



# **Community Health Needs Assessment Amberwell Hiawatha**

Brown and Doniphan County Kansas



**October 2025**

VVV Consultants LLC  
Olathe, KS

# Community Health Needs Assessment

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# I. Executive Summary

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# I. Executive Summary

## Amberwell Hiawatha (Primary Service Area) – Brown County, KS - 2025 Community Health Needs Assessment (CHNA)

The previous Community Health Needs Assessment for Amberwell Hiawatha and its primary service area was completed in 2022. (Note: The Patient Protection and Affordable Care Act (ACA) requires non-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). The Round 5 Brown County, KS CHNA began in January of 2025 and was facilitated/created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

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, providers, and other residents to research and prioritize county health needs while documenting community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years.

**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 a common understanding of the priorities of the community’s health needs 3.) Enhances relationships and mutual understanding between and among stakeholders 4.) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community 5.) Provides rationale for current and potential funders to support efforts to improve the health of the community 6.) Creates opportunities for collaboration in delivery of services to the community and 7.) Guides the hospital and local health department on how they can align their services and community benefit programs to best meet needs, and 8.) fulfills the Hospital's “Mission” to deliver.

## County Health Area of Future Focus on Unmet Needs

Area Stakeholders held a community conversation to review, discuss, and prioritize health delivery. Below are two tables reflecting community views and findings:

2025 CHNA Unmet Needs				
Amberwell Hiawatha (Primary Service Area)				
Brown Co, KS - 7/23/25 Town Hall: (30 Attendees, 108 Total Stakeholder Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Poverty / Economic Development	23	21%	21%
2	Housing (Safe & Affordable)	16	15%	36%
3	Health Funding	11	10%	46%
4	Mental Health (Diagnosis, Providers, Placement, Aftercare)	9	8%	55%
5	Food (Health Education & Access)	8	7%	62%
6	Fitness (Awareness)	8	7%	69%
7	Uninsured and Underinsured	7	6%	76%
8	Childcare (Safe, Affordable, and Access)	7	6%	82%
Total Votes		108		
Other Items receiving votes: Substance Abuse (Alcohol, Drugs, Smoking), Facility Improvement, Chronic Disease Management, Suicide, MD / DO Recruitment, and Visiting Specialists (DERM, RHE, GI)				

## Town Hall CHNA Findings: Areas of Strengths

Brown County, KS - Community Health Strengths Recalled			
#	Topic	#	Topic
1	Area on Aging and New Senior Community Building	6	Parks and Recreation
2	Education / School System	7	Pharmacy (Includes Delivery)
3	Kanza Mental Health Crisis	8	Quality Care at the Hospital (Facility and Staff)
4	Local Medical Access	9	Response Times at the Hospital / ER
5	OB Care	10	Short Commutes & Jobs in the Community

### Key CHNA Round #5 Secondary Research Conclusions found:

**KANSAS HEALTH RANKINGS:** According to the 2023 Robert Woods Johnson County Health Rankings, Brown Co, KS, on average was ranked 76<sup>th</sup> in Health Outcomes, 84<sup>th</sup> in Health Factors, and 39<sup>th</sup> in Physical Environmental Quality out of the 105 Counties.

**TAB 1.** Brown County's population is 9,364 (based on 2023 findings). About six percent (6.2%) of the population is under the age of 5, while the population that is over 65 years old is 21.8%. Children in single parent households make up a total of 21.1% compared to the rural norm of 15.8%, and 88.8% are living in the same house as one year ago.

**TAB 2.** In Brown County, the average per capita income is \$29,646 while 14.4% of the population is in poverty. The severe housing problem was recorded at 10.2% compared to the rural norm of 10%. Those with food insecurity in Brown County is 12.4%, and those having limited access to healthy foods (store) is 13.7%. Individuals recorded as having a long commute while driving alone is 15.9% compared to the norm of 34.6%.

**TAB 3.** Children eligible for a free or reduced-price lunch in Brown County is 51.4%. Findings found that 93.5% of Brown County ages 25 and above graduated from high school while 20.1% has a bachelor's degree or higher (2017-2021).

**TAB 4.** The percent of births where prenatal care began in the first trimester was recorded at 67.2% compared to the rural norm of 79.0%. Additionally, the percentage of births with low birth weight was 6.0%. Brown County recorded 4.8% of births occurring to teens between ages 15-19. The percent of births where mother smoked during pregnancy was 19.6% compared to the rural norm of 10.8%.

**TAB 5.** The Brown County primary care service coverage ratio is 1 provider (county based office physician who is a MD and/or DO) to 1,054 residents. There were 4,983 preventable hospital stays in compared to the rural norm of 3,301.

## Secondary Research Continued

**TAB 6.** In Brown County, adults ever diagnosed with depression as of 2021 was 20.4%. The Mental Behavioral hospital admissions rate per 100k was 100.8 compared to the rural norm of 58.2.

**TAB 7a – 7b.** Brown County has an obesity percentage of 37.8% and a physical inactivity percentage is 27.0%. The percentage of adults who smoke is 21.5%, while the excessive drinking percentage is 18.6%. The percentage of adults who have taken medication for high blood pressure is 82.0%, while their heart failure admissions rate was recorded at 29.0. Those with kidney disease is 3.6% compared to the rural norm of 3.2%. The percentage of adult individuals who were recorded with cancer was 8.6% while adults recorded with diabetes (20+) is 10.3% compared to the rural norm of 8.4%.

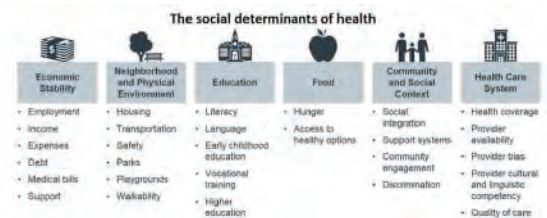
**TAB 8.** The adult uninsured rate for Brown County is 11.8% compared to the rural norm of only 9.6%.

**TAB 9.** The life expectancy rate in Brown County for males and females is roughly 74 years of age (74.3). Alcohol-impaired driving deaths for Brown County is 34.8% while age-adjusted Cancer Mortality rate per 100,000 is 181.4. The age-adjusted heart disease mortality rate per 100,000 is at 222.1.

**TAB 10.** A recorded 60.1% of Brown County has access to exercise opportunities. Continually, 37.0% of women have done a mammography screening compared to the rural norm of 43.3%. Adults recorded in Brown County who have had a regular routine check-up is 75.0%.

**Social Determinants Views Driving Community Health:** From Town Hall conversations the Economy followed by Provider Access, Community/Social Support, and Neighborhood / Physical Environment are impacting community health, see Sec V for a detailed analysis.

### Social Determinants Online Community Feedback – Amberwell Hiawatha PSA (N=239)



Amberwell Hiawatha PSA "KEY" Social Determinant Takeaways to Improve Our Community Health	
Healthy food options are not readily available. No fitness centers in the area to help fight the health problems.	We need more housing and specifically more affordable housing.
Provide a transportation option/service that isn't targeted at just senior citizens and is open after business hours and weekends.	More community involvement health and screening fairs, a robust social worker program
We have a high rate of low income families and each generation tends to follow the pattern.	I don't think we will ever be successful at getting people to take care of themselves.

## Key CHNA Round #5 Primary Research Conclusions found:

**Community Feedback from residents, community leaders, and providers (N=239) provided the following community insights via an online perception survey:**

- Using a Likert scale, the average between Brown County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 66.0%.
- Brown County stakeholders are very satisfied with some of the following services: Chiropractors, Hospice / Palliative, and Outpatient Hospital Services.
- When considering past CHNA needs, the following topics came up as the most pressing: Affordable Health Insurance, Housing (Affordable & Safe), Mental Health (Diagnosis, Placement, Aftercare, and Awareness), Poverty, and Childcare.

During the Town Hall on July 23<sup>rd</sup>, 2025, a discussion was held to evaluate the impact of any actions taken to address the 2022 significant health needs identified. Any meaningful actions taken to address the 2022 unmet needs would be referenced in the Town Hall notes located in sec V. The table below was reviewed in-depth asking for feedback on which needs are still pressing and ongoing, thus evaluating actions taken in 2022.

Amberwell Hiawatha PSA - CHNA YR 2025 N=239					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Affordable Health Insurance	92	13.9%		1
2	Housing (Affordable & Safe)	72	10.9%		2
3	Mental Health (Diagnosis, Placement, Aftercare, Awareness)	64	9.7%		3
4	Childcare	59	8.9%		5
5	Poverty	57	8.6%		4
6	Urgent Care	47	7.1%		6
7	Additional Providers (OB, Derm, Surg, Ortho, Oph, Gero, E)	45	6.8%		7
8	Obesity (Nutrition / Exercise)	44	6.7%		8
9	Food Insecurity	32	4.8%		9
10	Financial Health of Local Hospital (HCH)	32	4.8%		11
11	Primary Care / Mental Health Care Integrated Delivery	28	4.2%		10
12	Awareness of Healthcare Services	28	4.2%		13
13	Community Collaboration	25	3.8%		12
14	Home Health Services	20	3.0%		14
15	Chronic Disease Management (Diabetic)	16	2.4%		15
Totals		661	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 definition of the community served by the hospital facility and a description of how the community was determined.
2. A description of the process and methods used to conduct the CHNA.
3. A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves.
4. A prioritized description of the significant health needs of the community identified through the CHNA. This includes a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs.
5. A description of resources potentially available to address the significant health needs identified through the CHNA.
6. An evaluation of the impact of any actions that were taken to address the significant health needs identified in the immediately preceding 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.).

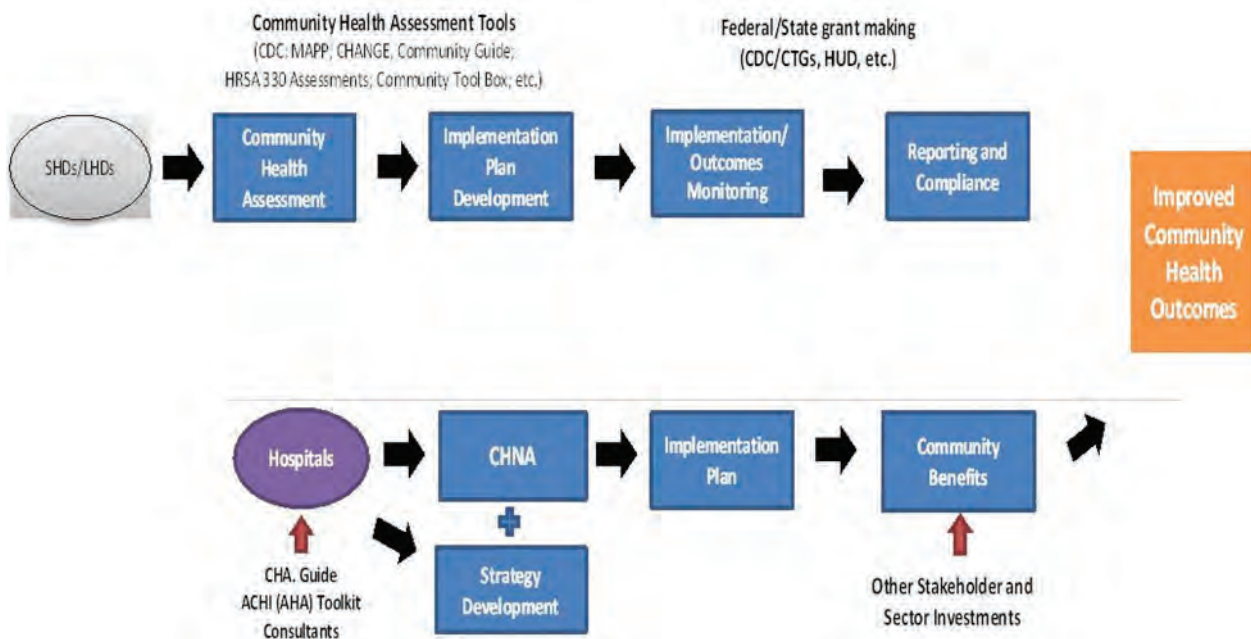
#### **JOB #2: Making a CHNA Widely Available to the Public**

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.



## 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.

## **Round #5 CHNA focuses on Social Determinants & Health Equity.**

### **Centers for Medicare & Medicaid Services Health Equity Domains**

CMS' Hospital Commitment to Health Equity has introduced two equity-focused process measures in 2023: screening for Social Drivers of Health (SDOH-01) and Screen Positive Rate for Social Drivers of Health (SDOH-02). (Although these measures will not be required until 2024, it is highly recommended that hospitals begin tracking them in 2023.)

#### **Domain 1: Equity as a Strategic Priority**

The hospital has a strategic plan for advancing health care equity that accomplishes the following:

- Identifies priority populations who currently experience health disparities.
- Establishes health care equity goals and discrete action steps to achieve them.
- Outlines specific resources that are dedicated to achieving equity goals.
- Describes an approach for engaging key stakeholders, such as community partners.

#### **Domain 2: Data Collection**

The hospital is engaging in the following three key data collection activities.

- Collecting demographic information, including self-reported race and ethnicity, and SDOH information, on a majority of patients
- Training staff in the culturally sensitive collection of demographics and SDOH information
- Inputting patient demographic and/ or SDOH information into structured interoperable data elements using a certified electronic health record technology.

#### **Domain 3: Data Analysis**

The hospital stratifies key performance indicators by demographic and/ or SDOH variables to identify equity gaps and includes this information on hospital performance dashboards.

#### **Domain 4: Quality Improvement**

The hospital participates in local, regional and or national quality improvement activities that are focused on reducing health disparities.

#### **Domain 5: Leadership Engagement**

The hospital's senior leadership, including the chief executives and the entire hospital board of trustees, demonstrates a commitment to equity through the following two activities.

- Annual reviews of the hospital's strategic plan for achieving health equity
- Annual reviews of key performance indicators stratified by demographic and/ or social factors.

#### Sources:

The Joint Commission. (2022, June 20). R3 Report: New Requirements to Reduce Health Care Disparities. Retrieved from [https://www.jointcommission.org/-/media/tje/documents/standards/r3-reports/r3\\_disparities\\_july2022-6-20-2022.pdf](https://www.jointcommission.org/-/media/tje/documents/standards/r3-reports/r3_disparities_july2022-6-20-2022.pdf)

Health Equity Innovation Network. (2022, August 29). Quick Start Guide: Hospital Commitment to Health Equity Measure. Retrieved from <https://hqin.org/wp-content/uploads/2022/08/Quick-Start-Guide-Hospital-Commitment-to-Health-Equity-Measure.pdf>

## The Joint Commission (TJC) Elements of Performance - Regulatory and Accreditation Requirements Related to Health Equity and Social Determinants of Health

New and revised TJC requirements to reduce health care disparities went into effect Jan. 1, 2023. Below are the six elements of performance.

### Element of Performance 1:

The organization designates an individual to lead activities aimed at reducing healthcare disparities. **(Hospital Responsibility)**

### Element of Performance 2:

The organization assesses the patient's health-related social needs and provides information about community resources and support services. **(CHNA full report- Section I and III)**

Examples of health-related social needs may include the following:

- Access to transportation
- Difficulty paying for prescriptions or medical bills.
- Education and literacy
- Food insecurity
- Housing insecurity

### Element of Performance 3:

The organization identifies healthcare disparities in its patient population by stratifying quality and safety data. **(CHNA Town Hall)** Examples of sociodemographic characteristics may include but are not limited to the following: Age, Gender, Preferred Language, Race, and ethnicity.

### Element of Performance 4:

The organization develops a written action plan that describes how it will address at least one of the healthcare disparities identified. **(CHNA IMPL Development Plan)**

### Element of Performance 5:

The organization acts when it does not achieve or sustain goal(s) in its action plan to reduce health care disparities.

### Element of Performance 6:

At least annually, the organization informs key stakeholders, identifying leaders, licensed practitioners, and staff, about its progress in reducing identified healthcare disparities. **(Hospital Responsibility)**

## 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 Community Hospital Profile**

**300 Utah St, Hiawatha, KS 66434**

**Phone: (785) 742-2131**

**CEO: Jared Abel**

**About Us:** Built in 1951 from donations from local citizens, Amberwell Hiawatha 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. Amberwell Hiawatha has prospered because of planning by our community board members and the generosity of citizens.

**Mission:** Amberwell Health Hiawatha is the trusted regional provider of healthcare expertise, offering exceptional patient experience through local clinical services and coordinated specialty care. As a regional leader in workplace culture, we foster an environment where employees thrive, and providers excel. Recognized as an integral part of our communities, we drive economic vitality and positive change in physical, mental, and civic wellness.

**Vision:** Amberwell Health Hiawatha strives to be the leading provider of local healthcare, promoting community well-being through exceptional care, workplace excellence, and positive regional impact.

**Values: Quality:** Delivering consistent excellence in patient care and services. **Collaboration:** Fostering teamwork within and across departments and with external partners. **Appreciation:** Valuing and recognizing the contributions of staff, patients, and community. **Respect:** Valuing the dignity and needs of every patient, staff member, and community member. **Integrity:** Consistently doing what is right by being reliable, accountable, and trustworthy in all actions.

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

Among the services we provide are:

- Emergency Care
- General Surgery
- Inpatient Care
- Acute
- ICU
- Swing Bed
- Orthopedic Surgery
- Obstetrics
- Primary Care
- Cardiac Rehabilitation
- Dietitian
- Infusion Clinic
- Laboratory
- Physical, Occupational, Respiratory, and Speech Therapy
- Radiology
- MRI, CT, 3D Mammography
- Senior Behavioral Care
- Amberwell Highland Clinic

# **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 83 unique community CHNA’s in KS, MO, IA, NE and WI (references found on our website [VandehaarMarketing.com](http://VandehaarMarketing.com))

#### Introduction: Who We Are Background and Experience



**Vince Vandehaar, MBA – Principal**  
VVV Consultants LLC (Olathe, KS) – *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



**Olivia G Hewitt BA – Associate Consultant**  
VVV Consultants LLC – May 2024  
- Emporia University – BS Marketing  
- Hometown: Olathe, KS



**Cassandra Kahl, BHS – Director, Project Management**  
VVV Consultants LLC – Nov 2020  
- University of Kansas – Health Sciences  
- Park University - MHA  
- 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](http://VandehaarMarketing.com)

**Our Mission:** to research, facilitate, train, create processes to improve market performance, champion a turnaround, and uncover strategic “critical success” initiatives.

**Our Vision:** to meet today’s challenges with the voice of the market solutions.

#### Our Values:

**Engaged** – we are actively involved in community relations & boards.

**Reliable** – we do what we say we are going to do.

**Skilled** – we understand business because we’ve been there.

**Innovative** – we are process-driven & think “out of the box.”

**Accountable** – we provide clients with a return on their investment.

## II. Methodology

### c) CHNA and Town Hall Research Process

Round #5 Community Health Needs Assessment (CHNA) process began in January of 2025 for Amberwell Hiawatha in Brown County, KS to meet Federal IRS CHNA requirements.

In August 2024, 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 the Amberwell Hiawatha to request VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

#### VVV CHNA Deliverables:

- Document Hospital Primary Service Area - meets the 80% 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% Patient Origin Rule), a patient origin three-year summary was generated documenting patient draw by zips as seen below:

Source from KHA HID1						
Amberwell Hiawatha - Defined PSA				Overall (IP/ER/OP) FFY22-24 Total=94,210		
#	ZIP	City	County	Total 3YR	%	ACCUM
1	66434	Hiawatha, KS	Brown	47,748	50.7%	50.7%
2	66439	Horton, KS	Brown	15,510	16.5%	67.1%
3	66035	Highland, KS	Doniphan	4,739	5.0%	72.2%
4	66532	Robinson, KS	Brown	4,081	4.3%	76.5%
5	66424	Everest, KS	Brown	2,284	2.4%	78.9%
6	66425	Fairview, KS	Brown	1,620	1.7%	80.7%
7	66527	Powhattan, KS	Brown	1,561	1.7%	82.3%
8	66515	Morrill, KS	Brown	825	0.9%	83.2%
			Other Zips	15,842		

**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 the CHNA calendar of events, explain / coach clients to complete the required participant database, and schedule / organize all Phase II activities.

**Phase II—Qualify Community Need:**

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

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

**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, an evaluation of past CHNA needs actions taken, a 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 section documented in the Table of Contents. Publish hard copy reports (2) for client usage plus create a full CHNA report pdf to be posted on the hospital website to meet government CHNA regulation criteria.

Specific project CHNA roles, responsibilities, and timelines are documented in the following calendar.

<b>Amberwell Health - Hiawatha</b> <b>VVV CHNA Round #5 Work Plan - Year 2025</b>			
Project Timeline & Roles - Working Draft as of 1/27/25			
Step	Timeframe	Lead	Task
1	8/19/2024	VVV / Hosp	Meeting Leadership information regarding CHNA Round #5 for review.
2	9/19/2024	Hosp	Select/approve CHNA Round #5 Option B - VVV quote—work to start 2025
3	1/31/2025	VVV	Hold Client Kick-off Meeting. Review CHNA process / timeline with leadership. Request KHA PO reports for FFY 22, 23 and 24 and hospital client to complete PSA IP/OP/ER/Clinic patient origin counts file (Use <b>ZipPSA_3yrPOrigin.xls</b> )
4	1/31/2025	VVV	Send out <b>REQCommInvite Excel</b> file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
5	1/31/2025	VVV	Prepare CHNA Round#5 Stakeholder Feedback "online link". Send link for hospital review.
6	February / March 2025	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	1/31/2025	VVV / Hosp	Prepare/send out PR #1 story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	5/19/2025	VVV / Hosp	Place PR story to local media CHNA survey announcing "online CHNA Wave #5 feedback". Request public to participate. Send E Mail request to local stakeholders
9	5/19/2025	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. <b>Cut-off 6/19/2025 for Online Survey</b>
10	On or before 6/12/2025	Hosp	Prepare PR #2 story / E Mail (E#2) Request announcing upcoming Town Hall. VVV will send to CEO to review/approve.
11	6/19/2025	VVV / Hosp	Place PR #2 story to local media announcing upcoming Town Hall. Request public to participate. Send E Mail (E#2) request to local stakeholders
12	7/17/2025	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	7/22/2025	VVV	Conduct CHNA Town Hall. Time - <b>Lunch 11:30am - 1:00 pm at The Alley</b> Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 9/15/2025	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 9/30/2025	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	10/14/2025	Both	Conduct Client Implementation Plan PSA Leadership meeting
17	By 10/31/2025	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.



**2025 Community Health Needs Assessment**  
**Amberwell Hiawatha (Brown Co, KS)**  
 Hiawatha, KS Town Hall July 22<sup>nd</sup>, 2025

**VVV Consultants LLC**  
 Olathe, Kansas 66061

VandehaarMarketing.com  
 913-302-7264

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

- > **Opening Welcome / Introductions / Review CHNA Purpose and Process (5 mins)**
- > **Discuss New Focus: Social Determinants of Health (5 mins)**
- > **Review Current Service Area “Health Status”**  
*Review Secondary Health Indicator Data (10 TABs)*  
*Review Community Online Feedback (30 mins)*
- > **Collect Community Health Perspectives**  
*Share Table Reflections to verify key takeaways*  
*Conduct an Open Community Conversation / Stakeholder Vote to determine the Most Important Unmet Needs (45 mins)*
- > **Close / Next Steps (5 mins)**

3

**Introduction: Who We Are**  
 Background and Experience





**Vince Vandehaar, MBA – Principal**  
 VVV Consultants LLC (Olathe, KS) – *start 1/1/09 \**

- Adjunct Full Professor @ Avila & Webster Universities
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- Hometown: Bondurant IA



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 VVV Consultants LLC – May 2024

- Emporia University – BS Marketing
- Hometown: Olathe, KS



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 VVV Consultants LLC – Nov 2020

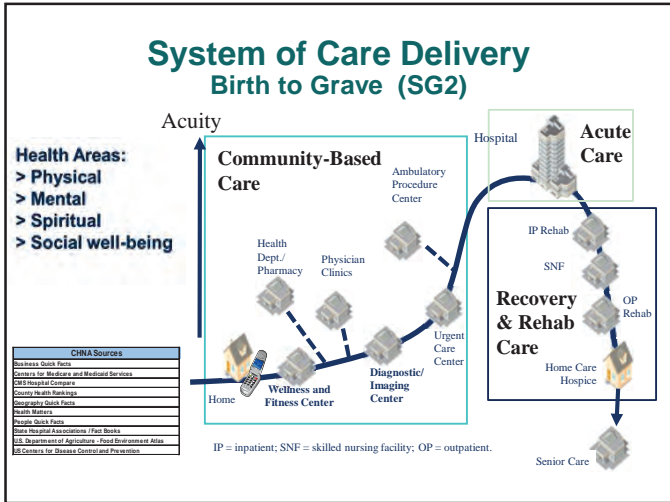
- University of Kansas – Health Sciences
- Park University - MHA
- Hometown: Maple, WI

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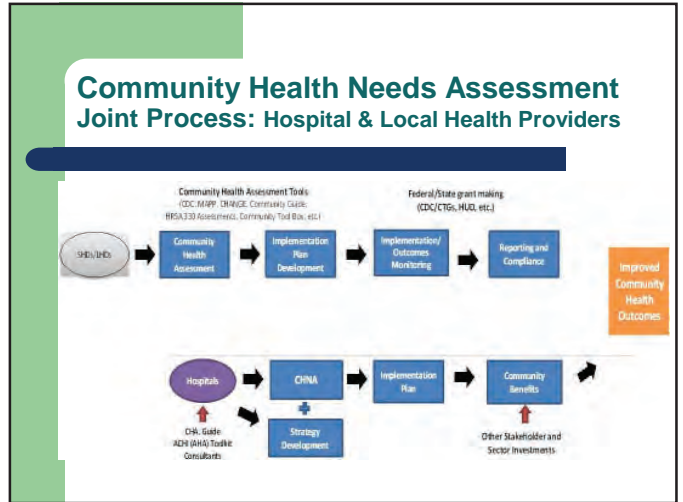
**Town Hall Participation / Purpose & Parking Lot**

- ALL attendees practice “Safe Engagement”, working together in table teams.
- ALL attendees are welcome to share. Engaging conversation (No right or wrong answer)
- Request ALL to Take Notes of important health indicators
- Please give truthful responses – Serious community conversation.
- Discuss (Speak up) to uncover unmet health needs
- Have a little fun along the way

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8



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### Amberwell Hiawatha Define Service Area (Z=8)

Source from KHA HID

Amberwell Hiawatha - Defined PSA				Overall (IP/ER/OP) FFY22-24 Total=94,210		
#	ZIP	City	County	Total 3YR	%	ACCUM
1	66434	Hiawatha, KS	Brown	47,748	50.7%	50.7%
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7	66527	Powhattan, KS	Brown	1,561	1.7%	82.3%
8	66515	Morrill, KS	Brown	825	0.9%	83.2%
		Other Zips		15,842		

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## A Conversation with the Community & Stakeholders

### Community Stakeholder – An Inclusive Conversation

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

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

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

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

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## II. Review of a CHNA

- **What is a Community Health Needs Assessment (CHNA)..?**
  - 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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## CHNA Written Report Documentation to meet IRS 990 CHNA Requirements: 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 healthcare facilities and other resources within the community available to meet the needs identified through the CHNA

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## Social Determinants of Health



**Social determinants of health** are the conditions in the places where people live, learn, work, play, and worship **that affect a wide range of health risks and outcomes.**

**Health equity** is when everyone has the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstances.

**TASK A: Your Initial Thoughts on SDOH? (Small White Card)**

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**IV. Review Current County Health Status:**  
Secondary Data by 10 Tab Categories with a focus on Social Determinants with a Local Norm & 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

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**County Health Rankings Scoring**

Robert Wood Johnson Foundation and University of WI Health Institute

**New County Health Rankings Model**



Users of the 2024 RWJ report will find representation of county health has changed significantly. *Rather than a numerical ranking, each county in a state is represented by a dot, shaded a certain color and placed on a scale from least healthy to healthiest in the nation. The new visual tool then shows where one county falls on a "continuum" of health nationally, compared to the least healthy and most healthy counties, which are unnamed in the visualization.*

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**IV. Community Health Conversation:  
Your Perspectives / Suggestions !**

**Tomorrow:**

What is occurring or might occur that would affect the "health of our community"?

**Today:**

- 1) What are the **Healthcare Strengths** of our community that contribute to health? (**BIG White Card**)
- 2) Are there healthcare services in your community/neighborhood that you feel **need to be improved and/or changed**? (**Small Color Card**)
- 3) *What other Ideas do you have to address Social determinants?* (**Small White Card - A**)

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**Community Health Needs Assessment  
Round #5 Year 2025**

**Thank You  
Next Steps**



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(913) 302-7264

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## 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 is 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 are 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.

## II. Methodology

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

#### Brown County, Kansas Community Profile



**Brown County is a county located in the northeastern portion of the U.S. state of Kansas.** Its county seat and most populous city is Hiawatha. As of the 2020 census, the county population was 9,508. The county was named after Albert G. Brown, a U.S. Senator from Mississippi and Kansas statehood advocate. The Kickapoo Indian Reservation of Kansas, the majority of the Sac and Fox Reservation, and the majority of the Iowa Reservation of Kansas and Nebraska are located within the county.

#### Cities:

- Everest
- Fairview
- Hamlin
- Hiawatha (county seat)
- Horton
- Morrill
- Powhattan
- Reserve
- Robinson
- Willis

#### **Brown County (KS): Public Schools<sup>1</sup>**

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

<sup>1</sup> <https://kansas.hometownlocator.com/schools/sorted-by-county,n,brown.cfm>

## Brown County (KS) - Detail Demographic Profile

ZIP	City	ST	County	Population			Households		HH Avg Size23	Per Capita23
				Year 2023	Year 2028	5yr CHG	Year 2023	Year 2028		
66424	Everest	KS	BROWN	543	540	-0.6%	230	229	2.4	\$34,729
66425	Fairview	KS	BROWN	471	453	-3.8%	205	198	2.3	\$35,122
66434	Hiawatha	KS	BROWN	4,807	4,712	-2.0%	1,940	1,915	2.4	\$29,779
66439	Horton	KS	BROWN	2,392	2,361	-1.3%	967	960	2.5	\$26,929
66515	Morrill	KS	BROWN	405	396	-2.2%	154	156	2.6	\$31,821
66527	Powhattan	KS	BROWN	219	213	-2.7%	83	82	2.6	\$22,371
66532	Robinson	KS	BROWN	515	504	-2.1%	215	213	2.4	\$42,035
<b>Totals</b>				<b>9,352</b>	<b>9,179</b>	<b>-2.1%</b>	<b>3,794</b>	<b>3,753</b>	<b>2.5</b>	<b>\$31,827</b>

ZIP	City	ST	County	Population				Year 2020		Females
				Pop 21+	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
66424	Everest	KS	BROWN	417	127	123	129	271	272	82
66425	Fairview	KS	BROWN	355	105	111	119	234	237	67
66434	Hiawatha	KS	BROWN	3556	1129	1198	1032	2,345	2462	731
66439	Horton	KS	BROWN	1759	608	613	476	1,182	1210	368
66515	Morrill	KS	BROWN	312	88	90	89	212	193	54
66527	Powhattan	KS	BROWN	134	35	83	38	112	107	41
66532	Robinson	KS	BROWN	404	124	103	129	269	246	68
<b>Totals</b>				<b>6,937</b>	<b>2,216</b>	<b>2,321</b>	<b>2,012</b>	<b>4,625</b>	<b>4,727</b>	<b>1,411</b>

ZIP	City	ST	County	Population 2020				Year 2023		Soc Econ Index
				White%	Black%	Asian%	Hispan%	Housing Units	% Rentals	
66424	Everest	KS	BROWN	92.3%	0.6%	0.4%	0.6%	262	7%	57
66425	Fairview	KS	BROWN	80.9%	0.2%	0.0%	2.8%	228	11%	56
66434	Hiawatha	KS	BROWN	84.6%	1.4%	0.6%	3.8%	2,216	23%	54
66439	Horton	KS	BROWN	75.3%	1.1%	0.5%	5.6%	1,200	26%	49
66515	Morrill	KS	BROWN	94.1%	0.0%	0.0%	1.0%	171	9%	65
66527	Powhattan	KS	BROWN	33.3%	0.5%	0.0%	6.4%	111	28%	44
66532	Robinson	KS	BROWN	88.2%	1.0%	0.0%	3.5%	249	12%	63
<b>Totals</b>				<b>78.4%</b>	<b>0.7%</b>	<b>0.2%</b>	<b>3.4%</b>	<b>4,437</b>	<b>16.8%</b>	<b>55</b>

Source: ERSA Demographics 2023

## Doniphan County (KS) - Detail Demographic Profile

ZIP	City	ST	County	Population			Households		HH Avg Size23	Per Capita23
				Year 2023	Year 2028	5yr CHG	Year 2023	Year 2028		
66008	Bendena	KS	DONIPHAN	277	276	-0.4%	118	118	2.4	\$32,961
66017	Denton	KS	DONIPHAN	259	252	-2.7%	116	115	2.2	\$39,333
66035	Highland	KS	DONIPHAN	1,216	1,203	-1.1%	373	369	2.3	\$24,310
66087	Troy	KS	DONIPHAN	1,968	1,940	-1.4%	804	799	2.4	\$33,190
66090	Wathena	KS	DONIPHAN	3,262	3,204	-1.8%	1,325	1,314	2.4	\$27,641
66094	White Cloud	KS	DONIPHAN	348	343	-1.4%	149	149	2.3	\$34,795
<b>Totals</b>				<b>7,330</b>	<b>7,218</b>	<b>-1.5%</b>	<b>2,885</b>	<b>2,864</b>	<b>2.4</b>	<b>\$32,038</b>

ZIP	City	ST	County	Population				Year 2020		Females
				Pop 21+	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
66008	Bendena	KS	DONIPHAN	205	64	71	63	145	132	47
66017	Denton	KS	DONIPHAN	197	58	60	50	120	139	52
66035	Highland	KS	DONIPHAN	795	254	335	195	595	621	193
66087	Troy	KS	DONIPHAN	1482	385	461	468	1,012	956	342
66090	Wathena	KS	DONIPHAN	2508	679	720	803	1,630	1632	554
66094	White Cloud	KS	DONIPHAN	274	85	70	89	189	159	54
<b>Totals</b>				<b>5,461</b>	<b>1,525</b>	<b>1,717</b>	<b>1,668</b>	<b>3,691</b>	<b>3,639</b>	<b>1,242</b>

ZIP	City	ST	County	Population 2020				Year 2023		
				White%	Black%	Asian%	Hispan%	Housing Units	% Rentals	Soc Econ Index
66008	Bendena	KS	DONIPHAN	96.4%	0.0%	0.0%	2.2%	132	13%	60
66017	Denton	KS	DONIPHAN	93.4%	0.0%	0.0%	0.0%	139	12%	54
66035	Highland	KS	DONIPHAN	80.1%	11.0%	0.7%	4.0%	489	23%	54
66087	Troy	KS	DONIPHAN	93.7%	1.0%	0.4%	2.2%	916	20%	53
66090	Wathena	KS	DONIPHAN	88.3%	3.4%	0.5%	3.2%	1,469	25%	51
66094	White Cloud	KS	DONIPHAN	82.2%	0.6%	0.0%	2.9%	192	28%	57
<b>Totals</b>				<b>89.0%</b>	<b>2.7%</b>	<b>0.3%</b>	<b>2.4%</b>	<b>3,337</b>	<b>20.1%</b>	<b>55</b>

Source: ERSA Demographics 2023

# III. Community Health Status

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[VVV Consultants LLC]

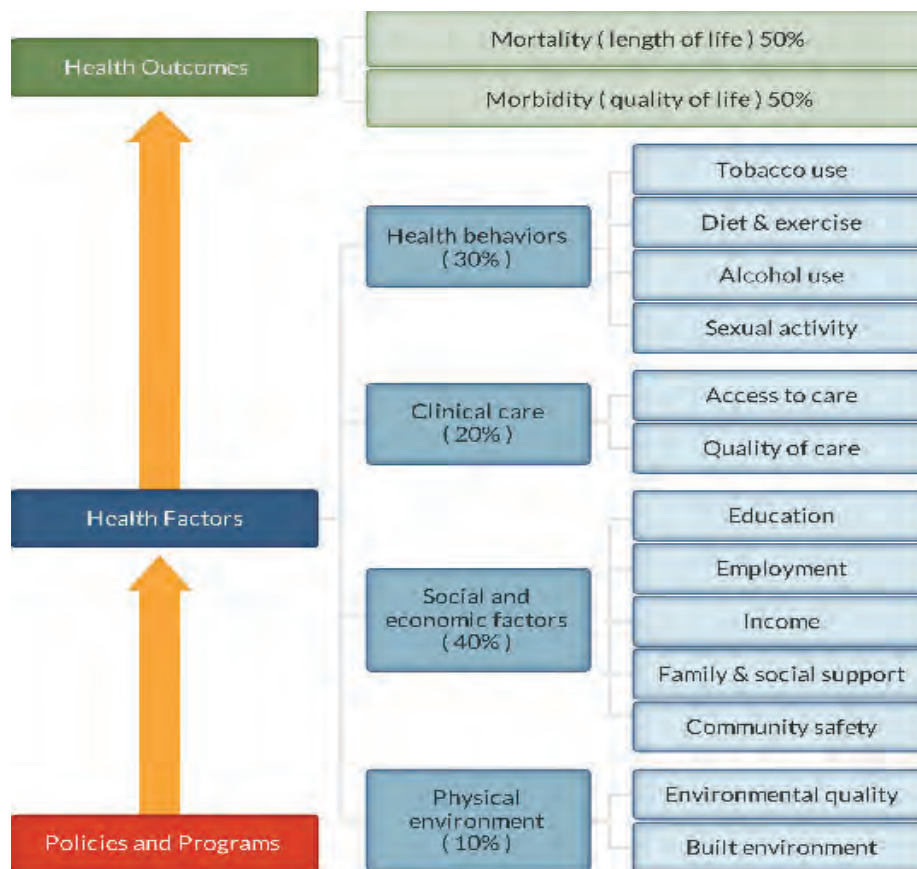
### III. Community Health Status

#### a) Historical Health Statistics- Secondary Research

##### Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2023 and 2025 RWJ County Health Rankings and conversations from Town Hall participates. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

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



County Health Rankings model ©2012 UWPHI

## National Research – Year 2023 RWJ Health Rankings:

#	2023 KS Rankings - 105 Counties	Definitions	Brown County 2023	Brown County 2021	Trend	Doniphan Co 2023	NEC_KS Norm (N=12)
1	<b>Health Outcomes</b>		76	69		65	29
	Mortality	Length of Life	82	82		36	27
	Morbidity	Quality of Life	64	52		84	33
2	<b>Health Factors</b>		84	77		70	45
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	98	95		79	49
	Clinical Care	Access to care / Quality of Care	82	75		61	43
	Social & Economic Factors	Education, Employment, Income, Family/Social Support, Community Safety	68	64		50	39
3	<b>Physical Environment</b>	Environmental quality	39	39		100	76

NECKS Counties: Anderson, Atchison, Brown, Chase, Coffey, Doniphan, Franklin, Greenwood, Jackson, Jefferson, Linn, Lyon, Miami, Marshall, Morris, Nemaha, Osage, Pottawatomie, Riley, and Wabaunese

<http://www.countyhealthrankings.org>, released 2023

## PSA Secondary Research:

When studying community health, it is 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.*

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

### Tab 1: Demographic Profile

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

1	Population Health Indicators	Brown County 2025	Brown County 2022	Trend	State of KS	Doniphan Co KS 2025	NECKS Norm (N=12)	Source
a	Population estimates, 2020-2022	9,364	9,455		2,936,716	7,440	16,204	People Quick Facts
b	Persons under 5 years, percent, 2020-2022	6.2%	6.6%		6.0%	4.9%	5.9%	People Quick Facts
c	Persons 65 years and over, percent, 2020-2022	21.8%	20.7%		17.2%	20.6%	19.9%	People Quick Facts
d	Female persons, percent, 2020-2022	50.1%	50.6%		49.8%	49.2%	49.4%	People Quick Facts
e	White alone, percent, 2020-2022	84.1%	85.0%		85.9%	91.9%	92.6%	People Quick Facts
f	Black or African American alone, percent, 2020-2022	2.0%	1.6%		6.2%	3.2%	1.7%	People Quick Facts
g	Hispanic or Latino, percent, 2020-2022	6.0%	5.3%		13.0%	3.3%	4.3%	People Quick Facts
h	Language other than English spoken at home, percent of persons age 5 years+, 2017-2021	1.9%	1.8%		11.8%	3.0%	17.7%	People Quick Facts
i	Living in same house 1 year ago, percent of persons age 1 year+, 2017-2021	88.8%	90.1%		84.4%	86.5%	75.3%	People Quick Facts
j	Children in single-parent households, percent, 2018-2022	21.1%	24.6%	+	21.0%	14.4%	15.8%	County Health Rankings
k	Veterans, 2017-2021	610	701		163,472	367	1,041	People Quick Facts

### Tab 2: Economic Profile

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

2	Economic - Health Indicators	Brown County 2025	Brown County 2022	Trend	State of KS	Doniphan Co KS 2025	NECKS Norm (N=12)	Source
a	Per capita income in past 12 months (in 2021 dollars), 2017-2021	\$29,646	\$25,183	+	\$38,108	\$31,314	34,058	People Quick Facts
b	Persons in poverty, percent, 2020-2022	14.4%	13.0%	-	12.0%	10.6%	10.0%	People Quick Facts
c	Total Housing units, 2022	4,470	4,733	-	1,292,622	3,374	6,992	People Quick Facts
d	Persons per household, 2017-2021	2.6	2.5		2.5	2.5	2.5	People Quick Facts
e	Severe housing problems, percent, 2016-2020	10.2%	10.5%		12.5%	11.5%	10.0%	County Health Rankings
f	Total employer establishments, 2021	278	NA		75,057	152	368	Business Quick Facts
g	Unemployment, percent, 2022	2.7%	4.5%	+	3.2%	2.7%	2.7%	County Health Rankings
h	Food insecurity, percent, 2021	12.4%	13.3%		9.7%	11.5%	10.0%	County Health Rankings
i	Limited access to healthy foods, percent, 2019	13.7%	13.7%		8.4%	8.8%	8.6%	County Health Rankings
j	Long commute - driving alone, percent, 2018-2022	15.9%	16.7%	+	21.7%	33.8%	34.6%	County Health Rankings
k	Community Spend on Food, 2023 *SDOH	13.5%	NA		12.7%	13.4%	13.2%	Kansas Health Matters
l	Community Spend on Transportation, 2023 *SDOH	19.7%	NA		18.1%	19.7%	19.8%	Kansas Health Matters
m	Households With Internet Sub (2017-2021) *SDOH	80.0%	NA		86.7%	82.4%	82.6%	Kansas Health Matters
n	Student Loan Spending-to-Income, 2023 *SDOH	4.8%	NA		4.6%	5.2%	4.5%	Kansas Health Matters

\*\*New Social Determinant Data Resources

**Tab 3: Educational Profile**

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

3	Education - Health Indicators	Brown County 2025	Brown County 2022	Trend	State of KS	Doniphan Co KS 2025	NECKS Norm (N=12)	Source
a	Children eligible for free or reduced price lunch, percent, 2021-2022	51.4%	55.0%		48.0%	37.8%	39.5%	County Health Rankings
b	High school graduate or higher, percent of persons age 25 years+, 2017-2021	93.5%	92.8%	+	91.0%	91.2%	93.8%	People Quick Facts
c	Bachelor's degree or higher, percent of persons age 25 years+, 2017-2021	20.1%	19.1%	+	34.7%	18.9%	24.4%	People Quick Facts

#	Health Indicators - Hiawatha	South Brown Co Public Schools USD #430 (2025)	Hiawatha Public Schools USD #415 (2022)	Kickapoo Nation School
1	Total Public School Nurses	3 (1 in each)	2	NA
2	School Nurse Part of IEP Team	yes	YES	NA
3	Active School Wellness Plan	yes	YES	NA
4	VISION: # Screened / Referred to Prof / Seen by Professional	156/ 26/11	430/54/NR	NA
5	HEARING: # Screened / Referred to Prof / Seen by Professional	113/6/0	535/14/NR	NA
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	76/13/5	352/120/NR	NA
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	n/a	0/0/0	NA
8	Students Served with No Identified Chronic Health Concerns	77	891	NA
9	School has Suicide Prevention Program	yes	YES	NA
10	Compliance on Required Vaccinations	100%	100%	NA

**Tab 4: Maternal / Infant Profile**

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

4	Maternal/Infant - Health Indicators (Access/Quality)	Brown County 2025	Brown County 2022	Trend	State of KS	Doniphan Co KS 2025	NECKS Norm (N=12)	Source
a	Percent of Births Where Prenatal Care began in First Trimester, 2019-2021	67.2%	68.3%	-	81.3%	85.0%	79.0%	Kansas Health Matters
b	Percentage of Premature Births, 2019-2021	7.8%	7.8%		9.1%	11.2%	9.2%	Kansas Health Matters
c	Percent of Infants up to 24 months that received full Immunizations, 2017-2018	77.6%	77.6%		69.2%	75.2%	75.1%	Kansas Health Matters
d	Percent of Births with Low Birth Weight, 2019-2021	6.0%	6.4%	+	7.3%	7.4%	6.3%	Kansas Health Matters
e	Percent of all Births Occurring to Teens (15-19), 2019-2021	4.8%	6.9%	+	5.5%	5.6%	4.3%	Kansas Health Matters
f	Percent of births Where Mother Smoked During Pregnancy, 2019-2021	19.6%	23.4%		10.0%	11.6%	10.8%	Kansas Health Matters
g	Child Care Ctrs per 1,000 Children, 2010-22 *SDOH	9.5	NA		7.0	8.0	6.6	County Health Rankings

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

#	Criteria - Vital Statistics Rate per 1,000	Brown Co. 2025	Trend	Doniphan Co. 2025	Kansas
a	Total Live Births, 2017	13.5		8.9	12.5
b	Total Live Births, 2018	13.5		11.7	12.5
c	Total Live Births, 2019	11.8		9.5	12.1
d	Total Live Births, 2020	10.9		7.5	11.8
e	Total Live Births, 2021	12.4		11.8	11.8

**Tab 5: Hospitalization and Provider Profile**

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

s	Hospital/Provider - Health Indicators (Access/Quality)	Brown County 2025	Brown County 2022	Trend	State of KS	Doniphan Co KS 2025	NECKS Norm (N=12)	Source
a	Primary Care Physicians (Pop Coverage per MDs & DOs) - No extenders Included, 2021	1054:1	1063:1	+	1260:1	2499:1	1918:1	County Health Rankings
b	Preventable hospital rate per 100,000, 2021 (lower the better)	4,983	4,312	-	2,708	3,605	3,301	County Health Rankings
c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	67%	83%	-	78%	NA	79%	CMS Hospital Compare, Latest Release
d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	63%	71%	-	77%	NA	75%	CMS Hospital Compare, Latest Release
e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	90	92	+	112	NA	111	CMS Hospital Compare, Latest Release

**Tab 6: Behavioral / Mental Health Profile**

Behavioral healthcare provides another important indicator of community health status.

6	Mental - Health Indicators	Brown County 2025	Brown County 2022	Trend	State of KS	Doniphan Co KS 2025	NECKS Norm (N=12)	Source
a	Adults Ever Diagnosed with Depression, 2021 *SDOH	20.4%	NA		NA	21.10%	20.0%	Kansas Health Matters
b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2018-2020	NA	NA		18.7	NA	19.4	Kansas Health Matters
c	Mental Behavioral Hospital Admission Rates per 100,000, 2018-2020	100.8	100.8	-	75.1	57.4	58.2	Kansas Health Matters
d	Average Number of mentally unhealthy days, 2021	4.5	4.6	-	4.4	4.5	4.3	County Health Rankings

\*\*New Social Determinant Data Resources

CDC - 2023 U.S. County Opioid Dispensing			
State	County	FIPS	Opioid Dispensing Rate per 100
KS	Brown County	20013	31.6
	KS Average 2023		41.3

Source: U.S. County Opioid Dispensing Rates, 2023 | Drug Overdose | CDC Injury Center

**Tab 7a: Risk Indicators & Factors Profile**

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

7a	High-Risk - Health Indicators	Brown County 2025	Brown County 2022	Trend	State of KS	Doniphan Co KS 2025	NECKS Norm (N=12)	Source
a	Adult obesity, percent, 2021	37.8%	41.0%	+	35.8%	36.7%	37.0%	County Health Rankings
b	Adult smoking, percent, 2021	21.5%	19.7%	-	17.2%	20.6%	18.9%	County Health Rankings
c	Excessive drinking, percent, 2021	18.6%	17.5%	-	19.7%	19.2%	19.7%	County Health Rankings
d	Physical inactivity, percent, 2021	27.0%	31.1%	+	21.4%	24.3%	23.2%	County Health Rankings
e	Age-Adjusted Prevalence of Sleeping less than 7 Hours Among Adults	33.4%	NA		32.8%	33.6%	32.2%	ephracking.cdc.gov
f	Sexually transmitted infections (chlamydia), rate per 100,000 - 2020	387	366	-	502	382	271	County Health Rankings

**Tab 7b: Chronic Risk Profile** \*\*New Social Determinant Data Resources

7b	Chronic - Health Indicators *New SDOH	Brown County 2025	Brown County 2022	Trend	State of KS	Doniphan Co KS 2025	NECKS Norm (N=12)	Source
a	Adults who Have Taken Medication for High Blood Pressure, 2021, percent	82.0%	NA		55.2%	80.5%	81.0%	Kansas Health Matters
b	Congestive Heart Failure Hospital Admission Rate, 2018-2020	29.0	NA		24.1	19.6	23.4	Kansas Health Matters
c	Adults with Kidney Disease, percent, 2021	3.6%	NA		NA	3.4%	3.2%	Kansas Health Matters
d	Adults with COPD, percent, 2021	8.8%	NA		NA	8.5%	7.6%	Kansas Health Matters
e	Adults 20+ with Diabetes, percent, 2021	10.3%	NA		NA	7.5%	8.4%	Kansas Health Matters
f	Adults with Cancer, percent, 2021	8.6%	NA		NA	8.1%	8.2%	Kansas Health Matters
g	Adults with Current Asthma, percent, 2021	10.4%	NA		NA	10.3%	9.9%	Kansas Health Matters
h	Adults who Experienced a Stroke, percent, 2021	3.9%	NA		NA	3.6%	3.4%	Kansas Health Matters

**Tab 8: Uninsured Profile and Community Benefit** \*\*New Social Determinant Data Resources

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.

8	Insurance Coverage - Health Indicators	Brown County 2025	Brown County 2022	Trend	State of KS	Doniphan Co KS 2025	NECKS Norm (N=12)	Source
a	Uninsured, percent, 2020	11.8%	10.9%	-	10.3%	10.9%	9.6%	County Health Rankings
b	Persons With Health Insurance, 2021 *SDOH	88.0%	NA		89.1%	90.3%	90.5%	Kansas Health Matters
c	Kansas Medical Assistance Programs - Adults per 1,000 (ages 20-64), 2022 *SDOH	155.8	NA		99.4	102.0	99.9	Kansas Health Matters

#	Amberwell - Hiawatha (2025 CHNA)	YR 2022	YR 2023	YR 2024
1	Bad Debt (Insurance Write-Off)	\$1,059,948	\$5,030,523	\$1,848,080
2	Charity Care (Free Care)	\$530,380	\$733,702.45	\$794,639

**Tab 9: Mortality Profile**

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

9	Mortality - Health Indicators	Brown County 2025	Brown County 2022	Trend	State of KS	Doniphan Co KS 2025	NECKS Norm (N=12)	Source
a	Life Expectancy, 2018 - 2020	74.3	74.3		77.8	77.3	78.2	Kansas Health Matters
b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2018-2020 (lower is better)	181.4	181.4		151.4	189.0	156.0	Kansas Health Matters
c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2018-2020 (lower is better)	222.1	222.1		162.0	158.2	167.9	Kansas Health Matters
d	Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2018-2020 (Lower is better)	71.4	NA		47.1	73.3	51.7	Kansas Health Matters
e	Alcohol-impaired driving deaths, percent, 2017-2021	34.8%	34.8%		19.4%	42.9%	29.7%	County Health Rankings

Causes of Death by County of Residence, 2018-2022	Brown Co. 2025	%	Doniphan Co. 2025	%	Trend	Kansas	Kansas %
<b>TOTAL (All Causes)</b>	145		86			27,312	
Suicide & Self-Inflicted Injury	36	24.8%	20	23.3%		6,058	22.2%
Chronic Lower Respiratory Disease	26	17.9%	17	19.8%		5,520	20.2%
Heart disease	25	17.2%	14	16.3%		3,603	13.2%
Diabetes	25	17.2%	16	18.6%		3,085	11.3%
Cancer	17	11.7%	16	18.6%		5,537	20.3%
Kidney disease	14	9.7%	8	9.3%		1,774	6.5%
Alzheimer's disease	10	6.9%	3	3.5%		1,283	4.7%
Pneumonia	8	5.5%	4	4.7%		879	3.2%

**Tab 10: Preventive Quality Measures Profile**

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

10	Preventative - Health Indicators	Brown County 2025	Brown County 2022	Trend	State of KS	Doniphan Co KS 2025	NECKS Norm (N=12)	Source
a	Access to exercise opportunities, percent, 2020 & 2022	60.1%	55.0%	+	79.7%	22.1%	50.1%	County Health Rankings
b	Age-Adjusted Prevalence of Hearing Disability Among Adults >=18, 2021*	7.2%	NA		6.9%	7.1%	6.6%	ephracking.cdc.gov
c	Age-Adjusted Prevalence of High Cholesterol Among Adults >=18, 2021(Screened in the last 5 years)*	33.1%	NA		32.7%	34.3%	32.5%	ephracking.cdc.gov
d	Age-Adjusted Prevalence of High Blood Pressure Among Adults >=18, 2021*	34.1%	NA		32.2%	32.9%	31.7%	ephracking.cdc.gov
e	Mammography annual screening, percent, 2017	37.0%	45.0%	-	42.0%	44.0%	43.3%	County Health Rankings
f	Adults who have had a Routine Checkup, percent, 2021 *SDOH	75.0%	76.1%	-	45.0%	74.1%	75.0%	Kansas Health Matters
g	Percent Annual Check-Up Visit Dentist 2020 *SDOH	60.1%	64.8%	-	63.0%	61.2%	62.0%	Kansas Health Matters
h	Percent Annual Check-Up Visit with Eye Doctor	TBD	TBD		TBD	TBD	TBD	TBD

NECKS Counties: Anderson, Atchison, Brown, Chase, Coffey, Doniphan, Franklin, Greenwood, Jackson, Jefferson, Linn, Lyon, Miami, Marshall, Morris, Nemaha, Osage, Pottawatomie, Riley, and Wabaunese

\*\*New Social Determinant Data Resources

## PSA Primary Research:

For each CHNA Round #5 evaluation, a community stakeholder survey has been created and administered to collect current healthcare information for Brown County, Kansas.

**Chart #1 – Brown County, KS PSA Online Feedback Response (N=239)**

Amberwell Hiawatha PSA - CHNA YR 2025 N=239			
For reporting purposes, are you involved in or are you a ...? (Check all that apply)	Amberwell Hiawatha PSA N=239	Trend	*Round #5 Norms N=8,289
Business/Merchant	9.2%	Green	9.8%
Community Board Member	10.5%	Green	8.6%
Case Manager/Discharge Planner	0.4%	White	1.0%
Clergy	1.7%	Yellow	1.3%
College/University	0.4%	White	3.0%
Consumer Advocate	0.8%	White	2.0%
Dentist/Eye Doctor/Chiropractor	1.3%	White	0.8%
Elected Official - City/County	1.7%	Yellow	1.9%
EMS/Emergency	2.1%	Yellow	2.5%
Farmer/Rancher	12.6%	Green	8.3%
Hospital	12.6%	Green	20.9%
Health Department	0.8%	White	1.4%
Housing/Builder	0.8%	White	0.8%
Insurance	0.8%	White	1.2%
Labor	1.3%	Yellow	3.2%
Law Enforcement	0.4%	White	0.9%
Mental Health	2.5%	Yellow	2.4%
Other Health Professional	8.4%	Green	12.3%
Parent/Caregiver	14.2%	Green	17.3%
Pharmacy/Clinic	0.4%	White	2.4%
Media (Paper/TV/Radio)	0.8%	White	0.4%
Senior Care	3.3%	Yellow	3.8%
Teacher/School Admin	10.9%	Green	7.1%
Veteran	2.1%	White	3.0%
<b>TOTAL</b>	<b>239</b>		<b>6,211</b>
*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown WI County: Richland NE Counties: Furnas, Custer			

Typical Sample Sizes Research Studies		
Number of Subgroup Analyses	Households	Firms
	Regional	Regional
None / Few (1-2)	200-500	50-200
Average (3-4)	500-1,000	200-1,000
Many (5+)	1,000+	1,000+

Sudman, Applied Sampling, (Academic Press, 1976), 87 Ibid., 30.

**Quality of Healthcare Delivery Community Rating**

Amberwell Hiawatha PSA - CHNA YR 2025 N=239			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Amberwell Hiawatha PSA N=239	Trend	*Round #5 Norms N=8,289
<b>Top Box %</b>	<b>18.1%</b>		<b>26.5%</b>
<b>Top 2 Boxes %</b>	<b>66.0%</b>		<b>69.8%</b>
<b>Very Good</b>	<b>18.1%</b>		<b>26.5%</b>
<b>Good</b>	<b>47.9%</b>		<b>43.3%</b>
<b>Average</b>	<b>24.4%</b>		<b>23.9%</b>
<b>Poor</b>	<b>5.9%</b>		<b>5.1%</b>
<b>Very Poor</b>	<b>3.8%</b>		<b>1.2%</b>
<b>Valid N</b>	<b>238</b>		<b>8,260</b>
<small>*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown WI County: Richland NE Counties: Furnas, Custer</small>			

**Re-evaluate Past Community Health Needs Assessment Needs & Past Actions Taken**

Amberwell Hiawatha PSA - CHNA YR 2025 N=239					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Affordable Health Insurance	92	13.9%		1
2	Housing (Affordable & Safe)	72	10.9%		2
3	Mental Health (Diagnosis, Placement, Aftercare, Awareness)	64	9.7%		3
4	Childcare	59	8.9%		5
5	Poverty	57	8.6%		4
6	Urgent Care	47	7.1%		6
7	Additional Providers (OB, Derm, Surg, Ortho, Oph, Gero, E	45	6.8%		7
8	Obesity (Nutrition / Exercise)	44	6.7%		8
9	Food Insecurity	32	4.8%		9
10	Financial Health of Local Hospital (HCH)	32	4.8%		11
11	Primary Care / Mental Health Care Integrated Delivery	28	4.2%		10
12	Awareness of Healthcare Services	28	4.2%		13
13	Community Collaboration	25	3.8%		12
14	Home Health Services	20	3.0%		14
15	Chronic Disease Management (Diabetic)	16	2.4%		15
<b>Totals</b>		<b>661</b>	<b>100.0%</b>		

**Community Health Needs Assessment “Causes of Poor Health”**

Amberwell Hiawatha PSA - CHNA YR 2025 N=239			
In your opinion, what are the root causes of "poor health" in our community? Please select top three.	Amberwell Hiawatha PSA N=239	Trend	*Round #5 Norms N=8,289
Chronic Disease Management	7.1%	Yellow	8.6%
Lack of Health & Wellness	13.2%	Red	11.7%
Lack of Nutrition / Access to Healthy Foods	12.1%	Red	10.7%
Lack of Exercise	14.9%	Red	14.0%
Limited Access to Primary Care	2.6%	White	5.4%
Limited Access to Specialty Care	3.5%	White	5.9%
Limited Access to Mental Health	8.2%	Yellow	14.7%
Family Assistance Programs	6.0%	Yellow	4.7%
Lack of Health Insurance	13.8%	Red	12.0%
Neglect	11.4%	Red	8.6%
Lack of Transportation	7.1%	Yellow	5.0%
<b>Total Votes</b>	<b>463</b>		<b>15,621</b>
*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown WI County: Richland NE Counties: Furnas, Custer			

**Community Rating of HC Delivery Services (Perceptions)**

Amberwell Hiawatha PSA - CHNA YR 2025 N=239	Amberwell Hiawatha PSA N=239		Trend	*Round #5 Norms N=8,289	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?					
Ambulance Services	82%	5.7%	Yellow	82.4%	3.5%
Child Care	45%	11.3%	Red	40.6%	21.1%
Chiropractors	78%	1.6%	Green	71.3%	6.7%
Dentists	82%	7.1%	Yellow	63.9%	13.9%
Emergency Room	77%	7.6%	Yellow	73.4%	7.8%
Eye Doctor/Optomtrist	71%	7.6%	Yellow	70.6%	9.8%
Family Planning Services	46%	20.3%	Red	45.9%	16.5%
Home Health	63%	7.4%	Yellow	57.4%	10.9%
Hospice/Palliative	68%	4.9%	Green	65.4%	7.8%
Telehealth	39%	21.3%	Red	51.3%	12.6%
Inpatient Hospital Services	72%	7.1%	Yellow	75.4%	5.8%
Mental Health Services	37%	22.5%	Red	35.2%	29.4%
Nursing Home/Senior Living	42%	18.4%	Red	48.4%	18.1%
Outpatient Hospital Services	73%	3.8%	Green	74.8%	5.2%
Pharmacy	82%	7.1%	Yellow	82.9%	3.2%
Primary Care	74%	8.1%	Yellow	76.8%	6.4%
Public Health	52%	7.9%	Yellow	62.4%	8.8%
School Health	56%	7.9%	Yellow	58.9%	8.3%
Visiting Specialists	70%	5.6%	Yellow	68.0%	7.1%
*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown WI County: Richland NE Counties: Furnas, Custer					

**Community Health Readiness**

Amberwell Hiawatha PSA - CHNA YR 2025 N=239		% Bottom 2 Boxes (Lower is better)	
Community Health Readiness is vital. How would you rate each? (% Poor / Very Poor)	Amberwell Hiawatha PSA N=239	Trend	*Round #5 Norms N=8,289
Behavioral/Mental Health	26.5%		32.1%
Emergency Preparedness	10.0%		7.4%
Food and Nutrition Services/Education	19.5%		16.4%
Health Wellness Screenings/Education	13.3%		10.1%
Prenatal/Child Health Programs	5.5%		13.3%
Substance Use/Prevention	34.9%		33.2%
Suicide Prevention	31.5%		34.5%
Violence/Abuse Prevention	33.6%		32.7%
Women's Wellness Programs	16.9%		18.4%
Exercise Facilities / Walking Trails etc.	22.8%		15.4%
*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown WI County: Richland NE Counties: Furnas, Custer			

**Healthcare Delivery "Outside our Community"**

**Specialties:**

Amberwell Hiawatha PSA - CHNA YR 2025 N=239			
In the past 2 years, did you or someone you know receive HC outside of our community?	Amberwell Hiawatha PSA N=239	Trend	*Round #5 Norms N=8,289
Yes	72.2%		69.1%
No	27.8%		30.9%

Spec	Totals
SURG	10
CANC	7
PRIM	6
EMER	5
SPEC	5

**Access to Providers / Staff in our Community**

Amberwell Hiawatha PSA - CHNA YR 2025 N=239			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Amberwell Hiawatha PSA N=239	Trend	*Round #5 Norms N=8,289
Yes	61.6%		55.8%
No	38.4%		44.2%

**What healthcare topics need to be discussed further at our Town Hall?**

Amberwell Hiawatha PSA - CHNA YR 2025 N=239			
What needs to be discussed further at our CHNA Town Hall meeting? Top 3	Amberwell Hiawatha PSA N=239	Trend	*Round #5 Norms N=8,289
Abuse/Violence	4.4%	Yellow	3.9%
Access to Health Education	4.2%	Yellow	3.5%
Alcohol	3.2%	White	3.7%
Alternative Medicine	3.0%	White	3.7%
Behavioral/Mental Health	6.6%	Red	9.2%
Breastfeeding Friendly Workplace	1.4%	White	1.2%
Cancer	2.5%	White	2.7%
Care Coordination	2.9%	White	3.2%
Diabetes	1.8%	White	2.7%
Drugs/Substance Abuse	6.5%	Red	6.6%
Family Planning	2.2%	White	2.1%
Health Literacy	3.4%	White	3.2%
Heart Disease	1.2%	White	1.6%
Housing	6.9%	Red	5.9%
Lack of Providers/Qualified Staff	2.5%	White	5.1%
Lead Exposure	0.3%	White	0.5%
Neglect	2.9%	White	2.0%
Nutrition	4.8%	Yellow	4.6%
Obesity	5.2%	Red	5.6%
Occupational Medicine	0.3%	White	0.6%
Ozone (Air)	0.0%	White	0.4%
Physical Exercise	6.0%	Red	5.0%
Poverty	5.8%	Red	4.8%
Preventative Health/Wellness	4.8%	Yellow	5.5%
Sexually Transmitted Diseases	1.0%	White	1.5%
Suicide	4.5%	Yellow	6.0%
Teen Pregnancy	1.3%	White	1.7%
Telehealth	1.7%	White	2.1%
Tobacco Use	1.4%	White	2.1%
Transportation	3.4%	White	3.1%
Vaccinations	1.9%	White	2.2%
Water Quality	2.1%	White	2.6%
<b>TOTAL Votes</b>	<b>770</b>		<b>23,172</b>
<small>*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown WI County: Richland NE Counties: Furnas, Custer</small>			

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

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[VVV Consultants LLC]

## 2025 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			
Hosp	Ambulatory Surgery Centers	yes		
Hosp	Arthritis Treatment Center			
Hosp	Bariatric / Weight Control Services			
Hosp	Birthing / LDR / LDRP Room	yes		
Hosp	Breast Cancer			
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	yes		
Hosp	Cardiac Surgery			
Hosp	Cardiology Services	yes		
Hosp	Case Management	yes		yes
Hosp	Chaplaincy / Pastoral Care Services	yes		yes
Hosp	Chemotherapy			
Hosp	Colonoscopy	yes		
Hosp	Crisis Prevention	yes	yes	yes
Hosp	CT Scanner	yes		
Hosp	Diagnostic Radioisotope Facility			yes
Hosp	Diagnostic / Invasive Catheterization			
Hosp	Electron Beam Computed Tomography (EBCT)			
Hosp	Enrollment Assistance Services	yes		yes
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		
Hosp	Kidney			
Hosp	Liver			
Hosp	Lung			
Hosp	Magnetic Resonance Imaging (MRI)	yes		
Hosp	Mammograms	yes		
Hosp	Mobile Health Services			
Hosp	Multislice Spiral Computed Tomography (<64 Slice CT)			
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			
Hosp	Orthopedic Services	yes		
Hosp	Outpatient Surgery	yes		
Hosp	Pain Management	yes		
Hosp	Palliative Care Program			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		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			

## 2025 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	yes		
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		yes
SERV	Transportation to Health Facilities			yes
SERV	Wellness Program	yes		yes

<b>Providers Delivering Care - Amberwell Hiawatha PSA 2025</b>			
<b># of FTE Providers Working in PSA</b>	<b>Physicians</b>		<b>Allied Staff</b>
	<b>PSA Based DRs</b>	<b>Visiting</b>	<b>PSA Based PA / NP</b>
<b>Primary Care:</b>			
Family Practice	5.0		4.0
Internal Medicine/Geriatrics			
Obstetrics/Gynecology		1.0	
Pediatrics			
<b>Medicine Specialists:</b>			
Allergy/Immunology		1.0	
Audiology		1.0	
Cardiology		3.0	2.0
Dermatology			
Endocrinology			
Gastroenterology			
Hematology/Oncology		1.0	
Infectious Diseases			
Nephrology			
Neurology			
Psychiatry			1.0
Pulmonary		1.0	
Rheumatology		1.0	
<b>Surgery Specialists:</b>			
General Surgery/Colon/Oral	1.0		2.0
Neurosurgery			
Ophthalmology			
Orthopedics	1.0		2.0
Otolaryngology			
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vascular			
Urology		1.0	
<b>Hospital Based:</b>			
Anesthesia/Pain		1.0	3.0
Emergency			4.0
Hospitalist (Based on Discharges)			
Radiology		17.0	
Pathology		5.0	
Neonatal/Perinatal			
Physical Medicine/Rehab			
Occupational Medicine			1.0
Podiatry			
Wound Care			
<b>TOTALS</b>	<b>7.0</b>	<b>33.0</b>	<b>19.0</b>

\*Total FTE specialists serving community whose office outside PSA

## Visiting Specialists to Amberwell Hiawatha - YR 2025

Specialty	Provider Name	Credentials	Group / Office Location	Days in Clinic per Month	FTE
<b>Audiology</b>	J Neuenswander	Aud	Topeka ENT	1	0.05
<b>Cardiology</b>	S Mamidipally	MD	KU Health System - St. Francis	2	0.10
<b>Cardiology</b>	T Stallbaumer	APRN	Stormont Vail Cardiology	1	0.05
<b>Cardiology</b>	D Wilkins	APRN	KU Health System - St. Francis	1	0.15
<b>ENT</b>	J Meyers	MD	Topeka ENT	2	0.05
<b>General Surgery</b>	R. Warren	MD	Amberwell Health	4	0.20
<b>OBGYN</b>	Morrison, Heather	MD	Lincoln Center Obstetrics & Gynecology - Topeka KS	1	0.05
<b>Oncology</b>	Caracioni, Adrian	MD	St Francis Comprehensive Cancer Center - Topeka KS	1	0.05
<b>Orthopedics</b>	B Duncan	MD	Amberwell Health	4	0.20
<b>Podiatry</b>	E Davis	DPM	Gladstone, MO	4	0.20
<b>Pulmonology</b>	M Warren	MD	Stormont Vail Health	1	0.05
<b>Radiology</b>	Crosby Gernon	MD	Radiology Specialists of St. Joseph	2	0.10
<b>Urology</b>	B. Moore	MD	Phoenix Urology, St. Joseph	1	0.05

**Brown County, KS**  
**Area Healthcare Services - 2025**

**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

### Hospitals/Services

**Amberwell Hiawatha**  
300 Utah St. (Hiawatha)  
Hiawatha, KS 66434  
785-742-2131

### Mental Health

**KANZA Mental Health & Guidance Center**  
909 S. 2<sup>nd</sup> St. (Hiawatha)  
785-527-6047

**Horizon Mental Health Services**  
120 N. 6<sup>th</sup> 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

### Dental Clinics

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

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

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

### **Kickapoo Nation Dental Clinic**

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

### Orthodontists

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

### Chiropractors

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

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

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

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

### Optometrists

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

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

### Other Medical Services

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

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

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

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

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

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

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

#### Pharmacies

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

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

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

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

#### General Health Services

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

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

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

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

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

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

**Sac and Fox Housing  
Authority**  
401 N. Arch St.  
Reserve, KS 6643  
785-742-4715

**Orchard Heights/Horton  
Housing Authority**  
1600 School Dr.  
Horton, KS 66439  
785-486-3615

**Northfield Village**  
326 Locust  
Everest, KS 66424  
785-548-7529

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

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

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

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

**Arborknoll Homes/ Horton  
Housing Authority**  
1701 Euclid Ave.  
Horton, KS 66439  
785-486-3615

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

#### Case Management

**Northeast Kansas Area  
Agency on Aging**  
1803 Oregon St.  
Hiawatha, KS 66434  
785-742-7153

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

**American Cancer Society**  
1-800-359-1025 or  
785-273-4422

**American Red Cross**

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

**Diabetes Arriva Medical**

1-800-375-5137

**Diabetes Care Club**

1-888-395-6009

**Disability Services****American Disability Group**

1-877-790-8899

**Kansas Department for  
Aging and Disability  
Services**

1-800-432-3535  
[www.kdads.ks.gov](http://www.kdads.ks.gov)

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

1-800-922-5330

**Family Crisis Center (Great  
Bend)**

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

**Kansas Crisis Hotline  
Manhattan**

785-539-7935

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

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

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

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

**Massage Therapists****Tres Soles Medical Clinic &  
Spa**

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

**PRTS**

700 Oregon St.  
Hiawatha, KS 66434

**Meals: Home Delivered****Brown County Services for  
the Elderly**

601 Oregon  
Hiawatha, KS 66434  
785-742-7881

**Meals on Wheels**

785-742-6282

**Meal Site/Nutrition  
Programs****Kickapoo Tribe Senior  
Center**

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

**Medical Equipment and  
Supplies****KEX RX**

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

**Native American Services****Kickapoo Nation Health  
Center**

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

**Kickapoo Senior Center**

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

**Native American Family  
Services**

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

**Sac & Fox Tribal Office**

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

**School Nurses****Hiawatha Public Schools  
USD #415****Hiawatha Elementary  
School K-4**

600 Miami  
785-742-7181

**Hiawatha Middle School**

307 S Morrill  
785-742-4172

**Hiawatha High School**

600 Red Hawk Dr.  
785-742-3312

**Cap Schools**

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

**South Brown County USD #  
430****Horton Elementary School**

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

**Everest Middle School**

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

**Horton High School**

1120 First Ave  
785-486-2151

**Kickapoo Nation School - Administration**

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

**Kickapoo High School**

Powhattan, KS 66527  
785-474-3365

**Kickapoo Head Start**

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

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

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

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

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

**Senior Services**

**Senior Citizen Center**

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

**Senior Citizen Center**

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

**Social Security**

**Social Security Administration**

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

**Transportation**

**Brown County Services for the Elderly**

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

**NEK Center Health & Wellness**

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

**Area Agency on Aging**

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

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

**Adult Protection**

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

**Elder Abuse Hotline**

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

**Kansas department for Children and Families**

1-800-586-3690

**KANZA**

909 S 2nd St, Hiawatha, KS 66434

Ph: 785-742-7113

**Horizon Mental Health**

120 N. 6TH St, Hiawatha, KS 66434

Ph: 785-740-4647

**Hope House – Domestic Violence**

Lees Summit, MO

Ph: 816-461-4188

**National Alliance on Mental Health (NAMI)**

Online Resources: [nami.org](http://nami.org)

Ph: 1 (800)-539-2660

**National Suicide Prevention Hotline**

Online Resources: Call or Text 988,

Crisis Lifeline ([988lifeline.org](http://988lifeline.org)) 24/7

**Atchison Counseling Center**

1412 N 2nd St, Atchison, KS 66002

Ph: (913)-367-2002

**The Guidance Center**

201 Main Street, Ste 100, Atchison, KS 66002

Ph: 913-367-1593

**Valley Hope of Atchison**

1816 N 2nd St, Atchison, KS 66002

Ph: (913)-367-1618

**Bert Nash Community Mental Health Center**

200 Main Street Ste A, Lawrence, Kansas 66044

Ph: (785) 843-9192 Fax: (785) 843-2219

**Suicide & Crisis Lifeline:**  
988 or 785-841-2345

**Alcohol and Drug Abuse Services**

1-800-586-3690

[www.dcf.ks.gov/services](http://www.dcf.ks.gov/services)

### Day Care – Children

#### **Little Hands Daycare of Hiawatha**

200 E Lodge Rd  
Hiawatha, KS 66434  
785-740-2012

#### **Brown County Extension Office**

601 Oregon St. Suite 105  
Hiawatha, KS 66434  
785-742-7871

### Funeral Homes

#### **Chapel Oaks Funeral Home**

124 S 7<sup>th</sup>  
Hiawatha, KS 66434  
785-742-2212

#### **Dishon-Maple-Chaney Mortuary**

909 Central Ave  
Horton, KS 66434  
785-486-3811

### Legal Services

#### **Kansas Legal Services**

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

#### **Boye, Hillary J.**

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

#### **Finley, Miller, Cashman & Schmitt LLP**

117 S. Sixth St.  
Hiawatha, KS 66434  
785-742-2181

#### **Delaney, Andrew M.**

622 Oregon St.  
Hiawatha, KS 66434  
785-742-7600

#### **Halbert, Christopher C.**

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

### Public Information

#### **Hiawatha Chamber of Commerce**

801 Oregon St.  
Hiawatha, KS 66434  
785-742-7136

### State and National Information/ Services/ Support

#### **Adult Protection Services**

1-800-922-5330

#### **Domestic Violence and Sexual Assault (DVACK)**

1-800-874-1499  
[www.dvack.org](http://www.dvack.org)

#### **Elder Abuse Hotline**

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

#### **Elder and Nursing Home Abuse Legal**

[www.resource4nursinghomeabuse.com/index.html](http://www.resource4nursinghomeabuse.com/index.html)

#### **Kansas Coalition Against Sexual and Domestic Violence**

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

#### **Kansas Department on Aging Adult Care Complaint Program**

1-800-842-0078

#### **National Center on Elder Abuse** (Administration on Aging) [www.ncea.gov/](http://www.ncea.gov/)

#### **National Domestic Violence Hotline**

1-800-799-SAFE (799-7233)  
1-800-787-3224 (TTY)

#### **National Sexual Assault Hotline**

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

#### **National Suicide Prevention Lifeline**

1-800-273-8255

#### **Poison Center**

1-800-222-1222

#### **Sexual Assault and Domestic Violence Crisis Line**

1-800-701-3630

#### **Department for Children and Families**

1-888-369-4777 (HAYS)  
[www.srskansas.org](http://www.srskansas.org)

#### **Suicide Prevention Helpline**

785-841-2345

### Alcohol and Drug Treatment Programs

#### **A 1 A Detox Treatment**

1-800-757-0771

#### **AAAAAH**

1-800-993-3869

#### **Abandon A Addiction**

1-800-405-4810

#### **Able Detox-Rehab Treatment**

1-800-577-2481 (NATIONAL)  
**Abuse Addiction Agency**  
1-800-861-1768  
[www.thewatershed.com](http://www.thewatershed.com)

#### **AIC (Assessment Information Classes)**

1-888-764-5510

#### **Al-Anon Family Group**

1-888-4AL-ANON (425-2666)  
[www.al-anon.alateen.org](http://www.al-anon.alateen.org)

**Alcohol and Drug Abuse Hotline**  
1-800-ALCOHOL

**Alcohol and Drug Abuse Services**  
1-800-586-3690  
[www.srskansas.org/services/alc-drug\\_assess.htm](http://www.srskansas.org/services/alc-drug_assess.htm)

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

**Alcohol and Drug Helpline**  
1-800-821-4357

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

**Kansas Alcohol and Drug Abuse Services Hotline**  
1-800-586-3690  
[www.srskansas.org/services/alc-drug\\_assess.htm](http://www.srskansas.org/services/alc-drug_assess.htm)

**Mothers Against Drunk Driving**  
1-800-GET-MADD (438-6233)  
[www.madd.org](http://www.madd.org)

**National Council on Alcoholism and Drug Dependence, Inc.**  
1-800-NCA-CALL (622-2255)  
[www.ncadd.org](http://www.ncadd.org)

**Recovery Connection**  
[www.recoveryconnection.org](http://www.recoveryconnection.org)

**Regional Prevention Centers of Kansas**  
1-800-757-2180  
[www.smokyhillfoundation.com/rpc-locate.html](http://www.smokyhillfoundation.com/rpc-locate.html)

### **Better Business Bureau**

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

### **Children and Youth**

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

**Boys and Girls Town National Hotline**  
1-800-448-3000  
[www.girlsandboystown.org](http://www.girlsandboystown.org)

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

[www.srskansas.org/](http://www.srskansas.org/)  
**Child Abuse Hotline**  
1-800-922-5330

**Child Abuse National Hotline**  
1-800-422-4453 1-800-222-4453 (TDD)  
[www.childhelpusa.org/home](http://www.childhelpusa.org/home)

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

**Child Find of America**  
1-800-426-5678

**Child Help USA National Child Abuse Hotline**  
1-800-422-4453

**Child Protective Services**  
1-800-922-5330  
[www.srskansas.org/services/child\\_protective\\_services.htm](http://www.srskansas.org/services/child_protective_services.htm)

**Health Wave**  
P.O. Box 3599 Topeka, KS 66601 1-800-792-4884 1-800-792-4292 (TTY)  
[www.kansashealthwave.org](http://www.kansashealthwave.org)

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

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

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

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

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

**National Runaway Switchboard**  
1-800-RUNAWAY  
[www.1800runaway.org/](http://www.1800runaway.org/)

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

**Parents Anonymous Help Line**  
1-800-345-5044  
[www.parentsanonymous.org/palIndex10.html](http://www.parentsanonymous.org/palIndex10.html)

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

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

### **Community Action**

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

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

### **Counseling**

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

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

**Carl Feril Counseling**  
608 N Exchange (St. John)  
620-549-6411

**Castlewood Treatment  
Center for Eating Disorders**  
1-888-822-8938  
[www.castlewoodtc.com](http://www.castlewoodtc.com)

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

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

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

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

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

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

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

**Self-Help Network of  
Kansas**  
1-800-445-0116  
[www.selfhelpnetwork.wichita.edu](http://www.selfhelpnetwork.wichita.edu)

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

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

### **Disability Services**

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

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

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

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

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

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

**Hearing Healthcare  
Associates**  
1-800-448-0215

**Kansas Commission for  
the Deaf and Hearing  
Impaired**  
1-800-432-0698  
[www.srskansas.org/kcdhh](http://www.srskansas.org/kcdhh)

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

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

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

### **Environment**

**Environmental Protection  
Agency**  
1-800-223-0425 913-321-  
9516 (TTY) [www.epa.gov](http://www.epa.gov)

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

### **Food and Drug**

**Center for Food Safety and  
Applied Nutrition**  
1-888-SAFEFOOD (723-  
3366)  
[www.cfsan.fda.gov/](http://www.cfsan.fda.gov/)

**US Consumer Product Safety Commission**  
1-800-638-2772/1-800-638-8270 (TDD) [www.cpsc.gov](http://www.cpsc.gov)

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

**U.S. Food and Drug Administration**  
1-888-INFO-FDA  
1-888-463-6332  
[www.fsis.usda.gov/](http://www.fsis.usda.gov/)

**Poison Hotline**  
1-800-222-1222

### Health Services

**American Cancer Society**  
1-800-227-2345  
[www.cancer.org](http://www.cancer.org)

**American Diabetes Association**  
1-800-DIABETES (342-2383)  
[www.diabetes.org](http://www.diabetes.org)

**AIDS/HIV Center for Disease Control and Prevention**  
1-800-CDC-INFO/1-888-232-6348 (TTY)  
[www.cdc.gov/hiv/](http://www.cdc.gov/hiv/)

**AIDS/STD National Hot Line**  
1-800-342-AIDS/1-800-227-8922 (STD line)

**American Health Assistance Foundation**  
1-800-437-2423  
[www.ahaf.org](http://www.ahaf.org)

**American Heart Association**  
1-800-242-8721  
[www.americanheart.org](http://www.americanheart.org)

**American Lung Association**  
1-800-586-4872

**American Stroke Association**  
1-888-4-STROKE  
[www.americanheart.org](http://www.americanheart.org)

**Center for Disease Control and Prevention**  
1-800-CDC-INFO/1-888-232-6348 (TTY) [www.cdc.gov/hiv/](http://www.cdc.gov/hiv/)

**Elder Care Helpline**  
[www.eldercarelink.com](http://www.eldercarelink.com)

**Eye Care Council**  
1-800-960-EYES  
[www.seetolearn.com](http://www.seetolearn.com)

**Kansas Foundation for Medical Care**  
1-800-432-0407  
[www.kfmc.org](http://www.kfmc.org)

**National Health Information Center**  
1-800-336-4797  
[www.health.gov/nhic](http://www.health.gov/nhic)

**National Cancer Information Center**  
1-800-227-2345/1-866-228-4327 (TTY) [www.cancer.org](http://www.cancer.org)

**National Institute on Deafness and Other Communication Disorders Information Clearinghouse**  
1-800-241-1044/1-800-241-1055 (TTY)  
[www.nidcd.nih.gov](http://www.nidcd.nih.gov)

**Hospice Hospice-Kansas Association**  
1-800-767-4965

**Kansas Hospice and Palliative Care Organization**  
1-888-202-5433  
[www.lifeproject.org/akh.htm](http://www.lifeproject.org/akh.htm)

**Southwind Hospice, Incorporated**  
[www.southwindhospice.com](http://www.southwindhospice.com)  
785-483-3161

### Housing

**Kansas Housing Resources Corporation**  
785-296-2065  
[www.housingcorp.org](http://www.housingcorp.org)

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

### Legal Services

**Kansas Attorney General**  
1-800-432-2310 (Consumer Protection)

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

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

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

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

### Medicaid Services

**First Guard**  
1-888-828-5698  
[www.firstguard.com](http://www.firstguard.com)

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

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

**Medicare Information**

1-800-MEDICARE

[www.medicare.gov](http://www.medicare.gov)**U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services**

1-800-MEDICARE (1-800-633-4227)

1-877-486-2048 (TTY)

[www.cms.hhs.gov](http://www.cms.hhs.gov)**Mental Health Services****Alzheimer's Association**1-800-272-3900 or 1-866-403-3073 (TTY) [www.alz.org](http://www.alz.org)**Developmental Services of Northwest Kansas**

1-800-637-2229

**Kansas Alliance for Mentally Ill**

(Topeka, KS)

785-233-0755

[www.namikansas.org](http://www.namikansas.org)**Make a Difference**

1-800-332-6262

**Mental Health America**

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

**National Alliance for the Mentally Ill Helpline**

1-800-950-NAMI (950-6264)

703-516-7227 (TTY)

[www.nami.org](http://www.nami.org)**National Institute of Mental Health**

1-866-615-6464 or 1-866-415-8051 (TTY)

[www.nimh.nih.gov](http://www.nimh.nih.gov)**National Library Services for Blind and Physically Handicapped**

1-800-424-8567

[www.loc.gov/nls/music/index.html](http://www.loc.gov/nls/music/index.html)**National Mental Health Association**1-800-969-6642/1-800-433-5959 (TTY) [www.nmha.org](http://www.nmha.org)**Pawnee Mental Health State Mental Health Agency**

915 SW Harrison Street

Topeka, KS 66612

785-296-3959

[www.srskansas.org](http://www.srskansas.org)**Suicide Prevention Hotline**

1-800-SUICIDE [784-2433]

[www.hopeline.com](http://www.hopeline.com)**Nutrition****American Dietetic Association**

1-800-877-1600

[www.eatright.org](http://www.eatright.org)**American Dietetic Association Consumer Nutrition Hotline**

1-800-366-1655

**Department of Human Nutrition**Kansas State University  
119 Justin Hall

Manhattan, KS 66506

785-532-5500 [www.humec.k-state.edu/hn/](http://www.humec.k-state.edu/hn/)**Eating Disorders Awareness and Prevention**

1-800-931-2237

[www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org)**Food Stamps Kansas Department of Social and Rehabilitation Services**(SRS) 1-888-369-4777 or  
Local SRS office[www.srskansas.org/ISD/ees/food\\_stamps.htm](http://www.srskansas.org/ISD/ees/food_stamps.htm)**Kansas Department of Health and Environment**1000 SW Jackson, Suite 220  
Topeka, KS 66612

785-296-1320

[www.kdheks.gov/news-wic/index.html](http://www.kdheks.gov/news-wic/index.html)**Road and Weather Conditions****Kansas Road Conditions**

1-866-511-KDOT 511

[www.ksdot.org](http://www.ksdot.org)**Senior Services****Alzheimer's Association**

1-800-487-2585

**American Association of Retired Persons (AARP)**

1-888-OUR-AARP (687-2277)

[www.aarp.org](http://www.aarp.org)**Americans with Disabilities Act Information Line**

1-800-514-0301 or 1-800-514-0383 [TTY]

[www.usdoj.gov/crt/ada](http://www.usdoj.gov/crt/ada)**American Association of Retired Persons**

1-888-687-2277

[www.aarp.org](http://www.aarp.org)**Area Agency on Aging**

1-800-432-2703

**Eldercare Locator**

1-800-677-1116

[www.eldercare.gov/eldercare/public/home.asp](http://www.eldercare.gov/eldercare/public/home.asp)**Home Buddy**

1-866-922-8339

[www.homebuddy.org](http://www.homebuddy.org)**Home Health Complaints Kansas Department of Social and Rehabilitation Services**

(SRS) 1-800-842-0078

**Kansas Advocates for Better Care Inc.**  
**Consumer Information**  
1-800-525-1782  
[www.kabc.org](http://www.kabc.org)

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

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

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

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

**Older Kansans Hotline**  
1-800-742-9531

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

**Senior Health Insurance Counseling for Kansas**  
[www.agingkansas.org/SHICK/shick\\_index.html](http://www.agingkansas.org/SHICK/shick_index.html)

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

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

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

#### **Suicide Prevention**

**Suicide Prevention Services**  
1-800-784-2433  
[www.spsfv.org](http://www.spsfv.org)

#### **Veterans**

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

**U.S. Department of Veterans Affairs**  
1-800-513-7731  
[www.kcva.org](http://www.kcva.org)

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

**Health Resource Center**  
1-877-222-8387

**Insurance Center**  
1-800-669-8477

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

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

**Other Benefits**  
1-800-827-1000

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

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

#### **Veterans Administration**

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

**Life Insurance**  
1-800-669-8477

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

#### **Health Care Benefits**

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

**Mammography Helpline**  
1-888-492-7844

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

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

**Telecommunications Device for the Deaf**  
1-800-829-4833  
[www.vba.va.gov](http://www.vba.va.gov)

**Benefits Information and Assistance**  
1-800-827-1000

**Debt Management**  
1-800-827-0648

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

## **Welfare Fraud Hotline**

### **Food Programs, Pantries, & Meal Delivery:**

#### **Catholic Charities of Northeast Kansas**

St. Ann's Catholic Church - 800 Hiawatha Avenue, Hiawatha, KS 66434  
Ph: 913-433-2039  
Open on Tuesdays 9:30 am – 2:30 pm

#### **Food Pantry**

Trinity Center, 101 South 3rd Street, Hiawatha, KS 66434

#### **Food Distribution Program,**

Kansas Kickapoo Tribe  
885 112th Drive, Horton, KS 66439  
Ph: 785-486-2687

#### **Cross-Lines Community Outreach**

Ph: 913-433-2270

#### **Atchison Farmers Market**

May-October (Block of 5th and 6th on Main)  
Hours: (Wed- 2:30 pm – 5:30 pm, Sat – 8 am-12 pm)  
Services: Senior Farmers Market Program (June Distribution), Double Up Food Bucks for SNAP

Atchison United Methodist Church  
5th & Kansas , Located between the church and city hall

#### **Catholic Charities**

502 Kansas Avenue  
Phone: 913-367-5070

#### **Loaves and Fishes**

Phone: 913-367-2072

#### **Salvation Army**

926 Commercial St.  
Phone: 913-367-1207

#### **Second Harvest Fresh Mobile Pantry**

Open to the Public

## **Welfare Fraud Hotline**

1-800-432-3913

Effingham, KS – 4th Monday of every month, 10 am – 12 pm (St. Ann's Catholic Church, 301 William)

Blair, KS – 1st Friday of every month, 10 am – 12 pm (New Life Church, 1860 Hwy 36)

White Cloud, KS – 2nd Tuesday of every month, 10 am – 12 pm (Casino White Cloud, 777 Jackpot Rd.)

Horton, KS – 2nd Thursday of every month, 10 am – 12 pm (Kickapoo Tribe St., 898 Hwy K20)

Leavenworth, KS – 1st Tuesday of every month, 10 am - 12 pm (1140 Spruce St)

Rushville, MO – 1st Monday of every month, 10 am – 12 pm (Masonic Lodge, 200 Market)

Hiawatha, KS – 2nd Thursday of every month, 10 am – 12 pm (Eternal Hope Family Center, 424 Oregon St.)

St. Joseph, MO – 1st Monday of every month, 10 am – 12 pm (Casino, 777 Winners Circle)

Frederick Blvd Baptist – 3rd Friday of every month, 10 am – 12 pm (55002 Frederick Ave)

Southside – 4th Wednesday of the month, 10 am – 12 pm (Southside Health Center, 5001 Lake Ave.)

#### **Housing, Utility Assistance, & Community Resources**

St. Ann's Catholic Church - Catholic Charities of Northeast Kansas  
800 Hiawatha Avenue,  
Hiawatha, KS 66434  
Ph: 913-433-2039

#### **Section 8 Housing –**

NEK Community Action Program  
1260 220th Street, Hiawatha, KS 66434  
Ph: (785) 742-2222

#### **Kansas Emergency Rental Assistance (KERA)**

410 Commercial St, Atchison, KS 66002  
Ph: (785)-367-5345  
Website:  
[kshousingcorp.org/emergency-rental-assistance/](http://kshousingcorp.org/emergency-rental-assistance/)

#### **Low-Income Santa- Fe Place Apartments**

807 Santa-Fe Pl Atchison, KS 66002  
Ph: (913)-367-5534

#### **Riverbend Habitat for Humanity**

504 1/2 Kansas Ave, Atchison, KS 66002  
Ph: (913)-303-7391

#### **Safe Haven Hope House**

523 SW Limit St, Leavenworth, KS 66048  
Ph: (913)-250-5790,  
Web:  
[homelesshelterdirectory.org](http://homelesshelterdirectory.org)

#### **Vash Voucher Program for Vets**

Ph: (620)-624-0280 Ext: 23,  
Web: [va.gov/homeless](http://va.gov/homeless)

#### **Salvation Army**

926 Commercial, Atchison, KS 66002  
Ph: (913)-367-1207  
Web: [www.salvationarmyusa.org](http://www.salvationarmyusa.org)  
- Kim

#### **Catholic Charities of NE Kansas**

321 Commercial St, Atchison, KS 66002  
Ph: (913)-367-5070, Alt: (913)-367-7848

#### **Veteran of Foreign Wars**

2201 Main St, Atchison, KS 66002  
Ph: (913)-367-0210  
Mon-Fri: 2:30 pm-9:30 pm, Sat: 1:30 pm-1 am, Sun: 1:30-9:30 pm.  
Services: Rent, utilities

**Medical Services**

Brown County Health  
Department  
907 S 2nd St, Hiawatha, KS  
66434  
Ph: 785-742-2505

**Doniphan County Health  
Department**

201 S Main St, Troy, KS 66087  
Ph: 785-985-3591

**SE District Health Department**

2511 Schneider Ave Auburn, NE  
68305  
Ph: 402-274-3993  
Web:  
<https://www.sedhd.org/welcome.html>

**Household Items**

BCDS Thrift Shop  
400 S 12th St, Hiawatha, KS  
66434

**Mental Health/Feeling Safe at  
Home**

KANZA  
909 S 2nd St, Hiawatha, KS  
66434  
Ph: 785-742-7113

**Horizon Mental Health**

120 N. 6TH St, Hiawatha, KS  
66434  
Ph: 785-740-4647

**Hope House – Domestic  
Violence**

Lees Summit, MO  
Ph: 816-461-4188

**National Alliance on Mental  
Health (NAMI)**

Online Resources: [nami.org](http://nami.org)  
Ph: 1 (800)-539-2660

**National Suicide Prevention  
Hotline**

Online Resources: Call or Text  
988,  
Crisis Lifeline ([988lifeline.org](http://988lifeline.org))  
24/7

**Atchison Counseling Center**

1412 N 2nd St, Atchison, KS  
66002  
Ph: (913)-367-2002  
Website: [achc-ks.org/patient-service/mental-health/counseling](http://achc-ks.org/patient-service/mental-health/counseling)  
Monday-Friday: 9 am to 8 pm,  
Saturday-Sunday: 8 am to 2 pm

**The Guidance Center**

201 Main Street, Ste 100,  
Atchison, KS 66002  
Ph: 913-367-1593  
Web: <https://theguidance-ctr.org/>

**Valley Hope of Atchison**

1816 N 2nd St, Atchison, KS  
66002  
Ph: (913)-367-1618

**Bert Nash Community Mental  
Health Center**

200 Main Street Ste A,  
Lawrence, Kansas 66044  
Web: <https://www.bertnash.org/>

**Other Emergency Numbers****Kansas Child/Adult Abuse  
and Neglect Hotline**

1-800-922-5330

**Domestic Violence Hotline**

1-800-799-7233

**Emergency Management  
(Topeka)**

785-274-1409  
[www.accesskansas.org/kdem](http://www.accesskansas.org/kdem)

**Federal Bureau of  
Investigation**

1-866-483-5137  
[www.fbi.gov/congress/congress01/caruso100301.htm](http://www.fbi.gov/congress/congress01/caruso100301.htm)

**Kansas Arson/Crime  
Hotline**

1-800-KS-CRIME 800-572-  
1763  
[www.accesskansas.org/kbi](http://www.accesskansas.org/kbi)

**Kansas Bureau of  
Investigation  
(Topeka)**

785-296-8200  
[www.accesskansas.org/kbi](http://www.accesskansas.org/kbi)

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

1-888-END-ABUSE  
[www.kcsdv.org](http://www.kcsdv.org)

**Kansas Road Conditions**

1-866-511-KDOT 511  
[www.ksdot.org](http://www.ksdot.org)

**Poison Control Center**

1-800-222-1222  
[www.aapcc.org](http://www.aapcc.org)

**Suicide Prevention Hotline**

1-800-273-TALK  
[www.suicidepreventionlifeline.com](http://www.suicidepreventionlifeline.com)

# V. Detail Exhibits

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[VVV Consultants LLC]

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## a.) Patient Origin Source Files

[VVV Consultants LLC]

## Patient Origin History 2022- 2024 for IP, OP and ER – Brown County, KS

<b>Brown County, Kansas Residents</b>				
#	Inpatients - KHA HIDI	FFY24	FFY23	FFY22
1	Amberwell Hiawatha - Hiawatha, KS	413	491	619
	% of Patients Staying Home	34.3%	39.8%	45.1%
2	Stormont Vail Health - Topeka, KS	159	163	176
3	The University of Kansas Health System - Kansas City, KS	126	129	116
4	The University of Kansas Health System St. Francis Campus - Topeka, KS	153	104	113
5	Mosaic Life Care at St. Joseph Medical Center - St. Joseph, MO	121	118	90
	Other Hospitals	232	228	257
	<b>Total</b>	<b>1,204</b>	<b>1,233</b>	<b>1,371</b>

<b>Brown County, Kansas Residents</b>				
#	Outpatients - KHA HIDI	FFY24	FFY23	FFY22
1	Amberwell Hiawatha - Hiawatha, KS	21,942	18,923	21,570
	% of Patients Staying Home	63.5%	60.6%	64.8%
2	Sabetha Community Hospital - Sabetha, KS	3,371	3135	2969
3	Amberwell Health Atchison - Atchison, KS	2,384	2137	1921
4	The University of Kansas Health System St. Francis Campus - Topeka, KS	1,997	1614	1692
5	The University of Kansas Health System - Kansas City, KS	1,393	1,585	1343
6	Holton Community Hospital - Holton, KS	1,238	1,515	1496
7	Stormont Vail Health - Topeka, KS	725	805	792
8	Children's Mercy Kansas City - Kansas City, MO	472	496	504
	Other Hospitals	1,049	1,008	996
	<b>Total</b>	<b>34,571</b>	<b>31,218</b>	<b>33,283</b>

<b>Brown County, Kansas Residents</b>				
#	Emergency - KHA HIDI	FFY24	FFY23	FFY22
1	Amberwell Hiawatha - Hiawatha, KS	3,303	3,161	3,207
	% of Patients Staying Home	74.1%	74.1%	75.2%
2	Holton Community Hospital - Holton, KS	237	271	263
3	Amberwell Health Atchison - Atchison, KS	264	210	208
4	Sabetha Community Hospital - Sabetha, KS	237	232	200
5	Stormont Vail Health - Topeka, KS	95	85	101
6	The University of Kansas Health System St. Francis Campus - Topeka, KS	60	60	72
	Others	262	249	212
	<b>Total</b>	<b>4,458</b>	<b>4,268</b>	<b>4,263</b>

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

[VVV Consultants LLC]

**Attendance Brown Co, KS CHNA Town Hall 7/22/25 11:15-1pm N=30**

#	Table	Lead	Attend	Last	First	Organization
1	A	XX	x	Thompson	Dave	Amberwell
2	A		x	Ball	Heather	Doniphan West USD 111
3	A		x	Abel	Jared	Amberwell Health
4	A		x	Gerving	Sarah	South Brown County Health Wellness Fund
5	A		x	Simmons	Wendy	Doniphan West USD 111
6	B	XX	x	Brockhoff	Jennifer	Amberwell
7	B		x	Kerl	Alison	Amberwell Health
8	B		x	McCarty	Kelli	Amberwell Health
9	B		x	Turner	Elizabeth	Amberwell Health
10	B		x	Moore	John	Retired CEO
11	B		x	Olson	Sarah	Horizon Therapy
12	C	XX	x	Rosa	Peter	Amberwell
13	C		x	Wolney	Denise	Amberwell Health
14	C		x	Elliott	Janice	Member of Public
15	C		x	Miller	Kristopher	Hiawatha World
16	D	XX	x	Chartier	Margo	Amberwell
17	D		x	Estes	Belinda	NEK-CAP, Inc.
18	D		x	Stone	Ivy	South Brown Co Community Foundation
19	D		x	Smith	Jason	Amberwell Board
20	D		x	Pollock	Bill	Retired Community Member
21	E	XX	x	Grier	Gloria	Amberwell Hiawatha
22	E		x	Roberts	Cheryl	Hiawatha Chamber of Commerce
23	E		x	Pederson	Wendy	Peterson Seeds
24	E		x	Pederson	Andy	Pederson Seeds
25	E		x	Kolb	Troy	Board Member (Baseball and Softball)
26	F		x	Gibson	morgan	Amberwell Hiawatha
27	F		x	Madsen	Patricia	PFAC
28	F		x	Freese	Virginia	n/a
29	G		x	Elliott	Howard	Board Member
30	G		x	Gerving	Mitch	SIDC

# Amberwell Hiawatha Town Hall Event Notes

Date: 7/22/2025 – 11:15 -1 p.m. @ The Alley Attendance: N=30

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INTRO: Following is a recap of the community conversation during CHNA 2025 Town Hall

- Other than English, the community speaks Spanish or Native American.
- Veterans go to Topeka, St Joseph, or Leavenworth for care.
- The wealth gap has increased with increasing poverty.
- There are homeless people in the county and the need for housing is growing.
- Broadband access is not reliable in rural areas in the county.
- OB deliveries are going to Topeka (St. Francis or Stormont Vail), St, Joseph (Mosaic).
- Childcare is expensive and there is a need for more (0-18 months).
- WIC funding is shrinking from the Health Department.
- Depression is impacting all generations, but prevalent among teens and young adults.
- As for drugs, there is an opioid crisis in the county, alcohol, and meth.
- Chronic Diseases, especially arthritis need to be managed.
- The parks and rec dept have improved access to exercise.

What is coming/occurring that will affect health of the community:

- Discretionary Funds
- Economic Stability (Crop prices)
- Employment / Economic Development
- New Administration
- New Big Beautify Bill / Cuts to funding
- Outdated infrastructure

Things going well for healthcare in the community:

- Area on Aging and new Senior Community Building
- Education / School System
- Kanza Mental Health Crisis
- Local Medical Access
- OB Care
- Parks and Recreation
- Pharmacy (Includes Delivery)
- Quality Care at the Hospital (Facility and Staff)
- Response Times at the Hospital / ER
- Short Commutes & Jobs in the Community

Areas to improve or change in the community:

- Awareness of Healthcare Services
- Childcare (Safe, Affordable, and Access)
- Chronic Disease Management
- Facility Improvement
- Fitness (Awareness)
- Food (Health Education & Access)
- Health Funding
- Housing (Safe & Affordable)
- MD / DO Recruitment
- Mental Health (Diagnosis, Providers, Placement, Aftercare)
- Poverty / Economic Development
- Prenatal Care (1<sup>st</sup> Trimester)
- Substance Abuse (Alcohol, Drugs, and Smoking)
- Suicide
- Transportation (all)
- Uninsured and Underinsured
- Visiting Specialists (DERM, RHE/GI)

## Round #5 CHNA - Brown Co KS

### Town Hall Conversation - Strengths (Big White Cards) N=30

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
24	Access to Care	7	Health Department
3	Access to Care Regardless of Ability to Pay	13	Health Services Provided
13	Access to Emergency Care	15	Healthy Environment (Air & Water Quality)
2	Access to Fitness	22	Hospice
22	Access to Health Screenings	14	Hospital
6	Access to Healthcare	22	Hospital is Community Focused
9	Access to Healthcare	17	Infrastructure
2	Access to Internet / Service	14	KANZA Mental Health - Mobile Crisis Responders
20	Access to Maternal health Care - L&D Services	19	Law Enforcement
2	Access to OB / Delivering Babies	8	Local Hospital
2	Access to Primary Care	16	Local Location
5	Access to Primary Care	8	Local OB
7	Access to Primary Care	5	Local OB Delivery
20	Access to Primary Care Providers	5	Local Pharmacy Services
25	Access to Primary Care Providers	24	Maternal Care
13	Access to Providers & Services	4	Medical Access
16	Accessibility	9	More Specialty Providers Available
23	Amount of Doctors	16	Number of Providers
5	Area Agency on Aging	22	Nursing Home Access
21	Available Work Force	6	OB Care
9	Behavior Health is Beginning to be Addressed	7	OB Care
20	Committed Community Members & Stakeholders	9	Parks & Rec
20	Community Collaboration	25	Parks & Rec Options / Involvement
8	Community Engagement	8	PCP Access
25	Community Involvement	7	Pharmacy
3	Community Leaders are Aware of Problems	12	Population to Provider Ratio
15	Community Members willing to Lead Change	19	Primary Care Access
8	Community Resources	21	Primary Care Access
6	Community Support	11	Providers
1	Education	14	Providers
9	Education	25	Quality Healthcare
19	Education	15	Quality Hospital
21	Education	16	Range of Services
26	Education	15	Relatively Safe Environment
2	Educational Support	16	Response Times
19	Emergency Medicine	20	Rural Setting - High Quality Lifestyle
23	Emergency Room Care	14	Safe (Crime Rate)
19	Employment	6	Schools
21	ER	22	Sense of Community
5	ER Access and Care - High Quality	24	Several Providers
3	ER Staff / Services are Excellent	12	Short Drives to Employment
4	Exercise	9	Shorter Drive to Employment
23	Exercise Facilities	21	Specialist
17	Exercise Opportunities	6	Specialist Available
1	Family	10	Strong Faith Communities
4	Family Services - Tribal	15	Strong Rec Department
18	Fitness Facility	10	Unity Among Community Leaders
26	Health Care	9	Urgent Care
17	Health Care Availability	10	Urgent Care
18	Health Care Availability	12	Variety of Services
17	Health Care Providers		

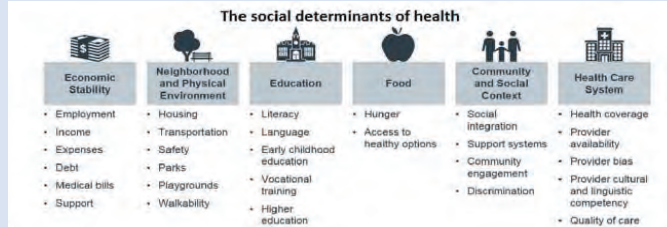
## Round #5 CHNA - Brown Co KS

### Town Hall Conversation - Weaknesses (Color Cards) N= 30

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
12	Access for Uninsured Individuals	22	Improve Awareness of what Hospital can do
3	Access to Affordable Child Care	9	Improve Food Insecurity
5	Access to Affordable Child Care	15	Increase Entertainment / Free Time Options
3	Access to Health & Fitness Facilities	15	Increase Jobs
21	Access to Healthy Food	15	Increase Quality, Affordable Housing
7	Access to Jobs (Full time with Benefits)	9	Increase Surgeon Availability
18	Access to Mental Health & Substance Use Services	22	Infant Childcare
17	Additional Mental Health Services	29	Infant Childcare
26	Affordable & Available Housing	4	Insurance Costs
18	Affordable Health Insurance	2	Lack of Jobs
29	Affordable Health Insurance	7	Medical Provision in South Brown County
6	Affordable Housing	13	Mental health
18	Affordable Housing	16	Mental Health
21	Affordable Housing	19	Mental Health
11	Affordable Insurance	24	Mental Health
28	Affordable Insurance	27	Mental Health / Social Resources
2	Aging Infrastructure	14	Mental Health Programs
23	Awareness of Services	28	Mental Health Resources
2	Basic Needs - Housing & Food	12	Mental Health Services
21	Behavioral Health Services	9	More Fitness / Activity Options in Community
26	Behavioral Health Services	17	More Specialists
12	Child Care	17	More Telehealth Options
8	Childcare	29	Mothers / Adults that Smoke
10	Childcare	5	Nutrition - Obesity & Diabetes Awareness / Care
12	Childcare	16	Obesity
13	Childcare	24	Obesity / Diabetes
19	Childcare	6	Obesity Education
23	Childcare	3	Obesity Education - Healthy Food
26	Childcare	24	Patients Staying here for Care
14	Childcare Access	25	Payment Systems
6	Chronic Care Management	29	People in Poverty
13	Chronic Disease	27	Pharmacy Access
8	Depression	2	Poverty
4	Diabetes	3	Poverty
9	Drug / Alcohol Treatment Options	6	Poverty
12	Drug Abuse	12	Poverty
4	Drugs	13	Poverty
14	Economic / Poverty	19	Poverty
12	Economic Development	24	Poverty
18	Economic Stability	28	Poverty
19	Economy	30	Poverty
4	Education	5	Poverty - Housing, Health, Employment
6	EMS Care in Rural Community	9	Poverty Level
17	Exercise / Physical Therapy	10	Poverty Level
23	Fitness Awareness	5	Prenatal - Care, Access, Education
10	Follow Up Care	27	Prenatal Care in 1st Trimester
6	Food - Health / Literacy	10	Promote Activities / Physical
14	Food / Exercise Literacy	28	Quality & Affordable Housing
1	Food Insecurity	28	Reduce Delayed Prenatal Care
29	Food Insecurity	15	Reduce Poverty
20	Food Supplies	2	Remote Locations
26	Funding Payment Services	5	Services for Uninsured / Medicaid
12	Health / Fitness Awareness	4	Single Parent Households
10	Health Education for Youth	6	Smoking / Substance Abuse
6	Health Funding	7	Substance Abuse
14	Health Insurance	16	Substance Abuse
27	Health Insurance Access	20	Suicide
1	Healthy Activities in Southern Part of County	4	Suicides
19	Healthy Food Access	18	Tobacco Use
16	Healthy Foods	21	Transportation
8	Healthy Foods	26	Transportation
21	High Paying Job Opportunities	27	Transportation
8	Housing	6	Underinsured
12	Housing	13	Uninsured
16	Housing	26	Uninsured
20	Housing	24	Uninsured / Affordable Health Insurance
3	Housing - Affordable & High Quality	8	Uninsured / Affordable Insurance
22	Housing - Middle Income		

# Round #5 CHNA - Brown Co, KS

Social Determinants "A" Card Themes (N = 30 with 61 Votes): E=25, N=5, ED=7, C=6, F=5 & P=13



Card #	Code	First Impressions on Social Determinants Impacting Delivery	Card #	Code	First Impressions on Social Determinants Impacting Delivery
3	C	Social & Community Context	7	ED	Education Access
5	C	Social Community	8	ED	Education
12	C	Social & Community Context	17	ED	Education Quality
13	C	Social & Community Context	20	ED	Education
23	C	Social & Community Context	26	ED	Education
28	C	Social & Community Context	29	ED	Education
1	E	Economic Stability	30	ED	Education Access & Quality
2	E	Economic Stability	8	F	Food
3	E	Economic Stability	12	F	Food
4	E	Economic Stability	16	F	Food
6	E	Economic	19	F	Food
7	E	Economy	21	F	Access to Healthy Food
9	E	Economic Stability	1	N	Neighborhood & Built Environment / Housing
10	E	Economic Stability	2	N	Neighborhood & Physical Environment
11	E	Economic Stability	4	N	Neighborhood & Built Environment
13	E	Economic Stability	9	N	Neighborhood & Built Environment
14	E	Economic	23	N	Neighborhood & Build Environment
15	E	Economic Stability	5	P	Health Care
16	E	Economy	10	P	Health Care Access & Quality
17	E	Economic Stability	11	P	Health Care Access & Quality
18	E	Economic Stability	14	P	Health Care Access
19	E	Economic Stability	15	P	Health Care Access
20	E	Economic Stability	18	P	Health Care
21	E	Economic Stability	20	P	Healthcare Access
22	E	Economic Stability	21	P	Health Care Access & Quality
24	E	Economic Stability	22	P	Health Care
25	E	Economic	25	P	Health Access
27	E	Economic Stability	26	P	Health Care
28	E	Economic Stability	27	P	Health Care Access
29	E	Economic Stability	6	P	Health Care Access & Quality
30	E	Economic Stability			

## EMAIL Request to CHNA Stakeholders

**From:** Amberwell Hiawatha

**Date:** 5/19/2025

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

**Subject:** CHNA Round #5 Community Online Feedback Survey – Brown Co. KS

Amberwell Hiawatha – Brown County, KS; will be working with other area providers over the next few months to update the 2022 Brown County, KS Community Health Needs Assessment (CHNA). We are seeking input from community members regarding the healthcare needs in Brown County in order to complete the 2025 CHNA.

The goal of this assessment update is to understand progress in addressing community health needs cited in 2016, 2019, and 2022 CHNA reports while collecting up-to-date community health perceptions and ideas.

Your feedback and suggestions regarding current community health delivery are especially important to collect in order to complete this comprehensive report. To accomplish this work, a short online survey has been developed for community members to take. Please visit our hospital webpage, facebook page, or utilize the link below to complete this survey.

LINK: [https://www.surveymonkey.com/r/Amberwell\\_Hiawatha2025CHNA](https://www.surveymonkey.com/r/Amberwell_Hiawatha2025CHNA)

All community residents and business leaders are encouraged to **complete the 2024 online CHNA survey by June 19<sup>th</sup>, 2025**. All responses are confidential.

**Please Hold the Date** A community Town Hall is scheduled for **Thursday, July 22<sup>nd</sup>, 2025, for lunch from 11:30-1:00pm at The Alley**. This meeting is to discuss the survey findings and identify unmet needs.

If you have any questions about CHNA activities, please call (785) 742-2131

*Thank you for your time and participation.*

## PR#1 News Release

Local Contact: Elizabeth Turner, Chief Communications & Marketing Officer

**Media Release: 5/19/2025**

# **2025 Community Health Needs Assessment to be Hosted by Amberwell Hiawatha**

Over the next few months, **Amberwell Hiawatha** will be working together with other area community leaders to update the Brown County, KS 2022 Community Health Needs Assessment (CHNA). Today we are requesting Brown County community members' input regarding current healthcare delivery and unmet resident needs.

The goal of this assessment update is to understand progress from past community health needs assessments conducted in 2022, 2019 and 2016, while collecting up-to-date community health perceptions and ideas. VVV Consultants LLC, an independent research firm from Olathe, KS has been retained to conduct this countywide research.

A brief community survey has been developed to accomplish this work. <Note: The CHNA survey link can be accessed by visiting the Amberwell Hiawatha website and/or Facebook page. You may also utilize the QR code below for quick access.



All community residents and business leaders are encouraged to complete this online survey by **June 19<sup>th</sup>, 2025**. In addition, a CHNA Town Hall meeting to discuss the survey findings and identify unmet needs will be held on **Thursday, July 22<sup>nd</sup> for lunch from 11:30am-1:00 pm**. More info to come soon! Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (785) 742-2131

## EMAIL #2 Request Message

**From:** Elizabeth Turner

**Date:** 6/19/25

**To:** Area Community Leaders, Providers and Hospital Board & Staff

**Subject:** Brown County Community Health Needs Assessment Town Hall lunch– July 22, 2025

**Amberwell Hiawatha** will host a Town Hall Community Health Needs Assessment (CHNA) luncheon on Tuesday July 22<sup>nd</sup>. The purpose of this meeting will be to review collected community health indicators and gather community feedback opinions on key unmet health needs for Brown Co KS.

**Note: This event will be held on Tuesday, July 22<sup>nd</sup> from 11:30 a.m. - 1:00 p.m. at The Alley (1000 S 1st St, Hiawatha, KS 66434) with check-in starting at 11:15am.**

We hope you find the time to attend this important event. All business leaders and residents are encouraged to join us. To adequately prepare for this event, it is imperative all RSVP who plan to attend town hall.

LINK: [https://www.surveymonkey.com/r/Amberwell\\_Hiawatha\\_TH\\_RSVP](https://www.surveymonkey.com/r/Amberwell_Hiawatha_TH_RSVP)



*Thanks in advance for your time and support!*

If you have any questions regarding CHNA activities, please call (785) 742-2131.

## **Join Amberwell Hiawatha's CHNA Town Hall Tuesday, July 22, 2025.**

Media Release: 06/19/25

To gauge the overall community health needs of residents, **Amberwell Hiawatha**, in conjunction with other area providers, invites the public to participate in a Community Health Needs Assessment Town Hall roundtable on **Tuesday, July 22<sup>nd</sup> for lunch from 11:30 a.m. to 1:00 p.m.** located at **The Alley 1000 S 1st St, Hiawatha, KS 66434.**

This event is being held to identify and prioritize the community health needs. Findings from this community discussion will also serve to fulfill both federal and state mandates.

To adequately prepare for this event, is vital everyone planning to attend this event RSVPs. 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 will be able to join us for this discussion on July 22<sup>nd</sup>. Thanks in advance for your time and support!

If you have any questions about CHNA activities, please call (785) 742-2131.

###

# Town hall meeting hosted by Amberwell brings community together

Hiawatha World by Kris Miller July 24, 2025



**Members of the community are seated during the town hall meeting hosted by Amberwell Hiawatha. Photo by Elizabeth Turner**

Amberwell Hiawatha hosted a community town hall meeting on Tuesday, July 22 at The Alley that featured lunch and some community output about concerns and suggestions about health care in Brown County for this year’s Brown County Community Health Needs Assessment (CHNA)

This town hall was based on Amberwell’s Community Health Needs Survey that was sent out in May. This assessment—which is conducted every three years—was to allow the community to reflect on progress since the last CHNA was held in 2022.

The goals of the event were to share key findings from the survey, for the community to gather input on Brown County’s unmet health needs and for Amberwell to work for setting priorities reflecting the community’s voice regarding health needs.

The CHNA presentation was titled “2025 Community Health Needs Assessment” and the lecture was mainly about Brown County’s health needs based on the survey sent out in May. Guests were encouraged to take notes of what they thought were health-based topics that needed to be addressed in Brown County as well as speaking up to answer questions presented by Vince Vandehaar of Olathe-based VVV Consultants, LLC, who gave the presentation.

Everyone was split into multiple tables to encourage group discussions and give truthful responses for a serious community conversation. Vandehaar also went over the county's current health status in different areas, such as how different health rankings in different categories trended ranging from mortality to social and economic factors, based on the survey results.

One of the main questions asked was regarding the two most important health concerns in Hiawatha out of five categories in social determinations of health:

- Economic stability
- Education access and quality
- Health care access and quality
- Neighborhood and build environment
- Social and community context

Different guests in attendance had chosen two different sets of categories. They were also asked about health care strengths in the community and what is needed to be improved. Different people spoke up about various issues related to health care needs in Hiawatha and the county.

At the end of the town hall meeting, all guests were asked to submit all their notes and place stickers on boards indicating healthcare areas that were working well in the Hiawatha and Brown County area and areas that needed improvement.

The lunch that was served included hoagie sandwiches with turkey, ham, cheese and salami, chips, a variety of fruit and vegetables, different sodas and water and chocolate chip cookies.

Chief Marketing and Communications Officer Elizabeth Turner spoke positively about the event and the community's involvement.

“The engagement from the community through both the survey and at the town hall is a testament to how much Hiawatha residents care about their community,” she said. “Some of our community health challenges are difficult to solve, but collaborating together is an important part of making improvements.”

Readers can find more information by contacting Turner by calling 913-360-5577 or by sending an email to [eturner@amberwellhealth.org](mailto:eturner@amberwellhealth.org).

## d.) Primary Research Detail

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[VVV Consultants LLC]

## CHNA 2025 Community Feedback: Amberwell Hiawatha PSA (N=235)

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1013	66439	Poor	ACC	QUAL	WAIT	As far as access to quality health services goes, there is a need for Health & Wellness initiatives- fitness centers, trails, walking paths. These are the every day things that citizens can take hold of to remain healthy instead of waiting to become sick and then consider health. Citizens also need ways to combat social isolation. Regular opportunities to come together in small or large groups to be social and grow together is needed.
1219	66434	Very Good	ACC	SERV		Try to increase accessibility to these services.
1171	66434	Very Poor	ACC			Find a way to give healthcare to people who don't have insurance and can't access Medicaid/Medicare. People are dying because of this, actively.
1103	66434	Good	ACC			Open Horton back up so their citizens don't have to drive clear to Hiawatha
1190	66439	Very Poor	AWARE	SERV		Community awareness of what is available needs improvement.
1016	66434	Very Poor	CHRON	EDU	SPRT	Education Access and Quality: Partner with local schools and community organizations to offer health literacy programs, focusing on preventive care and chronic disease management. Workshops on nutrition, exercise, and mental health could empower residents to make informed health decisions. The hospital could host free seminars led by local staff to rebuild trust and engagement, countering the current disconnect. Economic Stability: The hospital's profit-driven approach has strained community relations. To address this, Amberwell could establish a sliding-scale payment system or financial assistance programs for low-income residents, ensuring access to care without financial burden. Collaborating with local businesses to create job opportunities for community members at the hospital would also promote economic stability and reduce reliance on external staff. Social/Community Support: The hospital's divisiveness has eroded community ties. Neighborhood/Environment: Improve the hospital's physical and social environment by creating a welcoming atmosphere with clear signage, comfortable waiting areas, and community-oriented spaces (e.g., a garden or meeting room). Partner with local government to address environmental health risks, such as improving access to safe walking paths or clean water, promoting overall wellness in the neighborhood. Access to Quality Health Services: The hospital must shift from viewing patients as revenue sources to prioritizing patient-centered care. This includes hiring more local staff to reflect community values, expanding telehealth for rural residents, and ensuring timely access to specialists. Offering transportation assistance, such as shuttle services or ride vouchers, would help residents, especially the elderly or those without vehicles, access care. By addressing these determinants through community-focused initiatives, Amberwell can restore trust, reduce barriers, and improve health outcomes, reversing the current perception of the hospital as an unwelcoming
1200	66515	Good	DOCS	TELE		Having direct care model provider/s would be very helpful. also, Telehealth medicine would be very good.
1045	66434	Good	DOH	FUND		the health department needs to be more involved with the community and utilize grant opportunities
1074	66434	Good	ECON	FINA		Economic stability is impacting individuals significantly, with many making difficult decisions that require them to prioritize expenses that may not align with their health.
1012	66434	Average	ECON	MH	FUND	Hiawatha has a people problem and a job problem that is linked. Our population is stable but demographics have shifted drastically over the last decades. We have little economic opportunity and are the regional center for social and mental health services. We need to strike a better balance between being an attractive option for societal net producers (good jobs) and those who rely on the system to provide. All of our focus is centered around public funding of various projects, all of which ignore, or are at best peripheral to the real issue- making the community economically viable to the people who will contribute to it.
1069	66434	Average	ECON			Economic stability and growth.
1072	66434	Good	EDU			Continue to educate our youth via school programs/events and offer engaging activities
1039	66434	Average	FINA			I have worked all of my life because I was taught to work for myself to go thru life as it should be. I see all of these deadbeats that get all this free money, which comes from us tax payers. Yes, I know there are some who need help but the deadbeats should be working and doing their share.
1147	66434	Average	FIT	QUAL		Surrounding communities have invested heavily in health care and facilities. Better exercise facilities
1095	66434	Good	HOUS	ACC	SPEC	Affordable housing and health insurance are significant issues for our community. Also, easier access to specialists is needed since transportation is a concern for a lot of residents
1202	66434	Very Good	HOUS	ACC	SW	Affordable, quality housing for low income families. Better access to quality wellness facilities such as facilities like Netawaka. More access to social work for those who need assistance with selecting insurance plans
1071	66434	Very Good	HOUS	FINA		Affordable housing for those on limited income. Look to count and city doing some type of joint venture to get places built.
1210	66434	Average	HOUS	POV		Provide more low income housing.
1133	66434	Good	HOUS	POV		There is housing shortage in Brown County. It is hard to attract families without homes. I would like to see development of affordable family homes (not low income) \$200K range.
1088	66434	Good	HOUS	TRAN		Housing is a huge issue in Hiawatha, however the focus has been on moderate income housing. There should be a focus on there, but also on low income, and revitalizing existing house. There is no transportation after business hours for citizens, and the transportation we do have is focused on senior citizens. The city takes little interest in how the downtown looks, with weeds and grass growing in the sidewalks and lots, and buildings in disrepair. The city officials need to take pride in the community first. Recruiting new businesses and medical providers is difficult when the appearance of the downtown area, neighborhoods, and businesses is poor.
1049	66434	Very Poor	HOUS	WAIT		Housing is very hard for some people do to some waiting list
1057	66434	Very Good	HOUS			Affordable housing is a major issue. It seems like everyone knows we need it, but local officials don't want to make advance the situation.
1008	66439	Average	HOUS			Healthy food options are not readily available. No fitness centers in the area to help fight the health problems. And crap housing is everywhere.
1087	66434	Very Good	HOUS			We need more housing and specifically more affordable housing. We also need more employment opportunities.
1048	66532	Very Good	INSU	DRUG		We need universal health insurance. We need more jobs. Less meth and fentanyl. Good luck with any of that in this red state!
1215	66434	Good	INSU			Too many people are not working and living off the system. Need them to get a job, health insurance and start working. This will allow them to give back to the community
1059	66434	Good	MRKT			Again, marketing what Amberwell can do for all of the above. Shout out your stories more. Get information shared with the community via social media, radio, facebook, newspaper, etc.

## CHNA 2025 Community Feedback: Amberwell Hiawatha PSA (N=235)

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1070	66434	Good	NUTR	EDU		I think more needs to be done to address the lack of proper eating habits and overall lack of proper nutrition in for our children in the area. Maybe more educational programs to address this would help.
1112	66434	Average	NUTR	EMER		Helping schools provide HEALTHY meals Community Garden Urgent Care instead of ER on nights/weekends
1175	66434	Good	NUTR	FINA	ACC	We need more options for feeding our community youth. The summer no hunger program is ok, but the food is gross and barely edible. We need more programs and free food give outs. As a single mother, I can barely feed my children everyday, I work full time and don't qualify for assistance with the state.
1107	66521	Good	NUTR	TRAN	PHAR	Sponsor a low cost farmers market, transportation vouchers, medication assistance programs
1146	66434	Good	NUTR			I feel like there is a significant need for children of disadvantaged families. I don't think they get the nutrition or care that they need.
1208	66434	Good	NUTR			More food hand outs
1222	66035	Good	OWN			A lot of underprivileged families that don't eat well and in turn don't take care of their bodies.
1162	66434	Good	OWN			I don't think we will ever be successful at getting people to take care of themselves. If it ain't broke, they are going to let it slide. I preach taking care of our bodies because they are temples of God.
1021	66425	Poor	PHAR	EDU	FIT	Instead of facilitating for big pharma, educate patients on healthy eating and exercise, assist with lowering rates for doctor visits and assistance with the elderly care.
1153	66434	Good	POV			We have a high rate of low income families and each generation tends to follow the pattern.
1198	66434	Very Good	PREV			More opportunities for wellness as a county.
1218	66434	Very Good	QUAL			All of them can be expanded on.
1027	66434	Good	REC	SEN		I wish we had a nice indoor walking track and workout facility like Highland has. It is free for seniors. Here we have to pay to use the equipment at the so called gym. I will drive to Highland instead.
1060	66424	Good	RESO	SERV	VIO	We need to concentrate more on people who are doing it right, direct resources to responsible people living responsible lives, and quit handing out free services to people who are just abusing the system. They will move on and our communities will improve
1067	66434	Good	RESO			Giving people purpose and helping them have the resources they need by giving them jobs around town to improve the environment we are living in while providing purpose and earnings of some sort. Privileges can be earnings, ie: free pool pass to kids who spend so many hours volunteering for the city??
1181	66434	Good	SAFE	HOUS		There are several vacant lots in town now that the city council had rid us of unsafe houses. Why can't multifamily housing (duplexes, etc) be built on those lots? Yes we need "complexes" but we can start with small and simple things.
1169	66439	Average	SCREE	SW	TRAN	More community involvement health and screening fairs, a robust social worker program. Transportation program that would off income driven rides to and from specialties.
1238	66434	Good	SEN	ACC	TRAN	Elderly don't always have access to transportation for out of town care.
1127	66434	Average	SH	ECON	EDU	A parent mentoring program in which those who are identified by courts, police, schools, etc. could receive support in the areas of food choices, child rearing, finance, and job coaching would help create economic stability and food stability. This would empower the parents and improve emotional and educational support for the children thereby improving their opportunity to be successful.
1213	66434	Good	SPRT	EDU		Create a community center building that offers education/exercise/events. Support local hospital
1011	66434	Average	SPRT			I do not as I currently do not know what is already being done to support this.
1178	66434	Average	TRAN	EDU	REC	Transportation services, more counseling options to help educate about Medicare/medicaid enrollment, access to an indoor recreational fitness area (not everyone can afford a gym membership), more education about chronic diseases and management (free monthly meetings at a library or other public entity for people to attend, articles about chronic diseases and nutrition management
1119	live in b	Average	TRAN	FINA	NUTR	improved free or very low cost transportation improved healthy free nutrition classes after care needs
1080	66434	Very Good	TRAN	HOUS	DRUG	Additional local transportation services to get people to Dr. Appts, the grocery store etc. Livable housing free of pests Programs to help with drug abuse
1159	66439	Good	TRAN	PHAR	CLIN	The residents of South Brown County feel left out of services. Transportation is an issue. The inability to leave the med clinic and go to the pharmacy is an issue.
1191	66058	Average	TRAN	RURAL		Transportation is a problem for me Because I live in a rural area and I no longer drive
1035	66434	Good	TRAN	SEN	SPRT	Provide a transportation option/service that isn't targeted at just senior citizens and is open after business hours and weekends. Hospital sponsored support groups and education groups.
1042	66434	Good	TRAN			Transportation
1043	66048	Average	TRAN			Transportation and availability are the biggest problems.
1221	66434	Very Good	VIO	NUTR	FINA	We need to crack down more on drug use / abuse / sales. Nutritious food is too expensive and spoils within a day or two. People are "too busy" to prepare their own meals and buy too much fast food. We have an over abundance of fast food available for such a small town. We need affordable housing.

CHNA 2025 Community Feedback: Amberwell Hiawatha PSA (N=235)						
ID	Zip	Rating	c1	c2	c3	Q8. In your opinion, what are the root causes of "poor health" in our community? Other (Be Specific)
1013	66439	Poor	EDU			Lack of understanding on how to maintain health, even when a person is not sick. It's a mindset.
1005	66434	Good	EDU			Not very smart people
1060	66424	Good	OWN	BILL		No consequences for poor choices. Someone else is always paying the bill so who cares?
1012	66434	Average	OWN	POV		Apathy and generational poverty
1090	66439	Good	OWN			People are just fat lazy and during this time of the era don't give a shit anymore
1157	66439	Very Poor	QUAL	EDU		Lack of care and compassion for disabled people and their disregard as valued people in the communities,value as a member of society,a d knowledge that they have opinions,needs,wants, and feelings
1129	66527	Very Good	TRAN	SEN		Lack of transportation for elderly. Need an outreach program for people over 70 to ensure they get healthcare when no family is around.

### CHNA 2025 Community Feedback: Amberwell Hiawatha PSA (N=235)

ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1133	66434	Good	ACC	FIT		Access to health and wellness facilities.
1080	66434	Very Good	CANC			Local cancer treatment options
1057	66434	Very Good	CARD	CLIN	REF	Maybe a designated day to do a heart health clinic? Community members could get screened for potential risks or referrals if needed?
1228	68431	Good	CARD			Heart Wellness
1218	66434	Very Good	CHRON	ACC	EDU	Chronic illness accessibility and sex education
1088	66434	Good	CLIN	MH	DIAL	Urgent care. Expanded mental health services in the physicians' clinic. Dialysis. Expanded specialists.
1157	66439	Very Poor	CLIN	STFF		Total overhaul of clinic staff with community input
1042	66434	Good	CLIN			Free clinics
1105	66439	Average	COMM	SERV		Lack of communication of available services is a concern
1059	66434	Good	COMM			Need to work on the ones that we have to improved communication perception!
1107	66521	Good	DEN	NUTR	FIT	Senior exercise programs, nutrition/cooking classes, access to indoor exercise facilities
1035	66434	Good	DIAL	OPHT	DERM	Dialysis, more surgeries offered i.e./another general surgeon so there is an option; cataract surgeries since we serve an elderly community, dermatology, endocrinology, and urology.
1200	66515	Good	DOH	PREV		A community health and wellness center.
1169	66439	Average	DOH	PREV		Community health center-this would help with social engagement, prevention, health and wellness class could be offered.
1129	66527	Very Good	DOH	SEN	TRAN	Community outreach to certain elderly to make sure they have support/transportation to receive care needed. Elderly hesitate to "bother" others for their needs until too late.
1060	66424	Good	DOH			I would implement a work requirement to receive any type of public assistance for able bodied adults- especially men ages 18-65. Would be amazing to see the changes in people who get jobs when they start spending their own money, and the folks who won't work will just move along to the next region that hands out the most benefits.
1116	66434	Good	DRUG	MH		Drug and mental health programs
1071	66434	Very Good	EDU	ACC	RESO	Education on how to access care on limited resources maybe no insurance etc
1208	66434	Good	EDU			Health seminars
1146	66434	Good	EDU			Parenting classes?
1138	66434	Poor	EMER	SPEC		Direct care with emergency and specialists
1147	66434	Average	FAC	FIT	PREV	Wellness facility, new hospital
1178	66434	Average	FAC	REC	RESO	A community indoor facility for working out. It's not easy to access the outdoor walking trail during the winter months. Not everyone can afford gym memberships. There is a needs for more resources that promote physical activity and wellbeing.
1188	66439	Good	FINA	INSU		cost of healthcare is so expensive especially for ones who do not have or cannot afford health insurance
1221	66434	Very Good	FINA	NUTR		Good question... can you convince Wal-Mart to make fresh fruits and vegetables more affordable and not start rotting in 2 days? Nutrition / cooking classes so people know how to prepare healthier meals.
1100	66434	Average	FIT	DRUG	MH	More exercise opportunities, substance abuse, mental health
1013	66439	Poor	FIT	MH	PHAR	There needs to be a fitness center large enough to fit the community that includes physical and mental health services. There should be a hospital, pharmacy and nursing home.
1095	66434	Good	FIT	NUTR		Exercise groups and guidance from trainers and nutritionists
1008	66439	Average	FIT	REC		A true fitness center. Walking track. Weights. Gym. Even a pool
1081	66434	Very Good	FIT			Exercise programs
1137	66434	Good	HH			More home health programs needed.
1049	66434	Very Poor	INSU	FAC		Treat you fair even if you don't have health insurance. Treat you properly if you are from a family who doesn't have a big name. Really just a facility of people that care would be great.
1119	live in b	Average	MAMO	SURG	REC	improved mammo care cancer care options surgery care nutritional education walking trails, volunteerism options
1159	66439	Good	MAN	SERV		Case managers to assist clients in signing up for available services.
1104	66434	Average	MH			Anything mental health related!
1175	66434	Good	MH			Mental health
1070	66434	Good	NUTR	FIT		I think more "fun" events to attract kids and inform them about the need for proper nutrition and exercise.
1021	66425	Poor	NUTR	FUND		A dietician that assists those with limited funds to eat properly
1223	66434	Good	NUTR	MH		Nutrition. Mental health services
1065	66534	Good	NUTR	PREV		Food nutrition and wellness.
1215	66434	Good	NUTR	PREV		Healthier lifestyle and nutritional programs
1003	66439	Average	NUTR			Nutrition and meal planning/prep
1112	66434	Average	OBG	ENDO	DIAL	Women's Health Endocrinology Dialysis
1103	66434	Good	PHAR	AMB	SERV	Pharmacy back open in Horton and ambulance services in Horton
1014	66424	Average	PREV	EDU		Health & Wellness Education in South Brown Co.
1055	66434	Average	PREV	FIT		Free wellness and fitness programs available at varied times to accommodate working families
1198	66434	Very Good	PREV	FIT		Health and Wellness programs. More group exercise—Zumba, pickleball, walking, 5K training.
1213	66434	Good	PREV			Community wellness center
1217	66424	Good	PREV			Overall health and wellness programs that include all areas of well-being.
1142	66434	Very Poor	QUAL	EDU		Fix the hospital. If the hospital provided good care and education to the community
1012	66434	Average	QUAL			Do better at what we currently have. Focus on quality not quantity
1132	66527	Poor	QUAL			None. Improve the basics.
1072	66434	Good	QUAL			We need to focus on and enhance current programs instead of creating new programs. It's much better to have a few very strong programs instead of several mediocre ones.
1202	66434	Very Good	REC	DRUG		Indoor track. Yearly forums for those on Medicare to explain different plans that can be selected at open enrollment. Bereavement and addiction/recovery groups and how the community can access them
1067	66434	Good	REC	YOUTH		Outside basketball courts. outdoor activities/games always available. Things to keep kids busy, activities
1043	66048	Average	RESO			I feel that better community resources are needed to help with the lack of resources that Brown county has due to is size and milage between locations.
1219	66434	Very Good	RHE	CHRON	DERM	Psoriatic arthritis and other chronic disease specialists, and dermatology.
1171	66434	Very Poor	SCREE	ENDO	OBG	Free health screenings for women, no strings attached reproductive healthcare. I don't want the OBGYN's opinion that I'll want kids and refuse to give me the proper care, especially as someone within the healthcare system that knows they're breaking rules by refusing care due to personal views.
1182	66434	Very Good	SEN	SERV	MRKT	Senior services are available but not advertised enough
1222	66035	Good	YOUTH			Something along the lines to get more activity amongst our youth.
1006	66439	Poor	YOUTH			youth activities to encourage healthier lifestyles as well as encourage an interest in growing our community with more future providers by investing in our youth.

Year 2025 - Let Your Voice Be Heard!

**Amberwell Hiawatha (Brown Co, KS) along with area providers have begun the process of updating a comprehensive community-wide 2025 Community Health Needs Assessment (CHNA) to identify unmet health needs. To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery. NOTE: Please consider your answers to the survey questions as it relates to ALL healthcare services in our community, including but not limited to our local hospital.**

**While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention! CHNA 2025 online feedback deadline is set for June 19th, 2025.**

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

- Very Good     Good     Average     Poor     Very Poor

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

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

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

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Hospital 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 Hospital 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"/>

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

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

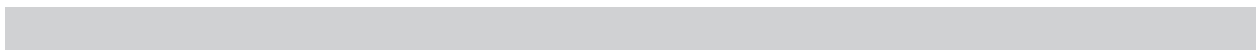
6. From our past CHNA, a number of health needs have been identified as priorities. Are any of these an ongoing problem for our community? Please select top three.

- |  |  |
|--|--|
| <input type="checkbox"/> Mental Health (Diagnosis, Placement, Aftercare, Awareness, Providers) | <input type="checkbox"/> Obesity (Nutrition / Exercise)                                    |
| <input type="checkbox"/> Primary Care / Mental Health Care Integrated Delivery                 | <input type="checkbox"/> Additional Providers (OB, Derm, Surg, Ortho, Oph, Gero, Endo, GI) |
| <input type="checkbox"/> Housing (Affordable & Safe)   | <input type="checkbox"/> Financial Health of Local Hospital (HCH)                          |
| <input type="checkbox"/> Food Insecurity   | <input type="checkbox"/> Community Collaboration   |
| <input type="checkbox"/> Poverty   | <input type="checkbox"/> Awareness of Healthcare Services                                  |
| <input type="checkbox"/> Chronic Disease Management (Diabetic)                                 | <input type="checkbox"/> Home Health Services  |
| <input type="checkbox"/> Urgent Care   | <input type="checkbox"/> Affordable Health Insurance                                       |
| <input type="checkbox"/> Childcare   |  |



7. Which past CHNA needs are NOW the most pressing for improvement? Please select top 3.

- |  |  |
|--|--|
| <input type="checkbox"/> Mental Health (Diagnosis, Placement, Aftercare, Awareness, Providers) | <input type="checkbox"/> Obesity (Nutrition / Exercise)                                    |
| <input type="checkbox"/> Primary Care / Mental Health Care Integrated Delivery                 | <input type="checkbox"/> Additional Providers (OB, Derm, Surg, Ortho, Oph, Gero, Endo, GI) |
| <input type="checkbox"/> Housing (Affordable & Safe)   | <input type="checkbox"/> Financial Health of Local Hospital (HCH)                          |
| <input type="checkbox"/> Food Insecurity   | <input type="checkbox"/> Community Collaboration   |
| <input type="checkbox"/> Poverty   | <input type="checkbox"/> Awareness of Healthcare Services                                  |
| <input type="checkbox"/> Chronic Disease Management (Diabetic)                                 | <input type="checkbox"/> Home Health Services  |
| <input type="checkbox"/> Urgent Care   | <input type="checkbox"/> Affordable Health Insurance                                       |
| <input type="checkbox"/> Childcare   |  |



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

- |  |  |
|--|--|
| <input type="checkbox"/> Chronic Disease Management                  | <input type="checkbox"/> Limited Access to Mental Health |
| <input type="checkbox"/> Lack of Health & Wellness                   | <input type="checkbox"/> Family Assistance Programs      |
| <input type="checkbox"/> Lack of Nutrition / Access to Healthy Foods | <input type="checkbox"/> Lack of Health Insurance        |
| <input type="checkbox"/> Lack of Exercise                            | <input type="checkbox"/> Neglect                         |
| <input type="checkbox"/> Limited Access to Primary Care              | <input type="checkbox"/> Lack of Transportation          |
| <input type="checkbox"/> Limited Access to Specialty Care            |  |

Other (Be Specific).

9. 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 Wellness 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"/>
Exercise Facilities / Walking Trails etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Social Determinants are impacting healthcare delivery. These determinants include 1) Education Access and Quality, 2) Economic Stability, 3) Social / Community support, 4) Neighborhood / Environment, and 5) Access to Quality Health Services. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? Be Specific

11. 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

12. 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.

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

14. 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.

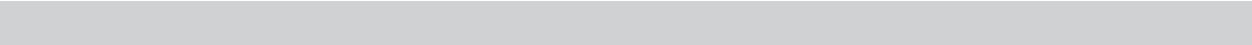
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Abuse/Violence                   | <input type="checkbox"/> Health Literacy                   | <input type="checkbox"/> Poverty                       |
| <input type="checkbox"/> Access to Health Education       | <input type="checkbox"/> Heart Disease                     | <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).

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

Other (Please specify).



\* 16. For reporting analysis, please enter your home 5-digit ZIP code.

## e.) County Health Rankings & Roadmap Detail

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[VVV Consultants LLC]

# Brown County

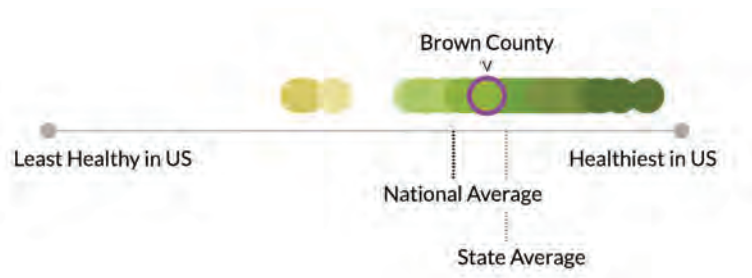
# 2025

Health Outcomes and Health Factors summaries replace the numerical ranking provided in previous years. Each Kansas county with sufficient data is represented by a dot, placed on a continuum from least healthy to healthiest in the nation. The color of each dot represents data-informed groupings of counties nationwide with similar Health Outcomes and Health Factors on the continuum.

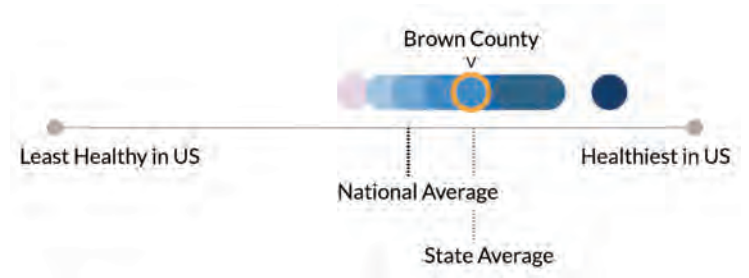


<https://www.countyhealthrankings.org/health-data/kansas/brown?year=2025>

## Health Outcomes



## Health Factors



## Population: 9,250

### Population Health and Well-being

	Brown County	Kansas	United States	
Length of life				—
Premature Death	11,700	8,600	8,400	∨
Additional Length of life (not included in summary)				—
Life Expectancy	72.9	76.4	77.1	∨
Premature Age-Adjusted Mortality	570	420	410	∨
Child Mortality		60	50	∨
Infant Mortality		6	6	∨
Quality of life				—
Poor Physical Health Days	4.0	3.7	3.9	∨
Low Birth Weight	6%	7%	8%	∨
Poor Mental Health Days	5.4	5.2	5.1	∨
Poor or Fair Health	16%	15%	17%	∨

Additional Quality of life (not included in summary)






Note: Blank values reflect unreliable or missing data.

The annual County Health Rankings & Roadmaps data release provides a snapshot of the health of each county in two summaries: Health Factors (which measure issues that can shape the health outcomes) and Health Outcomes (which measure length and quality of life). Each county is placed on a continuum from least healthy to healthiest in the nation and categorized into a group of counties with similar Health Outcomes or Health Factors. The following tables illustrate the “drivers” for health of this county.

What do these drivers mean? The drivers indicate the measures with the greatest impact on the health of the county. Drivers labeled with a green plus sign are measures on which the county performed particularly well compared to all counties nationwide. Those labeled with a red minus sign are measures which could be improved and may warrant additional attention.

### Health Factors: Drivers with the greatest impact on health, Brown County, KS - 2025

Health infrastructure		Brown County	Kansas	United States	
Flu Vaccinations		30%	49%	48%	▼
Access to Exercise Opportunities		60%	80%	84%	▼
Food Environment Index		7.0	6.8	7.4	▼
Primary Care Physicians		1,180:1	1,280:1	1,330:1	▼
Mental Health Providers		280:1	400:1	300:1	▼
Dentists		1,870:1	1,580:1	1,360:1	▼
Preventable Hospital Stays		4,250	2,529	2,666	▼
Mammography Screening		51%	49%	44%	▼
Uninsured		12%	10%	10%	▼
Physical environment		Brown County	Kansas	United States	
Severe Housing Problems		8%	12%	17%	▼
Driving Alone to Work		79%	77%	70%	▼
Long Commute - Driving Alone		16%	22%	37%	▼
Air Pollution: Particulate Matter		7.9	7.3	7.3	▼
Drinking Water Violations		No			▼
Broadband Access		84%	89%	90%	▼
Library Access		3	3	2	▼
Social and economic factors		Brown County	Kansas	United States	
Some College		66%	70%	68%	▼
High School Completion		95%	92%	89%	▼
Unemployment		2.8%	2.7%	3.6%	▼
Income Inequality		4.0	4.4	4.9	▼
Children in Poverty		13%	13%	16%	▼
Injury Deaths		114	85	84	▼
Social Associations		21.4	13.2	9.1	▼
Child Care Cost Burden		19%	19%	28%	▼

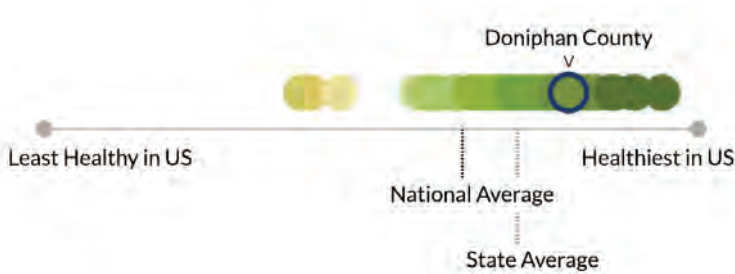
# Doniphan County 2025

Health Outcomes and Health Factors summaries replace the numerical ranking provided in previous years. Each Kansas county with sufficient data is represented by a dot, placed on a continuum from least healthy to healthiest in the nation. The color of each dot represents data-informed groupings of counties nationwide with similar Health Outcomes and Health Factors on the continuum.

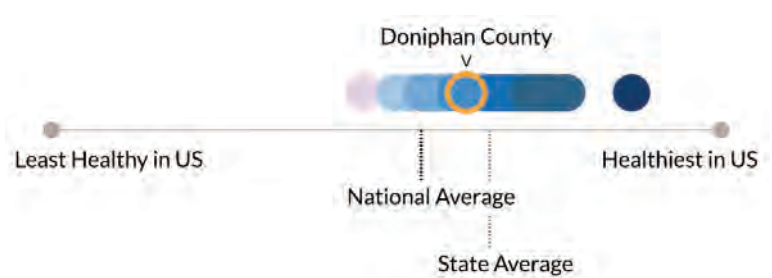


<https://www.countyhealthrankings.org/health-data/kansas/doniphan?year=2025>

## Health Outcomes



## Health Factors



## Population: 7,493

### Population Health and Well-being









	Doniphan County	Kansas	United States	
<b>Length of life</b>				—
Premature Death	6,800	8,600	8,400	∨
<b>Additional Length of life (not included in summary)</b>				—
Life Expectancy	76.9	76.4	77.1	∨
Premature Age-Adjusted Mortality	390	420	410	∨
Child Mortality		60	50	∨
Infant Mortality		6	6	∨
<b>Quality of life</b>				—
Poor Physical Health Days	3.8	3.7	3.9	∨
Low Birth Weight	7%	7%	8%	∨
Poor Mental Health Days	5.3	5.2	5.1	∨
Poor or Fair Health	17%	15%	17%	∨
<b>Additional Quality of life (not included in summary)</b>				+

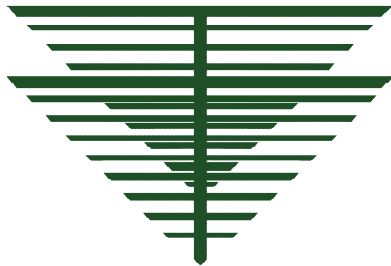
Note: Blank values reflect unreliable or missing data.

The annual County Health Rankings & Roadmaps data release provides a snapshot of the health of each county in two summaries: Health Factors (which measure issues that can shape the health outcomes) and Health Outcomes (which measure length and quality of life). Each county is placed on a continuum from least healthy to healthiest in the nation and categorized into a group of counties with similar Health Outcomes or Health Factors. The following tables illustrate the “drivers” for health of this county.

What do these drivers mean? The drivers indicate the measures with the greatest impact on the health of the county. Drivers labeled with a green plus sign are measures on which the county performed particularly well compared to all counties nationwide. Those labeled with a red minus sign are measures which could be improved and may warrant additional attention.

**Health Factors: Drivers with the greatest impact on health, Doniphan County, KS - 2025**

Health infrastructure		Doniphan County	Kansas	United States	
Flu Vaccinations		43%	49%	48%	▼
Access to Exercise Opportunities		22%	80%	84%	▼
Food Environment Index		8.0	6.8	7.4	▼
Primary Care Physicians		1,870:1	1,280:1	1,330:1	▼
Mental Health Providers		7,490:1	400:1	300:1	▼
Dentists			1,580:1	1,360:1	▼
Preventable Hospital Stays		3,443	2,529	2,666	▼
Mammography Screening		50%	49%	44%	▼
Uninsured		9%	10%	10%	▼
Physical environment		Doniphan County	Kansas	United States	
Severe Housing Problems		12%	12%	17%	▼
Driving Alone to Work		80%	77%	70%	▼
Long Commute - Driving Alone		28%	22%	37%	▼
Air Pollution: Particulate Matter		8.0	7.3	7.3	▼
Drinking Water Violations		Yes			▼
Broadband Access		87%	89%	90%	▼
Library Access		3	3	2	▼
Social and economic factors		Doniphan County	Kansas	United States	
Some College		65%	70%	68%	▼
High School Completion		93%	92%	89%	▼
Unemployment		2.5%	2.7%	3.6%	▼
Income Inequality		4.5	4.4	4.9	▼
Children in Poverty		15%	13%	16%	▼
Injury Deaths		61	85	84	▼
Social Associations		12.1	13.2	9.1	▼
Child Care Cost Burden		17%	19%	28%	▼



**VVV Consultants LLC**



## **VVV Consultants LLC**

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