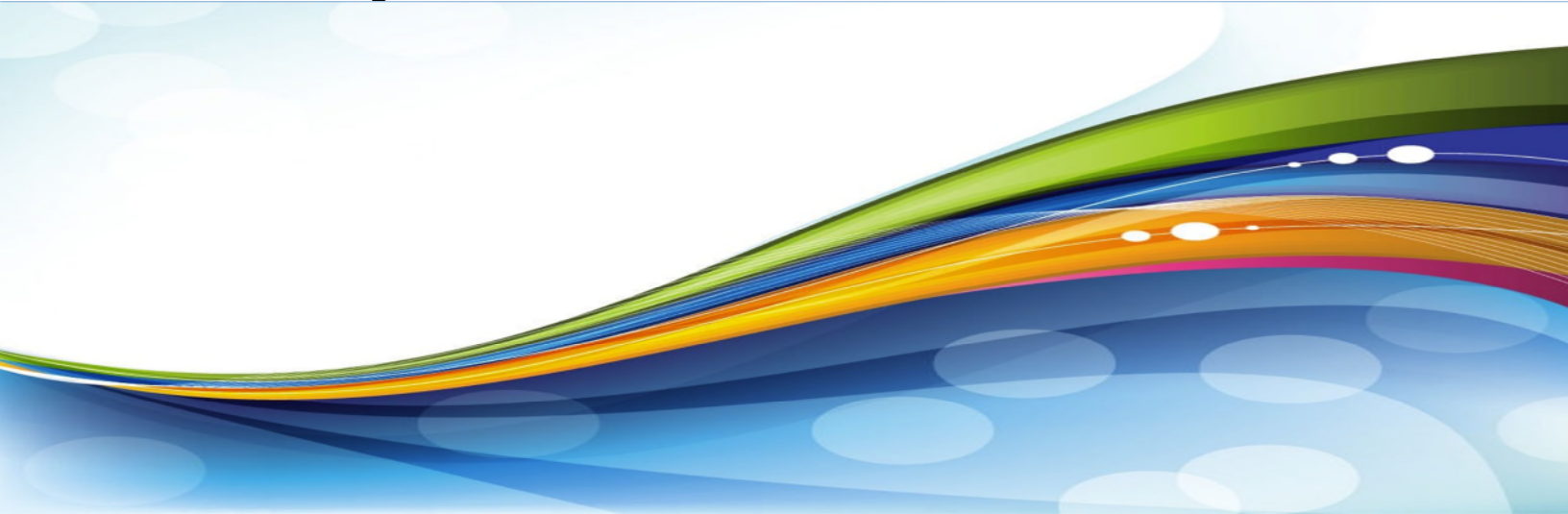




Smith County, KS

Community Health Needs Assessment Round #2



June 2015

**VVV Research & Development, LLC
Olathe, KS**

Community Health Needs Assessment

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Shaded lines note IRS requirements

I. Executive Summary

[VWV Research & Development, LLC]

I. Executive Summary

Smith County, KS - 2015 Community Health Needs Assessment (CHNA) Round #2

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders and providers, along with local residents, to research and prioritize county health needs and document community health delivery successes. This health assessment will serve as the foundation for community health improvement efforts for the next three years. The last CHNA for Smith County, KS was published in May of 2012. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). This assessment was coordinated and produced by VVV Research & Development, LLC (Olathe, Kansas) under the direction of Vince Vandehaar, MBA.

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

Town Hall "Community Health Strengths" cited for Smith County Memorial Hospital's Primary Service Area are as follows:

Smith Co, KS - Community Health "Strengths"			
#	Topic	#	Topic
1	Quality & Number of Providers	9	School Nurses
2	Community & Provider Involvement in Healthcare	10	Number of Births Trending Upward
3	Access to Physical Activity	11	Quality of Life
4	Two Pharmacies	12	Low Suicide Rates
5	Immunization Rates	13	Affordable Wellness Opportunities
6	Forward Progress in Planning Facility Upgrades	14	Providers Work Well with Existing Facilities
7	Home Health Options	15	Hospital Administration
8	Water Treatment Plant	16	Rank High Among Other Counties

Town Hall "Community Health Changes and/or Improvements Ranking" cited for Smith County Memorial Hospital's Primary Service Area are as follows:

Smith Co, KS - Smith County Memorial Hospital PSA				
Town Hall Community Health Needs Priorities (31 Attendees)				
#	Health Needs to Change and/or Improve	Votes	%	Accum
1	Complete Hospital Facility Upgrades / Improvements	28	22.6%	22.6%
2	Increase Assisted Living Senior Service Options	20	16.1%	38.7%
3	Decrease # of Uninsured - focus on increasing Health, Dental & Eye coverage	17	13.7%	52.4%
4	Improve Behavioral Health delivery (Assessment & Placement)	15	12.1%	64.5%
5	Provide Healthcare Transportation (Outside of Smith Center)	11	8.9%	73.4%
6	Decrease Hospital Bad Debt/Charity Care	10	8.1%	81.5%
Total Town Hall Votes		124	100.0%	
Note:	Other items receiving votes: Children in Poverty, Traffic Accidents (Teens), Obesity Rates Due to Nutrition and Fitness, Alcohol, Drug Abuse, Low Birth Weights, Prenatal/WIC Education, Funding for Healthcare Improvement, Senior Care, Specialty Clinics (Urology, ENT, Orthopedic, Dermatology).			

Key Community Health Needs Assessment Conclusions from secondary research for Smith County Memorial Hospital's Primary Service Area are as follows:

KS HEALTH RANKINGS: According to the 2014 RWJ County Health Rankings study, Smith County's highest State of Kansas rankings (of 105 counties) were in Clinical Care, Social and Economic Factors, Health Outcomes, Health Behaviors, Mortality, Morbidity and Health Factors.

- TAB 1: Smith County has a population of 3,706 residents as of 2013. 26.8% of Smith County's population consists of the elderly (65+), and 27.9% percent of these elderly people (65+) are living alone. The percent of Hispanics and Latinos in Smith County is 1.5%. 27.0% percent of children in Smith County live in single-parent households. The percent of people living below the poverty level in is 15.4%, higher than the Kansas rural norm of 12.5%. The percent of children living below poverty level in Smith County is 29.1%, much higher than the Kansas rural norm of 18.1%. The percent of people with limited access to healthy foods is 12.0%, higher than the Kansas rural norm of 8.0%. The voter turnout in Smith County is 80.0%, higher than the Kansas rural norm of 71.0%.
- TAB 2: The Smith County per capita income equals \$26,646. The median value of owner-occupied housing units is \$59,500, lower than the Kansas rural norm of \$75,775. The percent of unemployed workers in the civilian labor force in Smith County is 2.7%. 12.5% of people in Smith County are low-income persons with low access to a grocery

store. The number of households without a vehicle is 6.4%, higher than the Kansas rural norm of 4.2%. The percent of solo drivers with a long commute is 14.2%.

- TAB 3: In Smith County, 31.5% of students are eligible for the free or reduced lunch program. The poverty status by school enrollment is 17.7%, much higher than the Kansas rural norm of 12.6%. The county maintains a 89.7% high school graduation rate, which is higher than the Kansas rural norm of 84.6%. The percent of persons (25+) with a Bachelor's degree or higher in Smith County is 14.6%, lower than the Kansas rural norm of 20.5%.
- TAB 4: The percent of births where prenatal care began in the first trimester in Smith County is 76.8%. The percentage of premature births is 10.5%, higher than the Kansas rural norm of 8.9%. The percent of births with low birth weights in Smith County is 6.3%. The average monthly WIC participation rate in Smith County is 13.8%, lower than the Kansas rural average of 20.9%. 28.4% of births are occurring to unmarried women, lower than the Kansas rural norm of 31.3%.
- TAB 5: The ratio of the population in Smith County to primary care physicians is 1,419, lower than the Kansas rural norm of 2,114. The staffed hospital bed ratio in Smith County is 6.6%. The Chronic Obstructive Pulmonary Disease hospital admission rate of 93 is lower than the Kansas rural norm of 194. The injury hospital admission rate of 401 in Smith County is lower than the Kansas rural norm of 691.
- TAB 6: The depression rate for the Medicare population in Smith County is 11.6%, lower than the Kansas rural norm of 15.2%. The percent of alcohol-impaired driving deaths in Smith County (62.5%) is much higher than the Kansas rural norm of 36.4%. The percentage of people in Smith County with inadequate social support (8.0%) is lower than the Kansas rural norm of 16.0%.
- TAB 7: The adult obesity rate in Smith County is 31.0%. The percent of people in Smith County who are physically inactive is 30.0%, higher than the Kansas rural norm of 25.0%.
- TAB 8: The uninsured adult population rate in Smith County is 18.4%, higher than the Kansas rural norm of 17.4%.
- TAB 9: The age-adjusted years of potential life lost due to traffic injury in Smith County is 2,608, higher than the Kansas rural norm of 1,541. The age-adjusted traffic injury mortality rate in Smith County is 78 per 100,000, higher than the Kansas rural norm of 25.
- TAB 10: The percentage of infants fully immunized at 24 months in Smith County is 92.5%, higher than the Kansas rural norm of 78.6%. The percent of diabetic screenings in Smith County is 75.0%, lower than the Kansas rural norm of 86.0%. Access to exercise opportunities in Smith County is 63.5%, higher than the Kansas rural norm of 51.3%.

II. Methodology

[VVV Research & Development, LLC]

II. Methodology

a) Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

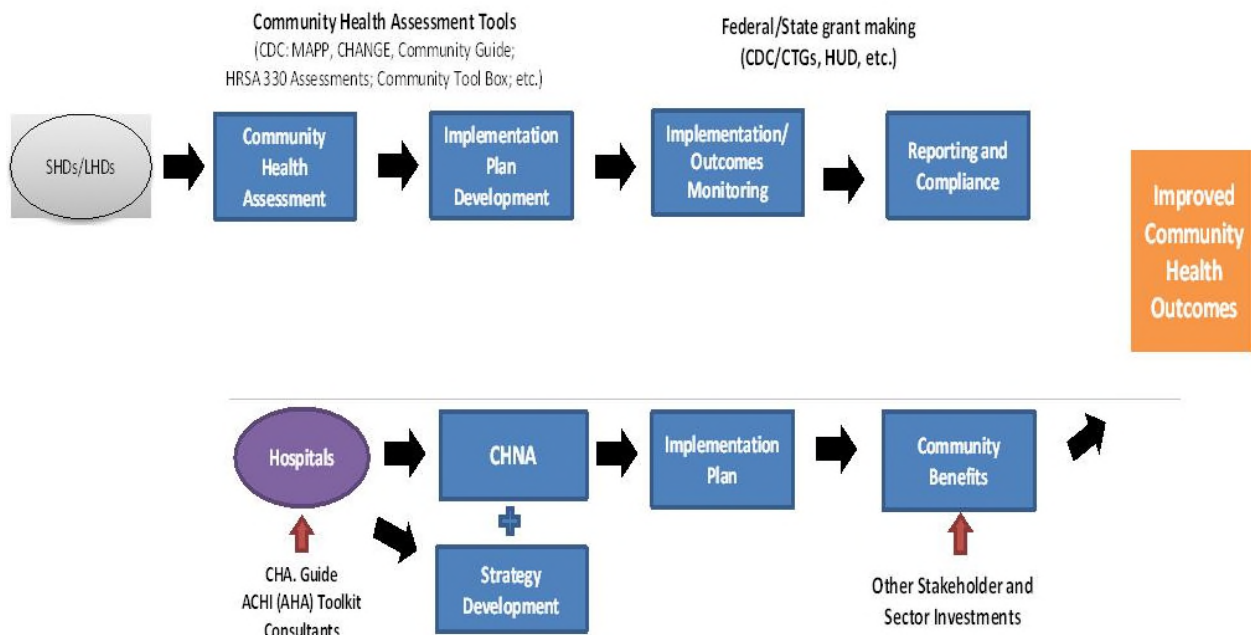
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Notice 2011-52 Overview

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

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

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

Year 2015 - IRS and Treasury Finalize Patient Protection Rules for Tax-Exempt Hospitals

ACCOUNTING TODAY 1/2/15

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

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

The ACA also added a new Section 4959, which imposes an excise tax for failure to meet the CHNA requirements, and added reporting requirements. These final regulations provide guidance on the entities that must meet these requirements, the reporting obligations relating to these requirements and the consequences for failing to satisfy the requirements. "Charitable hospitals represent more than half of the nation's hospitals and play a key role in improving the health of the communities they serve," wrote Emily McMahon, Deputy Assistant Secretary for Tax Policy at the U.S. Department of the Treasury, in a **blog post** Monday explaining the requirements. "But reports that some charitable hospitals have used aggressive debt collection practices, including allowing debt collectors to pursue collections in emergency rooms, have highlighted the need for clear rules to protect patients. For hospitals to be tax-exempt, they should be held to a higher standard. That is why the Affordable Care Act included additional consumer protection requirements for charitable hospitals, so that patients are protected from abusive collections practices and have access to information about financial assistance at all tax-exempt hospitals."

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

continuing to provide meaningful guidance on protections for patients and requirements to assess community health needs," she added.

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

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

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

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

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

II. Methodology

b) Collaborating CHNA Parties

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

Smith County Memorial Hospital Profile

614 S Main St, Smith Center, KS 66967

Administrator: Allen Van Driel

About Us: Smith County Memorial Hospital is a 25 bed not-for-profit Critical Access Hospital with an attached 28 bed Long Term Care unit and a Rural Health Clinic, located in Smith Center, KS.

The hospital was opened June 7, 1951, and on December 12, 1971, the Long Term Care Unit was completed.

In 2004, construction was completed of the Gardner Wellness & Physical Therapy Center, the newest addition of the hospital. This addition has provided much needed space for the Physical Therapy department as well as provided space for Cardiac Rehabilitation and a pool to provide aquatic therapy.

Smith County Health Department Profile

119 S Main St, Smith Center, KS 66967

Administrator: Laura Hagman

The Smith County Health Department is open Monday through Friday from 8:00 am to 12:00 pm and 1:00 pm to 4:00 pm. On Tuesdays, the Smith County Health Department is closed from 1:00 pm to 4:00 pm.

Services:

- Kansas Women Infant Children Program
- Title X Family Planning Programs
- Maternal Infant and Children Program
- Maternal Infant Program
- Immunizations
- Laboratory Service
- Disease Surveillance
- Daycare Licensing
- In Home Medication Management
- In Home Skilled Nursing Visits
- Elderly Home Care Assistance
- Home and Community Based Service
- Public Health in Office Services
- Dietician Consultation
- Environmental Sanitation
- Parenting Classes and Parenting Options Assessment
- Childbirth Classes
- Emergency Preparedness
- Healthy Start Home Visitor Program
- Breastfeeding Educator Program

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications



VVV Research & Development, LLC

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

VINCE VANDEHAAR, MBA

Principal Consultant & Owner of VVV Research & Development, LLC

VVV Research & Development, LLC was incorporated on May 28th, 2009. With over 30 years of business & faculty experience in helping both providers, payors, and financial service firms obtain their strategic planning and research & development needs, Vince brings in-depth health industry knowledge, research aptitude, planning expertise and energy. VVV Research & Development services are organized, formal processes of listening to the voice of the customer. Vince started his consulting business after working for Saint Luke's Health System (SLHS) of Kansas City for 16 years. *(Note: Saint Luke's Hospital of Kansas City, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003. The Baldrige examiners cited Vince's department as "Best Practice" in the areas of customer satisfaction, market research and evaluation efforts <Kansas City Star 3/10/04>).*

VVV Research & Development, LLC consultants have in-depth experience helping hospitals work with local Health Departments to engage community residents & leaders to identify gaps between existing health community resources & needs and construct detailed strategies to meet those needs - while still adhering to the hospital's mission and budget. Over the past 20 years, Vandehaar has completed eight comprehensive Baldrige aligned Community Health Needs Assessments for Saint Luke's of Kansas City System facilities (three campuses) and was contracted to conduct 2 additional independent Dept. of Health consulting projects (prior to IRS 990 regs). To date, VVV has completed 39 CHNA IRS aligned assessments for Kansas, Iowa and Missouri hospitals & Health Departments.

Vince Vandehaar, MBA is actively involved in the Kansas City community. He is a member the Greater Kansas City Employee Benefits Association, the Society for Healthcare Strategy & Market Development, the American Marketing Association Kansas City Chapter and Co-Chair of the AMA Kansas City Healthcare Special Interest Group. In addition to these roles, from 2000 to 2008, Vince served as the state chairman for MHA's Data Committee and was a member of KHA's Data Taskforce.

Collaborating Consultants

Alexa Backman, MBA 2015 - VVV Research & Development, LLC
Lead Business Development Analyst

II. Methodology

c) CHNA & Town Hall Research Process

Our Community Health Needs Assessment process began in December of 2014. At that time an inquiry by Hays Medical Center (Hays, KS) to all NW KS Health Alliance Network member hospitals was communicated to explore the possibility of a “group buy” to meet IRS CHNA requirements. (Note: Most NW KS Alliance Network hospitals work closely with Hays Medical Center to provide onsite IT, Telemedicine, Mobile Radiology and Bio-Medical services. In addition, many Hays based specialists will travel to neighboring counties to provide visiting outreach clinics).

In late December of 2014 a meeting was called (hosted) by Hays Medical to learn more from the NW Alliance members (24) regarding their CHNA needs and to review the possible CHNA collaborative options. VVV Research & Development, LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV Research CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss the next steps.

VVV CHNA Deliverables:

- Uncover and document basic secondary research – health of county (organized by 10 TABS)
- Conduct Town Hall meeting to discuss secondary data and uncover and prioritize county health needs
- Conduct and report CHNA primary Research (valid N)
- Prepare and publish IRS-aligned CHNA report to meet requirements

VVV CHNA Smith County Memorial Hospital Work Plan Project Timeline & Roles 2015

Step	Date (Start-Finish)	Lead	Task
1	12/11/2014	VVV	Hold kickoff Northwest Alliance review.
2	1/1/2015	Hosp	Select CHNA Option A/B/C. Approve and sign VVV CHNA quote.
3	1/20/2015	VVV	Send out REQCommInvite Excel file. Hosp and Health Dept to fill in PSA stakeholders names / address / e-mail.
4	1/20/2015	VVV	Request Hosp client to send KHA PO reports (POT01, T03 and TOT223E) to document service area for FFY 11, 12 and 13. In addition, request Hosp to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls).
5	On or Before 1/28/2015	VVV	Prepare CHNA Round#2 stakeholder feedback online link. Send text link for Hosp review.
6	On or Before 1/28/2015	VVV / Hosp	Prepare / send out PR story to local media announcing upcoming CHNA work. Hosp to place.
7	2/2/2015	VVV	Launch / conduct online survey to stakeholders. Hosp will e-mail invite to participate to all stakeholders.
9	2/11/2015	VVV / Hosp	Prepare / send out PR story to local media CHNA survey announcing online CHNA Round #2 feedback. Request public to participate.
10	On or Before 2/15/2015	VVV	Assemble and complete secondary research. Find / populate 10 TABS. Create Town Hall PPT for presentation.
11	2/18/2015	Hosp	Prepare / send out community Town Hall invite letter and place local ad.
12	2/18/2015	VVV / Hosp	Prepare / send out PR story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
13	5/13/2015	All	Conduct conference call (time TBD) with Hosp / Health Dept to review Town Hall data / flow.
14	5/20/2015	VVV	Conduct CHNA Town Hall. Dinner 5:30-7pm at the Smith Center Public Library. Review and discuss basic health data plus rank health needs.
15	On or Before 5/31/2015	VVV	Complete analysis (release draft 1). Seek feedback from leaders (Hosp and Health Dept).
16	On or Before 6/30/2015	VVV	Produce and release final CHNA report. Hosp will post CHNA online.
17	On or Before 6/30/2015	Hosp	Conduct client implementation plan PSA leadership meeting.
18	30 Days Prior to End of Hospital Fiscal Year	Hosp	Hold board meetings discuss CHNA needs, create and adopt an implementation plan. Communicate CHNA plan to community.

To meet IRS aligned CHNA requirements, a four-phase methodology was reviewed and approved as follows:

Phase I – Discovery:

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

Phase II – QUALIFY Community Need:

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

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

B) Gather historical primary research to uncover public health needs, practices and perceptions for hospital primary service areas.

Phase III – Quantify Community Need:

Conduct 90 minute Town Hall meeting with required county PSA residents. (Note: At each Town Hall meeting, CHNA secondary data will be reviewed, facilitated group discussion will occur, and a group ranking activity to determine the most important community health needs will be administered).

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

Post CHNA report findings to meet IRS CHNA criteria.

After consideration of CHNA stakeholders (sponsoring hospital and local health department) the CHNA basic option was selected with the following project schedule:

Phase I: Discovery.....	January 2015
Phase II: Secondary / Primary Research.....	Jan - Feb 2015
Phase III: Town Hall Meeting.....	May 20, 2015
Phase IV: Prepare and release CHNA report.....	June 2015

Detail CHNA Development Steps Include:

Steps to Conduct Community Health Needs Assessment	
	Development Steps
Step # 1 Commitment	<i>Determine interest level of area healthcare leaders (Hospital, Health Dept, Mental Health Centers, Schools, Churches, Physicians etc), hold community meeting.</i>
Step # 2 Planning	<i>Prepare brief Community Health Needs Assessment Plan - list goals, objectives, purpose, outcome, roles, community involvement, etc. Hold Community Kick-off meeting.</i>
Step # 3 Secondary Research	<i>Collect & Report Community Health Published Facts. Gather data health practice data from published secondary research sources i.e. census, county health records, behavioral risk factors surveillance, etc.</i>
Step # 4a Primary Research	<i>Conduct Community Roundtable (Qualitative Research). Review Secondary Research (Step3) with Community Stakeholders. Gather current opinions and identify health needs.</i>
Step # 4b Primary Research <Optional>	<i>Collect Community Opinions. (Quantitative Research). Gather current opinions (Valid sample size) regarding community health needs and healthcare practices. If appropriate, conduct Physician Manpower Assessment to determine FTE Physician need by specialty.</i>
Steps # 5 Reporting	<i>Prepare/Present comprehensive Community Health Needs Assessment report (to community leaders) with Recommended Actions to improve health. < Note: Formal report will follow IRS Notice 2011-52 regs ></i>
VVV Research & Development, LLC 913 302-7264	

Overview of Town Hall Community Priority Setting Process

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

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

Smith County Memorial Hospital's Town Hall was held on Thursday May 20th, 2015 at Smith Center Public Library. Vince Vandelaar and Alexa Backman facilitated this 1 ½ hour session with thirty one (31) attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

1. Welcome and introductions.
2. Review purpose for the CHNA Town Hall and roles in the process.
3. Presentation and review of historical county health indicators. (10 TABS)
4. Facilitate Town Hall participant discussion of data (probe health strengths and concerns). Reflect on size and seriousness of any health concerns cited and discuss current community health strengths.
5. Engage Town Hall participants to rank health needs (using four dots to cast votes on priority issues). Tally and rank top community health concerns cited.
6. Close meeting by reflecting on the health needs and community voting results. Inform participants on "next steps."

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

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

Community Health Needs Assessment Smith County, KS Town Hall Meeting on behalf of Smith County Memorial Hospital

Vince Vandehaar, MBA
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913-302-7264

Community Health Needs Assessment (CHNA) Town Hall Discussion Agenda

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

VVV Marketing & Development INC.

I. Introduction: Background and Experience



Vince Vandehaar MBA,
VVV Marketing & Development LLC Principal Consultant,
Olathe, KS 913 302-7264

- > – Professional Consulting Services: Strategic Planning, Marketing Management, Business Research & Development Focus : Strategy, Research, Deployment
 - > – Over 25 years of experience with Tillinghast, BCBSKC, Saint Luke's
- Adjunct Professor - Marketing / Health Admin.- 26 years +**
- > Webster University (1988 – present)
 - > Rockhurst University (2010 – present)

Alexa Backman MBA 2015, VVV Lead Collaborative Analyst

I. Introductions: a conversation with the community. *Community members and organizations invited to CHNA Town Hall*

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

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

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

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

Town Hall Participation (You)

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

II. Purpose: Why conduct Community Health Needs Assessment?

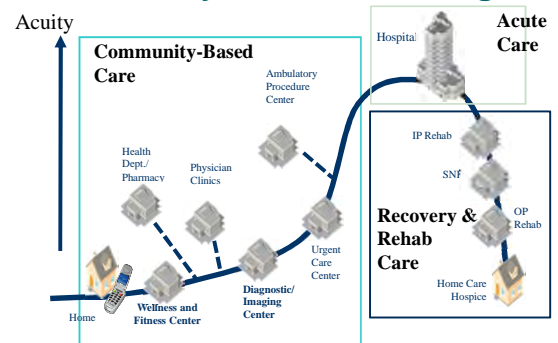
- To determine health-related trends and issues of the community.
- To understand/evaluate health delivery programs in place.
- To develop strategies to address unmet health needs.
- To meet Federal requirements – both local hospital & Health Department.

II. Review CHNA Definition

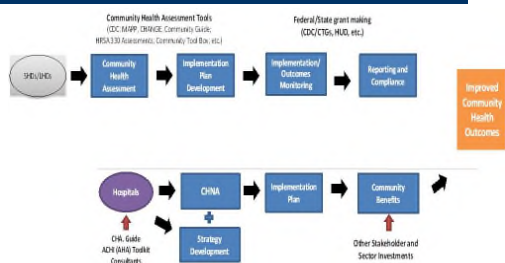
A Community Health Needs Assessment (CHNA) is a systematic collection, assembly, analysis, and dissemination of information about the health of the community. *<NOTE: Some the data has already been collected (published) by local, state and federal public health organizations. Some data will be collected today.>*

CHNA's role is to identify factors that affect the health of a population and determine the availability of resources to adequately address those factors.

Future System of CARE Sg2



Community Health Needs Assessment Joint Process: Hospital & Health Department



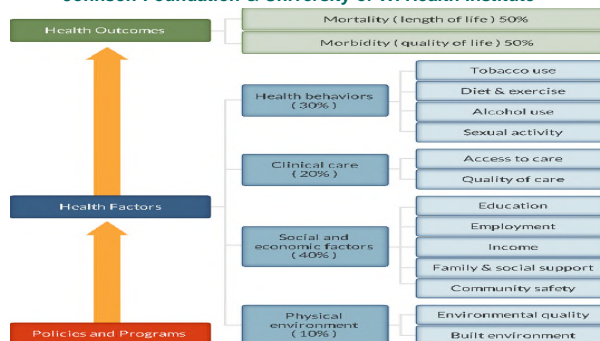
II. Required Written Report IRS 990 Documentation

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

III. Review Current County "Health Status" – Secondary Data by 10 TAB Categories plus IA State Rankings

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

County Health Rankings Robert Wood Johnson Foundation & University of WI Health Institute



1	Focus Area	Measure	Description
1	Air and water quality (5%)	Air pollution - particulate matter	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county
		Drinking water violations	Percent of population potentially exposed to water exceeding a violation limit during the past year
		Severe housing problems	Percent of households with at least 1 of a housing problem: overcrowding, high housing costs, or lack of basic life or plumbing facilities
Housing and transit (5%)	Driving alone to work	Percent of the workforce that drives alone to work	
	Long commutes - driving alone	Among workers who commute in their car alone, the percent that commute more than 30 minutes	
2a	Focus Area	Measure	Description
2a	Access to care (10%)	Uninsured	Percent of population under age 65 without health insurance
		Primary care physicians	Ratio of population to primary care physicians
		Dentists	Ratio of population to dentists
		Mental health providers	Ratio of population to mental health providers
		Preventable hospitalizations	Hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees
Quality of care (10%)	Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c screening	
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening	
2b	Focus Area	Measure	Description
2b	Social and Economic Environment (40%)	Education (10%)	Percent of ninth grade cohort that graduates in 4 years
		Employment (10%)	Percent of population age 16+ unemployed but seeking work
Income (10%)	Family and social support (5%)	Children in poverty	Percent of children under age 18 in poverty
		Inadequate social support	Percent of adults without social/emotional support
Children in single-parent households (5%)	Children in single-parent households	Children in single-parent households	Percent of children that live in household headed by single parent
		Children in single-parent households	Percent of children that live in household headed by single parent
2b	Focus Area	Measure	Description
2b	Social and Economic Environment (40%)	Community safety (5%)	Violent crime rate per 100,000 population
		Injury deaths	Injury mortality per 100,000
3	Focus Area	Measure	Description
3	Health Outcomes (10%)	Adult smoking	Percent of adults that report smoking >= 100
		Adult obesity	Percent of adults that report a BMI >= 30
3a	Health Behaviors (10%)	Food environment index	Index of factors that contribute to a healthy food environment
		Physical inactivity	Percent of adults aged 20 and over reporting lack of physical activity
Alcohol and drug use (5%)	Excessive drinking	Alcohol and drug use (5%)	Binge plus heavy drinking
		Alcohol-impaired driving deaths	Percent of driving deaths with alcohol involvement
Sexual activity (5%)	Teen births	Sexually transmitted infections	Chlamydia rate per 100,000 population
		Teen births	Teen birth rate per 1,000 female population, ages 15-19
3b / 3c	Focus Area	Measure	Description
3b / 3c	Stability / Mortality (10%)	Quality of life (50%)	Poor or fair health (age-adjusted)
		Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
Length of life (50%)	Premature death	Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)
		Premature death	Percent of live births with low birthweight (< 5.50 grams)
Length of life (50%)	Premature death	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
		Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)

IV. Collect Community Health Perspectives

Ask your opinion. Your thoughts?

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

V. Have we forgotten anything ?

- | | |
|--------------------------------|------------------------------------|
| A. Aging Services | m. Hospice |
| B. Chronic Pain Management | n. Hospital Services |
| C. Dental Care/Oral Health | o. Maternal, Infant & Child Health |
| D. Developmental Disabilities | p. Nutrition |
| E. Domestic Violence, | r. Pharmacy Services |
| F. Early Detection & Screening | s. Primary Health Care |
| G. Environmental Health | t. Public Health |
| Q. Exercise | u. School Health |
| H. Family Planning | v. Social Services |
| I. Food Safety | w. Specialty Medical Care Clinics |
| J. Health Care Coverage | x. Substance Abuse |
| K. Health Education | y. Transportation |
| L. Home Health | z. Other _____ |

Community Health Needs Assessment

Questions Next Steps ?

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II. Methodology

d) Community Profile (A Description of Community Served)

Smith County Community Profile



Demographics

The population of Smith County was estimated to be **3,867 citizens** in 2015, which is a 0.07% change in population from 2010–2014. The county has an overall population density of 4 persons per square mile.¹ The most common industries in Smith County include agriculture, forestry, fishing and hunting, and mining.²

Smith County, KS Airports³

Name	USGS Topo Map
Smith Center Municipal Airport	Smith Center

Schools in Smith County⁴

Name	Level
Smith Center Elem	Primary
Smith Center Jr Sr High	High
Thunder Ridge Elementary	Primary
Thunder Ridge High School	High

¹ <http://kansas.hometownlocator.com/ks/smith/>

² http://www.city-data.com/county/Russell_County-KS.html

³ <http://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20183.cfm>

⁴ <http://kansas.hometownlocator.com/schools/sorted-by-county,n,smith.cfm>

Detail Demographic Profile

ZIP	NAME	County	Population:			Households		HH	Per Capita
			Yr2014	Yr2019	Chg	Yr2014	Yr2019	Avg Size	Income 14
66932	Athol	SMITH	163	162	-0.6%	69	70	2.3	\$22,816
66951	Kensington	SMITH	707	707	0.0%	294	297	2.4	\$22,216
66952	Lebanon	SMITH	487	477	-2.1%	240	236	2.0	\$29,043
66967	Smith Center	SMITH	2,118	2,064	-2.5%	976	956	2.1	\$22,558
67628	Cedar	SMITH	93	93	0.0%	46	46	2.0	\$25,619
67638	Gaylord	SMITH	234	235	0.4%	111	113	2.1	\$24,866
Totals			3,802	3,738	-4.8%	1,736	1,718	2.1	\$24,520

ZIP	NAME	County	Population 2014:				YR 2014		Females
			Yr2014	POP65p	KIDS<18	GenY	MALES	FEMALES	Age20_35
66932	Athol	SMITH	163	42	33	34	83	80	9
66951	Kensington	SMITH	707	182	146	145	357	350	39
66952	Lebanon	SMITH	487	119	104	95	247	240	25
66967	Smith Center	SMITH	2,118	605	445	451	1,011	1,107	143
67628	Cedar	SMITH	93	25	19	20	48	45	6
67638	Gaylord	SMITH	234	62	47	49	118	116	13
Totals			3,802	1,035	794	794	1,864	1,938	235

ZIP	NAME	County	Population 2014:				Aver	Hholds	
			White	Black	Amer IN	Hisp	HH Inc14	Yr2014	HH \$50K+
66932	Athol	SMITH	157	1	0	2	\$53,713	69	29
66951	Kensington	SMITH	676	5	2	9	\$53,228	294	122
66952	Lebanon	SMITH	457	2	1	24	\$58,892	240	116
66967	Smith Center	SMITH	2,043	6	7	32	\$48,806	976	351
67628	Cedar	SMITH	89	1	0	0	\$51,595	46	18
67638	Gaylord	SMITH	225	2	1	1	\$52,211	111	44
Totals			3,647	17	11	68	\$53,074	1,736	680

Source: ERSA Demographics

III. Community Health Status

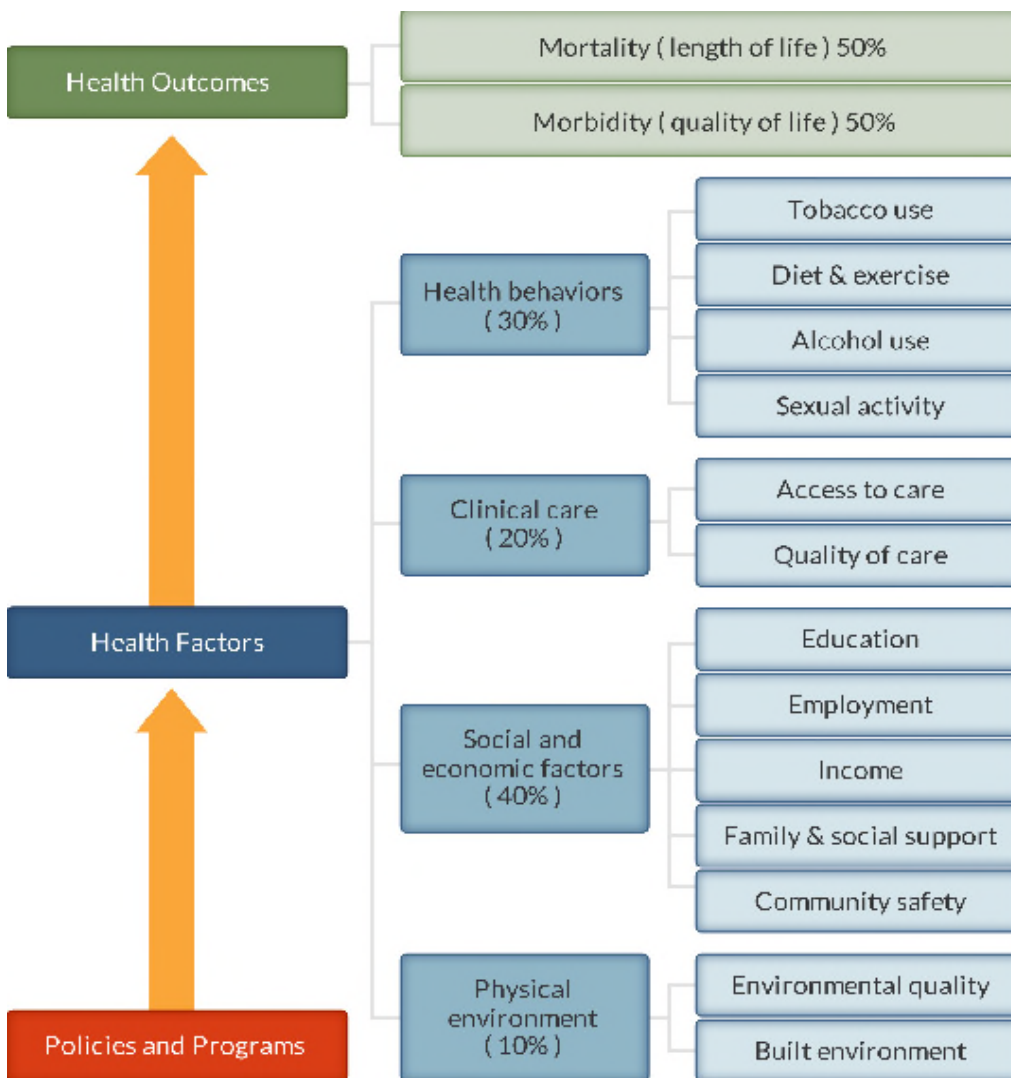
[VVV Research & Development, LLC]

III. Community Health Status

a) Historical Health Statistics

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators and results of our recent CHNA Town Hall. To produce this profile, VVV Research & Development staff analyzed 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 2015 County Health Rankings and conversations from Town Hall primary research. (Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*. As seen below in model, these rankings are based on a number of health factors).



County Health Rankings model ©2012 UWPHI

Secondary Research

2015 State Health Rankings for Smith County, KS

#	Kansas 2015 County Health Rankings (105 counties)	Definitions	SMITH CO 2015	TREND	NW Alliance (12)
1	Physical Environment	Environmental quality	51		50
2	Health Factors		13		26
2a	Clinical Care	Access to care / Quality of Care	35		41
2b	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	19		29
3	Health Outcomes		14		44
3a	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	13		34
3b	Morbidity	Quality of life	9		48
3c	Mortality	Length of life	23		42
OVERALL RANK			14		44
NW KS Norms include the following 12 counties: Barton, Ellis, Gove, Kiowa, Norton, Osborne, Pawnee, Phillips, Russell, Sheridan, Smith and Thomas http://www.countyhealthrankings.org					

When considering the state of community health, it's important to review published health data by topic area. Below is a summary of key TABS of information collected:

Tab 1 Demographic Profile

TAB		Health Indicator	SMITH CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
1a	a	Population, 2013 estimate	3,706		2,895,801	5,068	People Quick Facts
1a	b	Population, 2010	3,853		2,853,118	5,108	People Quick Facts
1a	c	Pop Growth % - April 1, 10 to July 1, 13	-3.8%		2.1%	-0.5%	People Quick Facts
1a	d	Persons under 5 years, percent, 2013	4.6%		6.9%	6.0%	People Quick Facts
1a	e	Persons under 18 years, percent, 2013	19.0%		21.8%	22.1%	People Quick Facts
1a	f	Persons 65 years and over, percent, 2013	26.8%		13.6%	20.4%	People Quick Facts
1a	g	Female persons, percent, 2013	50.4%		49.7%	49.2%	People Quick Facts
1a	h	White alone, percent, 2013 (a)	97.2%		95.6%	95.4%	People Quick Facts
1a	i	Black or African American alone,% 2013 (a)	0.4%		1.0%	1.7%	People Quick Facts
1a	j	Hispanic or Latino, percent, 2013 (b)	1.5%		5.4%	5.2%	People Quick Facts
1a	k	Foreign born persons, percent, 2008-2012	0.6%		2.6%	2.1%	People Quick Facts
1a	l	% Language other than English spoken at home	1.4%		7.6%	4.7%	People Quick Facts
1a	m	% Living in same house 1 year +, 2008-2012	92.8%		75.8%	86.6%	People Quick Facts
1a	n	People 65+ Living Alone, 2009-2013	27.9%		29.4%	32.4%	American Community Survey

TAB		Health Indicator	SMITH CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
1b	a	Veterans, 2008-2012	457		NA	18,731	People Quick Facts
1b	b	Population per square mile, 2010	4.3		31.6	17	Geography Quick Facts
1b	c	Violent crime rate (Rate of Violent Crime per 1,000)	0.5		3.5	207.5%	Kansas Bureau of Investigation
1b	d	Children in single-parent households	27%		NA	29%	County Health Rankings
1b	e	People Living Below Poverty Level, 2009-2013	15.4%		13.7%	12.5%	American Community Survey
1b	f	Children Living Below Poverty Level, 2009-2013	29.1%		18.7%	18.1%	American Community Survey
1b	g	Limited access to healthy foods	12%		NA	8%	County Health Rankings
1b	h	People 65+ Living Below Poverty Level, 2009-2013	13.2%		7.6%	8.5%	American Community Survey
1b	i	People 65+ with Low Access to a Grocery Store, 2010	10.2%		NA	9.5%	U.S. Department of Agriculture - Food Environment Atlas
1b	j	Voter Turnout, 2012	80.0%		66.8%	71.0%	Kansas Secretary of State

Tab 2 Economic Profiles

TAB		Health Indicator	SMITH CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
2a	a	Households, 2008-2012	1,789		1,110,440	95,097	People Quick Facts
2a	b	Median household income, 2009-2013	\$45,556		\$51,332	\$44,017	American Community Survey
2a	c	Per capita money income in past 12 months (2012 dollars), 2008-2012	\$26,646		\$24,625	\$25,046	People Quick Facts
2a	d	Households with Cash Public Assistance Income, 2009-2013	1.4%		2.3%	1.6%	American Community Survey
2a	e	Housing units, 2013	2,231		NA	106,387	People Quick Facts
2a	f	Median value of owner-occupied housing units, 2008-2012	\$59,500		\$134,700	\$75,775	People Quick Facts
2a	g	Homeownership rate, 2009-2013	61.4%		60.7%	62.6%	American Community Survey
2a	h	Housing units in multi-unit structures, % 2008-2012	3.7%		23.4%	9.0%	People Quick Facts
2a	i	Persons per household, 2008-2012	2.1		2.3	2.3	People Quick Facts
2a	j	Severe Housing Problems, 2006-2010	8.5%		12.8%	8.5%	County Health Rankings
2a	k	Homeowner Vacancy Rate, 2009-2013	1.7%		2.0%	1.8%	American Community Survey
2a	l	Renters Spending 30% or More of Household Income on Rent, 2009-2013	41.7%		45.5%	37.0%	American Community Survey

TAB		Health Indicator	SMITH CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
2b	a	Retail sales per capita, 2007	\$5,980		\$18,264	\$9,577	Business Quick Facts
2b	b	Total number of firms, 2007	488		3551	27,141	Business Quick Facts
2b	c	Unemployed Workers in Civilian Labor Force, 2014	2.7%		3.9%	2.7%	U.S. Bureau of Labor Statistics
2b	d	Private nonfarm employment, percent change, 2011-2012	-7.5%		4.6%	5.3%	Business Quick Facts
2a	e	Households with No Car and Low Access to a Grocery Store, 2010	1.6%		NA	2.1%	U.S. Department of Agriculture - Food Environment Atlas
2b	f	Child Food Insecurity Rate, 2012	23.7%		22.5%	20.8%	Feeding America
2a	g	Grocery Store Density, 2011	0.8%		NA	0.4%	U.S. Department of Agriculture - Food Environment Atlas
2b	h	Low-Income and Low Access to a Grocery Store, 2010	12.5%		NA	15.4%	U.S. Department of Agriculture - Food Environment Atlas
2b	i	Low-Income Persons who are SNAP Participants, 2007	10.3%		NA	12.3%	U.S. Department of Agriculture - Food Environment Atlas
2b	j	Households without a Vehicle, 2009-2013	6.4%		5.3%	4.2%	American Community Survey
2b	k	Mean travel time to work (minutes), workers age 16+, 2008-2012	13.7		12.7	14	People Quick Facts
2b	l	Solo Drivers with a Long Commute, 2008-2012	14.2%		19.5%	12.2%	County Health Rankings
2b	m	Workers who Walk to Work, 2009-2013	8.4%		2.4%	4.6%	American Community Survey

Tab 3 Public Schools Health Delivery Profile

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

TAB	Health Indicator	SMITH CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
3 a	Students Eligible for the Free Lunch Program, 2011-2012	31.5%		38.9%	34.2%	National Center for Education Statistics
3 b	Poverty Status by School Enrollment, 2009-2013	17.7%		12.9%	12.6%	American Community Survey
3 c	Student-to-Teacher Ratio (% Student / Teacher), 2011-2012	9.1		13	9.4	National Center for Education Statistics
3 d	High School Graduation, 2013	89.7%		85.8%	84.6%	Annie E. Casey Foundation
3 e	Bachelor's degree or higher, percent of persons age 25+, 2008-2012	14.6%		32.1%	20.5%	People Quick Facts

#	Health Indicators	USD # 237	USD # 110
1	Total Number of Public School Nurses	1	1
2	School Nurse is part of the IEP team	Y	Y
3	School Wellness Plan (Active)	Y	N
4	VISION: # Screened / Referred to Prof / Seen by Professional	267/3/3	150/9/5
5	HEARING: # Screened / Referred to Prof / Seen by Professional	267/3/3	150/unk/unk
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	236/48/unk	200/20/unk
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	98/0/0	0
8	Number of Students Served with No Identified Chronic Health Concerns	407	unk
9	School has a Suicide Prevention Program	N	N
10	Compliance on Required Vaccinations	97%	99%

TAB 4 Maternal and Infant Health Profile

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

Tab	Criteria	SMITH	TREND	KANSAS	NW Alliance 15
4	Total Live Births, 2008	35		41,815	1293
4	Total Live Births, 2009	38		41,388	1317
4	Total Live Births, 2010	31		40,439	1274
4	Total Live Births, 2011	27		39,628	1315
4	Total Live Births, 2012	40		40,304	1370
4	Total Live Births, 2008-2012 - Five year Rate (%)	8.5		14.5	138.5

TAB	Health Indicator	SMITH CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
4 a	Percent of Births Where Prenatal Care began in First Trimester, 2011-2013	76.8%		78.4%	78.9%	Kansas Department of Health and Environment
4 b	Percentage of Premature Births, 2011-2013	10.5%		9.0%	8.9%	Kansas Department of Health and Environment
4 c	Percent of Births with Low Birth Weight, 2011-2013	6.3%		7.1%	7.6%	Kansas Department of Health and Environment
4 d	Percent of births Where Mother Smoked During Pregnancy, 2010-2012	NA		13.5%	NA	Kansas Department of Health and Environment
4 e	Percent of all Births Occurring to Teens (15-19), 2011-2013	6.3%		8.1%	7.6%	Kansas Department of Health and Environment
4 f	Percent of Births Occurring to Unmarried Women, 2011-2013	28.4%		36.7%	31.3%	Kansas Department of Health and Environment
4 g	Average Monthly WIC Participation per 1,000 population, 2013	13.8%		23.6%	20.9%	Kansas Department of Health and Environment
4 h	Percent of WIC Mothers Breastfeeding Exclusively, 2013	NA		12.9%	14.6%	Kansas Department of Health and Environment

TAB 5 Hospitalization/Provider Profile

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

TAB	Health Indicator	SMITH CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
5 a	Ratio of Population to Primary Care Physicians, 2013	1419		1816	2114	Kansas Department of Health and Environment
5 b	Staffed Hospital Bed Ratio (per 1,000 Pop), 2012	6.6%		3.4%	5.4%	Kansas Hospital Association
5 c	Percent of Births with Inadequate Birth Spacing, 2011-2013	14.8%		11.0%	10.8%	Kansas Department of Health and Environment
5 d	Preventable hospital stays	65		NA	64	County Health Rankings
5 e	Heart Disease Hospital Admission Rate, 2009-2011	246		300	262	Kansas Department of Health and Environment
5 f	Congestive Heart Failure Hospital Admission Rate, 2009-2011	185		199	191	Kansas Department of Health and Environment
5 g	Chronic Obstructive Pulmonary Disease (COPD) Hospital Admission Rate, 2009-2011	93		136	194	Kansas Department of Health and Environment
5 h	Bacterial Pneumonia Hospital Admission Rate, 2009-2011	457		269	488	Kansas Department of Health and Environment
5 i	Injury Hospital Admission Rate, 2009-2011	401		915	691	Kansas Department of Health and Environment

#	KS Hospital Assoc PO103	Smith County IP			TREND
		FFY2012	FFY2013	FFY2014	
1	Total Discharges	488	576	575	
2	Total IP Discharges-Age 0-17 Ped	23	24	14	
3	Total IP Discharges-Age 18-44	24	35	17	
4	Total IP Discharges-Age 45-64	106	98	121	
5	Total IP Discharges-Age 65-74	71	86	114	
6	Total IP Discharges-Age 75+	195	256	253	
7	Psychiatric	12	12	13	
8	Obstetric	29	31	23	
9	Surgical %	27.7%	26.6%	25.4%	
#	KS Hospital Assoc PO103	Smith County Memorial Hospital			TREND
		FFY2012	FFY2013	FFY2014	
1	Total Discharges	249	309	287	
2	Total IP Discharges-Age 0-17 Ped	10	11	5	
3	Total IP Discharges-Age 18-44	13	22	7	
4	Total IP Discharges-Age 45-64	38	36	31	
5	Total IP Discharges-Age 65-74	30	41	46	
6	Total IP Discharges-Age 75+	128	158	167	
7	Psychiatric	3	6	6	
8	Obstetric	14	16	12	
9	Surgical %	5.2%	5.2%	3.5%	
#	Kansas Hospital Assoc OP TOT223E	FFY2012	FFY2013	FFY2014	TREND
1	ER Market Share	85.5%	89.4%	84.4%	
2	OPS Market Share	68.1%	67.4%	63.1%	
3	Total OP Market Share	88.1%	86.3%	87.6%	

TAB 6 Social & Rehab Services Profile

Behavioral health care provide another important indicator of community health status.

TAB	Health Indicator	SMITH CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
6 a	Depression: Medicare Population, 2012	11.6%		16.2%	15.2%	Centers for Medicare & Medicaid Services
6 b	Alcohol-Impaired Driving Deaths, 2008-2012	62.5%		34.7%	36.4%	County Health Rankings
6 c	Inadequate social support	8%		NA	16%	County Health Rankings
6 d	Poor mental health days	NA		NA	2.8	County Health Rankings

TAB 7 Health Risk Profiles

Knowing community health risk factors and disease patterns can aid in the understanding “next steps” to improve health. Being overweight/obese; smoking, drinking in excess, not exercising, etc. can lead to poor health.

TAB	Health Indicator	SMITH CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
7a a	% of Adults with High Cholesterol, 2013	NA		38.1%	41.0%	Kansas Department of Health and Environment
7a b	Adult obesity	31%		30%	30%	County Health Rankings
7a c	Percent of Adults Who are Binge Drinkers, 2013	NA		15.4%	16.7%	Kansas Department of Health and Environment
7a d	Percent of Adults Who Currently Smoke Cigarettes, 2013	NA		20.0%	21.9%	Kansas Department of Health and Environment
7a e	% of Adults with Diagnosed Hypertension, 2013	NA		31.3%	31.7%	Kansas Department of Health and Environment
7a f	% of Adults with Doctor Diagnosed Arthritis, 2013	NA		23.9%	23.3%	Kansas Department of Health and Environment
7a g	% Physical inactivity	30.0%		NA	25.0%	County Health Rankings
7a h	% of Adults with Fair or Poor Self-Perceived Health Status, 2013	NA		15.4%	12.4%	Kansas Department of Health and Environment
7a i	Served Unaffected by SDWA Nitrate Violations, 2013	100.0%		99.7%	96.2%	Kansas Department of Health and Environment
7a j	Sexually transmitted infections	NA		NA	369	County Health Rankings

TAB 7 Health Risk Profiles

TAB		Health Indicator	SMITH CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
7b	a	Hypertension: Medicare Population, 2012	44.7%		52.7%	55.2%	Centers for Medicare & Medicaid Services
7b	b	Hyperlipidemia: Medicare Population, 2012	34.6%		39.3%	38.1%	Centers for Medicare & Medicaid Services
7b	c	Rheumatoid Arthritis: Medicare Population, 2012	25.7%		27.7%	33.5%	Centers for Medicare & Medicaid Services
7b	d	Ischemic Heart Disease: Medicare Population, 2012	32.4%		26.7%	29.7%	Centers for Medicare & Medicaid Services
7b	e	Diabetes: Medicare Population, 2012	17.4%		24.6%	23.0%	Centers for Medicare & Medicaid Services
7b	f	Heart Failure: Medicare Population, 2012	15.6%		14.0%	18.3%	Centers for Medicare & Medicaid Services
7b	g	Chronic Kidney Disease: Medicare Population, 2012	10.6%		13.9%	13.1%	Centers for Medicare & Medicaid Services
7b	h	COPD: Medicare Population, 2012	8.5%		11.0%	12.9%	Centers for Medicare & Medicaid Services
7b	i	Alzheimer's Disease or Dementia: Medicare Pop 2012	11.0%		9.9%	10.6%	Centers for Medicare & Medicaid Services
7b	j	Atrial Fibrillation: Medicare Population, 2012	11.0%		8.0%	9.3%	Centers for Medicare & Medicaid Services
7b	k	Cancer: Medicare Population, 2012	7.9%		8.0%	9.1%	Centers for Medicare & Medicaid Services
7b	l	Osteoporosis: Medicare Population, 2012	4.6%		6.1%	8.2%	Centers for Medicare & Medicaid Services
7b	m	Asthma: Medicare Population, 2012	2.3%		3.8%	3.5%	Centers for Medicare & Medicaid Services
7b	n	Stroke: Medicare Population, 2012	1.5%		3.2%	2.6%	Centers for Medicare & Medicaid Services

TAB 8 Uninsured Profiles

Based on state estimations, the number of insured is documented below. Also, the amount of charity care (last 3 years of free care) from area providers is trended below.

TAB		Health Indicator	SMITH CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
8	a	Uninsured Adult Population Rate, 2012	18.4%		17.6%	17.4%	U.S. Census Bureau

#	Smith County Memorial Hospital	YR 2012	YR 2013	Yr 2014	TREND
1	Free Patient Care Given	\$34,107	\$76,066	\$96,420	
2	Bad Debt	\$149,898	\$300,693	\$370,088	

TAB 9 Mortality Profile

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

CTS	Causes of Death by County of Residence, KS 2012	SMITH	TREND	KANSAS	NW Alliance 15
	TOTAL	114		43262	2013
1	Major Cardiovascular Diseases	24		7,458	341
2	All Malignant Neoplasms	9		5,406	256
3	Diseases of Heart	18		5,314	259
4	All Other Causes	10		4,215	194
4	Ischemic Heart Disease	10		2,990	156
5	Other Heart Diseases	8		2,156	100
6	Malignant Neoplasms of Respiratory and Intrathoracic Organs	3		1,537	72
7	Chronic Lower Respiratory Diseases	3		1,680	75
8	Malignant Neoplasms of Digestive Organs	3		1,288	51
9	Other Malignant Neoplasms	2		1,145	48
10	Alzheimer's Disease	0		788	42
11	Cerebrovascular Diseases	5		1,331	53
12	Malignant Neoplasms of Breast	0		400	27
13	Motor Vehicle Accidents	2		410	33
14	Malignant Neoplasms of Genital Organs	0		500	24
15	Pneumonia and Influenza	2		621	37
16	Suicide	1		505	27

TAB 9 Mortality Profile

TAB		Health Indicator	SMITH CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
9	a	Life Expectancy for Females, 2010	81		81	81	Institute for Health Metrics and Evaluation
9	b	Life Expectancy for Males, 2010	76		76	76	Institute for Health Metrics and Evaluation
9	c	Infant Mortality Rate, 2009-2013	NA		6.4%	10.7%	Kansas Department of Health and Environment
9	d	Age-adjusted Mortality Rate per 100,000 population, 2011-2013	740		757	740	Kansas Department of Health and Environment
9	e	Age-Adjusted Years of Potential Life Lost - Traffic Injury, 2011-2013	2608		490	1541	Kansas Department of Health and Environment
9	f	Age-adjusted Cancer Mortality Rate per 100,000 population, 2011-2013	152		166	148	Kansas Department of Health and Environment
9	g	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2011-2013	151		156	166	Kansas Department of Health and Environment
9	h	Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000 population, 2009-2013	32		51	51	Kansas Department of Health and Environment
9	i	Age-adjusted Traffic Injury Mortality Rate per 100,000 population, 2011-2013	78		13	25	Kansas Department of Health and Environment
9	j	Age-adjusted Unintentional Injuries Mortality Rate per 100,000 population, 2011-2013	79		40	66	Kansas Department of Health and Environment
9	k	Age-adjusted Suicide Mortality Rate per 100,000 population, 2003-2013	NA		15	14	Kansas Department of Health and Environment

TAB 10 Preventive Health Profile

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

TAB		Health Indicator	SMITH CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
10	a	Access to Exercise Opportunities, 2014	63.5%		70.9%	51.3%	County Health Rankings
10	b	% of Infants Fully Immunized at 24 Mo, 2011-2013	92.5%		71.7%	78.6%	Kansas Department of Health and Environment
10	c	Immunized Against Influenza Past 12 Mo, 2013	NA		64.8%	64.9%	Kansas Department of Health and Environment
10	d	Percent of Adults Who Reported Consuming Fruit Less than 1 Time Per Day, 2013	NA		41.7%	48.3%	Kansas Department of Health and Environment
10	e	Percent of Adults Who Reported Consuming Vegetables Less than 1 Time Per Day, 2013	NA		22.9%	30.3%	Kansas Department of Health and Environment
10	f	Diabetic screening	75%		NA	86%	County Health Rankings
10	g	Mammography screening	71%		NA	64%	County Health Rankings
10	h	% Annual check-up visit with PCP	NA		NA	NA	TBD
10	i	% Annual check-up visit with Dentist	NA		NA	NA	TBD
10	j	% Annual check-up visit with Eye Doctor	NA		NA	NA	TBD

IV. Inventory of Community Health Resources

[VVV Research & Development, LLC]

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

Inventory of Health Services - Smith County, KS				
Cat	HC Services Offered in County: Yes / No	Hospital	Health Dept	Other
Hosp	Stereotactic Radiosurgery			
Hosp	Swing Bed Services	YES		
Hosp	Transplant Services			
Hosp	Trauma Center	LEVEL 4		
Hosp	Ultrasound	YES		
Hosp	Women's Health Services	YES		
Hosp	Wound Care	YES		
SR	Adult Day Care Program			
SR	Assisted Living			
SR	Home Health Services			
SR	Hospice			YES
SR	LongTerm Care	YES		
SR	Nursing Home Services			
SR	Retirement Housing			
SR	Skilled Nursing Care	YES		
ER	Emergency Services	YES		
ER	Urgent Care Center			
ER	Ambulance Services			COUNTY
SERV	Alcoholism-Drug Abuse			
SERV	Blood Donor Center			
SERV	Chiropractic Services			
SERV	Complementary Medicine Services			
SERV	Dental Services			
SERV	Fitness Center	YES		
SERV	Health Education Classes			
SERV	Health Fair (Annual)	YES		
SERV	Health Information Center			
SERV	Health Screenings			
SERV	Meals on Wheels	YES		
SERV	Nutrition Programs			
SERV	Patient Education Center			
SERV	Support Groups			
SERV	Teen Outreach Services			
SERV	Transportation to Health Facilities			CITY ONLY
SERV	Wellness Program			
SERV	Tobacco Treatment/Cessation Program			

Physician Manpower - Smith County, KS

# of FTE Providers	Supply Working in County		
	FTE County Based	Visting	PA/NP
Primary Care:			
Family Practice	4.00	0.00	2.00
Internal Medicine	0.00	0.00	0.00
Obstetrics/Gynecology	0.00	0.00	0.00
Pediatrics	0.00	0.00	0.00
Medicine Specialists:			
Allergy/Immunology	0.00	0.00	
Cardiology	0.00	3.00	
Dermatology	0.00	0.00	
Endocrinology	0.00	0.00	
Gastroenterology	0.00	0.00	
Oncology/Rado	0.00	0.00	
Infectious Diseases	0.00	0.00	
Nephrology	0.00	0.00	
Neurology	0.00	0.00	
Psychiatry	0.00	0.00	
Pulmonary	0.00	1.00	
Rheumatology	0.00	0.00	
Surgery Specialists:			
General Surgery	0.00	2.00	
Neurosurgery	0.00	0.00	
Ophthalmology	0.00	1.00	
Orthopedics	0.00	1.00	
Otolaryngology (ENT)	0.00	0.00	
Plastic/Reconstructive	0.00	0.00	
Thoracic/Cardiovascular/Vasc	0.00	0.00	
Urology	0.00	1.00	
Hospital Based:			
Anesthesia/Pain	1.00	0.00	
Emergency	0.00	0.00	0.00
Radiology	0.00	4.00	
Pathology	0.00	4.00	
Hospitalist *	0.00	0.00	
Neonatal/Perinatal	0.00	0.00	
Physical Medicine/Rehab	0.00	0.00	
Others			
TOTALS	5.00	17.00	2.00

Visiting Specialists to Smith County Memorial Hospital

<i>SPECIALTY</i>	<i>Physician Name/Group</i>	<i>Office Location (City/State)</i>	<i>SCHEDULE</i>	<i>LOCATION OF OUTREACH CLINIC</i>
Cardiology	Dr. Efstratiou/ NHI	KEARNEY, NE	TWICE A MONTH	614 S. MAIN, SMITH CENTER
Cardiology	Dr. Hoos - Thompson & Dr. Pagano /PLATTE VALLEY	KEARNEY, NE	THREE TIMES A MONTH	614 S. MAIN, SMITH CENTER
General Surgery	Dr. Teget /SOUTHWIND SURGICAL	HAYS, KS	THREE TIMES A MONTH	614 S. MAIN, SMITH CENTER
General Surgery	Dr. Faris / CENTRAL NEBRASKA GENERAL	HASTINGS, NE	TWICE / THREE TIMES A MONTH	614 S. MAIN, SMITH CENTER
Gynecology	Dr. Pankratz / OBSTETRICIANS & GYNECOLOGISTS, P.C.	HASTINGS, NE	MONTHLY	614 S. MAIN, SMITH CENTER
Ophthalmology	Dr. McDonald / EYE SPECIALISTS ASSOCIATED	HAYS, KS	MONTHLY	614 S. MAIN, SMITH CENTER
Orthopedic	Dr. Chingren / HASTINGS ORTHOPEDICS	HASTINGS, NE	MONTHLY	614 S. MAIN, SMITH CENTER
Podiatry	Dr. Larsen / Steven Larsen, D.P.M.	HAYS, KS	MONTHLY	614 S. MAIN, SMITH CENTER
Pulmonary	Dr. Stritt / HASTINGS PULMONARY & SLEEP	HASTINGS, NE	MONTHLY	614 S. MAIN, SMITH CENTER
Urology	Dr. R. Conant / HASTINGS UTOLOGY	HASTINGS, NE	MONTHLY	614 S. MAIN, SMITH CENTER

Smith County Area Health Services Directory

Emergency Numbers

Police/Sheriff 911

Fire 911

Ambulance 911

Non-Emergency Numbers

Smith County Sheriff 785-282-5180

Smith County Ambulance 785-282-6823

Municipal Non-Emergency Numbers

	Police/Sheriff	Fire
Athol	785-282-5180	785-695-2300
Kensington	785-282-5180	785-476-2400
Lebanon	785-282-5180	785-476-2400
Smith Center	785-282-3249	785-282-3271
Cedar	785-282-5180	785-476-2400
Gaylord	785-282-5180	785-476-2400

Other Emergency Numbers

Kansas Protection Report Center

1-800-922-5330

Domestic Violence Hotline

1-800-799-7233

www.ndvh.org

Kansas Coalition against Sexual and Domestic Violence

634 SW Harrison

Topeka, KS 66603

Phone: 785-232-9784

Fax: 785-266-1874

Email: coalition@kcsdv.org

Website Address:

<http://www.kcsdv.org>

Information on Sexual Assault Centers:

<http://www.kcsdv.org/find-help/in-kansas/dv-sa-services.html>

National Human Trafficking Resource Center

888-373-7888

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

1-800-572-1763

www.accesskansas.org/kbi

Kansas Bureau of Investigation (Topeka)

785-296-8200

www.accesskansas.org/kbi

Kansas Road Conditions

1-866-511-KDOT

511

www.ksdot.org

Poison Control Center

1-800-222-1222

www.aapcc.org

Suicide Prevention Hotline

1-800-SUICIDE

<http://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

Smith County Memorial Hospital

614 South Main Street (Smith Center)

785-282-6845

www.smithcohosp.org

Mental Health

High Plains Mental Health Center

209 W Harrison (Osborne)

785-346-2184

783 7th Street (Phillipsburg)

785-543-5284

208 E 7th Street (Hays)

785-628-2871

www.highplainsmentalhealth.com

Medical Professionals

Chiropractors

Midway Chiropractic

717 East 2nd Street (Smith Center)

785-282-6818

Clinics

Smith County Family Practice Clinic

119 East Parliament Street (Smith Center)

785-282-6834

Dentists

Smith Center Dental Clinic

130 West Kansa Avenue (Smith Center)

785-282-6979

www.smithcenterdental.com

Optometrists

Eye Care Center

128 West Kansas Avenue (Smith Center)

785-282-6086

Pharmacies

Kriley's Family Drug Center

125 South Main Street (Smith Center)

785-282-3311

www.healthmart.com

Midwest Family Health

317 E. Highway 36 (Smith Center)

Phone: 785-282-3333

Toll Free: 800-983-9294

Fax: 785-686-3071

www.midwestfamilyhealth.com

Physicians

Smith County Family Practice Clinic

119 East Parliament Street (Smith Center)

785-282-6834

Smith County Memorial Hospital

614 South Main Street (Smith Center)

785-282-6845

www.smithcohosp.org

Rehabilitation Services

Mission Health Kensington

613 North Main Street (Kensington)

785-476-2623

Mission Health Smith Center

117 West 1st Street (Smith Center)

785-282-6696

Smith County Memorial Hospital Gardner Rehab & Wellness Center

614 S Main (Smith Center)

785-282-6845

Other Health Services

Nursing Homes/LTC

Heritage Harbor Board & Care Home

104 West Francis Street (Smith Center)

785-282-3372

Independent Living Health Care

517 North Monroe Street (Smith Center)

785-282-3536

117 West 1st Street (Smith Center)

785-282-6696

Smith County Memorial Hospital Long Term Care Unit

614 South Main Street (Smith Center)

785-282-6722

Diabetes

Smith County Family Practice

119 E. Parliament (Smith Center)

(785) 282-6834

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

Northwest Kansas Family Shelter (Domestic Violence)

800-794-4624

**Educational Training
Opportunities**

Association of Continuing Education

620-792-3218

Food Programs

Kansas Food 4 Life

4 Northwest 25th Road (Great Bend)

785-793-7100

Kansas Food Bank

1919 East Douglas (Wichita) 316-265-4421

www.kansasfoodbank.org

Smith Center Food Pantry

101 S Lincoln

Smith Center KS 66967

785.282.6155 or 282.3728

Open M, Tu, Wed 9-12 am

Kensington Food Pantry

Serving the Thunder Ridge School District

Kensington Senior Community Center

102 E Pine (Kensington)

Open 3rd Saturday 1-3 pm

Government Healthcare

Kansas Department on Aging (KDOA)

503 S. Kansas Avenue

Topeka, KS 66603

785-296-4986 or 1-1-800-432-3535

www.agingkansas.org/

**Kansas Department of Health and
Environment**

(KDHE)

Curtis State Office Building

1000 SW Jackson (Topeka)

785-296-1500

www.kdheks.gov/contact.html

Medicaid

**Kansas Department for Aging and
Disability Services (KDADS)**

3000 Broadway (Hays)

785-628-1066

Medicare

Social Security Administration

1212 East 27th Street (Hays)

785-625-3496

Social Security Administration

1212 East 27th Street (Hays)

785-625-3496

Health and Fitness Centers

**Smith County Memorial Hospital
Gardner Rehab & Wellness Center**

614 So. Main (Smith Center)

785-282-6845

Smith Center Recreation Commission

785-282-6474

Kensington Recreation Commission

785-476-3236

Hospice**Hospice Services**

424 8th Street (Phillipsburg)

785-543-2900

www.hospicenwks.net

Immunizations**Smith County Family Practice Clinic**

119 East Parliament Street (Smith Center)

785-282-6834

Smith County Health Department

119 So. Main (Smith Center)

282-6656

Massage Therapists**Midway Chiropractic**

717 East 2nd Street (Smith Center)

282-6818

Medical Equipment and Supplies**Kriley Family Healthmart**

125 So. Main (Smith Center) 785-282-3311

Midwest Family Health

317 E. Highway 36 (Smith Center) 785-282-3333

School Nurses**Smith Center School District USD 237****Elementary School**

216 South Jefferson Street (Smith Center)

282-6614

Junior/Senior High School

300 Roger Barta Way (Smith Center)

282-6609

Thunder Ridge School District USD 110

128 So. Kansas (Kensington)

476-2218

Senior Services**Smith County Senior Center**

117 West Court Street (Smith Center)

282-3800

Kensington Senior Community Center

128 South Main Street (Kensington) 476-2224

Elder Care, Inc.

PO Box 1364 (Great Bend)

792-5942

Local Government, Community and Social Services

Adult Protection

Adult and Child Protective Services (DCF)

1-800-922-5330

Elder Abuse Hotline

1-800-842-0078

www.elderabusecenter.org

Kansas Department of Children and Family Services West Region Protection Reporting Center

1-800-922-5330

Alcohol and Drug Treatment

Alcohol and Drug Abuse Services

1-800-645-8216

Child Protection

Kansas Department of Child & Family Services West Region Protection Reporting Center – i.e. PROTECTION REPORT CENTER FOR ABUSE

1-800-922-5330

Available 24 hours/7 days per week – including holidays

Children and Youth

Children's Alliance

627 Southwest Topeka Boulevard (Topeka)

785-235-5437

www.childally.org

Kansas Children's Service League

1-800-332-6378

www.kcsl.org

Day Care Providers-Adult

Smith Center Health & Rehab

117 West 1st Street (Smith Center)

785-282-6696

Kensington Health & Rehab

613 North Main Street (Kensington)

785-476-2623

Heritage Harbor Board & Care Home

104 West Francis Street (Smith Center)

785-282-3372

Independent Living Health Care

517 North Monroe Street (Smith Center)

785-282-3536

Child Day Care Providers/Pre Schools

Little Britches Day Care

313 North Adams Street (Kensington)

785-476-2811

223 South Main Street (Smith Center)

785-282-6011

ABC Learning Pre-School

223 S. Main Street (Smith Center)

785-282-6011

First St. John's Pre-School

332 N Adams (Kensington)

785-476-2247

Early Childhood Development USD 237

216 S Jefferson (Smith Center) 785-282-6614

Extension Office

Smith County Extension Office

218 South Grant Street (Smith Center)
785-282-6823

Funeral Homes

All Faiths Funeral Chapel

113 South Madison Street (Smith Center)
785-686-4120
www.allfaithsfuneralchapel.com

Simmons Rentschler Mortuary

116 West 1st Street (Smith Center)
785-282-6691
www.simmonsmortuary.com

Housing

Country View Village

504 North Main Street (Kensington)
785-476-2606

Western Plains Village

501 W 3rd (Smith Center)
785-282-6747

Cedars of Lebanon

601 E Kansas
785-282-6747

Parkview Manor

400 6th Street (Gaylord)
785-697-2690

Legal Services

Dietz & Hardman Attorneys

206 South Main Street (Smith Center)
785-282-6626

Michael Shannon McDowell

120 East Court Street (Smith Center)
785-282-6688

Libraries, Parks and Recreation

Kensington Community Library

128 So. Kansas (Kensington)
785-476-2219

Lebanon City Library

404 Main Street (Lebanon)
785-389-5711

Smith Center Public Library

117 West Court Street (Smith Center)
785-282-3361

Pregnancy Services

Adoption is a Choice

1-877-524-5614

Adoption Network

1-888-281-8054

Adoption Spacebook

1-866-881-4376

Graceful Adoptions

1-888-896-7787

Kansas Children's Service League

1-877-530-5275

www.kcsl.org

Rape

Domestic Violence and Rape Hotline

1-888-874-1499

Family Crisis Center

1806 12th Street (Great Bend)

785-793-1885

Public Aid Organizations

Red Cross

425 F Street Suite A (Phillipsburg)

785-543-6484

785-282-6261 (Smith Center Contact)

Salvation Army

785-282-6682 (Smith Center contact)

Smith County Christian Laymen

785-282-6688 (Smith Center)

Smith County Ministerial Association

785-282-3728 (Smith Center)

Social Security

Social Security Administration

1-800-772-1213

800-325-0778

www.ssa.gov

State and National Information, Services, Support

Adult Protection

Adult Protection Services

1-800-922-5330

Domestic Violence and Sexual Assault (DVACK)

1-800-874-1499

www.dvack.org

Elder Abuse Hotline

1-800-842-0078

www.elderabusecenter.org

Kansas Coalition Against Sexual and Domestic Violence

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

www.kcsdv.org/ksresources.html

Kansas Department on Aging

Adult Care Complaint Program

1-800-842-0078

**National Center on Elder Abuse
(Administration on Aging)**

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

National Domestic Violence Hotline

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

1-800-787-3224 (TTY)

www.ndvh.org

National Sexual Assault Hotline

1-800-994-9662

1-888-220-5416 (TTY)

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

National Suicide Prevention Lifeline

1-800-273-8255

Poison Center

1-800-922-6633

**Sexual Assault and Domestic Violence
Crisis Line**

1-800-701-3630

Better Business Bureau

Better Business Bureau

328 Laura (Wichita)

316-263-3146

<http://www.wichita.bbb.org>

Children and Youth

Adoption

800-862-3678

<http://www.adopt.org/>

Boys and Girls Town National Hotline

1-800-448-3000

www.girlsandboystown.org

Child/Adult Abuse and Neglect Hotline

800-922-5330

Child Abuse Hotline

1-800-922-5330

Child Protective Services

1-800-922-5330

HealthWave

P.O. Box 3599

Topeka, KS 66601

1-800-792-4884

1-800-792-4292 (TTY)

www.kansashealthwave.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, KS 67202

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

Community Action

Peace Corps

800-424-8580

www.peacecorps.gov

**Public Affairs Hotline (Kansas
Corporation**

Commission)

800-662-0027

www.kcc.state.ks.us

Counseling

Care Counseling

**Family counseling services for Kansas
and Missouri**

1-888-999-2196

Center for Counseling

5815 West 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

800-279-2227

<http://www.kscacs.org/>

National Problem Gambling Hotline

800-522-4700

National Hopeline Network

1-800-SUICIDE (785-2433)

www.hopeline.com

Sunflower Family Services, Inc.

(adoption, crisis pregnancy, conflict solution center)

1-877-457-5437

www.sunflowerfamily.org

Disability Services

American Association of People with Disabilities

(AAPD)

www.aapd.com

American Council for the Blind

1-800-424-8666

www.acb.org

Americans with Disabilities Act Information

Hotline

1-800-514-0301

1-800-514-0383 (TTY)

www.ada.gov

Disability Advocates of Kansas, Incorporated

1-866-529-3824

www.disabilitysecrets.com

Disability Group, Incorporated

1-888-236-3348

www.disabilitygroup.com

Disability Rights Center of Kansas (DRC)

Formerly Kansas Advocacy & Protective Services

1-877-776-1541

1-877-335-3725 (TTY)

www.drckansas.org

Hearing Healthcare Associates

1-800-448-0215

Kansas Commission for the Deaf and Hearing

Impaired

1-800-432-0698

www.srskansas.org/kcdhh

Kansas Relay Center (Hearing Impaired service)

1-800-766-3777

www.kansasrelay.com

National Center for Learning Disabilities

1-888-575-7373

www.nclld.org

National Library Services for Blind & Physically

Handicapped

www.loc.gov/nls/

1-800-424-8567

Environment

Environmental Protection Agency

1-800-223-0425

913-321-9516 (TTY)

www.epa.gov

Kansas Department of Health and Environment

Salina 785-827-9639

Hays 785-625-5663

Topeka 785-296-1500

www.kdheks.gov

Food and Drug

Center for Food Safety and Applied Nutrition

1-888-SAFEFOOD (723-3366)

www.cfsan.fda.gov/

www.healthfinder.gov/docs/doc03647.htm

US Consumer Product Safety Commission

800-638-2772

800-638-8270 (TDD)

www.cpsc.gov

USDA Meat and Poultry Hotline

1-888-674-6854

1-800-256-7072 (TTY)

www.fsis.usda.gov/

U.S. Food and Drug Administration

1-888-INFO-FDA

1-888-463-6332

www.fsis.usda.gov/

Health Services

American Cancer Society

1-800-227-2345

www.cancer.org

American Diabetes Association

1-800-DIABETES (342-2383)

www.diabetes.org

AIDS/HIV Center for Disease Control and

Prevention

1-800-CDC-INFO

1-888-232-6348 (TTY)

<http://www.cdc.gov/hiv/>

AIDS/STD National Hot Line

1-800-342-AIDS

1-800-227-8922 (STD line)

American Health Assistance Foundation

1-800-437-2423

www.ahaf.org

American Heart Association

1-800-242-8721

www.americanheart.org

American Lung Association

1-800-586-4872

American Stroke Association

1-888-4-STROKE

www.americanheart.org

Center for Disease Control and Prevention

1-800-CDC-INFO

1-888-232-6348 (TTY)

<http://www.cdc.gov/hiv/>

Elder Care Helpline

www.eldercarelink.com

Eye Care Council

1-800-960-EYES

www.seetolearn.com

National Health Information Center

1-800-336-4797

www.health.gov/nhic

National Cancer Information Center

1-800-227-2345

1-866-228-4327 (TTY)

www.cancer.org

National Institute on Deafness and Other

Communication Disorders Information

Clearinghouse

1-800-241-1044

1-800-241-1055 (TTY)

www.nidcd.nih.gov

Hospice

Hospice Services Inc.

Serving Smith & Surrounding Counties

424 8th Street (Phillipsburg)

785-543-2900 or 800-315-5122

Hospice-Kansas Association

1-800-767-4965

Kansas Hospice and Palliative Care Organization

1-888-202-5433

www.lifeproject.org/akh.htm

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)

<http://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

Northwest Kansas Area Agency on Aging

510 W. 29th Street Suite B

Hays, KS 67601

785-628-8204

Medicaid Services

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

800-MEDICARE (800-633-4227) or

877-486-2048 (TTY)

www.cms.hhs.gov

Mental Health Services

Alzheimer's Association

1-800-272-3900 or 1-866-403-3073 (TTY)

www.alz.org

Developmental Services of Northwest Kansas

1-800-637-2229

Kansas Alliance for Mentally Ill (Topeka, KS)

785-233-0755

www.namikansas.org

Make a Difference

1-800-332-6262

Mental Health America

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

**National Alliance for the Mentally Ill
Helpline**

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

1-800-433-5959 (TTY)

www.nmha.org

**KS Department of Social and
Rehabilitation Services**

915 SW Harrison Street

Topeka, KS 66612

785-296-3959

Suicide Prevention Hotline

1-800-SUICIDE [784-2433]

www.hopeline.com

Nutrition

American Dietetic Association

1-800-877-1600

www.eatright.org

**American Dietetic Association
Consumer**

Nutrition Hotline

1-800-366-1655

Department of Human Nutrition

Kansas State University

119 Justin Hall

Manhattan, KS 66506

785-532-5500

www.humec.k-state.edu/hn/

**Eating Disorders Awareness and
Prevention**

1-800-931-2237

www.nationaleatingdisorders.org

Road and Weather Conditions

Kansas Road Conditions

866-511-KDOT

511

<http://kdot1.ksdot.org/divplanning/roadrpt/>

Senior Services

Alzheimer's Association

1-800-487-2585

**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**

888-687-2277

www.aarp.org

Area Agency on Aging

785-628-8204

Eldercare Locator

1-800-677-1116

[www.eldercare.gov/eldercare/public/home.a
sp](http://www.eldercare.gov/eldercare/public/home.asp)

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 Tobacco Use Quitline

1-866-KAN-STOP (526-7867)

www.kdheks.gov/tobacco/cessation.html

**Older Kansans Employment Programs
(OKEP)**

785-296-7842

www.kansascommerce.com

Older Kansans Hotline

800-742-9531

**Older Kansans Information Reference
Sources on Aging (OKIRSA)**

1-800-432-3535

**Senior Health Insurance Counseling
for Kansas**

1-800-860-5260

[www.agingkansas.org/SHICK/shick
index.html](http://www.agingkansas.org/SHICK/shick
index.html)

SHICK

1-800-860-5260

www.agingkansas.org/SHICK

Social Security Administration

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

www.srskansas.org

Suicide Prevention

Suicide Prevention Services

800-784-2433

www.spsfv.org

Transportation Services

Smith Center Transportation Van

785.620.7526

Rides M-F 8 am-4 pm within the city of Smith Center

F.O.R.T.H. (Friends Offering Rides for Transportation Help)

785-389-6941 or

785-282-0256 or

784-282-3728

Offers rides/drivers for out of town medical appointments

Veterans

Federal Information Center

1-800-333-4636

www.FirstGov.gov

U.S. Department of Veterans Affairs

1-800-513-7731

www.kcva.org

Education (GI Bill)

1-888-442-4551

Health Resource Center

1-877-222-8387

Insurance Center

1-800-669-8477

Veteran Special Issue Help Line

Includes Gulf War/Agent Orange Helpline

1-800-749-8387

U.S. Department of Veterans Affairs

Mammography Helpline

1-888-492-7844

Other Benefits

1-800-827-1000

Memorial Program Service [includes status of

headstones and markers]

1-800-697-6947

Telecommunications Device for the Deaf/Hearing Impaired

1-800-829-4833 (TTY)

www.vba.va.gov

Veterans Administration

Veterans Administration Benefits

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

DCF Fraud Hotline

1-800-432-3913

V. Detail Exhibits

[VVV Research & Development, LLC]

Patient Origin & Access

[VW Research & Development, LLC]

#	KS Hospital Assoc PO103	Smith County IP			TREND
		FFY2012	FFY2013	FFY2014	
1	Total Discharges	488	576	575	
2	Total IP Discharges-Age 0-17 Ped	23	24	14	
3	Total IP Discharges-Age 18-44	24	35	17	
4	Total IP Discharges-Age 45-64	106	98	121	
5	Total IP Discharges-Age 65-74	71	86	114	
6	Total IP Discharges-Age 75+	195	256	253	
7	Psychiatric	12	12	13	
8	Obstetric	29	31	23	
9	Surgical %	27.7%	26.6%	25.4%	
#	KS Hospital Assoc PO103	Smith County Memorial Hospital			TREND
		FFY2012	FFY2013	FFY2014	
1	Total Discharges	249	309	287	
2	Total IP Discharges-Age 0-17 Ped	10	11	5	
3	Total IP Discharges-Age 18-44	13	22	7	
4	Total IP Discharges-Age 45-64	38	36	31	
5	Total IP Discharges-Age 65-74	30	41	46	
6	Total IP Discharges-Age 75+	128	158	167	
7	Psychiatric	3	6	6	
8	Obstetric	14	16	12	
9	Surgical %	5.2%	5.2%	3.5%	
#	Kansas Hospital Assoc OP TOT223E	FFY2012	FFY2013	FFY2014	TREND
1	ER Market Share	85.5%	89.4%	84.4%	
2	OPS Market Share	68.1%	67.4%	63.1%	

Town Hall Attendees Notes & Feedback

[VVV Research & Development, LLC]

Smith County, KS Town Hall Roster N=31

Date: 05/20/15

First	Last	Organization	Address	City, St	Zip
Roger	Allen	Smith County Commissioner	27031 220 Road	Lebanon	66952
Marcia	Bose	Community Member - Cedar	26022 E Rd	Cedar	67638
Ferrill	Conant	SCFP			
Stacey	Dimitt	SCFP			
Michelle	Goscha	Chiropracter	717 E. 2nd	Smith Center	66967
Hannah	Haack	SCFP			
Laura	Hageman	Smith County Health Dept	119 S. Main	Smith Center	66967
Bruce	Hardacre	SCMH BOT			
Amy	Howland	Howland Mobile Veterinary Service	P.O. Box 272	Smith Center	66967
Brad	Howland	Smith Center Economic Development	P.O. Box 272	Smith Center	66967
Galen	Lambert	Smith Center Economic Development	111 Park	Smith Center	66967
Joan	Nech	Smith Center Chamber of Commerce	219 S Main	Smith Center	66967
Tammy	Pettijohn	Angels Care Home Health	27032 C Road	Cedar	67628
Dale	Pickel	Smith County Commissioner	303 N Main	Smith Center	66967
Denise	Sasse	Smith County Commissioner	22091 L Road	Gaylord	67638
Michelle	Stamm	USD 237 School System	300 Roger Barta Way	Smith Center	66967
Kenton	Weltmer	SCMH BOT			
Steven	Weltmer	Midwest Family Health	317 # US Highway 36	Smith Center	66967
Garoleen	Wilson	Smith Center Economic Development	219 S. Main	Smith Center	66967
Sharon	Wolters	Smith County Clerk	218 S. Grant	Smith Center	66967
Judy	Hall	Smith Center Housing Authority	410 Maple Dr	Smith Center	
Roger	Allen				
Sandra	Loon	High Plains Mental Health	501 E Kansas Ave	Smith Center	66967
David	Mace	The People's Bank	316 E 2nd St	Smith Center	66967
Ari	Harvey Hunniford	SCMH	118 Ewing St	Smith Center	66967
Becky	Meyer	SCMH	806 E Kansas	Smith Center	66967
Sarah	Ragsdale	SCMH	863 E Quail Rd	Agra	67621
JoJene	Tree	SCMH LTC	120 W 3rd	Smith Center	
Julie	Haresnape	SCMH	12031 Y Rd	Lebanon	66952
Allen	Van Driel	SCMH			
Julie	Kirnie	SCMH	13072 R Rd	Smith Center	66967

Smith County Community Health Needs Assessment Meeting
05.20.15
N=31

- People who represent the schools are here
- Doctors in the room
- People who work in home health or with the senior population present
- Elected officials present
- One pharmacist here
- No law enforcement people present

County Health Rankings

- Air, water, effects from tractors all contributing to environmental factors in Smith County
- All green except for environmental quality

TAB 1: Demographic Profile

- No stoplight in town
- Losing people in this county, they are dying
- Young people move out of the county for jobs
- Veteran in the room going to Hays for care at the clinic, VA hospital in Wichita or Grand Island, NE
- Have poverty issues happening here
- Good voter turnout, county is engaged
- Limited access to healthy food and grocery store statistics aren't good, think they are fine in Smith Center and are thrown off by rest of the county

TAB 3: Educational Profile

- Having issues agreeing on which school districts are really "in their county" to report. Saying USD 110 we have in the Ppt is technically in Phillips, there may be two more that should be added (including one from Osborne County) because they pull students from the county/own property in the county
- Separate school nurses for both schools
- Poverty issues in the schools

TAB 4: Maternal and Infant Profile

- Most births are happening here, pulling some in from outside the county
- Think their statistics are being skewed because they are involving such small numbers
- Think their WIC numbers are starting to go up. They are seeing mothers not wanting healthy prenatal food, just wanting formula because it is expensive after the babies are being born

TAB 5: Hospitalization & Provider Profile

- Have a really good ER market share

TAB 6: Behavioral Health Profile

- Too many alcohol impaired driving deaths
- Inadequate social support could be a green
- Law enforcement would say BH health is a problem, particularly with placement. Don't have a place to incarcerate juveniles

TAB 7: Risk Factors and Indicators

- Obesity is high, 10 years ago percentage was down in the 20% range
- Not working out enough
- Nitrate is not a problem here

TAB 8: Uninsured Profile

- Coventry and UnitedHealthcare are the insurance plans here
- Bad debt and charity care keep going up

TAB 10: Preventive Profile

- Have free/affordable gym and workout facilities
- Very high percentage of infants fully immunized at 24 months

STRENGTHS:

- Quality and number of providers
- Community and providers involvement in healthcare
- Access to physical activity
- Two pharmacies
- Immunization rates
- Forward progress in planning facility updates
- Home health options
- Water treatment plant
- School nurses
- Low suicide rate
- Quality of life
- Number of births trending upward
- Affordable wellness opportunities
- Rank high among other counties
- Hospital administration
- Providers work well with existing facilities

WEAKNESSES:

- Prenatal/WIC Education
- Lack of an Assisted Living Facility
- Funding for HC Improvement
- Traffic Accidents (Teens)
- Drug Abuse

- Alcohol
- Senior Care
- Specialty Clinics (Urology, ENT, Orthopedic, Dermatology)
- Low Birth Weights
- Hospital Facility Upgrades Needed
- Bad Debt/Charity Care Increasing
- Elderly Transportation Outside Smith Center
- Behavioral Health (Assessment and Placement)
- Children in Poverty
- Obesity Due to Nutrition and Fitness
- Uninsured Population (Health, Eye, Dental)

Public Notice & Invitation

[VW Research & Development, LLC]

Round #2 Community Health Needs Assessment – Smith County Memorial Hospital

Media Release 01/26/2015

Over the next three months, Smith County Memorial Hospital will be updating the 2012 Smith County (Smith Center, KS) Community Health Needs Assessment (CHNA). (*Note:* This assessment update is a follow-up to meet final IRS regulations released on 01/02/2015, requiring all 501(c)(3) hospitals to conduct a community health needs assessment and adopt an implementation strategy at least once every three years).

The goal of this assessment update is to understand progress in addressing community health needs cited in the 2012 CHNA report and to collect up-to-date community health perceptions.

All community residents and business leaders are encouraged to attend the upcoming scheduled **Town Hall on May 20th from 5:30-7:00pm at the Smith County Public Library**. “We hope that the community and health professionals will take advantage of this opportunity to provide input into the future of healthcare delivery in our county,” comments Allen Van Driel, CEO.

Vince Vandelaar, MBA (VVV Research & Development, LLC, an independent research firm from Olathe, Kansas) has been retained to conduct this countywide research. If you have any questions about CHNA activities, please call 785-282-6845.



Community Health Needs Assessment Community Town Hall Meeting

Smith County Memorial Hospital and
Smith County Public Health
will be sponsoring a
Town Hall Meeting on Wednesday, May 20th
from 5:30 to 7:00 p.m.
at Smith County Public Library

**Public is invited to attend.
A light dinner will be provided**

Please join us for this opportunity to share your opinions
and suggestions to improve health care delivery
in Smith County, KS.

Thank you in advance for your participation.

YOUR Logo

Date: Feb 13, 2015

Dear Community Member,

You may have heard that Smith County Memorial Hospital is partnering with other healthcare providers to perform a Community Health Needs Assessment. We need your input on the current state of health delivery in our community and your thoughts on the most important health needs that our community needs to address.

On Wednesday, May 20th, you are invited to attend a Smith County Town Hall meeting. We have retained the services Vince Vandelaar of VVV Research and Development, LLC from Olathe, KS, to facilitate this meeting and prepare our report.

Your input is valuable, and will be incorporated into our final report. Please join us on Wednesday, May 20th, from 5:30-7:00 p.m. at Smith County Public Library. A light meal will be served starting at 5:00 p.m.

We look forward to seeing you at the Town Hall meeting, and appreciate your input.

Sincerely,

Allen Van Driel
CEO

CHNA Report contact :



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