

Community Health Needs Assessment

On Behalf of Southwest Medical Center



October 2022

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

Table of Contents

I. Executive Summary

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

II. Methodology

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

III. Community Health Status

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

IV. Inventory of Existing County Health Resources

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

V. Detail Exhibits

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

I. Executive Summary

[VVV Consultants LLC]

I. Executive Summary

Southwest Medical Center – Liberal, KS - 2022 Community Health Needs Assessment (CHNA)

The previous CHNA for Southwest Medical Center was completed in 2019. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #4 Southwest Medical Center CHNA assessment began in June of 2022 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandelaar, MBA.

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders and providers, along with the residents, to research and prioritize county health needs and document community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years. **Important community CHNA Benefits** for both the local hospital and the health department, are as follows: 1.) Increases knowledge of community health needs and resources 2.) Creates common understanding of the priorities of the community's health needs 3.) Enhances relationships and mutual understanding between and among stakeholders 4.) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community 5.) Provides rationale for current and potential funders to support efforts to improve the health of the community 6.) Creates opportunities for collaboration in delivery of services to the community and 7.) Provides guidance to the hospital and local health department for how they can align their services and community benefit programs to best meet needs, and 8.) fulfills Hospital "Mission" to deliver care.

County Health Area of Future Focus on Unmet Needs

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

2022 CHNA Priorities - Unmet Needs				
Southwest Medical Center				
CHNA Wave #4 Town Hall - October 6, 2022				
Primary Service Area (15 Attendees / 52 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Emergency Room	11	21.2%	21%
2	Access to Primary Care	9	17.3%	38%
3	Mental Health (Diagnosis, Aftercare, Provider, Treatment)	7	13.5%	52%
4	Childcare (Availability / Cost)	6	11.5%	63%
5	Collaboration with other Critical Access Hospitals	5	9.6%	73%
6	STI / STD's	4	7.7%	81%
7	Access to Specialists (Neu, ENT, Uri, Card, Pul)	4	7.7%	88%
Total Votes		52	100%	
Other unmet health needs votes: Chronic Disease Management, Uninsured / Underinsured, Prenatal Care / Post-partum Depression, Substance Abuse (Drugs / Alcohol), Workforce, Teen Pregnancy, and Depression				

Town Hall CHNA Findings: Areas of Strengths

Liberal, KS - Community Health Strengths Recalled			
#	Topic	#	Topic
1	Exercise Opportunities	6	School Lunch Programs
2	Diversity	7	Caring Community
3	Regional Hospital (5 differer	8	Non-profit groups
4	Equipment in Hospital	9	Grant Funding
5	Transportation	10	Hospitalists Program

Key CHNA Wave #4 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2022 Robert Woods Seward County Health Rankings, Seward County, KS Average was ranked 79th in Health Outcomes, 94th in Health Factors, and 20th in Physical Environmental Quality out of the 105 Counties.

TAB 1. Seward County's population is 21,747 (based on 2021). About nine percent (9.1%) of the population is under the age of 5, while the population that is over 65 years old is 10.1%. As of 2020, 58.3% of citizens speak a language other than English in their home. Children in single parent households make up a total of 19.5% compared to the rural norm of 18.0%, and 84.7% are living in the same house as one year ago.

TAB 2. In Seward County, the average per capita income is \$21,434 while 11.5% of the population is in poverty. The severe housing problem was recorded at 16.3% compared to the rural norm of 11.2%. Those with food insecurity in Seward County is 9.3%, and those having limited access to healthy foods (store) is 7.7%. Individuals recorded as having a long commute while driving alone is 11.0% compared to the norm of 24.3%.

TAB 3. Children eligible for a free or reduced-price lunch in Seward County is 81.7%. Roughly seventy percent (69.9%) of students graduated high school compared to the rural norm of 89.2%, and 11.2% have a bachelor's degree or higher.

TAB 4. The percent of births where prenatal care began in the first trimester is 66.2% and 6.7% of births in Seward County have a low birth weight. The percent of all births occurring to teens (15-19) is 10.0%.

TAB 5. The Seward County primary care service coverage ratio is 1 provider (county based offed physician who is a MD and/or DO) to 2,679 residents. There were 3,068 preventable hospital stays in 2019 compared to the Rural Norm of 3,645.

TAB 6. In Seward County, 15.7% of the Medicare population has depression. The average mentally unhealthy days last reported (2019) is 4.3 days in a one-week period, while the age-adjusted suicide mortality rate (per 100,000) is 17.1.

TAB 7a – 7b. Seward County has an obesity percentage of 39.8% and a physical inactivity percentage is 42.3%. The percentage of adults who smoke is 17.1%, while the excessive drinking percentage is 14.1%. The Medicare hypertension percentage is 56.4%, while their heart failure percentage is 16.8%. Those with chronic kidney disease amongst the Medicare population is 20.9% compared to the rural norm of 22.5%. The percentage of individuals who were recorded with COPD was 12.0%. Seward County recorded as roughly 2 percent of individuals having had a stroke at 2.4%.

TAB 8. The adult uninsured rate for Seward County is 19.7% (based on 2019) compared to the rural norm of only 12.2%.

TAB 9. The life expectancy rate in Seward County for males and females is around seventy-nine years of age (79.4). Alcohol-impaired driving deaths for Seward County is 38.1% while age-adjusted Cancer Mortality rate per 100,000 is 146.2. The age-adjusted heart disease mortality rate per 100,000 is at 170.9.

TAB 10. A recorded eighty-four percent (83.6%) of Seward County has access to exercise opportunities. Those reported having diabetes is 15.2%. Continually, twenty-two percent (22.0%) of women in Seward County seek annual mammography screenings compared to the rural norm of 41.6%.

Key CHNA Wave #4 Primary Research Conclusions found:

Community Feedback from residents, community leaders and providers (N=568) provided the following community insights via an online perception survey:

- Using a Likert scale, average between Seward County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 33.1%.
- Seward County stakeholders are satisfied with some of the following services: Exercise Opportunities, Diversity, Regional Hospital (5 different states), Equipment in Hospital, Transportation, School Lunch Programs, Caring Community, Non-profit groups, Community Collaboration, Hospitalists Program, Good Start on Healthcare Systems, Grant Funding, and Bigger Population
- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health (Diagnosis, Aftercare, Provider, Treatment), Emergency Room, STI / STD's, Childcare (Availability / Cost), Workforce, Teen Pregnancy, Chronic Disease Management, Access to Primary Care, Access to Specialists (Neurology, ENT, Urology, Cardiology, Pulmonology), Depression, Uninsured / Underinsured, Collaboration with other Critical Access Hospitals, Prenatal Care / Post-partum Depression, and Substance Abuse (Drugs / Alcohol)

Southwest Medical Center - CHNA YR 2022 N=568					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Access to Healthcare Services	265	29.4%		2
2	Mental Health	240	26.6%		1
3	Chronic Health Conditions	185	20.5%		3
4	Substance Abuse	184	20.4%		4
5	Diabetes	169	18.7%		7
6	Cancer	159	17.6%		5
7	Nutrition, Physical Activity, and Weight	146	16.2%		8
8	Heart Disease and Stroke	144	16.0%		6
9	Oral Health	114	12.6%		10
10	Maternal and Child Health	92	10.2%		9
11	Injury and Violence	64	7.1%		11
12	Sexual Health / STD	53	5.9%		13
13	Sexual Assault	50	5.5%		12
Totals		1865	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 that has filed a 990 is required to conduct a CHNA. IRS Notice 2011-52 was released in late fall of 2011 to give notice and request comments.

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

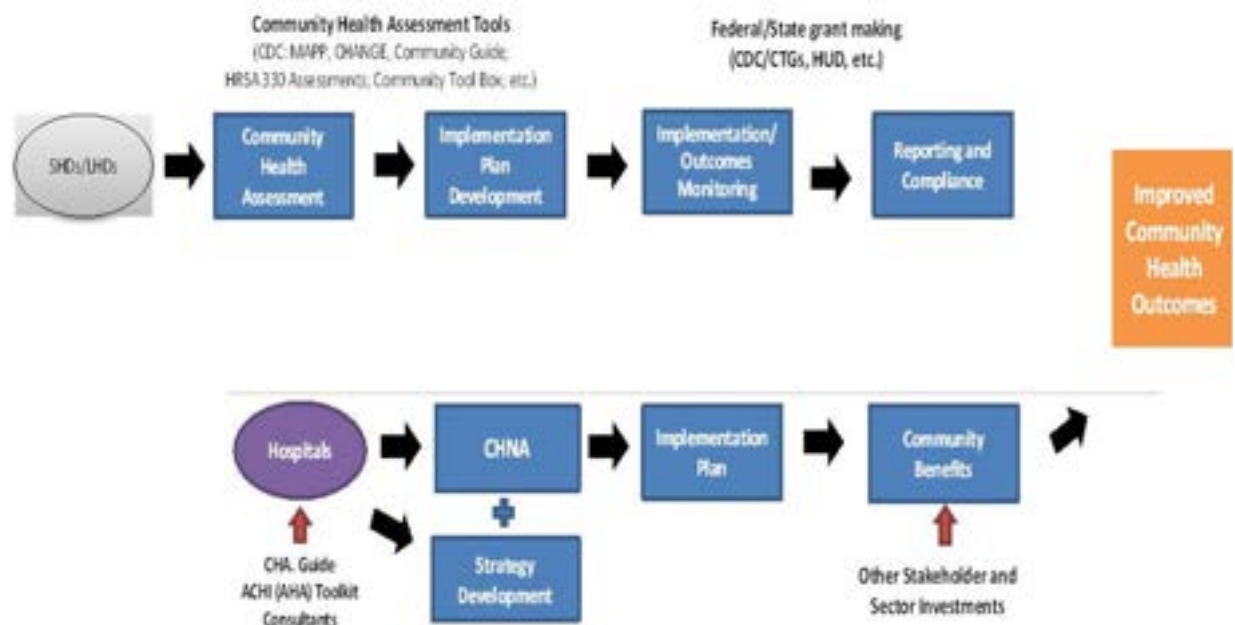
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Requirements Overview (Notice 2011-52)

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three taxable years. ***The CHNA must take into account input from persons representing the community served by the hospital facility and must be made widely available to the public. The CHNA requirements are effective for taxable years beginning after March 23, 2012.*** As a result, a hospital organization with a June 30 fiscal year end must complete a CHNA full report every 3 years for each of its hospital facilities by fiscal June 30th.

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and 6) a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

IRS Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(0)(3) Last Reviewed or Updated: 21-Aug-2020

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

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

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

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

Additional Sources of Input

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

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

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

Collaboration on CHNA Reports

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

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

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

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

Joint Implementation Strategies

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

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

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

Adoption of Implementation Strategy

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

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

New Hospital Organizations

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

New Hospital Facilities

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

Transferred/Terminated Facilities

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

Public Health Criteria:

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

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

DOMAIN 1 includes 4 STANDARDS:

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

Required CHNA Planning Process Requirements:

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

Seven Steps of Public Health Department Accreditation (PHAB):

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

MAPP Process Overview

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

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

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



Drivers of Health Assessment & Improvement Planning

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

National Voluntary Accreditation Requirements

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

CDC Grant Requirements

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

The Public Health Accreditation board defines *community health assessment* as a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation. Turnock B. *Public Health: What It Is and How It Works*. Jones and Bartlett, 2009, as adapted in [Public Health Accreditation Board Acronyms and Glossary of Terms Version 1.0 Cdc-pdf\[PDF – 536KB\]External](#), July 2011.

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

Social Determinants of Health

What Are Social Determinants of Health?



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

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

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

II. Methodology

b) Collaborating CHNA Parties

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

Southwest Medical Center

315 W 15th Street, Liberal, KS 67901

Phone: (620) 624-1651

Located in Liberal, Kansas, Southwest Medical Center (SWMC) operates as a not-for-profit acute care hospital. The first patient received medical service on August 17th, 1964. Prior to this date, citizens in the area relied on Epworth Hospital for medical care.

Southwest Medical Center is a business entity governed by a Board of Trustees appointed by the Board of County Commissioners of Seward County, Kansas, and an administration selected by the Board of Trustees. No taxes are levied by the Board of County Commissioners of Seward County, Kansas, for operating, maintaining, equipping and improving the hospital.

Through the years SWMC has become a regional medical center serving patients from a five-state region of Kansas, Colorado, Oklahoma, Texas, and New Mexico. As the hospital evolves in a changing industry one of our continuing goals is to provide "Quality Healthcare Close to Home." This means recruiting and retaining highly skilled physicians, investing in state-of-the-art medical technology and providing compassionate patient service.

Our Providers

Anesthesiology

Bruce Cook, CRNA
Bonnie Porter, CRNA

Cardiology

Daniel Alvarez, D.O.
Ryan Beard, M.D.
Ahmad Qaddour, M.D.

Pediatric Cardiology

Tuan Nguyen, M.D.

Dermatology

Mark Kaminski, M.D., Ph.D

Family Medicine

Reyna Aguilar, APRN-C
Scott Appling, M.D.
Linsey K. Carter, DNP, NP-C

Baolong Do, APRN-C
Paul Lehmitz, M.D.
Russell Kelly McMurry, D.O.
Paul Reed, D.O.
Britt N. Short, APRN-C

Hospitalists

Rama Chanda, M.D.
Andrey Ilyasov, M.D.
Marlon Bazon, PA-C
Amanda Behar, PA-C
Bishal Bista, PA-C
Derick Samafuhbi, PA-C
Christopher Wentling, PA-C
Natalie White, PA-C

Internal Medicine

V. Randy Gill, M.D.
Juvenal Jabel, M.D.
Sharon Mitchell, M.D.

Obstetrics/Gynecology

Lamberto O. Flores, M.D.
Dennis Knudsen, M.D.
Megan Furnish, APRN-CNM
Tori Underwood, APRN-C

Medical Oncology/Hematology

Shaker R. Dakhil, M.D.
Dennis Moore, Jr., M.D.
Quoc Truong, M.D.

Orthopedic Surgery & Sports Medicine

Pingal Desai, M.D.
Firas Kawtharani, M.D.

LIBERAL CLINICS

SWMC-15th Street Family Care Center
555 W 15th Street, Liberal, KS 67901
Phone: (620) 624-0702

SWMC-General Surgery Care Center
305 W 15th Street, Ste 204, Liberal, KS 67901
Phone: (620) 624-4946

Pediatrics

Nargis Husainy, M.D.
Mariana E. Lucero, M.D.
Tracy Fowler, APRN-C

Plastic, Reconstructive & Cosmetic Surgery

Mona S. Rane, M.D., FRCS

Surgery – General

Timothy Barron, M.D.
Anthony Galitsky, M.D., FACS
Jose Maeda, M.D.

SWMC-Orthopedic & Sports Medicine Care Center
305 W 15th Street, Ste 101, Liberal, KS 67901
Phone: (620) 624-0732

SWMC-Wound Care Center
305 W 15th Street, Ste 204, Liberal, KS 67901
Phone: (620) 624-2243

Clinic Services:

- **24-Hour Emergency Room**
- **Cardiac Rehabilitation**
- **Cardiopulmonary:** Diagnostics & Treatment
- **Child Birth Classes**
- **Diagnostic Imaging:** Bone Densitometry, CT Scan, 3D Mammography, MRI, Nuclear Medicine, Ultrasound
- **General Surgery Care Center**
- **Hospitalist Program**
- **Intensive Care Unit**
- **Laboratory**
- **Nutritional Counseling**
- **Obstetrics & Gynecology:** Family-Centered Birthing
- **OB/GYN Care Center – Women's Specialty Care Center of Liberal**
- **OB/GYN Care Center – Women's Specialty Care Center of Guymon**
- **Orthopedic & Sports Medicine Care Center**
- **Pharmacy – In-Patient**
- **Physical Therapy Services**
- **Primary Care Clinics – 15th Street Family Care Center**
- **Southwest Sexual Assault Services**
- **Surgical Services**
- **Skilled Nursing Unit**
- **Sleep Disorders Lab**
- **Telemedicine Services:** Stroke & Neurology
- **Urology Care Center**
- **Visiting Physician Clinics:** Cardiology, Pediatric Cardiology, Oncology/Hematology, Radiation Oncology, Medical Oncology/Hematology
- **Wound Care Center**

Seward County Health Department

1411 W 15th Street, Liberal, KS 67901

Director: Brie Greeson BSN, RN

Hours: M-Th 8:30 a.m. to 6:00 p.m.

F-Closed

Services Provided:

Child Care Licensing

The purpose of regulating child care facilities is to reduce the risk of predictable harm to children while in out of home settings.

Public regulation represents a basic level of protection for all children. Further, effective public regulation provides basic consumer protection.

Applications and Licensing

Individuals wishing to provide childcare in the State of Kansas must be licensed through the Kansas Department of Health and Environment (KDHE). Learn more about the Child Care Licensing Application.

Before applying, applicants are required to participate in an orientation provided by the Seward County Health Department's Child Care Surveyor.

Clinic Services

- ADULT HEALTH
 - Blood Draws
 - Blood Pressure Screenings
 - Blood Sugar Screenings
 - Cancer Screenings
 - Immunizations
 - Travel immunizations
- BIOMETRIC SCREENINGS
 - Partner with local businesses and insurances
- CHILD CARE LICENSING
 - Applications and Licensing
- CHILD HEALTH
 - Immunizations
 - Lead Screenings
 - Physicals (School, Daycare, Kan-Be Healthy)
 - Vision and Hearing Screenings
- COMMUNICABLE DISEASE
 - Follow-ups and Referrals
 - Investigations
- FAMILY PLANNING
 - Annual Exams (pap smears, breast exams)
 - Contraceptives
 - Pregnancy Test- counseling and referrals
 - Sexually Transmitted Infections- testing, treatment, and counseling
- IMMIGRATION
 - Blood Work
 - Immunizations
- PUBLIC HEALTH PREPAREDNESS
 - Partner with Emergency Management and other local agencies

- REFUGEE PROGRAM
 - Adjustment of Status
 - Immunizations
 - Initial Health Screenings
- SEXUALLY TRANSMITTED INFECTIONS
 - Counseling and Testing
 - Referrals
 - Treatment

Communicable Disease Reporting & Surveillance

To report urgent diseases, call the KDHE Epidemiology Hotline: 877-427-7317. This form is available at: http://www.kdheks.gov/epi/disease_reporting.html

Environmental Services

Public Health - Flu Information

In the United States, seasonal influenza disease (also known as “the flu”) occurs during the late fall through early spring seasons. Every year, an average 5% to 20% of the population gets the flu; more than 200,000 people are hospitalized from flu complications, and about 36,000 people die from flu.

Some people, such as older people, young children, and people with certain health conditions, are at high risk for serious flu complications.

The best way to prevent the flu is by getting a flu shot each year.

Call Seward County Health Department to schedule your appointment at (620) 626-3369.

In addition to getting the flu vaccine, you should take these steps to avoid spreading germs:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Try to avoid close contact with sick people.
- If you get the flu, stay home from work or school and limit contact with others to keep from infecting them.
- Avoid touching your eyes, nose or mouth. Germs spread this way.

Maternal & Infant Program (MCH)

GOAL

Healthy Mother and Healthy Babies

SERVICES

Prenatal care and education appointments with a registered nurse, nurse practitioner, registered dietitian, social worker, and healthy start home visitor. Prenatal and postpartum home visits are provided as needed.

We have a certified child safety seat technician to ensure car seats are installed properly.

EDUCATION FOCUSES:

- * Healthy Pregnancy
- * Stages of Pregnancy
- * Development of the baby
- * Healthy Nutrition
- * Substance Abuse and Pregnancy
- * Pregnancy Danger Signs
- * Childbirth Preparation
- * Parenting Information

For more information call (620)626-3369

WIC Services

WIC is a supplemental food and nutrition program designed to improve the health of women, infants and children.

The program provides:

Nutrition counseling and education

Breastfeeding education, support and promotion

Referral services to medical, dental and social services in Seward County

Breastfeeding Peer Counselor Program

Immunizations are also provided through the WIC / Immunization Collaboration Program.

Family Planning Services

Family planning clinic offers a variety of contraceptive methods including abstinence. Instructions concerning effectiveness, proper use, indications/precautions, risks, benefits, possible minor side effects, and potential life threatening complications of contraceptive methods is provided.

Services are provided by an advanced practice registered nurse (APRN) with assistance from public health nurses. If problems are discovered during the course of the assessments which are beyond the scope of the clinic, appropriate referrals will be made by the health care provider. Clients are seen on an appointment basis to minimize waiting periods.

Goals:

To assist individuals or couples with the timing and spacing of pregnancies

To provide counseling and contraceptive services

To assist with infertility and identify other medical problems

To improve knowledge about reproduction and the prevention of sexually transmitted diseases

Services Available for Women:

Breast exams and referrals for mammograms

Contraceptive services- abstinence, condoms, oral contraceptives, hormonal injection, spermicides,

natural family planning
Health education
HIV-only screening and result counseling
Infertility counseling and referral
Physical examination for women at annual exam with APRN
Pregnancy testing, counseling, and referrals
Reproductive Health
Rubella screening and counseling

Services Available For Men:
Contraceptive counseling
Health education
HIV screening and result counseling
STD testing, counseling, and treatment
For more information call (620)626-3369.

Pregnancy Maintenance Initiative (PMI)

Program Goal

The purpose of the Pregnancy Maintenance Initiative Program (PMI) is to provide services to pregnant women to enable to carry their pregnancies to term.

The program provides free case management for pregnant mothers up until six months post-delivery. A case manager will help with setting and reaching goals in several areas of life including: living situation, family, social relationships, leisure, work/school, safety, finances, and health.

Eligibility Requirements

Pregnant female regardless of trimester based on voluntary basis.

Services are provided without regard to religion, race, color, national origin, physical limitations. Sexual orientation, or marital status.

Prenatal Care

Regular health care will help you stay healthy during your pregnancy and help your baby grow healthy and strong. Your case manager will help you find affordable care.

Parenting Skills

Babies don't come with instructions but you can learn to be a great parent. Your case manager can provide resources and information on how to take care of your new baby.

Support

All that you may be able to think about right now is your baby, but it is important to take care of yourself as well as your baby. Your case manager can provide support and resources for all areas of your life.

For more information call (620) 309-2079

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications:

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

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

Introduction: Who We Are Background and Experience



Vince Vandehaar, MBA – Principal
VVV Consultants LLC – start 1/1/09 *
- Adjunct Full Professor @ Avila & Webster Universities
- 35+ year veteran marketer, strategist and researcher
- Saint Luke’s Health System, BCBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA



Hannah Foster – Associate Consultant
VVV Consultants LLC – April 2022
- MO Southern State – Joplin, MO
- Avila University – MBA with HC
- Hometown: Lee’s Summit, MO



Cassandra Kahl, BHS – Director, Project Management
VVV Consultants LLC – Nov 2020
- University of Kansas – Health Sciences
- Park University – MHA
- Hometown: Maple, WI

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

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

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

Our Values:

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

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

“Integrity” – Trustworthy delivery with numerous client recommendations / endorsements.

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

“Growth” – Process-driven; ongoing innovational delivery.

II. Methodology

c) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in August of 2022 for Southwest Medical Center located in Seward County, KS to meet Federal IRS CHNA requirements.

In May 2022, a meeting was called amongst the Southwest Medical Center leaders to review CHNA collaborative options. <Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps.> Outcomes from discussion led to NMC 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 two-year summary was generated documenting patient draw by zips as seen below:

Hospital: Southwest Medical Center - Define PSA							
#	ZIP	NAME	ST	County	Total	%	Accum
Totals					370894		
1	67901	LIBERAL	KS	SEWARD	179135	45.4%	45.4%
2	67905	LIBERAL	KS	SEWARD	8871	2.3%	47.7%
3	67859	KISMET	KS	SEWARD	2869	0.7%	48.4%
4	73942	GUYMON	OK	TEXAS	65109	16.5%	64.9%
5	67951	HUGOTON	KS	STEVENS	16894	4.3%	69.2%
6	73945	HOOVER	OK	TEXAS	15735	4.0%	73.2%
7	73950	TURPIN	OK	BEAVER	10723	2.7%	75.9%
8	73951	TYRONE	OK	TEXAS	9572	2.4%	78.4%
9	73932	BEAVER	OK	BEAVER	6787	1.7%	80.1%

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

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

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

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

Phase III—Quantify Community Need:

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

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

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

Detail CHNA Development Steps Include:

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

Data & Benchmarks Review

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

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

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

Community health assessment indicators should be.

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

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

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

CHNA Detail Resources
Quick Facts - Business
Centers for Medicare and Medicaid Services
CMS Hospital Compare
County Health Rankings
Quick Facts - Geography
Quick Facts - People
U.S. Department of Agriculture - Food Environment Atlas
U.S. Center for Disease Control and Prevention

Sources of community-health level indicators:

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

Specific project CHNA roles, responsibilities, and timelines are documented in the following calendar.

Southwest Medical Center - (Seward Co. KS)			
VVV CHNA Wave #4 Work Plan - Year 2022			
Project Timeline & Roles			
Step	Timeframe	Lead	Task
1	7/1/2022	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	7/21/2022	Hosp	Select CHNA Wave #4 Option B. Approve / Sign VVV CHNA quote
3	7/21/2022	VVV	Hold Kick-off Meeting. Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	7/21/2022	VVV	& Request Hospital Client to send NHA PO reports for FFY 19, 20 and 21. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOOrigin.xls)
5	7/25/2022	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	July - Aug 2022	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	8/15/2022	VVV / Hosp	Prepare/send out PR story#1 / Email#1 Request announcing upcoming CHNA work to CEO to review/approve.
8	8/17/2022	VVV / Hosp	Place PR #1 story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	8/22/2022	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 9/16/2022 for Online Survey
10	9/5/2022	Hosp	Prepare/send out to leaders the PR#2 story / Email#2 Request announcing upcoming Community TOWN HALL invite letter and place local AD.
11	9/8/2022	VVV / Hosp	Place PR #2 story to local media / Send Email to local stakeholders announcing / requesting participation in upcoming Town Hall Event.
12	10/3/2022	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	10/6/2022	VVV	Conduct CHNA Town Hall for a working dinner (5:30 p.m.-7:00 p.m.) . Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 11/11/2022	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	Novemer 2022	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	11/15/2022	VVV	Conduct Client Implementation Plan PSA Leadership meeting
17	December 2022	VVV	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

Community Health Needs Assessment Southwest Medical Center, Liberal, KS Town Hall Meeting - 2022



VVV Consultants LLC

Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

1

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

- I. Opening / Introductions (5 mins)
- II. Review CHNA Purpose and Process (5 mins)
- III. Review Current County "Health Status"
 - Secondary Data by 10 TAB Categories
 - Review Community Feedback Research (40 mins)
- IV. Collect Community Health Perspectives
 - Hold Community Voting Activity
 - Determine Most Important Unmet Needs (40 mins)
- V. Close / Next Steps (5 mins)

2

Introduction: Who We Are Background and Experience



Vince Vandehaar, MBA – Principal
VVV Consultants LLC – start 1/1/09 *
 - Adjunct Full Professor @ Avila & Webster Universities
 - 35+ year veteran marketer, strategist and researcher
 - Saint Luke's Health System, BCBS of KC,
 - Tillinghast Towers Perrin, and Lutheran Mutual Life
 - Hometown: Bondurant IA



Hannah Foster – Associate Consultant
VVV Consultants LLC – April 2022
 - MO Southern State – Joplin, MO
 - Avila University – MBA with HC
 - Hometown: Lee's Summit, MO



Cassandra Kahl, BHS – Director, Project Management
VVV Consultants LLC – Nov 2020
 - University of Kansas – Health Sciences
 - Park University - MHA
 - Hometown: Maple, WI



3

VVV Consultants LLC

~ a "boutique" consulting firm assisting providers with strategic alignment,
business development and marketing initiatives ~

Our FOCUS: Direction / Homework / Deployment

Research

- ☐ Market Demand Assessment
- ☐ Market Brand Tracking
- ☐ Community Health Needs Assessment (CHNA)
- ☐ Physician Manpower Assessment
- ☐ Board Development / Self Assessment
- ☐ Market Watch / Competition Research
- ☐ Staff Satisfaction Research
- ☐ Patient / Provider Satisfaction Research
- ☐ Provider Operation Audit - Employed
- ☐ Marketing Performance Audit
- ☐ Facility Space Assessment

Strategy

- ☐ Comprehensive Strategic Operating Plan
- ☐ Strategic Marketing Plan
- ☐ CHNA Implementation Plan
- ☐ Medical Staff Development Plan

Development

- ☐ Marketing Support – Traditional & Digital
- ☐ Database Marketing – CRM
- ☐ Product-line Marketing
- ☐ Practice Management Standards
- ☐ Balance Scorecard Creation - Dashboard
- ☐ CRM Creation / Database Marketing
- ☐ Referral Tracking Application
- ☐ Policy Advocacy Support

VandehaarMarketing.com



VVV Consultants LLC
601 N Stishue
Olathe, KS 66061
913 302-7264

Vince Vandehaar, MBA
Principal Consultant
VVV@VandehaarMarketing.com

4

CHNA Experience

2022 CHNA Wave #4 Clients - VVV Consultants LLC as of 8/9/22 N=46

#	ST	Clients from 1/1/21	Location	#	ST	Clients from 1/1/21	Location
1	KS	Grove Co Med Center	Quinter, KS	24	IA	SMC	Shenandoah IA
2	KS	Pawnee Valley	Larned, KS	25	IA	MercyOne Centerville	Centerville IA
3	KS	Citizens Health	Cody, KS	26	IA	Manning Regional	Manning IA
4	KS	Hays Medical	Hays, KS	27	IA	MercyOne-Newton	Newton, IA
5	KS	Osborne Co Mem H	Osborne, KS	28	IA	MercyOne Elkhart	Elkhart, IA
6	KS	Smith Co Mem Hosp	Smith Ctr, KS	29	IA	Elsworth Med	Elsworth, KS
7	KS	Sheridan Co	Hoxie, KS	30	KS	Republic Co Hosp	Republic, KS
8	KS	Kowa Co	Greensburg, KS	31	MO	Cameron Reg PSA	Cameron, MO
9	KS	Pratt Reg	Pratt, KS	32	MO	Hannibal Reg PSA	Hannibal, MO
10	KS	Remphry Valley Com	Sabetha, KS	33	NE	Broken Bow NE	Custer Co NE
11	KS	Sabetha Comm	Sabetha, KS	34	KS	Moundridge	Moundridge, KS
12	KS	Miami County	Paola, KS	35	MO	Ray County MO	Ray County MO
13	KS	Glennie Med	DMC JCCC	36	KS	Wichita	Wichita, KS
14	KS	Patterson Health	Anthony, KS	37	KS	Coffeyville Regional	Coffeyville, KS
15	KS	Trego Co	Walsenburg, KS	38	KS	Amberwell - Atchison	Atchison, KS
16	KS	Russell Reg	Russell, KS	39	KS	Amberwell - Hawatha	Hawatha, KS
17	MO	Carroll Co MO	Carrollton, MO	40	IA	Cherokee Regional	Cherokee, IA
18	KS	Cowley Co	Winfield, KS	41	MO	Care Regional	Harrisonville, MO
19	KS	Marion Co	Wichita, KS	42	KS	Cum Memorial HC	Lawrence, KS
20	KS	HCH Jackson Co	Holton, KS	43	KS	SW Medical Center	Liberal, KS
21	KS	ECMC - Not Online	Kinsley, KS	44	MO	Golden V Compass DOH	Clinton, MO
22	NE	Tri Valley	Cambridge, NE	45	MO	Bates co Mem Hospital	Butler, MO
23	IA	G C Grape Mem Hosp	Hamburg IA	46	MO	Cedar Co Mem Hosp	Edwards Springs, MO

5

Town Hall Participation

- ALL attendees practice "Safe Engagement". We will work together - Table Teams
- ALL attendees welcome to share. Engaging conversation (No right or wrong answer)
 - Parking Lot
- ALL Take Notes – Important health indicators
- Please give truthful responses – Serious community conversation.
- Purpose: Update unmet needs for 2022
- Have a little fun along the way

6

II. Review of a CHNA

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

7

A Conversation with the Community & Stakeholders

Community members and organizations invited to CHNA Town Hall

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

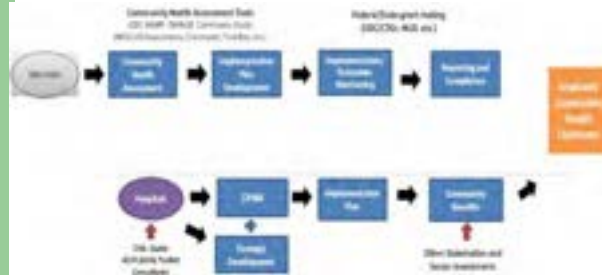
Community leaders and groups: The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs -- Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses -- owners/CEO's of large businesses (local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

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

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

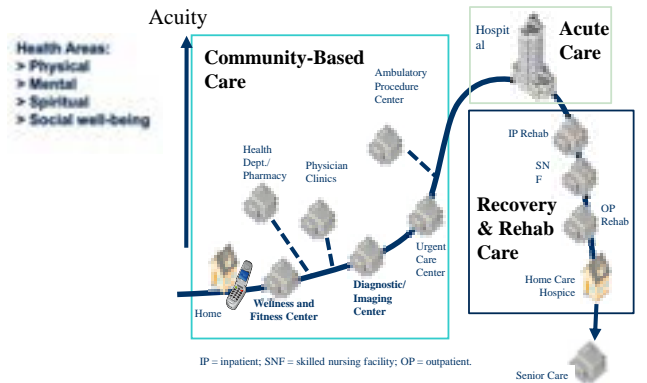
8

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



9

Future System of Care—Sg2



10

II. CHNA Written Report Documentation (IRS Aligned) – Table of Contents

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

11

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

Trends: Good Same Poor

Health Indicators - Secondary Research

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

12

County Health Rankings -

Robert Wood Johnson Foundation and University of WI Health Institute



13

IV. Collect Community Health Perspectives Thoughts/Opinions?

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

14

Community Health Needs Assessment Southwest Medical Center, Liberal, KS



VVV Consultants LLC
601 N Mahaffie
Olathe, KS 66061

Questions Next Steps?

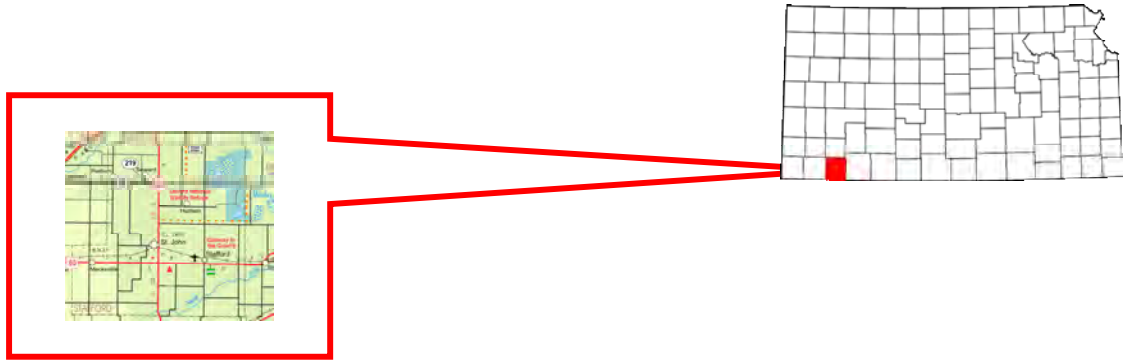
VVV@VandehaarMarketing.com
HCF@VandehaarMarketing.com
(913) 302-7264

15

II. Methodology

d) Community Profile (A Description of Community Served)

Seward County (KS) Community Profile



The population of Seward County was estimated to be 21,763 citizens as of July 2022 and a population density of 84 persons per square mile.

U.S. Route 83 runs vertically in the middle of the county. U.S. Route 54 runs through the bottom right of Seward Co. U.S. Route 160 runs through the top half of the county. U.S. Route 51 runs through the left-hand side of the county. Southwest Medical Center is located off of U.S. Route 83.

Seward County (KS) Community Profile

Seward County Public Airports¹

Name	USGS Topo Map
<u>Liberal Mid-America Regional Airport</u>	Liberal

Schools in Seward County: Public Schools²

Name	Level
<u>Cottonwood Elementary School</u>	Elementary
<u>Eisenhower Middle School</u>	Middle
<u>Kismet Elem</u>	Elementary
<u>Liberal Sr High</u>	High
<u>Macarthur Elementary School</u>	Elementary
<u>Meadowlark Elementary School</u>	Elementary
<u>Prairie View Elementary School</u>	Elementary
<u>Seymour Rogers Middle School</u>	Middle
<u>Southwestern Heights Jr/Sr High</u>	High
<u>Sunflower Elementary School</u>	Elementary

¹ <https://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20175.cfm>

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

Seward County, KS - Detail Demographic Profile

			Population				Households		HH	Per Capita
	ZIP	NAME	County	Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
1	67859	Kismet	SEWARD	613	587	-4.24%	208	200	3.0	\$27,764
2	67901	Liberal	SEWARD	21,423	20,883	-2.52%	6,921	6,738	3.0	\$20,238
Totals				22,036	21,470	-2.57%	7,129	6,938	3.0	\$24,001

				Population				Year 2020		Females
	ZIP	NAME	County	Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
1	67859	Kismet	SEWARD	613	72	242	71	34	276	67
2	67901	Liberal	SEWARD	21,423	2,137	8,938	3,406	30	10,291	2,919
Totals				22,036	2,209	9,180	3,477	64	10,567	2,986

				Population 2020				Average Households 2020		
	ZIP	NAME	County	Caucasian	African Amer	Amer Ind.	Hispanic	HH Inc	HH	HH \$50K+
1	67859	Kismet	SEWARD	82.22%	0.82%	2.12%	45.19%	\$208	48,670	104
2	67901	Liberal	SEWARD	65.07%	4.91%	1.08%	64.11%	\$6,921	47,231	3,342
Totals				73.64%	2.86%	1.60%	54.65%	\$3,565	95,901	3,446

Source: ERSI Demographics

III. Community Health Status

[VVV Consultants LLC]

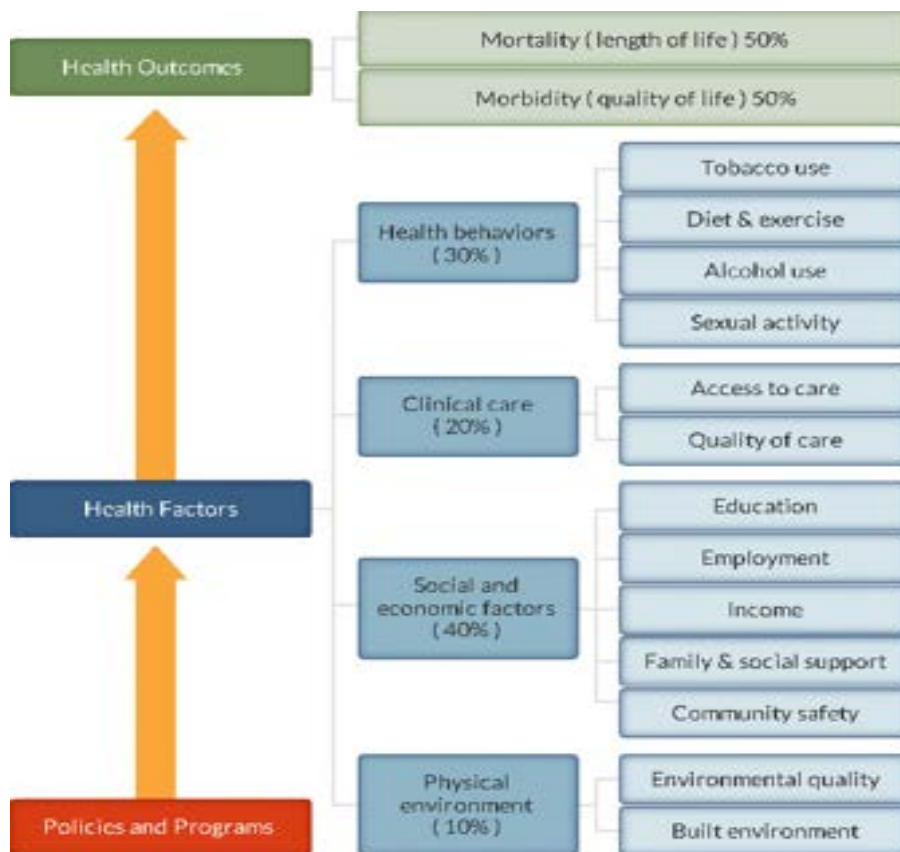
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2020 RWJ County Health Rankings and conversations from Town Hall 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 uses a number of health factors to rank each county.



County Health Rankings model ©2012 UWPHI

National Research – Year 2022 RWJ Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Seward Co.	TREND	KS Rural 25 Norm
1	Health Outcomes		79		53
2	Mortality	Length of Life	22		45
3	Morbidity	Quality of Life	97		57
4	Health Factors		94		58
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	73		58
6	Clinical Care	Access to care / Quality of Care	102		53
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	96		53
8	Physical Environment	Environmental quality	20		64
KS Rural 28 Norm includes the following counties: Atchison, Brown, Chautauqua, Clay, Dickinson, Doniphan, Elk, Ellsworth, Finney, Geary, Harvey, Haskell, Jackson, Jefferson, Labette, Mcpherson, Marion, Meade, Montgomery, Morris, Nemaha, Neosho, Ottawa, Pratt, Rice, Seward, Stevens, and Wilson.					
http://www.countyhealthrankings.org , released 2022					

PSA Secondary Research:

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

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

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

Tab 1: Demographic Profile

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

Tab		Demographic - Health Indicators	Seward Co KS	Trend	State of KS	KS Rural 31 Norm	Source
1	a	Population estimates, July 1, 2021, (V2021)	21,747		2,913,314	14,343	People Quick Facts
	b	Population, percent change - April 1, 2020 (estimates base) to July 1, 2021, (V2021)	-1.0%		-0.1%	-0.5%	People Quick Facts
	d	Persons under 5 years, percent, 2021	9.1%		6.4%	6.3%	People Quick Facts
	e	Persons 65 years and over, percent, 2021	10.1%		16.3%	19.8%	People Quick Facts
	f	Female persons, percent, 2021	48.8%		50.2%	49.6%	People Quick Facts
	g	White alone, percent, 2021	88.7%		86.3%	92.0%	People Quick Facts
	h	Black or African American alone, percent, 2021	4.6%		6.1%	2.4%	People Quick Facts
	i	Hispanic or Latino, percent, 2021	63.1%		12.2%	11.1%	People Quick Facts
	j	Language other than English spoken at home, percent of persons age 5 years+, 2016-2020	58.3%		11.9%	9.2%	People Quick Facts
	k	Living in same house 1 year ago, percent of persons age 1 year+, 2016-2020	84.7%		83.8%	87.7%	People Quick Facts
	l	Children in single-parent households, percent, 2016-2020 (2022)	19.5%		29.0%	18.0%	County Health Rankings
	m	Veterans, 2016-2020	506		176,444	948	People Quick Facts

Tab 2: Economic Profile

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

Tab		Economic - Health Indicators	Seward Co KS	Trend	State of KS	KS Rural 28 Norm	Source
2	a	Per capita income in past 12 months (in 2020 dollars), 2016-2020	\$21,434		\$31,814	\$27,797	People Quick Facts
	b	Persons in poverty, percent, 2021	11.5%		11.4%	11.2%	People Quick Facts
	c	Housing units, July 1, 2019, (V2021)	8,275		1,288,401	6,573	People Quick Facts
	d	Persons per household, 2016-2020	3.0		2.5	2.4	People Quick Facts
	e	Severe housing problems, percent, 2014-2018 (2021)	16.3%		13.0%	11.2%	County Health Rankings
	f	Total employer establishments, 2020	1,838		239,118	1,125	Business Quick Facts
	g	Unemployment, percent, 2020 (2021)	4.4%		3.4%	4.6%	County Health Rankings
	h	Food insecurity, percent, 2019 (2021)	9.3%		13.0%	12.2%	County Health Rankings
	i	Limited access to healthy foods, percent, 2019 (2021)	7.7%		8.0%	9.5%	County Health Rankings
	j	Long commute - driving alone, percent, 2016-2020 (2021)	11.0%		21.0%	24.3%	County Health Rankings

Tab 3: Educational Profile

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

Tab		Education - Health Indicator	Seward Co KS	Trend	State of KS	KS Rural 28 Norm	Source
3	a	Children eligible for free or reduced price lunch, percent, 2019-2020 (2021)	81.7%		46.6%	51.5%	County Health Rankings
	b	High school graduate or higher, percent of persons age 25 years+, 2015-2019	69.9%		91.0%	89.2%	People Quick Facts
	c	Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	11.2%		33.4%	22.2%	People Quick Facts

Tab 4: Maternal / Infant Profile

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

Tab		Maternal/Infant - Health Indicators	Seward Co KS	Trend	State of KS	KS Rural 28 Norm	Source
4	a	Percent of Births Where Prenatal Care began in First Trimester, 2018-2020 (2021)	66.2%		81.0%	79.7%	Kansas Health Matters
	b	Percentage of Premature Births, 2018-2020 (2021)	9.2%		9.8%	9.4%	Kansas Health Matters
	c	Percent of Infants up to 24 months that received full Immunizations, 2017-2018 (2021)	76.7%		71.1%	73.4%	Kansas Health Matters
	d	Percent of Births with Low Birth Weight, 2018-2020 (2021)	6.7%		7.4%	7.1%	Kansas Health Matters
	e	Percent of WIC Mothers Breastfeeding Exclusively, percent, 2020 (2021)	8.3%		13.6%	18.1%	Kansas Health Matters
	f	Percent of all Births Occurring to Teens (15-19), 2018-2020	10.0%		5.2%	5.9%	Kansas Health Matters
	g	Percent of births Where Mother Smoked During Pregnancy, 2018-2020	3.4%		8.7%	13.2%	Kansas Health Matters

#	Criteria - Vital Statistics	Seward Co. KS	Trend	Kansas	KS Rural Norm
a	Total Live Births, 2016	18.9		13.1	12.9
b	Total Live Births, 2017	18.9		12.5	12.1
c	Total Live Births, 2018	17.5		12.5	12.7
d	Total Live Births, 2019	18.1		12.1	12.1
e	Total Live Births, 2020	17.2		11.8	11.7
g	Total Live Births, 2016- 2020 - Five year Rate (per 1,000)	18.1		12.4	12.3

Source: Kansas Department of Health and Environment

Tab 5: Hospitalization and Provider Profile

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

Tab		Hospital/Provider - Health Indicator	Seward Co KS	Trend	State of KS	KS Rural 28 Norm	Source
5	a	Primary care physicians (Pop Coverage per) (No extenders incl.) , 2019 (2021)	2679:1		1271:1	2120:1	County Health Rankings
	b	Preventable hospital rate per 100,000, 2019 (2021) (lower the better)	3,068		3,645	4,162	County Health Rankings
	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	62.0%		NA	78.4%	CMS Hospital Compare, Latest Release
	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	66.0%		NA	76.6%	CMS Hospital Compare, Latest Release
	e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	159		NA	114	CMS Hospital Compare, Latest Release

Tab 6: Behavioral / Mental Profile

Behavioral healthcare provides another important indicator of community health status.

Tab		Mental - Health Indicator	Seward Co KS	Trend	State of KS	KS Rural 28 Norm	Source
6	a	Depression: Medicare Population, percent, 2018 (2021)	15.7%		19.8%	18.0%	Kansas Health Matters
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2018-2020 (lower is better)	17.1		18.5	13.2	Kansas Health Matters
	c	Mental Behavioral Hospital Admission Rates per 100,000, 2018-2020	33.2		70.6	51.0	Kansas Health Matters
	k	Percent of Medicare Part D Beneficiaries Receiving Opioids Supply >10 Days 2017 (2021)	46.0%		37.8%	43.1%	Kansas Health Matters
	d	Average Number of mentally unhealthy days, 2019 (2021)	4.3		4.5	4.5	County Health Rankings

Tab 7a: Risk Indicators & Factors Profile

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

Tab		High-Risk - Health Indicator	Seward Co KS	Trend	State of KS	KS Rural 28 Norm	Source
7a	a	Adult obesity, percent, 2019 (2021)	39.8%		35.6%	37.1%	County Health Rankings
	b	Adult smoking, percent, 2019 (2021)	17.1%		16.8%	18.7%	County Health Rankings
	c	Excessive drinking, percent, 2019 (2021)	14.1%		20.0%	18.8%	County Health Rankings
	d	Physical inactivity, percent, 2019 (2021)	42.3%		26.7%	31.1%	County Health Rankings
	e	# of Physically unhealthy days, 2019	4.5		3.6	3.8	County Health Rankings
	f	Sexually transmitted infections (chlamydia), rate per 100,000 - 2018 (2021)	728.0		524.7	374.4	County Health Rankings

Tab 7b: Chronic Risk Profile

Tab		Chronic - Health Indicator	Seward Co KS	Trend	State of KS	KS Rural 28 Norm	Source
7b	a	Hypertension: Medicare Population, 2018 (2021)	56.4%		55.9%	56.5%	Kansas Health Matters
	b	Hyperlipidemia: Medicare Population, 2018 (2021)	41.9%		43.9%	40.6%	Kansas Health Matters
	c	Heart Failure: Medicare Population, 2018 (2021)	16.8%		13.5%	14.7%	Kansas Health Matters
	d	Chronic Kidney Disease: Medicare Pop, 2018 (2021)	20.9%		22.5%	20.5%	Kansas Health Matters
	e	COPD: Medicare Population, 2018 (2021)	12.0%		11.9%	12.4%	Kansas Health Matters
	f	Atrial Fibrillation: Medicare Population, 2018 (2021)	6.4%		8.9%	9.1%	Kansas Health Matters
	g	Cancer: Medicare Population, 2018 (2021)	6.7%		8.2%	7.8%	Kansas Health Matters
	h	Osteoporosis: Medicare Population, 2018 (2021)	5.3%		6.4%	5.9%	Kansas Health Matters
	i	Asthma: Medicare Population, 2018 (2021)	3.7%		4.2%	3.4%	Kansas Health Matters
	j	Stroke: Medicare Population, 2018 (2021)	2.4%		3.2%	3.0%	Kansas Health Matters

Tab 8: Uninsured Profile and Community Benefit

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

Tab	Coverage - Health Indicator	Seward Co KS	Trend	State of KS	KS Rural 28 Norm	Source
8	a Uninsured, percent, 2019 (2021)	19.7%		10.7%	12.2%	County Health Rankings

#	Community Tax Dollars - Seward County, KS Health Dept. Operations	YR 2019	YR 2020	YR 2021
	Total Public Health Budget	\$1,057,747	\$1,490,858	\$1,490,991

Tab 9: Mortality Profile

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

Tab	Mortality - Health Indicator	Seward Co KS	Trend	State of KS	KS Rural 28 Norm	Source
9	a Life Expectancy, 2018-2020 (2021)	79.4		78.5	77.8	Kansas Health Matters
	b Age-adjusted Cancer Mortality Rate per 100,000 population, 2018-2020 (lower is better)	146.2		151.4	159.5	Kansas Health Matters
	c Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2018-2020 (lower is better)	170.9		162.0	171.8	Kansas Health Matters
	d Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2018-2020 (Lower is better)	170.9		157.2	160.5	Kansas Health Matters
	e Alcohol-impaired driving deaths, percent, 2016-2020 (2021)	38.1%		19.4%	20.4%	County Health Rankings

Tab 10: Preventive Quality Measures Profile

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

	Preventative - Health Indicator	Seward Co KS	Trend	State of KS	KS Rural 28 Norm	Source
10	a Access to exercise opportunities, percent, 2021	83.6%		73.3%	45.1%	County Health Rankings
	b Adults with diabetes, monitoring, percent, 2019	15.2%		9.7%	10.3%	County Health Rankings
	c Mammography annual screening, percent, 2019	22.0%		46.0%	41.6%	County Health Rankings
	d Adults that report having visited a doctor for a routine check-up within the past year, percent, 2019	69.1%		NA	74.8%	Kansas Health Matters
	e Adults who visited a dentist or dental clinic in the past year, percent, 2018	52.8%		NA	62.0%	Kansas Health Matters
	f Percent Annual Check-Up Visit with Eye Doctor	TBD		TBD	TBD	TBD

PSA Primary Research:

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

Chart #1 – Seward County, KS Online Feedback Response (N=568)

Seward Co KS - CHNA YR 2022			
For reporting purposes, are you involved in or are you a ...? (Multiple)	Seward Co KS N=568	Trend	Wave 4 Norms N=7,805
Business / Merchant	6.0%		13.9%
Community Board Member	8.2%		12.5%
Case Manager / Discharge Planner	0.9%		1.3%
Clergy	1.3%		2.0%
College / University	9.1%		4.5%
Consumer Advocate	1.8%		2.1%
Dentist / Eye Doctor / Chiropractor	1.3%		1.2%
Elected Official - City/County	2.0%		2.8%
EMS / Emergency	1.8%		3.3%
Farmer / Rancher	2.9%		9.3%
Hospital / Health Dept	8.9%		24.7%
Housing / Builder	0.7%		1.2%
Insurance	1.3%		1.7%
Labor	9.9%		4.2%
Law Enforcement	1.5%		1.7%
Mental Health	1.3%		2.8%
Other Health Professional	5.5%		15.1%
Parent / Caregiver	13.1%		22.2%
Pharmacy / Clinic	1.8%		3.1%
Media (Paper/TV/Radio)	0.7%		0.9%
Senior Care	1.6%		4.7%
Teacher / School Admin	9.1%		9.6%
Veteran	1.6%		4.3%
Other (please specify)	7.5%		10.9%
TOTAL	568		8177
Norms: KS Counties: Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; MO Counties: Benton, Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; IA Counties: Cass, Cherokee, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; NE Counties: Custer & Furnis.			

Chart #2 - Quality of Healthcare Delivery Community Rating

Seward Co KS - CHNA YR 2022			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Seward Co KS N=568	Trend	Wave 4 Norms N=8,781
Top Box %	4.4%		24.5%
Top 2 Boxes %	33.2%		66.2%
Very Good	4.4%		24.5%
Good	28.7%		41.7%
Average	38.8%		25.6%
Poor	20.0%		6.3%
Very Poor	8.0%		1.9%
Valid N	568		8,724
Norms: KS Counties: Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; MO Counties: Benton, Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; IA Counties: Cass, Cherokee, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; NE Counties: Custer & Furnis.			

Chart #3 – Overall Community Health Quality Trend

Seward Co KS - CHNA YR 2022			
When considering "overall community health quality", is it...	Seward Co KS N=568	Trend	Wave 4 Norms N=8,781
Increasing - moving up	17.3%		41.2%
Not really changing much	53.8%		46.1%
Decreasing - slipping	28.8%		12.8%
Valid N	568		7,856
Norms: KS Counties: Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; MO Counties: Benton, Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; IA Counties: Cass, Cherokee, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; NE Counties: Custer & Furnis.			

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

Southwest Medical Center - CHNA YR 2022 N=568					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Access to Healthcare Services	265	29.4%		2
2	Mental Health	240	26.6%		1
3	Chronic Health Conditions	185	20.5%		3
4	Substance Abuse	184	20.4%		4
5	Diabetes	169	18.7%		7
6	Cancer	159	17.6%		5
7	Nutrition, Physical Activity, and Weight	146	16.2%		8
8	Heart Disease and Stroke	144	16.0%		6
9	Oral Health	114	12.6%		10
10	Maternal and Child Health	92	10.2%		9
11	Injury and Violence	64	7.1%		11
12	Sexual Health / STD	53	5.9%		13
13	Sexual Assault	50	5.5%		12
Totals		1865	100.0%		

Chart #5 - Community Health Needs Assessment “Causes of Poor Health”

Seward Co KS - CHNA YR 2022			
In your opinion, what are the root causes of "poor health" in our community?	Seward Co KS N=568	Trend	Wave 4 Norms N=7,805
Chronic disease prevention	6.0%		0.5%
Lack of health & Wellness Education	10.3%		16.5%
Lack of Nutrition / Exercise Services	8.5%		12.7%
Limited Access to Primary Care	16.7%		9.2%
Limited Access to Specialty Care	15.3%		10.6%
Limited Access to Mental Health Assistance	12.7%		21.5%
Family assistance programs	7.3%		7.2%
Lack of health insurance	16.7%		17.8%
Neglect	6.5%		12.9%
Total Votes	568		14,552
Norms: KS Counties: Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; MO Counties: Benton, Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; IA Counties: Cass, Cherokee, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; NE Counties: Custer & Furnis.			

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

Seward Co KS - CHNA YR 2022	Seward Co KS N=568			Wave 4 Norms N=7,805	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	60.0%	9.6%		78.9%	5.9%
Child Care	29.7%	28.7%		39.9%	18.0%
Chiropractors	51.8%	9.1%		67.6%	6.7%
Dentists	40.0%	20.1%		67.0%	11.2%
Emergency Room	36.6%	32.2%		67.9%	11.6%
Eye Doctor/Optomestrist	56.7%	8.6%		72.0%	7.6%
Family Planning Services	32.7%	17.6%		36.5%	19.5%
Home Health	29.2%	17.1%		53.2%	11.2%
Hospice	31.1%	19.0%		61.5%	9.5%
Telehealth	26.8%	24.2%		46.4%	14.4%
Inpatient Services	36.4%	20.3%		71.4%	8.5%
Mental Health	19.8%	39.6%		24.9%	37.5%
Nursing Home/Senior Living	31.3%	21.0%		48.8%	15.8%
Outpatient Services	35.6%	18.8%		70.6%	5.9%
Pharmacy	60.1%	7.5%		83.1%	3.2%
Primary Care	30.6%	24.9%		72.0%	7.7%
Public Health	28.8%	21.1%		55.5%	10.2%
School Health	34.0%	15.5%		57.5%	9.0%
Visiting Specialists	26.5%	30.3%		61.4%	11.0%

Chart #7 – Community Health Readiness

Seward Co KS - CHNA YR 2022	Bottom 2 boxes		
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Seward Co KS N=568	Trend	Wave 4 Norms N=7,805
Behavioral / Mental Health	40.2%		37.4%
Emergency Preparedness	21.7%		10.7%
Food and Nutrition Services/Education	26.5%		17.9%
Health Screenings (as asthma, hearing, vision, scoliosis)	20.7%		12.7%
Prenatal/Child Health Programs	13.7%		13.7%
Substance Use/Prevention	39.8%		37.0%
Suicide Prevention	41.3%		38.9%
Violence Prevention	36.4%		36.5%
Women's Wellness Programs	26.3%		19.9%
Norms: KS Counties: Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; MO Counties: Benton, Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; IA Counties: Cass, Cherokee, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; NE Counties: Custer & Furnis.			

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

Seward Co KS - CHNA YR 2022			
In the past 2 years, did you or someone you know receive HC outside of our community?	Seward Co KS N=568	Trend	Wave 4 Norms N=7,805
Yes	49.4%		50.0%
No	50.6%		50.0%
Norms: KS Counties: Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; MO Counties: Benton, Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; IA Counties: Cass, Cherokee, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; NE Counties: Custer & Furnis.			

Specialties:

SPEC	CTS
SURG	25
DENT	24
CARD	23
ORTH	23
ENT	10
OPTH	10
SPEC	10
URL	9

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

Seward Co KS - CHNA YR 2022			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Seward Co KS N=568	Trend	Wave 4 Norms N=7,805
Yes	22.5%		54.9%
No	77.5%		45.1%
Norms: KS Counties: Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic, Seward; MO Counties: Benton, Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; IA Counties: Cass, Cherokee, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; NE Counties: Custer & Furnis.			

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

Southwest Medical Center - CHNA YR 2022			
What needs to be discussed further at our CHNA Town Hall meeting?	SW Med Ctr N=568	Trend	Wave 4 Norms N=8,781
Abuse/Violence	3.0%		4.0%
Alcohol	3.7%		3.7%
Alternative Medicine	2.8%		2.9%
Breast Feeding Friendly Workplace	2.6%		1.9%
Cancer	6.1%		4.8%
Care Coordination	1.9%		2.2%
Diabetes	2.6%		2.6%
Drugs/Substance Abuse	2.8%		5.0%
Family Planning	3.8%		2.5%
Heart Disease	5.3%		3.5%
Lack of Providers/Qualified Staff	2.6%		3.5%
Lead Exposure	2.7%		1.4%
Mental Illness	2.9%		6.1%
Neglect	3.4%		3.0%
Nutrition	8.3%		4.7%
Obesity	0.7%		3.6%
Occupational Medicine	1.8%		1.1%
Ozone (Air)	3.5%		1.8%
Physical Exercise	4.7%		4.4%
Poverty	1.0%		3.1%
Preventative Health / Wellness	0.9%		3.1%
Respiratory Disease	3.0%		1.6%
Sexually Transmitted Diseases	3.7%		2.6%
Smoke-Free Workplace	4.1%		2.0%
Suicide	2.2%		4.4%
Teen Pregnancy	4.9%		3.7%
Telehealth	4.6%		2.4%
Tobacco Use	1.9%		2.2%
Transporation	1.4%		2.4%
Vaccinations	2.2%		3.3%
Water Quality	2.2%		2.1%
Health Literacy	1.8%		2.7%
Other (please specify)	0.8%		1.4%
TOTAL Votes	1549		27,641

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Yr 2022 Inventory of Health Services - Seward Co KS				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Clinic	Primary Care	YES		YES
Hosp	Alzheimer Center			YES
Hosp	Ambulatory Surgery Centers	YES		
Hosp	Arthritis Treatment Center			
Hosp	Bariatric/weight control services	YES		
Hosp	Birthing/LDR/LDRP Room	YES		
Hosp	Breast Cancer	YES		
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	YES		
Hosp	Cardiac Surgery			
Hosp	Cardiology services	YES		
Hosp	Case Management	YES		YES
Hosp	Chaplaincy/pastoral care services	YES		YES
Hosp	Chemotherapy	YES		
Hosp	Colonoscopy	YES		
Hosp	Crisis Prevention		YES	YES
Hosp	CTScanner	YES		
Hosp	Diagnostic Radioisotope Facility			
Hosp	Diagnostic/Invasive Catheterization			
Hosp	Electron Beam Computed Tomography (EBCT)			
Hosp	Enrollment Assistance Services	YES		
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			
Hosp	Fertility Clinic			
Hosp	FullField Digital Mammography (FFDM)	YES		
Hosp	Genetic Testing/Counseling	YES		
Hosp	Geriatric Services	YES		
Hosp	Heart	YES		
Hosp	Hemodialysis			YES
Hosp	HIV/AIDSServices			
Hosp	Image-Guided Radiation Therapy (IGRT)			
Hosp	Inpatient Acute Care - Hospital services	YES		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161			
Hosp	Intensive Care Unit	YES		
Hosp	Intermediate Care Unit			
Hosp	Interventional Cardiac Catheterization			
Hosp	Isolation room	YES		
Hosp	Kidney	YES		
Hosp	Liver	YES		
Hosp	Lung	YES		
Hosp	MagneticResonance Imaging (MRI)	YES		
Hosp	Mammograms	YES		
Hosp	Mobile Health Services	YES		
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)			
Hosp	Multislice Spiral Computed Tomography (<128+ slice CT)	YES		
Hosp	Neonatal	YES		
Hosp	Neurological services			
Hosp	Obstetrics	YES	YES	
Hosp	Occupational Health Services	YES		
Hosp	Oncology Services	YES		
Hosp	Orthopedic services	YES		
Hosp	Outpatient Surgery	YES		
Hosp	Pain Management	YES		
Hosp	Palliative Care Program	YES		
Hosp	Pediatric	YES		
Hosp	Physical Rehabilitation	YES		YES
Hosp	Positron Emission Tomography (PET)			

Yr 2022 Inventory of Health Services - Seward Co KS				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Hosp	Positron Emission Tomography/CT (PET/CT)			
Hosp	Psychiatric Services	YES		YES
Hosp	Radiology, Diagnostic	YES		
Hosp	Radiology, Therapeutic			
Hosp	Reproductive Health			
Hosp	Robotic Surgery			
Hosp	Shaped Beam Radiation System 161			
Hosp	Single Photon Emission Computerized Tomography (SPECT)			
Hosp	Sleep Center	YES		
Hosp	Social Work Services	YES	YES	YES
Hosp	Sports Medicine	YES		YES
Hosp	Stereotactic Radiosurgery			
Hosp	Swing Bed Services	YES		YES
Hosp	Transplant Services			
Hosp	Trauma Center	YES		
Hosp	Ultrasound	YES		
Hosp	Women's Health Services	YES	YES	YES
Hosp	Wound Care	YES		
SR	Adult Day Care Program			YES
SR	Assisted Living			YES
SR	Home Health Services			YES
SR	Hospice			YES
SR	LongTerm Care			YES
SR	Nursing Home Services			YES
SR	Retirement Housing			YES
SR	Skilled Nursing Care	YES		YES
ER	Emergency Services	YES		
ER	Urgent Care Center			
ER	Ambulance Services	YES		YES
SERV	Alcoholism-Drug Abuse			YES
SERV	Blood Donor Center			
SERV	Chiropractic Services			YES
SERV	Complementary Medicine Services			
SERV	Dental Services			YES
SERV	Fitness Center	YES		YES
SERV	Health Education Classes	YES	YES	YES
SERV	Health Fair (Annual)	YES	YES	YES
SERV	Health Information Center		YES	
SERV	Health Screenings	YES	YES	
SERV	Meals on Wheels			
SERV	Nutrition Programs	YES	YES	YES
SERV	Patient Education Center	YES	YES	
SERV	Support Groups	YES	YES	YES
SERV	Teen Outreach Services			YES
SERV	Tobacco Treatment/Cessation Program			
SERV	Transportation to Health Facilities			YES
SERV	Wellness Program	YES	YES	

Providers Delivering Care in Seward County KS -Yr 2022			
on behalf of SW Medical Center, Liberal KS	FTE Physicians		FTE Allied Staff
# of FTE Providers by Specialty	PSA Based DRs	Visiting DRs *	PSA Based PA / NP
Primary Care:			
Family Practice	2.0		5.0
Internal Medicine / Geriatrician	3.0		
Obstetrics/Gynecology	2.0		2.0
Pediatrics	2.0		
Medicine Specialists:			
Allergy/Immunology			
Cardiology		0.22	
Dermatology	1.0		
Endocrinology			
Gastroenterology			
Oncology/RADO		0.10	
Infectious Diseases			
Nephrology			
Neurology			
Psychiatry			
Pulmonary			
Rheumatology			
Podiatry			
Pain / Wound			
Surgery Specialists:			
General Surgery / Colon / Oral	3.0		
Neurosurgery			
Ophthalmology			
Orthopedics	2.0		
Otolaryngology (ENT)			
Plastic/Reconstructive	1.0		
Thoracic/Cardiovascular/Vasc			
Urology			
Hospital Based:			
Anesthesia/Pain			4.0
Emergency	6.0		
Radiology		1.0	1.0
Pathology		2.0	
Hospitalist/Telehealth	3.0		6.0
Neonatal/Perinatal			
Physical Medicine/Rehab			
Occ Medicine			
Podiatry			
Other:			
Chiropractor	3.0		
Optometrist OD	5.0		
Dentists	2.0	2.0	
TOTALS	35.0	5.3	18.0

* Total # of FTE Specialists serving community whose office is outside PSA.

Visiting Specialists to SW Medical Center, Liberal KS - Yr 2022						
SPEC	Doctor Name	Group Name	Office City	Phone	Days on Campus	Calc YR Days (240 days)
CARDIOLOGY	Alvarez & Qaddour	Cypress Heart Cardiology	9840 E. 21st St. N. Wichita, KS 67206	316-858-9000	1/wk	0.22
ONCOLOGY	Moore / Moore / Truong	Cancer Center of KS	818 N. Emporia Suite 403 Wichita, KS 67214	316-262-4467	1-2/month	0.10
ONCOLOGY	Perez-Rodrigues	Central Care Cancer Center	2337 E. Crawford St. Salina, KS 67401	800-592-5110		

Seward County, KS

Emergency Numbers

Police / Sheriff 9-1-1

Fire 9-1-1

Ambulance 9-1-1

Police

Liberal Co Sheriff's Department 620-626-0411

Fire

Liberal Co Fire Department 620-626-0128

Seward Co Fire Department 620-626-3267

DIRECTORY OF PROVIDERS

Anesthesiology

Bruce Cook, CRNA
Bonnie Porter, CRNA
(620) 624-1651

Dermatology

Mark Kaminski, M.D.
15 E. 11th Street
(620) 624-9100

Emergency Room

(620) 624-1651

Family Medicine

R. Kelly McMurphy, D.O.
Paul Reed., D.O.
Baolong Do, APRN-C
Steika Rapp, APRN-C
123 Medical Drive, Guymon, Okla.
(580) 338-3361

Scott Appling, M.D.
Paul Lehmitz, M.D.
Reyna Aguilar, ARNP-C
Linsey Carter, DNP, NP-C
Tracy Fowler, APRN-C
Britt Short, APRN-C
555 W. 15th Street
(620) 624-0702

General Surgery

Timothy Barron, M.D.
Anthony Galitsky, M.D.
Jose Maeda, M.D.
305 W. 15th Street, Suite 204
(620) 624-4946

Hospitalists

Rama Chanda, M.D.
Andrey Ilyasov, M.D.
Marlon Bazon, P.A.-C
Amanda Behar, P.A.-C
Bishal Bista- P.A.-C
Derick Samafuhbi, P.A.-C
Christopher Wentling- P.A.-C
Natalie White- P.A.-C
(620) 624-1651

Internal Medicine

V. Randy Gill, M.D.
111 E. Tucker Road, Suite 7
(620) 624-1100

Juvenal Jabel, M.D.
102 E. 11th Street
(620) 624-2565

Sharon Mitchell, M.D.
13 Village Plaza
(620) 624-0604

Obstetrics/Gynecology

Lamberto Flores, M.D.
Victoria Underwood, APRN-C
305 W. 15th Street, Suite 104
(620) 624-9637

Dennis Knudsen, M.D.
Melia Stoll, APRN
P.O. Box 2529
222 W. 15th Street
(620) 624-3811

Megan Furnish, APRN-CNM
421 Medical Drive, Guymon, Okla.
(580) 338-3135

Orthopedic Surgery & Sports Medicine

Pingal Desai, M.D.
Firas Kawtharani, M.D.
305 W. 15th Street, Suite 102
(620) 624-0732

Pediatrics

Nargis Husainy, M.D.
117 W. 4th Street
(620) 624-5066

Mariana Lucero, M.D.
2132 N. Kansas, Suite B
(620) 624-740

Plastic, Reconstructive, & Cosmetic Surgery

Mona Rane, M.D.
109 E. 11th Street
(620) 624-8500

OUTREACH PHYSICIANS

Cypress Heart Cardiology
Daniel R. Alvarez, D.O.
Ahmad Qaddour, M.D.
305 W. 15th, Suite 103
(620) 629-6392 or
(316) 858-9000

Kidz Cardiology (Pediatric Cardiology)
Tuan Nguyen, M.D., F.A.A.P.
305 W. 15th Street, Suite 102
(316) 670-3800

Cancer Center of Kansas
Dennis Moore Jr., M.D.
Joseph Moore, M.D.
Quoc V. Truong, M.D.
315 W. 15th Street
(620) 629-6727 or
(316) 262-4467

Oncologist

Central Care Cancer Center
Audrik Perez-Rodriguez, M.D.
305 W. 15th Street, Suite 203
(620) 624-4700

Revised 10/6/22

ALCOHOL/ DRUG TREATMENT

Circle of Hope
877-633-0176

The Detox Center
844-334-6249

Cimmarron Basin Community Corrections
Alcohol/Drug Treatment Program
415 North Washington Street Suite 120, Liberal,
Kansas, 67901
620-626-3284

City On a Hill Liberal
529 North New York Street, Liberal, Kansas,
67901
620-624-2246

Iroquois Center for Human Development
610 East Grant Avenue, Greensburg, Kansas,
67054
620-723-2272

Northwest Treatment Center
1095 Nickerson Street, Waynoka, Oklahoma,
73860
580-824-0674

Partnership for Progress
100 Kendall Drive, Lamar, Colorado, 81052
719-336-7501

Southwest Guidance Center
333 W 15th St, Liberal, Kansas 67901
888-674-0062

Robert J. Dole VAMC - Liberal CBOC
2 Rock Island Road, Liberal, Kansas 67901
316-685-2221

ASSISTED LIVING

Vintage Park Assisted Living
900 N Bayshore Dr, Wichita, 67212 KS
888-206-5720

Brookdale Senior Living
1500 Terrace Avenue, Liberal, KS 67901
620-309-3257

Homestead Estates Home Plus
1140 S Pershing Ave., Liberal, KS 67901
800-385-2527

BANKS

Sunflower Bank
711 N Kansas Ave
620-624-8101

Equity Bank
1700 N Lincoln Ave
620-624-1971

Equity Bank
23 W 4th St
620-626-1359

The Community Bank
2320 N Kansas Ave
620-624-6898

Equity Bank
930 S Kansas Ave
620-624-1888

Bank of Beaver City
10 Tucker Rd
620-624-0707

Equity Bank
250 Tucker Rd · In Walmart Supercenter
620-624-2700

Community Bank
Bank
303 S Kansas Ave
620-624-2101

Community Bank
901 S Kansas Ave
620-624-0025

Golden Plains Credit Union
21 Medical Dr 6
20-624-8491

American AgCredit
2451 N Kansas Ave
620-624-0171

CHILD CARE/ DAY CARE

1 2 3 Daycare
South Seward Ave , Liberal, KS 67901
620-621-3226

Rainbow Kidz
Forrest, Liberal, KS 67901
620-624-2368

Bright Beginnings
S Washington, Liberal, KS 67901
620-873-0304

Carrie Priest Home Day Care
W 2nd St, Liberal, KS 67901
620-655-5372

Firefly Playcare
Liberal, KS 67901

Happy Feet Learning Room
N Cain, Liberal, KS 67901
620-309-0444
Judys Day Care
N Carlton Ave., Liberal, KS 67901

Kidos Day Care Home
Cain Ct, Liberal, KS 67901
620-624-6101

Little Angels Daycare
S Pennsylvania Ave, Liberal, KS 67901
620-655-3082

Little Blessings Daycare
Windsor Ln, Liberal, KS 67901
620-655-0466

Little Sprouts Daycare
Liberal, KS 67901

M And M Day Care Home
N Roosevelt, Liberal, KS 67901
620-624-2791

Maria De Jesus Estrada Day Care Home
N Calhoun, Liberal, KS 67901
620-624-2072

Sara Ortiz de Perez Day Care Home
Liberal, KS 67901

TLC Day Care Home
N Jordan, Liberal, KS 67901
620-624-2948

Victorias Daycare
N Pershing Ave, Liberal, KS 67901
620-655-4445

CHAMBER OF COMMERCE

Chamber of Commerce
4 Rock Island Road
Liberal, KS 67901
620-624-3855

CHIROPRACTORS

David A. Streiff, DC
921 W 7th St
Liberal, KS 67901
620-624-4632

Liberal Family Chiropractic
1436 N Western Ave
Liberal, KS 67901
620-624-7773

COUNSELING

Southwest Guidance Center
333 W 15th St
Liberal, KS 67901
620-624-8171

Seward County Human Resources
515 N Washington Ave # 205
Liberal, KS 67901
620-626-3203

Seward County Development
Corporation
303 N Kansas Ave
Liberal, KS 67901
620-624-5136

DENTIST

Dr. Katie Asbjornson
23 E 11th St
Liberal, KS 67901
620-604-9279

Bradley J. Rachow, DDS
111 Lilac Dr
Liberal, KS 67901
620-624-1933

First Dental
23 E 11th St
Liberal, KS 67901
620-604-9279

Dutton Perlita M DDS
23 Professional Dr
Liberal, KS 67901
620-626-4700
Terry D. Romans D.D.S.
2110 N Grant Ave
Liberal, KS 67901
620-624-7263

Timothy Hanigan Pa
2135 N Grant Ave
Liberal, KS 67901
620-626-9988

Richer A Farmer DDS Orthodontist
2130 N Grant Ave
Liberal, KS 67901
620-624-7191

DURABLE MEDICAL SUPPLIES

Seward County Health Department
1411 W 15th St Suite 102
Liberal, KS 67901
620-626-3369

ECONOMIC DEVELOPMENT

Seward County Development Corporation
303 N Kansas Ave
Liberal, KS 67901
620-604-5136

GOVERNMENT

Seward County Health Department
1411 W 15th St
Liberal, KS 67901
620-626-3369

Seward County Fire Rescue
110 W 15th Street
Liberal, KS 67901
620-626-3267

Human Resources
515 N Washington
Suite 205
Liberal, KS 67901
620-626-3327

Sherriff's Office
501 N Washington
Liberal, KS 67901
620-309-2000

HEALTH INSURANCE

Suki Vega Insurance
412 N Washington Ave
Liberal, KS 67901
620-624-7468

HEALTH AND WELLNESS

Seward County Health Department
411 W 15th St Suite 102
Liberal, KS 67901
620-626-3369

HEALTHCARE

Cancer Center of Kansas
315 W. 15th St
Liberal, KS 67901

Wheatridge Park Care Center
1501 S Holly Dr
Liberal, KS 67901

Southwest Medical Center
315 W 15th St
Liberal, KS 67901

HOME CARE

Liberal Home Health & Hospice
502 N Kansas Ave
Liberal, KS 67901

Sensitive Home Care LLC
518 N Kansas Ave
Liberal, KS 67901

ResCare
418 S Washington Ave
Liberal, KS 67901

Firstcare
Suite C , LS, 111 E Tucker Rd
Liberal, KS 67901

Rescare Homecare
Liberal, KS · In United States Postal Service
Liberal, KS 67901

Seward County Senior Care
701 N Grant Ave
Liberal, KS 67901

St Catherine Hospice
2132 N Kansas Ave # C
Liberal, KS 67901

Brookdale Liberal Springs
1500 Terrace Ave
Liberal, KS 67901

HOSPITALS

Southwest Medical Center
315 W 15th St
Liberal, KS 67901
620-624-1651

MENTAL HEALTH

Southwest Guidance Center Inc
333 W 15th St
Liberal, KS 67901
855-248-1619

OCCUPATIONAL THERAPY

Shawn Peters- Blascyk
2160 Zinnia Ln
Liberal, KS 67901
615-896-6400

OPTOMETRIST

Prairie Vista Eye & Optical, PA
2381 N Kansas Ave
Liberal, KS 67901
620-624-1679

Dr. Elizabeth Fieser
2381 N Kansas Ave
Liberal, KS 67901
620-624-1679

Dr. Dora Finney
1401 W 15th St, Liberal, KS 67901
620-624-4371

Dr. Rhiannon Radcliff
2136 N Kansas Ave, Liberal, KS 67901
620-624-3841

PHARMACY

El-Kan Drug, Inc
1033 N Kansas Ave
Liberal, KS 67901
620-624-4065

PHYSICAL THERAPY

Dynatest Inc Physical Therapy
123 E 11th St
Liberal, KS 67901
620-626-5373

RECREATION

Liberal Recreation Center
950 S Grant Ave
Liberal, KS 67901
620-417-8150

Seward County Activity Center
810 Stadium Ave
Liberal, KS 67901
620-624-3743

SCCCC Wellness Center
1801 N Kansas Ave
Liberal, KS 67901
620-417-1143

REHABILITATION

Good Samaritan Society- Liberal
2160 Zinnia Ln
Liberal, KS 67901
620-624-3831

SCHOOLS

Seward County Community College
1801 N Kansas Ave
Liberal, KS 67901
620-624-1951

Liberal Area Vocational Technical School
2319 Frontage Rd
Liberal, KS 67901
620-624-1951

Mc Dermont Grade School
439 S Pennsylvania Ave
Liberal, KS 67901
620-604-1800

Seymour Rogers Middle School
721 Griffith Ave
Liberal, KS 67901
620-604-1300

Liberal USD 480
7 W Parkway Blvd
Liberal, KS 67901
620-604-1000

South Lawn Elementary School
836 S Jordan Ave
Liberal, KS 67901
620-604-2000

Meadowlark Elementary School
1200 North Calvert Ave
Liberal, KS 67901
620-604-2100

Cottonwood Elementary School
1100 W 11th St
Liberal, KS 67901
620-604-2700

Sunflower Elementary School
310 W Pine St
Liberal, KS 67901
620-604-2800

Prairie View Elementary School
615 Warren Ave
Liberal, KS 67901
620-604-1800

SENIOR LIVING

Wheatridge Park Care Center
1501 S Holly Dr
Liberal, KS 67901
620-624-1030

Good Samaritan Society Liberal
2160 Zinnia Lane
Liberal, KS 67901
620-624-3831

SENIOR SERVICES

Seward County Senior Care
701 N Grant Ave
Liberal, KS 67901
620-624-0828

SOCIAL SERVICE AGENCY

United Way
1700 N Lincoln Ave
Liberal, KS 67901
620-624-5400

Seward County Development Corporation
303 N Kansas Ave
Liberal, KS 67901
620-624-5136

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

SW Medical Center - Patient Origin

KHA Southwest Medical Center				Inpatient Disc			Emergency Visits			Outpatient Visits			Clinic Visits		
#	Zip	City	Total	2019	2020	2021	2019	2020	2021	2019	2020	2021	2019	2020	2021
1	67901	LIBERAL	179135	1695	1599	1459	6538	5398	6321	19042	19147	20897	34242	31649	31148
2	73942	GUYMON	65109	660	587	563	609	546	579	4147	4250	4713	14238	20249	13968
3	67951	HUGOTON	16894	176	200	160	241	223	250	1566	1689	1824	3539	3662	3364
4	73945	HOOKER	15735	146	152	142	480	419	427	1445	1425	1445	3022	3522	3110
5	73950	TURPIN	10723	97	79	58	340	271	293	1273	1182	1342	2112	1878	1798
6	73951	TYRONE	9572	79	104	66	338	303	346	1033	991	1040	1680	1834	1758
7	67905	LIBERAL	8871	65	72	50	285	234	313	1248	1054	1162	1600	1390	1398
8	73932	BEAVER	6787	89	71	79	140	107	95	635	641	726	1345	1357	1502
9	67950	ELKHART	6346	103	57	60	51	44	54	656	538	582	1760	1242	1199
10	67869	PLAINS	5199	71	56	49	171	115	110	595	565	542	1156	934	835
11	73949	TEXHOMA	4082	36	16	26	37	25	33	249	224	332	825	1255	1024
12	73938	FORGAN	3873	38	26	33	109	76	96	387	351	439	924	659	735
13	67880	ULYSSES	3687	24	45	43	37	47	39	319	435	479	316	834	1069
14	73939	GOODWELL	3598	22	19	19	38	32	25	216	228	257	645	1272	825
15	67877	SUBLETTE	3319	38	38	30	54	47	57	349	364	349	547	716	730
16	67870	SATANTA	3149	25	29	36	40	23	51	282	273	373	554	736	727
17	67952	MOSCOW	3059	21	30	27	46	55	48	323	366	332	513	698	600
18	67859	KISMET	2869	22	39	30	84	64	98	318	305	286	522	586	515
19	79070	PERRYTON	2782	27	29	26	52	34	39	316	314	262	581	555	547
20	67864	MEADE	2029	32	30	31	19	18	16	230	200	180	498	416	359
21	73944	HARDESTY	1995	22	22	11	30	22	22	128	163	124	433	672	346
22	67846	GARDEN CITY	1898	15	14	16	48	48	31	138	160	124	249	364	691
23	73933	BOISE CITY	1834	16	23	21	2	13	7	104	136	129	396	638	349
24	73945	OPTIMA	1775	17	21	14	36	20	15	140	123	145	482	447	315
25	67954	ROLLA	1650	17	11	19	20	7	12	185	145	186	443	312	293
26	UNK	UNK	1502	0	0	0	25	21	1	65	153	1201	0	4	32
27	67855	JOHNSON	1283	14	7	14	6	8	18	68	144	188	94	224	498
28	73901	ADAMS	1072	8	15	6	34	25	32	125	113	102	226	239	147
29	73931	BALKO	1067	10	8	6	25	16	19	112	134	94	275	216	152
30	67801	DODGE CITY	959	25	10	11	37	24	18	137	62	53	199	164	219
	Other		22375	245	253	195	769	616	643	2190	2125	1517	4805	4745	4272
	Totals		394228	3855	3662	3300	10741	8901	10108	38021	38000	41425	78221	83469	74525

KHA Visits by Rev Code YR 2019-21	Total Visits	Seward (KS)		Texas (OK)		Beaver (OK)		Stevens (KS)		Morton (KS)		Meade (KS)		Other
		Total	%	Total	%	Total	%	Total	%	Total	%	Total	%	
01 Emergency Department	31,621	20388	64.48%	4835	15.29%	1744	5.52%	926	2.93%	212	0.67%	519	1.64%	2771
02 Surgery	9,886	3780	38.24%	1968	19.91%	608	6.15%	597	6.04%	333	3.37%	258	2.61%	1320
03 Observation	6,089	3092	50.78%	1095	17.98%	423	6.95%	292	4.80%	122	2.00%	150	2.46%	782
11 Radiology - Diagnostic	16,975	9247	54.47%	3153	18.57%	1175	6.92%	990	5.83%	387	2.28%	296	1.74%	1660
14 Nuclear Medicine	3,931	2271	57.77%	569	14.47%	272	6.92%	205	5.21%	82	2.09%	74	1.88%	438
15 CT Scan	5,023	2969	59.11%	751	14.95%	363	7.23%	270	5.38%	107	2.13%	97	1.93%	445
16 Mammography	4,910	2519	51.30%	897	18.27%	331	6.74%	283	5.76%	219	4.46%	118	2.40%	523
17 Ultrasound	5,366	2985	55.63%	980	18.26%	356	6.63%	297	5.53%	145	2.70%	131	2.44%	452
19 Magnetic Resonance Imaging	3,864	1972	51.04%	735	19.02%	296	7.66%	299	7.74%	147	3.80%	74	1.92%	329
21 Chemotherapy	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0
23 Pulmonary Function	195	112	57.44%	16	8.21%	12	6.15%	14	7.18%	1	0.51%	5	2.56%	35
25 Stress Test	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0
33 Cardiac Rehab	66	30	45.45%	17	25.76%	9	13.64%	0	0.00%	0	0.00%	0	0.00%	9
35 Treatment Room	6,893	3487	50.59%	1281	18.58%	396	5.74%	488	7.08%	176	2.55%	69	1.00%	940
36 Respiratory Services	260	59	22.69%	66	25.38%	2	0.77%	60	23.08%	8	3.08%	1	0.38%	64
37 EKG/ECG	3,810	2314	60.73%	600	15.75%	236	6.19%	183	4.80%	70	1.84%	80	2.10%	308
38 Cardiology	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0
39 Sleep Lab	593	284	47.89%	169	28.50%	45	7.59%	32	5.40%	16	2.70%	5	0.84%	37
41 Behavioral Health	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0
42 Physical Therapy	3,573	2532	70.86%	252	7.05%	363	10.16%	60	1.68%	6	0.17%	70	1.96%	164
43 Occupational Therapy	368	260	70.65%	23	6.25%	30	8.15%	8	2.17%	0	0.00%	4	1.09%	17
44 Speech-Language Pathology	6	6	100.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0
Total	103,423	58301	56.37%	17407	16.83%	6661	6.44%	5004	4.84%	2031	1.96%	1951	1.89%	10294

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

SW Medical / Seward Co, KS 2022 CHNA Town Hall, Oct 6th						
#	Team	Lead	Attend	Last	First	Organization
1	A		x	West	John	Southwest Medical Center
2	C		x	Cowan	Mark	Southwest Medical Center
3	D		x	Desai	Pingal, Dr.	SWMC Medical Executive Committee
4	D		x	Downing	Rachel	Southwest Medical Center
5	D		x	Duran	Greg	Equity Bank
6	D		x	Sander	Dennis	Southwest Medical Center
7	E		x	Fraire	Elsa	Fraire Law
8	E		x	Fuller	Persephone	Pastor
9	F		x	Greeson	Brie	Seward County Health Dept
10	G		x	Seigrist	Connie	Realtor
11	H	##	x	Lara	Jose	Southwest Medical Center
12	I		x	Vazquez	Janeth	Southwest Medical Center
13	I		x	Warden	April	County of Seward
14	J		x	Varnado	Rusty	City of Liberal
15	K		x	Bennett	Brad	First United Methodist Church
16	K	##	x	Williams	Amber	Southwest Medical Center

Southwest Medical Center Town Hall Event Notes

Attendance: N=15

Date: 10/6/2022 – 5:30 p.m. to 7 p.m.

Community identified the following drugs (substance abuse) occurring in Liberal, KS: Opioids, Heroin, Cocaine, Marijuana, Meth, and Fentanyl.

School lunches should be healthier.

Strengths-

- Exercise Opportunities
- Diversity
- Regional Hospital (5 different states)
- Equipment in Hospital
- Transportation
- School Lunch Programs
- Caring Community
- Non-profit groups
- Community Collaboration
- Hospitalists Program
- Good Start on Healthcare Systems
- Grant Funding
- Bigger Population

Needs-

- Mental Health (Diagnosis, Aftercare, Provider, Treatment)
- Emergency Room
- STI / STD's
- Childcare (Availability / Cost)
- Workforce
- Teen Pregnancy
- Chronic Disease Management
- Access to Primary Care
- Access to Specialists (Neurology, ENT, Urology, Cardiology, Pulmonology)
- Depression
- Uninsured / Underinsured
- Collaboration with other Critical Access Hospitals
- Prenatal Care / Post-partum
- Depression
- Substance Abuse (Drugs / Alcohol)

Wave #4 CHNA - Southwest Medical Center			
Town Hall Conversation - Strengths (White Cards) N=16			
Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
1	Collaboration	9	Wonderful facility
1	Services	10	Good systems in place need to educate community more
1	Fitness Centers	10	People who care
1	Hospitality	10	People who want to be in community
1	Diversity	10	We come together
2	Exams	10	Good bones (hospital and HD building)
2	Ambulance	11	School food programs
2	Transportation	12	Skilled providers for area
3	Caring Community	12	Variety of special programs
3	Latinos appreciate health care	12	Education access
3	Charity Care	12	Population
3	Active hospital who educates the community	13	Access to physical activity: gyms, parks, trails
3	Strong hospitalist program	13	Specialty providers
3	Community hospital	13	Mortality rate
4	Green spaces	14	Good transportation
5	Community involvement	14	Better in Primary Care
5	Education	14	Good exercise
5	Ground and air transportation	15	Regional hospital
6	Population	15	Caring Community
6	Hispanic/Latino Community	15	Diversity culture
6	Grant funding	15	Collaboration
6	Families	15	Community service
7	Testing equipment at hospital	15	Fitness-even 24hr care
7	air ambulance services	15	Strong hospitalist program
8	Community engagement	15	Green spaces
8	Diversity	16	Regional hospital
8	Safety	16	Transportation
8	Community education	16	Community-non-profits
8	Regional hospital	16	Diversity
8	Grant funding	16	Generational Knowledge

Wave #4 CHNA - Southwest Medical Center			
Town Hall Conversation - Weaknesses (Color Cards) N= 16			
Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
1	Access to healthy foods	9	underinsured
1	Obesity	9	better ER service
1	uninsured 19.7%	9	Teen Pregnancy/STD
1	Access to primary and special care	9	mental health services
1	Prenatal care	9	Substance Abuse help
1	STI's	9	prenatal
2	Acess to health care	9	senior health
2	Meental Health care	9	PP depression
2	Child Care	9	workforce
2	Substance Abuse	9	care for caregiving
2	Chronic Health	9	Child Care
2	Workforce	10	Access to HCP
2	Emergency Room	10	mental health services
2	Specialist Provider	10	maternal child health-prenatal care
2	Teen Pregnancy- lower abortion	10	STD's
3	Charity Care	10	Postpartum depression
3	ER	10	Senior health
4	More providers	11	more primary care physicians
4	More mental health resources	11	more day care in the community
4	STD's	11	better service in emergency room
4	Teen Pregnancy	11	substance abuse clinic
4	ER	12	medical providers
4	Chronic Care	12	Teen Pregnancy
4	Substance Abuse	12	STD's
5	ER Docs	13	Mental Health education
5	Housing	13	mental health offering
5	Entertainment	13	expand medicaid
5	Dog Park	13	uninsured and underinsured
5	Prices	13	family practice doctors
6	ER	14	Access to all specialists/care
6	Mental Health	14	mental health/behavioral access
6	Insurance	14	clinic care
6	Acces to health care	14	add providers/specialists
6	Alcohol use	15	Access to care
7	Hospital ratings	15	Providers
7	Access to primary care; walk-in/same day	15	Specialists
7	Suicide	15	Chronic care mangement and edu
7	STD's	15	access to mental health
8	Emergency Room	15	collaboration with critical access
8	Teen Pregnancy	15	uninsured/underinsured
8	Housing	15	STD education/testing
8	Pharmacy Access	16	obesity
8	Uninsured	16	ER
9	PCP	16	STD's
9	Specialty Drs	16	uninsured

From: Janeth Vazquez <jvazquez@swmedcenter.com>

Date: Monday, September 19, 2022 at 5:53 PM

Subject: You're invited to our CHNA Townhall!

Southwest Medical Center is currently conducting research for the 2022 Community Health Needs Assessment (CHNA). This research will be used to develop an action plan for better healthcare in Seward County by identifying our community's significant health needs and priorities.

On **Thursday, October 6th**, a Community Health Town Hall will be held at Seward County Community College as a key step in identifying these significant health needs.

What's on the horizon for the 2022 Health Needs Assessment? We need to hear community voices to help understand community challenges.

Please join us at the CHNA Town Hall to learn more about the health needs assessment and to share your own thoughts on the health of our community.

Details are below:

WHEN: Thursday, October 6
5:30 p.m. – 7:00 p.m. – Town Hall
WHERE: Seward County Community College
1801 N. Kansas Ave.
Student Union (C.R. SW229D)
RSVP: https://www.surveymonkey.com/r/SWMedCent_RSVP



EMAIL #1 Request Message (Cut & Paste)

From: Mark Cowan

Date: 8/9/2022

To: Community Leaders, Providers and Hospital Board and Staff

Subject: 2022 Seward County Community Health Needs Assessment

Southwest Medical Center (SMC) is working with other community health providers to update the 2022 Seward County, KS Community Health Needs Assessment. The goal of this assessment update is to understand progress in addressing health needs cited in the 2016 and 2019 CHNA reports and to collect up-to-date community health perceptions.

Southwest Medical Center (SMC) está trabajando con otros proveedores de salud comunitarios para actualizar la Evaluación de necesidades de salud comunitaria del condado de Seward, KS de 2022. El objetivo de esta actualización de evaluación es comprender el progreso en el tratamiento de las necesidades de salud citadas en los informes de CHNA de 2016 y 2019 y recopilar percepciones de salud comunitaria actualizadas.

VVV Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct this countywide research. All responses will be confidential if you choose to participate in this online survey.

Se contrató a VVV Consultants LLC, una firma consultora de atención médica independiente de Olathe, KS, para realizar esta investigación en todo el condado. Todas las respuestas serán confidenciales si elige participar en esta encuesta en línea.

To gather community feedback, a short and confidential online survey has been developed. To access this survey, please utilize the link or scan the QR code below to participate.

LINK (English): https://www.surveymonkey.com/r/SWMed_CHNA2022

Enlace (Spanish):

https://www.surveymonkey.com/r/SWMed_2022CHNA_Spanish



Scan the QR code to take the Survey!

¡Escanee el código QR para realizar la Encuesta!

All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **September 9th, 2022**. In addition, please **HOLD The Date** for the Town Hall meeting scheduled **Thursday, October 6th, 2022**, for dinner from **5:30 p.m. - 7:00 p.m.** Please stay on the lookout for more information to come soon. Thank you in advance for your time and support!

Se alienta a todos los residentes de la comunidad y líderes empresariales a completar la encuesta en línea de CHNA 2022 antes del 9 de septiembre de 2022. Además, MANTENER la fecha de la reunión del ayuntamiento programada para el jueves 6 de octubre de 2022, para cenar de 5:30 p.m. - 7:00 pm. Esté atento a más información próximamente. ¡Gracias de antemano por su tiempo y apoyo!

If you have any questions regarding CHNA activities, please call (XXX)-XXX-XXXX

PR#1 News Release

Local Contact: Mark Cowan

Media Release: 8/9/2022

Seward County Seeks the Community's Input on Local Health Needs

Over the next few months, **Southwest Medical Center (SMC)** will be working with area providers to update the 2019 Seward County Community Health Needs Assessment (CHNA). We are seeking input from community members regarding the healthcare needs in order to complete the 2022 CHNA.

VVV Consultants LLC, an independent research consulting firm from Olathe, KS has been retained to conduct this countywide research. The goal of this assessment update is to understand progress in addressing community health needs cited in the both the 2016 and 2019 assessment reports, while collecting up-to-date community health perceptions and ideas.

A brief community survey has been developed to accomplish this work. The survey can be accessed by visiting **Southwest Medical Center** website, the MMMC Facebook page, or scan the QR code below if you would like to participate in providing this important feedback.

All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **September 9th, 2022**. In addition, please **HOLD The Date** for the Town Hall meeting scheduled **Thursday, October 6th, 2022** for dinner from **5:30 p.m. - 7:00 p.m.** Please, stay on the lookout for more information to come soon. Thank you in advance for your time and support!



Scan the QR code to take the survey!

If you have any questions regarding CHNA activities, please call (XXX)-XXX-XXXX

PR#1 News Release

Local Contact: Mark Cowan

Media Release: 8/9/2022

El Condado de Seward Busca la Opinión de la Comunidad Sobre las Necesidades Locales de Salud

Durante los próximos meses, Southwest Medical Center (SMC) trabajará con los proveedores del área para actualizar la Evaluación de necesidades de salud comunitaria (CHNA) del condado de Seward de 2019. Estamos buscando aportes de los miembros de la comunidad con respecto a las necesidades de atención médica para completar la CHNA 2022.

Se contrató a VVV Consultants LLC, una firma consultora de investigación independiente de Olathe, KS, para realizar esta investigación en todo el condado. El objetivo de esta actualización de la evaluación es comprender el progreso en el tratamiento de las necesidades de salud de la comunidad citadas en los informes de evaluación de 2016 y 2019, mientras se recopilan percepciones e ideas actualizadas sobre la salud de la comunidad.

Se ha desarrollado una breve encuesta comunitaria para lograr este trabajo. Se puede acceder a la encuesta visitando el sitio web de Southwest Medical Center, la página de Facebook de MMMC o escaneando el código QR a continuación si desea participar y brindar esta importante retroalimentación.

Se alienta a todos los residentes de la comunidad y líderes empresariales a completar la encuesta en línea de CHNA 2022 antes del 9 de septiembre de 2022. Además, MANTENER la fecha de la reunión del ayuntamiento programada para el jueves 6 de octubre de 2022 para cenar de 5:30 p.m. - 7:00 pm. Por favor, esté atento a más información próximamente. ¡Gracias de antemano por su tiempo y apoyo!



¡Escanea el código QR para realizar la encuesta!

Si tiene alguna pregunta sobre las actividades de CHNA, llame al (XXX)-XXX-XXXX

Seward County Seeks the Community's Input on Local Health Needs

Liberal, KS- Over the next few months, **Southwest Medical Center (SWMC)** will be working with area providers to update the 2022 Southwest Medical Center Community Health Needs Assessment (CHNA). We are seeking input from community members regarding the healthcare needs in order to complete the 2022 CHNA.

VVV Consultants LLC, an independent research consulting firm from Olathe, KS has been retained to conduct this countywide research. The goal of this assessment update is to understand progress in addressing community health needs cited in both the 2016 and 2019 assessment reports, while collecting up-to-date community health perceptions and ideas.

A brief community survey has been developed to accomplish this work. The survey can be accessed by visiting the **Southwest Medical Center** website, the SWMC Facebook page, or scanning the QR code below if you would like to participate in providing this important feedback.

All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **September 9th, 2022**. Please, stay tuned for more information. Thank you in advance for your time and support!



Scan the QR code to take the survey!

If you have any questions regarding CHNA activities, please contact Janeth Vazquez at (620)-629-6335.

About SWMC Hospital

Southwest Medical Center, www.swmedcenter.com, is a 101-bed not-for-profit hospital in Liberal, Kansas.

Follow SWMC on **Facebook:** @swmcliberal

Instagram: @southwestmedicalcenter

Twitter: @SWMCMedCenter

LinkedIn: Southwest Medical Center

**El Condado de Seward Busca la Opinión de la Comunidad
Sobre las Necesidades de Salud Locales**

Liberal, KS- Durante los próximos meses, Southwest Medical Center (SWMC) trabajará con los proveedores del área para actualizar la Evaluación de Necesidades de Salud Comunitaria (CHNA) del Condado de Seward de 2022. Estamos buscando la opinión de la comunidad con respecto a las necesidades de atención médica para completar la encuesta CHNA 2022.

Se contrató a VVV Consultants LLC, una agencia consultora de investigación independiente de Olathe, KS, para realizar esta investigación en todo el condado. El objetivo de este estudio es para entender el progreso sobre las necesidades de la salud de la comunidad citadas en ambos informes de los resultados de las evaluaciones del 2016 y 2019, mientras se colectan percepciones e ideas actualizadas sobre la salud de la comunidad.

Se ha desarrollado una breve encuesta comunitaria para lograr este objetivo. Usted puede llenar la encuesta visitando el sitio web de Southwest Medical Center, la página de Facebook de SWMC o escaneando el código QR a continuación, si desea participar.

Le pedimos a todos los residentes de la comunidad y líderes empresariales que por favor completen la encuesta en línea antes del **9 de Septiembre de 2022**. ¡Gracias de antemano por su tiempo y apoyo!



¡Escanee el código QR para llenar la Encuesta!

Si tiene alguna pregunta sobre esta encuesta, por favor contacte a Janeth Vazquez al (620) 629-6335 para mas información.

Acerca del Hospital SWMC

Southwest Medical Center, www.swmedcenter.com, es un hospital sin fines de lucro de 101 camas en Liberal, Kansas.

Siga a SWMC en **Facebook:** @swmcliberal

Instagram: @southwestmedicalcenter

Twitter: @SWMCMedCenter

LinkedIn: Southwest Medical Center

d.) Primary Research Detail

[VVV Consultants LLC]

Let our Voice Be Heard

In 2019, Southwest Medical Center completed a Community Health Needs Assessment (CHNA). Today, we request your input again in order to start and update our 2022 Seward County (KS) Community Health Needs Assessment (CHNA).

To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery. Survey deadline will be Friday, September 16th, 2022.

While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention!

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

☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ Very Poor

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

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

Please specify why.

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

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

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

- | | |
|--------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Access to Healthcare Services | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Nutrition, Physical Activity, and Weight |
| <input type="checkbox"/> Chronic Health Conditions | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sexual Assault |
| <input type="checkbox"/> Heart Disease and Stroke | <input type="checkbox"/> Sexual Health / STIs |
| <input type="checkbox"/> Injury and Violence | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Maternal and Child Health | |

6. Which past CHA needs are one of the most pressing for improvement? Please select top three.

- | | |
|--------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Access to Healthcare Services | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Nutrition, Physical Activity, and Weight |
| <input type="checkbox"/> Chronic Health Conditions | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sexual Assault |
| <input type="checkbox"/> Heart Disease and Stroke | <input type="checkbox"/> Sexual Health / STIs |
| <input type="checkbox"/> Injury and Violence | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Maternal and Child Health | |

7. In your opinion, what are the root causes of poor health in our community? Please select top three.

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

Other (Be Specific).

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/Optometrlist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Planning Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice/Palliative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telehealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

	Very Good	Good	Fair	Poor	Very Poor
Behavioral/Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal/Child Health Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use/Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence/Abuse Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Wellness Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

☐

Yes

☐

No

If yes, please specify your thoughts.

12. Over the past 12 months, did you or someone in your household receive healthcare services outside of our county?

☐

Yes

☐

No

If yes, please specify the services received

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

☐

Yes

☐

No

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

14. Outcome of care is also vitally important. Is the outcome / delivery of care fulfilling the needs for you and our community?

☐

Yes

☐

No

If No, please specify what is needed where (Be specific).

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

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

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

Other (Please specify).

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).

18. For analysis purposes, what is your home ZIP code? (Please enter 5-digit ZIP code; for example, 65305)

Deja que se escuche tu voz

En el año 2019, Southwest Medical Center completó una encuesta para evaluar las necesidades de salud actuales en la comunidad (CHNA) y la entrega de ellas. Hoy, solicitamos su opinión nuevamente para actualizar la Evaluación de Necesidades de Salud Comunitaria del condado de Seward (KS) de 2022. Para recopilar esta información, se ha creado una breve encuesta en línea para evaluar las necesidades y la prestación de salud de la comunidad.

La fecha límite para completar la encuesta será el Viernes 9 de septiembre de 2022.

¡Gracias por su atención y cooperación!

1. En su opinión, ¿cómo calificaría la calidad general de la entrega de atención médica en su comunidad?

☐ Muy buena ☐ Buena ☐ Promedio ☐ Mala ☐ Muy mala

2. Al considerar la calidad general de la salud de la comunidad, ¿es ?? Marque uno

☐ Creciente - subiendo ☐ Realmente no cambia mucho ☐ Decreciente - deslizándose hacia abajo

Por favor, especifique ¿por qué?

3. En sus propias palabras, ¿cuál es la percepción general de la entrega de atención médica para nuestra comunidad (es decir, hospitales, médicos, salud pública, etc.)? (Por favor sea específico con la respuesta)

. En su opinión, ¿existen servicios de atención médica en nuestra comunidad/su vecindario que usted sienta que necesitan ser mejorados, trabajados y/o cambiados? (Por favor sea específico)

5. De nuestra encuesta CHNA anterior, se identificaron como prioridades una serie de necesidades de salud. ¿Alguno de estos es un problema continuo para nuestra comunidad? (Marque seleccione los tres primeros).

- | | |
|------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Acceso a servicios de salud | <input type="checkbox"/> Salud mental |
| <input type="checkbox"/> Cáncer | <input type="checkbox"/> Nutrición, Actividad Física y Peso Oral |
| <input type="checkbox"/> Condiciones Crónicas de salud | <input type="checkbox"/> Salud bucal |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Agresión Sexual |
| <input type="checkbox"/> Enfermedad cardíaca y derrame cerebrovascular | <input type="checkbox"/> Salud Sexual/enfermedad de transmisión sexual |
| <input type="checkbox"/> Lesiones y violencia | <input type="checkbox"/> Abuso de sustancias (drogas) |
| <input type="checkbox"/> Salud Materno O Infantil | |

6. De la encuesta anterior, ¿cual es ACTUALMENTE algo necesario para mejorar? (Por favor elija tres).

- | | |
|------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Acceso a servicios de salud | <input type="checkbox"/> Salud Mental |
| <input type="checkbox"/> Cáncer | <input type="checkbox"/> Nutrición, Actividad Física y Peso Oral |
| <input type="checkbox"/> Condiciones Crónicas de Salud | <input type="checkbox"/> Salud bucal |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Agresión Sexual |
| <input type="checkbox"/> Enfermedad cardíaca y derrame cerebrovascular | <input type="checkbox"/> Salud Sexual/enfermedad de transmisión sexual |
| <input type="checkbox"/> Lesiones y Violencia | <input type="checkbox"/> Abuso de sustancias (drogas) |
| <input type="checkbox"/> Salud Materno O Infantil | |

7. En su opinión, ¿cuáles son las causas fundamentales de la mala/pobre salud en nuestra comunidad? (Por favor, elija las tres con mas necesidad)

- ☐ Enfermedad Crónica
 ☐ Acceso limitado a la salud mental
- ☐ Falta de salud y bienestar
 ☐ Programas de Asistencia Familiar
- ☐ Falta de servicios de Nutrición/ Ejercicio
 ☐ Falta de seguro médico
- ☐ Acceso limitado a la atención primaria
 ☐ Negligencia
- ☐ Acceso limitado a atención especializada

Otro (sea específico)



8. ¿Cómo calificarían los residentes de nuestra comunidad cada uno de los siguientes servicios de salud?

	Muy bueno	Bueno	Promedio	Malo	Muy Mal
Servicio de Ambulancia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuidado de niños	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quiropráctico	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentistas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sala de Emergencia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oculista/ Optometrista	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de planificación familiar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
servicios de salud a domicilio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospicio/ Paliativo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telesalud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



. ¿Cómo calificarían los residentes de nuestra comunidad cada uno de los siguientes servicios de salud?

	Muy bueno	Bueno	Promedio	Malo	Muy Mal
Servicios para pacientes hospitalizados	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de Salud Mental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hogar de ancianos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios ambulatorios	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Farmacia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atención Primaria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salud P blica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salud Escolar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Especialistas Visitantes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceso a la Clínica sin cita previa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. La planificación y preparación para la salud de la comunidad es vital. ¿Cómo calificaría cada uno de los siguientes?

	Muy bueno	Bueno	Promedio	Malo	Muy Mal
Salud conductual/ mental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preparación para emergencias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicio de Educación alimentaria y nutricional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exámenes de salud/ Educación	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programas de salud prenatal/ infantil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uso/ prevención de sustancias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevención del Suicidio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevención de Violencia/ Abuso	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programas de Bienestar de la Mujer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. ¿Tiene alguna inquietud relacionada con el COVID-19 con respecto a nuestros servicios de salud comunitarios?

☐ SI ☐ NO

En caso afirmativo, comparta sus pensamientos. Se específico

12. Durante los últimos años, ¿usted o alguien en su hogar recibió servicios de atención médica fuera de nuestro condado?

☐ SI ☐ NO

En caso afirmativo, especifique los servicios de atención médica que recibió

13. El acceso a cuidado medico es vital. ¿Hay suficientes proveedores/personal disponibles en los momentos adecuados para cuidar de usted y de nuestra comunidad?

☐ SI

☐ NO

Si la respuesta es NO, especifique qu se necesita y dónde. Se específico

1 . El resultado de los servicios de atención m dicos tambi n son de vital importancia ¿El resultado/la prestación de la atención medica satisface las necesidades de usted y de nuestra comunidad?

☐ SI

☐ NO

Si NO, por favor especifique lo que se necesita. Se específico

15. ¿Qu programas de salud comunitarios nuevos deberían crearse para satisfacer las necesidades actuales de salud de la comunidad?

16. ¿Hay alguna otra necesidad de salud (enumerada a continuación) que deba discutirse más a fondo en nuestra próxima reunión del pueblo de CHNA? Por favor seleccione todas las respuestas válidas.

- | | | |
|------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Abuso/Violencia | <input type="checkbox"/> Educación para la salud | <input type="checkbox"/> Pobreza |
| <input type="checkbox"/> Acceso a la Educación para la salud | <input type="checkbox"/> Enfermedad del corazón | <input type="checkbox"/> Salud Preventiva/ Bienestar |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Vivienda | <input type="checkbox"/> Enfermedades de transmisión sexual |
| <input type="checkbox"/> Medicina Alternativa | <input type="checkbox"/> Falta de Proveedores/Persona Calificado | <input type="checkbox"/> Suicidio |
| <input type="checkbox"/> Salud conductual/mental | <input type="checkbox"/> Exposición al plomo | <input type="checkbox"/> Embarazo adolescente |
| <input type="checkbox"/> Lugar de Trabajo Amigable para la Lactancia Materna | <input type="checkbox"/> Negligencia | <input type="checkbox"/> Telesalud |
| <input type="checkbox"/> Cáncer | <input type="checkbox"/> Nutrición | <input type="checkbox"/> Consumo de tabaco |
| <input type="checkbox"/> Coordinación de Cuidados | <input type="checkbox"/> Obesidad | <input type="checkbox"/> Transportación |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Medicina Ocupacional | <input type="checkbox"/> Vacunas |
| <input type="checkbox"/> Drogas/Abuso de Sustancias | <input type="checkbox"/> Ozono (Aire) | <input type="checkbox"/> Calidad del Agua |
| <input type="checkbox"/> Planificación familiar | <input type="checkbox"/> Ejercicio Físico | |

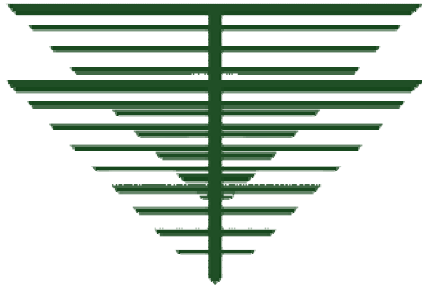
Otro (por favor especifique).

17. Con el propósito de recopilar información y reportar, ¿está involucrado o es usted...? Por favor seleccione todas las respuestas válidas.

- | | | |
|---------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Negocio/Comerciante | <input type="checkbox"/> EMS/Emergencia | <input type="checkbox"/> Otra profesional de salud |
| <input type="checkbox"/> Miembro de una Junta Comunitaria | <input type="checkbox"/> Agricultor/ ganadero | <input type="checkbox"/> Padre/Cuidador |
| <input type="checkbox"/> Administrador de casos/ Planificador | <input type="checkbox"/> Hospital/ Departamento de Salud | <input type="checkbox"/> Farmacia/Clínica |
| <input type="checkbox"/> Clero | <input type="checkbox"/> Vivienda/ Constructora | <input type="checkbox"/> Medios de comunicación (papel, TV, radio) |
| <input type="checkbox"/> Colegio/Universidad | <input type="checkbox"/> Seguro/ Aseguranza | <input type="checkbox"/> Cuidado de personas mayores |
| <input type="checkbox"/> Defensor del Consumidor | <input type="checkbox"/> Laboral | <input type="checkbox"/> Maestro/Administrada de la escuela |
| <input type="checkbox"/> Dentista/Oftalmólogo/ Quiropráctico | <input type="checkbox"/> Agencia de aplicación de la ley | <input type="checkbox"/> Veterano |
| <input type="checkbox"/> Funcionario electo-Cuidad | <input type="checkbox"/> Salud Mental | |

Otro (por favor especifique)

18. ¿Cuál es el código postal de su domicilio? (Ingresa el código postal de 5 dígitos; por ejemplo, 65305)



VVV Consultants LLC



VVV Consultants LLC

Vince Vandehaar, MBA

Principal & Adjunct Professor

VVV@VandehaarMarketing.com

Hannah Foster, MBA

Associate Consultant

HCF@VandehaarMarketing.com

Cassandra Kahl, BHS MHA

Director, Project Management

CJK@VandehaarMarketing.com

HQ Office:

601 N Mahaffie, Olathe, KS 66061

(913) 302-7264

<http://vandehaarmarketing.com>

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

2022 CHNA Implementation Plan - on behalf of Southwest Medical Center								
Seward Co KS - Wave #4 2022 CHNA Health Needs Tactics Year 1 of 3 (Starting 1/1/23 - 12/31/23)								
	CHNA Health Areas of Need	T	"Specific Actions" to Address Community Health Need or "Reasons Why Hospital Will Not"	Identified "Lead"	Identified Partners	Timeframe	(Hours)	\$\$\$
1	Emergency Room	a	Explore possible urgent care delivery model (Fast Track) @ SWMED to lessen ER room volumes. Potentially explore extended hours / collaborate with ER staff and medical staff.	SWMC	PSA Area Providers			
		b	Continue SWMED ER operations process audit - focusing on wait times. Implement improvements. Educate community on when to go to ER.					
		c	Continue to teach "patient first" skills to all ER staff (and providers). Explore adding additional ER providers and support staff to decrease wait times.					\$1,000
2	Access to Primary Care	a	Grow relationship with nearby KS, OK, CO medical schools. Utilize medical student rotations. Focus on KU Med school and Wichita State.	SWMC	Genesis Family Health (FQHC)			
		b	Continue to collaborate PC delivery with all primary care clinics and FQHC. Share best practice delivery to increase primary care access.					
		c	Continue to develop regional collaboration with willing PC providers.					
3	Mental Health (Diagnosis, Aftercare, Provider, Treatment)	a	Continue to educate ER staff regarding mental health delivery issues. Provide continuing education courses, lunch and learn presentations, etc. to share best practice mental health treatment.	Seward Co Mental Health	County, Schools, Seniors, DOH, BCH, Cbin, Clergy, EMS, SWMC			\$10,000
	This health need is not part of hospital mission of critical operations. Will partner with others as appropriate.	b	Promote existing mental health services, facilities and providers. (via flyers, speakers/presentations, etc.). Educate community on placement process and options.					
		c	Continue Depression Screening initiatives at hospital and DOH. Provide intervention guidelines / handouts / adequate education					
		d	Continue to develop MH referral relationships with key community partners for collective impact. Continue to explore potential office sites for additional mental health services.					
4	Childcare (Availability / Cost)	a	Continue providing child safety and first aid training location and opportunities (work shop) for child care service providers and parents.	City of Liberal & County of Seward — Econ Dev Councils	DCF, School District , Law Enforcement, Foster Care, K-State Research, SWMC and Education Extension			\$750

2022 CHNA Implementation Plan - on behalf of Southwest Medical Center								
Seward Co KS - Wave #4 2022 CHNA Health Needs Tactics Year 1 of 3 (Starting 1/1/23 - 12/31/23)								
	CHNA Health Areas of Need	T	"Specific Actions" to Address Community Health Need or "Reasons Why Hospital Will Not"	Identified "Lead"	Identified Partners	Timeframe	(Hours)	\$\$\$
	This health need is not part of hospital mission of critical operations. Will partner with others as appropriate.	b	Educate young families on childcare community options/resources.					
5	Collaboration with other CAH's	a	Encourage collaboration amongst ALL providers in Seward county and any providers within Primary/Secondary locations of Liberal.	SWMC	Pioneer Health Network			
		b	Sponsor hospital tours of local, state and US Congressman. Set up a Town Hall session each time they come.					
		c	Partner with KHA to further KHA health initiative task force. Participate in KS advocacy work.					
6	Sex Health / STD's	a	Increase education and awareness of available resources to prevent STDs. Restart area workshops to Empower Students to Protect Their Own Sexual Health.	DOH	SWMC, USD480, SCCC, and Community Providers			\$1,500
	This health need is not part of hospital mission of critical operations. Will partner with others as appropriate.	b	Initiate and explore additional marketing to help awareness / education. Include resources in brochures / flyers.					
7	Access to Specialists (Neuro, ENT, Card, Pulm, Uro)	a	Actively Recruiting: Peds, Family Med, Internal Med, Gen Surg, Card, ENT, Urology, and Allied Mental Health Professionals to the area.	SWMC	Genesis Family Health (FQHC)			\$250,000
		b	Continue to update and expand Physician Needs Assessment to determine the number of providers needed (full time equivalent) to serve covered population.					
		c	Offer training and development opportunities for current staff in different specialties/departments. Development "patient care" career ladders.					
		d	Continue to recruit providers to area using outside recruiter resource.					
		e	Look at starting a residency program for med students. In addition, explore the opportunity to have a School Scholarship / Internship Program.					
	Overall Total Contributions							\$263,250