



Norton County, KS

Community Health Needs Assessment Round #2



June 2015

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

Community Health Needs Assessment

Table of Contents

I. Executive Summary

II. Methodology

- a) CHNA Scope & 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 such needs)
- 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 & 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 *Shaded lines note IRS requirements*

I. Executive Summary

[VWV Research & Development, LLC]

I. Executive Summary

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

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

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

Town Hall "Community Health Strengths" cited for Norton County Hospital's Primary Service Area are as follows:

Norton County, KS - Community Health "Strengths"			
#	Topic	#	Topic
1	24/7 ER	6	High Percentage of Vaccinations
2	Active Health Department	7	Home Health
3	Clinic Access	8	New Surgeon
4	Dental Care	9	Stable Medical Staff
5	Full-Services in Healthcare That Work Together	10	Updated Facility

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

Norton County, KS				
on behalf of Norton County Hospital - PSA				
Town Hall Community Health Needs Priorities (12 Attendees)				
#	2015 Health Needs to Change and/or Improve	Votes	%	Accum
1	Improve Mental Health Screenings/Placement	12	25.0%	25.0%
2	Decrease Drug Use (Rx, Marijuana, Meth)	10	20.8%	45.8%
3	Increase Ambulance/Transfers	8	16.7%	62.5%
4	Provide Awareness of Healthcare Services	6	12.5%	75.0%
5	Lessen Alcohol Use	4	8.3%	83.3%
6	Improve Nutrition	3	6.3%	89.6%
7	Provide Exercise	3	6.3%	95.8%
8	Decrease Tobacco Use	2	4.2%	100.0%
9	Reduce Spending for Mandates	0	0.0%	95.8%
Total Town Hall Votes		48	100.0%	
Note:	Other items receiving votes: Add Specialists, Public Transportation, Wellness Options, Dental Care, Mental Health, Awareness of Healthcare Services, Childcare Options			

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

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

- TAB 1: Norton County has a population of 5,622 residents as of 2013. 19.4% of Norton County’s population consists of the elderly (65+), and 43.2% percent of these elderly people (65+) are living alone. The percent of Hispanics and Latinos in Norton County is 5.1%. 34.0% percent of children in Norton County live in single-parent households. The percent of people living below the poverty level in is 9.4%. The percent of children living below poverty level in Norton County is 18.4%. The percent of people with limited access to healthy foods is 12.0%, higher than the Kansas rural norm of 8.0%.
- TAB 2: The Norton County per capita income equals \$21,518. The median value of owner-occupied housing units is \$63,600, lower than the Kansas rural norm of \$75,775. The percent of unemployed workers in the civilian labor force in Norton County is 2.6%. Norton County has an 11.9% percentage of low-income persons with low access to a

grocery store, compared to the Kansas rural norm of 15.4%. The number of households without a vehicle is 2.8%, lower than the Kansas rural norm of 4.2%. The percent of solo drivers with a long commute is 8.4%.

- TAB 3: In Norton County, 33.9% of students are eligible for the free or reduced lunch program. The poverty status by school enrollment is 11.9%. The county maintains a 93.1% high school graduation rate, which is higher than the Kansas rural norm of 84.6%. The percent of persons (25+) with a Bachelor's degree or higher in Norton County is 15.7%, lower than the Kansas rural norm of 20.5%.
- TAB 4: The percent of births where prenatal care began in the first trimester in Norton County is 73.7%. The percent of births with low birth weights is 11.1%, higher than the Kansas rural norm of 7.6%. The average monthly WIC participation rate in Norton County is 23.3%, higher than the Kansas rural average of 20.9%. 38.2% of births are occurring to unmarried women, higher than the Kansas rural norm of 31.3%.
- TAB 5: The ratio of the population in Norton County to primary care physicians is 1,781, lower than the Kansas rural norm of 2,114. The staffed hospital bed ratio in Norton County is 4.5%, lower than the Kansas rural norm of 13.1%. The congestive heart failure hospital admission rate of 305 is much higher than the Kansas rural norm of 194. The injury hospital admission rate of 257 in Norton County is much lower than the Kansas rural norm of 691.
- TAB 6: The depression rate for the Medicare population in Norton County is 15.2%. The percent of alcohol-impaired driving deaths in Norton County (25.0%) is lower than the Kansas rural norm of 36.4%. The percentage of people in Norton County with inadequate social support (14.0%) is lower than the Kansas rural norm of 16.0%.
- TAB 7: The adult obesity rate in Norton County is 34.0%. The percent of people in Norton County who are physically inactive is 27.0%. The number of sexually transmitted infections is 89, much lower than the Kansas rural norm of 369.
- TAB 8: The uninsured adult population rate in Norton County is 15.4%, lower than the Kansas rural norm of 17.4%.
- TAB 9: The age-adjusted years of potential life lost due to traffic injury in Norton County is 1190, lower than the Kansas rural norm of 1541. The age-adjusted Heart Disease mortality rate in Norton County is 234 per 100,000, higher than the Kansas rural norm of 166.
- TAB 10: The percentage of infants fully immunized at 24 months in Norton County is 89.4%, higher than the Kansas rural norm of 78.6%. The percent of diabetic screenings in Norton County is 78.0%. Access to exercise opportunities in Norton County is 36.4%, much lower than the Kansas rural norm of 51.3%

Key 2015 Community Feedback Conclusions:

As seen below, the community still senses a health need for Obesity, Underage Drinking, Cancer, Smoking, Mental Health, Exercise/Fitness, Heart Disease and Substance Abuse Education.

CHNA Round #2 Feedback 2015 - Norton Co, KS						
From our last Community Health Needs Assessment (2012), a number of health needs were identified as a priority. Are any of these 2012 CHNA needs still an "ongoing problem" in our community?						
Answer Options	Not a Problem Anymore	Somewhat of a Problem	Major Problem	Problem %	Response Count	Most Pressing Rank
Obesity	1	23	33	98.2%	57	2
Underage Drinking	1	30	24	98.2%	55	7
Cancer	2	13	41	96.4%	56	1
Smoking	2	31	22	96.4%	55	8
Mental Health	4	28	26	93.1%	58	3
Exercise / Fitness	5	29	23	91.2%	57	4
Heart Disease	5	24	27	91.1%	56	5
Substance Abuse Education	7	28	19	87.0%	54	6
Dialysis Unit	14	27	12	73.6%	53	9
Low Birth Weight of Infants	18	22	10	64.0%	50	10

II. Methodology

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II. Methodology

a) Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

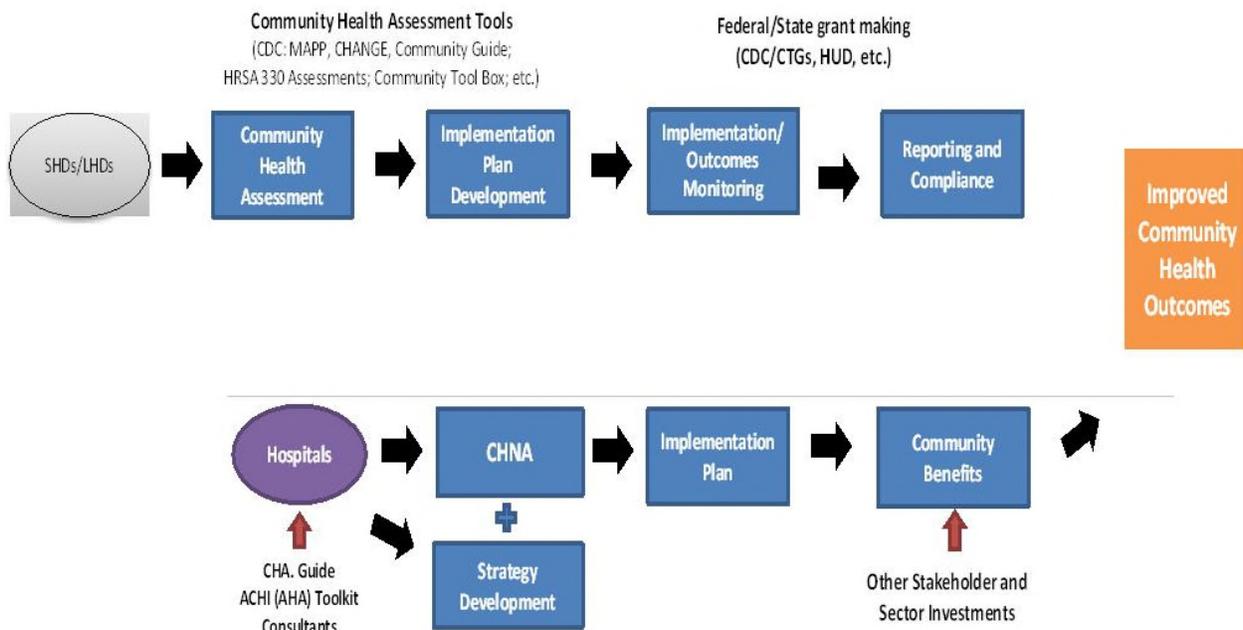
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Notice 2011-52 Overview

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

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

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

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

ACCOUNTING TODAY 1/2/15

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

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

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

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

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

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

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

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

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

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

II. Methodology

b) Collaborating CHNA Parties

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

Norton County Hospital Profile

807 N State St, Norton, KS 67654

Administrator: Ryan Stover

About Us: Welcome to the Norton County Hospital and Doctors Clinic! We are a 25-bed critical access hospital and rural health clinic providing medical services for residents in Norton County and surrounding Kansas and Nebraska communities. Caring for our patients is a Medical Staff of four physicians and four mid-level practitioners. One hundred thirty dedicated and skilled employees complement the Medical Staff in providing all levels of inpatient care, a full range of outpatient ancillary services and a significant number of visiting physician specialty clinics. We appreciate the support we receive from our patients and the communities we serve.

History: Norton County Hospital is operated by Norton County. It was established in 1945 and has since undergone numerous building & service offering expansions.

Mission Statement: Caring, Commitment, Community is lived each and every day.

Norton County Hospital offers the following services to its community:

- Acute Nursing
- Chemotherapy
- Education
- Emergency Room
- Environmental Services
- Health Information Management
- Human Resources
- Infection Control
- Labor & Delivery
- Laboratory
- Laundry
- Physical Therapy
- Purchasing
- Social Service
- Radiology
- Cardiology
- Ophthalmology
- Neuro-Surgeon
- Orthopedic
- Podiatrist
- Urology
- Pulmonary

Norton County Health Department Profile

801 N. Norton Ave., Norton, KS, 67654

Administrator: Gina Frack, RN, B.S.

The North County Health Department is a non-profit organization that has been serving the community since 1975. The Health Department is open Monday through Thursday from 8:00 am to 4:30 pm (closed from 12:30 pm to 1:00pm) and Friday from 8:00am to 12:30pm. The health department also operates a Medicare Certified Home Health Agency, PRN Home Health Agency within the department.

Norton County Health Department offers the following services to its community:

- WIC (Women, Infant, Children Nutrition Food Program)
- Child, Adolescent and Adult Immunizations (only provider in Norton County)
- Healthy Start Home Visitor (free in-home visits by an LPN to newborns and their mothers living in Norton County)
- Certified Breastfeeding Educators providing educations and support for breastfeeding moms/babes
- Disease Investigation
- TB Skin Tests
- Free Blood Pressure Checks
- Rabies Prevention and Bite Management
- Worksite Wellness Program
- Health Promotion and Education

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications



VVV Research & Development, LLC

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

VINCE VANDEHAAR, MBA

Principal Consultant & Owner of VVV Research & Development, LLC

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

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

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

Collaborating Consultants

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

II. Methodology

c) CHNA & Town Hall Research Process

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

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

VVV CHNA Deliverables:

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

VVV CHNA Norton County Hospital Work Plan Project Timeline & Roles 2015

Step	Date (Start-Finish)	Lead	Task
1	12/11/2014	VVV	Hold kickoff Northwest Alliance review.
2	1/1/2015	Hosp	Select CHNA Option A/B/C. Approve and sign VVV CHNA quote.
3	1/20/2015	VVV	Send out REQCommInvite Excel file. Hosp and Health Dept to fill in PSA stakeholders names / address / e-mail.
4	1/20/2015	VVV	Request Hosp client to send KHA PO reports (POT01, 103 and TOT223E) to document service area for FFY 11, 12 and 13. In addition, request Hosp to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls).
5	On or Before 1/28/2015	VVV	Prepare CHNA Round#2 stakeholder feedback online link. Send text link for Hosp review.
6	On or Before 1/28/2015	VVV / Hosp	Prepare / send out PR story to local media announcing upcoming CHNA work. Hosp to place.
7	2/2/2015	VVV	Launch / conduct online survey to stakeholders. Hosp will e-mail invite to participate to all stakeholders.
9	2/11/2015	VVV / Hosp	Prepare / send out PR story to local media CHNA survey announcing online CHNA Round #2 feedback. Request public to participate.
10	On or Before 2/15/2015	VVV	Assemble and complete secondary research. Find / populate 10 TABS. Create Town Hall PPT for presentation.
11	2/18/2015	Hosp	Prepare / send out community Town Hall invite letter and place local ad.
12	2/18/2015	VVV / Hosp	Prepare / send out PR story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
13	4/10/2015	All	Conduct conference call (time TBD) with Hosp / Health Dept to review Town Hall data / flow.
14	4/15/2015	VVV	Conduct CHNA Town Hall. Dinner 4:30-5:45pm at NCH. Review and discuss basic health data plus rank health needs.
15	On or Before 5/31/2015	VVV	Complete analysis (release draft 1). Seek feedback from leaders (Hosp and Health Dept).
16	On or Before 6/30/2015	VVV	Produce and release final CHNA report. Hosp will post CHNA online.
17	On or Before 6/30/2015	Hosp	Conduct client implementation plan PSA leadership meeting.
18	30 Days Prior to End of Hospital Fiscal Year	Hosp	Hold board meetings discuss CHNA needs, create and adopt an implementation plan. Communicate CHNA plan to community.

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

Phase I – Discovery:

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

Phase II – QUALIFY Community Need:

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

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

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

Phase III – Quantify Community Need:

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

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

Post CHNA report findings to meet IRS CHNA criteria.

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

Phase I: Discovery.....	January 2015
Phase II: Secondary / Primary Research.....	Jan - Feb 2015
Phase III: Town Hall Meeting.....	April 15, 2015
Phase IV: Prepare and release CHNA report.....	May 2015

Detail CHNA Development Steps Include:

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

Overview of Town Hall Community Priority Setting Process

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

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

Norton County Hospital's Town Hall was held on Thursday May 15th, 2015 at Norton County Hospital. Vince Vandehaar and Alexa Backman facilitated this 1 ½ hour session with twelve (12) attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

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

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

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

Community Health Needs Assessment Norton County, KS Town Hall Meeting on behalf of Norton County Hospital

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

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Community Health Needs Assessment (CHNA) Town Hall Discussion Agenda

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

VVV Marketing & Development INC.

I. Introduction:

Background and Experience



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

- – Professional Consulting Services: Strategic Planning, Marketing Management, Business Research & Development Focus : Strategy , Research , Deployment
 - – Over 25 years of experience with Tillinghast, BCBSKC, Saint Luke's
- Adjunct Professor - Marketing / Health Admin.- 26 years +**
- Webster University (1988 – present)
 - Rockhurst University (2010 – present)

Alexa Backman MBA 2015, VVV Collaborative Analyst

Town Hall Participation (You)

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

I. Introductions: a conversation with the community.

Community members and organizations invited to CHNA Town Hall

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

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

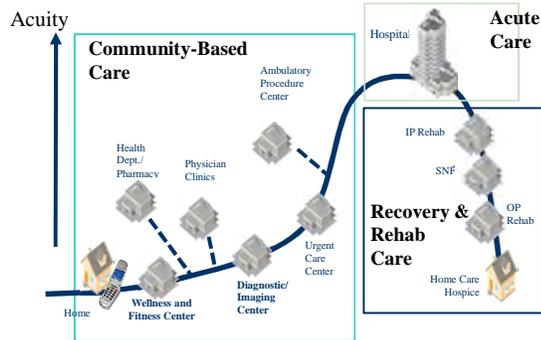
Public and other organizations: Public health officials, Directors or staff of health and human service organizations, City/Community planners and development officials, Individuals with business and economic development experience, Welfare and social service agency staff, Housing advocates - administrators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

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

II. Purpose: Why conduct Community Health Needs Assessment?

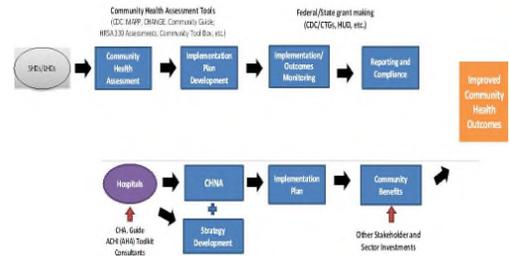
- To determine health-related trends and issues of the community.
- To understand/evaluate health delivery programs in place.
- To develop strategies to address unmet health needs.
- To meet Federal requirements -- both local hospital & Health Department.

Future System of CARE Sg2



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

Community Health Needs Assessment Joint Process: Hospital & Health Department



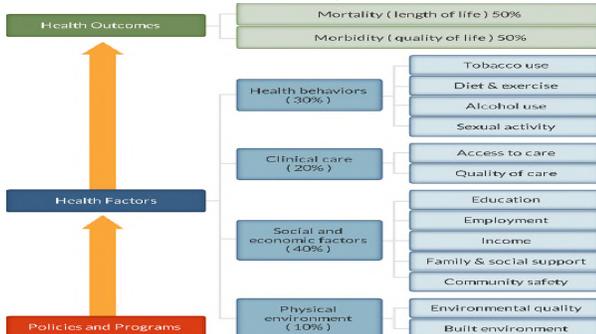
II. Required Written Report IRS 990 Documentation

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

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

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

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



County Health Rankings model ©2012 UWPHI

1	Focus Area	Measure	Description	2b	Focus Area	Measure	Description	
1a	Air and water quality (5%)	Air pollution - particulate matter	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	Community safety (5%)	Violent crime	Violent crime rate per 100,000 population	3	
		Drinking water violations	Percent of population potentially exposed to water exceeding a violation limit during the past year			Injury deaths		Injury mortality per 100,000
	Housing and transit (5%)	Severe housing problems	Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	Clinical Care (20%)	3a	Health Outcomes (30%)		
		Long commute - dining time	Percent of the workforce that drives alone to work			3b		Health Behaviors
2a	Focus Area	Measure	Description	Focus Area	Measure	Description		
2a	Access to care (10%)	Uninsured	Percent of population under age 65 without health insurance	4	Adult smoking and exercise (10%)	Tobacco use	Percent of adults that report smoking >= 100	
		Primary care physicians	Ratio of population to primary care physicians			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 18 and over reporting no access to locations for physical activity	
4	Quality of care (10%)	Preventable hospital stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	5	Alcohol and drug use (5%)	Excessive drinking	Percent of population with adequate access to locations for physical activity	
		Diabetic screening	Percent of diabetic Medicare enrollees that receive diabetic screening			Alcohol-impaired driving deaths	Percent of driving deaths with alcohol involvement	
		Mammography screening	Percent of female Medicare enrollees that receive mammography screening			Sexual activity (5%)	Sexually transmitted infections	Chlamydia rate per 100,000 population
2b	Social and Economic Environment (40%)			5b/3c	Morbidity / Mortality			
Education (10%)	Some college	High school graduation	Percent of ninth grade cohort that graduates in 4 years	6	Quality of life (50%)	Poor or fair health	Percent of adults reporting fair or poor health (age-adjusted)	
		Unemployment	Percent of population age 16+ unemployed but seeking work			Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	
Income (10%)	Children in poverty	Children in poverty	Percent of children under age 18 in poverty	7	Poor mental health days	Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	
		Family and social support (5%)	Inadequate social support			Percent of children that live in household headed by single parent	Low birthweight	Percent of live births with low birthweight (< 2500 grams)
Family and social support (5%)	Children in single-parent households	Inadequate social support	Percent of adults without social/emotional support	8	Length of life (50%)	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					

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

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

V. Have we forgotten anything ?

- | | |
|--------------------------------|------------------------------------|
| a. Aging Services | m. Hospice |
| b. Chronic Pain Management | n. Hospital Services |
| c. Dental Care/Oral Health | o. Maternal, Infant & Child Health |
| d. Developmental Disabilities | p. Nutrition |
| e. Domestic Violence, | r. Pharmacy Services |
| f. Early Detection & Screening | s. Primary Health Care |
| g. Environmental Health | t. Public Health |
| o. 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 _____ |

Community Health Needs Assessment

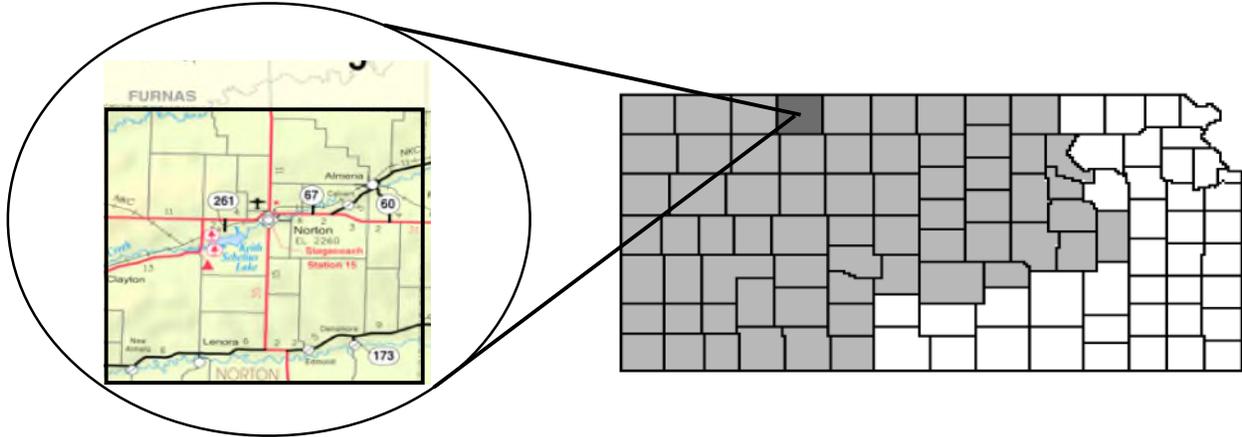
Questions Next Steps ?

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II. Methodology

d) Community Profile (A Description of Community Served)

Norton County Community Profile



Demographics

The population of Norton County was estimated to be 5,733 citizens in 2015, and had a 0.21% change in population from 2010 – 2015. The county has an overall population density of 7 persons per square mile.¹ Norton County covers 878 square miles and this area includes Prairie Dog State Park and The Gallery of the Also-Rans². The county is located in North central Kansas and agriculture, forestry, fishing and hunting, and mining, construction are the industries providing employment.³ The county was founded in 1872 and the county seat is Norton.

The major highway transportation access to Norton County is primarily state and county roads. Kansas highway 283 runs North–South through the center of the county and Kansas highways 383 and 36 run East–West through the county. Kansas state highway 9 also runs through the southern part of the county. The major U.S. interstate, I-70 runs South of the county and Interstate 80 is North of the county running through Nebraska.

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

² <http://www.discovernorton.com/Document.aspx?id=3693>

³ http://www.city-data.com/county/Norton_County-KS.html

Norton County, KS Airports⁴

Name	USGS Topo Map
Lenora Municipal Airport	Clayton NE
Norton Municipal Airport	Norton

Schools in Norton County⁵

Name	Level
Almena Elem	Primary
Eisenhower Elem	Primary
Lenora Elem	Primary
Northern Valley High	High
Norton High	High
Norton Jr. High	Middle

⁴ <http://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20137.cfm>

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

Detail Demographic Profile

ZIP	NAME	County	Population:			Households		HH	Per Capita
			Yr2014	Yr2019	Chg	Yr2014	Yr2019	Avg Size	Income 14
67622	Almena	NORTON	596	608	2.0%	268	281	1.7	\$26,035
67629	Clayton	NORTON	158	160	1.3%	60	61	2.6	\$19,469
67645	Lenora	NORTON	659	665	0.9%	306	310	2.1	\$24,915
67654	Norton	NORTON	4,356	4,368	0.3%	1,585	1,587	2.4	\$18,245
Totals			5,769	5,801	4.5%	2,219	2,239	2.2	\$22,166

ZIP	NAME	County	Population 2014:				YR 2014		Females
			Yr2014	POP65p	KIDS<18	GenY	MALES	FEMALES	Age20_35
67622	Almena	NORTON	596	72	84	275	445	151	21
67629	Clayton	NORTON	158	34	32	39	82	76	9
67645	Lenora	NORTON	659	141	133	177	360	299	38
67654	Norton	NORTON	4,356	887	913	1,313	2,328	2,028	295
Totals			5,769	1,134	1,162	1,804	3,215	2,554	363

ZIP	NAME	County	Population 2014:				Aver	Hholds	HH \$50K+
			White	Black	Amer IN	Hisp	HH Inc14	Yr2014	
67622	Almena	NORTON	515	64	2	50	\$53,104	268	127
67629	Clayton	NORTON	152	0	1	4	\$51,267	60	27
67645	Lenora	NORTON	635	6	4	12	\$53,360	306	152
67654	Norton	NORTON	4,085	111	8	201	\$48,557	1,585	640
Totals			5,387	181	15	267	\$51,572	2,219	946

Source: ERSA Demographics

III. Community Health Status

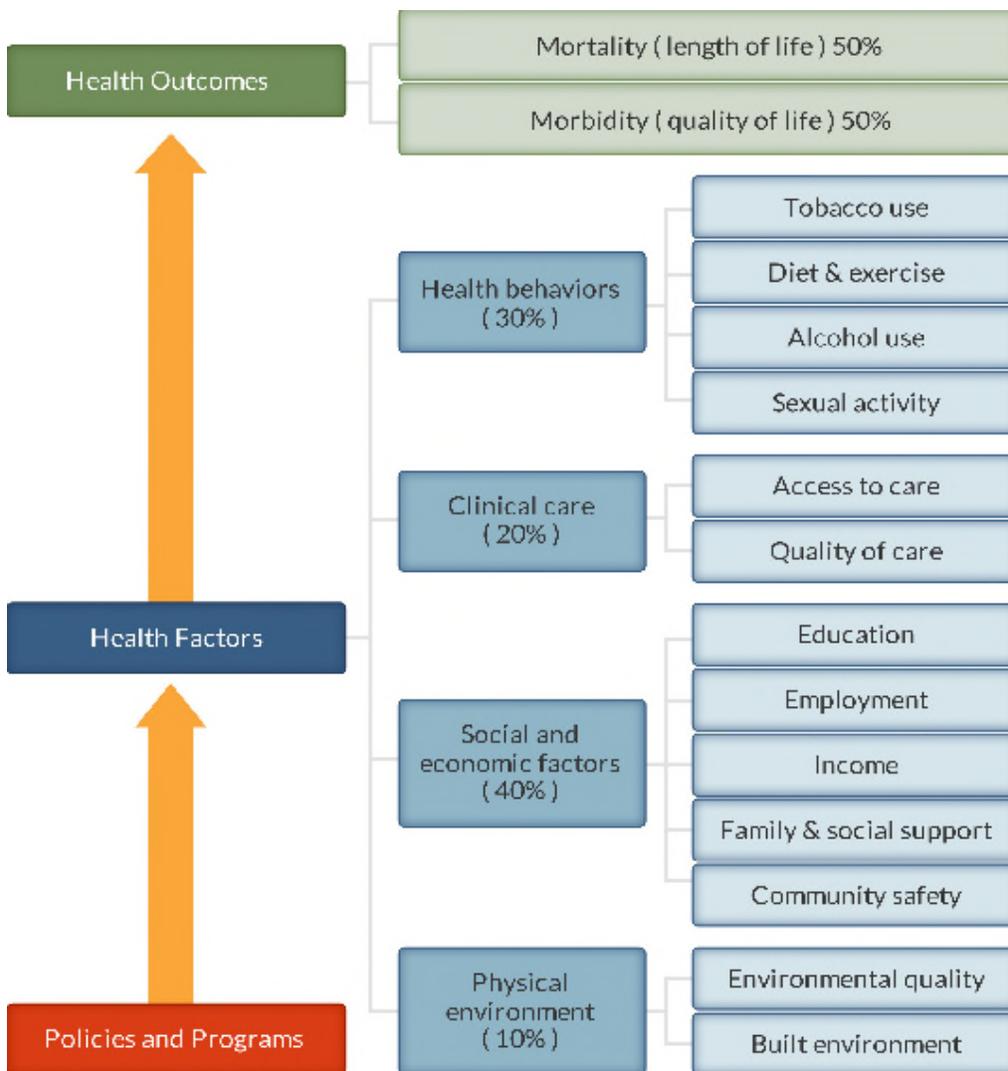
[VVV Research & Development, LLC]

III. Community Health Status

a) Historical Health Statistics

Health Status Profile

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



County Health Rankings model ©2012 UWPHI

Secondary Research

2015 State Health Rankings for Norton County, KS

#	Kansas 2015 County Health Rankings (105 counties)	Definitions	NORTON CO 2015	TREND	NW Alliance (12)
1	Physical Environment	Environmental quality	95		50
2	Health Factors		39		26
2a	Clinical Care	Access to care / Quality of Care	37		41
2b	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	23		29
3	Health Outcomes		83		44
3a	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	56		34
3b	Morbidity	Quality of life	92		48
3c	Mortality	Length of life	65		42
	OVERALL RANK		83		44
NW KS Norms include the following 12 counties: Barton, Ellis, Gove, Kiowa, Norton, Osborne, Pawnee, Phillips, Russell, Sheridan, Smith and Thomas http://www.countyhealthrankings.org					

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

Tab 1 Demographic Profile

TAB		Health Indicator	NORTON CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
1a	a	Population, 2013 estimate	5,622		2,895,801	104,831	People Quick Facts
1a	b	Population, 2010	5,671		2,853,118	104,876	People Quick Facts
1a	c	Pop Growth % - April 1, 10 to July 1, 13	-0.9%		2.1%	-0.5%	People Quick Facts
1a	d	Persons under 5 years, percent, 2013	5.1%		6.9%	6.0%	People Quick Facts
1a	e	Persons under 18 years, percent, 2013	19.2%		21.8%	22.1%	People Quick Facts
1a	f	Persons 65 years and over, percent, 2013	19.4%		13.6%	20.4%	People Quick Facts
1a	g	Female persons, percent, 2013	44.5%		49.7%	49.2%	People Quick Facts
1a	h	White alone, percent, 2013 (a)	94.6%		95.6%	95.4%	People Quick Facts
1a	i	Black or African American alone, % 2013 (a)	3.0%		1.0%	1.7%	People Quick Facts
1a	j	Hispanic or Latino, percent, 2013 (b)	5.1%		5.4%	5.2%	People Quick Facts
1a	k	Foreign born persons, percent, 2008-2012	1.9%		2.6%	2.1%	People Quick Facts
1a	l	% Language other than English spoken at home	5.1%		7.6%	4.7%	People Quick Facts
1a	m	% Living in same house 1 year +, 2008-2012	80.1%		75.8%	86.6%	People Quick Facts
1a	n	People 65+ Living Alone, 2009-2013	43.2%		29.4%	32.4%	American Community Survey

TAB		Health Indicator	NORTON CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
1b	a	Veterans, 2008-2012	478		NA	18,731	People Quick Facts
1b	b	Population per square mile, 2010	6.5		31.6	17	Geography Quick Facts
1b	c	Violent crime rate (Rate of Violent Crime per 1,000)	0.9		3.5	2.1%	Kansas Bureau of Investigation
1b	d	Children in single-parent households	34%		NA	29%	County Health Rankings
1b	e	People Living Below Poverty Level, 2009-2013	9.4%		13.7%	12.5%	American Community Survey
1b	f	Children Living Below Poverty Level, 2009-2013	18.4%		18.7%	18.1%	American Community Survey
1b	g	Limited access to healthy foods	12%		NA	8%	County Health Rankings
1b	h	People 65+ Living Below Poverty Level, 2009-2013	5.7%		7.6%	8.5%	American Community Survey
1b	i	People 65+ with Low Access to a Grocery Store, 2010	4.3%		NA	9.5%	U.S. Department of Agriculture - Food Environment Atlas
1b	j	Voter Turnout, 2012	71.9%		66.8%	71.0%	Kansas Secretary of State

Tab 2 Economic Profiles

TAB		Health Indicator	NORTON CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
2a	a	Households, 2008-2012	2,279		1,110,440	42,866	People Quick Facts
2a	b	Median household income, 2009-2013	\$46,029		\$51,332	\$44,017	American Community Survey
2a	c	Per capita money income in past 12 months (2012 dollars), 2008-2012	\$21,518		\$24,625	\$25,046	People Quick Facts
2a	d	Households with Cash Public Assistance Income, 2009-2013	0.0%		2.3%	1.6%	American Community Survey
2a	e	Housing units, 2013	2,520		NA	106,387	People Quick Facts
2a	f	Median value of owner-occupied housing units, 2008-2012	\$63,600		\$134,700	\$75,775	People Quick Facts
2a	g	Homeownership rate, 2009-2013	66.2%		60.7%	62.6%	American Community Survey
2a	h	Housing units in multi-unit structures, % 2008-2012	9.4%		23.4%	9.0%	People Quick Facts
2a	i	Persons per household, 2008-2012	2.11		2.3	2.3	People Quick Facts
2a	j	Severe Housing Problems, 2006-2010	15.3%		12.8%	8.5%	County Health Rankings
2a	k	Homeowner Vacancy Rate, 2009-2013	0.2%		2.0%	1.8%	American Community Survey
2a	l	Renters Spending 30% or More of Household Income on Rent, 2009-2013	29.6%		45.5%	37.0%	American Community Survey

TAB		Health Indicator	NORTON CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
2b	a	Retail sales per capita, 2007	\$6,796		\$18,264	\$9,577	Business Quick Facts
2b	b	Total number of firms, 2007	705		237040	10,781	Business Quick Facts
2b	c	Unemployed Workers in Civilian Labor Force, 2014	2.6%		3.9%	2.7%	U.S. Bureau of Labor Statistics
2b	d	Private nonfarm employment, percent change, 2011-2012	-4.1%		4.6%	5.3%	Business Quick Facts
2a	e	Households with No Car and Low Access to a Grocery Store, 2010	0.8%			2.1%	U.S. Department of Agriculture - Food Environment Atlas
2b	f	Child Food Insecurity Rate, 2012	19.8%		22.5%	20.8%	Feeding America
2a	g	Grocery Store Density, 2011	0.4%			0.4%	U.S. Department of Agriculture - Food Environment Atlas
2b	h	Low-Income and Low Access to a Grocery Store, 2010	11.9%			15.4%	U.S. Department of Agriculture - Food Environment Atlas
2b	i	Low-Income Persons who are SNAP Participants, 2007	10.2%			12.3%	U.S. Department of Agriculture - Food Environment Atlas
2b	j	Households without a Vehicle, 2009-2013	2.8%		5.3%	4.2%	American Community Survey
2b	k	Mean travel time to work (minutes), workers age 16+, 2008-2012	12.9		12.7	14	People Quick Facts
2b	l	Solo Drivers with a Long Commute, 2008-2012	8.4%		19.5%	12.2%	County Health Rankings
2b	m	Workers who Walk to Work, 2009-2013	3.5%		2.4%	4.6%	American Community Survey

Tab 3 Public Schools Health Delivery Profile

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

TAB	Health Indicator	NORTON CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
3 a	Students Eligible for the Free Lunch Program, 2011-2012	33.9%		38.9%	34.2%	National Center for Education Statistics
3 b	Poverty Status by School Enrollment, 2009-2013	11.9%		12.9%	12.6%	American Community Survey
3 c	Student-to-Teacher Ratio (% Student / Teacher), 2011-2012	9.5		13	9.4	National Center for Education Statistics
3 d	High School Graduation, 2013	93.1%		85.8%	84.6%	Annie E. Casey Foundation
3 e	Bachelor's degree or higher, percent of persons age 25+, 2008-2012	15.7%		32.1%	20.5%	People Quick Facts

#	Health Indicators	Norton CO USD 2015	Norton CO USD 2012
1	Total # Public School Nurses	1	2
2	School Nurse is Part of the IEP team	YES	YES
3	School Wellness Plan (Active)	ACTIVE	
4	VISION: # Screened / Referred to Prof / Seen by Professional	515 / 33 / 28	445 / 42 / 27
5	HEARING: # Screened / Referred to Prof / Seen by Professional	458 / 5 / 3	445 / 6 / 6
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	677 / 112 / 44	479 / 81 / 17
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	302 / 1 / 1	207 / 0 / 0
8	Number of Students Served with No Identified Chronic Health Concerns	431	627
9	School has a Suicide Prevention Program	YES	YES
10	Compliance on Required Vaccinations	99.95%	100%

TAB 4 Maternal and Infant Health Profile

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

TAB	CRITERIA	NORTON	TREND	KANSAS	NW Alliance 15
4	Total Live Births, 2008	41		41815	1293
4	Total Live Births, 2009	56		41388	1317
4	Total Live Births, 2010	47		40439	1274
4	Total Live Births, 2011	49		39628	1315
4	Total Live Births, 2012	53		40304	1370
4	Total Live Births, 2008-2012 - Five year Rate (%)	8.7		14.5	138.5

TAB	Health Indicator	NORTON CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
4 a	Percent of Births Where Prenatal Care began in First Trimester, 2011-2013	73.7%		78.4%	78.9%	Kansas Department of Health and Environment
4 b	Percentage of Premature Births, 2011-2013	12.4%		9.0%	8.9%	Kansas Department of Health and Environment
4 c	Percent of Births with Low Birth Weight, 2011-2013	11.1%		7.1%	7.6%	Kansas Department of Health and Environment
4 d	Percent of births Where Mother Smoked During Pregnancy, 2010-2012	NA		13.5%	NA	Kansas Department of Health and Environment
4 e	Percent of all Births Occurring to Teens (15-19), 2011-2013	10.5%		8.1%	7.6%	Kansas Department of Health and Environment
4 f	Percent of Births Occurring to Unmarried Women, 2011-2013	38.2%		36.7%	31.3%	Kansas Department of Health and Environment
4 g	Average Monthly WIC Participation per 1,000 population, 2013	23.3%		23.6%	20.9%	Kansas Department of Health and Environment
4 h	Percent of WIC Mothers Breastfeeding Exclusively, 2013	15.2%		12.9%	14.6%	Kansas Department of Health and Environment

TAB 5 Hospitalization/Provider Profile

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

TAB	Health Indicator	NORTON CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
5 a	Ratio of Population to Primary Care Physicians, 2013	1781		1816	2114	Kansas Department of Health and Environment
5 b	Staffed Hospital Bed Ratio (per 1,000 Pop), 2012	4.5%		3.4%	13.1%	Kansas Hospital Association
5 c	Percent of Births with Inadequate Birth Spacing, 2011-2013	7.5%		11.0%	10.8%	Kansas Department of Health and Environment
5 d	Preventable hospital stays	70		NA	64	County Health Rankings
5 e	Heart Disease Hospital Admission Rate, 2009-2011	176		300	262	Kansas Department of Health and Environment
5 f	Congestive Heart Failure Hospital Admission Rate, 2009-2011	151		199	191	Kansas Department of Health and Environment
5 g	Chronic Obstructive Pulmonary Disease (COPD) Hospital Admission Rate, 2009-2011	305		136	194	Kansas Department of Health and Environment
5 h	Bacterial Pneumonia Hospital Admission Rate, 2009-2011	402		269	488	Kansas Department of Health and Environment
5 i	Injury Hospital Admission Rate, 2009-2011	257		915	691	Kansas Department of Health and Environment

#	KS Hospital Assoc PO103	Norton County IP			TREND
		FFY2012	FFY2013	FFY2014	
1	Total Discharges	660	617	438	
2	Total IP Discharges-Age 0-17 Ped	21	14	13	
3	Total IP Discharges-Age 18-44	79	54	38	
4	Total IP Discharges-Age 45-64	115	134	114	
5	Total IP Discharges-Age 65-74	117	104	70	
6	Total IP Discharges-Age 75+	219	187	114	
7	Psychiatric	19	22	7	
8	Obstetric	49	53	43	
9	Surgical %	28.2%	29.0%	38.8%	
#	KS Hospital Assoc PO103	Norton County Hospital			TREND
		FFY2012	FFY2013	FFY2014	
1	Total Discharges	329	274	131	
2	Total IP Discharges-Age 0-17 Ped	0	3	1	
3	Total IP Discharges-Age 18-44	38	8	10	
4	Total IP Discharges-Age 45-64	40	47	19	
5	Total IP Discharges-Age 65-74	51	40	12	
6	Total IP Discharges-Age 75+	132	96	41	
7	Psychiatric	5	8	2	
8	Obstetric	34	37	24	
9	Surgical %	6.4%	1.1%	3.8%	
#	Kansas Hospital Assoc OP TOT223E	FFY2012	FFY2013	FFY2014	TREND
1	ER Market Share	88.8%	88.5%	79.5%	
2	OPS Market Share	55.5%	43.1%	23.1%	
3	Total OP Market Share	87.6%	87.9%	86.1%	

TAB 6 Social & Rehab Services Profile

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

TAB	Health Indicator	NORTON CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
6	a Depression: Medicare Population, 2012	15.2%		16.2%	15.2%	Centers for Medicare & Medicaid Services
6	b Alcohol-Impaired Driving Deaths, 2008-2012	25.0%		34.7%	36.4%	County Health Rankings
6	c Inadequate social support	14%		NA	16%	County Health Rankings
6	d Poor mental health days	2.6		NA	2.8	County Health Rankings

TAB 7 Health Risk Profiles

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

TAB	Health Indicator	NORTON CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
7a	a % of Adults with High Cholesterol, 2013	NA		38.1%	41.0%	Kansas Department of Health and Environment
7a	b Adult obesity	34%		30%	30%	County Health Rankings
7a	c Percent of Adults Who are Binge Drinkers, 2013	NA		15.4%	16.7%	Kansas Department of Health and Environment
7a	d Percent of Adults Who Currently Smoke Cigarettes, 2013	NA		20.0%	22.0%	Kansas Department of Health and Environment
7a	e % of Adults with Diagnosed Hypertension, 2013	NA		31.3%	31.7%	Kansas Department of Health and Environment
7a	f % of Adults with Doctor Diagnosed Arthritis, 2013	NA		23.9%	23.3%	Kansas Department of Health and Environment
7a	g % Physical inactivity	27.0%		NA	25.0%	County Health Rankings
7a	h % of Adults with Fair or Poor Self-Perceived Health Status, 2013	NA		15.4%	12.4%	Kansas Department of Health and Environment
7a	i Served Unaffected by SDWA Nitrate Violations, 2013	100.0%		99.7%	96.2%	Kansas Department of Health and Environment
7a	j Sexually transmitted infections	89		NA	369	County Health Rankings

TAB 7 Health Risk Profiles

TAB		Health Indicator	NORTON CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
7b	a	Hypertension: Medicare Population, 2012	50.5%		52.7%	55.2%	Centers for Medicare & Medicaid Services
7b	b	Hyperlipidemia: Medicare Population, 2012	29.8%		39.3%	38.1%	Centers for Medicare & Medicaid Services
7b	c	Rheumatoid Arthritis: Medicare Population, 2012	26.6%		27.7%	33.5%	Centers for Medicare & Medicaid Services
7b	d	Ischemic Heart Disease: Medicare Population, 2012	31.6%		26.7%	29.7%	Centers for Medicare & Medicaid Services
7b	e	Diabetes: Medicare Population, 2012	21.0%		24.6%	23.0%	Centers for Medicare & Medicaid Services
7b	f	Heart Failure: Medicare Population, 2012	16.1%		14.0%	18.3%	Centers for Medicare & Medicaid Services
7b	g	Chronic Kidney Disease: Medicare Population, 2012	11.8%		13.9%	13.1%	Centers for Medicare & Medicaid Services
7b	h	COPD: Medicare Population, 2012	11.9%		11.0%	12.9%	Centers for Medicare & Medicaid Services
7b	i	Alzheimer's Disease or Dementia: Medicare Pop 2012	8.1%		9.9%	10.6%	Centers for Medicare & Medicaid Services
7b	j	Atrial Fibrillation: Medicare Population, 2012	10.9%		8.0%	9.3%	Centers for Medicare & Medicaid Services
7b	k	Cancer: Medicare Population, 2012	8.3%		8.0%	9.1%	Centers for Medicare & Medicaid Services
7b	l	Osteoporosis: Medicare Population, 2012	9.5%		6.1%	8.2%	Centers for Medicare & Medicaid Services
7b	m	Asthma: Medicare Population, 2012	2.4%		3.8%	3.5%	Centers for Medicare & Medicaid Services
7b	n	Stroke: Medicare Population, 2012	2.4%		3.2%	2.6%	Centers for Medicare & Medicaid Services

TAB 8 Uninsured Profiles

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

TAB		Health Indicator	NORTON CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
8	a	Uninsured Adult Population Rate, 2012	15.4%		17.6%	17.4%	U.S. Census Bureau

#	Charity Care Free Care	YR 2012	YR 2013	Yr 2014	TREND
1	Free Patient Care Given	\$157,377	\$126,715	\$138,490	
2	Bad Debt	\$808,481	\$546,489	\$335,649	

TAB 9 Mortality Profile

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

#	Causes of Death by County of Residence, KS 2012	NORTON CO	TREND	KANSAS	NW Alliance (12)
	TOTAL	99		43262	2013
1	Major Cardiovascular Diseases	19		7,458	341
2	All Other Causes	15		4,215	194
3	Diseases of Heart	15		5,314	259
4	Other Heart Diseases	10		2,156	100
5	All Malignant Neoplasms	8		5,406	256
6	Chronic Lower Respiratory Diseases	5		1,680	75
7	Ischemic Heart Disease	5		2,990	156
8	Cerebrovascular Diseases	3		1,331	53
9	Other Malignant Neoplasms	3		1,145	48
10	All Other Accidents and Adverse Effects	2		894	39
11	Malignant Neoplasms of Breast	2		400	27
12	Nephritis, Nephrotic Syndrome and Nephrosis	2		599	22
13	Symptoms, Signs and Abnormal Findings	2		692	22

TAB	Health Indicator	NORTON CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
9 a	Life Expectancy for Females, 2010	82		81	81	Institute for Health Metrics and Evaluation
9 b	Life Expectancy for Males, 2010	77		76	76	Institute for Health Metrics and Evaluation
9 c	Infant Mortality Rate, 2009-2013	NA		6.4%	3.9%	Kansas Department of Health and Environment
9 d	Age-adjusted Mortality Rate per 100,000 population, 2011-2013	671		757	740	Kansas Department of Health and Environment
9 e	Age-Adjusted Years of Potential Life Lost - Traffic Injury, 2011-2013	1190		490	1541	Kansas Department of Health and Environment
9 f	Age-adjusted Cancer Mortality Rate per 100,000 population, 2011-2013	74		166	148	Kansas Department of Health and Environment
9 g	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2011-2013	234		156	166	Kansas Department of Health and Environment
9 h	Disease Mortality Rate per 100,000 population, 2009-2013	42		51	51	Kansas Department of Health and Environment
9 i	Age-adjusted Traffic Injury Mortality Rate per 100,000 population, 2011-2013	36		13	25	Kansas Department of Health and Environment
9 j	Mortality Rate per 100,000 population, 2011-2013	43		40	66	Kansas Department of Health and Environment
9 k	Age-adjusted Suicide Mortality Rate per 100,000 population, 2003-2013	30		15	14	Kansas Department of Health and Environment

TAB 10 Preventive Health Profile

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

TAB	Health Indicator	NORTON CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
10 a	Access to Exercise Opportunities, 2014	36.4%		70.9%	51.3%	County Health Rankings
10 b	% of Infants Fully Immunized at 24 Mo, 2011-2013	89.4%		71.7%	78.6%	Kansas Department of Health and Environment
10 c	Immunized Against Influenza Past 12 Mo, 2013	NA		64.8%	NA	Kansas Department of Health and Environment
10 d	Percent of Adults Who Reported Consuming Fruit Less than 1 Time Per Day, 2013	NA		41.7%	NA	Kansas Department of Health and Environment
10 e	Percent of Adults Who Reported Consuming Vegetables Less than 1 Time Per Day, 2013	NA		22.9%	NA	Kansas Department of Health and Environment
10 f	Diabetic screening	78%		NA	86%	County Health Rankings
10 g	Mammography screening	68%		NA	64%	County Health Rankings
10 h	% Annual check-up visit with PCP	NA		NA	NA	TBD
10 i	% Annual check-up visit with Dentist	NA		NA	NA	TBD
10 j	% Annual check-up visit with Eye Doctor	NA		NA	NA	TBD

Community Feedback Research

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

Question 1- Overall Quality Ranking

CHNA Round #2 Feedback 2015 - Community Feedback						
1. Three years ago a Community Health Needs Assessment was completed. This assessment identified a number of health needs for our community. Today we are updating this assessment and would like to know how you rate the "Overall Quality" of healthcare delivery in our community?						
Answer Options	Very Good	Good	Fair	Poor	Very Poor	Valid N
Norton County N= 64	16	38	6	1	0	61
Top 2 Boxes (Very Good / Good)	88.5%					
NW Alliance (10) Totals	411	769	236	34	7	1457
Top 2 Boxes (Very Good / Good)	81.0%					

Questions 5 & 6- Community Ranking of Healthcare Services 2015

CHNA Round #2 Feedback 2015 - Community Feedback			
5. How would our community rate each of the following ?	NW Alliance (10) Lower 2 Box %	Norton CO N= 64	TREND
Ambulance Services	3.7%	30.4%	Red
Child Care	18.9%	13.0%	Red
Chiropractors	5.8%	5.9%	Yellow
Dentists	13.8%	0.0%	Green
Emergency Room	4.3%	1.9%	Green
Eye Doctor / Optometrist	7.2%	0.0%	Green
Family Planning Services	15.7%	9.8%	Yellow
Home Health	15.0%	3.9%	Green
Hospice	9.2%	3.9%	Green
Inpatient Services	3.2%	0.0%	Green
Mental Health Services	26.2%	36.5%	Red
Nursing Home	12.5%	9.8%	Yellow
Outpatient Services	2.4%	0.0%	Green
Pharmacy	2.7%	0.0%	Green
Primary Care	5.1%	0.0%	Green
Public Health Dept.	2.4%	0.0%	Green
School Nurse	6.5%	2.1%	Green
Visiting Specialists	7.1%	0.0%	Green

Question 7- Receiving Healthcare Services Outside our Community

CHNA Round #2 Feedback 2015			
7. Over the past 2 years, did you or do you know someone who received health care services outside of our community?	NW Alliance (10)	Norton Co N=64	TREND
Yes	84.1%	84.2%	
No	8.5%	5.3%	
Don't know	7.5%	10.5%	
TOTALS	100.0%	100.0%	

Question 8- Requested Discussion Items for Town Hall Agenda

CHNA Round #2 Feedback 2015			
8. Are there any other health needs that we need to discuss at our upcoming CHNA Town Hall meeting?	NW Alliance (10)	Norton Co N=64	TREND
Abuse / Violence	4.8%	3.1%	
Alcohol	5.1%	3.3%	
Cancer	5.7%	6.2%	
Diabetes	4.9%	6.2%	
Drugs / Substance Abuse	7.8%	8.0%	
Family Planning	2.8%	2.3%	
Heart Disease	4.0%	6.7%	
Lead Exposure	0.7%	0.5%	
Mental Illness	6.8%	8.2%	
Nutrition	5.1%	3.9%	
Obesity	7.7%	9.0%	
Ozone (Air)	0.9%	0.5%	
Physical Exercise	6.2%	6.9%	
Poverty	4.3%	2.8%	
Respiratory Disease	2.7%	3.1%	
Sexual Transmitted Diseases	2.0%	0.8%	
Suicide	3.7%	5.1%	
Teen Pregnancy	4.1%	3.6%	
Tobacco Use	4.4%	5.7%	
Vaccinations	5.3%	3.3%	
Water Quality	4.0%	5.4%	
Wellness Education	6.0%	5.4%	
Some Other Need (please specify below)	0.8%	0.0%	
TOTAL	100.0%	100.0%	

IV. Inventory of Community Health Resources

[VVV Research & Development, LLC]

Inventory of Health Services - Norton County, KS				
Cat	Healthcare Services Offered in County	Hospital	Health Dept	Other
Clinic	Primary Care	Yes		
Hosp	Alzheimer Center			Yes
Hosp	Ambulatory Surgery Centers			
Hosp	Arthritis Treatment Center			
Hosp	Bariatric/Weight Control Services			
Hosp	Birthing/LDR/LDRP Room	Yes		
Hosp	Breast Cancer	Yes		
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	Yes		
Hosp	Cardiac Surgery			
Hosp	Cardiology Services	Yes		
Hosp	Case Management			Yes
Hosp	Chaplaincy/Pastoral Care Services			Yes
Hosp	Chemotherapy	Yes		
Hosp	Colonoscopy	Yes		
Hosp	Crisis Prevention			Yes
Hosp	CTScanner	Yes		
Hosp	Diagnostic Radioisotope Facility			
Hosp	Diagnostic/Invasive Catheterization			
Hosp	Electron Beam Computed Tomography (EBCT)			
Hosp	Enrollment Assistance Services			
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			
Hosp	Fertility Clinic			
Hosp	FullField Digital Mammography (FFDM)	Yes		
Hosp	Genetic Testing/Counseling			
Hosp	Geriatric Services	Yes		
Hosp	Heart	Yes		
Hosp	Hemodialysis			
Hosp	HIV/AIDS Services			
Hosp	Image-Guided Radiation Therapy (IGRT)			
Hosp	Inpatient Acute Care - Hospital Services	Yes		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161			
Hosp	Intensive Care Unit			
Hosp	Intermediate Care Unit	Yes		Yes
Hosp	Interventional Cardiac Catheterization			
Hosp	Isolation room	Yes		
Hosp	Kidney			
Hosp	Liver			
Hosp	Lung			
Hosp	Magnetic Resonance Imaging (MRI)	Yes		
Hosp	Mammograms	Yes		
Hosp	Mobile Health Services			
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	Yes		
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)			
Hosp	Neonatal			
Hosp	Neurological Services			
Hosp	Obstetrics	Yes		
Hosp	Occupational Health Services			
Hosp	Oncology Services	Yes		
Hosp	Orthopedic Services	Yes		
Hosp	Outpatient Surgery	Yes		
Hosp	Pain Management	Yes		
Hosp	Palliative Care Program			
Hosp	Pediatric	Yes		
Hosp	Physical Rehabilitation	Yes	Yes	
Hosp	Positron Emission Tomography (PET)			
Hosp	Positron Emission Tomography/CT (PET/CT)			
Hosp	Psychiatric Services			Yes
Hosp	Radiology, Diagnostic	Yes		
Hosp	Radiology, Therapeutic			
Hosp	Reproductive Health		Yes	

Inventory of Health Services - Norton County, KS				
Cat	Healthcare Services Offered in County	Hospital	Health Dept	Other
Hosp	Robotic Surgery			
Hosp	Shaped Beam Radiation System 161			
Hosp	Single Photon Emission Computerized Tomography (SPECT)			
Hosp	Sleep Center	Yes		
Hosp	Social Work Services	Yes		
Hosp	Sports Medicine			
Hosp	Stereotactic Radiosurgery			
Hosp	Swing Bed Services	Yes		
Hosp	Transplant Services			Yes
Hosp	Trauma Center			
Hosp	Ultrasound	Yes		
Hosp	Women's Health Services	Yes	Yes	
Hosp	Wound Care	Yes	Yes	
SR	Adult Day Care Program			Yes
SR	Assisted Living			Yes
SR	Home Health Services		Yes	
SR	Hospice	Yes		
SR	LongTerm Care	Yes		
SR	Nursing Home Services			Yes
SR	Retirement Housing			Yes
SR	Skilled Nursing Care	Yes	Yes	
ER	Emergency Services	Yes		
ER	Urgent Care Center			
ER	Ambulance Services			Yes
SERV	Alcoholism-Drug Abuse			Yes
SERV	Blood Donor Center			
SERV	Chiropractic Services			Yes
SERV	Complementary Medicine Services			
SERV	Dental Services		Yes	Yes
SERV	Fitness Center			Yes
SERV	Health Education Classes	Yes		
SERV	Health Fair (Annual)			
SERV	Health Information Center			
SERV	Health Screenings		Yes	
SERV	Meals on Wheels	Yes		
SERV	Nutrition Programs		Yes	
SERV	Patient Education Center			
SERV	Support Groups			
SERV	Teen Outreach Services			
SERV	Tobacco Treatment/Cessation Program			Yes
SERV	Transportation to Health Facilities			Yes
SERV	Wellness Program		Yes	

Physician Manpower - Norton County, KS			
Number of FTE Providers	Supply Working in County		
	FTE County Based	FTE Visting	PA/NP
Primary Care:			
Family Practice	3.0	0.0	3.0
Internal Medicine	0.0	0.0	0.0
Obstetrics/Gynecology	0.0	0.0	0.0
Pediatrics	0.0	0.0	0.0
Medicine Specialists:			
Allergy/Immunology	0.0	0.0	
Cardiology	0.0	0.5	
Dermatology	0.0	0.0	
Endocrinology	0.0	0.0	
Gastroenterology	0.0	0.0	
Oncology/Rado	0.0	0.2	
Infectious Diseases	0.0	0.0	
Nephrology	0.0	0.0	
Neurology	0.0	0.0	
Psychiatry	0.0	0.0	
Pulmonary	0.0	0.1	
Rheumatology	0.0	0.0	
Surgery Specialists:			
General Surgery	1.0	0.0	
Neurosurgery	0.0	0.1	
Ophthalmology	0.0	0.2	
Orthopedics	0.0	0.2	
Otolaryngology (ENT)	0.0	0.0	
Plastic/Reconstructive	0.0	0.0	
Thoracic/Cardiovascular/Vasc	0.0	0.0	
Urology	0.0	0.2	
Hospital Based:			
Anesthesia/Pain	1.0	0.0	
Emergency	0.0	0.0	0.0
Radiology	0.0	0.0	
Pathology	0.0	0.0	
Hospitalist *	0.0	0.0	
Neonatal/Perinatal	0.0	0.0	
Physical Medicine/Rehab	0.0	0.0	
Others			
TOTALS	5.0	1.5	3.0

NORTON COUNTY HOSPITAL OUTPATIENT CLINIC DIRECTORY

Phone Number: 785-877-3351 Ext. 1319

Contact Person: Kayla Weigel, HIM

(The physicians we schedule for are highlighted in yellow)

CARDIOLOGY			
Dr. Alain Efstratiou Midlands Cardiology Group	800-695-4327 308-865-2045 FAX	9 ½ West 31 st St. Kearney, NE 68847	4 th Monday of Month (Generally starts at 9:30)
Dr. Steven Freeman High Plains Cardiology Debakey Heart Institute	888-625-4699 785-261-7424 FAX	2214 Canterbury Hays, KS 67601	1 st Thursday of Month (Generally starts at 9:00)
Dr. Anil Pandit High Plains Cardiology Debakey Heart Institute	888-625-4699 785-261-7424 FAX	2214 Canterbury Hays, KS 67601	4 th Thursday of Month (Generally starts at 9:00)
Dr. Daniel McGowan Central Nebraska Cardiology	308-865-2601 308-865-2829 FAX	3219 Central Ave, Ste. 107 Kearney, NE 68847	2 nd Tuesday of Month (Generally starts at 9:00)
Dr. Thomas Pagano Platte Valley Medical Group	308-865-2263 308-865-2541 FAX	816 22 nd Ave, Suite 100 Kearney, NE 68845	3 rd Thursday of Month (Generally starts at 10:00)
Dr. Shannon Hoos-Thompson Platte Valley Medical Group	308-865-2263 308-865-2541 FAX	816 22 nd Ave, Suite 100 Kearney, NE 68845	4 th Friday of Month (Generally starts at 1:00)
ORTHOPEDIC			
Dr. Brent Adamson Kearney Ortho and Fracture	800-458-4504 308-625-6240 FAX	PO Box 1268 Kearney, NE 68847	2 nd Wed of Month (Generally starts at 9:00)
Dr. Alex DeCarvalho Hays Orthopedic Clinic	785-261-7599 785-261-7548 FAX	2500 Canterbury Dr Hays, KS 67604	4 th Tuesday of Month (Generally starts at 8:00)
PODIATRY			
Dr. Steven Larsen Steven B. Larsen, DPM	785-625-7117 785-650-0040 FAX	2707 Vine St., Suite 6 Hays, KS 67601	2 nd Tuesday of Month (Generally starts at 9:00)
Dr. James Reeves James E. Reeves, DPM	785-626-0343 785-626-9370 FAX	200 N 7 th St. Atwood, KS 67730	1 st & 3 rd Tuesday of Month (Generally starts at 12:30)
PULMONOLOGY			
Dr. David Cantral Platte Valley Medical Group	308-865-2263 308-865-2541 FAX	816 22 nd Ave, Suite 100 Kearney, NE 68845	4 th Wed of Month (Generally starts at 9:30)
UROLOGY			
Dr. Faris Azzouni Western KS Urology Assoc.	785-628-6014 785-628-6094 FAX	2214 Canterbury, Suite 308 Hays, KS 67601	1 st Monday of Month (Generally starts at 8:00)
Dr. LaRoy Williams Kearney Urology Clinic	308-237-7719 308-236-6975 FAX	9 W 31 st St Kearney, NE 67601	4 th Wednesday of Every 2 nd Month (Generally starts at 9:00)
OPHTHALMOLOGY – Contact Jessie or Roxie ext. 1511			
Dr. John Pokorny Eye Specialist Associated	800-658-4644	2214 Canterbury Hays, KS 67601	Surgery 4 th Monday of Month and Clinic is the Following Tuesday

Norton County Area Health Services Directory

Emergency Numbers

Police/Sheriff **911**

Fire **911**

Ambulance **911**

Non-Emergency Numbers

Norton County Sheriff 785-877-5780

Norton County Ambulance 785-877-5735

Municipal Non-Emergency Numbers

	<u>Police/Sheriff</u>	<u>Fire</u>
Almena	785-877-5780	785-664-4030
Edmond	785-877-5780	785-877-5015
Lenora	785-877-5780	785-567-4899
Norton	785-877-5010	785-877-5015
Oronoque	785-877-5780	785-877-5015

Other Emergency Numbers

Kansas Child/Adult Abuse and Neglect Hotline

1-800-922-5330
www.srskansas.org/hotlines.html

Domestic Violence Hotline

1-800-799-7233
www.ndvh.org

Emergency Management (Topeka)

785-274-1409
www.accesskansas.org/kdem

Federal Bureau of Investigation

1-866-483-5137
www.fbi.gov/congress/congress01/caruso100301.htm

Kansas Arson/Crime Hotline

1-800-KS-CRIME
800-572-1763
www.accesskansas.org/kbi

Kansas Bureau of Investigation (Topeka)

785-296-8200
www.accesskansas.org/kbi

Kansas Crisis Hotline (Domestic Violence/Sexual Assault)

1-888-END-ABUSE
www.kcsdv.org

Kansas Road Conditions

1-866-511-KDOT
511
www.ksdot.org

Poison Control Center

1-800-222-1222
www.aapcc.org

Suicide Prevention Hotline

1-800-SUICIDE
www.hopeline.com
1-800-273-TALK
www.suicidepreventionlifeline.com

Toxic Chemical and Oil Spills

1-800-424-8802
www.epa.gov/region02/contact.htm

Health Services

Hospitals

Norton County Hospital
102 E Holme (Norton)
785-877-3351
www.ntcohosp.com

Norton County Hospital services provided include:

Acute Nursing
Chemotherapy
Education
Emergency Room
Environmental Services
Health Information
Infection Control
Labor & Delivery
Laboratory
Physical Therapy
Radiology
Social Service
Pulmonology
Cardiac Rehabilitation

Health Department

Norton County Health Department

801 N Norton (Norton)
785-877-5745

Norton County Health Department services provided include:

American Cancer Society
Blood Pressure
Footcare
Family Planning
Healthy Start
Health Assessments-Physicals
Hearing Tests
Hemoglobin
HIV-AIDS Testing & Counseling
Immunizations
Kansas Breast & Cervical Cancer Initiative
Maternal & Infant Program
Office Consults
Oxygen Level
Prenatal Risk Reduction
Speech
Urinalysis Tests
Vision Tests
WIC Program

Mental Health

Developmental Services of NW Kansas

1104 N State Street (Norton)
785-877-5154
www.dsnwk.org

High Plains Mental Health Center

211 S Norton Avenue (Norton)
785-877-5141
www.highplainsmentalhealth.com

Medical Professionals

Chiropractors

Norton Chiropractic Center
204 E Washington Street (Norton)
785-877-2645
www.thechiropracticcenters.com

Peterson Chiropractic & Acupuncture Clinics
207 N 1st Avenue (Norton)
785-877-2324

Clinics

Norton Medical Clinic
807 N State Street (Norton)
785-877-3305

Dentists

Klein, Mark A. D.D.S.
P.O. Box 363 (Norton)
785-877-3433

Krizek, Craig D.D.S.
109 N Kansas Avenue (Norton)
785-877-2324

Lamont A. Shirk D.D.S.
205 S Kansas Avenue (Norton)
785-877-2821

Optometrists

Cole, Ben O.D.
114 N Kansas Avenue (Norton)
785-877-5115

Pharmacies

Moffet Drug Store
102 S State Street (Norton)
785-877-2721

Pamida
505 W Holme Street (Norton)
785-877-3363

Physicians and Health Care Providers

Norton Medical Clinic
807 N. State Street (Norton)
785-877-3305
Jonna Inman, APRN
Martin Griffey, D.O.
Glenda M. Maurer M.D.
Jeffery W. McKinley D.O.
Julie Lynn Siefers PA-C
Ruben Silan M.D.
Kristin K. Vogel P.A.

Norton County Hospital
102 E Holme (Norton)
785-877-3351
www.ntcohosp.com
Martin Griffey D.O.
Jonna Inman APRN
Glenda M. Maurer M.D.
Patricia Renee McCartney APRN
Jeffery W. McKinley D.O.
Julie Lynn Siefers PA-C
Ruben Silan M.D.
Kristin K. Vogel P.A.

Young, Michael
105 N Highway 59 (Edmond)
785-622-3243

Rehabilitation Services

Aegis Therapy
201 W Crane Street (Norton)
785-874-4004

Beth L. Lee Natural Therapeutics
409 N 1st Avenue (Norton)
785-877-3046

Body Works-Massage Therapy
213 S Kansas Avenue, Suite 5 (Norton)
785-877-7309

Other Health Care Services

General Health Services

Norton County Health Department
801 N Norton (Norton)
785-877-5745

Norton County Hospital
102 E Holme (Norton)
785-877-3351
www.ntcohosp.com

Norton Medical Clinic
807 N State Street (Norton)
785-877-3305

Assisted Living/Nursing Homes/TLC

Andbe Home Inc.
201 W Crane Street (Norton)
785-877-2601

Jill's Helping Hands, Inc.
27438 US Highway 283 (Edmond)
785-622-4254

Norton Cares
208 W Main Street (Norton)
785-877-2131

Reliance Nursing
703 N Wabash Avenue (Norton)
785-874-5165

Whispering Pines
200 Whispering Pines Street (Norton)
785-874-5500

Diabetes

Arriva Medical
1-800-375-5137

Diabetes Care Club
1-888-395-6009

Disability Services

American Disability Group
1-877-790-8899

Developmental Services of NW Kansas
1104 N State Street (Norton)
785-877-5154

Kansas Department on Aging
1-800-432-3535
www.agingkansas.org/index.htm

Domestic/Family Violence

Child/Adult Abuse Hotline
1-800-922-5330
www.srskansas.org/services/child_protective_services.htm

General Information – Women's Shelters
www.WomenShelters.org

The Haven
813 N Grant Avenue (Norton)
785-874-4043

Kansas Crisis Hotline
Manhattan
785-539-7935

Norton Cares
208 W Main Street (Norton)
785-877-2131

Sexual Assault/Domestic Violence Center (Hutchinson)
Hotline: 1-800-701-3630
Business Line: 620-663-2522

Educational Training Opportunities

Association of Continuing Education
620-792-3218

Food Programs

God's Pantry
Trinity Episcopal Church
102 W. Waverly (Norton)
785-877-2589

Kansas Food 4 Life
4 NW25th Road (Great Bend)
620-793-7100

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

Government Healthcare

Kansas Department on Aging (KDOA)
503 South Kansas Avenue (Topeka)
785-296-4986 or 1-800-432-3535
www.agingkansas.org/

Kansas Department of Health and Environment (KDHE)
Curtis State Office Building
1000 South West Jackson (Topeka)
785-296-1500
www.kdheks.gov/contact.html

MEDICAID
Kansas Department of Social & Rehabilitation Services (SRS)
3000 Broadway (Hays)
785-628-1066

MEDICARE
Social Security Administration
1212 East 27th Street (Hays)
785-625-3496

Norton County Health Department
801 N Norton (Norton)
785-877-5745

Social & Rehabilitation Services (SRS)

3000 Broadway (Hays)
785-628-1066

Social Security Administration

1212 East 27th Street (Hays)
785-625-3496

Health and Fitness Centers**Fit to Go**

411 E Holme Street (Norton)
785-874-4306

Norton Recreation Center

3 Washington Square (Norton)
785-877-3087

Home Health**Andbe Home Inc.**

201 W Crane Street (Norton)
785-877-2601

Jill's Helping Hands, Inc.

27438 US Highway 283 (Edmond)
785-622-4254

Norton Cares

208 W Main Street (Norton)
785-877-2131

Reliance Nursing

703 N Wabash Avenue (Norton)
785-874-5165

PRN Home Health Agency Norton County

801 N Norton Avenue (Norton)
785-877-5745

Whispering Pines

200 Whispering Pines Street (Norton)
785-874-5500

Massage Therapy**Aegis Therapy**

201 W Crane Street (Norton)
785-874-4004

Bella Sole

212 Pearl Street (Norton)
785-874-4014

Beth L. Lee Natural Therapeutics

409 N 1st Avenue (Norton)
785-877-3046

Body Works-Massage Therapy

213 S Kansas Avenue, Suite 5 (Norton)
785-877-7309

Norton Chiropractic Center

204 E Washington Street (Norton)
785-877-2645
www.thechiropracticcenters.com

Peterson Chiropractic & Acupuncture**Clinics**

207 N 1st Avenue (Norton)
785-877-2324

Medical Equipment and Supplies**American Medical Sales and Repair**

1-866-637-6803

School Nurses**Norton Community Schools USD 211**

105 E Waverly (Norton)
785-877-3386
Eisenhower Elementary School
785-877-5113
Norton Junior High
785-877-5851
Norton Community Senior High
785-877-3771

Northern Valley USD 212

512 W Bryant (Almena)
785-669-2445

Senior Services**Senior Citizen's Center**

208 W Main Street (Norton)
785-877-5352

Veterinary Services**All Creatures Vet Clinic**

5761 Road E12 (Almena)
785-669-2227

Norton Animal Health Center Ltd

801 W Holme Street (Norton)
785-877-2411
www.nortonanimalhealthcenter.com

Local Government, Community, and Social Services

Adult Protection

Adult Protective Services (SRS)

1-800-922-5330

www.srskansas.org/ISD/ees/adult.htm

Elder Abuse Hotline

1-800-842-0078

www.elderabusecenter.org

Kansas Department of Social and Rehabilitation Services West Region Protection Reporting Center

1-800-922-5330

Alcohol and Drug Treatment

Alcohol and Drug Abuse Services

1-800-586-3690

http://www.srskansas.org/services/alc-drug_assess.htm

Alcohol Detoxification 24-Hour Helpline

1-877-403-3387

www.ACenterForRecovery.com

Center for Recovery

1-877-403-6236

G&G Addiction Treatment Center

1-866-439-1807

Road Less Traveled

1-866-486-1812

Seabrook House

1-800-579-0377

Smoky Hill Foundation for Chemical Dependency

213 S Kansas Avenue (Norton)

785-877-3068

The Treatment Center

1-888-433-9869

Valley Hope Alcohol & Drug Addiction Treatment Center Norton

103 S Wabash Avenue (Norton)

785-877-5101

www.valleyhope.org

Child Protection

Kansas Department of Social and Rehabilitation Services West Region Protection Reporting Center – i.e. PROTECTION REPORT CENTER FOR ABUSE

1-800-922-5330

Available 24 hours/7 days per week – including holidays

Children and Youth

Children’s Alliance

627 SW Topeka Boulevard (Topeka)

785-235-5437

www.childdaily.org

Kansas Children’s Service League

1-800-332-6378

www.kcsl.org

Community Centers

Almena City Library

415 Main Street (Almena)

785-669-2336

Lenora Public Library

110 N Main Street (Lenora)

785-567-4432

Norton Public Library

1 Washington Square (Norton)

785-877-2481

www.nortonpubliclibrary.org

Norton Recreation Center

3 Washington Square (Norton)

785-877-3087

Senior Citizen’s Center

208 W Main Street (Norton)

785-877-5352

Day Care Providers – Adult

Andbe Home Inc.

201 W Crane Street (Norton)

785-877-2601

Jill’s Helping Hands, Inc.

27438 US Highway 283 (Edmond)

785-622-4254

Norton Cares

208 W Main Street (Norton)

785-877-2131

Reliance Nursing
703 N Wabash Avenue (Norton)
785-874-5165

Whispering Pines
200 Whispering Pines Street (Norton)
785-874-5500

Day Care Providers - Children

Head Start
113 N Norton Avenue, Suite C (Norton)
785-877-2730

Jill's Helping Hands, Inc.
27438 US Highway 283 (Edmond)
785-622-4254

Little People Day Care
303 E Lincoln Street (Norton)
785-874-4298

Norton County Head Start
110 N State Street (Norton)
785-877-3620

Sunshine Learning Center
110 N State Street (Norton)
785-877-3521

Extension Office

Norton County K-State Research & Extension
100 S Norton Street (Norton)
785-877-575

Funeral Homes

Enfield Funeral Home
215 W Main Street (Norton)
785-877-5135
www.enfieldfh.com

Head Start

Norton County Head Start
110 N State Street (Norton)
785-877-3620

Housing

Corp Housing Equity
14482 W 118th Terrace (Olathe)
913-261-8067

Legal Services

Court Services
105 S Kansas Avenue (Norton)
785-877-2848

Ryan Walter & McClymont Chartered
120 S State Street (Norton)
785-877-3368

Schoen, Melissa M.
P.O. Box 427 (Norton)
785-877-3086

Sebelius & Griffiths LLP
105 S Norton Avenue, Suite 1 (Norton)
785-877-5143

Whitney Law Office
112 S Kansas Avenue (Norton)
785-877-2661
www.whitneylawoffice.com

Worden Law Office
213 S Kansas Avenue, Suite 7 (Norton)
785-877-3086

Libraries, Parks and Recreation

Almena City Library
415 Main Street (Almena)
785-669-2336

Elmwood Park
E Park Street & Highway 283 (Norton)

Great Plains Adventures
24483 Road W15 Lane (Clayton)
785-567-4645
www.greatplainsadventures.net

Karaoke Explosion
325 W Michigan Avenue (Lenora)
785-567-3358

Larrick Park
N Main Street & Pearl Street (Lenora)

Lenora Public Library
110 N Main Street (Lenora)
785-567-4432

North Shore Marina
307 E Penn Street (Norton)
785-877-3941

Norton County Lake Park
Road BB & Road W4 (Lenora)

Norton Public Library
1 Washington Square (Norton)
785-877-2481
www.nortonpubliclibrary.org

Norton Sports Center
15010 W Highway 36 (Norton)
785-877-5452

Prairie Dog State Park
13037 State Highway 261 (Norton)
785-877-2953

Rainbow Lanes
9134 US Highway 56 (Norton)
785-877-3632

The Haven
813 N Grant Avenue (Norton)
785-874-4043

Kansas Crisis Hotline
Manhattan
785-539-7935
1-800-727-2785

Norton Cares
208 W Main Street (Norton)
785-877-2131

Pregnancy Services

Adoption is a Choice
1-877-524-5614

Adoption Network
1-888-281-8054

Adoption Spacebook
1-866-881-4376

Graceful Adoptions
1-888-896-7787

Kansas Children's Service League
1-877-530-5275
www.kcsl.org

Public Information

Almena Chamber of Commerce
500 Main Street (Almena)
785-669-2486

Almena City Office
415 Main Street (Almena)
785-669-2425

Almena Fire Department
522 Main Street (Almena)
785-664-4030

Lenora City Hall/Chamber of Commerce
125 E Washinton Avenue (Lenora)
785-567-4860

Norton Area Chamber of Commerce
205 S State Street (Norton)
785-877-2501

Norton City Clerk
301 E Washington Street, Suite 1 (Norton)
785-877-5000

Rape

Domestic Violence and Rape Hotline
1-888-874-1499

Social Security

Social Security Administration
1-800-772-1213
1-800-325-0778
www.ssa.gov

State and National Information, Services, Support

Adult Protection

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

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

Elder Abuse Hotline
1-800-842-0078
www.elderabusecenter.org

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

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

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

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

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

National Sexual Assault Hotline
1-800-994-9662
1-888-220-5416 (TTY)
www.4woman.gov/faq/sexualassault.htm

National Suicide Prevention Lifeline
1-800-273-8255

Poison Center
1-800-222-1222

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

Social and Rehabilitation Services (SRS)
1-888-369-4777 (HAYS)
www.srskansas.org

Suicide Prevention Helpline
785-841-2345

Kansas Alcohol and Drug Abuse Services Hotline
1-800-586-3690
www.srskansas.org/services/alc-drug_assess.htm

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

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

Recovery Connection
www.recoveryconnection.org

Regional Prevention Centers of Kansas
1-800-757-2180
www.smokyhillfoundation.com/rpc-locate.html

Alcohol and Drug Treatment Programs

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

AAAAAH
1-800-993-3869

Abandon A Addiction
1-800-405-4810

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

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

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

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

Alcohol and Drug Abuse Hotline
1-800-ALCOHOL

Alcohol and Drug Abuse Services
1-800-586-3690
www.srskansas.org/services/alc-drug_assess.htm

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

Alcohol and Drug Helpline
1-800-821-4357

Alcoholism/Drug Addiction Treatment Center
1-800-477-3447

Better Business Bureau

Better Business Bureau
328 Laura (Wichita)
316-263-3146
www.wichita.bbb.org

Children and Youth

Adoption
1-800-862-3678
www.adopt.org/

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

Child/Adult Abuse and Neglect Hotline
1-800-922-5330
www.srskansas.org/

Child Abuse Hotline
1-800-922-5330

Child Abuse National Hotline
1-800-422-4453
1-800-222-4453 (TDD)
www.childhelpusa.org/home

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

Child Find of America
1-800-426-5678

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

Child Protective Services

1-800-922-5330
www.srskansas.org/services/child_protective_services.htm

HealthWave

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

Heartspring (Institute of Logopedics)

8700 E. 29TH N
 Wichita, KS 67226
www.heartspring.org

Kansas Big Brothers/Big Sisters

1-888-KS4-BIGS
www.ksbbbs.org

Kansas Children's Service League (Hays)

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

Kansas Department of Health and Environment

785-296-1500
www.kdheks.gov
 e-mail: info@kdheks.gov

Kansas Society for Crippled Children

106 W. Douglas, Suite 900
 Wichita, KS 67202
 1-800-624-4530
 316-262-4676
www.kssociety.org

National Runaway Switchboard

1-800-RUNAWAY
www.1800runaway.org/

National Society for Missing and Exploited Children

1-800-THE-LOST (843-5678)
www.missingkids.com

Parents Anonymous Help Line

1-800-345-5044
www.parentsanonymous.org/paIndex10.html

Runaway Line

1-800-621-4000
 1-800-621-0394 (TDD)
www.1800runaway.org/

Talking Books

1-800-362-0699
www.skyways.lib.ks.us/KSL/talking/ksl_bph.html

Community Action**Peace Corps**

1-800-424-8580
www.peacecorps.gov

Public Affairs Hotline (Kansas Corporation Commission)

1-800-662-0027
www.kcc.state.ks.us

Counseling**Care Counseling**

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

Carl Feril Counseling

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

Castlewood Treatment Center for Eating Disorders

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

Catholic Charities

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

Center for Counseling

5815 W Broadway (Great Bend)
 1-800-875-2544

Central Kansas Mental Health Center

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

Consumer Credit Counseling Services

1-800-279-2227
www.kscgccs.org/

Kansas Problem Gambling Hotline

1-866-662-3800
www.ksmhc.org/Services/gambling.htm

National Hopeline Network

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

National Problem Gambling Hotline

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

Samaritan Counseling Center

1602 N. Main Street
 Hutchinson, KS 67501
 620-662-7835
<http://cmc.pdswebpro.com/>

Self-Help Network of Kansas

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

Senior Health Insurance Counseling

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

Sunflower Family Services, Inc.

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

Disability Services

American Association of People with Disabilities (AAPD)

www.aapd.com

American Council for the Blind

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

Americans with Disabilities Act Information Hotline

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

Disability Advocates of Kansas, Incorporated

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

Disability Group, Incorporated

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

Disability Rights Center of Kansas (DRC)

Formerly Kansas Advocacy & Protective Services
1-877-776-1541
1-877-335-3725 (TTY)
www.drckansas.org

Hearing Healthcare Associates

1-800-448-0215

Kansas Commission for the Deaf and Hearing Impaired

1-800-432-0698
www.srskansas.org/kcdhh

Kansas Relay Center (Hearing Impaired service)

1-800-766-3777
www.kansasrelay.com

National Center for Learning Disabilities

1-888-575-7373
www.ncld.org

National Library Services for Blind & Physically Handicapped

www.loc.gov/nls/
1-800-424-8567

Parmelee Law Firm

8623 E 32nd Street N, Suite 100 (Wichita)
1-877-267-6300

Environment

Environmental Protection Agency

1-800-223-0425
913-321-9516 (TTY)
www.epa.gov

Kansas Department of Health and Environment

Salina 785-827-9639
Hays 785-625-5663
Topeka 785-296-1500
www.kdheks.gov

Food and Drug

Center for Food Safety and Applied Nutrition

1-888-SAFEFOOD (723-3366)
www.cfsan.fda.gov/
www.healthfinder.gov/docs/doc03647.htm

US Consumer Product Safety Commission

1-800-638-2772
1-800-638-8270 (TDD)
www.cpsc.gov

USDA Meat and Poultry Hotline

1-888-674-6854
1-800-256-7072 (TTY)
www.fsis.usda.gov/

U.S. Food and Drug Administration

1-888-INFO-FDA
1-888-463-6332
www.fsis.usda.gov/

Poison Hotline

1-800-222-1222

Health Services

American Cancer Society

1-800-227-2345
www.cancer.org

American Diabetes Association

1-800-DIABETES (342-2383)
www.diabetes.org

AIDS/HIV Center for Disease Control and Prevention

1-800-CDC-INFO
1-888-232-6348 (TTY)
www.cdc.gov/hiv/

AIDS/STD National Hot Line
1-800-342-AIDS
1-800-227-8922 (STD line)

American Health Assistance Foundation
1-800-437-2423
www.ahaf.org

American Heart Association
1-800-242-8721
www.americanheart.org

American Lung Association
1-800-586-4872

American Stroke Association
1-888-4-STROKE
www.americanheart.org

Center for Disease Control and Prevention
1-800-CDC-INFO
1-888-232-6348 (TTY)
www.cdc.gov/hiv/

Elder Care Helpline
www.eldercarelink.com

Eye Care Council
1-800-960-EYES
www.seetolearn.com

Kansas Foundation for Medical Care
1-800-432-0407
www.kfmc.org

National Health Information Center
1-800-336-4797
www.health.gov/nhic

National Cancer Information Center
1-800-227-2345
1-866-228-4327 (TTY)
www.cancer.org

National Institute on Deafness and Other Communication Disorders Information
Clearinghouse
1-800-241-1044
1-800-241-1055 (TTY)
www.nidcd.nih.gov

Hospice

Hospice-Kansas Association
1-800-767-4965

Kansas Hospice and Palliative Care Organization
1-888-202-5433
www.lifeproject.org/akh.htm

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

Housing

Kansas Housing Resources Corporation
785-296-2065
www.housingcorp.org

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

Legal Services

Kansas Attorney General
1-800-432-2310 (Consumer Protection)
1-800-828-9745 (Crime Victims' Rights)
1-800-766-3777 (TTY)
www.ksag.org/

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

Kansas Department on Aging
1-800-432-3535
www.agingkansas.org/index.htm

Kansas Legal Services
1-800-723-6953
www.kansaslegalservices.org

Northwest Kansas Area Agency on Aging
510 W 29th Street, Suite B (Hays)
785-628-8204
<http://www.nwkaaa.com/>

Medicaid Services

First Guard
1-888-828-5698
www.firstguard.com

Kansas Health Wave
1-800-792-4884 or 1-800-792-4292 (TTY)
www.kansashealthwave.org

Kansas Medical Assistance Program
Customer Service
1-800-766-9012
www.kmpa-state-ks.us/

Medicare Information
1-800-MEDICARE
www.medicare.gov

U.S. Department of Health and Human Services

Centers for Medicare and Medicaid Services
1-800-MEDICARE (1-800-633-4227) or
1-877-486-2048 (TTY)
www.cms.hhs.gov

Mental Health Services

Alzheimer's Association

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

Developmental Services of Northwest Kansas

1-800-637-2229

Kansas Alliance for Mentally III (Topeka, KS)

785-233-0755
www.namkansas.org

Make a Difference

1-800-332-6262

Mental Health America

1-800-969-6MHA (969-6642)

National Alliance for the Mentally III Helpline

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

National Institute of Mental Health

1-866-615-6464 or 1-866-415-8051 (TTY)
www.nimh.nih.gov

National Library Services for Blind and Physically Handicapped

1-800-424-8567
www.loc.gov/nls/music/index.html

National Mental Health Association

1-800-969-6642
1-800-433-5959 (TTY)
www.nmha.org

High Plains Mental Health Center

208 East 7th Street
Hays, KS 67601
800-432-0333

State Mental Health Agency

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

Suicide Prevention Hotline

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

Nutrition

American Dietetic Association

1-800-877-1600
www.eatright.org

American Dietetic Association Consumer Nutrition Hotline

1-800-366-1655

Department of Human Nutrition

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

Eating Disorders Awareness and Prevention

1-800-931-2237
www.nationaleatingdisorders.org

Food Stamps

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

Kansas Department of Health and Environment

1000 SW Jackson, Suite 220
Topeka, KS 66612
785-296-1320
www.kdheks.gov/news-wic/index.html

Road and Weather Conditions

Kansas Road Conditions

1-866-511-KDOT
511
www.ksdot.org

Senior Services

Alzheimer's Association

1-800-487-2585

American Association of Retired Persons (AARP)

1-888-OUR-AARP (687-2277)
www.aarp.org

Americans with Disabilities Act Information Line

1-800-514-0301 or 1-800-514-0383 [TTY]
www.usdoj.gov/crt/ada

American Association of Retired Persons

1-888-687-2277
www.aarp.org

Area Agency on Aging
1-800-432-2703

Eldercare Locator
1-800-677-1116
www.eldercare.gov/eldercare/public/home.as

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

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

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

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

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

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

**Older Kansans Employment Programs
(OKEP)**
785-296-7842
www.kansascommerce.com

Older Kansans Hotline
1-800-742-9531

**Older Kansans Information Reference
Sources on Aging (OKIRSA)**
1-800-432-3535

**Senior Health Insurance Counseling for
Kansas**
1-800-860-5260
www.agingkansas.org/SHICK/shick_index.html

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

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

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

Suicide Prevention

Suicide Prevention Services
1-800-784-2433
www.spsfv.org

Veterans

Federal Information Center
1-800-333-4636
www.FirstGov.gov

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

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

Health Resource Center
1-877-222-8387

Insurance Center
1-800-669-8477

**Veteran Special Issue Help
Line**
Includes Gulf War/Agent Orange
Helpline
1-800-749-8387

U.S. Department of Veterans Affairs

Mammography Helpline
1-888-492-7844

Other Benefits
1-800-827-1000

Memorial Program Service
[includes status of headstones and
markers]
1-800-697-6947

**Telecommunications Device for
the Deaf/Hearing Impaired**
1-800-829-4833 (TTY)
www.vba.va.gov

Veterans Administration

Veterans Administration Benefits
1-800-669-8477

Life Insurance
1-800-669-8477

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

Health Care Benefits
1-877-222-8387

**Income Verification and Means
Testing**
1-800-929-8387

p

Mammography Helpline
1-888-492-7844

**Gulf War/Agent Orange
Helpline**
1-800-749-8387

**Status of Headstones and
Markers**
1-800-697-6947

**Telecommunications Device for
the Deaf**
1-800-829-4833

www.vba.va.gov

Benefits Information and Assistance
1-800-827-1000

Debt Management
1-800-827-0648

Life Insurance Information and Service
1-800-669-8477

Welfare Fraud Hotline

Welfare Fraud Hotline
1-800-432-3913

V. Detail Exhibits

[VVV Research & Development, LLC]

Patient Origin & Access

[VWV Research & Development, LLC]

# KS Hospital Assoc PO103		Norton County IP			TREND
		FFY2012	FFY2013	FFY2014	
1	Total Discharges	660	617	438	
2	Total IP Discharges-Age 0-17 Ped	21	14	13	
3	Total IP Discharges-Age 18-44	79	54	38	
4	Total IP Discharges-Age 45-64	115	134	114	
5	Total IP Discharges-Age 65-74	117	104	70	
6	Total IP Discharges-Age 75+	219	187	114	
7	Psychiatric	19	22	7	
8	Obstetric	49	53	43	
9	Surgical %	28.2%	29.0%	38.8%	
# KS Hospital Assoc PO103		Norton County Hospital			TREND
		FFY2012	FFY2013	FFY2014	
1	Total Discharges	329	274	131	
2	Total IP Discharges-Age 0-17 Ped	0	3	1	
3	Total IP Discharges-Age 18-44	38	8	10	
4	Total IP Discharges-Age 45-64	40	47	19	
5	Total IP Discharges-Age 65-74	51	40	12	
6	Total IP Discharges-Age 75+	132	96	41	
7	Psychiatric	5	8	2	
8	Obstetric	34	37	24	
9	Surgical %	6.4%	1.1%	3.8%	
#	Kansas Hospital AssocOP TOT223E	FFY2012	FFY2013	FFY2014	TREND
1	ER Market Share	88.8%	88.5%	79.5%	
2	OPS Market Share	55.5%	43.1%	23.1%	
3	Total OP Market Share	87.6%	87.9%	86.1%	

Town Hall Attendees Notes & Feedback

[VVV Research & Development, LLC]

NortonCounty, KS Town Hall Roster N=12

Date: 04/15/15

First	Last	Organization	Address/City/ST/Zip
Jill	Edgett	Jill's Helping Hands- NCH Board Member	Edmond, KS
Von	Fahrenbruch		Norton
Gina	Frack	Norton County Health Department	Norton
Klare	Givens	NCH- RN	
Penny	Otter	NCHD	
Leslie	Pfannenstiel	Norton County Health Department	
Charles	Posson	Norton County Commissioner	
Cory	Roy	USD 211	
Ryan	Stover	Norton Co. Hospital	

Norton County Community Health Needs Assessment Meeting
04.15.15
n=12

- Participation in Kansas heart and stroke collaborative may be coming
- Being hit with more Spanish speaking families, hard to meet their needs
- Smell from Nebraska hog farms

TAB 3: EDUCATIONAL PROFILE

- Good on high school graduation and screenings

TAB 4: MATERNAL AND INFANT HEALTH PROFILE

- Premature births are a little high

TAB 5: HOSPITALIZATION/PROVIDERS PROFILE

- Good on ER and OP
- Surgery could be an issue

TAB 7: Risk Indicators/Factors Profile

- Adult obesity should be a red, used to be 20%

TAB 8: Uninsured Profile

- Bad debt has gone down a lot, but is still way too high

TAB 9: MORTALITY PROFILE

- Cardiovascular/Issues of the heart show the highest causes of death

TAB 10: PREVENTATIVE PROFILE

- Immunizations for infants should be GREEN
- Could mammography and diabetic screenings be higher?

STRENGTHS:

- Stable medical staff
- Very active health department
- New surgeon
- Dental care
- Home health
- High percentage of vaccinations
- 24/7 ER
- Full-services in healthcare that work together
- Updated facility

WEAKNESSES:

- Awareness of Healthcare Services

- Nutrition
- Exercise
- Tobacco Use
- Alcohol
- Mental Health Screenings/Placement
- Drug Use (Rx, Marijuana, Meth)
- Ambulance/Transfers
- Spending for Mandates

CHNA Round #2 Feedback 2015 - Norton Co KS

Let Your Voice Be Heard!

In May of 2012, Norton County Hospital (NCH) released their IRS required Community Health Needs Assessment (CHNA). Today, NCH is again required to update their CHNA (IRS aligned) and requests community feedback. Participation is voluntary and all answers will be kept confidential.

All CHNA Round #2 feedback is due by Tuesday, April 7th, 2015. Thank you for your participation.

Part I: Introduction

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

	Very Good	Good	Fair	Poor	Very Poor
Health Rating	<input type="radio"/>				

2. Are there healthcare services in your community / neighborhood that you feel need to be improved and / or changed? (Please be specific)

3. From our last Community Health Needs Assessment (2012), a number of health needs were identified as a priority. Are any of these 2012 CHNA needs still an "ongoing problem" in our community?

	Not a problem anymore	Somewhat of a Problem	Major Problem
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dialysis Unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise / Fitness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low Birth Weight of Infants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Underage Drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHNA Round #2 Feedback 2015 - Norton Co KS

4. Which 2012 CHNA health needs are most pressing TODAY for improvement? (Please Check Top 3 Needs)

- | | |
|------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Dialysis Unit | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Exercise / Fitness | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Substance Abuse Education |
| <input type="checkbox"/> Low Birth Weight of Infants | <input type="checkbox"/> Underage Drinking |

5. How would our community rate each of the following ? (Check one box per row)

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

6. How would our community rate of the following? (Check one box per row) CONT...

	Very Good	Good	Fair	Poor	Very Poor	N/A
Inpatient Services	<input type="radio"/>					
Mental Health Services	<input type="radio"/>					
Nursing Home	<input type="radio"/>					
Outpatient Services	<input type="radio"/>					
Pharmacy	<input type="radio"/>					
Primary Care	<input type="radio"/>					
Public Health Dept.	<input type="radio"/>					
School Nurse	<input type="radio"/>					
Visiting Specialists	<input type="radio"/>					

CHNA Round #2 Feedback 2015 - Norton Co KS

7. Over the past two years, did you or do you know someone who received health care services outside of our community?

- Yes
- No
- Don't know

If yes, please specify the healthcare services received

8. Are there any other health needs (from list below) that we need to discuss at our April 15th hospital hosted CHNA Town Hall meeting? Note: Please check ALL that "need to be on our agenda" that evening.

- | | | |
|--------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Abuse / Violence | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Obesity | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ozone (Air) | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Drugs / Substance Abuse | <input type="checkbox"/> Physical Exercise | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Poverty | <input type="checkbox"/> Wellness Education |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Respiratory Disease | <input type="checkbox"/> Some Other Need (please specify below) |
| <input type="checkbox"/> Lead Exposure | <input type="checkbox"/> Sexual Transmitted Diseases | |

Other (please specify)

Demographics

CHNA Round #2 Feedback 2015 - Norton Co KS

9. For reporting purposes, are you involved in or are you a (Check all that apply)

- | | | |
|---------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Board Member -Local | <input type="checkbox"/> Elected Official - City / County | <input type="checkbox"/> Other Health Professional |
| <input type="checkbox"/> Business / Merchant | <input type="checkbox"/> EMS / Emergency | <input type="checkbox"/> Parent / Caregiver |
| <input type="checkbox"/> Case Manager / Discharge | <input type="checkbox"/> Farmer / Rancher | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Civic Club / Chamber | <input type="checkbox"/> Health Department | <input type="checkbox"/> Physician (MD / DO) |
| <input type="checkbox"/> Charitable Foundation | <input type="checkbox"/> Hospital | <input type="checkbox"/> Physician Clinic |
| <input type="checkbox"/> Clergy / Congregational Leader | <input type="checkbox"/> Housing / Builder | <input type="checkbox"/> Press (Paper, TV, Radio) |
| <input type="checkbox"/> College / University | <input type="checkbox"/> Insurance | <input type="checkbox"/> Senior Care / Nursing Home |
| <input type="checkbox"/> Consumer Advocate | <input type="checkbox"/> Labor | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Consumers of Health Care | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Low Income / Free Clinics | <input type="checkbox"/> Welfare / Social Service |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Other (Please note below) |
| <input type="checkbox"/> Education Official / Teacher | <input type="checkbox"/> Nursing | |

Other (please specify)

*10. What is your home zip code?

You have just completed the Community Health Needs Assessment Survey. Thank you for your participation. By hitting "Next" you are submitting your responses and giving others an opportunity to complete the same survey.

Again, thank you for your participation.

Public Notice & Invitation

[VWV Research & Development, LLC]

Round #2 Community Health Needs Assessment – Norton County Hospital

Media Release 01/26/2015

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

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

<https://www.surveymonkey.com/s/Norton15>

All community residents and business leaders are encouraged to **complete the 2015 online CHNA survey by Tuesday 2/24** and to attend the upcoming scheduled **Town Hall on April 15th from 4:30-5:45pm at Norton County Hospital**. “We hope that the community and health professionals will take advantage of this opportunity to provide input into the future of healthcare delivery in our county,” comments Ryan Stover, CEO.

Vince Vandelaar, MBA (VVV Research & Development, LLC, an independent research firm from Olathe, Kansas) has been retained to conduct this countywide research. If you have any questions about CHNA activities, please call 785-877-3351.



Community Health Needs Assessment Community Town Hall Meeting

Norton County Hospital and
Norton County Public Health
will be sponsoring a
Town Hall Meeting on Wednesday, April 15th
from 4:30 to 5:45 p.m.
at Norton County Hospital

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

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

Thank you in advance for your participation.

From: CEO

Date: February 2015

To: Community Leaders, Providers and Hospital Board and Staff

Subject: CHNA Round #2 Online Survey 2015

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

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

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

<https://www.surveymonkey.com/s/Norton15>

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

Sincerely,
Ryan Stover
CEO

YOUR Logo

Date: Feb 13, 2015

Dear Community Member,

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

On Wednesday, April 15th, you are invited to attend a Norton County Town Hall meeting. We have retained the services Vince Vandelaar of VVV Research & Development, LLC from Olathe, KS, to facilitate this meeting and prepare our report.

Your input is valuable, and will be incorporated into our final report. Please join us on Wednesday, April 15th, from 4:30-5:45 p.m. at Norton County Hospital. A light meal will be served starting at 4:00 p.m.

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

Sincerely,

Ryan Stover
CEO

Detail Primary Research Primary Service Area

[VVV Research & Development, LLC]

Community Health Needs Assessment Round #2 Community Feedback

Methodology

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

<https://www.surveymonkey.com/s/Norton15>. In addition, an invite letter was sent to all PSA stakeholders (i.e. Schools, County, City, Clergy, Public Health Leaders).

Below is a summary of public response:

CHNA Round #2 Feedback 2015 - NORMS			
9. For reporting purposes, are you involved in or are you a	NW Alliance (10)	Norton Co N=64	TREND
Board Member -Local	4.3%	6.1%	
Business / Merchant	6.0%	5.4%	
Case Manager / Discharge	0.5%	0.7%	
Civic Club / Chamber	4.4%	4.8%	
Charitable Foundation	2.3%	2.0%	
Clergy / Congregational Leader	1.1%	1.4%	
College / University	1.9%	2.0%	
Consumer Advocate	1.0%	1.4%	
Consumers of Health Care	8.8%	10.9%	
Dentist	0.2%	0.0%	
Economic Development	1.5%	3.4%	
Education Official / Teacher	5.0%	2.0%	
Elected Official - City / County	1.8%	1.4%	
EMS / Emergency	1.4%	0.7%	
Farmer / Rancher	4.6%	2.0%	
Health Department	1.4%	2.0%	
Hospital	13.4%	15.6%	
Housing / Builder	0.4%	0.7%	
Insurance	0.9%	0.7%	
Labor	1.6%	0.7%	
Law Enforcement	0.5%	0.0%	
Low Income / Free Clinics	0.6%	0.0%	
Mental Health	1.2%	0.7%	
Nursing	8.8%	12.9%	
Other Health Professional	5.6%	3.4%	
Parent / Caregiver	11.9%	10.9%	
Pharmacy	0.4%	0.7%	
Physician (MD / DO)	0.2%	0.0%	
Physician Clinic	1.2%	0.0%	
Press (Paper, TV, Radio)	0.3%	1.4%	
Senior Care / Nursing Home	1.4%	3.4%	
Social Worker	0.5%	0.0%	
Veteran	1.8%	0.7%	
Welfare / Social Service	0.4%	0.0%	
Other (Please note below)	2.5%	2.0%	
TOTAL	100.0%	100.0%	

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

CHNA Round #2 Community Feedback 2015 - Norton Co N=64					
ID	ZIP	c1	c2	c3	Are there healthcare services in your community / neighborhood that you feel need to be improved and / or changed?
1001	67654	NO			No, all areas do a great job to provide great services to our community!
1002	67654	PEDS	SPEC	BH	having a pediatrician would be beneficial, so I would not have to travel out of town and average 200 miles round trip to see a doctor. Stronger needs towards mental health I think are important too
1004	67654	SPEC	TRAV	CONF	Most problems are related to being in a small town and lack of specialists close by. Not much we can do about that. My primary suggestion for the hospital is to focus on confidentiality. I have had more than 1 experience where confidential info was shared without my permission. The most glaring personal experience I had was when my coworkers found out about my pregnancy before my husband and I had told anyone. We chose not to share the news till after the 1st trimester so I had a couple of pre-natal visits but at that point only my husband and I knew about it. Then had a coworker congratulate me because she heard I was pregnant (I had not even told my boss yet). I have also heard info about other patients, including names, when I have been at the hospital waiting room.
1006	67654	RAD	SPEC	DIAL	Our community needs a dialysis center and radiation center
1008	67654	WELL	PREV		Community education
1009	67654	ALL	CORP	WELL	Improvements in the quality of care received. Perhaps some expansion of community health activities such as education about health promotion and prevention.
1011	67622	DOCS			More outreach Dr
1013	67654	WELL	FAC	PREV	preventative wellness options like a gym type facility.
1014	67654	NO			no
1015	67654	DOCS			Just keep working on more doctors.
1016	67654	DIAL	SPEC		Dialysis servaces
1018	67654	HH	ACC		more easily accessible home health sevices
1022	67654	CLIN	FEM	WELL	-to improve clinic apt process for ob patients - to better communicate the pre labor classes -to improve the community's knowledge of the services provided at NCH
1023	67645	WELL	PREV		preventive care for chronic disease.
1024		WELL	PREV		More community education and preventative actions
1028	67654	NO			NO
1031	67645	VETS	CANC	BH	cancer treatment-more options, better space for patients; veteran services; better PAs that actually want to treat someone from the VA and are more friendly; Mental health
1033	67654	FEM	CONF	DOCS	I feel that there is one OB/family practice provider that needs to be more confidential in his practice; As well as not brag about his inappropriate personal life while he is on the job. I feel this is a huge issue with medical care that is being practiced and will eventually be a legal issue if not resolved. We hear this over and over with individuals that have went to see him due to THEIR health needs but feel that the only thing that was accomplished during their visit is hearing about his inappropriate personal life.
1034	67654	PREV	WELL		Prevenative Healthcare needs some work. More programs offered in the community regarding teaching and health promotion.
1035	67654	DOCS			More physicians possibly?

CHNA Round #2 Community Feedback 2015 - Norton Co N=64					
1036	67622	EMS			EMS services
1040	67654	PREV	WELL	CLIN	More public knowledge concerning personal health, ie drug use, smoking, alcohol related, staying healthy, what is an ER need vs clinic
1042	67654	DOCS	WAIT	FAC	Increased number of higher level providers (MD, DO), shorter wait time for clinic visits, updated equipment and new equipment for cardio rehab and physical therapy
1044	67654	FEM	SPEC	DOCS	Having a specialized OB/GYN would be a benefit. Or if there are other specialized physician care, having access to them here would be useful.
1047	67654	DOCS			Realistically, no. I am sorry Dr. Bascom no longer comes here.
1048	67654	DOCS	MDLV	STF	I feel our community healthcare will suffer with the departure of Dr. Griffey. We cannot function or function well with only 2 doctors and 4 mid-level practitioners. I hope we will be able to add to our hospital/clinic staff.
1049	67654	NO			No
1052	67645	IP			Inpatient care.
1054	67654	NO			NA
1059	67654	NO	ALL		I don't see that changes in services are necessary. The community should do everything it can to offer the highest quality medical, dental, eye, and mental healthcare services that the community needs.

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