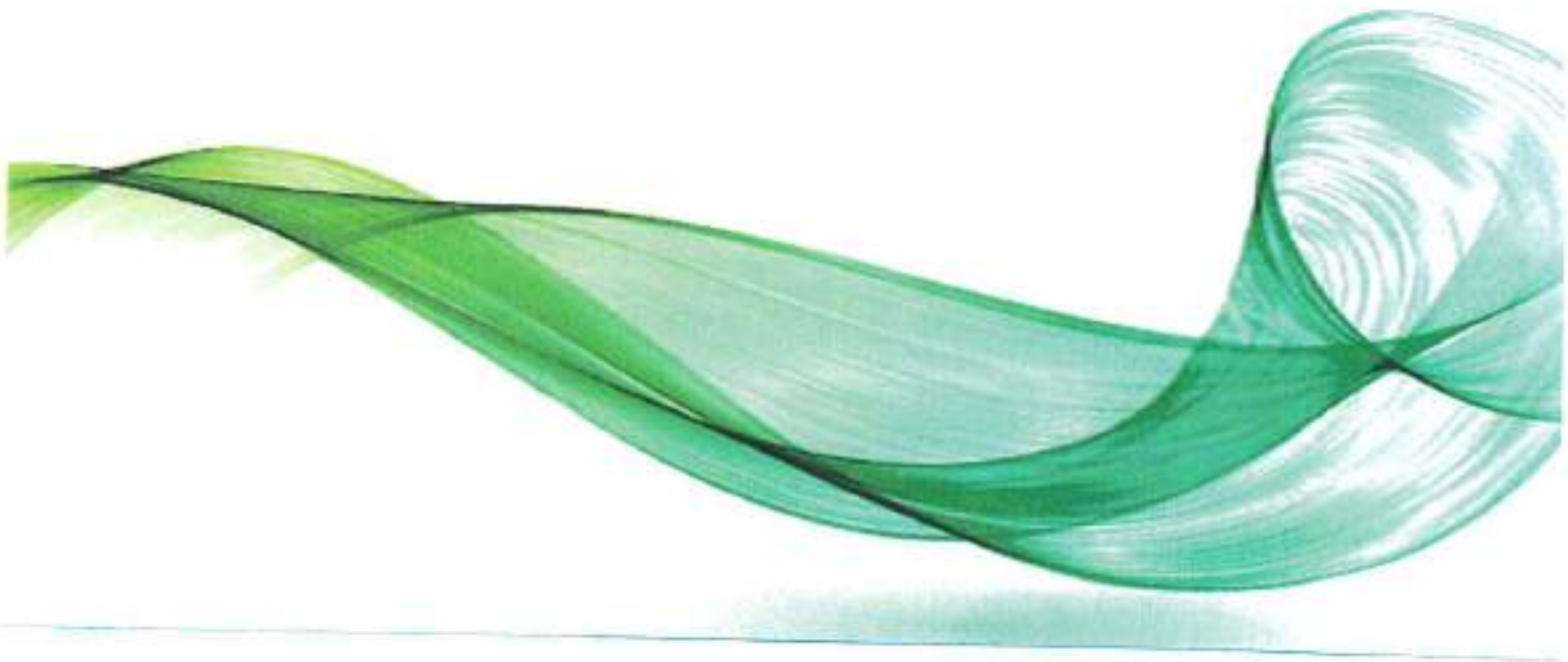




Community Health Needs Assessment
Gove County, KS
Gove County Medical Center



April 2021

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

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I. Executive Summary

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I. Executive Summary

Gove County Medical Center – Gove County, KS (Primary Service Area) - 2021 Community Health Needs Assessment (CHNA)

Gove County Medical Center (GCMC) (Gove County, KS) previous CHNA was completed in 2015. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #4 Gove County, KS CHNA assessment began December 2020 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandelaar, MBA.

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders and providers, along with the residents, to research and prioritize county health needs and document community health delivery success.

This health assessment will serve as the foundation for community health improvement efforts for the next three years. **Important community CHNA Benefits** for both the local hospital and the health department, are as follows: 1.) Increases knowledge of community health needs and resources 2.) Creates common understanding of the priorities of the community's health needs 3.) Enhances relationships and mutual understanding between and among stakeholders 4.) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community 5.) Provides rationale for current and potential funders to support efforts to improve the health of the community 6.) Creates opportunities for collaboration in delivery of services to the community and 7.) Provides guidance to the hospital and local health department for how they can align their services and community benefit programs to best meet needs, and 8.) fulfill Hospital "Mission" to deliver.

County Health Area of Future Focus on Unmet Needs

Area Stakeholder held a community conversation to review, discuss and prioritize health delivery. Below are two tables reflecting community views and findings.

Gove County, KS				
2021 CHNA Priorities - Unmet Needs				
CHNA Wave #4 Town Hall - March 3, 2021				
Gove Co Medical Center PSA (19 Attendees, 93 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Substance Abuse (Drugs)	16	17.2%	17.2%
2	Mental Health (Diagnosis, Treatment, Aftercare)	14	15.1%	32.3%
3	Housing	11	11.8%	44.1%
4	Economic Development (Poverty)	11	11.8%	55.9%
5	Affordable Healthcare Insurance	8	8.6%	64.5%
6	Childcare (Affordable)	7	7.5%	72.0%
7	Assisted Living	6	6.5%	78.5%
8	Cancer Services	6	6.5%	84.9%
Total Votes:		93		
Other items receiving votes: Alcohol Abuse, Recreation Opportunities, Access to Care and Home Health				

Town Hall CHNA Findings: Areas of Strengths

Gove County "Community Health Strengths"			
#	Topic	#	Topic
1	Access to Variety of Services	6	Transportation
2	EMS	7	Bed-Side Assistance Quality
3	Forward Thinking	8	School System
4	Access to Primary Care	9	Health Department Image
5	Telehealth/Telemedicine Services	10	Community Collaboration

Key CHNA Wave #4 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2020 Robert Wood's Johnson County Health Rankings, Gove County, KS Average was ranked 30th in Health Outcomes, 9th in Health Factors, and 6th in Physical Environmental Quality out of the 105 Counties.

TAB 1. Gove County's population is 2,636 (based on 2019), with a population per square mile (based on 2010) of 3 persons. Roughly six percent (5.8%) of the population is under the age of 5, while the population that is over 65 years old is 24.2%. As of 2019, Hispanic / Latinos make up 3.1% of the population and 2.6% of Gove County citizens that speak a language other than English in their home. Children in single parent households make up a lower percentage of 15.9% compared to the rural norm of 25.2%, and 91.8% are living in the same house as one year ago.

TAB 2. In Gove County, the average per capita income is \$26,443 while 9.6% of the population is in poverty. There is a severe housing problem of 10% compared to the rural norm of 9.5%. Food insecurity is 10.8%, and limited access to healthy foods (store) is 14.3%.

TAB 3. Children eligible for a free or reduced-price lunch in Gove County is 34.4%. Over 90% (91.6%) of students graduated high school in Gove County compared to the rural norm of 88.1%.

TAB 4. The percent of births where prenatal care started in the first trimester is 80.6% and 8.3% of births in Gove County have a low birth weight. Continually, only 50% (compared to 81.5% rural norm) of infants up to 24 months are receiving full immunization. The percent of mothers who reported smoking during pregnancy is 5.5% (2016 – 2018).

TAB 5. The population coverage in Gove County of Primary Care Physicians per patient is 658 physicians to 1 patient. The percentage of patients who gave their hospital a rating of 9 or 10 out 10 is 94%. There are 87% of patients who reported Yes, They Would Definitely Recommend the Hospital.

TAB 6. In Gove County, 32.1% of the Medicare population has depression. The Mental Behavioral Hospital Admission Rates per 100,000 was 25.7 and the percent of Medicare Part D beneficiaries receiving an opioid day supply >10 Days is 41.9%. The average mentally unhealthy days last reported (2017) is 3.4 days of the 7 days.

TAB 7a – 7b. Gove County has an obesity percentage of 28.7% as of 2016, and physical inactivity percentage is 30.1%. The adult smoking for Gove is 14.4%, while the excessive drinking percentage is 15.8% as of 2017. The Medicare hypertension percentage is 62.8%, while their heart failure percentage is 26.4%. Gove county has an almost 12% cancer percentage (11.7%) among their Medicare population and 4.1% stroke percentage.

TAB 8. The adult uninsured rate for Gove County is 15.8% (based on 2017) compared to the rural norm of only 11.9%.

TAB 9. The life expectancy rate in Gove County is roughly 80 years of age (80.2) for the entire general population in this county. Alcohol-impaired driving deaths for Gove County is high at 83.3% while age-adjusted Cancer Mortality rate per 100,000 is only 78.3. Age-adjusted Heart Disease Mortality rate per 100,000 is at 153.4.

TAB 10. Roughly fifty eight percent (58.6%) of Gove County has access to exercise opportunities. There are 14.1% of the population that have diabetes prevalence. Forty-three percent (43%) of women in Gove County seek annual mammography screenings (based on 2017).

Key CHNA Wave #4 Primary Research Conclusions found:

Community Feedback from residents, community leaders and providers (N=207) provided the following community insights via an online perception survey:

- Using a Likert scale, 80.1% of Gove County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Gove County stakeholders are satisfied with the following services: Ambulance Services, Primary Care, School Health, Public Health, Visiting Specialists, Optometry, and ER Services.
- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health Services, Housing, Cancer Services, Home Health Services, and Urgent care.

Gove Co KS - 2021 CHNA Wave #4		Ongoing Problem		Pressing
Review Past CHNAs health needs identified (Gove Co. N=207		Gove Co
Rank	Topic	Votes	%	Trend
1	Mental Health Services	63	18.3%	
2	Housing	44	12.8%	
3	Cancer Services	42	12.2%	
4	Home Health Services	36	10.5%	
5	Urgent Care	36	10.5%	
6	Nutrition - Healthy Food Options	28	8.1%	
7	Preventative Health / Wellness	21	6.1%	
8	Health Insurance	20	5.8%	
9	Transportation	20	5.8%	
10	Exercise/Fitness Services	13	3.8%	
11	Lack of Healthcare Providers/Qualified Staff	13	3.8%	
12	Access to Primary Care	8	2.3%	
TOTALS		344	100.0%	

II. Methodology

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II. Methodology

a) CHNA Scope and Purpose

The federal Patient Protection and Affordable Care Act (ACA) requires that each registered 501(c)(3) hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs. Any hospital that 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: Governmental agencies with current information relevant to the health needs of the community and representatives or members in the community who are medically underserved, low-income, minority populations, and populations with chronic disease needs. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.)

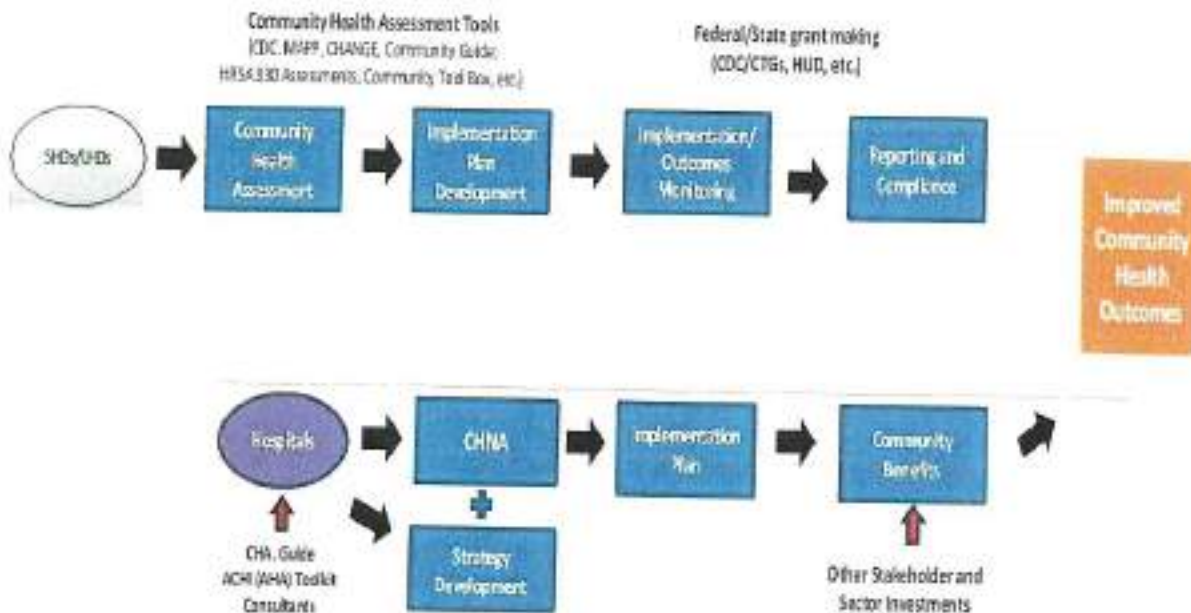
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Requirements Overview (Notice 2011-52)

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

Applicability of CHNA Requirements to "Hospital Organizations"

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

How and When to Conduct a CHNA

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

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

The Notice provides that a hospital organization will be required to separately document the CHNA for each of its hospital facilities in a written report that includes the following information: 1) a description of the community served by the facility and how the community was determined; 2) a description of the process and methods used to conduct the CHNA; 3) the identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA; 4) a description of how the organization considered the input of persons representing the community (e.g., through

meetings, focus groups, interviews, etc.), who those persons are, and their qualifications. 5) a prioritized description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs, and 6) a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

IRS Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(c)(3) Last Reviewed or Updated: 21-Aug-2020

In addition to the general requirements for tax exemption under Section 501(c)(3) and Revenue Ruling 69-545, hospital organizations must meet the requirements imposed by Section 501(r) on a facility-by-facility basis in order to be treated as an organization described in Section 501(c)(3). These additional requirements are:

1. Community Health Needs Assessment (CHNA) - Section 501(r)(3).
2. Financial Assistance Policy and Emergency Medical Care Policy - Section 501(r)(4).
3. Limitation on Charges - Section 501(r)(5), and
4. Billing and Collections - Section 501(r)(6).

Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Additionally, in determining its patient populations for purposes of defining its community, a hospital facility must take into account all patients without regard to whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under the hospital facility's financial assistance policy. If a hospital facility consists of multiple buildings that operate under a single state license and serve different geographic areas or populations, the community served by the hospital facility is the aggregate of these areas or populations.

Additional Sources of Input

In addition to soliciting input from the three required sources, a hospital facility may solicit and take into account input received from a broad range of persons located in or serving its community. This includes, but is not limited to:

- Health care consumers and consumer advocates
- Nonprofit and community-based organizations
- Academic experts
- Local government officials
- Local school districts
- Health care providers and community health centers
- Health insurance and managed care organizations
- Private businesses, and
- Labor and workforce representatives.

Although a hospital facility is not required to solicit input from additional persons, it must take into account input received from any person in the form of written comments on the most recently conducted CHNA or most recently adopted implementation strategy.

Collaboration on CHNA Reports

A hospital facility is permitted to conduct its CHNA in collaboration with other organizations and facilities. This includes related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations.

In general, every hospital facility must document its CHNA in a separate CHNA report unless it adopts a joint CHNA report. However, if a hospital facility is collaborating with other facilities and organizations in conducting its CHNA, or if another organization has conducted a CHNA for all or part of the hospital facility's community, portions of a hospital facility's CHNA report may be substantively identical to portions of the CHNA reports of a collaborating hospital facility or other organization conducting a CHNA, if appropriate under the facts and circumstances.

If two hospital facilities with overlapping, but not identical, communities collaborate in conducting a CHNA, the portions of each hospital facility's CHNA report relevant to the shared areas of their communities might be identical. So hospital facilities with different communities, including general and specialized hospitals, may collaborate and adopt substantively identical CHNA reports to the extent appropriate. However, the CHNA reports of collaborating hospital facilities should differ to reflect any material differences in the communities served by those hospital facilities. Additionally, if a governmental public health department has conducted a CHNA for all or part of a hospital facility's community, portions of the hospital facility's CHNA report may be substantively identical to those portions of the health department's CHNA report that address the hospital facility's community.

Collaborating hospital facilities may produce a joint CHNA report as long as all of the collaborating hospital facilities define their community to be the same and the joint CHNA report contains all of the same basic information that separate CHNA reports must contain. Additionally, the joint CHNA report must be clearly identified as applying to the hospital facility.

Joint Implementation Strategies

As with the CHNA report, a hospital facility may develop an implementation strategy in collaboration with other hospital facilities or other organizations. This includes but is not limited to related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations. In general, a hospital facility that collaborates with other facilities or organizations

In developing its implementation strategy must still document its implementation strategy in a separate written plan that is tailored to the particular hospital facility, taking into account its specific resources. However, a hospital facility that adopts a joint CHNA report may also adopt a joint implementation strategy. With respect to each significant health need identified through the joint CHNA, the joint implementation strategy must either describe how one or more of the collaborating facilities or organizations plan to address the health need or identify the health need as one the collaborating facilities or organizations do not intend to address. It must also explain why they do not intend to address the health need.

A joint implementation strategy adopted for the hospital facility must also be clearly identified as applying to the hospital facility. Clearly identify the hospital facility's role and responsibilities in taking the actions described in the implementation strategy as well as the resources the hospital facility plans to commit to such actions, and include a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relate to the hospital facility.

Adoption of Implementation Strategy

An authorized body of the hospital facility must adopt the implementation strategy. See the discussion of the Financial Assistance Policy below for the definition of an authorized body. This must be done on or before the 15th day of the 1st month after the end of the taxable year in which the hospital facility finishes conducting the CHNA. This is the same due date (without extensions) of the Form 990.

Acquired Facilities. A hospital organization that acquires a hospital facility (through merger or acquisition) must meet the requirements of Section 501(r)(3) with respect to the acquired hospital facility by the last day of the organization's second taxable year beginning after the date on which the hospital facility was acquired. In the case of a merger that results in the liquidation of one organization and survival of another, the hospital facilities formerly operated by the liquidated organization will be considered "acquired," meaning they will have until the last day of the second taxable year beginning after the date of the merger to meet the CHNA requirements. Thus, the final regulations treat mergers equivalently to acquisitions.

New Hospital Organizations

An organization that becomes newly subject to the requirements of Section 501(r) because it is recognized as described in Section 501(c)(3) and is operating a hospital facility must meet the requirements of Section 501(r)(3) with respect to any hospital facility by the last day of the second taxable year beginning after the latter of: The effective date of the determination letter recognizing the organization as described in Section 501(c)(3), or The first date that a facility operated by the organization was licensed, registered, or similarly recognized by a state as a hospital.

New Hospital Facilities

A hospital organization must meet the requirements of Section 501(r)(3), with respect to a new hospital facility it operates by the last day of the second taxable year beginning after the date the facility was licensed, registered, or similarly recognized by its state as a hospital.

Transferred/Terminated Facilities

A hospital organization is not required to meet the requirements of Section 501(r)(3) with respect to a hospital facility in a taxable year if the hospital organization transfers all ownership of the hospital facility to another organization or otherwise ceases its operation of the hospital facility before the end of the taxable year. The same rule applies if the hospital facility ceases to be licensed, registered, or similarly recognized as a hospital by a state during the taxable year. By extension, a governmental hospital organization that voluntarily terminates its Section 501(c)(3) recognition as described in Rev. Proc. 2018-5 (updated annually) is no longer considered a hospital organization for purposes of Section 501(r) and therefore is not required to meet the CHNA requirements during the taxable year of its termination.

Public Health Criteria:

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

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

DOMAIN 1 includes 4 STANDARDS:

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

Required CHNA Planning Process Requirements:

- a. Participation by a wide range of community partners.
- b. Data / Information provided to participants in CHNA planning process.
- c. Evidence of community / stakeholder discussions to identify issues & themes. Community definition of a "healthy community" included along with list of issues.
- d. Community assets & resources identified.
- e. A description of CHNA process used to set priority health issues.

Seven Steps of Public Health Department Accreditation (PHAB):

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

MAPP Process Overview

Mobilizing for Action through Planning and Partnerships (MAPP) is a flexible strategic planning tool for improving the health and quality of life for the community. Like most strategic planning, MAPP involves organizing partners, creating a vision and shared values, collecting data, identifying areas for improvement, and developing goals and strategies to address them. Through collaboration with partners and the community, MAPP allows us to focus our efforts and work on issues to strengthen the local public health system.

The MAPP process includes the following six phases. It's important to note that MAPP has no set end point and will continue throughout the life cycle of the Community Health Improvement Plan (CHIP).

1. In this first phase, **Organize for Success/Partnership Development**, various sectors of the community with established relationships are reviewed, leading to the identification of areas for partnership development and creation of new relationships to enhance the MAPP process.
2. In the second phase, **Visioning**, a shared community vision and common values for the MAPP process are created.
3. In the third phase, **Four MAPP Assessments**, data is collected from existing and new sources about the health of our community, which results in a Community Health Assessment (CHA).
4. In the fourth phase, **Identify Strategic Issues**, community partners and health professionals select issues based on data collected from the third phase that are critical to the local public health system and align with the vision from the second phase.
5. In the fifth phase, **Formulate Goals and Strategies**, potential ways to address the strategic issues are identified by the community along with the setting of achievable goals. The final result is a Community Health Improvement Plan (CHIP).
6. The sixth and final phase of the MAPP process is the **Action Cycle**, which is where the work happens for meeting the objectives set in the previous phase. Through these collaborative efforts, the health of the community is improved.



Drivers of Health Assessment & Improvement Planning

Different drivers have led health agencies and organizations to institutionalize community health assessment and community health improvement planning in recent years.

National Voluntary Accreditation Requirements

In 2011, the Public Health Accreditation Board (PHAB), in partnership with key public health organizations, launched a new national voluntary accreditation program for state, tribal, local, and territorial health departments. The standards and measures encompass 12 domains of performance and include a comprehensive community health assessment (Domain 1, Standard 1.1) and a community health improvement plan (Domain 5, Standard 5.2). A documented community health assessment and improvement plan are two of the three prerequisites for applying to PHAB. PHAB requires that these processes be conducted collaboratively and that the documents be dated within the last five years. More information is available from [PHABexternal icon](#) and [CDC](#).

CDC Grant Requirements

CDC grants often require or encourage completing a community health assessment or improvement plan. In some cases, these plans provide valuable information for identifying priority health issues or needs. Examples include ; [National Public Health Improvement Initiative \(NPHII\)](#); [Community Transformation Grants](#) or [REACH Core](#)

The Public Health Accreditation board defines *community health assessment* as a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation. Turnock B. *Public Health: What It Is and How It Works*. Jones and Bartlett, 2008, as adapted in [Public Health Accreditation Board Acronyms and Glossary of Terms Version 1.0 Cdc-pdf\[PDF - 536KB\]External](#). July 2011.

The Catholic Health Association defines a *community health needs assessment* as a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize these needs, and to plan and act upon unmet community health needs." Catholic Health Association, [Guide to Assessing and Addressing Community Health Needs Cdc-pdf\[PDF-1.5MB\]External](#), June 2013.

Social Determinants of Health

What Are Social Determinants of Health?



[Social determinants of health \(SDOH\)external icon](#) are defined as the conditions in which people are born, grow, live, work, and age. SDOH are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world. Differences in these conditions lead to health inequities or the unfair and avoidable differences in health status seen within and between countries.

[Healthy People 2030external icon](#) includes SDOH among its leading health indicators. One of Healthy People 2030's five overarching goals is specifically related to SDOH: Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.

Through broader awareness of how to better incorporate SDOH throughout the multiple aspects of public health work and the [10 Essential Public Health Services](#), public health practitioners can transform and strengthen their capacity to advance health equity. Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

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: David Caudill

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
- Psychiatry
- Pulmonary Rehab
- Sleep Studies - Home and in the Hospital

Gove County Medical Center Services (Con't):

- Respiratory Care – Pulmonary Function Testing
- Tender Hearts Daycare
- Long Term Care
- Independent Living
- Respite Care
- Social Services

- Diagnostic Imaging
 - o Radiology Exams, CT Scans, Sonograms & Vascular Studies, Adult & Pediatric Echocardiograms, Bone Density Scans
- Mobile Services
 - o Nuclear Medicine, Digital Mammography, MRI, Cardiolite Stress Test

- Cardiac Rehab
- Laboratory
- Radiology
- Physical Therapy

Gove County Health Department Profile

521 Garfield St, Quinter, KS 67752

Administrator: Cheryl Goetz, BSN, RN

The Gove County Health Department is open on Mondays through Wednesdays 8:00 am to 5:30 pm and Thursday 8:00 am to 6:30 pm. The Gove County Health Department is closed all legal holidays and Christmas Eve.

The Gove County Health Department is staffed with professional personnel that are able to meet the needs of the public. Some staff members are Certified Breastfeeding Educators able to assist with issues of breastfeeding. Staff registered nurses can assist with WIC (Women, Infants, and Children) Service, physicals, information regarding various health concerns and vaccinations. In addition, the staff are certified car seat technicians available assist with proper installation. The Gove County Health Department strives meet the public health needs.

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 Consultants LLC 601 N. Mahaffie, Olathe, KS 66061 (913) 302-7264

VVV Consultants LLC is an Olathe, KS based "boutique" healthcare consulting firm specializing in Strategy, Research and Business Development services. To date we have completed 70 unique community CHNA's in KS, MO, IA and NE (references found on our website VandehaarMarketing.com)



Vince Vandehaar, MBA – Principal

VVV Consultants LLC – start 1/1/09 *

- Adjunct Full Professor @ Avila and Webster Universities
- 35+ year veteran marketer, strategist and researcher
- Saint Luke's Health System, BCBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA

Cassandra Kahl, BHS – Lead Consultant

VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences
 - Park University MHA (May 2021)
- Pharmacy Management (CVS) – 2 ½ years
- Hometown: Maple, WI



VVV Consultants LLC (EIN 27-0253774) began as "VVV Research & Development INC" in early 2009 and converted to an LLC on 12/24/12. Web: VandehaarMarketing.com

Our Mission: to research, facilitate, train, and create processes to improve healthcare delivery and uncover strategic "critical success" initiatives.

Our Vision: meeting today's challenges with the voice of the market.

Our Values :

"Community" – Industry engagement...membership AMA KC, ACHE, EPBA, Forum and SHSMD.

"Stewardship" – Fair fees based on client, project scope, turnaround time, etc.

"Integrity" – Trustworthy delivery with numerous client recommendations / endorsements.

"Experience" – Skilled consulting; Marketing careers. We understand business because we have been there!

"Growth" – Process-driven; ongoing innovational delivery.

II. Methodology

c) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in December 2020 for Gove County Medical Center (GCMC) located in Gove County, KS to meet Federal IRS CHNA requirements.

In December, a meeting was called by GCMC leaders to review CHNA collaborative options. Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps. Outcomes from discussion led to GCMC leaders requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

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

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

Gove County Medical Center - Quinter, KS											
KHA Source: Define Primary Service Area				IP Discharges						OP Visits	
zz	Patient Zip Code	County	3YR Total	%	Accum	FFY 18	FFY 19	FFY 20	FFY 18	FFY 19	FFY 20
#	Overall - Total		25939			275	320	264	8,369	8,697	8,014
1	67752-Quinter, KS	Gove	11983	46.2%	46.2%	108	143	118	3,856	4,072	3,688
2	67737-Grainfield, KS	Gove	2029	7.8%	54.0%	26	40	13	640	682	628
3	67738-Grinnell, KS	Gove	1638	6.3%	60.3%	20	24	20	579	498	497
4	67736-Gove, KS	Gove	1304	5.0%	65.4%	18	12	12	366	458	438
5	67751-Park, KS	Gove	1278	4.9%	70.3%	19	18	8	422	416	395
6	67740-Hoxie, KS	Sheridan	1760	6.8%	77.1%	17	20	30	632	582	479
7	67748-Oakley, KS	Oakley	1289	5.0%	82.0%	24	13	9	415	410	418

Data & Benchmarks Review

Community health assessments typically use both primary and secondary data to characterize the health of the community.

- **Primary data** are collected first-hand through surveys, listening sessions, interviews, and observations
- **Secondary data** are collected by another entity or for another purpose
- **Indicators** are secondary data that have been analyzed and can be used to compare rates or trends of priority community health outcomes and determinants

Data and indicator analyses provide descriptive information on demographic and socioeconomic characteristics; they can be used to monitor progress and determine whether actions have the desired effect. They also characterize important parts of health status and health determinants, such as behavior, social and physical environments, and healthcare use.

Community health assessment indicators should be

- Methodologically sound (valid, reliable, and collected over time)
- Feasible (available or collectable)
- Meaningful (relevant, actionable, and ideally, linked to evidence-based interventions)
- Important (linked to significant disease burden or disparity in the target community)

Jurisdictions should consider using data and indicators for the smallest geographic locations possible (e.g., county-, census block-, or zip code-level data), to enhance the identification of local assets and gaps.

Local reporting (County specific) sources of community-health level indicators:

CHNA Data Sources
Business Quick Facts
Centers for Medicare and Medicaid Services
U.S. Hospice Compare, 10/1/2015-9/30/2016
County Health Rankings
Geography Quick Facts
Kansas Health Matters
Kansas Hospital Association (KHA)
People Quick Facts
U.S. Department of Agriculture - Food Environment Atlas
U.S. Centers for Disease Control and Prevention

Sources of community-health level indicators:

- [County Health Rankings and Roadmaps](#)
The annual Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. They provide a snapshot of how health is influenced by where we live, learn, work and play.
- [Prevention Status Reports \(PSRs\)](#)
The PSRs highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce important public health problems.
- [Behavioral Risk Factor Surveillance System](#)
The world's largest, ongoing telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the US Virgin Islands, and Guam.
- The [Selected Metropolitan/Micropolitan Area Risk Trends](#) project was an outgrowth of BRFSS from the increasing number of respondents who made it possible to produce prevalence estimates for smaller statistical areas.
- [CDC Wonder](#): Databases using a rich ad-hoc query system for the analysis of public health data. Reports and other query systems are also available.
- [Center for Applied Research and Engagement Systems](#)[external icon](#)
Create customized interactive maps from a wide range of economic, demographic, physical and cultural data. Access a suite of analysis tools and maps for specialized topics.
- [Community Commons](#)[external icon](#)
Interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
- [Dartmouth Atlas of Health Care](#)[external icon](#)
Documented variations in how medical resources are distributed and used in the United States. Medicare data used to provide information and analysis about national, regional, and local markets, as well as hospitals and their affiliated physicians.
- [Disability and Health Data System](#)
Interactive system that quickly helps translate state-level, disability-specific data into valuable public health information.
- [Heart Disease and Stroke Prevention's Data Trends & Maps](#)
View health indicators related to heart disease and stroke prevention by location or health indicator.
- [National Health Indicators Warehouse](#)[external icon](#)
Indicators categorized by topic, geography, and initiative.
- [US Census Bureau](#)[external icon](#)
Key source for population, housing, economic, and geographic information.
- [US Food Environment Atlas](#)[external icon](#)
Assembled statistics on food environment indicators to stimulate research on the determinants of food choices and diet quality, and to provide a spatial overview of a community's ability to access healthy food and its success in doing so.
- [Centers for Medicare & Medicaid Services Research and Data Clearinghouse](#)[external icon](#)
Research, statistics, data, and systems.
- [Environmental Public Health Tracking Network](#)
System of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources.
- [Health Research and Services Administration Data Warehouse](#)[external icon](#)
Research, statistics, data, and systems.
- [Healthy People 2030 Leading Health Indicators](#)[external icon](#)
Twenty-six leading health indicators organized under 12 topics.
- [Kids Count](#)[external icon](#)
Profiles the status of children on a national and state-by-state basis and ranks states on 10 measures of well-being; includes a [mobile app](#)[external icon](#).
- [National Center for Health Statistics](#)
Statistical information to guide actions and policies.
- [Pregnancy Risk Assessment and Monitoring System](#)
State-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.
- [Web-based Injury Statistics Query and Reporting System \(WISQARS\)](#)
Interactive database system with customized reports of injury-related data.
- [Youth Risk Behavior Surveillance System](#)
Monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults.

Specific Project CHNA roles, responsibility and timelines are documented by the following calendar.

Gove County Medical Center VV CHNA Wave #4 Work Plan - Year 2021 Project Timeline & Roles as of 12/21/20			
Step	Timeframe	Lead	Task
1	12/4/2020	VVV / Hosp	Hold Kickoff zoom with GCMC CEO. Review Options
2	12/7/2020	Hosp	Select CHNA Wave #4 Option B. Approve (sign) VVV CHNA quote
3	12/14/2020	VVV	Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
	12/18/2020	VVV	Hold Kick-off Meeting & Request Hospital Client to send KHA PO reports for FFY 18, 19 and 20. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA 3yrPOrigin.xls)
4	On or Before 12/18/20	VVV	Prepare CHNA Wave #4 Stakeholder Feedback "online link". Send link for hospital review.
9	Dec 2020-Feb 2021	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
6	12/18/2020	VVV / Hosp	Prepare/send out PR story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
7	12/28/20	VVV / Hosp	Place PR story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
8	on Jan 4th 2021	VVV	Launch / conduct online survey to stakeholders. Hospital will e mail invite to participate to all stakeholders. Cut-off 2/5/2021 for Online Survey
10	2/18/2021	Hosp	Prepare/send out Community TOWN HALL invite letter and place local AD.
11	2/18/2021	VVV / Hosp	Prepare/send out PR story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
12	Monday 3/1/2021	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	THURS 3/4/2021	VVV	Conduct CHNA Town Hall. Dinner 5:30-7pm (Center Pivot Restaurant) Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 04/15/21	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 04/30/21	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	TBD	Hosp	Conduct Client Implementation Plan PSA Leadership meeting
17	TBD	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

Overview of Virtual 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, 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 Virtual Town Hall was held on Thursday March 4th, 2018 via Zoom due to COVID-19 safety requirements. Vince Vandelaar MBA and Cassandra Kafif facilitated this 1 ½ hour session with nineteen (19) attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

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

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

Community Health Needs Assessment Virtual Town Hall Meeting - Gove Co. (KS) on behalf of Gove County Medical Center



VWV Consultants LLC
Olathe, Kansas 65061
VWV@vandeheermarketing.com
913-302-7254

1

Community Health Needs Assessment (CHNA) Town Hall Discussion Agenda

- I. Check-in / Introductions (8:00 - 8:30)
- II. Review CHNA Purpose and Process (8:30 - 8:40)
- III. Review Current County "Health Status"
 - Secondary Data by 10 TAB Categories
 - Review Community Feedback Research (8:40 - 8:50)
- IV. Collect Community Health Perspectives
 - Assigned Breakout Sessions (Lead/Reporter)
 - Unprioritized needs/reporting back discussion (8:50 - 8:40)
- V. Returning To Community General Session
 - Report up / Post & End Town Hall (8:40 - 7:00)

2

Town Hall Participant Roles (You)

- Attendees
 - Engaging Conversation (No right or wrong answer)
 - Outside the Box Thinking
- Local Leads (During Breakout Rooms)
 - Facilitate Community Conversation
 - Ensure Team Involvement
- Please give truthful responses
- Have a little fun along the way

3



4



5



6

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

Tracks 100%

Health Indicators - Secondary Research	
TAB 1.	Demographic Profile
TAB 2.	Economic Profile
TAB 3.	Educational Profile
TAB 4.	Maternal and Infant Health Profile
TAB 5.	Hospital / Provider Profile
TAB 6.	Behavioral / Mental Health Profile
TAB 7.	High-Risk Indicators & Factors
TAB 8.	Uninsured Profile
TAB 9.	Mortality Profile
TAB 10.	Prescriptive Quality Indicators

7

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

- 1) Are there healthcare services in your community/neighborhood that you feel *need to be improved and/or changed*? *ASK: Top 3 unmet health needs per attendee - rapid fire* (20 mins)
- 2) What are the *strengths* of our community that contribute to health? *ASK: Top 3 Strengths per attendee - rapid fire* (10 mins)

ROLES: Local LEAD - Guide discussion
VVV Staff - Take notes

8

Collaborate Breakout Room Discussions

- Share Themes from Breakout Sessions
- Unmet Needs - Consensus
- Administer Poll
- Close - Next Steps Moving Forward

9

Community Health Needs Assessment

Questions; Next Steps?

VVV Consulting LLC
201 N. Main St.
Orem, UT 84057

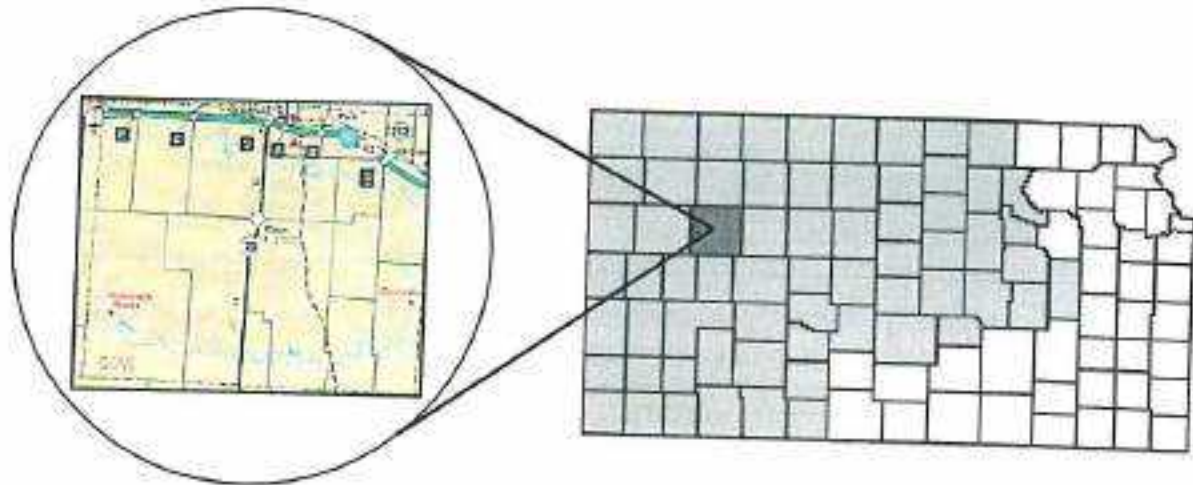
VVV@vvalpha.com
TEL@vvalpha.com
(801) 222-7264

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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 August 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.g.gove.cfm>

Gove Co KS - Detail Demographic Profile 2021

ZIP	NAME	County	Population:			Households		HH Avg Size	Per Capita Income 14
			Yr2014	Yr2019	Chg	Yr2014	Yr2019		
67736	Gove	GOVE	223	233	4.5%	102	107	2.2	\$24,133
67737	Grainfield	GOVE	489	481	2.6%	207	215	2.3	\$26,106
67738	Grinnell	GOVE	539	560	2.0%	262	259	2.1	\$28,048
67751	Park	GOVE	243	257	5.6%	119	127	2.0	\$29,103
67752	Quinter	GOVE	1,431	1,484	3.7%	674	600	2.4	\$22,068
Totals			2,905	3,005	18.5%	1,254	1,308	2.2	\$26,690

ZIP	NAME	County	Population 2014:				YR 2014		Females Age 20-35
			Yr2014	POP65p	KIDS<18	GenY	MALES	FEMALES	
67736	Gove	GOVE	223	51	50	51	119	104	14
67737	Grainfield	GOVE	489	112	107	109	243	226	31
67738	Grinnell	GOVE	539	126	125	125	277	262	35
67751	Park	GOVE	243	50	60	60	129	114	14
67752	Quinter	GOVE	1,431	387	344	310	705	726	83
Totals			2,905	726	698	645	1,473	1,432	187

ZIP	NAME	County	Population 2014:				MH Inc14	Hholds Yr2014	MH \$50K+
			White	Black	Amor IN	Hisp			
67736	Gove	GOVE	219	1	0	3	\$52,761	102	45
67737	Grainfield	GOVE	482	1	0	7	\$56,883	207	84
67738	Grinnell	GOVE	531	1	0	7	\$59,991	252	119
67751	Park	GOVE	238	1	1	4	\$58,428	119	53
67752	Quinter	GOVE	1,403	5	1	28	\$54,531	674	254
Totals			2,851	8	2	49	\$56,719	1,254	586

Source: ERSA Demographics

III. Community Health Status

[VWV Consultants LLC]

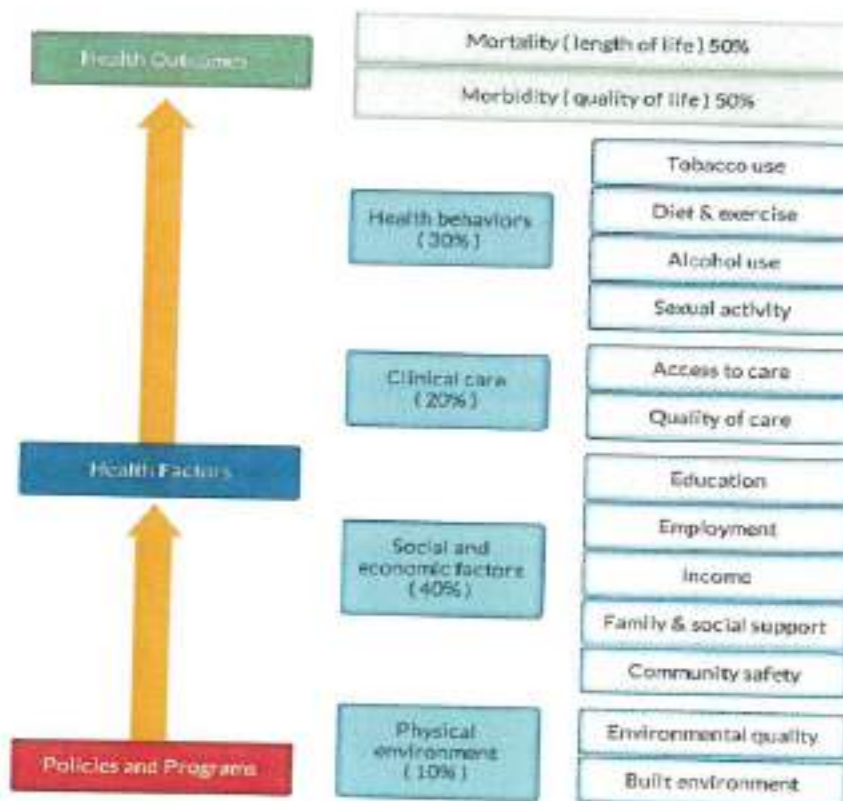
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVW Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2020 RWJ County Health Rankings and conversations from Town Hall participants. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

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



County Health Rankings model (2017) UWPHF

National Research – Year 2020 RWJ Health Rankings:

#	KS Rankings - 165 Counties	Definitions	Gove Co (KS) 2021	TREND	NW KS RURAL NORM (N=20)
1	Health Outcomes		30		52
2	Mortality	Length of Life	38		42
3	Morbidity	Quality of Life	19		52
4	Health Factors		9		35
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	8		39
6	Clinical Care	Access to care / Quality of Care	71		53
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	16		44
8	Physical Environment	Environmental quality	6		22
Kansas Rural Norm (N=20) includes the following counties: Barton, Cheyenne, Decatur, Ellis, Gove, Graham, Logan, Norton, Osborne, Pawnee, Phillips, Rawlins, Russell, Sheridan, Smith, Thomas, and Trego.					
http://www.countyhealthrankings.org , released 2020					

PSA Secondary Research:

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

Note: Each Tab has been trended to reflect County trends to NORM.

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

Tab 1: Demographic Profile

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

Tab	Demographic - Health Indicators	Gove Co (KS)	Trend	State of KS	NWKS Rural Norm (N=20)	Source
1	a Population estimates, July 1, 2019, (V2019)	2,636		2,913,314	6,495	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	-2.4%		2.1%	-4.2%	People Quick Facts
	c Population per square mile, 2010 (V2019)	3		35	7	Geography Quick Facts
	d Persons under 5 years, percent, 2019, (V2019)	5.8%		6.4%	5.3%	People Quick Facts
	e Persons 65 years and over, percent, 2019, (V2019)	24.2%		16.3%	23.8%	People Quick Facts
	f Female persons, percent, 2019, (V2019)	50.0%		50.2%	49.4%	People Quick Facts
	g White alone, percent, 2019, (V2019)	97.1%		86.3%	95.3%	People Quick Facts
	h Black or African American alone, percent, 2019, (V2019)	0.6%		6.1%	1.4%	People Quick Facts
	i Hispanic or Latino, percent, 2019, (V2019)	3.1%		12.2%	5.6%	People Quick Facts
	j Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	2.6%		11.5%	4.4%	People Quick Facts
	k Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	91.8%		83.8%	86.0%	People Quick Facts
	l Children in single-parent households, percent, 2014-2018	15.9%		29.0%	25.2%	County Health Rankings
	m Total Veterans, 2015-2019	394		176,444	599	People Quick Facts

Tab 2: Economic Profile

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

Tab	Economic - Health Indicators	Gove Co (KS)	Trend	State of KS	NWKS Rural Norm (N=20)	Source
2	a Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$26,443		\$31,814	25,363	People Quick Facts
	b Persons in poverty, percent	9.6%		11.4%	12.0%	People Quick Facts
	c Total Housing units, July 1, 2019, (V2019)	3,223		1,288,401	5,442	People Quick Facts
	d Total Persons per household, 2015-2019	2.2		2.5	2.4	People Quick Facts
	e Severe housing problems, percent, 2012-2016	10.0%		13.0%	9.5%	County Health Rankings
	f Total of All firms, 2012	609		239,118	1021	Business Quick Facts
	g Unemployment, percent, 2018	2.2%		3.4%	2.7%	County Health Rankings
	h Food insecurity, percent, 2017	10.8%		13.0%	11.8%	County Health Rankings
	i Limited access to healthy foods, percent, 2010	14.3%		8.0%	9.4%	County Health Rankings
	j Low income and low access to store, percent, 2015	14.3%		9.4%	9.4%	U.S. Department of Agriculture - Food Employment Atlas
	k Long commute - driving alone, percent, 2011-2015	14.9%		21.0%	15.6%	County Health Rankings

Tab 3: Educational Profile

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

Tab	Educational - Health Indicator	Gove Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
5	a Children eligible for free or reduced price lunch, percent, 2017-2018	34.4%		48.0%	46.7%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2015-2019	91.6%		33.4%	88.1%	People Data Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	19.6%		33.4%	19.6%	People Data Facts

#	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%

Note> The old School Health Indicators are the most up-to-date information at this time.

Tab 4: Maternal and Infant Profile

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

Tab	Maternal/Infant - Health Indicators	Gove Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
4	a Percent of Births Where Prenatal Care began in First Trimester, 2016-2018	80.6%		81.0%	81.7%	Kansas Health Matters
	b Percentage of Premature Births, 2016-2018	8.3%		9.1%	8.7%	Kansas Health Matters
	c Percent of Infants up to 24 months that received full immunizations, 2016-2018	50.0%		69.2%	81.5%	Kansas Health Matters
	d Percent of Births with Low Birth Weight, 2016-2018	NA		7.3%	7.2%	Kansas Health Matters
	e Percent of WIC Mothers Breastfeeding Exclusively, percent, 2018	NA		14.1%	27.3%	Kansas Health Matters
	f Percent of all Births Occurring to Teens (15-19), 2016-2018	NA		8.5%	5.4%	Kansas Health Matters
	g Percent of births Where Mother Smoked During Pregnancy, 2016-2018	5.8%		10.0%	13.7%	Kansas Health Matters

Tab 4: Maternal / Infant Profile (Continued)

#	Criteria - Vital Statistics	Gove Co. (KS)	Trend	Kansas	NW KS Norm (N=20)
a	Total Live Births, 2015	37		39,126	82
b	Total Live Births, 2016	40		38,048	81
c	Total Live Births, 2017	31		36,464	72
d	Total Live Births, 2018	38		36,268	73
e	Total Live Births, 2019	37		35,395	69
f	Total Live Births, 2015-2019 - 5 year Rate (%)	14.0%		12.7%	11.6%

Tab 5: Hospitalization and Provider Profile

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

Tab	Hospital / Provider - Health Indicator	Gove Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
s	a Primary care physicians (Pop Coverage per) (No extenders incl.), 2017	658:1		1295:1	1950:1	County Health Rankings
	b Preventable hospital rate per 100,000, 2017 (lower the better)	7158		4024	5,927	County Health Rankings
	c Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	94.0%		78.0%	85.0%	CMS Hospital Compar. Latest Release
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	87.0%		78.0%	76.3%	CMS Hospital Compar. Latest Release
	e Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	76		110	95	CMS Hospital Compar. Latest Release

KS Hospital Assoc PO103	Gove County IP Market			
	FFY2018	FFY2019	FFY2020	TREND
Total Inpatient Discharges	410	494	367	
Psychiatric	7	11	14	
Obstetric	32	32	33	
Surgical %	20.5%	20.5%	23.7%	
KS Hospital Assoc PO103	Gove County Medical Center			
	FFY2018	FFY2019	FFY2020	TREND
Total Inpatient Discharges	191	237	169	
Psychiatric	3	1	3	
Obstetric	16	16	22	
Surgical %	2.1%	3.8%	3.6%	
Percent Inpatient Served in County	46.6%	48.0%	46.0%	
Kansas Hospital Assoc OP TOT223E	Gove County			
	FFY2018	FFY2019	FFY2020	TREND
ER Market Share - Gove Co.	77.10%	83.10%	77.60%	
OPS Market Share - Gove Co.	12.8%	24.7%	29.7%	
Total OP Market Share - Gove Co.	84.7%	83.5%	83.1%	

Tab 6: Behavioral / Mental Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Behavioral / Mental - Health Indicator	Gove Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
6	a Depression: Medicare Population, percent, 2017	32.1%		18.90%	17.8%	Kansas Health Matters
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2016-2018 (lower is better)	NA		18.6%	25.6%	Kansas Health Matters
	c Mental Behavioral Hospital Admission Rates per 100,000, 2016-2018	25.7		75.1	26.7	Kansas Health Matters
	d Percent of Medicare Part D Beneficiaries Receiving Opioids Supply >10 Days	41.9%		37.8%	42.5%	Kansas Health Matters
	e Average Number of mentally unhealthy days, 2017	3.4		3.7	3.6	County Health Rankings

Tab 7a: Risk Indicators & Factors Profile

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

Tab	High-Risk - Health Indicator	Gove Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
7a	a Adult obesity, percent, 2016	28.7%		33.0%	32.8%	County Health Rankings
	b Adult smoking, percent, 2017	14.4%		17.0%	15.6%	County Health Rankings
	c Excessive drinking, percent, 2017	15.8%		15.0%	16.5%	County Health Rankings
	d Physical inactivity, percent, 2016	30.1%		26.0%	29.9%	County Health Rankings
	e # of Physically unhealthy days, 2015	3.3		3.6	3.4	County Health Rankings
	f Sexually transmitted infections (chlamydia), rate per 100,000 2017	NA		13554	295	County Health Rankings

Tab 7b: Chronic Risk Profile

Tab	Chronic - Health Indicator	Gove Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
7b	a Hypertension: Medicare Population, 2017	62.8%		55.2%	56.9%	Kansas Health Matters
	b Hyperlipidemia: Medicare Population, 2017	51.0%		37.1%	37.2%	Kansas Health Matters
	c Heart Failure: Medicare Population, 2017	28.4%		13.4%	19.0%	Kansas Health Matters
	d Chronic Kidney Disease: Medicare Pop, 2017	22.6%		21.8%	21.2%	Kansas Health Matters
	e COPD: Medicare Population, 2017	21.7%		11.9%	14.0%	Kansas Health Matters
	f Atrial Fibrillation: Medicare Population, 2017	13.9%		8.8%	10.7%	Kansas Health Matters
	g Cancer: Medicare Population, 2017	11.7%		8.1%	8.4%	Kansas Health Matters
	h Osteoporosis: Medicare Population, 2017	16.6%		6.1%	9.3%	Kansas Health Matters
	i Asthma: Medicare Population, 2017	5.9%		4.3%	3.6%	Kansas Health Matters
	j Stroke: Medicare Population, 2015	4.1%		3.1%	2.6%	Kansas Health Matters

Tab 8 Uninsured Profile and Community Benefit

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

Tab	Coverage - Health Indicator	Gove Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
8	a Uninsured, percent, 2017	15.8%		10.0%	11.9%	County Health Rankings

CHNA -2021					
#	Gove County Medical Center -	TREND	YR 2018	YR 2019	YR 2020
a	Charity Care		\$39,806	\$50,543	\$102,676
b	Bad Debt		\$96,047	\$283,696	\$155,705

Tab 9: Mortality Profile

The leading causes of county deaths from Vital Statistics are listed below.

Tab	Mortality - Health Indicator	Gove Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
9	a Life Expectancy, 2016 - 2018	80.2		78.5	78.4	Kansas Health Matters
	b Age-adjusted Cancer Mortality Rate per 100,000 population, 2016-2018 (lower is better)	78.3		155.3	146.8	Kansas Health Matters
	c Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2016-2018 (lower is better)	153.4		156.7	169.8	Kansas Health Matters
	d Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2014-16 (Lower is better)	50.6		49.9	52.2	Kansas Health Matters
	e Alcohol-impaired driving deaths, percent, 2011-2015	83.3%		21.9%	38.9%	County Health Rankings
	f Total # Deaths involving COVID-19 if released, 2021	22		3575	14	KY Times

Causes of Death by County of Residence, KS 2016	Gove Co.	Overall %	Kansas	NW KS Norm (N=20)
TOTAL	41		27,312	1,333
Pneumonia and influenza	19	44.5%	514	178
Suicide	12	18.0%	3085	205
Heart disease	11	6.0%	5520	316
Other causes	11	4.8%	6058	364
Cancer	7	-1.2%	5537	336

Tab 10: Preventive Quality Measures Profile

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

Tab	Preventative - Health Indicator	Gove Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
10 a	Access to exercise opportunities, percent, 2019	58.6%		80.0%	63.8%	County Health Rankings
b	Adults with diabetes, monitoring, percent, 2016	14.1%		10.0%	11.3%	County Health Rankings
c	Mammography annual screening, percent, 2017	43.0%		45.0%	42.9%	County Health Rankings
d	Percent Annual Check-Up Visit with PCP	NA		TBD	TBD	TBD
e	Percent Annual Check-Up Visit with Dentist	NA		TBD	TBD	TBD
f	Percent Annual Check-Up Visit with Eye Doctor	NA		TBD	TBD	TBD

PSA Primary Research:

For each CHNA Wave # 4 evaluation, a community stakeholder survey has been created and administered to collect "current" healthcare information for Gove Co. KS.

Chart #1 – Gove County, KS Online Feedback Response N=207

Gove Co. (KS) - CHNA Wave #4			
For reporting purposes, are you involved in or are you a ?	Gove Co N=207	Trend	KS Rural Norms N=799
Business / Merchant	7.0%		8.2%
Community Board Member	2.1%		7.8%
Case Manager / Discharge Planner	0.0%		0.4%
Clergy	0.0%		0.3%
College / University	0.7%		2.2%
Consumer Advocate	1.4%		1.0%
Dentist / Eye Doctor / Chiropractor	0.0%		0.3%
Elected Official - City/County	2.8%		2.2%
EMS / Emergency	2.1%		1.9%
Farmer / Rancher	8.4%		6.0%
Hospital / Health Dept	18.9%		16.3%
Housing / Builder	0.7%		0.9%
Insurance	0.7%		1.0%
Labor	4.2%		1.8%
Law Enforcement	0.7%		0.4%
Mental Health	0.7%		1.3%
Other Health Professional	13.3%		11.2%
Parent / Caregiver	12.6%		13.5%
Pharmacy / Clinic	1.4%		1.6%
Media (Paper/TV/Radio)	0.7%		0.6%
Senior Care	4.2%		3.6%
Teacher / School Admin	5.6%		6.6%
Veteran	1.4%		1.6%
Other (please specify)	10.5%		8.7%
TOTAL	143		667
KS Norms Include: Ellis Co, Pawnee Co, Gove Co and Thomas Co.			

Chart #2 - Quality of Healthcare Delivery Community Rating

Gove Co. (KS) - CHNA Wave #4			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Gove Co N=207	Trend	KS Rural Norms N=799
Top Box %	38.3%		31.4%
Top 2 Boxes %	80.1%		76.0%
Very Good	38.3%		31.4%
Good	41.7%		44.6%
Average	15.0%		18.8%
Poor	3.9%		3.9%
Very Poor	1.0%		1.4%

KS Norms Include: Ellis Co, Pawnee Co, Gove Co and Thomas Co.

Chart #3 - Overall Community Health Quality Trend

Gove Co. (KS) - CHNA Wave #4			
When considering "overall community health quality", is it ...	Gove Co N=207	Trend	KS Rural Norms N=799
Increasing - moving up	48.1%		50.3%
Not really changing much	42.5%		41.1%
Decreasing - slipping	9.4%		8.6%

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

Gove Co. (KS) - CHNA Wave #4		Ongoing Problem		Pressing
Review Past CHNAs health needs identified		Gove Co. N=207		Gove Co
Rank	Topic	Votes	%	RANK
1	Mental Health Services	63	18.3%	1
2	Housing	44	12.8%	3
3	Cancer Services	42	12.2%	2
4	Home Health Services	36	10.5%	4
5	Urgent Care	36	10.5%	5
6	Nutrition - Healthy Food Options	28	8.1%	7
7	Preventative Health / Wellness	21	6.1%	8
8	Health Insurance	20	5.8%	6
9	Transportation	20	5.8%	10
10	Exercise/Fitness Services	13	3.8%	12
11	Lack of Healthcare Providers/Qualified Staff	13	3.8%	9
12	Access to Primary Care	8	2.3%	11
TOTALS		344	100.0%	

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

Gove Co (KS) - CHNA Wave #4			
In your opinion, what are the root causes of "poor health" in our community?	Gove Co N=207	Trend	KS Rural Norms N=799
Lack of health insurance	16.1%		19.0%
Limited Access to Mental Health Assistance	23.4%		22.6%
Neglect	11.7%		15.4%
Lack of health & Wellness Education	9.8%		14.9%
Chronic disease prevention	14.6%		13.1%
Family assistance programs	14.6%		8.9%
Other (please specify)	9.8%		6.1%
Total Votes	205		936

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

Gove Co. (KS) - CHNA Wave #4	Gove Co N=207		Trend	KS Rural Norms N=799	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
Ambulance Services	87.8%	3.3%		84.4%	3.6%
Child Care	51.2%	15.7%		45.6%	16.1%
Chiropractors	58.3%	10.8%		75.8%	5.3%
Dentists	56.8%	8.8%		67.3%	9.6%
Emergency Room	87.2%	3.2%		76.4%	8.4%
Eye Doctor/Optomtrist	46.0%	16.1%		72.6%	6.8%
Family Planning Services	45.9%	19.8%		50.0%	13.6%
Home Health	37.9%	19.8%		50.4%	11.8%
Hospice	51.3%	13.9%		62.7%	9.3%
Telehealth	66.1%	10.2%		59.7%	8.4%
Inpatient Services	81.7%	1.7%		80.1%	3.3%
Mental Health	24.8%	37.2%		28.9%	34.5%
Nursing Home/Senior Living	76.5%	10.1%		66.3%	9.2%
Outpatient Services	78.8%	3.4%		76.4%	2.3%
Pharmacy	72.5%	5.8%		84.0%	3.5%
Primary Care	81.0%	2.5%		76.6%	4.9%
Public Health	72.9%	2.5%		65.2%	6.5%
School Health	69.8%	2.6%		66.7%	4.9%
Visiting Specialists	76.9%	2.6%		66.9%	7.5%
Walk- In Clinic	50.4%	23.0%		60.7%	15.1%

Chart #7 – Community Health Readiness

Gove Co. (KS) - CHNA Wave #4		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor/Very Poor)	Gove Co N=207	Trend	KS Rural Norms N=799
Behavioral / Mental Health	0.0%		31.3%
Emergency Preparedness	9.6%		8.4%
Food and Nutrition Services/Education	11.0%		13.9%
Health Screenings (such as asthma, hearing, vision, scoliosis)	11.7%		9.7%
Immunization Programs	3.5%		3.5%
Obesity Prevention & Treatment	20.7%		20.7%
Prenatal/Child Health Programs	3.7%		6.9%
Substance Use/Prevention	32.1%		32.3%
Suicide Prevention	30.2%		32.4%
Violence Prevention	22.3%		25.3%
Women's Wellness Programs	11.0%		12.1%

Chart #8a – Healthcare Delivery “Outside our Community”

Gove Co. (KS) - CHNA Wave #4			
In the past 2 years, did you or someone you know receive HC outside of our community?	Gove Co N=207	Trend	KS Rural Norms N=799
Valid N	114		473
Yes	74.6%		70.6%
No	19.3%		26.6%
I don't know	6.1%		2.7%

Specialties:

Specialty	Counts
SURG	9
CANC	8
OPHTH	8
SPEC	8
DENT	7
PC	5
NEU	4
PEDS	4

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

Gove Co. (KS) - CHNA Wave #4			
Are we actively working together to address community health?	Gove Co N=207	Trend	KS Rural Norms N=799
Valid N	113		459
Yes	45.1%		55.1%
No	11.5%		34.2%
I don't know	43.4%		10.7%

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

Gove Co. (KS) - CHNA Wave #4			
What needs to be discussed further at our CHNA Town Hall meeting?	Gove Co N=207	Trend	KS Rural Norms N=799
Abuse/Violence	4.0%	Yellow	4.2%
Alcohol	5.9%	Red	5.0%
Alternative Medicine	4.9%	Yellow	4.0%
Breast Feeding Friendly Workplace	0.9%	White	1.1%
Cancer	5.6%	Red	2.9%
Care Coordination	1.9%	White	2.6%
Diabetes	3.3%	Yellow	2.5%
Drugs/Substance Abuse	6.8%	Red	5.7%
Family Planning	1.2%	White	1.5%
Heart Disease	1.9%	White	1.8%
Lack of Providers/Qualified Staff	1.6%	White	4.2%
Lead Exposure	1.2%	White	0.7%
Mental Illness	12.9%	Red	9.1%
Neglect	1.2%	White	2.0%
Nutrition	3.5%	Yellow	4.0%
Obesity	5.2%	Red	6.2%
Occupational Medicine	0.7%	White	0.8%
Ozone (Air)	0.7%	White	1.3%
Physical Exercise	2.6%	Yellow	3.3%
Poverty	3.1%	Yellow	4.1%
Preventative Health / Wellness	3.8%	Yellow	3.8%
Respiratory Disease	2.4%	Yellow	0.5%
Sexually Transmitted Diseases	0.5%	White	1.1%
Smoke-Free Workplace	1.2%	White	0.2%
Suicide	7.1%	Red	7.1%
Teen Pregnancy	0.0%	White	1.5%
Telehealth	2.1%	Yellow	2.6%
Tobacco Use	1.9%	White	1.9%
Transportation	0.9%	White	2.5%
Vaccinations	3.8%	Yellow	4.3%
Water Quality	2.1%	Yellow	2.6%
Health Literacy	3.3%	Yellow	2.9%
Other (please specify)	1.9%	White	2.0%
TOTAL	425		2036

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

YR 2021 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			
Hosp	Breast Cancer	YES		
Hosp	Burn Care	YES		
Hosp	Cardiac Rehabilitation			
Hosp	Cardiac Surgery	YES		
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		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 Catheterization			
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			
Hosp	Radiology, Diagnostic			YES
Hosp	Radiology, Therapeutic	YES		
Hosp	Reproductive Health			

YR 2021 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			YES
SR	Hospice	YES		
SR	LongTerm Care	YES		
SR	Nursing Home Services	YES		
SR	Retirement Housing	YES		
SR	Skilled Nursing Care	YES		
ER	Emergency Services	YES		
ER	Urgent Care Center			
ER	Ambulance Services			YES
SERV	Alcoholism-Drug Abuse			
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		

Year 2021 Physician Manpower - Gove County, KS

Yr 2021 Physician Manpower - Gove County, KS		Supply Working in County	
# of FTE Providers	County Based MDs / DOs	FTE Visting	County based PA/NP
Primary Care:			
Family Practice / Pediatrics	5.0		0.0
Internal Medicine	0.0		0.0
Obstetrics/Gynecology	3.0		0.0
Medicine Specialists:			
Allergy/Immunology		0.0	
Cardiology		0.1	
Dermatology		0.0	
Endocrinology		0.2	
Gastroenterology		0.0	
Oncology/Rado		0.0	
Infectious Diseases		0.0	
Nephrology		0.0	
Neurology		0.0	
Psychiatry		0.0	
Pulmonary		0.0	
Rheumatology		0.0	
Surgery Specialists:			
General Surgery		0.2	
Neurosurgery		0.0	
Ophthalmology		0.0	
Orthopedics		0.1	
Otolaryngology (ENT)		0.5	
Plastic/Reconstructive		0.1	
Thoracic/Cardiovascular/Vasc		0.0	
Urology		0.0	
Hospital Based:			
Anesthesia/Pain	1.0		
Emergency	5.0		
Radiology		0.0	
Pathology		0.0	
Hospitalist *		0.0	
Neonatal/Perinatal		0.0	
Physical Medicine/Rehab		0.0	
Podiatry		0.1	
TOTALS	14.0	1.1	0.0

Year 2021- Visiting Specialists to Gove County Medical Center

Specialty	Physician Name	Office Location	Schedule	Days per Year	FTE
CARDIOLOGY	Jeffery Curtis, MD	DeBakey Heart Institute (888)625-4899 P	4th Monday of Every Month	12	0.05
CARDIOLOGY	Michael Hagley, MD	Hutchinson Clinic (620)689-2717 P	1st Monday of Each Quarter	4	0.02
GENERAL SURGERY/ PLASTICS	Kirk Potter, DO	Potter Plastic and Reconstructive Surgery (785)301-2250	1st Tuesday and 3rd Tuesday of Every Month	24	0.10
ORTHOPAEDICS	Gary Harbin, MD	Orthopaedic Sports Health, Salina (785)823-2215 P	1st Friday of Every Month	12	0.05
ORTHOPAEDICS	Benjamin Sears, MD	Western Orthopaedics (785)754-5154	2nd Wednesday of Every Month	12	0.05
SURGERY	Charles Schultz, MD	Southwind Surgical (785)623-6945 P	1st Thursday of the 1st Full Week Monthly	12	0.05
SURGERY	Kelly Gabel, DO	Northwest Kansas Surgical Associates (785)460-1288 P	2nd and 4th Wednesday of Every Month	24	0.10
DIABETES, DIETITIAN, NUTRITIAN	Janette Burbach, MS RD CDE	Diabetic Clinic (785)754-5154	Weekly	48	0.20
PODIATRY	Rober C Hinze, DPM	High Plains Podiatry Toll Free (308)345-3773	3rd Thursday of Every Month	12	0.05

GCMC 502 W 5th St. P.O. Box 129 Quinter, KS 67752 (785)754-3341 [HEALING THROUGH CARING](#)

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/carus0100301.htm

Kansas Arson/Crime Hotline

800-KS-CRIME

800-572-1763

www.accesskansas.org/kbj

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

www.epa.gov/region02/contact.htm

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
 Prevnar
 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

Megan Briggs 785-754-3341

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
521 Garfield Street
Quinter, KS 67752
785-754-2147
www.kalhd.org/gove/

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

Assisted Living/Nursing Homes/LTC

Gove County Medical Center Long Term Care
520 West 5th Street (Quinter)
754-3341
www.gcmc.org

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

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.agingokansas.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

Hospice

Hospice Services Inc.
424 8th Street Phillipsburg, KS 67661
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

Oakley Veterinarian Service
510 S Freeman Avenue
Oakley, KS 67748
785-672-3411

Local Government, Community, and Social Services

Adult Protection

Adult Protective Services (SRS)
800-922-5330
www.srskansas.org/ISD/eas/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.childdaily.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

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

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

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

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

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

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

Aging

Northwest Kansas Area Agency on

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

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.kaihd.org/gove/

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

Public Information

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

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

Red Cross

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

Social Security

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

Transportation

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

Lundgren Hereford Ranch Airport
(Gove)

Gove County Airport
(Quinter)

State and National Information, Services, Support

Adult Protection

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

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

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

Elder and Nursing Home Abuse Legal

www.resource4nursinghomeabuse.com/index.html

Kansas Coalition Against Sexual and Domestic Violence

1-888-END-ABUSE (363-2287)
www.kcsdv.org/ksresources.html

Kansas Department on Aging Adult Care Complaint Program

1-800-842-0078

National Center on Elder Abuse (Administration on Aging)

www.ncea.gov/NCEAroot/Main_Site?Find_Help/Help_Motline.aspx

National Domestic Violence Hotline

1-800-799-SAFE (799-7233)
1-800-787-3224 (TTY)
www.ndvh.org

National Sexual Assault Hotline

1-800-994-9662
1-888-220-5416 (TTY)
www.4woman.gov/fac/sexualassault.htm



National Suicide Prevention Lifeline

1-800-273-8255

Poison Center

1-800-222-1222

Sexual Assault and Domestic Violence Crisis Line

1-800-701-3630

(SRS) Social and Rehabilitation Services

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

Al-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/alcohol_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/alcohol_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.smockyhillfoundation.com/nrc-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

1-800-792-4684

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.ksbigs.org

Kansas Children's Service League (Hays)

785-625-2244

1-877-530-5275

www.kcsi.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/paindex10.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/ksfbph.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

Central Kansas Mental Health Center

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

**Consumer Credit Counseling
Services**

800-279-2227
<http://www.kscocs.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

**Senior Health Insurance
Counseling**

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

Sunflower Family Services, Inc.

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

Disability Services

**American Association of People
with Disabilities (AAPD)**

www.aapd.com

American Council for the Blind

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

**Americans with Disabilities Act
Information Hotline**

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

**Disability Advocates of Kansas,
Incorporated**

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

Disability Group, Incorporated

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

**Disability Rights Center of Kansas
(DRC)**

Formerly Kansas Advocacy & Protective
Services

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

Hearing Healthcare Associates

800-448-0215

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

1-800-432-0598
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.ncld.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/
www.healthfinder.gov/docs/dnc03647.htm

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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/

Polson 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.seetoearn.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

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 Ill
(Topeka, KS)
785-233-0755
www.namikansas.org

Make a Difference
1-800-332-6262

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

Ill Helpline

1-800-950-NAMI (950-6264) or 703-516-7227 (TTY)
www.nami.org

National Institute of Mental Health
1-866-615-6464 or 1-866-415-8051

(TTY)
www.nimh.nih.gov

National Library Services for Blind and Physically Handicapped
1-800-424-8567

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

National Mental Health Association

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/hr/

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/LSD/ees/food_stamps.htm

Kansas Department of Health and Environment

1000 SW Jackson, Suite 220

Topeka, KS 66612

785-296-1320

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

Road and Weather Conditions

Kansas Road Conditions

866-511-KDOT

511

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

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/home.asp

Home Buddy
1-866-922-8339
www.homebuddy.org

Home Health Complaints
Kansas Department of Social and Rehabilitation Services (SRS)
1-800-842-0078

Kansas Advocates for Better Care Inc.
Consumer Information
1-800-525-1782
www.kabc.org

Kansas Department on Aging
1-800-432-3535 or 785-291-3167 (TTY)
www.agingkansas.org/index.htm

Kansas Foundation for Medical Care, Inc.
Medicare Beneficiary Information
1-800-432-0407

Kansas Tobacco Use Quitline
1-866-KAN-STOP (526-7867)
www.kdheks.gov/tobacco/cessation.htm

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_index.html

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

Social Security Administration
785-296-3959 or 785-296-1491 (TTY)
www.srskansas.org

SRS Rehabilitation Services Kansas
785-296-3959
785-296-1491 (TTY)
www.srskansas.org

Suicide Prevention

Suicide Prevention Services
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

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

**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

V. Detail Exhibits

[VVV Consultants LLC]

a.) Patient Origin Source Files

[VVV Consultants LLC]



Market/Case Share, Five Year - Outpatient*
Gove County Medical Center - Quinter, KS
 Dynamic Column Selection: Patient Zip Code
Market Share

Patient Zip Code	2016		2017		2018		2019		2020		2019-2020	Percent of Total	
	Cases	Share Percent	Cases	Share Percent	Cases	Share Percent	Cases	Share Percent	Cases	Share Percent		Change	2020
6752-Quinter, KS	3,023	64.4%	3,030	63.4%	3,836	64.7%	4,072	63.5%	3,086	60.1%	-6.5%	45.0%	0
6727-Grainfield, KS	601	50.6%	596	46.7%	540	51.0%	682	45.9%	628	49.0%	6.6%	7.8%	0
6728-Grinnel, KS	667	43.9%	563	39.5%	570	47.7%	498	31.0%	492	33.4%	7.7%	6.2%	0
6740-Hoxie, KS	558	8.3%	608	9.3%	631	9.1%	581	8.3%	479	8.1%	-2.3%	6.0%	0
6736-Gove, KS	282	57.0%	329	61.5%	366	55.4%	458	58.5%	498	55.7%	-5.9%	5.5%	0
6748-Culdy, KS	381	5.2%	393	5.2%	415	12.0%	410	4.3%	418	4.6%	4.6%	5.7%	0
6752-Wakeeney, KS	291	2.5%	305	2.8%	310	4.2%	494	4.4%	412	4.9%	11.9%	3.1%	0
6751-Strick, KS	414	65.2%	383	64.4%	422	60.2%	415	57.9%	395	64.0%	10.6%	4.9%	0
6753-Colyer, KS	298	64.1%	253	45.2%	271	43.1%	380	48.2%	288	44.7%	-5.0%	3.7%	0
6757-Selden, KS	69	5.3%	41	1.4%	50	3.6%	52	3.6%	35	4.0%	11.8%	0.7%	0
6760-Hays, KS	50	0.2%	64	0.2%	38	0.1%	47	1.2%	52	0.2%	25.2%	0.6%	0
6762-Hill City, KS	20	3.2%	42	0.7%	59	1.0%	61	8.9%	50	0.6%	-14.2%	0.6%	0
6770-Colyer, KS	71	0.4%	43	0.2%	64	0.2%	49	1.2%	46	0.2%	-1.4%	0.6%	0
6765-Morland, KS	45	5.1%	42	5.5%	75	10.5%	55	6.7%	29	5.3%	-20.8%	0.5%	0
6764-Hick, KS	71	6.7%	107	9.8%	51	6.8%	45	6.0%	34	5.6%	-12.3%	0.4%	0
6747-Monument, KS	20	5.0%	21	5.1%	25	7.3%	21	5.3%	34	7.6%	44.2%	0.4%	0
6753-Riverton, KS	19	1.6%	15	1.1%	28	1.6%	28	1.7%	34	2.5%	42.2%	0.4%	0
6752-Ransom, KS	4	0.2%	26	1.8%	23	1.7%	13	0.8%	23	2.5%	204.2%	0.4%	0
6757-Dix, KS	25	0.4%	30	0.6%	34	0.7%	25	0.5%	25	0.5%	14.7%	0.3%	0
6760-Hasty, KS	16	1.4%	33	2.9%	38	1.4%	38	2.0%	25	2.4%	44.4%	0.3%	0
6760-Neosho, KS	6	0.1%	15	0.2%	22	0.6%	23	0.5%	24	0.5%	12.7%	0.5%	0
6763-Dighton, KS	26	0.5%	26	0.6%	46	0.9%	45	0.9%	23	0.5%	-44.2%	0.3%	0
6744-Osborne, KS	2	0.0%	6	0.1%	8	0.2%	17	0.3%	16	0.2%	-96.3%	0.2%	0
6725-Goodland, KS	39	0.2%	13	0.1%	39	0.1%	11	0.1%	15	0.4%	50.5%	0.2%	0
6769-Parkdale, KS	18	2.9%	15	7.9%	25	6.0%	24	5.1%	13	3.0%	-40.3%	0.2%	0
6732-Brewster, KS	7	0.3%	4	0.1%	1	0.1%	4	0.2%	13	0.8%	215.1%	0.2%	0
6761-Walton, KS	7	0.3%	1	8.1%	6	1.0%	6	8.4%	13	1.8%	117.0%	0.2%	0
6756-Mc Cracken, KS	0	0.0%	0	0.0%	3	0.4%	1	6.1%	12	1.6%	1,071.8%	0.1%	0
6767-Scott City, KS	7	0.0%	4	0.0%	5	0.0%	10	4.1%	11	0.1%	25.0%	0.1%	0
6761-Phillipsburg, KS	0	0.0%	0	0.0%	6	0.1%	6	8.1%	10	0.1%	65.9%	0.1%	0
6769-Tribune, KS	3	0.0%	5	0.1%	4	0.1%	8	0.2%	10	0.2%	25.3%	0.1%	0
6762-Dexter, KS	5	0.6%	11	1.5%	15	2.4%	16	2.3%	9	1.6%	-30.5%	0.1%	0
6760-Liberal, KS	0	0.0%	0	0.0%	0	0.0%	4	0.0%	8	0.0%	181.5%	0.1%	0
6760-Dewey, KS	8	2.5%	9	2.9%	5	1.8%	16	6.2%	7	2.2%	-53.5%	0.1%	0
6766-Ogallah, KS	24	5.9%	15	3.3%	17	5.2%	33	7.3%	7	2.1%	-71.2%	0.1%	0
6769-Stockton, KS	17	0.2%	1	0.2%	4	0.1%	3	0.1%	7	0.1%	127.1%	0.1%	0
6764-Winema, KS	44	3.8%	43	5.2%	19	2.7%	8	0.8%	7	0.8%	-5.9%	0.1%	0
6764-Morrison, KS	2	0.0%	4	0.0%	7	0.1%	9	0.1%	6	0.1%	-9.9%	0.1%	0
6741-Kanorado, KS	1	0.1%	0	0.0%	0	0.1%	1	0.1%	6	0.7%	65.9%	0.1%	0
6726-St. Francis, KS	2	0.0%	2	0.0%	2	0.0%	9	0.1%	6	0.1%	-34.9%	0.1%	0
6761-Leoti, KS	0	0.0%	0	0.0%	1	0.0%	5	0.7%	6	0.1%	100.3%	0.1%	0
6751-Brownell, KS	0	0.0%	0	0.0%	4	1.2%	7	2.2%	5	2.1%	-4.3%	0.1%	0
6943-Dexter, MO	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	40.0%	0.0%	0	0
6748-La Crosse, KS	17	0.6%	29	0.7%	16	0.3%	10	0.3%	4	0.1%	-63.1%	0.0%	0
6767-Palo, KS	11	1.0%	4	0.4%	6	0.5%	10	1.0%	4	0.4%	-61.6%	0.0%	0
6733-Etson, KS	6	0.0%	0	0.0%	0	0.0%	0	0.0%	4	1.4%	0.0%	0	0
6743-Levent, KS	4	0.5%	2	0.4%	1	0.3%	1	0.2%	4	0.5%	342.6%	0.0%	0
6782-Hickman, KS	8	0.0%	0	0.0%	0	0.0%	2	0.0%	4	0.1%	295.0%	0.0%	0
6608-Topoka, KS	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	0.0%	0.0%	0	0
6745-Mc Dermott, KS	1	0.1%	2	0.2%	5	0.0%	2	0.2%	3	0.4%	88.5%	0.0%	0
6758-Sharon Springs, KS	3	0.1%	2	0.1%	1	0.0%	2	0.1%	3	0.1%	56.2%	0.0%	0
6761-Hugoton, KS	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	0.0%	0.0%	0	0
6916-De Soto, KS	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.0%	0.0%	0	0
6944-Lawrence, KS	1	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.0%	0.0%	0	0
6745-Lenora, KS	2	0.1%	1	0.1%	1	0.1%	1	0.1%	2	0.2%	136.1%	0.0%	0
6762-Mercator, KS	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.3%	0.0%	0	0
6763-Plainville, KS	1	0.0%	1	0.1%	1	0.0%	0	0.0%	2	0.0%	0.0%	0	0
6765-Russell, KS	4	0.0%	2	0.0%	18	0.1%	7	0.0%	2	0.0%	-69.3%	0.0%	0
6761-Victoria, KS	1	0.0%	3	0.1%	1	0.0%	2	0.1%	2	0.1%	6.2%	0.0%	0
6731-Bird City, KS	0	0.0%	0	0.0%	0	0.0%	1	0.1%	2	0.1%	91.3%	0.0%	0
Overall - Total	8,005		7,595		8,266		8,697		6,014		100%	0	

Note: Market Share Percent breakdowns represented above reflect percent of total across ALL HOSPITALS.

b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

CHNA Town Hall RSVP's:

This represents a list Stakeholders and Residents (N = 29) of Gove County, KS who RSVP'd for this event, in which 19 attended.

Gove CHNA Town Hall RSVP's Attendees on 3/4/21 5:30-7pm N=19							
##	TEAM	Attd.	Lead	Last Name	First	Organization	Title
1	A	X		Hargitt	Andrea	Bluestem Medical LLP	Office manager
2	A	X		Crist	Janice	Community Member	retired LPN
3	C	X		Cooksey	Lela	Cooksey's INC	Owner
4	B	X		Nicholson	Ericka	Gove County Economic Dev	
5	C	X	XX	Haase	Mike	Gove County ER Management	Deputy
6	B	X		Goetz	Cheryl	Gove County Health Depaertment	RN-Administrator
7	C	X		Adams	Joyce	Gove County Medical Center	Risk Mgr/Dir of Qual
8	A	X	XX	Caudill	David	Gove County Medical Center	CEO
9	A	X		Dr. Anna		Gove County Medical Center	Physician
10	A	X		Dr. Scott		Gove County Medical Center	Physician
11	A	X		Flax	Sheree	Gove County Medical Center	CFO
12	B	X		McDonald	Elizabeth	Gove County Medical Center	Director of Therapy
13	A	X		Mullins	Brad	Gove County Medical Center	IT Director
14	C	X		Richard	Wade	Gove County Medical Center	Marketing Manager
15	A	X		Schamberger	Shelby	Gove County Medical Center	HR Director
16	B	X		Wittman	Denise	Gove County Medical Center	CMA
17	B	X		Tebow	Jack	Rays Pharmacy Inc	owner pharmacist
18	C	X		Kiser	Jordan	Ray's Pharmacy/Q-Value	staff pharmacist
19	A	X		G7 Person		Not Disclosed	

Note> local CHNA leads are tagged below who assisted with community zoom breakout room discussions.

Gove County Medical Center – Gove County, KS
Town Hall Virtual Notes – March 4 5:30pm N=19

Group A: Needs (CIK)

- **Mental Health Services:** Crisis situations when someone is coming in for suicidal incidents. Treating depression and anxiety for high risk situations. There is one person who is a therapist that does a great job but she is only one person and can't serve the whole community in a timely matter, especially when there are some who want in urgently. Instead, most would have to wait long periods of time. The one therapist may seem over worked because there isn't many other options within the community, only outside the community.
- **Affordable Housing (renting/temporary):** Most Housing available is permanent living situations. There are not enough temporary living housing available for renters. In addition, the ones that may be available aren't affordable
- **Cancer Services:** Having to leave the area for services, radiation therapy, etc
- **Home Health Services:** This was used a lot in the past but was taken away for unknown reasons (possibly not a need/monetary reasons) but it appears to be more of a need now due to more people like the elderly that could benefit from this service. Community members have suggested this service make its way back.
- **Childcare Services: Daycare** Too Many waiting lists will form due to lack of staff being available to open childcare at the facility. 7-8 mos people are having to wait to get their kids into daycares. This is causing them to lose staff.

Strengths

- **Moving Forward:** Community members seem very please with the staff they have on board and the willingness to always be moving forward to keep the ball rolling in order to stay on top of things.
- **Access to Primary Care:** As this used to be an unmet need, the community has made great progress in meeting it by stepping up to make access available.
- **Bed-Side:** The quality of care seems to be high and community is happy with how the hospital is tending to their patients.
- **Birth to Death:** The community made it aware that they are fairly well-rounded and have at least something within their community for every service meaning they really can take care of an individual from birth to death. (Ictal services, dental, eye, primary care, assisted living, etc).
- **Community Minded Hospital Board:** Some feel the hospital board puts the community concerns, worries, and mindfulness first and they are showing that they are through actions to serve the community before themselves.

Group B: Needs (RP)

- Mental Health
- Affordable Housing
- Alcohol Abuse
- Recreation Opportunities
- Drug Abuse
- Alternative Medicine
- Peds Behavioral Health
- Opioids in EMS
- Childcare
- Assisted Living

Strengths

- School System
- Health Department: Staying on top of things and serving the community
- Telehealth/Telemedicine From Clinic: The community is happy with these virtual services that have made great progress in a short span of time as it has just recently launched since COVID. Although the community is smaller, they were still able to see a great turn-out and result from launching this program.
- Wide Variety of Services: Hospital holds a good amount of services and is continuing to expand.
- EMS: The EMS stay fully staffed and EMS transfers appear to always be covered

Group C: Needs (AM)

- Mental Health
- Housing
- Cancer Services
- Urgent Care
- Access to Care
- Underinsured/Insurance Coverage
- Poverty Level
- Qualified Providers/Staff: Lots of services but not a lot of staff for in areas that are growing or expanding. (contradicting amongst the group, not all feel this way other than with mental health services)

Strengths

- Forward Thinking: Always on top of offering the community services when in need. For example, first to offer the COVID vaccine
- Access to Primary Care: Again, this was an unmet need but has progressed dramatically and is now a strength in this community.
- Access to Providers: There are many providers that reside in Gove Co. making them readily available to the community
- Transportation
- Independent Home Health: Independent home health agencies. (?)

c.) Public Notice & Requests

[VVV Consultants LLC]

PR#1 News Release

Local Contact: Wade Richard

Gove County Medical Center to begin Community Health Needs Assessment 2021

Quinter, KS Gove County Medical Center along with several other healthcare organizations will begin the process to update Gove County, KS 2021 Community Health Needs Assessment (CHNA).

VVV Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct this countywide research. The goal of the assessment is to gain a comprehensive understanding of the community's health needs and perceptions since the last CHNA. This CHNA update is a systematic process for determining and addressing community health needs or "gaps" between current conditions and desired conditions or "wants."

"This assessment enables us to understand health deficiency identified by our community, shared David Caudill, GCMC CEO "We want to hear from our community on current health needs we face" Also, in early March, we will hold a Socially Safe Town Hall to discuss findings."

A community resident/stakeholder survey will be launched the first week in January 2021. This easy survey will take less than 10 minutes to complete and will be confidential. NOTE: For residents that do not have computer access, the CHNA survey link can be found on GCMC's websites. Paper copies can be obtained by emailing wrichard@gcmc.org.

The CHNA Feedback survey will be open for replies on January 4th and will close on February Friday 5th, 2021 https://www.surveymonkey.com/r/CHNA2021_Gove All Gove County residents are encouraged to participate.

Questions regarding CHNA activities may be directed to David Caudill, GCMC CEO 785-754-3341.

Gove County Medical Center to begin Community Health Needs Assessment 2021

Submitted by Wade Richard, Marketing Manager

Gove County Medical Center along with several other healthcare organizations will begin the process to update Gove County, KS 2021 Community Health Needs Assessment (CHNA).

VIV Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct this countywide research. The goal of the assessment is to gain a comprehensive understanding of the community's health needs and perceptions since the last CHNA. This CHNA update is a systematic process for determining and addressing community health

needs or "gaps" between current conditions and desired conditions or "wants."

"This assessment enables us to understand health deficiency identified by our community," shared David Caudill, GCMC CEO. "We want to hear from our community on current health needs we face". Also, in early March, we will hold a Socially Safe Town Hall to discuss findings."

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The CHNA Feedback survey will be open for replies on January 4 and will close on Friday, February 5, 2021, https://www.surveymonkey.com/s/CHNA2021_Gove

All Gove County residents are encouraged to participate.

Questions regarding CHNA activities may be directed to David Caudill, GCMC CEO 785-754-3341.

PRESS RELEASE #2

For Immediate Release February 2, 2021

Local Contact: Wade Richard, Marketing Manager | 785-754-5137 | wrichard@gcmc.org

GCMC Community Town Hall Scheduled

Gove County Medical Center will be hosting the 2021 Community Health Needs Assessment (CHNA) Town Hall Meeting on **Thursday March 4th, 2021 from 5:30 - 7:00 p.m.** on-site at Center Pivot Restaurant and Brewery in Quinter, KS.

David Caudill CEO stated, "While Covid-19 is now a pressing topic, we hope you find the time to help us learn how we are doing in providing healthcare to the local community and what concerns or suggestions you have for us going forward."

It is important for you to **RSVP to the Community Meeting in order to meet state-wide meeting standards. If you are interested in attending, please visit GCMC Website or Facebook page to RSVP.** Completing this will allow us to gauge the number of individuals who would like to participate in this important community event. We will continue to be mindful and take the proper precautions of being socially distanced during this on-site meeting being held for community members. We will be confirming your RSVP two days prior to the event to ensure a seat and proper amount of space is provided.

LINK: https://www.surveymonkey.com/r/GoveCo_CHNA2021_RSVP

Questions regarding CHNA activities may be directed to David Caudill, GCMC CEO at **785-754-3341.**

CHNA Wave #4 Email Request

From: David Caudill, CEO

Date: January 4, 2021

To: Community Leaders, Providers and Hospital Board and Staff

Subject: Gove County Community Health Needs Assessment 2021

Gove County Medical Center is partnering with other community health providers to update Gove County Community Health Needs Assessment.

The goal of this assessment update is to understand progress in addressing health needs cited in the 2015 and 2012 CHNA reports and to collect up-to-date community health perceptions.

VW Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct this countywide research. All responses will be confidential.

To gather community feedback, a short online survey has been developed: https://www.surveymonkey.com/r/CHNA2021_Gove

All Gove County KS residents and business leaders are encouraged to **participate in the survey by Friday, February 5th, 2021**. Your feedback and suggestions are valued. Thank you in advance for your time and support.

Hold the Date: To discuss survey findings, a Gove County "Social Distance" Town Hall will be held on Thursday March 4th from **5:30 p.m. to 7:00 p.m. at Center Pivot Restaurant**. Note: More information will be released in early February

PLEASE NOTE MY EMAIL HAS CHANGE, PLEASE UPDATE MY ADDRESS YOU HAVE ON FILE

Wade Richard
Marketing Manager
Gove County Medical Center
520 W 5th
Quinter, KS 67752
785-754-5137
wrichard@gcmc.org
www.gcmc.org

From: David Caudill, CEO
Date: February 2, 2021
To: GCMC Community Leaders, Providers and Hospital Board and Staff
Subject: Gove Co. *Community Town Hall Scheduled – March 4 @ 5:30 – 7pm*

Gove County Medical Center will be hosting the 2021 Community Health Needs Assessment (CHNA) Town Hall Meeting on **Thursday March 4th, 2021 from 5:30 - 7:00 p.m.** on-site at Center Pivot Restaurant and Brewery in Quinter, KS.

It is important for you to **RSVP to the Community Meeting in order to meet state-wide meeting standards. You may do so by clicking on the online link below.** Completing this will allow us to gauge the number of individuals who would like to participate in this important community event. We will continue to be mindful and take the proper precautions of being socially distanced during this on-site meeting being held for community members. We will be confirming your RSVP two days prior to the event to ensure a seat and proper amount of space is provided.

https://www.surveymonkey.com/r/GoveCo_CHNA2021_RSVP

From: David Caudill, CEO

Date: February 17, 2021

To: GCMC Community Leaders, Providers and Hospital Board and Staff

Subject: *Gove Co. Community Health Needs Assessment Town Hall moving to VIRTUAL Zoom March 4th*

Gove County Medical Center leaders have made the decision to move Gove County CHNA Town Hall **on Thursday, March 4th from 5-7:30pm** at Center Pivot from onsite to a virtual meeting **via ZOOM**. As in-person meetings are a challenge due to precautions regarding COVID-19, this decision to go virtual will allow the opportunity for others to participate while staying safe.

We hope you find time to join us for this important event. < Note: if you have already RSVP'd your attendance please note change in venue, if you have not RSVP'd, we still have room for you to contribute on 3/4/21.

This virtual meeting will consist of reviewing the community health indicators and gathering feedback opinions on key community health needs. NOTE> It is vital that all community members RSVP if they are planning to attend by clicking link below to complete your RSVP registration. If you RSVP, additional information will be emailed to you 2 days prior to the event. https://www.surveymonkey.com/r/BCH_GageCo_NE_CHNA2020_RSVP

Again, if you have any questions regarding CHNA activities please contact me via email or call **785-754-3341**.

David

Email #4

Gove County Medical Center is confirming your participation in our Virtual 2021 Community Health Needs Assessment Town Hall Community Meeting being held on **Thursday, March 4th, from 5:30 – 7:00 p.m. via Zoom**. The link needed to get in is provided below.

Join Zoom Meeting: <https://us02web.zoom.us/j/89833448168>

Meeting ID: 898 3344 8168 – **Passcode:** GoveCo

In order to keep things moving and cover all that is on our agenda promptly, we ask that you please be signed on by 5:20 p.m. as we will begin right away at 5:30 p.m. In addition, we ask that you plan to stay for the full duration as the last 45 mins will be the most important for gathering community insight.

To provide you with a brief overview of what to expect during this community meeting, please review the following agenda

- Current Community Health Scores
- Review Community Feedback Research
- Collect Current Community Health Perspective through assigned breakout rooms
- Uncover unmet needs through reporting back to large group
- Report back to general session – Participate in Poll
- Wrap up discussion & review next steps

Thanks you in advance for contributing your time and support. We look forward to seeing you on Thursday, March 4th, for the important Town Hall meeting.

If you any questions regarding this virtual Town Hall meeting, please contact David Caudill at dcaudill@gcmc.org

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2021 Community Feedback: Gove County N= 207

ID	ZIP	Quality	MOVE	e1	e2	e3	When considering "overall community health quality," is it increasing, decreasing or not really changing. Why?
108	67752	Good	Increasing - moving up	AGE	SFV		More providers - more specialists
1121	67767	Very Good	Not really changing much	AGE	OLVA		For in general, as the population age increases so does the health needs. The quality of care is great but you need more come the aging of the population.
1111		Good	Decreasing - slipping downward	ALL			Not all the people have been vaccinated. Generally, general care moved away to the bigger cities.
1117		Good	Increasing - moving up	ALL			Adding new services frequently.
1036	67752	Good	Increasing - moving up	ALL			Always looking for ways to bring things.
1172	67738	Very Good	Not really changing much	ALL	WFL		Am not sure, but I see so many who do not want to change their lifestyle to make themselves better.
1185	67752	Very Good	Increasing - moving up	ALL	WSP		Low jobs/low pay/low quality
1048	67738	Good	Increasing - moving up	ALL	OLVA	9:1	Nothing up since we added more in such a short time. Staffed professionals.
1135	67752	Very Good	Not really changing much	ALL			My wife is going from you are on the Top.
1142		Very Good	Increasing - moving up	ALL	ELU		People are more aware of their health.
1021	67767	Very Good	Increasing - moving up	AJ	GEN		Improving.
1100	67752	Very Good	Decreasing - slipping downward	PL	COVD	COVA	Up until the last year I would say it was moving up, but about this past year I would say it is decreasing. Several of our doctors have taken the Covid vaccine on an annual basis, and it has raised their concern to whether they will be able to do this, there are all these new and health students why more the frustrating than COVID.
1143	67767	Good	Not really changing much	AJ			You see what that is the best we can do in pandemic.
1025	67762	Very Good	Increasing - moving up	OLVA	ALL		I had heard there always good new doctors so that is why I am going to take the things we need to up.
1191	67767	Good	Increasing - moving up	OLVA	OLVA	OLVA	Doctors trying to sound more like with the patients.
1170	67736	Average	Decreasing - slipping downward	OLVA	OLVA	OLVA	Like we have don't seem to be moving up. You find with patients. They tend to not be listening and do what they want without much discussion with the patient.
1171	67752	Very Good	Increasing - moving up	COVA	HEV	ALL	Although a significant number of health care workers working back in practice seems out of sync of covid vaccine and doctors up. It is a lower population. It could be so. In assuming, they are not often practicing in rural areas. It is a very busy area with a significant level of care.
1081	67752	Good	Decreasing - slipping downward	COVA			COVID
1039	67752	Very Good	Not really changing much	COVA	COVA		COVID has not been fully implemented.
1027		Average	Decreasing - slipping downward	COVA	COVA		Everyone needs to be wearing COVID-19 gloves. Masks and wash. Where is for many was to??
1011	67752	Very Good	Increasing - moving up	COVA			Everyone has had COVID-19.
1057	67752	Very Good	Increasing - moving up	COVA	COVA		Quality providers and services.
1008	67737	Good	Not really changing much	COVA	COVA		We had some experience but our area that will be good and we doctors to be like that is the best.
1147	67751	Very Good	Increasing - moving up	COVA/COVA/COVA	SFV	ALL	Adding more people is helpful.
1125	67752	Very Good	Increasing - moving up	COVA	SPEC		Thought north side of being in. Previous from out of town is provide those specialized services not just had to go to our local hospital so patients don't have to leave out of the county to receive these specialized services.
1120	67752	Very Good	Not really changing much	NO	WFL		Although COVID-19 definitely affected our area, in general, I think we're pretty much on the same level. A change in our health care system is do. Like projects for sure which is good.
1150	67746	Good	Not really changing much	NO	OLVA		As an orthopedic provider that has worked in Gove County & the area through western KS, it seems our county is a step ahead in terms of patient health quality.
1070	67751	Very Good	Increasing - moving up	COVA/COVA/COVA	COVA	COVA	We have great services at our hospital. Many of them coming from out of town to see our patients. We are one of the few hospitals that provide oncology services. Our first oncologist was moved to Olathe in 2016, taking the position and we continue to hire people. The health department we very appreciate to the Gove County Medical Center medical staff and community partners during the COVID-19 pandemic. We also have great health services in our community.
1073	67762	Very Good	Increasing - moving up	OLVA			Advise for the phone.
1189		Average	Decreasing - slipping downward	OLVA			Quality checks not as good.
1186		Good	Decreasing - slipping downward	RUS	ACC	OLVA	I was very disappointed when the COVID-19 had a my blood identity it doesn't add I get a doctor to help.
1134	67758	Very Good	Increasing - moving up	OLVA	OLVA		Health care branch is great.
1110	67752	Very Good	Increasing - moving up	OLVA			asking more and more specifically the changing in from what we saw.
1045		Average	Not really changing much	ALL			slow moving again.
1206	67752	Good	Not really changing much	ALL	OLVA		Not sure if it is a problem or public education. Our community is low.

CHNA 2021 Community Feedback: Gove County N= 207

ID	ZIP	Quality	MQVE	e1	e2	e3	In your opinion, what are the root causes of "poor health" in our community?
1115	6752	Very Good	Increasing - moving up	ACE			Aging community
1148	6752	Good	Increasing - moving up	ALT			Artistic direction
1202	6752	Very Good	Increasing - moving up	CAVE			Lack of Centers for Disease Control locally
1163	6752	Average	Not really changing much	SLT			Culture
1068	6752	Good	Increasing - moving up	COMH			FARE NEWS
1011	6752	Very Good	Increasing - moving up	COMH			Good media and information
1188		Poor	Decreasing - slipping downward	COMH			Lack of not taking care of a sick loved one's
1031	6752	Good	Decreasing - slipping downward	COVID			PANDEMIC COVID
1152	6752	Good	Not really changing much	EDJ			A long-standing nature of not putting a priority on health & wellness.
1001	6752	Very Good	Increasing - moving up	ERJ			We understand it's wanting to understand public health policies
1074	6752	Good	Increasing - moving up	INBJ			Health insurance is expensive
1110	6752	Very Good	Increasing - moving up	NSJ			Healthcare is too expensive for marginalized people, in fact it does what our community is really in need of
1160	6752	Very Good	Decreasing - slipping downward	NCTR			Lack of affordable healthy food
1034		Good	Increasing - moving up	OTUR			Genetics
1059	6752	Good	Not really changing much	OTUR			Genetics
1184	6752	Good	Not really changing much	PHGV			For the generally poor health that we are seeing from a lot of people, preventative check-ups by my own choice
1137	6752	Very Good	Increasing - moving up	PRV			Neglect by the individuals to seek healthcare
1025	6752	Very Good	Increasing - moving up	STFR	IN	INSL	My home care is a bit better than in past years for more than 2-3 days, but it's not great. Nothing is fixed in the community. I wish more people could afford healthcare. The just the situation for some people due to just financial means
1144	6752	Good	Not really changing much	VADG			Artists
1123	6752	Very Good	Not really changing much	WWT	GUN	COMH	The work stress is the #1. People don't get as much sleep. They have to go to work and when they spend 2 to 3 hours in the car, it upsets them. It would help help if the turn lanes would widen the roads when standing in line the problem they're seeing is just the fact. I would help.

CHNA 2021 Community Feedback: Govt County N=207

ID	ZIP	Quality	MOVIF	ct	cp	cs	COVID-19 has impacted our community. Do you have any worries or concerns regarding COVID-19 in relation to Community Health?
1188		Fair	Decreasing - slipping downward	ACC	Govt		I think we will have Covid need to be there. I am very young about 20. I think of no one that gets them together and instead 14 days and the following week I had to only work 12 days because I was so sick.
1082	67751	Very Good	Not really changing much	ACC			I had heard the city was not doing it right but they did a good job.
1144	67752	Good	Not really changing much	ABE	COMM		COVID has already had a devastating impact on our elderly community. I am a bit frustrated that we haven't found a way to come together as a community to coordinate the way to battle this virus. I am even more frustrated that there seems to be a lack of trust of local news in the medical community regarding the spread of the virus.
1140	67752	Very Good	Not really changing much	D-	AGE		I'm a person not gonna be working it is a more issue with the elderly because they haven't been out for during COVID-19.
1140	67607	Good	Not really changing much	CHRYN			We want to focus more on their physical health conditions. There are going to continue with us. This been difficult with Covid.
1048	67752	Good	Increasing - moving up		COMM		I feel that since the county is not really changing the mask mandate, that they are not really doing a good enough job. They are sending mixed messages to the community. How can they expect the community to follow when the leading is not on the same.
1161	67752	Fair	Not really changing much	FGHIS			Need to have a decent number of people who aren't put a lot on their at all try and help the world learn coming to our county. In the population now.
1025	67752	Very Good	Increasing - moving up		COMM	EDU	There are a lot of elderly folks who don't have FACE BOOK and training depend on the internet and word of mouth to learn about things. I think we all need to remember our elderly who aren't been at organizations going on to get news. There are old ladies who (the old ladies) that the number of 100 at 100. Even the number like that, need to, I feel that is a real achievement of what COVID will be worth. Good best practice for our county. It is issues to be used to help with a lot more than that you catch covid. (Positive handling and people).
1011	67752	Very Good	Increasing - moving up		COMM		I have had a lot of friends exchange of information and information is thanks to social media during the pandemic.
1209	67762	Very Good	Increasing - moving up		COMM		Need to find some of the services we have in our community.
1004	67752	Very Good	Increasing - moving up		GOV		I feel the community has a lot of awareness about COVID so county. So being talking to what it was of thinking it's just a phase.
1110	67752	Very Good	Increasing - moving up		GOV	EDU	I have been so happy recently to be a community. I have always loved living here because it has always been such a good place to live. I have been so happy to be a community. That's why I love it. And all of the well-thinking members of our community, we need a plan. The first thing to do is to make sure that we are working on the things that are most important. The first thing to do is to make sure that we are working on the things that are most important. The first thing to do is to make sure that we are working on the things that are most important.
1138	67752	Average	Decreasing - slipping downward		GOV		I think that the county struggle is only in the previous few months of COVID-19.
1100	67752	Very Good	Increasing - moving up		COMM		I worry that many of our citizens in this county are so "fed" about wearing masks that it doesn't apply to them.
1030	67752	Average	Not really changing much		COMM		I do so appreciate.
1163	67752	Fair	Decreasing - slipping downward		GOV		I've noticed through our county there will be the lack of attention towards the majority staff. If someone was exposed they should be down on quarantine and medical assistance.
1070	67751	Very Good	Increasing - moving up		COMM	WAG	Our county needs to improve COVID-19. We have a team who will not let our county down. They will be the supply of labor.
1005	67752	Good	Increasing - moving up		COMM	EDU	People who don't wear masks or follow other protocols, we need to be working with them to help them make it a better issue rather than a bad issue.
1162	67752	Very Good	Not really changing much		COMM		Masks don't do much to help the seriously ill and those who are in need of assistance.
1187	67752	Very Good	Increasing - moving up		COMM		Helped by many over the last year and a half.
1041	67752	Good	Decreasing - slipping downward		COMM		Public health of general public. I think we need to be able to get the general public and the working class to be able to get a good job.
1258	67752	Good	Not really changing much		COMM	COMM	
1194	67736	Very Good	Increasing - moving up		COMM	WAG	The lack of willingness to wear masks in this county and in its street. Spacing policies of Covid safety may be slow.
1018	67752	Good	Increasing - moving up		COMM		The people in this community have different opinions like not wearing masks, the wearing or not wearing of masks.
1086		Very Good	Increasing - moving up		COMM		Wear mask. The use of the mask will definitely have been considered in a separate way.
1260		Very Good	Increasing - moving up		COMM		Wear Mask. I think people are not wearing masks completely because of the situation. The knowledge and understanding of individuals for health has been completely ignored and we are not taking emergency measures, and especially at this time. I don't know how to get the general public to understand it's just a phase of coming for wearing a mask and the negative effects on their health because of it. I have been really hit the hardest. I'm surprised that I'm wearing a mask and not questioning health of our health is declined by wearing a mask. Especially in the street.
1075	67751	Very Good	Not really changing much		COMM	WAG	People who wear a mask and not getting vaccinated because of lack of information or education.
1182	67751	Average	Not really changing much		COMM		Wear mask. We are in a phase.
1023	67752	Good	Not really changing much		COMM		Wear mask. We are in a phase.

CHNA 2021 Community Feedback: Gove County N= 207

ID	ZIP	Quality	MOVE	c1	c2	c3	COVID-19 has impacted our experiences. Do you have any worries and/or concerns regarding COVID 19 in relation to Community Health?
1186	67706	Average	Decreasing - slipping downwards	OT-IR			COVID-19 has impacted our experiences. Do you have any worries and/or concerns regarding COVID 19 in relation to Community Health?
1191		Very Good	Increasing - moving up	OTHER			COVID-19 question: (You don't see) did you stay safe?
1286		None	Increasing - moving up	OTHER			Everyone stays not wear masks
1150	67752	Very Good	Not really changing much				Everyone else is being asked to make their own decisions regarding their health
1153	67752	Average	Not really changing much	OTHER			Are you still worried about the Death toll of the world People in stores, I don't see a perfect scenario of getting everything handled properly. Some are beyond the recommendations & rules, but will have and many die of COVID-19
1663	67737	Very Good	Increasing - moving up	OT-IR			Follow health & social distancing protocols - overpriced
1080		Very Good	Increasing - moving up	OT-IR			Lack of masks and/or following guidelines not being followed
1678	67707	Good	Not really changing much				Having a lot of unknown on the future health of those affected is concerning especially if they are young
1230	67631	Very Good	Increasing - moving up	OTHER			The county officials must also do not be influenced by incorrect statements or information determining mask mandates. They should have a mask mandate for the health of the county without consideration of costs. They are here to protect us
1124	67751	Good	Increasing - moving up	OTHER			We need to hold people for the long term needs of COVID 19
1045	67752	Very Good	Increasing - moving up	OTHER			Worries for only one
1082	67752	Good	Increasing - moving up	OTHER			Continue with preventative measures
1039	67751	Very Good	Increasing - moving up	WACO			Our health officials makes very poorly
1155		None	Not really changing much	WACO			I probably see community down until we can stay healthy and then a good rate of vaccination
1626		Average	Decreasing - slipping downwards	WACO			How soon is the start, when?
1024	67601	Very Good	Increasing - moving up	WACO			Good news vaccine
1116	67752	Good	Increasing - moving up	WACO	EDU		See health officials - lack of information for people
1672	67748	Average	Increasing - moving up	WACO			People getting the covid vaccine will be most good outcome if it's not too much media
1104	67762	Very Good	Decreasing - slipping downwards	WACO			Quality of vaccines and timing of booster
							It is also not for everyone and needs to be OK. I don't think either of them is being in the hospital with things going up

CHNA 2021 Community Feedback: Gove County N= 207

ID	ZIP	Quality	MUVE	HL	CL	CL	What "new" community health programs should be created to meet current community health needs?
1133	87752	Very Good	Increasing - moving up	ACC			Continue to try to bring in services that are more available in and around the county.
1172	87748	Average	Increasing - moving up	ALL	PHN		A more integrated system is needed most in parts of our population. Meeting the needs of those in poverty, living with disabilities and having enough education for job. Deepening outreach to meet standards of good quality housing, a framework for our markets, and a database of all resources provided in our county (page 2).
1183	87759	Very Good	Decreasing - slipping downward	ALL	PHN	PHN	Address health inequities, preventive health systems, such as a multi-partner coalitions to help support a healthy lifestyle with nutrition, exercise, supplements, mental care and other cultural initiatives to keep people healthy and to help keep them safe and supporting one another. Also a cash back doctor or program that would be able to give the services to any person. They have no insurance, make medical insurance or good shipping program.
1184	87752	Very Good	Increasing - moving up	PH	PHN		There we need more efforts for mental health care especially for women to ensure individual mental health.
1185		Poor	Not really changing much	PH			Mental health.
1186	87752	Good	Increasing - moving up	PH	PHN		MENTAL HEALTH AND SUBSTANCE ABUSE.
1190	87752	Very Good	Increasing - moving up	PH	PHN	ACC	Mental health services continue to bring attention to the community so that it is not a burden.
1145	87637	Good	Not really changing much	PH	PHN		Mental health services used were not sufficient. Resources to focus on children and young adults.
1139	87752	Very Good	Increasing - moving up	PH	PHN		Mental Health Services, Substance Abuse provided locally.
1141	87752	Very Good	Increasing - moving up	PH	PHN		Mental health services.
1140	87752	Good	Increasing - moving up	PH	PHN		Mental health services for children and young adults.
1132	87752	Average	Decreasing - slipping downward	PH	PHN	PHN	Mental health. Address the system to help support the normal hours of day.
1128	87752	Very Good	Not really changing much	PH	PHN		Substance abuse, mental health services, and other services.
1152	87751	Average	Not really changing much	PHN	PHN		Need to talk to the people in the community, not just a few people. Need to get feedback from various programs, mental health services.
1171	87752	Very Good	Increasing - moving up	PHN	PHN		1. personal care 2. dental care 3. housing needs 4. social skills 5. mental health providers 6. exercise 7. school-related programs for education 8. public health care 9. support groups.
1158	87752	Good	Not really changing much	PHN	PHN	PHN	1. personal care 2. dental care 3. housing needs 4. social skills 5. mental health providers 6. exercise 7. school-related programs for education 8. public health care 9. support groups.
1118	87752	Good	Increasing - moving up	PHN	PHN		1. dental care 2. dental care 3. housing needs 4. social skills 5. mental health providers 6. exercise 7. school-related programs for education 8. public health care 9. support groups.
1180		Very Good	Increasing - moving up	PHN	PHN		Health education programs are needed in all the settings and in schools such as obesity, diabetes, tobacco prevention, diabetes, and other health care changes with GTP.
1124	87751	Good	Increasing - moving up	PHN	PHN		Health education programs are needed in all the settings and in schools such as obesity, diabetes, tobacco prevention, diabetes, and other health care changes with GTP.
1121	87752	Very Good	Increasing - moving up	PHN	PHN		Health education programs are needed in all the settings and in schools such as obesity, diabetes, tobacco prevention, diabetes, and other health care changes with GTP.
1117	87752	Very Good	Increasing - moving up	PHN	PHN		Health education programs are needed in all the settings and in schools such as obesity, diabetes, tobacco prevention, diabetes, and other health care changes with GTP.
1128	87751	Average	Not really changing much	PHN	PHN		Health education programs are needed in all the settings and in schools such as obesity, diabetes, tobacco prevention, diabetes, and other health care changes with GTP.
1126	87752	Very Good	Not really changing much	PHN	PHN		Health education programs are needed in all the settings and in schools such as obesity, diabetes, tobacco prevention, diabetes, and other health care changes with GTP.
1118		Good	Increasing - moving up	PHN	PHN		Health education programs are needed in all the settings and in schools such as obesity, diabetes, tobacco prevention, diabetes, and other health care changes with GTP.
1110	87752	Very Good	Increasing - moving up	PHN	PHN		Health education programs are needed in all the settings and in schools such as obesity, diabetes, tobacco prevention, diabetes, and other health care changes with GTP.
1025	87752	Very Good	Increasing - moving up	PHN	PHN		Health education programs are needed in all the settings and in schools such as obesity, diabetes, tobacco prevention, diabetes, and other health care changes with GTP.
1071	87751	Very Good	Increasing - moving up	PHN	PHN		Health education programs are needed in all the settings and in schools such as obesity, diabetes, tobacco prevention, diabetes, and other health care changes with GTP.
1040	87752	Average	Not really changing much	PHN	PHN		Health education programs are needed in all the settings and in schools such as obesity, diabetes, tobacco prevention, diabetes, and other health care changes with GTP.
1140	87752	Good	Not really changing much	PHN	PHN		Health education programs are needed in all the settings and in schools such as obesity, diabetes, tobacco prevention, diabetes, and other health care changes with GTP.
1104	87752	Very Good	Increasing - moving up	PHN	PHN		Health education programs are needed in all the settings and in schools such as obesity, diabetes, tobacco prevention, diabetes, and other health care changes with GTP.
1104	87752	Very Good	Increasing - moving up	PHN	PHN		Health education programs are needed in all the settings and in schools such as obesity, diabetes, tobacco prevention, diabetes, and other health care changes with GTP.
1138		Poor	Decreasing - slipping downward	PHN	PHN		Health education programs are needed in all the settings and in schools such as obesity, diabetes, tobacco prevention, diabetes, and other health care changes with GTP.
1134	86752	Poor	Not really changing much	PHN	PHN		Health education programs are needed in all the settings and in schools such as obesity, diabetes, tobacco prevention, diabetes, and other health care changes with GTP.
1102	87752	Good	Not really changing much	PHN	PHN		Health education programs are needed in all the settings and in schools such as obesity, diabetes, tobacco prevention, diabetes, and other health care changes with GTP.
1102	87684	Very Good	Increasing - moving up	PHN	PHN		Health education programs are needed in all the settings and in schools such as obesity, diabetes, tobacco prevention, diabetes, and other health care changes with GTP.
1147	87751	Very Good	Increasing - moving up	PHN	PHN		Health education programs are needed in all the settings and in schools such as obesity, diabetes, tobacco prevention, diabetes, and other health care changes with GTP.
1142	87752	Good	Increasing - moving up	PHN	PHN		Health education programs are needed in all the settings and in schools such as obesity, diabetes, tobacco prevention, diabetes, and other health care changes with GTP.
1190	87752	Good	Not really changing much	PHN	PHN		Health education programs are needed in all the settings and in schools such as obesity, diabetes, tobacco prevention, diabetes, and other health care changes with GTP.
1120	87752	Very Good	Increasing - moving up	PHN	PHN		Health education programs are needed in all the settings and in schools such as obesity, diabetes, tobacco prevention, diabetes, and other health care changes with GTP.

CHNA Wave #4 Community Feedback 2021 - Gove County KS

Let Your Voice Be Heard!

In 2012 and 2015, Gove County Medical Center (GCMC) surveyed the community to assess health needs. Today, GCMC requests your input in order to create a 2021 Gove County (KS) Community Health Needs Assessment (CHNA). To gather current feedback, a short online survey has been created to evaluate current community health needs.

While your participation is voluntary and confidential, all community input is valued. Thank you for your attention! Deadline to participate is Friday, Friday 5th, 2021.

CHNA Wave #4 Community Feedback 2021 - Gove County KS

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

Very Good Good Average Poor Very Poor

CHNA Wave #4 Community Feedback 2021 - Gove County KS

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

Increasing - moving up

Decreasing - slipping downward

Not really changing much

Why? (please specify)

CHNA Wave #4 Community Feedback 2021 - Gove County KS

3. In your own words, what is the general perception of healthcare delivery for our community (i.e. hospitals, doctors, public health, etc.)? Be Specific.

CHNA Wave #1 Community Feedback 2021 - Gove County KS

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

- | | |
|--|---|
| <input type="checkbox"/> Access to Primary Care | <input type="checkbox"/> Lack of Healthcare Providers/Qualified Staff |
| <input type="checkbox"/> Cancer Services | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Exercise/Fitness Services | <input type="checkbox"/> Nutrition - Healthy Food Options |
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Preventive Health / Wellness |
| <input type="checkbox"/> Home Health Services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Urgent Care |

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

- | | |
|--|---|
| <input type="checkbox"/> Access to Primary Care | <input type="checkbox"/> Lack of Healthcare Providers/Qualified Staff |
| <input type="checkbox"/> Cancer Services | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Exercise/Fitness Services | <input type="checkbox"/> Nutrition - Healthy Food Options |
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Preventive Health / Wellness |
| <input type="checkbox"/> Home Health Services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Urgent Care |

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

- | | |
|---|--|
| <input type="checkbox"/> Lack of health & Wellness Education | <input type="checkbox"/> Lack of awareness of existing local programs, providers, and services |
| <input type="checkbox"/> Chronic Disease prevention | <input type="checkbox"/> Lack of available hours of care |
| <input type="checkbox"/> Limited Access to Mental Health Assistance | <input type="checkbox"/> Lack of provider/qualified staff |
| <input type="checkbox"/> Case management assistance | <input type="checkbox"/> Lack of health insurance |
| <input type="checkbox"/> Family assistance programs | <input type="checkbox"/> Neglect |

Other (please specify):

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

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	100%	0%	0%	0%	0%
Chiropractic Care	0%	0%	0%	0%	0%
Chiropractors	0%	0%	0%	0%	0%
Dentists	0%	0%	0%	0%	0%
Emergency Room	0%	0%	0%	0%	0%
Eye Doctor/Ophthalmologist	0%	0%	0%	0%	0%
Family Planning Services	0%	0%	0%	0%	0%
Home Health	0%	0%	0%	0%	0%
Hospice	0%	0%	0%	0%	0%
Total Health	0%	0%	0%	0%	0%

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

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home/Senior Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk-In Clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very Good	Good	Fair	Poor	Very Poor
Emergency Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings (such as asthma, hearing, vision, scoliosis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunization Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity Prevention & Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal/Child Health Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Wellness Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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10. Covid-19 has impacted our communities. Do you have any worries and/or concerns regarding COVID-19 in relation to Community Health?

Yes

No

If yes, please share your thoughts in conjunction with Community Health below.

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

Yes

I don't know

No

If Yes, please specify the healthcare services received.

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

Yes

I don't know

No

Please explain

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13. What "new" community health programs should be created to meet current community health needs?

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Abuse/Violence | <input type="checkbox"/> Lead Exposure | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Smoke-Free Workplace |
| <input type="checkbox"/> Alternative Medicine | <input type="checkbox"/> Neglect | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Breast Feeding Friendly Workplaces | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Obesity | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Care Continuation | <input type="checkbox"/> Occupational Medicine | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ozone (Air) | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Drugs/Substance Abuse | <input type="checkbox"/> Physical Exercise | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Poverty | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Preventive Health / Wellness | <input type="checkbox"/> Health Literacy |
| <input type="checkbox"/> Lack of Providers/Qualified Staff | <input type="checkbox"/> Respiratory Disease | |

Other (Please specify):

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

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

Other (please specify):

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16. What is your home ZIP code? Please enter 5-digit ZIP code; for example 00514 or 95305



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