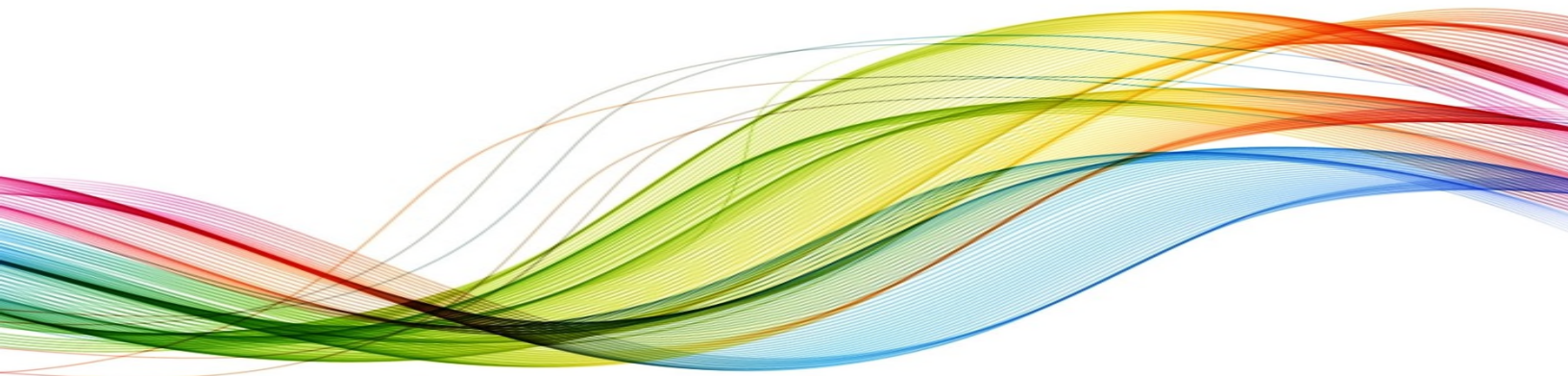




Community Health Needs Assessment Trego County- Lemke Memorial Hospital Trego County (KS)



June 2018

**VVV Consultants LLC
Olathe, KS**

Community Health Needs Assessment

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I.Executive Summary

Trego County, KS- 2018 Community Health Needs Assessment (CHNA) Wave #3

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 local 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.

Trego County Lemke Memorial Hospital - Trego County, KS last CHNA was published in May of 2015. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). This Wave #3 CHNA assessment was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandelaar, MBA.

Important CHNA Benefits for both the local hospital and the health department, as well as for the community, 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 quality health care.

Year 2018 Trego County “Community Health Improvements Needs”

Trego County Lemke Memorial Hospital				
Wave #3 CHNA - 2018 Town Hall Priorities (22 Attendees, 88 Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Screen, Treat, Rehab)	16	18.2%	18.2%
2	Drug Abuse	13	14.8%	33.0%
3	Dental	13	14.8%	47.7%
4	Obesity (Nutrition/ Exercise)	11	12.5%	60.2%
5	Heart Failure/ Disease	11	12.5%	72.7%
6	Suicide	5	5.7%	78.4%
7	Additional Senior Housing	4	4.5%	83.0%
Total Votes:		88	100.0%	
Other Items Noted: Smoking, Alcohol Abuse, Walking Trail (pool/ Outside activities), Increase Volunteers, HC Communication, HC Education (Own It), Child Care, Specialists (Ortho, Oncology, Pod, Rheum, ENT, Heart), Expand Walk- In Clinics Hours.				

Trego County CHNA Town Hall “Community Health Strengths” cited are as follows:

Trego County Lemke Memorial Hospital - Community Health "Strengths"			
#	Topic	#	Topic
1	Good Access to Primary Care	6	Pharmacy
2	Walk-In Clinic	7	Appropriate Local Services
3	Good Exercise Options	8	Emergency Room
4	Spiritual Care	9	Food Bank
5	Ambulance Services	10	Parish Health Nurse

Key CHNA Wave#3 Secondary Research Conclusions are as follows:

KS HEALTH RANKINGS: According to the 2018 RWJ County Health Rankings Study, Trego County is ranked 4th out of 105 Kansas Counties for Health Behaviors.

TAB 1. The population in Trego is 2,872 with 3.4 people per square mile. 5.5% of the population is under the age of 5 and 24.5% of the population is over the age of 65. 49.4% of Trego is female. Hispanics or Latinos account for 1.9% of the population and 1.5% of Trego speaks a language other than English at home. 17% of children live in a single parent household. There are 215 veterans living in Trego.

TAB 2. Per capita income in Trego is \$29,651 with 11% of the population being in poverty. There are 1,334 total housing units and a severe housing problem of 12%. Trego has 474 firms and an unemployment rate of 3.6%. Food insecurity rate has increased to 12%, low income and low access to a grocery store has decreased to 2.5%.

TAB 3. 31% of students in Trego are eligible for free or reduced-price lunch. Trego high school graduation rate has increased to 94.2% and 25.8% continue to get a bachelor’s degree or higher.

TAB 4. 81.7% of births in Trego had prenatal care starting in the first Trimester. The percent of infants up to 24 months that get fully immunized decreased to 83.3%. The teen birth rate decreased to 5.5%. 17.3% of births were to mothers who smoked during their pregnancies.

TAB 5. There is one Primary Care Physician per 730 people. 79% of patients rated their hospital a 9 or 10 out of 10 and 86% would recommend their hospital to others. Trego had 190 preventable hospital stays.

TAB 6. Trego has an age-adjusted suicide mortality rate of 0, 26.6% gets treated for depression.

TAB 7. 30% of Trego adults are obese and 29% of adults are physically inactive. 14% of adults smoke and 16% drink excessively. The sexually transmitted infections rate is 402.7. Asthma in Trego is high at 10.7%. Heart Failure decreased slightly to 42.1%.

TAB 8. The adult uninsured rate for Trego County is 13%.

TAB 9. Life expectancy in Trego for Males is 76.6 and 80.9 for Females. The age-adjusted Heart Disease Mortality Rate has risen to 284.7 and the age-adjusted Cancer Mortality Rate has

also risen to 185. Age-Adjusted Chronic Lower Respiratory Disease Mortality Rate has lowered to 54.1. Trego has Alcohol-impaired driving deaths of 20%.

TAB 10. 68% of Trego has access to exercise opportunities. 82% of people get their diabetes monitored and 76% of women are get mammography screens regularly.

Key 2018 Community Feedback Conclusions: Stakeholder feedback from residents, community leaders and providers (N=109) provided the following community insights via an online perception survey:

- 67% of Trego County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good, with Good being the highest ranking.
- Trego County stakeholders are satisfied with the following services: Ambulance Services, Chiropractors, Eye Doctor/Optomtrist, Inpatient Services, Pharmacy, Physician Clinics, and Public Health.
- Trego County stakeholders perceive Lack of Awareness of existing local programs, providers, and services is the largest cause of poor health followed by Limited Access to Mental Health assistance and Elder assistance programs.
- When considering past CHNA needs, Dental Services; Drug/Substance Abuse; Alcohol Abuse continue as an ongoing problem and pressing.

CHNA Wave #3		Ongoing Problem		Pressing
Past CHNAs health needs identified		Trego N=109		Trego
Rank	Topic	Votes	%	Trend
				RANK
1	Dental Services	66	21.0%	
2	Drug / Substance Abuse	45	14.3%	
3	Alcohol Abuse	37	11.7%	
4	Nursing Home - Dementia care	35	11.1%	
5	Obesity	32	10.2%	
6	Wellness / Prevention	29	9.2%	
7	Awareness of existing HC services	22	7.0%	
8	Diabetes Management	21	6.7%	
9	HC Transportation	17	5.4%	
10	Home Health / Hospice services	11	3.5%	
TOTALS		315	100.0%	

II. Methodology

[VVV Consultants LLC]

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 who has filed a 990 is required to conduct a CHNA. IRS Notice 2011-52 was released in late fall of 2011 to give notice and request comments.

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

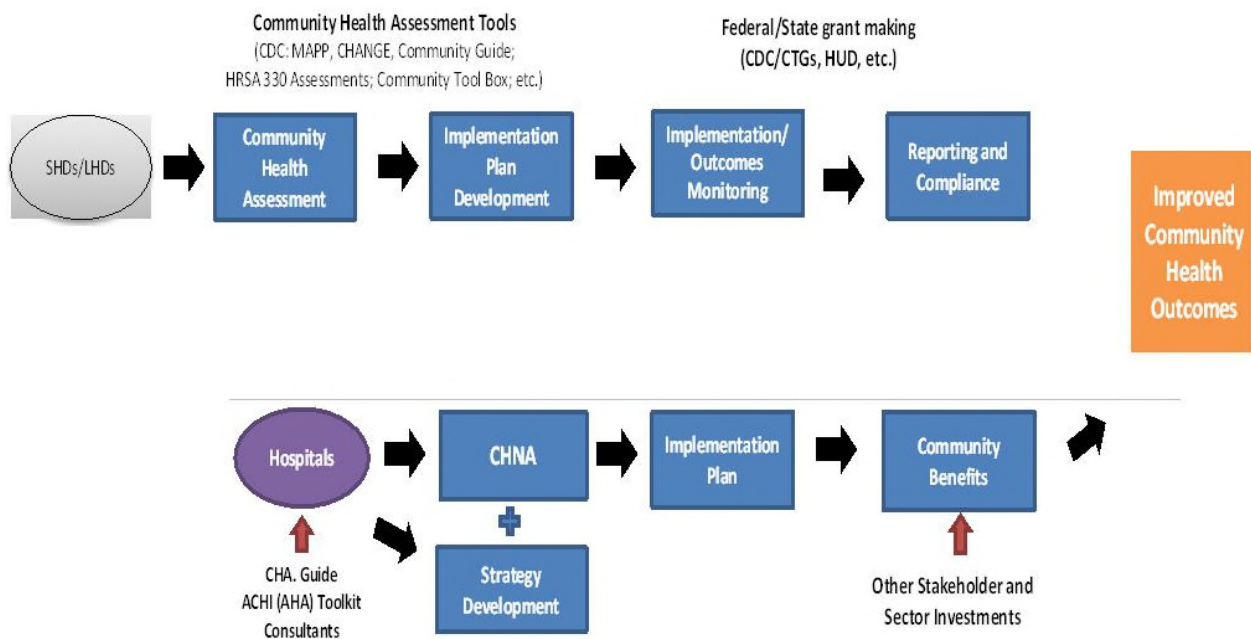
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

Great emphasis has been given to work hand-in-hand with leaders from 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 Notice 2011-52 Overview

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

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

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

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

ACCOUNTING TODAY 1/2/15

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

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

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

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

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

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

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

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

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

CHNA NEWS: IRS Makes First Revocation of Hospital Not-for-Profit Status Under 501(r)

RICH DALY, HFMA SENIOR WRITER/EDITOR

Aug. 15, 2017—Charity-care reporting requirements under the healthcare reform law may have gone into effect only last October, but already one hospital has lost its not-for-profit tax status as a result. The first-time tax-status revocation under Affordable Care Act (ACA) 501(r) requirements applied to a “dual-status” 501(c)(3) hospital operated by a “local county governmental agency” and was confirmed by a redacted copy of the [tax status letter](#), which was dated Feb. 14, 2017, and posted to the IRS website in August. Neither an IRS spokeswoman nor the redacted letter identified the hospital. Loss of the 501(c)(3) exemptions eliminates the ability of hospitals to use certain employee benefit plans; likely subjects hospitals to income, property, and other taxes; bars receipt of tax-deductible contributions; and disallows use of tax-exempt bonds.

The 501(r) requirements on performing community health needs assessments (CHNAs) and offering financial assistance became effective for tax years beginning on or after Dec. 29, 2015, meaning tax-exempt hospitals operating on the calendar had to be in compliance by Jan. 1, 2016, and those with a different fiscal-year end had to be in compliance by Oct. 1, 2016.

The only enforcement information previously released by the IRS was a June 2016 letter to Sen. Charles Grassley (R-Iowa), which noted that at that point the IRS had completed 2,482 compliance reviews under 501(r). Additionally, 163 hospitals were assigned for “examination” as a result of those compliance reviews, but no further actions were identified.

The ACA requires the IRS to review the community-benefit activities of about 3,000 tax-exempt hospitals at least once every three years. This was the first time that Keith Hearle, president, Verité Healthcare Consulting, LLC, Alexandria, Va., had heard of an instance in which a hospital lost its not-for-profit status over 501(r) requirements. He has heard of several others that incurred the \$50,000 excise tax for failing to meet the CHNA requirement.

“I would be surprised if it is a one-off,” said Hearle, who has been expecting more IRS enforcement after his own reviews indicated widespread hospital vulnerability due to poor compliance.

Reasons for Revocation

Hospital 501(r) requirements include:

- Conducting a CHNA at least once every three years
- Making the CHNA publicly available on a website
- Adopting an implementation strategy to meet the needs identified in the CHNA
- Adopting a financial assistance policy and publicizing the policy, including by posting it on a website
- Limiting the amounts charged to individuals who are eligible for financial assistance
- Making individuals aware of the financial assistance policy prior to engaging in certain collection actions

Among the reasons for the IRS action against the county government hospital was its finding that the hospital did not make the CHNA widely available to the public through a website, although it had paper copies available on request. “The hospital indicated to the IRS that it might have acted on some of the recommendations included in the Implementation Strategy Report, but that a separate written implementation policy was neither drafted nor adopted,” the IRS letter stated.

Officials at the small rural hospital said they lacked the staffing to comply with 501(r) requirements. They also said they “really did not need, actually have any use for, or want their tax-exempt status under Section 501(c)(3),” according to the IRS letter. The hospital believed its tax-exempt status somehow prevented its involvement in certain payment arrangements. It had maintained 501(c)(3) status “only in case any liabilities arose relating to the prior management company that had originally obtained that status from the IRS.”

The IRS deemed the hospital’s failure “egregious” because its leaders had “neither the will, the resources, nor the staff to follow through with the” 501(r) requirements.

Widespread Vulnerability

Industry advisers worry that many hospitals could be vulnerable to IRS enforcement—if not tax-status revocation—under the new requirements. “A lot of them just assume that what they have, in terms of policy and procedure, suffices under the final regulations and have not done a lot,” said Andrew Kloeckner, a partner for Omaha-based law firm Baird Holm.

Even hospitals that have taken steps to become compliant with the requirements can face downsides, including complications with their collection efforts, which in turn can delay cash flow, Kloeckner said.

Jan Smith, a tax senior manager in Crowe Horwath’s Healthcare practice, indicated that the likelihood of a similar penalty or the likelihood of this determination setting a precedent at other hospitals may be limited. This is due to the unusual position taken by the revoked hospital’s officials that they didn’t need or want charitable status (in addition to governmental status).

“If hospitals are making a good-faith effort to comply, I would be surprised if the IRS would revoke their tax status at this stage of 501(r) examinations,” Smith said in an interview. However, she is aware of several health systems that the IRS is seeking to penalize under the CHNA tax provision.

The IRS’s 501(r) compliance reviews include the agency’s analysis of hospital websites and “other information designed to identify the hospitals with the highest likelihood of non-compliance,” IRS Commissioner John Koskinen stated in his 2016 letter to Grassley.

Justin Lowe, senior manager with the Exempt Organizations Tax Practice at Ernst & Young, underscored that hospital websites are among the publicly available information that the IRS reviews. He urged hospitals to make sure that all required documents, including the CHNA and financial assistance policy, are on the website and easily findable. Insufficient approaches to 501(r) compliance, Kloeckner said, include instances when hospitals purchase financial assistance policy templates that are provided by a consultant and not submitted for legal review, potentially leaving audit vulnerabilities. Kloeckner also urged attention on practices and procedures outside of the policies.

Small government-operated hospitals are among the most vulnerable to enforcement, Hearle said, because they may not be required to file Form 990, which provides reminders about 501(r) compliance requirements. “It’s a group of hospitals I’m concerned about,” Hearle said.

Among the financial assistance requirements with which hospitals are most likely to struggle, Hearle said, is making available lists of physicians who are associated with the hospital and who utilize the same charity care policies.

“Patients obtaining charity care from a hospital want to find physician groups through which they can get the same charity care, as opposed to some group that doesn’t offer charity care,” Hearle said.

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 FOUR 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

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

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 & Health Department CHNA partners:

Trego County- Lemke Memorial Hospital Profile

320 N. 13th St., Wakeeney, KS, 67672

Administrator/CEO: David Augustine

History: Trego County –Lemke Memorial Hospital – Trego County is part of the Great Plains Health Alliance and operated by the county. The facility began construction in 1949 and opened for business in January of 1951. Since then the facility has undergone numerous updates. In 1965 the hospital added a Long Term Care Facility, in the 1982 the facility added a Birthing room, Surgical Suite, Emergency area, laboratory, updates were made to patient rooms, and an X-ray department was added. The most recent remodel occurred in 2004 – a \$3.2 million dollar bond was issued to remodel the facility, add a Physician Clinic, and add the Assisted Living area. Today, in addition to its beds, the hospital has an attached 37-bed Long Term Care Unit and a 6-bed Assisted Living facility. Trego County- Lemke Memorial Hospital is a not-for-profit critical access hospital with 25-beds and Emergency services.

Mission Statement: Delivering quality, cost effective, efficient health care to the community.

Vision: Premier Service, Integrity, Teamwork, Stewardship, Goal Oriented

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

- Emergency Department
- Radiology
- Cardiolyte Stress Testing
- Echocardiography
- Social Services
- Surgical Services
- Imaging
 - o Mammography, MRI, Ultrasound, CT, Bone Density Exams
- Nuclear Medicine
- Cardiac Rehab
 - o Cardiac Wellness Services
- Rehabilitation
 - o Physical Therapy
 - o Occupational Therapy
 - o Speech Therapy
- Cancer Rehabilitation
- Laboratory

Statistics and Staff: Trego County- Lemke Memorial Hospital has a staff of approximately 200, and in July of 2011 there were 26 full-time registered nurses, 3 licensed practical nurses, and an additional 21 part-time nurses. The facility had 845 admissions, 27,268 outpatient visits, 158 inpatient surgeries, and 1,587 Emergency room visits.

Trego County- Lemke Memorial Hospital works closely with its community partners – Wakeeney Family Care - to identify the needs of the citizens, as defined by the citizens themselves and the organizations that address the concerns. Trego County compared to the surrounding counties (that also have citizens who access health care locally) is one of the least densely populated counties in the NW KS region. The per capita income is \$21,353 (2009 dollars) and 8.2% of all the citizens are living below the poverty level.

Trego County Health Department Profile

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

Administrator: Diana Parke

The Trego County Health Department is open Monday through Wednesday from 8:00 am to 5:00 pm, Thursday from 8:00 to noon and 1:00 pm to 5:00 pm, on Fridays the Health Department is open by appointment only. The Trego County Health Department participates in the Maternal and Infant Program, Healthy Start – MCH (Maternal Child Health), and offers a Car Seat Program and seat installation. The health department also offers WIC services.

Offerings: Blood pressure checks, ear & throat checks, height & weight checks, lung checks, fill medication boxes, O2 stat checks, nail trims for non-diabetic patients, Tympanograms, glucometer blood sugar checks, pregnancy tests, blood draws, Prolixin injections, car seat rentals, lead screenings, and fluoride varnishing.

Family Planning: Pap smears, Depo-Provera injections, birth control pills, education on using contraception, and STD counseling.

Early Detection: Annual pelvic exams for women (age 50-64), annual mammograms (age 40-49), and cervical cancer screenings.

Immunizations: Hepatitis A/B, Tetanus, Diphtheria, Acellular Pertussis, Polio, Haemophilus Influenza Type B, MMR, Varicella, HPV, Zostavax, Rotateq Menactra, Influenza (yearly), PPV, and Pneumococcol (1 time).

Mission: The mission of the Trego County Health Department is to provide health services, environmental services and educational services to maintain and promote a healthy lifestyle for every individual in our community.

Accreditation: Trego County Health Department currently still deciding whether or not it is will work towards accreditation.

Trego County Health Department

201 N Main Street

WaKeeney KS 67672-2 104

Phone: 785-743-6348

FAX: 785-743-5428

E-mail: tchd@ruraltel.net

Regional District Office: NW

Administrator:

Diana Parke

Health Officer

Linda Frost, ARNP

Medical Consultant:

Gordon Lang, MD

Trauma Region NW

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications



VVV Consultants LLC

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

Vince Vandehaar MBA, Principal Consultant & Adjunct 913-302-7264

VVV@VandehaarMarketing.com

Vince provides professional business consulting services to help healthcare organizations with business strategy, research and development. Specifically, Vince facilitates strategic planning, creates proven marketing plans/tactics, prepares IRS aligned community health needs assessments and conducts both qualitative and quantitative market research studies.

Vince started his consulting firm (VVV Consultants LLC) on 1/1/2009, after working for Saint Luke's Health System of Kansas City for 16 years. (Note: Saint Luke's Hospital of KC, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003). Prior to his experience at Saint Luke's, Vince worked in the payor and insurance industry for Blue Cross and Blue Shield of Kansas City; Tillinghast, a Tower's Perrin Actuarial Consulting Firm; and Lutheran Mutual Life Insurance Company.

Vince also is an Adjunct Professor teaching BA, MBA & MHA classes part time 20% of his time at Avila, Rockhurst and/or Webster University (Strategic Planning, Marketing, MHA Capstone, Marketing Research, Sales & Social Media classes) and consults the remainder of his time.

Vince is a Malcolm Baldrige coach and a professional focus group moderator. He is actively involved in the national Society for Healthcare Strategy & Market Development (SHSMD), KHA/MHA Marketing Associations, KC Employee Benefit Professional Association, Healthcare Executives Kansas City, the American Marketing Association KC Chapter and is a SG2 advocate.

Collaborating Support:

Heather Marine, BA CNA - VVV Consultants LLC

Collaborative Analyst

II. Methodology

c) CHNA and Town Hall Research Process

Wave #3 Community Health Needs Assessment (CHNA) process began in January 2018 for Trego County Lemke Memorial Hospital to meet IRS CHNA requirements.

In early January of 2018 a meeting was called (hosted) by Trego County Lemke Memorial Hospital to review possible 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 lead to TCLMH Administration requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

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

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

Trego County Lemke Memorial Hospital - Trego Co: Defined based on historical KHA IP patient origin					
Home County Share	Trego Co	TCLMH	PSA	Others	%
TCLMH Overall - 3 yr	1,598	805	50.4%	793	49.6%
Total Inpatient (PO 103)					
-FFY 2017	492	250	50.8%	242	49.2%
-FFY 2016	543	260	47.9%	283	52.1%
-FFY 2015	563	295	52.4%	268	47.6%

Source: KHA Hospital Assoc

Specific CHNA roles, responsibility and project timelines are document by the following calendar.

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 Kansas Hospital Association (KHA), Vital Statistics, Robert Wood Johnson County Health Rankings, etc. to document current state of county health organized as follows:

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

B) Gather primary research (stakeholder feedback) to uncover public health needs, practices and perceptions for primary service areas.

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 health needs was administered.

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

Post CHNA report findings to meet both PHAB & IRS CHNA criteria.

After consideration of CHNA stakeholders (sponsoring county health department and hospital), the CHNA Option C was selected with the following project schedule:

Phase I: Discovery.....	Jan 2018
Phase II: Secondary / Primary Research.....	Jan-Feb 2018
Phase III: Town Hall Meeting.....	March 23, 2018
Phase IV: Prepare / Release CHNA report.....	May-June 2018

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>
VVV Consultants, LLC Olathe, KS 913 302-7264	

Trego Co Lemke Memorial Hospital - CHNA Work Plan

Wave #3 Project Timeline & Roles 2018

Step	Date	Lead	Task
1	12/12/2017	VVV	Presented Wave #3 options to NW KS Network Alliance CEO's
2	1/23/2018	Hosp	Selected CHNA Option C. Approved / signed VVV CHNA quote.
3	1/30/2018	Both	Conduct CHNA Kickoff Conference Call (Hospital / DOH leaders).
4	1/30/2018	VVV	Send out REQCommInvite Excel file. Hospital client to fill in PSA key stakeholder names, addresses and e-mail addresses.
5	1/30/2018	VVV	Request hospital client to complete zip counts (three year historical PSA IP / OP / ED / Clinic). Use ZipPSA_3yrPOrigin.xls Patient Origin file.
6	1/30/2018	VVV	Request hospital client to send KHA Patient Origin reports for CCH to document service area for FFY 14, 15, 16 (KHA key).
7	On or before 2/3/18	VVV	Prepare CHNA stakeholder feedback online link. Send text link for hospital client to review. Prepare draft e-mail push.
8	On or before 2/3/18	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming CHNA work / online survey for hospital client to place. Request public to participate.
9	Feb / March 2018	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
10	Monday 2/12/2018	VVV	Launch online survey to stakeholders. Hospital client will e-mail invite to participate to all stakeholders. Client will finalize Town Hall location / food.
11	Monday 2/12/2018	VVV / Hosp	Prepare / release PR story to local media announcing upcoming Town Hall. VVV will mock up PR release.
12	Monday 2/19/2018	Hosp	Prepare and send out community Town Hall invite letter and place local advertisement.
13	Friday 3/9/2018	All	Conduct Town Hall practice conference call with hospital client to review Town Hall data and flow. Time TBD
14	Friday 3/23/2018	VVV	Conduct CHNA Town Hall from 7:30-9am at Local Utility Room. Review and discuss basic health data and rank health needs.
15	On or before 5/15/18	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital client.
16	On or before 5/30/18	VVV	Produce and release final CHNA report. Hospital client will post CHNA online.
17	On or before 6/1/18	TBD	Conduct hospital client Implementation Plan meeting with PSA leadership.
18	30 days prior to end of hospital fiscal year	Hosp	Hold board meetings to discuss CHNA needs, create and adopt an Implementation Plan. Communicate CHNA plan to community.

Overview of Town Hall Community Priority Setting Process

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

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

Trego County Lemke Memorial Hospital (Trego Co KS) was held on Friday, March 23th, 2018 at the Community Center in Wakeeney, KS. Vince Vandehaar and Heather Marine facilitated this 1 ½ hour session with twenty-two (22) attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

1. Welcome & Introductions
2. Review Purpose for the CHNA Town Hall & Process Roles
3. Present / Review of Historical County Health Indicators (10 TABS)
4. Facilitate Town Hall participant discussion of data (probe health strengths / concerns). Reflect on size and seriousness of any health concerns cited and discuss current community health strengths.
5. Engage Town Hall participants to rank health needs (using 4 dots to cast votes on priority issues). Tally & rank top community health concerns cited.
6. Close meeting by reflecting on the health needs / community voting results. Inform participants on “next steps.”

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

(NOTE: To review detail Town Hall discussion content, please turn to Section V for detailed notes of session and activity card content reporting strengths & items to change or improve.)

Community Health Needs Assessment Town Hall Meeting Trego County-Lemke Memorial Hospital Primary Service Area



Vince Vandelaar, MBA
VVV Consultants LLC
Principal / Adjunct Professor

Olathe, Kansas 66061
VVV@VandelaarMarketing.com
913-302-7264

Community Health Needs Assessment (CHNA) Town Hall Discussion Agenda

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

I. Introduction:

Background and Experience



Vince Vandelaar, MBA
VVV Consultants LLC - Principal Consultant
Olathe, KS 913 302-7264

- > Professional Consulting Services: Strategic Planning, Marketing Management, Business Research & Development
- > Focus: Strategy, Research, Deployment
- > 25+ years of experience with Tillinghast, BCBSKC, Saint Luke's

Adjunct Professor - Marketing / Health Admin, 25+ years

- > Webster University
- > Rockhurst University
- > Avila University

Heather Marine BA CNA- Collaborative Analyst

Town Hall Participation (You)

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

I. Introductions: A Conversation with the Community

Community members and organizations invited to CHNA Town Hall

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

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

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

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

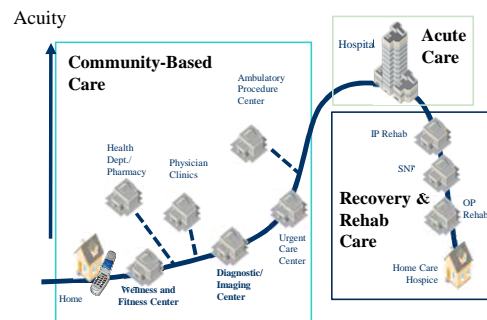
II. Review CHNA Definition

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

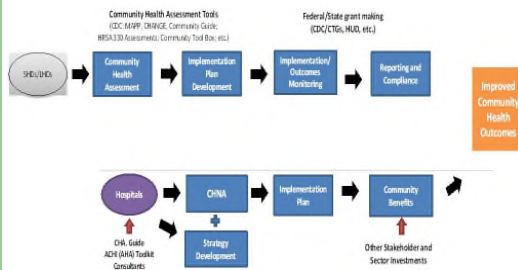
Purpose—Why Conduct a CHNA?

- To determine health-related trends and issues of the community
- To understand / evaluate health delivery programs in place.
- To meet Federal requirements -- both local hospital and health department
- To develop strategies to address unmet health needs (4-6 weeks after Town Hall)

Future System of Care—Sg2



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



II. IRS Hospital CHNA Written Report Documentation

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

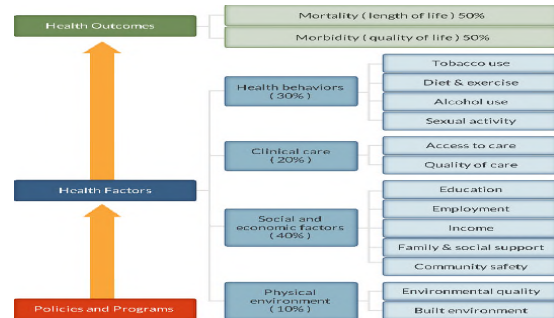
III. Review Current County Health Status: Secondary Data by 10 Tab Categories & IA State Rankings

Trends: Good Same Poor

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

County Health Rankings -

Robert Wood Johnson Foundation and University of WI Health Institute



County Health Rankings model ©2012 UWPHI

1 Physical Environment (10%)			2b Social and Economic Environment (40%)		
Focus Area	Measure	Description	Focus Area	Measure	Description
Air and water quality (5%)	Particulate pollution	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	Community safety (5%)	Violent crime	Violent crime rate per 100,000 population
	Drinking water sanitation	Percent of population potentially exposed to water exceeding a violation level during the past year		Injury deaths	Injury mortality per 100,000
	Severe housing problems	Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or bathroom facilities	3 Health Outcomes (50%)		
Housing and transit (5%)	Driving alone to work	Percent of the workforce that drives alone to work	Health Outcomes (50%)		
	Workplace safety	Percent of workers who commute to their job alone, the percent that commutes more than 30 minutes	Health Outcomes (50%)		
2c Chronic Care (10%)			4 Health Outcomes (50%)		
Focus Area	Measure	Description	Focus Area	Measure	Description
Access to care (10%)	Insurance	Percent of population under age 65 without health insurance	Tobacco use	Adult smoking	Percent of adults that report smoking = 100
	Primary care physicians	Ratio of population to primary care physicians	Obesity	Adult obesity	Percent of adults that report a BMI ≥ 30
	Dentists	Ratio of population to dentists	Food environment	Food environment index	Index of factors that contribute to a healthy food environment
Quality of care (10%)	Mental health providers	Ratio of population to mental health providers	Physical inactivity	Percent of adults aged 25 and over reporting	
	Preventable hospitalizations	Hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees	Access to exercise opportunities	Percent of the population with adequate access to facilities for physical activity	
	Diabetic screening	Percent of diabetic Medicare enrollees that receive diabetic screening	Alcohol and drug use (5%)	Alcohol-impaired driving deaths	Percent of driving deaths with alcohol involvement
Mammography screening	Mammography screening	Percent of female Medicare enrollees that receive mammography screening	Excessive drinking	Excessive drinking	Excessive drinking plus heavy drinking
			Sexually transmitted infections	Sexually transmitted infections	Chlamydia rate per 100,000 population
2b Social and Economic Environment (40%)			Teen births	Teen birth rate per 1,000 female population, ages 15-19	
Focus Area	Measure	Description	3b / 3c	Morbidity / Mortality	
Education (10%)	High school graduation	Percent of ninth grade cohort that graduates in 4 years	Quality of life (5%)	Poor or fair ABCD condition	Percent of adults reporting fair or poor health
	Some college	Percent of adults aged 25-44 years with some post-secondary education		Physical health days	Percentage number of physically unhealthy days reported in past 30 days (age-adjusted)
Employment (10%)	Unemployment	Percent of population age 16+ unemployed but seeking work	Poor mental health days	Percentage number of mentally unhealthy days reported in past 30 days (age-adjusted)	
	Children in poverty	Percent of children under age 18 in poverty	Low birthweight	Percent of live births with low birthweight at 2000 grams	
Family and social support (5%)	Inadequate social support	Percent of adults without social/network support	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)	
	Children in single-parent households	Percent of children that live in household headed by single parent			

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

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

Community Health Needs Assessment Questions; Next Steps?

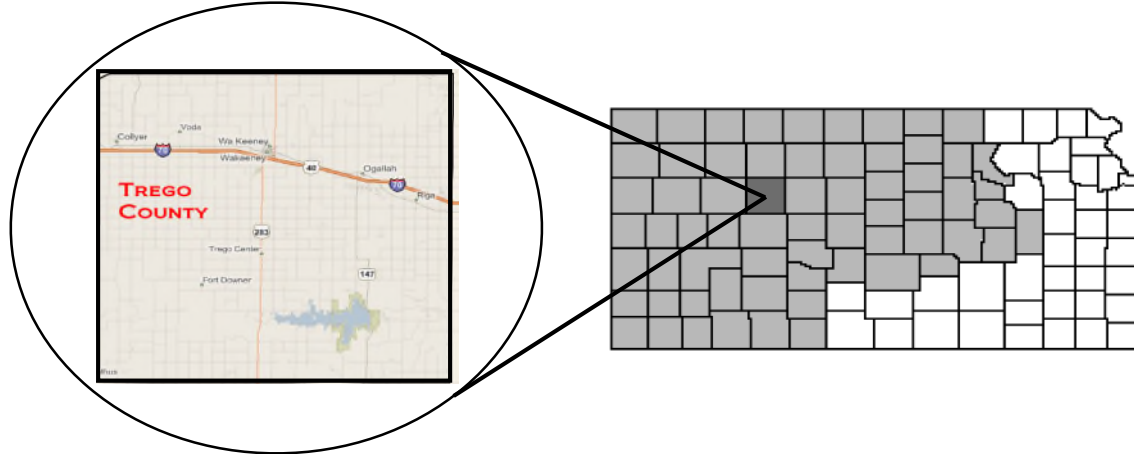
VVV Consultants LLC
VVV@VandelaarMarketing.com
(913) 302-7264

II. Methodology

d) Community Profile (Demographic/Economics)

A description of community served

Trego County Community Profile



Demographics

The population of Trego County was estimated to be 2,952 citizens in 2017, and maintained consistently populated with only a -0.23% change in population from 2010 – 2017. The county covers 898.7 square miles and this area includes Cedar Bluff State Park, Reservoir, and Wildlife area, as well as the Smoky Valley Scenic Byway¹. The county has an overall population density of 3 persons per square mile, compared to the State average of 34.9 persons per square mile. The county is located in northwestern Kansas and agriculture, forestry, fishing, hunting, construction, truck transportation, repair & maintenance, and utilities are the most common industries in its economy². The county was founded on June 21, 1879 and the county seat is WaKeeney³.

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

Trego County Airports⁴

Name	USGS Topo Map
Trego Wakeeney Airport	WaKeeney West

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

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

³ <http://www.skyways.org/counties/TR/>

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

Trego County Public Schools⁵

Name	Level
Trego Community High	High
Trego Grade School	Primary

Parks and Amenities⁶

Name	USGS Topo Map
Cedar Bluff National Fish Hatchery	Cedar Bluff Dam
Cedar Bluff Wildlife Area	Fort Downer
Trego County Fair Exhibit Building	WaKeeney East
Trego County Museum	WaKeeney East
Wakeeney Public Library	WaKeeney West
Cedar Bluff	Cedar Bluff

Top Employers⁷

Trego-Lemke Memorial Hospital
Unified School District #208
WW Drilling
Trego County
Western Cooperative Electric, Inc.
Simpson Farm Enterprises
Dechant Manufacturing
City of WaKeeney

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

⁶ <https://kansas.hometownlocator.com/features/countyfeatures,scfips,20195,c,trego.cfm>

⁷ <http://www.tregocountyks.com/2160/Demographics>

Trego County Detail Demographic Profile

Trego County Detail Demographic Profile									
			Population			Households		HH	Per Capita
Zip	Name	County	YR 2014	YR 2019	Chg.	YR 2014	YR 2019	Avg. Size	Income 14
67631	Collyer	TREGO	260	267	2.7%	114	117	2.3	\$26,758
67656	Ogallah	TREGO	163	168	3.1%	70	73	2.3	\$27,084
67672	Wakeeney	TREGO	2,414	2,455	1.7%	1,106	1,133	2.1	\$27,450
Totals			2,837	2,890	7.5%	1,290	1,323	2.2	\$27,097
			Population				YR 2014		Females
Zip	Name	County	YR 2014	Pop. 65+	Kids <18	Gen. Y	Males	Females	Age 20-35
67631	Collyer	TREGO	114	57	50	59	51	126	12
67656	Ogallah	TREGO	70	36	30	36	52	79	8
67672	Wakeeney	TREGO	1,106	600	493	548	51	1,224	157
Totals			1,290	693	573	643	154	1,429	177
			Population				Aver	HH	
Zip	Name	County	White	Black	Amer. Ind.	Hisp.	HH Inc. 14	YR 2014	HH \$50K+
67631	Collyer	TREGO	254	0	0	6	\$48,381	117	55
67656	Ogallah	TREGO	160	0	0	3	\$48,605	73	34
67672	Wakeeney	TREGO	2,334	20	6	42	\$40,597	1,133	436
Totals			2,748	20	6	51	\$45,861	1,323	525

Source: ERSA Demographics

III. Community Health Status

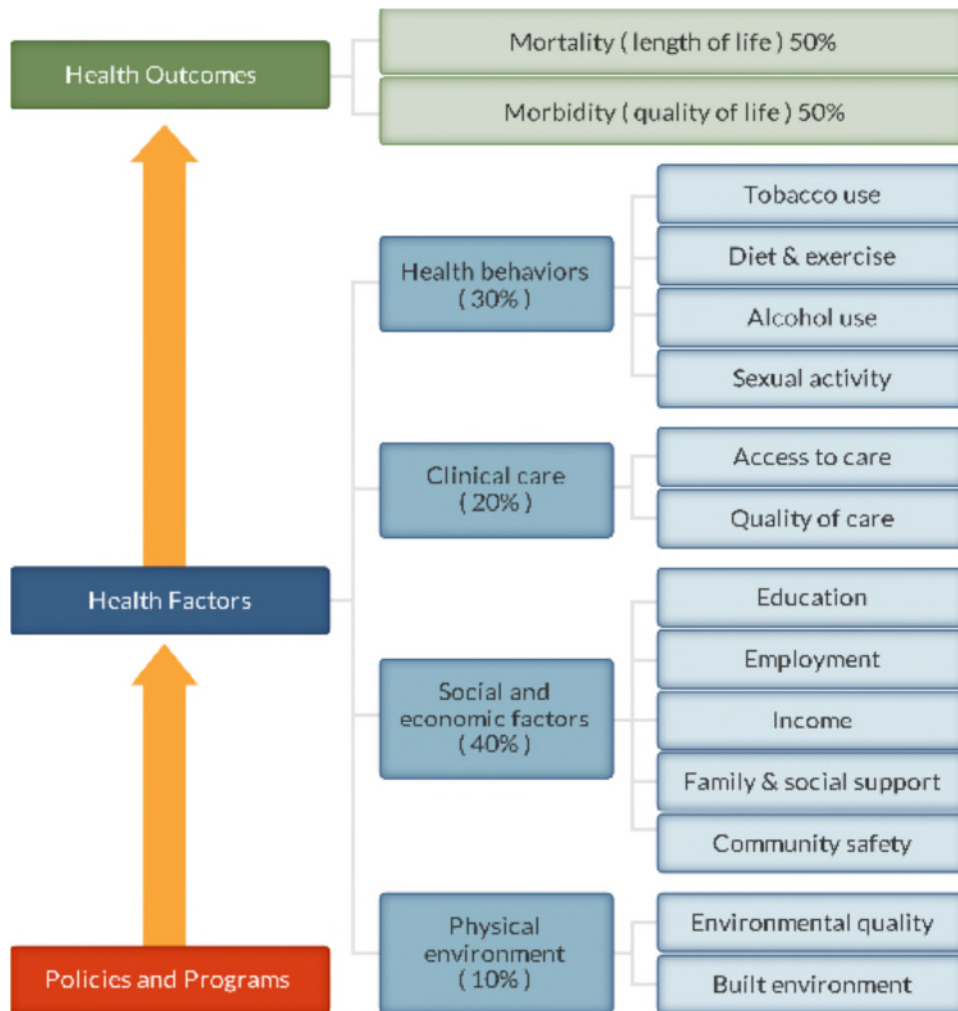
[VVV Consultants LLC]

III. Community Health Status

a) Historical Health Statistics

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 2018 RMJ County Health Rankings and conversations from Town Hall participates. 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 - State Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Trego Co KS 2018	TREND	Trego Co KS 2015	NORMS N=15
1	Health Outcomes		15		76	52
2	Mortality	Length of Life	50		73	52
3	Morbidity	Quality of Life	4		69	49
4	Health Factors		21		16	37
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	4		32	40
6	Clinical Care	Access to care / Quality of Care	97		67	56
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	26		2	38
8	Physical Environment	Environmental quality	8		73	33

<http://www.countyhealthrankings.org>, released 2018

Kansas Rural Norm (N=15) includes the following counties: Cheyenne, Barton, Edwards, Ellis, Gove, Kiowa, Norton, Osborne, Pawnee, Phillips, Russell, Sheridan, Smith, Thomas, and Trego.

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.

Tab 1 Demographic Profile

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

Tab	Health Indicator	Trego 2018	Trego 2015	Trend	State of KS	KS Rural Norm (N=15)	Source
1a	a Population estimates, July 1, 2016, (V2016)	2,872	2,902		2,907,289	7,436	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2016, (V2016)	-4.3%	-3.3%		1.9%	-2.8%	People Quick Facts
	c Population per square mile, 2012	3.4	3.4		34.9	8.6	Geography Quick Facts
	d Persons under 5 years, percent, July 1, 2016, (V2016)	5.5%	4.9%		6.7%	5.8%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2016, (V2016)	24.5%	24.1%		15.0%	21.6%	People Quick Facts
	f Female persons, percent, July 1, 2016, (V2016)	49.4%	50.8%		50.2%	49.2%	People Quick Facts
	g White alone, percent, July 1, 2016, (V2016)	96.7%	97.6%		86.6%	95.6%	People Quick Facts
	h Black or African American alone, percent, July 1, 2016, (V2016)	0.7%	0.6%		6.2%	1.3%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2016, (V2016)	1.9%	2.0%		11.6%	6.2%	People Quick Facts
	j Foreign born persons, percent, 2011-2015	0.5%	1.5%		6.9%	2.9%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2011-2015	1.5%	5.4%		11.3%	5.4%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	86.1%	83.9%		83.5%	86.8%	People Quick Facts
	m Children in single-parent households, percent, 2011-2015	17.0%	12.0%		29.0%	24.5%	County Health Rankings
	n Total Veterans, 2011-2015	215	306		198,396	544	People Quick Facts

Tab 2 Economic Profile

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

Tab	Health Indicator	Trego 2018	Trego 2015	Trend	State of KS	KS Rural Norm (N=15)	Source
2	a Per capita income in past 12 months (in 2015 dollars), 2011-2015	\$29,651	\$23,095		\$27,706	\$26,093	People Quick Facts
	b Persons in poverty, percent	11.0%	16.2%		12.1%	12.1%	People Quick Facts
	c Total Housing units, July 1, 2016, (V2016)	1,334	1,672		1,259,864	3,652	People Quick Facts
	d Total Persons per household, 2011-2015	2.1	2.4		2.5	2.2	People Quick Facts
	e Severe housing problems, percent, 2009-2013	12.0%	9.4%		14.0%	9.6%	County Health Rankings
	f Total of All firms, 2012	474	NA		239,118	939	Business Quick Facts
	g Unemployment, percent, 2015	3.6%	3.5%		4.2%	3.2%	County Health Rankings
	h Food insecurity, percent, 2014	12.0%	10.6%		14.0%	12.7%	County Health Rankings
	i Limited access to healthy foods, percent, 2010	8.0%	8.0%		8.0%	16.3%	County Health Rankings
	j Low income and low access to store, percent, 2015	2.5%	7.6%		NA	7.2%	U. S. Department of Agriculture - Food Environment Atlas
	k Long commute - driving alone, percent, 2011-2015	15%	19.0%		20.0%	13.8%	County Health Rankings

Tab 3 Schools Health Delivery Profile

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

Tab	Health Indicator	Trego 2018	Trego 2015	Trend	State of KS	KS Rural Norm (N=15)	Source
3	a Children eligible for free or reduced price lunch, percent, 2014-2015	31.0%	20.4%		50.0%	47.7%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2011-2015	94.2%	82.4%		88.4%	90.0%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2011-2015	25.8%	21.5%		27.1%	22.7%	People Quick Facts

#	Indicators (school reported)	TREGO CO 2018	TREGO CO 2015	TREGO CO 2012
1	Total Number Public School Nurses	1	1	1
2	School Nurse is Part of the IEP Team	Yes	Yes	Yes
3	School Wellness Plan (Active)	Yes	Yes	Yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	253/4/4	258/18/5	246/22/2
5	HEARING: # Screened / Referred to Prof / Seen by Professional	248/9/9	263/7/7	261/9/5
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	274/22/Unk	202/21/Unk	190/23/8
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	N/A	N/A	Not Perf
8	Number of Students Served with No Identified Chronic Health Concerns	258	215	200
9	School has a Suicide Prevention Program	N	N	N
10	Compliance on Required Vaccinations	97%	90%	90%

TAB 4 Maternal and Infant Health Profile

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

Tab	Health Indicator	Trego 2018	Trego 2015	Trend	State of KS	KS Rural Norm (N=15)	Source	
4	a	Percent of Births Where Prenatal Care began in First Trimester, 2013-2015	81.7%	78.6%		80.4%	77.7%	Kansas Health Matters
	b	Percentage of Premature Births, 2013-2015	5.5%	8.3%		8.8%	9.20%	Kansas Health Matters
	c	Percent of Infants up to 24 months that received full Immunizations, 2015-2016	83.3%	91.3%		70.6%	84.93%	Kansas Health Matters
	d	Percent of Births with Low Birth Weight, 2013-2015	6.4%	7.4%		7.0%	11.29%	Kansas Health Matters
	e	Percent of WIC Mothers Breastfeeding Exclusively, percent, 2016	NA	NA		15.0%	31.85%	Kansas Health Matters
	f	Percent of all Births Occurring to Teens (15-19), 2013-2015	5.5%	7.1%		6.8%	11.18%	Kansas Health Matters
	g	Percent of Births Occurring to Unmarried Women, 2013-2015	25.5%	26.2%		36.3%	32.33%	Kansas Health Matters
	h	Percent of births Where Mother Smoked During Pregnancy, 2013-2015	17.3%	20.2%		11.8%	15.35%	Kansas Health Matters

#	Criteria - Vital Statistics	TREGO CO 2018	Trend	KANSAS	NW Alliance (15)
a	Total Live Births, 2012	24		40,304	97
b	Total Live Births, 2013	33		38,805	90
c	Total Live Births, 2014	36		39,193	91
d	Total Live Births, 2015	46		39,126	93
e	Total Live Births, 2016	28		38,048	92
f	Total Live Births, 2012- 2016 - Five year Rate (%)	11.40%		13.5%	11.9%

TAB 5 Hospitalization/Provider Profile

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

Tab	Health Indicator	Trego 2018	Trego 2015	Trend	State of KS	KS Rural Norm (N=15)	Source	
5	a	Primary care physicians (Pop Coverage per) , 2014	730	1400		1,330:1	2184.285714	County Health Rankings
	b	Preventable hospital stays, 2014 (lower the better)	190	186		52	82	County Health Rankings
	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	79%	NA		78.0%	75.0%	CMS Hospital Compare, 10/1/2015-9/30/2016
	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	86%	NA		77.0%	77.1%	CMS Hospital Compare, 10/1/2015-9/30/2016
	e	Average Time Patients Spent in the Emergency Dept. Before They Were Seen by a Healthcare Professional (in Minutes)	NA	NA		24.0	20.0	CMS Hospital Compare, 10/1/2015-9/30/2016

TAB 5 Hospitalization/Provider Profile (cont.)

#	KS Hospital Assoc PO103	Trego County IP		
		FFY2015	FFY2016	FFY2017
1	Total Discharges	563	543	492
2	Total IP Discharges-Age 0-17 Ped	21	17	12
3	Total IP Discharges-Age 18-44	31	30	26
4	Total IP Discharges-Age 45-64	104	94	91
5	Total IP Discharges-Age 65-74	71	119	83
6	Total IP Discharges-Age 75+	246	223	233
7	Psychiatric	10	5	4
8	Obstetric	43	32	23
9	Surgical %	17.2%	23.2%	17.5%
#	KS Hospital Assoc PO103	Trego County Lemke Memorial only		
		FFY2015	FFY2016	FFY2017
1	Total Discharges	295	260	250
	CAH Market Share %	52.4%	47.9%	50.8%
2	Total IP Discharges-Age 0-17 Ped	8	2	1
3	Total IP Discharges-Age 18-44	15	7	7
4	Total IP Discharges-Age 45-64	56	38	32
5	Total IP Discharges-Age 65-74	30	57	42
6	Total IP Discharges-Age 75+	184	153	167
7	Psychiatric	2	3	1

TAB 6 Social & Rehab Services Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	Trego 2018	Trego 2015	Trend	State of KS	KS Rural Norm (N=15)	Source
6	a Depression: Medicare Population, percent, 2015	26.6%	25.2%		17.8%	17.2%	Centers for Medicare and Medicaid Services
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2014-2016 (lower is better)	0.0	0.0		15.9	11.8	Kansas Health Matters
	c Poor mental health days, 2015	2.8	3.6		3.2	3.1	County Health Rankings

TAB 7 Health Risk Profiles

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

Tab	Health Indicator	Trego 2018	Trego 2015	Trend	State of KS	KS Rural Norm (N=15)	Source
7a	a Adult obesity, percent, 2013	30.0%	32.0%		31.0%	32.1%	County Health Rankings
	b Adult smoking, percent, 2015	14.0%	NA		18.0%	16.2%	County Health Rankings
	c Excessive drinking, percent, 2015	16.0%	NA		17.0%	15.0%	County Health Rankings
	d Physical inactivity, percent, 2013	29.0%	24.0%		23.0%	26.1%	County Health Rankings
	e Poor physical health days, 2015	2.60	3.70		3.1	3.1	County Health Rankings
	f Sexually transmitted infections, rate per 100000, 2014	402.70	NA		384.1	280.7	County Health Rankings

TAB 7 cont.

Tab	Health Indicator	Trego 2018	Trego 2015	Trend	State of KS	KS Rural Norm (N=15)	Source
7b	a Hypertension: Medicare Population, 2015	67.4%	68.4%		53.2%	55.9%	Kansas Health Matters
	b Hyperlipidemia: Medicare Population, 2015	54.5%	43.8%		40.0%	38.1%	Kansas Health Matters
	c Heart Failure: Medicare Population, 2015	42.1%	47.5%		13.0%	18.3%	Kansas Health Matters
	d Chronic Kidney Disease: Medicare Pop, 2015	23.9%	19.4%		16.2%	15.6%	Kansas Health Matters
	e COPD: Medicare Population, 2015	19.9%	22.4%		11.4%	13.2%	Kansas Health Matters
	f Atrial Fibrillation: Medicare Population, 2015	13.1%	12.4%		8.3%	10.3%	Kansas Health Matters
	g Cancer: Medicare Population, 2015	10.3%	9.2%		7.7%	8.7%	Kansas Health Matters
	h Osteoporosis: Medicare Population, 2015	13.4%	10.6%		5.7%	8.1%	Kansas Health Matters
	i Asthma: Medicare Population, 2015	10.7%	4.3%		7.3%	7.0%	Kansas Health Matters
	j Stroke: Medicare Population, 2015	7.3%	6.4%		3.4%	3.4%	Kansas Health Matters

TAB 8 Uninsured Profiles/Community Invest

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	Health Indicator	Trego 2018	Trego 2015	Trend	State of KS	KS Rural Norm (N=15)	Source
8	a Uninsured, percent, 2014	13.0%	15.3%		12.0%	13.0%	County Health Rankings

#	Charity Care	YR 2015	Yr 2016	Yr 2017
1	Free Patient Care Given	\$26,117	\$6,247	\$12,603
2	Bad Debt WriteOffs	\$416,483	\$397,137	\$271,171

TAB 9 Mortality Profile

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

Tab	Health Indicator	Trego 2018	Trego 2015	Trend	State of KS	KS Rural Norm (N=15)	Source
9	a Life Expectancy for Males, 2014	76.6	77.0		76.5	76.8	Kansas Health Matters
	b Life Expectancy for Females, 2014	80.9	81.0		81.0	81.7	Kansas Health Matters
	c Age-adjusted Cancer Mortality Rate per 100,000 population, 2014-2016 (lower is better)	185.0	181.0		194.3	161.2	Kansas Health Matters
	d Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2014-2016 (lower is better)	284.7	139.0		157.4	181.7	Kansas Health Matters
	e Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2014-16 (Lower is better)	54.1	87.0		48.9	51.7	Kansas Health Matters
	f Alcohol-impaired driving deaths, percent, 2011-2015	20.0%	25.0%		27.0%	35.0%	County Health Rankings

TAB 10 Preventive Health Profile

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

Tab	Health Indicator	Trego 2018	Trego 2015	Trend	State of KS	KS Rural Norm (N=15)	Source
10	a Access to exercise opportunities, percent, 2014	68.0%	69.3%		76.0%	47.8%	County Health Rankings
	b Diabetes monitoring, percent, 2014	82.0%	82.0%		86.0%	79.4%	County Health Rankings
	c Mammography screening, percent, 2014	76.0%	78.0%		63.0%	64.4%	County Health Rankings
	d Percent Annual Check-Up Visit with PCP	TBD	TBD		TBD	TBD	TBD
	e Percent Annual Check-Up Visit with Dentist	TBD	TBD		TBD	TBD	TBD
	f Percent Annual Check-Up Visit with Eye Doctor	TBD	TBD		TBD	TBD	TBD

PSA Primary Research:

For each CHNA Wave # 3 evaluation, a community stakeholder survey has been created and administered to collect “current” healthcare information for PSA.

**Chart #1 – Trego County Lemke Memorial Hospital PSA Online Feedback Response
N=109**

Community Health Needs Assessment Wave #3			
For reporting purposes, are you involved in or are you a ?	Trego N=109	Trend	Norms18 N= 1556
Business / Merchant	7.6%		8.9%
Community Board Member	5.1%		7.7%
Case Manager / Discharge Planner	0.0%		0.8%
Clergy	2.5%		1.1%
College / University	0.8%		2.0%
Consumer Advocate	0.0%		1.8%
Dentist / Eye Doctor / Chiropractor	0.8%		0.2%
Elected Official - City/County	1.7%		1.9%
EMS / Emergency	2.5%		2.2%
Farmer / Rancher	8.5%		5.8%
Hospital / Health Dept	22.0%		18.8%
Housing / Builder	0.0%		0.6%
Insurance	0.0%		0.8%
Labor	1.7%		2.0%
Law Enforcement	0.8%		0.8%
Mental Health	1.7%		1.8%
Other Health Professional	7.6%		8.6%
Parent / Caregiver	11.9%		14.0%
Pharmacy / Clinic	1.7%		1.9%
Media (Paper/TV/Radio)	0.0%		0.6%
Senior Care	3.4%		1.9%
Teacher / School Admin	7.6%		6.1%
Veteran	5.9%		2.2%
Other (please specify)	5.9%		7.1%
KS Rural Norms Include the following 8 Counties: Barton, Edwards, Hays, Kiowa, Pawnee, Nemaha, Russell, and Trego.			

Chart #2 - Quality of Healthcare Delivery Community Rating

Community Health Needs Assessment Wave #3			
Quality" of healthcare delivery in our community?	Trego N=109	Trend	Norms18 N= 1556
Valid N	109		1556
Top Box %	22.0%		27.1%
Top 2 Boxes %	67.0%		72.2%
Very Poor	0.0%		0.6%
Poor	6.4%		3.9%
Average	26.6%		22.8%
Good	45.0%		45.2%
Very Good	22.0%		27.1%

Chart #3 - Overall Community Health Quality Trend

Community Health Needs Assessment Wave #3			
When considering "overall community health quality", is it ...	Trego N=109	Trend	Norms18 N=1556
Valid N	104		1422
Increasing - moving up	36.5%		47.3%
Not really changing much	50.0%		44.0%
Decreasing - slipping	13.5%		8.7%

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

CHNA Wave #3		Ongoing Problem		Pressing
Past CHNAs health needs identified		Trego N=109		Trego
Rank	Topic	Votes	%	RANK
1	Dental Services	66	21.0%	1
2	Drug / Substance Abuse	45	14.3%	2
3	Alcohol Abuse	37	11.7%	4
4	Nursing Home - Dementia care	35	11.1%	6
5	Obesity	32	10.2%	3
6	Wellness / Prevention	29	9.2%	5
7	Awareness of existing HC services	22	7.0%	7
8	Diabetes Management	21	6.7%	8
9	HC Transportation	17	5.4%	9
10	Home Health / Hospice services	11	3.5%	10
TOTALS		315	100.0%	

Chart #5 - Community Health Needs Assessment “Causes of Poor Health”

Community Health Needs Assessment Wave #3			
In your opinion, what are the root causes of "poor health" in our community?	Trego N=109	Trend	Norms18 N= 1556
Votes (Larger %)	77		1024
Lack of awareness of existing local programs, providers, and services	57.1%		61.1%
Limited access to mental health assistance	49.4%		40.2%
Elder assistance programs	42.9%		31.1%
Lack of health & wellness education	35.1%		34.4%
Chronic disease prevention	32.5%		30.3%
Family assistance programs	27.3%		23.7%
Case management assistance	13.0%		15.7%
Other (please specify)	14.3%		16.9%

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

CHNA Wave #3	Trego			Norms 2018	
	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?					
Ambulance Services	75.0%	1.2%		88.3%	2.4%
Child Care	50.0%	9.8%		52.2%	10.8%
Chiropractors	75.0%	4.8%		77.8%	6.0%
Dentists	3.8%	80.8%		66.8%	14.2%
Emergency Room	76.2%	8.3%		73.3%	9.0%
Eye Doctor/Optomtrist	75.9%	4.8%		79.8%	4.3%
Family Planning Services	38.0%	14.1%		43.5%	14.0%
Home Health	72.5%	8.8%		59.5%	10.7%
Hospice	56.0%	14.7%		66.4%	9.3%
Inpatient Services	83.1%	2.4%		79.0%	3.8%
Mental Health	13.2%	38.2%		28.6%	29.8%
Nursing Home	67.9%	9.9%		49.0%	18.7%
Outpatient Services	73.1%	5.1%		78.7%	4.1%
Pharmacy	92.8%	0.0%		90.7%	3.1%
Physician Clinics	77.8%	3.7%		82.4%	3.7%
Public Health	62.8%	3.8%		67.2%	5.4%
School Nurse	51.9%	10.4%		62.5%	9.2%
Specialists	48.1%	16.9%		55.4%	12.3%

Chart #7 - Community Health Readiness

Community Health Needs Assessment Wave #3	Bottom 2 boxes		
	Trego N=109	Trend	Norms18 N= 1556
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)			
Caregiver Training Programs	25.4%		18.7%
Early Childhood Development Programs	15.1%		9.8%
Emergency Preparedness	5.2%		6.9%
Food and Nutrition Services/Education	27.0%		13.0%
Secure Grants / Finances to Support Local Health	28.8%		16.1%
Health Screenings (asthma, hearing, vision, scoliosis)	24.0%		11.6%
Immunization Programs	13.5%		3.8%
Obesity Prevention & Treatment	37.5%		30.7%
Spiritual Health Support	9.0%		7.0%
Prenatal / Child Health Programs	23.9%		9.6%
Sexually Transmitted Disease Testing	22.4%		12.4%
Substance Use Treatment & Education	41.4%		29.3%
Tobacco Prevention & Cessation Programs	48.6%		24.5%
Violence Prevention	42.3%		27.8%
Women's Wellness Programs	30.0%		13.8%
WIC Nutrition Program	10.0%		7.0%

Chart #8 – Healthcare Delivery “Outside our Community”

Specialties:

RANK	REASON
1	CANC
2	CARD
3	ENT
4	SURG
5	OPHTH
6	OBG

Community Health Needs Assessment Wave #3			
In the past 2 years, did you or someone you know receive HC outside of our community?	Trego N=109	Trend	Norms18 N= 1556
Valid N	82		1105
Yes	90.2%		78.8%
No	3.7%		15.7%
I don't know	6.1%		5.4%

Chart #9 - What HC topics need to be discussed future during Town Hall Meeting

CHNA Wave #3		
What needs to be discussed further at our CHNA Town Hall meeting?	Trego N=109	Norms18 N= 1556
Mental Illness	8.9%	9.1%
Drugs/Substance Abuse	8.6%	8.7%
Suicide	8.0%	7.0%
Wellness Education	8.0%	6.3%
Physical Exercise	6.2%	5.8%
Cancer	6.2%	4.4%
Obesity	5.8%	7.9%
Alcohol	5.5%	5.5%
Poverty	4.6%	6.2%
Abuse/Violence	4.3%	5.2%
Nutrition	4.0%	4.7%
Teen Pregnancy	4.0%	2.5%
Respiratory Disease	3.7%	2.2%
Diabetes	3.4%	4.1%
Tobacco Use	3.4%	3.3%
Heart Disease	3.1%	3.1%
Vaccinations	2.5%	2.4%
Smoke-Free Workplace	2.2%	1.4%
Sexually Transmitted Diseases	2.2%	1.9%
Water Quality	1.8%	3.2%
Family Planning	1.5%	2.2%
Breast Feeding Friendly Workplace	0.9%	1.4%
Lead Exposure	0.9%	0.8%
Ozone	0.3%	0.4%

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services Trego Co KS - Year 2018				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Clinic	Primary Care	Y		
Hosp	Alzheimer Center	N	N	Y
Hosp	Ambulatory Surgery Centers	N	N	N
Hosp	Arthritis Treatment Center	N	N	N
Hosp	Bariatric/weight control services	N	N	N
Hosp	Birthing/LDR/LDRP Room	N	N	N
Hosp	Breast Cancer	N	N	N
Hosp	Burn Care	N	N	N
Hosp	Cardiac Rehabilitation	Y	N	N
Hosp	Cardiac Surgery	N	N	N
Hosp	Cardiology services	Y	N	N
Hosp	Case Management	Y	N	N
Hosp	Chaplaincy/pastoral care services	Y	N	N
Hosp	Chemotherapy	N	N	N
Hosp	Colonoscopy	Y	N	N
Hosp	Crisis Prevention	N	Y	N
Hosp	CTScanner	Y	N	N
Hosp	Diagnostic Radioisotope Facility	Y	N	N
Hosp	Diagnostic/Invasive Catheterization	N	N	N
Hosp	Electron Beam Computed Tomography (EBCT)	N	N	N
Hosp	Enrollment Assistance Services	Y	Y	N
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	N	N	N
Hosp	Fertility Clinic	N	N	N
Hosp	FullField Digital Mammography (FFDM)	Y	N	N
Hosp	Genetic Testing/Counseling	N	N	N
Hosp	Geriatric Services	Y	Y	Y
Hosp	Heart	Y	N	N
Hosp	Hemodialysis	N	N	N
Hosp	HIV/AIDSServices	N	Y	N
Hosp	Image-Guided Radiation Therapy (IGRT)	N	N	N
Hosp	Inpatient Acute Care - Hospital services	Y	N	N
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	N	N	N
Hosp	Intensive Care Unit	N	N	N
Hosp	Intermediate Care Unit	N	N	N
Hosp	Interventional Cardiac Catherterization	N	N	N
Hosp	Isolation room	Y	N	N
Hosp	Kidney	N	N	N
Hosp	Liver	N	N	N
Hosp	Lung	Y	N	N
Hosp	MagneticResonance Imaging (MRI)	Y	N	N
Hosp	Mammograms	Y	N	N
Hosp	Mobile Health Services	Y	Y	N
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	Y	N	N
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)	Y	N	N
Hosp	Neonatal	N	N	N
Hosp	Neurological services	N	N	N
Hosp	Obstetrics	N	N	N
Hosp	Occupational Health Services	N	N	N

Inventory of Health Services Trego Co KS - Year 2018				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Hosp	Oncology Services	N	N	N
Hosp	Orthopedic services	Y	N	N
Hosp	Outpatient Surgery	Y	N	N
Hosp	Pain Management	Y	N	N
Hosp	Palliative Care Program	N	N	Y
Hosp	Pediatric	N	N	N
Hosp	Physical Rehabilitation	Y	N	N
Hosp	Positron Emission Tomography (PET)	N	N	N
Hosp	Positron Emission Tomography/CT (PET/CT)	N	N	N
Hosp	Psychiatric Services	N	N	N
Hosp	Radiology, Diagnostic	Y	N	N
Hosp	Radiology, Therapeutic	N	N	N
Hosp	Reproductive Health	N	Y	N
Hosp	Robotic Surgery	N	N	N
Hosp	Shaped Beam Radiation System 161	N	N	N
Hosp	Single Photon Emission Computerized Tomography (SPECT)	N	N	N
Hosp	Sleep Center	N	N	N
Hosp	Social Work Services	Y	N	N
Hosp	Sports Medicine	N	N	N
Hosp	Stereotactic Radiosurgery	N	N	N
Hosp	Swing Bed Services	Y	N	N
Hosp	Transplant Services	N	N	N
Hosp	Trauma Center	N	N	N
Hosp	Ultrasound	Y	N	N
Hosp	Women's Health Services	Y	Y	N
Hosp	Wound Care	Y	N	N
SR	Adult Day Care Program	N	N	Y
SR	Assisted Living	Y	N	N
SR	Home Health Services	Y	N	Y
SR	Hospice	N	N	Y
SR	LongTerm Care	Y	N	Y
SR	Nursing Home Services	N	N	Y
SR	Retirement Housing	N	N	Y
SR	Skilled Nursing Care	N	N	Y
ER	Emergency Services	Y	N	N
ER	Urgent Care Center	N	N	N
ER	Ambulance Services	N	N	Y
SERV	Alcoholism-Drug Abuse	N	N	N
SERV	Blood Donor Center	N	N	N
SERV	Chiropractic Services	N	N	Y
SERV	Complementary Medicine Services	Y	Y	N
SERV	Dental Services	N	N	N
SERV	Fitness Center	Y	N	Y
SERV	Health Education Classes	Y	Y	N
SERV	Health Fair (Annual)	Y	N	N
SERV	Health Information Center	Y	Y	N
SERV	Health Screenings	Y	Y	N
SERV	Meals on Wheels	Y	N	Y
SERV	Nutrition Programs	Y	Y	N

Inventory of Health Services Trego Co KS - Year 2018				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
SERV	Patient Education Center	Y	Y	N
SERV	Support Groups	N	Y	Y
SERV	Teen Outreach Services	N	N	N
SERV	Tobacco Treatment/Cessation Program	Y	Y	N
SERV	Transportation to Health Facilities	Y	N	Y
SERV	Wellness Program	Y	N	N

Yr 2018 Physician Manpower - Trego County KS

# of FTE Providers	Supply working in County		
	MD DO County Based	Visiting Providers	PA/NP County Based
Primary Care:			
Family Practice	2.00	0.00	4.00
Medicine Specialists:			
Cardiology	0.00	0.10	
Psychiatry	0.00	0.10	
Pulmonary	0.00	0.20	
Surgery Specialists:			
General Surgery	0.00	0.20	
Hospital Based:			
Anesthesia/Pain	0.00	0.20	
Emergency	0.00	0.10	0.00
Radiology	0.00	0.10	
TOTALS	2.00	1.00	4.00

Visiting Specialists to Trego Co Lemke Mem Hospital - Yr 2018

Specialty	Physician	Group Name	Office Location	Schedule at hospital (visiting clinics)
Medicine:				
Cardiology	Rashmi Thapa	DeBakey Heart Institue	Out Pt. Rooms	Once a month-Clinic 2nd Wednesday
Neurology	Ali Manguoglu	Salina Regional	Out Pt. Rooms	Twice a month 2nd and 3rd Wednesday
Psychiatry	Ann Young	High Plains Mental Health	WaKeeney Clinic	Every Thursday
Pulmonary	Kent Burquist	Salina Regional	Out Pt. Rooms	2nd Thursday each Month
Surgery:				
General Surgery	Charles Schultz, MD & Jerod Grove, MD	Hays Med	Out Pt. Rooms	3 times a each month
Others:				
Pain Management	Dr. White	Anesthesia Associates of Central Kansas	Out Pt. Rooms	Twice each month

2018 Trego Co (KS) Health Services Directory

Emergency Numbers:

Police/Sheriff 911

Fire 911

Ambulance 911

Non-Emergency Numbers

Trego County Ambulance Office 743-2926

Trego County Sheriff 743-5721

Municipal Non-Emergency Numbers

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

Other Emergency Numbers

Kansas Child/Adult Abuse and Neglect Hotline

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

Domestic Violence Hotline

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

Kansas Road Conditions

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

Kansas Bureau of Investigation (Topeka)

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

Kansas Arson/Crime Hotline

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

Kansas Crisis Hotline (Domestic Violence/Sexual Assault)

888-END-ABUSE
www.kcsdv.org

Poison Control Center

800-222-1222
www.aapcc.org

Suicide Prevention Hotline

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

Toxic Chemical and Oil Spills

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

Emergency Management (Topeka)

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

Health Services

Hospitals

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

Trego County-Lemke Memorial Hospital Services

Include:

Assisted Living
Lifeline Medical
Bone Density
Long Term Care

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

Health Department

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

Trego County Health Department Health Services Include:

General Health

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

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

Immunizations

Flu and Pneumonia
Birth Control Pills

Medical Professionals

Chiropractors

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

Miss Align Family Chiropractic, LLC
216 N. 6th Street
WaKeeney
785-743-2188
Jessica Campbell, D.C.

Massage-Therapeutic

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

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

Vintage Soul
117 North Main Street
WaKeeney
785-743-2250

Optometrists

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

Nursing Care and Rehabilitation Services

Lutheran Home
320 South Avenue
WaKeeney
785-743-5787

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

Pharmacies

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

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

Physicians

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

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

Advanced Practitioners

David Day, P.A.
Lisa Frost, A.R.N.P.
Alison Starr, P.A.
Amanda Casey, P.A.

Veterinary Services

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

Other Health Care Services

General Health Services

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

Assisted Living

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

Clinics

WaKeeney Family Care Center

333 N. 14th Street
WaKeeney
785-743-2124

Home Health Referral

Health Nurse
126 Main Street
WaKeeney
785-743-6348

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

Mental Health Services

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

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

**Physical, Occupational, Cardiac, Speech
Rehabilitation Therapy**

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

School Nurse

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

Senior Services

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

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

**Local Government, Community and Social
Services**

Children and Youth

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

Day Care Providers

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

Community Action/Head Start

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

Community Centers

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

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

4-H Building Fairgrounds
785-743-6702

City Library
610 Russell Street
WaKeeney
785-743-2960

Crime Prevention

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

Economic Development

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

Funeral Homes

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

Legal Services

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

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

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

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

Pregnancy Services

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

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

Rape

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

Transportation

Public Transportation
785-743-8150

State and National Information, Services and Support

Adult Protection

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

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

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

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

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

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

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

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

Alcohol and Drug Treatment Programs

A Abandon A Addiction
800-405-4810

AIC Assessment Information Classes
888-764-5510

Alcohol and Drug Helpline
800-821-4357

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

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

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

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

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

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

National Council on Alcoholism and Drug
Dependence, Inc.

800-NCA-CALL (622-2255)
www.ncadd.org

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

Better Business Bureau

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

Children and Youth

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

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

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

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

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

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

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

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

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

National Society for Missing and Exploited Children
800-THE-LOST (843-5678)

www.missingkids.com

Community Action

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

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

Public Affairs Hotline (Kansas Corporation
Commission)
785-271-3100 (Topeka)
www.kcc.state.ks.us

Counseling

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

Central Kansas Mental Health Center
800-794-8281

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

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

Kansas Problem Gambling Hotline
866-662-3800

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

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

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

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

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

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

Disability Services

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

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

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

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

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

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

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

Environment

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

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

Food and Drug

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

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

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

Health Services

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

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

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

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

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

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

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

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

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

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

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

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

Hospice

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

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

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

Housing

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

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

Insurance Issues/Information

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

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

Legal Services

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

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

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

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

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

Medicaid/Medicare Services

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

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

Medicare Information
800-MEDICARE
www.medicare.gov

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

Mental Health Services

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

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

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

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

Make a Difference Information Network
800-332-6262

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

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

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

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

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

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

Nutrition

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

The Department of Human Nutrition – Kansas State University

119 Justin Hall (Manhattan)
785-532-5500
www.humec.k-state.edu/hn/

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

Food Stamps (Kansas Department of Social and Rehabilitation Services)
888-369-4777
www.srskansas.org/ISD/ees/food_stamps.htm

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

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

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

Road and Weather Conditions

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

Senior Services

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

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

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

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

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

Kansas Department on Aging
800-432-3535
785-291-3167 (TTY)

www.agingkansas.org/index.htm

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

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

OKEP (Older Kansans Employment Programs)
800-432-2703
www.kansascommerce.com/Customers/Business/Services/BusinessResources.aspx?rscId=1057670175296&tval=50

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

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

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

Veterans

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

Kansas Persian Gulf War Health Initiative
800-513-7731

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

Welfare

Welfare Fraud Hotline
800-432-3913

Weatherization

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

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

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

FFY 2017 (IP)



Patient Origin by Region - Inpatient
 Trego, KS Residents Treated in KHA Reporting Area
 Federal Fiscal Year: 2017

Hospital	Total Discharges		Pediatric Age 0 - 17		Age 18 - 44		Adult Medical/Surgical				Psychiatric		Obstetric		Newborn		Surg %		
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%			
Trego County-Lemke Memorial Hospital - Wakeeney, KS	250	50.8%	1	0.4%	7	2.8%	32	12.8%	42	16.8%	167	66.8%	1	0.4%	0	0			
HaysMed - Hays, KS	156	31.7%	3	1.9%	13	8.3%	37	23.7%	20	12.8%	45	28.8%	2	1.3%	18	11.5%	18	11.5%	29.5%
Salina Regional Health Center - Salina, KS	14	2.8%	0		0		5	35.7%	5	35.7%	2	14.3%	0		1	7.1%	1	7.1%	71.4%
Gove County Medical Center - Quinter, KS	13	2.6%	0		1	7.7%	4	30.8%	1	7.7%	4	30.8%	0		3	23.1%	0		
Via Christi Hospitals/Wichita, Inc. - Wichita, KS	10	2.0%	3	30.0%	1	10.0%	0		4	40.0%	2	20.0%	0		0		0		70.0%
Great Bend Regional Hospital - Great Bend, KS	10	2.0%	0		0		1	10.0%	5	50.0%	4	40.0%	0		0		0		90.0%
The University of Kansas Health System - Kansas City, KS	10	2.0%	0		0		5	50.0%	2	20.0%	3	30.0%	0		0		0		40.0%
Wesley Healthcare - Wichita, KS	8	1.6%	0		2	25.0%	4	50.0%	2	25.0%	0		0		0		0		37.5%
Other Hospitals	21	4.3%	5	23.8%	2	9.5%	3	14.3%	2	9.5%	6	28.6%	1	4.8%	1	4.8%	1	4.8%	33.3%
Hospital Total	492	100.0%	12	2.4%	26	5.3%	91	18.5%	83	16.9%	233	47.4%	4	0.8%	23	4.7%	20	4.1%	17.5%

FFY 2016 (IP)



Patient Origin by Region - Inpatient
 Trego, KS Residents Treated in KHA Reporting Area
 Federal Fiscal Year: 2016

Hospital	Total Discharges		Pediatric Age 0 - 17		Age 18 - 44		Adult Medical/Surgical				Psychiatric		Obstetric		Newborn		Surg %		
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%			
Trego County-Lemke Memorial Hospital - Wakeeney, KS	260	47.9%	2	0.8%	7	2.7%	38	14.6%	57	21.9%	153	58.8%	3	1.2%	0	0			
HaysMed - Hays, KS	174	32.0%	4	2.3%	14	8.0%	34	19.5%	26	14.9%	52	29.9%	0		22	12.6%	22	12.6%	42.5%
Gove County Medical Center - Quinter, KS	24	4.4%	2	8.3%	0		3	12.5%	9	37.5%	2	8.3%	0		8	33.3%	0		12.5%
The University of Kansas Health System - Kansas City, KS	20	3.7%	0		3	15.0%	3	15.0%	10	50.0%	4	20.0%	0		0		0		75.0%
Salina Regional Health Center - Salina, KS	13	2.4%	0		1	7.7%	4	30.8%	1	7.7%	6	46.2%	1	7.7%	0		0		53.8%
Great Bend Regional Hospital - Great Bend, KS	12	2.2%	0		0		3	25.0%	7	58.3%	2	16.7%	0		0		0		100.0%
Wesley Healthcare - Wichita, KS	11	2.0%	6	54.5%	0		2	18.2%	2	18.2%	0		0		1	9.1%	0		9.1%
Graham County Hospital - Hill City, KS	5	0.9%	1	20.0%	2	40.0%	2	40.0%	0		0		0		0		0		40.0%
Via Christi Hospitals/Wichita, Inc. - Wichita, KS	5	0.9%	0		1	20.0%	2	40.0%	2	40.0%	0		0		0		0		40.0%
Other Hospitals	19	3.5%	2	10.5%	2	10.5%	3	15.8%	5	26.3%	4	21.1%	1	5.3%	1	5.3%	1	5.3%	63.2%
Hospital Total	543	100.0%	17	3.1%	30	5.5%	94	17.3%	119	21.9%	223	41.1%	5	0.9%	32	5.9%	23	4.2%	23.2%

FFY 2015 (IP)



Patient Origin by Region - Inpatient
 Trego, KS Residents Treated in KHA Reporting Area
 Federal Fiscal Year: 2015

Hospital	Total Discharges		Pediatric Age 0 - 17		Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		Surg %
	Cases	%	Cases	%	Age 18 - 44	Age 45 - 64	Age 65 - 74	Age 75+	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
Trego County-Lemke Memorial Hospital - Wakeeney, KS	295	52.4%	8	2.7%	15	5.1%	56	19.0%	30	10.2%	184	62.4%	2	0.7%	0		0		1.4%
HaysMed - Hays, KS	186	33.0%	5	2.7%	12	6.5%	26	14.0%	27	14.5%	44	23.7%	3	1.6%	34	18.3%	35	18.8%	30.6%
Gove County Medical Center - Quinter, KS	25	4.4%	0		1	4.0%	5	20.0%	5	20.0%	6	24.0%	0		7	28.0%	1	4.0%	20.0%
Wesley Healthcare - Wichita, KS	11	2.0%	4	36.4%	1	9.1%	1	9.1%	0		2	18.2%	0		2	18.2%	1	9.1%	36.4%
The University of Kansas Health System - Kansas City, KS	8	1.4%	0		0		5	62.5%	2	25.0%	1	12.5%	0		0		0		75.0%
Salina Regional Health Center - Salina, KS	7	1.2%	0		1	14.3%	0		1	14.3%	2	28.6%	3	42.9%	0		0		28.6%
Via Christi Hospitals Wichita, Inc. - Wichita, KS	7	1.2%	0		0		2	28.6%	0		4	57.1%	1	14.3%	0		0		28.6%
Stormont Vail Health - Topeka, KS	6	1.1%	0		0		4	66.7%	1	16.7%	1	16.7%	0		0		0		100.0%
Other Hospitals	18	3.2%	4	22.2%	1	5.6%	5	27.8%	5	27.8%	2	11.1%	1	5.6%	0		0		61.1%
Hospital Total	563	100.0%	21	3.7%	31	5.5%	104	18.5%	71	12.6%	246	43.7%	10	1.8%	43	7.6%	37	6.6%	17.2%

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Town Hall Attendees

Trego County KS Town Hall Roster - Update 2018						
IRS Cat	3/23/2018	First Name	Last Name	Title	Organization	Address/City/ST/Zip
Churches	X	Jon	Anderson	Pastor	Zion Lutheran Church	27005 283 Hwy. WaKeeney, KS 67672
TCLMH	X	Dave	Augustine	CEO	Trego County Hospital	320 N. 13th St., WaKeeney, KS, 67672
TCLMH	X	Jeff	Bieker	HR Director	Trego County Hospital	320 N. 13th St., WaKeeney, KS, 67672
Board	X	Kelsey	Billinger	Administrator Health Dept.	Trego County Hospital / Health Dept.	501 Earle Ave. WaKeeney, KS 67672
Board	X	LeAnn	Brown	Board Member	Trego County Hospital	824 Junction Ave WaKeeney, KS 67672
TCLMH	X	Jessica	Buchholz	Infection Control	Trego County Hospital	320 N. 13th St., WaKeeney, KS, 67672
TCLMH	X	Stephanie	Buchholz	HIM Director	Trego County Hospital	320 N. 13th St., WaKeeney, KS, 67672
TCLMH	X	Marlyce	Campbell	Respiratory Therapist	Trego County Hospital	320 N. 13th St., WaKeeney, KS, 67672
Ch Council	X	Katie	Crossland	Church Council	Christ the King Catholic Church	421 N. 9th St. WaKeeney, KS 67672
Public	X	Kathleen	Fabrizius	Trego Co Emergency Manager	Emergency Manager/Fire Rescue	525 Warren Ave., WaKeeney, RIZIUS, 67672
TCLMH	X	Neva	Flax	Executive/ Human Resource	Trego County Hospital	NA
TCLMH	X	Carrie	Fritts	Purchasing/AP	Trego County Hospital	320 N. 13th St., WaKeeney, KS, 67672
TCLMH	X	Roxie	Geist	ER Director	Trego County Hospital	320 N. 13th St., WaKeeney, KS, 67672
Public	X	Richard	Hanks	Sheriff	Trego County Sheriff	525 Warren Ave., WaKeeney, KS, 67672
TCLMH	X	Judy	Hearting	Operating Room	Trego County Hospital	320 N. 13th St., WaKeeney, KS, 67672
Board	X	Christine	Hober	Treasurer	Trego County Hospital	19071 B. Rd WaKeeney, KS 67672
Ministry	X	Hayden	Kvamme	NA	Priarie Faith Shared Ministry	394 St John- St. Andrew Rd, Ellis, KS 67637
Schools	X	Doug	Minson	NA	School District	612 Junction Ave WaKeeney, KS 67672
TCLMH	X	Sandy	Purinton	CNO	Trego County Hospital	320 N. 13th St., WaKeeney, KS, 67672
TCLMH	X	Tracey	Schoenberger	RN	Trego County Hospital	320 N. 13th St., WaKeeney, KS, 67672
Medical	X	Joslyn	Stum	Pharmacist	Cleland Pharmacy, LLC	202 S. 1st St., WaKeeney, KS, 67672
Schools	X	Libby	Ziegler	Chair	Board of Education	612 Junction Ave WaKeeney, KS 67672

Notes

Attendees: 22

Trego County Lemke Memorial Hospital

March 23, 2018

Wakeeney, KS

People coming in to Wakeeney from Hill City, Ness City, Ellis, and the other 2 towns in the county.

Respondent: People in poverty is growing a little bit.

Respondents: We have a school lunch program for the weekends.

No new stores in the county that sell food.

Births are happening in Hays and Winner. Prenatal care have to go to Hays as well.

24/7 ER and a walk-in clinic.

Respondents: Yes, there are suicides in our community and we do have problems with it.

Respondents: Opioids are happening in our area. It is getting worse.

Respondent: Our county is a lot higher than the norm for Heart Failure, is that correct? We do see a lot of heart failure in our community.

Drugs in the community: Meth, Marijuana, Prescription Drugs (Opioids).

EMS Service is separate from hospital.

Strengths

- Good Access to Primary Care and Accessibility
- Walk-In Clinic
- Good Exercise Options
- Spiritual Care
- Ambulance Services
- Pharmacy
- Appropriate Local Services
- Emergency Room
- Food Bank
- Parish Health Nurse

Improve/ Change

- Dental
- Expand Walk in clinic Hours
- Heart Failure/ Disease
- Diabetes
- Walking Trail (Pool/ Outside Activities)
- Suicide
- Drug Abuse
- Alcohol Abuse
- Specialists (Ortho, Oncology, Heart, Rheum, Podiatry, Ent)
- Child Care
- Communication
- Smoking Cessation
- Obesity
- Education (Own it)
- Mental Health (Screen, Treat, Rehab)
- Additional Senior Housing
- Succession Plan Dr Lang

Wave #3 CHNA - Trego County Lemke Memorial Hospital

Town Hall Conversation - Strengths (Color Cards)

Card #	C1	Community Health Strengths	Card #	C1	Community Health Strengths
2	ALL	Environment in Health Care Community	1	EMER	24/7 ER
1	ALL	Health administration	15	EMER	ER
4	ALL	Health department	20	EMER	ER
12	ALL	Healthcare accessibility	22	EMER	Length of ER wait for services
18	ALL	Home health care	3	EMS	EMS
2	AMB	Ambulance	4	EMS	EMS
11	AMB	Ambulance	9	FAC	Facilities
13	AMB	Ambulance	18	FAM	Strong family supports
15	AMB	Ambulance	15	FIT	Exercise/REC
20	AMB	Ambulance	11	FIT	Good opportunity to exercise
21	AMB	Ambulance	21	HOSP	Acute care hospital
22	AMB	Ambulance	23	HOSP	Acute care hospital
17	CLIN	Access to walk-in clinic	6	HOSP	Hospital
18	CLIN	Clinic	18	HOSP	Hospital
2	CLIN	Walk-in clinic	7	HOSP	Hospital/clinic services
3	CLIN	Walk-in clinic	1	HOSP	Proactive hospital
4	CLIN	Walk-in clinic	18	NH	Nursing home
5	CLIN	Walk-in clinic	19	NH	Nursing home
15	CLIN	Walk-in clinic	6	NUTR	Grocery store
16	CLIN	Walk-in clinic	21	NUTR	Grocery store
20	CLIN	Walk-in clinic	19	OTHR	Chaplaincy
21	CLIN	Walk-in clinic	18	OTHR	Churches
23	CLIN	Walk-in clinic	6	OTHR	Draw from other areas
3	COMM	Open communication with partners	5	OTHR	Ministerial alliance
14	COMM	Teamwork	5	OTHR	Parish health nurse
11	COMM	Work together	18	OTHR	Parish nurse program
15	DOCS	Dr.s, PA, APRN	15	OTHR	Spiritual care
9	DOCS	Medical providers	23	OTHR	THS track open access
1	DOCS	Number of providers at hospital	18	OTHR	TRC
2	DOCS	Number of providers at hospital	23	OTHR	TRC
3	DOCS	Number of providers at hospital	9	OTHR	Up-to-date medical equipment
4	DOCS	Number of providers at hospital	21	OTHR	Walking track
11	DOCS	Number of providers at hospital	7	PHAR	Pharmacy
14	DOCS	Number of providers at hospital	8	PHAR	Pharmacy
22	DOCS	Number of providers at hospital	9	PHAR	Pharmacy
8	DOCS	Providers	11	PHAR	Pharmacy
10	DOCS	Providers	19	PHAR	Pharmacy
16	DOCS	Providers	20	PHAR	Pharmacy
20	DOCS	Providers	10	REC	Parks/pool

Wave #3 CHNA - Trego County Lemke Memorial Hospital

Town Hall Conversation - Strengths (Color Cards)

Card #	C1	Community Health Strengths	Card #	C1	Community Health Strengths
14	DOCS	Quality of care by providers	9	REC	Parks/REC
1	DOH	Health department	7	REC	REC center
2	DOH	Health department	10	REC	REC center
10	DOH	Health department	16	REC	REC center
18	DOH	Health department	19	REC	REC center
8	DOH	Public health	20	REC	REC center
11	DOH	Public health	21	REC	REC center
12	DOH	Public health	22	REC	REC center prices
13	DOH	Public health	5	REC	REC center prices and programs
19	ED	Education	5	REC	Swimming pool
7	ED	School	11	SPEC	Know need for specialist
10	ED	School	20	SS	Food bank
21	ED	School	21	SS	Food bank
22	ED	School	23	SS	Food/medicine locally accessible
11	ED	School system	11	SS	Variety of services
13	ED	School system	3	WELL	Wellness center access

Wave #3 CHNA - Trego County Lemke Memorial Hospital

Town Hall Conversation - Weakness (White Cards)

Card #	C1	Community Health Weaknesses	Card #	C1	Community Health Weaknesses
9	ALC	Alcohol	6	DRUG	Opioids
20	ALC	Alcohol/drug substance abuse	16	DRUG	Opioids
21	ALC	Drugs/alcohol	18	DRUG	Opioids
19	ALC	Substance abuse	22	DRUG	Opioids
11	ALL	Healthcare management	10	DRUG	Opioids
10	ASLV	Assisted living	8	DRUG	Substance abuse
2	ASLV	Elder care	15	ED	School administration
11	ASLV	Elder care	15	FIT	Exercise classes
19	ASLV	Long term care	4	FIT	Physical activity
15	ASLV	Need expansion of home health services	18	FIT	Physical activity
3	ASLV	Senior housing	10	FIT	Walking trail/bike path
10	ASLV	Senior housing	4	HOSP	Hospital 5 year plan
3	BH	Mental health	14	HOSP	Space in hospital for specialists
4	BH	Mental health	3	HRT	Heart
6	BH	Mental health	18	HRT	Heart
7	BH	Mental health	1	HRT	Heart disease
8	BH	Mental health	2	HRT	Heart failure
10	BH	Mental health	15	HSP	Provide hospice services
11	BH	Mental health	10	KID	Childcare
12	BH	Mental health	11	KID	Childcare
13	BH	Mental health	15	KID	Childcare
17	BH	Mental health	16	KID	Childcare
22	BH	Mental health	7	MAN	HF management
23	BH	Mental health	15	NH	Increase nursing home and assisted living
2	BH	Mental health/suicide	12	NH	Nursing home
15	BH	More mental health education	13	NH	Nursing home
2	CANC	Cancer	18	NUTR	Food
18	CANC	Cancer	22	NUTR	Food insecurity
5	CLIN	Outreach clinics	21	NUTR	Food nutrition
13	CLIN	Speciality clinics	19	NUTR	Food services
3	CLIN	Walk-in hours	15	NUTR	More nutrition education in schools
10	CLIN	Walk-in hours	1	OBES	Obesity
12	CLIN	Walk-in hours	2	OBES	Obesity
13	CLIN	Walk-in hours	6	OBES	Obesity
2	COMM	Awareness/communication	16	OBES	Obesity
2	COMM	Collaboration	18	OBES	Obesity
4	COMM	Collaboration	22	OBES	Obesity
1	COMM	Communication with public	19	OBG	OB
3	COMM	Communication with public	6	OTHR	Children eligible for free + reduced lunch
20	COMM	Communication with public	20	OTHR	Encourage volunteerism

Wave #3 CHNA - Trego County Lemke Memorial Hospital

Town Hall Conversation - Weakness (White Cards)

Card #	C1	Community Health Weaknesses	Card #	C1	Community Health Weaknesses
22	COMM	Communication with public	18	OTHR	Housing
23	COMM	Communication with public	14	OTHR	Housing prices
21	COMM	Communication/working together	15	OTHR	Lack of vision
16	COMM	Lack of communication with community	15	OTHR	More government funded housing for low income
20	COMM	Working together	14	OTHR	Out of pocket health expenses
3	DENT	Dental	18	OTHR	ST D's
5	DENT	Dental	19	POD	Podiatrist
6	DENT	Dental	18	REC	Community garden
7	DENT	Dental	15	REC	Longer hours at pool
8	DENT	Dental	17	REC	Pool hours
9	DENT	Dental	19	REC	Walking trail
10	DENT	Dental	3	SMOK	Smoking
11	DENT	Dental	7	SMOK	Smoking cessation program
13	DENT	Dental	9	SMOK	Smoking cessation program
19	DENT	Dental	1	SPEC	Number visiting specialist
23	DENT	Dental	17	SPEC	Specialists added
16	DENT	Mental health	10	SPEC	Specialists area
7	DIAB	Diabetes management	19	SPEC	Specialists area
2	DOCS	MD's	2	SPEC	Visiting specialist
1	DOCS	Number of MD's	21	SUIC	Mental health/suicide
10	DOCS	Provider hours	3	SUIC	Suicide
2	DOCS	Providers	8	SUIC	Suicide
3	DRUG	Drug abuse	9	SUIC	Suicide
5	DRUG	Drug abuse	13	SUIC	Suicide
9	DRUG	Drug abuse	16	SUIC	Suicide
11	DRUG	Drug abuse	18	SUIC	Suicide
17	DRUG	Drug abuse	19	SUIC	Suicide
22	DRUG	Drug abuse	4	SUIC	Suicide plan
15	DRUG	Drug use prevention in schools	15	SUR	increase Surgery services

c) Public Notice & Requests

[VVV Consultants LLC]

2018 Community Health Survey begins, Trego County KS

Media Release: 2018

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

The goal of this assessment update is to understand progress in addressing community needs and to collect up-to-date community health care perceptions and suggestions. VVV Consultants LLC, an independent research firm from Olathe, Kansas has been retained to conduct this countywide research.

To accomplish this work, a short online survey has been developed:

https://www.surveymonkey.com/r/Trego_CHNA **OR**

text TregoCHNA to 48421 to receive the link on your smart phone. < Note: you can also find CHNA 2018 feedback link on TCLMH website & Facebook page.>

All community residents are encouraged to complete the 2018 CHNA Wave #3 online survey by Wednesday March 14th 2018 and attend upcoming CHNA Town Hall meeting on Friday March 23rd from 7:30-9am at Wakeeney Utilities.

d) Primary Research Detail

[VVV Consultants LLC]

2018 CHNA Community Feedback - Trego County KS N= 109

ID	Zip	Overall	Movement	c1	c2	c3	When considering "overall community health quality", is it increasing, decreasing or not really changing. Why?
1001		Very Good	UP	ACC	DOCS		Access to other Drs. visiting our hospital for appointments, access to lifewatch, training program for nurse education, for nursing schools, also experience for new Doctor practitioners.
1106	67672	Average	DOWN	AGE			I would say the loss of a long term care facility (the manor) forced some residents to live in others counties which takes their family and or visitors outside the county as well to provided necessary support for their loved ones
1107	67672	Very Good	No CHG	AGE			We continue to have an elderly population, with increasing health needs.
1036	67672	Very Good	UP	CLIN			More services like walk in clinic.
1028	67672	Good	UP	CLIN			Nice to have the walk-in clinics available.
1061		Good	UP	CLIN	DOCS		Walk in clinic hours expanded New PAs to help out
1014	67672	Good	DOWN	CONF	MAMO	TRAV	Not good privacy at the local hospital/clinic. Feel uncomfortable going there, to much talk and don't feel things are kept private. Loss of mammogram machine, the truck that comes from out of town is not as nice and a bit inconvenient especially for elderly or physically challenged.
1090	67672	Average	DOWN	DOCS			Need more visiting doctors.
1021		Average	DOWN	DOCS			Not enough physicians.
1067	67672	Very Good	DOWN	DOCS	QUAL		Our primary Physician provider is nearing retirement. The only other physician is either unavailable/unwilling or incapable of providing adequate medical care.
1056	67672	Good	UP	DOCS			We've added another health professional.
1035	67672	Poor	DOWN	DOCS			When we have kids or partenes go up when sick the Dr or Pa if not have a fever they say they can go back to school or work.
1029	67672	Good	UP	FAC	FIT		A lot of health programs available, a very nice facility for exercise, good sidewalks and parks available for outside walking and play. Concerned citizens who want to make a difference in the community's health.
1049		Good	UP	FIT			People are staying active working out more than a few years ago
1076	67672	Very Good	No CHG	HOSP			I feel what we can offer is limited due to being so close to a bigger hospital.
1030		Very Good	UP	HOSP			We receive big town care in a small town. Most people I have talked to would rather be in the Hospital here versus Hays Medical Center
1022	67672	Average	No CHG	INSU			Insurance is causing people not to get things done or get their medications do to either too high or no money at all
1027	67637	Poor	No CHG	NO			Just seems very basic
1104	67672	Very Good	UP	OP			always trying to get new out patient clinic going
1103	67672	Very Good	UP	PEDS			though I am very disappointed that our community no longer has a pediatrician.
1080	67672	Good	No CHG	PREV			No new preventative health initiatives are being created.
1063	67672	Average	No CHG	QUAL			I'm not pleased with the service provided.
1048	67672	Good	No CHG	QUAL			It hasn't change in the last 3 years. What was available than is still available but not anything has been added to assist in the community health quality.
1037	67672	Good	No CHG	QUAL	DOCS		Still don't have enough quality doctors here on an every day basis.
1077	67672	Good	No CHG	QUAL			we work hard to provide quality health care. Sometimes holding your own is a success in a rural community.
1087	67672	Very Good	UP	SPEC	RESP		More nurses are getting certified in specialty areas (TNCC, ACLS, PALS, NRP), and we have a stellar RT dept (top of the line) introduction of vapotherm.
1068	67672	Very Good	UP	STFF			I believe the staff and board are always trying to improve care, physicians, staffing, and overall health care experience along with services offered.
1074		Average	No CHG	STFF			We have seen many health care providers come and go in the past 10 years and this does not seem to be improving.
1102		Average	DOWN	WAIT	DOCS		Your lab can not be depended on to get results in a timely manner and the people working there do not send results to the doctor or office that needs them. 3 out of 3 attempts, they failed us. Doctors are not available either. Why can't they work full time like most of the workforce?
1055	67631	Very Good	UP	WELL	MRKT		More education opportunities are published and information is published in the local paper
1059	67672	Poor	DOWN	WELL			There is not as much information available about the area healthcare options or ideas to promote good health practices.

2018 CHNA Community Feedback - Trego County KS N= 109							
ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1021		Average	DOWN	ALC	DRUG	OBES	Pt's don't perceive they have a problem: alcohol, drugs, obesity
1101	67672	Average	DOWN	FINA			Cost
1109	67672	Good	UP	FIT	NUTR	OBES	Poor health in our community comes from lack of people to change habits
1022	67672	Average	No CHG	INSU	PHAR	PUL	Unable to get what people need because either insurance doesn't cover or they cover for a while and then no long will cover. People see more than one type of Dr. and then get their medications all confused. Need Pulmonary rehab like they have for the cardiac.
1105	67656	Average	DOWN	MAN			poor management by administration
1028	67672	Good	UP	NO			I don't feel we have any major issues in poor health in our community.
1046	67672	Very Good	UP	NO			in all fairness, I don't feel I can check ANY of these
1050	67672	Very Good	No CHG	OTHR			Acceptance to certain issues.
1108	67672	Very Good	UP	OTHR			people don't want to change
1076	67672	Very Good	No CHG	POV			Low income families / cost of healthcare
1056	67672	Good	UP	POV			Poverty

2018 CHNA Community Feedback - Trego County KS N= 109							
ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1029	67672	Good	UP	ACC			Programs for the limited access population (limited access due to funds, transportation or education). Helping those people at their place or level
1037	67672	Good	No CHG	AGE			Senior citizens who don't have family near by should be checked on daily to make sure they are ok. Someone available to help them with small needs they can not do. For example, changing a light bulb, reaching things too high and unsafe for them to do.
1026	67672	Very Good	No CHG	BH			Not enough mental health available. Why isn't High Plains Mental more available.
1095	67672	Good	No CHG	CANC			visiting cancer doctors would be helpful
1053	67672	Poor	No CHG	CORP	DOH	COMM	collaboration with the community. most public healthcare areas are siloed and do not communicate together.
1068	67672	Very Good	UP	CORP			there's many grant opportunities available thru Heartland and Dane Hansen. I've always thought a shared position between all stakeholders -- i.e. school district, hospital, county, city...should be created so that we have one person full-time looking at these possibilities to continue to find new "grant funds" to help pay for new and improved services and programs.
1073	67672	Good	UP	DENT	BH		Dental and Mental would be helpful. Work together with other small towns to offer such services.
1046	67672	Very Good	UP	DENT	DRUG	ALCU	dental and more live presentations to our youth on drugs/alcohol
1077	67672	Good	No CHG	DENT	BH		Dental Care. Mental Health promotion and care.
1036	67672	Very Good	UP	DENT			Dental, even it shared with another community
1014	67672	Good	DOWN	DENT	OBG	BH	Dental, OBGYN, family counseling, grief counseling.
1084	67672	Good	No CHG	DENT			dentist
1101	67672	Average	DOWN	DENT			Dentist is #1 Work with another community to bring a provider to WaKeeney on a certain # of days and then to the other community for the balance of the week.
1051	67672	Good	No CHG	DENT	OBES		Dentist is my main thing. Maybe some obesity and self health programs
1012	67752	Very Good	UP	DENT	OBG		Dentist, OB
1103	67672	Very Good	UP	DENT	DOH		encourage a dentist to open a site in our town, even if only here one day/week. public health do wellness screenings for adults.
1056	67672	Good	UP	DENT	SMOK	DRUG	We need a dentist. We need free, ongoing anti-smoking clinics. We need to work harder at eliminating alcohol and drug dependency.
1035	67672	Poor	DOWN	DOCS			Get more then one Dr. here and NOT a want to be Dr.or as some call theme a Pa .
1059	67672	Poor	DOWN	ENT			ENT
1081	67672	Average	No CHG	FINA			Low cost screenings
1086	67672	Good	No CHG	FIT	REC		More kids activity programs - need them active, working collaboratively, and part of teams.
1076	67672	Very Good	No CHG	FIT			There have to be incentives for people (ex. an employer giving a \$50 incentive/month for each employee that stays within a normal BMI range)
1045	67672	Good	No CHG	KID	FIT	NUTR	After school day care for all children with healthy snacks, art, music & physical exercise.
1019	67672	Average	No CHG	KID	REC		daycare services for hospital employees. more activities through rec for young and old
1106	67672	Average	DOWN	NUTR	AGE		Nutrition Education disease prevention how to increase elderly assistance programs / education for the families of elderly
1080	67672	Good	No CHG	NUTR	OEBS	DIAB	Nutrition Health Program Obesity Program Diabetes Education Program Could partner with Hays Medical Center or K-State Research and Extension
1015	67672	Very Good	UP	OBG			OBGYN
1083	67672	Average	No CHG	PSY	DENT	DOH	1) Psychiatric 2) Dental Maybe partner with the health department to create clinics. Might entail construction of Department wings at either or both clinics, or maybe acquire off-site suites downtown.
1018	67672	Average	No CHG	SNUR			Safety topics, be interactive with the schools.
1089	67672	Average	UP	SNUR	BH		Schools, churches, Hays Med, Counseling Services
1028	67672	Good	UP	SPEC			If we could bring more specialists into the community, even on a monthly or bi-monthly schedule, it could certainly help in improving our health care system. We are most appreciative of the area specialists who do come to our hospital.
1008	67672	Average	No CHG	SPEC	POD	BH	need for more specialists, especially access to a podiatrist and mental health/substance abuse treatment.

2018 CHNA Community Feedback - Trego County KS N= 109

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1075	67672	Poor	DOWN	STFF			Better staff. Drs and nurses.
1022	67672	Average	No CHG	TRAV			Partner with other places is hard do to the drive for people. Needing a place to have a large gathering is also an issue.
1032	67672	Good	No CHG	WELL			Education of teens about lifetime health concerns and improvement
1092	67672	Good	No CHG	WELL			Have more educational events throughout the year.
1020	67672	Good	No CHG	WELL	DIAB	SMOK	Health care professionals partnering together to provide informative workshops on bettering health/wellness. Ex: diabetes education, smoking cessation, healthy lifestyle and dietician counseling, etc..
1048	67672	Good	No CHG	WELL			More education to the community.
1082	67672	Good	No CHG	WELL	STRK	HRT	Provide safety programs for all. (continue bike rodeo), summer safety, Awareness programs for Stroke, heart ect

Let Your Voice Be Heard!

Trego County- Lemke Memorial Hospital is requesting your help to update the 2018 Community Health Needs Assessment (CHNA). <Note: ACA legislation requires all tax-exempt hospitals to submit a CHNA to the IRS every three years, regardless of hospital affiliation. Each hospital, even those that serve overlapping populations, must submit a separate CHNA.>

To collect "up to date" community feedback, a short online survey has been created to uncover any current community health issues and evaluate local health delivery. While your participation is voluntary and confidential, all community input is valued.

Thank you for your attention! Deadline to participate is Wednesday, March 14, 2018.

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

Very Poor Poor Average Good Very Good

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

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

Why? (please specify)

3. Past Community Health Needs Assessments (CHNA's) review area health resources, patient access to care, health-related factors (i.e. smoking, eating and drinking habits etc), social determinants of health, health care utilization, area health status (i.e. mortality, mental health, chronic disease rates etc.), and community economics & demographics.

In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and/or changed? (Please be specific.)



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



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

- | | |
|--|---|
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> HC Transportation |
| <input type="checkbox"/> Awareness of existing HC services | <input type="checkbox"/> Home Health / Hospice services |
| <input type="checkbox"/> Dental Services | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Diabetes Management | <input type="checkbox"/> Nursing Home - Dementia care |
| <input type="checkbox"/> Drug / Substance Abuse | <input type="checkbox"/> Wellness / Prevention |



6. Which past CHNA need is NOW the "most pressing" for improvement? Please Select Top Three.

- | | |
|--|---|
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> HC Transportation |
| <input type="checkbox"/> Awareness of existing HC services | <input type="checkbox"/> Home Health / Hospice services |
| <input type="checkbox"/> Dental Services | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Diabetes Management | <input type="checkbox"/> Nursing Home - Dementia care |
| <input type="checkbox"/> Drug / Substance Abuse | <input type="checkbox"/> Wellness / Prevention |

7. In your opinion, what are the root causes of "poor health" in our community? Please Select Top Three.

- Lack of health & wellness education
- Chronic disease prevention
- Limited access to mental health assistance
- Case management assistance
- Elder assistance programs
- Family assistance programs
- Lack of awareness of existing local programs, providers, and services

Other (please specify)

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

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

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

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician Clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very Good	Good	Fair	Poor	Very Poor
Caregiver Training Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early Childhood Development Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to secure Grants / Finances to Support Local Health Initiatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings (such as asthma, hearing, vision, scoliosis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunization Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity Prevention & Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very Good	Good	Fair	Poor	Very Poor
Spiritual Health Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal / Child Health Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Transmitted Disease Testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Treatment & Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco Prevention & Cessation Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Wellness Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WIC Nutrition Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. In the past 2 years, did you or someone you know receive healthcare services outside of our community?

- Yes
- No
- I don't know

Please specify the healthcare services received.



13. Are our healthcare organizations, providers and stakeholders actively working together to address community health?

- Yes
- No
- I don't know

Please explain



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



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

- | | | |
|--|--|--|
| <input type="checkbox"/> Abuse/Violence | <input type="checkbox"/> Lead Exposure | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Smoke-Free Workplace |
| <input type="checkbox"/> Breast Feeding Friendly Workplace | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Obesity | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ozone | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Drugs/Substance Abuse | <input type="checkbox"/> Physical Exercise | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Poverty | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Respiratory Disease | <input type="checkbox"/> Wellness Education |

16. What is your home ZIP code? Please enter 5-digit ZIP code; for example, 00544 or 94305)

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

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

Other (please specify)



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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