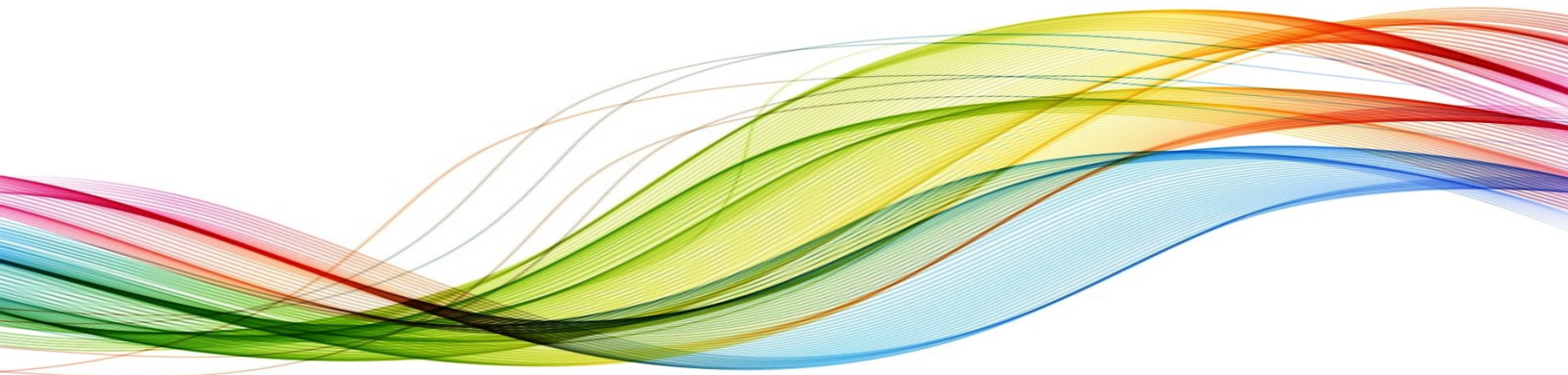




Community Health Needs Assessment

HaysMed, part of The University of Kansas Health System- Ellis County (KS)



May 2018

**VVV Consultants LLC
Olathe, KS**

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I. Executive Summary

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

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

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

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

Year 2018 Ellis County “Community Health Improvements Needs”

Ellis Co KS / HaysMed, part of The University of Kansas Health System				
Wave #3 CHNA - 2018 Town Hall Priorities (21 Attendees, 73 Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Diagnosis, Placement, Aftercare)	12	16.4%	16.4%
2	Obesity (Healthy Foods / Exercise)	10	13.7%	30.1%
3	Substance Abuse (Meth, Marijuana, Opioids, etc)	9	12.3%	42.5%
4	Primary Care / Geriatrics Access (Appropriate Use of Providers)	9	12.3%	65.8%
5	Senior Health	8	11.0%	53.4%
6	Access to Specialists (Ortho, Surg, ENT, CV etc.)	7	9.6%	75.3%
7	Suicide	6	8.2%	83.6%
Total Votes:		73	100.0%	
Other Items Noted: Recruit Psychiatrists, Cost of Insurance, Drinking, Geriatrics, Poverty & Child Care.				

Ellis County CHNA Town Hall “Community Health Strengths” cited are as follows:

HaysMed, part of The University of Kansas Health System - Community Health "Strengths"			
#	Topic	#	Topic
1	Parks and Recreation	5	High Quality from RWJ
2	Immunizations	6	Hospital Services
3	Collaboration of Providers	7	EMS Service
4	Number of Mental Health Providers	8	Walk-In Clinic Hours

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

KS HEALTH RANKINGS: According to the 2018 RWJ County Health Rankings study, Ellis County is in the top 10 counties out of 105 Kansas Counties: Overall Health - ranked 9th. Health Factors - ranked 37th and Physical Environment – ranked 70th.

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

TAB 1. Ellis County has a population estimate of 28,893. 31.6 people per square mile. Ellis has 5.9% of their population under the age of 5 and 14.5% of their population is over 65 years old. 49.7% of the population is female. A large majority of the county is white with 95.1% being only white, 5.6% are Hispanic or Latino, and 1.1% is black or African American. 7.1% of the population speaks a language other than English at home. 32% of the children in Ellis live in a single parent household. Ellis County is home to 1,673 veterans.

TAB 2. Ellis has a per capita income of \$26,098. 12% of their population is below the poverty line. Ellis has 13,131 total housing units and a severe housing problem of 14%. There are 3,805 firms in Ellis and an unemployment rate of 3%. 18.4% of Ellis is low income and has low access to a grocery store.

TAB 3. Children eligible for free or reduced- price lunch at school has increased to 39%. The high school graduation rate in Ellis dropped to 86.1%. The amount of people in Ellis continuing to get a bachelors degree of higher has also decreased to 16.9%.

TAB 4. 84.9% of births in Ellis had prenatal care beginning in the first trimester. 88.2% of infants up to 24 months old are receiving full immunizations. 31.9% of births in Ellis occur to unmarried women, 5.8% of births are to teenagers. Mothers who smoked during their pregnancy is still high at 11%.

TAB 5. One primary care physician in Ellis County takes care of 1,530 people. 74% of patients gave their hospital a rating of 9 or 10 out of 10 and 73% would recommend the hospital.

TAB 6. Depression in Ellis is a little high with 20.4% being treated and an Age-adjusted suicide mortality rate of 23.9.

TAB 7. 32% of adults in Ellis are Obese and 22% of adults are physically inactive. 16% of adults smoke and 17% drink excessively. Ellis has a high sexually transmitted infection rate of 447.30. Hyperlipidemia is high in Ellis at 50.7% as well as Chronic Kidney Disease being 20.8%. Hypertension is a little high being 61.3%. Asthma has increased to 7.8%. Cancer in Ellis is 9.9% of the Medicare population.

TAB 8. The adult Uninsured rate for Ellis County is 11%.

TAB 9. Ellis has a life expectancy of 77.6 for Males and 81.7 for Females. Age-Adjusted Cancer Mortality Rate and Age-Adjusted Heart Disease Mortality Rate are both high with cancer being at 162.2 and heart disease at 138.8. Age-Adjusted Chronic Lower Respiratory Disease Mortality Rate is 43.1. Ellis has a high percentage of Alcohol-impaired driving deaths being at 50%.

TAB 10. 70% of Ellis County has access to exercise opportunities. Diabetes monitoring is at 78%. Regular Mammography screenings are being done by 74% of the population.

Key 2018 Community Feedback Conclusions: Stakeholder feedback from residents, community leaders and providers (N=388) provided the following community insights via an online perception survey:

- Using a Likert scale, 72.2% of Ellis County respondents would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Ellis County respondents are very satisfied with the following services (less than 5% bottom 2 boxes): Ambulance, Chiropractors, Dentists, Optometrists, Home Health, Hospice, Inpatient Services, Outpatient Services, Pharmacy, and Physician Clinics.
- Ellis County respondent’s believe the highest root cause of poor health is caused by: Lack of awareness of existing programs, providers, and services and Limited access to mental health assistance.
- When considering past CHNA needs, Drug/Substance Abuse; Mental Health; and Alcohol Abuse continue as an ongoing problem and is a pressing issue.

CHNA Wave #3		Ongoing Problem		Pressing
Past CHNAs health needs identified		HaysMed N=388		HaysMed
Rank	Topic	Votes	%	RANK
1	Drug / Substance Abuse	158	13.7%	2
2	Mental Health	155	13.4%	1
3	Alcohol Abuse	121	10.5%	3
4	Child Care	109	9.4%	5
5	Housing	79	6.8%	6
6	Wellness / Prevention	79	6.8%	8
7	Nutrition - Healthy Food options	72	6.2%	9
8	Tobacco Abuse	72	6.2%	11
9	SR Care Options - Skilled Care	68	5.9%	7
10	Primary Care Access	67	5.8%	4
11	Awareness of HC services	56	4.8%	12
12	Water	51	4.4%	10
13	Home Health / Hospice services	35	3.0%	13
14	HC Transportation	34	2.9%	14
TOTALS		1156	100.0%	

II. Methodology

[VVV Consultants LLC]

II. Methodology

a) CHNA Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

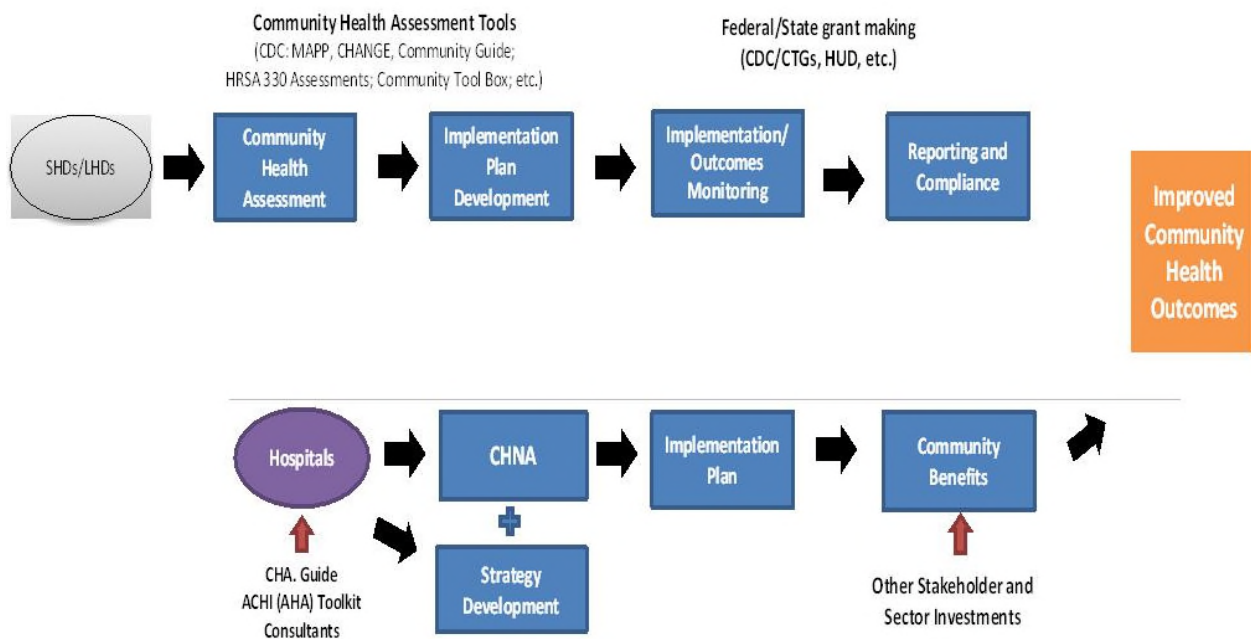
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Notice 2011-52 Overview

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

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

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

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

ACCOUNTING TODAY 1/2/15

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

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

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

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

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

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

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

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

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

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

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

RICH DALY, HFMA SENIOR WRITER/EDITOR

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

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

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

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

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

Reasons for Revocation

Hospital 501(r) requirements include:

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

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

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

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

Widespread Vulnerability

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

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

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

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

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

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

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

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

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

Public Health Criteria:

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

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

DOMAIN 1 INCLUDES FOUR STANDARDS:

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

Seven Steps of Public Health Department Accreditation (PHAB):

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

II. Methodology

b) Collaborating CHNA Parties

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

Hays Medical Center Profile

2220 Canterbury Dr, Hays, KS 67601
CEO: Edward Herrman

About HaysMed: Hays Medical Center is a private, not-for-profit hospital formed by the 1991 merger of two religiously affiliated facilities, and provides the only tertiary level services in the region. The organization's Vision Statement, developed collaboratively with local and regional physicians, hospital administrators and community board representatives, was refined to a single core purpose: "To Help People Be Healthy," and an overriding goal: "To Be the Best Tertiary Care Center in Rural America."

HaysMed's DeBakey Heart Institute provides heart surgery for the western half of the state. Additionally the 207-bed facility provides medical, surgical and pediatric care along with cardiac, neonatal and intensive care units; cancer, joint and spine care, diagnostic imaging and eye surgery center; emergency department, rehabilitation and hospice. HaysMed also maintains a Wound Care and Hyperbaric Center, Sleep and Neurodiagnostic services and Robotic Surgery Program.

A total of 5,083 admissions and 178,863 outpatient procedures documented last year, while the medical group's specialty and clinics accounted for more than 137,129 office visits. In addition, the DeBakey Heart Institute had 2,167 admissions while the Dreiling/Schmidt Cancer Institute provided services to 1,817. Last year 627 births were also recorded at the hospital while 11,556 patients were seen in the Emergency Department.

The Center for Health Improvement, located in the Bickle/Eagle Health Complex at HaysMed, is an MFA accredited fitness center that incorporates hospital-based fitness and rehabilitation programs with occupational medicine and independent physician clinics, and has a membership in the fitness area of 2,000.

Hays Medical Center maintains a local market share of nearly 90%; with total primary/secondary/tertiary service are at 25%. Patient utilization figures demonstrate approximately one-half of all hospitalizations in the region are maintained in the small rural hospitals surrounded by Hays Medical Center. Administering perhaps the largest Critical Access Hospital network in the country, HMC earned the 1997 National Rural Health Association Outstanding Program Award for its EACH/RPCH and Telemedicine programs. It is NIAHO accredited by DNV Healthcare and ISO Certified, a Level 3 Trauma Center, an accredited Chest Pain Center with PCI, a Primary Stroke Center and a Certified Hip and Knee Replacement Center for Excellence by DNV GL Healthcare.

Approximately 1,500 associates staff the medical center and physician clinics, accredited by DNV Healthcare.

Mission Statement: Patient, physicians and employers will first think of Hays Medical Center

and our regional partners to meet their health care needs. We will provide the best in compassionate care and will help communities understand and improve their health. We support health care as a component of rural life by combining tertiary services in a rural delivery system using primary care physicians, local hospitals and other health care providers.

Vision: To help people be healthy.

Hays Medical Center offers the following services to its community:

- Bariatrics
- Billing/Financial
- Bone, Joint and Spine Center
- Breast Care Center
- Cancer
- Convenient Care Walk-In Clinic
- Cosmetic Surgery
- Diabetes Solutions
- Dietary
- Dodge City Specialty Clinic
- Ear, Nose, Throat
- Education
- Emergency Department
- Eye
- Family Medicine
- Fitness Center
- St. Rose Health Center
- HaysMed Partners
- Heart
- Hospice
- Hospitalists
- Imaging
- Internal Medicine
- Nephrology
- Nursing
- OB/GYN
- Occupational Therapy
- Orthopedics
- Out Patient Rehab
- Palliative Care
- Pastoral Care
- Pediatrics
- Pharmacy
- Poison Control Center
- Pulmonology
- Rehabilitation
- Robotic Surgery
- Senior Focused Care
- Sleep and Neurodiagnostic
- Special Nursing Services
- Sports Medicine
- Surgery
- Urology
- Volunteer Services
- Weight Loss Surgery
- WorkSMART
- Woman/Infant Services
- Wound Healing Hyperbaric Center

Ellis County Health Department Profile

601 Main St., Ste. B, Hays, KS, 67601

Administrator: Kerry McCue

Medical Consultant: Katrina Hess, MD

Phone: 785-628-9440

Regional District Office: NW **Trauma Region:** NW

The Ellis County Health Department is open Monday through Friday from 7:30 am to 4:30 pm. In 2004, ECCP applied for funding from KDHE through the partnership of the Ellis County Health Department in the Chronic Disease Risk Reduction Grants, to assist with tobacco cessation opportunities. ECCP is the acting Juvenile Justice Authority Committee for Ellis County and over the years assisted with securing mini-grant funds for juvenile delinquency prevention efforts. Efforts specifically focused on Intensive Tutoring facilitated at the Northwest Kansas Juvenile Intake Program and mentoring through Big Brothers Big Sisters of Ellis County. The health department also offers WIC services, including immunizations screening, breastfeeding education & support, and classes for nutrition & health.

Offerings: Screenings (Blood pressure, Cholesterol, Glucose, Prostate (PSA), and Tuberculosis), metabolic panels, CBC Blood count, Hemoglobin A1C, Prottime, TSH (Thyroid stimulating hormone), wellness physicals, lead testing, education on children's health matters.

Immunizations: Hepatitis A/B, HPV, Meningococcal, Diphtheria, Tetanus, Pertussis, Pneumonia, Influenza, Zostavax, MMR, Polio, Rabies, Rotavirus, and Varicella.

Mission: "It is the philosophy of the Ellis County Health Department that every citizen of Ellis County should have access to basic public health services at an affordable cost. This agency will promote, provide and maintain these services while encouraging personal responsibility for individual health care. However, individuals will not be denied supported services due to inability to pay."

Accreditation: Ellis County Health Department currently considering working towards CHNA accreditation.

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications



VVV Consultants LLC

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

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

VVV@VandehaarMarketing.com

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

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

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

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

Collaborating Support:

Heather Marine, BA CNA - VVV Consultants LLC

Collaborative Analyst

II. Methodology

c) CHNA and Town Hall Research Process

Wave #3 Community Health Needs Assessment (CHNA) process began in January 2018. At that time an inquiry by HaysMed (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.

In early December of 2017 a meeting was called (hosted) by HaysMed to review possible CHNA collaborative options. Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps. Outcomes from discussion lead to HaysMed Administration requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

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

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

HaysMed - Ellis Co: Defined based on historical KHA IP/ER/OP patient origin					
Home County Share	Ellis Co	HaysMed	PSA	Others	%
HaysMed Overall - 3 yr	96,860	84,345	87.1%	12,515	12.9%
Total Inpatient (PO 103)					
-FFY 2016	2704	2076	76.8%	628	23.2%
-FFY 2015	2802	2191	78.2%	611	21.8%
-FFY 2014	2740	2195	80.1%	545	19.9%
Total Outpatient (TOT223)					
-FFY 2016	32221	28129	87.3%	4092	12.7%
-FFY 2015	32144	28415	88.4%	3729	11.6%
-FFY 2014	24249	21339	88.0%	2910	12.0%
ER Only (TOT223)					
-FFY 2016	7692	7015	91.2%	677	8.8%
-FFY 2015	8534	7877	92.3%	657	7.7%
-FFY 2014	6775	6267	92.5%	508	7.5%

Source: KHA Hospital Assoc

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

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

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

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

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

Phase III—Quantify Community Need:

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

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

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

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

Phase I: Discovery.....	Jan 2018
Phase II: Secondary / Primary Research.....	Jan-Feb 2018
Phase III: Town Hall Meeting.....	March 14, 2018
Phase IV: Prepare / Release CHNA report.....	May-June 2018

Detail CHNA Development Steps Include:

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

Hays Regional Medical Center- CHNA Work Plan

Wave #3 Project Timeline & Roles 2018

Step	Date	Lead	Task
1	12/12/2017	VVV	Presented Wave #3 options to NW KS Network Alliance CEO's
2	12/21/2017	Hosp	Selected CHNA Option C. Approved / signed VVV CHNA quote.
3	1/15/2018	Both	Conduct CHNA Kickoff Conference Call (Hospital / DOH leaders).
4	1/15/2018	VVV	Send out REQCommInvite Excel file. Hospital client to fill in PSA key stakeholder names, addresses and e-mail addresses.
5	1/15/2018	VVV	Request hospital client to complete zip counts (three year historical PSA IP / OP / ED / Clinic). Use ZipPSA_3yrPOrigin.xls Patient Origin file.
6	1/15/2018	VVV	Request hospital client to send KHA Patient Origin reports for CCH to document service area for FFY 14, 15, 16 (KHA key).
7	On or before 1/18/18	VVV	Prepare CHNA stakeholder feedback online link. Send text link for hospital client to review. Prepare draft e-mail push.
8	On or before 1/25/18	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming CHNA work / online survey for hospital client to place. Request public to participate.
9	Jan / Feb 2018	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
10	2/1/2018	VVV	Launch online survey to stakeholders. Hospital client will e-mail invite to participate to all stakeholders. Client will finalize Town Hall location / food.
11	Monday 2/19/2018	VVV / Hosp	Prepare / release PR story to local media announcing upcoming Town Hall. VVV will mock up PR release.
12	Monday 2/19/2018	Hosp	Prepare and send out community Town Hall invite letter and place local advertisement.
13	Friday 3/9/2018	All	Conduct Town Hall practice conference call with hospital client to review Town Hall data and flow. Time TBD
14	Wed 3/14/2018	VVV	Conduct CHNA Town Hall from 11:30-1pm at Hadley #3. Review and discuss basic health data and rank health needs.
15	On or before 4/30/18	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital client.
16	On or before 5/15/18	VVV	Produce and release final CHNA report. Hospital client will post CHNA online.
17	On or before 5/15/18	ALL	Conduct hospital client Implementation Plan meeting with PSA leadership.
18	30 days prior to end of hospital fiscal year	Hosp	Hold board meetings to discuss CHNA needs, create and adopt an Implementation Plan. Communicate CHNA plan to community.

Overview of Town Hall Community Priority Setting Process

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

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

HaysMed's Town Hall (Ellis Co KS) was held on Wednesday, March 14th, 2018 at HaysMed in Hays, KS. Vince Vandehaar and Heather Marine facilitated this 1 ½ hour session with twenty-one (21) attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

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

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

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

Community Health Needs Assessment Town Hall Meeting HaysMed (PSA) / Ellis County KS



Vince Vandelaar, MBA
VVV Consultants LLC
Principal / Adjunct Professor

Olathe, Kansas 66061
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913-302-7264

Community Health Needs Assessment (CHNA) Town Hall Discussion Agenda

- I. Opening / Introductions (10 mins)
- II. Review CHNA Process & What's NEW (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
 - Debate / Build Consensus on Area Health Status
 - Conduct Town Hall Vote (30 mins)
- V. Close / Next Steps (5 mins)

I. Introduction:

Background and Experience



Vince Vandelaar, MBA
VVV Consultants LLC - Principal Consultant
Hometown: Bondurant IA

Olathe, KS 913 302-7264

- > Professional Consulting Services: Strategic Planning, Marketing Management, Business Research & Development
- > Focus: Strategy, Research, Deployment
- > 35+ years of experience with Tillinghast, BCBSKC, Saint Luke's

Adjunct Professor - Marketing / Health Admin, 25+ years

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

Heather Marine BA CNA- Collaborative Analyst

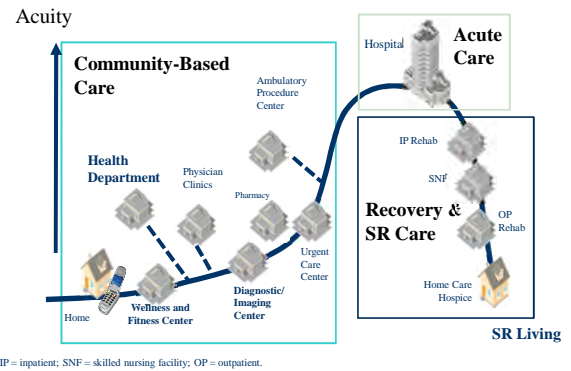
II. Review CHNA Definition

- A Community Health Needs Assessment (CHNA) is a systematic collection, assembly, analysis, and dissemination of information about the health of the community. *(NOTE: Some the data has already been collected / published by Local, State and Federal public health organizations. Some data will be collected today.)*
- A CHNA's role is to identify factors that affect the health of a population and determine the availability of resources to adequately address those factors.

Purpose—Why Conduct a CHNA?

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

Future System of Care—Sg2



Wave #3 Focus: Next Generation Community Health / United Health Foundation

1. Collaboration with other hospitals, providers & agencies
2. Community Visioning (What we want to get to?)
3. Population Health – Collect / Use “Big Data”
4. Seek National Collaborative (Grants etc.)

Understand.... Causes of Poor Health; Readiness programs (Caregiver Training, Violence Prevention, Chronic Disease Management); Community HC Perceptions and barriers to care.

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."

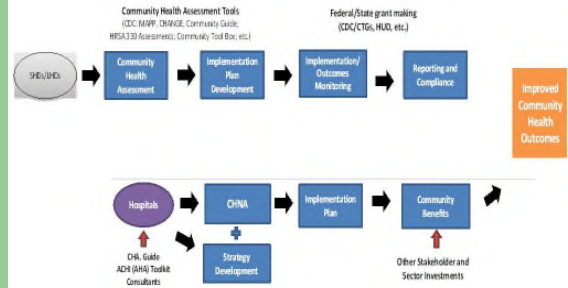
Public and other organizations: Public health officials, Directors or staff of health and human service organizations, City/Community planners and development officials, Individuals with business and economic development experience, Welfare and social service agency staff, Housing advocates - administrators 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

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

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



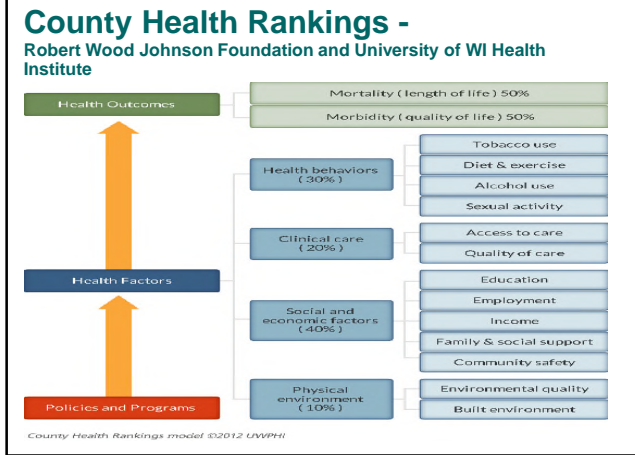
II. IRS Hospital CHNA YR 2012 / 2015 / 2018 Written Report Documentation

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

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

Trends: Good Same Poor

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



1 Physical Environment (10%)			2b Social and Economic Environment (40%)			
Focus Area	Measure	Description	Focus Area	Measure	Description	
Air and water quality (5%)	Particulate emissions	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	Community safety (5%)	Violent crime	Violent crime rate per 100,000 population	
	Drinking water 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 bathing facilities			
		Driving alone to work	Percent of the workforce that drives alone to work			
			3 Health Outcomes (30%)			
			3a Health Behaviors (30%)			
2a Clinical Care (20%)						
Focus Area	Measure	Description	Focus Area	Measure	Description	
Access to care (10%)	Uninsured	Percent of population under age 65 without health insurance	Tobacco use	Adult smoking	Percent of adults that report smoking \geq 100	
	Primary care physicians	Ratio of population to primary care physicians	Diet and exercise (10%)	Adult obesity	Percent of adults that report a BMI \geq 30	
Quality of care (10%)	Deaths	Ratio of population to deaths	Food environment index	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 20 and over reporting access to exercise opportunities	
	Preventable hospital stays	Hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees	Excessive drinking	Percent of population with binge alcohol consumption		
	Diabetic screening	Percent of diabetic Medicare enrollees that receive diabetic screening	Alcohol and drug use (5%)	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	
			Teen births	Teen birth rate per 1,000 female population, ages 15-19		
3 Social and Economic Environment (40%)						
Focus Area	Measure	Description	3b / 3c	Measure	Morbidity / Mortality	
Education (10%)	High school graduation	Percent of ninth grade cohort that graduates in 4 years	Quality of life (50%)	Poor or fair health	Percent of adults reporting fair or poor health (age-adjusted)	
	Some college	Percent of adults aged 25-44 years with some post-secondary education		Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	
Employment (10%)	Unemployment	Percent of population age 16+ unemployed but seeking work	Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		
	Children in poverty	Percent of children under age 18 in poverty	Low birthweight	Percent of live births with low birthweight (< 2,500 grams)		
Family and social support (5%)	Inadequate social support	Percent of adults without social/emotional support	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?

Today: 1) What are the *strengths* of our community that contribute to health? (Color card)

2) Are there healthcare services in your community / neighborhood that you feel *need to be improved and / or changed*? (White card)

Future: What is occurring or might occur that would affect the “health of our community?”

Community Health Needs Assessment

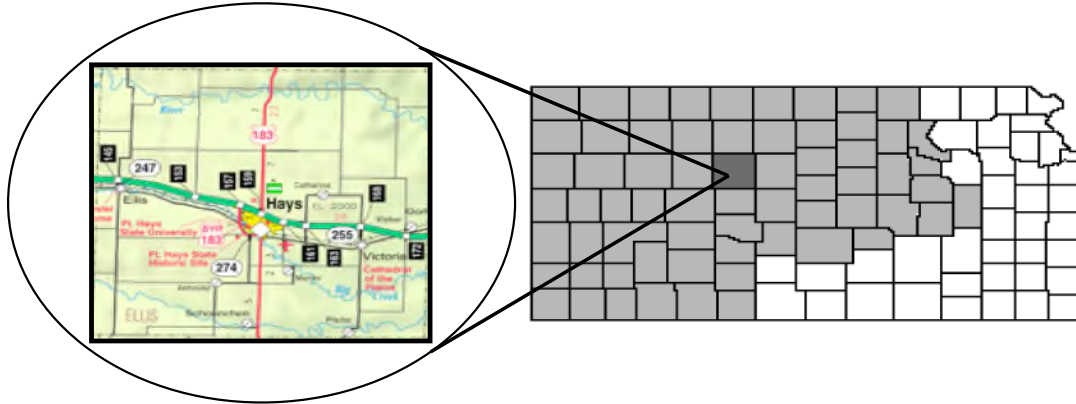
Questions; Next Steps?

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

II. Methodology

d) Community Profile (A Description of Community Served)

Ellis County KS Community Profile



Demographics

The population of Ellis County was estimated to be 28,893 citizens in 2016, and had a 1.5% change in population from 2010–2016. The county covers 899.9 square miles is one of the top pheasant hunting states in the nation. It also has the Cedar Bluff Reservoir and Lake Wilson for recreation and is home to the Cathedral of the Plains¹. The county has an overall population density of 33 persons per square mile. The county is located in Central Western Kansas and the most common industries are education, health and social services and retail trade². The county was founded in 1867 and the county seat is Hays³.

The major highway transportation access to Ellis County is U.S. Interstate 70, which runs through the center of the county. Kansas Highway 183 is the major North–South road. Also, Old Highway 40 runs parallel to I-70 throughout the county.

Ellis County KS Airports⁴

Name	USGS Topo Map
Hays Medical Center Heliport	Hays North
Hays Regional Airport	Hays South
Philip Ranch Airport	Victoria
Rans Airport	Hays North
Saint Anthony Hospital Airport	Hays North

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

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

³ <http://www.elliscountynet.net/index.aspx?NID=144>

⁴ <http://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20051.cfm>

Schools in Ellis County:

Public Schools⁵

Name	Level
Ellis High	High
Felten Middle	Middle
Hays High	High
Kathryn O'Loughlin McCarthy Elem	Primary
Kennedy Middle	Middle
Lincoln Elem	Primary
Roosevelt Elem	Primary
Victoria Elem	Primary
Victoria High	High
Washington Elem	Primary
Washington Elem	Primary
Woodrow Wilson Elem	Primary

Private Schools⁶

Name	Level
High Plains Christian School	Elementary
Holy Family Elementary	Elementary
Maranatha Christian School	Elementary
St. Mary's School	Elementary
Thomas More Prep Marian High Sch	Secondary

City of Hays and Ellis County governments

Dillons - Grocery

Eagle Communications

EnerSys - Manufacturing

HaysMed, The University of Kansas Health System

Hays School District

Hess Services - Metal fabrication / oil field supplies

Midwest Energy - Utilities

Fort Hays State University

Nex-Tech - Communications

Wheelchairs of Kansas - Manufacturing

Wal-Mart

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

⁶ <http://kansas.hometownlocator.com/schools/sorted-by-county,n,ellis.cfm>

Detail Demographic Profile

ZIP	NAME	County	Population:			Households		HH	Per Capita
			Yr2014	Yr2019	Chg	Yr2014	Yr2019	Avg Size	Income 14
67601	Hays	ELLIS	24,656	25,349	2.8%	10,405	10,732	2.3	\$23,841
67627	Catharine	ELLIS	80	82	2.5%	40	41	2.0	\$32,491
67637	Ellis	ELLIS	2,720	2,784	2.4%	1,159	1,191	2.3	\$22,562
67660	Pfeifer	ELLIS	74	76	2.7%	30	30	2.5	\$22,029
67671	Victoria	ELLIS	1,797	1,875	4.3%	735	770	2.3	\$22,651
67674	Walker	ELLIS	50	51	2.0%	26	27	1.9	\$33,325
Totals			29,377	30,217	16.7%	12,395	12,791	2.2	\$26,150

ZIP	NAME	County	Population 2014:				YR 2014		Females
			Yr2014	POP65p	KIDS<18	GenY	MALES	FEMALES	Age20_35
67601	Hays	ELLIS	24,656	3,292	6,137	9,778	12,324	12,332	3,550
67627	Catharine	ELLIS	80	15	19	21	42	38	5
67637	Ellis	ELLIS	2,720	461	677	801	1,325	1,395	241
67660	Pfeifer	ELLIS	74	13	17	19	39	35	5
67671	Victoria	ELLIS	1,797	360	437	514	921	876	130
67674	Walker	ELLIS	50	8	14	13	26	24	3
Totals			29,377	4,149	7,301	11,146	14,677	14,700	3,934

ZIP	NAME	County	Population 2014:				Aver	Hholds	HH \$50K+
			White	Black	Amer IN	Hisp	HH Inc14	Yr2014	
67601	Hays	ELLIS	22,600	372	80	1,546	\$55,998	10,405	4,399
67627	Catharine	ELLIS	77	0	0	1	\$64,983	40	22
67637	Ellis	ELLIS	2,653	8	3	92	\$52,705	1,159	479
67660	Pfeifer	ELLIS	71	0	1	3	\$54,337	30	12
67671	Victoria	ELLIS	1,757	7	7	20	\$54,806	735	338
67674	Walker	ELLIS	49	0	0	1	\$64,086	26	14
Totals			27,207	387	91	1,663	\$57,819	12,395	5,264

Source: ERSA Demographics

III. Community Health Status

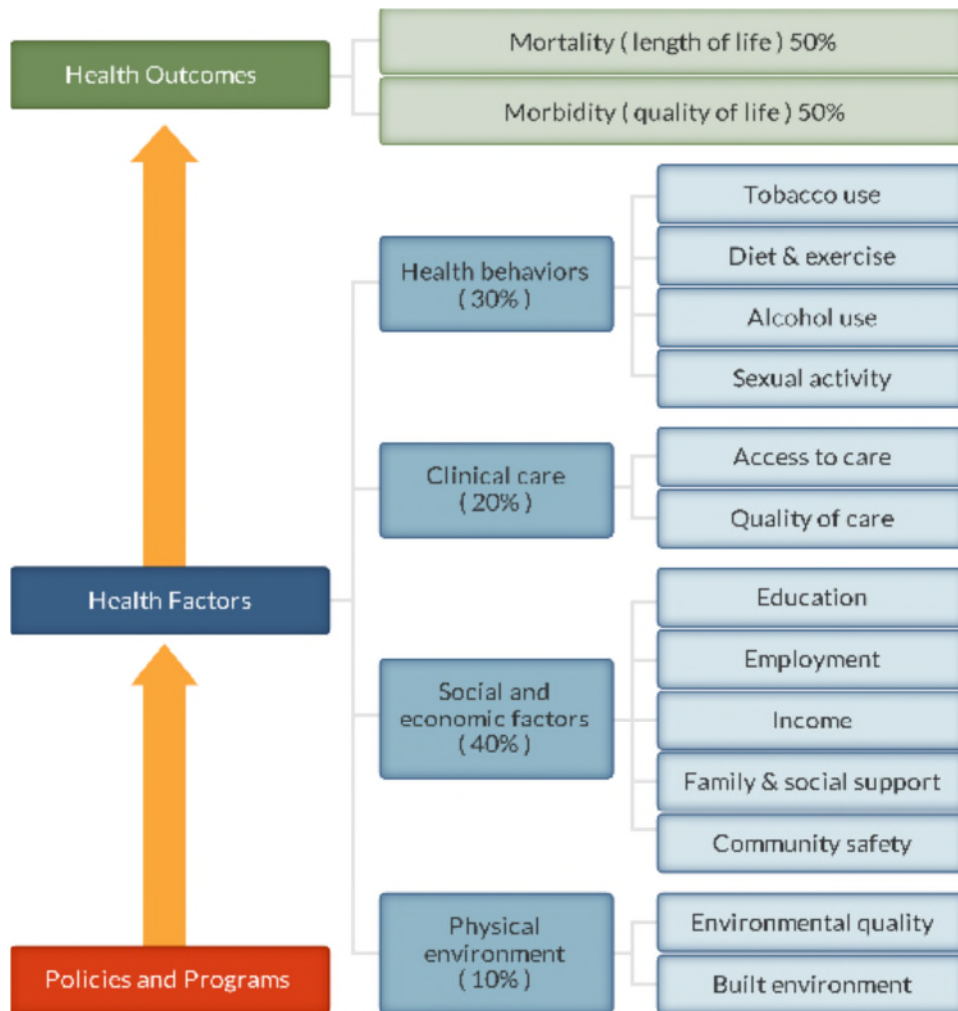
[VVV Consultants LLC]

III. Community Health Status

a) Historical Health Statistics

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2018 RMJ County Health Rankings and conversations from Town Hall participates. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators. <Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*. As seen below, RWJ’s model use a number of health factors to rank each county.>



County Health Rankings model ©2012 UWPHI

National Research - State Health Rankings:

County Health Rankings 2017 - RWJ Univ of WI						
#	KS Rankings - 105 Counties	Definitions	Ellis Co KS 2018	TREND	Ellis Co KS 2015	KS RURAL NORM (N=14)
1	Health Outcomes		8		12	52
2	Mortality	Length of Life	7		7	50
3	Morbidity	Quality of Life	17		22	57
4	Health Factors		24		5	40
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	49		21	47
6	Clinical Care	Access to care / Quality of Care	17		9	55
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	20		4	36
8	Physical Environment	Environmental quality	51		83	36

<http://www.countyhealthrankings.org>, released 2017

Kansas Rural Norm (N=14) includes the following counties: Cheyenne, Barton, Edwards, Ellis, Gove, Kiowa, Norton, Osborne, Pawnee, Phillips, Russell, Sheridan, Smith and Thomas.

PSA Secondary Research:

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

Tab 1 Demographic Profile

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

Tab	Health Indicator	Ellis 2018	Ellis 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
1a	a Population estimates, July 1, 2016, (V2016)	28,893	28,939		2,907,289	7,762	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2016, (V2016)	1.5%	1.4%		1.9%	-2.7%	People Quick Facts
	c Population per square mile, 2012	31.6	34.9		34.9	8.9	Geography Quick Facts
	d Persons under 5 years, percent, July 1, 2016, (V2016)	5.9%	6.9%		6.7%	5.8%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2016, (V2016)	14.5%	14.0%		15.0%	21.4%	People Quick Facts
	f Female persons, percent, July 1, 2016, (V2016)	49.7%	50.2%		50.2%	49.2%	People Quick Facts
	g White alone, percent, July 1, 2016, (V2016)	95.1%	87.1%		86.6%	95.6%	People Quick Facts
	h Black or African American alone, percent, July 1, 2016, (V2016)	1.1%	6.2%		6.2%	1.3%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2016, (V2016)	5.6%	11.2%		11.6%	6.5%	People Quick Facts
	j Foreign born persons, percent, 2011-2015	3.6%	6.5%		6.9%	3.0%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2011-2015	7.1%	10.9%		11.3%	5.7%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	75.9%	83.0%		83.5%	86.9%	People Quick Facts
	m Children in single-parent households, percent, 2011-2015	32.0%	23.0%		29.0%	25.1%	County Health Rankings
	n Total Veterans, 2011-2015	1,673	2,185		198,396	567	People Quick Facts

Tab 2 Economic Profile

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

Tab	Health Indicator	Ellis 2018	Ellis 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
2	a Per capita income in past 12 months (in 2015 dollars), 2011-2015	\$26,098	\$26,845		\$27,706	\$25,839	People Quick Facts
	b Persons in poverty, percent	12.0%	16.2%		12.1%	12.2%	People Quick Facts
	c Total Housing units, July 1, 2016, (V2016)	13,131	12,397		1,259,864	3,818	People Quick Facts
	d Total Persons per household, 2011-2015	2.4	2.5		2.5	2.2	People Quick Facts
	e Severe housing problems, percent, 2009-2013	14.0%	12.2%		14.0%	9.4%	County Health Rankings
	f Total of All firms, 2012	3,805	3,551		239,118	972	Business Quick Facts
	g Unemployment, percent, 2015	3.0%	2.1%		4.2%	3.2%	County Health Rankings
	h Food insecurity, percent, 2014	14.0%	14%		14.0%	12.8%	County Health Rankings
	i Limited access to healthy foods, percent, 2010	6.0%	6.0%		8.0%	16.9%	County Health Rankings
	j Low income and low access to store, percent, 2015	18.4%	5.8%		NA	7.5%	U.S. Department of Agriculture - Food Environment Atlas
	k Long commute - driving alone, percent, 2011-2015	7.0%	6.2%		20.0%	13.7%	County Health Rankings

Tab 3 Schools Health Delivery Profile

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

Tab	Health Indicator	Ellis 2018	Ellis 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
3	a Children eligible for free or reduced price lunch, percent, 2014-2015	39.0%	27.6%		50.0%	48.9%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2011-2015	86.1%	91.7%		88.4%	95.7%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2011-2015	16.9%	30.0%		27.1%	32.2%	People Quick Facts

#	School Health Indicators	Ellis Co 2018			Ellis Co 2015			Ellis Co 2012
	Districts	USD 489	USD 388	USD 432	USD 489	USD 388	USD 432	Overall
1	Total # Public School Nurses	4	1	1	4	1	1	5.5
2	School Nurse is part of the IEP team Yes/No	Yes	If needed	As needed	Yes	yes	As needed	Yes
3	School Wellness Plan (Active)	Yes	Yes	Yes	Yes	yes	Yes	No
4	VISION: # Screened / Referred to Prof / Seen by Professional	1645/84/1	274/20/15	237/6/6	1636/130/34	285/7/6	250/8/6	1707/ 150/ 67
5	HEARING: # Screened / Referred to Prof / Seen by Professional	1403/21/1	274/3/2	237/2/2	1234/17/1	285/10/7	250/2/2	1516/ 39/ 20
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	1585/56/0	248/22/12	287/0/0	1197/54/0	259/25/15	Doing Soon	1328/ 132/ 30
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	n/a	0/0/0	Per athletic physical	0/0/0	0/0/0	Per athletic physical	0/ 0/ 0
8	# of Students served with no identified chronic health concerns	2511	340	274	2368	350	303	3138
9	School has a suicide prevention program	Yes	Presentation for 7th-12th graders	Yes	No	No	As needed	No
10	Compliance on required vaccinations (%)	99%	100%	95%	99%	100%	94%	100%

TAB 4 Maternal and Infant Health Profile

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

Tab	Health Indicator	Ellis 2018	Ellis 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
4	a Percent of Births Where Prenatal Care began in First Trimester, 2013-2015	84.9%	84.5%		80.4%	77.4%	Kansas Health Matters
	b Percentage of Premature Births, 2013-2015	6.8%	7.8%		8.8%	9.46%	Kansas Health Matters
	c Percent of Infants up to 24 months that received full Immunizations, 2015-2016	88.2%	69.2%		70.6%	85.1%	Kansas Health Matters
	d Percent of Births with Low Birth Weight, 2013-2015	5.1%	6.4%		7.0%	11.6%	Kansas Health Matters
	e Percent of WIC Mothers Breastfeeding Exclusively, percent, 2016	19.1%	16.1%		15.0%	31.8%	Kansas Health Matters
	f Percent of all Births Occurring to Teens (15-19), 2013-2015	5.8%	6.0%		6.8%	11.6%	Kansas Health Matters
	g Percent of Births Occurring to Unmarried Women, 2013-2015	31.9%	33.5%		36.3%	32.8%	Kansas Health Matters
	h Percent of births Where Mother Smoked During Pregnancy, 2013-2015	11.0%	13.4%		11.8%	15.2%	Kansas Health Matters

#	Criteria - Vital Statistics	ELLIS CO 2018	Trend	KANSAS	NW Alliance (14)
a	Total Live Births, 2012	406		40,304	103
b	Total Live Births, 2013	360		38,805	94
c	Total Live Births, 2014	336		39,193	95
d	Total Live Births, 2015	364		39,126	97
e	Total Live Births, 2016	357		38,048	96
f	Total Live Births, 2012- 2016 - Five year Rate (%)	12.60%		13.5%	12.0%

TAB 5 Hospitalization/Provider Profile

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

Tab	Health Indicator	Ellis 2018	Ellis 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
5	a Primary care physicians (Pop Coverage per) , 2014	1530:1	1624:1		1,330:1	2,296:1	County Health Rankings
	b Preventable hospital stays, 2014 (lower the better)	57	72		52	74	County Health Rankings
	c Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	74%	NA		78.0%	75.0%	CMS Hospital Compare, 10/1/2015-9/30/2016
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	73%	NA		77.0%	77.1%	CMS Hospital Compare, 10/1/2015-9/30/2016
	e Average Time Patients Spent in the Emergency Dept. Before They Were Seen by a Healthcare Professional (in Minutes)	19	NA		24	20	CMS Hospital Compare, 10/1/2015-9/30/2016

TAB 5 Hospitalization/Provider Profile (cont.)

# KS Hospital Assoc PO103		Ellis County - Total Inpatient		
		FFY14	FFY15	FFY16
1	Total Discharges	2740	2802	2704
2	Total IP Discharges-Age 0-17 Ped	86	81	91
3	Total IP Discharges-Age 18-44	262	265	276
4	Total IP Discharges-Age 45-64	511	566	496
5	Total IP Discharges-Age 65-74	337	321	349
6	Total IP Discharges-Age 75+	769	775	722
7	Psychiatric	59	89	47
8	Obstetric	366	357	373
9	Surgical %	28.4%	28.20%	31.8%
# KS Hospital Assoc PO103		HaysMed (IP Only)		
		FFY14	FFY15	FFY16
1	Total Discharges	2195	2191	2076
	MRKT Shr %	80.1%	78.2%	76.8%
2	Total IP Discharges-Age 0-17 Ped	32	33	42
3	Total IP Discharges-Age 18-44	193	194	188
4	Total IP Discharges-Age 45-64	385	401	341
5	Total IP Discharges-Age 65-74	267	242	248
6	Total IP Discharges-Age 75+	631	642	581
7	Psychiatric	18	32	15
8	Obstetric	337	325	339
9	Surgical %	27.1%	27.0%	28.7%
#	Kansas Hospital Assoc OP TOT223E	FFY14	FFY15	FFY16
1	ER Market Share - HaysMed only	92.5%	92.3%	91.2%
2	OPS Market Share - HaysMed only	88.6%	90.1%	86.8%
3	OP Market Share - HaysMed only	77.1%	89.7%	87.2%

TAB 6 Social & Rehab Services Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	Ellis 2018	Ellis 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
6 a	Depression: Medicare Population, percent, 2015	20.4%	18.1%		17.8%	16.5%	Centers for Medicare and Medicaid Services
b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2014-2016 (lower is better)	23.9	22.0		15.9	12.6	Kansas Health Matters
c	Poor mental health days, 2015	3.0	2.0		3.2	2.9	County Health Rankings

TAB 7 Health Risk Profiles

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

Tab	Health Indicator	Ellis 2018	Ellis 2015	Trend	State of KS	KS Rural Norm (N=20)	Source
7a a	Adult obesity, percent, 2013	32.0%	29.0%		31.0%	32.3%	County Health Rankings
b	Adult smoking, percent, 2015	16.0%	20.0%		18.0%	16.4%	County Health Rankings
c	Excessive drinking, percent, 2015	17.0%	21.9%		17.0%	14.9%	County Health Rankings
d	Physical inactivity, percent, 2013	22.0%	26.0%		23.0%	25.9%	County Health Rankings
e	Poor physical health days, 2015	3.1	2.9		3.1	3.2	County Health Rankings
f	Sexually transmitted infections, rate per 100000, 2014	447.30	543.00		384.1	267.1	County Health Rankings

Tab	Health Indicator	Ellis 2018	Ellis 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
7b	a Hypertension: Medicare Population, 2015	61.3%	62.8%		53.2%	55.1%	Kansas Health Matters
	b Hyperlipidemia: Medicare Population, 2015	50.7%	49.7%		40.0%	36.9%	Kansas Health Matters
	c Heart Failure: Medicare Population, 2015	16.4%	17.1%		13.0%	16.6%	Kansas Health Matters
	d Chronic Kidney Disease: Medicare Pop, 2015	20.8%	17.6%		16.2%	15.1%	Kansas Health Matters
	e COPD: Medicare Population, 2015	15.2%	15.3%		11.4%	12.7%	Kansas Health Matters
	f Atrial Fibrillation: Medicare Population, 2015	9.6%	9.8%		8.3%	10.1%	Kansas Health Matters
	g Cancer: Medicare Population, 2015	9.9%	10.4%		7.7%	8.6%	Kansas Health Matters
	h Osteoporosis: Medicare Population, 2015	9.9%	11.7%		5.7%	7.7%	Kansas Health Matters
	i Asthma: Medicare Population, 2015	7.8%	3.9%		7.3%	6.8%	Kansas Health Matters
	j Stroke: Medicare Population, 2015	3.2%	3.2%		3.4%	3.1%	Kansas Health Matters

TAB 8 Uninsured Profiles/Community Invest

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

Tab	Health Indicator	Ellis 2018	Ellis 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
8	a Uninsured, percent, 2014	11.0%	15.7%		12.0%	13.0%	County Health Rankings

Source: Internal Hospital Records

	HaysMed	YR 2015	YR 2016	YR 2017	Trend
1	Charity Care	\$4,400,259	\$5,293,692	\$4,900,376	
2	Bad Debt Writeoffs	\$12,543,528	\$10,234,491	\$8,707,711	

Source: Internal Records - Ellis County KS

	Community Tax Dollars- Local Health Dept Operations	Yr 2015	YR 2016	YR 2017
1	Core Community Public Health	\$49,150	\$49,704	\$23,566
2	Immunizations/Vaccine	\$110,060	\$128,511	\$59,748
3	Primary Care, lab, minor procedures	\$19,912	\$51,839	\$25,234
4	Screenings: Blood pressure / STD	\$9,736	\$8,615	\$6,155
5	WIC Administration	\$104,400	\$135,890	\$77,043

TAB 9 Mortality Profile

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

Tab	Health Indicator	Ellis 2018	Ellis 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
9 a	Life Expectancy for Males, 2014	77.6	77.0		76.5	76.8	Kansas Health Matters
b	Life Expectancy for Females, 2014	81.7	81.0		81.0	81.8	Kansas Health Matters
c	Age-adjusted Cancer Mortality Rate per 100,000 population, 2014-2016 (lower is better)	162.2	147.0		194.3	159.6	Kansas Health Matters
d	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2014-2016 (lower is better)	138.8	117.0		157.4	174.3	Kansas Health Matters
e	Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2014-16 (Lower is better)	43.1	43.7		48.9	51.5	Kansas Health Matters
f	Alcohol-impaired driving deaths, percent, 2011-2015	50.0%	39.3%		27.0%	36.1%	County Health Rankings

TAB 10 Preventive Health Profile

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

Tab	Health Indicator	Ellis 2018	Ellis 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
10 a	Access to exercise opportunities, percent, 2014	70.0%	74.3%		76.0%	46.1%	County Health Rankings
b	Diabetes monitoring, percent, 2014	78.0%	80.0%		86.0%	79.2%	County Health Rankings
c	Mammography screening, percent, 2014	74.0%	75.0%		63.0%	63.6%	County Health Rankings
d	Percent Annual Check-Up Visit with PCP	NA	TBD		TBD	TBD	TBD
e	Percent Annual Check-Up Visit with Dentist	NA	TBD		TBD	TBD	TBD
f	Percent Annual Check-Up Visit with Eye Doctor	NA	TBD		TBD	TBD	TBD

PSA Primary Research:

For each CHNA Wave # 3 evaluation, a community stakeholder survey has been created and administered to collect “current” healthcare information for PSA.

Chart #1 – Hays Med PSA Online Feedback Response N=388

Community Health Needs Assessment Wave #3			
For reporting purposes, are you involved in or are you a ?	HaysMed N=388	Trend	Norms18 N= 1330
Business / Merchant	4.7%		8.8%
Community Board Member	5.2%		8.1%
Case Manager / Discharge Planner	0.6%		0.9%
Clergy	0.6%		0.9%
College / University	4.7%		2.2%
Consumer Advocate	1.7%		2.0%
Dentist / Eye Doctor / Chiropractor	0.3%		0.2%
Elected Official - City/County	1.2%		1.9%
EMS / Emergency	0.3%		1.9%
Farmer / Rancher	2.6%		5.3%
Hospital / Health Dept	32.1%		18.6%
Housing / Builder	0.6%		0.6%
Insurance	0.3%		0.9%
Labor	1.2%		2.1%
Law Enforcement	0.6%		0.6%
Mental Health	1.5%		1.9%
Other Health Professional	13.4%		8.8%
Parent / Caregiver	11.1%		14.6%
Pharmacy / Clinic	2.0%		2.0%
Media (Paper/TV/Radio)	0.3%		0.6%
Senior Care	2.3%		1.8%
Teacher / School Admin	3.2%		6.4%
Veteran	1.5%		1.9%
Other (please specify)	8.2%		7.1%

Chart #2 - Quality of Healthcare Delivery Community Rating

Community Health Needs Assessment Wave #3			
Quality" of healthcare delivery in our community?	HaysMed N=388	Trend	Norms18 N= 1330
Valid N	388		1330
Top Box %	19.8%		28.3%
Top 2 Boxes %	72.2%		73.5%
Very Poor	0.5%		0.5%
Poor	3.6%		3.8%
Average	23.7%		21.7%
Good	52.3%		45.3%
Very Good	19.8%		28.3%

Chart #3 - Overall Community Health Quality Trend

Community Health Needs Assessment Wave #3			
When considering "overall community health quality", is it ...	HaysMed N=388	Trend	Norms18 N= 1330
Valid N	346		1203
Increasing - moving up	43.1%		49.8%
Not really changing much	46.0%		41.9%
Decreasing - slipping	11.0%		8.3%

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

CHNA Wave #3		Ongoing Problem		Pressing
Past CHNAs health needs identified		HaysMed N=388	Trend	HaysMed
Rank	Topic	Votes	%	RANK
1	Drug / Substance Abuse	158	13.7%	2
2	Mental Health	155	13.4%	1
3	Alcohol Abuse	121	10.5%	3
4	Child Care	109	9.4%	5
5	Housing	79	6.8%	6
6	Wellness / Prevention	79	6.8%	8
7	Nutrition - Healthy Food options	72	6.2%	9
8	Tobacco Abuse	72	6.2%	11
9	SR Care Options - Skilled Care	68	5.9%	7
10	Primary Care Access	67	5.8%	4
11	Awareness of HC services	56	4.8%	12
12	Water	51	4.4%	10
13	Home Health / Hospice services	35	3.0%	13
14	HC Transportation	34	2.9%	14
TOTALS		1156	100.0%	

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

Community Health Needs Assessment Wave #3			
In your opinion, what are the root causes of "poor health" in our community?	HaysMed N=388	Trend	Norms18 N= 1330
Votes (Larger %)	234		853
Lack of awareness of existing local programs, providers, and services	62.8%		61.7%
Limited access to mental health assistance	46.2%		40.2%
Chronic disease prevention	36.8%		30.5%
Elder assistance programs	29.1%		28.3%
Lack of health & wellness education	28.2%		34.6%
Family assistance programs	23.1%		22.7%
Case management assistance	15.8%		15.7%
Other (please specify)	13.2%		17.2%

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

CHNA Wave #3	HaysMed		Trend	Norms 2018	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?					
Ambulance Services	92.0%	0.8%		89.7%	2.4%
Child Care	53.1%	7.9%		51.9%	10.8%
Chiropractors	88.8%	0.8%		79.8%	5.3%
Dentists	91.3%	2.8%		74.0%	8.1%
Emergency Room	62.5%	13.5%		72.7%	9.3%
Eye Doctor/Optomtrist	90.1%	0.0%		80.2%	4.3%
Family Planning Services	51.5%	12.0%		44.5%	13.4%
Home Health	70.9%	4.0%		59.0%	10.2%
Hospice	84.1%	4.0%		68.5%	8.0%
Inpatient Services	76.2%	2.8%		78.9%	3.7%
Mental Health	31.1%	31.9%		30.1%	28.4%
Nursing Home	43.9%	13.4%		48.9%	18.6%
Outpatient Services	80.3%	2.5%		79.5%	3.9%
Pharmacy	96.0%	0.4%		89.9%	3.5%
Physician Clinics	83.0%	2.0%		83.0%	3.7%
Public Health	62.2%	5.9%		67.3%	5.8%
School Nurse	72.0%	5.6%		64.7%	8.8%
Specialists	55.1%	10.3%		56.4%	11.8%

Chart #7 - Community Health Readiness

Community Health Needs Assessment Wave #3	Bottom 2 boxes		
Community Health Readiness is vital. How would you rate each of the following?	HaysMed N=388	Trend	Norms18 N= 1330
Obesity Prevention & Treatment	26.7%		29.6%
Violence Prevention	19.3%		25.7%
Substance Use Treatment & Education	18.9%		27.5%
Tobacco Prevention & Cessation Programs	16.0%		21.8%
Secure Grants / Finances to Support Local Health Initiatives	12.9%		14.8%
Sexually Transmitted Disease Testing	12.6%		10.7%
Caregiver Training Programs	12.3%		18.0%
Women's Wellness Programs	10.2%		11.7%
Health Screenings (such as asthma, hearing, vision, scoliosis)	9.4%		10.3%
Food and Nutrition Services/Education	8.9%		11.1%
Spiritual Health Support	6.5%		6.2%
Emergency Preparedness	5.5%		7.0%
Prenatal / Child Health Programs	4.9%		7.8%
WIC Nutrition Program	4.6%		6.2%
Early Childhood Development Programs	4.0%		8.9%
Immunization Programs	1.7%		2.7%

Chart #8 – Healthcare Delivery “Outside our Community”

Specialties:

Type	Volume
ORTH	31
SURG	22
ENT	19
SPEC	19
CARD	13
CANC	12
PEDS	12
NEU	9
OBG	9
PRIM	9
RHE	8

Community Health Needs Assessment Wave #3			
In the past 2 years, did you or someone you know receive HC outside of our community?	HaysMed N=388	Trend	Norms18 N= 1330
Valid N	244		927
Yes	66.0%		77.1%
No	26.6%		17.3%
I don't know	7.4%		5.6%

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

Community Health Needs Assessment Wave #3		
What needs to be discussed further at our CHNA Town Hall meeting?	HaysMed N=388	Norms18 N= 1330
Mental Illness	9.8%	9.1%
Obesity	8.6%	8.1%
Drugs/Substance Abuse	8.3%	8.7%
Suicide	6.7%	7.2%
Poverty	5.9%	6.4%
Physical Exercise	5.8%	5.6%
Alcohol	5.7%	5.6%
Abuse/Violence	5.7%	5.5%
Wellness Education	5.4%	6.0%
Diabetes	4.6%	4.0%
Nutrition	4.1%	4.8%
Tobacco Use	3.3%	3.3%
Water Quality	3.2%	3.3%
Cancer	3.1%	4.2%
Teen Pregnancy	3.0%	2.4%
Heart Disease	2.9%	3.0%
Family Planning	2.8%	2.2%
Vaccinations	2.7%	2.4%
Sexually Transmitted Diseases	2.5%	1.9%
Respiratory Disease	2.3%	2.1%
Breast Feeding Friendly Workplace	1.5%	1.5%
Smoke-Free Workplace	0.9%	1.4%
Lead Exposure	0.7%	0.9%
Ozone	0.5%	0.5%

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services - Ellis County, KS (2018)				
Cat	HC Services Offered in County: Yes / No	Hospital	Hlth Dept	Other
Clinic	Primary Care	y	n	y
Hosp	Alzheimer Center	n	n	n
Hosp	Ambulatory Surgery Centers	y	n	n
Hosp	Arthritis Treatment Center	n	n	n
Hosp	Bariatric/Weight Control Services	y	n	n
Hosp	Birthing/LDR/LDRP Room	y	n	n
Hosp	Breast Cancer	y	n	n
Hosp	Burn Care	n	n	n
Hosp	Cardiac Rehabilitation	y	n	n
Hosp	Cardiac Surgery	y	n	n
Hosp	Cardiology Services	y	n	n
Hosp	Case Management	y	n	n
Hosp	Chaplaincy/Pastoral Care Services	y	n	n
Hosp	Chemotherapy	y	n	n
Hosp	Colonoscopy	y	n	n
Hosp	Crisis Prevention	y	n	y
Hosp	CT Scanner	y	n	n
Hosp	Diagnostic Radioisotope Facility	y	n	n
Hosp	Diagnostic/Invasive Catheterization	y	n	n
Hosp	Electron Beam Computed Tomography (EBCT)	y	n	n
Hosp	Enrollment Assistance Services	y	y	n
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	y	n	n
Hosp	Fertility Clinic	n	n	n
Hosp	Full Field Digital Mammography (FFDM)	y	n	n
Hosp	Genetic Testing/Counseling	y	n	n
Hosp	Geriatric Services	y	n	n
Hosp	Heart	y	n	n
Hosp	Hemodialysis	y	n	n
Hosp	HIV/AIDS Services	y	n	n
Hosp	Image-Guided Radiation Therapy (IGRT)	y	n	n
Hosp	Inpatient Acute Care - Hospital Services	y	n	n
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	y	n	n
Hosp	Intensive Care Unit	y	n	n
Hosp	Intermediate Care Unit	y	n	n
Hosp	Interventional Cardiac Catheterization	y	n	n
Hosp	Isolation Room	y	n	n
Hosp	Kidney	y	n	y
Hosp	Liver	y	n	n
Hosp	Lung	y	n	n
Hosp	Magnetic Resonance Imaging (MRI)	y	n	n
Hosp	Mammograms	y	n	n
Hosp	Mobile Health Services	y	n	n
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	y	n	n
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)	y	n	n
Hosp	Neonatal	n	n	n
Hosp	Neurological Services	y	n	n
Hosp	Obstetrics	y	n	n
Hosp	Occupational Health Services	y	n	n
Hosp	Oncology Services	y	n	n
Hosp	Orthopedic services	y	n	n
Hosp	Outpatient Surgery	y	n	n
Hosp	Pain Management	y	n	n
Hosp	Palliative Care Program	y	n	n
Hosp	Pediatric	y	n	y
Hosp	Physical Rehabilitation	y	n	y
Hosp	Positron Emission Tomography (PET)	y	n	n
Hosp	Positron Emission Tomography/CT (PET/CT)	y	n	n
Hosp	Psychiatric Services	y	n	y
Hosp	Radiology, Diagnostic	y	n	n
Hosp	Radiology, Therapeutic	y	n	n
Hosp	Reproductive Health	y	n	n
Hosp	Robotic Surgery	y	n	n

Inventory of Health Services - Ellis County, KS (2018)				
Cat	HC Services Offered in County: Yes / No	Hospital	Hlth Dept	Other
Hosp	Shaped Beam Radiation System 161	y	n	n
Hosp	Single Photon Emission Computerized Tomography (SPECT)	y	n	n
Hosp	Sleep Center	y	n	n
Hosp	Social Work Services	y	n	y
Hosp	Sports Medicine	y	n	y
Hosp	Stereotactic Radiosurgery	n	n	n
Hosp	Swing Bed Services	y	n	n
Hosp	Transplant Services	n	n	n
Hosp	Trauma Center	y	n	n
Hosp	Ultrasound	y	n	n
Hosp	Women's Health Services	y	n	y
Hosp	Wound Care	y	n	n
SR	Adult Day Care Program	n	n	n
SR	Assisted Living	n	n	y
SR	Home Health Services	y	n	y
SR	Hospice	y	n	n
SR	Long Term Care	n	n	y
SR	Nursing Home Services	n	n	y
SR	Retirement Housing	n	n	y
SR	Skilled Nursing Care	y	n	y
ER	Emergency Services	y	n	n
ER	Urgent Care Center	n	n	y
ER	Ambulance Services	n	n	y
SERV	Alcoholism-Drug Abuse	n	n	y
SERV	Blood Donor Center	n	n	y
SERV	Chiropractic Services	n	n	y
SERV	Complementary Medicine Services	n	n	y
SERV	Dental Services	n	n	y
SERV	Fitness Center	y	n	y
SERV	Health Education Classes	y	n	y
SERV	Health Fair (Annual)	n	y	y
SERV	Health Information Center	y	y	y
SERV	Health Screenings	y	y	y
SERV	Meals on Wheels	y	n	y
SERV	Nutrition Programs	y	y	n
SERV	Patient Education Center	y	y	y
SERV	Support Groups	y	n	y
SERV	Teen Outreach Services	n	n	n
SERV	Tobacco Treatment/Cessation Program	n	n	y
SERV	Transportation to Health Facilities	n	n	y
SERV	Wellness Program	y	n	y

Yr 2018 Physician Manpower - Ellis County, KS		
# of FTE Providers	Supply Working in County	
	# of Physicians County Based	# of PA's/NP's County Based
Primary Care:		
Family Practice	8.0	13.5
Internal Medicine	4.0	3.0
Obstetrics/Gynecology	4.0	0.0
Pediatrics	5.0	1.0
Medicine Specialists:		
Allergy/Immunology	0.5	
Cardiology	4.0	3.0
Pediatric Cardiology	0.0	
Dermatology	4.0	8.0
Endocrinology	0.0	
Gastroenterology	0.0	
Oncology/RADO	3.0	1.0
Infectious Diseases	0.0	
Nephrology	1.0	
Neurology	0.0	
Psychiatry	3.0	
Pulmonary	1.0	1.0
Rheumatology	0.0	
Pathology	3.0	
Child Neurology	0.0	
Surgery Specialists:		
General Surgery	6.0	1.0
Neurosurgery	0.0	
Ophthalmology	2.0	
Orthopedics	3.0	3.0
Otolaryngology (ENT)	1.0	
Plastic/Reconstructive	1.0	0.0
Thoracic/Cardiovascular/Vasc	1.0	1.0
Urology	3.0	2.0
Oral Surgery	1.0	
Spine Surgery	1.0	
Hospital Based:		
Anesthesia/Pain	4.0	
Emergency	4.5	0.0
Radiology	5.0	
Pathology	2.0	
Hospitalist *	4.0	4.0
Neonatal/Perinatal	0.0	
Physical Medicine/Rehab	0.0	
Dentistry	19.0	
TOTALS	98.0	41.5

Visiting Specialists to HaysMed - Yr 2018

Specialty	Physician	Group Name	Office Location	Schedule - Days at hospital (Visiting clinic)
Medicine:				
Cardiology	Ryan Aleong, MD (Electrophysiology)		DeBakey Heart Institute Clinic	Monthly
	Rhea Pimentel, MD (Electrophysiology)		DeBakey Heart Institute Clinic	Monthly
	Yeruva Reddy, MD (Electrophysiology)		DeBakey Heart Institute Clinic	Monthly
	Kenneth Goertz, MD (Pediatric Cardiology)		KU Outreach Clinic at HaysMed	Every other month
Rheumatology	Jordan Jones, DO		KU Outreach Clinic at HaysMed	Quarterly
Surgery:				
General Surgery	Chris Rupe, MD (AV Fistula & Predialysis)		Nephrology Clinic	1st and 3rd Tuesday of the month
Otolaryngology (ENT)	Douglas Barnes, MD		HaysMed ENT Clinic	2nd Monday and Tuesday of the month and 4th Monday and Tuesday of the month
	Michael Franklin, MD		HaysMed ENT Clinic	2nd Monday and Tuesday of the month and 4th Monday and Tuesday of the month
	Matthew Glynn, MD		HaysMed ENT Clinic	2nd Monday and Tuesday of the month and 4th Monday and Tuesday of the month
	Tyler Grindal, MD		HaysMed ENT Clinic	2nd Monday and Tuesday of the month and 4th Monday and Tuesday of the month
	Scot Hirschi, MD		HaysMed ENT Clinic	2nd Monday and Tuesday of the month and 4th Monday and Tuesday of the month
	Robert Lane, MD		HaysMed ENT Clinic	2nd Monday and Tuesday of the month and 4th Monday and Tuesday of the month
	Jason Meyers, MD		HaysMed ENT Clinic	2nd Monday and Tuesday of the month and 4th Monday and Tuesday of the month
Others:				
P M & R	William Kossow, MD		Hays Orthopedic Clinic	As needed



Ellis County Community Resource Directory

For the most up to date information
please visit our website at: www.elliscountykshelp.com

Distributed by:

The Ellis County Community Resource Directory has been created to assist you, when you need help. The information in this booklet is provided by the agencies and does not necessarily constitute endorsement or approval by the United Way of Ellis County, Dane G. Hansen Foundation or Hays Medical Center part of The University of Kansas Health System.

Ellis County Community Resource 2017

VOLUNTEER OPPORTUNITIES

Foster Grandparent Program (FHSU)
600 Park St., Hays, 785-628-5809
www.fhsu.edu/fostergrandparents

Options: Domestic and Sexual
Violence Services, Inc.
2716 Plaza Ave., Hays, 785-625-4202
www.help4abuse.org

Salvation Army-Service Extension
205 E 7th St. Ste. A, Hays, KS
785-621-2794
www.salvationarmyusa.org

United Way of Ellis County
205 E 17th St. Ste. 111, Hays
785-628-8281
www.liveunited.us

LINK, Inc. (Living Independently in NW KS)
2401 E. 13th St., Hays, 785-625-6942
www.linkinc.org

Senior Companion Program (FHSU)
600 Park St., Hays, 785-628-5809
www.fhsu.edu/senior-companions

Tigers in Service (FHSU)
600 Park St, Hays, 785-628-5537
www.fhsu.edu/tis

ARC Thrift Shop
600 Main St., Hays, 785-628-8831

Boy Scouts of America
205 E. 7th St. Ste. 115, Hays
785-301-2724
www.coronadoscout.org

Community Assistance Center
208 E. 12th St., Hays, 785-625-9110

Big Brothers Big Sisters
1301 Pine St. Ste. B, Hays
785-625-6672
www.kansasbig.org

COMMUNITY PROGRAMS

ACCESS Public Transportation (DSNWK)
1205 E 22nd St., Hays
785-628-1052
www.dsnwk.org

Arc of the Central Plains
600 Main St., Hays
785-628-8831
arcofcentralplains.org

Boy Scouts of America
205 E. 7th St. Ste. 115, Hays
785-301-2724
www.coronadoscout.org

American Red Cross—Western KS
145 N. Broadway, Salina, KS 67402
785-827-3644
www.redcross.org

BMB Enterprises LLC
BMB Shuttle/Taxi
205 E 7th St. Ste 129, Hays
785-623-0528
bmbent@eaglecom.net

Dept. of Children and Families (DCF)
2250 E. 22nd St., Hays
785-628-1066
www.dcf.ks.gov

Girl Scouts of Kansas Heartland
2707 Vine St. Ste. 8, Hays
785-625-5671
www.kansasgirlscouts.org

PARENTING RESOURCES

Clinical Associates P.A.
205 E. 7th St. Ste. 223, Hays
207-776-5445
www.clinical-assoc.com

Early Childhood Connections— Early Head Start

305 Main St., Hays
785-623-2430
www.usd489.com

Early Childhood Connections—

Parents as Teachers

305 Main St., Hays
785-623-2430
www.usd489.com

Ellis County Dolly Parton

Imagination Library

305 Main Street, Hays

785-623-2430

[www.haysparents.com/dolly-parton-
imagination-library](http://www.haysparents.com/dolly-parton-
imagination-library)

Dept. of Children and Families (DCF)

2250 E. 22nd St., Hays

785-628-1066

www.dcf.ks.gov

Early Childhood Connections 3 to 5

305 Main St., Hays

785-623-2430

www.usd489.com

Families Together, Inc (Family to

Family Health Center)

1518 Taylor Plaza, Garden City, KS

620-276-6364

1-888-820-6364

www.familiestogetherinc.org

Preschools

Holy Family 1800 Milner, Hays 785-625-3131

Little Sprouts 2818 Grant Ave, Hays 785-625-2518

St. Mary's Childcare Ellis, KS 785-726-3592

Tiger Tots 600 Park St., Hays 785-628-4101

Hays Area Children's Center

94 Lewis Dr., Hays

785-625-3257

www.hacc.info

High Plains Mental Health

208 E. 7th St., Hays

1-800-432-0333

www.highplainsmentalhealth.com

Mary Elizabeth Maternity Home

204 W. 7th St., Hays

785-625-6800

www.maryelizabeth.net

Healthy Start

94 Lewis Dr., Hays, KS

785-625-3257

www.hacc.info

Kansas Legal Services

2017 Vine St., Hays

785-625-4514

www.kansaslegalservices.org

Parents and Children Together

(PACT)

305 Main St., Hays

785-623-2430

www.haysparents.com

VETERANS RESOURCES

Salvation Army

205 E 7th St. Ste. F, Hays

785-621-2479

www.salvationarmyusa.org

American Legion Post 143
1305 Canterbury Dr., Hays
785-625-3813

American Veterans Crisis Line
1-800-273-8255

Kansas Commission on Veteran Affairs
205 E 7th St. Ste. C, Hays
785-625-8532
www.kcva.ks.gov

COMMUNICATION SPECIALISTS

Herndon Speech, Language &
Hearing (FHSU)
600 Park, Hays
785-628-5366
www.fhsu.edu/herndon-clinic

The Hearing Center
2705 Vine St. Ste #3, Hays
785-628-2514

LINK, Inc. (Living Independently in
NW Kansas)
2401 E. 13th St., Hays
785-625-6942
www.linkinc.org

Hays West Central KS Special ED
Cooperative
323 W.12th St., Hays, 785-623-2400
www.usd489.com

Hays Area Children's Center
94 Lewis Dr., Hays
785-625-3257
www.hacc.info

MENTAL HEALTH SERVICES

Angels Care Home Health
2101 E. 13th St., Hays, 785-621-4200
www.angelscarehealth.com

Catholic Charities
122 E. 12th St., Hays
785-625-2644
www.catholiccharitiesks.org

KVC Wheatland
205 E. 7th St., Hays
785-624-6000
www.kvc.org

Psychiatric Associates—Hays Med
2214 Canterbury Dr. Ste.314, Hays
785-623-5160
www.haysmed.com/psychiatry

Post Partum Resource Center of
Kansas
1-866-363-1300

Clinical Associates P.A.
205 E. 7th St. Ste. 223, Hays
207-776-5445
www.clinical-assoc.com

High Plains Mental Health
208 E. 7th St., Hays
1-800-432-0333
www.highplainsmentalhealth.com

National Alliance on Mental Illness
(NAMI)
c/o Center for Life Experiences
2900 Hall St., Hays
785-259-6859
www.nami.org

Turning Point
124 E. 12th Str., Hays
785-628-3575
www.turningpointpcs.net

Suicide Prevention Lifeline
1-800-273-TALK

COMMUNITY PROGRAMS

Ellis County Ministerial Alliance
Contact First Call For Help
785-623-2800
www.ourecma.com

First Call For Help
205 E. 7th St. Suite 204, Hays
785-623-2800
www.firstcallelliscounty.com

Early Childhood Connections—Parents
as Teachers
305 Main St., Hays
785-623-2430
www.usd489.com

Early Childhood Connections—Early
Head Start
305 Main St., Hays
785-623-2430
www.usd489.com

Healthy Start
94 Lewis Dr., Hays,
785-625-3257
www.hacc.info

Harvest America
205 E 7th St. Ste. 120, Hays
785-746-4321
www.harvestamerica.org

Kansas Legal Services
2017 Vine St., Hays
785-625-4514
www.kansaslegalservices.org

Parents and Children Together (PACT)
305 Main St., Hays
785-623-2430
www.haysparents.com

SER- SCSEP/Jobs for Progress National
205 E.7th St. Ste. 103, Hays
785-623-4006
www.ser-national.org

Jana' s Campaign, Inc.
205 E. 7th St. Ste. 305, Hays
785-656-0324
www.janascampaign.org

LINK, Inc. (Living Independently in N
Kansas)
2401 E. 13th St., Hays
785-625-6942
www.linkinc.org

Salvation Army-Service Extension
205 E 7th St. Ste. A, Hays
785-621-2794
www.salvationarmyusa.org

Western Kansas Association on the
Concerns of the Disabled (WKACD)
205 E. 7th St. Ste.19, Hays
785-621-2315
www.wkacd.org

HOUSING RESOURCES

Options: Domestic and Sexual
Violence Services, Inc.
2716 Plaza Ave., Hays
785-625-4202
www.help4abuse.org

Senior Housing Options
Centennial Towers
2502 Sherman, 785-625-6242
Epworth Towers
2800 August, 785-628-6825
Hays Plaza Apartments
1005 W 28th, 785-628-2660
Wyndam Place
Senior Residences
2734 Hall, 785-625-5757

Western Kansas Association on the
Concerns of the Disabled (WKACD)
205 E. 7th St. Ste.19, Hays
785-621-2315
www.wkacd.org

Low-Income Housing Options

Briarwood Place Apartments
2800 Canal Blvd., 785-623-4252
Epworth Village
2700 Epworth St., 785-628-2116
Golden Plains Apartments
2105 E. 21st St., 785-625-2193
Stonepost Apartments
400 Oak St., 785-621-4157
Sundance Apartments
1311 E. 33rd St., 785-628-2922
Sunrise Apartments
1709 Sunset Trail, 785-625-1188

Housing Authorities

Ellis County
332 E. 8th St., Hays
785-421-2151

Ellis
1201 Spruce St., Ellis
785-726-4746

Hays
1708 Sunset Dr., Hays
785-625-1188

Victoria
612 Grant St. Terrace, Victoria
785-435-2620

Kansas Legal Services
2017 Vine St., Hays
785-625-4514
www.kansaslegalservices.org

USDA Service Center —Rural
Development
2715 Canterbury Dr., Hays
785-628-3081
www.usda.gov

Habitat for Humanity of Ellis
County, Inc.
P.O. Box 444, Hays
785-623-4200
www.hfhec.org

Housing and Credit Counseling
1-800-383-0217
www.hcii-ks.org

LINK, Inc. (Living Independently in
NW Kansas)
2401 E. 13th St., Hays
785-625-6942
www.linkinc.org

Salvation Army
205 E. 7th St. Ste. F, Hays
785-621-2479
www.salvationarmyusa.org

COUNSELING

AIC (Assessment, Information &
Counseling)
205 E 7th St. Ste. 126, Hays
785-639-1081
www.aicounseling.org

Catholic Charities
122 E 12th St., Hays
785-625-2644
www.catholiccharitiesks.org

KVC Wheatland
205 E 7th St., Hays
785-624-6000
www.kvc.org

Psychiatric Associates —Hays Med
2214 Canterbury Dr., Suite 300, Hays
785-623-5160
www.haysmed.com/psychiatry

Clinical Associates P.A.
205 E 7th St. Ste. 223, Hays
207-776-5445
www.clinical-assoc.com

High Plains Mental Health
208 E 7th St., Hays
1-800-432-0333
www.highplainsmentalhealth.com

Options: Domestic and Sexual
Violence Services, Inc.
2716 Plaza Ave., Hays
785-625-4202
www.help4abuse.org

Smoky Hill Foundation for Chemical
Dependency, Inc.
2714 Plaza Ave., Hays
785-625-5521
www.smokyhillfoundation.net

**DISABILITY/DEVELOPMENTAL
SERVICES**

ARC of the Central Plains
600 Main St., Hays
785-628-8831
arcofcentralplains.org

Developmental Services of N
Kansas, Inc.
2703 Hall St. Ste. 10., Hays
785-625-5678
www.dsnwk.org

Hays Area Children's Center
94 Lewis Dr., Hays
785-625-3257
www.hacc.info

Dept. of Children and Families (DCF)
2250 E. 22nd St., Hays
785-628-1066
www.dcf.ks.gov

Early Childhood Connections— 3 to 5
305 Main St., Hays
785-623-2430
www.usd489.com

Families Together, Inc (Family to
Family Health Center)
1518 Taylor Plaza, Garden City, KS
620-276-6364
1-888-820-6364
www.familiestogetherinc.org

Hays-West Central Kansas Special
Education Cooperative
785-623-2400
www.usd489.com

Kansas Legal Services
2017 Vine St., Hays
785-625-4514
www.kansaslegalservices.org

SKIL Resource Center
P.O Box 366, Hays
785-628-8019
www.skilonline.com

United Cerebral Palsy of Kansas
P.O Box 8217, Wichita, KS 67208
316-688-1888
www.ucpks.org

LINK, Inc. (Living Independently in
NW Kansas)
2401 E. 13th St., Hays
785-625-6942
www.linkinc.org

Social Security Administration
1212 E. 27th St., Hays
888-552-7176
www.ssa.gov

Western Kansas Association on the
Concerns of the Disabled (WKACD)
205 E. 7th St. Ste.19, Hays
785-621-2315
www.wkacd.org

HEALTH SERVICES

Hays Med—Convenient Care
Walk-in Clinic
2501 E.13th St., Hays
785-261-7065
www.haysmed.com

Doctors Without Delay (Rooks County
Health Center
1210 N. Washington, Plainville
785-688-3627, www.docswithoutdelay.com

LINK, Inc. (Living Independently in N
Kansas)
2401 13th St., Hays
785-625-6942
www.linkinc.org

Western Kansas Association on the
Concerns of the Disabled (WKACD)
205 E. 7th St. Ste.19, Hays
785-621-2315
www.wkacd.org

First Care Clinic
105 W. 13th St., Hays
785-621-4990
www.firstcareclinic.com

Victoria Clinic (First Care Clinic)
208 Marc Wagner, Victoria
785-735-3710

Ellis Family Care Center
1204 Washington, Ellis
785-726-4956

Ceena Owens, Massage Therapist
205 E 7th St. Ste. 102, Hays
785-639-7218
www.ceenaowens.com

Heavenly Soles Massage
205 E. 7th ST. Ste. 225, Hays
785-650-7626
facebook.com/heavenlysolesmassage

Angels Care Home Health
2101 E 13th St., Hays
785-621-4200
www.angelscarehealth.com

Early Childhood Connections— 3 to 5
305 Main St., Hays
785-623-2430
www.usd489.com

Good Samaritan Home Health
220 E. 8th St. Ste. B, Hays
785-621-2499
www.good-sam.com

Mary Elizabeth Maternity Home
204 W. 7th St.
785-625-6800
www.maryelizabeth.net

Salvation Army-Service Extension
205 E 7th St. Ste. A, Hays
785-621-2794
www.salvationarmyusa.org

Cancer Council of Ellis County
701 Riley, Hays
785-625-6653
www.cancercouncilofelliscounty.com

Ellis County Health Department
601 Main St. Ste. B, Hays
785-628-9440
www.ellisco.net

Hays Lions Club
Hays, KS
785-650-7338
www.facebook.com/HaysLionsClub

Hospice at Hays Med
2220 Canterbury Dr., Hays
785-623-6200
www.haysmed.com/hospice

Healthy Start
94 Lewis Dr., Hays, 785-625-3257
www.hacc.info

DRUG & ALCOHOL SERVICES

AIC (Assessment, Information & Counseling)
208 E. 7th St. Ste. 126, Hays
785-639-1081
www.aicounseling.org

DREAM, Inc
2818 Vine St., Hays, 785-628-6655
www.dreamhays.com

Smoky Hill Foundation for Chemical Dependency, Inc.
2714 Plaza, Hays, 785-625-5521
www.smokyhillfoundation.net

Alcoholics Anonymous (AA)
410 Oak St., Hays
785-625-9860
www.aa.org

Ellis County Health Department
601 Main St. Ste. B, Hays
785-628-9440
www.ellisco.net

Valley Hope
709 W. Holme St., Norton, KS
785-877-5101
www.valleyhope.org

FINANCIAL RESOURCES

LINK, Inc. (Living Independently in NW Kansas)
2401 E. 13th St., Hays
785-625-6942
www.linkinc.org

Western Kansas Association on the Concerns of the Disabled (WKACD)
205 E. 7th St. Ste.19, Hays
785-621-2315
www.wkacd.org

Options: Domestic and Sexual Violence Services, Inc.
2716 Plaza Ave., Hays
785-625-4202
www.help4abuse.org

Salvation Army-Service Extension
205 E 7th St. Ste. A, Hays
785-621-2794
www.salvationarmyusa.org

USDA Service Center— Rural Development
2715 Canterbury Dr., Hays
785-628-3081
www.rd.usda.gov

Cancer Council of Ellis County
701 Riley, Hays
785-625-6653
cancercouncilofelliscounty.com

Children's Miracle Network
785-623-5416
childrensmiraclenetworkhospitals.org

First Call For Help
205 E. 7th St. Ste. 204, Hays
785-623-2800
www.firstcallelliscounty.com

Harvest America
205 E. 7th St. Ste. 120, Hays
785-746-4321
www.harvestamerica.org

Catholic Charities
112 E. 12th St., Hays
785-625-2644
www.ccnks.org

Consumer Credit Counseling
Service, Inc.
1201 W. Walnut, Salina, KS 67401
785-827-6731
www.kscgccs.org

Hays Lions Club
785-650-7338
www.facebook.com/HaysLionsClub

Kansas Legal Services
2017 Vine St., Hays
785-625-4514
www.kansaslegalservices.org

ELDERLY SERVICES

Angels Care Home Health
2101 E 13th St., Hays
785-621-4200
www.angelscarehealth.com

Ellis County Health Department
601 Main St. Ste. B, Hays
785-628-9440
www.elliscounty.net

Foster Grandparent Program (FHSU)
600 Park St., Hays, 785-628-5809
www.fhsu.edu/fostergrandparents

Kansas Legal Services
2017 Vine St., Hays
785-625-4514
www.kansaslegalservices.org

Northwest KS Area Agency on Aging
301 W. 13th St., Hays
785-628-8204
www.nwkaaa.com

SER- SCSEP/Jobs for Progress National
205 E.7th St. Ste. 103, Hays
785-623-4006
www.ser-national.org

Hays Senior Center
2450 E. 8th St., Hays
785-628-6644

LINK, Inc. (Living Independently in N
Kansas)
2401 E. 13th St., Hays
785-625-6942
www.linkinc.org

Senior Companion Program (FHSU)
600 Park St., Hays
785-628-5809
www.fhsu.edu/senior-companions

Western Kansas Association on the
Concerns of the Disabled (NKACD)
205 E. 7th St. Ste.19, Hays, 785-621-2315
www.wkacd.org

EDUCATION RESOURCES & INSTITUTIONS

Early Childhood Connections—Early
Head Start, 305 Main St., Hays
785-623-2430, www.usd489.com

Early Childhood Connections—Parents
as Teachers, 305 Main St., Hays
785-623-2430, www.usd489.com

Families Together, Inc (Family to Family Health Center)

1518 Taylor Plaza, Garden City, KS

620-276-6364

1-888-820-6364

www.familiestogetherinc.org

Jana' s Campaign, Inc.

205 E. 7th St. Ste. 305, Hays

785-656-0324

www.janascampaign.org

Early Childhood Connections— 3 5to

305 Main St., Hays

785-623-2430

www.usd489.com

Ellis County Dolly Parton Imagination Library

305 Main St., Hays

785-623-2430

[www.haysparents.com/dolly-parton-
imagination-library](http://www.haysparents.com/dolly-parton-
imagination-library)

Hays Area Children's Center

94 Lewis Dr., Hays

785-625-3257

www.hacc.info

K- State Research and Extension-Ellis County Extension Office

601 Main St., Hays

785-628-9430

www.ellis.ksu.edu

Learning Center of Ellis County

323 W. 12th St., Hays

785-623-2426

www.hayslc.com

SER Corporation

1008 E. 17th St. Ste. 7, Hays,

785-623-4016

www.sercorp.com

Educational Institutions

Secondary Education

Fort Hays State University

600 Park St., Hays 785-628-4000

NCK Technical College

2205 Wheatland, Hays 785-625-2437

High Schools

Ellis High School

1706 S. Monroe, Ellis 785-726-3151

Hays High School

2300 E. 13th St., Hays 785-623-2600

Thomas-Moore Prep

1701 Hall St., Hays 785-625-6577

Victoria High School

1107 10th St., Victoria 785-735-9211

Middle Schools

Ellis Junior High

1706 S. Monroe, Ellis 785-726-3151

Hays Middle School TMP

201 W. 29th St., Hays 785-623-2450

Junior High

1701 Hall St., Hays 785-625-6577

Victoria Junior High

1107 10th St., Victoria 785-735-9211

Elementary Schools

Ellis

1300 Washington, Ellis 785-726-3136

Holy Family

1800 Milner, Hays 785-625-3131

Lincoln

1906 Ash, Hays 785-623-2500

O'Loughlin

1401 Hall St., Hays 785-623-2510

Roosevelt

2000 MacArthur, Hays 785-623-2520

St. Mary's

605 Monroe, Ellis 785-726-3185

Wilson

101 E. 28th St., Hays 785-623-2550

Victoria

602 W. 10th St., Victoria 785-737-2870

FAMILY PLANNING & SUPPORT

Mary Elizabeth Maternity Home
204 W. 7th St., Hays
785-625-6800
www.maryelizabeth.net

MOPS (Mothers of Preschoolers)
2000 Main St., Hays
785-625-2057
www.mops.org/groups/

Parents and Children Together
(PACT), 305 Main St., Hays
785-623-2430
www.haysparents.com

St. Francis Community Services
3000 Broadway, Hays
785-625-6651
www.st-francis.org

MOMS Club of Hays
785-639-5094
www.momsclubofhaysks.weebly.com

Natural Family Planning
1805 Vine, Hays, 785-625-7339

Post Partum Resource Center of
Kansas, 1-866-363-1300
www.kansasppd.org

Turning Point
124 E. 12th St., Hays, 785-628-3575
www.turningpointpcs.net

Youthville
205 E. 13th St. Ste. B, Hays
785-623-4424
www.emberhope.org

Catholic Charities
112 E. 12th, Hays, 785-625-2644
www.ccnks.org

Ellis County Extension Office
601 Main St., Hays.
785-628-9430
www.ellis.k-state.edu

Dept. of Children and Families (DCF)
2250 E. 22nd St., Hays
785-628-1066
www.dcf.ks.gov

Healing Hearts/ Grief Support
2900 Hall St., Hays
785-625-2847
www.facebook.com/healingheartshays

Healthy Start
94 Lewis Dr., Hays
785-625-3257
www.hacc.info

High Plains Mental Health
208 E 7th St., Hays
1-800-432-0333
www.highplainsmentalhealth.com

LaLeche League of the Western
Plains
2500 Canterbury Dr. Hays
785-639-5102, www.llli.org

EMPLOYMENT RESOURCES

Employment Connections (DSNWK)
660 Commerce Parkway, Hays
785-625-2018
www.dsnwk.org

Hays Workforce Center (KansasWorks)
332 E. 8th St., Hays, 785-625-5654
www.kansasworks.com

Options: Domestic and Sexual
Violence Services, Inc.
2716 Plaza Ave., Hays, 785-625-4202
www.help4abuse.org

SER Corporation
1008 E. 17th St. Ste. 7, Hays,
785-623-4016
www.sercorp.com

Hays Has Jobs
www.hayshasjobs.com
785-628-3102

LINK, Inc. (Living Independently in N
Kansas)
2401 E. 13th St., Hays
785-625-6942
www.linkinc.org

SER- SCSEP/Jobs for Progress National,
Inc., 205 E. 7th St. Ste. 103, Hays
785-623-4006
www.ser-national.org

Western Kansas Association on the
Concerns of the Disabled (WKACD)
205 E. 7th St. Ste.19, Hays
785-621-2315
www.wkacd.org

FOOD PROGRAMS

Community Assistance Center
208 E. 12th St., Hays
785-625-9110
www.facebook.com/Community-Assistance-Center

Ellis County Health Department
601 Main St. Ste. B, Hays
785-628-9440
www.elliscounty.net

Prairie Land Food
1-800-998-9436
www.prairielandfood.com

Western Kansas Association on the
Concerns of the Disabled (WKACD)
205 E. 7th St. Ste.19, Hays
785-621-2315
www.wkacd.org

Dept. of Children and Families (DCF)
2250 E. 22nd St., Hays
785-628-1066
www.dcf.ks.gov

First Call For Help— Meals on Wheels
205 E. 7th St. Suite 204, Hays
785-623-2800
www.firstcallelliscounty.com

St. Joseph's Food Pantry
210 W. 13th St., Hays
785-625-7356
www.stj-church.com

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

Year 2014 (IP)



Patient Origin by Region - Inpatient
 Ellis, KS Residents Treated in KHA Reporting Area
 Federal Fiscal Year: 2014

Hospital	Total Discharges		Pediatric Age 0 - 17		Age 18 - 44		Adult Medical/Surgical				Psychiatric		Obstetric		Newborn		Surg %		
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%			
Hays Medical Center - Hays, KS	2,195	80.1%	32	1.5%	193	8.8%	385	17.5%	267	12.2%	631	28.7%	18	0.8%	337	15.4%	332	15.1%	27.1%
Trego County-Lemke Memorial Hospital - Wakeeney, KS	104	3.8%	2	1.9%	5	4.8%	9	8.7%	9	8.7%	79	76.0%	0	0	0	0	0	0	0
The University of Kansas Hospital - Kansas City, KS	95	3.5%	0	0	14	14.7%	48	50.5%	14	14.7%	14	14.7%	1	1.1%	4	4.2%	0	0	49.5%
Wesley Medical Center - Wichita, KS	61	2.2%	19	31.1%	5	8.2%	12	19.7%	2	3.3%	4	6.6%	1	1.6%	11	18.0%	7	11.5%	26.2%
Salina Regional Health Center - Salina, KS	53	1.9%	0	0	14	26.4%	8	15.1%	9	17.0%	5	9.4%	13	24.5%	2	3.8%	2	3.8%	49.1%
Via Christi Hospital St. Francis - Wichita, KS	34	1.2%	1	2.9%	7	20.6%	8	23.5%	7	20.6%	6	17.6%	5	14.7%	0	0	0	0	55.9%
Kansas Residents/Colorado Hospitals	30	1.1%	3	10.0%	7	23.3%	11	36.7%	3	10.0%	3	10.0%	1	3.3%	1	3.3%	1	3.3%	50.0%
Children's Mercy Hospitals and Clinics - Kansas City, MO	28	1.0%	27	96.4%	1	3.6%	0	0	0	0	0	0	0	0	0	0	0	0	35.7%
Rooks County Health Center - Plainville, KS	20	0.7%	0	0	0	0	0	0	2	10.0%	2	10.0%	0	0	8	40.0%	8	40.0%	5.0%
Salina Surgical Hospital - Salina, KS	18	0.7%	0	0	0	0	8	44.4%	9	50.0%	1	5.6%	0	0	0	0	0	0	94.4%
Kansas Residents/Nebraska Hospitals	12	0.4%	1	8.3%	2	16.7%	6	50.0%	1	8.3%	1	8.3%	1	8.3%	0	0	0	0	33.3%
Stormont-Vail HealthCare - Topeka, KS	10	0.4%	0	0	1	10.0%	0	0	1	10.0%	1	10.0%	7	70.0%	0	0	0	0	20.0%
Kansas Residents/Minnesota Hospitals	7	0.3%	0	0	2	28.6%	2	28.6%	3	42.9%	0	0	0	0	0	0	0	0	42.9%
Russell Regional Hospital - Russell, KS	7	0.3%	0	0	0	0	0	0	0	0	7	100.0%	0	0	0	0	0	0	0
Saint Luke's Hospital of Kansas City - Kansas City, MO	7	0.3%	0	0	1	14.3%	2	28.6%	2	28.6%	1	14.3%	0	0	1	14.3%	0	0	71.4%
St. Francis Health - Topeka, KS	5	0.2%	0	0	0	0	4	80.0%	1	20.0%	0	0	0	0	0	0	0	0	80.0%
Other Hospitals	54	2.0%	1	1.9%	10	18.5%	8	14.8%	7	13.0%	14	25.9%	12	22.2%	2	3.7%	0	0	27.8%
Hospital Total	2,740	100.0%	86	3.1%	262	9.6%	511	18.6%	337	12.3%	769	28.1%	59	2.2%	366	13.4%	350	12.8%	28.4%

Year 2016 (OP)



Outpatient Market Penetration by Service Type*
 HaysMed - Hays, KS
 Total Outpatient Visits
 Federal Fiscal Year: 2016



Revenue Category Visits	Total Visits	Ellis, KS		Russell, KS		Rush, KS		Rooks, KS		Barton, KS		Ness, KS		Trego, KS		All Other Visits
		Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	
1 Emergency Department (45x)	9,896	7,011	91.2%	373	16.7%	372	38.0%	289	20.9%	116	1.0%	87	8.5%	134	12.1%	1,514
2 Surgery (36x, 49x)	8,006	3,127	86.8%	465	58.3%	357	72.1%	369	72.8%	377	15.5%	193	51.2%	230	43.7%	2,888
3 Observation (76x, exd. 761)	1,045	543	87.2%	44	18.4%	52	61.2%	63	36.4%	22	5.6%	31	13.2%	25	26.0%	265
11 Radiology - Diagnostic (32x, exd. 322 and 323)	13,242	8,528	87.0%	599	20.5%	588	41.0%	458	19.0%	264	4.1%	208	14.1%	216	13.6%	2,381
12 Arthro/Arteriography (322, 323)	72	16	80.0%	10	62.5%	5	50.0%	7	100.0%	11	31.4%	1	33.3%	3	100.0%	19
13 Radiation Therapy (333)	62	13	65.0%	2	13.3%	2	26.6%	8	80.0%					6	50.0%	31
14 Nuclear Medicine (34x)	1,637	688	88.0%	93	36.3%	82	80.4%	88	55.7%	41	8.6%	91	82.7%	62	44.6%	492
15 CT Scan (35x)	4,811	3,025	87.0%	251	21.3%	239	49.1%	167	23.0%	71	2.5%	105	16.2%	78	11.7%	875
16 Mammography (401, 403)	6,248	3,536	95.1%	230	29.6%	239	59.2%	237	33.1%	136	9.5%	195	43.0%	106	27.7%	1,569
17 Ultrasound (402)	6,636	3,730	92.4%	388	41.5%	249	60.4%	273	36.3%	135	7.6%	134	30.3%	141	37.8%	1,586
18 PET Scan (404)	250	70	83.3%	19	73.1%	18	85.7%	19	79.2%	1	14.3%	11	100.0%	20	90.9%	92
19 Magnetic Resonance Technology (61x)	2,987	1,752	88.7%	145	26.7%	163	59.9%	134	41.6%	55	4.9%	66	20.4%	70	21.5%	602
21 Chemotherapy (33x, exd. 333)	265	94	71.2%	24	92.3%	13	44.8%	24	13.3%	1	3.1%	15	62.5%	12	52.2%	82
23 Pulmonary Function (46x)	561	232	78.1%	51	39.8%	46	80.7%	43	58.9%	11	6.2%	25	58.1%	20	26.6%	133
24 Cardiac Cath Lab (481)	663	174	86.1%	44	81.5%	28	84.8%	34	85.0%	50	35.5%	24	88.9%	11	76.6%	298
25 Stress Test (482)	799	366	91.3%	45	42.5%	39	95.1%	40	50.6%	27	51.9%	42	93.3%	29	42.6%	211
26 Echocardiology (483)	1,957	921	93.2%	125	77.6%	115	86.5%	92	42.4%	80	20.1%	62	70.5%	64	91.4%	498
27 Electroencephalogram (74x)	62	35	72.9%	10	55.6%	5	83.3%							1	33.3%	11
30 ESWT/Lithotripsy (79x)	119	23	100.0%	8	100.0%	4	100.0%	3	100.0%	16	100.0%	5	100.0%	3	100.0%	57
33 Cardiac Rehab (943)	56	35	89.7%	14	58.3%	3	42.9%	2	6.2%			2	8.0%			
35 Treatment Room (76X exd. 762)	2,915	1,428	73.3%	170	13.6%	137	19.3%	140	5.9%	94	3.1%	72	9.2%	87	7.2%	787
36 Respiratory Services (41x)	1,347	654	95.2%	70	47.3%	49	74.2%	61	58.1%	44	8.1%	27	61.4%	32	30.5%	410
37 EKG/ECG (73x)	4,671	2,367	82.7%	305	25.3%	199	42.1%	216	21.7%	166	5.1%	111	15.4%	84	11.2%	1,223
38 Cardiology (48x exd. 481-483)	28	15	9.7%					1	2.6%	2	1.8%			1	0.7%	9
39 Sleep Lab (HCPC 95805-95811)	387	175	95.1%	49	86.0%	20	66.7%	33	66.0%	17	8.4%	16	84.2%	18	56.2%	59
42 Physical Therapy (42x)	1,544	1,026	88.5%	56	10.0%	61	15.1%	37	6.5%	30	8.3%	26	6.4%	26	4.0%	282
43 Occupational Therapy (43x)	537	335	88.9%	28	32.9%	24	15.5%	16	43.2%	4	6.7%	8	66.7%	13	21.0%	109
44 Speech/Language Pathology (44x)	152	67	84.8%	15	41.7%	7	38.9%	9	23.1%	2	2.7%	10	71.4%	3	9.4%	39
47 Audiology (47x)	49	24	54.5%	3	42.9%	4	57.1%	5	45.5%	1	3.8%	1	100.0%	1	12.5%	10
Actual visits in report	48,642	28,129	87.3%	2,519	24.2%	2,108	41.0%	1,888	20.4%	1,177	4.4%	1,046	18.6%	992	15.3%	10,783
Actual unclassified visits	2,805	1,572	25.0%	184	1.8%	134	4.1%	128	2.1%	83	0.4%	52	1.0%	74	1.2%	578
Actual total visits	51,447	29,701	77.1%	2,703	13.2%	2,242	26.7%	2,016	13.2%	1,260	2.6%	1,098	10.1%	1,066	8.3%	11,361

Year 2015 (OP)



Outpatient Market Penetration by Service Type*
 HaysMed - Hays, KS
 Total Outpatient Visits
 Federal Fiscal Year: 2015



Revenue Category Visits

	Total Visits	Ellis, KS		Russell, KS		Rooks, KS		Rush, KS		Barton, KS		Ness, KS		Pawnee, KS		All Other Visits
		Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	
1 Emergency Department (45x)	11,050	7,877	92.3%	445	20.9%	332	23.2%	373	36.0%	116	3.2%	87	8.7%	78	2.9%	1,742
2 Surgery (36x, 49x)	8,200	3,111	90.1%	531	68.1%	403	81.7%	305	70.6%	396	22.9%	210	63.1%	294	51.9%	2,950
3 Observation (76x, excl. 761)	1,177	591	89.7%	58	35.8%	53	34.4%	48	60.0%	50	17.3%	28	12.2%	35	24.5%	314
11 Radiology - Diagnostic (32x, excl. 322 and 323)	13,393	8,540	87.2%	611	20.7%	493	20.6%	522	35.9%	303	5.5%	203	13.5%	208	7.6%	2,513
12 Arthro/Arteriography (322, 323)	83	19	86.4%	6	100.0%	3	100.0%	2	50.0%	15	88.2%	2	100.0%	3	75.0%	33
13 Radiation Therapy (333)	33	12	38.7%	6	37.5%	5	71.4%	2	66.7%	1	8.3%					7
14 Nuclear Medicine (34x)	1,650	714	88.7%	87	32.7%	84	44.7%	85	87.6%	53	14.1%	78	79.6%	41	24.8%	508
15 CT Scan (35x)	4,817	2,981	87.6%	206	19.3%	182	23.7%	221	49.8%	82	4.8%	103	19.8%	50	4.1%	992
16 Mammography (401, 403)	5,175	3,534	95.1%	206	29.1%	255	32.7%	212	62.7%	119	11.9%	188	42.7%	137	30.9%	1,524
17 Ultrasound (402)	6,862	3,886	93.4%	404	45.8%	307	45.1%	278	66.3%	158	16.3%	143	33.9%	164	28.9%	1,524
18 PET Scan (404)	292	94	92.2%	21	77.8%	20	90.9%	12	100.0%	9	39.1%	11	91.7%	12	92.3%	113
19 Magnetic Resonance Technology (61x)	3,050	1,818	91.0%	149	25.3%	141	44.1%	136	71.2%	58	10.3%	86	31.6%	39	9.8%	623
21 Chemotherapy (33x, excl. 333)	138	61	55.5%	14	77.8%	4	2.3%	4	100.0%	1	5.3%	3	100.0%			51
23 Pulmonary Function (46x)	521	245	76.8%	45	40.9%	27	38.6%	34	61.8%	10	2.3%	16	59.3%	8	3.1%	136
24 Cardiac Cath Lab (481)	554	143	85.6%	36	67.9%	34	87.2%	17	68.0%	42	32.6%	14	82.4%	21	48.8%	247
25 Stress Test (482)	767	362	92.1%	46	38.0%	31	35.2%	44	93.6%	33	16.8%	35	87.5%	17	19.1%	199
26 Echocardiology (483)	2,006	1,007	95.5%	122	76.2%	91	41.2%	86	87.8%	81	60.0%	52	61.2%	53	28.5%	514
27 Electroencephalogram (74x)	88	42	73.7%	5	35.7%			3	75.0%	2	8.0%	7	87.5%	3	23.1%	26
30 ESWT/Lithotripsy (79x)	192	46	100.0%	5	100.0%	8	100.0%	5	100.0%	21	100.0%	6	100.0%	6	100.0%	95
33 Cardiac Rehab (943)	20	17	73.9%	3	50.0%											
35 Treatment Room (76X excl. 762)	2,729	1,288	73.9%	211	15.1%	125	5.4%	123	17.7%	133	5.5%	63	7.8%	83	27.7%	703
36 Respiratory Services (41x)	1,432	709	96.7%	74	54.4%	65	61.9%	46	86.8%	44	37.0%	29	80.6%	37	10.4%	428
37 EKG/ECG (73x)	4,451	2,307	85.1%	252	22.6%	185	21.6%	171	33.1%	164	9.2%	82	13.9%	118	11.8%	1,172
38 Cardiology (48x excl. 481-483)	17	8	5.6%							3	1.3%			1	3.7%	5
39 Sleep Lab (HCP C 95805-95811)	389	186	96.5%	37	88.1%	27	60.0%	16	64.0%	14	6.9%	8	61.5%	5	4.8%	116
42 Physical Therapy (42x)	1,025	621	83.6%	54	8.9%	41	4.8%	33	9.9%	25	2.5%	20	5.4%	13	8.4%	218
43 Occupational Therapy (43x)	417	265	88.3%	24	36.9%	16	7.2%	14	10.3%	5	2.5%	6	40.0%	7	15.2%	80
44 Speech/Language Pathology (44x)	104	48	80.0%	13	32.5%	7	11.7%	2	28.6%	4	2.7%	2	66.7%	9	34.6%	19
47 Audiology (47x)	46	20	64.5%	6	37.5%	1	20.0%	2	100.0%	3	13.0%	2	50.0%			12
Actual visits in report	49,074	28,415	88.4%	2,538	24.4%	1,995	20.8%	1,919	38.7%	1,240	7.1%	1,016	19.0%	969	12.2%	10,982
Actual unclassified visits	2,697	1,505	23.4%	176	1.7%	137	2.2%	119	3.2%	79	0.5%	56	1.0%	67	1.0%	558
Actual total visits	51,771	29,920	77.6%	2,714	13.0%	2,132	13.4%	2,038	23.4%	1,319	4.1%	1,072	10.0%	1,036	7.2%	11,540

Year 2014 (OP)



Outpatient Market Penetration by Service Type*
 Hays Medical Center - Hays, KS
 Total Outpatient Visits
 Federal Fiscal Year: 2014 through Q3



Revenue Category Visits	Total Visits	Ellis, KS		Russell, KS		Rocks, KS		Rush, KS		Barton, KS		Ness, KS		Trego, KS		All Other Visits
		Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	
1 Emergency Department (45x)	8,710	6,267	92.5%	364	17.9%	275	22.2%	256	33.2%	75	2.9%	91	12.3%	104	13.3%	1,278
2 Surgery (36x, 49x)	6,247	2,386	88.6%	404	72.7%	321	71.7%	239	72.9%	264	19.4%	155	62.0%	177	39.9%	2,301
3 Observation (76x, excl. 761)	1,009	491	88.2%	59	37.6%	46	33.1%	43	48.9%	31	12.0%	36	18.8%	22	27.5%	281
11 Radiology - Diagnostic (32x, excl. 322 and 323)	10,314	6,651	86.7%	438	17.7%	401	18.6%	379	30.4%	210	3.4%	173	13.0%	160	13.1%	1,902
12 Arthro/Arteriography (322, 323)	80	26	86.7%	4	66.7%	5	71.4%	2	40.0%	8	72.7%	3	100.0%	3	100.0%	29
13 Radiation Therapy (333)	29	7	38.9%	4	36.4%	1	100.0%	2	100.0%							15
14 Nuclear Medicine (34x)	1,359	570	88.0%	102	49.3%	61	43.9%	60	74.1%	42	7.8%	65	75.6%	47	32.0%	412
15 CT Scan (35x)	3,782	2,285	87.7%	211	25.5%	155	22.8%	158	44.9%	42	2.5%	83	21.2%	50	10.2%	798
16 Mammography (401, 403)	4,732	2,817	95.0%	167	28.7%	203	35.2%	172	59.5%	57	3.4%	156	42.5%	84	23.9%	1,076
17 Ultrasound (402)	5,066	2,716	92.7%	329	47.5%	258	41.4%	180	56.1%	198	14.8%	139	36.2%	108	39.4%	1,138
18 PET Scan (404)	210	69	90.8%	25	89.3%	14	93.3%	11	100.0%	3	20.0%	9	100.0%	17	77.3%	62
19 Magnetic Resonance Technology (61x)	2,320	1,391	90.9%	111	25.9%	95	37.1%	119	69.2%	34	5.1%	51	27.6%	40	18.2%	479
21 Chemotherapy (33x, excl. 333)	59	14	19.4%	11	84.6%			3	100.0%			1	12.5%	1	12.5%	29
23 Pulmonary Function (46x)	580	232	82.0%	48	38.4%	43	63.2%	26	55.3%	19	3.6%	22	50.0%	15	25.0%	175
24 Cardiac Cath Lab (481)	416	94	92.2%	40	78.4%	24	96.0%	15	75.0%	30	40.5%	17	89.5%	13	76.5%	183
25 Stress Test (482)	707	321	90.7%	50	54.9%	24	35.8%	34	79.1%	20	7.2%	41	87.2%	14	20.9%	203
26 Echocardiology (483)	1,511	687	95.3%	101	89.4%	55	31.6%	74	96.1%	74	65.5%	49	98.0%	35	87.5%	436
27 Electroencephalogram (74x)	113	30	83.3%	4	30.8%	6	75.0%			4	2.4%	3	60.0%	8	66.7%	58
30 ESWT/Lithotripsy (79x)	146	35	100.0%	4	100.0%	7	100.0%	3	100.0%	28	90.3%	2	100.0%	2	100.0%	65
33 Cardiac Rehab (843)	11	8	100.0%	1	2.1%			1	25.0%			1	14.3%			
35 Treatment Room (76X excl. 762)	1,967	901	70.2%	161	14.6%	118	7.5%	78	16.5%	76	3.3%	48	7.5%	53	6.8%	532
36 Respiratory Services (41x)	1,086	561	96.1%	59	31.1%	45	55.6%	45	86.5%	47	54.0%	28	73.7%	26	92.9%	275
37 EKG/ECG (73x)	3,197	1,721	84.5%	179	18.8%	125	16.5%	144	34.0%	112	7.7%	64	13.2%	48	9.1%	804
38 Cardiology (48x excl. 481-483)	19	8	7.8%	1	0.9%			2	0.6%	1	1.3%	1	1.3%	1	0.9%	6
39 Sleep Lab (HCPC 95805-95811)	383	135	99.3%	41	95.3%	26	92.9%	20	76.9%	4	2.4%	14	87.5%	23	95.8%	120
42 Physical Therapy (42x)	701	339	82.3%	48	9.0%	24	3.5%	24	10.9%	26	2.3%	17	6.1%	15	3.0%	208
43 Occupational Therapy (43x)	277	146	85.9%	13	25.5%	10	5.2%	10	12.5%	6	3.7%	7	58.3%	11	18.6%	74
44 Speech/Language Pathology (44x)	86	41	80.4%	6	40.0%	3	10.3%	3	50.0%	3	2.9%	3	37.5%	3	37.5%	24
47 Audiology (47x)	41	15	55.6%	4	66.7%	4	57.1%	4	80.0%			3	100.0%	1	25.0%	10
Actual visits in report	36,844	21,339	88.0%	1,975	23.6%	1,594	20.5%	1,371	35.8%	912	5.0%	845	19.5%	708	14.8%	8,100
Actual unclassified visits	2,085	1,370	26.3%	105	1.3%	86	1.6%	87	2.6%	29	0.1%	29	0.7%	42	0.9%	337
Actual total visits	38,929	22,709	77.1%	2,080	12.8%	1,680	12.9%	1,458	20.4%	941	2.2%	874	10.1%	750	7.9%	8,437

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Town Hall Attendees

Yr 2018 CHNA Ellis County - Town Hall Roster - 3/14/18 - N=17									
#	CHNA Cat	Firstname	Lastname	Title	Organization	Address	City	State	ZIP
1	Leader in other not for-profit health care organization: school health center	Lynn	Adams	Student Health Director	FHSU Student Health Center	600 Park St.	Hays	KS	67601
2	Leader in not-for-profit health care organizations: hospital	Regina	Borthwick	Discharge Planning	HaysMed	2220 Canterbury Dr.	Hays	KS	67601
3	Yr 2018 CHNA Ellis County - Town Hall Roster - N=17	Robert	Duffy	NA	FHSU	600 Park Street	Hays	KS	67601
4	Leader in other not for-profit health care organization: health center	Christine	Fisher, MD	Medical Director	First Care Clinic	105 W. 13th St.	Hays	KS	67601
5	Leader in other not for-profit health care organization: clinic	Tammy	Gerhardt	Admin	Northwest Kansas Area Agency on Aging		Hays	KS	67601
6	Education officials and staff	Sandra	Gottschalk	Dean	North Central Kansas Tech School	2205 Wheatland Ave.	Hays	KS	67601
7	Leader in not-for-profit health care organizations: hospital	Stephanie	Howie	Director of CHI	HaysMed	2220 Canterbury Dr.	Hays	KS	67601
8	Oral health provider	Jeff	Lowe	Dentist	Lifetime Dental Care	2701 Stenberg Drive	Hays	KS	67601
9	Public safety official	Kerry	McCue	Director	Ellis Co EMS	1105 E. 22nd St.	Hays	KS	67601
10	Education officials and staff	Chad	Meitner	Principal	TMP-Marian High School	1701 Hall Street	Hays	KS	67601
11	Leader in not-for-profit health care organizations: hospital	Jay	Moore	Exec. Director PPA	HaysMed	2220 Canterbury Dr.	Hays	KS	67601
12	Mental health provider	Cathy	Shaffer	NA	High Plains Mental Health				
13	Education officials and staff	Gina	Smith	NA	FHSU	600 Park Street	Hays	KS	67601
14	Leader in not-for-profit health care organizations: hospital	Shae	Veach	VP Regional Operations	HaysMed	2220 Canterbury Dr.	Hays	KS	67601
15	Political, appointed, and elected officials	Barbara	Wasinger	County Commissioner	County Commissioner	1204 Fort St.	Hays	KS	67601
16	Leader in not-for-profit health care organizations: hospital	Gayla	Wichman	Director of Marketing	HaysMed	2220 Canterbury Dr.	Hays	KS	67601
17	Representatives from business: COO	Brice	Young	COO	HaysMed	2220 Canterbury Dr.	Hays	KS	67601

NOTES

HaysMed, part of The University of KS Health System

Hays, KS Attendees: 17
March 14, 2018

Respondents: Spanish and some Chinese languages in our community.

Respondent: Half percent of the calls that Hays EMS sees is over dosing.

Respondent: Opioid use and selling has gone up in Hays, we're close to Rush County and I've heard of kids who have sold and bought from people in Rush County.

Respondents: Allergies could have gone up because of the lack of rain.

Respondents: Heroin is more of a problem than meth.

Respondent: Patients are getting drugs from other doctors, making opioids are big problem. They can go to other providers to get what they want.

Respondent: The ER being red surprises me.

Clinic has been open 3 years.

Strengths

- Parks and Recreation
- Immunizations
- Collaboration of Providers
- Number of Mental Health Providers has increased
- High Quality from Robert Wood Johnson
- Hospital Services
- EMS Service
- Walk In Clinic Hours

Improve/ Change

- Obesity
- Suicide
- Alcohol
- Primary Care Physicians (Appropriate Use)
- Cost of Insurance
- Child Care
- Geriatrics
- Poverty
- Mental Health
- Drug Abuse
- Psychiatrists
- Senior Care
- Substance Abuse Treatment

Wave #3 CHNA - HaysMed PSA

Town Hall Conversation 10/12/17 - Strengths (Color Cards) N= 16

Card #	C1	Community Health Strengths	Card #	C1	Community Health Strengths
16	ACC	Access	9	FAC	Wonderful Medical Facility
15	ACC	Access to all healthcare	3	FINA	Grant Opportunities
8	ACC	Easy Access	13	FIT	Exercise/ Rec Center
5	ACC	Variety of Services	8	FIT	Physical Fitness Center
13	ALL	Recognition of Social Detrimints of Overall Health	10	GEN	Genreal Healthcare
3	BH	Increase of Mental Health Providers	8	GEN	Regional Healthcare Center
16	BH	Mental Health	5	HOSP	Hospital
7	BH	Mental Health Services	6	HOSP	Hospital
14	BH	Mental Health Services	4	HOSP	Hospital Services
2	CLIN	Clinics	11	HOSP	Hospital Teamwork
6	CLIN	Community Care Clinic	15	OTHR	#8 County Overall in State of Kansas
6	CLIN	First Care Clinic	10	OTHR	Infrastructure
3	CLIN	Walk-in Clinics	2	OTHR	Overall effort/Adapting to change
6	COMM	Care Collaborative	9	OTHR	Seeing Growth
13	COMM	Collaboration b/w Professionals	11	OTHR	Willingness to Improve
11	COMM	Degree of Collaboration	12	PRIM	Primary Care
5	CORP	Co Health	6	REC	Parks and Recreation
5	CORP	Commitment of Organization	16	SNUR	Schools
3	CORP	Community Partnership	4	SPEC	Broad Coverage of Specialties
9	CORP	Community Service	1	STFF	Providers
8	CORP	Community Services	3	TEL	First Call for Help
2	EMER	Emergency Care	7	VACC	Immunizations
12	EMER	ER/ Walk-in Clinic	9	WELL	Good Access to Education Services
7	EMS	EMS	7	WIC	WIC
8	EMS	EMS Care			

Wave #3 CHNA - HaysMed PSA

Town Hall Conversation - Weakness (White Cards) N= 21

Card #	C1	Community Health Weaknesses	Card #	C1	Community Health Weaknesses
15	ACC	Access to Care	16	INSU	Uninsured
2	ACC	Availability	8	NH	Bed Access in Nursing Homes
1	AGE	Care for fairly Healthy Elderly	15	NH	Nursing Homes
4	AGE	Taking Care of Elders	4	OBES	Adult Obesity
2	ALC	Drinking and Driving	11	OBES	Obesity
19	ALCU	Underage Drinking/Drug Abuse	12	OBES	Obesity
11	ALLER	Asthma	18	OTHR	Environment
7	BH	Access to Mental Health Care	6	OTHR	Language Line
2	BH	Depression	2	OTHR	More Single Parent Homes
14	BH	Depression	20	OTHR	Services for Disabled
5	BH	Mental Health	14	OTHR	Single Parent Households
11	BH	Mental Health	14	OTHR	Spanish Speaking Helpers
15	BH	Mental Health	14	PEDS	Child Health
18	BH	Mental Health	12	POV	Poverty
8	BH	Mental Health for Aging Patients	8	PREV	Preventative Services
3	BH	Mental Health Gaps	1	PRIM	Primary Care
10	BH	Mental Health Services	4	PRIM	Primary Care
6	BH	Mental Health/Suicide	2	PSY	Psychiatry
12	BH	Mental Healthcare	13	QUAL	Improving Quality
19	BH	Youth Mental Health	8	REC	Walking Trail
2	CARD	Hypertension	14	SMOK	Smoking
14	CHRON	Chronic Disease	14	SNUR	School Clinic
12	COMM	General healthcare Collaboration	21	SPEC	Access to Specialists
13	COMM	Improving Communication	13	SPEC	Specialists
9	COMM	Unite Efforts	20	SPEC	Specialists
14	CORP	Community Health	7	SPEC	Specialty Clinics
17	DENT	Dentists	10	SPEC	Specialty Doctors
21	DOCS	Physician/Provider Turnover	12	SPEC	Specialty Doctors
19	DOCS	Primary Care Physicians	14	SPEC	Specialty Doctors
4	DOH	Public Health	8	STFF	Consistency in Providers
10	DRUG	Drugs	11	STFF	More Providers
11	DRUG	Drugs	16	STFF	Reliable Workers
14	DRUG	Drugs	2	SUIC	Suicide
3	DRUG	Inpatient Substance Abuse	4	SUIC	Suicide
5	DRUG	Inpatient Substance Abuse Accessibility	11	SUIC	Suicide
19	DRUG	Opioid Epidemic	14	SUIC	Suicide
18	DRUG	Opioids/Drugs	8	TECH	Data Usage
20	DRUG	Substance Abuse	5	TOB	Tobacco
5	DRUG	Substance Abuse Treatment	17	TRAN	Affordable Transportation
6	DRUG	Substance Use	12	VACC	Immunizations
6	EMER	Emergency Services	6	VET	Veterans
15	FEM	Women's health Issues	10	WELL	Health Promotion/Wellness
1	FINA	Lower Cost Options	16	WELL	Publicized Support Groups
19	FIT	Youth Activates	15	WELL	Wellness Activities
17	HH	Home Health	12	WIC	WIC
11	HH	Senior Homecare Health			

c) Public Notice & Requests

[VVV Consultants LLC]



HAYSMED

THE UNIVERSITY OF KANSAS HEALTH SYSTEM

NEWS RELEASE

**Hays Medical Center
2220 Canterbury
Hays, KS 67601
(785) 623-2300**

January 31, 2018

For Immediate Release

HaysMed to Launch 2018 Community Health Needs Assessment Update

Hays, Kansas (January 31, 2018) –

For Immediate Release: Jan 27, 2018

Over the next three months, HaysMed, part of The University of Kansas Health System will be working with other community providers to update the 2015 Ellis County KS Community Health Needs Assessment (CHNA). <Note: ACA legislation requires all tax-exempt hospitals to submit a CHNA to the IRS every three years, regardless of hospital affiliation. Each hospital, even those that serve overlapping populations, must submit a separate CHNA.>

VVV Consultants LLC, an independent research firm from Olathe, Kansas has been retained again to conduct this countywide research. The goal of this assessment update is to understand progress in addressing community health needs cited in the 2015 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/r/EllisCoCHNA3> OR

text key word EllisCoCHNA to 48421 to receive the link on smart phone.

All community residents are encouraged to complete the 2018 CHNA Wave #3 online survey by **Friday, February 23, 2018**. Note: you can also find CHNA 2018 feedback link on HaysMed website & Facebook page.

“This work is vital to determine the health direction for our county,” comment.s Shea Veach, Senior Regional VP.

If you have any questions about the CHNA survey, please call 785-623-2300



HAYSMED

THE UNIVERSITY OF KANSAS HEALTH SYSTEM

NEWS RELEASE

**Hays Medical Center
2220 Canterbury
Hays, KS 67601
(785) 623-2300**

February 5, 2018

For Immediate Release

HaysMed to Launch 2018 Community Health Needs Assessment Update

For Immediate Release: Feb 5, 2018

Over the next three months, HaysMed, part of The University of Kansas Health System will be working with other community providers to update the 2015 Ellis County KS Community Health Needs Assessment (CHNA). ACA legislation requires all tax-exempt hospitals to submit a CHNA to the IRS every three years, regardless of hospital affiliation. Each hospital, even those that serve overlapping populations, must submit a separate CHNA.

VVV Consultants LLC, an independent research firm from Olathe, Kansas has been retained again to conduct this countywide research. The goal of this assessment update is to understand progress in addressing community health needs cited in the 2015 CHNA report and to collect up-to-date community health perceptions. To accomplish this work, a short online survey has been developed.

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All community residents are encouraged to complete the 2018 CHNA Wave #3 online survey by **Friday, February 23, 2018**. Note: you can also find CHNA 2018 feedback link on HaysMed website & Facebook page.

“This work is vital to determine the health direction for our county,” commented Shae Veach, Vice President of Regional Operations and Marketing at HaysMed.

If you have any questions about the CHNA survey, please call 785-623-2300

From: Tammy Jacobs [<mailto:tammy.jacobs@haysmed.com>]
Sent: Monday, February 05, 2018 8:12 AM
To: 'Tammy Jacobs'
Subject: Action Required!! - Community Health Needs Assessment 2018 Survey
Importance: High

Dear Ellis County Key Stakeholder:

Over the next three months, HaysMed will be partnering with other community health providers to update the information gathered from our 2015 Ellis County KS Community Health Needs Assessment (CHNA).

Your feedback and suggestions regarding current community health are vital to the county/community and are very important to collect in order to complete our comprehensive 2018 Community Health Needs Assessment and Implementation Plan.

To accomplish this work, a short online survey has been developed (see link below):

<https://www.surveymonkey.com/r/EllisCoCHNA3>

Please take a few minutes to complete this survey and be assured all responses are confidential. Also feel free to share this survey link with fellow coworkers, family and friends that reside in Ellis County. Thank you in advance for your time and support regarding this request. Your feedback is greatly appreciated.

Please complete the CHNA online survey by Friday, March 2, 2018.

Best Regards,

Tammy Jacobs and Shae Veach, VP Regional Operations

HaysMed to launch 2018 Community Health Needs Assessment update

HAYS POST; FEBRUARY 6, 2018 BY [CRISTINA JANNEY](#) 0 COMMENTS

HaysMed

Over the next three months, HaysMed, part of The University of Kansas Health System, will be working with other community providers to update the 2015 Ellis County Community Health Needs Assessment.

Affordable Care Act legislation requires all tax-exempt hospitals to submit an assessment to the IRS every three years, regardless of hospital affiliation. Each hospital, even those that serve overlapping populations, must submit a separate assessment.

VVV Consultants LLC, an independent research firm from Olathe, has been retained again to conduct this countywide research. The goal of this assessment update is to understand progress in addressing community health needs cited in the 2015 assessment report and to collect up-to-date community health perceptions.

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

Go to <https://www.surveymonkey.com/r/EllisCoCHNA3> or text key word EllisCoCHNA to 48421 to receive the link on smart phone. You can also find assessment 2018 feedback link on the [HaysMed website](#) or [Facebook page](#).

All community residents are encouraged to complete the 2018 assessment Wave #3 online survey by Friday, Feb. 23.

“This work is vital to determine the health direction for our county,” said Shae Veach, vice president of regional operations and marketing at HaysMed.

If you have any questions about the survey, please call 785-623-2300.

From: Tammy Jacobs [<mailto:tammy.jacobs@haysmed.com>]
Sent: Tuesday, February 20, 2018 1:21 PM
To: 'tammy.jacobs@haysmed.com'
Subject: Community Health Needs Assessment – Town Hall Meeting
Importance: High

HaysMed and other area providers are working together to update the Ellis County 2018 Community Health Needs Assessment (CHNA) report. <Note: The goal of this assessment is to understand progress in addressing community health needs cited in the 2015 report and to collect up-to-date community health perceptions. >

HaysMed will host a Town Hall meeting on Wednesday, March 14th from 11:30 a.m. – 1:00 p.m. The meeting will be held at HaysMed in Hadley Room 3. A light lunch will be served starting at 11:15 a.m.

Please RSVP if you plan on attending to tammy.jacobs@haysmed.com or call (785) 623-2300.

Additionally, if you have not had the opportunity to complete the CHNA survey there is still time. Information regarding the survey and a link to access it can be found below.

Best Regards,

Tammy Jacobs and Shae Veach, VP Regional Operations

Tammy Jacobs | Rural Health | HaysMed, part of The University of Kansas Health System

785-623-2300 | tammy.jacobs@haysmed.com | PO BOX 8100, Hays, Kansas 67601

d) Primary Research Detail

[VVV Consultants LLC]

2018 CHNA Feedback - HaysMed / Ellis Co 2018 N= 388

ID	Zip	Overall	Movement	c1	c2	c3	When considering "overall community health quality", is it increasing, decreasing or not really changing. Why?
1534	67601	Good	UP	ACC			a lot more choices and the opportunity to stay in Hays for your medical care
1027	67601	Very Good	UP	ACC			Access to healthcare during the week and on weekends is more readily available to anyone in need.
1107	67601	Poor	DOWN	ACC	HRT	HSP	Closing of skilled care and rehabilitation services in an area where the aging population is prevalent. Also the decline in what used to be an excellent heart program that was respected widely. Personally believe an Inpatient Hospice service would be a tremendous asset for the community.
1372	67601	Very Good	UP	ACC			Have more access to needed services through convenient care.
1086	67601	Good	UP	ACC	POV		Hays Medical Center has continuously grown. Our local Count Health Depr seems to be reaching out to the poor.
1061	67601	Good	DOWN	ACC	SPEC		I personally feel that right now there is a decline. Over the past year or two we continue to lose health care providers, and we are having a hard time replacing them. We have an amazing facility, but we don't have other specialties that could greatly be utilized and increase the health care quality, Ex. ENT, neurology, Gl...
1249		Good	DOWN	ACC	SPEC		Losing specialists
1122	67601	Good	UP	ACC			more options coming to the area
1310	67601	Good	UP	ACC	DOCS		More physician are coming into the area.
1267	67601	Very Good	UP	ALL			Hays has community health for all the people in the community. This includes free or affordable medical care available with hospital and nonprofits. Every year HaysMed provides free flu shots and free CPR training. Also affordable blood screening tests every year.
1155	67601	Good	No CHG	ALL			People are not invested in their own health
1401	67601	Good	DOWN	BH	CHRON		Higher rates of mental health diagnosis as well as preventable chronic disease (diabetes, heart disease, etc.).
1507	67601	Good	DOWN	CARD	ENT		Loss of cardiologists & CV surgeon & no ENT doctors
1285	67601	Good	UP	CLIN	CARD		Added the clinic on Vine but do need to add some cardiologists to HMC.
1397	67601	Good	UP	CORP	QUAL		I have seen more emphasis on bringing what the community needs and not what projections tell them.
1050	67601	Very Good	UP	DOCS			Great Doctors
1190	67601	Average	DOWN	DOCS	ACC		It seems we have a shortage of doctors in basic areas
1056	67601	Poor	DOWN	DOCS	QUAL	CONF	Lack of reliable doctors
1149	67601	Average	DOWN	DOCS	ECON	QUAL	Losing doctors, perception that the hospital is out for only money and doesn't care about people
1043	67601	Average	DOWN	DOCS	SPEC	ACC	losing doctors/specialties
1141	67601	Good	DOWN	DOCS	ACC		Loss of doctors
1296	67601	Average	DOWN	DOCS	EMER		Our Doctors are leaving, the emergency room is STILL poor.
1355	67601	Average	DOWN	DOCS	QUAL		physician turnover. HMC seems profit driven more than patient care driven.
1054	67601	Very Good	UP	DOCS			recruiting more doctors
1493	67601	Poor	DOWN	DOCS	WAIT	QUAL	Revolving door of physicians - get established and then they leave. Long waits to receive care in the Emergency Department, and then questionable care received. "Cattle car" care - in/out - poor assessment of health care needs. More interested in getting numbers rather than providing comprehensive care.
1159	67601	Good	UP	DOCS			We are getting good doctors into the are but we need to work on keeping them.
1525	67601	Average	No CHG	DOCS			We seem to have a revolving door of medical professionals
1409	67601	Very Good	UP	FAC	CLIN		Building of the stand-alone, easier to find Walk In Clinic
1519	57601	Very Good	UP	FAC	DOCS		New equipment, new doctors
1427	67601	Good	UP	FAC			New partnership between HMC and KU. Opening of new Convenient Care facility
1246	67601	Very Good	UP	FAC			The addition of ku
1132	67601	Good	UP	FAC			The local hospital's new affiliation with KU Med.
1260	67601	Poor	DOWN	FINA	HOS	PHAR	high hospital/clinic costs; meds to high

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ID	Zip	Overall	Movement	c1	c2	c3	When considering "overall community health quality", is it increasing, decreasing or not really changing. Why?
1511	67601	Good	UP	FIT	BH		I think there are more fitness opportunities that are relatively affordable. I see more of a focus on prevention. I believe we have more access to physical health services. I think we are going backwards when it comes to mental health, though. This may be more statewide, though.
1468	67601	Good	UP	FP	SPEC	TRAV	recruitment of family practice doctors and specialists makes it less likely to require travel to larger cities for care
1569	67601	Average	No CHG	GEN	ENT	CARD	We still have a shortage of GP's, no ENT, and no Cardiothoracic Surgeon.
1180	67671	Poor	DOWN	GOV	FINA		Obama care act. can't afford to go to Dr.
1496		Very Good	UP	HOSP	STFF		The hospital has a good mission and great staff
1570	67601	Good	DOWN	MAN	DOCS	STFF	Seems the hospital could benefit itself by cleaning up some of their admins, so we could get decent doctors and med staff to stay here
1250	67601	Good	No CHG	NO			Except for getting new and fancy equipment nothing much seems to change.
1041	67601	Good	No CHG	NO			Improvements have been made but overall quality still is a work in progress
1577		Very Good	UP	NO			NA
1434	67637	Good	No CHG	NO			Need more coordinated efforts with agencies.
1462		Good	No CHG	NO			Not sure, a lot of people continue to use other facilities in other towns.
1131	67601	Good	No CHG	NO			there will always be those who choose to engage in bad habits, smoking, etc.
1024	67601	Average	No CHG	NO			we are not promoting wellness and prevention well
1171	67601	Good	No CHG	NO			We can't seem to keep many of the good doctors here.
1379	67601	Average	No CHG	NO			We have moved up with laparoscopic procedures and the utilization of the robot, however, we have taken a step back with losing physicians.
1437	67601	Average	DOWN	OBES	DRUG		Drug use / Obesity
1524	67601	Good	No CHG	OBES			It is hard to change the mindset of this community to take better care of themselves. Also, obesity is a continued problem.
1475	67601	Good	DOWN	OBES			Obesity in children and adults is on the rise.
1402	67627	Good	UP	ORG	MAN	DOCS	New Urgent Care clinic; new doctors coming into Hays Med including ENT and cardio-vascular surgeon; new leadership at HaysMed
1381		Very Good	UP	OTHR			Combining resources with University of Kansas
1114	67601	Good	UP	PARK	FAC		we have the bike lanes for more activity... more wider sidewalks for walkers!!
1151	67601	Poor	DOWN	PHAR	ACC		meds have become unaffordable, unable to get appts in a timely manner, not enough providers
1297	67601	Very Good	UP	PREV	WELL		more awareness of preventive medicine and benefits of being proactive with personal health care responsibility.
1116	67601	Average	DOWN	QUAL	STFF	COMM	Health care people aren't as professional. It doesn't seem like anyone at the hospital talks to the patients. They just do things to them. The doctors change all the time. It seems like people always have to see a PA. Some PA's think they are a doctor. Everything has been going down for several years now. We have big fancy empty buildings and poor patient rooms and equipment. Employees who don't seem to care.
1015		Very Good	UP	QUAL	SPEC	CORP	I feel that Hays Med has great ideas and is working hard on bringing in new providers. They are also trying to bring in specialties that will bring in people to Hays and this helps the community.
1187	67601	Poor	DOWN	QUAL	DOCS		In my most recent experience, two primary care providers were reactive rather than proactive and did not consult colleagues for input when that may have prevented a prolonged hospital stay. The nurses were much more concerned about results from routine procedures than the physicians. I feel as if the Hospitalists at the emergency room and on the acute care unit saved my family member's life.
1163		Poor	DOWN	QUAL	PHY		More interested in pt satisfaction scores than pt health
1275	67601	Average	No CHG	QUAL	DOCS	DIAB	No sleep dr., no diabetic specialist, many doctors leaving and not being replaced, poor er doctors.
1209	67601	Good	UP	QUAL	DOCS		Quality of care has improved with an increase in quality physicians
1210	67601	Very Good	UP	QUAL	DOCS	OTHR	The hospital is recruiting more physicians, the hospital continues to obtain the latest in technology, IT and great nursing staff. They are always trying to provide the best care possible.
1439	67671	Average	No CHG	SPEC			need more specialists
1309		Average	DOWN	SPEC			Shortage of specialists

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1239	67601	Average	No CHG	SPEC			still need more doctors in specialty areas.
1117	67601	Poor	DOWN	STFF	NURSE		Fewer health care workers to take care of even more patients. 7 patients to one nurse without an aid is not safe.
1425	67520	Very Good	UP	URG	CLIN	SPEC	The new location of urgent care/walk-in care is an improvement; There is a good representation of physician specialties in the community; Costs tend to be excessive for health services (\$400+ for a chest x-ray) - because of inadequate competition within this community.
1326	67601	Good	DOWN	WAIT			Time with the patient
1303	67601	Good	UP	WELL			education
1007	67601	Good	UP	WELL	PRIM		Increase in awareness of primary health and prevention through fairs, outreach.
1182	67601	Good	UP	WELL	CORP	POV	Offering of educational events. Getting involved with community. Learning low spots in community.
1538	67601	Very Good	UP	WELL	FAC		offering of more educational and support agencies, groups, organizations. update of equipment update of health care providers education via conferences etc.

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ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1187	67601	Poor	DOWN	ACC	WELL		1. Lack of accessibility to affordable facilities (for health and wellness) 2. The level of education of the population is not advanced. 3. Perhaps awareness of simple changes that can make huge health improvements
1310	67601	Good	UP	ALL			Lack of desire to improve on the part of the general public.
1202	67601	Poor	DOWN	BH	DRUG		Need Good Mental Health Services- not HPMHC. There is a sense of fear and suppression in the community caused by police shootings that are covered up and elaborately staged. Fear of oppression by all of the city rules and regulations. Fear of retaliation if you speak up. Knowing that there are multiple drug operations in the city run by attorneys. Knowing that many city employees and others are lining their pockets daily at the expense of the citizens. Knowing that most citizens are afraid to stand up and speak up. Knowing that city officials and hospital officials see us as people to exploit and control - not serve
1569	67601	Average	No CHG	BH			Patient apathy!
1252	67601	Very Good	UP	CONF			Non-compliance with treatment recommendation
1370	67601	Average	DOWN	DOCS			doctors are limited
1086	67601	Good	UP	DOCS	DENT	SURG	High turnover rate of Doctors at Hays Medical Center Very few dentist, surgens, gum disease take insurance.
1296	67601	Average	DOWN	DRUG	ALC	FINA	Lack of drug/Alcohol treatment for people who cant afford it.
1459	67601	Good	No CHG	FAM	OTHR		breakdown of the family unit and poor life choices
1278	67601	Good	UP	FAM			poor habits based on breakdown of the family unit
1425	67520	Very Good	UP	FINA			cost barriers
1151	67601	Poor	DOWN	FINA			cost of office visits, and medications, and inability to pay even for urgent care
1409	67601	Very Good	UP	FINA			Financial assistance
1570	67601	Good	DOWN	FINA			health care is too expensive and increasing insurance costs
1122	67601	Good	UP	FINA			it cost too much to get medical help
1095	67601	Good	No CHG	FINA			PEOPLE DONT HAVE THE OUT OF POCKET INS. FUNDS
1031	67601	Good	UP	FINA			Prohibitive healthcare costs
1441		Good	DOWN	FIT			Just the thought that the overall society is becoming more lazy, less active, and willing to do less.
1437	67601	Average	DOWN	FP			Lack of family medicine and the fact they don't follow patient to hospital and discharge follow up.
1190	67601	Average	DOWN	INSU			health insurance costs
1261	67601	Very Good	UP	NUTR	FIT		Lack of desire to live a healthy lifestyle
1196	67601	Average	DOWN	OTHR			Lack of awareness of services
1398	67601	Very Good	UP	OTHR			lack of desire of population to change
1244	67601	Very Good	UP	OTHR			Lack of self awareness and self responsibility of the consumers
1357	67671	Good	UP	OTHR			Motivation to Change
1468	67601	Good	UP	POV			lack of jobs that pay a living wage-how can you be healthy on \$8 an hour with no benefits
1575	67601	Poor	No CHG	POV			Poverty
1574	67601	Very Good	No CHG	PREV			People just wait until they are SICK then expect miracles. Prevention is key!
1116	67601	Average	DOWN	QUAL	FAM		It isn't a lack of services, it is the poor quality of services and lack of Professionalism. Schools don't prepare professional students. They come out on a personal power trip to control people NOT to serve people. Need family planning with privacy. Need to go back to the days when health care was a service not a business. It seems like money is wasted but they keep asking for more to waste.
1149	67601	Average	DOWN	STFF			Lack of providers
1371	67637	Very Good	UP	SUIC	BH		not many options for non suicidal but pressing needs

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1171	67601	Good	No CHG	ACC			Do we look at how other cities our size meet community needs?
1278	67601	Good	UP	ACC			I'm not sure that "new" programs are needed. Our community citizens need to make better decisions and utilize what is already here
1402	67627	Good	UP	AGE			Better knowledge of state of frail/poor elderly. Not sure who this can be partnered with. I believe many are isolated and not aware of community programs.
1239	67601	Average	No CHG	AGE			help with aging
1369	67601	Average	No CHG	AGE	INSU		In home services for elderly (cost efficient) Assistance with applying for Medicaid and other benefits Increase in skilled care, LTC options Community case management
1155	67601	Good	No CHG	ALC	BH		alcohol treatment, mental health programs,
1187	67601	Poor	DOWN	ALC	NUTR	FIT	Increase awareness about the impact of alcohol, nutrition, non-activity, etc. on health. Demonstrate what can happen and provide replacement behaviors. Partner with church wellness programs and employers to make changes possible. Many people thrive on competition and would be motivated if there were coordinated group activities and/or activities to compare progress, or just ways to collectively share and celebrate positive changes. Facilities need to be more affordable. Try to make it more socially acceptable and desirable to use the bike lanes here - Hays is flat and perfect for biking.
1509	67601	Very Good	UP	ALL			ALL area healthcare providers should work together to meet the needs of the community, not in silos.
1400	67601	Very Good	UP	BH	OBES		adolescent mental health, weight wellness,
1371	67637	Very Good	UP	BH			Adult Mental Health inpatient facility for someone who isn't addicted to something or isn't suicidal
1240		Good	No CHG	BH			Anything to do with mental health.
1449	67601	Very Good	No CHG	BH	ACC		Better mental health treatment and more accesible
1144	67637	Good	No CHG	BH	TRAN	DRUG	Better quality mental health providers, medical appointment transportation from outlying communities, better alcohol/drug prevention/support/treatment options
1421	67601	Good	DOWN	BH	AGE		Day Services for Mentally Handicapped partner with DSNWK Day Services for Elderly partner with SKIL
1538	67601	Very Good	UP	BH	ALC	DRUG	Homeless issues - sometimes connected to mental health, or alcohol/drug abuse - reaches all areas of the family health level.
1016	67671	Average	No CHG	BH	PEDS	COMM	Kids being misdiagnosed for mental health issues, it most likely coming from something medical. Pediatricans and mental health people need to work together to figure out whats going on with the child. Or send on to someone else that is more knowledgeable about it.
1226	67601	Average	No CHG	BH	OBES		Mental health - Minimal funding seems to be an issue. Weight loss/health incentives.
1117	67601	Poor	DOWN	BH	STFF	URG	Mental health facility and better staffed urgent care. H
1468	67601	Good	UP	BH	POV	PHAR	Mental health is a big one. Working with the poor in the community we see so many people who are suffering from depression, bi-polar, and other issues. They self medicate because they cannot pay even the sliding scale fees
1294	67601	Very Good	UP	BH			Mental illness - Need to work with High Plains
1529	67601	Good	No CHG	BH			We need more partnering between mental health providers and physical health/wellness providers.
1570	67601	Good	DOWN	CLIN			The Walk in Clinic is a HUGE benefit to this community
1370	67601	Average	DOWN	COMM			Talk the talk and walk the walk.....What happen to this partnership with KU. Why don't they have more outreach. It's the same as it has always been. Nothing new has been added.
1086	67601	Good	UP	CORP			I don't know if we have a place for relatives of Hays Med to stay, such as Ronald McDonald House. I think you could partner with Catholic Charities, the Elisabeth Home and Red Cross to help with child care, rooms, meals and transportation. Probably the Access Van.
1267	67601	Very Good	UP	CORP	WELL		Since Hays City has problems reaching out to people who don't buy newspaper or listen to tv news. I feel nonprofits and churches could help. Also, sometimes the information is given out after the event is provided instead of ahead of the medical care event.

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ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1323	67601	Good	NO	DENT			Dental care and substance abuse inpt programs. These are expensive, sparse and full most the time.
1174	67601	Very Good	NO	DENT			Dental resources
1427	67601	Good	UP	DENT			dental services for adults continues to be a need. Families can't afford even the sliding fee scale at FCC
1525	67601	Average	No CHG	DENT	FIT	DRUG	Have Dental Clinics Have Exercise clinics have anonymous drug screening and prevention clinics
1149	67601	Average	DOWN	DENT			The first care dentist is terrible. There are no Medicaid dentists. No ent. The partnership with ku was supposed to fix that. So far they brought only a new sign for the hospital.
1178	67601	Good	No CHG	DIAB			Diabetes prevention and management.
1437	67601	Average	DOWN	DOCS	WELL		Programs within the provider network that follow those at risk. AND find Doctors. No one wants a locum.
1141	67601	Good	DOWN	DOCS			They are working on the group of doctors my family is needing.
1146	68601	Very Poor	No CHG	DOCS			We just need more doctors with extended hours
1349	67601	Good	No CHG	DOCS	LOY		We need doctors here and doctors who know what they are doing. The good doctors stay a year and leave and the bad doctors who don't know what they are doing seem to stay their whole lives. We need initiatives to keep the experienced doctors here.
1328	67601	Good	UP	DRUG			Addressing substance abuse issues and the opioid crisis.
1159	67601	Good	UP	DRUG	OTHR		Drug and alcohol abuse and domestic violence abuse
1027	67601	Very Good	UP	DRUG	ALC	BH	I feel that alcohol/substance abuse and mental health should be advocated more in our community.
1150	67601	Average	No CHG	DRUG			More drug/alcohol intervention so our county jail is less crowded.
1546	67601	Good	No CHG	DRUG			Opioid treatment
1296	67601	Average	DOWN	DRUG	ACC	BH	Substance abuse treatment for those who cant pay for it. There is a need for better/more accessible mental health care.
1285	67601	Good	UP	DRUG	NEU	OTHR	Support group for parents of children who have a drug problem or/and brain injury.
1464	67601	Good	UP	EMER	KID		Continued efforts with SR Care, Emergency Care and child care
1364	67601	Good	No CHG	ENT	ORTH	ONC	Hays does not have an ENT Physician and needs more Orthopedic, Oncology, and Heart Physicians
1058	67601	Average	UP	ENT	NEU		Specialists. Especially ENT and Neurology.
1219	67601	Good	UP	ENT			we are partnering with KU to bring in a ear nose throat specialist
1250	67601	Good	No CHG	FAM			Family planning, now that Planned Parenthood is gone. I'm sure the Catholic community is very happy about that.
1131	67601	Good	No CHG	FEM			A holistic maternity focus would fill a need in this community. Hays could partner with the midwife in Larned
1397	67601	Good	UP	FEM	BH		More emphasis on women's health, bring in the college students and educate them on responsible partying, stds, etc.
1223	67601	Good	No CHG	FINA	FIT		Pts needs financial assistance paying for medications and medical care. They need low cost options for exercise facilities.
1122	67601	Good	UP	FINA			the health care programs need to be free or people cannot afford to use them.
1490	67601	Very Good	No CHG	FIT	NUTR		Fitness facilities, grocery stores, dieticians, etc
1380	67601	Average	No CHG	FIT	KID		Kids fitness at a good price--maybe family activities
1313	67601	Good	UP	FIT			leisure activities besides running
1280	67601	Average	UP	FIT	OBES	BH	More active bike trails, walking trails, community incentives to lose weight/stay active - smartphone apps to track distance, progress, weight loss - for incentives. Additional mental health services - increase awareness in the community through fundraisers, 5K's, pamphlet's in mail etc.
1575	67601	Poor	No CHG	HH	KID	TEL	We need more in-home services for the dissabled (and more affordable reliable child care options, since the housekeepers I hire to help me stay in my home rely on such services to work for me). Would it really be so impossible for High Plains to pretend to care for a moment and offer phone-based counseling? Would it utterly destroy Access if they weren't rude or didn't ban people because they don't like someone's dissabilities? Would the world come to an end if doctors/nurses made house calls, especially during flu season?
1259	67601	Very Good	UP	HRT			Heart Program
1185	67601	Good	No CHG	HSP			more skilled care/swing bed options available locally to increase care before returning home after hospitalization

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1482	67601	Good	UP	KID	AGE		youth programs and the need for more elderly care. The nursing homes in Ellis county seem always full and many people who have lived their whole life in this county, end up spending their final days in another county, which is very sad. The nursing home thing may not be related to a health program but just wanted to mention the need.
1533	67601	Good	UP	NUTR	KID	STFF	A great resource that would greatly help the community would be utilizing the farmers market and local farmers to assist local familys in accessing fresh food. This helps on multiple concerns with health and wellness, community support that helps everyone and meets the need for better food access. There is also a need for better child care. As it stands, there are independent providers and a few companies BUT. As it stands for now, the health care staff struggle to find reliable care for their children while they work, and the community often does not have enough support to maintain child care facilities for long. I strongly feel that having these two options addressed and implemented would assist the community immensely.
1335	67601	Average	UP	NUTR	FIT		More healthy eating and exercise programs need to be promoted.
1567	67601	Good	No CHG	OBES	HUTR	FIT	more wellness options - more programs for weight loss and healthy eating. partner with gyms - get nutritionists in and help by giving people an initiative to join in.
1106	67601	Good	No CHG	OBES			Obesity program. Opioid abuse treatment programs.
1326	67601	Good	DOWN	OBES			Weight loss programs
1039	67601	Very Good	UP	OTHR			More help to keep our disabled residents in their homes.
1289	67601	Very Good	No CHG	OTHR			support groups?
1151	67601	Poor	DOWN	PHAR	FINA		programs to help with medication prescription assistance, or financial support programs
1007	67601	Good	UP	PRIM	BH	SS	Primary and mental health- I think there is a mental health social worker who is now seeing patients at Hays Family Medicine and Dept of Health a few times weekly; this is the only collaboration that I am in awareness.
1116	67601	Average	DOWN	QUAL			If you create programs they need to be quality- not just the same people who have been here forever, found their position of power, and retired on the job. Or people who look at everything to see how they can line their pockets and drop it the moment their pockets deflate a little- like the hospital did skilled care. A reputation has to be built and maintained. The more you use lower level providers- PA'S, PTA'S, MEDICAL ATTENDANTS, SOCIAL WORKERS- the lower the levels of quality and satisfaction.
1176	67601	Poor	No CHG	QUAL			Local healthcare is too dependent on religious institutions which puts patients at risk by ignoring scientifically based care and alienating the growing population of secular minded people
1190	67601	Average	DOWN	QUAL			no new programs until existing services are improved
1469	67601	Very Good	UP	SPEC			Autism specialists in the area.
1574	67601	Very Good	No CHG	SPEC	ORAL		Sleep apnea partnerships, TMJ/Migraine partnerships, oral wellness and prevention services.
1233	67601	Average	No CHG	SPEC	AGE		Specialists in elder care.
1375	67601	Good	UP	SS			integrative therapies, utilize your social workers as social workers . They have great ideas of you just listen to them.
1409	67601	Very Good	UP	STFF			Partner better with recruiting of medical staff with other people: HaysMed is seen as a "city within a city" and it would be helpful to all to help with integration of people
1237	67665	Good	UP	TEL			Telehealth
1401	67601	Good	DOWN	WELL	BH	FEM	Additional community education programs, more mental health services, fertility and women's health services
1561	67601	Average	No CHG	WELL	DOH		Annual Health Fairs (Provide Education and Draw Labs) Partner with Health Department (moving across street) for immunizations to stay up to date.
1024	67601	Average	No CHG	WELL	BH		combine school education with public health services for education on drug and alcohol use, obesity, mental health issues
1041	67601	Good	No CHG	WELL			Community Health Education
1049	67601	Average	No CHG	WELL			education and awareness
1247	67601	Average	No CHG	WELL	BH	NUTR	Education of parents on rearing children(family unit is broken), mental health of families, esp children, Meal prep with for those on limited budgets.

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ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1578	67550	Average	DOWN	WELL			Education. Partnering with others would show that the health systems are concerned for individuals whole health and quality of life, not just parts.
1562	67601	Very Good	UP	WELL			I don't know if we need to create more, but do better at promoting the current community health programs
1448	67601	Good	No CHG	WELL			More education for out-lying areas to bring CNA,CMA's up to speed and be more available in the smaller hospitals.
1025	67601	Good	No CHG	WELL			Partner with schools to educate health items
1475	67601	Good	DOWN	WELL			Partnering with the local schools would be great. A health fair at each school would be a good way to provide information to parents and students about a variety of health related issues.
1002	67601	Very Good	No CHG	WELL	FEM		partnership between college (FHSU, NCK, etc) and HaysMed to improve women's health services
1459	67601	Good	No CHG	WELL	ALL		Programs are only a bandage. The community needs to embrace the ideas make us stronger - - stronger family units, focus on education and striving for greater self reliance
1523	67601	Good	No CHG	WELL			There needs to be something for school age up through high school programs for children. There are no activities in this community to keep them busy.
1332	67601	Good	UP	WELL			Wellness Education is most vital in my opinion but culture in this area does not support.
1078	67601	Good	UP	WELL			When one group works on a community health program, they always need to think of all the stake holders

Let Your Voice Be Heard!

HaysMed, part of The University of Kansas Health System is making updates to the 2018 Community Health Needs Assessment (CHNA). <Note: ACA legislation requires all tax-exempt hospitals to submit a CHNA to the IRS every three years, regardless of hospital affiliation. Each hospital, even those that serve overlapping populations, must submit a separate CHNA.>

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

Thank you for your attention! Deadline to participate is Friday, March 2, 2018.

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

Very Poor Poor Average Good Very Good

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

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

Why? (please specify)

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

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



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



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

- | | |
|---|---|
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Awareness of HC services | <input type="checkbox"/> Nutrition - Healthy Food options |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Primary Care Access |
| <input type="checkbox"/> Drug / Substance Abuse | <input type="checkbox"/> SR Care Options - Skilled Care |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Tobacco Abuse |
| <input type="checkbox"/> HC Transportation | <input type="checkbox"/> Water |
| <input type="checkbox"/> Home Health / Hospice services | <input type="checkbox"/> Wellness / Prevention |



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

- | | |
|---|---|
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Awareness of HC services | <input type="checkbox"/> Nutrition - Healthy Food options |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Primary Care Access |
| <input type="checkbox"/> Drug / Substance Abuse | <input type="checkbox"/> SR Care Options - Skilled Care |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Tobacco Abuse |
| <input type="checkbox"/> HC Transportation | <input type="checkbox"/> Water |
| <input type="checkbox"/> Home Health / Hospice services | <input type="checkbox"/> Wellness / Prevention |

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

- | | |
|---|--|
| <input type="checkbox"/> Lack of health & wellness education | <input type="checkbox"/> Elder assistance programs |
| <input type="checkbox"/> Chronic disease prevention | <input type="checkbox"/> Family assistance programs |
| <input type="checkbox"/> Limited access to mental health assistance | <input type="checkbox"/> Lack of awareness of existing local programs, providers, and services |
| <input type="checkbox"/> Case management assistance | |

Other (please specify)

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

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



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

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



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

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

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

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

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

- Yes
- No
- I don't know

If YES, please specify healthcare services received.



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

- Yes
- No
- I don't know

Please explain



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



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

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

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

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

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

Other (please specify)



Report Contact:

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