



Community Health Needs Assessment

Edwards County, KS

On Behalf of Edwards County Medical Center



December 2021

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

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I. Executive Summary

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I. Executive Summary

Edwards County Medical Center – Kinsley, KS - 2021 Community Health Needs Assessment (CHNA)

The previous CHNA for Edwards County was completed in 2018. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #4 Edwards County, KS CHNA assessment began in March of 2021 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandelaar, MBA.

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

County Health Area of Future Focus on Unmet Needs

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

Edwards County, KS 2021 CHNA Priorities - Unmet Needs				
CHNA Wave #4 Town Hall - 1/27/22				
Primary Service Area (14 Attendees / 78 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Substance Abuse (Drug & Alcohol)	17	21.8%	22%
2	Mental Health (Diagnosis, Treatment, Aftercare, Providers)	12	15.4%	37%
3	Senior Activities	10	12.8%	50%
4	Uninsured / Underinsured	9	11.5%	62%
5	Housing	7	9.0%	71%
6	Lack of "Owning Your Health"	5	6.4%	77%
	Total Votes	78	100%	
Other needs receiving votes: Cancer, Child Care, Suicide, Awareness of HC services, Spiritual Health, Youth Activities, Dental, Obesity and Primary Care.				

Town Hall CHNA Findings: Areas of Strengths

Edwards Co. (KS) - "Community Health Strengths"			
#	Topic	#	Topic
1	Access to Quality Providers	6	Access to Healthy Foods
2	Telehealth	7	Hospital Collaborations/Partnerships
3	Parks & Recreations	8	Home Health/Hospice
4	EHR Platform	9	Active Health Coalition
5	Specialty Clinics	10	Pain Management

Key CHNA Wave #4 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2021 Robert Wood's Edwards County Health Rankings, Edwards County, KS Average was ranked 67th in Health Outcomes, 49th in Health Factors, and 23rd in Physical Environmental Quality out of the 105 Counties.

TAB 1. Edwards County's population is 2,798 (based on 2020), with a population per square mile of approximately 4.9 persons. About six percent (5.7%) of the population is under the age of 5, while the population that is over 65 years old is 21.7%. As of 2020, 19.4% of citizens speak a language other than English in their home. Children in single parent households make up a total of 9.2% compared to the rural norm of 19.5%, and 95.3% are living in the same house as one year ago.

TAB 2. In Edwards County, the average per capita income is \$27,279 while 11.7% of the population is in poverty. The severe housing problem was recorded at 6.7% compared to the rural norm of 10.4%. Those with food insecurity in Edwards County is 10%, and those having limited access to healthy foods (store) is 5.5%. Individuals recorded as having a long commute while driving alone is 30.1%.

TAB 3. Children eligible for a free or reduced-price lunch in Edwards County is 53.4%. It was recorded that ninety-three percent (93%) of students graduated high school compared to the rural norm of 91.3%, and 24% have a bachelor's degree or higher.

TAB 4. The percent of births where prenatal care started in the first trimester is 78.8% and 7.1% of births in Edwards County have a low birth weight. Continually, 82.9% (compared to 72.9% rural norm) of infants up to 24 months are receiving full immunization. The percent of mothers who were reported smoking during pregnancy is 7.1% compared to the rural norm of 10.4%.

TAB 5. The Edwards County primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 2,849 residents. The average (median) time patients spend in the emergency department before leaving was 97 minutes compared to the rural norm of 86.5 minutes.

TAB 6. In Edwards County, 13.3% of the Medicare population has depression. The percent of Medicare Part D beneficiaries receiving an opioid day supply >10 Days is 50.4%. The average mentally unhealthy days last reported (2020) is 4.4 days in a one-week period, while the mental behavioral hospital admissions rate (per 100,000) is 47.6.

TAB 7a – 7b. Edwards County has an obesity percentage of 35.1% and a physical inactivity percentage is 23.7%. The percentage of adults who smoke is 20.6%, while the excessive drinking percentage is 18%. The Medicare hypertension percentage is 48.9%, while their heart failure percentage is 14.4%. Those with chronic kidney disease amongst the Medicare population is 20% compared to the rural norm of 22.2%. The percentage of individuals who were recorded with COPD was 11.3%. Edwards County recorded roughly nine percent of those having cancer (8.8%) among their Medicare population and 2.6% of individuals who have had a stroke.

TAB 8. The adult uninsured rate for Edwards County is 18.2% (based on 2021) compared to the rural norm of only 13.0%.

TAB 9. The life expectancy rate in Edwards County is roughly sixty-nine years of age (69.3) for the entire general population in Edwards County. Alcohol-impaired driving deaths for Edwards County is 50% while age-adjusted Cancer Mortality rate per 100,000 is 115.6. The age-adjusted heart disease mortality rate per 100,000 is at 154.4.

TAB 10. As of 2019, there are 71.3% percent of Edwards County that has access to exercise opportunities. Those reported having diabetes is 12.2%. Continually, 38% of women in Edwards County seek annual mammography screenings compared to the rural norm of 35.6%.

Key CHNA Wave #4 Primary Research Conclusions Found:

Community Feedback from residents, community leaders and providers provided the following community insights via an online perception survey:

- Using a Likert scale, average between Edwards County stakeholders and residents that would rate the overall community health quality as “moving up or increasing”; is 45.1%.
- Edwards County stakeholders are satisfied with some of the following services: Ambulance Services, Chiropractors, Emergency Room, Optometry, Inpatient Services, Outpatient Services, and Visiting Specialists, .
- When considering past CHNA needs, the following topics came up as the most pressing: Behavioral / Mental Health, Drug / Substance Abuse, Wellness/Prevention, Primacy Care Access, Fitness/Exercise Opportunities, Awareness of Healthcare Services, Obesity, and Alcohol Abuse.

Edwards Co. - CHNA YR 2021					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	RANK
1	Mental Health Access	67	46.85%		1
2	Drug/Substance Abuse	66	46.15%		2
3	Wellness/Prevention	51	35.66%		3
4	Primary Care Access	46	32.17%		4
5	Fitness/Exercise Options	43	30.07%		5
6	Awareness of Existing Health Care Services	41	28.67%		6
7	Obesity	40	27.97%		7
8	Alcohol Abuse	40	27.97%		8
9	Personal Health Management	40	27.97%		9
10	Affordable Health Care Insurance	36	25.17%		10
11	Nutrition/Healthy Food Options	30	20.98%		11
12	Chronic Health	27	18.88%		12
13	Oncology (Cancer)	20	13.99%		13
14	Vaccinations	11	7.69%		14
15	Sexually Transmitted Diseases (STDs)	1	0.70%		15
16	Teen Pregnancy	1	0.70%		16
Totals		560			

II. Methodology

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II. Methodology

a) CHNA Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

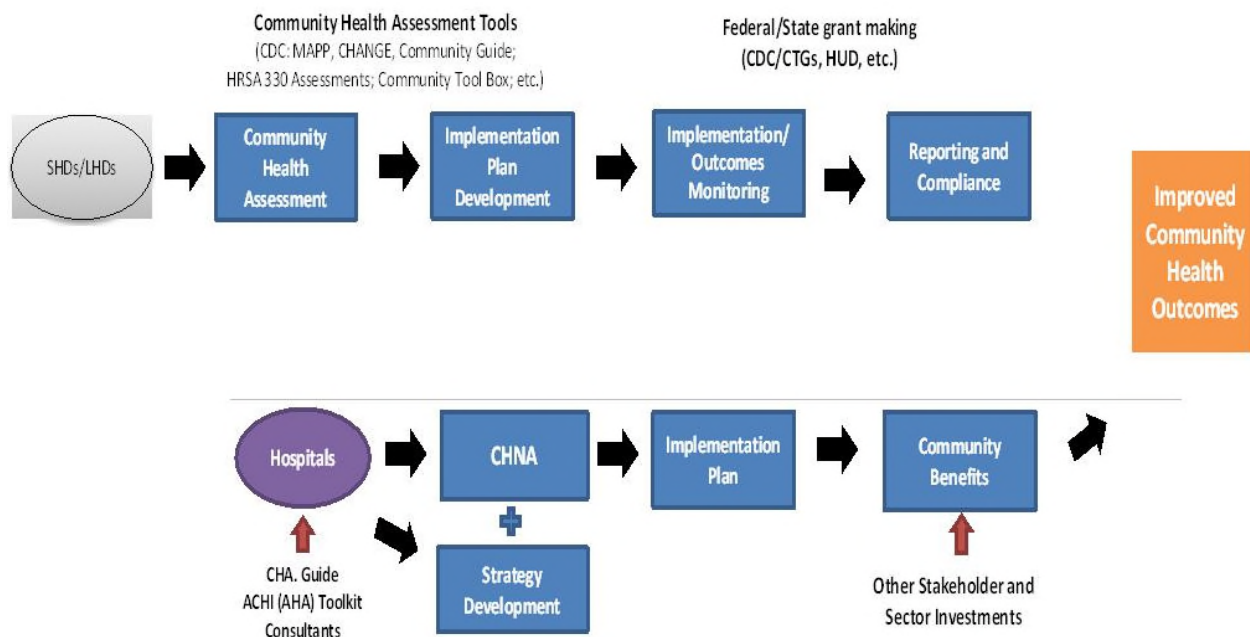
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Requirements Overview (Notice 2011-52)

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

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

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

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

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

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

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

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

Additional Sources of Input

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

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

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

Collaboration on CHNA Reports

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

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

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

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

Joint Implementation Strategies

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

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

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

Adoption of Implementation Strategy

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

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

New Hospital Organizations

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

New Hospital Facilities

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

Transferred/Terminated Facilities

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

Public Health Criteria:

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

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

DOMAIN 1 includes 4 STANDARDS:

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

Required CHNA Planning Process Requirements:

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

Seven Steps of Public Health Department Accreditation (PHAB):

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

MAPP Process Overview

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

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

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



Drivers of Health Assessment & Improvement Planning

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

National Voluntary Accreditation Requirements

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

CDC Grant Requirements

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

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

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

Social Determinants of Health

What Are Social Determinants of Health?



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

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

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

II. Methodology

b) Collaborating CHNA Parties

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

Edwards County Medical Center Profile

**620 W. 8th St.
Kinsley, KS 67547
CEO: Jim Hansel**

History: Edwards County Medical Center is a 12 bed Critical Access Hospital(CAH), with a 10 bed Geriatric/Psychiatric unit, located in Kinsley, Kansas. We have two Health Clinics - Midway Clinic, which has 4 providers, and Kinsley Health Clinic, which has 2 providers.

We pride ourselves on providing top quality care for Edwards County and the surrounding area. We offer a broad range of services including 24-hour emergency care, convenient and specialized outpatient resources, Radiology, Laboratory, Physical Therapy, Cardiac Rehabilitation, Inpatient Care, Swing Bed, EMS and other services designed to improve the health and well-being of our community.

Outreach resources are offered at our facility to include the addition of Cardiology, Orthopedics, Occupational Therapy, & Psychiatrics'. Diagnostic services include Radiology, Sonography, Computed Tomography (CT), Laboratory, Bone Densitometry, MRI (mobile), Mammography and Nuclear Medicine.

Mission Statement: To provide compassionate healthcare for our community.

Vision Statement: To be passionately committed to pursuing the health and wellness of our patients, community members, and employees.

Edwards County Hospital offers the following services to its community:

- | | |
|-------------------------------|---------------------|
| - Acute Care Facilities | - Cardiac Rehab |
| - Emergency Room | - Specialty Clinics |
| - Intermediate Care | - Wound Care |
| - Radiology | - Geriatric Unit |
| - Observation Care | - Psychiatric Unit |
| - Skilled Care | - Wellness Center |
| - Evaluation & Rehabilitation | |

Edwards County Health Department Profile

622 West 8th St, Kinsley, Kansas 67547

If you've ever

- had a vaccination,
- assumed the water from your tap is safe,
- taken your child to daycare,
- expected the restaurant you eat in to be clean and safe,
- been screened for tuberculosis, high blood pressure, or some other contagious disease,
- wondered how to avoid getting influenza, or
- what to eat to stay healthy,

then you have been touched by the efforts of public health employees.

Public health protects and improves communities by: preventing epidemics and the spread of disease; promoting healthy lifestyles for children and families; protecting against hazards in homes, work, communities and the environment; assuring high quality health care services; and preparing for and responding to emergencies. There is little of daily life not related to or influenced by public health. Public health is everywhere.

PUBLIC HEALTH:

- Prevents epidemics and spread of disease.
- Protects against environmental hazards.
- Prevents injuries.
- Promotes and encourages healthy behaviors.
- Responds to disaster and assists communities in recovery.
- Assures the quality and accessibility of health services.

Hours:

Monday – Friday 8am – 12pm and 1pm – 5pm

Health Department Services:

Communicable Diseases—Tuberculosis, Sexually Transmitted Diseases, Seasonal Influenza, MRSA, Rabies.

Prevention—Chronic Disease Risk Reduction, Drug & Alcohol Prevention, Suicide Prevention, Be Well Barton County, Central Kansas Breastfeeding Coalition.

Immunizations—Diphtheria, Tetanus and Pertussis, Tatanus, Diphtheria, and Pertussis Booster (TDaP), Polio, MMR, Vericella, Hepatitis A & B, HPV Vaccine, Meningococcal Vaccine, Zostavax Vaccine, Pneumococcal Vaccine.

Emergency Preparedness—Emergency Supplies, Shelter in Place, Biological Agents, Chemical Agents, Radioactive Threats.

Family Planning and Birth Control—Annual Physical Exams and Pap Test, Pregnancy Testing, Counseling in Contraceptive Methods, Contraceptive Supplies, Counseling and Referral for Infertility and Problem Pregnancy, Health Information and Education, School and Community Education Programs, Appropriate Referrals.

Chronic Disease Risk Reduction—Tobacco Use Prevention & Cessation, Improving Nutrition & Access to Healthy Foods, Increasing Physical Activity, Central Kansas Partnership & Task Force.

Child Health—Physical Examination, Lead Screening, Nutritional Counseling, Immunizations, Well Child Physical, WIC Program, Kan-Be-Healthy Exam, Referrals to Other Services.

Maternal and Child Health—Social and educational support for pregnant women and their infants the first year after delivery including: Prenatal Clinics, Prenatal Risk Reduction, Home Visits by a nurse & social worker, Healthy Start Home Visitor Program, Well Child Exams targeting children without access to doctors (up to 5yrs), and KAN BE HEALTHY Assessments for eligible children (required by Medicaid).

WIC-Women, Infants, & Children—Maternal & Infant Health, Healthy Start.

Child Care Licensing—Investigation of child care provider and unlicensed provider complaints, monthly orientation classes, quarterly newsletters.

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications:

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

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



Vince Vandehaar, MBA – Principal

VVV Consultants LLC – start 1/1/09 *

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

Cassandra Kahl, BHS MHA – Director, Project Management

VVV Consultants LLC – Nov 2020

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



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

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

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

Our Values :

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

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

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

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

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

II. Methodology

c) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in November of 2021 for Edwards County Medical Center (ECMC) located in Edwards County, KS to meet Federal IRS CHNA requirements.

In early November 2021, a meeting was called amongst the Edwards County Medical Center leaders to review CHNA collaborative options. <Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps.> Outcomes from discussion led to the ECH to request VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

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

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

Edwards County Medical Center - Define PSA					Inpatients			Outpatients		
Source: KHA - FFY 2018-2020		28,132	Totals - IP/OP		346	112	115	14,263	7,041	6,255
Patient Zip Code	County	3YR TOT	%	Accum	FFY18	FFY19	FFY20	FFY18	FFY19	FFY20
67547-Kinsley, KS	Edwards	17,054	60.6%	60.6%	125	78	63	8,884	4,277	3,627
67552-Lewis, KS	Edwards	3,802	13.5%	74.1%	27	8	15	1951	945	856
67563-Offerle, KS	Edwards	2,390	8.5%	82.6%	15	15	4	1222	608	526
67519-Belpre, KS	Edwards	327	1.2%	83.8%	1	4	0	211	66	45

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

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

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

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

Phase III—Quantify Community Need:

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

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

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

Detail CHNA Development Steps Include:

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

Data & Benchmarks Review

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

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

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

Community health assessment indicators should be.

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

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

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

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

Sources of community-health level indicators:

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

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

Edwards County Medical Center			
VVV CHNA Wave #4 Work Plan - Year 2021			
Project Timeline & Roles - Working Draft as of 6/17/21			
Step	Timeframe	Lead	Task
1	Nov. 2021	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	Nov. 2021	Hosp	Select CHNA Wave #4 Option B. Approve (sign) VVV CHNA quote
3	12/2/2021	VVV	Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	12/2/2021	VVV	Hold Kick-off Meeting & Request Hospital Client to send KHA PO reports for FFY 18, 19 and 20. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls)
5	12/1/2021	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
6	Summer 2021	VVV / Hosp	Prepare/send out PR #1 story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
7	Summer 2021	VVV / Hosp	Place PR story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
8	Summer 2021	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders.
9	By 12/27/2021	Hosp	Prepare/send out Email #2 for Community TOWN HALL invite letter and send out to send to stakeholders. VVV will mock up Email draft to release.
10	12/27/2021	VVV / Hosp	Place PR #2 story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
11	1/21/2022	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
12	January 25th, 2022	VVV	Conduct CHNA Town Hall via ZOOM over Lunch . Review & Discuss Basic health data plus RANK Health Needs.
13	On or Before 2/15/2022	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
14	On or Before 2/28/2022	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
15	Tuesday 2/15/2022	Hosp	Conduct Client Implementation Plan via Zoom over Lunch PSA Leadership meeting
16	On or Before 2/28/2022	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

Community Health Needs Assessment Town Hall Meeting – Edwards Co. (KS) on behalf of Edwards County Medical Center



VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

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CHNA RSVP Roster – Breakout Rooms

Edwards County, KS 2021 CHNA Town Hall Thursday, Jan 27, 2022 11:30-1pm					
#	Breakout	Lead	Last	First	Organization
1	A	**	Craft	Mitchell	Edwards County Health Department
2	A		Hanson	Stacy	Ninnescah Opioid Workforce Coalition
3	A		Herrmann	Alisha	ECMC
4	A		Knutson	Angie	Edwards County Medical Center
5	A		Prieto	Maria (Ch)	Edwards County Medical Center
6	A		Reiman	Ryan	
7	A		Sidebottom	Tammi	
8	A		Stegman	Judy	
9	A		Usher	David	Edwards County Medical Center
10	A		Watson	Wendy	
11	A		Avery	Rutledge	Ministerial Alliance
12	A		Thomas	Linda	Linda's Massage
13	B	**	Sandman	Krystle	Edwards County Medical Center
14	B		Dalke	Ric	The Iroquois Center
15	B		DuBois	Heather	Edwards County Medical Center
16	B		Dvorak	Jackie	Edwards County Medical Center
17	B		Gleason	Martin	KSRE
18	B		Kohn	Reba	
19	B		Looney	Barb	
20	B		Pinkerton	Julie	Hospice of the Prairie & Prairie Home Health
21	B		Strate	Thyra	Edwards County Medical Center
22	B		Wilson	Rebecca	
23	B		Looney	Barb	
24	B		Hanse	Jim	Edwards County Medical Center

2

II. Review CHNA Focus and Process Town Hall Roles / Duties

- Attendees
 - Have Engaging Conversation (Be specific on your point)
 - No right or wrong answer)
 - Give truthful responses
 - **Take Notes – Make your list of Important Health Indicators**
 - Complete Unmet Needs Poll – Representing Community
 - **Chat – Log thoughts during meeting**
- Local Leads (During Breakout Rooms)
 - Facilitate Community Conversation
 - Ensure Team Involvement – ALL speak up

3

I. Introduction: Who We Are Background and Experience



Vince Vandehaar, MBA – Principal
VVV Consultants LLC – start 1/1/09 *



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

Cassandra Kahl, BHS – Director, Project Management
VVV Consultants LLC – Nov 2020



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

*NOTE: Vince started VVV Consultants LLC on 1/1/2009, after working for Saint Luke's Health System of Kansas City for 16 years. Saint Luke's Hospital of KC, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003.

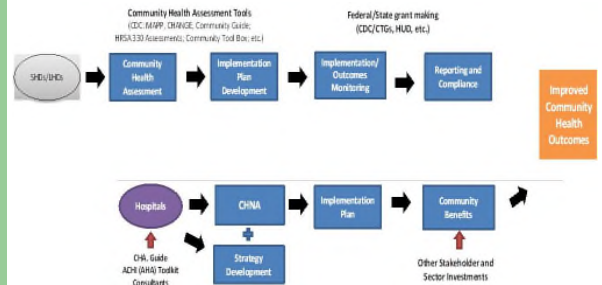
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II. Review of a CHNA

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

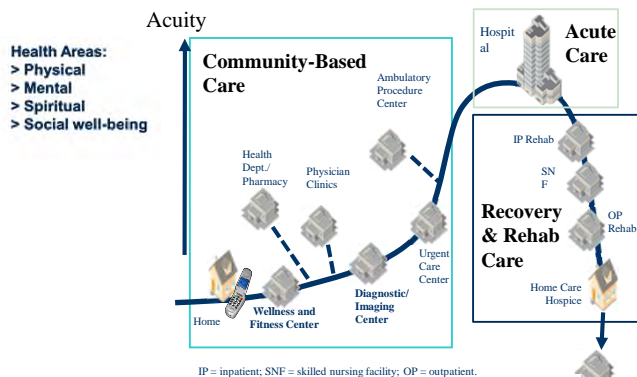
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Community Health Needs Assessment Joint Process: Hospital & Local Health Providers



6

Future System of Care—Sg2



7

Triple Aim Focus



8

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

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

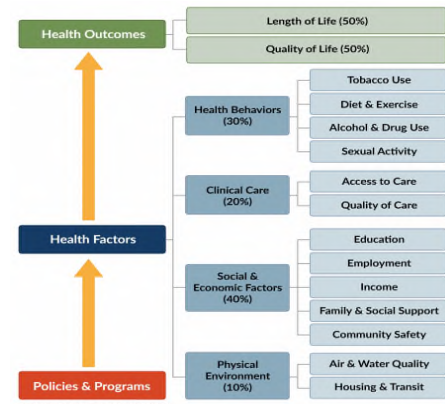
Health Indicators - Secondary Research

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

9

County Health Rankings -

Robert Wood Johnson Foundation and University of WI Health Institute



10

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

1.) Are there healthcare services in your community/neighborhood that you feel need to be improved and/or changed? **ASK: Top 3 unmet health needs per attendee.** (20 mins)

2.) What are the strengths of our community that contribute to health? **ASK: Top 3 Strengths per attendee.** (10 mins)

ROLES: Local LEAD – Guide discussion
VVV Staff – Take notes

11

Community Health Needs Assessment



VVV Consultants LLC
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Olathe, KS 66061

**Questions?
Next Steps?**

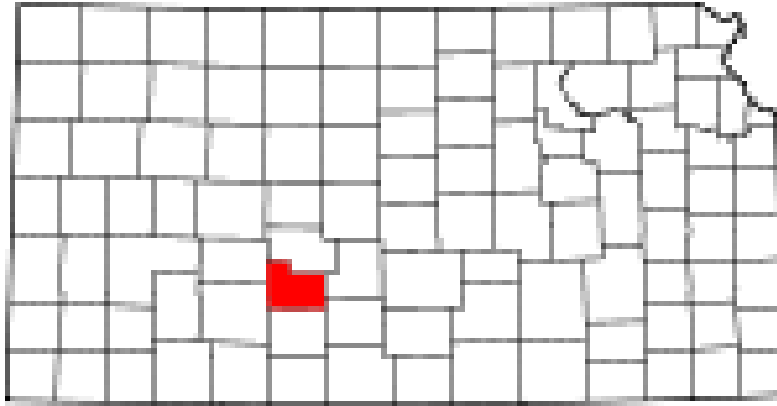
VVV@VandehaarMarketing.com
CJK@VandehaarMarketing.com
ALM@VandehaarMarketing.com

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II. Methodology

d) Community Profile (A Description of Community Served)

Edwards County (KS) Community Profile



Demographics

The population of Edwards County was estimated to be 2,907 citizens in 2020, and had a -4.3% change in population from 2010–2020. The county covers 622 square miles and this area includes Arkansas River and Coon Creek Trails Cradle Park¹. The county has an overall population density of 4.7 persons per square mile. The county is located in South Central Kansas and manufacturing, agriculture, forestry, fishing, hunting, mining and construction are the most common industries in its economy. The county was founded in 1874 and the county seat is Kinsley².

The major highway transportation access to Edwards County is primarily state and county roads. Three U.S. Routes run through Edwards County, all meeting in Kinsley. An east-west route, U.S. Route 50 that joins westbound U.S. Route 56 in Kinsley. U.S. Route 183 runs from Kiowa County in the south to Kinsley, where it joins eastbound U.S. 56, running as a single highway to Pawnee County. K-19 starts at U.S. Route 50 near Belpre, and travels north into Pawnee County³.

Edwards County, KS Airports⁴

Name	USGS Topo Map
Cross Landing Strip	Belpre NW
Fox Landing Strip	Lewis

¹ <https://kansas.hometownlocator.com/ks/edwards/>

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

³ <http://www.edwardscounty.org/demographic-information.htm>

⁴ <https://kansas.hometownlocator.com/features/historical,class,airport,scfips,20047.cfm>

Schools in Edwards County⁵

Public Schools

Name	Level
Kinsley Jr/Sr High School	High
Kinsley-Offerle Elementary School K-6	Primary
Lewis Elem	Primary

Parks and Recreation⁶

Kinsley Country Club
Kinsley Swimming Pool
Pioneer (South) Park
Baugher Park
Midway Park
Spence Park
O'Brien Park

Most Common Occupations⁷

Management
Administrative
Production
Education, Training, Library
Sales

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

⁶ <http://www.edwardscounty.org/recreation.htm>

⁷ https://datausa.io/profile/geo/edwards-county-ks/#category_occupations

Edwards County - Detail Demographic Profile

			Population			Households		HH	Per Capita
ZIP	NAME	County	Year 2020	Year 2025	Change	Year 2020	Year 2025	Avg Size 2020	Income 2020
67519	Belpre	Edwards	194	189	-2.6%	82	80	2.4	\$25,003
67547	Kinskley	Edwards	1,630	1,559	-4.4%	727	695	2.2	\$27,202
67552	Lewis	Edwards	668	648	-3.0%	270	263	2.5	\$25,439
67563	Offerie	Edwards	349	339	-2.9%	151	147	2.3	\$41,139
Totals			2,841	2,735	-3.7%	1,230	1,185	2.3	\$29,696

			Population				Year 2020		Females
ZIP	NAME	County	Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
67519	Belpre	Edwards	194	38	51	22	102	92	18
67547	Kinskley	Edwards	1,630	379	453	172	799	831	174
67552	Lewis	Edwards	668	136	179	73	346	322	62
67563	Offerie	Edwards	349	77	93	33	177	172	32
Totals			2,841	630	776	300	1,424	1,417	286

			Population 2020				Average Households 2020		
ZIP	NAME	County	Caucasian	African American	Amer Indian	Hispanic	HH Inc	HH	HH \$50K+
67519	Belpre	Edwards	80.93%	1.03%	1.03%	32.99%	\$44,595	82	37
67547	Kinskley	Edwards	91.23%	0.80%	0.43%	16.75%	\$46,820	727	339
67552	Lewis	Edwards	82.63%	0.75%	1.20%	30.99%	\$47,062	270	129
67563	Offerie	Edwards	92.55%	0.29%	1.15%	11.75%	\$74,418	151	105
Totals			86.83%	0.72%	0.95%	23.12%	\$53,224	1,230	610

Source: ERSA Demographics

III. Community Health Status

[VVV Consultants LLC]

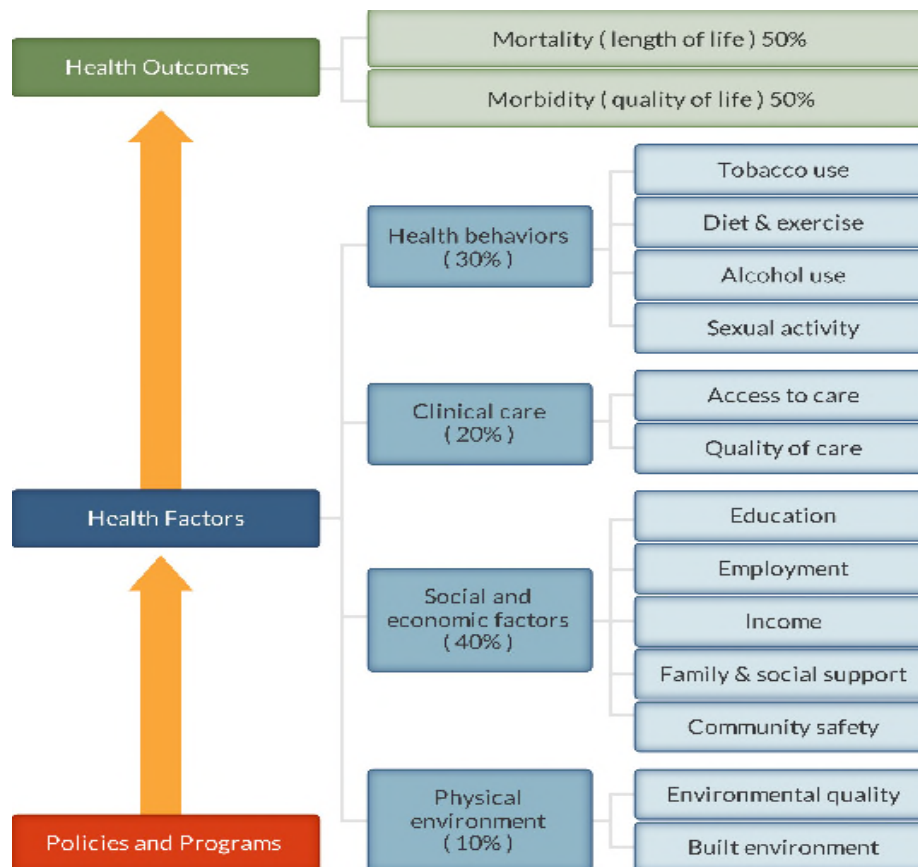
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

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

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



County Health Rankings model ©2012 UWPHI

National Research – Year 2021 RWJ Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Edwards Co. (KS)	TREND	SCKS RURAL NORM (N=16)
1	Health Outcomes		67		64
2	Mortality	Length of Life	39		55
3	Morbidity	Quality of Life	67		55
4	Health Factors		49		54
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	49		46
6	Clinical Care	Access to care / Quality of Care	81		66
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	41		54
8	Physical Environment	Environmental quality	23		42
SC KS Rural Norm (N=16) includes the following counties: Barber, Clark, Comanche, Cowley, Edwards, Ford, Gray, Harper, Haskell, Hodgeman, Kindgman, Kiowa, Meade, Pratt, Seward, Sumner					
http://www.countyhealthrankings.org , released 2021					

PSA Secondary Research:

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

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

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

Tab 1: Demographic Profile

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

Tab		Demographic - Health Indicators	Edwards Co.	Trend	State of KS	SCKS Rural Norm (N=16)	Source
1	a	Population estimates, July 1, 2019, (V2019)	2,798		2,913,314	10,233	People Quick Facts
	b	Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	-7.9%		2.1%	-6.6%	People Quick Facts
	c	Population per square mile, 2010 (V2019)	4.9		34.9	11.7	Geography Quick Facts
	d	Persons under 5 years, percent, 2019, (V2019)	5.7%		6.4%	6.5%	People Quick Facts
	e	Persons 65 years and over, percent, 2019, (V2019)	21.7%		16.3%	19.7%	People Quick Facts
	f	Female persons, percent, 2019, (V2019)	48.7%		50.2%	49.6%	People Quick Facts
	g	White alone, percent, 2019, (V2019)	93.1%		86.3%	93.7%	People Quick Facts
	h	Black or African American alone, percent, 2019, (V2019)	1.8%		6.1%	1.5%	People Quick Facts
	i	Hispanic or Latino, percent, 2019, (V2019)	21.1%		12.2%	17.3%	People Quick Facts
	j	Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	19.4%		11.9%	16.6%	People Quick Facts
	k	Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	95.3%		83.8%	88.5%	People Quick Facts
	l	Children in single-parent households, percent, 2015-2019 (2021)	9.2%		29.0%	19.5%	County Health Rankings
	m	Total Veterans, 2015-2019	129		176,444	514	People Quick Facts

Tab 2: Economic Profile

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

Tab		Economic - Health Indicators	Edwards Co.	Trend	State of KS	SCKS Rural Norm (N=16)	Source
2	a	Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$27,279		\$31,814	\$27,368	People Quick Facts
	b	Persons in poverty, percent	11.7%		11.4%	11.8%	People Quick Facts
	c	Total Housing units, July 1, 2019, (V2019)	1,619		1,288,401	4,636	People Quick Facts
	d	Total Persons per household, 2015-2019	2.3		2.5	2.4	People Quick Facts
	e	Severe housing problems, percent, 2013-2017 (2021)	6.7%		13.0%	10.4%	County Health Rankings
	f	Total of All firms, 2012 (2021)	244		239,118	944	Business Quick Facts
	g	Unemployment, percent, 2019 (2021)	2.6%		3.4%	2.6%	County Health Rankings
	h	Food insecurity, percent, 2018 (2021)	10.0%		13.0%	11.1%	County Health Rankings
	i	Limited access to healthy foods, percent, 2015 (2021)	5.5%		8.0%	13.6%	County Health Rankings
	j	Long commute - driving alone, percent, 2015-2019 (2021)	30.1%		21.0%	21.3%	County Health Rankings

Tab 3: Educational Profile

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

Tab	Educative - Health Indicator		Edwards Co.	Trend	State of KS	SCKS Rural Norm (N=16)	Source
3	a	Children eligible for free or reduced price lunch, percent, 2018-2019 (2021)	53.4%		48.0%	52.8%	County Health Rankings
	b	High school graduate or higher, percent of persons age 25 years+, 2015-2019	93.0%		91.0%	91.3%	People Quick Facts
	c	Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	24.0%		33.4%	23.1%	People Quick Facts

Tab 4: Maternal / Infant Profile

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

Tab	Maternal/Infant - Health Indicators		Edwards Co.	Trend	State of KS	SCKS Rural Norm (N=16)	Source
4	a	Percent of Births Where Prenatal Care began in First Trimester, 2017-2019 (2021)	78.8%		81.0%	77.7%	Kansas Health Matters
	b	Percentage of Premature Births, 2017-2019 (2021)	9.6%		9.1%	8.8%	Kansas Health Matters
	c	Percent of Infants up to 24 months that received full Immunizations, 2017-2018 (2021)	82.9%		69.2%	72.9%	Kansas Health Matters
	d	Percent of Births with Low Birth Weight, 2017-2019 (2021)	7.1%		7.3%	6.8%	Kansas Health Matters
	e	Percent of WIC Mothers Breastfeeding Exclusively, percent, 2018 (2021)	NA		14.1%	17.3%	Kansas Health Matters
	f	Percent of all Births Occurring to Teens (15-19), 2017-2019 (2021)	NA		5.5%	6.3%	Kansas Health Matters
	g	Percent of births Where Mother Smoked During Pregnancy, 2017-2019 (2021)	7.1%		10.0%	10.4%	Kansas Health Matters

#	Criteria - Vital Statistics	Edwards Co. (KS)	Trend	Kansas	SC KS Norm (N=16)
a	Total Live Births, 2015	29		39,126	158
b	Total Live Births, 2016	31		38,048	148
c	Total Live Births, 2017	23		36,464	142
d	Total Live Births, 2018	31		36,268	140
e	Total Live Births, 2019	30		35,395	142
f	Total Live Births, 2015-2019 - 5 year Rate (%)	10.0%		12.7%	12.6%

Tab 5: Hospitalization and Provider Profile

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

Tab		Hospital/Provider - Health Indicator	Edwards Co.	Trend	State of KS	SCKS Rural Norm (N=16)	Source
5	a	Primary care physicians (Pop Coverage per) (No extenders incl.) , 2018 (2021)	2849:1		1295:1	2804:1	County Health Rankings
	b	Preventable hospital rate per 100,000, 2018 (2021) (lower the better)	1,947		4024	4,082	County Health Rankings
	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	NA		78.0%	78.7%	CMS Hospital Compare, Latest Release
	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	NA		78.0%	80.2%	CMS Hospital Compare, Latest Release
	e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	97.0		112.0	86.5	CMS Hospital Compare, Latest Release

# KS Hospital Assoc PO103		Edwards County IP		
		FFY2019	FFY2020	FFY2021 *
1	Total Discharges	108	67	87
2	Total IP Discharges-Age 0-17 Ped	0	0	0
3	Total IP Discharges-Age 18-44	4	1	1
4	Total IP Discharges-Age 45-64	20	3	11
5	Total IP Discharges-Age 65-74	18	9	17
6	Total IP Discharges-Age 75+	66	54	58
# KS Hospital Assoc PO103		Edwards Co Med Center (only)		
		FFY2019	FFY2020	FFY2021 *
1	Total Discharges	96	61	63
	MRKT Share%	88.9%	91.0%	72.4%
2	Total IP Discharges-Age 0-17 Ped	0	0	0
3	Total IP Discharges-Age 18-44	4	1	0
4	Total IP Discharges-Age 45-64	17	3	8
5	Total IP Discharges-Age 65-74	18	8	10
6	Total IP Discharges-Age 75+	57	49	45
#	Kansas Hospital Assoc OP TOT223E	FFY2018	FFY2019	FFY2020*
1	ER Total Visits - ECMC (Edwards Co only)	663	689	556
2	OP Total Visits - ECMC (Edwards Co only)	9,910	12,268	5,896

Tab 6: Behavioral / Mental Profile

Behavioral healthcare provides another important indicator of community health status.

Tab		Mental - Health Indicator	Edwards Co.	Trend	State of KS	SCKS Rural Norm (N=16)	Source
6	a	Depression: Medicare Population, percent, 2018 (2021)	13.3%		18.9%	18.7%	Kansas Health Matters
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2017-2019 (lower is better)	NA		17.6	18.6	Kansas Health Matters
	c	Mental Behavioral Hospital Admission Rates per 100,000, 2017-2019	47.6		75.1	52.2	Kansas Health Matters
	k	Percent of Medicare Part D Beneficiaries Receiving Opioids Supply >10 Days 2017 (2020)	50.4%		37.8%	49.0%	Kansas Health Matters
	d	Average Number of mentally unhealthy days, 2018 (2021)	4.4		3.7	4.4	County Health Rankings

Tab 7a: Risk Indicators & Factors Profile

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

Tab	High-Risk - Health Indicator	Edwards Co.	Trend	State of KS	SCKS Rural Norm (N=16)	Source
7a	a Adult obesity, percent, 2017 (2020)	35.1%		33.0%	34.4%	County Health Rankings
	b Adult smoking, percent, 2018 (2021)	20.6%		17.0%	20.1%	County Health Rankings
	c Excessive drinking, percent, 2018 (2021)	18.0%		19.0%	18.0%	County Health Rankings
	d Physical inactivity, percent, 2017 (2021)	23.7%		25.0%	27.6%	County Health Rankings
	e # of Physically unhealthy days, 2015	3.6		3.6	3.5	County Health Rankings
	f Sexually transmitted infections (chlamydia), rate per 100,000 - 2018 (2021)	4.0		13,554	49.8	County Health Rankings

Tab 7b: Chronic Risk Profile

Tab	Chronic - Health Indicator	Edwards Co.	Trend	State of KS	SCKS Rural Norm (N=16)	Source
7b	a Hypertension: Medicare Population, 2018 (2021)	48.9%		55.2%	55.7%	Kansas Health Matters
	b Hyperlipidemia: Medicare Population, 2018 (2021)	32.5%		37.1%	39.0%	Kansas Health Matters
	c Heart Failure: Medicare Population, 2018 (2021)	14.4%		13.4%	16.4%	Kansas Health Matters
	d Chronic Kidney Disease: Medicare Pop, 2018 (2021)	20.0%		21.8%	22.2%	Kansas Health Matters
	e COPD: Medicare Population, 2018 (2021)	11.3%		11.9%	11.8%	Kansas Health Matters
	f Atrial Fibrillation: Medicare Population, 2018 (2021)	10.7%		8.8%	8.6%	Kansas Health Matters
	g Cancer: Medicare Population, 2018 (2021)	8.8%		8.1%	7.4%	Kansas Health Matters
	h Osteoporosis: Medicare Population, 2018 (2021)	8.2%		6.1%	6.6%	Kansas Health Matters
	i Asthma: Medicare Population, 2018 (2021)	2.9%		4.3%	3.0%	Kansas Health Matters
	j Stroke: Medicare Population, 2018 (2021)	2.6%		3.1%	4.0%	Kansas Health Matters

Tab 8 Uninsured Profile and Community Benefit

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

Tab	Coverage - Health Indicator	Edwards Co.	Trend	State of KS	SCKS Rural Norm (N=16)	Source
8	a Uninsured, percent, 2018 (2021)	18.2%		10.0%	13.0%	County Health Rankings

Source: Internal Hospital Records				
	Edwards County Medical Center	YR 2018	YR 2019	YR 2020
1	Charity Care - Free Care	\$25,000	\$40,000	\$119,230
2	Bad Debt Writeoffs (Poor Ins.)	\$310,064	\$430,103	\$428,386

Tab 9: Mortality Profile

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

Tab		Mortality - Health Indicator	Edwards Co.	Trend	State of KS	SCKS Rural Norm (N=16)	Source
9	a	Life Expectancy, 2017 - 2019 (2021)	69.3		78.5	75.6	Kansas Health Matters
	b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2017-2019 (lower is better)	115.6		155.3	148.4	Kansas Health Matters
	c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2017-2019 (lower is better)	154.4		156.7	162.0	Kansas Health Matters
	d	Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2017-2019 (Lower is better)	63.5		49.9	59.3	Kansas Health Matters
	e	Alcohol-impaired driving deaths, percent, 2015-2019 (2021)	50.0%		21.9%	14.3%	County Health Rankings
	f	Total # Deaths involving COVID-19 if released, 2021	NA		3575	10.4	NY Times

Causes of Death by County of Residence, KS 2020	Edwards Co. (KS)	%	Trend	Kansas	%
TOTAL	38			27,312	
Suicide	10	26.3%		3,085	11.3%
Cancer	8	21.1%		5,537	20.3%
Hypertensive Renal Disease	8	21.1%		3,603	13.2%
Heart disease	6	15.8%		5,520	20.2%
# Of Drug Overdoses	5	13.2%		1,392	5.1%
Residual Infections and Parasitic Diseases	4	10.5%		514	1.9%
Chronic lower respiratory diseases	3	7.9%		1,774	6.5%
Cerebrovascular disease (Stroke)	2	5.3%		828	3.0%
Chronic liver disease and cirrhosis	2	5.3%		398	1.5%

Tab 10: Preventive Quality Measures Profile

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

Tab		Preventative - Health Indicator	Edwards Co.	Trend	State of KS	SCKS Rural Norm (N=16)	Source
10	a	Access to exercise opportunities, percent, 2019 (2021)	71.3%		76.0%	58.7%	County Health Rankings
	b	Adults with diabetes, monitoring, percent, 2017 (2021)	12.2%		86.0%	11.8%	County Health Rankings
	c	Mammography annual screening, percent, 2018 (2021)	38.0%		63.0%	35.6%	County Health Rankings
	d	Percent Annual Check-Up Visit with PCP			TBD	TBD	TBD
	e	Percent Annual Check-Up Visit with Dentist			TBD	TBD	TBD
	f	Percent Annual Check-Up Visit with Eye Doctor			TBD	TBD	TBD

PSA Primary Research:

For each CHNA Wave # 4 evaluation, a community stakeholder survey has been created and administered to collect "current" healthcare information for Edwards Co. KS.

Chart #1 – Edwards County, KS Online Feedback Response (N=145)

Edwards Co. - CHNA YR 2021			
For reporting purposes, are you involved in or are you a ...?	Edwards Co KS N=170	Trend	2021 Norms N=4,393
Business / Merchant	14.7%		13.3%
Community Board Member	10.3%		10.7%
Case Manager / Discharge Planner	0.0%		1.0%
Clergy	1.1%		1.5%
College / University	5.4%		4.4%
Consumer Advocate	0.0%		1.9%
Dentist / Eye Doctor / Chiropractor	1.1%		1.1%
Elected Official - City/County	1.6%		2.8%
EMS / Emergency	1.1%		2.5%
Farmer / Rancher	19.0%		10.5%
Hospital / Health Dept	14.7%		24.1%
Housing / Builder	0.0%		1.0%
Insurance	1.6%		1.3%
Labor	0.0%		2.9%
Law Enforcement	0.5%		1.5%
Mental Health	0.0%		1.9%
Other Health Professional	0.0%		13.1%
Parent / Caregiver	16.8%		21.7%
Pharmacy / Clinic	0.0%		2.5%
Media (Paper/TV/Radio)	0.0%		0.5%
Senior Care	3.8%		5.0%
Teacher / School Admin	6.0%		10.4%
Veteran	2.2%		4.3%
Other (please specify)	0.0%		10.1%
TOTAL	184		2777
County Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego, Russell, Cowley, Marion, Jackson and Carroll (MO).			

Chart #2 – Overall Community Health Quality Trend

Edwards Co - CHNA YR 2021			
When considering "overall community health quality", is it...	Edwards Co KS N=170	Trend	2021 Norms N=4,393
Increasing - moving up	45.1%		48.3%
Not really changing much	44.4%		43.6%
Decreasing - slipping	10.4%		8.0%
Valid N	144		4,063
County Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego, Russell, Cowley, Marion, Jackson and Carroll (MO).			

Chart #3 – Re-evaluate Past Community Health Needs Assessment Needs

Edwards Co. - CHNA YR 2021					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	RANK
1	Mental Health Access	67	46.85%		1
2	Drug/Substance Abuse	66	46.15%		2
3	Wellness/Prevention	51	35.66%		3
4	Primary Care Access	46	32.17%		4
5	Fitness/Exercise Options	43	30.07%		5
6	Awareness of Existing Health Care Services	41	28.67%		6
7	Obesity	40	27.97%		7
8	Alcohol Abuse	40	27.97%		8
9	Personal Health Management	40	27.97%		9
10	Affordable Health Care Insurance	36	25.17%		10
11	Nutrition/Healthy Food Options	30	20.98%		11
12	Chronic Health	27	18.88%		12
13	Oncology (Cancer)	20	13.99%		13
14	Vaccinations	11	7.69%		14
15	Sexually Transmitted Diseases (STDs)	1	0.70%		15
16	Teen Pregnancy	1	0.70%		16
Totals		560			

Chart #4 - Community Health Needs Assessment “Causes of Poor Health”

Edwards Co - CHNA YR 2021			
In your opinion, what are the root causes of "poor health" in our community?	Edwards Co KS N=170	Trend	2021 Norms N=4,393
Limited Access to Mental Health Assistance	32.4%		36.0%
Lack of health & Wellness Education	29.5%		26.6%
Chronic disease prevention	20.1%		20.9%
Family assistance programs	14.4%		12.9%
Elder Assistance Programs	35.3%		NA
Lack of Awareness of Existing Local Program	46.0%		NA
Case Management Assistance	9.4%		NA
Other	10.1%		NA
Total Votes	139		3,516
County Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego, Russell, Cowley, Marion, Jackson and Carroll (MO).			

Chart #5 – Community Rating of HC Delivery Services (Perceptions)

Edwards Co. - CHNA YR 2021	Edward Co KS N=170			2021 Norms N=4,393	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	76.1%	3.5%		79.0%	6.5%
Child Care	15.9%	36.2%		41.6%	17.0%
Chiropractors	77.6%	0.7%		70.7%	5.0%
Dentists	45.0%	19.3%		72.0%	9.9%
Emergency Room	79.6%	3.5%		75.9%	7.6%
Eye Doctor/Optomtrist	75.4%	2.1%		77.2%	6.2%
Family Planning Services	21.4%	15.0%		39.9%	16.3%
Home Health	29.3%	15.0%		54.7%	9.6%
Hospice	28.4%	6.4%		61.7%	8.5%
Telehealth	NA	NA		52.5%	10.3%
Inpatient Services	80.1%	2.8%		79.7%	5.1%
Mental Health	26.3%	24.8%		29.5%	32.5%
Nursing Home/Senior Living	31.4%	20.7%		61.0%	10.3%
Outpatient Services	68.3%	3.5%		76.7%	4.1%
Pharmacy	73.8%	9.9%		88.0%	2.6%
Primary Care	73.2%	6.5%		79.2%	5.2%
Public Health	59.0%	8.6%		64.4%	7.1%
School Health	31.7%	10.8%		64.5%	6.7%
Visiting Specialists	61.9%	4.3%		66.8%	8.4%
Walk- In Clinic	NA	NA		57.6%	18.2%
County Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego, Russell, Cowley, Marion, Jackson and Carroll (MO).					

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

Edwards Co. - CHNA YR 2021			
In the past 2 years, did you or someone you know receive HC outside of our community?	Edwards Co KS N=170	Trend	2021 Norms N=4,393
Yes	92.0%		74.6%
No	8.0%		25.4%
Valid N	138		2,820
County Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego, Russell, Cowley, Marion, Jackson and Carroll (MO).			

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services - Edwards County, KS (2021)				
Cat	HC Services Offered in county: Yes / No	Hospital	Health Dept	Other
Clinic	Primary Care	Yes		
Hosp	Alzheimer Center	No		Yes
Hosp	Ambulatory Surgery Centers	No		
Hosp	Arthritis Treatment Center	No		
Hosp	Bariatric/weight control services	No		
Hosp	Birthing/LDR/LDRP Room	No		
Hosp	Breast Cancer	No		
Hosp	Burn Care	No		
Hosp	Cardiac Rehabilitation	Yes		
Hosp	Cardiac Surgery	No		
Hosp	Cardiology services	Yes		Yes
Hosp	Case Management	Yes	Yes	
Hosp	Chaplaincy/pastoral care services	Yes		Yes
Hosp	Chemotherapy	No		
Hosp	Colonoscopy	Yes		
Hosp	Crisis Prevention	Yes		
Hosp	CTScanner	Yes		
Hosp	Diagnostic Radioisotope Facility	Yes		
Hosp	Diagnostic/Invasive Catheterization	No		
Hosp	Electron Beam Computed Tomography (EBCT)	No		
Hosp	Enrollment Assistance Services	Yes	Yes for Our Clients	
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	No		
Hosp	Fertility Clinic	No		
Hosp	FullField Digital Mammography (FFDM)	Yes		
Hosp	Genetic Testing/Counseling	No		
Hosp	Geriatric Services	No		
Hosp	Heart	No		
Hosp	Hemodialysis	No		
Hosp	HIV/AIDS Services	No	Yes - Testing/Education/Referral	
Hosp	Image-Guided Radiation Therapy (IGRT)	No		
Hosp	Inpatient Acute Care - Hospital services	Yes		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	No		
Hosp	Intensive Care Unit	No		
Hosp	Intermediate Care Unit	No		Yes
Hosp	Interventional Cardiac Catheterization	No		
Hosp	Isolation room	Yes		
Hosp	Kidney	No		
Hosp	Liver	No		
Hosp	Lung	No		
Hosp	MagneticResonance Imaging (MRI)	Yes		
Hosp	Mammograms	Yes		
Hosp	Mobile Health Services	Yes		
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	No		
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)	No		
Hosp	Neonatal	No		
Hosp	Neurological services	No		
Hosp	Obstetrics	No		Yes

Inventory of Health Services - Edwards County, KS (2021)				
Cat	HC Services Offered in county: Yes / No	Hospital	Health Dept	Other
Hosp	Occupational Health Services	Yes		
Hosp	Oncology Services	No		Yes
Hosp	Orthopedic services	Yes		
Hosp	Outpatient Surgery	Yes		
Hosp	Pain Management	Yes		
Hosp	Palliative Care Program	Yes		
Hosp	Pediatric	Yes		
Hosp	Physical Rehabilitation	Yes		Yes
Hosp	Positron Emission Tomography (PET)	No		
Hosp	Positron Emission Tomography/CT (PET/CT)	No		
Hosp	Psychiatric Services	Yes		Yes
Hosp	Radiology, Diagnostic	Yes		
Hosp	Radiology, Therapeutic	No		
Hosp	Reproductive Health (Pre-conception counseling/ED)	No	Yes	
Hosp	Robotic Surgery	No		
Hosp	Shaped Beam Radiation System 161	No		
Hosp	Single Photon Emission Computerized Tomography (SPECT)	No		
Hosp	Sleep Center	No		
Hosp	Social Work Services	Yes	Yes for Our Clients	
Hosp	Sports Medicine	Yes		Yes
Hosp	Stereotactic Radiosurgery	No		
Hosp	Swing Bed Services	Yes		
Hosp	Transplant Services	No		
Hosp	Trauma Center	No		
Hosp	Ultrasound	Yes		
Hosp	Women's Health Services	Yes	Yes	Yes
Hosp	Wound Care	Yes		
SR	Adult Day Care Program	No		Yes
SR	Assisted Living	No		Yes
SR	Home Health Services	No		Yes
SR	Hospice	No		Yes
SR	LongTerm Care	No		Yes
SR	Nursing Home Services	No		Yes
SR	Retirement Housing	No		Yes
SR	Skilled Nursing Care	Yes		Yes
ER	Emergency Services	Yes		
ER	Urgent Care Center	No		
ER	Ambulance Services	Yes		Yes
SERV	Access to Farmworker Program and TB Control Program	No	Yes	Yes
SERV	Alcoholism-Drug Abuse	No		Yes
SERV	Annual Influenza Clinics locally and in surrounding communities	Yes	Yes	
SERV	Blood Donor Center	No		Yes
SERV	Child Care Licensing, surveys and compliance evaluation	No	Yes	
SERV	Chiropractic Services	No		Yes
SERV	Complementary Medicine Services	No		
SERV	Dental Services	No		Yes

Inventory of Health Services - Edwards County, KS (2021)				
Cat	HC Services Offered in county: Yes / No	Hospital	Health Dept	Other
SERV	Developmental Screening	No	Yes	Yes
SERV	Early Infant and Childhood Screenings and intervention/services	No	Yes	Yes
SERV	Fitness Center (Rehab facilities allow people to come in for a fee)	No		Privately owned
SERV	Healthy Start Home visits for prenatal, postnatal and infants/families	No	Yes	
SERV	Health Education Classes	Yes	Yes	Yes
SERV	Health Fair (Annual)	Yes	Yes with the hospital	
SERV	Health Information Center	No	Yes	
SERV	Health Screenings	Yes	Yes	
SERV	Immunizations and Foreign Travel	Yes	Yes	
SERV	Infant/toddler/booster car seats with law enforcement agency	No	No	Yes
SERV	Maternal and Child Health Services	No	Yes	Yes
SERV	Meals on Wheels	No		Yes
SERV	Nail Care Clinics	No	Yes	
SERV	Nursing Health Assessments	No	Yes	
SERV	Nutrition Programs (WIC)	No	Yes/WIC	
SERV	Outreach clinics at Senior Centers and Elderly Housing	No	Yes	
SERV	Parenting Classes (Just starting)	No	No	Yes
SERV	Patient Education Center	No	Yes	
SERV	Pre-conception counseling	No	Yes	
SERV	Retail Store for Breastfeeding equipment and aids	No	Yes	
SERV	Sexually Transmitted Infection Screening and Treatment	No	Yes	
SERV	Support Groups (Diabetic and BF Coalition)	No	Yes	Yes
SERV	Teen Outreach Services	No	Yes	
SERV	Tobacco Treatment/Cessation Program	Yes	Cessation	
SERV	Transportation to Health Facilities	No		x
SERV	Tuberculosis Screening, referral and treatment/prevention medications	Yes	Yes	
SERV	Wellness Program	Yes	Yes with Extension Office	

Physician Manpower 2021 - Edwards County, KS			
# of FTE Providers	County Based Supply		
	MD/DO	Visting MD/DO	PA/NP
Primary Care:			
Family Practice	1.40	0.00	3.00
Surgery Specialists:			
General Surgery	0.00	0.04	0.04
Orthopedics	0.00	0.04	0.00
Thoracic/Cardiovascular/Vasc	0.00	0.00	0.00
Hospital Based:			
Anesthesia/Pain	0.00	0.00	0.04
TOTALS	1.40	0.08	3.08

Visiting Specialists to Edwards County Medical Center - Year 2021				
Specialty	Physician	Group Name	Office Location	Schedule at hospital (visiting clinics)
Medicine:				
Allergy/Immunology				
Cardiology	Dr. Steckley			Monthly - 2nd Monday
Dermatology				
Gastroenterology/Internist	Dr. Westhoff			Monthly - Varies
Infectious Diseases				
Nephrology**				
Neurology				
OB/GYN				
Oncology				
Psychiatry				
Pulmonary				
Rheumatology				
Surgery:				
General Surgery				
Neurosurgery				
Ophthalmology				
Orthopedics	Dr. Shanmugam, MD			Monthly - 1st Monday
Otolaryngology (ENT)				
Plastic				
Thoracic/CV/Vasc				
Urology				
Others:				
Podiatry	Dr. Gordon			Monthly - 1st Tuesday
Psychologist/MH Counseling	Scott Gordon			Weekly - Thursdays
Pain Management	Darin Budura PA-C			every 4th Tuesday
Pain Management	Trent Blackwill CRNA			every other Wednesday

2021 Edwards County Help Resources

Community Resources

Emergency Numbers

Police/Sheriff 911

Fire 911

EMS/Ambulance 911

Edwards County Ambulance (620) 659-3621

620 West 8th Kinsley, KS 67547

Non-Emergency Numbers

Law Enforcement

Kansas Highway Patrol Troop E (620) 276-3201

2222 East Highway 50 Garden City KS 67846

Contact Randy Mosher Captain

Edwards County Sheriff (620) 659-3636

312 Massachusetts Avenue Kinsley, KS 67547

Contact Sheriff Bryant Kurth

Lewis Police Department (620) 324-5357

Non-Emergency Numbers

Fire Number

Kinsley Volunteer Fire Department (620) 338-0214

Belpre

Fellsburg

Lewis

Offerle Volunteer Fire Department

Trousdale

Centerview

Municipal Non-Emergency Numbers

Edwards County Government Offices (620) 659-3000
312 Massachusetts Avenue Kinsley, KS 67547

City of Kinsley Government Offices (620) 659-3611
721 Marsh Avenue Kinsley, Ks 67547

City of Lewis (620)324-5357
219 South Main Lewis, KS 67547

City of Offerle (620) 659-2840
City of Belpre (620) 995-3531

AIDS/HIV Clinic

Edwards County Health Department (620) 659-3102
622 West 8th Street Kinsley, KS 67547

Animal Rescue

Edwards County Sheriff Office (620) 659-3636
312 South Massachusetts Avenue Kinsley, KS 67547

Assisted Living

Medicalodges of Kinsley (620) 659-21567
620 Winchester Avenue Kinsley, KS 67547

Clothing Closets/Clothing Banks

Catholic Charities of Southwest Kansas (620) 227-1562
906 Central Avenue Dodge City, KS 67801
Associated with St. Nicholas Church 706 East 6th Street
PO Box 285 Kinsley, KS 67547-0285 (620) 659-2692

Edwards County Ministerial Alliance (620) 388-2067
PO Box 25 Offerle, KS 67563
Contact Avery Rutledge

Twice Is Nice Thrift Store

(620) 659-3343

200 E 6th Street

Kinsley, KS 67547

Tu-Fr 9:30am-4:30pm

DCCC Child & Adult Care Food Program

(620) 225-2817

Child and Adult Care Food Program (CACFP) is a part of the federal school lunch program started in 1977 benefiting children in family daycare homes and providing reimbursement to child care providers for serving nutritious meals and snacks for enrolled children in care.

Day care providers must keep menus and attendance records for meals served to children enrolled in their care. The program is designed to help cover the cost of meals so that a portion of dollars spent for food do not come from the providers or the parent's income, while children are assured of nutritional sound meals and snacks. It also adds extra dollars into your local economy.

To participate, providers must have a current child care license or certificate of registration.

Dodge City Community College CACFP service delivery area:

Dodge City Community College is the CACFP sponsor in 10 counties:

*Ford

*Seward

*Gray

*Comanche

*Hodgeman

*Meade

*Ness

*Kiowa

*Clark

*Edwards

Chiropractor**Schmidt-Randy Chiropractor**

(620) 659-2302

600 Emerson Avenue Kinsley, KS 67547

Dental Services**Dodge City Smiles**

Kinsley Location

(620) 659-3617

609 Marsh Avenue Kinsley, KS 67547

Dodge City Location

(620) 227-7521

Emergency Assistance**Edwards County Ministerial Alliance**

(620) 253-7529

PO Box 25 Offerle, KS 67563

Contact Avery Rutledge

School Nurses

Kinsley Elementary School (620) 659-2866

325 South Elm Street, Offerle

High School (620) 659-2126

716 Colony Avenue, Kinsley

Lewis Elementary School (620) 324-5541

401 Sunnyside Street, Lewis

High School (620) 659-2521

Food Pantries/ Soup Kitchens & Food Banks

Edwards County Health Department (TEFAP) (620) 659-3102

Site: 622 West 8th Street Kinsley, KS 67547

Kansas Food Bank Distributor

Distributed: 622 West 8th Street Kinsley, KS 67547

Contact Laura Ferguson for enrollment & distribution info

Laura@edcohealth.com

Friendship Meals

(620)338-6628

721 Marsh St. Kinsley, KS

City Hall- Community Room

Contact Margaret Ferguson or City Hall (620)659-3611

Funeral Home

McKillip Memorial Funeral Home

(620) 659-2311

623 Marsh Avenue

Health Services

Edwards County Health Department

(620) 659-3102

622 West 8th Street Kinsley, KS 67547

Farm Workers Health Insurance Program

(620) 659-3102

Edwards County Health Department 622 West 8th Street Kinsley KS 67547-2329

Uninsured migrant and season farm workers. Based upon eligibility.

Newborn screening, and wellness checks. Prenatal care. Well woman care, STD

checks and preventive care. Dental screenings and preventive care. Dental

Treatment. Chronic disease care. Prescription assistance. Immunizations.

Substance abuse treatment. Mental and Behavioral health services,

Transportation provided

Great Bend Regional Hospital/ Professional Services (620) 659-2890
711 Marsh Avenue Kinsley, KS 67547

Kinsley Health Clinic (620) 659-3639
807 East 4th Kinsley, KS 67547

Midway Clinic (620) 659-2732
604 West 8th Street Kinsley, KS 67547

Homeless Services

Edwards County Ministerial Alliance (620) 253-7529
PO Box 25 Offerle, KS 67563
Contact Avery Rutledge

Hospitals

Edwards County Medical Center (620) 659-3621
620 West 8th Street Kinsley, KS 67547

Housing for Low Income, Multi Family & Handicapped

Edwards County Housing Authority (620) 659-2602
210 West 9th Street Kinsley, KS 67547

Mental Health Services

Iroquois Center for Human Development (620) 659-3719
620 West 8th Street Kinsley, KS 67547
(Community Mental Health Center)

Optometrists

Frazier Optometry (620) 659-3351
713 Marsh Avenue Kinsley, KS 67547

Pharmacies

Kinsley Drug

(620) 659-2481

207 East 6th Street Kinsley, KS 67547

Rape/Sexual Assault

Edwards County Attorney

(620) 659-3002

500 South Marsh Avenue Kinsley, KS 67547

Contact Mark Frame

Hours Mon/Fri 8am-5pm

Rehabilitation Services

Medicalodges of Kinsley

(620) 659-2156

620 Winchester Avenue Kinsley, KS 67547

Veterans

American Legion Post 113/Gilbert M. Lewis

PO Box 335 Kinsley, KS 67547

Contact: not on file

Assists Veterans & Families applying for benefits and with emergency assistance

Kansas Commission on Veterans Affairs Office

(620) 225- 4041

714 Sheridan-Unit 87, 300 Custer Ft. Dodge KS 67843 www.ksva.ks.gov

Contact: Mike Fontenot E-Mail: mike.fontenot@ks.gov

Counties Served: Clark, Comanche, Edwards, Finney, Ford, Grant, Hamilton, Haskell, Kearny, Kiowa, Meade, Seward and Stevens

Veterans of Foreign Wars Post 7349 Jones/Barnes/Gassner

(620) 659-3311

1021 Highway 56 West Kinsley, KS 67547

Commander: Larry Rincon

Meets: 3rd Wed / 7:30pm

Assists Veterans and Families in emergencies

Women & Pregnancy

Edwards County Health Department

(620) 659-3102

622 West 8th Street Kinsley, KS 67547

Family Planning, Immunizations, Nutrition Services, Prenatal Care Coordination, Well Baby Checkups, Healthy Starts, WIC

V. Detail Exhibits

[VVV Consultants LLC]

a.) Patient Origin Source Files

[VVV Consultants LLC]

Inpatient Origin Reports

Inpatient Origin by Hospital* Edwards County Medical Center - Kinsley, KS County by Federal Fiscal Year: 2019

Detail

County Detail by Hospital				Pediatric		Adult Medical/Surgical								Psychiatric				Obstetric		Newborn		
				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+										
County	Rank	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Surg %
Edwards, KS	1	96	88.9%	0	0.0%	4	4.2%	17	17.7%	18	18.8%	57	59.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Ford, KS	2	5	4.6%	0	0.0%	0	0.0%	1	20.0%	0	0.0%	4	80.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Barton, KS	3	1	0.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Johnson, KS	4	1	0.9%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Kingman, KS	5	1	0.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Kiowa, KS	6	1	0.9%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Mineral, CO	7	1	0.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Morton, KS	8	1	0.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Reno, KS	9	1	0.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Overall		108	100.0%	0	0.0%	4	3.7%	20	18.5%	18	16.7%	66	61.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%

Inpatient Origin by Hospital* Edwards County Medical Center - Kinsley, KS County by Federal Fiscal Year: 2020

Detail

				Pediatric		Adult Medical/Surgical																	
County Detail by Hospital				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+		Psychiatric		Obstetric		Newborn					
County	Rank	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Surg %			
Edwards, KS	1	61	91.0%	0	0.0%	1	1.6%	3	4.9%	8	13.1%	49	80.3%	0	0.0%	0	0.0%	0	0.0%	0.0%			
Ford, KS	2	3	4.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%			
Kiowa, KS	3	1	1.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%			
Mineral, CO	4	1	1.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%			
Pawnee, KS	5	1	1.5%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%			
Overall		67	100.0%	0	0.0%	1	1.5%	3	4.5%	9	13.4%	54	80.6%	0	0.0%	0	0.0%	0	0.0%	0.0%			



Inpatient Origin by Hospital* Edwards County Medical Center - Kinsley, KS County by Federal Fiscal Year: 2021



Detail

County Detail by Hospital				Pediatric		Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		Surg %		
				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+										
County	Rank	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Surg %
Edwards, KS	1	63	72.4%	0	0.0%	0	0.0%	8	12.7%	10	15.9%	45	71.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Ford, KS	2	13	14.9%	0	0.0%	0	0.0%	1	7.7%	1	7.7%	11	84.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Pawnee, KS	3	7	8.0%	0	0.0%	1	14.3%	2	28.6%	3	42.9%	1	14.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Colorado, TX	4	1	1.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Comal, TX	5	1	1.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Hodgeman, KS	6	1	1.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Kiowa, KS	7	1	1.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Overall		87	100.0%	0	0.0%	1	1.1%	11	12.6%	17	19.5%	58	66.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%

Outpatient Origin Reports

Outpatient Market Penetration By Service Type			
Edwards County Hospital	Total Visits	Edwards, KS	
County by Federal Fiscal Year: 2018		Visits	%
1 Emergency Department (45x)	795	663	72.4%
3 Observation (76x, excl. 761)	94	90	71.4%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	1,171	972	74.0%
14 Nuclear Medicine (34x)	44	36	45.0%
15 CT Scan (35x)	406	345	68.7%
16 Mammography (401, 403)	127	116	50.9%
17 Ultrasound (402)	110	99	44.8%
19 Magnetic Resonance Technology (61x)	72	67	52.3%
26 Echocardiology (483)	38	36	46.8%
33 Cardiac Rehab (943)	3	2	66.7%
34 Rural Health - Clinic (521)	4,705	4,113	100.0%
35 Treatment Room (761)	248	232	63.6%
37 EKG/ECG (73x)	473	414	67.0%
42 Physical Therapy (42x)	102	95	64.6%
43 Occupational Therapy (43x)	2	2	18.2%
Actual visits in report	7,541	6,537	82.2%
Actual unclassified visits	3,787	3,373	84.6%
Actual total visits	11,328	9,910	83.0%
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Outpatient Market Penetration By Service Type			
Edwards County Hospital	Total Visits	Edwards, KS	
County by Federal Fiscal Year: 2019		Visits	%
1 Emergency Department (45x)	832	689	71.3%
3 Observation (76x, excl. 761)	101	84	71.8%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	1,226	979	75.2%
14 Nuclear Medicine (34x)	43	29	46.8%
15 CT Scan (35x)	409	352	65.8%
16 Mammography (401, 403)	145	135	56.7%
17 Ultrasound (402)	119	109	47.2%
19 Magnetic Resonance Technology (61x)	67	60	44.4%
25 Stress Test (482)	28	17	65.4%
26 Echocardiology (483)	35	26	43.3%
29 Telemedicine (78x)	31	1	100.0%
33 Cardiac Rehab (943)	1	1	25.0%
34 Rural Health - Clinic (521)	6,308	5,532	100.0%
35 Treatment Room (761)	291	265	72.2%
37 EKG/ECG (73x)	483	401	68.2%
42 Physical Therapy (42x)	40	37	46.8%
43 Occupational Therapy (43x)	17	16	51.6%
44 Speech-Language Pathology (44x)	1	1	16.7%
Actual visits in report	9,387	8,102	84.8%
Actual unclassified visits	4,876	4,166	87.2%
Actual total visits	14,263	12,268	85.6%
© 2022 Hospital Industry Data Institute			

Outpatient Origin Reports (Continued)

Outpatient Market Penetration By Service Type			
Edwards County Hospital	Total Visits	Edwards, KS	
County by Federal Fiscal Year: 2020		Visits	%
1 Emergency Department (45x)	674	556	67.6%
3 Observation (76x, excl. 761)	94	81	55.5%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	999	809	74.5%
14 Nuclear Medicine (34x)	36	26	59.1%
15 CT Scan (35x)	399	332	68.9%
16 Mammography (401, 403)	155	135	66.5%
17 Ultrasound (402)	103	86	42.0%
19 Magnetic Resonance Technology (61x)	89	78	54.2%
25 Stress Test (482)	29	21	72.4%
26 Echocardiology (483)	29	26	46.4%
29 Telemedicine (78x)	13	13	100.0%
33 Cardiac Rehab (943)	1	1	50.0%
34 Rural Health - Clinic (521)	1	1	50.0%
35 Treatment Room (761)	233	209	60.2%
37 EKG/ECG (73x)	400	353	63.8%
42 Physical Therapy (42x)	54	50	54.9%
43 Occupational Therapy (43x)	7	7	50.0%
Actual visits in report	2,577	2,174	62.7%
Actual unclassified visits	4,464	3,722	84.2%
Actual total visits	7,041	5,896	74.7%
© 2022 Hospital Industry Data Institute			

b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Edwards County Town Hall Attendee Roster

Edwards County, KS 2021 CHNA Town Hall Thursday, Jan 27, 2022 11:30-1pm							
#	Breakout	Attend	Lead	Last	First	Organization	Title
1	A	X	##	Hanson	Stacy	Ninnescah Opioid Workforce Coalition	
2	A	X		Herrmann	Alisha	ECMC	CIO
3	A	X		Knutson	Angie	Edwards County Medical Center	HR Assistant/Safety Off
4	A	X		Prieto	Maria (Chole)	Edwards County Medical Center	Administrative Assistant
5	A	X		Watson	Wendy		
6	A	X		Avery	Rutledge	Ministerial Alliance	Pastor
7	B	X	##	Sandman	Krystle	Edwards County Medical Center	Director, HR & Marketing
8	B	X		DuBois	Heather	Edwards County Medical Center	Director of Rehab
9	B	X		Dvorak	Jackie	Edwards County Medical Center	Occupational Therapist
10	B	X		Pinkerton	Julie	Hospice of the Prairie & Prairie Home Health	Executive Director
11	B	X		Strate	Thyra	Edwards County Medical Center	Corp Comp Off /RHC Director
12	B	X		Hansel	Jimmie	Edwards County Medical Center	CEO
13	B	X		Weets	Tim		
14	B	X		Taylor	Tonya		

Edwards County Town Hall Event Notes

Attendance: N=14

Date: 1/27/2022 – 11:30 a.m. – 1:00 p.m.

Needs

- | | |
|------------------------------------|--------------------------------|
| - Access to Mental Health (All 4) | - Obesity (Nutrition/Exercise) |
| - Drugs/Substance Abuse | - Owning Your Health |
| - Alcohol Abuse | - Cancer Care |
| - Senior Activities | - Housing |
| - Youth Activities/Programs | - Suicide |
| - Exercise/Fitness Opportunities | - Underinsured/Uninsured |
| - Wellness/Prevention | - Dentists (Availability) |
| - Awareness of Healthcare Services | - Child Care |
| | - Spiritual Health |

Strengths

- | | |
|------------------------------------------------------------|------------------------------|
| - Telehealth | - Hospital |
| - Access to Providers | - Collaboration/Partnerships |
| - Quality of Providers/Staff | - Active Health Coalition |
| - Access to Healthy Food Options | - Home Health/Hospice |
| - Parks and Recreational | - Caregiver Committee: |
| - EHR system: Also aligned with KTRACS (Opioid prevention) | - Daycare/Child Care |
| - Pain Management Contract. | - Rehab |
| - Specialty Clinics | - Pain Management |
| | - Pulmonary |
| | - Community Engagement |

c.) Public Notice & Requests

[VVV Consultants LLC]

EMAIL Request to Edwards County CHNA Stakeholders

From: Krystle Sandman

Date: December 30th, 2022

To: Community Leaders, Providers, Hospital Board and Staff

Subject: Scheduled VIRTUAL Community Town Hall – January 25th

Join **Edwards County Medical Center** as they hold a virtual Town Hall Meeting for the 2022 Community Health Needs Assessment (CHNA) on **Thursday, January 27th, 2022, from 11:30 a.m. – 1:00 p.m.**

In interest of time, this scheduled Town Hall will be done virtually on Zoom. This virtual meeting will consist of reviewing the community health indicators and gathering feedback opinions on key community health needs. We hope you are able to find time to join us for this important event. It is vital that community members RSVP if they are planning to attend the 2022 CHNA virtual Town Hall on **January 27th** for adequate preparation.

If you plan to attend this virtual Town Hall, please click on the link below to complete your RSVP. NOTE: If you RSVP, additional information and Zoom link will be emailed to you a few days prior to the event.

LINK: https://www.surveymonkey.com/r/CHNA2022_EdwardsCo_RSVP

Thanks in advance for your time and support!

If you have any questions regarding the CHNA or the Town Hall, please call (620) 659-3621

Edwards County Medical Center Hosts Local Town Hall Event.

Media Release: 01/05/22

Edwards County Medical Center has scheduled the Town Hall meeting for the 2022 Community Health Needs Assessment on **Thursday January 27th, from 11:30 a.m. – 1:00 p.m.** via Zoom. During this event, we will review the community health indicators and gather feedback opinions on key community health needs for Edwards County.

With Covid still amongst us and interest of time, we will be holding a virtual Town Hall Event viz Zoom. Therefore, those who wish to attend must RSVP to adequately prepare for this virtual event. You may do this by visiting the Edwards County Hospital website and social media sites to obtain the link and complete your RSVP. We hope you can find the time to join us for this important event on January 27th, 2022.

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

Thanks in advance for your time and support!

If you have any questions regarding CHNA activities, please call (620) 659-3621

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d.) Primary Research Detail

[VVV Consultants LLC]

Edwards County Community Health Survey - 2021

1. When considering "overall community health quality" in Edwards County, is it....?

Increasing

Not Changing Much

Decreasing



2. In your opinion, what are the top health needs in Edwards County? (Please select 4)

☐ a) Drug / Substance Abuse

☐ i) Wellness/Prevention

☐ b) Obesity

☐ j) Oncology (Cancer)

☐ c) Alcohol Abuse

☐ k) Chronic Health

☐ d) Affordable Healthcare Insurance

☐ l) Awareness of Existing Healthcare Services

☐ e) Mental Health Access

☐ m) Personal Health Management

☐ f) Fitness/Exercise Options

☐ n) Primary Care Access

☐ g) Nutrition/Healthy Food Options

☐ o) Sexually Transmitted Diseases

☐ h) Teen Pregnancy

☐ p) Vaccinations

3. In your opinion, what are the root causes of "poor health" in Edwards County? (Please select 2)

☐ a) Lack of Health & Wellness Education

☐ e) Lack of Awareness of Existing Local Programs, Providers & Services

☐ b) Chronic Disease Prevention

☐ f) Family Assistance Programs

☐ c) Limited Access to Mental Health Assistance

☐ g) Case Management Assistance

☐ d) Elderly Assistance Programs

☐ h) Other _____

4. In the past 2 years, did you or someone you know receive health care outside of Edwards County?

☐ Yes

☐ No

☐ I Don't Know

5. How would you rate the following health services in Edwards County?

	Very Good	Good	Fair	Poor	Very Poor
a) Ambulance / EMS Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Chiropractors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Eye Doctor/Optomtrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Senior Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Family Planning Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Hospice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. How would you rate the following health services in Edwards County?

	Very Good	Good	Fair	Poor	Very Poor
a) Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Nursing Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Physicians' Clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) School Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

8. For reporting purposes, are you involved in any of the following?

- | | |
|--------------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> a) Business Owner | <input type="checkbox"/> i) Farmer/Rancher |
| <input type="checkbox"/> b) Community Board Member | <input type="checkbox"/> j) Hospital/Health Department |
| <input type="checkbox"/> c) Case Manager/Discharge Planner | <input type="checkbox"/> k) Insurance |
| <input type="checkbox"/> d) Clergy | <input type="checkbox"/> l) Law Enforcement |
| <input type="checkbox"/> e) College Student | <input type="checkbox"/> m) Parent/Caregiver |
| <input type="checkbox"/> f) Dentist/Optometrist/Chiropractor/Pharmacy Employee | <input type="checkbox"/> n) Senior Care |
| <input type="checkbox"/> g) Elected Official (City/County) | <input type="checkbox"/> o) Teacher/School Admin |
| <input type="checkbox"/> h) EMS/Emergency Services | <input type="checkbox"/> p) Veteran |

9. Your 5-digit zip code?



VVV Consultants LLC



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