



Community Health Needs Assessment Nemaha County, KS

On Behalf of Nemaha Valley Community Hospital



June 2024

**VVV Consultants LLC
Olathe, KS**

I. Executive Summary

[VVV Consultants LLC]

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I. Executive Summary

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I. Executive Summary

Nemaha Valley Community Hospital & Sabetha Community Hospital – Nemaha County, KS - 2024 Community Health Needs Assessment (CHNA)

The previous Community Health Needs Assessment for Nemaha County, KS (on behalf of Nemaha Valley Community Hospital & Sabetha Community Hospital) was completed in 2021. (Note: The Patient Protection and Affordable Care Act (ACA) requires non-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the unmet needs identified by the CHNA.

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders, providers, and other residents to research and prioritize county health needs while documenting community health delivery success. Nemaha County, KS Round #5 CHNA work began in early January of 2024 by VVV Consultants, LLC (Olathe, KS) under the direction of Vince Vandelaar, MBA. This health assessment will serve as the foundation for community health improvement efforts for the next three years.

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

County Health Area Summary of Future Unmet Needs

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

2024 CHNA Priorities				
Unmet Health Needs - Nemaha Co, KS				
on behalf of NVCH and SCH hospitals				
Town Hall - 04/09/24 (Attendees 44 / 163 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Child Care (Affordable & Accessible)	30	18.4%	18.4%
2	Mental Health (Diagnosis, Placement, Aftercare, Access to Providers)	23	14.1%	32.5%
3	Housing (Affordable & Accessible)	22	13.5%	46.0%
4	Substance Abuse (Drugs & Alcohol)	20	12.3%	58.3%
5	Chronic Disease Management (Cancer, Diabetes)	17	10.4%	68.7%
6	Obesity (Access to Healthy Foods / Exercise)	14	8.6%	77.3%
7	Uninsured/ Underinsured	8	4.9%	82.2%
Total Votes		163	100%	
Other needs receiving votes: Youth Health Education, WiFi Service (increase in rural community), Health Apathy, In-home Care, Veteran & Military Care (Tri-Care), Dental Providers Accepting Medicaid, Senior Health (Geriatric), Domestic Violence.				

Town Hall CHNA Findings: Areas of Strengths

Nemaha Co, KS - Community Health Strengths			
#	Topic	#	Topic
1	Assess to Care - Health Equity	6	Quality Hospitals (Sabetha & Seneca)
2	Full-time EMS (Seneca) and Part-time (Sabetha)	7	Elder care: assisted living community
3	Collaborative Industry HC support (both communities)	8	Community involvement: fundraising, etc.
4	Self-help groups / Education Opportunities	9	Strong families
5	Hospitals Upgrading Facilities	10	Local Employ / Strong Economic Engine

Key CHNA Wave #5 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2023 Robert Wood Johnson County Health Rankings, Nemaha Co, KS, on average was ranked 3rd in Health Outcomes, 6th in Health Factors, and 46th in Physical Environmental Quality out of the 105 Counties.

TAB 1. Nemaha County's population is 10,115 (based on 2023 findings). About seven percent (7.1%) of the population is under the age of 5, while the population that is over 65 years old is 19.7%. Children in single parent households make up a total of 11.6% compared to the rural norm of 15%, and 93.1% are living in the same house as one year ago.

TAB 2. In Nemaha County, the average per capita income is \$36,959 while 8.8% of the population is in poverty. The severe housing problem was recorded at 8% compared to the rural norm of 8%. Those with food insecurity in Nemaha County is 8.8%, and those having limited access to healthy foods (store) is 8.9%. Individuals recorded as having a long commute while driving alone is 11.5% compared to the norm of 17%.

TAB 3. Children eligible for a free or reduced-price lunch in Nemaha County is 29.7%. Findings found that 93.2% of Nemaha County ages 25 and above graduated from high school while 28.3% has a bachelor's degree or higher (2022).

TAB 4. The percentage of births where prenatal care began in the first trimester was recorded at 83% compared to the rural norm of 82.8%. Additionally, the percentage of births with low birth weight was 4.3%. Nemaha County recorded 2.5% of births occurring to teens between ages 15-19. The percent of births where mother smoked during pregnancy was 8.1% compared to the rural norm of 11%.

TAB 5. The Nemaha County primary care service coverage ratio is 1 provider (county based office physician who is a MD and/or DO) to 779 residents. There were 2,722 preventable hospital stays in compared to the rural norm of 3,017. Patients who gave their hospital a rating of 9 or 10 (scale 0-10) was 87% while the average median time patients spent in the emergency department before leaving was 110 minutes.

Secondary Research Continued

TAB 6. In Nemaha County, adults ever diagnosed with depression as of 2021 was 18.1%. The Mental Behavioral hospital admissions rate per 100k was 41.8 compared to the rural norm of 56.5.

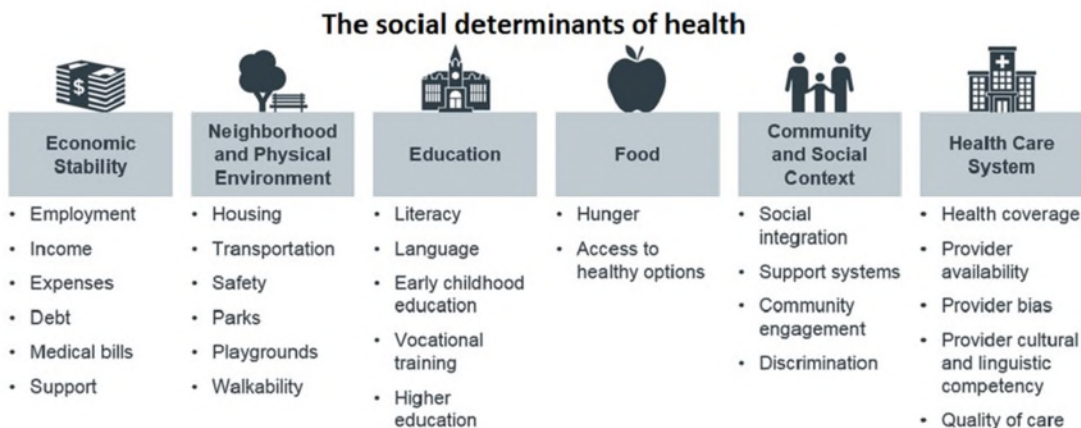
TAB 7a – 7b. Nemaha County has an obesity percentage of 35.1% and a physical inactivity percentage is 20.9%. The percentage of adults who smoke is 17.6%, while the excessive drinking percentage is 20.4%. The percentage of adults who have taken medication for high blood pressure is 81.2%, while their heart failure admissions rate was recorded at 18%. Those with kidney disease is 3.2% compared to the rural norm of 3.3%. The percentage of adult individuals who were recorded with cancer was 8.4% while adults recorded with diabetes (20+) is 6% compared to the rural norm of 8.2%.

TAB 8. The adult uninsured rate for Nemaha County is 7.8% compared to the rural norm of only 10%.

TAB 9. The life expectancy rate in Nemaha County for males and females is roughly 79 years of age (79.1). Alcohol-impaired driving deaths for Nemaha County is 42.9% while age-adjusted Cancer Mortality rate per 100,000 is 166.1. The age-adjusted heart disease mortality rate per 100,000 is at 122.8.

TAB 10. A recorded 65.4% of Nemaha County has access to exercise opportunities. Continually, 44% of women have done a mammography screening compared to the rural norm of 43.2%. Adults recorded in Nemaha County who have had a regular routine check-up is 73%.

Social Determinants Views Driving Community. From CHNA community conversation local HC Systems, Economy, and Education are driving health outcomes.



KEY "Social Determinant Takeaways" to Improve Our Community Health	
On the Seneca side of the county there is very little <u>access to indoor exercise facilities</u> thus creating a neighborhood deterrent.	Access to healthy foods seems to be an issue especially for those who don't qualify for any assistance programs.
<u>Available and affordable housing.</u> More options for rentals..	There are no afterschool programs for kids. Also, there also are no dentists in the county who accept Medicaid.
Provide more <u>education to the community</u> on what is available to them ... Healthcare (services) and support	Need more <u>daycare</u> options that are also affordable

Key CHNA Wave #4 Primary Research Conclusions found:

Community Feedback from residents, community leaders, and providers (N=343) provided the following community insights via an online perception survey:

- Using a Likert scale, the average between Nemaha County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 76%.
- Nemaha County stakeholders are very satisfied with some of the following services: Ambulance Services, Chiropractic, Dentists, Optometry, Inpatient Services, Nursing Home, Pharmacy, School Health, and Visiting Specialists.
- When considering past CHNA needs, the following topics came up as the most pressing: Child Care Options, Mental Health Services, Affordable Housing, Drug / Alcohol Abuse, Suicide Prevention, Care After Hours, Exercise / Fitness Services, Lack of "Owning Your Own Health", Cancer Care, and Youth Health Education.

Nemaha County, KS - CHNA YR 2024 N=343					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Child Care Options	190	18.6%		1
2	Mental Health Services (Provider, Treatment, Aftercare)	174	17.0%		2
3	Affordable Housing	149	14.6%		3
4	Drug / Alcohol Abuse	81	7.9%		4
5	Suicide Prevention	63	6.2%		5
6	Care After Hours	58	5.7%		6
7	Exercise / Fitness Services	57	5.6%		7
8	Cancer Care	47	4.6%		9
9	Youth Health Education	41	4.0%		10
10	Lack of "Owning Your Own Health"	39	3.8%		8
11	Senior Housing / Activities	29	2.8%		11
12	Telehealth	24	2.3%		12
13	Transportation	22	2.2%		14
14	Dental / Optometry Access	21	2.1%		15
15	Chronic Disease Management	13	1.3%		13
16	Access to Specialists	8	0.8%		16
17	EMS	7	0.7%		17
Totals		1432	100.0%		

II. Methodology

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II. Methodology

a) CHNA Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

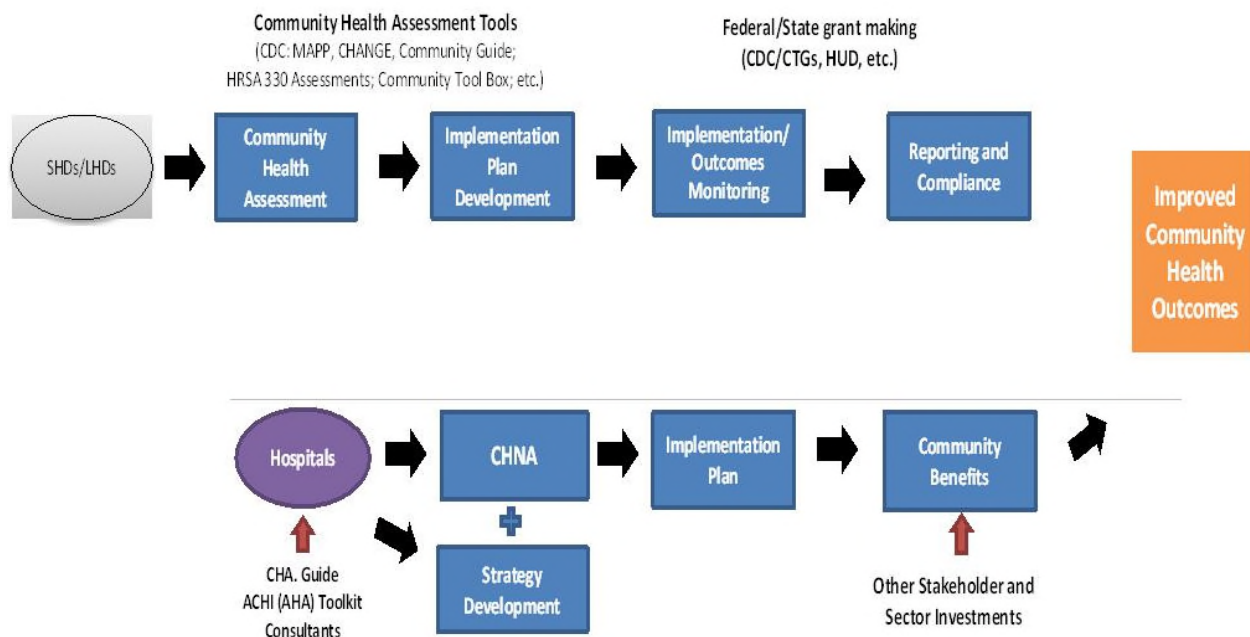
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Requirements Overview (Notice 2011-52)

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

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

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

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

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

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

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

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

Additional Sources of Input

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

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

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

Collaboration on CHNA Reports

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

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

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

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

Joint Implementation Strategies

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

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

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

Adoption of Implementation Strategy

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

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

New Hospital Organizations

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

New Hospital Facilities

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

Transferred/Terminated Facilities

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

Public Health Criteria:

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

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

DOMAIN 1 includes 4 STANDARDS:

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

Required CHNA Planning Process Requirements:

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

Seven Steps of Public Health Department Accreditation (PHAB):

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

MAPP Process Overview

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

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

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



Social Determinants of Health

What Are Social Determinants of Health?



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

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

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

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

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

Element of Performance 1:

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

Element of Performance 2:

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

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

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

Element of Performance 3:

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

Element of Performance 4:

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

Element of Performance 5:

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

Element of Performance 6:

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

II. Methodology

b) Collaborating CHNA Parties

Working together to improve community health takes collaboration. Listed below is an in-depth profile of the local 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 | • Family Practice | • Podiatry |
| • Audiology | • Inpatient Services | • Psychiatry |
| • Behavioral Health | • Laboratory | • Pulmonology |
| • Cardiology | • Nephrology | • Radiology |
| • Cardiac Rehab | • Neurology | • Rehabilitation |
| • Dermatology | • OB/GYN | • Respiratory Therapy |
| • Diabetes and Endocrinology | • Occupational Therapy | • Skilled Services |
| • Dietetics | • Oncology | • Speech-Language Pathology |
| • Ear/Nose/Throat | • Orthopedic Care | • Surgical Care |
| • Emergency | • Pain Management | • Telehealth |
| • Extended Care | • Pharmacy | • Urology |
| • Eye Care (Ophthalmology) | • Physical Therapy | • Wound Care |

Sabetha Community Hospital Profile

14th and Oregon Street, Sabetha, KS 66534

CEO: Dr James Longabaugh

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's name is Great Plains of Sabetha, Inc. doing business as Sabetha Community Hospital.

Local medical staff consists of 5 family practice physicians and 6 mid-level providers. 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 helicopter.

Mission: Dedicated to improving the health and well-being of our community.

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
- Inpatient Occupational Therapy
- Outpatient Occupational Therapy
- Inpatient Physical Therapy
- Outpatient 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

Community Health Services Profile

Nemaha County Health Department **Heaven Schuette, Director/ Health Officer**

Address: 203 N. 8th St, Seneca, KS 66538
Phone: 785-285-8374 Fax: 785-371-1236

Email: nchd-admin@nmcoks.us

Medical Consultant: Jared Snyder, MD

Environ. Health Contact: Martha Smith Environ. Phone: 785-985-2778

Regional District Office: NE Trauma Region: NE

Office Hours: Mon-Fri 8:00 am-4:30 pm

Nemaha County Comm Health Services **Jill Mady - Administrator**

785-284-2152

1004 Main St. Sabetha, KS 66534 & 402 Main St. Seneca, KS 66538

Health Care Services

- Immunizations Adult/Child/Travel
- Communicable Disease Investigation
- Reproductive Sexual Health/Pregnancy/Medicaid
- Tuberculosis Testing and Treatment

Nutrition Services

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

Environmental Public Service Program

- Information for Food Services Providers
- 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
- Animal Bites and Recommendations
- Blood Pressure/Blood Sugar
- Lead (Blood) Testing

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications:

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

VVV Consultants LLC is an Olathe, KS based "boutique" healthcare consulting firm specializing in Strategy, Research and Business Development services. To date we have completed 83 unique community CHNA's in KS, MO, IA, NE and WI (references found on our website VandehaarMarketing.com)

Introduction: Who We Are Background and Experience



Vince Vandehaar, MBA – Principal
VVV Consultants LLC – start 1/1/09 *
– Adjunct Full Professor @ Avila & Webster Universities
– 35+ year veteran marketer, strategist and researcher
– Saint Luke's Health System, BCBS of KC,
– Tillinghast Towers Perrin, and Lutheran Mutual Life
– Central College Pella BA and University of Northern IA MBA
– Hometown: Bondurant IA



Cassandra Kahl, BHS – Director, Project Management
VVV Consultants LLC – Nov 2020
– University of Kansas – Health Sciences
– Park University - MHA
– Hometown: Maple, WI

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

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

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

Our Values:

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

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

Skilled – we understand business because we've been there.

Innovative – we are process-driven & think "out of the box".

Accountable – we provide clients with a return on investment.

II. Methodology

c) CHNA and Town Hall Research Process

Wave #5 Community Health Needs Assessment (CHNA) process began in January 2024 for both Nemaha Valley Community Hospital and Sabetha Community Hospital located in Nemaha County, KS to meet Federal IRS CHNA requirements.

In early January 2024, a Kickoff meeting was requested by both hospital CEOs 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 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 the community secondary & primary data findings leading to determining (prioritizing) county health needs.
- Prepare & publish a CHNA report that 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:

NVCH- Defined Primary Serv Area				KHA (IP/ER/OP) FFY21-23		
#	ZIP	City	County	Total 3YR	%	ACCUM
1	66538	Seneca	Nemaha	40,208	58.4%	61.2%
2	66404	Baileyville	Nemaha	5,311	7.7%	68.9%
3	66403	Axtell	Marshall	5,136	7.5%	76.4%
4	66415	Centralia	Nemaha	3,469	5.0%	81.4%

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

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

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

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

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

Nemaha County, Kansas VV CHNA Round #5 Work Plan - Year 2024 Sabetha Community Hospital & Nemaha Valley Community Hospital Project Timeline & Roles as of 01/19/24			
Step	Timeframe	Lead	Task
1	9/1/2023	VV / Hosp	Sent Leadership information regarding CHNA Round #5 for review 9/1/23. Zoom Overview meeting 10/12/23
2	9/6/2023	Hosp	Select CHNA Round #5 Option B. Approve (sign) VV CHNA quote
3	1/15/2024	VV	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 ZipPSA_3yrPOrigin.xls)
4	1/15/2024	VV	Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
5	1/15/2024	VV	Prepare CHNA Round #5 Stakeholder Feedback "online link". Send link for hospital review.
6	Jan-March 2024	VV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	2/1/2024	VV / Hosp	Prepare/send out PR story # 1 / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	2/5/2024	VV / Hosp	Place PR story to local media CHNA survey announcing "online CHNA Round #5 feedback". Request public to participate. Send E Mail request to local stakeholders
9	2/9/2024	VV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 3/08/2024 for Online Survey
10	3/15/2024	Hosp	Prepare/send out Community TOWN HALL invite letter and place local AD.
11	3/15/2024	VV / Hosp	Prepare/send out PR story #2 to local media announcing upcoming Town Hall. VV will mock-up PR release to media sources.
12	4/3/2024	ALL	Conduct conference call (Wed. 4/3 am TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	Tuesday 4/09/2024	VV	Conduct CHNA Town Hall. Lunch 11:30-1pm (Meadowlark, K State extension) Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 05/14/2024	VV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 05/21/2024	VV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	Early May TBD	Hosp	Conduct Client Implementation Plan PSA Leadership meeting
17	On or Before 6/30/24	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

2024 Community Health Needs Assessment Nemaha County, KS on behalf of SCH and NVCH Town Hall Meeting- 04/05/24



VVV Consultants LLC

Olathe, Kansas 66061

VandelaarMarketing.com
913-302-7264

1

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

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

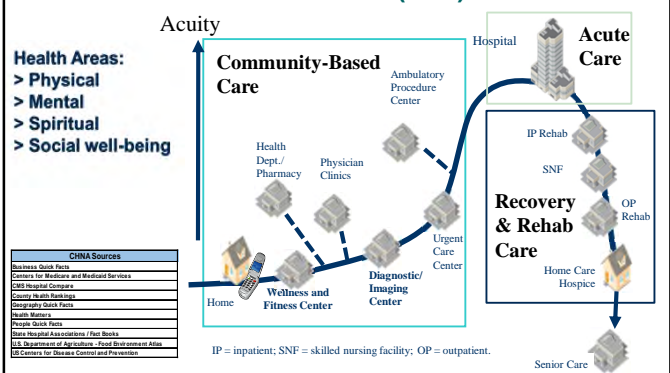
2

Town Hall Participation / Purpose & Parking Lot

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

3

System of Care Delivery Birth to Grave (SG2)



4

```

graph LR
    SHE[She/Unos] --> CHA[Community Health Assessment]
    CHA --> IPD[Implementation Plan Development]
    IPD --> IM[Implementation/Outcomes Monitoring]
    IM --> RC[Reporting and Compliance]
    RC --> IO[Improved Community Health Outcomes]
    
    H[Hospitals] --> CHNA[CHNA]
    CHNA --> IP[Implementation Plan]
    IP --> CB[Community Benefits]
    CB --> IO
    
    CHS[CHS Guide  
ACH/HAAS Toolkit  
Consultants] --> CHNA
    OS[Other Stakeholder and  
Sector Investments] --> CB
  
```

The flowchart illustrates the process of implementing the Community Health Assessment (CHA) Toolkit. The process starts with 'SHE/UNOs' leading to 'Community Health Assessment' (which includes 'Community Health Assessment Tools' like CDC/MAPP, CHANGE, Community Guide, and HRSA/330 Assessments, Community Tool Box, etc.). This leads to 'Implementation Plan Development', then 'Implementation/Outcomes Monitoring', and finally 'Reporting and Compliance'. This sequence leads to 'Improved Community Health Outcomes'. A second path shows 'Hospitals' leading to 'CHNA' (which includes 'CHS Guide' and 'ACH/HAAS Toolkit Consultants'), then 'Implementation Plan', then 'Community Benefits' (which includes 'Other Stakeholder and Sector Investments'), and finally 'Improved Community Health Outcomes'.

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

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

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

Trends: **Good** **Same** **Poor**

Health Indicators - Secondary Research

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

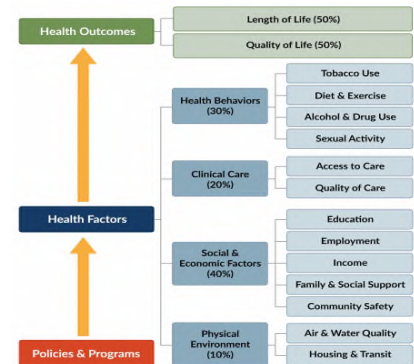
9

County Health Rankings Scoring

Robert Wood Johnson Foundation and University of WI Health Institute

Users of the 2024 RWJ report will find representation of county health has changed significantly.

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



10

IV. Community Health Conversation: Your Perspectives / Suggestions !

Tomorrow:

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

Today:

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

11

Community Health Needs Assessment Round #5 Year 2024



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Thank You
Next Steps

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12

Data & Benchmarks Review

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

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

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

Community health assessment indicators should be.

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

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

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

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

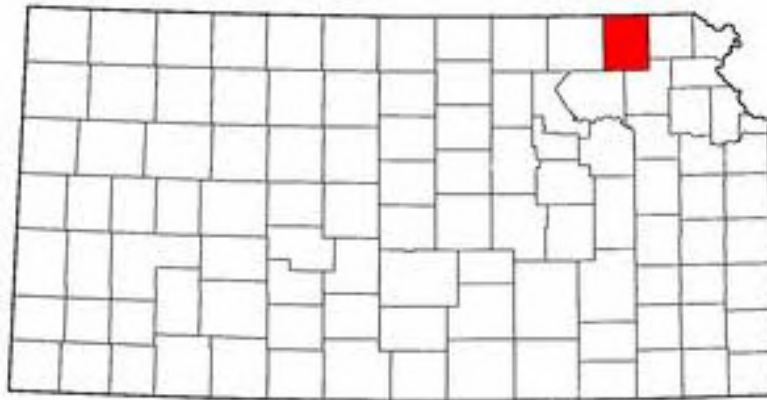
Sources of community-health level indicators:

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

II. Methodology

d) Community Profile (A Description of Community Served)

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 with agriculture, educational, health and social service industries providing the most employment. The county was founded in 1855 and the county seat is Seneca¹.

Nemaha County, Kansas, one of the original 33 counties established by the territorial legislature in 1855, was named after the Nemaha River, meaning “no papoose” or “muddy water.”³ The county's early history is notable for its role in various trails, with many immigrants traveling through it in the 1840s and 1850s en route to the Oregon Trail, as well as military and stagecoach routes, including the Pony Express and Lane's Trail.³

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

Nemaha County KS Airports²

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

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

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

³ <https://legendsofkansas.com/nemaha-county>

Schools in County:

Public Schools⁴

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

Private Schools⁵

Name	Level
Prairie Meadows	Elementary
Sts. Peter and Paul School	Elementary

Parks, Lakes, and Amenities⁶

Name	USGS Topo Map
Nemaha County State Park	Seneca
Nemaha State Fishing Lake and Wildlife	Seneca
Sabetha Lake	Sabetha
Pony Creek Lake	Sabetha
Centralia Lake	Centralia

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

⁵ <https://www.publicschoolreview.com/kansas/nemaha-county/private>

⁶ <https://kansas.hometownlocator.com/features/cultural,class,park,scfips,20131.cfm>

Nemaha Co (KS) - Detail Demographic Profile

ZIP	NAME	ST	County	Population			Households			Per Capita23
				Year 2023	Year 2028	5yr CHG	Year 2023	Year 2028	HH Avg Size23	
66404	Baileyville	KS	NEMAHA	534	523	-2.1%	200	199	2.67	\$40,510
66408	Bern	KS	NEMAHA	361	357	-1.1%	160	160	2.3	\$48,590
66415	Centralia	KS	NEMAHA	833	822	-1.3%	328	326	2.5	\$35,483
66417	Corning	KS	NEMAHA	482	477	-1.0%	169	168	2.9	\$33,683
66428	Goff	KS	NEMAHA	412	411	-0.2%	150	150	2.8	\$35,342
66522	Oneida	KS	NEMAHA	34	37	8.8%	9	10	3.8	\$27,909
66534	Sabetha	KS	NEMAHA	3,669	3,621	-1.3%	1,436	1,430	2.5	\$34,511
66538	Seneca	KS	NEMAHA	3,439	3,458	0.6%	1,405	1,429	2.4	\$41,659
66550	Wetmore	KS	NEMAHA	532	523	-1.7%	216	214	2.5	\$39,152
Totals				9,762	9,706	0.3%	3,873	3,887	2.7	\$37,041

ZIP	NAME	ST	County	Population				Year 2020		Females
				Pop 21+	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
66404	Baileyville	KS	NEMAHA	394	92	134	112	284	250	76
66408	Bern	KS	NEMAHA	281	68	78	85	184	177	65
66415	Centralia	KS	NEMAHA	619	189	206	196	448	385	123
66417	Corning	KS	NEMAHA	358	86	121	115	247	235	76
66428	Goff	KS	NEMAHA	308	71	101	117	220	192	65
66522	Oneida	KS	NEMAHA	23	7	11	8	18	16	3
66534	Sabetha	KS	NEMAHA	2656	860	969	816	1,810	1859	541
66538	Seneca	KS	NEMAHA	2652	878	759	776	1,741	1698	545
66550	Wetmore	KS	NEMAHA	405	102	122	146	298	234	92
Totals				7,696	2,353	2,501	2,371	5,250	5,046	1,586

ZIP	NAME	ST	County	Population 2020				Year 2023		
				White%	Black%	Asian%	Hispan%	Housing Units	% Rentals	Soc Econ Index
66404	Baileyville	KS	NEMAHA	96.3%	0.4%	0.0%	1.5%	213	32%	60
66408	Bern	KS	NEMAHA	97.0%	0.3%	0.0%	0.8%	195	16%	77
66415	Centralia	KS	NEMAHA	93.9%	0.1%	0.1%	3.0%	367	13%	55
66417	Corning	KS	NEMAHA	95.4%	0.0%	0.0%	3.1%	179	9%	61
66428	Goff	KS	NEMAHA	95.1%	0.2%	0.0%	0.7%	176	14%	58
66522	Oneida	KS	NEMAHA	100.0%	0.0%	0.0%	0.0%	17	18%	77
66534	Sabetha	KS	NEMAHA	92.8%	1.1%	0.9%	2.4%	1,591	26%	57
66538	Seneca	KS	NEMAHA	94.6%	0.6%	0.1%	3.8%	1,544	19%	59
66550	Wetmore	KS	NEMAHA	93.8%	0.0%	0.4%	1.3%	251	18%	61
Totals				95.4%	0.3%	0.2%	1.9%	4,533	18.3%	63

Source: ERS Demographics 2023

III. Community Health Status

[VVV Consultants LLC]

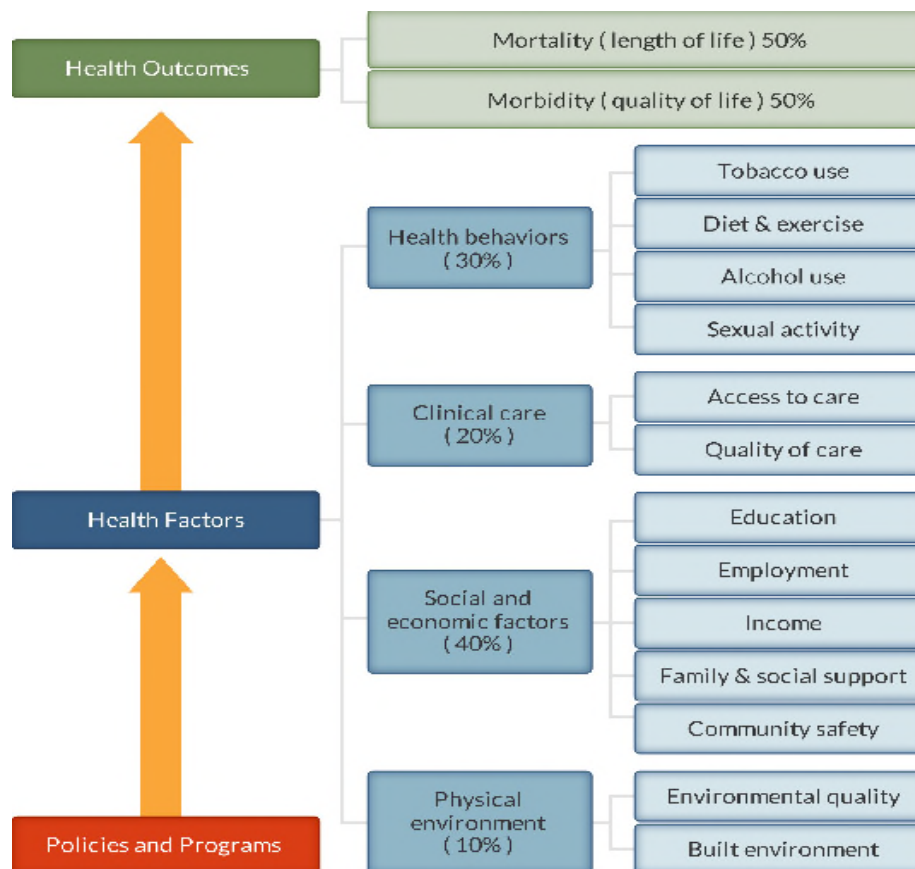
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2020 RWJ County Health Rankings and conversations from Town Hall 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 uses a number of health factors to rank each county.



County Health Rankings model ©2012 UWPHI

National Research – Year 2023 RWJ Health Rankings:

#	2023 KS Rankings - 105 Counties	Definitions	Nemaha County 2024	Nemaha County 2021	Trend	NECKS Norm (N=20)
1	Health Outcomes		3	8		38
	Mortality	Length of Life	4	16		34
	Morbidity	Quality of Life	4	5		43
2	Health Factors		6	5		50
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	16	49	+	50
	Clinical Care	Access to care / Quality of Care	10	10		39
	Social & Economic Factors	Education, Employment, Income, Family/Social Support, Community Safety	4	3		48
3	Physical Environment	Environmental quality	46	39	-	72
NECKS Counties: Anderson, Atchison, Brown, Chase, Coffey, Doniphan, Franklin, Greenwood, Jackson, Jefferson, Linn, Lyon, Miami, Marshall, Morris, Nemaha, Osage, Pottawatomie, Riley, and Wabaunese						
http://www.countyhealthrankings.org , released 2023						

PSA Secondary Research:

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

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

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

Tab 1: Demographic Profile

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

1	Population Health Indicators	Nemaha County 2024	Nemaha County 2021	Trend	State of KS	NECKS Norm (N=20)	Source
a	Population estimates, 2020-2022	10,115	10,231		2,936,716	17,335	People Quick Facts
b	Persons under 5 years, percent, 2020-2022	7.1%	7.7%		6.0%	5.6%	People Quick Facts
c	Persons 65 years and over, percent, 2020-2022	19.7%	20.0%		17.2%	20.4%	People Quick Facts
d	Female persons, percent, 2020-2022	48.5%	49.4%		49.8%	49.3%	People Quick Facts
e	White alone, percent, 2020-2022	96.2%	96.6%		85.9%	92.5%	People Quick Facts
f	Black or African American alone, percent, 2020-2022	0.9%	0.8%		6.2%	1.9%	People Quick Facts
g	Hispanic or Latino, percent, 2020-2022	2.4%	2.3%		13.0%	5.7%	People Quick Facts
h	Language other than English spoken at home, percent of persons age 5 years+, 2017-2021	2.7%	2.2%		11.8%	17.8%	People Quick Facts
i	Living in same house 1 year ago, percent of persons age 1 year+, 2017-2021	93.1%	91.4%		84.4%	74.4%	People Quick Facts
j	Children in single-parent households, percent, 2017-2021	11.6%	17.9%	+	21.0%	18.0%	County Health Rankings
k	Veterans, 2017-2021	482	351		163,472	1,141	People Quick Facts

Tab 2: Economic Profile

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

2	Economic - Health Indicators	Nemaha County 2024	Nemaha County 2021	Trend	State of KS	NECKS Norm (N=20)	Source
a	Per capita income in past 12 months (in 2021 dollars), 2017-2021	\$36,959	\$23,415	+	\$38,108	33,718	People Quick Facts
b	Persons in poverty, percent, 2020-2022	8.8%	8.8%		12.0%	11.3%	People Quick Facts
c	Total Housing units, 2022	4,508	4,613		1,292,622	7,740	People Quick Facts
d	Persons per household, 2017-2021	2.5	3.2		2.5	2.5	People Quick Facts
e	Severe housing problems, percent, 2015-2019	8.0%	8.3%		12.5%	11.0%	County Health Rankings
f	Total employer establishments, 2021	369	369		75,057	401	Business Quick Facts
g	Unemployment, percent, 2021	1.8%	2.3%		3.2%	2.8%	County Health Rankings
h	Food insecurity, percent, 2020	8.8%	11.7%	+	9.7%	10.5%	County Health Rankings
i	Limited access to healthy foods, percent, 2019	8.9%	5.1%	-	8.4%	11.3%	County Health Rankings
j	Long commute - driving alone, percent, 2017-2021	11.5%	15.8%	+	21.7%	32.6%	County Health Rankings
k	Community Spending on Food, 2023 **	13.0%	NA		12.7%	13.2%	Kansas Health Matters
l	Community Spending on Transportation, 2023 *	19.6%	NA		18.1%	19.8%	Kansas Health Matters
m	Households With Internet Sub (2017-2021) **	81.8%	NA		86.7%	81.9%	Kansas Health Matters
n	Student Loan Spending-to-Income, 2023 **	4.7%	NA		4.6%	4.8%	Kansas Health Matters

**New Social Determinant Data Resources

Tab 3: Educational Profile

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

3	Education - Health Indicators	Nemaha County 2024	Nemaha County 2021	Trend	State of KS	NECKS Norm (N=20)	Source
a	Children eligible for free or reduced price lunch, percent, 2020-2021	29.7%	31.0%		48.0%	42.3%	County Health Rankings
b	High school graduate or higher, percent of persons age 25 years+, 2017-2021	93.2%	75.9%	+	91.0%	93.4%	People Quick Facts
c	Bachelor's degree or higher, percent of persons age 25 years+, 2017-2021	28.3%	14.7%	+	34.7%	25.4%	People Quick Facts

#	Nemaha County KS -School Health Indicators	Nemaha Central USD 115	Sabetha USD 113	Centralia USD 380
1	Total # Public School Nurses	1	1.4	1
2	School Nurse is part of the IEP team Yes/No	yes	YES	yes if needed
3	School Wellness Plan (Active)	yes	Yes	yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	475/34/21	412/16/?	238/9/5
5	HEARING: # Screened / Referred to Prof / Seen by Professional	471/1/0	410/0	196/4/3
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	484/112/NA	18/2/?	294/23/1
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	0	0	0
8	# of Students served with no identified chronic health concerns	603	912	265
9	School has a suicide prevention program	yes	YES	yes
10	Compliance on required vaccinations (%)	98%	90%	98%

Tab 4: Maternal / Infant Profile

4	Maternal/Infant - Health Indicators (Access/Quality)	Nemaha County 2024	Nemaha County 2021	Trend	State of KS	NECKS Norm (N=20)	Source
a	Percent of Births Where Prenatal Care began in First Trimester, 2019-2021	83.0%	83.1%	+	81.3%	80.0%	Kansas Health Matters
b	Percentage of Premature Births, 2019-2021	7.6%	6.2%		9.1%	9.2%	Kansas Health Matters
c	Percent of Infants up to 24 months that received full Immunizations, 2017-2018	83.3%	74.6%	+	69.2%	73.4%	Kansas Health Matters
d	Percent of Births with Low Birth Weight, 2019-2021	4.3%	6.2%		7.3%	6.5%	Kansas Health Matters
e	Percent of all Births Occurring to Teens (15-19), 2019-2021	2.5%	3.9%		5.5%	4.3%	Kansas Health Matters
f	Percent of births Where Mother Smoked During Pregnancy, 2019-2021	8.1%	9.8%		10.0%	11.0%	Kansas Health Matters
g	Child Care Centers per 1,000 Children, 2010-22**	8.3	NA		7.0	6.6	County Health Rankings

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

#	Vital Statistics (Rate per 1,000)	Nemaha Co KS	Kansas	CSW KS NORM (20)
a	Total Live Births, 2017	14.9	12.5	11.6
b	Total Live Births, 2018	14.6	12.5	11.6
c	Total Live Births, 2019	12.3	12.1	10.8
d	Total Live Births, 2020	14.1	11.8	10.4
e	Total Live Births, 2021	12.3	11.8	11.1
f	Total Live Births, 2017- 2021 - 5 YR (%)	13.7	12.1	11.1

Tab 5: Hospitalization and Provider Profile

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

5	Hospital/Provider - Health Indicators (Access/Quality)	Nemaha County 2024	Nemaha County 2021	Trend	State of KS	NECKS Norm (N=20)	Source
a	Primary Care Physicians (Pop Coverage per MDs & DOs) - No extenders Included, 2020	779:1	1012:1	+	1260:1	1918:1	County Health Rankings
b	Preventable hospital rate per 100,000, 2020 (lower the better)	2,722	3,976		2,708	3,017	County Health Rankings
c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	87%	92%		NA	79.3%	CMS Hospital Compare, Latest Release
d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	85%	91%		NA	74.0%	CMS Hospital Compare, Latest Release
e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	110	95		NA	109	CMS Hospital Compare, Latest Release

Source: Nemaha County Community Health Services - 2024				
	Community Contribution Dollars- Local Community Health Operations	YR 2023	YR 2022	YR 2021
1	Home Care-Hours of Care Provided	572	491	526
2	Immunizations/Vaccine- Number Given	3,845	4,845	10,527
3	Breastfeeding Clinic Visits/Consults	76	63	30
4	Maternal-Child Number of Visits	82	72	46
5	Vaccines for Children-Number Given (State Provided Vaccine)	657	650	772
6	WIC Administration-Number of Visits	332	368	552
*As of June 30, 2022, Nemaha County Community Health Services, a not-for-profit organization, was no longer contracted with Nemaha County to perform the services of the Health Department.				

Tab 6: Behavioral / Mental Health Profile

Behavioral healthcare provides another important indicator of community health status.

6	Mental - Health Indicators	Nemaha County 2024	Nemaha County 2021	Trend	State of KS	NECKS Norm (N=20)	Source
a	Adults Ever Diagnosed with Depression, 2021 **	18.1%	NA		NA	19.9%	Kansas Health Matters
b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2018-2020	NA	18.8		18.7	19.9	Kansas Health Matters
c	Mental Behavioral Hospital Admission Rates per 100,000, 2018-2020	41.8	37.1		75.1	56.5	Kansas Health Matters
d	Average Number of mentally unhealthy days, 2020	4.1	3.3		4.4	4.3	County Health Rankings

**New Social Determinant Data Resources

CDC - 2022 U.S. County Opioid Dispensing Rates			
State	County	FPS	Opioid Dispensing Rate per 100
KS	Nemaha County	20131	17.6
	KS Average 2022		45.7
Source: Drug Overdose CDC Injury Center			

Tab 7a: Risk Indicators & Factors Profile

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

7a	High-Risk - Health Indicators	Nemaha County 2024	Nemaha County 2021	Trend	State of KS	NECKS Norm (N=20)	Source
a	Adult obesity, percent, 2020	35.1%	33.8%	-	35.8%	37.1%	County Health Rankings
b	Adult smoking, percent, 2020	17.6%	15.4%	-	17.2%	19.0%	County Health Rankings
c	Excessive drinking, percent, 2020	20.4%	18.6%	+	19.7%	19.6%	County Health Rankings
d	Physical inactivity, percent, 2020	20.9%	31.1%	+	21.4%	23.3%	County Health Rankings
e	Sexually transmitted infections (chlamydia), rate per 100,000 - 2020	175.9	118.6		502	299	County Health Rankings

Tab 7b: Chronic Risk Profile

7b	Chronic - Health Indicators **	Nemaha County 2024	Nemaha County 2021	Trend	State of KS	NECKS Norm (N=20)	Source
a	Adults who Have Taken Medication for High Blood Pressure, 2021, percent	81.2%	NA		55.2%	80.9%	Kansas Health Matters
b	Congestive Heart Failure Hospital Admission Rate, 2018-2020	18.0	NA		24.1	23.7	Kansas Health Matters
c	Adults with Kidney Disease, percent, 2021	3.2%	NA		NA	3.3%	Kansas Health Matters
d	Adults with COPD, percent, 2021	7.2%	NA		NA	7.7%	Kansas Health Matters
e	Adults 20+ with Diabetes, percent, 2021	6.0%	NA		NA	8.2%	Kansas Health Matters
f	Adults with Cancer, percent, 2021	8.4%	NA		NA	8.1%	Kansas Health Matters
g	Adults with Current Asthma, percent, 2021	9.5%	NA		NA	10.0%	Kansas Health Matters
h	Adults who Experienced a Stroke, percent, 2021	3.3%	NA		NA	3.4%	Kansas Health Matters

****New Social Determinant Data Resources**

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.

8	Insurance Coverage - Health Indicators	Nemaha County 2024	Nemaha County 2021	Trend	State of KS	NECKS Norm (N=20)	Source
a	Uninsured, percent, 2020	7.8%	8.4%		10.3%	10.0%	County Health Rankings
b	Persons With Health Insurance, 2021 **	91.7%	NA		89.1%	89.9%	Kansas Health Matters
c	Kansas Medical Assistance Programs - Adults per 1,000 (ages 20-64), 2022 **	67.7	NA		99.4	102.0	Kansas Health Matters

Source : Internal Hospital Records				
	Sabetha Community Hospital	YR 2023	YR 2022	YR 2021
1	Charity Care .. Free Care given	\$156,734	\$55,478	\$39,916
2	Bad Debt / Can't Pay Bill (Implicit price concessions)	\$378,956	\$280,743	\$356,378
	Nemaha Valley Community Hospital	YR 2023	YR 2022	YR 2021
1	Charity Care .. Free Care given	\$193,262	\$162,299	\$223,177
2	Bad Debt / Can't Pay Bill (Implicit price concessions)	\$544,267	\$487,245	\$410,995

**New Social Determinant Data Resources

Tab 9: Mortality Profile

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

9	Mortality - Health Indicators	Nemaha County 2024	Nemaha County 2021	Trend	State of KS	NECKS Norm (N=20)	Source
a	Life Expectancy, 2018 - 2020	79.1	79.4		77.8	78.1	Kansas Health Matters
b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2018-2020 (lower is better)	166.1	178.1		151.4	160.7	Kansas Health Matters
c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2018-2020 (lower is better)	122.8	131.4		162.0	171.0	Kansas Health Matters
d	Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2018-2020 (Lower is better)	36.2	28.4		47.1	51.1	Kansas Health Matters
e	Alcohol-impaired driving deaths, percent, 2016-2020	42.9%	57.1%		19.38%	27.6%	County Health Rankings

Causes of Death by County of Residence, KS (Year 2021) Vital Stats	Nemaha County	%	Trend	Kansas	%
TOTAL (All Causes)	122	100.0%		31,637	100.0%
Major Cardio Vascular Diseases	35	28.7%		8,307	26.3%
All Other Causes	33	27.0%		9,536	30.1%
Cancer	25	20.5%		5,379	17.0%
Diseases of Heart	24	19.7%		6,260	19.8%
Ischemic Heart Diseases	12	9.8%		3,605	11.4%
Other Heart Diseases	10	8.2%		1,892	6.0%

Tab 10: Preventive Quality Measures Profile

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

10	Preventative - Health Indicators	Nemaha County 2024	Nemaha County 2021	Trend	State of KS	NECKS Norm (N=20)	Source
a	Access to exercise opportunities, percent, 2020 & 2022	65.4%	40.8%	+	79.7%	54.1%	County Health Rankings
b	Mammography annual screening, percent, 2017	44.0%	51.0%		42.0%	43.2%	County Health Rankings
c	Adults who have had a Routine Checkup, percent, 2021 **	73.0%	NA		45.0%	75.0%	Kansas Health Matters
d	Percent Annual Check-Up Visit Dentist 2020 **	60.0%	NA		63.0%	62.0%	CDC
e	Percent Annual Check-Up Visit with Eye Doctor	TBD	TBD		TBD	TBD	TBD

***New Social Determinant Data Resources*

PSA Primary Research:

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

Chart #1 – Nemaha County, KS PSA Online Feedback Response (N=343)

Nemaha County - CHNA YR 2024			
For reporting purposes, are you involved in or are you a ...? (Check all that apply)	Nemaha Co KS N=343	Trend	Round #5 Norms N=3221
Business/Merchant	7.4%		12.1%
Community Board Member	6.5%		10.3%
Case Manager/Discharge Planner	0.2%		0.8%
Clergy	0.5%		1.1%
College/University	0.7%		2.5%
Consumer Advocate	1.4%		2.3%
Dentist/Eye Doctor/Chiropractor	0.5%		0.8%
Elected Official - City/County	2.3%		2.1%
EMS/Emergency	3.0%		2.3%
Farmer/Rancher	10.9%		10.7%
Hospital	21.3%		23.7%
Health Department	0.5%		1.3%
Housing/Builder	0.7%		0.8%
Insurance	0.9%		1.4%
Labor	5.8%		4.6%
Law Enforcement	0.7%		1.0%
Mental Health	1.6%		2.4%
Other Health Professional	8.3%		12.0%
Parent/Caregiver	17.4%		19.7%
Pharmacy/Clinic	2.1%		2.5%
Media (Paper/TV/Radio)	0.5%		0.4%
Senior Care	2.1%		5.0%
Teacher/School Admin	3.2%		6.5%
Veteran	1.6%		2.7%
TOTAL	432		2366
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha.			

Typical Sample Sizes Research Studies		
Number of Subgroup Analyses	Households	Firms
	Regional	Regional
None / Few (1-2)	200-500	50-200
Average (3-4).	500-1,000	200-1,000
Many (5+)	1,000+	1,000+
Sudman. <i>Applied Sampling</i> . (Academic Press, 1976), 87. Ibid., 30.		

Quality of Healthcare Delivery Community Perception Rating.

Nemaha Co, KS - CHNA YR 2024 N=343			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Nemaha Co. KS N=343	Trend	*Round #5 Norms N=3221
Top Box %	42.8%		27.5%
Top 2 Boxes %	76.0%		69.8%
Very Good	42.8%		27.5%
Good	33.1%		42.3%
Average	14.4%		23.3%
Poor	6.2%		5.6%
Very Poor	3.5%		1.3%
Valid N	341		3,207
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha.			

Re-evaluate Past Community Health Needs Assessment Needs

Nemaha County, KS - CHNA YR 2024 N=343					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Child Care Options	190	18.6%		1
2	Mental Health Services (Provider, Treatment, Aftercare)	174	17.0%		2
3	Affordable Housing	149	14.6%		3
4	Drug / Alcohol Abuse	81	7.9%		4
5	Suicide Prevention	63	6.2%		5
6	Care After Hours	58	5.7%		6
7	Exercise / Fitness Services	57	5.6%		7
8	Cancer Care	47	4.6%		9
9	Youth Health Education	41	4.0%		10
10	Lack of "Owning Your Own Health"	39	3.8%		8
11	Senior Housing / Activities	29	2.8%		11
12	Telehealth	24	2.3%		12
13	Transportation	22	2.2%		14
14	Dental / Optometry Access	21	2.1%		15
15	Chronic Disease Management	13	1.3%		13
16	Access to Specialists	8	0.8%		16
17	EMS	7	0.7%		17
Totals		1432	100.0%		

Community Health Needs Assessment “Causes of Poor Health”

Nemaha County - CHNA YR 2024 N=343			
In your opinion, what are the root causes of "poor health" in our community? Please select top three.	Nemaha Co. KS N=343	Trend	Round #5 Norms N=3221
Chronic Disease Management	8.9%		8.3%
Lack of Health & Wellness	13.1%		11.0%
Lack of Nutrition / Access to Healthy Foods	11.2%		10.2%
Lack of Exercise	17.4%		14.1%
Limited Access to Primary Care	3.3%		4.8%
Limited Access to Specialty Care	2.7%		6.5%
Limited Access to Mental Health	20.3%		14.5%
Family Assistance Programs	3.9%		5.1%
Lack of Health Insurance	9.5%		12.0%
Neglect	8.0%		9.4%
Lack of Transportation	1.6%		4.1%
Total Votes	671		6,121
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha.			

Community Rating of HC Delivery Services (Perceptions)

Nemaha County - CHNA YR 2024 N=343	Nemaha Co. KS N=343			Round #5 Norms N=3221	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	88.6%	1.6%		81.3%	4.3%
Child Care	36.5%	28.4%		36.9%	24.8%
Chiropractors	89.1%	1.6%		75.1%	4.8%
Dentists	77.0%	3.8%		57.6%	20.8%
Emergency Room	80.3%	10.6%		74.4%	7.7%
Eye Doctor/Optomtrist	77.8%	3.2%		72.7%	8.0%
Family Planning Services	49.5%	13.2%		47.1%	15.5%
Home Health	74.6%	6.1%		57.3%	10.0%
Hospice/Palliative	78.1%	6.2%		65.4%	7.5%
Telehealth	48.1%	14.7%		50.1%	13.3%
Inpatient Hospital Services	81.1%	11.6%		76.2%	6.7%
Mental Health Services	30.9%	31.6%		35.0%	29.0%
Nursing Home/Senior Living	82.8%	4.1%		57.6%	13.3%
Outpatient Hospital Services	81.7%	8.7%		75.5%	5.6%
Pharmacy	84.2%	3.3%		86.2%	2.4%
Primary Care	79.6%	11.8%		78.3%	6.4%
Public Health	68.3%	9.8%		63.8%	9.1%
School Health	72.2%	4.6%		59.6%	7.9%
Visiting Specialists	81.3%	3.7%		69.5%	7.1%
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton and Decatur, Harper, Pratt, Nemaha.					

Community Health Readiness

Nemaha County - CHNA YR 2024 N=343		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Nemaha Co. KS N=343	Trend	Round #5 Norms N=3221
Behavioral/Mental Health	33.6%		31.8%
Emergency Preparedness	8.2%		7.2%
Food and Nutrition Services/Education	13.3%		16.3%
Health Wellness Screenings/Education	7.0%		9.6%
Prenatal/Child Health Programs	7.6%		13.5%
Substance Use/Prevention	24.9%		35.0%
Suicide Prevention	27.7%		37.4%
Violence/Abuse Prevention	26.5%		33.6%
Women's Wellness Programs	12.0%		17.1%
Exercise Facilities / Walking Trails etc.	20.6%		14.2%

Healthcare Delivery “Outside our community”

Nemaha County - CHNA YR 2024 N=343			
In the past 2 years, did you or someone you know receive HC outside of our community?	Nemaha Co KS N=343	Trend	Round #5 Norms N=3221
Yes	73.7%		74.2%
No	26.3%		25.8%
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha.			

Specialties:

Specialty	Counts
PRIM	16
SURG	16
OBG	13
ORTH	13
NEU	10
CARD	8
OPTH	7
PEDS	5

Access to Providers / Staff in our Community

Nemaha County - CHNA YR 2024 N=343			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Nemaha Co KS N=343	Trend	Round #5 Norms N=3221
Yes	72.7%		59.7%
No	27.3%		40.3%

What healthcare topics need to be discussed in a future Town Hall Meeting?

Nemaha County - CHNA YR 2024 N=343			
What needs to be discussed further at our CHNA Town Hall meeting? Top 3	Nemaha Co KS N=343	Trend	Round #5 Norms N=3221
Abuse/Violence	2.7%		3.6%
Access to Health Education	2.1%		2.9%
Alcohol	5.8%		4.1%
Alternative Medicine	3.7%		3.5%
Behavioral/Mental Health	10.4%		8.3%
Breastfeeding Friendly Workplace	1.6%		1.0%
Cancer	3.5%		2.7%
Care Coordination	2.6%		2.5%
Diabetes	1.9%		2.6%
Drugs/Substance Abuse	5.8%		6.8%
Family Planning	1.3%		1.7%
Health Literacy	3.3%		2.7%
Heart Disease	1.1%		1.6%
Housing	7.2%		6.3%
Lack of Providers/Qualified Staff	2.8%		4.8%
Lead Exposure	0.6%		0.5%
Neglect	1.5%		1.8%
Nutrition	5.0%		4.0%
Obesity	5.4%		5.0%
Occupational Medicine	0.1%		0.6%
Ozone (Air)	0.4%		0.4%
Physical Exercise	6.5%		4.5%
Poverty	2.7%		4.3%
Preventative Health/Wellness	5.6%		4.7%
Sexually Transmitted Diseases	0.5%		1.2%
Suicide	5.0%		5.5%
Teen Pregnancy	1.2%		1.7%
Telehealth	2.5%		2.1%
Tobacco Use	1.7%		2.0%
Transportation	1.3%		2.2%
Vaccinations	3.0%		1.8%
Water Quality	1.7%		2.8%
TOTAL Votes	1008		9,417
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha.			

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services 2024- Nemaha County KS					
Cat	HC Services Offered in county: Yes / No	SCH	NVCH	Comm Hlth	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	Yes	No	No
Hosp	Birthing/LDR/LDRP Room	Yes	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	Yes	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 / End of Life/ Comfort Care	No	Yes	No	Yes

Inventory of Health Services 2024- Nemaha County KS					
Cat	HC Services Offered in county: Yes / No	SCH	NVCH	Comm Hlth	Other
Hosp	Pediatric	Yes	Yes	No	Yes
Hosp	Physical Rehabilitation	Yes	Yes	No	Yes
Hosp	Positron Emission Tomography (PET)	No	No	No	No
Hosp	Positron Emission Tomography/CT (PET/CT)	No	No	No	No
Hosp	Psychiatric Services	No	Yes	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	Yes	No	No	Yes
SERV	Health Education Classes	Yes	Yes	Yes	Yes
SERV	Health Fair (Annual)	Yes	Yes	Yes	No
SERV	Health Information Center	No	No	Yes	No
SERV	Health Screenings	Yes	Yes	Yes	Yes
SERV	Meals on Wheels	No	No	No	Yes
SERV	Nutrition Programs	Yes	Yes	Yes	No
SERV	Patient Education Center	No	No	Yes	No
SERV	Support Groups	Yes	Yes	Yes	No
SERV	Teen Outreach Services	No	No	No	No
SERV	Tobacco Treatment/Cessation Program	Yes	Yes	Yes	Yes
SERV	Transportation to Health Facilities	No	No	No	yes
SERV	Wellness Program	Yes	Yes	Yes	No

Physician Manpower - Nemaha Co KS (Update YR 2024)						
	Supply Working in Nemaha Co (KS)					
	MD/DO Co Based		MD/DO Visiting		PA / APPs (Co/Visiting)	
# of FTE Providers	SCH	NVCH	SCH	NVCH	SCH	NVCH
Primary Care:						
Family Practice	5.0	4.0			2.3	6.0
Internal Medicine						
Obstetrics/Gynecology			1.0	1.0		
Pediatrics						
Medicine Specialists:						
Allergy/Immunology			1.0	1.0	1.0	
Cardiology			5.0	4.0	1.0	2.0
Dermatology					1.0	1.0
Endocrinology				1.0	1.0	
Gastroenterology						
Oncology/Rado			2.0	2.0	0.0	
Infectious Diseases						
Nephrology			2.0	1.0	2.0	1.0
Neurology					1.0	1.0
Podiatry			1.0	1.0		
Psychiatry				2.0		
Pulmonary					1.0	
Rheumatology						
Surgery Specialists:						
General Surgery	2.0	2.0	2.0	2.0		
Neurosurgery						
Ophthalmology			1.0	1.0		
Orthopedics			2.0	2.0		
Otolaryngology (ENT)			1.0	1.0		
Plastic/Reconstructive						
Thoracic/Cardiovascular/Vasc						
Urology			2.0	2.0		
Hospital Based:						
Anesthesia/Pain			1.0		1.0	3.0
Emergency	5.0				6.0	6.0
Radiology						
Pathology						
Physical Medicine/Rehab						
TOTALS	12.0	5.0	21.0	21.0	17.3	20.0

Visiting Specialists to NVCH - Update YR 2024

Specialty	Physician (LN / FN)	Group Name	Group Office	Days Schedule at hospital
OB/GYN	Dickson	Lincoln Center OB/GYN, PA	Topeka, KS	Monthly
Allergy/Asthma	Brooks Khan	Cotton O'Neil Allergy & Immunology	Topeka, KS	3rd Tuesday - Monthly
Cardiology	Bernd, Amr, Seals, T. Stallbaumer APRN	Cotton O'Neil Heart Center	Topeka, KS	Amr, Bernd-monthly, Seals-quarterly, Stallbaumer - PRN
Cardiology	Rita Kennedy & Arnold Graham,	KU St. Francis Topeka Heart & Vascular	Topeka, KS	Kennedy - PRN & Graham-4th Wednesday- monthly
Dermatology	Engelken, APRN	NVCH	Seneca, KS	Weekly on Tuesdays
Nephrology	Lakshmi Duvvur, M.D.	Cotton-O'Neil Clinic	Topeka, KS	Monthly
Nephrology	Wingerson Haley, APRN	Cotton O'Neil Clinic	Topeka, KS	Monthly
Neurology	Woolard APRN	Mosaic Neurology	St. Joseph, MO	1st Thursday - Monthly
Oncology & Hematology	Einspahr	Cotton O'Neil Cancer Center	Topeka, KS	3rd Wednesday - Monthly
Oncology & Hematology	Lekkala	St. Francis Cancer Center	Topeka, KS	4th Monday - Monthly
Psychiatry	Dudley APRN	Stormont Vail Behavioral Health Center	Topeka, KS	Monthly-Telehealth
Endocrinology & Diabetes	Divan	Cotton O'Neil D & E Center	Topeka, KS	Monthly-Telehealth
ENT/Otolaryngology	Lepse	Topeka ENT	Topeka, KS	1st Friday - Monthly
General Surgery	Jimenez	NVCH	Seneca, KS	Full-time: Rotating scheduled with Brown
General Surgery	Brown	Rural Partners In Medicine	Broomfield, CO	Full-time: Rotating scheduled with Jimenez
Ophthalmology/Cataracts	Thomsen	Eye Surgical Associates	Lincoln, NE	3rd Wednesday - Monthly
Orthopedics	Smith	Orthopaedic and Sports Medicine Center	Manhattan, KS	2nd & 4th Wednesday - Monthly
Audiology	David Paul, Katelyn Waldeier	Associated Audiology	Lawrence, KS	3rd Thursday - Monthly
Audiology	Jessica Gaughen	Topeka ENT	Topeka, KS	1st & 3rd Friday - Monthly
Podiatry	Sitek	Steve Sitek, DPM, PA	Atchison, KS	Twice Monthly & As Needed
Urology	Evangelidis	Associated Urologists, PA	Manhattan, KS	Twice Monthly
Urology	Rupp	Rupp Urology	Topeka, KS	Monthly
Pain Management	Badura & Werth	HPM		Every Friday - Weekly
Wound Clinic	Bletscher APRN	NVCH	White Plains, NY	Weekly on Fridays

Visiting Specialists to SCH - Update YR 2024

Specialty	Physician (LN / FN)	Group Name	Group Office	Days Schedule at hospital
OB/GYN	Jamesina Dickson, MD	Lincoln Center OBGYN	Topeka	1 time a month
Allergy/Immunology	Bilal Khan MD	Topeka Allergy & Asthma Clinic	Topeka	3rd Tuesday every other month rotated with Shelby
Cardiology	Bashar Amr MD	Cotton O'Neil Heart Center	Topeka	1 time per month
Cardiology	Kevin Bernd MD	Cotton O'Neil Heart Center	Topeka	1 time per month
Cardiology	Swapna Mamidipally, MD	Cotton O'Neil Heart Center	Topeka	1 time per month
Cardiology	Thomas Doyle MD	Cotton O'Neil Heart Center	Topeka	1 time per month
Cardiology	Tonya Stallbaumer APRN	Cotton O'Neil Heart Center	Topeka	1 time per month
Cardiology	Hisham Hakeem, MD	Cotton O'Neil Heart Center	Topeka	1 time per month
Dermatology	Tiffany Engelken, APRN			Every Thursday
Endocrinology	Kelli Bradbury APRN	Cotton O'Neil Diabetes & Endocrinology Center	Topeka	4th Tuesday of the month
Nephrology	Haley Wingerson, APRN	Cotton O'Neil	Topeka	1 time a month
Nephrology **	Karen Solcher, APRN	Cotton O'Neil Mulvane	Topeka	1st Wednesday of the month
Nephrology **	Keelyn Ericson MD	Cotton O'Neil Mulvane	Topeka	2nd Monday of the month
Nephrology **	Lakshmi Duvvur MD	Cotton O'Neil Mulvane	Topeka	last Friday of the month
Neurology	Abra Woolard APRN	Mosaic Life Care	St Joseph MO	3rd Thursday of the month
Oncology	David Einspahr MD	Cotton O'Neil Cancer Center	Topeka	2nd Thursday of the month
Oncology	Manidhar Lekkala, MD	Cotton O'Neil Cancer Center	Topeka	1 time a month
Pulmonary	Michelle Warren APRN	Cotton O'Neil Pulmonary	Topeka	3rd or 4th Wednesday of the month
Ophthalmology	William Burr MD	Murphy Watson Burr Eye Center	St Joseph MO	2nd and 4th Mondays
Orthopedics	Michael McCoy MD	Cotton O'Neil Orthopedics & Sports Medicine	Topeka	3 Thursdays each month
Orthopedics	Adam Streit, DO	OrthoMidwest	Falls City, NE	Every Thursday
Otolaryngology (ENT)	Jason Lapse, MD	Topeka ENT	Topeka	2nd Friday
Urology	Brad Rupp MD	Rupp Urology Clinic	Topeka	last Friday of the month
Urology	Kristopher Carlson MD		Topeka	2nd and 3rd Tuesday of the month
Pain Management	Karl Haake, MD	Haake Medical Services, LLC	Topeka	1st, 2nd, and 3rd Tuesday
Podiatry	Steve Sitek DPM	Steve Sitek Inc.	Atchison	2nd and 4th Wednesdays
Wound Clinic	Susan Lueger, APRN	Restorix	Sabetha	every Monday

Year 2024 - Nemaha County (KS) Area Health Services Directory

Emergency Numbers:

Police/Sheriff	911
Fire	911
Ambulance	911

Non-Emergency Numbers:

Nemaha County Sheriff 785-336-6135

Nemaha County Ambulance 785-284-2158 (Sabetha)
785-336-6135 (Seneca)

Municipal Non-Emergency Numbers

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

Nemaha County KS Community

Other Emergency Numbers

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

Domestic Violence Hotline
1-800-799-7233
www.ndvh.org

Emergency Management (Topeka) 785-274-1409
www.accesskansas.org/kdem

Federal Bureau of Investigation
1-866-483-5137
www.fbi.gov/congress/congress01/caruso100301.htm

Kansas Arson/Crime Hotline 1-800-KS-CRIME
800-572-1763
www.accesskansas.org/kbi

Kansas Bureau of Investigation (Topeka) 785-296-8200
www.accesskansas.org/kbi

Kansas Crisis Hotline (Domestic Violence/Sexual Assault)
1-888-END-ABUSE
www.kcsdv.org

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

Poison Control Center
1-800-222-1222 www.aapcc.org

Suicide Prevention Hotline
1-800-SUICIDE www.hopeline.com 1-800-273-TALK www.suicidepreventionlifeline.com

Toxic Chemical and Oil Spills
1-800-424-8802
www.epa.gov/region02/contact.htm

Health Services

Hospitals

Nemaha Valley Community Hospital 1600
Community Drive (Seneca) 785-336-6181
www.nemvch.com

Sabetha Community Hospital 603 North 14th
Street (Sabetha) 785-284-2121
www.sabethahospital.com

Health Department

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

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

Mental Health

Kanza Mental Health & Guidance Center
14th and Oregon St (Sabetha) 785-284-2121

Kanza Mental Health & Guidance Center 710
Pioneer Street Suite 3 (Seneca) 785-336-3755

Brighter Dawn Mental Health, LLC, Marriage and
Family Counseling, 416 Main Street
Seneca, KS 66538

Medical Professionals

Chiropractors

Harling Chiropractic, Sabetha Community
Hospital (785) 300-1322

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

Haug Spine Fit Chiropractic

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

Sabetha Family Practices
1115 Main St, Sabetha, KS 66534
(785) 284-2141

Seneca Family Practice
1600 Community Drive
785-336-6181

Dentists

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

Hamilton & Wilson DDS PA
430 Main St. Seneca, KS 66538

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

Sabetha Dental 1309 S US Old Hwy 75,
Sabetha KS 66534 (785) 284-2323

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

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

Optometrists

Ryan J. Kueker, OD PA
Family Eye Care
520 Main St. Seneca, KS 785-369-8157

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 Pharmacy
934 Main Sabetha, KS
(785) 284-3414

Physicians

Deanna Goff, APRN
Oregon St &, S 14th St, Sabetha, KS 66534
(785) 284-2141

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

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

Rachel Allen, MD.
1115 Main Street (Sabetha)
785-284-2141

Natalie Frye, 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

Jennifer Voos, PA-C

Oregon St &, S 14th St, Sabetha, KS 66534

785-284-2141

Levi Grimm, APRN

Oregon St &, S 14th St, Sabetha, KS 66534

785-284-2141

Lori Lueger, APRN-C

1600 Community Drive (Seneca)

785-336-6181

Erica Winkler, APRN

1600 Community Drive (Seneca)

785-336-6181

Alexander Hermes, M.D.

1600 Community Drive (Seneca)

785-336-6181

Jarod Snyder, M.D.

1600 Community Drive (Seneca)

785-336-6181

Jeremy Brandt, PA

Marcy Evans, PA

Alexis Stallbaumer, APRN

1600 Community Drive (Seneca)

785-336-6181

Christian R. Tramp, M.D.

1115 Main Street (Sabetha)

785-284-2141

Sarah Bangert, APRN

Oregon St &, S 14th St, Sabetha, KS 66534

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

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

Sabetha Manor

1441 Oregon St (Sabetha)

785-284-3411

OTHER

General Health Services

Community Health Care 6221 5th Street

(Corning) 785-868-2000

Nemaha County Home Health & Hospice

14th and Oregon St (Sabetha) 785-284-2288

Nemaha County Community Health Services

Sabetha Location

1004 Main Street (Sabetha)

785-284-2152

Seneca Location

203 North 8th Street (Seneca)

785-336-2330

www.ks-nemaha.manatron.com

Seneca Nutrition Center 504 Edwards St.

(Seneca) 785-336-2714

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 (Centralia)
785-847-3273

Credo 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

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

Beck Bartkoski, RN
Leah Heinen, RD, LD, CDCES
785-336-6181

Lori Menold, RN, BSN, CDCES
785-284-2121 Ext 1419

Diabetes Care Club
1-888-395-6009

Disability Services

American Disability Group
1-877-790-8899

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

Domestic/Family Violence

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

Family Crisis Center (Great Bend)
Hotline: 620-792-1885
Business Line: 620-793-1965

General Information – Women's Shelters
www.WomenShelters.org

Kansas Crisis Hotline Manhattan
785-539-7935

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

Food Programs

Nutrition Center (Seneca)
785-336-2714

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

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

Sabetha Community Pantry
808 Main Street Sabetha, KS 66534
785-285-8132

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

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

Sabetha Health and Wellness (Sabetha)
1405 Oregon ST 785-300-7492

Home Health

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

Hospice

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

Massage Therapy

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

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

Above and Beyond (Seneca)
785-334-2277

Medical Equipment and Supplies

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

School Nurses

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

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

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

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

Prairie Hills-USD 113
Sabetha Elementary School
785-284-3448
Sabetha Middle School
751 Blue Jay Boulevard (Sabetha)

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

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 3rd
785-562-5338
www.dcf.ks.gov

Alcohol and Drug Treatment

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

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

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

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

Road Less Traveled 1-866-486-1812

Seabrook House 1-800-579-0377

The Treatment Center 1-888-433-9869

Child Protection

Department of Children and Family Services—
i.e., PROTECTION REPORT CENTER FOR
ABUSE www.dcf.ks.gov
1-800-922-5330
Available 24 hours/7 days per week – including
holidays

Children and Youth

Children's Alliance
627 SW Topeka Boulevard (Topeka)

785-235-5437 www.childally.org
Kansas Children's Service League
1-800-332-6378
www.kcsl.org

Community Centers

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

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

Main Event Sixteen Main Street, Sabetha KS
66534 785-284-2158

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

The Cub House
Bright Beginnings
Centralia

Little Stinkers
Seneca

Stepping Stones, Seneca 724-625-2199

Extension Office

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

Funeral Homes

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

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

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

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

Head Start

Early Head Start & Head Start Center
110 260th St. Sabetha, KS 66534
785-300-0109

Housing / Assisted Living

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

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

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

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

Lakeside Terrace
1100 Harrison Street (Sabetha) 785-284-0005
www.lakesideterrace.org

Legal Services

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

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

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

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

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

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

Libraries, Parks and Recreation

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

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

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

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

Mary Cotton Public Library (Sabetha)
915 Virginia St 785-284-3160

Sabetha City Recreation
805 Main St (Sabetha) 785-284-2158

Sabetha Aquatic Park
740 Bluejay Drive 785-284-2158

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

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

Seneca Aquatic Center
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

Nemaha County Community Health Services

Sabetha
1004 Main Street (Sabetha)
785-284-2152

Seneca
203 North 8th Street (Seneca)
785-336-2330

Public Information

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

Sabetha City Hall
805 Main Street (Sabetha) 284-2158

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

Rape

DOVES- Domestic Violence Shelter
Atchison 913-367-0365

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

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

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

Red Cross

American Red Cross
1221 Southwest 17th (Topeka) 234-0568

Social Security

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

Transportation

Nemaha County Bus Service
Sabetha 785-284-3594
Seneca 785-336-2714

General Public Transportation Seneca
785-294-4630

State and National Information, Services, Support

Adult Protection Services
1-800-922-5330
www.dcf.ks.gov

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

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

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

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

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

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

National Domestic Violence Hotline
1-800-799-SAFE (799-7233)
1-800-787-3224 (TTY)
www.ndvh.org

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

National Suicide Prevention Lifeline
1-800-273-8255

Poison Center
1-800-222-1222

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

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

Suicide Prevention Helpline 785-841-2345

Alcohol and Drug Treatment Programs
A 1 A Detox Treatment
1-800-757-0771

AAAAAH
1-800-993-3869

Abandon 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

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

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

Alcohol and Drug Abuse Hotline
1-800-ALCOHOL

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

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

Alcohol and Drug Helpline
1-800-821-4357

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

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

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

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

Recovery Connection
www.recoveryconnection.org

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

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

Children and Youth

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

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

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

Child Abuse Hotline
1-800-922-5330

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

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

Child Find of America
1-800-426-5678

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

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

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

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

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

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

Kansas Department of Health and Environment
785-296-1500
www.kdheks.gov e-mail: info@kdheks.gov

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

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

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

Parents Anonymous Help Line
1-800-345-5044
www.parentsanonymous.org/palIndex10.html

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

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

Community Action**Peace Corps**

1-800-424-8580

www.peacecorps.gov

Public Affairs Hotline (Kansas Corporation
Commission)

1-800-662-0027

www.kcc.state.ks.us

Counseling

Care Counseling

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

Carl Feril Counseling

608 N Exchange (St. John)

620-549-6411

Castlewood Treatment Center for Eating
Disorders

1-888-822-8938

www.castlewoodtc.com

Catholic Charities

1-888-468-6909

www.catholiccharitiessalina.org

Center for Counseling

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

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

Will roll over after hours to a crisis number.

Consumer Credit Counseling Services 1-800-
279-2227

www.kscgccs.org/

Kansas Problem Gambling Hotline 1-866-662-
3800

www.ksmhc.org/Services/gambling.htm

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

National Problem Gambling Hotline 1-800-552-
4700

www.npgaw.org

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

Self-Help Network of Kansas

1-800-445-0116

www.selfhelpnetwork.wichita.edu

Senior Health Insurance Counseling 1-800-860-
5260

www.agingkansas.org

Sunflower Family Services, Inc.

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

www.sunflowerfamily.org

Disability Services

American Association of People with Disabilities
(AAPD)

www.aapd.com

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

www.acb.org

Americans with Disabilities Act Information
Hotline

1-800-514-0301

1-800-514-0383 (TTY)

www.ada.gov

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

www.disabilitysecrets.com

Disability Group, Incorporated 1-888-236-3348

www.disabilitygroup.com

Disability Rights Center of Kansas (DRC)

Formerly Kansas Advocacy & Protective

Services 1-877-776-1541

1-877-335-3725 (TTY)

www.drckansas.org

Hearing Healthcare Associates

1-800-448-0215

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

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

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

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

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

Environment

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

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

Food and Drug

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

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

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

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

Poison Hotline
1-800-222-1222

Health Services

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

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

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

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

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

American Lung Association
1-800-586-4872

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

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

Elder Care Helpline www.eldercarelink.com

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

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

National Health Information Center
1-800-336-4797 www.health.gov/nhic

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

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

Hospice

Hospice-Kansas Association
1-800-767-4965

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

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

Housing

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

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

Legal Services

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

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

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

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

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

Medicaid Services

Kansas Kancare
1-800-792-4884 or 1-800-792-4292 (TTY)
www.kancare.ks.gov
Kansas Medical Assistance Program Customer
Service 1-800-766-9012
www.kmpa-state-ks.us/

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

Mental Health Services

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

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

Make a Difference
1-800-332-6262

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

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

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

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

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

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

Nutrition

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

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

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

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

Food Stamps

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

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

Road and Weather Conditions

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

Senior Services

Alzheimer's Association
1-800-487-2585

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

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

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

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

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

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

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

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

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

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

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

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

Older Kansans Hotline
1-800-742-9531

Older Kansans Information Reference Sources
on Aging (OKIRSA)
1-800-432-3535
Senior Health Insurance Counseling for Kansas
1-800-860-5260
www.agingkansas.org/SHICK/shick_index.html

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

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

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

988 Suicide and Crisis Lifeline

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

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

Education (GI Bill)
Health Resource Center
1-877-222-8387

Insurance Center
1-800-669-8477

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

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

Other Benefits
1-800-827-1000
Memorial Program Service [includes status of
headstones and markers]
1-800-697-6947

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

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

Life Insurance 1-800-669-8477

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

Health Care Benefits 1-877-222-8387

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

Mammography Helpline 1-888-492-7844

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

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

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

Benefits Information and Assistance
1-800-827-1000

Debt Management 1-800-827-0648

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

Welfare Fraud Hotline 1-800-432-3913

V. Detail Exhibits

[VVV Consultants LLC]

a.) Patient Origin Source Files

[VVV Consultants LLC]

Patient Origin History 2021- 2023 for IP, OP and ER

Nemaha County, KS

Nemaha County, Kansas Residents				
#	Inpatients - KHA HIDI	FFY23	FFY22	FFY21
	Total	1276	1251	1269
1	Nemaha Valley Community Hospital - Seneca, KS	369	344	390
3	Sabetha Community Hospital - Sabetha, KS	249	310	217
	% Patients Receiving Care in Home County	48.4%	52.3%	47.8%
2	Stormont Vail Health - Topeka, KS	300	272	292
4	The University of Kansas Health System St. Francis Campus	79	82	95
5	The University of Kansas Health System - Kansas City, KS	85	57	76
6	Community Healthcare System Inc. - Onaga, KS	67	48	55

Nemaha County, Kansas Residents				
#	Outpatients - KHA HIDI	FFY23	FFY22	FFY21
	Total	39,937	41,149	37,052
1	Nemaha Valley Community Hospital - Seneca, KS	17,218	17,954	16,441
2	Sabetha Community Hospital - Sabetha, KS	13,565	13,854	11,818
	% Patients Receiving Care in Home County	77.1%	77.3%	76.3%
3	Community Healthcare System Inc. - Onaga, KS	2,705	2,477	2,404
4	Holton Community Hospital - Holton, KS	1,298	1,348	1,382
5	Stormont Vail Health - Topeka, KS	1,205	1,276	1,233
6	The University of Kansas Health System St. Francis Campus	1,258	1,220	1,168

Nemaha County, Kansas Residents				
#	Emergency - KHA HIDI	FFY23	FFY22	FFY21
	Total	2,989	2,976	2,629
1	Nemaha Valley Community Hospital - Seneca, KS	1,388	1,249	1,156
2	Sabetha Community Hospital - Sabetha, KS	938	1,008	823
	% Patients Receiving Care in Home County	77.8%	75.8%	75.3%
3	Community Healthcare System Inc. - Onaga, KS	200	239	191
4	Holton Community Hospital - Holton, KS	157	149	154
5	Stormont Vail Health - Topeka, KS	96	104	99

b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Attendance Nemaha Co (KS) CHNA Town Hall -Tues, 4/9/24 11:30-1:00pm N=44							
#	Table	Lead	Attend	Last	First	Organization	Title
1	A		x	Meyer	Alan	Community National Bank	Senior Vice President
2	G	xx	x	Bergstrom	Alex	Nemaha County EMS	Lieutenant
3	G		x	Harrison	Alex	NVCH	
4	H		x	Huerter	Amy		
5	H	xx	x	Baker	Cara	Highland Community College	Western Center Director
6	D		x	Livengood	Christina	Nemaha County Comm Health Services	
7	F	xx	x	Schmelzle	Courtney	Nemaha Valley Community Hospital	Comm Outreach Coordinator
8	D		x	Strathman	Courtney	Nemaha Valley Community Hospital	ER Supervisor
9	E		x	Sudbeck	Curt	Nemaha Valley Community Hospital	Director Ancillary
10	J	xx	x	Kohake	Dana	Nemaha Valley Community Hospital	Director of Nursing
11	J		x	Keim	Dylan	Nemaha County	Commissioner
12	A		x	Aldrine	Eddie	Nemaha Co Emergency Management	Director
13	A	xx	x	Scribner	Emily	Kanza Mental Health & Guidance	Human Resources Generalist
14	J		x	Dobbins	Freda	Community Member	Hospital Board Member
15	I	xx	x	Colglazier	Garrett	SCH	COO
16	E		x	Wenger	Gregg	Retired MD	
17	B		x	Schiffbauer	Ida	PFAC Member	Retired
18	H		x	Longabaugh	James	Sabetha Community Hospital	CEO
19	F		x	McClain	Jenna	Sabetha Community Hospital	Director of Nursing
20	E	xx	x	Ploeger	Jennifer	Sabetha Community Hospital	Comm Outreach Coordinator
21	B		x	Hermesch	Jessica	Ag Partners Cooperative, Inc.	Director of Marketing
22	F		x	Mady	Jill	Nemaha County Comm Health Serv	Administrator
23	J		x	Dobbins	Jim	Community Member	
24	G		x	Mitchell	Joe	City of Seneca	Mayor
25	C		x	Fee	Joyce	Retired - community member	
26	F		x	Patton-Deters	Kailey	Brighter Dawn Mental Health	Owner/Therapist
27	H		x	Feldkamp	Kevin	United Bank & Trust	Loan Officer
28	C	xx	x	Floyd	Kiley	Nemaha Valley Community Hospital	CEO
29	D		x	Priest	Kim	Mary Cotton Public Library	Director
30	D	xx	x	Bergstrom	Kylee	Seneca Chamber & Downtown Impact	Executive Director
31	I		x	Duryea	Lesa	Life Care Center of Seneca	Executive Director
32	D		x	Sack	Mary	Nemaha Valley Community Hospital	Executive Assistant
33	E		x	Miller	Mike	Nemaha County	County Administrator
34	B	xx	x	Gafford	Nancy	Rural Development Assoc of NE Kanas	Executive Director
35	B		x	Buesing	Niki	Nemaha Valley Community Hospital	CFO
36	B		x	Lauer	Sally	PFAC Member	Retired
37	F		x	Koch	Sandy	Life Care Center of Seneca	Social Services
38	H		x	Knowles	Sara	Life Care Center of Seneca	Registered Nurse
39	C		x	Brooks	Steve	City of Seneca	City Administrator
40	E		x	Bragdon	Tammy	Nemaha Valley Community Hospital	Director of Quality and Infection P
41	G		x	Hatfield	Teresa	K-State Research & Extension	Extension Agent
42	A		x	Palic	Tina	Nemaha Valley Community Hospital	Director PT/OT/ST
43	C		x	Jordan	Weaver	City of Seneca	Parks and Recreation Director
44	I		x	Rachele		KANZA	

Nemaha County Hospital - Town Hall Event Notes

Date: 4/9/2024 – 11:30 a.m. to 1:00 p.m. @ Meadowlark K-State N=44

INTRO: Following is a recap of the community conversation during CHNA 2024 Town Hall

- Demographics
 - Lots of kids and aging population – need care for both generations.
 - Spanish and Pakistani language needs, some Chinese needs in the community
 - Community members don't move much – multiple attendees lived in the same house for 40 years.
 - Veterans go to Topeka or Lincoln if required. Local hospitals take VA insurance; VA CCN will also provide community services.
 - Per capita income is good but still has ~10% poverty. Community represented by haves and have-nots.
 - The cost of **everything** has gone up, especially food and utilities. Food insecurity has gone down in the last 3 years, but it is still worth keeping an eye on. Also concerned about the ability to afford **healthy** food.
- The community is concerned about having good Wi-Fi in the area.
- Educational
 - Screenings in school – when do they start? Preschool, 4th-5th grade.
 - Community health in schools in the fall.
- Maternal & infant profile
 - Babies are being delivered to either local hospital and/or Topeka (Stormont Vail) / Manhattan. Birth rate increased during Covid.
 - Increase in the number of children getting all their shots.
 - Worried about smoking mothers – number lower than norm but still worth paying attention to.
 - **Not enough childcare (unanimous agreement)**. Lost a couple centers.
- Hospital & providers
 - We need providers and EMS and particular specialists.
 - ER wait times are high – extremely sick and require more time for a full workup.
 - Transfers out of hospital also trigger high ER times.
 - Discussion about primary care: do we need more or different types?
- Mental and behavioral health
 - Very little care for mental and behavioral health in the community.
 - Issues in county: depression (~20%), anxiety, schizophrenia, bipolar, substance abuse, suicide, and attempted suicide
 - Opioid data shows providers are dispensing the right amount, but we know people are using others' opioids to get high.
 - Alcohol, opioids, and meth are the biggest substance abuse concerns, a little concerned about marijuana. Vaping is happening and is more than just nicotine (THC).
 - School survey results indicate that kids in our community feel alcohol is damaging but it's also double the use rate.
 - In Nemaha County, alcohol is acceptable and other drugs are illegal; vote to treat them separately rather than grouping together.

- Risk indicators.
 - Improved but obesity and alcohol use are up, while working out is down.
 - Health department and hospitals do communicable disease treatment, they say STDs are a problem in the community.
 - Chronic diseases: high blood pressure medications (link to obesity).
- Uninsured/community benefit
 - Medicaid expansion hasn't occurred yet.
- Mortality
 - Life expectancy of 79 is higher than others in the area.
 - Cardiovascular disease and deaths, cancer higher than the state average
 - Drinking & driving has gone down but is much higher than the state average.
- Access to exercise: Sabetha and Seneca both have fitness centers. We need more and it must be affordable.
- Preventative health

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

- Sales tax we're trying to get passed again for our county's hospital(s).
- War
- Medicaid expansion
- Changes in Medicare: capping cost on drugs, Medicare Advantage, and prior authorizations.

Strengths:

Full-time EMS	Elder care: assisted living community
Industry support in both communities: collaborative	Upgrading facilities
Self-help groups	Community involvement: fundraising, etc.
Education options (beyond healthcare)	Strong families
Quality care: local facilities with good access and improving quality of care.	The economic engine is great.

Community Feedback: Improvements or Changes:

Childcare (Availability / Affordable), Mental Health (Diagnosis, Placement, Aftercare, Access to Providers), Housing (Affordable & Accessible), Substance Abuse (Drugs & Alcohol), Chronic Disease Management (cancer, diabetes), Obesity - exercise needs, Uninsured/ Underinsured, Youth Health Education, Affordable Healthy Foods, Wi-Fi Service (Increase in a rural community), Health Apathy/Owning Your Health, Dental providers accepting Medicaid, In-home care (esp. for Homemakers), Veteran & Military Care: Tri-Care, Domestic violence, Senior Health (Geriatric).

Round #5 CHNA - Nemaha Co, KS			
Town Hall Conversation - Strengths (Big White Cards) N=47			
Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
45	# of PCP	1	Economic Stability
20	Accept VA insurance/serves veterans	35	Economy
23	Access ease to immunizations	5	Education
31	Access to care	39	Education
9	Access to care and specialty providers	42	Education
47	Access to early childhood education	43	Education
47	Access to exercise/wellness centers	45	Education
8	Access to facility	46	Education
35	Access to family healthcare	29	Education system
42	Access to fitness	23	Education systems
12	Access to great hospital	20	Employment
2	Access to healthcare	41	Employment
3	Access to healthcare	46	Employment opportunities
41	Access to healthcare	3	EMS
47	Access to healthcare	10	EMS
33	Access to more PCP	14	EMS
17	Access to outpatient services	26	EMS
36	Access to PCP	29	EMS
47	Access to primary care	31	EMS
13	Access to urgent care	33	EMS
14	Active inpatient and outpatient	40	EMS
28	Adequate # of PCP	43	EMS
17	Adequate primary care facilities	46	EMS
44	Amazing facilities	40	ER
3	Assisted Living choices/long term care	22	ER access
22	Attentiveness to feedback	10	Exercise increased
1	Availability of healthcare	17	Facility improvements
1	Availability to exercise	24	Facility improvements
14	Available specialist	38	Facility improvements
44	Awesome EMS	34	Families are strong
29	Basic care access	13	Family stability
17	Births happening within county	35	Family stability
8	Cardiac Rehab available	44	Fantastic county health services
31	Care transitions	21	Food
7	Caring medical staff on all levels	45	Food options
17	Child assessments adequately happening	36	Generally strong community support
2	Collaborative community	4	Good cooperation between hospitals
26	Collaborative community	26	Good Hospitals
19	Communities/county that helps each other	26	Good PCP
32	Community collaboration	20	Good PCP/access
28	Community education	34	Good providers
6	Community events	19	Good schools
13	Community events	9	Great community involvement
16	Community health workers	46	Great medical facilities
12	Community involvement	44	Great nursing home/assisted living facilities
24	Community involvement	22	Growth of specialty clinics
38	Community involvement	24	Health Access
3	Community involvement with needs of county	23	Healthcare access
46	Community outreach	25	Healthcare access
11	Community pride/involvement	19	Healthcare professionals that care
15	Community support	42	Healthcare provider access
34	Community support	5	Healthcare workers
18	Constant desire to improve	8	Helpful employees
32	Crisis response for mental health	9	Higher than average per capita income
36	Decent insurance coverage	25	Hospital access
23	Demographics and kids	18	Hospital systems
8	Ease of getting care	18	Industry support
13	Economic	29	Industry Support
25	Economic	18	Insured population
28	Economic	19	Jobs
42	Economic engine	27	Languages spoken
24	Economic environment	42	Life longevity

Round #5 CHNA - Nemaha Co, KS			
Town Hall Conversation - Strengths (Big White Cards) N=47			
Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
10	Local jobs - less commute	29	Quality care
41	Location: easy access to higher level of care	31	Quality care
19	Long lives	36	Quality local facilities
4	Lots of specialty options	22	Quality providers
1	Low crime	12	Quality schools
11	Low crime	4	resources for free food
11	Low poverty	31	Respectful care from providers
23	Low poverty	32	School buy in dental/vision screenings
27	Low poverty	6	School/Education
9	Low unemployment	3	Schools
10	Lower unemployment	5	Schools
40	Meals on wheels	14	Self help groups
2	More community education	29	Self help groups
32	Multiple medical facilities	46	Self help groups
20	New PCP/woman coming/increased woman health	10	Senior care facilities/assisted living
40	New sidewalks	24	Senior health
26	Nurses at the hospital	15	Senior health facilities
16	Opportunities to provide for healthy eating	28	Senior Living
38	Opportunity to get treatment	46	Senior Living
4	Options for education	39	Sense of community
13	Options for education	29	Sr health
19	Options for healthcare	36	Stable medical communication
31	Outpatient services	44	Staff who live and work in the community
46	Overall community environment is safe	34	Strong economy
15	Overall quality of healthcare	26	Strong families
43	Playgrounds and walkability	34	Strong hospitals
2	Population and poverty levels staying with similar	5	Support families
27	Population stable	16	Supportive tight knit communities
5	Population/workers	14	Supports local community
2	Preventative care	20	Telehealth behavioral health
15	Primary care access	40	Transportation
18	Primary care docs	4	Trust in healthcare
6	Providers	13	Trust in healthcare
13	Providers	1	Two Parent Households
37	Providers	7	Upgrading of health facilities
38	Providers	15	Veterans CCP network
39	Providers	43	Visiting specialists
43	Providers	8	Welath of OP doctors
39	Public health	39	Wellness interventions
28	Quality care		

Round #5 CHNA - Nemaha Co, KS			
Town Hall Conversation - Weaknesses (Color Cards) N= 42			
Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
6	# specialists for healthcare	19	Cancer/health problems
26	Access to affordable healthy foods	22	Childcare
29	Access to affordable housing	24	Childcare
2	Access to childcare	26	Childcare
40	Access to childcare	28	Childcare
11	Access to exercise facility	30	Childcare
15	Access to fitness	31	Childcare
35	Access to fitness	32	Childcare
19	Access to healthy affordable foods	34	Childcare
37	Access to healthy food	35	Childcare
42	Access to healthy food	37	Childcare
40	Access to OB services	39	Childcare
25	Access to primary care after 4PM or Sat	42	Childcare
12	Access to resources for poor/poverty	3	Childcare options
12	Access to stable primary care	4	Childcare options
9	Add paramedics, therapists, and dentists	5	Childcare options
13	Add support groups for issues	6	Childcare options
11	Additional education - health	8	Childcare options
18	Affordable access to healthy foods	9	Childcare options
28	Affordable fitness	10	Childcare options
31	Affordable fitness	14	Childcare options
31	Affordable food	16	Childcare options
40	Affordable food	17	Childcare options
5	Affordable healthy food	18	Childcare options
20	Affordable healthy food	19	Childcare options
32	Affordable healthy food	20	Childcare options
2	Affordable housing	21	Childcare options
5	Affordable housing	29	Chronic care management
8	Affordable housing	35	Chronic care management
10	Affordable housing	37	Chronic care management
11	Affordable housing	38	Chronic care management
19	Affordable housing	1	Chronic disease management
30	Affordable housing	14	Chronic disease management
34	Affordable housing	18	Chronic disease management
38	Affordable housing	26	Compassion
40	Affordable housing	21	Curb domestic violence
41	Affordable insurance	16	Decrease grocery cost
15	Alcohol not a normal	23	Decrease in # of grocery stores
2	Alcohol/drug use	9	decrease time in ER
3	Alcohol/drug use	41	Decreasing drug use
7	Alcohol/drug use	24	Dental providers and who accept medicaid
9	Alcohol/drug use	23	Dentists
10	Alcohol/drug use	10	Diseases
20	Alcohol/drug use	1	Domestic violence
21	Alcohol/drug use	21	Drinking & driving
22	Alcohol/drug use	18	Drug/alcohol education/services
23	Alcohol/drug use	19	Drug/alcohol education/services
24	Alcohol/drug use	35	Drugs
26	Alcohol/drug use	8	Education on topics
28	Alcohol/drug use	17	Education on topics
29	Alcohol/drug use	38	Education to young people
33	Alcohol/drug use	15	Eradicate drugs
34	Alcohol/drug use	35	Excessive alcohol
40	Alcohol/drug use	17	Exercise education and access
42	Alcohol/drug use	26	Exercise facilities
4	Available/affordable housing	30	Exercise facilities
11	Behavioral health access	2	Exercise options
14	Behavioral health access	22	Exercise/fitness
15	Better communication between PCP and specialist	32	Explain in a way the patient understands
27	Better medication availability	6	Few choices for food outside of home
1	Birth to preschool childcare	33	Food availability

Round #5 CHNA - Nemaha Co, KS			
Town Hall Conversation - Weaknesses (Color Cards) N= 42			
Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
12	Food insecurity	41	More childcare opportunities
22	Housing	27	More diverse specialty coverage
26	Housing	37	More fitness oppportunities
33	Housing	19	More healthcare providers
35	Housing	39	More low income housing
42	Housing	33	More mental health services
3	Housing availability	2	More specialists
29	Improve daycare	16	More specialists
13	Improve services for veterans	7	No opiod treatment
39	Improve wages	1	Obesity in all ages
36	In home care	21	Opiod overuse
16	In house behavioral health provider	11	Outpatient providers tailors to meet community needs
25	Increase education importance of preventative care	13	Promote peer support fo rmental health
24	Increase in youth mental health problems	13	Provide educational prevention programs
24	Indoor exercise facilities	22	Providers
23	Info on prevention of diseases	4	Providers/specialist/therapists
9	In-home care	8	Psychiatric care
27	Insurance coverage	25	Reduce stigma of mental health
14	Insurances (cost/coverage)	23	Senior services
12	Lack of childcare	23	Smoking
7	Lack of education of exercise benefits	32	Smoking
15	Law enforcement	28	Specialist access
13	Lessen stigma for seeking mental health services	33	Specialist access
41	Longer clinic hours	26	STD education
6	Low housing options	5	Substance abuse
33	Medical response to mental health	8	SUD
10	Mental health	1	Suicide
19	Mental health	10	Suicide
22	Mental health	20	Suicide
26	Mental health	31	Suicide
29	Mental health	34	Suicide
30	Mental health	37	Suicide
32	Mental health	4	Support for veterans
28	Mental health access	39	Support veterans
3	Mental health access and stigma	17	Teen alcohol abuse
4	Mental health access and stigma	12	Vaccine hesitancy
5	Mental health access and stigma	14	Vaccine hesitancy
17	Mental Health integration	3	Vaping
27	Mental health options	31	Veteran Access to information services
41	Mental health providers	38	Walking/biking trails
18	Mental health services	20	Wifi access
34	Mental health services	31	Wifi access
39	Mental health services	39	Wifi access
40	Mental health services	32	Youth health edeucation

Round #5 CHNA - Nemaha Co KS

Social Determinants "A" Card Themes (N = 29): E=21, N=9, ED=15, C=10, F=8 & P=36



Card #	Code	First Impressions on Social Determinants Impacting Delivery	Card #	Code	First Impressions on Social Determinants Impacting Delivery
3	C	Social and community context	14	F	Food insecurity
6	C	Social and community context	26	F	Food insecurity
9	C	Social and community context	10	F	Healthy foods
15	C	Social and community context	14	F	Healthy foods
19	C	Social and community context	11	N	Internet access
24	C	Social and community context	23	N	Lack of exercise
25	C	Social and community context	8	N	Neighborhood and physical environment
27	C	Social and community context	9	N	Neighborhood and physical environment
28	C	Social and community context	10	N	Neighborhood and physical environment
29	C	Social and community context	20	N	Neighborhood and physical environment
10	E	Economic	13	N	Physical activity
5	E	Economic stability	15	N	Poor wifi
6	E	Economic stability	29	N	Wifi access
7	E	Economic stability	3	P	Access
11	E	Economic stability	14	P	Access
12	E	Economic stability	23	P	Alcohol abuse
13	E	Economic stability	14	P	Behavioral health
14	E	Economic stability	11	P	Chronic disease management
15	E	Economic stability	13	P	Chronic disease management
16	E	Economic stability	14	P	Chronic disease management
17	E	Economic stability	29	P	Chronic disease management
18	E	Economic stability	23	P	Drugs
20	E	Economic stability	15	P	Excessive consumption of alcohol
21	E	Economic stability	1	P	Healthcare access and quality
22	E	Economic stability	2	P	Healthcare access and quality
23	E	Economic stability	4	P	Healthcare access and quality
24	E	Economic stability	5	P	Healthcare access and quality
28	E	Economic stability	7	P	Healthcare access and quality
29	E	Economic stability	8	P	Healthcare access and quality
2	E	Economy	11	P	Healthcare access and quality
6	E	Medical bills, insurance coverage, expenses,	16	P	Healthcare access and quality
10	ED	Childcare	17	P	Healthcare access and quality
11	ED	Childcare	18	P	Healthcare access and quality
14	ED	Childcare	19	P	Healthcare access and quality
15	ED	Childcare lacking	21	P	Healthcare access and quality
5	ED	Childcare needs	22	P	Healthcare access and quality
29	ED	Childcare needs	25	P	Healthcare access and quality
13	ED	Childcare shortage	26	P	Healthcare access and quality
1	ED	Education access and quality	27	P	Healthcare access and quality
4	ED	Education access and quality	29	P	Healthcare access and quality
12	ED	Education access and quality	11	P	Insurance/Underinsured
13	ED	Education access and quality	5	P	Mental health
23	ED	Education access and quality	10	P	Mental health
26	ED	Education access and quality	26	P	Mental health
29	ED	Education access and quality	5	P	Suicide
26	ED	Need for childcare	11	P	Suicide
29	F	Access to affordable foods	13	P	Suicide
15	F	Affordable healthy food	14	P	Suicide
5	F	Food insecurity	29	P	Suicide
11	F	Food insecurity			

Email Stakeholder Request

From: Courtney Schmelze

Date: 2/9/2024

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

Subject: Nemaha County Community Health Needs Assessment 2024

Nemaha Valley Community Hospital (Nemaha County, KS) will be partnering with other community health providers to update the 2021 Community Health Needs Assessment (CHNA) for Nemaha County, KS. Our facility has again contracted VVV Consultants to complete this work over the next few months.

Your feedback and suggestions regarding community health delivery are especially important to collect to be able to complete the 2024 Community Health Needs Assessment and implementation plan updates.

To accomplish this work, a short online survey has been developed. Please utilize the link below to complete this survey.

LINK: https://www.surveymonkey.com/r/CHNA2024_NemahaCoKS_OnlineSurvey

This online survey must be completed by **March 8th, 2024**. All responses are confidential.

Please hold the date for a community Town Hall scheduled for **Tuesday, April 9th, 2024 for lunch from 11:30am-1pm** to discuss research findings. If possible, we encourage you to attend. Stay tuned for further details! More information on this will be provided shortly.

Thank you in advance for your time and support in participating with this important request. If you have any questions, please contact Courtney Schmelze. (785) 336-6181

Email Stakeholder Request

From: Jennifer Ploeger

Date: 2/9/2024

To: Community Leaders, Providers and Hospital Board and Staff

Subject: Nemaha County Community Health Needs Assessment 2024

Sabetha Community Hospital (Nemaha County, KS) will be partnering with other community health providers to update the 2021 Community Health Needs Assessment (CHNA) for Nemaha County, KS. Our facility has again contracted VVV Consultants to complete this work over the next few months.

Your feedback and suggestions regarding community health delivery are especially important to collect to be able to complete the 2024 Community Health Needs Assessment and implementation plan updates.

To accomplish this work, a short online survey has been developed. Please utilize the link below to complete this survey.

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This online survey must be completed by **March 8th, 2024**. All responses are confidential.

Please hold the date for a community Town Hall scheduled for **Tuesday, April 9th, 2024 for lunch from 11:30am-1pm** to discuss research findings. If possible, we encourage you to attend. Stay tuned for further details! More information on this will be provided shortly.

Thank you in advance for your time and support in participating with this important request. If you have any questions, please contact Jennifer Ploeger. (785) 284-2121

PR#1 News Release

Local Contact: Courtney Schmelze and Jennifer Ploeger

Media Release: 2/19/24

Nemaha Valley Community Hospital & Sabetha Community Hospital Launch 2024 Community Health Needs Assessment

Over the next few months, **NVCH & SCH (Nemaha County, KS)** will be working together, along with area community leaders to update the Community Health Needs Assessment (CHNA). Today we are requesting community input regarding the healthcare delivery and unmet needs necessary to complete this assessment update. VVV Consultants LLC, an independent research firm from Olathe, KS has been retained to conduct this countywide research.

The goal of this assessment update is to understand progress in addressing community health needs cited in 2021, 2018, and 2015 assessment reports, while collecting up-to-date community health perceptions and ideas.

A brief community survey has been developed to accomplish this work. You can participate in several different ways, including visiting the Hospitals websites, the Facebook pages, or simply scanning the QR code below.



All community residents and business leaders are encouraged to complete this online survey by **March 8th, 2024**. In addition, a CHNA Town Hall meeting to discuss the survey findings will be held on **Tuesday, April 9th, 2024, for lunch from 11:30-1:00pm** with more information to come.

Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (785) 336-6107

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NEMAHA CO HEALTH NEEDS ASSESSMENT SET



By **Submitted** 02/09/2024 <https://www.mscnews.net/news/?nk=77031>



(KMZA)--Nemaha Valley Community Hospital & Sabetha Community Hospital Launch 2024 Community Health Needs Assessment.

Over the next few months, NVCH & SCH (Nemaha County, KS) will be working together, along with area community leaders to update the Community Health Needs Assessment (CHNA).

We are requesting community input regarding the healthcare delivery and unmet needs necessary to complete this assessment update. VV 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 2021, 2018, and 2015 assessment reports, while collecting up-to-date community health perceptions and ideas. A brief community survey has been developed to accomplish this work.

https://www.surveymonkey.com/.../CHNA2024_NemahaCoKS...

All community residents and business leaders are encouraged to complete this online survey by March 8th, 2024.

In addition, a CHNA Town Hall meeting to discuss the survey findings will be held on Tuesday, April 9th, 2024, for lunch from 11:30-1:00 pm at the K-State Research & Extension Office in Seneca.

EMAIL #2 Request Message (Cut & Paste)

From: James Longabaugh & Kiley Floyd

Date: 3/13/2024

To: Community Leaders, Providers and Hospital Board and Staff

Subject: Nemaha County Community Health Needs Assessment 2024

Nemaha Valley Community Hospital and Sabetha Community Hospital are proud to host a Town Hall Meeting for Nemaha County's 2024 Community Health Needs Assessment (CHNA). This meeting aims to review key community health indicators and gather valuable feedback on priority community needs.

Join us for this important event on **Tuesday, April 9th, 2024, for lunch from 11:30 a.m. to 1:00 p.m.** Check-in will begin at 11:15 a.m. and the meeting will be held at Meadowlark K-State.

We invite and encourage all community members to attend. To ensure that we can accommodate everyone, please RSVP by following the link below.

We look forward to your participation in this impactful community event.

LINK: https://www.surveymonkey.com/r/NemahaCo_RSVP_TownHall

Thanks in advance for your time and support!!

If you have any questions regarding CHNA activities, please call (785) 336-6107.

Nemaha Valley Community Hospital and Sabetha Community Hospital to Host Town Hall Meeting for 2024 Community Health Needs Assessment

Media Release: 03/13/2024

Contact: Jennifer Ploeger or Courtney Schmelze

Nemaha County, 03/13/24 - Nemaha Valley Community Hospital and Sabetha Community Hospital are proud to announce a collaborative effort to host a Town Hall Meeting for the 2024 Community Health Needs Assessment (CHNA) for Nemaha County. This event is part of our ongoing commitment to enhancing the health and well-being of our community.

The Town Hall Meeting will provide an opportunity for community members to review key health indicators and provide feedback on priority health needs in Nemaha County. The event will be held on Tuesday, April 9th, 2024, from 11:30 a.m. to 1:00 p.m. at Meadowlark K-State, with check-in starting at 11:15 a.m.

To adequately prepare for this event, it is vital everyone planning to attend this event RSVPs. Please visit our hospital website or social media sites to obtain the link to complete your RSVP OR please utilize the QR code below.



We hope that you will be able to join us for this discussion on April 9th. Thanks in advance for your time and support!

If you have any questions about CHNA activities, please call (785) 336-6107.

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d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2024 Community Feedback: Nemaha County, KS (N=343)						
ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1036	66534	Poor	ACC	FINA		Healthcare is not accessible because it has become so expensive. \$180 for a 5 minute conversation with a doctor is not reasonable.
1009	66534	Average	ACC	FINA		Offer basic care that people can actually afford.
1246	66404	Very Good	ACC	FIT		On the Seneca side of the county there is very little access to indoor exercise facilities thus creating a neighborhood deterrent.
1100		Very Good	ACC	HOUS		Resident owned, handicap accessible, maintenance free, with garage housing
1014	66534	Very Good	ACC	MH		I think access to mental health care is a huge problem that we keep trying to solve. It is a very hard issue to fix
1040	66538	Very Good	ACC	NUTR		Access to healthy food choices at local food pantry. Also, need a Harvesters truck to come to Seneca.
1256	66534	Poor	ACC	SERV		We need our local health care system to focus on their patients and not the drug makers lining their pockets. This is why the direct health care model will win in the long term.
1079	66538	Very Good	ACC	SPEC	TELE	access to needed specialist with it being NO telehealth
1129	66534	Very Poor	ACC			Get everyone involved not just certain people, different ideas from different social classes.
1044	66404	Very Good	ADOL	NUTR	EDU	activity center for all ages, with nutrition, exercise, social activities, educational activities, areas for generational interaction
1289	66538	Good	CC	ACC	INSU	We really need increased childcare services so parents can continue to work (often needed to obtain health insurance).
1328	66538	Average	CC	ACC		Have more daycare options then people will be able to work and have access to funds through employer as well as cash flow.
1180	66538	Good	CC	FINA	ACC	Need more daycare options that are affordable. Need affordable multi family housing. There was a request to rezone to multi family that was turned down. This was on an empty lot that isn't big enough for a typical ranch style house. Would have been great multi family. Seneca lacks affordable rentals and affordable starter homes.
1325	66534	Good	CC			Need better community childcare options.
1208	66534	Very Good	COMM	EDU	SERV	Continuing to rebuild community confidence through communication and education as well as expanded services is important to me
1236	66538	Very Good	COMM	NUTR	TRAN	Communication/marketing of food, transportation and other services needs to be improved.
1268	66534	Very Good	DOCS	ECON	POV	Since our city is a "hub" for a large area, it is imperative that we have enough care givers to meet the needs of that population. Attracting more young doctors, dentists and other medical professionals would definitely help alleviate the loads that they incur. Keeping our schools and businesses active and working towards common goals without alienating people would also create a lot more harmony and less stress, resulting in better health for many. Nemaha County's greatest poverty level is in the over 65 age group...taking care of this population becomes a priority for health and well being.
1243	66406	Very Good	DOH	SERV	POV	Expand public health more services and education on mental health. We need a way to get information to lower income and mental of services available
1266	66538	Very Good	DRUG	ADOL	EDU	Substance abuse is always an issue for our youth and also adults. Need to increase education in this area.
1254	66534	Very Poor	DRUG	ALT	RUSH	No more drugs and jabs. Open to alternative/proven methods, not a rushed MRNA fake jab and mask mandate. It literally killed people
1034	66538	Very Good	ECON	FINA	HOUS	The community needs economic stability with perhaps an industry option that will allow those of limited income to enjoy better benefits and housing.
1264	66534	Good	ECON			Economic conditions are related to a lot of issues and I don't now how to fix that.
1272	66417	Good	ECON			Economic stability
1323	66404	Good	ECON			economic stability is a struggle for a large portion of this county. which then affects the persons health. economic stability would improve everyone.
1148	66534	Poor	EDU	ACC	QUAL	Education Access & Quality
1313	66538	Good	EDU	ACC		You can never do too much education within your community when it comes to one's health.
1241	66534	Good	EDU	ADOL		Kids are dirty, clothes and bodily. Kids need to be taught basic life skills. Need for beds and a warm place to go in the winter.
1164	66534	Very Poor	EDU	COVD		Here is some education for you. We live in the United States of America. Home of the brave, land of the free. It is not ok to take our freedom by forcing masks on the people.
1108	66538	Very Good	EDU	HOUS	FINA	Some of the questions do not apply and I don't have great info to have an opinion. Maybe there should be a no opinion option. I picked a middle answer. I also think people are so busy that health education takes a back seat. Until they have no choice. Rent is too high based on income in this community. Some of the rentals are absolute trash and yet they charge \$1000 a month. Food costs are out of control. Not sure some of this is anyone's ability to change. But it is a reality. 2 jobs do not cover expense. So you cut out what you can. A Dr visit. A mammogram etc. becomes optional
1105	66538	Very Good	EDU	PREV		Educate those moving here about healthy home and environment
1166	66538	Good	EDU	SH	MH	More education for school kids on healthy eating, mental health, and exercise.
1061	66538	Good	EDU	SPRT	NUTR	provide more education to the community on what is available to them when it come to healthcare and support. Provide more affordable healthy food items in our community and affordable exercise facilities.
1198	66534	Very Poor	FAC	GOV	SERV	Close the hospital and stop robbing us of our tax dollars all to only deny services
1026	66534	Average	FINA	ACC	SERV	People cannot afford the lackluster care that is offered.
1123	66534	Poor	FINA	ACC		Over inflated cost make care unobtainable for many.

CHNA 2024 Community Feedback: Nemaha County, KS (N=343)						
ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1259	66538	Very Good	FINA	HOUS	CC	The county needs affordable housing options for young families and access to high quality childcare.
1192	66538	Poor	FINA	INSU		Nemaha County needs direct cash pay doctors who are loyal to their patients. This in turn will provide a more affordable option for the people. The cost of administration, for health services under Medicare, Medicaid, and the insurance industry is more than the cost of the care itself. The administrative burden is making the cost of health care too high, and the quality of care disastrously low. There needs to be better health & diet education in the schools. The school vending machines are filled with the worst junk food and sodas... a very bad practice, and the coaches push ibuprofen in sports like it is candy. The teachers and students need to be better educated about diet, health, and wellness.
1263	66538	Very Good	FINA	NUTR		-Cost of Living has increased greatly-healthy food is very expensive especially in our local grocery stores -Indoor pool or exercise facility/trails -No healthy restaurant options for easy grab on the go during lunch for example -Groups or clubs could offer to rake leaves, mow or shovel snow (examples) like for FCCLA or class fundraisers - Very little help for elderly or disabled people in the home (example: showering, cleaning, groceries)
1080	66534	Poor	FINA	SERV		Affordability has become a major problem. Expanding services and raising prices will only make this worse.
1226	66534	Poor	FINA	SERV		Make healthcare affordable
1059	66415	Very Good	FINA	SERV		Thing need to be more affordable in our community
1153	66534	Very Poor	FINA			Address unobtainable cost.
1006	66534	Poor	FINA			Costs have become unattainable
1305	66538	Very Good	HH	NH		Could use more "in home" options for the elderly that can't get out easily
1292		Good	HOUS	ACC	CC	Available housing and access to good childcare would be the top area that needs to be explored, in my opinion.
1285	66404	Very Good	HOUS	ACC		Available Housing for Middle income
1327	66534	Very Good	HOUS	CC	FINA	Affordable housing and affordable childcare.
1267	66538	Very Good	HOUS	ECON		Seems to be a need for decent, affordable rental houses in our community - are there any houses sitting empty that could be rentals? Lots of job opportunities but doesn't seem to be many people available to fill them - not sure why
1275	66515	Good	HOUS	ECON		With having many factories in our communities that are always in need of employees, I wonder if we could combine housing and job needs. I wonder if we could get more families to move to our area and work if there were more housing options available and at a more fair price.
1244	66534	Good	HOUS	EDU	PREV	building more affordable housing, educating the youth to mid twenty somethings of the importance of their health, eating and exercise habits. Limiting drinking and vaping/smoking
1172	66538		HOUS	FINA	ACC	Build some affordable housing . More rental homes. Better signs showing where to find these programs.
1287	66428	Good	HOUS	FINA	ACC	Need more apartment complexes or duplex for families that are affordable, need a stable hotel for those here temporarily
1321	66534	Average	HOUS	FINA	MH	The housing market tends to be owned but the same individuals who buy them all and then rents them out. But, they are expensive and not the nicest/ kept up the best. This makes the housing market not readily available. Mental health counselors are needed, and I think should be a joint employee of Sabetha and Seneca. That way we can share services and help reduce the cost.
1335	66538	Very Good	HOUS	FINA	POV	Need more low income housing
1251	66538	Average	HOUS	FINA	SPRT	Affordable housing needed A center dedicated to serving the poor Services all in one location like PEPC in Marshall County Work closer with schools to help families
1054	66538	Very Good	HOUS	FINA		Are there any grant opportunities that we could pursue to develop affordable housing options- both single family homes (starter home type) and apartment type housing? I saw that Marshall Co. has a Habitat for Humanity. Is that something that Nemaha County should look into?
1147	66534	Very Good	HOUS	FINA		I feel like addressing the housing issue in the county by creating more affordable housing would create more intrigue from healthcare candidates who are considering moving to the area.
1155	66534	Poor	HOUS	FINA		The first thing needed is affordable housing. People are paying rent for housing that is equal to if not more expensive then in the big cities around our area and that is not a reasonable expectation. Families can't focus on health needs when all their money is going to just trying to survive another day.
1193	66534	Very Good	HOUS	FINA		We are reaching a point where young adults and families won't be able to buy a home and call it their own. Everyone loves having their homes value be high as an investment, but there aren't enough lower-moderately prices homes to meet the demand.
1249	66417	Average	HOUS	FINA		We need to address the housing problem because these persons do not have affordable housing or lack of so their healthcare goes down the drain with this problem
1130	66534	Good	HOUS	FIT	CC	Affordable Housing is limited in sabetha, Need more exercise classes at wellness center, more neighbor to neighbor involvement is needed to improve sad state of some homes in sabetha, more child care is needed in sabetha
1104	66404	Average	HOUS	MH	NUTR	Affordable housing because rent and housing is ridiculously high! Most mental health assess ability that is closer in our community. Food prices keep going up and it's to afford healthy foods. Our doctors are overwhelmed with not enough doctors coming to small communities. More activities for Seniors to do.

CHNA 2024 Community Feedback: Nemaha County, KS (N=343)						
ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1072	66538	Very Good	HOUS	QUAL	POV	Our churches are strong supporters of area benefits for those in need. Having mutual invested interest in housing and quality of low income living would be beneficial. Renters don't have a lot of lower income options or quality of housing if the rent does met their income. County involvement in housing community would be helpful.
1183	66534	Poor	HOUS			Build houses City to let some property go/sell
1274	66534	Very Good	MH	CC		Mental Health Access and Child Care shortages
1260	66404	Very Good	MH	SERV	ADOL	Increase in mental health services for the youth in our community.
1138	66534	Poor	MH			Improved mental health will lead to improved overall health.
1273	66404	Very Good	MRKT	AWARE		more advertising on radio to let people know where services are
1053	66534	Good	NUTR	ACC	HOUS	Access to healthy foods seems to be an issue especially for those who don't qualify for any assistance programs. The food pantries are a great way to supplement food for those who don't qualify for assistance but often times don't supply healthy foods especially for those with chronic health conditions. There is also a lack of housing options for those on limited income. More affordable housing options would be great for those on limited income such as disability.
1215	66550	Good	NUTR	ACC	TRAN	There is no Meal on Wheels available in some communities in Nemaha County. Transportation is always an issue for Seniors.
1131	66534	Good	NUTR	CC	SPRT	Access to healthy foods: increase donations to local food pantries; this could be through local businesses hosting food drives, bring a non-perishable food item to an event as your "ticket" to get it, etc. Childcare: share grant opportunities for new-start up childcare facilities, encourage businesses to explore the option of an infant-at-work policy for new parents with infants under the age of one as there is a lot of research on how this benefits the parent and the business. Community support: support groups for mother/families, playgroups for children and their parents.
1160	66538	Good	NUTR	FINA	ACC	Better access to healthy food options that are affordable.
1196	66538	Very Good	NUTR	FINA	HOUS	Affordable healthy food - everyone in Kansas needs this, but I have no solution. It's shameful that we live in such a prosperous country and yet cannot afford healthy food. We do need more affordable housing and more childcare.
1095	66538	Very Good	NUTR	FIT	REC	how has moving the meals to the community affected those that relied on them? Indoor fitness facility availability would be helpful-there are lots of people that walk outdoors when the weather is nice, but where do they go once it is too cold.
1233	66538	Very Good	NUTR	FIT		There could be healthier food options for going out and there could be a nicer fitness center
1090	66539	Good	NUTR	GOV		Our meals on wheels program was completely ruined by our current county government and their employee This has several restricted at citizens from A obtaining good meals They are poor now B limited those outings C decrease the shut ins from seeing a friendly face five times a week
1270	66428	Very Good	NUTR	QUAL		Revamping Nutrition Center management
1154		Average	OWN	DOCS		The only one I find that is detrimental to our healthcare is #5 - Everyone should be encouraged to be their own health advocate, do their own research and do what is best for themselves. Doctors should be working for the good of the their patients not government officials.
1185	66534	Good	OWN	FIT	NUTR	a large part of the "lack" is our own resistance to disciplining ourselves to exercise and eat well, and I'm not sure how we motivate others to do that
1203	66415	Very Good	OWN	PREV		People, in general, need to have a desire to help themselves - the handouts run to high. Self determination needs to be a factor. A desire for doing your best - the individual. You can lead a horse to water - but you can't make it drink. Holds true for the human being also.
1121	66534	Poor	QUAL	SERV	ACC	There are not quality medical care available. The limited care that is available is incredibly overpriced.
1255	66543	Very Poor	QUAL	STFF	MAN	Overall healthcare improvements begin with removal of the present medical staff and leadership
1222	66515	Poor	QUAL	STFF		Transparency and honesty. Stop persecuting other health providers that have a different approach to health care.
1103	66534	Very Good	REC	FIT	ACC	Really need more walkable, outdoor paths in our communities. Many sidewalks are broken so people walk in the streets. Improved sidewalks or walking trails will promote both safety and exercise. Plus, it greatly enhances the appearance of our communities.
1209	66550	Good	RURAL	ACC		Provide things for rural areas.
1136	66534	Very Good	SERV	SPRT	CHRON	I would like to see increased services (or communication of services) for elders.... regarding transportation, support services. Support groups for chronic diseases and support for family members.
1242	66534	Good	SH	ADOL	CC	There are no afterschool programs for kids. How are parents supposed to work to have financial stability if their ability to work is impacted by lack of childcare or afterschool options. There also are no dentists in the county who accept Medicaid.
1106	66538	Very Good	SH	NH	TRAV	Facilities & a closer relationship with the schools to reach all students to promote a healthy fitness lifestyle. Better facilities for our senior citizens to receive healthy fitness all year long. Currently during October - April our citizens are mostly forced to travel to Netawaka or now Axtell's new community gym to use these services at an inexpensive alternative.

CHNA 2024 Community Feedback: Nemaha County, KS (N=343)						
ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1030	66534	Very Good	SPRT	DOH		It would be helpful to have the community support the local healthcare options rather than distrust. Very important to have a strong presence in our small community. Encouragement and public support would be energizing, and would be an asset for newcomers.
1128	66538	Very Good	SPRT	FIT	PHY	I think the community needs to come together, and either open the place for women to comfortably exercise, or a fitness center needs to be built! Maybe even opening up the physical therapy room at the hospital for employees to use after hours.
1201	66534	Poor	SPRT	MH		Emotional support
1291	66534	Average	SPRT	MH		Support- high quality mental health availability.
1101		Very Good	SPRT	OWN	AWARE	The community support for people in need is phenomenal in our county. Problems I see include a lack of public desire to be aware and actively involved in maintaining their health. I also feel that there are some that feel entitled to be given everything and work for nothing. The people that always give are getting tired of giving.
1245	66534	Good	SPRT	SERV	CC	If you don't have family in the area and have small kids, there is not much community support. When kids are at home, parents have to miss work. This community is very tight knit and getting involved outside of church makes it really difficult for connection.
1118	66534	Good	SPRT	SERV	OWN	I think #3 and #4 are lacking. A lot of people don't participate in community events, and don't know the people in their own neighborhoods. Not sure how to go about fixing those issues.
1068	66415	Average	SPRT	SERV		Decisions about these issues need to be studied & made by professionals in the respective fields not by elected officials
1301	66538	Very Good	SPRT	SERV		Most of the deficits are generational. Younger families depend on more and more social based services
1085	66534	Average	SPRT	SPEC		Interaction among and support across healthcare professionals - medical, dental, optometry, chiropractic, etc. Show the community that these are not separate entities but all work together to achieve optimum health and are all important.
1238	66534	Good	SPRT	SUIC	NH	Group care support for youth attempting suicide; group exercise for seniors/yoga; mental health hotline for troubled teens...
1332		Very Good	STFF	MAN		Starts at the top with elected individuals. We are very polarized right now with the power lying with ultra conservatives. Until that changes, God help us all.
1247	66404	Good	TRAN	ACC	NUTR	Needs to be more rural transportation services. The county food distribution (meals on wheels) center workers need better cooking and services.
1016	66534	Average	TRAN			Volunteer pool to help with transportation.

CHNA 2024 Community Feedback: Nemaha County, KS (N=343)						
ID	Zip	Rating	c1	c2	c3	Q8. In your opinion, what are the root causes of "poor health" in our community? Other (Be Specific)
1192	66538	Poor	ACC	DOCS	NUTR	limited access to better doctors and limited health/diet education
1105	66538	Very Good	AWARE	NUTR	PREV	Lack of knowledge on good nutrition
1030	66534	Very Good	CC	ACC		Lack of child care options
1325	66534	Good	CC			Lack of Child Care
1129	66534	Very Poor	CONF	DOCS		Lack of trust in the doctors.
1280	66534	Poor	CONF	QUAL		Trust
1154		Average	COVD	STFF		Doctors pushing the Covid death protocols on their patients and staff.
1164	66534	Very Poor	COVD			Do take our FREEDOM. NO MASKS EVER AGAIN
1316	66534	Average	DOCS	FF		Instead of dr's telling you that you need to loose weight help the patient achieve the goals. Not just send them home. Guide them and follow up with the patient on a regular basis to see how they are doing in the journey
1255	66543	Very Poor	DOCS	QUAL		Arrogant pricks that think they are doctors
1198	66534	Very Poor	DOCS	QUAL		Quack doctors pushing experimental gene therapies that kill
1119		Very Poor	DOCS	TRAIN	STFF	Untrained doctors and staff
1243	66406	Very Good	DOH	SERV	ACC	Lack of public health services
1160	66538	Good	EDU	PREV		Limited education (knowing signs or symptoms and when to seek help before it is too late.)
1123	66534	Poor	FINA	ACC		Affordable care. The prices are so ridiculous that care is not obtainable for lower and some middle class families.
1238	66534	Good	FINA	INSU		Cost of care,even with insurance an out of pocket payment is required.
1108	66538	Very Good	FINA	INSU		Cost/insurance coverage
1012	66534	Average	FINA	NUTR	INSU	High cost of healthy foods, high cost of medical care even with health insurance
1121	66534	Poor	FINA	SERV		Unaffordable healthcare
1201	66534	Poor	FINA			Cost
1323	66404	Good	FINA			cost of living
1228	66534	Poor	FINA			Outrageous cost of healthcare
1101		Very Good	FINA			Price of healthcare
1226	66534	Poor	FINA			The unreasonable cost
1212	66403	Very Good	NUTR	ACC		convenience foods - too much processed food
1044	66404	Very Good	OTHR			patient non-compliance
1330	66408	Very Good	OWN	NH		Poor Self Care for the elderly
1292		Good	OWN	PREV	EDU	Most patients seem to expect that practitioners will take care of them if needed and do not take a personal interest in keeping themselves healthy.
1187	66538	Good	OWN			Individual motivation
1315	66538	Very Good	OWN			not owning your own health
1203	66415	Very Good	OWN			people are lazy
1254	66534	Very Poor	PHAR			Big pharma
1262	66534	Good	PHAR			pharmaceuticals
1256	66534	Poor	PREV	DOCS		More focus on preventative care and not trying to get everyone one on medication that the Doctors are getting back side money on.
1169	66538	Very Good	PREV	OTHR		Lack of "buy in" to maintaining healthy lifestyle
1079	66538	Very Good	PUL			a pulmonilgist would be great
1217		Poor	QUAL			Lack of common sense
1131	66534	Good	RESO	AWARE		Lack of understanding on where to find resources
1163	66550	Average	RUSH	FF	QUAL	lack of attention to the patient. an appt. is quick and done. not aware of any followup unless patient initiates it.
1124	66534	Average	SERV			Population driven, not for lack of services
1095	66538	Very Good	SPRT	DRUG		support groups/treatment for substance abuse
1332		Very Good	VACC			Ignorance - especially concerning immunizations

CHNA 2024 Community Feedback: Nemaha County, KS (N=343)						
ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1246	66404	Very Good	ACC	FIT		Continued effort to provide access to fitness and exercise options.
1144	66534	Very Poor	ACC	INSU		direct health care, no insurance
1141	66534	Good	ACC	NUTR		expanded access to food program
1251	66538	Average	ACC	PREV	POV	Access to health and wellness programs for people in poverty
1244	66534	Good	ADOL	SERV		targeting the older kids and young adults, not sure how to do this....
1119		Very Poor	ALT	DOCS		Holistic healing, natural medicines, not the Rockefeller protocol and petroleum based meds. Doctors are the largest drug dealers in each county.
1036	66534	Poor	ALT	FINA		Holton Direct Care has figured out how to help people at a reasonable price. Do what they are doing.
1238	66534	Good	AWARE			Hospital facebook account can be used for informative lectures and updates for community awareness.
1289	66538	Good	CANC	SCREE	MAN	Would love to find a way to advocate for cancer screenings. Also hypertension screening and management.
1296	66538	Good	CANC			Chemotherapy
1241	66534	Good	CC	ACC	SERV	Daycare for public, warm safe spot where kids have access to showers and washing machines and food
1245	66534	Good	CC	DOCS		I think child care is number one. It is more an issue of providers of child care than facilities. Multiple daycares have close in Seneca and Northridge is at risk of closing.
1160	66538	Good	CC	EDU	PREV	increase child care services after school program educational services for adults regarding highly diagnosis diseases for prevention or early care
1272	66417	Good	CC	REC		Day Care, Hiking trails
1309	66417	Good	CC	SERV		Child Care; After School Child Care Programs
1043	66538	Very Good	CC			More Child care
1328	66538	Average	CC			More daycare availability.
1171	66534	Very Good	CHRON	SPRT	DIAB	Support groups for chronic illness: Diabetes, Pain, MS, Cancer
1222	66515	Poor	CLIN	FINA	SERV	I believe that smaller, more personal clinics would help enhance the overall health of our community while also helping to lower the overall cost of services.
1256	66534	Poor	COVD	VACC		Probably should do a community outreach to build trust back with local residents after the Covid hoax and pushing a shot that was not effective.
1292		Good	DENT			Need more good dentists in town.
1188	66550	Average	DOCS	COVD		My personal opinion is the doctors created a divide in the community when the "pandemic " started 4 years ago
1104	66404	Average	DOCS	SPEC		More doctors to cover work loads. More specialists to do outreach to our community.
1164	66534	Very Poor	DOCS	TRAIN		Maybe some training for the doctors. Teaching them how things are done in the U.S.A.
1247	66404	Good	DOH	QUAL		Our county health department needs to step up their game
1281		Very Good	DRUG	SPRT		Drug and alcohol programs;
1183	66534	Poor	DRUG			Cops start arresting drug users
1325	66534	Good	DRUG			Drug prevention - Stop overlooking those with substance issues and begin to help them!
1313	66538	Good	EDU	ADOL		Educational programs within our younger age groups/classes.
1253	66403	Very Good	EDU	AGR	EMER	"farm" or "factory" safety, appropriate education for farmers on what to do in an emergency situation, ie stop the bleed, CPR, HAZMAT situations
1105	66538	Very Good	EDU	HOUS	NUTR	Education on healthy homes and nutrition.
1054	66538	Very Good	EDU	NUTR	FIT	Education/programs/classes to support/improve nutritional status/choices and also opportunities to improve adult physical activity, especially low-cost opportunities. Ways to incentivize these opportunities would also be helpful.
1071	66538	Average	EDU	NUTR	PREV	Develop a health education system that truly has human health as it's goal. Eliminate bias by food producers and educate people on the costs of diet and lifestyle choices.
1085	66534	Average	EDU	PREV	ADOL	Healthy habits start young - maybe initiatives to educate and get younger kids involved in learning about and being responsible for their health. I'm thinking maybe a program like the library does during the summer encouraging young readers. Something to get kids moving and really becoming in tune with how they feel after eating certain foods or participating in certain activities, rather than being focused on their weight or size.
1128	66538	Very Good	EDU	SERV	ACC	It would be really nice to see some evening health classes that we could attend to After 6 o'clock!
1103	66534	Very Good	FINA	BILL		Offer discount if bill is paid by patient within 30 days (prompt payment).
1138	66534	Poor	FINA	MH		Affordable care and mental health programs
1122	66534	Poor	FINA	PRIM		Quit trying to do everything. It is not working. Just try to offer quality affordable primary care.
1080	66534	Poor	FINA	QUAL		Affordable care. Go with the direct care model. Holton and Fairview are killing it. Much better and personalized care at an affordable price.
1153	66534	Very Poor	FINA			Affordable care
1249	66417	Average	FINA			Affordable healthcare
1148	66534	Poor	FINA			Focus on the current needs and stop hemorrhaging money.
1009	66534	Average	FINA			Holton/Fairview have figured out what people need and how to do it in a cost effective way. 100% better care at 10% the cost. Do what they are doing.
1135	66404	Very Good	FIT	ACC		Discounted gym access to healthcare workers
1084	66538	Good	FIT	ACC		Exercise/fitness area for winter times
1300	66538	Very Good	FIT	CC		I think we need more exercise options and child care.
1263	66538	Very Good	FIT	CC		Something with exercise/daycare while exercising
1258	66538	Very Good	FIT	NH		exercise or activities for aging
1172	66538		FIT	NH		more exercise programs for seniors.
1041	66538	Good	FIT	PREV	NUTR	Exercise programs/facilities. Health and wellness related to diet and exercise - We need less medicating and more natural options to reverse health issues
1130	66534	Good	FIT	PREV		More exercise and wellness programs
1287	66428	Good	FIT	REC	ADOL	community exercise times for games like baseball/softball, basketball for the community without having to have a "team" or play with your own children

CHNA 2024 Community Feedback: Nemaha County, KS (N=343)						
ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1260	66404	Very Good	FIT	REC	CC	More fitness opportunities - walking/biking trails Community day care center Functional medicine
1197	66538	Average	FIT	REC		Fitness Center, Indoor Pool, Indoor Track
1081	66538	Very Good	FIT	REC		Fitness center, trails
1019	66534	Good	FIT	REC		I'd like to see the fitness center more active as far as programs and events. We have an amazing facility in sabetha. It seems that we could be offering more group classes. It seems that we could generate income with youth ball tourneys. Pickleball tourneys, walk-a-thons, etc.. This would be another way to generate interest in movement, exercise, and health and wellness. Does the fitness center have a separate board of directors to help make decisions?
1268	66534	Very Good	FIT	REC		Keep promoting exercise and outdoor activities, the new walking trail, and wholesome family activities.
1233	66538	Very Good	FIT	RESO	NUTR	A new exercise facility could be effective and there could be resources for proper dieting like pamphlets
1166	66538	Good	FIT	SERV		Exercise and fitness incentives for the community
1203	66415	Very Good	FIT	SERV		Sabetha has their new "exercise gym" and it looks like it is a vital thing. Again there are options for people but they have to want it.
1186	66538	Good	FIT			exercise facilities!!!!
1059	66415	Very Good	FIT			exercise facility
1139	66538	Good	FIT			exercise/fitness center
1095	66538	Very Good	FIT			Fitness
1304	66427	Very Good	FIT			promote fitness
1305	66538	Very Good	HH			In home assistance
1323	66404	Good	HOUS			housing
1147	66534	Very Good	MH	ADOL		Something to address mental health in youth and adults.
1037	66538	Very Good	MH	AWARE	ACC	More mental health awareness and easy access to see a professional
1243	66406	Very Good	MH	DOH	EDU	Mental health, public health for low income and a way to make this information known to community
1264	66534	Good	MH	DRUG	SUIC	Mental Health to help with drug/alcohol abuse and suicide prevention. Chronic disease management
1193	66534	Very Good	MH	EDU	SPRT	Addressing mental health, which many struggle with. De stigmatizing mental health so there can be open and honest discussions about getting help.
1044	66404	Very Good	MH	EDU		need to implement mental health education in middle and high school
1330	66408	Very Good	MH	OBES		Mental Health, weight loss
1061	66538	Good	MH	PUL	CLIN	Mental health programs pulmonary specialty clinic
1026	66534	Average	MH	SERV	FINA	Mental healthcare and services people can actually afford.
1338	66534	Average	MH	SPRT	HRS	Mental health support groups/ family support groups, would be beneficial to have extended 'basic urgent care' clinic hours to better suit the needs of working adults and children in school
1118	66534	Good	MH	SPRT	PREV	Mental health support group for parents/caregivers. Wellness classes provided to community through the local healthcare system.
1321	66534	Average	MH	TRAIN		Mental health counselors. These should be highly trained and work with Physician to give the best care.
1121	66534	Poor	MH			Behavioral health
1274	66534	Very Good	MH			Mental Health
1006	66534	Poor	MH			Mental health professionals
1070	66534	Poor	MH			Mental health programs
1173	66534	Average	MH			Mental health programs
1201	66534	Poor	MH			Mental health programs.
1228	66534	Poor	MH			Mental health services
1014	66534	Very Good	MH			Mental health services
1226	66534	Poor	MH			Mental health services
1145	66534	Very Good	MH			Mental Health Services for all Ages
1016	66534	Average	NH	FIT	HRS	Something to help aging population to get exercise. Classes are great but usually only available in the mornings. Evening would be nice also.
1236	66538	Very Good	NH	FIT	PHY	Regular senior exercise, walking and balancing program beyond PT to stay strong year round.
1079	66538	Very Good	NH			home cleaning for the disabled and elderly with health problems
1074	66534	Good	NUTR	ADOL	EDU	Nutrition programs for all ages; youth health education
1192	66538	Poor	NUTR	EDU	PREV	A program that sets a good example for health, diet and wellness should be available for children and adults, however, it appears the teachers and nurses themselves are not well educated about health, diet, and wellness. It is not good when you go to a diet counselor or educator, and they are obese and out of shape.
1090	66539	Good	NUTR	EDU		A new meals on wheels program with A people who can actually cook B people who are friendly
1194	66534	Very Good	NUTR	NH	PREV	Nutrition classes for all ages and exercise program for seniors. Wellness program for seniors.
1032		Very Good	NUTR	OBES		Diet and weight loss
1270	66428	Very Good	NUTR	PREV	EDU	Nutrition/wellness classes/education.
1316	66534	Average	OBES			Free weight loss programs
1322	66534	Good	OBG			On call obgyn
1242	66534	Good	OTHR	ADOL		Boys & Girls Club would be great
1273	66404	Very Good	OTHR			i would focus on what we have instead of adding more
1252	66534	Very Poor	OTHR			New way to provide health care
1337	66538	Good	PHAR	MAN	EDU	Medication Management and Education
1275	66515	Good	POV			Poverty project or circles project
1151	66534	Average	PREV	FIT		Incentives for healthy living, exercise reimbursement

CHNA 2024 Community Feedback: Nemaha County, KS (N=343)						
ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1064	66403	Very Good	PREV	NUTR		lunch and learns on healthy eating/cooking habits. Maybe some healthy cooking classes you could sign up to take
1198	66534	Very Poor	PRIM			primarily, closure of the family practice death camp
1067	66538	Good	REC	FIT	ADOL	Having additional walking trails, outdoor exercise parks, and play equipment. Further, establishing groups for teens to engage with that are non-sports related.
1125	66538	Very Good	REC	FIT	EQUIP	More indoor fitness options (classes, track, equipment) for when weather is terrible
1072	66538	Very Good	REC	FIT		Community walking trails connected to all areas of town for exercise and safety of students walking home from school and bike riding. Community exercise facilities and common gym space.
1040	66538	Very Good	REC	FIT		Seneca needs an in-door walking track and new fitness center, pickleball courts with scheduled times to sign-up for with rec director.
1295	66427	Very Good	REC	FIT		Walking /biking trails, fitness center/gym
1308	66415	Very Good	REC	FIT		walking trail, community fitness
1301	66538	Very Good	REC	SERV		I know there is a "running" club but would like to see a "walking" club. Basics and beginner picketball session to learn
1106	66538	Very Good	REC	SH	RHE	Indoor facilities all year long. School programs to include all students in our school--outside athletics. Rheumatology services especially for the chronic or senior citizens so they don't have to travel to the large city hospitals.
1208	66534	Very Good	SERV	NURSE		Programs to create an expanded pool of qualified nurses.
1123	66534	Poor	SERV	QUAL		Implement the direct care method.
1155	66534	Poor	SERV	QUAL		Nothing new needs to be added until the housing crisis is taken care of.
1280	66534	Poor	SERV			More "new". Good grief
1163	66550	Average	SERV			not sure we need "new" a new perspective on what we have - is medicine about the patient? customer service focus as a new directive might be what we need.
1136	66534	Very Good	SPRT	CHRON	NH	Support groups for chronic illnesses especially for the elderly and their families.
1235	66538	Good	SPRT	FIT	SERV	More group programs, things like exercise programs, but also other activities that bring people together to help improve mental health of those that feel isolated and also help people that are new to the community meet new people.
1068	66415	Average	SPRT	MH		Family planning, mental health
1154		Average	SPRT	PREV	ALT	Health programs and doctors that follow natural medicine approach, that put an emphasis on quality nutrition and water, sleep, exercise, supplements and tried and true medicines when necessary.
1129	66534	Very Poor	TRAN			Transportation to Topeka to patients choice of medical care
1291	66534	Average	TRAU	THER		PTSD, childhood trauma, therapy
1030	66534	Very Good	VACC	CLIN		Immunizations in clinic
1007	66538	Very Good	VACC	DOH	CC	Programs/vaccines through the county health department. More child care options.
1254	66534	Very Poor	VACC			How can people that fell for the fake vax, booster, booster 2, booster 3, booster 4, etc - not die from them. Any remedy?

Year 2024 - Let Your Voice Be Heard!

Nemaha Valley Community Hospital & Sabetha Community Hospital area providers are working together to update a comprehensive community-wide 2024 Community Health Needs Assessment (CHNA) to identify unmet health needs. To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery. NOTE: Please consider your answers to the survey questions as it relates to ALL healthcare services in our community, including but not limited to our local hospital.

While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention! CHNA 2024 online feedback deadline is March 8, 2024.

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

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

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

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

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

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

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

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

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

- | | |
|--|--|
| <input type="checkbox"/> Mental Health Services (Provider, Treatment, Aftercare) | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Suicide Prevention | <input type="checkbox"/> Care After Hours |
| <input type="checkbox"/> Affordable Housing | <input type="checkbox"/> Access to Specialists |
| <input type="checkbox"/> Exercise / Fitness Services | <input type="checkbox"/> Senior Housing / Activities |
| <input type="checkbox"/> Child Care Options | <input type="checkbox"/> Chronic Disease Management |
| <input type="checkbox"/> Drug / Alcohol Abuse | <input type="checkbox"/> EMS |
| <input type="checkbox"/> Lack of "Owning Your Own Health" | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Youth Health Education | <input type="checkbox"/> Dental / Optometry Access |
| <input type="checkbox"/> Cancer Care | |

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

- | | |
|--|--|
| <input type="checkbox"/> Mental Health Services (Provider, Treatment, Aftercare) | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Suicide Prevention | <input type="checkbox"/> Care After Hours |
| <input type="checkbox"/> Affordable Housing | <input type="checkbox"/> Access to Specialists |
| <input type="checkbox"/> Exercise / Fitness Services | <input type="checkbox"/> Senior Housing / Activities |
| <input type="checkbox"/> Child Care Options | <input type="checkbox"/> Chronic Disease Management |
| <input type="checkbox"/> Drug / Alcohol Abuse | <input type="checkbox"/> EMS |
| <input type="checkbox"/> Lack of "Owning Your Own Health" | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Youth Health Education | <input type="checkbox"/> Dental / Optometry Access |
| <input type="checkbox"/> Cancer Care | |

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

- ☐ Chronic Disease Management
 ☐ Limited Access to Mental Health
- ☐ Lack of Health & Wellness
 ☐ Family Assistance Programs
- ☐ Lack of Nutrition / Access to Healthy Foods
 ☐ Lack of Health Insurance
- ☐ Lack of Exercise
 ☐ Neglect
- ☐ Limited Access to Primary Care
 ☐ Lack of Transportation
- ☐ Limited Access to Specialty Care

Other (Be Specific).



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

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



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

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

☐ Yes

☐ No

If yes, please specify the services received

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

☐ Yes

☐ No

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

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

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

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

Other (Please specify).

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

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

Other (Please specify).

16. For reporting analysis, please enter your HOME 5-digit ZIP code.

e.) County Health Rankings & Roadmap Detail

[VVV Consultants LLC]

Nemaha County

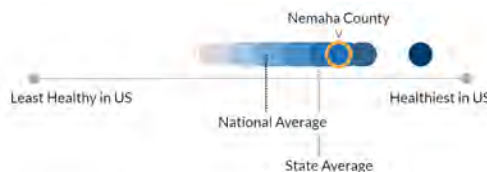


KANSAS HEALTH INSTITUTE
Informing Policy. Improving Health.

Health Outcomes



Health Factors



khi.org
countyhealthrankings.org

Health Outcomes and Health Factors summaries replace the numerical ranking provided in previous years.

Each Kansas county with sufficient data is represented by a dot, placed on a continuum from least healthy to healthiest in the nation.

The color of each dot represents data-informed groupings of counties nationwide with similar Health Outcomes or Health Factors on the continuum.

Population: 10,115

	2020	2021	2022	2023	2024	Kansas 2024	U.S. 2024
Health Outcomes							
Length of life							
Premature death (years of potential life lost, per 100,000) ⁽¹⁾					5022	8079	7972
Quality of life							
% Reporting poor or fair health, adults ⁽¹⁾		15	15	12	13	14	14
Average number of poor physical health days, adults ⁽¹⁾		4	3	3	3.1	3.2	3.3
Average number of poor mental health days, adults ⁽¹⁾		4	4	4	4.5	5.0	4.8
% Low birthweight, <2,500 grams	5.5	4.8	5.3	5.3	5	7	8
Health Factors							
Health Behaviors							
% Smokers, adults ⁽¹⁾		19	18	18	17	16	15
% Obese, adults age 20 and older ⁽¹⁾			32	35	38	37	34
Food environment index, 0 (worst) to 10 (best)	8.1	8.2	7.8	8.1	8.2	7.1	7.7
% Physically inactive, adults age 20 and older ⁽¹⁾			28	21	24	23	23
% Access to exercise opportunities ⁽¹⁾				65	65	80	84
% Excessive drinking, adults ⁽¹⁾		21	19	20	19	20	18
% Driving deaths with alcohol-involvement	57	44	43	43	17	20	26
Sexually transmitted infection rate, per 100,000 population	119	188	137	176	146.8	506.1	495.5
Teen birth rate, per 1,000 females age 15-19 ⁽¹⁾					13	19	17
Clinical Care							
% Uninsured, population under age 65	8	8	8	8	8	11	10
Primary care physicians rate, per 100,000 population	99	98	98	128	127	78	75
Dentists rate, per 100,000 population	89	88	89	98	99	63	74
Mental health providers rate, per 100,000 population	10	10	20	20	20	237	314
Preventable hospital stays rate, per 100,000 Medicare enrollees	3976	4766	4271	2722	3332	2576	2681
% Mammography screening, Medicare females age 65-74	51	47	48	44	49	48	43
% Flu vaccinations, Medicare enrollees	34	38	33	31	29	47	46
Social & Economic Factors							
% High school completion, adults age 25 and older ⁽²⁾		94	93	93	93	92	89
% With some college, adults age 25-44	79	78	79	81	78	71	68
% Unemployed, population age 16 and older	2.3	2.8	3	1.8	1.8	2.7	3.7
% Children in poverty	11	11	9	10	10	14	16
Income inequality ratio, 80th to 20th percentile	4.2	4.1	4.5	4.5	4.7	4.4	4.9
% Children in single-parent households	18	10	12	12	15	21	25
Membership associations rate, per 10,000 population	12.8	12.8	12.7	12.8	12.7	13.2	9.1
Injury death rate, per 100,000 population ⁽¹⁾					87	82	80
Physical Environment							
Average daily density of fine particulate matter ⁽³⁾	9.2	7.3	8.5	7.8	7.8	6.7	7.4
Drinking water violations?	No	Yes	No	No	Yes		
% Households with severe housing problems	8	8	9	8	8	12	17
% Driving alone to work	78	78	82	85	83	78	72
% Long commute - driving alone	16	15	14	12	11	22	36

Empty cells: Shaded cells indicate measures were omitted due to methodology change⁽¹⁾, new additions⁽²⁾, or are unavailable due to low reliability.

⁽³⁾Source data have not been updated since the 2023 County Health Rankings Release.

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

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

Health Factors: Drivers with the greatest impact on health, Nemaha County, KS - 2024

	Measure	Description	Factor Category	County Value	U.S. Value	Direction of Impact
1	Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	Social and Economic Environment	1.8%	3.7%	+
2	Children in Poverty	Percentage of people under age 18 in poverty.	Social and Economic Environment	10%	16%	+
3	Some College	Percentage of adults ages 25-44 with some post-secondary education.	Social and Economic Environment	78%	68%	+
4	Adult Smoking	Percentage of adults who are current smokers (age-adjusted).	Health Behaviors	17%	15%	+
5	Primary Care Physicians	Ratio of population to primary care physicians.	Clinical Care	127	75	+

Health Outcomes: Drivers with the greatest impact on health, Nemaha County, KS - 2024

	Measure	Description	Factor Category	County Value	U.S. Value	Direction of Impact
1	Premature Death	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	Length of Life	5022	7972	+
2	Low Birthweight	Percentage of live births with low birthweight (< 2,500 grams).	Quality of Life	5%	8%	+
3	Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	Quality of Life	3.1	3.3	+
4	Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	Quality of Life	4.5	4.8	+
5	Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	Quality of Life	13%	14%	+

N/A: Not applicable due to insufficient data.
+ Green Plus: Measure with a positive impact on a county’s health grouping.
- Red Minus: Measure with a negative impact on a county’s health grouping.

Technical Note: The U.S. values are provided as a point of reference. However, the drivers and direction of impact are determined by using the county value and the average across counties in the U.S. and then applying measure weights. Drivers are provided in order of impact on health for this year. Values have been rounded according to how they are presented on the County Health Rankings and Roadmaps website. For more information on the derivation of health groups, please visit: bit.ly/2024CHRzScores. For more information on data sources, year(s) of data and weights for measures, please visit bit.ly/2024CHRmeasures.

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2024 CHNA Implementation Plan - Nemaha CO, KS (NVCH & SCH)

Wave #5 CHNA Health Needs Tactics Year 1 of 3 starting ... 7/1/24 -v6/30/25 (for NVCH) or 1/1/25-12/31/25 (for SCH)

	CHNA Health Areas of Need	T	"Specific Actions" to Address Community Health Need	Identified "Lead"	Identified Partners	Timeframe	(Hours)	\$\$\$
1	Childcare (Affordable & Accessible)	a	Research and document current area childcare capacity with the idea of growth in mind. Report area vital community childcare capacity statistics. Recruit childcare providers to fulfill community needs; and assist local facilities.	Nemaha Co & PSA Cities	North Ridge Family Dev Ctr, HeadStart, Childcare Aware, Stepping Stones & PSA Employers			
	This health need is a community Social determinant, thus not part Hospital's Mission or Critical operations. Will partner with others as appropriate.	b	Collaborate with local schools, Wellness Center, churches, etc. to provide childcare services for community. Include before and after-school programming. Visit local daycare facilities to understand delivery.					
		c	Conduct Childcare Support education i.e., teen babysitting classes, community options, etc. Continue to provide support for licensure i.e., CPR classes. Utilize advertising and media outlets to keep the community aware of childcare available.					\$1
		d	Provide training opportunities (work shop) for local firms to possibly consider offering onsite childcare services.					
		e	Continue to lobby KS State lawmakers to ease child care regulations to encourage more supply options.					\$1
2	Mental Health (Diagnosis, Placement, Aftercare, Access to Providers)	a	Continue to educate ER staff regarding mental health delivery issues. Specifically share available resources, offer education courses to keep staff current in terms of treating mental health.	NVCH & SCH	Kanza Mental Health & Guidance, Horizons, Brighter Dawn, Nemaha County Health Services			
		b	Recruit Mental Health provider(s) to meet specific MH capacity needs as identified. Explore potential space for additional MH services within local hospitals.					\$
		c	Continue to encourage primary care physicians to complete depression screenings at annual physicals. Continue to implement behavioral health services into primary care clinic deliver. (PQRS measure).					
		d	Collaborate with community elementary, middle, and high schools to educate students on mental health to begin designating mental health conditions. Continue Bullying prevention training. Continue onsite therapist services.					
		e	Continue/Launch hospital telehealth / develop relationships with key MH community partners for collective impact. Potentially expand tele psych delivery options.					
		f	Research / Investigate grants and grant writing to fund mental health. Use grant funding to support mental health care and mental health prevention.					
		g	Secure community resources to increase awareness for mental health services in the community. Support mental health awareness through local media resources. Investigate programming to reduce / eliminate MH stigma.					
		h	Promote and support new 988 24-hour crisis hotline. Promote toll free number on hospital websites.					
3	Housing (Affordable & Accessible)	a	Investigate grant writing to fund public / safe housing. If available, designate community lead to work to attain the necessary grant.	Nemaha Co & PSA Cities	State of KS, Federal Gov, Rural Development Assoc. of NE Kansas			

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Wave #5 CHNA Health Needs Tactics Year 1 of 3 starting ... 7/1/24 -v6/30/25 (for NVCH) or 1/1/25-12/31/25 (for SCH)

	CHNA Health Areas of Need	T	"Specific Actions" to Address Community Health Need	Identified "Lead"	Identified Partners	Timeframe	(Hours)	\$\$\$
	This health need is a community Social determinant, thus not part Hospital's Mission or Critical operations. Will partner with others as appropriate.	b	Create a County Housing Development Plan that would address affordable and safe housing for community residents. Improve County housing code process. Recruit Builders to start housing development with TIF / county shared funding based on research.					
		c	Explore / launch "Habitat for Humanity" program. Teach technical skills (weekend workshops) to rehab houses for resell. Promote program.					\$1
		d	Offer housing coalition properties to enhance housing options in PSA. Explore safe rental inspection set-ups. Re-instate code officer.					
4	Substance Abuse (Drugs & Alcohol)	a	Continue to expand & develop meaningful community youth activities. Continue to explore prevalent issues leading to adolescent drug abuse. Expand Drug Education Programming at local Schools focusing on alcohol/tobacco/drug education (i.e. SADD). Apply for grants to help assist with growing these resources.	KANZA, PSA Law Enforcement	Nemaha Co, PSA Schools / Cities / Liquor Stores / Sabetha Ministerial Alliance / NVCH / SCH			\$1
	This health need is a community Social determinant, thus not part Hospital's Mission or Critical operations. Will partner with others as appropriate.	b	Continue to support community substance abuse counseling. Establish / maintain a resource list for addiction treatment. (Adult & Youth). Communicate Recovery support system partners. Create or refer programs to help addicts and their families.					
		c	Continue/Launch to offer Prescriptions Takeback Service at local police departments.					
		d	Continue with hospital Pain Clinic services; offering alternative treatment options. Encourage the use of alternative therapies to reduce prescriptions of opioids. If needed, maintain up to date provider education/training.					
		e	Explore starting a local advertisement / social media campaign to combat drinking and drug abuse (emphasize ramifications). Understand prevalent community issues leading to excessing during & drug abuse.					\$1
		f	Continue to monitor prescription drug abuse (Utilizing KTRACS). Create an alert system between physicians and pharmacies for drug abuse.					
		g	Explore options for recruiting additional substance abuse professionals to deliver care in PSA.					
		h	Continue to educate ED staff regarding substance abuse delivery. Continue to train law enforcement in crisis intervention. Continue to enforce drug education training through Narcan training for every officer.					
		i	Continue/Launch Recovery support system partners (local AA program). Create programs to help addicts and their families. Continue to provide counseling and support for drug abusers and their families. Promote patient treatment to emphasize health care instead of being labeled addicts.					

2024 CHNA Implementation Plan - Nemaha CO, KS (NVCH & SCH)

Wave #5 CHNA Health Needs Tactics Year 1 of 3 starting ... 7/1/24 -v6/30/25 (for NVCH) or 1/1/25-12/31/25 (for SCH)

	CHNA Health Areas of Need	T	"Specific Actions" to Address Community Health Need	Identified "Lead"	Identified Partners	Timeframe	(Hours)	\$\$\$
5	Chronic Disease Management (Cancer, Diabetes, In-Home Care)	a	Actively participate in the Medicare Chronic Disease Program. Invest in resources (manpower, capital, and Information systems) necessary to support the program.	NVCH & SCH	Amer Cancer Soc, PSA Visiting Specialists, Nemaha Co Home Health and Hospice, ONAGA, Metalark, Department of Aging, Area Agency on Aging			\$1
		b	Continue to develop processes to support primary care and other providers in efforts to refer patients to nutritionists and diabetic educators. Launch and promote support groups for diabetes, cancer, and cardiac rehab.					
		c	Investigate the further usage of telemedicine to help with chronic disease management.					
		d	Investigate/seek grant writing options to fund Chronic Disease Management / preventive health.					
		e	Provide health screenings and awareness activities. Utilize health portals to notify patients about appropriate screenings and reminders of upcoming screenings due based on age and/or history. Collaborate with PC providers to keep them engaged with their patients on the screening upkeeps.					\$1
		f	Increase education on importance of preventive health care visits to catch early cancer. Collaborate with women's health services to ensure the female population is receiving yearly mammograms. Continue to encourage routine cancer screening.					\$1
6	Obesity (Access to Healthy Foods / Exercise)	a	Maintain countywide activities inventory (hours/programs) of fitness centers etc. Continue to promote "free" fitness activities within the community - Zumba, water aerobics, family swim, local 5k's etc. Continue to promote/sponsor a community-wide "fitness challenge" i.e. Weight loss.	NVCH / SCH	Nemaha Dept. of Hlth, K-State Extension, PSA Nutr Ctr / Schools / Hlth Wellness Ctr / Rec Dept. / Parents as Teachers & Food Stores / Sabetha Hlth & Wellness Ctr, Main Street Fitness in Seneca			
		c	Promote current free (low-cost) community fitness offerings (Walking trails, indoor and outdoor facilities). Continue cost-assistance programs to increase accessibility for community members.					
		d	Continue to promote/provide "free and/or low cost" school sports physicals / wellness examinations.					\$1
		e	Host Lunch & Learn educational series focusing on cooking demos, food labels, grocery store tours, restaurants healthy meals / portions options, health fairs, classes, speakers etc.					\$1
		f	Request for local youth groups to complete/ host county-wide wellness project (such as FFA,4-H).					\$1
		g	Collaborate with health plans, local cities and other groups focused on offering fitness & healthy eating opportunities. (Extension Office). Sponsor a program to teach people how to shop on a budget and eat healthy.					\$1
		h	Continue "Meals on Wheels" program to support healthy lifestyles for elderly, disabled, or confined to their homes.					

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	CHNA Health Areas of Need	T	"Specific Actions" to Address Community Health Need	Identified "Lead"	Identified Partners	Timeframe	(Hours)	\$\$\$
		i	Support Backpack school program. Continue to have access to healthy foods in schools. Ask PSA School Districts to present what they have done so far with improving the school lunches.					
		j	Create a formal Hospital Marketing Plan to promote existing healthcare services, facilities and specialists. Con't Community Health Education Activities, use both traditional & social media tools and develop website virtual tours.					\$1
		k	Support or explore grant writing services for fitness / nutrition services in Nemaha County.					
		l	Continue hospital(s) nutrition services. Encourage the utilization of dietician in primary care and specialty care settings.					\$1
7	Uninsured / Underinsured	a	Continue to educate public on payment options at the hospital. (Hope Fund / Patient Financial Asst.)	Dept. of Aging, KHA	NVCH, SCH, Nemaha Co, State of Kansas			
	This health need is a community Social determinant, thus not part Hospital's Mission or Critical operations. Will partner with others as appropriate.	b	Continue to partner with KHA to advocate for Medicaid Expansion. Serve on lobby state committees. Encourage all providers to accept Medicaid.					
		c	Expand marketplace enrollment assistance education. Assist residents in enrolling in Medicaid and ACA insurance plans. Explore the option of utilizing Library computers as a resource to get individuals enrolled.					\$1
		d	Provide education to public and community in regards to how to properly navigate your health insurance.					\$1
8	Youth Health Education (Addition)	a	Emphasize health education with focus on chronic health, smoking/tobacco/vaping, increased seat belt usage, exercise, nutrition, and sex education.	Nemaha Dept. of Hlth	NVCH & SCH, PSA Schools Nutr Ctr / 4H / Hlth & Wellness Ctr, K-State Extension and Highland College.			
		b	Continue to conduct or be involved with local 'health fairs' to educate local youth on the healthcare services offered. Partner with fitness and wellness centers.					\$1
		c	Host learning sessions to educate community on Health & Wellness practices / Social Service Programs. Collaborate with schools, churches, and DOH to offer health education opportunities, programs and/or health fairs.					\$1
		d	Continue expansion for Parks & Rec for youth physical activity programs.					
		e	Partner with DOH, schools, and EMS for local CPR education/certification for adults and infants along with babysitting courses/classes.					\$1
	Overall Total Contributions							\$19