



Community Health Needs Assessment

Brown County, KS
On Amberwell Hiawatha



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 Hiawatha – Hiawatha, 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 Hiawatha 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 Brown 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: Brown County, KS

2022 CHNA Priorities - Unmet Needs				
Brown County KS On Behalf of Amberwell Hiawatha				
CHNA Wave #4 Town Hall - August 23, 2022				
Primary Service Area (19 Attendees / 17 voters for 68 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Primary Care / Mental Health Care Integrated Delivery	12	17.6%	18%
2	Mental Health (Diagnosis, Placement, Aftercare, Awareness, and Providers)	10	14.7%	32%
3	Housing	10	14.7%	47%
4	Food Insecurity	9	13.2%	60%
5	Poverty	8	11.8%	72%
6	Chronic Disease Management (Diabetic)	7	10.3%	82%
Total Votes		68	100%	
Other needs receiving votes: Urgent Care, Nutrition, Childcare and Obesity.				

Town Hall CHNA Findings: Areas of Strengths

Hiawatha, KS - Community Health Strengths			
#	Topic	#	Topic
1	Collaboration between Public Health and Hospital	6	Parks and Recreation
2	High Education Level	7	Inpatient Hospital Rates
3	Emergency Room Care	8	Payment Plans for Hospital
4	Well Rounded Providers (Primary Care)	9	Dependable Law Enforcement
5	Strong Schools (Extracurriculars)	10	Affiliation with Amberwell

Key CHNA Wave #4 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2022 Robert Wood Johnson County Health Rankings, the Brown County Primary Service Area (PSA) average rank is 69th in Health Outcomes, 77th in Health Factors, and 39th in Physical Environmental Quality out of the 105 Counties.

TAB 1. Brown County average for population is 9,455 (based on 2021). Roughly seven percent (6.6%) of the population is under the age of 5, while the population that is over 65 years old is 20.7%. Citizens that speak a language other than English in their home make up 1.8% of the population. Children in single parent households make up a total of 24.6% compared to the rural norm of 18.6%, and 90.1% are living in the same house as one year ago.

TAB 2. In Brown County, the average per capita income is \$25,183 while 13.0% of the population is in poverty. The severe housing problem was recorded as 10.5% compared to the rural norm of 11.4%. The food insecurity is 13.3%, and limited access to healthy foods (store) is 13.7%.

TAB 3. Children eligible for a free or reduced-price lunch average is 55.0%. Roughly ninety-three percent (92.8%) of students graduated high school in compared to the rural norm of 88.8% and 19.1% have a bachelor's degree or higher.

TAB 4. The percent of births where prenatal care started in the first trimester is 68.3% and 6.4% of births have a low birth weight. Continually, 6.9% (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 23.4%.

TAB 5. Brown County average for primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 1,063 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 71.0%. The average time patients spent in the emergency room before being seen was 92 minutes.

TAB 6. Brown County average of the Medicare population that was recorded having depression was 15.6%. The mental behavioral hospital admissions rate per 100,000 was recorded at 100.8. The percent of Medicare Part D beneficiaries receiving an opioid supply greater than 10 days was recorded in 2021 as 39.2% compared to the rural norm of 44.2%.

TAB 7a – 7b. The average of those being reported as obese in Brown County was 41.0%, and the physical inactivity percentage is 31.1%. The percentage of adults who smoke is 19.7%, while the excessive drinking percentage is 17.5% as of 2021. The Medicare hypertension percentage is 60.2%, while the heart failure percentage is 19.7%. The percentage of individuals who were recorded having COPD was 15.5%. Continually, a recorded 8.3% have cancer amongst their Medicare population and 2.7% of individuals who have had a stroke.

TAB 8. The adult uninsured rate for Brown County average is 10.9% (based on 2021) compared to the rural norm of only 12.4%.

TAB 9. The life expectancy for both males and females is roughly seventy-four years of age (74.3). The age-adjusted cancer mortality rate per 100,000 recorded was 181.4. The alcohol impaired driving deaths recorded from 2016-2020 for Brown County is 34.8%

TAB 10. It was recorded (2021) that an average of 55.0% have access to exercise opportunities. There are 10.3% of the population that have diabetes and 45.0% on average of women seek annual mammography screenings. Those who have had an annual check-up in Brown County with a primary care doctor was 76.1%.

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, 46.7% of Brown 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: Chiropractors and Pharmacy.
- When considering past CHNA needs, the following topics came up as the most pressing: Additional Specialty Providers, Urgent Care Services, Mental Health, Mental Health Providers, Affordable Health Insurance, Drug Abuse, Housing, Affordable Fitness Center, Awareness of Services, Dental / Vision Services for Underinsured / Uninsured.

Brown Co KS - CHNA YR 2022					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	Rank
1	Additional Specialty Providers (OB, Derm, Surg, Ortho, Oph, Endo, GI)	45	9.0%		1
2	Urgent Care Services	42	8.4%		2
3	Mental Health (Diagnosis, Treatment, Aftercare)	38	7.6%		3
4	Affordable Health Insurance	36	7.2%		5
5	Affordable Fitness Center (Water Aerobics)	34	6.8%		8
6	Mental Health Staffing / Lack of Providers	32	6.4%		4
7	Drug Abuse (Meth and Prescription Drugs)	31	6.2%		6
8	Housing (Affordable and Safe)	30	6.0%		7
9	Awareness of Services (Health Dept and Hospital)	28	5.6%		9
10	Obesity (Nutrition / Exercise)	28	5.6%		11
11	Community Collaboration (Between Agencies)	27	5.4%		14
12	Public Awareness of Mental Health	27	5.4%		13
13	Senior Care	23	4.6%		15
14	Dental / Vision Services for Uninsured / Medicaid	21	4.2%		10
15	Financial Health of Local Hospital (HCH)	20	4.0%		12
16	Healthcare Transportation for Uninsured / Medicaid	18	3.6%		17
17	Home Health Services	15	3.0%		16
18	Tobacco Use (Mothers during pregnancy)	7	1.4%		18
Totals		502	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.*).

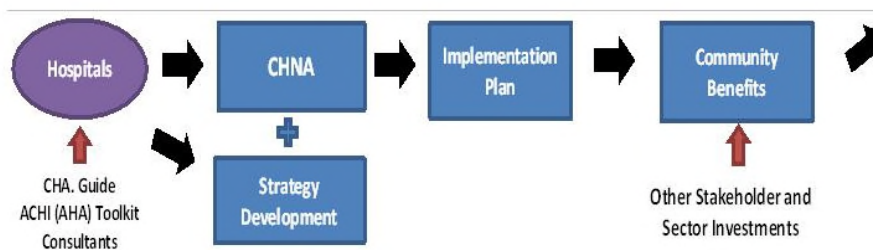
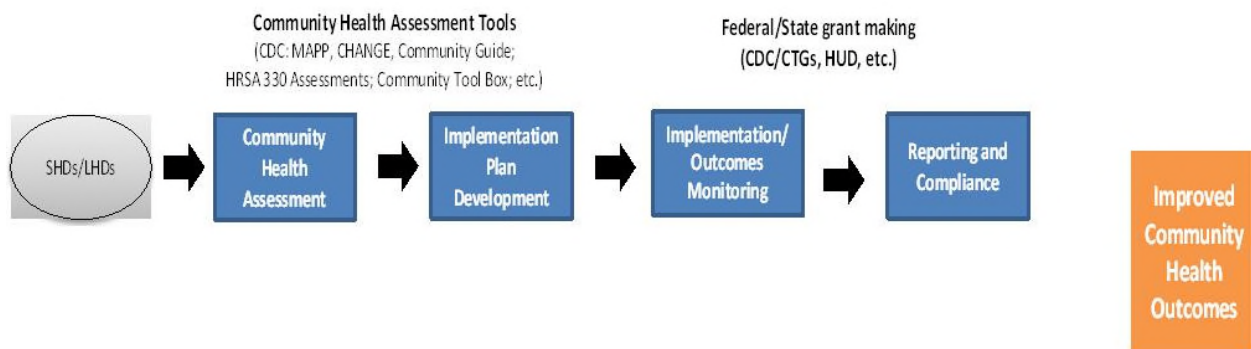
JOB #2: Making a CHNA Widely Available to the Public

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 Hiawatha Profile

300 Utah St, Hiawatha, KS 66434
Phone: (785) 742-2131
CEO: Jeff Perry

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

Mission Statement: Amberwell Hiawatha provides compassionate care with clinical excellence.

Vision: Amberwell Hiawatha improves the health and wellness of the community we serve.

Our Vision: Amberwell Hiawatha is a leader in health and wellness:

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

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

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

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

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

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

Among the services we provide are:

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

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

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

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

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

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

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

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

Hospice Objectives

- Manage pain and control symptoms
- Provide personal care to ensure comfort
- Provide needed medications, medical supplies and equipment

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

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

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

NEK Multi-County Home Health Services Include:

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

Comprehensive Care

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

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications:

VVV Consultants LLC 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 Hiawatha Hospital, located in Brown County, KS to meet Federal IRS CHNA requirements.

In early December 2021, a meeting was called amongst the Amberwell Hiawatha 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 Hiawatha Hospital - Define PSA					Inpatients			Outpatients		
Source: KHA, FFY 2019 - 2021	81,623	Totals - IP/OP			804	904	753	28,901	26,384	23,877
Patient Zip Code	County	3YR TOT	%	Accum	FFY19	FFY20	FFY21	FFY19	FFY20	FFY21
66434	BROWN	41,244	50.5%	50.5%	412	445	399	14,688	13,061	12,239
66439	BROWN	13,416	16.4%	67.0%	124	187	149	4712	4517	3727
66532	BROWN	3,913	4.8%	71.8%	25	25	27	1345	1260	1231
66424	BROWN	2,278	2.8%	74.6%	28	24	15	811	729	671
66527	BROWN	1,499	1.8%	76.4%	16	15	7	558	506	397
66425	BROWN	1,481	1.8%	78.2%	16	13	10	486	490	466
66515	BROWN	799	1.0%	93.8%	8	11	3	319	238	220
66035	DONIPHAN	4,000	4.9%	83.1%	52	42	38	1432	1197	1239
66094	DONIPHAN	2,452	3.0%	86.1%	47	26	17	989	721	652

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 - Hiawatha, 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	10/7/2021	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	8/19/2022	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	8/23/2022	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 9/15/22	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 9/30/22	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.

Community Health Needs Assessment Town Hall Meeting – Brown County, KS on behalf of Amberwell Hiawatha Community Hospital



VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

1

CHNA Community Conversation Table Assignments

Amberwell Hiawatha 2022 CHNA Town Hall 8/23/22 (11:30am -1pm)						
#	Table	Lead	Last Name	First Name	Organization	Title
1	A	##	Wolvington	Courtney	Kanza Mental Health & Guidance Center	Dir of Comm Sup Serv
2	A		Chamley	Nichole	Amberwell Hiawatha	CNO
3	A		Meyer	Galen		
4	A		Olson	Sarah	Horizon Therapy Associates	Therapist
5	B	##	Wilson	Karen	Northeast Kansas Area agency on Aging	Executive Director
6	B		Feathers	Jackie	Kanza Mental Health and Guidance Center	CEO
7	B		Kriwiel	Mariah	Amberwell Hiawatha	MD
8	B		Turner	Elizabeth	Amberwell Health	VP Marketing
9	C	##	Pralle	Morgan	GNBank, N.A.	AVP
10	C		Kriwiel	Toby	Horizon Therapy Associates	LMFT
11	C		Livengood	Teri	Northeast Kansas Area Agency on Aging	Program Manager
12	D	##	Mishier	Cheryl	N. Brown County Ministerial Alliance	Rev.
13	D		Perry	Jeff	Amberwell Health	CEO
14	D		Wilson	David	City of Hiawatha	Code Enforcement Off
15	E	##	Wilson	Annette	Hiawatha FUMC	Healthy Congregations
16	E		Jarvis	Jessica	Amberwell Hiawatha	
17	E		Shamburg	Becky	City of Hiawatha	Commissioner
18	F	##	Romine	Kristina	NEK MultiCounty Health Departments	COO
19	F		Cox	Leslie	Amberwell Health	Mngr of Infection Prev
20	F		Kerl	Alison	Amberwell Hiawatha	COO

2

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)

3

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

4

CHNA Experience



2022 CHNA Wave #4 Clients - VWV 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	Gove Co Med Center	Quinter, KS	24	IA	SMC	Shenandoah IA
2	KS	Pawnee Valley	Larned, KS	25	IA	MercyOne Centerville	Centerville IA
3	KS	Citizens Health	Colby, KS	26	IA	Manning Regional	Manning IA
4	KS	Ways Medical	Ways, KS	27	IA	MercyOne Newton	Newton IA
5	KS	Osborne Co Mem H	Osborne, KS	28	IA	MercyOne Elkhart	Elkhart IA
6	KS	Smith Co Mem Hosp	Smith Ctr, KS	29	IA	Elsworth Med	Elsworth IA
7	KS	Sheridan Co	Hole, KS	30	KS	Republic Co Hosp	Republic, KS
8	KS	Kiowa 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	Palmyra Reg	Palmyra, NE
11	KS	Sabetha Com	Sabetha, KS	34	KS	Moundridge	Moundridge, KS
12	KS	Allen County	Piedia, KS	35	MO	Ray County MO	Ray County MO
13	KS	Dlathe Med	OMC JCCC	36	KS	MHS	Abilene, KS
14	KS	Partners Health	Anthony, KS	37	KS	Coffeyville Regional	Coffeyville, KS
15	KS	Trego Co	Wakeeney, KS	38	KS	Amberwell - Atchison	Atchison, KS
16	KS	Russell Reg	Russell, KS	39	KS	Amberwell - Hiawatha	Hiawatha, KS
17	MO	Carroll Co MO	Carrollton, MO	40	IA	Cherokee Regional	Cherokee, IA
18	KS	Cowley Co	Winfield, KS	41	MO	Cass Regional	Harrisonville MO
19	KS	Marion Co	Hillsboro, KS	42	KS	Comm Memorial HC	Marysville, KS
20	KS	HCH Jackson Co	Holtton, 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	Edonado Springs, MO

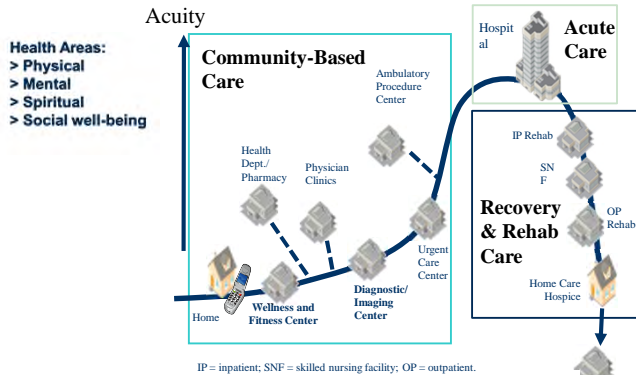
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II. Review of a CHNA

- **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)

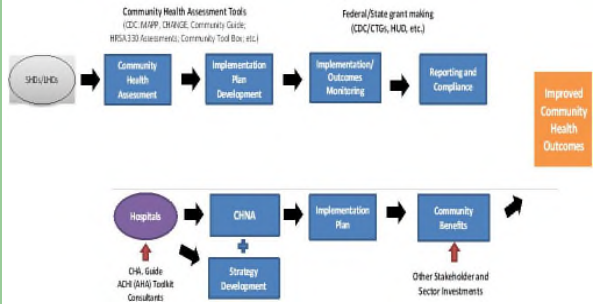
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Future System of Care—Sg2

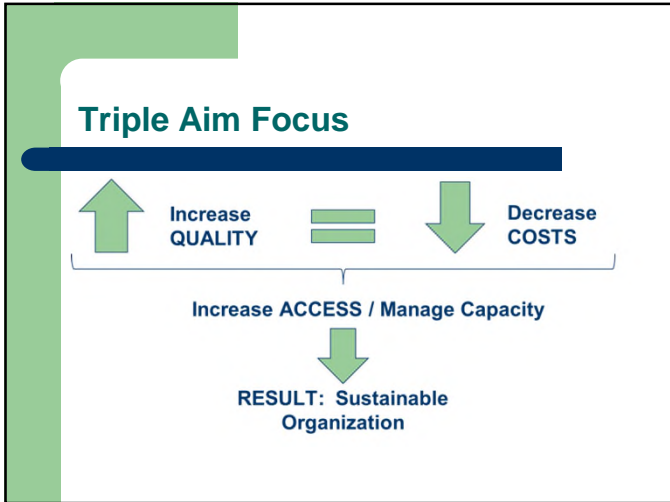


7

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



8



9

A Conversation with the Community & Stakeholders

Community members and organizations invited to CHNA Town Hall

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

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

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

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


10

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

11

Define Primary Service Area



Hiawatha Comm Hospital - Define Primary Service Area - Yr 2018-16						
ZIP	NAME	ST	County	3YrTot	%	Accum
66434	Hiawatha	KS	BROWN	75001	51.3%	51.3%
66439	Horton	KS	BROWN	16321	11.2%	62.5%
66035	Highland	KS	DONIPHAN	9255	6.3%	68.8%
66532	Robinson	KS	BROWN	7398	5.1%	73.9%
66534	Sabetha	KS	NEMAHA	3983	2.7%	76.6%
66094	White Cloud	KS	DONIPHAN	3919	2.7%	79.3%
66424	Everest	KS	BROWN	3325	2.3%	81.6%
66425	Fairview	KS	BROWN	3104	2.1%	83.7%
68355	Falls City	NE	RICHARDSON	3078	2.1%	85.8%
66087	Troy	KS	DONIPHAN	2776	1.9%	87.7%
66527	Powhattan	KS	BROWN	2751	1.9%	89.6%
66515	Morrill	KS	BROWN	1629	1.1%	90.7%

12

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

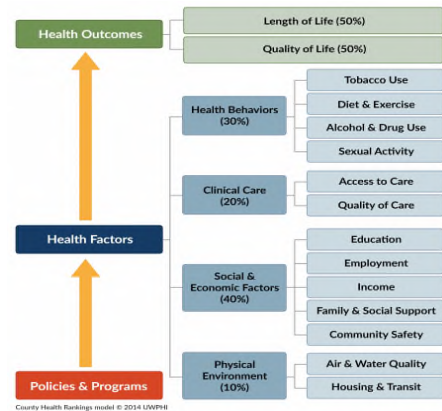
TAB 9. Mortality Profile

TAB 10. Preventative Quality Measures

13

County Health Rankings -

Robert Wood Johnson Foundation and University of WI Health Institute



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?

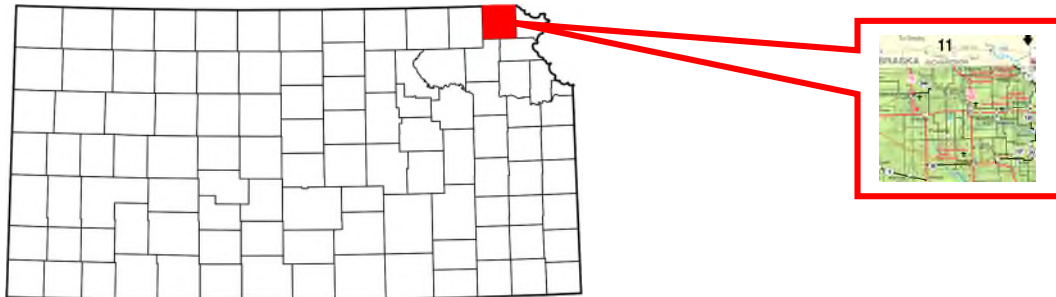
VVV@VandehaarMarketing.com
HCF@VandehaarMarketing.com
CJK@VandehaarMarketing.com
(913) 302-7264

16

II. Methodology

d) Community Profile (A Description of Community Served)

Brown County, Kansas Community Profile



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

Brown County (KS) Pubic Airports¹

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

Brown County (KS): Public Schools²

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

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

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

Brown County, 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	66424	Everest	BROWN	570	554	-2.81%	242	236	2.4	\$30,621
2	66425	Fairview	BROWN	489	475	-2.86%	224	218	2.2	\$31,169
3	66434	Hiawatha	BROWN	4,774	4,669	-2.20%	2,025	1,987	2.3	\$26,137
4	66439	Horton	BROWN	2,548	2,453	-3.73%	1,010	972	2.5	\$23,221
5	66515	Morrill	BROWN	443	432	-2.48%	164	160	2.7	\$25,949
6	66527	Powhattan	BROWN	230	222	-3.48%	94	91	2.4	\$24,156
7	66532	Robinson	BROWN	583	563	-3.43%	228	221	2.5	\$28,280
Totals				9,637	9,368	-2.79%	3,987	3,885	2.4	\$27,076

	ZIP	NAME	County	Population				Year 2020		Females
				Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
1	66424	Everest	BROWN	570	114	154	65	46	283	51
2	66425	Fairview	BROWN	489	106	139	49	46	241	48
3	66434	Hiawatha	BROWN	4,774	1,063	1,430	520	44	2,482	495
4	66439	Horton	BROWN	2,548	596	815	270	42	1,295	252
5	66515	Morrill	BROWN	443	101	116	44	47	215	43
6	66527	Powhattan	BROWN	230	37	86	24	38	118	22
7	66532	Robinson	BROWN	583	119	167	61	47	276	51
Totals				9,637	2,136	2,907	1,033	309	4,910	962

	ZIP	NAME	County	Population 2020				Average Households 2020		
				Caucasian	African Amer	Amer Ind.	Hispanic	HH Inc	HH	HH \$50K+
1	66424	Everest	BROWN	93.51%	0.53%	1.05%	2.98%	\$242	59,794	160
2	66425	Fairview	BROWN	85.28%	0.61%	10.84%	2.45%	\$224	51,760	121
3	66434	Hiawatha	BROWN	87.83%	1.78%	4.65%	5.51%	\$2,025	47,581	958
4	66439	Horton	BROWN	77.43%	0.63%	16.09%	5.69%	\$1,010	41,831	435
5	66515	Morrill	BROWN	95.26%	0.68%	0.68%	1.35%	\$164	52,670	92
6	66527	Powhattan	BROWN	48.26%	0.43%	49.13%	6.09%	\$94	43,449	43
7	66532	Robinson	BROWN	91.25%	0.69%	2.40%	3.77%	\$228	57,072	140
Totals				82.69%	0.76%	12.12%	3.98%	\$570	354,157	1,949

Source: ERSI Demographics

III. Community Health Status

[VVV Consultants LLC]

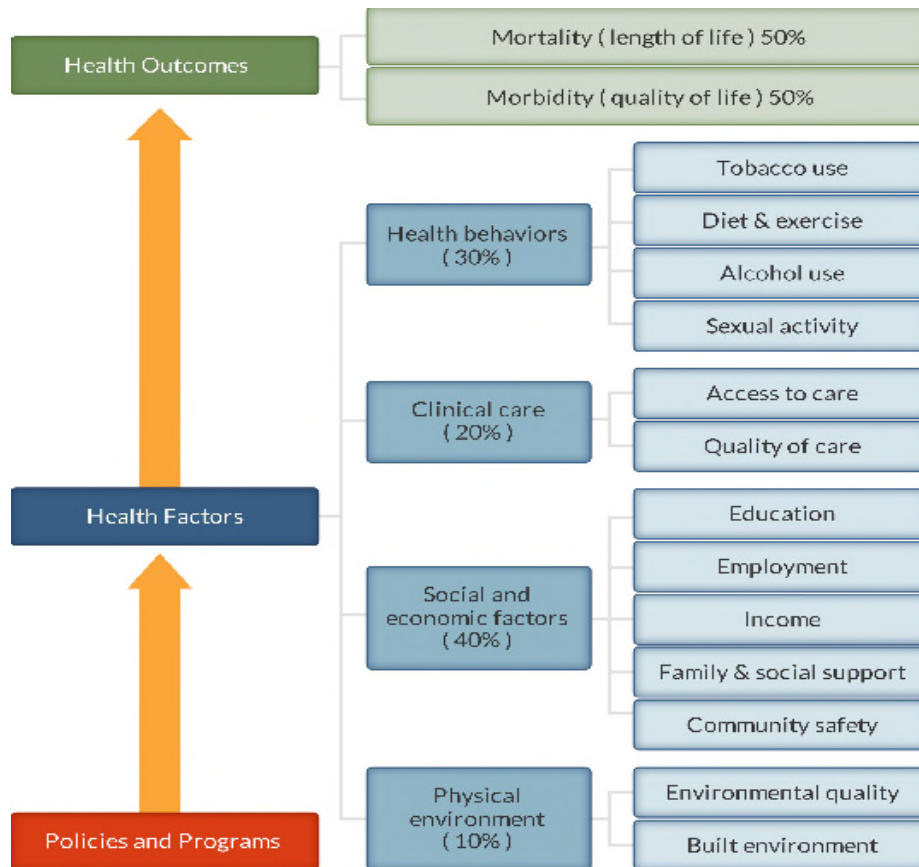
III. Community Health Status

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 participantes. 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	Brown Co.	TREND	KS Rural 28 Norm
1	Health Outcomes		69	Yellow	79
2	Mortality	Length of Life	82	Red	22
3	Morbidity	Quality of Life	52	Yellow	97
4	Health Factors		77	Red	94
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	95	Red	73
6	Clinical Care	Access to care / Quality of Care	75	Red	102
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	64	Yellow	96
8	Physical Environment	Environmental quality	39	Yellow	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
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

Tab 1: Demographic Profile

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

Tab		Demographic - Health Indicators	Brown Co.	Trend	State of KS	KS Rural 28 Norm	Source
1	a	Population estimates, July 1, 2021, (V2021)	9,455		2,913,314	14,405	People Quick Facts
	b	Population, percent change - April 1, 2020 (estimates base) to July 1, 2021, (V2021)	-0.6%		NA	-0.6%	People Quick Facts
	d	Persons under 5 years, percent, 2021	6.6%		6.4%	6.3%	People Quick Facts
	e	Persons 65 years and over, percent, 2021	20.7%		16.3%	19.7%	People Quick Facts
	f	Female persons, percent, 2021	50.6%		50.2%	49.6%	People Quick Facts
	g	White alone, percent, 2021	85.0%		86.3%	91.7%	People Quick Facts
	h	Black or African American alone, percent, 2021	1.6%		6.1%	2.6%	People Quick Facts
	i	Hispanic or Latino, percent, 2021	5.3%		12.2%	11.8%	People Quick Facts
	j	Language other than English spoken at home, percent of persons age 5 years+, 2016-2020	1.8%		11.9%	9.8%	People Quick Facts
	k	Living in same house 1 year ago, percent of persons age 1 year+, 2016-2020	90.1%		83.8%	87.5%	People Quick Facts
	l	Children in single-parent households, percent, 2016-2020 (2022)	24.6%		29.0%	18.6%	County Health Rankings
	m	Veterans, 2016-2020	701		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	Brown Co.	Trend	State of KS	KS Rural 28 Norm	Source
2	a	Per capita income in past 12 months (in 2020 dollars), 2016-2020	\$25,183		\$31,814	\$27,600	People Quick Facts
	b	Persons in poverty, percent, 2021	13.0%		11.4%	11.4%	People Quick Facts
	c	Housing units, July 1, 2019, (V2021)	4,733		1,288,401	6,650	People Quick Facts
	d	Persons per household, 2016-2020	2.5		2.5	2.4	People Quick Facts
	e	Severe housing problems, percent, 2014-2018 (2021)	10.5%		13.0%	11.4%	County Health Rankings
	f	Total of All firms, 2012 (2021)	883		239,118	1,202	Business Quick Facts
	g	Unemployment, percent, 2020 (2021)	4.5%		3.4%	4.7%	County Health Rankings
	h	Food insecurity, percent, 2019 (2021)	13.3%		13.0%	12.3%	County Health Rankings
	i	Limited access to healthy foods, percent, 2019 (2021)	13.7%		8.0%	9.5%	County Health Rankings
	j	Long commute - driving alone, percent, 2016-2020 (2021)	16.7%		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	Brown Co.	Trend	State of KS	KS Rural 28 Norm	Source
3	a	Children eligible for free or reduced price lunch, percent, 2019-2020 (2021)	55.0%		46.6%	52.9%	County Health Rankings
	b	High school graduate or higher, percent of persons age 25 years+, 2015-2019	92.8%		91.0%	88.8%	People Quick Facts
	c	Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	19.1%		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	Brown Co.	Trend	State of KS	KS Rural 28 Norm	Source
4	a Percent of Births Where Prenatal Care began in First Trimester, 2018-2020 (2021)	68.3%		81.0%	79.6%	Kansas Health Matters
	b Percentage of Premature Births, 2018-2020 (2021)	7.8%		9.8%	9.4%	Kansas Health Matters
	c Percent of Infants up to 24 months that received full Immunizations, 2017-2018 (2021)	77.6%		71.1%	72.2%	Kansas Health Matters
	d Percent of Births with Low Birth Weight, 2018-2020 (2021)	6.4%		7.4%	7.2%	Kansas Health Matters
	f Percent of all Births Occurring to Teens (15-19), 2018-2020	6.9%		5.2%	6.1%	Kansas Health Matters
	g Percent of births Where Mother Smoked During Pregnancy, 2018-2020	23.4%		8.7%	13.2%	Kansas Health Matters

#	Criteria - Vital Statistics	Brown County	Trend	Kansas	KS Rural 28 Norm
a	Total Live Births, 2016	11.6		13.1	12.9
b	Total Live Births, 2017	13.5		12.5	12.1
c	Total Live Births, 2018	13.5		12.5	12.7
d	Total Live Births, 2019	11.8		12.1	12.1
e	Total Live Births, 2020	10.9		11.8	11.7
g	Total Live Births, 2016- 2020 - Five year Rate (per 1,000)	12.3		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	Brown Co.	Trend	State of KS	KS Rural 28 Norm	Source
5	a Primary care physicians (Pop Coverage per) (No extenders incl.) , 2019 (2021)	1063:1		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)	83.0%		NA	77.6%	CMS Hospital Compare, Latest Release
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	71.0%		NA	76.3%	CMS Hospital Compare, Latest Release
	e Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	92.0		NA	115.9	CMS Hospital Compare, Latest Release

Tab 6: Behavioral / Mental Profile

Behavioral healthcare provides another important indicator of community health status.

Tab		Mental - Health Indicator	Brown Co.	Trend	State of KS	KS Rural 28 Norm	Source
6	a	Depression: Medicare Population, percent, 2018 (2021)	15.6%		19.8%	18.2%	Kansas Health Matters
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2018-2020 (lower is better)	0.0		18.5	13.4	Kansas Health Matters
	c	Mental Behavioral Hospital Admission Rates per 100,000, 2018-2020	100.8		70.6	52.8	Kansas Health Matters
	k	Percent of Medicare Part D Beneficiaries Receiving Opioids Supply >10 Days 2017 (2021)	39.2%		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	Brown Co.	Trend	State of KS	KS Rural 28 Norm	Source
7a	a	Adult obesity, percent, 2019 (2021)	41.0%		35.6%	37.3%	County Health Rankings
	b	Adult smoking, percent, 2019 (2021)	19.7%		16.8%	18.8%	County Health Rankings
	c	Excessive drinking, percent, 2019 (2021)	17.5%		20.0%	18.7%	County Health Rankings
	d	Physical inactivity, percent, 2019 (2021)	31.1%		26.7%	31.4%	County Health Rankings
	e	# of Physically unhealthy days, 2019	3.9		3.6	3.8	County Health Rankings
	f	Sexually transmitted infections (chlamydia), rate per 100,000 - 2018 (2021)	366.0		524.7	395.5	County Health Rankings

Tab 7b: Chronic Risk Profile

Tab		Chronic - Health Indicator	Brown Co.	Trend	State of KS	KS Rural 28 Norm	Source
7b	a	Hypertension: Medicare Population, 2018 (2021)	60.2%		55.9%	54.6%	Kansas Health Matters
	b	Hyperlipidemia: Medicare Population, 2018 (2021)	38.0%		43.9%	40.7%	Kansas Health Matters
	c	Heart Failure: Medicare Population, 2018 (2021)	19.7%		13.5%	14.7%	Kansas Health Matters
	d	Chronic Kidney Disease: Medicare Pop, 2018 (2021)	16.9%		22.5%	20.9%	Kansas Health Matters
	e	COPD: Medicare Population, 2018 (2021)	15.5%		11.9%	12.5%	Kansas Health Matters
	f	Atrial Fibrillation: Medicare Population, 2018 (2021)	9.6%		8.9%	8.9%	Kansas Health Matters
	g	Cancer: Medicare Population, 2018 (2021)	8.3%		8.2%	7.7%	Kansas Health Matters
	h	Osteoporosis: Medicare Population, 2018 (2021)	6.4%		6.4%	5.9%	Kansas Health Matters
	i	Asthma: Medicare Population, 2018 (2021)	4.0%		4.2%	3.5%	Kansas Health Matters
	j	Stroke: Medicare Population, 2018 (2021)	2.7%		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	Brown Co.	Trend	State of KS	KS Rural 28 Norm	Source
8	a Uninsured, percent, 2019 (2021)	10.9%		10.7%	12.4%	County Health Rankings

CHINA 2022 - Source: Hospital Internal Records				
#	Hiawatha Community Hospital	YR 2019	YR 2020	YR 2021
1	Bad Debt (Insurance Write-Off)	\$1,649,995	\$995,080	\$1,465,031
2	Charity Care (Free Care)	\$1,369,210	\$1,149,920	\$853,896

Tab 9: Mortality Profile

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

Tab	Mortality - Health Indicator	Brown Co.	Trend	State of KS	KS Rural 28 Norm	Source
9	a Life Expectancy, 2017-2019 (2021)	74.3		78.5	77.6	Kansas Health Matters
	b Age-adjusted Cancer Mortality Rate per 100,000 population, 2018-2020 (lower is better)	181.4		151.4	163.0	Kansas Health Matters
	c Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2018-2020 (lower is better)	222.1		162.0	172.7	Kansas Health Matters
	d Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2018-2020 (Lower is better)	222.1		157.2	172.6	Kansas Health Matters
	e Alcohol-impaired driving deaths, percent, 2016-2020 (2021)	34.8%		19.4%	20.5%	County Health Rankings

Causes of Death by County of Residence, KS 2020	Brown County, KS	%	Trend	Kansas	%
TOTAL	160			31,667	
Other causes	51	31.9%		9,226	29.1%
Cancer	28	17.5%		5,471	17.3%
Heart disease	28	17.5%		6,202	19.6%
Ischemic Heart Disease	19	11.9%		3,641	11.5%
Chronic lower respiratory diseases	8	5.0%		1,630	5.1%
Cerebrovascular disease (Stroke)	7	4.4%		1,361	4.3%
All other accidents and adverse effects	7	4.4%		1,313	4.1%
Diabetes	6	3.8%		1,030	3.3%
Chronic liver disease and cirrhosis	6	3.8%		438	1.4%
Residual infections and Parasitic Diseases	4	2.5%		515	1.6%
Pneumonia and influenza	4	2.5%		510	1.6%

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	Brown Co.	Trend	State of KS	KS Rural 28 Norm	Source
10	a Access to exercise opportunities, percent, 2021	55.0%		73.3%	46.5%	County Health Rankings
	b Adults with diabetes, monitoring, percent, 2019	10.3%		9.7%	10.4%	County Health Rankings
	c Mammography annual screening, percent, 2019	45.0%		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	76.1%		NA	74.7%	Kansas Health Matters
	e Adults who visited a dentist or dental clinic in the past year, percent, 2018	64.8%		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 Hiawatha primary service area (PSA).

Chart #1 – Brown County, KS PSA Online Feedback Response (N=122)

Brown County KS - CHNA YR 2022			
For reporting purposes, are you involved in or are you a ...? (Multiple)	Brown Co KS N=122	Trend	Wave 4 Norms N= 7,198
Business / Merchant	7.3%		11.9%
Community Board Member	7.3%		10.5%
Case Manager / Discharge Planner	0.9%		1.0%
Clergy	0.9%		1.5%
College / University	2.7%		3.2%
Consumer Advocate	0.9%		1.7%
Dentist / Eye Doctor / Chiropractor	1.8%		0.9%
Elected Official - City/County	0.9%		2.3%
EMS / Emergency	2.7%		2.6%
Farmer / Rancher	7.3%		7.8%
Hospital / Health Dept	12.7%		21.1%
Housing / Builder	0.9%		0.9%
Insurance	0.9%		1.4%
Labor	2.7%		2.7%
Law Enforcement	0.0%		1.4%
Mental Health	2.7%		2.2%
Other Health Professional	5.5%		12.4%
Parent / Caregiver	19.1%		18.4%
Pharmacy / Clinic	1.8%		2.5%
Media (Paper/TV/Radio)	0.0%		0.6%
Senior Care	2.7%		3.8%
Teacher / School Admin	5.5%		7.6%
Veteran	3.6%		3.6%
Other (please specify)	9.1%		8.9%
TOTAL	122		6692
Norms: KS Counties: Atchinson, 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

Brown County KS - CHNA YR 2022			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Brown Co KS N=122	Trend	Wave 4 Norms N=7,198
Top Box %	13.9%		26.2%
Top 2 Boxes %	46.7%		68.7%
Very Good	13.9%		26.2%
Good	32.8%		42.6%
Average	36.9%		24.5%
Poor	11.5%		5.3%
Very Poor	4.9%		1.5%
Valid N	122		7,150
<small>Norms: KS Counties: Atchinson, 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

Brown County KS - CHNA YR 2022			
When considering "overall community health quality", is it...	Brown Co KS N=122	Trend	Wave 4 Norms N=7,198
Increasing - moving up	19.3%		42.8%
Not really changing much	46.5%		45.7%
Decreasing - slipping	34.2%		11.5%
Valid N	122		6,471
<small>Norms: KS Counties: Atchinson, 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

Brown Co KS - CHNA YR 2022					
Past CHNA Unmet Needs Identified			Ongoing Problem		Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	Rank
1	Additional Specialty Providers (OB, Derm, Surg, Ortho, Oph, Endo, GI)	45	9.0%		1
2	Urgent Care Services	42	8.4%		2
3	Mental Health (Diagnosis, Treatment, Aftercare)	38	7.6%		3
4	Affordable Health Insurance	36	7.2%		5
5	Affordable Fitness Center (Water Aerobics)	34	6.8%		8
6	Mental Health Staffing / Lack of Providers	32	6.4%		4
7	Drug Abuse (Meth and Prescription Drugs)	31	6.2%		6
8	Housing (Affordable and Safe)	30	6.0%		7
9	Awareness of Services (Health Dept and Hospital)	28	5.6%		9
10	Obesity (Nutrition / Exercise)	28	5.6%		11
11	Community Collaboration (Between Agencies)	27	5.4%		14
12	Public Awareness of Mental Health	27	5.4%		13
13	Senior Care	23	4.6%		15
14	Dental / Vision Services for Uninsured / Medicaid	21	4.2%		10
15	Financial Health of Local Hospital (HCH)	20	4.0%		12
16	Healthcare Transportation for Uninsured / Medicaid	18	3.6%		17
17	Home Health Services	15	3.0%		16
18	Tobacco Use (Mothers during pregnancy)	7	1.4%		18
Totals		502	100.0%		

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

Brown County KS - CHNA YR 2022			
In your opinion, what are the root causes of "poor health" in our community?	Brown Co KS N=122	Trend	Wave 4 Norms N=7,198
Chronic disease prevention	13.5%	Red	11.0%
Lack of health & Wellness Education	11.2%	Yellow	14.0%
Lack of Nutrition / Exercise Services	10.3%	Yellow	10.6%
Limited Access to Primary Care	9.4%	White	6.4%
Limited Access to Specialty Care	9.9%	White	8.3%
Limited Access to Mental Health Assistance	13.0%	Red	18.5%
Family assistance programs	8.1%	White	5.7%
Lack of health insurance	14.3%	Red	14.2%
Neglect	10.3%	Yellow	11.4%
Total Votes	122		11,976
<small>Norms: KS Counties: Atchinson, 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 & Fumis.</small>			

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

Brown County KS - CHNA YR 2022	Brown Co KS N=122		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	76.0%	12.0%	Yellow	80.2%	5.2%
Child Care	31.1%	20.3%	Red	41.7%	17.4%
Chiropractors	66.7%	5.6%	Green	70.0%	6.1%
Dentists	72.4%	13.2%	Red	69.6%	10.6%
Emergency Room	58.4%	16.9%	Red	71.6%	9.3%
Eye Doctor/Optomtrist	62.2%	10.8%	Yellow	73.8%	7.2%
Family Planning Services	27.5%	30.4%	Red	36.8%	20.3%
Home Health	40.3%	19.4%	Red	53.7%	11.2%
Hospice	65.8%	9.6%	Yellow	62.6%	8.8%
Telehealth	19.2%	41.1%	Red	48.7%	13.4%
Inpatient Services	49.3%	11.0%	Yellow	74.5%	6.3%
Mental Health	13.5%	39.2%	Red	25.6%	38.1%
Nursing Home/Senior Living	33.8%	23.0%	Red	52.2%	14.8%
Outpatient Services	52.0%	10.7%	Yellow	73.5%	4.9%
Pharmacy	65.8%	5.3%	Green	85.5%	2.7%
Primary Care	56.6%	15.8%	Red	75.4%	6.3%
Public Health	32.9%	21.9%	Red	57.3%	9.4%
School Health	36.5%	17.6%	Red	59.9%	8.3%
Visiting Specialists	47.4%	10.5%	Yellow	64.3%	9.7%

Chart #7 – Community Health Readiness

Brown County KS - CHNA YR 2022		Bottom 2 boxes		
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Brown Co KS N=122	Trend	Wave 4 Norms N=7,198	
Behavioral / Mental Health	45.2%		36.9%	
Emergency Preparedness	15.3%		9.8%	
Food and Nutrition Services/Education	30.6%		17.0%	
Health Screenings (as asthma, hearing, vision, scoliosis)	25.0%		12.0%	
Prenatal/Child Health Programs	20.8%		14.0%	
Substance Use/Prevention	52.1%		36.6%	
Suicide Prevention	45.8%		39.1%	
Violence Prevention	51.4%		36.4%	
Women's Wellness Programs	31.9%		19.4%	

Norms: **KS Counties:** Atchinson, 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:

Brown County KS - CHNA YR 2022			
In the past 2 years, did you or someone you know receive HC outside of our community?	Brown Co KS N=122	Trend	Wave 4 Norms N=7,198
Yes	69.9%		72.7%
No	30.1%		27.3%

Norms: **KS Counties:** Atchinson, 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
ENT	4
OBG	3
NEU	2
PRIM	2

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

Brown 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?	Brown Co KS N=122	Trend	Wave 4 Norms N=7,198
Yes	31.9%		57.7%
No	68.1%		42.3%

Norms: **KS Counties:** Atchinson, 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 healthcare topics need to be discussed in future Town Hall Meeting

Brown County KS - CHNA YR 2022			
What needs to be discussed further at our CHNA Town Hall meeting?	Brown Co KS N=122	Trend	Wave 4 Norm= 7,198
Abuse/Violence	2.8%		4.1%
Alcohol	2.8%		3.8%
Alternative Medicine	1.7%		3.0%
Breast Feeding Friendly Workplace	3.1%		1.6%
Cancer	8.5%		4.1%
Care Coordination	1.1%		2.3%
Diabetes	3.4%		2.7%
Drugs/Substance Abuse	2.8%		5.6%
Family Planning	3.1%		2.2%
Heart Disease	5.6%		3.0%
Lack of Providers/Qualified Staff	1.1%		3.8%
Lead Exposure	3.4%		1.1%
Mental Illness	3.4%		7.2%
Neglect	3.4%		2.8%
Nutrition	7.9%		4.3%
Obesity	0.0%		4.3%
Occupational Medicine	1.4%		0.9%
Ozone (Air)	2.8%		1.3%
Physical Exercise	4.2%		4.3%
Poverty	0.3%		3.7%
Preventative Health / Wellness	0.0%		3.7%
Respiratory Disease	3.1%		1.2%
Sexually Transmitted Diseases	5.4%		2.2%
Smoke-Free Workplace	5.4%		1.4%
Suicide	0.8%		5.1%
Teen Pregnancy	5.6%		3.2%
Telehealth	1.4%		2.3%
Tobacco Use	2.8%		2.2%
Transporation	1.1%		2.6%
Vaccinations	4.2%		3.4%
Water Quality	2.3%		2.0%
Health Literacy	3.1%		2.9%
Other (please specify)	1.7%		1.5%
TOTAL Votes	354		21,876

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

2022 Inventory of Healthcare Services - Brown Co, KS

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

2022 Inventory of Healthcare Services - Brown Co, KS

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

Providers Practicing in Brown County, KS - YR 2022

# of FTE Providers Working in County	Physicians		Allied Staff
	PSA Based DRs	Visiting	PSA Based PA / NP
Primary Care:			
Family Practice	4.0		6.0
Internal Medicine/Geriatrics			
Obstetrics/Gynecology		6.0	1.0
Pediatrics			
Medicine Specialists:			
Allergy/Immunology			
Cardiology		24.0	
Dermatology			
Endocrinology			
Gastroenterology			
Hematology/Oncology		1.0	1.0
Infectious Diseases			
Nephrology			
Neurology		1.0	
Psychiatry			
Pulmonary		2.0	
Rheumatology		1.0	
Surgery Specialists:			
General Surgery/Colon/Oral	1.0		2.0
Neurosurgery			
Ophthalmology		2.0	
Orthopedics	1.0		4.0
Otolaryngology		1.0	
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vascular			
Urology		1.0	
Hospital Based:			
Anesthesia/Pain	2.0		10.0
Emergency			6.0
Hospitalist (Based on Discharges)			
Radiology	1.0	17.0	
Pathology		5.0	
Neonatal/Perinatal			
Physical Medicine/Rehab			
Occupational Medicine			
Podiatry		2.0	
Wound Care			
TOTALS	9.0	63.0	30.0

*Total FTE specialists serving community whose office outside PSA

Visiting Specialists to Hiawatha Community Hospital - YR 2022

Specialty	Provider Name	Credentials	Group / Office Location	Days in Clinic per Month	FTE
Audiology	J Neuenswander	Aud	Topeka ENT	1	0.05
Cardiology	Craig Gernon	MD	Stormont Vail Cardiology	1	0.05
Cardiology	L Leifer	APRN	KU Health System - St. Francis	1	0.05
Cardiology	S Mamidipally	MD	KU Health System - St. Francis	2	0.10
Cardiology	T Stallbaumer	APRN	Stormont Vail Cardiology	1	0.05
Cardiology	D Wilkins	APRN	KU Health System - St. Francis	3	0.15
ENT	J Meyers	MD	Topeka ENT	1	0.05
General Surgery	R. Warren	MD	Amberwell Health	4	0.20
Neurology	A Koonce	DO	Mosaic Life Care	1	0.05
OBGYN	Morrison, Heather	MD	Lincoln Center Obstetrics & Gynecology - Topeka KS	1	0.05
Oncology	Caracioni, Adrian	MD	St Francis Comprehensive Cancer Center - Topeka KS	1	0.05
Orthopedics	B Duncan	MD	Amberwell Health	4	0.20
Pain Management	D Hamilton	MD	Private Practice, Overland Park	2	0.10
Podiatry	E Davis	DPM	Gladstone, MO	4	0.20
Pulmonology	M Warren	MD	Stormont Vail Health	1	0.05
Radiology	Crosby Gernon	MD	Radiology Specialists of St. Joseph	2	0.10
Rheumatology	S. Radadiya	MD	KU Health System - St. Francis	1	0.05
Urology	B. Moore	MD	Phoenix Urology, St. Joseph	1	0.05

Brown County, KS
Area Healthcare Services - 2022

Emergency Numbers

Police/Sheriff	911
Fire	911
Ambulance	911

Non-Emergency Numbers

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

Municipal Non-Emergency Numbers

	Police/Sheriff	Fire
Hamlin	785-742-7125	785-742-7125
Horton	785-486-2694	785-486-2345
Hiawatha	785-742-2156	785-742-7417
Powhattan	785-742-7125	911
Reserve	785-742-7125	911
Everest	785-742-7125	911

Other Emergency Numbers

Kansas Child/Adult Abuse and Neglect Hotline

1-800-922-5330

Domestic Violence Hotline

1-800-799-7233

Emergency Management (Topeka)

785-274-1409

www.accesskansas.org/kdem

Federal Bureau of Investigation

1-866-483-5137

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

Kansas Arson/Crime Hotline

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

www.accesskansas.org/kbi

Kansas Bureau of Investigation (Topeka)

785-296-8200

www.accesskansas.org/kbi

Kansas Crisis Hotline (Domestic Violence/Sexual Assault)

1-888-END-ABUSE

www.kcsdv.org

Kansas Road Conditions

1-866-511-KDOT 511

www.ksdot.org

Poison Control Center

1-800-222-1222

www.aapcc.org

Suicide Prevention Hotline

1-800-273-TALK

www.suicidepreventionlifeline.com

Hospitals/Services

Amberwell Hiawatha

300 Utah St. (Hiawatha)

Hiawatha, KS 66434

785-742-2131

Mental Health

KANZA Mental Health & Guidance Center

909 S. 2nd St. (Hiawatha)

785-527-6047

Horizon Mental Health Services

120 N. 6th St. (Hiawatha)

785-740-4647

Medical Professionals

Amberwell Hiawatha

300 Utah St

Hiawatha, KS 66434

785-742-2161

Amberwell Highland Clinic

415 W Main St.

Highland, KS 66035

Phone: 785-442-3213

Fax: 785-442-5572

Four Tribes Women's Wellness

1107 Goldfinch Rd (Horton)

785-486-2775

Four Tribes Women's Wellness

841 Central (Horton)

785-486-2996

Kickapoo Nation Health Center

1117 Goldfinch Rd (Horton)

785-486-2154

Esther Becker Health & Wellness

517 Main St.

Everest, KS 66424

785-548-7610

White Cloud Indian Health Services

3313 Thrasher Rd

White Cloud, KS 66094

785-595-3450

Specialty Clinic

Amberwell Atchison

300 Utah St. (Hiawatha)
785-742-6286

Audiology

Julie Neuenswander, MA CCCC-A

Cardiology

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

ENT

Jason Meyers, MD

Neurology

Aaron Koonce, MD

Obstetrics and Gynecology

Heather Morrison, MD

Oncology

Adrian Caracioni, MD

Orthopedics

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

Pain Management

Steve Gunnells, CRNA, ARNP

Podiatry

Elijah Davis, DPM

Pulmonology

Vlad Dimitriu, MD
Michelle Warren, APRN

Radiology

Crosby Gernon, MD

Rheumatology

Shashank Radadiya, MD

Urology

Bradley Moore, MD

Dental Clinics

Hiawatha Family Dentistry

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

Jordan Haedt DDS

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

Gary Hochstetler

113 E. 8th
Horton, KS 66439
785-486-2807

Kickapoo Nation Dental Clinic

1117 Goldfinch Rd
Horton, KS 66439
785-486-2154

Orthodontists

Fry Orthodontists

Satellite location
107 S. 6th St.
Hiawatha, KS 66434
913-469-9191

Chiropractors

Farr Chiropractic

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

Kidwell Chiropractic

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

Stallbaumer Family Chiropractic

206 S. 1st
Hiawatha, KS 66434
785-742-7164

Bartek Chiropractic LLC

120 S. 6th St.
Hiawatha, KS 66434
785-740-2264

Optometrists

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

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

Other Medical Services

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

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

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

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

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

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

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

Pharmacies

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

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

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

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

General Health Services

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

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

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

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

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

Pemberton Village Apartments
1400 N. 1st St.
Hiawatha, KS 66434

Sac and Fox Housing Authority

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

Orchard Heights/Horton Housing Authority

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

Northfield Village

326 Locust
Everest, KS 66424
785-548-7529

Lake Village Apartments

405 E. 16th
Horton, KS 66429
785-486-3375

Hiawatha Plaza

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

Country View Apartments

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

Countryside Apartments

120 W. 2nd St.
Fairview, KS 66425
785-459-2842

Arborknoll Homes/ Horton Housing Authority

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

Kickapoo Housing Authority

888 112th Dr.
Horton, KS 66439
785-486-3638

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

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

Adult Abuse

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

American Cancer Society

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

American Red Cross

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

Diabetes Arriva Medical

1-800-375-5137

Diabetes Care Club

1-888-395-6009

Disability Services American Disability Group

1-877-790-8899

Kansas Department for Aging and Disability Services

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

Domestic/Family Violence Child/Adult Abuse Hotline

1-800-922-5330

Family Crisis Center (Great Bend)

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

Kansas Crisis Hotline Manhattan

785-539-7935

Sexual Assault/Domestic Violence Center (Hutchinson Hotline)

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

Health and Fitness Centers**Blaise Fitness**

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

Massage Therapists

Tres Soles Medical Clinic & Spa

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

I Do Hair

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

PRTS

700 Oregon St.
Hiawatha, KS 66434

Meals: Home Delivered

Brown County Services for the Elderly

601 Oregon
Hiawatha, KS 66434
785-742-7881

Meals on Wheels

785-742-6282

Meal Site/Nutrition Programs

Kickapoo Tribe Senior Center

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

Medical Equipment and Supplies

KEX RX

101 S. 6th
Hiawatha, KS 66434

Native American Services

Kickapoo Nation Health Center

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

Kickapoo Senior Center

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

Native American Family Services

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

Sac & Fox Tribal Office

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

School Nurses

Hiawatha Public Schools USD #415

Hiawatha Elementary School K-4

600 Miami
785-742-7181

Hiawatha Middle School

307 S Morrill
785-742-4172

Hiawatha High School

600 Red Hawk Dr.
785-742-3312

Cap Schools

301 1st St.
785-742-7109

South Brown County USD # 430

Horton Elementary School

300 E 16th St.
Horton, KS 66439
785-486-2616

Everest Middle School

221 S 7th
Everest, KS 66424
785-548-7536

Horton High School

1120 First Ave
785-486-2151

Kickapoo Nation School - Administration

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

Kickapoo High School

Powhattan, KS 66527
785-474-3365

Kickapoo Head Start

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

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

1260 220th St.
Hiawatha, KS 66434
785-742-2222

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

444E. 15th St.
Horton, KS 66439
785-486-6634

Senior Services**Senior Citizen Center**

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

Senior Citizen Center

116 W. 8th
Horton, KS 66439
785-486-2341

Social Security**Social Security Administration**

2921 N. Belt Highway
Saint Joseph, MO 64506
800-772-1213- or 816-233-2511
www.socialsecurity.gov

Transportation**Brown County Services for the Elderly**

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

NEK Center Health & Wellness

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

Area Agency on Aging

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

Veterinary Services**NEK Veterinary Services**

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

Animal Health Center

2015 Oregon
Hiawatha, KS 66434
785-742-7255

Brown County Humane Society

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

NEK Veterinary Group

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

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

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

Elder Abuse Hotline

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

Kansas department for Children and Families

1-800-586-3690

Alcohol and Drug Treatment

Alcohol and Drug Abuse Services

1-800-586-3690

www.dcf.ks.gov/services

Valley Hope Alcohol and Drug Treatment Center

1816 N. 2nd St. (Atchison)

1-913-367-1618 www.valleyhope.org

Day Care – Children**Little Hands Daycare of Hiawatha**

200 E Lodge Rd

Hiawatha, KS 66434

785-740-2012

Brown County Extension Office

601 Oregon St. Suite 105

Hiawatha, KS 66434

785-742-7871

Funeral Homes**Chapel Oaks Funeral Home**

124 S 7th

Hiawatha, KS 66434

785-742-2212

Dishon-Maple-Chaney Mortuary

909 Central Ave

Horton, KS 66434

785-486-3811

Legal Services**Kansas Legal Services**

1500 Community Dr.

Seneca, KS 66538

785-336-6016 or 888-353-5337

pearcer@klsinc.org

Boye, Hillary J.

301 E. 15th St.

Horton, KS 66439-1939

Finley, Miller, Cashman & Schmitt LLP

117 S. Sixth St.

Hiawatha, KS 66434

785-742-2181

Delaney, Andrew M.

622 Oregon St.

Hiawatha, KS 66434

785-742-7600

Halbert, Christopher C.

112 S 7th St.

Hiawatha, KS 66434

785-742-7101

Public Information**Hiawatha Chamber of Commerce**

801 Oregon St.

Hiawatha, KS 66434

785-742-7136

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

1-800-922-5330

Domestic Violence and Sexual Assault (DVACK)

1-800-874-1499

www.dvack.org

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/

National Domestic Violence Hotline

1-800-799-SAFE (799-7233)

1-800-787-3224 (TTY)

www.ndvh.org

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

National Suicide Prevention Lifeline
1-800-273-8255

Poison Center
1-800-222-1222

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

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

Suicide Prevention Helpline
785-841-2345

Alcohol and Drug Treatment Programs

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

AAAAAH
1-800-993-3869

Abandon A Addiction
1-800-405-4810

Able Detox-Rehab Treatment
1-800-577-2481 (NATIONAL)
Abuse Addiction Agency
1-800-861-1768
www.thewatershed.com

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

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

Alcohol and Drug Abuse Hotline
1-800-ALCOHOL

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

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

Alcohol and Drug Helpline
1-800-821-4357

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

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

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

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

Recovery Connection
www.recoveryconnection.org

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

Better Business Bureau

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

Children and Youth

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

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

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

www.srskansas.org/
Child Abuse Hotline

1-800-922-5330

Child Abuse National Hotline

1-800-422-4453 1-800-222-4453 (TDD)
www.childhelpusa.org/home

Child Abuse National Hotline

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

Child Find of America

1-800-426-5678

Child Help USA National Child Abuse Hotline

1-800-422-4453

Child Protective Services

1-800-922-5330
www.srskansas.org/services/child_protective_service_s.htm

Health Wave

P.O. Box 3599 Topeka, KS 66601 1-800-792-4884 1-800-792-4292 (TTY)
www.kansashealthwave.org

Heartspring (Institute of Logopedics)

8700 E. 29TH N Wichita, KS 67226
www.heartspring.org

Kansas Big Brothers/Big Sisters

1-888-KS4-BIGS
www.ksbbbs.org

Kansas Children's Service League (Hays)

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

Kansas Department of Health and Environment

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

Kansas Society for Crippled Children

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

National Runaway Switchboard

1-800-RUNAWAY

www.1800runaway.org/

National Society for Missing and Exploited Children

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

Parents Anonymous Help Line

1-800-345-5044
www.parentsanonymous.org/paIndex10.html

Runaway Line

1-800-621-4000 1-800-621-0394 (TDD)
www.1800runaway.org/

Talking Books

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

Community Action

Peace Corps

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

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

www.kcc.state.ks.us

Counseling

All Faith Counseling Center

104 N. 6th Street (Atchison)
913-367-0105

Care Counseling

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

Carl Feril Counseling

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

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

www.castlewoodtc.com

Catholic Charities

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

Center for Counseling

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

Central Kansas Mental Health Center

1-800-794-8281

Consumer Credit Counseling Services

1-800-279-2227

www.kscgccs.org/

Kansas Problem Gambling Hotline

1-866-662-3800

www.ksmhc.org/Services/gambling.htm

National Hopeline Network

1-800-SUICIDE (785-2433)

www.hopeline.com

National Problem Gambling Hotline

1-800-552-4700

www.npgaw.org

Samaritan Counseling Center

1602 N. Main Street

Hutchinson, KS 67501

620-662-7835

<http://cmc.pdswebpro.com/>

Self-Help Network of Kansas

1-800-445-0116

www.selfhelpnetwork.wichita.edu

Senior Health Insurance Counseling

1-800-860-5260

www.agingkansas.org

Sunflower Family Services, Inc.

(adoption, crisis pregnancy, conflict solution center)

1-877-457-5437

www.sunflowerfamily.org

Disability Services

American Association of People with Disabilities (AAPD)

www.aapd.com

American Council for the Blind

1-800-424-8666

www.acb.org

Americans with Disabilities Act Information Hotline

1-800-514-0301/1-800-514-0383 (TTY)

www.ada.gov

Disability Advocates of Kansas, Incorporated

1-866-529-3824

www.disabilitysecrets.com

Disability Group, Incorporated

1-888-236-3348

www.disabilitygroup.com

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

1-877-776-1541/1-877-335-3725 (TTY)

www.drckansas.org

Hearing Healthcare Associates

1-800-448-0215

Kansas Commission for the Deaf and Hearing Impaired

1-800-432-0698

www.srskansas.org/kcdhh

Kansas Relay Center (Hearing Impaired service)

1-800-766-3777

www.kansasrelay.com

National Center for Learning Disabilities

1-888-575-7373

www.ncld.org

National Library Services for Blind & Physically Handicapped

www.loc.gov/nls/

1-800-424-8567

Parmele Law Firm

8623 E 32nd Street N, Suite 100

(Wichita)

1-877-267-6300

Environment

Environmental Protection Agency

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

www.epa.gov

Kansas Department of Health and Environment

Salina 785-827-9639

Hays 785-625-5663

Topeka 785-296-1500

www.kdheks.gov

Food and Drug

Center for Food Safety and Applied Nutrition

1-888-SAFEFOOD (723-3366)

www.cfsan.fda.gov/

www.healthfinder.gov/docs/doc03647.htm

US Consumer Product Safety Commission

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

www.cpsc.gov

USDA Meat and Poultry Hotline

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

www.fsis.usda.gov/

U.S. Food and Drug Administration

1-888-INFO-FDA

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

Poison Hotline

1-800-222-1222

Health Services

American Cancer Society

1-800-227-2345

www.cancer.org

American Diabetes Association

1-800-DIABETES (342-2383)

www.diabetes.org

AIDS/HIV Center for Disease Control and Prevention

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

www.cdc.gov/hiv/

AIDS/STD National Hot Line

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

American Health Assistance Foundation

1-800-437-2423

www.ahaf.org

American Heart Association

1-800-242-8721

www.americanheart.org

American Lung Association

1-800-586-4872

American Stroke Association

1-888-4-STROKE

www.americanheart.org

Center for Disease Control and Prevention

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

www.cdc.gov/hiv/

Elder Care Helpline

www.eldercarelink.com

Eye Care Council

1-800-960-EYES

www.seetolearn.com

Kansas Foundation for Medical Care

1-800-432-0407

www.kfmc.org

National Health Information Center

1-800-336-4797

www.health.gov/nhic

National Cancer Information Center

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

www.cancer.org

National Institute on Deafness and Other Communication Disorders Information Clearinghouse

1-800-241-1044/1-800-241-1055 (TTY)

www.nidcd.nih.gov

Hospice Hospice-Kansas Association

1-800-767-4965

Kansas Hospice and Palliative Care Organization

1-888-202-5433

www.lifeproject.org/akh.htm

Southwind Hospice, Incorporated

www.southwindhospice.com

785-483-3161

Housing

Kansas Housing Resources Corporation

785-296-2065

www.housingcorp.org

US Department of Housing and Urban Development Kansas Regional Office

913-551-5462

Legal Services

Kansas Attorney General

1-800-432-2310 (Consumer Protection)

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

1-800-766-3777 (TTY)

www.ksag.org

Kansas Bar Association

785-234-5696
www.ksbar.org

Kansas Department for Aging and Disability Services

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

Kansas Legal Services

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

Southwest Kansas Area Agency on Aging

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

Medicaid Services

First Guard

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

Kansas Health Wave

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

Kansas Medical Assistance Program Customer Service

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

Medicare Information

1-800-MEDICARE
www.medicare.gov

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

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

Mental Health Services

Alzheimer's Association

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

Developmental Services of Northwest Kansas

1-800-637-2229

Kansas Alliance for Mentally Ill (Topeka, KS)

785-233-0755
www.namikansas.org
Make a Difference
1-800-332-6262

Mental Health America

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

National Alliance for the Mentally Ill Helpline

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

National Institute of Mental Health

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

National Library Services for Blind and Physically Handicapped

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

National Mental Health Association

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

Pawnee Mental Health

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

Suicide Prevention Hotline

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

Nutrition

American Dietetic Association

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

American Dietetic Association Consumer Nutrition Hotline

1-800-366-1655

Department of Human Nutrition

Kansas State University
119 Justin Hall

Manhattan, KS 66506

785-532-5500 www.humec.k-state.edu/hn/

Eating Disorders Awareness and Prevention

1-800-931-2237

www.nationaleatingdisorders.org

Food Stamps

Kansas Department of Social and Rehabilitation Services

(SRS) 1-888-369-4777 or Local SRS office
www.srskansas.org/ISD/ees/food_stamps.htm

Kansas Department of Health and Environment

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

Road and Weather Conditions

Kansas Road Conditions

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

Senior Services

Alzheimer's Association

1-800-487-2585

American Association of Retired Persons (AARP)

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

Americans with Disabilities Act Information Line

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

American Association of Retired Persons

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

Area Agency on Aging

1-800-432-2703

Eldercare Locator

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

Home Buddy

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

Home Health Complaints

Kansas Department of Social and Rehabilitation Services

(SRS) 1-800-842-0078

Kansas Advocates for Better Care Inc. Consumer Information

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

Kansas Department for Aging and Disability Services

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

Kansas Foundation for Medical Care, Inc. Medicare Beneficiary Information

1-800-432-0407

Kansas Tobacco Use Quitline

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

Older Kansans Employment Programs (OKEP)

785-296-7842
www.kansascommerce.com

Older Kansans Hotline

1-800-742-9531

Older Kansans Information Reference Sources on Aging (OKIRSA)

1-800-432-3535

Senior Health Insurance Counseling for Kansas

www.agingkansas.org/SHICK/shick_index.html

SHICK

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

Social Security Administration

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

Department for Children and Family Services

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

Suicide Prevention

Suicide Prevention Services

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

Veterans

Federal Information Center

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

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

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

Health Resource Center
1-877-222-8387

Insurance Center
1-800-669-8477

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

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

Other Benefits
1-800-827-1000

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

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

Veterans Administration

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

Life Insurance
1-800-669-8477

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

Health Care Benefits

Income Verification and Means Testing
1-800-929-8387

Mammography Helpline
1-888-492-7844

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

Status of Headstones and Markers
1-800-697-6947

Telecommunications Device for the Deaf
1-800-829-4833
www.vba.va.gov

Benefits Information and Assistance
1-800-827-1000

Debt Management
1-800-827-0648

Life Insurance Information and Service
1-800-669-8477

Welfare Fraud Hotline

Welfare Fraud Hotline
1-800-432-3913

General Online Healthcare Resources

Doctors and Dentists--General

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

Hospitals and Clinics--General

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

Doctors and Dentists--Specialists

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

Other Healthcare Providers

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

Hospitals and Clinics--Specialized

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

Other Healthcare Facilities and Services

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

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

V. Detail Exhibits

[VVV Consultants LLC]

a.) Patient Origin Source Files

[VVV Consultants LLC]

Brown County KS (Continue)

Brown County Only		Pediatric				Adult Medical/Surgical						Psychiatric		Obstetric		Newborn					
KHA Patient Origin FY2019		Total		Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+		Psychiatric		Obstetric		Newborn			
Hospital Name	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Surg %
Saint John Hospital - Leavenworth, KS	6	0.4%		0.0%		0.0%		0.0%	4	1.5%	2	0.4%	2	2.4%		0.0%		0.0%		0.0%	0%
Salina Regional Health Center - KS	1	0.1%		0.0%	1	0.4%		0.0%		0.0%		0.0%	1	1.2%		0.0%		0.0%		0.0%	0%
St. Francis Health Center - Topeka, KS	150	10.2%	15	8.4%	20	8.8%	36	12.9%	38	14.3%	41	8.7%	2	2.4%	14	12.8%	13	12.5%		16%	
University of Kansas Hospital - Kansas City,	107	7.2%	12	6.7%	23	10.2%	40	14.4%	23	8.6%	9	1.9%	16	19.0%	2	1.8%	1	1.0%		16%	
Stormont Vail Health - Topeka, KS	286	19.4%	51	28.7%	57	25.2%		0.0%	47	17.7%	63	13.4%	45	53.6%	27	24.8%	26	25.0%		31%	
Shawnee Mission Medical Center - KS	6	0.4%	1	0.6%	4	1.8%	68	24.5%	1	0.4%		0.0%	1	1.2%	1	0.9%	1	1.0%		1%	
Via Christi Regional Medical Center -	1	0.1%		0.0%		0.0%	1	0.4%		0.0%		0.0%	1	1.2%		0.0%		0.0%		0.0%	0%
Lawrence Memorial Hospital - KS	3	0.2%	1	0.6%	2	0.9%		0.0%		0.0%		0.0%		0.0%	1	0.9%	1	1.0%		0%	
Providence Medical Center - Kansas City, KS	3	0.2%		0.0%		0.0%	1	0.4%		0.0%	2	0.4%		0.0%		0.0%		0.0%		0.0%	1%
Menorah Medical Center - Overland Park, KS	3	0.2%		0.0%		0.0%	3	1.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1%
Saint Luke's South Hospital - Overland Park,	2	0.1%		0.0%		0.0%	2	0.7%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1%
Nemaha Valley Community Hospital -	3	0.2%	2	1.1%	1	0.4%		0.0%		0.0%		0.0%		0.0%	1	0.9%	1	1.0%		0%	
Holton Community Hospital - KS	9	0.6%		0.0%		0.0%	1	0.4%	3	1.1%	5	1.1%		0.0%		0.0%		0.0%		0.0%	0%
Sabetha Community Hospital Inc. - KS	46	3.1%		0.0%	6	2.7%	12	4.3%	6	2.3%	17	3.6%		0.0%	5	4.6%	5	4.8%		0%	
Hiawatha Community Hospital - KS	629	42.6%	54	30.3%	80	35.4%	83	29.9%	107	40.2%	305	64.9%	1	1.2%	49	45.0%	47	45.2%		8%	
Community Hospital Onaga/St. Marys - KS	2	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	0%
Atchison Hospital - KS	28	1.9%	3	1.7%	5	2.2%	7	2.5%	9	3.4%	4	0.9%		0.0%	4	3.7%	3	2.9%		2%	
Children's Mercy South - Overland Park, KS	3	0.2%	3	1.7%		0.0%		0.0%		0.0%		0.0%	1	1.2%		0.0%		0.0%		0.0%	0%
Minnesota Hospitals	2	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1%
Missouri Hospitals	144	9.8%	36	20.2%	28	12.4%	24	8.6%	32	12.0%	24	5.1%	17	20.2%	5	4.6%	5	4.8%		16%	
Nebraska Hospitals	42	2.8%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		1.0%	7%
Totals	1,476	100%	178	100%	226	100%	278	100%	266	100%	470	100%	84	100%	109	100%	104	100%		100%	

b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Amberwell Hiawatha 2022 CHNA Town Hall - 8/23/22 (11:30am -1pm)

#	Table	Lead	Attend	Last Name	First Name	Organization	Title
1	A		x	Chamley	Nichole	Amberwell Hiawatha	CNO
2	F		x	Cox	Leslie	Amberwell Health	Mngr of Infection Prev
3	B		x	Feathers	Jackie	Kanza Mental Health and Guidance Center	CEO
4	E		x	Jarvis	Jessica	Amberwell Hiawatha	
5	F		x	Kerl	Alison	Amberwell Hiawatha	COO
6	B		x	Kriwiel	Mariah	Amberwell Hiawatha	MD
7	C		x	Kriwiel	Toby	Horizon Therapy Associates	LMFT
8	C		x	Livengood	Teri	Northeast Kansas Area Agency on Aging	Program Manager
9	A		x	Olson	Sarah	Horizon Therapy Associates	Therapist
10	D		x	Perry	Jeff	Amberwell Health	CEO
11	C	##	x	Pralle	Morgan	GNBank, N.A.	AVP
12	F	##	x	Romine	Kristina	NEK MultiCounty Health Departments	COO
13	E		x	Shamburg	Becky	City of Hiawatha	Commissioner
14	B		x	Turner	Elizabeth	Amberwell Health	VP Marketing
15	E	##	x	Wilson	Annette	Hiawatha FUMC	Healthy Congregations
16	D		x	Wilson	David	City of Hiawatha	Code Enforcement Off
17	B	##	x	Wilson	Karen	Northeast Kansas Area agency on Aging	Executive Director
18	A	##	x	Wolvington	Courtney	Kanza Mental Health & Guidance Center	Dir of Comm Sup Serv
19	C		x	Moser	Sharese	Amberwell Hiawatha	Dir of Finance

Hiawatha (Brown County, KS) Town Hall Event Notes

Attendance: N=19

Date: 8/23/2022 – 11:00 a.m. to 1 p.m.

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

Strengths

- Collaboration between Public Health and Hospital
- High Education Level
- Emergency Room Care
- Well Rounded Providers (Primary Care)
- Strong Schools (Extracurriculars)
- Parks and Recreation
- Inpatient Hospital Rates
- Annual Physical Scores
- Payment plans for Hospital
- Dependable Law Enforcement
- Affiliation with Amberwell
- Community Pride

Needs

- Chronic Disease Management (Diabetic)
- Neglect (Support)
- Wellness
- Poverty
- Obesity (Exercise / Nutrition)
- Food Insecurity
- Urgent / Walk-in Care
- Specialists (Geri, Derm, Endo, Pain)
- Nutrition Programming (Affordable)
- Uninsured / Underinsured
- Housing (Affordable / Access)
- Veteran Care
- Child Care
- Community Perception
- Mental Health (Diagnosis, Treatment, Providers, Aftercare) (Integrated Care)

Wave #4 CHNA - Amberwell Hiawatha (KS)

Town Hall Conversation - Strengths (White Cards) N=21

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	Community buy-in	13	Excellent primary care clinicians
1	School district (preventative/ systemic support)	13	Schools/education
2	Emergency room care	13	Eye doctors
2	Hospital Staff / Programs for finding and placing staff	13	Chiropractors
2	Community support	13	ER
2	Summer programs for access to meals	14	Oral hospital
2	Hospital allowing payment plans	14	Emergency Room
3	Community awareness/ support system	14	Health department
3	Many community organizations	14	Dentists
3	To provide services	15	High school-grad rates
4	Amberwell Affiliation	15	Doctor visit for routine check ups
5	Environment is healthier	15	Access to exercise
5	Healthcare services are improving	15	ER average wait times
5	Financial stability of Amberwell Hiawatha	15	Hospital/ER
6	Pharmacy	15	Health department
6	Social health	15	Dentist
6	Preventative medicine	16	Expanding services and provider recruitment
6	Knowledge of community resources	16	Active perks and rec.
6	Providers/ specialist care	16	Local resource collaboration
7	School activities/ youth engagement	17	Inpatient hospital services
7	Array of mental health services (CMHC & private)	17	Immunization rates
7	Physical health providers (not specialists)	17	Collaboration between health dept. and hospital
8	Access to healthcare-stability	18	High graduation rate
8	Education-complete HS	18	Primary care access providers
8	School activities	18	Opioid dispensing good
9	Good vaccination rates	19	Graduation rates-HS
9	ER wait times	19	Opioid dispensing
10	Emergency Care	19	Access to physical activity
10	Schools	19	Vaccinations
10	Police dept.	20	Collaboration between public health/hospital
10	Quality primary care providers	20	High percentage of HS graduates
10	Collaboration hosp & public health	20	Adequate number of providers(doctors)
11	Proactive & dependable law enforcement	20	Mental health agency in county
11	Overall awareness of MH & substance abuse	20	Multiple fitness centers, walking trails, etc. Along with excellent parts of rec. department offering activities for families
11	Community partnerships	22	Great immunization rates- covid & others
11	Desire to do/be better	22	Inpatient hospitalization rates are good
11	Primary care	22	Excellent parks & rec. with lots of activities
11	ER	22	Collaboration between public health/hospital
11	Schools	22	High percentage of high school graduates
12	Access to exercise		

Wave #4 CHNA - Amberwell Hiawatha (KS)

Town Hall Conversation - Weaknesses (Color Cards) N= 17

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	Comprehensive diabetic care	9	Nutrition-food insecurity
1	Comprehensive Health care; physical/mental	9	Access to transportation services
1	Prevention	9	Better utilize community organizations to meet needs
1	Nutrition-healthy eating	9	Diabetes support
1	Additional procedures	10	Community perception
2	Access to care	10	Mental health awareness-staffing-perception
2	Mental health	10	Nutrition programs or education
2	Housing	10	Depression-causes
2	Heart disease	10	Food insecurity
2	Child care	10	Affordable housing
2	Comprehensive Diabetic care	10	Child care
2	Specialists	11	Mental health services/access
2	Mental health access in primary care	11	Substance abuse services/access
2	Screening for mental health	11	Domestic violence
2	Health education	11	Food insecurity
3	Decrease obesity rate	11	Poverty/lack of housing
3	Chronic care prevention/education/management	12	Housing availability; low income
3	Decrease pregnant smokers	12	Chronic disease/lifestyle health determinants
3	Mental health services	12	Access/capacity to behavioral health providers
3	Increase specialist availability to keep care local	12	Food security
3	Provider recruitment	12	Insurance for healthcare access
3	Access to care	13	Nutrition
3	Healthy food options	13	Insurance
4	Food insecurity	13	Chronic management/education
4	Childcare availability	13	Substance abuse
4	Mental health access	13	Child care
4	Access to help for substance abuse	13	Social determinates
4	Housing options	14	Access to healthcare
5	Extended primary care hours	14	Food insecurity
5	Keeping more specialty care local	14	Mental health
5	Housing-hard to recruit and bring people to a community with no options	14	Dental-medicaid availability
5	Mental health resources for all ages	14	Substance abuse
5	Food insecurity for seniors	15	More providers for primary care
6	Access to providers	15	Health resources
6	Affordable health insurance	15	Child care options
6	Mental health	15	Mental health services
6	Urgent care access	15	Collaboration between Hiawatha & surrounding communities
6	Poverty	16	Need urgent care: walk-in clinic, evening weekend hours
7	Access to care	16	Affordable, quality & quantity of child care
7	Mental health	16	Reduce poverty
7	More specialists	16	Increase rate of insured (and decrease underinsured)
7	Housing	16	Affordable & accessible fitness & recreation
7	Child care	17	Housing opportunities & availability
8	More systemic support for pregnant/early parents	17	Meth use/abuse-consequences for such
8	More supportive work environments	17	Acute crisis care
8	More access to affordable/comfortable housing	17	Substance use/abuse
8	Community perception	17	Support system/isolation-child care

EMAIL #1 Request Message

From: Elizabeth Turner

Date: 6/11/2022

To: Community Leaders, Providers and Hospital Board and Colleagues

Subject: Brown County Community Health Needs Assessment 2022

Amberwell Hiawatha Community Hospital (AHCH) is partnering with other community health providers to update the Brown County, KS Community Health Needs Assessment. Therefore, AHCH is seeking input from the community regarding healthcare needs in order to complete the 2022 CHNA assessment update.

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

To gather community feedback, a short and confidential online survey has been developed. Please utilize the link below to complete this request.

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 date** for the Town Hall meeting scheduled for **Tuesday, August 23rd, 2022**. Please stay on the lookout for more information to come soon regarding the RSVP and Town Hall location.

Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call 319-393-1515.

Amberwell Hiawatha Community Hospital Begins 2022 Community Health Needs Assessment

Media Release: 6/11/2022

Over the next few months, **Amberwell Hiawatha Community Hospital (AHCH)** will be working with area providers to complete the 2022 Brown County, KS Community Health Needs Assessment (CHNA). These providers are seeking input from the community regarding health care needs in order to complete this update.

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

A brief community survey has been developed in order to gather feedback and accomplish this work. To complete this online survey for the Brown County CHNA, you may obtain the link from the AHCH Facebook page, the hospital website, or the QR code below.



All county residents and business leaders are encouraged to complete the 2022 CHNA online survey by **July 22nd, 2022**. In addition, please **HOLD the date** for a town hall meeting scheduled on **Tuesday, August 23rd, 2022**. Please stay on the lookout for more information to come soon regarding the RSVP and location. Thanks for your time and support.

If you have any questions regarding CHNA activities, please call 319-393-1515.

###

From: Elizabeth Turner

Date: 07/25/22

To: Community Leaders, Providers, Hospital Board Members and Staff

Subject: CHNA 2022 Town Hall Event – AHCH, Brown County, KS

Please join **Amberwell Hiawatha Community Hospital (AHCH)** for a Town Hall meeting on **Tuesday, August 23rd, from 11:30 a.m. – 1:00 PM**. The purpose of this meeting is to review key health indicators for Brown County and gather your feedback for our 2022 Community Health Needs Assessment (CHNA) programs.

Healthcare leaders, social service providers, community-based organizations, and county residents are all invited to this event – *please spread the word*.

To adequately prepare for this socially distanced gathering, we need your RSVP for the event taking place on August 23rd. Please utilize the link below to complete your RSVP if you plan to attend this important event.

RSVP Now: <https://www.surveymonkey.com/r/HiawathaRSVP>

We hope you can find the time to attend this event on August 23rd! Thank you for your time and participation!

If you have any questions regarding CHNA activities, please call 319-393-1515.

Amberwell Hiawatha Community Hospital is Hosting a Town Hall Event

Media Release: 07/25/22

Amberwell Hiawatha Community Hospital will be hosting a Town Hall meeting for the 2022 Brown County Kansas Community Health Needs Assessment on **Tuesday, August 23rd from 11:30 a.m. to 1:00 p.m.** During this meeting, we will review the community health indicators and gather feedback opinions on key community needs.

As we continue to 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 23rd. Thanks in advance for your time and support!

If you have any questions about CHNA activities, please call 319-393-1515.

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2022 Community Feedback: Hiawatha Co KS (N=122)

ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1047	66434	Good	Decreasing - slipping downward	BH	INSU		Limited Access to Mental Health, Lack of Health Insurance
1067	66439	Good	Not really changing much	BH	INSU	SPEC	Limited Access Specialty Care, Limited Access to Mental Health, Lack of Health Insurance
1114		Good	Not really changing much	BH	INSU	SPEC	Limited Access Specialty Care, Limited Access to Mental Health, Lack of Health Insurance
1120	66534	Average	Not really changing much	BH	INSU	NEG	Limited Access to Mental Health, Lack of Health Insurance, Neglect
1073		Average	Not really changing much	BH	NEG		Limited Access to Mental Health, Neglect
1101	66434	Good	Decreasing - slipping downward	BH	SPRT	INSU	Limited Access to Mental Health, Family Assistance programs, Lack of Health Insurance, Neglect
1054		Good	Increasing - moving up	BH	SPRT	NEG	Limited Access to Mental Health, Family Assistance programs, Neglect
1116	66434	Average	Not really changing much	BH	SPRT	SPEC	Limited Access Specialty Care, Limited Access to Mental Health, Family Assistance programs
1041		Good	Increasing - moving up	CHRON	BH	SPRT	Chronic Disease, Limited Access to Mental Health, Lack of Health Insurance
1069	66434	Average	Decreasing - slipping downward	CHRON	DRUG		Chronic Disease, People don't take their health seriously. Much drug and alcohol abuse.
1045	66434	Good	Not really changing much	CHRON	FIT	BH	Chronic Disease, Lack of Nutrition/Exercise Services, Limited Access to Mental Health
1082	66434	Average	Decreasing - slipping downward	CHRON	INSU		Chronic Disease, Lack of Health Insurance
1015	66439	Good	Not really changing much	CHRON	INSU		Chronic Disease, Lack of Health Insurance
1013	66439	Poor	Decreasing - slipping downward	CHRON	NUTR	PRIM	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
1059	66434	Very Poor	Decreasing - slipping downward	CHRON	NUTR	FIT	Chronic Disease, Lack of Nutrition/Exercise Services, Limited Access to Primary Care, Limited Access Specialty Care, Limited Access to Mental Health, Neglect
1097	66434	Good	Increasing - moving up	CHRON	NUTR	INSU	Chronic Disease, Lack of Nutrition/Exercise Services, Lack of Health Insurance
1049	66434	Good	Not really changing much	CHRON	NUTR	SPRT	Chronic Disease, Lack of Nutrition/Exercise Services, Family Assistance programs
1021	66434	Very Good		CHRON	NUTR	PRIM	Chronic Disease, Lack of Nutrition/Exercise Services, Limited Access to Primary Care
1014	66058	Average	Decreasing - slipping downward	CHRON	PREV	BH	Chronic Disease, Lack of Health & Wellness, Limited Access to Mental Health
1018		Poor	Decreasing - slipping downward	CHRON	PREV	NEG	Chronic Disease, Lack of Health & Wellness, Neglect, 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
1122	66434	Average	Decreasing - slipping downward	CHRON	PREV	PRIM	Chronic Disease, Lack of Health & Wellness, Limited Access to Primary Care, Limited Access Specialty Care, Family Assistance programs
1003		Poor	Not really changing much	CHRON	PREV	NUTR	Chronic Disease, Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access Specialty Care, Lack of Health Insurance
1017	66434	Good	Not really changing much	CHRON	PREV	NEG	Chronic Disease, Lack of Health & Wellness, Neglect
1033	68431	Very Good	Not really changing much	CHRON	PREV	NUTR	Chronic Disease, Lack of Health & Wellness, Lack of Nutrition/Exercise Services
1034	68355	Average	Not really changing much	CHRON	PREV	NUTR	Chronic Disease, Lack of Health & Wellness, Lack of Nutrition/Exercise Services
1090		Average	Not really changing much	CHRON	PREV	BH	Chronic Disease, Lack of Health & Wellness, Limited Access to Mental Health
1011	66434	Poor	Decreasing - slipping downward	CHRON	PRIM	BH	Chronic Disease, Lack of Health & Wellness, Limited Access to Primary Care, Limited Access Specialty Care, Limited Access to Mental Health, Lack of Health Insurance, Neglect
1061	66424	Average	Decreasing - slipping downward	CHRON	PRIM	BH	Chronic Disease, Limited Access to Primary Care, Limited Access to Mental Health
1066		Average	Decreasing - slipping downward	CHRON	PRIM	SPRT	Chronic Disease, Limited Access to Primary Care, Family Assistance programs
1038		Average	Not really changing much	CHRON	PRIM	BH	Chronic Disease, Limited Access to Primary Care, Limited Access Specialty Care, Limited Access to Mental Health, Family Assistance programs
1040	66424	Average	Not really changing much	CHRON	PRIM	SPRT	Chronic Disease, Limited Access to Primary Care, Family Assistance programs
1043	66439	Average	Not really changing much	CHRON	PRIM	INSU	Chronic Disease, Limited Access to Primary Care, Lack of Health Insurance
1084	66434	Average	Not really changing much	CHRON	PRIM	SPRT	Chronic Disease, Limited Access to Primary Care, Family Assistance programs, Neglect
1106	66415	Average	Not really changing much	CHRON	PRIM	SPEC	Chronic Disease, Limited Access to Primary Care, Limited Access Specialty Care
1044	66434	Good	Decreasing - slipping downward	CHRON	SPEC	NEG	Chronic Disease, Limited Access Specialty Care, Neglect
1064		Average	Decreasing - slipping downward	CHRON	SPEC	NEG	Chronic Disease, Limited Access Specialty Care, Neglect
1022	66434	Poor	Decreasing - slipping downward	CHRON	SPRT	INSU	Chronic Disease, Family Assistance programs, Lack of Health Insurance
1030		Good	Increasing - moving up	CHRON	SPRT	INSU	Chronic Disease, Family Assistance programs, Lack of Health Insurance, Income limit
1102	66434	Good	Not really changing much	INSU	FINA		Lack of Health Insurance, Being unable to afford healthcare even with insurance

CHNA 2022 Community Feedback: Hiawatha Co KS (N=122)

ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1011	66434	Poor	Decreasing - slipping downward	INSU	NEG		Chronic Disease, Lack of Health & Wellness, Limited Access to Primary Care, Limited Access Specialty Care, Limited Access to Mental Health, Lack of Health Insurance, Neglect
1072		Very Good	Not really changing much	INSU	NEG		Lack of Health Insurance, Neglect
1070		Average	Decreasing - slipping downward	INSU	POV		Lack of Health Insurance, Poverty
1075	66544	Very Poor	Decreasing - slipping downward	INSU			Lack of Health Insurance
1078		Very Good	Increasing - moving up	INSU			Lack of Health Insurance
1007	66434	Very Good	Not really changing much	NEG			Neglect
1046	66434	Very Good	Not really changing much	NEG			Neglect, It is a vicious cycle that seems to be hard to break when it comes to unhealthy families.
1077	66434	Good	Not really changing much	NEG			Neglect
1119	66434	Good	Not really changing much	NUTR	BH	INSU	Lack of Nutrition/Exercise Services, Limited Access to Mental Health, Lack of Health Insurance
1024	66434	Average	Not really changing much	NUTR	FIT		Lack of Nutrition/Exercise Services
1039	66434	Poor	Not really changing much	NUTR	FIT	BH	Lack of Nutrition/Exercise Services, Limited Access to Mental Health, Neglect
1029	66425	Poor	Decreasing - slipping downward	NUTR	INSU	NEG	Lack of Nutrition/Exercise Services, Lack of Health Insurance, Neglect, People don't have trust in the doctors
1108	66532	Good	Not really changing much	NUTR	SPEC	BH	Lack of Nutrition/Exercise Services, Limited Access Specialty Care, Limited Access to Mental Health
1098	66434	Very Good	Increasing - moving up	OWN			Poor choices
1076		Average	Not really changing much	PREV	BH	INSU	Lack of Health & Wellness, Limited Access to Mental Health, Lack of Health Insurance, Neglect
1112	66439	Good	Not really changing much	PREV	BH	NEG	Lack of Health & Wellness, Limited Access to Mental Health, Neglect
1010		Average	Decreasing - slipping downward	PREV	FIT	SPEC	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access Specialty Care, Lack of Health Insurance
1037	66434	Very Good	Increasing - moving up	PREV	NUTR	INSU	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Lack of Health Insurance
1096	66434	Very Good	Increasing - moving up	PREV	NUTR	FIT	Lack of Health & Wellness, Lack of Nutrition/Exercise Services
1107	66434	Good	Increasing - moving up	PREV	NUTR	BH	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Mental Health
1008	66434	Average	Not really changing much	PREV	NUTR	BH	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Mental Health
1074		Average	Not really changing much	PREV	NUTR	FIT	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access Specialty Care
1089	66094	Average	Not really changing much	PREV	NUTR	FIT	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Primary Care, Limited Access Specialty Care, Lack of Health Insurance
1110	66534	Average	Not really changing much	PREV	NUTR	SPRT	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access Specialty Care, Family Assistance programs
1055	66434	Poor	Decreasing - slipping downward	PREV	PRIM		Lack of Health & Wellness, Limited Access to Primary Care
1001	66344	Average	Not really changing much	PREV	SPEC	BH	Lack of Health & Wellness, Limited Access Specialty Care, Limited Access to Mental Health
1086	66434	Average	Decreasing - slipping downward	PREV	SPRT	NEG	Lack of Health & Wellness, Family Assistance programs, Neglect
1115	66534	Very Good	Decreasing - slipping downward	PREV	SPRT	NEG	Lack of Health & Wellness, Family Assistance programs, Neglect
1062	66434	Poor	Not really changing much	PREV			Lack of Health & Wellness
1002		Average	Not really changing much	PRIM	ACC		Limited Access to Primary Care
1059	66434	Very Poor	Decreasing - slipping downward	PRIM	BH	NEG	Chronic Disease, Lack of Nutrition/Exercise Services, Limited Access to Primary Care, Limited Access Specialty Care, Limited Access to Mental Health, Neglect
1099	66434	Average	Decreasing - slipping downward	PRIM	BH	NEG	Limited Access to Primary Care, Limited Access to Mental Health, Neglect
1053		Good	Increasing - moving up	PRIM	BH	INSU	Limited Access to Primary Care, Limited Access to Mental Health, Lack of Health Insurance
1092	66439	Average	Not really changing much	PRIM	BH	SPEC	Limited Access to Primary Care, Limited Access Specialty Care, Limited Access to Mental Health
1089	66094	Average	Not really changing much	PRIM	SPEC	INSU	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Primary Care, Limited Access Specialty Care, Lack of Health Insurance
1018		Poor	Decreasing - slipping downward	PRIM	SPRT	BH	Chronic Disease, Lack of Health & Wellness, Neglect, 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
1087	66434	Average	Decreasing - slipping downward	PRIM	SPRT	INSU	Limited Access to Primary Care, Family Assistance programs, Lack of Health Insurance
1065	Does it matter	Very Poor	Decreasing - slipping downward	PRIM			Limited Access to Primary Care

CHNA 2022 Community Feedback: Hiawatha Co KS (N=122)

ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1013	66439	Poor	Decreasing - slipping downward	SPEC	BH		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
1028	66434	Good	Decreasing - slipping downward	SPEC	INSU		Limited Access Specialty Care, Lack of Health Insurance
1003		Poor	Not really changing much	SPEC	INSU		Chronic Disease, Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access Specialty Care, Lack of Health Insurance
1080		Good	Not really changing much	SPEC			Limited Access Specialty Care
1071		Average	Decreasing - slipping downward	SPRT	INSU	NEG	Family Assistance programs, Lack of Health Insurance, Neglect, If everyone would work together as far as work goes everyone would be satisfied with their job and not have to look elsewhere
1031	66543	Very Good	Increasing - moving up	SPRT	INSU		Family Assistance programs, Lack of Health Insurance

CHNA 2022 Community Feedback: Hiawatha Co KS (N=122)

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?
1043	66439	Average	Not really changing much	ACC	FAC		No, No hospital on Horton
1040	66424	Average	Not really changing much	ACC	NH	TRAV	No, Hiawathia, Holton or Atchison is far for seniors.
1017	66434	Good	Not really changing much	ACC			Yes, Borderline TOO busy
1112	66439	Good	Not really changing much	BH	ACC	DOCS	No, Access to quality mental health providers.
1039	66434	Poor	Not really changing much	CLIN	ACC	HRS	No, The loss of a walk in clinic and no urgent care has made it challenging to get care outside of regular doctors hours.
1011	66434	Poor	Decreasing - slipping downward	CLIN	HRS	SCH	No, Walk in clinic - after hours and more availability - waiting weeks to see anyone is not acceptable
1013	66439	Poor	Decreasing - slipping downward	CLIN	NURSE		No, Horton clinic has limited hours with nurse practitioner
1053		Good	Increasing - moving up	CLIN	SCH	ACC	No, True walkin clinic. No call in advance ir set time. If you have to call first it is not a walk in clinic
1001	66344	Average	Not really changing much	CLIN	SCH	HRS	No, We need urgent care/ same day visits available (walk in clinic) especially on the morning..doing away with the walk in clinic was a major mist due/ disappointment.
1070		Average	Decreasing - slipping downward	DOCS	ACC		No, Due to few MD's patients are pushed to PA's
1055	66434	Poor	Decreasing - slipping downward	DOCS	IP	CLIN	No, More MD's availability to see patients in-patient and in the clinic
1062	66434	Poor	Not really changing much	DOCS	QUAL		No, Quality of providers is poor
1099	66434	Average	Decreasing - slipping downward	DOCS	SCH	CLIN	No, more providers needed - unlikely to be able to see a regular provider on short notice limited hours available - need at least one day available after 5:00 resume walk-in clinic
1080		Good	Not really changing much	DOCS	SPEC		No, Would like more specialized physicians and more male physicians.
1106	66415	Average	Not really changing much	DOCS	SPEC		No, Not enough providers for specialty care
1021	66434	Very Good		DOCS			No, Need more Dr's
1076		Average	Not really changing much	EMER	DOCS	QUAL	No, No physicians in ER..physicians retiring or brand new...(not even here yet) leaving most health care to PAs...most of whom are good...
1108	66532	Good	Not really changing much	EMER	DOCS	CLIN	No, Need a ER doctor and more male doctors on staff within clinic
1031	66543	Very Good	Increasing - moving up	FINA	DENT		No, Affordable dental that will take payments
1045	66434	Good	Not really changing much	HRS	ACC		No, more flexible times-later in day or weekends
1059	66434	Very Poor	Decreasing - slipping downward	HRS	CLIN	EMER	No, After hours clinic. Not ER!! Clinic hours on Saturday mornings.
1038		Average	Not really changing much	PRIM	DOCS	ACC	No, Male primary care providers
1067	66439	Good	Not really changing much	PRIM	SERV	TRAV	No, Primary care yes, other services not available with out traveling.
1061	66424	Average	Decreasing - slipping downward	PRIM			No, Primary care doctor shortage
1071		Average	Decreasing - slipping downward	QUAL			No, Both are lacking
1010		Average	Decreasing - slipping downward	SCH	ACC		No, It can take a month before there's an available appointment for the sought-after providers. Many are forced to make appointments with those they feel are less knowledgeable.
1089	66094	Average	Not really changing much	SCH	ACC	WAIT	No, It normally takes at least a week or 2 to be seen.
1029	66425	Poor	Decreasing - slipping downward	STFF	EMER		No, Better staff in ER
1049	66434	Good	Not really changing much	STFF	NURSE		No, Decrease in nursing applicants to staff facility. Nursing staff leave to bigger facilities for pay increases.
1120	66534	Average	Not really changing much	WAIT	SCH	CLIN	No, I have heard recently that the wait times to see a general provider at the Hiawatha clinic is over a month.

CHNA 2022 Community Feedback: Hiawatha Co KS (N=122)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1062	66434	Poor	Not really changing much	BH	DRUG		Mental health and drug abuse
1059	66434	Very Poor	Decreasing - slipping downward	BH	EDU	CLIN	Mental health education and possible crisis lines! Not affiliated with KANZA. Wellness and education for pregnancy and breastfeeding. After hours clinic!!
1055	66434	Poor	Decreasing - slipping downward	BH	INSU	ACC	EASILY accessible mental health... Kanza Mental health for medicaid recipients is horrible access to needed services
1076		Average	Not really changing much	BH	PSY	SPRT	Better mental health emergency care, better understanding of psych meds by med staff...day care for those suffering. Family support would be extremely helpful.
1101	66434	Good	Decreasing - slipping downward	BH			Something to address mental health needs
1067	66439	Good	Not really changing much	BH			More mental health
1024	66434	Average	Not really changing much	CLIN	EMER	HRS	Urgent care. You should have an option other than an ED for off hours healthcare.
1011	66434	Poor	Decreasing - slipping downward	CLIN	FINA	CARD	Again... walk-in clinic, more free or low cost health screenings, cardiac, public diabetes education. More community events to support public works efforts to keep the community more active .. ie fun runs etc
1108	66532	Good	Not really changing much	CLIN	INSU	FINA	Affordable clinics for those individuals that fall between the gap for health insurance; Medicaid and those that afford health insurance.
1061	66424	Average	Decreasing - slipping downward	CLIN			Urgent care or walk in clinic
1065	Does it matter	Very Poor	Decreasing - slipping downward	CLIN			Urgent care that I get to
1099	66434	Average	Decreasing - slipping downward	CLIN			resume walk-in clinic
1039	66434	Poor	Not really changing much	CLIN			Urgent care
1078		Very Good	Increasing - moving up	COUN	CANC		Counseling for people going through cancer treatments
1077	66434	Good	Not really changing much	DERM			Dermatologist
1011	66434	Poor	Decreasing - slipping downward	DIAB	EDU	SPRT	Again... walk-in clinic, more free or low cost health screenings, cardiac, public diabetes education. More community events to support public works efforts to keep the community more active .. ie fun runs etc
1110	66534	Average	Not really changing much	DOH	CORP	SERV	Health fairs, community outreach.
1047	66434	Good	Decreasing - slipping downward	EDU	SERV	BH	information send out to/dispersed to community saying which services are available ie food bank, mental health services near by
1092	66439	Average	Not really changing much	FAC	SURG	OBG	Improve the facility where we get care. Need a full time general surgeon. Updates to the OB department, it is outdated and in the basement. Retention of staff.
1008	66434	Average	Not really changing much	FIT	ACC	REC	Need a community wellness center that is cheap so people will use it. Like Doniphan and Jackson counties have
1040	66424	Average	Not really changing much	FIT	FINA	RURAL	Low membership exercise facility outside of Hiawathia or Atchison.
1010		Average	Decreasing - slipping downward	FIT	SPRT	ACC	Family wellness center (similar to ymca) to promote fitness in families
1075	66544	Very Poor	Decreasing - slipping downward	HH			Home health agency competition.
1070		Average	Decreasing - slipping downward	NH	BH		As an aging population more programs to improve senior physical and mental health
1120	66534	Average	Not really changing much	NUTR	POV	INSU	Food insecurity is a major concern in this community. The food pantry and harvesters is not enough. Afterschool programs for kids to stay safe while parents are working, there is nothing available here. The mental health center does not have enough therapist providers to meet all the needs for mental health in this community. Dentists need to accept medicaid. Having an FQHC in this area would be great for uninsured/medicaid people. The schools need to do more for students mental health needs.
1013	66439	Poor	Decreasing - slipping downward	OBES	BH	BH	Obesity program, mental health awareness program
1049	66434	Good	Not really changing much	OBES	CLIN	DOH	Weightloss clinic, more public health education
1030		Good	Increasing - moving up	OTHR			Indoor pool
1097	66434	Good	Increasing - moving up	PREV	FINA	SCRE	Health and wellness, affordable screenings
1033	68431	Very Good	Not really changing much	PREV	NUTR	FIT	Health and wellness education. Nutrition education. Affordable exercise, and an indoor pool would be amazing.
1001	66344	Average	Not really changing much	PREV	REC	DOH	Health & wellness..working with city parks & rec to reach more people. (bring back walk with a doc) . Public programs about mental health/ self care
1107	66434	Good	Increasing - moving up	PREV	RESO	NUTR	Health initiatives encouraging the community in their health. access to resources for diet plans or food nutrition for anyone.
1089	66094	Average	Not really changing much	RESO			I would like to see more resources for those with Autism
1106	66415	Average	Not really changing much	SCRE	BH	DENT	screenings for kids at schools - mental health, dental, vision, physical health
1102	66434	Good	Not really changing much	SH	NUTR		Encouraging school lunches to provide fresh fruits and vegetable and salads
1122	66434	Average	Decreasing - slipping downward	SPRT	CORP		community based programs
1017	66434	Good	Not really changing much	TRAN	SCH		Is there currently transportation available to patient care appts??

Let Your Voice Be Heard!

In 2019, Amberwell Hiawatha surveyed our community to assess local health needs. Today, we request your input again in order to update our Amberwell Hiawatha 2022 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"/> Additional Providers (OB, Derm, Surg, Ortho, Oph, Gero, Endo, GI) | <input type="checkbox"/> Housing (Affordable and Safe) |
| <input type="checkbox"/> Affordable Fitness Center (with Water Aerobics) | <input type="checkbox"/> Mental Health (Diagnosis, Treatment, Aftercare) Including Hands-off |
| <input type="checkbox"/> Awareness of Services (Health Dept and Hospital) | <input type="checkbox"/> Mental Health Staffing / Lack of Providers |
| <input type="checkbox"/> Community Collaboration (Between Agencies) | <input type="checkbox"/> Obesity (Nutrition / Exercise) |
| <input type="checkbox"/> Dental / Vision Services for Uninsured / Medicaid | <input type="checkbox"/> Public Awareness of Mental Health |
| <input type="checkbox"/> Drug Abuse (Meth and Prescription Drugs) | <input type="checkbox"/> Senior Care |
| <input type="checkbox"/> Financial Health of Local Hospital (HCH) | <input type="checkbox"/> Tobacco Use (mothers smoking during pregnancy) |
| <input type="checkbox"/> Healthcare Transportation for Uninsured / Medicaid | <input type="checkbox"/> Urgent Care Services |
| <input type="checkbox"/> Home Health Services | |

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

- | | |
|--|--|
| <input type="checkbox"/> Additional Providers (OB, Derm, Surg, Ortho, Oph, Gero, Endo, GI) | <input type="checkbox"/> Home Health Services |
| <input type="checkbox"/> Affordable Fitness Center (with Water Aerobics) | <input type="checkbox"/> Housing (Affordable and Safe) |
| <input type="checkbox"/> Affordable Health Insurance | <input type="checkbox"/> Mental Health (Diagnosis, Treatment, Aftercare) Including Hands-off |
| <input type="checkbox"/> Awareness of Services (Health Dept and Hospital) | <input type="checkbox"/> Mental Health Staffing / Lack of Providers |
| <input type="checkbox"/> Community Collaboration (Between Agencies) | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Dental / Vision Services for Uninsured / Medicaid | <input type="checkbox"/> Public Awareness of Mental Health |
| <input type="checkbox"/> Drug Abuse (Meth and Prescription Drugs) | <input type="checkbox"/> Senior Care |
| <input type="checkbox"/> Financial Health of Local Hospital (HCH) | <input type="checkbox"/> Tobacco Use (mothers smoking during pregnancy) |
| <input type="checkbox"/> Healthcare Transportation for Uninsured / Medicaid | <input type="checkbox"/> Urgent Care Services |

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.

[Text input box]

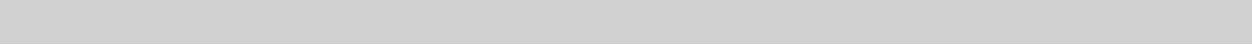


12. Over the past 2 years, did you or someone in your household receive healthcare services outside of your County?

- Yes No

If yes, please specify the services received

[Text input box]

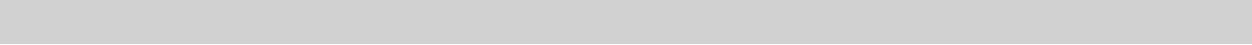


13. Access to care is vital. Are there enough providers/staff available at the right times to care for you and your community?

- Yes No

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

[Text input box]



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

[Text input box]



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



VWV Consultants LLC



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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