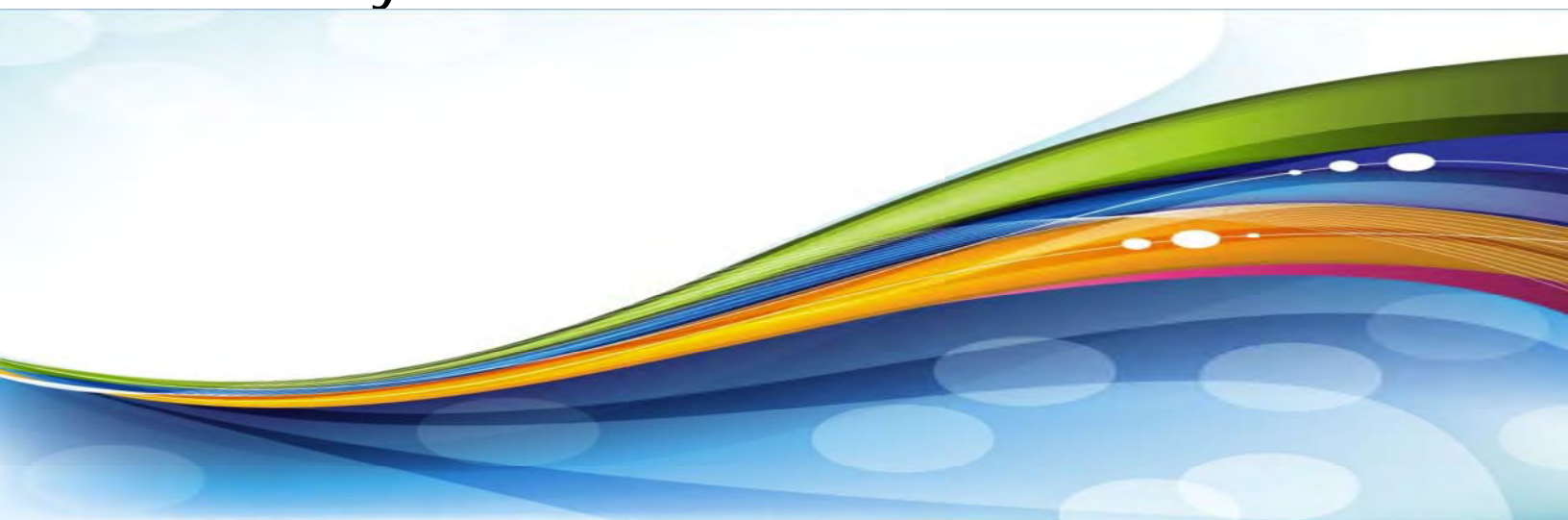




Gove County, KS

Community Health Needs Assessment Round #2



May 2015

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

Community Health Needs Assessment

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I. Executive Summary

[VVV Research & Development, LLC]

I. Executive Summary

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

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

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

Town Hall "Community Health Strengths" cited for Gove County Medical Center's Primary Service Area are as follows:

| Gove County, KS - Community Health "Strengths" | | | |
|---|----------------------------------|----|--|
| # | Topic | # | Topic |
| 1 | High School Immunization Rates | 9 | Chemotherapy Services |
| 2 | Scope of Services Offered | 10 | County Fire Department |
| 3 | OB Services | 11 | New Leadership at the Hospital |
| 4 | Number of Physicians (5) | 12 | Elderly Citizens Living at Home |
| 5 | High Literacy (Graduation Rates) | 13 | Diabetic Clinice Once a Week |
| 6 | Good Ambulance | 14 | Volunteers for the Hospital & Long-Term Care |
| 7 | Caring Community | 15 | Mental Health Clinic Once a Week |
| 8 | Number of Fitness Centers (2) | 16 | Good Rehab |

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

| Gove County, KS | | | | |
|---|---|--------------|---------------|--------------|
| on behalf of Gove County Medical Center - PSA | | | | |
| Town Hall Community Health Needs Priorities (23 Attendees) | | | | |
| # | 2015 Health Needs to Change and/or Improve | Votes | % | Accum |
| 1 | Decrease Clinic Wait Times | 11 | 14.5% | 14.5% |
| 2 | Expand Housing (Leading to Staffing Issues) | 9 | 11.8% | 26.3% |
| 3 | Increase Number of Providers (Mid-Levels & Replacement for Retiring Docs) | 9 | 11.8% | 38.2% |
| 4 | Start Facility Improvements | 7 | 9.2% | 47.4% |
| 5 | Continue Air Strip Development (Health Transportation) | 5 | 6.6% | 53.9% |
| 6 | Provide Urgent Care | 5 | 6.6% | 60.5% |
| 7 | Expand Day Care Center | 5 | 6.6% | 67.1% |
| 8 | Provide Affordable Healthy Food Options | 5 | 6.6% | 73.7% |
| 9 | Reduce Alcohol Use | 4 | 5.3% | 72.4% |
| 10 | Reduce Drug Use | 3 | 3.9% | 76.3% |
| 11 | Fight Obesity (Nutrition & Fitness) | 3 | 3.9% | 80.3% |
| Total Town Hall Votes | | 76 | 100.0% | |
| Note: | Other items receiving votes: Depression, Home Health, Smoking Mothers, Ambulance, Family Planning | | | |

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

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

- TAB 1: Gove County has a population of 2,769 residents as of 2013. 22.9% of Gove County’s population consists of the elderly (65+), and 19.7% percent of these elderly people (65+) are living alone. The percent of Hispanics and Latinos in Gove County is 2.3%. 14% percent of children in Gove County live in single-parent households. The percent of people living below the poverty level in is 10.3%. The percent of children living below poverty level in Gove County is 15.7%, lower than the Kansas rural norm of 18.1%. The percent of people with limited access to healthy foods is 29%, much higher than the Kansas rural norm of 8%.
- TAB 2: The Gove County per capita income equals \$24,866. The median value of owner-occupied housing units is \$66,800, lower than the Kansas rural norm of \$75,775. The percent of unemployed workers in the civilian labor force in Gove County is 2.0%. Gove County has a high percentage of low-income persons with low access to a grocery store (28.8%), compared to the Kansas rural norm of 15.4%. The number of households

without a vehicle is 1.5%, lower than the Kansas rural norm of 4.2%. The percent of solo drivers with a long commute is 13.9%.

- TAB 3: In Gove County, 25.5% of students are eligible for the free or reduced lunch program, compared to the Kansas rural norm of 34.2%. The poverty status by school enrollment is 10.5%, lower than the Kansas rural norm of 12.6%. The county maintains a 94.6% high school graduation rate, which is higher than the Kansas rural norm of 84.6%. The percent of persons (25+) with a Bachelor's degree or higher in Gove County is 18.0%.
- TAB 4: The percent of births where prenatal care began in the first trimester in Gove County is 84.2%. The percent of births with low birth weights is 8.0%. The average monthly WIC participation rate in Gove County is 14.5%, lower than the Kansas rural average of 20.9%. 12.6% of births are occurring to unmarried women, much lower than the Kansas rural norm of 31.3%.
- TAB 5: The ratio of the population in Gove County to primary care physicians is 595, lower than the Kansas rural norm of 2,114. The staffed hospital bed ratio in Gove County is 7.7%, lower than the Kansas rural norm of 13.1%. The injury hospital admission rate (923), congestive heart failure hospital admission rate (295), heart disease hospital admission rate (558) and the bacterial pneumonia hospital admission rate (1032) are all much higher than their respective Kansas rural norms. The number of preventable hospital stays is 132 in Gove County, higher than the Kansas rural norm of 64.
- TAB 6: The depression rate for the Medicare population in Gove County is 21.5%, higher than the Kansas rural norm of 15.2%. The percent of alcohol-impaired driving deaths in Gove County (50.0%) is much higher than the Kansas rural norm of 36.4%. The percentage of people in Gove County with inadequate social support (20.0%) is higher than the Kansas rural norm of 16.0%.
- TAB 7: The adult obesity rate in Gove County is 35%. The percent of people in Gove County who are physically inactive is 31.0%. Rheumatoid Arthritis in the Medicare population is 50.6%, higher than the Kansas rural norm of 33.5%. Heart failure in the Medicare population is 29.8% and Asthma in the Medicare population is 7.4% in Gove County.
- TAB 8: The uninsured adult population rate in Gove County is 18.2%, higher than the Kansas rural norm of 17.4%.
- TAB 9: The age-adjusted years of potential life lost due to traffic injury in Gove County is 1640, higher than the Kansas rural norm of 1541. The mortality rate in Gove County is 112 per 100,000, higher than the Kansas rural norm of 66.
- TAB 10: The percentage of infants fully immunized at 24 months in Gove County is 77.7%, lower than the Kansas rural norm of 78.6%. The percent of diabetic screenings in Gove County is 79.0%. Access to exercise opportunities in Gove County is 72.5%, much higher than the Kansas rural norm of 51.3%

Key 2015 Community Feedback Conclusions:

As seen below, the community still senses a health need for Obesity, Healthy Eating Options, Development of an Airstrip, Mental Health Services and Alcohol Abuse.

| CHNA Round #2 Feedback 2015 - Gove County, KS | | | | | | |
|---|-----------------------|-----------------------|---------------|-----------|----------------|--------------------|
| From our last Community Health Needs Assessment (2012), a number of health needs were identified as a priority. Are any of these 2012 CHNA needs still an "ongoing problem" in our community? | | | | | | |
| Answer Options | Not a Problem Anymore | Somewhat of a Problem | Major Problem | Problem % | Response Count | Most Pressing Rank |
| Obesity | 2 | 52 | 15 | 97.1% | 69 | 3 |
| Healthy Eating Options | 5 | 45 | 19 | 92.8% | 69 | 1 |
| Development of Airstrip | 8 | 26 | 33 | 88.1% | 67 | 2 |
| Mental Health Services | 12 | 40 | 15 | 82.1% | 67 | 5 |
| Alcohol Abuse | 12 | 45 | 10 | 82.1% | 67 | 8 |
| Meals on Wheels | 16 | 41 | 10 | 76.1% | 67 | 7 |
| Home Health Services | 16 | 34 | 16 | 75.8% | 66 | 4 |
| Exercise | 20 | 42 | 8 | 71.4% | 70 | 6 |
| Oncology / Chemo Services | 35 | 31 | 0 | 47.0% | 66 | 9 |

II. Methodology

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II. Methodology

a) Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

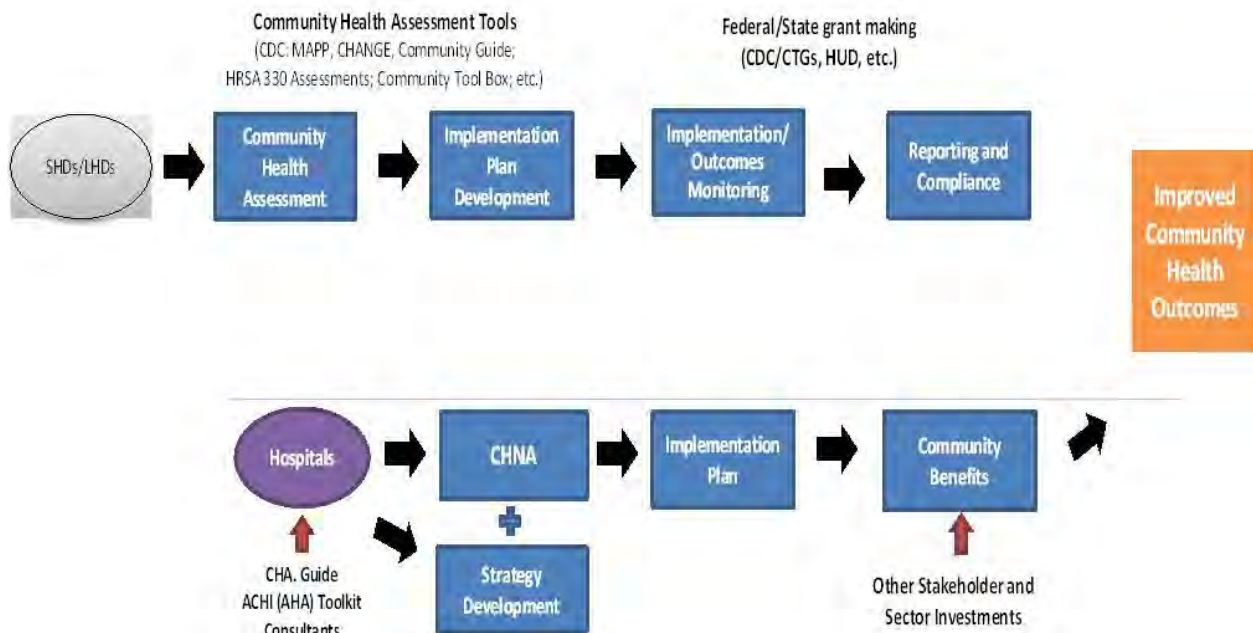
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Notice 2011-52 Overview

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

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

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

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

ACCOUNTING TODAY 1/2/15

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

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

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

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

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

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

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

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

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

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

II. Methodology

b) Collaborating CHNA Parties

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

Gove County Medical Center Profile

520 W 5th St, Quinter, KS 67752
Administrator: Coleen Tummons

About Us: We believe that our patients and relatives should expect to receive services of the highest quality. If our services do not meet these expectations, we will welcome your comments on our service and any suggestions for future improvement. We are constantly looking at ways in which we can improve the standard of our service and we are committed to providing you with the best possible care at all times.

Your medical care will be carried out by a team. If you are unsure about any part of your treatment, illness, or condition, please ask the doctor or nurse to explain. You have the right to information and an explanation about your condition to help you participate in your care and give informed consent for any treatment. You will be given the names of your nurses and the doctor in charge of your care. Staff will introduce themselves before attending to you.

History: GCMC was founded in 1925 by the Brethren Church as the Quinter Hospital and Sanatorium. From its early start as a two-story building with two bedrooms for patients, doctor's office, exam, operating and sterilizing rooms on the first floor and kitchen, laundry, storage and X-ray room in the basement. Many changes have occurred since then. In 1946 the county of Gove took ownership of the hospital and changed the name to Gove County Hospital. The Long Term Care Facility was built in 1963. Several additions and remodeling projects have happened since 1963. A third name change occurred in 1994 when Gove County Hospital became Gove County Medical Center.

Mission Statement: Gove County Medical Center is committed to providing exceptional healthcare services delivered in a spirit of compassionate care.

Gove County Medical Center offers the following services to its community:

- Cardiology
- Urology
- Oncology/Hematology
- Surgical Associates
- Southwind Surgical
- Diabetes Education Clinic
- Ear/Nose/Throat
- Orthopedic
- Podiatry
- Pulmonary Rehab
- Sleep Studies
- Respiratory Care
- Tender Hearts Daycare
- Long Term Care
- Independent Living
- Respite Care
- Social Services
- Diagnostic Imaging
 - o Radiology Exams, CT Scans, Sonograms & Vascular Studies, Adult & Pediatric
 - o Echocardiograms, Bone Density Scans
- Mobile Services
 - o Nuclear Medicine, Digital Mammography, MRI, Cardiolyte Stress Test
- Cardiac Rehab
- Laboratory
- Radiology
- Physical Therapy

Gove County Health Department Profile

520 Washington St # 104, Gove City, KS 67736
Administrator: Cheryl Goetz, BSN, RN

The Gove County Health Department is open on Mondays and Thursdays from 8:00 am to 4:30 pm and on Tuesdays from 1:00 pm to 5:00 pm at Bluestem Medical. The Gove County Health Department is closed all legal holidays and Christmas Eve.

WIC (Women, Infants, and Children) Services are offered at the Gove County Health Department. Additional hours are offered in Quinter on the third Monday in the months of February, April, June, August, October, and December at the Senior Center. Appointments are required for both the Quinter location and the Gove location to better serve our clients.

Mission: To protect the health of Gove County Residents through immunization, early recognition of illness, and prompt referral for early intervention.

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications



VVV Research & Development, LLC

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

VINCE VANDEHAAR, MBA

Principal Consultant & Owner of VVV Research & Development, LLC

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

VVV Research & Development, LLC consultants have in-depth experience helping hospitals work with local Health Departments to engage community residents & leaders to identify gaps between existing health community resources & needs and construct detailed strategies to meet those needs - while still adhering to the hospital's mission and budget. Over the past 20 years, Vandehaar has completed 8 comprehensive Baldrige aligned Community Health Needs Assessments for Saint Luke's of Kansas City System facilities (3 campuses) and was contracted to conduct 2 additional independent Dept. of Health consulting projects (prior to IRS 990 regs). To date, VVV has completed 39 CHNA IRS aligned assessments for Kansas, Iowa and Missouri hospitals & Health Departments.

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

Collaborating Consultants

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

II. Methodology

c) CHNA & Town Hall Research Process

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

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

VVV CHNA Deliverables:

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

VVV CHNA Gove County Medical Center Work Plan Project Timeline & Roles 2015

| Step | Date (Start-Finish) | Lead | Task |
|------|--|------------|--|
| 1 | 12/11/2014 | VVV | Hold kickoff Northwest Alliance review. |
| 2 | 1/1/2015 | Hosp | Select CHNA Option A/B/C. Approve and sign VVV CHNA quote. |
| 3 | 1/20/2015 | VVV | Send out REQCommInvite Excel file. Hosp and Health Dept to fill in PSA stakeholders names / address / e-mail. |
| 4 | 1/20/2015 | VVV | Request Hosp client to send KHA PO reports (POT01, 103 and TOT223E) to document service area for FFY 11, 12 and 13. In addition, request Hosp to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls). |
| 5 | On or Before 1/28/2015 | VVV | Prepare CHNA Round#2 stakeholder feedback online link. Send text link for Hosp review. |
| 6 | On or Before 1/28/2015 | VVV / Hosp | Prepare / send out PR story to local media announcing upcoming CHNA work. Hosp to place. |
| 7 | 2/2/2015 | VVV | Launch / conduct online survey to stakeholders. Hosp will e-mail invite to participate to all stakeholders. |
| 9 | 2/11/2015 | VVV / Hosp | Prepare / send out PR story to local media CHNA survey announcing online CHNA Round #2 feedback. Request public to participate. |
| 10 | On or Before 2/15/2015 | VVV | Assemble and complete secondary research. Find / populate 10 TABS. Create Town Hall PPT for presentation. |
| 11 | 2/18/2015 | Hosp | Prepare / send out community Town Hall invite letter and place local ad. |
| 12 | 2/18/2015 | VVV / Hosp | Prepare / send out PR story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources. |
| 13 | 4/10/2015 | All | Conduct conference call (time TBD) with Hosp / Health Dept to review Town Hall data / flow. |
| 14 | 4/16/2015 | VVV | Conduct CHNA Town Hall. Breakfast 7-8:30am at GCMC. Review and discuss basic health data plus rank health needs. |
| 15 | On or Before 5/31/2015 | VVV | Complete analysis (release draft 1). Seek feedback from leaders (Hosp and Health Dept). |
| 16 | On or Before 6/30/2015 | VVV | Produce and release final CHNA report. Hosp will post CHNA online. |
| 17 | On or Before 6/30/2015 | Hosp | Conduct client implementation plan PSA leadership meeting. |
| 18 | 30 Days Prior to End of Hospital Fiscal Year | Hosp | Hold board meetings discuss CHNA needs, create and adopt an implementation plan. Communicate CHNA plan to community. |

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

Phase I – Discovery:

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

Phase II – QUALIFY Community Need:

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

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

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

Phase III – Quantify Community Need:

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

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

Post CHNA report findings to meet IRS CHNA criteria.

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

| | |
|--|----------------|
| Phase I: Discovery..... | January 2015 |
| Phase II: Secondary / Primary Research..... | Jan - Feb 2015 |
| Phase III: Town Hall Meeting..... | April 16, 2015 |
| Phase IV: Prepare and release CHNA report..... | May 2015 |

Detail CHNA Development Steps Include:

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

Overview of Town Hall Community Priority Setting Process

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

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

Gove County Medical Center's Town Hall was held on Thursday May 16th, 2015 at Gove County Medical Center. Vince Vandehaar and Alexa Backman facilitated this 1 ½ hour session with twenty three (23) attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

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

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

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

Community Health Needs Assessment Gove County, KS Town Hall Meeting on behalf of Gove County Medical Center

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

Olathe, Kansas 66061
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www.vandehaarmarketing.com
913-302-7264

Community Health Needs Assessment (CHNA) Town Hall Discussion Agenda

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

VVV Marketing & Development INC.

I. Introduction:

Background and Experience



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

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

Adjunct Professor - Marketing / Health Admin.- 26 years +

- > Webster University (1988 – present)
- > Rockhurst University (2010 – present)

Alexa Backman MBA 2015, VVV Collaborative Analyst

Town Hall Participation (You)

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

I. Introductions: a conversation with the community.

Community members and organizations invited to CHNA Town Hall

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

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

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

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

II. Purpose: Why conduct Community Health Needs Assessment?

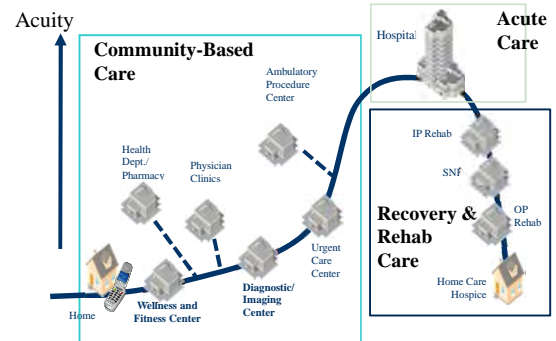
- To determine health-related trends and issues of the community.
- To understand/evaluate health delivery programs in place.
- To develop strategies to address unmet health needs.
- To meet Federal requirements – both local hospital & Health Department.

II. Review CHNA Definition

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

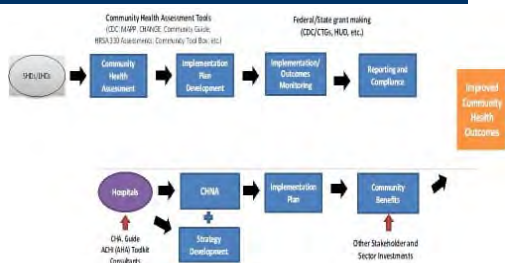
CHNA's role is to identify factors that affect the health of a population and determine the availability of resources to adequately address those factors.

Future System of CARE Sg2



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

Community Health Needs Assessment Joint Process: Hospital & Health Department



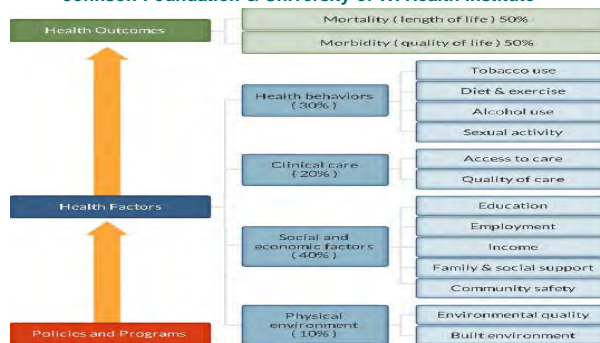
II. Required Written Report IRS 990 Documentation

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

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

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

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



| 1 | Focus Area | Measure | Description |
|--------------------------------|---------------------------------------|---|---|
| 1 | Air and water quality (5%) | Air pollution - particulate matter | The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county |
| | | Drinking water violation | Percent of population potentially exposed to water exceeding a violation limit during the past year |
| | | Severe housing problems | Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of basic home plumbing facilities |
| Housing and transit (5%) | Driving alone to work | Percent of the workforce that drives alone to work | |
| | Long commutes - driving alone | Among workers who commute in their car alone, the percent that commute more than 30 minutes | |
| 2a | Focus Area | Measure | Description |
| 2a | Access to care (10%) | Uninsured | Percent of population under age 65 without health insurance |
| | | Primary care physicians | Ratio of population to primary care physicians |
| | | Dentists | Ratio of population to dentists |
| | | Mental health providers | Ratio of population to mental health providers |
| Quality of care (10%) | Preventable hospitalizations | Hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees | |
| | Diabetic screening | Percent of diabetic Medicare enrollees that receive HbA1c screening | |
| | Mammography screening | Percent of female Medicare enrollees that receive mammography screening | |
| 2b | Focus Area | Measure | Description |
| 2b | Education (10%) | High school graduation | Percent of ninth grade cohort that graduates in 4 years |
| | | Some college | Percent of adults aged 25-44 years with some post-secondary education |
| | | Unemployment | Percent of population age 16+ unemployed but seeking work |
| Income (10%) | Children in poverty | Percent of children under age 18 in poverty | |
| | Inadequate social support | Percent of adults without social/emotional support | |
| Family and social support (5%) | Children in single-parent households | Percent of children that live in household headed by single parent | |
| | 2b | Focus Area | Measure |
| 2b | Social and Economic Environment (40%) | Violent crime | Violent crime rate per 100,000 population |
| | | Injury deaths | Injury mortality per 100,000 |
| 3 | Focus Area | Measure | Description |
| 3 | Health Outcomes (10%) | Adult smoking | Percent of adults that report smoking >= 100 |
| | | Adult obesity | Percent of adults that report a BMI >= 30 |
| 3a | Health Behaviors (10%) | Food environment index | Index of factors that contribute to a healthy food environment |
| | | Physical inactivity | Percent of adults aged 20 and over reporting access to exercise opportunities |
| 3b | Alcohol and drug use (5%) | Excessive drinking | Binge plus heavy drinking |
| | | Alcohol-impaired driving deaths | Percent of driving deaths with alcohol involvement |
| 3c | Sexual activity (5%) | Sexually transmitted infection | Chlamydia rate per 100,000 population |
| | | Teen births | Teen birth rate per 1,000 female population, ages 15-19 |
| 3b / 3c | Focus Area | Measure | Description |
| 3b / 3c | Stability / Mortality (10%) | Quality of life (50%) | Poor or fair health (age-adjusted) Average number of physically unhealthy days reported in past 30 days (age-adjusted) Poor mental health days reported in past 30 days (age-adjusted) Low birthweight Percent of live births with low birthweight (< 5500 grams) |
| | | Length of life (50%) | Premature death Years of potential life lost before age 75 per 100,000 population (age-adjusted) |

IV. Collect Community Health Perspectives

Ask your opinion. Your thoughts?

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

V. Have we forgotten anything ?

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

Community Health Needs Assessment

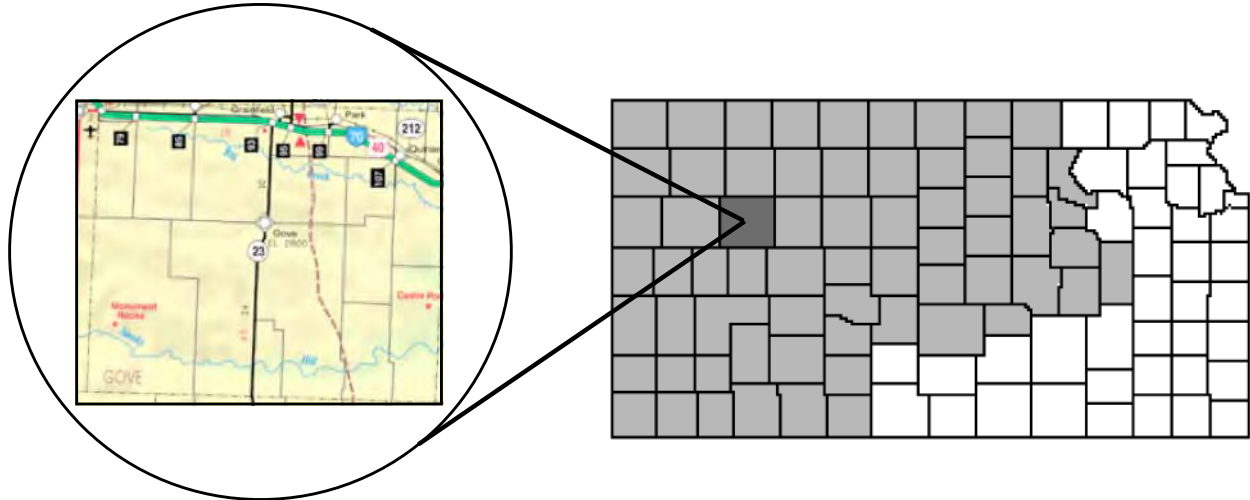
Questions Next Steps ?

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II. Methodology

d) Community Profile (A Description of Community Served)

Gove County Community Profile



Demographics

The population of Gove County was estimated to be 2,697 citizens in 2015, a 0.1% change in population from 2010 – 2015. The county covers 1,071 square miles and this area is home to the Smoky Hills region, Mushroom Rock State Park, and Castle Rock¹. The county has an overall population density of 3.0 persons per square mile, compared to the State average of 34.9 persons per square mile. The county is located in Central Western Kansas and the most common industries are educational, health and social services, agriculture, forestry, fishing and hunting, and mining and construction². The county was founded in 1886 and the county seat is Gove.

The major highway transportation access to Gove County is U.S. Interstate 70, which runs through the north portion of the county. Kansas highway 23 is the major North–South road. County road 503 is another North-South road that runs through the area. Also, Old Highway 40 runs parallel to I-70 throughout the county.

¹ <http://touristinformationdirectory.com/kansas/chamber-of-commerce.htm>

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

Gove County, KS Airports³

| Name | USGS Topo Map |
|-------------------------------|----------------------|
| Coberly Airport | Gove SW |
| Lundgren Angust Ranch Airport | Orion SE |
| Quinter Air Strip | Quinter |

Schools in Gove County⁴

| Name | Level |
|-----------------------------|--------------|
| Grinnell Grad School | Primary |
| Grinnell Middle School | Middle |
| Quinter Elem | Primary |
| Quinter Jr-Sr High | High |
| Wheatland Elementary School | Primary |
| Wheatland High School | High |

³ <http://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20063.cfm>

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

Detail Demographic Profile

| ZIP | NAME | County | Population: | | | Households | | HH | Per Capita |
|---------------|------------|--------|--------------|--------------|--------------|--------------|--------------|------------|-----------------|
| | | | Yr2014 | Yr2019 | Chg | Yr2014 | Yr2019 | Avg Size | Income 14 |
| 67736 | Gove | GOVE | 223 | 233 | 4.5% | 102 | 107 | 2.2 | \$24,133 |
| 67737 | Grainfield | GOVE | 469 | 481 | 2.6% | 207 | 215 | 2.3 | \$25,106 |
| 67738 | Grinnell | GOVE | 539 | 550 | 2.0% | 252 | 259 | 2.1 | \$28,048 |
| 67751 | Park | GOVE | 243 | 257 | 5.8% | 119 | 127 | 2.0 | \$29,103 |
| 67752 | Quinter | GOVE | 1,431 | 1,484 | 3.7% | 574 | 600 | 2.4 | \$22,058 |
| Totals | | | 2,905 | 3,005 | 18.5% | 1,254 | 1,308 | 2.2 | \$25,690 |

| ZIP | NAME | County | Population 2014: | | | | YR 2014 | | Females |
|---------------|------------|--------|------------------|------------|------------|------------|--------------|--------------|------------|
| | | | Yr2014 | POP65p | KIDS<18 | GenY | MALES | FEMALES | Age20_35 |
| 67736 | Gove | GOVE | 223 | 51 | 50 | 51 | 119 | 104 | 14 |
| 67737 | Grainfield | GOVE | 469 | 112 | 107 | 109 | 243 | 226 | 31 |
| 67738 | Grinnell | GOVE | 539 | 126 | 125 | 125 | 277 | 262 | 35 |
| 67751 | Park | GOVE | 243 | 50 | 60 | 50 | 129 | 114 | 14 |
| 67752 | Quinter | GOVE | 1,431 | 387 | 344 | 310 | 705 | 726 | 93 |
| Totals | | | 2,905 | 726 | 686 | 645 | 1,473 | 1,432 | 187 |

| ZIP | NAME | County | Population 2014: | | | | Aver | Hholds | HH \$50K+ |
|---------------|------------|--------|------------------|----------|----------|-----------|-----------------|--------------|------------|
| | | | White | Black | Amer IN | Hisp | HH Inc14 | Yr2014 | |
| 67736 | Gove | GOVE | 219 | 1 | 0 | 3 | \$52,761 | 102 | 45 |
| 67737 | Grainfield | GOVE | 462 | 1 | 0 | 7 | \$56,883 | 207 | 94 |
| 67738 | Grinnell | GOVE | 531 | 1 | 0 | 7 | \$59,991 | 252 | 119 |
| 67751 | Park | GOVE | 236 | 1 | 1 | 4 | \$59,428 | 119 | 53 |
| 67752 | Quinter | GOVE | 1,403 | 5 | 1 | 28 | \$54,531 | 574 | 254 |
| Totals | | | 2,851 | 9 | 2 | 49 | \$56,719 | 1,254 | 565 |

Source: ERSA Demographics

III. Community Health Status

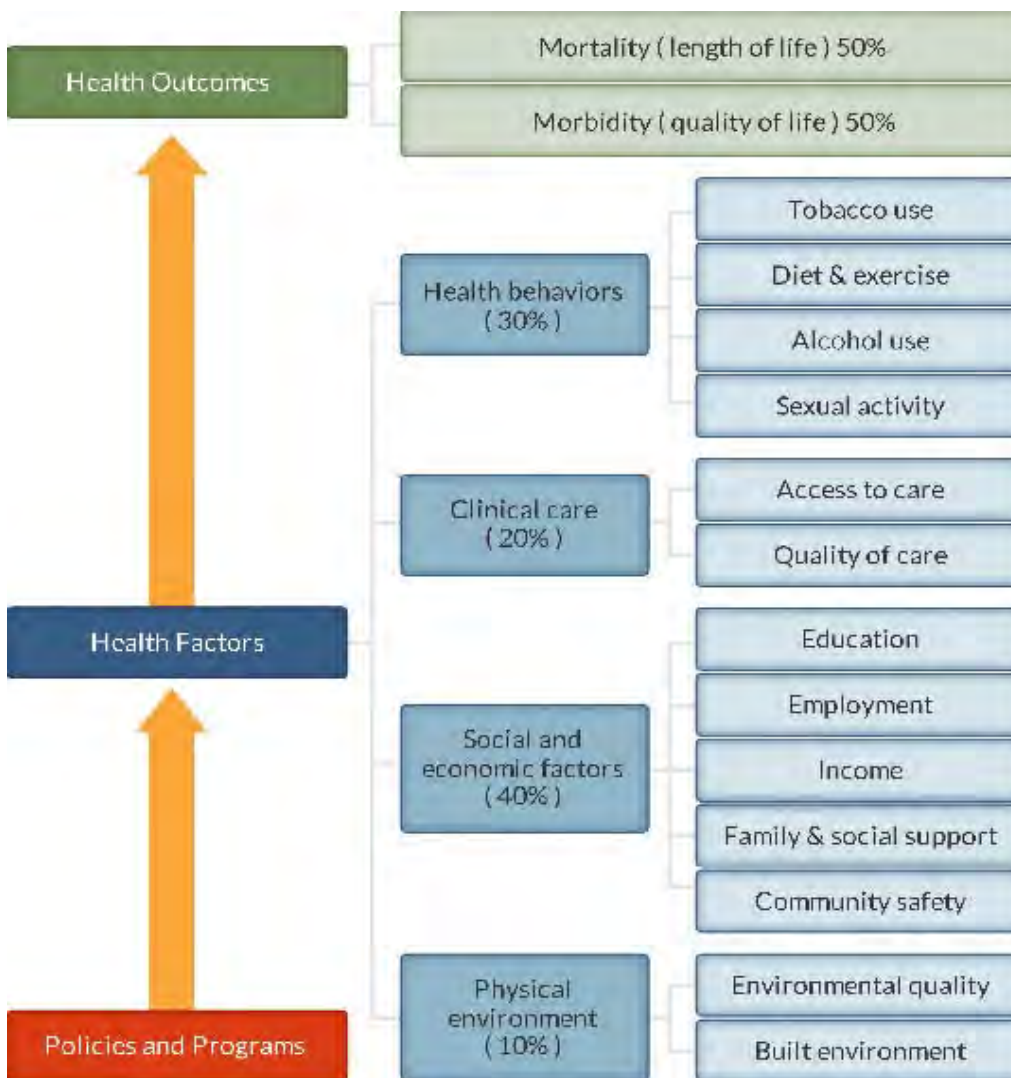
[VVV Research & Development, LLC]

III. Community Health Status

a) Historical Health Statistics

Health Status Profile

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



County Health Rankings model ©2012 UWPHI

Secondary Research

2015 State Health Rankings for Gove County, KS

| # | Kansas 2015 County Health Rankings (105 counties) | Definitions | GOVE CO 2015 | TREND | NW Alliance (12) |
|--|---|--|--------------|-------|------------------|
| 1 | Physical Environment | Environmental quality | 6 | | 50 |
| 2 | Health Factors | | 30 | | 26 |
| 2a | Clinical Care | Access to care / Quality of Care | 71 | | 41 |
| 2b | Social & Economic Factors | Education, Employment, Income, Family/Social support, Community Safety | 11 | | 29 |
| 3 | Health Outcomes | | 58 | | 44 |
| 3a | Health Behaviors | Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy | 49 | | 34 |
| 3b | Morbidity | Quality of life | 56 | | 48 |
| 3c | Mortality | Length of life | 51 | | 42 |
| OVERALL RANK | | | 58 | | 44 |
| NW KS Nbrms include the following 12 counties: Barton, Ellis, Gove, Kiowa, Norton, Osborne, Pawnee, Phillips, Russell, Sheridan, Smith and Thomas http://www.countyhealthrankings.org | | | | | |

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

Tab 1 Demographic Profile

| TAB | | Health Indicator | GOVE CO 2015 | TREND | KANSAS | NW Alliance (12) | SOURCE |
|-----|---|--|--------------|-------|-----------|------------------|---------------------------|
| 1a | a | Population, 2013 estimate | 2,769 | | 2,895,801 | 104,831 | People Quick Facts |
| 1a | b | Population, 2010 | 2,695 | | 2,853,118 | 104,876 | People Quick Facts |
| 1a | c | Pop Growth % - April 1,10 to July 1, 13 | 2.7% | | 2.1% | -0.5% | People Quick Facts |
| 1a | d | Persons under 5 years, percent, 2013 | 7.2% | | 6.9% | 6.0% | People Quick Facts |
| 1a | e | Persons under 18 years, percent, 2013 | 24.7% | | 21.8% | 22.1% | People Quick Facts |
| 1a | f | Persons 65 years and over, percent, 2013 | 22.9% | | 13.6% | 20.4% | People Quick Facts |
| 1a | g | Female persons, percent, 2013 | 49.6% | | 49.7% | 49.2% | People Quick Facts |
| 1a | h | White alone, percent, 2013 (a) | 98.2% | | 95.6% | 95.4% | People Quick Facts |
| 1a | i | Black or African American alone, % 2013 (a) | 0.5% | | 1.0% | 1.7% | People Quick Facts |
| 1a | j | Hispanic or Latino, percent, 2013 (b) | 2.3% | | 5.4% | 5.2% | People Quick Facts |
| 1a | k | Foreign born persons, percent, 2008-2012 | 0.6% | | 2.6% | 2.1% | People Quick Facts |
| 1a | l | % Language other than English spoken at home | 2.2% | | 7.6% | 4.7% | People Quick Facts |
| 1a | m | % Living in same house 1 year +, 2008-2012 | 89.8% | | 75.8% | 86.6% | People Quick Facts |
| 1a | n | People 65+ Living Alone, 2009-2013 | 19.7% | | 29.4% | 32.4% | American Community Survey |

| TAB | | Health Indicator | GOVE CO 2015 | TREND | KANSAS | NW Alliance (12) | SOURCE |
|-----|---|--|--------------|-------|--------|------------------|---|
| 1b | a | Veterans, 2008-2012 | 232 | | NA | 18,731 | People Quick Facts |
| 1b | b | Population per square mile, 2010 | 2.5 | | 31.6 | 17 | Geography Quick Facts |
| 1b | c | Violent crime rate (Rate of Violent Crime per 1,000) | 1.1 | | 3.5 | 2.1% | Kansas Bureau of Investigation |
| 1b | d | Children in single-parent households | 14% | | NA | 29% | County Health Rankings |
| 1b | e | People Living Below Poverty Level, 2009-2013 | 10.3% | | 13.7% | 12.5% | American Community Survey |
| 1b | f | Children Living Below Poverty Level, 2009-2013 | 15.7% | | 18.7% | 18.1% | American Community Survey |
| 1b | g | Limited access to healthy foods | 29% | | NA | 8% | County Health Rankings |
| 1b | h | People 65+ Living Below Poverty Level, 2009-2013 | 7.6% | | 7.6% | 8.5% | American Community Survey |
| 1b | i | People 65+ with Low Access to a Grocery Store, 2010 | 23.6% | | NA | 9.5% | U.S. Department of Agriculture - Food Environment Atlas |
| 1b | j | Voter Turnout, 2012 | 71.4% | | 66.8% | 71.0% | Kansas Secretary of State |

Tab 2 Economic Profiles

| TAB | | Health Indicator | GOVE CO 2015 | TREND | KANSAS | NW Alliance (12) | SOURCE |
|-----|---|---|-----------------|-------|-----------|------------------------|---------------------------|
| 2a | a | Households, 2008-2012 | 1,177 | | 1,110,440 | 42,866 | People Quick Facts |
| 2a | b | Median household income, 2009-2013 | \$44,866 | | \$51,332 | \$44,017 | American Community Survey |
| 2a | c | Per capita money income in past 12 months (2012 dollars), 2008-2012 | \$24,866 | | \$24,625 | \$25,046 | People Quick Facts |
| 2a | d | Households with Cash Public Assistance Income, 2009-2013 | 0.4% | | 2.3% | 1.6% | American Community Survey |
| 2a | e | Housing units, 2013 | 1,378 | | NA | 106,387 | People Quick Facts |
| 2a | f | Median value of owner-occupied housing units, 2008-2012 | \$66,800 | | \$134,700 | \$75,775 | People Quick Facts |
| 2a | g | Homeownership rate, 2009-2013 | 69.7% | | 60.7% | 62.6% | American Community Survey |
| 2a | h | Housing units in multi-unit structures, % 2008-2012 | 3.5% | | 23.4% | 9.0% | People Quick Facts |
| 2a | i | Persons per household, 2008-2012 | 2.31 | | 2.3 | 2.3 | People Quick Facts |
| 2a | j | Severe Housing Problems, 2006-2010 | 5.9% | | 12.8% | 8.5% | County Health Rankings |
| 2a | k | Homeowner Vacancy Rate, 2009-2013 | 1.4% | | 2.0% | 1.8% | American Community Survey |
| 2a | l | Renters Spending 30% or More of Household Income on Rent, 2009-2013 | 31.7% | | 45.5% | 37.0% | American Community Survey |

Tab 2 Economic Profiles

| TAB | Health Indicator | GOVE CO 2015 | TREND | KANSAS | NW Alliance (12) | SOURCE |
|------|--|--------------|-------|----------|------------------|---|
| 2b a | Retail sales per capita, 2007 | \$6,552 | | \$18,264 | \$9,577 | Business Quick Facts |
| 2b b | Total number of firms, 2007 | S | | 237040 | 10,781 | Business Quick Facts |
| 2b c | Unemployed Workers in Civilian Labor Force, 2014 | 2.0% | | 3.9% | 2.7% | U.S. Bureau of Labor Statistics |
| 2b d | Private nonfarm employment, percent change, 2011-2012 | 7.1% | | 4.6% | 5.3% | Business Quick Facts |
| 2a e | Households with No Car and Low Access to a Grocery Store, 2010 | 0.7% | | | 2.1% | U.S. Department of Agriculture - Food Environment Atlas |
| 2b f | Child Food Insecurity Rate, 2012 | 19.6% | | 22.5% | 20.8% | Feeding America |
| 2a g | Grocery Store Density, 2011 | 1.1% | | | 0.4% | U.S. Department of Agriculture - Food Environment Atlas |
| 2b h | Low-Income and Low Access to a Grocery Store, 2010 | 28.8% | | | 15.4% | U.S. Department of Agriculture - Food Environment Atlas |
| 2b i | Low-Income Persons who are SNAP Participants, 2007 | 6.4% | | | 12.3% | U.S. Department of Agriculture - Food Environment Atlas |
| 2b j | Households without a Vehicle, 2009-2013 | 1.5% | | 5.3% | 4.2% | American Community Survey |
| 2b k | Mean travel time to work (minutes), workers age 16+, 2008-2012 | 13.8 | | 12.7 | 14 | People Quick Facts |
| 2b l | Solo Drivers with a Long Commute, 2008-2012 | 13.9% | | 19.5% | 12.2% | County Health Rankings |
| 2b m | Workers who Walk to Work, 2009-2013 | 6.2% | | 2.4% | 4.6% | American Community Survey |

Tab 3 Public Schools Health Delivery Profile

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

| TAB | Health Indicator | GOVE CO 2015 | TREND | KANSAS | NW Alliance (12) | SOURCE |
|-----|--|--------------|-------|--------|------------------|--|
| 3 a | Students Eligible for the Free Lunch Program, 2011-2012 | 25.5% | | 38.9% | 34.2% | National Center for Education Statistics |
| 3 b | Poverty Status by School Enrollment, 2009-2013 | 10.5% | | 12.9% | 12.6% | American Community Survey |
| 3 c | Student-to-Teacher Ratio (% Student / Teacher), 2011-2012 | 6.5 | | 13 | 9.4 | National Center for Education Statistics |
| 3 d | High School Graduation, 2013 | 94.6% | | 85.8% | 84.6% | Annie E. Casey Foundation |
| 3 e | Bachelor's degree or higher, percent of persons age 25+, 2008-2012 | 18.0% | | 32.1% | 20.5% | People Quick Facts |

Tab 3 Public Schools Health Delivery Profile

| # | Gove County, KS Schools - YR 2015 Health Indicators | USD 293 | USD 291, 292 |
|----|--|-----------|--------------|
| 1 | Total # Public School Nurses | 1 FT | 1 PT |
| 2 | School Nurse is Part of the IEP Team | Y | N |
| 3 | School Wellness Plan (Active) | Y | Y |
| 4 | VISION: # Screened / Referred to Prof / Seen by Professional | 295/20/10 | 88/5/5 |
| 5 | HEARING: # Screened / Referred to Prof / Seen by Professional | 216/2/2 | 85/6/5 |
| 6 | ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional | 283/22/? | 34/8/? |
| 7 | SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional | 0 | 0 |
| 8 | Number of Students Served with No Identified Chronic Health Concerns | 173 | 0 |
| 9 | School has a Suicide Prevention Program | N | Y |
| 10 | Compliance on Required Vaccinations | 100% | 97% |

TAB 4 Maternal and Infant Health Profile

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

| TAB | Criteria | GOVE | TREND | KANSAS | NW Alliance 15 |
|-----|---|------|-------|--------|----------------|
| 4 | Total Live Births, 2008 | 30 | | 41,815 | 1293 |
| 4 | Total Live Births, 2009 | 36 | | 41,388 | 1317 |
| 4 | Total Live Births, 2010 | 29 | | 40,439 | 1274 |
| 4 | Total Live Births, 2011 | 35 | | 39,628 | 1315 |
| 4 | Total Live Births, 2012 | 30 | | 40,304 | 1370 |
| 4 | Total Live Births, 2008-2012 - Five year Rate (%) | 12.9 | | 14.5 | 138.5 |

TAB 4 Maternal and Infant Health Profile

| TAB | | Health Indicator | GOVE CO 2015 | TREND | KANSAS | NW Alliance (12) | SOURCE |
|-----|---|---|--------------|-------|--------|------------------|---|
| 4 | a | Percent of Births Where Prenatal Care began in First Trimester, 2011-2013 | 84.2% | | 78.4% | 78.9% | Kansas Department of Health and Environment |
| 4 | b | Percentage of Premature Births, 2011-2013 | 7.4% | | 9.0% | 8.9% | Kansas Department of Health and Environment |
| 4 | c | Percent of Births with Low Birth Weight, 2011-2013 | 8.0% | | 7.1% | 7.6% | Kansas Department of Health and Environment |
| 4 | d | Percent of births Where Mother Smoked During Pregnancy, 2010-2012 | NA | | 13.5% | NA | Kansas Department of Health and Environment |
| 4 | e | Percent of all Births Occurring to Teens (15-19), 2011-2013 | NA | | 8.1% | 7.6% | Kansas Department of Health and Environment |
| 4 | f | Percent of Births Occurring to Unmarried Women, 2011-2013 | 12.6% | | 36.7% | 31.3% | Kansas Department of Health and Environment |
| 4 | g | Average Monthly WIC Participation per 1,000 population, 2013 | 14.5% | | 23.6% | 20.9% | Kansas Department of Health and Environment |
| 4 | h | Percent of WIC Mothers Breastfeeding Exclusively, 2013 | NA | | 12.9% | 14.6% | Kansas Department of Health and Environment |

TAB 5 Hospitalization/Provider Profile

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

| TAB | | Health Indicator | GOVE CO 2015 | TREND | KANSAS | NW Alliance (12) | SOURCE |
|-----|---|---|--------------|-------|--------|------------------|---|
| 5 | a | Ratio of Population to Primary Care Physicians, 2013 | 595 | | 1816 | 2114 | Kansas Department of Health and Environment |
| 5 | b | Staffed Hospital Bed Ratio (per 1,000 Pop), 2012 | 7.7% | | 3.4% | 13.1% | Kansas Hospital Association |
| 5 | c | Percent of Births with Inadequate Birth Spacing, 2011-2013 | 9.0% | | 11.0% | 10.8% | Kansas Department of Health and Environment |
| 5 | d | Preventable hospital stays | 132 | | NA | 64 | County Health Rankings |
| 5 | e | Heart Disease Hospital Admission Rate, 2009-2011 | 558 | | 300 | 262 | Kansas Department of Health and Environment |
| 5 | f | Congestive Heart Failure Hospital Admission Rate, 2009-2011 | 295 | | 199 | 191 | Kansas Department of Health and Environment |
| 5 | g | (COPD) Hospital Admission Rate, 2009-2011 | 125 | | 136 | 194 | Kansas Department of Health and Environment |
| 5 | h | Bacterial Pneumonia Hospital Admission Rate, 2009-2011 | 1032 | | 269 | 488 | Kansas Department of Health and Environment |
| 5 | i | Injury Hospital Admission Rate, 2009-2011 | 923 | | 915 | 691 | Kansas Department of Health and Environment |

TAB 5 Hospitalization/Provider Profile

| # KS Hospital Assoc PO103 | | Gove County IP | | | TREND |
|---------------------------|----------------------------------|----------------------------|---------|---------|-------|
| | | FFY2012 | FFY2013 | FFY2014 | |
| 1 | Total Discharges | 564 | 581 | 520 | |
| 2 | Total IP Discharges-Age 0-17 Ped | 34 | 55 | 17 | |
| 3 | Total IP Discharges-Age 18-44 | 39 | 31 | 54 | |
| 4 | Total IP Discharges-Age 45-64 | 135 | 138 | 101 | |
| 5 | Total IP Discharges-Age 65-74 | 79 | 93 | 104 | |
| 6 | Total IP Discharges-Age 75+ | 195 | 195 | 185 | |
| 7 | Psychiatric | 8 | 7 | 10 | |
| 8 | Obstetric | 40 | 32 | 34 | |
| 9 | Surgical % | 22.7% | 21.3% | 22.7% | |
| # KS Hospital Assoc PO103 | | Gove County Medical Center | | | TREND |
| | | FFY2012 | FFY2013 | FFY2014 | |
| 1 | Total Discharges | 346 | 369 | 309 | |
| 2 | Total IP Discharges-Age 0-17 Ped | 28 | 39 | 5 | |
| 3 | Total IP Discharges-Age 18-44 | 24 | 15 | 30 | |
| 4 | Total IP Discharges-Age 45-64 | 54 | 73 | 48 | |
| 5 | Total IP Discharges-Age 65-74 | 45 | 51 | 62 | |
| 6 | Total IP Discharges-Age 75+ | 137 | 146 | 139 | |
| 7 | Psychiatric | 2 | 2 | 4 | |
| 8 | Obstetric | 30 | 23 | 21 | |
| 9 | Surgical % | 5.5% | 3.0% | 3.2% | |
| # | Kansas Hospital AssocOP TOT223E | FFY2012 | FFY2013 | FFY2014 | TREND |
| 1 | OPS Market Share | 21.9% | 25.6% | 18.5% | |
| 2 | Total OP Market Share | 72.5% | 72.6% | 69.4% | |

TAB 6 Social & Rehab Services Profile

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

| TAB | Health Indicator | GOVE CO 2015 | TREND | KANSAS | NW Alliance (12) | SOURCE |
|-----|--|--------------|-------|--------|------------------|--|
| 6 a | Depression: Medicare Population, 2012 | 21.5% | | 16.2% | 15.2% | Centers for Medicare & Medicaid Services |
| 6 b | Alcohol-Impaired Driving Deaths, 2008-2012 | 50.0% | | 34.7% | 36.4% | County Health Rankings |
| 6 c | Inadequate social support | 20% | | NA | 16% | County Health Rankings |
| 6 d | Poor mental health days | 3.0 | | NA | 2.8 | County Health Rankings |

TAB 7 Health Risk Profiles

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

| TAB | | Health Indicator | GOVE CO 2015 | TREND | KANSAS | NW Alliance (12) | SOURCE |
|-----|---|--|--------------|-------|--------|------------------|---|
| 7a | a | % of Adults with High Cholesterol, 2013 | NA | | 38.1% | 41.0% | Kansas Department of Health and Environment |
| 7a | b | Adult obesity | 30% | | 30% | 30% | County Health Rankings |
| 7a | c | Percent of Adults Who are Binge Drinkers, 2013 | NA | | 15.4% | 16.7% | Kansas Department of Health and Environment |
| 7a | d | Percent of Adults Who Currently Smoke Cigarettes, 2013 | NA | | 20.0% | 22.0% | Kansas Department of Health and Environment |
| 7a | e | % of Adults with Diagnosed Hypertension, 2013 | NA | | 31.3% | 31.7% | Kansas Department of Health and Environment |
| 7a | f | % of Adults with Doctor Diagnosed Arthritis, 2013 | NA | | 23.9% | 23.3% | Kansas Department of Health and Environment |
| 7a | g | % Physical inactivity | 31.0% | | NA | 25.0% | County Health Rankings |
| 7a | h | % of Adults with Fair or Poor Self-Perceived Health Status, 2013 | NA | | 15.4% | 12.4% | Kansas Department of Health and Environment |
| 7a | i | Population Served Unaffected by SDWA Nitrate Violations, 2013 | 100.0% | | 99.7% | 96.2% | Kansas Department of Health and Environment |
| 7a | j | Sexually transmitted infections | NA | | NA | 369 | County Health Rankings |

TAB 7 Health Risk Profiles

| TAB | | Health Indicator | GOVE CO 2015 | TREND | KANSAS | NW Alliance (12) | SOURCE |
|-----|---|--|--------------|-------|--------|------------------|--|
| 7b | a | Hypertension: Medicare Population, 2012 | 59.3% | | 52.7% | 55.2% | Centers for Medicare & Medicaid Services |
| 7b | b | Hyperlipidemia: Medicare Population, 2012 | 32.2% | | 39.3% | 38.1% | Centers for Medicare & Medicaid Services |
| 7b | c | Rheumatoid Arthritis: Medicare Population, 2012 | 50.6% | | 27.7% | 33.5% | Centers for Medicare & Medicaid Services |
| 7b | d | Ischemic Heart Disease: Medicare Population, 2012 | 33.4% | | 26.7% | 29.7% | Centers for Medicare & Medicaid Services |
| 7b | e | Diabetes: Medicare Population, 2012 | 24.7% | | 24.6% | 23.0% | Centers for Medicare & Medicaid Services |
| 7b | f | Heart Failure: Medicare Population, 2012 | 29.8% | | 14.0% | 18.3% | Centers for Medicare & Medicaid Services |
| 7b | g | Chronic Kidney Disease: Medicare Population, 2012 | 10.4% | | 13.9% | 13.1% | Centers for Medicare & Medicaid Services |
| 7b | h | COPD: Medicare Population, 2012 | 19.3% | | 11.0% | 12.9% | Centers for Medicare & Medicaid Services |
| 7b | i | Alzheimer's Disease or Dementia: Medicare Pop 2012 | 14.6% | | 9.9% | 10.6% | Centers for Medicare & Medicaid Services |
| 7b | j | Atrial Fibrillation: Medicare Population, 2012 | 14.0% | | 8.0% | 9.3% | Centers for Medicare & Medicaid Services |
| 7b | k | Cancer: Medicare Population, 2012 | 9.2% | | 8.0% | 9.1% | Centers for Medicare & Medicaid Services |
| 7b | l | Osteoporosis: Medicare Population, 2012 | 8.9% | | 6.1% | 8.2% | Centers for Medicare & Medicaid Services |
| 7b | m | Asthma: Medicare Population, 2012 | 7.4% | | 3.8% | 3.5% | Centers for Medicare & Medicaid Services |
| 7b | n | Stroke: Medicare Population, 2012 | 2.0% | | 3.2% | 2.6% | Centers for Medicare & Medicaid Services |

TAB 8 Uninsured Profiles

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

| TAB | | Health Indicator | GOVE CO 2015 | TREND | KANSAS | NW Alliance (12) | SOURCE |
|-----|---|---------------------------------------|--------------|-------|--------|------------------|--------------------|
| 8 | a | Uninsured Adult Population Rate, 2012 | 18.2% | | 17.6% | 17.4% | U.S. Census Bureau |

| # | Charity Care - Gove County Medical Center | YR 2012 | YR 2013 | Yr 2014 | TREND |
|---|---|-----------|-----------|-----------|-------|
| 1 | Free Patient Care Given | NA | NA | NA | |
| 2 | Bad Debt | \$201,650 | \$148,348 | \$214,913 | |

TAB 9 Mortality Profile

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

| Causes of Death by County of Residence, KS 2012 | | GOVE CO | TREND | KANSAS | NW ALLIANCE (12) |
|--|--|----------------|--------------|---------------|-------------------------|
| | TOTAL | 71 | | 43262 | 2013 |
| 1 | Major Cardiovascular Diseases | 16 | | 7,458 | 341 |
| 2 | Diseases of Heart | 15 | | 5,314 | 259 |
| 3 | Ischemic Heart Disease | 9 | | 2,990 | 156 |
| 4 | All Malignant Neoplasms | 6 | | 5,406 | 256 |
| 5 | Other Heart Diseases | 6 | | 2,156 | 100 |
| 6 | All Other Causes | 5 | | 4,215 | 194 |
| 7 | All Other Accidents and Adverse Effects | 2 | | 894 | 39 |
| 8 | Malignant Neoplasms of Digestive Organs | 2 | | 1,288 | 51 |
| 9 | Symptoms, Signs and Abnormal Findings | 2 | | 692 | 22 |
| 10 | Cerebrovascular Diseases | 1 | | 1,331 | 53 |
| 11 | Chronic Lower Respiratory Diseases | 1 | | 1,680 | 75 |
| 12 | Homicide | 1 | | 110 | 1 |
| 13 | Leukemia | 1 | | 249 | 17 |
| 14 | Malignant Neoplasms of Genital Organs | 1 | | 500 | 24 |
| 15 | Malignant Neoplasms of Urinary Tract | 1 | | 287 | 17 |
| 16 | Other Malignant Neoplasms | 1 | | 1,145 | 48 |
| 17 | Pneumonia and Influenza | 1 | | 621 | 37 |

TAB 9 Mortality Profile

| TAB | Health Indicator | GOVE CO 2015 | TREND | KANSAS | NW Alliance (12) | SOURCE |
|-----|--|--------------|-------|--------|------------------|---|
| 9 a | Life Expectancy for Females, 2010 | 80 | | 81 | 81 | Institute for Health Metrics and Evaluation |
| 9 b | Life Expectancy for Males, 2010 | 75 | | 76 | 76 | Institute for Health Metrics and Evaluation |
| 9 c | Infant Mortality Rate, 2009-2013 | NA | | 6.4% | 3.9% | Kansas Department of Health and Environment |
| 9 d | Age-adjusted Mortality Rate per 100,000 population, 2011-2013 | 782 | | 757 | 740 | Kansas Department of Health and Environment |
| 9 e | Age-Adjusted Years of Potential Life Lost - Traffic Injury, 2011-2013 | 1640 | | 490 | 1541 | Kansas Department of Health and Environment |
| 9 f | Age-adjusted Cancer Mortality Rate per 100,000 population, 2011-2013 | 111 | | 166 | 148 | Kansas Department of Health and Environment |
| 9 g | Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2011-2013 | 185 | | 156 | 166 | Kansas Department of Health and Environment |
| 9 h | Disease Mortality Rate per 100,000 population, 2009-2013 | 54 | | 51 | 51 | Kansas Department of Health and Environment |
| 9 i | Age-adjusted Traffic Injury Mortality Rate per 100,000 population, 2011-2013 | NA | | 13 | 25 | Kansas Department of Health and Environment |
| 9 j | Mortality Rate per 100,000 population, 2011-2013 | 112 | | 40 | 66 | Kansas Department of Health and Environment |
| 9 k | Age-adjusted Suicide Mortality Rate per 100,000 population, 2003-2013 | NA | | 15 | 14 | Kansas Department of Health and Environment |

TAB 10 Preventive Health Profile

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

| TAB | Health Indicator | GOVE CO 2015 | TREND | KANSAS | NW Alliance (12) | SOURCE |
|------|---|--------------|-------|--------|------------------|---|
| 10 a | Access to Exercise Opportunities, 2014 | 72.5% | | 70.9% | 51.3% | County Health Rankings |
| 10 b | % of Infants Fully Immunized at 24 Mo, 2011-2013 | 77.7% | | 71.7% | 78.6% | Kansas Department of Health and Environment |
| 10 c | Were Immunized Against Influenza Past 12 Mo, 2013 | NA | | 64.8% | NA | Kansas Department of Health and Environment |
| 10 d | Consuming Fruit Less than 1 Time Per Day, 2013 | NA | | 41.7% | NA | Kansas Department of Health and Environment |
| 10 e | Consuming Vegetables Less than 1 Time Per Day, 2013 | NA | | 22.9% | NA | Kansas Department of Health and Environment |
| 10 f | Diabetic screening | 79% | | NA | 86% | County Health Rankings |
| 10 g | Mammography screening | 58% | | NA | 64% | County Health Rankings |
| 10 h | % Annual check-up visit with PCP | NA | | NA | NA | TBD |
| 10 i | % Annual check-up visit with Dentist | NA | | NA | NA | TBD |
| 10 j | % Annual check-up visit with Eye Doctor | NA | | NA | NA | TBD |

Community Feedback Research

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

Question 1- Overall Quality Ranking

| CHNA Round #2 Feedback 2015 - Community Feedback | | | | | | |
|---|-----------|------|------|------|-----------|---------|
| 1. Three years ago a Community Health Needs Assessment was completed. This assessment identified a number of health needs for our community. Today we are updating this assessment and would like to know how you rate the "Overall Quality" of healthcare delivery in our community? | | | | | | |
| Answer Options | Very Good | Good | Fair | Poor | Very Poor | Valid N |
| Gove County N= 76 | 31 | 42 | 3 | 0 | 0 | 76 |
| Top 2 Boxes (Very Good / Good) | 96.1% | | | | | |
| NW Alliance (10) Totals | 411 | 769 | 236 | 34 | 7 | 1457 |
| Top 2 Boxes (Very Good / Good) | 81.0% | | | | | |

Questions 5 & 6- Community Ranking of Healthcare Services 2015

| CHNA Round #2 Feedback 2015 - Community Feedback | | | |
|---|--------------------------------|---------------|-------|
| 5. How would our community rate each of the following ? | NW Alliance (10) Lower 2 Box % | Gove CO N= 76 | TREND |
| Ambulance Services | 3.7% | 1.5% | |
| Child Care | 18.9% | 6.1% | |
| Chiropractors | 5.8% | 4.9% | |
| Dentists | 13.8% | 6.1% | |
| Emergency Room | 4.3% | 0.0% | |
| Eye Doctor / Optometrist | 7.2% | 6.1% | |
| Family Planning Services | 15.7% | 12.2% | |
| Home Health | 15.0% | 34.4% | |
| Hospice | 9.2% | 15.0% | |
| Inpatient Services | 3.2% | 0.0% | |
| Mental Health Services | 26.2% | 27.1% | |
| Nursing Home | 12.5% | 10.6% | |
| Outpatient Services | 2.4% | 0.0% | |
| Pharmacy | 2.7% | 0.0% | |
| Primary Care | 5.1% | 3.0% | |
| Public Health Dept. | 2.4% | 0.0% | |
| School Nurse | 6.5% | 0.0% | |
| Visiting Specialists | 7.1% | 1.6% | |

Question 7- Receiving Healthcare Services Outside our Community

| CHNA Round #2 Feedback 2015 - Community Feedback | | | |
|---|-------------------------|----------------------|--------------|
| 7. Over the past 2 years, did you or do you know someone who received health care services outside of our community? | NW Alliance (10) | Gove CO N= 76 | TREND |
| Yes | 84.1% | 84.8% | |
| No | 8.5% | 7.6% | |
| Don't know | 7.5% | 7.6% | |
| TOTALS | 100.0% | 100.0% | |

Question 8- Requested Discussion Items for Town Hall Agenda

| CHNA Round #2 Feedback 2015 - Community Feedback | | | |
|--|-------------------------|----------------------|--------------|
| 8. Are there any other health needs that we need to discuss at our upcoming CHNA Town Hall meeting? | NW Alliance (10) | Gove CO N= 76 | TREND |
| Abuse / Violence | 4.8% | 3.1% | |
| Alcohol | 5.1% | 4.6% | |
| Cancer | 5.7% | 5.8% | |
| Diabetes | 4.9% | 6.6% | |
| Drugs / Substance Abuse | 7.8% | 6.9% | |
| Family Planning | 2.8% | 2.7% | |
| Heart Disease | 4.0% | 6.9% | |
| Lead Exposure | 0.7% | 1.2% | |
| Mental Illness | 6.8% | 7.3% | |
| Nutrition | 5.1% | 6.6% | |
| Obesity | 7.7% | 6.2% | |
| Ozone (Air) | 0.9% | 1.2% | |
| Physical Exercise | 6.2% | 4.6% | |
| Poverty | 4.3% | 3.5% | |
| Respiratory Disease | 2.7% | 4.2% | |
| Sexual Transmitted Diseases | 2.0% | 1.2% | |
| Suicide | 3.7% | 3.9% | |
| Teen Pregnancy | 4.1% | 2.7% | |
| Tobacco Use | 4.4% | 5.0% | |
| Vaccinations | 5.3% | 3.5% | |
| Water Quality | 4.0% | 4.2% | |
| Wellness Education | 6.0% | 6.9% | |
| Some Other Need (please specify below) | 0.8% | 1.2% | |
| TOTAL | 100.0% | 100.0% | |

IV. Inventory of Community Health Resources

[VVV Research & Development, LLC]

YR 2015 Inventory of Health Services - Gove County, KS

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

YR 2015 Inventory of Health Services - Gove County, KS

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

Yr 2015 Physician Manpower - Gove County, KS

| # of FTE Providers | Supply Working in County | | |
|------------------------------|--------------------------|-------------|------------|
| | FTE County Based | FTE Visting | PA/NP |
| Primary Care: | | | |
| Family Practice | 5.0 | 0.0 | 0.0 |
| Internal Medicine | 0.0 | 0.0 | 0.0 |
| Obstetrics/Gynecology | 3.0 | 0.0 | 0.0 |
| Pediatrics | 5.0 | 0.0 | 0.0 |
| | | | |
| Medicine Specialists: | | | |
| Allergy/Immunology | 0.0 | 0.0 | |
| Cardiology | 0.0 | 0.3 | 0.3 |
| Dermatology | 0.0 | 0.0 | |
| Endocrinology | 0.0 | 0.0 | |
| Gastroenterology | 0.0 | 0.0 | |
| Oncology/Rado | 0.0 | 0.0 | |
| Infectious Diseases | 0.0 | 0.0 | |
| Nephrology | 0.0 | 0.0 | |
| Neurology | 0.0 | 0.0 | |
| Psychiatry | 0.0 | 0.0 | |
| Pulmonary | 0.0 | 0.0 | |
| Rheumatology | 0.0 | 0.0 | |
| | | | |
| Surgery Specialists: | | | |
| General Surgery | 0.0 | 0.8 | |
| Neurosurgery | 0.0 | 0.0 | |
| Ophthalmology | 0.0 | 0.0 | |
| Orthopedics | 0.0 | 0.3 | 0.3 |
| Otolaryngology (ENT) | 0.0 | 0.5 | |
| Plastic/Reconstructive | 0.0 | 0.0 | |
| Thoracic/Cardiovascular/Vasc | 0.0 | 0.0 | |
| Urology | 0.0 | 0.0 | |
| | | | |
| Hospital Based: | | | |
| Anesthesia/Pain | 1.0 | 0.0 | |
| Emergency | 5.0 | 0.0 | |
| Radiology | 0.0 | 0.0 | |
| Pathology | 0.0 | 0.0 | |
| Hospitalist * | 0.0 | 0.0 | |
| Neonatal/Perinatal | 0.0 | 0.0 | |
| Physical Medicine/Rehab | 0.0 | 0.0 | |
| | | | |
| Others | 0.0 | 0.0 | 0.0 |
| TOTALS | 19.0 | 1.9 | 0.6 |

Gove County, KS - Quinter

| Specialty | Schedule | Contact for Appointment | Location of Clinic |
|---|-----------------|--------------------------------|---|
| Cardiology – Dr.Thapa and Dr. Carter | Monthly | 785-625-4699 or 888-625-4699 | Gove County Medical Center 520 West 5 th , Quinter, KS |
| Ear, Nose & Throat – Dr. Black | Twice Month | 785-628-3131 | Gove County Medical Center 520 West 5 th , Quinter, KS |
| General Surgery – Dr. Lasley | Wednesdays | 800-794-2691 | Gove County Medical Center 520 West 5 th , Quinter, KS |
| Orthopedic – Dr. Cheema | Monthly | 866-428-8221 | Gove County Medical Center 520 West 5 th , Quinter, KS |
| Podiatry – Dr. James Reeves | Monthly | 785-841-4225 | Gove County Medical Center 520 West 5 th , Quinter, KS |
| Oncology – Dr. O’Dea | Monthly | 785-623-5774 | Gove County Medical Center 520 West 5 th , Quinter, KS |
| General Surgery – Dr. Schultz | Monthly | 785-623-5945 | Gove County Medical Center 520 West 5 th , Quinter, KS |
| General Surgery – Dr. Gable | Monthly | 800-453-6751 | Gove County Medical Center 520 West 5 th , Quinter, KS. |
| Diabetic Consultant – Kirsten A Angell, RD LD CDE | Weekly | 785-410-3599 | Gove County Medical Center 520 West 5 th , Quinter, KS |
| Orthopedic – Dr. Hatzidakis | Monthly | 888-900-1333 | Gove County Medical Center 520 West 5 th , Quinter, KS |

***Schedules are tentative subject to holidays and vacations.**

Gove County Area Health Services Directory

Emergency Numbers

Police/Sheriff 911

Fire 911

Ambulance 911

Non-Emergency Numbers

| | |
|-----------------------|----------|
| Gove County Sheriff | 938-2250 |
| Gove County Ambulance | 754-2100 |

Municipal Non-Emergency Numbers

| | <u>Police/Sheriff</u> | <u>Fire</u> |
|------------|-----------------------|-------------|
| Gove City | 938-2250 | 938-2398 |
| Grainfield | 938-2250 | 673-5595 |
| Grinnell | 938-2250 | 938-2398 |
| Park | 938-2250 | 938-2398 |
| Quinter | 754-3821 | 754-3821 |

To provide updated information or to add new health and medical services to this directory, please contact:

Gove County Extension
 520 Washington Street #108 (Gove City)
 785-938-4480

www.epa.gov/region02/contact.htm

Other Emergency Numbers

Kansas Child/Adult Abuse and Neglect Hotline

800-922-5330

www.srskansas.org/hotlines.html

Domestic Violence Hotline

800-799-7233

www.ndvh.org

Emergency Management (Topeka)

785-274-1409

www.accesskansas.org/kdem

Federal Bureau of Investigation

866-483-5137

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

Kansas Arson/Crime Hotline

800-KS-CRIME

800-572-1763

www.accesskansas.org/kbi

Kansas Bureau of Investigation (Topeka)

785-296-8200

www.accesskansas.org/kbi

Kansas Crisis Hotline (Domestic Violence/Sexual Assault)

888-END-ABUSE

www.kcsdv.org

Kansas Road Conditions

866-511-KDOT

511

www.ksdot.org

Poison Control Center

800-222-1222

www.aapcc.org

Suicide Prevention Hotline

800-SUICIDE

<http://hopeline.com>

800-273-TALK

www.suicidepreventionlifeline.com

Toxic Chemical and Oil Spills 800-424-8802

Health Services

Hospitals

Gove County Medical Center

520 West 5th Street (Quinter)

754-3341

www.gcmc.ws

Gove County Medical Center

Services Include:

Bone Density Scans

Cardiology

CT Scans and Sonograms

Ear/Nose/Throat

Mobile Services

Nuclear Medicine

Mammograms

MRI

Cardiolite Stress Test

Orthopedic

Podiatry

Radiology

Southwind Surgical

Surgical Associates

Pulmonary Rehab

Sleep Studies

Health Department

Gove County Health Department

520 Washington Street #104 (Gove

City)

938-2335

www.kalhd.org/gove/

Gove County Health Department

Services Include:

B-12 Injections

Blood Pressure Checks

Blood Sugar Screenings

Breast Pump Rentals

Car Seat Installation and Car Seat

Checks

Child Care Licensing

Daycare Entry Physicals

Dipstick Urine Screening

Ear & Throat Checks
Fill Medications
Health Assessments
Healthy Start Visits
Height & Weight Checks
Hemoglobin
Immunizations
 DTap/Tdap
 Gardasil
 Hepatitis A & B
 HIV
 Meningitis
 Mumps, Measles, Rubella
 Pneumonia Vaccine
 Polio
 Pevnar
 Rotavirus
 Seasonal Flu Vaccine
 Shingles Vaccine
 TB Skin Test
 Tetanus
 Travel Immunizations
 Varicella
Kan-Be-Healthy Physicals
Lead Screening
Pregnancy Tests
School Immunizations
School Physicals
TB Skin Testing
Tympanograms
Vaccine for Children Program
WIC Program

Mental Health

High Plains Mental Health
208 E. 7th Street (Hays)
785-628-2871
www.highplainsmentalhealth.com

Medical Professionals

Chiropractors

Quinter Chiropractic
116 East 4th (Quinter)
754-2212

Clinics

Bluestem Medical
501 Garfield Street (Quinter)
754-3333

Specialty Clinics

Pinnacle Anesthesia
2420 Castle Rock Road (Quinter)
754-2127

Dentists

Blackwood Family Dentistry
501 Garfield Street (Quinter)
754-2441

Optometrists

Travis Kinderknecht
1201 Castle Rock Street (Quinter)
754-2494

Adolescent Group Home

The Hope House Incorporated
317 West 8th Street (Quinter)
754-9900

Other Health Care Services

General Health Services

Gove County Health Department
520 Washington Street #104 (Gove
City)
938-2335
www.kalhd.org/gove/

Gove County Medical Center
520 West 5th Street (Quinter)
754-3341
www.gcmc.ws

Assisted Living/Nursing Homes/LTC

**Gove County Medical Center Long
Term Care**
520 West 5th Street (Quinter)

754-3341
www.gcmc.ws

Shoenberger Nursing Agency
106 West 10th Street (Ellis)
726-3568

Diabetes

Arriva Medical
800-375-5137

Diabetes Care Club
888-395-6009

Disability Services

American Disability Group
877-790-8899

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

Domestic/Family Violence

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

Family Crisis Center
(Great Bend)
Hotline: 792-1885
Business Line: 793-1965

Kansas Crisis Hotline
Manhattan
785-539-7935

Sexual Assault/Domestic Violence Center (Hutchinson)
Hotline: 800-701-3630
Business Line: 663-2522

Food Programs

Kansas Food 4 Life
4 Northwest 25th Road (Great Bend)
793-7100

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

Hospice

Golden Belt Hospice Castle Rock Unit
320 North 13th Street (Wakeeney)
743-2922

Hospice Services Inc.
424 8th Street (Phillispburg)
800-315-5122

Massage Therapists

Quinter Chiropractic
116 East 4th (Quinter)
785-754-2212
www.meltstressaway.com

School Nurses

Grainfield-Wheatland Public School – USD 292
Elementary
436 Elm (Grainfield)
673-4365
High School
2920 K-23 (Grainfield)
673-4223
www.usd292.org

Grinnell Public Schools – USD 291
Grade School
202 South Monroe (Grinnell)
824-3296
Middle School
402 South Monroe Street (Grinnell)
824-3277
www.usd291.com

Quinter Public Schools
Elementary
601 Gove Street (Quinter)
754-3741
Junior/Senior High
116 East 4th (Quinter)

754-3660
Senior High
600 Long Street (Quinter)
754-3660
www.quinterhs.org

Senior Services

Grinnell Senior Citizens Center
105 South Adams Street (Grinnell)
824-3228

Aging

Northwest Kansas Area Agency on
510 West 29th Street #B (Hays)
785-628-8204
www.nwkaaa.com

Quinter Senior Citizens Center
300 Main Street (Quinter)
754-3598

Veterinary Services

Quinter Veterinary Services 2553
Castle Rock Road (Quinter)
754-3411

Local Government, Community, and Social Services

Adult Protection

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

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

Alcohol and Drug Treatment

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

Alcohol Detoxification 24-Hour Helpline

877-403-3387
www.ACenterForRecovery.com

Center for Recovery
877-403-6236

G&G Addiction Treatment Center
866-439-1807

Seabrook House
800-579-0377

Road Less Traveled
866-486-1812

The Treatment Center
888-433-9869

Children and Youth

Children's Alliance
627 Southwest Topeka Boulevard
(Topeka)
235-5437
www.childally.org

Kansas Children's Service League
800-332-6378

Crime Prevention

Gove City Sheriff
420 Broad Street #101 (Gove City)
938-2250

Quinter Police Department
409 Main Street (Quinter)
754-3821

Day Care Providers - Children

Children's Neighborhood
700 Grant Street (Quinter)
754-3588

Tender Hearts Child Care Center
594 Castle Rock Street (Quinter)
754-3937

Tiny Town Tots
101 Monroe Street (Grinnell)
824-3237

Child Care Aware of NWKS
785-625-3257

Extension Office

Gove County Extension
520 Washington Street #108 (Gove City)
785-938-4480

Funeral Homes

Dickman Memorial
601 South 1st (Grinnell)
824-3755

Schmitt Funeral Home & Monument
901 Main Street (Quinter)
754-3321

Head Start

Head Start
703 West 2nd Street (Oakley)
785-672-3125
www.nhsa.org

Legal Services

Gove County Attorney
420 Broad Street #201 (Gove City)
938-2303

Kimberly Wolf-Renyer
430 Main Street (Quinter)
754-2456

Lawrence H Litson
319 East 5th Street (Gove City)
938-2378

Mark F Schmeidler
317 Main Street (Quinter)
754-2425

Northwest Kansas Area Agency on Aging

510 West 29th Street #B (Hays)
785-628-8204
www.nwkaaa.com

Stover Law Office
323 Main Street, Suite 3 (Quinter)
754-2342

Libraries, Parks and Recreation

Gove City Library
519 Broad Street (Gove City)
938-2242

Grainfield Public Library
242 Main Street (Grainfield)
673-4770

Jay Johnson Public Library
411 Main Street (Quinter)
754-2171

Grinnell City Library
95 South Adams (Grinnell)
785-824-3885

Quinter City Swimming Pool
300 West 2nd (Quinter)
754-3725

Pregnancy Services

Adoption is a Choice
877-524-5614

Adoption Network
888-281-8054

Adoption Spacebook
866-881-4376

Graceful Adoptions
888-896-7787

Gove County Health Department
520 Washington Street #104 (Gove City)
938-2335
www.kalhd.org/gove/

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

(Gove)

Quinter Air Strip
(Quinter)
754-2117

Public Information

Chamber of Commerce
PO Box 35 (Quinter)
754-3750

State and National Information, Services, Support

Adult Protection

Rape

Domestic Violence and Rape Hotline
888-874-1499

Family Crisis Center
1806 12th Street (Great Bend)
793-1885

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

Adult Protection Services
1-800-922-5330
www.srskansas.org/SD/ees/adult.htm

Domestic Violence and Sexual Assault (DVACK)
1-800-874-1499
www.dvack.org

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

Elder and Nursing Home Abuse Legal
www.resource4nursinghomeabuse.com/index.html

Red Cross

American Red Cross
103 East 27th Street #C (Hays)
625-2617
208 East 8th Street #A (Hays)
650-0067
www.redcross.org

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

Kansas Department on Aging Adult Care Complaint Program
1-800-842-0078

Social Security

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

National Center on Elder Abuse
(Administration on Aging)
www.ncea.gov/NCEARoot/Main_Site?Find_Help/Help_Hotline.aspx

National Domestic Violence Hotline
1-800-799-SAFE (799-7233)
1-800-787-3224 (TTY)
www.ndvh.org

Transportation

Gove County Public Transportation
520 West 5th Street (Quinter)
754-3335

National Sexual Assault Hotline
1-800-994-9662
1-888-220-5416 (TTY)

Lundgren Hereford Ranch Airport

[m](#)

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

National Suicide Prevention Lifeline
1-800-273-8255

Poison Center
1-800-222-1222

**Sexual Assault and Domestic
Violence Crisis Line**
1-800-701-3630

**Social and Rehabilitation Services
(SRS)**

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

Suicide Prevention Helpline
1-785-841-2345

Alcohol and Drug Treatment Programs

A 1 A Detox Treatment
1-800-757-0771

AAAAAH
1-800-993-3869

Abandon A Addiction
1-800-405-4810

Able Detox-Rehab Treatment
1-800-577-2481 (NATIONAL)

Abuse Addiction Agency
1-800-861-1768
www.thewatershed.com

**AIC (Assessment Information
Classes)**
1-888-764-5510

AI-Anon Family Group
1-888-4AL-ANON (425-2666)
www.al-anon.alateen.org

Alcohol and Drug Abuse Hotline
800-ALCOHOL

Alcohol and Drug Abuse Services
800-586-3690

[http://www.srskansas.org/services/alc-
drug_assess.htm](http://www.srskansas.org/services/alc-drug_assess.htm)

**Alcohol and Drug Addiction
Treatment Programs**
1-800-510-9435

Alcohol and Drug Helpline
1-800-821-4357

**Alcoholism/Drug Addiction
Treatment Center**
800-477-3447

**Kansas Alcohol and Drug Abuse
Services Hotline**
800-586-3690
[http://www.srskansas.org/services/alc-
drug_assess.htm](http://www.srskansas.org/services/alc-drug_assess.htm)

Mothers Against Drunk Driving
1-800-GET-MADD (438-6233)
www.madd.org

**National Council on Alcoholism and
Drug Dependence, Inc.**
1-800-NCA-CALL (622-2255)
www.ncadd.org

Recovery Connection
www.recoveryconnection.org

**Regional Prevention Centers of
Kansas**
1-800-757-2180
[www.smokyhillfoundation.com/rpc-
locate.html](http://www.smokyhillfoundation.com/rpc-locate.html)

Better Business Bureau

Better Business Bureau
328 Laura (Wichita)
316-263-3146
<http://www.wichita.bbb.org>

Children and Youth

Adoption
800-862-3678
<http://www.adopt.org/>

**Boys and Girls Town National
Hotline**
1-800-448-3000
www.girlsandboystown.org

**Child/Adult Abuse and Neglect
Hotline**
800-922-5330
<http://www.srskansas.org/>

Child Abuse Hotline
1-800-922-5330

Child Abuse National Hotline
800-422-4453
800-222-4453 (TDD)
<http://www.childhelpusa.org/home>

Child Abuse National Hotline
1-800-4-A-CHILD (422-4453)
www.childabuse.com

Child Find of America
1-800-426-5678

**Child Help USA National Child
Abuse Hotline**
1-800-422-4453

Child Protective Services
800-922-5330
www.srskansas.org/services/child_protective_services.htm

HealthWave
P.O. Box 3599
Topeka, KS 66601
1-800-792-4884
1-800-792-4292 (TTY)
www.kansashealthwave.org

**Heartspring (Institute of
Logopedics)**
8700 E. 29TH North
Wichita, KS 67226
www.heartspring.org

Kansas Big Brothers/Big Sisters
1-888-KS4-BIGS
www.ksbbbs.org

**Kansas Children's Service League
(Hays)**

785-625-2244
1-877-530-5275
www.kcsl.org

**Kansas Department of Health and
Environment**
785-296-1500
www.kdheks.gov
e-mail: info@kdheks.gov

**Kansas Society for Crippled
Children**
106 W. Douglas, Suite 900
Wichita, KS 67202
1-800-624-4530
316-262-4676
www.kssociety.org

National Runaway Switchboard
1-800-RUNAWAY
www.1800runaway.org/

**National Society for Missing and
Exploited Children**
1-800-THE-LOST (843-5678)
www.missingkids.com

Parents Anonymous Help Line
800-345-5044
<http://www.parentsanonymous.org/palIndex10.html>

Runaway Line
800-621-4000
800-621-0394 (TDD)
<http://www.1800runaway.org/>

Talking Books
800-362-0699
<http://skyways.lib.ks.us/KSL/talking/kslibph.html>

Community Action

Peace Corps
800-424-8580
www.peacecorps.gov

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

Counseling

Care Counseling

Family counseling services for Kansas and Missouri
1-888-999-2196

Carl Feril Counseling

608 North Exchange (St. John)
620-549-6411

Castlewood Treatment Center for Eating Disorders

1-888-822-8938
www.castlewoodtc.com

Catholic Charities

1-888-468-6909
www.catholiccharitiessalina.org

Center for Counseling

5815 West Broadway (Great Bend)
800-875-2544

Center Central Kansas Mental Health

1-800-794-8281
Will roll over after hours to a crisis number.

Services Consumer Credit Counseling

800-279-2227
<http://www.kscgccs.org/>

Kansas Problem Gambling Hotline

866-662-3800
<http://www.ksmhc.org/Services/gambling.htm>

National Hopeline Network

1-800-SUICIDE (785-2433)
www.hopeline.com

National Problem Gambling Hotline

1-800-552-4700
www.npgaw.org

Samaritan Counseling Center

1602 N. Main Street
Hutchinson, KS 67501
620-662-7835

<http://cmc.pdswebpro.com/>

Self-Help Network of Kansas

1-800-445-0116
www.selfhelpnetwork.wichita.edu

Counseling Senior Health Insurance

1-800-860-5260
www.agingkansas.org

Sunflower Family Services, Inc.

(adoption, crisis pregnancy, conflict solution center)
1-877-457-5437
www.sunflowerfamily.org

Disability Services

American Association of People with Disabilities (AAPD)

www.aapd.com

American Council for the Blind

1-800-424-8666
www.acb.org

Americans with Disabilities Act Information Hotline

1-800-514-0301
1-800-514-0383 (TTY)
www.ada.gov

Incorporated Disability Advocates of Kansas

1-866-529-3824
www.disabilitysecrets.com

Disability Group, Incorporated

1-888-236-3348
www.disabilitygroup.com

(DRC) Disability Rights Center of Kansas

Formerly Kansas Advocacy & Protective Services

1-877-776-1541
1-877-335-3725 (TTY)
www.drckansas.org

Hearing Healthcare Associates

800-448-0215

**Kansas Commission for the Deaf
and Hearing Impaired**

1-800-432-0698

www.srskansas.org/kcdhh

Kansas Relay Center (Hearing
Impaired service)

1-800-766-3777

www.kansasrelay.com

**National Center for Learning
Disabilities**

1-888-575-7373

www.nclld.org

**National Library Services for Blind
& Physically Handicapped**

www.loc.gov/nls/

1-800-424-8567

Parmele Law Firm

8623 East 32nd Street North Suite 100
(Wichita)

877-267-6300

Environment

**Big Bend Ground Water
Management**

125 S Main St. (Stafford)

620-234-5352

Environmental Protection Agency

1-800-223-0425

913-321-9516 (TTY)

www.epa.gov

**Kansas Department of Health and
Environment**

Salina 785-827-9639

Hays 785-625-5663

Topeka 785-296-1500

www.kdheks.gov

Food and Drug

**Center for Food Safety and Applied
Nutrition**

1-888-SAFEFOOD (723-3366)

www.cfsan.fda.gov/

[m](http://www.healthfinder.gov/docs/doc03647.htm)

www.healthfinder.gov/docs/doc03647.htm

**US Consumer Product Safety
Commission**

800-638-2772

800-638-8270 (TDD)

www.cpsc.gov

USDA Meat and Poultry Hotline

1-888-674-6854

1-800-256-7072 (TTY)

www.fsis.usda.gov/

U.S. Food and Drug Administration

1-888-INFO-FDA

1-888-463-6332

www.fsis.usda.gov/

Poison Hotline

1-800-222-1222

Health Services

**AIDS/HIV Center for Disease
Control and Prevention**

800-CDC-INFO

888-232-6348 (TTY)

<http://www.cdc.gov/hiv/>

AIDS/STD National Hot Line

800-342-AIDS

800-227-8922 (STD line)

**American Health Assistance
Foundation**

800-437-2423

www.ahaf.org

American Heart Association

800-242-8721

www.americanheart.org

American Lung Association

800-586-4872

American Stroke Association

1-888-4-STROKE

www.americanheart.org

**Center for Disease Control and
Prevention**

800-CDC-INFO
888-232-6348 (TTY)
<http://www.cdc.gov/hiv/>

Elder Care Helpline
www.eldercarelink.com

Eye Care Council
800-960-EYES
www.seetolearn.com

Kansas Foundation for Medical Care
800-432-0407
www.kfmc.org

National Health Information Center
800-336-4797
www.health.gov/nhic

National Cancer Information Center
800-227-2345
866-228-4327 (TTY)
www.cancer.org

National Institute on Deafness and Other Communication Disorders Information
Clearinghouse
800-241-1044
800-241-1055 (TTY)
www.nidcd.nih.gov

Hospice

Hospice-Kansas Association
800-767-4965

Kansas Hospice and Palliative Care Organization
888-202-5433
www.lifeproject.org/akh.htm

Southwind Hospice, Incorporated
www.southwindhospice.com
785-483-3161

Housing

Kansas Housing Resources Corporation
785-296-2065

www.housingcorp.org

US Department of Housing and Urban Development
Kansas Regional Office
913-551-5462

Legal Services

Kansas Attorney General
800-432-2310 (Consumer Protection)
800-828-9745 (Crime Victims' Rights)
800-766-3777 (TTY)
<http://www.ksag.org/>

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

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

Kansas Legal Services
800-723-6953
www.kansaslegalservices.org

Aging

Southwest Kansas Area Agency on Aging
240 San Jose Drive
Dodge City, KS 67801
(316) 225-8230
<http://www.swkaaa.org/>

Medicaid Services

First Guard
888-828-5698
www.firstguard.com

Kansas Health Wave
800-792-4884 or 800-792-4292 (TTY)
www.kansashealthwave.org

Kansas Medical Assistance Program
Customer Service
800-766-9012
www.kmpa-state-ks.us/

Medicare Information
800-MEDICARE
www.medicare.gov

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services
800-MEDICARE (800-633-4227) or 877-486-2048 (TTY)
www.cms.hhs.gov

Mental Health Services

Alzheimer's Association
1-800-272-3900 or 1-866-403-3073 (TTY)
www.alz.org

Developmental Services of Northwest Kansas
1-800-637-2229

Kansas Alliance for Mentally III
(Topeka, KS)
785-233-0755
www.namikansas.org

Make a Difference
1-800-332-6262

Mental Health America
1-800-969-6MHA (969-6642)

National Alliance for the Mentally III Helpline
1-800-950-NAMI (950-6264) or 703-516-7227 (TTY)
www.nami.org

National Institute of Mental Health
1-866-615-6464 or 1-866-415-8051 (TTY)
www.nimh.nih.gov

National Library Services for Blind and Physically Handicapped
1-800-424-8567
www.loc.gov/nls/music/index.html

National Mental Health Association
800-969-6642
800-433-5959 (TTY)
www.nmha.org

Pawnee Mental Health

State Mental Health Agency
KS Department of Social and Rehabilitation Services
915 SW Harrison Street
Topeka, KS 66612
785-296-3959
www.srskansas.org

Suicide Prevention Hotline
1-800-SUICIDE [784-2433]
www.hopeline.com

Nutrition

American Dietetic Association
1-800-877-1600
www.eatright.org

American Dietetic Association Consumer Nutrition Hotline
800-366-1655

Department of Human Nutrition
Kansas State University
119 Justin Hall
Manhattan, KS 66506
785-532-5500
www.humec.k-state.edu/hn/

Eating Disorders Awareness and Prevention
1-800-931-2237
www.nationaleatingdisorders.org

Food Stamps
Kansas Department of Social and Rehabilitation Services (SRS)
1-888-369-4777 or Local SRS office
www.srskansas.org/ISD/ees/food_stamp_s.htm

Kansas Department of Health and Environment
1000 SW Jackson, Suite 220
Topeka, KS 66612
785-296-1320
www.kdheks.gov/news-wic/index.html

Road and Weather Conditions

Kansas Road Conditions

866-511-KDOT
511

<http://kdot1.ksdot.org/divplanning/roadr>

[pt/](#)

Senior Services

Alzheimer's Association

1-800-487-2585

American Association of Retired Persons (AARP)

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

www.aarp.org

Americans with Disabilities Act Information Line

1-800-514-0301 or 1-800-514-0383

[TTY]

www.usdoj.gov/crt/ada

American Association of Retired Persons

888-687-2277

www.aarp.org

Area Agency on Aging

800-432-2703

Eldercare Locator

1-800-677-1116

[www.eldercare.gov/eldercare/public/ho](http://www.eldercare.gov/eldercare/public/home.asp)

[me.asp](#)

Home Buddy

1-866-922-8339

www.homebuddy.org

Home Health Complaints

Kansas Department of Social and Rehabilitation Services (SRS)

1-800-842-0078

Kansas Advocates for Better Care Inc.

Consumer Information

1-800-525-1782

www.kabc.org

Kansas Department on Aging

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

www.agingkansas.org/index.htm

Kansas Foundation for Medical Care, Inc.

Medicare Beneficiary Information

1-800-432-0407

Kansas Tobacco Use Quitline

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

www.kdheks.gov/tobacco/cessation.htm

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Older Kansans Employment Programs (OKEP)

785-296-7842

www.kansascommerce.com

Older Kansans Hotline

800-742-9531

Older Kansans Information Reference Sources on Aging (OKIRSA)

1-800-432-3535

Senior Health Insurance Counseling for Kansas

1-800-860-5260

[www.agingkansas.org/SHICK/shick_inde](http://www.agingkansas.org/SHICK/shick_index.html)

[x.html](#)

SHICK

1-800-860-5260

www.agingkansas.org/SHICK

Social Security Administration

785-296-3959 or 785-296-1491 (TTY)

www.srskansas.org

SRS Rehabilitation Services Kansas

785-296-3959

785-296-1491 (TTY)

www.srskansas.org

Suicide Prevention

Suicide Prevention Services

800-784-2433

www.spsfv.org

Veterans

Federal Information Center

1-800-333-4636
www.FirstGov.gov

U.S. Department of Veterans Affairs
1-800-513-7731
www.kcva.org

Education (GI Bill)
1-888-442-4551

Health Resource Center
877-222-8387

Insurance Center
800-669-8477

**Veteran Special Issue Help
Line**
Includes Gulf War/Agent Orange
Helpline
800-749-8387

U.S. Department of Veterans Affairs

Mammography Helpline
888-492-7844

Other Benefits
800-827-1000

Memorial Program Service
[includes status of headstones
and markers]
800-697-6947

**Telecommunications Device
for the Deaf/Hearing
Impaired**
800-829-4833 (TTY)
www.vba.va.gov

**Income Verification and
Means Testing**

800-929-8387

Mammography Helpline
888-492-7844

**Gulf War/Agent Orange
Helpline**

800-749-8387

**Status of Headstones and
Markers**

800-697-6947

**Telecommunications Device
for the Deaf**

800-829-4833

www.vba.va.gov

**Benefits Information and
Assistance**

800-827-1000

Debt Management
800-827-0648

**Life Insurance Information and
Service**

800-669-8477

Welfare Fraud Hotline

Welfare Fraud Hotline
800-432-3913

Veterans Administration

Veterans Administration Benefits
800-669-8477

Life Insurance
800-669-8477

Education (GI Bill)
888-442-4551

Health Care Benefits
877-222-8387

V. Detail Exhibits

[VVV Research & Development, LLC]

Patient Origin & Access

[VW Research & Development, LLC]

| # | KS Hospital Assoc PO103 | Gove County IP | | | TREND |
|---|----------------------------------|----------------------------|---------|---------|-------|
| | | FFY2012 | FFY2013 | FFY2014 | |
| 1 | Total Discharges | 564 | 581 | 520 | |
| 2 | Total IP Discharges-Age 0-17 Ped | 34 | 55 | 17 | |
| 3 | Total IP Discharges-Age 18-44 | 39 | 31 | 54 | |
| 4 | Total IP Discharges-Age 45-64 | 135 | 138 | 101 | |
| 5 | Total IP Discharges-Age 65-74 | 79 | 93 | 104 | |
| 6 | Total IP Discharges-Age 75+ | 195 | 195 | 185 | |
| 7 | Psychiatric | 8 | 7 | 10 | |
| 8 | Obstetric | 40 | 32 | 34 | |
| 9 | Surgical % | 22.7% | 21.3% | 22.7% | |
| # | KS Hospital Assoc PO103 | Gove County Medical Center | | | TREND |
| | | FFY2012 | FFY2013 | FFY2014 | |
| 1 | Total Discharges | 346 | 369 | 309 | |
| 2 | Total IP Discharges-Age 0-17 Ped | 28 | 39 | 5 | |
| 3 | Total IP Discharges-Age 18-44 | 24 | 15 | 30 | |
| 4 | Total IP Discharges-Age 45-64 | 54 | 73 | 48 | |
| 5 | Total IP Discharges-Age 65-74 | 45 | 51 | 62 | |
| 6 | Total IP Discharges-Age 75+ | 137 | 146 | 139 | |
| 7 | Psychiatric | 2 | 2 | 4 | |
| 8 | Obstetric | 30 | 23 | 21 | |
| 9 | Surgical % | 5.5% | 3.0% | 3.2% | |
| # | Kansas Hospital Assoc OP TOT223E | FFY2012 | FFY2013 | FFY2014 | TREND |
| 1 | OPS Market Share | 21.9% | 25.6% | 18.5% | |
| 2 | Total OP Market Share | 72.5% | 72.6% | 69.4% | |

Town Hall Attendees Notes & Feedback

[VVV Research & Development, LLC]

Gove County, KS Town Hall Roster N=23

Date: 04/16/15

| First | Last | Organization | Address |
|----------|------------|-----------------------------------|---|
| Joyce | Adams | GCMC | |
| Rex | Albin | Hospital Board | P.O. Box 526, Quinter, KS 67752 |
| Deb | Aton | County Health Dept. | 1003 Park, Quinter, KS 67752 |
| Louise | Berndt | | 301 Castle Rock St., Quinter, KS 67752 |
| Dustre | Boren | | |
| Raquel | Caasi | GCMC | |
| Dee | Foster | GCMC | PO Box 79, Grainfield, KS |
| Shona | Gleason | GCMC- LTC | |
| Cheryl | Goetz | Gove County Health Dept. | 520 Washington St., Ste. 104, Gove, KS, 67736 |
| Joe | Heier | Grainfield City Mayor | 312 Cedar St., Grainfield, KS 67737 |
| Melinda | Howard | GCMC | |
| Julie | L, RN | GCMC | |
| Chastity | Loqpdon | Respiratory | |
| Liz | McDonald | GCMC | |
| John | Strunk | Quinter Reformed Church | |
| Danielle | Thomas, RN | GCMC- OR Supervisor | |
| Coleen | Tummons | GCMC | P.O. Box 129, Quinter, KS 67752 |
| Alan | Waites | GCMC | P.O. Box 129, Quinter, KS 67752 |
| Alan | Weber | Gove County Sheriff's Office | 420 Broad St., Ste 101, Gove, KS 67736 |
| Cindy | Werth | GCMC | P.O. Box 129 Quinter, KS 67752 |
| Dianne | Wetter | Grainfield Schools | 353 Elm St., Grainfield, KS 67737 |
| Roy | Williams | Park City Mayor | 203 West 3rd St., Park KS 67751 |
| Evy | Wilson | GCMC | |
| Marcie | Wolf | GCMC | Grinnell, KS |
| Nick | Zerr | USD 292 Board Member | |
| Linda | Ziegler | Superintendent of Quinter Schools | 601 Gove, Quinter, KS 67752 |
| Deidre | Zimmerman | Grainfield Schools | 448 Main St., Grainfield, KS 67737 |
| Roy | | | |

| |
|--|
| CHNA Cat |
| Business and economic development |
| Business owners / CEOs |
| Case Managers |
| City/Community officials. |
| Civic Clubs /Chamber/VA |
| Coalitions |
| Community leaders |
| Consumer advocates. |
| Consumers of Health Care |
| Education officials and staff |
| Faith-based clinics |
| Foundations. |
| Health and Human Service Organizations. |
| Health Dept board members. |
| Health insurers. |
| Hospital board members. |
| Hospitals, clinics, nursing homes managers |
| Housing Administrators |
| Law enforcement agencies - Chiefs of police. |
| Local clergy and congregational leaders. |
| Local colleges and universities |
| Members of at-risk populations. |
| Mental health providers. |
| Merchants |
| Oral health providers. |
| Oral health providers. |
| Other health professionals. |
| Parents & caregivers |
| Parish and congregational nursing programs. |
| Pharmacy |
| Physicians. |
| Political, appointed and elected officials. |
| PRESS (Paper, TV, Radio) |
| Public health officials. |
| Public safety officials. |
| Representatives from organized labor. |
| School nurses. |
| Staff from state and area agencies on aging. |
| Uninsured/underinsured people. |
| United Way organizations. |
| Welfare and social service agency staff. |

Gove County Community Health Needs Assessment Meeting
04.16.15
n=23

- Don't really have home health, do have hospice
- Don't have a pharmacy
- A lot of nurses seeing patients in the room
- City elected officials- Mayor and Sheriff in the room
- No spotlights in the county
- Didn't agree with the bad score on clinical care
- Still waiting on the air strip
- Health department relocating to Quinter from Gove

TAB 1: DEMOGRAPHIC PROFILE

- Veterans in the room go to Wichita or Hays, but depends on the services
- Some in the room didn't agree with the low access to healthy foods/grocery stores numbers

TAB 2: ECONOMIC/BUSINESS PROFILE

- Don't have good housing here
- Do have a grocery store in Quinter, but there are two communities in the county that do not have one

TAB 3: EDUCATIONAL PROFILE

- Could put free lunch stat as a yellow

TAB 4: MATERNAL AND INFANT HEALTH PROFILE

- They are doing OB here, are drawing in from other counties

TAB 5: HOSPITALIZATION/PROVIDERS PROFILE

- Injuries stats high due to being a farming community and near the interstate
- Need to take "FIX" off KHA slide

TAB 6: BEHAVIORAL HEALTH PROFILE

- Depression in Medicare age could be a red
- Sheriff says there are a lot of drinkers
- Inadequate social support could be a red

TAB 7: Risk Indicators/Factors Profile

- Obesity could be red, used to be 20%
- Asthma could be from the dry conditions here?

TAB 8: Uninsured Profile

- Nobody has heard anything about exchange enrollment here, but do know of people who choose to go uninsured

TAB 9: MORTALITY PROFILE

- Sheriff says suicide was at 5 in 2012, not on the list. Noticed “ALL OTHER CAUSES” was at 5. We saw on previous slide suicide rate was listed a “NA”

STRENGTHS:

- High school immunization rates coming from health department
- Scope of services offered in Gove County
- OB services
- Five physicians
- High literacy based on graduation rates
- Good ambulance
- Caring community
- Two fitness centers
- Have chemotherapy services
- County fire department
- New leadership at the hospital
- Elderly citizens still living at home
- Diabetic clinic once a week
- Volunteers for the hospital and long-term care
- Mental health clinic one day a week
- Good rehab

WEAKNESSES:

- Obesity (Nutrition and Fitness)
- Housing (Leading to Staffing Issues)
- Clinic Wait Times
- Urgent Care
- Day Care Center
- Affordable Healthy Food Options
- Alcohol
- Drug Use
- Facility Improvement
- Family Planning
- Air Strip (Health Transportation)
- More Ambulance
- Depression
- Smoking Mothers
- Providers (Mid-Levels and Replacement for Retiring Doctors)
- Home Health

Yr 2015 Health Needs - Gove County KS

on behalf of Gove County Medical Center - PSA

Town Hall Community Health Needs Priorities (23 Attendees)

| # | 2015 Health Needs to Change and/or Improve | Votes | % | Accum |
|------------------------------|--|-----------|---------------|-------|
| 1 | Decrease Clinic Wait Times | 11 | 14.5% | 14.5% |
| 2 | Lack of quality housing options (Leading to Staffing Issues) | 9 | 11.8% | 26.3% |
| 3 | Begin to recruit providers to community (Mid-Levels & Replacement for Retiring Docs) | 9 | 11.8% | 38.2% |
| 4 | Update Hospital / Facility Improvements | 7 | 9.2% | 47.4% |
| 5 | Continue Air Strip Development (Health Transportation) | 5 | 6.6% | 53.9% |
| 6 | Develop Urgent Care services | 5 | 6.6% | 60.5% |
| 7 | Expand Day Care Center | 5 | 6.6% | 67.1% |
| 8 | Lack of Affordable Healthy Food Options | 5 | 6.6% | 73.7% |
| 9 | Reduce Alcohol consumption | 4 | 5.3% | 72.4% |
| 10 | Fight Drug Abuse | 3 | 3.9% | 76.3% |
| 11 | Fight Obesity (Nutrition & Fitness) | 3 | 3.9% | 80.3% |
| Total Town Hall Votes | | 76 | 100.0% | |

Public Notice & Invitation

[VWV Research & Development, LLC]

Round #2 Community Health Needs Assessment – Gove County Medical Center

Media Release 01/26/2015

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

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

<https://www.surveymonkey.com/s/Gove15>

All community residents and business leaders are encouraged to **complete the 2015 online CHNA survey by Tuesday 2/24** and to attend the upcoming scheduled **Town Hall on April 16th from 7-8:30am at Gove County Medical Center**. “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 Coleen Tummons, CEO.

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

From: CEO

Date: February 2015

To: Community Leaders, Providers and Hospital Board and Staff

Subject: CHNA Round #2 Online Survey 2015

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

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

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

<https://www.surveymonkey.com/s/Gove15>

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

Sincerely,
Coleen Tummons
CEO



Community Health Needs Assessment Community Town Hall Meeting

Gove County Medical Center and
Gove County Public Health
will be sponsoring a
Town Hall Meeting on Thursday April 16th
from 7:00 to 8:30 a.m.
at Gove County Medical Center

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

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

Thank you in advance for your participation.

YOUR Logo

Date: Feb 13, 2015

Dear Community Member,

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

On Thursday, April 16th, you are invited to attend a Gove County Town Hall meeting. We have retained the services Vince Vandelaar of VVV Research and Development, LLC from Olathe, KS, to facilitate this meeting and prepare our report.

Your input is valuable, and will be incorporated into our final report. Please join us on Thursday, April 16th, from 7:00-8:30 a.m. at Gove County medical Center. A light meal will be served starting at 7:00 a.m.

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

Sincerely,

Coleen Tummons
CEO

Detail Primary Research Primary Service Area

[VVV Research & Development, LLC]

Community Health Needs Assessment Round #2 Community Feedback

Methodology

A community feedback survey was created on behalf of the CHNA client to gather PSA stakeholder feedback on health perception and progress in addressing previous CHNA community needs. All community residents were encouraged to take the survey online by entering the following address into personal browser:

<https://www.surveymonkey.com/s/Gove15>. In addition, an invite letter was sent to all PSA stakeholders (i.e. Schools, County, City, Clergy, Public Health Leaders).

Below is a summary of public response:

| CHNA Round #2 Feedback 2015 - NORMS | | | |
|---|------------------|---------------|-------|
| 9. For reporting purposes, are you involved in or are you a | NW Alliance (10) | Gove CO N=76 | TREND |
| Board Member -Local | 4.3% | 4.2% | |
| Business / Merchant | 6.0% | 4.8% | |
| Case Manager / Discharge | 0.5% | 0.6% | |
| Civic Club / Chamber | 4.4% | 0.6% | |
| Charitable Foundation | 2.3% | 0.0% | |
| Clergy / Congregational Leader | 1.1% | 0.0% | |
| College / University | 1.9% | 1.2% | |
| Consumer Advocate | 1.0% | 2.4% | |
| Consumers of Health Care | 8.8% | 11.4% | |
| Dentist | 0.2% | 0.0% | |
| Economic Development | 1.5% | 2.4% | |
| Education Official / Teacher | 5.0% | 1.8% | |
| Elected Official - City / County | 1.8% | 3.0% | |
| EMS / Emergency | 1.4% | 1.2% | |
| Farmer / Rancher | 4.6% | 5.4% | |
| Health Department | 1.4% | 2.4% | |
| Hospital | 13.4% | 22.2% | |
| Housing / Builder | 0.4% | 0.0% | |
| Insurance | 0.9% | 1.2% | |
| Labor | 1.6% | 1.8% | |
| Law Enforcement | 0.5% | 1.2% | |
| Low Income / Free Clinics | 0.6% | 0.6% | |
| Mental Health | 1.2% | 0.6% | |
| Nursing | 8.8% | 6.0% | |
| Other Health Professional | 5.6% | 6.0% | |
| Parent / Caregiver | 11.9% | 12.0% | |
| Pharmacy | 0.4% | 0.6% | |
| Physician (MD / DO) | 0.2% | 0.6% | |
| Physician Clinic | 1.2% | 0.6% | |
| Press (Paper, TV, Radio) | 0.3% | 0.0% | |
| Senior Care / Nursing Home | 1.4% | 3.6% | |
| Social Worker | 0.5% | 0.0% | |
| Veteran | 1.8% | 0.0% | |
| Welfare / Social Service | 0.4% | 0.0% | |
| Other (Please note below) | 2.5% | 1.8% | |
| TOTAL | 100.0% | 100.0% | |

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

CHNA Round #2 Community Feedback 2015 - Gove Co N=76

| ID | ZIP | c1 | c2 | c3 | Are there healthcare services in your community / neighborhood that you feel need to be improved and / or changed? |
|------|-------|------|------|------|--|
| 1004 | 67737 | CLIN | URG | MDLV | A weekend clinic would be nice so the Emergency Room wouldn't have to be used for minor ailments. It could be staffed by a mid-level practitioner. |
| 1005 | 67751 | HH | | | Home Health is needed. |
| 1006 | 67752 | ALL | ORTH | SPEC | Allergist Orthopedics |
| 1007 | 67738 | CLIN | URG | | A WALK IN CLINIC FROM 7 A TO 9 A AND ON SATURDAYS FROM 7 TO NOON |
| 1008 | 67752 | NO | | | not that i can think of |
| 1009 | 67752 | CLIN | URG | PRIM | It would be good to have a "Quick Care" site where acute, non chronic problems can be assessed and treated quickly. This would help reduce wait times in the Primary Care site. |
| 1010 | 67738 | NO | | | I haven't needed any so far |
| 1011 | 67752 | NO | | | No i think our healthcare services are excellent. |
| 1012 | 67751 | WAIT | RAD | WAG | The wait time to see one of our four doctors is sometimes 4 hrs for a walk in appt! The clinic x-ray machine gives off too much radiation because it is so old. All x-rays should be done at the Hospital with a better machine far more detailed pictures. GCMC hospital wages are so low compared to surrounding hospitals. We are losing good nurses and employees to more competitive hospitals! |
| 1015 | 67751 | NP | CLIN | WAIT | I think we need to hire 2 or 3 Nurse Practitioners who can help in the clinic. It makes a big difference for minor issues, and helps reduce the clinic waiting time. It saves the doctors time and allows them to see more severe cases. |
| 1019 | 67752 | HH | AGE | SPEC | Home Health / Senior Care at home / Med Set Ups |
| 1020 | 67752 | WAIT | TRAV | | Wait times at Bluestem Medical. Many community members have reported they travel to other health care facilities (i.e. Oakley, Hoxie, Colby) as they can drive there get seen by the provider and return home in less time than it takes to be seen by local providers. |
| 1021 | 67672 | CLIN | URG | | Walk-in clinic |
| 1022 | 67752 | NO | | | no |
| 1024 | 67752 | LOY | WAIT | STF | teamwork between physicians and hospital and loyalty to GCMC from our physicians; waiting times in physician clinic; reducing agency staff that doesn't have a dedication to our area |
| 1025 | 67752 | WAIT | CLIN | | waiting times at the physician clinic |
| 1026 | 67738 | MDLV | WAIT | DOCS | Need mid-levels to decrease the wait time at Bluestem Medical. Need our physicians to stay in Quinter. |
| 1028 | 67752 | WAIT | DOCS | MDLV | Less waiting time for doctors - maybe both doctor not being on call while seeing patients and hiring another PA or nurse clinician |
| 1029 | 67752 | WAIT | | | Shorter wait time to see a doctor, 3 to 4 hr is alot |
| 1031 | 67737 | WAIT | CLIN | | Bluestem needs to improve customer service. Going in for an appointment and having to wait 3 or more hours is crazy! |
| 1032 | 67752 | WAIT | CLIN | | Shorter wait times at clinic |
| 1033 | 67752 | NO | | | I can't think of anything right now |
| 1034 | 67752 | DOCS | CLIN | WAIT | There seems to be a lack of healthcare workforce in the area and, not enough doctors at the clinic. The wait time is ridiculous. |
| 1036 | | MDLV | AGE | ASLV | Intermediate level care such as assisted living or adult day care. |
| 1037 | 67751 | DOCS | CLIN | WAIT | Dr's need to be more available for appointments. Possible walk in clinic would be great! I think we are loosing out to surrounding hospitals because of the wait time at the clinic. |
| 1038 | 67752 | WAIT | CLIN | | wait time at drs. clinic |
| 1042 | 67738 | AMB | EMS | | Better ambulance and responder services. |
| 1045 | 67752 | WAIT | CLIN | | WAITING TIMES AT BLUESTEM MEDICAL CENTER |
| 1051 | 67736 | TEL | | | Increase in Telemedicine |
| 1053 | 67672 | HOSP | FAC | | REMODLE/UPDATE GCMC |

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| 1058 | 67752 | CLIN | WAIT | TRAV | I believe there needs to be improvement in the "walk in" apt status at Blue Stem medical. Wait times are extremely long. We have considered driving elsewhere to a clinic rather than spend 4 to 5 hours waiting for our clinic when ill. If you have a child sick with fever, etc. 4 hours waiting in the clinic waiting area seems to be a very long time. |
| 1059 | 67736 | ALL | DOCS | | The Drs. push meds to treat symptoms instead of finding out what is at the base of the problem. |
| 1060 | 67752 | FAC | HOSP | ASLV | Need new hospital & change current hospital too asserted living Alzheimer & dementia |
| 1062 | 67672 | DOCS | WAIT | | It is hard to get a regular doctor's appointment. Sometimes it is a month or so before you can get in to see a provider unless it is an emergency. |
| 1063 | 67752 | ORTD | SPEC | | WOULD BE BENEFICIAL TO HAVE A LOCAL ORTHODONTIST |
| 1064 | | NO | | | N/A |
| 1067 | 67752 | URL | SEPC | | Urology. |
| 1068 | 67752 | PARK | FAC | | Parking for Patients, visitors, and Staff. |
| 1069 | 67753 | EMS | | | EMS NEEDS IN FIELD 12 LEAD EKG |
| 1070 | | DOCS | WAIT | | Doctors office, there is no reason when you have an appointment and you have to be there and wait anywhere from 2 to 5 hours every time. |
| 1071 | 67737 | DOCS | WAIT | | The Doctors need to be in the office more. When you have an appointment and you are in the office for 3 to 4 hours that is crazy. |
| 1073 | 67752 | POD | SPEC | | Would like to see a different podiatrist come to community. Currently, go out of town for that service. |
| 1074 | 67672 | CARD | SPEC | | More screenings for a-fib, carotid artery blockage, community blood screens monthly bimonthly. |
| 1075 | 67631 | WAIT | DOCS | | Wait times at doctors office |
| 1076 | 67752 | WAIT | DOCS | MDLV | Wait times at the clinic need to be shorter. Hard to get an appointment in a reasonable time. Need for more physicians/mid-levels. |

**CHNA Report
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