



# **Community Health Needs Assessment** Trego County, KS

On Behalf of Trego County - Lemke Memorial Hospital



**August 2021**

VVV Consultants LLC  
Olathe, KS

# Community Health Needs Assessment

## Table of Contents

### **I. Executive Summary**

- a) Community Health Area of Future Focus (A prioritized description of future community unmet needs identified by community discussion)
- b) Town Hall CHNA Health Findings: Areas of Strengths and Areas to Change and/or Improve.

### **II. Methodology**

- a) CHNA Scope and Purpose
- b) Local Collaborating CHNA parties (The identity of any and all organizations in which the organization collaborated with and third parties that engaged to assist with the CHNA)
- c) CHNA & Town Hall Research Process (A description of the process & methods used to conduct the CHNA, a description of how the organization considered the input of persons representing the community, and an explanation of the process/ criteria used in prioritizing)
- d) Community Profile (A description of the community served by the facility and how the community was determined)

### **III. Community Health Status**

- a) Historical Community Health Indicators Review- Secondary Data
- b) Current Community Health Status - Online Feedback Research

### **IV. Inventory of Existing County Health Resources**

- a) CHNA Inventory of PSA Services & Providers (A description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA)

### **V. Detail Exhibits**

- a) Patient Origin & Access to Care
- b) Town Hall Attendees, Notes, & Feedback (Who attended with qualifications)
- c) Public CHNA Notice / News
- d) Primary Research Detail

# I. Executive Summary

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# I. Executive Summary

## Trego Lemke Memorial Hospital – Trego County, KS - 2021 Community Health Needs Assessment (CHNA)

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

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

## County Health Area of Future Focus on Unmet Needs

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

Trego County, KS				
2021 CHNA Priorities - Unmet Needs				
CHNA Wave #4 Town Hall - July 8, 2021				
TCLMH Primary Service Area (14 Attendees / 48 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Child Care / Daycare	10	20.8%	21%
2	Dental Services	9	18.8%	40%
3	Dementia / Alzheimer's Support	8	16.7%	56%
4	Mental Health (Diagnosis, Placement, Aftercare, Providers)	8	16.7%	73%
5	Hospice	4	8.3%	81%
<b>Total Votes</b>		<b>48</b>	<b>100%</b>	
Other unmet needs receiving votes: Cancer, Access to Specialists, Drug & Alcohol Abuse, Family Nutrition Education, Senior Health and Uninsured /Underinsured.				

## Town Hall CHNA Findings: Areas of Strengths

Trego Co. (KS) - "Community Health Strengths"			
#	Topic	#	Topic
1	Wellness / Recreational Center	6	Senior Life Solutions Program
2	Walk-In Clinic	7	Community Involvement
3	Community Attractions	8	Access to Food
4	Adding a New Provider	9	Quality Staff
5	Scope of Services	10	School Health

### Key CHNA Wave #4 Secondary Research Conclusions found:

**KANSAS HEALTH RANKINGS:** According to the 2020 Robert Woods Johnson County Health Rankings, Trego County, KS Average was ranked 63<sup>rd</sup> in Health Outcomes, 48<sup>th</sup> in Health Factors, and 7<sup>th</sup> in Physical Environmental Quality out of the 105 Counties.

**TAB 1.** Trego County's population is 2,803 (based on 2019), with a population per square mile of approximately 3.4 persons. Roughly four percent (4.2%) of the population is under the age of 5, while the population that is over 65 years old is 27.3%. As of 2019, Hispanic / Latinos make up 2.6% of the population and African American make up 0.7% of the population. There was 0.5% of citizens that speak a language other than English in their home. Children in single parent households make up a total of 16% compared to the rural norm of 16.2%, and 82.7% are living in the same house as one year ago.

**TAB 2.** In Trego County, the average per capita income is \$34,230 while 10.8% of the population is in poverty. The severe housing problem was recorded at 6.4% compared to the rural norm of 9.5%. Food insecurity is 10%, and limited access to healthy foods (store) is 2%.

**TAB 3.** Children eligible for a free or reduced-price lunch in Trego County is 39%. Roughly sixty-six percent (66.3%) of students graduated high school in compared to the rural norm of 88.1% and 11% have a bachelor's degree or higher.

**TAB 4.** The percent of births where prenatal care started in the first trimester is 83.9% and 12.6% of births in Trego County have a low birth weight. Continually, 76.7% (compared to 82.7% rural norm) of infants up to 24 months are receiving full immunization. The percent of mothers who were reported as smoking during pregnancy is 10.6%.

**TAB 5.** The Trego County primary care service coverage ratio is 1 provider (county based office physician who is a MD and/or DO) to 1,397 residents. The preventable hospital rate per 100,000 (lower is better) is 10,537 compared to the rural norm of 5,888. The recorded percent of patients who gave their hospital a rating of 9 or 10 on a scale from 0 to 10 was 80%. The average (median) time patients spend in the emergency department before leaving was 82 minutes compared to the rural norm of 108 minutes.

**TAB 6.** In Trego County, 20.8% of the Medicare population has depression. The percent of Medicare Part D beneficiaries receiving an opioid day supply >10 Days is 53.4%. The average mentally unhealthy days last reported (2018) is 3.3 days in a one-week period.

**TAB 7a – 7b.** Trego County has an obesity percentage of 34%, and physical inactivity percentage is 30%. The percentage of adults who smoke is 19%, while the excessive drinking percentage is 20% as of 2018. The Medicare hypertension percentage is 63.7%, while their heart failure percentage is 29%. The percentage of individuals who were recorded having COPD was 15.4%. Trego County recorded roughly eleven percent of those having cancer (11.4%) among their Medicare population and 3.7% of individuals who have had a stroke.

**TAB 8.** The adult uninsured rate for Trego County is 10% (based on 2018) compared to the rural norm of only 11.1%.

**TAB 9.** The life expectancy rate in Trego County is roughly eighty years of age (79.7) for the entire general population in this county. Alcohol-impaired driving deaths for Trego County was at 25% while age-adjusted Cancer Mortality rate per 100,000 is 136.8 and the Age-adjusted Heart Disease Mortality rate per 100,000 is at 264.0.

**TAB 10.** It was recorded as of 2019, that seventy-one percent (71%) of Trego County has access to exercise opportunities. There are 12% of the population with diabetes monitoring and thirty-seven percent (37%) of women in Trego County seek annual mammography screenings.

## Key CHNA Wave #4 Primary Research Conclusions found:

Community Feedback from residents, community leaders and providers (N=320) provided the following community insights via an online perception survey:

- Using a Likert scale, 66.2% of Trego County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Trego County stakeholders are satisfied with some of the following services: Chiropractic, Emergency Room, Pharmacy, Primary Care, School Health, and Walk-In Clinic.
- When considering past CHNA needs, the following topics came up as the most pressing: Access to Mental Health Services, Child Care, Drug / Substance Abuse, Healthcare Communication / Collaboration, Chronic Disease, Dental Services, and Awareness of Health Services.

Trego Co. KS - CHNA Wave #4		Ongoing Problem			Pressing
Past CHNAs Unmet Needs identified					Trego Co
Rank	Ongoing Problem	Votes	%	Trend	RANK
1	Dental Services	75	7.3%		1
2	Access to Mental Health Services	55	5.3%		2
3	Suicide	50	4.8%		3
4	Drug/Substance Abuse	36	3.5%		4
5	Alcohol Abuse	34	3.3%		9
6	Obesity	31	3.0%		5
7	Transportation	26	2.5%		6
8	Preventative Health / Wellness	24	2.3%		11
9	Nursing Home / Senior Care	22	2.1%		7
10	Chronic Disease Services	19	1.8%		12
11	Home Health / Hospice	19	1.8%		10
12	Exercise/Fitness	18	1.7%		15
13	Awareness of Health Services	17	1.6%		13
14	Nutrition - Healthy Food Options	17	1.6%		8
15	Diabetes Management	13	1.3%		14
TOTALS		456			

# II. Methodology

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## II. Methodology

### a) CHNA Scope and Purpose

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

#### **JOB #1: Meet/Report IRS 990 Required Documentation**

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

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

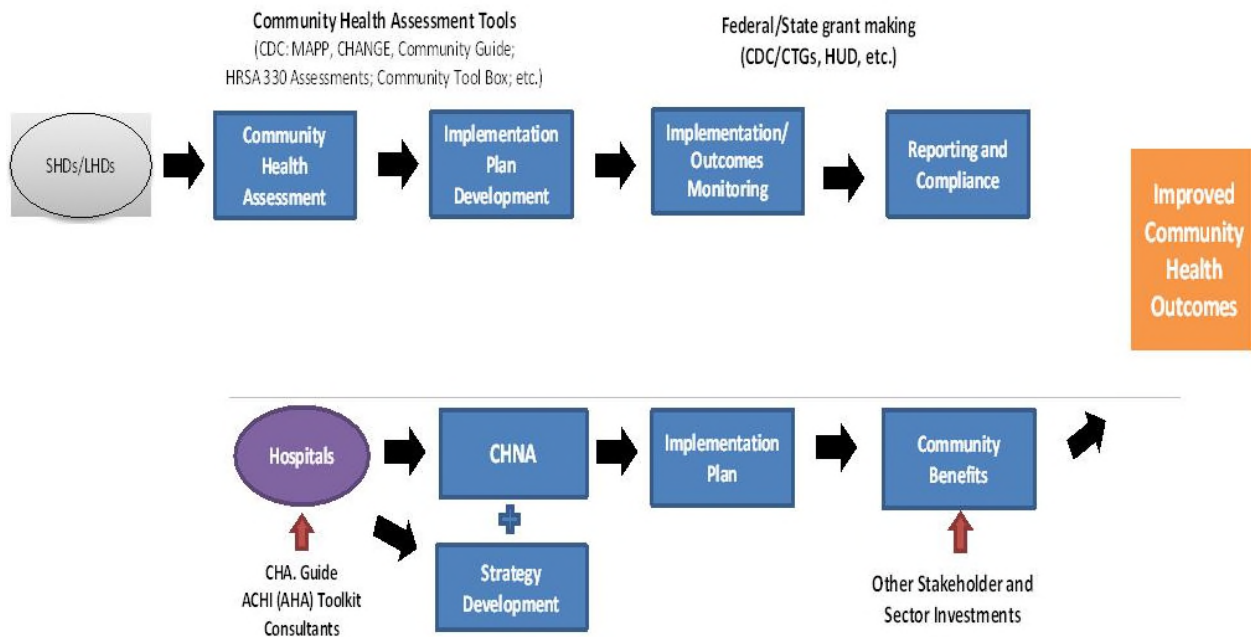
#### **JOB #2: Making a CHNA Widely Available to the Public**

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

### **JOB #3: Adopt an Implementation Strategy by Hospital**

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

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



## IRS Requirements Overview (Notice 2011-52)

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

#### Applicability of CHNA Requirements to “Hospital Organizations”

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

#### How and When to Conduct a CHNA

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

#### Determining the Community Served

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

#### Persons Representing the Community Served

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

#### Required Documentation

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

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

## **Making a CHNA Widely Available to the Public**

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

## **How and When to Adopt an Implementation Strategy**

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

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

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

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

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

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

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

### **Additional Sources of Input**

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

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

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

### **Collaboration on CHNA Reports**

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

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

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

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

### **Joint Implementation Strategies**

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

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

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

### **Adoption of Implementation Strategy**

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

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

### **New Hospital Organizations**

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

### **New Hospital Facilities**

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

### **Transferred/Terminated Facilities**

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

## **Public Health Criteria:**

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

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

#### **DOMAIN 1 includes 4 STANDARDS:**

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

#### **Required CHNA Planning Process Requirements:**

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

#### **Seven Steps of Public Health Department Accreditation (PHAB):**

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

## MAPP Process Overview

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

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

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





## Drivers of Health Assessment & Improvement Planning

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

### National Voluntary Accreditation Requirements

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

### CDC Grant Requirements

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

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

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

## Social Determinants of Health

What Are Social Determinants of Health?



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

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

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

## II. Methodology

### b) Collaborating CHNA parties

Working together to improve community health takes collaboration. Listed below is an in depth profile of the local hospital & 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.

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### **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](mailto: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 601 N. Mahaffie, Olathe, KS 66061 (913) 302-7264

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



**Vince Vandehaar, MBA – Principal**

VVV Consultants LLC – start 1/1/09 \*

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

**Cassandra Kahl, BHS – Lead Consultant**

VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences
  - Park University MHA (May 2021)
- Pharmacy Management (CVS) – 2 ½ years
- Hometown: Maple, WI



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

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

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

#### Our Values :

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

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

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

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

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

## II. Methodology

### c) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in March of 2021 for Trego County Lemke Memorial Hospital located in Trego County, KS to meet Federal IRS CHNA requirements.

In late March 2021, a meeting was called by Trego County – Lemke Memorial Hospital leaders to review CHNA collaborative options. <Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps.> Outcomes from discussion led to Trego County – Lemke Memorial Hospital to request VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

#### VVV CHNA Deliverables:

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

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

Trego County Lemke Memorial Hospital - Define PSA					Inpatients			Outpatients		
Source: KHA - FFY 2018-20		33,723	Totals - IP/OP		493	534	419	10,262	11,710	10,305
Patient Zip Code	County	3YR TOT	%	Accum	FFY18	FFY19	FFY20	FFY18	FFY19	FFY20
67637-Ellis, KS	Ellis	6,071	18.0%	18.0%	92	102	88	1,898	2,143	1,748
67601-Hays, KS	Ellis	1,191	3.5%	21.5%	29	44	28	301	435	354
67751-Park, KS	Gove	136	0.4%	21.9%	12	0	1	56	30	37
67642-Hill City, KS	Graham	702	2.1%	24.0%	8	7	6	265	222	194
67650-Morland, KS	Graham	387	1.1%	25.2%	4	5	2	117	139	120
67572-Ransom, KS	Ness	512	1.5%	26.7%	2	7	9	134	188	172
67560-Ness City, KS	Ness	272	0.8%	27.5%	0	5	4	79	73	111
67657-Palco, KS	Rooks	205	0.6%	28.1%	5	11	3	61	70	55
67672-Wakeeney, KS	Trego	20,705	61.4%	89.5%	300	305	245	6267	7188	6400

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

**Phase I—Discovery:**

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

**Phase II—Qualify Community Need:**

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

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

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

**Phase III—Quantify Community Need:**

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

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

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

**Detail CHNA Development Steps Include:**

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



## Data & Benchmarks Review

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

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

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

Community health assessment indicators should be.

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

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

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

CHNA Detail Sources
Business Quick Facts
Centers for Medicare and Medicaid Services
CMS Hospital Compare, 10/1/2015-9/30/2016
County Health Rankings
Geography Quick Facts
Kansas Health Matters
Kansas Hospital Association (KHA)
People Quick Facts
U.S. Department of Agriculture - Food Environment Atlas
US Centers for Disease Control and Prevention

## Sources of community-health level indicators:

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

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

<b>Trego Co. Lemke Memorial Hospital</b>			
<b>VVV CHNA Wave #4 Work Plan - Year 2021</b>			
<b>Project Timeline &amp; Roles - Working Draft as of 3/23/21</b>			
Step	Timeframe	Lead	Task
1	Feb. 2021	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	3/18/2021	Hosp	Select CHNA Wave #4 Option B. Approve / Sign VVV CHNA quote
3	4/13/2021	VVV	Send out <b>REQCommInvite Excel</b> file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	4/13/2021	VVV	Hold Kick-off Meeting & Request Hospital Client to send KHA PO reports for FFY 18, 19 and 20. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use <b>ZipPSA_3yrPOrigin.xls</b> )
5	4/15/2021	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	April - May 2021	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	4/23/2021	VVV / Hosp	Prepare/send out PR story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	By 4/23/2021	VVV / Hosp	Place PR #1 story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	5/1/2021	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. <b>Cut-off 6/1/2021 for Online Survey</b>
10	6/15/2021	Hosp	Prepare/send out Community TOWN HALL invite letter and place local AD.
11	6/17/2021	VVV / Hosp	Prepare/send out PR #2 story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
12	7/1/2021	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	<b>Thursday 7/08/21</b>	VVV	Conduct virtual CHNA Town Hall for Breakfast <b>7:30 am - 9:00 am (location TBD)</b> . Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 10/04/2021	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 10/14/2021	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	10/31/2021	Hosp	Conduct Client Implementation Plan PSA Leadership meeting (Tentative Date: 6/17/21)
17	On or Before 12/31/2021	Hosp	Hold Board Meetings discuss CHNA needs, create & 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, 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 Town Hall** was held on Thursday July 8th, 2021, onsite following COVID-19 safety requirements. Vince Vandelaar (MBA) and Cassandra Kahl (MHA) facilitated this 1½ hour session with 18 RSVP's and 14 attendees. (Note: a detail roster of Town Hall attendees is listed in Section V).

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) and Primary Online survey results.
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 (casting 3 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 Consultants encouraged all community members to continue to contribute ideas to both hospital / health department leaders via e-mail and/or personal conversations. < NOTE: To review detail Town Hall discussion content, please turn to Section V for detailed notes of retreat session and activities citing health strengths & unmet health needs to change or improve.>

**Community Health Needs Assessment  
Town Hall Meeting – Trego Co. (KS)  
on behalf of Trego Co Lemke Memorial Hospital**



**VVV Consultants LLC**  
Olathe, Kansas 66061

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VandehaarMarketing.com  
913-302-7264

1

**Safe Table Seating Assignments**

**Trego County, KS 2021 CHNA Town Hall July 8th (7:30 -9:00 a.m.)**

Table	Lead	Last	First	Organization	Title
A	##	Desormiers	Tavis	Trego Community Schools	Superintendent
A		Anderson	Jon	Prairie Faith Shared Ministry Inc.	Pastor
A		Schrant	Megan	TCLMH	Administrative Assistant
A		Adams-Cleland	Christine	TCLMH	CFO
B	##	Purinton	Sandy	Wakeeney Methodist Church	
B		Augustine	Dave	TCLMH	CEO
B		Hafziger	Maryjo		
B					
C	##	Dirks	Irene	Wakeeney	Mayor
C		Minson	Doug	TCLMH Board Of Trustees	Vice President
C		Schoenthaler	Joleen		
C					
D	##				

2

**Community Health Needs Assessment (CHNA)  
Onsite 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 Unmet Needs (30 mins)
- V. Close / Next Steps (5 mins)

3

**I. Introduction: Who We Are**  
Background and Experience



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

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



**Cassandra Kahl, BHS MHA– Lead Consultant**  
VVV Consultants LLC – Nov 2020

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



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

4

## Town Hall Participation (You)

- ALL attendees practice "Safe Engagement". We will work together - Table Teams
- ALL attendees welcome to share. Engaging Conversation (No right or wrong answer)
  - Parking Lot
- ALL Take Notes – Important Health Indicators
- Please give truthful responses – Serious Community Conversation. Here to Update Unmet Needs List.
- Have a little fun along the way

5

## II. Review of a CHNA

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

6

## I. Introductions: A Conversation with the Community & Stakeholders

*Community members and organizations invited to CHNA Town Hall*

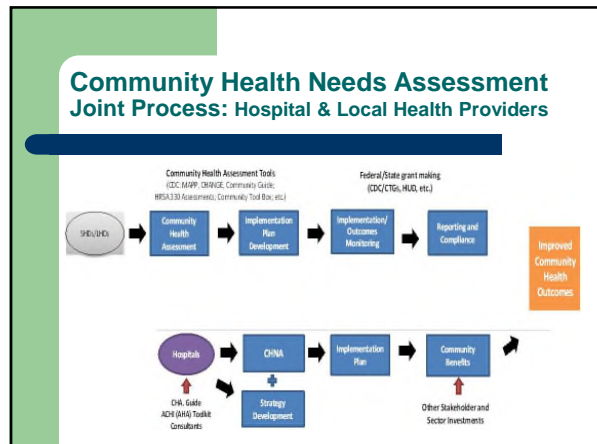
**Consumers:** Uninsured/underinsured people, Members of at-risk populations, Parents, caregivers and other consumers of health care in the community, and Consumer advocates.

**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."

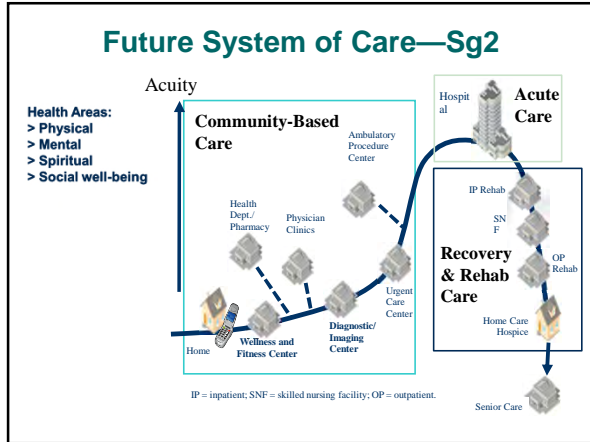
**Public and other organizations:** Public health officials, Directors or staff of health and human service organizations, City/Community planners and development officials, Individuals with business and economic development experience, Welfare and social service agency staff, Housing advocates - administrators 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

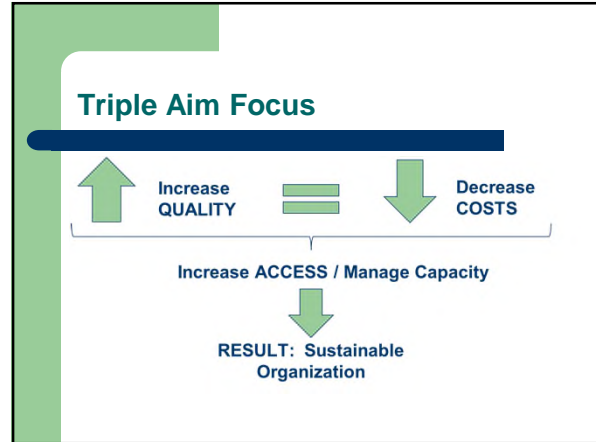
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10

## II. IRS Hospital CHNA Written Report Documentation – Table of Contents

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

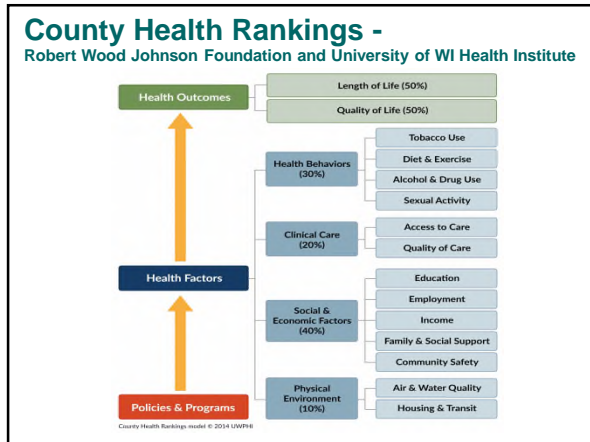
11

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

Trends: Good Same Poor

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

12



13

### IV. Collect Community Health Perspectives

Ask your opinion. Your thoughts?

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

14

### "Table Lead" Report Out..

#### Unmet Needs and Strengths

Trego County, KS 2021 CHNA Town Hall July 8th (7:30 -9:00 a.m.)

Table	Lead	Last	First	Organization	Title
A	##	Desormiers	Tavis	Trego Community Schools	Superintendent
A		Anderson	Jon	Prairie Faith Shared Ministry Inc	Pastor
A		Schirant	Megan	TCLMH	Administrative Assistant
A		Adams-Cleland	Christine	TCLMH	CFO
B	##	Purinton	Sandy	Wakeeney Methodist Church	
B		Augustine	Dave	TCLMH	CEO
B		Haffiger	MaryJo		
B					
C	##	Dirks	Irene	Wakeeney	Mayor
C		Minson	Doug	TCLMH Board Of Trustees	Vice President
C		Schoenthaler	Joleen		
C					
D	##				

15

### Community Health Needs Assessment

## Questions? Next Steps?

VVV Consultants LLC  
601 N Mahaffie  
Olathe, KS 66061

VVV@VandehaarMarketing.com  
CJK@VandehaarMarketing.com  
(913) 302-7264

16

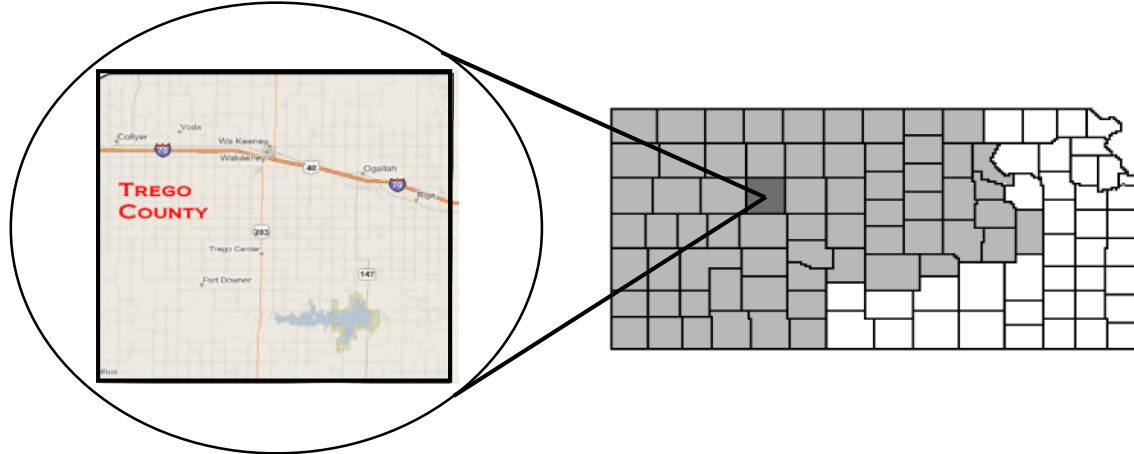


## II. Methodology

### 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 Byway<sup>1</sup>. 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 economy<sup>2</sup>. The county was founded on June 21, 1879 and the county seat is WaKeeney<sup>3</sup>.

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 Airports<sup>4</sup>

Name	USGS Topo Map
Trego Wakeeney Airport	WaKeeney West

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

<sup>2</sup> [http://www.city-data.com/county/Trego\\_County-KS.html](http://www.city-data.com/county/Trego_County-KS.html)

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

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

### **Trego County Public Schools<sup>5</sup>**

<b>Name</b>	<b>Level</b>
Trego Community High	High
Trego Grade School	Primary

### **Parks and Amenities<sup>6</sup>**

<b>Name</b>	<b>USGS Topo Map</b>
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 Employers<sup>7</sup>**

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

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

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

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

<b>TREGO Co -Detail Demographic Profile</b>										
ZIP	NAME	County	Population			Households		HH	Per Capita	
			Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020	
67631	Collyer	Trego	246	235	-4.5%	107	103	2.3	27850	
67656	Ogallah	Trego	135	129	-4.4%	56	54	2.41	27033	
67672	Wakeeney	Trego	2232	2144	-3.9%	1020	983	2.13	31120	
<b>Totals</b>			<b>2,613</b>	<b>2,508</b>	<b>-4.0%</b>	<b>1,183</b>	<b>1,140</b>	<b>2.3</b>	<b>\$28,668</b>	

ZIP	NAME	County	Population				Year 2020		Females
			Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
67631	Collyer	Trego	246	70	50	22	127	119	19
67656	Ogallah	Trego	135	39	27	11	70	65	10
67672	Wakeeney	Trego	2232	655	507	202	1,087	1145	184
<b>Totals</b>			<b>2,613</b>	<b>764</b>	<b>584</b>	<b>235</b>	<b>1,284</b>	<b>1,329</b>	<b>213</b>

ZIP	NAME	County	Population 2020				Average Households 2020		
			Caucasian	African Amer	Amer Ind.	Hispanic	HH Inc	HH	HH \$50K+
67631	Collyer	Trego	236	0	0	9	56875	107	67
67656	Ogallah	Trego	131	0	0	4	58490	56	36
67672	Wakeeney	Trego	2,127	25	7	42	53897	1020	557
<b>Totals</b>			<b>2,494</b>	<b>25</b>	<b>7</b>	<b>55</b>	<b>\$56,421</b>	<b>1,183</b>	<b>660</b>

Source: ERS Demographics

# **III. Community Health Status**

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[VVV Consultants LLC]

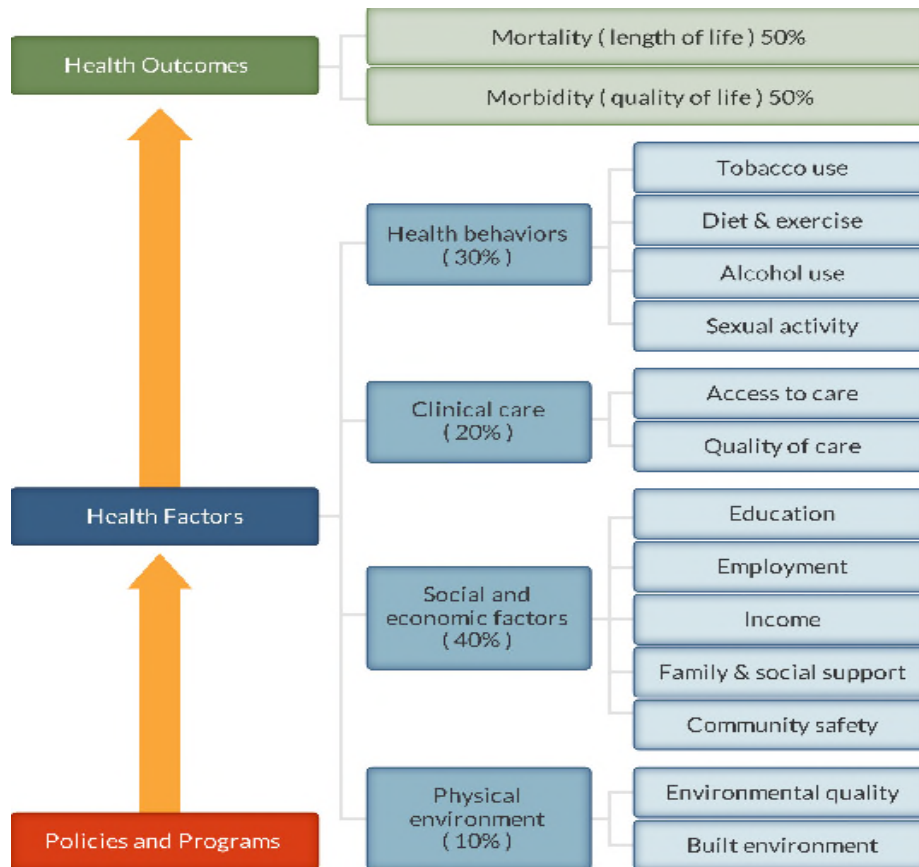
### III. Community Health Status

#### a) Historical Health Statistics- Secondary Research

##### Health Status Profile

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

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



County Health Rankings model ©2012 UWPHI

## National Research – Year 2021 RWJ Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Trego Co. (KS)	TREND	NW KS RURAL NORM (N=20)
1	<b>Health Outcomes</b>		63		49
	Mortality	Length of Life	39		40
	Morbidity	Quality of Life	64		51
2	<b>Health Factors</b>		48		39
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	33		49
	Clinical Care	Access to care / Quality of Care	100		57
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	37		40
3	<b>Physical Environment</b>	Environmental quality	7		23
Kansas Rural Norm (N=20) includes the following counties: Cheyenne, Barton, Edwards, Ellis, Gove, Kiowa, Norton, Osborne, Pawnee, Phillips, Russell, Sheridan, Smith and Thomas.					

## PSA Secondary Research:

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

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

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

### Tab 1: Demographic Profile

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

Tab		Demographic - Health Indicators	Trego Co. (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
1	a	Population estimates, July 1, 2019, (V2019)	2,803		2,913,314	6,405	People Quick Facts
	b	Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	-6.8%		2.1%	-4.2%	People Quick Facts
	c	Population per square mile, 2010 (V2019)	3.4		34.9	7.4	Geography Quick Facts
	d	Persons under 5 years, percent, 2019, (V2019)	4.2%		6.4%	5.8%	People Quick Facts
	e	Persons 65 years and over, percent, 2019, (V2019)	27.3%		16.3%	23.8%	People Quick Facts
	f	Female persons, percent, 2019, (V2019)	49.1%		50.2%	49.4%	People Quick Facts
	g	White alone, percent, 2019, (V2019)	96.6%		86.3%	95.3%	People Quick Facts
	h	Black or African American alone, percent, 2019, (V2019)	0.7%		6.1%	1.4%	People Quick Facts
	i	Hispanic or Latino, percent, 2019, (V2019)	2.6%		12.2%	5.6%	People Quick Facts
	j	Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	0.5%		11.9%	4.4%	People Quick Facts
	k	Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	82.7%		83.8%	86.0%	People Quick Facts
	l	Children in single-parent households, percent, 2015-2019	16.0%		29.0%	16.2%	County Health Rankings
	m	Total Veterans, 2015-2019	242		176,444	396	People Quick Facts

### Tab 2: Economic Profile

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

Tab		Economic - Health Indicators	Trego Co. (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
2	a	Per capita income in past 12 months (in dollars), 2019	\$34,230		\$31,814	\$28,859	People Quick Facts
	b	Persons in poverty, percent (2019)	10.8%		11.4%	12.0%	People Quick Facts
	c	Total Housing units, July 1, 2019, (V2019)	1,662		1,288,401	3,328	People Quick Facts
	d	Total Persons per household, 2015-2019	3.0		2.5	2.4	People Quick Facts
	e	Severe housing problems, percent, 2012-2016	6.4%		13.0%	9.5%	County Health Rankings
	f	Total of All firms, 2012	474		239,118	1,024	Business Quick Facts
	g	Unemployment, percent, 2019	2.8%		3.4%	2.6%	County Health Rankings
	h	Food insecurity, percent, 2019	10.0%		13.0%	12.0%	County Health Rankings
	i	Limited access to healthy foods, percent, 2015	2.0%		8.0%	9.3%	County Health Rankings
	j	Low income and low access to store, percent, 2019	2.5%		9.4%	9.4%	U.S. Department of Agriculture - Food Environment Atlas
	k	Long commute - driving alone, percent, 2015-2019	26.0%		21.0%	15.9%	County Health Rankings

**Tab 3: Educational Profile**

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

Tab	Educative - Health Indicator	Trego Co. (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
3	a Children eligible for free or reduced price lunch, percent, 2018-2019	39.0%		48.0%	47.1%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2015-2019	66.3%		91.0%	88.1%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	11.0%		33.40%	19.6%	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 / Infant Profile**

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

Tab	Maternal/Infant - Health Indicators	Trego Co. (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
4	a Percent of Births Where Prenatal Care began in First Trimester, 2017-2019	83.9%		81.0%	81.9%	Kansas Health Matters
	b Percentage of Premature Births, 2017-2019	12.6%		9.1%	10.0%	Kansas Health Matters
	c Percent of Infants up to 24 months that received full Immunizations, 2017-2019	76.7%		69.2%	82.7%	Kansas Health Matters
	d Percent of Births with Low Birth Weight, 2017-2019	12.6%		7.3%	7.9%	Kansas Health Matters
	e Percent of WIC Mothers Breastfeeding Exclusively, percent, 2018	46.2%		14.1%	27.3%	Kansas Health Matters
	f Percent of all Births Occurring to Teens (15-19), 2017-2019	8.1%		5.5%	5.2%	Kansas Health Matters
	g Percent of births Where Mother Smoked During Pregnancy, 2017-2019	10.6%		10.0%	13.1%	Kansas Health Matters



**Tab 4: Maternal / Infant Profile (Continued)**

#	Criteria - Vital Statistics	Trego Co. (KS)	Trend	Kansas	NW KS Norm (N=20)
a	Total Live Births, 2015	46		39,126	82
b	Total Live Births, 2016	28		38,048	81
c	Total Live Births, 2017	27		36,464	72
d	Total Live Births, 2018	31		36,268	73
e	Total Live Births, 2019	29		35,395	69
f	Total Live Births, 2015-2019 - 5 year Rate (%)	11.3%		12.7%	11.6%

**Tab 5: Hospitalization and Provider Profile**

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

Tab	Hospital/Provider - Health Indicator	Trego Co. (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
5	a Primary care physicians (Pop Coverage per) (No extenders incl.) , 2018	1397:1		1295:1	1850:1	County Health Rankings
	b Preventable hospital rate per 100,000, 2018 (lower the better)	10,537		4,024	5,888	County Health Rankings
	c Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	80.0%		78.0%	82.3%	CMS Hospital Compare, Latest Release
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	70.0%		78.0%	77.7%	CMS Hospital Compare, Latest Release
	e Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	108		112	101	CMS Hospital Compare, Latest Release

#	KS Hospital Assoc PO103	Trego County KS IP		
		FFY2018	FFY2019	FFY2020
1	Total Discharges	418	465	544
2	Total IP Discharges-Age 0-17 Ped	14	20	5
3	Total IP Discharges-Age 18-44	23	33	26
4	Total IP Discharges-Age 45-64	74	72	109
5	Total IP Discharges-Age 65-74	83	86	121
6	Total IP Discharges-Age 75+	171	205	227
7	Psychiatric	3	10	7
8	Obstetric	28	23	29
9	Surgical %	23.0%	22.8%	19.1%
#	KS Hospital Assoc PO103	TCLMH IP only		
		FFY2018	FFY2019	FFY2020
1	Total Discharges	181	185	255
	IP Market Share - Trego Co	43.3%	39.8%	46.9%
2	Total IP Discharges-Age 0-17 Ped	1	0	0
3	Total IP Discharges-Age 18-44	6	9	3
4	Total IP Discharges-Age 45-64	25	15	32
5	Total IP Discharges-Age 65-74	37	30	45
6	Total IP Discharges-Age 75+	112	127	175
7	Psychiatric	0	4	0
8	Obstetric	0	0	0
9	Surgical %	0.0%	1.1%	1.6%
#	Kansas Hospital Assoc OP TOT223E	FFY2018	FFY2019	FFY2020
1	TCLMH ER Visits -Trego Co only	788	894	716
2	TCLMH OP SRG Visits -Trego Co only	158	136	164
3	TCLMH Total OP Visits -Trego Co only	6700	7630	6792

**Tab 6: Behavioral / Mental Profile**

Behavioral healthcare provides another important indicator of community health status.

Tab	Mental - Health Indicator	Trego Co. (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
6	a Depression: Medicare Population, percent, 2018	20.8%		18.9%	18.6%	Kansas Health Matters
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2017-2019 (lower is better)	NA		18.6	21.9	Kansas Health Matters
	c Mental Behavioral Hospital Admission Rates per 100,000, 2017-2019	18.9		75.1	26.9	Kansas Health Matters
	k Percent of Medicare Part D Beneficiaries Receiving Opioids Supply >10 Days (2017)	53.4%		37.8%	42.1%	Kansas Health Matters
	d Average Number of mentally unhealthy days, 2018	3.3		3.7	3.6	County Health Rankings

**Tab 7a: Risk Indicators & Factors Profile**

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

Tab	High-Risk - Health Indicator	Trego Co. (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
7a	a Adult obesity, percent, 2017	34.0%		33.0%	33.4%	County Health Rankings
	b Adult smoking, percent, 2018	19.0%		17.0%	20.0%	County Health Rankings
	c Excessive drinking, percent, 2018	20.0%		19.0%	19.4%	County Health Rankings
	d Physical inactivity, percent, 2017	30.0%		25.0%	28.7%	County Health Rankings
	e # of Physically unhealthy days, 2017	3.0		3.6	3.4	County Health Rankings
	f Sexually transmitted infections (chlamydia), rate per 100,000 - 2017	173		13,554	234	County Health Rankings

**Tab 7b: Chronic Risk Profile**

Tab	Chronic - Health Indicator		Trego Co. (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
7b	a	Hypertension: Medicare Population, 2018	63.7%		55.2%	57.0%	Kansas Health Matters
	b	Hyperlipidemia: Medicare Population, 2018	43.4%		37.1%	39.0%	Kansas Health Matters
	c	Heart Failure: Medicare Population, 2018	29.0%		13.4%	18.5%	Kansas Health Matters
	d	Chronic Kidney Disease: Medicare Pop, 2018	24.7%		21.8%	21.6%	Kansas Health Matters
	e	COPD: Medicare Population, 2018	15.4%		11.9%	14.4%	Kansas Health Matters
	f	Atrial Fibrillation: Medicare Population, 2018	11.9%		8.8%	10.7%	Kansas Health Matters
	g	Cancer: Medicare Population, 2018	11.4%		8.1%	8.0%	Kansas Health Matters
	h	Osteoporosis: Medicare Population, 2018	11.1%		6.1%	9.4%	Kansas Health Matters
	i	Asthma: Medicare Population, 2018	3.5%		4.3%	3.5%	Kansas Health Matters
	j	Stroke: Medicare Population, 2018	3.7%		3.1%	3.0%	Kansas Health Matters

**Tab 8 Uninsured Profile and Community Benefit**

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

Tab	Coverage - Health Indicator		Trego Co. (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
8	a	Uninsured, percent, 2018	10.0%		10.0%	11.1%	County Health Rankings

#	Trego County Lemke Memorial Hospital	YR 2018	Yr 2019	Yr 2020
1	Free Patient Care Given	\$25,694	\$14,577	\$6,796
2	Bad Debt WriteOffs	\$427,659	\$345,163	\$273,768

**Tab 9: Mortality Profile**

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

Tab	Mortality - Health Indicator	Trego Co. (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
9	a Life Expectancy, 2017-2019	79.7		78.5	78.5	Kansas Health Matters
	b Age-adjusted Cancer Mortality Rate per 100,000 population, 2017-2019 (lower is better)	136.8		155.3	149.3	Kansas Health Matters
	c Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2017-2019 (lower is better)	264.0		156.7	162.4	Kansas Health Matters
	d Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2017-2019 (Lower is better)	72.5		49.9	52.8	Kansas Health Matters
	e Alcohol-impaired driving deaths, percent, 2015-2019	25.0%		21.9%	24.6%	County Health Rankings
	f Total # Deaths involving COVID-19 if released, 2021	3		3,575	14	NY Times

Causes of Death by County of Residence, KS 2016	Trego Co. (KS)	%	TREND	%	Kansas
<b>TOTAL</b>	<b>38</b>				<b>27,312</b>
Other causes	11	28.9%		22.2%	6058
Cancer	9	23.7%		20.3%	5537
Heart disease	7	18.4%		20.2%	5520
Primary Hypertension/ Hypertensive Renal Disease & Secondary Hypertension	7	18.4%		13.2%	3603
Suicide	3	7.9%		11.3%	3085

**Tab 10: Preventive Quality Measures Profile**

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

Tab	Preventative - Health Indicator	Trego Co. (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
10	a Access to exercise opportunities, percent, 2019	71.0%		80.0%	63.9%	County Health Rankings
	b Adults with diabetes, monitoring, percent, 2017	12.0%		10.0%	11.5%	County Health Rankings
	c Mammography annual screening, percent, 2018	37.0%		45.0%	42.0%	County Health Rankings
	d Percent Annual Check-Up Visit with PCP	TBD		TBD	TBD	TBD
	e Percent Annual Check-Up Visit with Dentist	TBD		TBD	TBD	TBD
	f Percent Annual Check-Up Visit with Eye Doctor	TBD		TBD	TBD	TBD

**PSA Primary Research:**

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

**Chart #1 – Trego County, KS Online Feedback Response (N=137)**

<b>Trego Co. KS - CHNA Wave #4</b>			
<b>For reporting purposes, are you involved in or are you a ...?</b>	<b>Trego Co. KS N=137</b>	<b>Trend</b>	<b>2021 Norms N=3332</b>
Business / Merchant	8.8%		12.0%
Community Board Member	11.3%		9.1%
Case Manager / Discharge Planner	2.5%		0.8%
Clergy	2.5%		1.4%
College / University	1.3%		4.7%
Consumer Advocate	5.0%		2.0%
Dentist / Eye Doctor / Chiropractor	1.3%		0.8%
Elected Official - City/County	2.5%		2.9%
EMS / Emergency	7.5%		3.0%
Farmer / Rancher	13.8%		9.1%
Hospital / Health Dept	43.8%		24.3%
Housing / Builder	2.5%		0.9%
Insurance	1.3%		1.3%
Labor	3.8%		3.1%
Law Enforcement	2.5%		1.0%
Mental Health	1.3%		1.4%
Other Health Professional	23.8%		13.3%
Parent / Caregiver	30.0%		21.7%
Pharmacy / Clinic	5.0%		2.7%
Media (Paper/TV/Radio)	0.0%		0.4%
Senior Care	3.8%		4.5%
Teacher / School Admin	1.3%		10.8%
Veteran	5.0%		3.7%
Other (please specify)	5.0%		9.4%
<b>TOTAL</b>	<b>80</b>		<b>2060</b>
<b>Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego &amp; Russell</b>			

**Chart #2 - Quality of Healthcare Delivery Community Rating**

Trego Co. KS - CHNA Wave #4			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Trego Co. KS N=137	Trend	2021 Norms N=3332
Top Box %	22.1%		30.3%
Top 2 Boxes %	66.2%		74.0%
Very Good	22.1%		30.3%
Good	44.1%		43.7%
Average	31.6%		20.8%
Poor	1.5%		3.9%
Very Poor	0.7%		1.3%
Valid N	136		3,314
Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego & Russell			

**Chart #3 – Overall Community Health Quality Trend**

Trego Co. KS - CHNA Wave #4			
When considering "overall community health quality", is it...	Trego Co. KS N=137	Trend	2021 Norms N=3332
Increasing - moving up	33.9%		46.4%
Not really changing much	54.3%		45.6%
Decreasing - slipping	11.8%		8.0%
Valid N	127		2957
Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego & Russell			

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

Trego Co. KS - CHNA Wave #4		Ongoing Problem		Pressing
Past CHNAs Unmet Needs identified				Trego Co
Rank	Ongoing Problem	Votes	%	Trend
				RANK
1	Dental Services	75	7.3%	
2	Access to Mental Health Services	55	5.3%	
3	Suicide	50	4.8%	
4	Drug/Substance Abuse	36	3.5%	
5	Alcohol Abuse	34	3.3%	
6	Obesity	31	3.0%	
7	Transportation	26	2.5%	
8	Preventative Health / Wellness	24	2.3%	
9	Nursing Home / Senior Care	22	2.1%	
10	Chronic Disease Services	19	1.8%	
11	Home Health / Hospice	19	1.8%	
12	Exercise/Fitness	18	1.7%	
13	Awareness of Health Services	17	1.6%	
14	Nutrition - Healthy Food Options	17	1.6%	
15	Diabetes Management	13	1.3%	
TOTALS		456		

**Chart #5 - Community Health Needs Assessment "Causes of Poor Health"**

<b>Trego Co. KS - CHNA Wave #4</b>			
In your opinion, what are the root causes of "poor health" in our community?	Trego Co. KS N=137	Trend	2021 Norms N=3332
Lack of health insurance	13.1%		14.7%
Limited Access to Mental Health Assistance	18.6%		18.7%
Neglect	11.9%		10.6%
Lack of health & Wellness Education	11.0%		13.1%
Chronic disease prevention	14.8%		9.9%
Family assistance programs	5.9%		6.8%
Lack of Nutrition / Exercise Services	7.2%		11.7%
Limited Access to Specialty Care	12.7%		8.6%
Limited Access to Primary Care	4.7%		5.6%
<b>Total Votes</b>	<b>236</b>		<b>4,587</b>
Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego & Russell			

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

<b>Trego Co. KS - CHNA Wave #4</b>	Trego Co. KS N=137		Trend	2021 Norms N=3332	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?					
Ambulance Services	55.2%	20.8%		82.3%	5.0%
Child Care	49.5%	13.7%		43.0%	15.4%
Chiropractors	69.8%	3.1%		70.6%	5.1%
Dentists	2.2%	89.0%		72.1%	10.9%
Emergency Room	71.1%	5.2%		74.6%	8.4%
Eye Doctor/Optomtrist	70.1%	13.4%		77.4%	6.7%
Family Planning Services	36.2%	17.0%		41.2%	15.8%
Home Health	47.4%	17.9%		52.1%	10.4%
Hospice	54.3%	21.3%		61.0%	9.6%
Telehealth	53.4%	9.1%		53.0%	9.9%
Inpatient Services	70.2%	5.3%		80.6%	5.1%
Mental Health	23.7%	39.8%		30.4%	33.4%
Nursing Home/Senior Living	70.2%	7.4%		66.1%	9.3%
Outpatient Services	69.5%	8.4%		76.9%	4.4%
Pharmacy	87.4%	5.3%		88.2%	2.4%
Primary Care	73.4%	5.3%		79.5%	5.2%
Public Health	66.7%	6.5%		66.3%	7.0%
School Health	63.8%	4.3%		67.0%	6.3%
Visiting Specialists	53.7%	16.8%		66.3%	9.2%
Walk- In Clinic	75.8%	4.2%		57.8%	19.4%
Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego & Russell					

**Chart #7 – Community Health Readiness**

Trego Co. KS - CHNA Wave #4		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Trego Co. KS N=137	Trend	2021 Norms N=3332
Behavioral / Mental Health	40.0%		30.8%
Emergency Preparedness	13.3%		8.3%
Food and Nutrition Services/Education	17.6%		15.1%
Health Screenings (as asthma, hearing, vision, scoliosis)	12.2%		9.8%
Prenatal/Child Health Programs	21.6%		10.4%
Substance Use/Prevention	50.6%		34.5%
Suicide Prevention	57.8%		36.1%
Violence Prevention	49.4%		32.5%
Women's Wellness Programs	27.0%		16.1%
Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego & Russell			

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

**Specialties:**

Trego Co. KS - CHNA Wave #4			
In the past 2 years, did you or someone you know receive HC outside of our community?	Trego Co. KS N=137	Trend	2021 Norms N=3332
Yes	93.5%		74.2%
No	6.5%		25.8%
Valid N	93		2,010
Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego & Russell			

Specialty	Total
DENT	9
ORTH	8
CARD	6
SURG	5
DERM	4
OPHTH	4
PRIM	4
NEU	3

**Chart #8b – Healthcare Delivery “Outside our Community” (Continued)**

Trego Co. KS - CHNA Wave #4			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Trego Co. KS N=137	Trend	2021 Norms N=3332
Yes	62.1%		62.1%
No	37.9%		37.9%
Valid N	87		1857
Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego & Russell			



**Chart #9 – What HC topics need to be discussed in future Town Hall Meeting**

<b>Trego Co. KS - CHNA Wave #4</b>			
<b>What needs to be discussed further at our CHNA Town Hall meeting?</b>	<b>Trego Co. KS N=137</b>	<b>Trend</b>	<b>2021 Norms N=3332</b>
Abuse/Violence	3.6%		4.2%
Alcohol	4.1%		4.7%
Alternative Medicine	3.3%		3.6%
Breast Feeding Friendly Workplace	1.2%		1.1%
Cancer	5.3%		2.6%
Care Coordination	2.7%		2.5%
Diabetes	3.0%		2.7%
Drugs/Substance Abuse	7.1%		6.5%
Family Planning	2.1%		1.8%
Heart Disease	1.8%		1.8%
Lack of Providers/Qualified Staff	7.4%		4.1%
Lead Exposure	0.0%		0.3%
Mental Illness	10.7%		9.1%
Neglect	2.7%		2.4%
Nutrition	2.4%		4.0%
Obesity	5.9%		6.1%
Occupational Medicine	0.0%		0.6%
Ozone (Air)	0.0%		0.6%
Physical Exercise	3.8%		4.1%
Poverty	2.1%		4.7%
Preventative Health / Wellness	3.3%		4.8%
Respiratory Disease	0.0%		0.1%
Sexually Transmitted Diseases	0.3%		1.3%
Smoke-Free Workplace	0.0%		0.1%
Suicide	10.7%		7.1%
Teen Pregnancy	1.2%		1.9%
Telehealth	1.8%		2.5%
Tobacco Use	3.0%		2.2%
Transporation	3.6%		2.3%
Vaccinations	2.4%		3.3%
Water Quality	0.9%		2.3%
Health Literacy	0.9%		2.8%
Other (please specify)	3.3%		1.9%
<b>TOTAL Votes</b>	<b>338</b>		<b>8,667</b>
<b>Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego &amp; Russell</b>			

# **IV. Inventory of Community Health Resources**

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[VVV Consultants LLC]

Inventory of Health Services Trego Co. KS - YR 2021				
Cat	HC Services Offered in county: Yes / No	Hospital	Health Dept	Other
Clinic	Primary Care	Y		
Hosp	Alzheimer Center	N	N	Y
Hosp	Ambulatory Surgery Centers	N	N	N
Hosp	Arthritis Treatment Center	N	N	N
Hosp	Bariatric/weight control services	N	N	N
Hosp	Birthing/LDR/LDRP Room	N	N	N
Hosp	Breast Cancer	N	N	N
Hosp	Burn Care	N	N	N
Hosp	Cardiac Rehabilitation	Y	N	N
Hosp	Cardiac Surgery	N	N	N
Hosp	Cardiology services	Y	N	N
Hosp	Case Management	Y	N	N
Hosp	Chaplaincy/pastoral care services	Y	N	N
Hosp	Chemotherapy	N	N	N
Hosp	Colonoscopy	Y	N	N
Hosp	Crisis Prevention	N	Y	N
Hosp	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	N	N
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	Y	N	N
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)	Y	N	N
Hosp	Neonatal	N	N	N
Hosp	Neurological services	Y	N	N
Hosp	Obstetrics	N	N	N
Hosp	Occupational Health Services	N	N	N
Hosp	Oncology Services	N	N	N
Hosp	Orthopedic services	N	N	N
Hosp	Outpatient Surgery	Y	N	N
Hosp	Pain Management	Y	N	N
Hosp	Palliative Care Program	N	N	Y
Hosp	Pediatric	Y	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	N	N

<b>Inventory of Health Services Trego Co. KS - YR 2021</b>				
<b>Cat</b>	<b>HC Services Offered in county: Yes / No</b>	<b>Hospital</b>	<b>Health Dept</b>	<b>Other</b>
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
SERV	Patient Education Center	Y	Y	N
SERV	Support Groups	N	N	Y
SERV	Teen Outreach Services	N	N	N
SERV	Tobacco Treatment/Cessation Program	N	Y	N
SERV	Transportation to Health Facilities	Y	N	Y
SERV	Wellness Program	Y	N	N

<b>YR 2021 Physician Manpower - Trego County, KS</b>			
<b># of FTE Providers</b>	<b>Supply working in County</b>		
	<b>MD DO County Based</b>	<b>Visiting Providers</b>	<b>PA/NP County Based</b>
<b>Primary Care:</b>			
Family Practice	2.00	0.00	
Internal Medicine	1.00	0.00	
Obstetrics/Gynecology	0.00	0.00	
Pediatrics	0.00	0.00	
<b>Medicine Specialists:</b>			
Allergy/Immunology	0.00	0.00	
Cardiology	0.00	0.10	
Dermatology	0.00	0.00	
Endocrinology	0.00	0.00	
Gastroenterology	0.00	0.00	
Oncology/RADO	0.00	0.00	
Infectious Diseases	0.00	0.00	
Nephrology	0.00	0.00	
Neurology	0.00	0.10	
Psychiatry	0.00	0.15	
Pulmonary	0.00	0.00	
Rheumatology	0.00	0.00	
<b>Surgery Specialists:</b>			
General Surgery	0.00	0.50	
Neurosurgery	0.00	0.00	
Ophthalmology	0.00	0.00	
Orthopedics	0.00	0.00	
Otolaryngology (ENT)	0.00	0.00	
Plastic/Reconstructive	0.00	0.00	
Thoracic/Cardiovascular/Vasc	0.00	0.00	
Urology	0.00	0.00	
<b>Hospital Based:</b>			
Anesthesia/Pain	0.00	0.50	
Emergency	0.00	0.10	
Radiology	0.00	0.10	
Pathology	0.00	0.10	
Hospitalist *	0.00	0.00	
Neonatal/Perinatal	0.00	0.00	
Physical Medicine/Rehab	0.00	0.00	
<b>Others</b>			
Podiatry			
<b>TOTALS</b>	<b>3.00</b>	<b>1.65</b>	<b>0.00</b>

## Visiting Specialists to Trego Co Lemke Mem Hospital - Yr 2021

Specialty	Physician	Group Name	Schedule at hospital (visiting clinics)
<b>Medicine:</b>			
Allergy/Immunology			
Cardiology	Rashmi Thapa	DeBaKey Heart Institue	Once a month-Clinic 2nd Wednesday
Dermatology			
Endocrinology			
Gastroenterology			
Infectious Diseases			
Nephrology **			
Neurology	Ali Manguoglu	Salina Regional	Twice a month 2nd and 3rd Wednesday
OB/GYN			
Oncology			
Pediatrics			
Psychiatry	Ann Young	High Plains Mental Health	Every Thursday
Pulmonary	Kent Burquist	Salina Regional	2nd Thursday each Month
Rheumatology			
<b>Surgery:</b>			
General Surgery	Charles Schultz, MD & Jerod Grove, MD	Hays Med	3 times a each month
Neurosurgery			
Ophthalmology			
Orthopedics			
Otolaryngology (ENT)			
Plastic			
Thoracic/CV/Vasc			
Urology			
Pain Management	Dr. White	Anesthesia Assoc of Central KS	Twice each month

# 2021 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](http://www.srskansas.org/services/child_protective_services.htm)

### Domestic Violence Hotline

800-799-SAFE (7233)  
[www.ndvh.org](http://www.ndvh.org)

### Kansas Road Conditions

1-877-550-KDOT (5368)  
511  
[www.ksdot.org](http://www.ksdot.org)

### Kansas Bureau of Investigation (Topeka)

785-296-8200  
[www.accesskansas.org/kbi](http://www.accesskansas.org/kbi)

### Kansas Arson/Crime Hotline

800-KS-CRIME (572-7463)  
[www.accesskansas.org/kbi](http://www.accesskansas.org/kbi)

### Kansas Crisis Hotline (Domestic Violence/Sexual Assault)

888-END-ABUSE  
[www.kcsdv.org](http://www.kcsdv.org)

### Poison Control Center

800-222-1222  
[www.aapcc.org](http://www.aapcc.org)

### Suicide Prevention Hotline

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

## Health Services

### Hospitals

Trego County-Lemke Memorial Hospital  
320 N. 13th Street  
WaKeeney  
785-743-2182  
[tregohospital@tclmh.org](mailto:tregohospital@tclmh.org)  
[www.tclmh.org/](http://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](http://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. 6<sup>th</sup> 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. 4<sup>th</sup> 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. 6<sup>th</sup> 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. 13<sup>th</sup> Street  
 WaKeeney  
 785-743-5586

***Pharmacies***

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

***Physicians***

WaKeeney Family Care Center  
 333 N. 14<sup>th</sup> 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. 14<sup>th</sup> St.  
 WaKeeney, KS  
 785-743-5586

***Clinics***

WaKeeney Family Care Center  
 333 N. 14<sup>th</sup> Street  
 WaKeeney  
 785-743-2124

***Home Health Referral***

Health Nurse  
126 Main Street  
WaKeeney  
785-743-6348

### **Mental Health Services**

High Plains Mental Health Services  
208 East 7<sup>th</sup> Street  
Hays  
785-628-2871  
[www.highplainsmentalhealth.com](http://www.highplainsmentalhealth.com)

Trego County-Lemke Memorial Hospital  
Senior Life Solutions  
320 N. 13<sup>th</sup> Street  
WaKeeney  
785-743-2182

Smoky Hill Foundation  
209 East 7<sup>th</sup> Street  
Hays  
785-625-5521  
[www.smokyhillfoundation.com/index.html](http://www.smokyhillfoundation.com/index.html)

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

Trego County-Lemke Memorial Hospital  
320 N. 13<sup>th</sup> 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. 29<sup>th</sup> 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. 13<sup>th</sup> 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. 4<sup>th</sup> Street  
WaKeeney  
785-743-5816

WaKeeney Water Park  
716 N. 6<sup>th</sup> 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. 12<sup>th</sup> 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

800-799-SAFE (799-7233)  
800-787-3224 (TDD)  
www.ndvh.org

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

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

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

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

### **Pregnancy Services**

Mary Elizabeth Maternity Home  
204 W. 7<sup>th</sup> Street  
Hays  
785-625-6800

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

Sunflower Family Services Inc.  
327 E. 8<sup>th</sup> Street  
Hays  
785-625-4600

### **Alcohol and Drug Treatment Programs**

A Abandon A Addiction  
800-405-4810

AIC Assessment Information Classes  
888-764-5510

### **Rape**

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

Alcohol and Drug Helpline  
800-821-4357

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

### **Transportation**

Public Transportation  
785-743-8150

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

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

### **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  
\_H elp/Help\_Hotline.aspx

National Domestic Violence Hotline

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](http://www.wichita.bbb.org)

### **Children and Youth**

Boys and Girls Town National Hotline  
800-448-3000  
800-448-1833  
[www.girlsandboystown.org](http://www.girlsandboystown.org)

Child Abuse National Hotline  
800-4-A-CHILD (422-4453)  
[www.childabuse.com](http://www.childabuse.com)

Health Wave  
800-792-4884  
800-792-4292 (TTY)  
[www.kansashealthwave.org](http://www.kansashealthwave.org)

Heartspring (Institute of Logopedics)  
800-835-1043  
[www.heartspring.org](http://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](http://www.kcsl.org)

Kansas Department of Health and Environment  
785-296-1500  
[www.kdheks.gov](http://www.kdheks.gov)

Kansas Society for Crippled Children  
800-624-4530  
[www.kssociety.org](http://www.kssociety.org)

National Runaway Switchboard  
800-RUNAWAY  
[www.1800runaway.org/](http://www.1800runaway.org/)

National Society for Missing and Exploited Children  
800-THE-LOST (843-5678)  
[www.missingkids.com](http://www.missingkids.com)

### **Community Action**

Consumer Protection Hotline – Attorney General  
785-296-3751 or 800-432-2310

[www.ksag.org/content/page/id/39](http://www.ksag.org/content/page/id/39)  
Peace Corps  
800-424-8580  
[www.peacecorps.gov](http://www.peacecorps.gov)

Public Affairs Hotline (Kansas Corporation  
Commission)  
785-271-3100 (Topeka)  
[www.kcc.state.ks.us](http://www.kcc.state.ks.us)

### **Counseling**

Catholic Charities (Hays)  
877-625-2644  
[www.catholiccharitiessalina.org](http://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](http://www.highplainsmentalhealth.com)

Kansas Consumer Credit Counseling Services (Hays)  
800-279-2227  
[www.kscgccs.org](http://www.kscgccs.org)

Kansas Problem Gambling Hotline  
866-662-3800

National Hopeline Network  
800-SUICIDE (784-2433)  
[www.hopeline.com](http://www.hopeline.com)

National Problem Gambling Hotline  
800-522-4700  
[www.npgaw.org/](http://www.npgaw.org/)

Self-help Network of Kansas  
800-445-0116  
[www.selfhelpnetwork.wichita.edu](http://www.selfhelpnetwork.wichita.edu)

Senior Health Insurance Counseling  
800-860-5260  
[www.agingkansas.org/SHICK/shick\\_index.html](http://www.agingkansas.org/SHICK/shick_index.html)

Smoky Hill Foundation  
209 East 7<sup>th</sup> Street (Hays)  
785-625-5521  
[www.smokyhillfoundation.com/index.html](http://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](http://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. 1<sup>st</sup> 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](http://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/](http://www.ksinsurance.org/)

Senior Health Insurance Counseling For Kansas  
(SHICK)  
800-860-5260 (Wichita)  
[www.agingkansas.org/SHICK/shick\\_index.ht](http://www.agingkansas.org/SHICK/shick_index.html)

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### **Legal Services**

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

Kansas Bar Association  
785-234-5696  
[www.ksbar.org](http://www.ksbar.org)

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

Kansas Legal Services  
800-723-6953  
785-233-4028 (TDD)  
[www.kansaslegalservices.org](http://www.kansaslegalservices.org)

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

### **Medicaid/Medicare Services**

Kansas Health Wave  
800-792-4884  
800-792-4292 (TTY)  
[www.kansashealthwave.org](http://www.kansashealthwave.org)

Kansas Medical Assistance Program  
Customer Service  
800-766-9012  
[www.kmap-state-ks.us/](http://www.kmap-state-ks.us/)

Medicare Information  
800-MEDICARE  
[www.medicare.gov](http://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](http://www.cms.hhs.gov)

### **Mental Health Services**

Alzheimer's Association  
800-272-3900  
866-403-3073 (TDD)  
[www.alz.org](http://www.alz.org)

Developmental Services of NW Kansas  
800-637-2229  
[www.dsnwk.org/](http://www.dsnwk.org/)

Kansas Alliance for Mentally Ill (Topeka)  
785-233-0755  
[www.namikansas.org](http://www.namikansas.org)

Kansas Rural Family Helpline  
Kansas State University  
866-327-6578  
[www.humec.k-state.edu/fshs/pfws/krfhprogram.html](http://www.humec.k-state.edu/fshs/pfws/krfhprogram.html)

Make a Difference Information Network  
800-332-6262

Mental Health America  
800-969-6MHA (969-6642)  
800-433-5959 (TTY)  
[www.nmha.org](http://www.nmha.org)

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

National Institute of Mental Health  
866-615-6464  
866-415-8051 (TTY)  
[www.nimh.nih.gov](http://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](http://www.srskansas.org)

Suicide Prevention Hotline  
800-SUICIDE (784-2433)  
[www.hopeline.com](http://www.hopeline.com)

### **Nutrition**

American Dietetic Association  
800-877-1600  
[www.eatright.org](http://www.eatright.org)

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

Eating Disorders Awareness and Prevention  
800-931-2237  
[www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org)

Food Stamps (Kansas Department of Social and Rehabilitation Services)  
888-369-4777  
[www.srskansas.org/ISD/ees/food\\_stamps.htm](http://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](http://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](http://www.nwkaaa.com)

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

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

Eldercare Locator  
800-677-1116  
[www.eldercare.gov/eldercare/public/home.asp](http://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](http://www.kabc.org)

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

Kansas Tobacco Use Quit line  
866-KAN-STOP (526-7867) Toll Free

[www.kdheks.gov/tobacco/cessation.html](http://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](http://www.nwkaaa.com)

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

Senior Health Insurance Counseling for Kansas  
800-860-5260  
[www.agingkansas.org/SHICK/shick\\_index.html](http://www.agingkansas.org/SHICK/shick_index.html)

Social Security Administration  
800-772-1213  
800-325-0778 (TTY)  
[www.socialsecurity.gov](http://www.socialsecurity.gov)

Kansas Department of Social and Rehabilitation Services  
785-296-3959  
785-296-1491 (TTY)  
[www.srskansas.org](http://www.srskansas.org)

#### Veterans

Kansas Commission on Veterans' Affairs  
785-296-3976  
[www.kcva.org](http://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](http://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

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[VVV Consultants LLC]

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## a) Patient Origin Source Files

[VVV Consultants LLC]



# Inpatient Origin Reports (Continued)



Inpatient Origin by County  
Trego, KS Residents Treated in KHA Reporting Area  
Federal Fiscal Year: 2018

Detail																						
Hospital Detail by County			Pediatric				Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		Surg %	
			Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+		Cases	%	Cases	%	Cases	%	Cases	%		
Hospital Name	Rank	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
Trego County Lemke Memorial Hospital - Wakeeney, KS	1	181	43.3%	1	0.6%	6	3.3%	25	13.8%	37	20.4%	112	61.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
HaysMed, The University of Kansas Health System - Hays, KS	2	146	34.9%	3	2.1%	12	8.2%	24	16.4%	26	17.8%	40	27.4%	0	0.0%	21	14.4%	20	13.7%	34.9%		
Gove County Medical Center - Quinter, KS	3	18	4.3%	0	0.0%	1	5.6%	5	27.8%	5	27.8%	1	5.6%	0	0.0%	6	33.3%	0	0.0%	16.7%		
The University of Kansas Health System - Kansas City, KS	4	13	3.1%	1	7.7%	2	15.4%	5	38.5%	3	23.1%	2	15.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	61.5%
The University of Kansas Health System - Great Bend Campus - Great Bend, KS	5	9	2.2%	0	0.0%	0	0.0%	5	55.6%	4	44.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Salina Regional Health Center - Salina, KS	6	8	1.9%	0	0.0%	0	0.0%	2	25.0%	3	37.5%	3	37.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%
Ascension Via Christi Hospitals St. Francis - Wichita, KS	7	7	1.7%	0	0.0%	1	14.3%	1	14.3%	1	14.3%	4	57.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	71.4%
Wesley Healthcare - Wichita, KS	8	7	1.7%	5	71.4%	0	0.0%	0	0.0%	0	0.0%	2	28.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	42.9%
Memorial Health System - Abilene, KS	9	3	0.7%	0	0.0%	0	0.0%	1	33.3%	0	0.0%	0	0.0%	2	66.7%	0	0.0%	0	0.0%	0	0.0%	0.0%
Salina Surgical Hospital - Salina, KS	10	3	0.7%	0	0.0%	0	0.0%	1	33.3%	1	33.3%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Children's Mercy Hospital Kansas - Overland Park, KS	11	2	0.5%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Children's Mercy Kansas City - Kansas City, MO	12	2	0.5%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%
Kansas Residents/Nebraska Hospitals	13	2	0.5%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Michel County Hospital Health Systems - Beloit, KS	14	2	0.5%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Overland Park Regional Medical Center - Overland Park, KS	15	2	0.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	1	50.0%	50.0%
Ascension Via Christi Hospital St. Teresa - Wichita, KS	16	1	0.2%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Citizens Health - Colby, KS	17	1	0.2%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Graham County Hospital - Hill City, KS	18	1	0.2%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Kansas Residents/Minnesota Hospitals	19	1	0.2%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
LMH Health - Lawrence, KS	20	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
NMC Health - Newton, KS	21	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Osburne County Memorial Hospital - Osborne, KS	22	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Research Medical Center - Kansas City, MO	23	1	0.2%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Roark County Health Center - Plainville, KS	24	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0.0%
Shenandoah County Health Complex - Hoxey, KS	25	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
St. Catherine Hospital - Garden City, KS	26	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Stamont Val Health - Topeka, KS	27	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
The University of Kansas Health System St. Francis Campus - Topeka, KS	28	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
<b>Overall</b>		<b>418</b>	<b>100.0%</b>	<b>14</b>	<b>3.3%</b>	<b>23</b>	<b>5.5%</b>	<b>74</b>	<b>17.7%</b>	<b>83</b>	<b>19.9%</b>	<b>171</b>	<b>40.9%</b>	<b>3</b>	<b>0.7%</b>	<b>28</b>	<b>6.7%</b>	<b>22</b>	<b>5.3%</b>	<b>23.0%</b>		

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# Outpatient Origin Reports

Outpatient Market Penetration By Service Type			
Trego County Lemke Memorial Hospital - Trego Co. KS County by Federal Fiscal Year: 2020	Total Visits	Trego, KS	
		Visits	%
1 Emergency Department (45x)	1,076	716	78.3%
2 Surgery (36x, 49x)	293	164	41.2%
3 Observation (76x, excl. 761)	37	27	32.1%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	1,358	915	70.7%
14 Nuclear Medicine (34x)	47	27	28.1%
15 CT Scan (35x)	731	480	72.5%
16 Mammography (401, 403)	194	141	46.4%
17 Ultrasound (402)	167	103	30.7%
19 Magnetic Resonance Technology (61x)	226	157	62.5%
23 Pulmonary Function (46x)	30	20	33.3%
25 Stress Test (482)	32	18	40.9%
26 Echocardiology (483)	99	72	52.6%
29 Telemedicine (78x)	57	41	95.3%
33 Cardiac Rehab (943)	76	43	100.0%
35 Treatment Room (761)	979	739	78.4%
36 Respiratory Services (41x)	32	27	50.9%
37 EKG/ECG (73x)	629	433	73.8%
38 Cardiology (48x excl. 481-483)	3	3	5.7%
39 Sleep Lab (HCPC 95805-95811)	8	6	21.4%
41 Behavioral Health (90x, 91x, 100x)	67	44	95.7%
42 Physical Therapy (42x)	496	430	79.8%
43 Occupational Therapy (43x)	76	65	70.7%
44 Speech-Language Pathology (44x)	18	14	51.9%
Actual total visits	10,305	6,792	72.8%
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Outpatient Market Penetration By Service Type			
Trego County Lemke Memorial Hospital - Trego Co. KS County By Federal Fiscal: 2019	Total Visits	Trego, KS	
		Visits	%
1 Emergency Department (45x)	1,304	894	77.4%
2 Surgery (36x, 49x)	231	136	32.6%
3 Observation (76x, excl. 761)	51	39	43.8%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	1,693	1,122	70.7%
14 Nuclear Medicine (34x)	82	55	48.2%
15 CT Scan (35x)	762	504	70.9%
16 Mammography (401, 403)	258	181	51.1%
17 Ultrasound (402)	180	130	35.8%
19 Magnetic Resonance Technology (61x)	263	168	56.8%
23 Pulmonary Function (46x)	47	34	44.7%
25 Stress Test (482)	56	33	58.9%
26 Echocardiology (483)	128	86	55.5%
29 Telemedicine (78x)	45	27	96.4%
33 Cardiac Rehab (943)	94	44	81.5%
35 Treatment Room (761)	941	671	71.8%
36 Respiratory Services (41x)	29	21	38.9%
37 EKG/ECG (73x)	735	500	73.6%
39 Sleep Lab (HCPC 95805-95811)	40	26	60.5%
41 Behavioral Health (90x, 91x, 100x)	38	29	96.7%
42 Physical Therapy (42x)	713	633	84.9%
43 Occupational Therapy (43x)	92	75	72.1%
44 Speech-Language Pathology (44x)	29	24	80.0%
Actual total visits	11,710	7,630	73.0%
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## Outpatient Origin Reports (Continued)

Outpatient Market Penetration By Service Type			
Trego County Lemke Memorial Hospital - Trego Co. KS County By Federal Fiscal Year: 2018	Total Visits	Trego, KS	
		Visits	%
1 Emergency Department (45x)	1,133	788	82.0%
2 Surgery (36x, 49x)	285	158	36.2%
3 Observation (76x, excl. 761)	41	22	35.5%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	1,493	1,032	71.6%
14 Nuclear Medicine (34x)	62	45	49.5%
15 CT Scan (35x)	609	430	73.8%
16 Mammography (401, 403)	195	128	41.6%
17 Ultrasound (402)	170	112	35.3%
19 Magnetic Resonance Technology (61x)	225	148	63.2%
23 Pulmonary Function (46x)	33	21	39.6%
25 Stress Test (482)	33	24	52.2%
26 Echocardiology (483)	5	4	5.9%
29 Telemedicine (78x)	13	3	100.0%
33 Cardiac Rehab (943)	88	34	94.4%
35 Treatment Room (761)	707	502	70.3%
36 Respiratory Services (41x)	43	40	48.8%
37 EKG/ECG (73x)	746	513	78.1%
38 Cardiology (48x excl. 481-483)	94	68	58.1%
39 Sleep Lab (HCPC 95805-95811)	2	1	5.3%
42 Physical Therapy (42x)	523	461	86.8%
43 Occupational Therapy (43x)	82	81	81.8%
44 Speech-Language Pathology (44x)	24	21	56.8%
<b>Actual total visits</b>	<b>10,262</b>	<b>6,700</b>	<b>73.9%</b>
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## b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

**Trego County, KS 2021 CHNA Town Hall July 8th (7:30 -9:00 a.m.)**

Table	Attend	Lead	Last	First	Organization	Title
A	X	##	Desormiers	Tavis	Trego Community Schools	Superintendent
A	X		Schrant	Megan	TCLMH	Administrative Assistant
A	X		Adams-Cleland	Christine	TCLMH	CFO
B	X	##	Purinton	Sandy	Wakeeney Methodist Church	
B	X		Augustine	Dave	TCLMH	CEO
B	X		Moody?	Eric	TCLMH	Hospital Board Member
B	X		Mattheyer	Niki	TCLMH	LTC DON
C	X	##	Dirks	Irene	Wakeeney	Mayor
C	X		Deines	Kerah	TCLMH	CNO/Clinic Manager
C	X		Bieker	Jeff	TCLMH	Director of Human Resources
D	X	##	Campbell	Marlyce	TCLMH	Respiratory Therapist
D	X		Wilds	Angela	TCLMH	RN, Hospital Pharmacy
D	X		Billinger	Glennis	Business Owner (Farm)	Farmer
D	X		Crossland	Sammy	Gibson Pharmacy	Pharmacist



**NOTES: Trego Co. – Trego County Lemke Memorial Hospital**

**Date: 7/08/2021 – 7:30 am to 9:00 am**

**Established Needs/Strengths: Small Group Session**

**Attendance: N = 14**

**Needs**

- Dental
- Mental Health (Diagnosis, Treatment, Aftercare, Providers)
- Alzheimer / Dementia Support & Care
- Access to Specialists
- Drug / Alcohol Abuse
- Family Nutrition / Education
- Cancer
- Hospice
- Uninsured / Underinsured
- Child Care / Daycare
- Senior Health (Home, Preventative, Activities)

**Strengths**

- Adding a New Provider
- Wellness / Recreational Center
- Walk-In Clinic
- Community Attractions
- Access to Food
- Scope of Services
- Quality Staff
- Senior Life Solutions (65+ Mental Health Program)
- Community Involvement

## Wave #4 CHNA - Trego County KS

**WaKenney, KS: Town Hall Conversation - Strengths (White Cards) N=14**

Card #	Code	What are the strengths of our community that contribute to health?	Card #	Code	What are the strengths of our community that contribute to health?
1	CLIN	Walk in Clinics	8	BH	Mental Health
1	FIT	Wellness Center	8	STFF	Staffing
2	WELL	Community wellness	9	ACC	Access to exercise
2	SERV	Overall community health options	9	NH	Life Expectancy
2	QUAL	Quality of Care	9	DOCS	Providers
2	STFF	Staffing #'s	10	FIT	Access to exercise
2	SERV	Variety of Services	10	NUTR	Access to Food
3	ZZZ	Cooperation	10	DOCS	Providers
3	ALL	Health Care	10	CLIN	Walk in Clinics
3	STFF	Staffing #'s	10	FIT	Wellness Center
3	FIT	Wellness Center	11	CORP	Community involvement
4	PHY	PT Department	11	DOH	Health Department
4	CLIN	Walk in Clinics	11	DOCS	Knew DO Starting
4	FIT	Wellness Center	11	SH	School
5	EDU	Community education	12	MAMO	Access to manmogram
5	DOCS	New Physician coming	12	CORP	Community involvement
5	TRANS	New transportation	12	DOH	Health Department
5	NH	Sr. Life Solution	12	PHARM	local drug store
6	FAC	Expansion of facility	12	NH	nursing home
6	DOCS	New DO Beginning	12	DOCS	Providers
6	FAC	Outpatient rooms in future	13	ZZZ	Attraction
7	BH	Depression	13	FIT	Exercise Places
7	EMER	Good ER	13	NUTR	Grocery Store
7	DOCS	Providers	13	HOSP	Hospital
8	DENT	Dental	13	NH	Meals for Elderly

## Wave #4 CHNA - Trego County KS

### WaKenney, KS - Town Hall Conversation - Weaknesses (Blue Cards) N=14

Card #	Code	What are the weaknesses of our community that contribute to health?	Card #	Code	What are the weaknesses of our community that contribute to health?
1	DENT	Dental	7	DENT	Dental
1	BH	Mental Health	7	BH	Mental Health
1	ZZZ	CA Prevention	7	ALC	Alcohol
1	DRUG	Drug	7	DRUG	Drug
1	ALC	Alcohol	7	SUIC	Suicide
1	VACC	Vaccination	8	NH	Senior Services
1	INSU	Uninsured	8	SPRT	Support Groups
2	CC	Day Care	9	BH	Mental Health
2	SERV	Need Expansion	9	DENT	Dental
3	DENT	Dental	9	EDU	Family Education
3	BH	Mental Health	9	SPRT	Support Groups
3	DRUG	Drug	9	SUIC	Suicide
3	ALC	Alcohol	9	NUTR	Family Nutrition
3	OBES	Weight	10	BH	Mental Health
3	VACC	Immunization	10	SUIC	Suicide
3	CC	Day Care	10	PREV	Preventative care
4	DOCS	More DR	10	COVD	COVID-19
4	BILL	Change in billing	10	DENT	Dental
4	DENT	Dental	10	CHRON	Chronic Health
4	ALZ	Alheimeirs	10	DIAB	Diabetes
4	COMM	Communication between hospital	10	CC	Day Care
5	BH	Mental Health	11	DENT	Dental
5	SPEC	Access to Specialist	11	OP	Outpatient Services
5	CANC	Cancer Research	11	BH	Mental Health
5	CHRON	Chronic disease	11	NUTR	Nutrition knowledge
5	PART	Collaboration	11	OBES	Obesity
6	BH	Behavior Health Services	11	CHRON	Chronic health management
6	DOCS	Expand Providers	12	SPEC	Specialist
6	TRAN	Transportation	12	BH	Depression
6	CANC	Cancer Research	12	OBES	Obesity
6	OP	Outpatient Services	12	PREV	Preventative care
			12	BH	Mental Health

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## c) Public Notice & Requests

[VVV Consultants LLC]

## **EMAIL #1 Request Message (Cut & Paste)**

**From:** Megan Schrant, Administrative Assistant

**Date:** 4/23/2021

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

**Subject:** Trego County Community Health Needs Assessment 2021

**Trego County Lemke Memorial Hospital** is partnering with other community health providers to update the Trego County Community Health Needs Assessment. The goal of this assessment update is to understand progress in addressing health needs cited in the 2015 and 2018 CHNA reports and to collect up-to-date community health perceptions.

VVW Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct this countywide research. All responses will be confidential.

To gather community feedback, a short and confidential online survey has been developed. Please utilize the link below to access and complete the survey.

**LINK:** [https://www.surveymonkey.com/r/CHNA2021\\_TregoCo](https://www.surveymonkey.com/r/CHNA2021_TregoCo)

All community residents and business leaders are encouraged to complete the 2021 CHNA online survey by **Tuesday, June 1<sup>st</sup>**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Thursday, July 8<sup>th</sup>**, for Breakfast from **7:30 a.m. - 9:00 a.m.** More information is to come soon! Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (785)-743-2182

# Trego County begins 2021 Community Health Needs Assessment.

**Media Release:** 04/23/21

Over the next few months, **Trego County Lemke Memorial Hospital** will be working with area providers to update the 2018 Trego County Community Health Needs Assessment (CHNA). KCMH is seeking input from community members regarding the healthcare needs in Trego County in order to complete the 2021 CHNA.

VVV Consultants LLC, an independent research firm from Olathe KS, has been retained to conduct this countywide research. The goal of this assessment update is to understand progress in addressing community health needs cited in the both the 2015 and 2018 assessment reports while collecting up-to-date community health perceptions and ideas.

A brief community survey has been developed in order to accomplish this work. The survey can be accessed on our website or social media sites.

All community residents and business leaders are encouraged to complete the 2021 CHNA online survey by **Tuesday, June 1<sup>st</sup>**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Thursday, July 8<sup>th</sup>**, for Breakfast from **7:30 a.m. - 9:00 a.m.**

*Thank you in advance for your time and support!*

If you have any questions regarding CHNA activities, please call (785)-743-2182

## EMAIL #2 Request Message (Cut & Paste)

**From:** Megan Schrant, Administrative Assistant

**Date:** 06/17/2021

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

**Subject:** Trego County 2021 Community Town Hall Scheduled – July 8th

**Trego County Lemke Memorial Hospital** is hosting a scheduled Town Hall Meeting for the 2021 Community Health Needs Assessment (CHNA). The purpose of this meeting will be to review the community health indicators and gather feedback opinions on key community needs. This event will be held on **Thursday, July 8<sup>th</sup>**, for Breakfast from **7:30 a.m. – 9:00 a.m.**

All business leaders and residents are encouraged to join us for this meeting. With COVID still among us, we must ensure the safety of our community first and foremost. Therefore, it is imperative that you complete an RSVP in order for us to adhere to proper safety guidelines. We hope you find the time to attend this important event by following the link below to complete your RSVP for July 8<sup>th</sup>. Note> Those who RSVP, will receive additional information and confirmation a few days prior to the event.

LINK: [https://www.surveymonkey.com/r/TregoCo\\_RSVP\\_CHNA2021](https://www.surveymonkey.com/r/TregoCo_RSVP_CHNA2021)

*Thanks in advance for your time and support!*

If you have any questions regarding CHNA activities, please call (785)-743-2182

# Trego County Lemke Memorial Hospital Hosts Local Town Hall Event.

Media Release: 06/17/21

**Trego County Lemke Memorial Hospital** has scheduled the Town Hall meeting for the 2021 Community Health Needs Assessment on **Thursday July 8<sup>th</sup>**, for Breakfast from **7:30 a.m. – 9:00 a.m.** During this event, we will review the community health indicators and gather feedback opinions on key community health needs for Trego County.

Due to Covid and state-wide guidelines, we must ensure the safety of our community members during this on-site event. Therefore, those who wish to attend must RSVP to adequately prepare for this social distanced gathering. You may do this by visiting the Trego County Lemke Memorial Hospital [website](#) and [social media sites](#) to obtain the link and complete your RSVP. We hope you can find the time to join us for this important event on July 8<sup>th</sup>, 2021.

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

*Thanks in advance for your time and support!*

If you have any questions regarding CHNA activities, please call (785)-743-2182

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## d.) Primary Research Detail

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[VVV Consultants LLC]

### CHNA 2021 Community Feedback: Trego Co. KS (N=137)

ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1071	67672	Good	Not really changing much	FINA	INSU	ACC	Healthcare premiums and deductibles are too high. People put things off because they cant afford them.
1131	67672	Very Good	Increasing - moving up	OWN			I think poor health us caused by the lack of people seeking the health care in the first place.
1081	67672	Average	Decreasing - slipping downward	OWN			Lack of motivation to follow healthy lifestyles. Lack of support for health/wellness practices from our community's healthcare system.
1096	67672	Poor	Not really changing much	PREV	BH	DRUG	Little to no health education or teaching in preventative health. NO mental health or substance abuse/Alcohol rehabilitation
1115	67672	Good	Not really changing much	POV	INSU	FINA	meet the needs of the poor and underinsured in community wellness drives that are free or significantly low cost. Show us our providers are committed to a well community.
1003	67672	Average	Not really changing much	OWN			Most people do not seem motivated to maintain their own health/wellness level by eating healthy food and being physically active.
1021	67672	Very Good	Increasing - moving up	POV			poverty
1012	67672	Very Good	Increasing - moving up	OWN	NEG		Self neglect - people just don't care about their health

### CHNA 2021 Community Feedback: Trego Co. KS (N=137)

ID	Zip	Rating	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1075		Good	Increasing - moving up	AMB	STFF	WAIT	Ambulance service seems to be under staffed as ambulance service sometimes has to be put on hold before a patient can be transported.
1100	67672	Average	Increasing - moving up	DENT			No dentist here.
1125	67672	Average	Decreasing - slipping downward	DOCS	NH	PEDS	Need more physicians who are good with elderly and children and less PA and NP.
1056	67656	Average	Decreasing - slipping downward	DOCS	RET		PA's are okay but we would rather deal with a Medical Doctor. Someone who stays around.
1008	67672	Average	Decreasing - slipping downward	DOCS	SCH	PRIM	Not enough doctors too many nurse practitioners No one wants to work on Friday and not enough late appointments available Can't get in to see primary
1007		Average	Decreasing - slipping downward	DOCS	TRAIN	LDRS	Not enough experienced staff. Lack of experience in leadership positions
1002	67656	Average	Decreasing - slipping downward	DOCS			Need more doctors
1105	67656	Average	Decreasing - slipping downward	DOCS			Not enough doctors too many nurse practitioners and pas
1112	67672	Good	Increasing - moving up	DOCS			Need more doctors and not so many PA's
1092	67672	Average	Not really changing much	DOCS	RET		As stated before we need more drs not just pa and np. 2 drs are nit enough to cover and a new one coming in as an old one retires is still 2 drs
1018		Average	Not really changing much	DOCS	TRAIN		More MDs well trained
1016	67672	Average	Not really changing much	DOCS			Need more actual Dr's not PA's
1071	67672	Good	Not really changing much	DOCS			need more doctors
1115	67672	Good	Not really changing much	DOCS			Not enough physicians... However, I have always been able to have myself or my family seen by a PA or NP when needed.
1128	67672	Good	Not really changing much	DOCS			Could use another MD
1081	67672	Average	Decreasing - slipping downward	DOH	CLIN		County health department needs to be allowed to have more manpower and funding. Hospital/clinic/ER needs to have more MD coverage, less midlevel. "Walk-in" clinic needs to have evening and weekend hours.
1096	67672	Poor	Not really changing much	DRUG	ALC	TRAN	Staff education and preparedness is sadly lacking. No dental, no mental health, no substance abuse or alcohol programs. No out of town transportation to specialists, again--community members have tried to address the transportation issue with LITTLE SUPPORT
1081	67672	Average	Decreasing - slipping downward	EMER	HRS		County health department needs to be allowed to have more manpower and funding. Hospital/clinic/ER needs to have more MD coverage, less midlevel. "Walk-in" clinic needs to have evening and weekend hours.
1101	67672	Average	Not really changing much	EMER	BH		E.R. limited staff, mental health services are very lacking
1003	67672	Average	Not really changing much	EMER	CLIN	HRS	More MD coverage in ER. "Walk-in clinic" needs to have evening/weekend hours. Hospital could be utilized so much better by having specialists visit locally.
1025	67672	Good	Not really changing much	FF	TRAIN		My issue was the procedure followed when I called in about a medical issue and wondering if I should go to emergency room for evaluation. A nurse gave me a totally wrong "diagnosis" and didn't advise coming in. That it was something non-emergency. I contacted my PC provider the next day and I SHOULD have come in. The nurse gave her opinion based on who knows what. Thankfully I was not having a stroke, though I was having many symptoms of it.
1006	67672	Good	Not really changing much	HRS	DENT	OPHTH	Hours seem very limited for better doctors. No dentist. Eye dr hours are iffy
1001	67672	Average	Decreasing - slipping downward	NURSE	MAN		Not enough local nurses Need new administrator and HR person We don't need a CNO all departments just need to report to a decent CEO
1091	67672	Good	Not really changing much	NURSE			nursing staff was cut. we used a lot of agency.
1068	67672	Good	Not really changing much	OBG	DENT		I don't know if its feasible or not but an OB department would seem to be beneficial. Also a Dental Office here in the community would be a huge benefit
1109	67631	Good	Not really changing much	PRIM			Yes for primary No for specialty
1052	67672	Average	Not really changing much	SCH	CLIN		Difficult to get an appointment at the clinic.
1096	67672	Poor	Not really changing much	TRAIN	DENT	BH	Staff education and preparedness is sadly lacking. No dental, no mental health, no substance abuse or alcohol programs. No out of town transportation to specialists, again--community members have tried to address the transportation issue with LITTLE SUPPORT

### CHNA 2021 Community Feedback: Trego Co. KS (N=137)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1119	67672	Good	Not really changing much	ACC	SERV		Have a place that people can get screened at a cheap rate. Offer screenings on a regular bases like Hays does.
1114	67672	Good	Not really changing much	ALC	SPRT		alcohol abuse and support
1092	67672	Average	Not really changing much	ALL			Instead of new actually work on the old
1019	67672	Average	Decreasing - slipping downward	BH	SERV		Mental health services,
1065	67631	Very Good	Increasing - moving up	BH	SPRT		Mental health support groups for all age groups
1091	67672	Good	Not really changing much	BH	DRUG		Mental health substance/ drug abuse
1101	67672	Average	Not really changing much	BH	DRUG	ALC	Mental health help, substance/drug/alcohol abuse, obesity, suicide prevention
1035	67672	Average	Not really changing much	BH	FIT	SERV	Mental health wellness; physical activity programs; health screening options
1023	67672	Average	Not really changing much	BH	SUIC	FIT	Mental health, Suicide prevention, beginners exercise programs
1109	67631	Good	Not really changing much	BH	SUIC	DRUG	Mental health w/ focus on suicide prevention & substance abuse
1129	67672	Good	Not really changing much	BH	SUIC	SPRT	Mental health/suicide prevention programs
1127	67672	Good	Not really changing much	CC	DENT		Need more daycares and a dentist
1002	67656	Average	Decreasing - slipping downward	CORP	DOH		Community health
1016	67672	Average	Not really changing much	COVD			Remove the masks
1100	67672	Average	Increasing - moving up	DENT			Dentist
1102	67672	Very Good	Increasing - moving up	DENT			Dentist
1111	67656	Average	Not really changing much	DENT	ALC	DRUG	Dentist in town. AA Meetings or drug/alcohol counseling program
1099	67637	Good	Not really changing much	DENT	CHIRO	SURG	dentist, chiropractor, more local surgeries
1029	67672	Good	Not really changing much	DENT	CLIN		A Dental clinic
1052	67672	Average	Not really changing much	DENT	OBES	BH	Get a dentist. Address obesity. Expand mental health services.
1006	67672	Good	Not really changing much	DENT			A dentist brought in
1088	67672	Very Good	Not really changing much	DENT			dental
1003	67672	Average	Not really changing much	DIAB	NUTR	EDU	Diabetic nutrition education, healthy eating/physical activity support, support to stop tobacco, alcohol and drug use, out of town public transportation for medical appointments, general preventative measures for chronic disease supported.
1056	67656	Average	Decreasing - slipping downward	DRUG	ALC	OBG	Drug and Alcohol programs, Labor and Delivery care,
1081	67672	Average	Decreasing - slipping downward	DRUG	TRAN		AA, NA, healthy-weight support, physical activity support, out-of-town medical transportation, whole-person health/wellness initiatives, older adult health (not illness/medical) support.
1134	67672	Good	Not really changing much	DRUG	SUIC	PREV	Drug and suicide prevention
1003	67672	Average	Not really changing much	DRUG	TRAN	PREV	Diabetic nutrition education, healthy eating/physical activity support, support to stop tobacco, alcohol and drug use, out of town public transportation for medical appointments, general preventative measures for chronic disease supported.
1031	67672	Good	Increasing - moving up	FEM			Women health
1025	67672	Good	Not really changing much	FINA	SPRT		Unfortunately I do not have much experience with options of community health needs so I do not have any recommendations at this time. I just ask that any new programs looked into are also realistically considered as to financial and population needs.
1123	67672	Average	Decreasing - slipping downward	FIT	REC		Walking trail.
1032	67637	Good	Increasing - moving up	FIT	NUTR	EDU	Group fitness classes and access to nutrition classes
1003	67672	Average	Not really changing much	FIT	TOB	ALC	Diabetic nutrition education, healthy eating/physical activity support, support to stop tobacco, alcohol and drug use, out of town public transportation for medical appointments, general preventative measures for chronic disease supported.
1125	67672	Average	Decreasing - slipping downward	LAB	FINA	FIT	Discounted labs more than once a year if that. More exercise/wellness programs through rec.
1082	67672	Good	Decreasing - slipping downward	NUTR	BH		Nutrition Behavioral Health
1105	67656	Average	Decreasing - slipping downward	NUTR			Nutrition
1081	67672	Average	Decreasing - slipping downward	OBES	FIT		AA, NA, healthy-weight support, physical activity support, out-of-town medical transportation, whole-person health/wellness initiatives, older adult health (not illness/medical) support.
1101	67672	Average	Not really changing much	OBES	SUIC		Mental health help, substance/drug/alcohol abuse, obesity, suicide prevention
1117	67672	Good	Increasing - moving up	OP	DENT	ALZ	more outpatient clinic services. dental care. alzheimers unit.
1061	67637	Good	Increasing - moving up	OP	IP	BH	Outpatient or inpatient mental/behavioral
1070	67672	Very Good	Not really changing much	ORTHO	PEDS		Would be nice to have ortho come here and maybe a pediatrician
1090	67631	Average	Not really changing much	PEDS	ADOL		Something to do with children
1115	67672	Good	Not really changing much	SERV	ADOL	CARD	free community wellness screens for children in our community, blood pressure and blood sugar checks monthly as a community service.
1067	67672	Good	Not really changing much	SUIC	BH		suicide and mental health is becoming a large problem in our small town lately
1001	67672	Average	Decreasing - slipping downward	TRAN			Transports out of town

Let Your Voice Be Heard!

In 2018, Trego County Lemke Memorial Hospital surveyed the community to assess health needs. Today, we request your input again in order to create a 2021 Trego County (KS) Community Health Needs Assessment (CHNA). To gather current service area feedback, a short online survey has been created to evaluate current community health needs.

While your participation is voluntary and confidential, all community input is valued. Thank you for your attention! Deadline to participate is Tuesday, June 1st, 2021.

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

- Very Good     Good     Average     Poor     Very Poor

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

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

Please specify why.

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

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

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

- |   |   |
|---|---|
| <input type="checkbox"/> Access to Mental Health Services | <input type="checkbox"/> Home Health / Hospice            |
| <input type="checkbox"/> Alcohol Abuse                    | <input type="checkbox"/> Nutrition - Healthy Food Options |
| <input type="checkbox"/> Awareness of Health Services     | <input type="checkbox"/> Nursing Home / Senior Care       |
| <input type="checkbox"/> Chronic Disease Services         | <input type="checkbox"/> Obesity                          |
| <input type="checkbox"/> Dental Services                  | <input type="checkbox"/> Preventative Health / Wellness   |
| <input type="checkbox"/> Diabetes Management              | <input type="checkbox"/> Suicide                          |
| <input type="checkbox"/> Drug/Substance Abuse             | <input type="checkbox"/> Transportation                   |
| <input type="checkbox"/> Exercise/Fitness                 |   |

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

- |   |   |
|---|---|
| <input type="checkbox"/> Access to Mental Health Services | <input type="checkbox"/> Home Health / Hospice            |
| <input type="checkbox"/> Alcohol Abuse                    | <input type="checkbox"/> Nutrition - Healthy Food Options |
| <input type="checkbox"/> Awareness of Health Services     | <input type="checkbox"/> Nursing Home / Senior Care       |
| <input type="checkbox"/> Chronic Disease Services         | <input type="checkbox"/> Obesity                          |
| <input type="checkbox"/> Dental Services                  | <input type="checkbox"/> Preventative Health / Wellness   |
| <input type="checkbox"/> Diabetes Management              | <input type="checkbox"/> Suicide                          |
| <input type="checkbox"/> Drug/Substance Abuse             | <input type="checkbox"/> Transportation                   |
| <input type="checkbox"/> Exercise/Fitness                 |   |

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

- |  |  |
|--|--|
| <input type="checkbox"/> Chronic Disease                     | <input type="checkbox"/> Limited Access to Mental Health |
| <input type="checkbox"/> Lack of Health & Wellness           | <input type="checkbox"/> Family Assistance programs      |
| <input type="checkbox"/> Lack of Nutrition/Exercise Services | <input type="checkbox"/> Lack of Health Insurance        |
| <input type="checkbox"/> Limited Access to Primary Care      | <input type="checkbox"/> Neglect                         |
| <input type="checkbox"/> Limited Access Specialty Care       |  |

Other (Be Specific).



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/Palliative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telehealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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

	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 Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home/Senior Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk-In Clinic Access	<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
Behavioral/Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal/Child Health Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use/Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence/Abuse Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Wellness Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



11. Do you have any Covid-19 worries and/or concerns in regards to Community Health delivery?

Yes

No

If yes, please specify your thoughts.

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

Yes

No

If yes, please specify the services received

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

Yes

No

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

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

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

Other (Please specify).

16. 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).

17. What is your home ZIP code? Please enter 5-digit ZIP code; for example 66544 or 65305



**VWV Consultants LLC**

## **VWV Consultants LLC**

**Vince Vandehaar, MBA**

*Principal & Adjunct Professor*

VVV@VandehaarMarketing.com

**Cassandra Kahl, BHS**

*Lead Consultant*

CJK@VandehaarMarketing.com

HQ Office:

601 N Mahaffie, Olathe, KS 66061

(913) 302-7264

<http://vandehaarmarketing.com/>

**VWV 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