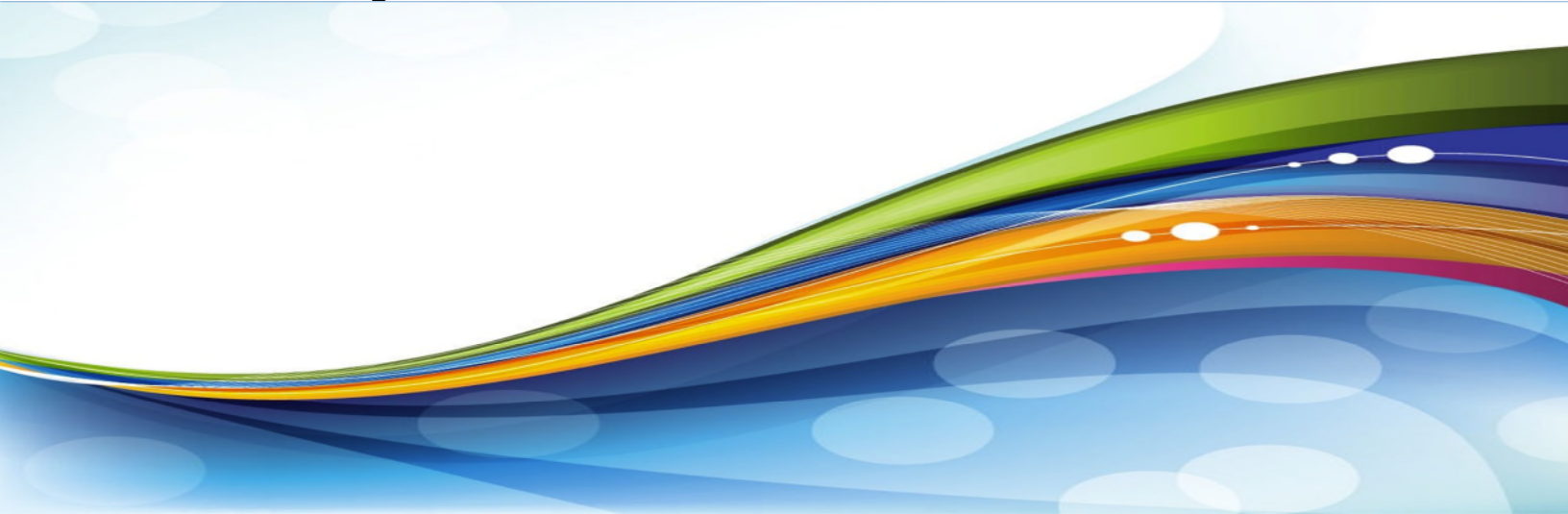




Phillips County, KS

Community Health Needs Assessment Round #2



June 2015

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

Community Health Needs Assessment

Table of Contents

I. Executive Summary

II. Methodology

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

III. Community Health Status

- a) Town Hall CHNA Findings: Areas of Strengths & Areas to Change and/or Improve
- b) County Health Area of Future Focus (A prioritized description of all of the community needs identified by the CHNA)
- c) Historical Health Statistics

IV. Inventory of Existing County Health Resources

- a) A description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA

V. Detail Exhibits

- a) Patient Origin & Access to Care
- b) Town Hall Attendees, Notes & Feedback (Who attended with qualifications)
- c) Public Notice & News
- d) Primary Research Detail *Shaded lines note IRS requirements*

I. Executive Summary

[VWV Research & Development, LLC]

I. Executive Summary

Phillips 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 Phillips 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 Strengths" cited for Phillips County Hospital's Primary Service Area are as follows:

Phillips Co, KS - Community Health "Strengths"			
#	Topic	#	Topic
1	Eye Care	13	Mid-Level Providers
2	Ambulance	14	Indoor Pool
3	Hospice	15	Volunteers
4	Wellness Center	16	Health Providers in the County are Cooperating
5	Coordination Between Pharmacy and Providers	17	Ministerial Alliance
6	Health Department	18	Financial Foundations
7	Immunizations Rates through Adolescence	19	No Need to Leave the County for Child Care at Birth
8	Hospital Staff	20	Wide Range of Services
9	Emergency Room Response Time	21	Brand New Doctor in Town (General Practice)
10	Athletic Activities for Children	22	Quality of Providers
11	OT and PT Services	23	Public Transportation
12	Pharmacists Provide Good Education		

Town Hall “Community Health Changes and/or Improvements Ranking” cited for Phillips County Hospital’s Primary Service Area are as follows:

Phillips Co, KS PSA				
Town Hall Community Health Needs Priorities (37 Attendees)				
#	Health Needs to Change and/or Improve	Votes	%	Accum
1	Improve Negative Perception of Healthcare Delivery	21	9.3%	9.3%
2	Increase Retention of Providers	15	5.8%	15.0%
3	Develop Activities for Children (Other than Sports)	13	4.9%	19.9%
4	Provide Community Caregivers	11	4.9%	24.8%
5	Increase Community Support for Current Facilities	11	4.9%	29.6%
6	Improve Senior Services (Skilled Care, Assisted Living, Nursing Home)	11	4.0%	33.6%
7	Provide Child Care Services	9	4.0%	37.6%
8	Improve ER Facilities	9	3.1%	40.7%
9	Increase Economic Development/Jobs	7	3.1%	43.8%
10	Develop Affordable Housing	5	2.2%	46.0%
Total Town Hall Votes		226	100.0%	
Note:	Other items receiving votes: No OB Services, Affordable Home Health Expansion, Stigma of Mental Health Placement, Obesity, Activities for Seniors, Single Parent Families (Family Support System), Facilities Improvements, Preventive Care Resources, Reduce Bad Debt/Charity Care and Substance Abuse (Narcotics, Meth, Marijuana, Rx)			

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

KS HEALTH RANKINGS: According to the 2014 RWJ County Health Rankings study, Phillips County’s highest State of Kansas rankings (of 105 counties) were in Physical Environment, Health Behaviors, Health Outcomes, Morbidity, Mortality and Health Factors.

- TAB 1: Phillips County has a population of 5,642 residents as of 2013. 21.0% of Phillips County’s population consists of the elderly (65+), and 30.2% percent of these elderly people (65+) are living alone. The percent of Hispanics and Latinos in Phillips County is 2.8%. 39.0% percent of children in Phillips County live in single-parent households, higher than the Kansas rural norm of 29.0%. The percent of people living below the poverty level in is 10.0%. The percent of children living below poverty level in Phillips County is 16.1%. The percent of people with limited access to healthy foods is 9.0%.
- TAB 2: The Phillips County per capita income equals \$23,613. The median value of owner-occupied housing units is \$61,600, lower than the Kansas rural norm of \$75,775. The percent of unemployed workers in the civilian labor force in Phillips County is 2.9%. The number of households without a vehicle is 3.2%. The percent of solo drivers with a long commute is 12.5%.

- TAB 3: In Phillips County, 37.4% 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 13.5%, higher than the Kansas rural norm of 12.6%. The county maintains a 98.4% high school graduation rate, which is higher than the Kansas rural norm of 84.6%. The percent of persons (25+) with a Bachelor's degree or higher in Phillips County is 18.5%.
- TAB 4: The percent of births where prenatal care began in the first trimester in Phillips County is 78.7%. The percent of births with low birth weights is 7.4%. The average monthly WIC participation rate in Phillips County is 14.5%, lower than the Kansas rural average of 26.0%, higher than the Kansas rural norm of 20.9%. 31.1% of WIC mothers are breastfeeding exclusively, much higher than the Kansas rural norm of 14.6%. 30.3% of births are occurring to unmarried women in Phillips County.
- TAB 5: The ratio of the population in Phillips County to primary care physicians is 5401, much higher than the Kansas rural norm of 2,114. The staffed hospital bed ratio in Phillips County is 24.6%, much higher than the Kansas rural norm of 5.4%. The injury hospital admission rate (374) is lower than the Kansas rural norm of 691.
- TAB 6: The depression rate for the Medicare population in Phillips County is 12.7%, lower than the Kansas rural norm of 15.2%. The percent of alcohol-impaired driving deaths in Phillips County (25.0%) is lower than the Kansas rural norm of 36.4%. The percentage of people in Phillips County with inadequate social support is 15.0%.
- TAB 7: The adult obesity rate in Phillips County is 32.0%. The percent of people in Phillips County who are physically inactive is 30.0%, higher than the Kansas rural norm of 25.0%.
- TAB 8: The uninsured adult population rate in Phillips County is 16.6%, lower than the Kansas rural norm of 17.4%.
- TAB 9: The age-adjusted years of potential life lost due to traffic injury in Phillips County is 1605, higher than the Kansas rural norm of 1541. The mortality rate in Phillips County is 64 per 100,000.
- TAB 10: The percentage of infants fully immunized at 24 months in Phillips County is 80.4%, higher than the Kansas rural norm of 78.6%. The percent of diabetic screenings in Phillips County is 78.0%, lower than the Kansas rural norm of 86.0%. Access to exercise opportunities in Phillips County is 62.3%, much higher than the Kansas rural norm of 51.3%

Key 2015 Community Feedback Conclusions:

As seen below, the community still senses a health need for OB Services, Substance Abuse, Dialysis Services, Recruitment of Primary Care and Recruitment of Specialists.

CHNA Round #2 Feedback 2015 - Phillips Co, 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
OB Services	11	23	80	90.4%	114	2
Substance Abuse	14	50	44	87.0%	108	3
Dialysis Services	19	48	43	82.7%	110	6
Recruit Primary Care	27	48	40	76.5%	115	1
Recruit Specialists	34	48	28	69.1%	110	7
Prescription Financial Aid	37	58	13	65.7%	108	8
Elderly Care	40	64	12	65.5%	116	4
Cooperation Among County-Wide Providers	41	55	17	63.7%	113	5
Health Educational Programs	43	52	14	60.6%	109	11
Chemo Therapy Services	44	52	13	59.6%	109	9
Dental Services	54	51	12	53.8%	117	10

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).

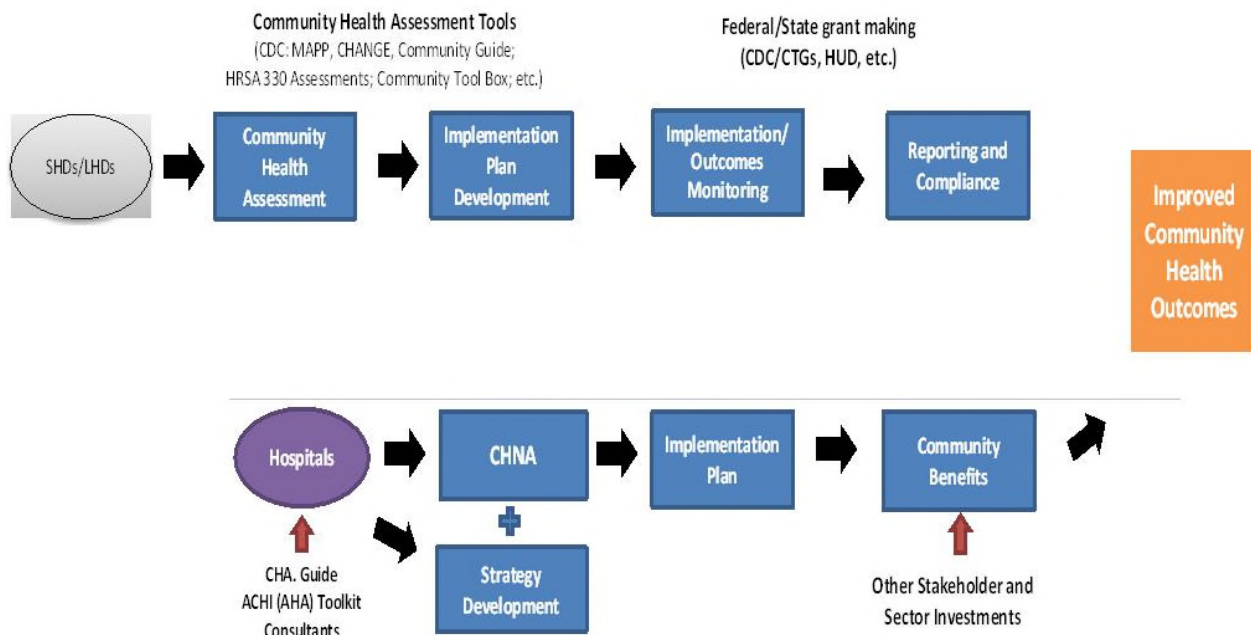
JOB #2: Making a CHNA Widely Available to the Public

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:

Phillips County Hospital Profile

1150 State St., Phillipsburg, KS, 67661

Administrator: Dave Engel

History: Phillips County Hospital – Phillips County is a member of the Great Plains Health Alliance. The facility was built in 1953 and has undergone numerous renovations since then. The Long Term care unit was added in 1969; additionally cardiac monitors, a defibrillator, and paging system were introduced in 1970. Thirty years after being built the facility underwent a major expansion project – adding a physical /respiratory therapy area, lab, x-ray, surgical, labor room, and other needed additions. Most recently the Outpatient clinic was updated. Presently, Phillips County Hospital is a not-for-profit hospital with 25-beds and emergency services.

Mission Statement: Our mission is to create a healthcare hub of stability and success while providing quality and compassionate care for Phillips County and surrounding communities.

Phillips County Hospital offers the following services to its community:

- Cardiac Rehabilitation
- Laboratory (CLIA accredited)
 - o Certified Pathologist
- Cardiology
- Neurosurgery
- Oncology
- Orthopedics
- Podiatry
- Urology
- Ophthalmology
- General Surgery
- Radiology
 - o Diagnostic, Fluoroscopy exams, CT, Ultrasound, Sonograms, Echo, Vascular, Nuclear Medicine, Mammography, MRI, Dexa scans, and EKGs.
- Rehabilitation Department
 - o Occupational Therapy
 - o Speech Language Pathology (SLP)
 - o Physical Therapy

Phillips County Health Department Profile

784 6th St., Phillipsburg, KS, 67661

Administrator: Beth Freeman, RN

The Phillips County Health Department is open Monday through Friday from 8:00 am to 5:00 pm (closed during lunch and Thursday afternoons). The Phillips County Health Department is part of the Local Environmental Protection Program funded by the Kansas Water Plan, as part of this group the primary focus is Sanitary Code enforcement and compliance. The health department also offers WIC services.

Offerings: Immunizations, blood pressure checks, ear washes, blood sugar checks, urinalysis, foot care, hemoglobin checks, Tympanograms, Farm Worker program, Maternal-Infant program, health education classes/presentations, communicable disease surveillance, disaster/emergency planning, STD detection and treatment, and county health home visits with therapy services. private pay home visits, wellness checks, pregnancy testing and glucose checking.

Immunizations: Hepatitis A & B, Tuberculosis testing and treatment, flu shots, Pneumovax, Gardasil vaccine for male & female patients and childhood/adult immunizations.

Early Detection: Well child physicals, vision screens, Free to Know Cancer screening, and Healthy Start.

Mission: To evaluate, monitor, protect, restore, and/or improve the health of population groups within the county by providing health services, environmental services, and educational services to maintain and promote a healthy lifestyle for individuals, families, and communities.

Accreditation: Phillips County Health Department is considering accreditation.

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 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 8 comprehensive Baldrige aligned Community Health Needs Assessments for Saint Luke's of Kansas City System facilities (3 campuses) and was contracted to conduct 2 additional independent Dept. 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 & 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 & 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 Phillips County 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, 103 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	5/13/2015	All	Conduct conference call (time TBD) with Hosp / Health Dept to review Town Hall data / flow.
14	5/19/2015	VVV	Conduct CHNA Town Hall from 5:30-7pm at the Armory. Sandwiches provided. 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	6/16/2015	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 19, 2015
Phase IV: Prepare and release CHNA report.....	May 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.

Phillips County Hospital Town Hall was held on Tuesday May 19th, 2015 at the Armory. Vince Vandehaar and Alexa Backman facilitated this 1 ½ hour session with thirty seven (37) 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 4 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 Phillips County, KS Town Hall Meeting on behalf of Phillips County Hospital

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

Olathe, Kansas 66061
VVV@VandehaarMarketing.com

913-302-7264

Community Health Needs Assessment (CHNA) Town Hall Discussion Agenda

- Opening / Introductions (10 mins)
- Review CHNA Purpose & Process (10 mins)
- Review Current County "Health Status" -
 - Secondary Data by 10 TAB Categories
 - Review Community Feedback Research (35 mins)
- Collect Community Health Perspectives
 - Hold Community Voting Activity: Determine MOST Important Health areas (30 mins)
- Close / Next Steps (5 mins)

VVV Marketing & Development, LLC

I. Introduction:

Background and Experience

Vince Vandehaar, MBA
VVV Marketing & Development, LLC 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: Business Development 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?

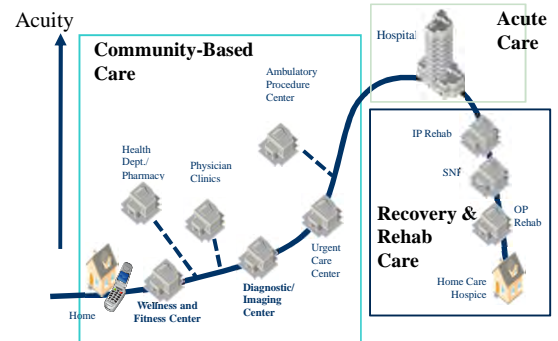
- To determine health-related trends and issues of the community.
- To understand/evaluate health delivery programs in place.
- To develop strategies to address unmet health needs.
- To meet Federal requirements – both local hospital & Health Department.

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 published by local, state and federal public health organizations. Some data will be collected today).*

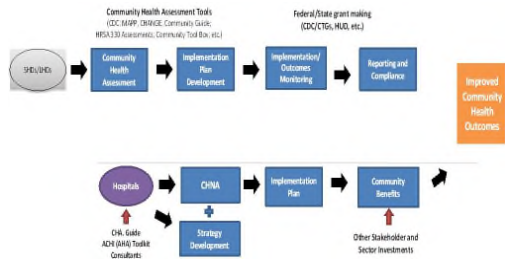
CHNA's role is to identify factors that affect the health of a population and determine the availability of resources to adequately address those factors.

Future System of CARE Sg2



IP = inpatient; SNF = skilled nursing facility; OP = outpatient.

Community Health Needs Assessment Joint Process: Hospital & Health Department



II. Required Written Report IRS 990 Documentation

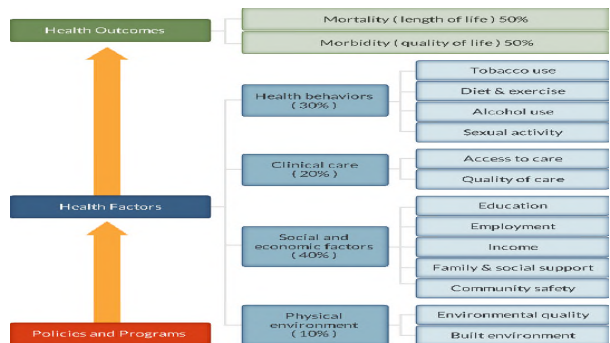
- a description of the community served
- a description of the CHNA process
- the identity of any and all organizations & third parties which collaborated to assist with the CHNA
- a description of how the organization considered the input of persons representing the community (*e.g., through meetings, 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 KS 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



County Health Rankings model ©2012 UNPHI

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
Quality of care (10%)	Preventable hospitalizations	Hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees	
	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 Inadequate social support: Percent of adults without social/emotional support Family and social support (5%): 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 Diet and exercise (10%): 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 exercise opportunities Alcohol and drug use (5%): 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	Morbidity / Mortality	Quality of life (50%)	Poor or fair health (age-adjusted): Percent of adults reporting fair or poor health 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 (< 5.50 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

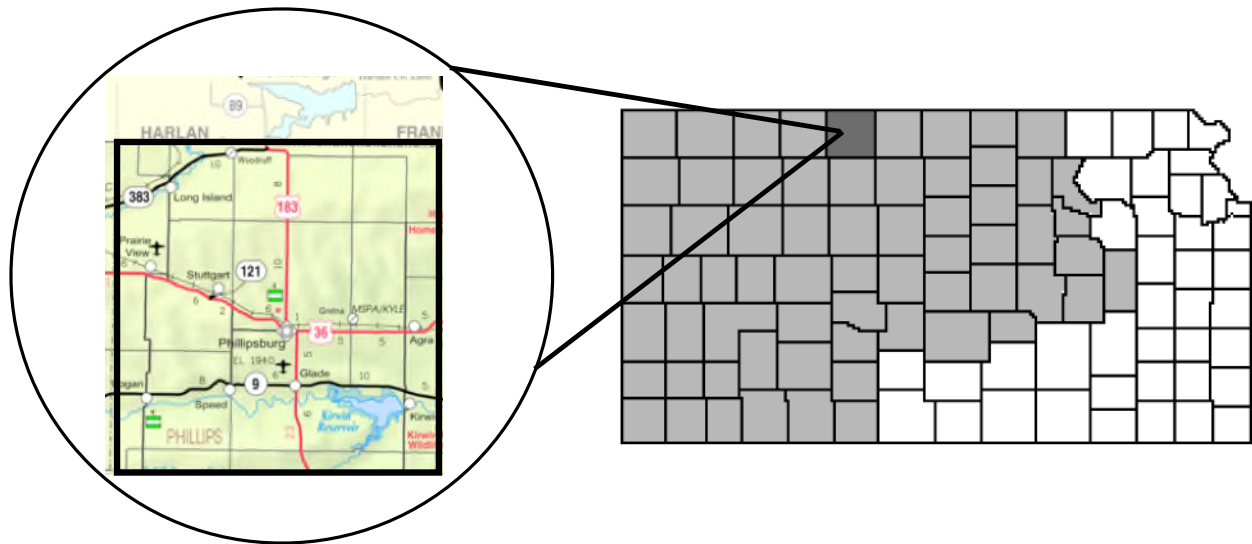
Questions Next Steps?

VVV Research & Development, LLC
 vmlvandehaar@aol.com
 913 302-7264

II. Methodology

d) Community Profile (A Description of Community Served)

Phillips County Community Profile



Demographics

The population of Phillips County was estimated to be 5,657 citizens in 2015, and had a 0.05% change in population from 2010 – 2015. The county has an overall population density of 6.0 persons per square mile.¹ The county covers 885.8 square miles and this area includes 11,000 acres of Kirwin National Wildlife Refuge.² The county is located in north central Kansas on the border of Nebraska and agriculture, forestry, fishing, and hunting, and mining, finance, insurance, real estate, and rental and leasing, educational, health and social services are the most common industries in its economy³. The county was founded in 1872 and the county seat is Phillipsburg.

The major highway transportation access to Phillips County is primarily state and county roads. Kansas highway 183 runs North–South through the center of the county and Kansas highway 36 runs East–West through the county. Kansas state highway 9 also runs through the southern part of the county. The major U.S. interstates, I-70 runs south of the county and Interstate 80 is north of the county running through Nebraska.

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

² <http://www.phillipsburgks.us/community/recreation/recreation.htm>

³ http://www.city-data.com/county/Phillips_County-KS.html

Phillips County, KS Airports⁴

Name	USGS Topo Map
Churchhill Airport	Phillipsburg North

Schools in Phillips County⁵

Name	Level
Logan Elem	Primary
Logan High	High
Long Island Elem	Primary
Phillipsburg Elem	Primary
Phillipsburg High	High
Phillipsburg Middle	Middle
Thunder Ridge Middle School	Middle

⁴ <http://kansas.hometownlocator.com/features/historical,class,airport,scfips,20147.cfm>

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

Detail Demographic Profile

ZIP	NAME	County	Population:			Households		HH	Per Capita
			Yr2014	Yr2019	Chg	Yr2014	Yr2019	Avg Size	Income 14
67621	Agra	PHILLIPS	496	511	3.0%	209	217	2.4	\$21,659
67639	Glade	PHILLIPS	228	229	0.4%	101	102	2.3	\$25,131
67644	Kirwin	PHILLIPS	255	255	0.0%	125	127	2.0	\$28,049
67646	Logan	PHILLIPS	697	701	0.6%	308	313	2.3	\$19,290
67647	Long Island	PHILLIPS	233	230	-1.3%	98	97	2.4	\$24,229
67661	Phillipsburg	PHILLIPS	3,435	3,407	-0.8%	1,491	1,481	2.3	\$24,533
67664	Prairie View	PHILLIPS	266	263	-1.1%	103	102	2.6	\$22,295
Totals			5,344	5,333	1.9%	2,332	2,337	2.3	\$23,815

ZIP	NAME	County	Population 2014:			GenY	YR 2014		Females
			Yr2014	POP65p	KIDS<18		MALES	FEMALES	Age20_35
67621	Agra	PHILLIPS	496	107	123	106	256	240	31
67639	Glade	PHILLIPS	228	50	47	54	120	108	15
67644	Kirwin	PHILLIPS	255	60	51	58	136	119	15
67646	Logan	PHILLIPS	697	153	178	150	331	366	44
67647	Long Island	PHILLIPS	233	50	61	54	123	110	12
67661	Phillipsburg	PHILLIPS	3,435	788	859	836	1,686	1,749	235
67664	Prairie View	PHILLIPS	266	52	71	62	142	124	15
Totals			5,344	1,208	1,319	1,258	2,652	2,692	352

ZIP	NAME	County	Population 2014:				Aver	Hholds	HH \$50K+
			White	Black	Amer IN	Hisp			
67621	Agra	PHILLIPS	463	5	11	18	\$51,401	209	99
67639	Glade	PHILLIPS	222	0	3	3	\$56,730	101	44
67644	Kirwin	PHILLIPS	248	0	4	4	\$57,221	125	54
67646	Logan	PHILLIPS	687	0	0	17	\$43,654	308	93
67647	Long Island	PHILLIPS	227	0	0	3	\$57,605	98	52
67661	Phillipsburg	PHILLIPS	3,310	27	11	91	\$56,306	1,491	722
67664	Prairie View	PHILLIPS	260	0	0	3	\$57,576	103	56
Totals			5,157	32	29	136	\$53,820	2,332	1,064

Source: ERSA Demographics

III. Community Health Status

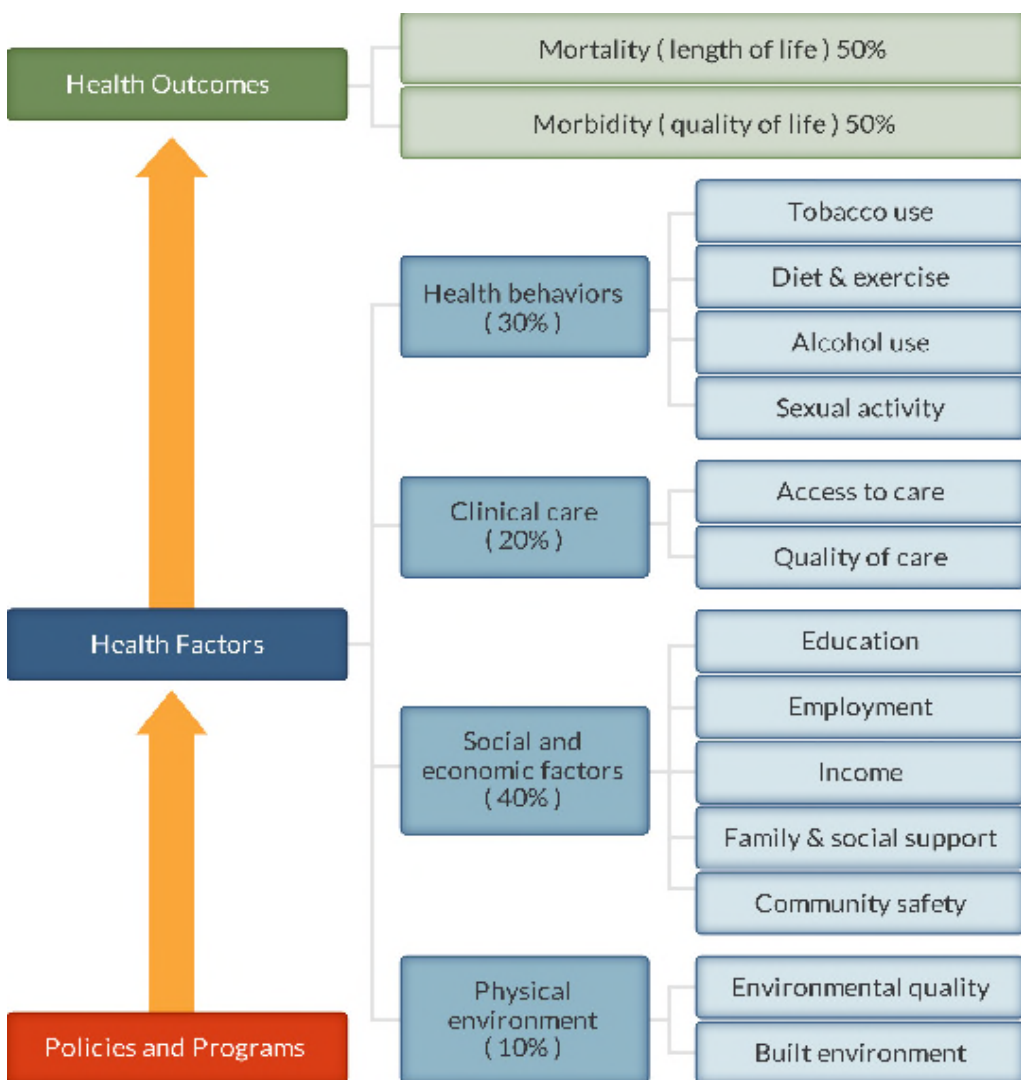
[VVV Research & Development, LLC]

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 Phillips County, KS

#	Kansas 2015 County Health Rankings (105 counties)	Definitions	PHILLIPS CO 2015	TREND	NW Alliance (12)
1	Physical Environment	Environmental quality	16		50
2	Health Factors		23		26
2a	Clinical Care	Access to care / Quality of Care	60		41
2b	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	37		29
3	Health Outcomes		22		44
3a	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	12		34
3b	Morbidity	Quality of life	24		48
3c	Mortality	Length of life	32		42
OVERALL RANK			22		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	PHILLIPS CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
1a	a	Population, 2013 estimate	5,540		2,895,801	5,068	People Quick Facts
1a	b	Population, 2010	5,642		2,853,118	5,108	People Quick Facts
1a	c	Pop Growth % - April 1, 10 to July 1, 13	-1.8%		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	23.4%		21.8%	22.1%	People Quick Facts
1a	f	Persons 65 years and over, percent, 2013	21.0%		13.6%	20.4%	People Quick Facts
1a	g	Female persons, percent, 2013	50.6%		49.7%	49.2%	People Quick Facts
1a	h	White alone, percent, 2013 (a)	97.0%		95.6%	95.4%	People Quick Facts
1a	i	Black or African American alone,% 2013 (a)	0.5%		1.0%	1.7%	People Quick Facts
1a	j	Hispanic or Latino, percent, 2013 (b)	2.8%		5.4%	5.2%	People Quick Facts
1a	k	Foreign born persons, percent, 2008-2012	1.1%		2.6%	2.1%	People Quick Facts
1a	l	% Language other than English spoken at home	2.4%		7.6%	4.7%	People Quick Facts
1a	m	% Living in same house 1 year +, 2008-2012	93.2%		75.8%	86.6%	People Quick Facts
1a	n	People 65+ Living Alone, 2009-2013	30.2%		29.4%	32.4%	American Community Survey

TAB		Health Indicator	PHILLIPS CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
1b	a	Veterans, 2008-2012	419		NA	18,731	People Quick Facts
1b	b	Population per square mile, 2010	6.4		31.6	17	Geography Quick Facts
1b	c	Violent crime rate (Rate of Violent Crime per 1,000)	1.8		3.5	207.5%	Kansas Bureau of Investigation
1b	d	Children in single-parent households	39%		NA	29%	County Health Rankings
1b	e	People Living Below Poverty Level, 2009-2013	10.0%		13.7%	12.5%	American Community Survey
1b	f	Children Living Below Poverty Level, 2009-2013	16.1%		18.7%	18.1%	American Community Survey
1b	g	Limited access to healthy foods	9%		NA	8%	County Health Rankings
1b	h	People 65+ Living Below Poverty Level, 2009-2013	7.6%		7.6%	8.5%	American Community Survey
1b	i	People 65+ with Low Access to a Grocery Store, 2010	6.8%		NA	9.5%	U.S. Department of Agriculture - Food Environment Atlas
1b	j	Voter Turnout, 2012	68.2%		66.8%	71.0%	Kansas Secretary of State

Tab 2 Economic Profiles

TAB		Health Indicator	PHILLIPS CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
2a	a	Households, 2008-2012	2,411		1,110,440	95,097	People Quick Facts
2a	b	Median household income, 2009-2013	\$43,059		\$51,332	\$44,017	American Community Survey
2a	c	Per capita money income in past 12 months (2012 dollars), 2008-2012	\$23,613		\$24,625	\$25,046	People Quick Facts
2a	d	Households with Cash Public Assistance Income, 2009-2013	1.2%		2.3%	1.6%	American Community Survey
2a	e	Housing units, 2013	3,037		NA	106,387	People Quick Facts
2a	f	Median value of owner-occupied housing units, 2008-2012	\$61,600		\$134,700	\$75,775	People Quick Facts
2a	g	Homeownership rate, 2009-2013	60.9%		60.7%	62.6%	American Community Survey
2a	h	Housing units in multi-unit structures, % 2008-2012	4.9%		23.4%	9.0%	People Quick Facts
2a	i	Persons per household, 2008-2012	2.27		2.3	2.3	People Quick Facts
2a	j	Severe Housing Problems, 2006-2010	5.6%		12.8%	8.5%	County Health Rankings
2a	k	Homeowner Vacancy Rate, 2009-2013	0.4%		2.0%	1.8%	American Community Survey
2a	l	Renters Spending 30% or More of Household Income on Rent, 2009-2013	27.0%		45.5%	37.0%	American Community Survey

TAB		Health Indicator	PHILLIPS CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
2b	a	Retail sales per capita, 2007	\$8,776		\$18,264	\$9,577	Business Quick Facts
2b	b	Total number of firms, 2007	641		3551	27,141	Business Quick Facts
2b	c	Unemployed Workers in Civilian Labor Force, 2014	2.9%		3.9%	2.7%	U.S. Bureau of Labor Statistics
2b	d	Private nonfarm employment, percent change, 2011-2012	4.2%		4.6%	5.3%	Business Quick Facts
2a	e	Households with No Car and Low Access to a Grocery Store, 2010	1.9%		NA	2.1%	U.S. Department of Agriculture - Food Environment Atlas
2b	f	Child Food Insecurity Rate, 2012	20.5%		22.5%	20.8%	Feeding America
2a	g	Grocery Store Density, 2011	0.5%		NA	0.4%	U.S. Department of Agriculture - Food Environment Atlas
2b	h	Low-Income and Low Access to a Grocery Store, 2010	NA		NA	15.4%	U.S. Department of Agriculture - Food Environment Atlas
2b	i	Low-Income Persons who are SNAP Participants, 2007	14.4%		NA	12.3%	U.S. Department of Agriculture - Food Environment Atlas
2b	j	Households without a Vehicle, 2009-2013	3.2%		5.3%	4.2%	American Community Survey
2b	k	Mean travel time to work (minutes), workers age 16+, 2008-2012	13.6		12.7	14	People Quick Facts
2b	l	Solo Drivers with a Long Commute, 2008-2012	12.5%		19.5%	12.2%	County Health Rankings
2b	m	Workers who Walk to Work, 2009-2013	4.9%		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.

#	Health Indicators - USD 325	2012-13	2013-14	*2014-15
1	Total Students Enrolled (3 buildings)	617	614	23
2	School Nurse Hrs/Day	5	5	5
3	Office Visits	3235	4656	4522
4	Vision Screenings	459	392	574
5	Vision Referrals	23	19	30
6	Completed Vision Referrals	14	12	19
7	Hearing Screenings	434	392	484
8	Hearing Referrals	12	4	18
9	Completed Hearing Referrals	10	2	8
10	BMI	440	457	461
11	95th % or Greater overweight)	88	81	85
12	Students with Asthma Diagnosis	54	46	44
13	Students with Diabetes	3	2	2
14	School Wellness Plan (Active)	NA	NA	NA
15	School has a Suicide Prevention Program	NA	NA	NA
16	Compliance on required vaccinations	NA	NA	NA

TAB	Health Indicator	PHILLIPS CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
3 a	Students Eligible for the Free Lunch Program, 2011-2012	37.4%		38.9%	34.2%	National Center for Education Statistics
3 b	Poverty Status by School Enrollment, 2009-2013	13.5%		12.9%	12.6%	American Community Survey
3 c	Student-to-Teacher Ratio (% Student / Teacher), 2011-2012	9		13	9.4	National Center for Education Statistics
3 d	High School Graduation, 2013	98.4%		85.8%	84.6%	Annie E. Casey Foundation
3 e	Bachelor's degree or higher, percent of persons age 25+, 2008-2012	18.5%		32.1%	20.5%	People Quick Facts

TAB 4 Maternal and Infant Health Profile

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

Tab	Criteria	PHILLIPS CO	TREND	KANSAS	NW Alliance 15
4	Total Live Births, 2008	58		41,815	1293
4	Total Live Births, 2009	53		41,388	1317
4	Total Live Births, 2010	57		40,439	1274
4	Total Live Births, 2011	50		39,628	1315
4	Total Live Births, 2012	74		40,304	1370
4	Total Live Births, 2008-2012 - Five year Rate (%)	10.1		14.5	138.5

TAB	Health Indicator	PHILLIPS CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
4 a	Percent of Births Where Prenatal Care began in First Trimester, 2011-2013	78.7%		78.4%	78.9%	Kansas Department of Health and Environment
4 b	Percentage of Premature Births, 2011-2013	3.7%		9.0%	8.9%	Kansas Department of Health and Environment
4 c	Percent of Births with Low Birth Weight, 2011-2013	7.4%		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	6.3%		8.1%	7.6%	Kansas Department of Health and Environment
4 f	Percent of Births Occurring to Unmarried Women, 2011-2013	30.3%		36.7%	31.3%	Kansas Department of Health and Environment
4 g	Average Monthly WIC Participation per 1,000 population, 2013	26.0%		23.6%	20.9%	Kansas Department of Health and Environment
4 h	Percent of WIC Mothers Breastfeeding Exclusively, 2013	31.1%		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.

# KS Hospital Assoc PO103		Phillips County IP			Trend
		FFY2012	FFY2013	FFY2014	
1	Total Discharges	720	752	735	
2	Total IP Discharges-Age 0-17 Ped	18	27	25	
3	Total IP Discharges-Age 18-44	39	67	40	
4	Total IP Discharges-Age 45-64	154	153	147	
5	Total IP Discharges-Age 65-74	125	123	137	
6	Total IP Discharges-Age 75+	244	246	238	
7	Psychiatric	18	14	14	
8	Obstetric	64	63	69	
9	Surgical %	27.1%	26.3%	27.5%	
# KS Hospital Assoc PO103		Phillips County Hosp Only			Trend
		FFY2012	FFY2013	FFY2014	
1	Total Discharges	159	146	140	
2	Total IP Discharges-Age 0-17 Ped	1	4	2	
3	Total IP Discharges-Age 18-44	8	9	9	
4	Total IP Discharges-Age 45-64	28	21	14	
5	Total IP Discharges-Age 65-74	24	27	21	
6	Total IP Discharges-Age 75+	95	80	88	
7	Psychiatric	3	2	3	
8	Obstetric	0	2	2	
9	Surgical %	NA	NA	0.07%	
#	Kansas Hospital AssocOP TOT223E	FFY2012	FFY2013	FFY2014	Trend
1	ER Market Share - Phillips Co Hosp	74.4%	73.2%	78.4%	
2	OPS Market Share - Phillips Co Hosp	28.7%	28.6%	30.6%	
3	Total OP Market Share - Phillips Co Hosp	50.0%	48.6%	65.0%	

TAB 5 Hospitalization/Provider Profile

TAB		Health Indicator	PHILLIPS CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
5	a	Ratio of Population to Primary Care Physicians, 2013	5401		1816	2114	Kansas Department of Health and Environment
5	b	Staffed Hospital Bed Ratio (per 1,000 Pop), 2012	24.6%		3.4%	5.4%	Kansas Hospital Association
5	c	Percent of Births with Inadequate Birth Spacing, 2011-2013	15.1%		11.0%	10.8%	Kansas Department of Health and Environment
5	d	Preventable hospital stays	91		NA	64	County Health Rankings
5	e	Heart Disease Hospital Admission Rate, 2009-2011	176		300	262	Kansas Department of Health and Environment
5	f	Congestive Heart Failure Hospital Admission Rate, 2009-2011	184		199	191	Kansas Department of Health and Environment
5	g	Chronic Obstructive Pulmonary Disease (COPD) Hospital Admission Rate, 2009-2011	215		136	194	Kansas Department of Health and Environment
5	h	Bacterial Pneumonia Hospital Admission Rate, 2009-2011	480		269	488	Kansas Department of Health and Environment
5	i	Injury Hospital Admission Rate, 2009-2011	374		915	691	Kansas Department of Health and Environment

TAB 6 Social & Rehab Services Profile

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

TAB		Health Indicator	PHILLIPS CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
6	a	Depression: Medicare Population, 2012	12.7%		16.2%	15.2%	Centers for Medicare & Medicaid Services
6	b	Alcohol-Impaired Driving Deaths, 2008-2012	25.0%		34.7%	36.4%	County Health Rankings
6	c	Inadequate social support	15.0%		NA	16%	County Health Rankings
6	d	Poor mental health days	2.5		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/obese; smoking, drinking in excess, not exercising etc can lead to poor health.

TAB	Health Indicator	PHILLIPS 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	32%		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	30.0%		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	NA		NA	369	County Health Rankings

TAB	Health Indicator	PHILLIPS CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
7b a	Hypertension: Medicare Population, 2012	52.8%		52.7%	55.2%	Centers for Medicare & Medicaid Services
7b b	Hyperlipidemia: Medicare Population, 2012	36.1%		39.3%	38.1%	Centers for Medicare & Medicaid Services
7b c	Rheumatoid Arthritis: Medicare Population, 2012	29.1%		27.7%	33.5%	Centers for Medicare & Medicaid Services
7b d	Ischemic Heart Disease: Medicare Population, 2012	32.0%		26.7%	29.7%	Centers for Medicare & Medicaid Services
7b e	Diabetes: Medicare Population, 2012	23.4%		24.6%	23.0%	Centers for Medicare & Medicaid Services
7b f	Heart Failure: Medicare Population, 2012	19.3%		14.0%	18.3%	Centers for Medicare & Medicaid Services
7b g	Chronic Kidney Disease: Medicare Population, 2012	13.4%		13.9%	13.1%	Centers for Medicare & Medicaid Services
7b h	COPD: Medicare Population, 2012	11.8%		11.0%	12.9%	Centers for Medicare & Medicaid Services
7b i	Alzheimer's Disease or Dementia: Medicare Pop 2012	11.0%		9.9%	10.6%	Centers for Medicare & Medicaid Services
7b j	Atrial Fibrillation: Medicare Population, 2012	9.0%		8.0%	9.3%	Centers for Medicare & Medicaid Services
7b k	Cancer: Medicare Population, 2012	9.5%		8.0%	9.1%	Centers for Medicare & Medicaid Services
7b l	Osteoporosis: Medicare Population, 2012	7.4%		6.1%	8.2%	Centers for Medicare & Medicaid Services
7b m	Asthma: Medicare Population, 2012	2.2%		3.8%	3.5%	Centers for Medicare & Medicaid Services
7b n	Stroke: Medicare Population, 2012	2.7%		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 three years of free care) from area providers is trended below.

TAB		Health Indicator	PHILLIPS CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
8	a	Uninsured Adult Population Rate, 2012	16.6%		17.6%	17.4%	U.S. Census Bureau

#	Phillips County Hospital	YR 2012	YR 2013	Yr 2014	TREND
1	Free Patient Care Given	\$46,912	\$56,013	\$26,895	
2	Bad Debt	\$179,690	\$281,346	\$374,751	

TAB 9 Mortality Profile

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

TAB		Health Indicator	PHILLIPS CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
9	a	Life Expectancy for Females, 2010	80		81	81	Institute for Health Metrics and Evaluation
9	b	Life Expectancy for Males, 2010	75		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	883		757	740	Kansas Department of Health and Environment
9	e	Age-Adjusted Years of Potential Life Lost - Traffic Injury, 2011-2013	1605		490	1541	Kansas Department of Health and Environment
9	f	Age-adjusted Cancer Mortality Rate per 100,000 population, 2011-2013	199		166	148	Kansas Department of Health and Environment
9	g	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2011-2013	176		156	166	Kansas Department of Health and Environment
9	h	Disease Mortality Rate per 100,000 population, 2009-2013	38		51	51	Kansas Department of Health and Environment
9	i	Age-adjusted Traffic Injury Mortality Rate per 100,000 population, 2011-2013	43		13	25	Kansas Department of Health and Environment
9	j	Mortality Rate per 100,000 population, 2011-2013	64		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 9 Mortality Profile

CTS	Causes of Death by County of Residence, KS 2012	PHILLIPS CO	Trend	KANSAS	NW Alliance 15
	TOTAL	114		43262	2013
1	Major Cardiovascular Diseases	19		7,458	341
2	All Malignant Neoplasms	13		5,406	256
3	Diseases of Heart	15		5,314	259
4	All Other Causes	12		4,215	194
4	Ischemic Heart Disease	5		2,990	156
5	Other Heart Diseases	10		2,156	100
6	Malignant Neoplasms of Respiratory and Intrathoracic Organs	4		1,537	72
7	Chronic Lower Respiratory Diseases	1		1,680	75
8	Malignant Neoplasms of Digestive Organs	1		1,288	51
9	Other Malignant Neoplasms	3		1,145	48
10	Alzheimer's Disease	4		788	42
11	Cerebrovascular Diseases	0		1,331	53
12	Malignant Neoplasms of Breast	1		400	27
13	Motor Vehicle Accidents	1		410	33
14	Malignant Neoplasms of Genital Organs	1		500	24
15	Pneumonia and Influenza	1		621	37
16	Suicide	2		505	27

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	PHILLIPS CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
10 a	Access to Exercise Opportunities, 2014	62.3%		70.9%	51.3%	County Health Rankings
10 b	% of Infants Fully Immunized at 24 Mo, 2011-2013	80.4%		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	78%		NA	86%	County Health Rankings
10 g	Mammography screening	62%		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
Phillips County N= 158	27	73	45	7	5	157
Top 2 Boxes (Very Good / Good)	63.7%					
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 %	Phillips N= 158	TREND
Ambulance Services	3.8%	1.7%	Green
Child Care	18.9%	15.2%	Red
Chiropractors	5.8%	1.9%	Green
Dentists	13.8%	11.5%	Red
Emergency Room	4.3%	9.0%	Yellow
Eye Doctor / Optometrist	7.2%	0.8%	Green
Family Planning Services	15.8%	16.5%	Red
Home Health	15.0%	7.4%	Yellow
Hospice	9.2%	0.9%	Green
Inpatient Services	3.2%	7.5%	Yellow
Mental Health Services	26.3%	22.2%	Red
Nursing Home	12.5%	16.4%	Red
Outpatient Services	2.4%	7.2%	Yellow
Pharmacy	2.7%	0.8%	Green
Primary Care	5.1%	13.2%	Red
Public Health Dept.	2.4%	7.1%	Yellow
School Nurse	6.5%	12.3%	Red
Visiting Specialists	7.1%	6.5%	Yellow

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)	Phillips CO N= 158	TREND
Yes	84.1%	95.2%	
No	8.5%	3.2%	
Don't know	7.5%	1.6%	
TOTALS	100.0%	100.0%	

Question 8- Requested Discussion Items for Town Hall Agenda

CHNA Round #2 Feedback 2015			
8. Are there any other health needs that we need to discuss at our upcoming CHNA Town Hall meeting?	NW Alliance (10)	Phillips CO N= 158	TREND
Abuse / Violence	4.8%	4.7%	
Alcohol	5.0%	6.6%	
Cancer	5.7%	4.9%	
Diabetes	4.9%	3.6%	
Drugs / Substance Abuse	7.8%	9.1%	
Family Planning	2.8%	2.8%	
Heart Disease	4.0%	3.4%	
Lead Exposure	0.7%	0.6%	
Mental Illness	6.8%	6.1%	
Nutrition	5.1%	5.5%	
Obesity	7.6%	5.5%	
Ozone (Air)	0.9%	0.6%	
Physical Exercise	6.2%	4.5%	
Poverty	4.3%	3.8%	
Respiratory Disease	2.7%	2.5%	
Sexual Transmitted Diseases	2.0%	2.3%	
Suicide	3.7%	3.6%	
Teen Pregnancy	4.1%	4.5%	
Tobacco Use	4.4%	4.9%	
Vaccinations	5.3%	4.7%	
Water Quality	4.0%	5.5%	
Wellness Education	5.9%	4.9%	
Chronic Disease Mangement		4.7%	
Some Other Need (please specify below)	0.8%	0.6%	
TOTAL	100.0%	100.0%	

IV. Inventory of Community Health Resources

[VVV Research & Development, LLC]

YR 2015 Inventory of Health Services - Phillips County, KS				
Cat	HC Services Offered in County: Yes / No	Hospital	Health Dept	Other
Clinic	Primary Care			
Hosp	Alzheimer Center			YES
Hosp	Ambulatory Surgery Centers			
Hosp	Arthritis Treatment Center			
Hosp	Bariatric/Weight Control Services			
Hosp	Birthing/LDR/LDRP Room			
Hosp	Breast Cancer			
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	YES		
Hosp	Cardiac Surgery			
Hosp	Cardiology Services	YES OP		
Hosp	Case Management			
Hosp	Chaplaincy/Pastoral Care Services	YES		
Hosp	Chemotherapy	YES		
Hosp	Colonoscopy	YES		
Hosp	Crisis Prevention			YES
Hosp	CTScanner	YES		
Hosp	Diagnostic Radioisotope Facility	X MOBILE		
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)	X MOBILE		
Hosp	Genetic Testing/Counseling			
Hosp	Geriatric Services	YES		
Hosp	Heart	X CONSULT		
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	YES		
Hosp	Interventional Cardiac Catheterization			
Hosp	Isolation Room	YES		
Hosp	Kidney	X CONSULT		
Hosp	Liver			
Hosp	Lung			
Hosp	Magnetic Resonance Imaging (MRI)	X MOBILE		
Hosp	Mammograms	X MOBILE		
Hosp	Mobile Health Services	YES		
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	YES		
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)			
Hosp	Neonatal			
Hosp	Neurological Services			
Hosp	Obstetrics			
Hosp	Occupational Health Services	X OT		
Hosp	Oncology Services	X CONSULT		
Hosp	Orthopedic Services	X CONSULT		
Hosp	Outpatient Surgery	YES		
Hosp	Pain Management	YES		
Hosp	Palliative Care Program			
Hosp	Pediatric			
Hosp	Physical Rehabilitation	YES	YES	
Hosp	Positron Emission Tomography (PET)			
Hosp	Positron Emission Tomography/CT (PET/CT)			
Hosp	Pulmonary Rehab	YES		
Hosp	Psychiatric Services	YES		
Hosp	Radiology, Diagnostic	YES		
Hosp	Radiology, Therapeutic	YES		

YR 2015 Inventory of Health Services - Phillips County, KS				
Cat	HC Services Offered in County: Yes / No	Hospital	Health Dept	Other
Hosp	Reproductive Health		YES	
Hosp	Robotic Surgery			
Hosp	Shaped Beam Radiation System 161			
Hosp	Single Photon Emission Computerized Tomography (SPECT)			
Hosp	Sleep Center	X MOBILE		
Hosp	Social Work Services	YES		
Hosp	Sports Medicine			
Hosp	Stereotactic Radiosurgery			
Hosp	Swing Bed Services	YES		
Hosp	Transplant Services			
Hosp	Trauma Center			
Hosp	Ultrasound	X MOBILE		
Hosp	Women's Health Services	YES	YES	
Hosp	Wound Care	YES	YES	
SR	Adult Day Care Program			YES
SR	Assisted Living			YES
SR	Home Health Services		YES	
SR	Hospice			YES
SR	LongTerm Care			
SR	Nursing Home Services			YES
SR	Retirement Housing			YES
SR	Skilled Nursing Care	YES		YES
ER	Emergency Services	YES		
ER	Urgent Care Center			
ER	Ambulance Services			YES
SERV	Alcoholism-Drug Abuse			
SERV	Blood Donor Center			X MOBILE
SERV	Chiropractic Services			YES
SERV	Complementary Medicine Services	X PAP		
SERV	Dental Services	YES		
SERV	Fitness Center			YES
SERV	Health Education Classes	YES	YES	
SERV	Health Fair (Annual)	YES	YES	
SERV	Health Information Center	YES		
SERV	Health Screenings	YES	YES	
SERV	Meals on Wheels			YES
SERV	Nutrition Programs	YES		
SERV	Patient Education Center	YES		
SERV	Support Groups	YES		
SERV	Teen Outreach Services			YES
SERV	Transportation to Health Facilities			YES
SERV	Wellness Program			YES
SERV	Tobacco Treatment/Cessation Program	YES		

YR 2015 Physician Manpower - Phillips County, KS

Number of FTE Providers	Supply Working in County		
	FTE County Based (MD/DO)	FTE Visting	PA/NP/CRNA/ ALLIED
Primary Care:			
Family Practice	2.00	1.00	3.00
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	0.10	
Dermatology	0.00	0.00	
Endocrinology	0.00	0.00	
Gastroenterology	0.00	0.00	
Oncology/Rado	0.00	0.10	
Infectious Diseases	0.00	0.00	
Nephrology	0.00	0.00	
Neurology	0.00	0.10	
Psychiatry	0.00	0.00	
Pulmonary	0.00	0.00	
Rheumatology	0.00	0.00	
Surgery Specialists:			
General Surgery	0.00	0.00	
Neurosurgery	0.00	0.00	
Ophthalmology	0.00	0.10	
Orthopedics	0.00	0.10	
Otolaryngology (ENT)	0.00	0.00	
Plastic/Reconstructive	0.00	0.00	
Thoracic/Cardiovascular/Vasc	0.00	0.10	
Urology	0.00	0.10	
Podiatry		0.10	
Hospital Based:			
Anesthesia/Pain	0.00	0.00	
Emergency	0.00	1.00	1.00
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			
	0.00	0.00	
	0.00	0.00	
TOTALS	2.00	2.80	4.00

Visiting Specialists
2015

Specialty	Schedule	Contact for Appointment	Location of Clinic	Address	City, State	Zip
Cardiology–Dr. Efstratiou	Monthly	800-695-4327	Phillips County Hospital	1150 State St.	Phillipsburg, KS	67661
Cardiology-Dr. Evans	Twice a Year (April and October)	316-858-9000	Phillips County Hospital	1150 State St.	Phillipsburg, KS	67661
Cardiology–Dr. Freeman	Monthly	888-625-4699	Phillips County Hospital	1150 State St.	Phillipsburg, KS	67661
Cardiology-Dr. Hoos-Thompson	Monthly	785-540-4956	Phillips County Hospital	1150 State St.	Phillipsburg, KS	67661
Cardiovascular Screenings	Quarterly (January, April, July and October)	855-429-7633 x 5701	Phillips County Hospital	1150 State St.	Phillipsburg, KS	67661
General Surgery-Dr. Schultz	Monthly	785-623-5945	Phillips County Hospital	1150 State St.	Phillipsburg, KS	67661
General Surgery-Dr. Cunningham	Monthly	785-623-5945	Phillips County Hospital	1150 State St.	Phillipsburg, KS	67661
General Surgery-Dr. Hornick	Monthly	785-623-5945	Phillips County Hospital	1150 State St.	Phillipsburg, KS	67661
Migraine Management- Jodie Scheele, P.A.-C	Twice a Week	Provider Referral	Phillips County Hospital	1150 State St.	Phillipsburg, KS	67661
Mobile Mammography	Every Three Weeks	785-540-4930	Phillips County Hospital	1150 State St.	Phillipsburg, KS	67661
Mobile Ultrasound, Echo, Vascular	Twice a Week	785-540-4930	Phillips County Hospital	1150 State St.	Phillipsburg, KS	67661
Mobile Nuclear Studies	Twice a Month	785-540-4930	Phillips County Hospital	1150 State St.	Phillipsburg, KS	67661
Ophthalmology-Dr. Pokorny	Surgery and Clinic Once a Month	785-628-8218	Phillips County Hospital	1150 State St.	Phillipsburg, KS	67661
Orthomedics (Orthotic & Prosthetic)-Darren Wiens	Twice a Month	308-237-6105	Phillips County Hospital	1150 State St.	Phillipsburg, KS	67661
Orthopedics-Dr. Adamson	Twice a Month	800-458-4504	Phillips County Hospital	1150 State St.	Phillipsburg, KS	67661
Orthopaedic Surgeon-Dr. Sarin	Twice a Month	785-540-4914	Phillips County Hospital	1150 State St.	Phillipsburg, KS	67661
Podiatry-Dr. Larsen	Monthly	785-540-4956	Phillips County Hospital	1150 State St.	Phillipsburg, KS	67661
Podiatry-Dr. Reeves	Monthly	785-540-4956	Phillips County Hospital	1150 State St.	Phillipsburg, KS	67661
Spinal Injections (for Pain Management)-Greg Seiler, CRNA	Twice a Month	Provider Referral	Phillips County Hospital	1150 State St.	Phillipsburg, KS	67661
Urology-Dr. Azzouni	Monthly	785-628-6014	Phillips County Hospital	1150 State St.	Phillipsburg, KS	67661

Phillips County Area Health Services Directory

Emergency Numbers

Police/Sheriff 911

Fire 911

Ambulance 911

Non-Emergency Numbers

Phillips County Sheriff 785-543-6885

Phillips County Ambulance 785-543-6805

Municipal Non-Emergency Numbers

	<u>Police/Sheriff</u>	<u>Fire</u>
Agra	785-543-6885	785-638-2300
Glade	785-543-6885	785-543-5317
Kirwin	785-543-6885	785-543-5317
Logan	785-543-6885	785-689-7546
Long Island	785-543-6885	785-543-5317
Phillipsburg	785-543-6885	785-543-5317
Prairie View	785-543-6885	785-543-5317

To provide updated information or to add new health and medical services to this directory, please contact:
KSRE Rooks & Phillips County Extension
115 N Walnut P.O. Box 519 (Stockton)
785-425-6851

Other Emergency Numbers

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

Phillips County Hospital
1150 State Street (Phillipsburg)
785-543-5226
www.phillipshospital.org

Phillips County Hospital Services Include:

Acute Care

Cardiac Rehabilitation
Emergency Care
Full-Service Laboratory
Lifeline Medical Alert Service
Nutritional Services
Outpatient Clinic
Radiology
Rehabilitation-P.T., O.T. & Speech
Surgery
Cardiac & Pulmonary
Skilled & Intermediate Swing Bed
Oncology
Respiratory Therapy

Health Department

Phillips County Health Department

784 6th Street (Phillipsburg)
785-543-6850

Phillips County Health Department Services Include:

Blood pressure checks
Blood sugar checks
Communicable disease surveillance
County home health visits
Disaster/emergency planning
Ear washes
Farm Worker Program
Flu shots
Foot care
Free to Know Cancer Screening
Health education classes/presentations
Healthy Start
Hearing screens
Hemoglobin checks
Hepatitis B shots
Immunizations
Maternal-Infant Program
Pneumovax
Sexually transmitted disease detection & treatment
Tuberculosis testing & treatment
Tympanograms
Urinalysis
Vision screens
Well child physicals
Women, Infants, & Children Nutrition Program

Mental Health

High Plains Mental Health

783 7th Street (Phillipsburg)
785-543-5284

Medical Professionals

Chiropractors

Phillipsburg Chiropractic Centers
875 3rd Street (Phillipsburg)
785-543-2700

Thompson Family Chiropractic
675 3rd Street
785-543-2202

Clinics

Logan Medical Clinic
214 West Main Street (Logan)
785-689-4220

Phillips County Medical Clinic
1719 Highway 183 (Phillipsburg)
785-543-5211

Dentists

Miller, William A.
252 F Street (Phillipsburg)
785-543-2123

Patton & Patton Dentistry
730 4th Street (Phillipsburg)
785-543-5123
Chris S. Patton D.D.S.

Optometrists

Juenemann, Ron O.D.
655 5th Street (Phillipsburg)
785-543-2715

Pharmacies

Midwest Family Health
300 State Street (Phillipsburg)
785-543-5131

Witmer Drug Store
779 3rd Street (Phillipsburg)
785-543-2032

Physicians and Health Care Providers

Phillips County Medical Clinic
1719 Highway 183 (Phillipsburg)
785-543-5211
Jennifer Hamons P.A.-C
Ryan Lee M.D
Sarah Miller, P.A.-C
Benjamin Stephenson M.D.
MaryBeth VanRoekel APRN-C

Phillips County Hospital

1150 State Street (Phillipsburg)
785-543-5226
www.phillipshospital.org
Jennifer Hamons P.A.-C
Ryan Lee M.D.
Sarah Miller P.A.-C
Benjamin Stephenson M.D.
MaryBeth VanRoekel APRN-C

Visiting Specialists:
Brent Adamson M.D.
Faris Azzouni M. D.
Brandon Cunningham, M.D.
Alain Efstratiou M.D.
Roger Evans M.D.
Steven Freeman M. D.
Shannon Hoos-Thompson M. D.
Anthony Hornick, M. D.
Steven Larsen M. D.
John C. Pokorny M.D.
James Reeves, M. D.
Gregory Sarin M. D.
Jodie Scheele, P.A.-C
Charles Schultz, M.D.
Greg Seiler, CRNA
Darren Wiens, C.P.

Rehabilitation Services

**Phillips County Hospital
(Cardiac & Rehabilitation)**
1150 State Street (Phillipsburg)
785-543-5226
www.phillipshospital.org

**Vocational Rehabilitation Services, State
of Kansas**
111 E Highway 36 (Phillipsburg)
785-543-5258

Other Health Care Services

General Health Services

Phillips County Hospital
1150 State Street (Phillipsburg)
785-543-5226
www.phillipshospital.org

Assisted Living/Nursing Homes/TLC

Logan Manor Assisted Living
302 W Logan Street (Logan)
785-689-4227

Prairie Wind Villa Assistant Living
1302 State Street (Phillipsburg)
785-543-6180

Government Healthcare

Diabetes

Arriva Medical
1-800-375-5137

Diabetes Care Club
1-888-395-6009

Disability Services

American Disability Group
1-877-790-8899

Kansas Department on Aging
1-800-432-3535
www.agingkansas.org/index.htm

Domestic/Family Violence

Child/Adult Abuse Hotline
1-800-922-5330
www.srskansas.org/services/child_protective_services.htm

Domestic Violence Association of Central KS
P.O. Box 1854 (Salina)
785-827-5862

General Information – Women’s Shelters
www.WomenShelters.org

Kansas Crisis Hotline
Manhattan
785-539-7935

Educational Training Opportunities

Association of Continuing Education
620-792-3218

Food Programs

Kansas Food 4 Life
4 NW25th Road (Great Bend)
620-793-7100

Kansas Food Bank
1919 E Douglas (Wichita)
316-265-4421
www.kansasfoodbank.org

Food Bank (Phillipsburg)
Golden Years Senior Center
638 3rd St. (Phillipsburg)
785-543-6297

Department for Children & Families (DCF)
3000 Broadway (Hays)
785-628-1066

Kansas Department on Aging (KDOA)
503 South Kansas Avenue (Topeka)
785-296-4986 or 1-800-432-3535
www.agingkansas.org/

Kansas Department of Health and Environment (KDHE)
Curtis State Office Building
1000 South West Jackson (Topeka)
785-296-1500
www.kdheks.gov/contact.html

MEDICAID
Kansas Department of Social & Rehabilitation Services (SRS)
3000 Broadway (Hays)
785-628-1066

Phillipsburg DCF Reg. Service Center
111 E Hwy 36
785-543-5258

MEDICARE
Social Security Administration
1212 East 27th Street (Hays)
785-625-3496

Social Security Administration
1212 East 27th Street (Hays)
785-625-3496

Health and Fitness Centers

Wellness Center Corporated
520 S 7th Street (Phillipsburg)
785-543-2208

Home Health

Home Health Agency, Phillips County
784 6th Street (Phillipsburg)
785-540-4350

Logan Manor Community Health Services
108 S Adams Street (Logan)
785-689-4201

Hospice

Hospice Services, Inc.
424 8th Street (Phillipsburg)
785-543-2900
www.hospicenwk.net

Massage Therapy

Hair's To You LLC
1001 State Street (Phillipsburg)
785-543-5555

Phillipsburg Chiropractic Center
875 3rd Street (Phillipsburg)
785-543-2700

Hair & Beyond Company
769 4th Street (Phillipsburg)
785-543-2440

Medical Equipment and Supplies

American Medical Sales and Repair
1-866-637-6803

School Nurses

USD 325 Phillipsburg (Board)
240 S 7th Street (Phillipsburg)
785-543-5281
Phillipsburg Elementary School
785-543-2174
Phillipsburg Middle School
785-543-5114
Phillipsburg High School
785-543-5251

USD 326 Logan Schools
305 N Sherman P.O. Box 98 (Logan)
Logan Jr./Sr. High School
785-689-7574
Logan Grade School
785-689-4631

Senior Services

Golden Years Senior Center
638 3rd Street (Phillipsburg)
785-543-6297

Senior Citizens Community Center
304 Main Street (Prairie View)
785-973-2216

Westview Homes & Senior Center
302 F Street
785-543-5921

Veterinary Services

Crossroads Veterinary Clinic
1708 Highway 183 (Phillipsburg)
785-543-5041

Local Government, Community, and Social Services

Adult Protection

Adult Protective Services (SRS)
1-800-922-5330
www.srskansas.org/ISD/ees/adult.htm

Elder Abuse Hotline
1-800-842-0078
www.elderabusecenter.org

Kansas Department of Social and Rehabilitation Services West Region Protection Reporting Center
1-800-922-5330

Alcohol and Drug Treatment

Alcohol and Drug Abuse Services
1-800-586-3690
http://www.srskansas.org/services/alc-drug_assess.htm

Alcohol Detoxification 24-Hour Helpline
1-877-403-3387
www.ACenterForRecovery.com

Center for Recovery
1-877-403-6236

G&G Addiction Treatment Center
1-866-439-1807

Road Less Traveled
1-866-486-1812

Seabrook House
1-800-579-0377

The Treatment Center
1-888-433-9869

Child Protection

Kansas Department of Children and Families West Region

Protection Reporting Center – i.e. PROTECTION REPORT CENTER FOR ABUSE
1-800-922-5330
Available 24 hours/7 days per week – including holidays

Children and Youth

Children's Alliance
627 SW Topeka Boulevard (Topeka)

785-235-5437
www.childaily.org

Kansas Children's Service League
1-800-332-6378
www.kcsl.org

Community Centers

McDill "Huck" Boyd Community Center
860 Park Street P.O. Box 503 (Phillipsburg)
785-543-5535

Senior Citizens Community Center
304 Main Street (Prairie View)
785-973-2216

Crime Prevention

Phillips County Sheriff's Department
425 F Street (Phillipsburg)
785-543-6885

Day Care Providers – Adult

Logan Manor
108 S. Adams (Logan)
785-689-4202

Phillips County Retirement Center
1300 Street (Phillipsburg)
785-543-2131

Day Care Providers – Children

ABC Day Care
408 W Main Street (Logan)
785-689-4321

Country Cottage Day Care
426 Central Street (Glade)
785-543-5923

Fantasy Island Day Care
343 Center Street (Agra)
785-638-2258

Ginger Bread House Preschool
301 W F Street (Phillipsburg)
785-540-4007
www.gingerbreadpreschool.net

Extension Office

KSRE Rooks & Phillips County Extension
115 N Walnut P.O. Box 519 (Stockton)
785-425-6851

K-State Research & Extension

784 6th St. (Phillipsburg)
785-543-6845

Funeral Homes

Logan Funeral Home
102 E Church Street (Logan)
785-689-4211

Olliff-Boeve Memorial Chapel
1115 2nd Street (Phillipsburg)
785-543-5311

Head Start

Head Start-Phillips County
301 W F Street (Phillipsburg)
785-543-5850

Housing

Corp Housing Equity
14482 W 118th Terrace (Olathe)
913-261-8067

Housing Authority, City of Phillipsburg
302 W F Street (Phillipsburg)
785-543-5921

Legal Services

Hofaker, Paula Law Office PA
213 W Main Street (Logan)
785-689-4606

Sage & Sage Law Office
620 3rd Street (Phillipsburg)
785-543-2022

Stockman, Brien D. PA
208 W Main Street (Logan)
785-689-4357

Sullivan, Thomas H. PA
773 3rd Street (Phillipsburg)
785-543-2914

Townsdin & Associates Chartered
136 Kansas Avenue (Phillipsburg)
785-543-2024

Hahn & Ames PA
353 F Street
785-543-2166

Libraries, Parks and Recreation

F. Lee Doctor Public Library

330 Main Street (Agra)
785-638-2444

Logan Public Library
109 W Main Street (Logan)
785-689-4333

Long Island Public Library
350 Washington Avenue (Long Island)
785-854-7676

Phillipsburg City Library
888 4th Street (Phillipsburg)
785-543-5325

Sunshine City Library
207 Kansas Avenue (Prairie View)
785-973-2265

Pool

Phillipsburg City Park & City Swimming
520 S 7th St (Phillipsburg)
785-543-6142

Logan City Pool
409 W North
785-689-4304

Pregnancy Services

Adoption is a Choice
1-877-524-5614

Adoption Network
1-888-281-8054

Adoption Spacebook
1-866-881-4376

Graceful Adoptions
1-888-896-7787

Kansas Children's Service League
1-877-530-5275
www.kcsl.org

Public Information

Agra City Hall
222 Main Street (Agra)
785-638-2811

Logan City Clerk
105 W Main Street (Logan)
785-689-4865

Phillips Co. Convention & Visitor's Bureau
270 State Street (Phillipsburg)
785-543-2321

Phillips County Treasurer

P.O. Box 372, 301 State Street (Phillipsburg)
785-543-6895

Rape

Domestic Violence and Rape Hotline
1-888-874-1499

Kansas Crisis Hotline
Manhattan
785-539-7935
1-800-727-2785

Red Cross

Red Cross
www.midwaykansas.redcross.org

Social Security

Social Security Administration
1-800-772-1213
1-800-325-0778
www.ssa.gov

Transportation

Public Transportation Service Phillipsburg
945 2nd Street (Phillipsburg)
785-543-6685

State and National Information, Services, 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/Main_Site?Find_Help/Help_Hotline.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

1-800-586-3690
www.srskansas.org/services/alc-drug_assess.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-drug_assess.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

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

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/child_protective_services.htm**HealthWave**

P.O. Box 3599

Topeka, KS 66601

1-800-792-4884

1-800-792-4292 (TTY)

www.kansashealthwave.org**Heartspring (Institute of Logopedics)**8700 E. 29TH N

Wichita, KS 67226

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.gove-mail: info@kdheks.gov**Kansas Society for Crippled Children**

106 W. Douglas, Suite 900

Wichita, KS 67202

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/ksl_bph.html[ml](#)**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.kscgcc.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, KS 67501
620-662-7835
<http://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

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
1-800-222-1222

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

Hospice Services, INC

424 8th
785-543-2900

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
<http://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 III (Topeka, KS)

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 III 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, KS 66612
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, KS 66506
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/food_stamps.htm

Kansas Department of Health and Environment

1000 SW Jackson, Suite 220
Topeka, KS 66612
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

Older Kansans 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/shick_index.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

1-800-4

V. Detail Exhibits

[VVV Research & Development, LLC]

Patient Origin & Access

[VW Research & Development, LLC]

#	KS Hospital Assoc PO103	Phillips County IP			TREND
		FFY2012	FFY2013	FFY2014	
1	Total Discharges	720	752	735	
2	Total IP Discharges-Age 0-17 Ped	18	27	25	
3	Total IP Discharges-Age 18-44	39	67	40	
4	Total IP Discharges-Age 45-64	154	153	147	
5	Total IP Discharges-Age 65-74	125	123	137	
6	Total IP Discharges-Age 75+	244	246	238	
7	Psychiatric	18	14	14	
8	Obstetric	64	63	69	
9	Surgical %	27.1%	26.3%	27.5%	
#	KS Hospital Assoc PO103	Phillips County Hosp Only			TREND
		FFY2012	FFY2013	FFY2014	
1	Total Discharges	159	146	140	
2	Total IP Discharges-Age 0-17 Ped	1	4	2	
3	Total IP Discharges-Age 18-44	8	9	9	
4	Total IP Discharges-Age 45-64	28	21	14	
5	Total IP Discharges-Age 65-74	24	27	21	
6	Total IP Discharges-Age 75+	95	80	88	
7	Psychiatric	3	2	3	
8	Obstetric	0	2	2	
9	Surgical %	NA	NA	0.07%	
#	Kansas Hospital Assoc OP TOT223E	FFY2012	FFY2013	FFY2014	TREND
1	ER Market Share	74.4%	73.2%	78.4%	
2	OPS Market Share	28.7%	28.6%	30.6%	
3	Total OP Market Share	50.0%	48.6%	65.0%	

Town Hall Attendees Notes & Feedback

[VVV Research & Development, LLC]

Phillips County, KS Town Hall Roster N=37

Date: 05/19/15

First	Last	Organization	Address
Hazel	Ames		1287 W. Eagle Rd., Long Island, KS 67647
Amanda	Atkisson	Phillips County Health Systems	#6 Hillcrest Dr, Stockton, KS 67669
Carmen	Blake	Hospice Services	PO Box 96, Logan, KS 67646
Lloyd	Culbertson	First National Bank & Trust	225 State St., Phillipsburg, KS 67661
Max	Dibble		Phillipsburg, KS 67661
Christi	Driggs	Phillips County Hospital	305 5th St, Phillipsburg, KS 67661
Doug and Leanna	Driggs	Retired	234 W G St, Phillipsburg, KS
Tad	Felts	KKAN-KQMA Radio	333 1st St
Beth	Freeman	Director of Health Department	784 6th Street, Phillipsburg, KS 67661
Pastor Mark	Gervais	Calvary Baptist Church	637 9th Street, Phillipsburg, KS 67661
Anne Marie	Gower	Phillips County Health Department	267 3rd St, Phillipsburg, KS
Bill	Greving		1003 W. 1100 Rd., Prairie View, KS 67664
Katie	Heinzen	Phillips County Hospital	1150 State Street, Phillipsburg, KS 67661
Pastor Joel	Hiesterman	First Lutheran Church	1035 1st Street, Phillipsburg, KS 67661
Kerri	Holbrook	My Phillips County Online the Review, C	302 W F #30, Phillipsburg, KS
Nicole	Jones		138 11th Street, Phillipsburg, KS 67661
Rhonda	Kellerman	Phillips County Medical Clinic	1719 HWY 183, Phillipsburg, KS 67661
Sue	Kipp	PCHS	415 Bergland Dr, Phillipsburg, KS
Tara	Knowles	Midwest Family Health	300 State St, Phillipsburg, KS 67661
Kristi	Kuck	Phillips County Retirement	PO Box 628, Phillipsburg, KS 67661
Sandy	Kuhlman	Hospital Services and Palliative Care	1021 200 Rd, Athol, KS 66932
Carol	LaForce	PCMA Food Pantry Director	159 2nd St
Ryan	Lee, MD	Phillips County Medical Clinic	1719 HWY 183, Phillipsburg, KS 67661
Barbara and Roger	Losey	Self-Employed, Farmer/Rancher	1793 E 800 Rd, Phillipsburg, KS 67661
Shirley	Mendoza		625 8th Street, Phillipsburg, KS 67661
Joanne and James	Miller	Retired	305 S 5th St, Phillipsburg, KS 67661
Kirby	Ross	Phillips County Review	PO Box 12, Phillipsburg, KS
Craig	Snider	Commissioner	PO Box 251, Logan, KS
Will	Stutterhelm	High Plains MHC	245 W G St, Phillipsburg, KS
Mary Beth	Van Roekel, APRN-C	Logan Medical Clinic	214 W. Main Street, Logan, KS 67646
Kelly	Vanderplas	Phillips County Hospital	403 S 6th St, Phillipsburg, KS 67661
Angie	Wells	Chamber of Commerce	270 State Street, Phillipsburg, KS 67661
Susan	Witmer	PCED	315 S 5th, PO Box 487, Phillipsburg, KS 67661
Dave	Engel	PCHS	
Belinda			

Phillips County Community Health Needs Assessment Meeting
05.19.15
N=37

- Nurses in the room
- Also members of the Parish/Pastoral community
- Nobody here from the schools
- No pharmacists
- Water, air, contaminated soil are all things in Phillipsburg in the environment that are affecting health
- Have pretty good county health rankings according to RWJ, in the top third in almost all categories

TAB 1: Demographic Profile

- Have some Hispanic culture in the county
- Veteran in the room doesn't use the VA, would have to go over an hour to either Wichita or Grand Island, NE
- Only one stoplight in town

TAB 4: Maternal and Infant Trends

- Woman with baby in the room went to Hastings, NE to deliver
- Most women in the room say they go to Hays

TAB 7: Risk Factors and Indicators

- Obesity is getting too high, used to be down in the 20% range
- Phillips is too small for the department of health to survey here

TAB 8: Uninsured Profile

- Bad debt trending up, people may not be aware of the high deductibles that come with Obamacare, 16% uninsured

Community Feedback

- Good number of 18-44 and 45-64 year olds took the survey, not just the elderly
- Lower than the NW Alliance on rating "Very Good" or "Good"
- 95% of county is going outside to receive care

STRENGTHS:

- Eye care
- Ambulance
- Hospice
- Wellness center
- Coordination between pharmacy and providers
- Health department

- Immunization rates through adolescence
- Good hospital staff
- Good emergency room response time
- Brand new doctor in town (General Practice)
- OT and PT services
- Pharmacist provide good education
- Good mid-level providers
- Indoor pool
- Volunteers
- Health providers in the county are cooperating
- Ministerial alliance
- Financial foundations
- Don't have to leave county for childcare at birth
- Wide range of services
- Good athletic activities for kids
- Quality of providers
- Public transportation

WEAKNESSES:

- ER Facilities
- Stigma of Mental Health Services
- Substance Abuse (Narcotics, Meth, Marijuana, Rx)
- Improvements to Facilities
- School lunches
- Activities for Seniors
- Negative Perception of Healthcare Delivery
- No OB Services
- Child Care Services
- Economic Development/Jobs
- No Community Support for Current Facilities
- Reduce Bad Debt/Charity Care
- School Nurse Coverage
- Smoking and Tobacco
- Preventive Care Resources
- After School/Summer Programs
- Obesity
- Activities for Children (Not Sports)
- Community Caregivers
- Affordable Home Health Expansion
- Retaining Providers
- Affordable Housing
- Senior Services (Skilled Care, Assisted Living, Nursing Home)
- Single Parent Families (Family Support Systems)

CHNA Round #2 Feedback 2015 - Phillips Co, KS

Let Your Voice Be Heard!

In May of 2012, Phillips County Hospital (PCH) released their Community Health Needs Assessment (CHNA). Today, PCH is updating their CHNA and requests community feedback. Participation is voluntary.

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

Part I: Introduction

1. How would 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 any healthcare services in our community that you feel need to be improved and / or changed? (please be specific)

3. How well do you feel we are doing in meeting community needs regarding...? (check one box per row)

	Very Good	Good	Fair	Poor	Very Poor
Adolescent Drug Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adolescent Sex Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate Daycare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After School Programing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Summer Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Note: If you scored an item above either "Poor" or "Very Poor," what would you like to see in place or changed to address need? (Be specific)

CHNA Round #2 Feedback 2015 - Phillips Co, KS

4. 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
Chemo Therapy Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dialysis Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elderly Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Educational Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OB Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription Financial Aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooperation among county wide providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recruit Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recruit Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Which 2012 CHNA health needs are most pressing TODAY for improvement? (please check top 3 needs)

- | | |
|--|--|
| <input type="checkbox"/> Chemo Therapy Services | <input type="checkbox"/> Prescription Financial Aid |
| <input type="checkbox"/> Dental Services | <input type="checkbox"/> Cooperation among county wide providers |
| <input type="checkbox"/> Dialysis Services | <input type="checkbox"/> Recruit Primary Care |
| <input type="checkbox"/> Elderly Care | <input type="checkbox"/> Recruit Specialists |
| <input type="checkbox"/> Health Educational Programs | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> OB Services | |

CHNA Round #2 Feedback 2015 - Phillips Co, KS

6. How would you 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"/>

7. How would you rate each 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"/>

8. Over the past two years, did you or someone you know receive health care services outside of our community?

- Yes
 No
 Don't know

If yes, please note specific healthcare services received

CHNA Round #2 Feedback 2015 - Phillips Co, KS

9. Are there any other health needs 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"/> Chronic Disease Management |
| <input type="checkbox"/> Lead Exposure | <input type="checkbox"/> Sexual Transmitted Diseases | <input type="checkbox"/> Some Other Need (please describe below) |

Other (please specify)

Demographics

10. For reporting purposes, are you involved in or are you a ...? (check all that apply)

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

Other (please specify)

11. What is your age?

- Under 18 18-44 45-64 65-74 75 Plus

12. Your gender?

- Male Female

*13. Finally, 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 – Phillips County Hospital

Media Release 01/26/2015

Over the next three months, Phillips County Hospital will be updating the 2012 Phillips County (Phillipsburg, 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/Phillips15>

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 19th from 5:30-7pm at the Armory**. “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 Dave Engel, CEO.

Vince Vandelaar, MBA (VAV 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 785-543-5226.

From: CEO

Date: February 2015

To: Community Leaders, Providers and Hospital Board and Staff

Subject: CHNA Round #2 Online Survey 2015

Phillips County 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/Phillips15>

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,
Dave Engel
CEO



Community Health Needs Assessment Community Town Hall Meeting

Phillips County Hospital and
Phillips County Public Health
will be sponsoring a
Town Hall Meeting on Tuesday, May 19th
from 5:30 to 7:00 p.m.
at the Armory.

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

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

Thank you in advance for your participation.

YOUR Logo

Date: Feb 13, 2015

Dear Community Member,

You may have heard that Phillips County 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 Tuesday, May 19th, you are invited to attend a Phillips 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 Tuesday, May 19th, from 5:30-7:00 p.m. at the Armory. A light meal will be served starting at 5:00 p.m.

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

Sincerely,

Dave Engel
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/Phillips15>. 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	NW Alliance (10)	Phillips CO N= 158	TREND
Board Member -Local	4.2%	3.6%	
Business / Merchant	5.9%	7.1%	
Case Manager / Discharge	0.5%	0.4%	
Civic Club / Chamber	4.3%	3.2%	
Charitable Foundation	2.2%	1.6%	
Clergy / Congregational Leader	1.1%	2.0%	
College / University	1.9%	0.8%	
Consumer Advocate	1.0%	0.8%	
Consumers of Health Care	8.7%	9.5%	
Dentist	0.2%	0.4%	
Disabled / Employed		0.4%	
Disabled / Unemployed		2.0%	
Economic Development	1.5%	1.2%	
Education Official / Teacher	4.9%	1.6%	
Elected Official - City / County	1.8%	0.8%	
EMS / Emergency	1.3%	2.4%	
Farmer / Rancher	4.5%	7.5%	
Health Department	1.4%	0.4%	
Hospital	13.3%	8.7%	
Housing / Builder	0.4%	0.4%	
Insurance	0.9%	0.8%	
Labor	1.6%	2.0%	
Law Enforcement	0.5%	0.4%	
Low Income / Free Clinics	0.6%	1.2%	
Mental Health	1.2%	0.8%	
Nursing	8.7%	6.3%	
Other Health Professional	5.5%	4.7%	
Parent / Caregiver	11.8%	11.1%	
Pharmacy	0.4%	0.4%	
Physician (MD / DO)	0.2%	0.4%	
Physician Clinic	1.2%	0.4%	
Press (Paper, TV, Radio)	0.3%	0.4%	
Retired		7.5%	
Senior Care / Nursing Home	1.4%	1.6%	
Social Worker	0.5%	0.8%	
Unemployed		1.6%	
Veteran	1.8%	2.4%	
Welfare / Social Service	0.4%	0.8%	
Other (Please note below)	2.5%	2.0%	
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 - Phillips Co N=158					
ID	ZIP	c1	c2	c3	Are there healthcare services in your community / neighborhood that you feel need to be improved and / or changed?
1003	67661	DOCS			We need more doctors that will stay here on a long term basis.
1006	67661	DOCS	CUST	COMM	Consistent care; keeping the same doctors on staff. Customer service needs to be a priority. There seems to be NO urgency with clinic staff. Train your staff on customer service and making the customer feel important. We are rural but that doesn't mean we can be lazy. Address concerns and provide feedback when there is an issue. Deadlines are a necessary evil to keep us on our toes and competitive, use them in your processes!!
1007	67661	BOARD			Hospital Board be in charge, rather than GPHA
1008	NA	ED			Teach children in school not to be 'bully's. And keep them from liking school. Bully's should be punished. Hope you can read this my finger is bad.
1010	67661	DRUG			Less pushing pills. More finding root causes.
1013	67661	FAC	EQUIP		The hospital and a lot of the equipment in it need to be updated. We found the personnel very satisfactory if they had the facilities and equipment to work with it.
1018	67664	DOCS	GP		we need doctors- general practitioners- who are committed to remaining in the community for more than a year.
1019	67661	NH			better nursing home care
1020	NA	RECR	DOCS		recruit and maintain good doctors
1021	67661	DOCS	FAC		An older doctor who could mentor all the bright, capable, caring young people we have working here. I'm also for the building of a new hospital. I figured out that my tax increase would be \$10 a month for this project. If I can't give back that much for a better facility, then I need to move.
1023	67661	DOCS			More MD's and OD's
1024	67661	FAC	PT		More room ESP in physical therapy
1031	67661	OBG	PEDS	ER	We need obstetrics care and pediatric services to help support our young families. Offering immunizations at the clinic would be beneficial to capture younger families instead of making them go to a different location. The intake process is insanely cumbersome in the emergency room and seems excessively long for a small hospital.
1034	67661	PEDS			We need a pediatrician.
1037	67664	CLINIC	WAIT		Do not understand why the Phillips Co Medical Clinic is closed during the noon hour instead of rotating employee noon hours and why the wait time to see a provider is so long, especially when they is no one in the waiting area.
1038	67661	COMM	DOCS	NURSE	Call back from a provider or their nurse would be great!
1040	67661	GPHA			GPHA needs to get OUT!!!
1044	67661	OBG			OB/GYN
1048	67621	OBG			OB
1051	67647	FP			Family Practice
1055	67646	DUP	BILL	FAC	Consolidate services and/or don't charge additional facilities charge for what is effectively one health care visit and bill correctly (there appears to be padding of amounts and/or incorrect coding to try to obtain increased reimbursements for services or facilities charges not actually rendered).
1057	67661	DOCS			More doctors.
1058	67661	DOCS	OBG	FEM	A female M.D. Obstetrics in the hospital
1065	67661	NO			No
1067	67646	DOCS			Keeping good doctors- Not sure I am qualified to fill out survey due to being new in area.
1068	67661	DOCS			Choice in MDs
1069	NA	FAC	TAX	BUS	Please take the hospital off the county tax rolls and run it like a business. Try to show a profit.
1072	67661	DOCS			more doctors
1073	67661	DOCS	MDLV		another primary care doctors. Not PA's
1074	67669	FAC			Newer hospital
1076	NA	AIRPRT	ER	FAC	Better access to the airport via helicopter. Updated emergency room facilities and more hospital rooms.
1077	67646	DOCS			More Quality doctors

CHNA Round #2 Community Feedback 2015 - Phillips Co N=158					
1080	67661	DIAL			Dialysis machine. A lot of people are going to Hays me included. When I can't afford to go or can't make it due to bad weather, they say I would only last about 2 weeks without dialysis.
1084	NA	OBG			OB
1085	67646	OBG			Availability of obstetrics care
1086	67661	DOCS	EMR		more specialty doctors. Major need for electronic records between all providers involved. We are so far behind in this fact. Also as I took this survey the above wording made it sound as though the hospital was requesting this information but many questions did not pertain to the services they are providing but instead provided by other individuals and businesses in our community.
1087	67661	NO			none at this time
1090	67661	DOCS	ER	DUP	Continuity in doctors. We see Jennifer Hamons and she has always done a great job. Jennifer has become so busy by being the one main-stay that her longtime patients struggle to get an appointment with her without a waiting period. We are old enough that we have health issues that Jennifer has helped us through and knows our histories. My husband was recently seen in ER and had to see someone a few days following. Jennifer was not available for several weeks following. He had to see another dr. The ER doc doubled a med and took another away. Neither med had anything to do with the ER visit. The doc that saw him for the ER follow-up took him off the med completely that had just been doubled by the ER doc. Several severe cramps later which resulted in us doing what we thought was best with his meds while waiting a couple more weeks to get into Jennifer, she is working to straighten him out again. I have had similar experiences. Without the availability of continuity of your own provider, there is less reason to stay with a healthcare facility that relies so heavily on traveling docs. We were among the strongest fans and supporters for a new facility. We are not sure where everything is headed now, and with what continues to be a problem getting into our own provider, we are once again wondering where the best location would be to find a stable healthcare environment.
1092	67621	SPEC	AWARE		The local area is FLUSH with specialty areas of expertise: ST, PT,OT, RD. I don't feel health care is fully utilizing these services\skills to the extent possible for the benefit of the community. Other than OT & PT, why are these services\skills not set up to more than patients?
1093	NA	FAC			We need a new hospital
1095	67661	DOCS	GPHA	MAN	We need permanent doctors instead of the traveling ones. Also get rid of GPHA and get a new CEO.
1097	67661	DOCS	ER		Less traveling Dr.s in the ER. Patients like to see someone local.
1099	67661	DOCS	PEDS		We need more doctors. Doctors with a few years experience and not doctors fresh out of college. Doctor with pediatric care experience. doctors fresh out of college work on trying things because of lack of experience
1100	67661	DOCS	OP	PUL	OUTPATIENT DRs COULD INCLUDE A PULMONOLOGIST
1101	67639	CLINIC	WAIT	DOH	The clinic needs to be better run as in times in and out of appointments. Also, it would be desirable to have immunizations available in clinic the instead of having to go to the county health department.
1106	67664	OBG	SURG		Prenatal and birthing needs to be provided. A surgeon needs to be on staff.
1107	66951	DOCS	ORTHO		Another MD or DO would be helpful. I think we offer quite a few services for our size with adding epidural injections, ortho procedures, etc.
1109	67661	DOCS			Additional providers who want to stay in the community and raise their families. Less bickering between employees.
1111	67661	WAIT	CLINIC		The healthcare workers seem generally uninformed and give faulty advice at almost every opportunity. I believe it is not intentional so much as ignorance. Most people I have spoken to have stated they would gladly drive over an hour to get quality healthcare than get immediate service at the local clinics.

CHNA Round #2 Community Feedback 2015 - Phillips Co N=158					
1112	67661	DOCS			more doctors, treat more people here rather than "shipping" people out of town
1114	67661	RAD	NURSE	COMM	Follow up with patients after lab/rad is done by the provider or one of their nurses. Not always getting a call and having to wait or call for results past the time that the results should have been in is not only inconvenient for the patient, but sometimes causes anxiety. If I am waiting on results I would like to be told as soon as possible, not wait extra days or have to call several times with the answers to my results.
1116	67646	SURG	NEURO	PEDS	More surgical availability @ PCH Neurological consult @ PCH outpatient clinic Pediatrician consults @ PCH Gynecology consults @ PCH
1119	67661	FAC			better hospital
1120	67639	ER	DOCS		Emergency room coverage. All providers need to feel comfortable providing service to all those in need. Those in need should not be told to go somewhere else until they have been checked out by the provider on duty.
1124	NA	PC			primary care
1125	67661	DOCS			More quality dedicated doctors
1129	67661	LAB	DOCS	WAIT	faster test results from lab to the doctor
1136	67661	MH	WAIT		Mental health services Promptness, timeliness of state ran agencies, ie SRS
1137	67661	OBG			OB
1138	67661	MAN	CLINIC		Their needs to be management changes at the clinic...Not happy with the clinic administration at all
1140	67661	DOCS	WAIT	CLINIC	Need knowledgeable doctors.less wait time at the clinic.
1142	67661	CLINIC	IMMUN		Hate that the clinic doesn't offer immunizations for children
1145	67661	DOCS			We need some good MD doctors. Preferable not foreigners who only come for a short term and are gone.
1146	67661	COMM	DOCS	MIDLV	Communication from the providers would be a good first start. My wife would call her provider and leave a message, but never get a return phone call. She became so frustrated that she changed providers...out of the county. Her provider was one of the PAs.
1150	67661	OBG			Child birthing services
1152	67661	NURSE			Need to find out why we are losing so many nurses in our current healthcare settings. Why are they choosing to go else where for employment.
1153	67661	NURSE			A more structured scedule for Nursing. Using less/No agency in Nursing. Keep the local dollars local that way.
1155	67639	OBG			Need a birthing unit
1156	NA	OBG			I wish they had a birthing unit.
1157	67661	LAB	RAD	COMM	Getting back to patients with the results of labs, xrays, ct scans etc that they have done. I think it's crazy to make a patient wait up to a week for results when many times the results are available in less than 24 hours
1158	67661	NO			I do not use the healthcare services in our community.

CHNA Report contact :



Vince Vandelaar, MBA
VVV Marketing & Development, LLC
***Adjunct Professor / Professional Healthcare
Marketing & Strategic Planning Consulting
Services***

*601 N Mahaffie, Olathe, KS 66061
(913) 302-7264 (C)
VVV@VandelaarMarketing.com*

*LinkedIn: vandelaar
Website: VandelaarMarketing.com*