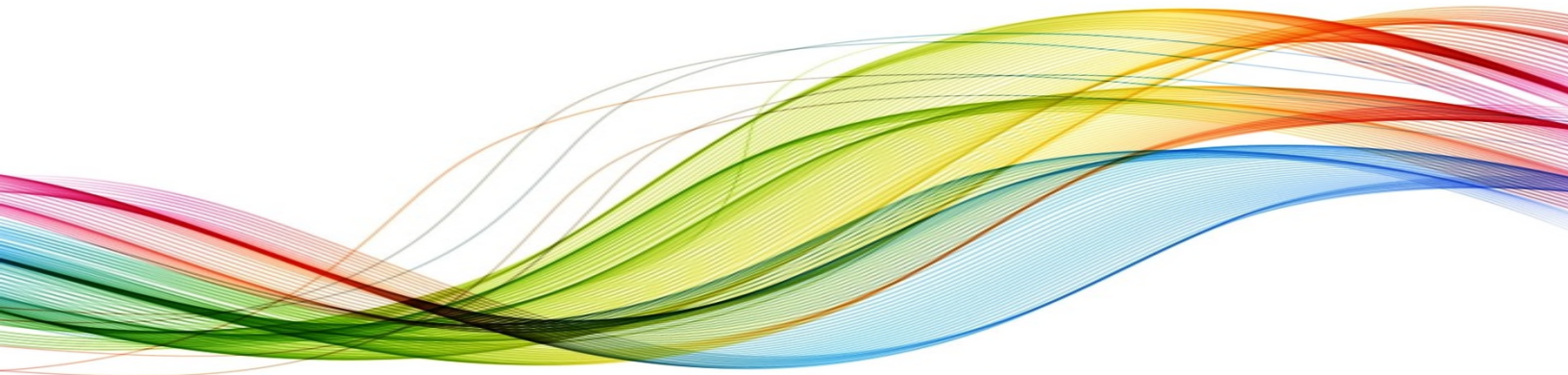




Community Health Needs Assessment

Nemaha Valley Community Hospital-

Nemaha County (KS)



May 2018

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

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I.Executive Summary

Nemaha County, KS- 2018 Community Health Needs Assessment (CHNA) Wave #3

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

Nemaha Valley Community Center - Nemaha County, KS last CHNA was published in May of 2015. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). This Wave #3 CHNA assessment was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

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

Year 2018 Nemaha County "Community Health Improvements Needs"

Nemaha County, KS - on behalf of NVCH and SCH				
Wave #3 CHNA - 2018 Town Hall Priorities (33 Attendees, 127 Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Screen, Treat, Rehab, Educate)	24	18.9%	18.9%
2	Alcohol Abuse (Driving and Underage)	17	13.4%	32.3%
3	Cancer	16	12.6%	44.9%
4	Obesity	13	10.2%	55.1%
5	General Health Education Offerings	13	10.2%	65.4%
6	Substance Abuse	11	8.7%	74.0%
7	Child Care	8	6.3%	80.3%
Total Votes:		127	100.0%	
Other Items Noted: Disaster Preparedness, Caregiver Readiness, Chronic Disease Management and Prevention, EMS Transportation (Seneca Only), Smoking, Teen Pregnancy.				

Nemaha County CHNA Town Hall “Community Health Strengths” cited are as follows:

Nemaha County, KS - Community Health "Strengths"			
#	Topic	#	Topic
1	Acess to Primary Care	7	Inigent Drug Programs
2	Giving Community	8	Transportation
3	Strong Businss Core	9	The University of Kansas Repower Program
4	Collaborating Providers	10	Proactive Leaders
5	Access to Healthcare Insurance	11	Immunizations
6	Good School Systems	12	Quality Senior Care-Facility Based

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

KS HEALTH RANKINGS: According to the 2018 RWJ County Health Ranking study, Nemaha County is ranked number 4 out of 105 counties in overall health outcomes.

TAB 1. Nemaha population is 10,241. 14.2 people per square mile. Nemaha has 7.5% of the population under 5 years old and 20.3% of the population is over 65 years old. 49.3% of the population is female. Nemaha County is a predominantly white community with its population being 96.9% with, 0.8% Black or African, and 1.7% Hispanic or Latino. 1.3% of the population speak a language other than English at home. 88.7% of the population lived in the same house for over a year. 19% of children in Nemaha live in a single parent home. Nemaha is home to 659 veterans.

TAB 2. Per capita income in Nemaha is \$26,041. 8.8% of the population is in poverty. Nemaha has 4,589 total housing units and a severe housing problem at 7%. There are 1,013 firms and an unemployment rate of 2.6%. 5% of the population has limited access to healthy foods and 13% have food insecurity.

TAB 3. 31% of students are eligible for free or reduced-price lunch. Nemaha has a high school graduation rate of 92.7% and 19.8% go on to get a bachelor’s degree or higher.

TAB 4. 81% of births in Nemaha had prenatal care beginning in the first trimester. 82.2% of their infants are getting fully immunized before 24 months. Nemaha has 21.9% of babies being born to unmarried women and 4.7% being born to teenagers. 13.6% of pregnant mothers smoke during their pregnancy.

TAB 5. There is one Primary care physician to 1,010 people in Nemaha. 82% of patients gave their hospital a rating of 9 or 10 out of 10 and 82% said they would recommend the hospital.

TAB 6. Nemaha has a high age-adjusted suicide rate of 20.8. the Medicare population for depression is 11.8% for Nemaha.

TAB 7. 30% of adults in Nemaha are obese, 28% are physically inactive. 16% of Nemaha smokes as well as 16% excessively drink. The sexually transmitted infections rate is very low at 88.6. Hypertension has a Medicare population of 49.3%. Heart Failure is slightly higher than the norm at 14.3%. Atrial Fibrillation is a little high at 10.6%, as is osteoporosis being at 8.8%.

TAB 8. The adult uninsured rate for Nemaha County is 9%.

TAB 9. The life expectancy in Nemaha is 77.5 for Males and 83.2 for Females. Age-adjusted cancer mortality rate is 153.9. Age-adjusted heart disease mortality rate is low 110.1. The age-adjusted chronic lower respiratory disease mortality rate is at 52.4. Nemaha has a high alcohol-impaired driving death percentage at 67%.

TAB 10. 27% of Nemaha has access to exercise opportunities. Diabetes monitoring is at 81%. Mammography screening is 65% of the population yearly.

Key 2018 Community Feedback Conclusions: Stakeholder feedback from residents, community leaders and providers (N=183) provided the following community insights via an online perception survey:

- Using a Likert scale, 88.2% of Nemaha Valley Community Hospital respondents would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Nemaha Valley respondents are very satisfied with the following services (less than 5% bottom 2 boxes): Ambulance Services, Child Care, Chiropractors, Dentists, Emergency Room, Eye Doctor/ Optometrist, Home Health, Hospice, Inpatient Services, Nursing Home, Outpatient Services, Pharmacy, Physician Clinics, School Nurse, Specialists.
- Nemaha Valley respondents view a Lack of awareness of existing local programs, providers, and services as the top root cause of poor health in their community, followed by Limited access to mental health assistance.
- When considering past CHNA needs, Limited access to mental health assistance; Lack of awareness of existing local programs, providers, and services; and Lack of health & wellness education continue as an ongoing problem and is a pressing issue.

CHNA Wave #3				Ongoing Problem					Pressing	
Past CHNAs health needs identified		Nemaha Co N=183		Trend	NVCH N=96		SCH N=75		NVCH	SCH
Rank	Topic	Votes	%		Votes	%	Votes	%	Rank	
1	Limited access to mental health assistance	88	29.3%		45	30.6%	38	29.5%	1	1
2	Lack of awareness of existing local programs, providers, and services	70	23.3%		35	23.8%	31	24.0%	2	2
3	Lack of health & wellness education	40	13.3%		25	17.0%	12	9.3%	3	5
4	Chronic disease prevention	34	11.3%		16	10.9%	15	11.6%	4	3
5	Family assistance programs	28	9.3%		14	9.5%	10	7.8%	6	6
6	Elder assistance programs	26	8.7%		11	7.5%	12	9.3%	5	4
7	Case management assistance	14	4.7%		1	0.7%	11	8.5%	7	7
TOTALS		300	100.0%		147	100.0%	129	100.0%		

II. Methodology

[VVV Consultants LLC]

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 who has filed a 990 is required to conduct a CHNA. IRS Notice 2011-52 was released in late fall of 2011 to give notice and request comments.

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

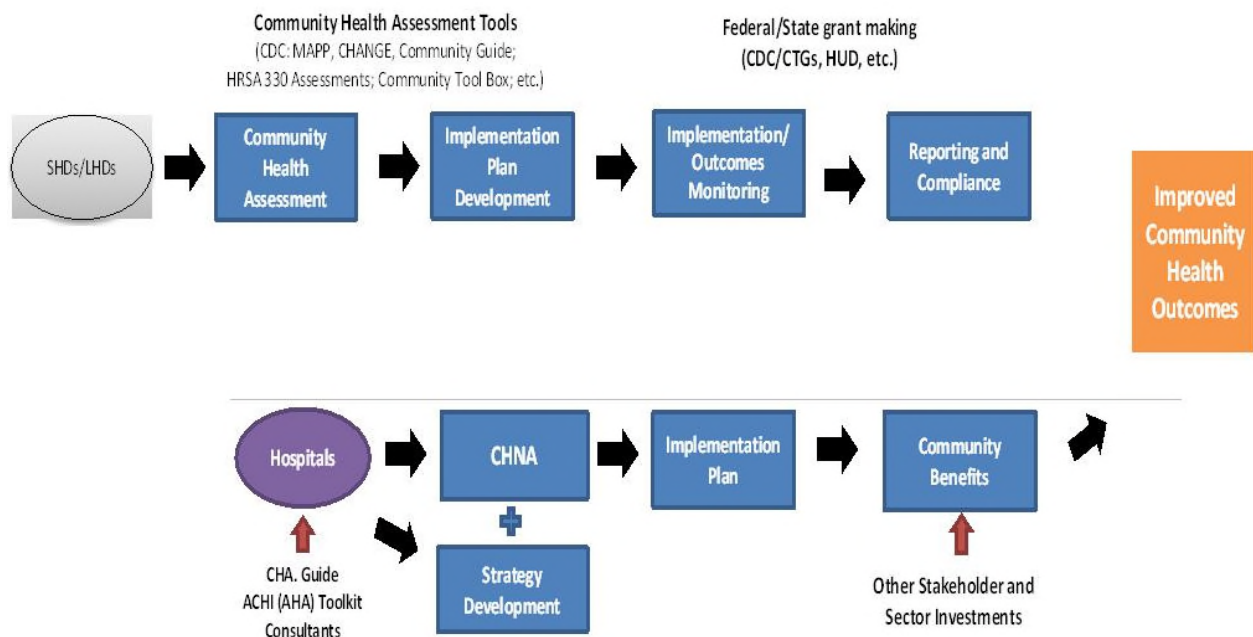
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Notice 2011-52 Overview

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

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

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

IRS and Treasury Finalize Patient Protection Rules for Tax-Exempt Hospitals

ACCOUNTING TODAY 1/2/15

The Internal Revenue Service and the Treasury Department have issued **final regulations** under the Affordable Care Act to protect patients in tax-exempt hospitals from aggressive debt collection practices and to provide other rules for charitable hospitals.

Under the **final regulations**, each Section 501(c)(3) hospital organization is required to meet four general requirements on a facility-by-facility basis: establish written financial assistance and emergency medical care policies; limit the amounts charged for emergency or other medically necessary care to individuals eligible for assistance under the hospital's financial assistance policy; make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy before engaging in extraordinary collection actions against the individual; and conduct a community health needs assessment, or CHNA, and adopt an implementation strategy at least once every three years. The first three requirements are effective for tax years beginning after March 23, 2010 and the CHNA requirements are effective for tax years beginning after March 23, 2012.

The ACA also added a new Section 4959, which imposes an excise tax for failure to meet the CHNA requirements, and added reporting requirements. These final regulations provide guidance on the entities that must meet these requirements, the reporting obligations relating to these requirements and the consequences for failing to satisfy the requirements.

"Charitable hospitals represent more than half of the nation's hospitals and play a key role in improving the health of the communities they serve," wrote Emily McMahon, Deputy Assistant Secretary for Tax Policy at the U.S. Department of the Treasury, in a **blog post** Monday explaining the requirements. "But reports that some charitable hospitals have used aggressive debt collection practices, including allowing debt collectors to pursue collections in emergency rooms, have highlighted the need for clear rules to protect patients. For hospitals to be tax-exempt, they should be held to a higher standard. That is why the Affordable Care Act included additional consumer protection requirements for charitable hospitals, so that patients are protected from abusive collections practices and have access to information about financial assistance at all tax-exempt hospitals."

She noted that as a condition of their tax-exempt status, charitable hospitals must take an active role in improving the health of the communities they serve, establish billing and collections protections for patients eligible for financial assistance, and provide patients with the information they need to apply for such assistance. "These final rules adopt the same framework of proposed regulations but simplify the compliance process for charitable hospitals, while continuing to provide meaningful guidance on protections for patients and requirements to assess community health needs," she added.

Under the new rules, hospitals cannot charge individuals eligible for financial assistance more for emergency or other medically necessary care than the amounts generally billed to patients with insurance (including Medicare, Medicaid, or private commercial insurance). In addition, every tax-exempt hospital must establish and widely publicize a financial assistance policy that clearly describes to patients the eligibility criteria for obtaining financial assistance and the method for applying for financial assistance.

Charitable hospitals are also prohibited from engaging in certain collection methods (for example, reporting a debt to a credit agency or garnishing wages) until they make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy.

In addition, each charitable hospital needs to conduct and publish a community health needs assessment at least once every three years and disclose on the tax form that it files on an annual basis the steps it is taking to address the health needs identified in the assessment.

Many of the requirements have been in place since the Affordable Care Act passed in 2010, but in response to comments on the proposed regulations, the final rules also expand access to translations for patients, by lowering the threshold for having translations of financial assistance policies available from 10 percent of the community served as proposed, to five percent of the community served or population expected to be encountered by the hospital facility, or 1000 persons, whichever is less, according to McMahon. "The final rules also revise the notification requirements to maintain important protections for patients while making it easier for hospitals to comply with them," she wrote. "General notifications regarding a hospital's financial assistance policy must appear on bills and in the hospital. However, individual written and oral notifications of the hospital's financial assistance policy are now only required when a hospital plans to use extraordinary collections actions, such as reporting a debt to a credit bureau, selling the debt to a third party or garnishing wages."

While charitable hospitals must continue to make a good-faith effort to comply, the rules provide charitable hospitals with time to fully update their policies and programming to implement the changes. But if a charitable hospital fails to meet the consumer protection provisions required by the law, the hospital could have its tax-exempt status revoked. If a hospital fails to properly conduct a community health needs assessment or adopt an implementation strategy, an excise tax will apply, McMahon noted. "However, if a hospital fails to meet a requirement, but the failure is neither willful nor egregious, the hospital can correct and publicly disclose the error to have it excused, thus avoiding revocation of tax-exempt status, but the excise tax would still apply," she wrote.

CHNA NEWS: IRS Makes First Revocation of Hospital Not-for-Profit Status Under 501(r)

RICH DALY, HFMA SENIOR WRITER/EDITOR

Aug. 15, 2017—Charity-care reporting requirements under the healthcare reform law may have gone into effect only last October, but already one hospital has lost its not-for-profit tax status as a result. The first-time tax-status revocation under Affordable Care Act (ACA) 501(r) requirements applied to a “dual-status” 501(c)(3) hospital operated by a “local county governmental agency” and was confirmed by a redacted copy of the [tax status letter](#), which was dated Feb. 14, 2017, and posted to the IRS website in August. Neither an IRS spokeswoman nor the redacted letter identified the hospital. Loss of the 501(c)(3) exemptions eliminates the ability of hospitals to use certain employee benefit plans; likely subjects hospitals to income, property, and other taxes; bars receipt of tax-deductible contributions; and disallows use of tax-exempt bonds.

The 501(r) requirements on performing community health needs assessments (CHNAs) and offering financial assistance became effective for tax years beginning on or after Dec. 29, 2015, meaning tax-exempt hospitals operating on the calendar had to be in compliance by Jan. 1, 2016, and those with a different fiscal-year end had to be in compliance by Oct. 1, 2016.

The only enforcement information previously released by the IRS was a June 2016 letter to Sen. Charles Grassley (R-Iowa), which noted that at that point the IRS had completed 2,482 compliance reviews under 501(r). Additionally, 163 hospitals were assigned for “examination” as a result of those compliance reviews, but no further actions were identified.

The ACA requires the IRS to review the community-benefit activities of about 3,000 tax-exempt hospitals at least once every three years. This was the first time that Keith Hearle, president, Verité Healthcare Consulting, LLC, Alexandria, Va., had heard of an instance in which a hospital lost its not-for-profit status over 501(r) requirements. He has heard of several others that incurred the \$50,000 excise tax for failing to meet the CHNA requirement.

“I would be surprised if it is a one-off,” said Hearle, who has been expecting more IRS enforcement after his own reviews indicated widespread hospital vulnerability due to poor compliance.

Reasons for Revocation

Hospital 501(r) requirements include:

- Conducting a CHNA at least once every three years
- Making the CHNA publicly available on a website
- Adopting an implementation strategy to meet the needs identified in the CHNA
- Adopting a financial assistance policy and publicizing the policy, including by posting it on a website
- Limiting the amounts charged to individuals who are eligible for financial assistance
- Making individuals aware of the financial assistance policy prior to engaging in certain collection actions

Among the reasons for the IRS action against the county government hospital was its finding that the hospital did not make the CHNA widely available to the public through a website, although it had paper copies available on request. “The hospital indicated to the IRS that it might have acted on some of the recommendations included in the Implementation Strategy Report, but that a separate written implementation policy was neither drafted nor adopted,” the IRS letter stated.

Officials at the small rural hospital said they lacked the staffing to comply with 501(r) requirements. They also said they “really did not need, actually have any use for, or want their tax-exempt status under Section 501(c)(3),” according to the IRS letter. The hospital believed its tax-exempt status somehow prevented its involvement in certain payment arrangements. It had maintained 501(c)(3) status “only in case any liabilities arose relating to the prior management company that had originally obtained that status from the IRS.”

The IRS deemed the hospital’s failure “egregious” because its leaders had “neither the will, the resources, nor the staff to follow through with the” 501(r) requirements.

Widespread Vulnerability

Industry advisers worry that many hospitals could be vulnerable to IRS enforcement—if not tax-status revocation—under the new requirements. “A lot of them just assume that what they have, in terms of policy and procedure, suffices under the final regulations and have not done a lot,” said Andrew Kloeckner, a partner for Omaha-based law firm Baird Holm.

Even hospitals that have taken steps to become compliant with the requirements can face downsides, including complications with their collection efforts, which in turn can delay cash flow, Kloeckner said.

Jan Smith, a tax senior manager in Crowe Horwath’s Healthcare practice, indicated that the likelihood of a similar penalty or the likelihood of this determination setting a precedent at other hospitals may be limited. This is due to the unusual position taken by the revoked hospital’s officials that they didn’t need or want charitable status (in addition to governmental status).

“If hospitals are making a good-faith effort to comply, I would be surprised if the IRS would revoke their tax status at this stage of 501(r) examinations,” Smith said in an interview. However, she is aware of several health systems that the IRS is seeking to penalize under the CHNA tax provision.

The IRS’s 501(r) compliance reviews include the agency’s analysis of hospital websites and “other information designed to identify the hospitals with the highest likelihood of non-compliance,” IRS Commissioner John Koskinen stated in his 2016 letter to Grassley.

Justin Lowe, senior manager with the Exempt Organizations Tax Practice at Ernst & Young, underscored that hospital websites are among the publicly available information that the IRS reviews. He urged hospitals to make sure that all required documents, including the CHNA and financial assistance policy, are on the website and easily findable. Insufficient approaches to 501(r) compliance, Kloeckner said, include instances when hospitals purchase financial assistance policy templates that are provided by a consultant and not submitted for legal review, potentially leaving audit vulnerabilities. Kloeckner also urged attention on practices and procedures outside of the policies.

Small government-operated hospitals are among the most vulnerable to enforcement, Hearle said, because they may not be required to file Form 990, which provides reminders about 501(r) compliance requirements. “It’s a group of hospitals I’m concerned about,” Hearle said.

Among the financial assistance requirements with which hospitals are most likely to struggle, Hearle said, is making available lists of physicians who are associated with the hospital and who utilize the same charity care policies.

“Patients obtaining charity care from a hospital want to find physician groups through which they can get the same charity care, as opposed to some group that doesn’t offer charity care,” Hearle said.

Public Health Criteria:

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

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

DOMAIN 1 INCLUDES FOUR 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

Seven Steps of Public Health Department Accreditation (PHAB):

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

II. Methodology

b) Collaborating CHNA Parties

Working together to improve community health takes collaboration. Listed below is an in-depth profile of the local hospital and health department CHNA partners:

Nemaha Valley Community Hospital Profile

1600 Community Drive Seneca, KS 66538

CEO: Kiley Floyd

History: Nemaha Valley Community Hospital (NVCH) is a small, rural, critical access hospital in Seneca, Kansas, the Nemaha County seat. NVCH has been meeting the primary needs of Nemaha County and the surrounding communities for more than 74 years. They provide services to twelve area communities including Seneca, Baileyville, Centralia, Axtell, Corning, Goff, Wetmore, Bern, Sabetha and Oneida, Dubois and Pawnee City in Nebraska. The closest regional hospitals are located in Topeka and/or Manhattan. Both are more than 75 miles away.

Vision: Nemaha Valley Community Hospital will be recognized as a leading independent community-based hospital committed to our patients, their families, and the communities we serve by:

- Excelling in patient centered care through strategic use of technology and personalized, compassionate care;
- Promoting the health and well-being of our communities through education and resource development;
- Creating an organizational culture based on teamwork and accountability that values professional growth and individual learning; and
- Measuring performance based on financial stability, quality scores and compliance with best practices.

Mission: To provide personalized, compassionate healthcare while promoting wellness in the communities we serve.

Services:

- | | |
|------------------------------|-----------------------------|
| • Asthma/Allergy | • OB/GYN |
| • Audiology | • Occupational Therapy |
| • Cardiology | • Oncology |
| • Cardiac Rehab | • Orthopedic Care |
| • Dermatology | • Pharmacy |
| • Diabetes and Endocrinology | • Physical Therapy |
| • Dietetics | • Pulmonology |
| • Ear/Nose/Throat | • Radiology |
| • Emergency | • Rehabilitation |
| • Extended Care | • Respiratory Therapy |
| • Eye Care (Ophthalmology) | • Skilled Services |
| • Family Practice | • Speech-Language Pathology |
| • Inpatient Services | • Surgical Care |
| • Laboratory | • Telehealth |
| • Nephrology | • Urology |
| • Neurology | • Wound Care |

Nemaha County Community Health Profile

1004 Main St, Sabetha, KS 66534

203 N 8th St, Seneca, KS 66538

Administrator:

Health Care Services

- Immunizations Adult/Child/Travel
- Communicable Disease Investigation
- Reproductive Sexual Health/Pregnancy/Medicaid
- Tuberculosis Testing and Treatment
- Animal Bites and Recommendations
- Blood Pressure/Blood Sugar
- Lead (Blood) Testing

Nutrition Services

- WIC – Women, Infant and Children Program
- Nutrition Education

Environmental Public Service Program

- Information for Food Services Providers
- Cooper County Food Handling/Safety Classes
- Water, Sewer, & Wastewater Information
- Water, Sewer, & Wastewater FAQs
- Health & Safety Inspections
- Flooding Preparation & Recovery
- Recreational Water Illnesses (RWI's)

Emergency Preparedness

- Local, State & Federal
- Planning Summary
- Medical Reserve Corp

Vital Records

- Birth & Death Certificates

II. Methodology

b) Collaborating CHNA Parties Continued Consultant Qualifications



VVV Consultants LLC

Company Profile: 601 N. Mahaffie, Olathe, KS 66061 (913) 302-7264

Vince Vandelaar MBA, Principal Consultant & Adjunct 913-302-7264

VVV@VandelaarMarketing.com

Vince provides professional business consulting services to help healthcare organizations with business strategy, research and development. Specifically, Vince facilitates strategic planning, creates proven marketing plans/tactics, prepares IRS aligned community health needs assessments and conducts both qualitative and quantitative market research studies.

Vince started his consulting firm (VVV Consultants LLC) on 1/1/2009, after working for Saint Luke's Health System of Kansas City for 16 years. (Note: Saint Luke's Hospital of KC, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003). Prior to his experience at Saint Luke's, Vince worked in the payor and insurance industry for Blue Cross and Blue Shield of Kansas City; Tillinghast, a Tower's Perrin Actuarial Consulting Firm; and Lutheran Mutual Life Insurance Company.

Vince also is an Adjunct Professor teaching BA, MBA & MHA classes part time 20% of his time at Avila, Rockhurst and/or Webster University (Strategic Planning, Marketing, MHA Capstone, Marketing Research, Sales & Social Media classes) and consults the remainder of his time.

Vince is a Malcolm Baldrige coach and a professional focus group moderator. He is actively involved in the national Society for Healthcare Strategy & Market Development (SHSMD), KHA/MHA Marketing Associations, KC Employee Benefit Professional Association, Healthcare Executives Kansas City, the American Marketing Association KC Chapter and is a SG2 advocate.

Collaborating Support:

Heather Marine, BA CNA - VVV Consultants LLC
Collaborative Analyst

II. Methodology

c) CHNA and Town Hall Research Process

Wave #3 Community Health Needs Assessment (CHNA) process began in late 2017. At that time an inquiry to explore a “group buy” between hospitals (to meet IRS CHNA requirements) came to VVV Consultants from Nemaha Valley Community Hospital (Seneca, KS) and Sabetha Community Hospital CEOs.

In November of 2017 a conference call meeting was called (hosted) by Nemaha Valley Community Hospital 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 this discussion lead to a VVV Consultants LLC contract to complete two CHNA IRS aligned comprehensive reports.

VVV CHNA Deliverables:

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

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

KHA Patient Origin Reports PO101				
IP Discharges	SCH IP - Nemaha CO only	Other Counties	Total SCH %	% PSA
FFY 2014	236	67	303	77.9%
FFY 2015	256	54	310	82.6%
FFY 2016	219	45	264	83.0%
Nemaha CO only - IP Discharges	NVCH IP - Nemaha Co only	Other Counties	Total NVCH %	% PSA
FFY 2014	225	48	273	82.4%
FFY 2015	209	24	233	89.7%
FFY 2016	224	41	265	84.5%
KHA Patient Origin (Nemaha County KS) TOT223				
Emergency	Nemaha Co	SCH	NVCH	%
-FFY 2016	2,353	1,078	1,205	97.0%
-FFY 2015*	2,399	1,141	1,186	97.0%
-FFY 2014*	2,459	1,188	1,197	97.0%
Source KHA				

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

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

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

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

B) Gather primary research (stakeholder feedback) to uncover public health needs, practices and perceptions for primary service areas.

Phase III—Quantify Community Need:

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

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

Post CHNA report findings to meet both PHAB & IRS CHNA criteria.

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

Phase I: Discovery.....	Jan 2018
Phase II: Secondary / Primary Research.....	Jan-Feb 2018
Phase III: Town Hall Meeting.....	March 9, 2018
Phase IV: Prepare / Release CHNA report.....	May-June 2018

Detail CHNA Development Steps Include:

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

Nemaha County KS - CHNA Work Plan			
Sabetha Community Hospital & Nemaha Valley Community Hospital			
Wave #3 Project Timeline & Roles 2018			
Step	Date	Lead	Task
1	11/1/2017	VVV	Sent VVV quote for hospital client's review.
2	11/9/2017	Hosp	Selected CHNA Option C. Approved / signed VVV CHNA quote.
3	1/4/2018	Both	Conduct CHNA Kickoff Conference Call (Hospital / DOH leaders).
4	1/4/2018	VVV	Send out REQCommInvite Excel file. Hospital client to fill in PSA key stakeholder names, addresses and e-mail addresses.
5	1/4/2018	VVV	Request hospital client to complete zip counts (three year historical PSA IP / OP / ED / Clinic). Use ZipPSA_3yrPOrigin.xls Patient Origin file.
6	1/4/2018	VVV	Request hospital client to send KHA Patient Origin reports for CCH to document service area for FFY 14, 15, 16 (KHA key).
7	On or before 1/15/18	VVV	Prepare CHNA stakeholder feedback online link. Send text link for hospital client to review. Prepare draft e-mail push.
8	On or before 1/19/18	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming CHNA work / online survey for hospital client to place. Request public to participate.
9	Monday 1/22/2018	VVV	Launch online survey to stakeholders (cut off Wed 2/28/18). Hospital client will e-mail invite to participate to all stakeholders. Client will finalize Town Hall location / food.
10	Jan / Feb 2018	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
11	Friday 2/9/2018	VVV / Hosp	Prepare / release PR story to local media announcing upcoming Town Hall. VVV will mock up PR release.
12	Friday 2/9/2018	Hosp	Prepare and send out community Town Hall invite letter and place local advertisement.
13	On or before 3/6/18	All	Conduct Town Hall practice conference call with hospital client to review Town Hall data and flow.
14	Friday 3/9/2018	VVV	Conduct CHNA Town Hall from 11:30-1pm at XXXX. Review and discuss basic health data and rank health needs.
15	On or before	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital client.
16	On or before 4/30/18	VVV	Produce and release final CHNA report. Hospital client will post CHNA online.
17	On or before May 15, 2018	TBD	Conduct hospital client Implementation Plan meeting with PSA leadership.
18	30 days prior to end of hospital fiscal year	Hosp	Hold board meetings to discuss CHNA needs, create and adopt an Implementation Plan. Communicate CHNA plan to community.

Overview of Town Hall Community Priority Setting Process

Each community has a wealth of expertise to be tapped for CHNA development. For this reason, a town hall is the perfect forum to gather community insight and provide an atmosphere to objectively consensus build and prioritize county health issues.

All Town Hall priority-setting and scoring processes involve the input of key stakeholders in attendance. Individuals and organizations attending the Town Halls were critically important to the success of the CHNA. The following list outlines partners invited to Town Hall: local hospital, public health community, mental health community, free clinics, community-based clinics, service providers, local residents, community leaders, opinion leaders, school leaders, business leaders, local government, faith-based organizations and persons (or organizations serving them), people with chronic conditions, uninsured community members, low income residents and minority groups.

Nemaha Valley's Town Hall was held on Friday, March 9th, 2018 at the First Lutheran Fellowship Hall in Sabetha. Vince Vandehaar and Heather Marine facilitated this 1 ½ hour session with thirty-four (34) attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

1. Welcome & Introductions
2. Review Purpose for the CHNA Town Hall and Roles in the Process
3. Present / Review of Historical County Health Indicators (10 TABS)
4. Facilitate Town Hall participant discussion of data (probe health strengths / concerns). Reflect on size and seriousness of any health concerns cited and discuss current community health strengths.
5. Engage Town Hall participants to rank health needs (using 4 dots to cast votes on priority issues). Tally & rank top community health concerns cited.
6. Close meeting by reflecting on the health needs / community voting results. Inform participants on "next steps."

At the end of each Town Hall session, VVV encouraged all community members to continue to contribute ideas to both hospital and health department leaders via e-mail or personal conversations.

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

Community Health Needs Assessment Town Hall Meeting - Nemaha Co. KS on behalf of NVCH and SCH



Vince Vandelaar, MBA
VVV Consultants LLC
Principal / Adjunct Professor

Olathe, Kansas 66061
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913-302-7264

Community Health Needs Assessment (CHNA) Town Hall Discussion Agenda

- I. Opening / Introductions (10 mins)
- II. Review CHNA Purpose and Process (10 mins)
- III. Review Current County "Health Status"
 - Secondary Data by 10 TAB Categories
 - Review Community Feedback Research (35 mins)
- IV. Collect Community Health Perspectives
 - Hold Community Voting Activity
 - Determine Most Important Health Areas (30 mins)
- V. Close / Next Steps (5 mins)

I. Introduction:

Background and Experience



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

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

Adjunct Professor - Marketing / Health Admin, 25+ years

- Webster University
- Rockhurst University
- Avila University

Heather Marine BA CNA- Collaborative Analyst

Town Hall Participation (You)

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

I. Introductions: A Conversation with the Community

Community members and organizations invited to CHNA Town Hall

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

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

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

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

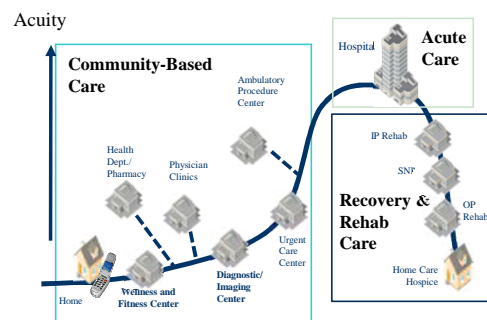
II. Review CHNA Definition

- A Community Health Needs Assessment (CHNA) is a systematic collection, assembly, analysis, and dissemination of information about the health of the community. (NOTE: Some the data has already been collected / published by Local, State and Federal public health organizations. Some data will be collected today.)
- A CHNA's role is to identify factors that affect the health of a population and determine the availability of resources to adequately address those factors.

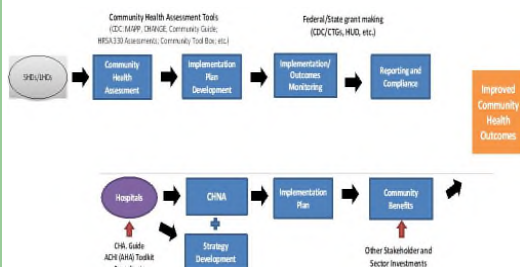
Purpose—Why Conduct a CHNA?

- To determine health-related trends and issues of the community
- To understand / evaluate health delivery programs in place.
- To meet Federal requirements -- both local hospital and health department
- To develop strategies to address unmet health needs (4-6 weeks after Town Hall)

Future System of Care—Sg2



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



II. IRS aligned CHNA Required Written Report Documentation

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

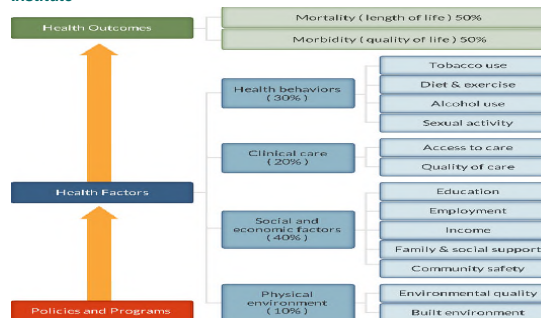
III. Review Current County Health Status: Secondary Data by 10 Tab Categories & IA State Rankings

Trends: Good Same Poor

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

County Health Rankings -

Robert Wood Johnson Foundation and University of WI Health Institute



County Health Rankings model ©2012 UWPHI

1. Physical Environment (40%)			2b. Social and Economic Environment (40%)		
Focus Area	Measure	Description	Focus Area	Measure	Description
Air and water quality (5%)	Air pollution - particulate matter	The average daily measure of fine particulate matter (PM2.5) in a county	Community safety (5%)	Violent crime	Violent crime rate per 100,000 population
	Drinking water sanitation	Percent of population potentially exposed to water exceeding a violation level during the past year		Injury deaths	Injury mortality per 100,000
	Severe housing problems	Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or bathroom facilities			
	Driving alone to work	Percent of the workforce that drives alone to work			
2c. Chronic Care (5%)			3. Health Outcomes (50%)		
Access to care (10%)	Insurance	Percent of population under age 65 without health insurance	Tobacco use	Adult smoking	Percent of adults that report smoking >= 100
	Primary care physicians	Ratio of population to primary care physicians		Adult obesity	Percent of adults that report a BMI >= 30
	Dentists	Ratio of population to dentists		Food environment index	Index of factors that contribute to a healthy food environment
	Mental health providers	Ratio of population to mental health providers		Physical inactivity	Percent of adults aged 18 and over reporting
Quality of care (10%)	Preventable hospitalizations	Hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees	Alcohol and drug use (5%)	Access to exercise opportunities	Percent of the population with adequate access to facilities for physical activity
	Diabetic screening	Percent of diabetic Medicare enrollees that receive diabetic screening		Excessive drinking	Large plus heavy drinking
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening		Alcohol-impaired driving deaths	Percent of driving deaths with alcohol involvement
				Sexually transmitted infections	Chlamydia rate per 100,000 population, ages 15-29
2b. Social and Economic Environment (40%)			3b / 3c. Morbidity / Mortality		
Focus Area	Measure	Description	Focus Area	Measure	Description
Education (10%)	High school graduation	Percent of ninth grade cohort that graduates in 4 years	Quality of life (10%)	Poor or fair life expectancy	Percent of adults reporting fair or poor health
	Some college	Percent of adults aged 25-44 years with some post-secondary education		Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
Employment (10%)	Unemployment	Percent of population age 16+ unemployed but seeking work		Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)
	Income (10%)	Children in poverty		Poor birthweight	Percent of live births with low birthweight at 2000 grams
Family and social support (5%)	Inadequate social support	Percent of adults without social/emotional support		Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
	Children in single-parent households	Percent of children that live in household headed by single parent			

Have We Forgotten Anything?

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

IV. Collect Community Health Perspectives

Ask your opinion. Your thoughts?

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

Community Health Needs Assessment

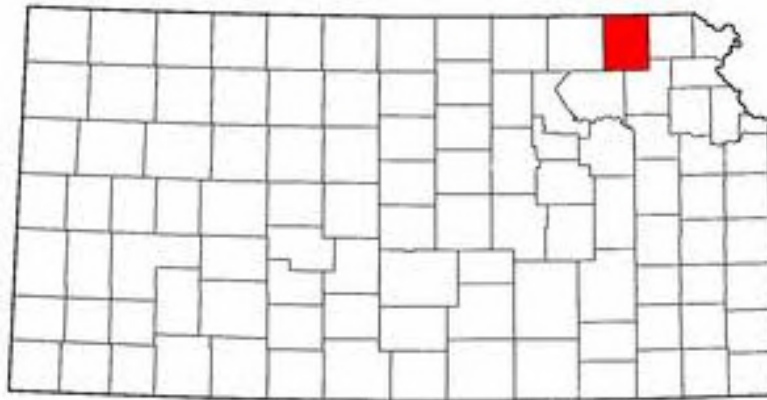
Questions; Next Steps?

VVV Consultants LLC
VVV@VandehaarMarketing.com
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II. Methodology

d) Community Profile (A Description of Community Served)

Nemaha County (KS) Community Profile



Demographics

The population of Nemaha County was estimated to be 10,454 citizens in 2017, and only had a 0.37% change in population from 2010–2017. The county covers 718 square miles and this area includes Maxwell Spring and Albany Hill. The county has an overall population density of 15 persons per square mile. The county is located in Northern/Eastern Kansas and agriculture, heeducational and health and social services, and waste management services are the industries that provide the most employment. The county was founded in 1855 and the county seat is Seneca¹.

The major highway transportation access to Nemaha County is U.S. Highway 75, which runs north/south and is east of the county. U.S. Highway 36 runs East–West and is north of the county. Also, Nebraska Highways 62,67 and 105 connect the larger cities in the county.

Nemaha County KS Airports²

Name	USGS Topo Map
Flying H Airport	Seneca
Heinen Airport	Seneca
Seneca Municipal Airport	Seneca

¹ http://www.city-data.com/county/Nemaha_County-KS.html

² <https://kansas.hometownlocator.com/features/cultural/class,airport,scfips,20131.cfm>

Schools in Barton County:

Public Schools³

Name	Level
Centralia High School	High
Nemaha Central	High
Sabetha High School	High
Wetmore High School	High
Sabetha Middle School	Middle
Centralia Elem	Primary
Nemaha Central Elem and Middle	Elementary/Middle
Sabetha Elem	Primary
Wetmore Elem	Primary

Private Schools⁴

Name	Level
Sts Peter and Paul School	Elementary

Parks and Amenities⁵

Name	USGS Topo Map
Nemaha County State Park	Seneca
Nemaha State Fishing Lake and Wildlife Area	Seneca

³ <https://www.publicschoolreview.com/kansas/nemaha-county>

⁴ <https://www.publicschoolreview.com/kansas/nemaha-county/private>

⁵ <https://kansas.hometownlocator.com/features/cultural,class,park,scfips,20131.cfm>

Nemaha County, Kansas Detail Demographic Profile

			Population			Households		HH	Per Capita
Zip	Name	County	YR 2014	YR 2019	Chg.	YR 2014	YR 2019	Avg. Size	Income 14
66404	Baileyville	NEMAHA	545	573	5.1%	211	224	2.6	\$27,124
66408	Bern	NEMAHA	504	555	10.1%	213	238	2.4	\$31,322
66415	Centralia	NEMAHA	837	793	-5.3%	329	314	2.4	\$20,520
66417	Corning	NEMAHA	376	392	4.3%	140	148	2.7	\$22,418
66428	Goff	NEMAHA	393	384	-2.3%	162	160	2.4	\$23,115
66522	Oneida	NEMAHA	75	78	4.0%	27	28	2.8	\$24,626
66534	Sabetha	NEMAHA	3,708	3,755	1.3%	1,505	1,537	2.4	\$24,024
66538	Seneca	NEMAHA	3,338	3,373	1.0%	1,425	1,454	2.3	\$27,653
66550	Wetmore	NEMAHA	580	563	-2.9%	223	218	2.6	\$21,507
Totals			10,356	10,466	15.4%	4,235	4,321	2.5	\$24,701

			Population				YR 2014		Females
Zip	Name	County	YR 2014	Pop. 65+	Kids <18	Gen. Y	Males	Females	Age 20_35
66404	Baileyville	NEMAHA	545	88	154	136	283	262	35
66408	Bern	NEMAHA	504	82	134	130	260	244	38
66415	Centralia	NEMAHA	837	163	227	223	440	397	59
66417	Corning	NEMAHA	376	57	105	91	202	174	24
66428	Goff	NEMAHA	393	61	108	119	214	179	29
66522	Oneida	NEMAHA	75	13	23	17	38	37	4
66534	Sabetha	NEMAHA	3,708	786	1,038	952	1,818	1,890	278
66538	Seneca	NEMAHA	3,338	732	803	815	1,683	1,655	219
66550	Wetmore	NEMAHA	580	89	158	174	316	264	43
Totals			10,356	2,071	2,750	2,657	5,254	5,102	729

			Population				Aver	HH	
Zip	Name	County	White	Black	Amer. Ind.	Hisp.	HH Inc. 14	YR 2014	HH \$50K+
66404	Baileyville	NEMAHA	535	2	1	7	\$70,060	211	117
66408	Bern	NEMAHA	488	6	3	13	\$74,113	213	123
66415	Centralia	NEMAHA	800	6	8	13	\$51,740	329	146
66417	Corning	NEMAHA	365	0	3	2	\$60,208	140	76
66428	Goff	NEMAHA	377	0	6	6	\$56,074	162	76
66522	Oneida	NEMAHA	74	0	0	0	\$68,405	27	15
66534	Sabetha	NEMAHA	3,560	36	23	51	\$58,775	1,505	659
66538	Seneca	NEMAHA	3,284	12	8	35	\$64,468	1,425	697
66550	Wetmore	NEMAHA	549	1	15	9	\$55,937	223	104
Totals			10,032	63	67	136	\$62,198	4,235	2,013

Source: ERSA Demographics

III. Community Health Status

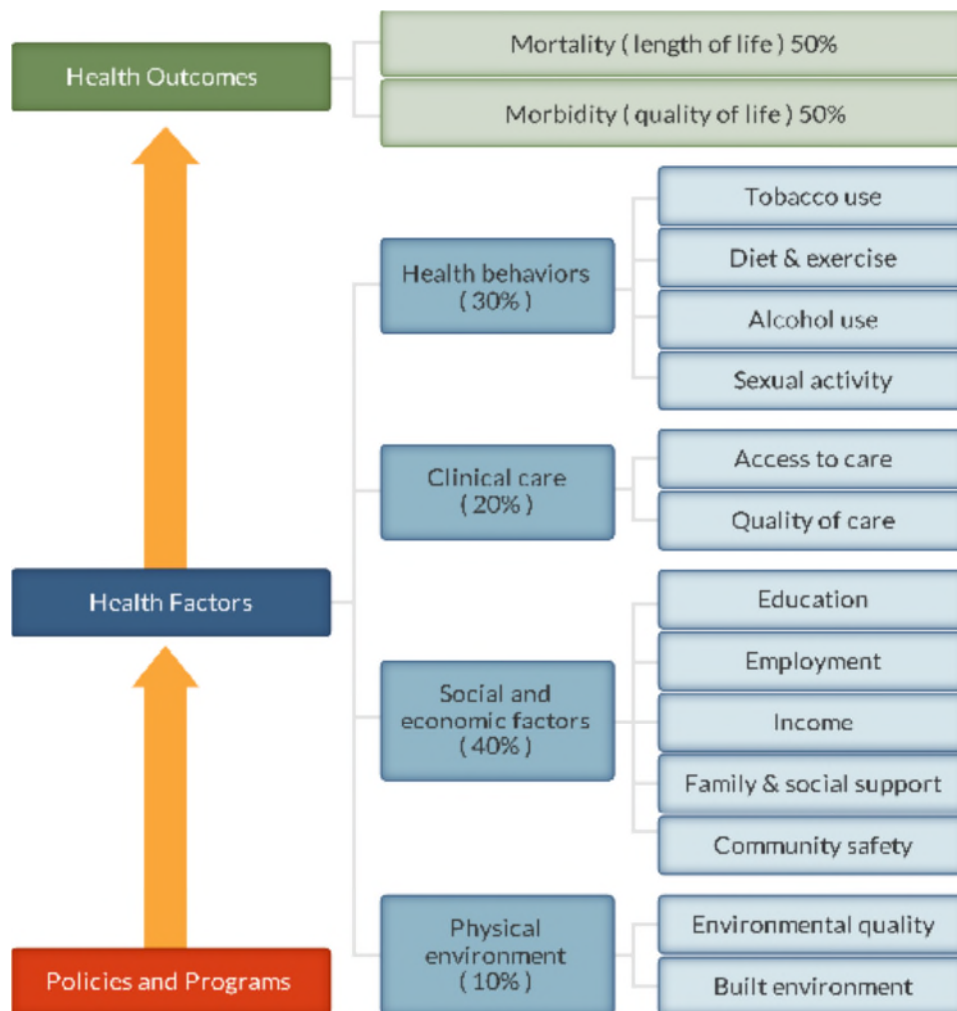
[VVV Consultants LLC]

III. Community Health Status

a) Historical Health Statistics

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators 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 2018 RMJ County Health Rankings and conversations from Town Hall participates. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators. <Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*. As seen below, RWJ's model use a number of health factors to rank each county.>



County Health Rankings model ©2012 UWPHI

National Research - State Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Nemaha Co	TREND	KS RURAL NORM (N=9)
1	Health Outcomes		4		37
2	Mortality	Length of Life	10		31
3	Morbidity	Quality of Life	5		47
4	Health Factors		4		38
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	17		48
6	Clinical Care	Access to care / Quality of Care	6		39
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	3		32
8	Physical Environment	Environmental quality	30		59
http://www.countyhealthrankings.org , released 2018					
Kansas Rural Norm (N=9) includes the following counties: Republic, Marshall, Doniphan, Brown, Nemaha, Jackson, Pottawatomie, Atchison, and Washington.					

PSA Secondary Research:

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

Tab 1 Demographic Profile

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

Tab	Health Indicator	Nemaha Co	Trend	State of KS	KS Rural Norm (N=10)	Source
1a	a Population estimates, July 1, 2016, (V2016)	10,241		2,907,289	11,990	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2016, (V2016)	0.6%		1.9%	-1.5%	People Quick Facts
	c Population per square mile, 2012	14.2		34.9	19.8	Geography Quick Facts
	d Persons under 5 years, percent, July 1, 2016, (V2016)	7.5%		6.7%	6.2%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2016, (V2016)	20.3%		15.0%	19.8%	People Quick Facts
	f Female persons, percent, July 1, 2016, (V2016)	49.3%		50.2%	50.3%	People Quick Facts
	g White alone, percent, July 1, 2016, (V2016)	96.9%		86.6%	93.4%	People Quick Facts
	h Black or African American alone, percent, July 1, 2016, (V2016)	0.8%		6.2%	1.5%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2016, (V2016)	1.7%		11.6%	3.2%	People Quick Facts
	j Foreign born persons, percent, 2011-2015	1.0%		6.9%	1.2%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2011-2015	1.3%		11.3%	2.5%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	88.7%		83.5%	87.9%	People Quick Facts
	m Children in single-parent households, percent, 2011-2015	19.0%		29.0%	25.3%	County Health Rankings
	n Total Veterans, 2011-2015	659		198,396	922	People Quick Facts

Tab 2 Economic Profile

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

Tab	Health Indicator	Nemaha Co	Trend	State of KS	KS Rural Norm (N=10)	Source
2	a Per capita income in past 12 months (in 2015 dollars), 2011-2015	\$26,041		\$27,706	\$24,846	People Quick Facts
	b Persons in poverty, percent	8.8%		12.1%	11.4%	People Quick Facts
	c Total Housing units, July 1, 2016, (V2016)	4,589		1,259,864	5,403	People Quick Facts
	d Total Persons per household, 2011-2015	2.3		2.5	2.4	People Quick Facts
	e Severe housing problems, percent, 2009-2013	7.0%		14.0%	9.5%	County Health Rankings
	f Total of All firms, 2012	1,013		239,118	1,033	Business Quick Facts
	g Unemployment, percent, 2015	2.6%		4.2%	3.7%	County Health Rankings
	h Food insecurity, percent, 2014	13.0%		14.0%	13.4%	County Health Rankings
	i Limited access to healthy foods, percent, 2010	5.0%		8.0%	8.0%	County Health Rankings
	j Low income and low access to store, percent, 2015	5.2%		NA	7.0%	U.S. Department of Agriculture - Food Environment Atlas
	k Long commute - driving alone, percent, 2011-2015	16.0%		20.0%	23.4%	County Health Rankings

Tab 3 Schools Health Delivery Profile

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

Tab	Health Indicator	Nemaha Co	Trend	State of KS	KS Rural Norm (N=10)	Source
3	a Children eligible for free or reduced price lunch, percent, 2014-2015	31.0%		50.0%	47.5%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2011-2015	92.7%		88.4%	92.4%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2011-2015	19.8%		27.1%	20.1%	People Quick Facts

#	Indicators	Nemaha Central USD	Sabetha USD	Wetmore USD	Centralia USD
1	Total # Public School Nurses	1	2	1	0.5
2	School Nurse is part of the IEP team Yes/No	Yes	Yes	Yes	When Needed
3	School Wellness Plan (Active)	Yes	Yes	Yes	Yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	373 / 27 / 10	450/27	83/5	260/14/7
5	HEARING: # Screened / Referred to Prof / Seen by Professional	395 / 4 / ?	450/5/1	83/2	262/5/1
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	clinic cancelled	786/87	150/32	265/17/3
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	0	0	0	0
8	# of Students served with no identified chronic health concerns	400 +	552	103	260
9	School has a suicide prevention program	Yes	No	No	Yes
10	Compliance on required vaccinations (%)	99%	100%	100%	99%

TAB 4 Maternal and Infant Health Profile

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

Tab	Health Indicator	Nemaha Co	Trend	State of KS	KS Rural Norm (N=10)	Source
4	a Percent of Births Where Prenatal Care began in First Trimester, 2013-2015	81.0%		80.4%	77.3%	Kansas Health Matters
	b Percentage of Premature Births, 2013-2015	8.6%		8.8%	8.1%	Kansas Health Matters
	c Percent of Infants up to 24 month that received full Immunizations, 2015-2016	82.2%		70.6%	81.3%	Kansas Health Matters
	d Percent of Births with Low Birth Weight, 2013-2015	6.9%		7.0%	6.8%	Kansas Health Matters
	r Percent of WIC Mothers Breastfeeding Exclusively, percent, 2016	14.3%		15.0%	19.3%	Kansas Health Matters
	f Percent of all Births Occurring to Teens (15-19), 2013-2015	4.7%		6.8%	7.2%	Kansas Health Matters
	g Percent of Births Occurring to Unmarried Women, 2013-2015	21.9%		36.3%	30.4%	Kansas Health Matters
	h Percent of births Where Mother Smoked During Pregnancy, 2013-2015	13.6%		11.8%	17.0%	Kansas Health Matters

#	Criteria - Vital Statistics	Nemaha 2018	Trend	Kansas	NE Rural KS (n=10)
a	Total Live Births, 2012	126		40,304	153
b	Total Live Births, 2013	154		38,805	152
c	Total Live Births, 2014	157		39,193	148
d	Total Live Births, 2015	146		39,126	158
e	Total Live Births, 2016	140		38,048	152
f	Total Live Births, 2012-2016 - Five year Rate (%)	14.2%		13.5%	12.4%

TAB 5 Hospitalization/Provider Profile

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

Tab	Health Indicator	Nemaha Co	Trend	State of KS	KS Rural Norm (N=10)	Source
5	a Primary care physicians, 2014	1010:1		1,330:1	1863:1	County Health Rankings
	b Preventable hospital stays, 2014	40		52	63	County Health Rankings
	c Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	82.0%		78.0%	75.0%	CMS Hospital Compare, 10/1/2015-9/30/2016
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	82.0%		77.0%	75.4%	CMS Hospital Compare, 10/1/2015-9/30/2016
	e Average Time Patients Spent in the Emergency Dept. Before They Were Seen by a Healthcare Professional (in Minutes)	NA		24.0	21.8	CMS Hospital Compare, 10/1/2015-9/30/2016

TAB 5 Hospitalization/Provider Profile (cont.)

#	KS Hospital Assoc PO103	Overall Nemaha County KS			Trend	#	Kansas Hosp Assoc TOT223E	Overall Nemaha County			Trend
		FFY14	FFY15	FFY16				FFY14	FFY15	FFY16	
1	Total Discharges	1200	1212	1104		1	ER Visits - Total Nemaha County	1,466	1,345	2,363	
2	Total IP Discharges-Age 0-17 Ped	44	52	44							
3	Total IP Discharges-Age 18-44	70	72	62		2	OPS Visits - Total Nemaha County	1,221	1,243	1,751	
4	Total IP Discharges-Age 45-64	221	236	178							
5	Total IP Discharges-Age 65-74	146	140	165		3	All OP Visits - Total Nemaha Co	12,455	11,949	17,363	
6	Total IP Discharges-Age 75+	388	359	394							
7	Psychiatric	46	61	33							
8	Obstetric	144	154	141							
9	Surgical %	28.3%	28.3%	26.1%							
#	KS Hospital Assoc PO103	Nemaha Valley Comm Hosp			Trend	#	KS Hospital Assoc PO103	Sabetha Comm Hosp			Trend
		FFY14	FFY15	FFY16				FFY14	FFY15	FFY16	
1	Total Discharges	225	209	224		1	Total Discharges	236	256	219	
	NVCH MRKT Shr %	18.8%	17.2%	20.3%			SCH MRKT Shr %	19.7%	21.1%	19.8%	
2	Total IP Discharges-Age 0-17 Ped	10	2	6		2	Total IP Discharges-Age 0-17 Ped	0	3	2	
3	Total IP Discharges-Age 18-44	5	5	3		3	Total IP Discharges-Age 18-44	19	9	11	
4	Total IP Discharges-Age 45-64	25	22	16		4	Total IP Discharges-Age 45-64	14	19	16	
5	Total IP Discharges-Age 65-74	6	11	21		5	Total IP Discharges-Age 65-74	25	24	28	
6	Total IP Discharges-Age 75+	95	84	133		6	Total IP Discharges-Age 75+	103	96	80	
7	Psychiatric	0	0	0		7	Psychiatric	4	5	1	
8	Obstetric	42	44	45		8	Obstetric	36	51	41	

TAB 6 Social & Rehab Services Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	Nemaha Co	Trend	State of KS	KS Rural Norm (N=10)	Source
6	a Depression: Medicare Population, percent, 2015	11.8%		17.8%	14.2%	Centers for Medicare and Medicaid Services
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2014-2016	20.8		15.9	14.9	Kansas Health Matters
	c Poor mental health days, 2015	3.0		3.2	2.8	County Health Rankings

TAB 7 Health Risk Profiles

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

Tab	Health Indicator	Nemaha Co	Trend	State of KS	KS Rural Norm (N=10)	Source
7a	a Adult obesity, percent, 2013	30.0%		31.0%	31.4%	County Health Rankings
	b Adult smoking, percent, 2015	16.0%		18.0%	16.8%	County Health Rankings
	c Excessive drinking, percent, 2015	16.0%		17.0%	15.9%	County Health Rankings
	d Physical inactivity, percent, 2013	28.0%		23.0%	27.7%	County Health Rankings
	e Poor physical health days, 2015	3.1		3.1	3.1	County Health Rankings
	f Sexually transmitted infections, rate, 2014	88.6		384.1	206.3	County Health Rankings

TAB 7 cont.

Tab	Health Indicator	Nemaha Co	Trend	State of KS	KS Rural Norm (N=10)	Source
7b a	Hypertension: Medicare Population, 2015	49.3%		53.2%	50.8%	Kansas Health Matters
b	Hyperlipidemia: Medicare Population, 2015	27.9%		40.0%	34.6%	Kansas Health Matters
c	Heart Failure: Medicare Population, 2015	14.3%		13.0%	13.3%	Kansas Health Matters
d	Chronic Kidney Disease: Medicare Pop, 2015	13.0%		16.2%	13.1%	Kansas Health Matters
e	COPD: Medicare Population, 2015	9.6%		11.4%	11.9%	Kansas Health Matters
f	Atrial Fibrillation: Medicare Population, 2015	10.6%		8.3%	8.8%	Kansas Health Matters
g	Cancer: Medicare Population, 2015	8.1%		7.7%	8.0%	Kansas Health Matters
h	Osteoporosis: Medicare Population, 2015	8.8%		5.7%	5.6%	Kansas Health Matters
i	Asthma: Medicare Population, 2015	5.9%		7.3%	6.7%	Kansas Health Matters
j	Stroke: Medicare Population, 2015	3.5%		3.4%	2.8%	Kansas Health Matters

TAB 8 Uninsured Profiles/Community Invest

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

Tab	Health Indicator	Nemaha Co	Trend	State of KS	KS Rural Norm (N=10)	Source
8 a	Uninsured, percent, 2014	9.0%		12.0%	11.3%	County Health Rankings

Nemaha Valley Comm Hosp	YR 2015	YR 2016	YR 2017
Charity Care .. Free Care given	\$139,146	\$41,510	\$108,428
Bad Debt.. Insurance Writeoff / Cant' Pay Bill	\$382,856	\$502,370	\$446,077

Source: Internal Records - Nemaha County KS				
	Community Tax Dollars- Local Health Dept Operations	Yr 2015	YR 2016	YR 2017
1	Core Community Public Health	\$7,000	\$7,000	\$7,000
2	Immunizations/Vaccine	\$249,009	\$209,336	\$184,340
3	WIC Administration	\$24,462	\$29,706	\$37,965

TAB 9 Mortality Profile

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

Tab	Health Indicator	Nemaha Co	Trend	State of KS	KS Rural Norm (N=10)	Source
9	a Life Expectancy for Males, 2014	77.5		76.5	76.9	Kansas Health Matters
	b Life Expectancy for Females, 2014	83.2		81.0	81.6	Kansas Health Matters
	c Age-adjusted Cancer Mortality Rate per 100,000 population, 2014-2016 (lower is better)	153.9		194.3	161.4	Kansas Health Matters
	d Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2014-2016	110.1		157.4	168.5	Kansas Health Matters
	e Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000 population, 2014-2016	52.4		48.9	55.1	Kansas Health Matters
	f Alcohol-impaired driving deaths, percent, 2011-2015	67.0%		27.0%	33.5%	County Health Rankings

TAB 10 Preventive Health Profile

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

Tab	Health Indicator	Nemaha Co	Trend	State of KS	KS Rural Norm (N=10)	Source
10	a Access to exercise opportunities, percent, 2014	27.0%		76.0%	39.2%	County Health Rankings
	b Diabetes monitoring, percent, 2014	81.0%		86.0%	85.9%	County Health Rankings
	c Mammography screening, percent, 2014	65.0%		63.0%	59.8%	County Health Rankings
	d Percent Annual Check-Up Visit with PCP	TBD		TBD	TBD	TBD
	e Percent Annual Check-Up Visit with Dentist	TBD		TBD	TBD	TBD
	f Percent Annual Check-Up Visit with Eye Doctor	TBD		TBD	TBD	TBD

PSA Primary Research:

For each CHNA Wave # 3 evaluation, a community stakeholder survey has been created and administered to collect “current” healthcare information for PSA.

**Chart #1 – Nemaha Valley Community Hospital PSA Online Feedback Response
N=96**

Community Health Needs Assessment Wave #3					
For reporting purposes, are you involved in or are you a ?	Nemaha Co N=183	Trend	NVCH N=96	Sabetha N=75	Norms18 N= 1120
Business / Merchant	9.1%		17.2%	6.3%	8.8%
Case Manager / Discharge Planner	2.8%		0.0%	0.0%	1.0%
Clergy	0.8%		0.0%	2.1%	1.0%
College / University	1.9%		0.0%	0.0%	2.1%
Community Board Member	11.3%		11.2%	5.3%	8.6%
Consumer Advocate	3.0%		2.6%	0.0%	2.0%
Dentist / Eye Doctor / Chiropractor	0.0%		0.0%	0.0%	0.1%
Elected Official - City/County	2.2%		0.9%	1.1%	1.8%
EMS / Emergency	3.0%		3.4%	3.2%	2.2%
Farmer / Rancher	3.9%		9.5%	7.4%	5.1%
Hospital / Health Dept	9.9%		11.2%	37.9%	19.3%
Housing / Builder	0.6%		0.0%	0.0%	0.6%
Insurance	1.1%		0.9%	0.0%	0.8%
Labor	1.7%		0.9%	4.2%	1.8%
Law Enforcement	0.6%		0.0%	0.0%	0.6%
Media (Paper/TV/Radio)	1.1%		0.0%	1.1%	0.6%
Mental Health	3.6%		0.0%	0.0%	1.8%
Other (please specify)	9.4%		7.8%	2.1%	6.8%
Other Health Professional	8.3%		11.2%	7.4%	9.6%
Parent / Caregiver	13.8%		16.4%	13.7%	14.5%
Pharmacy / Clinic	1.7%		1.7%	4.2%	1.9%
Senior Care	1.1%		0.0%	0.0%	1.4%
Teacher / School Admin	7.7%		2.6%	2.1%	6.0%
Veteran	1.4%		2.6%	2.1%	1.8%
Norms 2018 (9 Hospitals) includes the following counties: Barton, Edwards, Ellis, Kiowa, Nemaha and Pawnee.					

Chart #2 - Quality of Healthcare Delivery Community Rating

Community Health Needs Assessment Wave #3					
Quality" of healthcare delivery in our community?	Nemaha Co N=183	Trend	NVCH N=96	Sabetha N=75	Norms18 N= 1120
Valid N	176		93	72	1080
Top Box %	49.4%		48.4%	55.6%	29.7%
Top 2 Boxes %	89.2%		88.2%	94.4%	75.5%
Very Poor	0.6%		0.0%	1.4%	0.5%
Poor	0.6%		0.0%	0.0%	3.8%
Average	9.7%		11.8%	4.2%	22.1%
Good	39.8%		39.8%	38.9%	45.7%
Very Good	49.4%		48.4%	55.6%	29.7%

Chart #3 - Overall Community Health Quality Trend

Community Health Needs Assessment Wave #3					
When considering "overall community health quality", is it ...	Nemaha Co N=183	Trend	NVCH N=96	Sabetha N=75	Norms18 N= 1120
Valid N	170		90	70	1007
Increasing - moving up	62.4%		72.2%	51.4%	49.8%
Not really changing much	35.9%		26.7%	47.1%	41.8%
Decreasing - slipping	1.8%		1.1%	1.4%	8.4%

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

CHNA Wave #3				Ongoing Problem				Pressing	
Past CHNAs health needs identified				Nemaha Co N=183	Trend	NVCH N=96	SCH N=75	NVCH	SCH
Rank	Topic	Votes	%			Votes	%	Votes	%
1	Limited access to mental health assistance	88	29.3%			45	30.6%	38	29.5%
2	Lack of awareness of existing local programs, providers, and services	70	23.3%			35	23.8%	31	24.0%
3	Lack of health & wellness education	40	13.3%			25	17.0%	12	9.3%
4	Chronic disease prevention	34	11.3%			16	10.9%	15	11.6%
5	Family assistance programs	28	9.3%			14	9.5%	10	7.8%
6	Elder assistance programs	26	8.7%			11	7.5%	12	9.3%
7	Case management assistance	14	4.7%			1	0.7%	11	8.5%
	TOTALS	300	100.0%			147	100.0%	129	100.0%

Chart #5 - Community Health Needs Assessment "Causes of Poor Health"

Community Health Needs Assessment Wave #3					
In your opinion, what are the root causes of "poor health" in our community?	Nemaha Co N=183	Trend	NVCH N=96	Sabetha N=75	Norms18 N= 1120
Votes (Larger %)	121		62	52	728
Lack of health & wellness education	45.5%		43.5%	46.2%	34.6%
Chronic disease prevention	28.9%		27.4%	25.0%	31.9%
Limited access to mental health assistance	51.2%		50.0%	51.9%	39.4%
Case management assistance	12.4%		9.7%	17.3%	15.2%
Elder assistance programs	13.2%		11.3%	13.5%	27.5%
Family assistance programs	12.4%		16.1%	7.7%	22.8%
Lack of awareness of existing local programs, providers, and services	52.9%		58.1%	46.2%	61.7%
Other (please specify)	17.4%		16.1%	19.2%	17.3%

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

CHNA Wave #3	Nemaha Co		Trend	NVCH		Sabetha		Norms 2018	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes	Top 2 boxes	Bottom 2 boxes	Top 2 boxes	Bottom 2 boxes
Ambulance Services	88.1%	2.1%		80.8%	4.1%	96.7%	0.0%	90.7%	2.1%
Child Care	63.8%	8.5%		74.0%	2.7%	54.2%	16.9%	52.2%	10.8%
Chiropractors	89.4%	1.4%		84.7%	1.4%	96.7%	0.0%	79.6%	4.9%
Dentists	85.7%	2.1%		84.5%	1.4%	90.0%	0.0%	74.3%	8.3%
Emergency Room	90.9%	1.4%		90.4%	2.7%	93.4%	0.0%	72.0%	9.5%
Eye Doctor/Optometrist	72.1%	4.3%		68.1%	2.8%	78.0%	3.4%	80.4%	4.1%
Family Planning Services	43.4%	10.9%		40.9%	9.1%	44.4%	11.1%	44.3%	13.0%
Home Health	77.0%	0.0%		69.6%	0.0%	88.5%	0.0%	60.4%	9.5%
Hospice	80.6%	1.4%		75.4%	2.9%	91.8%	0.0%	70.2%	7.5%
Inpatient Services	93.0%	0.0%		90.4%	0.0%	98.3%	0.0%	79.4%	4.0%
Mental Health	26.1%	35.5%		21.4%	31.4%	28.8%	39.0%	30.5%	28.6%
Nursing Home	80.3%	1.4%		82.2%	1.4%	81.7%	1.7%	49.2%	18.3%
Outpatient Services	88.7%	0.0%		90.4%	0.0%	88.3%	0.0%	80.1%	3.9%
Pharmacy	95.8%	0.0%		95.9%	0.0%	95.0%	0.0%	89.8%	3.9%
Physician Clinics	93.7%	0.7%		93.2%	0.0%	96.7%	0.0%	83.1%	3.4%
Public Health	74.3%	3.7%		67.1%	5.7%	84.5%	0.0%	67.0%	5.6%
School Nurse	69.9%	2.9%		63.4%	2.8%	77.2%	1.8%	64.1%	8.7%
Specialists	83.0%	2.1%		84.9%	2.7%	83.3%	0.0%	56.6%	11.4%

Chart #7 - Community Health Readiness

Community Health Needs Assessment Wave #3	Bottom 2 boxes				
Community Health Readiness is vital. How would you rate each of the following?	Nemaha Co N=183	Trend	NVCH N=96	Sabetha N=75	Norms18 N= 1120
Caregiver Training Programs	10.9%		15.6%	7.1%	16.6%
Early Childhood Development Programs	3.0%		6.1%	0.0%	7.9%
Emergency Preparedness	3.7%		7.4%	0.0%	6.4%
Food and Nutrition Services/Education	5.3%		6.0%	5.5%	10.4%
Secure Grants / Finances to Support Local Health Initiatives	7.7%		9.1%	7.3%	14.6%
Health Screenings (such as asthma, hearing, vision, scoliosis)	6.1%		4.5%	8.9%	10.3%
Immunization Programs	0.8%		1.5%	0.0%	2.5%
Obesity Prevention & Treatment	18.3%		22.7%	14.3%	28.4%
Spiritual Health Support	3.8%		4.4%	1.8%	5.4%
Prenatal / Child Health Programs	0.8%		1.6%	0.0%	6.5%
Sexually Transmitted Disease Testing	9.0%		10.0%	7.5%	10.6%
Substance Use Treatment & Education	20.2%		23.1%	16.4%	26.1%
Tobacco Prevention & Cessation Programs	16.3%		21.5%	9.1%	21.7%
Violence Prevention	21.0%		24.6%	18.5%	25.3%
Women's Wellness Programs	11.5%		15.6%	8.8%	11.3%
WIC Nutrition Program	6.6%		8.3%	5.8%	5.9%

Chart #8 – Healthcare Delivery “Outside our Community”

Specialties:

Community Health Needs Assessment Wave #3							
Rank	Reason	In the past 2 years, did you or someone you know receive HC outside of our community?	Nemaha Co N=183	Trend	NVCH N=96	Sabetha N=75	Norms18 N= 1120
1	CARD						
2	SURG						
3	OBG						
4	PEDS						
5	SPEC						
6	ENT						
		Valid N	137		69	59	788
		Yes	80.3%		81.2%	86.4%	76.0%
		No	15.3%		13.0%	13.6%	18.3%
		I don't know	4.4%		5.8%	0.0%	5.7%

Chart #9 - What HC topics need to be discussed future during Town Hall Meeting

Community Health Needs Assessment Wave #3				
What needs to be discussed further at our CHNA Town Hall meeting?	Nemaha Co N=183	NVCH N=96	Sabetha N=70	Norms18 N= 1120
Abuse/Violence	5.1%	5.1%	5.2%	5.1%
Alcohol	5.4%	6.8%	3.4%	5.6%
Breast Feeding Friendly Workplace	1.7%	1.4%	1.5%	1.5%
Cancer	6.3%	7.4%	4.9%	4.2%
Diabetes	3.9%	4.3%	3.7%	4.0%
Drugs/Substance Abuse	7.1%	7.7%	7.1%	8.6%
Family Planning	2.0%	1.4%	2.6%	2.2%
Heart Disease	2.2%	2.8%	1.1%	3.0%
Lead Exposure	0.9%	0.3%	1.5%	0.9%
Mental Illness	9.8%	9.7%	10.5%	9.0%
Nutrition	5.2%	4.6%	6.0%	4.6%
Obesity	7.7%	6.8%	9.4%	8.1%
Ozone	0.3%	0.0%	0.4%	0.4%
Physical Exercise	8.3%	8.8%	7.5%	5.9%
Poverty	3.8%	2.6%	5.2%	6.3%
Respiratory Disease	1.9%	2.6%	0.7%	2.2%
Sexually Transmitted Diseases	2.0%	1.1%	3.4%	2.1%
Smoke-Free Workplace	1.2%	0.9%	1.5%	1.3%
Suicide	7.7%	9.1%	6.4%	7.1%
Teen Pregnancy	2.8%	2.8%	2.6%	2.6%
Tobacco Use	2.5%	2.6%	1.9%	3.4%
Vaccinations	2.0%	1.4%	2.2%	2.6%
Water Quality	3.5%	2.0%	5.6%	3.3%
Wellness Education	6.6%	7.7%	5.6%	6.0%

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Yr 2018 Inventory of Health Services - Nemaha County KS

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

Yr 2018 Inventory of Health Services - Nemaha County KS

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

Physician Manpower - Nemaha Co KS YR 2018

		Supply Working in Nemaha Co (KS)					
		MD/DO Based		MD/DO Visiting		PA / NP Allied	
# of FTE Providers	Co Totals	SCH	NVMH	SCH	NVMH	SCH	NVMH
Primary Care:							
Family Practice	13.0	5.0	4.0	1.0	0.0	1.0	2.0
Surgery Specialists:							
General Surgery	4.0	0.0	0.0	2.0	2.0		
Ophthalmology	2.0	0.0	0.0	1.0	1.0		
Orthopedics	4.0	0.0	0.0	3.0	1.0		
Otolaryngology (ENT)	3.0	0.0	0.0	2.0	1.0		
Thoracic/CardioVasc/Vasc	6.0	0.0	0.0	4.0	2.0		
Urology	5.0	0.0	0.0	3.0	2.0		
Hospital Based:							
Emergency	6.0	0.0	4.0	0.0	0.0		2.0
Radiology	2.0	0.0	0.0	1.0	1.0		
Pathology	2.0	0.0	0.0	1.0	1.0		
TOTALS	47.0	5.0	8.0	18.0	11.0	1.0	4.0

Visiting Specialists to NVCH - Yr 2018

Specialty	Physician	Group Name	Office Location	Schedule at hospital (visiting clinics)
Medicine:				
Allergy/Asthma	Kossoy	Cotton O'Neil Allergy & Immunology	Topeka, KS	Monthly
Cardiology	Beard; Graham, Bernd, Seals	Cotton O'Neil Heart Center/St. Francis Heart & Vascular	Topeka, KS	Twice a month
Child Therapy	Banwart, Avenaim	Marillac	Overland Park, KS	telemedicine - as needed
Dermatology	Engelken, APRN	Kansas Medical Clinic, PA	Topeka, KS	Once per month
Diabetes & Endocrinology	Bradbury	Cotton O'Neil D & E Center	Topeka, KS	Monthly
Endocrinology	Vercollone, Shawa	FreeState	Wichita, KS	telemedicine - as needed
Infectious Diseases	Creswell	FreeState	Wichita, KS	telemedicine - as needed
Nephrology **	Blanton; Duvvur	Cotton O'Neil Clinic	Topeka, KS	once per month
Neurology	Woolard	Mosaic Neurology	St. Joseph, MO	once per month
OB/GYN	Teply	Lincoln Center OB/GYN, PA	Topeka, KS	once per month
Oncology	Olsen, APRN	St. Francis Cancer Center	Topeka, KS	once per month
Pediatrics	B. Yaghmai	FreeState	Wichita, KS	telemedicine - as needed
Podiatry	Sitek	Steve Sitek, DPM, PA	Atchison, KS	twice per month
Psychiatry	Eboh	FreeState	Wichita, KS	telemedicine - weekly
Psychiatry & Therapy	Ebberwein	FreeState	Wichita, KS	telemedicine
Pulmonology	Short	Inspire ENT & Pulmonology	Manhattan, KS	once per month
Rheumatology	Masri	FreeState	Wichita, KS	telemedicine - as needed
Wound Clinic	Sankoorikal	Midwest Rehabilitation	Topeka, KS	Monthly
Surgery:				
General Surgery	Warren, Sinning	Surgical Associates of NE KS	Hiawatha, KS	Warren - every Monday; Sinning - every other Wednesday
Neurosurgery				
Ophthalmology	Kresie	Kresie & Penzler MD's, PA	Topeka, KS	Surgery - once per month; clinic once per month
Orthopedics	Teter/ Mumford, Deister	Tallgrass Orthopedic & Sports Medicine/ Cotton O'Neil	Topeka, KS	twice per month - 2nd & 4th Wednesday
Otolaryngology (ENT)	Barnes	Topeka ENT	Topeka, KS	once per month
Urology	Illoreta/ Rupp/ Devine	Topeka Urology/ Rupp Urology Clinic/Associated Urologists, PA	Topeka, KS /Manhattan, KS	each once per month
Others:				
Orthopedic clinic	Deister	Cotton O'Neil Orthopedics & Sports Medicine	Topeka, KS	once per month
Podiatry	Sitek	Steve Sitek DPM, PA	Atchison, KS	once per month
Speech-Language Pathology	McKinley	McKinley Speech Services		
Dietitian	Heinen, RD/LD	Nemaha Valley Community Hospital	Seneca, KS	in house
Audiology	Schotte/ Turk	Associated Audiology/Topeka ENT	Manhattan, KS /Topeka, KS	each once per month

Nemaha County (KS) Area Health Services Directory

Emergency Numbers:

Police/Sheriff 911

Fire 911

Ambulance 911

Non-Emergency Numbers:

Nemaha County Sheriff 785-336-2311

Nemaha County Ambulance 785-284-2158

Municipal Non-Emergency Numbers

	<u>Police/Sheriff</u>	<u>Fire</u>
Baileyville	785-336-2311	785-866-2260
Bern	785-336-2311	785-336-6135
Centralia	785-336-2311	785-857-3516
Corning	785-336-2311	785-866-2260
Goff	785-336-2311	785-866-2260
Oneida	785-336-2311	785-866-2260
Sabetha	785-284-2158	785-866-2260
Seneca	785-336-6135	785-866-2260
Wetmore	785-336-2311	785-866-2260

Other Emergency Numbers

Kansas Child/Adult Abuse and Neglect Hotline

1-800-922-5330

www.dcf.ks.gov

Domestic Violence Hotline

1-800-799-7233

www.ndvh.org

Emergency Management (Topeka) 785-274-1409

www.accesskansas.org/kdem

Federal Bureau of Investigation

1-866-483-5137

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

Kansas Arson/Crime Hotline 1-800-KS-CRIME
800-572-1763

www.accesskansas.org/kbi

Kansas Bureau of Investigation (Topeka) 785-296-8200

www.accesskansas.org/kbi

Kansas Crisis Hotline (Domestic
Violence/Sexual Assault)

1-888-END-ABUSE

www.kcsdv.org

Kansas Road Conditions 1-866-511-KDOT

www.ksdot.org

Poison Control Center

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

Suicide Prevention Hotline

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

TALK www.suicidepreventionlifeline.com

Toxic Chemical and Oil Spills

1-800-424-8802

www.epa.gov/region02/contact.htm

Health Services

Hospitals

Nemaha Valley Community Hospital 1600

Community Drive (Seneca) 785-336-6181

www.nemvch.com

Sabetha Community Hospital 603 North 14th
Street (Sabetha) 785-284-2121

www.sabethahospital.com

Health Department

Nemaha County Community Health Services

Sabetha Location

1004 Main Street (Sabetha)

785-284-2152

Seneca Location

203 North 8th Street (Seneca)

785-336-2330

www.ks-nemaha.manatron.com

Mental Health

Kanza Mental Health & Guidance Center 710

Pioneer Street Suite 3 (Seneca) 785-336-3755

Medical Professionals

Chiropractors

Heartland Chiropractic Clinic 610 North 9th

Street (Seneca) 785-336-3384

John Korpi, DC

610 North 9th Street (Seneca) 785-336-3384

Lukert Chiropractic & Wellness

1102 South US Old Highway 75 (Sabetha)

785-284-0088

Seneca Chiropractic & Wellness Center LLC

514 Main Street (Seneca)

785-336-6222

Simpson Chiropractic PA 914 Main Street

(Sabetha)

785-284-2205

Clinics

Centralia Medical Clinic 606 1st Street
(Centralia)
785-857-3334

Goff Medical Clinic
323 2nd Street (Wetmore)
785-866-4775

Seneca Family Practice
1600 Community Drive
785-336-6181

Dentists

D A Bowman Family Dentistry 713 Main Street
(Seneca)
785-336-6192

Dental Implant Ctr-Ne Kansas
1309 South US Old Highway 75 (Sabetha)
785-284-3911

Family Dentistry
502 South Washington Avenue (Sabetha)
785-284-3010

Hamilton & Wilson DDS PA 112 North 9th
Street (Sabetha) 785-272-3722

Randy Kirwin, DDS 819 Main St
(Sabetha) 785-284-3368

Seneca Dental Clinic Inc 430 Main Street
(Seneca) 785-336-6149

Katie Kramer, DDS 430 Main Street
(Seneca) 785-336-6149

Ashley Lueger, DDS 430 Main Street
(Seneca) 785-336-6149

Jason E Showman DDS 430 Main Street
(Seneca) 785-336-6149

Betsy Tedman, DMD 112 N 9th St
(Sabetha) 785-284-2323

Terry D Whitten DDS 1309 Acorn Road
(Sabetha) 785-284-3911

Optometrists

Gail H McPeak
402 Main Street Suite A (Seneca) 785-336-3535

Whittaker Eye Associates 407 Main Street
(Seneca) 785-336-3571
Whittaker Eye Associates 1002 Main Street
(Sabetha) 785-284-2139

Pharmacies

Medical Arts Pharmacy 701 Main Street
(Seneca) 785-336-6146

Sabetha Family Pharmacy 1115 Main Street
(Sabetha) 785-284-2141
www.sabethafasthealth.com

Sabetha Healthmart
934 Main Street (Sabetha)
785-284-3414

Shopko
1710 North St. (Seneca)
785-336-3855

Physicians

William A. (Tony) Bartkoski, D.O.
1600 Community Drive (Seneca)
785-336-6181

Heather Cooper, D.O.
1600 Community Drive (Seneca)
785-336-6181

Kerry Glynn, M.D.
1115 Main Street (Sabetha)
785-284-2141

Kevin Kennally, M.D.
1115 Main Street (Sabetha)
785-284-2141

James Longabaugh, D.O.
1115 Main Street (Sabetha)
785-284-2141

Lori Lueger, APRN-C
1600 Community Drive (Seneca)

785-336-6181

Angela M. Stueve, M.D.
1600 Community Drive (Seneca)
785-336-6181

Jarod Snyder, M.D.
1600 Community Drive (Seneca)
785-336-6181

Christian R. Tramp, M.D.
1115 Main Street (Sabetha)
785-284-2141

Gregg Wenger, M.D.
1115 Main Street (Sabetha)
785-284-2141

Sheri Wessel PA
1600 Community Drive (Seneca)
785-336-6181

Rehabilitation Services

Apostolic Christina Home
511 Paramount St (Sabetha)
785-284-3471

Crestview Manor Nursing & Residential Living
808 North 8th Street (Seneca)
785-336-2156
www.crestviewseneca.com

Nemaha County Training Center
12 South 11th Street (Seneca) 785-336-6116
329 North 11th Street (Sabetha) 785-284-3666
www.nemahactc.org

Sabetha Manor
1441 Oregon St (Sabetha)
785-284-3411

OTHER

General Health Services

Community Health Care 6221 5th Street
(Corning) 785-868-2000

Nemaha County Home Health & Hospice
14th and Oregon St (Sabetha) 785-284-2288

Nemaha County Community Health Services
Sabetha Location
1004 Main Street (Sabetha)
785-284-2152

Seneca Location
203 North 8th Street (Seneca)
785-336-2330
www.ks-nemaha.manatron.com

Sabetha Family Practice
1115 Main Street (Sabetha) 785-284-2141

Sabetha Nutrition Center
1116 Main Street (Sabetha)
785-284-3594

Assisted Living/Nursing Homes/TLC

Apostolic Christian Home
603 Paramount St (Sabetha)
785-284-2499

Community Based Home Care
RR1 Box 127 (Centrallia)
785-847-3273

Country Place Senior Living
1700 Community Drive (Seneca) 785-336-6868

Crestview Manor Nursing & Residential Living
808 North 8th Street (Seneca)
785-336-2156
www.crestviewseneca.com

Lakeside Terrace
1100 Harrison Street (Sabetha)
785-284-0005

Lifecare Center of Seneca
512 Community Dr.
785-336-3528

NCTC Group Home
602 South 8th Street (Seneca)
785-336-6223

Sabetha Manor of Sabetha Skilled Nursing by
Americare 1441 Oregon Street (Sabetha)

785-284-3411
www.americareusa.net

Diabetes

Arriva Medical
1-800-375-5137

Karen Hynek MSN ARNP
785-336-6181

Diabetes Care Club
1-888-395-6009

Disability Services

American Disability Group
1-877-790-8899

Kansas Department on Aging
1-800-432-3535
www.agingkansas.org/index.htm

Domestic/Family Violence

Child/Adult Abuse Hotline 1-800-922-5330
www.srskansas.org/services/child_protective_services.htm

Family Crisis Center (Great Bend)
Hotline: 620-792-1885
Business Line: 620-793-1965
General Information – Women’s Shelters
www.WomenShelters.org

Kansas Crisis Hotline Manhattan
785-539-7935

Sexual Assault/Domestic Violence Center
(Hutchinson)
Hotline: 1-800-701-3630
Business Line: 620-663-2522
Educational Training Opportunities
Association of Continuing Education 620-792-3218

Food Programs

Nutrition Center (Seneca)
785-336-2714

Food Pantry (Seneca)
518 Main St.
785-336-3085

Kansas Food Bank
1919 E Douglas (Wichita)
316-265-4421
www.kansasfoodbank.org

Government Healthcare

Kansas Department on Aging (KDOA) 503
South Kansas Avenue (Topeka) 785-296-4986
or 1-800-432-3535 www.agingkansas.org/

Kansas Department of Health and Environment
(KDHE)
Curtis State Office Building
1000 South West Jackson (Topeka)
785-296-1500
www.kdheks.gov/contact.html

MEDICAID

Kansas Department of Social & Rehabilitation
Services (SRS)
3000 Broadway (Hays)
785-628-1066

MEDICARE

Kansas Department of Aging and Disability
1803 Oregon Street (Hiawatha) 785-742-7152
1-800-883-2549 www.nekaaa.org

Social Security Administration (Manhattan)
1-877-840-5741

Health and Fitness Centers

LifeCare Fitness Center 604 1st Street
(Centralia)
785-857-3388
Main Street Fitness (Seneca)
785-770-0062

Home Health

Nemaha County Home Health & Hospice 501
North 14th Street (Sabetha) 785-284-2288

Hospice

Nemaha County Home Health & Hospice
14th and Oregon St (Sabetha) 785-284-2288

Freedom Hospice LLC
785-740-1705

Massage Therapy

Studio Fusion Salon & Day Spa 1785 Frontage
Road (Sabetha) 785-284-0772
www.studiofusionsalon.com

Lukert Chiropractic & Wellness
1102 South US Old Highway 75 (Sabetha) 785-
284-0088
www.lukertchiropractic.com

Seneca Chiropractic and Wellness Center
514 Main Street Seneca
785-336-6222

Above and Beyond (Seneca)
785-334-2277

Medical Equipment and Supplies

American Medical Sales and Repair 1-866-637-
6803

School Nurses

Centralia Public Schools-USD 380
Centralia Elementary School
Centralia Junior Senior High School 507 Riggins
Avenue (Centralia) 785-867-3324
www.centralia.usd380.com

Lutheran Church Preschool
225 South 2nd Street #B (Sabetha)
785-284-3570

Nekcap Head Start
16 Main Street #B (Sabetha) 785-284-3009

Nemaha Central Schools-USD 115
Elementary and Middle School
110 North 11th St (Seneca) 785-336-2173
High School- 214 North 11th
785-336-3557

Prairie Hills-USD 113

Sabetha Elementary School
785-284-3448
Sabetha Middle School

751 Blue Jay Boulevard (Sabetha)
Sabetha High School
1011 Blue Jay Boulevard (Sabetha)
785-284-2155

Wetmore High School
321 6th Street (Wetmore)
785-866-2860
www.usd441.org

Sabetha Community Preschool 1116 Main
Street (Sabetha) 785-284-3515

Senior Services

Elder Care, Inc.
PO Box 1364 (Great Bend) 785-792-5942

Kansas Department of Aging and Disability 1803
Oregon Street (Hiawatha) 785-742-7152

Veterinary Services

Baileyville Animal Clinic 226 Main Street
(Seneca) 785-336-6647
www.baileyvillanimalclinic.com

Bern-Sabetha Veterinary Clinic PA
11 E Main St (Sabetha) 785-284-2103
216 West Street (Bern) 785-336-6151

Centralia Animal Clinic
100 Railroad Avenue (Centralia) 785-857-3366

Country Side Animal Clinic
2495 State Highway 9 (Wetmore) 785-866-4141

Seneca Vet 336-2456

Local Government, Community and Social Services

Department of Children and Family Services
800-922-5330 Children and Elder Abuse
(Marysville) 562-5338 406 N 3rd
785-562-5338
www.dcf.ks.gov

Alcohol and Drug Treatment

Alcohol and Drug Abuse Services 1-800-586-3690

Alcohol Detoxification 24-Hour Helpline
1-877-403-3387

Center for Recovery 1-877-403-6236
www.ACenterForRecovery.com

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

Road Less Traveled 1-866-486-1812

Seabrook House 1-800-579-0377

The Treatment Center 1-888-433-9869

Child Protection

Department of Children and Family Services—
i.e. PROTECTION REPORT CENTER FOR
ABUSE www.dcf.ks.gov
1-800-922-5330

Available 24 hours/7 days per week – including
holidays

Children and Youth

Children's Alliance
627 SW Topeka Boulevard (Topeka)
785-235-5437
www.childally.org

Kansas Children's Service League
1-800-332-6378
www.kcsl.org

Community Centers

Bern Community Building
106 John Riggins Ave (Centralia) 785-857-3302

Goff Community Center 1723 State Highway 9
(Goff) 785-939-2027

Nemaha County Community Center 1500
Community Drive (Seneca) 785-336-2184

Sabetha Community Center
1116 Main (Sabetha)

Crime Prevention

City of Sabetha Crime Stoppers 805 Main Street
(Sabetha) 785-284-2114

Nemaha County Sheriff
212 North 6th Street (Seneca) 785-336-2311

Day Care Providers- Adult

Country Place Senior Living 1700 Community
Drive (Seneca) 785-336-6868

NCTC
1306 Quail Drive (Sabetha)
785-284-3666

Day Care Providers- Children

Northridge Family Development Center
316 Lincoln St (Sabetha) 785-284-2401

Teddy Bear Child Care 508 Castle Street
(Seneca) 785-336-3013

Extension Office

Nemaha County Extension Service 1500
Community Drive (Seneca) 785-336-2184

Funeral Homes

Lauer Funeral Home
212 South 4th Street (Seneca) 785-336-2101
www.lauerfuneralhome.com

Popkess Funeral Home- Hayes 801 4th Street
(Centralia) 785-857-3721
www.popkessmortuaries.com

Popkess Memorial Chapel-Seneca 814 Castle
Street (Seneca) 785-336-2155
www.popkessmortuaries.com

Popkess Mortuary- Sabetha 823 Virginia Street
(Sabetha) 785-284-2101
www.popkessmortuaries.com

Head Start

NEK-CAP Head Start 16 Main Street (Sabetha)
785-284-3009

Housing

Apostolic Christian Assisted Living 603
Paramount Street (Sabetha)

785-284-2499
www.apostolicsabetha.com

City of Sabetha Housing Authority 200 North 1st
Street (Sabetha) 785-284-2841

City of Seneca Housing Authority 504 Edward
Street (Seneca) 785-336-2144

Cobble Stone Court of Sabetha Senior Living By
Americare
913 Dakota Street (Sabetha)
785-284-3418

Community Based Home Care RR1 Box 127
(Centraillia)
785-857-3273

Country Place Senior Living 1700 Community
Drive (Seneca) 785-336-6868

Crestview Manor Nursing & Residential Living
808 North 8th Street (Seneca)
785-336-2156
www.crestviewseneca.com
Lakeside Terrace
1100 Harrison Street (Sabetha) 785-284-0005
www.lakesideterrace.org

Legal Services

A-1 Bail Bonds
408 Nemaha Street (Seneca) 785-336-3316

Susan L Bowman
713 Main Street (Seneca)
785-336-3569

Kansas Legal Services
203 North 8th Street Suite 1 (Seneca)
785-336-6016
www.kansaslegalservices.org

Lippert Law Office
920 Main Street (Sabetha)
785-284-3805

Massieon Law
419 Main Street (Seneca)
785-336-2161

Northeast Kansas Area Agency on Aging 526
Oregon Street (Hiawatha) 785-742-7152
www.nekaaa.org

Libraries, Parks and Recreation

Centralia Community Library 520 4th Street
(Centralia)
785-857-3331

Centralia Swimming Pool 806 5th Street
(Centralia)
785-847-3988

Corning City Library
6611 7th Street (Corning)
785-868-2755

KT Paintball Games
346 250th Street (Sabetha)
785-285-0075 or 785-284-2827

Seneca City Recreation
609 Community Drive (Seneca) 785-336-6469

Seneca Library
606 Main Street (Seneca) 785-336-2377

Seneca Swimming Pool
1509 Community Drive (Seneca) 785-336-2272

Sycamore Springs Resort
3126 Bittersweet Road (Sabetha) 785-284-3088

Wetmore Public Library 333 2nd Street
(Wetmore) 785-868-2250

Pregnancy Services

Adoption is a Choice 1-877-524-5614

Adoption Network 1-888-281-8054

Adoption Spacebook 1-866-881-4376

Graceful Adoptions 1-888-896-7787

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

Nemaha County Community Health Services

Sabetha

1004 Main Street (Sabetha)

785-284-2152

Seneca

203 North 8th Street (Seneca)

785-336-2330

Public Information

Sabetha Chamber of Commerce 805 Main Street (Sabetha) 285-2139

Sabetha City Hall

805 Main Street (Sabetha) 284-2158

Seneca Chamber of Commerce 523 Main Street (Seneca) 336-2294

Rape**DOVES- Domestic Violence Shelter
Atchison 913-367-0365**

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

Family Crisis Center

1806 12th Street (Great Bend) 620-793-1885

Kansas Crisis Hotline Manhattan

785-539-7935 or 1-800-727-2785

Red Cross

American Red Cross

1221 Southwest 17th (Topeka) 234-0568

Social Security

Social Security Administration 1-800-772-1213

1-800-325-0778 www.ssa.gov

Transportation

Nemaha County Bus Service

Sabetha 785-284-3594

Seneca 785-336-2714

General Public Transportation Seneca

785-294-4630

**State and National Information, Services,
Support**

Adult Protection

Adult Protection Services

1-800-922-5330

www.dcf.ks.gov

Domestic Violence and Sexual Assault (DVACK)

1-800-874-1499

www.dvack.org

Elder Abuse Hotline

1-800-842-0078

www.elderabusecenter.org

Elder and Nursing Home Abuse Legal

www.resource4nursinghomeabuse.com/index

Kansas Coalition Against Sexual and Domestic
Violence

1-888-END-ABUSE (363-2287)

www.kcsdv.org/ksresources.html

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

National Center on Elder Abuse (Administration
on Aging)

[www.ncea.gov/NCEAroot/Main Site?Find](http://www.ncea.gov/NCEAroot/Main%20Site?Find)

Help/Help Hotline.aspx

National Domestic Violence Hotline

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

1-800-787-3224 (TTY)

www.ndvh.org

National Sexual Assault Hotline

1-800-994-9662

1-888-220-5416 (TTY)

www.4woman.gov/faq/sexualassault.htm

National Suicide Prevention Lifeline

1-800-273-8255

Poison Center

1-800-222-1222

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

Department of Children and Family Services
1-785-562-5338 (Marysville)
www.dcf.ks.gov

Suicide Prevention Helpline 785-841-2345

Alcohol and Drug Treatment Programs

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

AAAAAH
1-800-993-3869

Abandon A Addiction
1-800-405-4810

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

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

AIC (Assessment Information Classes) 1-888-
764-5510
Al-Anon Family Group
1-888-4AL-ANON (425-2666) www.al-anon.alateen.org

Alcohol and Drug Abuse Hotline
1-800-ALCOHOL

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

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

Alcohol and Drug Helpline
1-800-821-4357

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

Kansas Alcohol and Drug Abuse Services
Hotline 1-800-586-3690
www.dcf.ks.gov

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

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

Recovery Connection
www.recoveryconnection.org

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

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

Children and Youth

Adoption
1-800-862-3678 www.adopt.org/
Boys and Girls Town National Hotline 1-800-
448-3000
www.girlsandboystown.org

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

Child Abuse Hotline
1-800-922-5330

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

Child Abuse National Hotline 1-800-4-A-CHILD
(422-4453) www.childabuse.com

Child Find of America
1-800-426-5678

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

Child Protective Services
1-800-922-5330
www.dcf.ks.gov

KanCare
P.O. Box 3599 (Topeka)
1-800-792-4884
1-800-792-4292 (TTY)
www.kancare.ks.gov

Heartspring (Institute of Logopedics) 8700 E 29TH N (Wichita)
www.heartspring.org

Kansas Big Brothers/Big Sisters
1-888-KS4-BIGS www.ksbbbs.org

Kansas Children's Service League (Hays) 785-625-2244 1-877-530-5275 www.kcsl.org

Kansas Department of Health and Environment
785-296-1500
www.kdheks.gov e-mail: info@kdheks.gov
Kansas Society for Crippled Children 106 W Douglas, Suite 900 (Wichita) 1-800-624-4530
316-262-4676
www.kssociety.org

National Runaway Switchboard 1-800-RUNAWAY
www.1800runaway.org/

National Society for Missing and Exploited Children
1-800-THE-LOST (843-5678)
www.missingkids.com

Parents Anonymous Help Line
1-800-345-5044
www.parentsanonymous.org/paIndex10.html

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

Talking Books

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

**Community Action
Peace Corps**
1-800-424-8580
www.peacecorps.gov

Public Affairs Hotline (Kansas Corporation Commission)
1-800-662-0027
www.kcc.state.ks.us

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

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

Castlewood Treatment Center for Eating Disorders
1-888-822-8938
www.castlewoodtc.com
Catholic Charities
1-888-468-6909
www.catholiccharitiessalina.org

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

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

Consumer Credit Counseling Services 1-800-279-2227
www.kscgccs.org/

Kansas Problem Gambling Hotline 1-866-662-3800
www.ksmhc.org/Services/gambling.htm

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

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

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

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

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

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

Disability Services

American Association of People with Disabilities (AAPD)
www.aapd.com
American Council for the Blind 1-800-424-8666
www.acb.org

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

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

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

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

Hearing Healthcare Associates 1-800-448-0215

Kansas Commission for the Deaf and Hearing Impaired
1-800-432-0698
www.dcf.ks.gov

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

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

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

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

Environment

Environmental Protection Agency
1-800-223-0425 or 913-321-9516 (TTY)
www.epa.gov

Kansas Department of Health and Environment
Salina 785-827-9639
Hays 785-625-5663
Topeka 785-296-1500
www.kdheks.gov

Food and Drug

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

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

USDA Meat and Poultry Hotline
1-888-674-6854 or 1-800-256-7072 (TTY)

www.fsis.usda.gov/

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

Poison Hotline
1-800-222-1222

Health Services

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

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

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

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

American Health Assistance Foundation
1-800-437-2423
www.ahaf.org
American Heart Association
1-800-242-8721
www.americanheart.org

American Lung Association
1-800-586-4872

American Stroke Association 1-888-4-STROKE
www.americanheart.org

Center for Disease Control and Prevention
1-800-CDC-INFO or 1-888-232-6348 (TTY)
www.cdc.gov/hiv/

Elder Care Helpline www.eldercarelink.com

Eye Care Council 1-800-960-EYES
www.seetolearn.com

Kansas Foundation for Medical Care
1-800-432-0407 www.kfmc.org

National Health Information Center

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

National Cancer Information Center
1-800-227-2345 or 1-866-228-4327 (TTY)
www.cancer.org

National Institute on Deafness and Other Communication Disorders Information Clearinghouse
1-800-241-1044 or 1-800-241-1055 (TTY)
www.nidcd.nih.gov

Hospice

Hospice-Kansas Association
1-800-767-4965

Kansas Hospice and Palliative Care Organization 1-888-202-5433
www.lifeproject.org/akh.htm

Nemaha County Home Health & Hospice
14th and Oregon St (Sabetha)
785-284-2288

Southwind Hospice, Incorporated
www.southwindhospice.com
785-483-3161

Housing

Kansas Housing Resources Corporation 785-296-2065
www.housingcorp.org

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

Legal Services

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

Kansas Bar Association
785-234-5696 www.ksbar.org

Kansas Department on Aging

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

Kansas Legal Services
1-800-723-6953
www.kansaslegalservices.org

Kansas Department of Aging and Disability
Resource Center 1803 Oregon Street
(Hiawatha) 785-742-7152
www.nekaaa.org

Medicaid Services

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

Kansas Kancare
1-800-792-4884 or 1-800-792-4292 (TTY)
www.kancare.ks.gov

Kansas Medical Assistance Program Customer
Service 1-800-766-9012
www.kmpa-state-ks.us/

Medicare Information 1-800-MEDICARE
www.medicare.gov
U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services
1-800-MEDICARE (1-800-633-4227) or 1-877-
486-2048 (TTY)
www.cms.hhs.gov

Mental Health Services

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

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

Make a Difference
1-800-332-6262

Mental Health America
1-800-969-6MHA (969-6642)

National Alliance for the Mentally Ill Helpline

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

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

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

National Mental Health Association
1-800-969-6642 or 1-800-433-5959 (TTY)
www.nmha.org

Pawnee Mental Health
State Mental Health Agency
KS Department of Social and Rehabilitation
Services
915 SW Harrison Street (Topeka)
785-296-3959
www.srskansas.org
Suicide Prevention Hotline 1-800-SUICIDE [784-
2433] www.hopeline.com

Nutrition

American Dietetic Association
1-800-877-1600 www.eatright.org

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

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

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

Food Stamps

Department of Children and Family Services
(DCF)
1-888-369-4777 or Local SRS office
www.dcf.ks.gov

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

Road and Weather Conditions

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

Senior Services

Alzheimer's Association
1-800-487-2585

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

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

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

Kansas Department of Aging and Disability
Resource Center
1-800-432-2703

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

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

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

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

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

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

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

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

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

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

Social Security Administration 785-296-3959 or
785-296-1491 (TTY)

Suicide Prevention

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

Veterans

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

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

Education (GI Bill)

1-888-442-4551

Health Resource Center

1-877-222-8387

Insurance Center
1-800-669-8477

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

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

Other Benefits
1-800-827-1000

Memorial Program Service [includes status of
headstones and markers]
1-800-697-6947
Telecommunications Device for the
Deaf/Hearing Impaired 1-800-829-4833 (TTY)
www.vba.va.gov

Veterans Administration
Veterans Administration Benefits
1-800-669-8477

Life Insurance 1-800-669-8477

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

Health Care Benefits 1-877-222-8387

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

Mammography Helpline 1-888-492-7844

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

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

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

Benefits Information and Assistance
1-800-827-1000

Debt Management 1-800-827-0648

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

Welfare Fraud Hotline 1-800-432-3913

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]



Patient Origin by Region - Inpatient
 Nemaha, KS Residents Treated in KHA Reporting Area
 Federal Fiscal Year: 2016

Hospital	Total		Pediatric		Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		Surg %
	Discharges		Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74		Age 75+								
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
Stormont Vail Health - Topeka, KS	303	27.4%	17	5.6%	18	5.9%	59	19.5%	57	18.8%	83	27.4%	24	7.9%	24	7.9%	21	6.9%	42.9%
Nemaha Valley Community Hospital - Seneca, KS	224	20.3%	6	2.7%	3	1.3%	16	7.1%	21	9.4%	133	59.4%	0		0		45	20.1%	4.0%
Sabetha Community Hospital - Sabetha, KS	219	19.8%	2	0.9%	11	5.0%	16	7.3%	28	12.8%	80	36.5%	1	0.5%	41	18.7%	40	18.3%	10.0%
The University of Kansas Health System St. Francis Campus - Topeka, KS	87	7.9%	0		5	5.7%	26	29.9%	19	21.8%	37	42.5%	0		0		0		49.4%
Community Healthcare System Inc. - Onaga, KS	77	7.0%	2	2.6%	7	9.1%	12	15.6%	11	14.3%	29	37.7%	0		8	10.4%	8	10.4%	7.8%
The University of Kansas Health System - Kansas City, KS	45	4.1%	0		6	13.3%	20	44.4%	7	15.6%	6	13.3%	1	2.2%	5	11.1%	0		55.6%
Kansas Residents/Nebraska Hospitals	31	2.8%	3	9.7%	3	9.7%	14	45.2%	4	12.9%	7	22.6%	0		0		0		38.7%
Hiawatha Community Hospital - Hiawatha, KS	29	2.6%	1	3.4%	4	13.8%	1	3.4%	0		0		0		13	44.8%	10	34.5%	31.0%
Holton Community Hospital - Holton, KS	17	1.5%	1	5.9%	0		3	17.6%	6	35.3%	1	5.9%	0		1	5.9%	5	29.4%	23.5%
Kansas Residents/Other Missouri Hospitals	13	1.2%	0		1	7.7%	3	23.1%	1	7.7%	1	7.7%	1	7.7%	3	23.1%	3	23.1%	23.1%
Saint Luke's Hospital of Kansas City - Kansas City, MO	11	1.0%	0		0		0		2	18.2%	9	81.8%	0		0		0		54.5%
Children's Mercy Kansas City - Kansas City, MO	10	0.9%	9	90.0%	1	10.0%	0		0		0		0		0		0		40.0%
Saint John Hospital - Leavenworth, KS	5	0.5%	0		0		0		0		2	40.0%	3	60.0%	0		0		
Other Hospitals	32	2.9%	3	9.4%	3	9.4%	8	25.0%	8	25.0%	6	18.8%	3	9.4%	1	3.1%	0		46.9%
Hospital Total	1,104	100.0%	44	4.0%	62	5.6%	178	16.1%	165	14.9%	394	35.7%	33	3.0%	96	8.7%	132	12.0%	26.1%

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

Hospital	Total		Pediatric		Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		Surg %
	Discharges		Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74		Age 75+								
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%			
Stormont Vail Health - Topeka, KS	367	30.3%	23	6.3%	27	7.4%	82	22.3%	46	12.5%	97	26.4%	38	10.4%	29	7.9%	25	6.8%	37.6%
Sabetha Community Hospital - Sabetha, KS	256	21.1%	3	1.2%	9	3.5%	19	7.4%	24	9.4%	96	37.5%	5	2.0%	51	19.9%	49	19.1%	12.5%
Nemaha Valley Community Hospital - Seneca, KS	209	17.2%	2	1.0%	5	2.4%	22	10.5%	11	5.3%	84	40.2%	0		44	21.1%	41	19.6%	15.3%
The University of Kansas Health System St. Francis Campus - Topeka, KS	122	10.1%	2	1.6%	6	4.9%	49	40.2%	24	19.7%	33	27.0%	0		4	3.3%	4	3.3%	52.5%
Community Healthcare System Inc. - Onaga, KS	71	5.9%	7	9.9%	3	4.2%	13	18.3%	6	8.5%	20	28.2%	0		13	18.3%	9	12.7%	9.9%
The University of Kansas Health System - Kansas City, KS	59	4.9%	2	3.4%	12	20.3%	19	32.2%	12	20.3%	10	16.9%	3	5.1%	1	1.7%	0		57.6%
Kansas Residents/Nebraska Hospitals	31	2.6%	2	6.5%	3	9.7%	14	45.2%	4	12.9%	7	22.6%	0		0		1	3.2%	38.7%
Hiawatha Community Hospital - Hiawatha, KS	21	1.7%	0		4	19.0%	3	14.3%	2	9.5%	4	19.0%	0		5	23.8%	3	14.3%	14.3%
Holton Community Hospital - Holton, KS	12	1.0%	1	8.3%	0		1	8.3%	0		2	16.7%	0		4	33.3%	4	33.3%	8.3%
Kansas Residents/Other Missouri Hospitals	10	0.8%	1	10.0%	0		2	20.0%	1	10.0%	1	10.0%	4	40.0%	1	10.0%	0		40.0%
Children's Mercy Kansas City - Kansas City, MO	9	0.7%	7	77.8%	0		0		0		0		0		1	11.1%	1	11.1%	22.2%
Saint Luke's Hospital of Kansas City - Kansas City, MO	8	0.7%	0		0		5	62.5%	2	25.0%	1	12.5%	0		0		0		62.5%
Other Hospitals	36	3.0%	2	5.6%	3	8.3%	7	19.4%	7	19.4%	4	11.1%	11	30.6%	1	2.8%	1	2.8%	25.0%
Hospital Total	1,212	100.0%	52	4.3%	72	5.9%	236	19.5%	140	11.6%	359	29.6%	61	5.0%	154	12.7%	138	11.4%	28.3%

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

Hospital	Total		Pediatric		Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		Surg %
	Discharges		Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74		Age 75+								
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
Stormont Vail Health - Topeka, KS	401	33.4%	18	4.5%	21	5.2%	84	20.9%	57	14.2%	116	28.9%	33	8.2%	37	9.2%	35	8.7%	39.2%
Sabetha Community Hospital - Sabetha, KS	236	19.7%	0		19	8.1%	14	5.9%	25	10.6%	103	43.6%	4	1.7%	36	15.3%	35	14.8%	13.6%
Nemaha Valley Community Hospital - Seneca, KS	225	18.8%	10	4.4%	5	2.2%	25	11.1%	6	2.7%	95	42.2%	0		42	18.7%	42	18.7%	10.2%
The University of Kansas Health System St. Francis Campus - Topeka, KS	96	8.0%	0		8	8.3%	30	31.3%	19	19.8%	34	35.4%	0		3	3.1%	2	2.1%	61.5%
Community Healthcare System Inc. - Onaga, KS	65	5.4%	0		0		9	13.8%	6	9.2%	25	38.5%	0		12	18.5%	13	20.0%	9.2%
The University of Kansas Health System - Kansas City, KS	49	4.1%	0		8	16.3%	22	44.9%	9	18.4%	4	8.2%	0		4	8.2%	2	4.1%	46.9%
Kansas Residents/Nebraska Hospitals	26	2.2%	2	7.7%	5	19.2%	8	30.8%	9	34.6%	2	7.7%	0		0		0		53.8%
Hiawatha Community Hospital - Hiawatha, KS	20	1.7%	0		2	10.0%	5	25.0%	5	25.0%	2	10.0%	0		3	15.0%	3	15.0%	
Holton Community Hospital - Holton, KS	14	1.2%	1	7.1%	0		1	7.1%	4	28.6%	2	14.3%	0		3	21.4%	3	21.4%	
Horton Community Hospital - Horton, KS	11	0.9%	0		0		11	100.0%	0		0		0		0		0		
Children's Mercy Kansas City - Kansas City, MO	10	0.8%	10	100.0%	0		0		0		0		0		0		0		50.0%
Kansas Residents/Other Missouri Hospitals	8	0.7%	0		0		2	25.0%	3	37.5%	1	12.5%	0		1	12.5%	1	12.5%	62.5%
Saint Luke's Hospital of Kansas City - Kansas City, MO	7	0.6%	0		1	14.3%	4	57.1%	0		0		0		1	14.3%	1	14.3%	42.9%
Other Hospitals	32	2.7%	3	9.4%	1	3.1%	6	18.8%	3	9.4%	4	12.5%	9	28.1%	2	6.3%	4	12.5%	40.6%
Hospital Total	1,200	100.0%	44	3.7%	70	5.8%	221	18.4%	146	12.2%	388	32.3%	46	3.8%	144	12.0%	141	11.8%	28.3%

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Outpatient Total Service Category Visits by Region
 Nemaha, KS Residents Treated in KHA Reporting Area
 Federal Fiscal Year: 2016

Rev		Total Visits	Emergency Dept	Surgery	Observation	Clinical Services	% Male
			Visits	Visits	Visits	Visits	
1	Emergency Department (45x)	2,353	2,353	28	229		46.1%
2	Surgery (36x, 49x)	1,751	28	1,751	22		47.1%
3	Observation (76x, excl. 761)	360	229	22	360		38.1%
11	radiology - Diagnostic (32x, excl. 322 and 323)	4,052	837	191	157	3,004	42.2%
12	Arthro/Arteriography (322, 323)	9	1	5	1	4	55.6%
13	Radiation Therapy (333)	53		2		51	58.5%
14	Nuclear Medicine (34x)	477	10	30	18	430	44.9%
15	CT Scan (35x)	1,365	429	36	109	897	42.2%
16	Mammography (401, 403)	1,220		7		1,213	0.1%
17	Ultrasound (402)	1,302	41	36	23	1,225	18.4%
18	PET Scan (404)	39				39	43.6%
19	Magnetic Resonance Technology (61x)	793	11	7	12	773	46.8%
21	Chemotherapy (33x, excl. 333)	263	1	2	1	260	39.2%
23	Pulmonary Function (46x)	253	32	17	16	197	49.0%
24	Cardiac Cath Lab (481)	92		2	6	84	45.7%
25	Stress Test (482)	192	6		12	180	54.7%
26	Echocardiology (483)	130	5		4	123	53.1%
27	Electroencephalogram (74x)	11				11	72.7%
28	G.I. Services (75x)	25		1		24	52.0%
30	ESWT/Lithotripsy (79x)	4		2		2	75.0%
32	Electromyelgram (922)	2		1	1	1	
33	Cardiac Rehab (943)	262			2	260	59.9%
34	Rural Health - Clinic (521)	220	98	1	9	118	36.4%
35	Treatment Room (76X excl. 762)	2,888	20	17	33	2,833	34.9%
36	Respiratory Services (41x)	106	50	37	20	13	52.8%
37	EKG/ECG (73x)	1,411	519	85	140	787	45.1%
38	Cardiology (48x excl. 481-483)	391	9	4	18	370	50.6%
39	Sleep Lab (HCPC 95805-95811)	85				85	63.5%
41	Behavioral Health (90x, 91x)	13	1			12	
42	Physical Therapy (42x)	1,254	18	15	19	1,222	41.5%
43	Occupational Therapy (43x)	337	7	6	7	325	62.9%
44	Speech-Language Pathology (44x)	118	1		2	116	55.9%
47	Audiology (47x)	41		1	1	40	63.4%
	Visits by Service Category						
	Actual visits in report	17,363	4,706	1,751	360	13,170	38.9%
	Actual unclassified visits	20,614					42.5%
	Actual total visits	37,977					40.9%

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Outpatient Total Service Category Visits by Region
 Nemaha, KS Residents Treated in KHA Reporting Area
 Federal Fiscal Year: 2015

Revenue Category		Total Visits	Emergency Dept Visits	Surgery Visits	Observation Visits	Clinical Services Visits	% Male
1	Emergency Department (45x)	1,345	1,345	18	116		46.9%
2	Surgery (36x, 49x)	1,243	18	1,243	151		47.6%
3	Observation (76x, excl. 761)	505	116	151	505		39.0%
11	Radiology - Diagnostic (32x, excl. 322 and 323)	2,323	413	224	131	1,648	43.9%
12	Arthro/Arteriography (322, 323)	4				4	100.0%
13	Radiation Therapy (333)	32		1	1	31	43.8%
14	Nuclear Medicine (34x)	336	16	20	59	256	46.7%
15	CT Scan (35x)	719	194	31	66	482	44.1%
16	Mammography (401, 403)	672		4		668	0.3%
17	Ultrasound (402)	654	28	21	11	604	16.5%
18	PET Scan (404)	28				28	53.6%
19	Magnetic Resonance Technology (61x)	498	9	9	16	472	48.6%
21	Chemotherapy (33x, excl. 333)	199		3	50	146	32.2%
23	Pulmonary Function (46x)	102	11	15	6	75	52.0%
24	Cardiac Cath Lab (481)	124		7	100	24	46.8%
25	Stress Test (482)	110	4		8	102	50.9%
26	Echocardiology (483)	125	4	1	4	119	48.8%
27	Electroencephalogram (74x)	19			1	18	42.1%
28	G.I. Services (75x)	43	1	2	3	37	46.5%
30	ESWT/Lithotripsy (79x)	3		2	2	1	100.0%
32	Electromyelogram (922)	2				2	50.0%
33	Cardiac Rehab (943)	208				208	55.8%
34	Rural Health - Clinic (521)	1,459	19		1	1,439	49.6%
35	Treatment Room (76X excl. 762)	1,751	15	13	33	1,705	43.2%
36	Respiratory Services (41x)	31	5	5	1	21	29.0%
37	EKG/ECG (73x)	838	269	72	155	425	48.3%
38	Cardiology (48x excl. 481-483)	227	7	5	39	185	50.7%
39	Sleep Lab (HCPC 95805-95811)	16				16	50.0%
41	Behavioral Health (90x, 91x)	7	1		1	5	71.4%
42	Physical Therapy (42x)	857	12	13	17	829	38.4%
43	Occupational Therapy (43x)	400	4	5	7	388	55.0%
44	Speech-Language Pathology (44x)	88	4		5	82	52.3%
47	Audiology (47x)	19				19	52.6%
	Visits by Service Category						
	Actual visits in report	11,949	2,495	1,243	505	9,137	42.3%
	Actual unclassified visits	12,152					43.6%
	Actual total visits	24,101					43.0%

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Outpatient Total Service Category Visits by Region
 Nemaha, KS Residents Treated in KHA Reporting Area
 Federal Fiscal Year: 2014

Revenue Category		Total Visits	Emergency Dept Visits	Surgery Visits	Observation Visits	Clinical Services Visits	% Male
1	Emergency Department (45x)	1,466	1,466	20	117		49.1%
2	Surgery (36x, 49x)	1,221	20	1,221	184		49.1%
3	Observation (76x, excl. 761)	526	117	184	526		36.3%
11	radiology - Diagnostic (32x, excl. 322 and 323)	2,473	471	255	147	1,707	45.7%
12	Arthro/Arteriography (322, 323)	12		6	1	6	75.0%
13	Radiation Therapy (333)	50		1		49	48.0%
14	Nuclear Medicine (34x)	337	10	27	60	260	44.8%
15	CT Scan (35x)	729	192	27	55	502	44.0%
16	Mammography (401, 403)	659	1	5	1	652	0.3%
17	Ultrasound (402)	662	26	12	11	617	17.8%
18	PET Scan (404)	36				36	52.8%
19	Magnetic Resonance Technology (61x)	443	12	4	18	415	46.5%
21	Chemotherapy (33x, excl. 333)	254		2	32	220	26.4%
23	Pulmonary Function (46x)	146	23	20	5	99	43.8%
24	Cardiac Cath Lab (481)	97		3	82	15	50.5%
25	Stress Test (482)	74	4	2	10	63	50.0%
26	Echocardiography (483)	97	6	3	5	88	44.3%
27	Electroencephalogram (74x)	23	1	1	1	21	47.8%
28	G.I. Services (75x)	30		2	1	27	40.0%
30	ESWT/Lithotripsy (79x)	9		6	6	3	66.7%
32	Electromyelogram (922)	5				5	100.0%
33	Cardiac Rehab (943)	210				210	57.6%
34	Rural Health - Clinic (521)	1,986	37		3	1,948	48.1%
35	Treatment Room (76X excl. 762)	1,734	24	23	48	1,656	37.7%
36	Respiratory Services (41x)	46	8	21	7	12	54.3%
37	EKG/ECG (73x)	787	266	88	141	379	51.3%
38	Cardiology (48x excl. 481-483)	238	5	2	38	198	53.8%
39	Sleep Lab (HCPC 95805-95811)	14	1		1	13	78.6%
41	Behavioral Health (90x, 91x)	10				10	30.0%
42	Physical Therapy (42x)	813	17	14	28	772	38.9%
43	Occupational Therapy (43x)	425	5	8	13	407	60.9%
44	Speech-Language Pathology (44x)	81	1		5	76	55.6%
47	Audiology (47x)	13				13	46.2%
Visits by Service Category							
Actual visits in report		12,455	2,713	1,221	526	9,550	42.4%
Actual unclassified visits		11,996					42.8%
Actual total visits		24,451					42.6%

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b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Town Hall Attendees

Wave 2018 CHNA Nemaha Co - Town Hall Roster				
Attend	Name	Title	Firm	Address
X	Bartkoski, Bob	Consumer	Resident	NA
X	Bauman, Diana	Billing Agent	Sabetha Comm Hospital	PO Box 229 Sabetha KS 66534
X	Deters, Amber	Co-Editor	Sabetha Herald	1024 Main St, Sabetha KS 66534
X	Drahota, Jann	School Nurse	USD 115	1619 S Hwy 75, Sabetha KS 66534
X	Elsbury, David	Physcologist	Kanza Mental Health	909 S 2nd St, Hiawatha KS 66434
X	Fee, Joyce	Resident	Resident	PO 144 Morrill, KS 66515
X	Floyd, Kiley	CEO	Nemaha Valley Hospital	1600 Community Dr., Seneca KS 66538
X	Futscher, Susan	NA	NCTC	12 S 11th St, Seneca KS 66538
X	Gafford, Nancy	Director	Rural Devel. Of NE Kansas	205 S 8th St., Sabetha KS 66534
X	Holland, Barb	NA	Nek-Cap	209 N 8th St, Seneca, KS 66538
X	Holland, Jean Ann	Social Worker	Sabetha Comm Hospital	PO Box 229 Sabetha KS 66534
X	Hynek, Karen	APRN	NCHH&H-Health Provider	P.O. Box 203, Sabetha KS 66534
X	Key, Lora	CEO	Sabetha Comm Hospital	PO Box 229 Sabetha KS 66534
X	Lackey, Alice	Director & Gov Off	NCTC	12 S 11th St, Seneca KS 66538
X	Lackey, Lori	CFO	Sabetha Comm Hospital	PO Box 229 Sabetha KS 66534
X	Miller, Cindy	Director	Alzheimer Association	Seneca, KS 66538
X	Olberding, Brian	Administrator	Lifecare Center	512 Community Dr, Seneca KS 66538
X	Olson, Con	NA	Nemaha Co. EMS	PO Box 149, Seneca, KS 66538
X	Priest, Kim	Director	Mary Cotton Pub Library	915 Virginia St, Sabetha KS 66534
X	Remmers, Patricia	Director	Nem Ct Home Health & Hosp	P.O. Box 203, Sabetha KS 66534
X	Schmelzle, Courtney	Public Relations	Nemaha Valley Hospital	1600 Community Dr., Seneca KS 66538
X	Schmitz, Tammy	Quality Director	NVCH	412 Lorain St, Seneca, KS 66538
X	Scoley, Leslie	NA	Greater Sabetha Community Foundation	2112 Deer Run Tr., Sabetha, KS 66534
X	Simpson, Kathy	Member	Sab Comm Health Foundation	914 Main St, Sabetha KS 66534
X	Sperfslage, Jeanette	NA	Nek-Cap	1260 220th St, Hiawatha, KS 66434
X	Stallbaumer, Krista	Social Worker	Nemaha Valley Hospital	1600 Community Dr., Seneca KS 66538
X	Steinlage, Jan	Agent	Saylor Insurance	21 Main St, Sabetha Ks 66534
X	Sudbek, Mindy	Agent	Saylor Insurance	21 Main St, Sabetha Ks 66534
X	Sunderland, Jane	Director	Nem Count Comm Health Ser	1014 Main St Sabetha KS 66534
X	Tangeman, Debbie	Administrator	Lakeside Terrance	511 Paramount St Sabetha KS 66534
X	Thompson, Debby	Pub Rel & Vol Coord	Sabetha Comm Hospital	PO Box 229 Sabetha KS 66534
X	Wenger, LaVon	Owner & Brd Memb	Wenger Mfg, Sab Hosp Board	15 Commerce Dr Sabetha KS 66534
X	White, Bart	Loan Off & Brd Memb	United Bank & Foundation Bd	935 Main St Sabetha KS 66534
X	Wittmer, Maridel	Council Member	Council Member	612 N 6th St

Notes

Attendees: 33

Nemaha County

March 9, 2018

Sabetha, KS

Some houses have lead.

Veterans going to Topeka for care, some to Leavenworth. NVCH and SCH are part of Veterans choice.

Department of labor in December 1.8%

Respondents: Some choose to eat healthy. The options are there but they're a little more expensive.

Schools are pushing water, water bottle fill station.

Respondent: Why don't Sabetha and Wetmore have a suicide prevention program?

Respondent: Students watch a video, teachers aren't trained

Respondent: Is patient increase in the ER a good thing? Shouldn't we want to see them in the clinics during the day.

BIG RED: Suicide is a lot higher than other rural counties

Respondents: We have passed an ordinance to implement no smoking in our parks. Done in collaboration with a grant to help with signage and the ability to help enforce it.

Respondent: A lot of our cancer patients are younger than Medicare age. Keep that in mind when you consider how many cases we see.

Sabetha is building a new wellness and fitness center in the next couple of years

Respondents: Seneca's fitness center is not as nice and updated but there is a walking center. People just don't choose to use it.

Meth and Marijuana are the big drug problems in Nemaha.

Strengths

- Access to Primary Care
- Giving Community
- Strong Business Core
- Collaborating Providers
- Access to Healthcare Insurance
- Good School Systems
- Quality Senior Care- Facility Based
- Indigent Drug Programs
- Transportation
- The University of Kansas Repower Program
- Proactive leaders
- Immunizations

Improve/ Change

- Obesity
- Mental Health (Screen, Treat, Rehab, Educate)
- Cancer
- Child Care
- Care Giver Readiness
- Smoking
- Primary Care- After Hours (Seneca)
- Sharing Services instead of Duplicating
- Teen Pregnancy
- Substance Abuse
- EMS Transportation (Seneca)
- Primary Care (After Hours) (Seneca)
- Disaster Preparedness
- Alcohol Abuse (Driving and Underage)
- Chronic Disease Management and Education
- General Health Education Offerings
- Healthcare workforce

Wave #3 CHNA - Nemaha County

Town Hall Conversation 10/12/17 - Strengths (Color Cards) N= 34

Card #	C1	Community Health Strengths	Card #	C1	Community Health Strengths
30	ACC	Access	2	FIT	Exercise Options
10	ACC	Access to Health Clinics	30	HOSP	Hospitals
18	ACC	Access to Primary Care	31	HOSP	Hospitals
26	ACC	Access to Quality Care	27	INSU	Access to Insurance
7	ACC	Healthcare Availability	24	MAN	Proactive Leadership
3	AGE	Quality Senior Care	25	MAN	Proactive Leadership
5	AGE	Senior Care	27	MAN	Proactive Leadership
25	AGE	Senior Care	28	MAN	Proactive Leadership
25	ALL	Good Healthcare/physicians/facilities	23	NUTR	Access to Healthy Diet
14	ALL	Healthcare for Adults	19	OBES	Decrease Obesity
2	ALL	HealthCare Opportunities	21	OTHR	Employment Rate
21	ALL	Healthcare System	27	OTHR	Good Business
11	ASLV	Senior Care/Assisted Living	18	OTHR	Goods Jobs
1	COMM	Collaboration	18	OTHR	Goods Schools
8	COMM	Collaboration	7	OTHR	Healthy Community
22	COMM	Collaboration	1	OTHR	Industry
24	COMM	Collaboration	15	OTHR	Jobs
9	COMM	Communication	18	OTHR	Low Unemployment
6	COMM	Healthcare Collaboration	3	OTHR	School Systems
20	COMM	Working Together	21	OTHR	School Systems
15	CORP	Community	25	OTHR	School Systems
18	CORP	Community	18	OTHR	Strong Business
2	CORP	Community Support	4	OTHR	Strong Business Community
27	CORP	Giving Communities	23	PREV	Prevention Care
6	CORP	Strong Community	16	QUAL	Caring
4	CORP	Support from Community	31	QUAL	Quality
15	DOCS	Doctors	27	QUAL	Quality Care
29	DOCS	Doctors	19	SMOK	No Smoking in Parks
31	DOCS	Doctors	27	SMOK	No Smoking in Parks
27	DOCS	Doctors and Hospitals	28	SMOK	Smoking
11	DOCS	Good Doctors	14	SPEC	Access to Specialty Clinics
5	DOCS	Physician Collaboration	12	STFF	Caring Personnel in Hospital
14	DOCS	Physicians	13	STFF	Good Healthcare- Admin, Doctors, Nurses
22	DOCS	Physicians	4	STFF	Healthcare Providers
5	DOCS	Primary Care Doctors	7	STFF	Healthcare Providers
13	DRUG	Assistance with Drug Program	16	STFF	Knowledgable Caregivers
9	DRUG	Enforcement of Drugs and Drinking	2	STFF	Providers
22	ECON	Economic Base	3	TRAN	Transportation
21	ECON	Economy	6	VACC	Immunizations
17	ECON	Income Per Capita	11	VACC	Immunizations
1	ECON	Wealthy County	8	WELL	Education
20	FAC	Health Facilities	9	WELL	Education
19	FIT	Exercise Facility	1	WELL	Program Availability

Wave #3 CHNA - Nemaha County

Town Hall Conversation - Weakness (White Cards) N= 34

Card #	C1	Communtiy Health Weaknesses		Card #	C1	Communtiy Health Weaknesses
12	ACC	Access to all Care		4	FIT	Physical Activity
4	ACC	Resources		1	INSU	Help for Uninsured
30	AGE	Elder Care		27	KID	Childcare
14	AGE	Elderly Home Assitance		28	KID	Childcare
23	AGE	Prevention-Elder		29	KID	Childcare
6	ALC	Alcohol		30	KID	Childcare
7	ALC	Alcohol Use		32	KID	Childcare
29	ALC	Drinking		5	KID	Hungry Kids
8	ALC	Drinking and Driving		8	KID	Hungry Kids
21	ALC	Drinking and Driving		32	MDLV	PA Assist Primary Care
24	ALC	Drinking and Driving		27	MRKT	Awareness of Services
28	ALC	Drinking and Driving		29	MRKT	Awareness of Services
32	ALC	Drinking and Driving		23	NUTR	Eating Habits
27	ALC	Drunk Driving		20	NUTR	Nutrition Education
21	ALCU	Underage Drinking		6	NUTR	Nutrition Programs
26	AMB	Ambulance Services		3	OBES	Obesity
29	AMB	Ambulance Services		19	OBES	Obesity
16	ASLV	Senior Centers		13	OBES	Obesity Grant
25	BH	Access to Mental Health		28	OP	Outpatient Specialties
4	BH	Behavioral TX		26	OTHR	After Hour Services
23	BH	Depression		8	OTHR	Care Giving Training
31	BH	Depression		14	OTHR	Caregiver Training
15	BH	Depression/Suicide/Alcohol		29	OTHR	Caregiver Training
2	BH	Mental Health		27	OTHR	Housing
3	BH	Mental Health		28	OTHR	Housing
8	BH	Mental Health		29	OTHR	Housing
9	BH	Mental Health		30	OTHR	Housing
11	BH	Mental Health		31	OTHR	Housing
13	BH	Mental Health		12	OTHR	Integration of Services
16	BH	Mental Health		26	OTHR	Loss of Jobs
17	BH	Mental Health		15	OTHR	Nonmedical Caregiver Assitance
18	BH	Mental Health		11	OTHR	Stress Management Education
20	BH	Mental Health		29	PBES	Obesity
21	BH	Mental Health		5	PNEO	Prenatal Care
23	BH	Mental Health		5	PREV	Prevention/Education Programs
28	BH	Mental Health		29	PRIM	After Hour Primary Care
29	BH	Mental Health		8	SMOK	Adult Smoking
30	BH	Mental Health		10	SMOK	Smoking
32	BH	Mental Health		11	SMOK	Smoking
10	BH	Mental Health Assistance		19	SMOK	Smoking

Wave #3 CHNA - Nemaha County

Town Hall Conversation - Weakness (White Cards) N= 34

Card #	C1	Communtiy Health Weaknesses		Card #	C1	Communtiy Health Weaknesses
5	BH	Mental Health/Suicide		28	SMOK	Smoking
7	BH	Mental Illness/Depression		29	SMOK	Smoking
5	CANC	Cancer		31	SMOK	Smoking
15	CANC	Cancer		32	SMOK	Smoking
20	CANC	Cancer		29	SPEC	More Specialists
22	CANC	Cancer		16	SUIC	Suicide
28	CANC	Cancer		22	SUIC	Suicide
29	CANC	Cancer		30	SUIC	Suicide
15	CHRON	Chronic Disease		31	SUIC	Suicide
3	DIAB	Diabetes		25	SUIC	Suicide Awareness
24	DOCS	Doctors		27	SUIC	Suicide Awareness
31	DRUG	Drug Educationom		6	SUIC	Suicide Prevention
16	DRUG	Drug Prevention		8	SUIC	Suicide Prevention
19	DRUG	Drugs		13	SUIC	Suicide Prevention
6	DRUG	Substance Abuse		20	SUIC	Suicide Prevention
25	DRUG	Substance Abuse		32	SUIC	Suicide Prevention
32	DRUG	Substance Abuse		22	TPRG	Teenage Pregnancy/Family Planning
6	DUP	Overlap of Hospital Services		6	VACC	Immunizations
15	EMER	ER Visits		21	VIO	Bullying
29	FAM	Family Pregnancy		3	VIO	Violence
18	FEM	Women's Health Issues		23	VIO	Violence
11	FIT	Exercise		29	VIO	Violence
23	FIT	Exercise		7	VIO	Violence Awareness
10	FIT	Exercise Opportunities		22	VIO	Violence Prevention
6	FIT	Exercise/Wellness Programs		24	WELL	Education
24	FIT	Fitness Centers		11	WELL	Wellness Education

c) Public Notice & Requests

[VVV Consultants LLC]

Survey launch to help ID Nemaha County health needs.

Sabetha Community Hospital, Nemaha Valley Community Hospital and Nemaha Health Dept. collaborate on 2018 Community Health Needs Assessment report.

Media Release: 01/17/2018

Over the next three months, Sabetha Community Hospital, Nemaha Valley Community Hospital and Nemaha Health Department will be partnering with other community health providers to update the 2015 Nemaha County Community Health Needs Assessment (CHNA).

The goal of this assessment update is to understand progress in addressing community health needs cited in either 2012 or 2015 CHNA reports and to collect up-to-date community health perceptions. To accomplish this work, a short online survey has been developed: https://www.surveymonkey.com/r/CHNA18_Nemaha

All community residents and business leaders are encouraged to complete the 2018 CHNA Round #3 online survey by Wednesday, February 28, 2018.

“This work is vital to determine the health direction for our county,” said Kiley Floyd, CEO Nemaha Valley Community Hospital. “We hope that all community stakeholders will take advantage of this opportunity to provide input into the future of healthcare delivery in our community,” said Lora Key CEO at Sabetha Community Hospital.

Vince Vandehaar, MBA (VVV Consultants LLC, an independent research firm from Olathe, KS) has been retained to conduct this countywide research.

Your feedback / suggestions regarding current community health are very important to collect in order to complete our comprehensive Wave #3 Community Health Needs Assessment and implementation plan. To accomplish this work, a short online survey has been developed: https://www.surveymonkey.com/r/CHNA18_Nemaha or text key word NemahaCo_CHNA to 48421 to receive the link on your smart phone.



Dear Friends,

Nemaha Valley Community Hospital & Sabetha Community Hospital recently announced our upcoming 2018 Community Health Needs Assessment (CHNA). The goal of this assessment is to evaluate the progress we have made in addressing community health needs cited in either our 2012 or 2015 CHNA reports, collect updated community health perceptions, and identify needs not previously identified.

To help accomplish this work, a short online survey has been developed at https://www.surveymonkey.com/r/CHNA18_Nemaha. All Nemaha County residents and business leaders are encouraged to complete the 2018 CHNA Round #3 online survey by Wednesday February 28th.

Your input is important so please take a few minutes to make this process meaningful. If you have questions about the process please do not hesitate to contact me at 785-336-6181.

Respectfully,

Kiley Floyd
CEO
Nemaha Valley Community Hospital

Hospitals invite public to Town Hall meeting

- *January 25, 2018*
- *by The Sabetha Herald*

Sabetha Community Hospital and Nemaha Valley Community Hospital are in the process of assessing important health issues within the community. Through this process, the hospitals are hoping to learn what specific areas require the most urgent attention. From there, the hospitals can begin improving the ways in which these priority health care needs are met.

SCH CEO Lora Key and NVCH CEO Kiley Floyd are inviting members of the public to a Town Hall meeting from 11:30 a.m. to 1 p.m. Friday, March 9, at the First Lutheran Fellowship Hall, 311 Cedar Street in Sabetha.

This meeting's purpose is to help the hospitals establish their 2018 Community Health Needs Assessment (CHNA). A CHNA is a community-driven method of systematically studying data to inform community decision making and policy development in relationship to health.

CHNAs typically include data from well-established sources, as well as data collected from community members during the town hall meeting. In addition to serving as a useful tool for problem identification, CHNAs also become an instrument for evaluating community success in addressing priority health concerns.

The goals of the CHNA is to provide a comprehensive and unbiased profile of Nemaha County, assess community health and risk factors, and identify any access to care issues. The results will stimulate discussion and planning of projects to address the health needs identified. Our previous assessments have resulted in establishing additional resources and education in many areas of need such as mental health, hypertension, diabetes and smoking cessation.

If you're interested in being part of the CHNA Town Hall meeting on Friday, March 9, please RSVP to Debby Thompson at 785-284-2121 or dthompson@sabethahospital.com.



Community Health Needs Assessment

Nemaha County Town Hall Meeting

Sabetha Community Hospital,
Nemaha Valley Community Hospital and
Nemaha Health Department
will be sponsoring a
Town Hall Meeting on Friday March 9, 2018
11:30 -1 pm at
First Lutheran Fellowship Hall - Sabetha

Area residents are invited to attend.

A light lunch will be provided starting at 11:15 am

Please join us for this opportunity to share your thoughts
& suggestions to improve health care delivery.

d) Primary Research Detail

[VVV Consultants LLC]

CHNA 2018 Wave #3 Feedback - Nemaha Co 2018 N= 181

ID	Hosp	Zip	Overall	Movement	c1	c2	c3	When considering "overall community health quality", is it increasing, decreasing or not really changing. Why?
1172	NVCH	66538	Very Good	No CHG	ACC	NO		Seems hard to get an appointment except with nurse practitioners. Takes 1-2 weeks. Even if an established patient.
1196	NVCH	66538	Very Good	UP	ALL	DOCS	HOSP	I feel the quality of health care has improved greatly the past few years. New doctors, improvements at our hospital, and great nurses and employees.
1157	NVCH	66538	Good	UP	ALL	PREV	WELL	I feel as if with programs the hospital is offering and people outside the hospital people are getting healthier and making better Health choices for themselves, thus having better overall health.
1228	ALL	66534	Good	UP	ALL			I feel it is adequate care for the community.
1184	NVCH	66538	Good	UP	ALL			I think our hospital has done an excellent job of adding services so people can stay in Seneca to have outpatient appointments.
1109	SCH	66425	Very Good	UP	ALL			I think the community is overall more healthy than it was before. I am not sure if that is due to the Hospital or just a general sense of people wanting to be healthier.
1188	NVCH	66415	Good	Down	CANC	CHRON		I feel like we have a lot more cancer and chronic diagnosis now than in the past.
1017	SCH	66534	Very Good	No CHG	CLIN	QUAL		It already seems to be at a very high level. Sabetha is a town of some 2500 and has a full service hospital and 6 doctor clinic. The people in those places are very professional and do their jobs very well.
1208	NVCH	66408	Good	UP	DOCS	OP		Adding doctors and out patient services
1271	NVCH	66538	Very Good	UP	DOCS	OP		Additional physicians and outpatient services
1232	NVCH	66404	Very Good	UP	DOCS	TECH	CLIN	It seems that we are brining in more Doctors to the out patient clinic and getting new equipment to keep up with the best technology.
1214	NVCH	66538	Very Good	UP	DOCS	TECH		The hospital is continually looking for new providers and is keeping up to date with technology.
1061	SCH	66534	Good	No CHG	FAC	NO		Lack of funds to update equipment so we can offer the most current treatment options.
1014	SCH	66534	Very Good	No CHG	INSU	FINA		A good share of the people do what it takes to stay healthy by eating right and exercising regularly. However, there are still health needs for lower income people that don't always get met because of lack of insurance or inability to pay the bill.
1079	SCH	66538	Very Good	Down	INSU			less available affordable health care insurance/deductibles
1121	SCH	66534	Good	No CHG	NO			I don't have a very good feel for the pulse (pun intended) of the health of the community. My circle of friends is fairly young and I do not see much change in their or my needs.
1222	ALL	66508	Very Good	No CHG	NO			I work for a State Agency, thus don't doctor at the hospitals, but from an outsider looking in, I see that services/quality remain about the same.
1036	SCH	66534	Average	No CHG	NO			Just don't know much about it.
1070	SCH	66538	Good	No CHG	NO			No major changes seen
1260	SCH	66534	Very Good	No CHG	NO			3 years
1270	NVCH	66538	Very Good	UP	NUTR	FIT	SMOK	People are more conscientious about eating well, excercising, and not smoking than in years past.
1206	NVCH	66538	Very Good	UP	OP	TECH	COMM	Additional outpatient providers Better equipment in some departments, (X-Ray) Better PR and communications with the public
1072	SCH	66534	Good	No CHG	QUAL	TECH		computer can take away from good pt. care
1272	NVCH	66538	Very Good	UP	QUAL			Many improvements have been made to improve health quality.
1090	SCH	66436	Very Good	No CHG	SMOK	ALC	NO	people are unwilling or unable to quit their bad habits, so continue to do things like smoke or drink to pass the time
1224	NVCH	66538	Very Good	UP	SPEC			We have recently added in the past three years, to the doctors and the specialists that come to our hospital to serve our community.
1139	ALL	66538	Poor	Down	STFF	QUAL		Staff that is concerned with who they can shift their own responsibility to. Poor ability of staff to complete their own job.
1096	SCH	66534	Very Good	UP	STFF	TECH		skilled individuals, updated equipment
1141	NVCH	66538	Average	UP	STRK	CARD		Stroke & cardiac care improvements
1113	SCH	66534	Very Good	UP	TECH	SPEC	QUAL	Equipment is kept up to date, personnel are trained in new areas and specialty care is available in town.
1132	SCH	66534	Very Good	UP	TEL	WELL		More types of services are being provided (i.e. telehealth for psychiatric care at NVCH and planned construction for wellness center at SCH).
1008	SCH	66534	Good	UP	VACC	COMM		Public awareness of need for immunizations has improved.
1020	SCH	66534	Very Good	UP	VACC			A focus was placed on bringing immunizations up to date in the community.

CHNA 2018 Wave #3 Feedback - Nemaha Co 2018 N= 181

ID		Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1139	ALL	66538	Poor	DOWN	ACC	WAIT		access to care is poor. NVCH and Seneca Family Practice to be specific. Sabetha Hospital and Sabetha Doctors are ready to serve patients. Seneca lacks ability to serve in a timely manner. These are comments from personal experiences in the past 2 years. Seneca needs to wake up.
1050	SCH	66534	Very Good	No CHG	ACC			Better functionality on the location of services.
1194	NVCH	66538	Average	No CHG	AGE			Geriatric behaviors and cognitive decline
1147	NVCH	66538	Good	No CHG	ALC	MRKT		Outreach to make available services known to those in need. I.e. , for alcohol abuse
1271	NVCH	66538	Very Good	UP	ALL	TRAV	ACC	There is always room for improvement in everything. It seems so many patients must go to Topeka or Manhattan to receive many services. It would be nice if more services could be offered in town.
1188	NVCH	66415	Good	DOWN	ASLV			For a rural area I think Nemaha county has good services. I do believe we lack in assisted living housing for the elderly. We have skilled care but very little assisted living options for elderly who isn't in need of skilled care yet. Need more places like Country Place Senior Living.
1132	SCH	66534	Very Good	UP	BH	SMOK		Access to mental health care continues to need improvement-- especially providing face-to-face services with follow-up. Smoking cessation classes need to be offered.
1212	NVCH	66538	Good	UP	BH	GAS		Access to mental health providers at local outpatient clinic. Seneca needs Gastroenterologist that comes to Seneca Outpatient clinic.
1138	NVCH	66538	Very Good	UP	BH			Continue to work on mental health for children.
1034	SCH	66434	Very Good	UP	BH	HH		Help with mentally challenged. Someone to check on them or they can check in with daily or weekly to help with daily hygiene habits, etc.
1006	SCH	66404	Good	UP	BH			I feel the area of mental health is lacking in the availability of local service providers. Options for service providers beyond KANZA are very few unless you are willing to travel.
1204	NVCH	66415	Good	UP	BH			I think access to mental health care is one thing that is needed.
1161	NVCH	66538	Very Good	UP	BH			I think mental health needs more focus in our area.
1065	SCH	66538	Very Good	UP	BH			Mental Health
1178	NVCH	66417	Good	UP	BH			Mental health
1238	NVCH	66417	Average	UP	BH			Mental health
1156	NVCH	66538	Good	No CHG	BH	DRUG		Mental health and Illegal drugs are huge problem
1115	SCH	66534	Good	No CHG	BH			Mental Health Care
1192	NVCH	66538	Very Good	UP	BH			Mental health continues to be an issue
1172	NVCH	66538	Very Good	No CHG	BH			Mental health needs are hard to come by
1008	SCH	66534	Good	UP	BH			Mental health needs in Sabetha.
1221	NVCH	66538	Good	No CHG	BH			Mental Health Services
1068	SCH	66534	Very Good	No CHG	BH			mental health services are lacking in this area.
1222	ALL	66508	Very Good	No CHG	BH			Mental Health services would be most needed
1041	SCH	66534	Good	No CHG	BH	ACC	QUAL	Mental Health Stigma, Access to Therapists/Counselors Patient Referrals (Making Sure a patient is not being referred to a doctor who is not capable of treating)
1235	NVCH	66538	Very Good	UP	BH	OBES	PNEO	Mental Health, Dietary (Obesity), Pre-natal concerns: (Drug use, Poor Prenatal compliance)
1023	ALL	66434	Good	UP	BH			More MH Awareness
1245	NVCH	66538	Very Good	UP	BH			need more mental health resources
1057	NVCH	66538	Very Good	UP	BH			Therapy and counseling.
1031	SCH	68337	Good	UP	CHRON			chronic disease rates
1012	ALL	66534	Average	No CHG	CLIN	SMOK	BH	Reach Out Clinics; Smoking Cessation; Mental Health; Chronic Disease/Cancer
1162	NVCH	66538	Average	No CHG	CONF			Stop having the desk people know the reason you need to see a doctor....none of their business.
1260	SCH	66534	Very Good	No CHG	CORP	FINA		Outreach to some of our small communities. I know there is a cost factor to consider for this
1070	SCH	66538	Good	No CHG	DIAB			More diabetic educators needed
1267	NVCH	66538	Very Good	UP	DIAL	CANC	PHY	would like to see patients able to receive dialysis and cancer treatment in Seneca so they don't have to travel so far, would like to see an indoor pool for physical therapy and improvement in health during the winter or cooler months.
1013	SCH	66534	Good	UP	DOCS			more female providers
1239	NVCH	66417	Good	No CHG	DOCS	ACC		not having the doctors see patient and cover the ER during the week. Patient get upset about this
1016	SCH	66534	Very Good	No CHG	DOCS	FIT	WELL	Sabetha needs a female physician; A weight loss program open to all people in Sabetha would also be good.
1202	NVCH	66538	Good	No CHG	DRUG	PNEO		drug abuse in pregnancy
1133	NVCH	66538	Very Good	UP	DRUG	ALC	STD	drug/alcohol abuse teen sex rate cancer occurrences

CHNA 2018 Wave #3 Feedback - Nemaha Co 2018 N= 181

ID		Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1166	NVCH	66538	Very Good	UP	EMER	OBG		Specific ER and OB departments
								It would be nice to have a less expensive access to an urgent care nurse on weekends or evenings for working people or emergency medications. I also feel like there needs to be more study into the fact that we lose full term babies at birth or later gestational miscarriages. Are there health factors that are responsible such as chemical, electrical forces, or other environmental hazards that might be affecting young women and men who are trying to have children?
1014	SCH	66534	Very Good	No CHG	FINA	URG	OBG	
1180	NVCH	66538	Good	UP	FIT	BH		Exercise programs Mental Health
1163	NVCH	66415	Average	No CHG	FIT	WELL		Off weight loss classes, discount gym membership, help improve the health of ur patients.
								Our community takes pride on walking and staying fit. What we need is to expand our physical fitness to a larger location than the downtown store that it is presently in. We need a larger building for yoga and wellness classes as well as strength building.
1224	NVCH	66538	Very Good	UP	FIT	FAC		
1252	SCH	66534	Very Good	UP	FIT	OBES		fitness and health monitoring emphasis on weight loss
1122	SCH	66534	Good	UP	GEN			Help with understanding health care policies
1125	SCH	66534	Good	No CHG	HH			Clarify Home Health vs. Community Health. Would there be more efficient use of resources if this was one group rather than two?
1079	SCH	66538	Very Good	DOWN	HH			Home care needs or needs for family members providing health care
1141	NVCH	66538	Average	UP	HH	CHRON		Home visits to help with chronic disease management
1084	SCH	66534	Very Good	UP	INSU			Continued education of public in regard to health insurance and reimbursement.
1077	SCH	66534	Very Good	UP	INSU			Continued education on healthcare coverage as the insurance world morphs out of control
1111	SCH	66534	Very Good	UP	KID			Day care
1121	SCH	66534	Good	No CHG	NO			Having not used these services or been in contact with people who do, I cannot say whether any of them need changed.
1262	NVCH	66415	Good	UP	NO			I can't think of any at this time.
1196	NVCH	66538	Very Good	UP	NO			I feel our healthcare services are great for a rural community. We are very blessed!
1200	NVCH	66538	Good	UP	NO			I think everything is excellent as is
1076	SCH	66534	Very Good	UP	NO			no
1099	SCH	66538	Good	UP	NO			no
1136	NVCH	66404	Very Good	UP	NO			No
1227	NVCH	66538	Very Good	UP	NO			No
1248	NVCH	66538	Very Good	No CHG	NO			no
1157	NVCH	66538	Good	UP	NO			No, I feel as if there have been lots of Changes and good additions in the last few years
1003	ALL	66534	Good	UP	NO			none
1135	NVCH	66538	Very Good	UP	NO			none
1093	NVCH	66404	Very Good	No CHG	NO			none
1045	SCH	66534	Very Good	UP	NO			None at this time
1228	ALL	66534	Good	UP	NO			None that come to mind.
1017	SCH	66534	Very Good	No CHG	NO			None that I have noticed.
1183	NVCH	66404	Very Good	UP	NO			Nope
1182	NVCH	66538	Very Good	UP	NO			Not sure.
1096	SCH	66534	Very Good	UP	NO			Not that I know of
								There are more practitioners at our local doctor's office and more specialized doctors are coming to Seneca to treat and care for patients. More diagnostics have become available as well and some minor surgeries can be performed at our local hospital where they weren't before.
1201	NVCH	66538	Average	UP	NO			
1246	NVCH	66404	Very Good	UP	NO			These issues could be addressed more.
								We have since implemented the breastfeeding clinic, we are addressing obesity thru the Repower Obesity grant which is a 3 year project, & we are currently working on a wellness center with the City of Sabetha. So at this time. I can not think of any issue.
1088	SCH	66534	Very Good	UP	NO			
								Even more awareness of letting food be your medicine. Healthy eating as food today is so full of chemicals and toxins. Cooking classes. Essentials oils instead of all the medicines.
1124	SCH	66408	Very Good	No CHG	OBES	WELL		
1019	SCH	66534	Good	No CHG	OBES	WELL		Healthy diet
1108	SCH	66534	Very Good	No CHG	OBES	WELL		Healthy food choices and weight loss support.
								Like any community, times have changed and there has been an increase in overweight people as well as mental health issues--mainly focusing on anxiety and depression. Maybe focus on improving those needs.
1243	NVCH	66538	Good	UP	OBES	BH		

CHNA 2018 Wave #3 Feedback - Nemaha Co 2018 N= 181

ID		Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1081	SCH	68355	Good	No CHG	OBG			infertility
1039	SCH	66538	Good	UP	OP			Continue to grow the outpatient clinics
1119	NVCH	66538	Very Good	UP	OP			Improve transition from hospital to home, follow up and monitoring can be improved
1128	SCH	66534	Very Good	UP	ORTH	ENDO		orthopedics, endocrinology
1187	NVCH	66415		UP	OTHR			More support groups
1210	SCH	66408	Very Good	UP	OTHR			MRI readings could be improved. A personal experience with my daughter's sports injury. I don't believe this is an issue with our local doctors and hospitals.
1148	NVCH	66538	Good	UP	OTHR			Testing blood etc. to help in the earliest diagnosis of health issues such as ecoli.
1054	NVCH	66403	Good	UP	PEDS			In Marysville there is a Health Center and you can take your children there to get shots and check ears etc. Do we have that?
1237	NVCH	66538	Very Good	UP	PREV	BH		preventative care needs to be addressed ie injury prevention, fall prevention, etc. also mental health is lacking in all areas
1264	NVCH	66415	Very Good	UP	PRIM	DOCS	TECH	I rarely use the health care system except for primary care visits. NVCH seems to have adequate physicians. I don't have experience of we are lacking in a particular health service; however, I am concerned that the hospital continues to utilize improved technology while maintaining the necessary facilities.
1241	NVCH	66534	Very Good	UP	PSY			work on OOTservices that will take low income patients with psychiatric problems
1094	NVCH	66434	Good	UP	QUAL			Customer Service-always having someone at the front desk to assist in arrivals.
1113	SCH	66534	Very Good	UP	QUAL	WELL		We need to continue to stay current on techniques and services so we do not lose potential clients to other facilities.
1129	SCH	66428	Very Good	UP	SMOK	WELL	MRKT	more smoking education to teenagers, publicize statistics of diseases and chronic illnesses in our area to make it "hit home" a little more as well as how to reduce risks
1090	SCH	66436	Very Good	No CHG	SMOK	ALC		services and incentives to help people quit smoking and drinking
1206	NVCH	66538	Very Good	UP	SPEC			Could make available (Not necessarily in house) more than one option of specialist in some areas (ENT and foot care as examples)
1110	SCH	66425	Very Good	No CHG	SURG			Need to do more surgery here locally like total knee or hip.
1001	SCH	66534	Very Good	UP	URG	STFF		need Urgent Clinics staffed with qualified nurse practitioners and/or P.A's
1164	NVCH	66538	Very Good	UP	URG	FINA		Non-emergency room services offered through a facility for after hours office visits. Many folks cannot afford an emergency room visit for a non-emergent situation but need to see a doctor.
1232	NVCH	66404	Very Good	UP	WAIT			I think you can always improve. Speed of care and cost.
1158	NVCH	66538	Very Good	UP	WELL	FIT		Healthy life styles, exercises,
1176	NVCH	66538	Good	UP	WELL	FIT	AGE	Like to see a exercise program for seniors
1208	NVCH	66408	Good	UP	WELL			Maybe in the younger age, get it before they have to face a lifetime of trying to be healthy
1061	SCH	66534	Good	UP	WELL			medical staff and the community alike need better education in regards to the importance of a high quality diet and exercise to prevent health issues, chronic illness, autoimmune disorders, and more
1109	SCH	66425	Very Good	UP	WELL	FAC		Wellness Center

CHNA 2018 Wave #3 Feedback - Nemaha Co 2018 N= 181

ID		Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1065	SCH	66538	Very Good	UP	AGE	ASLV		Elder assistance. To sick/unable to be at home, but not sick enough to be in the nursing home. Only one real option for Assisted Living and prices are very expensive.
1128	SCH	66534	Very Good	UP	ALC	OBES		alcohol abuse programs, obesity programs partnering with local churches
1164	NVCH	66538	Very Good	UP	BH			Don't know as many of the services asked about in former questions don't apply to me, so I don't know of the services are provided or good. There's always a need for better mental health solutions in any community.
1188	NVCH	66415	Good	DOWN	BH			I do think we need better mental health programs for adolescents and adults.
1221	NVCH	66538	Good	No CHG	BH			Local access for mental health services
1057	NVCH	66538	Very Good	UP	BH			Local therapist,
1238	NVCH	66417	Average	No CHG	BH			Mental health
1041	SCH	66534	Good	No CHG	BH	KID		Mental Health Outreach - Publicity to Reduce Stigma More Access to Counselors/Therapists Early Childhood Education before preschool More Awareness of Early Childhood Services for Speech,etc.
1235	NVCH	66538	Very Good	UP	BH	OBES	PNEO	Mental Health, Obesity, Prenatal Education
1239	NVCH	66417	Good	No CHG	BH			Mental illness needs addressed
1099	SCH	66538	Good	UP	BH			more mental health program availability
1138	NVCH	66538	Very Good	UP	BH			Work with the schools and community to continue to develop mental health treatment especially for youth.
1194	NVCH	66538	Average	No CHG	DOCS			Increase number of physicians
1202	NVCH	66538	Good	No CHG	DRUG	PNEO		More education to students and young adults about drug abuse and the effects drug abuse has during pregnancy. And prenatal care.
1133	NVCH	66538	Very Good	UP	DRUG	CANC	PNEO	need to talk with the kids about teen sex, drugs, alcohol cancer prevention addressing needs of pregnant mothers who aren't receiving prenatal care
1109	SCH	66425	Very Good	UP	ECON			Business' and Hospital should partner more.
1222	ALL	66508	Very Good	No CHG	FINA	TRAN		A "free" clinic for those ineligible for Medicaid. Transportation services. support groups
1182	NVCH	66538	Very Good	UP	FIT			Education - how do we even know what is available? Indoor pool; could be used for therapy, weight control, etc.
1176	NVCH	66538	Good	UP	FIT			Exercising programs
1088	SCH	66534	Very Good	UP	FIT	OBG		Free or at a very minimal cost - aerobics (strength & stretching) exercises for the elderly in Sabetha. (Already available in Seneca). Programs for new mothers.
1252	SCH	66534	Very Good	UP	FIT			Health and fitness initiatives from businesses and industries that encourage improved wellness
1093	NVCH	66404	Very Good	No CHG	FIT			more workout stuff
1245	NVCH	66538	Very Good	UP	FIT	WELL	BH	weight loss, wellness, mental health support
1141	NVCH	66538	Average	UP	HH	CHRON		Home presentation and chronic disease management
1115	SCH	66534	Good	No CHG	KID			Families are in desperate need of child care services and I think that employers should look into providing some support for this.
1166	NVCH	66538	Very Good	UP	KID	NURSE	EMER	More maternal/child services, education and programming. More dedicated ER nurses to not take away from floor care during busy times.
1260	SCH	66534	Very Good	No CHG	NO			Can't name anything at this point
1272	NVCH	66538	Very Good	UP	NO			Hope that we can
1121	SCH	66534	Good	No CHG	NO			I don't see a need for new programs. As just an opinion, I believe our different health services may be over-extending themselves. The hospital has just agreed to help with the new community rec center and the pharmacies, hospital, and health service keep using sales tax, grants, and Medicaid as methods for funding, which (as I think Medicaid's recent drop proves) is unsustainable in the long-term.
1068	SCH	66534	Very Good	No CHG	NO			I don't think we need new programs, we need to improve the areas we currently have that aren't working.
1045	SCH	66534	Very Good	UP	NO			I feel this could be a potential area for growth and should consider all options
1003	ALL	66534	Good	UP	NO			none
1228	ALL	66534	Good	UP	NO			None I can think of.
1052	SCH	66534	Very Good	UP	NO			Not sure
1113	SCH	66534	Very Good	UP	NO			Not sure
1110	SCH	66425	Very Good	No CHG	NO			not sure
1050	SCH	66534	Very Good	No CHG	NO			Not sure.
1271	NVCH	66538	Very Good	UP	NO			Unsure what is needed.

CHNA 2018 Wave #3 Feedback - Nemaha Co 2018 N= 181

ID		Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1124	SCH	66408	Very Good	No CHG	NUTR			Cooking classes, benefits of foods and why your body needs them to prevent illness. You are what you eat.
1061	SCH	66534	Good	No CHG	NUTR			Education on importance of eating "clean" whole foods and limiting exposure to toxins to prevent disease and even reverse/improve chronic ailments.
1017	SCH	66534	Very Good	No CHG	NUTR			Family planning and Nutrition Education.
1157	NVCH	66538	Good	UP	NUTR			Nutrition classes
1077	SCH	66534	Very Good	UP	OBES	BH		Addressing obesity at all ages and improving mental healthcare are two areas.
1031	SCH	68337	Good	UP	OBES	DRUG		I think programs thru the school like child obesity program, maybe some type of drug program.
1224	NVCH	66538	Very Good	UP	OBES			Obesity prevention training.
1267	NVCH	66538	Very Good	UP	OBES	DRUG	VIO	obesity, substance abuse, domestic violence, caregiver training, additional senior care, mental health needs in rural area, diabetic and cancer treatment in our area
1081	SCH	68355	Good	No CHG	OTHR			more support groups
1014	SCH	66534	Very Good	No CHG	PREV			I'd like to see more prevention programs implemented in the industrial businesses, giving the worker's families access to information and treatment before illnesses get serious.
1241	NVCH	66534	Very Good	UP	SPEC			I appreciate the HINKS organization and the fact that both hospitals are active in it. Stormont Vail is also a valuable resource to NVCH- not sure how they or St. Francis could help us more. Getting more specialist doctors to our facility to see Out-patients who need their services would be helpful and is getting harder to do all the time. It is especially hard to get the specialists to do any needed procedures to local patients they see at NVCH that we could provide here.
1070	SCH	66538	Good	No CHG	SPEC			More specialists in area
1034	SCH	66434	Very Good	UP	SS	STD	DRUG	more case workers, more available. parenting education. std awareness. drug prevention or counseling for adults. counseling/mental health help
1111	SCH	66534	Very Good	UP	STD	ALCU		More education about sexually transmitted disease and awareness of drinking in minors
1206	NVCH	66538	Very Good	UP	TOB	ALCU	SUIC	I am concerned about junior high through high school students receiving enough education about the dangers of tobacco, alcohol and illegal drugs and suicide prevention.
1132	SCH	66534	Very Good	UP	WELL	NUTR	REC	Continue with plans between Sabetha Community Hospital and the City of Sabetha for wellness center to promote healthy lifestyles, thus reducing the incidence of chronic diseases. Walking trails would be a beneficial addition to Sabetha and Seneca to promote physical activity for community members of all ages. Walking trails are also favorable for families looking to relocate to our area. Bring the Sabetha Farmers Market back inside the city limits for all days of operation (not in the country). This would allow community members without a vehicle to walk to the market. Also, promote the sale of fruits and vegetables at the market. Additionally, the farmers market could collaborate with WIC and SNAP to allow persons on these programs to purchase fruits and vegetables using their benefits. Sabetha and Seneca would also benefit from having community gardens. Encourage FFA members to start a community garden.
1058	SCH	66534	Good	UP	WELL			Education
1196	NVCH	66538	Very Good	UP	WELL	NUTR	FIT	More education to keep people informed on how to stay healthy and fit! The foods you eat are so important and many people don't realize how damaging processed foods can be to your body!! Exercise is so important too!!
1197	NVCH	66538	Average	No CHG	WELL			More public wellness centers.
1012	ALL	66534	Average	No CHG	WELL			Outreach Clinics/classes/programs
1079	SCH	66538	Very Good	DOWN	WELL	FIT	BH	Wellness/exercise opportunities in winter...possibly indoor pool? wellness coaches shared in communities. Mental health availability
1013	SCH	66534	Good	UP	WELL			wellness/fitness

Let Your Voice Be Heard!

Nemaha Valley Community Hospital, Sabetha Community Hospital, and Nemaha County Health Dept. are collaborating to update the 2015 Nemaha County Community Health Needs Assessment (CHNA).

To collect "up to date" community feedback, a short online survey has been created to uncover any current community health issues and evaluate local health delivery. While your participation is voluntary and confidential, all community input is valued.

Thank you for your attention! Deadline to participate is Wednesday, Feb 28, 2018.

1. In order to prepare CHNA findings, please select which healthcare facility you are the "most familiar with" or "have used the most". Note: If you don't know or don't want to select, please select "ALL"

- ☐ Nemaha Valley Community Hospital
- ☐ Sabetha Community Hospital
- ☐ ALL

2. What is your home ZIP code? (enter 5-digit ZIP code; for example, 00544 or 94305)

3. Three years ago, a Community Health Needs Assessment was completed. Today, we are updating this assessment and would like to know how would you rate the "Overall Quality" of healthcare delivery in our community?

- ☐ Very Poor ☐ Poor ☐ Average ☐ Good ☐ Very Good

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

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

Why? (please specify)

5. Past Community Health Needs Assessments (CHNA's) review area health resources, patient access to care, health-related factors (i.e. smoking, eating and drinking habits etc), social determinants of health, health care utilization, area health status (i.e. mortality, mental health, chronic disease rates etc.), and community economics & demographics.

In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and/or changed? (Please be specific.)

6. In your own words, what is the general perception of healthcare providers (Hospitals, Doctors, Health Dept., etc.) serving our community? (Be specific)

7. From our 2015 CHNA, a number of health needs were identified as priorities. Are any of these still an ongoing problem for your community? Please select all that apply.

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

8. Which 2015 CHNA need is the "most pressing" for improvement? Please Select Top Three.

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

9. In your opinion, what are the root causes of "poor health" in our community? Please Select Top Three.

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

Other (please specify)

10. 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/Optometrlist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Planning Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. How would our community area residents rate each of the following health services? Con't

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician Clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very Good	Good	Fair	Poor	Very Poor
Caregiver Training Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early Childhood Development Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to secure Grants / Finances to Support Local Health Initiatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings (such as asthma, hearing, vision, scoliosis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunization Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity Prevention & Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very Good	Good	Fair	Poor	Very Poor
Spiritual Health Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal / Child Health Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Transmitted Disease Testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Treatment & Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco Prevention & Cessation Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Wellness Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WIC Nutrition Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. In the past 2 years, did you or someone you know receive healthcare services outside of our community?

- ☐ Yes
- ☐ No
- ☐ I don't know

Please specify the healthcare services received.

15. Are our healthcare organizations, providers and stakeholders actively working together to address community health?

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ Please explain

16. What "new" community health programs should be created to meet current community health needs?
Can we partner somehow with others?

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Abuse/Violence | <input type="checkbox"/> Lead Exposure | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Smoke-Free Workplace |
| <input type="checkbox"/> Breast Feeding Friendly Workplace | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Obesity | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ozone | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Drugs/Substance Abuse | <input type="checkbox"/> Physical Exercise | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Poverty | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Respiratory Disease | <input type="checkbox"/> Wellness Education |

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

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

Other (please specify)



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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