



Community Health Needs Assessment
Atchison County, KS
On Behalf of Amberwell Atchison



November 2022

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

Table of Contents

I. Executive Summary

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

II. Methodology

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

III. Community Health Status

- a) Historical Community Health Indicators Review - Secondary Data
- b) Current Community Health Status - Online Feedback Research

IV. Inventory of Existing County Health Resources

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

V. Detail Exhibits

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

I. Executive Summary

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I. Executive Summary

Amberwell Atchison – Atchison, KS - 2022 Community Health Needs Assessment (CHNA) Wave #4

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

The previous Amberwell Atchison CHNA was completed in 2016 and 2019. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #4 Atchison County, Kansas CHNA assessment began June 2022 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

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

County Health Area of Future Focus on Unmet Needs: Atchison County, KS

2022 CHNA Priorities - Unmet Needs				
Atchison County, KS On Behalf of Amberwell Atchison				
CHNA Wave #4 Town Hall - August 16, 2022				
Primary Service Area (28 Attendees / 112 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Diagnosis, Placement, Aftercare, Awareness, Providers)	28	25.0%	25%
2	Suicide Prevention	20	17.9%	43%
3	Substance Abuse (Drug & Alcohol)	16	14.3%	57%
4	Uninsured / Underinsured	12	10.7%	68%
5	Poverty	11	9.8%	78%
6	Childcare Services (Affordable, Accessible, Ease License Requirements)	9	8.0%	86%
Total Votes		112	100%	
Other needs receiving votes: Wellness / Prevention, Sexual Education, Transportation (General), Dialysis, Community Education / Communion, Obesity (Nutrition / Exercise), Senior Care Providers, Limit Free Handouts				

Town Hall CHNA Findings: Areas of Strengths

Amberwell Atchison, KS - Community Health Strengths			
#	Topic	#	Topic
1	Access to Specialists	6	Quality Providers
2	Access to Dental and Vision Services	7	Generous, Giving Community
3	Farmer's Market	8	Chamber Blue Program Development
4	Access to Physical Therapy Services	9	School Health Support (Free Lunches)
5	Benedictine College	10	Access to Exercise Opportunities

Key CHNA Wave #4 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2022 Robert Woods Johnson County Health Rankings, the Atchison County Primary Service Area (PSA) average rank is 39th in Health Outcomes, 65th in Health Factors, and 21st in Physical Environmental Quality out of the 115 Counties.

TAB 1. Atchison County average for population is 16,239 (based on 2021). Roughly six percent (5.6%) of the population is under the age of 5, while the population that is over 65 years old is 17.6%. Citizens that speak a language other than English in their home make up 2.4% of the population. Children in single parent households make up a total of 14.7% compared to the rural norm of 18.6%, and 87.5% are living in the same house as one year ago.

TAB 2. In Atchison County, the average per capita income is \$24,250 while 13.1% of the population is in poverty. The severe housing problem was recorded as 11.2% compared to the rural norm of 11.4%. The food insecurity is 14.3%, and limited access to healthy foods (store) is 9.1%.

TAB 3. Children eligible for a free or reduced-price lunch average is 56.5%. Roughly ninety-three percent (92.7%) of students graduated high school in compared to the rural norm of 88.8% and 20.8% have a bachelor's degree or higher.

TAB 4. The percent of births where prenatal care started in the first trimester is 76.1% and 6.8% of births have a low birth weight. Continually, 4.9% (compared to the rural norm of 6.1%) was the weighted average of teens who gave birth between 2015-2019. The percent of mothers who were reported as smoking during pregnancy was 18.0%.

TAB 5. Atchison County average for primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 2,296 residents. The preventable hospital rate per 100,000 (lower is better) for hospital stays with ambulatory-care sensitive conditions is 4,312. Patients who reported “Yes”, they would definitely recommend the hospital was 75.0%. The average time patients spent in the emergency room before being seen was 128 minutes.

TAB 6. Atchison County average of the Medicare population that was recorded having depression was 17.9%. The age-adjusted suicide mortality rate per 100,000 was 23.9. The percent of Medicare Part D beneficiaries receiving an opioid supply greater than 10 days was recorded in 2021 as 40.5% compared to the rural norm of 44.2%.

TAB 7a – 7b. The average of those being reported as obese in Atchison County was 36.6%, and the physical inactivity percentage is 31.0%. The percentage of adults who smoke is 20.5%, while the excessive drinking percentage is 19.1% as of 2019. The Medicare hypertension percentage is 56.2%, while the heart failure percentage is 13.7%. The percentage of individuals who were recorded having COPD was 13.2%. Continually, a recorded 6.6% have cancer amongst their Medicare population and 2.1% of individuals who have had a stroke.

TAB 8. The adult uninsured rate for Atchison County average is 8.6% (based on 2019) compared to the rural norm of only 12.4%.

TAB 9. The life expectancy for both males and females is roughly seventy-eight years of age (77.9). The age-adjusted cancer mortality rate per 100,000 recorded was 177.2. The alcohol impaired driving deaths recorded from 2016-2020 for Atchison county is 18.8%

TAB 10. It was recorded (2021) that an average of 67.3% have access to exercise opportunities. There are 9.6% of the population that have diabetes and 41.0% on average of women seek annual mammography screenings. Those who have had an annual check-up in Atchison County with a primary care doctor was 74.6%.

Key CHNA Wave #4 Primary Research Conclusions Found:

Community Feedback from residents, community leaders and providers (N=139) provided the following community insights via an online perception survey:

- Using a Likert scale, 59.4% of Atchison County PSA stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- These stakeholders are satisfied with some of the following services: Ambulance Services, Eye Doctor / Optometrist, and Pharmacy.
- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health, Child Care, Drug / Substance Abuse, Affordable Healthcare, Housing, Dental Care, Underinsured / Uninsured, Preventative Health / Wellness, Owning Your Health, and Access to Specialists.

Atchison Co KS - CHNA YR 2022					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	Rank
1	Mental Health (Diagnosis, Treatment, Aftercare, Physicians)	98	10.3%		1
2	Child Care	88	9.3%		2
3	Affordable Healthcare	76	8.0%		4
4	Drug / Substance Abuse	68	7.2%		3
5	Dental Care	62	6.5%		6
6	Housing (Safe & Affordable)	61	6.4%		5
7	Underinsured / Uninsured	53	5.6%		7
8	Preventative Health / Wellness	52	5.5%		8
9	Poverty	51	5.4%		11
10	Awareness of Healthcare Services	48	5.1%		12
11	Access to Specialists (DERM, Cancer, PULM, AUD)	43	4.5%		10
12	Food Insecurity	37	3.9%		15
13	Public Transportation	36	3.8%		16
14	"Owning Your Health" (Apathy)	35	3.7%		9
15	Health Education	32	3.4%		17
16	Economic Development	31	3.3%		14
17	Hollistic Care	30	3.2%		19
18	Collaboration of Healthcare Services	26	2.7%		13
19	Eye Care	21	2.2%		18
Totals		948	100.0%		

II. Methodology

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II. Methodology

a) CHNA Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

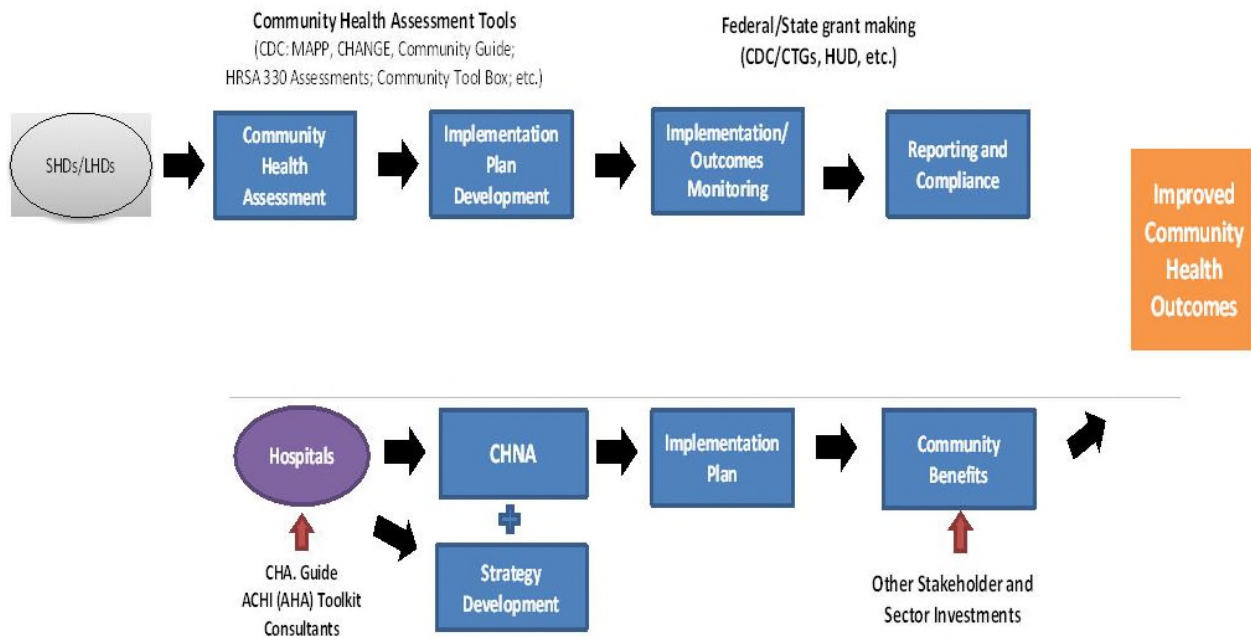
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Requirements Overview (Notice 2011-52)

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

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

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

IRS Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(0)(3) Last Reviewed or Updated: 21-Aug-2020

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

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

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

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

Additional Sources of Input

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

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

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

Collaboration on CHNA Reports

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

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

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

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

Joint Implementation Strategies

As with the CHNA report, a hospital facility may develop an implementation strategy in collaboration with other hospital facilities or other organizations. This includes but is not limited to related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations. In general, a hospital facility that collaborates with other facilities or organizations

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

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

Adoption of Implementation Strategy

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

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

New Hospital Organizations

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

New Hospital Facilities

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

Transferred/Terminated Facilities

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

Public Health Criteria:

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

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

DOMAIN 1 includes 4 STANDARDS:

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

Required CHNA Planning Process Requirements:

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

Seven Steps of Public Health Department Accreditation (PHAB):

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

MAPP Process Overview

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

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

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



Drivers of Health Assessment & Improvement Planning

Different drivers have led health agencies and organizations to institutionalize community health assessment and community health improvement planning in recent years.

National Voluntary Accreditation Requirements

In 2011, the Public Health Accreditation Board (PHAB), in partnership with key public health organizations, launched a new national voluntary accreditation program for state, tribal, local, and territorial health departments. The standards and measures encompass 12 domains of performance and include a comprehensive community health assessment (Domain 1, Standard 1.1) and a community health improvement plan (Domain 5, Standard 5.2). A documented community health assessment and improvement plan are two of the three prerequisites for applying to PHAB. PHAB requires that these processes be conducted collaboratively and that the documents be dated within the last five years. More information is available from [PHABexternal icon](#) and [CDC](#).

CDC Grant Requirements

CDC grants often require or encourage completing a community health assessment or improvement plan. In some cases, these plans provide valuable information for identifying priority health issues or needs. Examples include ; [National Public Health Improvement Initiative \(NPHII\)](#); [Community Transformation Grants or REACH Core](#)

The Public Health Accreditation board defines *community health assessment* as a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation. Turnock B. *Public Health: What It Is and How It Works*. Jones and Bartlett, 2009, as adapted in [Public Health Accreditation Board Acronyms and Glossary of Terms Version 1.0 Cdc-pdf\[PDF – 536KB\]External](#), July 2011.

The Catholic Health Association defines a *community health needs assessment* as a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize these needs, and to plan and act upon unmet community health needs.” Catholic Health Association, [Guide to Assessing and Addressing Community Health Needs Cdc-pdf\[PDF-1.5MB\]External](#), June 2013.

Social Determinants of Health

What Are Social Determinants of Health?



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

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

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

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:

Amberwell Atchison

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

About Us: Amberwell Atchison has been the leading healthcare provider in the Atchison community and surrounding area since 1912. In 2010 a new facility was built and was designed with patient care in mind. Our 85,000 square foot, single story building allows all departments and nurses stations to be in close proximity which increases efficiency in patient care.

Features of Amberwell Atchison

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

Our Mission: Amberwell Atchison provides compassionate care with clinical excellence

Our Vision: Amberwell Atchison improves the health and wellness of the communities we serve.

Our Values: Amberwell Atchison is a leader in health and wellness:

- Excellence
- Compassion
- Quality
- Respect
- Innovation
- Just Culture
- Accountability
- Appreciation

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

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

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

**616 Commercial St
Atchison, KS 66002**

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

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

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

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

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications:

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

VVV Consultants LLC is an Olathe, KS based "boutique" healthcare consulting firm specializing in Strategy, Research and Business Development services. To date we have completed 70 unique community CHNA's in KS, MO, IA and NE (references found on our website VandehaarMarketing.com)



Vince Vandehaar, MBA – Principal

VVV Consultants LLC – start 1/1/09 *

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

Cassandra Kahl, BHS MHA – Director, Project Management

VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences (BHS)
 - Park University - Masters of Health Administration (MHA)
- Pharmacy Management (CVS) – 2 ½ years
- Hometown: Maple, WI



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

Our Mission: to research, facilitate, train, and create processes to improve healthcare delivery and uncover strategic "critical success" initiatives.

Our Vision: meeting today's challenges with the voice of the market.

Our Values :

"Community" – Industry engagement...membership AMA KC, ACHE, EPBA, Forum and SHSMD.

"Stewardship" – Fair fees based on client, project scope, turnaround time, etc.

"Integrity" – Trustworthy delivery with numerous client recommendations / endorsements.

"Experience" – Skilled consulting; Marketing careers. We understand business because we have been there!

"Growth" – Process-driven; ongoing innovational delivery.

II. Methodology

c) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in June of 2022 for Amberwell Atchison Hospital, located in Atchison County, KS to meet Federal IRS CHNA requirements.

In early December 2021, a meeting was called amongst the Amberwell Atchison leaders to review CHNA collaborative options. <Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps.> Outcomes from discussion led to Amberwell to request VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

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

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

Amberwell Atchison Hospital - Define PSA					Inpatients				Outpatients			
Source: KHA, FFY 2019 - 2022		Totals - IP/OP			940	1,001	999	752	33,242	30,551	34,097	31,521
Patient Zip Code	County	3YR TOT	%	Accum	FFY19	FFY20	FFY21	FFY22	FFY19	FFY20	FFY21	FFY22
66002	ATCHISON	91,296	68.6%	68.6%	714	741	688	511	23,641	21,009	23,214	20,778
66023	ATCHISON	5,951	4.5%	73.1%	38	47	41	38	1442	1406	1552	1387
66041	ATCHISON	4,146	3.1%	76.2%	24	13	31	19	1016	935	1093	1015
66016	ATCHISON	3,008	2.3%	78.4%	27	16	16	16	743	715	725	750
66058	ATCHISON	740	0.6%	79.0%	NA	NA	NA	NA	187	169	201	183
66087	DONIPHAN	3,392	2.5%	81.5%	14	27	27	15	784	716	899	910
66048	LEAVENWORTH	3,203	2.4%	83.9%	24	27	45	30	515	773	836	953
66060	JEFFERSON	2,869	2.2%	86.1%	15	26	13	20	727	721	729	618
64484	BUCHANAN	2,686	2.0%	88.1%	9	11	6	13	700	526	697	724

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

A) Conduct secondary research to uncover the following historical community health status for the primary service area. Use valid health indicator sources cited to document current state of county health organized as follows:

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

B) Survey Community Stakeholders to inquire about past CHNA unmet needs and obtain current health delivery trends and document on going health issues.

Phase III—Quantify Community Need:

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

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

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

Detail CHNA Development Steps Include:

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

Data & Benchmarks Review

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

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

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

Community health assessment indicators should be.

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

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

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

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

Sources of community-health level indicators:

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

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

Amberwell - Atchison, KS			
VVV CHNA Wave #4 Work Plan - Year 2022			
Project Timeline & Roles - Working Draft as of 11/3/21			
Step	Timeframe	Lead	Task
1	Dec. 2021	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	1/5/2021	Hosp	Select CHNA Wave #4 Option B. Approve / Sign VVV CHNA quote
3	6/1/2022	VVV	Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	6/6/2022	VVV	Hold Kick-off Meeting & Request Hospital Client to send IHA PO reports for FFY 19, 20 and 21. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls)
5	6/9/2022	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	June - Jul 2022	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	By 6/23/2022	VVV / Hosp	Prepare/send out PR story#1 / E Mail#1 Request announcing upcoming CHNA work to CEO to review/approve.
8	6/24/2022	VVV / Hosp	Place PR #1 story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	6/27/2022	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 7/22/2022 for Online Survey
10	By 7/18/2022	Hosp	Prepare/send out to leaders the PR#2 story / E Mail#2 Request announcing upcoming Community TOWN HALL invite letter and place local AD.
11	7/20/2022	VVV / Hosp	Place PR #2 story to local media / Send E Mail to local stakeholders announcing / requesting participation in upcoming Town Hall Event.
12	8/12/2022	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	8/16/2022	VVV	Conduct virtual CHNA Town Hall for a working Lunch from 11:30 am - 1:00 pm at TBD . Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 9/1/22	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 9/15/22	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	Sept. 2022	TBD	Conduct Client Implementation Plan PSA Leadership meeting
17	By Dec. 2022	TBD	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

TEAM Table Assignments

Amberwell Atchison 2022 CHNA Town Hall 8/16/22 (11:30 am to 1:00 pm)						
#	Table	Lead	Last Name	First Name	Organization	Title
1	A	##	Perry	Jeff	Amberwell Health	CEO
2	A		Burghart	Makinzie	Amelia Earhart Hangar Museum	Director of Development
3	A		Feil-Neavitt	Lisa	Amberwell Health	Director of Materials
4	A		KREIDER	Angela	RAINBOW COMMUNICATIONS	Director of Business Dev
5	B	##	Turner	Elizabeth	Amberwell Health	VP Marketing
6	B		Irwin	Crystal	Amberwell Atchison	Dir of Cardiopulmonary
7	B		Myers	Gordon		
8	B		Sowers	Carrie	Atchison childcare	Exec Director
9	C	##	Durkin	Stephen	Atchison Community Health Clinic	CEO
10	C		Grossman	Travis	Theatre Atchison	Executive Director
11	C		McCarty	Kelli	Amberwell Atchison	Exec Director of Rev Cycle
12	C		Mize	Jonathan	Blish-Mize Co.	CEO & President
13	D	##	Green	Norma	Amberwell Atchison	CMO
14	D		Berger	Rick	Berger Company	President & CEO
15	D		Reigenstein	Louise	Gateway Real Estate & Auction	President
16	D		Savainaea	Leigh	Amberwell Rehab	Manager Occ Therapy
17	E	##	McNemee	Laura	City of Atchison	Human Resource Director
18	E		Dittemore	Jennifer	Benedictine College	Director of Career Services
19	E		Folsom	Amy	Amberwell Health	
20	E		Myers	Susan		
21	F	##	Asher	Aggie	Amberwell Atchison	Manager of Social Services
22	F		Krick	Christie	Amberwell Health at Home	Administrative Director
23	F		Minnis	Stephen	Benedictine College	President
24	F		Nugent	Renee	USD 409	Superintendent
25	G	##	Domann	Megan	Atchison County Health Dept	Health Officer
26	G		Emanuel	Kathleen	Amberwell Atchison	Laboratory Director
27	G		Klepees	Jennifer	Amberwell Health	Clinical Nurse Manager
28	G		Keri	Allison	Amberwell	COO
29	H	##	Sorensen	Alicia	Amberwell	CNO
30	H		Darland	Tyler	Amberwell	MD
31	H		Weishaar	Patrick	Atchison Fire Department	Fire Chief
32	H		Parks	Eric	HOPE Family Therapy Inc	Founder

1

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

- I. Opening / Introductions (5 mins)
- II. Review CHNA Purpose and Process (5 mins)
- III. Review Current County "Health Status"
 - Secondary Data by 10 TAB Categories
 - Review Community Feedback Research (40 mins)
- IV. Collect Community Health Perspectives
 - Hold Community Voting Activity
 - Determine Most Important Unmet Needs (35 mins)
- V. Close / Next Steps (5 mins)

2

Introduction: Who We Are Background and Experience



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

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



Hannah Foster – Associate Consultant
VVV Consultants LLC – April 2022

- MO Southern State – Joplin, MO
- Avila University – MBA with HC
- Hometown: Lee's Summit, MO



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

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

3

CHNA Experience



2022 CHNA Wave #4 Clients - VVV Consultants LLC as of 8/9/22 N=46							
#	ST	Clients from 1/1/21	Location	#	ST	Clients from 1/1/21	Location
1	KS	Grove Co Med Center	Quinter, KS	24	IA	Shc	Shenandoah IA
2	KS	Prairie Valley	Larned, KS	25	IA	MercyOne Centerville	Centerville IA
3	KS	Citizens Health	Colby, KS	26	IA	Manning Regional	Manning IA
4	KS	Hays Medical	Hays, KS	27	IA	MercyOne Newton	Newton IA
5	KS	Osborne Co Mem H	Osborne, KS	28	IA	MercyOne Elkader	Elkader IA
6	KS	Smith Co Mem Hosp	Smith Ctr, KS	29	IA	Elkworth Med	Elkworth, KS
7	KS	Shenando Co	Hoxie, KS	30	KS	Republic Co Hosp	Republic, KS
8	KS	Nowa Co	Greensburg, KS	31	MO	Cameron Reg PSA	Cameron, MO
9	KS	Pratt Reg	Pratt, KS	32	MO	Hannibal Reg PSA	Hannibal, MO
10	KS	Nemaha Valley Com	Sabetha, KS	33	NE	Broken Bow NE	Custer Co NE
11	KS	Sabetha Comm	Sabetha, KS	34	KS	Moundridge KS	Moundridge, KS
12	KS	Miami County	Paola, KS	35	MO	Bay County MO	Bay County MO
13	KS	Stetie Meal	GMG JCCC	36	KS	Hawthorn, KS	Hawthorn, KS
14	KS	Particko Health	Anthony, KS	37	KS	Coffeyville Regional	Coffeyville, KS
15	KS	Trego Co	Wakeson, KS	38	KS	Amberwell - Atchison	Atchison, KS
16	KS	Russell Reg	Russell, KS	39	KS	Amberwell - Hawatha	Hawatha, KS
17	MO	Carroll Co MO	Carrollton, MO	40	IA	Cherokee Regional	Cherokee, IA
18	KS	Cowley Co	Hillbourn, KS	41	MO	Cass Regional	Hartsville, MO
19	KS	Harlan Co	Hillsboro, KS	42	KS	Carr Memorial NE	Mayaville, KS
20	KS	HCH Jackson Co	Horton, KS	43	KS	SW Medical Center	Liberal, KS
21	KS	ECMC - Not Online	Kinsley, KS	44	MO	Golden V Compass DOH	Clinton, MO
22	NE	Tri Valley	Cambridge NE	45	MO	Bates Co Mem Hospital	Butler, MO
23	IA	G C Grape Mem Hosp	Hamburg IA	46	MO	Cedar Co Mem Hosp	El Dorado Springs MO

4

Town Hall Participation (You)

- ALL attendees practice “Safe Engagement”. We will work together - Table Teams
- ALL attendees welcome to share. Engaging Conversation (No right or wrong answer)
 - Parking Lot
- ALL Take Notes – Important Health Indicators
- Please give truthful responses – Serious Community Conversation. Here to Update Unmet Needs List.
- Have a little fun along the way

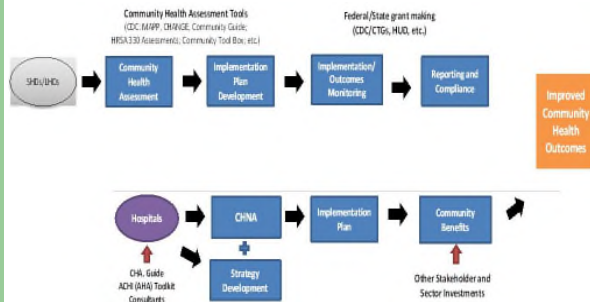
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II. Review of a CHNA

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

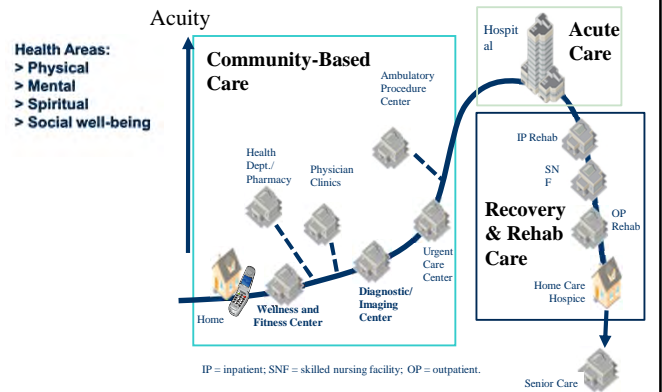
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Community Health Needs Assessment Joint Process: Hospital & Local Health Providers

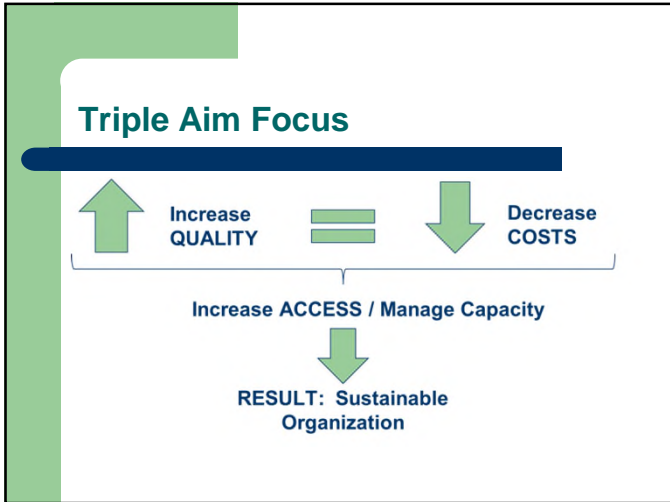


7

Future System of Care—Sg2



8




9

II. IRS Hospital CHNA Written Report Documentation – Table of Contents

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

10



Define Primary Service Area

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

11

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

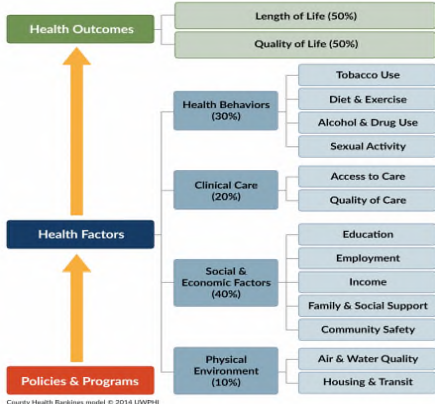
Trends: Good Same Poor

Health Indicators - Secondary Research

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

12

County Health Rankings - Robert Wood Johnson Foundation and University of WI Health Institute



County Health Rankings model © 2014 UWPR#

13

Focus Area	Measure	Description	Focus Area	Measure	Description	
1 Air and water quality (5%)	Air pollution - particulate matter	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	2b Community safety (5%)	Violent crime	Violent crime rate per 100,000 population	
	Drinking water violation	Percent of population potentially exposed to water exceeding a violation limit during the past year		Injury deaths	Injury mortality per 100,000	
	Housing and transit (5%)	Severe housing problem	Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	3 Health Outcomes (10%)		
Driving alone to work		Percent of the workforce that drives alone to work	1a Health Behaviors			
Long commutes - driving alone		Among workers who commute in their car alone, the percent that commute more than 30 minutes	2c Clinical Care (20%)			
2a Access to care (10%)	Uninsured	Percent of population under age 65 without health insurance	2b Diet and exercise (10%)	Adult obesity	Percent of adults that report a BMI >= 30	
	Primary care physicians	Ratio of population to primary care physicians		Food environment index	Food environment index	Index of factors that contribute to a healthy food environment
	Dentists	Ratio of population to dentists			Physical inactivity	Physical inactivity
	Mental health providers	Ratio of population to mental health providers		Alcohol and drug use (5%)		Access to exercise opportunities
	Preventable hospital stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees			Sexual activity (5%)	Excessive drinking
Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c screening	Teen births	Alcohol-impaired driving deaths	Percent of driving deaths with alcohol involvement		
Mammography screening	Percent of female Medicare enrollees that receive mammography screening		2c Social and Economic Environment (40%)			
2b Social and Economic Environment (40%)			3b / 3c Morbidity / Mortality			
Focus Area	Measure	Description	Focus Area	Measure	Description	
	Education (10%)	High school graduation		Percent of ninth grade cohort that graduates in 4 years	Quality of life (50%)	Poor or fair health (age-adjusted)
Employment (10%)	Income (10%)	Children in poverty	Percent of children under age 18 in poverty	Length of life (50%)		Poor physical health days
	Family and social support (5%)	Inadequate social support	Percent of adults without social/emotional support		Low birthweight	Poor mental health days
	Children in single-parent households	Percent of children that live in household headed by single parent				Low birthweight
					Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)

14

IV. Collect Community Health Perspectives Thoughts/Opinions?

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

15

Community Health Needs Assessment



VVV Consultants LLC
601 N Mahaffie
Olathe, KS 66061

Questions? Next Steps?

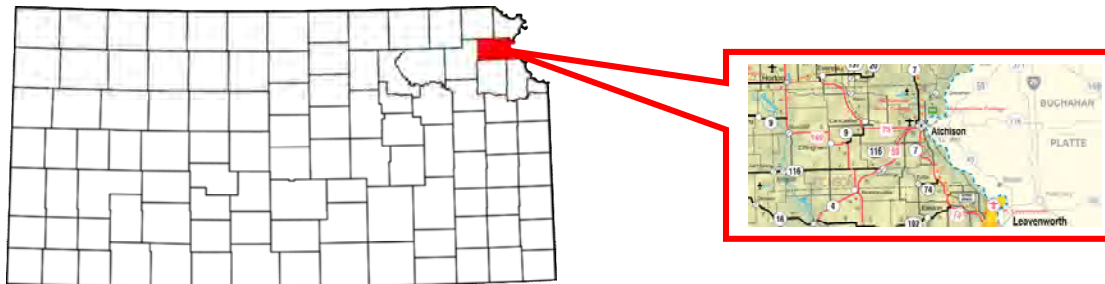
VVV@VandelaarMarketing.com
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(913) 302-7264

16

II. Methodology

d) Community Profile (A Description of Community Served)

Atchison County, Kansas Community Profile



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

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

Atchison County (KS) Pubic Airports¹

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

Atchison County (KS) Public Schools²

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

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

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

Atchinson Co, KS - Detail Demographic Profile

#	ZIP	NAME	County	Population			Households		HH	Per Capita
				Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
1	66002	Atchison	ATCHISON	13,321	12,983	-2.5%	4,821	4,686	2.5	\$22,701
2	66016	Cummings	ATCHISON	513	498	-2.9%	191	185	2.7	\$25,887
3	66023	Effingham	ATCHISON	1,131	1,094	-3.3%	464	450	2.4	\$23,968
4	66041	Lancaster	ATCHISON	657	632	-3.8%	255	246	2.6	\$24,990
5	66058	Muscotah	ATCHISON	420	423	0.7%	161	163	2.6	\$24,647
Totals				16,042	15,630	-2.6%	5,892	5,730	2.6	\$24,439

#	ZIP	NAME	County	Population				Year 2020		Females
				Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
1	66002	Atchison	ATCHISON	13,321	2,309	4,929	1,685	35	6,885	1,784
2	66016	Cummings	ATCHISON	513	111	140	49	47	246	48
3	66023	Effingham	ATCHISON	1,131	227	348	117	43	549	113
4	66041	Lancaster	ATCHISON	657	145	180	67	46	323	63
5	66058	Muscotah	ATCHISON	420	81	119	45	44	201	44
Totals				16,042	2,873	5,716	1,963	215	8,204	2,052

#	ZIP	NAME	County	Population 2020				Average Households 2020		
				Caucasian	African Amer	Amer Ind.	Hispanic	HH 2020	Med \$ HH	HH \$50K+
1	66002	Atchison	ATCHISON	88.2%	6.0%	0.7%	3.6%	4821	46112	2,331
2	66016	Cummings	ATCHISON	95.5%	1.8%	0.8%	1.2%	191	59974	115
3	66023	Effingham	ATCHISON	95.8%	1.0%	0.8%	2.7%	464	46701	227
4	66041	Lancaster	ATCHISON	95.9%	0.3%	0.6%	1.4%	255	52893	141
5	66058	Muscotah	ATCHISON	96.9%	0.2%	0.5%	1.9%	161	52446	95
Totals				94.5%	1.8%	0.7%	2.1%	5892	51625	2,909

Source: ERSI Demographics

III. Community Health Status

[VVV Consultants LLC]

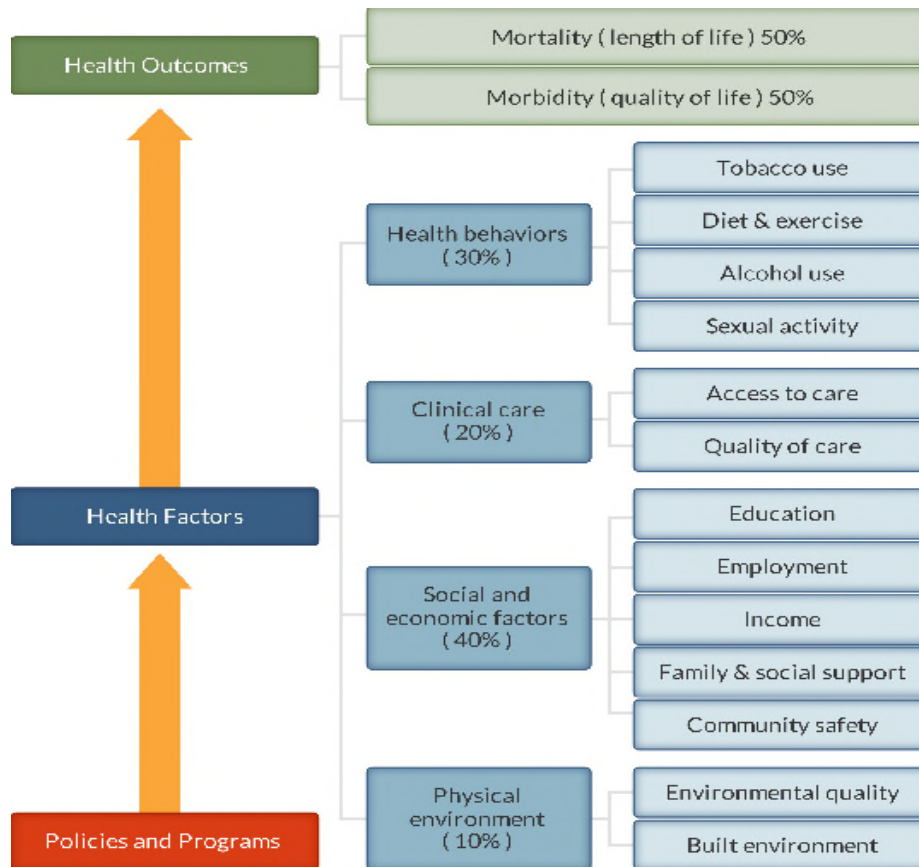
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2020 RWJ County Health Rankings and conversations from Town Hall participates. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

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



County Health Rankings model ©2012 UWPHI

National Research – Year 2022 RWJ Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Atchison Co.	TREND	KS Rural 28 Norm
1	Health Outcomes		49		79
2	Mortality	Length of Life	35		22
3	Morbidity	Quality of Life	62		97
4	Health Factors		82		94
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	81		73
6	Clinical Care	Access to care / Quality of Care	47		102
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	86		96
8	Physical Environment	Environmental quality	62		20

KS Rural 28 Norm includes the following counties: Atchison, Brown, Chautauqua, Clay, Dickinson, Doniphan, Elk, Ellsworth, Finney, Geary, Harvey, Haskell, Jackson, Jefferson, Labette, Mcpherson, Marion, Meade, Montgomery, Morris, Nemaha, Neosho, Ottawa, Pratt, Rice, Seward, Stevens, and Wilson.

PSA Secondary Research:

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

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

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

Tab 1: Demographic Profile

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

Tab	Demographic - Health Indicators		Atchison Co. KS	Trend	State of KS	KS Rural 28 Norm	Source
1	a	Population estimates, July 1, 2021, (V2021)	16,239		2,913,314	14,405	People Quick Facts
	b	Population, percent change - April 1, 2020 (estimates base) to July 1, 2021, (V2021)	-0.7%		NA	-0.6%	People Quick Facts
	d	Persons under 5 years, percent, 2021	5.6%		6.4%	6.3%	People Quick Facts
	e	Persons 65 years and over, percent, 2021	17.6%		16.3%	19.7%	People Quick Facts
	f	Female persons, percent, 2021	51.4%		50.2%	49.6%	People Quick Facts
	g	White alone, percent, 2021	90.9%		86.3%	91.7%	People Quick Facts
	h	Black or African American alone, percent, 2021	4.8%		6.1%	2.6%	People Quick Facts
	i	Hispanic or Latino, percent, 2021	3.2%		12.2%	11.8%	People Quick Facts
	j	Language other than English spoken at home, percent of persons age 5 years+, 2016-2020	2.4%		11.9%	9.8%	People Quick Facts
	k	Living in same house 1 year ago, percent of persons age 1 year+, 2016-2020	87.5%		83.8%	87.5%	People Quick Facts
	l	Children in single-parent households, percent, 2016-2020 (2022)	14.7%		29.0%	18.6%	County Health Rankings
	m	Veterans, 2016-2020	950		176,444	947	People Quick Facts

Tab 2: Economic Profile

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

Tab	Economic - Health Indicators		Atchison Co. KS	Trend	State of KS	KS Rural 28 Norm	Source
2	a	Per capita income in past 12 months (in 2020 dollars), 2016-2020	\$24,250		\$31,814	\$27,600	People Quick Facts
	b	Persons in poverty, percent, 2021	13.1%		11.4%	11.4%	People Quick Facts
	c	Housing units, July 1, 2019, (V2021)	6,947		1,288,401	6,650	People Quick Facts
	d	Persons per household, 2016-2020	2.4		2.5	2.4	People Quick Facts
	e	Severe housing problems, percent, 2014-2018 (2021)	11.2%		13.0%	11.4%	County Health Rankings
	f	Total of All firms, 2012 (2021)	925		239,118	1,202	Business Quick Facts
	g	Unemployment, percent, 2020 (2021)	6.9%		3.4%	4.7%	County Health Rankings
	h	Food insecurity, percent, 2019 (2021)	14.3%		13.0%	12.3%	County Health Rankings
	i	Limited access to healthy foods, percent, 2019 (2021)	9.1%		8.0%	9.5%	County Health Rankings
	j	Long commute - driving alone, percent, 2016-2020 (2021)	25.7%		21.0%	24.0%	County Health Rankings

Tab 3: Educational Profile

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

Tab	Education - Health Indicator		Atchison Co. KS	Trend	State of KS	KS Rural 28 Norm	Source
3	a	Children eligible for free or reduced price lunch, percent, 2019-2020 (2021)	56.5%		46.6%	52.9%	County Health Rankings
	b	High school graduate or higher, percent of persons age 25 years+, 2015-2019	92.7%		91.0%	88.8%	People Quick Facts
	c	Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	20.8%		33.4%	21.9%	People Quick Facts

Tab 4: Maternal / Infant Profile

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

Tab	Maternal/Infant - Health Indicators		Atchison Co. KS	Trend	State of KS	KS Rural 28 Norm	Source
4	a	Percent of Births Where Prenatal Care began in First Trimester, 2018-2020 (2021)	76.1%		81.0%	79.6%	Kansas Health Matters
	b	Percentage of Premature Births, 2018-2020 (2021)	8.6%		9.8%	9.4%	Kansas Health Matters
	c	Percent of Infants up to 24 months that received full Immunizations, 2017-2018 (2021)	71.0%		71.1%	72.2%	Kansas Health Matters
	d	Percent of Births with Low Birth Weight, 2018-2020 (2021)	6.8%		7.4%	7.2%	Kansas Health Matters
	e	Percent of WIC Mothers Breastfeeding Exclusively, percent, 2020 (2021)	10.6%		13.6%	16.6%	Kansas Health Matters
	f	Percent of all Births Occurring to Teens (15-19), 2018-2020	4.9%		5.2%	6.1%	Kansas Health Matters
	g	Percent of births Where Mother Smoked During Pregnancy, 2018-2020	18.0%		8.7%	13.2%	Kansas Health Matters

#	Criteria - Vital Statistics	Atchison County	Trend	Kansas	KS Rural 28 Norm
a	Total Live Births, 2016	12.4		13.1	12.9
b	Total Live Births, 2017	10.7		12.5	12.1
c	Total Live Births, 2018	11.4		12.5	12.7
d	Total Live Births, 2019	11.9		12.1	12.1
e	Total Live Births, 2020	10.6		11.8	11.7
g	Total Live Births, 2016- 2020 - Five year Rate (per 1,000)	11.4		12.4	12.3

Source: Kansas Department of Health and Environment

Tab 5: Hospitalization and Provider Profile

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

Tab	Hospital/Provider - Health Indicator		Atchison Co. KS	Trend	State of KS	KS Rural 28 Norm	Source
5	a	Primary care physicians (Pop Coverage per) (No extenders incl.) , 2019 (2021)	2296:1		1271:1	2120:1	County Health Rankings
	b	Preventable hospital rate per 100,000, 2019 (2021) (lower the better)	4,312		3,645	4,143	County Health Rankings
	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	77.0%		NA	77.6%	CMS Hospital Compare, Latest Release
	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	75.0%		NA	76.3%	CMS Hospital Compare, Latest Release
	e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	128		NA	116	CMS Hospital Compare, Latest Release

Source: Internal Records - Atchison County KS

	Local Health Dept Programs	YR 2019	YR 2020	YR 2021
1	Core Community Public Health	\$82,000	\$82,000	\$82,000
2	Child Care Inspections	\$19,492	\$18,586	\$8,855
3	Environmental Services	N/A	N/A	N/A
4	Home Health	\$0	\$0	\$0
5	Screenings: Blood pressure / STD (\$\$)	\$0	\$0	\$0
	Counts (#)	N/A	N/A	N/A
6	Vaccine - received from State (\$\$)			
	Counts (#)	#742	#443	#650
7	WIC Administration	\$61,091.32	\$52,377.30	\$48,574.09

Tab 6: Behavioral / Mental Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Mental - Health Indicator	Atchison Co. KS	Trend	State of KS	KS Rural 28 Norm	Source
6	a Depression: Medicare Population, percent, 2018 (2021)	17.9%		19.8%	18.2%	Kansas Health Matters
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2018-2020 (lower is better)	23.9		18.5	13.4	Kansas Health Matters
	c Mental Behavioral Hospital Admission Rates per 100,000, 2018-2020	63.2		70.6	52.8	Kansas Health Matters
	k Percent of Medicare Part D Beneficiaries Receiving Opioids Supply >10 Days 2017 (2021)	40.5%		37.8%	44.2%	Kansas Health Matters
	d Average Number of mentally unhealthy days, 2019 (2021)	4.6		4.5	4.5	County Health Rankings

Tab 7a: Risk Indicators & Factors Profile

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

Tab	High-Risk - Health Indicator	Atchison Co. KS	Trend	State of KS	KS Rural 28 Norm	Source
7a	a Adult obesity, percent, 2019 (2021)	36.6%		35.6%	37.3%	County Health Rankings
	b Adult smoking, percent, 2019 (2021)	20.5%		16.8%	18.8%	County Health Rankings
	c Excessive drinking, percent, 2019 (2021)	19.1%		20.0%	18.7%	County Health Rankings
	d Physical inactivity, percent, 2019 (2021)	31.0%		26.7%	31.4%	County Health Rankings
	e # of Physically unhealthy days, 2019	3.8		3.6	3.8	County Health Rankings
	f Sexually transmitted infections (chlamydia), rate per 100,000 - 2018 (2021)	280.0		524.7	395.5	County Health Rankings

Tab 7b: Chronic Risk Profile

Tab	Chronic - Health Indicator	Atchison Co. KS	Trend	State of KS	KS Rural 28 Norm	Source
7b	a Hypertension: Medicare Population, 2018 (2021)	56.2%		55.9%	54.8%	Kansas Health Matters
	b Hyperlipidemia: Medicare Population, 2018 (2021)	41.2%		43.9%	40.7%	Kansas Health Matters
	c Heart Failure: Medicare Population, 2018 (2021)	13.7%		13.5%	14.7%	Kansas Health Matters
	d Chronic Kidney Disease: Medicare Pop, 2018 (2021)	21.9%		22.5%	20.9%	Kansas Health Matters
	e COPD: Medicare Population, 2018 (2021)	13.2%		11.9%	12.5%	Kansas Health Matters
	f Atrial Fibrillation: Medicare Population, 2018 (2021)	9.3%		8.9%	8.9%	Kansas Health Matters
	g Cancer: Medicare Population, 2018 (2021)	6.6%		8.2%	7.7%	Kansas Health Matters
	h Osteoporosis: Medicare Population, 2018 (2021)	4.3%		6.4%	5.9%	Kansas Health Matters
	i Asthma: Medicare Population, 2018 (2021)	4.2%		4.2%	3.5%	Kansas Health Matters
	j Stroke: Medicare Population, 2018 (2021)	2.1%		3.2%	2.9%	Kansas Health Matters

Tab 8 Uninsured Profile and Community Benefit

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

Tab	Coverage - Health Indicator	Atchison Co. KS	Trend	State of KS	KS Rural 28 Norm	Source
8	a Uninsured, percent, 2019 (2021)	8.6%		10.7%	12.4%	County Health Rankings

#	Amberwell Atchison Hospital	Year 2019	Year 2020	Year 2021
1	Bad Debt - Write off (in thousands)	\$3,205,591	\$2,667,442	\$2,981,326
2	Charity Care - Free Care Given	\$924,044	\$1,622,580	\$2,221,360

Tab 9: Mortality Profile

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

Tab	Mortality - Health Indicator	Atchison Co. KS	Trend	State of KS	KS Rural 28 Norm	Source
9	a Life Expectancy, 2017-2019 (2021)	77.9		78.5	77.6	Kansas Health Matters
	b Age-adjusted Cancer Mortality Rate per 100,000 population, 2018-2020 (lower is better)	177.2		151.4	163.0	Kansas Health Matters
	c Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2018-2020 (lower is better)	177.2		162.0	172.7	Kansas Health Matters
	d Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2018-2020 (Lower is better)	61.6		157.2	168.6	Kansas Health Matters
	e Alcohol-impaired driving deaths, percent, 2016-2020 (2021)	18.8%		19.4%	20.5%	County Health Rankings

Causes of Death by County of Residence, KS 2020	Atchison Co. KS	%	Trend	Kansas	%
TOTAL	175			31,667	
Heart disease	50	28.6%		6,202	19.6%
Other causes	37	21.1%		9,226	29.1%
Cancer	36	20.6%		5,471	17.3%
Ischemic Heart Disease	28	16.0%		3,641	11.5%
Chronic lower respiratory diseases	9	5.1%		1,630	5.1%
All other accidents and adverse effects	9	5.1%		1,313	4.1%
Diabetes	6	3.4%		1,030	3.3%

Tab 10: Preventive Quality Measures Profile

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

Tab	Preventative - Health Indicator	Atchison Co. KS	Trend	State of KS	KS Rural 28 Norm	Source
10	a Access to exercise opportunities, percent, 2021	67.3%		73.3%	46.5%	County Health Rankings
	b Adults with diabetes, monitoring, percent, 2019	9.6%		9.7%	10.4%	County Health Rankings
	c Mammography annual screening, percent, 2019	41.0%		46.0%	40.8%	County Health Rankings
	d Adults that report having visited a doctor for a routine check-up within the past year, percent, 2019	74.6%		NA	74.7%	Kansas Health Matters
	e Adults who visited a dentist or dental clinic in the past year, percent, 2018	61.5%		NA	61.8%	Kansas Health Matters

PSA Primary Research:

For each CHNA Wave # 4 evaluation, a community stakeholder survey has been created and administered to collect “current” healthcare information for Amberwell Atchison primary service area (PSA).

Chart #1 – Atchison County, KS PSA Online Feedback Response (N=172)

Atchison County KS - CHNA YR 2022			
For reporting purposes, are you involved in or are you a ...?	Atchison Co KS N=172	Trend	Wave 4 Norms N= 7,198
Business / Merchant	7.3%		11.9%
Community Board Member	11.3%		10.5%
Case Manager / Discharge Planner	2.0%		1.0%
Clergy	0.7%		1.5%
College / University	3.3%		3.2%
Consumer Advocate	3.3%		1.7%
Dentist / Eye Doctor / Chiropractor	1.3%		0.9%
Elected Official - City/County	0.7%		2.3%
EMS / Emergency	1.3%		2.6%
Farmer / Rancher	3.3%		7.8%
Hospital / Health Dept	12.7%		21.1%
Housing / Builder	0.7%		0.9%
Insurance	0.7%		1.4%
Labor	3.3%		2.7%
Law Enforcement	1.3%		1.4%
Mental Health	2.7%		2.2%
Other Health Professional	6.7%		12.4%
Parent / Caregiver	16.7%		18.4%
Pharmacy / Clinic	2.7%		2.5%
Media (Paper/TV/Radio)	0.7%		0.6%
Senior Care	0.7%		3.8%
Teacher / School Admin	5.3%		7.6%
Veteran	3.3%		3.6%
Other (please specify)	8.0%		8.9%
TOTAL	172		6692
Norms: KS Counties: Atchison, Brown, Dickinson, Jackson, Marion, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; MO Counties: Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; IA Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton; NE Counties: Custer & Furnis.			

Chart #2 - Quality of Healthcare Delivery Community Rating

Atchison County KS - CHNA YR 2022			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Atchison Co KS N=172	Trend	Wave 4 Norms N=7,198
Top Box %	22.4%		26.2%
Top 2 Boxes %	59.4%		68.7%
Very Good	22.4%		26.2%
Good	37.1%		42.6%
Average	31.8%		24.5%
Poor	5.9%		5.3%
Very Poor	2.9%		1.5%
Valid N	172		7,150
<small>Norms: KS Counties: Atchison, Brown, Dickinson, Jackson, Marion, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; MO Counties: Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; IA Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton; NE Counties: Custer & Furnis.</small>			

Chart #3 – Overall Community Health Quality Trend

Atchison County KS - CHNA YR 2022			
When considering "overall community health quality", is it...	Atchison Co KS N=172	Trend	Wave 4 Norms N=7,198
Increasing - moving up	34.4%		42.8%
Not really changing much	50.3%		45.7%
Decreasing - slipping	15.3%		11.5%
Valid N	172		6,471
<small>Norms: KS Counties: Atchison, Brown, Dickinson, Jackson, Marion, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; MO Counties: Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; IA Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton; NE Counties: Custer & Furnis.</small>			

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

Atchison Co KS - CHNA YR 2022					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	Rank
1	Mental Health (Diagnosis, Treatment, Aftercare, Physicians)	98	10.3%		1
2	Child Care	88	9.3%		2
3	Affordable Healthcare	76	8.0%		4
4	Drug / Substance Abuse	68	7.2%		3
5	Dental Care	62	6.5%		6
6	Housing (Safe & Affordable)	61	6.4%		5
7	Underinsured / Uninsured	53	5.6%		7
8	Preventative Health / Wellness	52	5.5%		8
9	Poverty	51	5.4%		11
10	Awareness of Healthcare Services	48	5.1%		12
11	Access to Specialists (DERM, Cancer, PULM, AUD)	43	4.5%		10
12	Food Insecurity	37	3.9%		15
13	Public Transportation	36	3.8%		16
14	"Owning Your Health" (Apathy)	35	3.7%		9
15	Health Education	32	3.4%		17
16	Economic Development	31	3.3%		14
17	Hollistic Care	30	3.2%		19
18	Collaboration of Healthcare Services	26	2.7%		13
19	Eye Care	21	2.2%		18
Totals		948	100.0%		

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

Atchison County KS - CHNA YR 2022			
In your opinion, what are the root causes of "poor health" in our community?	Atchison Co KS N=172	Trend	Wave 4 Norms N=7,198
Chronic disease prevention	10.3%	Yellow	11.0%
Lack of health & Wellness Education	12.7%	Yellow	14.0%
Lack of Nutrition / Exercise Services	9.4%	Yellow	10.6%
Limited Access to Primary Care	7.9%	Red	6.4%
Limited Access to Specialty Care	8.8%	Yellow	8.3%
Limited Access to Mental Health Assistance	16.9%	Yellow	18.5%
Family assistance programs	4.5%	Yellow	5.7%
Lack of health insurance	20.2%	Red	14.2%
Neglect	9.4%	Yellow	11.4%
Total Votes	172		11,976
<small>Norms: KS Counties: Atchison, Brown, Dickinson, Jackson, Marion, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; MO Counties: Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; IA Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton; NE Counties: Custer & Furnis.</small>			

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

Atchison County KS - CHNA YR 2022	Atchison Co KS N=172		Trend	Wave 4 Norms N=7,198	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?					
Ambulance Services	78.5%	4.1%	Green	80.2%	5.2%
Child Care	57.3%	15.4%	Red	41.7%	17.4%
Chiropractors	67.5%	5.3%	Yellow	70.0%	6.1%
Dentists	78.3%	5.0%	Yellow	69.6%	10.6%
Emergency Room	59.7%	12.6%	Yellow	71.6%	9.3%
Eye Doctor / Optometrist	83.5%	1.7%	Green	73.8%	7.2%
Family Planning Services	38.2%	21.8%	Red	36.8%	20.3%
Home Health	62.2%	7.6%	Yellow	53.7%	11.2%
Hospice	64.3%	7.0%	Yellow	62.6%	8.8%
Telehealth	41.3%	17.4%	Red	48.7%	13.4%
Inpatient Services	58.8%	10.5%	Yellow	74.5%	6.3%
Mental Health	17.6%	45.4%	Red	25.6%	38.1%
Nursing Home/Senior Living	36.0%	21.9%	Red	52.2%	14.8%
Outpatient Services	61.4%	7.0%	Yellow	73.5%	4.9%
Pharmacy	73.5%	4.3%	Green	85.5%	2.7%
Primary Care	68.6%	6.8%	Yellow	75.4%	6.3%
Public Health	38.9%	15.9%	Red	57.3%	9.4%
School Health	41.3%	15.6%	Red	59.9%	8.3%
Visiting Specialists	54.5%	12.5%	Yellow	64.3%	9.7%

Chart #7 – Community Health Readiness

Atchison County KS - CHNA YR 2022		Bottom 2 boxes		
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Atchison Co KS N=172	Trend	Wave 4 Norms N=7,198	
Behavioral / Mental Health	44.5%		36.9%	
Emergency Preparedness	14.9%		9.8%	
Food and Nutrition Services/Education	17.7%		17.0%	
Health Screenings (as asthma, hearing, vision, scoliosis)	16.4%		12.0%	
Prenatal/Child Health Programs	9.4%		14.0%	
Substance Use/Prevention	42.6%		36.6%	
Suicide Prevention	39.8%		39.1%	
Violence Prevention	40.2%		36.4%	
Women's Wellness Programs	22.2%		19.4%	

Norms: **KS Counties:** Atchison, Brown, Dickinson, Jackson, Marion, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; **MO Counties:** Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; **IA Counties:** Fremont, Page, Appanoose, Carroll, Jasper, Clayton; **NE Counties:** Custer & Furnis.

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

Specialties:

Atchison County KS - CHNA YR 2022			
In the past 2 years, did you or someone you know receive HC outside of our community?	Atchison Co KS N=172	Trend	Wave 4 Norms N=7,198
Yes	74.3%		72.7%
No	25.7%		27.3%

Norms: **KS Counties:** Atchison, Brown, Dickinson, Jackson, Marion, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; **MO Counties:** Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; **IA Counties:** Fremont, Page, Appanoose, Carroll, Jasper, Clayton; **NE Counties:** Custer & Furnis.

Specialty	CTS
DERM	8
EMER	6
TRAV	6
CARD	5
PRIM	5
SURG	4
BH	3
CLIN	2
ENT	2
IP	2
NEU	2
OPHT	2
ORTH	2
SCAN	2

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

Atchison County KS - CHNA YR 2022			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Atchison Co KS N=172	Trend	Wave 4 Norms N=7,198
Yes	59.5%		57.7%
No	40.5%		42.3%

Norms: **KS Counties:** Atchison, Brown, Dickinson, Jackson, Marion, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; **MO Counties:** Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; **IA Counties:** Fremont, Page, Appanoose, Carroll, Jasper, Clayton; **NE Counties:** Custer & Furnis.

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

Atchison County KS - CHNA YR 2022			
What needs to be discussed further at our CHNA Town Hall meeting?	Atchison Co KS N=172	Trend	Wave 4 Norm= 7,198
Abuse/Violence	3.8%		4.1%
Alcohol	3.2%		3.8%
Alternative Medicine	2.8%		3.0%
Breast Feeding Friendly Workplace	2.3%		1.6%
Cancer	8.6%		4.1%
Care Coordination	1.7%		2.3%
Diabetes	1.5%		2.7%
Drugs/Substance Abuse	2.6%		5.6%
Family Planning	2.8%		2.2%
Heart Disease	6.8%		3.0%
Lack of Providers/Qualified Staff	2.8%		3.8%
Lead Exposure	2.6%		1.1%
Mental Illness	1.5%		7.2%
Neglect	4.7%		2.8%
Nutrition	3.9%		4.3%
Obesity	0.6%		4.3%
Occupational Medicine	2.9%		0.9%
Ozone (Air)	2.3%		1.3%
Physical Exercise	4.9%		4.3%
Poverty	0.1%		3.7%
Preventative Health / Wellness	0.7%		3.7%
Respiratory Disease	3.3%		1.2%
Sexually Transmitted Diseases	5.5%		2.2%
Smoke-Free Workplace	4.4%		1.4%
Suicide	1.7%		5.1%
Teen Pregnancy	4.7%		3.2%
Telehealth	3.2%		2.3%
Tobacco Use	2.5%		2.2%
Transporation	2.5%		2.6%
Vaccinations	4.2%		3.4%
Water Quality	3.1%		2.0%
Health Literacy	1.3%		2.9%
Other (please specify)	0.6%		1.5%
TOTAL Votes	172		21,876

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services Atchison County, KS - 2022

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

Inventory of Health Services Atchison County, KS - 2022

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

Providers Delivering Care in Atchison County, KS 2022 Atchison Hospital Primary Service Area

# of FTE Providers Working in County	Physicians		Allied Staff
	PSA Based DRs	Visiting	PSA Based PA / NP
Primary Care:			
Family Practice	10.0		10.0
Internal Medicine / Geriatrician	2.0		1.0
Obstetrics/Gynecology			
Pediatrics			
Medicine Specialists:			
Allergy/Immunology			
Audiology			3.0
Cardiology		34.0	
Dermatology			
Endocrinology		1.0	
Gastroenterology			
Oncology/RADO		1.0	
Infectious Diseases			
Nephrology		1.0	
Neurology		2.0	
Psychiatry		1.0	2.0
Pulmonary		1.0	
Rheumatology		1.0	
Surgery Specialists:			
General Surgery / Colon / Oral	1.0		2.0
Neurosurgery			
Ophthalmology		2.0	
Orthopedics	1.0	1.0	1.0
Otolaryngology (ENT)		1.0	
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vasc			
Urology		1.0	
Hospital Based:			
Anesthesia/Pain	1.0		4.0
Emergency	4.0	2.0	2.0
Radiology		23.0	
Pathology		20.0	
Hospitalist			
Neonatal/Perinatal			
Physical Medicine/Rehab			
Occupational Medicine			1.0
Podiatry		2.0	
Chiropractor		2.0	
Optometrist OD			
Dentists		2.0	
TOTALS	19.0	98.0	26.0

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

Visiting Specialists to Amberwell Atchison (KS) - 2022

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

Atchison County, KS – 2022 Area Health Services

Emergency Numbers

Police/Sheriff	911
Fire	911
Ambulance	911

Non-Emergency Numbers

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

Municipal Non-Emergency Numbers

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

Other Emergency Numbers

Kansas Child/Adult Abuse and Neglect Hotline

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

Domestic Violence Hotline

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

Emergency Management (Topeka)

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

Federal Bureau of Investigation

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

Kansas Arson/Crime Hotline

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

Kansas Bureau of Investigation (Topeka)

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

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

www.kcsdv.org

Kansas Road Conditions

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

Poison Control Center

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

Suicide Prevention Hotline

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

Toxic Chemical and Oil Spills

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

Hospitals / Health Services

Amberwell Atchison

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

**NEK Multi County Health
Department/Atchison County Health
Department**

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

Mental Health

Atchison Counseling Service

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

The Guidance Center

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

Hope Family Therapy

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

Kerry A. Marvin

710 Parallel Street (Atchison)
913-367-5419

Medical Professionals

Chiropractors

Atchison Chiropractic Clinic

1500 Main Street (Atchison)
913-367-4441

ChiroHealthCare

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

Koenen Chiropractic Clinic

522 Commercial Street (Atchison)
913-367-5371

Stephen W. Wheatley

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

Trusted Care Chiropratic

310 Commercial (Atchison)
913-426-3913

Clinics

Atchison Community Health Clinic

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

Amberwell Atchison

800 Raven Hill Drive (Atchison)
913-367-7300

Specialty Clinic

Mid-America Cardiology (KU Medical)

820 Ravenhill Drive (Atchison)
913-367-6227

Mosaic Cardiovascular Consultants

820 Ravenhill Drive (Atchison)
913-367-4664

Dentists

Atchison Dental Associates

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

Heartland Dental Group

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

John Dolenz

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

Northwest Missouri Oral & Maxillofacial Surgery

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

Paolillo & Jungbluth

1642 Main Street (Atchison)
913-367-7625

Oltjen Orthodontics

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

Atchison Family Dentistry

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

Optometrists

Atchison Eye Center

727 Commercial Street (Atchison)
913-367-498

Eye Specialists of Atchison

605 Commercial Street (Atchison)
913-367-4451

Pharmacies

CVS Pharmacy

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

Kex Rx

807 Main Street (Atchison)
913-367-5252

Wal-Mart Pharmacy

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

Physicians and Health Care Providers

Amberwell Atchison

800 Raven Hill Drive (Atchison)
913-367-7300

Other Health Services

General Health Services

Atchison County Health Department

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

Assisted Living/Nursing Homes/TLC Atchison Senior Village

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

The Gran Villas of Atchison

1635 Riley Street (Atchison)
913-367-2077

Mall Towers

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

Medicalodges

1637 Riley Street (Atchison)
913-367-6066

Santa Fe Place Apartments

807 Santa Fe Street (Atchison)

Trinity Place Senior Residences

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

Vintage Park at Atchison

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

Diabetes Arriva Medical

1-800-375-5137

Diabetes Care Club

1-888-395-6009

Disability Services American Disability Group

1-877-790-8899

Kansas Department for Aging and Disability Services

1-800-432-3535

www.kdads.ks.gov

Domestic/Family Violence Child/Adult Abuse Hotline

1-800-922-5330

www.dcf.ks.gov/services

Alliance Against Family Violence

Hotline: 913-675-7217

Business: 913-675-7220

Kurth Law Office

304 Commercial Street (Atchison)

913-367-2681

Kansas Crisis Hotline

Manhattan 785-539-7935

Health and Fitness Centers

Snap Fitness

409 Commercial Street (Atchison)

913-367-1511

YMCA

321 Commercial Street (Atchison)

913-367-4948 www.kansascityymca.org

Home Health/Hospice

Amberwell Health at Home

800 Raven Hill Drive

Atchison, KS 66002

913-360-5520

Massage Therapists

Trusted Care Chiropractic

310 Commercial Street (Atchison)

913-367-5103

True Roots Massage

101 S 5th Street (Atchison)

423-620-5200

Health Arts Massage

717 Commercial Street (Atchison)

913-744-8475

Medical Equipment and Supplies

Atchison Home Health Equipment Incorporated

708 Commercial Street (Atchison)

913-367-4099

School Nurses

St. Benedict's Catholic School

201 Division Street (Atchison)

913-367-3503

Atchison Child Care Association

1326 Kansas Avenue (Atchison)

913-367-6441

Atchison Public Schools – USD 409

Elementary School K-2

825 North 17th Street (Atchison)

913-367-1161

Elementary School 3-5

825 North 17th Street (Atchison)

913-367-3787

Middle School

301 North 5th (Atchison)

913-367-5363

High School

1500 West Riley (Atchison)

913-367-4162

Alternative School

215 North 8th (Atchison)

913-360-6540 www.usd409.net

Atchison County Community Schools – USD

377 (Effingham) 913-833-5050 www.usd377.org

Maur Hill-Mount Academy

1000 Green Street (Atchison)

913-367-5482 www.maurhillmountacademy.com

Trinity Lutheran School

611 North 8th Street (Atchison)

913-367-4763 www.tlsatchison.org

Food Pantry

First Christian Church

301 N. 7th Street (Atchison)

913-367-3036

Catholic Charities of NEKS

502 Kansas Avenue (Atchison)

913-367-5070

Salvation Army

926 Commercial Street (Atchison)
913-367-1207

Second Harvest

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

Housing & Homeless Services

NEK – CAP, Inc. Atchison County Outreach Office

509 Commercial Street (Atchison)
913-367-7114

Atchison Housing Authority

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

Effingham Community Housing

103 S. 7th Street (Effingham)

Atchison Area United Way

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

Senior Services

Project Concern

504 Kansas Avenue (Atchison)
913-367-4655

Shepherd's Center

302 North 5th Street (Atchison)
913-367-0512

Atchison Senior Village

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

The Gran Villas of Atchison

1635 Riley Street (Atchison)
913-367-2077

Medicalodges

1637 Riley Street (Atchison)
913-367-6066

Vintage Park At Atchison

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

Veterinary Services

Atchison Animal Clinic

908 Commercial Street (Atchison)
913-367-0427

Cedar Ridge Veterinary Clinic

12047 US Highway 73 (Atchison)
913-367-3600
www.cedarridgeveterinaryclinic.com

Westside Veterinary Hospital

17014 286th Road (Atchison)
913-367-0456

Local Government, Community, and Social Services

Adult Protection

Adult Protective Services (SRS)

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

Elder Abuse Hotline

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

Kansas Department for Children and Families

1-800-922-5330

Alcohol and Drug Treatment

Alcohol and Drug Abuse Services

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

Alcohol Detoxification 24-Hour Helpline

1-877-403-3387
www.ACenterForRecovery.com

Center for Recovery

1-877-403-6236

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

Heartland Regional Alcohol & Drug Assessment Center

1-913-789-0951
www.hradac.com

Recovery Services Guidance Center

201 Main Street (Atchison)
913-367-1593

Road Less Traveled

1-866-486-1812

Seabrook House

1-800-579-0377

The Treatment Center

1-888-433-9869

Valley Hope Alcohol and Drug Treatment Center

1816 N. 2nd Street (Atchison)

1-913-367-1618

www.valleyhope.org

Child Protection**Kansas Department for Children and Families– i.e. PROTECTION REPORT CENTER FOR ABUSE**

1-800-922-5330 Available 24 hours/7 days per week – including holidays

Children and Youth**Hope Family Therapy**

104 N 6th Street

Atchison, KS 66002

913-674-0057

Children's Alliance

627 SW Topeka Boulevard (Topeka) 785-235-5437 www.childally.org

The Guidance Center

201 Main Street (Atchison)

913-367-1593 www.theguidance-ctr.org

Kansas Children's Service League

1-800-332-6378

www.kcsl.org

Child Care – Children**Atchison Child Care Association**

1326 Kansas Avenue (Atchison)

913-367-6441 www.atchchildcare.org

First Steps

913-367-6060

NEK Cap Head Start Center

751 South 8th Street (Atchison)

913-367-7848

Funeral Homes**Arensberg Pruett Funeral Home**

208 North 5 (Atchison)

913-367-6403

Becker-Dyer-Stanton Funeral Home Incorporated

800 Kansas (Atchison)

913-367-6543

Legal Services**Campbell Law Office**

107 North 6th Street, Suite 5 (Atchison) 913-367-9900

www.campbelllawofficecpa.com

Kuckelman

414 North 5th Street (Atchison)

913-367-2008

Henderson Law Office

627 Commercial Street (Atchison)

913-367-1912 www.pehlaw.com

Kurth Law Office

304 Commercial Street (Atchison)

913-367-2681

J. David Farris Law Offices

110 North 5th Street (Atchison)

913-367-2424

John W. Fresh

104 North 6th Street (Atchison)

913-367-0850

Kansas Legal Services

1500 Community Drive (Seneca)

913-367-4266

Mears, Hausmann, P.A.

104 North Sixth Street (Atchison)

913-367-0850

Leonard Buddenbohm

107 North 6th Street (Atchison)

913-367-5246

Rex Lane

P.O. Box 109 (Atchison)

913-367-4233

Ternent Law Office

P.O. Box 396 (Atchison)

913-367-1790

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

Libraries, Parks and Recreation

Atchison County Park
Grasshopper Township (Atchison)

Atchison Library
401 Kansas Avenue (Atchison)
913-367-1902

Atchison Lions Pool
1201 Commercial Street (Atchison)
913-367-1018

Jackson Park
(Atchison)

Pregnancy & Adoption Services

Pregnancy Services
Adoption is a Choice
1-877-524-5614
Adoption Network
1-888-281-8054
Adoption Spacebook
1-866-881-4376

Graceful Adoptions
1-888-896-7787

Kansas Children's Service League
1-877-530-5275 www.kcsl.org

Public Information

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

Rape Domestic Violence and Rape Hotline
1-888-874-1499

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

Kansas Crisis Hotline
Manhattan 785-539-7935
1-800-727-2785

Red Cross

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

Social Security

Social Security Administration
1-800-772-1213 1-800-325-0778 www.ssa.gov

Transportation

Amelia Earhart Airport
(Atchison)
913-367-5560

Strafuss Airport
(Effingham)

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

State and National Information, Services, Support

Adult Protection

Adult Protection Services
1-800-922-5330

Domestic Violence and Sexual Assault (DVACK)
1-800-874-1499 www.dvack.org

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

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

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

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

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

National Domestic Violence Hotline

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

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

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

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

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

Suicide Prevention Helpline
785-841-2345

Alcohol and Drug Treatment Programs

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

AAAAAH
1-800-993-3869

Abandon A Addiction
1-800-405-4810

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

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

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

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

Alcohol and Drug Abuse Hotline
1-800-ALCOHOL

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

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

Alcohol and Drug Helpline
1-800-821-4357

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

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

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

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

Recovery Connection
www.recoveryconnection.org

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

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

Children and Youth

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

Boys and Girls Town National Hotline
1-800-448-3000
www.girlsandboystown.org

Child/Adult Abuse and Neglect Hotline
1-800-922-5330 www.srskansas.org/

Child Abuse Hotline
1-800-922-5330
Child Abuse National Hotline
1-800-422-4453 1-800-222-4453 (TDD)
www.childhelpusa.org/home

Child Abuse National Hotline

1-800-4-A-CHILD (422-4453)
www.childabuse.com

Child Find of America

1-800-426-5678

Child Help USA National Child Abuse Hotline

1-800-422-4453

Child Protective Services

1-800-922-5330
www.srskansas.org/services/child_protective_services.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.ksbbs.org

Kansas Children's Service League (Hays)

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

Kansas Department of Health and Environment

785-296-1500
www.kdheks.gov e-mail: info@kdheks.gov

Kansas Society for Crippled Children

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

National Runaway Switchboard

1-800-RUNAWAY
www.1800runaway.org/

National Society for Missing and Exploited Children

1-800-THE-LOST (843-5678)
www.missingkids.com

Parents Anonymous Help Line

1-800-345-5044
www.parentsanonymous.org

Runaway Line

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

www.1800runaway.org/

Talking Books

1-800-362-0699
www.skyways.lib.ks.us/KSL/talking/ksl_bph.html

Community Action**Peace Corps**

1-800-424-8580
www.peacecorps.gov

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

www.kcc.state.ks.us

Counseling**Hope Family Therapy**

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

Care Counseling

Family counseling services for Kansas and Missouri 1-888-999-2196

Carl Feril Counseling

608 N Exchange (St. John)
620-549-6411

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

www.castlewoodtc.com

Catholic Charities

1-888-468-6909
www.catholiccharitiessalina.org

Center for Counseling

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

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

Consumer Credit Counseling Services

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

The Guidance Center

201 Main Street (Atchison)
913-367-1593

Kansas Problem Gambling Hotline

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

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

National Problem Gambling Hotline
1-800-552-4700
www.npgaw.org

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

Self-Help Network of Kansas
1-800-445-0116
www.selfhelpnetwork.wichita.edu

Senior Health Insurance Counseling
1-800-860-5260
www.agingkansas.org

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

Disability Services

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

American Council for the Blind
1-800-424-8666
www.acb.org

Americans with Disabilities Act Information Hotline 1-800-514-0301 1-800-514-0383 (TTY)
www.ada.gov

Disability Advocates of Kansas, Incorporated
1-866-529-3824
www.disabilitysecrets.com

Disability Group, Incorporated
1-888-236-3348
www.disabilitygroup.com

Disability Rights Center of Kansas (DRC)
Formerly Kansas Advocacy & Protective Services 1-877-776-1541 1-877-335-3725 (TTY)
www.drckansas.org

Hearing Healthcare Associates
1-800-448-0215

Kansas Commission for the Deaf and

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

Kansas Relay Center (Hearing Impaired service) 1-800-766-3777 www.kansasrelay.com

National Center for Learning Disabilities 1-888-575-7373
www.nclld.org

National Library Services for Blind & Physically Handicapped www.loc.gov/nls/ 1-800-424-8567

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

Environment

Environmental Protection Agency
1-800-223-0425 913-321-9516 (TTY)
www.epa.gov
Kansas Department of Health and Environment
Salina 785-827-9639 Hays 785-625-5663
Topeka 785-296-1500 www.kdheks.gov

Food and Drug

Center for Food Safety and Applied Nutrition
1-888-SAFEFOOD (723-3366)
www.cfsan.fda.gov/
www.healthfinder.gov/docs/doc03647.htm

US Consumer Product Safety Commission
1-800-638-2772 1-800-638-8270 (TDD)
www.cpsc.gov

USDA Meat and Poultry Hotline
1-888-674-6854 1-800-256-7072 (TTY)
www.fsis.usda.gov/

U.S. Food and Drug Administration
1-888-INFO-FDA 1-888-463-6332
www.fsis.usda.gov/

Poison Hotline
1-800-222-1222

Health Services

American Cancer Society
1-800-227-2345
www.cancer.org

American Diabetes Association

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

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

www.cdc.gov/hiv/

AIDS/STD National Hot Line

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

American Health Assistance Foundation

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

American Heart Association

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

American Lung Association

1-800-586-4872

American Stroke Association

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

Center for Disease Control and Prevention

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

Elder Care Helpline

www.eldercarelink.com

Eye Care Council

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

Kansas Foundation for Medical Care

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

National Health Information Center

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

National Cancer Information Center

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

National Institute on Deafness and Other Communication Disorders Information

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

Hospice Hospice-Kansas Association

1-800-767-4965

Kansas Hospice and Palliative Care Organization

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

Southwind Hospice, Incorporated

www.southwindhospice.com
785-483-3161

Housing

Kansas Housing Resources Corporation

785-296-2065
www.housingcorp.org

US Department of Housing and Urban Development

Kansas Regional Office 913-551-5462

Legal Services

Kansas Attorney General

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

Kansas Bar Association

785-234-5696
www.ksbar.org

Kansas Department for Aging and Disability Services

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

Kansas Legal Services

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

Southwest Kansas Area Agency on Aging

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

Medicaid Services

First Guard

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

Kansas Health Wave

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

Kansas Medical Assistance Program

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

Medicare Information

1-800-MEDICARE
www.medicare.gov

U.S. Department of Health and Human Services

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

Mental Health Services

Alzheimer's Association

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

Developmental Services of Northwest Kansas

1-800-637-2229

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

Make a Difference

1-800-332-6262

Mental Health America

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

National Alliance for the Mentally Ill Helpline

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

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

National Library Services for Blind and Physically Handicapped 1-800-424-8567
www.loc.gov/nls/music/index.html

National Mental Health Association

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

Pawnee Mental Health

State Mental Health Agency

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

Suicide Prevention Hotline

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

Nutrition

American Dietetic Association

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

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

Department of Human Nutrition

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

Eating Disorders Awareness and Prevention

1-800-931-2237
www.nationaleatingdisorders.org

Food Stamps

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

Kansas Department of Health and Environment

1000 SW Jackson, Suite 220 Topeka, KS 66612
785-296-1320 www.kdheks.gov/news-wic

Road and Weather Conditions

Kansas Road Conditions

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

Senior Services

Alzheimer's Association

1-800-487-2585

American Association of Retired Persons (AARP)

1-888-OUR-AARP (687-2277)
www.aarp.org

Americans with Disabilities Act Information Line

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

American Association of Retired Persons

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

Area Agency on Aging

1-800-432-2703

Eldercare Locator

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

Home Buddy

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

Home Health Complaints

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

Kansas Advocates for Better Care Inc.

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

Kansas Department for Aging and Disability Services

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

Kansas Foundation for Medical Care, Inc.

Medicare Beneficiary Information 1-800-432-0407

Kansas Tobacco Use Quitline

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

Older Kansans Employment Programs (OKEP)

785-296-7842
www.kansascommerce.com

Older Kansans Hotline

1-800-742-9531
Older Kansans Information Reference Sources on Aging (OKIRSA) 1-800-432-3535

Senior Health Insurance Counseling for Kansas

www.agingkansas.org/SHICK/shick_index

SHICK

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

Social Security Administration

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

Department for Children and Family Services

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

Suicide Prevention

Suicide Prevention Services

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

Veterans

Federal Information Center

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

U.S. Department of Veterans Affairs

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

Education (GI Bill)

1-888-442-4551

Health Resource Center

1-877-222-8387

Insurance Center

1-800-669-8477

Veteran Special Issue Help Line

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

U.S. Department of Veterans Affairs Mammography Helpline

1-888-492-7844

Other Benefits

1-800-827-1000

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

Telecommunications Device for the Deaf/Hearing Impaired 1-800-829-4833 (TTY)

www.vba.va.gov

Veterans Administration

Veterans Administration Benefits

1-800-669-8477

Life Insurance

1-800-669-8477

Education (GI Bill)

1-888-442-4551

Health Care Benefits

Income Verification and Means Testing

1-800-929-8387

Mammography Helpline

1-888-492-7844

Gulf War/Agent Orange Helpline

1-800-749-8387

Status of Headstones and Markers

1-800-697-6947

Telecommunications Device for the Deaf

1-800-829-4833

www.vba.va.gov

Benefits Information and Assistance

1-800-827-1000

Debt Management

1-800-827-0648

Life Insurance Information and Service

1-800-669-8477

Welfare Fraud Hotline

Welfare Fraud Hotline

1-800-432-3913

General Online Healthcare Resources

Doctors and Dentists--General

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

Hospitals and Clinics--General

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

Doctors and Dentists--Specialists

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

Other Healthcare Providers

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

Hospitals and Clinics--Specialized

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

Other Healthcare Facilities and Services

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

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

V. Detail Exhibits

[VVV Consultants LLC]

a.) Patient Origin Source Files

[VVV Consultants LLC]

Patient Origin – Atchison County, KS



Inpatient Origin by Atchison Co KS Specific County, KS Residents Treated Federal Fiscal Year: 2019

Hospital Detail by County				Pediatric Age 0-17		Adult Medical/Surgical				Psychiatric		Obstetric		Newborn		Surg %				
MCID	Hospital Name	Total	%	Cases	%	Age 18-44 Cases	%	Age 45-64 Cases	%	Age 65-74 Cases	%	Age 75+ Cases	%	Cases	%		Cases	%		
171382	Amberwell Health - Atchison, KS	781	42.2%		0.0%	137	38.8%	162	37.6%	131	37.9%	256	51.9%	21	11.1%	93	60.4%	95	65.5%	24.7%
269999	Missouri Hospitals	513	27.7%	76	33.9%	89	25.2%	126	29.2%	109	31.5%	113	22.9%	75	39.5%	26	16.9%	23	15.9%	38.3%
170040	The University of Kansas Health System - KC KS	277	15.0%	15	6.7%	55	15.6%	79	18.3%	61	17.6%	67	13.6%	34	17.9%	6	3.9%	3	2.1%	23.5%
170086	Stormont Vail Health - Topeka, KS	98	5.3%	17	7.6%	33	9.3%	22	5.1%	12	3.5%	14	2.8%	46	24.2%	8	5.2%	5	3.4%	4.1%
170016	The University of Kansas Health System St. Francis	30	1.6%	4	1.8%	5	1.4%	7	1.6%	7	2.0%	7	1.4%	3	1.6%	3	1.9%	3	2.1%	1.8%
171341	Amberwell Hiawatha - Hiawatha, KS	26	1.4%	95	42.4%	1	0.3%	7	1.6%	2	0.6%	16	3.2%		0.0%		0.0%		0.0%	0.3%
170104	AdventHealth Shawnee Mission - KS	21	1.1%	4	1.8%	7	2.0%	6	1.4%	3	0.9%	1	0.2%		0.0%	3	1.9%	4	2.8%	3.3%
170176	Overland Park Regional Medical Center - KS	19	1.0%	6	2.7%	10	2.8%	1	0.2%	1	0.3%	1	0.2%		0.0%	9	5.8%	6	4.1%	0.3%
170009	Saint John Hospital - Leavenworth, KS	18	1.0%		0.0%	1	0.3%	5	1.2%	6	1.7%	6	1.2%	8	4.2%		0.0%		0.0%	0.0%
170146	Providence Medical Center - Kansas City, KS	16	0.9%	1	0.4%	4	1.1%	6	1.4%	3	0.9%	2	0.4%	1	0.5%	1	0.6%	1	0.7%	1.3%
170049	Olathe Health - KS	13	0.7%	5	2.2%	5	1.4%	2	0.5%	1	0.3%		0.0%	1	0.5%	4	2.6%	5	3.4%	0.5%
171319	Holton Community Hospital - KS	10	0.5%		0.0%		0.0%	2	0.5%	3	0.9%	5	1.0%		0.0%		0.0%		0.0%	0.0%
170182	Menorah Medical Center - Overland Park, KS	7	0.4%		0.0%		0.0%	1	0.2%	4	1.2%	2	0.4%		0.0%		0.0%		0.0%	1.3%
170185	Saint Luke's South Hospital - Overland Park, KS	6	0.3%		0.0%	1	0.3%	2	0.5%		0.0%	3	0.6%		0.0%		0.0%		0.0%	0.0%
170137	LMH Health - KS	5	0.3%		0.0%	3	0.8%	2	0.5%		0.0%		0.0%		0.0%	1	0.6%		0.0%	0.3%
171354	Community HealthCare System - Onaga, KS	2	0.1%		0.0%		0.0%		0.0%	2	0.6%		0.0%		0.0%		0.0%		0.0%	0.0%
149999	Illinois Hospitals	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	0.3%
170012	Salina Regional Health Center - KS	1	0.1%		0.0%	1	0.3%		0.0%		0.0%		0.0%	1	0.5%		0.0%		0.0%	0.0%
170123	Wesley Healthcare - Wichita, KS	1	0.1%		0.0%		0.0%		0.0%	1	0.3%		0.0%		0.0%		0.0%		0.0%	0.0%
170142	Ascension Via Christi Hospital Manhattan, Inc..	1	0.1%		0.0%	1	0.3%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	0.0%
170500	Topeka ER & Hospital, Topeka	1	0.1%		0.0%		0.0%	1	0.2%		0.0%		0.0%		0.0%		0.0%		0.0%	0.0%
173300	Children's Mercy South - Overland Park, KS	1	0.1%	1	0.4%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	0.0%
449999	Tennessee Hospitals	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	0.3%
	Overall	1849	100.0%	224	100.0%	353	100.0%	431	100.0%	346	100.0%	493	100.0%	190	100.0%	154	100.0%	145	100.0%	100.0%

Atchison Hospital Utilization - (KHA)						Inpatients				Outpatients			
#	ZIP	City	ST	County	Total	FY19	FY20	FY21	3QFY22	FY19	FY20	FY21	3QFY22
1	66002	Atchison	KS	ATCHISON	91,296	714	741	688	511	23,641	21,009	23,214	20,778
2	66023	Effingham	KS	ATCHISON	5,951	38	47	41	38	1,442	1,406	1,552	1,387
3	66041	Lancaster	KS	ATCHISON	4,146	24	13	31	19	1,016	935	1,093	1,015
4	66087	Troy	KS	DONIPHAN	3,392	14	27	27	15	784	716	899	910
5	66048	Leavenworth	KS	LEAVENWORTH	3,203	24	27	45	30	515	773	836	953
6	66016	Cummings	KS	ATCHISON	3,008	27	16	16	16	743	715	725	750
7	66060	Nortonville	KS	JEFFERSON	2,869	15	26	13	20	727	721	729	618
8	64484	Rushville	MO	BUCHANAN	2,686	9	11	6	13	700	526	697	724
9	66439	Horton	KS	BROWN	2,626	8	26	29	19	375	551	784	834
10	66020	Easton	KS	LEAVENWORTH	2,162	10	18	27	18	447	531	569	542
11	66090	Wathena	KS	DONIPHAN	1,567	16	4	16	2	417	343	399	370
12	66424	Everest	KS	BROWN	1,546	12	7	11	11	333	412	368	392
13	66035	Highland	KS	DONIPHAN	1,047	4	3	16	3	222	208	299	292
14	66008	Bendena	KS	DONIPHAN	989	5	2	8	7	270	219	229	249
15	66017	Denton	KS	DONIPHAN	896	5	6	4	8	231	222	199	221
16	66088	Valley Falls	KS	JEFFERSON	775	2	11	7	9	167	183	204	192
17	66058	Muscotah	KS	ATCHISON	740	NA	NA	NA	NA	187	169	201	183
18	66434	Hiawatha	KS	BROWN	669	7	7	6	9	131	127	172	210



**Kansas Hospital
ASSOCIATION**

Patient Origin by Region - Inpatient
Atchison, KS Residents Treated in KHA Reporting Area
Federal Fiscal Year: 2018

Hospital Cases	Total Discharges	Pediatric Age 0 - 17 Cases	Adult Medical/Surgical				Psychiatric Cases	Obstetric Cases	Newborn Cases	Surg %
			Age 18 - 44 Cases %	Age 45 - 64 Cases %	Age 65 - 74 Cases %	Age 75+ Cases %				
Atchison Hospital - Atchison, KS	616 32.6%	15 2.4%	457 3%	10116 4%	98 15 9%	177 28 7%	3 0 5%	110 17 9%	67 10 9%	14 3%
Kansas Residents/Other Missouri Hospitals	480 25 4%	2 0 4%	42 8 8%	17135 5%	87 18 1%	129 26 9%	22 4 6%	14 2 9%	13 2 7%	42 5%
The University of Kansas Health System - Kansas City, KS	285 15 1%	9 3 2%	47 16 5%	9433 0%	44 15 4%	51 17 9%	16 5 6%	15 5 3%	9 3 2%	35 4%
Stormont Vail Health - Topeka, KS	83 4 4%	2 2 4%	6 7 2%	1416 9%	10 12 0%	5 6 0%	31 37 3%	8 9 6%	7 8 4%	20 5%
Saint Luke's Hospital of Kansas City - Kansas City, MO	61 3 2%	0	9 14 8%	1626 2%	19 31 1%	15 24 6%	0	1 1 6%	1 1 6%	31 1%
Children's Mercy Kansas City - Kansas City, MO	56 3 0%	55 98 2%	0	0	0	0	1 1 8%	0	0	17 9%
The University of Kansas Health System St. Francis Campus - Topeka, KS	35 1 9%	1 2 9%	4 11 4%	925 7%	7 20 0%	13 37 1%	0	1 2 9%	0	31 4%
Providence Medical Center - Kansas City, KS	28 1 5%	0	2 7 1%	1139 3%	5 17 9%	8 28 6%	1 3 6%	1 3 6%	0	39 3%
Saint John Hospital - Leavenworth, KS	25 1 3%	0	1 4 0%	520 0%	6 24 0%	6 24 0%	7 28 0%	0	0	0
North Kansas City Hospital - North Kansas City, MO	25 1 3%	0	1 4 0%	520 0%	8 32 0%	9 36 0%	0	1 4 0%	1 4 0%	44 0%
Overland Park Regional Medical Center - Overland Park, KS	22 1 2%	0	0	14 5%	5 22 7%	1 4 5%	0	7 31 8%	8 36 4%	27 3%
Menorah Medical Center - Overland Park, KS	20 1 1%	0	0	420 0%	6 30 0%	10 50 0%	0	0	0	80 0%
AdventHealth Shawnee Mission - Shawnee Mission, KS	18 1 0%	1 5 6%	0	15 6%	3 16 7%	0	7 38 9%	3 16 7%	3 16 7%	16 7%
LMH Health - Lawrence, KS	17 0 9%	0	0	529 4%	0	3 17 6%	0	4 23 5%	5 29 4%	29 4%
Children's Mercy Hospital Kansas - Overland Park, KS	17 0 9%	17 100 0%	0	0	0	0	0	0	0	0
Saint Luke's North Hospital - Barry Road - Kansas City, MO	16 0 8%	0	3 18 8%	425 0%	1 6 2%	3 18 8%	0	3 18 8%	2 12 5%	18 8%
Saint Luke's Cushing Hospital - Leavenworth, KS	11 0 6%	0	0	327 3%	1 9 1%	0	1 9 1%	3 27 3%	3 27 3%	9 1%
Hawatha Community Hospital - Hawatha, KS	10 0 5%	0	0	0	1 10 0%	3 30 0%	0	3 30 0%	3 30 0%	10 0%

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**Kansas Hospital
ASSOCIATION**

Patient Origin by Region - Inpatient
Atchison, KS Residents Treated in KHA Reporting Area
Federal Fiscal Year: 2018

Hospital Cases	Total Discharges	Pediatric Age 0 - 17		Adult Medical/Surgical				Psychiatric	Obstetric	Newborn	Surg %
		Cases %	Cases %	Age 18 - 44	Age 45 - 64	Age 65 - 74	Age 75+				
Holton Community Hospital - Holton, KS	8 0 4%	0	0	0	0	1 12 5%	7 87 5%	0	0	0	
Research Medical Center - Kansas City, MO	6 0 3%	0	0	1 16 7%	0	1 16 7%	1 16 7%	3 50 0%	0	0	33 3%
Saint Luke's North Hospital - Smithville - Smithville, MO	6 0 3%	0	0	2 33 3%	0	1 16 7%	1 16 7%	3 50 0%	0	0	
Two Rivers Behavioral Health System - Kansas City, MO	6 0 3%	0	0	0	0	0	0	6 100 0%	0	0	
Kansas Residents/Nebraska Hospitals	5 0 3%	2 40 0%	2 40 0%	0	0	1 20 0%	0	0	0	0	20 0%
Olathe Medical Center Inc. - Olathe, KS	5 0 3%	0	0	1 20 0%	1 20 0%	0	0	0	1 20 0%	2 40 0%	20 0%
Other Hospitals	28 1 5%	1 3 6%	5 17 9%	7 25 0%	3 10 7%	3 10 7%	7 25 0%	1 3 6%	1 3 6%	13 6%	25 0%
Hospital Total 1,890	100 0%	10 5 6%	1688 9%	454 24 0%	308 16 3%	445 23 5%	108 5 7%	176 9 3%	125 6 5%	27 5%	

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b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Amberwell Atchison 2022 CHNA Town Hall 8/16/22 (11:30 am to 1:00 pm)							
#	Table	Lead	Attend	Last Name	First Name	Organization	Title
1	A	##	x	Perry	Jeff	Amberwell Health	CEO
2	A		x	Adrian	Bob		
3	A		x	Buhman-Wigg	Adam	The Guidance Center	
4	A		x	Knoch	Amy	Blish-Mize Co.	
5	B	##	x	Turner	Elizabeth	Amberwell Health	VP Marketing
6	B		x	Irwin	Crystal	Amberwell Atchison	Director of Cardiopulmonary
7	B		x	Kamatuka	Louisa		
8	B		x	Walsh	Jane		
9	C	##	x	Cox	Leslie	Amberwell	
10	C		x	Dudzinski	Chase		
11	C		x	McCarty	Kelli	Amberwell Atchison	Exec Director of Revenue Cycle
12	C		x	Mize	Jonathan	Blish-Mize Co.	CEO & President
13	D	##	x	Green	Norma	Amberwell Atchison	CMO
14	D		x	Berger	Rick	Berger Company	President & CEO
15	D		x	Brockhoff	Jennifer		
16	E	##	x	McNemee	Laura	City of Atchison	Human Resource Director
17	E		x	Dittemore	Jennifer	Benedictine College	Director of Career Services
18	E		x	Folsom	Amy	Amberwell Health	
19	F	##	x	Krick	Christie	Amberwell Health at Home	Administrative Director
20	F		x	Alan	Reavis		
21	F		x	Harris	Jackie		
22	G	##	x	Domann	Megan	Atchison County Health Dept	Health Officer
23	G		x	Funk	Lydia	Blish-Mize Co.	
24	G		x	Klepees	Jennifer	Amberwell Health	Clinical Nurse Manager
25	G		x	Savaiinaea	Leigh	Amberwell Rehab	Manager Occupational Therapy
26	H	##	x	Sorensen	Alicia	Amberwell	CNO
27	H		x	Parks	Eric	HOPE Family Therapy Inc	Founder
28	H		x	Weishaar	Patrick	Atchison Fire Department	Fire Chief

Atchison (KS) Town Hall Event Notes

Attendance: N=28

Date: 8/16/2022 – 11:00 a.m. to 1 p.m.

Community identified the following drugs (substance abuse) occurring in Atchison, KS: Meth, Cocaine, Opioids, and Fentanyl

Notes:

- Marijuana is not a concern for most tables.
- Businesses are closing

Strengths-

- | | |
|--|---|
| - Access to Specialists | - Access to Exercise Opportunities |
| - Access to Dental and Vision Services | - Location |
| - Farmer's Market | - Chamber Blue Program Development |
| - Access to Physical Therapy | - Education Rate |
| - Benedictine College | - Growth in Community (College, Health) |
| - Quality Providers | - School Health Support (Free Lunch) |
| - Generous, Giving Community | |

Needs-

- | | |
|------------------------------------|---|
| - Mental Health (Awareness, All 4) | - Childcare Services (Affordable, Accessible, Licensed) |
| - Tobacco | - Substance Abuse (Drug / Alcohol) |
| - Transportation (General) | - Poverty (Homelessness) |
| - Wellness and Prevention | - Unemployment |
| - Providers for Senior Care | - Domestic Violence / Neglect |
| - Uninsured / Underinsured | - Suicide |
| - Sexual Education | - Dialysis |
| - Obesity (Nutrition / Exercise) | - Limit Free Handouts |

Wave #4 CHNA - Amberwell Atchison (KS)

Town Hall Conversation - Strengths (White Cards) N=27

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
1	P.C. utilization	13	Emergency services- police/ am/ fire
1	Exercise options/ availability	13	Community infrastructure- water/sewer
1	Prenatal care	13	Food options and availability
1	Insured rates overall	14	Access to physical activities
2	Primary care utilization	14	Access to specialists
2	Availability of exercise	14	Growth of facilities
2	Prenatal/ higher than rural health	14	Growth of community
2	Insured	14	College/ education
2	High school graduation rates high	15	Access to specialists
2	ER access	15	YMCA programs/ access to physical activity/ River walk
3	Access to healthcare/ primary care	15	Education/ college
3	High school graduation rates	15	Growth in community (hospital, Benedictine)
3	Health facility	16	Community resources: home health, hospital, community health center
3	ER	16	College
3	Location to outside specialties	16	Chamber
4	Dentists	16	Live Well Live Atchison?
4	PCP (including PA's)	17	Hospital overall
4	Emergency services	17	Benedictine college
4	Street/ sidewalk improvements	17	Religious community
4	Possible chamber blue	17	Education
4	Access to emergency services	18	Great hospital
4	Emphasis on wellness visits	18	Colleges
4	Home health/ hospice services	18	Education
4	Farmers market	18	CMHC
4	Access to primary care services	18	Religion
4	Community involvement	18	Famers market
5	Leadership	19	Engages community leaders
5	Chamber Blue (insurance)	19	Thriving CAH and clinics
6	Health literacy	19	Charity services within the community
6	Vaccination rates	19	Benedictine college staff and students
6	ER access and wait times	19	Connected to other communities
6	Provider access	20	High school graduates
6	WIC access	20	College BS graduates
6	Vision care	20	Exercise opportunities
6	Dental care	20	Nutrition: school backpack weekends, free lunch summer, farmers market, SA distribution
6	Opportunity of exercise/ fitness	20	Community activities
7	Health and literacy	20	Providers/ ED surgeries
7	Vaccination rates	21	Education- graduation rates
7	Emergency room access	21	Opportunities for exercise and activity in our community
7	Dental access	21	Strong providers
7	Vision care	21	ER access
7	Access to health equipment/ activity	21	Community activities
8	Vaccination rates of all vaccines including covid	22	Access to care- primary ED
8	ER access	22	Exercise opportunities
8	Provider access	22	Education
8	WIC program and breastfeeding initiation rates	22	Community activities
8	Health literacy	23	Primary care
8	Dental care/ vision	23	Access to emergency care

Wave #4 CHNA - Amberwell Atchison (KS)

Town Hall Conversation - Strengths (White Cards) N=27

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
8	Opportunity for exercise/ outdoor activity	23	Surgical care
9	Improving access to primary care/ specialty cares	23	Exercise availability/ pedestrian access
9	Health care education- BC/ Highland	23	Food programs (school, salvation army, farmers market)
9	Chamber blue	23	Education
10	Exercise opportunities	23	Strong providers
10	75% of people recommend hospital	23	Community activities
10	Education	23	Great facility
10	Generous people	24	Quality care
11	History	24	Therapy pool/ rehab
11	Strong rural community hospital	24	Routine care
11	Good people- we get things done	25	Access to Er/ambulance
11	Location	25	Routine care
11	Generosity	25	Quality care with plenty of options
11	Education	25	Specialists- ortho and surgeries- increasing these
11	Exercise	25	Great physical therapy and the therapy people
12	Exercise opportunities	25	Home town feel of care- community impact of our healthcare- fast service
12	History of community	26	Great facility
12	Atchison- great	26	Great providers
12	Location	26	Good accessibility
12	Education access- Benedictine/ Highland	26	Surgical care
12	Generous community members	27	Access to health
12	Strong chamber	27	Community engagement
13	Access to facilities for exercise- YMCA- trails- workout facilities at schools	27	Positive leadership
13	Education access Pre K through Masters	27	Quality healthcare providers
13	Health care- hospital/medicaid/home health/nursing homes	27	Size

Wave #4 CHNA - Amberwell Atchison (KS)

Town Hall Conversation - Weaknesses (Color Cards) N=27

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
1	Drugs	14	Neglect/ domestic violence
1	Mental health	14	Rehab/ drug use for uninsured
1	Child care	14	Affordable housing
1	Poverty level	15	Mental health- depression, suicide
1	Health facility usage	15	Insurance
2	Health promoting behaviors- use low	15	Unhealthy habits- obesity, smoking, drinking, vaping, drugs
2	Suicide/ depression	15	Domestic violence/ neglect
2	Opioids/ drugs use	15	Poverty/ homelessness
2	Managing chronic conditions	16	Communication- overlapping
2	Mental health- access and care	16	More poverty/ mental health
2	Unemployment/ labor participation	16	Housing/ transportation
2	Prenatal care	16	Unemployment
2	Visiting specialists	16	Less free handouts
3	Mental health access and care	17	Health empowerment
3	Management of clinic health conditions	17	Poverty
3	Opioid and other drug use	17	Dialysis
3	Suicide and violence reduction	17	Food insecurity, senior care, providers
3	Health promoting behaviors	17	Community empowerment
4	Poverty	17	Chronic disease
4	Smoking, vaping, tobacco cessation	17	Mental health: treatment, speciality care awareness
4	Emergency mental health care- suicide prevention	17	Resource allocation: transportation, homelessness
4	Services affordable for underinsured/ uninsured	18	Improve number of services that uninsured can access
4	Ready access to dialysis treatment	18	Transportation options
4	Substance abuse- prevention/ treatment	18	Mental health resources
5	Information about mental health services that are available	18	Preventative care percentage
5	Increase accurate suicide information	18	Community health and fitness focus
5	Domestic violence	19	Mental health
5	Alcohol use (unhealthy)	19	Drug usage
5	Access to social community services	19	Substance abuse
6	Improve information distributed	19	Womens health
7	Mental health	19	Suicide
7	Substance abuse	19	Providers for healthcare
7	Obesity	19	Development of industry/ jobs
7	Chronic diseases	20	Transportation
7	Lack of daycare	20	Mental health facilities
7	Community disaster	20	Facilities for homeless shelters
8	Mental health	20	Drug abuse/ substance abuse
8	Substance abuse	20	Suicide
8	Obesity	20	Closing- business
8	Chronic disease	20	Child care services
8	Poverty	20	Wellness prevention (health)
8	Nursing home/ senior living	20	Providers for seniors
8	Child care	21	Meth and drug problems
9	Mental health/ suicide	21	Perception of hospital (people don't realize how good we are because we are a small town)
9	Substance abuse	21	Too many transients in town
9	Obesity, heart disease	21	Too much welfare
9	Lack of licensed child care	22	Access to care/ specialists available in our community
9	Knowledge of public health services	22	Poverty/ low income
9	Domestic violence	22	Cancer
10	Easier access to higher level mental health- hospital	22	Heart disease

Wave #4 CHNA - Amberwell Atchison (KS)

Town Hall Conversation - Weaknesses (Color Cards) N=27

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
10	Transportation in community	22	Drug issue/ substance abuse
10	Rehab/ drug programs for insured	22	Mental health awareness
10	Access to affordable housing/ utilities	23	Suicide education
10	Insurance accessibility	23	Mental health
11	Drug use- legal and illegal	23	Sexual education
11	Employment/ reduce unemployment	23	Vaccines needed
11	Child care insured	23	Access to more speciliaty care
11	Mental/ behavioral health	23	Poverty/ homelessness
11	Obesity	24	Income- poverty
12	Mental health	24	Mental health- suicide
12	Services for seniors	24	Drugs/ alcohol
12	Drug abuse	24	Chronic disease
12	Homeless	24	Obesity
12	Chronic disease due to obesity	25	Uninsured/ underinsured
13	Mental health	25	Chikld care
13	Obesity	25	Nurising home/ senior living
13	Chronic health, prevention needed	25	Transportation
13	Illicit drugs	25	Mental health
13	Uninsured	25	Poverty/homelessness
14	Communication	26	Suicide rate
14	Transportation	26	Housing and nursing homes
14	Unemployment	26	Drug use
14	Drug use	26	Mental health
14	Access to mental health help- special needs as well	26	Poverty, homelessness
14	Poverty	26	Uninsured or underinsured
14	Obesity	27	Suicide rate
14	Depression/ suicide	27	Uninsured/ underinsured
14	Insurance	27	Obesity
14	Vaping	27	Specialists
14	Drinking	27	Mental health and awareness

EMAIL #1 Request Message

From: Elizabeth Turner

Date: 6/11/2022

To: Community Leaders, Providers and Hospital Board and Staff

Subject: 2022 Atchison County Community Health Needs Assessment

Amberwell Atchison is working with other community health providers to update the 2022 Atchison County, KS Community Health Needs Assessment. The goal of this assessment is to understand progress in addressing health needs cited in the 2016 and 2019 CHNA reports and to collect up-to-date community health perceptions.

VVW Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct this countywide research. All responses will be confidential if you choose to participate in this online survey.

To gather community feedback, a short and confidential online survey has been developed. To access this survey, please utilize the link below to participate.

LINK: <https://www.surveymonkey.com/r/AtchisonCoKS>

All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **July 22nd, 2022**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Tuesday, August 16th, 2022**, for lunch from **11:30 a.m. - 1:00 p.m.** Please stay on the lookout for more information to come soon. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (xxx) xxx-xxxx

PR#1 News Release

Local Contact: Elizabeth Turner

Media Release: 6/11/22

Amberwell Atchison Conducts Community Health Needs Assessment

Over the next few months, **Amberwell Atchison** will be working with area providers to update the Atchison County Community Health Needs Assessment (CHNA) for 2022. We strive to seek input from the community members regarding the healthcare needs in order to complete the 2022 Community Health Needs Assessment update from 2019.

VVV Consultants LLC, an independent research firm from Olathe, KS has been retained to conduct this countywide research. The goal of this assessment update is to understand progress in addressing community health needs cited in the both the 2016 and 2019 assessment reports, while collecting up-to-date community health perceptions and ideas.

A brief community survey has been developed in order to accomplish this work. The survey can be accessed by visiting the hospitals' website, their Facebook page, or utilize the QR code below to participate in this important work.



All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **July 22nd, 2022**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Tuesday, August 16th, 2022** for lunch from **11:30 a.m. - 1:00 p.m.** Please, stay on the lookout for more information to come soon. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (xxx) xxx-xxxx

EMAIL #1 Request Message – Crossover Stakeholders Email Release

From: Elizabeth Turner

Date: 6/11/2022

To: Community Leaders, Providers and Hospital Board / Staff

Subject: 2022 Community Health Needs Assessment

Both Amberwell Atchison and Amberwell Hiawatha Community Hospital are working with other community health providers to update the 2022 Community Health Needs Assessment for their counties. The goal of these two separate assessments is to understand progress in addressing health needs cited in the 2016 and 2019 CHNA reports and to collect up-to-date community health perceptions.

VVV Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct this countywide research. All responses will be confidential if you choose to participate in this online survey.

To gather community feedback, a short and confidential online survey has been developed. These two assessments are unique in the sense that there is handful of crossover stakeholders between these two communities and entities. With that being said, we ask that those of you who do crossover; take BOTH surveys. To access BOTH of these surveys, please utilize the links below to participate.

Atchison LINK: <https://www.surveymonkey.com/r/AtchisonCoKS>

Hiawatha LINK: <https://www.surveymonkey.com/r/HiawathaCo>

All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **July 22nd, 2022**. In addition, please **HOLD the dates** for the Town Hall meetings scheduled for **Tuesday, August 16th (Atchison) and Tuesday August 23rd (Hiawatha)**, for lunch from **11:30 a.m. - 1:00 p.m.** Please stay on the lookout for more information to come soon. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (xxx) xxx-xxxx

EMAIL #2 Request Message (Cut & Paste)

From: Elizabeth Turner

Date: 7/25/2022

To: Community Leaders, Providers and Hospital Board and Staff

Subject: Atchison County Community Health Needs Assessment Town Hall

Amberwell Atchison is hosting a scheduled Town Hall Meeting for the 2022 Atchison County Community Health Needs Assessment (CHNA). The purpose of this meeting will be to review the community health indicators and gather feedback opinions on key community needs. This event will be held on **Tuesday, August 16th, 2022, for lunch from 11:30 a.m. - 1:00 p.m at XXX.**

All business leaders and residents are encouraged to join us for this meeting, but it is imperative that you complete an RSVP to properly adhere to safety guidelines. With COVID still among us, we must ensure the safety of our community. We hope you find the time to attend this important event by following the link below to complete your RSVP for August 16th. Note> Those who RSVP, will receive additional information and confirmation a few days prior to the event.

LINK: <https://www.surveymonkey.com/r/AtchisonRSVP>

Thanks in advance for your time and support

If you have any questions regarding CHNA activities, please call (xxx) xxx-xxxx

Join Amberwell Atchison as They Host the 2022 CHNA Town Hall Event

Media Release: 07/25/22

Amberwell Atchison will be hosting a Town Hall meeting for the 2022 Atchison County Community Health Needs Assessment on **Tuesday, August 16th from 11:30a.m. to 1:00 p.m.** located at **XXX**.

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

While our focus is the safety of our community in conjunction with COVID guidelines, it is vital everyone planning to attend this event RSVPs to properly adhere to guidelines for this social distanced event. Please visit our hospital website and social media sites to obtain the link to complete your RSVP OR please utilize the QR code below.



We hope that you find the time to join us for this important event on August 16th. Thanks in advance for your time and support!

Note> Those who RSVP will receive additional information via email a few days prior to the event.

If you have any questions about CHNA activities, please call **(xxx) xxx-xxxx**

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2022 Community Feedback: Atchison Co KS (N=172)

ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1018	66602	Average	Increasing - moving up	BH	ACC		Limited Access to Mental Health
1031	66002	Very Good	Increasing - moving up	BH	ECON		Limited Access to Mental Health, Low socioeconomic
1051		Very Good	Increasing - moving up	BH	INSU		Limited Access to Mental Health, Lack of Health Insurance
1058	66002	Average	Increasing - moving up	BH	INSU	NEG	Limited Access to Mental Health, Lack of Health Insurance, Neglect
1132	66002	Good	Increasing - moving up	BH	INSU	SPEC	Limited Access Specialty Care, Limited Access to Mental Health, Lack of Health Insurance
1135	66002	Very Good	Increasing - moving up	BH	INSU		Limited Access to Mental Health, Lack of Health Insurance
1169	66002	Good	Increasing - moving up	BH	INSU	NEG	Limited Access to Mental Health, Lack of Health Insurance, Neglect
1020	66048	Average	Not really changing much	BH	INSU	FIT	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Primary Care, Limited Access Specialty Care, Limited Access to Mental Health, Lack of Health Insurance
1164	66002	Average	Not really changing much	BH	INSU	NEG	Chronic Disease, Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Mental Health, Lack of Health Insurance, Neglect
1171	66023	Good	Not really changing much	BH	INSU	NEG	Limited Access to Mental Health, Lack of Health Insurance, Neglect
1076	66002	Very Good	Not really changing much	BH	NEG		Limited Access to Mental Health, Neglect
1062	66023	Very Poor	Decreasing - slipping downward	BH	SPEC	SPRT	Limited Access Specialty Care, Limited Access to Mental Health, Family Assistance programs
1101	66023	Good	Not really changing much	BH	SPRT	INSU	Limited Access Specialty Care, Limited Access to Mental Health, Family Assistance programs, Lack of Health Insurance
1113	66023	Average	Decreasing - slipping downward	BH			Limited Access to Mental Health
1138	66424	Good	Decreasing - slipping downward	CHRON	BH		Chronic Disease, Limited Access to Mental Health
1060	66060	Good	Increasing - moving up	CHRON	BH	ECON	Chronic Disease, Limited Access to Mental Health, Economy
1108	66002	Very Good	Increasing - moving up	CHRON	BH	NEG	Chronic Disease, Limited Access to Mental Health, Neglect
1122	66002	Good	Increasing - moving up	CHRON	BH	NEG	Chronic Disease, Limited Access to Mental Health, Neglect
1027	66002	Very Good	Not really changing much	CHRON	BH	NEG	Chronic Disease, Limited Access to Mental Health, Neglect
1046		Very Good	Not really changing much	CHRON	BH	INSU	Chronic Disease, Limited Access to Mental Health, Lack of Health Insurance
1125	66002	Good	Not really changing much	CHRON	BH	SPRT	Chronic Disease, Limited Access Specialty Care, Limited Access to Mental Health, Family Assistance programs, Lack of Health Insurance
1150	66016	Average	Not really changing much	CHRON	BH	SPEC	Chronic Disease, Limited Access Specialty Care, Limited Access to Mental Health
1165	66002	Average	Not really changing much	CHRON	BH	INSU	Chronic Disease, Limited Access to Mental Health, Lack of Health Insurance
1166	7E+05	Good	Decreasing - slipping downward	CHRON	FIT	NUTR	Chronic Disease, Lack of Nutrition/Exercise Services, Limited Access Specialty Care
1161	66006	Average	Decreasing - slipping downward	CHRON	INSU	SPEC	Chronic Disease, Limited Access Specialty Care, Lack of Health Insurance
1163		Good	Increasing - moving up	CHRON	INSU	NEG	Chronic Disease, Lack of Health Insurance, Neglect
1032		Good	Not really changing much	CHRON	INSU	NEG	Chronic Disease, Lack of Health Insurance, Neglect
1153	66023	Average	Not really changing much	CHRON	INSU	SPEC	Chronic Disease, Limited Access Specialty Care, Lack of Health Insurance
1030	66002	Good	Decreasing - slipping downward	CHRON	NUTR	BH	Chronic Disease, Lack of Nutrition/Exercise Services, Limited Access to Mental Health
1121	66017	Poor	Not really changing much	CHRON	NUTR	PRIM	Chronic Disease, Lack of Nutrition/Exercise Services, Limited Access to Primary Care
1001	66002	Average	Decreasing - slipping downward	CHRON	PREV		Chronic Disease, Lack of Health & Wellness,
1026	66002	Average	Decreasing - slipping downward	CHRON	PREV	NEG	Chronic Disease, Lack of Health & Wellness, Neglect
1050	66002	Good	Decreasing - slipping downward	CHRON	PREV	NUTR	Chronic Disease, Lack of Health & Wellness, Lack of Nutrition/Exercise Services
1007	66002	Good	Increasing - moving up	CHRON	PREV	PRIM	Chronic Disease, Lack of Health & Wellness, Limited Access to Primary Care
1037	66017	Good	Increasing - moving up	CHRON	PREV	BH	Chronic Disease, Lack of Health & Wellness, Limited Access to Mental Health
1044	66439	Good	Increasing - moving up	CHRON	PREV	BH	Chronic Disease, Lack of Health & Wellness, Limited Access to Mental Health
1064	66002	Very Good	Increasing - moving up	CHRON	PREV	BH	Chronic Disease, Lack of Health & Wellness, Limited Access to Mental Health, Lack of Health Insurance, Neglect
1095	65002	Very Good	Increasing - moving up	CHRON	PREV	NUTR	Chronic Disease, Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Primary Care, Limited Access Specialty Care, Limited Access to Mental Health, Family Assistance programs, Lack of Health Insurance, Neglect
1115	66002	Good	Increasing - moving up	CHRON	PREV	NUTR	Chronic Disease, Lack of Health & Wellness, Lack of Nutrition/Exercise Services
1141	66002	Good	Increasing - moving up	CHRON	PREV	NEG	Chronic Disease, Lack of Health & Wellness, Neglect
1068		Very Good	Not really changing much	CHRON	PREV	FIT	Chronic Disease, Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access Specialty Care,
1118	66002	Very Good	Not really changing much	CHRON	PREV	INSU	Chronic Disease, Lack of Health & Wellness, Lack of Health Insurance

CHNA 2022 Community Feedback: Atchison Co KS (N=172)

1164	66002	Average	Not really changing much	CHRON	PREV	NUTR	Chronic Disease, Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Mental Health, Lack of Health Insurance, Neglect
1100	66002	Very Poor	Decreasing - slipping downward	CHRON	PRIM	BH	Chronic Disease, Limited Access to Primary Care, Limited Access Specialty Care, Limited Access to Mental Health, Family Assistance programs, Lack of Health Insurance, Neglect
1094	66002	Very Good	Not really changing much	CHRON	PRIM	INSU	Chronic Disease, Limited Access to Primary Care, Lack of Health Insurance, Uninsured patients receive bills they can't afford to pay.
1052	66002	Good	Increasing - moving up	CHRON	SPEC	INSU	Chronic Disease, Limited Access Specialty Care, Lack of Health Insurance
1091	66002	Good	Increasing - moving up	CHRON	SPEC	INSU	Chronic Disease, Limited Access Specialty Care, Lack of Health Insurance
1069	66002	Good	Not really changing much	CHRON	SPEC	INSU	Chronic Disease, Limited Access Specialty Care, Lack of Health Insurance
1105	66002	Average	Not really changing much	FINA	CONF		Cost of services and privacy
1055	66002	Very Poor	Decreasing - slipping downward	FINA	INSU	QUAL	The cost of health services even for the insured. Just because you have health insurance doesn't mean that you can ever afford to use it to get quality healthcare...even with government-supplied industrial inputs.
1015		Very Good	Increasing - moving up	FIT	BH	INSU	Lack of Nutrition/Exercise Services, Limited Access to Mental Health , Lack of Health Insurance
1096	66002	Good	Not really changing much	FIT	NUTR		Lack of Nutrition/Exercise Services
1137	66041	Average	Not really changing much	INSU	FINA	EMER	Lack of Health Insurance, Cost of out of pocket even when you have health insurance. Don't think the hospital bills for urgent care vs ER. Get high bills over \$3,000.
1102		Good	Increasing - moving up	INSU	NEG		Lack of Health Insurance, Neglect
1022	66023	Good	Not really changing much	INSU	NEG		Lack of Health Insurance, Neglect
1129	66002	Average	Not really changing much	INSU	NEG	DRUG	Lack of Health Insurance, Neglect, Drugs
1059	66002	Average	Not really changing much	INSU	POV	FINA	Lack of Health Insurance, Poverty. Even people here with private insurance can't afford healthcare because the part they're responsible for they can't afford
1061		Average	Not really changing much	INSU	POV	FINA	Lack of Health Insurance, Poverty. Even the commercially insured can't afford healthcare because
1147	66002	Poor	Decreasing - slipping downward	INSU			Lack of Health Insurance
1077		Average	Not really changing much	INSU			Lack of Health Insurance
1133	66002	Average	Not really changing much	INSU			Lack of Health Insurance
1134	66002	Average	Not really changing much	INSU			Lack of Health Insurance
1029	66002	Good	Not really changing much	NEG			Neglect
1014		Average	Increasing - moving up	NUTR	BH	INSU	Lack of Nutrition/Exercise Services, Limited Access to Mental Health, Lack of Health Insurance
1010	66002	Good	Not really changing much	NUTR	BH	INSU	Lack of Nutrition/Exercise Services, Limited Access to Mental Health, Lack of Health Insurance
1039	66002	Very Good	Not really changing much	NUTR	BH	SPRT	Lack of Nutrition/Exercise Services, Limited Access to Mental Health, Family Assistance programs, Lack of Health Insurance
1065	66002	Average	Not really changing much	NUTR	BH	INSU	Lack of Nutrition/Exercise Services, Limited Access to Mental Health, Lack of Health Insurance
1036		Very Good	Increasing - moving up	NUTR	FIT	TRANS	Lack of Nutrition/Exercise Services, Lack of Health Insurance, Lack of transportation
1074	66002	Very Good	Increasing - moving up	NUTR	FIT		Lack of Nutrition/Exercise Services
1098	66002	Very Good	Increasing - moving up	NUTR	FIT	NEG	Lack of Nutrition/Exercise Services, Limited Access Specialty Care, Neglect
1160		Good	Increasing - moving up	NUTR	FIT	INSU	Lack of Nutrition/Exercise Services, Limited Access Specialty Care, Lack of Health Insurance
1170	66002	Very Good	Not really changing much	NUTR	FIT	REC	Lack of Nutrition/Exercise Services
1005		Good	Increasing - moving up	NUTR	SPRT	NEG	Lack of Nutrition/Exercise Services, Family Assistance programs, Neglect
1075	66002	Very Poor	Decreasing - slipping downward	OTHR	NEG	BH	Wanting to die because they live here
1002		Average	Decreasing - slipping downward	POV	AWARE		Poverty and lack of awareness of services.
1155	66003	Average	Not really changing much	PREV	ACC	NEG	Lack of Health & Wellness, Lack of Health Care, Neglect
1119	66002	Average	Decreasing - slipping downward	PREV	BH	INSU	Lack of Health & Wellness, Limited Access to Mental Health, Lack of Health Insurance
1013	66002	Very Good	Increasing - moving up	PREV	BH	NEG	Lack of Health & Wellness, Limited Access to Mental Health, Neglect
1127	66002	Good	Increasing - moving up	PREV	BH	NEG	Lack of Health & Wellness, Limited Access to Mental Health, Neglect
1038	66002	Good	Not really changing much	PREV	BH	INSU	Lack of Health & Wellness, Limited Access to Mental Health, Lack of Health Insurance
1086	66002	Average	Not really changing much	PREV	BH	SPRT	Lack of Health & Wellness, Limited Access to Mental Health, Family Assistance programs, Lack of Health Insurance
1111	66002	Average	Not really changing much	PREV	BH	INSU	Lack of Health & Wellness, Limited Access to Mental Health, Lack of Health Insurance
1117	66002	Good	Not really changing much	PREV	BH	INSU	Lack of Health & Wellness, Limited Access to Mental Health, Lack of Health Insurance
1168		Very Good	Not really changing much	PREV	BH		Lack of Health & Wellness, Limited Access to Mental Health
1172	66002	Average	Not really changing much	PREV	BH	NEG	Lack of Health & Wellness, Limited Access to Mental Health, Neglect
1162	66006	Poor	Decreasing - slipping downward	PREV	FIT	PRIM	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Primary Care, Limited Access Specialty Care, Limited Access to Mental Health, Lack of Health Insurance
1012		Average	Not really changing much	PREV	FIT	INSU	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Lack of Health Insurance
1019	66002	Average	Not really changing much	PREV	FIT	SPEC	Lack of Health & Wellness, Limited Access Specialty Care

CHNA 2022 Community Feedback: Atchison Co KS (N=172)

1080	66002	Poor	Not really changing much	PREV	FIT	PRIM	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Primary Care
1116	66002	Very Good	Not really changing much	PREV	FIT	NUTR	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access Specialty Care
1143	66002	Good	Not really changing much	PREV	FIT	NEG	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Neglect
1157		Average	Not really changing much	PREV	FIT	BH	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Mental Health
1128	66002	Good	Increasing - moving up	PREV	INSU	NEG	Lack of Health & Wellness, Lack of Health Insurance, Neglect
1154	66002	Average	Not really changing much	PREV	INSU	SPEC	Lack of Health & Wellness, Family Assistance programs, Lack of Health Insurance
1023		Good	Increasing - moving up	PREV	NUTR	INSU	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access Specialty Care, Lack of Health Insurance, Neglect
1139		Good	Increasing - moving up	PREV	NUTR	INSU	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Lack of Health Insurance
1144	66002	Good	Increasing - moving up	PREV	NUTR	BH	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Mental Health
1167	64484	Good	Increasing - moving up	PREV	NUTR	FIT	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access Specialty Care, Limited Access to Mental Health
1020	66048	Average	Not really changing much	PREV	NUTR	PRIM	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Primary Care, Limited Access Specialty Care, Limited Access to Mental Health, Lack of Health Insurance
1114	66439	Very Good	Not really changing much	PREV	NUTR	FIT	Lack of Health & Wellness, Lack of Nutrition/Exercise Services
1109		Good	Increasing - moving up	PREV	PRIM	BH	Lack of Health & Wellness, Limited Access to Primary Care, Limited Access to Mental Health
1040	66002	Good	Not really changing much	PREV	SPEC	INSU	Lack of Health & Wellness, Limited Access Specialty Care, Lack of Health Insurance
1071	66002	Very Good	Not really changing much	PREV	SPRT	INSU	Lack of Health & Wellness, Family Assistance programs, Lack of Health Insurance
1073	66002	Average	Decreasing - slipping downward	PRIM	BH	INSU	Limited Access to Primary Care, Limited Access to Mental Health, Lack of Health Insurance
1136	66532	Average	Decreasing - slipping downward	PRIM	BH	INSU	Limited Access to Primary Care, Limited Access Specialty Care, Limited Access to Mental Health, Lack of Health Insurance
1047	66002	Good	Increasing - moving up	PRIM	BH	INSU	Limited Access to Primary Care, Limited Access to Mental Health, Lack of Health Insurance
1084	66002	Very Good	Increasing - moving up	PRIM	BH	INSU	Limited Access to Primary Care, Limited Access to Mental Health, Lack of Health Insurance
1085	66023	Good	Increasing - moving up	PRIM	BH		Limited Access to Primary Care, Limited Access to Primary Care, Limited Access to Mental Health
1095	65002	Very Good	Increasing - moving up	PRIM	BH	INSU	Chronic Disease, Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Primary Care, Limited Access Specialty Care, Limited Access to Mental Health, Family Assistance programs, Lack of Health Insurance, Neglect
1066	66002	Poor	Not really changing much	PRIM	BH	SPEC	Limited Access to Primary Care, Limited Access Specialty Care, Limited Access to Mental Health
1106	66002	Good	Not really changing much	PRIM	BH	SPRT	Limited Access to Primary Care, Limited Access to Mental Health, Family Assistance programs
1145	66002	Average	Not really changing much	PRIM	BH	INSU	Limited Access to Primary Care, Limited Access to Mental Health, Lack of Health Insurance
1126	66002	Average	Decreasing - slipping downward	PRIM	INSU	TRANS	Limited Access to Primary Care, Lack of Health Insurance, Transportation
1103		Good	Not really changing much	PRIM	INSU		Limited Access to Primary Care, Lack of Health Insurance
1156	66002	Good	Not really changing much	PRIM	INSU	SPEC	Limited Access to Primary Care, Limited Access Specialty Care, Lack of Health Insurance
1063		Very Poor	Decreasing - slipping downward	PRIM	SPEC	INSU	Limited Access to Primary Care, Limited Access Specialty Care, Lack of Health Insurance
1088	66002	Poor	Decreasing - slipping downward	PRIM	SPEC		Limited Access to Primary Care, Limited Access Specialty Care
1009		Poor	Not really changing much	PRIM	SPEC		Limited Access to Primary Care, Limited Access Specialty Care
1024	66016	Average	Not really changing much	PRIM	SPRT	INSU	Limited Access to Primary Care, Family Assistance programs, Lack of Health Insurance
1049		Average	Not really changing much	PRIM			Limited Access to Primary Care
1120	66002	Average	Not really changing much	PRIM			Limited Access to Primary Care
1035		Good	Not really changing much	SPRT	INSU	NEG	Family Assistance programs, Lack of Health Insurance, Neglect
1130	66002	Good	Not really changing much	SPRT	INSU	NEG	Family Assistance programs, Lack of Health Insurance, Neglect
1004	66002	Good	Not really changing much	SPRT	NEG		Family Assistance programs, Neglect

CHNA 2022 Community Feedback: Atchison Co KS (N=172)

ID	Zip	Rating	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1119	66002	Average	Decreasing - slipping downward	ACC	SCH		No, Hard to get into the doctors office
1047	66002	Good	Increasing - moving up	BH	EMER	SS	No, More mental health providers and emergency services. Case managers and social workers to reduce emergency needs.
1085	66023	Good	Increasing - moving up	CLIN	HRS		No, There is often only 1-2 dr in the clinic some days. Case in point this past Friday (7/15)
1129	66002	Average	Not really changing much	CLIN	HRS		No, Need more urgent care slots and weekend hours.
1137	66041	Average	Not really changing much	DENT	DOCS	ACC	No, Dentist are hard to find and get into. Some doctors are hard to find and don't seem to care as much when they have their in town days.
1118	66002	Very Good	Not really changing much	DERM	ACC		No, I wish dermatology services were available here.
1065	66002	Average	Not really changing much	DOCS	ACC	SCH	No, There are days where too many doctors are not available
1091	66002	Good	Increasing - moving up	DOCS	HRS	SCH	No, No enough providers on the weekends or late evenings
1086	66002	Average	Not really changing much	DOCS	WAIT	SCH	No, More drs so people don't have to wait for appointments
1055	66002	Very Poor	Decreasing - slipping downward	HRS	ACC		No, Early evening and weekend hours for access by shift workers. Few Atchison workers are part of 8-5 M-F society.
1088	66002	Poor	Decreasing - slipping downward	HRS	SCH		No, Laterappts and Saturday appts
1080	66002	Poor	Not really changing much	HRS	SCH		No, Need more evening and weekend appt times
1153	66023	Average	Not really changing much	LAB	FF	DERM	No, Testing can't be done Call county health never return calls Dermatologist needed Retinal specialist Oral surgeon More general surgeons
1077		Average	Not really changing much	NH	DENT	FINA	No, Need senior dental and vision care to be available at a lower cost for those after the age of 65.
1164	66002	Average	Not really changing much	PEDS	ACC		No, Atchison needs pediatricians.
1024	66016	Average	Not really changing much	PHONE	ACC	SCH	No, Called clinic for two day the phone just rang and rang. Left messages. 1 1/2 day later returned call. Unable to get in. Was going to talk with dr and return call later that day. Never got that returned call.
1166	7E+05	Good	Decreasing - slipping downward	PRIM	SCH	ACC	No, Well and sick visits with your established pcp can take a LONG time to get in
1075	66002	Very Poor	Decreasing - slipping downward	QUAL	STFF		No, Someone not attached to Amberwell and their unending lies
1059	66002	Average	Not really changing much	SCH	ACC		No, You get rescheduled to see your regular dr too much.
1050	66002	Good	Decreasing - slipping downward	SCH	CLIN	ACC	Yes, I'm able to get appointments within a reasonable amount of time. And the walk in clinic is always available. Unfortunately most want access right away
1073	66002	Average	Decreasing - slipping downward	SCH	PRIM	WAIT	No, Appts with primary physicians are weeks out.
1170	66002	Very Good	Not really changing much	STFF	ACC		No, I'm not sure... but I would guess that we need more hospital staff, and perhaps in more than one area
1100	66002	Very Poor	Decreasing - slipping downward	STFF	RET	APP	No, Healthcare workers are burnt out and leaving healthcare
1126	66002	Average	Decreasing - slipping downward	SURG	AES		No, Need surgeons antstigiologist
1165	66002	Average	Not really changing much	SURG	PSY	BH	No, General Surgeons, Psychiatrist, Mental Health Therapists and Counselors

CHNA 2022 Community Feedback: Atchison Co KS (N=172)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1147	66002	Poor	Decreasing - slipping downward	ALL	FAC		Improve what you have. That hospital has been a cesspool for ages
1165	66002	Average	Not really changing much	ALL	SPRT		We don't need new, we need to bolster what is already here and working, avoiding politics and supporting agencies that are doing the work successfully.
1135	66002	Very Good	Increasing - moving up	BH	ACC		easier access to behavior health services
1037	66017	Good	Increasing - moving up	BH	DRUG		Mental Health / Substance Abuse
1060	66060	Good	Increasing - moving up	BH	DRUG	ALC	Mental health, drug drugs & alcohol services
1002		Average	Decreasing - slipping downward	BH	EDU		Mental health, health education
1106	66002	Good	Not really changing much	BH	NEO		Mental health, well baby care,
1085	66023	Good	Increasing - moving up	BH	OP		Mental health outpatient programs
1084	66002	Very Good	Increasing - moving up	BH	RESO		Mental health resources
1144	66002	Good	Increasing - moving up	BH	SERV		more mental health services
1038	66002	Good	Not really changing much	BH	SERV		mental health services
1172	66002	Average	Not really changing much	BH	SERV		More mental health services
1122	66002	Good	Increasing - moving up	BH	SPRT	POV	better access to mental health especially for lower socioeconomic.
1040	66002	Good	Not really changing much	BH	SPRT	CORP	Mental health programs in or around Atchison.
1030	66002	Good	Decreasing - slipping downward	BH			Mental Health
1113	66023	Average	Decreasing - slipping downward	BH			MENTAL health Care
1162	66006	Poor	Decreasing - slipping downward	BH			Mental health
1018	66602	Average	Increasing - moving up	BH			Mental health
1167	64484	Good	Increasing - moving up	BH			More mental health programs.
1027	66002	Very Good	Not really changing much	BH			Mental Health
1132	66002	Good	Increasing - moving up	CLIN	EMER	BH	Urgent care that is not Emergency Room care Better mental health programs for the uninsured to be accessed.
1073	66002	Average	Decreasing - slipping downward	CLIN	HRS		Urgent care in the mornings and not just the clinic in the afternoons. 3-7pm is not enough of a window when you are ill and can't get in to your physician.
1086	66002	Average	Not really changing much	CLIN	HRS	INSU	Regular clinic hours for uninsured. More and better mental health services.
1129	66002	Average	Not really changing much	CLIN	HRS		24hr urgent care
1077		Average	Not really changing much	DENT	FINA	OPHTH	Lower cost dental and vision care for retirees.
1155	66003	Average	Not really changing much	DENT	INSU		Dental care for uninsured
1169	66002	Good	Increasing - moving up	DERM	SCRE	CLIN	more skin cancer screening clinics
1126	66002	Average	Decreasing - slipping downward	DIAB	DIS	OBES	Diabetic program. Autism / disability support groups. Weight loss programs
1035		Good	Not really changing much	DIAL			Dialysis
1103		Good	Not really changing much	DRUG	AWARE		Drug awareness/abuse services.
1049		Average	Not really changing much	DRUG	SPRT		Stamp out drugs amongst children
1050	66002	Good	Decreasing - slipping downward	EDU	NUTR	FIT	Education on all levels... nutrition, exercise, and also the prenatal classes are a joke. There need to be classes like Baby 101 for those needing a simple class but don't make everyone take the same class. Some of us would appreciate an advanced class
1074	66002	Very Good	Increasing - moving up	EDU	SPRT	NH	More activities and educational programs for senior citizens
1012		Average	Not really changing much	EDU	SPRT		Programs/classes through the hospital would be great.
1015		Very Good	Increasing - moving up	FEM	OBG		Women's health
1096	66002	Good	Not really changing much	FIT	ACC	FINA	An exercise program for seniors. Nothing too strenuous like Zumba. I think chair yoga or essentricis would be good. Not everyone can afford the Y.
1057	66002	Very Good	Not really changing much	GAST	SPEC		Need GI Specialist
1059	66002	Average	Not really changing much	INSU	ACC		Anything that benefits people who AREN'T ON MEDICAID but are still un/underinsured.
1102		Good	Increasing - moving up	NEU	ENDO		Neurologist and Endocrinologist
1046		Very Good	Not really changing much	NH	COUN		Senior Counseling
1115	66002	Good	Increasing - moving up	NH			Care for the elderly
1019	66002	Average	Not really changing much	NO			No opinion
1022	66023	Good	Not really changing much	NUTR	ACC		Help with getting healthy foods
1121	66017	Poor	Not really changing much	NUTR			Nutrition health classes
1071	66002	Very Good	Not really changing much	OBES	SH		Obesity programs beginning in the schools.
1020	66048	Average	Not really changing much	OTHR			Better sliding scale
1133	66002	Average	Not really changing much	PART	SS	CORP	collaboration between social agencies
1134	66002	Average	Not really changing much	PART	SS	CORP	Collaboration between social agencies
1145	66002	Average	Not really changing much	PART	SS	SPRT	Collaboration between service agencies should be a priority.
1164	66002	Average	Not really changing much	PEDS	BH		Pediatric services, more mental programs.
1055	66002	Very Poor	Decreasing - slipping downward	PLAS	SURG	ORTHD	Maxillofacial and orthodontia surgical needs, particularly restorative.
1101	66023	Good	Not really changing much	POV	INSU	DENT	Low income /uninsured clinics/dental
1128	66002	Good	Increasing - moving up	PREV	EDU	SPRT	Comprehensive health and wellness programs that will engage the general public and educate.
1130	66002	Good	Not really changing much	PREV	SERV		Wellness services, preventive med
1114	66439	Very Good	Not really changing much	PREV	SPRT	ACC	health & wellness - preventative care programs
1039	66002	Very Good	Not really changing much	PSY	DOCS		Better psychiatric access (not just counseling, but medical doctor psychiatrists to assist with medication management).
1010	66002	Good	Not really changing much	PSY			We need a psychiatrist
1068	66002	Very Good	Not really changing much	REC	ACC		More walking trails connecting to downtown
1100	66002	Very Poor	Decreasing - slipping downward	RESO	BH	COVD	Recourses for mental health-Covid has screwed everyone up

CHNA 2022 Community Feedback: Atchison Co KS (N=172)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1047	66002	Good	Increasing - moving up	RESO	EDU	SERV	Resource education to let people know what services can assist them. Case management to facilitate wrap around services.
1075	66002	Very Poor	Decreasing - slipping downward	RURAL	TELE	WEB	Improve internet in rural areas for telehealth
1157		Average	Not really changing much	SPRT	BH		Programs centered around mental health services
1031	66002	Very Good	Increasing - moving up	SPRT	CORP		unknown, always developing new programs between the various facilities
1109		Good	Increasing - moving up	SPRT	TRANS	SPEC	Support groups, transportation to out-of-town specialists
1076	66002	Very Good	Not really changing much	SUIC	BH		Better suicide prevention more mental health services. Help in securing consistent mental health medications.
1137	66041	Average	Not really changing much	TRANS	SPRT	CC	Maybe a free community bus that picks up mothers with no support system and all of their kids so they can see a doctor. State aid only pays for the parent and 1 child being seen. Then half the time they don't show up and the family gets black balled for missing the appointment.

Let Your Voice Be Heard!

In 2019, Amberwell Atchison surveyed our community to assess local health needs. Today, we request your input again in order to update our 2022 Amberwell Atchison Community Health Needs Assessment (CHNA).

To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery. Survey deadline will Wednesday, July 27th, 2022 at noon.

While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention!

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

- Very Good Good Average Poor Very Poor

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

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

Please specify why.

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

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

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

- | | |
|--|--|
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Obesity (Nutrition / Exercise) |
| <input type="checkbox"/> Coordination of Atchison County Social Service Agencies | <input type="checkbox"/> Providers (PC, IM, Surg, Derm, Peds, Onc, Pulm) |
| <input type="checkbox"/> Drugs (Opioids, Meth, Prescription, etc.) | <input type="checkbox"/> Sexual Education |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Smoking - Vaping |
| <input type="checkbox"/> Emergency Room Access | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Health Policy Priority (City / County) | <input type="checkbox"/> Uninsured |
| <input type="checkbox"/> Medicaid Dental Services for Uninsured | <input type="checkbox"/> Urgent Care Services |
| <input type="checkbox"/> Mental Health (Diagnosis, Treatment, Aftercare) | |

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

- | | |
|--|--|
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Obesity (Nutrition / Exercise) |
| <input type="checkbox"/> Coordination of Atchison County Social Service Agencies | <input type="checkbox"/> Providers (PC, IM, Surg, Derm, Peds, Onc, Pulm) |
| <input type="checkbox"/> Drugs (Opioids, Meth, Prescription, etc.) | <input type="checkbox"/> Sexual Education |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Smoking / Vaping |
| <input type="checkbox"/> Emergency Room Access | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Health Policy Priority (City / County) | <input type="checkbox"/> Uninsured |
| <input type="checkbox"/> Medicaid Dental Services for Uninsured | <input type="checkbox"/> Urgent Care Services |
| <input type="checkbox"/> Mental Health (Diagnosis, Treatment, Aftercare) | |

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

- Chronic Disease
- Limited Access to Mental Health
- Lack of Health & Wellness
- Family Assistance programs
- Lack of Nutrition/Exercise Services
- Lack of Health Insurance
- Limited Access to Primary Care
- Neglect
- Limited Access Specialty Care

Other (Be Specific).



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

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



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

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home/Senior Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

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

	Very Good	Good	Fair	Poor	Very Poor
Behavioral/Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal/Child Health Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use/Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence/Abuse Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Wellness Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Do you have any Covid-19 worries and/or concerns in regards to Community Health delivery?

Yes

No

If yes, please specify your thoughts.



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

Yes

No

If yes, please specify the services received



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

Yes

No

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



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



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

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

Other (Please specify).



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

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

Other (Please specify).



17. What is your home ZIP code? Please enter 5-digit ZIP code; for example 66544 or 65305



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