas Advocacy & Protective Services**

1-877-776-1541 / 1-877-335-3725 (TTY)
www.drckansas.org

Hearing Healthcare Associates

1-800-448-0215

Kansas Commission for the Deaf and Hearing Impaired

1-800-432-0698
www.srskansas.org/kcdhh

Kansas Relay Center (Hearing Impaired service)

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

National Center for Learning Disabilities

1-888-575-7373
www.nclld.org

National Library Services for Blind & Physically Handicapped

www.loc.gov/nls/
1-800-424-8567

Parmele Law Firm

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

Environment**Environmental Protection Agency**

1-800-223-0425 913-321-9516 (TTY)
www.epa.gov

Kansas Department of Health and Environment

Salina 785-827-9639
Hays 785-625-5663
Topeka 785-296-1500
www.kdheks.gov

Food and Drug

Center for Food Safety and Applied Nutrition

1-888-SAFEFOOD (723-3366)
www.cfsan.fda.gov/
www.healthfinder.gov/docs/doc03647.htm

US Consumer Product Safety Commission

1-800-638-2772 / 1-800-638-8270 (TDD)
www.cpsc.gov

USDA Meat and Poultry Hotline

1-888-674-6854 / 1-800-256-7072 (TTY)
www.fsis.usda.gov/

U.S. Food and Drug Administration

1-888-INFO-FDA
1-888-463-6332 www.fsis.usda.gov/

Poison Hotline

1-800-222-1222

Health Services

American Cancer Society

1-800-227-2345
www.cancer.org

American Diabetes Association

1-800-DIABETES (342-2383)
www.diabetes.org

AIDS/HIV Center for Disease Control and Prevention

1-800-CDC-INFO / 1-888-232-6348 (TTY)
www.cdc.gov/hiv/

AIDS/STD National Hot Line

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

American Health Assistance Foundation

1-800-437-2423
www.ahaf.org

American Heart Association

1-800-242-8721
www.americanheart.org

American Lung Association

1-800-586-4872

American Stroke Association

1-888-4-STROKE
www.americanheart.org

Center for Disease Control and Prevention

1-800-CDC-INFO/1-888-232-6348 (TTY)
www.cdc.gov/hiv/

Elder Care Helpline

www.eldercarelink.com

Eye Care Council

1-800-960-EYES
www.seetolearn.com

Kansas Foundation for Medical Care

1-800-432-0407
www.kfmc.org

National Health Information Center

1-800-336-4797
www.health.gov/nhic

National Cancer Information Center

1-800-227-2345 / 1-866-228-4327 (TTY)
www.cancer.org

National Institute on Deafness and Other Communication Disorders Information Clearinghouse

1-800-241-1044 / 1-800-241-1055 (TTY)
www.nidcd.nih.gov

Hospice Hospice-Kansas Association

1-800-767-4965

Kansas Hospice and Palliative Care Organization

1-888-202-5433
www.lifeproject.org/akh.htm

Southwind Hospice, Incorporated

www.southwindhospice.com
785-483-3161

Housing

Kansas Housing Resources Corporation

785-296-2065
www.housingcorp.org

US Department of Housing and Urban Development Kansas Regional Office
913-551-5462

Legal Services

Kansas Attorney General

1-800-432-2310 (Consumer Protection)
1-800-828-9745 (Crime Victims' Rights)
1-800-766-3777 (TTY)
www.ksag.org

Kansas Bar Association

785-234-5696
www.ksbar.org

Kansas Department for Aging and Disability Services

1-800-432-3535
www.agingkansas.org/index.htm

Kansas Legal Services

1-800-723-6953
www.kansaslegalservices.org

Southwest Kansas Area Agency on Aging

240 San Jose Drive
(Dodge City)
(620) 225-8230
<http://www.swkaaa.org/>

Medicaid Services

First Guard

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

Kansas Health Wave

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

Kansas Medical Assistance Program Customer Service

1-800-766-9012
www.kmpa-state-ks.us/

Medicare Information

1-800-MEDICARE
www.medicare.gov

U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services

1-800-MEDICARE (1-800-633-4227)
1-877-486-2048 (TTY)
www.cms.hhs.gov

Mental Health Services

Alzheimer's Association

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

Developmental Services of Northwest Kansas

1-800-637-2229

Kansas Alliance for Mentally Ill

(Topeka, KS)
785-233-0755
www.namikansas.org

Make a Difference

1-800-332-6262

Mental Health America

1-800-969-6MHA (969-6642)

National Alliance for the Mentally Ill Helpline

1-800-950-NAMI (950-6264)
703-516-7227 (TTY)
www.nami.org

National Institute of Mental Health

1-866-615-6464 or 1-866-415-8051 (TTY)
www.nimh.nih.gov

National Library Services for Blind and Physically Handicapped

1-800-424-8567
www.loc.gov/nls/music/index.html

National Mental Health Association

1-800-969-6642/1-800-433-5959 (TTY)
www.nmha.org

Pawnee Mental Health

State Mental Health Agency

915 SW Harrison Street
Topeka, KS 66612
785-296-3959
www.srskansas.org

Suicide Prevention Hotline

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

Nutrition

American Dietetic Association

1-800-877-1600
www.eatright.org

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

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

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

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

Road and Weather Conditions

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

Senior Services

Alzheimer's Association
1-800-487-2585

American Association of Retired Persons (AARP)
1-888-OUR-AARP (687-2277)
www.aarp.org

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

American Association of Retired Persons
1-888-687-2277
www.aarp.org

Area Agency on Aging
1-800-432-2703

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

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

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

Kansas Advocates for Better Care Inc. Consumer Information
1-800-525-1782
www.kabc.org

Kansas Department for Aging and Disability Services
1-800-432-3535 or 785-291-3167 (TTY)
www.agingkansas.org/index.htm

Kansas Foundation for Medical Care, Inc. Medicare Beneficiary Information
1-800-432-0407

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

Older Kansans Employment Programs (OKEP)
785-296-7842
www.kansascommerce.com

Older Kansans Hotline
1-800-742-9531

Older Kansans Information Reference Sources on Aging (OKIRSA)
1-800-432-3535

Senior Health Insurance Counseling for Kansas
www.agingkansas.org/SHICK/shick_index.html

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

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

Department for Children and Family Services
785-296-3959 785-296-1491 (TTY)

Suicide Prevention

Suicide Prevention Services
1-800-784-2433 www.spsfv.org

Veterans

Federal Information Center
1-800-333-4636
www.FirstGov.gov

U.S. Department of Veterans Affairs
1-800-513-7731
www.kcva.org

Education (GI Bill)
1-888-442-4551

Health Resource Center
1-877-222-8387

Insurance Center
1-800-669-8477

Veteran Special Issue Help Line
Includes Gulf War/Agent Orange Helpline
1-800-749-8387

U.S. Department of Veterans Affairs
Mammography Helpline
1-888-492-7844

Other Benefits
1-800-827-1000

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

Telecommunications Device for the Deaf/Hearing Impaired
1-800-829-4833 (TTY)
www.vba.va.gov

Veterans Administration

Veterans Administration Benefits
1-800-669-8477/1-877-222-8387

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

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

[VVV Consultants LLC]

Patient Origin and Access

[VVV Consultants LLC]



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

Hospital	Total Discharges		Pediatric		Adult Medical/Surgical					Psychiatric	Obstetric	Newborn							
	Cases	%	Age 0 - 17	Age 18 - 44	Age 45 - 64	Age 65 - 74	Age 75+	Cases	%			Cases	%						
			%	%	%	%	%	%	%	%	%	%	%						
Hiawatha Community Hospital - Hiawatha, KS	269	23.4%	5	1.9%	20	7.4%	55	20.4%	38	14.1%	99	36.8%	0	27	10.0%	25	9.3%	10.8%	
Stormont Vail Health - Topeka, KS	230	20.0%	11	4.8%	22	9.6%	59	25.7%	36	15.7%	40	17.4%	35	15.2%	15	6.5%	12	5.2%	40.9%
Horton Community Hospital - Horton, KS	174	15.1%	4	2.3%	19	10.9%	33	19.0%	41	23.6%	76	43.7%	1	0.6%	0	0	0	0	1.1%
St. Francis Health - Topeka, KS	136	11.8%	1	0.7%	7	5.1%	45	33.1%	24	17.6%	27	19.9%	2	1.5%	16	11.8%	14	10.3%	43.4%
Kansas Residents/Other Missouri Hospitals	100	8.7%	0	0	8	8.0%	35	35.0%	12	12.0%	19	19.0%	2	2.0%	12	12.0%	12	12.0%	39.0%
The University of Kansas Hospital - Kansas City, KS	74	6.4%	0	0	17	23.0%	29	39.2%	12	16.2%	11	14.9%	3	4.1%	1	1.4%	1	1.4%	58.1%
Sabetha Community Hospital - Sabetha, KS	38	3.3%	1	2.6%	1	2.6%	7	18.4%	7	18.4%	10	26.3%	0	0	5	15.8%	6	15.8%	13.2%
Kansas Residents/Nebraska Hospitals	24	2.1%	0	0	8	33.3%	6	25.0%	8	33.3%	2	8.3%	0	0	0	0	0	0	54.2%
Children's Mercy Kansas City - Kansas City, MO	17	1.5%	17	100.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17.6%
Atchison Hospital - Atchison, KS	14	1.2%	0	0	0	0	5	35.7%	0	0	1	7.1%	0	0	4	28.6%	4	28.6%	28.6%
Holton Community Hospital - Holton, KS	8	0.7%	0	0	0	0	1	12.5%	1	12.5%	0	0	0	0	0	0	0	0	17.6%
Overland Park Regional Medical Center - Overland Park, KS	7	0.6%	1	14.3%	0	0	0	0	0	0	0	0	0	0	3	42.9%	3	42.9%	14.3%
Lawrence Memorial Hospital - Lawrence, KS	6	0.5%	0	0	1	16.7%	0	0	0	0	0	0	0	0	3	50.0%	0	0	33.3%
Shawnee Mission Health - Shawnee Mission, KS	5	0.4%	0	0	0	0	3	60.0%	1	20.0%	0	0	0	0	1	20.0%	0	0	60.0%
Saint Luke's South - Overland Park, KS	5	0.4%	0	0	1	20.0%	3	60.0%	0	0	1	20.0%	0	0	0	0	0	0	60.0%
Other Hospitals	44	3.8%	2	4.5%	6	13.6%	11	25.0%	8	18.2%	9	20.5%	8	18.2%	0	0	0	0	31.8%
Hospital Total	1,152	100.0%	42	3.6%	110	9.5%	292	25.3%	189	16.4%	295	25.6%	51	4.4%	31	7.9%	32	7.1%	27.3%



Patient Origin by Region - Inpatient
Brown, KS Residents Treated in KHA Reporting Area
Federal Fiscal Year: 2014

Hospital	Total Discharges		Pediatric		Adult Medical/Surgical					Psychiatric	Obstetric	Newborn							
	Cases	%	Age 0 - 17	Age 18 - 44	Age 45 - 64	Age 65 - 74	Age 75+	Cases	%			Cases	%	%					
			%	%	%	%	%	%	%	%	%	%	%						
Hiawatha Community Hospital - Hiawatha, KS	564	36.9%	17	3.0%	36	6.4%	103	18.3%	109	19.3%	176	31.2%	4	0.7%	58	10.3%	61	10.8%	34.4%
Stormont Vail Health - Topeka, KS	252	16.5%	14	5.6%	17	6.7%	52	20.6%	44	17.5%	45	17.9%	41	16.3%	19	7.5%	20	7.9%	38.1%
Horton Community Hospital - Horton, KS	238	15.6%	4	1.7%	25	10.5%	41	17.2%	54	22.7%	104	43.7%	10	4.2%	0	0	0	0	0.8%
St. Francis Health - Topeka, KS	147	9.6%	0	0	13	8.8%	36	24.5%	41	27.9%	27	18.4%	1	0.7%	14	9.5%	15	10.2%	48.3%
Kansas Residents/Other Missouri Hospitals	94	6.2%	1	1.1%	9	9.6%	31	33.0%	10	10.6%	32	34.0%	3	3.2%	4	4.3%	4	4.3%	50.0%
The University of Kansas Hospital - Kansas City, KS	58	3.8%	4	6.9%	8	13.8%	31	53.4%	6	8.6%	7	12.1%	1	1.7%	1	1.7%	1	1.7%	55.2%
Sabetha Community Hospital - Sabetha, KS	42	2.7%	0	0	1	2.4%	7	16.7%	5	11.9%	6	14.3%	1	2.4%	11	26.2%	11	26.2%	16.7%
Atchison Hospital - Atchison, KS	20	1.3%	0	0	2	10.0%	1	5.0%	4	20.0%	4	20.0%	0	0	5	25.0%	4	20.0%	45.0%
Kansas Residents/Nebraska Hospitals	16	1.0%	0	0	0	0	6	37.5%	6	37.5%	4	25.0%	0	0	0	0	0	0	56.2%
Children's Mercy Kansas City - Kansas City, MO	13	0.9%	13	100.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	38.5%
Community Healthcare System Inc. - Onaga, KS	12	0.8%	0	0	0	0	10	83.3%	0	0	0	0	0	0	1	8.3%	1	8.3%	0
Saint Luke's Hospital of Kansas City - Kansas City, MO	11	0.7%	0	0	1	9.1%	4	36.4%	1	9.1%	3	27.3%	0	0	1	9.1%	1	9.1%	18.2%
Saint John Hospital - Leavenworth, KS	7	0.5%	0	0	0	0	0	0	0	2	28.6%	5	71.4%	0	0	0	0	0	0
Overland Park Regional Medical Center - Overland Park, KS	5	0.3%	0	0	0	0	0	0	0	1	20.0%	0	0	2	40.0%	2	40.0%	20.0%	
Menorah Medical Center - Overland Park, KS	5	0.3%	0	0	1	20.0%	2	40.0%	2	40.0%	0	0	0	0	0	0	0	0	100.0%
St. Joseph Medical Center - Kansas City, MO	5	0.3%	0	0	5	100.0%	0	0	0	0	0	0	0	0	0	0	0	0	20.0%
Other Hospitals	39	2.6%	1	2.6%	5	12.8%	7	17.9%	6	15.4%	5	12.8%	11	28.2%	2	5.1%	2	5.1%	28.2%
Hospital Total	1,528	100.0%	54	3.5%	123	8.0%	331	21.7%	287	18.8%	416	27.2%	77	5.0%	118	7.7%	122	8.0%	20.7%



Patient Origin by Region - Inpatient
 Brown, KS Residents Treated in KHA Reporting Area
 Federal Fiscal Year: 2013

Hospital	Total Discharges		Pediatric		Adult Medical/Surgical					Psychiatric	Obstetric	Newborn							
	Cases	%	Cases	%	Age 0 - 17	Age 18 - 44	Age 45 - 64	Age 65 - 74	Age 75+	Cases	Cases	Cases	% Surg						
Hiawatha Community Hospital - Hiawatha, KS	623	39.2%	12	1.9%	47	7.5%	112	18.0%	106	17.0%	198	31.8%	4	0.6%	75	12.0%	69	11.1%	7.2%
Horton Community Hospital - Horton, KS	264	16.6%	6	2.3%	46	17.4%	48	18.2%	62	23.5%	97	36.7%	5	1.9%	0		0		2.7%
Stormont Vail Health - Topeka, KS	238	15.0%	10	4.2%	16	6.7%	56	23.5%	45	18.9%	47	19.7%	35	14.7%	15	6.3%	14	5.9%	39.5%
St. Francis Health - Topeka, KS	133	8.4%	1	0.8%	9	6.8%	42	31.6%	28	21.1%	35	26.3%	0		9	6.8%	9	6.8%	59.4%
Kansas Residents/Other Missouri Hospitals	100	6.3%	0		12	12.0%	28	28.0%	16	16.0%	22	22.0%	1	1.0%	11	11.0%	10	10.0%	44.0%
The University of Kansas Hospital - Kansas City, KS	73	4.6%	7	9.6%	19	26.0%	35	47.9%	7	9.6%	5	6.8%	0		0		0		58.9%
Sabetha Community Hospital - Sabetha, KS	47	3.0%	0		3	6.4%	8	17.0%	4	8.5%	9	19.1%	1	2.1%	11	23.4%	11	23.4%	19.1%
Kansas Residents/Nebraska Hospitals	19	1.2%	0		0		2	10.5%	8	42.1%	7	36.8%	0		1	5.3%	1	5.3%	26.3%
Atchison Hospital - Atchison, KS	17	1.1%	0		1	5.9%	2	11.8%	2	11.8%	0		0		7	41.2%	5	29.4%	11.8%
Holton Community Hospital - Holton, KS	15	0.9%	1	6.7%	1	6.7%	0	0	0	0	0	0	0	0	6	40.0%	7	46.7%	20.0%
Children's Mercy Kansas City - Kansas City, MO	13	0.8%	13	100.0%	0		0	0	0	0	0	0	0	0	0		0		23.1%
Saint Luke's Hospital of Kansas City - Kansas City, MO	11	0.7%	0		1	9.1%	3	27.3%	5	45.5%	2	18.2%	0		0		0		81.8%
Research Medical Center - Kansas City, MO	5	0.3%	0		0		3	60.0%	0	0	0	0	0	0	1	20.0%	1	20.0%	
Other Hospitals	33	2.1%	2	6.1%	4	12.1%	9	27.3%	8	24.2%	4	12.1%	6	18.2%	0		0		51.5%
Hospital Total	1,591	100.0%	52	3.3%	159	10.0%	348	21.9%	291	18.3%	426	26.8%	52	3.3%	136	8.5%	127	8.0%	22.6%

Town Hall Attendees Notes and Feedback

[VVV Consultants LLC]

Hiawatha Community Hospital (Primary Service Area) - CHNA Town Hall Stakeholders, 8/16/2016 N=27

Category	Last Name	First Name	Organization	Address	City	ST	Zip
Pharmacy.	Abeita	Jean	Hiawatha Community Hospital	300 Utah Street	Hiawatha	KS	66434
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Bacon	Becky	Hiawatha Community Hospital	300 Utah Street	Hiawatha	KS	66434
Physicians.	Bigham	Dr. Bryon	Hiawatha Community Hospital Family Practice	300 Utah Street	Hiawatha	KS	66434
Press (Paper, TV, Radio).	Clay	Adam	Hiawatha World	607 Utah St	Hiawatha	KS	66434
Parents, caregivers and other consumers of health care in the community.	Defore	Amlee			Hiawatha	KS	66434
Law enforcement agencies-Chiefs Police.	Defore	John	Hiawatha Police Department	413 Oregon Street	Hiawatha	KS	66434
Mental health providers.	Elsbury	David	KANZA Mental Health and Guidance Center	909 S 2nd Street	Hiawatha	KS	66434
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Erdley	Tressa	Vintage Park at Hiawatha	400 Kansas Ave	Hiawatha	KS	66434
Local clergy and congregational leaders.	Gardner	Dan	St. Ann's Catholic Church	800 Hiawatha	Hiawatha	KS	66434
Oral health providers.	Geisendorf	Willie	Hiawatha Family Dentistry	107 South 6th Street	Hiawatha	KS	66434
Pharmacy.	Hoffman	Zane	Hiawatha Community Hospital	300 Utah Street	Hiawatha	KS	66434
Political, appointed and elected officials.	Hull	Toni	City of Hiawatha	701 Oregon Street	Hiawatha	KS	66434
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Knudson	Jennifer	Hiawatha Community Hospital	300 Utah Street	Hiawatha	KS	66434
Other providers.	Laferenz	Fonda	Little Hands Daycare	200 Lodge Rd	Hiawatha	KS	66434
The hospital organization's board members.	Lillie	Brian	Hiawatha Community Hospital	300 Utah Street	Hiawatha	KS	66434
Law enforcement agencies-Chiefs Police.	Linck	Randy	Hiawatha Police Department	413 Oregon Street	Hiawatha	KS	66434
Political, appointed and elected officials.	Nichols	Mike	City of Hiawatha	701 Oregon Street	Hiawatha	KS	66434
Parents, caregivers and other consumers of health care in the community.	O'Malley	Johanna			Hiawatha	KS	66434
Public safety officials.	Oswald	Malachi	Town and County EMS	806 Utah St	Hiawatha	KS	66434
Parents, caregivers and other consumers of health care in the community.	Roberts	Cheryl			Hiawatha	KS	66434
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Rosa	Dr. Julie			Hiawatha	KS	66434
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Rosa	Dr. Pete			Hiawatha	KS	66434
Staff from state and area agencies on aging.	Sunderman	Bev	Northeast Area Agency on Aging	1803 Oregon Street	Hiawatha	KS	66434
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Thompson	Lisa	Hiawatha Community Hospital	300 Utah Street	Hiawatha	KS	66434
Community leaders.	Wilson	Annette		1108 Wentley Drive	Hiawatha	KS	66434
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Windmeyer	Sarah	Hiawatha Community Hospital	300 Utah Street	Hiawatha	KS	66434
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	Zeit	Connie	Brown County Health Department	907 South 2nd Street	Hiawatha	KS	66434

Hiawatha Community Hospital (Primary Service Area) - Community Health Needs Assessment Meeting

8.16.2016

N=27

Community Members Present:

- Those taking care of Seniors
- Parents
- Elected officials
- Businesses
- Farmers
- Providers
- Clergy

RWJ County Health Rankings

- "I am disappointed that we are ranked in the bottom third of the state"

TAB 1: Demographic Profile

- There are a lot of Seniors living alone in our county
- There is a Native American population in our county
- Veterans are going to Leavenworth for care, there are also some clinics in Seneca

TAB 2: Economic / Business Profile

- There is affordable housing, but many of the housing people are living in need to be demolished
- There is homelessness in our county. We see it with people who are mentally ill who cannot take care of themselves that live with somebody else

TAB 3: Educational Profile

- School offer lunch and breakfast, they contract a company out of Minnesota to provide the meals
- Schools have their own nurses. They have as many as they can afford
- The percent of children eating free or reduced lunches is too low, the number is actually much higher. The county wouldn't be eligible for the summer lunch program they have if they were under 50%.

TAB 4: Maternal / Infant Health Profile

- The Health Department is administering WIC

TAB 5: Hospitalization / Provider Profile

- Going to Kansas City most likely if in a critical car accident

TAB 6: Behavioral Health Profile

- Meth and prescription drugs are being seen in the county
- Not seeing a lot of drinking and driving in the county

Impacting Health in our Community:

- New Nursing Home is being built
- City is building a water treatment plant
- Just recruited a new, young physician

STRENGTHS:

- Blaise Fitness Center
- Walking Trail
- Extended walk-in hours
- Recruited new, young doctor
- New water treatment facility
- Child nutrition programs
- New Nursing Home
- Quality of care from providers
- Community investment in development of schools
- Involved businesses
- Access to healthy foods
- Community gardens
- Staff at hospital

WEAKNESSES:

- Awareness of mental health issues
- Affordable housing (especially for elderly and low-income persons)
- Mental health staff turnover (need providers)
- Smoking / tobacco use (especially prenatal)
- Affordable child care
- Affordable fitness centers (including water aerobics)
- Drug abuse
- Affordable insurance
- Urgent care services
- Senior Center
- Nutrition education (evidence-based)
- Orthopedic specialists
- Dental / vision services for the uninsured
- Economic development
- Obesity
- Healthcare transportation

Community Health Needs Assessment

Hiawatha Community Hospital PSA - Strengths (White Cards) N=27

#	Today: What are the strengths of our community that contribute to health?	#	Today: What are the strengths of our community that contribute to health?
1	New water treatment plant	47	DM program - We are having positive outcomes but there's room to grow
2	New nursing home	48	Child nutrition programs, but they must be sustained
3	New, young doctor	49	Access to healthy food - Despite losing a grocery store, Wal-Mart offers a good variety of fruits and vegetables
4	High doctor / patient ratio	50	Walking trail
5	Home health care providers	51	Water treatment plant
6	New water purification	52	New nursing home
7	Walking trail	53	First degree care providers
8	Sports activities for kids	54	Active HFED
9	Water improvements	55	New water treatment plant
10	Walking trails	56	Strong, aggressive hospital staff / facility
11	Youth sports	57	Fitness center
12	Water treatment - Affordable?	58	Involved business owners
13	New nursing home, assisted living home plus (Medicaid)	59	Good community
14	Recruited new, young physician	60	Walking track
15	Availability of physicians	61	Extended walk-in hours
16	Klinefelter farms	62	Water treatment facility
17	Walking trail	63	New nursing home
18	Availability of physicians	64	New, young doctor
19	Community that wants to work together	65	Fitness center / new fitness classes
20	Walking trail	66	Walking trail
21	Fitness center	67	Community gardens
22	Children's sports activities	68	High doctor / patient ratio
23	Hospital facility	69	Water treatment
24	Physician availability	70	Nursing home / assisted living
25	Providers / hospital support staff	71	Trails - Recent
26	Quality water	72	Fitness center
27	Increased nursing home services	73	Extended hours - Walk-in

Community Health Needs Assessment

Hiawatha Community Hospital PSA - Strengths (White Cards) N=27

#	Today: What are the strengths of our community that contribute to health?	#	Today: What are the strengths of our community that contribute to health?
28	Availability of fitness center	74	4-6 new doctors
29	Walking trail	75	Summer lunch
30	Updated Brunning Park fields	76	Community gardens
31	Water treatment	77	Hiawatha Community Hospital growth / development - Strong CEO
32	Summer lunch program	78	Decreased alcohol related deaths - Better enforcement
33	New nursing home	79	Expansion of our hospital - New nursing home + assisted living, home plus
34	Blaise Fitness - 24/7	80	Community invested in schools
35	Free lunch program at school and summer program	81	Economic development - HFED
36	Hiawatha Community Hospital staff	82	Hospice
37	Water treatment plan in development	83	Graduation rate
38	Walking trail	84	Adequate Primary Care
39	Lunch program	85	Access to healthy food
40	Nursing home coming in	86	Diabetes education
41	Ambulance service volunteers	87	Providers - All physicians, dentists, etc.
42	Blaise / walking trail	88	Services that Hiawatha Community Hospital providers
43	Water treatment plant	89	MRI addition - Fairly recent
44	Small community	90	Family Practice clinic
45	People are please with Hiawatha Community Hospital care	91	Outpatient services
46	New room service program at Hiawatha Community Hospital		

Community Health Needs Assessment			
Hiawatha Community Hospital PSA - Weakness (Color Cards) N=27			
#	Today: What are the weaknesses of our community that contribute to health?	#	Today: What are the weaknesses of our community that contribute to health?
1	Urgent care	48	Prescription drugs
2	Dental care for uninsured	49	Diabetes
3	Affordable fitness centers	50	Increase outreach to decrease poverty in county - South Brown / Indian Health
4	Affordable housing for elders	51	Hospital to single room / OB renovations
5	Low-income housing	52	Heated indoor pool
6	Low-income child care	53	Address meth / chronic narcs problem
7	Mental health providers	54	Reach out to families with unstable social situations
8	Lack of jobs	55	War on drugs - Narc policy
9	Mental health	56	Mental health services
10	More for senior citizens to do - Apartments, Senior Center	57	Nutrition education - Children and families
11	More employment / higher wages	58	Mental health - Higher turnover in staff
12	Environmental	59	Lack of communication between Primary Care providers and mental health
13	MS / ALS / Cancer	60	Mental health - Lack of knowledge of benefits
14	Medicaid	61	War on drugs
15	Obesity	62	Narc policy change
16	Transportation	63	Nutrition education
17	Health means for seniors and children	64	Mental health prevention
18	Affordable mammograms	65	Affordable living for Seniors
19	Safe child care	66	Insurance issue too high for Seniors
20	Diabetic screening	67	War on drugs
21	Drug abuse	68	Obesity epidemic - Weight loss services covered by insurance
22	Community awareness of how to improve mental health; awareness and acceptance of mental health needs	69	Nutrition services - Sustained programs in schools and education program
23	Promote wide spread exercise and physical activities	70	Urgent care services - Uninsured
24	Community awareness of reducing alcohol / drug use and community safety	71	Adult dental care - Uninsured / Medicaid
25	Integration of behavioral health with physical health	72	Affordable fitness for citizens
26	Diabetes program at Hiawatha Community Hospital expanded.	73	Dialysis
27	Target American Indian population and consider adding additional sites and services to those without transportation	74	Pregnant patients smoking
28	Weight loss program - Scholarship and insurance reimbursement	75	Illegal drug use

Community Health Needs Assessment

Hiawatha Community Hospital PSA - Weakness (Color Cards) N=27

#	Today: What are the weaknesses of our community that contribute to health?	#	Today: What are the weaknesses of our community that contribute to health?
29	Nutrition education, using reliable evidence-based sources and models for all ages	76	Mental health - Placement
30	More areas to exercise - Expanded trails	77	Need new Inpatient / ER / OB
31	Uninsured	78	Suicide prevention
32	Bad debt	79	Orthopedic - Total joint needs to be kept in Hiawatha
33	Urgent care center	80	Obesity outreach
34	Increase diabetes monitoring	81	Decrease number of uninsured
35	Native Americans - Obstetrics / Diabetes	82	Prenatal education / outreach
36	Address obesity	83	Decrease drug use
37	Smoking during pregnancy	84	Urgent care
38	How to address poverty?	85	Drug use
39	Diabetic education or diagnosis / training	86	Physical activity
40	Obstetrics improvements	87	Diabetes care
41	Physical changes to hospital	88	Illegal drug use
42	Obesity	89	Prescription meds
43	Drug abuse	90	Suicide prevention
44	Mental illness treatment	91	Mental health - Placement
45	Single parent or non-traditional families is an issue in Brown County	92	Urgent care clinic to be added along side Hiawatha Community Hospital and staff by HCH providers
46	Affordable care	93	Illegal drugs - Prescription
47	Urgent care	94	Mental health ignored

Public Notice and Invitation

[VVV Consultants LLC]

HCH sponsors community health needs assessment

*Posted: Tuesday, July 12, 2016 8:57 am
Hiawatha World*

Over the next three months, Hiawatha Community Hospital will be updating the 2013 Community Health Needs Assessment (CHNA). This assessment update is a follow-up to meet final IRS regulations released on Jan. 2, requiring all 501(c)(3) hospitals to conduct a community health needs assessment and adopt an implementation strategy at least once every three years.

The purpose is to understand progress in addressing community health needs cited in the 2013 CHNA report, and collect up-to-date community health goals. To start this work, a short online community survey has been developed: https://www.surveymonkey.com/r/HCH_CHNA2016. Please copy link into your browser to participate or you can go to the Hiawatha Community Hospital Facebook page or website at www.hch-ks.org to find a link for the survey.

All community residents and healthcare leaders are encouraged to complete the 2016 CHNA Round No. 2 online survey by Friday, July 29 and to attend the upcoming scheduled Town Hall from 5:30-7 p.m. on Tuesday, Aug. 16 at the Fisher Community Center Schuneman Addition.

“We hope that the community and health professionals will take advantage of this opportunity to provide input into future services within our shared community,” said Roger Barnhart, CEO.

Vince Vandehaar, MBA of VVV Consultants LLC, an independent research firm from Olathe has been retained to conduct this CHNA research. If you have any questions about project, please contact Roger Barnhart at (785) 742-2131

For more information go to: http://www.hiawathaworldonline.com/news/article_a2907711-2d48-5015-b9d3-409f3d48eb40.html

COMMUNITY CALENDAR: Public Invited to Attend Hiawatha Community Hospital Town Hall to Improve Healthcare

WHAT: Hiawatha Community Hospital will host a Town Hall meeting to gather the public's input about identifying unmet community health needs and improving the delivery of healthcare in Brown County (Hiawatha, KS). A light dinner will be provided.

WHO: All members of the community interested in the future of healthcare delivery are invited to attend. Vince Vandehaar of VVV Consultants LLC from Olathe, Kansas, will facilitate the meeting.

WHEN: Tuesday, August 16, 5:30-7pm

WHERE: Fisher Community Center

HOW: RSVP by contacting Jenny Knudson at 785-742-6210

From: Roger Barnhart

To: Community Leaders, Providers, Hospital Board and Staff

Hiawatha Community Hospital is partnering with other community health providers to update their 2013 Community Health Needs Assessment.

(Note: This update is a follow-up to meet Federal regulations of at least once every three years.)

You are receiving this notice because your expertise and background is needed in the form of feedback and suggestions regarding community needs.

As part of our process, we need your help with two things. First, we would like to invite you to our CHNA Round #2 Town Hall Meeting from 5:30-7:00 p.m. at the Fisher Community Center, Schuneman Addition. A light meal will be served at 5:00 p.m. A reminder and public announcements will be made closer to the time of the meeting.

Second, in preparation for the Town Hall meeting, we need your feedback through a short online survey by July 29, at the following link: https://www.surveymonkey.com/r/HCH_CHNA2016

Additionally, we hope you will encourage other individuals who will have valuable input to take the survey as well.

Thank you very much for your help! We look forward to your feedback and seeing you on August 16th.

Sincerely,

Roger Barnhart
CEO
Hiawatha Community Hospital

Hiawatha Community Hospital is partnering with other community health providers to update the 2013 Community Health Needs Assessment. The goal of this assessment update is to understand progress in addressing community health needs cited in the 2013 CHNA report and to collect up-to-date community health perceptions.

You are invited to **attend the CHNA Round #2 Town Hall** from 5:00-7p.m. at the Fischer Community Center on **Tuesday, August 16**. A light dinner will be provided starting at 5:00p.m. followed by the meeting at 5:30-7:00 p.m.

We hope you can participate in this very important Town Hall meeting.

Roger Barnhart
CEO
Hiawatha Community Hospital



Community Health Needs Assessment

HCH Community Town Hall Meeting

Hiawatha Community Hospital
will be sponsoring a
Town Hall Meeting on Tuesday, August 16
from 5:30 to 7:00 p.m.
at the Fisher Community Center.

All HCH primary service area residents are invited
to attend.

A light dinner will be provided starting at 5p.m.

Please join us for this opportunity to share your opinions
and suggestions to improve health care delivery
in Brown County, KS.

Thank you in advance for your participation.

Detail Primary Research Primary Service Area

[VVV Consultants LLC]

Community Health Needs Assessment Round #2 Community Feedback

Methodology

A community feedback survey was created on behalf of the CHNA client to gather primary service area stakeholder feedback on health perception and progress in addressing previous CHNA community needs. All community residents were encouraged to take the survey online by entering the following address into their personal browser:

https://www.surveymonkey.com/r/HCH_CHNA2016.

In addition, an invite letter was sent to all primary service area stakeholders (i.e. Schools, County, City, Clergy, Public Health Leaders).

Below is a summary of public response:

Hiawatha Community Hospital (PSA) - Hiawatha, KS N=145		
10. For reporting purposes, are you involved in or are you a ...?	Option C Stakeholders Round #2 Bottom 2 Boxes	HCH PSA N=145
Board Member	4.2%	3.1%
Business / Merchant	5.8%	4.0%
Case Manager / Discharge	0.7%	1.3%
Civic Club / Chamber	4.7%	1.3%
Charitable Foundation	2.4%	0.9%
Clergy / Congregational Leader	1.4%	0.9%
College / University	2.3%	1.8%
Consumer Advocate	1.2%	0.0%
Consumers of Health Care	8.5%	13.2%
Dentist	0.2%	0.0%
Economic Development	1.4%	0.9%
Education Official / Teacher	4.4%	2.6%
Elected Official (City / County)	1.5%	0.4%
EMS / Emergency	1.5%	1.8%
Farmer / Rancher	3.9%	5.3%
Health Department	1.7%	0.9%
Hospital	11.5%	12.3%
Housing / Builder	0.4%	0.0%
Insurance	1.1%	2.2%
Labor	1.1%	0.4%
Law Enforcement	0.6%	0.9%
Low Income / Free Clinics	0.7%	0.0%
Media (Paper, TV, Radio)	0.4%	0.9%
Mental Health	1.9%	12.3%
Nursing	8.6%	6.2%
Other Health Professional	6.6%	14.1%
Parent / Caregiver	10.0%	1.8%
Pharmacy	0.5%	0.4%
Physician (MD / DO)	0.9%	3.1%
Physician Clinic	1.4%	0.0%
Senior Care / Nursing Home	1.4%	1.3%
Social Worker	1.0%	1.3%
Veteran	1.8%	1.3%
Welfare / Social Service	0.7%	0.4%
Other (please specify)	3.6%	2.6%
TOTAL	100.0%	100.0%

KEY - CHNA Open End Comments				
CODE	Physician Specialty		CODE	Physician Specialty
ALLER	Allergy/Immunology		ONC	Oncology/Radiation Oncology
AES	Anesthesia/Pain		OPHTH	Ophthalmology
CARD	Cardiology		ORTH	Orthopedics
DERM	Dermatology		ENT	Otolaryngology (ENT)
EMER	Emergency		PATA	Pathology
ENDO	Endocrinology		PEDS	Pediatrics
FP	Family Practice (General)		PHY	Physical Medicine/Rehabilitation
GAS	Gastroenterology		PLAS	Plastic/Reconstructive
SUR	General Surgery		PSY	Psychiatry
GER	Gerontology		PUL	Pulmonary
HEM	Hematology		RAD	Radiology
IFD	Infectious Diseases		RHE	Rheumatology
IM	Internal Medicine		VAST	Thoracic/Cardiovascular/Vascular
NEO	Neonatal/Perinatal		URL	Urology
NEP	Nephrology		MDLV	Mid-Level
NEU	Neurology		SURG	Surgery
NEUS	Neurosurgery		TEL	Telemedicine
OBG	Obstetrics/Gynecology (Delivery)			

KEY - CHNA Open End Comments				
Code	Healthcare Themes		Code	Healthcare Themes
VIO	Abuse/Violence		NURSE	More Nurse Availability
ACC	Access to Care		NEG	Neglect
AGE	Aging (Senior Care/Assistance)		NH	Nursing Home
AIR	Air Quality		NUTR	Nutrition
ALC	Alcohol		OBES	Obesity
ALT	Alternative Medicine		ORAL	Oral Surgery
ALZ	Alzheimer's		ORTHOD	Orthodontist
AMB	Ambulance Service		OTHR	Other
ASLV	Assisted Living		OP	Outpatient Services/Surgeries
AUD	Auditory		OZON	Ozone
BACK	Back/Spine		PAIN	Pain Management
BD	Blood Drive		PARK	Parking
BRST	Breastfeeding		PHAR	Pharmacy
CANC	Cancer		DOCS	Physicians
CHEM	Chemotherapy		FLU	Pneumonia / Flu
KID	Child Care		FOOT	Podiatrist
CHIR	Chiropractor		POD	Podiatrist
CHRON	Chronic Diseases		POV	Poverty
CLIN	Clinics (Walk-In, etc.)		PNEO	Prenatal

KEY - CHNA Open End Comments

Code	Healthcare Themes	Code	Healthcare Themes
COMM	Communication	PREV	Preventative Healthcare
CORP	Community Lead Healthcare	PRIM	Primary Care:
CONF	Confidentiality	PROS	Prostate
DENT	Dentists	DOH	Public Health Department
DIAB	Diabetes	QUAL	Quality of care
DIAL	Dialysis	REC	Recreation
DUP	Duplication of Services	RESP	Respiratory Disease
ECON	Economic Development	NO	Response "No Changes," etc.
EMER	Emergency Room	SANI	Sanitary Facilities
EMS	EMS	SNUR	School Nurse
EYE	Eye Doctor/Optometrist	STD	Sexually Transmitted Diseases
FAC	Facility	SMOK	Smoking
FAM	Family Planning Services	SS	Social Services
FEM	Female (OBG)	SPEC	Specialist Physician care
FINA	Financial Aid	SPEE	Speech Therapy
FIT	Fitness/Exercise	STRK	Stroke
ALL	General Healthcare Improvement	DRUG	Substance Abuse (Drugs/Rx)
GEN	General Practice	SUIC	Suicide
GOV	Government	TPRG	Teen Pregnancy
HRT	Heart Care	THY	Thyroid
HIV	HIV/AIDS	TOB	Tobacco Use
HH	Home Health	TRAN	Transportation
HSP	Hospice	TRAU	Trauma
HOSP	Hospital	TRAV	Travel
MAN	Hospital Management	ALCU	Underage Drinking
INFD	Infidelity	INSU	Uninsured/Underinsured
IP	Inpatient Services	URG	Urgent Care/After Hours Clinic
LEAD	Lead Exposure	VACC	Vaccinations
BIRT	Low Birth Weight	VETS	Veteran Care
LOY	Loyalty	WAG	Wages
MAMO	Mammogram	WAIT	Wait Times
MRKT	Marketing	H2O	Water Quality
STFF	Medical Staff	WELL	Wellness Education/Health Fair
BH	Mental Health Services	WIC	WIC Program

CHNA Community Feedback 2016						
Hiawatha Community Hospital (Primary Service Area) N=145						
ID	Zip	Overall HC Rating	c1	c2	c3	Are there healthcare services in the Hiawatha Community Hospital primary service area that you feel need to be improved and/or changed?
1092	66434	Good	CANC			More for everyday cancer treatment
1107	66515	Good	CLIN	URG	EMR	evening hours in the clinic urgent care electronic medical records in the clinics
1134	66434	Very Good	COMM	PHAR		Coordination of care between Hospital and pharmacies regarding medication changes at time of discharge and follow-up one week post discharge to monitor adherence (could be done by pharmacy).
1028	66534	Fair	COST	STAFF		healthcare services should be offered to employees of the hospital at a reduced rate
1089	66035	Very Good	DERM			Dermatology specialist and routine skin care evaluation
1045	66434	Good	DIAL	DERM		Dialysis availability. Dermatology.
1050	66434	Good	DIAL			Dialysis--
1004	66424	Good	DIAL			the area needs a dialysis unit
1085	66434	Good	DOCS	FP		The need for another doctor, and maybe another, is needed and HCH has a new doctor coming on board in September. This will be a great asset to the FPC.
1114	66434	Very Good	DOCS			more providers
1133	66434	Good	ED	WELL	GER	-community education for health promotion and disease prevention -specialized,geriatric health care, for aging population- physical,social,emotional -promote/provide nutrition education for adults & students (encourage student gardening & sampling food) -improve quality of meals for senior citizen's program - school health clinic including mental health -implement integrated medicine -increase availability and quality of mental health services
1143	66434	Fair	ED			education services
1022	66434	Good	EMER	STAFF	COM M	Patient (and public) relationship between the ER staff. There are members of the staff who have little or no empathy and act as though the patients do not have a proper reason or need to seek services. They are health care providers not gate keepers.
1046	66434	Good	EMER	WAIT	CLIN	update EMR so that we won't have to print out info for visiting doc. we are wasting a lot of paper. much of what we print we throw away after doc sees it. It is very time consuming on our part to get a clinic ready for visiting doc.pulling all the info he/she will need. If we could update med list on computer rather than print each time pt is seen in clinic. We have had to upgrade to a much larger printer due to the volume of printing we do.
1094	66008	Good	EMR			Focus less on EMR and more on patient physical care

CHNA Community Feedback 2016						
Hiawatha Community Hospital (Primary Service Area) N=145						
ID	Zip	Overall HC Rating	c1	c2	c3	Are there healthcare services in the Hiawatha Community Hospital primary service area that you feel need to be improved and/or changed?
1043	66434	Poor	FAC	ED	STAF F	Absolutely, the hospital especially has many improvements that should and need to be made! First off with the cleanliness of the floors. Have you seen the floor in the nurses station? It's almost black with filth. It's embarrassing! Another improvement needed is the training of the aids. There is no standard or correct way they are trained. The aid before them trains them and so on. Things are not done correctly and patient care is failing because of this. The manager of the med surg dept is unwilling to listen to her staff. The moral is clearly about as bad as it could get. There is only fear of what is done wrong, instead of lets work together, mainly again from the manager. There are no trainings or meetings with nursing staff. The rules are different for different people. There is no standard to uphold to. The manager lacks knowledge of a team aspect, and clearly is the bully of the floor. There are no Good Mornings, but rather no speaking at all. It is managed by a fear system. The patient care lacks because of this situation. When she needs to "talk to someone" or basically ridicule them they are not asked to come to her office, but TOLD to come to her office. There is clearly a lack of any kind of management on the med surg floor. In further this falls down on the nurses ability to care for their patient in the best way possible.
1084	66434	Good	FAC			Med Surg leadership. Also the Med Surg floor is in desperate need of remodel, updating - patients should not have to share bathrooms and/or showers. Our hospital is behind the other regional area hospitals in this area.
1049	66534	Very Good	FP	WAIT	EMER	Sometimes I feel that the availability at the family practice isn't the best, especially for illnesses or injuries that you really don't want to wait a whole week for to get an appointment, but yet doesn't warrant an E.R. visit, and you don't want to pay the E.R. visit either. It would be nice if the availability of the family practice was better, or if there was an urgent care type of situation available. I have used urgent care numerous times and have had to go to Kansas City or St. Joe to do so.
1044	66434	Good	HH	POD	CLIN	It would be nice if HomeHealth did community foot clinics and blood pressure at Sr. Centers.
1064	66434	Fair	INSUR	DIAB	ED	No psychiatric resources available to patient other than Kanza which does not take private insurance. No diabetic education classes available No senior daycare that responds to working families for aged care while they are at work
1006	66434	Fair	MH	PEDS	COST	Need mental health badly. Also need pediatric care. There's no affordable care for people that can't afford copays so then they come to er and taxpayers pay the bill
1008	66434	Very Good	MH			Mental Health
1125	66434	Good	MH			Mental Health
1063	66049	Good	MH			Mental health care
1048	66434	Very Good	MRKT	RAD	OP	I feel like we need to advertise our hospital more. For instance what we offer-In house MRI- All Our Outpatient Physicians That come here.
1017	66434	Good	OBES	WELL		It would be great to see a weight loss program.
1062	66434	Very Good	OBG	FAC		OB dept is in desperate need of updating. The location is unacceptable & patients have left the community for their deliveries because of it.
1010	66435	Good	OBG			Need board certified OB/GYN on staff

CHNA Community Feedback 2016						
Hiawatha Community Hospital (Primary Service Area) N=145						
ID	Zip	Overall HC Rating	c1	c2	c3	Are there healthcare services in the Hiawatha Community Hospital primary service area that you feel need to be improved and/or changed?
1106	66434	Good	OBG			OB Department Update
1041	66434	Very Good	OBG			Updated OB department
1128	66434	Very Good	ORTH	EMER	IP	I wish we had more orthopedic coverage. I also wish we had private rooms for ER patients and inpatient rooms
1030	66434	Good	ORTH	SURG		I think having an orthopedic surgeon again would be nice.
1096	66434	Very Good	ORTH			Orthopedics
1066	66434	Good	PEDS			There needs to be an actually pediatric doctor to focus strictly on children's needs.
1072	66434	Fair	PORT	SPEC	CLIN	Online check-in or a self check-in portal would be convenient for specialty clinic appointments.
1118	68434	Fair	QUAL			Improved
1138	66434	Very Good	RAD	DERM		Better CT scanner, sedation for MRI, dermatology
1097	68433	Good	RAD			The CT scanner needs to be updated.
1061	66434	Very Good	SLEEP			Offer sleep studies locally
1059	66434	Fair	STAFF	CLIN	EMER	Often hospital staff in the HCH clinic are abrupt with people in the community. Some emergency department staff is rude to patients and their families. Hospital inpatient halls and rooms are low standard. Floors on inpatient unit need to be stripped, buffed, and waxed badly. Inpatient rooms are lacking in privacy, staff is overheard talking about other patients in the emergency and inpatient rooms because of the close proximity of patient beds. HIPAA is breached when patients in a bed can hear staff and Drs' conversations with a patient in the next bed. All rooms should be private! More room is needed in these areas they have not been expanded since the building was built. The new addition is nice but the large entrance area seems wasted. Too bad the space wasn't allocated for patient rooms, there are 2-4 patients sharing a bathroom. Same for the wasted desk area in the new lobby, the nurses station on the medical surgical unit is much more busy and is old and shabby looking. Much improvement needs to be made to the old part of the hospital that still gives direct care to our patients in the community. Many times a dying patients family members are crowded in a room. The patient rooms are so small the furniture and IV poles make it difficult for a patient to walk to the bathroom, let alone for family members to sit in chairs in the room.
1052	66434	Fair	STAFF	EMER	COM M	The attitudes from departments with each other. No certain department is better than any other. Some of the nurses in ER and the way they direct patients make them feel low. I have heard this on several occasions, and even experienced it myself.
1080	68355	Good	STAFF	TURN	SURG	I feel like staffing on the Medical-Surgical floor has had some major turn over and there is not adequate staffing to give the patients the cares that they need. More reliable and better trained staff would help with the quality of care that our patients need. There is also staff members that are not giving the patients the care that they need due to lack of interest in doing things for the patients and poor management.
1065	66434	Good	SURG	FAC		Med-Surg badly in need of remodeling &/ or new addition with private rooms.
1039	66434	Good	URG	DIAL		Urgent care and dialysis needed

CHNA Community Feedback 2016						
Hiawatha Community Hospital (Primary Service Area) N=145						
ID	Zip	Overall HC Rating	c1	c2	c3	Are there healthcare services in the Hiawatha Community Hospital primary service area that you feel need to be improved and/or changed?
1110	66534	Good	URG	EMER	ORTH	Urgent Care/Less ER Abuse More Orthopedic Surgery-offer total joint replacements Dialysis Increase infusions/chemotherapy administration Pain Clinic for chronic pain sufferers (decrease narcotic abuse) Smoking Cessation
1104	66434	Good	URG	EMER		The need for an Urgent Care on the weekends or weeknights instead of using the ER. Or 24/7 nurse hotline.
1071	66434	Good	URG	EMER		Urgent Care offering for evenings and weekends for things that are not bad enough to warrant ER use, but are bad enough you don't want to suffer all weekend.
1011	66434	Good	URG	EMER		Urgent care should be provided. It is very hard to make appointments with any of your providers. Some things don't require an ER visit, but often making an appointment with a provider the "day of" is impossible.
1105	66035	Very Good	URG			An Urgent Care facility for night and weekend care would be a great service for the community.
1024	66434	Good	URG			Urgent care. It is very hard to get an appointment.
1027	66425	Good	WAIT	CLIN		The wait time in the clinic
1132	66434	Good	WELL	ED		Breastfeeding education and support
1146	66434	Fair	WELL	ED		Wellness education and healthy living courses need to be a priority.

CHNA Community Feedback 2016						
Hiawatha Community Hospital (Primary Service Area) N=145						
ID	Zip	Overall HC Rating	c1	c2	c3	Throughout the past two years, did you or someone you know receive healthcare services outside of the Hiawatha Community Hospital primary service area?
1140	66434	Good	CANC			Cancer care
1061	66434	Very Good	CARD	MOS		Cardiac. Mosaic
1132	66434	Good	CARD	OBG		Cardiac, OB services
1044	66434	Good	CARD			Cardiologist
1045	66434	Good	CARD			Cardiovascular intervention
1135	66035	Good	CARD			Heart problem.
1085	66434	Good	DERM	CANC		Dermatology appointments, cancer treatments,
1133	66434	Good	DERM	MH	SURG	dermatology, mental health, surgery, cancer diagnosis,
1068	66434	Good	DERM			Dermatologist
1069	66408	Good	DERM			Dermatology
1106	66434	Good	DERM			Dermatology
1046	66434	Good	DOC			some patients switched to different area when s. wessel left
1126	66017	Very Good	EMER			ER
1093	66434	Very Good	EMER			ER
1010	66435	Good	EMER			Er visit
1023	66534	Very Good	ENDO			endocrinologist
1049	66534	Very Good	INSUR	OPT	PRIM	I don't doctor here at HCH because of health insurance coverage reasons, so I have done doctor's appts., eye, dentist, dermatology, urgent care etc. all out of the HCH primary service area.
1092	66434	Good	INSUR			For insurance advice
1077	66532	Very Good	IP	HH		inpatient, home health
1004	66424	Good	KU			KU Med
1063	66049	Good	LMH	SURG	PRIM	Lawrence memorial hospital- surgery, Primary care, Gyn care
1002	66434	Good	MAYO	OBG		Mayo's Consultation, Gynecology,
1124	66090	Good	MOS	STFR		Mosaic and St Francis
1128	66434	Very Good	NEUR	SURG	ORTH	Neurosurgery, orthopedic surgery
1035	66434	Very Good	NEUR	SURG		neurosurgery
1094	66008	Good	NEUR			Neuro,

CHNA Community Feedback 2016						
Hiawatha Community Hospital (Primary Service Area) N=145						
ID	Zip	Overall HC Rating	c1	c2	c3	Throughout the past two years, did you or someone you know receive healthcare services outside of the Hiawatha Community Hospital primary service area?
1140	66434	Good	CANC			Cancer care
1012	66434	Good	NEUR			Neurological
1074	66434	Very Good	NEUR			Neurologist Appt
1039	66434	Good	OBG			High risk OB
1101	66434	Good	OBG			OB/GYN
1062	66434	Very Good	OBG			Obstetrics
1059	66434	Fair	OPT	MOS		Eye dr. in st. jo. due to the cost of glasses from optometrist in town
1009	66035	Good	OPT	SURG		eye surgeon
1028	66534	Fair	OPT			my doctor is not in this area
1095	66532	Very Good	ORTH	KID		total joint replacement and kidney stone retrieval
1146	66434	Fair	ORTH	MOS		hip replacement at Mosaic in St Joe
1121	66434	Good	ORTH	SURG		carpal tunnel surgery
1022	66434	Good	ORTH	SURG		Orthopedic surgery
1048	66434	Very Good	ORTH	SURG		orthopedic surgery services
1105	66035	Very Good	ORTH			back surgery
1143	66434	Fair	ORTH			joint replacement
1098	66532	Good	ORTH			knee replacement
1070	66434	Very Good	ORTH			orthopedic care
1041	66434	Very Good	ORTH			Orthopedic surgery
1050	66434	Good	PAIN	ENT	KC	Pain Management in Topeka- ears nose and throat Kansas city
1134	66434	Very Good	PEDS			children taken to pediatrician for routine visits
1066	66434	Good	PEDS			Pediatric care
1014	66035	Good	PRIM			Annual Check-ups
1117	68376	Very Good	PRIM			General care.
1008	66434	Very Good	PT			OP PT
1081	66035	Good	PULM			pulmonologist
1027	66425	Good	SAB			Sabetha

CHNA Community Feedback 2016						
Hiawatha Community Hospital (Primary Service Area) N=145						
ID	Zip	Overall HC Rating	c1	c2	c3	Throughout the past two years, did you or someone you know receive healthcare services outside of the Hiawatha Community Hospital primary service area?
1140	66434	Good	CANC			Cancer care
1084	66434	Good	SPEC	CHEM	RAD	Specialty care - Chemo & Radiation
1011	66434	Good	SPEC	MOS		Specialists in St Joe
1107	66515	Good	SPEC	NEUR	OBG	specialist services-neurologist, OBGYN
1043	66434	Poor	SPEC	OBG	CARD	Specialty services, OBGYN. Cardiologists.
1038	66434	Fair	SURG	PRIM	EMER	Surgery, Primary Care, ER
1072	66434	Fair	SURG	SVH		Outpatient surgery performed at Stormont Vail.
1006	66434	Fair	SURG			Surgeries
1120	66532	Very Good	SURG			Surgery
1040	66434	Very Good	SVH			Stormont Vail
1064	66434	Fair	TOP	SPEC		Transferred to Topeka due to lack of specialty care offered
1127	66434	Very Good	TRAUM			Trauma care
1033	66532	Good	URL	PRIM	OBG	Urology Exam; Annual well-woman exam; Prenatal care and child birth
1003	66434	Fair	URL			Urology

2016 Community Health Needs Assessment - Hiawatha Community Hospital Primary Service Area

Let Your Voice Be Heard!

Hiawatha Community Hospital, in collaboration with the Brown County Health Department, is updating its 2013 Community Health Needs Assessment (CHNA). Your feedback from this survey will help us identify the current health issues in our community and while your participation is voluntary, we would greatly appreciate your input. All answers will be kept confidential.

All 2016 Community Health Needs Assessment feedback is due by Friday, July 29. Thank you for your participation.

2016 Community Health Needs Assessment - Hiawatha Community Hospital Primary Service Area

Part I: Introduction

1. Three years ago, Hiawatha Community Hospital and the Brown County Health Department completed a Community Health Needs Assessment (CHNA). This assessment identified a number of health needs for our community. Today, we are updating this assessment and would like to know how you rate the "Overall Quality" of healthcare delivery in our community?

	Very Good	Good	Fair	Poor	Very Poor
Health Rating:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2016 Community Health Needs Assessment - Hiawatha Community Hospital Primary Service Area

2. Are there healthcare services in Hiawatha Community Hospital's primary service area that you feel need to be improved and/or changed? (Please be specific.)

2016 Community Health Needs Assessment - Hiawatha Community Hospital Primary Service Area

3. From our last CHNA (2013), a number of health needs were identified as priorities. Are any of these 2013 CHNA needs still an "Ongoing Problem" in Hiawatha Community Hospital's primary service area?

	Not a Problem Anymore	Somewhat of a Problem	Major Problem
Obesity (Nutrition and Fitness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Diseases (Respiratory, Kidney, Cardiovascular and Cancer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable Insurance Options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care Options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2016 Community Health Needs Assessment - Hiawatha Community Hospital Primary Service Area

4. Which 2013 CHNA health needs are most pressing today for improvement? (Please select top three needs.)

- | | |
|--|--|
| <input type="checkbox"/> Obesity (Nutrition and Fitness) | <input type="checkbox"/> Healthcare Transportation |
| <input type="checkbox"/> Mental Health Issues | <input type="checkbox"/> Child Care Options |
| <input type="checkbox"/> Chronic Diseases (Respiratory, Kidney, Cardiovascular and Cancer) | <input type="checkbox"/> Healthcare Education |
| <input type="checkbox"/> Affordable Insurance Options | |

2016 Community Health Needs Assessment - Hiawatha Community Hospital Primary Service Area

5. How would Hiawatha Community Hospital's primary service area residents rate each of the following services? (Please select one box per row.)

	Very Good	Good	Fair	Poor	Very Poor	N/A
Ambulance Services	<input type="radio"/>	<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"/>	<input type="radio"/>
Chiropractor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentist	<input type="radio"/>	<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"/>	<input type="radio"/>
Eye Doctor / Optometrist	<input type="radio"/>	<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"/>	<input type="radio"/>
Home Health	<input type="radio"/>	<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"/>	<input type="radio"/>

2016 Community Health Needs Assessment - Hiawatha Community Hospital Primary Service Area

6. How would Hiawatha Community Hospital's primary service area residents rate each of the following? (Please select one per row.)

	Very Good	Good	Fair	Poor	Very Poor	N/A
Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services	<input type="radio"/>	<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"/>	<input type="radio"/>
Outpatient Services	<input type="radio"/>	<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"/>	<input type="radio"/>
Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health Department	<input type="radio"/>	<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"/>	<input type="radio"/>
Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2016 Community Health Needs Assessment - Hiawatha Community Hospital Primary Service Area

7. Throughout the past two years, did you or someone you know receive healthcare services outside of Hiawatha Community Hospital's primary service area?

Yes

Don't know

No

If yes, please specify the healthcare services received.

2016 Community Health Needs Assessment - Hiawatha Community Hospital Primary Service Area

8. Are there any other health needs from the list below that need to be discussed at our upcoming CHNA Town Hall meeting? (Please select all that need to be on our agenda.)

Abuse / Violence

Lead Exposure

Respiratory Disease

Alcohol

Mental Illness

Sexually Transmitted Infections

Cancer

Nutrition

Suicide

Diabetes

Obesity

Teen Pregnancy

Drugs / Substance Abuse

Ozone (Air)

Tobacco Use

Family Planning

Physical Exercise

Vaccinations

Heart Disease

Poverty

Wellness Education

Other (please specify)

2016 Community Health Needs Assessment - Hiawatha Community Hospital Primary Service Area

9. What is your home zip code?

2016 Community Health Needs Assessment - Hiawatha Community Hospital Primary Service Area

Demographics

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Elected Official (City / County) | <input type="checkbox"/> Other Health Professional |
| <input type="checkbox"/> Business / Merchant | <input type="checkbox"/> EMS / Emergency | <input type="checkbox"/> Parent / Caregiver |
| <input type="checkbox"/> Case Manager / Discharge Planner | <input type="checkbox"/> Farmer / Rancher | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Civic Club / Chamber | <input type="checkbox"/> Public Health Department | <input type="checkbox"/> Physician (MD / DO) |
| <input type="checkbox"/> Charitable Foundation | <input type="checkbox"/> Hospital | <input type="checkbox"/> Physician Clinic |
| <input type="checkbox"/> Clergy / Congregational Leader | <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 / Nursing Home |
| <input type="checkbox"/> Consumer Advocate | <input type="checkbox"/> Labor | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Consumer of Healthcare | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Low Income / Free Clinic | <input type="checkbox"/> Welfare / Social Service |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Mental Health | |
| <input type="checkbox"/> Education Official / Teacher | <input type="checkbox"/> Nursing | |
| <input type="checkbox"/> Other (please specify) | | |

2016 Community Health Needs Assessment - Hiawatha Community Hospital Primary Service Area

You have just completed the 2016 Community Health Needs Assessment survey. Thank you for your participation. By selecting "Done," you are submitting your response. The survey will now loop back to the start, giving others an opportunity to complete the same survey.

Again, thank you for your participation.

CHNA Report Contact :



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