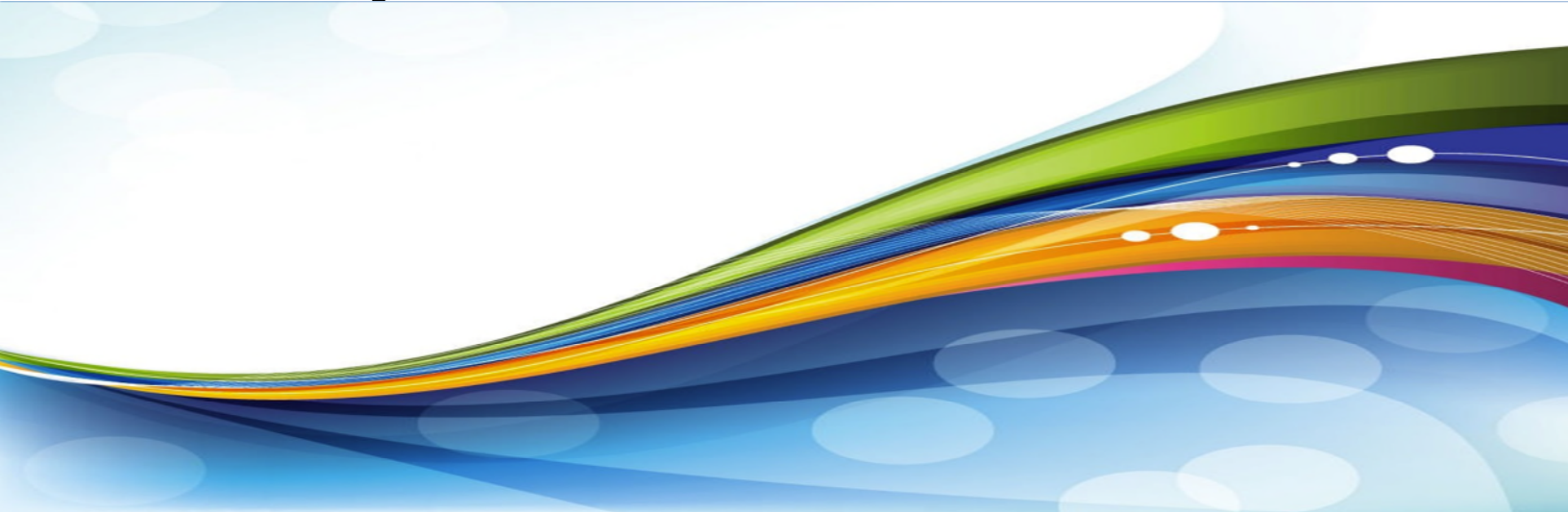




Osborne County, KS

Community Health Needs Assessment Round #2



June 2015

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

Community Health Needs Assessment

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I. Executive Summary

[VWV Research & Development, LLC]

I. Executive Summary

Osborne County, KS - 2015 Community Health Needs Assessment (CHNA) Round #2

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders and providers, along with local residents, to research and prioritize county health needs and document community health delivery successes. This health assessment will serve as the foundation for community health improvement efforts for the next three years. The last CHNA for Osborne County, KS was published in May of 2012. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). This assessment was coordinated and produced by VVV Research & Development, LLC (Olathe, Kansas) under the direction of Vince Vandehaar, MBA.

Important CHNA benefits for both the local hospital and health department, as well as for the community, are as follows: 1) Increases knowledge of community health needs and resources 2) Creates a common understanding of the priorities of the community's health needs 3) Enhances relationships and mutual understanding between and among stakeholders 4) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community 5) Provides rationale for current and potential funders to support efforts to improve the health of the community 6) Creates opportunities for collaboration in delivery of services to the community and 7) Provides guidance to the hospital and local health department for how they can align their services and community benefit programs to best meet needs.

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

Osborne Co, KS PSA				
Town Hall Community Health Needs Priorities (10 Attendees)				
#	Health Needs to Change and/or Improve	Votes	%	Accum
1	Increase Access to Child Care Provideres	8	23.5%	23.5%
2	Expand Mental Health	8	23.5%	47.1%
3	Increase Access to Physical Activity Facilities Year-Round	6	17.6%	64.7%
4	Expand Housing	5	14.7%	79.4%
5	Improve Home Health	3	8.8%	88.2%
6	Decrease Suicide Attempts	2	5.9%	94.1%
7	Reduce Alcohol Use	1	2.9%	97.1%
8	Improve Economic Development	1	2.9%	100.0%
9	Increase Access to Dental Care	0	0.0%	100.0%
10	Provide Diabetes Education	0	0.0%	100.0%
Total Town Hall Votes		34	100.0%	
Note:	Other items receiving votes: Increase Visibility of Heart Choices			

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

KS HEALTH RANKINGS: According to the 2014 RWJ County Health Rankings study, Osborne County's highest State of Kansas rankings (of 105 counties) were in Health Outcomes, Morbidity and Mortality.

- TAB 1: Osborne County has a population of 3,818 residents as of 2013. 24.6% of Osborne County's population consists of the elderly (65+), and 31.8% percent of these elderly people (65+) are living alone. The percent of Hispanics and Latinos in Osborne County is 1.7%. 22.0% percent of children in Osborne County live in single-parent households. The percent of people living below the poverty level is 17.3%, higher than the Kansas rural norm of 12.5%. The percent of children living below poverty level in Osborne County is 30.9%, higher than the Kansas rural norm of 18.1%. The percent of people with limited access to healthy foods is 10.0%, higher than the Kansas rural norm of 8.0%.
- TAB 2: The Osborne County per capita income equals \$26,382. The median value of owner-occupied housing units is \$50,000, lower than the Kansas rural norm of \$75,775. The percent of unemployed workers in the civilian labor force in Osborne County is 3.3%. 10.4% of people in Osborne County are low-income persons with low access to a grocery store, compared to the Kansas rural norm of 15.4%. The number of households without a vehicle is 3.4%, lower than the Kansas rural norm of 4.2%. The percent of solo drivers with a long commute is 14.0%.
- TAB 3: In Osborne County, 39.0% of students are eligible for the free or reduced lunch program, compared to the Kansas rural norm of 34.2%. The poverty status by school enrollment is 29.8%, much higher than the Kansas rural norm of 12.6%. The county maintains a 85.2% high school graduation rate. The percent of persons (25+) with a Bachelor's degree or higher in Osborne County is 18.9%.
- TAB 4: The percent of births where prenatal care began in the first trimester in Osborne County is 83.3%. The percent of births with low birth weights is 9.5%. The average monthly WIC participation rate in Osborne County is 20.7%. 37.3% of births are occurring to unmarried women, higher than the Kansas rural norm of 31.3%.
- TAB 5: The ratio of the population in Osborne County to primary care physicians is 3,035, higher than the Kansas rural norm of 2,114. The staffed hospital bed ratio in Osborne County is 6.6%. The Chronic Obstructive Pulmonary Disease hospital admission rate is 66, lower than the Kansas rural average of 194. The injury hospital admission rate in Osborne County is 944, higher than the Kansas rural norm of 691.
- TAB 6: The depression rate for the Medicare population in Osborne County is 16.7%, higher than the Kansas rural norm of 15.2%. The percent of alcohol-impaired driving deaths in Osborne County (50.0%) is much higher than the Kansas rural norm of 36.4%. The percentage of people in Osborne County with inadequate social support (20.0%) is higher than the Kansas rural norm of 16.0%.

- TAB 7: The adult obesity rate in Osborne County is 34.0%. The percent of people in Osborne County who are physically inactive is 29.0%, higher than the Kansas rural norm of 25.0%. Rheumatoid Arthritis in the Medicare population is 50.6%, higher than the Kansas rural norm of 33.5%. The number of sexually transmitted infections in Osborne County is 104, lower than the Kansas rural norm of 369.
- TAB 8: The uninsured adult population rate in Osborne County is 19.7%, higher than the Kansas rural norm of 17.4%.
- TAB 9: The age-adjusted years of potential life lost due to traffic injury in Osborne County is 2,900, higher than the Kansas rural norm of 1,541. The age-adjusted mortality rate in Osborne County is 823 per 100,000, higher than the Kansas rural norm of 740.
- TAB 10: The percentage of infants fully immunized at 24 months in Osborne County is 72.7%, lower than the Kansas rural norm of 78.6%. The percent of diabetic screenings in Gove County is 87.0%. Access to exercise opportunities in Gove County is 27.5%, much lower than the Kansas rural norm of 51.3%

Key 2015 Community Feedback Conclusions:

As seen below, the community still senses a health need for Elder Care, Preventive Care and Diabetes.

CHNA Round #2 Feedback 2015 - Osborne County, KS						
From our last Community Health Needs Assessment (2012), a number of health needs were identified as a priority. Are any of these 2012 CHNA needs still an "ongoing problem" in our community?						
Answer Options	Not a Problem Anymore	Somewhat of a Problem	Major Problem	Problem %	Response Count	Most Pressing Rank
Elder Care	15	35	14	76.6%	64	1
Preventive Care	16	29	15	73.3%	60	2
Diabetes	17	26	16	71.2%	59	5
Summer Meals for Children	19	27	15	68.9%	61	4
Advance Directives	19	31	7	66.7%	57	6
Info on Available Community Healthcare Resources	22	32	9	65.1%	63	3
Disposal of Unused Medications	25	31	3	57.6%	59	8
Diverticulitis	27	23	6	51.8%	56	7
Myalgia	27	22	6	50.9%	55	9

II. Methodology

[VVV Research & Development, LLC]

II. Methodology

a) Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

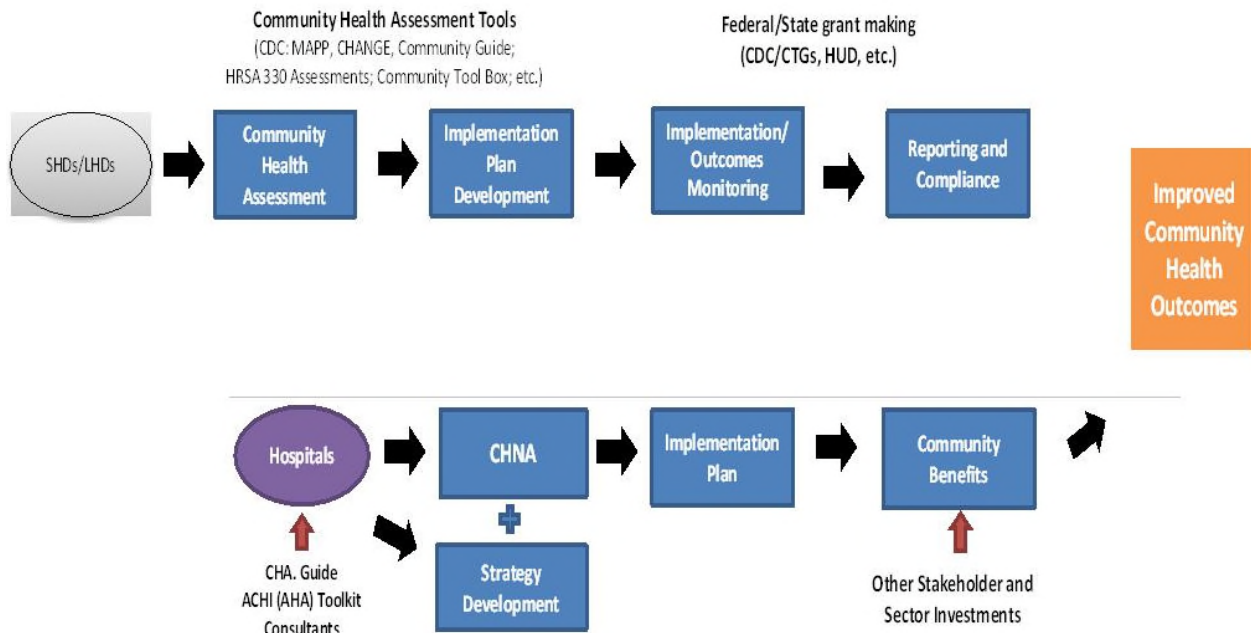
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Notice 2011-52 Overview

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

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

Year 2015 - IRS and Treasury Finalize Patient Protection Rules for Tax-Exempt Hospitals

ACCOUNTING TODAY 1/2/15

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

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

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

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

continuing to provide meaningful guidance on protections for patients and requirements to assess community health needs," she added.

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

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

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

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

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

II. Methodology

b) Collaborating CHNA Parties

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

Osborne County Memorial Hospital Profile

424 W New Hampshire St, Osborne, KS 67473

Administrator: Kiley Floyd

About Us: Osborne County Memorial Hospital (OCMH) is a Critical Access Hospital located in Northcentral Kansas. OCMH is a county owned hospital serving Osborne County and the surrounding communities. Governed by a board of 5 individuals appointed by the Osborne County Commissioners, the hospital benefits from the services of Great Plains Health Alliance through a management agreement.

History: Osborne County Memorial Hospital (OCMH) was built as a district hospital in 1958. It was later transferred to Osborne County ownership through a vote of the people.

Our Board: The responsibility and authority for determining the hospital's mission, values and vision lies with the governing board. The board also is responsible for working with senior management to develop the goals, objectives and policies that grow out of, and are measured against, our mission, values and vision. Defining the hospital's mission and outlining a compelling vision of our future, with a recommended course of action to fulfill that vision, are among the most important contributions the board makes to our hospital's success.

The fiduciary responsibilities of the board are also important. The Board and Administration work together to establish an annual budget.

Services: Services include acute care, inpatient and outpatient surgical procedures, a full array of lab and radiology services, dietary (including nutrition counseling), emergency medicine, obstetrics, inpatient and outpatient physical, occupational, and speech therapy, and swing-bed services. A social worker is available by appointment to help you arrange for in home services is a Navigator for the Health Insurance Exchange.

- Acute Care
- Obstetrics
- Outpatient Clinics
 - o Urology, Cardiology
- Surgical Services
- OCMH Medical Clinics
- Laboratory / Radiology

Osborne County Health Department Profile

115 North First, Osborne, KS 67473

Administrator / Health Officer:

Services:

- Adult Services
 - o Nursing Clinics, Foot Care, Prescribed Injections, Counseling/Consultation
- Children's Services
 - o Well Child Assessments, Child Care Licensing, Kansas Services for Children with Special Health Care Needs, Hearing/Vision Screens
- Immunizations (Child)
- Immunizations (Adult)
 - o Adult Tetanus/Diphtheria or Tdap, Hepatitis B, Flu Shots, Pneumonia, Hepatitis A
- Maternal & Infant Care Program
- Healthy Start Home Visitor
- WIC (Nutrition Program for Women, Infants & Children)
- Family Planning
- Women's Health Services
- Public Health Services
- Health Education
- Environmental Consultations (Part of the North Central LEPP Program)

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications



VVV Research & Development, LLC

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

VINCE VANDEHAAR, MBA

Principal Consultant & Owner of VVV Research & Development, LLC

VVV Research & Development, LLC was incorporated on May 28th, 2009. With over 30 years of business & faculty experience in helping both providers, payors, and financial service firms obtain their strategic planning and research & development needs, Vince brings in-depth health industry knowledge, research aptitude, planning expertise and energy. VVV Research & Development, LLC services are organized, formal processes of listening to the voice of the customer. Vince started his consulting business after working for Saint Luke's Health System (SLHS) of Kansas City for 16 years. *(Note: Saint Luke's Hospital of Kansas City, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003. The Baldrige examiners cited Vince's department as "Best Practice" in the areas of customer satisfaction, market research and evaluation efforts <Kansas City Star 3/10/04>).*

VVV Research & Development, LLC consultants have in-depth experience helping hospitals work with local Health Departments to engage community residents & leaders to identify gaps between existing health community resources & needs and construct detailed strategies to meet those needs - while still adhering to the hospital's mission and budget. Over the past 20 years, Vandehaar has completed eight comprehensive Baldrige aligned Community Health Needs Assessments for Saint Luke's of Kansas City System facilities (three campuses) and was contracted to conduct two additional independent Department of Health consulting projects (prior to IRS 990 regs). To date, VVV has completed 39 CHNA IRS aligned assessments for Kansas, Iowa and Missouri hospitals and health departments.

Vince Vandehaar, MBA is actively involved in the Kansas City community. He is a member the Greater Kansas City Employee Benefits Association, the Society for Healthcare Strategy and Market Development, the American Marketing Association Kansas City Chapter and Co-Chair of the AMA Kansas City Healthcare Special Interest Group. In addition to these roles, from 2000 to 2008, Vince served as the state chairman for MHA's Data Committee and was a member of KHA's Data Taskforce.

Collaborating Consultants

Alexa Backman, MBA 2015 - VVV Research & Development, LLC
Lead Business Development Analyst

II. Methodology

c) CHNA & Town Hall Research Process

Our Community Health Needs Assessment process began in December of 2014. At that time an inquiry by Hays Medical Center (Hays, KS) to all NW KS Health Alliance Network member hospitals was communicated to explore the possibility of a “group buy” to meet IRS CHNA requirements. (Note: Most NW KS Alliance Network hospitals work closely with Hays Medical Center to provide onsite IT, Telemedicine, Mobile Radiology and Bio-Medical services. In addition, many Hays based specialists will travel to neighboring counties to provide visiting outreach clinics).

In late December of 2014 a meeting was called (hosted) by Hays Medical to learn more from the NW Alliance members (24) regarding their CHNA needs and to review the possible CHNA collaborative options. VVV Research & Development, LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV Research CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss the next steps.

VVV CHNA Deliverables:

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

VVV CHNA Osborne County Memorial Hospital Work Plan

Project Timeline & Roles 2015

Step	Date (Start-Finish)	Lead	Task
1	12/11/2014	VVV	Hold kickoff Northwest Alliance review.
2	1/1/2015	Hosp	Select CHNA Option A/B/C. Approve and sign VVV CHNA quote.
3	1/20/2015	VVV	Send out REQCommInvite Excel file. Hosp and Health Dept to fill in PSA stakeholders names / address / e-mail.
4	1/20/2015	VVV	Request Hosp client to send KHA PO reports (POT01, T03 and TOT223E) to document service area for FFY 11, 12 and 13. In addition, request Hosp to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls).
5	On or Before 1/28/2015	VVV	Prepare CHNA Round#2 stakeholder feedback online link. Send text link for Hosp review.
6	On or Before 1/28/2015	VVV / Hosp	Prepare / send out PR story to local media announcing upcoming CHNA work. Hosp to place.
7	2/2/2015	VVV	Launch / conduct online survey to stakeholders. Hosp will e-mail invite to participate to all stakeholders.
9	2/11/2015	VVV / Hosp	Prepare / send out PR story to local media CHNA survey announcing online CHNA Round #2 feedback. Request public to participate.
10	On or Before 2/15/2015	VVV	Assemble and complete secondary research. Find / populate 10 TABS. Create Town Hall PPT for presentation.
11	2/18/2015	Hosp	Prepare / send out community Town Hall invite letter and place local ad.
12	2/18/2015	VVV / Hosp	Prepare / send out PR story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
13	5/14/2015	All	Conduct conference call (time TBD) with Hosp / Health Dept to review Town Hall data / flow.
14	5/20/2015	VVV	Conduct CHNA Town Hall. Lunch 11:30-1:00pm at the VFW. Review and discuss basic health data plus rank health needs.
15	On or Before 5/31/2015	VVV	Complete analysis (release draft 1). Seek feedback from leaders (Hosp and Health Dept).
16	On or Before 6/30/2015	VVV	Produce and release final CHNA report. Hosp will post CHNA online.
17	On or Before 6/30/2015	Hosp	Conduct client implementation plan PSA leadership meeting.
18	30 Days Prior to End of Hospital Fiscal Year	Hosp	Hold board meetings discuss CHNA needs, create and adopt an implementation plan. Communicate CHNA plan to community.

To meet IRS aligned CHNA requirements, a four-phase methodology was reviewed and approved as follows:

Phase I – Discovery:

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

Phase II – QUALIFY Community Need:

A) Conduct secondary research to uncover the following historical community health status for PSA. Use Kansas Hospital Association (KHA), Vital Statistics, Robert Woods Johnson County Health Rankings, etc. to document “current state” of county health organized as follows:

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

B) Gather historical primary research to uncover public health needs, practices and perceptions for hospital primary service areas.

Phase III – Quantify Community Need:

Conduct 90 minute Town Hall meeting with required county PSA residents. (Note: At each Town Hall meeting, CHNA secondary data will be reviewed, facilitated group discussion will occur, and a group ranking activity to determine the most important community health needs will be administered).

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

Post CHNA report findings to meet IRS CHNA criteria.

After consideration of CHNA stakeholders (sponsoring hospital and local health department) the CHNA basic option was selected with the following project schedule:

Phase I: Discovery.....	January 2015
Phase II: Secondary / Primary Research.....	Jan - Feb 2015
Phase III: Town Hall Meeting.....	May 20, 2015
Phase IV: Prepare and release CHNA report.....	June 2015

Detail CHNA Development Steps Include:

Steps to Conduct Community Health Needs Assessment	
	Development Steps
Step # 1 Commitment	<i>Determine interest level of area healthcare leaders (Hospital, Health Dept, Mental Health Centers, Schools, Churches, Physicians etc), hold community meeting.</i>
Step # 2 Planning	<i>Prepare brief Community Health Needs Assessment Plan - list goals, objectives, purpose, outcome, roles, community involvement, etc. Hold Community Kick-off meeting.</i>
Step # 3 Secondary Research	<i>Collect & Report Community Health Published Facts. Gather data health practice data from published secondary research sources i.e. census, county health records, behavioral risk factors surveillance, etc.</i>
Step # 4a Primary Research	<i>Conduct Community Roundtable (Qualitative Research). Review Secondary Research (Step3) with Community Stakeholders. Gather current opinions and identify health needs.</i>
Step # 4b Primary Research <Optional>	<i>Collect Community Opinions. (Quantitative Research). Gather current opinions (Valid sample size) regarding community health needs and healthcare practices. If appropriate, conduct Physician Manpower Assessment to determine FTE Physician need by specialty.</i>
Steps # 5 Reporting	<i>Prepare/Present comprehensive Community Health Needs Assessment report (to community leaders) with Recommended Actions to improve health. < Note: Formal report will follow IRS Notice 2011-52 regs ></i>
VVV Research & Development, LLC 913 302-7264	

Overview of Town Hall Community Priority Setting Process

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

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

Osborne County Memorial Hospital's Town Hall was held on Thursday May 20th, 2015 at the VFW. Vince Vandelaar and Alexa Backman facilitated this 1 ½ hour session with ten (10) attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

1. Welcome and introductions.
2. Review purpose for the CHNA Town Hall and roles in the process.
3. Presentation and review of historical county health indicators. (10 TABS)
4. Facilitate Town Hall participant discussion of data (probe health strengths and 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 four dots to cast votes on priority issues). Tally and rank top community health concerns cited.
6. Close meeting by reflecting on the health needs and community voting results. Inform participants on "next steps."

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

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

**Community Health Needs Assessment
Osborne County, KS Town Hall Meeting
on behalf of Osborne County Memorial Hospital**

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

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913-302-7264

**Community Health Needs Assessment (CHNA)
Town Hall Discussion Agenda**

- I. Opening / Introductions (10 mins)
- II. Review CHNA Purpose & 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)

VVV Marketing & Development INC.

I. Introduction:
Background and Experience



Vince Vandehaar MBA,
VVV Marketing & Development INC Principal Consultant, Olathe,
KS 913 302-7264

- > – Professional Consulting Services: Strategic Planning, Marketing Management, Business Research & Development Focus : Strategy, Research, Deployment
 - > – Over 25 years of experience with Tillinghast, BCBSKC, Saint Luke's
- Adjunct Professor - Marketing / Health Admin.- 26 years +**
- > Webster University (1988 – present)
 - > Rockhurst University (2010 – present)

Alexa Backman MBA 2015, VVV Lead Collaborative Analyst

**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

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.

II. Purpose: Why conduct Community Health Needs Assessment?

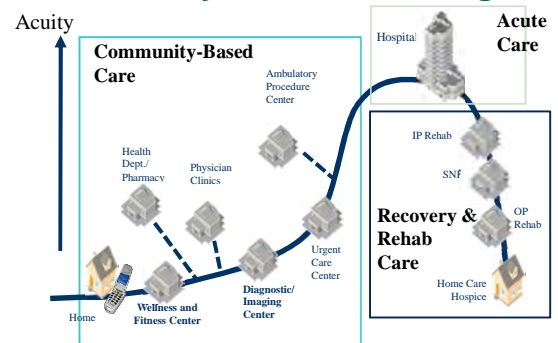
- To determine health-related trends and issues of the community.
- To understand/evaluate health delivery programs in place.
- To develop strategies to address unmet health needs.
- To meet Federal requirements – both local hospital & Health Department.

II. Review CHNA Definition

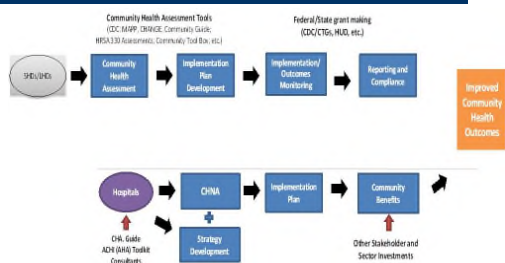
A Community Health Needs Assessment (CHNA) is a systematic collection, assembly, analysis, and dissemination of information about the health of the community. *<NOTE: Some the data has already been collected (published) by local, state and federal public health organizations. Some data will be collected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

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

Future System of CARE Sg2



Community Health Needs Assessment Joint Process: Hospital & Health Department



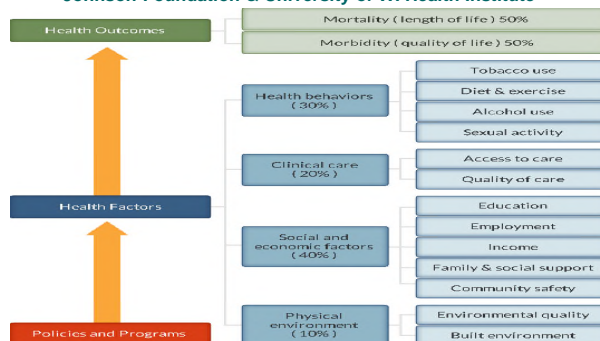
II. Required Written Report IRS 990 Documentation

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

III. Review Current County "Health Status" – Secondary Data by 10 TAB Categories plus RWJ State Rankings

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

County Health Rankings Robert Wood Johnson Foundation & University of WI Health Institute



1	Focus Area	Measure	Description
1	Air and water quality (5%)	Air pollution - particulate matter	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county
		Drinking water violations	Percent of population potentially exposed to water exceeding a violation limit during the past year
		Severe housing problems	Percent of households with at least 1 of a housing problem: overcrowding, high housing costs, or lack of basic life or plumbing facilities
Housing and transit (5%)	Driving alone to work	Percent of the workforce that drives alone to work	
	Long commutes - driving alone	Among workers who commute in their car alone, the percent that commute more than 30 minutes	
2a	Focus Area	Measure	Description
2a	Access to care (10%)	Uninsured	Percent of population under age 65 without health insurance
		Primary care physicians	Ratio of population to primary care physicians
		Dentists	Ratio of population to dentists
		Mental health providers	Ratio of population to mental health providers
		Preventable hospitalizations	Hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees
Quality of care (10%)	Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c screening	
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening	
2b	Focus Area	Measure	Description
2b	Social and Economic Environment (40%)	Education (10%)	High school graduation: Percent of ninth grade cohort that graduates in 4 years; Some college: Percent of adults aged 25-44 years with some post-secondary education
		Employment (10%)	Unemployment: Percent of population age 16+ unemployed but seeking work; Income (10%): Children in poverty: Percent of children under age 18 in poverty
Family and social support (5%)	Children in single-parent households	Inadequate social support	Percent of adults without social/emotional support
		Children in single-parent households	Percent of children that live in household headed by single parent
2b	Focus Area	Measure	Description
2b	Social and Economic Environment (40%)	Community safety (5%)	Violent crime: Violent crime rate per 100,000 population; Injury deaths: Injury mortality per 100,000
		Health Outcomes (10%)	Health Behaviors: Adult smoking: Percent of adults that report smoking >= 100; Adult obesity: Percent of adults that report a BMI >= 30; Food environment index: Index of factors that contribute to a healthy food environment; Physical inactivity: Percent of adults aged 20 and over reporting access to locations for physical activity; Excessive drinking: Binge plus heavy drinking; Alcohol-impaired driving deaths: Percent of driving deaths with alcohol involvement; Sexually transmitted infections: Chlamydia rate per 100,000 population; Teen births: Teen birth rate per 1,000 female population, ages 15-19
2b / 3c	Focus Area	Measure	Description
2b / 3c	Stability / Mortality	Quality of life (50%)	Poor or fair health (age-adjusted): Percent of adults reporting fair or poor health reported in past 30 days (age-adjusted); Poor physical health days: Average number of physically unhealthy days reported in past 30 days (age-adjusted); Poor mental health days: Average number of mentally unhealthy days reported in past 30 days (age-adjusted); Low birthweight: Percent of live births with low birthweight (< 5,500 grams); Length of life (50%): 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) **Tomorrow:** What is occurring or might occur *that would affect the "health of our community"* ?
- 2) **Today:** What are the *strengths* of our community that contribute to health
- 3) **Today:** Are there healthcare services in your community / neighborhood that you feel *need to be improved and / or changed*?

V. 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. Home Health | Y. Transportation |
| | Z. Other _____ |

Community Health Needs Assessment

Questions Next Steps ?

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II. Methodology

d) Community Profile (A Description of Community Served)

Osborne County Community Profile



Demographics

The population of Osborne County was estimated to be 3,831 citizens in 2015 which is a -0.13% change in population from 2010–2014. The county has an overall population density of 4 persons per square mile.¹ The most common industries in Osborne County include agriculture, forestry, fishing and hunting, and mining, educational and health and social services.²

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

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

Osborne County, KS Airports³

Name	USGS Topo Map
Griffith Field	Downs North
Osborne Municipal Airport	Osborne

Schools in Osborne County⁴

Name	Level
Lakeside Elem at Downs	Primary
Lakeside High School at Downs	High
Natoma Elem	Primary
Natoma High (7-12)	High
Osborne Elem	Primary
Osborne Jr/Sr High	High

³ <http://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20141.cfm>

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

III. Community Health Status

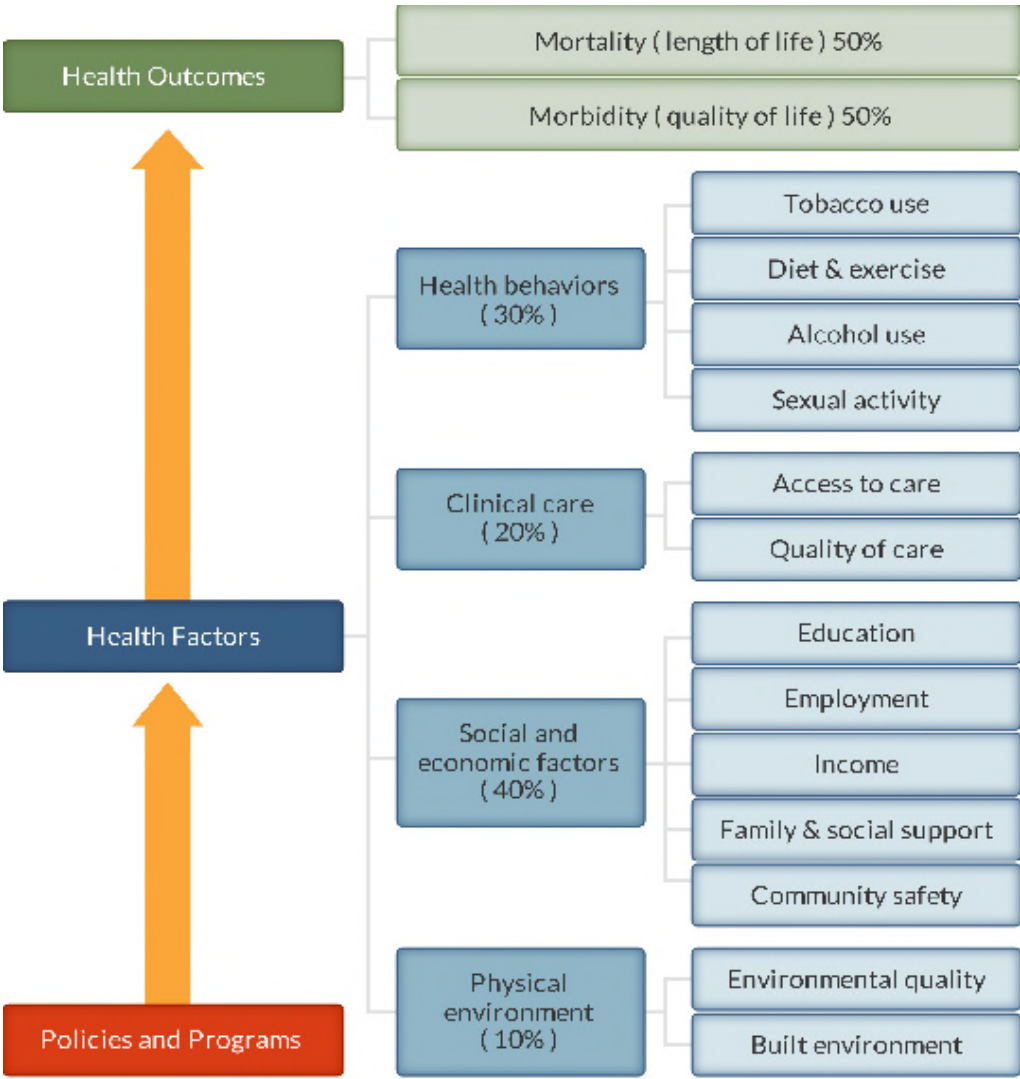
[VVV Research & Development, LLC]

III. Community Health Status

a) Historical Health Statistics

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators and results of our recent CHNA Town Hall. To produce this profile, VVV Research & Development staff analyzed data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2015 County Health Rankings and conversations from Town Hall primary research. (Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*. As seen below in model, these rankings are based on a number of health factors).



County Health Rankings model ©2012 UWPHI

Secondary Research

2015 State Health Rankings for Osborne County, KS

#	Kansas 2015 County Health Rankings (105 counties)	Definitions	OBSBORNE CO 2015	TREND	NW Alliance (12)
1	Physical Environment	Environmental quality	75		50
2	Health Factors		54		26
2a	Clinical Care	Access to care / Quality of Care	39		41
2b	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	61		29
3	Health Outcomes		6		44
3a	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	53		34
3b	Morbidity	Quality of life	29		48
3c	Mortality	Length of life	2		42
OVERALL RANK			6		44
NW KS Norms include the following 12 counties: Barton, Ellis, Gove, Kiowa, Norton, Osborne, Pawnee, Phillips, Russell, Sheridan, Smith and Thomas					
http://www.countyhealthrankings.org					

When considering the state of community health, it's important to review published health data by topic area. Below is a summary of key TABS of information collected:

Tab 1 Demographic Profile

TAB		Health Indicator	OSBORNE CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
1a	a	Population, 2013 estimate	3,818		2,895,801	5,068	People Quick Facts
1a	b	Population, 2010	3,858		2,853,118	5,108	People Quick Facts
1a	c	Pop Growth % - April 1, 10 to July 1, 13	-1.0%		2.1%	-0.5%	People Quick Facts
1a	d	Persons under 5 years, percent, 2013	5.5%		6.9%	6.0%	People Quick Facts
1a	e	Persons under 18 years, percent, 2013	21.2%		21.8%	22.1%	People Quick Facts
1a	f	Persons 65 years and over, percent, 2013	24.6%		13.6%	20.4%	People Quick Facts
1a	g	Female persons, percent, 2013	49.4%		49.7%	49.2%	People Quick Facts
1a	h	White alone, percent, 2013 (a)	97.6%		95.6%	95.4%	People Quick Facts
1a	i	Black or African American alone,% 2013 (a)	0.3%		1.0%	1.7%	People Quick Facts
1a	j	Hispanic or Latino, percent, 2013 (b)	1.7%		5.4%	5.2%	People Quick Facts
1a	k	Foreign born persons, percent, 2008-2012	0.9%		2.6%	2.1%	People Quick Facts
1a	l	% Language other than English spoken at home	1.8%		7.6%	4.7%	People Quick Facts
1a	m	% Living in same house 1 year +, 2008-2012	90.0%		75.8%	86.6%	People Quick Facts
1a	n	People 65+ Living Alone, 2009-2013	31.8%		29.4%	32.4%	American Community Survey

TAB		Health Indicator	OSBORNE CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
1b	a	Veterans, 2008-2012	348		NA	18,731	People Quick Facts
1b	b	Population per square mile, 2010	4.3		31.6	17	Geography Quick Facts
1b	c	Violent crime rate (Rate of Violent Crime per 1,000)	1.6		3.5	207.5%	Kansas Bureau of Investigation
1b	d	Children in single-parent households	22%		NA	29%	County Health Rankings
1b	e	People Living Below Poverty Level, 2009-2013	17.3%		13.7%	12.5%	American Community Survey
1b	f	Children Living Below Poverty Level, 2009-2013	30.9%		18.7%	18.1%	American Community Survey
1b	g	Limited access to healthy foods	10%		NA	8%	County Health Rankings
1b	h	People 65+ Living Below Poverty Level, 2009-2013	10.0%		7.6%	8.5%	American Community Survey
1b	i	People 65+ with Low Access to a Grocery Store, 2010	6.0%		NA	9.5%	U.S. Department of Agriculture - Food Environment Atlas
1b	j	Voter Turnout, 2012	63.7%		66.8%	71.0%	Kansas Secretary of State

Tab 2 Economic Profiles

TAB		Health Indicator	OSBORNE CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
2a	a	Households, 2008-2012	1,725		1,110,440	95,097	People Quick Facts
2a	b	Median household income, 2009-2013	\$37,925		\$51,332	\$44,017	American Community Survey
2a	c	Per capita money income in past 12 months (2012 dollars), 2008-2012	\$26,382		\$24,625	\$25,046	People Quick Facts
2a	d	Households with Cash Public Assistance Income, 2009-2013	0.5%		2.3%	1.6%	American Community Survey
2a	e	Housing units, 2013	2,186		NA	106,387	People Quick Facts
2a	f	Median value of owner-occupied housing units, 2008-2012	\$50,000		\$134,700	\$75,775	People Quick Facts
2a	g	Homeownership rate, 2009-2013	62.5%		60.7%	62.6%	American Community Survey
2a	h	Housing units in multi-unit structures, % 2008-2012	6.0%		23.4%	9.0%	People Quick Facts
2a	i	Persons per household, 2008-2012	2.17		2.3	2.3	People Quick Facts
2a	j	Severe Housing Problems, 2006-2010	10.7%		12.8%	8.5%	County Health Rankings
2a	k	Homeowner Vacancy Rate, 2009-2013	2.6%		2.0%	1.8%	American Community Survey
2a	l	Renters Spending 30% or More of Household Income on Rent, 2009-2013	33.7%		45.5%	37.0%	American Community Survey

TAB		Health Indicator	OSBORNE CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
2b	a	Retail sales per capita, 2007	\$10,001		\$18,264	\$9,577	Business Quick Facts
2b	b	Total number of firms, 2007	563		237040	27,141	Business Quick Facts
2b	c	Unemployed Workers in Civilian Labor Force, 2014	3.3%		3.9%	2.7%	U.S. Bureau of Labor Statistics
2b	d	Private nonfarm employment, percent change, 2011-2012	-0.3%		4.6%	5.3%	Business Quick Facts
2a	e	Households with No Car and Low Access to a Grocery Store, 2010	1.4%			2.1%	U.S. Department of Agriculture - Food Environment Atlas
2b	f	Child Food Insecurity Rate, 2012	22.8%		22.5%	20.8%	Feeding America
2a	g	Grocery Store Density, 2011	0.8%			0.4%	U.S. Department of Agriculture - Food Environment Atlas
2b	h	Low-Income and Low Access to a Grocery Store, 2010	10.4%			15.4%	U.S. Department of Agriculture - Food Environment Atlas
2b	i	Low-Income Persons who are SNAP Participants, 2007	11.8%			12.3%	U.S. Department of Agriculture - Food Environment Atlas
2b	j	Households without a Vehicle, 2009-2013	3.4%		5.3%	4.2%	American Community Survey
2b	k	Mean travel time to work (minutes), workers age 16+, 2008-2012	14.4		12.7	14	People Quick Facts
2b	l	Solo Drivers with a Long Commute, 2008-2012	14.0%		19.5%	12.2%	County Health Rankings
2b	m	Workers who Walk to Work, 2009-2013	3.9%		2.4%	4.6%	American Community Survey

Tab 3 Public Schools Health Delivery Profile

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

TAB	Health Indicator	OSBORNE CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
3 a	Students Eligible for the Free Lunch Program, 2011-2012	39.0%		38.9%	34.2%	National Center for Education Statistics
3 b	Poverty Status by School Enrollment, 2009-2013	29.8%		12.9%	12.6%	American Community Survey
3 c	Student-to-Teacher Ratio (% Student / Teacher), 2011-2012	5.5		13	9.4	National Center for Education Statistics
3 d	High School Graduation, 2013	85.2%		85.8%	84.6%	Annie E. Casey Foundation
3 e	Bachelor's degree or higher, percent of persons age 25+, 2008-2012	18.9%		32.1%	20.5%	People Quick Facts

#	Health Indicators	USD #392	USD #399	USD #272
1	Total Number Public School Nurses	1	1	1
2	School Nurse is part of the IEP team	yes	NA	Yes @ times
3	School Wellness Plan (Active)	Yes	NA	Yes, in Development Stages
4	VISION: # Screened / Referred to Prof / Seen by Professional	190/20	NA	210/5
5	HEARING: # Screened / Referred to Prof / Seen by Professional	190/11	NA	210/5
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	167/30	NA	210/5
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	None	NA	Less Than 10/Yr
8	N of Students Served with No Identified Chronic Health Concerns	164	NA	275
9	School Has a Suicide Prevention Program	Yes	NA	Yes
10	Compliance on Required Vaccinations	80%	NA	100%

TAB 4 Maternal and Infant Health Profile

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

TAB	Criteria	OSBORNE	TREND	KANSAS	NW Alliance 15
4	Total Live Births, 2008	43		41,815	1293
4	Total Live Births, 2009	33		41,388	1317
4	Total Live Births, 2010	47		40,439	1274
4	Total Live Births, 2011	39		39,628	1315
4	Total Live Births, 2012	37		40,304	1370
4	Total Live Births, 2008-2012 - Five year Rate (%)	10.6		14.5	138.5

TAB	Health Indicator	OSBORNE CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
4 a	Percent of Births Where Prenatal Care began in First Trimester, 2011-2013	83.3%		78.4%	78.9%	Kansas Department of Health and Environment
4 b	Percentage of Premature Births, 2011-2013	13.5%		9.0%	8.9%	Kansas Department of Health and Environment
4 c	Percent of Births with Low Birth Weight, 2011-2013	9.5%		7.1%	7.6%	Kansas Department of Health and Environment
4 d	Percent of births Where Mother Smoked During Pregnancy, 2010-2012	NA		13.5%	NA	Kansas Department of Health and Environment
4 e	Percent of all Births Occurring to Teens (15-19), 2011-2013	12.7%		8.1%	7.6%	Kansas Department of Health and Environment
4 f	Percent of Births Occurring to Unmarried Women, 2011-2013	37.3%		36.7%	31.3%	Kansas Department of Health and Environment
4 g	Average Monthly WIC Participation per 1,000 population, 2013	20.7%		23.6%	20.9%	Kansas Department of Health and Environment
4 h	Percent of WIC Mothers Breastfeeding Exclusively, 2013	NA		12.9%	14.6%	Kansas Department of Health and Environment

TAB 5 Hospitalization/Provider Profile

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

TAB	Health Indicator	OSBORNE CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
5 a	Ratio of Population to Primary Care Physicians, 2013	3035		1816	2114	Kansas Department of Health and Environment
5 b	Staffed Hospital Bed Ratio (per 1,000 Pop), 2012	6.6%		3.4%	5.4%	Kansas Hospital Association
5 c	Percent of Births with Inadequate Birth Spacing, 2011-2013	11.0%		11.0%	10.8%	Kansas Department of Health and Environment
5 d	Preventable hospital stays	72		NA	64	County Health Rankings
5 e	Heart Disease Hospital Admission Rate, 2009-2011	267		300	262	Kansas Department of Health and Environment
5 f	Congestive Heart Failure Hospital Admission Rate, 2009-2011	192		199	191	Kansas Department of Health and Environment
5 g	Chronic Obstructive Pulmonary Disease (COPD) Hospital Admission Rate, 2009-2011	66		136	194	Kansas Department of Health and Environment
5 h	Bacterial Pneumonia Hospital Admission Rate, 2009-2011	593		269	488	Kansas Department of Health and Environment
5 i	Injury Hospital Admission Rate, 2009-2011	944		915	691	Kansas Department of Health and Environment

#	KS Hospital Assoc PO103	Osborne County IP			TREND
		FFY2012	FFY2013	FFY2014	
1	Total Discharges	652	626	647	
2	Total IP Discharges-Age 0-17 Ped	14	15	27	
3	Total IP Discharges-Age 18-44	39	36	37	
4	Total IP Discharges-Age 45-64	111	112	123	
5	Total IP Discharges-Age 65-74	104	104	94	
6	Total IP Discharges-Age 75+	282	250	254	
7	Psychiatric	21	18	19	
8	Obstetric	42	45	47	
9	Surgical %	21.9%	24.0%	23.3%	
#	KS Hospital Assoc PO103	Osborne County Memorial Hospital			TREND
		FFY2012	FFY2013	FFY2014	
1	Total Discharges	202	158	173	
2	Total IP Discharges-Age 0-17 Ped	4	5	2	
3	Total IP Discharges-Age 18-44	6	3	5	
4	Total IP Discharges-Age 45-64	28	24	23	
5	Total IP Discharges-Age 65-74	23	19	17	
6	Total IP Discharges-Age 75+	114	93	98	
7	Psychiatric	6	1	5	
8	Obstetric	11	7	11	
9	Surgical %	2.5%	2.5%	2.9%	
#	Kansas Hospital Assoc OP TOT223E	FFY2012	FFY2013	FFY2014	TREND
1	ER Market Share	52.7%	48.0%	45.5%	
2	OPS Market Share	20.6%	24.8%	20.9%	
3	Total OP Market Share	58.9%	60.7%	57.7%	

TAB 6 Social & Rehab Services Profile

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

TAB		Health Indicator	OSBORNE CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
6	a	Depression: Medicare Population, 2012	16.7%		16.2%	15.2%	Centers for Medicare & Medicaid Services
6	b	Alcohol-Impaired Driving Deaths, 2008-2012	50.0%		34.7%	36.4%	County Health Rankings
6	c	Inadequate social support	20%		NA	16%	County Health Rankings
6	d	Poor mental health days	NA		NA	2.8	County Health Rankings

TAB 7 Health Risk Profiles

Knowing community health risk factors and disease patterns can aid in the understanding “next steps” to improve health. Being overweight and/or obese; smoking, drinking in excess, not exercising, etc. can lead to poor health.

TAB		Health Indicator	OSBORNE CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
7a	a	% of Adults with High Cholesterol, 2013	NA		38.1%	41.0%	Kansas Department of Health and Environment
7a	b	Adult obesity	34%		30%	30%	County Health Rankings
7a	c	Percent of Adults Who are Binge Drinkers, 2013	NA		15.4%	16.7%	Kansas Department of Health and Environment
7a	d	Percent of Adults Who Currently Smoke Cigarettes, 2013	NA		20.0%	21.9%	Kansas Department of Health and Environment
7a	e	% of Adults with Diagnosed Hypertension, 2013	NA		31.3%	31.7%	Kansas Department of Health and Environment
7a	f	% of Adults with Doctor Diagnosed Arthritis, 2013	NA		23.9%	23.3%	Kansas Department of Health and Environment
7a	g	% Physical inactivity	29.0%		NA	25.0%	County Health Rankings
7a	h	% of Adults with Fair or Poor Self-Perceived Health Status, 2013	NA		15.4%	12.4%	Kansas Department of Health and Environment
7a	i	Served Unaffected by SDWA Nitrate Violations, 2013	100.0%		99.7%	96.2%	Kansas Department of Health and Environment
7a	j	Sexually transmitted infections	104		NA	369	County Health Rankings

TAB 7 Health Risk Profiles

TAB		Health Indicator	OSBORNE CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
7b	a	Hypertension: Medicare Population, 2012	56.1%		52.7%	55.2%	Centers for Medicare & Medicaid Services
7b	b	Hyperlipidemia: Medicare Population, 2012	28.7%		39.3%	38.1%	Centers for Medicare & Medicaid Services
7b	c	Rheumatoid Arthritis: Medicare Population, 2012	43.0%		27.7%	33.5%	Centers for Medicare & Medicaid Services
7b	d	Ischemic Heart Disease: Medicare Population, 2012	31.1%		26.7%	29.7%	Centers for Medicare & Medicaid Services
7b	e	Diabetes: Medicare Population, 2012	22.7%		24.6%	23.0%	Centers for Medicare & Medicaid Services
7b	f	Heart Failure: Medicare Population, 2012	20.5%		14.0%	18.3%	Centers for Medicare & Medicaid Services
7b	g	Chronic Kidney Disease: Medicare Population, 2012	18.1%		13.9%	13.1%	Centers for Medicare & Medicaid Services
7b	h	COPD: Medicare Population, 2012	10.9%		11.0%	12.9%	Centers for Medicare & Medicaid Services
7b	i	Alzheimer's Disease or Dementia: Medicare Pop 2012	9.6%		9.9%	10.6%	Centers for Medicare & Medicaid Services
7b	j	Atrial Fibrillation: Medicare Population, 2012	8.0%		8.0%	9.3%	Centers for Medicare & Medicaid Services
7b	k	Cancer: Medicare Population, 2012	10.4%		8.0%	9.1%	Centers for Medicare & Medicaid Services
7b	l	Osteoporosis: Medicare Population, 2012	8.1%		6.1%	8.2%	Centers for Medicare & Medicaid Services
7b	m	Asthma: Medicare Population, 2012	3.5%		3.8%	3.5%	Centers for Medicare & Medicaid Services
7b	n	Stroke: Medicare Population, 2012	2.0%		3.2%	2.6%	Centers for Medicare & Medicaid Services

TAB 8 Uninsured Profiles

Based on state estimations, the number of insured is documented below. Also, the amount of charity care (last 3 years of free care) from area providers is trended below.

TAB		Health Indicator	OSBORNE CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
8	a	Uninsured Adult Population Rate, 2012	19.7%		17.6%	17.4%	U.S. Census Bureau

#	Osborne County Memorial Hospital	YR 2012	YR 2013	YR 2014 *	TREND
1	Free Patient Care Given	\$7,336	\$4,977	\$5,555	
2	Bad Debt	\$197,170	\$11,471	\$95,520	
	*audit not final				

TAB 9 Mortality Profile

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

CTS	Causes of Death by County of Residence, KS 2012	OSBORNE	TREND	KANSAS	NW Alliance 15
	TOTAL	125		43262	2013
1	Major Cardiovascular Diseases	22		7,458	341
2	All Malignant Neoplasms	21		5,406	256
3	Diseases of Heart	19		5,314	259
4	All Other Causes	6		4,215	194
4	Ischemic Heart Disease	17		2,990	156
5	Other Heart Diseases	2		2,156	100
6	Malignant Neoplasms of Respiratory and Intrathoracic Organs	1		1,537	72
7	Chronic Lower Respiratory Diseases	2		1,680	75
8	Malignant Neoplasms of Digestive Organs	8		1,288	51
9	Other Malignant Neoplasms	2		1,145	48
10	Alzheimer's Disease	0		788	42
11	Cerebrovascular Diseases	2		1,331	53
12	Malignant Neoplasms of Breast	2		400	27
13	Motor Vehicle Accidents	3		410	33
14	Malignant Neoplasms of Genital Organs	4		500	24
15	Pneumonia and Influenza	2		621	37
16	Suicide	0		505	27

TAB 9 Mortality Profile

TAB		Health Indicator	OSBORNE CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
9	a	Life Expectancy for Females, 2010	82		81	81	Institute for Health Metrics and Evaluation
9	b	Life Expectancy for Males, 2010	77		76	76	Institute for Health Metrics and Evaluation
9	c	Infant Mortality Rate, 2009-2013	NA		6.4%	10.7%	Kansas Department of Health and Environment
9	d	Age-adjusted Mortality Rate per 100,000 population, 2011-2013	823		757	740	Kansas Department of Health and Environment
9	e	Age-Adjusted Years of Potential Life Lost - Traffic Injury, 2011-2013	2900		490	1541	Kansas Department of Health and Environment
9	f	Age-adjusted Cancer Mortality Rate per 100,000 population, 2011-2013	190		166	148	Kansas Department of Health and Environment
9	g	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2011-2013	211		156	166	Kansas Department of Health and Environment
9	h	Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000 population, 2009-2013	61		51	51	Kansas Department of Health and Environment
9	i	Age-adjusted Traffic Injury Mortality Rate per 100,000 population, 2011-2013	NA		13	25	Kansas Department of Health and Environment
9	j	Age-adjusted Unintentional Injuries Mortality Rate per 100,000 population, 2011-2013	44		40	66	Kansas Department of Health and Environment
9	k	Age-adjusted Suicide Mortality Rate per 100,000 population, 2003-2013	NA		15	14	Kansas Department of Health and Environment

TAB 10 Preventive Health Profile

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

TAB		Health Indicator	OSBORNE CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
10	a	Access to Exercise Opportunities, 2014	27.5%		70.9%	51.3%	County Health Rankings
10	b	% of Infants Fully Immunized at 24 Mo, 2011-2013	72.7%		71.7%	78.6%	Kansas Department of Health and Environment
10	c	Immunized Against Influenza Past 12 Mo, 2013	NA		64.8%	64.9%	Kansas Department of Health and Environment
10	d	Percent of Adults Who Reported Consuming Fruit Less than 1 Time Per Day, 2013	NA		41.7%	48.3%	Kansas Department of Health and Environment
10	e	Percent of Adults Who Reported Consuming Vegetables Less than 1 Time Per Day, 2013	NA		22.9%	30.3%	Kansas Department of Health and Environment
10	f	Diabetic screening	87%		NA	86%	County Health Rankings
10	g	Mammography screening	61%		NA	64%	County Health Rankings
10	h	% Annual check-up visit with PCP	NA		NA	NA	TBD
10	i	% Annual check-up visit with Dentist	NA		NA	NA	TBD
10	j	% Annual check-up visit with Eye Doctor	NA		NA	NA	TBD

Community Feedback Research

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

Question 1- Overall Quality Ranking

CHNA Round #2 Feedback 2015 - Community Feedback						
1. Three years ago a Community Health Needs Assessment was completed. This assessment identified a number of health needs for our community. Today we are updating this assessment and would like to know how you rate the "Overall Quality" of healthcare delivery in our community?						
Answer Options	Very Good	Good	Fair	Poor	Very Poor	Valid N
Osborne County N= 87	18	45	17	2	2	84
Top 2 Boxes (Very Good / Good)	75.0%					
NW Alliance (10) Totals	411	769	236	34	7	1457
Top 2 Boxes (Very Good / Good)	81.0%					

Questions 5 & 6- Community Ranking of Healthcare Services 2015

CHNA Round #2 Feedback 2015 - Community Feedback			
5. How would our community rate each of the following ?	NW Alliance (10) Lower 2 Box %	Osborne CO N= 87	TREND
Ambulance Services	3.7%	7.7%	Yellow
Child Care	18.9%	26.2%	Red
Chiropractors	5.8%	0.0%	Green
Dentists	13.8%	29.0%	Red
Emergency Room	4.3%	8.1%	Yellow
Eye Doctor / Optometrist	7.2%	4.8%	Green
Family Planning Services	15.7%	13.2%	Red
Home Health	15.0%	23.1%	Red
Hospice	9.2%	6.0%	Yellow
Inpatient Services	3.2%	9.1%	Yellow
Mental Health Services	26.2%	5.3%	Yellow
Nursing Home	12.5%	3.3%	Green
Outpatient Services	2.4%	7.0%	Yellow
Pharmacy	2.7%	3.5%	Green
Primary Care	5.1%	6.7%	Yellow
Public Health Dept.	2.4%	1.7%	Green
School Nurse	6.5%	22.9%	Red
Visiting Specialists	7.1%	4.0%	Green

Question 7- Receiving Healthcare Services Outside our Community

CHNA Round #2 Feedback 2015			
7. Over the past 2 years, did you or do you know someone who received health care services outside of our community?	NW Alliance (10)	Osborne CO N= 87	TREND
Yes	84.1%	88.7%	
No	8.5%	8.1%	
Don't know	7.5%	3.2%	
TOTALS	100.0%	100.0%	

Question 8- Requested Discussion Items for Town Hall Agenda

CHNA Round #2 Feedback 2015 - Community Feedback			
8. Are there any other health needs that we need to discuss at our upcoming CHNA Town Hall meeting?	NW Alliance (10)	Osborne CO N= 87	TREND
Abuse / Violence	4.8%	4.5%	
Alcohol	5.1%	6.2%	
Cancer	5.7%	5.9%	
Diabetes	4.9%	4.2%	
Drugs / Substance Abuse	7.8%	6.8%	
Family Planning	2.8%	4.7%	
Heart Disease	4.0%	2.7%	
Lead Exposure	0.7%	0.6%	
Mental Illness	6.8%	5.0%	
Nutrition	5.1%	5.6%	
Obesity	7.7%	6.8%	
Ozone (Air)	0.9%	0.3%	
Physical Exercise	6.2%	7.7%	
Poverty	4.3%	4.2%	
Respiratory Disease	2.7%	2.4%	
Sexual Transmitted Diseases	2.0%	2.7%	
Suicide	3.7%	4.5%	
Teen Pregnancy	4.1%	5.9%	
Tobacco Use	4.4%	3.3%	
Vaccinations	5.3%	4.5%	
Water Quality	4.0%	3.9%	
Wellness Education	6.0%	6.5%	
Some Other Need (please specify below)	0.8%	1.2%	
TOTAL	100.0%	100.0%	

IV. Inventory of Community Health Resources

[VVV Research & Development, LLC]

Inventory of Health Services - Osborne County, KS

Cat	HC Services Offered in County	Hospital	Health Dept	Other
Clinic	Primary Care	yes		yes
Hosp	Alzheimer Center			
Hosp	Ambulatory Surgery Centers			
Hosp	Arthritis Treatment Center			
Hosp	Bariatric/Weight Control Services			
Hosp	Birthing/LDR/LDRP Room	yes		
Hosp	Breast Cancer			
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation			
Hosp	Cardiac Surgery			
Hosp	Cardiology Services			
Hosp	Case Management			
Hosp	Chaplaincy/Pastoral Care Services			
Hosp	Chemotherapy			
Hosp	Colonoscopy	yes		
Hosp	Crisis Prevention			yes
Hosp	CTScanner	yes		
Hosp	Diagnostic Radioisotope Facility	yes		
Hosp	Diagnostic/Invasive Catheterization			
Hosp	Electron Beam Computed Tomography (EBCT)			
Hosp	Enrollment Assistance Services	yes		
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			
Hosp	Fertility Clinic			
Hosp	FullField Digital Mammography (FFDM)			
Hosp	Genetic Testing/Counseling			
Hosp	Geriatric Services			yes
Hosp	Heart			
Hosp	Hemodialysis			
Hosp	HIV/AIDS Services			
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 - reverse		
Hosp	Kidney			
Hosp	Liver			
Hosp	Lung			
Hosp	Magnetic Resonance Imaging (MRI)	yes - mobile		
Hosp	Mammograms	yes - mobile		
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	yes		
Hosp	Occupational Health Services			
Hosp	Oncology Services			
Hosp	Orthopedic Services			
Hosp	Outpatient Surgery	yes		
Hosp	Pain Management	yes		
Hosp	Palliative Care Program			
Hosp	Pediatric			
Hosp	Physical Rehabilitation	yes		
Hosp	Positron Emission Tomography (PET)			

Inventory of Health Services - Osborne County, KS

Cat	HC Services Offered in County	Hospital	Health Dept	Other
Hosp	Positron Emission Tomography/CT (PET/CT)			
Hosp	Pulmonary Rehab			
Hosp	Psychiatric Services			yes
Hosp	Radiology, Diagnostic	yes		
Hosp	Radiology, Therapeutic			
Hosp	Reproductive Health			
Hosp	Robotic Surgery			
Hosp	Shaped Beam Radiation System 161			
Hosp	Single Photon Emission Computerized Tomography (SPECT)			
Hosp	Sleep Center			
Hosp	Social Work Services	yes		yes
Hosp	Sports Medicine			
Hosp	Stereotactic Radiosurgery			
Hosp	Swing Bed Services	yes		
Hosp	Transplant Services			
Hosp	Trauma Center			
Hosp	Ultrasound	yes		
Hosp	Women's Health Services			
Hosp	Wound Care			yes
SR	Adult Day Care Program			yes
SR	Assisted Living			yes
SR	Home Health Services			yes
SR	Hospice			yes
SR	LongTerm Care			yes
SR	Nursing Home Services			yes
SR	Retirement Housing			
SR	Skilled Nursing Care	yes		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			
SERV	Health Education Classes			
SERV	Health Fair (Annual)			yes
SERV	Health Information Center			
SERV	Health Screenings			
SERV	Meals on Wheels	yes		
SERV	Nutrition Programs			yes
SERV	Patient Education Center			
SERV	Support Groups			
SERV	Teen Outreach Services			
SERV	Transportation to Health Facilities	yes		
SERV	Wellness Program			
SERV	Tobacco Treatment/Cessation Program			

Physician Manpower - Osborne County, KS

Number of FTE Providers	Supply Working in County		
	FTE County Based	Visting	PA/NP
Primary Care:			
Family Practice	2.00	0.00	2.00
Internal Medicine	0.00	0.00	0.00
Obstetrics/Gynecology	0.00	0.00	0.00
Pediatrics	0.00	0.00	0.00
Medicine Specialists:			
Allergy/Immunology	0.00	0.00	
Cardiology	0.00	0.00	
Dermatology	0.00	0.00	
Endocrinology	0.00	0.00	
Gastroenterology	0.00	0.00	
Oncology/RADO	0.00	0.00	
Infectious Diseases	0.00	0.00	
Nephrology	0.00	0.00	
Neurology	0.00	0.00	
Psychiatry	0.00	0.00	
Pulmonary	0.00	0.00	
Rheumatology	0.00	0.00	
Surgery Specialists:			
General Surgery		<0.25	
Neurosurgery	0.00	0.00	
Ophthalmology	0.00	0.00	
Orthopedics	0.00	0.00	
Otolaryngology (ENT)	0.00	0.00	
Plastic/Reconstructive	0.00	0.00	
Thoracic/Cardiovascular/Vasc	0.00	0.00	
Urology	0.00	0.00	
Hospital Based:			
Anesthesia/Pain		<0.25	
Emergency	0.00	0.00	0.00
Radiology	0.00	0.00	
Pathology	0.00	0.00	
Hospitalist *	0.00	0.00	
Neonatal/Perinatal	0.00	0.00	
Physical Medicine/Rehab	0.00	0.00	
Others			
TOTALS	2.00	0.00	2.00

Visiting Specialists to Osborne County Memorial Hospital

<i>SPECIALTY</i>	<i>Physician Name/Group</i>	<i>Office Location</i>	<i>SCHEDULE</i>	<i>Annual Days</i>	<i>LOCATION OF OUTREACH CLINIC</i>
Cardiology	Boxberger/Galachia Heart	Wichita, KS	Monthly	12	Hospital
Gastro (GI)					
Gynecology					
Hematology / Oncology					
Neurology -					
Ophthalmology					
Orthopedic					
Podiatry					
Pulmonary					
Rheumatology					
Urology	Mattuchi/Salina Urology	Salina, KS	Monthly	12	Hospital

Osborne County, KS Area Health Services Directory

Police/Sheriff 911

Fire 911

Ambulance 911

Non-Emergency Numbers

Osborne County Sheriff 785-346-2001

Municipal Non-Emergency Numbers

	<u>Police/Sheriff</u>	<u>Fire</u>
Alton	911	911
Downs	785-346-2001	911
Natoma	911	911
Osborne	785-346-5721	911
Portis	911	911

Kansas Child/Adult Abuse and Neglect Hotline

1-800-922-5330

www.srskansas.org/hotlines.html

Domestic Violence Hotline

1-800-799-7233

www.ndvh.org

Emergency Management (Topeka)

785-274-1409

www.accesskansas.org/kdem

Federal Bureau of Investigation

1-866-483-5137

www.fbi.gov/congress/congress01/caruso100301.htm

Kansas Arson/Crime Hotline

1-800-KS-CRIME

800-572-1763

www.accesskansas.org/kbi

Kansas Bureau of Investigation (Topeka)

785-296-8200

www.accesskansas.org/kbi

Kansas Crisis Hotline (Domestic Violence/Sexual Assault)

1-888-END-ABUSE

www.kcsdv.org

Kansas Road Conditions

1-866-511-KDOT

511

www.ksdot.org

Poison Control Center

1-800-222-1222

www.aapcc.org

Suicide Prevention Hotline

1-800-SUICIDE

www.hopeline.com

1-800-273-TALK

www.suicidepreventionlifeline.com

Toxic Chemical and Oil Spills

1-800-424-8802

www.epa.gov/region02/contact.htm

Health Services**Hospitals****Osborne County Memorial Hospital**

424 W New Hampshire Street (Osborne)

785-346-2121

www.ocmh.org/

Emergency**Osborne County Emergency Medical**

117 N 1st Street (Osborne)

785-346-2379

Medical Professionals*Chiropractors***Osborne Chiropractic Center**

121 W Main St (Osborne)

785-346-2023

Ashley Taylor, D.C.

Clinics

Downs Clinic

907 Morgan Avenue (Downs)

785-454-3311

Goad Medical Clinic

431 W New Hampshire (Osborne)

785-316-2510

Osborne County Medical Clinic 721 Delay (Downs)

785-454-3340

Sharpe Memorial Clinic 128 S 5th Street (Osborne)

785-346-2033

Barbara Brown, D.O.

Dentists

Specht, Gilbert D.D.S.

620 Morgan Avenue (Downs)

785-454-3831

Streit, Stanley D.D.S

107 E Main (Osborne)

785-346-5434

Hearing

Kansas Relay Center

For TDD Customers

1-800-766-3777

Optometrists

Muck, Duane, O.D.

101 W. Main

785-346-5437

Pharmacies

Corner Drug & Gift

823 Morgan Avenue (Downs)

785-454-6614

Kelly Berkley

Main Street Drug

103 W. Main Street (Osborne)

785-346-2136

Kaylene Heller

Physicians and Health Care Providers

Downs Clinic

907 Morgan Avenue (Downs)

785-454-3311

Duane Muck C O.D.

101 W Main Street (Osborne)

785-346-5437

Goad Medical Clinic

431 W New Hampshire St (Osborne)

785-346-2510

Erin Baxa, MD

Dorothy Breault, MD

Donald Bryant, PA

Osborne County Medical Clinic

721 Delay (Downs)

785-454-3340

Erin Baxa, MD

Dorothy Breault, MD

Donald Bryant, PA

Sharpe Memorial Clinic

128 S 5th Street (Osborne)

785-346-2033

Barbara Brown, DO

Tim Seifert, PA-C

785-346-2114

Progressive Care Home Plus LLC

513 Mill Street (Alton)

785-984-2290

Rehabilitation Services

Parkview Care Center

811 N 1st (Osborne)

785-346-2114

Golden Living Center

1218 Kansas Street (Downs)

785-454-3321

Veterinary Services

Downs Veterinary Clinic

1215 3rd Avenue (Downs)

785-454-3474

Osborne Veterinary Clinic

989 S HWY 281 (Osborne)

785-346-5545

Other Health Services

Assisted Living/Nursing Home

Golden Living Center

1218 Kansas (Downs)

785-454-3321

Parkview Care Center

811 N 1st (Osborne)

Disability Services

SKIL of Western Kansas

1013 Centennial Blvd (Hays) 785-628-8019

Domestic/Family Violence

Northwest Kansas Domestic & Sexual Violence Services (Hays)

785-625-3055

1-800-794-4624

Food Program

Prairie Land (Alton)

785-984-2260

L. Conway

Prairie Land (Downs)

785-454-3925

J. Parker

Prairie Land (Osborne)

785-346-2845

Mary Jo Burch

Home Health

Progressive Care Home Plus LLC

513 Mill Street (Alton)

785-984-2290

House Calls Unlimited

709 Commercial Street (Downs)

785-346-2184

785-454-6255

Janet Koops

Angels Care

527 S Fossil (Russell)

785-445-3500

Amy DeWitt

Hospice

Hospice Service, Inc

424 8th Street (Phillipsburg)

785-543-2900

Massage Therapists

Relax Massage & Reiki

118 W Main (Osborne)

785-345-3256

Connie Lawless

Medical Equipment and Supplies

Main Street Drug

103 W Main Street (Osborne)

785-346-2136

Kaylene Heller

Mental Health

Developmental Services of NW Kansas

1-800-637-2229

www.dsnwk.org/Index.html

High Plains Mental Health Center

209 W Harrison Street (Osborne)

Nutrition Counseling

Osborne County Health Department

115 N First (Osborne)

785-346-2412

Osborne County Memorial Hospital

424 W New Hampshire Street (Osborne) 785-346-2121

Parkview Care Center

N 1st Street (Osborne)

785-346-2114

Pregnancy Services

Birthright of Hays

1-800-550-4900

www.birthright.org

High Plains Mental Health Center – Teen Parenting

209 W Harrison Street (Osborne) 785-346-2184

Women's Health Care Services, P.A.

Osborne County Health Department 115 N First (Osborne)

785-346-2412

School Nurse

Downs USD #272

1306 N Morgan (Downs)

785-454-3332

Natoma USD #399

610 Third (Natoma)

785-885-4478

www.srskansas.org/ISD/ees/adult.htm

Osborne

234 N Third (Osborne)

785-346-5491

Senior Services

Downs Senior Citizens Inc.

514 Morgan Avenue (Downs)

785-454-6228

Homestead Nutrition

800-432-7422

Osborne Senior Center

108 W. Main (Osborne)

785-346-2303

Progressive Care Professional

513 Mill Street (Alton)

785-984-2290

Tobacco Cessation Services

Osborne County Health Department

115 N First (Osborne)

785-346-2412

Local Government, Community and Social Services

Adult Protection

Adult Protective Services

1-800-922-5330

Alcohol and Drug Treatment

Abandon A Addiction

1-800-405-4810

Free Methodist Church

727 W. Main (Osborne)

785-346-5472

High Plains Mental Health Services

121 W Main (Osborne)

785-346-2184

Business

Better Business Bureau

328 Laura Street (Wichita)

316-263-3146

www.wichita.bbb.org

Children and Youth

Beacons Youth Group

Tonja Bisnette

785-454-3725

Families Together, Inc.

234 W. Washington (Osborne)

785-346-2145

Newman, Dan

Kansas Big Brothers/Big Sisters

888-KS4-BIGS

www.kansasbig.org

Natoma Community Center Inc.

704 N 2nd (Natoma)

785-243-1645

Osborne County Health Department

115 N First (Osborne)

785-346-2412

325 W Main Street (Osborne)

785-346-5486

Community Action/Head Start

Natoma Community Center Inc.

704 N 2nd (Natoma)

785-243-1645

Community Development

Osborne Area Chamber of Commerce

128 N 1st Street (Osborne)

785-346-2881

Community Centers

Cawker City Library

802 Locust Street (Cawker City)

785-781-4925

Counseling

High Plains Mental Health Center

209 W Harrison Street (Osborne)

785-346-2184

Downs Library

504 Morgan Avenue (Downs)

785-454-3821

Lighthouse Community Church

901 Blunt Street (Downs)

785-454-3725

Downs Swimming Pool

715 Railroad Street (Downs)

785-454-6336

Ministerial Alliance – Christian Church

210 N 2nd (Osborne)

785-346-2169

Natoma Community Center Inc.

704 N 2nd (Natoma)

785-243-1645

Ministerial Alliance – Free Methodist Church

727 W Main (Osborne)

785-346-2169

Osborne City Pool

602 N 2nd Street (Osborne)

785-346-2420

Domestic/Family Violence

**Kansas Protection Report Service Abuse & Neglect
Hotline for Children and Elderly**

1-800-922-5330 www.srskansas.org/hotlines.htm

Osborne Co. Genealogical & Historical Society

307 W Main Street (Osborne)

785-346-9437

**Northwest Kansas Domestic & Sexual Violence
Services (Hays)**

1-800-794-4624

Osborne Public Library

Northwest Kansas Family Shelter

1-800-794-4624

Emergency

Emergency Preparedness Assistant

117 N First (Osborne)

785-346-2379

Juanita Arnold

Environment

Environmental Protection Agency

901 N 5th Street (Kansas City, KS)

1-800-223-0425

913-321-9516 (TTY)

www.epa.gov

Extension Office

Osborne County Extension Agent 113 N 1st Street (Osborne)

785-346-2521

Funeral Homes

Clark-Gashaw Mortuary Inc.

238 N 1st (Osborne)

785-346-2634

Domoney Furniture & Funeral Home

817 Morgan Avenue (Downs)

785-454-3325

Pohlman-Varner-Peeler Mortuary &

Monuments

701 N 1st (Natoma)

785-885-4221

Waconda Funeral Home

815 1st (Cawker City)

785-781-4800

Housing

Auction One

202 W Main Street (Osborne)

785-346-2856

www.auctiononeinc.com

Bihlmaier Agency Real Estate

102 W Main Street (Osborne)

785-346-2108 www.stevebihlmaieragency.com

Cole Auction & Realty Co

601 S Morgan Avenue (Downs)

785-454-3318

Cawker City Housing Authority

125 Sunrise Drive (Cawker City)

785-781-4443

Etherington Realtors

804 Morgan Avenue (Downs)

785-454-3911

www.etheringtonrealtors.com

Paradise Valley Apartments

410 N 3rd (Natoma)

785-885-4413

Remus C.W. Real Estate

1798 110 Road RR1 (Cawker City)

785-781-4973

Solomon Valley Apartments

200 E Vermont (Osborne)

785-346-2727

Oliver Real Estate

120 E Court (Smith Center)

785-345-3190

Gretchin Staples

Information

Osborne County Public Information Officer

423 W Main (Osborne)

785-346-2431

Vienna Janis

www.osbornecounty.org

Legal Services

Berkley & Henke Attorney

900 Morgan Avenue (Downs)

785-454-3500

Bloomer, Bloomer & Bloomer

202 W Main Street (Osborne)

785-346-5457

Bob Bloomer

County of Osborne Attorney

423 W. Main Street (Osborne)

785-346-5443

Dietz & Hardman Law Office

115 S 1st Street (Osborne)

785-346-2157

Richard E. Dietz

Phillip W. Hardman

Gregory & Gregory Law Office

124 W Main Street (Osborne)

785-346-5445

Paul S. Gregory

Rape

Domestic Violence Crisis Center

1-800-794-4624

High Plains Mental Health Center Rape or Sexual Assault

121 W Main Street (Osborne)

785-346-2184

Northwest Kansas Domestic & Sexual Violence Services (Hays)

785-625-3055

1-800-794-4624

Red Cross

Food Bank United Christian Church

214 N Zed (Osborne)

785-346-5467

Ron Yarnell

Social Security

Disability Advocates of KS Inc. – Wichita

1-866-263-0505

www.disabilityadvocatesofks.com

Rutschmann Disability Services Inc. – Topeka

800-416-0527

Social Security Administration

1-800-772-1213

1-800-325-0778 (TTY)

www.socialsecurity.gov

Suicide Prevention

High Plains Mental Health Center

209 W Harrison Street (Osborne)

785-346-2184

Support Groups

Alcoholic's Anonymous

United Christian Church

212 N 2nd (Osborne)

Thursday Nights 8 p.m. (use back door) Al-Anon Family Group

1-888-4AL-ANON (425-2666)

www.al-anonfamilygroups.org/

American Cancer Society

1-800-227-2345

Juvenile Diabetes Research Foundation International

1-800-533-2873

Kansas Alzheimer's & Related Diseases

1-800-487-2585

www.answers4families.org/family/alzheimers

Make a Difference Information Network

1-800-332-6262

State and National Information,

Services and Support

Adult Protection

Adult Protection Services

1-800-922-5330

www.srskansas.org/SD/ees/adult.htm

Domestic Violence and Sexual Assault

(DVACK)

1-800-874-1499

www.dvack.org

Elder Abuse Hotline

1-800-842-0078

www.elderabusecenter.org

Elder and Nursing Home Abuse Legal

www.resource4nursinghomeabuse.com/index.html

Kansas Coalition Against Sexual and Domestic Violence

1-888-END-ABUSE (363-2287)

www.kcsdv.org/ksresources.html

Kansas Department on Aging

Adult Care Complaint Program

1-800-842-0078

National Center on Elder Abuse (Administration on Aging)

www.ncea.gov/NCEAroot/MainSite?FindHelp/HelpHotline.aspx

National Domestic Violence Hotline

1-800-799-SAFE (799-7233)

1-800-787-3224 (TTY)

www.ndvh.org

National Sexual Assault Hotline

1-800-994-9662

1-888-220-5416 (TTY)

www.4woman.gov/faq/sexualassault.htm

National Suicide Prevention Lifeline

1-800-273-8255

Poison Center

1-800-222-1222

Sexual Assault and Domestic Violence Crisis

Line

1-800-701-3630

Social and Rehabilitation Services (SRS)

1-888-369-4777 (Hays) www.srskansas.org

Suicide Prevention Helpline

785-841-2345

Alcohol and Drug Treatment Programs

A 1 A Detox Treatment

1-800-757-0771

AAAAAH

1-800-993-3869

Abandon A Addiction

1-800-405-4810

Able Detox-Rehab Treatment

1-800-577-2481 (NATIONAL)

Abuse Addiction Agency

1-800-861-1768

www.thewatershed.com

AIC (Assessment Information Classes)

1-888-764-5510

Al-Anon Family Group

1-888-4AL-ANON (425-2666)

www.al-anon.alateen.org

Alcohol and Drug Abuse Hotline

1-800-ALCOHOL

Alcohol and Drug Abuse Services

1-800-586-3690

www.srskansas.org/services/alc-

drugassess.htm

Alcohol and Drug Addiction Treatment

Programs

1-800-510-9435

Alcohol and Drug Helpline

1-800-821-4357

Alcoholism/Drug Addiction Treatment Center

1-800-477-3447

Kansas Alcohol and Drug Abuse Services Hotline

1-800-586-3690

www.srskansas.org/services/alc-drugassess.htm

Mothers Against Drunk Driving

1-800-GET-MADD (438-6233)

www.madd.org

National Council on Alcoholism and Drug Dependence, Inc.

1-800-NCA-CALL (622-2255)

www.ncadd.org

Recovery Connection

www.recoveryconnection.org

Regional Prevention Centers of Kansas

1-800-757-2180

www.smokyhillfoundation.com/rpc-locate.html

Better Business Bureau

Better Business Bureau

328 Laura (Wichita)

316-263-3146

www.wichita.bbb.org

Children and Youth

Adoption

1-800-862-3678

www.adopt.org/

Boys and Girls Town National Hotline

1-800-448-3000

www.girlsandboystown.org

Child/Adult Abuse and Neglect Hotline

1-800-922-5330

www.srskansas.org/

Child Abuse Hotline

1-800-922-5330

Child Abuse National Hotline

1-800-422-4453

1-800-222-4453 (TDD)

www.childhelpusa.org/home

Child Abuse National Hotline

1-800-4-A-CHILD (422-4453)

www.childabuse.com

Child Find of America

1-800-426-5678

Child Help USA National Child Abuse Hotline

1-800-422-4453

Child Protective Services

1-800-922-5330

www.srskansas.org/services/childprotectiveservices.htm

Health Wave

P.O. Box 3599 (Topeka)

1-800-792-4884

1-800-792-4292 (TTY)

www.kansashealthwave.org

Heartspring (Institute of Logopedics)

8700 E. 29TH N (Wichita) www.heartspring.org

Kansas Big Brothers/Big Sisters

1-888-KS4-BIGS

www.ksbbbs.org

Kansas Children's Service League (Hays)

785-625-2244

1-877-530-5275

www.kcsl.org

Kansas Department of Health and

Environment

785-296-1500

www.kdheks.gov

e-mail: info@kdheks.gov

Kansas Society for Crippled Children

106 W. Douglas, Suite 900 (Wichita)

1-800-624-4530

316-262-4676

www.kssociety.org

National Runaway Switchboard

1-800-RUNAWAY

www.1800runaway.org/

National Society for Missing and Exploited Children

1-800-THE-LOST (843-5678) www.missingkids.com

Parents Anonymous Help Line

1-800-345-5044

www.parentsanonymous.org/paIndex10.html

Runaway Line

1-800-621-4000

1-800-621-0394 (TDD)

www.1800runaway.org/

Talking Books

1-800-362-0699

www.skyways.lib.ks.us/KSL/talking/kslbph.html

Community Action

Peace Corps

1-800-424-8580

www.peacecorps.gov

**Public Affairs Hotline (Kansas Corporation
Commission)**

1-800-662-0027

www.kcc.state.ks.us

Counseling

Care Counseling

**Family counseling services for Kansas and
Missouri**

1-888-999-2196

Carl Feril Counseling

608 N Exchange (St. John)

620-549-6411

**Castlewood Treatment Center for Eating
Disorders**

1-888-822-8938

www.castlewoodtc.com

Catholic Charities

1-888-468-6909

www.catholiccharitiessalina.org

Center for Counseling

5815 W Broadway (Great Bend)

1-800-875-2544

Central Kansas Mental Health Center

1-800-794-8281

Will roll over after hours to a crisis number.

Consumer Credit Counseling Services

1-800-279-2227

www.kscgccs.org/

Kansas Problem Gambling Hotline

1-866-662-3800

www.ksmhc.org/Services/gambling.htm

National Hopeline Network

1-800-SUICIDE (785-2433)

www.hopeline.com

National Problem Gambling Hotline

1-800-552-4700

www.npgaw.org

Samaritan Counseling Center

1602 N Main Street (Hutchinson)

620-662-7835

cmc.pdswebpro.com/

Self-Help Network of Kansas

1-800-445-0116

www.selfhelpnetwork.wichita.edu

Senior Health Insurance Counseling

1-800-860-5260

www.agingkansas.org

Sunflower Family Services, Inc.

(adoption, crisis pregnancy, conflict solution center)

1-877-457-5437

www.sunflowerfamily.org

Disability Services

American Association of People with

Disabilities (AAPD)

www.aapd.com

American Council for the Blind

1-800-424-8666

www.acb.org

Americans with Disabilities Act Information

Hotline

1-800-514-0301

1-800-514-0383 (TTY)

www.ada.gov

Disability Advocates of Kansas, Incorporated

1-866-529-3824

www.disabilitysecrets.com

Disability Group, Incorporated

1-888-236-3348

www.disabilitygroup.com

Disability Rights Center of Kansas (DRC)

Formerly Kansas Advocacy & Protective Services

1-877-776-1541

1-877-335-3725 (TTY)

www.drckansas.org

Hearing Healthcare Associates

1-800-448-0215

Kansas Commission for the Deaf and Hearing

Impaired

1-800-432-0698

www.srskansas.org/kcdhh

Kansas Relay Center (Hearing Impaired service)

1-800-766-3777

www.kansasrelay.com

National Center for Learning Disabilities

1-888-575-7373

www.nclld.org

National Library Services for Blind & Physically Handicapped

www.loc.gov/nls/

1-800-424-8567

Parmele Law Firm

8623 E 32nd Street N, Suite 100 (Wichita)

1-877-267-6300

Environment

1-800-222-1222

Environmental Protection Agency

1-800-223-0425

913-321-9516 (TTY)

www.epa.gov

Kansas Department of Health and

Environment

Salina 785-827-9639

Hays 785-625-5663

Topeka 785-296-1500

www.kdheks.gov

Food and Drug

Center for Food Safety and Applied Nutrition

1-888-SAFEFOOD (723-3366)

www.cfsan.fda.gov/

www.healthfinder.gov/docs/doc03647.htm

US Consumer Product Safety Commission

1-800-638-2772

1-800-638-8270 (TDD)

www.cpsc.gov

USDA Meat and Poultry Hotline

1-888-674-6854

1-800-256-7072 (TTY)

www.fsis.usda.gov/

U.S. Food and Drug Administration

1-888-INFO-FDA

1-888-463-6332

www.fsis.usda.gov/

Poison Hotline

Health Services

American Cancer Society

1-800-227-2345

www.cancer.org

American Diabetes Association

1-800-DIABETES (342-2383)

www.diabetes.org

AIDS/HIV Center for Disease Control and

Prevention

1-800-CDC-INFO

1-888-232-6348 (TTY)

www.cdc.gov/hiv/

AIDS/STD National Hot Line

1-800-342-AIDS

1-800-227-8922 (STD line)

American Health Assistance Foundation

1-800-437-2423

www.ahaf.org

American Heart Association

1-800-242-8721

www.americanheart.org

American Lung Association

1-800-586-4872

American Stroke Association

1-888-4-STROKE

www.americanheart.org

Center for Disease Control and Prevention

1-800-CDC-INFO
1-888-232-6348 (TTY)
www.cdc.gov/hiv/

Elder Care Helpline

www.eldercarelink.com

Eye Care Council

1-800-960-EYES
www.seetolearn.com

Kansas Foundation for Medical Care

1-800-432-0407
www.kfmc.org

National Health Information Center

1-800-336-4797
www.health.gov/nhic

National Cancer Information Center

1-800-227-2345
1-866-228-4327 (TTY)
www.cancer.org

National Institute on Deafness and Other

Communication Disorders Information

Clearinghouse

1-800-241-1044
1-800-241-1055 (TTY)
www.nidcd.nih.gov

Hospice

Hospice-Kansas Association

1-800-767-4965

Kansas Hospice and Palliative Care Organization

1-888-202-5433
www.lifeproject.org/akh.htm

Southwind Hospice, Incorporated

www.southwindhospice.com
785-483-3161

Housing

Kansas Housing Resources Corporation

785-296-2065
www.housingcorp.org

**US Department of Housing and Urban
Development**

Kansas Regional Office

913-551-5462

Legal Services

Kansas Attorney General

1-800-432-2310 (Consumer Protection)
1-800-828-9745 (Crime Victims' Rights)
1-800-766-3777 (TTY)

www.ksag.org/

Kansas Bar Association

785-234-5696
www.ksbar.org

Kansas Department on Aging

1-800-432-3535
www.agingkansas.org/index.htm

Kansas Legal Services

1-800-723-6953

www.kansaslegalservices.org

Northwest Kansas Area Agency on Aging

510 W 29th Street, Suite B (Hays)

785-628-8204

800-432-7422

www.nwkaaa.com

Medicaid Services

First Guard

1-888-828-5698

www.firstguard.com

Kansas Health Wave

1-800-792-4884 or 1-800-792-4292 (TTY)

www.kansashealthwave.org

Kansas Medical Assistance Program Customer Service

1-800-766-9012

www.kmpa-state-ks.us/

Medicare Information

1-800-MEDICARE

www.medicare.gov

U.S. Department of Health and Human Services

Centers for Medicare and Medicaid Services

1-800-MEDICARE (1-800-633-4227) or

1-877-486-2048 (TTY)

www.cms.hhs.gov

Mental Health Services

Alzheimer's Association

1-800-272-3900 or 1-866-403-3073 (TTY)

www.alz.org

Developmental Services of Northwest Kansas

1-800-637-2229

Kansas Alliance for Mentally Ill (Topeka)

785-233-0755

www.namikansas.org

Make a Difference

1-800-332-6262

Mental Health America

1-800-969-6MHA (969-6642)

National Alliance for the Mentally Ill Helpline

1-800-950-NAMI (950-6264) or

703-516-7227 (TTY)

www.nami.org

National Institute of Mental Health

1-866-615-6464 or 1-866-415-8051 (TTY)

www.nimh.nih.gov

National Library Services for Blind and Physically Handicapped

1-800-424-8567

www.loc.gov/nls/music/index.html

National Mental Health Association

1-800-969-6642

1-800-433-5959 (TTY)

www.nmha.org

Pawnee Mental Health

State Mental Health Agency

KS Department of Social and Rehabilitation

Services

915 SW Harrison Street (Topeka)

785-296-3959

www.srskansas.org

Suicide Prevention Hotline

1-800-SUICIDE [784-2433]

www.hopeline.com

Nutrition

American Dietetic Association

1-800-877-1600

www.eatright.org

American Dietetic Association Consumer

Nutrition Hotline

1-800-366-1655

Department of Human Nutrition

Kansas State University

119 Justin Hall (Manhattan)

785-532-5500

www.humec.k-state.edu/hn/

Eating Disorders Awareness and Prevention

1-800-931-2237

www.nationaleatingdisorders.org

Food Stamps

Kansas Department of Social and Rehabilitation

Services (SRS)

1-888-369-4777 or Local SRS office

www.srskansas.org/ISD/ees/foodstamps.htm

Kansas Department of Health and Environment

1000 SW Jackson, Suite 220 (Topeka)

785-296-1320

www.kdheks.gov/news-wic/index.html

Road and Weather Conditions

Kansas Road Conditions

1-866-511-KDOT

511

www.ksdot.org

Senior Services

Alzheimer's Association

1-800-487-2585

American Association of Retired Persons (AARP)

1-888-OUR-AARP (687-2277)

www.aarp.org

Americans with Disabilities Act Information Line

1-800-514-0301 or 1-800-514-0383 [TTY]

www.usdoj.gov/crt/ada

American Association of Retired Persons

1-888-687-2277

www.aarp.org

Area Agency on Aging

1-800-432-2703

Eldercare Locator

1-800-677-1116

www.eldercare.gov/eldercare/public/home.asp

Home Buddy

1-866-922-8339

www.homebuddy.org

Home Health Complaints

Kansas Department of Social and Rehabilitation

Services (SRS)

1-800-842-0078

Kansas Advocates for Better Care Inc.

Consumer Information

1-800-525-1782

www.kabc.org

Kansas Department on Aging

1-800-432-3535 or 785-291-3167 (TTY)

www.agingkansas.org/index.htm

Kansas Foundation for Medical Care, Inc.

Medicare Beneficiary Information

1-800-432-0407

Kansas Tobacco Use Quitline

1-866-KAN-STOP (526-7867)

www.kdheks.gov/tobacco/cessation.html

Kansas Employment Programs (OKEP)

785-296-7842

www.kansascommerce.com

Older Kansans Hotline

1-800-742-9531

Older Kansans Information Reference Sources on Aging (OKIRSA)

1-800-432-3535

Senior Health Insurance Counseling for Kansas

1-800-860-5260

www.agingkansas.org/SHICK/shickindex.html

SHICK

1-800-860-5260

www.agingkansas.org/SHICK

Social Security Administration

785-296-3959 or

785-296-1491 (TTY)

www.srskansas.org

SRS Rehabilitation Services Kansas

785-296-3959

785-296-1491 (TTY)

www.srskansas.org

Suicide Prevention

Suicide Prevention Services

1-800-784-2433

www.spsfv.org

Veterans

Federal Information Center

1-800-333-4636

www.FirstGov.gov

U.S. Department of Veterans Affairs

1-800-513-7731

www.kcva.org

Education (GI Bill)

1-888-442-4551

Health Resource Center

1-877-222-8387

Insurance Center

1-800-669-8477

Veteran Special Issue Help Line Includes Gulf War/Agent Orange Helpline

1-800-749-8387

U.S. Department of Veterans Affairs

Mammography Helpline

1-888-492-7844

Other Benefits

1-800-827-1000

Memorial Program Service [includes status of headstones and markers]

1-800-697-6947

Telecommunications Device for the Deaf/Hearing Impaired

1-800-829-4833 (TTY)

www.vba.va.gov

Veterans Administration

Veterans Administration Benefits

1-800-669-8477

Life Insurance

1-800-669-8477

Education (GI Bill)

1-888-442-4551

Health Care Benefits

1-877-222-8387

Income Verification and Means Testing

1-800-929-8387

Mammography Helpline

1-888-492-7844

Gulf War/Agent Orange Helpline

1-800-749-8387

Status of Headstones and Markers

1-800-697-6947

Telecommunications Device for the Deaf

1-800-829-4833

www.vba.va.gov

Benefits Information and Assistance

1-800-827-1000

Debt Management

1-800-827-0648

Life Insurance Information and Service

1-800-669-8477

Welfare Fraud Hotline

Welfare Fraud Hotline

1-800-432-3913

V. Detail Exhibits

[VVV Research & Development, LLC]

Patient Origin & Access

[VW Research & Development, LLC]

#	KS Hospital Assoc PO103	Osborne County IP			TREND
		FFY2012	FFY2013	FFY2014	
1	Total Discharges	652	626	647	
2	Total IP Discharges-Age 0-17 Ped	14	15	27	
3	Total IP Discharges-Age 18-44	39	36	37	
4	Total IP Discharges-Age 45-64	111	112	123	
5	Total IP Discharges-Age 65-74	104	104	94	
6	Total IP Discharges-Age 75+	282	250	254	
7	Psychiatric	21	18	19	
8	Obstetric	42	45	47	
9	Surgical %	21.9%	24.0%	23.3%	
#	KS Hospital Assoc PO103	Osborne County Memorial Hospital			TREND
		FFY2012	FFY2013	FFY2014	
1	Total Discharges	202	158	173	
2	Total IP Discharges-Age 0-17 Ped	4	5	2	
3	Total IP Discharges-Age 18-44	6	3	5	
4	Total IP Discharges-Age 45-64	28	24	23	
5	Total IP Discharges-Age 65-74	23	19	17	
6	Total IP Discharges-Age 75+	114	93	98	
7	Psychiatric	6	1	5	
8	Obstetric	11	7	11	
9	Surgical %	2.5%	2.5%	2.9%	
#	Kansas Hospital Assoc OP TOT223E	FFY2012	FFY2013	FFY2014	TREND
1	ER Market Share	52.7%	48.0%	45.5%	
2	OPS Market Share	20.6%	24.8%	20.9%	

Town Hall Attendees Notes & Feedback

[VVV Research & Development, LLC]

Osborne County, KS Town Hall Roster N= 10

Date: 05/20/15

First	Last	Organization	Address
Kiley	Floyd	Administrator, Osborne County Memorial Hospital	PO Box 70, Osborne, KS 67473
Arlene	Goodson		PO Box 51, Luray, KS 67649
Julie	Haden	Osborne County Health Department	611 Ross, Downs, KS 67437
Stacey	Hardy		418 Division, Dolons, KS 67437
Carla	Mans	Osborne County Health Department	67473
Linda	Murphy		PO Box 54, Portis, KS 67474

Osborne County Community Health Needs Assessment Meeting
05.20.15
N=10

- Parents in the room
- May not have many community leaders in the room
- Several people in the room took an aspirin for preventive health this morning
- They need a fitness/wellness center, as of now the school just opens up the weight room
- They have rehab, skilled nursing
- Home health and hospice coming in from Russell
- Positive relationship with the health department
- Gave away free lots to NW Regional Planning to build housing
- Possible hog operations going in west of town

County Health Rankings

- 75th in environmental quality, they say housing is terrible here
- Also comments about a Radon problem

TAB 1: Demographic Profile

- Not having Hispanic people coming into their community
- Veterans are going to Hays to receive care, pretty big number of Vets here
- No stop light in town

TAB 2: Economic/Business Profile

- Going to Smith Center, Beloit, Hays and Lucas primarily for work

TAB 3: Educational Profile

- Only one nurse for all three schools
- School lunch is not like it used to be, but is still all processed

TAB 4: Maternal and Infant Profile

- About 50/50 between here and Mitchell county for OB, maybe Smith
- Percent of births with prenatal care in first trimester could be a green
- Have a pretty good initiation rate in WIC program, but not good retention

TAB 5: Hospitalization & Provider Profile

- A lot of farming and car/ATV injuries, not police officers here to confirm

TAB 7: Risk Factors and Indicators

- Diabetes is an issue here
- So is asthma

TAB 9: Mortality Profile

- Main cause of death is old age
- Heart and cancer are other main causes of death
- Suicide shouldn't be a 0, but attempted suicide is an issue

TAB 10: Preventive Profile

- Nobody knows why mammography is low

Community Feedback

- People in the room who live on a farm/ranch
- Red areas are child care, dentists, family planning services, home health and school nurse

STRENGTHS:

- Quality Health Department
- Summer Recreation Programming
- Good library resources
- Good providers
- Collaboration between providers
- Healthcare Transportation
- Prenatal care
- School and health department both having a summer lunch program
- Good alternative care

WEAKNESSES:

- Diabetes Education
- Alcohol
- Mental health
- Housing
- Suicide attempts
- Senior care
- Economic development
- Physical activity facilities available year-round
- Access to child care providers
- Home health
- Access to dental care
- Visibility of Heart Choices

CHNA Round #2 Feedback 2015 - Osborne Co

Let Your Voice Be Heard!

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

All CHNA Round #2 feedback is due by Friday, May 8th, 2015. Thank you for your participation.

Part I: Introduction

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

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

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

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

	Not a problem anymore	Somewhat of a Problem	Major Problem
Disposal of unused medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Myalgia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diverticulitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventative care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advance directives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Info on available community healthcare resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elder care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Summer Meals for children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHNA Round #2 Feedback 2015 - Osborne Co

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

- | | |
|---|---|
| <input type="checkbox"/> Disposal of unused medications | <input type="checkbox"/> Advance directives |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Info on available community healthcare resources |
| <input type="checkbox"/> Myalgia | <input type="checkbox"/> Elder care |
| <input type="checkbox"/> Diverticulitis | <input type="checkbox"/> Summer Meals for children |
| <input type="checkbox"/> Preventative care | |

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

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

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

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

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

- Yes
- No
- Don't know

If yes, please specify the healthcare services received

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

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

Other (please specify)

Demographics

CHNA Round #2 Feedback 2015 - Osborne Co

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

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

Other (please specify)

*10. What is your home zip code?

You have just completed the Community Health Needs Assessment Survey. Thank you for your participation. By hitting "Next" you are submitting your responses and giving others an opportunity to complete the same survey.

Again, thank you for your participation.

Public Notice & Invitation

[VW Research & Development, LLC]

Round #2 Community Health Needs Assessment – Osborne County Memorial Hospital

Media Release 01/26/2015

Over the next three months, Osborne County Memorial Hospital will be updating the 2012 Osborne County (Osborne, KS) Community Health Needs Assessment (CHNA). (*Note:* This assessment update is a follow-up to meet final IRS regulations released on 01/02/2015, requiring all 501(c)(3) hospitals to conduct a community health needs assessment and adopt an implementation strategy at least once every three years).

The goal of this assessment update is to understand progress in addressing community health needs cited in the 2012 CHNA report and to collect up-to-date community health perceptions. To accomplish this work, a short online survey has been developed:

<https://www.surveymonkey.com/s/Osborne15>

All community residents and business leaders are encouraged to **complete the 2015 online CHNA survey by Tuesday 2/24** and to attend the upcoming scheduled **Town Hall on May 20th from 11:30-1:00pm the VFW**. "We hope that the community and health professionals will take advantage of this opportunity to provide input into the future of healthcare delivery in our county," comments Kiley Floyd, CEO.

Vince Vandelaar, MBA (VVV Research & Development, LLC, an independent research firm from Olathe, Kansas) has been retained to conduct this countywide research. If you have any questions about CHNA activities, please call 785-754-3341.

From: CEO

Date: February 2015

To: Community Leaders, Providers and Hospital Board and Staff

Subject: CHNA Round #2 Online Survey 2015

Osborne County Memorial Hospital is partnering with other community health providers to update the 2012 Community Health Needs Assessment. (*Note:* This assessment update is a follow-up to meet final IRS regulations released on 01/02/2015, requiring all 501(c)(3) hospitals to conduct a Community Health Needs Assessment and adopt an implementation strategy at least once every three years).

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

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

<https://www.surveymonkey.com/s/Osborne15>

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

Sincerely,
Kiley Floyd
CEO



Community Health Needs Assessment Community Town Hall Meeting

Osborne County Memorial Hospital and
Osborne County Public Health
will be sponsoring a
Town Hall Meeting on Wednesday, May 20th
from 11:30 to 1:00 p.m.
at the VFW

**Public is invited to attend.
A light lunch will be provided**

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

Thank you in advance for your participation.

YOUR Logo

Date: Feb 13, 2015

Dear Community Member,

You may have heard that Osborne County Memorial Hospital is partnering with other healthcare providers to perform a Community Health Needs Assessment. We need your input on the current state of health delivery in our community and your thoughts on the most important health needs that our community needs to address.

On Wednesday, May 20th, you are invited to attend a Osborne County Town Hall meeting. We have retained the services Vince Vandelaar of VVV Research and Development, LLC from Olathe, KS, to facilitate this meeting and prepare our report.

Your input is valuable, and will be incorporated into our final report. Please join us on Wednesday, May 20th, from 11:30-1:00 p.m. at the VFW. A light meal will be served starting at 11:00 a.m.

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

Sincerely,

Kiley Floyd
CEO

Detail Primary Research Primary Service Area

[VVV Research & Development, LLC]

Community Health Needs Assessment Round #2 Community Feedback

Methodology

A community feedback survey was created on behalf of the CHNA client to gather PSA stakeholder feedback on health perception and progress in addressing previous CHNA community needs. All community residents were encouraged to take the survey online by entering the following address into personal browser: <https://www.surveymonkey.com/s/Osborne15>. In addition, an invite letter was sent to all PSA stakeholders (i.e. Schools, County, City, Clergy, Public Health Leaders).

Below is a summary of public response:

CHNA Round #2 Feedback 2015 - NORMS			
9. For reporting purposes, are you involved in or are you a	MW Alliance (10)	Osborne CO N= 87	TREND
Board Member -Local	4.3%	3.1%	
Business / Merchant	6.0%	9.3%	
Case Manager / Discharge	0.5%	0.0%	
Civic Club / Chamber	4.4%	5.4%	
Charitable Foundation	2.3%	1.6%	
Clergy / Congregational Leader	1.1%	0.8%	
College / University	1.9%	1.6%	
Consumer Advocate	1.0%	0.8%	
Consumers of Health Care	8.8%	6.2%	
Dentist	0.2%	0.0%	
Economic Development	1.5%	0.8%	
Education Official / Teacher	5.0%	4.7%	
Elected Official - City / County	1.8%	3.1%	
EMS / Emergency	1.4%	2.3%	
Farmer / Rancher	4.6%	10.1%	
Health Department	1.4%	2.3%	
Hospital	13.4%	7.8%	
Housing / Builder	0.4%	0.0%	
Insurance	0.9%	0.8%	
Labor	1.6%	3.9%	
Law Enforcement	0.5%	0.8%	
Low Income / Free Clinics	0.6%	0.8%	
Mental Health	1.2%	3.1%	
Nursing	8.8%	6.2%	
Other Health Professional	5.6%	3.1%	
Parent / Caregiver	11.9%	12.4%	
Pharmacy	0.4%	0.0%	
Physician (MD / DO)	0.2%	0.0%	
Physician Clinic	1.2%	0.8%	
Press (Paper, TV, Radio)	0.3%	0.0%	
Senior Care / Nursing Home	1.4%	0.8%	
Social Worker	0.5%	1.6%	
Veteran	1.8%	2.3%	
Welfare / Social Service	0.4%	2.3%	
Other (Please note below)	2.5%	1.6%	
TOTAL	100.0%	100.0%	

KEY - CHNA Open End Comments

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

CHNA Round #2 Community Feedback 2015 - Osborne Co N=87					
ID	ZIP	c1	c2	c3	Are there healthcare services in your community / neighborhood that you feel need to be improved and / or changed?
1002	67474	HH			Perhaps there may need to be regular checks made on individuals living alone with health challenges who are isolated from family and friends.
1009	67473	INSU	RAD	DUP	our insurance wont even pay to have cat scans or mris or any test done in this double dipping hospital. they send us to Beloit
1011	67473	EMS			Ems
1014	67473	EMS			The knowledge and responsibility of our emt staff needs to improve.
1017	67623	DOCS	WAIT	SURG	I think there need to be more doctors available and open later on fridays. Also it would be nice to have some type of surgeon working here in osborne.
1021	67473	DOCS	MDLV	ED	It would be nice to see our area healthcare providers more up to date with their practices. I really do not use the services in the case of important procedures. I have run into a PA that should also update her education. Felt I almost knew more than she did.
1024	67473	NO			Can't think of any at this time.
1026	67673	STAFF			Out-reach visits with friendly staff and new information available.
1027	67623	OBG			I would like OB services at the hospital.
1034	67473	NO			I'm thinking quite in depth, and I can not think of anything at this very moment.
1041	67473	URG	ER		I would like to see Osborne offer an Urgent care clinic. Leaving the ER for true ER's.
1043	67473	RAD			mri services more than once a week
1048	67473	AWARE			I still find people who are not aware of all the great health services that are available.
1050	67473	NO			no
1055	67473	DENT	WAIT		Need dentist to be open more than 2 days a week
1060	67473	SPEC			more specialized care so patients do not have to go out of town so often.
1062	NA	NO			I'm very satisfied with the health services available.
1063	67473	EQUIP			Know the hospital is working to update some diagnostic equipment needs, to avoid the need, and accompanying delays, to bring in mobile equipment from out of town. Believe progress is being made toward this goal.
1064	NA	NO			No
1066	67473	NO			Not at this time
1069	67651	NURSE			Nurses at ocmh
1077	67473	WELL	FIT		This community or county needs a Wellness Center. It is a much needed necessity to keep our citizens healthy. W
1078	NA	FIT			Fitness CEnter
1080	67473	SPEC	PUL	ALL	It would be very nice to have some additional specialist come to our area. Pulmonology and Allergist
1081	67473	AMB	ED	STAFF	Ambulance care. Constant education to All medical facilities and staff.

CHNA Report contact :



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