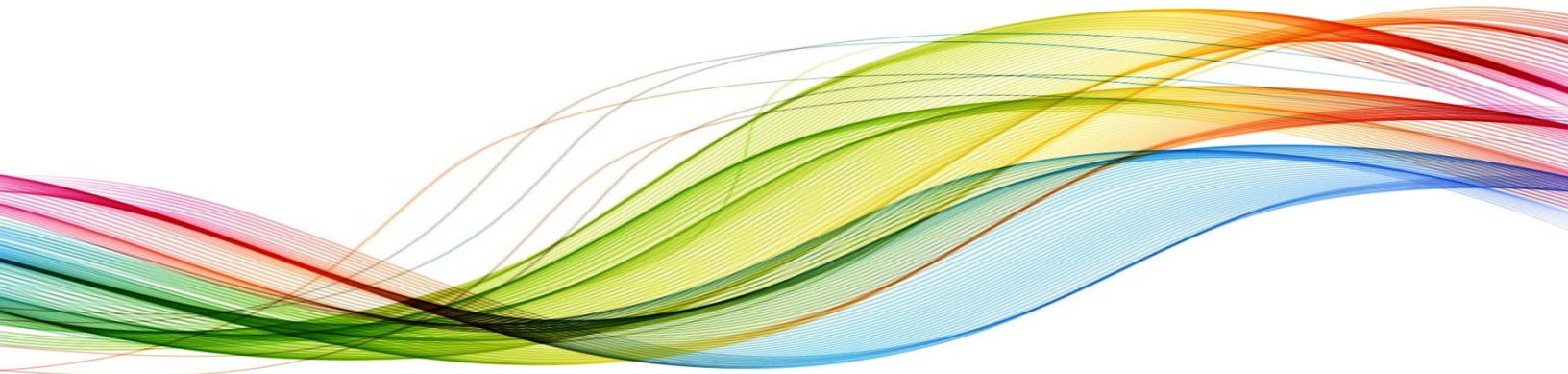




Community Health Needs Assessment Miami County Medical Center

Miami and Linn County, Kansas



January 2019

**VVV Consultants LLC
Olathe, KS**

Community Health Needs Assessment

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I. Executive Summary

Miami County Medical Center- Miami and Linn County, KS - 2018 Community Health Needs Assessment (CHNA) Wave #3

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders and providers, along with the local residents, to research and prioritize county health needs and document community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years.

Miami and Linn Co, KS previous CHNA was completed in 2016. (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 #3 Miami/Linn Counties KS CHNA assessment began May 2018 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

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 quality health care.

a) County Health Area of Future Focus

Miami County CHNA Town Hall - "Community Health Improvements Needs"

2018 Wave #3 CHNA - Miami County (KS)				
Health Priorities Town Hall results (41 Attendees, 156 Votes)				
on behalf of Miami County Medical Center PSA				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Screen, Treatment, Rehab)	27	17.3%	17.3%
2	Drugs / Opioids	21	13.5%	30.8%
3	Food insecurity	17	10.9%	41.7%
4	Suicide Prevention	12	7.7%	49.4%
5	Local Specialty Care (Neuro, NEP, Pulm, Endo & Pod)	11	7.1%	56.4%
6	Obesity (Nutrition/ Exercise)	10	6.4%	62.8%
7	Senior Care	8	5.1%	67.9%
8	Housing (Affordable / Safe)	7	4.5%	72.4%
9	HC Transportation	7	4.5%	76.9%
10	Immunizations	7	4.5%	81.4%
Total Votes:		127	100%	
Other Items receiving votes: Knowledge of Resources, PCP retention, Prenatal Care, Health Education, Affordable Health Insurance, Smoking, Domestic Violence, After Hrs Care, Early Child Care and Access to Grocery Store.				

*** Accum = a running total of voting percentage by need.

b) Town Hall CHNA Findings: Areas of Strengths

Miami County CHNA Town Hall - "Community Health Areas of Strengths"

Miami Co - Community Health "Strengths"			
#	Topic	#	Topic
1	Access to Physical Activity	6	Eye Care
2	Access to Healthcare	7	Pharmacy
3	Communication in County	8	Schools
4	Dental Care	9	Urgent Care Services
5	ER Services	10	Walk-in Clinic Care

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

KANSAS HEALTH RANKINGS: According to the 2018 Robert Wood Johnson County Health Rankings, Miami County (KS) was ranked 16th in Health Outcomes, 38th in Health Factors, and 103rd in Physical Environmental Quality out of the 105 Counties.

TAB 1: Demographic Profile. Miami County's (KS) population is 33,461 and Linn County's (KS) population is 9,726 (based on 2017). Miami's population per square mile (based on 2010) is 57 persons and Linn County's population per square mile is 16.3 persons. For Miami County, 5.9% of the population is under the age of 5 and 16.5% is over 65 years old. Fifty percent (50.3%) of Miami County is Female. Hispanic or Latinos make up 3.3% of the population and there are 1.4% of Miami County citizens that speak a language other than English at home. In Miami County, children in single parent households make up 25%. There are 3,185 Veterans living in Miami and Linn Counties combined.

TAB 2: Economic Profile. The per capita income in Miami County (KS) is \$30,353, and 8.2% of the population in poverty. Linn County (KS) has 16.6% of population in poverty. In Miami County there are 13,736 total housing units with a severe housing problem of 15%. There are 2,696 total firms (based on 2012) in Miami County and an unemployment rate of 4.3%. Food insecurity is at 12-14% in Linn and Miami Counties and they both have long commutes to work.

TAB 3: Schools Health Delivery Profile. Children eligible for a free or reduced-price lunch ranges from 39-56% in Miami and Linn Counties. Eighty-nine percent (89%) of students in Linn County and 94.7% in Miami County graduate high school while 16% of students in Linn County and 24.7% in Miami County obtain their bachelor's degree or higher.

TAB 4: Maternal and Infant Health Profile. The percent of births where prenatal care started in the first trimester is 88.8% and 30.7% of births in Miami County (KS) occur to unmarried women. Births where mothers have smoked during the pregnancy is at 10.7% in Miami County

and 22% in Linn County (KS) and the percent of WIC mothers breastfeeding exclusively is 18.4% in Miami County.

TAB 5: Hospitalization/Provider Profile. There is one primary care physician per 2,500 people in Miami County (KS) and one primary care physician per 9,540 people in Linn County (KS). Preventable hospital stays are at 62-64% compared to the comparative norm and the average time spent in an emergency room waiting room is eleven minutes for both counties. For comparison purposes, a KS rural norm has been determined. Note: KS 12 Rural Norm (N=12) includes the following counties: Miami, Linn, Anderson, Allen, Bourbon, Franklin, Coffey, Osage, Jefferson, Atchison, Jackson, Brown.

TAB 6: Social & rehab Services Profile. People getting treated for depression in Miami County (KS) is 15.4% while the age-adjusted suicide mortality rate (per 100,000) in Miami County is 20, which is about the same as the comparative norm.

TAB 7: Health Risk Profiles. Thirty-four (34%) to 35% percent of adults in Miami and Linn Counties (KS) are obese (based on 2014), with 27-34% of the population physically inactive. Sixteen percent of adults drink excessively and 16% smoke in Miami County. Hyperlipidemia risk is at 41.3%, while Chronic Kidney Disease is 16% in Miami County. Atrial Fibrillation risk is at 9.5% in Miami County, which is higher than the comparative norm.

TAB 8: Uninsured Profiles/Community Invest. The adult uninsured rate for Miami County (KS) is 7%, while 12% are in Linn County (KS).

TAB 9: Morality Profile. The life expectancy rate in Miami County (KS) is 77.3 for Males and 80.7 for Females. Heart Disease Mortality rate (Per 100,000) is 203.8 in Miami County, which is higher than the comparative norm. The highest cause of death in Miami County is heart disease.

TAB 10: Preventive Health Profile. Sixty-five percent (65%) of Miami and Linn County (KS) residents have access to exercise opportunities and as high as 88% monitor diabetes. 64% of women in Miami County get annual mammography screenings (based on 2014).

Key 2018 Community Feedback Conclusions: Stakeholder feedback from residents, community leaders and providers (N=116) provided the following community insights via an online perception survey:

- Using a Likert scale, 54.3% of Miami County (KS) stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Miami County stakeholders are satisfied with the following services: Ambulance Services, Child Care, Chiropractors, Dental Care, and ER services.
- When considering past CHNA needs; Affordable Health Care Insurance, Drug/Substance Abuse, Affordable Pharmaceuticals, Mental Health Access, Obesity and Urgent Care services were identified.

CHNA Wave #3		Ongoing Problem		Pressing
Past CHNAs health needs identified		Miami Co		Trend
#	Topic	Votes	%	Miami Co RANK
1	Affordable Health Care Insurance	52	11.5%	1
2	Drug / Substance Abuse	49	10.8%	2
3	Affordable Pharmaceuticals	44	9.7%	4
4	Mental Health Access	41	9.1%	3
5	Obesity	36	7.9%	7
6	Urgent Care	33	7.3%	5
7	Alcohol Abuse	25	5.5%	6
8	Fitness / Exercise options	25	5.5%	9
9	Nutrition - Healthy Food options	25	5.5%	11
10	Awareness of existing HC services	23	5.1%	8
11	Wellness / Prevention	23	5.1%	13
12	Chronic Health	20	4.4%	12
13	Primary Care Access	15	3.3%	14
14	Home Health	13	2.9%	15
15	Teen Pregnancy	12	2.6%	16
16	Personal Health Management	11	2.4%	10
17	Sexually Transmitted Diseases (STD)	6	1.3%	17
TOTALS		453	100.0%	

II. Methodology

[VVV Consultants LLC]

II. Methodology

a) CHNA Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

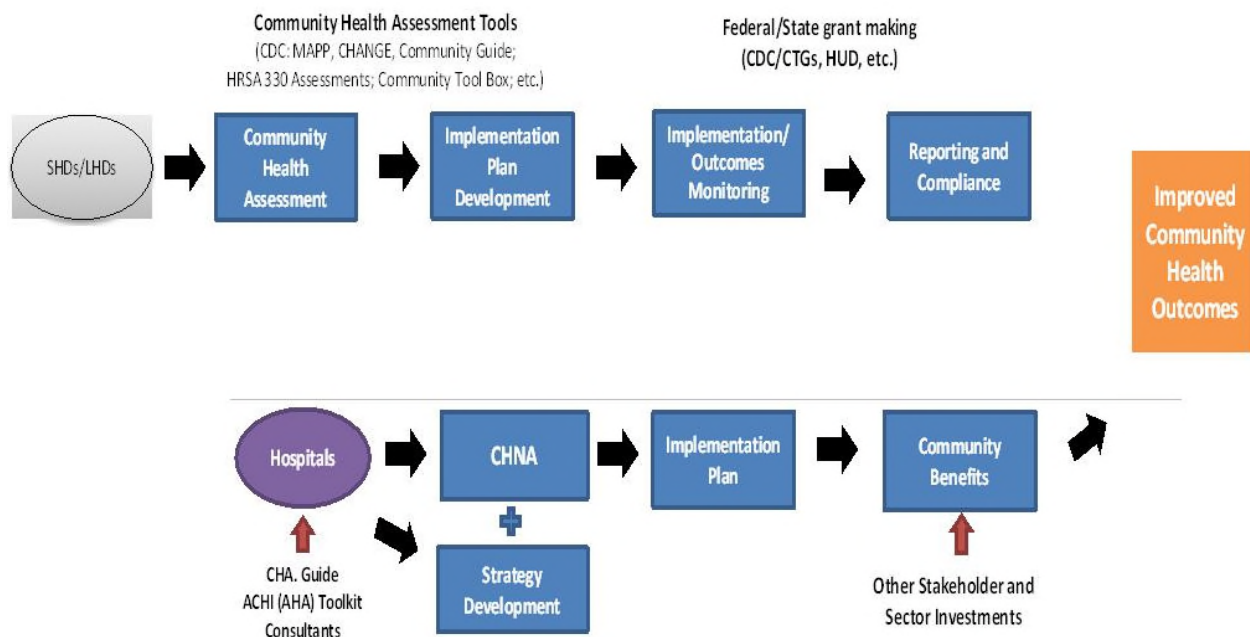
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Notice 2011-52 Overview

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

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

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

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

ACCOUNTING TODAY 1/2/15

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

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

The ACA also added a new Section 4959, which imposes an excise tax for failure to meet the CHNA requirements, and added reporting requirements. These final regulations provide guidance on the entities that must meet these requirements, the reporting obligations relating to these requirements and the consequences for failing to satisfy the requirements.

"Charitable hospitals represent more than half of the nation's hospitals and play a key role in improving the health of the communities they serve," wrote Emily McMahon, Deputy Assistant Secretary for Tax Policy at the U.S. Department of the Treasury, in a blog post explaining the requirements. "But reports that some charitable hospitals have used aggressive debt collection practices, including allowing debt collectors to pursue collections in emergency rooms, have highlighted the need for clear rules to protect patients. For hospitals to be tax-exempt, they should be held to a higher standard. That is why the Affordable Care Act included additional consumer protection requirements for charitable hospitals, so that patients are protected from abusive collections practices and have access to information about financial assistance at all tax-exempt hospitals."

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

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

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

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

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

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

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

RICH DALY, HFMA SENIOR WRITER/EDITOR

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

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

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

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

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

Reasons for Revocation

Hospital 501(r) requirements include:

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

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

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

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

Widespread Vulnerability

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

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

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

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

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

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

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

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

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

Public Health Criteria:

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

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

DOMAIN 1 includes 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

II. Methodology

b. Collaborating CHNA Parties

Working together to improve community health takes collaboration. Listed below is an in-depth profile of the local hospitals and health department CHNA partners:

Miami County Medical Center

2100 Baptiste Drive

Paola, Kansas 66071

913-294-2327

CEO: Stan Holm

Miami County Medical Center (MCMC) is a member of the Olathe Health (OH). MCMC's mission and vision is the same as OH.

About Us: Miami County Medical Center has a 39-bed license and offers a 24-hour emergency care center staffed by certified emergency professionals. We also specialize in providing quality care in numerous sub-specialties, including general surgery, orthopedics, cardiology, podiatry and family medicine. In addition, MCMC Emergent Stroke Ready is designated from the American Heart Association and is a Level IV Trauma Center.

Mission: To help people through healing, health and happiness.

Vision: MCMC is committed to be the premier healthcare provider and employer throughout the communities we serve.

Services and Specialties

As a member of Olathe Health, MCMC has access to numerous health delivery areas such as primary care, cardiology, oncology, surgery, diagnostic imaging, rehabilitation, home health and hospice care.

Allergy & Asthma	Neurology
Arthritis & Rheumatology	Neurosurgery
Bariatric Surgery (Weight Loss)	Obstetrics/Gynecology
Blood Disorders (Hematology)	Oncology
Breast Care	Ophthalmology
Cancer Care (Oncology)	Orthopedics & Sports Medicine
Cardiac and Pulmonary Rehab	Pain Management
Cardiovascular Care (Heart)	Pediatrics
Critical / Intensive Care	Pharmacy
Dermatology	Physical Medicine and Rehabilitation
Diabetes Care	Plastic & Reconstructive Surgery
Doctors Who Deliver Babies	Podiatry
Ear, Nose & Throat (Otolaryngology)	Pulmonology
Emergency Medicine	Radiation Oncology
Endocrinology	Radiology
Family Medicine	Rehabilitation Services (Physical, Occupational, Speech)
Gastroenterology	Rheumatology
Hand Surgery	Sinus Care
Hematology	Skin Rejuvenation
Home Healthcare	Sleep Disorders
Hospice	Stroke Care
Infectious Disease	Surgery
Infertility (Reproductive Endocrinology)	Urgent Care
Internal Medicine	Urology
Joint Replacement	Vascular Surgery
Laboratory	Vein Care Center
Mammography	Women's Health
Migraine Surgery	Wound Care and Hyperbaric Medicine
Nephrology	

Miami County Health Department

1201 Lakemary Drive

Paola, KS 66071

Phone: 913-294-2431

Director: Rita McKoon, RN

About Us: The role of the Community Health Department is to provide leadership to the public health and medical communities in a coordinated effort to detect, respond to, and prevent illness. Programs administered by the Health Department include:

- Women's Health Care
- Immunizations
- Women, Infant, and Children (WIC)
- Day Care Licensing
- Kan-Be-Healthy Screenings
- Healthy Start

Office Hours:

8:00 a.m. to noon & 1:00 p.m. to 4:30 p.m.

Monday, Tuesday, Thursday, Friday

8:00 a.m. to noon & 1:00 p.m. to 5:30 p.m.

Wednesday

Weekly schedule of services provided:

Tuesdays and Thursdays - 8:00 a.m. to noon and 1:00 p.m. to 4:00 p.m.

Walk-In Services:

- Blood Pressure and Pulse
- Blood Sugar
- General Counseling
- Hemoglobin
- Immunizations (Appointment Only)
- Injections (with Dr's order)
- TB testing – one only, Tuesday from 8:00 a.m. to 12:00 p.m. and 1:00 p.m. to 4:00 p.m., and Wednesday from 4:00-5:30 p.m.
- Urinalysis

Wednesdays - Walk-In Services 4:00 to 5:30 p.m.

- Women's Health Care 4:00 to 5:30 p.m.
- Thursdays - 8:00 a.m. to 12:00 p.m. and 1:00 p.m. to 4:00 p.m.

Walk-In Services; No TB, No Women's Health Care

- Fridays - 8:00 a.m. to 12:00 p.m. and 1:00 p.m. to 4:00 p.m.

Women's Health Care

WIC Office:

Phone: 913-294-9520

Office Hours: Tuesday, Wednesday, Thursday 8:00 a.m. to noon and 1:00 p.m. to 4:30 p.m.

II. Methodology

b) Collaborating CHNA Parties Continued Consultant Qualifications



VVV Consultants LLC

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

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

VVV@VandehaarMarketing.com

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

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

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

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

Collaborating Support:

Tessa Taylor, BA BBA- VVV Consultants LLC
Associate Consultant

II. Methodology

c) CHNA and Town Hall Research Process

Wave #3 Community Health Needs Assessment (CHNA) process began in June 2018 for Miami and Linn Counties, KS to meet IRS CHNA requirements.

In August 2018 a meeting was called by MCMC to review possible CHNA collaborative options, partnering with Miami County Health Department. Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps. Outcomes from discussion lead to MCMC (Olathe Health) requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

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

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

Miami County Medical Center Service Area Z=6							
Define PSA				Patient Totals - IP/OP/ER			
#	Zip	City	ST	County	Total	%	Accum
		Grand Total			104,214	100.0%	100.0%
1	66071	Paola	KS	MIAMI	41,761	40.1%	40.1%
2	66064	Osawatomie	KS	MIAMI	22,799	21.9%	61.9%
3	66053	Louisburg	KS	MIAMI	8,884	8.5%	70.5%
4	66040	LaCygne	KS	LINN	7,737	7.4%	77.9%
5	66072	Parker	KS	LINN	2,812	2.7%	80.6%
6	66056	Mound City	KS	LINN	2,367	2.3%	82.9%

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

MCMC PSA (Miami / Linn Counties KS) - CHNA Work Plan			
Wave #3 Project Timeline & Roles 2018 - Updated 10/30/18			
Step	Date	Lead	Task
1	May 2018	VW	Presented CHNA Wave #3 options to hospital client
2	6/1/2018	CCCH	Selected CHNA Option C. Approved / signed VW CHNA quote.
3	6/5/2018	ALL	Conduct CHNA Kickoff Conference Call (Hospital / DOH leaders).
4	6/5/2018	VW	Send out REQCommInvite Excel file. Hospital client to fill in PSA key stakeholder names, addresses and e-mail addresses.
5	6/5/2018	VW	Request hospital client to complete zip counts (three year historical PSA IP / OP / ED / Clinic). Use ZipPSA_3yrPOrigin.xls Patient Origin file.
6	6/5/2018	VW	Request hospital client to send KHA Patient Origin reports (PO 101, 103, TOT223E) to document service area for FFY 15, 16, 17 (KHA HIDI key sent).
7	On or before 7/9/2018	VW	Prepare CHNA stakeholder feedback online link. Send text link for hospital client to review. Prepare draft e-mail push.
8	Aug 1, 2018	VW / Hosp	Prepare and send out PR story #1 to PSA media announcing upcoming CHNA / online survey; hospital client to place. Client places CHNA links on their Home Page / Facebook sites.
9	Aug 1, 2018	VW	Launch online survey to stakeholders. Hospital client will e-mail #1 invite to participate to all stakeholders. Client will finalize Town Hall location / food.
10	July - Sept 2018	VW	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
11	Sept 1, 2018	Hosp	Prepare / send community Town Hall invite #2 (E message/ letter / optional local advertisement).
12	Oct 1, 2018	VW / Hosp	Prepare / release PR story #2 to local media announcing upcoming Town Hall. VW will mock up PR release / client will place.
13	Friday 10/12/18 2:00PM	All	Conduct Town Hall practice conference call with hospital client to review Town Hall data and flow.
14	Tues 10/16/18	VW	Conduct CHNA Town Hall from 7:30-9 AM at Town Square - Paola KS. Review and discuss basic health data, online feedback and rank health needs.
15	On or before 11/30/18	VW	Complete analysis. Release draft one and seek feedback from leaders at hospital client.
16	On or before 2/1/19	VW	Produce and release final CHNA report. Hospital client will post CHNA online.
17	On or before 2/1/19	TBD	Conduct hospital client Implementation Plan meeting with PSA leadership.
18	30 days prior to end of hospital fiscal year	Hosp	Hold board meetings to discuss CHNA needs, create and adopt an Implementation Plan. Communicate CHNA plan to community.

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

A) Conduct secondary research to uncover the following historical community health status for the primary service area. Use Kansas Hospital Association (KHA), Vital Statistics, Robert Wood Miami County Health Rankings, etc. to document current state of county health organized as follows:

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

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

Phase III—Quantify Community Need:

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

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

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

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

Phase I: Discovery.....	May-June 2018
Phase II: Secondary / Primary Research.....	July-Sept 2018
Phase III: Town Hall Meeting.....	October 2018
Phase IV: Prepare / Release CHNA report.....	Nov 2018-Jan 2019

Detail CHNA Development Steps Include:

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

Overview of Town Hall Community Priority Setting Process

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

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

Miami and Linn Counties, Kansas (Miami County Medical Center and Miami County Health Department) town hall meeting was held on Tuesday, October 16th, 2018 at 7:30 am-9:00 am at Town Square (Paola, KS). Vince Vandehaar facilitated this 1 ½ hour session with forty-one (41) attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

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

At the end of each Town Hall session, VVV encouraged all community members to continue to contribute ideas to both hospital / health department leaders via e-mail or personal conversations. NOTE: To review detail Town Hall discussion content, please turn to Section V for detailed notes of session and activity card content reporting strengths & items to change or improve.

Community Health Needs Assessment Town Hall Meeting Miami County Medical Center Primary Service Area – Miami & Linn Counties KS



Vince Vandehaar, MBA
VVV Consultants LLC
Principal / Adjunct Professor

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

Community Health Needs Assessment (CHNA) Town Hall Discussion Agenda

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

I. Introduction:

Background and Experience



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

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

Adjunct Professor - Marketing / Health Admin, 25+ years

- Webster University
- Rockhurst University
- Avila University

Sara Flaxbeard - Intern Analyst

Town Hall Participation (You)

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

I. Introductions: A Conversation with the Community

Community members and organizations invited to CHNA Town Hall

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

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

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

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

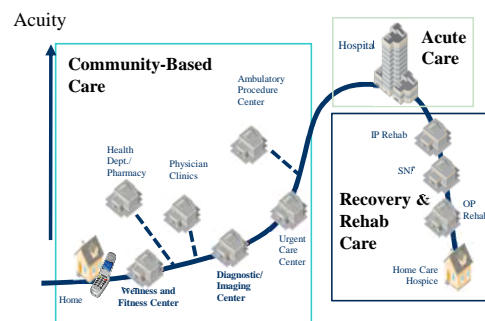
II. Review CHNA Definition

- A Community Health Needs Assessment (CHNA) is a **systematic collection, assembly, analysis, and dissemination of information** about the health of the community. *(NOTE: Some the data has already been collected / published by Local, State and Federal public health organizations. Some data will be collected today.)*
- A CHNA's role is to identify **factors** that affect the health of a population and **determine the availability of resources** to adequately address those factors.

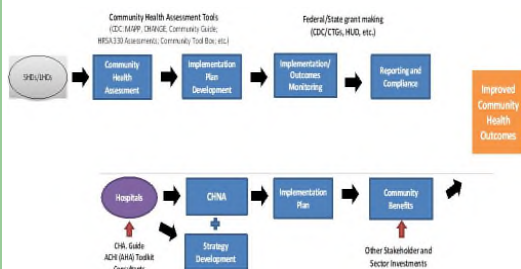
Purpose—Why Conduct a CHNA?

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

Future System of Care—Sg2



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



II. IRS Hospital CHNA Written Report Documentation

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

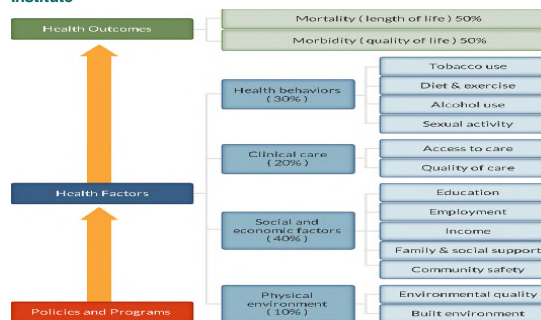
III. Review Current County Health Status: Secondary Data by 10 Tab Categories & IA State Rankings

Trends: Good Same Poor

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

County Health Rankings -

Robert Wood Johnson Foundation and University of WI Health Institute



County Health Rankings model ©2012 UWPRH

1. Physical Environment (10%)			2b. Social and Economic Environment (40%)		
Focus Area	Measure	Description	Focus Area	Measure	Description
Air and water quality (5%)	Air pollution - particulate matter	The average daily measure of fine particulate matter (PM2.5) in a county	Community safety (5%)	Violent crime	Violent crime rate per 100,000 population
	Drinking water violations	Percent of population potentially exposed to water exceeding a violation limit during the past year		Injury deaths	Injury mortality per 100,000
	Housing and transit (5%)	Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities			
2c. Clinical Care (20%)			3. Health Outcomes (50%)		
Access to care (10%)	Insurance	Percent of population under age 65 without health insurance	2a. Health Behaviors	Adult smoking	Percent of adults that report smoking >= 100
	Primary care physicians	Ratio of population to primary care physicians		Adult obesity	Percent of adults that report a BMI >= 30
	Overalls	Ratio of population to doctors		Poor environment index	Index of factors that contribute to a healthy food environment
Quality of care (10%)	Mental health providers	Ratio of population to mental health providers	Alcohol and drug use (5%)	Physical inactivity	Percent of adults aged 20 and over reporting no access to facilities for physical activity
	Preventable hospital stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees		Excessive drinking	Percent of population with excessive drinking plus heavy drinking
	Diabetes screening	Percent of diabetic Medicare enrollees that receive HbA1c screening		Alcohol-impaired driving deaths	Percent of driving deaths with alcohol involvement
2d. Social and Economic Environment (40%)			Sexual activity (5%)	Sexually transmitted infections	Chlamydia rate per 100,000 population, ages 15-29
Education (10%)	High school graduation	Percent of youth-grade cohort that graduates in 4 years		Teen births	Teen birth rate per 1,000 female population, ages 15-19
	Some college	Percent of adults aged 25-44 years with some post-secondary education		Quality of life (50%)	Poor or fair health
	Unemployment	Percent of population age 16+ unemployed but seeking work	Near physical health days	Near physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
Income (10%)	Children in poverty	Percent of children under age 18 in poverty		Near mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)
	Family and social support	Percent of adults without social/emotional support		Low birthweight	Percent of live births with low birthweight (< 3,000 grams)
	Children in single-parent households	Percent of children that live in household headed by single parent	Length of life (10%)	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)

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

- 1) **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)

Have We Forgotten Anything?

- | | |
|--------------------------------|------------------------------------|
| A. Aging Services | M. Hospice |
| B. Chronic Pain Management | N. Hospital Services |
| C. Dental Care/Oral Health | O. Maternal, Infant & Child Health |
| D. Developmental Disabilities | P. Nutrition |
| E. Domestic Violence, | R. Pharmacy Services |
| F. Early Detection & Screening | S. Primary Health Care |
| G. Environmental Health | T. Public Health |
| H. Exercise | U. School Health |
| I. Family Planning | V. Social Services |
| J. Food Safety | W. Specialty Medical Care Clinics |
| K. Health Care Coverage | X. Substance Abuse |
| L. Health Education | Y. Transportation |
| M. Home Health | Z. Other _____ |

Community Health Needs Assessment

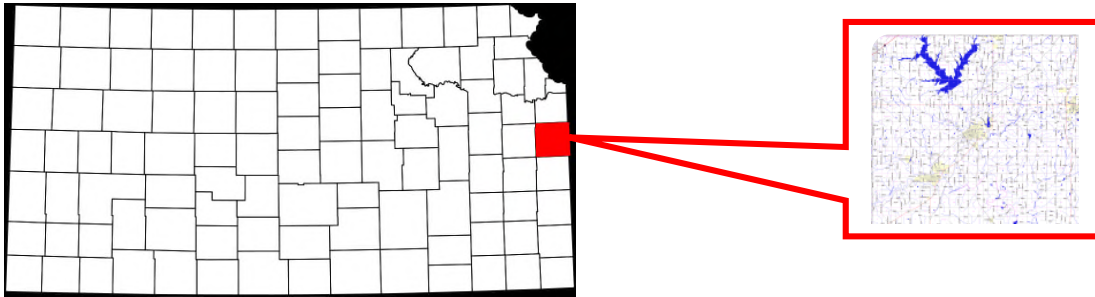
Questions; Next Steps?

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

II. Methodology

d) Community Profile (A Description of Community Served)

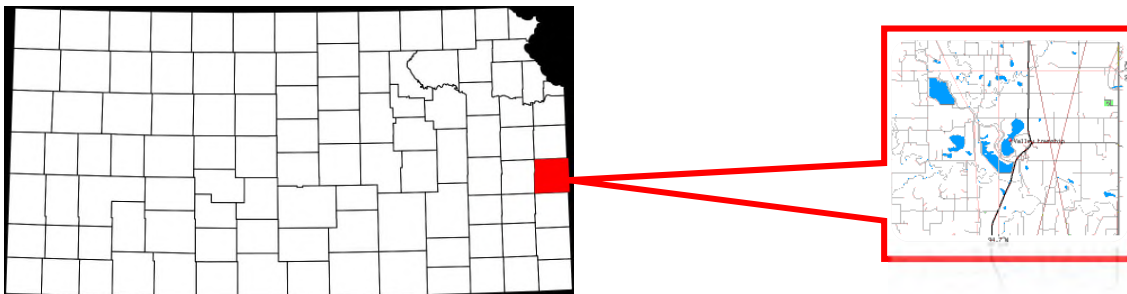
Miami County (KS) Community Profile



The population of Miami County was estimated to be 33,748 citizens in 2018 and a population density of 59 persons per square mile. Miami County covers 590 square miles and is in east Kansas.

The major highway transportation access to Miami County is Interstate 169 through Spring Hill, Osawatomie and Paola, Kansas. Interstate 69 runs vertical through Miami County and near Louisburg, Kansas.

Linn County (KS) Community Profile



The population of Linn County was estimated to be 10,054 citizens in 2018 and a population density of 17 persons per square mile. Linn County covers 594 square miles and is in east Kansas.

The major highway transportation access to Linn County is Interstate 69 through Linn Valley, all the way down to Pleasanton, Kansas. Interstate 69 runs vertical through Linn County and goes all the way down to Fort Scott, Kansas.

Miami and Linn County (KS) Community Profile

Miami County Pubic Airports¹

Name	USGS Topo Map
Albright Airport	Bucyrus
Amar Farms Airport	Wellsville
Chiles Airpark	Bucyrus
Cloud 9 Airport	Paola East
Crosswind Airfield	Louisburg
Dunn Field	Lane
Flying Z Ranch Airport	Spring Hill
Hayden Farm Airport	Antioch
Linders Cow-Chip Airport	Spring Hill
Miami County Airport	Paola West
Pine Sod Ranch Airport	Bucyrus

Linn County Pubic Airports²

Name	USGS Topo Map
G & S Space Port	Parker
Gilmore Airport	Pleasanton
Linn County Airport	Pleasanton
Yeamans Fox Nest Airport	Pleasanton

¹ <https://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20121.cfm>

² <https://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20107.cfm>

Schools in Miami County: Public Schools³

School	Address	Phone	Levels
Broadmoor Elementary	105 S 5th St East Louisburg, KS 66053	913-837-1900	3-5
Cottonwood Elem	709 N Hedge Lane Paola, KS 66071	913-294-8050	PK-2
Louisburg High	202 Aquatic Dr Louisburg, KS 66053	913-837-1720	9-12
Louisburg Middle	505 E Amity Louisburg, KS 66053	913-837-1800	6-8
Osawatomie High	1200 Trojan Dr Osawatomie, KS 66064	913-755-2191	9-12
Osawatomie Middle School	428 Pacific Osawatomie, KS 66064	913-755-4155	6-8
Paola High	401 N Angela Paola, KS 66071	913-294-8010	9-12
Paola Middle	405 Hospital Dr Paola, KS 66071	913-294-8030	6-8
Rockville Elementary School	977 N Rockville Rd Louisburg, KS 66053	913-837-1970	PK-2
Spring Hill Middle School	301 E South St Spring Hill, KS 66083	913-592-7288	6-8
Sunflower Elem	1401 E 303rd St Paola, KS 66071	913-294-8040	3-5
Swenson Early Childhood Education Center	1901 Parker Ave Osawatomie, KS 66064	913-755-3220	PK-K
Trojan Elem	1902 Parker Ave Osawatomie, KS 66064	913-755-4133	1-5

Schools in Linn County: Public Schools⁴

School	Address	Phone	Levels
Jayhawk Elementary	415 S 6th St Mound City, KS 66056	913-795-2519	PK-6
Jayhawk- Linn High	14675 KS Hwy 52 Mound City, KS 66056	913-795-2224	7-12
Lacygne Elem	710 Walnut St Lacygne, KS 66040	913-757-4417	PK-5
Parker Elem	421 North Center Ave Parker, KS 66072	913-898-3160	PK-5
Pleasanton Elem	1205 Ash Pleasanton, KS 66075	913-352-8531	PK-6
Pleasanton High	1001 Ash Pleasanton, KS 66075	913-352-8701	7-12
Prairie View High	13731 KS Hwy 152 Lacygne, KS 66040	913-757-4447	9-12
Prairie View Middle	13667 KS Hwy 152 Lacygne, KS 66040	913-757-4497	6-8

³ <https://kansas.hometownlocator.com/schools/sorted-by-county,n,miami.cfm>

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

III. Community Health Status

[VVV Consultants LLC]

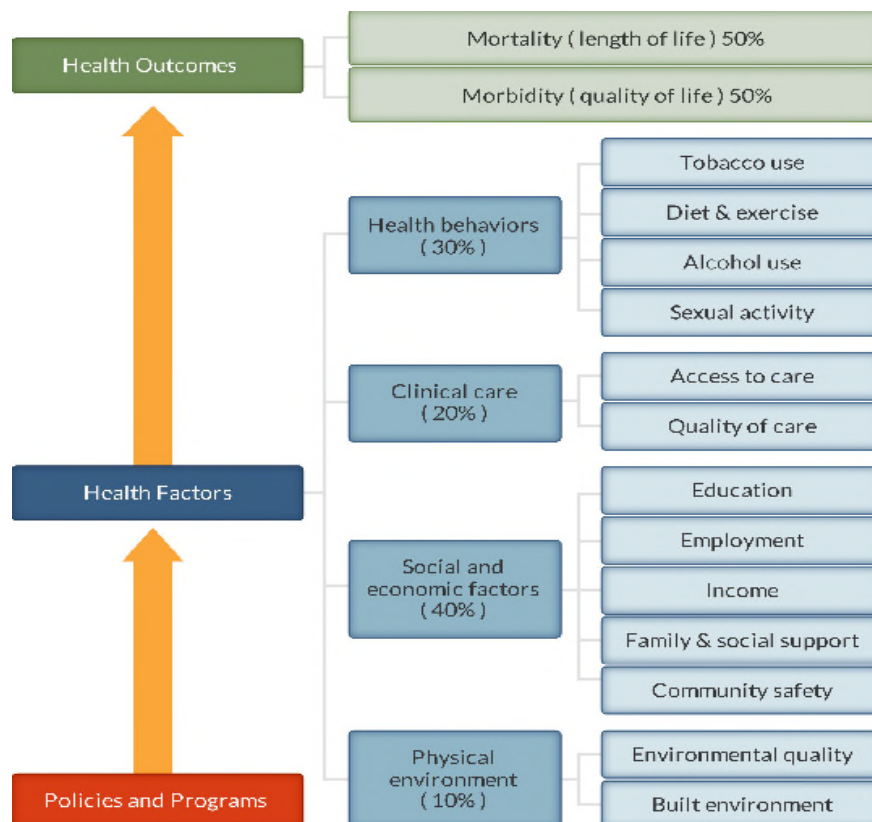
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2018 RWJ County Health Rankings and conversations from Town Hall participants. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

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



County Health Rankings model ©2012 UWPHI

National Research – Year 2018 RWJ Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Miami Co	TREND	Linn Co	KS 12 Rural Norms
1	Health Outcomes		16		91	50
2	Mortality	Length of Life	7		94	50
3	Morbidity	Quality of Life	40		67	52
4	Health Factors		38		97	68
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	33		71	65
6	Clinical Care	Access to care / Quality of Care	22		71	45
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	28		96	64
8	Physical Environment	Environmental quality	103		102	77
East Rural Norm (N=12) includes the following counties: Miami, Linn, Anderson, Allen, Bourbon, Franklin, Coffey, Osage, Jefferson, Atchison, Jackson, Brown.						
http://www.countyhealthrankings.org , released 2018						

PSA Secondary Research:

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

Tab 1 Demographic Profile

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

Tab	Health Indicator	Miami Co	Trend	Linn Co	State of KS	KS 12 Rural Norms	Source
1a	a Population estimates, July 1, 2017, (V2017)	33,461		9,726	2,913,123	16,752	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	2.1%		0.7%	2.1%	-1.5%	People Quick Facts
	c Population per square mile, 2010	57.0		16.3	34.9	35.5	Geography Quick Facts
	d Persons under 5 years, percent, July 1, 2017, (V2017)	5.9%		5.5%	6.7%	6.0%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2017, (V2017)	16.5%		22.1%	15.0%	18.6%	People Quick Facts
	f Female persons, percent, July 1, 2017, (V2017)	50.3%		49.5%	50.2%	50.4%	People Quick Facts
	g White alone, percent, July 1, 2017, (V2017)	95.4%		96.2%	86.6%	93.1%	People Quick Facts
	h Black or African American alone, percent, July 1, 2017, (V2017)	1.4%		0.8%	6.2%	1.7%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2017, (V2017)	3.3%		2.9%	11.6%	3.3%	People Quick Facts
	j Foreign born persons, percent, 2012-2016	0.9%		0.4%	6.9%	0.9%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2012-2016	1.4%		0.7%	11.3%	1.8%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2012-2016	89.7%		92.2%	83.5%	87.2%	People Quick Facts
	m Children in single-parent households, percent, 2012-2016	25.0%		26.0%	29.0%	26.8%	County Health Rankings
	n Total Veterans, 2012-2016	2,354		831	192,340	1,289	People Quick Facts

Tab 2 Economic Profile

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

Tab	Health Indicator	Miami Co.	Trend	Linn Co	State of KS	KS 12 Rural Norms	Source
2	a Per capita income in past 12 months (in 2016 dollars), 2012-2016	\$30,353		\$45,790	\$28,478	\$32,631	People Quick Facts
	b Persons in poverty, percent	8.2%		16.6%	12.1%	12.4%	People Quick Facts
	c Total Housing units, July 1, 2017, (V2017)	13,736		5,614	1,273,742	7,589	People Quick Facts
	d Total Persons per household, 2012-2016	2.5		2.2	2.5	2.5	People Quick Facts
	e Severe housing problems, percent, 2010-2014	15.0%		17.0%	14.0%	11.8%	County Health Rankings
	f Total of All firms, 2012	2,696		930	239,118	1,352	Business Quick Facts
	g Unemployment, percent, 2016	4.3%		6.7%	4.2%	5.0%	County Health Rankings
	h Food insecurity, percent, 2015	12.0%		14.0%	13.0%	14.0%	County Health Rankings
	i Limited access to healthy foods, percent, 2015	2.0%		4.0%	8.0%	7.6%	County Health Rankings
	j Low income and low access to store, percent, 2015	1.6%		4.4%	NA	7.4%	U.S. Department of Agriculture - Food Environment Atlas
	k Long commute - driving alone, percent, 2012-2016	51.0%		49.0%	20.0%	34.3%	County Health Rankings

Tab 3 Schools Health Delivery Profile

School data for screenings is provided below. Linn County district data was not available.

#	2018 School Health Indicators by District	Paola	Louisburg	Osawatomie
1	Total # Public School Nurses	2	2	NA
2	School Nurse is part of the IEP team	Yes	Yes	NA
3	School Wellness Plan in place (Active)	Yes	Yes	NA
4	VISION: # Screened / Referred to Prof / Seen by Professional	1193 / 63 / NA	974 / 91 / 9	NA
5	HEARING: # Screened / Referred to Prof / Seen by Professional	897 / 18 / NA	550 / 46 / 13	NA
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	NA	1413 / 662 / 3	NA
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	NA	NA	NA
8	# of Students served with no identified chronic health concerns	1093	1996	NA
9	School has a suicide prevention program	Yes	Yes	NA
10	Compliance on required vaccinations (%)	95%	100%	NA

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

Tab	Health Indicator	Miami Co.	Trend	Linn Co	State of KS	KS 12 Rural Norms	Source
3	a Children eligible for free or reduced price lunch, percent, 2015-2016	39.0%		56.0%	49.0%	51.7%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2012-2016	94.7%		89.0%	90.3%	91.8%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2012-2016	24.7%		16.0%	31.6%	20.1%	People Quick Facts

Tab 4 Maternal and Infant Health Profile

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

Criteria - Vital Statistics	Miami Co	Trend	Linn Co	State of KS	E Rural
Total Live Births, 2012	364		97	40,304	182
Total Live Births, 2013	297		91	38,805	175
Total Live Births, 2014	410		111	39,193	188
Total Live Births, 2015	354		109	39,126	179
Total Live Births, 2016	345		95	38,048	179
Total Live Births, 2012- 2016 - Five year Rate (%)	10.8%		10.60%	13.5%	11.7%

Tab 4 Maternal and Infant Health Profile (Continued)

Tab	Health Indicator	Miami Co	Trend	Linn Co	State of KS	KS 12 Rural Norms	Source
4 a	Percent of Births Where Prenatal Care began in First Trimester, 2014-2016	88.8%		79.4%	80.4%	78.7%	Kansas Health Matters
b	Percentage of Premature Births, 2014-2016	8.5%		10.5%	8.9%	8.4%	Kansas Health Matters
c	Percent of Infants up to 24 months that received full Immunizations, 2015-2016	56.1%		70.2%	70.6%	73.6%	Kansas Health Matters
d	Percent of Births with Low Birth Weight, 2014-2016	6.3%		6.7%	7.0%	6.1%	Kansas Health Matters
e	Percent of WIC Mothers Breastfeeding Exclusively, percent, 2016	18.4%		11.1%	15.0%	15.5%	Kansas Health Matters
f	Percent of all Births Occurring to Teens (15-19), 2014-2016	5.8%		11.7%	6.3%	7.9%	Kansas Health Matters
g	Percent of Births Occurring to Unmarried Women, 2014-2016	30.7%		41.3%	36.2%	38.9%	Kansas Health Matters
h	Percent of births Where Mother Smoked During Pregnancy, 2014-2016	10.7%		22.0%	11.1%	19.7%	Kansas Health Matters

Tab 5 Hospitalization/Provider Profile

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

Tab	Health Indicator	Miami Co	Trend	Linn Co	State of KS	KS 12 Rural Norms	Source
5 a	Primary care physicians (Pop Coverage per) , 2016	2,500:1		9,540:1	1,320:1	3,661:1	County Health Rankings
b	Preventable hospital stays, 2016 (lower the better)	62		64	51	67	County Health Rankings
c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	81%		81%	79%	78%	CMS Hospital Compare, 10/1/2015-9/30/2016
d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	83%		83%	78%	73%	CMS Hospital Compare, 10/1/2015-9/30/2016
e	Average Time Patients Spent in the Emergency Dept. Before They Were Seen by a Healthcare Professional (in Minutes)	11		11	24	18	CMS Hospital Compare, 10/1/2015-9/30/2016

Tab 5 Hospitalization/Provider Profile (Continued)

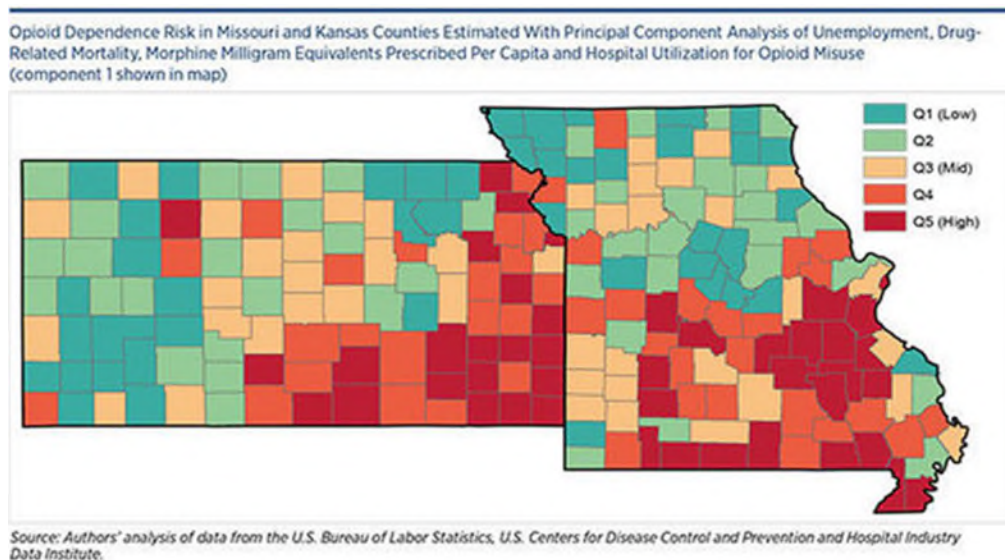
Patient Origin by Hospital - Inpatient								
IP Discharges								
County	3Yr Totals	%	FFY17	%	FFY16	%	FFY15	%
MCMC Totals	1,553	100.0%	545	100.0%	507	100.0%	501	100.0%
Miami, KS	1,049	67.5%	354	65.0%	350	69.0%	345	68.9%
Linn, KS	284	18.3%	116	21.3%	88	17.4%	80	16.0%
Subtotals	1,333	85.8%	470	86.2%	438	86.4%	425	84.8%
Johnson, KS	63	4.1%	17	3.1%	21	4.1%	25	5.0%
Anderson, KS	54	3.5%	20	3.7%	20	3.9%	14	2.8%
Franklin, KS	42	2.7%	20	3.7%	13	2.6%	9	1.8%
Other Counties	61	3.9%	18	1.2%	15	1.0%	28	1.8%

Tab 6 Social & Rehab Services Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	Miami Co	Trend	Linn Co	State of KS	KS 12 Rural Norms	Source
6	a Depression: Medicare Population, percent, 2016	15.4%		14.6%	17.8%	16.1%	Centers for Medicare and Medicaid Services
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2014-2016 (lower is better)	20.0		NA	16.9	20.7	Kansas Health Matters
	c Poor mental health days, 2016	3.2		3.3	3.3	3.4	County Health Rankings

Tab 6 Social & Rehab Services Profile (Continued)



Tab 7a Health Risk Profiles

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

Tab	Health Indicator	Miami Co	Trend	Linn Co	State of KS	KS 12 Rural Norms	Source
7a	a Adult obesity, percent, 2014	35.0%		34.0%	32.0%	34.8%	County Health Rankings
	b Adult smoking, percent, 2016	16.0%		17.0%	17.0%	17.1%	County Health Rankings
	c Excessive drinking, percent, 2016	16.0%		15.0%	17.0%	16.0%	County Health Rankings
	d Physical inactivity, percent, 2014	27.0%		34.0%	25.0%	29.8%	County Health Rankings
	e Poor physical health days, 2016	3.2		3.5	3.1	3.3	County Health Rankings
	f Sexually transmitted infections, rate per 100000, 2015	185.9		115.8	394.8	223.0	County Health Rankings

Tab 7b Health Risk Profiles (Continued)

Tab	Health Indicator	Miami Co	Trend	Linn Co	State of KS	KS 12 Rural Norms	Source
7b	a Hypertension: Medicare Population, 2015	49.8%		48.8%	53.2%	51.7%	Kansas Health Matters
	b Hyperlipidemia: Medicare Population, 2015	41.3%		40.2%	40.0%	38.5%	Kansas Health Matters
	c Heart Failure: Medicare Population, 2015	11.9%		12.4%	13.0%	12.8%	Kansas Health Matters
	d Chronic Kidney Disease: Medicare Pop, 2015	16.0%		15.1%	16.2%	14.6%	Kansas Health Matters
	e COPD: Medicare Population, 2015	9.9%		11.9%	11.4%	12.1%	Kansas Health Matters
	f Atrial Fibrillation: Medicare Population, 2015	9.5%		8.5%	8.3%	8.4%	Kansas Health Matters
	g Cancer: Medicare Population, 2015	6.5%		7.2%	7.7%	7.3%	Kansas Health Matters
	h Osteoporosis: Medicare Population, 2015	3.9%		3.1%	5.7%	4.4%	Kansas Health Matters
	i Asthma: Medicare Population, 2015	6.4%		6.9%	7.3%	7.5%	Kansas Health Matters
	j Stroke: Medicare Population, 2015	2.6%		2.9%	3.4%	3.4%	Kansas Health Matters

Tab 8 Uninsured Profiles/Community Invest

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

Tab	Health Indicator	Miami Co	Trend	Linn Co	State of KS	KS 12 Rural Norms	Source
8	a Uninsured, percent, 2015	7.0%		12.0%	10.0%	9.5%	County Health Rankings

	Community Benefit Report - MCMC	YR 2017	YR 2016	YR 2015
1	Charity Care and Means-Tested Government Programs	\$1,696,450	\$1,499,637	\$1,638,608
2	Subsidized Health Services	\$58,988	\$56,488	\$53,159
3	Health Professionals Education	\$129,205	\$113,152	\$96,951
4	General Community support	\$41,802	\$38,224	\$40,156

	Community Benefit- Miami County Health Dept Operations	Yr 2015	YR 2016	YR 2017
1	Child Care Inspections	100	132	111
2	Vaccine Dosages	3,256	3,253	3,018
3	Screenings	1,019	1,204	947
4	WIC	492	498	495

Tab 9 Mortality Profile

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

Tab	Health Indicator	Miami Co	Trend	Linn Co	State of KS	KS 12 Rural Norms	Source
9	a Life Expectancy for Males, 2014	77.3		75.4	76.5	75.6	Kansas Health Matters
	b Life Expectancy for Females, 2014	80.7		79.9	81.0	80.4	Kansas Health Matters
	c Age-adjusted Cancer Mortality Rate per 100,000 population, 2014-2016 (lower is better)	173.4		167.6	162.6	170.4	Kansas Health Matters
	d Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2014-2016 (lower is better)	203.8		170.1	157.4	184.2	Kansas Health Matters
	e Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2014-16 (Lower is better)	52.2		48.7	48.9	57.3	Kansas Health Matters
	f Alcohol-impaired driving deaths, percent, 2012-2016	17.0%		14.0%	25.0%	19.1%	County Health Rankings

Tab 9 Mortality Profile (Continued)

Mortality Profile: Causes of Death for Miami County is shown below. Linn County data was unavailable.

Causes of Death by County of Residence, KS 2016	Miami Co	Trend	Kansas	E Rural Norm N=12
TOTAL	303		26,129	172
Heart disease	78	4.2%	5,630	42
Other causes	45	-0.3%	3962	22
Cancer	56	-2.4%	5,460	34
Chronic lower respiratory diseases	22	0.9%	1653	13
Cerebrovascular disease (Stroke)	10	-1.9%	1,355	10
Alzheimer's disease	15	1.7%	853	7
All other accidents and adverse effects	6	-1.9%	1005	6
Chronic liver disease and cirrhosis	4	0.1%	316	2
Pneumonia and influenza	4	-0.7%	518	4
Diabetes	7	-0.5%	725	4
Other digestive diseases	13	1.8%	650	4
Suicide	8	0.7%	512	3
Kidney disease (nephritis/nephrotic syndrome/nephrosis)	3	-1.0%	529	3
Essential hypertension	5	0.8%	222	1
Motor vehicle accidents	5	0.0%	428	3
Pneumonitis due to solids and liquids	0	-0.9%	232	1

Tab 10 Preventive Health Profile

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

Tab	Health Indicator	Miami Co	Trend	Linn Co	State of KS	KS 12 Rural Norms	Source
10 a	Access to exercise opportunities, percent, 2016	65.0%		65.0%	81.0%	59.2%	County Health Rankings
b	Diabetes monitoring, percent, 2014	88.0%		87.0%	86.0%	85.8%	County Health Rankings
c	Mammography screening, percent, 2014	64.0%		54.0%	63.0%	58.2%	County Health Rankings
d	Percent Annual Check-Up Visit with PCP	NA		NA	TBD	NA	TBD
e	Percent Annual Check-Up Visit with Dentist	NA		NA	TBD	NA	TBD
f	Percent Annual Check-Up Visit with Eye Doctor	NA		NA	TBD	NA	TBD

b) Online Research- Health Status

PSA Primary Research:

For each CHNA Wave # 3 evaluation, a community stakeholder survey has been created and administered to collect “current” healthcare information for PSA. Response for Miami County (KS) Online survey equals 116 residents. Below are nine charts reviewing survey demographics for Miami County.

Chart #1 – Miami County Medical Center PSA Online Feedback Response N=116

Community Health Needs Assessment Wave #3			
For reporting purposes, are you involved in or are you a ?	Miami Co N=116	Trend	Norms Yr18 N= 2163
Business / Merchant	8.1%		9.2%
Community Board Member	5.9%		7.4%
Case Manager / Discharge Planner	2.2%		1.1%
Clergy	2.2%		1.2%
College / University	2.2%		2.0%
Consumer Advocate	2.9%		1.7%
Dentist / Eye Doctor / Chiropractor	1.5%		0.3%
Elected Official - City/County	2.2%		1.8%
EMS / Emergency	2.2%		2.1%
Farmer / Rancher	3.7%		5.8%
Hospital / Health Dept	12.5%		18.7%
Housing / Builder	2.9%		0.9%
Insurance	0.7%		1.0%
Labor	1.5%		2.2%
Law Enforcement	4.4%		1.3%
Mental Health	3.7%		1.7%
Other Health Professional	9.6%		10.2%
Parent / Caregiver	16.2%		15.1%
Pharmacy / Clinic	3.7%		2.2%
Media (Paper/TV/Radio)	0.7%		0.6%
Senior Care	0.7%		2.3%
Teacher / School Admin	5.9%		5.9%
Veteran	4.4%		2.5%
Other (please specify)	6.6%		7.0%
KS Norms Include the following 12 Counties: Barton, Cowley, Edwards, Hays, Johnson, Kiowa, Linn, Miami, Nemaha, Osborne, Pawnee, Russell, Sheridan, Smith, and Trego.			

Chart #2 - Quality of Healthcare Delivery Community Rating

Community Health Needs Assessment Wave #3			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Miami N=116	Trend	Norms 2018 N= 2852
Valid N	116		2852
Top Box %	17.2%		25.9%
Top 2 Boxes %	54.3%		68.9%
Very Poor	0.0%		1.3%
Poor	6.9%		5.0%
Average	38.8%		24.4%
Good	37.1%		43.0%
Very Good	17.2%		25.9%

Chart #3 – Overall Community Health Quality Trend

Community Health Needs Assessment Wave #3			
When considering "overall community health quality", is it ...	Miami N=116	Trend	Norms18 N=2852
Valid N	105		2614
Increasing - moving up	38.1%		46.8%
Not really changing much	55.2%		43.2%
Decreasing - slipping	6.7%		9.9%

Chart #4 – Re-evaluate Past Community Health Needs

CHNA Wave #3		Ongoing Problem		Pressing
Past CHNAs health needs identified		Miami Co		Trend
#	Topic	Votes	%	Miami Co RANK
1	Affordable Health Care Insurance	52	11.5%	1
2	Drug / Substance Abuse	49	10.8%	2
3	Affordable Pharmaceuticals	44	9.7%	4
4	Mental Health Access	41	9.1%	3
5	Obesity	36	7.9%	7
6	Urgent Care	33	7.3%	5
7	Alcohol Abuse	25	5.5%	6
8	Fitness / Exercise options	25	5.5%	9
9	Nutrition - Healthy Food options	25	5.5%	11
10	Awareness of existing HC services	23	5.1%	8
11	Wellness / Prevention	23	5.1%	13
12	Chronic Health	20	4.4%	12
13	Primary Care Access	15	3.3%	14
14	Home Health	13	2.9%	15
15	Teen Pregnancy	12	2.6%	16
16	Personal Health Management	11	2.4%	10
17	Sexually Transmitted Diseases (STD)	6	1.3%	17
TOTALS		453	100.0%	

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

Community Health Needs Assessment Wave #3			
In your opinion, what are the root causes of "poor health" in our community?	Miami N=116	Trend	Norms18 N= 2852
Lack of awareness of existing local programs, providers, and services	60.8%		57.1%
Limited access to mental health assistance	56.8%		45.5%
Lack of health & wellness education	36.5%		34.7%
Elder assistance programs	27.0%		31.5%
Family assistance programs	21.6%		23.4%
Chronic disease prevention	20.3%		28.8%
Case management assistance	17.6%		19.2%
Other (please specify)	17.6%		18.4%

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

CHNA Wave #3	Miami CO N=116			Norms 2018 N=2852	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	84.0%	2.5%		86.3%	2.5%
Child Care	46.8%	16.9%		50.8%	11.2%
Chiropractors	81.3%	5.0%		76.3%	5.1%
Dentists	77.5%	6.3%		63.7%	14.9%
Emergency Room	59.3%	12.3%		70.9%	9.8%
Eye Doctor/Optometrlist	73.8%	1.3%		78.3%	4.9%
Family Planning Services	21.6%	18.9%		43.9%	14.6%
Home Health	38.2%	10.5%		57.3%	11.6%
Hospice	60.3%	4.1%		68.9%	8.1%
Inpatient Services	64.6%	8.9%		76.0%	5.8%
Mental Health	18.4%	34.2%		33.9%	28.3%
Nursing Home	25.3%	29.3%		42.4%	23.1%
Outpatient Services	60.8%	3.8%		71.1%	6.1%
Pharmacy	75.3%	3.7%		88.0%	3.1%
Physician Clinics	78.8%	2.5%		81.4%	4.2%
Public Health	43.6%	16.7%		66.1%	5.9%
School Nurse	54.8%	9.6%		58.9%	10.5%
Specialists	47.4%	24.4%		54.6%	13.4%

Chart #7 – Community Health Readiness

Community Health Needs Assessment Wave #3	Bottom 2 boxes		
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Miami Co N=116	Trend	Norms18 N=2852
Caregiver Training Programs	23.5%		18.6%
Early Childhood Development Programs	18.8%		15.1%
Emergency Preparedness	18.1%		10.2%
Food and Nutrition Services/Education	16.9%		15.7%
Health Screenings (asthma, hearing, vision, scoliosis)	21.7%		14.5%
Immunization Programs	27.4%		9.7%
Obesity Prevention & Treatment	14.3%		24.9%
Prenatal / Child Health Programs	37.1%		18.6%
Secure Grants / Finances to Support Local Health	36.1%		17.8%
Sexually Transmitted Disease Testing	17.9%		10.3%
Spiritual Health Support	24.6%		13.0%
Substance Use Treatment & Education	44.9%		29.5%
Tobacco Prevention & Cessation Programs	37.7%		23.6%
Violence Prevention	38.2%		25.1%
WIC Nutrition Program	24.3%		12.8%
Women's Wellness Programs	8.8%		12.2%

Chart #8 – Healthcare Delivery “Outside our Community”

Community Health Needs Assessment Wave #3			
In the past 2 years, did you or someone you know receive HC outside of our community?	Miami Co N=116	Trend	Norms18 N= 2852
Valid N	79		1967
Yes	87.3%		76.4%
No	10.1%		18.1%
I don't know	2.5%		5.5%

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

Community Health Needs Assessment Wave #3			
Are we actively working together to address community health?	Miami Co N=116	Trend	Norms18 N=2852
Valid N	78		1515
Yes	46.2%		47.7%
No	7.7%		10.6%
I don't know	46.2%		40.4%

Leaving Community:

#	Spec
1	Cancer
2	General Surgery
3	Nephrology
4	OBG
5	Orthopeadics
6	Pediatrician

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

Community Health Needs Assessment Wave #3			
What needs to be discussed further at our CHNA Town Hall meeting?	Miami Co N=116	Trend	Norms18 N=2852
Abuse/Violence	5.4%		5.6%
Alcohol	5.7%		5.4%
Breast Feeding Friendly Workplace	1.2%		1.8%
Cancer	3.3%		4.4%
Diabetes	5.1%		4.5%
Drugs/Substance Abuse	10.0%		8.9%
Family Planning	2.7%		2.5%
Heart Disease	3.3%		3.4%
Lead Exposure	1.2%		0.9%
Mental Illness	12.7%		10.6%
Nutrition	3.3%		4.6%
Obesity	4.8%		8.2%
Ozone	0.3%		0.4%
Physical Exercise	4.5%		6.1%
Poverty	6.9%		6.7%
Respiratory Disease	1.2%		2.1%
Sexually Transmitted Diseases	0.9%		2.2%
Smoke-Free Workplace	0.9%		1.6%
Suicide	11.2%		8.4%
Teen Pregnancy	2.7%		3.0%
Tobacco Use	3.3%		3.4%
Vaccinations	2.1%		2.8%
Water Quality	2.1%		3.2%
Wellness Education	4.8%		6.3%

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services 2012 - Miami County KS				
Cat	HC Services Offered in county: Yes / No	Hospital	Health Dept	Others
Clinic	Primary Care	YES		
Hosp	Alzheimer Center			
Hosp	Ambulatory Surgery Centers			
Hosp	Arthritis Treatment Center			
Hosp	Bariatric / Weight Control Services			YES
Hosp	Birthing / LDR / LDRP Room			
Hosp	Breast Cancer	YES		
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	YES		
Hosp	Cardiac Surgery			
Hosp	Cardiology Services	YES		
Hosp	Case Management	YES		
Hosp	Chaplaincy / Pastoral Care Services			
Hosp	Chemotherapy			
Hosp	Colonoscopy	YES		
Hosp	Crisis Prevention			
Hosp	CT Scanner	YES		
Hosp	Diagnostic Radioisotope Facility	YES		
Hosp	Diagnostic / Invasive Catheterization			
Hosp	Electron Beam Computed Tomography (EBCT)			
Hosp	Enrollment Assistance Services			
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			
Hosp	Fertility Clinic			
Hosp	FullField Digital Mammography (FFDM)	YES		
Hosp	Genetic Testing / Counseling			
Hosp	Geriatric Services	YES		
Hosp	Heart	YES		
Hosp	Hemodialysis			
Hosp	HIV / AIDSServices			
Hosp	Image-Guided Radiation Therapy (IGRT)			
Hosp	Inpatient Acute Care - Hospital Services	YES		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161			
Hosp	Intensive Care Unit			
Hosp	Intermediate Care Unit			
Hosp	Interventional Cardiac Catherterization			
Hosp	Isolation room	YES		
Hosp	Kidney	YES		
Hosp	Liver	YES		
Hosp	Lung	YES		
Hosp	MagneticResonance Imaging (MRI)	YES		
Hosp	Mammograms	YES		
Hosp	Mobile Health Services			
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	YES		
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)			
Hosp	Neonatal			
Hosp	Neurological Services			
Hosp	Obstetrics			
Hosp	Occupational Health Services			
Hosp	Oncology Services			
Hosp	Orthopedic Services	YES		
Hosp	Outpatient Surgery	YES		
Hosp	Pain Management	YES		
Hosp	Palliative Care Program			
Hosp	Pediatric	YES	YES	
Hosp	Physical Rehabilitation	YES		
Hosp	Positron Emission Tomography (PET)			
Hosp	Positron Emission Tomography / CT (PET/CT)			
Hosp	Psychiatric Services			
Hosp	Radiology, Diagnostic	YES		
Hosp	Radiology, Therapeutic			
Hosp	Reproductive Health			
Hosp	Robotic Surgery			

Inventory of Health Services 2012 - Miami County KS				
Cat	HC Services Offered in county: Yes / No	Hospital	Health Dept	Others
Hosp	Shaped Beam Radiation System 161			
Hosp	Single Photon Emission Computerized Tomography			
Hosp	Sleep Center	NO		
Hosp	Social Work Services	YES		
Hosp	Sports Medicine	YES		
Hosp	Stereotactic Radiosurgery			
Hosp	Swing Bed Services			
Hosp	Transplant Services			
Hosp	Trauma Center -Level IV	YES		
Hosp	Ultrasound	YES		
Hosp	Women's Health Services		YES	
Hosp	Wound Care	YES		
SR	Adult Day Care Program			
SR	Assisted Living			YES
SR	Home Health Services	YES		YES
SR	Hospice			YES
SR	LongTerm Care			YES
SR	Nursing Home Services			YES
SR	Retirement Housing			YES
SR	Skilled Nursing Care			YES
ER	Emergency Services	YES		
ER	Urgent Care Center			
ER	Ambulance Services			YES
SERV	Alcoholism-Drug Abuse			YES
SERV	Blood Donor Center			
SERV	Chiropractic Services			YES
SERV	Complementary Medicine Services			
SERV	Dental Services			YES
SERV	Fitness Center			YES
SERV	Health Education Classes	YES		YES
SERV	Health Fair (Annual)	YES		
SERV	Health Information Center		YES	
SERV	Health Screenings	YES	YES	YES
SERV	Meals on Wheels			YES
SERV	Nutrition Programs	YES	YES	YES
SERV	Patient Education Center	YES	YES	
SERV	Support Groups	YES		
SERV	Teen Outreach Services			
SERV	Tobacco Treatment / Cessation Program		YES	
SERV	Transportation to Health Facilities			
SERV	Wellness Program	YES	YES	

Providers Delivering Care in MCMC PSA - 2018				
	FTE #		MCMC Cred Counts	
FTE Providers Working in County	PSA based	Visting PSA	MD / DO	PA / NP
Primary Care:				
Family Practice	10.6	0.0	8.0	6.0
Internal Medicine / Geriatrician	1.0	0.0	1.0	0.0
Obstetrics / Gynecology	0.0	0.0	0.0	0.0
Pediatrics	0.0	0.0	1.0	0.0
Medicine Specialists:				
Allergy / Immunology	0.0	0.0	0.0	0.0
Cardiology	0.7	0.0	9.0	0.0
Dermatology	0.0	0.0	0.0	0.0
Endocrinology	0.0	0.0	0.0	0.0
Gastroenterology	0.0	0.0	0.0	0.0
Oncology / Radiology	0.0	0.0	0.0	0.0
Infectious Diseases	0.0	0.0	0.0	0.0
Nephrology	0.0	0.0	0.0	0.0
Neurology	0.0	0.0	0.0	0.0
Psychiatry	0.0	0.0	0.0	0.0
Pulmonary	0.0	0.0	5.0	0.0
Rheumatology	0.0	0.0	0.0	0.0
Surgery Specialists:				
General Surgery / Colon / Oral	1.0	0.0	1.0	0.0
Neurosurgery	0.0	0.0	0.0	0.0
Ophthalmology	0.0	0.2	2.0	0.0
Orthopedics	1.2	0.0	1.0	1.0
Otolaryngology	0.0	0.1	2.0	0.0
Plastic / Reconstructive	0.0	0.1	1.0	0.0
Thoracic / Cardiovascular / Vasc	0.0	0.0	0.0	0.0
Urology	0.0	0.3	2.0	0.0
Hospital Based:				
Anesthesia / Pain (CRNAs)	4.0	0.0	9.0	9.0
Emergency (ER physicians also provide hospitalists services)	4.2	0.0	9.0	0.0
Radiology (All are Courtesy)	0.0	0.0	29.0	0.0
Pathology (1 FTE / 10 Courtesy)	0.0	0.0	11.0	0.0
Hospitalist (ER physicians also provide hospitalists services)	0.0	0.0	9.0	0.0
Neonatal / Perinatal	0.0	0.0	0.0	0.0
Physical Medicine / Rehab	0.0	0.0	0.0	0.0
Occ Medicine	0.0	0.0	0.0	0.0
Podiatry	0.5	0.0	1.0	0.0
Chiropractor	10.0	0.0	0.0	0.0
Optometrist	10.0	0.1	0.0	0.0
Dentist	12.0	0.0	0.0	0.0
TOTALS	55.2	0.8	92.0	16.0

2018 Visiting Specialists to MCMC - Miami County KS						
Specialty	Provider / Degree	Group Name	From (City / ST)	SCHEDULE	Days per YR	FTE
Cardiology	Ashutosh Bapat, MD, FACC, FASE Howard Lee, DO Ashley Moser, DO Christopher Buckley, DO Steven Obermueller, MD, FACC	Cardiology Services	Olathe, KS	Every Wednesday	48	0.2
Cardiology	Basem Kayali, MD		Paola, KS	Monday - Friday	240	1.0
ENT	Brian Metz, MD, FACS	Midwest Ear, Nose & Throat	Olathe, KS	First Monday	48	0.2
Ophthalmology	Aaron Florkowski	Sharper Vision	Lenexa, KS	Second and fourth Wednesday	96	0.4
Urology	Andrew Morris, DO, MBA, Pharm D	Urologic Surgery Associates	Olathe, KS	Second and fourth Monday	96	0.4
Pain Management	Joseph Danda, MD	Pain Management Center	Olathe, KS	Every Wednesday	48	0.2
Podiatry	Michael Johnson, DPM	Jayhawk Foot and Ankle Clinic	Lenexa, KS	Every Wednesday	48	0.2

MCMC Primary Service Area Health Services Directory 2018-19

Healthcare providers within Miami County
Medical Center's primary service area zip codes:
Bucyrus (66013), Fontana (66026), LaCygne
(66040), Louisburg (66053), Osawatimie
(66064) and Paola (66071).

State and National Resources

Adult Protection

Adult Protective Services
800-922-5330
www.dcf.ks.gov

Domestic Violence Association of Central Kansas
203 S. Santa Fe Salina, KS 67401
785-827-5862
www.dvack.org

Elder Abuse Hotline
800-842-0078
www.elderabusecenter.org

Long-Term Care Ombudsman's Office
900 S.W. Jackson, Room 1041 Topeka, KS 66612
785-296-3017
<https://ombudsman.ks.gov>

Elder and Nursing Home Abuse
www.nursinghomeabuseguide.org

Kansas Coalition Against Sexual and Domestic Violence
888-363-2287
www.kcsdv.org

Kansas Department on Aging-Adult Care Complaint Program
888-842-0078
www.kdheks.gov/bhfr/elder_abuse_hotlines.html

Metropolitan Organization to Counter Sexual Assault
913-642-0233
www.mocsa.org

National Center on Elder Abuse
855-500-3537
[www.https://ncea.acl.gov/](https://ncea.acl.gov/)

National Domestic Violence Hotline
800-799-7233
www.thehotline.org

Rape, Abuse and Incest National Network
800-656-4673
www.rainn.org

National Suicide Prevention Lifeline
800-273-8255
<https://suicidepreventionlifeline.org>

Poison Control
800-222-1222
www.poison.org

Social and Rehabilitative Services (SRS)
888-369-4777
www.srskansas.org

Kansas Suicide Prevention Resource Center
785-841-2345
www.kansassuicideprevention.org

Alcohol and Drug Treatment Resources

Abandon Addiction
888-852-8452
www.abandonaddiction.com

Addiction Treatment Programs
888-610-2445
www.thewatershed.com

Al-Anon Family Group
888-425-2666
<http://www.kansas-al-anon.org/>

Substance Abuse and Mental Health Services Administration
800-662-4357
www.samhsa.gov/

Recovery.Org: American Addiction Centers Resource
888-500-2086
www.recovery.org

Elizabeth Layton Center
Miami County
913-557-9096
www.laytoncenter.org

Elizabeth Layton Center
Franklin County
785-242-3780
www.laytoncenter.org

Lighthouse Presbyterian Church
1402 E. 303rd Street Paola, KS 66071
913-292-2400
www.paolalighthouse.com

Louisburg Baptist Temple
6961 W. 271st Street Louisburg, KS 66053
913-837-2979
www.lbtemple.org

Mothers Against Drunk Driving
877-MADD-HELP
www.madd.org

National Council on Alcoholism and Drug Dependence
800-622-2255
<https://www.ncadd.org/>

Recovery Connection
866-812-8231
www.recoveryconnection.com

Regional Prevention Centers of Kansas
785-625-5521
www.smokyhillfoundation.net

Cross Point Assembly of God
1016 N. Pearl Street Paola, KS 66071
913-294-2429
www.cpchurch.tv/

Better Business Bureau

Better Business Bureau
Kansas Plains
402-391-1612
www.bbb.org

Better Business Bureau
Kansas City Office
816-421-7800
www.bbb.org

Children and Youth

National Adoption Center
800-862-3678
www.adopt.org

Boys Town
402-498-1300
www.boystown.org

Child Abuse National Hotline
800-422-4453
www.childhelp.org

Child Find of America
800-426-5678
www.childfindofamerica.org

Childhelp National Child Abuse Hotline
800-422-4453
www.childhelp.org/hotline/

Child Protective Services
800-922-5330

www.dcf.ks.gov/services/PPS/Pages/ChildProtectiveServices.aspx

Kansas HealthWave
P.O. Box 359 Topeka, KS 66601
800-792-488
www.kdheks.gov/hcf/medicaid_transformation/download/2008/Chapter%2011%20-%20HealthWave.pdf

Heartspring (Institute of Logopedics)
8700 E. 29th North Wichita, KS 67226
800-835-1043
www.heartspring.org

Kansas Big Brothers/Big Sisters
888-574-2447
www.ksbig.org

Kansas Children's Service League
877-530-5275
www.kcsl.org

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

Kansas Society for Children with Challenges
100 N. Main Street Wichita, KS 67202
316-262-4676
www.kssociety.org

National Runaway Switchboard
800-RUN-AWAY
www.1800runaway.org/

National Society for Missing and Exploited Children
800-THE-LOST
www.missingkids.com

Parents Anonymous Help Line
909-621-6184
www.parentsanonymous.org

National Parent Helpline
855-427-2736
www.nationalparenthelpline.org

Talking Books
888-657-7323
www.loc.gov

Community Action

Peace Corps
888-855-1961
www.peacecorps.gov

Public Affairs Hotline (Kansas Corporation Commission)
800-662-0027
www.kcc.state.ks.us

Counseling

Center for Attachment and Relationship Enrichment (CARE)

3601 S.W. 29th Street Topeka , KS 66614
785-608-3321
www.care-counseling.com/

Carl Feril Counseling
608 N. Exchange St. John, KS 67576
620-549-6411

Castlewood Treatment Center for Eating Disorders
888-822-8938
www.castlewoodtc.com

Catholic Charities
785-825-0208
www.ccnks.org

Center for Counseling
5815 W. Broadway Great Bend, KS 67530
800-875-2544
www.thecentergb.org

Central Kansas Mental Health Center
800-794-8281
www.ckmhc.org

Consumer Credit Counseling Services
800-279-2227
www.kscgccs.org

Kansas Problem Gambling Services
800-522-4700
www.kdads.ks.gov/commissions/behavioral-health/consumers-and-families/services-and-programs/problem-gambling-services

National Hopeline Network
800-785-2433
www.suicide.org

Samaritan Counseling Center
1602 N. Main Street Hutchinson, KS 67501
620-662-7835
<https://www.counselingandmediationcenter.com/>

Senior Health Insurance Counseling of Kansas
800-860-5260
<https://kdads.ks.gov/commissions/commission-on-aging/medicare-programs/shick>

Sunflower Family Services, Inc.
877-457-5437
www.sunflowerfamily.org

Disability Resources

American Association of People with Disabilities
www.aapd.com

American Council for the Blind
800-424-8666
www.acb.org

Americans with Disabilities Act Information Hotline
800-514-0301
www.ada.gov

Kansas Commission on Disability Concerns
800-295-5232
<https://kcdinfo.ks.gov/>

Disability Rights Center of Kansas
877-776-1541
www.drckansas.org

Hearing Healthcare Associates
316-223-4122
<https://www.hearinghealthcareassoc.com/>

Kansas Commission for the Deaf and Hard of Hearing
800-432-0696
<http://www.dcf.ks.gov/services/RS/Pages/KCDHH.aspx>

Kansas Relay Center
800-766-3777
www.da.ks.gov/Phonebook/specialservices.htm

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

National Library Services for Blind and Physically Handicapped
800-424-8567
www.loc.gov

Environment

Environmental Protection Agency
800-321-9516
www.epa.gov

Kansas Department of Health and Environment
Hays
785-625-5663
www.kdheks.gov

Kansas Department of Health and Environment
Salina
785-827-9639
www.kdheks.gov

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

Food and Drug

Center for Food Safety and Applied Nutrition
888-723-3366
www.fda.gov/food

US Consumer Product Safety Commission
800-638-2772
www.cpsc.gov

USDA Meat and Poultry Hotline
888-674-6854
www.fsis.usda.gov

US Food and Drug Administration
888-463-6332
www.fda.gov/food

Health Services

American Cancer Society
800-227-2345
www.cancer.org

American Diabetes Association
800-342-2383
www.diabetes.org

AIDS/HIV Center for Disease Control and Prevention
800-232-4636
www.cdc.gov/hiv

AIDS/STD National Hot Line
800-342-2437

Bright Focus (Alzheimer's, Macular Degeneration and Glaucoma)
800-437-2423
www.brightfocus.org

American Heart Association
800-242-8721
www.heart.org

American Lung Association
800-586-4872
www.lung.org

American Stroke Association
888-4787653
www.stroke.org

Center for Disease Control and Prevention
800-232-4636
www.cdc.gov

Eye Care Council
800-960-3937
www.eyecarecouncil.com

Kansas Foundation for Medical Care
800-432-0407
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
www.nidcd.nih.gov

Hospice

Olathe Health Hospice Care
913-324-8515
Olathehealth.org

KS Home Care and Hospice Association
785-478-3640
www.kshomecare.org

Southwind Hospice, Incorporated
620-672-7553

Kansas Housing Resources Corporation
785-217-2001
www.kshousingcorp.org

Legal Services

East Central Kansas Area Agency on Aging
117 S. Main Street Ottawa, KS 66067
785-242-7200
www.eckaaa.org

Kansas Attorney General
785-296-2215
www.ag.ks.gov

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

Kansas Department on Aging
785-296-4986
www.kdads.ks.gov

Kansas Legal Services
785-233-2068
www.kansaslegalservices.org

Medicaid Services

Kansas Medicaid Assistance Program
800-766-9012
www.kmap-state-ks.us

Medicare Information
800-633-4227
www.medicare.gov

U.S. Department of Health and Human Services
800-633-4227
www.cms.gov

Mental Health Services

Alzheimer's Association
800-272-3900
www.alz.org

Developmental Services of Northwest Kansas
785-625-5678
www.dsnwk.org

National Alliance for the Mentally Ill
800-539-2660

www.namikansas.org

National Institute of Mental Health
866-615-6464
www.nimh.nih.gov

National Library Services for Blind and Physically
Handicapped
888-657-7323
www.loc.gov/nls

Osawatomie State Hospital
500 State Hospital Drive Osawatomie, KS 66064
913-755-7000

Kansas Behavioral Health Services
503 S. Kansas Topeka, KS 66603
785-296-3471
<https://kdads.ks.gov/commissions/behavioral-health>

Kansas Suicide Prevention Resource Center
785-841-2345
www.kansassuicideprevention.org

Nutrition

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

Department of Human Nutrition
(Kansas State University)
785-532-5508
www.humec.k-state.edu/hn/

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

Kansas Department for Children and Families (Food Stamps)
888-369-4777
<http://www.dcf.ks.gov/services/ees/Pages/Food/FoodAssistance.aspx>

Kansas Department of Health and Environment (WIC)
1000 S.W. Jackson Topeka, KS 66612
785-296-1320
www.kansaswic.org

Road and Weather Conditions

Kansas Road Conditions
866-511-5368
www.ksdot.org

Senior Services

Alzheimer's Association
800-272-3900
www.alz.org

American Association of Retired Persons (AARP)
877-434-7598
www.aarp.org

Americans with Disabilities Act Information Hotline
800-514-0301
www.ada.gov

Area Agency on Aging
800-432-2703
www.ncfhaaa.com/

Eldercare Locator
800-677-1116
www.eldercare.acl.gov

Home Buddy
866-922-8339
www.homebuddy.org

Home Health Complaints
800-842-0078
www.kdads.ks.gov/hotlines

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

Kansas Department on Aging
785-296-4986
www.kdads.ks.gov

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

Kansas Tobacco Use Quitline
800-784-8669
www.quitnow.net/kansas

Older Kansans Employment Programs (OKEP)
785-291-3286
<http://www.kansascommerce.com/997/Older-Kansans-Employment-Program>

Senior Health Insurance Counseling of Kansas
800-860-5260
<https://kdads.ks.gov/commissions/commission-on-aging/medicare-programs/shick>

Social Security Administration
800-772-1213
www.ssa.gov

Suicide Prevention

Kansas Suicide Prevention Resource Center
785-841-2345
www.kansassuicideprevention.org

Veterans

Federal Information Center
800-333-4636
www.usa.gov

U.S. Department of Veterans Affairs
800-827-1000
www.va.gov

Welfare Fraud Hotline

Kansas Welfare Fraud Hotline
800-432-3913
<http://www.dcf.ks.gov/Pages/HotlineNumbers.aspx>

Other Emergency Contacts

Kansas Child/Adult Abuse and Neglect Hotline
800-922-5330
www.dcf.ks.gov/pages/HotlineNumbers.aspx

Domestic Violence Hotline
800-799-7233
www.thehotline.org

Emergency Management (Topeka)
785-274-1000
www.kansastag.gov

Federal Bureau of Investigation
800-225-5324
www.fbi.gov

Kansas Arson/Crime Hotline
800-572-1763
www.firemarshal.ks.gov/arson

Kansas Bureau of Investigation
785-296-8200
www.accesskansas.org/kbi

Kansas Crisis Hotline (Domestic Violence and Sexual Assault)
888-363-2287
www.kcsdv.org

Kansas Road Conditions
511
www.kandrive.org

Poison Control
800-222-1222
www.aapcc.org

Suicide Prevention Lifeline
800-273-8255
www.suicidepreventionlifeline.org

Toxic Chemical and Oil Spills
800-424-8802
www.epa.gov/pesticide-incidents/how-report-spills-and-environmental-violations

Local Resources

Health Services

Miami County Medical Center (services below)
2100 Baptiste Drive
913-294-2327
olathehealth.org/locations/miami-county-medical-center

Cardiology	913-780-4900
Emergency	913-294-2327
General Surgery	913-557-0700
Inpatient	913-294-2327
Ophthalmology	913-294-2327
Otolaryngology	913-294-2327
Orthopedic Surgery	913-557-3800
Pain Management	913-294-2327
Urology	913-294-2327
Colonoscopy	913-557-0700
Mammography	913-294-6611
Imaging	913-294-2327
Rehabilitation	913-294-6679

Miami County Health Department (services below)
1201 Lakemary Drive
913-294-2431
miamicountyks.org/161/Community-Health-Department
Day Care Licensing 913-294-2431
Family Planning 913-294-2431
Healthy Start Program 913-294-2431
Immunizations 913-294-2431
Kan-Be-Healthy Screenings 913-294-2431
WIC 913-294-2431
Walk-In Services (services below) 913-294-2431
Blood Pressure
Blood Sugar
General Counseling
Hemoglobin
Immunizations
Injections
TB Testing
Urinalysis

Linn County Health Department (services below)
901 Main Street
913-352-6640
linncountyks.com/departments/health-department
Community Health Screenings and Services
Disease Follow-up and Containment
Family Planning
Healthy Start Program
Immunizations
International Travel
Physical Assessments
Public Health and Emergency Response
WIC
Women's Clinic

Medical Professionals-Chiropractors

Fulk Chiropractic and Acupuncture
609 Baptiste Drive
913-294-3851
www.fulkchiro.com/

Cook Chiropractic Office
3 S. Pearl Street
913-294-2060
www.cook-chiropractic.net/

Jaccard Chiropractic
618 E. Market Street

913-757-4044
www.jaccardchiropractic.com

La Cygne Chiropractic
210 N. Commercial
913-757-2003
www.lacygnechiropractic.com/

Jeff A. Wilson
820 N. Pearl Street
913-294-9993

Community Chiropractic Office
302 N. Hospital Drive
913-294-5501
www.paolachiro.com/

Medical Professionals-Clinics

Olathe Health Family Medicine - Osawatomie
100 E. Main Street
913-808-2192
www.olathehealth.org

Olathe Health Family Medicine - Paola
1318 Kansas Drive
913-951-0906
www.olathehealth.org

Olathe Health Family Medicine - La Cygne
1017 E. Market Street
913-210-5898
www.olathehealth.org
Olathe Health Family Medicine - Louisburg
102 W. Crestview Circle
913-538-9075
www.olathehealth.org

Donald Banks, M.D.
705 Baptiste Drive
913-294-2305

Johnson County Orthopedics-Paola
2102 Baptiste Drive
913-557-3800
www.olathehealth.org

Miami County Surgical Associates
2102 Baptiste Drive
913-557-0700
www.olathehealth.org

Medical Professionals-Dentists

Barden Family Dentistry
301 E. Main Street
913-755-3014
www.bardendentistry.com/

Hannah Orthodontics
4 S. Berkley
913-837-3500
www.hannahbraces.com/

Herwig DDS
22 S. Silver
913-294-4321
www.herwigdds.com/

Ironhorse Dental Group
1258 W. Amity Street
913-553-5222
www.ironhorsedental.com/

Oltjen Orthodontics
24 S. Silver Street
913-294-4848
www.oltjenbraces.com/

Louisburg Dental Office
4 S. Berkley Street
913-837-4746

Paola Family Dentistry
21 W. Wea Street
913-294-2222
www.paoladentist.com/

Sanders Family Dentistry
28 W. Peoria Street
913-294-5377
www.sandersfamilydentistry.com/

Steve Neill, D.D.S.
302 N. Hospital Drive
913-294-2402

William McKee, D.D.S.
113 Broadway Street
913-757-4429

Medical Professionals-Optometrists

Eyecare Associates of Osawatomie
524 Brown Avenue
913-256-2176
www.oseyecare.com/

Eyecare Professionals
2 S. Silver
913-294-2300
www.paolaeyecare.com/

Andrew J. Hill, Optometrist
3 S. Berkley Street
913-837-3636
www.louisburgeyedoc.com/

Wal-Mart Vision Center
310 Hedge Lane
913-294-0812

Rowe Vision, LLC
913-831-8003
www.eyedoctorlouisburg.com/

The EyeDoctors
705 Baptiste Drive
913-294-4342
www.theeyedoctors.net/

Pharmacies

Auburn Pharmacy
311 N. Hospital Drive
913-294-3516

Auburn Pharmacy
6 S. Metcalf Road
913-837-5555

Auten Pharmacy
125 E. Main Street
913-755-4111

Rockers Pharmacy
304 Baptiste Drive
913-294-2715

Silver Creek Pharmacy
945 E. Market Street
913-757-4744

Vohs Pharmacy
100 E. Crestview Drive
913-837-3784

Wal-Mart Pharmacy
310 Hedge Lane
913-294-5777

McKeever's Pharmacy
1400 W. Amity
913-837-2115

Rehabilitation Services

Life Care Center of Osawatomie
1615 Parker Avenue
913-755-4165

Louisburg Healthcare and Rehabilitation Center
1200 S. Broadway
913-837-2916

Olathe Health Rehabilitation Services - Louisburg
102 W. Crestview Circle
913-837-1600
www.olathehealth.org

Olathe Health Rehabilitation Services – Osawatomie
635 Main Street
913-755-2078
www.olathehealth.org

Olathe Health Rehabilitation Services - Paola
1312 Kansas Dr.
913-294-6679
www.olathehealth.org

Other Health Care Services-General

Home Health Services of Olathe Medical Center
20920 W. 151st Street
913-324-8515
www.olathehealth.org

Miami County Health Department
1201 Lakemary Drive
913-294-2431
www.miamicountyks.org/161/Community-Health-Department

Assisted Living/Nursing Homes

Country Club Estates
2 Lewis Drive
913-294-4531

Life Care Center of Osawatomie
1615 Parker Avenue
913-755-4165
www.lifecarecenterofosawatomie.com/

Louisburg Healthcare and Rehabilitation Center
1200 S. Broadway
913-837-2916

Medicalodges
501 Assembly Lane
913-294-3345

North Point
908 N. Pearl
913-294-4308

Vintage Park of Paola
601 N. East Street
913-557-0202

Vintage Park of Louisburg
202 Rodgers Street
913-837-5133

Vintage Park of Osawatomie
1520 Parker Avenue
913-755-2167

Diabetes

Miami County Medical Center Diabetes Education
2100 Baptiste Drive
913-294-6638

Disability Services

Kansas Department for Aging and Disability Services
800-432-3535
www.kdads.ks.gov

Lakemary Center
100 Lakemary Drive
913-557-4000
www.lakemary.org/service-locations

Domestic/Family Violence

My Father's House Community Services
1004 N Pearl St.
913-294-3600
Mfhcs.com

Kansas Child/Adult Abuse and Neglect Hotline
800-922-5330
www.dcf.ks.gov/pages/HotlineNumbers.aspx

Safe Home (24 Hour)
888-432-4300
www.safehome.ks.org

Safe Home (Miami County Direct Office Line)
913-242-5767
www.safehome.ks.org

The Crisis Center, Inc. - Manhattan
1132 Garden Way
800-727-2785
www.thecrisiscenterinc.org

The Crisis Center, Inc. - Manhattan
785-539-2785
www.thecrisiscenterinc.org

Sexual Assault and Domestic Violence Center (United Way)
335 N. Washinton, Suite 240
620-665-3630
www.unitedwayofrenocounty.org/sexual-assaultdomestic-violence-center

Food Programs

Osawatomie Food Pantry
811 S. 6th Street

La Cygne Nutrition Center
118 S. 4th Street
913-757-4866
www.linncountykansas.net/html/nutrition.html

Cross Point Assembly of God
1016 N. Pearl Street
913-294-2429
www.cpchurch.tv/ministries/community

First Presbyterian Church
110 E. Peoria Street
913-294-2319
www.fpcpaola.org/

Government Health Care

Kansas Department for Aging and Disability Services
503 S. Kansas Avenue
785-296-4986
www.kdads.ks.gov

Kansas Department of Health and Environment
1000 S.W. Jackson
785-296-1500
www.kdheks.gov

DCF Service Center
2250 E. 22nd Street
785-628-1066
www.dcf.ks.gov/services/Pages/DCFOfficeLocatorMap.aspx?olQuery=county:Ellis

Medicare
800-722-1213
www.medicare.gov

East Central Kansas Area on Aging
117 S. Main Street
785-242-7200
www.eckaaa.org

Health and Fitness Centers

BodyMaxx Fitness
710 Baptiste Drive
913-294-1000
www.bodymaxxfitness.com

Jacq's Fitness Studio
104 S. 4th Street
913-731-2424

Louisburg Athletic Club
401 S. Metcalf Road
913-837-1400
www.louisburgathleticclub.com

Forerunner Fitness
121 N. Broadway
913-534-8065
www.forerunnerfit.com

Jazzercise Paola Fitness Center
305 Angela
913-605-5925
www.jcls.jazzercise.com/facility/jazzercise-paola-fitness-center

Ozone USD 367 Sports and Fitness Zone 300
11th Street
913-755-3622
www.usd367ozone.org/

Home Health

Home Health Services of Olathe Medical Center
20920 W. 151st Street
913-324-8515
www.olathehealth.org

Hospice

Hospice Services of Olathe Medical Center
20920 W. 151st Street
913-324-8515
www.olathehealth.org

Hospice House at Olathe Medical Park
15310 S. Marion Street
913-324-8588

www.olathehealth.org

Life Care Center of Osawatomie
1615 Parker Avenue
913-755-4165
www.lifecarecenterofosawatomie.com/

Massage Therapy

Main Body Works
564 Main Street
913-755-3768
www.mainbodyworks.com

Sheila's Spa
101 S. 11th Street
913-709-5570

Mane 1 Salon & Spa
905 N. Pearl
913-294-5005
www.mane1salon.com

Medical Equipment and Supplies

Westrock Incorporated
909 North Pearl Street
913-294-5200

Rockers Pharmacy
304 Baptiste Drive
913-294-2715
www.rockerspharmacy.com

Auten Pharmacy
125 E. Main Street
913-755-4111
www.autenpharmacy.com

Vohs Pharmacy
100 E. Crestview Drive
913-837-3784
www.vohspharmacy.com

Schools

Queen of the Holy Rosary-Wea Catholic Church
22705 Metcalf Avenue
913-533-2462
www.holyrosarywea.org/

Rockville Elementary School
977 N. Rockville Road
913-837-1970
www.usd416.org

Broadmoor Elementary School
105 S. 5th Street East
913-837-1900
www.usd416.org

Louisburg Middle School
505 E. Amity
913-837-1800
www.usd416.org

Louisburg High School
202 Acquatic Drive
913-837-1920
www.usd416.org

Trojan Elementary School
1901 Parker Avenue
913-755-4133
www.usd367.org

Osawatomie Middle School
428 Pacific Avenue
913-755-4155
www.usd367.org

Osawatomie High School
1200 Trojan Drive
913-755-2191
www.usd367.org

Cottonwood Elementary School
709 Hedge Lane
913-294-8050
www.usd368.org

Sunflower Elementary School
1401 E. 303rd Street
913-294-8040
www.usd368.org

Paola Middle School
405 N. Hospital Drive
913-294-8030
www.usd368.org

Paola High School
401 N. Angela Street
913-294-8030
www.usd368.org

La Cygne Elementary
710 Walnut Street
913-757-4417
www.pv362.org

Parker Elementary
421 N. Center Avenue
913-898-3160
www.pv362.org

La Cygne Middle School
13667 Kansas Highway 152
913-757-4497
www.pv362.org

La Cygne High School
13731 Kansas Highway 152
913-757-4447
www.pv362.org

Senior Services

Community Senior Services Center
815 6th Street
913-755-4786

East Central Kansas Area Agency on Aging
117 South Main Street
785-242-7200
www.eckaaa.org

Elder Care, Inc.
5611 10th Street
620-792-5942

Senior Citizens Center
121 W. Wea Street
913-294-4630

Senior Citizens Center
504 S. Metcalf Road
913-837-5113

Senior Citizens Center
118 S. 4th Street
913-757-4866

Adult Protection

Adult Protective Services
800-922-5330
www.dcf.ks.gov

Elder Abuse Hotlines
800-842-0078
www.kdads.ks.gov/hotlines

Kansas Department of Health and Environment:
Domestic and Community Abuse
800-922-5330
www.kdheks.gov/bhfr/elder_abuse_hotlines.html

Alcohol and Substance Abuse Treatment

Drug and Alcohol Evaluation Providers
866-645-8216
www.dcf.ks.gov/Pages/HotlineNumbers.aspx

Sunflower Wellness Retreat
29875 W. 339th Street
877-734-1695
www.sunflowerwellnessretreat.com

Sunflower Substance Abuse Recovery Services
569 Main Street
913-755-2081
www.sunflowersubstanceabuserecoveryservices.org/

Eagle Recovery Services
5 S. Peoria Street
913-837-4919

Elizabeth Layton Center
25955 W. 327th Street
913-557-9096

www.laytoncenter.org

Child Protection

Kansas Protection Report Center
800-922-5330
www.dcf.ks.gov/Pages/Report-Abuse-or-Neglect.aspx

Community Centers

Paola Community Center
905 W. Wea
913-259-3650
www.paolacommunitycenter.org

Fox Hall Community Building
201 S. Broadway
913-837-2585

LaCygne Community Building
204 Commercial Street
913-757-4711

Crime Prevention

Kansas Highway Patrol
27960 Beaver Creek Road
913-837-5621

LaCygne Police Department
206 Commercial Street
913-757-3322

Linn County Sheriff's Office
107 S. 4th Street
913-795-2665

Louisburg Police Department
209 S. Metcalf Road
913-837-3191

Miami County Sheriff's Office
209 S. Pearl
913-294-3232

Osawatimie Police Department
105 E. Main Street
913-755-2101

Paola Police Department
805 N. Pearl Street
913-259-3631

Extension Office

Linn County Extension
115 S. 6th Street
913-795-2829

Miami County Extension
104 S. Brayman
913-294-4306

Funeral Homes

Dengel & Son Mortuary and Crematory
305 N. Pearl Street

913-294-2372
www.dengelmortuary.com

Eddy-Birchard Funeral Home
203 Main Street
913-755-2114
www.eddybirchard.com

Schneider Funeral Home & Crematory
202 N. 4th
913-757-2035
www.schneiderfunerals.com/

Head Start

Head Start - Osawatomie
608 10th Street
913-755-2018

Head Start - Paola
302 N. Oak
913-294-4880

Libraries, Parks and Recreation

Cedar Cove Feline Conservatory
3783 Highway K68
913-837-5515
www.saveoursiberians.org

Hillsdale State Park
26001 West 255th Street
913-783-4507

Louisburg Library
206 S. Broadway
913-837-2217
www.louisburglibrary.org

Louisburg Aquatic Center
2 Aquatic Drive
913-837-3555
www.louisburgkansas.gov/130/Aquatic-Center

Ozone
300 11th Street
913-755-3622
www.usd367ozone.org/

Paola City Library
101 E. Peoria Street
913-259-3655
www.paolalibrary.org

Osawatomie Public Library
527 Brown Avenue
913-755-2136
www.osawatomie.org

Family Acquatics Park at the Ozone
300 11th Street
913-755-3622
www.usd367ozone.org/

Paola Family Pool
10 Wallace Park Drive
913-259-3660
www.cityofpaola.com/165/Paola-Family-Pool

KC Water Sports
25825 Edgemore Road
913-783-4300
www.kcwatersports.com

Pregnancy Services

Adopt Kansas Kids
www.adoptkids.org

Kansas Children's Service League
877-530-5275
www.kcsl.org

Miami County Health Department
1201 Lakemary Drive
913-294-2431
www.miamicountyks.org/161/Community-Health-Department

Public Information

Louisburg Chamber of Commerce
16 S. Broadway
913-837-2826
www.louisburgkansas.com/

Osawatomie Chamber of Commerce
509 5th Street
913-755-4114
www.osawatomiechamber.org

Paola Chamber of Commerce
6 West Peoria
913-294-4335
www.paolachamber.org

Rape

Domestic Violence Hotline
800-799-7233
www.thehotline.org

Family Crisis Center 1924 Broadway
620-793-9941

Kansas Crisis Hotline (Domestic Violence and Sexual Assault)
888-363-2287
The Crisis Center, Inc. - Manhattan
785-539-2785

Red Cross

American Red Cross (in Kansas)
785-234-0568
www.redcross.org/local/kansas.html

Social Security

Social Security Administration
800-772-1213
www.ssa.gov

Transportation

General Public Transportation
121 W. Wea Street
913-294-4630

Linn County Transportation
306 Main Street
913-795-2279

Miami County Airport
32580 Airport Road
913-755-2108

Osawatomie Area General Transportation
815 6th Street
913-755-4786

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]



Patient Origin by Hospital - Inpatient
Miami County Medical Center, Inc. - Paola, KS
Federal Fiscal Year: 2017



County	Total		Pediatric		Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		Surg %
Discharges			Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74		Age 75+								
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
Miami, KS	354	65.0%	0	0.0%	35	9.9%	116	32.8%	80	22.6%	116	32.8%	7	2.0%	0	0.0%	0	0.0%	21.8%
Linn, KS	116	21.3%	0	0.0%	10	8.6%	33	28.4%	28	24.1%	44	37.9%	1	0.9%	0	0.0%	0	0.0%	19.8%
Anderson, KS	20	3.7%	0	0.0%	2	10.0%	4	20.0%	7	35.0%	7	35.0%	0	0.0%	0	0.0%	0	0.0%	35.0%
Franklin, KS	20	3.7%	0	0.0%	0	0.0%	7	35.0%	7	35.0%	6	30.0%	0	0.0%	0	0.0%	0	0.0%	30.0%
Johnson, KS	17	3.1%	0	0.0%	0	0.0%	9	52.9%	6	35.3%	2	11.8%	0	0.0%	0	0.0%	0	0.0%	88.2%
Cass, MO	5	0.9%	0	0.0%	0	0.0%	0	0.0%	2	40.0%	3	60.0%	0	0.0%	0	0.0%	0	0.0%	20.0%
Other Counties	13	2.4%	0	0.0%	3	23.1%	4	30.8%	2	15.4%	3	23.1%	1	7.7%	0	0.0%	0	0.0%	23.1%
Hospital Total	545	100.0%	0	0.0%	50	9.2%	173	31.7%	132	24.2%	181	33.2%	9	1.7%	0	0.0%	0	0.0%	24.2%

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Patient Origin by Hospital - Inpatient
Miami County Medical Center, Inc. - Paola, KS
Federal Fiscal Year: 2016



County	Total		Pediatric		Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		Surg %
	Discharges		Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74		Age 75+								
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
Miami, KS	350	69.0%	1	0.3%	30	8.6%	116	33.1%	74	21.1%	120	34.3%	8	2.3%	1	0.3%	0	0.0%	22.0%
Linn, KS	88	17.4%	0	0.0%	8	9.1%	22	25.0%	22	25.0%	35	39.8%	1	1.1%	0	0.0%	0	0.0%	26.1%
Johnson, KS	21	4.1%	0	0.0%	1	4.8%	9	42.9%	7	33.3%	3	14.3%	1	4.8%	0	0.0%	0	0.0%	71.4%
Anderson, KS	20	3.9%	0	0.0%	4	20.0%	6	30.0%	1	5.0%	9	45.0%	0	0.0%	0	0.0%	0	0.0%	40.0%
Franklin, KS	13	2.6%	0	0.0%	2	15.4%	8	61.5%	3	23.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	46.2%
Other Counties	15	3.0%	0	0.0%	1	6.7%	6	40.0%	2	13.3%	4	26.7%	2	13.3%	0	0.0%	0	0.0%	33.3%
Hospital Total	507	100.0%	1	0.2%	46	9.1%	167	32.9%	109	21.5%	171	33.7%	12	2.4%	1	0.2%	0	0.0%	26.4%

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Patient Origin by Hospital - Inpatient
Miami County Medical Center, Inc. - Paola, KS
Federal Fiscal Year: 2015



County	Total	Pediatric				Adult Medical/Surgical													Psychiatric			Obstetric			Newborn			Surg %
	Discharges	Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74			Age 75+								Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Miami, KS	345	68.9%	3	0.9%	29	8.4%	106	30.7%	68	19.7%	130	37.7%	9	2.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Linn, KS	80	16.0%	0	0.0%	3	3.8%	24	30.0%	20	25.0%	33	41.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Johnson, KS	25	5.0%	0	0.0%	2	8.0%	11	44.0%	4	16.0%	6	24.0%	2	8.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Anderson, KS	14	2.8%	0	0.0%	2	14.3%	8	57.1%	1	7.1%	3	21.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Cass, MO	10	2.0%	0	0.0%	2	20.0%	4	40.0%	1	10.0%	3	30.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Franklin, KS	9	1.8%	0	0.0%	0	0.0%	2	22.2%	3	33.3%	4	44.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Counties	18	3.6%	0	0.0%	6	33.3%	4	22.2%	5	27.8%	3	16.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Hospital Total	501	100.0%	3	0.6%	44	8.8%	159	31.7%	102	20.4%	182	36.3%	11	2.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

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b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Town Hall: MCMC – Miami County

Head count: 41

Food Insecurity

- Harvesters makes the food packets
- Rita is not involved

Immunizations

Drugs

- Meth
 - Weed
 - Opioids
 - Cocaine
-
- Local police officer has confirmed he has seen a rising issue
 - Community member: If you look at the chronic diseases and then look at the nutrition, are they related?
 - Yes, absolutely they are related.
 - Chief police: yes, people are drinking and driving
 - The healthiest people are the ones who go to the health class, not the one who actually need it

Themes

Question 1

- Wait times at Emergency Room
- Urgent Care (a result of townhall a few years ago)
- Fitness opportunities
 - o Access to FREE exercise
- Schools in the community are engaged
- Primary Care
- Partnership + DOH with the 3 major providers
- Summer meals program for kids
- Pharmacy services & Surgery services
- Quality nurses (nursing skill AND home health)
- Desire to improve and interested in getting healthier (community collaboration)
- Community safety (streets, public safety)

Question 2

- Mental health (all 3 areas) & Suicide & Drugs/ opioid use / Smoking (ecigs, tobacco)
- Affordable health care & After hour care
- Food insecurity/ Access to grocery stores & Obesity
- PCP retention
- Immunizations (all ages)
- Housing (affordable, safe)
- Knowledge of resource available
- Early childcare services (??) (awareness??)/ Affordable services
- Specialty care (low income)
- Neurology, nephrology, pulmonology, pod, endo
- Senior CARE
- Domestic violence
- Transportation
- Health education (new approach)
- Pre-natal care

MCMC CHNA TownHall Roster 10/16/18 Attendee List N=41								
Classification	Attend	First	Last	Organization	Title	City	ST	Zip
Uninsured/underinsured people.	1	Karen	Barrett	Olathe Health Family Medicine - Osawatomie	Medical Offices Supervisor	Osawatomie	Ks	66064
Community Member	2	Cliff	Blackmore					
Business Representative	1	Becky	Bowes	Louisburg Chamber of Commerce	Executive Director	Louisburg	KS	66053
County Official	1	Tisha	Coleman	Linn County Health Department	Nurse Administrator	Pleasanton	Ks	66075
Other health professionals.	1	Nate	Cunningham	Miami County Medical Center	Emergency Department Manager	Paola	KS	66071
Coalitions working on health or other issues.	1	Jackie	Davey	American Diabetes Association-Paola Chapter		Paola	Ks	66071
Housing advocates	1	Levi	Davis	Louisburg Healthcare and Rehabilitation Center	Administrator	Louisburg	Ks	66053
Other health professionals.	1	Pat	Diehm	Miami County Health Center	Radiology Manager	Paola	KS	66071
Education officials	1	Justin	Elliott	PHS	PHS School Counselor	Paola	KS	66071
Education officials	1	Gary	French	Osawatomie School District	Superintendent	Osawatomie	KS	66064
Education officials	1	Kathy	Goul	Kstate Extension	FCS Agent	Paola	KS	66071
Physicians	1	Georgina	Green	Olathe Health Family Medicine - Paola	physician	Paola	KS	66071
Parents, caregivers and other consumers of health care in the community.	1	Abby	Hardwick			Paola	Ks	66071
Uninsured/underinsured people.	1	Kathy	Jones	Olathe Health Family Medicine - Louisburg	Medical Offices Supervisor	Louisburg	Ks	66053
Parents, caregivers and other consumers of health care in the community.	1	Lacey	Kane			Paola	KS	66071
Nurse	1	Natalie	Ketzner	Olathe Health Family Medicine - Paola	Advanced Practice Provider	Paola	KS	66071
Physicians	1	Jawaria	Khalid	Olathe Health Family Medicine - Paola	MD	Paola	KS	66071
Healthcare Executive	1	Bev	Kimcey	Faith Home Healthcare	CEO			
Community Member	1	Christy	Levings	NA	Community Member			
Healthcare Executive	1	Paul	Luce	Miami County Medical Center	Administrator	Paola	KS	66071
Community Member	1	Ty	McBride	Osawatomie Rotary Club	Past president			
Coalitions working on health or other issues.	1	Rita	McKoon	Miami County Connect Kansas	Chair	Louisburg	Ks	66053
Education officials	1	Matt	Meek	Paola School District	Superintendent	Paola	KS	66071
Other health professionals.	1	Tammy	Mize	Miami County Medical Center	Outpatient Dietician	Paola	KS	66071
Hospital Executive	1	Darren	Odum	OMC	VP - Bus Devel - Phys Engag	Olathe	KS	66061
Community Member	1	Joan	Pate	Faith Home Healthcare	Community Liaison			
Consumer advocates.	1	Kathy	Peckman		MCMC Community Advisory Council	Paola	Ks	66071
Law enforcement agencies	1	Don	Poore	City of Paola	Chief of Police	Paola	KS	66071
Business Representative	1	Catherine	Rice	Health Partnership Clinic	VP of Marketing Outreach	Paola	KS	66071
Physician Assitant	1	Matthew	Sherman	Olathe Health Family Medicine - Paola	Advanced Practice Provider	Paola	KS	66071
Volunteer	1	Elizabeth	Smith	MCMC	Volunteer	Paola	KS	66071
Physicians	1	Amanda	Sommerville	Olathe Health Family Medicine - Paola	Physician	Paola	KS	66071
Business Representative	1	Debbie	Sparks	Health Partnership Clinic	Manager of Development & Marketing	Paola	KS	66071
Other health professionals.	1	Leanna	Stanchfid	Paola Senior Center	Director	Paola	KS	66071
Other health professionals.	1	Joyce	Stoughton	Miami County Medical Center	Director of Clinics	Paola	KS	66071
Other health professionals.	1	Holly	Upshaw	Olathe Health Family Medicine - Paola	Office Manager	Paola	Ks	66071
Political, appointed and elected officials	1	Jay	Weiland	City of Paola	City Manager	Paola	Ks	66071
Hospital Executive	1	James	Wetzel	Olathe Health	CMO	Olathe	KS	66061
Business Representative	1	Janea	White	My Father's House	Manager	Paola	KS	66071
Education officials	1	Amy	Williams	Louisburg School District	School Nurse	Louisburg	KS	66053

Wave #3 CHNA - Miami County KS					
Town Hall Conversation 10/16/18 - Strengths (White Cards) N= 41					
Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?
2	ACC	Services available at hospital / ER / Urgent Care	38	FIT	Access to exercise
10	ACC	Have increased availability of walk in services of Miami County	32	FP	Family practices
11	ACC	Access to primary care	31	HH	Home health
12	ACC	Access to medical care	34	HH	Home health + hospice opportunities
13	ACC	Healthcare access	2	HOSP	Hospital care
14	ACC	Access to healthcare	5	HOSP	Good nursing
30	ACC	Resources available	15	HOSP	Community hospital
1	ALL	Beginning to take / see new ideas	22	HOSP	Community hospital with resources of health system
2	ALL	Desire to see improvement	23	HOSP	Hospital
3	ALL	Identification of health needs	24	HOSP	Community hospital
21	ALT	Alternative care	25	HOSP	MCMC
20	BH	Mental health resources that are available seem to be accessed, utilized by the population	27	HOSP	Hospital system
23	CLIN	Walk- in	32	HOSP	Good hospitals
26	CLIN	Walk- in services available	35	HOSP	Community hospital
27	CLIN	Walk in clinics	36	HOSP	Exceptional hospital for community our size
28	CLIN	Physical clinics	38	HOSP	Hospital great
1	COM M	Better coordination and discussion in county	11	NUTR	Summer meal programs
1	COM M	Coordination of various community partners	13	NUTR	Summer meals/ backpacks for weekends has increased
10	COM M	Community agencies work well together	23	OBG	new OB in Paola
3	CORP	Community involvement	13	OTHR	This process benefits the community!!
6	CORP	Close knit community	14	OTHR	Deaths from ??
23	CORP	Community engaged	22	OTHR	FQHC
24	CORP	Engaged community	33	OTHR	Safety- community
25	CORP	engaged community in healthcare	38	OTHR	New ideas (summer lunch program coordination)
36	CORP	Community attitude of working together	38	OTHR	Trying to identify health needs is good, but need to put into action
38	CORP	Community involvement	38	OTHR	Desire to improve
9	DENT	Dentist	2	PART	Health partnerships
6	DIAB	Managing diabetes (is rate increasing?)	11	PART	Good partnership with HCP
29	DIAB	Diabetes education available for Medicare	12	PART	Community agencies collaborative
31	DIAB	Diabetic educators	16	PART	Community collaboration
30	DOCS	Number of providers in the clinics	16	PART	Health partnership clinic of services within clinic
13	DOG	Health department services	18	PART	Having health partnership
22	DOH	Engaged health department	31	PART	Health partnership clinic
28	DOH	Public health	37	PART	Agencies work together
31	DOH	Health department	38	PART	Agencies working well together
14	DRUG	Limited opioid	17	PEDS	Maternal care / infant care
2	EDU	Education of nontransient population (grad rate of long time Paola students)	9	PHAR M	Pharmacy
2	EDU	Schools / community	38	PHAR M	Pharmacy
22	EDU	Schools	38	PNEO	Prenatal care in 1st trimester of pregnancy
23	EDU	Schools engaged	11	PREV	Prevention education - with health related issues
25	EDU	schools	4	PRIM	Primary care
31	EDU	Schools	17	PRIM	PCP access in Miami Co
33	EDU	Schools - quality		PRIM	PCP availability

Wave #3 CHNA - Miami County KS					
Town Hall Conversation 10/16/18 - Strengths (White Cards) N= 41					
Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?
35	EDU	Graduation rate of students	24	PRIM	PCP
38	EDU	Increased graduation rate for those who have been in Paola for a long time	26	PRIM	new PCP clinic - Paola
38	EDU	High school graduation rate	27	PRIM	PCP - cover urgent care , keeps costs down
1	EMER	ER- services here	31	PRIM	Primary care
3	EMER	Emergency room services	33	PRIM	Primary care access
4	EMER	Emergency room	34	PRIM	Primary Care access
7	EMER	24/7 ER coverage (X-ray / lab)	38	PRIM	Access to primary care / family practice
8	EMER	Strong emergency services	18	QUAL	High quality care at MCMC
19	EMER	ER care - great response and service	33	REC	Recreation opportunity
21	EMER	ER time	1	SPEC	Bringing more specialists to county
23	EMER	ER care	24	SPEC	Specialty clinic
38	EMER	Emergency room services	28	SPEC	Specialties
21	EMS	Ambulance - EMT time	38	SPEC	Specialists coming here
9	EYE	Optometrist	31	SUR	MCMC surgeons
2	FIT	Fitness opportunities	4	URG	Urgent care
6	FIT	Access to exercise opportunities (but why not being used?)	6	URG	Urgent care access (Miami not Linn)
12	FIT	Community fitness options - improving	9	URG	Urgent care
17	FIT	Access to exercise	20	URG	Expanded urgent care hours
18	FIT	Access to exercise opportunity	31	URG	Urgent Care
23	FIT	Free exercise	14	WAIT	Rapid EMER visits
24	FIT	Access to gym - exercise	30	WAIT	ER wait time
25	FIT	Community free access to exercise	31	WAIT	Short wait time ER
27	FIT	Access to free physical activity , exercise	34	WAIT	Er wait time
29	FIT	Walking trail available to increase exercise	7	WELL	Research / extension classes - lunch and learns programs
31	FIT	Fitness opportunities	38	WELL	Emphasis on lifetime physical health
37	FIT	Exercise facilities with paths			

Wave #3 CHNA - Miami County KS					
Town Hall Conversation - Weakness (Color Cards) N= 41					
Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
2	ACC	access to insurance - affordable	31	MRKT	services are available - there is a lack of use
5	ACC	expand services at MCMC	33	MRKT	coordinated message in community on wellness
5	ACC	improve access to inpatient mental health care	3	NUTR	food; lack of grocery stores = lack of access to healthy food
12	ACC	access to health food options	3	NUTR	food insecurity
3	AGE	senior housing	7	NUTR	food insecurity
19	AGE	senior center	10	NUTR	access to grocery store
21	AGE	safe care for mentally challenged	12	NUTR	suicide prevention / education
23	AGE	senior care (housing, medications , etc.)	15	NUTR	unhealthy diet & exercise
25	AGE	options for elderly	16	NUTR	physical environment: access to food, healthy food options (grocery store)
26	AGE	senior care / caregiver education	19	NUTR	offer free or low cost nutrition class (grocery store tour, eating on a budget, low fat)
21	ASLV	assisted living	19	NUTR	harvesters
1	BH	mental health availability	20	NUTR	grocery store in Osawatomie
2	BH	Mental health care access + services - to include "all" (substance use,etc.)	24	NUTR	diet - education
3	BH	mental health (all ages)	25	NUTR	healthy food education
6	BH	mental health services / facilities	29	NUTR	food insecurity = obesity = depression
7	BH	mental/behavioral health	32	NUTR	nutrition / food access
9	BH	mental health	33	NUTR	food insecurity in southern/western part of the county
10	BH	mental health	37	NUTR	food insecurity
11	BH	behavioral health	38	NUTR	food insecurity - free / reduced lunch
12	BH	mental health access	10	OBES	obesity
13	BH	mental health services	11	OBES	obesity
14	BH	low income mental health options	25	OBES	obesity
15	BH	access to mental health services	26	OBES	obesity + healthy lifestyle training/education
16	BH	mental health access	38	OBES	obesity / physical inactivity
17	BH	depression at all ages	3	OTHR	caregiver resources
18	BH	behavioral health accessibility	4	OTHR	community engagement
22	BH	mental illness	18	OTHR	asthma management
23	BH	mental health	18	OTHR	concussion screenings in youth athletics
25	BH	mental health	20	OTHR	work opportunities
26	BH	awareness of mental health services	27	OTHR	increase hours
29	BH	mental health	32	OTHR	agencies working together
30	BH	depression screenings	32	OTHR	job training / options
31	BH	mental health care	20	PHARM	prescriptions / medication abuse
32	BH	mental health in the schools	27	POV	community poverty
34	BH	mental health programs for youth and younger adults (25-35)	28	POV	poverty in community - how to assist
35	BH	mental health	29	POV	poverty
36	BH	mental health stigma - need to treat like a common cold	36	POV	poverty
37	BH	stigma of mental health (youth)	37	POV	poverty rate
37	BH	depression - youth	38	POV	low income / poverty rate
38	BH	mental health issues - suicide rate , drug use	22	PREV	preventative health & vaccines
38	CHRON	chronic illness + acces to care	31	PREV	preventative education
8	CLIN	after hour clinic	37	PREV	preventative care

Wave #3 CHNA - Miami County KS					
Town Hall Conversation - Weakness (Color Cards) N= 41					
Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
10	CLIN	after hour clinic	38	PREV	lack of proactive approach to health education
26	DENT	dental care	11	PRIM	primary care access in Linn county
24	DOCS	more physicians	16	PRIM	primary care access (awareness) - Linn county
30	DOCS	physicians retention	29	PRIM	PCP retention
31	DOCS	doctor / MLP rentention	29	PRIM	availability for PCP
22	DOH	public health	34	PRIM	primary care - education
2	DRUG	opioid management	18	PUL	lung cancer screenings
7	DRUG	substance abuse education / cessation	7	REC	community recreation - room for improvement
10	DRUG	drug use	33	SMOK	youth smoking
11	DRUG	opioid / drug use	34	SMOK	smoking
12	DRUG	drug treatment / access	36	SMOK	teen vaping / e-cigs
13	DRUG	drug / substance abuse	37	SMOK	e-cigs/ smoking
14	DRUG	addiction services	38	SMOK	smoking / e-cigs
20	DRUG	illegal drug use	4	SPEC	specialists
23	DRUG	drugs - opioids	6	SPEC	speciality care / services
25	DRUG	opioid use	13	SPEC	speciality care for uninsured
26	DRUG	increasing substance abuse treatment	22	SPEC	specialists
29	DRUG	drug related issues	23	SPEC	need specialists
31	DRUG	opioid abuse	26	SPEC	speciality care
33	DRUG	drug issues	27	SPEC	access to specialists
35	DRUG	drug use / abuse	29	SPEC	specialist access
37	DRUG	drug use / abuse	8	STFF	Improve nursing home staffing
3	EDU	education about resources in community & how to access	13	STFF	staffing challenge
8	EDU	new educational methods	1	SUIC	suicide prevention education
20	EDU	referrals for educational services	7	SUIC	suicide
29	EDU	education	11	SUIC	suicide prevention
30	EDU	patient & caregiver education	15	SUIC	suicide
34	EDU	lack of proactive approach to health education	17	SUIC	discussions about suicide attempts as well as doing it
2	EMER	ER/ urgent care clinic	23	SUIC	teen suicide
2	FINA	cost of healthcare	27	SUIC	suicide prevention (needs major effort)
2	FIT	activity/exercise access	29	SUIC	suicide
24	FIT	exercise	30	SUIC	suicide prevention
3	HOUS	affordable housing	33	SUIC	suicide issues
9	HOUS	housing shortage / homelessness	35	SUIC	suicide
10	HOUS	housing / infrastructure (agin)	36	SUIC	suicide prevention
10	HOUS	affordable housing	1	TOB	tobacco use -cessation and screenings
14	HOUS	affordable housing	18	TOB	tobacco cessation
16	HOUS	physical environment: safe housing	24	TRANS	transportation
32	HOUS	housing options - affordable , senior facilities	26	TRANS	transportation
34	HOUS	housing public transportation	27	TRANS	travel assistance
15	HRT	heart disease - chlestorol	28	TRANS	transportation
38	HRT	heart disease	29	TRANS	travel assistance
12	INSU	affordable health insurance	30	TRANS	transportation
13	INSU	medicaid expansion	11	VACC	immunization
14	INSU	affordable health care for non insured	13	VACC	advocate & support immunizations for kids
14	INSU	affordable Rx for uninsured	15	VACC	infant immunization - lack of education or awareness
24	INSU	insurance education	26	VACC	immunization rates
17	KID	early childhood behavior offered in county	38	VACC	immunizations
28	KID	childcare	37	VIO	domestic violence

Wave #3 CHNA - Miami County KS

Town Hall Conversation - Weakness (Color Cards) N= 41

Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
29	KID	childcare	1	WELL	healthy lifestyle- education for everyone
30	KID	childcare	2	WELL	Increase in Px education
31	KID	child care	6	WELL	local wellness classes
22	MAMO	mammograph	7	WELL	wellness education
4	MRKT	better advertisement of services already available- so community can be aware	10	WELL	health education
28	MRKT	knowledge of community resources	18	WELL	patient education about diet and wellness
29	MRKT	knowledge of resources	34	WELL	wellness programs
30	MRKT	sharing information on services that are available	37	WELL	prodicate approval to wellness locally develop

c) Public Notice & Requests

[VVV Consultants LLC]



DATE: Aug. 17, 2018

CONTACT: Lindsey Elliott
Public Relations Specialist
913-791-4310
Lindsey.elliott@olathehealth.org

Miami County Medical Center Invites Community to Provide Input About Healthcare Needs

PAOLA, KAN. (Aug. 17, 2018) – Miami County Medical Center (MCMC) is seeking input from community members about the healthcare needs and desires in Miami County. All community residents and business leaders are encouraged to fill out a short online survey at <https://www.surveymonkey.com/r/MiamiCoCHNA> by Sept. 7. In addition, you are invited to attend a Town Hall meeting from 7:30 - 9 a.m. on Tuesday, Oct. 16 at Town Square, 15 W. Wea in Paola, Kan., to discuss this topic with representatives from MCMC and other community health providers. Breakfast will be provided.

"The health of our community is a priority for our entire health system," Paul Luce, Vice President/Chief Operating Officer of Miami County Medical Center, said. "We hope the community and health professionals will take advantage of this opportunity to provide input into the future of healthcare delivery in our county."

The information discussed at the Town Hall will be part of a final public report, called the Miami County Community Health Needs Assessment (MCCHNA). The report is an update to the MCCHNA completed in 2015 and will provide guidance to address the county's healthcare needs. The goal of this report is to help MCMC understand its progress in addressing community health needs cited in the 2015 report and to collect up-to-date community health perceptions.

~more~

MCMC executed several projects based on the healthcare needs cited in the 2015 report, including:

- Relocating Olathe Health Family Medicine – Paola to a more visible, convenient location
- Adding pediatric providers in the county to better serve the population and enhance access to those services
- Partnering with local and state organizations to enhance access to behavioral health services.

The full version of MCMC's 2015 Community Health Needs Assessment and 2017-2019 Community Health Improvement Plan can be found at olathehealth.org/community.

We value your input and hope you take the short survey and join us at the upcoming Town Hall. If you have any questions about CHNA activities, please call 913-791-4311.

###

Dear Community Member:

Miami County Medical Center (MCMC) is seeking input from community members about the healthcare needs in Miami and Linn Counties. All community residents and business leaders are encouraged to fill out a short online survey at <https://www.surveymonkey.com/r/MiamiCoCHNA> by Aug. 31.

In addition, you are invited to attend a Town Hall meeting from 7:30 - 9 a.m. on Tuesday, Oct. 16 at Town Square, 15 W. Wea St. in Paola, to discuss this topic with representatives from MCMC and other community health providers. Breakfast will be provided.

The information discussed at the Town Hall will be part of a final public report, called the Miami County Community Health Needs Assessment (MCCHNA). This report is an update to the MCCHNA completed in 2015 and will provide guidance to address the county's healthcare needs. The goal of this report is to help MCMC understand its progress in addressing community health needs cited in the 2015 report and to collect up-to-date community health perceptions.

We look forward to hearing from you. Thank you for your participation!

Paul Luce
Vice President/COO
Miami County Medical Center



DATE: Sept. 28, 2018

CONTACT: Lindsey Elliott
Public Relations Specialist
913-791-4310
Lindsey.elliott@olathehealth.org

Miami County Medical Center Invites Community to Provide Input at Upcoming Town Hall Meeting

PAOLA, KAN. (Sept. 28, 2018) – Miami County Medical Center (MCMC) is seeking input from community members about the healthcare needs and desires in Miami County. All community residents and business leaders are invited to attend a Town Hall meeting from 7:30 - 9 a.m. on Tuesday, Oct. 16 at Town Square, 15 W. Wea in Paola, Kan., to discuss this topic with representatives from MCMC and other community health providers. A light breakfast will be provided starting at 7:15 a.m.

This event is being held to identify and prioritize the health needs of Miami County residents. Feedback from the meeting will also serve to fulfill both federal and state mandates.

Vince Vandehaar, principal consultant at VVV Consultants LLC from Olathe, Kan., has been hired to facilitate this meeting.

If you have any questions about CHNA activities, please call 913-791-4311.

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d) Primary Research Detail

Neighborhood Roundtables & Online Research

[VVV Consultants LLC]

CHNA 2018 Community Feedback - Miami County KS N=116							
ID	Zip	Overall	Movement	c1	c2	c3	Healthcare services / delivery issues that need to be improved, worked on and / or changed?
1049	66064	Poor	No CHG	ACC	INSU		Patient Access to Health Care-if in STOP SERVICE, they have no where to go, except Dr Banks in Paola, or out of town. If Stop Service, Medicaid is allowed to be seen, or if you go to the ER, you are allowed to be seen. I think this whole process needs reviewed. Some patients are put in Stop Service, for a reasonably small amount of money, while others owe thousands & not in Stop Service.
1009	66064	Good	No CHG	ACC	TRAV		More services offered in Miami county. One shouldn't have to go to Olathe to receive major care/tests.
1019	66064	Very Good	UP	AMB	TRAV		Ambulance based in Osawatomie, my mother recently fell and broke a hip, the closest ambulance was in Louisburg. We used to have one here.
1026	66065	Average	No CHG	BH	DRUG		Mental health increased, drug rehab
1037	66071	Good	No CHG	BH	FAC	NEG	mental health resources, equipment readily available in the hospital, peoples lack of knowledge and want to help themselves
1072	66071	Very Good	UP	BH	HOSP		Better mental health processes. There are a lot of mental health patients in the community because of the state hospital and it seems like there are problems getting these people the help they need quickly and efficiently. Sometimes a patient has to stay in the hospital ER for several days, which shouldn't have to happen.
1076	66071	Average	No CHG	BH	SUIC	DRUG	mental health- suicide prevention, transparency with youth and drugs, alcohol and tobacco, youth driven/led initiatives, immunization adherence, homelessness and resources to families
1064		Average	No CHG	BH			Mental Health
1075	66014	Average	UP	BH			Mental Health
1086	66071	Average	No CHG	BH			Mental health
1105	66053	Very Good	UP	BH			Mental health
1104	66083	Good	No CHG	BH			Mental health continues to be a major issue for our community.
1043	66083	Good	UP	BH			More access to mental health
1095	66071	Average	No CHG	BH			More options to meet mental health needs of children, adults and families
1011	66064	Good	DOWN	CLIN	EMER		Better hours for walk in clinic. Encourage less use of ER as primary care.
1079	66071	Good	No CHG	CLIN			It would be nice to have something available on a Saturday for a walk in visit for minor issues.
1041	66083	Average	No CHG	CLIN			walk in clinic
1101	66071	Good	No CHG	COMM	QUAL		kindergarten and was never referred for an evaluation for speech/language therapy or other necessary supports. I know at times the medical team makes the recommendation to parents to seek an evaluation but parents don't follow through with the referral. Perhaps medical followup on referrals would be helpful (i.e. a phone call to the parents asking for the outcome of the referral/evaluation). To be clear, I'm talking about more severe needs where lack of therapeutic services is bordering on medical neglect and has a lasting, negative impact on a child's development. I believe parents ultimately get to make the decision to seek services and may refuse but sometimes see parents that were not against services but "fall through the cracks" and are never move forward to request an evaluation for the child due to their own anxiety or disorganization. Additional followup and accountability could make a difference.
1115	66092	Very Good	UP	DIAB	OP		Diabetes prevention and outpatient treatment
1071	66083	Average	No CHG	DOCS			OMC needs a physician in Spring Hill
1080	66071	Average	No CHG	DRUG	ADD		We need more healthcare services revolving around drug and opioid addiction. It's a huge issue in our community.
1113	66064	Average	No CHG	EMER			Quality of ER, I hear lots of stories of people sent home when they indeed had emergency health conditions that ended up getting assessed at other hospitals
1008	66053	Good	UP	FEM	KID	OBG	Mother/baby education, family responsibilities changes when addition to home occurs (adult or child).
1014	66064	Poor	DOWN	FINA	COMM		Your billing system and the customer service of the people you have to talk to if you have a problem

CHNA 2018 Community Feedback - Miami County KS N=116							
ID	Zip	Overall	Movement	c1	c2	c3	Healthcare services / delivery issues that need to be improved, worked on and / or changed?
1016	66064	Good	No CHG	FINA	INSU		While Olathe Medical provides these services, they usually come at an extra cost to the individual because the insurance companies won't cover these expenses.
1040	66064	Good	UP	FINA			More areas and places for activity at a low cost
1097	66067	Average	No CHG	HH	STFF		as a home health care provider we are having trouble with providing in home services to our clients due to the lack of the employment
1051		Good	UP	NO			I don't believe so, I've had good experiences so far
1102	66071	Very Good	UP	NO			None that I can think of right now
1030	66071	Very Good	UP	NO			Nothing specific
1085	66071	Good	No CHG	NUTR			Access to healthier foods
1057	66072	Average	No CHG	OBG	EMER	SPEC	No OB care, no ICU capacity. Availability of Specialty care is not frequent enough.
1069		Average	No CHG	OBG			delivery of babies at MCMC
1047	66071	Average	UP	OBG			OB care in Miami and Lunn county
1077	66071	Average	No CHG	OTHR	BH		Support for caregivers across the area. Many times the caregivers are family members who are placed in situations where they have little or no knowledge of what is ahead for them. This puts them at risk for health related issues from not caring for their personal and mental
1061	66064	Good	No CHG	PEDS			Pediatric
1092	66064	Good	UP	PEDS			Pediatric clinic is needed.
1024	66064	Good	UP	PHAR	FINA		Once at olathe health i was prescribed a medication that was very expensive when there was a comparable one that was much cheaper. I was thankful that my pharmacist called the doctor and had my prescription changed. I could have afforded a 90 dollar medication, but not everyone in this community could. I felt that pa did not take into account the economics of the area.
1044	66064	Good	UP	POD			Need a podiatrist
1062	66071	Average	DOWN	POV	PHAR	QUAL	Need to improve resources for low income to get the medications they need (coupons, samples etc.). Need to improve quality of doctor's visit (not limited to 10 to 15 minute slots).
1087	66053	Average	DOWN	PREV	FINA		Preventative services that don't involve insurance. With family deductibles at \$5,000 I avoid getting services even if they are recommended by my doctor.
1022	66040	Average	No CHG	QUAL			Yes, recently I had an annual check up that had been scheduled over a year. I arrive to appointment but the front lady informs me it had been cancelled (which I did not do). Then to find out my usual care giver was no longer at that office.
1070	66064	Very Good	No CHG	SPEC	AGE		Additional specialty services in Miami County would be very beneficial, especially to the elder population.
1050	66064	Good	UP	SPEC	RHE	ENDO	More specialty clinics @ MCMC, rheumatology, endocrinology, podiatrist
1039	66064	Average	UP	STFF			It seems like clinics are understaffed. they try to hide it, but it's apparent that they are trying to do a lot at one time
1082	66071	Good	No CHG	TOB	NUTR	BH	Tobacco usage not only smoking. Healthy eating habits to decrease the risk of chronic diseases. Access to mental health services.
1005	66064	Good	UP	TRAN	FINA		People who live away from Paola may have a difficult time receiving care at the hospital if they have no one to bring them or cannot afford general transportation costs to get there.
1001	66040	Very Good	No CHG	TRAN			appointments.
1046	66053	Poor	No CHG	URG			URGENT CARE IN MIAMI COUNTY
1032	66053	Good	No CHG	WELL	FIT	NUTR	More education and resources on healthy lifestyles, eating, exercise and moderation of unhealthy habits and substances. MORE DRUG EDUCATION and DRUG USAGE RESISTANCE TRAINING.
1063	66010	Average	No CHG	WOUND	TRAV		YES!! SO SO many of our patients in the wound care center are from Miami and Linn county. Also further, Linn county needs a place for at least nurse visits to change dressings and wound vacs, and only have to drive to the city to see physicians once a week.

CHNA 2018 Community Feedback - Miami County KS N=116							
ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1065	66071	Average	No CHG	ACC			We need more services at the hospital!
				AMB			Back to no ambulance in Osawatomie, the care by the EMTs is wonderful, local police, firefighter first responders do a great job until an ambulance can arrive. Still like to see one based here to cover the southern part of the county.
1018	66064	Very Good	UP				
1016	66064	Good	UP	BH	DRUG	OBES	Mental health, substance abuse and obesity
1080	66071	Good	No CHG	BH	NUTR		Implementation of mental health coalition and food policy councils to discuss what new programs we need to create.
1013	66056	Very Good	UP	BH			Mental health
1066	66064	Very Good	No CHG	BH			Mental Health
1092	66071	Average	No CHG	BH			More mental health options.
1097	66071	Average	No CHG	BH			Mental health assistance
				BH			Mental health and parenting support - either combined or separate entities. Our local mental health support (ELC) is lacking in overall functionality. In my experiences, it seems as though they are doing what they can but the demand is too high and they do not have consistency with treatments.
1103	66053	Very Good	UP				
1105	66092	Very Good	UP	BH			Improved behavioral health clinic access
1050		Very Good	UP	CANC			Cancer care and treatment
1049	66064	Good	UP	CLIN			more walk in clinics
1086	66053	Average	DOWN	CLIN			Private pay clinic.
1004	66071	Good	No CHG	CORP	WELL		Use Churches and Schools as centers for screenings, Education Classes, etc.
1070	66071	Average	No CHG	CORP			grassroots efforts, strengthening coalition
1082	66071	Good	No CHG	CORP			I am unsure, but utilize the expertise of your stakeholders in the community
1052	66072	Average	No CHG	DOH	CLIN		The Health Department needs to step up their services and access. The walk-in clinic needs to extend hours into evenings and weekends.
1015	66064	Good	No CHG	DRUG	SEX	SNUR	Partnership needs to extend to the schools (at all levels) for better education on sex, drugs, diseases, hygiene, etc...
				DRUG	UALC	NUTR	Have Medical Personnel/Providers go into the schools and inform students about the negative impacts of drugs, alcohol, unhealthy eating habits, and sexual transmitted diseases. Team up with community events to be present and available to discuss health matters and available resources.
1031	66053	Good	No CHG				
1011	66064	Good	DOWN	DRUG			I don't know. The drug problem is out of control!!!
1079	66071	Average	No CHG	DRUG			Something to battle the meth and drug issue riddling Miami County
				FIT	NUTR	WELL	Healthy life styles, and support for them. Perhaps work with the local gyms/fitness centers to help give support. Making major life changes by yourself is hard. Helps to have someone to speak with and be accountable to other than one's self.
1060	66064	Good	No CHG				
1021	66064	Good	UP	FIT			Maybe some sort of steps contest. People love that
				INSU	GOV		Rural communities in Kansas have a difficult time with people who need...we didn't expand medicaid here and that is really a shame. It seems that our legislators expect us to pay but the funds are sent elsewhere.
1005	66064	Good	UP				
1085	66071	Average	No CHG	OBG			Pregnancy care in paola
1087	66064	Good	UP	PEDS			Pediatric clinics.
1061	66071	Average	DOWN	PHAR	HOSP		Pharmaceuticals could partnership with hospitals and clinics for reduced medication costs.
				PNEO	SUIC	PHAR	Newborn Care-the basics, bathing, eating, daily care-partner w/Miami County Health Department? Suicide Prevention-partner w/ELC? How to get cheaper/free medication thru Patient Assistant Programs-partner w/Senior Citizen Ctr? During the Summer-offer Free classes for students/adults at the Cultural Center-obesity, smoking, drug, dental information.
1040	66064	Poor	No CHG				
1027	66071	Very Good	No CHG	POD	DRUG	BH	know how to help their patient find help for a drug abuser (mental health numbers, locations, etc))
1032	66013	Good	UP	SMOK	NUTR	WELL	smoking cessation and nutrition and wellness are needed in this area
1019	66064	Very Good	UP	SPEC			Speciality Doctors.
1034	66064	Good	UP	SPEC			ity services

CHNA 2018 Community Feedback - Miami County KS N=116							
ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1030	66064	Average	No CHG	SUIC	BH		Suicide and mental health
1077	66071	Good	No CHG	SUIC	BH		Suicide prevention classes, mental health education for the public, mental health for kids
1095	66067	Average	No CHG	TRAN			need more transportation assistance
1014	66064	Poor	DOWN	URG			Urgent care clinic
				WELL			Open door to young parents education. To each new parent invite to a class on 'What Did I Not Know to Ask'. Answer generated questions and provide resources for help.
1008	66053	Good	UP				
1076	66071	Average	No CHG	WELL			Caregiver education - if it exists, knowledge of the programs is not widespread.
				WOUND			Open a room in the Mound City clinic for wound care on non-physician days and dressing change appointments
1062	66010	Average	No CHG				

KEY - CHNA Open End Comments					
C	Topic	C	Topic	C	Topic
ALLER	Allergy/Immunology	CHIR	Chiropractor	PARK	Parking
AES	Anesthesia/Pain	CHRON	Chronic Diseases	PHAR	Pharmacy
CARD	Cardiology	CLIN	Clinics (Walk-In, etc.)	DOCS	Physicians
DERM	Dermatology	COMM	Communication	FLU	Pneumonia / Flu
EMER	Emergency	CORP	Community Lead Healthcare	FOOT	Podiatrist
ENDO	Endocrinology	CONF	Confidentiality	POD	Podiatrist
FP	Family Practice (General)	DENT	Dentists	POV	Poverty
GAS	Gastroenterology	DIAB	Diabetes	PNEO	Prenatal
SUR	General Surgery	DIAL	Dialysis	PREV	Preventative Healthcare
GER	Gerontology	DUP	Duplication of Services	PRIM	Primary Care:
HEM	Hematology	ECON	Economic Development	PROS	Prostate
IFD	Infectious Diseases	EMER	Emergency Room	DOH	Public Health Department
IM	Internal Medicine	EMS	EMS	QUAL	Quality of care
NEO	Neonatal/Perinatal	EYE	Eye Doctor/Optometrist	REC	Recreation
NEP	Nephrology	FAC	Facility	RESP	Respiratory Disease
NEU	Neurology	FAM	Family Planning Services	NO	Response "No Changes," etc.
NEUS	Neurosurgery	FEM	Female (OBG)	SANI	Sanitary Facilities
OBG	Obstetrics/Gynecology	FINA	Financial Aid	SNUR	School Nurse
ONC	Oncology/Radiation Onc	FIT	Fitness/Exercise	STD	Sexually Transmitted Diseases
OPHT	Ophthalmology	ALL	General Healthcare Improvement	SMOK	Smoking
ORTH	Orthopedics	GEN	General Practice	SS	Social Services
ENT	Otolaryngology (ENT)	GOV	Government	SPEC	Specialist Physician care
PATA	Pathology	HRT	Heart Care	SPEE	Speech Therapy
PEDS	Pediatrics	HIV	HIV/AIDS	STRK	Stroke
PHY	Physical Medicine/Rehab	HH	Home Health	DRUG	Substance Abuse (Drugs/Rx)
PLAS	Plastic/Reconstructive	HSP	Hospice	SUIC	Suicide
PSY	Psychiatry	HOSP	Hospital	TPRG	Teen Pregnancy
PUL	Pulmonary	MAN	Hospital Management	TEL	Telemedicine
RAD	Radiology	INFID	Infidelity	THY	Thyroid
RHE	Rheumatology	IP	Inpatient Services	TOB	Tobacco Use
SURG	Surgery	LEAD	Lead Exposure	TRAN	Transportation
VAST	Thoracic / CV / Vascular	BIRT	Low Birth Weight	TRAU	Trauma
URL	Urology	LOY	Loyalty	TRAV	Travel
VIO	Abuse/Violence	MAMO	Mammogram	ALCU	Underage Drinking
ACC	Access to Care	MRKT	Marketing	INSU	Uninsured/Underinsured
AGE	Aging (Senior Care	STFF	Medical Staff	URG	Urgent Care/After Hours Clinic
AIR	Air Quality	BH	Mental Health Services	VACC	Vaccinations
ALC	Alcohol	MDLV	Mid-Level	VETS	Veteran Care
ALT	Alternative Medicine	NURSE	More Nurse Availability	WAG	Wages
ALZ	Alzheimer's	NEG	Neglect	WAIT	Wait Times
AMB	Ambulance Service	NH	Nursing Home	H2O	Water Quality
ASLV	Assisted Living	NUTR	Nutrition	WELL	Wellness Education/Health Fair
AUD	Auditory	OBES	Obesity	WIC	WIC Program
BACK	Back/Spine	ORAL	Oral Surgery		
BD	Blood Drive	ORTHOD	Orthodontist		
BRST	Breastfeeding	OTHR	Other		
CANC	Cancer	OP	Outpatient Services/Surgeries		
CHEM	Chemotherapy	OZON	Ozone		
KID	Child Care	PAIN	Pain Management		

Let Your Voice Be Heard!

In 2012 and 2015, Miami County Medical Center (MCMC) surveyed the community to assess the health needs of our community. Today, MCMC requests your input in order to create a 2018-19 Miami County (KS) Community Health Needs Assessment (CHNA). To gather current 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 Friday, September 7, 2018.

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

☐ Very Poor ☐ Poor ☐ Average ☐ Good ☐ Very Good

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

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

Why? (please specify)

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

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

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

5. From 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"/> Affordable Health Care Insurance | <input type="checkbox"/> Nutrition - Healthy Food options |
| <input type="checkbox"/> Affordable Pharmaceuticals | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Personal Health Management |
| <input type="checkbox"/> Awareness of existing HC services | <input type="checkbox"/> Primary Care Access |
| <input type="checkbox"/> Chronic Health | <input type="checkbox"/> Sexually Transmitted Diseases (STD) |
| <input type="checkbox"/> Drug / Substance Abuse | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Fitness / Exercise options | <input type="checkbox"/> Urgent Care |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> Wellness / Prevention |
| <input type="checkbox"/> Mental Health Access | |

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

- | | |
|--|--|
| <input type="checkbox"/> Affordable Health Care Insurance | <input type="checkbox"/> Nutrition - Healthy Food options |
| <input type="checkbox"/> Affordable Pharmaceuticals | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Personal Health Management |
| <input type="checkbox"/> Awareness of existing HC services | <input type="checkbox"/> Primary Care Access |
| <input type="checkbox"/> Chronic Health | <input type="checkbox"/> Sexually Transmitted Diseases (STD) |
| <input type="checkbox"/> Drug / Substance Abuse | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Fitness / Exercise options | <input type="checkbox"/> Urgent Care |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> Wellness / Prevention |
| <input type="checkbox"/> Mental Health Access | |

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

- | | |
|---|--|
| <input type="checkbox"/> Lack of health & wellness education | <input type="checkbox"/> Elder assistance programs |
| <input type="checkbox"/> Chronic disease prevention | <input type="checkbox"/> Family assistance programs |
| <input type="checkbox"/> Limited access to mental health assistance | <input type="checkbox"/> Lack of awareness of existing local programs, providers, and services |
| <input type="checkbox"/> Case management assistance | |

Other (please specify)

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

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chiropractors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Doctor/Optometrlist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Planning Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer Care	<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? Con't

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

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

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

11. Community Health Readiness is vital. How would you rate each of the following? Con't

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

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

- ☐ Yes
- ☐ No
- ☐ I don't know

If YES, please specify the healthcare services received.

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

- ☐ Yes
- ☐ No
- ☐ I don't know

Please explain

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

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

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

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 00544 or 95305



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