



Community Health Needs Assessment
Miami & Linn County, KS
On Behalf of Miami County Medical Center



September 2021

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

Table of Contents

I. Executive Summary

- a) Community Health Area of Future Focus (A prioritized description of future community unmet needs identified by community discussion)
- b) Town Hall CHNA Health Findings: Areas of Strengths and Areas to Change and/or Improve.

II. Methodology

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

III. Community Health Status

- a) Historical Community Health Indicators Review- Secondary Data
- b) Current Community Health Status - Online Feedback Research

IV. Inventory of Existing County Health Resources

- a) CHNA Inventory of PSA Services & Providers (A description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA)

V. Detail Exhibits

- a) Patient Origin & Access to Care
- b) Town Hall Attendees, Notes, & Feedback (Who attended with qualifications)
- c) Public CHNA Notice / News
- d) Primary Research Detail

I. Executive Summary

[VVV Consultants LLC]

I. Executive Summary

Miami County Medical Center – Miami & Linn County, KS - 2021 Community Health Needs Assessment (CHNA)

The previous CHNA for Miami County Medical Center (MCMC) was completed in 2018. (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 for Miami & Linn 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.) fulfills 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:

Miami & Linn County, KS				
2021 CHNA Priorities - Unmet Needs				
CHNA Wave #4 Town Hall - June 10, 2021				
MCMC Primary Service Area (16 Attendees, 64 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Affordable / Quality Housing	12	18.8%	19%
2	Mental Health (Diagnosis, Placement, Aftercare)	12	18.8%	38%
3	Drug & Substance Abuse	8	12.5%	50%
4	Food Insecurity	6	9.4%	59%
5	Maternal/Infant Care & Education	5	7.8%	67%
6	HC Insurance Coverage	4	6.3%	73%
7	Lack of HC Communication due to Regs	4	6.3%	80%
8	Senior Care	4	6.3%	86%
Total Votes		64	100%	
Other needs receiving votes: Transportation, Affordable HC Services, OBG Providers, Owning your Health and Smoking/Vaping.				

Town Hall CHNA Findings: Areas of Strengths

Miami & Linn Co. (KS) - "Community Health Strengths"			
#	Topic	#	Topic
1	Community Collaboration	6	Charity Care
2	School Systems (Health & Education)	7	Community Gardens
3	Economic Growth	8	FQHC Operations
4	Recreational Activities	9	Access to Quality Local Providers
5	Farmers Market	10	Family Support (Accepting SNAP)

Key CHNA Wave #4 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2020 Robert Wood Johnson County Health Rankings, Miami County, KS Average was ranked 10th in Health Outcomes, 39th in Health Factors, and 103rd in Physical Environmental Quality out of the 105 Counties. Continually, Linn County, KS Average was ranked 87th in Health Outcomes, 102nd in Health Factors, and 104th in Physical Environmental Quality.

TAB 1. The county population is 34,237 (Miami) and 9,703 (Linn), with a population per square mile of approximately 57 (Miami) and 16.3 (Linn) persons. There is 6.7% (Miami) and 6.4% (Linn) of the population that is under the age of 5, while the population that is over 65 years old is 22.1% (Miami) and 15% (Linn). As of 2019, 3% (Miami) and 4.7% (Linn) of citizens that speak a language other than English in their home. Children in single parent households make up a total of 20.7% (Miami) and 25.9% (Linn) compared to the rural norm of 25.2%.

TAB 2. In these two counties, the average per capita income is \$28,435 (Miami) and \$31,006 (Linn) while 7.2% (Miami) and 8.3% (Linn) of the population is in poverty. The severe housing problem was recorded at 9.8% (Miami) and 11.7% (Linn) compared to the rural norm of 11.5%. Food insecurity is 11.3% (Miami) and 12.5% (Linn).

TAB 3. Children eligible for a free or reduced-price lunch is 43.4% (Miami) and 32.6% (Linn). On average, roughly ninety-three percent (Miami 94.3% and Linn 91.3%) of students graduated high school compared to the rural norm of 92.3% and 23.1% (Miami) and 28% (Linn) have a bachelor's degree or higher.

TAB 4. The percent of births where prenatal care began in the first trimester is 85.4% (Miami) and 73.4% (Linn), while 6.5% (Miami) and 6.2% (Linn) of births have a low birth weight. Continually, 42% (Miami) and 75.5% (Linn) of infants up to 24 months are receiving full immunization. The percent of mothers who were reported as smoking during pregnancy is 11.4% (Miami) and 22.2% (Linn).

TAB 5. The primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 1,949 (Miami) and 2,253 (Linn) residents. The preventable hospital rate per 100,000 (lower is better) is 6,306 (Miami) and 4,570 (Linn) compared to the rural norm of 4,467. The average (median) time patients spend in the emergency department before leaving was 109 minutes (Miami) compared to the rural norm of 110.8 minutes.

TAB 6. The percentage of the Medicare population reported with depression is 17.8% (Miami) and 17.4% (Linn). The percent of Medicare Part D beneficiaries receiving an opioid day supply >10 Days is 42.7% (Miami) and 52.3% (Linn). The average between both Miami and Linn county for mentally unhealthy days is 3.7 days in a one-week period (Miami 3.3 and Linn 4.0).

TAB 7a – 7b. The obesity percentage is 35.4% (Miami) and 40% (Linn), while physical inactivity percentage is 29.5% (Miami) and 33.7% (Linn). The percentage of adults who smoke is 15% (Miami) and 18.4% (Linn). The excessive drinking percentage is 18.3% (Miami) and 15.6% (Linn). The average Medicare hypertension percentage for Miami and Linn County is 53.2%, while their heart failure percentage is 13.2%. Those recorded having cancer among the Medicare population is 6.9% (Miami) and 6.8% (Linn), while 3.4% (Miami) and 3.3% (Linn) of individuals have had a stroke.

TAB 8. The adult uninsured rate for Miami County is 7.2% and for Linn County is 11.5% compared to the rural norm of 13%.

TAB 9. The life expectancy rate in Linn County is roughly seventy-seven years of age (76.6) while Miami County is seventy-nine years of age (79.2) for the entire general population. Alcohol-impaired driving deaths for Linn County was at 38% and Miami County is 21%. The age-adjusted Cancer Mortality rate per 100,000 is 161 (Linn) and 134.7 (Miami) while the Age-adjusted Heart Disease Mortality rate per 100,000 is at 176.8 (Linn) and 163.5 (Miami).

TAB 10. It was recorded as of 2019, that 63.6% of Linn County has access to exercise opportunities, while 62.2% have access in Miami County. In Linn County there are 15% of the population with diabetes monitoring and 11% in Miami County. Forty-six percent (46%) of women in Miami County seek annual mammography screenings, while Linn County has 40% of women receiving these screenings.

Key CHNA Wave #4 Primary Research Conclusions found:

Community Feedback from residents, community leaders and providers (N=271) provided the following community insights via an online perception survey:

- Using a Likert scale, 61.4% of Miami & Linn County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Miami & Linn County stakeholders are satisfied with some of the following services: Ambulance Services, Chiropractic, Dentists, Pharmacy.
- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health Services, Access to Affordable Care, Affordable Health Insurance, Lack of Healthcare Providers / Qualified Staff, and Nutrition – Healthy Food Options .

MCMC PSA - CHNA Wave #4		Ongoing Problem			Pressing
Past CHNAs Unmet Needs identified		MCMC PSA N=217		Trend	MCMC PSA
Rank	Ongoing Problem	Votes	%	Stake	RANK
1	Mental Health Services	68	10.5%		1
2	Affordable Health Insurance	64	9.9%		3
3	Nutrition - Healthy Food Options	53	8.2%		5
4	Exercise/Fitness Services	51	7.9%		10
5	Access to Affordable Care	50	7.7%		2
6	Diagnostics/Screenings	50	7.7%		9
7	Preventative Health / Wellness	48	7.4%		7
8	Lack of Healthcare Providers/Qualified Staff	46	7.1%		4
9	Affordable Senior Living	45	6.9%		11
10	Suicide Prevention	45	6.9%		6
11	Transportation	42	6.5%		13
12	Substance Abuse	38	5.9%		8
13	Chronic Care Management	33	5.1%		12
14	Culturally Competent Providers/Services	16	2.5%		14
TOTALS		649			

II. Methodology

[VVV Consultants LLC]

II. Methodology

a) CHNA Scope and Purpose

The federal Patient Protection and Affordable Care Act (ACA) requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs. Any hospital 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: Government 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.).

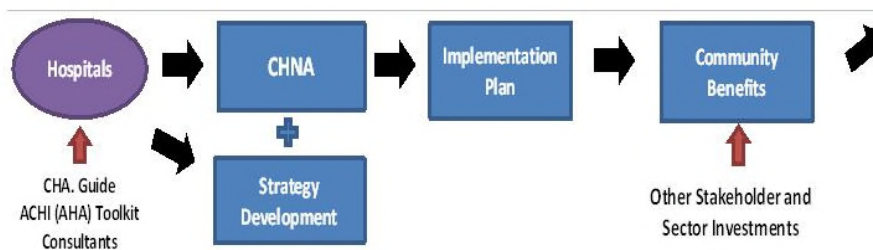
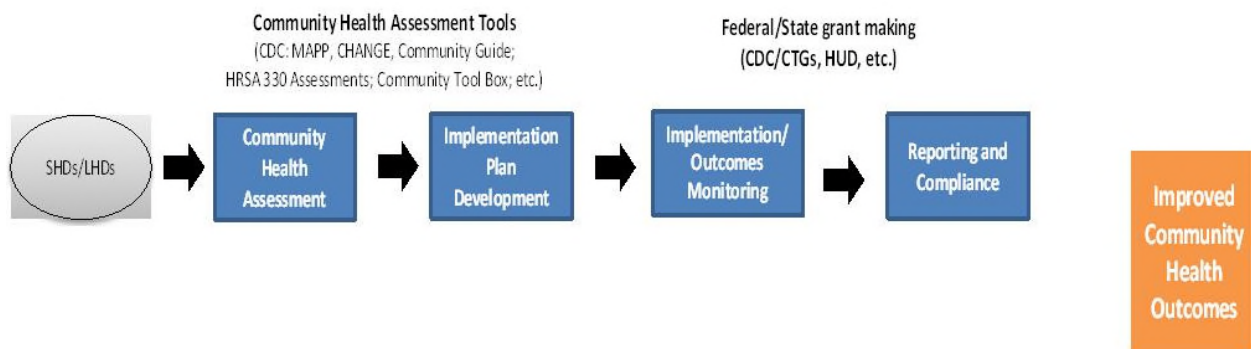
JOB #2: Making a CHNA Widely Available to the Public

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 complete a CHNA full report every 3 years for each of its hospital facilities by fiscal June 30th.

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(0)(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 describes 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 fifth 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 government 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, 2009, 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 hospitals and health department CHNA partners:

Miami County Medical Center

2100 Baptiste Drive

Paola, Kansas 66071

913-294-2327

CEO: Stan Holm

Miami County Medical Center (MCMC) is a member of the Olathe Health (OH) and has the same mission and value statement as OH.

About Us: MCMC has a 39-bed license and offers a 24-hour emergency care center staffed by certified emergency professionals. We also specialize in providing quality care in numerous subspecialties, including general surgery, orthopedics, cardiology, podiatry and urology. It recently added a withdrawal stabilization program as part of the Community Health Improvement Plan. In addition, MCMC has recently earned Emergent Stroke Ready designation from the American Heart Association. This means that we can diagnose, treat and transfer patients, if necessary, who are experiencing stroke-like symptoms. For every minute that a stroke patient does not get to a stroke designated facility, that person loses 1.0 million neurons and ages by three weeks. MCMC also operates three rural health clinics that offers family medicine, walk-in care and urgent care.

MCMC believes patients are special. The hospital has been recognized for its commitment to providing excellent patient care for a number of years. .

Mission:

To help people through healing, health and happiness.

Values:

At Olathe Health, we are:

- Driven by compassionate patient care
- Obsessed with quality, safety and service
- Passionate about our people
- Committed to our communities
- Inspired by innovation

Services and Specialties

As a member of Olathe Health, MCMC has access to numerous health delivery areas such as primary care, cardiac, oncology, surgery, diagnostic imaging, rehabilitation, home health and hospice care.

Allergy & Asthma
Arthritis & Rheumatology
Bariatric Surgery (Weight Loss)
Blood Disorders (Hematology)
Breast Care
Cancer Care (Oncology)
Cardiac and Pulmonary Rehab
Cardiothoracic Surgery
Cardiovascular Care (Heart)
Critical / Intensive Care
Dermatology
Diabetes Care
Doctors Who Deliver Babies
Ear, Nose & Throat (Otolaryngology)
Emergency Medicine
Endocrinology
Family Medicine
Gastroenterology
General Surgery
Hand Surgery
Hematology
Home Healthcare
Hospice
Infectious Disease
Infertility (Reproductive Endocrinology)
Internal Medicine
Joint Replacement
Laboratory
Mammography
Neonatology
Nephrology

Neurology
Obstetrics/Gynecology
Occupational Wellness
Oncology
Ophthalmology
Orthopedics & Sports Medicine
Pain Management
Palliative Medicine
Pediatrics
Physical Medicine and Rehabilitation
Plastic & Reconstructive Surgery
Podiatry
Pulmonology
Radiation Oncology
Radiology
Rehabilitation Services (Physical, Occupational, Speech)
Rheumatology
Robotic Surgery
Sinus Care
Sleep Disorders
Spine Surgery
Stroke Care
Surgery
TeleHealth
Urgent Care
Urology
Vascular Surgery
Vein Care Center
Wound Care and Hyperbaric Medicine

Miami County Health Department

1201 Lakemary Drive

Paola, KS 66071

Phone: 913-294-2431

Director: Rita McKoon, RN

About Us: The role of the Community Health Department is to provide leadership to the public health and medical communities in a coordinated effort to detect, respond to, and prevent illness. Programs administered by the Health Department include:

- Women's Health Care
- Immunizations for all ages
- Women's health care
- Women, Infant, and Children (WIC)
- Maternal and child health, services with home visitor
- Disease investigation and containment
- Chronic disease risk reduction
- Special health care needs
- Kan-Be-Healthy Screenings
- Nurse assessments and limited labs

Hours of Operation:

Services are offered Monday through Friday by appointment only.

Monday, Tuesday, Thursday and Friday:

8:00 AM to 12:00 PM

1:00 PM to 4:30 PM

Wednesday:

8:00 AM to 12:00 PM

1:00 PM to 5:30 PM

Our Vision:

Healthy People in a Healthy Community

Our Guiding Principles:

Evidence-based practice

Cross-sector communication and collaboration

Education & Outreach

Empowering members of the community to make informed and healthy choices.

Our Mission:

To provide the citizens of Miami County with optimum health care through education of disease prevention, control, and health maintenance. To work with our community health providers to coordinate health care and provide continuity of care for Miami County.

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 MHA – Director, Project Management

VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences (BHS)
 - Park University - Masters of Health Administration (MHA)
- 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 January of 2021 for Miami County Medical Center (MCMC) located in Miami & Linn County, KS to meet Federal IRS CHNA requirements.

In late December 2020, a meeting was called by Miami County Medical Center 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 leaders at MCMC to request 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:

Miami County Medical Center - Define PSA					Inpatients			Outpatients		
Source: KHA - FFY 2018-20		90,120	Totals - IP/OP		513	522	448	32,504	29,116	27,017
Patient Zip Code	County	3YR TOT	%	Accum	FFY18	FFY19	FFY20	FFY18	FFY19	FFY20
66071-Paola, KS	Miami	35,831	39.8%	39.8%	182	190	165	13,063	11,748	10,483
66064-Osawatomie, KS	Miami	17,741	19.7%	59.5%	102	109	95	6650	5632	5153
66040-La Cygne, KS	Linn	6,528	7.2%	66.7%	41	42	39	2308	2170	1928
66053-Louisburg, KS	Miami	7,578	8.4%	75.1%	36	43	29	2742	2376	2352
66075-Pleasanton, KS	Linn	1,563	1.7%	76.9%	17	14	22	453	493	564
66056-Mound City, KS	Linn	2,189	2.4%	79.3%	14	19	18	773	729	636
66072-Parker, KS	Linn	2,345	2.6%	81.9%	12	12	11	781	719	810

© 2021 Hospital Industry Data Institute

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

A) Conduct secondary research to uncover the following historical community health status for the primary service area. Use valid health indicator sources cited to document current state of county health organized as follows:

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

B) Survey Community Stakeholders to inquire about past CHNA unmet needs and obtain current health delivery trends and document on going health issues.

Phase III—Quantify Community Need:

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

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

Complete full documentation to create each CHNA sections documented in Table of Contents. Publish hard copy reports (2) for client usage plus create a full CHNA report pdf to be posted on hospital website to meet government CHNA regulation criteria.

Detail CHNA Development Steps Include:

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

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 Detail Sources
Business Quick Facts
Centers for Medicare and Medicaid Services
CMS Hospital 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
US 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 site 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.

Miami County Medical Center			
VVV CHNA Wave #4 Work Plan - Year 2021			
Project Timeline & Roles - Draft as of 1/12/21			
Step	Timeframe	Lead	Task
1	Oct. 2020	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	11/17/2020	Hosp	Select CHNA Wave #4 Option B. Approve (sign) VVV CHNA quote
3	Dec, 2020	VVV	Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	1/12/2021	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)
5	Prior To Kick-Off	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	Jan-Feb 2021	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	2/10/2021	VVV / Hosp	Prepare/send out PR story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	By 3/15/2021	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
9	4/1/2021	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 5/01/2021 for Online Survey
10	5/3/2021	Hosp	Prepare/send out Community TOWN HALL invite letter and place local AD.
11	5/7/2021	VVV / Hosp	Prepare/send out PR story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
12	5/7/2021	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	Thursday, 6/10/2021	VVV	Conduct CHNA Town Hall. Breakfast 7:30-9am (location TBD) Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 7/15/2021	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 7/30/2021	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	TBD	Hosp	Conduct Client Implementation Plan PSA Leadership meeting
17	On or Before 12/31/2021	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

Overview of Town Hall Community Priority Setting Process

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

All Town Hall priority-setting and scoring processes involve the input of key stakeholders in attendance. Individuals and organizations attending the Town Halls were critically important to the success of the CHNA. The following list outlines partners invited to Town Hall: local hospital, public health community, mental health community, free clinics, community-based clinics, service providers, 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.

Miami & Linn County, KS Town Hall was held on Thursday June 10th, 2021, onsite following COVID-19 safety requirements. Vince Vandehaar (MBA) and Cassandra Kahl (MHA) facilitated this 1½ hour session with 24 RSVP's and 16 attendees. (Note: a detail roster of Town Hall attendees is listed in Section V).

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) and Primary Online survey results.
4. Facilitate Town Hall participant discussion of data (probe health strengths / concerns). Reflect on size and seriousness of any health concerns cited and discuss current community health strengths.
5. Engage Town Hall participants to rank health needs (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, VVV Consultants 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 Town Hall Meeting - MCMC

Primary Service Area – Miami / Linn Counties (KS)



VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

1

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

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

3

Safe Table Seating Assignments

Miami County Medical Center Town Hall June 10th

#	Table	Lead	Last	First	Organization	Title	City
1	A	■	Karen	Barrett	Olathe Health Family Medicine	Medical Office Supervisor	Osawatomie
2	A		Luce	Paul	MCMC		
3	A		Roberts	Bob	Miami County Kansas	Commission Chairman	Paola
4	A		Waddle	Beth	MW Father's House	President/CEO	Paola
5	B	■	Beer	Christena	Miami County Health Depart	RN	Paola
6	B		Amy	Falk	Health Partnership Clinic	CEO	Olathe/Paola
7	B		Levings	Christy			Osawatomie
8	B		McEride	Ty	Miami County Medical Center	Rehab Manager	Paola
9	C	■	Sanders	Janelle	Paola Chamber of Commerce	Executive Director	Paola
10	C		Katherine	Jones	Olathe Health	Medical Office Supervisor	Paola
11	C		McRae	Janet	Miami County	Director of Econ Development	Paola
12	C		Shields	LeAnn	City of Paola	City Council Member	Paol
13	D	■	Govea	Mark	City of Osawatomie	Mayor	Osawatomie
14	D		Mieck	Matt	Paola USD 308	Superintendent	Paola
15	D		Scanlon	Mike	City of Osawatomie	City Manager	Osawatomie
16	D		Dossett	Jeff	Olathe Health	COO	Olathe
17	E	■	Fleming	Sid	City of Paola	City Manager	Paola
18	E		Moon	Mike			Osawatomie
19	E		Rice	Catherine	Health Partnership	VP Comm Relations & Outreach	Olathe
20	F		Jensen	Mike	Olathe Health	Chief Strategy Officer	
21	F	■	Burrow	Frank	Miami County EMS	Deputy Chief	Paola
22	F		Shirlene	Johnson	RHC	MOS	LaCygne
23	F		Vaughan	Tyler	Miami County Commission	Commissioner	Spring Hill
24	F		Kane	Lacey	Olathe Health	Community Outreach Liaison	Olathe

2

I. Introduction: Who We Are

Background and Experience





Vince Vandelaar, 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 (BHS)
 - Park University - MHA
- Pharmacy Management (CVS) – 2 ½ years
- Hometown: Maple, WI

*NOTE: Vince started VVV Consultants LLC on 1/1/2009, after working for Saint Luke's Health System of Kansas City for 16 years. Saint Luke's Hospital of KC, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003.

4

Town Hall Participation (You)

- ALL attendees practice "Safe Engagement". We will work together - Table Teams
- ALL attendees welcome to share. Engaging Conversation (No right or wrong answer)
 - Parking Lot
- ALL Take Notes – Important Health Indicators
- Please give truthful responses – Serious Community Conversation. Here to Update Unmet Needs List.
- Have a little fun along the way

5

A Conversation with the Community & Stakeholders

Community members and organizations invited to CHNA Town Hall

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

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

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

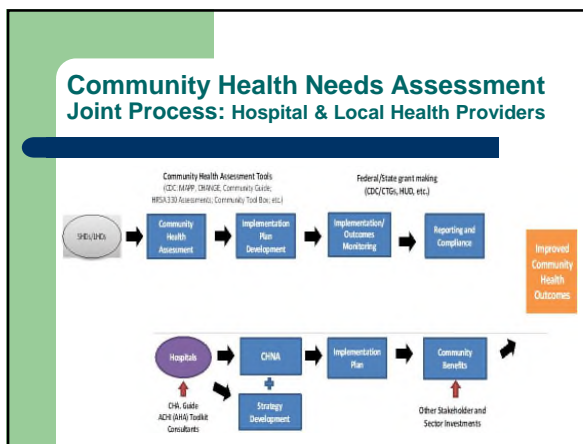
Other providers: Physicians, Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services, Leaders from Catholic Charities and other faith-based service providers, Mental health providers, Oral health providers, Health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

7

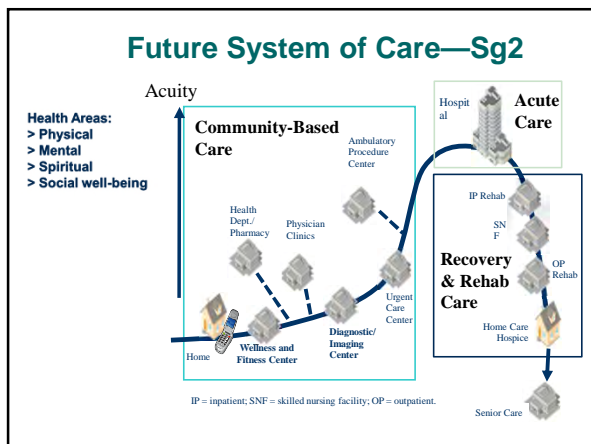
Review of a CHNA

- **A Community Health Needs Assessment (CHNA) is a...**
 - Systematic collection, assembly, analysis, and dissemination of information about the health of the community.
- A CHNA's role is to....
 - Identify factors that affect the health of a population and determine the availability of resources to adequately address those factors.
- **Purpose of a CHNA – Why Conduct One?**
 - Determine health-related trends and issues of the community
 - Understand / evaluate health delivery programs in place.
 - Meet Federal requirements – both local hospital and health department
 - Develop Implementation Plan strategies to address unmet health needs (4-6 weeks after Town Hall)

6



8

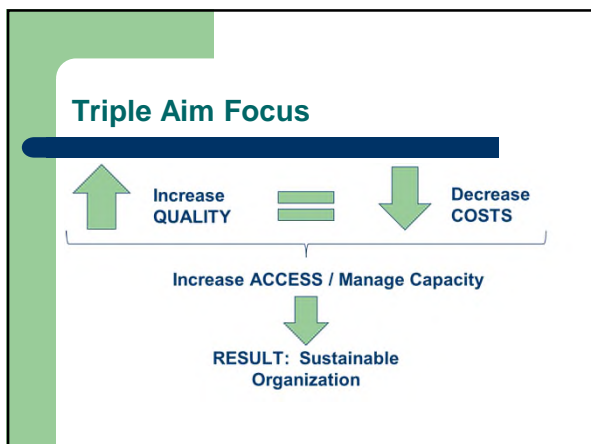


9

II. IRS Hospital CHNA Written Report Documentation – Table of Contents

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

11



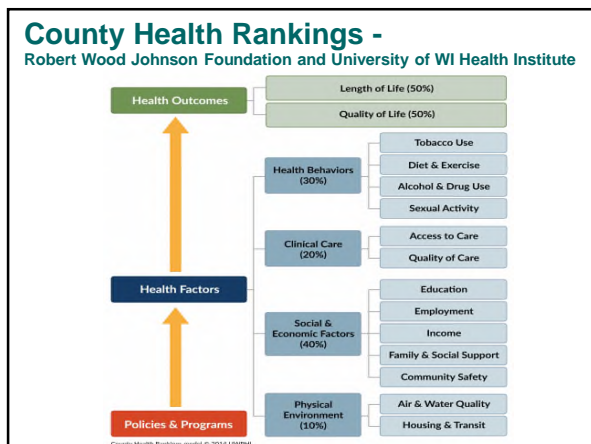
10

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

Trends: Good Same Poor

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

12



13

"Table Lead" Report Out....

Unmet Needs and Strengths

Miami County Medical Center Town Hall June 10th							
#	Table Lead	Last	First	Organization	Title	City	
1	A	##	Karen	Barrett	Olathe Health Family Medicine	Medical Office Supervisor	Oswatonia
2	A		Luce	Paul	MCMC		
3	A		Roberts	Rob	Miami County Jail/Cor	Commission Chairman	Paola
4	A		Waddie	Beth	My Father's House	President/CEO	Paola
5	B	##	Beer	Christina	Miami County Health Depart	RN	Paola
6	B		Amy	Palk	Health Partnership Clinic	CEO	Olathe/Paola
7	B		Levings	Christy			Oswatonia
8	B		McDorie	Ty			Paola
9	C	##	Sanders	Janelle	Paola Chamber of Commerce	Executive Director	Paola
10	C		Katherine	Jones	Olathe Health	Medical Office Supervisor	Paola
11	C		McRae	Janet	Miami County	Director of Econ Development	Paola
12	C		Shields	LeAnn	City of Paola	City Council Member	Paola
13	D	##	Govea	Mark	City of Oswatonia	Mayor	Oswatonia
14	D		Meek	Matt	Paola USD 388	Superintendent	Paola
15	D		Scanlon	Mike	City of Oswatonia	City Manager	Oswatonia
16	D		Dossett	Jeff	Olathe Health	COO	Olathe
17	E	##	Fleming	Suz	City of Paola	City Manager	Paola
18	E		Moon	Mike			Oswatonia
19	E		Rice	Catherine	Health Partnership	VP Comm Relations & Outreach	Olathe
20	E		Jensen	Mike	Olathe Health	Chief Strategy Officer	
21	F	##	Burrow	Frank	Miami County EMS	Deputy Chief	Paola
22	F		Shirone	Johnson	BMC		LaCygne
23	F		Vaughan	Tyler	Miami County Commission	Commissioner	Spring Hill
24	F		Kane	Lacey	Olathe Health	Community Outreach Liaison	Olathe

15

IV. Collect Community Health Perspectives

Ask your opinion. Your thoughts?

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

14

Community Health Needs Assessment

Questions; Next Steps?

VVV Consultants LLC
601 N Mahaffie
Olathe, KS 66061

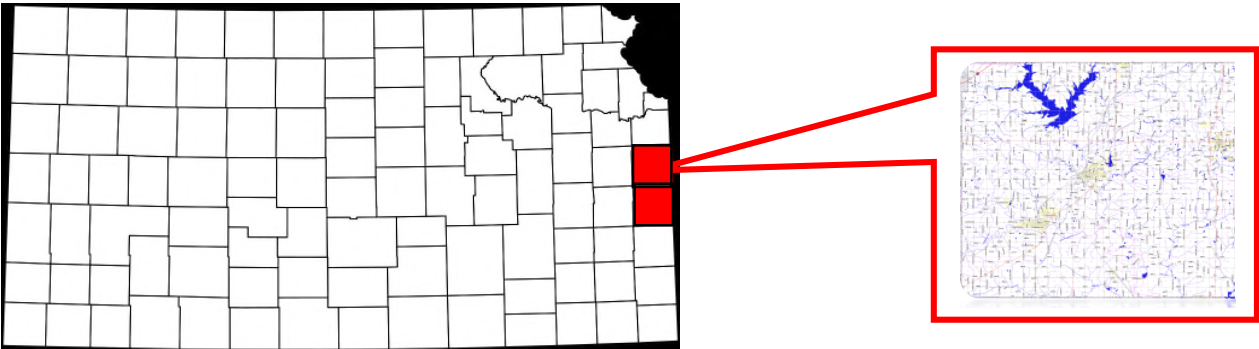
VVV@VandehaarMarketing.com
CJK@VandehaarMarketing.com
(913) 302-7264

16

II. Methodology

d) Community Profile (A Description of Community Served)

Miami and Linn County (KS) Community Profile



The population of Miami County was estimated to be 33,748 citizens in 2018 and a population density of 59 persons per square mile. Miami County covers 590 square miles and is in east Kansas.

The major highway transportation access to Miami County is Interstate 169 through Spring Hill, Osawatomie and Paola, Kansas. Interstate 69 runs vertical through Miami County and near Louisburg, Kansas.

Miami County (KS) Community Profile

Miami County Pubic Airports¹

Name	USGS Topo Map
Albright Airport	Bucyrus
Amar Farms Airport	Wellsville
Chiles Airpark	Bucyrus
Cloud 9 Airport	Paola East
Crosswind Airfield	Louisburg
Dunn Field	Lane
Flying Z Ranch Airport	Spring Hill
Hayden Farm Airport	Antioch
Linders Cow-Chip Airport	Spring Hill
Miami County Airport	Paola West
Pine Sod Ranch Airport	Bucyrus

Schools in Miami County: Public Schools²

School	Address	Phone	Levels
Broadmoor Elementary	105 S 5th St East Louisburg, KS 66053	913-837-1900	3-5
Cottonwood Elem	709 N Hedge Lane Paola, KS 66071	913-294-8050	PK-2
Louisburg High	202 Aquatic Dr Louisburg, KS 66053	913-837-1720	9-12
Louisburg Middle	505 E Amity Louisburg, KS 66053	913-837-1800	6-8
Osawatomie High	1200 Trojan Dr Osawatomie, KS 66064	913-755-2191	9-12
Osawatomie Middle School	428 Pacific Osawatomie, KS 66064	913-755-4155	6-8
Paola High	401 N Angela Paola, KS 66071	913-294-8010	9-12
Paola Middle	405 Hospital Dr Paola, KS 66071	913-294-8030	6-8
Rockville Elementary School	977 N Rockville Rd Louisburg, KS 66053	913-837-1970	PK-2
Spring Hill Middle School	301 E South St Spring Hill, KS 66083	913-592-7288	6-8
Sunflower Elem	1401 E 303rd St Paola, KS 66071	913-294-8040	3-5
Swenson Early Childhood Education Center	1901 Parker Ave Osawatomie, KS 66064	913-755-3220	PK-K
Trojan Elem	1902 Parker Ave Osawatomie, KS 66064	913-755-4133	1-5

¹ <https://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20121.cfm>

² <https://kansas.hometownlocator.com/schools/sorted-by-county,n,miami.cfm>

Miami County, KS - Detail Demographic Profile

ZIP	NAME	County	Population			Households		HH	Per Capita
			Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
66013	Bucyrus	Miami	2150	2308	-6.8%	735	785	2.93	\$47,160
66026	Fontana	Miami	773	793	-2.5%	285	293	2.71	\$29,029
66053	Louisburg	Miami	8464	8841	-4.3%	3101	3243	2.7	\$32,969
66064	Osawatomie	Miami	6615	6747	-2.0%	2439	2490	2.6	\$22,093
66071	Paola	Miami	13110	13473	-2.7%	5086	5248	2.52	\$30,158
Totals			31,112	32,162	3.4%	11,646	12,059	2.7	\$32,282

ZIP	NAME	County	Population				Year 2020		Females
			Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
66013	Bucyrus	Miami	2150	397	623	192	1,080	1070	191
66026	Fontana	Miami	773	157	207	68	400	373	65
66053	Louisburg	Miami	8464	1224	2802	935	4,175	4289	948
66064	Osawatomie	Miami	6615	1064	2186	785	3,239	3376	821
66071	Paola	Miami	13110	2446	3860	1465	6,387	6723	1404
Totals			31,112	5,288	9,678	3,445	15,281	15,831	3,429

ZIP	NAME	County	Population 2020				Average Households 2020		
			Caucasian	African Amer	Amer Ind.	Hispanic	HH Inc	HH	HH \$50K+
66013	Bucyrus	Miami	2,034	19	13	75	\$106,419	735	670
66026	Fontana	Miami	734	5	3	30	\$68,958	285	206
66053	Louisburg	Miami	8,125	34	51	313	\$71,776	3101	2189
66064	Osawatomie	Miami	6,106	152	73	231	\$45,931	2439	1252
66071	Paola	Miami	12,345	183	105	380	\$60,789	5086	3200
Totals			29,344	393	245	1,029	\$70,775	11,646	7,517

Source: ERSA Demographics

Linn County, KS - Detail Demographic Profile

ZIP	NAME	County	Population			Households		HH	Per Capita
			Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
66010	Blue Mound	Linn	622	633	1.8%	264	269	2.36	\$29,530
66040	La Cygne	Linn	3610	3718	3.0%	1523	1577	2.37	\$26,922
66056	Mound City	Linn	1760	1791	1.8%	777	793	2.23	\$25,553
66072	Parker	Linn	1038	1039	0.1%	398	401	2.61	\$25,781
66075	Pleasanton	Linn	2258	2323	2.9%	974	1006	2.31	\$23,612
66767	Prescott	Linn	557	567	1.8%	229	234	2.33	\$26,188
Totals			9,845	10,071	2.3%	4,165	4,280	2.4	\$26,264

ZIP	NAME	County	Population				Year 2020		Females
			Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
66010	Blue Mound	Linn	622	153	169	64	326	296	62
66040	La Cygne	Linn	3610	839	981	363	1,810	1800	346
66056	Mound City	Linn	1760	456	455	185	867	893	172
66072	Parker	Linn	1038	197	317	109	526	512	107
66075	Pleasanton	Linn	2258	523	638	248	1,092	1166	253
66767	Prescott	Linn	557	137	128	62	280	277	51
Totals			9,845	2,305	2,688	1,031	4,901	4,944	991

ZIP	NAME	County	Population 2020				Average Households 2020		
			Caucasian	African Amer	Amer Ind.	Hispanic	HH Inc	HH	HH \$50K+
66010	Blue Mound	Linn	597	1	1	11	\$53,233	264	148
66040	La Cygne	Linn	3,426	25	40	97	\$52,263	1523	853
66056	Mound City	Linn	1,672	17	12	47	\$39,807	777	346
66072	Parker	Linn	998	13	2	44	\$57,028	398	250
66075	Pleasanton	Linn	2,095	34	13	92	\$38,656	974	457
66767	Prescott	Linn	511	6	3	25	\$51,496	229	128
Totals			9,299	96	71	316	\$48,747	4,165	2,182

Source: ERSA Demographics

III. Community Health Status

[VVV Consultants LLC]

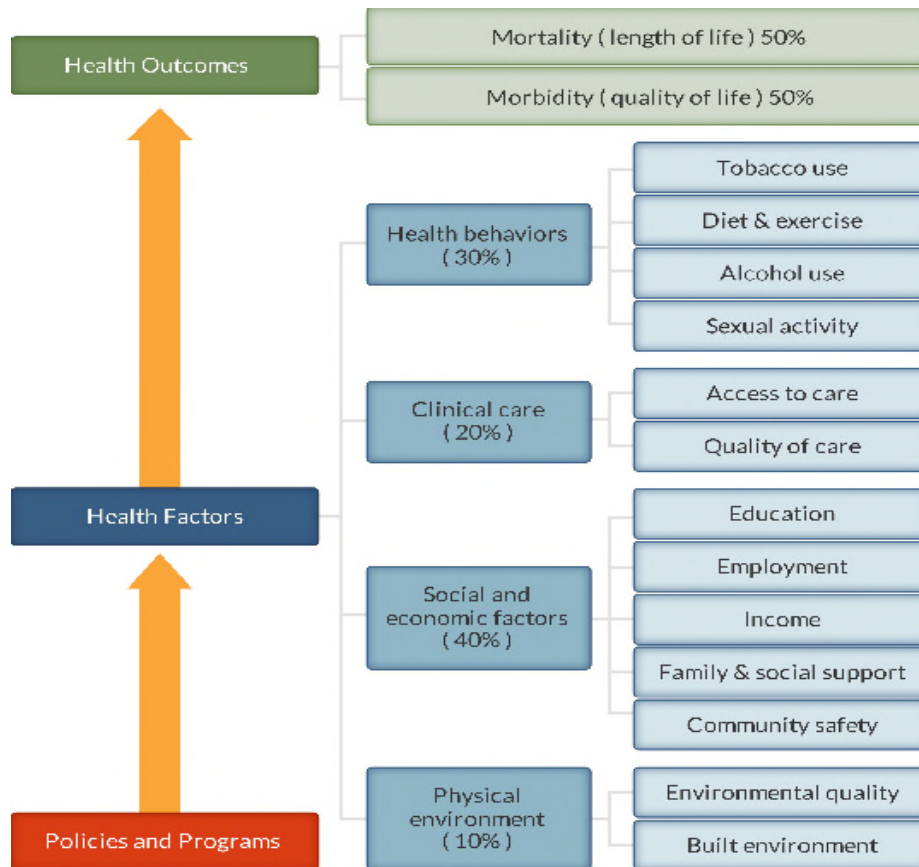
III. Community Health Status

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, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2020 RWJ County Health Rankings and conversations from Town Hall participantes. 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 ©2012 UWPHI

National Research – Year 2021 RWJ Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Linn Co.	TREND	Miami Co.	TREND	EC KS NORM (N=15)
1	Health Outcomes		87		10		56
2	Mortality	Length of Life	95		25		51
3	Morbidity	Quality of Life	68		7		58
4	Health Factors		102		39		69
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	99		27		67
6	Clinical Care	Access to care / Quality of Care	77		33		39
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	102		30		70
8	Physical Environment	Environmental quality	104		103		74

<http://www.countyhealthrankings.org>, released 2021

Kansas Big KS Norm (N=15) includes the following counties: Allen, Anderson, Bourbon, Chase, Coffey, Dickinson, Franklin, Greenwood, Linn, Lyon, Marion, Morris, Osage, and Woodson

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	Linn Co.	Trend	Miami Co.	Trend	State of KS	EC KS Norm (N=15)	Source
1	a	Population estimates, July 1, 2019, (V2019)	9,703		34,237		#####	13,954	People Quick Facts
	b	Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	7.3%		-4.1%		2.1%	-3.5%	People Quick Facts
	c	Population per square mile, 2010 (V2019)	16.3		57.0		34.9	21.4	Geography Quick Facts
	d	Persons under 5 years, percent, 2019, (V2019)	6.4%		6.7%		6.4%	6.3%	People Quick Facts
	e	Persons 65 years and over, percent, 2019, (V2019)	15.0%		22.1%		16.3%	20.0%	People Quick Facts
	f	Female persons, percent, 2019, (V2019)	46.7%		50.3%		50.2%	49.7%	People Quick Facts
	g	White alone, percent, 2019, (V2019)	84.8%		96.5%		86.3%	93.0%	People Quick Facts
	h	Black or African American alone, percent, 2019, (V2019)	9.3%		0.6%		6.1%	2.1%	People Quick Facts
	i	Hispanic or Latino, percent, 2019, (V2019)	7.3%		2.7%		12.2%	11.3%	People Quick Facts
	j	Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	4.7%		3.0%		11.9%	10.1%	People Quick Facts
	k	Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	79.1%		88.6%		83.8%	86.3%	People Quick Facts
	l	Children in single-parent households, percent, 2014-2018	25.9%		20.7%		29.0%	25.2%	County Health Rankings
	m	Total Veterans, 2015-2019	708		2,189		176,444	992	People Quick Facts

Tab 2: Economic Profile

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

Tab		Economic - Health Indicators	Linn Co.	Trend	Miami Co.	Trend	State of KS	EC KS Norm (N=15)	Source
2	a	Per capita income in past 12 months (in 2019 dollars), 2015-2019	#####		\$28,435		\$31,814	\$28,429	People Quick Facts
	b	Persons in poverty, percent	8.3%		7.2%		11.4%	12.2%	People Quick Facts
	c	Total Housing units, July 1, 2019, (V2019)	5,694		14,034		1,288,401	6,762	People Quick Facts
	d	Total Persons per household, 2015-2019	2.2		2.1		2.5	2.2	People Quick Facts
	e	Severe housing problems, percent, 2012-2016	11.7%		9.8%		13.0%	11.5%	County Health Rankings
	f	Total of All firms, 2012	930		2,696		239,118	1,164	Business Quick Facts
	g	Unemployment, percent, 2018	3.6%		2.6%		3.4%	3.2%	County Health Rankings
	h	Food insecurity, percent, 2017	12.5%		11.3%		13.0%	12.1%	County Health Rankings
	i	Limited access to healthy foods, percent, 2010	10.2%		4.8%		8.0%	10.5%	County Health Rankings
	j	Low income and low access to store, percent, 2015	10.2%		4.8%		NA	10.5%	U.S. Department of Agriculture - Food Environment Atlas
	k	Long commute - driving alone, percent, 2011-2015	34.8%		14.1%		21.0%	20.7%	County Health Rankings

Tab 3: Educational Profile

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

Tab	Educative - Health Indicator	Linn Co.	Trend	Miami Co.	Trend	State of KS	EC KS Norm (N=15)	Source
3	a Children eligible for free or reduced price lunch, percent, 2017-2018	32.6%		43.4%		48.0%	50.2%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2015-2019	91.3%		94.3%		91.0%	92.3%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	28.0%		23.1%		33.4%	25.9%	People Quick Facts

#	School Health Indicators by District	Paola	Louisburg	Osawatomie
	Information reporting timeframe	Update 2018	Update 2018	Update 2021
1	Total # Public School Nurses	2	2	3
2	School Nurse is part of the IEP team	Yes	Yes	Yes
3	School Wellness Plan in place (Active)	Yes	Yes	Yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	1193 / 63 / NA	974 / 91 / 9	Yes
5	HEARING: # Screened / Referred to Prof / Seen by Professional	897 / 18 / NA	550 / 46 / 13	Yes
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	NA	1413 / 662 / 3	Yes
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	NA	NA	Yes
8	# of Students served with no identified chronic health concerns	1093	1996	1112
9	School has a suicide prevention program	Yes	Yes	Yes
10	Compliance on required vaccinations (%)	95%	100%	100%

Tab 4: Maternal / Infant Profile

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

Tab	Maternal/Infant - Health Indicators	Linn Co.	Trend	Miami Co.	Trend	State of KS	EC KS Norm (N=15)	Source
4	a Percent of Births Where Prenatal Care began in First Trimester, 2017-2019	73.4%		85.4%		81.0%	80.2%	Kansas Health Matters
	b Percentage of Premature Births, 2017-2018	8.5%		9.1%		9.7%	9.7%	Kansas Health Matters
	c Percent of Infants up to 24 months that received full Immunizations, 2017-2019	75.5%		42.0%		71.1%	70.8%	Kansas Health Matters
	d Percent of Births with Low Birth Weight, 2017-2019	6.2%		6.5%		7.5%	7.8%	Kansas Health Matters
	e Percent of WIC Mothers Breastfeeding Exclusively, percent, 2018	NA		17.5%		14.1%	17.0%	Kansas Health Matters
	f Percent of all Births Occurring to Teens (15-19), 2017-2019	8.8%		5.4%		5.5%	6.1%	Kansas Health Matters
	g Percent of births Where Mother Smoked During Pregnancy, 2017-2019	22.2%		11.4%		9.4%	16.6%	Kansas Health Matters

Tab 4: Maternal / Infant Profile (Continued)

#	Criteria - Vital Statistics	Miami Co. (KS)	Trend	Linn Co. (KS)	Kansas	EC KS Norm (N=15)
a	Total Live Births, 2015	354		416	39,126	160
b	Total Live Births, 2016	345		417	38,048	161
c	Total Live Births, 2017	387		393	36,464	158
d	Total Live Births, 2018	371		406	36,268	156
e	Total Live Births, 2019	325		362	35,395	146
f	Total Live Births, 2015- 2019 - 5 year Rate (%)	10.7%		12.0%	12.7%	10.9%

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	Linn Co.	Trend	Miami Co.	Trend	State of KS	EC KS Norm (N=15)	Source
5	a Primary care physicians (Pop Coverage per) (No extenders incl.) , 2017	2253:1		1949:1		1295:1	2804:1	County Health Rankings
	b Preventable hospital rate per 100,000, 2018 (lower the better)	4,570		6,306		4024	4,467	County Health Rankings
	c Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	NA		82%		78.0%	79.7%	CMS Hospital Compare, Latest Release
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	NA		75%		78.0%	72.2%	CMS Hospital Compare, Latest Release
	e Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	NA		109.0		112.0	110.8	CMS Hospital Compare, Latest Release

#	KS Hospital Assoc PO103	Total Miami Co (KS) - IP			Total Linn Co (KS) - IP		
		FFY2018	FFY2019	FFY2020	FFY2018	FFY2019	FFY2020
1	Total Discharges	3259	3405	3083	1252	1334	1329
2	Total IP Discharges-Age 0-17 Ped	160	168	145	48	52	55
3	Total IP Discharges-Age 18-44	243	309	285	96	116	104
4	Total IP Discharges-Age 45-64	834	827	780	287	339	388
5	Total IP Discharges-Age 65-74	557	545	504	249	262	245
6	Total IP Discharges-Age 75+	752	829	734	314	294	275
7	Psychiatric	163	145	122	53	73	68
8	Obstetric	305	313	275	114	111	112
#	KS Hospital Assoc PO103	MCMC IP Only			MCMC IP Only		
		FFY2018	FFY2019	FFY2020	FFY2018	FFY2019	FFY2020
1	Total Discharges	324	349	298	97	101	102
2	Total IP Discharges-Age 0-17 Ped	0	0	2	0	0	1
3	Total IP Discharges-Age 18-44	24	46	44	4	2	5
4	Total IP Discharges-Age 45-64	101	99	87	27	35	40
5	Total IP Discharges-Age 65-74	64	66	53	20	20	22
6	Total IP Discharges-Age 75+	134	134	111	45	42	34
7	Psychiatric	1	4	1	0	2	0
8	Obstetric	0	0	0	1	0	0
#	Kansas Hospital Assoc OP TOT223E	FFY2018	FFY2019	FFY2020	FFY2018	FFY2019	FFY2020
	MCMC ER Share - Paola / Osawatomie	63.0%	62.5%	64.2%	68.4%	67.6%	66.3%

Tab 6: Behavioral / Mental Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Mental - Health Indicator	Linn Co.	Trend	Miami Co.	Trend	State of KS	EC KS Norm (N=15)	Source
6	a Depression: Medicare Population, percent, 2018	17.4%	Yellow	17.8%	Yellow	19.8%	17.2%	Kansas Health Matters
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2017-2019 (lower is better)	24.1	Red	20.3	Yellow	18.7	23.0	Kansas Health Matters
	c Mental Behavioral Hospital Admission Rates per 100,000, 2017-2019	66.5	Red	47.1	Green	70.8	57.3	Kansas Health Matters
	k Percent of Medicare Part D Beneficiaries Receiving Opioids Supply >10 Days, 2017	52.3%	Red	42.7%	Yellow	37.8%	43.3%	Kansas Health Matters
	d Average Number of mentally unhealthy days, 2017	4.0	Red	3.3	Yellow	3.7	3.8	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	Linn Co.	Trend	Miami Co.	Trend	State of KS	EC KS Norm (N=15)	Source
7a	a Adult obesity, percent, 2016	40.0%	Red	35.4%	Yellow	33.0%	37.1%	County Health Rankings
	b Adult smoking, percent, 2017	18.4%	Red	15.0%	Yellow	17.0%	17.0%	County Health Rankings
	c Excessive drinking, percent, 2017	15.6%	Yellow	18.3%	Red	19.0%	16.4%	County Health Rankings
	d Physical inactivity, percent, 2017	33.7%	Red	29.5%	Red	25.0%	28.7%	County Health Rankings
	e # of Physically unhealthy days, 2017	3.7	Red	3.0	Yellow	3.6	3.6	County Health Rankings
	f Sexually transmitted infections (chlamydia), rate per 100,000 - 2017	350	Red	224.1	Yellow	13,554	247	County Health Rankings

Tab 7b: Chronic Risk Profile

Tab	Chronic - Health Indicator	Linn Co.	Trend	Miami Co.	Trend	State of KS	EC KS Norm (N=15)	Source
7b	a Hypertension: Medicare Population, 2018	52.7%	Yellow	53.6%	Yellow	55.9%	55.2%	Kansas Health Matters
	b Hyperlipidemia: Medicare Population, 2018	45.4%	Red	47.0%	Red	43.9%	40.8%	Kansas Health Matters
	c Heart Failure: Medicare Population, 2018	13.7%	Red	12.7%	Yellow	13.5%	13.5%	Kansas Health Matters
	d Chronic Kidney Disease: Medicare Pop, 2018	21.9%	Red	21.4%	Yellow	22.5%	21.3%	Kansas Health Matters
	e COPD: Medicare Population, 2018	11.7%	Yellow	9.8%	Green	11.9%	12.2%	Kansas Health Matters
	f Atrial Fibrillation: Medicare Population, 2018	8.4%	Yellow	9.6%	Red	8.8%	8.7%	Kansas Health Matters
	g Cancer: Medicare Population, 2018	6.8%	Yellow	6.9%	Yellow	8.1%	7.5%	Kansas Health Matters
	h Osteoporosis: Medicare Population, 2018	3.6%	Green	4.0%	Yellow	6.1%	4.4%	Kansas Health Matters
	i Asthma: Medicare Population, 2018	3.0%	Yellow	3.6%	Yellow	4.3%	3.6%	Kansas Health Matters
	j Stroke: Medicare Population, 2018	3.3%	Red	3.4%	Red	3.1%	3.0%	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	Linn Co.	Trend	Miami Co.	Trend	State of KS	EC KS Norm (N=15)	Source
8	a Uninsured, percent, 2017	11.5%		7.2%		10.0%	13.0%	County Health Rankings

#	Community Benefit Report - MCMC	YR 2018	YR 2019	YR 2020
1	Charity Care and Means-Tested Government Programs	\$1,686,793	\$1,772,789	\$1,768,656
2	Subsidized Health Services	\$58,412	\$78,303	\$2,098,849
3	Health Professionals Education	\$126,206	\$106,287	\$3,229
4	General Community support	\$85,852	\$65,221	\$54,000

Tab 9: Mortality Profile

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

Tab	Mortality - Health Indicator	Linn Co.	Trend	Miami Co.	Trend	State of KS	EC KS Norm (N=15)	Source
9	a Life Expectancy, 2016 - 2018	76.6		79.2		78.5	77.5	Kansas Health Matters
	b Age-adjusted Cancer Mortality Rate per 100,000 population, 2016-2018 (lower is better)	161.0		134.7		155.3	168.4	Kansas Health Matters
	c Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2016-2018 (lower is better)	176.8		163.5		156.7	180.5	Kansas Health Matters
	d Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2017-2019 (Lower is better)	38.1		56.9		49.7	53.9	Kansas Health Matters
	e Alcohol-impaired driving deaths, percent, 2015-2019	38.0%		21.0%		21.9%	16.6%	County Health Rankings
	f Total # Deaths involving COVID-19 if released, 2021	4		19		3575	14.1	NY Times

Causes of Death by County of Residence, KS 2016	Miami Co. KS	%	Trend	Kansas	%
TOTAL	300			27,312	
Hypertensive Renal Disease	82	27.3%		3,603	13.2%
Chronic lower respiratory diseases	52	17.3%		1,774	6.5%
Heart disease	52	17.3%		5,520	20.2%
Cancer	46	15.3%		5,537	20.3%
Suicide	30	10.0%		3,085	11.3%
Cancer of the Trachea, Bronchus, and Lungs	17	5.7%		1,180	4.3%
Deaths involving COVID-19	16	5.3%		4	0.01%
Residual Infections and Parasitic Diseases	16	5.3%		514	1.9%
Ischemic Heart Disease	15	5.0%		53	0.2%
Atherosclerosis (Artery)	13	4.3%		81	0.3%
Chronic liver disease and cirrhosis	11	3.7%		398	1.5%

Causes of Death by County of Residence, KS 2016	Linn Co. KS	%	Trend	Kansas	%
TOTAL	115			27,312	
Heart disease	30	26.1%		5,520	20.2%
Cancer	25	21.7%		5,537	20.3%
Hypertensive Renal Disease	23	20.0%		3,603	13.2%
Suicide	22	19.1%		3,085	11.3%
Chronic lower respiratory diseases	15	13.0%		1,774	6.5%
Cancer of the Trachea, Bronchus, and Lungs	9	7.8%		1,180	4.3%
# Of Drug Overdoses	6	5.2%		1,392	5.1%
Residual Infections and Parasitic Diseases	6	5.2%		514	1.9%
Birth defects	5	4.3%		203	0.7%

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	Linn Co.	Trend	Miami Co.	Trend	State of KS	EC KS Norm (N=15)	Source
10	a Access to exercise opportunities, percent, 2019	63.6%	Green	62.2%	Green	76.0%	59.8%	County Health Rankings
	b Adults with diabetes, monitoring, percent, 2017	15.0%	Red	11.0%	Yellow	11.0%	11.6%	County Health Rankings
	c Mammography annual screening, percent, 2017	40.0%	Red	46.0%	Yellow	45.0%	45.5%	County Health Rankings
	d Percent Annual Check-Up Visit with PCP	TBD		TBD		TBD	TBD	TBD
	e Percent Annual Check-Up Visit with Dentist	TBD		TBD		TBD	TBD	TBD
	f Percent Annual Check-Up Visit with Eye Doctor	TBD		TBD		TBD	TBD	TBD

PSA Primary Research:

For each CHNA Wave # 4 evaluation, a community stakeholder survey has been created and administered to collect “current” health information for Miami & Linn Co.

Chart #1 – Miami & Linn County, KS Online Feedback Response (N=217)

MCMC Primary Service Area - CHNA Wave #4			
For reporting purposes, are you involved in or are you a ..	Miami Co Stakeholders N=217	Trend Stake	Rural Norms N=2661
Business / Merchant	18.8%	Green	10.9%
Community Board Member	12.5%	Green	8.4%
Case Manager / Discharge Planner	1.0%		0.7%
Clergy	2.1%	Yellow	1.2%
College / University	0.0%		4.9%
Consumer Advocate	2.1%	Yellow	1.6%
Dentist / Eye Doctor / Chiropractor	2.1%	Yellow	0.6%
Elected Official - City/County	8.3%	Green	2.6%
EMS / Emergency	1.0%		2.7%
Farmer / Rancher	9.4%	Green	8.3%
Hospital / Health Dept	6.3%	Green	22.7%
Housing / Builder	0.0%		0.9%
Insurance	0.0%		1.1%
Labor	2.1%	Yellow	2.7%
Law Enforcement	3.1%	Yellow	0.9%
Mental Health	3.1%	Yellow	1.4%
Other Health Professional	9.4%	Green	13.0%
Parent / Caregiver	43.8%	Green	20.2%
Pharmacy / Clinic	2.1%		2.2%
Media (Paper/TV/Radio)	0.0%		0.4%
Senior Care	1.0%		4.3%
Teacher / School Admin	29.2%	Green	10.4%
Veteran	5.2%	Yellow	3.4%
Other (please specify)	13.5%		10.0%
TOTAL	96		1,713
Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Linn			

Chart #2 - Quality of Healthcare Delivery Community Rating

MCMC Primary Service Area - CHNA Wave #4					
How would you rate the "Overall Quality" of healthcare delivery in our community?	MC Overall N=271	Miami Co Stakeholders N=217	Miami Co Residents N=54	Trend	Norms N=2819
Top Box %	18.0%	14.7%	32.0%		33.0%
Top 2 Boxes %	61.4%	56.7%	82.0%		77.1%
Very Good	18.0%	14.7%	32.0%		33.0%
Good	43.4%	41.9%	50.0%		44.1%
Average	31.1%	35.5%	12.0%		18.4%
Poor	5.6%	6.0%	4.0%		3.3%
Very Poor	1.9%	1.8%	2.0%		1.1%
Valid N	267	217	50		2,819
Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Linn					

Chart #3 – Overall Community Health Quality Trend

MCMC Primary Service Area - CHNA Wave #4			
When considering "overall community health quality", is it ...	Miami Co Stakeholders N=217	Trend Stake	Norms N=2819
Increasing - moving up	40.6%		48.3%
Not really changing much	50.8%		44.8%
Decreasing - slipping	8.6%		6.8%
Valid N	197		2365
Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Linn			

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

MCMC PSA - CHNA Wave #4		Ongoing Problem		Pressing
Past CHNAs Unmet Needs identified		MCMC PSA N=217		MCMC PSA
Rank	Ongoing Problem	Votes	%	Trend Stake
				RANK
1	Mental Health Services	68	10.5%	
2	Affordable Health Insurance	64	9.9%	
3	Nutrition - Healthy Food Options	53	8.2%	
4	Exercise/Fitness Services	51	7.9%	
5	Access to Affordable Care	50	7.7%	
6	Diagnostics/Screenings	50	7.7%	
7	Preventative Health / Wellness	48	7.4%	
8	Lack of Healthcare Providers/Qualified Staff	46	7.1%	
9	Affordable Senior Living	45	6.9%	
10	Suicide Prevention	45	6.9%	
11	Transportation	42	6.5%	
12	Substance Abuse	38	5.9%	
13	Chronic Care Management	33	5.1%	
14	Culturally Competent Providers/Services	16	2.5%	
TOTALS		649		

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

MCMC Primary Service Area - CHNA Wave #4			
In your opinion, what are the root causes of "poor health" in our community?	Miami Co Stakeholders N=217	Trend Stake	Norms N=2819
Lack of health insurance	15.8%	Red	11.4%
Limited Access to Mental Health Assistance	15.2%	Red	15.6%
Neglect	8.6%	Yellow	8.5%
Lack of health & Wellness Education	16.9%	Red	10.8%
Chronic disease prevention	7.4%	Yellow	7.7%
Family assistance programs	4.9%	White	5.5%
Lack of Nutrition / Exercise Services	9.7%	Yellow	10.2%
Limited Access to Specialty Care	9.7%	Yellow	6.6%
Limited Access to Primary Care	6.9%	Yellow	4.4%
Other (please specify)	4.9%	White	2.3%
Total Votes	349		3,899
Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Linn			

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

MCMC PSA - CHNA Wave #4	MC Overall N=271	Miami Co Stakeholders N=217		Miami Co Residents N=54		Norms N=2661	
	Bottom 2 boxes	Top 2 boxes	Bottom 2 boxes	Top 2 boxes	Bottom 2 boxes	Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?							
Ambulance Services	3.5%	82.3%	3.2%	83.0%	4.3%	88.5%	2.2%
Child Care	13.3%	42.4%	15.3%	68.8%	6.3%	44.9%	15.0%
Chiropractors	3.6%	80.8%	3.2%	86.0%	4.7%	74.4%	4.2%
Dentists	4.1%	78.0%	3.9%	77.3%	4.5%	79.8%	5.4%
Emergency Room	18.0%	48.0%	20.5%	77.8%	11.1%	75.7%	8.2%
Eye Doctor/Optomtrist	7.5%	74.4%	8.0%	83.3%	6.3%	79.4%	6.1%
Family Planning Services	21.3%	28.4%	23.9%	62.5%	12.5%	43.3%	14.8%
Home Health	15.0%	34.5%	17.2%	67.6%	8.1%	53.3%	8.9%
Hospice	16.8%	37.8%	18.0%	59.4%	12.5%	63.3%	8.0%
Telehealth	20.1%	37.7%	21.1%	66.7%	16.7%	54.9%	9.1%
Inpatient Services	17.5%	43.5%	19.1%	71.8%	12.8%	82.9%	4.2%
Mental Health	34.3%	21.4%	38.4%	54.8%	19.4%	33.8%	30.9%
Nursing Home/Senior Living	18.0%	30.6%	17.1%	51.3%	20.5%	67.3%	9.0%
Outpatient Services	11.5%	54.4%	12.3%	78.6%	9.5%	79.1%	3.7%
Pharmacy	3.5%	88.5%	1.6%	86.3%	7.8%	87.9%	2.5%
Primary Care	9.3%	63.6%	9.3%	83.7%	9.3%	81.7%	4.4%
Public Health	16.5%	44.0%	18.1%	73.8%	11.9%	68.0%	7.2%
School Health	15.8%	64.7%	17.6%	75.8%	9.1%	69.3%	5.9%
Visiting Specialists	23.7%	36.8%	25.5%	60.6%	18.2%	67.8%	8.9%
Walk- In Clinic	17.9%	50.4%	21.5%	80.9%	8.5%	57.9%	19.8%
Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Linn							

Chart #7 – Community Health Readiness

MCMC Primary Service Area - CHNA Wave #4		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)		Miami Co Stakeholders N=217	Norms N=2661
Behavioral / Mental Health	37.5%		28.8%
Emergency Preparedness	14.8%		7.3%
Food and Nutrition Services/Education	29.8%		14.4%
Health Screenings (as asthma, hearing, vision, scoliosis)	25.2%		9.6%
Prenatal/Child Health Programs	23.1%		8.6%
Substance Use/Prevention	39.6%		31.5%
Suicide Prevention	41.1%		32.5%
Violence Prevention	42.5%		29.0%
Women's Wellness Programs	32.7%		14.5%

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

Specialties:

MCMC Primary Service Area - CHNA Wave #4					
In the past 2 years, did you or someone you know receive HC outside of our community?	MC Overall N=271	Miami Co Stakeholders N=217	Miami Co Residents N=54	Trend Stake	Norms N=2661
Yes	70.5%	79.2%	50.9%		69.4%
No	29.5%	20.8%	49.1%		30.6%
Valid N	173	120	53		1,774

Specialty	Total
PRIM	14
DENT	6
EMER	5
SURG	5
CARD	4
OBG	4

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

MCMC Primary Service Area - CHNA Wave #4					
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	MC Overall N=271	Miami Co Stakeholders N=217	Miami Co Residents N=54	Trend	Norms N=2661
Yes	50.9%	47.3%	72.9%		64.7%
No	41.6%	52.7%	27.1%		35.3%
Valid N	173	112	48		1622

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

MCMC Primary Service Area - CHNA Wave #4					
What needs to be discussed further at our CHNA Town Hall meeting?	MC Overall N=271	Trend Both	Miami Co Stakeholders N=217	Miami Co Residents N=54	Norms N=2661
Abuse/Violence	4.4%	Red	4.0%	5.0%	4.3%
Alcohol	3.3%	Yellow	2.2%	5.0%	4.9%
Alternative Medicine	3.9%	Yellow	3.8%	4.0%	3.5%
Breast Feeding Friendly Workplace	0.6%		0.4%	1.0%	1.2%
Cancer	2.6%	Yellow	2.6%	2.7%	2.7%
Care Coordination	2.6%	Yellow	2.2%	3.3%	2.6%
Diabetes	3.5%	Yellow	2.4%	5.3%	2.7%
Drugs/Substance Abuse	4.9%	Red	4.7%	5.3%	6.0%
Family Planning	2.4%	Yellow	2.6%	2.0%	1.6%
Heart Disease	2.0%	Yellow	1.4%	3.0%	2.0%
Lack of Providers/Qualified Staff	4.7%	Red	5.3%	3.7%	3.7%
Lead Exposure	0.5%		0.2%	1.0%	0.4%
Mental Illness	8.6%	Red	9.3%	7.3%	9.1%
Neglect	2.1%		1.6%	3.0%	2.3%
Nutrition	4.8%	Red	5.7%	3.3%	4.3%
Obesity	7.5%	Red	8.1%	6.6%	6.2%
Occupational Medicine	0.9%		0.8%	1.0%	0.6%
Ozone (Air)	0.5%		0.2%	1.0%	0.8%
Physical Exercise	4.7%	Red	5.1%	4.0%	4.3%
Poverty	5.2%	Red	5.5%	4.7%	4.6%
Preventative Health / Wellness	5.4%	Red	6.7%	3.3%	5.0%
Respiratory Disease	0.0%		0.0%	0.0%	0.1%
Sexually Transmitted Diseases	1.0%		0.8%	1.3%	1.2%
Smoke-Free Workplace	0.0%		0.0%	0.0%	0.1%
Suicide	5.8%	Red	6.1%	5.3%	6.9%
Teen Pregnancy	1.4%		1.2%	1.7%	1.8%
Telehealth	2.1%	Yellow	2.6%	1.3%	2.4%
Tobacco Use	2.6%	Yellow	2.0%	3.7%	2.3%
Transporation	3.4%	Yellow	3.0%	4.0%	2.2%
Vaccinations	2.5%	Yellow	3.0%	1.7%	3.6%
Water Quality	2.1%	Yellow	1.8%	2.7%	2.0%
Health Literacy	2.4%	Yellow	2.4%	2.3%	2.9%
Other (please specify)	1.5%		2.0%	0.7%	1.7%
TOTAL Votes	795		494	301	7,658
Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Linn					

Additional Primary Research: PSA Residents

For this CHNA Wave # 4 evaluation, a resident paper (mailed) survey was also administered to randomly selected Miami & Linn County households. Below are resident CHNA findings:

Resident CHNA Wave #4 Community Feedback 2021 -Service Area			
Part II: Your Health Practices			
Q9	In general, how would you best describe your health? (Choose One)	MCMC PSA N=54	%
a	Very Good	8	14.8%
b	Good	33	61.1%
c	Fair	10	18.5%
d	Poor	2	3.7%
e	Very Poor	1	1.9%
	Total Replies	54	100%
Q10	Compared to a year ago, how would you rate your overall health in general now?	MCMC PSA N=54	%
a	Much better than a year ago	4	7.4%
b	About the same	46	85.2%
c	Much worse than a year ago	4	7.4%
	Total Replies	54	100%
Q11	Do you see a provider on a yearly basis?	MCMC PSA N=54	%
a	Yes	48	88.9%
b	No	6	11.1%
	Total Replies	54	100%

Resident CHNA Wave #4 Community Feedback 2021 -Service Area				
Part II: Your Health Practices (Con't)				
Q12	Do you follow these health practices . . .? (% Yes)	MCMC PSA N=54	%	N
a	If over 50, have you had a colonoscopy?	39	78.0%	50
b	If male over 50, do you have annual prostate exam?	18	69.2%	26
c	If female over 40, do you have an annual mammogram?	18	62.1%	29
d	If female, do you have a pap smear every other year?	10	38.5%	26
e	Do you get 2.5 hours a week of moderately intense physical activity?	29	54.7%	53
Q13	Please complete sentence below. (% Yes) Are you	MCMC PSA N=54	%	N
a	Eating Right (Daily5+servings-fruits/veg/wheat)	32	59.3%	54
b	Using tobacco products weekly	3	5.6%	54
c	Consuming alcohol (more than 1 drink daily)	10	18.5%	54
d	Receiving an annual flu shot	35	64.8%	54
e	Up to date on vaccinations	43	79.6%	54
Q14	Please complete sentence below (% No). Are you concerned about ?	MCMC PSA N=54	%	N
a	Being Homeless	2	3.8%	52
b	Paying Utility Bills	10	19.2%	52
c	Paying for food	8	15.4%	52
d	Transportation to Health Services	7	13.2%	53
e	Safety in your home	3	5.8%	52

Resident CHNA Wave #4 Community Feedback 2021 -Service Area			
Part III: A Little More About You			
Q15	Your age ?	MCMC PSA N=54	%
a	Under 18	0	0.0%
b	18-44	0	0.0%
c	45-64	20	37.0%
d	65-74	21	38.9%
e	Over 75	13	24.1%
	Total Replies	54	100.0%
Q16	Your gender?	MCMC PSA N=54	%
a	Male	22	44.9%
b	Female	27	55.1%
	Total Replies	49	100.0%
Q17	How would you identify yourself?	MCMC PSA N=54	%
a	Caucasian / White American	51	98.1%
b	African American / Black American	1	1.9%
c	Latino / Hispanic American	0	0.0%
d	American Indian / Native Alaskan	0	0.0%
e	Asian American / Pacific Islander	0	0.0%
f	Multicultural / Multiracial	0	0.0%
	Total Replies	52	100.0%
Q18	How would you describe your household?	MCMC PSA N=54	%
a	Single	13	31.7%
b	Married	14	34.1%
c	Married with Children at Home	5	12.2%
d	Married with Children no longer Home	15	36.6%
e	Divorced	1	2.4%
f	Widower	0	0.0%
g	Other	6	14.6%
	Total Replies	41	100.0%
Q19	Regarding your health insurance coverage... What type of health coverage is your primary plan?	MCMC PSA N=54	%
a	Private Insurance you purchased	8	17.4%
b	Medicare	33	71.7%
c	Medicaid	0	0.0%
d	Covered by Employer (employer pays total cost)	3	6.5%
e	Covered by Employer (you & employer share cost)	9	19.6%
f	No Coverage (Uninsured)	0	0.0%
g	Other (please specify)	1	2.2%
	Total Replies	46	100.0%
Q20	What is your home ZIP code? MCMC PSA	MCMC PSA N=54	%
a	66071 (Paola)	28	51.9%
b	66064 (Osawatomie)	14	25.9%
c	66040 (LaCygne)	5	9.3%
d	66053 (Louisberg)	4	7.4%
e	Others	3	5.6%
	Total Replies	54	100.0%

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services 2021 - Miami County KS				
Cat	HC Services Offered in county: Yes / No	Hospital	Health Dept	Others
Clinic	Primary Care	YES		
Hosp	Alzheimer Center			
Hosp	Ambulatory Surgery Centers			
Hosp	Arthritis Treatment Center			
Hosp	Bariatric / Weight Control Services			YES
Hosp	Birthing / LDR / LDRP Room			
Hosp	Breast Cancer	YES		
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	YES		
Hosp	Cardiac Surgery			
Hosp	Cardiology Services	YES		
Hosp	Case Management	YES		
Hosp	Chaplaincy / Pastoral Care Services			YES
Hosp	Chemotherapy			
Hosp	Colonoscopy	YES		
Hosp	Crisis Prevention			
Hosp	CT Scanner	YES		
Hosp	Diagnostic Radioisotope Facility	YES		
Hosp	Diagnostic / Invasive Catheterization			
Hosp	Electron Beam Computed Tomography (EBCT)			
Hosp	Enrollment Assistance Services	YES		
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			
Hosp	Fertility Clinic			
Hosp	FullField Digital Mammography (FFDM)	YES		
Hosp	Genetic Testing / Counseling			
Hosp	Geriatric Services	YES		
Hosp	Heart	YES		
Hosp	Hemodialysis			
Hosp	HIV / AIDSServices			
Hosp	Image-Guided Radiation Therapy (IGRT)			
Hosp	Inpatient Acute Care - Hospital Services	YES		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161			
Hosp	Intensive Care Unit			
Hosp	Intermediate Care Unit			
Hosp	Interventional Cardiac Catherterization			
Hosp	Isolation room	YES		
Hosp	Kidney	YES		
Hosp	Liver	YES		
Hosp	Lung	YES		
Hosp	MagneticResonance Imaging (MRI)	YES		
Hosp	Mammograms	YES		
Hosp	Mobile Health Services			
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	YES		
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)			
Hosp	Neonatal			
Hosp	Neurological Services			
Hosp	Obstetrics			
Hosp	Occupational Health Services	YES		
Hosp	Oncology Services			
Hosp	Orthopedic Services	YES		
Hosp	Outpatient Surgery	YES		
Hosp	Pain Management	YES		
Hosp	Palliative Care Program			
Hosp	Pediatric	YES	YES	

Inventory of Health Services 2021 - Miami County KS				
Cat	HC Services Offered in county: Yes / No	Hospital	Health Dept	Others
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			
Hosp	Reproductive Health		Yes	
Hosp	Robotic Surgery			
Hosp	Shaped Beam Radiation System 161			
Hosp	Single Photon Emission Computerized Tomography			
Hosp	Sleep Center			
Hosp	Social Work Services	YES		
Hosp	Sports Medicine	YES		
Hosp	Stereotactic Radiosurgery			
Hosp	Swing Bed Services			
Hosp	Transplant Services			
Hosp	Trauma Center -Level IV	YES		
Hosp	Ultrasound	YES		
Hosp	Women's Health Services	YES	YES	
Hosp	Wound Care	YES		
SR	Adult Day Care Program			
SR	Assisted Living			YES
SR	Home Health Services	YES		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		YES
ER	Urgent Care Center	YES		
ER	Ambulance Services			YES
SERV	Alcoholism-Drug Abuse	YES		YES
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	YES
SERV	Health Fair (Annual)	YES		
SERV	Health Information Center		YES	
SERV	Health Screenings	YES	YES	YES
SERV	Meals on Wheels			YES
SERV	Nutrition Programs	YES	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	YES	

Providers Delivering Care in MCMC PSA - 2021				
FTE Providers Working in County	FTE #		MCMC Cred Counts	
	PSA based	Visting PSA	MD / DO	PA / NP
Primary Care:				
Family Practice			7.0	7.0
Internal Medicine / Geriatrician	0.5		1.0	
Obstetrics / Gynecology				
Pediatrics	0.5		1.0	
Medicine Specialists:				
Allergy / Immunology				
Cardiology	1.0	0.6	12.0	
Dermatology				
Endocrinology				
Gastroenterology				
Oncology / Radiology				
Infectious Diseases				
Nephrology				
Neurology				
Psychiatry		0.1	5.0	1.0
Pulmonary				
Rheumatology				
Surgery Specialists:				
General Surgery / Colon / Oral	2.0		1.0	1.0
Neurosurgery				
Ophthalmology	1.3		3.0	
Orthopedics	1.5		6.0	4.0
Otolaryngology			2.0	1.0
Plastic / Reconstructive				
Thoracic / Cardiovascular / Vasc				
Urology		0.5	2.0	
Hospital Based:				
Anesthesia / Pain (CRNAs)	4.0	0.2	2.0	10.0
Emergency (ER physicians also provide hosp services)	4.2		11.0	
Radiology (All are Courtesy)			32.0	
Pathology (1 FTE / 10 Courtesy)	1.0		10.0	
Hospitalist (ER physicians also provide hosp services)			10.0	
Neonatal / Perinatal				
Physical Medicine / Rehab				
Occ Medicine				
Podiatry		0.5	2.0	
Chiropractor	11.0			
Optometrist	6.0			
Dentist	8.0			
TOTALS	41.0	1.9	107.0	24.0

2021 Visiting Specialists to MCMC - Miami County KS

<i>Specialty</i>	<i>Provider / Degree</i>	<i>Group Name</i>	<i>From (City / ST)</i>	<i>SCHEDULE</i>	<i>Days per YR</i>	<i>FTE</i>
Cardiology	Ashutosh, Bapat, MD, FACC, FASE; Christopher Buckley, DO, FACC; N. Vamsi Garikipati, MD; Howard Lee, DO, FACC; Ashley Moser, DO; Steven Obermueller, MD, FACC, Dusan Stanojevic, MD	Cardiology Services	Olathe, KS	Every Wednesday	52	1.6
ENT	Brian Metz, MD, FACS	Midwest Ear, Nose and Throat	Olathe, KS	First Monday of the month	12	
Ophthalmology	Emily Broxterman, MD	Grin Eye Care	Olathe, KS	Every Monday and Wednesday	104	1.3
Urology	Jason Anast, MD	Kansas City Urology Care	Olathe, KS	Second, Third and Fourth Friday of the month	37	0.5
Pain Management	Saad Syed, MD; Michael Tollette, MD	Pain Management Center	Olathe, KS	First and Third Wednesday of the month	24	.2
Podiatry	Michael Johnson, DPM	Jayhawk Foot and Ankle Clinic	Lenexa, KS	Second, Third and Fourth Friday of the month	37	.5

MCMC Primary Service Area Health Services Directory 2021

Healthcare providers within Miami County
Medical Center's primary service area zip codes:
Bucyrus (66013), Fontana (66026), LaCygne
(66030), Louisburg (66053), Osawatomie
(66064) and Paola (66071).

Adult Protection

Adult Protective Services
800-922-5330
www.dcf.ks.gov

Domestic Violence Association of Central Kansas
203 S. Santa Fe Salina, KS 67401
785-827-5862
www.dvack.org

Elder Abuse Hotline
800-842-0078
https://www.kdheks.gov/bhfr/elder_abuse_hotlines.html

Long-Term Care Ombudsman's Office
900 S.W. Jackson, Room 1041 Topeka, KS 66612
785-296-3017
<https://ombudsman.ks.gov>

Elder and Nursing Home Abuse
www.nursinghomeabuseguide.org

Kansas Coalition Against Sexual and Domestic Violence
888-363-2287
www.kcsdv.org

Kansas Department on Aging-Adult Care Complaint Program
888-842-0078
www.kdheks.gov/bhfr/elder_abuse_hotlines.html

Metropolitan Organization to Counter Sexual Assault
913-642-0233
www.mocsa.org

National Center on Elder Abuse
855-500-3537
<https://ncea.acl.gov/>

National Domestic Violence Hotline
800-799-7233
www.thehotline.org

Rape, Abuse and Incest National Network
800-656-4673
www.rainn.org

National Suicide Prevention Lifeline
800-273-8255
<https://suicidepreventionlifeline.org>

Poison Control
800-222-1222
www.poison.org

Social and Rehabilitative Services (SRS)
888-369-4777
www.srskansas.org

Kansas Suicide Prevention Resource Center
785-841-2345
www.kansasuicideprevention.org

Alcohol and Drug Treatment Resources

Abandon Addiction
888-852-8452
www.abandonaddiction.com

Addiction Treatment Programs
888-610-2445
www.thewatershed.com

Al-Anon Family Group
888-425-2666
<http://www.kansas-al-anon.org/>

Substance Abuse and Mental Health Services Administration
800-662-4357
www.samhsa.gov/

Recovery.Org: American Addiction Centers Resource
888-500-2086
www.recovery.org

Elizabeth Layton Center
Miami County
913-557-9096
www.laytoncenter.org

Elizabeth Layton Center
Franklin County
785-242-3780
www.laytoncenter.org

Lighthouse Presbyterian Church
1402 E. 303rd Street Paola, KS 66071
913-292-2400
www.paolalighthouse.com

Louisburg Baptist Temple
6961 W. 271st Street Louisburg, KS 66053
913-837-2979
www.lbtemple.org

Mothers Against Drunk Driving
877-MADD-HELP
www.madd.org

National Council on Alcoholism and Drug Dependence
800-622-2255
<https://www.ncadd.org/>

Recovery Connection
866-812-8231
www.recoveryconnection.com

Regional Prevention Centers of Kansas
785-625-5521
www.smokyhillfoundation.net

Cross Point Assembly of God
1016 N. Pearl Street Paola, KS 66071
913-294-2429
www.cpchurch.tv/

Better Business Bureau
Better Business Bureau
Kansas Plains
402-391-1612
www.bbb.org

Better Business Bureau
Kansas City Office
816-421-7800
www.bbb.org

Children and Youth
National Adoption Center
800-862-3678
www.adopt.org

Boys Town
402-498-1300
www.boystown.org

Child Abuse National Hotline
800-422-4453
www.childhelp.org

Child Find of America
800-426-5678
www.childfindofamerica.org

Childhelp National Child Abuse Hotline
800-422-4453
www.childhelp.org/hotline/

Child Protective Services
800-922-5330
www.dcf.ks.gov/services/PPS/Pages/ChildProtectiveServices.aspx

Kansas HealthWave
P.O. Box 359 Topeka, KS 66601
800-792-488
www.kdheks.gov/hcf/medicaid_transformation/download/2008/Chapter%2011%20-%20HealthWave.pdf

Heartspring (Institute of Logopedics)
8700 E. 29th North Wichita, KS67226
800-835-1043
www.heartspring.org

Kansas Big Brothers/Big Sisters
888-574-2447
www.ksbig.org

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

Kansas Department of Health and Environment
785-296-1500
www.kdheks.gov

Kansas Society for Children with Challenges
100 N. Main Street Wichita, KS 67202
316-262-4676
www.kssociety.org

National Runaway Switchboard
800-RUN-AWAY
www.1800runaway.org/

National Society for Missing and Exploited Children
800-THE-LOST
www.missingkids.com

Parents Anonymous Help Line
909-621-6184
www.parentsanonymous.org

National Parent Helpline
855-427-2736
www.nationalparenthelpline.org

Talking Books
888-657-7323
www.loc.gov

Community Action
Peace Corps
888-855-1961
www.peacecorps.gov

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

Counseling
Center for Attachment and Relationship Enrichment (CARE)
3601 S.W. 29th Street Topeka , KS 66614
785-608-3321
www.care-counseling.com/

Carl Feril Counseling
608 N. Exchange St. John, KS 67576
620-549-6411

Castlewood Treatment Center for Eating Disorders
888-822-8938
www.castlewoodtc.com

Catholic Charities
785-825-0208
www.ccnks.org

Center for Counseling
5815 W. Broadway Great Bend, KS 67530
800-875-2544
www.thecentergb.org

Central Kansas Mental Health Center
800-794-8281
www.ckmhc.org

Consumer Credit Counseling Services
800-279-2227
www.kscgccs.org

Kansas Problem Gambling Services
800-522-4700
www.kdads.ks.gov/commissions/behavioral-health/consumers-and-families/services-and-programs/problem-gambling-services

National Hopeline Network
800-785-2433
www.suicide.org

Samaritan Counseling Center
1602 N. Main Street Hutchinson, KS 67501
620-662-7835
<https://www.counselingandmediationcenter.com/>

Senior Health Insurance Counseling of Kansas
800-860-5260
<https://kdads.ks.gov/commissions/commission-on-aging/medicare-programs/shick>

Sunflower Family Services, Inc.
877-457-5437
www.sunflowerfamily.org

Disability Resources

American Association of People with Disabilities
www.aapd.com

American Council for the Blind
800-424-8666
www.acb.org

Americans with Disabilities Act Information Hotline
800-514-0301
www.ada.gov

Kansas Commission on Disability Concerns
800-295-5232
<https://kcdinfo.ks.gov/>

Disability Rights Center of Kansas
877-776-1541
www.drckansas.org

Hearing Healthcare Associates
316-223-4122
<https://www.hearinghealthcareassoc.com/>

Kansas Commission for the Deaf and Hard of Hearing
800-432-0696
<http://www.dcf.ks.gov/services/RS/Pages/KCDHH.aspx>

Kansas Relay Center
800-766-3777
www.da.ks.gov/Phonebook/specialservices.htm

National Center for Learning Disabilities
888-575-7373
www.ncid.org

National Library Services for Blind and Physically Handicapped
800-424-8567
www.loc.gov

Environment

Environmental Protection Agency
800-321-9516
www.epa.gov

Kansas Department of Health and Environment
Hays
785-625-5663
www.kdheks.gov

Kansas Department of Health and Environment
Salina
785-827-9639
www.kdheks.gov

Kansas Department of Health and Environment
Topeka
785-296-1500
www.kdheks.gov

Food and Drug

Center for Food Safety and Applied Nutrition
888-723-3366
www.fda.gov/food

US Consumer Product Safety Commission
800-638-2772
www.cpsc.gov

USDA Meat and Poultry Hotline
888-674-6854
www.fsis.usda.gov

US Food and Drug Administration
888-463-6332
www.fda.gov/food

Health Services

American Cancer Society
800-227-2345
www.cancer.org

American Diabetes Association
800-342-2383
www.diabetes.org

AIDS/HIV Center for Disease Control and Prevention
800-232-4636
www.cdc.gov/hiv

AIDS/STD National Hot Line
800-342-2437

Bright Focus (Alzheimer's, Macular Degeneration and
Glaucoma)
800-437-2423
www.brightfocus.org

American Heart Association
800-242-8721
www.heart.org

American Lung Association
800-586-4872
www.lung.org

American Stroke Association
888-4787653
www.stroke.org

Center for Disease Control and Prevention
800-232-4636
www.cdc.gov

Eye Care Council
800-960-3937
www.eyecarecouncil.com

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

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

American Cancer Society
800-227-2345
www.cancer.org

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

Hospice

KS Home Care and Hospice Association
785-478-3640
www.kshomecare.org

Southwind Hospice, Incorporated
620-672-7553

Kansas Housing Resources Corporation
785-217-2001
www.kshousingcorp.org

Legal Services

East Central Kansas Area Agency on Aging
117 S. Main Street Ottawa, KS 66067
785-242-7200
www.eckaaa.org

Kansas Attorney General
785-296-2215
www.ag.ks.gov

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

Kansas Department on Aging
785-296-4986
www.kdads.ks.gov

Kansas Legal Services
785-233-2068
www.kansaslegalservices.org

Medicaid Services

Kansas Medicaid Assistance Program
800-766-9012
www.kmap-state-ks.us

Medicare Information
800-633-4227
www.medicare.gov

U.S. Department of Health and Human Services
800-633-4227
www.cms.gov

Mental Health Services

Alzheimer's Association
800-272-3900
www.alz.org

Developmental Services of Northwest Kansas
785-625-5678
www.dsnwk.org

National Alliance for the Mentally Ill
800-539-2660
www.namikansas.org

National Institute of Mental Health
866-615-6464
www.nimh.nih.gov

National Library Services for Blind and Physically
Handicapped
888-657-7323
www.loc.gov/nls

Osawatomie State Hospital
500 State Hospital Drive Osawatomie, KS 66064
913-755-7000

Pawnee Mental Health
2001 Claflin Road Manhattan, KS 66502
785-587-4300

Kansas Behavioral Health Services
503 S. Kansas Topeka, KS 66603
785-296-3471
<https://kdads.ks.gov/commissions/behavioral-health>

Kansas Suicide Prevention Resource Center
785-841-2345
www.kansassuicideprevention.org

Nutrition

Academy of Nutrition and Dietetics
312-899-0040
www.eatright.org

Department of Food, Nutrition, Dietetics and Health
785-532-5508
www.humec.k-state.edu/hn/

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

Kansas Department for Children and Families (Food Stamps)
888-369-4777
<http://www.dcf.ks.gov/services/ees/Pages/Food/FoodAssistance.aspx>

Kansas Department of Health and Environment (WIC)
1000 S.W. Jackson Topeka, KS 66612
785-296-1320
www.kansaswic.org

Road and Weather Conditions

Kansas Road Conditions
511
www.kandrive.org

Senior Services

Alzheimer's Association
800-272-3900
www.alz.org

American Association of Retired Persons (AARP)
877-687-2277
www.aarp.org

Americans with Disabilities Act Information Hotline
800-514-0301
www.ada.gov

North Central Flint Hills Area on Aging, Inc.
800-432-2703
www.ncfhaaa.com/

Eldercare Locator
800-677-1116
www.eldercare.acl.gov

Home Buddy
316-448-6897
www.homebuddy.org

Home Health Complaints
800-842-0078
www.kdads.ks.gov/hotlines

Kansas Advocates for Better Care, Inc.
800-525-1782
www.kabc.org

Kansas Department on Aging
785-296-4986
www.kdads.ks.gov

Kansas Foundation for Medical Care, Inc.
800-432-0770
www.kfmc.org

Kansas Tobacco Use Quitline
800-784-8669
www.quitnow.net/kansas

Older Kansans Employment Programs (OKEP)
785-296-3481
<http://www.kansascommerce.com/997/Older-Kansans-Employment-Program>

Senior Health Insurance Counseling of Kansas
800-860-5260
<https://kdads.ks.gov/commissions/commission-on-aging/medicare-programs/shick>

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

Suicide Prevention

Kansas Suicide Prevention HQ
785-841-2345
www.ksphq.org

U.S. Department of Veterans Affairs
800-698-2411
www.va.gov

Welfare Fraud Hotline

Kansas Welfare Fraud Hotline
800-432-3913
<http://www.dcf.ks.gov/Pages/HotlineNumbers.aspx>

Other Emergency Contacts

Kansas Child/Adult Abuse and Neglect Hotline
800-922-5330
www.dcf.ks.gov/pages/HotlineNumbers.aspx

Domestic Violence Hotline
800-799-7233
www.thehotline.org

Emergency Management (Topeka)
785-291-3333
https://www.kansastag.gov/kdem_default.asp

Federal Bureau of Investigation
800-225-5324
www.fbi.gov

Kansas Arson Hotline
785-296-3401
<https://firemarshal.ks.gov/FormCenter/Investigations-5/Report-an-Arson-Tip-47>

Kansas Bureau of Investigation
785-296-8200
<https://www.kansas.gov/kbi/>

Kansas Crisis Hotline (Domestic Violence and Sexual Assault)
888-363-2287
www.kcsdv.org

Kansas Road Conditions
511
www.kandrive.org

Poison Control
800-222-1222
www.aapcc.org

Suicide Prevention Lifeline
800-273-8255
www.suicidepreventionlifeline.org

Toxic Chemical and Oil Spills
800-424-8802
www.epa.gov/pesticide-incidents/how-report-spills-and-environmental-violations

Health Services

Miami County Medical Center (services below)
2100 Baptiste Drive
913-294-2327
<https://www.olathehealth.org/locations/miami-county-medical-center>

- Cardiology 913-780-4900
- Emergency 913-294-2327
- General Surgery 913-557-0700
- Inpatient 913-294-2327
- Ophthalmology 913-294-2327
- Otolaryngology 913-294-2327
- Orthopedic Surgery 913-557-3800
- Pain Management 913-294-2327
- Urology 913-294-2327
- Colonoscopy 913-557-0700
- Mammography 913-294-6611
- Imaging 913-294-2327
- Rehabilitation 913-294-6679

Miami County Health Department (services below)
1201 Lakemary Drive
913-294-2431
<https://www.miamicountyks.org/161/Community-Health-Department>

- Day Care Licensing 913-294-2431
- Family Planning 913-294-2431
- Healthy Start Program 913-294-2431
- Immunizations 913-294-2431
- Kan-Be-Healthy Screenings 913-294-2431
- WIC 913-294-2431
- Walk-In Services (services below) 913-294-2431
 - Blood Pressure
 - Blood Sugar
 - General Counseling
 - Hemoglobin
 - Immunizations
 - Injections
 - TB Testing
 - Urinalysis

Linn County Health Department (services below)
901 Main Street
913-352-6640
<https://www.linncountyks.com/departments/health-department>

- Community Health Screenings and Services
- Disease Follow-up and Containment
- Family Planning
- Healthy Start Program
- Immunizations
- International Travel
- Physical Assessments
- Public Health and Emergency Response
- WIC
- Women's Clinic

Mental Health

Elizabeth Layton Center
25955 W. 327th Street
913-557-9096
www.laytoncenter.org

Osawatomie State Hospital
500 State Hospital Drive
913-755-7000

Medical Professionals-Chiropractors

Fulk Chiropractic and Acupuncture
609 Baptiste Drive
913-294-3851
www.fulkchiro.com/

Cook Chiropractic Office
3 S. Pearl Street
913-294-2060
www.cook-chiropractic.net/

Cook Chiropractic Office
411 6th Street
913-755-2070
www.cook-chiropractic.net/

Jaccard Chiropractic
618 E. Market Street
913-757-4044
www.jaccardchiropractic.com

LaCygne Chiropractic
210 N. Commercial
913-757-2003
www.lacygnechiropractic.com/

Jeff A. Wilson
820 ½ N. Pearl Street
913-294-9993
<https://www.jeffwilsonchiro.com/>

Community Chiropractic Office
302 N. Hospital Drive
913-294-5501
www.paolachiro.com/

Medical Professionals-Clinics

Olathe Health Family Medicine - Osawatomie
100 E. Main Street
913-808-2192
<https://www.olathehealth.org/locations/olathe-health-family-medicine-osawatomie/>

Olathe Health Family Medicine - Paola
1318 Kansas Drive
913-951-0906
<https://www.olathehealth.org/locations/olathe-health-family-medicine---paola/>

Olathe Health Family Medicine - Louisburg
102 W. Crestview Circle
913-538-9075
<https://www.olathehealth.org/locations/olathe-health-family-medicine---louisburg/>

Donald Banks, M.D.
705 Baptiste Drive
913-294-2305
<https://www.olathehealth.org/locations/donald-e-banks-md/>

Johnson County Orthopedics-Paola
2102 Baptiste Drive , Suite E
913-686-6274
<https://www.olathehealth.org/locations/olathe-health-johnson-county-orthopedics-and-sports-medicine-paola/>

Miami County Surgical Associates
2102 Baptiste Drive , Suite D
913-586-0146
<https://www.olathehealth.org/locations/olathe-health-miami-county-surgical-associates/>

Medical Professionals-Dentists

Barden Family Dentistry
301 E. Main Street
913-755-3014
www.barddentistry.com/

Hannah Orthodontics
4 S. Berkley
913-837-3500
www.hannahbraces.com/

Herwig DDS
22 S. Silver
913-294-4321
www.herwigdds.com/

Ironhorse Dental Group
1270 W. Amity Street, Suite 100
913-583-4237
www.ironhorsedental.com/

Louisburg Dental Office
4 S. Berkley Street
913-837-4746
<https://louisburgfamilydental.com/>

Paola Family Dentistry
1610 Willis Court
913-379-2218
www.paoladentist.com/

Sanders Family Dentistry
28 W. Peoria Street
913-294-5377
www.sandersfamilydentistry.com/

Steve Neill, D.D.S.
302 N. Hospital Drive
913-294-2402

William McKee, D.D.S.
113 Broadway Street
913-757-4429

Medical Professionals-Optometrists

Eyecare Associates of Osawatomie
524 Brown Avenue
913-256-2176
www.oseyecare.com/

Eyecare Professionals of Paola
2 S. Silver
913-294-2300
<http://www.paolaeyecare.com/>

Andrew J. Hill, Optometrist
3 S. Berkley Street
913-837-3636
www.louisburgeyedoc.com/

Wal-Mart Vision Center
310 Hedge Lane
913-294-0812

Rowe Vision, LLC
913-831-8003
www.eyedoctorlouisburg.com/

The EyeDoctors

The Eye Doctors
705 Baptiste Drive
913-294-4342
<https://www.theeyedoctors.net/locations/ks/paola/>

Pharmacies

Auburn Pharmacy
311 N. Hospital Drive
913-294-3516
<https://auburnpharmacies.com/paola-kansas/>

Auburn Pharmacy
6 S. Metcalf Road
913-837-5555
<https://auburnpharmacies.com/louisburg/>

Auten Pharmacy
125 E. Main Street
913-755-4111
<http://www.autenpharmacy.com/>

Rockers Pharmacy
304 Baptiste Drive
913-294-2715
<https://www.rockerspharmacy.com/>

Silver Creek Pharmacy
945 E. Market Street
913-757-4744

Vohs Pharmacy
100 W. Crestview Drive, Suite 120
913-837-3784
<https://www.vohspharmacy.com/>

Wal-Mart Pharmacy
310 Hedge Lane
913-294-5777

Price Chopper Pharmacy
309 N. Hospital Drive
913-557-5666

Rehabilitation Services

Life Care Center of Osawatomi
1615 Parker Avenue
913-755-4165
<https://lcca.com/locations/ks/osawatomi/>

Louisburg Healthcare and Rehabilitation Center
1200 S. Broadway
913-837-2916
<https://louisburghrc.com/>

Olathe Health Rehabilitation Services - Louisburg
102 W. Crestview Circle
913-837-1600
<https://www.olathehealth.org/locations/olathe-health-rehabilitation-services-louisburg/>

Olathe Health Rehabilitation Services – Osawatomi
635 Main Street
913-755-2078
<https://www.olathehealth.org/locations/olathe-health-rehabilitation-services-osawatomi-3/>

Olathe Health Rehabilitation Services - Paola
1312 Kansas Dr.
913-294-6679
<https://www.olathehealth.org/locations/olathe-health-rehabilitation-services-paola/>

Other Health Care Services-General

Olathe Health Home Health Care
20920 W. 151st Street
913-324-8515
<https://www.olathehealth.org/locations/olathe-health-home-healthcare/>

Miami County Health Department
1201 Lakemary Drive
913-294-2431
www.miamicountyks.org/161/Community-Health-Department

Assisted Living/Nursing Homes

Country Club Estates
2 Lewis Drive
913-294-4531

Life Care Center of Osawatomi
1615 Parker Avenue
913-755-4165
www.lifecarecenterofosawatomi.com/

Louisburg Healthcare and Rehabilitation Center
1200 S. Broadway
913-837-2916
<https://louisburghrc.com/>

Medicalodges
501 Assembly Lane
913-294-3345
<https://www.medicalodgespaola.com/>

North Point
908 N. Pearl
913-586-0053
<https://www.americareusa.net/senior-living/ks/paola/north-point/>

Vintage Park of Paola
601 N. East Street
913-557-0202

Vintage Park of Louisburg
202 Rodgers Street
913-837-5133

Vintage Park of Osawatomi
1520 Parker Avenue
913-755-2167

Diabetes

Miami County Medical Center Diabetes Education
2100 Baptiste Drive
913-294-6638
<https://www.olathehealth.org/services-and-specialties/diabetes/>

Disability Services

Kansas Department for Aging and Disability Services
503 S. Kansas Avenue
785-296-4986
www.kdads.ks.gov

Lakemary Center
100 Lakemary Drive
913-557-4000
www.lakemary.org

Domestic/Family Violence

Kansas Child/Adult Abuse and Neglect Hotline
800-922-5330
www.dcf.ks.gov/pages/HotlineNumbers.aspx

Safe Home (24 Hour)
913-262-2868
www.safehome-ks.org

Safe Home (Miami County)
888-432-4300
<https://www.miamicountyks.org/167/Domestic-Violence>

The Crisis Center, Inc. - Manhattan
785-539-2785
www.thecrisiscenterinc.org

Sexual Assault and Domestic Violence Center (Bright House)
125 W. 2nd Street, Suite
620-663-2522
<https://www.brighthouseks.org/>

Food Programs

Osawatomie Food Pantry
811 S. 6th Street
913-755-4169

LaCygne Nutrition Center
118 S. 4th Street
913-757-4866
www.linncountykansas.net/html/nutrition.html

Cross Point Assembly of God
1016 N. Pearl Street
913-294-2429
www.cpchurch.tv/ministries/community

First Presbyterian Church
110 E. Peoria Street
913-294-2319
www.fpcpaola.org/

Government Health Care

Kansas Department for Aging and Disability Services
503 S. Kansas Avenue
785-296-4986
www.kdads.ks.gov

Kansas Department of Health and Environment
1000 S.W. Jackson
785-296-1500
www.kdheks.gov

DCF Service Center
2250 E. 22nd Street
785-628-1066
www.dcf.ks.gov/services/Pages/DCFOfficeLocatorMap.aspx?oQuery=county:Ellis

Medicare Information
800-633-4227
www.medicare.gov

East Central Kansas Area on Aging
117 S. Main Street
785-242-7200
www.eckaaa.org

Health and Fitness Centers

BodyMaxx Fitness
710 Baptiste Drive
913-294-1000

Jacq's Fitness Studio
104 S. 4th Street
913-731-2424

Louisburg Athletic Club
401 S. Metcalf Road
913-837-1400
www.louisburgathleticclub.com

Forerunner Fitness
121 N. Broadway
913-534-8065
www.forerunnerfit.com

Jazzercise Paola Fitness Center
305 Angela
913-605-5925
<https://www.jazzercise.com/location/jazzercise-paola-fitness-center>

Ozone USD 367 Sports and Fitness Zone 300
11th Street
913-755-3622
www.usd367ozone.org/

Home Health

Home Health Services of Olathe Medical Center
20920 W. 151st Street
913-324-8515
<https://www.olathehealth.org/locations/olathe-health-home-healthcare/>

Hospice

Hospice Care of Olathe Medical Center
20920 W. 151st Street
913-324-8515
<https://www.olathehealth.org/services-and-specialties/hospice-care/>

Hospice House at Olathe Medical Park
15310 S. Marion Street
913-324-8588
<https://www.olathehealth.org/locations/hospice-house/>

Massage Therapy

Clover Wellness
100 Angela, Suite 4
913-594-1552

Louisburg Athletic Club
401 S. Metcalf
913-837-1400
<https://www.louisburgathleticclub.com/>

Main Body Works
564 Main Street
913-755-3768
<https://mainbodyworkslc.com/>

Sheila's Spa
101 S. 11th Street
913-709-5570

Mane 1 Salon & Spa
905 N. Pearl
913-294-5005
www.mane1salon.com

Medical Equipment and Supplies

Westrock Incorporated
909 North Pearl Street
913-294-5200

Rockers Pharmacy
304 Baptiste Drive
913-294-2715
www.rockerspharmacy.com

Auten Pharmacy
125 E. Main Street
913-755-4111
www.autenpharmacy.com

Vohs Pharmacy
100 E. Crestview Drive
913-837-3784
www.vohspharmacy.com

Schools

Queen of the Holy Rosary-Wea Catholic Church
22705 Metcalf Avenue
913-533-2462
<https://qhrwea.school/>

Rockville Elementary School
977 N. Rockville Road
913-837-1970
www.usd416.org

Broadmoor Elementary School
105 S. 5th Street East
913-837-1900
www.usd416.org

Louisburg Middle School
505 E. Amity
913-837-1800
www.usd416.org

Louisburg High School
202 Acquatic Drive
913-837-1720
www.usd416.org

Trojan Elementary School
1901 Parker Avenue
913-755-4133
www.usd367.org

Osawatomie Middle School
428 Pacific Avenue
913-755-4155
www.usd367.org

Osawatomie High School
1200 Trojan Drive
913-755-2191
www.usd367.org

Cottonwood Elementary School
709 Hedge Lane
913-294-8050
www.usd368.org

Sunflower Elementary School
1401 E. 303rd Street
913-294-8040
www.usd368.org

Paola Middle School
405 N. Hospital Drive
913-294-8030
www.usd368.org

Paola High School
401 N. Angela Street
913-294-8010
www.usd368.org

LaCygne Elementary
710 Walnut Street
913-757-4417
www.pv362.org

Parker Elementary
421 N. Center Avenue
913-898-3160
www.pv362.org

Prairie View Middle School
13667 Kansas Highway 152
913-757-4497
www.pv362.org

Prairie View High School
13731 Kansas Highway 152
913-757-4447
www.pv362.org

Senior Services

Community Senior Services Center
815 6th Street
913-755-4786

East Central Kansas Area Agency on Aging
117 South Main Street
785-242-7200
www.eckaaa.org

Elder Care, Inc.
5611 10th Street
620-792-5942
<https://www.eldercareks.org>

Senior Citizens Center
121 W. Wea Street
913-294-4630

Senior Citizens Center
504 S. Metcalf Road
913-837-5113

Adult Protection

Adult Protective Services
800-922-5330
www.dcf.ks.gov

Elder Abuse Hotlines
800-842-0078
www.kdads.ks.gov/hotlines

Alcohol and Substance Abuse Treatment

Drug and Alcohol Evaluation Providers
<https://www.kdads.ks.gov/commissions/behavioral-health/services-and-programs/substance-use-disorder-treatment-services>

Sunflower Wellness Retreat
29875 W. 339th Street
855-730-8825
www.sunflowerwellnessretreat.com

Eagle Recovery Services
5 S. Peoria Street
913-837-4919

Elizabeth Layton Center
25955 W. 327th Street
913-557-9096
www.laytoncenter.org

Child Protection

Kansas Protection Report Center
800-922-5330
www.dcf.ks.gov/Pages/Report-Abuse-or-Neglect.aspx

Community Centers

Paola Community Center
905 W. Wea
913-259-3650
www.paolacommunitycenter.org

Fox Hall Community Building
201 S. Broadway
913-837-2585
<https://louisburgkansas.gov/Facilities/Facility/Details/Fox-Hall-1>

LaCygne Community Building
204 Commercial Street
913-757-4711

Crime Prevention

Kansas Highway Patrol
27960 Beaver Creek Road
913-837-5621

LaCygne Police Department
206 Commercial Street
913-757-2144
<https://www.cityoflacygne.org/police-department>

Linn County Sheriff's Office
107 S. 4th Street
913-795-2665
<https://www.linncountyks.com/departments/sheriff>

Louisburg Police Department
209 S. Metcalf Road
913-837-3191
<https://www.louisburgkansas.gov/135/Police>

Miami County Sheriff's Office
209 S. Pearl
913-294-3232
<https://www.miamicountyks.org/242/Sheriff>

Osawatomie Police Department
105 E. Main Street
913-755-2101
<https://www.osawatomiaks.org/places/osawatomie-police-department/>

Paola Police Department
805 N. Pearl Street
913-259-3631
<https://cityofpaola.com/198/Police-Department>

Extension Offices

Linn County Extension
115 S. 6th Street
913-795-2829

Miami County Extension
104 S. Brayman
913-294-4301

Funeral Homes

Dengel & Son Mortuary and Crematory
305 N. Pearl Street
913-294-2372
www.dengelmortuary.com

Dengel & Son Mortuary and Crematory
605 O'Neal
913-755-6500
www.dengelmortuary.com

Dengel & Son Mortuary and Crematory
1 Aquatic Drive
913-837-4310
www.dengelmortuary.com

Eddy-Birchard Funeral Home
203 Main Street
913-755-2114
www.eddybirchard.com

Lamb-Roberts-Price Funeral Home
325 S. Hickory
785-242-3550
<https://www.lamb-roberts.com/>

Schneider Funeral Home & Crematory
202 N. 4th
913-757-2035
www.schneiderfunerals.com/

Schneider Funeral Home & Crematory
319 Chestnut
913-795-2215
www.schneiderfunerals.com/

Head Start

Eckhan Head Start
608 10th Street
913-755-2018

Eckhan Head Start
302 N. Oak
913-294-4880

Paola Head Start
110 E. Peoria
913-246-4783

Libraries, Parks and Recreation

Cedar Cove Feline Conservatory
3783 Highway K68
913-837-5515
www.saveoursiberians.org

Hillsdale State Park
26001 West 255th Street
913-594-3600
<https://ksoutdoors.com/State-Parks/Locations/Hillsdale>

Louisburg Library
206 S. Broadway
913-837-2217
www.louisburglibrary.org

Louisburg Aquatic Center
4022 Aquatic Drive
913-837-3555
www.louisburgkansas.gov/130/Aquatic-Center

Ozone
300 11th Street
913-755-3622
www.usd367ozone.org/

Paola City Library
101 E. Peoria Street
913-259-3655
www.paolalibrary.org

Osawatomie Public Library
527 Brown Avenue
913-755-2136
www.osawatomielibrary.org

Family Aquatics Park at the Ozone
300 11th Street
913-755-3622
<https://www.usd367ozone.org/copy-of-aquatics>

Paola Family Pool
10 Wallace Park Drive
913-259-3660
www.cityofpaola.com/165/Paola-Family-Pool

KC Water Sports
25825 Edgemore Road
913-783-4300
www.kcwatersports.com

Pregnancy Services

Adopt Kansas Kids
www.adoptkids.org

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

Miami County Health Department
1201 Lakemary Drive
913-294-2431
www.miamicountyks.org/161/Community-Health-Department

Public Information

Louisburg Chamber of Commerce
215 S. Broadway
913-837-2826
www.louisburgkansas.com/

Osawatomie Chamber of Commerce
509 5th Street
913-755-4114
www.osawatomiechamber.org

Paola Chamber of Commerce
6 West Peoria
913-294-4335
www.paolachamber.org

Rape

National Domestic Violence Hotline
800-799-7233
www.thehotline.org

Family Crisis Center
1924 Broadway
620-793-9941

Kansas Crisis Hotline (Domestic Violence and Sexual Assault)
888-363-2287

The Crisis Center, Inc. - Manhattan
785-539-2785

Red Cross

American Red Cross of Greater Kansas
785-354-9238
www.redcross.org/local/kansas.html

Social Security

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

Transportation

General Public Transportation
121 W. Wea Street
913-294-4630
<https://kutc.ku.edu/paola-senior-citizens-center-inc>

Linn County Transportation
306 Main Street
913-795-2279
<https://www.linncountyks.com/departments/transportation>

Miami County Airport
32580 Airport Road
913-594-0978
<https://www.miamicountyks.org/137/Airport>

Osawatomie Area General Transportation
815 6th Street
913-755-4786

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

Miami County Inpatient Origin Reports



Inpatient Origin by County
Miami, KS Residents Treated in KHA Reporting Area
Federal Fiscal Year: 2020

Table with 24 columns: Hospital Name, Rank, Total Cases, %, Pediatric (Age 0-17, Age 18-44), Adult Medical/Surgical (Age 45-64, Age 65-74, Age 75+), Psychiatric, Obstetric, Newborn, and Surg %.



Inpatient Origin by County
Miami, KS Residents Treated in KHA Reporting Area
Federal Fiscal Year: 2019

Table with 24 columns: Hospital Name, Rank, Total Cases, %, Pediatric (Age 0-17, Age 18-44), Adult Medical/Surgical (Age 45-64, Age 65-74, Age 75+), Psychiatric, Obstetric, Newborn, and Surg %.

Linn County Inpatient Origin Reports (Continued)



Inpatient Origin by County
Linn, KS Residents Treated in KHA Reporting Area
Federal Fiscal Year: 2019

Hospital Name	Rank	Total Cases	%	Detail																			
				Pediatric		Adult Medical/Surgical										Psychiatric		Obstetric		Newborn		Surg %	
				Age 0-17	Age 18-44	Age 45-64	Age 65-74	Age 75+	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%			
Overall	1,334	100.0%	52	3.9%	116	8.7%	339	25.4%	262	19.6%	294	22.0%	73	5.5%	111	8.3%	98	7.3%	29.4%				



Inpatient Origin by County
Linn, KS Residents Treated in KHA Reporting Area
Federal Fiscal Year: 2018

Hospital Name	Rank	Total Cases	%	Detail																			
				Pediatric		Adult Medical/Surgical										Psychiatric		Obstetric		Newborn		Surg %	
				Age 0-17	Age 18-44	Age 45-64	Age 65-74	Age 75+	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%			
Overall	1,252	100.0%	48	3.8%	96	7.7%	287	22.9%	249	19.9%	314	25.1%	53	4.2%	114	9.1%	101	8.1%	29.1%				

Outpatient Origin Reports

Outpatient Market Penetration by Service Type			
Miami County Medical Center			
County by Federal Fiscal Year: 2020			
	Total Visits	Paola, KS	
		Visits	%
1 Emergency Department (45x)	6,959	2,435	64.2%
2 Surgery (36x, 49x)	2,169	785	29.7%
3 Observation (76x, excl. 761)	616	236	48.3%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	3,974	1,396	48.4%
12 Arthro/Arteriography (322, 323)	89	36	56.3%
14 Nuclear Medicine (34x)	270	88	21.8%
15 CT Scan (35x)	2,559	876	47.8%
16 Mammography (401, 403)	1,419	560	47.1%
17 Ultrasound (402)	1,433	501	43.8%
19 Magnetic Resonance Technology (61x)	1,030	353	45.0%
23 Pulmonary Function (46x)	99	42	18.8%
25 Stress Test (482)	274	109	36.0%
26 Echocardiology (483)	490	202	34.5%
33 Cardiac Rehab (943)	357	139	94.6%
35 Treatment Room (761)	1,421	597	31.0%
36 Respiratory Services (41x)	158	54	39.1%
37 EKG/ECG (73x)	1,941	725	52.2%
38 Cardiology (48x excl. 481-483)	6	4	1.5%
42 Physical Therapy (42x)	3,346	1,228	76.7%
43 Occupational Therapy (43x)	315	155	42.3%
44 Speech-Language Pathology (44x)	112	46	40.7%
Actual visits in report	20,462	7,470	44.8%
Actual unclassified visits	6,555	2,981	45.1%
Actual total visits	27,017	10,451	44.9%

Outpatient Market Penetration by Service Type			
Miami County Medical Center			
County by Federal Fiscal Year: 2019			
	Total Visits	Paola, KS	
		Visits	%
1 Emergency Department (45x)	7,568	2,697	62.5%
2 Surgery (36x, 49x)	2,118	814	30.9%
3 Observation (76x, excl. 761)	502	195	38.3%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	4,282	1,600	48.8%
12 Arthro/Arteriography (322, 323)	31	13	37.1%
14 Nuclear Medicine (34x)	366	120	28.8%
15 CT Scan (35x)	2,757	1,037	50.5%
16 Mammography (401, 403)	1,795	731	51.8%
17 Ultrasound (402)	1,596	619	46.6%
18 PET Scan (404)	1	1	0.7%
19 Magnetic Resonance Technology (61x)	1,032	339	40.6%
23 Pulmonary Function (46x)	44	21	8.4%
25 Stress Test (482)	366	129	41.1%
26 Echocardiology (483)	548	221	39.9%
33 Cardiac Rehab (943)	481	191	96.5%
35 Treatment Room (761)	1,335	445	27.2%
36 Respiratory Services (41x)	174	69	25.8%
37 EKG/ECG (73x)	2,124	836	53.7%
38 Cardiology (48x excl. 481-483)	9	5	1.9%
42 Physical Therapy (42x)	3,534	1,338	78.4%
43 Occupational Therapy (43x)	301	157	47.1%
44 Speech-Language Pathology (44x)	154	100	58.5%
Actual visits in report	22,389	8,423	46.3%
Actual unclassified visits	6,727	3,281	50.4%
Actual total visits	29,116	11,704	47.4%

Outpatient Origin Reports (Continued)

Outpatient Market Penetration by Service Type			
Miami County Medical Center	Total Visits	Paola, KS	
County by Federal Fiscal Year: 2018		Visits	%
1 Emergency Department (45x)	7,728	2,821	63.0%
2 Surgery (36x, 49x)	1,781	593	25.9%
3 Observation (76x, excl. 761)	419	150	35.9%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	4,445	1,709	51.1%
12 Arthro/Arteriography (322, 323)	13	3	8.6%
14 Nuclear Medicine (34x)	298	95	23.7%
15 CT Scan (35x)	2,584	901	48.5%
16 Mammography (401, 403)	1,624	640	50.7%
17 Ultrasound (402)	1,588	529	43.0%
18 PET Scan (404)	1		
19 Magnetic Resonance Technology (61x)	921	303	41.4%
23 Pulmonary Function (46x)	27	9	4.5%
25 Stress Test (482)	219	74	28.7%
26 Echocardiology (483)	400	151	39.1%
28 G.I. Services (75x)	14	4	3.8%
33 Cardiac Rehab (943)	241	114	72.6%
35 Treatment Room (761)	1,287	547	30.8%
36 Respiratory Services (41x)	207	76	24.8%
37 EKG/ECG (73x)	2,325	885	56.7%
38 Cardiology (48x excl. 481-483)	133	48	15.4%
42 Physical Therapy (42x)	3,272	1,270	79.4%
43 Occupational Therapy (43x)	258	137	51.9%
44 Speech-Language Pathology (44x)	65	31	26.1%
Actual visits in report	21,801	8,178	47.1%
Actual unclassified visits	10,703	4,860	60.3%
Actual total visits	32,504	13,038	51.3%

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Miami County Medical Center Town Hall Attendance Recording Sheet: June 10th, 2021 (N=16)

Miami County Medical Center Town Hall								
#	Table	Attend.	Lead	Last	First	Organization	Title	City
1	A	X	##	Burrow	Frank	Miami County EMS	Deputy Chief	Paola
2	A	X		Karen	Barrett	Olathe Health Family Medicine	Medical Office Supervisor	Osawatomie
4	A	X		Roberts	Rob	Miami County kansas	Commission Chairman	paola
5	A	X		Shirlene	Johnson	RHC	MOS	LaCygne
6	A	X		Waddle	Beth	My Father's House	President/CEO	Paola
7	B	X	##	Amy	Falk	Health Partnership Clinic	CEO	Olathe/Paola
9	B	X		Fleming	Sid	City of Paola	City Manager	Paola
10	B	X		Levings	Christy			Osawatomie
11	B	X		McBride	Ty	Miami County Medical Center	Rehab Manager	Paola
13	C	X	##	Katherine	Jones	Olathe Health	Medical Office Supervisor	Paola
14	C	X		Jensen	Mike	Olathe Health	Chief Strategy Officer	
15	C	X		McRae	Janet	Miami County	Director of Econ Development	Paola
16	C	X		Rice	Catherine	Health Partnership	VP Comm Relations & Outreach	Olathe
20	D	X	##	Dossett	Jeff	Olathe Health	COO	Olathe
21	D	X		Kane	Lacey	Olathe Health	Community Outreach Liaison	Olathe
22	D	X		Meek	Matt	Paola USD 368	Superintendent	Paola

NOTES: Miami & Linn Co. – Miami County Medical Center

Date: 6/10/2021 – 7:30 am to 9:00 am

Established Needs/Strengths: Small Group Session

Attendance: N = 16

Needs

- Affordable Quality Housing
- Insurance Coverage
- Maternal / Infant Care + Education
- Lack of Communication Due to Federal Guidelines
- Transportation
- Food Insecurity (Grocery Stores)
- Drug / Substance Abuse
- Affordable Care / Services
- Mental Health (All 3 Areas)
- Smoking / Vaping
- “Owning Your Health”
- OBGYN Providers
- Dental (Uninsured / Kids)
- Senior Care

Strengths

- Access to Quality Local Providers
- Satisfaction Scores
- Community Collaboration
- FQHC Operations
- School Systems (Education / Health)
- Economic Growth
- Recreational Activities
- Farmers Markets
- Family Support (Accepting SNAP)
- Community Gardens
- Foundation Engagement
- Charity Care

c) Public Notice & Requests

[VVV Consultants LLC]

EMAIL #1 Request Message (Cut & Paste)

From: Stan Holm, CEO

Date: 3/15/2021

To: Community Leaders, Providers and Hospital Board and Staff

Subject: Miami County Community Health Needs Assessment 2021

Miami County Medical Center (MCMC) is partnering with other community health providers to update the Miami and Linn Counties Community Health Needs Assessment. The goal of this assessment update is to understand progress in addressing health needs cited in the 2015 and 2018 CHNA reports and to collect up-to-date community health perceptions.

VVW 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 and confidential online survey has been developed. Please utilize the link below to participate and provide valuable feedback for this assessment.

LINK: https://www.surveymonkey.com/r/CHNA2021_MCMC

All community residents and business leaders are encouraged to complete the 2021 CHNA online survey by **Monday, May 3rd**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Thursday, June 10th**, for Breakfast from **7:30 a.m. - 9:00 a.m.** More information will be released mid-April, so please stay on the lookout. Thank you in advance for your time and support!

If you have any questions regarding CHNA survey or activities, please contact Lacey Kane at lacey.kane@olathehealth.org

PR Release #1

Miami County Medical Center Launches the 2021 Community Health Needs Assessment

Media Release: March 15, 2021

Over the next few months, **Miami County Medical Center (MCMC)** will be working with other community providers to update the 2018 Community Health Needs Assessment (CHNA). The goal of this assessment update is to understand progress in addressing community health needs cited in the 2018 CHNA report and to collect up-to-date community health perceptions.

“This work is vital to determine the health direction for our county,” comments Stan Holm, Chief Executive Officer.

To accomplish this work, a short online survey has been developed. To participate, please visit our website or social media sites to obtain the link to complete the survey. VVV Consultants LLC, an independent research firm from Olathe, Kansas has been retained again to conduct this countywide research.

All community residents are encouraged to complete the 2021 CHNA Wave #4 online survey by **Monday, May 3rd, 2021**. Additionally, please **HOLD the Date** for the scheduled Town Hall Meeting on **Thursday, June 10th 2021** for Breakfast **from 7:30 a.m. to 9:00 a.m.** Note> More information will be available mid April. Thanks in advance for your time and support!

If you have any questions about the CHNA activities or survey, please call 913-791-4311

Email #2 Message: bcc to Stakeholders List

From: Stan Holm, CEO

Date: 04/16/2021

To: Community Leaders, Providers, Hospital Board and Staff

Subject: MCMC Community Town Hall Scheduled – June 10th (7:30-9:00 am)

Miami County Medical Center (MCMC) will be hosting a Town Hall meeting for the 2021 Community Health Needs (CHNA) on **Thursday, June 10th**, for Breakfast from **7:30 a.m. - 9:00 a.m.** at the **Town Square Event Center**. The purpose of this meeting is the review the community health indicators and gather feedback opinions on key community health needs.

It is imperative that everyone who plans to attend this meeting RSVPs for adequate preparation for this socially distanced gathering. We hope you find time to join us for this important event. To complete your RSVP, please utilize the link below.

LINK: https://www.surveymonkey.com/r/MCMC_RSVP_CHNA2021

Note> Those who RSVP will receive additional information via email a few days before the event. Thanks in advance for your time and support!

If you have any questions about CHNA activities, please email Lacey Kane at
lacey.kane@olathehealth.org

Join Miami County Medical Center as They Host the 2021 CHNA Town Hall Event

Media Release: 04/16/21

Miami County Medical Center (MCMC) will be hosting a Town Hall meeting for the 2021 Community Health Needs Assessment on **Thursday, June 10th from 7:30a.m. to 9:00 a.m.** at the **Town Square** Event Center. During this meeting, we will review the community health indicators and gather feedback opinions on key community needs.

While our focus is the safety of our community in conjunction with COVID guidelines, it is vital everyone planning to attend this event RSVPs to properly adhere to guidelines for this social distanced event. Please visit our website and social media sites to obtain the link to complete your RSVP! We hope that you find the time to join us for this important event on June 10th. Thanks in advance for your time and support!

Note> Those who RSVP will receive additional information via email a few days prior to the event.

If you have any questions about CHNA activities, please email Lacey Kane at lacey.kane@olathehealth.org

Email #3 Message: RSVP List

From: Stan Holm, CEO

Date: 06/09/2021

To: Community Leaders, Providers, Hospital Board and Staff

Subject: MCMC Community Town Hall Scheduled – June 10th (7:30-9:00 am)

The on-site Town Hall event being hosted by **Miami County Medical Center** for the 2021 Community Health Needs Assessment, is almost here and it is vital that we confirm your RSVP to adhere to distancing guidelines during this meeting. This community event is being held on **Thursday, June 10th**, for breakfast from **7:30 a.m. – 9:00 a.m.** at the **Town Square** Event Center. If you are no longer able to attend this event, please let Lacey Kane know via email at lacey.kane@olathehealth.org.

To keep things moving and cover all that is on our agenda promptly, we ask that you please plan to be 10 mins early, as we will begin right away at 7:30 a.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.

We look forward to seeing you all on Thursday, June 10th, as we gather for an important community event.

Thank you for your time and support!

If you have any questions about CHNA activities, please email Lacey Kane at lacey.kane@olathehealth.org

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2021 Stakeholder Community Feedback: MCMC PSA (N= 217)

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1183	66071	Very Good	Not really changing much	BH			Health care plans need to include a specific mental health aspect.
1015	66071	Average	Decreasing - slipping downward	COVD	DOH		False Covid regulation
1202	66064	Very Good	Increasing - moving up	ECON	EDU		poor economic demographics with limited knowledge or resources
1182		Good	Increasing - moving up	ECON	POV		The income level which falls between the crack of low-income assistance and having enough money for everything else.
1150	66071	Average	Increasing - moving up	EDU	PREV		Early health education and practices.
1074	66064	Very Good	Not really changing much	FINA	DOCS	DENT	People here can't afford to go to the doctor or dentist.
1059	66064	Poor	Not really changing much	FINA	SERV	ACC	Very limited low cost services offered
1089	66053	Average	Not really changing much	INSU	BILL		Health insurance doesn't cover anything, deductibles are TOO HIGH
1111		Good	Not really changing much	NO			It is fine for me.
1166	66064	Good	Not really changing much	NUTR	ACC		Lack of a grocery store and access to fresh foods is problematic.
1208	66053	Average	Not really changing much	NUTR	ACC		Overall trend in society for quick yet unhealthy food options.
1065	66064	Average	Decreasing - slipping downward	OWN			Lack of personal responsibility
1011	66071	Good	Increasing - moving up	OWN			People making poor choices.
1086	66053	Average	Not really changing much	OWN			Apathy by the community is just as much to blame.
1204	66083	Good	Increasing - moving up	POV	HOUS		Homelessness and Housing Instability
1002	66064	Good	Not really changing much	QUAL	ECON		Quality work opportunities

CHNA 2021 Stakeholder Community Feedback: MCMC PSA (N= 217)

ID	Zip	Overall	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1037	66053	Average	Not really changing much	ACC	SERV		It's too limited
1164	66071	Good	Not really changing much	ALT	OTHR		I think there needs to be a functional medicine dr/integrative holistic providers as they get to the root of the problem and not just mask the symptoms
1202	66064	Very Good	Increasing - moving up	CARD	STRK		having heart catheterization services available at the hospital would be huge. time is critical. Also, can we handle stroke events/clot busting therapy?
1062	66064	Good	Increasing - moving up	CLIN			Expanded walk in clinic would be beneficial
1024	66053	Poor	Not really changing much	CLIN	HRS		Weekend walk in clinic would be nice
1184	66053	Average	Not really changing much	CLIN			There is only 1 walk in clinic in Louisburg and if you don't like it, you have to go somewhere else out of town.
1056	66053	Good	Increasing - moving up	DOCS			We lack options other than Olathe Health for all except dental and a few eye dr.
1074	66064	Very Good	Not really changing much	DOCS	SPEC	HRS	We need more doctors, more specialist doctors, and available at more times of the week.
1105	66040	Average	Not really changing much	DOCS			more doctors
1018	66053	Average	Not really changing much	ENT	PEDS	ORAL	ENT, pediatricians in Miami county! Oral surgeon, women's health, oral surgeon,
1069	66053	Average	Not really changing much	FAC	STFF	QUAL	Clean and reputable facilities and caregivers
1018	66053	Average	Not really changing much	FEM	PEDS		ENT, pediatricians in Miami county! Oral surgeon, women's health, oral surgeon,
1119	66071	Average	Not really changing much	FEM	PEDS		Need more women and child care
1152	66071	Good	Increasing - moving up	NH	SPEC	TRAV	I think we could use more. I think more doctors geared towards elderly care. And more specialist of all kinds so people wouldn't have to travel so far for those services.
1118	66071	Average	Not really changing much	NH	STFF		retirement homes need more skilled help
1160	66071	Average	Not really changing much	NURSE	STFF		General pack of nurses and staff.
1143	66071	Good	Increasing - moving up	OBG			Ogyn
1059	66064	Poor	Not really changing much	PEDS	SPEC		There are only family doctors in this community, not pediatricians or other doctors who specialize in one area.
1129	66071	Good	Increasing - moving up	PHARM	BH	RET	24 hr pharmacy, mental health services that are not Elizabeth Layton which has a high turnover rate & therefore poor continuing care
1065	66064	Average	Decreasing - slipping downward	PRIM	HRS		Evening and some weekend primary care
1178	66071	Very Good	Increasing - moving up	PRIM	WAIT	SCH	more primary care Drs. could be used to decrease wait time to see Drs if families cant travel out of the county
1170	66071	Good	Increasing - moving up	PRIM			Need more options for PCP, because not ever provider works for every patient
1208	66053	Average	Not really changing much	PRIM	EDU	CLIN	Not enough primary care options nor education provided to seek them out; poor quality walk in clinics.
1092	66071	Average	Not really changing much	QUAL			Just not very good ones.
1021	66053	Good	Increasing - moving up	SCAN	HRS		We need an after hours imaging service aside from the emergency room
1051	66053	Good	Not really changing much	SCAN	PRIM		Diagnostic imaging and PC doctors
1154	66071	Good	Not really changing much	SCAN	WAIT	SPEC	MRI - getting an appointment can take at least 1 week. Specialties can be longer, even if you're in pain. Mammograms, better be prepared to wait. ER decent for low-risk emergencies
1166	66064	Good	Not really changing much	SCH	HRS	ALZ	Families with jobs and children in school need later hours available for appointments. We have no Alzheimer care available.
1098	66040	Very Good	Not really changing much	SCH	WAIT		IT TAKES FOREVER TO GET A DOCTOR APPOINTMENT
1089	66053	Average	Not really changing much	SCH	WAIT	CLIN	It is difficult to get an appointment in my town sometimes. Especially with the provider I want. He is now leaving the practice so...There is a walk in clinic but it is
1084	66071	Average	Decreasing - slipping downward	SPEC	PAIN	ORTH	Specialists in pain management Dr Danda replacement Ortho
1127	66071	Good	Not really changing much	SPEC	DOCS		Need more doctor specialists at Miami County Medical Center
1095	66053	Very Poor	Not really changing much	SPEC	DOCS		Not enough specialist. Olathe Health System is a joke. There are no options.
1169	66071	Poor	Decreasing - slipping downward	STFF	HOSP	DOCS	When visiting the hospital it seems very understaffed
1054	66071	Good	Increasing - moving up	STFF	ACC	URG	Community is growing. If there is a disaster from tornado or multiple injury accident worried about low staffing. Also, personal injury or illness at night or weekend limited access for medical treatment.
1063	66071	Good	Not really changing much	STFF	DOCS	HRS	There needs to be more qualified staff and more around the clock care.
1073	66071	Poor	Not really changing much	STFF	QUAL	SPEC	Not enough qualified or knowledgeable staff and very few specialists that we would trust.
1027	66052	Average	Not really changing much	TRAV	SERV	FP	We have to travel for services other than seeing our family doctor.
1047	66053	Average	Not really changing much	URG	BH	INSU	We are lacking in MDs and Urgent Care in Louisburg. Also, the main option for mental healthcare (Elizabeth Layton) isn't affordable if you have no health insurance.

CHNA 2021 Stakeholder Community Feedback: MCMC PSA (N= 217)

ID	Zip	Overall	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1075	66071	Good	Not really changing much	URG	HRS		Would be beneficial to have an urgent care that stays open late. We've had to drive to Overland Park multiple times to go to the walk in at Children's Mercy. Mediquick also closed in Louisburg, so there's a need for a walk in that stays open late in the evening.
1087	66053	Poor	Not really changing much	URG	WAIT		No. Walk-in most of the time is not available in Louisburg
1172	66071	Poor	Decreasing - slipping downward	WAIT	SCH	EDU	Can never get into the doctors office, and the staff never calls back until after hours with requests. Often too late to get anything accomplished. Staff not trained to be able to schedule patients requiring another phone call to get scheduled because front desk is fine for the day.
1158	66071	Good	Not really changing much	WAIT	ACC	SCH	Have tried to access Health Partnership for lower income healthcare services and have been unable to get an appointment for a new patient. Schedule is continually 2-3 months out.
1013	66053	Average	Not really changing much	WAIT	SCH		Always a huge wait and when your sick you don't want to have to wait around

CHNA 2021 Stakeholder Community Feedback: MCMC PSA (N= 217)

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1024	66053	Poor	Not really changing much	ALLER	OPHTH	AUD	Free/reduced screenings for allergies, hormones, eyesight, hearing
1204	66083	Good	Increasing - moving up	ALT	PREV	HOUS	Care Coordination aimed at high-risk or frequent access individuals that looks at holistic factors affecting health that aren't necessarily medical - housing stability, resource referrals, parenting education, substance abuse intervention, mental health services, etc.
1164	66071	Good	Not really changing much	ALT	OTHR		Functional medicine
1018	66053	Average	Not really changing much	ALT	PHARM	EDU	How to boost your immune system naturally, options to pharmaceutical drugs to take care of common colds and flu, food as Medicine.
1166	66064	Good	Not really changing much	ALZ	SPEC	TRAN	A dementia care facility. More specialists coming to Olathe Health in Paola. Transportation system between cities within the county. More diagnostic clinics.
1086	66053	Average	Not really changing much	AWARE			Let them know what is available by being out in the public. Make them aware.
1065	66064	Average	Decreasing - slipping downward	BH	ACC	SPEC	Improved mental health accessibility. Broader range specialists available in community(pulm, neurology, rheum, card)
1110	66040	Good	Increasing - moving up	BH	ADOL		a more robust mental health services, especially for the young.
1179	66071	Good	Increasing - moving up	BH	ADOL	EDU	We need more screening and diagnosis options for children with mental health issues. Also, community education on what services are available for children in our area would be great. It seems that many parents do not know what to do or where to go to get help for children with mental health issues.
1131	66071	Very Good	Increasing - moving up	BH	SPRPT		Mental health supports
1085	66072	Good	Increasing - moving up	BH			Mental health
1185	66071	Good	Increasing - moving up	BH			More mental health options, counselors and a psychiatrist (at least here part time)
1076	66071	Good	Not really changing much	BH	IP	STFF	Mental health. The State Hospital needs more funding, more full-time patient living, more staff, etc. Quit pushing people who cannot handle living on their own in the world back into the world.
1072		Average	Not really changing much	BH	PREV	VIO	Social programs addressing: mental health, wellness, domestic violence
1183	66071	Very Good	Not really changing much	BH	SUIC		Mental health/suicide prevention
1075	66071	Good	Not really changing much	BH	SUIC	NUTR	One day classes on various topics to help local families: mental health awareness, suicide prevention, nutrition, fitness plans...
1047	66053	Average	Not really changing much	BH			Free mental health evaluations
1114	66040	Very Good	Not really changing much	BH			Mental Health concerns
1158	66071	Good	Not really changing much	CLIN			More clinics like Health Partnership
1184	66053	Average	Not really changing much	COMM	PART	NUTR	Communities need appropriately priced health & wellness facilities that the public can access. This could meet so many health & wellness needs. Exercise for all ages, exercise facilities during all kinds of weather (indoor swim and walking/running for example), communication of health & wellness needs, a central location to hold classes on these topics, a staff designated to work with local providers and coordinate events based on community needs, health screenings, healthy cooking classes, mental health groups. A lot could be run through these kinds of facilities that could be designed to serve the overall wellness of all residents.
1042	66053	Poor	Not really changing much	COVID	SH		Un mask our school children
1059	66064	Poor	Not really changing much	DENT			All of them. Apply for grants that our taxes are paying for!!!! To name a few: home healthcare, women's healthcare, well visits for children, low cost dental services
1050	66053	Average	Increasing - moving up	DOCS	EDU	INSU	A program to attract quality doctors and nurses to the area. Also need patient advocates that help people know what services they are able to receive and how to apply for Medicaid/Medicare Etc.
1178	66071	Very Good	Increasing - moving up	DOCS	PC		primary care drs
1092	66071	Average	Not really changing much	DOCS	ACC	POV	Mobile doctor clinics for poor and needy.
1073	66071	Poor	Not really changing much	DOCS	SPEC		Recruiting good and competent physicians and specialists to our area.
1013	66053	Average	Not really changing much	DOCS	WAIT		Most drs less wait time
1037	66053	Average	Not really changing much	DOCS			Bring in doctor's who are not tied into a hospital.
1015	66071	Average	Decreasing - slipping downward	DOH	LDRS		A NEW PUBLIC HEALTH DIRECTOR That has a working brain and can think for themselves
1195	66071	Good	Not really changing much	DRUG	SUIC		Drug and suicide
1026	66053	Average	Decreasing - slipping downward	EDU	ALT		Teaching people how to have a healthy immune system, instead of relying on medicine and government to try to save us
1204	66083	Good	Increasing - moving up	EDU	DRUG	BH	Care Coordination aimed at high-risk or frequent access individuals that looks at holistic factors affecting health that aren't necessarily medical - housing stability, resource referrals, parenting education, substance abuse intervention, mental health services, etc.
1209	66083	Average	Increasing - moving up	EDU	PREV		Programs aimed at education and prevention.
1136	66071	Good	Not really changing much	EDU	NUTR		Information on inflammation Spending money on quality food, not at the Dr's office
1087	66053	Poor	Not really changing much	EMER			Walk-in light emergency care
1207	66064	Good	Increasing - moving up	FEM	BH		Women's health programs, more mental health availability

CHNA 2021 Stakeholder Community Feedback: MCMC PSA (N= 217)

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1095	66053	Very Poor	Not really changing much	FEM	PEDS	NH	We need to focus on womens, childrens, and senior health and wellness. Child care, family planning, and affordable health care is a necessity.
1184	66053	Average	Not really changing much	FINA	PREV	FIT	Communities need appropriately priced health & wellness facilities that the public can access. This could meet so many health & wellness needs. Exercise for all ages, exercise facilities during all kinds of weather (indoor swim and walking/running for example), communication of health & wellness needs, a central location to hold classes on these topics, a staff designated to work with local providers and coordinate events based on community needs, health screenings, healthy cooking classes, mental health groups. A lot could be run through these kinds of facilities that could be designed to serve the overall wellness of all residents.
1152	66071	Good	Increasing - moving up	FIT	NH	ALT	While there are places to go to work out, most are too expensive and aren't geared for older people. We need a place that's up on the current findings. We don't have that. The fitness centers are all about teaching the same old crap. It might work for 20 and 30 year olds, but it does not work for older people who might have limited movement, arthritis, bad backs, etc. older people can damage their backs doing crunches and mess up their knees with squats and burpees. These trainers are total idiots when it comes to that. Older people don't need to do HIIT workouts unless they have done them and enjoy them. They are not necessary to stay fit. They ruin your joints over time. There's lots of new findings out there that have proven you don't need a 30 minute work out. But we don't seem to have anyone knowledgeable snout this or the right kind of nutrition. That's where holistic doctors excell.
1056	66053	Good	Increasing - moving up	FIT	NUTR	BH	More exercise for multi ages in their home communities (Louisburg and Paola); healthy foods programs--we have a food desert in southern part of the Co., mental health offices in Louisburg, hopefully the entire US will reach the point that contract tracing for covid and any future pandemics will be possible too.
1180	66071	Good	Increasing - moving up	FIT	PREV	EDU	Exercise/Fitness Health/Wellness/Nutrition
1217	66053	Good	Not really changing much	FIT	REC		Outside parks, trails, and recreation activities
1193	66053	Very Good	Increasing - moving up	HH	HSPC		Improvements in home health care and hospice care.
1059	66064	Poor	Not really changing much	HH	FEM	PEDS	All of them. Apply for grants that our taxes are paying for!!!! To name a few: home healthcare, women's healthcare, well visits for children, low cost dental services
1027	66052	Average	Not really changing much	HOSP	ALL	LAB	We need a hospital even if it's small. General care. X rays, lab, etc
1146	66071	Poor	Decreasing - slipping downward	INSU			Insurance free health care
1174	66071	Good	Increasing - moving up	INSU	PRIM		I am satisfied, but I have insurance and take care of myself and see a physician regularly.
1118	66071	Average	Not really changing much	NH	SPEC	PREV	retirement home activity/social programs, community wellness information
1062	66064	Good	Increasing - moving up	NUTR	EDU	SPPRT	Nutrition classes, parental classes, babysitting classes, CPR first aid classes,
1145	66064	Very Good	Increasing - moving up	NUTR			My community needs so many things but I don't think they necessarily fall under health programs. Nutrition, we don't have a grocery store in my community. Sometimes rural communities get left behind because so many residents are not supported with jobs locally. Not health provider responsibility but, health suffers in the long run.
1003	66064	Average	Not really changing much	NUTR	EDU		nutrition education, healthy meal/cooking, poor diet education/consequences
1051	66053	Good	Not really changing much	NUTR			More farmers markets
1140	66071	Good	Not really changing much	OBES			Weight loss services
1008	66071	Good	Increasing - moving up	PART	BH		More community partnerships to address behavioral health.
1154	66071	Good	Not really changing much	PART	SCH		outreach, better scheduling options
1129	66071	Good	Increasing - moving up	PHARM	BH	ADOL	24 hr pharmacy, more options for mental health services for children & teens that are not Elizabeth Layton
1084	66071	Average	Decreasing - slipping downward	PREV	STFF		Pool for wellness classes and instructors with substitutes
1208	66053	Average	Not really changing much	PREV	EDU		A community center to provide exercise options while providing health/wellness classes, serve as public health/social service resource center to provide referrals for needed services.
1095	66053	Very Poor	Not really changing much	PREV	FAM	INSU	We need to focus on womens, childrens, and senior health and wellness. Child care, family planning, and affordable health care is a necessity.
1211		Good	Not really changing much	PREV	OWN	REC	A healthy lifestyle guide that we get the City/County governments to adopt and support. Support for more CSA, Community Gardens and matching our "canners" up with our families that need healthier alternatives. I see so much potential in Miami County for creating a "world class" farm to table program that matches with a walking/biking transportation system that could impact in a positive way obesity and all the health consequences associated with it. What if we tried for 10-years in a meaningful way to attack obesity in our community -- how would that impact our community?
1063	66071	Good	Not really changing much	PREV			More involvement in wellness programs.
1065	66064	Average	Decreasing - slipping downward	PUL	NEU	RHE	Improved mental health accessibility. Broader range specialists available in community(pulm, neurology, rheum, card)
1172	66071	Poor	Decreasing - slipping downward	SPEC	PRIM	HOSP	Better access to specialists, more primary coverage, better hospital system!

CHNA 2021 Stakeholder Community Feedback: MCMC PSA (N= 217)

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1127	66071	Good	Not really changing much	SPEC	PRIM	EMER	Get more specialists down at the hospital, primary and er care is good but always have to travel north to see specialists since only come down a few days a week to MCMC
1054	66071	Good	Increasing - moving up	STFF	FINA		I feel the community is offering a good variety of health programs right now. But, more staffing and financial support is needed.
1112	66071	Good	Decreasing - slipping downward	TRAN	ADOL		Bus transportation for children going to school in town

Let Your Voice Be Heard!

In 2018, Miami County Medical Center (MCMC) surveyed the community to assess health needs. Today, MCMC requests your input in order to create a 2021 Miami 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 Monday, May 3rd, 2021.

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

- Very Good Good Average Poor Very Poor

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

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

Why? (please specify)

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.

4. In your opinion, are there healthcare services in our community / your neighborhood that you feel need to be improved, worked on and/or changed? (Be specific)

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

- | | |
|--|---|
| <input type="checkbox"/> Access to Affordable Care | <input type="checkbox"/> Lack of Healthcare Providers/Qualified Staff |
| <input type="checkbox"/> Affordable Health Insurance | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Affordable Senior Living | <input type="checkbox"/> Nutrition - Healthy Food Options |
| <input type="checkbox"/> Chronic Care Management | <input type="checkbox"/> Preventative Health / Wellness |
| <input type="checkbox"/> Culturally Competent Providers/Services | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Diagnostics/Screenings | <input type="checkbox"/> Suicide Prevention |
| <input type="checkbox"/> Exercise/Fitness Services | <input type="checkbox"/> Transportation |

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

- | | |
|--|---|
| <input type="checkbox"/> Access to Affordable Care | <input type="checkbox"/> Lack of Healthcare Providers/Qualified Staff |
| <input type="checkbox"/> Affordable Health Insurance | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Affordable Senior Living | <input type="checkbox"/> Nutrition - Healthy Food Options |
| <input type="checkbox"/> Chronic Care Management | <input type="checkbox"/> Preventative Health / Wellness |
| <input type="checkbox"/> Culturally Competent Providers/Services | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Diagnostics/Screenings | <input type="checkbox"/> Suicide Prevention |
| <input type="checkbox"/> Exercise/Fitness Services | <input type="checkbox"/> Transportation |

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

- | | |
|--|--|
| <input type="checkbox"/> Chronic disease prevention | <input type="checkbox"/> Limited Access to Mental Health |
| <input type="checkbox"/> Lack of Health & Wellness | <input type="checkbox"/> Family Assistance programs |
| <input type="checkbox"/> Lack of Nutrition/Exercise Services | <input type="checkbox"/> Lack of health insurance |
| <input type="checkbox"/> Limited Access to Primary Care | <input type="checkbox"/> Neglect |
| <input type="checkbox"/> Limited Access Specialty Care | |

Other (please specify)



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

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



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

	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 Services	<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 Access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very Good	Good	Fair	Poor	Very Poor
Behavioral / Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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 / Education	<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 / Abuse 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"/>

11. Do you have any Covid-19 worries and/or concerns in regards to Community Health delivery?

Yes

No

If yes, please share your thoughts. Be specific

12. Over the past 2 years, did you or someone in your household receive healthcare services outside of Miami & Linn counties?

Yes

No

If YES, please specify the healthcare services received.

13. Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?

Yes

No

If NO, please specify what is needed where. Be specific.

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

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Abuse/Violence | <input type="checkbox"/> Health Literacy | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Access to Health Education | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Preventative Health / Wellness |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Housing | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Alternative Medicine | <input type="checkbox"/> Lack of Providers/Qualified Staff | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Behavioral / Mental Health | <input type="checkbox"/> Lead Exposure | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Breastfeeding Friendly Workplace | <input type="checkbox"/> Neglect | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Care Coordination | <input type="checkbox"/> Obesity | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Occupational Medicine | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Drugs/Substance Abuse | <input type="checkbox"/> Ozone (Air) | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Physical Exercise | |

Other (please specify)



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

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

Other (please specify)



17. What is your home ZIP code? Please enter 5-digit ZIP code; for example 66544 or 65305

Miami County Medical Center (MCMC) is partnering with other area providers to update their Community Health Needs Assessment. The goal for this update is to identify progress in addressing past community health needs and to collect updated health perceptions. Your voluntary input is vital and all responses are confidential. If you prefer, you can complete the survey online by visiting <https://www.olathehealth.org/>. **All survey returns are due on 4/1/21.** Thank you.

Part I: HEALTHCARE PERCEPTIONS & SATISFACTION

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

	Very Good	Good	Fair	Poor	Very Poor
OVERALL Quality of Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. How would you rate each of the following . . .? (Check one box per row)

	Very Good	Good	Fair	Poor	Very Poor
a) Ambulance Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Chiropractor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Eye Doctor / Optometrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Family Planning Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Hospice / Palliative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Telehealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) Nursing Home/Senior Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n) Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o) Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p) Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q) Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r) School Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s) Visiting Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t) Walk-In Clinic Access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Over the past 2 years, did you or someone in your household receive health care services outside of the Miami & Linn County community service area ?

Yes No

If yes, please specify the healthcare services you received

4. In your opinion, are there healthcare services in our community / your neighborhood that you feel need to be improved, enhanced, and/or changed? (Please be specific)

5. In your opinion, how much of a health concern are the following in your community?
(Check one response per row)

	Not a Problem	Somewhat of a Problem	Major Problem	Don't Know
a) Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Drugs / Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Heart Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) HIV / AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Mental Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Pneumonia / Flu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Respiratory Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Sexually Transmitted Diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. In your opinion, does your community need additional awareness and/or attention to improve health? (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Abuse / Violence | <input type="checkbox"/> Health Literacy | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Access to Health Education | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Preventive Health/Wellness |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Housing | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Alternative Medicine | <input type="checkbox"/> Lack of Providers/Qualified Staff | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Behavioral/Mental Health | <input type="checkbox"/> Lead Exposure | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Breastfeeding Friendly Workplace | <input type="checkbox"/> Neglect | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Care Coordination | <input type="checkbox"/> Obesity | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Occupational Medicine | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Drug/Substance Use | <input type="checkbox"/> Ozone (Air) | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Physical Exercise | |

Other (please specify)

7. Access to care is important. Are there enough providers available at the right times to care for you and your community?

Yes No

If No, please specify what is needed:

8. Do you have any COVID-19 worries and/or concerns regarding community health delivery?

Yes No

If Yes, please share your thoughts. Be specific

PART II: YOUR HEALTH PRACTICES

9. In general, how would you best describe your health? (Choose one)

Very Good Good Fair Poor Very Poor

10. Compared to a year ago, how would you rate your overall health in general now?

Much better than a year ago About the same Much Worse than a year ago

11. Do you see a provider on a yearly basis?

Yes No

If No, why not? (Be specific)

12. Do you follow these health practices . . .? (Check one box per row)

	Yes	No	N/A
If over 50, have you had a colonoscopy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If male over 50, do you have annual prostate exams?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If female over 40, do you have annual mammograms?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If female, do you have a pap smear every other year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you get 2.5 hours a week of moderately intense physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Please complete sentence below. Are you ?

	Yes	No	
a) Eating Right (Daily5+servings-fruits/veg/wheat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Using tobacco products weekly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Exercising 2-3 times weekly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Consuming alcohol (more than 1 drink daily)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Receiving an annual flu shot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Up to date on vaccinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Please complete sentence below. Are you concerned about ?

	Yes	No	N/A
a) Being Homeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Paying Utility Bills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Paying for food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Transportation to Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Safety in your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part III: A LITTLE MORE ABOUT YOU

15. What is your age?

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

16. Your gender? Male Female Other

17. How would you identify yourself?

- a) Caucasian / White American d) American Indian / Native Alaskan
 b) African American / Black American e) Asian American / Pacific Islander
 c) Latino / Hispanic American f) Multicultural / Multiracial

Other (please specify)

18. How would you describe your household?

- Single Married with children no longer at home
 Married Divorced
 Married with children at home Other _____

19. Regarding your health insurance coverage... What type of health coverage is your primary plan?

- Private Insurance you purchased Covered by Employer (employer pays total cost)
 Medicare Covered by Employer (you & employer share cost)
 Medicaid No Coverage (Uninsured)

Other (please specify)

20. What is your home zip code? Please enter 5-digit zip code: for example 60544 or 65305

Thank you. Please return completed survey with enclosed business reply envelope.



VWV Consultants LLC



VWV Consultants LLC

Vince Vandehaar, MBA

Principal & Adjunct Professor

VVV@VandehaarMarketing.com

Cassandra Kahl, BHS MHA

Director, Project Management

CJK@VandehaarMarketing.com

HQ Office:

601 N Mahaffie, Olathe, KS 66061

(913) 302-7264

<http://vandehaarmarketing.com/>

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