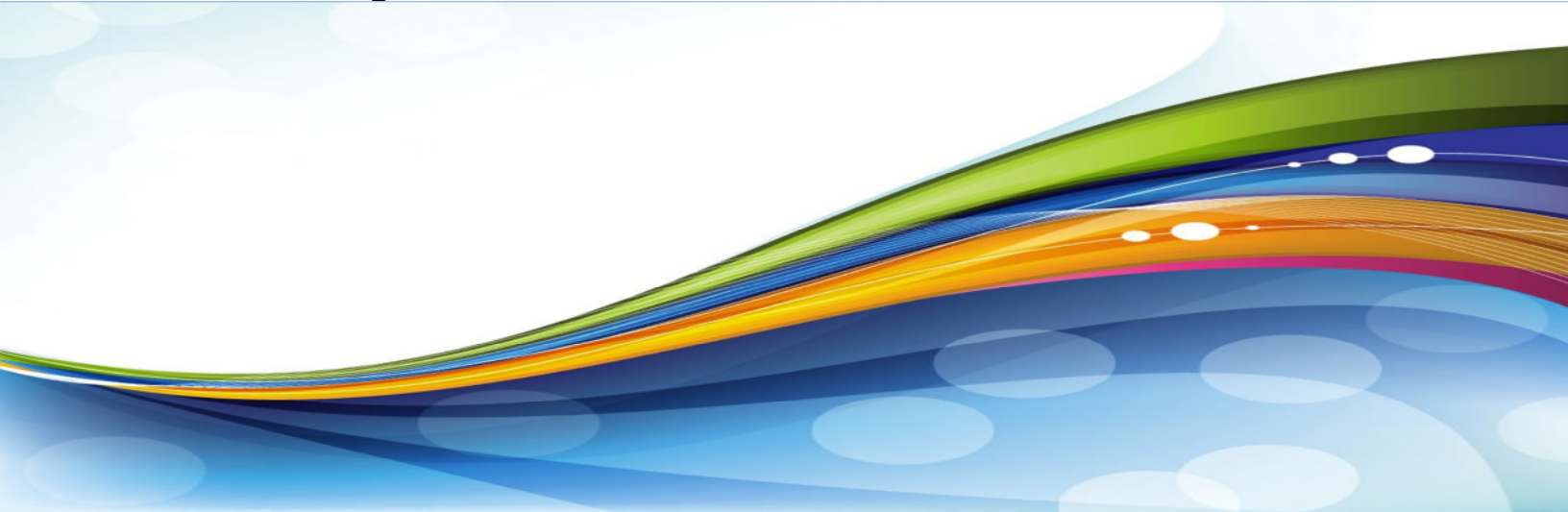




Trego County, KS

Community Health Needs Assessment Round #2



September 2015

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

Community Health Needs Assessment

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I. Executive Summary

[VWV Research & Development, LLC]

I. Executive Summary

Trego 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 Trego 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 Trego County-Lemke Memorial Hospital's Primary Service Area are as follows:

| Trego Co, KS - Community Health "Strengths" | | | |
|--|--|----|--|
| # | Topic | # | Topic |
| 1 | Strong Community Support for Health and Wellness | 13 | EMS Services |
| 2 | Quality Providers | 14 | Good School System |
| 3 | Access to Healthcare Services | 15 | Supportive Faith Community |
| 4 | Good Pharmacies | 16 | Good County Health Department |
| 5 | Access to Nursing Home and Assisted Living | 17 | Good Cardiac and Cancer Rehab Services |
| 6 | 24/7 ER | 18 | Caring Employees |

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

| Trego Co, KS - Trego County-Lemke Memorial Hospital PSA | | | | |
|--|--|--------------|---------------|--------------|
| Town Hall Community Health Needs Priorities (22 Attendees) | | | | |
| # | Health Needs to Change and/or Improve | Votes | % | Accum |
| 1 | Recruit local dental services to the community. | 13 | 20.3% | 20.3% |
| 2 | Identify and document demand for additional assisted living senior options. | 12 | 18.8% | 39.1% |
| 3 | Continue cancer screenings with more community engagement and participation. | 9 | 14.1% | 53.1% |
| 4 | Expand diabetes education. | 8 | 12.5% | 65.6% |
| 5 | Offer healthcare transportation services with county. | 8 | 12.5% | 78.1% |
| 6 | Reduce prescription drug abuse and educate the public. | 8 | 12.5% | 90.6% |
| 7 | Fight and reduce obesity (eat right and exercise). | 6 | 9.4% | 100.0% |
| Total Town Hall Votes | | 64 | 100.0% | |
| Other Items Noted: Veterinary Services, Alcohol Abuse, Health Education, Walk-In Clinic Hours, Childhood Hunger, Smoking, Healthcare Labor Shortage, Access to Housing | | | | |

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

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

- TAB 1: Trego County has a population of 2,902 residents as of 2014. 24.1% of Trego County's population consists of the elderly (65+), and 25.9% percent of these elderly people (65+) are living alone. The percent of Hispanics and Latinos in Trego County is 2.0%. 12% percent of children in Trego County live in single-parent households, lower than the Kansas rural norm of 29.0%. The percent of people living below the poverty level is 16.2%. The percent of people with limited access to healthy foods is 8.0%. 3.8% of people 65+ in Trego have low access to a grocery store, lower than the Kansas rural norm of 9.5%.
- TAB 2: Trego County per capita income in the past 12 months equals \$23,095. The median value of owner-occupied housing units is \$74,500. The percent of unemployed workers in the civilian labor force in Trego County is 3.5%. The percent of solo drivers with a long commute is 19.0%, higher than the Kansas rural norm of 12.2%. The percent of renters in Trego County spending more than 30% or more of their household income on rent is 26.9%, lower than the Kansas rural norm of 37.0%.

- TAB 3: In Trego County, 20.4% of students are eligible for the free lunch program, lower than the Kansas rural norm of 34.2%. The poverty status by school enrollment is 1.7%, much lower than the Kansas rural norm of 12.6%. The percent of persons (25+) with a Bachelor's degree or higher in Trego County is 21.5%.
- TAB 4: The percent of births where prenatal care began in the first trimester in Trego County is 78.6%. The percent of births where the mother smoked during pregnancy is 20.2%. The average monthly WIC participation rate in Trego County is 10.3%, lower than the Kansas rural norm of 20.9%. 26.2% of births are occurring to unmarried women.
- TAB 5: The ratio of the population in Trego County to primary care physicians is 1,400. The heart disease hospital admission rate in Trego County (656) is higher than the Kansas rural norm of 262. The congestive heart failure hospital admission rate in Trego County (422) is higher than the Kansas rural norm of 191. The chronic obstructive pulmonary disease hospital admission rate of 355 is also higher than the Kansas rural norm of 194. The bacterial pneumonia hospital admission rate of 1,325 is higher in Trego County than the Kansas rural norm of 488. The injury hospital admission rate (1,945) in Trego County is higher than the Kansas rural norm of 691.
- TAB 6: The depression rate for the Medicare population in Trego County is 25.2%, higher than the Kansas rural norm of 15.2%. The percent of alcohol-impaired driving deaths in Trego County is 25.0%.
- TAB 7: The adult obesity rate in Trego County is 32.0%. The percent of people in Trego County who are physically inactive is 24.0%. Heart failure in the Medicare population in Trego County is at 47.5%, higher than the Kansas rural norm of 18.3%. Chronic obstructive pulmonary disorder in the Medicare population in Trego County is at 22.4%, higher than the Kansas rural norm of 12.9%.
- TAB 8: The uninsured adult population rate in Trego County is 15.3%, lower than the Kansas rural norm of 17.4%.
- TAB 9: The infant mortality rate in Trego County is 0.0%, lower than the Kansas rural norm of 3.9%. The age-adjusted years of potential life lost due to traffic injury in Trego County is 0, much lower than the Kansas rural norm of 1,541. The age-adjusted traffic injury mortality rate in Trego County is 0 per 100,000, lower than the Kansas rural norm of 25 per 100,000. The age-adjusted suicide mortality rate per 100,000 in Trego County is 0, lower than the Kansas rural norm of 14 per 100,000.
- TAB 10: The percentage of infants fully immunized at 24 months in Trego County is 91.3%, higher than the KS rural norm of 78.6%. The percent of diabetic screenings in Trego County is 82.0%. The percent of mammography screenings in Trego County is 78.0%.

Key 2015 Community Feedback Conclusions:

As seen below, the community still senses a health need for Wellness Options, Public Awareness of available health services, OB service offerings, mental health / counselling and cancer services.

| CHNA Round #2 Feedback 2015 - Trego County | | | | | | |
|---|-----------------------|-----------------------|---------------|-----------|----------------|--------------------|
| From our last Community Health Needs Assessment (2012), a number of health needs were identified as a priority. Are any of these 2012 CHNA needs still an "ongoing problem" in our community? | | | | | | |
| Answer Options | Not a Problem Anymore | Somewhat of a Problem | Major Problem | Problem % | Response Count | Most Pressing Rank |
| Obesity | 0 | 56 | 49 | 100.0% | 105 | 4 |
| Substance Abuse / Rx Drug Abuse | 3 | 61 | 38 | 97.1% | 102 | 3 |
| Underage Drinking / Binge Drinking | 4 | 62 | 38 | 96.2% | 104 | 6 |
| Elderly Falling Prevention | 7 | 71 | 24 | 93.1% | 102 | 9 |
| Teen Sexual Activity / STD Awareness and Education | 8 | 70 | 26 | 92.3% | 104 | 8 |
| Desire for Dentist in Community | 9 | 32 | 66 | 91.6% | 107 | 2 |
| Lack of Mental Health Providers | 10 | 60 | 30 | 90.0% | 100 | 5 |
| Diabetes | 13 | 65 | 23 | 87.1% | 101 | 7 |
| Assisted Living Facility | 18 | 46 | 40 | 82.7% | 104 | 1 |
| Mill Levies to Help Funding Care | 17 | 65 | 16 | 82.7% | 98 | 10 |

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.).

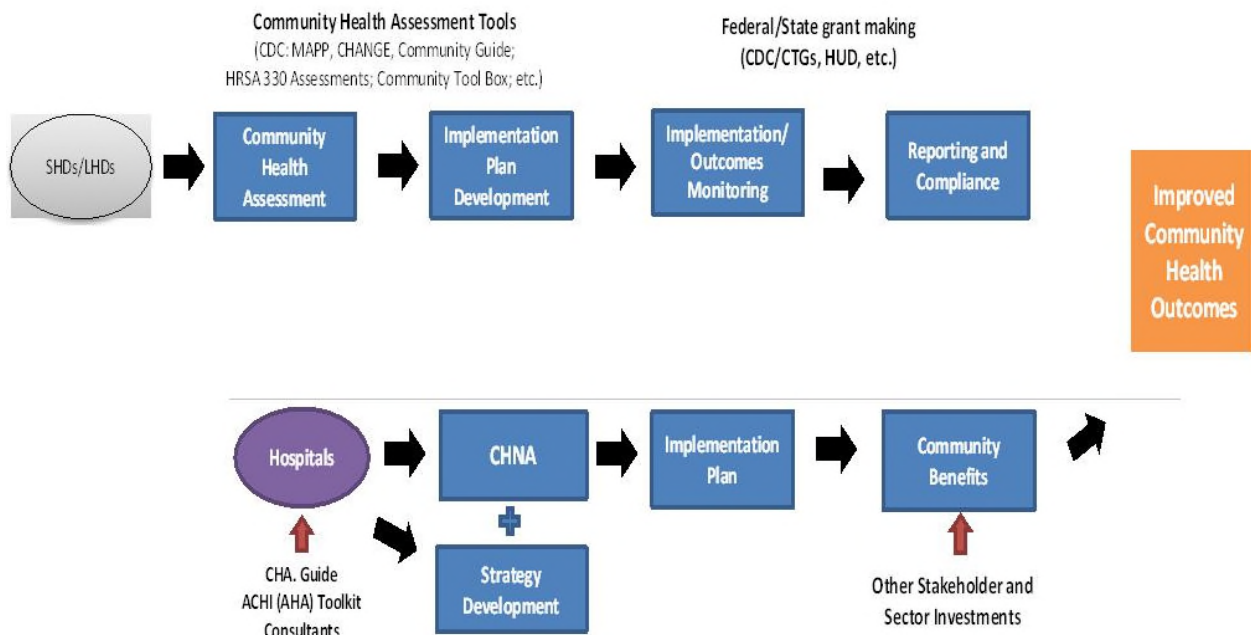
JOB #2: Making a CHNA Widely Available to the Public

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, 2015 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:

Trego County-Lemke Memorial Hospital Profile

320 N. 13th St, Wakeeney, KS, 67672
Administrator/CEO: Dave Augustine

About Us: Trego County-Lemke Memorial Hospital is a 25-bed critical access health care facility providing inpatient, emergency and outpatient services. Our Home Health Agency serves Ellis, Gove, Graham, Ness and Trego Counties. WaKeeney and Ellis Family Care Centers offer clinic services aimed to fulfill all of your family's needs. An attached 37-bed Long Term Care unit, 6-bed Assisted Living complex, and Home Delivered Meals complete the package by providing all aspects of care under one roof.

Our strength comes from the commitment and genuine caring of our healthcare team and the support of our community. Our vision of "To be the healthcare facility of choice for our community and surrounding area" serves as our guiding principle. We welcome your comments.

History: The idea for a hospital in WaKeeney first originated back to the early 1920's. However, this plan failed and was forgotten. The will of John Lemke was the impetus that resulted in the birth of Trego County-Lemke Memorial Hospital. His will provided that proceeds from the sale of real estate be used for the building of the Lemke Memorial Hospital. Those proceeds totaled \$84,000.00. Along with this donation, J.G. Hixson donated one block of land for the hospital.

Because of rising costs, this sum was insufficient for constructing a complete hospital. A county bond election for \$129,500.00 was held in April, 1948 and building commenced in March, 1949. It was soon discovered that once again funds were insufficient. The Commissioners proposed to issue bonds amounting to \$25,000.00. This action was protested and had to be carried to the November General Election, where it passed by a 3 to 1 majority. The approximate cost of the hospital then totaled \$253,000.00.

The first building planned was for a 6-8 bed ward room and 14 semi private rooms. The patient rooms were furnished by donations and decorated by a local women's committee.

The hospital opened for business on January 12, 1951, with 6 nurses, 6 nurse aides, a lab technician, cook, housekeeper, maintenance man, office clerk and an administrator.

1965 found the hospital with a need for more space in the form of a Long Term Care Facility. While the Government planned the advent of Medicare, work on the new facility began. The dedication was held in 1967 and National Accreditation was earned in 1968.

The hospital continued to prosper, and in 1982 the need for renovation of the hospital became apparent. Medical treatment was more sophisticated and delivery of health care had changed. The emphasis was now on short stays and increased outpatient care. A new Birthing Room, Surgical Suite, Emergency Area, Laboratory, and X-ray Department were added. Patient rooms were renovated and enlarged. The new hospital was dedicated in 1987.

The Hospital Board of Trustees decided to renovate the Long Term Care Facility in 1992. Four new resident rooms were added, along with a new activity area and solarium. The existing resident rooms were renovated. The cost for the renovation was \$750,000.00.

A new Physical Therapy, Cardiac Rehab, Wellness Center and Patient Registration additions were completed in 2000, along with a kitchen renovation. Effective April 1, 2003, the facility became a Critical Access Hospital with 25 beds.

In November 2004, the voters approved a 3.2 million dollar bond issue to remodel the existing 37-bed Long Term Care Facility, and to add a Physician Clinic and Six Bed Assisting Living. Dedication of the new improvements was held in March of 2006. In February, 2006, a satellite Physicians Clinic was opened in Ellis.

We currently employ approximately 150 individuals who care for the sick, provide preventive medical services, surgery, and give rehabilitative care. Our Physicians, Hospital Board, Administrator and Staff intend to continue to expand and develop the care offered in the community. In the future you can be assured, that modern care and treatment are available here in our own hometown.

Vision: To be the healthcare facility of choice for our community and surrounding area.

Trego County-Lemke Memorial Hospital offers the following services to its community:

- Clinic Services
- LTC & Assisted Living
 - o All the Care Under One Roof, Long Term Care, Assisted Living
- Laboratory Services
- Home Care Services
 - o Home Health & Delivered Meals, Lifeline Medical Alerts
- Radiology
 - o X-Ray, Bone Density Testing (DEXA), CT Scan, Ultrasound, Mammography, Nuclear Medicine, Magnetic Resonance Imaging (MRI), Cardiolite Stress Testing
- Rehab Services
 - o PT, OT, and Speech Therapy, Cardiac Rehab Services, Wellness Center, Cancer Wellness
- Specialized Services

Trego County Health Department Profile

201 N. Main St., WaKeeney, KS, 67672

Administrator: Kelsey Howard

The Trego County Health Department is open Monday through Wednesday from 8:00 am to 5:00 pm, Thursday from 8:00 am to noon and 1:00 pm to 5:00 pm and on Fridays from 8:00 am to noon.

Trego County Health Department offers the following services to its community:

- Blood Pressure Screenings
- Ear, Throat, Height, Weight, Lung, Pulse Oximetry Checks
- Lice and Skin Checks
- Medical Equipment Evaluation (Blood Pressure and Glucose Monitors)
- Medication & Syringe Fills
- Fingernail & Toenail Trims
- Hearing and Vision Screenings and Tympanograms
- Ear Washing
- Suture and Staple Removal
- Fluoride Varnish Treatments
- Education and Counseling on Many Medical Issues
- Referrals to Physicians and Other Licensed Professionals
- Disease Investigations
- STD and HIV Screenings and Counseling
- On Location Blood Pressure Screenings
- Immunization Clinics
- Outreach Services

Mission Statement:

Primary Goal: To promote health and prevent disease and prevent disease and injury by providing health services, environmental services, and educational services to maintain and promote a healthy lifestyle for every individual in our community.

Plan: Define community health problems and propose appropriate solutions to the community and health care providers.

Promote preventive health care choices and support health maintenance choices.

Offer accessible facility with flexible hours for all health services.

Provide adequate health care in our community by collaborating with other health care providers to find effective solutions to those obstacles we face.

Promote adequate funding for services through local county sources and through state and federal sources.

Implementation: The administration will provide adequate staff to deliver specified health services to the community.

The staff will encourage preventative health choices and encourage responsibility on the part on the individual.

The nursing staff will maintain adequate working relationship with other health care providers.

Philosophy: It is the philosophy of the agency that every human being should be entitled to basic health services. An individual should not be denied any of these services because of the inability to pay for these services. This agency believes that these services should be provided, but the individual will be encouraged to show responsibility in his/her own health.

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 and Owner of VVV Research & Development, LLC

VVV Research & Development, LLC was incorporated on May 28th, 2009. With over 30 years of business and faculty experience in helping both providers, payors, and financial service firms obtain their strategic planning and research and development needs, Vince brings in-depth health industry knowledge, research aptitude, planning expertise and energy. VVV Research & Development, LLC 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 and leaders to identify gaps between existing health community resources and 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 (3 campuses) and was contracted to conduct two additional independent department 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 and 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 and 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 - VVV Research & Development, LLC
Lead Business Development Analyst

II. Methodology

c) CHNA and 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 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, discuss CHNA process/options to meet IRS requirements and discuss the next steps.

VVV CHNA Deliverables:

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

Trego County-Lemke Memorial Hospital CHNA Work Plan Project Timeline and Roles 2015

| Step | Date (Start-Finish) | Lead | Task |
|------|--|------------|---|
| 1 | 12/11/2014 | VVV | Hold kickoff Northwest Alliance review. |
| 2 | 6/1/2015 | Hosp | Select CHNA Option A/B/C. Approve VVV CHNA quote. |
| 3 | 6/20/2015 | VVV | Send out REQCommInvite Excel file. Hospital and health department to fill in PSA stakeholders names/address/e-mail. |
| 4 | 6/20/2015 | VVV | Request client to send KHA PO reports (PO101, 103 and TOT223E) to document service area for FFY 12, 13 and 14. In addition, request hospital to complete three year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls). |
| 5 | On or Before 6/30/2015 | VVV | Prepare CHNA Round#2 stakeholder feedback online link. Send text link for hospital review. |
| 6 | On or Before 6/30/2015 | VVV / Hosp | Prepare/send out PR story to local media announcing upcoming CHNA work (general story). Hospital to place. |
| 7 | 7/1/2015 | VVV | Launch/conduct online survey to stakeholders. Hospital will e-mail invite to participate to all stakeholders. |
| 9 | 7/6/2015 | 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 7/13/2015 | VVV | Assemble and complete secondary research. Find/populate 10 TABS. Create Town Hall PowerPoint for presentation. |
| 11 | 7/20/2015 | Hosp | Prepare/send out community Town Hall invite letter and place local ad. |
| 12 | 7/20/2015 | VVV / Hosp | Prepare/send out PR story to local media announcing upcoming Town Hall. VVV will mock up PR release to media sources. |
| 13 | On Or Before 8/7/2105 | All | Conduct conference call (time TBD) with hospital/public health to review Town Hall data/flow. |
| 14 | 8/11/2015 | VVV | Conduct CHNA Town Hall. Breakfast 7:00-8:30am at Western Coop. Review and discuss basic health data plus rank health needs. |
| 15 | On or Before 9/30/2015 | VVV | Complete analysis. Release draft one and seek feedback from leaders at hospital and health department. |
| 16 | On or Before 10/31/2015 | VVV | Produce and release final CHNA report. Hospital will post CHNA online. |
| 17 | On or Before 10/31/2015 | Hosp | Conduct client implementation plan PSA leadership meeting. |
| 18 | 30 Days Prior to End of Hospital Fiscal Year | Hosp | Hold board meetings and 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 / confirm CHNA calendar of events, explain / coach client to complete required participants database and schedule / organize all Phase II activities.

Phase II – Qualify Community Need:

A) Conduct secondary research to uncover the following historical community health status for 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..... | August 11, 2015 |
| Phase IV: Prepare / Release CHNA report..... | Sept 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.

Trego County-Lemke Memorial Hospital's Town Hall was held on Tuesday, August 11th, 2015 at Western Coop. Vince Vandehaar and Alexa Backman facilitated this 1 ½ hour session with twenty two (22) 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. Present / Review of Historical County Health Indicators (10 TABS)
4. Facilitate Town Hall participant discussion of data (probe health strengths / concerns). Reflect on size and seriousness of any health concerns sited and discuss current community health strengths.
5. Engage Town Hall participants to rank health needs (using 4 dots to cast votes on priority issues). Tally and rank top community health concerns cited.
6. Close meeting by reflecting on the health needs / community voting results. Inform participants on next steps.

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

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

Community Health Needs Assessment Trego County, KS Town Hall Meeting on behalf of Trego County-Lemke Memorial Hospital

Vince Vandehaar, MBA
VVV Marketing & Development, LLC
Owner and Adjunct Marketing Professor

Olathe, Kansas 66061
vmvandehaar@aol.com

www.vandeaarmarketing.com
913-302-7264

Community Health Needs Assessment (CHNA) Town Hall Discussion Agenda

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

VVV Marketing & Development, LLC

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, VVV Lead Business Development Analyst

Town Hall Participation (You)

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

I. Introductions: A Conversation with the Community

Community members and organizations invited to CHNA Town Hall

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

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

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

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

II. Purpose: Why Conduct Community Health Needs Assessment?

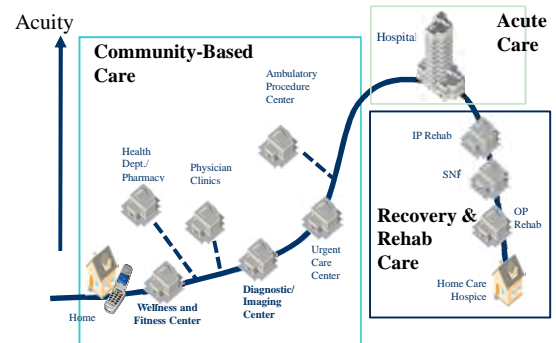
- To determine health-related trends and issues of the community.
- To understand/evaluate health delivery programs in place.
- To develop strategies to address unmet health needs.
- To meet Federal requirements – both local hospital and health department.

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).

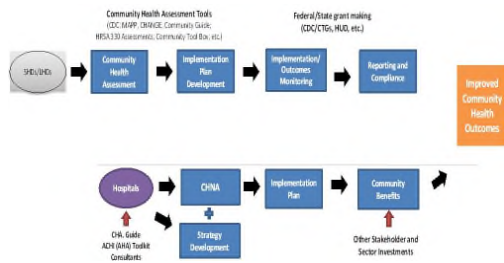
CHNA's role is to identify factors that affect the health of a population and determine the availability of resources to adequately address those factors.

Future System of Care Sg2



IP = inpatient; SNF = skilled nursing facility; OP = outpatient.

Community Health Needs Assessment Joint Process: Hospital and Health Department



II. Required Written Report IRS 990 Documentation

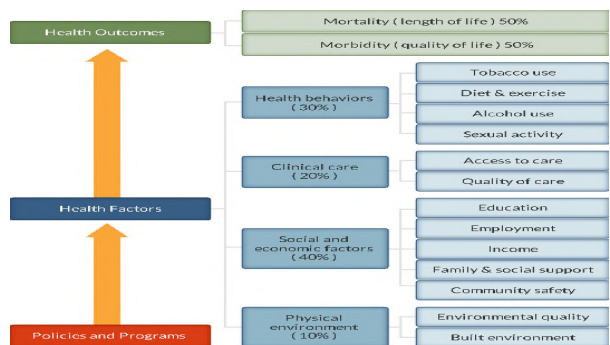
- a description of the community served
- a description of the CHNA process
- the identity of any and all organizations & third parties which collaborated to assist with the CHNA
- a description of how the organization considered the input of persons representing the community (*e.g., through meetings, 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 KS 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 and University of WI Health Institute

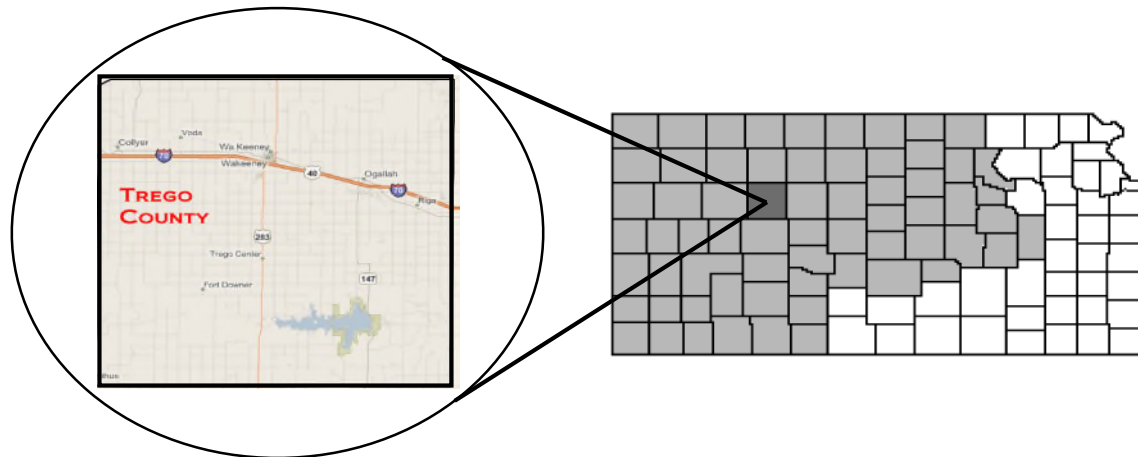


County Health Rankings model ©2012 UNWPHI

II. Methodology

d) Community Profile (A Description of Community Served)

Trego County Community Profile



Demographics

The population of Trego County was estimated to be 3,039 citizens in 2015, and maintained consistently populated with only a 0.24% change in population from 2010 – 2015. The county has an overall population density of 3 persons per square mile¹. Trego County covers 889.5 square miles and this area includes Cedar Bluff State Park, Reservoir, and Wildlife area, as well as the Smoky Valley Scenic Byway². The county is located in northwestern Kansas and agriculture, forestry, fishing, and hunting, and mining, educational health, and social services, retail trade and public administration are the most common industries in its economy³. The county was founded on June 21, 1879 and the county seat is WaKeeney.

The major highway transportation access to Trego County is U.S. Interstate 70, which runs through the northern part of the county. Old Highway 40 runs parallel to I-40 through the county as well. Kansas highway 36 runs East–West and State highway 283 is the major North-South highway that is in the center of the county. Also, State highway 147 runs North-South through the eastern part of Trego County.

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

² http://www.wakeeney.org/rec_parks/rec_parks.html

³ http://www.city-data.com/county/Trego_County-KS.html

Trego County, KS Airports⁴

| Name | USGS Topo Map |
|------------------------|----------------------|
| Trego WaKeeney Airport | WaKeeney West |

Schools in Trego County

Public Schools⁵

| Name | Level |
|----------------------|--------------|
| Trego Community High | High |
| Trego Grade School | Primary |

⁴ <http://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20195.cfm>

⁵ <http://kansas.hometownlocator.com/schools/sorted-by-county,n,trego.cfm>

Detail Demographic Profile

| ZIP | NAME | County | Population: | | | Households | | HH | Per Capita |
|--------|----------|--------|-------------|--------|------|------------|--------|----------|------------|
| | | | Yr2014 | Yr2019 | Chg | Yr2014 | Yr2019 | Avg Size | Income 14 |
| 67631 | Collyer | TREGO | 260 | 267 | 2.7% | 114 | 117 | 2.3 | \$24,092 |
| 67656 | Ogallah | TREGO | 163 | 168 | 3.1% | 70 | 73 | 2.3 | \$24,274 |
| 67672 | Wakeeney | TREGO | 2,414 | 2,455 | 1.7% | 1,106 | 1,133 | 2.1 | \$24,331 |
| Totals | | | 2,837 | 2,890 | 7.5% | 1,290 | 1,323 | 2.2 | \$24,232 |

| ZIP | NAME | County | Population 2014: | | | | YR 2014 | | Females |
|--------|----------|--------|------------------|--------|---------|------|---------|---------|----------|
| | | | Yr2014 | POP65p | KIDS<18 | GenY | MALES | FEMALES | Age20_35 |
| 67631 | Collyer | TREGO | 260 | 57 | 50 | 59 | 134 | 126 | 12 |
| 67656 | Ogallah | TREGO | 163 | 36 | 30 | 36 | 84 | 79 | 8 |
| 67672 | Wakeeney | TREGO | 2,414 | 600 | 493 | 548 | 1,190 | 1,224 | 157 |
| Totals | | | 2,837 | 693 | 573 | 643 | 1,408 | 1,429 | 177 |

| ZIP | NAME | County | Population 2014: | | | | Aver | Hholds | |
|--------|----------|--------|------------------|-------|---------|------|----------|--------|-----------|
| | | | White | Black | Amer IN | Hisp | HH Inc14 | Yr2014 | HH \$50K+ |
| 67631 | Collyer | TREGO | 254 | 0 | 0 | 6 | \$54,947 | 114 | 55 |
| 67656 | Ogallah | TREGO | 160 | 0 | 0 | 3 | \$56,523 | 70 | 34 |
| 67672 | Wakeeney | TREGO | 2,334 | 20 | 6 | 42 | \$52,832 | 1,106 | 436 |
| Totals | | | 2,748 | 20 | 6 | 51 | \$54,767 | 1,290 | 525 |

Source: ERSA Demographics

III. Community Health Status

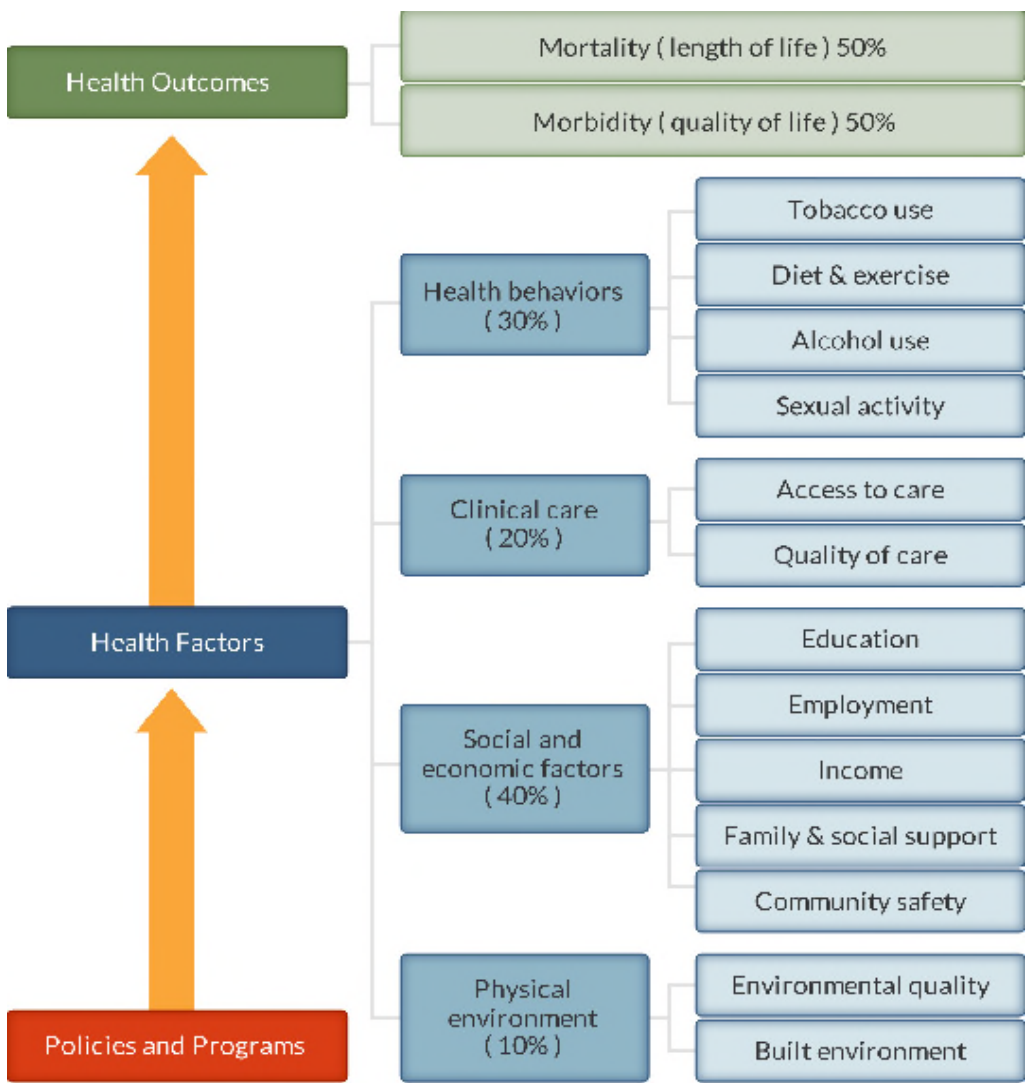
[VVV Research & Development, LLC]

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 Trego County, KS

| # | Kansas 2015 County Health Rankings (105 counties) | Definitions | TREGO CO 2015 | TREND | NW Alliance (13) |
|---|---|--|---------------|-------|------------------|
| 1 | Physical Environment | Environmental quality | 73 | | 50 |
| 2 | Health Factors | | 16 | | 26 |
| 2a | Clinical Care | Access to care / Quality of Care | 67 | | 41 |
| 2b | Social & Economic Factors | Education, Employment, Income, Family/Social support, Community Safety | 2 | | 29 |
| 3 | Health Outcomes | | 76 | | 44 |
| 3a | Health Behaviors | Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity | 32 | | 34 |
| 3b | Morbidity | Quality of life | 69 | | 48 |
| 3c | Mortality | Length of life | 73 | | 42 |
| OVERALL RANK | | | 16 | | 44 |
| NW KS Norms include the following 13 counties: Barton, Ellis, Gove, Kiowa, Norton, Osborne, Pawnee, Phillips, Russell, Sheridan, Smith, Thomas and Trego | | | | | |
| 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 | TREGO CO 2015 | TREND | KANSAS | NW ALLIANCE (13) | SOURCE |
|-----|---|---|------------------|-------|-----------|------------------------|---------------------------|
| 1a | a | Population, 2014 estimate | 2,902 | | 2,904,021 | 104,831 | People Quick Facts |
| 1a | b | Population, 2013 estimate | 2,959 | | 2,895,801 | 104,876 | People Quick Facts |
| 1a | c | Population, percent change - April 1, 2010 to July 1, 2014 | -3.3% | | 1.8% | -0.5% | People Quick Facts |
| 1a | d | Persons under 5 years, percent, 2013 | 4.9% | | 6.9% | 6.0% | People Quick Facts |
| 1a | e | Persons under 18 years, percent, 2013 | 19.1% | | 25.0% | 22.1% | People Quick Facts |
| 1a | f | Persons 65 years and over, percent, 2013 | 24.1% | | 14.0% | 20.4% | People Quick Facts |
| 1a | g | Female persons, percent, 2013 | 50.8% | | 50.2% | 49.2% | People Quick Facts |
| 1a | h | White alone, percent, 2013 (a) | 97.6% | | 87.1% | 95.4% | People Quick Facts |
| 1a | i | Black or African American alone, percent, 2013 (a) | 0.6% | | 6.2% | 1.7% | People Quick Facts |
| 1a | j | Hispanic or Latino, percent, 2013 (b) | 2.0% | | 11.2% | 5.2% | People Quick Facts |
| 1a | k | Foreign born persons, percent, 2009-2013 | 1.5% | | 6.7% | 2.1% | People Quick Facts |
| 1a | l | Language other than English spoken at home, pct age 5+, 2009-2013 | 5.4% | | 11.0% | 4.7% | People Quick Facts |
| 1a | m | Living in same house 1 year & over, percent, 2009-2013 | 83.9% | | 83.2% | 86.6% | People Quick Facts |
| 1a | n | People 65+ Living Alone, 2009-2013 | 25.9% | | 29.4% | 32.4% | American Community Survey |

Tab 1 Demographic Profile

| TAB | | HEALTH INDICATOR | TREGO CO 2015 | TREND | KANSAS | NW ALLIANCE (13) | SOURCE |
|-----|---|--|------------------|-------|---------|------------------------|---|
| 1b | a | Veterans, 2009-2013 | 306 | | 211,113 | 18,731 | People Quick Facts |
| 1b | b | Persons per square mile, 2010 | 3.4 | | 34.9 | 17 | Geography Quick Facts |
| 1b | c | Violent crime rate (Rate of Violent Crime per 1,000) | 0 | | 3.2 | 2.1% | Kansas Bureau of Investigation |
| 1b | d | Children in single-parent households | 12% | | NA | 29% | County Health Rankings |
| 1b | e | People Living Below Poverty Level, 2009-2013 | 16.2% | | 13.7% | 12.5% | American Community Survey |
| 1b | f | Children Living Below Poverty Level, 2009-2013 | 13.4% | | 18.7% | 18.1% | American Community Survey |
| 1b | g | Limited access to healthy foods | 8% | | NA | 8% | County Health Rankings |
| 1b | h | People 65+ Living Below Poverty Level, 2009-2013 | 6.5% | | 7.6% | 8.5% | American Community Survey |
| 1b | i | People 65+ with Low Access to a Grocery Store, 2010 | 3.8% | | NA | 9.5% | U.S. Department of Agriculture - Food Environment Atlas |
| 1b | j | Voter Turnout, 2012 | 72.1% | | 66.8% | 71.0% | Kansas Secretary of State |

Tab 2 Economic Profiles

| TAB | | HEALTH INDICATOR | TREGO CO 2015 | TREND | KANSAS | NW ALLIANCE (13) | SOURCE |
|-----|---|---|------------------|-------|-----------|------------------------|---------------------------|
| 2a | a | Households, 2009-2013 | 1,232 | | 1,110,440 | 42,866 | People Quick Facts |
| 2a | b | Median household income, 2009-2013 | \$45,714 | | \$51,332 | \$44,017 | American Community Survey |
| 2a | c | Per capita money income in past 12 months (2013 dollars), 2009-2013 | \$23,095 | | \$26,929 | \$25,046 | People Quick Facts |
| 2a | d | Households with Cash Public Assistance Income, 2009-2013 | 0.3% | | 2.3% | 1.6% | American Community Survey |
| 2a | e | Housing units, 2013 | 1,672 | | 1,239,706 | 106,387 | People Quick Facts |
| 2a | f | Median value of owner-occupied housing units, 2009-2013 | \$74,500 | | \$128,400 | \$75,775 | People Quick Facts |
| 2a | g | Homeownership rate, 2009-2013 | 54.7% | | 60.7% | 60.7% | American Community Survey |
| 2a | h | Housing units in multi-unit structures, percent, 2009-2013 | 9.9% | | 17.7% | 9.0% | People Quick Facts |
| 2a | i | Persons per household, 2009-2013 | 2.35 | | 2.5 | 2.3 | People Quick Facts |
| 2a | j | Severe Housing Problems, 2006-2010 | 9.4% | | 13.1% | 8.5% | County Health Rankings |
| 2a | k | Homeowner Vacancy Rate, 2009-2013 | 0.8% | | 2.0% | 1.8% | American Community Survey |
| 2a | l | Renters Spending 30% or More of Household Income on Rent, 2009- | 26.9% | | 45.5% | 37.0% | American Community Survey |

Tab 2 Economic Profiles

| TAB | | HEALTH INDICATOR | TREGO CO 2015 | TREND | KANSAS | NW ALLIANCE (13) | SOURCE |
|-----|---|--|---------------|-------|----------|------------------|---|
| 2b | a | Retail sales per capita, 2007 | \$13,740 | | \$12,444 | \$9,577 | Business Quick Facts |
| 2b | b | Total number of firms, 2007 | NA | | 237,040 | 10,781 | Business Quick Facts |
| 2b | c | Unemployed Workers in Civilian Labor Force, 2014 | 3.5% | | 4.3% | 2.7% | U.S. Bureau of Labor Statistics |
| 2b | d | Private nonfarm employment, percent change, 2012-2013 | -4.4% | | 1.4%2 | 5.3% | Business Quick Facts |
| 2a | e | Households with No Car and Low Access to a Grocery Store, 2010 | 0.2% | | NA | 2.1% | U.S. Department of Agriculture - Food Environment Atlas |
| 2b | f | Child Food Insecurity Rate, 2012 | 17.5% | | 22.3% | 20.8% | Feeding America |
| 2a | g | Grocery Store Density, 2011 | 0.3% | | NA | 0.4% | U.S. Department of Agriculture - Food Environment Atlas |
| 2b | h | Low-Income and Low Access to a Grocery Store, 2010 | 7.6% | | NA | 15.4% | U.S. Department of Agriculture - Food Environment Atlas |
| 2b | i | Low-Income Persons who are SNAP Participants, 2007 | 10.6% | | NA | 12.3% | U.S. Department of Agriculture - Food Environment Atlas |
| 2b | j | Households without a Vehicle, 2009-2013 | 2.9% | | 5.3% | 4.2% | American Community Survey |
| 2b | k | Mean travel time to work (minutes), workers age 16+, 2009-2013 | 14.8 | | 19.0 | 14 | People Quick Facts |
| 2b | l | Solo Drivers with a Long Commute, 2008-2012 | 19.0% | | 19.6% | 12.2% | County Health Rankings |
| 2b | m | Workers who Walk to Work, 2009-2013 | 1.6% | | 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 | TREGO CO 2015 | TREND | KANSAS | NW ALLIANCE (13) | SOURCE |
|-----|---|--|---------------|-------|--------|------------------|--|
| 3 | a | Students Eligible for the Free Lunch Program, 2011-2012 | 20.4% | | NA | 34.2% | National Center for Education Statistics |
| 3 | b | Poverty Status by School Enrollment, 2009-2013 | 1.7% | | 12.9% | 12.6% | American Community Survey |
| 3 | c | Student-to-Teacher Ratio (% Student / Teacher), 2011-2012 | 11.4 | | 15.1 | 9.4 | National Center for Education Statistics |
| 3 | d | High School Graduation, 2013 | 82.4% | | 85.8% | 84.6% | Annie E. Casey Foundation |
| 3 | e | Bachelor's degree or higher, percent of persons age 25+, 2009-2013 | 21.5% | | 30.3% | 20.5% | People Quick Facts |

Tab 3 Public Schools Health Delivery Profile

| # | Indicators (school reported) | TREND | TREGO CO 2015 | TREGO CO 2012 |
|----|--|-------|---------------|---------------|
| 1 | Total Number Public School Nurses | | 1 | 1 |
| 2 | School Nurse is Part of the IEP Team | | Yes | Yes |
| 3 | School Wellness Plan (Active) | | Yes | Yes |
| 4 | VISION: # Screened / Referred to Prof / Seen by Professional | | 258/18/5 | 246/22/2 |
| 5 | HEARING: # Screened / Referred to Prof / Seen by Professional | | 263/7/7 | 261/9/5 |
| 6 | ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional | | 202/21/Unk | 190/23/8 |
| 7 | SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional | | N/A | Not Perf |
| 8 | Number of Students Served with No Identified Chronic Health Concerns | | 215 | 200 |
| 9 | School has a Suicide Prevention Program | | N | N |
| 10 | Compliance on Required Vaccinations | | 90% | 90% |

TAB 4 Maternal and Infant Health Profile

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

| TAB | HEALTH INDICATOR | TREGO CO 2015 | TREND | KANSAS | NW ALLIANCE (13) | SOURCE |
|-----|---|---------------|-------|--------|------------------|---|
| 4 a | Percent of Births Where Prenatal Care began in First Trimester, 2011- | 78.6% | | 78.6% | 78.9% | Kansas Department of Health and Environment |
| 4 b | Percentage of Premature Births, 2011-2013 | 8.3% | | 9.0% | 8.9% | Kansas Department of Health and Environment |
| 4 c | Percent of Births with Low Birth Weight, 2011-2013 | 7.4% | | 7.1% | 7.6% | Kansas Department of Health and Environment |
| 4 d | Percent of births Where Mother Smoked During Pregnancy, 2010- | 20.2% | | 13.5% | NA | Kansas Department of Health and Environment |
| 4 e | Percent of all Births Occurring to Teens (15-19), 2011-2013 | 7.1% | | 8.1% | 7.6% | Kansas Department of Health and Environment |
| 4 f | Percent of Births Occurring to Unmarried Women, 2011-2013 | 26.2% | | 36.7% | 31.3% | Kansas Department of Health and Environment |
| 4 g | Average Monthly WIC Participation per 1,000 population, 2013 | 10.3% | | 22.5% | 20.9% | Kansas Department of Health and Environment |
| 4 h | Percent of WIC Mothers Breastfeeding Exclusively, 2013 | NA | | 13.2% | 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 | TREGO CO 2015 | TREND | KANSAS | NW ALLIANCE (13) | SOURCE |
|-----|---|---|---------------|-------|--------|------------------|---|
| 5 | a | Ratio of Population to Primary Care Physicians, 2013 | 1400 | | 1816 | 2114 | Kansas Department of Health and Environment |
| 5 | b | Staffed Hospital Bed Ratio (per 1,000 Pop), 2012 | 8.4% | | 3.4% | 13.1% | Kansas Hospital Association |
| 5 | c | Percent of Births with Inadequate Birth Spacing, 2011-2013 | 11.5% | | 11.0% | 10.8% | Kansas Department of Health and Environment |
| 5 | d | Preventable hospital stays | 186 | | NA | 64 | County Health Rankings |
| 5 | e | Heart Disease Hospital Admission Rate, 2009-2011 | 656 | | 281 | 262 | Kansas Department of Health and Environment |
| 5 | f | Congestive Heart Failure Hospital Admission Rate, 2009-2011 | 422 | | 190 | 191 | Kansas Department of Health and Environment |
| 5 | g | Chronic Obstructive Pulmonary Disease (COPD) Hospital Admission | 355 | | 132 | 194 | Kansas Department of Health and Environment |
| 5 | h | Bacterial Pneumonia Hospital Admission Rate, 2009-2011 | 1325 | | 254 | 488 | Kansas Department of Health and Environment |
| 5 | i | Injury Hospital Admission Rate, 2009-2011 | 1945 | | 892 | 691 | Kansas Department of Health and Environment |

TAB 5 Hospitalization/Provider Profile

| # | KS Hospital Assoc PO103 | Trego County, KS IP | | | TREND |
|---|------------------------------------|---------------------|---------|---------|-------|
| | | FFY2012 | FFY2013 | FFY2014 | |
| 1 | Total Discharges | 738 | 645 | 602 | |
| 2 | Total IP Discharges-Age 0-17 Ped | 22 | 11 | 12 | |
| 3 | Total IP Discharges-Age 18-44 | 67 | 46 | 35 | |
| 4 | Total IP Discharges-Age 45-64 | 167 | 130 | 131 | |
| 5 | Total IP Discharges-Age 65-74 | 120 | 108 | 71 | |
| 6 | Total IP Discharges-Age 75+ | 302 | 302 | 296 | |
| 7 | Psychiatric | 7 | 10 | 8 | |
| 8 | Obstetric | 26 | 20 | 29 | |
| 9 | Surgical % | 18.2% | 17.7% | 17.1% | |
| # | KS Hospital Assoc PO103 | Trego County-Lemke | | | TREND |
| | | FFY2012 | FFY2013 | FFY2014 | |
| 1 | Total Discharges | 417 | 390 | 355 | |
| 2 | Total IP Discharges-Age 0-17 Ped | 4 | 4 | 3 | |
| 3 | Total IP Discharges-Age 18-44 | 31 | 24 | 19 | |
| 4 | Total IP Discharges-Age 45-64 | 89 | 75 | 71 | |
| 5 | Total IP Discharges-Age 65-74 | 58 | 55 | 31 | |
| 6 | Total IP Discharges-Age 75+ | 235 | 228 | 229 | |
| 7 | Psychiatric | 0 | 3 | 2 | |
| 8 | Obstetric | 0 | 1 | 0 | |
| 9 | Surgical % | 2.4% | 1.8% | 1.1% | |
| # | Kansas Hospital AssocOP TOT223E | FFY2012 | FFY2013 | FFY2014 | TREND |
| 2 | ER Market Share | 87.7% | 88.4% | 83.4% | |
| 4 | Visiting Dr Market Share | 53.4% | 58.3% | 52.2% | |
| 6 | Total OP Market Share | 65.4% | 50.6% | 63.1% | |

TAB 6 Social & Rehab Services Profile

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

| TAB | | HEALTH INDICATOR | TREGO CO 2015 | TREND | KANSAS | NW ALLIANCE (13) | SOURCE |
|-----|---|--|---------------|-------|--------|------------------|--|
| 6 | a | Depression: Medicare Population, 2012 | 25.2% | | 16.2% | 15.2% | Centers for Medicare and Medicaid Services |
| 6 | b | Alcohol-Impaired Driving Deaths, 2008-2012 | 25.0% | | 33.3% | 36.4% | County Health Rankings |
| 6 | d | Poor mental health days | 3.6 | | 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 | TREGO CO 2015 | TREND | KANSAS | NW ALLIANCE (13) | SOURCE |
|-----|---|--|---------------|-------|--------|------------------|---|
| 7a | a | % of Adults with High Cholesterol, 2013 | NA | | 38.1% | 41.0% | Kansas Department of Health and Environment |
| 7a | b | Adult obesity | 32% | | 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% | 22.0% | 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 | 24.0% | | 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 | Public Water Supply - Percent of Population Served Unaffected by | 100.0% | | 99.5% | 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 | TREGO CO 2015 | TREND | KANSAS | NW ALLIANCE (13) | SOURCE |
|-----|---|--|---------------|-------|--------|------------------|--|
| 7b | a | Hypertension: Medicare Population, 2012 | 68.4% | | 52.7% | 55.2% | Centers for Medicare and Medicaid Services |
| 7b | b | Hyperlipidemia: Medicare Population, 2012 | 43.8% | | 39.3% | 38.1% | Centers for Medicare and Medicaid Services |
| 7b | c | Rheumatoid Arthritis: Medicare Population, 2012 | 37.4% | | 27.7% | 33.5% | Centers for Medicare and Medicaid Services |
| 7b | d | Ischemic Heart Disease: Medicare Population, 2012 | 40.4% | | 26.7% | 29.7% | Centers for Medicare and Medicaid Services |
| 7b | e | Diabetes: Medicare Population, 2012 | 27.9% | | 24.6% | 23.0% | Centers for Medicare and Medicaid Services |
| 7b | f | Heart Failure: Medicare Population, 2012 | 47.5% | | 14.0% | 18.3% | Centers for Medicare and Medicaid Services |
| 7b | g | Chronic Kidney Disease: Medicare Population, 2012 | 19.4% | | 13.9% | 13.1% | Centers for Medicare and Medicaid Services |
| 7b | h | COPD: Medicare Population, 2012 | 22.4% | | 11.0% | 12.9% | Centers for Medicare and Medicaid Services |
| 7b | i | Alzheimer's Disease or Dementia: Medicare Pop 2012 | 16.4% | | 9.9% | 10.6% | Centers for Medicare and Medicaid Services |
| 7b | j | Atrial Fibrillation: Medicare Population, 2012 | 12.4% | | 8.0% | 9.3% | Centers for Medicare and Medicaid Services |
| 7b | k | Cancer: Medicare Population, 2012 | 9.2% | | 8.0% | 9.1% | Centers for Medicare and Medicaid Services |
| 7b | l | Osteoporosis: Medicare Population, 2012 | 10.6% | | 6.1% | 8.2% | Centers for Medicare and Medicaid Services |
| 7b | m | Asthma: Medicare Population, 2012 | 4.3% | | 3.8% | 3.5% | Centers for Medicare and Medicaid Services |
| 7b | n | Stroke: Medicare Population, 2012 | 6.4% | | 3.2% | 2.6% | Centers for Medicare and 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 | TREGO CO 2015 | TREND | KANSAS | NW ALLIANCE (13) | SOURCE |
|-----|---|---------------------------------------|---------------|-------|--------|------------------|--------------------|
| 8 | a | Uninsured Adult Population Rate, 2012 | 15.3% | | 17.5% | 17.4% | U.S. Census Bureau |

| # | Charity Care | YR 2012 | YR 2013 | Yr 2014 | TREND |
|---|-------------------------|-----------|-----------|-----------|-------|
| 1 | Free Patient Care Given | \$8,365 | \$734 | \$8,482 | |
| 2 | Bad Debt | \$480,019 | \$345,603 | \$503,941 | |

TAB 9 Mortality Profile

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

| TAB | | HEALTH INDICATOR | TREGO CO 2015 | TREND | KANSAS | NW ALLIANCE (13) | SOURCE |
|-----|---|--|------------------|-------|--------|------------------------|---|
| 9 | a | Life Expectancy for Females, 2010 | 81 | | 81 | 81 | Institute for Health Metrics and Evaluation |
| 9 | b | Life Expectancy for Males, 2010 | 77 | | 76 | 76 | Institute for Health Metrics and Evaluation |
| 9 | c | Infant Mortality Rate, 2009-2013 | 0.0% | | 6.4% | 3.9% | Kansas Department of Health and Environment |
| 9 | d | Age-adjusted Mortality Rate per 100,000 population, 2011-2013 | 793 | | 757 | 740 | Kansas Department of Health and Environment |
| 9 | e | Age-Adjusted Years of Potential Life Lost - Traffic Injury, 2011-2013 | 0 | | 490 | 1541 | Kansas Department of Health and Environment |
| 9 | f | Age-adjusted Cancer Mortality Rate per 100,000 population, 2011-2013 | 181 | | 166 | 148 | Kansas Department of Health and Environment |
| 9 | g | Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2011- | 139 | | 156 | 166 | Kansas Department of Health and Environment |
| 9 | h | Age-adjusted Chronic Lower Respiratory Disease Mortality Rate | 87 | | 51 | 51 | Kansas Department of Health and Environment |
| 9 | i | Age-adjusted Traffic Injury Mortality Rate per 100,000 population, 2011- | 0 | | 13 | 25 | Kansas Department of Health and Environment |
| 9 | j | Age-adjusted Unintentional Injuries Mortality Rate per 100,000 | 45 | | 40 | 66 | Kansas Department of Health and Environment |
| 9 | k | Age-adjusted Suicide Mortality Rate per 100,000 population, 2003-2013 | 0 | | 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 | TREGO CO 2015 | TREND | KANSAS | NW ALLIANCE (13) | SOURCE |
|-----|---|--|---------------|-------|--------|------------------|---|
| 10 | a | Access to Exercise Opportunities, 2014 | 69.3% | | 78.2% | 51.3% | County Health Rankings |
| 10 | b | % of Infants Fully Immunized at 24 Mo, 2011-2013 | 91.3% | | 61.5% | 78.6% | Kansas Department of Health and Environment |
| 10 | c | Percent of Adults Ages 65 Yrs + Who Were Immunized Against Influenza | NA | | 64.8% | NA | Kansas Department of Health and Environment |
| 10 | d | Percent of Adults Who Reported Consuming Fruit Less than 1 Time | NA | | 41.7% | NA | Kansas Department of Health and Environment |
| 10 | e | Percent of Adults Who Reported Consuming Vegetables Less than 1 | NA | | 22.9% | NA | Kansas Department of Health and Environment |
| 10 | f | Diabetic screening | 82% | | NA | 86% | County Health Rankings |
| 10 | g | Mammography screening | 78% | | 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 |

Community Feedback Research

For CHNA Round #2, it also important to gather community perspective from key stakeholders on their views of progress to address baseline CHNA needs documented 3 years ago. Below are findings of this online community primary research:

Question 1- Overall Quality Ranking

| CHNA Round #2 Feedback 2015 - Community Feedback | | | | | | |
|---|-----------|------|------|------|-----------|---------|
| 1. Three years ago a Community Health Needs Assessment was completed. This assessment identified a number of health needs for our community. Today we are updating this assessment and would like to know how you rate the "Overall Quality" of healthcare delivery in our community? | | | | | | |
| Answer Options | Very Good | Good | Fair | Poor | Very Poor | Valid N |
| Trego County N= 100 | 22 | 70 | 26 | 5 | 0 | 127 |
| Top 2 Boxes (Very Good / Good) | 72.4% | | | | | |
| NW Alliance (10) Totals | 429 | 827 | 256 | 36 | 7 | 1555 |
| Top 2 Boxes (Very Good / Good) | 80.8% | | | | | |

Questions 5 & 6- Community Ranking of Healthcare Services 2015

| CHNA Round #2 Feedback 2015 - Community Feedback | | | |
|---|--------------------------------|--------------|-------|
| 5. How would our community rate each of the following ? | NW Alliance (11) Lower 2 Box % | Trego N= 127 | TREND |
| Ambulance Services | 3.8% | 4.9% | |
| Child Care | 17.8% | 6.4% | |
| Chiropractors | 5.8% | 5.2% | |
| Dentists | 16.4% | 77.3% | |
| Emergency Room | 4.4% | 5.9% | |
| Eye Doctor / Optometrist | 7.0% | 5.0% | |
| Family Planning Services | 15.6% | 14.0% | |
| Home Health | 13.9% | 4.0% | |
| Hospice | 9.7% | 14.6% | |
| Inpatient Services | 3.6% | 7.8% | |
| Mental Health Services | 27.8% | 44.9% | |
| Nursing Home | 12.2% | 10.0% | |
| Outpatient Services | 2.5% | 4.0% | |
| Pharmacy | 2.6% | 1.0% | |
| Primary Care | 4.9% | 3.1% | |
| Public Health Dept. | 2.4% | 2.0% | |
| School Nurse | 6.8% | 8.9% | |
| Visiting Specialists | 6.9% | 5.1% | |

Question 7- Receiving Healthcare Services Outside our Community

| CHNA Round #2 Feedback 2015 | | | |
|--|------------------|----------------|-------|
| 7. Over the past 2 years, did you or do you know someone who received health care services outside of our community? | NW Alliance (11) | Trego CO N=127 | TREND |
| Yes | 84.1% | 84.0% | |
| No | 8.3% | 6.6% | |
| Don't know | 7.6% | 9.4% | |
| TOTALS | 100.0% | 100.0% | |

Question 8- Requested Discussion Items for Town Hall Agenda

| CHNA Round #2 Feedback 2015 - Community Feedback | | | |
|---|------------------|----------------|-------|
| 8. Are there any other health needs that we need to discuss at our upcoming CHNA Town Hall meeting? | NW Alliance (11) | Trego CO N=127 | TREND |
| Abuse / Violence | 4.8% | 4.2% | |
| Alcohol | 5.2% | 6.8% | |
| Cancer | 6.0% | 8.9% | |
| Diabetes | 4.9% | 4.7% | |
| Drugs / Substance Abuse | 7.7% | 7.1% | |
| Family Planning | 2.7% | 1.9% | |
| Heart Disease | 4.0% | 4.3% | |
| Lead Exposure | 0.7% | 0.3% | |
| Mental Illness | 6.8% | 6.8% | |
| Nutrition | 5.1% | 4.7% | |
| Obesity | 7.6% | 7.3% | |
| Ozone (Air) | 0.9% | 0.9% | |
| Physical Exercise | 6.3% | 6.8% | |
| Poverty | 4.2% | 3.1% | |
| Respiratory Disease | 2.8% | 3.5% | |
| Sexual Transmitted Diseases | 2.0% | 2.3% | |
| Suicide | 3.8% | 4.7% | |
| Teen Pregnancy | 4.0% | 2.4% | |
| Tobacco Use | 4.5% | 5.2% | |
| Vaccinations | 5.2% | 3.7% | |
| Water Quality | 3.9% | 2.4% | |
| Wellness Education | 6.1% | 7.7% | |
| Some Other Need (please specify below) | 0.7% | 0.3% | |
| TOTAL | 100.0% | 100.0% | |

IV. Inventory of Community Health Resources

[VVV Research & Development, LLC]

Inventory of Health Services - Trego County, KS

| Cat | HC Services Offered in County | Hospital | Health Dept | Other |
|--------|---|----------|-------------|-------|
| Clinic | Primary Care | Y | | |
| Hosp | Alzheimer Center | N | N | Y |
| Hosp | Ambulatory Surgery Centers | N | N | N |
| Hosp | Arthritis Treatment Center | N | N | N |
| Hosp | Bariatric/Weight Control Services | N | N | N |
| Hosp | Birthing/LDR/LDRP Room | N | N | N |
| Hosp | Breast Cancer | N | N | N |
| Hosp | Burn Care | N | N | N |
| Hosp | Cardiac Rehabilitation | Y | N | N |
| Hosp | Cardiac Surgery | N | N | N |
| Hosp | Cardiology Services | Y | N | N |
| Hosp | Case Management | Y | N | N |
| Hosp | Chaplaincy/Pastoral Care Services | Y | N | N |
| Hosp | Chemotherapy | N | N | N |
| Hosp | Colonoscopy | Y | N | N |
| Hosp | Crisis Prevention | N | Y | N |
| Hosp | CT Scanner | Y | N | N |
| Hosp | Diagnostic Radioisotope Facility | Y | N | N |
| Hosp | Diagnostic/Invasive Catheterization | N | N | N |
| Hosp | Electron Beam Computed Tomography (EBCT) | N | N | N |
| Hosp | Enrollment Assistance Services | Y | Y | N |
| Hosp | Extracorporeal Shock Wave Lithotripter (ESWL) | N | N | N |
| Hosp | Fertility Clinic | N | N | N |
| Hosp | FullField Digital Mammography (FFDM) | Y | N | N |
| Hosp | Genetic Testing/Counseling | N | N | N |
| Hosp | Geriatric Services | Y | Y | Y |
| Hosp | Heart | Y | N | N |
| Hosp | Hemodialysis | N | N | N |
| Hosp | HIV/AIDS Services | N | Y | N |
| Hosp | Image-Guided Radiation Therapy (IGRT) | N | N | N |
| Hosp | Inpatient Acute Care-Hospital Services | Y | N | N |
| Hosp | Intensity-Modulated Radiation Therapy (IMRT) 161 | N | N | N |
| Hosp | Intensive Care Unit | N | N | N |
| Hosp | Intermediate Care Unit | N | N | N |
| Hosp | Interventional Cardiac Catheterization | N | N | N |
| Hosp | Isolation room | Y | N | N |
| Hosp | Kidney | N | N | N |
| Hosp | Liver | N | N | N |
| Hosp | Lung | Y | N | N |
| Hosp | Magnetic Resonance Imaging (MRI) | Y | N | N |
| Hosp | Mammograms | Y | N | N |
| Hosp | Mobile Health Services | Y | N | N |
| Hosp | Multislice Spiral Computed Tomography (<64 slice CT) | Y | N | N |
| Hosp | Multislice Spiral Computed Tomography (<64+ slice CT) | Y | N | N |
| Hosp | Neonatal | N | N | N |
| Hosp | Neurological services | Y | N | N |
| Hosp | Obstetrics | N | N | N |
| Hosp | Occupational Health Services | N | N | N |
| Hosp | Oncology Services | N | N | N |
| Hosp | Orthopedic Services | Y | N | N |
| Hosp | Outpatient Surgery | Y | N | N |
| Hosp | Pain Management | Y | N | N |
| Hosp | Palliative Care Program | N | N | Y |
| Hosp | Pediatric | N | N | N |
| Hosp | Physical Rehabilitation | Y | N | N |
| Hosp | Positron Emission Tomography (PET) | N | N | N |
| Hosp | Positron Emission Tomography/CT (PET/CT) | N | N | N |
| Hosp | Psychiatric Services | N | N | N |
| Hosp | Radiology, Diagnostic | Y | N | N |

Inventory of Health Services - Trego County, KS

| Cat | HC Services Offered in County | Hospital | Health Dept | Other |
|------|--|----------|-------------|-------|
| Hosp | Radiology, Therapeutic | N | N | N |
| Hosp | Reproductive Health | N | N | N |
| Hosp | Robotic Surgery | N | N | N |
| Hosp | Shaped Beam Radiation System 161 | N | N | N |
| Hosp | Single Photon Emission Computerized Tomography (SPECT) | N | N | N |
| Hosp | Sleep Center | N | N | N |
| Hosp | Social Work Services | Y | N | N |
| Hosp | Sports Medicine | N | N | N |
| Hosp | Stereotactic Radiosurgery | N | N | N |
| Hosp | Swing Bed Services | Y | N | N |
| Hosp | Transplant Services | N | N | N |
| Hosp | Trauma Center | N | N | N |
| Hosp | Ultrasound | Y | N | N |
| Hosp | Women's Health Services | Y | Y | N |
| Hosp | Wound Care | Y | N | N |
| SR | Adult Day Care Program | N | N | Y |
| SR | Assisted Living | Y | N | N |
| SR | Home Health Services | Y | N | Y |
| SR | Hospice | N | N | Y |
| SR | LongTerm Care | Y | N | Y |
| SR | Nursing Home Services | N | N | Y |
| SR | Retirement Housing | N | N | Y |
| SR | Skilled Nursing Care | N | N | Y |
| ER | Emergency Services | Y | N | N |
| ER | Urgent Care Center | N | N | N |
| ER | Ambulance Services | N | N | Y |
| SERV | Alcoholism-Drug Abuse | N | N | Y |
| SERV | Blood Donor Center | N | N | N |
| SERV | Chiropractic Services | N | N | Y |
| SERV | Complementary Medicine Services | Y | Y | N |
| SERV | Dental Services | N | N | N |
| SERV | Fitness Center | Y | N | Y |
| SERV | Health Education Classes | Y | Y | N |
| SERV | Health Fair (Annual) | Y | Y | N |
| SERV | Health Information Center | Y | Y | N |
| SERV | Health Screenings | Y | Y | N |
| SERV | Meals on Wheels | Y | N | Y |
| SERV | Nutrition Programs | Y | Y | N |
| SERV | Patient Education Center | Y | Y | N |
| SERV | Support Groups | N | Y | Y |
| SERV | Teen Outreach Services | N | N | N |
| SERV | Tobacco Treatment/Cessation Program | N | Y | N |
| SERV | Transportation to Health Facilities | Y | N | Y |
| SERV | Wellness Program | N | N | N |

| Physician Manpower - Trego County, KS | | | |
|--|---------------------------------|--------------------|--------------|
| Number of FTE Providers | Supply Working in County | | |
| | FTE County Based | FTE Visting | PA/NP |
| Primary Care: | | | |
| Family Practice | 2.00 | 0.00 | 3.00 |
| 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 | 0.05 | |
| 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 | 0.05 | |
| Psychiatry | 0.00 | 0.00 | |
| Pulmonary | 0.00 | 0.05 | |
| Rheumatology | 0.00 | 0.00 | |
| Surgery Specialists: | | | |
| General Surgery | 0.00 | 0.25 | |
| Neurosurgery | 0.00 | 0.00 | |
| Ophthalmology | 0.00 | 0.00 | |
| Orthopedics | 0.00 | 0.05 | |
| Otolaryngology (ENT) | 0.00 | 0.00 | |
| Plastic/Reconstructive | 0.00 | 0.00 | |
| Thoracic/Cardiovascular/Vasc | 0.00 | 0.00 | |
| Urology | 0.00 | 0.00 | |
| Hospital Based: | | | |
| Anesthesia/Pain | 0.00 | 0.10 | |
| Emergency | 0.00 | 0.10 | 0.00 |
| Radiology | 0.00 | 0.10 | |
| Pathology | 0.00 | 0.10 | |
| Hospitalist * | 0.00 | 0.00 | |
| Neonatal/Perinatal | 0.00 | 0.00 | |
| Physical Medicine/Rehab | 0.00 | 0.00 | |
| Others | | | |
| Podiatry | 0.00 | 0.05 | |
| TOTALS | 2.00 | 0.90 | 3.00 |

Trego Co - Wakeeney

| Specialty | Schedule | Contact for Appointment | Location of Clinic |
|---------------------------------|-----------------|---|---|
| Cardiology – Dr. Thapa | Monthly | 888-625-4699 | Trego County – Lemke Memorial Hospital 320 N. Thirteenth St |
| General Surgery Dr. Schultz | Monthly | 785-743-2182 ext.125 | Trego County – Lemke Memorial Hospital 320 N. Thirteenth St |
| General Surgery Dr. Lasley | Monthly | 785-743-2182 ext.125 | Trego County – Lemke Memorial Hospital 320 N. Thirteenth St |
| Orthopedic Surgery – Dr. Lee | Monthly | 866-428-8221 | Trego County – Lemke Memorial Hospital 320 N. Thirteenth St |
| Neurology Dr. Manguoglu | Monthly | 785-823-1032 | Trego County – Lemke Memorial Hospital 320 N. Thirteenth St. |
| Anesthesiologist Dr. Fahed | Monthly | Schedule by referral, contact primary care provider | Trego County – Lemke Memorial Hospital 320 N. Thirteenth St. |
| Anesthesiologist Dr. Snyder | Monthly | Schedule by referral, contact primary care provider | Trego County – Lemke Memorial Hospital 320 N. Thirteenth St. |
| Podiatry Dr. Fornelli | Monthly | To schedule, call WaKeeney Family Care Center | Trego County – Lemke Memorial Hospital 320 N. Thirteenth St. |
| Pulmonology Dr. Burquist | Monthly | 785-452-7325 | Trego County – Lemke Memorial Hospital 320 N. Thirteenth St. |

***Schedules are tentative subject to holidays and vacations.**

Trego County Health Services Directory

Emergency Numbers

Police/Sheriff 911

Fire 911

Ambulance 911

Non-Emergency Numbers

Trego County Ambulance Office 743-2926

Trego County Sheriff 743-5721

Municipal Non-Emergency Numbers

| | <u>Police/Sheriff</u> | <u>Fire</u> | <u>Ambulance</u> |
|----------|-----------------------|-------------|------------------|
| Collyer | 743-5721 | 743-5721 | 743-2926 |
| Ogallah | 743-5721 | 743-5721 | 743-2926 |
| WaKeeney | 743-5711 | 743-5721 | 743-2926 |

This directory contains contact information for a variety of services available from the health care system located in Trego County, KS. The directory also includes hotlines and Internet information for many kinds of services and information centers within the state of Kansas and across the United States. Special thanks go to the members of the Trego County Rural Health Works Steering Committee for their efforts in creating this directory. This project is supported by: the Medicare Rural Hospital Flexibility Grant (No. 5 H54 RH 00009-03) from the Health Resources and Services Administration Office of Rural Health Policy awarded to the Kansas Department of Health and Environment Office of Local and Rural Health. This Flexibility Grant is managed by the Kansas Rural Health Options Project, a public/private partnership of KDHE, the Kansas Hospital Association, the Kansas Board of Emergency Medical Services, and the Kansas Medical Society.

To provide updated information or to add new health and medical services to this directory, please contact:

WaKeeney Church of God, Administrative Office
1300 Easter Avenue, WaKeeney Phone: (785) 743-5411

Other Emergency Numbers

Kansas Child/Adult Abuse and Neglect Hotline

Protection Report Center
800-922-5330
http://www.srskansas.org/services/child_protective_services.htm

Domestic Violence Hotline

800-799-SAFE (7233)
www.ndvh.org

Kansas Road Conditions

1-877-550-KDOT (5368)
511
www.ksdot.org

Kansas Bureau of Investigation (Topeka)

785-296-8200
www.accesskansas.org/kbi

Kansas Arson/Crime Hotline

800-KS-CRIME (572-7463)
www.accesskansas.org/kbi

Kansas Crisis Hotline (Domestic Violence/Sexual Assault)

888-END-ABUSE
www.kcsdv.org

Poison Control Center

800-222-1222
www.aapcc.org

Suicide Prevention Hotline

800-SUICIDE (784-2433)
<http://hopeline.com>
800-273-TALK (8255)
www.suicidepreventionlifeline.com

Toxic Chemical and Oil Spills

National Response Center
800-424-8802
<http://www.nrc.uscg.mil/nrchp.html>

Emergency Management (Topeka)

785-274-1409
www.accesskansas.org/kdem

Health Services

Hospitals

Trego County-Lemke Memorial Hospital
320 N. 13th Street
WaKeeney
785-743-2182
tregohospital@tclmh.org
www.tclmh.org/

Trego County-Lemke Memorial Hospital Services

Include:

Assisted Living
Lifeline Medical
Bone Density
Long Term Care

Cardiology Clinic
Mammography
Cardiac Wellness
Medical Nutrition
Cardiolite Stress
MRI
CT Scans
Nuclear Medicine
Dermatology Clinic
Occupational Therapy
Echocardiography
Orthopedic Clinic
Education
Podiatry Clinic
Emergency Services
Physical Therapy
Family Care
Radiology/ Fluoroscopy
Home Delivered Meals
Home Health
Speech Therapy
Inpatient Services
Swing Bed Services
Laboratory Services
Surgical Services
Ultrasound

Health Department

Trego County Health Department
201 N. Main
WaKeeney
785-743-6348
www.kalhd.org/en/cms/?41

Trego County Health Department Health Services Include:

General Health

Family Planning
Blood Pressure Checks
Education
Ear & Throat Checks
STD counseling
Height & Weight Checks
Breast Cancer Screenings
Lung Checks
Cervical Cancer Screenings
Fill Medication Boxes
Healthy Start-MCH information on:
02 Sat checks
Parent/child Relationships
Fill Medication Syringes
Community Resources
Nail Trims
Health care
Tympanograms
Child Health assessments
Glucometer Blood Sugar Checks
Child Development
Pregnancy Testing
Immunizations
Blood Draws
Healthy Pregnancy Planning
Allergy Shots
Filling out assistance forms
Flu/Pneumonia Shots
Volunteer Opportunities

B-12 Shots
Maternal and Infant Program
Prolixin Injections
Pregnancy and parenting
Equipment Rentals
Help obtaining Prenatal Care
Car Seat Program
Support and Counseling
Lead Screenings
Links to Community
Flouride Varnishing
Resources
Lab One Blood Draws
Home visit by Registered WIC Services
Nurse
Nutritious Foods
Seat Installation
Nutrition Education
Family Planning Program
Regular Assessments
Pap Smears
Breastfeeding Support
Depo Provera Injections

Immunizations

Flu and Pneumonia
Birth Control Pills

Medical Professionals

Chiropractors

Oborny Chiropractic Clinic
104 N. Main Street
WaKeeney
785-743-2320
Jerome B. Oborny, D.C.

Massage-Therapeutic

Holistic Healing Center
409 Russell Avenue
WaKeeney
785-743-2101

Sandy Wyse
436 N. 4th Street
WaKeeney
785-743-5344

Optometrists

William S. Benkelman, O.D.
Heather Robben, O.D.
308 N. 6th Street
WaKeeney
785-743-5522

Nursing Care and Rehabilitation Services

Lutheran Home
320 South Avenue
WaKeeney
785-743-5787

Trego County Hospital Long Term Care
320 N. 13th Street
WaKeeney
785-743-5586

Pharmacies

Cleland Drug Store
221 N. Main
WaKeeney
785-743-6321

Gibson Health Mart Drug
125 N. Main
WaKeeney
785-743-5753

Physicians

WaKeeney Family Care Center
333 N. 14th Street
WaKeeney
785-743-2124

Gordon Lang, M.D.
Dr. Paulo De Andrade M.D.

Advanced Practitioners

Lisa Frost, A.R.N.P.
David Day, P.A.
Elizabeth Stevenson, APRN

Veterinary Services

WaKeeney Animal Hospital Inc
112 Barclay Avenue
WaKeeney
785-743-5531

Other Health Care Services

General Health Services

Trego County Health Department
201 N. Main
WaKeeney, KS
785-743-6348

Assisted Living

Trego-Lemke Assisted Living
303 N. 14th St.
WaKeeney, KS
785-743-5586

Clinics

WaKeeney Family Care Center
333 N. 14th Street
WaKeeney
785-743-2124

Home Health Referral

Health Nurse
126 Main Street
WaKeeney
785-743-6348

Trego County Home Health
320 N. 13th Street
WaKeeney
785-743-2886

Mental Health Services

High Plains Mental Health Services
208 East 7th Street
Hays
785-628-2871
www.highplainsmentalhealth.com

Smoky Hill Foundation
209 East 7th Street
Hays
785-625-5521
www.smokyhillfoundation.com/index.html

Physical, Occupational, Cardiac, Speech Rehabilitation Therapy

Trego County-Lemke Memorial Hospital
320 N. 13th Street
WaKeeney
785-743-5586

School Nurse

WaKeeney USD #208
Trego Grade School
612 Junction Avenue
WaKeeney
785-743-2472
Mandie Kinderknecht, R.N.

Senior Services

Northwest Kansas Area Agency on Aging
510 W. 29th Street, Suite B
Hays
785-628-8204

Trego County Senior Center
413 Russell Street
WaKeeney
785-743-5449

Local Government, Community and Social Services

Children and Youth

Regional Juvenile Detention Center
675 S. 13th Street
WaKeeney
785-743-5378

Day Care Providers

NW Kansas Childcare Resource and Referral Agency
877-628-2548
877-678-2548

Community Action/Head Start

Trego Grade School – Head Start Program
612 Junction Avenue
WaKeeney
785-743-2472

Community Centers

Recycling Center
120 S. 4th Street
WaKeeney
785-743-5816

WaKeeney Water Park
716 N. 6th Street
WaKeeney
785-743-2167

4-H Building Fairgrounds
785-743-6702

City Library
610 Russell Street
WaKeeney
785-743-2960

Crime Prevention

Trego County Sheriff
525 Warren Street
WaKeeney
785-743-5721 or 911

Economic Development

Economic Development Office
216 N. Main
WaKeeney
785-743-5785

Funeral Homes

Schmitt Funeral Home
336 N. 12th Street
WaKeeney
785-743-6761

Legal Services

Deines & Deines
110 N. Main Street
WaKeeney
785-743-5766
E. Jay Deines

Giefer Law L.L.C.
207 N. Main Street
WaKeeney
785-743-5707
Bernard T. Giefer

Harding Law Office
515 Russell Avenue
WaKeeney
785-743-5511
David Harding

Trego County Attorney
216 N. Main Street, # G
WaKeeney
785-743-5458
David Harding

Pregnancy Services

Mary Elizabeth Maternity Home
204 W. 7th Street
Hays
785-625-6800

Sunflower Family Services Inc.
327 E. 8th Street
Hays
785-625-4600

Rape

Northwest Kansas Domestic & Sexual Violence Services
Inc.
403 E. 23rd Street
Hays
785-625-3055 Or 1-800-794-4624

Transportation

Public Transportation
785-743-8150

State and National Information, Services and Support

Adult Protection

Adult Protective Services
800-922-5330
www.srskansas.org/ISD/ees/adult.htm

Domestic Violence Association of Central Kansas
800-874-1499
www.dvack.org

Kansas Crisis Hotline
888-END-ABUSE (363-2287)
www.kcsdv.org/ksresources.html

Kansas Elder Abuse Hotline
800-922-5330
www.ncea.aoa.gov/NCEAroot/Main_Site/Find_Help/Help_Hotline.aspx

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

National Sexual Assault Hotline
800-994-9662
888-220-5446 (TDD)
www.4woman.gov/faq/sexualassault.htm

Northwest Kansas Domestic and Sexual Violence
Services
800-794-4624
www.ksag.org/files/shared/dv.directory.pdf

Kansas Department of Social and Rehabilitation
Services
785-296-3959
785-296-1491 (TTY)
www.srskansas.org

Alcohol and Drug Treatment Programs

A Abandon A Addiction
800-405-4810

AIC Assessment Information Classes
888-764-5510

Alcohol and Drug Helpline
800-821-4357

Alcoholics Anonymous and Narcotics
785-625-9860 (Hays)

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

Dream Inc. (Educational camp for children)
800-420-9282

Heartland Regional Alcohol and Drug Assessment
Center
Tina Schultze
800-281-0029
www.hradac.com

Kansas Alcohol/Drug Helpline
800-586-3690
www.srskansas.org/hotlines.htm

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

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

Regional Prevention Center of Northwest Kansas
800-757-2180
<http://www.smokyhillfoundation.com/>

Better Business Bureau

Better Business Bureau
328 Laura St. (Wichita)
316-263-3146 or
800-856-2417
www.wichita.bbb.org

Children and Youth

Boys and Girls Town National Hotline
800-448-3000
800-448-1833
www.girlsandboystown.org

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

Health Wave
800-792-4884
800-792-4292 (TTY)
www.kansashealthwave.org

Heartspring (Institute of Logopedics)
800-835-1043
www.heartspring.org

Big Brothers/Big Sisters
2707 Vine Street, Suite 14 (Hays)
785-625-6672
<http://kansasbig.org/Counties.aspx?id=el/>

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

Kansas Department of Health and Environment
785-296-1500
www.kdheks.gov

Kansas Society for Crippled Children
800-624-4530
www.kssociety.org

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

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

Community Action

Consumer Protection Hotline – Attorney General
785-296-3751 or 800-432-2310
www.ksag.org/content/page/id/39

Peace Corps
800-424-8580
www.peacecorps.gov

Public Affairs Hotline (Kansas Corporation

Commission)
785-271-3100 (Topeka)
www.kcc.state.ks.us

Counseling

Catholic Charities (Hays)
877-625-2644
www.catholiccharitiessalina.org

Central Kansas Mental Health Center
800-794-8281

High Plains Mental Health Services (Hays)
785-628-2871
800-432-0333 (Emergency)
www.highplainsmentalhealth.com

Kansas Consumer Credit Counseling Services (Hays)
800-279-2227
www.kscgccs.org

Kansas Problem Gambling Hotline
866-662-3800

National Hopeline Network
800-SUICIDE (784-2433)
www.hopeline.com

National Problem Gambling Hotline
800-522-4700
www.npgaw.org/

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

Senior Health Insurance Counseling
800-860-5260
www.agingkansas.org/SHICK/shick_index.html

Smoky Hill Foundation
209 East 7th Street (Hays)
785-625-5521
www.smokyhillfoundation.com/index.html

Sunflower Family Services Inc.
877-457-5437
<http://www.sunflowerfamily.org/>

Disability Services

American Council for the Blind
800-424-8666
www.acb.org
Americans with Disabilities Act Information Hotline
800-514-0301
800-514-0383 (TTY)
www.ada.gov/

Disability Advocates of Kansas, Inc.
866-529-3824
www.disabilitysecrets.com/kansas.html

Disability Rights Center of Kansas (DRC) *Formerly
Kansas Advocacy & Protective Services (KAPS)*
877-776-1541
877-335-3725 (TDD)
www.drckansas.org/

Kansas Commission for the Deaf and Hearing
Impaired
800-432-0698
www.srskansas.org/kcdhh

Kansas Relay Center
800-766-3777 or 711
<http://kansasrelay.com>

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

National Library Services for Blind & Physically
Handicapped
800-NLS-READ (657-7323)
www.loc.gov/nls/

Environment

Kansas Department of Health and Environment
785-296-1500 (Topeka)
www.kdheks.gov/

Kansas Department of Health and Environment
785-827-9639 (Salina)

Food and Drug

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

USDA Meat and Poultry Hotline
888-674-6854
800-256-7072 (TTY)
www.fsis.usda.gov/food_safety_education/USDA_Meat_&_Poultry_Hotline/

U.S. Food and Drug Administration
888-INFO-FDA (888-463-6332)
www.fda.gov

Health Services

American Cancer Society
800-ACS-2345
www.cancer.org

American Health Assistance Foundation
800-437-2423
www.ahaf.org

American Heart Association
800-AHA-USA-1 (242-8721)
www.americanheart.org

Arthritis Foundation, Kansas Chapter
800-362-1108
www.arthritis.org/chapters/kansas/

American Stroke Association
888-4-STROKE (478-7653)
www.strokeassociation.org/presenter.jhtml?identifier=1200037

Arthritis Foundation
800-283-7800
www.arthritis.org/chapters/kansas/

Center for Disease Control and Prevention
800-CDC-INFO (232-4636)
www.cdc.gov/hiv/

Eye Care Council, Inc.
800-960-EYES
www.seetolearn.com

Kansas Department of Health and Environment
785-296-1500
www.kdheks.gov/health/index.html

Kansas Foundation for Medical Care
800-432-0770
www.kfmc.org

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

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

Hospice

Hospice Services Inc.
800-315-5122
www.hospicenwks.net

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

Southwind Hospice
920 E. 1st Street
P.O. Box 862 (Pratt)
620-672-7553

Housing

Kansas Housing Resources Corporation
785-296-5865
www.kshousingcorp.org

U.S. Department of Housing and Urban Development,
Kansas Regional Office
913-551-5644
www.hud.gov/local/index.cfm?state=KS

Insurance Issues/Information

State of Kansas Insurance Commissioner
420 S.W. 9th Street (Topeka)
785-296-3071 or 800-432-2484
877-235-3151 (TTY/TDD)
www.ksinsurance.org/

Senior Health Insurance Counseling For Kansas
(SHICK)
800-860-5260 (Wichita)
www.agingkansas.org/SHICK/shick_index.ht
ml

Legal Services

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

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

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

Kansas Legal Services
800-723-6953
785-233-4028 (TDD)
www.kansaslegalservices.org

Northwest Area Agency on Aging
P.O. Box 610 (Hays)
785-628-8204 or 800-432-7422
www.nwkaaa.com

Medicaid/Medicare Services

Kansas Health Wave
800-792-4884
800-792-4292 (TTY)
www.kansashealthwave.org

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

Medicare Information
800-MEDICARE
www.medicare.gov

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

Mental Health Services

Alzheimer's Association
800-272-3900
866-403-3073 (TDD)

www.alz.org

Developmental Services of NW Kansas
800-637-2229
www.dsnwk.org/

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

Kansas Rural Family Helpline
Kansas State University
866-327-6578
www.humec.k-
state.edu/fshs/pfws/krfhprogram.html

Make a Difference Information Network
800-332-6262

Mental Health America
800-969-6MHA (969-6642)
800-433-5959 (TTY)
www.nmha.org

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

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

National Library Services For Blind & Physically
Handicapped
800-424-8567

State Mental Health Agency
915 SW Harrison Street (Topeka)
785-296-3959
www.srskansas.org

Suicide Prevention Hotline
800-SUICIDE (784-2433)
www.hopeline.com

Nutrition

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

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

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

Food Stamps (Kansas Department of Social and
Rehabilitation Services)

888-369-4777
www.srskansas.org/ISD/ees/food_stamps.htm

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

Northwest Area Agency on Aging
P.O. Box 610 (Hays)
785-628-8204 or 800-432-7422
www.nwkaaa.com

Nutrition and WIC Section
1000 SW Jackson, Suite 220 (Topeka)
785-296-1320
www.kdheks.gov/nws-wic/index.html

Road and Weather Conditions

Kansas Road Conditions
866-511-KDOT (511-5368)
511 (cell phones)
http://kdot1.ksdot.org/divplanning/roadrpt/

Senior Services

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

Americans with Disabilities Act Information Line
800-514-0301
800-514-0383 (TTY)
www.usdoj.gov/crt/ada

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

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

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

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

Kansas Tobacco Use Quit line
866-KAN-STOP (526-7867) Toll Free
www.kdheks.gov/tobacco/cessation.html

Northwest Area Agency on Aging
P.O. Box 610 (Hays)
785-628-8204 or 800-432-7422
www.nwkaaa.com

OKEP (Older Kansans Employment Programs)
800-432-2703
www.kansascommerce.com/Customers/Business/Services/BusinessResources.aspx?rscId=17670175296&tval=50

Senior Health Insurance Counseling for Kansas
800-860-5260
www.agingkansas.org/SHICK/shick_index.html

Social Security Administration
800-772-1213
800-325-0778 (TTY)
www.socialsecurity.gov

Kansas Department of Social and Rehabilitation Services
785-296-3959
785-296-1491 (TTY)
www.srskansas.org

Veterans

Kansas Commission on Veterans' Affairs
785-296-3976
www.kcva.org

Kansas Persian Gulf War Health Initiative
800-513-7731

U.S. Department of Veterans Affairs:
Education (GI Bill)
888-442-4551
Gulf War/Agent Orange Helpline
800-749-8387
Health Care Benefits
877-222-8387
Life Insurance
800-669-8477
Mammography Helpline
888-492-7844
Other Benefits
800-827-1000
Status of Headstones and Markers
800-697-6947
Telecommunications Device for the Deaf (TDD)
800-829-4833
www.vba.va.gov

Welfare

Welfare Fraud Hotline
800-432-3913

Weatherization

Kansas Department of Social and Rehabilitation Services
888-369-4777

North Central Regional Planning Commission
785-738-2218 or 800-432-0303

V. Detail Exhibits

[VVV Research & Development, LLC]

Patient Origin & Access

[VW Research & Development, LLC]

| # | KS Hospital Assoc PO103 | Trego County, KS IP | | | TREND |
|---|------------------------------------|-----------------------------|---------|---------|-------|
| | | FFY2012 | FFY2013 | FFY2014 | |
| 1 | Total Discharges | 738 | 645 | 602 | |
| 2 | Total IP Discharges-Age 0-17 Ped | 22 | 11 | 12 | |
| 3 | Total IP Discharges-Age 18-44 | 67 | 46 | 35 | |
| 4 | Total IP Discharges-Age 45-64 | 167 | 130 | 131 | |
| 5 | Total IP Discharges-Age 65-74 | 120 | 108 | 71 | |
| 6 | Total IP Discharges-Age 75+ | 302 | 302 | 296 | |
| 7 | Psychiatric | 7 | 10 | 8 | |
| 8 | Obstetric | 26 | 20 | 29 | |
| 9 | Surgical % | 18.2% | 17.7% | 17.1% | |
| # | KS Hospital Assoc PO103 | Trego County-Lemke Memorial | | | TREND |
| | | FFY2012 | FFY2013 | FFY2014 | |
| 1 | Total Discharges | 417 | 390 | 355 | |
| 2 | Total IP Discharges-Age 0-17 Ped | 4 | 4 | 3 | |
| 3 | Total IP Discharges-Age 18-44 | 31 | 24 | 19 | |
| 4 | Total IP Discharges-Age 45-64 | 89 | 75 | 71 | |
| 5 | Total IP Discharges-Age 65-74 | 58 | 55 | 31 | |
| 6 | Total IP Discharges-Age 75+ | 235 | 228 | 229 | |
| 7 | Psychiatric | 0 | 3 | 2 | |
| 8 | Obstetric | 0 | 1 | 0 | |
| 9 | Surgical % | 2.4% | 1.8% | 1.1% | |
| # | Kansas Hospital AssocOP TOT223E | FFY2012 | FFY2013 | FFY2014 | TREND |
| 2 | ER Market Share | 87.7% | 88.4% | 83.4% | |
| 4 | Visiting Dr Market Share | 53.4% | 58.3% | 52.2% | |
| 6 | Total OP Market Share | 65.4% | 50.6% | 63.1% | |

Town Hall Attendees Notes & Feedback

[VVV Research & Development, LLC]

Trego County, KS Town Hall Roster N=22

| Date: 08/11/15 | | | |
|----------------|------------|--------------------------------------|---------------------------------------|
| First | Last | Organization | Address/City/ST/Zip |
| Jon | Anderson | Prairie Faith Shared Ministry Church | 27005 283 Hwy. WaKeeney, KS 67672 |
| Sarah | Ashmore | Gibson Health Mart Pharmacy | 125 N. Main St., WaKeeney, KS, 67672 |
| Dave | Augustine | Trego County Lemke Memorial Hospital | 320 N. 13th St., WaKeeney, KS, 67672 |
| Kerah | Deines | Trego County Hospital | 320 N. 13th St., WaKeeney, KS, 67672 |
| Kelsey | Howard | Trego County Health Department | 201 N. Main St., WaKeeney, KS, 67672 |
| Sandy | Purinton | Trego County Hospital | 320 N. 13th St., WaKeeney, KS, 67672 |
| ReChelle | Stevenson | Trego County Hospital | 320 N. 13th St., WaKeeney, KS, 67672 |
| Jody | Zeman | Trego County Economic Development | 216 N. Main St., WaKeeney, KS, 67672 |
| Sandra | Cline | Trego Manor | 320 South Ave, WaKeeney, KS |
| Paul | Glendy | | 701 Josephine, WaKeeney, KS |
| Michael | Ghumm | WaKeeney City Council | 220 N 2nd, WaKeeney, KS 67672 |
| Connie | Griffith | | 258 D Road, WaKeeney, KS |
| Darrell | Phillips | | 23015 283 Highway, WaKeeney, KS 67672 |
| Pat | Moeder | Trego County Health Department | 812 S 1st, WaKeeney, KS |
| Mary | Stithem | Trego County Lemke Memorial Hospital | 320 N 13th, WaKeeney, KS |
| Bernita | Augustine | Gibson Health Mart | 125 N Main |
| Jennifer | Albers | Trego County Lemke Memorial Hospital | 812 Warren Ave |
| Bob | Clemence | WaKeeney UMC | 836 N 4th St, WaKeeney, KS |
| Kim | Frederking | Prairie Faith Shared Ministry Church | PO Box 385, WaKeeney, KS 67672 |
| Nancy | Bollig | Prairie Faith Shared Ministry Church | 26021 B Rd, WaKeeney, KS 67672 |
| Neva | Flax | Trego County Lemke Memorial Hospital | 320 N 13th, WaKeeney, KS 67672 |
| Dave | Hendricks | | |

Trego County Community Health Needs Assessment Meeting Notes

08.11.15

N=22

Attendance:

- Member of City Council
- Clergy
- Patient Providers
- Parish Nurse (Average of 250 in congregation)
- Health Department
- Parents

County Health Rankings

- One school district in county
- Physical Environment- Red
- Mortality stands out
- Tremendous social support
- Doing some things well, but Red overall ranking
- Meth, Marijuana, Rx all big problems in county
- Cancer in general is a big issue here, possibly due to farming and chemicals

TAB 1: Demographic Profile

- Losing people in the county
- Less people 65+ living alone compared to norm, but still pretty high at 26%
- Having more Hispanic/Latino people coming in (Spanish needs)
- Veterans are going to Hays for care at VA clinic (309-high)

TAB 2: Economic/Business Profile

- Lead issues with housing in the county
- Radon problems as well. Don't have to get tested for it before selling a house
- High number of people traveling to places like Hays for work

TAB 3: Educational Profile

- More kids are getting screened
- Not required to get vaccinations to go to school in Trego County
- Happy with school lunches here

TAB 4: Maternal and Infant Profile

- People going to Quinter or Hays to deliver
- Not staying in county with their family doctor
- Prenatal care numbers are low in first trimester
- Percent of mothers smoking is way too high
- Public Health hoping to do more with the WIC Program

TAB 5: Hospitalization & Provider Profile

- Inpatient numbers are declining, doing more with outpatient
- 83% going to ER in the county before leaving
- People are getting in car accidents on the interstate
- Accidents in the oil field as well
- A lot of chronic conditions are red, but the public didn't talk about them much in the survey

TAB 6: Behavioral Health Profile

- Depression in the Medicare population a little bit higher than the NW norm

TAB 7: Risk Factors and Indicators Factors

- 32% obesity rate is high
- Have e-cigarettes in the county
- Heart failure and COPD high in the Medicare population here

TAB 8: Uninsured Profile

- People are not buying insurance on the exchange here
- Nobody will fill out the paperwork they send with them

TAB 9: Mortality Profile

- Heart and COPD leading causes of deal, aligns with the Medicare issues noted in Tab 7

TAB 10: Preventative Quality Measure Profile

- Have fitness programs in the county
- There is a fitness center in Wakeeney that is reasonably priced
- The hospital allows employees to work out there
- Diabetic and Mammography screenings should be higher (numbers similar to prenatal care in first trimester number)

STRENGTHS:

- Strong community support for health and wellness
- Quality providers
- Access to healthcare services
- Good pharmacies
- Access to nursing home and assisted living
- Have an ER 24/7
- EMS services
- Good school system
- Good County Health Department
- Supportive faith community
- Good Cardiac and Cancer rehab services
- Caring employees

- Have a wellness center
- Have respiratory therapy for the elderly in their homes
- Good hospice

WEAKNESSES:

- Healthcare transportation
- Healthcare labor shortage
- Lack of veterinary services
- Smoking
- Obesity
- Cancer screenings
- Future need for assisted care
- Health education
- Expanded walk-in clinic hours
- Local dentist services

Public Notice & Invitation

[VWV Research & Development, LLC]

Community Health Needs Assessment Round #2 – Trego County-Lemke Memorial Hospital

Media Release 06/12/2015

Over the next three months, Trego County-Lemke Memorial Hospital will be updating the 2012 Trego County (WaKeeney, 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.

To accomplish this work, a short online survey has been developed:
<https://www.surveymonkey.com/r/Trego2015>.

All community residents and business leaders are encouraged to **complete the 2015 CHNA online survey by Friday July 24th, 2015**. A community wide CHNA **Town Hall will be held on August 11th from 7:00-8:30am at Western Coop**. For more information contact Neva Flax at 785 743-2182, extension 101.

“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 Dave Augustine, 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) 743-2182.

From: Dave Augustine CEO

Date: June 9, 2015

To: Community Leaders, Providers and Hospital Board and Staff

Subject: CHNA Round #2 Online Survey 2015

Trego County-Lemke Memorial Hospital is partnering with other community health providers to update the 2012 Community Health Needs Assessment. (*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).

Your feedback and suggestions regarding community health delivery are very important to collect in order to complete the 2015 Community Health Needs Assessment and implementation plan updates.

To accomplish this work, a short online survey has been developed:
<https://www.surveymonkey.com/r/Trego2015>

CHNA Round #2 due date for survey completion is Friday, July 24th 2015. All responses are confidential. Thank you in advance for your time and support in participating with this important request.

Sincerely,
CEO
Dave Augustine



Community Health Needs Assessment Community Town Hall Meeting

Public Announcement Notice

Trego County Lemke Memorial Hospital
& Trego County Public Health
will be sponsoring a
Town Hall Meeting on August 11th 2015,
from 7:00 to 8:30 a.m.
at Western Coop

Public is invited to attend.
A light breakfast will be provided

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

Thank you in advance for your participation.

YOUR Logo

Date: Jun 12, 2015

Dear Community Member,

You may have heard that Trego County-Lemke 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 Tuesday, August 11th, you are invited to attend a Trego 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 Tuesday, August 11th, from 7:00-8:30 a.m. at the Western Coop. A light meal will be served starting at 7:00 a.m.

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

Sincerely,

Dave Augustine
CEO

Detail Primary Research Primary Service Area

[VVV Research & Development, LLC]

Community Health Needs Assessment Round #2 Community Feedback

Methodology

A community feedback survey was created on behalf of the CHNA client to gather PSA stakeholder feedback on health perception and progress in addressing previous CHNA community needs. All community residents were encouraged to take the survey online by entering the following address into personal browser:

<https://www.surveymonkey.com/r/Trego15>. In addition, an invite letter was sent to all PSA stakeholders (i.e. Schools, County, City, Clergy, Public Health Leaders).

Below is a summary of public response:

| CHNA Round #2 Feedback 2015 - NORMS | | | |
|---|---------------------|--------------------|-------|
| 9. For reporting purposes, are you involved in or are you a | MW Alliance (11) | Trego CO N= 127 | TREND |
| Board Member -Local | 4.5% | 7.0% | |
| Business / Merchant | 5.7% | 2.2% | |
| Case Manager / Discharge | 0.5% | 0.4% | |
| Civic Club / Chamber | 4.4% | 4.4% | |
| Charitable Foundation | 2.3% | 2.2% | |
| Clergy / Congregational Leader | 1.2% | 1.8% | |
| College / University | 1.8% | 1.3% | |
| Consumer Advocate | 1.0% | 0.9% | |
| Consumers of Health Care | 8.6% | 6.2% | |
| Dentist | 0.2% | 0.0% | |
| Economic Development | 1.4% | 0.0% | |
| Education Official / Teacher | 4.7% | 2.2% | |
| Elected Official - City / County | 1.8% | 0.9% | |
| EMS / Emergency | 1.3% | 0.4% | |
| Farmer / Rancher | 4.8% | 7.0% | |
| Health Department | 1.4% | 1.3% | |
| Hospital | 14.0% | 19.4% | |
| Housing / Builder | 0.4% | 0.0% | |
| Insurance | 0.9% | 0.9% | |
| Labor | 1.6% | 1.8% | |
| Law Enforcement | 0.5% | 0.4% | |
| Low Income / Free Clinics | 0.5% | 0.0% | |
| Mental Health | 1.1% | 0.0% | |
| Nursing | 9.0% | 10.6% | |
| Other Health Professional | 5.8% | 8.4% | |
| Parent / Caregiver | 11.9% | 11.5% | |
| Pharmacy | 0.5% | 1.3% | |
| Physician (MD / DO) | 0.2% | 0.0% | |
| Physician Clinic | 1.3% | 2.2% | |
| Press (Paper, TV, Radio) | 0.2% | 0.0% | |
| Senior Care / Nursing Home | 1.5% | 2.2% | |
| Social Worker | 0.5% | 0.4% | |
| Veteran | 1.8% | 0.9% | |
| Welfare / Social Service | 0.4% | 0.4% | |
| Other (Please note below) | 2.4% | 1.3% | |
| TOTAL | 100.0% | 100.0% | |

CHNA Round #2 Feedback 2015 - Trego Co KS

Let Your Voice Be Heard!

This Community Health Needs Assessment is being conducted in partnership with other area health providers. Feedback from this survey will identify current health issues in our community. Participation is voluntary and all answers will be kept confidential.

All CHNA Round #2 feedback is due by Friday, July 24th, 2015. Upon completion, the survey will start over from the beginning to allow another person to take it. Thank you for your participation.

Part I: Introduction

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

| | Very Good | Good | Fair | Poor | Very Poor |
|---------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Health Rating | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2. Are there healthcare services in your community / neighborhood that you feel need to be improved and / or changed? (Please be specific)

CHNA Round #2 Feedback 2015 - Trego Co KS

3. From our last Community Health Needs Assessment (2012), a number of health needs were identified as a priority. Are any of these 2012 CHNA needs still an "ongoing problem" in our community?

| | Not a problem anymore | Somewhat of a Problem | Major Problem |
|--|-----------------------|-----------------------|-----------------------|
| Substance Abuse / Rx Drug Abuse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lack of Mental Health Providers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Elderly Falling Prevention | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Diabetes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Desire for Dentist in Community | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Obesity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Teen Sexual Activity / STD Awareness & Education | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Underage Drinking / Binge Drinking | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mill Levies to Help Funding Care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Assisted Living Facility | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. Which 2012 CHNA health needs are most pressing TODAY for improvement? (Please Check Top 3 Needs)

- | | |
|--|---|
| <input type="checkbox"/> Substance Abuse / Rx Drug Abuse | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Lack of Mental Health Providers | <input type="checkbox"/> Teen Sexual Activity / STD Awareness & Education |
| <input type="checkbox"/> Elderly Falling Prevention | <input type="checkbox"/> Underage Drinking / Binge Drinking |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mill Levies to Help Funding Care |
| <input type="checkbox"/> Desire for Dentist in Community | <input type="checkbox"/> Assisted Living Facility |

CHNA Round #2 Feedback 2015 - Trego Co KS

5. How would our community rate each of the following ? (Check one box per row)

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

6. How would our community rate of the following? (Check one box per row) CONT...

| | Very Good | Good | Fair | Poor | Very Poor | N/A |
|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Inpatient Services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental Health Services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Nursing Home | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Outpatient Services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pharmacy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Primary Care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Public Health Dept. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| School Nurse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Visiting Specialists | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

7. Over the past two years, did you or do you know someone who received health care services outside of our community?

- Yes
- No
- Don't know

If yes, please specify the healthcare services received

CHNA Round #2 Feedback 2015 - Trego Co KS

8. Are there any other health needs (from list below) that we need to discuss at our upcoming CHNA Town Hall meeting? Please check ALL that "need to be on our agenda".

- | | | |
|--|--|---|
| <input type="checkbox"/> Abuse / Violence | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Obesity | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ozone (Air) | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Drugs / Substance Abuse | <input type="checkbox"/> Physical Exercise | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Poverty | <input type="checkbox"/> Wellness Education |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Respiratory Disease | <input type="checkbox"/> Some Other Need (please specify below) |
| <input type="checkbox"/> Lead Exposure | <input type="checkbox"/> Sexual Transmitted Diseases | |

Other (please specify)

Demographics

9. For reporting purposes, are you involved in or are you a (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Board Member -Local | <input type="checkbox"/> Elected Official - City / County | <input type="checkbox"/> Other Health Professional |
| <input type="checkbox"/> Business / Merchant | <input type="checkbox"/> EMS / Emergency | <input type="checkbox"/> Parent / Caregiver |
| <input type="checkbox"/> Case Manager / Discharge | <input type="checkbox"/> Farmer / Rancher | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Civic Club / Chamber | <input type="checkbox"/> Health Department | <input type="checkbox"/> Physician (MD / DO) |
| <input type="checkbox"/> Charitable Foundation | <input type="checkbox"/> Hospital | <input type="checkbox"/> Physician Clinic |
| <input type="checkbox"/> Clergy / Congregational Leader | <input type="checkbox"/> Housing / Builder | <input type="checkbox"/> Press (Paper, TV, Radio) |
| <input type="checkbox"/> College / University | <input type="checkbox"/> Insurance | <input type="checkbox"/> Senior Care / Nursing Home |
| <input type="checkbox"/> Consumer Advocate | <input type="checkbox"/> Labor | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Consumers of Health Care | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Low Income / Free Clinics | <input type="checkbox"/> Welfare / Social Service |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Other (Please note below) |
| <input type="checkbox"/> Education Official / Teacher | <input type="checkbox"/> Nursing | |

Other (please specify)

CHNA Round #2 Feedback 2015 - Trego Co KS

***10. What is your home zip code?**

You have just completed the Community Health Needs Assessment survey. Thank you for your participation. By hitting "Next" you are submitting your responses and giving others an opportunity to complete the same survey. The survey will now start over from the beginning.

Again, thank you for your participation.

| KEY - CHNA Open End Comments | | | |
|------------------------------|----------------------------------|------|--------------------------------|
| Code | HC Themes | Code | HC Themes |
| VIO | Abuse / Violence | EMRM | Emergency Room |
| ACC | Access to Care | EMS | EMS |
| AGE | Aging (Senior Care / Assistance) | EYE | Eye Doctor / Optometrist |
| AIR | Air Quality | FAC | Facility |
| ALC | Alcohol | FAM | Family Planning Services |
| ALT | Alternative Medicine | FEM | Female (OBG) |
| ALZ | Alzheimers | FINA | Financial Aid |
| AMB | Ambulance Service | FIT | Fitness / Exercise |
| ASLV | ASSISTED LIVING | ALL | General Healthcare Improvement |
| AUD | Auditory | GEN | General Practitioner |
| BACK | Back / Spine | GOV | Government |
| BD | Blood Drive | HRT | Heart Care |
| BRST | Breastfeeding | HEM | Hematologist |
| CANC | Cancer | HIV | HIV / AIDS |
| CHEM | Chemotherapy | HH | Home Health |
| KID | Child Care | HSP | Hospice |
| CHIR | Chiropractor | HOSP | Hospital |
| CHRON | Chronic Diseases | MAN | Hospital Management |
| CLIN | Clinics (Walk-in etc.) | INFD | INFIDELITY |
| COMM | Communication | IP | Inpatient Services |
| CORP | Community Lead Health Care | LEAD | Lead Exposure |
| CONF | CONFIDENTIALITY | BIRT | Low Birth Weight |
| DENT | DENTIST | LOY | LOYALTY |
| DENT | Dentists | MAMO | Mammogram |
| DIAB | Diabetes | MRKT | MARKETING |
| DIAL | Dialysis | STFF | Medical Staff |
| DUP | Duplication of Services | BH | Mental Health Services |
| ECON | Economic Development | MDLV | MID-LEVELS |
| | HC Themes | SANI | Sanitary Facilities |
| NURSE | More Nurse Availability | SNUR | School Nurse |
| NEG | Neglect | STD | Sexually Transmitted Diseases |
| NP | NURSE PRACTITIONER | SMOK | Smoking |
| NH | Nursing Home | SS | Social Services |
| NUTR | Nutrition | SPEC | Specialist Physician care |
| OBES | Obesity | SPEE | Speech Therapy |
| ORAL | Oral Surgery | STF | STAFFING |
| ORTHOD | ORTHODONTIST | STRK | Stroke |
| OTHR | Other | DRUG | Substance Abuse (Drugs / Rx) |
| OP | Outpatient Services/Surgeries | SUIC | Suicide |
| OZON | Ozone | SURG | SURGERY |
| PAIN | Pain Management | TPRG | Teen Pregnancy |
| PARK | PARKING | TEL | TELEMEDICINE |
| PHAR | Pharmacy | THY | Thyroid |
| DOCS | Physicians | TOB | Tobacco Use |
| FLU | Pneumonia / Flu | TRAN | Transportation |
| FOOT | Podiatrist | TRAU | Trauma |
| POD | PODIATRIST | TRAV | TRAVEL |
| POV | Poverty | ALCU | Underage Drinking |
| PNEO | Prenatal | INSU | Uninsured/Underinsured |
| PREV | Preventative Healthcare | URG | Urgent Care/After Hours Clinic |
| PRIM | Primary Care: | VACC | Vaccinations |
| PROS | Prostate | VETS | VETERANS CARE |
| DOH | Public Health Department | WAG | Wages |
| QUAL | Quality of care | WAIT | Wait Times |
| REC | Recreation | H2O | Water Quality |
| RESP | Respiratory Disease | WELL | Wellness Education/Health Fair |
| NO | Response "No Changes," etc. | WIC | WIC Program |

| CHNA Round #2 Community Feedback 2015- Trego Co, KS N= 127 | | | | | |
|--|-------|---------|--------|--------|--|
| ID | ZIP | c1 | c2 | c3 | Are there healthcare services in your community / neighborhood that you feel need to be improved and / or changed? |
| 1022 | 67672 | ADMIN | | | The hospital administrators are awful |
| 1027 | 67656 | ADMIN | OP | | try to find a competent administrator who will stay long enough to get the place operating smoothly. |
| 1026 | 67672 | ALL | | | Everything needs improvement |
| 1031 | 67672 | ALZ | BH | DENT | Alzheimer's care, mental health, dental |
| 1028 | 67672 | ASTLIV | APTS | | We need more assisted living apartments. |
| 1096 | 67672 | ASTLIV | LTC | | We need more assisted living and long term care options for our community. |
| 1062 | 67672 | BH | DENT | | Mental health services. Dental services. |
| 1066 | 67672 | BH | DENT | | Mental Health Services, Dental Services |
| 1002 | 67672 | COST | LAB | VISITS | I believe the overall cost of care, labwork, and office visits is exorbitant. |
| 1061 | 67672 | CUSTSRV | | | patient care customer service |
| 1030 | 67672 | DENT | | | We need a dentist. |
| 1065 | 67672 | DENT | BH | | dental and mental health |
| 1097 | 67672 | DENT | RHEU | SPEC | A dentist and a traveling rheumatologist would be nice. |
| 1100 | 67631 | DENT | | | A dentist in the community |
| 1112 | 67672 | DENT | DOCS | | No dental provider Another MD would be nice |
| 1121 | 67672 | DENT | BH | | Still lacking ready access to Dentistry and Behavioral Health Services in the local community. |
| 1124 | 67672 | DIAB | EDU | | diabetes education |
| 1006 | | DOCS | WAIT | MDLVL | Need to improve on being able to get in to see a doctor. I don't always want to see a mid level practitioner and it is difficult to get an appointment with primary doctor |
| 1008 | 67672 | DOCS | MIDLVL | | Need Drs not just nurse practitioners and Drs assistance |
| 1013 | | DOCS | LOSS | | Yes, we lost 3 wonder doctors :(|
| 1018 | 67672 | DOCS | BH | WAIT | female MD, Saturday and some evening hours for walk-in clinic, expanded patient education (ex. use of antibiotics for a virus, health topics (as when Dr. DeAndrade had time to write articles for the local newspaper), etc.; hospital followup at home for certain patients after discharge (those with a new diagnosis, those who may be noncompliant, etc.; independent provider mental health services/counseling; more assisted living units; increased use of Hospice; could one of the APRN's get specialty education in pediatrics? |
| 1024 | 67656 | DOCS | | | More actual doctors. |
| 1029 | 67572 | DOCS | LOSS | | ok but won't be when/if Dr Lang decides to retire |
| 1040 | 67672 | DOCS | PEDS | | Consistent healthcare and more healthcare for Pediatrics. |
| 1046 | 67672 | DOCS | PEDS | | pediatric care |
| 1047 | 67672 | DOCS | WAIT | CLINIC | Clinic provider availability--frustrating to call but not be able to get an appointment for a few days |
| 1053 | 67672 | DOCS | ER | CLINIC | Addition of another provider to meet the needs of ER coverage and patient need in the clinic. |
| 1054 | 67601 | DOCS | | | We need more providers |
| 1055 | 67672 | DOCS | MIDLVL | | One more Physician or PA would be good. |
| 1056 | 67672 | DOCS | MIDLVL | | We need more actual medical doctors and not inexperienced midlevels. |
| 1063 | 67672 | DOCS | MIDLVL | | they need to have more doctors instead of nurse praticer |
| 1087 | 67672 | DOCS | | | We need a 3rd MD. |
| 1084 | 67672 | EDU | DIAB | | More educational topics offered, especially diabetic education. |
| 1042 | 67672 | EMS | TRANS | | EMS able to take transports faster |
| 1032 | 67672 | FEM | STROKE | HH | Female MD. Stroke support group. Increased home health availability; private pay, home health aide services. |
| 1078 | 67672 | GOOD | | | haven't heard any complaints, do must be running pretty good |

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|------|--------|--------|---------|--------|---|
| 1019 | 67672 | LTC | ADMIN | DOCS | Long term care facilities need a great deal of improvement. Also the hospital care is not what it should be, or was in the past. There is a lot of deception from the administrators to the county commissioners and the public that is a tremendous danger to the county and to the care of patients. If there isn't improvement, we will lose our care facilities. We are fortunate to have excellent MDs and eye care doctors; but the health care employees on many levels who need to improve their care and their inter-personnel relationships are the ones who will not accept responsibility: are working for their own personal advancement at the cost of improved patient care. |
| 1109 | 676752 | MOW | | | Meals on Wheels need to have a better menu. Many of the meals are subpar! |
| 1095 | 67672 | NH | WAIT | | We have a nursing home waitlist that never ends. |
| 1060 | 67672 | NURSES | DOH | | Hire nurses from Trego county to work in the Health Department. |
| 1089 | 67637 | OPSERV | RECRUIT | | Continue to look for outpatient services and recruiting. To be proactive, |
| 1016 | 67672 | PEDS | DOCS | LOSS | Our hospital recently lost a physician and a pediatrician. The pediatrician was a great asset to our community. It was a huge loss |
| 1116 | 67672 | PEDS | DOCS | QUAL | Pediatrician/children's doctor. streamlining of test, reduction of ordering unnecessary tests and procedures |
| 1123 | 67672 | SPEC | PEDS | DENT | Would like to see more specialist especially for children come in. Dentist maybe? |
| 1023 | 67672 | STAFF | QUAL | DOCS | quantity and quality of healthcare workers from doctors to CNAs |
| 1072 | 67672 | STAFF | | | Like to see more of our own staff on the floor instead of agency. |
| 1079 | 67672 | STAFF | ADMIN | QUAL | yes, professionalism is in dire need. The staff are rude, neglectful and made my stay very uncomfortable, especially being so ill. I would suggest having administration that takes a part in keeping close to all staff and make sure the staff you question are trustworthy at least. I was on a restricted liquid diet with my input and output should be seriously. No one, save for 2 staff members, never emptied my urine catch or asked my liquid intake. I had a dangerously low sodium level. |
| 1080 | | STAFF | | | I would like to see more of our own staff on the floors in stead of agency. |
| 1125 | 67672 | STAFF | HOSP | QUAL | Patient care in the hospital. Hospital staff is very loud. |
| 1120 | 67631 | TRANS | | | transportation for appointments and treatments is improving but could be better |
| 1115 | 67672 | UROL | ALLER | ASTHMA | Because it is an older community I believe another specialty service would be good (a urologist) and because of the number of adults and children with allergies and or asthma we need the testing performed here. |
| 1107 | 67672 | WAIT | CLINIC | ACTIVE | Need more walk in to receive health care times available & more adult activities to encourage getting off the couch/lawn chair (we go to our kids/family kids games, and then sit). |
| 1098 | 67672 | WELL | EDU | NUTR | focus on wellness and health promotion using more natural means. Good quality nutrition. no processed foods. remove pop and candy machines. appropriate exercise for each individual |
| 1009 | 67672 | | | | Prescription drug abuse |
| 1070 | 67601 | | | | NA |
| 1091 | 67672 | | | | Yes |

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