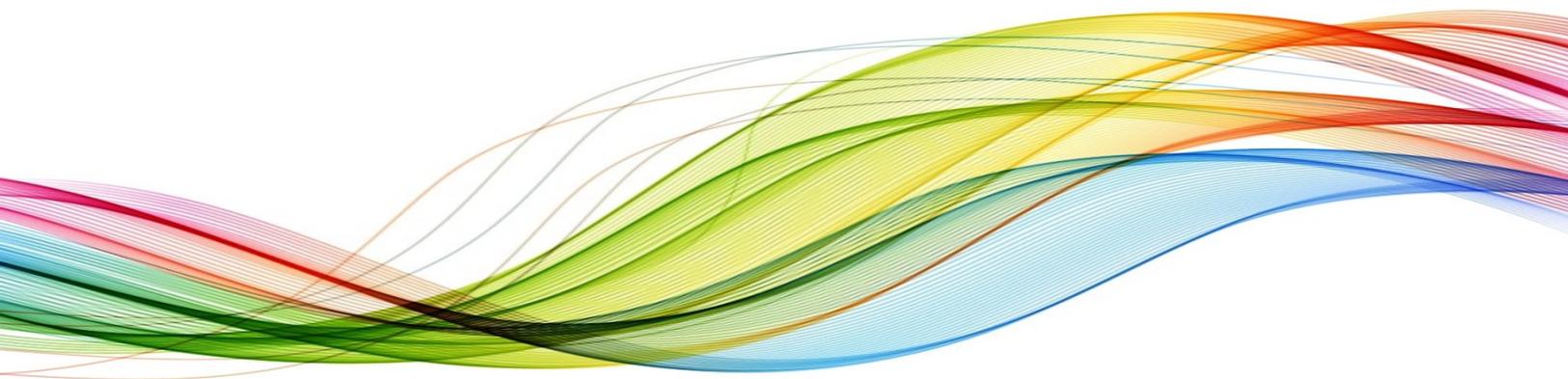




Community Health Needs Assessment

**on behalf of William Newton Hospital,
the City-Cowley County Health Department and
Community Health Center in Cowley County (KS)**



November 2018

**VVV Consultants LLC
Olathe, KS**

Community Health Needs Assessment

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I.Executive Summary

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

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

Cowley County, KS CHNA was conducted in December 2015 and published in January of 2016. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). This Wave #3 CHNA assessment was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

Important CHNA Benefits for both the local hospital and the health department, as well as for the community, are as follows: 1) Increases knowledge of community health needs and resources 2) Creates common understanding of the priorities of the community’s health needs 3) Enhances relationships and mutual understanding between and among stakeholders 4) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community 5) Provides rationale for current and potential funders to support efforts to improve the health of the community 6) Creates opportunities for collaboration in delivery of services to the community and 7) Provides guidance to the hospital and local health department for how they can align their services and community benefit programs to best meet needs, and 8) fulfills Hospital “Mission” to deliver quality health care.

Year 2018 Cowley County “Community Health Improvements Needs”

Cowley County KS - 2018 Wave #3 CHNA Town Hall Health Priorities (45 Attendees, 163 Votes) <small>in partnership with William Newton Hospital, City - Cowley Health Department and Community Health Center in Cowley Co</small>				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Diagnosis, Placement, Aftercare)	27	16.6%	16.6%
2	Drugs (Meth, Opioids, Marijuana)	27	16.6%	33.1%
3	Smoking (All types)	19	11.7%	44.8%
4	Coordination of Care	14	8.6%	53.4%
5	Specialists services (Cardio, Pulm, Nuero, Urol, Derm, OBGYN, Gastro)	13	8.0%	61.3%
6	Affordable Health Insurance	12	7.4%	68.7%
7	Physical Activity Options	11	6.7%	75.5%
8	Healthy Food Options	8	4.9%	80.4%
	Total Votes:	163	100%	
<small>Other Items receiving votes: Domestic Violence, Affordable Housing, Child Care, Financial Literacy, Economic Development and Senior Health Activities.</small>				

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

Cowley County Providers (William Newton Hospital, City-Cowley County Health Department, Community Health Center) - Community Health "Strengths"			
#	Topic	#	Topic
1	William Newton Hospital	9	Access to Primary Care
2	Health Department	10	Recreation System
3	FQHC	11	Community Engagement and Collaboration
4	EMS	12	Access to Social Services
5	Farmers Market	13	Physical Fitness Opportunities
6	Water Quality	14	Organized Youth Programs
7	Public School Screenings Programs	15	City Government Funding Rec Center
8	Ancillary Services		

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

KS HEALTH RANKINGS: According to the 2018 Robert Wood Johnson County Health Rankings, Cowley County KS was ranked 42nd in Clinical Care and 56th in Physical Environment out of the 105 Counties.

TAB 1. Demographics Cowley’s population is 35,361, with a population per square mile of 32. 6.4% of the population is under the age of 5 and 17.4% is over the age of 65. 49.9% of Cowley is Female. Hispanic or Latinos make up 10.7% of the population and there are 8.4% of Cowley that speak a language other than English at home. Single parent households in Cowley are high at 34%. There are 2,805 Veterans living in Cowley.

TAB 2. Economic Profile The per capita income in Cowley is \$22,249, there are 14% of the population in poverty. 16,182 total housing units with a severe housing problem of 13%. There are 2,604 total firms in Cowley and an unemployment rate of 4.6%. Food insecurity is high at 14% as well as Low income and low access to a store, also at 14%.

TAB 3. Schools Health Delivery Profile Children eligible for a free or reduced-price lunch is higher than average at 64%. 89.1% of students graduate high school and 19.4% of students get their bachelor’s degree or higher.

TAB 4. Maternal and Infant Health Profile The percent of births where prenatal care started in the first trimester is 74.1%. The percent of premature births in Cowley is higher than the average being 12.5%. Births occurring to unmarried women is 49.2%, higher than the average by 10%. Births where mothers have smoked during the pregnancy is at 19.6%.

TAB 5. Hospitalization/Provider Profile There is one primary care Physician per 1,880 people in Cowley County. 75% of patients would rate their hospital 9 or 10 out of 10. 79% of patients would recommend their hospital. The average ER wait time is 14 minutes.

TAB 6. Social & Rehab Services Profile People getting treated for depression in Cowley County is 16.9%.

TAB 7. Health Risk Profiles 36% of adults in Cowley are obese, with 27% of the population physically inactive. 14% of adults drink excessively and 18% smoke. Hyperlipidemia in Cowley is lower than the average at 31.4%, as well as Chronic Kidney Disease, 13.8%, and Osteoporosis, 3.1%.

TAB 8. Uninsured Profile The adult uninsured rate for Cowley County is 11%.

TAB 9. Mortality Profile The life expectancy rate in Cowley County is 74.0 for Males and 79.1 for Females. The age-adjusted Cancer Mortality rate is high at 186.8 as well as the Heart Disease Mortality rate, at 207.1. Alcohol impaired driving deaths is high at 26%.

TAB 10. Preventive Health Profile 76% of Cowley County has access to exercise opportunities. Only 54% of women in Cowley get annual mammography screenings.

Key 2018 Community Feedback Conclusions: Stakeholder feedback from residents, community leaders and providers (N=216) provided the following community insights via an online perception survey:

- Using a Likert scale, 54.6% of Cowley County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Cowley County stakeholders are satisfied with the following services: Ambulance Services, Chiropractors, Dentists, Eye Doctor/Optomtrist, Home Health, Hospice, Outpatient Services, Pharmacy, School Nurse.
- Cowley County stakeholders perceive Case management assistance and Elder assistance programs as the root cause of poor health in the community.
- When considering past CHNA needs Affordable Insurance; Drug / Substance Abuse; Mental Health Assistance continue as an ongoing problem and pressing.

CHNA Wave #3		Ongoing Problem		Pressing
Past CHNAs health needs identified		Cowley Co N=216		Cowley Co
Rank	Topic	Votes	%	Trend
				RANK
1	Affordable HC Insurance	98	10.8%	2
2	Drug / Substance Abuse	97	10.7%	1
3	Mental Health Access	91	10.1%	3
4	Obesity	90	9.9%	4
5	Nutrition - Healthy Food options	68	7.5%	10
6	Alcohol Abuse	62	6.9%	12
7	Wellness / Prevention	61	6.7%	8
8	Awareness of existing HC services	60	6.6%	6
9	Provider Recruitment and Retention	59	6.5%	5
10	Fitness / Exercise options	51	5.6%	11
11	Tobacco Prevention	51	5.6%	9
12	Chronic Health	47	5.2%	7
13	Personal Health Management - Youth	38	4.2%	13
14	Preventative Health Care - Moms/ Newborns	32	3.5%	14
	TOTALS	905	100.0%	

II. Methodology

[VVV Consultants LLC]

II. Methodology

a) CHNA Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

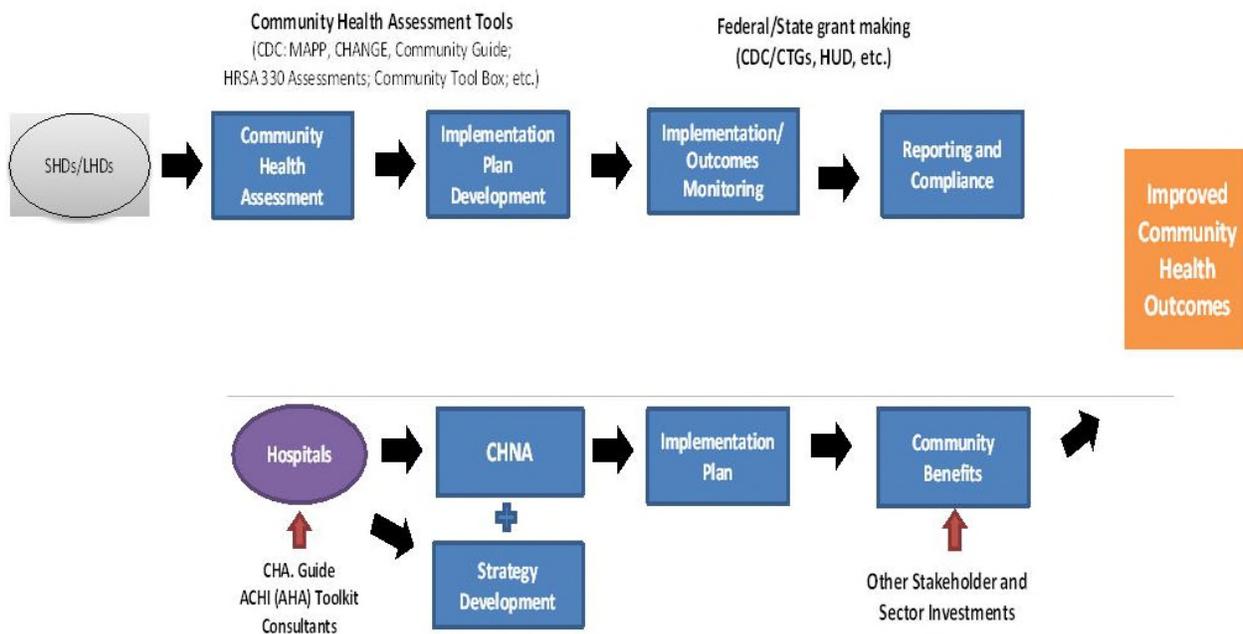
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Notice 2011-52 Overview

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

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

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

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

ACCOUNTING TODAY 1/2/15

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

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

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

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

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

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

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

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

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

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

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

RICH DALY, HFMA SENIOR WRITER/EDITOR

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

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

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

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

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

Reasons for Revocation

Hospital 501(r) requirements include:

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

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

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

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

Widespread Vulnerability

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

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

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

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

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

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

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

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

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

Public Health Criteria:

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

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

DOMAIN 1 INCLUDES FOUR STANDARDS:

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

Seven Steps of Public Health Department Accreditation (PHAB):

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

II. Methodology

b) Collaborating CHNA Parties

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

William Newton Hospital Profile

1300 E 5th Ave, Winfield, KS 67156

Chief Executive Officer: J. Ben Quinton

About Us: William Newton Hospital has been a respected healthcare provider since its doors opened on February 25, 1927. WNH is classified as a not-for-profit community general hospital. It remains locally managed and completely self-sufficient, receiving no tax support. The hospital is governed by a five-member Board of Trustees appointed by the Winfield City Commission. WNH was made possible through the generosity of William Newton who, upon his death in 1924, left considerable assets to the city of Winfield for the construction of a hospital. Newton was a local business owner and harness maker who slowly accumulated wealth from investments and oil on his properties.

Throughout its history, the hospital has been a proactive force in providing healthcare for the area. This is evidenced by the five rural health clinics, office facilities for medical staff, occupational health for local industry, home health services and all the other quality inpatient and outpatient services it provides.

Meeting the healthcare needs of the citizens in the surrounding area has always been, and always will be, our number one priority.

Mission: William Newton Hospital is a team of skilled individuals dedicated to meeting the ever changing needs of the community through advances in leadership, education, technology and continuous improvement in the delivery of quality health care. We are committed to sound financial management and ethical practices. We care for those we serve with dignity, kindness and compassion.

Vision: An institution of caring where patients choose to come, employees choose to work, and physicians choose to practice.

Values:

- **Community**
Our belief in promoting a sense of family and unity among those being served and those providing service.
- **Integrity**
Our belief that all conduct must be based on moral principle, honesty and sincerity.
- **Dignity**
Our belief that everyone deserves recognition, respect, self-worth, and empathy.
- **Excellence**
Our belief in striving for the highest quality in all that we do.

City-Cowley County Health Department Profile

**320 E. 9th, Suite B Winfield, KS 67156
115 E. Radio Lane Arkansas City, KS 67005
Administrator: Thomas Langer MPA**

In 1946, a joint resolution was adopted by the Cowley County Board of Commissioners and the Board of Commissioners of the cities of Arkansas City and Winfield and was joined by additional health and nursing boards and the Joint City-Cowley County Health Department was formed, governed by a local Board of Health. Our Board of Health was one of the first eighteen within all of the state of Kansas and to this day retains the same governance structure as was designed by the founders.

More than seventy years later the City-Cowley County Health Department remains committed to public health and can be characterized as a multi-disciplinary organization that includes physicians, nurses, environmental officers, epidemiologists, biostatisticians, dietitians, health educators and communication professionals; that assess common health measures and work to improve community health and the quality of life by providing interventions and promoting healthy behaviors.

Our Vision:

Cowley County residents enjoying healthy lives, exercising personal responsibility for their health and the health of their family members.

Our Mission:

The City-Cowley County Health Department works to promote excellent health, prevent disease, and to protect the environment to benefit all our citizens.

Prevent~Promote~Protect

The City- Cowley County Health Department is open Monday through Friday 8:00am – 12:00pm and 1:00pm – 4:30pm.

Services:

- Kansas Women Infant Children Program
- Maternal Infant and Child Health Program
- Adult Health
- Chronic Disease Prevention
- Immunizations
- Laboratory Service
- Disease Surveillance
- Family Planning
- Elderly Home Care Assistance
- Home and Community Based Service
- Public Health in Office Services
- Dietician Consultation
- Environmental Sanitation
- Emergency Preparedness
- Healthy Start Home Visitor Program
- Breastfeeding Educator Program

Community Health Center In Cowley County, INC.

221 West 8th Avenue, Winfield, KS 67156

Hours: Monday through Friday, 8 am to 5pm (Closed Federal Holidays)

Chief Executive Officer: David Brazil

Chief Medical Officer: Treasure Wehner, DO

Chief Financial Officer: Donna Jackson

Chief Operations Officer: Melody Vaden

About Us: On August 28, 2015, the Community Health Center in Cowley County, Inc., began providing primary care health services at the Westside Clinic with the designation of Federally Qualified Health Center (FQHC). The health center offers a sliding-fee discount schedule to provide services at a lower cost based on an individual or family's ability to pay. Community Health Centers create savings in healthcare every time a patient opts for an exam and treatment at the first sign of a health issue. Every health center tailors its services to meet the needs of the people in its surrounding community. This local approach to healthcare, combined with an emphasis on comprehensive preventative care, generates over \$24 billion in annual savings to the healthcare system including the American taxpayer, local, state and federal governments and public and private payers. Our health center prioritizes integration of behavioral health, oral health and other support services into the primary care setting. Our FQHC is also committed to adaptive leadership and providing patient centered medical services.

Mission: The Mission of the Community Health Center in Cowley County is to provide comprehensive, integrated and holistic medical, dental and mental health care that is affordable and patient-centered for everyone in Cowley County.

Vision: The Vision of the Community Health Center in Cowley County as a non-profit organization is to be a financially sustainable health center, organized and managed to fulfill its mission, providing care by a highly collaborative and effective professional team; and to be a valued community partner working cooperatively to improve area-wide health outcomes.

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications



VVV Consultants LLC

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

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

VVV@VandehaarMarketing.com

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

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

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

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

Collaborating Support:

Heather Marine, BA CNA - VVV Consultants LLC

Collaborative Analyst

II. Methodology

c) CHNA and Town Hall Research Process

Wave #3 Community Health Needs Assessment (CHNA) process began in June 2018 for William Newton Hospital to meet IRS CHNA requirements.

In May of 2018 a meeting was called (hosted) by William Newton Hospital to review possible CHNA collaborative options, partnering with Cowley City Health Department and Cowley FQHC. Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps. Outcomes from discussion lead to SCM Administration requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

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

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

William Newton Hospital - Primary Service Draw				IP/OP/ER/Clinic Volumes 2017-15		
#	ZIP	City	County	3Yr Totals	Accum	%
1	67156	Winfield, KS	Cowley	100198	60.0%	60.0%
2	67005	Arkansas City, KS	Cowley	28525	77.1%	17.1%
3	67019	Burden, KS	Cowley	5533	80.4%	3.3%
4	67146	Udall, KS	Cowley	2840	82.1%	1.7%
5	67038	Dexter, KS	Cowley	2268	83.5%	1.4%
6	67008	Atlanta, KS	Cowley	1588	84.4%	1.0%
7	67023	Cambridge, KS	Cowley	1222	85.1%	0.7%
8	67131	Rock, KS	Cowley	869	85.7%	0.5%
9	67102	Maple City, KS	Cowley	103	85.7%	0.1%
10	67119	Oxford, KS	Sumner	4797	88.6%	2.9%
11	67024	Cedar Vale, KS	Chautauqua	2354	90.0%	1.4%
12	67346	Grenola, KS	Elk	2107	91.3%	1.3%

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

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

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

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

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

Phase III—Quantify Community Need:

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

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

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

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

Phase I: Discovery.....	June 2018
Phase II: Secondary / Primary Research.....	June-Aug 2018
Phase III: Town Hall Meeting.....	August 21, 2018
Phase IV: Prepare / Release CHNA report.....	Sept-Oct 2018

Detail CHNA Development Steps Include:

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

William Newton Hospital - CHNA Work Plan

Wave #3 Project Timeline & Roles 2018

Step	Date	Lead	Task
1	5/1/2018	VVV	Presented CHNA Wave #3 options to NW KS Alliance Network.
2	6/1/2018	ALL	Selected CHNA Option C. Approved / signed VVV CHNA quote.
3	6/4/2018	ALL	Conduct CHNA Kickoff Conference Call (Hospital / DOH leaders).
4	6/4/2018	ALL	Send out REQCommInvite Excel file. Hospital client to fill in PSA key stakeholder names, addresses and e-mail addresses.
5	6/4/2018	VVV / ALL	Request hospital client to complete zip counts (three year historical PSA IP / OP / ED / Clinic). Use ZipPSA_3yrPOrigin.xls Patient Origin file.
6	6/4/2018	VVV / ALL	Request hospital client to send KHA Patient Origin reports for CCH to document service area for FFY 14, 15, 16 (KHA key).
7	6/4/2018	VVV	Prepare CHNA stakeholder feedback online link. Send text link for hospital client to review. Prepare draft e-mail push.
8	Tues 6/19/2018	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming CHNA work / online survey for hospital client to place. Request public to participate.
9	On or before 6/22/2018	VVV	Launch online survey to stakeholders. Hospital client will e-mail invite to participate to all stakeholders. Client will finalize Town Hall location / food.
10	July / August 2018	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
11	Tues June 19, 2018	VVV / Hosp	Prepare / release PR story to local media announcing upcoming Town Hall. VVV will mock up PR release.
12	Tues July 17, 2018	Hosp	Prepare and send out community Town Hall invite letter and place local advertisement.
13	On or before Aug 14, 2018	All	Conduct Town Hall practice conference call with hospital client to review Town Hall data and flow.
14	Tues Aug 21, 2018	VVV	Conduct CHNA Town Hall from 5:30-7pm at XXXX. Review and discuss basic health data and rank health needs.
15	On or before 10/1/2018	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital client.
16	On or before 10/31/18	VVV	Produce and release final CHNA report. Hospital client will post CHNA online.
17	On or before 9/30/2018	VVV	Conduct hospital client Implementation Plan meeting with PSA leadership.
18	30 days prior to end of hospital fiscal year	Hosp	Hold board meetings to discuss CHNA needs, create and adopt an Implementation Plan. Communicate CHNA plan to community.

Overview of Town Hall Community Priority Setting Process

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

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

William Newton Hospital (Cowley Co KS) town hall was held on Tuesday, August 21st, 2018 at the Winfield Public Library in Winfield, KS. Vince Vandehaar and Heather Marine facilitated this 1 ½ hour session with forty-five (45) attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

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

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

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

III. Community Health Status

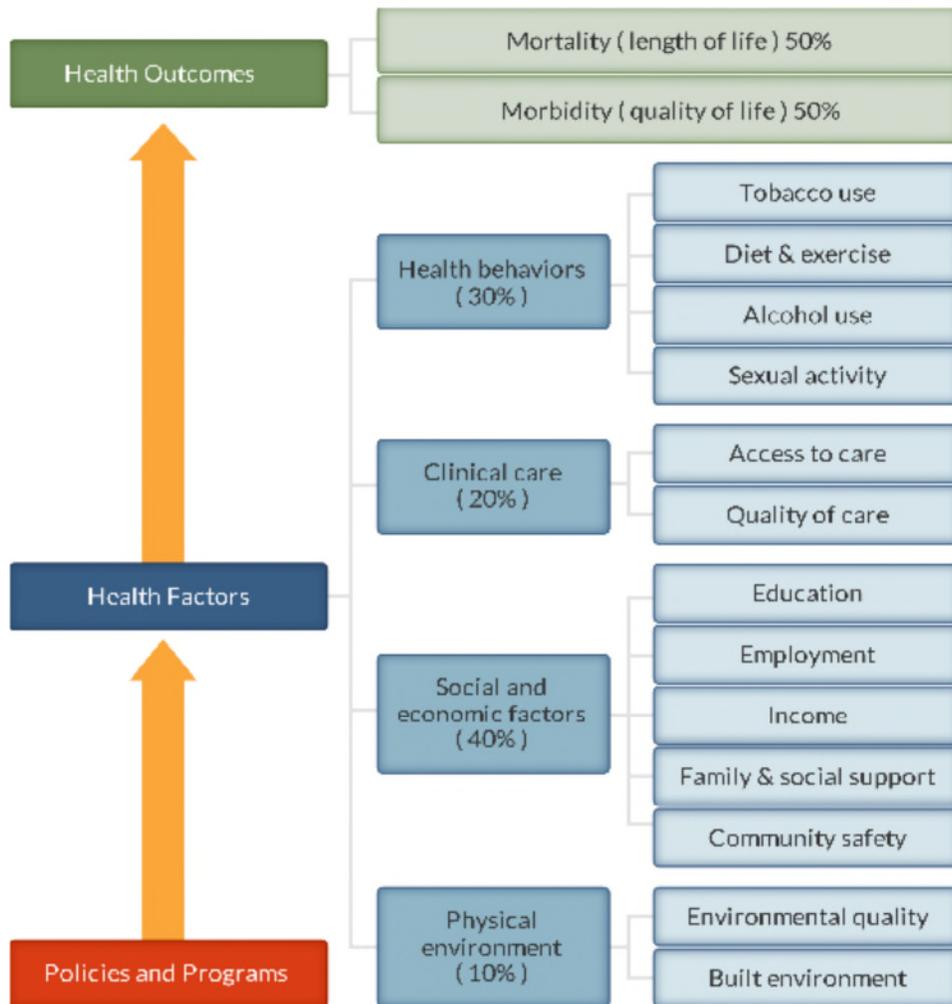
[VVV Consultants LLC]

III. Community Health Status

a) Historical Health Statistics

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2018 RMJ County Health Rankings and conversations from Town Hall participates. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators. <Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*. As seen below, RWJ's model use a number of health factors to rank each county.>



National Research - State Health Rankings:

#	KS Rankings - 105 Counties	RWJ Definitions	Cowley Co	TREND	NORM SC/SW
1	Health Outcomes		95		65
	Mortality	Length of Life	91		66
	Morbidity	Quality of Life	90		64
2	Health Factors		85		66
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	91		64
	Clinical Care	Access to care / Quality of Care	42		37
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	83		69
3	Physical Environment	Environmental quality	56		74

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

Kansas SC/SW Norm (N=12) includes the following counties: Cowley, Sumner, Kingman, Pratt, Harvey, Reno, McPherson, Butler, Montgomery, Labette, Neosho, Bourbon.

PSA Secondary Research:

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

Tab 1 Demographic Profile

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

Tab	Health Indicator	Cowley Co	Trend	State of KS	KS SC/SW Norm	Source
1a	a Population estimates, July 1, 2017, (V2017)	35,361		2,913,123	29,295	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	-2.6%		2.1%	-3.2%	People Quick Facts
	c Population per square mile, 2010	32		35	34	Geography Quick Facts
	d Persons under 5 years, percent, July 1, 2017, (V2017)	6.4%		6.7%	6.3%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2017, (V2017)	17.4%		15.0%	18.7%	People Quick Facts
	f Female persons, percent, July 1, 2017, (V2017)	49.9%		50.2%	50.3%	People Quick Facts
	g White alone, percent, July 1, 2017, (V2017)	89.1%		86.6%	92.5%	People Quick Facts
	h Black or African American alone, percent, July 1, 2017, (V2017)	3.0%		6.2%	2.4%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2017, (V2017)	10.7%		11.6%	6.2%	People Quick Facts
	j Foreign born persons, percent, 2012-2016	3.8%		6.9%	2.2%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2012-2016	8.4%		11.3%	4.7%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2012-2016	80.3%		83.5%	84.8%	People Quick Facts
	m Children in single-parent households, percent, 2012-2016	34.0%		29.0%	28.9%	County Health Rankings
	n Total Veterans, 2012-2016	2,805		192,340	2,047	People Quick Facts

Tab 2 Economic Profile

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

Tab	Health Indicator	Cowley Co	Trend	State of KS	KS SC/SW Norm	Source
2	a Per capita income in past 12 months (in 2016 dollars), 2012-2016	\$22,249		\$28,478	\$24,638	People Quick Facts
	b Persons in poverty, percent	14.0%		12.1%	13.9%	People Quick Facts
	c Total Housing units, July 1, 2017, (V2017)	16,182		1,273,742	12,486	People Quick Facts
	d Total Persons per household, 2012-2016	2.5		2.5	2.5	People Quick Facts
	e Severe housing problems, percent, 2010-2014	13.0%		14.0%	12.1%	County Health Rankings
	f Total of All firms, 2012	2,604		239,118	2,378	Business Quick Facts
	g Unemployment, percent, 2016	4.6%		4.2%	4.9%	County Health Rankings
	h Food insecurity, percent, 2015	14.0%		13.0%	13.9%	County Health Rankings
	i Limited access to healthy foods, percent, 2015	14.0%		8.0%	7.9%	County Health Rankings
	j Low income and low access to store, percent, 2015	14.0%		NA	8.0%	U.S. Department of Agriculture - Food Environment Atlas
	k Long commute - driving alone, percent, 2012-2016	22.0%		20.0%	22.7%	County Health Rankings

Tab 3 Schools Health Delivery Profile

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

Tab	Health Indicator	Cowley Co	Trend	State of KS	KS SC/SW Norm	Source
3	a Children eligible for free or reduced price lunch, percent, 2015-2016	64.0%		49.0%	52.3%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2012-2016	89.1%		90.3%	90.3%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2012-2016	19.4%		31.6%	22.3%	People Quick Facts

#	Health Indicators - 2017	USD 470	USD 463	USD 471	USD 462	USD 465
1	Total # Public School Nurses	3 RNs; 1 LPN		1.0		5.0
2	School nurse is part of the IEP team	Yes		Spec Services Nurse		Yes
3	School Wellness Plan in place	Yes				Yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	2581/ 114/ 35		148 / 11 / NA		1317/ 79 / 70
5	HEARING: # Screened / Referred to Prof / Seen by Professional	2581/ 32/ 9		148 / 8 / NA		1616 / 27 / 20
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional					903 / NA / NA
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	2147/ 350/ NA		None		None
8	Students served with no identified chronic health concerns	258				
9	School has a Suicide Prevention Program	Yes				Yes
10	Compliance on required vaccinations	99.7%		NA		99.4%

TAB 4 Maternal and Infant Health Profile

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

Tab	Health Indicator	Cowley Co	Trend	State of KS	KS SC/SW Norm	Source
4 a	Percent of Births Where Prenatal Care began in First Trimester, 2014-2016	74.1%		80.4%	78.0%	Kansas Health Matters
b	Percentage of Premature Births, 2014-2016	12.5%		8.9%	9.5%	Kansas Health Matters
c	Percent of Infants up to 24 months that received full Immunizations, 2015-2016	70.6%		70.6%	70.1%	Kansas Health Matters
d	Percent of Births with Low Birth Weight, 2014-2016	8.1%		7.0%	7.2%	Kansas Health Matters
e	Percent of WIC Mothers Breastfeeding Exclusively, percent, 2016	14.7%		15.0%	16.1%	Kansas Health Matters
f	Percent of all Births Occurring to Teens (15-19), 2014-2016	8.9%		6.3%	7.7%	Kansas Health Matters
g	Percent of Births Occurring to Unmarried Women, 2014-2016	49.2%		36.2%	39.4%	Kansas Health Matters
h	Percent of births Where Mother Smoked During Pregnancy, 2014-2016	19.6%		11.1%	17.6%	Kansas Health Matters

#	Criteria - Vital Statistics	Cowley	Trend	Kansas	SC/SW Kansas
a	Total Live Births, 2012	456		40,304	381
b	Total Live Births, 2013	456		38,805	360
c	Total Live Births, 2014	459		39,193	361
d	Total Live Births, 2015	445		39,126	354
e	Total Live Births, 2016	397		38,048	339
f	Total Live Births, 2012- 2016 - Five year Rate (%)	12.30%		13.50%	12.38%

TAB 5 Hospitalization/Provider Profile

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

Tab	Health Indicator	Cowley Co	Trend	State of KS	KS SC/SW Norm	Source
5 a	Primary care physicians (Pop Coverage per) , 2015	1,880:1		1,320:1	2,318:1	County Health Rankings
b	Preventable hospital stays, 2015 (lower the better)	52		51	57	County Health Rankings
c	Patients Who Gave Their Hospital an OVERALL Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	75%		79.0%	73%	CMS Hospital Compare, 10/1/2015-9/30/2016
d	Patients Who Reported Yes, They "Would Definitely Recommend" the Hospital	79%		78.0%	72%	CMS Hospital Compare, 10/1/2015-9/30/2016
e	Average Time Patients Spent in the Emergency Dept. Before they were seen by a Healthcare Professional (in Minutes)	14		24	20	CMS Hospital Compare, 10/1/2015-9/30/2016

TAB 5 Hospitalization/Provider Profile (cont.)

#	KS Hospital Assoc PO103	Cowley County IP			Trend
		FFY2015	FFY2016	FFY2017	
1	Total Discharges	3,274	3159	3225	
2	Total IP Discharges-Age 0-17 Ped	160	149	116	
3	Total IP Discharges-Age 18-44	303	301	285	
4	Total IP Discharges-Age 45-64	681	703	711	
5	Total IP Discharges-Age 65-74	480	476	535	
6	Total IP Discharges-Age 75+	850	905	941	
7	Psychiatric	135	132	125	
8	Obstetric	406	294	312	
9	Surgical %	22.9%	25.0%	22.2%	
#	KS Hospital Assoc PO103	William Newton Hospital			Trend
		FFY2015	FFY2016	FFY2017	
1	Total Discharges	762	850	891	
2	Total IP Discharges-Age 0-17 Ped	5	14	10	
3	Total IP Discharges-Age 18-44	64	76	60	
4	Total IP Discharges-Age 45-64	167	168	147	
5	Total IP Discharges-Age 65-74	115	104	110	
6	Total IP Discharges-Age 75+	240	274	345	
7	Psychiatric	5	5	10	
8	Obstetric	164	204	207	
9	Surgical %	13.3%	20.2%	15.4%	
#	Kansas Hospital Assoc OP TOT223E	FFY2015	FFY2016	FFY2017	Trend
1	ER Visits - William Newt Hosp	6102	6477	7217	
2	Total OP Visits - William Newt Hosp	26141	27329	27150	

TAB 6 Social & Rehab Services Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	Cowley Co	Trend	State of KS	KS SC/SW Norm	Source
6	a Depression: Medicare Population, percent, 2015	16.9%		17.8%	17.8%	Centers for Medicare and Medicaid Services
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2014-2016 (lower is better)	13.2		15.9	18.3	Kansas Health Matters
	c Poor mental health days, 2016	3.6		3.3	3.4	County Health Rankings

TAB 7 Health Risk Profiles

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

Tab	Health Indicator	Cowley Co	Trend	State of KS	KS SC/SW Norm	Source
7a	a Adult obesity, percent, 2014	36.0%		32.0%	34.7%	County Health Rankings
	b Adult smoking, percent, 2016	18.0%		17.0%	17.3%	County Health Rankings
	c Excessive drinking, percent, 2016	14.0%		17.0%	15.7%	County Health Rankings
	d Physical inactivity, percent, 2014	27.0%		25.0%	29.0%	County Health Rankings
	e Sexually transmitted infections, rate per 100000, 2015	419.9		394.8	301.8	County Health Rankings

TAB 7 cont.

Tab	Health Indicator	Cowley Co	Trend	State of KS	KS SC/SW Norm	Source
7b a	Hypertension: Medicare Population, 2015	52.5%		53.2%	54.8%	Kansas Health Matters
b	Hyperlipidemia: Medicare Population, 2015	31.4%		40.0%	39.3%	Kansas Health Matters
c	Heart Failure: Medicare Population, 2015	13.5%		13.0%	14.4%	Kansas Health Matters
d	Chronic Kidney Disease: Medicare Pop, 2015	13.8%		16.2%	16.0%	Kansas Health Matters
e	COPD: Medicare Population, 2015	11.3%		11.4%	11.8%	Kansas Health Matters
f	Atrial Fibrillation: Medicare Population, 2015	7.9%		8.3%	8.5%	Kansas Health Matters
g	Cancer: Medicare Population, 2015	6.9%		7.7%	7.6%	Kansas Health Matters
h	Osteoporosis: Medicare Population, 2015	3.1%		5.7%	5.7%	Kansas Health Matters
i	Asthma: Medicare Population, 2015	6.9%		7.3%	7.1%	Kansas Health Matters
j	Stroke: Medicare Population, 2015	3.6%		3.4%	3.5%	Kansas Health Matters

TAB 8 Uninsured Profiles/Community Invest

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

Tab	Health Indicator	Cowley Co	Trend	State of KS	KS SC/SW Norm	Source
8 a	Uninsured, percent, 2015	11.0%		10.0%	10.0%	County Health Rankings

Source: Internal Hospital Records						
	William Newton Hospital - Winfield KS	YR 2015	YR 2016	YR 2017	Yr 2018 6M	Trend
1	Bad Debt.. Insurance Writeoff / Cant' Pay Bill	\$2,929,208	\$3,992,740	\$4,746,383	\$2,688,078	13.3%
2	Charity Care .. Free Care given	\$733,928	\$865,493	\$896,547	\$588,944	31.4%

	DOH Community Dollars / Contribution	Yr 2015	YR 2016	YR 2017	YR 2018 6M	Trend
1	Core Community Public Health	\$1,106,700	\$1,146,806	\$1,296,201	\$550,767	
2	Child Care Inspections	\$7,624	\$10,105	\$12,019	\$4,983	
3	Environmental Services	\$11,130	\$12,485	\$14,250	\$4,900	
4	Well Child Services	\$113,663	\$101,595	\$98,042	\$52,283	
5	Home Health/Healthy Start	\$17,110	\$11,900	\$11,480	\$7,140	
6	Immunizations/Vaccine #	5,523	6,010	7,066	2,666	
	Immunizations/Vaccine #	\$100,371	\$200,555	\$267,186	\$95,659	
7	Primary Care, lab, minor procedures	\$4,596	\$5,836	\$7,401	\$3,777	
8	Screenings: Blood pressure / STD	\$295	\$2,881	\$2,617	\$1,331	
9	Vaccine - received from State	\$136,990	\$183,537	\$209,372	\$121,767	
10	WIC Administration	\$198,600	\$215,200	\$248,100	\$133,000	

	Community Health Center in Cowley County (FQHC)	Yr 2015	YR 2016	YR 2017	YR 2018 6M	Trend
	New Patients per day	7.2	3.9	3.7	4.1	

Since inception new unduplicated patients who made FQHC their medical home:

TAB 9 Mortality Profile

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

Tab	Health Indicator	Cowley Co	Trend	State of KS	KS SC/SW Norm	Source
9 a	Life Expectancy for Males, 2014	74.0		76.5	75.3	Kansas Health Matters
b	Life Expectancy for Females, 2014	79.1		81.0	80.2	Kansas Health Matters
c	Age-adjusted Cancer Mortality Rate per 100,000 population, 2014-2016 (lower is better)	186.8		162.6	174.6	Kansas Health Matters
d	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2014-2016 (lower is better)	207.1		157.4	178.1	Kansas Health Matters
e	Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2014-16 (Lower is better)	67.9		48.9	56.1	Kansas Health Matters
f	Alcohol-impaired driving deaths, percent, 2012-2016	26.0%		25.0%	20.6%	County Health Rankings

TAB 10 Preventive Health Profile

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

Tab	Health Indicator	Cowley Co	Trend	State of KS	KS SC/SW Norm	Source
10 a	Access to exercise opportunities, percent, 2016	76.0%		81.0%	69.4%	County Health Rankings
b	Diabetes monitoring, percent, 2014	89.0%		86.0%	86.9%	County Health Rankings
c	Mammography screening, percent, 2014	54.0%		63.0%	58.8%	County Health Rankings
d	Percent Annual Check-Up Visit with PCP	NA		TBD	TBD	—
e	Percent Annual Check-Up Visit with Dentist	NA		TBD	TBD	—
f	Percent Annual Check-Up Visit with Eye Doctor	NA		TBD	TBD	—

PSA Primary Research:

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

Chart #1 – William Newton Hospital PSA Online Feedback Response N=216

Community Health Needs Assessment Feedback Wave #3			
For reporting purposes, are you involved in or are you a ?	Cowley Co N=216	Trend	Norms Yr18 N=2163
Business / Merchant	12.6%		10.0%
Community Board Member	14.3%		7.9%
Case Manager / Discharge Planner	2.5%		0.9%
Clergy	2.5%		1.0%
College / University	4.2%		2.1%
Consumer Advocate	1.7%		1.6%
Dentist / Eye Doctor / Chiropractor	0.8%		0.2%
Elected Official - City/County	4.2%		2.0%
EMS / Emergency	2.5%		2.0%
Farmer / Rancher	6.7%		6.7%
Hospital / Health Dept	26.1%		18.6%
Housing / Builder	2.5%		0.8%
Insurance	1.7%		1.1%
Labor	4.2%		2.5%
Law Enforcement	5.0%		1.1%
Mental Health	3.4%		1.6%
Other Health Professional	16.8%		8.6%
Parent / Caregiver	24.4%		15.3%
Pharmacy / Clinic	4.2%		2.0%
Media (Paper/TV/Radio)	1.7%		0.6%
Senior Care	6.7%		2.3%
Teacher / School Admin	11.8%		6.3%
Veteran	5.9%		2.4%
Other (please specify)	12.6%		6.8%

KS Norms Include the following 12 Counties: Barton, Cowley, Edwards, Hays, Kiowa, Nemaha, Osborne, Pawnee, Russell, Sheridan, Smith, and Trego.

Chart #2 - Quality of Healthcare Delivery Community Rating

Community Health Needs Assessment Wave #3			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Cowley Co N=216	Trend	Norms 2018 N= 2163
Valid N	216		2163
Top Box %	13.4%		27.4%
Top 2 Boxes %	54.6%		71.7%
Very Poor	1.4%		1.1%
Poor	9.3%		4.3%
Average	34.7%		22.7%
Good	41.2%		44.2%
Very Good	13.4%		27.4%

Chart #3 - Overall Community Health Quality Trend

Community Health Needs Assessment Wave #3			
When considering "overall community health quality", is it ...	Cowley Co N=216	Trend	Norms18 N=2163
Valid N	199		2003
Increasing - moving up	36.7%		49.5%
Not really changing much	45.2%		41.2%
Decreasing - slipping	18.1%		9.1%

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

CHNA Wave #3		Ongoing Problem		Pressing
Past CHNAs health needs identified		Cowley Co N=216		Cowley Co
Rank	Topic	Votes	%	Trend
1	Affordable HC Insurance	98	10.8%	
2	Drug / Substance Abuse	97	10.7%	
3	Mental Health Access	91	10.1%	
4	Obesity	90	9.9%	
5	Nutrition - Healthy Food options	68	7.5%	
6	Alcohol Abuse	62	6.9%	
7	Wellness / Prevention	61	6.7%	
8	Awareness of existing HC services	60	6.6%	
9	Provider Recruitment and Retention	59	6.5%	
10	Fitness / Exercise options	51	5.6%	
11	Tobacco Prevention	51	5.6%	
12	Chronic Health	47	5.2%	
13	Personal Health Management - Youth	38	4.2%	
14	Preventative Health Care - Moms/ Newborns	32	3.5%	
TOTALS		905	100.0%	

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

Community Health Needs Assessment Wave #3			
In your opinion, what are the root causes of "poor health" in our community?	Cowley N=216	Trend	Norms18 N= 2163
Votes (Larger %)	131		1434
Case management assistance	64.1%		19.5%
Elder assistance programs	51.9%		34.4%
Lack of awareness of existing local programs, providers, and services	38.2%		57.6%
Limited access to mental health assistance	34.4%		39.4%
Lack of health & wellness education	26.7%		33.6%
Chronic disease prevention	18.3%		28.7%
Family assistance programs	16.0%		23.3%
Other (please specify)	29.0%		18.0%

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

CHNA Wave #3	Cowley Co N=216		Trend	Norms 2018 N=2163	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?					
Ambulance Services	84.4%	2.0%		86.4%	2.5%
Child Care	37.1%	12.6%		49.3%	11.6%
Chiropractors	75.0%	2.9%		78.4%	4.8%
Dentists	79.5%	4.1%		60.1%	17.4%
Emergency Room	56.8%	14.2%		72.9%	8.8%
Eye Doctor/Optomtrist	85.0%	0.7%		78.1%	5.0%
Family Planning Services	36.8%	16.2%		44.0%	13.8%
Home Health	64.3%	3.6%		56.7%	12.0%
Hospice	77.5%	3.5%		68.1%	8.3%
Inpatient Services	75.0%	6.9%		78.9%	4.5%
Mental Health	17.4%	30.6%		27.9%	30.2%
Nursing Home	40.6%	14.0%		47.7%	18.0%
Outpatient Services	65.3%	4.9%		77.6%	4.2%
Pharmacy	92.5%	0.7%		91.2%	2.7%
Physician Clinics	69.2%	6.2%		81.8%	3.9%
Public Health	53.9%	7.1%		65.3%	5.6%
School Nurse	69.3%	2.9%		60.2%	10.2%
Specialists	35.0%	21.7%		54.4%	13.6%

Chart #7 - Community Health Readiness

Community Health Needs Assessment Wave #3	Bottom 2 boxes		
	Cowley Co N=216	Trend	Norms18 N= 2163
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)			
Obesity Prevention & Treatment	45.5%		29.1%
Food and Nutrition Services/Education	40.0%		14.7%
Secure Grants / Finances to Support Local Health	39.1%		17.9%
Immunization Programs	38.5%		7.1%
Early Childhood Development Programs	23.3%		15.8%
Substance Use Treatment & Education	22.7%		28.2%
Caregiver Training Programs	18.9%		18.0%
Tobacco Prevention & Cessation Programs	15.8%		22.7%
Health Screenings (asthma, hearing, vision, scoliosis)	15.6%		11.5%
Violence Prevention	14.4%		23.8%
Prenatal / Child Health Programs	14.4%		13.9%
Spiritual Health Support	7.9%		11.9%
WIC Nutrition Program	6.1%		11.7%
Emergency Preparedness	3.9%		8.8%
Women's Wellness Programs	3.6%		13.3%
Sexually Transmitted Disease Testing	3.2%		9.9%

Chart #8 – Healthcare Delivery “Outside our Community”

Specialties:

Spec	CTS
SPEC DR	13
CARD	22
SURG	11
NEU	8
ORTH	7
DENT	6
DERM	5
EYE	5
URL	5

Community Health Needs Assessment Wave #3			
In the past 2 years, did you or someone you know receive HC outside of our community?	Cowley Co N=216	Trend	Norms18 N= 2163
Valid N	142		1541
Yes	78.9%		79.2%
No	17.6%		15.9%
I don't know	3.5%		4.9%

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

Cowley Co KS - CHNA Wave #3			
What needs to be discussed further at our CHNA Town Hall meeting?	Cowley Co N=216	Trend	Norms18 N= 2163
Abuse/Violence	8.0%		5.7%
Alcohol	6.3%		5.8%
Breast Feeding Friendly Workplace	2.4%		1.8%
Cancer	4.3%		4.9%
Diabetes	8.0%		4.7%
Drugs/Substance Abuse	11.3%		9.2%
Family Planning	3.3%		2.5%
Heart Disease	5.0%		3.7%
Lead Exposure	2.6%		1.0%
Mental Illness	12.2%		9.9%
Nutrition	6.7%		5.0%
Obesity	9.6%		8.8%
Ozone	0.0%		0.4%
Physical Exercise	8.2%		6.7%
Poverty	10.9%		7.1%
Respiratory Disease	2.6%		2.3%
Sexually Transmitted Diseases	3.2%		2.3%
Smoke-Free Workplace	1.9%		1.6%
Suicide	8.9%		7.3%
Teen Pregnancy	5.8%		3.0%
Tobacco Use	3.7%		3.7%
Vaccinations	4.3%		2.7%
Water Quality	3.7%		3.7%
Wellness Education	8.2%		6.9%

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Healthcare Services - Cowley County KS				
Cat	Healthcare Services Offered in County: Yes / No	Hospital	Health Dept.	Other
Clinic	Primary Care	x		x
Hosp	Alzheimer Center			x
Hosp	Ambulatory Surgery Centers	x		
Hosp	Arthritis Treatment Center	x		
Hosp	Bariatric / Weight Control Services			x
Hosp	Birthing / LDR / LDRP Room	x		
Hosp	Breast Cancer Services	x		x
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	x		
Hosp	Cardiac Surgery			
Hosp	Cardiology Services	x		
Hosp	Case Management	x		x
Hosp	Chaplaincy / Pastoral Care			x
Hosp	Chemotherapy			x
Hosp	Colonoscopy	x		
Hosp	Crisis Prevention			x
Hosp	CT Scanner	x		x
Hosp	Diagnostic / Invasive Catheterization			
Hosp	Diagnostic Radioisotope Facility			
Hosp	Electron Beam Computed Tomography (EBCT)			
Hosp	Endoscopy	x		
Hosp	Enrollment Assistance		x	x
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			
Hosp	Fertility Clinic			
Hosp	Full Field Digital Mammography (FFDM)	X		x
Hosp	Genetic Testing / Counseling	x		x
Hosp	Geriatric Services	x	x	x
Hosp	Heart Services	x		
Hosp	Hemodialysis			x
Hosp	HIV / AIDS Services			
Hosp	Image-Guided Radiation Therapy (IGRT)			
Hosp	Inpatient Acute Care Services	x		x
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	x		
Hosp	Intensive Care Unit	x		
Hosp	Intermediate Care Unit			
Hosp	Interventional Cardiac Catheterization			
Hosp	Isolation Room	x		x
Hosp	Kidney Services			x
Hosp	Liver Services			
Hosp	Lung Services	x		
Hosp	Magnetic Resonance Imaging (MRI)	x		x
Hosp	Mammograms	x		x
Hosp	Medical Nutrition Therapy	x		
Hosp	Mobile Health Services			
Hosp	Multi-slice Spiral Computed Tomography (<64 Slice CT)	x		
Hosp	Multi-slice Spiral Computed Tomography (64+ Slice CT)			

Inventory of Healthcare Services - Cowley County KS				
Cat	Healthcare Services Offered in County: Yes / No	Hospital	Health Dept.	Other
Hosp	Neonatal Services			
Hosp	Neurological services			
Hosp	Obstetrics Services	x		x
Hosp	Occupational Health Services	x		x
Hosp	Oncology Services			x
Hosp	Orthopedic Services	x		x
Hosp	Outpatient Surgery	x		x
Hosp	Pain Management	x		
Hosp	Palliative Care Program	x		x
Hosp	Pediatric Services	x		x
Hosp	Physical Rehabilitation	x		x
Hosp	Positron Emission Tomography (PET)			
Hosp	Positron Emission Tomography / CT (PET / CT)			
Hosp	Psychiatric Services			x
Hosp	Radiology, Diagnostic	x		
Hosp	Radiology, Therapeutic	x		
Hosp	Reproductive Health			
Hosp	Robotic Surgery			
Hosp	Shaped Beam Radiation System 161			
Hosp	Single Photon Emission Computerized Tomography			
Hosp	Sleep Center	x		x
Hosp	Social Work	x	x	x
Hosp	Sports Medicine	x		x
Hosp	Stereotactic Radiosurgery	x		
Hosp	Swing Bed Services	x		
Hosp	Transplant Services			x
Hosp	Trauma Center -Level IV	x		
Hosp	Ultrasound	x		x
Hosp	Women's Health Services	x		x
Hosp	Wound Care	x		
SR	Adult Day Care Program			x
SR	Assisted Living			x
SR	Home Health	x		x
SR	Hospice			x
SR	Long-term Care			x
SR	Nursing Home			x
SR	Retirement Housing			x
SR	Skilled Nursing Care	x		x
ER	Emergency Services	x		x
ER	Urgent Care Center			x
ER	Ambulance Services			x
SERV	Alcoholism-Drug Abuse Services			x
SERV	Audiology Services	x		
SERV	Blood Donor Center			

Inventory of Healthcare Services - Cowley County KS				
Cat	Healthcare Services Offered in County: Yes / No	Hospital	Health Dept.	Other
SERV	Chiropractic Services			X
SERV	Complementary Medicine Services		X	X
SERV	Dental Services			X
SERV	Diabetes Education	X		
SERV	Fitness Center			X
SERV	Health Education Classes	X	X	X
SERV	Health Fair	X	X	X
SERV	Health Information Center		X	X
SERV	Health Screenings	X	X	X
SERV	Health Screenings	X	X	X
SERV	Meals on Wheels	X		X
SERV	Nutrition Program	X	X	X
SERV	Patient Education Center		X	X
SERV	SANE (sexual assault nurse examiner)	X		
SERV	Support Groups			X
SERV	Teen Outreach Services			X
SERV	Tobacco Treatment / Cessation Program		X	X
SERV	Transportation to Health Facilities			X
SERV	Wellness Program	X		X

Providers Delivering Care Cowley County KS - Primary Service Area

FTE Providers Working in PSA	FTE Physicians		FTE Allied Staff
	FTE MD / DO	Visiting DR*	FTE NP / PA
Primary Care:			
Family Practice	8.5		6.0
Internal Medicine / Geriatrics	2.0		
Obstetrics / Gynecology	2.0		1.0
Pediatrics	1.0		
Medicine Specialists:			
Allergy / Immunology			
Cardiology		0.16	
Dermatology			
Endocrinology			
Gastroenterology			
Oncology / Radiology		*	
Infectious Disease			
Nephrology		0.05	
Neurology			
Psychiatry		*	
Pulmonary			
Rheumatology		0.18	
Surgery Specialists:			
General Surgery / Colon / Oral	2.0		
Neurosurgery			
Ophthalmology		0.07	
Orthopedics	1.0		
Otolaryngology		0.18	
Plastic / Reconstructive Surgery			
Thoracic / Cardiovascular / Vascular Surgery			
Urology		0.09	
Hospital Based:			
Anesthesia / Pain Management			4.0
Emergency Medicine	4.0		
Radiology	4.0		
Pathology		0.01	
Hospitalist			
Neonatology / Perinatology			
Physical Medicine / Rehabilitation			
Occupational Medicine			
Podiatry	2.0		
Chiropractic			
Optometry	2.0		
Dental		*	
TOTALS	28.5	0.74	11.0

*FTE Specialists serving the community who office outside the PSA

Visiting Specialists to Cowley Co (WNH campus)

Specialty	Physician Name	Office Location	Schedule
Cardiology	Pronab Sensarma, MD	Winfield Healthcare Center	2nd Wednesday & 4th Monday
Cardiology	Jason Tauke, MD	Winfield Healthcare Center	1st Monday
Cardiology	Randee Lipman, MD	Winfield Healthcare Center	3rd Friday
Cardiology	Wassim Shaheen, MD	Winfield Healthcare Center	2nd and 4th Friday
Nephrology	Michael Grant, MD	Winfield Healthcare Center	2nd Monday & 3rd Thursday
Oncology	Shaker Dakhil, MD	Winfield Healthcare Center	three Mondays a month
Oncology	Michael Cannon, MD	Winfield Healthcare Center	one Thursday a month
Orthopedics	Jeryl Fullen, MD	Winfield Healthcare Center	Every Tuesday & Thursday
Otolaryngology	Matthew Stumpe, MD	Winfield Healthcare Center	Every Tuesday
Pain Management	Rodney Jones, MD	William Newton Hospital	every other Thursday
Radiation Treatment	Jon Anders, MD	Winfield Healthcare Center	days vary
Radiation Treatment	David Bryant, MD	Winfield Healthcare Center	days vary
Urology	Ayham Farha, MD	Winfield Healthcare Center	1st & 3rd Wednesday
Rheumatology	Praveena Gorantla, MD	Physicians Pavilion	Four times a month

Cowley County, KS

Emergency Numbers

Police/Sheriff 911
Fire 911
Ambulance 911

Non-Emergency Numbers

Cowley County Sheriff (620) 221-5444

Municipal Non-Emergency Numbers

	Police	Sheriff/Fire
Winfield	(620) 221-5555	(620) 221-5560
Ark City	(620) 441-4444	(620) 441-4430

Other Emergency Numbers

American Red Cross
707 N. Main
1-316-219-4000

Cowley County Emergency Management
(620) 221-0470

Domestic Violence and Sexual Assault
Kansas Crisis Hotline
1-888-END-ABUSE (1-888-363-2287)
www.kcsdv.org/ksresources.html

Federal Bureau of Investigation (Wichita)
316-262-0031
www.fbi.gov

High Plains Mental Health
1-800-432-0333

Kansas Arson/Crime Hotline
1-800-KS-CRIME

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

Kansas Children's Service League
785-625-2244 (Hays, KS)
1-877-530-5275
Call 24-HR Parent Helpline 1-800-332-6378
www.kcsl.org

Kansas Division of Emergency Management
(Topeka)
785-274-1409
www.accesskansas.org/kdem

Kansas Department of Social and
Rehabilitation Services West Region
Protection Reporting Center
(Protection Report Center for Abuse)
1-800-922-5330
Available 24 hours/7 days per week – including
holidays for elder and child abuse reports

Kansas Highway Patrol
785-899-6697
785-827-4930 (Salina)

Kansas Road Conditions
1-877-550-KDOT (5368)
www.ksdot.org
511 from cell phones

Poison Help Hotline
1-800-222-1222
www.kumed.com/default.aspx?id=2729
www.poison.org
www.aapcc.org

Suicide Prevention Hotline
1-800-SUICIDE (800-784-2433)
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

William Newton Hospital
1300 E 5th Ave (Winfield)
620-221-2300
www.wnhcares.org/

South Central KS Medical Center
6401 Patterson Pkwy
620-442-2500
www.sckrmc.org/

Health Department

City-Cowley Co. Health Dept.
Winfield – 320 E. 9th, Suite B
Arkansas City – 115 E. Radio Lane
620-221-1430 or 800-350-9092 – Winfield
620-442-3260 – Arkansas City

Mental Health

Four County Mental Health – Strother Field
22214 D St
620-442-4540 or 620-221-9664
<https://www.fourcounty.com/>

Counseling & Mediation Center – Winfield
620-221-8985
<http://www.counselingandmediationcenter.com/>

Counseling & Mediation Center – Wichita
200 W. Douglas, Suite 560
316-269-2322
<http://www.counselingandmediationcenter.com/>

Winfield Therapy & Wellness Center
250 N Rock Rd #130
620-719-8229
therapy-wellness.com/

Substance Abuse Counseling and Treatment

Four County Mental Health- Counseling &
Mediation Center – Winfield
22214 D St
620-221-8985 or 620-221-9664

Counseling & Mediation Center – Wichita
200 W. Douglas, Suite 560
316-269-2322

Substance Abuse
620-442-4540

Drug/Alcohol Counseling
800-442-5550

AL-NON & Alcoholics Anonymous
620-442-5880

Alcoholics Anonymous
620-221-2388

Preferred Family Healthcare (formerly King's)
620-221-6252

Kansas Tobacco Quitline
866-526-7867

Physicians

Arkansas City Clinic
510 W Radio Ln
620-442-2100
Paul A. Klaassen, MD
David A. Schmeidler, MD
Mauricio Herrera, MD
Adam Keesling, MD
Michelle Schmitz, PA
Valerie Albin, PA

South Central Ks Medical Clinic
515 N Summit St
620-442-4850
Perry Linn, MD
Kamran Shahzada, MD
Eric Thomson, MD
Angela Ziegler, APRN

SCKMC Speciality Clinic
6403 Patterson Parkway, Arkansas City
620-441-5711

Karim Masri, MD
Whitney Reader, M.D.
Richard E. Steinberger, M.D.
DR.DAMION WALKER, D.O.
Lisa Weber, M.D.
Lyle Zepick, M.D.
Gregory Boxberger, M.D.

South Central Anesthesia
501 E 11th, Winfield
620-441-3881
Ronald L. Altman, CRNA
Michelle Bloedel, CRNA
Brent E. Casad, CRNA
David Jordan, CRNA
Steve D. Newsome, CRNA

ABC Medical Practice
1230 E 6th Suite 2C
620-402-6699
Todd Peters, MD
Heather Irving, APRN

Bluestem Family Health
1230 E 6th Ave Suite 1B
620-402-6400
Tessa E. Rohrberg, MD
Amanda R Steventon, MD

Community Health Center – Winfield
221 W 8th
620-221-3350
Treasure A. Wehner, DO
Micki Wunderlich, PA
Jerry Old, MD

Family Care Center – Winfield
1305 E 19th
620-221-9500
Bryan Davis, MD
Bryan Dennett, MD

Urgent Care
1305 E 19th Ave
620-705-5050
Ginger Baruth, PA
Cherri Lawless, APRN
Deborah Love, APRN

Hillside Medical Group – Winfield
1700 E 9th
620-221-0110
Alvin Bird, DO
Rodrick Heger, DO
Melissa Bailey, APRN
Jennifer Swafford, APRN

Superior Anesthesia
2913 Yaeger Drive, Winfield
Arden William Bloedel, CRNA
Carrie S. Bloedel-Helmer, CRNA

Health Professionals of Winfield – Winfield
1230 E 6th
620-221-4000
Kimberly Adams-McDarty, APRN
Daisy Maties, MD
Angela M Meyer, MD

Physicians Pavilion
1230 E. 6th Ave, Suite 1D, Winfield
620-221-8930
Patrick R. Bloedel, MD
Christopher A. Morrissey, D.O.
Todd E. Peters, MS
Sapna A. Shah-Haque, MD

Winfield Healthcare Center
1305 East 5th Ave. Winfield
316-262-4467
Shaker R. Dakhil, M.D.
Jeryl G. Fullen, MD
Ayham J. Farha, MD

Walnut Valley Foot and Ankle - Winfield
1230 E 6th
620-221-4443
Dr Thomas Lyman, DPM
Anthony Elliott, DPM

Sunflower OB/GYN, PA
1230 E 6th Ave #2d
620-222-6250
Daniel Miller, DO
Doug Moore, DO
Terena Sisk, CNM

Winfield Medical Arts
3625 Quail Ridge Dr
620-221-6100
Anaud Kul, MD
Willie Posey, DO
Patrick Tyson Blatchford, MD
Perry Lin, MD
Chandy Samuel, MD
Kent Winblad, MD/GYN
Jane Kaufman, APRN
Angie Ziegler, APRN
Elshami M. Elamin, MD

Winfield Surgery & Services Rheumatology
Clinic
1230 E 6th Ave, Suite 1A, Winfield
620-222-6278
Praveena Gorantla, MD

Wound Healing & Hyperbaric Center, William
Newton Hospital
1300 E Fifth, Winfield
620-222-6205
Shelly Crader, APRN

Dexter Rural Health Clinic
204 N Main
620-876-5863
Michael Katunzi, APRN
Rita Gumm, APRN
Shirley Black, APRN

General Surgery & Endoscopy
1230 East 6th Avenue | Suite 1-D
620-221-8930
Patrick Bloedel, MD

Cedar Vale
508 Washington
620-758-2221
James McDermott, DO
Dauice Wes Turner, PA
Audiologist (hearing testing)

April D Slaven McCaslin , AuD
620-221-2900

Primary Health/Dental Care for Uninsured

Grace Med (Health/Dental) – Wichita
1122 N Topeka St
316-866-2000

Hunter Health Clinic (Health/Dental – Wichita)
527 N. Grove Wichita

316-262-2415

Guadalupe Clinic – Wichita
940 St Francis
316-264-8974

St. Mark UMC Clinic (Dental) – Wichita
1525 N Lorraine
316-681-2545

Health Options for Kansas (Dental) – Wichita
3620 Sunnybrook
316-978-5637

Dentists

Nick Kinsch – Ark City
102 W Kansas Ave
620-442-1820

Andrea Rice – Winfield
810 Main St
620-221-7737

Nathan C. Niles – Ark City
112 E Central Ave
620-442-2575

David C. Parsons – Winfield
123 E 10th Ave
620-221-0730

Ronald L. Poltera – Winfield
107 College St
620-221-9580

Nick Rogers
Scott Rogers
Nicole Rogers- Ark City
1939 N 11th St
620-442-5660

Stan Sawyer – Winfield
2116 E 9th Ave
620-221-0221

John D. Seitz – Ark City
625 N Summit St
620-442-7752

Riverstone Family Dental – Ark City
220 W Central Ave
620-442-0320

Tony Watkins – Winfield
2107 E 12th Ave

620-229-9779

Small Smiles Dental Clinic – Wichita
650 N Carriage Pkwy
316-686-2721

Dental Hygiene Clinic – Wichita State Univ.
207 Ahlberg Hall
316-978-3603

Newkirk Dental Center- Newkirk, OK
327 W South St
580-362-2600

Eye Care

Abbey Eye Care - Ark City
520 N Summit St
620-442-1111
Stewart Abbey
Miles Abbey
Jayna Munson

Greene Vision Group – Winfield
1851 North Webb Road
620-221-0740
Gail Burden
Jill Huelskamp

Freeman Eye Care – Winfield
803 Main St
620-221-2020
Dan E. Freeman

TMS Eye Care - Ark City
2508 Edgemont Drive Suite 6
620-442-2577
Brad Majher
Jacob Shaw
Heidi Ensley

Winfield Family Optometry – Winfield
3000 E 9th Ave
620-221-2015
William M. Holman
Cory A. Lindenman

Pharmacies

Graves
905 Main St
(620) 221-0080

Dillons
425 N Summit St
620-442-7931

Dillons
2310 Main St
620-221-5700

Wal-Mart
2701 N Summit St
620-442-2051

Wal-Mart
2202 Pike Rd
620-221-9437

Walgreens
2100 N Summit St
620-441-0283

Taylor Drug
201 S Summit St
620-442-3500

Winfield Pharmacy
1708 E 9th Ave
620-221-0450

Health Center Pharmacy
722 Wheat Rd
620-221-7850

K&D Pharmacy
224 S Summit St
620-307-6264

William Newton Memorial Hospital
1300 E 5th Ave
(620) 221-2300

Safety Services

Winfield Safe Homes
620-221-7079

Wichita Safe Homes
316-267-7233

National Domestic Violence Hotline
800-799-7233

Kansas Crisis Hotline
800-363-2287

Child-Adult Abuse/Neglect Hotline
800-922-5330

After Business Hours Abuse/Neglect Hotline
800-922-5330

Cowley Co. Sheriff's Office
620-221-4066

Emergencies (Police, Fire, Ambulance)
911

Education Programs

Big Brothers & Big Sisters – Winfield
103 E 9th Ave #316
620-221-7766

Cowley Co. Special Service Co-op & Pals
1317 Wheat Rd
620-221-7021

Head Start - Cowley County
1203 Manning St
620-441-2075

PAFT (Parents as First Teachers)
1407 WHEAT RD
620-221-5124

REACH Preschool Development Center
1406 E 8th Avenue
620-229-8304

USD 470 – Ark City School District
2545 Greenway Rd
620-441-2000

USD 465 – Winfield School District
1407 Wheat Road
620-221-5100

USD 462 – Central-Burden School District
700 N Main St
620-438-2218

USD 471 – Dexter School District
311 N. Main St
620-876-5415

USD 463 – Udall School District
303 S Seymour
620-782-3355

Winfield H.S. Diploma Completion Program
620-221-5160

GED Program – Cowley College
125 S. 2nd St PO Box 1147
620-442-0430

ECCELL – Winfield
113 W 9th Ave
620-221-2266

ECCELL – Burden
620-438-3333

Heartspring Pediatric Services
8700 East 29th St N
316-634-8710

Assistance Programs

United Way of the Plains
2-1-1

United Way Wichita office
245 N Water St
316- 267-1321

Angels in the Attic (Thrift Store)
109 S Summit St
620-506-5090

Angels in the Attic (Case Services)
109 S Summit St
620-446-5270

Child Start
1002 S Oliver
800-684-3962 or 316-682-1853

Choices Medical Clinic (unexpected pregnancy)
538 S Bleckley Dr
316-687-2797

DNA Diagnostics Center
877-211-0294

HLP (DNA Testing)
888-712-9639

Eagle Nest, Inc.
112 E 9th Ave
620-229-8282

Family Life Services
305 S Summit St
620-442-1688

Goodwill Store – Winfield
1908 E 9th Ave
620-402-6900

HUD Housing
400 State Avenue Room 200
Kansas City
620-442-6063

IKan – Living Skills Training f/ the blind or
visually impaired.
Mandy Smith & Libby Doxon – Contacts
800-580-7245 or 888-715-6818

Joseph's Storehouse – Burden
424 N Main St
620-438-2497

Kansas Legal Services
800-723-6953

LIEAP (Low Income Energy Assistance
Program)
800-432-0043

MANNA Ministry – Food Assistance
4th Saturday, 10:00-12:00
220 East Central
620-442-3510 or 620-442-2849

American Red Cross – Wichita
707 N Main St
316-219-4000

Senior Center - Ark City
320 S A St
620-441-4419

Senior Center – Winfield
1320 Wheat Rd
620-221-2451

Dept. for Children & Families (DCF)
Medical Card
Food Stamps
Cash Assistance
Child Care Assistance
Medicare – Carol Hisken, Ext 212
620-221-6400 or 888-369-4777

Social Security Administration – Wichita
800-772-1213

Winfield Community Food Pantry
8:30-11:00 Mon-Fri
320 College St
620-221-2183

Winfield Housing Authority
1417 Pine Terrace
620-221-4936

Insurance Navigator – Geydy Cruz Guerra
620-221-3350

Other Resources

Arkansas City Public Library
120 E 5th Ave
620-442-1280

Winfield Public Library
605 College St
620-221-4470

Cowley Co. Extension Office
311 E 9th Ave #101
620-442-4565 or 620-221-5450

Strother Field
22193 Tupper St
620-442-3130

Winfield Recreation Center
624 College St
620-221-2160

Arkansas City Recreation Center
225 E 5th Ave
620-441-4300

So. Central Ks Area Agency on Aging
304 S Summit St
620-442-0268

The Arnold Group
530 S Topeka St
620-221-7100

Transportation

Cowley Co. Council on Aging
700 Gary St # C
877-491-3984 or 620-221-7020

Cowley Co. Commuter
214 S. Topeka
316-265-7221

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files



Patient Origin by Hospital - Inpatient

William Newton Hospital - Winfield, KS
Federal Fiscal Year: 2015



County	Total Discharges		Pediatric Age 0 - 17		Adult Medical/Surgical						Psychiatric		Obstetric		Newborn		Surg %		
	Cases	%	Cases	%	Age 18 - 44	Age 45 - 64	Age 65 - 74	Age 75+	Cases	%	Cases	%	Cases	%	Cases	%			
Cowley, KS	762	86.5%	5	0.7%	64	8.4%	167	21.9%	115	15.1%	240	31.5%	5	0.7%	164	21.5%	2	0.3%	13.3%
Sumner, KS	48	5.4%	0	0.0%	4	8.3%	13	27.1%	4	8.3%	11	22.9%	0	0.0%	16	33.3%	0	0.0%	14.6%
Chautauqua, KS	32	3.6%	1	3.1%	1	3.1%	9	28.1%	7	21.9%	3	9.4%	0	0.0%	11	34.4%	0	0.0%	31.3%
Elk, KS	11	1.2%	0	0.0%	0	0.0%	3	27.3%	2	18.2%	3	27.3%	0	0.0%	3	27.3%	0	0.0%	54.5%
Kay, OK	8	0.9%	0	0.0%	0	0.0%	0	0.0%	2	25.0%	3	37.5%	0	0.0%	3	37.5%	0	0.0%	25.0%
Butler, KS	5	0.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	80.0%	0	0.0%	1	20.0%	0	0.0%	20.0%
Other Counties	15	1.7%	0	0.0%	2	13.3%	4	26.7%	1	6.7%	5	33.3%	0	0.0%	3	20.0%	0	0.0%	26.7%
Hospital Total	881	100.0%	6	0.7%	71	8.1%	196	22.2%	131	14.9%	269	30.5%	5	0.6%	201	22.8%	2	0.2%	14.9%

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Patient Origin by Hospital - Inpatient

William Newton Hospital - Winfield, KS
Federal Fiscal Year: 2016



County	Total Discharges		Pediatric Age 0 - 17		Adult Medical/Surgical						Psychiatric		Obstetric		Newborn		Surg %		
	Cases	%	Cases	%	Age 18 - 44	Age 45 - 64	Age 65 - 74	Age 75+	Cases	%	Cases	%	Cases	%	Cases	%			
Cowley, KS	850	86.6%	14	1.6%	76	8.9%	168	19.8%	104	12.2%	274	32.2%	5	0.6%	204	24.0%	5	0.6%	20.2%
Sumner, KS	62	6.3%	0	0.0%	2	3.2%	10	16.1%	7	11.3%	25	40.3%	1	1.6%	17	27.4%	0	0.0%	19.4%
Elk, KS	18	1.8%	0	0.0%	0	0.0%	1	5.6%	3	16.7%	8	44.4%	0	0.0%	6	33.3%	0	0.0%	11.1%
Chautauqua, KS	17	1.7%	1	5.9%	3	17.6%	1	5.9%	4	23.5%	0	0.0%	0	0.0%	8	47.1%	0	0.0%	35.3%
Butler, KS	14	1.4%	0	0.0%	1	7.1%	0	0.0%	0	0.0%	8	57.1%	0	0.0%	5	35.7%	0	0.0%	35.7%
Sedgwick, KS	9	0.9%	0	0.0%	2	22.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	7	77.8%	0	0.0%	11.1%
Other Counties	11	1.1%	0	0.0%	0	0.0%	1	9.1%	1	9.1%	6	54.5%	0	0.0%	3	27.3%	0	0.0%	9.1%
Hospital Total	981	100.0%	15	1.5%	84	8.6%	181	18.5%	119	12.1%	321	32.7%	6	0.6%	250	25.5%	5	0.5%	20.3%

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Patient Origin by Hospital - Inpatient

William Newton Hospital - Winfield, KS
Federal Fiscal Year: 2017



County	Total Discharges		Pediatric Age 0 - 17		Adult Medical/Surgical						Psychiatric		Obstetric		Newborn		Surg %		
	Cases	%	Cases	%	Age 18 - 44	Age 45 - 64	Age 65 - 74	Age 75+	Cases	%	Cases	%	Cases	%	Cases	%			
Cowley, KS	891	87.4%	10	1.1%	60	6.7%	147	16.5%	110	12.3%	345	38.7%	10	1.1%	207	23.2%	2	0.2%	15.4%
Sumner, KS	53	5.2%	0	0.0%	3	5.7%	9	17.0%	7	13.2%	11	20.8%	2	3.8%	21	39.6%	0	0.0%	13.2%
Elk, KS	20	2.0%	0	0.0%	5	25.0%	3	15.0%	1	5.0%	6	30.0%	0	0.0%	5	25.0%	0	0.0%	25.0%
Chautauqua, KS	17	1.7%	0	0.0%	0	0.0%	1	5.9%	1	5.9%	2	11.8%	0	0.0%	13	76.5%	0	0.0%	29.4%
Oklahoma State Sur	9	0.9%	0	0.0%	1	11.1%	0	0.0%	2	22.2%	2	22.2%	0	0.0%	4	44.4%	0	0.0%	22.2%
Sedgwick, KS	6	0.6%	0	0.0%	1	16.7%	0	0.0%	0	0.0%	2	33.3%	1	16.7%	2	33.3%	0	0.0%	50.0%
Kay, OK	5	0.5%	0	0.0%	0	0.0%	1	20.0%	1	20.0%	3	60.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Butler, KS	5	0.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	20.0%	0	0.0%	4	80.0%	0	0.0%	40.0%
Other Counties	13	1.3%	0	0.0%	4	30.8%	0	0.0%	1	7.7%	4	30.8%	0	0.0%	4	30.8%	0	0.0%	23.1%
Hospital Total	1,019	100.0%	10	1.0%	74	7.3%	161	15.8%	123	12.1%	376	36.9%	13	1.3%	260	25.5%	2	0.2%	16.1%

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Outpatient Patient Origin by Region
 Cowley, KS Residents Treated in KHA Reporting Area
 Federal Fiscal Year: 2017

Facility	Total		Emergency Department		Surgery		Observation		Clinical Services		Unclassified	
	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%
William Newton Hospital - Winfield, KS	27,150	51.2%	7,217	26.6%	2,192	8.1%	620	2.3%	11,871	43.7%	5,656	20.8%
South Central Kansas Medical Center - Arkansas City, KS	20,463	38.6%	6,060	29.6%	819	4.0%	254	1.2%	6,716	32.8%	6,798	33.2%
Wesley Healthcare - Wichita, KS	1,738	3.3%	783	45.1%	350	20.1%	53	3.0%	546	31.4%	57	3.3%
Via Christi Hospitals Wichita, Inc. - Wichita, KS	1,165	2.2%	339	29.1%	181	15.5%	62	5.3%	555	47.6%	73	6.3%
Sumner Regional Medical Center - Wellington, KS	627	1.2%	58	9.3%	17	2.7%	95	15.2%	161	25.7%	299	47.7%
Susan B. Allen Memorial Hospital - El Dorado, KS	456	0.9%	195	42.8%	51	11.2%	5	1.1%	139	30.5%	69	15.1%
Wesley Woodlawn Hospital & ER - Wichita, KS	324	0.6%	54	16.7%	76	23.5%	19	5.9%	178	54.9%	8	2.5%
The University of Kansas Health System - Kansas City, KS	316	0.6%	4	1.3%	21	6.6%	1	0.3%	179	56.6%	112	35.4%
Children's Mercy Kansas City - Kansas City, MO	293	0.6%	5	1.7%	12	4.1%	3	1.0%	98	33.4%	177	60.4%
Children's Mercy Hospital Kansas - Overland Park, KS	78	0.1%	1	1.3%	4	5.1%	1	1.3%	31	39.7%	42	53.8%
Kansas Residents/Other Missouri Hospitals	65	0.1%	30	46.2%	3	4.6%	2	3.1%	21	32.3%	11	16.9%
Via Christi Hospital Wichita St. Teresa, Inc. - Wichita, KS	46	0.1%	8	17.4%	6	13.0%	1	2.2%	27	58.7%	4	8.7%
Newton Medical Center - Newton, KS	45	0.1%	12	26.7%	3	6.7%	0	0	25	55.6%	5	11.1%
Sedan City Hospital - Sedan, KS	33	0.1%	18	54.5%	0	0	3	9.1%	6	18.2%	9	27.3%
Newman Regional Health - Emporia, KS	17	0.0%	8	47.1%	0	0	2	11.8%	3	17.6%	5	29.4%
Fredonia Regional Hospital - Fredonia, KS	16	0.0%	2	12.5%	0	0	0	0	8	50.0%	6	37.5%
Hospital District #6 - Harper Campus - Harper, KS	15	0.0%	1	6.7%	0	0	0	0	7	46.7%	7	46.7%
Saint Luke's Hospital of Kansas City - Kansas City, MO	15	0.0%	0	0	0	0	0	0	9	60.0%	6	40.0%
Salina Regional Health Center - Salina, KS	14	0.0%	8	57.1%	0	0	1	7.1%	5	35.7%	1	7.1%
Labette Health - Parsons, KS	11	0.0%	3	27.3%	0	0	0	0	2	18.2%	6	54.5%
St. Catherine Hospital - Garden City, KS	11	0.0%	4	36.4%	0	0	1	9.1%	1	9.1%	6	54.5%
Overland Park Regional Medical Center - Overland Park, KS	11	0.0%	4	36.4%	0	0	0	0	3	27.3%	4	36.4%
The University of Kansas Health System St. Francis Campus - Topeka, KS	10	0.0%	3	30.0%	1	10.0%	0	0	3	30.0%	3	30.0%
Greeley County Health Services - Tribune, KS	10	0.0%	2	20.0%	0	0	0	0	4	40.0%	4	40.0%
Western Plains Medical Complex - Dodge City, KS	10	0.0%	7	70.0%	0	0	0	0	2	20.0%	1	10.0%
Hutchinson Regional Medical Center - Hutchinson, KS	9	0.0%	6	66.7%	0	0	1	11.1%	1	11.1%	1	11.1%
Lawrence Memorial Hospital - Lawrence, KS	9	0.0%	6	66.7%	0	0	0	0	2	22.2%	1	11.1%
Via Christi Hospital Pittsburg, Inc. - Pittsburg, KS	8	0.0%	2	25.0%	0	0	0	0	5	62.5%	1	12.5%
Stormont Vail Health - Topeka, KS	7	0.0%	6	85.7%	1	14.3%	0	0	0	0	0	0
Via Christi Hospital Manhattan, Inc. - Manhattan, KS	6	0.0%	0	0	0	0	2	33.3%	1	16.7%	3	50.0%
Great Bend Regional Hospital - Great Bend, KS	6	0.0%	2	33.3%	0	0	0	0	0	0	4	66.7%
Coffey County Hospital - Burlington, KS	5	0.0%	2	40.0%	0	0	0	0	2	40.0%	1	20.0%
Lane County Hospital - Dighton, KS	5	0.0%	0	0	0	0	0	0	1	20.0%	4	80.0%
Shawnee Mission Health - Shawnee Mission, KS	5	0.0%	1	20.0%	1	20.0%	0	0	1	20.0%	2	40.0%
Truman Medical Center Hospital Hill - Kansas City, MO	5	0.0%	2	40.0%	0	0	0	0	0	0	3	60.0%
Other Hospitals	48	0.1%	19	39.6%	1	2.1%	0	0	12	25.0%	16	33.3%
County Total	53,052	100.0%	14,872	28.0%	3,739	7.0%	1,126	2.1%	20,625	38.9%	13,405	25.3%

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 Jul 10, 2018



Outpatient Patient Origin by Region
 Cowley, KS Residents Treated in KHA Reporting Area
 Federal Fiscal Year: 2015

Facility	Total		Emergency Department		Surgery		Observation		Clinical Services		Unclassified	
	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%
William Newton Hospital - Winfield, KS	26,141	51.8%	6,102	23.3%	897	3.4%	738	2.8%	13,849	53.0%	4,991	19.1%
South Central Kansas Medical Center - Arkansas City, KS	19,365	38.4%	5,567	28.7%	905	4.7%	198	1.0%	6,192	32.0%	6,665	34.4%
Wesley Healthcare - Wichita, KS	1,571	3.1%	511	32.5%	388	24.7%	59	3.8%	594	37.8%	74	4.7%
Via Christi Hospitals Wichita, Inc. - Wichita, KS	1,110	2.2%	335	30.2%	241	21.7%	58	5.2%	463	41.7%	67	6.0%
Sumner Regional Medical Center - Wellington, KS	571	1.1%	63	11.0%	22	3.9%	57	10.0%	314	55.0%	125	21.9%
Susan B. Allen Memorial Hospital - El Dorado, KS	425	0.8%	129	30.4%	60	14.1%	6	1.4%	154	36.2%	83	19.5%
Wesley Woodlawn Hospital & ER - Wichita, KS	333	0.7%	71	21.3%	82	24.6%	13	3.9%	160	48.0%	16	4.8%
The University of Kansas Health System - Kansas City, KS	290	0.6%	2	0.7%	22	7.6%	2	0.7%	111	38.3%	155	53.4%
Children's Mercy Kansas City - Kansas City, MO	192	0.4%	5	2.6%	6	3.1%	6	3.1%	79	41.1%	99	51.6%
Kansas Residents/Other Missouri Hospitals	88	0.2%	39	44.3%	8	9.1%	4	4.5%	32	36.4%	11	12.5%
Children's Mercy Hospital Kansas - Overland Park, KS	65	0.1%	1	1.5%	2	3.1%	0	0	34	52.3%	28	43.1%
Newton Medical Center - Newton, KS	34	0.1%	7	20.6%	6	17.6%	0	0	8	23.5%	13	38.2%
Via Christi Hospital Wichita St. Teresa, Inc. - Wichita, KS	29	0.1%	7	24.1%	4	13.8%	2	6.9%	17	58.6%	1	3.4%
Sedan City Hospital - Sedan, KS	27	0.1%	6	22.2%	0	0	0	0	6	22.2%	15	55.6%
The University of Kansas Health System St. Francis Campus - Topeka, KS	22	0.0%	2	9.1%	1	4.5%	1	4.5%	14	63.6%	4	18.2%
Shawnee Mission Health - Shawnee Mission, KS	22	0.0%	4	18.2%	4	18.2%	0	0	12	54.5%	2	9.1%
Hospital District #6 - Harper Campus - Harper, KS	17	0.0%	3	17.6%	0	0	0	0	5	29.4%	9	52.9%
Saint Luke's Hospital of Kansas City - Kansas City, MO	14	0.0%	2	14.3%	0	0	0	0	5	35.7%	7	50.0%
Salina Regional Health Center - Salina, KS	14	0.0%	7	50.0%	1	7.1%	1	7.1%	4	28.6%	2	14.3%
Hospital District #6 - Anthony Campus - Anthony, KS	12	0.0%	2	16.7%	0	0	0	0	6	50.0%	4	33.3%
Lawrence Memorial Hospital - Lawrence, KS	9	0.0%	7	77.8%	0	0	0	0	1	11.1%	1	11.1%
Hutchinson Regional Medical Center - Hutchinson, KS	9	0.0%	8	88.9%	0	0	0	0	0	0	1	11.1%
Labette Health - Parsons, KS	8	0.0%	3	37.5%	2	25.0%	0	0	1	12.5%	2	25.0%
Mercy Hospital Independence - Independence, KS	8	0.0%	4	50.0%	0	0	0	0	3	37.5%	1	12.5%
Anderson County Hospital - Garnett, KS	7	0.0%	0	0	0	0	0	0	1	14.3%	6	85.7%
Via Christi Hospital Manhattan, Inc. - Manhattan, KS	7	0.0%	0	0	0	0	0	0	1	14.3%	6	85.7%
Lane County Hospital - Dighton, KS	6	0.0%	2	33.3%	0	0	0	0	2	33.3%	2	33.3%
Hiawatha Community Hospital - Hiawatha, KS	5	0.0%	1	20.0%	0	0	0	0	2	40.0%	2	40.0%
Stormont Vail Health - Topeka, KS	5	0.0%	4	80.0%	0	0	0	0	1	20.0%	0	0
Greenwood County Hospital - Eureka, KS	5	0.0%	2	40.0%	1	20.0%	0	0	0	0	2	40.0%
McPherson Hospital - Mc Pherson, KS	5	0.0%	2	40.0%	0	0	0	0	1	20.0%	2	40.0%
Western Plains Medical Complex - Dodge City, KS	5	0.0%	3	60.0%	0	0	0	0	0	0	2	40.0%
Other Hospitals	66	0.1%	38	57.6%	7	10.6%	3	4.5%	12	18.2%	9	13.6%
County Total	50,487	100.0%	12,939	25.6%	2,659	5.3%	1,148	2.3%	22,084	43.7%	12,407	24.6%

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Outpatient Patient Origin by Region
 Cowley, KS Residents Treated in KHA Reporting Area
 Federal Fiscal Year: 2016

Facility	Total		Emergency Department		Surgery		Observation		Clinical Services		Unclassified	
	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%
William Newton Hospital - Winfield, KS	27,329	52.1%	6,477	23.7%	968	3.5%	664	2.4%	14,520	53.1%	5,132	18.8%
South Central Kansas Medical Center - Arkansas City, KS	20,068	38.3%	5,864	29.2%	939	4.7%	269	1.3%	6,658	33.2%	6,563	32.7%
Wesley Healthcare - Wichita, KS	1,336	2.5%	454	34.0%	354	26.5%	45	3.4%	454	34.0%	62	4.6%
Via Christi Hospitals Wichita, Inc. - Wichita, KS	1,147	2.2%	323	28.2%	221	19.3%	66	5.8%	511	44.6%	78	6.8%
Sumner Regional Medical Center - Wellington, KS	681	1.3%	63	9.3%	20	2.9%	40	5.9%	354	52.0%	207	30.4%
Susan B. Allen Memorial Hospital - El Dorado, KS	390	0.7%	146	37.4%	41	10.5%	6	1.5%	124	31.8%	78	20.0%
The University of Kansas Health System - Kansas City, KS	371	0.7%	3	0.8%	24	6.5%	0	0.0%	184	49.6%	160	43.1%
Wesley Woodlawn Hospital & ER - Wichita, KS	330	0.6%	74	22.4%	74	22.4%	18	5.5%	169	51.2%	7	2.1%
Children's Mercy Kansas City - Kansas City, MO	284	0.5%	1	0.4%	15	5.3%	13	4.6%	108	38.0%	157	55.3%
Children's Mercy Hospital Kansas - Overland Park, KS	75	0.1%	1	1.3%	3	4.0%	0	0.0%	33	44.0%	38	50.7%
Kansas Residents/Other Missouri Hospitals	59	0.1%	20	33.9%	7	11.9%	1	1.7%	21	35.6%	13	22.0%
Via Christi Hospital Wichita St. Teresa, Inc. - Wichita, KS	42	0.1%	10	23.8%	9	21.4%	0	0.0%	19	45.2%	4	9.5%
Sedan City Hospital - Sedan, KS	39	0.1%	12	30.8%	0	0.0%	1	2.6%	12	30.8%	14	35.9%
Great Bend Regional Hospital - Great Bend, KS	25	0.0%	2	8.0%	1	4.0%	0	0.0%	0	0.0%	22	88.0%
Newton Medical Center - Newton, KS	22	0.0%	7	31.8%	4	18.2%	1	4.5%	9	40.9%	1	4.5%
Hospital District #6 - Harper Campus - Harper, KS	19	0.0%	3	15.8%	0	0.0%	0	0.0%	4	21.1%	12	63.2%
The University of Kansas Health System St. Francis Campus - Topeka, KS	19	0.0%	4	21.1%	1	5.3%	0	0.0%	11	57.9%	3	15.8%
Newman Regional Health - Emporia, KS	18	0.0%	12	66.7%	0	0.0%	2	11.1%	5	27.8%	1	5.6%
Hutchinson Regional Medical Center - Hutchinson, KS	15	0.0%	10	66.7%	0	0.0%	1	6.7%	3	20.0%	2	13.3%
Saint Luke's Hospital of Kansas City - Kansas City, MO	13	0.0%	2	15.4%	0	0.0%	0	0.0%	2	15.4%	9	69.2%
Stormont Vail Health - Topeka, KS	10	0.0%	3	30.0%	1	10.0%	0	0.0%	4	40.0%	2	20.0%
Lawrence Memorial Hospital - Lawrence, KS	9	0.0%	4	44.4%	3	33.3%	0	0.0%	2	22.2%	1	11.1%
Fredonia Regional Hospital - Fredonia, KS	9	0.0%	2	22.2%	0	0.0%	0	0.0%	1	11.1%	6	66.7%
Salina Regional Health Center - Salina, KS	9	0.0%	7	77.8%	0	0.0%	4	44.4%	2	22.2%	0	0.0%
Research Medical Center - Kansas City, MO	9	0.0%	0	0.0%	4	44.4%	0	0.0%	3	33.3%	2	22.2%
St. Catherine Hospital - Garden City, KS	9	0.0%	4	44.4%	2	22.2%	0	0.0%	3	33.3%	0	0.0%
Shawnee Mission Health - Shawnee Mission, KS	8	0.0%	3	37.5%	2	25.0%	1	12.5%	1	12.5%	2	25.0%
Western Plains Medical Complex - Dodge City, KS	7	0.0%	6	85.7%	1	14.3%	0	0.0%	1	14.3%	0	0.0%
Via Christi Hospital Pittsburg, Inc. - Pittsburg, KS	6	0.0%	1	16.7%	0	0.0%	0	0.0%	2	33.3%	3	50.0%
Anderson County Hospital - Garnett, KS	5	0.0%	0	0.0%	0	0.0%	0	0.0%	1	20.0%	4	80.0%
HaysMed - Hays, KS	5	0.0%	2	40.0%	1	20.0%	0	0.0%	2	40.0%	0	0.0%
Southwest Medical Center - Liberal, KS	5	0.0%	5	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Hospitals	81	0.2%	29	35.8%	6	7.4%	3	3.7%	16	19.8%	30	37.0%
County Total	52,454	100.0%	13,554	25.8%	2,701	5.1%	1,135	2.2%	23,239	44.3%	12,613	24.0%

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b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Cowley Town Hall

Cowley Library

8/21/2018

Attendees: 45

NOTES:

Behavioral Health isn't up to date on data because its not public, people lie, etc.

People worried about what to eat.

Housing is green? Higher than average. Worried about affordable housing.

Yes, Community thinks we need doctors

Senior health not good enough

Drug problems

Community members don't have adequate places to workout

Mobile Grocery store – Anchor Mobile Market, affordable

10 year plan at the hospital to expand- one piece is to expand ER

Community Coalition – Rise Cowley – Actively participating

Strengths

- William Newton Hospital
- Health Department
- FQHC
- EMS
- Farmers Market – not every week
- Water Quality
- Public School Screening Programs
- Ancillary Services – Home Health, Hospice,
- Access to Primary Care – PRN
- Recreation System – Parks, Trails, Etc
- Community Engagement and Collaboration
- Access to Social Services
- Physical Fitness Opportunities
- Organized youth programs
- City Government Funding rec center

Weaknesses

- Holistic Health
- Smoking
- Mental Health
- Drugs (Meth, Opioids, Marijuana)
- Specialists Services (Cardio, Pulm, Neuro, Urol, Derm, OBGYN, Gastro)
- Affordable Health Insurance
- Physical Activity Options
- Healthy Food Options
- Domestic Violence
- Affordable Housing
- Child Care
- Financial Literacy
- Economic Development
- Senior Health Activities

Cowley Co KS - Aug 21st Town Hall RSVPs as of 8/12/18

#	Attend	Last	First	Organization	Title	City	State	ZIP
1	X	Andrew	Teri	Eagle Nest Inc		Winfield	KS	67156
2	X	Bacon	Marci	Healthback Home Health	Business Development	Wichita	KS	67207
3	X	Benton	Mary	Arkansas City	VP			
4	X	Braddy	Valerie	Rogers Family Dentistry	RDH	Udall	KS	67146
5	X	Brazil	David	Community Health Center in Cowley County		Winfield	KS	67156
6	X	Bryant	Sarah	William Newton Hospital		Winfield	KS	67156
7	X	Bumgarner	Ruth	Healthways, William Newton Hospital				
8	X	Cales	Joan	Winfield Public Library	Director	Winfield	KS	67156
9	X	Crawford	Clayton	Citizen		Winfield	KS	67156
10	X	Donals	Marsha	City-Cowley County Health Department	Director of Nursing	Winfield	KS	67156
11	X	Falletti	Kerri	Cowley First	Director	Winfield	KS	67156
12	X	Fox	Candi	Winfield Recreation Commission	Assistant Superintendent	Winfield	KS	67156
13	X	Gamber	Bradley	Winfield Housing	Ex Director	Winfield	KS	67156
14	X	Hoyt	Harlene	WNH -Health Professionals of Winfield	Clinic Manager	Winfield	KS	67156
15	X	Langer	Thomas	City Cowley County HD	Administrator	Winfield	KS	67156
16	X	Lawson	Andrew	City of Arkansas City				
17	X	Macklin	John	Albright Investment Co	Agent	Winfield	KS	67156
18	X	McCutcheon	Rebecca	CT News	Reporter	Winfield	KS	67156
19	X	McPherson	Gayle	Eagle Nest, Inc	Executive Director	Winfield	KS	67156
20	X	Moree	Troy	Winfield Recreation Commission	Superintendent	Winfield	KS	67156
21	X	Moreno	Pamela	Woman For Kansas - Cowley County	Co-Leader	Winfield	KS	67156
22	X	Morris	Annika	William Newton Healthcare Foundation	Director	Winfield	KS	67156
23	X	Muxlow	Lisa	William Newton Hospital	Admin Assisstant			
24	X	Myrick	Charla	Family Life Services				
25	X	Norton	Angela	Health Center Pharmacy		Winfield	KS	67156
26	X	Olivarez	Josephine	City-Cowley County Health Department		Winfield	KS	67156
27	X	Owen	Jennifer	William Newton Hospital	Case Manager	Winfield	KS	67156
28	X	Peters	Todd	ABC Medical Practice	MD	Winfield	KS	67156
29	X	Quinton	Ben	William Newton Hospital	Administrator	Winfield	KS	67156
30	X	Reid	Becky	K-State Research & Extension Cowley County	Extension Agent	Winfield	KS	67156
31	X	Rogers	Nick	Rogers Family Dentistry		Arkansas City	KS	67005
32	X	Rohrberg	Tessa	rohrberg		Winfield	KS	67156
33	X	Sattler	Karen	City-Cowley County Health Department	RN	Winfield	KS	67156
34	X	Schwartz	Taylor	Community Health Center in Cowley County	Outreach Coordinator	Winfield	KS	67156
35	X	Stamper	Kylie	William Newton Hospital	Marketing Coordinator	WINFIELD	KS	67156
36	X	Stone	Brian	Cowley County Emergency Management	Director	Winfield	KS	67156
37	X	Trimmer	Ed	Kansas State Representative 79th District		Winfield	KS	67156
38	X	Vaught	Dick	William Newton Healthcare Foundation	Board Member	Winfield	KS	67156
39	X	Wall	Charissa	City-Cowley County Health Dept.	Public Health Educator	Winfield	KS	67156
40	X	Ward	Daniel	Arkansas City PD	Chief	Arkansas City	KS	67005
41	X	Werner	Sarah	Winfield Chamber				
42	X	Wessler	Marsha	Cowley Courie Travel	Marketing and Sales Director	Winfield	KS	67156
43	X	Wheeler	Tina	William Newton Hospital	CNO	Winfield	KS	67156
44	X	Witzke	Mackenzie	Agora Architecture	Bus. Manager	Winfield	KS	67156
45	X	Wood	Yazmin	Legacy Foundation	Executive Director		KS	

Wave #3 CHNA - Cowley Co KS

Town Hall Conversation - Strengths (Color Cards) N= 35

Card #	C1	Today: What are the strengths of our community that contribute to health?
1	ACC	Access to hospital health services
3	ACC	Health care access - 2 hospitals in small community
5	ACC	Access to healthcare
9	ACC	Improved access to care
10	ACC	Access to PRN's - doctors (scheduling)
19	ACC	Pretty good access to health care
23	ACC	Access to healthcare
28	ACC	Access to healthcare facilities
29	ACC	Healthcare providers - access
30	ACC	Access to care
24	ALC	Drunk driving
14	ALL	Affective health services
17	ALL	Effective medical care
26	ALL	Healthcare
31	ALL	Opportunities for health care
34	ALL	Ancillary services - dental, eye, home health, hospice, ambulance
17	AMB	Ambulance services
13	AWARE	Awareness (ex: obesity, p.a.)
16	AWARE	Awareness
17	AWARE	High level of awareness
10	CHIR	Chiropractors, therapeutic massage opportunities
19	CHRON	Not as bad on chronic diseases
20	CHRON	Did not have a lot of chronic diseases in red for out county
11	CLIN	Community health clinic
19	CLIN	Starting Cowley Health WoRX Clinic
33	CLIN	Health center
2	COLL	Collaboration between agencies
3	COLL	Community cares - collaboration
5	COLL	Collaboration (FQHC, CCHD)
8	COLL	Community collaboratives
13	COLL	Collaboration
16	CORP	Community engagement
19	CORP	Strong community support for SCKMC (tax approvals)
30	CORP	Community involvement - RISE Cowley
32	CORP	Community is ready to support
35	CORP	Community involvement
7	DOCS	Family Physicians
8	DOCS	Providers
16	DOCS	Hospitalists

Wave #3 CHNA - Cowley Co KS

Town Hall Conversation - Strengths (Color Cards) N= 35

Card #	C1	Today: What are the strengths of our community that contribute to health?
18	DOCS	Doctors
26	DOCS	Doctors
7	DOH	Community health department and programs
19	DOH	Health department
33	DOH	County / city health department
24	DRUG	Drug problem - youth level
29	ECON	Economy
1	EDU	Education system
14	EDU	School districts
27	EDU	Good screening public school
12	EMER	EMS Services
24	FINA	Affordable housing
24	FINA	Affordable healthcare
4	FIT	Outdoor activities- physical exercise
10	FIT	Outdoor activities
11	FIT	Parks / Walking Trails
18	FIT	Exercise Programs
20	FIT	We have access to parks (but not lit at night)
21	FIT	Exercise options have increased
27	FIT	Good physical fitness opportunities
3	H2O	Water quality - new water treatment plan
5	H2O	Increased water quality in AC
1	HOSP	Hospital service
7	HOSP	Healthy + growing hospital
10	HOSP	Hospital WNRUH(?)
11	HOSP	WNH
12	HOSP	Effective medical organizations - HD/ HC/ LA
16	HOSP	New hospital expansion
19	HOSP	WNH has a lot of acclaim
23	HOSP	WNH
23	HOSP	CHC
25	HOSP	Hospital - Health Dept - CCHC
33	HOSP	Hospital
30	HSP	Hospice
6	INSU	Insurance - both good and bad
19	INSU	Insured are increasing (but not enough)
21	INSU	FQHC has funds for uninsured to help in first trimester
34	INSU	Improved insurance
24	KID	Childcare

Wave #3 CHNA - Cowley Co KS

Town Hall Conversation - Strengths (Color Cards) N= 35

Card #	C1	Today: What are the strengths of our community that contribute to health?
6	NA	David Brazil's stuff
6	NA	Tom's stuff
4	NUTR	Healthy good + accessibility
13	NUTR	Farmers market
18	NUTR	Diet - farmers market
20	NUTR	Farmers market
21	NUTR	Food desserts - truck going to be going to small community
27	NUTR	Good fresh food opportunities (farmers market)
13	OTHR	Extension office
14	OTHR	4-4 Programs - County extension services
14	OTHR	Rise Cowley - Group
15	OTHR	New culture of Hispanic population
16	OTHR	BCBS Pathways Projects
19	OTHR	RISE Cowley / Pathways grant
19	OTHR	Mostly in line with comparable counties
25	OTHR	Housing
17	PHAR	Pharmacy
21	PNEO	Prenatal care both strength + weak
24	PNEO	Pre-natal
27	QUAL	Quality medical services
10	REC	Rec-center opportunities
11	REC	Winfield rec-center
19	REC	Recreation access
15	SNUR	2 district with school nurses
32	SPEC	Many specialists in county
28	WELL	Organized youth organizations
35	WELL	health + wellness access

Wave #3 CHNA - Cowley County KS

Town Hall Conversation - Weakness (White Cards) N= 39

Card #	C1	Today: What are the weaknesses of our community that contribute to health?
8	AGE	senior health
31	AGE	affordable senior health
1	ALC	alcohol
37	ALC	Drunk driving
1	ALT	spiritual health
9	ALT	integrated resources for mind, body, & soul
6	BH	mental health resources
7	BH	mental/ behaviorial health
8	BH	depression - mental health
9	BH	mental + behavioral health
10	BH	mental health
11	BH	behavioral health
14	BH	mental health access - immediate access
17	BH	mental health access
18	BH	poor health behaviors - attitudes
24	BH	better tracking of mental health issues
34	BH	access to mental health acre
35	BH	focus on mental health
27	CHRON	chronic disease
7	DIAB	diabetes
32	DIAB	diabetes rate
1	DRUG	drug problems
2	DRUG	drug / opiod
4	DRUG	drug addiction
7	DRUG	drug abuse
16	DRUG	addiction, drug abuse
17	DRUG	substance abuse programs
18	DRUG	drug & alcohol
19	DRUG	drug issues
21	DRUG	drugs - opiod / meth
23	DRUG	drug problem in our communities
24	DRUG	reduce meth / opioid addiction
30	DRUG	drug / substance abuse
31	DRUG	opiod addiction
33	DRUG	drug abuse
38	DRUG	Drug : opiod, alcohol
39	DRUG	Drugs
35	DRUG	drug use
10	ECON	economic development

Wave #3 CHNA - Cowley County KS

Town Hall Conversation - Weakness (White Cards) N= 39

Card #	C1	Today: What are the weaknesses of our community that contribute to health?
12	EDU	public education on services available
25	EDU	Education to improve health
26	EDU	child - better education + physical activity
32	EDU	education / acceptance of people about health issues
38	EMER	Use of emergency care as primary care
2	FAM	family planning
5	FAM	access to family planning - teen pregnancy
39	FAM	Children single parent
10	FINA	higher paying jobs
19	FINA	affordable health care
22	FIT	access to physical fitness
29	FIT	night exercising - sidewalks, transportation
32	FIT	low cost access to physical activity
33	FIT	options for physical activity
34	FIT	built environment - (physical activity) sidewalks, indoor walking
36	FIT	access to physical fitness
13	H2O	no fluoride in winfield water
10	HOUS	affordable housing
32	HOUS	affordable / low cost housig
36	HRT	heart disease mortality rate high
5	INSU	insurance
8	INSU	insurance
13	INSU	affordable HC insurance
16	INSU	underinsured or not insured
17	INSU	uninsured
18	INSU	poor acces to insurance
21	INSU	insurance (affordable)
22	INSU	uninsured - no healthcare
28	INSU	health care for uninsured
31	INSU	insurance coverage accessible
36	INSU	high uninsured
15	INSU	uninsured/ underinsured
9	KID	affordable childcare + housing
10	KID	childcare
12	KID	affordable childcare
16	KID	childcare - affordable
18	KID	quality childcare
21	KID	childcare (affordable)
32	KID	more child care

Wave #3 CHNA - Cowley County KS

Town Hall Conversation - Weakness (White Cards) N= 39

Card #	C1	Today: What are the weaknesses of our community that contribute to health?
18	MRKT	lack of knowledge of PF opportunities
17	NH	nursing homes
24	NURSE	need more nurse practioners
8	NUTR	healthy eating options
17	NUTR	access to food / school lunches
18	NUTR	poor eating habits
22	NUTR	access to healthier foods
24	NUTR	need more gluten free/ keto options / healthy foods
29	NUTR	access to healthy foods
30	NUTR	struggling on what to eat / healthy food options
31	NUTR	accessibility to healthy foods
3	OBES	lower rate of obesity
6	OBES	obesity
17	OBES	obesity - exercise / diet/ healthcare
24	OBES	reduce obesity
6	OTHR	community perception of services
10	OTHR	single parent households
11	OTHR	integrated care
13	OTHR	64% free or reduced lunch program
22	OTHR	single moms
26	OTHR	bilingual healthcare
36	OTHR	high single mothers giving birth
36	OTHR	drunk driving high
37	OTHR	Births to unmarried mothers
39	OTHR	Spanish - lanuage
39	OTHR	Housing - affordable
35	PEDS	child health
36	PEDS	low childcare scores
11	PNEO	Prenatal care (affordable)
19	PNEO	pre-natal care
24	PNEO	more prenatal care , less premature births, drastic cut in smoking moms
30	PNEO	mother's that smoke / premature births
38	PNEO	Pre-Natal
5	POV	poverty
9	POV	poverty - better paying jobs
19	POV	poverty / free lunch
23	POV	poverty - does it all stem from above?
29	POV	poverty + low income affordable healthcare
30	POV	children in poverty / free reduced lunches

Wave #3 CHNA - Cowley County KS

Town Hall Conversation - Weakness (White Cards) N= 39

Card #	C1	Today: What are the weaknesses of our community that contribute to health?
32	POV	children in poverty
24	PRIM	need more primary care physicians
38	PRIM	Primary Care
36	REC	more trails + parks
6	SMOK	smokiing
15	SMOK	smoking
24	SMOK	smoking cessation support, especially reduce in mothers
27	SMOK	smoking cessation
32	SMOK	smoking while pregnant
33	SMOK	reduce smoking - especially by expecting moms
39	SMOK	Smoking moms
17	SPEC	specialists cares
24	SPEC	need more specialists
15	STD	STI'S
24	STD	reduce STD rates
25	STD	STD
13	SUIC	suicide prevention programs
23	SUIC	lack of mental health --> suicide
35	SUIC	focus on suicide
36	SUIC	high suicide
39	SUIC	Suicide
2	TPRG	teen pregnancy - smoking + drugs
14	URG	urgent care facilities
25	VACC	immunizations
27	VACC	vaccine hesitancy
1	VIO	abuse/ violence
2	VIO	violence
4	VIO	domestic violence
23	VIO	abuse/ violence
35	VIO	focus on abuse
2	WELL	wellness education to general public
11	WELL	lifestyle changes
12	WELL	efforts on personal choices (alcohol, diet, drug)
18	WELL	more wellness opportunities
29	WELL	health + wellness access
36	WELL	wellness education

c) Public Notice & Requests

[VVV Consultants LLC]



FOR IMMEDIATE RELEASE

Contact:

Sarah E. Bryant

Director of Marketing and Business Development

Public Information Officer

1300 E. 5th Ave. Winfield, KS | www.wnhcares.org

(Winfield, Kansas) – June 19, 2018

Work to Begin on Cowley County Community Health Needs Assessment

Over the next three months, William Newton Hospital will be partnering with the City-Cowley County Health Department and Community Health Center in Cowley County to update the Community Health Needs Assessment (CHNA).

These organizations share a goal to understand progress in addressing community health needs cited in the 2015 CHNA and to collect up-to-date community health perceptions in Cowley County.

“Hospital leaders use the CHNA as a tool to respond to healthcare needs,” says William Newton Hospital Chief Executive Officer, Ben Quinton. “The assessment not only informs hospital strategy, but is key to maintaining our tax-exempt status.”

Affordable Care Act legislation requires all tax-exempt hospitals to submit a CHNA to the IRS every three years.

“This designation provides tremendous cost-savings, contributing to William Newton Hospital’s strong financial position,” states Quinton.

As a Federally Qualified Health Center, the Community Health Center in Cowley County is also required to conduct a CHNA to fulfill funding requirements set forth by Health Resources and Services Administration.

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

LINK: <https://www.surveymonkey.com/r/CowleyCHNA>

The CHNA feedback link can also be found on William Newton Hospital's, City-Cowley Health Department's and Community Health Center in Cowley County's website and/or Facebook pages.

"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 City-Cowley County Health Department Administrator Tom Langer.

All community residents are encouraged to complete the CHNA online survey by Wednesday, August 1, 2018 and to attend the upcoming scheduled Town Hall on Tuesday August 21 from 11:30-1:00pm at Winfield Public Library.

Vince Vandelaar, MBA (VVV Consultants LLC, an independent research firm from Olathe, KS) has been retained to conduct this community wide research. If you have any questions about CHNA activities, please call 620-221-2300 extension 1113.

#

FOR IMMEDIATE RELEASE

(Winfield, Kansas) – July 12, 2018

Public Invited to Health Needs Town Hall

In order to gauge the overall health needs of Cowley County residents, William Newton Hospital, in conjunction with the City-Cowley County Health Department and Community Health Center in Cowley County, invites community members to participate in a Community Health Needs Assessment Town Hall roundtable from 11:30 a.m. to 1:00 p.m. on Tuesday, August 21, 2018 at the Winfield Public Library.

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

“We hope our Cowley County residents will take time to participate to share their insights,” states Ben Quinton, William Newton Hospital chief executive officer.

A light lunch will be served starting at 11:15 a.m. Participants should RSVP online at: https://www.surveymonkey.com/r/CowleyCHNA_RSVP

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

If you have any questions about CHNA activities, please call William Newton Hospital’s Sarah Bryant, director of marketing and business development, at 620-221-2300 extension 1113.

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Sarah E. Bryant, MBA

Director of Marketing & Business Development | Public Information Officer

620.221.2300 x1113 | Cell 620.506.8856

William Newton Hospital | 1300 E. 5th Ave. | Winfield, KS 67156

www.wnhcares.org

From: Sarah Bryant

Sent: Thursday, July 12, 2018 2:12 PM

To: Marketing <marketing@wnmh.org>

Subject: CHNA Town Hall Meeting | Tuesday, August 21

Dear Community Partner in Health,

William Newton Hospital, City-Cowley County Health Department, and Community Health Center in Cowley County are working together to update our 2018 Community Health Needs Assessment (CHNA) report. The goal of this assessment is to understand progress in addressing community health needs cited in the 2015 report and to collect up-to-date community health perceptions.

To continue this work, a community Town Hall Meeting will be held:

**Community Health Needs Assessment for Cowley County
Town Hall Meeting
August 21, 2018 | 11:30 a.m. to 1:00 p.m.
Winfield Public Library | 605 College St.**

Please plan to attend. A light lunch will be provided starting at 11:15 a.m.

To RSVP, please click the link below to complete the form:

https://www.surveymonkey.com/r/CowleyCHNA_RSVP

For more information, please contact Sarah Bryant at 620-221-2300 x1113, or email marketing@wnmh.org.

Sincerely,

Sarah E. Bryant, MBA

Director of Marketing & Business Development | Public Information Officer

620.221.2300 x1113 | Cell 620.506.8856

William Newton Hospital | 1300 E. 5th Ave. | Winfield, KS 67156

www.wnhcares.org



HELP SHAPE THE
FUTURE OF
HEALTHCARE IN
COWLEY COUNTY.

Take our survey



d) Primary Research Detail

[VVV Consultants LLC]

CHNA 2018 Community Feedback - Cowley Co KS N=217

ID	Zip	Overall	Movement	c1	c2	c3	When considering "overall community health quality", is it ... Why? (please specify)
1116	67156	Average	None	ACC	COMM		While the availability of services are at an all time high, the knowledge that those services are available is not necessarily widespread.
1046	67156	Very Good	UP	ACC	HOSP		more services provided better more streamlined hospital dependable and safe treatment
1070	67156	Average	None	ACC	INSU		Some improvements, more access to health care but still many people without health insurance and no free healthcare.
1132	67005	Poor	Down	ACC			Accessibility not good.
1094	67133	Good	UP	ACC			More access to a variety of health related services...more work to be done, especially for low-income/no income population
1144	67156	Average	UP	ACC			More options available
1076	67156	Average	Down	CANC	BH		Seems like there's more cancer, diabetes & heart disease in younger people. Stress related illnesses & mental illness also seem to have increased.
1062	67156	Good	UP	CLIN			love the new Community Health Clinic-
1088	67156	Good	UP	COMM			More coalition meetings and community members from different areas of expertise working towards one goal.
1043	67005	Average	Down	DOCS	BH		Our health professionals are stretched to the limit in delivering needed services. We need additional MDs, PAs and other specialized health services. Moreover, the status of mental health services is just as challenged.
1004	67156	Good	None	DOCS	FINA	QUAL	Negatives - Physicians leaving the community; financial woes of local hospital; high smoking rates. Positives - RISE Cowley receiving Pathways grant; active recreation programs, quality parks
1058	67156	Good	UP	DOCS	SPEC		new doctors are being recruited for different specialties
1025		Good	UP	DOCS	URG		More doctors coming to town and the establishment of the urgent care clinic.
1147	67005	Good	None	DOCS			A number of doctors are leaving the area and there are not a whole lot of options for some medical services. Some of those options are therefore over worked and understaffed so time with the doctor is minimal and on a time crunch.
1020		Average	None	DOCS			Gain physicians, lose physicians
1018	67119	Good	None	DOCS			Hard to have more doctors come to the community
1196		Good	UP	DOCS			Less Drs means more sick people
1161	67156	Average	Down	DOCS			LOSS OF PRIMARY CARE PROVIDERS
1050	67156	Very Good	UP	DOCS			More new physicians and specialists have been arriving.
1091	67156	Very Good	UP	DOCS			More providers
1059	67156	Average	Down	DOCS			Not enough doctors at facility I doctor at.
1074	67005	Average	Down	DOCS			Not enough providers in the area
1203	67005	Poor	Down	DOCS			The doctors seem like they don't care.
1173	67156	Average	Down	DOCS			The good doctors are retiring, getting older, or leaving.
1191	67156	Good	UP	DOCS			There are more options for doctors, dentists, chiropractors, pharmacies, etc.
1168		Poor	Down	DOCS			We are losing trusted veteran providers and the new providers inspire little to no trust from the community
1180		Average	Down	DOCS			We have lost at least 3 Dr.s in the past 3-5 years and they have never been replaced.
1195	67005	Poor	Down	DOCS			We keep losing doctors. No new specialists have come since AC voters were promised they would if the original vote on the hospital passed. It did, but I not heard of any new doctors coming to AC.
1199	67156	Average	Down	DRUG			our communities are falling victim to so many bad drugs and people find alternate stuff like drugs to cope with reality
1158		Good	UP	FAC			They always update and have the newest and latest equipment, procedures, etc.
1155	67156	Poor	Down	FINA	INSU		The income disparity coupled with increasing cuts to safety net programs has created a growing crises. Too many people can not afford healthcare.
1129	67156	Good	None	FIT	BH	DRUG	In some demographics, wellness & fitness are increasing. However, I see mental illness (including anxiety & depression) a big issue in adolescents & young adults. In general, drug use & addictions are a concern.
1089	67156	Good	None	FIT	NUTR		It is not the lack of accessibility, but health literacy and food choices/lack of exercise.
1178	67005	Poor	Down	FIT			Not having affordable family friendly places for exercising.
1013	67005	Poor	Down	HOSP	FINA		Ark city hospital. Overcharges for testing. I am shopping for a new doc and hospital.

CHNA 2018 Community Feedback - Cowley Co KS N=217

ID	Zip	Overall	Movement	c1	c2	c3	When considering "overall community health quality", is it ... Why? (please specify)
1029	67156	Good	UP	HOSP	FINA		Wm. Newton Hospital is continually working to improve services and move forward. Also we now have a new low cost community health center.
1064	67156	Very Good	UP	HOSP	STFF		For a rural community health quality is high due primarily to the progressiveness of the hospital in procedures and through the recruitment and retention of quality minded providers.
1131	67005	Good	None	HOSP			Ark City Hospital drags the rest of county down
1134		Average	Down	HOSP			Arkansas city hospital is a joke Winfield hospital very good
1219	67207	Poor	None	HOSP			I hear negative feedback about the hospital care.
1096	67156	Very Good	UP	HOSP			Improvements at William Newton Hospital, which has been their trend for many years, offers better care for Cowley County residents.
1053	67005	Good	Down	HOSP			SCRMC having difficulties is and will continue to be a burden for those in AC.
1015	67156	Good	Down	INSU			I blame it on the affordable care act. People are utilizing screening tests (mammography, etc) less than before 2008.
1151		Good		NA			I do not know and I am not sure what the overall health quality is doing. I can only state that my personal health care provider takes care of my and my families health needs. I do not know what changes may or may not have occurred.
1170		Average	None	NA			I have not seen or even noticed a change.
1194		Average	None	NA			no comment
1117	67156	Average	None	NA			There is no known change from my point of view.
1067	67005	Average	Down	NUTR	FIT		Lots of fast food opportunities are easy access to limited income families--and opportunities for physical interaction/activity are often limited by the social capital of those involved. Those with greater social capital are highly involved and encouraged to participate--those with limited social capital are disregarded to a large part and not included in planning or development.
1011	67156	Good	Down	NUTR			Healthy eating habits - more fast food/eating out, less cooking meals at home. Cultural norm of busy, busy, busy. There is very little margin in our lives that leads to improved overall health.
1075	67156	Good	Down	OBES	NUTR	BH	Rising obesity. Inactive children. Eat what is quick and fast. Poor nutritional choices as well as lack of education in regards to nutritional, physical, mental and emotional health.
1150	67156	Average	None	OTHR			In Cowley county no encouragement is given to support non pharmaceutical supported alternative health practitioners.
1073	67156	Average	Down	OTHR			Many choose option of least resistance, e.g. cheapest food choices, avoid ER even if it is the right choice, don't choose healthy activities or diet because it requires more effort.
1105		Good	UP	OTHR			We are progressive and making future plans.
1160	67005	Poor	Down	QUAL			Seems like services are decreasing in AC
1051	67156	Good	None	SMOK			While the number of individuals who smoke seem to be on a downward trend nationally, the number of those who smoke locally seems to be either increasing, or at least not decreasing.
1209		Good	UP	SPEC	AGE		Specialist coming to the Physicians Pavilion and offices to help those who can't afford or elderly who can't drive out of town.
1143	67156	Average	None	SPEC			Specialist from Wichita no longer come to Winfield to serve patients in specialist categories. Dermatology being one of them.
1107	67005	Average	None	TRAN	TRAV	FINA	families that do not have access to health care coverage, just do not seek health care services. There is still considerable distance to travel to receive certain services that would be affordable but do not have money for gas or availability for transportation.
1141	67156	Good	None	TRAV	FINA		Having to travel to specialty clinics or providers that will take my Health Insurance. I'm a retired military person and use TriCare as my health insurance.
1139	67156	Good	Down	TRAV			Because everyone is usually sent to Wichita or another facility so they don't have to deal with issues.
1066	67156	Good	UP	URG			addition of urgent care
1193		Good	UP	URG			I like the options, specifically the addition of the Urgent Care.
1126	67156	Good	UP	URG			The addition of the Urgent Care facility is a welcome addition to Winfield.
1005	67156	Good	UP	URG			Urgent Care in town and community health for low income

CHNA 2018 Community Feedback - Cowley Co KS N=217

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1089	67156	Good	None	ACC	BH		There needs to be better access to more consistency with mental health care
1191	67156	Good	UP	ACC	CLIN	INSU	Additional after hours clinics and clinics for those who have no insurance
1059	67156	Average	Down	ACC	DOCS		Not all doctors are able to access certain hospitals which needs to be taken into consideration when choosing your healthcare provider.
1200	67005	Average	None	ACC	ECON		patient access to care health-related factors community economics & demographics
1183		Poor	Down	ACC	TRANS		South Central Medical Center needs to have a physician in the er 24 hours a day. ACFD/EMS should be allowed to transport patients to the hospital they want to go to.
1130	67005	Poor	TRANS	ACC			services outside of Cowley. It is not a "dig" at Cowley services. Rather, it's a recognition that specialized doctors need to work at centralized locations. Non-Health and wellness is not a priority among the populous in our service areas. Nonetheless-we MUST have improved services for children and for our senior population. Home checks, wellness guides and on-line 'tele-doc' services are readily available in other areas.....but not ours. (except for those who have a nice insurance plan/benefit)
1043	67005	Average	Down	AGE	KID	WELL	Healthcare services for elderly needs improve-more needs to be offered and advertised to the public
1152	67156	Good	UP	AGE			Add satellite branches of the Community Health Center to Arkansas City and outlying rural communities.
1004	67156	Good	None	ALL			Health-related factors and health care utilization need to improve, but these are hard because they require convincing people to act on their own behalf.
1034	67005	Average	UP	ALL			Mental health services, availability of patient access to care, and availability of healthy food choices are primary issues of concern.
1086	67005	Poor	None	BH	ACC	NUTR	mental health care/access to in-patient facilities for those acutely ill.
1018	67119	Good	None	BH	ACC		facilities i.e. health dept or dr office not everyone able get in 8 to 4 or 5. One day a week be nice. Winfield health dept needs better guest service skills. Very rude
1172	67005	Average	None	BH	ACC		MENTAL HEALTH, MORE PRIMARY CARE PROVIDERS
1161	67156	Average	Down	BH	DOCS		Mental health and addictions support groups
1126	67156	Good	UP	BH	DRUG		
1075	67156	Good	Down	BH	FAM	NUTR	Mental health services Parenting classes Nutritional education
1199	67156	Average	Down	BH	FINA		Mental health. Need better counseling and medication /services at a poverty level price. The people that need mental health services can't afford help
1068	67156	Good	UP	BH	URL		urology mental health
1011	67156	Good	Down	BH			Better access to mental health services. Currently there is very little for those on medicare.
1014	67256	Average	UP	BH			Mental Health
1022	67156	Good	None	BH			"counseling" at schools is more about class schedules than mental/emotional/physical wellbeing. It's literally non-existent at my school.
1028	67156	Good	None	BH			Mental Health seems to be a huge issue in our area. No one trusts the employees at Four County for different reasons.
1053	67005	Good	Down	BH			Mental health, mental health, mental health, mental health, mental health.....need I say more...
1078	67156	Good	UP	BH			Mental health services
1104	67156	Good	UP	BH			More affordable mental health providers
1105		Good	UP	BH			Mental health services are in need of improvement. Difficult to receive after hours assistance. Four County needs to improve on this issue.
1114	67005	Average	UP	BH			Mental health status
1116	67156	Average	None	BH			Mental health services, both in terms of availability and affordability. They are abysmally low in Cowley.
1132	67005	Poor	Down	BH			Mental health center needs to be improved
1134		Average	Down	BH			Mental health needs improvement
1143	67156	Average	None	BH			Cowley County Mental Health needs an overhaul! One on call worker for such a large geographic area is ridiculous.
1147	67005	Good	None	BILL			birth of a baby. You must pay your account to the hospital as well as to the OB who does the delivery. No one actually explains this before you go into delivery.
1099	67156	Very Good	UP	CARD			cardiac care
1187	67156	Good	UP	CHRON	TRANS		Chronic Disease Rates; especially diabetes. Public Transportation to health care services.
1002	67156	Good	None	CHRON			Chronic care. The revolving door of physicians in and out of the community. Who wants to change their physician every couple of years?

CHNA 2018 Community Feedback - Cowley Co KS N=217

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1155	67156	Poor	Down	CLIN	QUAL		Patient access to care has improved slightly with the community health clinic. However that clinic carries a stigma and the attitude of some of the staff there toward clients makes it less than friendly or welcoming. That also applies to the rest of the health care community as well. Patients are too often regarded as adversaries instead of partners in care.
1153	67156	Average	None	COMM			Communication between Providers. What each one can do before getting referred out of town. Plus after mowing that use referrals follow up with pts to see how things are going. Don't blow them off
1119	67005	Average	None	COMM			more cooperation between main communities in the realm of health care - its not a competition
1067	67005	Average	Down	CORP			Cooperation between and among communities would benefit all.
1073	67156	Average	Down	DENT	H2O		Dental care is limited and expensive. Children on Medicaid get shut out of many dental offices. Kansas legislature has considered mid-level dental providers, but have never passed a bill - this would help rural towns have better access. Second, only one town in county fluoridates their water, Arkansas City. This action has evidence showing it reduces cavities. Dental issues lead to other medical problems, so this is a serious prevention step that should be considered.
1145	67023	Average	None	DENT	INSU		would like to see affordable dental services available for people without insurance
1005	67156	Good	UP	DENT			Low income dental assistance
1062	67156	Good	UP	DENT			Need more low income dentists
1110	67156	Very Good	None	DENT			Dental care for poor/need.
1148	67019	Good	UP	DENT			Dental Care could use improvement
1094	67133	Good	UP	DIAB	OBES	BH	Diabetes; prevention and management of Obesity; prevention and management of Mental Health; services for young and old...older
1117	67156	Average	None	DIAB			I think we need more information/education/classes on Diabetes for all ages especially for our children.
1160	67005	Poor	Down	DOCS	EMER	ACC	Yes A C needs to get new Drs in town 24-7 and a emergency clinic like Winfield has now
1013	67005	Poor	Down	DOCS	HOSP		I went to the hospital in winfield once. Excellant Doctors and staff.
1020		Average	None	DOCS			More Medicare contracted providers
1046	67156	Very Good	UP	DOCS			none that are not already in the process of being improved upon new doctors new processes being added daily
1064	67156	Very Good	UP	DOCS			I think the community needs more providers which are very hard and expensive to recruit to small rural markets. It shouldn't be just the hospital attempting to secure these individuals, the community must participate both in action and financially.
1072			None	DOCS			More drs.
1203	67005	Poor	Down	DOCS			The healthcare providers seem like they have given up. Need to show that they care.
1204		Average	None	DOCS			Better surgeons.
1207	67156	Very Good	None	DOCS			More doctors
1195	67005	Poor	Down	DRUG	FINA	BH	This community has MAJOR mental health issues with all the recreational drug use and alcoholism. Many medicare recipients can not afford the huge deductibles and co-pays so don't seek healthcare. I, for one, do not qualify for Medicaid, so have over \$30K in medical debt after Medicare paid what it would. I'm sure I am not the only one in Ark City going through this.
1189	67156	Good	None	DRUG	NUTR	BH	More of an emphasis on becoming tobacco-free all around the community, especially around schools, playgrounds, parks, and public/community buildings. Better access to healthier food options at an affordable price. I'd like to see more sandwich/salad type places. Winfield has a Subway, but it seems that is what the town is limited to as far as affordable "healthy" food. I'd like to see restaurants along the lines of Doc Greens or even Arby's. I would also like to see more public exposure to mental health support programs and safe, comfortable treatment options for mental health sufferers.
1188		Very Good	None	DRUG			Drug help
1101	67005	Good	Down	ECON	ACC		We are in a poor socio-economic area where access to care is limited for people on low incomes. Our local healthcare providers need support to continue to provide care in their communities
1129	67156	Good	None	ECON	BH	DRUG	Demographics & economics seem to play a big role in access to healthcare, but also in mental health & drug issues.
1095	67156	Average	None	EMER	INSU	ACC	emergency services; helping patients apply for and get health insurance coverage (especially when admitted to the hospital, including new babies); access to specialists, especially those that accept state insurances; cancer prevention, diagnosis and early treatment; nursing home protocols (i.e. diagnosis and treatment of influenza, etc.)

CHNA 2018 Community Feedback - Cowley Co KS N=217

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1006		Average	None	EMER	QUAL		The ER department at WNMH needs to be more thorough in their examinations and not just rush to diagnosis without proper tests being run. Quality of care for patients being examined in the ER department overall needs to be improved. This would include customer service or bedside manner in addition to being more thorough in their examination processes.
1121	67156	Average		EMER			Emergency six hours?
1141	67156	Good	None	EMER			Emergency care at the hospital. Sometimes when I get there, the line is very long. Maybe a 'pre-treatment' area after triage would be helpful in those cases/instances. I understand the need to be evaluated and assessed. I am diagnosed with migraines and the need for a 'quiet and dark' space would be nice. There's time that I have to be placed in the large treatment room or in the far South room which is noisy and all you can hope for is that you'll get seen soon so you can get your meds for pain treatment.
1139	67156	Good	Down	FAM			More support groups for caregivers.
1060	67156	Good	UP	FINA	INSU		affordability of premiums for young working families is a problem. High deductibles make it difficult for our young working families
1007	67360	Average	UP	FINA			More funding and support for Four County Mental Health is needed
1024	67156	Average	UP	FIT	FAC		bicycle lanes and good sidewalks for walking
1025		Good	UP	FIT	FAC		Bicycle traffic lanes, good sidewalks for walking around town.
1170		Average	None	FIT	FINA		I think there needs to be a gym or facility for children that are over weight. Income based clinic for health care, dental and vision.
1050	67156	Very Good	UP	FIT	REC		Exercise opportunities for working adults. The REC center offers some classes, but most are not convenient for working adults. And in Ark City, there is virtually nothing. Some businesses even offer free membership to the REC center in Winfield, but nothing for the one in AC.
1219	67207	Poor	Not really changing much	HH			I think providers could recommend home health services more to prevent hospitalizations.
1010		Very Good	UP	HOSP	PEDS		The hospital needs a wing for pediatrics.
1131	67005	Good	None	HOSP			Ark City Hospital is in need of some qualified management.
1165	67156	Poor	None	INSU	ECON		helping those without insurance and low income better than we have in the past. we need more insurance navigators to help residents with obtaining health insurance and/or understand the process better
1017	67156	Very Good	UP	INSU			More health care available to non-insured and/or lower income people.
1100	67156	Good	UP	INSU			Make people more aware of resources already here such as the community health center.
1185	67156	Average	None	MRKT			Need more resources, advertisement of such resources, repetition of resources.
1206	67156	Poor	None	MRKT			See the previous comment.
1051	67156	Good	None	NA			No
1077	67156	Very Good	UP	NA			No
1088	67156	Good	UP	NA			No
1144	67156	Average	UP	NA			No
1157		Very Good	UP	NA			No everything was great when I was a patient.
1158		Good	UP	NA			Can't think of any at this time.
1169	67156	Average	UP	NA			I do not have enough interaction with these services to have an opinion.
1194		Average	None	NA			no
1212	67156	Very Good	UP	NA			Not that I know of
1218		Good	Increasing - moving up	NA			no
1009	67156	Average	None	NUTR	BH	FIT	Access to healthy food via vending machines at worksites. Access to healthy home-delivered and/or pickup meals for busy working families. Funds for people who can't afford their medications. Funds for people who can't afford the \$25 fee at the Community Health Center. Better access to mental health medication providers at FCMH. Weight loss programs (such as Weight Watchers at work) at work sites (either healthcare worksites or larger employer work sites). Exercise classes for less-healthy/able people in the late afternoon or evenings, not just in the day, for people who work but are not healthy enough for the current classes offered--maybe something like Zumba chair or chair yoga. Both of these classes are offered at Mulvane Rec.
1021	67156	Good	None	NUTR	FIT	TPRG	Healthy eating and exercise should be emphasized as much as possible. Pregnancy prevention should be taught to teens (young and old).
1070	67156	Average	None	NUTR	WELL		It slays me that people talk about how badly people eat, but go to the supermarket and see how much junk food is available and the cost of the good stuff. Educating people about how to eat would go a long way toward helping them change, but this is an issue for the whole food industry. There is also a class issue here and blaming the victims. We need to be less talking down to people making them feel like failures before they start.

CHNA 2018 Community Feedback - Cowley Co KS N=217

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1055	67156	Good	None	NUTR			Patients need motivation to purchase healthy food rather than junk food.
1150	67156	Average	None	NUTR			The SAD diet Americans are encouraged to consume is detrimental to our health. We look very "corn fed" in Cowley county.
1173	67156	Average	Down	OBES	CANC	HRT	Weight loss, heart disease, cancer, general practitioners
1120	67119	Good	None	OBES	NUTR	FIT	Weight loss, healthy eating, more gyms
1092	67156	Very Good	UP	OBES	SMOK		Obesity as a whole, Smoking within all but especially in Lower income families
1171	67156	Good	UP	OBES			Obesity
1083	67005	Good	None	ORTHD			Ortho services delivered locally rather than sent to Wichita.
1097	67156	Good	None	OTHR	HOSP		We need to scrap KanCare and go back to a state run system, but that is not a local issue. Locally, our hospital and medical personnel are outstanding.
1096	67156	Very Good	UP	OTHR			Obviously the South Central Kansas Medical Center has big issues that need fixing.
1115	67156	Average	None	PHY			Rehab services
1066	67156	Good	UP	PREV			more prevention efforts
1015	67156	Good	Down	PRIM			It would be nice if people had better access to a primary care provider instead of using the hospital ER for non emergent concerns.
1029	67156	Good	UP	SMOK	OBES	DRUG	I think there needs to be ongoing efforts to curb smoking and obesity (and if possible alcohol and drug abuse).
1154	67005	Average	None	SPEC			More specialists in our area such as a dermatologist & more surgeons
1178	67005	Poor	Down	TRANS	ACC	FINA	Transportation for people with little to no income. Make healthcare more accessible, affordable.
1091	67156	Very Good	UP	TRANS			Transportation. Assistance to youth who are not parent supported.
1107	67005	Average	None	TRANS			Available and affordable transportation to above services.
1197	67005	Poor	Down	TRAV	QUAL		Access to quality care locally without leaving the county or waiting for an appointment for much to long. The good providers are booked up and don't have the time to really get to know the patient and listen to their concerns if you really do get an appointment made.
1084	67005	Very Poor	Down	TRAV			The resources are not located where the need exists. The number of transient populations and ethnic groups can not travel and do no have the means to pay for services. Rendering service outside of walking distance useless.
1030	67156	Good	UP	URG			Better awareness of ER alternatives like Urgent care and Community Health Center
1058	67156	Good	UP	URG			More public awareness of Urgent Care services and Community Health Care services
1003	67156	Good	None	VACC			Vaccines
1076	67156	Average	Down	WELL	CLIN		Need more proactive health programs accessible to the working poor. Could use more integrative health options, maybe recruit for a functional medicine clinic.
1168		Poor	Down	WELL	CORP		Community education to lose the stigmas that surround the use of these community resources.
1031	67156	Good	None	WELL			Develop an understanding that many health-related factors are about choice and balance. Individuals can chose exercise and also limit consumption of products "bad for us".
1074	67005	Average	Down	WELL			Education in the community, regarding caring for they're selves and consequences of not taking care of selves.

CHNA 2018 Community Feedback - Cowley Co KS N=217

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1139	67156	Good	Down	ACC	BH		More resources for caregivers of Parkinson's, dementia..mental health for caregivers
1070	67156	Average	None	ACC	WELL	FINA	Who are we? We need more of every kind of health care locally and more of it accessible to low income families and individuals. We need our social organizations and churches to join in the education efforts to show people there are other ways to take care of oneself by helping people understand health as part of the continuum of life.
1145	67023	Average	None	ACC	WELL	INSU	easier access to wellness programs for uninsured
1154	67005	Average	None	ACC			Make the current ones more available for example not during work hours so people don't have to take off work to participate.
1050	67156	Very Good	UP	AGE			More help for our elderly.
1191	67156	Good	UP	BH	DRUG	INSU	Additional services for lower income residents and individuals/families with no insurance. Mental Health and Substance Abuse treatment services.
1028	67156	Good	None	BH	DRUG		Mental health Wellness Substance abuse
1134		Average	Down	BH	DRUG		Mental health drug abuse needs serious improvements
1128	67005	Average	None	BH	FAM		Besides mental health at strother, cowley county need programs and support groups for children and parents of add, adhd, spd, autism. And many others. We have to leave town to find help and support. Community members would benefit from knowing more about these things as well.
1094	67133	Good	UP	BH	OBES	DIAB	YMCA Mental Health Services; all ages Wt Loss programs Diabetes Prevention and Management Chronic Disease Prevention/Management
1022	67156	Good	None	BH			Somehow we need mental health access through the schools, both public and private, for children and their families.
1037	67156	Good	None	BH			Additional access to mental health, both immediate crisis needs and long term treatment.
1075	67156	Good	Down	BH			More mental health support services in schools
1091	67156	Very Good	UP	BH			Mental health services in our schools.
1114	67005	Average	UP	BH			More work with mental health facilities in the area
1101	67005	Good	Down	CANC	BH		Cancer support groups Mental health
1002	67156	Good	None	CARD			Cardiac care and support.
1141	67156	Good	None	CLIN	DOCS		Get a VA satellite clinic and more specialty doctors, cardiac, etc. Get more general practice doctors.
1061	67146	Average	None	CLIN			We would like a community clinic available in Udall, please
1062	67156	Good	UP	CLIN			Expand Community Health Center to Ark City
1097	67156	Good	None	CLIN			We should expand the federally funded health care clinic to more areas of the county.
1115	67156	Average	None	CLIN			Flu Shot Clinics are great.
1073	67156	Average	Down	DENT	FAM		Allow mid-level dental providers to provide basic, less expensive dental services. Open family planning services to teen age populations outside of medical offices (maybe the public schools?). Work with Ark City water to help fluoridate rest of public water systems in county.
1096	67156	Very Good	UP	DENT	INSU		Affordable dental services for those who don't have insurance.
1005	67156	Good	UP	DENT			Dental services for low income people
1199	67156	Average	Down	DENT			occasional free dental or health clinics like Wichita has in winter time.
1064	67156	Very Good	UP	DERM	SUR		A number of services could be offered in the community including dermatology, pulmonology, and increased surgical procedures. The problem as I see it is the hospital is the only stakeholder playing a role in these activities. Others need to participate.
1095	67156	Average	None	DIAB	NUTR	WELL	Diabetic education, dietary education, collaborative team approach, group education and healthcare
1187	67156	Good	UP	DIAB			Formal partnerships to reduce diabetes.
1076	67156	Average	Down	DOCS	ACC		Integrative Health or functional med clinic. Could maybe have greater leverage for provider recruitment & accessibility to services if Cowley county, Arkansas City, Burden & Winfield communities would coordinate their efforts.
1155	67156	Poor	Down	DOCS	FINA	ECON	It isn't creating new initiatives that needs to happen . It's family practice Drs showing up participating . Also the reluctance of private practices to accept Medicaid and Medicare patients and no safety net for the working poor. This furthers the income disparity and results in a medical disparity. Too many people are receiving no care outside of an emergency room visit .
1203	67005	Poor	Down	DOCS	HOSP		We need doctors and nurses that can deal with the big things. It seems like they are always shipping patients. What is the point of having a hospital if they cannot deal with the big stuff?

CHNA 2018 Community Feedback - Cowley Co KS N=217

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1034	67005	Average	UP	DOCS			The community has plenty of resources. The challenge is to get providers to work together and people to change bad life-style habits and go to the doctor to take advantage of the resources in place.
1143	67156	Average	None	DRUG			Drugs and the accountability of repeat offenders. 10% of the population are creating 95% of the issues. Charges are constantly dismissed and the pill heads and drug users never break their cycle, use, abuse and theft. It's a never ending circle of crime. DRUGS!!! DRUGS!!! DRUGS!!! Accountability to get clean and stay clean, that does not exist in the county.
1204		Average	None	DRUG			Integrate DV prevention into other health services. More awareness of substance abuse.
1165	67156	Poor	None	FAC			Make our park sidewalks safer and better lighting.
1195	67005	Poor	Down	FIT	NUTR	REC	As stated in the last answer, making city-owned fitness facilities more affordable. Educate foodstamp recipients on good nutrition. (would be better to put a max-cap percentage on the amount that could be used for junkfood). Think that would have to be federal. Community gardens would also be a great addition. Many just aren't able to work a whole garden, but would love to help keep up a community garden.
1043	67005	Average	Down	HH			Home services.
1219	67207	Poor	Not really changing much	HH			Partner with home health services
1024	67156	Average	UP	INSU	BH	FAM	Affordable health insurance and care, mental health, family services
1178	67005	Poor	Down	INSU			Healthcare for the uninsured or ones that have little to no income and not just basically tell them they are screwed if not able to pay for services and not wanting to utilize emergency room that runs up a bill they can't afford.
1088	67156	Good	UP	KID			More educational daycare options for younger than 5.
1164	67156	Very Good	UP	KID			More childcare providers are needed in the area, especially for newborns
1110	67156	Very Good	None	MRKT	BH		Health Dept. services need to be more widely advertised. Same for the community health center. Expanded mental health services!
1030	67156	Good	UP	MRKT			Not sure something new is needed, market better things we currently have.
1152	67156	Good	UP	MRKT			Awareness of what is offered-
1160	67005	Poor	Down	MRKT			Unfortunately the mindset in most residents either in A C or Winfield have as far as I know have always thought Wichita is the best...if somehow Wesley, viaChristi or Galacias would endorse or help and it be advertised thru Radio, Billboards and in the buildings. It doesn't help if the general public doesn't realize oh yeah someone from Wichita comes down here if they don't know it...advertise
1206	67156	Poor	None	MRKT			I think awareness is the major lacking contribution in this community.
1029	67156	Good	UP	NA			I don't know.
1059	67156	Average	Down	NA			Unknown
1119	67005	Average	None	NA			Not certian
1132	67005	Poor	Down	NA			Don't know
1144	67156	Average	UP	NA			Can't think of any
1009	67156	Average	None	NUTR	INSU		Affordable weight loss (nutrition & exercise) programs (for both insured and uninsured), especially for the obese/disabled
1055	67156	Good	None	NUTR			providing incentives for healthy eating
1066	67156	Good	UP	OBES			obesity treatment and prevention. It leads to so many other diseases
1120	67119	Good	None	OBES			Need to do something early on about obesity
1099	67156	Very Good	UP	OTHR	MRKT		Partnering with each other is the only way to go. Health fairs, and other ways to increase awareness of the services offered need to happen more often here in our community.
1011	67156	Good	Down	OTHR			wsz
1018	67119	Good	None	OTHR			I do not know if anything 'new' needs to done. Expanding the existing programs should be done first.
1058	67156	Good	UP	OTHR			Wm Newton Hospital does a great job partnering with many organizations already
1077	67156	Very Good	UP	OTHR			We do a lot of partnering in Winfield already.
1085	67005	Good	Down	OTHR			It would be great if the FQHC could coordinate with the hospital better
1104	67156	Good	UP	OTHR			Partner with Al-Anon to expand services to family/friends of addicts.
1126	67156	Good	UP	OTHR			Addictions counseling and support groups - especially sexual addictions
1129	67156	Good	None	OTHR			As mentioned in #13, local businesses.
1131	67005	Good	None	OTHR			have Winfield Hospital take over Ark City Hospital.
1169	67156	Average	UP	OTHR			Spiritual healing
1207	67156	Very Good	None	OTHR			Cath lab

CHNA 2018 Community Feedback - Cowley Co KS N=217

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1212	67156	Very Good	UP	OTHR			I think we have improved with teenagers, the high school health class tries to bring in locals who testify to real life happenings and experiences that kids can relate to. I know not all will care or learn, but I think it is really good for those that don't get the information or awareness from home. I believe it would be eye opening to have a anonymous select group of teenagers that are able to communicate as to all that goes on in that generation. It is changing daily and most people whom might be able to access and help make a difference, don't know what is happening or how to help.
1200	67005	Average	None	PREV	DENT	BH	Integrated health programming that includes a whole-person approach to wellness and prevention rather than delivering sickness care...should include chiropractic, dental and mental health providers.
1017	67156	Very Good	UP	REC			YMCA
1089	67156	Good	None	STD			I would like to see more STD prevention and education as well as health / healthy eating / exercise education. Can partner with KU School of medicine-wichita
1021	67156	Good	None	TPRG	OBES		Pregnancy prevention education for teens Obesity prevention
1100	67156	Good	UP	TRANS			Sliding scale fee services. A more centralized location for services and provides transportation.
1107	67005	Average	None	TRANS			Providing affordable transportation service.
1130	67005	Poor	None	WELL	BH	PEDS	a lot of it in the county. I think it deserves special attention in its own right. Also, "wellness education" is not the same as "wellness opportunities". I'll mark "wellness education", but the preventative screenings, etc are really what I mean. Also, pediatrics (and how to raise health children) and geriatrics (expectations and care) are missing. I'd like to check those to be addressed - whether at the meeting or in general. My original answer to #14: Mental health and addiction services need help, if the stories I am hearing are true. People who are being held for suicidal tendencies are reportedly being released to individuals without knowing the (violent/codependent) nature of the relationship between the individuals. People who are suddenly finding themselves out of their meds are not being able to get support - therapy, assessment, emergency supply - for weeks. Individuals facing an unsafe home environment have no immediate place to turn. Again, some of it may be communication. I cover local Mental Health/Addiction resources in my Psych classes. Typically, students are not aware that the organizations exist, much less what they offer or how much they cost (they don't know that in many cases, due to a sliding scale, that they and their families can "afford" care). Not having a immediate mental health support option 24/7, for anyone feeling in crisis (before the violent/irrational/etc behavior begins), not just those who know how to seek help for suicidal ideation is a problem. Some drive up to services in Wichita, but, again, those without a car can't do that and those that do run up there are sent back to Cowley for services because we have Four County in our area. Some suggest hotlines (though my students didn't realize that you can now call, text, or FB Msg for assistance - and they had a lot of misperceptions, such as you could get in trouble if you called a hotline and your problem wasn't bad enough and you/your friend/your family member would be jailed if you called for emergency/police/medic assistance). Hotlines are fine, but they do not replace the ability to be around safe/caring people in order to regroup. Prevention initiatives related to adult mental health/addiction issues. Yes, these efforts take money and expertise, but grants are often available to help with the money, collaborations can ease financial
1035	67005	Very Good	None	WELL	MRKT		Raise awareness as to where people should look for healthcare information (ex: not all web sources are reputable)
1117	67156	Average	None	WELL	OBES	DIAB	I believe that we need more education and exercise programs about obesity and diabetes that are kid friendly. We also need more programs for the elderly that are reachable. Not everyone is in need, or in poverty but everyone could use a little help at times.
1074	67005	Average	Down	WELL			Continue to hold meetings and educate the community.
1147	67005	Good	None	WELL			Programs that target active lifestyle in middle school age children as well as programs that target smoking cessation.
1161	67156	Average	Down	WELL			INDIVIDUAL HEALTHCARE EDUCATION, STD EDUCATION IN SCHOOL
1189	67156	Good	None	WELL			I want to see more of an emphasis on getting youth and young adults involved with their health. I'd love to see more involvement between health providers/health programs and the colleges or the public schools. I want to see a program that teaches young adults how to take their health needs into their own hands and encourages them to be an advocate for what they need/want and what will be best for them, their peers, and their futures.

Let Your Voice Be Heard!

Cowley County KS providers (Cowley City Health Department, William Newton Hospital, and Cowley FQHC) requests your input in order to create a 2018-19 Cowley County (KS) Community Health Needs Assessment (CHNA). To collect "up to date" community feedback, a short online survey has been created to uncover any current community health issues and evaluate local health delivery.

While your participation is voluntary and confidential, all community input is valued. Thank you for your attention! Deadline to participate is Wednesday, August 1, 2018.

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

Very Poor Poor Average Good Very Good

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

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

Why? (please specify)

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

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

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

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

- | | |
|--|--|
| <input type="checkbox"/> Affordable HC Insurance | <input type="checkbox"/> Nutrition - Healthy Food options |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Awareness of existing HC services | <input type="checkbox"/> Personal Health Management - Youth |
| <input type="checkbox"/> Chronic Health | <input type="checkbox"/> Preventative Health Care - New Moms/ Newborns |
| <input type="checkbox"/> Drug / Substance Abuse | <input type="checkbox"/> Provider Recruitment and Retention |
| <input type="checkbox"/> Fitness / Exercise options | <input type="checkbox"/> Tobacco Prevention |
| <input type="checkbox"/> Mental Health Access | <input type="checkbox"/> Wellness / Prevention |

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

- | | |
|--|--|
| <input type="checkbox"/> Affordable HC Insurance | <input type="checkbox"/> Nutrition - Healthy Food options |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Awareness of existing HC services | <input type="checkbox"/> Personal Health Management - Youth |
| <input type="checkbox"/> Chronic Health | <input type="checkbox"/> Preventative Health Care - New Moms/ Newborns |
| <input type="checkbox"/> Drug / Substance Abuse | <input type="checkbox"/> Provider Recruitment and Retention |
| <input type="checkbox"/> Fitness / Exercise options | <input type="checkbox"/> Tobacco Prevention |
| <input type="checkbox"/> Mental Health Access | <input type="checkbox"/> Wellness / Prevention |

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

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

Other (please specify)

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

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

9. How would our community area residents rate each of the following health services? Con't

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

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

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

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

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

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

- Yes
- No
- I don't know

If YES, please specify the healthcare services received.

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

- Yes
- No
- I don't know

Please explain

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

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

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

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

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

Other (please specify)

17. What is your home ZIP code? Please enter 5-digit ZIP code; for example 00544 or 95305



Report Contact:

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