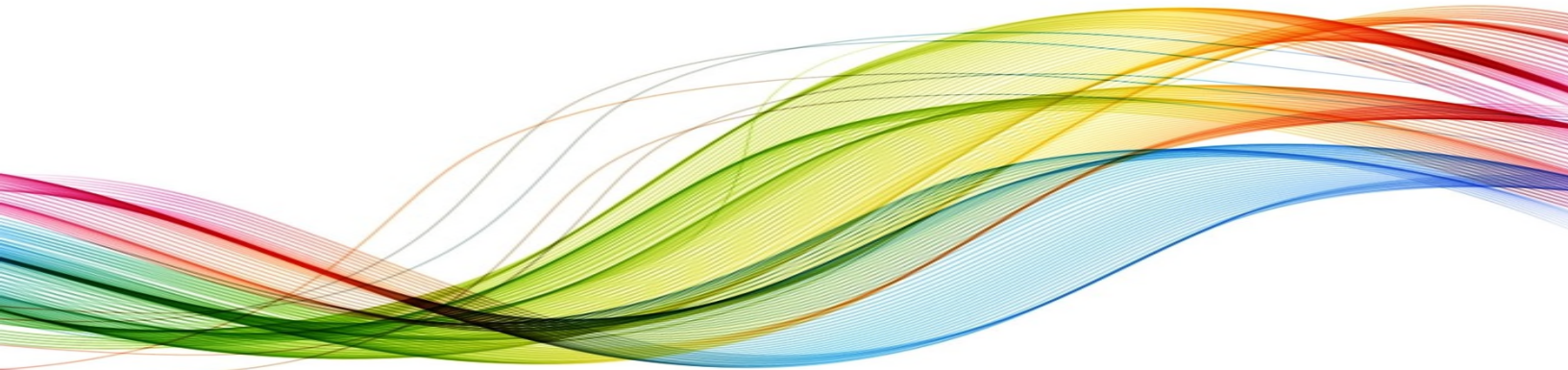




Community Health Needs Assessment Ellinwood Hospital and Clinic – Barton County (KS)



May 2018

**VVV Consultants LLC
Olathe, KS**

Community Health Needs Assessment Table of Contents

I. Executive Summary

II. Methodology

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

III. Community Health Status

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

IV. Inventory of Existing County Health Resources

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

V. Detail Exhibits

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

I.Executive Summary

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

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

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

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

Year 2018 Ellinwood District Hospital – Barton County “Community Health Improvements Needs”

Ellinwood District Hospital				
Wave #3 CHNA - 2018 Town Hall Priorities (29 Attendees, 110 Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Screen, Treat, Rehab, Children, Bullying)	26	23.6%	23.6%
2	Update Facilities	25	22.7%	46.4%
3	Awareness of Services Offered	12	10.9%	57.3%
4	Pharmacy	11	10.0%	67.3%
5	Poverty	11	10.0%	77.3%
6	Substance Abuse	9	8.2%	85.5%
Total Votes:		110	100.0%	
Other Items Noted: Specialists (Gynecology, Allergy, Dentist, Gastroenterology, Neurology, Endocrinology, Dermatology, Oncology, Pulmonology), Violence/ Abuse, Biking and Walking Paths/ Improve Sidewalks, Affordable Insurance, Suicide, STD's.				

Ellinwood District Hospital – Barton County CHNA Town Hall “Community Health Strengths” cited are as follows:

Ellinwood District Hospital - Community Health "Strengths"			
#	Topic	#	Topic
1	Recreation Center and Wellness Activities	8	School Nurse and School Health
2	Quality Care	9	Skilled Providers
3	EMS	10	Educational Offerings at the Hospital
4	Outpatient Services	11	Quality of Life in Ellinwood
5	Number of Providers	12	Education Level and Success
6	Community Involvement	13	Providers and Staff personal touch
7	Community Activities and Clubs		

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

KS HEALTH RANKINGS: According to the 2018 RWJ County Health Rankings Study, Barton County’s highest ranking, out of the 105 counties in Kansas, is in Length of Life.

TAB 1. Population estimated at 26,775 in July of 2016. About 31 people per square mile. 6.5% of Barton’s population is under 5 years old and 18% is over 65. 14.7% of the population is Hispanic or Latino and 11.8% of Barton’s population speak a language other than English at home. Barton has 35% of its children living in a single parent home. Barton is home to 1,953 veterans.

TAB 2. Barton has a per capita of \$24,338. There are 14.4% of the population living in poverty. Barton has 12,634 total housing units with a severe housing problem of 10%. There are 3,370 Firms in Barton and an unemployment rate of 4.3%. Barton has a 13% food insecurity rate and limited access to healthy foods at 8%.

TAB 3. 63% of the children in schools in Barton are eligible for free or reduced-price lunch. Barton has a 92.9% high school graduation rate and 22.3% go on to get a bachelor’s degree or higher.

TAB 4. 78.3% of births in Barton had prenatal care begin in the first trimester. Infants up to 24 receiving full immunizations grew to 76.8%. 9% of all Barton births occur to Teenagers and 47.1% occur to unmarried women. Barton has 21.4% of pregnant mothers that smoked during pregnancy.

TAB 5. Barton has one Primary Care Physician to 1,710 people. 86% of Barton would give their hospitals a rating of 9 or 10 out of 10 and 91% would recommend the hospital. Average ER wait time before being seen by a healthcare professional is 22 minutes.

TAB 6. The suicide age-adjusted mortality rate in Barton is 36.7. 15.4% of the Medicare population gets treated for depression.

TAB 7. 35% of Barton adults are obese and 26% are physically inactive. 15% of the population excessively drinks and 18% smokes. The sexually transmitted infections rate has gone up to 381.70. Barton’s Asthma population has increased to 7.9% while Osteoporosis has decreased

to 6.6%. The cancer population is at 9.5%, heart failure hasn't changed much with a slight decrease to 13.1%. Hypertension has the largest population with 61.1%.

TAB 8. The uninsured rate in Barton County decreased to 15%.

TAB 9. Life expectancies in Barton are 76.3 for Males and 81.1 for Females. Age- Adjusted Cancer mortality rate went down slightly to 155.3 as well as the age-adjusted heart disease mortality rate at 165.7. The age-adjusted chronic lower respiratory mortality rate went up slightly to 54.6. Barton had a rate of 21% for Alcohol-impaired driving deaths.

TAB 10. 63% of Barton has access to exercise opportunities. Diabetes monitoring is at 88%. 65% of Barton gets regular mammography screening.

Key 2018 Community Feedback Conclusions: Stakeholder feedback from residents, community leaders and providers (N=64) provided the following community insights via an online perception survey:

- Using a Likert Scale, 84.4% of Ellinwood District Hospital stakeholders would rate the overall quality of healthcare delivery in their community as Very Good or Good.
- Ellinwood District Hospital stakeholders are satisfied with the following services: Ambulance Services, Chiropractors, Emergency Room, Home Health, Hospice, Inpatient Services, Outpatient Services, Physician Clinics, Public Health, and School Nurse.
- Ellinwood District Hospital stakeholders view a Lack of awareness of existing local programs, providers, and services as the largest root cause of poor health in their community followed by a lack of health and wellness education.
- When considering past CHNA needs, Updated/New Facility; Drug/ Substance Abuse; and Alcohol Abuse continue as an ongoing problem and pressing.

CHNA Wave #3		Ongoing Problem				Pressing	
Past CHNAs health needs identified		EDH only N=64		Trend	Barton Co N= 275		EDH
Rank	Topic	Votes	%		Votes	%	RANK
1	Updated / New Facilities	36	15.9%	10.0%	63	6.0%	1
2	Drug / Substance Abuse	25	11.1%	-2.6%	145	13.7%	2
3	Alcohol Abuse	19	8.4%	-0.9%	98	9.3%	8
4	Access to Mental Health care	18	8.0%	-2.5%	111	10.5%	6
5	Wellness / Prevention	17	7.5%	0.8%	71	6.7%	5
6	Economic Development	16	7.1%	-0.7%	82	7.8%	4
7	Awareness of existing HC services	15	6.6%	1.0%	60	5.7%	3
8	Fitness / Exercise Options	15	6.6%	1.3%	56	5.3%	11
9	Nutrition / Healthy Foods options	14	6.2%	0.5%	60	5.7%	7
10	Diabetic Education	10	4.4%	0.1%	46	4.3%	9
11	Nursing Home - Dementia care	9	4.0%	-1.8%	61	5.8%	10
12	HC Transportation	8	3.5%	0.2%	35	3.3%	13
13	Oncology	8	3.5%	-0.1%	39	3.7%	15
14	Heart Health	6	2.7%	-2.1%	50	4.7%	12
15	Home Health / Hospice services	6	2.7%	-0.5%	33	3.1%	14
16	Air Quality	2	0.9%	-0.5%	15	1.4%	16
17	Teen Pregnancy	2	0.9%	-2.2%	33	3.1%	17
TOTALS		226	100.0%		1058	100.0%	

II. Methodology

[VVV Consultants LLC]

II. Methodology

a) CHNA Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

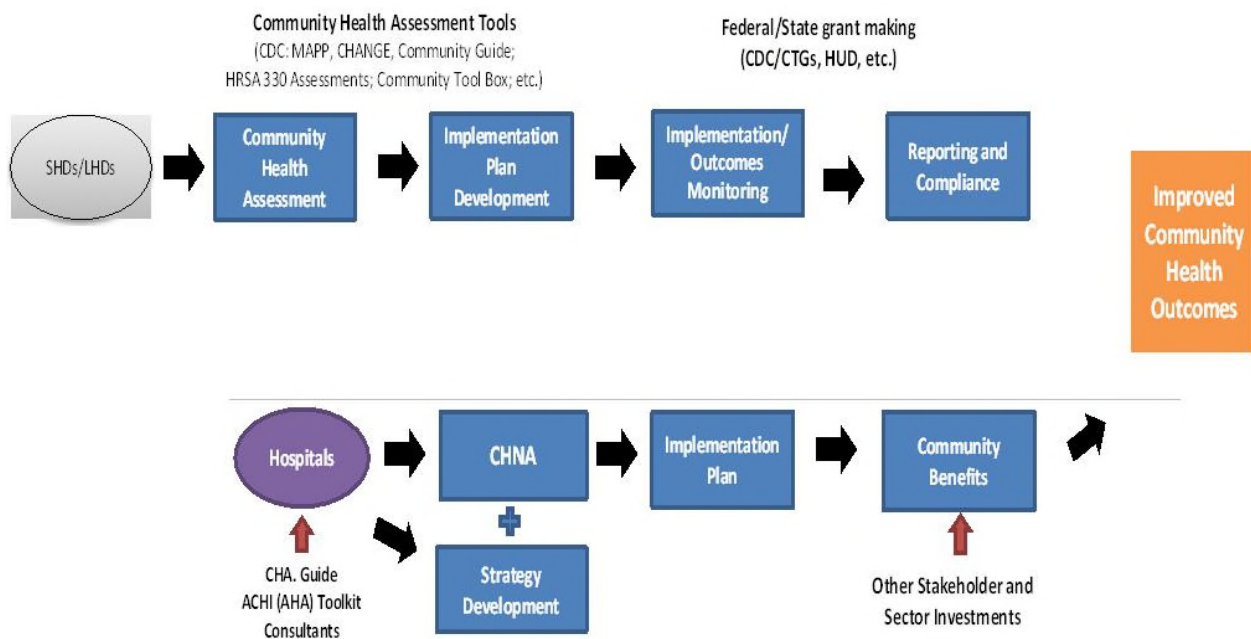
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Notice 2011-52 Overview

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

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

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

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

ACCOUNTING TODAY 1/2/15

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

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

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

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

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

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

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

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

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

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

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

RICH DALY, HFMA SENIOR WRITER/EDITOR

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

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

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

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

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

Reasons for Revocation

Hospital 501(r) requirements include:

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

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

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

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

Widespread Vulnerability

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

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

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

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

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

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

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

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

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

Public Health Criteria:

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

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

DOMAIN 1 INCLUDES FOUR STANDARDS:

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

Seven Steps of Public Health Department Accreditation (PHAB):

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

II Methodology

b) Collaborating CHNA Parties

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

Ellinwood District Hospital Profile

605 N Main St, Ellinwood, KS 67544

Administrator: Kile Magner

History: A \$75,000 bond issue election passed on March 21, 1951 allowed the board to build the hospital, although donations were necessary to equip the facility. The dedication was held October 19, 1952 and the hospital opened the next day.

It was designed for 24 patients, plus 8 cribs in the nursery. In 1952 a semi-private room cost was \$9.50 a day and a private room was \$14.00. The east wing and Sisters' home (currently Ellinwood Hospital Clinic) was built in 1953. The north Medical Arts building was constructed in 1957. The sisters of St. Joseph, Wichita originally ran the hospital from 1952-1961. Due to financial difficulties the sisters terminated their agreement with Ellinwood District Hospital.

Great Plains Lutheran Hospitals, Inc began operation of the facility on April 1, 1962. A total of 1,211 babies were born from 1952 until deliveries were discontinued in August 1972. Since that time Great Plains was reorganized and renamed GPHA, Inc. There are 5 board members of Ellinwood District Hospital, an average number of employees is 70. The hospital status was changed to Critical Access Hospital in 1998 after being designated a 12-bed Rural Primary Care Hospital.

Today Ellinwood District Hospital is a 25-bed Critical Access Hospital with 2 ER beds and the Facility provides inpatient acute care, skilled swing bed, and intermediate swing bed care. Facility offers numerous outpatient services including 24-hour emergency rooms, full service laboratory, radiology, CT, mobile mammography, mobile US/sonography, mobile MRI, Physical and Occupational therapy for all ages.

Ellinwood District Hospital offers the following services to its community:

- 24-Hour Emergency Room
- Outpatient Procedures
- Physical / Occupational / Speech Therapy
- Full Service Laboratory
- Radiology
- Dietary Services

Barton County Health Department Profile

1300 Kansas Avenue, Great Bend, KS 67530

Administrator: Shelly Schneider, BSN, RN

If you've ever

- had a vaccination,
- assumed the water from your tap is safe,
- taken your child to daycare,
- expected the restaurant you eat in to be clean and safe,
- been screened for tuberculosis, high blood pressure, or some other contagious disease,
- had an emergency plan to ensure you and your families safety in a disaster
- wondered how to avoid getting influenza, or
- what to eat to stay healthy,

then you have been touched by the efforts of public health employees.

Public health protects and improves communities by: assuring every family has choices for health and wellness, preventing barriers for all Community members to have equal and fair access to food, activity, healthcare, employment and transportation, preventing epidemics and the spread of disease; promoting healthy lifestyles for children and families; protecting against hazards in homes, work, communities and the environment; assuring high quality health care services; and preparing for and responding to emergencies. Public Health is identifying gaps in a Community and providing services to fill these gaps until an alternative is available. There is little of daily life not related to or influenced by public health. Public health is everywhere.

PUBLIC HEALTH:

- Prevents epidemics and spread of disease.
- Protects against environmental hazards.
- Prevents injuries.
- Promotes and encourages healthy behaviors.
- Responds to disaster and assists communities in recovery.
- Assures the quality and accessibility of health services.

Hours:

Monday	9:00 am - 5:30 pm
Tuesday	7:30 am - 5:30 pm
Wednesday	7:30 am - 5:30 pm
Thursday	7:30 am - 7:30 pm
Friday	7:30 am - 5:30 pm

Barton County Health Department Services:

Communicable Diseases—Tuberculosis, Sexually Transmitted Diseases, Seasonal Influenza, MRSA, Rabies.

Prevention—Poverty Reduction, Trauma informed choices and educational interventions, Chronic Disease Risk Reduction, Drug & Alcohol Prevention, Suicide Prevention, Be Well Barton County, Central Kansas Breastfeeding Coalition.

Immunizations—All vaccines

Community Outreach Services – Specialized services designed for the needs of the Community. Contact the BCHD for details on what services are offered.

Emergency Preparedness—Planning for and responding to Emergencies in the County and offering assistance to other counties as needed.

Family Planning and Birth Control—Annual Physical Exams and Pap Test, Pregnancy Testing, Counseling in Contraceptive Methods, Contraceptive Supplies, Counseling and Referral for Infertility and Problem Pregnancy, Health Information and Education, School and Community Education Programs, Appropriate Referrals.

Chronic Disease Risk Reduction—Tobacco Use Prevention & Cessation, Improving Nutrition & Access to Healthy Foods, Increasing Physical Activity, Central Kansas Partnership & Task Force.

Child Health— Educational opportunities for parent / child interactions, Physical Examination, Lead Screening, Nutritional Counseling, Immunizations, Well Child Physical, WIC Program, Kan-Be-Healthy Exam, Referrals to Other Services.

Adult Health- Well-women exams, Healthy Living Lab Services, Blood Pressure checks, weights and heights.

Stepping On - Senior education on Fall Prevention

Maternal and Child Health—Social and educational support for pregnant women and their infants the first year after delivery including: Prenatal Clinics, Prenatal Risk Reduction, Home Visits by a nurse & social worker, Healthy Start Home Visitor Program, Well Child Exams targeting children without access to doctors (up to 5yrs), and KAN BE HEALTHY Assessments for eligible children (required by Medicaid).

WIC-Women, Infants, & Children— Nutritional Program for Pregnant women and children under the age of 5 years, Maternal & Infant Health and Education, Breast Feeding Peer Counselor, Healthy Start Home Visitor.

Child Care Licensing — Recruiting and education Child Care Licensing providers, Investigation of child care provider and unlicensed provider complaints, monthly orientation classes, quarterly newsletters.

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications



VVV Consultants LLC

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

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

VVV@VandelaarMarketing.com

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

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

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

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

Collaborating Support:

Heather Marine, BA CNA - VVV Consultants LLC

Collaborative Analyst

II. Methodology

c) CHNA and Town Hall Research Process

Wave #3 Community Health Needs Assessment (CHNA) process began in January 2018 for Ellinwood District Hospital (Ellinwood, KS) to meet IRS CHNA requirements.

In early January of 2018 a meeting was called (hosted) by Ellinwood District Hospital to review possible 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 lead to Ellinwood Administration requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

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

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

KHA Patient Origin Reports					
IP Discharges	EDH Totals	Barton Co only	%	Others	%
FFY 2014	125	115	92.0%	10	8.0%
FFY 2015	140	127	90.7%	13	9.3%
FFY 2016	111	101	91.0%	10	9.0%

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

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

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

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

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

Phase III—Quantify Community Need:

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

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

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

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

Phase I: Discovery.....	Jan 2018
Phase II: Secondary / Primary Research.....	Jan-Feb 2018
Phase III: Town Hall Meeting.....	March 15, 2018
Phase IV: Prepare / Release CHNA report.....	May-June 2018

Detail CHNA Development Steps Include:

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

Ellinwood District Hospital - CHNA Work Plan

Wave #3 Project Timeline & Roles 2018

Step	Date	Lead	Task
1	11/1/2017	VVV	Sent VVV quote for hospital client's review.
2	11/9/2017	Hosp	Selected CHNA Option C. Approved / signed VVV CHNA quote.
3	1/4/2018	Both	Conduct CHNA Kickoff Conference Call (Hospital / DOH leaders).
4	1/4/2018	VVV	Send out REQCommInvite Excel file. Hospital client to fill in PSA key stakeholder names, addresses and e-mail addresses.
5	1/4/2018	VVV	Request hospital client to complete zip counts (three year historical PSA IP / OP / ED / Clinic). Use ZipPSA_3yrPOrigin.xls Patient Origin file.
6	1/4/2018	VVV	Request hospital client to send KHA Patient Origin reports for CCH to document service area for FFY 14, 15, 16 (KHA key).
7	On or before 1/15/18	VVV	Prepare CHNA stakeholder feedback online link. Send text link for hospital client to review. Prepare draft e-mail push.
8	On or before 1/15/18	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming CHNA work / online survey for hospital client to place. Request public to participate.
9	1/25/2018	VVV	Launch online survey to stakeholders. Hospital client will e-mail invite to participate to all stakeholders. Client will finalize Town Hall location / food.
10	Jan / Feb 2018	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
11	Friday 2/9/2018	VVV / Hosp	Prepare / release PR story to local media announcing upcoming Town Hall. VVV will mock up PR release.
12	Friday 2/9/2018	Hosp	Prepare and send out community Town Hall invite letter and place local advertisement.
13	On or before 3/6/18	All	Conduct Town Hall practice conference call with hospital client to review Town Hall data and flow.
14	Friday 3/9/2018	VVV	Conduct CHNA Town Hall from 11:30-1pm at XXXX. Review and discuss basic health data and rank health needs.
15	On or before	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital client.
16	On or before 4/30/18	VVV	Produce and release final CHNA report. Hospital client will post CHNA online.
17	On or before May 15, 2018	TBD	Conduct hospital client Implementation Plan meeting with PSA leadership.
18	30 days prior to end of hospital fiscal year	Hosp	Hold board meetings to discuss CHNA needs, create and adopt an Implementation Plan. Communicate CHNA plan to community.

Overview of Town Hall Community Priority Setting Process

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

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

Ellinwood's Town Hall (Barton Co KS) was held on Thursday, March 15th, 2018 at the Public Library in Ellinwood, KS. Vince Vandehaar and Heather Marine facilitated this 1 ½ hour session with twenty-nine (29) attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a).


The following Town Hall agenda was conducted:

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

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

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

**Community Health Needs Assessment
Town Hall Meeting
Ellinwood District Hospital
Primary Service Area**



Vince Vandelaar, MBA
VVV Consultants LLC
Principal / Adjunct Professor


Olathe, Kansas 66061
VVV@VandelaarMarketing.com
913-302-7264

**Community Health Needs Assessment (CHNA)
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 Health Areas (30 mins)
- V. Close / Next Steps (5 mins)

I. Introduction:

Background and Experience



Vince Vandelaar, MBA
VVV Consultants LLC - Principal Consultant
Olathe, KS 913 302-7264

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

Adjunct Professor - Marketing / Health Admin, 25+ years

- > Webster University
- > Rockhurst University
- > Avila University

Heather Marine BA CNA- Collaborative Analyst

Town Hall Participation (You)

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

I. Introductions: A Conversation with the Community

Community members and organizations invited to CHNA Town Hall

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

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

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

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

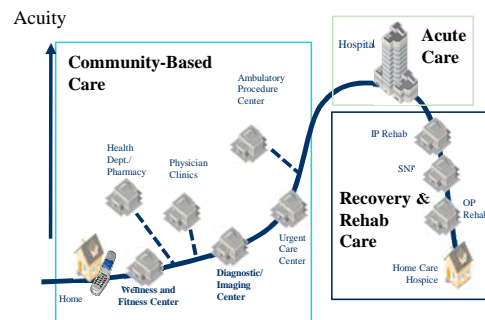
II. Review CHNA Definition

- A Community Health Needs Assessment (CHNA) is a **systematic collection, assembly, analysis, and dissemination of information about the health of the community.** (NOTE: Some the data has already been collected / published by Local, State and Federal public health organizations. Some data will be collected today.)
- 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—Why Conduct a CHNA?

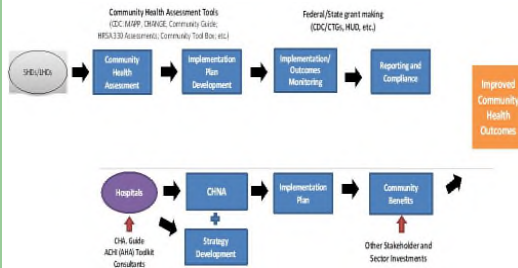
- To determine health-related trends and issues of the community
- To understand / evaluate health delivery programs in place.
- To meet Federal requirements -- both local hospital and health department
- To develop strategies to address unmet health needs (4-6 weeks after Town Hall)

Future System of Care—Sg2



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

Community Health Needs Assessment Joint Process: Hospital & Local Health Department



II. IRS Hospital CHNA Written Report Documentation

- 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

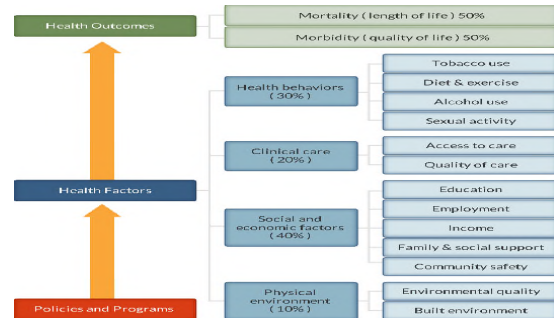
III. Review Current County Health Status: Secondary Data by 10 Tab Categories & IA State Rankings

Trends: Good Same Poor

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

County Health Rankings -

Robert Wood Johnson Foundation and University of WI Health Institute



1. Physical Environment (40%)			2b. Social and Economic Environment (40%)		
Focus Area	Measure	Description	Focus Area	Measure	Description
Air and water quality (5%)	Particulate pollution meter	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	Community safety (5%)	Violent crime	Violent crime rate per 100,000 population
	Drinking water violation	Percent of population potentially exposed to water exceeding a violation level during the past year		Injury deaths	Injury mortality per 100,000
Heading and transit (5%)	Walkers heading problem	Percent of households with at least 1 of 4 heading problems: down-sloping, high-raising curbs, or lack of benches or benches, facilities			
	Driving alone to work	Percent of the workforce that drives alone to work			
	Commute time change	Young workers who commute in their car alone, the percent that commutes more than 30 minutes			
2. Chronic Care (20%)			3. Health Outcomes (20%)		
Focus Area	Measure	Description	Focus Area	Measure	Description
Access to care (10%)	Insurance	Percent of population under age 65 without health insurance	Tobacco use	Adult smoking	Percent of adults that report smoking >= 100
	Primary care physicians	Ratio of population to primary care physicians	Diabetes	Adult obesity	Percent of adults that report a BMI >= 30
	Dentists	Ratio of population to dentists		Food environment index	Index of factors that contribute to a healthy food environment
Mental health providers		Ratio of population to mental health providers		Physical inactivity	Percent of adults aged 25 and over reporting
Quality of care (10%)	Preventable hospitalizations	Hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees	Alcohol and drug use (5%)	Alcohol-impaired driving deaths	Percent of driving deaths with alcohol involvement
	Diabetic screening	Percent of diabetic Medicare enrollees that receive diabetic screening		Excessive drinking	Brigs plus heavy drinking
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening		Sexually transmitted infections	Chlamydia rate per 100,000 population
2b. Social and Economic Environment (40%)			3b / 3c. Morbidity / Mortality		
Focus Area	Measure	Description	Focus Area	Measure	Description
Education (10%)	High school graduation	Percent of ninth grade cohort that graduates in 4 years	Peer or fair	ADHC utilization	Percent of adults reporting fair or poor health status
	Some college	Percent of adults aged 25-44 years with some post-secondary education		Peer physical health days	Change number of physically unhealthy days reported in past 30 days (age-adjusted)
Employment (10%)	Unemployment	Percent of population age 16+ unemployed but seeking work		Peer mental health days	Change number of mentally unhealthy days reported in past 30 days (age-adjusted)
Income (10%)	Children in poverty	Percent of children under age 18 in poverty		Peer birthweight	Percent of live births with low birthweight at 2000 grams
Family and social support (5%)	Inadequate social support	Percent of adults without social/emotional support		Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
	Children in single-parent households	Percent of children that live in household headed by single parent			

Have We Forgotten Anything?

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

IV. Collect Community Health Perspectives

Ask your opinion. Your thoughts?

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

Community Health Needs Assessment

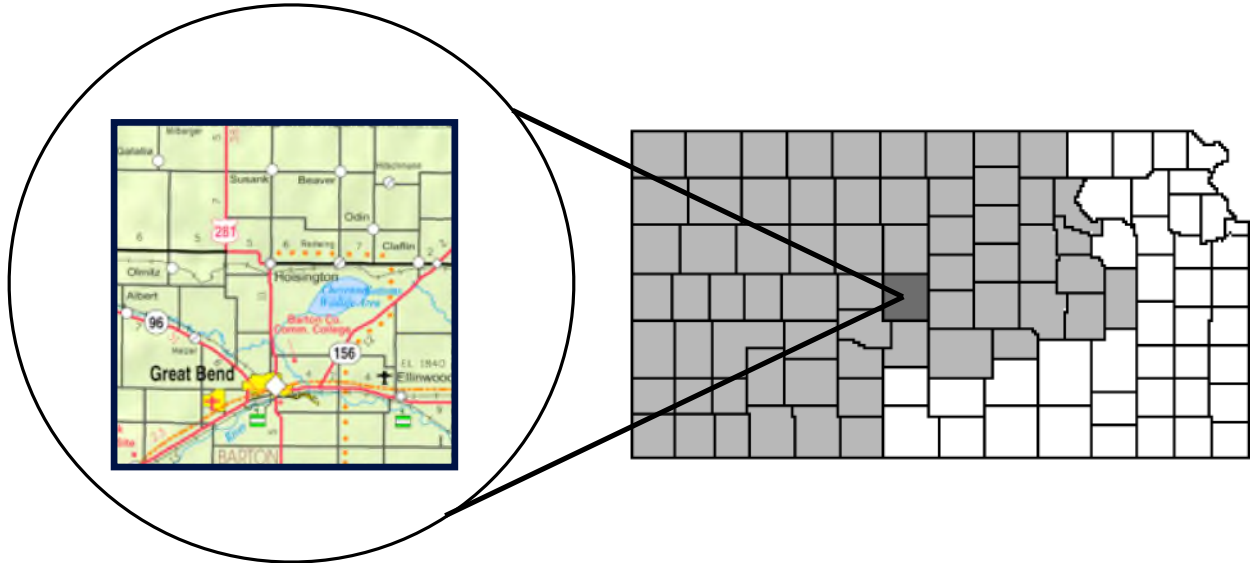
Questions; Next Steps?

VVV Consultants LLC
VVV@VandehaarMarketing.com
(913) 302-7264

II. Methodology

d) Community Profile (A Description of Community Served)

Barton County Community Profile



Demographics

The population of Barton County was estimated to be 27,186 citizens in 2017, and had a -0.25% change in population from 2010–2017. The county covers 894 square miles and this area includes the Cheyenne Bottoms Wildlife Area and Wildlife National Scenic Byway¹. The county has an overall population density of 31 persons per square mile. The county is located in Central/Western Kansas and education, health and social services, retail trade and manufacturing are the major contributors to its economy. The county was founded in 1872 and the county seat is Great Bend².

The major highway transportation access to Barton County is U.S. Interstate 70, which runs north of the county. Kansas Highway 4 runs East–West and State Highway 281 is the major North-South highway. Also, State Highways 56, 156 and 281 connect the larger cities in the county.

Barton County KS Airports³

Name	USGS Topo Map
Button Airport	Ellinwood NW
Ellinwood Municipal Airport	Ellinwood
Great Bend Municipal Airport	Great Bend

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

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

³ <http://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20009.cfm>

Schools in Barton County:

Public Schools⁴

Name	Level
Claffin Elem	Primary
Claffin Junior/Senior High	High
Eisenhower Elem	Primary
Ellinwood Middle School	Middle
Ellinwood Elem	Primary
Ellinwood High	High
Great Bend High School	High
Great Bend Middle School	Middle
Hoisington High	High
Hoisington Middle	Middle
Jefferson Elem	Primary
Lincoln Elem	Primary
Park Elem	Primary
Riley Elem	Primary
Roosevelt Elementary	Primary

Private Schools⁵

Name	Level
Central Kansas Christina Academy	Elementary
Great Bend Sda School	Elementary
Holy Family School	Elementary
St. Joseph Elementary School	Elementary

Economic Development Agencies⁶

Great Bend Chamber of Commerce

Hoisington Chamber of Commerce

Ellinwood Chamber of Commerce

Network Kansas

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

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

⁶ <https://www.bartoncounty.org/vnews/display.v/SEC/EcoDevo-Tourism%7CEconomic%20Development%20Contacts>

Park and Amenities⁷

Great Bend Convention & Visitors Bureau (GBCVB)

Kansas Wetlands Education Center (KWEC)

Wetlands & Wildlife National Scenic Byway

Cheyenne Bottoms State Wildlife Area

Quivira National Wildlife Refuge

Barton County Historical Museum

SRCA State Historical Drag Strip

BCCC Shafer Art Gallery

Kansas Department of Wildlife, Parks & Tourism (KDWPT)

⁷ <https://www.bartoncounty.org/vnews/display.v/SEC/EcoDevo-Tourism%7CTourism>

Barton County KS Detail Demographic Profile

Source: ERSA Demographics				Population:			Households		HH	Per Capita
#	ZIP	NAME	County	Yr2014	Yr2019	Chg	Yr2014	Yr2019	Avg Size	Income 14
1	67511	Albert	BARTON	230	223	-3.0%	101	99	2.28	\$30,393
2	67525	Claflin	BARTON	1,109	1,131	2.0%	466	476	2.38	\$29,677
3	67526	Ellinwood	BARTON	2,764	2,783	0.7%	1,173	1,183	2.31	\$28,336
4	67530	Great Bend	BARTON	19,882	19,873	0.0%	7,974	7,975	2.42	\$25,598
5	67544	Hoisington	BARTON	3,275	3,314	1.2%	1,414	1,432	2.32	\$27,126
6	67564	Olmitz	BARTON	337	320	-5.0%	149	142	2.26	\$30,784
7	67567	Pawnee Rock	BARTON	505	496	-1.8%	220	217	2.3	\$30,069
Totals				4,103	4,137	0.8%	1,740	1,758	2.3	\$28,855

Source: ERSA Demographics				Population 2014:			YR 2014		Females	
	ZIP	NAME	County	Yr2014	POP65p	KIDS<18	GenY	MALES	FEMALES	Age20_35
1	67511	Albert	BARTON	101	43	48	55	49.6	106	16
2	67525	Claflin	BARTON	466	204	245	278	47.1	546	86
3	67526	Ellinwood	BARTON	1,173	585	653	712	45.4	1,399	230
4	67530	Great Bend	BARTON	7,974	3,437	5,454	5,887	38.2	10,159	1,851
5	67544	Hoisington	BARTON	1,414	621	865	893	41.6	1,681	269
6	67564	Olmitz	BARTON	149	75	67	71	49.8	156	13
7	67567	Pawnee Rock	BARTON	220	93	110	116	49.3	233	32
Totals				1,740	832	946	1,045	142	2,051	332

Source: ERSA Demographics				Population 2014:				Aver	Hholds	
	ZIP	NAME	County	White	Black	Amer IN	Hisp	HH Inc14	Yr2014	HH \$50K+
1	67511	Albert	BARTON	220	0	1	10	\$54,197	99	57
2	67525	Claflin	BARTON	1,081	2	6	24	\$52,135	476	251
3	67526	Ellinwood	BARTON	2,665	7	14	86	\$49,946	1,183	586
4	67530	Great Bend	BARTON	16,745	366	119	3,873	\$44,061	7,975	3,536
5	67544	Hoisington	BARTON	3,106	30	16	142	\$45,350	1,432	641
6	67564	Olmitz	BARTON	329	1	1	8	\$56,194	142	89
7	67567	Pawnee Rock	BARTON	478	0	3	31	\$54,211	217	124
Totals				3,966	9	21	120	156,278	1,758	894

III. Community Health Status

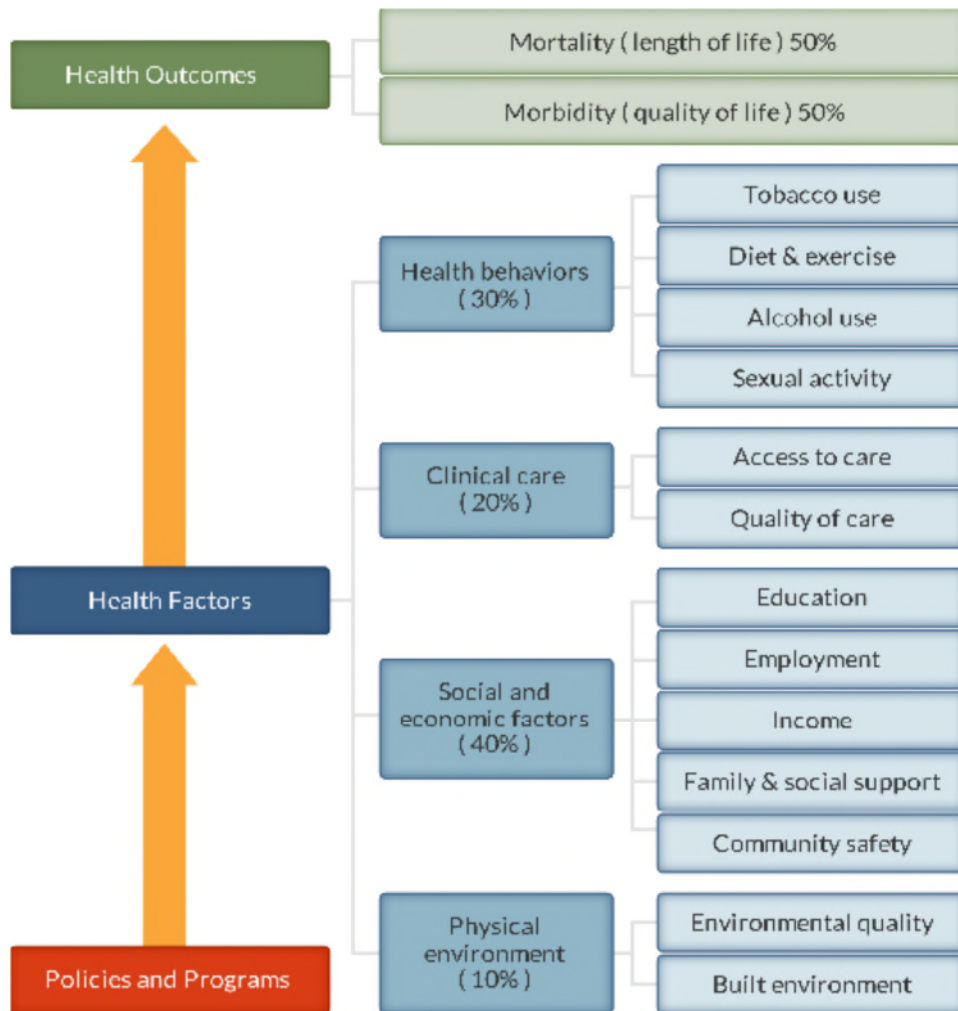
[VVV Consultants LLC]

III. Community Health Status

a) Historical Health Statistics

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2018 RMJ County Health Rankings and conversations from Town Hall 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 - State Health Rankings:

#	KS Rankings - 103 Counties	Definitions	Barton Co KS 2018	TREND	Barton Co KS 2015	NORMS N=15
1	Health Outcomes		67		68	52
2	Mortality	Length of Life	33		49	52
3	Morbidity	Quality of Life	85		80	49
4	Health Factors		84		58	37
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	84		41	40
6	Clinical Care	Access to care / Quality of Care	43		55	56
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	85		66	38
8	Physical Environment	Environmental quality	68		58	33

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

Kansas Rural Norm (N=15) includes the following counties: Cheyenne, Barton, Edwards, Ellis, Gove, Kiowa, Norton, Osborne, Pawnee, Phillips, Russell, Sheridan, Smith, Thomas, and Trego.

PSA Secondary Research:

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

Tab 1 Demographic Profile

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

Tab	Health Indicator	Barton Co 2018	Barton Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
1a	a Population estimates, July 1, 2016, (V2016)	26,775	27,509		2,907,289	7,762	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2016, (V2016)	-3.2%	-0.6%		1.9%	-2.7%	People Quick Facts
	c Population per square mile, 2012	30.9	90.0		34.9	8.9	Geography Quick Facts
	d Persons under 5 years, percent, July 1, 2016, (V2016)	6.5%	6.8%		6.7%	5.8%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2016, (V2016)	17.9%	17.0%		15.0%	21.4%	People Quick Facts
	f Female persons, percent, July 1, 2016, (V2016)	50.5%	50.5%		50.2%	49.2%	People Quick Facts
	g White alone, percent, July 1, 2016, (V2016)	95.1%	95.4%		86.6%	95.6%	People Quick Facts
	h Black or African American alone, percent, July 1, 2016, (V2016)	1.9%	1.8%		6.2%	1.3%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2016, (V2016)	14.7%	14.1%		11.6%	6.5%	People Quick Facts
	j Foreign born persons, percent, 2011-2015	4.9%	6.7%		6.9%	3.0%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2011-2015	11.8%	12.7%		11.3%	5.7%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	84.3%	85.4%		83.5%	86.9%	People Quick Facts
	m Children in single-parent households, percent, 2011-2015	35.0%	23.0%		29.0%	25.1%	County Health Rankings
	n Total Veterans, 2011-2015	1,953	1,974		198,396	567	People Quick Facts

Tab 2 Economic Profile

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

Tab	Health Indicator	Barton Co 2018	Barton Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
2	a Per capita income in past 12 months (in 2015 dollars), 2011-2015	\$24,338	\$25,463		\$27,706	\$25,839	People Quick Facts
	b Persons in poverty, percent	14.4%	13.9%		12.1%	12.2%	People Quick Facts
	c Total Housing units, July 1, 2016, (V2016)	12,634	12,576		1,259,864	3,818	People Quick Facts
	d Total Persons per household, 2011-2015	2.4	2.4		2.5	2.2	People Quick Facts
	e Severe housing problems, percent, 2009-2013	10.0%	8.2%		14.0%	9.4%	County Health Rankings
	f Total of All firms, 2012	3,370	3,046		239,118	972	Business Quick Facts
	g Unemployment, percent, 2015	4.3%	2.9%		4.2%	3.2%	County Health Rankings
	h Food insecurity, percent, 2014	13.0%	13%		14.0%	12.8%	County Health Rankings
	i Limited access to healthy foods, percent, 2010	8.0%	8.0%		8.0%	16.9%	County Health Rankings
	j Low income and low access to store, percent, 2015	9.2%	7.6%		NA	7.5%	U.S. Department of Agriculture - Food Environment Atlas
	k Long commute - driving alone, percent, 2011-2015	13%	11%		20.0%	13.7%	County Health Rankings

Tab 3 Schools Health Delivery Profile

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

Tab	Health Indicator	Barton Co 2018	Barton Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
3	a Children eligible for free or reduced price lunch, percent, 2014-2015	63.0%	49.7%		50.0%	48.9%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2011-2015	92.9%	87.4%		88.4%	95.7%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2011-2015	22.3%	18.4%		27.1%	32.2%	People Quick Facts

#	Indicators	Hoisington District 2017	Ellinwood District 2017	Great Bend District 2017
1	Total # Public School Nurses	1	1	4
2	School Nurse is part of the IEP team Yes/No	Yes	No	No
3	School Wellness Plan (Active)	Yes	Yes	Yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	475/18/10	176/5/2	1542 / 129 / 4
5	HEARING: # Screened / Referred to Prof / Seen by Professional	337/2/1	171/0/0	1558 / 9 / 0
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	603/57/	NA	1363 / 416 / 1
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	N/A	NA	NA
8	# of Students served with no identified chronic health concerns	750	362	2030
9	School has a suicide prevention program	Yes	No	No
10	Compliance on required vaccinations (%)	100%	100%	98%

TAB 4 Maternal and Infant Health Profile

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

Tab	Health Indicator	Barton Co 2018	Barton Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
4	a Percent of Births Where Prenatal Care began in First Trimester, 2013-2015	78.3%	75.0%		80.4%	77.4%	Kansas Health Matters
	b Percentage of Premature Births, 2013-2015	10.2%	9.6%		8.8%	9.46%	Kansas Health Matters
	c Percent of Infants up to 24 months that received full Immunizations, 2015-2016	76.8%	49.3%		70.6%	85.08%	Kansas Health Matters
	d Percent of Births with Low Birth Weight, 2013-2015	7.4%	6.0%		7.0%	11.64%	Kansas Health Matters
	e Percent of WIC Mothers Breastfeeding Exclusively, percent, 2016	15.9%	10.4%		15.0%	31.85%	Kansas Health Matters
	f Percent of all Births Occurring to Teens (15-19), 2013-2015	9.0%	10.5%		6.8%	11.59%	Kansas Health Matters
	g Percent of Births Occurring to Unmarried Women, 2013-2015	47.1%	46.6%		36.3%	32.81%	Kansas Health Matters
	h Percent of births Where Mother Smoked During Pregnancy, 2013-2015	21.4%	19.7%		11.8%	15.21%	Kansas Health Matters

#	Criteria - Vital Statistics	BARTON CO 2018	Trend	KANSAS	NW Alliance (12)
a	Total Live Births, 2012	401		40,304	103
b	Total Live Births, 2013	350		38,805	94
c	Total Live Births, 2014	340		39,193	95
d	Total Live Births, 2015	362		39,126	97
e	Total Live Births, 2016	331		38,048	96
f	Total Live Births, 2012- 2016 - Five year Rate (%)	13.10%		13.5%	12.0%

TAB 5 Hospitalization/Provider Profile

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

Tab	Health Indicator	Barton Co 2018	Barton Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
5	a Primary care physicians (Pop Coverage per) , 2014	1,710:1	1958:1		1,330:1	2,296:1	County Health Rankings
	b Preventable hospital stays, 2014 (lower the better)	56	79		52	74	County Health Rankings
	c Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	86%	NA		78.0%	75.0%	CMS Hospital Compare, 10/1/2015-9/30/2016
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	91%	NA		77.0%	77.1%	CMS Hospital Compare, 10/1/2015-9/30/2016
	e Average Time Patients Spent in the Emergency Dept. Before They Were Seen by a Healthcare Professional (in Minutes)	22	NA		24.0	20.0	CMS Hospital Compare, 10/1/2015-9/30/2016

TAB 5 cont.

#	KS Hospital Assoc PO103	Barton County KS IP		
		FFY2014	FFY2015	FFY2016
1	Total Discharges	1614	1605	2529
2	Total IP Discharges-Age 0-17 Ped	79	87	110
3	Total IP Discharges-Age 18-44	166	161	235
4	Total IP Discharges-Age 45-64	379	364	517
5	Total IP Discharges-Age 65-74	273	292	304
6	Total IP Discharges-Age 75+	421	444	597
7	Psychiatric	60	62	71
8	Obstetric	120	98	346
9	Surgical %	29.5%	28.6%	34.3%
#	KS Hospital Assoc PO103	Ellinwood District Hospital (Only)		
1	Total Discharges	115	127	101
2	Total IP Discharges-Age 0-17 Ped	5	6	3
3	Total IP Discharges-Age 18-44	6	9	7
4	Total IP Discharges-Age 45-64	17	19	12
5	Total IP Discharges-Age 65-74	26	16	16
6	Total IP Discharges-Age 75+	56	72	55
7	Psychiatric	5	5	7
8	Obstetric	0	0	1
9	Surgical %	NA	NA	NA
#	Kansas Hospital Assoc OP TOT203E	FFY2014	FFY2015	FFY2016
2	ER Total Visits	629	667	1236
6	Total OP Visits	2552	2618	5453

TAB 6 Social & Rehab Services Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	Barton Co 2018	Barton Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
6 a	Depression: Medicare Population, percent, 2015	15.4%	14.3%		17.8%	16.5%	Centers for Medicare and Medicaid Services
b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2014-2016 (lower is better)	36.7	34.0		15.9	12.6	Kansas Health Matters
c	Poor mental health days, 2015	3.3	3.1		3.2	2.9	County Health Rankings

TAB 7 Health Risk Profiles

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

Tab	Health Indicator	Barton Co 2018	Barton Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
7a	Adult obesity, percent, 2013	35.0%	34.0%		31.0%	32.3%	County Health Rankings
b	Adult smoking, percent, 2015	18.0%	23.9%		18.0%	16.4%	County Health Rankings
c	Excessive drinking, percent, 2015	15.0%	11.4%		17.0%	14.9%	County Health Rankings
d	Physical inactivity, percent, 2013	26.0%	29.0%		23.0%	25.9%	County Health Rankings
e	Poor physical health days, 2015	3.60	3.80		3.1	3.2	County Health Rankings
f	Sexually transmitted infections, rate per 100000, 2014	381.70	313.00		384.1	267.1	County Health Rankings

TAB 7 cont.

Tab	Health Indicator	Barton Co 2018	Barton Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
7b a	Hypertension: Medicare Population, 2015	61.1%	59.9%		53.2%	55.1%	Kansas Health Matters
b	Hyperlipidemia: Medicare Population, 2015	41.5%	42.1%		40.0%	36.9%	Kansas Health Matters
c	Heart Failure: Medicare Population, 2015	13.1%	14.0%		13.0%	16.6%	Kansas Health Matters
d	Chronic Kidney Disease: Medicare Pop, 2015	14.8%	13.2%		16.2%	15.1%	Kansas Health Matters
e	COPD: Medicare Population, 2015	14.3%	13.5%		11.4%	12.7%	Kansas Health Matters
f	Atrial Fibrillation: Medicare Population, 2015	8.5%	8.2%		8.3%	10.1%	Kansas Health Matters
g	Cancer: Medicare Population, 2015	9.5%	10.3%		7.7%	8.6%	Kansas Health Matters
h	Osteoporosis: Medicare Population, 2015	6.6%	7.9%		5.7%	7.7%	Kansas Health Matters
i	Asthma: Medicare Population, 2015	7.9%	4.3%		7.3%	6.8%	Kansas Health Matters
j	Stroke: Medicare Population, 2015	2.5%	2.4%		3.4%	3.1%	Kansas Health Matters

TAB 8 Uninsured Profiles/Community Invest

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

Tab	Health Indicator	Barton Co 2018	Barton Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
8 a	Uninsured, percent, 2014	15.0%	20.9%		12.0%	13.0%	County Health Rankings

Source: Internal Hospital Records				
	Ellinwood Dist Hospital	YR 2015	YR 2016	YR 2017
1	Charity Care	\$5,747	\$25,342	\$7,707
2	Bad Debt Writeoffs	\$7,702	\$8,075	\$30,993

	Community Tax Dollars- Barton Co - Health Dept Operations	Yr 2015	YR 2016	YR 2017
1	Core Community Public Health (Maintenance of Effort)	\$241,120	\$241,120	\$241,120
2	Child Care Inspections ~ Facilities	`88	`81	`78
3	Immunizations/Vaccine ~ Doses Given	2306 doses	2287 doses	2206 doses
	Dollars Spent	\$307,311	\$226,687	\$264,952
4	Vaccine - received from State ~ Doses Given			
	Dollars Spent	\$341,849	\$313,265	\$305,925
5	WIC Client Case Load for Barton	`780	`750	`750
	WIC Dollars Spent at Grocery Store (Surrounding communities as well)	\$557,785	\$597,365	\$517,134

TAB 9 Mortality Profile

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

Tab	Health Indicator	Barton Co 2018	Barton Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
9	a Life Expectancy for Males, 2014	76.3	77.0		76.5	76.8	Kansas Health Matters
	b Life Expectancy for Females, 2014	81.1	81.0		81.0	81.8	Kansas Health Matters
	c Age-adjusted Cancer Mortality Rate per 100,000 population, 2014-2016 (lower is better)	155.3	175.0		194.3	159.6	Kansas Health Matters
	d Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2014-2016 (lower is better)	165.7	186.0		157.4	174.3	Kansas Health Matters
	e Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2014-16 (Lower is better)	54.6	51.0		48.9	51.5	Kansas Health Matters
	f Alcohol-impaired driving deaths, percent, 2011-2015	21.0%	28.6%		27.0%	36.1%	County Health Rankings

TAB 10 Preventive Health Profile

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

Tab	Health Indicator	Barton Co 2018	Barton Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
10	a Access to exercise opportunities, percent, 2014	63.0%	71.0%		76.0%	46.1%	County Health Rankings
	b Diabetes monitoring, percent, 2014	88.0%	81.0%		86.0%	79.2%	County Health Rankings
	c Mammography screening, percent, 2014	65.0%	69.0%		63.0%	63.6%	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 # 3 evaluation, a community stakeholder survey has been created and administered to collect “current” healthcare information for PSA.

Chart #1 – Ellinwood PSA Online Feedback Response N=64

Community Health Needs Assessment Wave #3				
For reporting purposes, are you involved in or are you a ?	EDH only N=64	Trend	Barton Co N= 275	Norms18 N= 1335
Business / Merchant	7.7%		9.2%	8.9%
Community Board Member	9.0%		11.1%	8.0%
Case Manager / Discharge Planner	1.3%		2.7%	0.9%
Clergy	0.0%		0.8%	0.9%
College / University	1.3%		2.4%	2.3%
Consumer Advocate	0.0%		3.0%	2.0%
Dentist / Eye Doctor / Chiropractor	0.0%		0.0%	0.2%
Elected Official - City/County	2.6%		2.2%	1.9%
EMS / Emergency	6.4%		3.3%	2.0%
Farmer / Rancher	3.8%		3.8%	5.3%
Hospital / Health Dept	26.9%		9.8%	18.5%
Housing / Builder	0.0%		0.5%	0.6%
Insurance	2.6%		1.1%	0.9%
Labor	0.0%		1.6%	2.0%
Law Enforcement	0.0%		0.5%	0.6%
Mental Health	0.0%		3.5%	1.9%
Other Health Professional	9.0%		8.2%	8.7%
Parent / Caregiver	15.4%		13.6%	14.6%
Pharmacy / Clinic	3.8%		1.9%	2.0%
Media (Paper/TV/Radio)	0.0%		1.1%	0.6%
Senior Care	0.0%		1.1%	1.8%
Teacher / School Admin	3.8%		7.6%	6.3%
Veteran	2.6%		1.6%	2.0%
Other (please specify)	3.8%		9.2%	7.0%

Chart #2 - Quality of Healthcare Delivery Community Rating

Community Health Needs Assessment Wave #3				
Quality" of healthcare delivery in our community?	EDH only N=64	Barton Co N= 275	Trend	Norms18 N= 1335
Valid N	64	275		1335
Top Box %	39.1%	25.5%		28.3%
Top 2 Boxes %	84.4%	69.8%		73.6%
Very Poor	0.0%	0.4%		0.5%
Poor	1.6%	5.1%		3.7%
Average	14.1%	24.7%		21.6%
Good	45.3%	44.4%		45.2%
Very Good	39.1%	25.5%		28.3%

Chart #3 - Overall Community Health Quality Trend

Community Health Needs Assessment Wave #3				
When considering "overall community health quality", is it ...	EDH only N=64	Barton Co N= 275	Trend	Norms18 N= 1335
Valid N	60	265		1207
Increasing - moving up	68.3%	48.3%		49.9%
Not really changing much	26.7%	37.4%		41.8%
Decreasing - slipping	5.0%	14.3%		8.4%

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

CHNA Wave #3		Ongoing Problem				Pressing	
Past CHNAs health needs identified		EDH only N=64		Trend	Barton Co N= 275		EDH
Rank	Topic	Votes	%		Votes	%	RANK
1	Updated / New Facilities	36	15.9%	10.0%	63	6.0%	1
2	Drug / Substance Abuse	25	11.1%	-2.6%	145	13.7%	2
3	Alcohol Abuse	19	8.4%	-0.9%	98	9.3%	8
4	Access to Mental Health care	18	8.0%	-2.5%	111	10.5%	6
5	Wellness / Prevention	17	7.5%	0.8%	71	6.7%	5
6	Economic Development	16	7.1%	-0.7%	82	7.8%	4
7	Awareness of existing HC services	15	6.6%	1.0%	60	5.7%	3
8	Fitness / Exercise Options	15	6.6%	1.3%	56	5.3%	11
9	Nutrition / Healthy Foods options	14	6.2%	0.5%	60	5.7%	7
10	Diabetic Education	10	4.4%	0.1%	46	4.3%	9
11	Nursing Home - Dementia care	9	4.0%	-1.8%	61	5.8%	10
12	HC Transportation	8	3.5%	0.2%	35	3.3%	13
13	Oncology	8	3.5%	-0.1%	39	3.7%	15
14	Heart Health	6	2.7%	-2.1%	50	4.7%	12
15	Home Health / Hospice services	6	2.7%	-0.5%	33	3.1%	14
16	Air Quality	2	0.9%	-0.5%	15	1.4%	16
17	Teen Pregnancy	2	0.9%	-2.2%	33	3.1%	17
	TOTALS	226	100.0%		1058	100.0%	

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

Community Health Needs Assessment Wave #3				
In your opinion, what are the root causes of "poor health" in our community?	EDH only N=64	Barton Co N= 275	Trend	Norms18 N= 1335
Votes (Larger %)	46	200		857
Lack of health & wellness education	37.0%	36.0%		34.7%
Chronic disease prevention	26.1%	34.5%		30.6%
Limited access to mental health assistance	34.8%	39.0%		40.1%
Case management assistance	8.7%	16.5%		15.8%
Elder assistance programs	15.2%	23.0%		28.2%
Family assistance programs	26.1%	26.5%		22.6%
Lack of awareness of existing local programs, providers, and services	76.1%	65.5%		61.5%
Other (please specify)	10.9%	25.0%		17.2%

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

CHNA Wave #3	EDH		Trend	Barton Co		Norms 2018	
	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	96.2%	0.0%		88.7%	3.6%	89.5%	2.7%
Child Care	56.9%	7.8%		44.7%	9.6%	51.8%	11.0%
Chiropractors	88.5%	0.0%		81.7%	0.9%	79.7%	5.3%
Dentists	52.0%	22.0%		63.5%	11.7%	73.8%	8.2%
Emergency Room	80.8%	3.8%		61.9%	14.3%	72.5%	9.6%
Eye Doctor/Optomtrist	56.9%	17.6%		76.3%	6.3%	80.1%	4.3%
Family Planning Services	34.0%	10.0%		35.2%	9.9%	44.5%	13.5%
Home Health	80.0%	2.0%		58.3%	6.4%	58.9%	10.4%
Hospice	79.6%	2.0%		66.8%	6.9%	68.3%	8.1%
Inpatient Services	86.0%	2.0%		68.6%	9.1%	78.7%	3.9%
Mental Health	22.0%	28.0%		22.5%	29.8%	30.0%	28.6%
Nursing Home	57.1%	12.2%		34.3%	23.6%	48.8%	18.8%
Outpatient Services	87.8%	2.0%		75.6%	5.1%	79.5%	3.8%
Pharmacy	29.8%	44.7%		74.7%	12.9%	89.8%	3.6%
Physician Clinics	81.6%	2.0%		77.6%	5.5%	83.0%	3.7%
Public Health	54.0%	4.0%		59.8%	7.8%	67.3%	5.8%
School Nurse	68.1%	4.3%		57.8%	7.1%	64.5%	8.9%
Specialists	56.3%	14.6%		50.7%	16.7%	56.4%	11.7%

Chart #7 - Community Health Readiness

Community Health Needs Assessment Wave #3	Bottom 2 boxes			
	EDH only N=64	Trend	Barton Co N= 275	Norms18 N= 1335
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)				
Caregiver Training Programs	24.4%		20.1%	18.0%
Early Childhood Development Programs	17.4%		11.3%	9.0%
Emergency Preparedness	8.7%		8.4%	7.1%
Food and Nutrition Services/Education	17.4%		11.7%	11.2%
Secure Grants / Finances to Support Local Health	26.1%		18.8%	14.8%
Health Screenings (asthma, hearing, vision, scoliosis)	22.2%		13.4%	10.4%
Immunization Programs	17.4%		6.1%	2.8%
Obesity Prevention & Treatment	37.0%		31.9%	29.6%
Spiritual Health Support	2.1%		4.3%	6.2%
Prenatal / Child Health Programs	6.5%		6.2%	7.8%
Sexually Transmitted Disease Testing	11.4%		8.4%	10.8%
Substance Use Treatment & Education	29.5%		30.9%	27.5%
Tobacco Prevention & Cessation Programs	28.3%		24.6%	21.8%
Violence Prevention	25.6%		27.1%	25.7%
Women's Wellness Programs	17.4%		12.3%	11.8%
WIC Nutrition Program	4.4%		6.3%	6.3%

Chart #8 – Healthcare Delivery “Outside our Community”

Specialties:

RANK		REASON
1		CANC
2		CARD
3		ENT
4		SURG
5		OPTH
6		OBG

Community Health Needs Assessment Wave #3				
In the past 2 years, did you or someone you know receive HC outside of our community?	EDH only N=64	Barton Co N= 275	Trend	Norms18 N= 1335
Valid N	47	216		931
Yes	76.6%	78.7%		77.2%
No	19.1%	17.1%		17.2%
I don't know	4.3%	4.2%		5.6%

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

Community Health Needs Assessment Wave #3			
What needs to be discussed further at our CHNA Town Hall meeting?	EDH only N=64	Barton Co N= 275	Norms18 N= 1335
Mental Illness	9.5%	9.7%	9.1%
Wellness Education	9.0%	5.8%	6.0%
Drugs/Substance Abuse	8.5%	9.0%	8.7%
Alcohol	7.9%	5.5%	5.6%
Obesity	6.9%	7.1%	8.1%
Suicide	6.3%	7.2%	7.2%
Poverty	5.8%	8.1%	6.4%
Vaccinations	5.3%	3.6%	2.4%
Cancer	4.8%	3.9%	4.2%
Diabetes	4.8%	3.2%	4.0%
Heart Disease	4.8%	2.5%	3.0%
Physical Exercise	4.8%	4.8%	5.6%
Nutrition	4.2%	4.4%	4.8%
Tobacco Use	3.7%	4.0%	3.3%
Abuse/Violence	2.6%	5.6%	5.5%
Water Quality	2.6%	3.6%	3.3%
Family Planning	2.1%	1.8%	2.2%
Smoke-Free Workplace	1.6%	2.0%	1.4%
Teen Pregnancy	1.6%	2.1%	2.4%
Lead Exposure	1.1%	1.2%	0.9%
Respiratory Disease	1.1%	1.5%	2.1%
Breast Feeding Friendly Workplace	0.5%	1.2%	1.5%
Sexually Transmitted Diseases	0.5%	2.0%	1.9%
Ozone	0.0%	0.2%	0.5%

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services - Barton Co Yr 2018				
Cat	HC Services Offered in County: Yes / No	Ellinwood	Health Dept	Other
Clinic	Primary Care	Yes	No	Yes
Hosp	Alzheimer Center	No	No	No
Hosp	Ambulatory Surgery Centers	No	No	Yes
Hosp	Arthritis Treatment Center	No	No	No
Hosp	Bariatric/weight control Services	No	No	No
Hosp	Birthing/LDR/LDRP Room	No	No	Yes
Hosp	Breast Cancer	No	No	Yes
Hosp	Burn Care	No	No	No
Hosp	Cardiac Rehabilitation	No	No	Yes
Hosp	Cardiac Surgery	No	No	No
Hosp	Cardiology Services	Yes	No	Yes
Hosp	Case Management	Yes	No	No
Hosp	Chaplaincy / Pastoral Care Services	No	No	Yes
Hosp	Chemotherapy	No	No	Yes
Hosp	Colonoscopy	Yes	No	Yes
Hosp	Crisis Prevention	No	No	No
Hosp	CT Scanner	Yes	No	Yes
Hosp	Diagnostic Radioisotope Facility	No	No	No
Hosp	Diagnostic / Invasive Catheterization	No	No	No
Hosp	Electron Beam Computed Tomography (EBCT)	No	No	No
Hosp	Enrollment Assistance Services	No	No	Yes
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	No	No	No
Hosp	Fertility Clinic	No	No	No
Hosp	FullField Digital Mammography (FFDM)	Yes	No	No
Hosp	Genetic Testing / Counseling	No	No	No
Hosp	Geriatric Services	Yes	No	Yes
Hosp	Heart	No	No	No
Hosp	Hemodialysis	No	No	No
Hosp	HIV/AIDS Services	No	Yes	No
Hosp	Image-Guided Radiation Therapy (IGRT)	No	No	No
Hosp	Inpatient Acute Care - Hospital Services	Yes	No	No
Hosp	Intensity - Modulated Radiation Therapy (IMRT) 161	No	No	No
Hosp	Intensive Care Unit	No	No	Yes
Hosp	Intermediate Care Unit	Yes	No	No
Hosp	Interventional Cardiac Catheterization	No	No	No
Hosp	Isolation Room	Yes	No	No
Hosp	Kidney	Yes	No	Yes
Hosp	Liver	Yes	No	No
Hosp	Lung	Yes	No	No
Hosp	Magnetic Resonance Imaging (MRI)	Yes	No	Yes
Hosp	Mammograms	Yes	No	Yes
Hosp	Mobile Health Services	No	No	No
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	Yes	No	No
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)	No	No	No
Hosp	Neonatal	No	No	No
Hosp	Neurological Services	No	No	No
Hosp	Obstetrics	No	No	No
Hosp	Occupational Health Services	Yes	No	No
Hosp	Oncology Services	No	No	Yes

Inventory of Health Services - Barton Co Yr 2018				
Cat	HC Services Offered in County: Yes / No	Ellinwood	Health Dept	Other
Hosp	Orthopedic Services	No	No	Yes
Hosp	Outpatient Surgery	No	No	Yes
Hosp	Pain Management	No	No	Yes
Hosp	Palliative Care Program	No	No	Yes
Hosp	Pediatric	Yes	No	Yes
Hosp	Physical Rehabilitation	Yes	No	Yes
Hosp	Positron Emission Tomography (PET)	No	No	No
Hosp	Positron Emission Tomography/CT (PET/CT)	No	No	No
Hosp	Psychiatric Services	No	No	Yes
Hosp	Radiology, Diagnostic	Yes	No	Yes
Hosp	Radiology, Therapeutic	No	No	No
Hosp	Reproductive Health	No	No	No
Hosp	Robotic Surgery	No	No	No
Hosp	Shaped Beam Radiation System 161	No	No	No
Hosp	Single Photon Emission Computerized Tomography (SPECT)	No	No	No
Hosp	Sleep Center	No	No	No
Hosp	Social Work Services	Yes	No	No
Hosp	Sports Medicine	No	No	No
Hosp	Stereotactic Radiosurgery	No	No	No
Hosp	Swing Bed Services	Yes	No	No
Hosp	Transplant Services	No	No	No
Hosp	Trauma Center	No	No	No
Hosp	Ultrasound	Yes	No	Yes
Hosp	Women's Health Services	Yes	Yes	Yes
Hosp	Wound Care	Yes	No	No
SR	Adult Day Care Program	No	No	Yes
SR	Assisted Living	Yes	No	Yes
SR	Home Health Services	Yes	No	Yes
SR	Hospice	No	No	Yes
SR	LongTerm Care	Yes	No	Yes
SR	Nursing Home Services	Yes	No	Yes
SR	Retirement Housing	Yes	No	Yes
SR	Skilled Nursing Care	Yes	No	Yes
ER	Emergency Services	Yes	No	No
ER	Urgent Care Center	No	No	Yes
ER	Ambulance Services	No	No	Yes
SERV	Alcoholism-Drug Abuse	No	No	No
SERV	Blood Donor Center	No	No	No
SERV	Chiropractic Services	Yes	No	Yes
SERV	Complementary Medicine Services	No	No	No
SERV	Dental Services	No	No	Yes
SERV	Fitness Center	Yes	No	Yes
SERV	Health Education Classes	Yes	Yes	Yes
SERV	Health Fair (Annual)	No	Yes	No
SERV	Health Information Center	No	Yes	No
SERV	Health Screenings	Yes	Yes	Yes
SERV	Meals on Wheels	Yes	No	No

Inventory of Health Services - Barton Co Yr 2018

Cat	HC Services Offered in County: Yes / No	Ellinwood	Health Dept	Other
SERV	Nutrition Programs	No	Yes	No
SERV	Patient Education Center	No	Yes	No
SERV	Support Groups	Yes	Yes	No
SERV	Teen Outreach Services	No	No	No
SERV	Tobacco Treatment/Cessation Program	No	Yes	Yes
SERV	Transportation to Health Facilities	Yes	No	No
SERV	Wellness Program	No	Yes	No

Physician Manpower - Barton County, KS YR 2018

Supply Working in Barton County, KS													
	FTE	FTE Based				FTE Visiting				PA/NP Allied			
# of FTE Providers	Totals	CBH	GBRH	St Rose	EDH	CBH	GBRH	St Rose	EDH	CBH	GBRH	St Rose	EDH
Primary Care:													
Family Practice	20.5	1.0	5.0	1.0	2.0	0.0	1.0	0.0	0.0	6.0	2.0	2.0	0.5
Internal Medicine	8.0	1.0	1.0	2.0	0.0	0.0	3.0	0.0	0.0	0.0	0.0	1.0	0.0
Obstetrics/Gynecology	2.1	0.0	2.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pediatrics	2.0	0.0	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Medicine Specialists:													
Allergy/Immunology	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
Cardiology	2.6	0.0	0.0	0.0	0.0	0.2	2.0	0.4	0.0				
Endocrinology	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0				
Oncology/RADO	5.0	0.0	0.0	1.0	0.0	0.0	4.0	0.0	0.0				
Nephrology	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0				
Psychiatry	1.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0				
Pulmonary	2.0	0.0	1.0	0.0	0.0	0.0	1.0	0.0	0.0				
Surgery Specialists:													
General Surgery	2.7	1.3	0.4	1.0	0.0	0.0	0.0	0.0	0.0				
Neurosurgery	0.2	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0				
Ophthalmology	2.0	0.0	2.0	0.0	0.0	0.0	0.0	0.0	0.0				
Orthopedics	3.2	0.0	2.0	1.0	0.0	0.2	0.0	0.0	0.0				
Otolaryngology (ENT)	2.1	0.0	0.0	0.0	0.0	0.0	2.0	0.1	0.0				
Plastic/Reconstructive	1.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0				
Thoracic/CardioVasc/Vasc	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0				
Urology	3.4	0.0	0.0	0.0	0.0	0.2	3.0	0.2	0.0				
Hospital Based:													
Anesthesia/Pain	5.0	1.0	2.0	0.0	0.0	0.0	1.0	0.0	0.0			1.0	
Emergency	11.1	0.0	7.0	0.4	0.0	0.5	3.0	0.0	0.0	0.2	0.0	0.0	0.0
Radiology	6.2	0.2	1.0	0.0	0.0	0.2	4.0	0.8	0.0				
Pathology	1.5	0.0	0.0	0.4	0.0	0.1	1.0	0.0	0.0				
Physical Medicine/Rehab	0.3	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0				
TOTALS	82.0	4.5	25.4	6.8	2.0	1.9	27.0	1.8	0.0	6.2	2.0	4.0	0.5

Visiting Specialists to Ellinwood District Hospital - Yr 2018

Specialty	Physician	Group Name	Schedule at hospital (visiting clinics)
Medicine:			
Cardiology	Boxberger	Galichia Medical Group	Once a month-Clinic Last Friday
Dermatology			Telehealth - Any time
Endocrinology			Telehealth - Any time
OB/GYN	Nordwald	Hutchinson Clinic	Once a month - Clinic -Third Thursday

Barton County KS Healthcare Directory – 2018

20th Judicial District Court Services

620-793-1887

1806 12th Street, Great Bend, Ks. 67530

Contact: Sabrina Chism, Chief Court

Services Officer, ctservechism@cpcis.net

Albert Fire Department

620-923-4600

Albert, Ks. 67511 911

Almost Home, Inc.

620-617-1634

American Red Cross Disaster Response and Planning

316-219-4051

www.midwaykansas.redcross.org

1900 E. Douglas, Wichita, Kansas 67214,

fax 316-219-4006

American Red Cross of Central and Western Kansas

Address: 145 S. Broadway Boulevard,
Salina, KS 67401

Phone: (785) 827-3644

Angels Care Home Health

785-445-3500

120 W. 3rd Street, Russell, KS

www.angmarholdings.com

Assistive Technology for Kansans

800-526-3648

Barton County Academy

620-792-7995

5220 West 10th, Great Bend, Ks. 67530

Contact: Becky Gillette

We provide high school diploma, credit recovery program and English as a Second Language.

Barton Community College Workforce Training and Community Education

620-792-9214

245 NE 30th Rd, Great Bend, Ks. 67530

Contact: Elaine Simmons, Dean of Workforce Training and Community Education simmonse@bartonccc.edu
Educational opportunities, certificates, degrees, customized training and job skills.

Barton Community College Career Center

620-792-9349

245 NE 30th Rd, Great Bend, Ks. 67530

careercenter@bartonccc.edu

Career counseling is available to students and potential students of Barton County Community College. Assistance with resumes, cover letters, and interview skills is also available.

Barton Community College Center for Adult Education

620-793-5794

1025 Main, Great Bend, Ks. 67530

Contact: Chris Lemon

lemonc@bartonccc.edu

We offer literacy workforce skills, English as a second language and GED services.

Barton County Health Department

620-793-1902

1300 Kansas Avenue, Great Bend, Ks. 67530

Mondays 9am – 4:30pm

Tues/Wed/Fridays 8am-4:30 pm

Thursdays 8am-7:30pm

Immunizations, STD & HIV Testing, Family Planning Clinic (Exams & Birth Control Supplies), Kan-Be-Healthy Exams for children, Health Education, WIC and Maternal & Infant Program for pregnant/post-partum women & newborns/children to age 5, Breastfeeding Support Group, Communicable Diseases, Public Health Emergency Response, Child Care Licensing, Chronic Disease Risk Reduction, and public health prevention. Appointments needed for some services. Call for more information.

Barton County Health Department- WIC Program

620-793-1909 or 620-793-1902
1300 Kansas Avenue, Great Bend, Ks. 67530

Contact: Beverly Frizell, RD, LD
bfrizell@bartoncounty.org

We provide nutrition education in conjunction with supplemental foods for pregnant or new moms, breastfeeding moms, infants and children until age 5. Breastfeeding education and breast pump loan program is provided for WIC participants.

This is an income-based program. Proof of income must be shown for all members of the household.

Hours: Monday, 9 am to 4:30 pm;
Tuesday, Wednesday, Thursday and Friday, 8 am to 4:30 pm. Closed for Lunch. Evening Appointment Need? Please call. Some Thursday evening appointments available.

Barton County Sheriff's Office

620-793-1876
1416 Kansas Ave., Great Bend, Ks. 67530

Barton County Special Education Cooperative
620-793-1550

Washington School, 2535 Lakin, Great Bend, Ks. 67530
Contact: Christie Gerdes, Director
christie.gerdes@usd428.net
We provide special education services to children aged 3–21. We serve students with educational disabilities and provide screening, evaluation, and educational services at no charge. Referrals are made through schools or by written request to the director by parents.

Barton County Young Men's Organization

620-792-1619
1515 Morton, Great Bend, Ks. 67530
Contact: Jo Stevens
We provide a structured environment for juvenile males ages 12-19. We have capacity for 8 males. We take youth from

around the state that we feel can benefit from our program. Residents in our facility must work a level system to complete our program. They must attend school and work our behavior modification program. Residents in our program work toward returning to their families or to gain the skills necessary for independent living.

Barton County Youth Care
620-792-2902

2212 Forest Ave., Great Bend, Ks. 67530
Contact: Theresa Browne
Barton County Youth Care provides a group home for 10 teenage girls with age ranges of 12 to 18. We provide general care and teach them basic skills.

Big Brothers Big Sisters of Central Kansas

www.kansasbig.org
We are a youth mentoring organization. Our mission is to help boys and girls, most who are considered at risk and live in single-parent homes, achieve their full potential through long-term personal relationships with carefully screened and caring adults. We work with children ages 5-17, children who would benefit from an adult role model. Adult volunteers can be as young as 16 and there is no age limit.

Birthright
620-792-3316

2525 8th St., Great Bend, Ks. 67530
Contact: Betty Schneider, Director
betty.l.schneider@gmail.com
Crisis pregnancy center which provides free pregnancy tests, maternity and baby clothes, including diapers and toiletries ONLY to those who are currently pregnant. Referrals to local agencies for other needs. Open Tuesdays 1:00pm-3:00pm, Thursday evenings 5:30pm to 6:30pm or by appointment.

Boy Scouts of America, Kanza Council
620-662-2377

Box 1766, Hutchinson, Ks. 67501
A local program that provides character development, citizenship training, moral and

personal fitness for boys 8-17 and high school age boys and girls 14-20.

Breast Friends

620-653-4834

1203 Susank Road, Hoisington, Ks. 67544

Contact: Debbie Finn

thequietones@hotmail.com

Monthly support group meetings held the 3rd Wednesday of every month except December at the Barton County Annex, 352 W 12th, Hoisington at 6 pm. The meetings are open to anyone who has breast cancer or has had breast cancer. Speakers are part of the educational program offered and include nutrition, stress reduction, lymphedema, etc.

Central Kansas CASA, Inc.

620-792-5544

FAX 620.792.5564

1125 Williams, Great Bend, Ks. 67530

Contact: Executive Director Angela Schepmann, HS-BCP, casa@cpcis.net

Trained community volunteers, minimum age 21, appointed by the court system to monitor and advocate for abused and neglected children.

Appointments to juvenile court cases are made by a juvenile judge. A child must be adjudicated as a "child in need of care" (CINC) by the court. The judge issues an order to assign a volunteer for the child. Training is available to those persons interested in becoming a CASA volunteer. We have a 30 hour independent study course. A volunteer must have background checks and be 21 years old or more.

Catholic Charities of Southwest Kansas

620-792-1393

2201 16th Street, Great Bend, Ks. 67530

Contact: Rebecca Ford -

rford@catholiccharitiesswks.org

Lori Titsworth,

ltitsworth@catholiccharitiesswks.org

- A non-profit social service agency serving all faiths.
- Pregnancy Counseling—Free

- Adoption, Open Adoption, Adoption Support, Search & Reunion, Education
- Addiction Counseling and Relapse Prevention
- Non-Food Pantry
- Provides help in filling out government assistance forms
- Marriage & Relationships Classes
- Disaster Relief Services
- Accepts donations

The Center for Counseling & Consultation

620-792-2544

5815 Broadway, Great Bend, Ks. 67530

The agency has seventeen masters level clinicians licensed to provide clinical services such as individual therapy, marital/couples therapy, family therapy, short-term substance abuse therapy (non-intensive), group therapy for sexual abuse, substance abuse evaluations, anger evaluations, psychological evaluations, and parenting evaluations.

Regular therapy services are initiated by an intake evaluation. Psychological evaluations require a court order or physician's referral. Parenting evaluations require a court order. Fees for family therapy, group therapy for sexual abuse and substance abuse evaluations are due on the day of the evaluation. All fees for services are based on a sliding fee scale according to income and family size. However, evaluations are the one exception and those fees are a flat rate.

The Center for Counseling & Consultation - Children's Based Services

620-792-2544

5815 Broadway, Great Bend, Ks. 67530

The Children's Based Services (CBS) program provides support to children who experience severe emotional disturbance and their families. Within the CBS program, available services include case management, parent support, attendant care and psychosocial groups. The program operates from a strengths-based approach

and utilizes “wraparound” in the treatment planning process. We combine professional support with community resources to meet the needs of the child and family.

Services are accessed through a referral made by the therapist. All services must meet medical necessity guidelines and be indicated in the child’s treatment plan. Children who are at risk of psychiatric hospitalization and meet additional criteria may be eligible for the Home and Community Based Services waiver. This program offers additional services to assist in keeping kids in their home and in their community.

The Center for Counseling & Consultation - Community Support Services

620-792-2544

5815 Broadway, Great Bend, Ks. 67530
Community Support Services (CSS) for severe and persistent mentally ill. CSS specific services include case management, psychosocial groups, attendant care, vocational services, and transitional housing for mentally ill homeless. Other Center services available include therapy, medication management, and crisis services.

Central Dental Center
316-945-9845

4805 W. Central, Wichita, Ks. 67212
We provide same day denture services. Waiting list for appointments may be lengthy.

Central Kansas Community Corrections
620-793-1940 fax 620-793-1893

1806 12th St., Great Bend, KS 67530
Director: Amy Boxberger
amyb@bartoncounty.org
Central Kansas Community Corrections serves the Twentieth Judicial District, encompassing Barton, Ellsworth, Rice, Russell and Stafford counties. The agency’s use of local resources strengthens the delivery of services to our offender population. CKCC serves the five county District by seeking interventions that meets

the needs of offenders while keeping public safety as the priority.

CKCC directs case management efforts and programming toward the concerns identified in the Level of Services Inventory – Revised (LSI-R). These efforts include but are not limited to extensive drug testing, cognitive-behavioral groups, substance abuse treatment and acting as resource brokers for assistance within the community as well as statewide services. Interventions offered by CKCC include Cognitive Behavioral classes using the Crossroads curriculum and Thinking for a Change, to address the identified high risk factors and effectuate positive self-change within the participant. Additionally, CKCC has priority access to Gateway to Recovery, an Addiction and Prevention Services approved in-house outpatient substance abuse program located in Barton and Rice counties.

Central Ks Dream Center
620-603-6283

2100 Broadway Ave., Great Bend, Ks 67530

Kimberly Becker, Director; 620-282-4014
cell 620-603-6476 fax

- DRTM Life Giving Center provides transitional shelter for women and women with children who are in a state of homelessness. Staff & volunteers assist the ladies with connecting with a church, mentoring, budgeting, parenting and job searching with the love of Jesus.
- Kingdom Kloset provides free clothing, linens and household items. Open Tuesdays and Thursdays from 10-1p.m.
- Hungry Heart Soup Kitchen has a time of fellowship along with coffee and a snack from 10-11:30 and then serves a free hot lunch meal from 11:45-12:30 Monday through Friday.
- DCYL (DC Youth Living) is a residential program for girls 18-21 who have aged out of the foster care system. Staff & volunteers help with continuation and furthering their

education as well as independent living skills, spiritual growth and their identity in Christ.

- The Anchor is an outreach to the community; providing a mailbox program for those in the community who do not have a permanent address due to homelessness. This address can be used to apply for jobs in the community, getting an ID, or receiving government assistance.
- 6-month Residential Discipleship program is a Christian-based residential program that helps men and women to overcome life-controlling issues that include but are not limited to substance abuse, anger, depression and the emotional residue left by mental, physical and sexual abuse through the use of a proven faith based curriculum.
- DC Wee Wonders is a faith based, licensed and DCF approved daycare. We offer quality child care at reduced rates in order to not cause financial insecurity. DC Wee Wonders staff offers a stable environment that runs off of a routine schedule in order to better help your child. DC Wee Wonders staff and children, pray before meals, learn bible verses, learning games and activities to prepare for preschool/kindergarten, and do fun crafts. We are open from 7:30-5:30 Monday- Friday. We offer part time and full time spots and have several staff so we do not close due to illness or appointments. For more information, please call 620-797-9111.
- Lasting Life Ministries Financial Aid program is for individuals who have received a shut off notice or eviction notice. We do require you go to seek assistance at Emergency Aid first. We accept applications by appointment.
- Ks. Lifeline Phone program you could be eligible for a Free Phone &

Free Cell Phone Service. If accepted you will receive 500 Free minutes & 500 Free texts every month. Must be at least 18 years old, one phone per household) You qualify if you receive Medicaid, vision card, general assistance, head start, SSI, LIHEAP, TANF, NSLP, section 8 housing or food distribution program. Call for an appointment or Tuesdays from 10-1.

Central Kansas Educational Opportunity Center 620-793-8164

1025 Main, Great Bend, Ks. 67530

Contact: Susie Burt burts@bartonccc.edu

CKEOC is a Trio program 100% funded through the Department of Education. The program provides counseling and information on college admission processes. Services provided include:

- Financial literacy skills
- Career exploration and advising
- Information about vocational/technical schools, colleges and universities,
- Assistance with admissions and financial aid processes.

Potential participants are asked to bring in a copy of their latest tax return.

Central Kansas Partnership 620-793-1902

Barton County Health Department

1300 Kansas Avenue, Great Bend, KS

The Central Kansas Partnership is a prevention coalition of parents, professionals and concerned citizens from Barton, Pawnee, Rice, Stafford, and Rush Counties.

Mission: To join in a common effort to build healthy and safe communities, reduce the risks of Alcohol, Tobacco and other drugs, and promote healthy attitudes and behaviors.

- Task Forces: Chronic Disease Risk Reduction: Barton, Rice, and Stafford Counties Tobacco Use Prevention & Cessation, Farmers Markets & Senior Farmers Market

Nutrition Program, and Complete Streets policy and planning.

- **Drug & Alcohol Prevention:** Providing education for all residents to prevent alcohol, tobacco and other drug use among youth. The Task Force is currently concentrating on Social Host Laws & Underage Drinking on a county-wide basis. Special projects focus on Sticker Shock (education on penalties for providing liquor to minors), Saturation Patrols (DUI), Power of Parents, Compliance Checks of liquor retailers, and law enforcement training. Facilitated by Juvenile Services.
- **Suicide Prevention:** Community education throughout the year and Glow for Life events during Suicide Prevention Week.
- **Be Well Barton County:** Facilitated by Golden Belt Community Foundation, focusing on improving opportunities for physical activity in Barton County through Complete Streets policies, systems, and environment changes.
- **Central Kansas Breastfeeding Coalition:** Provides breastfeeding resource information and education to community members and healthcare providers; and Promotes breastfeeding policies and lactation areas at worksites for mothers returning to work.

Cherry Village
620-793-9805

Housing/Assisted Living/Nursing Home

Child Abuse Prevention Education
620-792-2177

1010 Taft, Great Bend Kansas 67530

Contact person: Judy Johnson

happybearcape@gmail.com

Child Abuse Prevention Education is a non-profit organization that provides child abuse prevention presentations to preschool through sixth grade students to empower

students to recognize, resist and report abuse when it happens to them or their families and friends. Happy Bear visits preschools through first grade. Second to sixth grades receive an educational discussion and video presentation. Our organization is fully funded by Central Kansas United Way and presentations are free to any school.

Child Care Aware of Kansas
1-877-678-2548

Listing of are licensed child care providers & centers.

Clafin Fire & Ambulance Department
620-587-3498

309 W. Front, Clafin, Ks. 67525

Clafin Police Department
620-587-3344

111 E. Hamilton, Clafin, Ks. 67525

Clara Barton Hospital
620-653-2114

Clara Barton Hospital and its affiliates are dedicated to meeting the health care needs and improving the quality of life for the community they serve. They continually pursue clinical excellence in an atmosphere of caring and compassion. They are deeply committed to serving all in need within their resources.

Commission on Aging
620-792-3906

2005 Kansas, Great Bend, Ks. 67530

Contact: Rosy Tomlin

The Commission on Aging consists of Senior Center activities, Friendship Meals, and General Public Transportation—the Cab.

Commodities (Emergency Food Assistance Program (TEFAP)
Barton County--Apply at the Dept for Children & Families Great Bend
Department for Children and Families Great Bend

620-792-5324

1305 Patton Road Great Bend, Ks. 67530

Surplus supplemental food available usually on a quarterly basis, usually distributed the second Monday of the month. Eligibility is based on gross income. FACT SHEET : <http://www.fns.usda.gov/sites/default/files/pfs-tefap.pdf>

Commodity Distribution Sites after application is completed and eligibility is determined:

Great Bend:

Dept. for Children & Families
1305 Patton Road
620-792-5324
Great Bend High Rise
1101 Kansas Avenue
620-793-7761

Hoisington: Living Joy Comm. Church 354 W. 1st

Ellinwood: Immanuel United Church of Christ 701 N. Fritz Avenue 620-564-2695

Olmitz: St. Ann's Grade Sch. 204 1st Street 620-792-1600

Pawnee Rock: Pawnee Rock Depot, North Entrance 620-285-8983

TEFAP provides free food to low income households throughout Kansas. TEFAP food is shipped five to six times per year to participating organizations for distribution. Organizations determine when and how often food is distributed. The foods may include canned vegetables, fruit, juice, meat, cereal, peanut butter, nonfat dry milk, and pasta. Each shipment provides a minimum of four and a maximum of ten foods per household. Persons who work, but have low income, as well as those who do not work are eligible for this program. Persons must apply in their home county, provide their income amount and household size and provide proof (if asked), they must live in Kansas and must sign a form stating they qualify for the program. Persons may pick up food at only one location in their community. See <http://www.fns.usda.gov/snap/eligibility#Income> for current eligibility guidelines.

Counseling, Inc.

620-792-5405

1916 16th St., Great Bend, KS 67530,
counselingincgb@att.net

Counseling Inc. is a state licensed Level 1 and Level II Outpatient treatment provider, serving Barton, Pawnee, Rice, Ellsworth, and Russell Counties. Services include: treatment groups and individual sessions, assessments, DUI evaluations, and Alcohol and Drug Information School. Most insurance is accepted and sliding fee scale is available.

Department for Children & Families

Great Bend

620-792-5324

1305 Patton Road, Great Bend, Ks. 67530
We provide protective services for children and adults, child support services, cash and food assistance, medical assistance, vocational rehabilitation services, and child care resources.

When calling for services, please include your name, social security number, type of service or concern, contact person for additional information, and phone number to contact customer.

Online service applications are available.

Disability Evaluations

620-804-2864

1910 18th Street , Great Bend, KS
Steve Walters, MS

Dream, Inc.

620-792-5152

2006 Washington, Great Bend, Ks. 67530
We provide outpatient alcohol and drug treatment center summer camps for children of addicted families. We do evaluations, outpatient treatment for adolescents and adults (separately) referrals. We have state funds to deal with low-income and take Medicaid and insurance as well.

ElderCare, Inc.

620-792-1241 or 877-792-5942

1819 11th Street, Great Bend, Ks. 67530
(Friendship Meals) 800-530-5068

The Home Services Division provides in-home services for Barton, Pawnee, Rush, Stafford, Pratt, Edwards, and Ford Counties. Payment for services accepted from Private Pay, Long Term Care Insurance, Medicaid, Veterans Benefits, and Older American Act funds. Services include: Personal Care, Homemaker Services, Respite Care, Medication Management and Reminders, Meal preparation, Prescription Pick-up, Shopping, Other errands--Medical Appointments, and RN Wellness checks. The Friendship Meals Division provides noon meals at 3 centers in Barton County and a total of 41 in centers in 25 counties of Southwest Kansas. Friendship Meals is also administrating three Meals on Wheels programs at Great Bend, Hoisington, and Ellinwood.

For Friendship Meals in Great Bend, call Great Bend Senior Center at 792-3906; in Hoisington, call 620-653-2555 and in Ellinwood, call 620-564-3649.

For Meals on Wheels in Great Bend, Hoisington or Ellinwood, call Volunteers in Action/RSVP at 792-1833 or 792-1614. For other meal site information call 792-1241. Food stamps can be used in payment for meals.

Ellinwood EMS (Ambulance)

620-564-2408

(Emergency) 911

Ellinwood Hospital and Clinic

620-564-2548

605 N. Main, Ellinwood, KS 67526
Ellinwood District Hospital is a 25-bed Critical Access Hospital located in Ellinwood, Kansas serving central Kansas. The hospital is leased and managed by Great Plains Health Alliance. Services offered include:

- Acute and Observation patient care
- Skilled and Intermediate Swing Bed care
- 24-hour Emergency Room
- Outpatient Services, including IV therapy, wound care & dressing

changes, Port-a-Cath & PICC line care, and injections

- Diagnostic laboratory
- Diagnostic radiology, including x-ray, 32-slice CT scan, mammography, sonography, and MRI
- Therapy Services, including physical, occupational, and speech therapies
- Endoscopy
- Dietary consultation by appointment

Ellinwood Clinic

620-564-3771

611 N Main St, Ellinwood, Ks 67526

The Ellinwood Clinic is a Rural Health Clinic located in Ellinwood, Kansas. The practice features two physicians and two APRNs to provide primary care. Specialists come in regularly to provide services in Endoscopy (consult only), Obstetrics/Gynecology, and Cardiology. Dermatology and Endocrinology are provided through a telemedicine vendor.

Ellinwood Fire & Ambulance Department

620-564-3161

Ellinwood, Ks. 67526 911

Ellinwood Food Bank

620-564-2660

701 N. Fritz, Ellinwood, Ks. 67526

We provide emergency food to families on Monday, Wednesday and Friday from 1:00 to 2:30 pm.

Ellinwood Police Department

620-564-3001

Ellinwood, Ks. 67526 911

Emergency Aid Council

620-793-3345

3007 10th St., Great Bend, Ks. 67530

The Emergency Aid Council exists to assist people in unexpected, emergency situations. The EAC coordinates the emergency aid distributed by various churches and relief agencies in Barton County. The EAC assists with emergency aid to transients moving through the community. Emergency Aid helps with rent,

utilities, and lodging. \$50.00 is the maximum assistance given per applicant (household). Additional help may be provided in special circumstances upon the recommendation of the counselor and the approval of two EAC officers. The counselor also coordinates assistance from other helping agency. Hours of operation are Monday, Wednesday, and Friday from 8:30 am until 11:30 am.

Family Crisis Center, Inc. Administrative Office

620-793-9941

1924 Broadway, Great Bend, Ks. 67530

Domestic and Sexual Violence Center (DSVC)

620-793-9941 24-hour Crisis Line: 620-792-1885 or 866-792-1885

We provide safe, confidential advocacy and service to all survivors of domestic and sexual violence, their children, family and friends while encouraging social change through awareness, prevention and education. Below is a list of available services. Contact the 24-hour crisis line to access immediate assistance.

Sexual Violence and Domestic Violence Services

- 24-hour Crisis Line
- Face-to-Face Crisis Services
- Personal Advocacy
- Medical Advocacy
- Law Enforcement Advocacy
- Court Advocacy
- Shelter
- Supportive Counseling
- Support Group
- Children and Youth Service
- Community Awareness
- Professional Training

Dell Hayden Memorial Child Advocacy Center (CAC)

620-603-6515

24-hour Crisis Line: 620-792-1885 or 866-792-1885

We provide forensic interviews, family advocacy, case tracking and reviews,

referral services and community education to fight child abuse and neglect. It is a neutral, child and family friendly place where children can share the details of their abuse experience with trained, caring professionals through a forensic interview. This interview is recorded and used as evidence in the case against the perpetrator. A multidisciplinary team (MDT) of professionals involved in the case (DCF, Law Enforcement, Mental Health, County Attorney, Medical Professionals, and the CAC) meet monthly to determine the status of the case and monitor the progress until the case is done.

Referrals are made through Law Enforcement or Department of Children and Families.

First Assembly of God Benevolence Ministry

620-792-5211

601 Patton Road, Great Bend, Ks. 67530

We provide an assistance ministry in which we help up to \$25 with emergency groceries, emergency gasoline, emergency one night lodging and some prescriptions. Applicants must come in and fill out an application each time they use the program. We need a current photo ID (in which we make a photocopy) and proof of all household income. (i.e. all jobs, SSI, DEPT. CH. & FAM., Vision cards, etc.) Applications are taken on Mondays and Tuesdays from 2:30 pm to 4:00 pm.

Flint Hills Job Corps Center

785-537-7222

4620 Eureka Drive, Manhattan, KS 66503

fax 785-564-4945

We provide an opportunity for those ages 16-24 to complete their high school education and learn a trade. Local Office: Adult Education/KanWork Center

Food Bank of Barton County

620-792-4001

3007 10th Street, Great Bend, KS

Mondays, Wednesdays, Fridays 1:00-3:00pm

Applicants may access the food bank three times per year.

Food Bank Ellinwood—see Ellinwood Food Bank

Food Bank Hoisington—see Hoisington Food Bank

General Public Transportation

620-792-3859

2005 Kansas, Great Bend, Ks. 67530
We provide transportation with 3 mini buses and 1 CAB for the city of Great Bend. Buses operate only within the city limits, the CAB operates to Great Bend Airport, Larson's Truck Service, Barton County Community College and Great Bend Packing. The mini bus runs from 8:00 am to 5:00 pm Monday through Friday. The CAB runs from 6:30 am to 6:30 pm Monday through Friday. A 24 hour advance appointment is required. The CAB can be called without notice with the CAB rate.

Gentiva Hospice

620-664-5757

1117 N. Washington, Great Bend, KS 67530
Gentiva Hospice provides hospice services for end-of-life care focused on enhancing the quality of life for patients and their families. The care for patients with life-limiting illnesses, providing skilled nursing care, home health care, social workers, chaplains and bereavement support. The Great Bend office serves patients and families in Barton, Stafford, Pratt, Rush, Pawnee and Russell Counties.

Girl Scouts of Kansas Heartland

785-827-3679

3115 Enterprise Drive, Suite C, Salina, KS, 67401
Largest all-girl organization; girls develop to their full potential in an all-girl setting by meeting with positive female role models. We have troops, special interest groups, and special council events. Pertinent and thorough training available to all adult volunteers.

Golden Belt Community Foundation

620-792-3000 fax 620-792-7900
1307 Williams Street, P.O. Box 1911, Great Bend, KS 67530

www.goldenbeltcf.org

Email: gbcf@goldenbeltcf.org

Established in 1996, the Golden Belt Community Foundation exists to provide non-profit organizations in central Kansas with a permanent source of support and to serve as a "vehicle" for charitable giving for donors. The GBCF serves the counties of Barton, Pawnee, Rush, and Stafford.

Golden Belt Home Health & Hospice

620-792-8171 or 888-792-8171

3520 Lakin Avenue Suite 102, Great Bend, KS 67530

Golden Belt Home Health has a trained team of health professionals and support staff to coordinate your care and provide treatment throughout your recovery. Your care is directed by your personal physician, and may involve Nurses, Therapists, Home Health Aides, and Social workers. Hospice is a concept of care whose goal is to help a person live until he dies. Hospice is care provided by a compassionate staff with specialized training in pain control and symptom management; End-of-life comfort, not curative treatment; Physician-directed care; Care for the whole patient, not just the illness, with physical, emotional and spiritual needs included in the plan of care.

Golden Belt Regional Food Program

620-639-5355

Angel Food Ministries

888-819-3745

1912 11th Street, Great Bend, KS 67530
www.angelfoodministries.com
Accepts Food Stamps (EBT), cash and checks made to GBRFP. See website for ordering details, food boxes available, etc.

Great Bend Children's Learning Center

620-792-2421

1802 22nd, Great Bend, Ks. 67530
We provide child care, before and after school care, pre-school care, summer school age camp, drop in care,

transportation to and from school and breakfast, lunch and snack. Agency is open from 6:30 am to 6 pm and has been in business for over 35 years. It is a non-profit, United Way agency. They accept children ages 2 weeks to 12 years and are licensed by the State of Kansas.

Great Bend Fire & EMS

620-793-4140

1205 Williams, Great Bend, Ks. 67530

Great Bend Housing Authority

620-793-7761

1101 Kansas Ave., Great Bend, Ks. 67530
We provide low income housing for elderly and persons on disability and administer HUD Section 8 Program for rental assistance.

Great Bend Police Department

620-793-4120

1217 Williams, Great Bend, Ks. 67530

Great Bend Recreation Commission

620-793-3755

1214 Stone Street, P.O. Box 353, Great Bend, Ks. 67530

Contact: Diann Henderson

dhenderson@gbrk.kscocxmail.com

We provide year round youth leisure programs (age 3 to 12); youth sport programs (Kindergarten and up); Red Cross swim lessons (6 months and up); adult leisure and educational enrichment programs; adult fitness and individual sports; adult team sports; senior educational enrichment programs; senior fitness program; and special needs programs are offered. Call GBRC office for a program guide.

The GBRC office is open Monday through Friday from 8 am to 5 pm. Jean Cavanaugh Wellness Center is open Monday-Thursday 7:30 am.-8:00 p.m Friday 7:30 a.m.-5:00 p.m.

Great Bend Regional Hospital

620-792-8833

514 Cleveland Street, Great Bend, Ks. 67530

Provides primary care for patients in need of hospitalization, labor and delivery services, certified breastfeeding consultants to assist new mothers, infant seat program for babies in need, childbirth education classes, surgery center, radiology services, medical offices for local clinics as well as houses chemotherapy clinic for The Hutchinson Clinic. Lab service fairs are held each quarter of the year.

Harvest America

877-227-7764

785-746-4321 Ext. 108 (covers Barton County & others)

205 E. 7th, Hays, KS 67601

Harvest America Corporation is a non-profit organization dedicated to helping residents achieve and sustain homeownership. In today's economy, it's important to learn about key issues, understand your options, and make strong financial decisions when it comes to the largest investment most of us will ever make: our home.

As a HUD approved homeownership counseling agency, our metropolitan and rural offices extend services throughout Kansas and the greater Kansas City metropolitan area. Homeownership programs prepare those who have only dreamed of home ownership to take the necessary steps of education and counseling that can make owning their own home a reality.

Services were originally developed specifically to assist residents of very low and low income communities. However, due to growing need during the economic downturn, foreclosure prevention services were increased to include homeowners at risk of losing their homes.. Through comprehensive financial counseling and education, we help consumers achieve financial stability through financial management, and improved money management skills.

Hays Legal Services

785-625-4514

2017 Vine Street, Hays, Ks. 67601
Application Line: 1-800-723-6953

Provide legal counsel at reduced rates or free for family law, disability, and landlord tenant issues.

**Head Start serving South Central Kansas
620-793-5221**

Community Development Institute (CDI)
2535 Lakin Ave., Great Bend, KS 67530
We offer preschool for children 3-4 years old. We offer family support and transportation for the families we serve. We take applications throughout the year. Children must be 3 years old on or before August 31 and the families must meet the Federal Income Guidelines.

**Healing Hearts Ranch
620-792-5173**

155 SE 1st Ave., Great Bend, KS 67530
Contact: Scott Stinemetz
scott@healingheartsranch.com

The purpose of Healing Hearts Ranch is to address the specific needs of children and families who face emotional and behavioral challenges. Whether we are working with individuals or groups, we strive to create a safe environment where emotional growth and healing can take place. We acknowledge that horses can be helpful in the healing process, and we seek to give people opportunities to interact with horses, learn about them, and learn about themselves at the same time. We provide an equine therapy program for children and families who face emotional and behavioral challenges. Other programs include equine-assisted learning, parenting classes, marriage enrichment classes and mentorship.

**Heart of Kansas Family Health Care, Inc.
620-792-5700 620-792-5742 (fax)**

1905 19th, Great Bend, Ks. 67530
Provider of comprehensive primary healthcare services based upon identified community needs to individuals and families that otherwise would not have access to this care, regardless of ability to pay. Service provided on a sliding fee scale includes physician office visits, mental health services and diabetic education.

Income information is required to be able to determine eligibility for sliding fee discount at time of first appointment.

**Heartland Cancer Support Group
620-792-5511**

Heartland Cancer Center
204 Cleveland, Great Bend, KS 67530
Support Group meets every first and third Tuesday, from 2:00-3:00 pm, at Heartland Cancer Center. For more information call the number above. This group replaced the 3C's Support Group.
Heartland Regional Alcohol and Drug Assessment Center (HRADAC) 800-281-0029

Substance Abuse Assessment and Referral Care Coordination and Case Management
Local office: 1305 Patton Road 620-792-5324 ext 276

**Helping Hands Preschool
620-793-1615**

2535 Lakin, Great Bend, Ks. 67530
Early childhood special education services, speech-language therapy, physical therapy, occupational therapy, and behavioral management techniques.
For children referred to the agency for developmental concerns, parents are asked to make an appointment and are screened through the local ICC screenings.

**Hoisington Ambulance Service
620-653-4150**

Hoisington, Ks. 67544 911

**Hoisington Fire Department (volunteer)
911**

Hoisington, Ks. 67544

**Hoisington Food Bank
620-653-2119**

467 W 3rd, Hoisington, Ks. 67544
We serve the Northern (Hoisington north) Barton County area as an emergency food source. We serve a client up to 6 times per year. A referral from the Hoisington Ministerial Association will be needed for any exception.

Upon service, a rent receipt or utility bill verifying northern Barton County residency, driver's license and social security number for all members of the household, names and ages of all members of the family unit, and proof of income (check stub, welfare assistance, child support, etc.) will be required. Food must be picked up by client on record unless written and signed permission has been received

Hoisington Police Department

620-653-4995

109 E. 1st, Hoisington, Ks. 67544

HUD

620-793-7761

1101 Kansas, Great Bend, KS 67530

Rental assistance in Barton County.

HUD

620-275-1619

Box 1636, Dodge City, Ks. 67801

Rent assistance outside of Barton County.

Interfaith Housing Services

1-877-447-5927, fax: 620-662-8399

PO Box 1987, Hutchinson, KS 67504-1987

IHS provides education, resources, support and encouragement throughout the entire savings process and beyond. While in the program, we provide informative workshops and financial counseling. We also make arrangements for goal specific training such as mortgage advise and maintenance instruction for first time homebuyers.

Job Success

620-792-7390

1305 Patton Rd., Great Bend, Ks. 67530

Job Success is a program that offers job readiness skills for a fee for service.

We also have Workforce Investment Act (WIA) Case Manager located in this office. WIA program helps individuals that have been laid off or individuals that are facing barriers towards employment which include low income, offenders, and individuals with a disability.

You have two ways referrals can be made. One way is to have the client call to set up an appointment or the agency that is referring the call can provide a phone number and name so we can contact them.

Juvenile Services 20th Judicial District

620-793-1930 620-793-1977 (fax)

1213 Baker, Great Bend, Ks. 67530

Contact: Laurie White, Director

lwhite@bartoncounty.org

Juvenile Services operates within the 20th Judicial District (Barton, Ellsworth, Rice, Russell and Stafford Counties) and provides the Kansas Department of Corrections (KDOC) mandated programs including: Juvenile Intake & Assessment, Juvenile Intensive Supervised Probation, and KDOC Case Management. Intake and Assessment has workers on call 24/7, to assess youth detained by law enforcement or on a voluntary basis, in order to determine each child's specific needs and referrals are made accordingly.

KDOC Case Management is responsible for youth placed in the custody of Juvenile Services and will hold juvenile offenders accountable for their behavior and its consequences; and assists youth to live productively and responsibly in their communities.

Other agency programs are: Prevention Specialist and Teen Court.

The Prevention Specialist actively identifies the communities priority concerns regarding youth and then seeks ways to help overcome these issues through community, parent and youth education, and offers Parenting classes to anyone in the 20th Judicial District.

Kan-Be-Healthy

800-766-9012

(child health exams) consumer help

KanCare

620-282-3555

(Medical Card Health Insurance)

www.kancareks.gov

A Division of Kansas Department of Health & Environment

Assistance with Application and Expediting Processing of Medical Cards

Kansas Bureau of Investigation (KBI)

620-792-4354 or 1-800-KS-CRIME
625 Washington, Great Bend, Ks. 67530

Contact: SAC Kelly W. Ralston

kelly.ralston@kbi.state.ks.us

SAC Bruce Mellor

bruce.mellor@kbi.state.ks.us

We provide investigation support to Kansas Law Enforcement agencies and to the County and District Attorneys throughout Kansas.

**Kansas Children's Service League-
Parent Helpline**

316-942-4261

Box 517, Wichita, Ks. 67201

(Helpline) 800-332-6378

www.kcsl.org

We provide OASIS Runaway and Homeless Youth Program, Parent Helpline, Parents Helping Parents Support Groups, parenting education; Resource Family Services which include adoption, foster homes and resource family recruitment.

KCSL offers From Heart to Home, a private infant adoption program; Adoption Search services for former KCSL infant adoptees and birth families; and manages Adopt Kansas Kids a statewide recruitment and awareness initiative for children in foster care needing adoption through a contract with the Kansas Department of Social and Rehabilitation Services. As the state chapter for Prevent Child Abuse America, Kansas Children's Service League coordinates the work of the organization in Kansas to build awareness, provide education, organize activities, and lead advocacy efforts to prevent the abuse and neglect of children.

Kansas Food 4 Life

620-793-7100

4 NW 25 Road, Great Bend, KS 67530
(across from Cox Communications on N. Washington St.)

www.kansasfood4life.org

Once/month food program/box—call to get brochure with details.

Kansas Guardianship Program

800-672-0086

3248 Kimball Ave., Manhattan, Ks. 66503

www.ksgprog.org 785-587-8555

The goal of the Kansas Guardianship Program is to provide that qualified, caring, willing, and trained persons are available throughout the state to serve as court appointed guardians or conservators for those program eligible persons in need of this level of protection and advocacy, and those non-adjudicated persons who elect to have a voluntary conservator, and who do not have family members willing or able to assume such responsibilities.

Kansas Health Insurance

<https://www.healthcare.gov/>

Website to apply online or get phone number for personal assistance to apply using the Health Insurance Marketplace.

Kansas Kids GearUp

620-617-1955

5220 10th Street, Great Bend, KS 67530

Kansaskids@GEARUP

Kansas Legal Services, Inc.

800-723-6953

www.kansaslegalservices.org

Kansas Quitline

1-800-QUIT-NOW (1-800-784-8669)

FREE telephone sessions with a Quit Coach to help people quit using tobacco (smoking cigarettes, chewing tobacco etc.). English & Spanish speakers available. Call anytime day or night to get started. FREE online tobacco cessation counseling service, Web Coach® is also available at www.QuitNow.net/Kansas and it provides counseling and support materials based on individuals' readiness to quit tobacco use.

Kansas Weatherization Assistance

Program – KWAP

877-505-5150

Housing Information Line 1-800-752-4422

The Weatherization Assistance Program, funded through the U.S. Department of

Energy and the Low- Income Energy Assistance Program, provides housing improvements that increase energy efficiency in income-eligible, single- or multi-family dwellings, including manufactured homes. At NO CHARGE to the client, income eligible families receive a comprehensive home assessment which includes repair or replacement of heating systems, insulation and caulking.

Kansas Works

620-793-5445

1025 Main, Great Bend, Ks. 67530

Contact: Heidi Brittain

hbrittain@kansasworks.com

Kansas Works is located in the Great Bend Workforce Center. It is a place where you can go to receive information regarding agencies that help individuals with employment and maybe training. We also have monthly One Stop meetings to coordinate our services with everyone else who is a partner of Kansas Works. We provide job search and placement assistance; assessment of skills, aptitude and abilities; labor exchange/post job openings; skills testing; job search workshops; resume writing; pre-screening for employers; and veterans job placement services.

Our services require the applicant be a U.S. citizen or have documentation to work in the U.S., Social Security card along with a driver's license or photo I.D.

K-State Research and Extension-Barton County

620-793-1910

1800 12th St., Great Bend, Ks. 67530

Services provided include educational programs and workshops to help residents of Barton County improve their quality of life. Programs include food and nutrition education, health and wellness, parenting classes, money management programs, job ready skills, housing and air quality issues, and clothing and textiles. 4-H and youth development and management and development of volunteer leaders continue to be another major focus of services. Many

research-based program materials and services are free of charge. This office serves as a direct link to Kansas State University.

Libraries

Clafin Independent Township Library

620-587-3488

108 Main, Clafin, Ks. 67511

Ellinwood School Community Library

620-564-2306

210 N. Schiller Ave., Ellinwood, Ks. 67526

Great Bend Public Library

620-792-2409

1409 Williams, Great Bend, Ks. 67530

Hoisington Public Library

620-653-4128

169 S. Walnut, Hoisington, Ks. 67544

LIEAP (Low Income Energy Assistance Program)

620-792-5324 ext. 200

Great Bend DEPT. CH. & FAM.

1305 Patton Road, Great Bend, Ks. 67530

fax 620-792-5373

www.ks-energy-assistance.com

1-866-445-4327

Low income energy assistance program with applications accepted from January through March only at the Great Bend DEPT. CH. & FAM. office.

LINK (Living Independently in Northwest Kansas)

620-792-6600 620-792-2368 fax

1103 Main, Great Bend, Ks. 67530

Contact: Denise Henkle

denisehenkle@ruraltel.net

L&L Training & Consultation

620-282-1330

1901 Washington St., Great Bend, KS

67530 parenting4gb@att.net

Empowering Families and Communities

No referrals needed for services.

L & L Training & Consultation provides Parent Education, Court Ordered Parenting, Supervised Visits, In-home Parenting, Service Coordination, and Family Support including communication skills for families.

For Agencies' Staff they provide training in Supervision and Communication.

Meals on Wheels

620-792-5942

1819 11th Street, Great Bend, Ks. 67530

Friendship Meals 1-800-530-5068

Friendship Meals is administering three Meals on Wheels programs at Great Bend, Hoisington, and Ellinwood.

For Meals on Wheels in Great Bend, Hoisington or Ellinwood, call Volunteers in Action/RSVP at 792-1833 or 792-1614. For other meal site information call 792-1241. Food stamps can be used as payment for meals.

Medicaid / KanCare (Customer Assistance)

800-766-9012

Mini-Bus (operated by Area Agency on Aging)

620-792-3859

2005 Kansas, Great Bend, KS 67530

Operates Monday-Friday from 8am to 5pm

Parent/Teacher Resource Center (PTRC)

620-793-1633

Washington School

2535 Lakin, Great Bend, KS

Materials and services available for educational or personal use for fees rendered. Materials include: papers, poster boards, display boards, stickers, craft materials, paper rolls, envelopes, and office supplies.

Services include: copying, laminating, rubber stamps and die cut use, spiral binding.

Pathways ResCare Kansas, Inc.

620-793-8501

2317 Washington Street, Great Bend, KS 67530

- Serves individuals with developmental disabilities, helping them to live as independently as possible in their own homes and with others. All services are individualized based on the needs

and abilities of consumers through targeted case management. Serving 5 counties: Barton, Pawnee, Rush, Rice and Stafford.

- Non-emergency medical transportation—service provided through KanCare for transportation to and from doctors' appointments.
- Vocational Rehabilitation—helping individuals with all types of disabilities find and maintain meaningful employment through Job Preparation, Job Coaching, Community Job Try-Outs, as well as a variety of help in finding employment.

Pathways ResCare Home Care

620-793-8501

We offer a full range of trusted, experienced in-home care services for seniors:

Housekeeping meal preparation, medication set ups/reminders, help with money management, personal care attendants, wellness monitoring, and shopping/errands. Serving 10 counties: Barton, Pawnee, Rush, Rice, Stafford, Pratt, Kiowa, Edwards, Russell, and Hodgeman.

Point of Grace Pregnancy and Parenting Resource Center

(620) 680-2119

503 S. Grand Ave., Lyons, KS, 67554

Serving young families of Barton and Rice counties.

Transitional housing for pregnant and parenting mothers ages 12-24, weekly support group meetings, bible studies, Individualized Parenting Plans, Earn While You Learn Program - which allows young parents to focus on bettering their families and earn items such as diapers, wipes, clothing, household goods, etc. Free pregnancy tests, and connections to many more services.

Transportation available for appointments and weekly meetings.

Prairie Land Food

620-793-8510

Assembly of God Church

2106 San Domingo, Great Bend, Ks. 67530
We provide fresh fruits, meats and vegetables to people in our community who share their time by helping others.

Pregnancy Support

620-227-1562

Catholic Charities of Southwest Kansas
2201 16th Street, Great Bend, KS 67530
Providing pregnancy support services for any pregnant woman.

Prescription Assistance – (for patients only)

Heart of Kansas Family Health Care, Inc.
620-792-5700

St. Rose Health Center

620-792-6541

Hours: Tuesday: 2:00p.m.-4:00p.m.

Wednesday: 9:00a.m.-1:00p.m.

Thursday: 2:00p.m.-4:00pm.

Psychological Services & Consultation

785-220-4562

1910 18th Street, Great Bend, KS

Drs. Jane Davis & Steve Walters

Rosewood Services

620-793-5888

384 N. Washington, Great Bend, Ks. 67530

Contact: Tammy Hammond,

info@rosewoodservices.com

www.rosewoodservices.com

Rosewood Services is a Community Service Provider offering services for children and adults with developmental disabilities in Barton County and Central Kansas.

We provide residential, medical, day services, and case management supports to assist people with developmental disabilities. In-home services include home living skills, money management, and community involvement. We offer therapeutic horse therapy for children and adults with PATH Int. certified instruction. We provide work opportunities for clients at our Ranch, Winery, Greenhouse, Furniture Gallery, Studio Arts, Industrial Kitchen, which often lead to employment within the community for those we serve.

Safe Haven Sites for Infants

Newborns up to 45 days old can now be safely given up by mothers to employees at **Health Departments, Hospitals, Medical Facilities or Fire Departments in Kansas** with employees present--

with no consequences or abandonment charges. This new program ensures the safety and health of newborns. In Kansas, no one ever has to abandon a child again.

Saint Francis Community Services

620-793-7454

1508 Main, Great Bend, Ks. 67530

Provides community services, family preservation services, outreach classes,

Drug & Alcohol counseling, foster care services, Anger Management Services,

works with schools and communities to implement programs such as All Stars.

Our mission is to be an instrument of healing for children, youths, and families in spirit, mind, and body, so they live responsibly and productively with purpose and hope.

St. Rose Health Center

620-786-6115

3515 Broadway, Great Bend, KS 67530

St. Rose's state-of-the-art technologies include the convenient care clinic, same-day surgery, physician clinics, imaging (x-ray), laboratory services, home health and hospice, breast care center, and pulmonology services.

St. Rose Convenient Care

620-792-3345

3515 Broadway, Great Bend, Ks. 67530

Contact: Receptionist

Convenient Care Hours: Monday-Friday 8am-8pm; Saturday 9am-4:30pm; Sunday 12pm-5pm

Convenient Care Walk In Clinic is NOT FOR EMERGENCY SITUATIONS .

Walk in for a Full Range of Health Conditions

*Patients must be 6 month and older to be seen at Convenient Care.

*Appointments are not necessary

*You do not have to be a patient of St. Rose Health Center to be seen at Convenient Care.

*Ages 16 and younger must be accompanied by an adult

*Co-pay and/or self pay are due at time of service – Cash, credit/debit card or local checks accepted.

*Patients who present with serious illness or injury will be sent to the emergency room with appropriate transportation (may require ambulance)

For minor injuries and illnesses, our skilled Physician Assistants, Nurse Practitioners and staff provide high quality quick care that is convenient and affordable. We treat conditions that require immediate attention but are not considered to be life-threatening or severe enough to be cared for in the hospital emergency department.

**Salvation Army
620-792-4299**

2545 10th Street, Great Bend, Ks. 67530
Dianne Meyers, LBSW, LAC Salvation Army

**KS Case Man. for Supportive Services
for Veteran Families**

Office: 785-621-2478

Cell: 816-438-3755

Fax: 785-621-2479

203 E. 7th Street, Suite F, Hays, KS 67601

We provide rent, utility, prescription, clothing, vision, school supply, car repair and lodging

assistance. All assistance is on emergency and “qualifying” basis. No assistance is done long-term and is limited to once, maybe twice per year. Vision is done every other year if absolutely needed.

We need you to be aware that walk-in assistance is not normally allowed.

Appointments must be made Monday through Friday 8:30a.m. to 3:30 p.m.

Night/weekend assistance is not available.

Proper paperwork and identification is a must.

**Sandstone Bridge Center
620-603-6022**

2015 Forest, Suite 200, Great Bend, KS

Mental and Behavioral Health Services:
Marital, Pre-Marital, Divorce Counseling; Parenting and Family Issues; Trauma & PTSD, Anger Management; Mental Health Assessment & Diagnosis; Support Groups; Equine Therapy; Workshops, Retreats & Presentations.

Senior Center

620-792-3906

2005 Kansas, Great Bend, Ks 67530

**Senior Health Insurance Counseling for
KS (SHICK)**

1-800-860-5260

www.agingkansas.org/SHICK/shickindex.html

SER Corporation

785-623-4016

1008 E. 17th, #7, Hays, Ks. 67601

fax 785-623-4007; 877-723-4016

www.sercorp.com

Contact Vicki Needham,

vneedham@sercorp.com

We provide training and employment services for seasonal or migrant farm workers in Kansas. Through a wide range of educational and training opportunities, seasonal or migrant farm workers obtain marketable job skills and fulltime employment in many occupational areas. SER Rural Initiatives is part of the National Farm workers Jobs Program.

SER Jobs for Progress National Inc.

785-623-4006

SER SCSEP Hays 785-623-4472 Fax

Hours: Mon – Fri 8:00am to 5:00pm

1008 E 17th Street, Hays, KS 67601

We help people that are 55 or older, low income, and currently unemployed try to find jobs. It is a training program designed to help people get the skills they need to become job ready.

SKIL

785-628-8019

Contact: Jeff Simmon

SKIL is an in-home support service for the physically disabled under the age of 65 –

applicant must qualify for disability and Medicaid services.

Smoky Hill Foundation for Chemical Dependency
785-625-5521

209 E. 7th Street, Hays, KS 67601
Fax 785-625-5115; 1-800-757-2180
www.smokyhillfoundation.com

SHF is an outpatient treatment and rehabilitation agency focused on evaluation and referral services, individual counseling, alcohol/drug information school, outreach counseling services, consultations, continuing care, Methamphetamine treatment programs and youth education and safety programs.

Social Security Administration
620-663-8341

811 E. 30th St., Suite A, Hutchinson, KS 67502
1-877-846-8333
www.socialsecurity.gov

We provide Social Security and Supplemental Security Income. Call toll free for an appointment. Office Hours are Monday through Friday 9 – 4.

Sommerset Place
620-793-8075

5803 16th St. Terrace, Great Bend, Ks. 67530
620-793-7417 fax

Contact: Bernadean Herl

1, 2 and 3 bedroom apartments. Rent does include all utilities paid, requires a 1 year lease, and absolutely no pets. Rent is determined by the guidelines HUD has set, according to the family size and the family income. 1 bedroom apartments are walk-up ground level with appliances and a laundry hook up in each apartment. 2 and 3 bedrooms are townhouse type walk up apartments.

Southwest Developmental Services, Inc.
620-793-7604

3111 W. 10th Street, Suite 102, Great Bend, KS 67530

Southwest Kansas Area Agency on Aging
620-793-6633

1905 Washington, Great Bend, Ks. 67530
S.W.K.A.A. provides information and assistance to caregivers. The care receivers are those who are age 60 and older that need assistance with daily living activities.

Suicide Prevention Lifeline
1-800-273-TALK (8255)

www.suicidepreventionlifeline.org/

Sunflower Diversified Services
620-792-1321

8823 4th Street, P.O. Box 838, Great Bend, Ks. 67530

Contact: Ladeska (Decky) Makings, COO
lmakings@sunflowerdiv.com

Sunflower Diversified Services is a not-for-profit Community Service Provider offering services for children and adults with developmental disabilities from Barton and surrounding counties.

We provide support and case management for children and adults of all ages, early intervention for children ages birth to 3 years, adult supports --therapeutic, employment at local businesses and onsite facilities, residential group homes or apartments of the clients choice, transportation as needed, medical care and oversight, transition training and support for clients from school to adult life, and operate the area recycling facility. Sunflower has contracted with Healing Hearts Ranch with its Adopt-a-Horse program for Sunflower clients.

Sunflower Early Education Center (EEC)
620-792-4087

1312 Patton Road, Great Bend, Ks. 67530
800-692-4087

We provide early intervention services for infants and toddlers. Any child under the age of 3 that has been determined eligible through our screening assessment or evaluation process qualifies for home-based services. Our services are confidential and available at no cost to families. They include early intervention in speech, motor,

cognitive, social emotional and self-help, as well as hearing and vision. The staff at EEC include Speech Language Pathologists, Early Childhood Special Ed Teachers, Physical Therapists, Infant and Early Childhood Mental Health Professionals, Autism Specialists and Certified Hearing and Vision screeners. Our tiny-k network provides services to families in Barton, Pawnee, Rice, Rush and Stafford counties.

Sunrise Staffing Services, LLC

620-792-1004

2015 Forest, Room 202, Great Bend, Ks. 67530

Contact: Chris & Melanie Ryan
cryan_sss@sbcglobal.net

Sunrise Staffing Services, LLC, is a full service agency offering staffing solutions specifically for our customers. Sunrise can meet your temporary needs, as well as long term temporary to permanent positions, in areas such as construction, manufacturing, warehouse, retail, clerical, skilled and general labor, administrative and management. Sunrise provides the following: competitive rates, comprehensive general liability insurance in the amount of \$2,000,000, no employee administrative costs, billing rates including all deductions required by Federal and State law, Workman's Compensation, unemployment, garnishments, DEPT. CH. & FAM., child support, etc., assignment of pre-screened, qualified individuals per your company specifications, job readiness and retention orientation, significant improvement in employee retention and direct supervisor satisfaction, allow yourself more time to devote to your business and its growth, save money on drug screens, training costs, advertising, reference checks, interviewing unqualified candidates and making the wrong hiring decision.

Teen Court (Juvenile Services)

620-793-1930

1213 Baker, Great Bend, KS 67530

Tobacco Cessation

1-800-QUIT-NOW

1-800-784-8669

FREE Kansas Tobacco Quitline- free sessions with a coach to help people quit using tobacco (smoking cigarettes, chewing tobacco, snus, ect.) English & Spanish, Call anytime day or night to get started.

United Methodist Mexican-American Ministries, Inc. (UMAM)

620-275-1766, 620-275-4729 (fax)

712 St. John Street, P.O. Box 766, Garden City, Ks. 67846

<http://www.ummam.org/>

UMMAM offers a comprehensive array of social, spiritual, educational and medical programs through Centers located in Garden City, Dodge City, Liberal, Ulysses, Johnson and Satanta, Kansas. Services are provided in English and Spanish. Interpreters are also available for low German and Burmese languages.

United Way of Central Kansas

620-792-2403

1125 Williams, Great Bend, Ks. 67530

Contact: Gaila Demel,

unitedwaycentralks@hotmail.com

United Way is a community fundraising organization for Barton and Pawnee Counties that raises funding for United Way member agencies. 99% of the money raised stays local and is dispersed directly to the agencies. Over 50% of the funding raised is through local payroll companies and businesses.

USD 428 Parents As Teachers

620-793-1500

Riley Elementary School 620-793-1506

1515 10th Street, Great Bend, Ks. 67530

Parents As Teachers is an Early Childhood Education Program for parents of children prenatal -3 years old. We provide supplemental information on brain research relating to child development, early childhood development in the areas of language skills, social skills, intellectual skills and motor skills. We also provide research-based information on a variety of parenting issues.

**US Department of Housing and Urban
Development
913-551-5462**

Kansas Regional Office
www.hud.gov/local/index.cfm

**Valley Hope Centers
1-800-544-5101**

Locations in Norton, Halstead and Atchison
Kansas
Alcohol and Drug In-patient treatment
services that requires private insurance and
will not accept Medicare or Medicaid.

**Veterans Administration
1-800-827-1000**

Information on benefits for Veterans of our
service!

**Veterans Hospital
1-800-878-6881**

**Volunteers in Action (VIA) and RSVP
620-792-1614**

1025 Main Street, Great Bend, Ks. 67530
Program recruits support persons over age
55 to serve in non-profit and governmental
agencies to help meet needs of community.
Volunteers are covered by supplemental
insurance for personal and auto liability and
accident while traveling to and from their
volunteer assignment and while they are
serving.

**VIA Medical Transportation
620-792-1614**

1025 Main Street – D114
Great Bend, Ks. 67530 Contact: John
Thul thula@bartonccc.edu
We provide medical transportation,
including a wheelchair accessible van, to
medical appointments local and out-of town.
Recipients may need to provide escort
and/or interpreter if necessary.

**WIC –Barton County Health Department
620-793-1909**

1300 E. Kansas, Suite B, Great Bend, KS
67530 see page 3

Youthfriends Kansas

620-793-1500

201 Patton Rd., Great Bend, Ks. 67530
Contact: Michelle Daniel, USD 428
Coordinator www.youthfriends.org
There are worlds of opportunities for kids
these days, but sometimes they need all the
help they can get to discover the
possibilities. Youthfriends volunteers can
help. Spend an hour a week with a young
person in a nearby school. Share an
interest. Mentor. Be a lunch buddy or just a
good listener. Open new worlds for kids and
you will open new worlds for yourself as
well.

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]



Patient Origin by Region - Inpatient

Barton Co, KS Residents Treated in KHA Reporting Area
Federal Fiscal Year: 2014

Hospital	Total		Pediatric		Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		Surg %
	Discharges		Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74		Age 75+								
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
HaysMed - Hays, KS	297	18.4%	2	0.7%	32	10.8%	74	24.9%	40	13.5%	62	20.9%	0		43	14.5%	44	14.8%	36.7%
Clara Barton Hospital - Hoisington, KS	291	18.0%	5	1.7%	31	10.7%	80	27.5%	65	22.3%	108	37.1%	2	0.7%	0		0		19.2%
Via Christi Hospitals Wichita, Inc. - Wichita, KS	214	13.3%	5	2.3%	36	16.8%	62	29.0%	39	18.2%	67	31.3%	3	1.4%	1	0.5%	1	0.5%	48.1%
Wesley Healthcare - Wichita, KS	191	11.8%	31	16.2%	20	10.5%	37	19.4%	27	14.1%	32	16.8%	0		23	12.0%	21	11.0%	34.6%
Hutchinson Regional Medical Center - Hutchinson, KS	149	9.2%	0		10	6.7%	41	27.5%	20	13.4%	40	26.8%	13	8.7%	13	8.7%	12	8.1%	29.5%
Ellinwood District Hospital - Ellinwood, KS	115	7.1%	5	4.3%	6	5.2%	17	14.8%	26	22.6%	56	48.7%	5	4.3%	0		0		
Salina Regional Health Center - Salina, KS	72	4.5%	2	2.8%	7	9.7%	18	25.0%	6	8.3%	16	22.2%	2	2.8%	10	13.9%	11	15.3%	31.9%
The University of Kansas Health System - Kansas City, KS	53	3.3%	11	20.8%	8	15.1%	15	28.3%	16	30.2%	3	5.7%	0		0		0		37.7%
Hospital District #1 of Rice County - Lyons, KS	42	2.6%	1	2.4%	0		2	4.8%	1	2.4%	2	4.8%	0		18	42.9%	18	42.9%	14.3%
Newton Medical Center - Newton, KS	23	1.4%	0		0		10	43.5%	10	43.5%	1	4.3%	1	4.3%	0		1	4.3%	8.7%
Children's Mercy Kansas City - Kansas City, MO	22	1.4%	15	68.2%	2	9.1%	0		0		0		0		3	13.6%	2	9.1%	40.9%
Edwards County Medical Center - Kinsley, KS	21	1.3%	0		0		0		0		1	4.8%	20	95.2%	0		0		
Wesley Woodlawn Hospital & ER - Wichita, KS	21	1.3%	0		1	4.8%	0		5	23.8%	15	71.4%	0		0		0		52.4%
St. Catherine Hospital - Garden City, KS	11	0.7%	0		2	18.2%	1	9.1%	0		1	9.1%	7	63.6%	0		0		36.4%
Via Christi Hospital Wichita St. Teresa, Inc. - Wichita, KS	10	0.6%	0		1	10.0%	4	40.0%	4	40.0%	1	10.0%	0		0		0		30.0%
Pawnee Valley Community Hospital - Larned, KS	8	0.5%	0		1	12.5%	1	12.5%	2	25.0%	4	50.0%	0		0		0		
Kansas Residents/Colorado Hospitals	7	0.4%	1	14.3%	2	28.6%	1	14.3%	1	14.3%	1	14.3%	0		1	14.3%	0		42.9%
Ellsworth County Medical Center - Ellsworth, KS	7	0.4%	0		0		2	28.6%	3	42.9%	2	28.6%	0		0		0		
Stormont Vail Health - Topeka, KS	6	0.4%	0		0		3	50.0%	0		0		1	16.7%	1	16.7%	1	16.7%	
Memorial Health System - Abilene, KS	6	0.4%	0		0		0		0		0		6	100.0%	0		0		
Shawnee Mission Health - Shawnee Mission, KS	6	0.4%	0		1	16.7%	1	16.7%	2	33.3%	0		0		1	16.7%	1	16.7%	50.0%
Pratt Regional Medical Center - Pratt, KS	5	0.3%	0		0		2	40.0%	1	20.0%	0		0		1	20.0%	1	20.0%	40.0%
Other Hospitals	37	2.3%	1	2.7%	6	16.2%	8	21.6%	5	13.5%	9	24.3%	0		5	13.5%	3	8.1%	32.4%
Hospital Total	1,614	100.0%	79	4.9%	166	10.3%	379	23.5%	273	16.9%	421	26.1%	60	3.7%	120	7.4%	116	7.2%	29.5%

© 2018 Hospital Industry Data Institute



Patient Origin by Region - Inpatient

Barton Co, KS Residents Treated in KHA Reporting Area
Federal Fiscal Year: 2015

Hospital	Total		Pediatric		Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		Surg %
	Discharges		Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74		Age 75+								
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
HaysMed - Hays, KS	341	21.2%	1	0.3%	31	9.1%	69	20.2%	55	16.1%	77	22.6%	1	0.3%	52	15.2%	55	16.1%	30.5%
Clara Barton Hospital - Hoisington, KS	302	18.8%	5	1.7%	27	8.9%	62	20.5%	83	27.5%	122	40.4%	3	1.0%	0		0		18.2%
Via Christi Hospitals Wichita, Inc. - Wichita, KS	194	12.1%	6	3.1%	26	13.4%	61	31.4%	40	20.6%	53	27.3%	8	4.1%	0		0		41.2%
Wesley Healthcare - Wichita, KS	181	11.3%	38	21.0%	26	14.4%	41	22.7%	21	11.6%	26	14.4%	2	1.1%	16	8.8%	11	6.1%	42.0%
Ellinwood District Hospital - Ellinwood, KS	127	7.9%	6	4.7%	9	7.1%	19	15.0%	16	12.6%	72	56.7%	5	3.9%	0		0		
Hutchinson Regional Medical Center - Hutchinson, KS	114	7.1%	0		9	7.9%	33	28.9%	17	14.9%	33	28.9%	10	8.8%	6	5.3%	6	5.3%	28.9%
The University of Kansas Health System - Kansas City, KS	71	4.4%	13	18.3%	12	16.9%	27	38.0%	12	16.9%	7	9.9%	0		0		0		47.9%
Salina Regional Health Center - Salina, KS	66	4.1%	0		4	6.1%	19	28.8%	14	21.2%	11	16.7%	6	9.1%	6	9.1%	6	9.1%	42.4%
Hospital District #1 of Rice County - Lyons, KS	38	2.4%	0		1	2.6%	0		1	2.6%	0		0		18	47.4%	18	47.4%	7.9%
Newton Medical Center - Newton, KS	15	0.9%	0		1	6.7%	2	13.3%	5	33.3%	7	46.7%	0		0		0		33.3%
Via Christi Hospital Wichita St. Teresa, Inc. - Wichita, KS	15	0.9%	0		1	6.7%	4	26.7%	6	40.0%	4	26.7%	0		0		0		20.0%
St. Catherine Hospital - Garden City, KS	15	0.9%	0		1	6.7%	0		0		1	6.7%	13	86.7%	0		0		6.7%
Memorial Health System - Abilene, KS	13	0.8%	0		0		0		0		5	38.5%	8	61.5%	0		0		
Wesley Woodlawn Hospital & ER - Wichita, KS	13	0.8%	0		0		3	23.1%	3	23.1%	7	53.8%	0		0		0		23.1%
Kansas Residents/Minnesota Hospitals	12	0.7%	0		1	8.3%	8	66.7%	1	8.3%	2	16.7%	0		0		0		41.7%
Children's Mercy Kansas City - Kansas City, MO	12	0.7%	12	100.0%	0		0		0		0		0		0		0		41.7%
Pawnee Valley Community Hospital - Larned, KS	7	0.4%	0		1	14.3%	4	57.1%	2	28.6%	0		0		0		0		
Shawnee Mission Health - Shawnee Mission, KS	6	0.4%	0		2	33.3%	1	16.7%	1	16.7%	1	16.7%	1	16.7%	0		0		83.3%
Saint Luke's Hospital of Kansas City - Kansas City, MO	6	0.4%	0		2	33.3%	3	50.0%	1	16.7%	0		0		0		0		16.7%
Kansas Residents/Nebraska Hospitals	5	0.3%	1	20.0%	0		1	20.0%	2	40.0%	1	20.0%	0		0		0		40.0%
Other Hospitals	50	3.1%	4	8.0%	6	12.0%	7	14.0%	12	24.0%	15	30.0%	5	10.0%	0		1	2.0%	30.0%
Hospital Total	1,605	100.0%	87	5.4%	161	10.0%	364	22.7%	292	18.2%	444	27.7%	62	3.9%	98	6.1%	97	6.0%	28.6%

© 2018 Hospital Industry Data Institute



Patient Origin by Region - Inpatient

Barton Co, KS Residents Treated in KHA Reporting Area

Federal Fiscal Year: 2016

Hospital	Total		Pediatric		Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		Surg %
	Discharges		Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74		Age 75+		Cases	%	Cases	%	Cases	%	
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
Great Bend Regional Hospital - Great Bend, KS	1,201	47.5%	37	3.1%	102	8.5%	172	14.3%	113	9.4%	270	22.5%	5	0.4%	253	21.1%	249	20.7%	33.0%
HaysMed - Hays, KS	317	12.5%	2	0.6%	23	7.3%	82	25.9%	41	12.9%	69	21.8%	2	0.6%	49	15.5%	49	15.5%	35.6%
Via Christi Hospitals Wichita, Inc. - Wichita, KS	249	9.8%	4	1.6%	47	18.9%	72	28.9%	43	17.3%	74	29.7%	6	2.4%	3	1.2%	0	0	43.0%
Wesley Healthcare - Wichita, KS	176	7.0%	39	22.2%	19	10.8%	42	23.9%	23	13.1%	23	13.1%	0	0	15	8.5%	15	8.5%	51.7%
Hutchinson Regional Medical Center - Hutchinson, KS	125	4.9%	0	0	6	4.8%	31	24.8%	22	17.6%	34	27.2%	20	16.0%	6	4.8%	6	4.8%	26.4%
Ellinwood District Hospital - Ellinwood, KS	101	4.0%	3	3.0%	7	6.9%	12	11.9%	16	15.8%	55	54.5%	7	6.9%	1	1.0%	0	0	0
Salina Regional Health Center - Salina, KS	83	3.3%	1	1.2%	3	3.6%	25	30.1%	10	12.0%	14	16.9%	4	4.8%	13	15.7%	13	15.7%	41.0%
The University of Kansas Health System - Kansas City, KS	64	2.5%	6	9.4%	7	10.9%	27	42.2%	13	20.3%	11	17.2%	0	0	0	0	0	0	59.4%
Clara Barton Hospital - Hoisington, KS	29	1.1%	1	3.4%	3	10.3%	8	27.6%	7	24.1%	10	34.5%	0	0	0	0	0	0	13.8%
Wesley Woodlawn Hospital & ER - Wichita, KS	24	0.9%	0	0	2	8.3%	6	25.0%	3	12.5%	13	54.2%	0	0	0	0	0	0	37.5%
St. Catherine Hospital - Garden City, KS	20	0.8%	0	0	1	5.0%	1	5.0%	0	0	0	0	18	90.0%	0	0	0	0	0
Children's Mercy Kansas City - Kansas City, MO	15	0.6%	11	73.3%	0	0	0	0	0	0	0	0	0	0	2	13.3%	2	13.3%	60.0%
Hospital District #1 of Rice County - Lyons, KS	14	0.6%	0	0	0	0	1	7.1%	0	0	2	14.3%	0	0	0	0	11	78.6%	0
Kansas Residents/Minnesota Hospitals	12	0.5%	0	0	1	8.3%	8	66.7%	1	8.3%	2	16.7%	0	0	0	0	0	0	41.7%
Ellsworth County Medical Center - Ellsworth, KS	10	0.4%	0	0	2	20.0%	2	20.0%	1	10.0%	5	50.0%	0	0	0	0	0	0	0
Newton Medical Center - Newton, KS	10	0.4%	0	0	0	0	5	50.0%	0	0	2	20.0%	3	30.0%	0	0	0	0	0
Kansas Residents/Other Missouri Hospitals	9	0.4%	0	0	0	0	3	33.3%	1	11.1%	1	11.1%	2	22.2%	1	11.1%	1	11.1%	33.3%
Pratt Regional Medical Center - Pratt, KS	9	0.4%	0	0	1	11.1%	6	66.7%	0	0	0	0	0	0	0	0	2	22.2%	44.4%
Kansas Residents/Nebraska Hospitals	5	0.2%	1	20.0%	0	0	1	20.0%	2	40.0%	1	20.0%	0	0	0	0	0	0	40.0%
Via Christi Hospital Wichita St. Teresa, Inc. - Wichita, KS	5	0.2%	0	0	0	0	3	60.0%	1	20.0%	1	20.0%	0	0	0	0	0	0	40.0%
Shawnee Mission Health - Shawnee Mission, KS	5	0.2%	0	0	2	40.0%	3	60.0%	0	0	0	0	0	0	0	0	0	0	100.0%
Other Hospitals	44	1.7%	4	9.1%	8	18.2%	7	15.9%	7	15.9%	10	22.7%	4	9.1%	3	6.8%	1	2.3%	25.0%
Hospital Total	2,529	100.0%	110	4.3%	235	9.3%	517	20.4%	304	12.0%	597	23.6%	71	2.8%	346	13.7%	349	13.8%	34.3%

© 2018 Hospital Industry Data Institute



**Outpatient Total Service Category Visits by Region
Barton, KS Residents Treated in KHA Reporting Area
Federal Fiscal Year: 2014**

Revenue Category		Total Visits	Emergency Dept	Surgery	Observation	Clinical Services	% Male
			Visits	Visits	Visits	Visits	
1	Emergency Department (45x)	3,543	3,543	39	204		48.2%
2	Surgery (36x, 49x)	1,797	39	1,797	32		46.1%
3	Observation (76x, excl. 761)	352	204	32	352		46.6%
11	Radiology - Diagnostic (32x, excl. 322 and 323)	8,141	1,332	431	185	6,367	42.6%
12	Arthro/Arteriography (322, 323)	17		13		4	76.5%
13	Radiation Therapy (333)	183		6		177	53.0%
14	Nuclear Medicine (34x)	676	8	31	15	630	46.7%
15	CT Scan (35x)	2,286	592	37	90	1,646	44.7%
16	Mammography (401, 403)	2,232		28		2,204	0.3%
17	Ultrasound (402)	1,742	40	57	22	1,639	22.0%
18	PET Scan (404)	21				21	66.7%
19	Magnetic Resonance Technology (61x)	868	9	8	12	848	42.9%
21	Chemotherapy (33x, excl. 333)	20		1		19	100.0%
23	Pulmonary Function (46x)	684	178	126	42	373	50.6%
24	Cardiac Cath Lab (481)	106	5	7	11	85	58.5%
25	Stress Test (482)	363	2		8	355	50.4%
26	Echocardiology (483)	149	6	4	20	124	52.3%
27	Electroencephalogram (74x)	201	1		3	198	49.8%
28	G.I. Services (75x)	67	2	3	4	60	50.7%
30	ESWT/Lithotripsy (79x)	41		20		21	70.7%
31	Dialysis (82x through 88x)	2		2			50.0%
32	Electromyelgram (922)	57				57	38.6%
33	Cardiac Rehab (943)	45				45	51.1%
34	Rural Health - Clinic (521)	3				3	100.0%
35	Treatment Room (76X excl. 762)	3,169	58	43	91	3,021	43.9%
36	Respiratory Services (41x)	126	39	76	13	14	60.3%
37	EKG/ECG (73x)	1,953	577	124	134	1,227	45.5%
38	Cardiology (48x excl. 481-483)	443	14	3	14	424	41.5%
39	Sleep Lab (HCPC 95805-95811)	204				204	55.9%
41	Behavioral Health (90x, 91x)	9				9	
42	Physical Therapy (42x)	1,545	26	35	32	1,481	39.9%
43	Occupational Therapy (43x)	179	7	8	10	163	47.5%
44	Speech-Language Pathology (44x)	145	4	2	2	141	60.0%
47	Audiology (47x)	12		1		11	58.3%
Visits by Service Category							
	Actual visits in report	24,389	3,543	1,797	352	18,964	39.0%
	Actual unclassified visits	30,977					40.2%
	Actual total visits	55,366					39.6%

© 2018 Hospital Industry Data Institute



**Outpatient Total Service Category Visits by Region
Barton, KS Residents Treated in KHA Reporting Area
Federal Fiscal Year: 2015**

Revenue Category		Total Visits	Emergency Dept	Surgery	Observation	Clinical Services	% Male
			Visits	Visits	Visits	Visits	
1	Emergency Department (45x)	3,615	3,615	29	163		46.4%
2	Surgery (36x, 49x)	1,730	29	1,730	22		47.5%
3	Observation (76x, excl. 761)	289	163	22	289		48.8%
11	Radiology - Diagnostic (32x, excl. 322 and 323)	5,538	1,268	336	153	3,913	44.9%
12	Arthro/Arteriography (322, 323)	17		14		3	70.6%
13	Radiation Therapy (333)	12		2	1	9	25.0%
14	Nuclear Medicine (34x)	375	4	16	17	341	46.7%
15	CT Scan (35x)	1,698	646	35	92	1,010	45.2%
16	Mammography (401, 403)	996		11		985	0.1%
17	Ultrasound (402)	968	33	25	20	901	27.0%
18	PET Scan (404)	23				23	73.9%
19	Magnetic Resonance Technology (61x)	565	11	3	7	549	46.4%
21	Chemotherapy (33x, excl. 333)	19			2	17	57.9%
23	Pulmonary Function (46x)	442	188	115	30	139	48.6%
24	Cardiac Cath Lab (481)	129	2	2	6	120	53.5%
25	Stress Test (482)	196	4		14	180	62.8%
26	Echocardiology (483)	135	5	3	28	104	61.5%
27	Electroencephalogram (74x)	25	1		2	23	48.0%
28	G.I. Services (75x)	79	2		2	75	44.3%
30	ESWT/Lithotripsy (79x)	21		10		11	42.9%
31	Dialysis (82x through 88x)	1		1			100.0%
32	Electromyelgram (922)	47	1		1	46	38.3%
33	Cardiac Rehab (943)	59	1			58	74.6%
34	Rural Health - Clinic (521)	8	1			7	37.5%
35	Treatment Room (76X excl. 762)	2,434	46	30	78	2,314	44.0%
36	Respiratory Services (41x)	119	49	55	23	10	53.8%
37	EKG/ECG (73x)	1,789	638	94	130	1,022	48.9%
38	Cardiology (48x excl. 481-483)	233	8	2	8	221	43.8%
39	Sleep Lab (HCPC 95805-95811)	202				202	55.0%
41	Behavioral Health (90x, 91x)	24				24	70.8%
42	Physical Therapy (42x)	995	26	31	32	934	42.7%
43	Occupational Therapy (43x)	201	10	10	13	177	46.8%
44	Speech-Language Pathology (44x)	149	5		5	143	51.7%
47	Audiology (47x)	23				23	52.2%
Visits by Service Category							
Actual visits in report		17,361	3,615	1,730	289	11,936	42.3%
Actual unclassified visits		15,037					39.4%
Actual total visits		32,398					40.9%

© 2018 Hospital Industry Data Institute



**Outpatient Total Service Category Visits by Region
Barton, KS Residents Treated in KHA Reporting Area
Federal Fiscal Year: 2016**

Revenue Category		Total Visits	Emergency Dept	Surgery	Observation	Clinical Services	% Male
			Visits	Visits	Visits	Visits	
1	Emergency Department (45x)	11,629	11,629	119	231		43.3%
2	Surgery (36x, 49x)	2,432	119	2,432	115		45.6%
3	Observation (76x, excl. 761)	396	231	115	396		40.9%
40	Urgent Care (516, 526)	1	1				100.0%
11	Radiology - Diagnostic (32x, excl. 322 and 323)	6,483	3,401	335	168	2,780	44.5%
12	Arthro/Arteriography (322, 323)	35		11		24	68.6%
13	Radiation Therapy (333)	13		2		11	30.8%
14	Nuclear Medicine (34x)	476	10	18	12	442	47.9%
15	CT Scan (35x)	2,799	1,500	70	121	1,261	43.1%
16	Mammography (401, 403)	1,431		17		1,414	0.3%
17	Ultrasound (402)	1,785	245	52	51	1,477	29.0%
18	PET Scan (404)	7				7	57.1%
19	Magnetic Resonance Technology (61x)	1,115	24	6	12	1,081	47.2%
21	Chemotherapy (33x, excl. 333)	32				32	31.3%
23	Pulmonary Function (46x)	178	8	18	6	150	44.9%
24	Cardiac Cath Lab (481)	141	3	3	8	130	64.5%
25	Stress Test (482)	52	3		7	44	57.7%
26	Echocardiology (483)	399	7	1	15	381	50.4%
27	Electroencephalogram (74x)	29	1		5	24	48.3%
28	G.I. Services (75x)	69	1	1	2	66	46.4%
29	Telemedicine (78x)	4				4	100.0%
30	ESWT/Lithotripsy (79x)	16		8		8	56.3%
31	Dialysis (82x through 88x)	1		1			100.0%
32	Electromyelgram (922)	5				5	20.0%
33	Cardiac Rehab (943)	12			1	11	33.3%
34	Rural Health - Clinic (521)	25				25	36.0%
35	Treatment Room (76X excl. 762)	3,016	146	107	191	2,737	41.9%
36	Respiratory Services (41x)	541	435	67	40	34	52.3%
37	EKG/ECG (73x)	3,258	1,575	143	126	1,540	46.0%
38	Cardiology (48x excl. 481-483)	114	4	4	6	104	55.3%
39	Sleep Lab (HCPC 95805-95811)	202				202	57.9%
41	Behavioral Health (90x, 91x)	17				17	76.5%
42	Physical Therapy (42x)	360	18	46	27	299	38.3%
43	Occupational Therapy (43x)	60	7	10	9	43	40.0%
44	Speech-Language Pathology (44x)	73	2	2	2	70	65.8%
47	Audiology (47x)	26		1	1	25	50.0%
Visits by Service Category							
Actual visits in report		26,625	11,630	2,432	396	12,570	40.9%
Actual unclassified visits		21,017					38.2%
Actual total visits		47,642					39.7%

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Town Hall Attendees

Barton County (Great Bend / Ellinwood / Hoisington) - Town Hall Roster - March 15, 2018								
CHNA CAT	Attend	Firstname	Lastname	Email	Address	City	State	ZIP
Library	X	Julie	Blakeslee	jblakeslee@usd355.org	51 NE 110 Ave	Ellinwood	KS	67526
EDH	X	Lindsey	Bogner	na	NA	Ellinwood	KS	67526
Citizen	X	Linda	Borrer	kansasproud@reagan.com	1043 SE 20th Rd	Ellinwood	KS	67526
Citizen	X	Mary Jo	Cunningham	history@cpcis.net	Box 45	Ellinwood	KS	67526
United Way of Central Kansas	X	Gaila	Demel	unitedwaycentralks@hotmail.com	1125 Williams	Great Bend	KS	67530
CITY OF ELLINWOOD	X	IRLAN	FULLBRIGHT	magnetofour@gmail.com	104 E. 2ND ST.	ELLINWOOD	KS	67526
Ellinwood EMS	X	Brittany	Glenn	ellinwoodems@cityofellinwood.org	209 W. 1ST	ELLINWOOD	KS	67526
Citizen	X	Judy	Hayes	judyhayes2009@hotmail.com	311 Pembroke	Ellinwood	KS	67526
Hospital Board	X	Kathy	Hines	dankat@hbcomm.net	NA	Ellinwood	KS	67526
Chamber	X	Jacque	Isern	info@ellinwoodchamber.com	NA	Ellinwood	KS	67526
Ellinwood Schools	X	Ben	Jacobs	bjacobs@usd355.org	300 N. SHILLER	ELLINWOOD	KS	67526
BCC - nursing and health ed exec	X	Kathy	Kottas	kottask@bartonccc.edu	NA	Ellinwood	KS	67526
Citizen	X	Kevin	Kramp	kevinmkramp@hotmail.com	1304 Bradley Rd	Great Bend	KS	67530
Leader	X	Karen	LaPierre	karenlapierre@cox.net	NA	Ellinwood	KS	67526
Hospital Board/Bus./Rotary Pres	X	Justin	Lear	jlear@ipa.net	NA	Ellinwood	KS	67526
EDH	X	Kile	Magner	kmagner@gpoe.org	608 N Bismark	Ellinwood	KS	67526
Circles community coordinator	X	Quenla	McGilber	quennimc@aol.com	NA	Ellinwood	KS	67526
Ellinwood Hospital and Clinic	X	Diane	McReynolds	dmcreynolds@gpoe.org	202 West 7th	Ellinwood	KS	67526
Citizen	X	Carrie	Merritt	na	NA	Ellinwood	KS	67526
Hospital Board	X	Diann	O'Neill	oneala@hbcomm.net	NA	Ellinwood	KS	67526
Ellinwood Hospital and Clinic	X	Jill	Ritchie	jritchie@gpoe.org	307 Point Dr	Great Bend	KS	67530
Bt Co Health Department	X	Janel	Rose	health@bartoncounty.org	1300 Kansas Avenue	Great Bend	KS	67530
Barton County Health Department	X	Shelly	Schneider	SSchneider@bartoncounty.org	1300 Kansas Avenue	Great Bend	KS	67530
Foundation Board	X	Karen	Sessler	mksess@hbcomm.net	NA	Ellinwood	KS	67526
EDH	X	Cassie	Stevenson	cassie.stevenson@yahoo.com	505 E 3rd St	Ellinwood	KS	67526
Educational Strategies/Rotary	X	Catherine	Strecker	crs@hbcomm.net	NA	Ellinwood	KS	67526
EDH	X	Scott	Tillotson	sdtilot@gmail.com	519 W 4th St	Ellinwood	KS	67526
Leader	X	Lori	Waters	lori@star.kscoxmail.com	NA	Ellinwood	KS	67526
EDH	X	Summer	Zink	summerzink1@gmail.com	212 South A St	Bushton	KS	67427

Notes

Ellinwood District Hospital

Ellinwood, KS

Attendees: 30

March 15, 2018

Other areas that come to Ellinwood: Russell, Great Bend, Salina.

Other Languages in Barton: Spanish.

Backpack lunch program, increasing on the amount that need them. Food and supplies are in them.

Respondents: Not enough school nurses, and they're only part time.

Respondent: High case load in Barton County, 750, for WIC program. We have one of the best programs in the state of Kansas but its very hard to get people signed up.

Mothers are going to Lyons and Great Bend, Hays and Salina to give birth.

Respondents: Opioid map is not accurate. It is increasing!

Rec Center is a cheap and affordable place to go work out.

Respondents: No dentist in Ellinwood, the other dentists in the county do not accept Medicaid.

Respondent: Nursing home being red really surprises me. Could it have something to do with the availability?

Strength

- Recreation Center and Wellness activities
- Hospital is growing on delivery of quality care
- EMS
- Providers and Staff personal touch
- Outpatient Services
- Number of Providers for our community
- Community Involvement
- Community Activities and Clubs
- School Nurse and School Health
- Skilled Providers
- Educational offerings at the Hospital
- Quality of Life in Ellinwood
- Education level and Success

Improve/ Change

- Updated Facility
- Improve on Follow up care
- Specialist: Allergy, Gynecology, Dentist, Gastro, Neurology, Endocrinology, Urology, Dermatology, Oncology, Pulmonology, Mammography
- Suicide
- STD's
- Bike and Walking Paths/ Sidewalk Improvements
- Awareness of healthcare Services offered
- Mental Health (Screen, Treat, Rehab, Children, Bullying)
- Pharmacy
- Substance Abuse
- Alcohol
- Poverty
- Affordable Insurance
- Nutrition (Healthy Food)
- Violence/ Abuse

Wave #3 CHNA - Ellinwood District Hospital

Town Hall Conversation 10/12/17 - Strengths (Color Cards)

Card #	C1	Community Health Strengths	Card #	C1	Community Health Strengths
16	ACC	Access	17	HOSP	Hospital
2	ACC	Access to Healthcare	22	HOSP	Hospital Care Provided
10	ACC	Access to Providers	3	IP	Inpatient Care
20	ACC	Availability	9	MAN	Awareness of what Needs to be Addressed
26	ACC	Availability	16	MAN	Move Forward Attitude
4	ACC	Availability of Care	16	MRKT	Awareness
18	ACC	Availability of Services	6	OBG	OBGYN
19	ACC	Convenience	6	OP	Lab and Outpatient
21	ACC	Easy Access to Care	11	OP	Outpatient Services
14	ACC	Resources Available	12	OP	Outpatient Services
1	AGE	Provide Long Term Care	8	OTHR	Good place to Live
17	ALL	Healthcare is Growing and Getting Stronger	10	OTHR	Good Place to Live
19	ALL	One on One Healthcare	7	OTHR	Good Place to Live/Work
4	ALL	Patient Care	26	OTHR	People know people
4	AMB	Ambulance Services	1	OTHR	Working on Improvements
5	AMB	Ambulance Services	14	QUAL	People who Care
6	AMB	Ambulance Services	25	QUAL	Quaility Care Available
6	CARD	Cardiac Specialist	13	QUAL	Quality Healthcare
25	COMM	Collaboration	11	QUAL	Quality of Healthcare
9	COMM	Hospital Collaboration	8	REC	Ellinwood Recreation
15	COMM	Keeping Community Informed	25	REC	Rec Center and Wellness
13	COMM	Openness to Collaborate	12	REC	Rec Center and Wellness Activites
7	COMM	Organization Cooperation	23	REC	Rec Vote Passed
18	COMM	Personal Connection from Providers	20	SNUR	School
7	CORP	Community Involvement	12	SNUR	School Nurse
12	CORP	Community Involvement	11	SNUR	School Nurse for Vaccination
9	CORP	Community togetherness	11	SPEC	Specialists
9	CORP	Forward Thinking Community Members	23	STFF	Caring Hospital/Clinic Staff
25	CORP	Social and Civic Clubs	21	STFF	Dedicated Healthcare Team
4	DOCS	Good Doctors	15	STFF	Excellent Hospital Staff
19	DOCS	Knowledgable Doctors	23	STFF	Excellent Providers

Wave #3 CHNA - Ellinwood District Hospital

Town Hall Conversation 10/12/17 - Strengths (Color Cards)

Card #	C1	Community Health Strengths	Card #	C1	Community Health Strengths
12	EMER	Emergency Services	24	STFF	Friendly Doctors, Nurses and Staff
11	EMS	Awesome EMS	25	STFF	Great Staff and Providers
1	EMS	EMS	12	STFF	Healthcare Providers
2	EMS	EMS	8	STFF	Hospital Personell
3	EMS	EMS	7	STFF	Hospital Providers and Staff
10	EMS	EMS	18	STFF	Knowledgable Providers
13	EMS	EMS	11	STFF	Local Staff in Hospital
20	EMS	EMS	3	STFF	Number of Providers
13	FAC	Updating Facility	12	VACC	Vaccinations
24	FIT	Activites	13	VACC	Vaccinations
10	FIT	Availability of Exercise Area	5	WAIT	ER wait time
24	FIT	Wellness Center	1	WELL	Education Provided
12	GRAD	Graduation Rates	3	WELL	Educational Offerings
13	GRAD	Graduation Rates	12	WELL	Educational Offerings
3	HOSP	Added Services to Hospital			

Wave #3 CHNA - Ellinwood District Hospital

Town Hall Conversation - Weakness (White Cards)

Card #	C1	Community Health Weaknesses	Card #	C1	Community Health Weaknesses
12	ACC	Doctors/Specialists Access	11	HOSP	Personal Touch in Hospital
12	ACC	Equal Access for All	10	INSU	Uninsured
16	ACC	Perceptions we don't have some services	13	MAMO	Mammogram
4	AGE	Senior Care Services	25	MRKT	Advertising Specialist
16	BH	Behavioral/Mental Health	4	MRKT	Awareness of Services
6	BH	Childhood Depression and Bullying	22	MRKT	Awareness of Services
7	BH	Childhood Depression and Bullying	18	MRKT	Awareness of what already exists
8	BH	Dealing with Depression	14	MRKT	Knowledge about Services
10	BH	Depression	2	MRKT	Lack of awareness of services
1	BH	Mental Health	4	NH	Appearance of Nursing Homes
2	BH	Mental Health	3	NH	More "Homey" look to Nursing Home
3	BH	Mental Health	4	NH	More Nursing Home Beds
4	BH	Mental Health	26	NURSE	More Doctors and Nurses
24	BH	Mental Health	18	NUTR	Access to Food (store hours)
12	BH	Mental Health Access	2	NUTR	Inadequate Nutrition
6	BH	Mental Health Resources	16	NUTR	Organized Food Program
9	BH	Mental Health Resources	4	NUTR	Poor/Inadequate Nutrition
14	BH	Mental Health Services	20	OBES	Obesity
23	BH	Mental Health Services	14	OBES	Obesity Awareness
17	BH	Mental Health Services-Affordable	6	OBES	Obesity Education
25	BH	Mental Illness	7	OBES	Obesity Education
11	BH	Youth Depression and Bullying	9	OBES	Obesity Education
10	CANC	Cancer	11	OP	Outpatient Services
12	CANC	Cancer Care	4	OTHR	Affordable Housing
11	COMM	Collaboration with Rec and School	3	OTHR	Better Evaluation Program
19	COMM	Communication on Services Available	25	OTHR	Housing
4	COMM	Complete Communication	3	OTHR	Housing Rental Expensive
1	COMM	Open Communication/Transparency	25	OTHR	Jobs
16	COMM	Where to find Resources- 211 United Way	18	OTHR	Public Assistance
18	CORP	Community Buy-In	18	OTHR	Safe, Affordable Housing
11	CORP	Community Involvement	12	OTHR	Services for Spanish Speakers
12	DENT	Dental Care	20	OTHR	Single Parent Households
23	DENT	Dental Care	4	PHAR	Pharmacist
1	DENT	Dentist	6	PHAR	Pharmacy
4	DENT	Dentist	8	PHAR	Pharmacy
22	DENT	Dentist	14	PHAR	Pharmacy
22	DIAB	Diabetes	15	PHAR	Pharmacy

Wave #3 CHNA - Ellinwood District Hospital

Town Hall Conversation - Weakness (White Cards)

Card #	C1	Community Health Weaknesses	Card #	C1	Community Health Weaknesses
24	DRUG	Drug Abuse and Addiction Education	16	PHAR	Pharmacy
3	DRUG	Drug Enforcement by Police	23	PHAR	Pharmacy
5	DRUG	Drugs	25	PHAR	Pharmacy
9	DRUG	Opiod Education	26	PHAR	Pharmacy
10	DRUG	Opiods	5	PHAR	Pharmacy Needed
6	DRUG	Student Drug and Alcohol Abuse	18	POV	Increase Poverty Reduction
4	DRUG	Substance Abuse	24	POV	Poverty
10	ECON	Economic Development	4	POV	Poverty/ Economic Development
11	EMS	EMS	20	POV	Poverty/Food Security
15	ENT	ENT Doctor	15	PSY	Psych Doctor
23	EYE	Eye Care	6	REC	Free Public Health Opportunities Walking Paths
17	FAC	Facilities	5	REC	Increase Walking Paths
19	FAC	Facilities- Improved or Replaced	25	RESP	Respiratory
21	FAC	Facility	20	SMOK	CoPD/Smoking
22	FAC	Facility	16	SPEC	Follow up Care-Specialists
2	FAC	Hospital Facilities	14	SPEC	Specialist Coverage
23	FAC	Hospital Facility	8	SPEC	Specialists
15	FAC	New Facility	24	SPEC	Specialists
24	FAC	New Facility	21	SPEC	Specialists-more
6	FAC	New Facility-Hospital and Clinic	22	SPEC	Specialists-more
9	FAC	New Facility-Hospital and Clinic	17	SPEC	Specialty Provider Access
16	FAC	Update/New Facility	14	STD	STD's
26	FAC	Updated Facilities	11	STFF	Number of Providers
25	FAC	Updated Facility	20	SUIC	Depression/Suicide
13	FINA	Cost	6	SUIC	Suicide
14	FINA	Local Funding	10	SUIC	Suicide
10	FIT	Fitness	24	SUIC	Suicide
20	FIT	Physical Activity	5	SUIC	Suicide Awareness Plan
15	HH	Town Base Home Health	10	VIO	Violence
5	HOSP	Expand/Update Hospital	25	WAIT	ER Wait at Night
4	HOSP	Hospital ADA Accessible	17	WELL	Awareness and Education
7	HOSP	New Hospital is a MUST	1	WELL	Education

c) Public Notice & Requests

[VVV Consultants LLC]



FOR IMMEDIATE RELEASE

Date: 30 January 2018

Contact: Lindsey Bogner, Foundation and Community Education Director

lbogner@gpoe.org

(620) 564-2548

Ellinwood Hospital and Clinic requests public input

Ellinwood Hospital and Clinic is looking for public input in a Community Health Needs Assessment (CHNA). The hospital is working with St. Rose Health Center and Clara Barton Hospital to complete the survey, to make it a more complete picture of the needs of the whole county.

“This assessment enables us to address the challenges identified by our community,” states Kile Magner, hospital CEO. “We want to hear what you need; if we know the challenges faced, we can respond and address them if they are in our scope of practice.”

The CHNA process is conducted in steps. First, an online survey is performed. The survey results are then used at a Town Hall meeting, where citizens can help the hospital’s administration prioritize the needs of the community. The Ellinwood CHNA Town Hall meeting is March 15, 11:30am to 1pm, at the Ellinwood School/Community Library. Lunch will be served to the first 50 attendees.

The survey can be found at <https://www.surveymonkey.com/r/BartonCHNA3> or participants can text EllinwoodCHNA to 48421 to receive a survey link on a smartphone.

The results of this research will be used to compile the official CHNA report, which will ultimately be used by the hospital in strategic planning.

“Our hope is that this research allows us to coordinate the future of our facility and programs to address the unique challenges faced by our patients and our community,” said Magner.

The CHNA is an IRS requirement of all not-for-profit hospitals under the Affordable Care Act (ACA). Every three years, Ellinwood District Hospital, St. Rose Health Center, and Clara Barton Hospital must complete the assessment and adopt an implementation plan.

Vince Vandelaar, MBA of VVV Consultants LLC, an independent research firm from Olathe, Kan., has been retained to conduct this CHNA research for the three facilities.

If you have questions about the assessment or the research activities, please contact Lindsey Bogner, Foundation and Community Education Director at the hospital, at (620) 564-2548 or lbogner@gpoe.org.

d) Primary Research Detail

[VVV Consultants LLC]

CHNA Community Feedback - Barton Co 2018 N= 295

ID	Hosp	Zip	Overall	Movement	c1	c2	c3	When considering "overall community health quality", is it increasing, decreasing or not really changing. Why?
1199	ALL	67530	Good		ACC			ability to provide more local services, expedite are
1056	ALL	67530	Good	UP	ACC	STFF		better partnerships are developing and openness to collaboration between all healthcare and mental health providers
1159	ALL	67530	Good	No CHG	ALL			I think we have adequate care in the community
1241	ALL	67564	Poor	DOWN	COMM	ALL		I feel that the area is too worried about competing with each other versus taking care of the community.
1204	ALL	67530	Average	DOWN	COMM			Our local healthcare system seems more disjointed, less cohesive continuum of care than we have had in the past.
1201	ALL	67530	Good	No CHG	COMM	ACC		There seems to be a lot of confusion - do I go to the ER or Urgent Care? There are a lot of options and no clear direction as to which one a person should choose. The actual quality is remaining the same but the access to is is not clear.
1002	ALL	67530	Poor	No CHG	DOCS			It seems like we have a lot of clinics manned from places out of our area, we do not have many local doctors anymore. Most doctors in our area can be seen at the various hospitals but not many have their own office anymore.
1141	ALL	67530	Average	No CHG	DOCS			Need more medical doctors in the community
1033	ALL	67530	Good	DOWN	ECON	FINA	DOCS	Decreasing population making it difficult to keep providers in area. Increased health care costs making it difficult for providers to survive.
1185	ALL	67530	Average	DOWN	ECON	STFF		Economy is poor, doesn't attract better health care workers.
1332	ALL	67124	Average	DOWN	EMER			The GB hospital is having issues with emergency and urgent care treatments and how they interact with patients.
1335	ALL	67124	Good	DOWN	STFF			Some changes by other hospitals have been met with resistance by patient base, however the three other Barton County facilities have shown more empathy for patients and the community.
1250	EDH	67525	Very Good	UP	ACC			Adding new services and updated equipment.
1020	EDH	67526	Good	UP	ACC			I think we have more local options- do not have to travel for every special need
1269	EDH	67530	Good	UP	ACC	SPEC		More Doctors are available for specialties
1271	EDH	67526	Very Good	UP	ACC			more services are being added all the time
1278	EDH	67526	Average	UP	ACC			New services are being brought in to the local area to help patients stay local and not have to travel as much for medical care.
1296	EDH	67526	Very Good	UP	ACC	DOCS	PHAR	We have added the Dr. Durrett services and will be adding a pharmacy soon.
1131	EDH	67526	Good	UP	CLIN	HOSP		More progressive initiatives are being implemented from the clinic/hospital.
1142	EDH	67526	Good	UP	COMM			More information readily available
1425	EDH	67526	Very Good	UP	CORP			Attention of the EDH is on service to the community and providing healthcare locally.
1262	EDH	67526	Very Good	DOWN	DENT	ACC		I believe vast dental needs are here. Meth and sugar drink products freely advertised, sponsored, given out, and bought and adversely affect dental health in our area. Dental is expensive. So goes the dental health so goes the physical health.
1112	EDH	67544	Very Good	No CHG	ECON			Aging population. Poverty Level.
1408	EDH	67525	Average	DOWN	EMER	QUAL	TECH	ER needs major attention especially at night. There are people(staff).that do not know what they are doing and appear too not care about their patient. They are on their cell phones or talking about things they have done or are doing not pertaining too the patient. Need too update equipment in a bad way.
1299	EDH	67526	Average	No CHG	FAC			Ellinwood can no longer add any more services due to the outdated hospital, causing community members to go elsewhere.
1053	EDH	67526	Good	No CHG	FAC			Even with improvements, there has not been a sizable increase in usage of these services at Ellinwood Hospital & Clinic
1093	EDH	67530	Very Good	UP	FAC			The Hospital is being updated.
1102	EDH	67526	Very Good	UP	FAC	PHAR		We are working towards getting a drug store in Ellinwood. They are always up-dating the equipment as a new CT scanner or reclining chairs for out patient care.
1284	EDH	67526	Very Good	No CHG	GOV	ECON		Not enough room to expand and regulations also prevent the facility from starting new services. Facilities only bring in enough revenue to squeak by.
1266	EDH	67526	Average	No CHG	NO			Don't offer any new services
1277	EDH	67526	Very Good	UP	PHAR	FAC	DOCS	the Plans for a pharmacy, newly installed CT for better CAT scans, and the addition of a surgeon to the medical staff.
1128	EDH	67526	Good	UP	SPEC			specility clinics, in area
1119	EDH	67526	Very Good	No CHG	TRAV			People going out of town for medical services

CHNA Community Feedback - Barton Co 2018 N= 295

ID	Hosp	Zip	Overall	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1201	ALL	67530	Good	No CHG	ALL			General mindsets that need to be changed. A lot of issues have been around so long, people tend to think of them as "normal".
1267	ALL	66086	Average	No CHG	NEG			poor choices
1079	ALL	67530	Good	No CHG	NUTR	POV	ACC	Individuals and families not taking advantage of some services that are available to them, not making the changes that they need to in order to improve their overall health, continuing to maintain an unhealthy lifestyle, lack of resources available to the low income, individuals not accessing some resources that they would qualify for that would provide them with some resources and services, such as applying for medicaid.
1002	ALL	67530	Poor	No CHG	POV	ACC		lack of healthcare for low or no income people
1204	ALL	67530	Average	DOWN	POV			Poverty
1224	ALL	67530	Good	UP	POV	DENT	INSU	Poverty level families not being able to pay for services. No dentists that take medical cards
1171	ALL	67530	Average	DOWN	POV			The biggest issue is poverty! People cannot afford the health care they need.
1241	ALL	67564	Poor	DOWN	POV			The increased Poverty in our community
1269	EDH	67530	Good	UP	DRUG	ALC		Drug and alcohol treatment
1271	EDH	67526	Very Good	UP	ECON	DRUG	ALC	economic factors. , alcoholic and drug problems
1020	EDH	67526	Good	UP	FINA	INSU		Finances!!! Cannot afford - no insurance
1408	EDH	67525	Average	DOWN	POV			Poverty
1407	EDH	67544	Good	UP	QUAL	FAC		lack of trust in old, worn hospital

CHNA Community Feedback - Barton Co 2018 N= 295

ID	Hosp	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1402	ALL	67526	Poor	No CHG	BH	VIO	OTHR	I'd like there to be more education available for mental health awareness, domestic abuse awareness, addiction treatment availability for our area. These things still carry a huge stigma in our area.
1141	ALL	67530	Average	No CHG	BH			Improved mental health services
1355	ALL	67530	Good	DOWN	BH			More access to mental health counselors - private counseling services
1185	ALL	67530	Average	DOWN	CARD			More heart doctors
1335	ALL	67124	Good	DOWN	CHRON	AGE		Chronic and elder care case management.
1332	ALL	67124	Average	DOWN	CHRON	AGE		Chronic Care, Elder care case management, yes you could partner with others.
1241	ALL	67564	Poor	DOWN	COMM			I don't think there is much partnering happening
1329	ALL	67530	Good	No CHG	COMM			Maybe representatives from each of the areas on the previous list should sit down together.
1398	ALL	67530	Average	No CHG	COMM			The hospitals and doctors don't work very well together. Each is their own. There is no way to share information from doctors to hospitals.
1189	ALL	67530	Good	UP	GER	DRUG	FINA	More focus on elder care, elder social support, elder financial support and socialization opportunities. Also need more Drug and Alcohol treatment/support options.
1002	ALL	67530	Poor	No CHG	INSUR	POV	COMM	partnering with others seems to be the norm these days for small towns, however, I think there needs to be more drive towards those without health insurance and those low to no income as they are scared of healthcare in general so they don't take the time or seem to feel the need to get in better health. I don't know if partnering is the answer but something needs to be done to help these people. there are also a lot of non-English speaking people in our area that do not have any healthcare, this needs to be addressed, as well.
1322	ALL	67530	Good	UP	MRKT	COMM	WELL	Partner with media to get information out; increase outlets to functional or nutritional medicine; work through community wellness groups and schools.
1201	ALL	67530	Good	No CHG	NO			I don't know of anything that needs to be started. A lot of good programs were initiated and need to be maintained.
1106	ALL	67530	Good	No CHG	NO			Not sure what is possible.
1079	ALL	67530	Good	No CHG	NUTR	OBES	POV	Local diabetic education, obesity education and prevention, would be beneficial, if people would take advantage of these programs. Health care resources targeted specifically towards the low income individuals would be beneficial
1033	ALL	67530	Good	DOWN	NUTR	DIAB		Nutrition - nutrition needs - i.e. diabetes, osteoporosis, food preparation, food consumption.
1204	ALL	67530	Average	DOWN	SMOK	WELL	CORP	Tobacco free parks & playgrounds, college campus; invest in community trails for wellness; effective economic development with living wage jobs created to help people work and get out of poverty. Food & Farm Council to increase access to healthy foods--cities, county, & stakeholders working together.
1262	EDH	67526	Very Good	DOWN	ACC			Year round and open existing bathrooms are important in outdoor experiences.
1283	EDH	67530	Good	UP	ALLER			Allergy and Immunology.
1131	EDH	67526	Good	UP	BH			I would like to see some additional mental health services provided within the community, particularly with our local youth population.
1085	EDH	67525	Average	UP	CARD	OBG	ENT	Partner with some of the more common specialists. Heart doctors, OBGYN and Ear Nose and Throat specialists.
1285	EDH	67526	Good	UP	COMM	HOSP		Hospitals should work together more.
1284	EDH	67526	Very Good	No CHG	ECON			I think the current programs just need more participation and funding
1296	EDH	67526	Very Good	UP	ENDO	NUTR	OBES	Diabetic education, nutrition and obesity. Have more dietitians more readily available. Similar to large markets that have them on staff in grocery stores.
1250	EDH	67525	Very Good	UP	FAC			New facility or updated facility.
1195	EDH	67526	Very Good	No CHG	FAC			Updated facilities

CHNA Community Feedback - Barton Co 2018 N= 295

ID	Hosp	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1408	EDH	67525	Average	DOWN	FINA			Listen too your patients and encourage improving yourself with what you have financially. How does somebody improve themselves when they are constantly being beat down by the system? Such as you go to work everyday, but yet you can't afford to go to the Dr. when you need too because your insurance will not cover your costs, but yet somebody that sits too home gets a little sniffle and can go to his/her Dr. and never received a bill. THINGS NEED TO CHANGE !
1406	EDH	67526	Poor	No CHG	FIT			A walking trail to encourage exercise for all ages,
1277	EDH	67526	Very Good	UP	FIT	CORP		Creating a built environment to encourage physical activity and healthy living. In other words enacting community planning for development of bike paths and walkways that provide easy physical access to post offices, stores, clinics, and recreation. Make it easier to commute by foot or bike to encourage a healthier community.
1294	EDH	67530	Good	No CHG	FIT			healthcare/exercise programs
1291	EDH	67526	Very Good	UP	FLU			Providing flu shots in the schools
1119	EDH	67526	Very Good	No CHG	HOSP			Need ku med outreach in Barton co
1048	EDH	67526	Very Good	UP	NO			i dont know
1099	EDH	67526	Good	UP	NUTR	WELL	DIAB	Need more education for nutrition, such as counseling for patients with diabetes, heart disease, allergies, gluten sensitivity, etc
1266	EDH	67526	Average	No CHG	OBG			Women's Day
1407	EDH	67544	Good	UP	PHAR			pharmacy more specialists more education to develop trust in skills if not in facility
1290	EDH	67544	Good	UP	PHAR	BH		Pharmacy in Ellinwood, better mental health programs.
1013	EDH	67526	Very Good	UP	PHAR			RX
1102	EDH	67526	Very Good	UP	SPEC			Dr.'s from other communities do come to offer their services.
1425	EDH	67526	Very Good	UP	WELL	COMM		Awareness of what is available may be better than new but programs that do both would be great new.
1302	EDH	67526	Good	UP	WELL	NURT	BRST	Wellness and health programs would be nice, healthy eating program. Breast feeding friendly places/ workplaces

Let Your Voice Be Heard!

Clara Barton Hospital, Ellinwood District Hospital and St Rose Health Center are requesting your input in order to update the 2015 Barton County (KS) Community Health Needs Assessment (CHNA). <Note: ACA legislation requires all tax-exempt hospitals to submit a CHNA to the IRS every three years, regardless of hospital affiliation. Each hospital, even those that serve overlapping populations, must submit a separate CHNA.>

To collect "up to date" community feedback, a short online survey has been created to uncover any current community health issues and evaluate local health delivery. While your participation is voluntary and confidential, all community input is valued.

Thank you for your attention! Deadline to participate is Friday March 9, 2018.

1. In order to prepare CHNA findings, please select which healthcare facility you are the "most familiar with" or "have used the most". Note: If you don't know or don't want to select, please select "ALL"

- Clara Barton Hospital St Rose Health Center
 Ellinwood District Hospital ALL

2. What is your home ZIP code? Please enter 5-digit ZIP code; for example, 00544 or 94305)

3. Three years ago, a Community Health Needs Assessment was completed. Today, we are updating this assessment and would like to know how would you rate the "Overall Quality" of healthcare delivery in our community?

- Very Poor Poor Average Good Very Good

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

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

Why? (please specify)

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

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

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

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

- | | |
|--|---|
| <input type="checkbox"/> Air Quality | <input type="checkbox"/> Heart Health |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Home Health / Hospice services |
| <input type="checkbox"/> Awareness of existing HC services | <input type="checkbox"/> Nursing Home - Dementia care |
| <input type="checkbox"/> Access to Mental Health care | <input type="checkbox"/> Nutrition - Healthy Food options |
| <input type="checkbox"/> Diabetic Education | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Drug / Substance Abuse | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Updated / New Facilities |
| <input type="checkbox"/> Fitness / Exercise options | <input type="checkbox"/> Wellness / Prevention |
| <input type="checkbox"/> HC Transportation | |

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

- | | |
|--|--|
| <input type="checkbox"/> Air Quality | <input type="checkbox"/> HC Transportation |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Home Health / Hospice services |
| <input type="checkbox"/> Awareness of existing HC services | <input type="checkbox"/> Nursing Home - Dementia care |
| <input type="checkbox"/> Access to Mental Health care | <input type="checkbox"/> Nutrition / Healthy Foods options |
| <input type="checkbox"/> Diabetic Education | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Drug / Substance Abuse | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Updated / New Facilities |
| <input type="checkbox"/> Fitness / Exercise Options | <input type="checkbox"/> Wellness / Prevention |
| <input type="checkbox"/> Heart Health | |

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

- Lack of health & wellness education
- Chronic disease prevention
- Limited access to mental health assistance
- Case management assistance
- Elder assistance programs
- Family assistance programs
- Lack of awareness of existing local programs, providers, and services

Other (please specify)

10. 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

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

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

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

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

- Yes
- No
- I don't know

Please specify the healthcare services received.

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

- Yes
- No
- I don't know

Please explain



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



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

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



18. 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)



Report Contact:

Vince Vandelaar, MBA
VVV Consultants LLC
Principal & Adjunct Professor

601 N Mahaffie, Olathe, KS 66061
(913) 302-7264 (C)
VVV@VandelaarMarketing.com
LinkedIn: [vandelaar](#)
<http://vandelaarmarketing.com/>

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