



# **Community Health Needs Assessment Nemaha County, KS**

**On behalf of Nemaha Valley Community Hospital**



**June 2021**

**VVV Consultants LLC  
Olathe, KS**

# Community Health Needs Assessment

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# I. Executive Summary

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# I. Executive Summary

## Nemaha Valley Community Hospital & Sabetha Community Hospital – Nemaha County, KS - 2021 Community Health Needs Assessment (CHNA)

The previous CHNA for both partnered entities (NVCH / SCH) were completed in 2018. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #4 Nemaha County, KS CHNA assessment began December 2020 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

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

## County Health Area of Future Focus on Unmet Needs

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

Nemaha County, KS				
2021 CHNA Priorities - Unmet Needs				
CHNA Wave #4 Town Hall - May 20, 2021				
NVCH and SCH Primary Service Areas (32 Attendees, 124 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Access to Mental Health	23	18.5%	19%
2	Suicide Prevention	14	11.3%	30%
3	Affordable Housing	11	8.9%	39%
4	Child Care Options (Infants)	11	8.9%	48%
5	Drug & Alcohol Abuse	11	8.9%	56%
6	Exercise / Fitness Options	11	8.9%	65%
7	Lack of "Owning Your Own Health"	8	6.5%	72%
8	Youth Health Education	8	6.5%	78%
9	Cancer	7	5.6%	84%
<b>Total Votes</b>		<b>124</b>	<b>100%</b>	
Other needs receiving votes: Telehealth, Distracted Driving, After Hours Care, Specialist Access (Eye/Dental), Alternative Medicine and Senior Housing/Activities				

## Town Hall CHNA Findings: Areas of Strengths

Nemaha Co. (KS) "Community Health Strengths"			
#	Topic	#	Topic
1	Primary Care (Quality)	6	Insurance Coverage
2	Economic Environemnt	7	Access to Care
3	Transportation	8	Family Support
4	Available Housing	9	Opioid Management
5	Health Hand-Off	10	Public Health

### Key CHNA Wave #4 Secondary Research Conclusions cited:

**KANSAS HEALTH RANKINGS:** According to the 2020 Robert Wood’s Johnson County Health Rankings, Nemaha County, KS Average was ranked 8<sup>th</sup> in Health Outcomes, 5<sup>th</sup> in Health Factors, and 39<sup>th</sup> in Physical Environmental Quality out of the 105 Counties.

**TAB 1.** Nemaha County’s population is 10,231 (based on 2019), with a population per square mile of approximately 14.2 persons. Roughly eight percent (7.7%) of the population is under the age of 5, while the population that is over 65 years old is 20%. As of 2019, Hispanic / Latinos make up 2.3% of the population and 2.2% of citizens speak a language other than English in their home. Children in single parent households make up a total of 17.9% compared to the rural norm of 23.3%, and 91.4% are living in the same house as one year ago.

**TAB 2.** In Nemaha County, the average per capita income is \$23,415 while 8.8% of the population is in poverty. The severe housing problem was recorded at 8.3% compared to the rural norm of 10.4%. Food insecurity is 11.7%, and limited access to healthy foods (store) is 5.1%.

**TAB 3.** Children eligible for a free or reduced-price lunch in Nemaha County is 31%. Roughly seventy-six percent (75.9%) of students graduated high school in comparison to the rural norm of 88.7% and 14.7% have a bachelor’s degree or higher.

**TAB 4.** The percent of births where prenatal care started in the first trimester is 83.1% and 6.2% of births in Nemaha County have a low birth weight. Continually, 74.6% (compared to the rural norm of 72.3%) of infants up to 24 months are receiving full immunizations. The percent of mothers who were reported as smoking during pregnancy is 9.8% (2016 – 2018).

## Key CHNA Wave #4 Secondary Research Conclusions cited: Cont.

**TAB 5.** The Nemaha County primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 1,012 residents. Patients who gave their hospital a rating of 9 or 10 on a scale from 0-10 was 92% and 91% reported Yes, they would definitely recommend the hospital. The average (median) time patients spend in the emergency department before leaving was 95 minutes compared to the norm of roughly 110 minutes.

**TAB 6.** In Nemaha County, 14.6% of the Medicare population has depression. The percent of Medicare Part D beneficiaries receiving an opioid day supply >10 Days is 28.7%. The average mentally unhealthy days last reported (2017) is 3.3 days in a one-week period.

**TAB 7a – 7b.** Nemaha County has an obesity percentage of 33.8% as of 2016, and physical inactivity percentage is 31.1%. The adult smoking is 15.4%, while the excessive drinking percentage is 18.6% as of 2017. The Medicare hypertension percentage is 53%, while their heart failure percentage is 14.9%. The percentage of individuals who were recorded with COPD was 10%. Nemaha County recorded 8.1% for those who have cancer among their Medicare population and 2.8% stroke percentage.

**TAB 8.** The adult uninsured rate for Nemaha County is 8.4% (based on 2017) compared to the rural norm of only 13%.

**TAB 9.** The life expectancy in Nemaha County is roughly eighty years of age (79.4) for the entire general population (Male and Female). Alcohol-impaired driving deaths for Nemaha County is at 57.1%, while age-adjusted Cancer Mortality rate per 100,000 is 178.1. The Age-adjusted Heart Disease Mortality rate per 100,000 is at 131.4.

**TAB 10.** Roughly forty percent (40.8%) of Nemaha County has access to exercise opportunities. There are 8.2% of the population that have diabetes prevalence and fifty-one percent (51%) of women in Nemaha County seek annual mammography screenings (based on 2017) compared to the rural norm of 45.9%.

## Key CHNA Wave #4 Primary Research Conclusions found:

**Community Feedback from residents, community leaders and providers (N=440) provided the following community insights via an online perception survey:**

- Using a Likert scale, 88.6% of Nemaha County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Nemaha County stakeholders are satisfied with some of the following services: Ambulance Services, Dentists, Chiropractors, Inpatient Services, Pharmacy, Primary Care, School Health, Public Health, Outpatient Services, Emergency Room, and Senior Living/Nursing Home.
- When considering past CHNA needs, the following topics came up as the most pressing: Access to Mental Health Services, Alcohol Abuse, Drug/Substance Abuse, Obesity, Exercise/Fitness, and Child Care.

Nemaha Co - CHNA Wave #4		Ongoing Problem		Trend	Pressing
Past CHNAs Unmet Needs identified		Votes	%		RANK
1	Access to Mental Health Services	186	15.1%		1
2	Alcohol Abuse	132	10.7%		2
3	Drug/Substance Abuse	119	9.7%		3
4	Obesity	107	8.7%		4
5	Exercise/Fitness	96	7.8%		8
6	Child Care	95	7.7%		6
7	Cancer Care	77	6.3%		7
8	Health/Wellness Education	76	6.2%		9
9	Senior Care Programs	74	6.0%		5
10	Nutrition - Healthy Food Options	73	5.9%		12
11	Awareness of Health Services	68	5.5%		10
12	Chronic Disease Prevention	61	5.0%		11
13	Family Assistance Programs	36	2.9%		13
14	Home Health/Hospice	28	2.3%		14
TOTALS		1228			

# II. Methodology

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## II. Methodology

### a) CHNA Scope and Purpose

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

#### **JOB #1: Meet/Report IRS 990 Required Documentation**

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

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

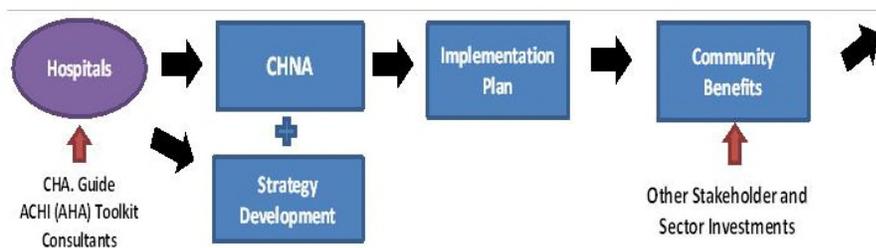
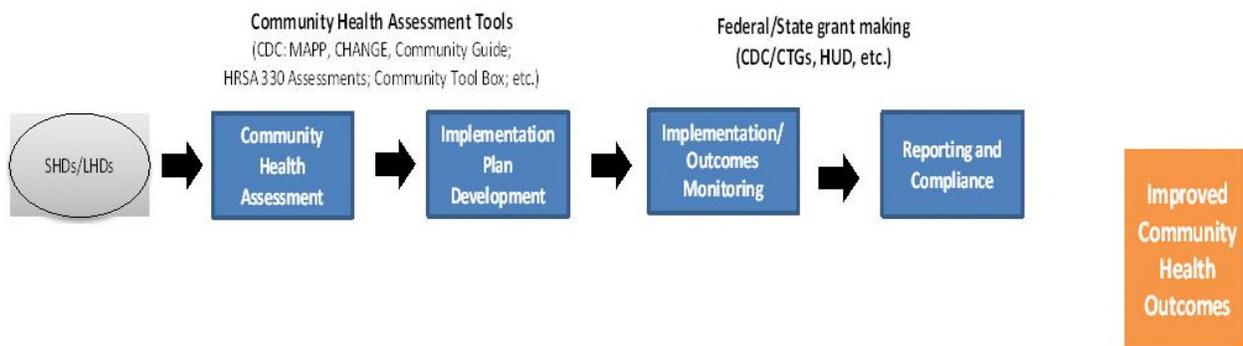
#### **JOB #2: Making a CHNA Widely Available to the Public**

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

### **JOB #3: Adopt an Implementation Strategy by Hospital**

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

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



## IRS Requirements Overview (Notice 2011-52)

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

#### Applicability of CHNA Requirements to “Hospital Organizations”

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

#### How and When to Conduct a CHNA

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

#### Determining the Community Served

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

#### Persons Representing the Community Served

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

#### Required Documentation

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

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

## **Making a CHNA Widely Available to the Public**

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

## **How and When to Adopt an Implementation Strategy**

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

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

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

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

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

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

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

### **Additional Sources of Input**

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

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

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

### **Collaboration on CHNA Reports**

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

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

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

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

### **Joint Implementation Strategies**

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

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

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

### **Adoption of Implementation Strategy**

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

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

### **New Hospital Organizations**

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

### **New Hospital Facilities**

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

### **Transferred/Terminated Facilities**

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

## **Public Health Criteria:**

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

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

#### **DOMAIN 1 includes 4 STANDARDS:**

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

#### **Required CHNA Planning Process Requirements:**

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

#### **Seven Steps of Public Health Department Accreditation (PHAB):**

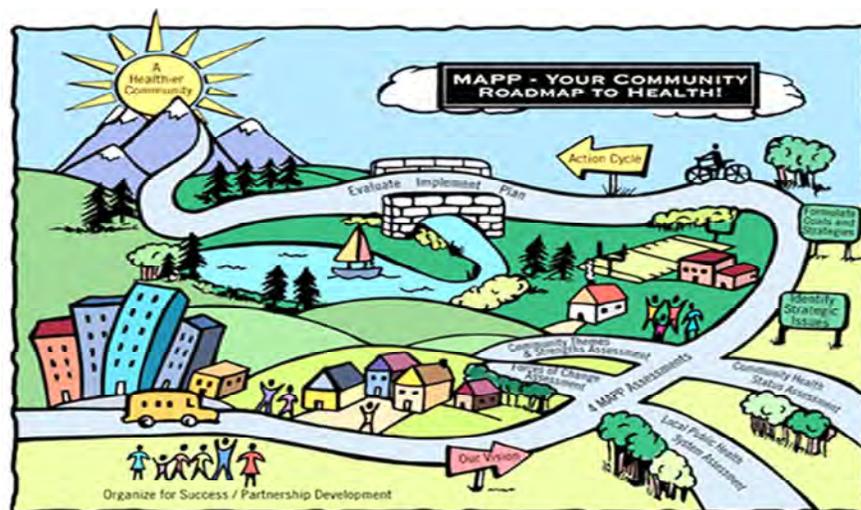
1. Pre-Application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

## MAPP Process Overview

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

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

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



## Drivers of Health Assessment & Improvement Planning

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

### National Voluntary Accreditation Requirements

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

### CDC Grant Requirements

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

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

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

## Social Determinants of Health

What Are Social Determinants of Health?



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

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

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

## II. Methodology

### b) Collaborating CHNA Parties

Working together to improve community health takes collaboration. Listed below is an in-depth profile of the local hospitals along with county health department who partnered together for this CHNA report:

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

## **Sabetha Community Hospital Profile**

**14<sup>th</sup> and Oregon Street, Sabetha, KS 66534**  
**CEO: Lora Key**

**History:** Sabetha Community Hospital is a 25-bed Critical Access Hospital providing acute care including skilled care, obstetrics, surgical services, and observation along with a broad range of outpatient services. The Hospital has served the community since 1904. Original ownership of the Hospital was by a private physician, then by the Sisters of Saint Joseph. The City of Sabetha purchased the Hospital in 1967. In October of 2001, the hospital became a Critical Access Hospital. In 2002, the hospital purchased Sabetha Family Practice and now owns and operates the physician clinic. The Hospital is currently leased to Sabetha Community Hospital, Inc., a not-for-profit organization, which sub-leases to Great Plains Health Alliance. Great Plains is a multi-hospital management firm with offices located in Phillipsburg and Wichita, Kansas. The hospital name is Great Plains of Sabetha, Inc. doing business as Sabetha Community Hospital.

The local medical staff consists of five family practice physicians, a part time Physician Assistant and three dentists. The Hospital and Medical Staff maintain working relationships with the closest tertiary care centers, so that transfers of complicated cases are handled smoothly. Transfer can be accomplished by ambulance or LifeStar helicopter.

**Mission:** Improving quality of health and care given in our communities.

### **Services:**

- Large Range of Outpatient Physicians coming from Topeka and surrounding areas.
- Nuclear Treadmill Testing
- X-Ray
- Echocardiography
- Osteoporosis Screening
- 24 Hour Emergency Room Service
- In-patient and Out-patient Occupational Therapy
- In-patient and Out-patient Physical Therapy
- Speech Therapy
- Cardiac Rehab
- Dietary Consults
- Mobile MRI
- Occupational Assessment Services
- Nuclear Medicine
- Lab
- Ultrasound
- Labor and Delivery
- Infusion Therapy
- Digital Mammography
- Swing Bed Services
- 24-hour Observation
- Diabetic Education
- Surgery
- In-House CT

Mental Health Services available through Kanza Mental Health in Hiawatha Kansas

## **Nemaha County Department of Health Profile**

1004 Main St, Sabetha, KS 66534  
203 N 8th St, Seneca, KS 66538  
Administrator: Jane Sunderland

### **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 Certificate

## II. Methodology

### b) Collaborating CHNA Parties Continued

#### Consultant Qualifications:

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

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



#### Vince Vandehaar, MBA – Principal

VVV Consultants LLC – start 1/1/09 \*

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

#### Cassandra Kahl, BHS – Lead Consultant

VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences
  - Park University MHA (May 2021)
- Pharmacy Management (CVS) – 2 ½ years
- Hometown: Maple, WI



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

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

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

#### Our Values :

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

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

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

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

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

## II. Methodology

### c) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in February 2021 for both Nemaha Valley Community Hospital and Sabetha Community Hospital located in Nemaha County, KS to meet Federal IRS CHNA requirements.

In early February, a meeting was requested by both hospital CEO's 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 leader discussion led to requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

#### VVV CHNA Deliverables:

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

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

<b>Nemaha Valley Community Hospital - Seneca, KS</b>				
<b>Define PSA Draw - KHA Patient Origin IP and OP (FFY18-20)</b>				
<b>Zip</b>	<b>County</b>	<b>3YR TOT</b>	<b>%</b>	<b>ACCUM</b>
66538-Seneca, KS	Nemaha	33,076	59.9%	59.9%
66404-Baileyville, KS	Nemaha	4,379	7.9%	67.9%
66403-Axtell, KS	Marshall	3,938	7.1%	75.0%
66415-Centralia, KS	Nemaha	2,604	4.7%	79.7%
66417-Corning, KS	Nemaha	1,444	2.6%	82.4%
66534-Sabetha, KS	Nemaha	1,373	2.5%	84.8%
66408-Bern, KS	Nemaha	1,217	2.2%	87.1%
66428-Goff, KS	Nemaha	1,131	2.0%	89.1%
66522-Oneida, KS	Nemaha	163	0.3%	89.4%
66550-Wetmore, KS	Nemaha	68	0.1%	89.5%

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

**Phase I—Discovery:**

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

**Phase II—Qualify Community Need:**

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

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

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

**Phase III—Quantify Community Need:**

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

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

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

**Detail CHNA Development Steps Include:**

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

## Data & Benchmarks Review

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

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

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

Community health assessment indicators should be.

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

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

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

CHNA Detail Sources
Business Quick Facts
Centers for Medicare and Medicaid Services
CMS Hospital Compare, 10/1/2015-9/30/2016
County Health Rankings
Geography Quick Facts
Kansas Health Matters
Kansas Hospital Association (KHA)
People Quick Facts
U.S. Department of Agriculture - Food Environment Atlas
US Centers for Disease Control and Prevention

## Sources of community-health level indicators:

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

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

<b>Nemaha County, KS</b>			
<b>Sabetha Community Hospital &amp; Nemaha Valley Community Hospital</b>			
<b>VVV CHNA Wave #4 Work Plan - Year 2021</b>			
<b>Project Timeline &amp; Roles</b>			
<b>Step</b>	<b>Timeframe</b>	<b>Lead</b>	<b>Task</b>
1	Jan. 2021	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review
2	2/2/2021	Hosp	Select CHNA Wave #4 Option B. Approve (sign) VVV CHNA quote
3	2/05/20	VVV	Send out <b>REQCommInvite Excel</b> file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	2/15/2021	VVV	Hold Kick-off Meeting & Request Hospital Client to send KHA PO reports for FFY 18, 19 and 20. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use <b>ZipPSA_3yrPOrigin.xls</b> )
5	3/1/2021	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	Feb-Mar 2021	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	3/15/2021	VVV / Hosp	Prepare/send out PR story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	By 5/3/2021	VVV / Hosp	Place PR story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	4/1/2021	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. <b>Cut-off 4/30/2021 for Online Survey</b>
10	4/19/2021	Hosp	Prepare/send out Community TOWN HALL invite letter and place local AD.
11	4/26/2021	VVV / Hosp	Prepare/send out PR story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
12	5/17/2021	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	<b>Thursday, 5/20/2021</b>	VVV	Conduct virtual CHNA Town Hall for Lunch <b>11:30 am - 1:00 pm (location TBD)</b> . Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 6/04/2021	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 6/11/2021	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	On or Before 6/30/2021	Hosp	Conduct Client Implementation Plan PSA Leadership meeting (Tentative Date: 6/17/21)
17	TBD	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

## Community Health Needs Assessment Town Hall Meeting – Nemaha Co. (KS)

on behalf of Sabetha Community Hospital &  
Nemaha Valley Community Hospital



**VVV Consultants LLC**  
Olathe, Kansas 66061

VandehaarMarketing.com  
913-302-7264

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### Safe Table Seating Assignments

**Nemaha Co 2021 CHNA Town Hall meeting May 20th 11:30 a.m. to 1:00 p.m**

#	Table	Lead	Last	First	Organization	#	Table	Lead	Last	First	Organization
1	A	##	Stoller	Steve	Thrivent Financial	21	F	##	Livingood	Christina	Nemaha Co Comm Health
2	A		Huerter	Amy	Seneca Family Practice	22	F		Edelman	Linda	NVCH
3	A		Key	Lora	Sabetha Community Hospi	23	F		Henry	Fred	
4	A		Sudbeck	Curt		24	F		Oberding	Brian	Life Care Center of Seneca
5	B	##	Sunderland	Jane	Nemaha Co Comm Health	25	G	##	Lauer	Sally	Retired
6	B		Emeking	Kris		26	G		Bergstrom	Kylee	Seneca Chamber
7	B		Sack	Mary	NVCH	27	G		Montgomery	Martha	
8	B		Stallbaumer	Krista	NVCH	28					
9	C	##	Schmelzle	Courtney	NVCH	29	H	##	Haverskamp	Tami	City of Seneca
10	C		Floyd	Kiley	NVCH	30	H		Knudson	Jenny	Kanza Mental Health
11	C		Heinen	Tyler	NVCH	31	H		Priest	Kim	Mary Cotton Public Library
11	C		Kuckelman	Larry	Koch & Co	32	H		Shinn	Ray	Shinn Appraisals, LLC
12	D	##	Remmers	Patricia	Sabetha Community Hospi	33	I	##	Macke	Betsy	Koch & Co.
13	D		Allen	Douglas	City of Sabetha	34	I		Henninger	Carol	Sabetha Manor
14	D		Haverkamp	Thad	Community National Bank	35	I		Osterhaus	Eric	
15	D		Steinlage	Mike		36					
16	E	##	Kohlman	Darrel	USD #115 Nemaha Central	37	J	##	McClain	Jenna	Sabetha Community Hospi
17	E		Frehe	Lacey		38	J		Schiffbauer	Ida	
18	E		Holthaus	Celene	United 4 Youth Countywid	39	J		Strathman	Courtney	NVCH
19	E		Shinn	Margie		40					

2

## Community Health Needs Assessment (CHNA) Onsite 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 Unmet Needs (30 mins)
- V. Close / Next Steps (5 mins)

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## Town Hall Participation (You)

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

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## II. Review of a CHNA

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

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## I. Introductions: A Conversation with the Community & Stakeholders

*Community members and organizations invited to CHNA Town Hall*

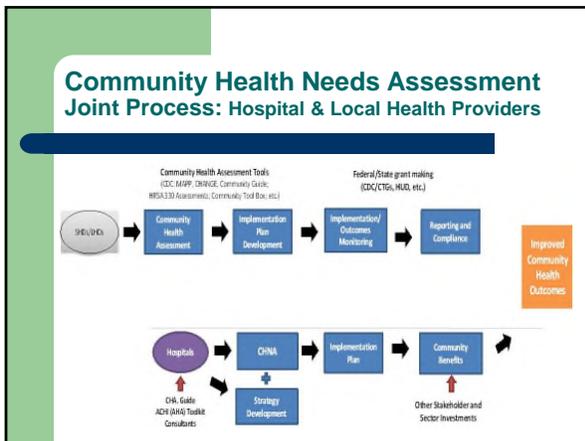
**Consumers:** Uninsured/underinsured people, Members of at-risk populations, Parents, caregivers and other consumers of health care in the community, and Consumer advocates.

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

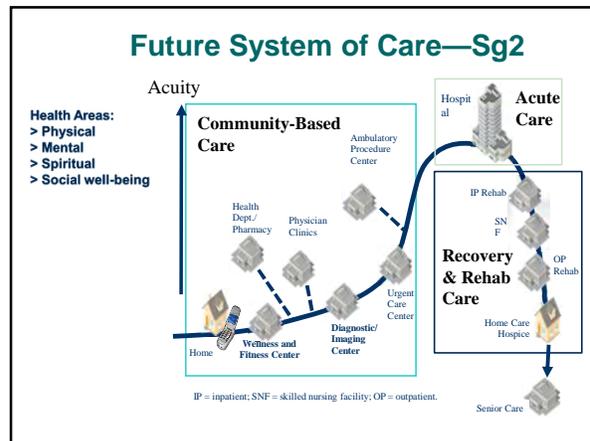
**Public and other organizations:** Public health officials, Directors or staff of health and human service organizations, City/Community planners and development officials, Individuals with business and economic development experience, Welfare and social service agency staff, Housing advocates – administrators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

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

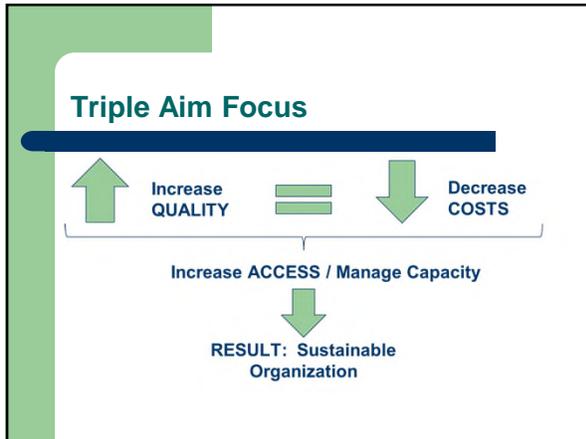
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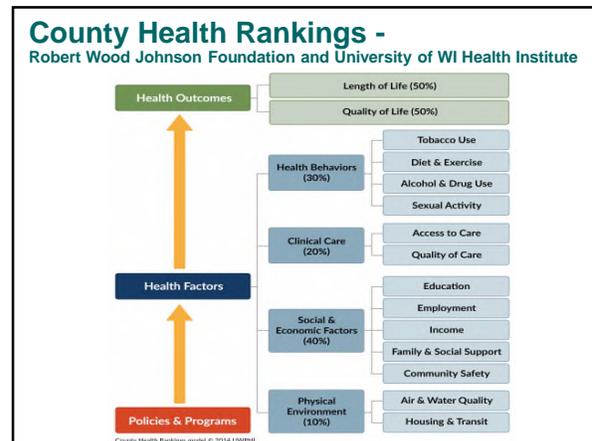
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- ### II. IRS Hospital CHNA Written Report Documentation – Table of Contents
- A description of the community served
  - A description of the CHNA process
  - The identity of any and all organizations and third parties which collaborated to assist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

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- ### III. Review Current County Health Status: Secondary Data by 10 Tab Categories & State Rankings
- Trends: Good Same Poor
- | Health Indicators - Secondary Research    |
|---|
| TAB 1. Demographic Profile                |
| TAB 2. Economic Profile                   |
| TAB 3. Educational Profile                |
| TAB 4. Maternal and Infant Health Profile |
| TAB 5. Hospital / Provider Profile        |
| TAB 6. Behavioral / Mental Health Profile |
| TAB 7. High-Risk Indicators & Factors     |
| TAB 8. Uninsured Profile                  |
| TAB 9. Mortality Profile                  |
| TAB 10. Preventative Quality Measures     |

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Focus Area	Measure	Description	Focus Area	Measure	Description
Air and water quality (5%)	Lead in drinking water	The average daily measure of lead particulate matter in micrograms per cubic meter (PM2.5) in a county	Community safety (5%)	Violent crime	Violent crime rate per 100,000 population
	Drinking water violations	Percent of population primarily exposed to water exceeding a violation limit during the past year		Injury deaths	Injury mortality per 100,000
	Lead in paint	Percent of households with at least 1 of 4 housing problems: peeling/ chipping paint, lead-based paint, or lead in dust or soil			
Housing and transit (5%)	Lead in paint	Percent of households with at least 1 of 4 housing problems: peeling/ chipping paint, lead-based paint, or lead in dust or soil	<b>3 Health Disparities (30%)</b>		
	Lead in paint	Percent of households with at least 1 of 4 housing problems: peeling/ chipping paint, lead-based paint, or lead in dust or soil	<b>3a</b>		
Access to care (10%)	Primary care physicians	Ratio of population to primary care physicians	<b>3b / 3c</b>		
	Ornithine	Ratio of population to ornithine	Focus Area	Measure	Description
Quality of care (10%)	Diabetic screening	Percent of diabetic Medicare enrollees that receive mammography screening	Tobacco use	Adult smoking	Percent of adults that report smoking in 2019
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening	Diet and exercise (10%)	Adult obesity	Percent of adults that report a BMI > 30
Education (10%)	High school graduation	Percent of youth grade cohort that graduates in 4 years	Food environment index	Index of factors that contribute to a healthy food environment	
	Some college	Percent of adults aged 25+ years with some post-secondary education	Physical inactivity	Percent of adults aged 20 and over reporting no leisure time physical activity	
Employment (10%)	Unemployment	Percent of population age 16+ unemployed but looking for work	Access to exercise opportunities	Percent of population with adequate access to locations for physical activity	
	Children in poverty	Percent of children under age 18 in poverty	Alcohol and drug use (5%)	Alcohol-impaired driving deaths	Percent of driving deaths with alcohol involvement
Family and social support (5%)	Inadequate social support	Percent of adults without social/emotional support	Sexual activity (5%)	Sexually transmitted infections	Chlamydia rate per 100,000 population
	Children in single-parent households	Percent of children that live in household headed by single parent	Teen births	Teen birth rate per 1,000 female population ages 15-19	
Length of life (10%)	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)			

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

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

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[https://www.surveymonkey.com/r/NemahaCo\\_impPlanRSVP\\_2021](https://www.surveymonkey.com/r/NemahaCo_impPlanRSVP_2021)

## Implementation Plan Development Meeting – Friday June 4<sup>th</sup> 11:30-1pm

Hold the Date  
to Brainstorm Ideas to Address  
Nemaha County 2021 Unmet  
Needs

Please RSVP – Coming Email  
[https://www.surveymonkey.com/r/NemahaCo\\_impPlanRSVP\\_2021](https://www.surveymonkey.com/r/NemahaCo_impPlanRSVP_2021)

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## Community Health Needs Assessment

### Questions; Next Steps?

VVV Consultants LLC  
601 N Mahaffie  
Olathe, KS 66061

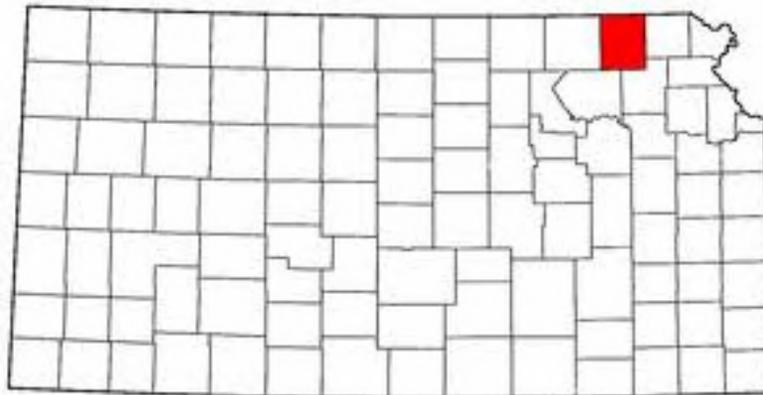
VVV@VandehaarMarketing.com  
CJK@VandehaarMarketing.com  
(913) 302-7264

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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 Seneca<sup>1</sup>.

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 Airports<sup>2</sup>

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

<sup>1</sup> [http://www.city-data.com/county/Nemaha\\_County-KS.html](http://www.city-data.com/county/Nemaha_County-KS.html)

<sup>2</sup> [https://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20131.cfm](https://kansas.hometownlocator.com/features/cultural/class,airport,scfips,20131.cfm)

## Schools in Barton County:

### *Public Schools*<sup>3</sup>

<b>Name</b>	<b>Level</b>
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 Schools*<sup>4</sup>

<b>Name</b>	<b>Level</b>
Sts Peter and Paul School	Elementary

### *Parks and Amenities*<sup>5</sup>

<b>Name</b>	<b>USGS Topo Map</b>
Nemaha County State Park	Seneca
Nemaha State Fishing Lake and Wildlife Area	Seneca

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

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

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

## Nemaha Co KS - Detail ERSI Demographic Profile

ZIP	NAME	County	Population			Households		HH	Per Capita
			Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
66404	Baileyville	Nemaha	516	520		200	204	2.58	28086
66408	Bern	Nemaha	471	485		198	206	2.38	35681
66415	Centralia	Nemaha	870	872		351	356	2.39	30032
66417	Corning	Nemaha	482	501		180	189	2.68	31742
66428	Goff	Nemaha	411	423		178	185	2.31	29657
66522	Oneida	Nemaha	49	49		18	18	2.72	24969
66534	Sabetha	Nemaha	3,667	3,642		1492	1496	2.37	29452
66538	Seneca	Nemaha	3,332	3,326		1428	1439	2.27	30075
66550	Wetmore	Nemaha	684	701		265	274	2.58	26332
<b>Totals</b>			<b>10,482</b>	<b>10,519</b>	<b>0.0%</b>	<b>4,310</b>	<b>4,367</b>	<b>2.5</b>	<b>\$29,558</b>

ZIP	NAME	County	Population				Year 2020		Females
			Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
66404	Baileyville	Nemaha	516	108	159	52	273	243	43
66408	Bern	Nemaha	471	84	135	62	246	225	53
66415	Centralia	Nemaha	870	188	262	90	451	419	88
66417	Corning	Nemaha	482	91	147	46	258	224	45
66428	Goff	Nemaha	411	72	121	50	224	187	43
66522	Oneida	Nemaha	49	11	15	6	26	23	3
66534	Sabetha	Nemaha	3667	810	1189	361	1,807	1860	395
66538	Seneca	Nemaha	3332	831	891	347	1,682	1650	314
66550	Wetmore	Nemaha	684	119	202	81	372	312	70
<b>Totals</b>			<b>10,482</b>	<b>2,314</b>	<b>3,121</b>	<b>1,095</b>	<b>5,339</b>	<b>5,143</b>	<b>1,054</b>

ZIP	NAME	County	Population 2020				Average Households 2020		
			Caucasian	African Amer	Amer Ind.	Hispanic	HH Inc	HH	HH \$50K+
66404	Baileyville	Nemaha	504	2	1	11	55509	200	118
66408	Bern	Nemaha	451	5	3	16	68392	198	139
66415	Centralia	Nemaha	822	8	6	32	58044	351	219
66417	Corning	Nemaha	464	1	3	4	76187	180	132
66428	Goff	Nemaha	390	0	6	14	56189	178	112
66522	Oneida	Nemaha	48	0	0	1	50000	18	10
66534	Sabetha	Nemaha	3,476	40	18	106	58334	1492	877
66538	Seneca	Nemaha	3,262	13	6	76	52455	1428	793
66550	Wetmore	Nemaha	646	1	11	22	55058	265	165
<b>Totals</b>			<b>10,063</b>	<b>70</b>	<b>54</b>	<b>282</b>	<b>\$58,908</b>	<b>4,310</b>	<b>2,565</b>

Source: ERSI Demographics

# **III. Community Health Status**

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[VVV Consultants LLC]

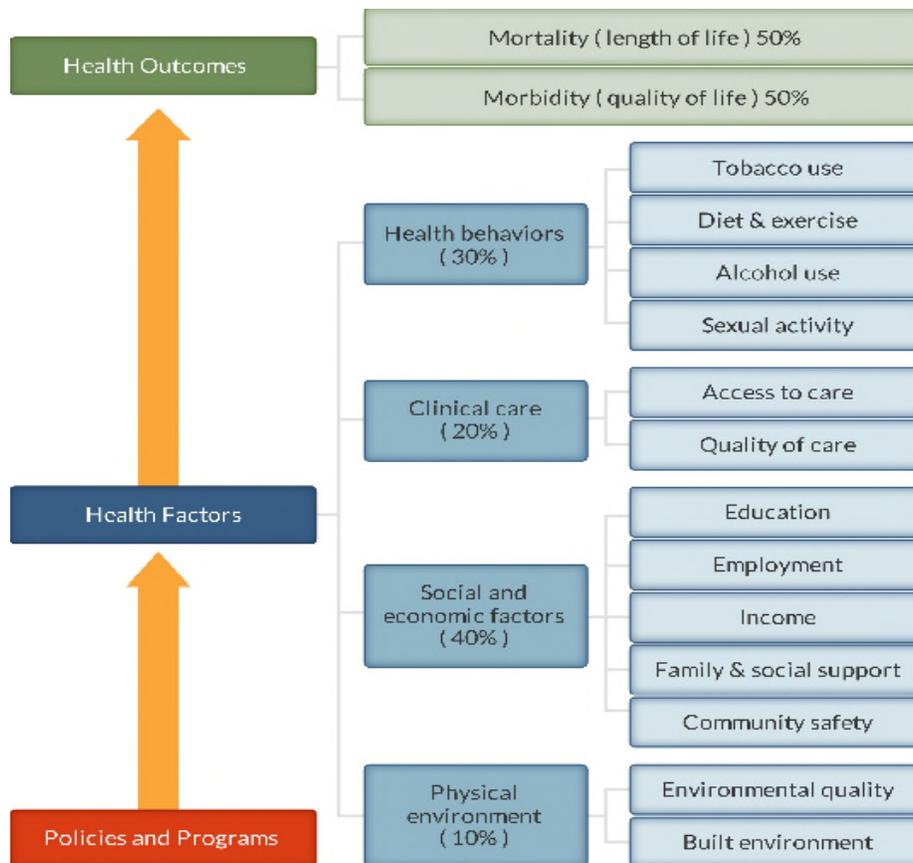
### III. Community Health Status

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

##### Health Status Profile

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

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



County Health Rankings model ©2012 UWPHI

## National Research – Year 2020 RWJ Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Nemaha Co. (KS)	TREND	NE KS RURAL NORM (N=16)
1	<b>Health Outcomes</b>		<b>8</b>		<b>40</b>
	Mortality	Length of Life	<b>16</b>		<b>48</b>
	Morbidity	Quality of Life	<b>5</b>		<b>38</b>
2	<b>Health Factors</b>		<b>5</b>		<b>40</b>
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	<b>49</b>		<b>51</b>
	Clinical Care	Access to care / Quality of Care	<b>10</b>		<b>30</b>
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	<b>3</b>		<b>40</b>
3	<b>Physical Environment</b>	Environmental quality	<b>39</b>		<b>61</b>
Kansas NE Rural Norm (N=16) includes the following counties: Atchison, Brown, Clay, Cloud, Doniphan, Geary, Jackson, Jefferson, Marshall, Nemaha, Ottawa, Pottawatomie, Republic, Riley, Wabaunese, <a href="http://www.countyhealthrankings.org">http://www.countyhealthrankings.org</a> , released 2020					

## PSA Secondary Research:

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

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

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

**Tab 1: Demographic Profile**

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

Tab	Demographic - Health Indicators	Nemaha Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
1	a Population estimates, July 1, 2019, (V2019)	10,231		2,913,314	15,946	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	0.5%		2.1%	-2.9%	People Quick Facts
	c Population per square mile, 2010 (V2019)	14.2		34.9	23.7	Geography Quick Facts
	d Persons under 5 years, percent, 2019, (V2019)	7.7%		6.4%	6.5%	People Quick Facts
	e Persons 65 years and over, percent, 2019, (V2019)	20.0%		16.3%	19.4%	People Quick Facts
	f Female persons, percent, 2019, (V2019)	49.4%		50.2%	49.5%	People Quick Facts
	g White alone, percent, 2019, (V2019)	96.6%		86.3%	91.7%	People Quick Facts
	h Black or African American alone, percent, 2019, (V2019)	0.8%		6.1%	2.8%	People Quick Facts
	i Hispanic or Latino, percent, 2019, (V2019)	2.3%		12.2%	4.6%	People Quick Facts
	j Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	2.2%		11.9%	3.9%	People Quick Facts
	k Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	91.4%		83.8%	86.3%	People Quick Facts
	l Children in single-parent households, percent, 2014-2018	17.9%		29.0%	23.3%	County Health Rankings
	m Total Veterans, 2015-2019	151		176,444	1450	People Quick Facts

**Tab 2: Economic Profile**

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

Tab	Economic - Health Indicators	Nemaha Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
2	a Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$23,415		\$31,814	\$26,686	People Quick Facts
	b Persons in poverty, percent	8.8%		11.4%	11.1%	People Quick Facts
	c Total Housing units, July 1, 2019, (V2019)	4,613		1,288,401	7,283	People Quick Facts
	d Total Persons per household, 2015-2019	3.2		2.5	2.5	People Quick Facts
	e Severe housing problems, percent, 2012-2016	8.3%		13.0%	10.4%	County Health Rankings
	f Total of All firms, 2012	418		239,118	1,774	Business Quick Facts
	g Unemployment, percent, 2018	2.3%		3.4%	3.2%	County Health Rankings
	h Food insecurity, percent, 2017	11.7%		13.0%	12.6%	County Health Rankings
	i Limited access to healthy foods, percent, 2010	5.1%		8.0%	9.0%	County Health Rankings
	j Low income and low access to store, percent, 2015	5.1%		NA	9.0%	U.S. Department of Agriculture - Food Environment Atlas
	k Long commute - driving alone, percent, 2011-2015	15.8%		21.0%	25.5%	County Health Rankings

**Tab 3: Educational Profile**

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

Tab		Educative - Health Indicator	Nemaha Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
3	a	Children eligible for free or reduced price lunch, percent, 2017-2018	31.0%		48.0%	44.6%	County Health Rankings
	b	High school graduate or higher, percent of persons age 25 years+, 2015-2019	75.9%		91.0%	88.7%	People Quick Facts
	c	Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	14.7%		33.4%	23.5%	People Quick Facts

#	School Health Indicators	Nemaha Central USD	Sabetha USD 113	Wetmore USD 113	Centralia USD
1	Total # Public School Nurses	1	2	1	.0.75
2	School Nurse is part of the IEP team Yes/No	Yes if needed	Upon Request	Upon Request	Yes if needed
3	School Wellness Plan (Active)	Yes	YES	YES	Yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	496/15/13	370/27	70/15	239/13/12
5	HEARING: # Screened / Referred to Prof / Seen by Professional	407/3/0	370/1	70/0	126/5/2
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	No - COVID	29/2	0	0
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	No	0	0	0
8	# of Students served with no identified chronic health concerns	175-200/month	835	113	284
9	School has a suicide prevention program	Yes	YES	YES	Yes
10	Compliance on required vaccinations (%)	97%	94%	100%	99%

**Tab 4: Maternal / Infant Profile**

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

Tab		Maternal/Infant - Health Indicators	Nemaha Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
4	a	Percent of Births Where Prenatal Care began in First Trimester, 2016-2018	83.1%		81.0%	80.7%	Kansas Health Matters
	b	Percentage of Premature Births, 2016-2018	6.2%		9.1%	7.5%	Kansas Health Matters
	c	Percent of Infants up to 24 months that received full immunizations, 2016-2018	74.6%		69.2%	72.3%	Kansas Health Matters
	d	Percent of Births with Low Birth Weight, 2016-2018	6.2%		7.3%	6.3%	Kansas Health Matters
	e	Percent of WIC Mothers Breastfeeding Exclusively, percent, 2018	NA		14.1%	18.5%	Kansas Health Matters
	f	Percent of all Births Occurring to Teens (15-19), 2016-2018	3.9%		5.5%	4.6%	Kansas Health Matters
	g	Percent of births Where Mother Smoked During Pregnancy, 2016-2018	9.8%		10.0%	12.9%	Kansas Health Matters

**Tab 4: Maternal / Infant Profile (Continued)**

#	Criteria - Vital Statistics	Nemaha Co. (KS)	Trend	Kansas	NE KS Norm (N=16)
a	Total Live Births, 2015	146		39,126	244
b	Total Live Births, 2016	140		38,048	226
c	Total Live Births, 2017	151		36,464	214
d	Total Live Births, 2018	148		36,268	220
e	Total Live Births, 2019	126		35,395	206
f	Total Live Births, 2015-2019 - 5 year Rate (%)	13.9%		12.7%	13.0%

**Tab 5: Hospitalization and Provider Profile**

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

Tab	Hospital/Provider - Health Indicator	Nemaha Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
5	a Primary care physicians (Pop Coverage per) (No extenders incl.) , 2017	1012:1		1295:1	2,296:1	County Health Rankings
	b Preventable hospital rate per 100,000, 2017 (lower the better)	3,976		4,024	4,186	County Health Rankings
	c Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	92%		78.0%	76.7%	CMS Hospital Compare, Latest Release
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	91%		78.0%	77.0%	CMS Hospital Compare, Latest Release
	e Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	95.0		112.0	109.2	CMS Hospital Compare, Latest Release

#	KS Hospital Assoc PO103	Total Nemaha Co (KS) -			#	KS Hospital Assoc PO103	NVCH only		
		FFY2018	FFY2019	FFY2020			FFY2018	FFY2019	FFY2020
1	Total Discharges	1160	1250	1258	1	Total Discharges	173	314	278
						IP Share - Nemaha Co Only	14.9%	25.1%	22.1%
2	Total IP Discharges-Age 0-17 Ped	67	73	67	2	Total IP Discharges-Age 0-17 Ped	2	3	4
3	Total IP Discharges-Age 18-44	81	60	73	3	Total IP Discharges-Age 18-44	4	3	5
4	Total IP Discharges-Age 45-64	210	190	181	4	Total IP Discharges-Age 45-64	17	22	20
5	Total IP Discharges-Age 65-74	148	191	207	5	Total IP Discharges-Age 65-74	12	33	17
6	Total IP Discharges-Age 75+	382	451	431	6	Total IP Discharges-Age 75+	98	154	143
7	Psychiatric	31	43	37	7	Psychiatric	0	1	1
8	Obstetric	119	127	139	8	Obstetric	9	51	45
#	Kansas Hospital Assoc OP TOT223E	FFY2018	FFY2019	FFY2020	#	KS Hospital Assoc PO103	Sabetha Only		
							FFY2018	FFY2019	FFY2020
1	NVCH ER Visits - Seneca Zip Only	450	736	735	1	Total Discharges	205	206	278
2	NVCH OpSRG Visits - Seneca Zip Only	230	208	128		IP Share - Nemaha Co Only	17.7%	16.5%	22.1%
3	NVCH TOT OP Visits - Seneca Zip Only	11,560	10,777	9,791	2	Total IP Discharges-Age 0-17 Ped	3	4	0
					3	Total IP Discharges-Age 18-44	5	9	3
					4	Total IP Discharges-Age 45-64	15	14	21
1	SMH ER Visits - Sabetha Zip Only	798	757	727	5	Total IP Discharges-Age 65-74	22	24	48
2	SMH OpSRG Visits - Sabetha Zip Only	310	391	299	6	Total IP Discharges-Age 75+	96	98	160
3	SMH TOT OP Visits - Sabetha Zip Only	10,374	10,209	9,354	7	Psychiatric	5	1	3
					8	Obstetric	31	28	22

**Tab 6: Behavioral / Mental Profile**

Behavioral healthcare provides another important indicator of community health status.

Tab		Mental - Health Indicator	Nemaha Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
6	a	Depression: Medicare Population, percent, 2017	14.6%		18.9%	16.3%	Kansas Health Matters
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2016-2018 (lower is better)	18.8%		18.6%	25.0%	Kansas Health Matters
	c	Mental Behavioral Hospital Admission Rates per 100,000, 2016-2018	37.1		75.1	57.3	Kansas Health Matters
	k	Percent of Medicare Part D Beneficiaries Receiving Opioids Supply >10 Days	28.7%		37.8%	39.7%	Kansas Health Matters
	d	Average Number of mentally unhealthy days, 2017	3.3		3.7	3.6	County Health Rankings

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

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

Tab		High-Risk - Health Indicator	Nemaha Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
7a	a	Adult obesity, percent, 2016	33.8%		33.0%	34.9%	County Health Rankings
	b	Adult smoking, percent, 2017	15.4%		17.0%	16.1%	County Health Rankings
	c	Excessive drinking, percent, 2017	18.6%		19.0%	18.0%	County Health Rankings
	d	Physical inactivity, percent, 2016	31.1%		25.0%	27.9%	County Health Rankings
	e	# of Physically unhealthy days, 2015	3.2		3.6	3.4	County Health Rankings
	f	Sexually transmitted infections (chlamydia), rate per 100,000 - 2017	118.6		13,554	305.9	County Health Rankings

**Tab 7b: Chronic Risk Profile**

Tab		Chronic - Health Indicator	Nemaha Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
7b	a	Hypertension: Medicare Population, 2017	53.0%		55.2%	54.9%	Kansas Health Matters
	b	Hyperlipidemia: Medicare Population, 2017	27.7%		37.1%	34.9%	Kansas Health Matters
	c	Heart Failure: Medicare Population, 2017	14.9%		13.4%	18.7%	Kansas Health Matters
	d	Chronic Kidney Disease: Medicare Pop, 2017	18.0%		21.8%	18.2%	Kansas Health Matters
	e	COPD: Medicare Population, 2017	10.0%		11.9%	12.3%	Kansas Health Matters
	f	Atrial Fibrillation: Medicare Population, 2017	10.5%		8.8%	9.0%	Kansas Health Matters
	g	Cancer: Medicare Population, 2017	8.1%		8.1%	8.1%	Kansas Health Matters
	h	Osteoporosis: Medicare Population, 2017	7.4%		6.1%	6.3%	Kansas Health Matters
	i	Asthma: Medicare Population, 2017	3.3%		4.3%	3.8%	Kansas Health Matters
	j	Stroke: Medicare Population, 2015	2.8%		3.1%	3.0%	Kansas Health Matters

**Tab 8 Uninsured Profile and Community Benefit**

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

Tab	Coverage - Health Indicator	Nemaha Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
8	a Uninsured, percent, 2017	8.4%		10.0%	13.0%	County Health Rankings

Source: Internal Hospital Records				
Sabetha Community Hosp		YR 2018	YR 2019	YR 2020
1	Charity Care .. Free Care given	\$85,201	\$47,134	\$50,186
2	Bad Debt / Can't Pay Bill (Implicit price concessions)	\$317,242	\$340,926	\$296,563
Nemaha Valley Comm Hosp		YR 2018	YR 2019	YR 2020
1	Charity Care .. Free Care given	\$251,459	\$290,274	\$296,007
2	Bad Debt / Can't Pay Bill (Implicit price concessions)	\$461,658	\$209,333	\$306,953

**Tab 9: Mortality Profile**

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

Tab	Mortality - Health Indicator	Nemaha Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
9	a Life Expectancy, 2016 - 2018	79.4		78.5	78.1	Kansas Health Matters
	b Age-adjusted Cancer Mortality Rate per 100,000 population, 2016-2018 (lower is better)	178.1		155.3	165.3	Kansas Health Matters
	c Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2016-2018 (lower is better)	131.4		156.7	163.8	Kansas Health Matters
	d Age-adjusted Chronic Lower Respiratory Mortality Rate per 100,000, 2014-16 (Lower is better)	28.4		49.9	55.1	Kansas Health Matters
	e Alcohol-impaired driving deaths, percent, 2011-2015	57.1%		21.9%	29.6%	County Health Rankings
	f Total # Deaths involving COVID-19 if released, 2021	50		3575	17.7	NY Times

**Tab 10: Preventive Quality Measures Profile**

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

Tab	Preventative - Health Indicator	Nemaha Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
10	a Access to exercise opportunities, percent, 2019	40.8%		76.0%	54.5%	County Health Rankings
	b Adults with diabetes, monitoring, percent, 2016	8.2%		86.0%	10.0%	County Health Rankings
	c Mammography annual screening, percent, 2017	51.0%		63.0%	45.9%	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 # 4 evaluation, a community stakeholder survey has been created and administered to collect “current” healthcare information for Nemaha Co. KS.

**Chart #1 – Nemaha County, KS Online Feedback Response (N=440)**

<b>Nemaha Co. KS - CHNA Wave #4</b>			
For reporting purposes, are you involved in or are you a ...?	Nemaha Co. (N=440)	Trend	Rural Norms N=2350
Business / Merchant	15.8%		10.3%
Community Board Member	10.4%		8.2%
Case Manager / Discharge Planner	0.4%		0.7%
Clergy	0.8%		1.1%
College / University	1.2%		4.9%
Consumer Advocate	3.1%		1.6%
Dentist / Eye Doctor / Chiropractor	0.8%		0.5%
Elected Official - City/County	3.1%		2.3%
EMS / Emergency	5.4%		2.7%
Farmer / Rancher	15.4%		8.5%
Hospital / Health Dept	41.7%		23.8%
Housing / Builder	1.2%		0.9%
Insurance	1.5%		1.1%
Labor	5.0%		2.8%
Law Enforcement	0.8%		0.8%
Mental Health	1.5%		1.3%
Other Health Professional	14.7%		13.0%
Parent / Caregiver	24.7%		18.7%
Pharmacy / Clinic	4.6%		2.2%
Media (Paper/TV/Radio)	0.0%		0.4%
Senior Care	3.5%		4.4%
Teacher / School Admin	5.4%		9.2%
Veteran	3.1%		3.3%
Other (please specify)	7.3%		9.0%
<b>TOTAL</b>	<b>259</b>		<b>1579</b>
<b>Rural KS County Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt and Nemaha.</b>			

**Chart #2 - Quality of Healthcare Delivery Community Rating**

<b>Nemaha Co. KS - CHNA Wave #4</b>			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Nemaha Co. (N=440)	Trend	Rural Norms N=2350
Top Box %	47.4%		33.9%
Top 2 Boxes %	88.6%		78.2%
Very Good	47.4%		33.9%
Good	41.2%		44.3%
Average	10.7%		17.7%
Poor	0.5%		3.1%
Very Poor	0.2%		1.0%
Valid N	439		2,340
Rural KS County Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha.			

**Chart #3 – Overall Community Health Quality Trend**

<b>Nemaha Co. KS - CHNA Wave #4</b>			
When considering "overall community health quality", is it ...	Nemaha Co. (N=440)	Trend	Rural Norms N=2350
Increasing - moving up	51.0%		49.4%
Not really changing much	44.6%		44.0%
Decreasing - slipping	4.4%		6.6%
Valid N	390		2088
Rural KS County Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt and Nemaha.			

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

<b>Nemaha Co - CHNA Wave #4</b>		<b>Ongoing Problem</b>		<b>Pressing</b>
<b>Past CHNAs Unmet Needs identified</b>				<b>Trend</b>
Rank	Ongoing Problem	Votes	%	RANK
1	Access to Mental Health Services	186	15.1%	1
2	Alcohol Abuse	132	10.7%	2
3	Drug/Substance Abuse	119	9.7%	3
4	Obesity	107	8.7%	4
5	Exercise/Fitness	96	7.8%	8
6	Child Care	95	7.7%	6
7	Cancer Care	77	6.3%	7
8	Health/Wellness Education	76	6.2%	9
9	Senior Care Programs	74	6.0%	5
10	Nutrition - Healthy Food Options	73	5.9%	12
11	Awareness of Health Services	68	5.5%	10
12	Chronic Disease Prevention	61	5.0%	11
13	Family Assistance Programs	36	2.9%	13
14	Home Health/Hospice	28	2.3%	14
<b>TOTALS</b>		<b>1228</b>		

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

<b>Nemaha Co. KS - CHNA Wave #4</b>			
In your opinion, what are the root causes of "poor health" in our community?	Nemaha Co. (N=440)	Trend	Rural Norms N=2350
Limited Access to Mental Health Assistance	15.1%		15.6%
Lack of Nutrition / Exercise Services	13.8%		10.3%
Alcohol Abuse	10.7%		3.2%
Drug/Substance Abuse	9.7%		2.8%
Obesity	8.7%		2.6%
Child Care	7.7%		2.3%
Cancer Care	6.3%		1.8%
Lack of health & Wellness Education	6.2%		10.2%
Senior Care Programs	6.0%		1.8%
<b>Total Votes</b>	<b>1228</b>		<b>4,180</b>

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

<b>Nemaha Co. KS - CHNA Wave #4</b>	<b>Nemaha Co. (N=440)</b>		<b>Trend</b>	<b>Rural Norms N=2350</b>	
	<b>Top 2 boxes</b>	<b>Bottom 2 boxes</b>		<b>Top 2 boxes</b>	<b>Bottom 2 boxes</b>
How would our community rate each of the following?					
Ambulance Services	91.4%	0.3%		88.9%	2.0%
Child Care	61.9%	10.7%		41.8%	16.1%
Chiropractors	88.7%	1.4%		73.3%	4.1%
Dentists	89.5%	0.7%		79.1%	5.7%
Emergency Room	88.4%	3.4%		77.3%	7.3%
Eye Doctor/Optomtrist	74.7%	4.4%		78.8%	6.2%
Family Planning Services	46.1%	13.6%		41.9%	14.9%
Home Health	77.9%	2.0%		52.9%	8.5%
Hospice	80.2%	4.2%		63.7%	7.6%
Telehealth	59.8%	8.9%		54.7%	8.6%
Inpatient Services	90.7%	1.4%		86.4%	2.8%
Mental Health	31.1%	31.8%		32.7%	31.5%
Nursing Home/Senior Living	81.7%	2.8%		71.0%	8.3%
Outpatient Services	81.6%	2.4%		80.8%	2.9%
Pharmacy	88.7%	1.4%		87.8%	2.5%
Primary Care	87.2%	0.0%		82.7%	3.9%
Public Health	74.1%	2.8%		70.3%	5.7%
School Health	70.5%	2.8%		69.3%	5.0%
Visiting Specialists	76.8%	3.5%		70.3%	7.4%
Walk- In Clinic	59.4%	15.0%		55.5%	21.4%

**Chart #7 – Community Health Readiness**

Nemaha Co. KS - CHNA Wave #4		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Nemaha Co. (N=440)	Trend	Rural Norms N=2350
Behavioral / Mental Health	30.3%		27.8%
Emergency Preparedness	2.5%		6.6%
Food and Nutrition Services/Education	8.5%		13.0%
Health Screenings (as asthma, hearing, vision, scoliosis)	5.0%		8.1%
Prenatal/Child Health Programs	4.7%		7.6%
Substance Use/Prevention	26.9%		31.3%
Suicide Prevention	32.2%		32.4%
Violence Prevention	28.6%		28.4%
Women's Wellness Programs	13.4%		13.4%

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

Nemaha Co. KS - CHNA Wave #4			
In the past 2 years, did you or someone you know receive HC outside of our community?	Nemaha Co. (N=440)	Trend	Rural Norms N=2350
Yes	70.5%		70.7%
No	29.5%		28.3%
I don't know	0.0%		1.0%
Valid N	288		1,438

**Specialties:**

Specialty	Total
ORTHO	15
SPEC	14
PC	12
BH	11
SURG	11
CARD	7
OBG	7
PEDS	7
CANC	6
DENT	6
OPHT	6

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

Nemaha Co. KS - CHNA Wave #4			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Nemaha Co. (N=440)	Trend	Rural Norms N=2350
Yes	82.9%		64.4%
No	17.1%		35.6%
Valid N	286		1293

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

<b>Nemaha Co. KS - CHNA Wave #4</b>			
<b>What needs to be discussed further at our CHNA Town Hall meeting?</b>	<b>Nemaha Co. (N=440)</b>	<b>Trend</b>	<b>Rural Norms N=2350</b>
Abuse/Violence	3.4%	Yellow	4.2%
Alcohol	6.9%	Red	5.3%
Alternative Medicine	2.2%	White	3.6%
Breast Feeding Friendly Workplace	1.2%	White	1.3%
Cancer	4.0%	Yellow	2.6%
Care Coordination	2.4%	White	2.4%
Diabetes	1.9%	White	2.4%
Drugs/Substance Abuse	6.4%	Red	6.5%
Family Planning	1.9%	White	1.6%
Heart Disease	1.4%	White	1.8%
Lack of Providers/Qualified Staff	1.6%	White	3.9%
Lead Exposure	0.3%	White	0.4%
Mental Illness	10.1%	Red	9.2%
Neglect	2.7%	White	2.4%
Nutrition	3.7%	Yellow	4.0%
Obesity	4.8%	Yellow	5.8%
Occupational Medicine	0.2%	White	0.6%
Ozone (Air)	0.4%	White	0.8%
Physical Exercise	5.1%	Red	4.2%
Poverty	2.8%	White	4.3%
Preventative Health / Wellness	5.2%	Red	4.6%
Respiratory Disease	0.0%	White	0.2%
Sexually Transmitted Diseases	1.3%	White	1.2%
Smoke-Free Workplace	0.0%	White	0.1%
Suicide	10.5%	Red	7.2%
Teen Pregnancy	2.4%	White	1.8%
Telehealth	3.6%	Yellow	2.5%
Tobacco Use	3.4%	Yellow	2.3%
Transporation	1.3%	White	2.0%
Vaccinations	3.4%	Yellow	3.7%
Water Quality	1.7%	White	2.1%
Health Literacy	2.5%	White	2.9%
Other (please specify)	1.3%	White	1.9%
<b>TOTAL Votes</b>	<b>1,338</b>		<b>5,934</b>

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

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[VVV Consultants LLC]

## YR 2021 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
Hosp	Positron Emission Tomography (PET)	No	no	No	No

## YR 2021 Inventory of Health Services - Nemaha County KS

Cat	HC Services Offered in county: Yes / No	SCH	NVMH	Health Dept	Other
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	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	Yes	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

<b>Physician Manpower - Nemaha Co KS YR 2021 Update</b>						
	<b>Supply Working in Nemaha Co (KS)</b>					
	<b>MD/DO County Based</b>		<b>MD/DO Visiting</b>		<b>PA / NP Allied</b>	
<b># of FTE Providers</b>	<b>SCH</b>	<b>NVMH</b>	<b>SCH</b>	<b>NVMH</b>	<b>SCH</b>	<b>NVMH</b>
<b>Primary Care:</b>						
Family Practice	6.0	4.0			1.0	3.3
Internal Medicine						
Obstetrics/Gynecology			1.0	1.0		
Pediatrics						
<b>Medicine Specialists:</b>						
Allergy/Immunology			1.0	2.0	1.0	
Cardiology			4.0	6.0	1.0	
Dermatology				1.0	1.0	
Endocrinology				1.0	1.0	
Gastroenterology			1.0			
Oncology/Rado			1.0	2.0	1.0	
Infectious Diseases						
Nephrology			2.0	2.0	1.0	
Neurology				1.0	1.0	
Podiatry			1.0	1.0		
Psychiatry				1.0		
Pulmonary			1.0	1.0	1.0	
Rheumatology						
<b>Surgery Specialists:</b>						
General Surgery	2.0	1 FTE	2.0			
Neurosurgery						
Ophthalmology			1.0	1.0		
Orthopedics			2*	3.0		
Otolaryngology (ENT)			1.0	1.0		
Plastic/Reconstructive						
Thoracic/Cardiovascular/Vasc						
Urology			3.0	2.0		
<b>Hospital Based:</b>						
Anesthesia/Pain			1.0		4.0	
Emergency					3.0	
Radiology						
Pathology						
Physical Medicine/Rehab						
<b>TOTALS</b>	<b>8.0</b>	<b>5.0</b>	<b>20.0</b>	<b>26.0</b>	<b>16.0</b>	<b>3.3</b>

## Visiting Specialists to NVCH - YR 2021 Updates

Specialty	Physician (LN / FN)	Group Name	Group Office	Days Schedule at hospital
Allergy/Asthma	Khan, Brooks	Cotton O'Neil Allergy & Immunology	Topeka, KS	Monthly
Audiology	White	Associated Audiology	Manhattan, KS	Twice Monthly
Audiology	Gaughen	Topeka ENT	Topeka, KS	Monthly
Cardiology	Beard, Graham,	KU St. Francis Topeka Heart & Vascular	Topeka, KS	Beard monthly odd months, twice monthly even months, Graham monthly
Cardiology	Bernd, Amr, Seals, T. Stallbaumer APRN	Cotton O'Neil Heart Center	Topeka, KS	Amr, Bernd-monthly, Stallbaumer, Seals-quarterly,
Dermatology	Engelken, APRN	Kansas Medical Clinic, PA	Topeka, KS	Weekly on Tuesdays
Diabetes & Endocrinology	Divan	Cotton O'Neil D & E Center	Topeka, KS	Monthly-Telehealth
ENT/Otolaryngology	Barnes	Topeka ENT	Topeka, KS	Monthly
General Surgery	Brown, Young	Rural Partners In Medicine	Broomfield, CO	Weekly on Mondays and Thursdays
General Surgery	Sinning	Surgical Associates of NE Kansas	Hiawatha, KS	As needed
Nephrology	Blanton APRN, Duvvur	Cotton O'Neil Clinic	Topeka, KS	each once per month
Neurology	Woolard APRN	Mosaic Neurology	St. Joseph, MO	Monthly
OB/GYN	Teply	Lincoln Center OB/GYN, PA	Topeka, KS	Monthly
Oncology & Hematology	Einspahr	Cotton O'Neil Cancer Center	Topeka, KS	Monthly
Oncology & Hematology	Orear, APRN	St. Francis Cancer Center	Topeka, KS	even months
Ophthalmology/Cataracts	Thomsen	Eye Surgical Associates	Lincoln, NE	Monthly
Orthopedics	Mumford	Cotton-O'Neil Orthopedics & Sports Medicine	Topeka, KS	Monthly
Orthopedics	Teter	Tallgrass Orthopedic & Sports Medicine	Topeka, KS	Twice Monthly
Podiatry	Sitek	Steve Sitek, DPM, PA	Atchison, KS	Twice Monthly & As Needed
Psychiatry	Dudley APRN	Stormont Vail Behavioral Health Center	Topeka, KS	Monthly-Telehealth
Pulmonology	Short	Inspire ENT & Pulmonology	Manhattan, KS	Monthly
Urology	Devine	Associated Urologists, PA	Manhattan, KS	Twice Monthly
Urology	Rupp	Rupp Urology	Topeka, KS	Monthly
Wound Clinic	Bletscher APRN	Restorix Health	White Plains, NY	Weekly on Fridays

# YR 2021 Nemaha County (KS) Area Health Services Directory

## Emergency Numbers:

<b>Police/Sheriff</b>	<b>911</b>
<b>Fire</b>	<b>911</b>
<b>Ambulance</b>	<b>911</b>

## Non-Emergency Numbers:

<b>Nemaha County Sheriff</b>	<b>785-336-2311</b>
<b>Nemaha County Ambulance</b>	<b>785-284-2158</b>

## 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](http://www.dcf.ks.gov)

Domestic Violence Hotline

1-800-799-7233

[www.ndvh.org](http://www.ndvh.org)

Emergency Management (Topeka) 785-274-

1409

[www.accesskansas.org/kdem](http://www.accesskansas.org/kdem)

Federal Bureau of Investigation

1-866-483-5137

[www.fbi.gov/congress/congress01/caruso10030](http://www.fbi.gov/congress/congress01/caruso10030)

1.htm

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

800-572-1763

[www.accesskansas.org/kbi](http://www.accesskansas.org/kbi)

Kansas Bureau of Investigation (Topeka) 785-

296-8200

[www.accesskansas.org/kbi](http://www.accesskansas.org/kbi)

Kansas Crisis Hotline (Domestic

Violence/Sexual Assault)

1-888-END-ABUSE

[www.kcsdv.org](http://www.kcsdv.org)

Kansas Road Conditions 1-866-511-KDOT

[www.ksdot.org](http://www.ksdot.org)

Poison Control Center

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

Suicide Prevention Hotline

1-800-SUICIDE [www.hopeline.com](http://www.hopeline.com) 1-800-273-

TALK [www.suicidepreventionlifeline.com](http://www.suicidepreventionlifeline.com)

Toxic Chemical and Oil Spills

1-800-424-8802

[www.epa.gov/region02/contact.htm](http://www.epa.gov/region02/contact.htm)

## **Health Services**

### **Hospitals**

Nemaha Valley Community Hospital 1600

Community Drive (Seneca) 785-336-6181

[www.nemvch.com](http://www.nemvch.com)

Sabetha Community Hospital 603 North 14th

Street (Sabetha) 785-284-2121

[www.sabethahospital.com](http://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](http://www.ks-nemaha.manatron.com)

### **Mental Health**

Kanza Mental Health & Guidance Center 710

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

Kailey Patton, LMFT, Seneca Family Practice,

1600 Community Drive, Seneca, KS 66538

785-336-6107

Brighter Dawn Mental Health, LLC, Marriage and

Family Counseling, 416 Main Street

Seneca, KS 66538

### **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

Ryan J. Kueker, OD PA  
33 S 4th St. (Seneca) 785-456-2236

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](http://www.sabethafasthealth.com)

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

### **Physicians**

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

Heather Myers, 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

Erica Winkler  
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](http://www.crestviewseneca.com)

Life Care Center of Seneca 512 Community Dr.  
(Seneca) 785-336-3528  
<https://lcca.com/locations/ks/seneca/>

Nemaha County Training Center  
12 South 11th Street (Seneca) 785-336-6116  
329 North 11th Street (Sabetha) 785-284-3666  
[www.nemahactc.org](http://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  
14<sup>th</sup> 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](http://www.ks-nemaha.manatron.com)

Seneca Nutrition Center 504 Edwards St.  
(Seneca) 785-336-2714

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

Oakley Place of Seneca 1306 Branch St.  
(Seneca) 785-334-6000 [https://oakley-place-of-seneca.business.site/?utm\\_source=gmb&utm\\_medium=referral](https://oakley-place-of-seneca.business.site/?utm_source=gmb&utm_medium=referral)

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  
service s.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  
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](http://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  
14<sup>th</sup> 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](http://www.studiofusionsalon.com)

Lukert Chiropractic & Wellness  
1102 South US Old Highway 75 (Sabetha) 785-  
284-0088  
[www.lukertchiropractic.com](http://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](http://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 11<sup>th</sup> St (Seneca) 785-336-2173  
High School- 214 North 11<sup>th</sup>  
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](http://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

**Local Government, Community and Social Services**

Department of Children and Family Services  
800-922-5330 Children and Elder Abuse  
(Marysville) 562-5338 406 N 3<sup>rd</sup>  
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  
(Centrallia) 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  
(Centrallia)  
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**

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

Centrallia Swimming Pool 806 5th Street  
(Centrallia)  
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 Space book 1-866-881-4376

Graceful Adoptions 1-888-896-7787

Kansas Children's Service League  
1-877-530-5275  
[www.kcsl.org](http://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](http://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](http://www.dcf.ks.gov)

Domestic Violence and Sexual Assault (DVACK)  
1-800-874-1499  
[www.dvack.org](http://www.dvack.org)

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

Elder and Nursing Home Abuse Legal  
[www.resource4nursinghomeabuse.com/index](http://www.resource4nursinghomeabuse.com/index)

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

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

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

National Domestic Violence Hotline  
1-800-799-SAFE (799-7233)  
1-800-787-3224 (TTY)  
[www.ndvh.org](http://www.ndvh.org)

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

National Suicide Prevention Lifeline  
1-800-273-8255

Poison Center  
1-800-222-1222

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

Department of Children and Family Services  
1-785-562-5338 (Marysville)  
[www.dcf.ks.gov](http://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 An Addiction  
1-800-405-4810

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

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

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

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

Alcohol and Drug Abuse Hotline  
1-800-ALCOHOL

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

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

Alcohol and Drug Helpline  
1-800-821-4357

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

Kansas Alcohol and Drug Abuse Services  
Hotline 1-800-586-3690  
[www.dcf.ks.gov](http://www.dcf.ks.gov)

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

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

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

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

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

## **Children and Youth**

### **Adoption**

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

Boys and Girls Town National Hotline 1-800-448-3000

[www.girlsandboystown.org](http://www.girlsandboystown.org)

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

[www.dcf.ks.org](http://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](http://www.childhelpusa.org/home)

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

### **Child Find of America**

1-800-426-5678

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

### **Child Protective Services**

1-800-922-5330

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

### **KanCare**

P.O. Box 3599 (Topeka)

1-800-792-4884

1-800-792-4292 (TTY)

[www.kancare.ks.gov](http://www.kancare.ks.gov)

Heartspring (Institute of Logopedics) 8700 E 29TH N (Wichita)

[www.heartspring.org](http://www.heartspring.org)

### **Kansas Big Brothers/Big Sisters**

1-888-KS4-BIGS [www.ksbbbs.org](http://www.ksbbbs.org)

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

Kansas Department of Health and Environment  
785-296-1500

[www.kdheks.gov](http://www.kdheks.gov) e-mail: [info@kdheks.gov](mailto:info@kdheks.gov)

Kansas Society for Crippled Children 106 W Douglas, Suite 900 (Wichita) 1-800-624-4530  
316-262-4676

[www.kssociety.org](http://www.kssociety.org)

National Runaway Switchboard 1-800-RUNAWAY

[www.1800runaway.org/](http://www.1800runaway.org/)

National Society for Missing and Exploited Children

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

[www.missingkids.com](http://www.missingkids.com)

Parents Anonymous Help Line

1-800-345-5044

[www.parentsanonymous.org/palIndex10.html](http://www.parentsanonymous.org/palIndex10.html)

### **Runaway Line**

1-800-621-4000

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

### **Talking Books**

1-800-362-0699

[www.skyways.lib.ks.us/KSL/talking/ksl\\_bph.html](http://www.skyways.lib.ks.us/KSL/talking/ksl_bph.html)

## **Community Action**

### **Peace Corps**

1-800-424-8580

[www.peacecorps.gov](http://www.peacecorps.gov)

Public Affairs Hotline (Kansas Corporation Commission)

1-800-662-0027

[www.kcc.state.ks.us](http://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](http://www.castlewoodtc.com)

Catholic Charities

1-888-468-6909

[www.catholiccharitiessalina.org](http://www.catholiccharitiessalina.org)

Center for Counseling

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

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

Will roll over after hours to a crisis number.

Consumer Credit Counseling Services 1-800-279-2227

[www.kscgccs.org/](http://www.kscgccs.org/)

Kansas Problem Gambling Hotline 1-866-662-3800

[www.ksmhc.org/Services/gambling.htm](http://www.ksmhc.org/Services/gambling.htm)

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

National Problem Gambling Hotline 1-800-552-4700

[www.npgaw.org](http://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](http://www.selfhelpnetwork.wichita.edu)

Senior Health Insurance Counseling 1-800-860-5260

[www.agingkansas.org](http://www.agingkansas.org)

Sunflower Family Services, Inc.

(adoption, crisis pregnancy, conflict solution center) 1-877-457-5437

[www.sunflowerfamily.org](http://www.sunflowerfamily.org)

## **Disability Services**

American Association of People with Disabilities (AAPD)

[www.aapd.com](http://www.aapd.com)

American Council for the Blind 1-800-424-8666

[www.acb.org](http://www.acb.org)

Americans with Disabilities Act Information Hotline

1-800-514-0301

1-800-514-0383 (TTY)

[www.ada.gov](http://www.ada.gov)

Disability Advocates of Kansas, Incorporated 1-866-529-3824

[www.disabilitysecrets.com](http://www.disabilitysecrets.com)

Disability Group, Incorporated 1-888-236-3348

[www.disabilitygroup.com](http://www.disabilitygroup.com)

Disability Rights Center of Kansas (DRC)

Formerly Kansas Advocacy & Protective

Services 1-877-776-1541

1-877-335-3725 (TTY)

[www.drckansas.org](http://www.drckansas.org)

Hearing Healthcare Associates 1-800-448-0215

Kansas Commission for the Deaf and Hearing Impaired

1-800-432-0698

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

Kansas Relay Center (Hearing Impaired service)

1-800-766-3777

[www.kansasrelay.com](http://www.kansasrelay.com)

National Center for Learning Disabilities 1-888-575-7373

[www.nclld.org](http://www.nclld.org)

National Library Services for Blind & Physically Handicapped

[www.loc.gov/nls/](http://www.loc.gov/nls/)

1-800-424-8567

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

### **Environment**

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

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

### **Food and Drug**

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

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

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

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

Poison Hotline  
1-800-222-1222

### **Health Services**

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

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

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

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

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

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

American Lung Association  
1-800-586-4872

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

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

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

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

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

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

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

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

### **Hospice**

Hospice-Kansas Association  
1-800-767-4965

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

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

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

### **Housing**

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

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

### **Legal Services**

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

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

Kansas Department on Aging  
1-800-432-3535  
[www.agingkansas.org/index.htm](http://www.agingkansas.org/index.htm)

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

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

### **Medicaid Services**

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

Kansas Kancare  
1-800-792-4884 or 1-800-792-4292 (TTY)  
[www.kancare.ks.gov](http://www.kancare.ks.gov)

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

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

### **Mental Health Services**

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

Kansas Alliance for Mentally Ill (Topeka, KS)  
785-233-0755  
[www.namikansas.org](http://www.namikansas.org)

Make a Difference  
1-800-332-6262

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

National Alliance for the Mentally Ill Helpline  
1-800-950-NAMI (950-6264) or 703-516-7227  
(TTY) [www.nami.org](http://www.nami.org)

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

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

National Mental Health Association  
1-800-969-6642 or 1-800-433-5959 (TTY)  
[www.nmha.org](http://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](http://www.agingkansas.org/SHICK/shick_index.html)

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

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

**Suicide Prevention**

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

**Veterans**

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

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

**Education (GI Bill)**

1-888-442-4551

Health Resource Center  
1-877-222-8387

Insurance Center  
1-800-669-8477

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

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

**Other Benefits**

1-800-827-1000

Memorial Program Service [includes status of  
headstones and markers]

1-800-697-6947

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

**Veterans Administration**

Veterans Administration Benefits  
1-800-669-8477

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](http://www.vba.va.gov)

Benefits Information and Assistance  
1-800-827-1000

Debt Management 1-800-827-0648

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

Welfare Fraud Hotline 1-800-432-3913

# V. Detail Exhibits

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[VVV Consultants LLC]

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## a) Patient Origin Source Files

[VVV Consultants LLC]

# Inpatient Origin Reports



**Inpatient Origin by County**  
 Nemaha, KS Residents Treated in KHA Reporting Area  
 Federal Fiscal Year: 2020

Detail																						
Hospital Detail by County			Pediatric		Adult Medical/Surgical										Psychiatric			Obstetric		Newborn		Surg %
			Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+		Cases	%	Cases	%	Cases	%	Cases	%		
Rank	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%				
Stormont Val Health - Topeka, KS	1	323	25.7%	31	9.6%	32	9.9%	56	17.3%	72	22.3%	61	18.9%	21	6.5%	30	9.3%	27	8.4%	39.6%		
Nemaha Valley Community Hospital - Seneca, KS	2	278	22.1%	4	1.4%	5	1.8%	20	7.2%	17	6.1%	143	51.4%	1	0.4%	45	16.2%	43	15.5%	10.4%		
Sabetha Community Hospital - Sabetha, KS	3	278	22.1%	0	0.0%	3	1.1%	21	7.6%	48	17.3%	160	57.6%	3	1.1%	22	7.9%	21	7.6%	5.0%		
The University of Kansas Health System St. Francis Campus -	4	81	6.4%	1	1.2%	6	7.4%	20	24.7%	22	27.2%	25	30.9%	1	1.2%	3	3.7%	3	3.7%	44.4%		
The University of Kansas Health System - Kansas City, KS	5	78	6.2%	4	5.1%	9	11.5%	27	34.6%	25	32.1%	7	9.0%	5	6.4%	3	3.8%	2	2.6%	46.2%		
Hiawatha Community Hospital - Hiawatha, KS	6	41	3.3%	1	2.4%	0	0.0%	0	0.0%	2	4.9%	8	19.5%	0	0.0%	15	36.6%	15	36.6%	26.8%		
Community Healthcare System Inc. - Onaga, KS	7	39	3.1%	0	0.0%	0	0.0%	9	23.1%	6	15.4%	10	25.6%	0	0.0%	7	17.9%	7	17.9%	12.8%		
Kansas Residents/Nebraska Hospitals	8	25	2.0%	3	12.0%	3	12.0%	13	52.0%	3	12.0%	3	12.0%	0	0.0%	0	0.0%	0	0.0%	44.0%		
Children's Mercy Kansas City - Kansas City, MO	9	19	1.5%	18	94.7%	1	5.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	21.1%		
Kansas Residents/Other Missouri Hospitals	10	17	1.4%	0	0.0%	0	0.0%	3	17.6%	0	0.0%	1	5.9%	3	17.6%	5	29.4%	5	29.4%	23.5%		
AdventHealth Shawnee Mission - Shawnee Mission, KS	11	10	0.8%	0	0.0%	2	20.0%	0	0.0%	0	0.0%	2	20.0%	1	10.0%	3	30.0%	2	20.0%	20.0%		
Holton Community Hospital - Holton, KS	12	8	0.6%	0	0.0%	0	0.0%	3	37.5%	0	0.0%	5	62.5%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Ascension Via Christi Hospital Manhattan - Manhattan, KS	13	7	0.6%	0	0.0%	0	0.0%	2	28.6%	2	28.6%	1	14.3%	0	0.0%	1	14.3%	1	14.3%	57.1%		
Menorah Medical Center - Overland Park, KS	14	6	0.5%	1	16.7%	2	33.3%	1	16.7%	2	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	83.3%		
Overland Park Regional Medical Center - Overland Park, KS	15	6	0.5%	0	0.0%	1	16.7%	0	0.0%	1	16.7%	0	0.0%	0	0.0%	2	33.3%	2	33.3%	50.0%		
Kansas Residents/Minnesota Hospitals	16	5	0.4%	0	0.0%	2	40.0%	1	20.0%	1	20.0%	1	20.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Research Medical Center - Kansas City, MO	17	5	0.4%	0	0.0%	3	60.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	20.0%	1	20.0%	40.0%		
Saint Luke's South Hospital - Overland Park, KS	18	5	0.4%	0	0.0%	1	20.0%	0	0.0%	0	0.0%	1	20.0%	0	0.0%	1	20.0%	2	40.0%	40.0%		
Children's Mercy Hospital Kansas - Overland Park, KS	19	4	0.3%	4	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Kansas Residents/Illinois Hospitals	20	4	0.3%	0	0.0%	3	75.0%	1	25.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Saint John Hospital - Leavenworth, KS	21	4	0.3%	0	0.0%	0	0.0%	0	0.0%	1	25.0%	2	50.0%	1	25.0%	0	0.0%	0	0.0%	0.0%		
LMH Health - Lawrence, KS	22	3	0.2%	0	0.0%	0	0.0%	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Saint Luke's Hospital of Kansas City - Kansas City, MO	23	3	0.2%	0	0.0%	0	0.0%	1	33.3%	1	33.3%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	66.7%		
Amberwell Health - Atchison, KS	24	2	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0.0%		
AdventHealth Ottawa - Ottawa, KS	25	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Ascension Via Christi Hospitals St. Francis - Wichita, KS	26	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0.0%		
Kansas Residents/South Dakota Hospitals	27	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Olathe Health - Olathe, KS	28	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Providence Medical Center - Kansas City, KS	29	1	0.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Scott County Hospital - Scott City, KS	30	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0.0%		
Signature Psychiatric Hospital - Kansas City, MO	31	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0.0%		
<b>Overall</b>		<b>1,258</b>	<b>100.0%</b>	<b>67</b>	<b>5.3%</b>	<b>73</b>	<b>5.8%</b>	<b>181</b>	<b>14.4%</b>	<b>207</b>	<b>16.5%</b>	<b>431</b>	<b>34.3%</b>	<b>37</b>	<b>2.9%</b>	<b>139</b>	<b>11.0%</b>	<b>134</b>	<b>10.7%</b>	<b>24.6%</b>		

Discharge Data Available from: 2015 Q1 through 2020 Q4

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# Inpatient Origin Reports



**Inpatient Origin by County**  
 Nemaha, KS Residents Treated in KHA Reporting Area  
 Federal Fiscal Year: 2019

Detail																				
Hospital Detail by County			Pediatric		Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		Surg %	
			Age 0-17	Age 18-44	Age 45-64	Age 65-74	Age 75+	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases		%
Hospital Name	Rank	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
Stomont Vall Health - Topeka, KS	1	322	25.8%	32	9.9%	13	4.0%	62	19.3%	61	18.9%	89	27.6%	24	7.5%	23	7.1%	24	7.5%	36.6%
Nemaha Valley Community Hospital - Seneca, KS	2	314	25.1%	3	1.0%	3	1.0%	22	7.0%	33	10.5%	154	49.0%	1	0.3%	51	16.2%	47	15.0%	11.5%
Sabetha Community Hospital - Sabetha, KS	3	206	16.5%	4	1.9%	9	4.4%	14	6.8%	24	11.7%	98	47.6%	1	0.5%	28	13.6%	28	13.6%	7.8%
The University of Kansas Health System St. Francis Campus -	4	87	7.0%	0	0.0%	1	1.1%	19	21.8%	23	26.4%	42	48.3%	1	1.1%	1	1.1%	0	0.0%	43.7%
The University of Kansas Health System - Kansas City, KS	5	80	6.4%	5	6.3%	8	10.0%	32	40.0%	17	21.3%	14	17.5%	6	7.5%	1	1.3%	1	1.3%	51.3%
Community Healthcare System Inc. - Onaga, KS	6	75	6.0%	2	2.7%	3	4.0%	8	10.7%	4	5.3%	32	42.7%	0	0.0%	13	17.3%	13	17.3%	5.3%
Kansas Residents/Nebraska Hospitals	7	32	2.6%	0	0.0%	2	6.3%	19	59.4%	7	21.9%	4	12.5%	0	0.0%	0	0.0%	0	0.0%	71.9%
Hiawatha Community Hospital - Hiawatha, KS	8	24	1.9%	1	4.2%	2	8.3%	0	0.0%	2	8.3%	3	12.5%	0	0.0%	8	33.3%	8	33.3%	29.2%
Children's Mercy Kansas City - Kansas City, MO	9	21	1.7%	21	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	33.3%
AdventHealth Shawnee Mission - Shawnee Mission, KS	10	9	0.7%	0	0.0%	2	22.2%	2	22.2%	0	0.0%	2	22.2%	1	11.1%	1	11.1%	1	11.1%	44.4%
Holton Community Hospital - Holton, KS	11	9	0.7%	1	11.1%	3	33.3%	0	0.0%	1	11.1%	4	44.4%	0	0.0%	0	0.0%	0	0.0%	0.0%
Kansas Residents/Other Missouri Hospitals	12	9	0.7%	0	0.0%	1	11.1%	1	11.1%	2	22.2%	2	22.2%	3	33.3%	0	0.0%	0	0.0%	33.3%
Ascension Via Christi Hospital Manhattan - Manhattan, KS	13	7	0.6%	0	0.0%	0	0.0%	1	14.3%	4	57.1%	2	28.6%	0	0.0%	0	0.0%	0	0.0%	42.9%
Saint Luke's Hospital of Kansas City - Kansas City, MO	14	7	0.6%	0	0.0%	0	0.0%	2	28.6%	4	57.1%	1	14.3%	0	0.0%	0	0.0%	0	0.0%	14.3%
Saint John Hospital - Leavenworth, KS	15	6	0.5%	0	0.0%	0	0.0%	0	0.0%	2	33.3%	1	16.7%	3	50.0%	0	0.0%	0	0.0%	0.0%
Community Memorial Healthcare, Inc. - Marysville, KS	16	5	0.4%	0	0.0%	0	0.0%	2	40.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	60.0%	0.0%
Kansas Residents/Illinois Hospitals	17	5	0.4%	0	0.0%	5	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
LMH Health - Lawrence, KS	18	5	0.4%	0	0.0%	1	20.0%	2	40.0%	2	40.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	80.0%
Kansas Residents/Minnesota Hospitals	19	4	0.3%	0	0.0%	3	75.0%	0	0.0%	0	0.0%	0	0.0%	1	25.0%	0	0.0%	0	0.0%	25.0%
Menorah Medical Center - Overland Park, KS	20	4	0.3%	0	0.0%	1	25.0%	2	50.0%	0	0.0%	1	25.0%	0	0.0%	0	0.0%	0	0.0%	50.0%
Children's Mercy Hospital Kansas - Overland Park, KS	21	3	0.2%	3	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	33.3%	0	0.0%	0	0.0%	0.0%
Ascension Via Christi Hospital St. Teresa - Wichita, KS	22	2	0.2%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Geary Community Hospital - Junction City, KS	23	2	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0.0%
North Kansas City Hospital - North Kansas City, MO	24	2	0.2%	0	0.0%	1	50.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%
Overland Park Regional Medical Center - Overland Park, KS	25	2	0.2%	0	0.0%	1	50.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%
Saint Luke's South Hospital - Overland Park, KS	26	2	0.2%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Ascension Via Christi Hospitals St. Francis - Wichita, KS	27	1	0.1%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Kindred Hospital Northland - Kansas City, MO	28	1	0.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Research Medical Center - Kansas City, MO	29	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Saint Luke's North Hospital -- Barry Road - Kansas City, MO	30	1	0.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Salina Regional Health Center - Salina, KS	31	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0.0%
Truman Medical Center Hospital Hill - Kansas City, MO	32	1	0.1%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
<b>Overall</b>		<b>1,250</b>	<b>100.0%</b>	<b>73</b>	<b>5.8%</b>	<b>60</b>	<b>4.8%</b>	<b>190</b>	<b>15.2%</b>	<b>191</b>	<b>15.3%</b>	<b>451</b>	<b>36.1%</b>	<b>43</b>	<b>3.4%</b>	<b>127</b>	<b>10.2%</b>	<b>126</b>	<b>10.1%</b>	<b>25.0%</b>

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# Inpatient Origin Reports



## Inpatient Origin by County Nemaha, KS Residents Treated in KHA Reporting Area Federal Fiscal Year: 2018

Detail																						
Hospital Detail by County				Pediatric		Adult Medical/Surgical										Psychiatric		Obstetric		Newborn		Surg %
				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+		Cases	%	Cases	%	Cases	%	Cases	%	
Hospital Name	Rank	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%			
Stomont Vail Health - Topeka, KS	1	377	32.5%	33	8.8%	28	7.4%	89	23.6%	44	11.7%	99	26.3%	17	4.5%	39	10.3%	36	9.5%	35.8%		
Sabetha Community Hospital - Sabetha, KS	2	205	17.7%	3	1.5%	5	2.4%	15	7.3%	22	10.7%	96	46.8%	5	2.4%	31	15.1%	29	14.1%	9.8%		
Nemaha Valley Community Hospital - Seneca, KS	3	173	14.9%	2	1.2%	4	2.3%	17	9.8%	12	6.9%	98	56.6%	0	0.0%	9	5.2%	31	17.9%	2.9%		
Community Healthcare System Inc. - Onaga, KS	4	82	7.1%	2	2.4%	4	4.9%	9	11.0%	10	12.2%	18	22.0%	0	0.0%	20	24.4%	20	24.4%	9.8%		
The University of Kansas Health System - Kansas City, KS	5	78	6.7%	1	1.3%	14	17.9%	24	30.8%	16	20.5%	16	20.5%	1	1.3%	4	5.1%	3	3.8%	43.6%		
The University of Kansas Health System St. Francis Campus	6	76	6.6%	0	0.0%	6	7.9%	21	27.6%	21	27.6%	26	34.2%	0	0.0%	1	1.3%	1	1.3%	60.5%		
Hiawatha Community Hospital - Hiawatha, KS	7	32	2.8%	1	3.1%	3	9.4%	1	3.1%	5	15.6%	4	12.5%	0	0.0%	9	28.1%	9	28.1%	18.8%		
Kansas Residents/Nebraska Hospitals	8	32	2.8%	0	0.0%	2	6.3%	19	59.4%	7	21.9%	4	12.5%	0	0.0%	0	0.0%	0	0.0%	71.9%		
Children's Mercy Kansas City - Kansas City, MO	9	21	1.8%	19	90.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	4.8%	1	4.8%	38.1%		
Holton Community Hospital - Holton, KS	10	13	1.1%	0	0.0%	0	0.0%	5	38.5%	0	0.0%	8	61.5%	0	0.0%	0	0.0%	0	0.0%	15.4%		
Kansas Residents/Other Missouri Hospitals	11	13	1.1%	0	0.0%	2	15.4%	3	23.1%	0	0.0%	0	0.0%	4	30.8%	2	15.4%	2	15.4%	7.7%		
Ascension Via Christi Hospital Manhattan - Manhattan, KS	12	10	0.9%	0	0.0%	0	0.0%	2	20.0%	5	50.0%	1	10.0%	0	0.0%	1	10.0%	1	10.0%	70.0%		
Saint Luke's Hospital of Kansas City - Kansas City, MO	13	9	0.8%	0	0.0%	0	0.0%	1	11.1%	3	33.3%	5	55.6%	0	0.0%	0	0.0%	0	0.0%	55.6%		
Children's Mercy Hospital Kansas - Overland Park, KS	14	5	0.4%	5	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Kansas Residents/Illinois Hospitals	15	5	0.4%	0	0.0%	5	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Kansas Residents/Minnesota Hospitals	16	4	0.3%	0	0.0%	3	75.0%	0	0.0%	0	0.0%	0	0.0%	1	25.0%	0	0.0%	0	0.0%	25.0%		
Community Memorial Healthcare, Inc. - Marysville, KS	17	3	0.3%	0	0.0%	0	0.0%	1	33.3%	0	0.0%	2	66.7%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Menorah Medical Center - Overland Park, KS	18	3	0.3%	0	0.0%	2	66.7%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Overland Park Regional Medical Center - Overland Park, KS	19	3	0.3%	1	33.3%	2	66.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	66.7%		
Saint John Hospital - Leavenworth, KS	20	3	0.3%	0	0.0%	0	0.0%	0	0.0%	1	33.3%	0	0.0%	2	66.7%	0	0.0%	0	0.0%	0.0%		
AdventHealth Shawnee Mission - Shawnee Mission, KS	21	2	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Amberwell Health - Atchison, KS	22	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0.0%		
Ascension Via Christi Hospital St. Teresa - Wichita, KS	23	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Ascension Via Christi Hospitals St. Francis - Wichita, KS	24	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Greeley County Health Services - Tribune, KS	25	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Hanover Hospital - Hanover, KS	26	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
LMH Health - Lawrence, KS	27	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Olathe Health - Olathe, KS	28	1	0.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Providence Medical Center - Kansas City, KS	29	1	0.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Research Medical Center - Kansas City, MO	30	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0.0%		
Saint Luke's North Hospital -- Barry Road - Kansas City, MO	31	1	0.1%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Truman Medical Center Hospital Hill - Kansas City, MO	32	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0.0%		
<b>Overall</b>		<b>1,160</b>	<b>100.0%</b>	<b>67</b>	<b>5.8%</b>	<b>81</b>	<b>7.0%</b>	<b>210</b>	<b>18.1%</b>	<b>148</b>	<b>12.8%</b>	<b>382</b>	<b>32.9%</b>	<b>31</b>	<b>2.7%</b>	<b>119</b>	<b>10.3%</b>	<b>133</b>	<b>11.5%</b>	<b>26.5%</b>		

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

[VVV Consultants LLC]

**Nemaha Co 2021 CHNA Town Hall Meeting May 20th 11:30 am- 1:00pm (N=32)**

#	Table	Lead	Attend	Last	First	Organization	Title	City
1	D		X	Steinlage	Mike	Bayer	Field Sales Representative	Seneca
2	D		X	Allen	Douglas	City of Sabetha		Sabetha
3	H	##	X	Haverkamp	Tami	City of Seneca	City Administrator	Seneca
4	A		X	Haverkamp	Dave	Community National Bank		Seneca
5	C		X	Haverkamp	Thad	Community National Bank	VP of Information Tech	Seneca
6	H		X	Knudson	Jenny	Kanza Mental Health	CFO	Hiawatha
7	I	##	X	Macke	Betsy	Koch & Co.	Human Resources	Seneca
8	F		X	Olberding	Brian	Life Care Center of Seneca	Executive Director	Seneca
9	H		X	Priest	Kim	Mary Cotton Public Library	Director	Sabetha
10	F	##	X	Livengood	Christina	Nemaha Co Comm Health Serv	Clerk	Sabetha
11	B	##	X	Sunderland	Jane	Nemaha Co Comm Health Serv	RN, Administrator	Sabetha
12	F		X	Edelman	Linda	NVCH	Risk Manager	Bern
13	C		X	Floyd	Kiley	NVCH	CEO	Seneca
14	C		X	Heinen	Tyler	NVCH	Summer Intern	Seneca
15	B		X	Sack	Mary	NVCH	Executive Assistant	Seneca
16	C	##	X	Schmelzle	Courtney	NVCH	Community Outreach	Seneca
17	I		X	Stallbaumer	Krista	NVCH	Social Worker	Seneca
18	J		X	Strathman	Courtney	NVCH	ER Supervisor	Seneca
19	J		X	Schiffbauer	Ida	NVCS		Seneca
20	G	##	X	Lauer	Sally	Retired		Seneca
21	A		X	Key	Lora	Sabetha Community Hospital	CEO	Sabetha
22	J	##	X	McClain	Jenna	Sabetha Community Hospital	Director of Nursing	Goff
23	D	##	X	Remmers	Patricia	Sabetha Community Hospital		Sabetha
24	I		X	Henninger	Carol	Sabetha Manor	Administrator	Sabetha
25	G		X	Bergstrom	Kylee	Seneca Chamber	Executive Director	Seneca
26	A		X	Huerter	Amy	Seneca Family Practice	Clinic Manager	Seneca
27	A	##	X	Stoller	Steve	Thrivent Financial	Financial Representative	Sabetha
28	E		X	Holthaus	Celene	United 4 Youth Countywide Inc.	Executive Director	Seneca
29	E	##	X	Kohlman	Darrel	USD #115 Nemaha Central	Superintendent	Seneca
30	B		X	Enneking	Kris			
31	E		X	Frehe	Lacey			
32	F		X	Henry	Fred			Seneca

**NOTES:**

**Nemaha County Town Hall – On Behalf of Nemaha Valley Community Hospital & Sabetha Community Hospital**

**Date: 5/20/2021**

**Established Needs/Strengths: Small Group Session**

**N = 32**

**Needs**

- Access to Mental Health (All 3)
- Drug / Alcohol Abuse
- Senior Housing / Activities
- After Hours Care
- “Owning Your Health”
- Affordable Housing
- Nutrition Education
- Exercise / Fitness Opportunities
- Cancer
- Child Care (Infants)
- Specialist (Eye / Dental)
- Preventative Health / Wellness
- Youth Education
- Telehealth / Telemedicine
- Distracted Driving
- Alternative Medicine
- Suicide Prevention

**Strengths**

- Quality of Primary Care
- Economic Environment
- Faith Based Community
- Senior Living / Care
- Community Collaboration
- Transportation (Quality)
- Seneca Mental Health Providers
- Health Hand-off
- Available Housing
- Insurance Coverage
- Access to Care
- Birthing Outcomes
- Family Support
- Opioid Management
- Embracing New Ideas
- Public Health
- School / Education
- Charity Care / Giving

## Wave #4 CHNA - Nemaha County KS

### NVCH & SCH Town Hall Conversation - Strengths (White Cards) N= 32

Card #	Today: What are the strengths of our community that contribute to health?	Card #	Today: What are the strengths of our community that contribute to health?
21	2 great hospitals	3	good doctors
22	2 great hospitals	28	good economy
15	2 parent homes and strong faith communities	24	good education
7	access to care	25	good education
9	access to care	30	good health care outcome
10	access to care	1	Good hospital and providers-high quality
12	access to care	28	good hospitals
20	access to care	30	good nursing home
31	access to care	8	good OB care
24	access to food	20	good primary care
3	access to immunization	8	good primary physician care
12	access to specialty doctors	15	good schools
3	accessible facilities	28	good schools
3	accessible staff	11	great facility
15	active communities in creating a place people want to live and work	11	great health care providers
21	adequate long term care rooms available	17	great medical providers
26	alcohol	11	great outpatient service so able to stay in town for care
34	always searching ways to improve	5	great school system
6	availability of services	12	great team work in PH Dept
5	care close to home/personable accessible	28	growing community
9	child care	20	growth
23	child care	22	growth
29	child care	27	health care
33	clinics	32	health care
35	collaboration	20	health insurance
14	collaboration across service	24	healthy economy
32	community engagement	25	healthy economy
11	community involvement on hospital boards	18	hospitals
3	community programs	25	hospitals
16	community support	8	hospitals work well together
23	community support	2	housing availability
25	community support	13	housing availability
2	control of chronic diseases	5	knowledgeable and caring staff
9	County Health Department	7	leadership
19	County Health Department	22	lots of kids
8	critical access hospitals	22	lots of people have health issues
19	doctors	1	low poverty rate
35	doctors	1	low unemployment
18	Dr's	10	low unemployment
13	drugs	24	maternal medicine
26	drugs	17	medical providers helping to control opioid problem
31	economy	16	Medical services provided
10	education	34	medical staff
24	emergency services	23	mental health departments
16	employment opportunities	24	mental health departments
4	EMT	26	mental health departments
33	EMT	13	need of providers
19	facilities	24	NM co families connections
33	facilities	12	NM Co has stable economic environment
35	facilities	2	not too much moving
24	faith based community	29	number of clinics

## Wave #4 CHNA - Nemaha County KS

### NVCH & SCH Town Hall Conversation - Strengths (White Cards) N= 32

Card #	Today: What are the strengths of our community that contribute to health?	Card #	Today: What are the strengths of our community that contribute to health?
16	faith organization	6	number of doctors
4	Financial	29	number of doctors
7	Financial	21	number of MD in our county
21	fitness center	9	number of providers
26	fitness center	4	nursing home care
1	good access to pharmacy	26	obesity
28	good adequate doctors	14	on time
10	good birth outcomes	34	OPC providers
12	good birth outcomes	19	opioid control
5	good communication/connections between the long term care facilities and the hospitals for continuation of care.	7	outpatient
35	overall well being of the county	16	school system
6	partnerships with other facilities	17	school system
24	people to people care	32	school system
14	Physicians health care workers	22	senior population
2	plenty of providers	34	senior services
24	primary care	18	seniors
25	primary care	29	seniors services
4	primary doctor care	32	seniors services
33	providers	33	seniors services
10	PT to HCP ratio is low	20	single parent home
31	public health	14	specialties services
9	quality of care	11	stable economic in area
27	quality of care	24	strong service living
31	quality of care	17	strong work environment
7	quality providers	31	tougher pts only seek care when needed
15	quality providers	24	transportation service
22	quality providers	29	transportation service
18	quality of employment	31	transportation service
27	quality of long term care facilities	5	Two great hospitals that can provide a good amount of care for a small rural county
15	quality of life	6	understanding and reaching out to local comm. Leaders
34	relationship with area schools and business	18	unemployment
2	residents work within county	23	working to education on depression
14	responsive to community needs		

**Wave #4 CHNA - Nemaha County KS**  
**NVCH & SCH Town Hall Conversation - Weakness (Color Cards) N= 32**

Card #	Today: What are the weaknesses of our community that contribute to health?	Card #	Today: What are the weaknesses of our community that contribute to health?
1	access to public fitness facilities	1	education about eating habits
14	accountability drinking	17	education for nutrition
14	accountability drug use	28	education for nutrition
14	accountability obesity	20	education on vaping
7	activities for elderly	22	emergency access to dental
26	activities for elderly	22	emergency access to eye
20	affordable housing	9	exercise
20	after hour clinics	11	exercise
8	after hour medical	13	exercise
1	alcohol use	15	exercise
8	alcohol use	2	fitness facilities
9	alcohol use	26	fitness facilities
10	alcohol use	29	fitness facilities
11	alcohol use	31	fitness facilities
12	alcohol use	30	food insecurities
15	alcohol use	28	food need
16	alcohol use	29	food services
18	alcohol use	20	health care personnel
21	alcohol use	21	heart issues in young ages
22	alcohol use	7	housing for elderly
23	alcohol use	4	increase exercise opportunities
26	alcohol use	2	mental health
29	alcohol use	4	mental health
31	alcohol use	5	mental health
1	awareness of mental health	6	mental health
5	cancer	7	mental health
10	cancer	9	mental health
13	cancer	10	mental health
15	cancer	11	mental health
31	cancer	12	mental health
32	cancer	13	mental health
17	cancer care	15	mental health
16	cancer treatment	16	mental health
11	cell phones use while driving	17	mental health
9	child care	18	mental health
10	child care	19	mental health
12	child care	22	mental health
19	child care	23	mental health
22	child care	24	mental health
24	child care	26	mental health
6	collaborations with schools	27	mental health
4	decrease number of smoking mothers	29	mental health
8	depression	30	mental health
10	depression	31	mental health
30	depression	28	mental health evaluations
32	depression	24	mid wife
18	depression education	25	more schedule app options
4	drinking and driving	24	natural doctor options
2	drug use	3	nutrition
3	drug use	26	nutrition
4	drug use	31	nutrition
8	drug use	3	obesity
10	drug use	9	obesity

## Wave #4 CHNA - Nemaha County KS

### NVCH & SCH Town Hall Conversation - Weakness (Color Cards) N= 32

Card #	Today: What are the weaknesses of our community that contribute to health?	Card #	Today: What are the weaknesses of our community that contribute to health?
11	drug use	11	obesity
12	drug use	12	obesity
15	drug use	13	obesity
18	drug use	15	obesity
21	drug use	20	obesity
22	drug use	21	obesity
23	drug use	30	obesity
29	drug use	32	obesity
31	drug use	13	outpatient clinic

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## c) Public Notice & Requests

[VVV Consultants LLC]

# Nemaha County Commences 2021 Community Health Needs Assessment.

Media Release: 03/15/21

Over the next few months, **Sabetha Community Hospital & Nemaha Valley Community Hospital** will be working with area providers to complete the 2021 Nemaha County Community Health Needs Assessment (CHNA). Both NVCH and SCH are seeking input from community members regarding the healthcare needs in Nemaha County in order update the 2018 CHNA.

VVV Consultants LLC, an independent research firm from Olathe KS, has been retained to conduct this countywide research. The goal of this assessment update is to understand progress in addressing community health needs cited in the both the 2015 and 2018 assessment reports while collecting up-to-date community health perceptions and ideas.

A brief community survey has been developed in order to accomplish this work. You can access the survey link by visiting our website or social media sites. All answers are confidential.

All community residents and business leaders are encouraged to complete the 2021 CHNA online survey by **Friday, April 30<sup>th</sup>**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Thursday, May 20<sup>th</sup>**, for a luncheon from 11:30 – 1 pm. Further information to come soon. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call Courtney Schmelzle or Mary Sack at 785-336-6181.

###



**From:** Kiley Floyd, CEO

**Date:** 4/1/2021

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

**Subject:** Nemaha County Community Health Needs Assessment 2021

**Nemaha Valley Community Hospital** is partnering with other community health providers to update the Nemaha County Community Health Needs Assessment (CHNA). The goal of this assessment update is to understand progress in addressing health needs cited in the 2015 and 2018 CHNA reports and to collect up-to-date community health perceptions.

VVV Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct this countywide research. All responses will be confidential.

To gather community feedback, a short and confidential online survey has been developed. It can be accessed through the link below. Your feedback is important and we encourage all community residents and business leaders to complete the 2021 CHNA online survey.

**LINK:** [https://www.surveymonkey.com/r/CHNA2021\\_NemahaCo](https://www.surveymonkey.com/r/CHNA2021_NemahaCo)

Please complete the 2021 CHNA online survey by **Friday, April 30<sup>th</sup>**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Thursday, May 20<sup>th</sup>**, for the luncheon from **11:30 – 1 pm**. Please stay on the lookout for more information to come soon. Thank you in advance for your time and support!

Any questions regarding CHNA activities may be directed to Courtney Schmelzle or Mary Sack at 785-336-6181.

# Nemaha County Hosts Local Town Hall Event.

**Media Release: 05/04/2021**

**Sabetha Community Hospital & Nemaha Valley Community Hospital** has scheduled their Town Hall meeting for the 2021 Community Health Needs Assessment on **Thursday May 20<sup>th</sup>**, for lunch **from 11:30 p.m. – 1:30 p.m.**, held at Seneca Community Building. During this event, we will review the community health indicators and gather feedback opinions on key community health needs for Nemaha County.

Due to Covid and state-wide guidelines, we must ensure the safety of our community members during the on-site meeting. Therefore, those who wish to attend must RSVP to adequately prepare for this social distanced gathering. You may do this by visiting either hospital's website to obtain the link and complete your RSVP. We hope you can find the time to join us for this important event on May 20<sup>th</sup>, 2021.

Note> If you RSVP, additional information will be released to you a few days prior to the event.

*Thanks in advance for your time and support!*

If you have any questions regarding CHNA activities, please call (785) 675-3281

###



**From:** Kiley Floyd, CEO

**Date:** 5/4/2021

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

**Subject:** Nemaha County Community Health Needs Assessment 2021

**Nemaha Valley Community Hospital** is hosting a Town Hall Meeting for the 2021 Community Health Needs Assessment (CHNA). The purpose of this meeting will be to review the community health indicators and gather feedback opinions on key community needs. This event will be held on **Thursday, May 20th, 2021** for lunch from **11:30 p.m. – 1:00 p.m.** held at Seneca Community Building.

All business leaders and residents are encouraged to join us for this meeting. With COVID still among us, we must ensure the safety of our community first and foremost. Therefore, it is imperative that you complete an RSVP so we can properly adhere to safety guidelines. To complete your RSVP, please utilize the link below to be a part of the 2021 CHNA Town Hall Event.

**LINK:** [https://www.surveymonkey.com/r/NemahaCo\\_RSVP\\_CHNA2021](https://www.surveymonkey.com/r/NemahaCo_RSVP_CHNA2021)

We hope you are able to find the time to join us on May 20<sup>th</sup> for this important meeting. Note> Those who complete an RSVP will receive additional information a few days prior to the event.

*Thanks in advance for your time and support!!*

If you have any questions regarding CHNA activities, please call (785) 675-3281

## Email #3 – Town Hall Event Reminder

The on-site Town Hall event being hosted by **Nemaha Valley Community Hospital & Sabetha Community Hospital** for the 2021 Community Health Needs Assessment, is almost here and we are sending this reminder in order to adhere to social distancing guidelines during this event. This community event is being held on **Thursday, May 20<sup>th</sup>**, for Lunch from **11:30 a.m. – 1:00 p.m. at the Seneca Community Building**. If you are no longer able to attend this event, please reply to this email.

To keep things moving and cover all that is on our agenda promptly, we ask that you please plan to be **10 mins early**, as we will begin right away at **11:30 a.m.** In addition, we ask that you plan to stay for the full duration as the last 45 mins will be the most important for gathering community insight.

We look forward to seeing you all on Thursday, May 20<sup>th</sup>, as we gather for an important community event.

*Thank you for your time and support!*

## d.) Primary Research Detail

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[VVV Consultants LLC]

### CHNA 2021 Community Feedback: Nemaha Co. KS (N= 440)

ID	Zip	Campus	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1034	66538	NVCH	Good	Increasing	AGE			In home elder care/services
1031	66538	NVCH	Very Good	No Change	AWARE			Lack of awareness in services
1184	66515	SCH	Very Good	NA	BH			Mental health help is nonexistent
1326	66404	NVCH	Good	Decreasing	BILL			#1 Money \$ Without it you can not buy health care.
1288	66538	NVCH	Average	No Change	CANC			Use of farm chemicals on every acre of farm ground multiple applications per year. Glyphosate and other chemicals are causing cancer in many of my neighbors. Why not add a question on your next survey "How many people do you know that have, have had, or have died from Cancer?"
1092	66403	NVCH	Good	Increasing	COVID	AGE		Restrictions with COVID have caused a lot of depression and anxiety in all ages. Need to get services to help alleviate to all ages. We have mental health services but a lot of patients are not seeking services, they are just staying at home or in the rooms in nursing homes and assisted living
1142	66538	NVCH	Very Good	No Change	COVID			People have been afraid to see a doctor or go to the hospital because of the COVID-19 restrictions.
1382	66534	SCH	Very Good	Increasing	DRUG	ALC		cultural perception of drug/alcohol abuse being the norm
1108	66538	NVCH	Very Good	Increasing	DRUG	ALC		underlying drug/alcohol/substance abuse
1070	66403	NVCH	Very Good	No Change	ENV			Enviroment.
1164	66534	Both	Very Good	Increasing	FAM			Family Structures Breaking Down..... Parents who don't love
1084	66404	NVCH	Very Good	Increasing	FIT			need a public fitness center and pool
1299	66534	SCH	Very Good	Increasing	INSU			Limited insurance coverage
1069	NA	Both	Good	No Change	INSU	FINA	ACC	Many do not have access to the wellness center due to cost and now midtown is unavailable to this group of citizens
1268	66534	SCH	Average	No Change	INSU			And by health insurance i do mean affordable health care that is accepted by our hospital and clinic
1163	66534	SCH	Good	No Change	KID			secondary issues of cost due to lack of childcare and having to use what is available at any cost or stay home and quit working
1213	66404	NVCH	Good	Decreasing	N	DRUG		Alochol and Drug Use/Substance Abuse
1309	66428	Both	Average	No Change	NO			I don't believe poor health is a problem.
1147	66538	NVCH	Very Good	Increasing	NUTR	EDU		Correct Nutritional Education
1275	66534	SCH	Very Good	Increasing	OBES			Self care with obesity, etc.
1260	66534	SCH	Very Good	Increasing	ONC			Oncology care
1371	66538	NVCH	Average	Decreasing	OWN	WELL		Lack of the Health and Wellness culture that NVCH should be creating
1395	66534	SCH	Very Good	Increasing	OWN	BILL		Lack of desire to receive care and pay for it.
1262	66534	SCH	Very Good	Increasing	OWN			Personal priorities (tattoes/piercing, etc instead of health)
1053	66538	Both	Very Good	No Change	OWN	ALT		lack of holistic approach/spiritual incorporation into overall health
1290	NA	NoAnw	Good	No Change	OWN			By people's own choice
1114	66534	SCH	Very Good	No Change	OWN			Personal responsibility for own health care
1383	66534	SCH	Very Poor	Decreasing	POV			There are a lot of poor people here that nobody cares about
1185	66534	SCH	Average	No Change	POV			Generational poverty and traumas
1245	66408	SCH	Good	No Change	POV			low income
1181	66538	NVCH	Very Good	Increasing	PREV	EDU		people don't see the importance of preventative health
1282	66538	NVCH	Good	No Change	PREV	APPTS		Again, not being contacted for preventative appointments.
1306	66534	SCH	Very Good	No Change	PREV			Patients ignoring their health problems.
1162	66538	NVCH	Very Good	Increasing	REC			A walking trail would be nice.

## CHNA 2021 Community Feedback: Nemaha Co. KS (N= 440)

ID	Zip	Campus	Rating	Movement	c1	c2	c3	Covid-19 has impacted our communities. Do you have any worries and/or concerns regarding COVID-19 in relation to Community Health?
1248	66425	SCH	Very Good	Increasing	AWARE			continued awareness
1177	66538	NVCH	Very Good	Increasing	BH			People really need their loved ones around them when they are sick. All of the isolation has been really hard on people.
1027	NA	NoAnw	Good	No Change	COLLAB			I wish the public officials would listen to the medical doctors and require masks.
1342	66534	SCH	Very Good	Increasing	COMM	DOH	VACC	Collectively the county physicians need to have an avenue for relaying information/facts along with the county health department. The hospital should be a part of the vaccination process with communication for future medical record purposed of vaccinations.
1003	66538	NVCH	Good	Increasing	COMM	MAN		Honor system for contract tracing doesn't work. Not sure what the answer is, but if people are not going to give all their contacts/gatherings, then don't get tested. It is not fair to those of us that get thrown into mass testing (without contact) and try to follow the CDC guidelines.
1310	NA	NoAnw	Very Good	Increasing	COMM			The lack of respect our local physicians received for their knowledge on the topic.
1152	NA	NoAnw	Very Good	Increasing	COMM			the pandemic has been tough to determine the difference between fear reactions and medical needs.
1319	NA	NoAnw	Good	Increasing	COVID			I believe they should have left the mask mandate in place.
1043	66534	Both	Good	No Change	COVID			Many area residents are non-compliant in mask usage and distancing.
1190	68337	SCH	Very Good	No Change	COVID			I worry about our county and city reducing protocols for masking too early.
1067	NA	NVCH	Very Good	Increasing	ECON			I had covid in December. It was not as bad as the flu. Just like any virus if you may die from pneumonia be careful, if not don't worry about it and don't crush our economy. Sad to see so many businesses affected for nothing.
1418	66534	SCH	Average	Decreasing	EDU	COMM		needs more information about post Covid symptoms and treatments
1439	66534	SCH	Good	Increasing	EDU	OWN		I'm mostly disappointed that our communities didn't educate people well enough that they took the whole situation seriously as our medical professionals suggested it should be taken. But this is the same way people handle other life choices. Even though medical professionals tell us to exercise and avoid certain things, people still make choices to ignore this advice.
1279	NA	NoAnw	Good	No Change	EDU			Lacking education, compliance, etc.
1358	NA	NoAnw	Good	Increasing	FINA			Community Health delivery regarding is very good, it is the support they get from the State level that is poor.
1304	NA	NoAnw	Average	No Change	FINA			The use of SPARK funds in the county was poor. Use of the ESF-8 entities was not carried out through the entire disaster declaration, county plan needs revisited.
1025	66538	NVCH	Very Good	Increasing	LDRS			Failure of local elected officials to listen to HEALTH PROFESSIONALS regarding recommendations for combating the pandemic
1011	NA	NoAnw	Good	NA	LDRS			I have had some major concerns with the fact that masks were not enforced and the Community Health Director was ran over by uneducated non-medical personal over the mask issue. It was a health issue not a political issue that others were turning it into. I felt really sorry for her and the fact that she was not getting the support she deserved. We lost 50 lives that we should not have.
1344	NA	NoAnw	Very Good	No Change	LDRS	COMM		The general lack of understanding is very apparent in this area when local officials do not listen to health care professionals.
1379	66538	Both	Good	No Change	LDRS	SH		Yes, I am disappointed that the community and schools did not listen to the expertise of our health care providers in recommending that we keep the mask mandate in place.
1392	NA	NoAnw	Very Good	NA	MAN			Hospital administration did not appear supportive of public health measures endorsed by doctors.
1193	66534	SCH	Average	Decreasing	NO			I think it's fine the way it is right now. People should be able to decide what precautions they want to take for themselves and not have it forced upon them.
1335	66534	SCH	Very Good	Decreasing	NO			When are we going to return back to normal.
1090	NA	NoAnw	Good	Increasing	NO			quit making a big deal about a virus
1189	66534	SCH	Very Good	Increasing	NO			Coronavirus is not threatening in my opinion
1315	66534	SCH	Average	No Change	NO			We understand that covid 19 is real. However, it doesn't need to consume our lives the way it has or does including the pressure to take the vaccine.
1103	66534	SCH	Good	No Change	NO			Not anymore. November was a stress on the system, but now very manageable
1375	NA	NoAnw	Very Good	No Change	NO			since covid sch has moved backward instead of forward with hospitals in the area
1285	NA	NoAnw	Good	Increasing	OTHR			Everything about it was ridiculous and continues to be. Everyone wants to pretend it's all over now.
1128	66534	Both	Very Good	Increasing	OTHR			I believe with the rules and restrictions the community has experienced increase morbidities that did not need to occur with proper screenings.
1288	66538	NVCH	Average	No Change	OTHR			Symptomatic people are going unreported because they don't want to be tested and have to quarantine
1271	66534	SCH	Good	No Change	OTHR			hospitals/clinics doing a good job, general public not always following recommendations to curb spread
1040	66538	NVCH	Very Good	Increasing	OWN			Decreased utilization of services due to stay at home orders and fear of illness
1317	NA	NoAnw	Very Good	Increasing	OWN			Many members of community blatantly disregard the health and safety of themselves and others.
1180	66538	NVCH	Good	No Change	OWN			denial of personal responsibility
1087	66534	Both	Very Good	No Change	PREV			Pandemic slowed response to well-being visits. A very proactive approach will be needed to get people back into routine
1252	NA	NoAnw	Very Good	No Change	PREV			worry preventative measures will be rescinded too soon
1299	66534	SCH	Very Good	Increasing	REF	VACC	ACC	My concern is based upon the fact that it was difficult to transfer patients during the height of the first round of the pandemic, and that this could happen again. Our current rate of vaccination in the county is not that high, and would like to see that improve.

### CHNA 2021 Community Feedback: Nemaha Co. KS (N= 440)

ID	Zip	Campus	Rating	Movement	c1	c2	c3	Covid-19 has impacted our communities. Do you have any worries and/or concerns regarding COVID-19 in relation to Community Health?
1041	NA	NoAnw	Very Good	Increasing	STFF			It's hard to take things seriously when you see health care workers in our own community not taking it seriously outside of their employment.
1232	NA	NoAnw	Good	Increasing	VACC	ACC		How quickly all will have access to vaccine
1389	66538	Both	Good	Increasing	VACC	ACC		It seems like we were behind other counties in getting the vaccine.
1015	NA	NoAnw	Good	NA	VACC	ACC		adequate access to vaccines; this is most likely beyond local control
1322	NA	NoAnw	Average	NA	VACC	OWN		See previous answers. My current Covid-19 concern is that vaccinations will become mandatory. A medical community or government forcing a vaccine or medical treatment on an individual would be detrimental. It concerns me that people are not able to make their own decisions regarding their own health anymore.
1413	66534	SCH	Very Good	No Change	VACC	ACC		The same concerns as everybody else. Will I be able to get a vaccine.
1202	NA	NoAnw	Average	No Change	VACC	SH		Not sure how long the COVID vaccine will work. Will we have another round of positive cases since schools no longer have the mask mandate or the county for that matter. Not everyone will get the vaccine so they could continue to spread the virus.
1424	NA	NoAnw	Good	No Change	VACC	WAIT		The vaccines are slow to roll out by the state & federal governments.
1316	66534	SCH	Poor	Decreasing				Get back to regular healthcare. Stop the fear of covid. Stop putting case numbers in the news paper. Stop wearing masks. Stop the covid testing, only test if someone has symptoms. I think the community is worried we will never get back normal when our healthcare professionals are doing everything thing they can to prevent normalcie. We watch the CDC change their minds everyday. We people that have had it are no longer afraid of it and the people that are getting vaccine should feel safe and shouldn't be told to continue to wear a mask. This virus has a 99.98% recovery rate, masks haven't been proven by science ( peer reviewed) to work. .

## CHNA 2021 Community Feedback: Nemaha Co. KS (N= 440)

ID	Zip	Campus	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1378	66417	NVCH	Good	Increasing	ADOL	ALC	DRUG	Mental health programs, support groups, fitness access, indoor aquatic center for fitness/kids activities, education for teenage alcohol/substance abuse
1040	66538	NVCH	Very Good	Increasing	ADOL	BH	DISAB	Pediatric therapy services they may be in addition to or compliment therapy in the school. Especially OT services for issues such as autism spectrum, sensory processing, learning, etc
1439	66534	SCH	Good	Increasing	ADOL			After school programs for youth that includes education on healthy lifestyle. Ways for people to feel more connected and welcome at places like the fitness center.
1217	66534	SCH	Good	Increasing	ADOL			Access to Mental Health and providers for all ages . Programs for students and parents in the hidden dangers of social media and how it is affecting our youth, addiction and suicide.
1164	66534	Both	Very Good	Increasing	ADOL			mental health programs for youth alcohol education for parents
1102	NA	NoAnw	Good	NA	ADOL			Underage drinking and vaping education to our teens. Mental health for kids diagnosed with ADHD and all aspects of mental health.
1277	66538	NVCH	Good	No Change	ADOL	BH	SH	adolescent programs in schools mental health
1386	66534	SCH	Very Good	No Change	ADOL	KID		Boys & Girls Club or afterschool programs to keep kids safe while parents are still working
1433	66538	NVCH	Good	Increasing	AGE	BH	FIT	I would like to see more Senior activities like healthwise 55 at SV. Social, mental and physical activities
1114	66534	SCH	Very Good	No Change	AGE	PREV	WELL	Focus on aging well. Lifestyle changes to prevent disease. Nutrition classes that focus on wellness and learning how to use food as medicine.
1342	66534	SCH	Very Good	Increasing	ALC			Alcohol abuse
1068	NA	NoAnw	Good	NA	ALC	DRUG	OBES	Alcohol and drug abuse programs/obesity program
1102	NA	NoAnw	Good	NA	ALC	SMOK	BH	Underage drinking and vaping education to our teens. Mental health for kids diagnosed with ADHD and all aspects of mental health.
1335	66534	SCH	Very Good	Decreasing	BH	ACC		Mental health service access
1213	66404	NVCH	Good	Decreasing	BH	DRUG		More for mental health and substance abuse
1310	NA	NoAnw	Very Good	Increasing	BH	AGE	NUTR	Mental health groups for young and old. Healthy eating and exercising programs.
1347	NA	NoAnw	Very Good	Increasing	BH	ALC	DRUG	mental health alcohol/drug misuse programs
1164	66534	Both	Very Good	Increasing	BH	ALC	EDU	mental health programs for youth alcohol education for parents
1332	66534	NoAnw	Very Good	Increasing	BH	CLIN		Mental health clinic in county
1319	NA	NoAnw	Good	Increasing	BH	DOCS		Mental Health providers
1167	66538	NVCH	Good	Increasing	BH	PULM	SLEEP	Mental health education Pulmonary Rehab Sleep education
1217	66534	SCH	Good	Increasing	BH	SH	SUIC	Mental Health for school age students. Programs for students and parents in the hidden dangers of social media and how it is affecting our youth, sexting, addiction and suicide.
1223	66538	SCH	Very Good	Increasing	BH	SH	ACC	increased accessibility to mental health services in our schools
1378	66417	NVCH	Good	Increasing	BH	SPPRT	FIT	Mental health programs, support groups, fitness access, indoor aquatic center for fitness/kids activities, education for teenage alcohol/substance abuse
1203	NA	NoAnw	Very Good	Increasing	BH	SPPRT		Mental health, loss support groups
1391	66538	Both	Good	Increasing	BH	SUIC		Mental health & Suicide prevention
1254	66534	SCH	Good	Increasing	BH	SUIC		Mental Health programs, Suicide awareness,
1420	NA	NoAnw	Good	Increasing	BH			Better mental health access in Sabetha
1132	NA	NoAnw	Good	Increasing	BH			Mental health services
1364	66404	NVCH	Very Good	Increasing	BH			Better access to mental health programs
1286	66538	NVCH	Very Good	Increasing	BH			Mental Health
1224	NA	NoAnw	Very Good	Increasing	BH			mental health
1119	66534	SCH	Very Good	Increasing	BH			mental health issues
1116	66534	SCH	Very Good	Increasing	BH			Mental health programs
1135	NA	NoAnw	Very Good	Increasing	BH			Mental health services
1226	66538	NVCH	Very Good	Increasing	BH			mental health services
1052	66538	NVCH	Very Good	Increasing	BH			Mental health services are needed
1002	NA	NoAnw	Good	NA	BH	ADOL		Child Metal/Behavioral/ADHD therapist closer!
1169	NA	NoAnw	Good	NA	BH	ADOL	SH	mental health classes in schools
1410	NA	NoAnw	Very Good	NA	BH	ALC	DRUG	More Mental Health Programs and more Alcohol and Drug Abuse programs
1324	NA	NoAnw	Good	NA	BH	DOCS		mental health providers
1392	NA	NoAnw	Very Good	NA	BH	DOCS	ACC	Access to mental health doctors.
1082	NA	NoAnw	Good	NA	BH	MRKT	AWARE	more advertisement of and access to mental health professionals
1197	NA	NoAnw	Very Good	NA	BH			Mental Health Awareness
1397	66425	SCH	Average	No Change	BH	ACC		more access to mental health services
1294	NA	NoAnw	Good	No Change	BH	ACC	QUAL	need more access to quality mental health
1190	68337	SCH	Very Good	No Change	BH	ACC		Having a mental health presence (office) in the community would be helpful. It may not be financially feasible, but having access to quality mental healthcare should be visible.
1165	NA	NoAnw	Good	No Change	BH	ALC	DRUG	Mental health programs, Alcohol and Drug abuse programs, Exercise & health programs, Promotion of health screenings/tests. Promotion of well child checks. Suicide prevention
1143	66538	NVCH	Very Good	No Change	BH	DIAB	AGE	Mental health understanding Diabetic Clinics Elder care outreach programs
1180	66538	NVCH	Good	No Change	BH	DIAL		mental health and kidney dialysis
1339	66538	NVCH	Good	No Change	BH	DOCS		Mental Health providers.
1370	NA	NoAnw	Very Good	No Change	BH	DOCS	ACC	Mental Health providers with easy access.
1055	NA	NoAnw	Good	No Change	BH	DRUG	PREV	Just keep working on existing, great improvements seen with access to mental health provider and substance abuse. Continue to improve these areas. Improve preventative care appointment processes.
1112	66534	SCH	Good	No Change	BH	DRUG		Mental Health and substance abuse programs
1350	NA	Both	Average	No Change	BH	IP		Need better mental health services and inpatient places to go.
1103	66534	SCH	Good	No Change	BH	ORTHO	SURG	Improved access to counseling, mental health. Local orthopedic surgery care
1006	66538	SCH	Good	No Change	BH	VIO	SUIC	Have started mental health program, but it needs to expand along with domestic violence prevention and suicide prevention services/education
1235	66534	SCH	Average	No Change	BH			mental health
1097	NA	NoAnw	Average	No Change	BH			Mental Health opportunities definitely
1240	66538	NoAnw	Average	No Change	BH			Mental Health program-
1257	66404	NVCH	Good	No Change	BH			Behavior health
1105	66534	SCH	Good	No Change	BH			Mental health
1431	66534	SCH	Good	No Change	BH			Mental health care

## CHNA 2021 Community Feedback: Nemaha Co. KS (N= 440)

ID	Zip	Campus	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1385	66534	SCH	Good	No Change	BH			Mental health programs
1270	66534	Both	Poor	No Change	BH			There needs to be mental health services available.
1365	66403	NVCH	Very Good	No Change	BH			Mental Health
1142	66538	NVCH	Very Good	No Change	BH			Mental health programs
1229	NA	NoAnw	Very Good	No Change	BH			mental health screening services
1338	NA	NoAnw	Good	NA	CANC			chemotherapy treatments
1380	66534	SCH	Very Good	No Change	CANC	CARD	BH	cancer, heart, and mental
1128	66534	Both	Very Good	Increasing	CLIN	EDU	SPPRT	more mobile health clinics, education, support systems for members in crisis
1436	NA	NoAnw	Average	No Change	CLIN	PEDS	OPHT	Walk-In clinic hours in evening, infant childcare, eye doctor who accepts all insurances
1418	66534	SCH	Average	Decreasing	COVID	COMM	MRKT	Post Covid information and treatments
1316	66534	SCH	Poor	Decreasing	COVID			Teaching real true facts about covid 19. Especially the recovery rate. And most deaths occurred do to underlying health issues.
1042	66538	NVCH	Good	No Change	DENT	INSU	PEDS	Oral Health for children/Medicaid. Insurance navigation.
1251	66538	NVCH	Very Good	Increasing	DRUG			Substance abuse
1100	66534	SCH	Very Good	No Change	DRUG	ALC	REHAB	We need a place for people to go for more Intensive drug and alcohol rehab.
1222	66534	SCH	Average	No Change	DRUG	EDU	COMM	There should be more information and help on the drug use in this community. I know there is help but a lot of people need a little more.
1262	66534	SCH	Very Good	Increasing	EDU	ACC	KID	More access to education programs for the lower socioeconomic citizens. More day care. More drug/alcohol/smoking/vaping/etc. education through the schools. Support to the school staff regarding vaping/juuling/etc. Being more mindful of human trafficking and implementing a prevention/treatment plan in Sabetha.
1189	66534	SCH	Very Good	Increasing	FAM	ADOL		Programs or services that encourage Family structure/commitment to valuing children. Creative ways to strengthen family life..... many families have crap home life's
1079	66538	NVCH	Very Good	Increasing	FEM	OBES		Woman's programs Weight loss/management
1308	NA	NoAnw	Very Good	Increasing	FEM	OBG		Well woman services that spans the lifetime and doesn't just cover when a woman is having babies.
1195	NA	NoAnw	Good	NA	FEM			Women's health - incontinence issues Agility and endurance training for youth
1202	NA	NoAnw	Average	No Change	FEM			Need to enhance the breastfeeding clinic - used to have it at the clinic, but that went to community health and that has been going down in service. We need to support the mothers to breastfeed and keep these babies healthy.
1241	66534	NVCH	Very Good	No Change	FEM			women health
1409	66534	SCH	Good	Increasing	FIT	AGE	REC	More community based exercise programs, such as chair aerobics or walking clubs for older adults who still live at home, new and different rec programs for children who don't fit the typical "football, basketball" mold. More support from the healthcare community to add a rec center to the Seneca community to allow for increased classes/activities to take place.
1050	66415	NVCH	Good	Increasing	FIT	AGE		More exercise programs at sabetha wellness center for seniors
1388	66428	SCH	Very Good	Increasing	FIT	AGE	NUTR	A big community workout place that fitness classes can be taught in, such as an elderly fall class (Enhance Fitness, Fit and Strong). Healthier options for food around town.
1299	66534	SCH	Very Good	Increasing	FIT	CHRON	OWN	Low cost exercise classes and opportunities as well as perhaps other ways to support each other. Perhaps classes to help patients learn how to manage chronic diseases/improve their health.
1360	66534	Both	Very Good	Increasing	FIT	EDU	BH	Increased access to good exercise & healthy lifestyle classes. Continue to provide education opportunities for mental health access/concerns as well.
1269	NA	NoAnw	Very Good	Increasing	FIT	KID		having a place to help local stay here in Seneca They got to Netawaka to swim, water aerobicic lift weighs. Also there is not enough choice kid friendly places
1204	66508	NVCH	Good	Increasing	FIT	PREV	EDU	Fitness Center More education on Preventive programs
1045	66538	NVCH	Very Good	Increasing	FIT	REC		Community fitness center, with exercise equipment, walking track, gymnasium for all ages to be able use
1215	NA	NoAnw	Good	Increasing	FIT	WELL		Community weight loss program- Walk KS is great but only lasts for 8 weeks. Group or team programs seem to work the best.
1289	66408	NVCH	Good	Increasing	FIT			Availablility of exercise equipment/classes to better serve the community
1019	NA	NoAnw	Good	Increasing	FIT			Exercise, programs to keep people active.
1394	66425	SCH	Good	Increasing	FIT			FITNESS CENTER
1073	66534	NVCH	Very Good	Increasing	FIT			Exercise classes
1291	66534	NoAnw	Very Good	Increasing	FIT			Exercise/Fitness
1403	66522	SCH	Very Good	Increasing	FIT			FITNESS CENTER
1429	68355	SCH	Very Good	Increasing	FIT			FITNESS CENTER
1011	NA	NoAnw	Good	NA	FIT	ACC	FINA	We need fitness that works for everyone. Not everyone can afford the prices at the fitness center.
1138	NA	NoAnw	Good	NA	FIT			Fitness center with pool.
1165	NA	NoAnw	Good	No Change	FIT	ADOL	SUIC	Mental health programs, Alcohol and Drug abuse programs, Exercise & health programs, Promotion of health screenings/tests. Promotion of well child checks. Suicide prevention
1290	NA	NoAnw	Good	No Change	FIT	ADOL		Would be nice to have an indoor walking place where kids can play ball too
1058	NA	NoAnw	Very Good	No Change	FIT	AGE		Exercise for all abilities.
1309	66428	Both	Average	No Change	FIT	BH	MRKT	More fitness and exercise classes or opportunities, outdoor fitness equipment, access to mental health providers, awareness about what is offered here
1200	NA	NoAnw	Good	No Change	FIT	REC	FAC	Open facility to exercise and have some entertainment for school age kids
1271	66534	SCH	Good	No Change	FIT			fitness centers in all towns
1424	NA	NoAnw	Good	No Change	FIT			More exercise programs to get the community involved.
1133	66534	SCH	Very Good	Increasing	HH	AGE		In home care for elderly
1252	NA	NoAnw	Very Good	No Change	INSU	EDU		How to know your Insurance plan regarding how it pays and what it services it covers. What it means to get services out of your network
1355	66538	Both	Good	No Change	INSU	TRAN		Not sure if this is where to mention this, but the current situation with lack of Blue Cross/Blue Shield coverage for life-flight has to be addressed. No one can afford a life-flight bill of up to \$50,000-\$100,000. Something needs to be done to assist patients with this cost if reputable health insurance companies like Blue Cross are not going to cover it.
1413	66534	SCH	Very Good	No Change	KID	BH		More day care options, Mental health care options
1075	66538	NVCH	Good	No Change	KID	OP	CLIN	Child care and more outpatient clinics

### CHNA 2021 Community Feedback: Nemaha Co. KS (N= 440)

ID	Zip	Campus	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1356	66428	NVCH	Very Good	Increasing	MRKT	BH	DRUG	We have someone now, but continuing to Market and spread the use of mental health needs. Maybe bring in someone who specializes drug/ substance abuse and more services for youth mental health.
1371	66538	NVCH	Average	Decreasing	NUTR			Dietician
1147	66538	NVCH	Very Good	Increasing	NUTR	ALT	EDU	Natural Nutritional Education: Have a nutritionist that is versed on correct concepts of educating citizens on what foods to eat and foods to avoid. Weight loss and control and proper exercise methods. Check out these two doctors on YouTube is Dr. Sten Ekberg and Dr. Eric Berg who focus on Keto and nutrition and proper exercise. Reducing carbs and sugars and intermitten fasting for proper weight control. By getting your BMI to normal range, our overall health will improve so we have less chronic diseases and cancers.
1024	NA	NoAnw	Very Good	Increasing	NUTR	DIAB	SPEC	More availability for nutritionist's and diabetic training personnel. Get more specialist in every field available.
1421	66538	NVCH	Very Good	Increasing	NUTR	OBES	EDU	Nutrition and weight control walk in access for guidance and weight maintenance.
1315	66534	SCH	Average	No Change	NUTR	ALT	PREV	Education and access to natural ways to prevent and remedy health issues.
1140	66538	NVCH	Very Good	No Change	NUTR	FINA	PREV	Non expensive Testing for low levels of vitamins . Nutritional menus - not over processed foods. Inexpensive thyroid testing. Proactive healthcare
1087	66534	Both	Very Good	No Change	NUTR			Eating Disorders, Pandemic recovery psychology
1434	NA	NoAnw	Good	Decreasing	OBES	BH		Weight loss mental health .
1314	NA	NoAnw	Good	Increasing	OBES			weight loss program
1307	66538	NVCH	Very Good	NA	OBG			capabilities to care for more obstetric patients
1359	66415	NVCH	Good	No Change	PEDS	BH		Pediatric therapy services
1067	NA	NVCH	Very Good	Increasing	PREV	CARD		Need to offer coronary calcium score for \$40-\$45 for preventative heart health. All major city hospitals offer this service and it saves lives. No prescription needed on a walk in basis.
1281	NA	NoAnw	Good	NA	PREV			Prevention
1305	66415	Both	Average	No Change	PREV	EDU	FIT	Prevention Education. Walks and runs. Fitness center.
1210	NA	NoAnw	Good	NA	PULM			Pulmonary rehab program
1288	66538	NVCH	Average	No Change	PULM			Pulmonary Rehab
1292	66538	NVCH	Good	No Change	REHAB	FIT		bigger rehab facility, indoor pool
1262	66534	SCH	Very Good	Increasing	SH	ADOL	TRFFIC	More access to education programs for the lower socioeconomic citizens. More day care. More drug/alcohol/smoking/vaping/etc. education through the schools. Support to the school staff regarding vaping/juuling/etc. Being more mindful of human trafficking and implementing a prevention/treatment plan in Sabetha.
1439	66534	SCH	Good	Increasing	SH	EDU	FIT	After school programs for youth that includes education on healthy lifestyle. Ways for people to feel more connected and welcome at places like the fitness center.
1093	66538	NVCH	Very Good	Increasing	SPEC	BH	OP	More outpatient specialists and more access to mental health care providers.
1022	66538	NVCH	Very Good	Increasing	SPPR	AGE	KID	support programs to elders and or their family. Community day care center
1005	NA	NoAnw	Good	No Change	SPPR	CANC		Not sure is there is an organized Cancer Care group or if the interest is there for one
1187	66538	NVCH	Very Good	No Change	SPPR	NUTR	FIT	Alzheimer's monthly meetings again, gave good insight when dealing with family with this disease. Health eating workshops or group sessions. Maybe an exercise program to help with weight loss in addition to the health eating
1343	66404	NVCH	Very Good	No Change	SS	ACC	HRS	access to social services at all hours and days/weekends.
1340	NA	NoAnw	Good	NA	SUIC			Suicide prevention. There seems to be an increase on teen suicide.
1330	66534	SCH	Very Good	No Change	SUIC	BH		Suicide and mental health prevention
1156	NA	NoAnw	Good	No Change	TRFFIC	DRUG		Human Trafficking awareness as well as drug abuse
1389	66538	Both	Good	Increasing	URG	CLIN	HRS	Urgent care clinic in the county for evenings/weekends.
1051	66534	SCH	Average	Decreasing	WELL	OWN		Health and wellness programs to promote healthier lifestyles, which in turn may lead to better health.
1362	NA	NoAnw	Very Good	Increasing	WELL	AGE	OWN	Utilization of the new wellness center for senior programs and personal health coaching.
1076	66538	NVCH	Good	Increasing	WELL	EDU	FIT	wellness/ health/ exercise/ open a YMCA
1265	66538	NVCH	Good	Increasing	WELL	OWN	ADOL	Programs for children and teens to lead health lifestyles.
1232	NA	NoAnw	Good	Increasing	WELL			Health and wellness programs/screening
1275	66534	SCH	Very Good	Increasing	WELL			Wellness
1263	NA	NoAnw	Good	NA	WELL	PREV		We need to create a Health and Wellness culture in our community. We seem to treat and not help prevent.
1038	NA	NoAnw	Good	No Change	WELL	AGE	FIT	Wellness facility, indoor pool, fitness classes for all ages
1393	66534	SCH	Good	No Change	WELL	FIT	COLLAB	wellness / fitness center - hospital sponsored would be huge
1044	NA	NoAnw	Good	No Change	WELL	FIT	NUTR	Wellness, exercise and nutrition programs
1130	NA	NoAnw	Very Good	No Change	WELL	FIT	PREV	Health/Fitness proactive programs
1301	66534	SCH	Good	No Change	WELL	INSU		wellness programs tied to health insurance cost management
1282	66538	NVCH	Good	No Change	WELL			Wellness

Let Your Voice Be Heard!

In 2018, Nemaha Valley Community Hospital and Sabetha Community Hospital surveyed our community to assess health needs. Today, we request your input again in order to create a 2021 Nemaha County (KS) Community Health Needs Assessment (CHNA). To gather current service area feedback, a short online survey has been created to evaluate current community health needs.

While your participation is voluntary and confidential, all community input is valued. Thank you for your attention! Deadline to participate is Friday, April 30th, 2021.

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

- Very Good     Good     Average     Poor     Very Poor

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

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

Please specify why.

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

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

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

- |   |   |
|---|---|
| <input type="checkbox"/> Access to Mental Health Services | <input type="checkbox"/> Exercise/Fitness                 |
| <input type="checkbox"/> Alcohol Abuse                    | <input type="checkbox"/> Family Assistance Programs       |
| <input type="checkbox"/> Awareness of Health Services     | <input type="checkbox"/> Health/Wellness Education        |
| <input type="checkbox"/> Cancer Care                      | <input type="checkbox"/> Home Health/Hospice              |
| <input type="checkbox"/> Child Care                       | <input type="checkbox"/> Nutrition - Healthy Food Options |
| <input type="checkbox"/> Chronic Disease Prevention       | <input type="checkbox"/> Obesity                          |
| <input type="checkbox"/> Drug/Substance Abuse             | <input type="checkbox"/> Senior Care Programs             |

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

- |   |   |
|---|---|
| <input type="checkbox"/> Access to Mental Health Services | <input type="checkbox"/> Exercise/Fitness                 |
| <input type="checkbox"/> Alcohol Abuse                    | <input type="checkbox"/> Family Assistance Programs       |
| <input type="checkbox"/> Awareness of Health Services     | <input type="checkbox"/> Health/Wellness Education        |
| <input type="checkbox"/> Cancer Care                      | <input type="checkbox"/> Home Health/Hospice              |
| <input type="checkbox"/> Child Care                       | <input type="checkbox"/> Nutrition - Healthy Food Options |
| <input type="checkbox"/> Chronic Disease Prevention       | <input type="checkbox"/> Obesity                          |
| <input type="checkbox"/> Drug/Substance Abuse             | <input type="checkbox"/> Senior Care Programs             |

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

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

Other (Be Specific).



8. 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"/>				
Child Care	<input type="radio"/>				
Chiropractors	<input type="radio"/>				
Dentists	<input type="radio"/>				
Emergency Room	<input type="radio"/>				
Eye Doctor/Optomtrist	<input type="radio"/>				
Family Planning Services	<input type="radio"/>				
Home Health	<input type="radio"/>				
Hospice/Palliative	<input type="radio"/>				
Telehealth	<input type="radio"/>				



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

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

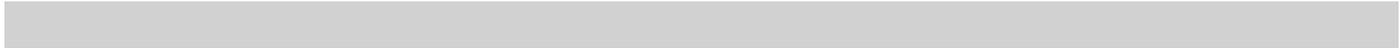
10. Community Health Readiness is vital. How would you rate each of the following?

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

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

- Yes
- No

If yes, please specify your thoughts.



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

- Yes
- No

If yes, please specify the healthcare services received.



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

- Yes
- No

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



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



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

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

Other (Please specify).

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

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

Other (Please specify).

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

18. 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 choose "ALL".

Nemaha Valley Community Hospital

Sabetha Community Hospital

ALL



**VWV Consultants LLC**



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