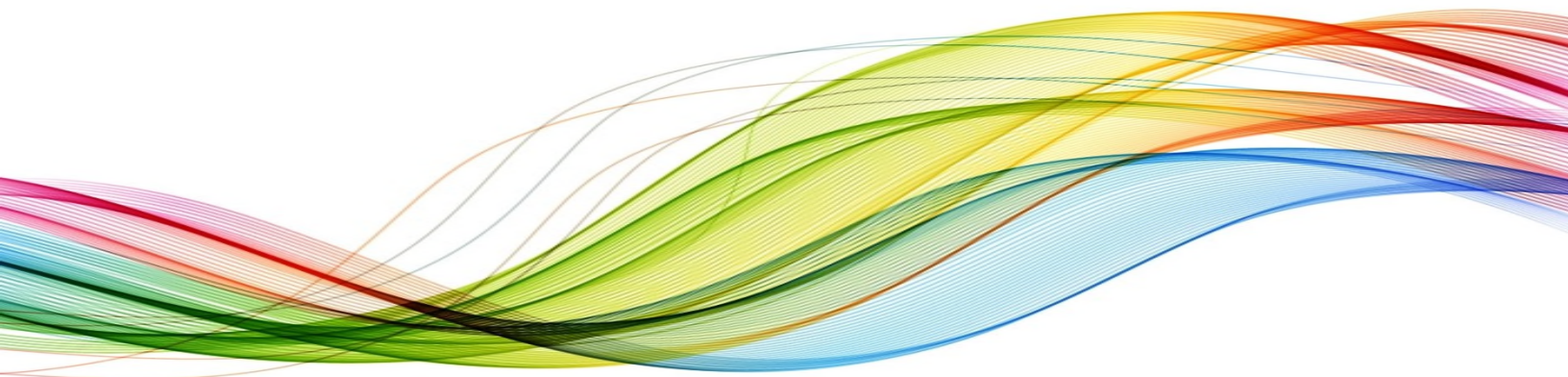




Community Health Needs Assessment Coffeyville Regional Medical Center

Montgomery County, KS



October 2019

**VVV Consultants LLC
Olathe, KS**

Community Health Needs Assessment

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I. Executive Summary

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I. Executive Summary

Coffeyville Regional Medical Center – Montgomery County, KS - 2019 Community Health Needs Assessment (CHNA) Wave #3

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

Coffeyville Regional Medical Center (CRMC) previous CHNA was completed in 2016. (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 #3 Montgomery County, KS CHNA assessment began in April 2019 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandelaar, MBA.

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 7) Provides guidance to the hospital and local health department for how they can align their services and community benefit programs to best meet needs, and 8) fulfills Hospital "Mission" to deliver quality health care.

a) County Health Area of Future Focus

CRMC – Montgomery County, KS Town Hall - "Community Health Improvements Needs"

2019 CHNA Health Priorities				
Coffeyville Regional - Primary Service Area				
CHNA Wave #3 Town Hall - August 22, 2019				
Montgomery Co, KS (28 Attendees, 112 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Lack of County Communication (Coffeyville and to other County areas)	16	14.3%	14%
2	Poverty (Chronic)	14	12.5%	27%
3	Providers (IM, PC, Derm, Endo, Psych, Pod)	12	10.7%	38%
4	Obesity (Nutrition / Exercise) - Access and Affordability	11	9.8%	47%
5	Transportation	10	8.9%	56%
6	Drug Abuse (Opioids, Meth, Oxycodone, Marijuana, Cocaine)	10	8.9%	65%
7	Lack of Individual Health Ownership (Apathy)	10	8.9%	74%
8	Tobacco (Vaping, Chewing, Smoking)	8	7.1%	81%
9	Lack of Parental / Family Skills (Education)	8	7.1%	88%
Total Votes:		112	100.0%	
Other Items receiving votes: Housing (Safe and Affordable), Affordable Child Care, Food Insecurity, Available Social Services, Drug Costs, Uninsured, and Poor Community Perception.				

b) Town Hall CHNA Findings: Areas of Strengths

CRMC – Montgomery County, KS Town Hall - “Community Health Areas of Strengths”

Montgomery County KS "Community Health Strengths"			
#	Topic	#	Topic
1	Caring Hospital Staff	8	Mental Health Services
2	Chronic Disease Classes	9	Midwest Pregnancy Care Center
3	City Recreational Activities	10	School Free Lunches in Summer
4	Growing Job Opportunities	11	School Health
5	Health Department	12	Service Offerings of Local Hospital
6	Health Partner Magazine	13	Underserved Hospital Care
7	Home Health	14	Wellness Coalition

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

KANSAS HEALTH RANKINGS: According to the 2019 Robert Wood Johnson County Health Rankings, Montgomery County was ranked 98th in Health Outcomes, 101st in Health Factors, and 94th in Physical Environmental Quality out of the 105 Counties.

TAB 1. Montgomery County’s population is 32,556 (based on 2017), with a population per square mile (based on 2010) of 55 persons. Seven percent (6.5%) of the population is under the age of 5 and 19.7% is over 65 years old. Hispanic or Latinos make up 6.3% of the population and there are 84.1% of Montgomery County citizens living in the same house as 1 year ago. In Montgomery County, children in single parent households make up 36%. There are 2,613 Veterans living in Montgomery County.

TAB 2. The per capita income in Montgomery County is \$22,823, and 16.8% of the population is in poverty. There is a severe housing problem of 15%. There is an unemployment rate of 5.2%. Food insecurity is 17%, and limited access to a store (healthy foods) is 10%.

TAB 3. Children eligible for a free or reduced-price lunch is at 65% and 89.2% of students graduate high school while 18.7% of students get their bachelor’s degree or higher in Montgomery County.

TAB 4. The percent of births where prenatal care started in the first trimester is 73%. Births where mothers have smoked during the pregnancy is at 14.5% and the percent of babies born prematurely is 9.1%. Sixty-seven percent (67.1%) of infants up to 24 months received full immunizations while 7.8% of births occur to teens.

TAB 5. There is one primary care physician per 3,270 people in Montgomery County. Patients who gave their hospital a rating of 9 or 10 out 10 are 71% and there are 64% of patients who reported Yes, They Would Definitely Recommend the Hospital.

TAB 6. Medicare population getting treated for depression in Montgomery County is 21.2%. There are 3.7 days out of the year that are poor mental health days.

TAB 7. Forty percent (40%) of adults in Montgomery County are obese (based on 2019), with 32% of the population physically inactive. Sixteen percent (16%) of adults drink excessively and 19% smoke. Hypertension (59.5%) and Hyperlipidemia (37.6%) risk are higher than the comparative norm.

TAB 8. The adult uninsured rate for Montgomery County is 12%.

TAB 9. The life expectancy rate in Montgomery County is 73.9 for Males and 78.6 for Females. The age-adjusted cancer mortality rate (176.3) and age-adjusted heart disease mortality rate (253.3) are higher than the comparative norm.

TAB 10. Seventy-five percent (75%) of Montgomery County has access to exercise opportunities and 14% monitor diabetes. Thirty-four percent (34%) of women in Montgomery County get annual mammography screenings.

Key 2019 Community Feedback Conclusions: Stakeholder feedback from residents, community leaders and providers (N=296) provided the following community insights via an online perception survey:

- Using a Likert scale, 53.7% of Montgomery County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Montgomery County stakeholders are satisfied with the following services: Ambulance Services, Eye Doctors, Hospice, and Pharmacy.
- When considering past CHNA needs: Drugs / Substance Abuse, Obesity, Mental Health, Chronic Diseases, Primary Care Providers, Economic Development, Cancer and Poverty came up.

CHNA Wave #3 - Year 2019		Coffeyville KS PSA N=296			
Past CHNAs health needs identified		Ongoing Problem		Pressing	
#	Topic	Votes	%	Trend	RANK
1	Drugs/ Substance Abuse	154	79.4%		1
2	Obesity (Nutrition / Exercise / Wellness)	138	71.1%		4
3	Mental Health / Illness	130	67.0%		2
4	Chronic Diseases (Diabetes, Heart Disease, Hypertension, Respiratory Disease, etc)	122	62.9%		3
5	Cancer	102	52.6%		8
6	Poverty	97	50.0%		7
7	Primary Care Providers	96	49.5%		5
8	Alcohol	84	43.3%		11
9	Economic Development (Seek Entrepreneurs, Address Unemployment)	80	41.2%		6
10	Abuse / Violence	77	39.7%		10
11	Affordable/ Safe Housing	69	35.6%		9
12	Tobacco	65	33.5%		14
13	Teen Pregnancy	50	25.8%		12
14	Family Planning	39	20.1%		13
15	Suicide	36	18.6%		20
16	STDs	31	16.0%		15
17	Vaccinations	20	10.3%		16
18	Water Quality	16	8.3%		17
19	Lead Exposure	8	4.1%		18
20	Ozone	3	1.6%		19

II. Methodology

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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.).

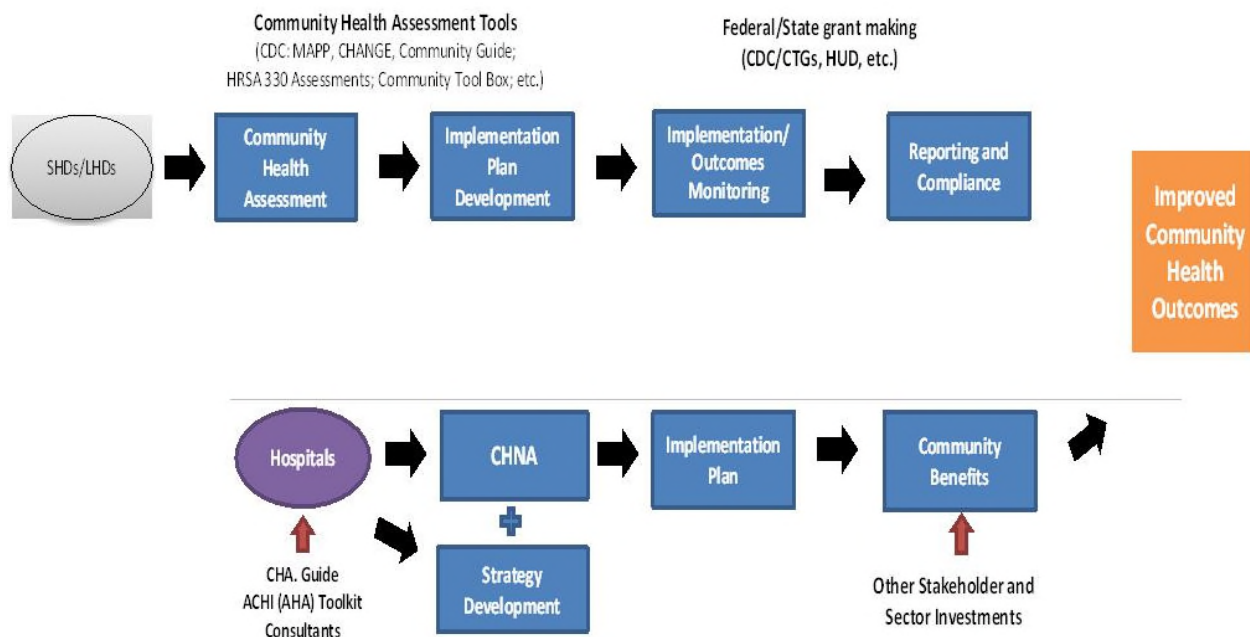
JOB #2: Making a CHNA Widely Available to the Public

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 Notice 2011-52 Overview

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

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

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

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

ACCOUNTING TODAY 1/2/15

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

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

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

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

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

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

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

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

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

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

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

RICH DALY, HFMA SENIOR WRITER/EDITOR

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

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

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

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

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

Reasons for Revocation

Hospital 501(r) requirements include:

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

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

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

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

Widespread Vulnerability

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

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

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

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

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

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

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

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

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

Public Health Criteria:

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

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

DOMAIN 1 includes 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

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:

Coffeyville Regional Medical Center

1400 W 4th St, Coffeyville, KS 67337
Interim CEO: Sarah Hoy, BSN, CPPS
Phone: (620) 251-1200

About: Coffeyville Regional Medical Center (CRMC) is a 501(c)3 non-profit, city-owned hospital licensed for 88 beds. On an annual basis, we serve over 45,000 patients from Montgomery, Chautauqua, Labette, Allen, Neosho and Wilson counties in Kansas, as well as Nowata and Craig counties in Oklahoma. Established in 1949, CRMC has grown over the years and expanded its facilities and technology to stay current with today's world. Our mission is to serve our patients and families with the highest quality healthcare.

As a rural hospital, CRMC is surprising because of its large size and wide variety of services. Although we can provide many of the same services you will find in a big city, we take great pride in our friendly and caring staff. Our physicians have lived, worked and been involved in our community for many years. Some have been here 30-plus years; they know you, not only as a patient, but as a friend and neighbor.

Whether you are a patient, family member or visitor, we want you to feel like part of our family when you come through our doors. Any hospital can provide nursing care, but we believe that we go beyond, providing great care with a "tender loving" touch. If you haven't visited CRMC in a while, please choose us, your neighbor, the next time you need hospital services. Come and feel the difference.

Services: Coffeyville Regional Medical Center offers a complete continuum of healthcare services. Physicians and other clinical staff are dedicated to serving the Coffeyville community through primary care and advanced medical specialties.

From newborns to end-of-life support, to all the needs in between, the physicians and staff of Coffeyville Regional Medical Center are committed to treating each patient with compassionate, quality health care.

- CANCER/ONCOLOGY SERVICES
 - JERRY MARQUETTE RADIATION ONCOLOGY CENTER
 - TATMAN CANCER CENTER
- CARDIOLOGY
 - PACEMAKER CLINIC
- DIAGNOSTIC TESTING & IMAGING
 - INTERVENTIONAL RADIOLOGY
- EMERGENCY DEPARTMENT
 - EMERGENCY MEDICAL SERVICES (EMS)
 - SANE/SART EDUCATION
- HOME HEALTH
- INPATIENT CARE
- LABORATORY
- OCCUPATIONAL HEALTH
- ORTHOPEDIC SERVICES
 - SELF-ASSESSMENT: HIP & KNEE PAIN
 - SELF-ASSESSMENT: NECK & BACK PAIN
- OUTPATIENT SERVICES
- PAIN MANAGEMENT
- REHABILITATION
 - AQUATIC SERVICES
 - ARTHRITIS
 - CARDIAC REHABILITATION
 - PHYSICAL THERAPY
 - RESPIRATORY THERAPY
 - SWING BEDS
 - SPEECH THERAPY
 - VITALSTIM THERAPY
- SURGICAL SERVICES
 - EYE SURGERY
 - GENERAL SURGERY
 - GYNECOLOGICAL SURGERY
 - NEUROSURGERY
 - ORTHOPEDIC SURGERY
 - UROLOGICAL SURGERY
- UROLOGY
- WOMEN'S HEALTH
 - CHILDBIRTH PROGRAM
- WOUND CARE & HYPERBARIC MEDICINE

Montgomery County Health Department

908 S Walnut, Coffeyville KS 67337

Phone: (620) 251-4210

217 E Myrtle, Independence, KS 67301

Phone: (620) 331-4300

Administrator: Carolyn Muller, RN

The health department offers a variety of services to prevent disease, promote healthy lifestyle behaviors, and protect the community at large from communicable diseases. Our offices are open 8:30-12:00 and 1:00-5:00 Monday- Friday. Walk In immunization clinics are held each Tuesday 8:30-11:30 and 1:00-4:30. All other services are by appointment.

Our services include Car Seat Checks, Child Care Licensing, Child Health, Chronic Disease Risk Reduction, Community Health Screenings & Education, Disease Investigation, Emergency Preparedness, Healthy Start Home Visits, Immunizations, Allergy or Hormone Injections with doctor's orders, Maternal & Infant program, Teen Pregnancy program, and Women's Health.

Mission: The Mission of the Montgomery County Health Department is to prevent disease and prolong life through organized community effort and cooperation among health care providers, business and industry, schools, civic and professional organizations. There will be an emphasis on control of communicable diseases, personal hygiene, early diagnosis and preventative treatment of diseases, and sanitation of the environment.

The 10 Essential Public Health Services describe the public health activities that all communities should undertake and serve as the framework for the NPHPS instruments.

Public health systems should...

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications



VVV Consultants LLC

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

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

VVV@VandehaarMarketing.com

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

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

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

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

Collaborating Support:

Tessa Taylor BBA BA - VVV Consultants LLC

Lead Consultant

II. Methodology

c) CHNA and Town Hall Research Process

Wave #3 Community Health Needs Assessment (CHNA) process began in April 2019 for Coffeyville Regional Medical Center (CRMC) to meet IRS CHNA requirements.

In April, a meeting was called by CRMC (Montgomery County, KS) to review possible CHNA collaborative options, in collaboration with Montgomery County Health Department. 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 CRMC requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

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

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

CRMC Primary Service Area - YR2018-16				177295	(I/O/E/C)	
ZIP	City	ST	County	Total 3YR	ACCUM	%
67337	COFFEYVILLE	KS	MONTGOMERY	97,802	55.2%	55.2%
67301	INDEPENDENCE	KS	MONTGOMERY	27,321	70.6%	15.4%
67333	CANEY	KS	MONTGOMERY	7,180	74.6%	4.0%
67335	CHERRYVALE	KS	MONTGOMERY	3,993	76.9%	2.3%
67340	DEARING	KS	MONTGOMERY	3,044	78.6%	1.7%
67351	LIBERTY	KS	MONTGOMERY	1,971	79.7%	1.1%
67344	ELK CITY	KS	MONTGOMERY	900	80.2%	0.5%
67347	HAVANA	KS	MONTGOMERY	769	80.6%	0.4%
67363	SYCAMORE	KS	MONTGOMERY	107	80.7%	0.1%
74072	S COFFEYVILLE	OK	NOWATA	7,798	85.1%	4.4%

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

Coffeyville Regional (Montgomery Co KS) - CHNA Wave #3

Option C - Project Timeline and Roles 2019

Step	Date (Start-Finish)	Lead	Task
1	4/1/2019	VVV	Sent VVV quote for review.
2	4/4/2019	Hosp	Select CHNA Option A/B/C. Approve and sign VVV CHNA quote.
3	4/25/2019	VVV	Hold Kickoff call. Send out REQCommInvite Excel file. Hospital to fill in PSA stakeholders names, addresses and emails.
4	4/25/2019	VVV	Request client to send KHA PO101, PO103 and TOT223 PO Reports for FFY 16, 17 and 18. In addition, request three year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls).
5	On or before 05/1/2019	VVV	Prepare CHNA Wave #3 stakeholder feedback online link. Send text link for hospital review.
6	On or before 05/1/2019	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming CHNA work. Hospital to place.
7	On or before 05/1/2019	VVV / Hosp	Prepare Email request to Roster Stakeholders announcing online CHNA Wave #3 feedback. BCC email from Hospital Administration.
8	By 05/17/2019	VVV	Launch and conduct online survey to stakeholders. Hospital Admin will e-mail announcement to participate to all stakeholders. (Survey to end June 21, 2019)
9	June-July 2019	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
10	On or before 07/24/2019	Hosp	Prepare and send out community Town Hall invite letter and place local ad.
11	On or before 07/24/2019	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming Town Hall. VVV will mock up PR release to media sources.
12	TBD Week prior to Town Hall	All	Conduct conference call (<i>time TBD</i>) with hospital and health department to review Town Hall data and flow.
13	Thursday, August 22nd, 2019 (11:30am-1:00pm)	VVV	Conduct CHNA Town Hall from 11:30 a.m. to 1:00 p.m. at CRMC in the Conference Center - 4th Floor. Review and discuss basic health data plus rank health needs.
14	On or before 10/25/2019	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital and health department.
15	On or before 11/15/2019	VVV	Produce and release final CHNA report. Hospital will post CHNA online.
16	30 days prior to end of hospital fiscal year	TBD	Hold board meetings to discuss CHNA needs and create and adopt an Implementation Plan. Communicate CHNA plan to community.

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

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

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

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

Phase III—Quantify Community Need:

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

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

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

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

Phase I: Discovery.....	April 2019
Phase II: Secondary / Primary Research.....	May - Aug 2019
Phase III: Town Hall Meeting.....	Aug 22, 2019
Phase IV: Prepare / Release CHNA report.....	Sept - Oct 2019

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 and 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 and 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	

Overview of Town Hall Community Priority Setting Process

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

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

Coffeyville Regional Medical Center (Montgomery Co, KS), in collaboration with Montgomery County Health Department, town hall meeting was held on Thursday, August 22nd, 2019 from 11:30 a.m. to 1:00 p.m. at CRMC – 4th Floor Conference room (1400 W. 4th St. Coffeyville, KS 67337). Vince Vandehaar facilitated this 1 ½ hour session with twenty-eight (28) attendees. (Note: a detailed roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

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

At the end of each Town Hall session, VVV encouraged all community members to continue to contribute ideas to both hospital / health department leaders via e-mail or personal conversations. NOTE: To review detail Town Hall discussion content, please turn to Section V for detailed notes of session and activity card content reporting strengths & items to change or improve.

Community Health Needs Assessment Town Hall Meeting – on behalf of Coffeyville Regional Medical Center Montgomery County, KS



Vince Vandehaar, MBA
VVV Consultants LLC
Principal / Adjunct Full Professor

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

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Community Health Needs Assessment (CHNA) Town Hall Discussion Agenda

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

2

I. Introduction:

Background and Experience



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

- > Professional Consulting Services: Strategic Planning, Marketing Management, Business Research & Development
- > Focus: Strategy, Research, Deployment
- > 30+ years of experience with Tillinghast, BCBSKC, Saint Luke's

Adjunct Full Professor - Marketing & MHA 31+ years

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

Tessa Taylor, BBA BA – Lead Consultant

- > University of Wisconsin-Whitewater
- > AMA Chapter President (2 years)
- > KAHCC Member, AMAKC SIG Board Member



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Town Hall Participation (You)

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

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I. Introductions: A Conversation with the Community

Community members and organizations invited to CHNA Town Hall

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

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

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

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

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II. Review CHNA Definition

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

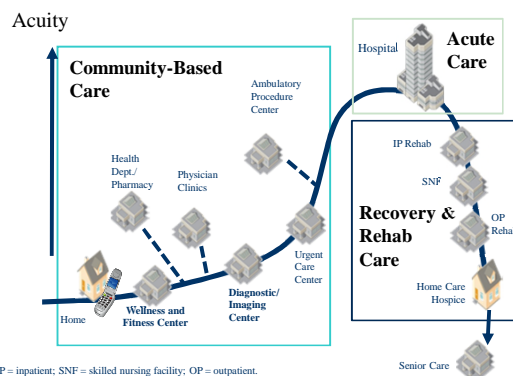
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Purpose—Why Conduct a CHNA?

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

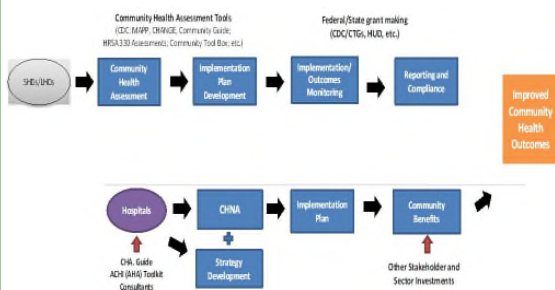
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Future System of Care—Sg2



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



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II. IRS Hospital CHNA Written Report Documentation

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

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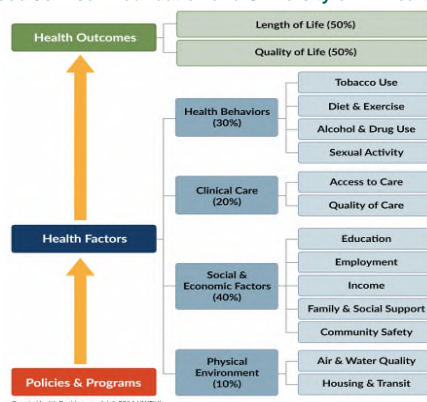
III. Review Current County Health Status: Secondary Data by 10 Tab Categories & State Rankings

Trends: Good Same Poor

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

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County Health Rankings - Robert Wood Johnson Foundation and University of WI Health Institute



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1. Physical Environment (10%)			2b. Social and Economic Environment (40%)		
Focus Area	Measure	Description	Focus Area	Measure	Description
Air and water quality (5%)	Air pollution particulate matter	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	Community safety (5%)	Violent crime	Violent crime rate per 100,000 population
	Drinking water sanitation	Percent of population potentially exposed to water exceeding a violation limit during the past year		Injury deaths	Injury mortality per 100,000
	Severe housing problems	Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	3. Health Outcomes (30%)		
Housing and transit (5%)	Driving alone to work	Percent of the workforce that drives alone to work	Health Behaviors		
	Time commutes driving alone	Among workers who commute in that car alone, the percent that commutes more than 30 minutes	4. Clinical Care (20%)		
2a. Clinical Care (20%)	Measure	Description	Focus Area	Measure	Description
Access to care (10%)	Uninsured	Percent of population under age 65 without health insurance	Tobacco use, Diet and Exercise (10%)	Adult smoking	Percent of adults that report smoking >= 100
	Primary care physicians	Ratio of population to primary care physicians		Adult obesity	Percent of adults that report a BMI >= 30
	Dentists	Ratio of population to dentists	Food environment index	Physical inactivity	Percent of adults aged 20 and over reporting no access to exercise opportunities
Quality of care (10%)	Mental health providers	Ratio of population to mental health providers		Excessive drinking	Percent of adults reporting binge plus heavy drinking
	Preventable hospital stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	Alcohol and drug use (5%)	Alcohol-impaired driving deaths	Percent of driving deaths with alcohol involvement
	Diabetic screening	Percent of diabetic Medicare enrollees that receive diabetic screening		Sexual activity (5%)	Chlamydia rate per 100,000 population
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening	Teen births	Teen births	Teen birth rate per 1,000 female population, ages 15-19
2b. Social and Economic Environment (40%)	Measure	Description	2b / 3c. Morbidity / Mortality	Measure	Description
Education (10%)	High school graduation	Percent of ninth grade cohort that graduates in 4 years	Quality of Life (10%)	Poor or fair health	Percent of adults reporting fair or poor health (age-adjusted)
	Some college	Percent of adults aged 25-44 years with some post-secondary education		Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
Employment (10%)	Unemployment	Percent of population age 16+ unemployed but seeking work	Poor mental health days	Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)
Income (10%)	Children in poverty	Percent of children under age 18 in poverty		Low birthweight	Percent of live births with low birthweight (< 5,000 grams)
	Inadequate social support	Percent of adults without social/emotional support	Length of life (10%)	Premature death	Years of potential life lost before age 70 per 100,000 population (age-adjusted)
Family and social support (5%)	Children in single-parent households	Percent of children that live in households headed by single parent			

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IV. Collect Community Health Perspectives

Ask your opinion. Your thoughts?

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

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Have We Forgotten Anything?

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

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Community Health Needs Assessment

Questions; Next Steps?

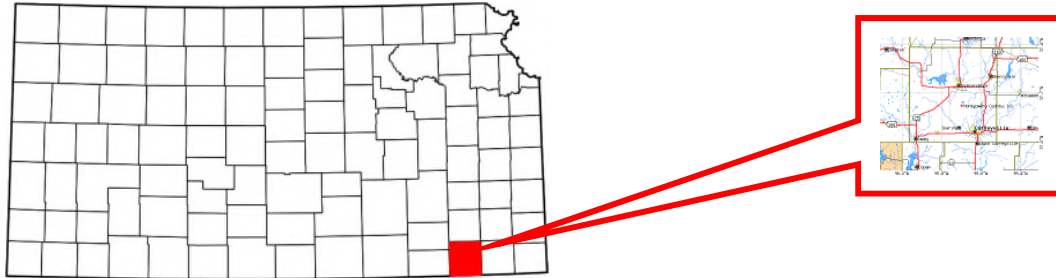
VVV Consultants LLC
VVV@VandehaarMarketing.com
(913) 302-7264

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II. Methodology

d) Community Profile (A Description of Community Served)

Montgomery County, Kansas Community Profile



The population of Montgomery County was estimated to be 33,064 citizens in 2019 and a population density of 51 persons per square mile. Montgomery County's major cities are Caney, Cherryvale, Coffeyville, Dearing, Elk City, Havana, Independence, Liberty and Tyro.

Montgomery County (KS) Public Airports¹

Name	USGS Topo Map
Caney Sheperd Center Heliport	Caney
Coffeyville Memorial Hospital Heliport	Coffeyville West
Coffeyville Municipal Airport	Coffeyville East
Coffeyville Regional Medical Center Heliport	Coffeyville West
Darbro Field	Elk City
Harmony Valley Airport	Liberty
Independence Municipal Airport	Bolton
Patterson Farms Airport	Bolton

¹ <https://kansas.hometownlocator.com/features/cultural/class/airport,scfips,20125.cfm>

Montgomery County (KS): Public Schools²

Name	Address	Phone	Levels
Caney Valley Charter Academy	601 E. Bullpups Blvd Caney, KS 67333	620-879-9232	9-12
Caney Valley High	601 E. Bullpup Blvd Caney, KS 67333	620-879-9220	7-12
Cherryvale Sr / Middle School	700 S Carson Cherryvale, KS 67335	620-336-8100	7-12
Community Elementary	102 S Cline Coffeyville, KS 67337	620-252-6430	PK-6
Eisenhower Elem	501 Spruce Independence, KS 67301	620-332-1854	PK-2
Field Kindley High	1110 W 8th Coffeyville, KS 67337	620-252-6410	9-12
Independence Middle	300 W Lucust Independence, KS 67301	620-332-1836	6-8
Independence Sr High	1301 N 10th Independence, KS 67301	620-332-1815	K-12
Lincoln Central Elem	401 E Main Cherryvale, KS 67335	620-336-8140	PK-6
Lincoln Memorial Elem	201 E First Caney, KS 67333	620-879-9240	PK-6
Roosevelt Middle	1000 W 8th Coffeyville, KS 37337	620-252-6420	7-8

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

ERSI Demographics - Montgomery Co (KS)										
Zip	Name	ST	County	Population			Households			Per Capita
				YR 2018	YR 2023	Chg.	YR 2018	YR 2023	Size	Inc 18
67301	Independence	KS	MONTGOMERY	12892	12246	-5.0%	5124	4835	2	\$24,466
67333	Caney	KS	MONTGOMERY	3170	2975	-6.2%	1227	1145	3	\$20,193
67335	Cherryvale	KS	MONTGOMERY	3330	3174	-4.7%	1298	1231	3	\$19,535
67337	Coffeyville	KS	MONTGOMERY	12726	12060	-5.2%	5138	4833	2	\$21,978
67340	Dearing	KS	MONTGOMERY	343	329	-4.1%	152	145	2	\$25,527
67344	Elk City	KS	MONTGOMERY	709	678	-4.4%	293	279	2	\$23,491
67347	Havana	KS	MONTGOMERY	359	360	0.3%	149	149	2	\$26,401
67351	Liberty	KS	MONTGOMERY	554	533	-3.8%	226	216	2	\$24,586
67363	Sycamore	KS	MONTGOMERY	27	28	3.7%	12	12	2	\$26,756
Totals				34,110	32,383	-5.1%	13,619	12,845	2	\$23,659
Zip	Name	ST	County	Pop18 65+	Pop18 <=18	Females	White	Black	Amer. Ind.	Hisp.
67301	Independence	KS	MONTGOMERY	2490	3470	6521	10881	752	221	897
67333	Caney	KS	MONTGOMERY	599	762	1605	2694	26	183	162
67335	Cherryvale	KS	MONTGOMERY	646	851	1654	3119	29	47	133
67337	Coffeyville	KS	MONTGOMERY	2705	3174	6564	9349	1242	611	1046
67340	Dearing	KS	MONTGOMERY	75	67	163	289	4	17	6
67344	Elk City	KS	MONTGOMERY	186	145	332	663	3	15	9
67347	Havana	KS	MONTGOMERY	88	78	176	310	2	23	4
67351	Liberty	KS	MONTGOMERY	133	114	269	513	6	11	11
67363	Sycamore	KS	MONTGOMERY	4	8	13	25	0	1	1
Totals				6,926	8,669	17,297	27,843	2,064	1,129	2,269
Percentages				20.3%	25.4%	50.7%	81.6%	6.1%	3.3%	6.7%

III. Community Health Status

[VVV Consultants LLC]

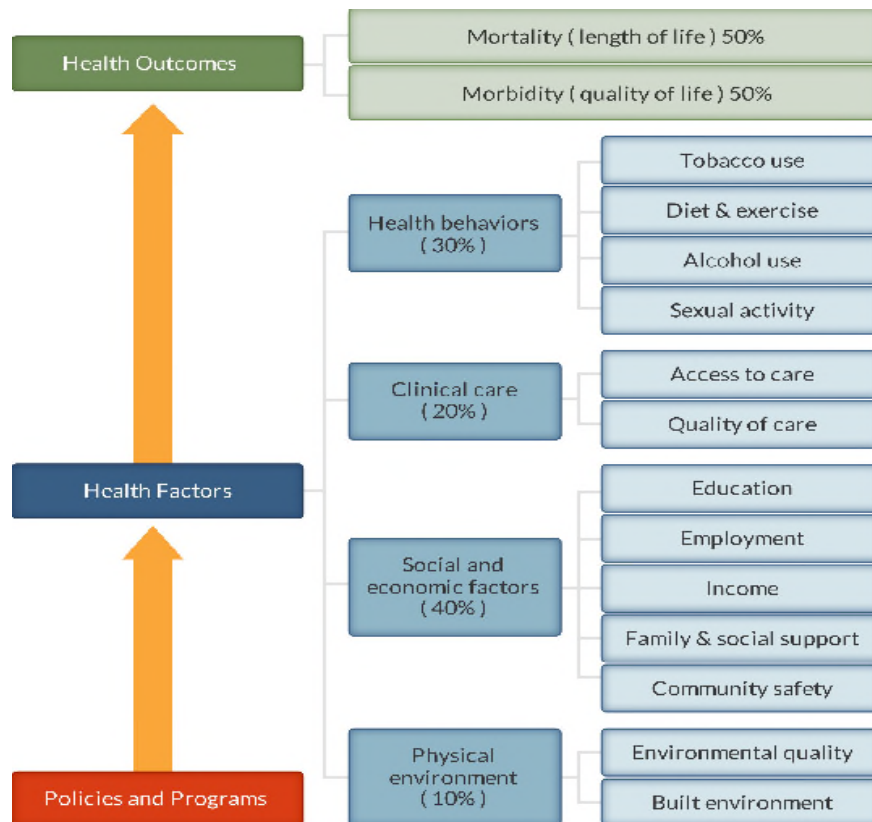
III. Community Health Status

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 2019 RWJ County Health Rankings and conversations from Town Hall participants. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*. As seen below, RWJ's model use a number of health factors to rank each county.>



County Health Rankings model ©2012 UWPHI

National Research – Year 2019 RWJ Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Montgomery Co KS	TREND	KS Rural 25 Norm
1	Health Outcomes		98		52
2	Mortality	Length of Life	96		54
3	Morbidity	Quality of Life	98		48
4	Health Factors		101		57
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	98		59
6	Clinical Care	Access to care / Quality of Care	66		45
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	101		57
8	Physical Environment	Environmental quality	94		66
KS Rural 25 Norm includes the following counties: Russell, Ellsworth, Rice, Lincoln, McPherson, Butler, Cowley, Lyon, Greenwood, Marion, Harvey, Montgomery, Labette, Chautauqua, Wilson, Dickinson, Clay, Marion, Morris, Atchison, Jackson, Brown, Jefferson, Nemaha, Doniphan, Pottawatomie.					
http://www.countyhealthrankings.org , released 2019					

PSA Secondary Research:

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

Tab 1 Demographic Profile

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

Tab	Health Indicator	Montgomery Co KS	Trend	State of KS	KS Rural 25 Norm	Source
1a	a Population estimates, July 1, 2017, (V2017)	32,556		2,913,123	17,601	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	-8.2%		2.1%	-3.3%	People Quick Facts
	c Population per square mile, 2010	55		35	24	Geography Quick Facts
	d Persons under 5 years, percent, July 1, 2017, (V2017)	6.5%		6.6%	6.0%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2017, (V2017)	19.7%		15.4%	19.9%	People Quick Facts
	f Female persons, percent, July 1, 2017, (V2017)	50.5%		50.2%	49.9%	People Quick Facts
	g White alone, percent, July 1, 2017, (V2017)	84.8%		86.5%	92.6%	People Quick Facts
	h Black or African American alone, percent, July 1, 2017	5.5%		6.2%	1.9%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2017, (V2017)	6.3%		11.9%	5.6%	People Quick Facts
	j Foreign born persons, percent, 2013-2017	3.5%		7.0%	2.0%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	4.5%		11.5%	3.9%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2013-2017	84.1%		83.7%	85.8%	People Quick Facts
	m Children in single-parent households, percent, 2013-2017	36.0%		29.0%	27.6%	County Health Rankings
	n Total Veterans, 2012-2016	2,613		185,292	1,246	People Quick Facts

Tab 2 Economic/Business Profile

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

Tab	Health Indicator	Montgomery Co KS	Trend	State of KS	KS Rural 25 Norm	Source
2	a Per capita income in past 12 months (in 2017 dollars), 2013-2017	\$22,823		\$29,600	\$25,530	People Quick Facts
	b Persons in poverty, percent	16.8%		11.9%	12.6%	People Quick Facts
	c Total Housing units, July 1, 2017, (V2017)	16,476		1,273,742	8,146	People Quick Facts
	d Total Persons per household, 2013-2017	2.4		2.5	2.4	People Quick Facts
	e Severe housing problems, percent, 2011-2015	15.0%		13.0%	10.6%	County Health Rankings
	f Total of All firms, 2012	2,589		239,118	1,474	Business Quick Facts
	g Unemployment, percent, 2017 (Percentage of population ages 16 and older unemployed but seeking work)	5.2%		3.6%	3.7%	County Health Rankings
	h Food insecurity, percent, 2016	17.0%		13.0%	13.1%	County Health Rankings
	i Limited access to healthy foods, percent, 2015	10.0%		8.0%	8.0%	County Health Rankings
	j Low income and low access to store, percent, 2015 (% of people in a county with low income and living more than 10 miles from a supermarket or large grocery store if in a rural area.)	9.7%		NA	8.1%	U.S. Department of Agriculture - Food Environment Atlas
	k Long commute - driving alone, percent, 2013-2017 (Percentage that commute more than 30 minutes)	16.0%		82.0%	24.9%	County Health Rankings

Tab 3 Educational Profile

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

Tab	Health Indicator	Montgomery Co KS	Trend	State of KS	KS Rural 25 Norm	Source
3	a Children eligible for free or reduced price lunch, percent, 2016-2017	65.0%		48.0%	50.3%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2013-2017	89.2%		90.5%	90.9%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	18.7%		32.3%	22.1%	People Quick Facts

#	CHNA 2019 Indicators	CANEY VALLEY USD 436	COFFEYVILLE USD 445	CHERRYVALE USD 447
1	Total # Public School Nurses	1	3	1
2	School Nurse is part of the IEP team		YES	
3	School Wellness Plan (Active)		YES	
4	VISION: # Screened / Referred to Prof / Seen by Professional		789/unk/unk	567/unk/unk
5	HEARING: # Screened / Referred to Prof / Seen by Professional		789/29/unk	567/17/unk
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	621/81/unk	1350/324/237	675/179/unk
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional		N/A	
8	# of Students served with no identified chronic health concerns			
9	School has a suicide prevention program			
10	Compliance on required vaccinations (%)			

Tab 4 Maternal and Infant Profile

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

#	Criteria - Vital Statistics	Montgomery Co KS	Trend	Kansas	KS Rural 25 Norm
a	Total Live Births, 2013	427		38,805	214
b	Total Live Births, 2014	453		39,193	214
c	Total Live Births, 2015	447		39,126	214
d	Total Live Births, 2016	385		38,048	210
e	Total Live Births, 2017	350		36,464	202
f	Total Live Births, 2018	359		36,247	201

Tab 4 Maternal and Infant Profile (Continued)

Tab		Health Indicator	Montgomery Co KS	Trend	State of KS	KS Rural 25 Norm	Source
4	a	Percent of Births Where Prenatal Care began in First Trimester, 2015-2017	73.0%		81.2%	80.6%	Kansas Health Matters
	b	Percentage of Premature Births, 2015-2017	9.1%		9.1%	9.2%	Kansas Health Matters
	c	Percent of Infants up to 24 months that received full Immunizations, 2016-2017	67.1%		69.2%	71.1%	Kansas Health Matters
	d	Percent of Births with Low Birth Weight, 2015-2017	7.2%		7.1%	6.6%	Kansas Health Matters
	e	Percent of WIC Mothers Breastfeeding Exclusively, percent, 2017	9.6%		13.8%	17.1%	Kansas Health Matters
	f	Percent of all Births Occurring to Teens (15-19), 2015-2017	7.8%		5.9%	6.0%	Kansas Health Matters
	g	Percent of Births Occurring to Unmarried Women, 2015-2017	26.0%		35.9%	33.9%	Kansas Health Matters
	h	Percent of births Where Mother Smoked During Pregnancy, 2015-2017	14.5%		10.5%	15.1%	Kansas Health Matters

Tab 5 Hospitalization/Provider Profile

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

Tab		Health Indicator	Montgomery Co KS	Trend	State of KS	KS Rural 25 Norm	Source
5	a	Primary care physicians (MD or DO only) Ratio of population to PCP, 2019	3,270:1		1,310:1	1,966:1	County Health Rankings
	b	Preventable hospital stays, 2016 (lower the better) Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	4,516		4,078	4,459	County Health Rankings
	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	71.0%		77.0%	79.7%	CMS Hospital Compare, 10/1/2015-9/30/2016
	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	64.0%		77.0%	76.6%	CMS Hospital Compare, 10/1/2015-9/30/2016
	e	Average Time Patients Spent in the Emergency Dept. Before They Were Seen by a HC Professional (Minutes)	66		40	42	CMS Hospital Compare, 10/1/2015-9/30/2016

Tab 5 Hospitalization/Provider Profile (Continued)

#	KHA PO103	Montgomery County, KS			
		Trend	FFY18	FFY17	FFY16
1	Total Discharges		2,911	2,969	2,471
2	Total IP Discharges-Age 0-17 Ped		182	159	172
3	Total IP Discharges-Age 18-44		225	213	202
4	Total IP Discharges-Age 45-64		566	557	493
5	Total IP Discharges-Age 65-74		473	486	376
6	Total IP Discharges-Age 75+		699	732	515
7	Psychiatric		257	228	216
8	Obstetric		287	319	267
#	KHA PO103	Coffeyville Regional Medical Center			
		Trend	FFY18	FFY17	FFY16
1	Total Discharges		1,434	1,578	1,230
2	Total IP Discharges-Age 0-17 Ped		27	26	31
3	Total IP Discharges-Age 18-44		99	91	81
4	Total IP Discharges-Age 45-64		252	243	192
5	Total IP Discharges-Age 65-74		211	261	182
6	Total IP Discharges-Age 75+		424	455	277
7	Psychiatric		15	21	7
8	Obstetric		205	239	222

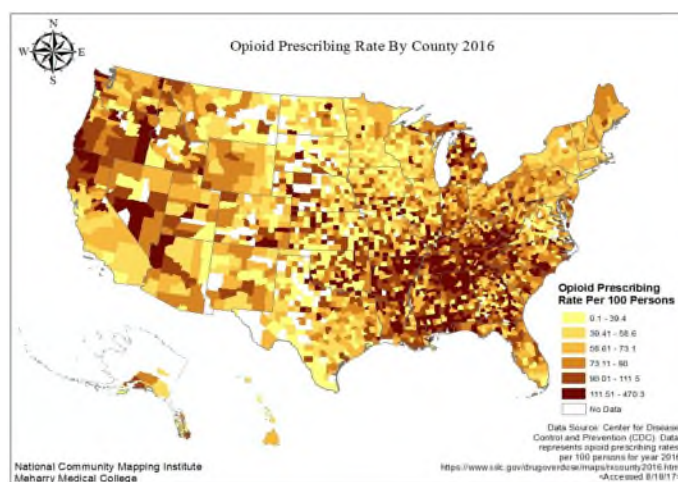
Tab 6 Behavioral Profile

Behavioral healthcare provides another important indicator of community health status.

Tab		Health Indicator	Montgomery Co KS	Trend	State of KS	KS Rural 25 Norm	Source
6	a	Depression: Medicare Population, percent, 2017	21.2%		18.9%	17.7%	CMS (OEDA), Jan 2019
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2015-2017 (lower is better)	15.4		17.6	21.5	Kansas Health Matters
	c	Poor mental health days, 2019	3.7		3.3	3.3	County Health Rankings

Tab 6 Behavioral Profile (Continued)

Opioid Prescription Rate per 100 – 2017 (Montgomery Co = 115.7 and Kansas = 69.8)



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	Health Indicator	Montgomery Co KS	Trend	State of KS	KS Rural 25 Norm	Source
7a	a Adult obesity, percent, 2019	40.0%		33.0%	35.6%	County Health Rankings
	b Adult smoking, percent, 2019	19.0%		17.0%	16.6%	County Health Rankings
	c Excessive drinking, percent, 2019	16.0%		17.0%	15.9%	County Health Rankings
	d Physical inactivity, percent, 2019	32.0%		24.0%	28.1%	County Health Rankings
	e Poor physical health days, 2019	3.6		3.1	3.2	County Health Rankings
	f Sexually transmitted infections, rate per 100,000, 2019	363.2		417.6	252.5	County Health Rankings

Tab 7b Risk Indicators & Factors Profile (Continued)

Tab	Health Indicator	Montgomery Co KS	Trend	State of KS	KS Rural 25 Norm	Source
7b	a Hypertension: Medicare Population, 2017	59.5%		55.2%	55.4%	CMS (OEDA), Jan 2019
	b Hyperlipidemia: Medicare Population, 2017	37.6%		37.1%	33.2%	CMS (OEDA), Jan 2019
	c Heart Failure: Medicare Population, 2017	13.5%		13.4%	14.1%	CMS (OEDA), Jan 2019
	d Chronic Kidney Disease: Medicare Pop, 2017	19.9%		21.8%	20.0%	CMS (OEDA), Jan 2019
	e COPD: Medicare Population, 2017	12.5%		11.9%	13.0%	CMS (OEDA), Jan 2019
	f Atrial Fibrillation: Medicare Population, 2017	7.5%		8.8%	9.1%	CMS (OEDA), Jan 2019
	g Cancer: Medicare Population, 2017	7.1%		8.1%	8.0%	CMS (OEDA), Jan 2019
	h Osteoporosis: Medicare Population, 2017	4.1%		6.1%	5.2%	CMS (OEDA), Jan 2019
	i Asthma: Medicare Population, 2017	3.4%		4.3%	3.7%	CMS (OEDA), Jan 2019
	j Stroke: Medicare Population, 2017	3.3%		3.1%	2.9%	CMS (OEDA), Jan 2019

Tab 8a Uninsured Profile/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		Health Indicator	Montgomery Co KS	Trend	State of KS	KS Rural 25 Norm	Source
8	a	Uninsured, percent, 2019 (Percentage of population under age 65 without health insurance)	12.0%		10.0%	10.0%	County Health Rankings

2019 Source Hospital Internal Records					
	Coffeyville Regional Medical Center	YR 2016	YR 2017	YR 2018	Trend
1	Bad Debt (Gross Charges)	\$4,752,768	\$3,673,897	\$3,791,916	
2	Charity Care (Gross Charges)	\$1,875,083	\$2,373,574	\$1,765,789	

Currently, the local Health Department is providing the following:

Source: Internal Records - Montgomery County Health Department				
	Local Health Dept Programs	YR 2016	YR 2017	YR 2018
1	Child Care Inspections (#)	157	133	82
2	Screenings: Blood pressure / STD (#)	175	159	200
3	Vaccine - received from State (\$\$)	\$155,604	\$126,427	\$126,227
4	Vaccine \$\$	\$2,685	\$2,212	\$2,212
5	WIC Administration	<u>N/A</u>	<u>700</u>	<u>700</u>

Tab 9 Mortality Profile

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

Tab		Health Indicator	Montgomery Co KS	Trend	State of KS	KS Rural 25 Norm	Source
9	a	Life Expectancy for Males, 2015	73.9		76.5	76.1	Kansas Health Matters
	b	Life Expectancy for Females, 2015	78.6		81.0	80.7	Kansas Health Matters
	c	Age-adjusted Cancer Mortality Rate per 100k population, 2015-2017 (lower is better)	176.3		158.8	165.8	Kansas Health Matters
	d	Age-adjusted Heart Disease Mortality Rate per 100k population, 2015-2017 (lower is better)	253.3		157.2	181.9	Kansas Health Matters
	e	Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100k population, 2015-2017 (lower is better)	54.4		49.7	56.2	Kansas Health Matters
	f	Alcohol-impaired driving deaths, percent, 2013-2017	22.0%		24.0%	28.0%	County Health Rankings

Tab 9 Mortality Profile (Continued)

Causes of Death by County of Residence, KS 2017	Montgomery Co KS	%	Trend	KS	%
Total Deaths 2017	459	100.0%		26,725	100.0%
All other forms of chronic ischemic heart disease	87	19.0%		2,004	7.5%
All other diseases (residual)	52	11.3%		3,045	11.4%
Malignant neoplasms of trachea / bronchus / lung	23	5.0%		1,367	5.1%
Diabetes mellitus	23	5.0%		864	3.2%
Cerebrovascular diseases	20	4.4%		1,327	5.0%
Other chronic lower respiratory diseases	15	3.3%		1,677	6.3%
Acute myocardial infarction	14	3.1%		863	3.2%
Malignant neoplasms of colon/rectum/anus	14	3.1%		507	1.9%
All other forms of heart disease	13	2.8%		1,186	4.4%
Motor vehicle accidents	12	2.6%		447	1.7%
All other diseases of the digestive system	11	2.4%		610	2.3%
Other and unspecified malignant neoplasms	11	2.4%		683	2.6%
Hypertensive heart disease	11	2.4%		306	1.1%

Tab 10 Preventive Quality Measures Profile

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

Tab	Health Indicator	Montgomery Co KS	Trend	State of KS	KS Rural 25 Norm	Source
10	a Access to exercise opportunities, percent, 2019	75.0%		80.0%	58.0%	County Health Rankings
	b Diabetes, Percentage of adults age 20+ diagnosed, 2015	14.0%		10.0%	11.0%	County Health Rankings
	c Mammography screening, percent, 2016	34.0%		43.0%	42.0%	County Health Rankings
	d Percent Annual Check-Up Visit with PCP	NA		NA	NA	TBD
	e Percent Annual Check-Up Visit with Dentist	NA		NA	NA	TBD
	f Percent Annual Check-Up Visit with Eye Doctor	NA		NA	NA	TBD

b) Online Research- Health Status

PSA Primary Research:

For each CHNA Wave # 3 evaluation, a community stakeholder survey has been created and administered to collect “current” healthcare information for PSA. Response for Montgomery County online survey equals 296 residents. Below are multiple charts reviewing survey demographics.

Chart #1 – Montgomery Co KS (CRMC PSA) Online Feedback Response N=296

Community Health Needs Assessment Wave #3			
For reporting purposes, are you involved in or are you a ?	Coffeyville KS PSA N=296	Trend	Rural Norms 31 Co N=5,685
Business / Merchant	15.4%		11.1%
Community Board Member	9.6%		8.9%
Case Manager / Discharge Planner	0.0%		1.3%
Clergy	2.9%		1.5%
College / University	8.1%		2.4%
Consumer Advocate	4.4%		1.9%
Dentist / Eye Doctor / Chiropractor	0.7%		0.6%
Elected Official - City/County	0.7%		2.0%
EMS / Emergency	2.2%		2.5%
Farmer / Rancher	9.6%		6.7%
Hospital / Health Dept	21.3%		18.9%
Housing / Builder	1.5%		0.7%
Insurance	2.9%		1.1%
Labor	2.9%		2.4%
Law Enforcement	1.5%		1.7%
Mental Health	4.4%		2.8%
Other Health Professional	13.2%		11.2%
Parent / Caregiver	25.7%		17.1%
Pharmacy / Clinic	2.9%		2.3%
Media (Paper/TV/Radio)	2.2%		0.6%
Senior Care	5.9%		3.1%
Teacher / School Admin	9.6%		6.5%
Veteran	6.6%		3.1%
Unemployed / Other	27.9%		8.4%
Rural 31 Norms Include the following counties: Appanoose IA, Atchison KS, Barton, Brown KS, Butler KS, Carroll IA, Clinton MO, Cowley, Decatur IA, Dickinson, Edwards, Ellsworth, Fremont IA, Furnas NE, Hays, Hoxie, Jasper IA, Kiowa, Johnson MO, Linn, Marion MO, Miami, Montgomery KS, Nemaha, Osborne, Page IA, Pawnee, Pike MO, Russell KS, Smith, Trego.			

Chart #2 - Quality of Healthcare Delivery Community Rating

Community Health Needs Assessment Wave #3			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Coffeyville KS PSA N=296	Trend	Rural Norms 31 Co N=5,685
Top Box %	12.8%		21.6%
Top 2 Boxes %	53.7%		65.2%
Very Poor	1.7%		1.3%
Poor	10.8%		5.8%
Average	33.4%		27.2%
Good	40.9%		43.5%
Very Good	12.8%		21.6%

Chart #3 – Overall Community Health Quality Trend

Community Health Needs Assessment Wave #3			
When considering "overall community health quality", is it ...	Coffeyville KS PSA N=296	Trend	Rural Norms 31 Co N=5,685
Increasing - moving up	23.3%		41.6%
Not really changing much	43.6%		39.4%
Decreasing - slipping	20.6%		10.6%

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

CHNA Wave #3 - Year 2019		Coffeyville KS PSA N=296			
Past CHNAs health needs identified		Ongoing Problem		Pressing	
#	Topic	Votes	%	Trend	RANK
1	Drugs/ Substance Abuse	154	79.4%		1
2	Obesity (Nutrition / Exercise / Wellness)	138	71.1%		4
3	Mental Health / Illness	130	67.0%		2
4	Chronic Diseases (Diabetes, Heart Disease, Hypertension, Respiratory Disease, etc)	122	62.9%		3
5	Cancer	102	52.6%		8
6	Poverty	97	50.0%		7
7	Primary Care Providers	96	49.5%		5
8	Alcohol	84	43.3%		11
9	Economic Development (Seek Entrepreneurs, Address Unemployment)	80	41.2%		6
10	Abuse / Violence	77	39.7%		10
11	Affordable/ Safe Housing	69	35.6%		9
12	Tobacco	65	33.5%		14
13	Teen Pregnancy	50	25.8%		12
14	Family Planning	39	20.1%		13
15	Suicide	36	18.6%		20
16	STDs	31	16.0%		15
17	Vaccinations	20	10.3%		16
18	Water Quality	16	8.3%		17
19	Lead Exposure	8	4.1%		18
20	Ozone	3	1.6%		19

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

Community Health Needs Assessment Wave #3			
In your opinion, what are the root causes of "poor health" in our community?	Coffeyville KS PSA N=296	Trend	Rural Norms 31 Co N=5,685
Finance & Insurance Coverage*	25.7%		14.2%
Lack of awareness of existing local programs, providers, and services	15.4%		18.1%
Limited access to mental health assistance	12.6%		16.8%
Elder assistance programs	7.8%		9.1%
Lack of health & wellness education	12.3%		11.5%
Family assistance programs	5.0%		7.5%
Chronic disease prevention	13.0%		10.3%
Case management assistance	4.1%		7.1%
Other (please specify)	4.1%		5.3%

*Note: *Finance & Insurance Coverage Norm is for 17 counties.*

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

CHNA Wave #3 - 2019	Coffeyville KS PSA N=296			Rural Norms 31 Co N=5,685	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	86.8%	1.6%		85.7%	2.4%
Child Care	38.6%	15.8%		50.4%	11.9%
Chiropractors	68.9%	5.5%		74.6%	4.9%
Dentists	60.3%	10.6%		63.1%	14.4%
Emergency Room	67.2%	10.4%		68.0%	10.9%
Eye Doctor/Optomtrist	76.7%	3.7%		74.9%	7.0%
Family Planning Services	33.7%	17.4%		40.0%	17.7%
Home Health	49.4%	9.6%		58.2%	9.9%
Hospice	75.6%	3.9%		70.0%	6.6%
Inpatient Services	63.2%	8.2%		72.8%	6.4%
Mental Health	25.4%	35.8%		24.2%	35.5%
Nursing Home	49.2%	11.7%		44.3%	17.8%
Outpatient Services	65.0%	8.3%		73.6%	4.7%
Pharmacy	82.0%	2.7%		87.2%	2.5%
Physician Clinics	45.9%	13.7%		75.7%	5.4%
Public Health	34.9%	25.1%		59.3%	8.4%
School Nurse	54.9%	8.7%		63.2%	8.2%
Specialists	38.0%	25.5%		56.9%	13.1%

Chart #7 – Community Health Readiness

Community Health Needs Assessment Wave #3	Bottom 2 boxes		
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Coffeyville KS PSA N=296	Trend	Rural Norms 31 Co N=5,685
Early Childhood Development Programs	8.7%		10.5%
Emergency Preparedness	14.1%		8.9%
Food and Nutrition Services/Education	23.3%		14.2%
Health Screenings (asthma, hearing, vision, scoliosis)	27.5%		14.8%
Immunization Programs	11.0%		6.8%
Obesity Prevention & Treatment	50.9%		32.5%
Prenatal / Child Health Programs	9.3%		11.2%
Sexually Transmitted Disease Testing	24.5%		15.8%
Spiritual Health Support	13.8%		11.8%
Substance Use Treatment & Education	44.5%		33.4%
Tobacco Prevention & Cessation Programs	37.3%		29.2%
Violence Prevention	43.4%		32.0%
Women's Wellness Programs	11.2%		16.4%
WIC Nutrition Program	5.4%		6.7%
Poverty / Financial Health	53.6%		35.0%

Note: The calculated Norm for Poverty / Financial Health is for 14 counties.

Chart #8 – Healthcare Delivery “Outside our Community”

Community Health Needs Assessment Wave #3				Specialties:	
In the past 2 years, did you or someone you know receive HC outside of our community?	Coffeyville KS PSA N=296	Trend	Rural Norms 31 Co N=5,685	SPEC	CTS
Yes	80.7%		81.3%	CARD	25
No	14.9%		13.6%	ORTH	18
I don't know	4.4%		5.1%	SURG	13
				CANC	10
				EYE	10
				GAS	9
				DERM	8
				ENT	8
				DENT	6
				PEDS	6
				PRIM	6

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

Community Health Needs Assessment Wave #3			
Are we actively working together to address community health?	Coffeyville KS PSA N=296	Trend	Rural Norms 31 Co N=5,685
Yes	34.1%		47.3%
No	17.0%		12.8%
I don't know	48.9%		39.4%

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

Community Health Needs Assessment Wave #3			
What needs to be discussed further at our CHNA Town Hall meeting?	Coffeyville KS PSA N=296	Trend	Rural Norms 31 Co N=5,685
Abuse/Violence	4.1%		5.5%
Alcohol	4.0%		4.9%
Breast Feeding Friendly Workplace	1.9%		1.7%
Cancer	4.0%		3.7%
Diabetes	5.7%		4.3%
Drugs/Substance Abuse	9.6%		9.3%
Family Planning	1.8%		2.7%
Heart Disease	4.0%		3.0%
Lead Exposure	0.5%		0.8%
Mental Illness	8.7%		10.6%
Nutrition	5.3%		4.8%
Obesity	8.7%		7.6%
Environmental Health	2.1%		1.4%
Physical Exercise	6.3%		5.8%
Poverty	6.6%		7.1%
Lung Disease	2.2%		1.7%
Sexually Transmitted Diseases	2.1%		2.4%
Smoke-Free Workplace	2.1%		1.6%
Suicide	3.8%		7.3%
Teen Pregnancy	2.0%		3.0%
Tobacco Use	3.4%		3.6%
Vaccinations	3.0%		3.0%
Water Quality	1.2%		3.3%
Wellness Education	7.0%		6.0%

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

YR 2019 Inventory of Healthcare Services - Coffeyville Regional PSA

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

YR 2019 Inventory of Healthcare Services - Coffeyville Regional PSA

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

Providers serving Montgomery Co Residents - 2019

Number of FTE Providers Working in Montgomery County	MD / DO / PA Office in County	FTE Visiting DRs*
Primary Care:		
Family Practice	9.7	0.0
Internal Medicine / Geriatrics	0.7	0.0
Obstetrics / Gynecology	3.8	0.0
Pediatrics	1.7	0.0
Medicine Specialists:		
Allergy / Immunology	0.0	0.0
Cardiology	0.6	0.3
Dermatology	0.0	0.0
Endocrinology	0.0	0.0
ENT	0.0	0.0
Gastroenterology	1.0	0.0
Oncology	0.2	0.3
Infectious Diseases	0.0	0.0
Nephrology	0.0	0.1
Neurology	0.0	0.0
Psychiatry	1.0	0.0
Pulmonary	0.0	0.0
Rheumatology	0.0	0.0
Surgery Specialists:		
General Surgery / Colon / Oral	2.0	0.0
Neurosurgery	0.2	0.6
Ophthalmology	1.0	0.0
Orthopedics	1.5	0.0
Otolaryngology	0.0	0.1
Plastic / Reconstructive	0.0	0.0
Thoracic / Cardiovascular / Vascular	0.0	0.0
Urology	1.2	0.0
Hospital Based:		
Anesthesia / Pain	3.0	0.0
Emergency	7.0	0.0
Hospitalist	3.0	0.0
Radiology / Oncology	2.0	0.2
Pathology	1.0	0.0
Neonatal / Perinatal	0.0	0.0
Pain Management	4.0	0.0
Physical Medicine / Rehab	0.0	0.0
Occupational Medicine	0.0	0.0
Podiatry	0.0	0.1
Chiropractor	0.0	0.0
Optometrist	0.0	0.0
Women's Health	1.0	
Wound Care	4.0	0.0
TOTALS	49.6	1.6

*Total FTE specialists serving community whose office outside PSA.

Visiting Specialists to Coffeyville Regional Medical Center - 2019

Specialty	Provider Name		Group / City	Days in Clinic per Month
Cardiology	Dr. Stanley Zimmerman	MD	OP Services - 1400 W 4th Street - Coffeyville	1
Cardiology	Dr. Andersen Mehrle	MD	OP Services - 1400 W 4th Street - Coffeyville	4
Cardiology	Dr. Matthew Good	MD	OP Services - 1400 W 4th Street - Coffeyville	1
ENT*	Dr. Charles Holland, Jr.	MD	1400 W 4th Street - Coffeyville	1
Nephrology	Dr. Paul Maraj	MD	OP Services - 1400 W 4th Street - Coffeyville	1
Neurosurgery	Dr. Gery Hsu	MD	1400 W 4th Street - Coffeyville	6
Medical Oncology	Dr. Akinola Ogundipe	MD	Tatman Cancer Center - 1400 W 4th Street - Coffeyville	4
Radiation Oncology	Dr. Nathan Uy	MD	Jerry Marquette Radiation Oncology Ctr - 1400 W 4th Street - Coffeyville	4
Podiatry*	Dr. Jeffrey Hogge	DPM	1400 W 4th Street - Coffeyville	1
Podiatry*	Dr. Walter Murphy	DPM	1400 W 4th Street - Coffeyville	1
Podiatry*	Dr. Barry Wesselowski	DPM	1400 W 4th Street - Coffeyville	1

*For Surgery Only

Montgomery County, Kansas Area Healthcare Services

Emergency Numbers

Police/Sheriff	911
Fire	911
Ambulance	911

Non-Emergency Numbers

Montgomery County Sheriff	(620) 251-3500
Montgomery County Ambulance Services	(620) 332-2528

Montgomery County Community Resources

Hotlines

Al-Anon	800-356-9996
Alcohol and Drug Abuse	800-204-9195
Child Abuse	800-922-5330
Domestic Violence	800-799-7233
Four County Hotline	800-499-1748
Kansas Tobacco Quitline	800-784-8669
Missing & Exploited Children	800-843-5678
Mothers Against Drunk Driving	877-623-3435
Parent Hotline	877-530-5275
Poison Control	800-332-6633
Runaway Hotline	800-786-2929
Welfare Fraud	800-432-3913

Educational Services

Head Start	
Coffeyville	620-251-1147
Independence	620-331-6140
Girard	620-724-8204

Healthy Families	620-779-3307
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Midwest Pregnancy Care Center	
213 E. Main Independence	620-331-0700
912 S. Walnut Coffeyville	620-251-0900

My Family	
200 Arco Plc, Ste 244, Independence	620-330-4850

My Family SEK-CHC	
801 W. 8th Coffeyville	620-926-1454

Parenting Classes	
Four County Mental Health	620-331-1748

Parents as Teachers	800-554-3412
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SEK Birth to Three	
Greenbush	800-531-3685

SEK Education Service Center	620-724-6281
Greenbush info	

Tri County Special Ed	620-331-6303
Preschool Screenings	800-317-5797

DCF	
811 W. Laurel Suite 1	620-331-0350
Independence, KS	fax 620-331-7667

Child Support Call Center	888-757-2445
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Community Access Center	620-331-5115
307 ½ W. Pecan. Independence	

SNAP APPLICATION	
www.benefitscheckup.org	

Health Services

Community Health Center of SEK	
<i>Healthcare & Dental</i>	
801W. 8 th Coffeyville	620-251-4300
<i>Healthcare only</i>	
3751 W. Main, Independence	620-577-2131

Childbirth Classes CRMC	620-252-1627
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Special Health Care Needs KDHE	
Pittsburg	620-231-5411
Topeka	800-332-6262

MONTGOMERY COUNTY HEALTH DEPT.	
604 S. Union, Coffeyville	620-251-4210
217 E. Myrtle, Independence	620-331-4300

Mental Health	
Autism Program Consultation	
Special Education Co-Op Tri-County Independence	620-331-6303

Domestic Violence	
Safehouse Crisis Center	620-251-3772

Emergency Shelter	
Pregnant women & young children	620-870-8092

Four County Mental Health	
1601 W. 4 th , Coffeyville	620-251-8180
3751 W. Main, Independence	620-331-1748
Hotline	800-499-1748

Hannah House	
Help for Moms with addiction	620-331-2444

Shelter-Safehouse Crisis Center	
Family Shelter	620-231-5400
24 hour hotline	800-794-9148

Child Care List	
Local licensed daycare providers	800-684-3962

Montgomery County Community Resources

Legal Services

Kansas Legal Services	620-232-1330
National Bank Bldg., Suite 204	800-723-6953
Pittsburg, KS	

Substance Abuse Treatment

Facility Locator	800-662-4357
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Transportation

Connections	620-332-1976
SEK-CAP	620-724-8204
Specialized Transport	620-251-7313

Transportation Kancare

Aetna Kancare	
Sunflower	877-644-4623
United Kancare	877-796-5847

FREE CLOTHES

New Life Baptist Church	620-430-3950
2515 S. 10 th	
Independence, KS 67307	
Every third Saturday of the month	

WIC Clinic Cancellations:

If WIC clinic has to be cancelled we will try to advertise on our Facebook page, KGGF & KUSN radio.

WIC staff will try to notify each person who has an *appointment for that day*. Please make sure we have a good phone number to reach you.

WIC 620-251-4210 or 620-331-4300

Providers Listing by Specialty

Cardiology

Anderson Mehrle, MD	918-332-3600
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Ear, Nose, and Throat (ENT)

Charles Holland Jr., MD	918-333-0474
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Family/General Medicine

James Christenson, DO	620-251-1100
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Shravan Gangula, MD	620-688-6566
Bridget Gibson, MD	620-688-6566

Internal Medicine

Richard Brown, MD	620-688-6566
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Nephrology

Paul Maraj, MD	316-263-5891
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Neurosurgery

Gery Hsu, MD	620-252-1639
Chad McCready PA-C	620-252-1639

Obstetrics & Gynecology

James Christensen, DO	620-251-1100
Dara Gibson, MD	620-251-0777
	620-577-4062
Perry Lin, MD	620-251-0777
	620-577-4062

Stephen Miller, DO	620-251-0777
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	620-577-4062
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Oncology

Akinola Ogundipe, MD	620-252-1501
<i>Oncology/Hematology</i>	
Nathan Uy, MD	620-252-1563
<i>Radiation Oncology</i>	

Ophthalmology

Garrick Rettele, MD	620-251-3235
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Orthopedics

Rusty Allison, MD	
John Line, PA-C	620-252-1639

Pain Management

Baba Abudu, MD	620-252-1581
David Gutschenritter, MD	620-252-1179
Susan Jenkins, CRNA	

Pediatrics

Whitney Cline, DO	620-688-6566
	620-577-4062
Bridget Gibson, MD	620-688-6566

Podiatry

Jeffrey Hogge, DPM	
Barry Wesselowski, DPM	620-331-1840

Surgery (General)

Chad McCready, PA-C	620-252-1639
Michelle McGuirk, MD	620-252-1639
Aaron Russell, MD	620-252-1639
	620-577-4062

Urology

Bernard Howerter, MD	620-252-1639
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Montgomery County Community Resources

Wound Care

Shravan Gangula, MD
Aaron Russell, MD
Stephen Miller, DO
John Line, PA-C

620-252-1173

Hospital-Based Physicians and Providers

Anesthesiology

Baba Abudu, MD
Susan Jankins, CRNA
Julie Moses, CRNA

Interventional Radiology

David Gutschenritter, MD

Pathology

Chitra Kohli, MD

Hospitalist Program

Richard Brown, MD
Shravan Gangula, MD
Joshua Wyckstandt, MD

Emergency Medicine

Russell Anderson, MD
Jerry Castleberry, DO
James L. Christensen, DO
Jeffrey Dixon, MD
William Gray, MD
Jesse Hatfield, MD
Craig Kennedy, MD
Derek Knotts, MD
Jonathan Robins, DO
Carrett Taylor, MD
Eric Wooley, MD

Montgomery County Community Resources

General Online Healthcare Resources

Doctors and Dentists--General

[AMA Physician Select: Online Doctor Finder](#) (American Medical Association) [DocFinder](#) (Administrators in Medicine) [Find a Dentist](#) (Academy of General Dentistry) [Find a Dentist: ADA Member Directory](#) (American Dental Association) [Physician Compare](#) (Centers for Medicare & Medicaid Services)

Hospitals and Clinics--General

[Find a Health Center](#) (Health Resources and Services Administration) [Find a Provider: TRICARE Provider Directories](#) (TRICARE Management Activity) [Hospital Quality Compare](#) (Centers for Medicare & Medicaid Services)

Doctors and Dentists--Specialists

[ACOG's Physician Directory](#) (American College of Obstetricians and Gynecologists) [ACR: Geographic Membership Directory](#) (American College of Rheumatology) [American College of Surgeons Membership Directory](#) (American College of Surgeons) [American Osteopathic Association D.O. Database](#) (American Osteopathic Association) [ASGE: Find a Doctor](#) (American Society for Gastrointestinal Endoscopy) [Cancer Genetics Services Directory](#) (National Cancer Institute) [Child and Adolescent Psychiatrist Finder](#) (American Academy of Child and Adolescent Psychiatry) [Dystonia: Find a Health Care Professional](#) (Dystonia Medical Research Foundation) [Expert Locator: Immunologists](#) (Jeffrey Modell Foundation) [Find a Dermatologic Surgeon](#) (American Society for Dermatologic Surgery) [Find a Dermatologist](#) (American Academy of Dermatology) [Find a Gastroenterologist](#) (American College of Gastroenterology) [Find a Gynecologic Oncologist](#) (Society of Gynecologic Oncologists) [Find a Hand Surgeon](#) (American Society for Surgery of the Hand) [Find a Hematologist](#) (American Society of Hematology) [Find a Neurologist](#) (American Academy of Neurology) [Find a Pediatric Dentist](#) (American Academy of Pediatric Dentistry) [Find a Pediatrician or Pediatric Specialist](#) (American Academy of Pediatrics) [Find a Periodontist](#) (American Academy of Periodontology) [Find a Physical Medicine & Rehabilitation Physician](#) (American Academy of Physical Medicine and Rehabilitation) [Find a Plastic Surgeon](#) (American Society of Plastic Surgeons) [Find a Podiatrist](#) (American Podiatric Medical Association) [Find a Thyroid Specialist](#) (American Thyroid Association) [Find a Urologist](#) (American Urological Association) [Find an ACFAS Physician](#) (American College of Foot and Ankle Surgeons) [Find an Allergist/Immunologist: Search](#) (American Academy of Allergy, Asthma, and Immunology) [Find an Endocrinologist](#) (Hormone Health Network) [Find an Eye M.D.](#) (American Academy of Ophthalmology) [Find an Interventional Radiologist](#) (Society of Interventional Radiology) [Find an Oncologist](#) (American Society of Clinical Oncology) [Find an Oral and Maxillofacial Surgeon](#) (American Association of Oral and Maxillofacial Surgeons) [Find an Orthopaedic Foot and Ankle MD](#) (American Orthopaedic Foot and Ankle Society) [Find an Otolaryngologist \(ENT\)](#) (American Academy of Otolaryngology--Head and Neck Surgery) [Finding an Eye Care Professional](#) (National Eye Institute) [GI Locator Service](#) (American Gastroenterological Association)

Other Healthcare Providers

[AMTA's Find a Massage Therapist](#) (American Massage Therapy Association) [Cancer Genetics Services Directory](#) (National Cancer Institute) [Find a Diabetes Educator](#) (American Association of Diabetes Educators) [Find a Genetic Counselor](#) (National Society of Genetic Counselors) [Find a Midwife](#) (American College of Nurse-Midwives) [Find a Nurse Practitioner](#) (American Academy of Nurse Practitioners) [Find a Physical Therapist](#) (American Physical Therapy Association) [Find a Professional: Online Directory of Audiology and Speech-Language Pathology Programs](#) (American Speech-Language-Hearing Association) [Find a Registered Dietitian](#) (Academy of Nutrition and Dietetics) [Find a Therapist](#) (Anxiety Disorders Association of America) [Find an Audiologist](#) (American Academy of Audiology) [Manual Lymphatic Drainage Therapists](#) (National Lymphedema Network) [National Register of Health Service Providers in Psychology](#) (National Register of Health Service Providers in Psychology) [NCCAOM: Find Nationally Certified Practitioners](#) (National Certification Commission for Acupuncture and Oriental Medicine) [Search for an Emergency Contraception Provider in the United States](#) (Princeton University, Office of Population Research)

Hospitals and Clinics--Specialized

[Accredited Birth Centers](#) (Commission for the Accreditation of Birth Centers) [Alzheimer's Disease Research Centers](#) (National Institute on Aging) [Cystic Fibrosis Foundation: Find a Chapter](#) (Cystic Fibrosis Foundation) [Cystic Fibrosis Foundation: Find an Accredited Care Center](#) (Cystic Fibrosis Foundation) [Dialysis Facility Compare](#) (Centers for Medicare & Medicaid Services) [FDA Certified Mammography Facilities](#) (Food and Drug Administration) [Find a Free Clinic](#) (National Association of Free Clinics) [Find an Indian Health Service Facility](#) (Indian Health Service) [Find Treatment Centers](#) (American Cancer Society) [Genetics Clinic Directory Search](#) (University of Washington) [Locate a Sleep Center in the United States by Zip Code](#) (American Academy of Sleep Medicine) [MDA ALS Centers](#) (Muscular Dystrophy Association) [Mental Health Services Locator](#) (Substance Abuse and Mental Health Services)

Montgomery County Community Resources

Administration) [NCI Designated Cancer Centers](#) (National Cancer Institute) [Neurofibromatosis Specialists](#) (Children's Tumor Foundation) [Post-Polio Directory 2011: Post-Polio Clinics, Health Professionals, Support Groups](#) (Post-Polio Health International including International Ventilator Users Network) [Spina Bifida Clinic Directory](#) (Spina Bifida Association of America) [Substance Abuse Treatment Facility Locator](#) (Substance Abuse and Mental Health Services Administration) [Transplant Center Search Form](#) (BMT InfoNet) [U.S. NMDP Transplant Centers](#) (National Marrow Donor Program) [VA Health Care Facilities Locator & Directory](#) (Veterans Health Administration) [Where to Donate Blood](#) (AABB) [Where to Donate Cord Blood](#) (National Marrow Donor Program)

Other Healthcare Facilities and Services

[Alzheimer's Disease Resource Locator](#) (Fisher Center for Alzheimer's Research Foundation) [American College of Radiology Accredited Facility Search](#) (American College of Radiology) [APA District Branch / State Association Directory](#) (American Psychiatric Association) [Directory of Organizations \(Deafness and Communication Disorders\)](#) (National Institute on Deafness and Other Communication Disorders) [Dog Guide Schools in the United States](#) (American Foundation for the Blind) [Eldercare Locator](#) (Dept. of Health and Human Services) [Find a Hospice or Palliative Care Program](#) (National Hospice and Palliative Care Organization) [Find Services \(for People with Vision Loss\)](#) (American Foundation for the Blind) [Find Urgent Care Centers by State](#) (Urgent Care Association of America) [Genetic Testing Laboratory Directory](#) (University of Washington) [Home Health Compare](#) (Centers for Medicare & Medicaid Services) [Medicare: Helpful Contacts](#) (Centers for Medicare & Medicaid Services) [Muscular Dystrophy Association Clinics and Services](#) (Muscular Dystrophy Association) [National Foster Care and Adoption Directory Search](#) (Children's Bureau) [Nursing Home Compare](#) (Centers for Medicare & Medicaid Services) [Organizations That Offer Support Services](#) (National Cancer Institute) [Poison Control Centers](#) (American Association of Poison Control Centers) [Resources and Information for Parents about Braille](#) (American Foundation for the Blind) [State-Based Physical Activity Program Directory](#) (Centers for Disease Control and Prevention) [TSA Chapters in the USA](#) (Tourette Syndrome Association) [Violence against Women: Resources by State](#) (Dept. of Health and Human Services, Office on Women's Health) [Where to Find Hair Loss Accessories and Breast Cancer Products](#) (American Cancer Society)

SOURCE: MedlinePlus provides links to directories to help you find libraries, health professionals, services and facilities. National Library of Medicine (NLM) does not endorse or recommend the organizations that produce these directories, nor the individuals or organizations that are included in the directories.

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]



Patient Origin by Region - Inpatient
Montgomery, KS Residents Treated in KHA Reporting Area
Federal Fiscal Year: 2016

Hospital Detail by County				Pediatric		Adult Medical/Surgical										Psychiatric		Obstetric		Newborn		Surg %
				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+		Cases	%	Cases	%	Cases	%			
Hospital Name	Rank	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%			
Coffeyville Regional Medical Center - Coffeyville, KS	1	1,330	49.8%	31	2.5%	81	6.6%	182	15.6%	182	14.8%	277	23.5%	7	0.6%	312	18.0%	247	20.1%	23.4%		
Labette Health - Parsons, KS	2	244	13.9%	18	5.2%	28	8.1%	88	25.6%	78	22.7%	82	23.8%	1	0.3%	26	7.6%	24	7.0%	53.2%		
Kansas Residents/Other Missouri Hospitals	3	189	7.9%	43	22.8%	26	13.8%	53	28.6%	25	13.2%	23	12.2%	48	24.2%	4	2.1%	5	2.4%	36.0%		
Wilcox Medical Center - Neodesha, KS	4	127	5.1%	2	1.6%	8	6.3%	30	23.4%	15	11.8%	72	56.7%	0	0.0%	0	0.0%	0	0.0%	6.3%		
Ascension Via Christi Hospital St. Francis - Wichita, KS	5	109	4.4%	2	1.8%	18	16.5%	39	35.8%	24	22.0%	19	17.4%	5	4.6%	1	0.9%	1	0.9%	34.9%		
The University of Kansas Health System - Kansas City, KS	6	93	3.8%	14	15.1%	17	18.3%	33	35.5%	21	22.6%	3	3.2%	14	15.1%	0	0.0%	0	0.0%	48.4%		
Wesley Healthcare - Wichita, KS	7	67	2.7%	8	11.9%	5	7.5%	23	34.3%	13	19.4%	3	7.5%	1	1.5%	5	7.5%	7	10.4%	43.3%		
Frederick Regional Hospital - Fredonia, KS	8	65	2.8%	0	0.0%	1	1.5%	1	1.5%	4	6.2%	14	21.5%	45	68.2%	0	0.0%	0	0.0%	0.0%		
Stromton Vail Health - Topeka, KS	9	53	2.1%	13	24.5%	1	1.9%	0	0.0%	1	1.9%	1	1.9%	49	92.5%	0	0.0%	1	1.9%	1.9%		
Children's Mercy Kansas City - Kansas City, MO	10	27	1.1%	27	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	63.0%		
Grand Medical Center - Grand, KS	11	25	1.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	25	100.0%	0	0.0%	0	0.0%	0.0%		
Ascension Via Christi Hospital Pittsburg - Pittsburg, KS	12	17	0.7%	1	5.9%	3	17.6%	5	29.4%	1	5.9%	0	0.0%	0	0.0%	4	23.5%	3	17.6%	35.3%		
Solma Regional Health Center - Solma, KS	13	13	0.5%	0	0.0%	0	0.0%	2	15.4%	0	0.0%	0	0.0%	10	76.6%	0	0.0%	1	7.7%	7.7%		
Neosho Memorial Regional Medical Center - Chanute, KS	14	9	0.4%	0	0.0%	2	22.2%	1	11.1%	0	0.0%	0	0.0%	0	0.0%	3	33.3%	3	33.3%	11.1%		
Sedan City Hospital - Sedan, KS	15	9	0.4%	0	0.0%	1	11.1%	3	33.3%	1	11.1%	4	44.4%	0	0.0%	0	0.0%	0	0.0%	0.0%		
AdventHealth Shawnee Mission - Shawnee Mission, KS	16	8	0.3%	0	0.0%	1	12.5%	2	25.0%	0	0.0%	0	0.0%	3	37.5%	1	12.5%	1	12.5%	37.5%		
Hutchinson Regional Medical Center - Hutchinson, KS	17	7	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	14.3%	6	85.7%	0	0.0%	0	0.0%	0.0%		
Kansas Residents/Minnesota Hospitals	18	6	0.2%	3	50.0%	0	0.0%	1	16.7%	2	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%		
Sent Luke's Hospital of Kansas City - Kansas City, MO	19	6	0.2%	0	0.0%	0	0.0%	3	50.0%	1	16.7%	2	33.3%	0	0.0%	0	0.0%	0	0.0%	66.7%		
Allen County Regional Hospital - Tope, KS	20	5	0.2%	0	0.0%	1	20.0%	0	0.0%	0	0.0%	3	60.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Ascension Via Christi Hospital St. Tanze - Wichita, KS	21	5	0.2%	0	0.0%	2	40.0%	1	20.0%	0	0.0%	2	40.0%	0	0.0%	0	0.0%	0	0.0%	80.0%		
Children's Mercy Hospital Kansas - Overland Park, KS	22	5	0.2%	5	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	20.0%	0	0.0%	0	0.0%	0.0%		
Sumner Community Hospital - Wellington, KS	23	5	0.2%	0	0.0%	0	0.0%	2	40.0%	0	0.0%	1	20.0%	2	40.0%	0	0.0%	0	0.0%	0.0%		
Wesley Woodmen Hospital & ER - Wichita, KS	24	5	0.2%	0	0.0%	0	0.0%	2	40.0%	1	20.0%	1	20.0%	0	0.0%	1	20.0%	1	20.0%	60.0%		
North Kansas City Hospital - North Kansas City, MO	25	3	0.1%	0	0.0%	0	0.0%	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	33.3%		
Olathe Health - Olathe, KS	26	3	0.1%	0	0.0%	0	0.0%	1	33.3%	1	33.3%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Ascension Via Christi Hospital Manhattan - Manhattan, KS	27	2	0.1%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Centerpoint Medical Center - Independence, MO	28	2	0.1%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0.0%		
Crittendon - Kansas City, MO	29	2	0.1%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0.0%		
Galaxy Community Hospital - Junction City, KS	30	2	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0.0%		
Kansas Residents/Bravo Hospitals	31	2	0.1%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%		
Kansas Residents/Hudsonia Hospitals	32	2	0.1%	1	50.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%		
Overland Park Regional Medical Center - Overland Park, KS	33	2	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Saint Luke's South Hospital - Overland Park, KS	34	2	0.1%	0	0.0%	1	50.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
St. Joseph Medical Center - Kansas City, MO	35	2	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	50.0%		
The University of Kansas Health System - St. Francis Campus - Topeka, KS	36	2	0.1%	0	0.0%	1	50.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%		
Two Rivers Behavioral Health System - Kansas City, MO	37	2	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0.0%		
RayMed, The University of Kansas Health System - Hays, KS	38	1	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Kansas Residents/June Hospitals	39	1	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Kansas Residents/Vigore Hospitals	40	1	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Kindred Hospital Kansas City - Kansas City, MO	41	1	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Liberty Hospital - Liberty, MO	42	1	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
LMH Health - Lawrence, KS	43	1	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Menorah Medical Center - Overland Park, KS	44	1	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Mercy Hospital Fort Scott - Fort Scott, KS	45	1	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Mercy Hospital Independence - Independence, KS	46	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Memmi County Medical Center, Inc. - Padu, KS	47	1	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Providence Medical Center - Kansas City, KS	48	1	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
St. Catherine Hospital - Garden City, KS	49	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0.0%		
Susan B. Allen Memorial Hospital - El Dorado, KS	50	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Western Plains Medical Complex - Dodge City, KS	51	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0.0%		
Overall		2,471	100.0%	172	7.0%	202	8.2%	493	20.0%	376	15.2%	515	20.8%	216	8.7%	267	10.8%	294	11.9%	29.0%		



Patient Origin by Region - Inpatient
Montgomery, KS Residents Treated in KHA Reporting Area
Federal Fiscal Year: 2017

Hospital Detail by County				Pediatric:		Adult Medical/Surgical										Psychiatric		Obstetric		Newborn		Surg %
				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+		Cases	%	Cases	%	Cases	%	Cases	%	
Hospital Name	Rank	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
Coffeyville Regional Medical Center - Coffeyville, KS	1	1,508	53.1%	29	1.6%	91	5.8%	243	15.4%	261	16.5%	455	28.8%	21	1.3%	239	15.1%	245	15.5%	22.1%		
Labette Health - Parsons, KS	2	432	14.6%	29	6.7%	27	6.2%	122	28.2%	83	18.8%	111	25.7%	1	0.2%	31	7.2%	38	8.8%	47.2%		
Kansas Residents/Other Missouri Hospitals	3	204	6.9%	33	16.2%	18	8.8%	51	25.0%	43	21.1%	37	18.1%	39	19.1%	6	2.9%	5	2.5%	32.4%		
Wesley Medical Center - Topeka, KS	4	123	4.1%	0	0.0%	9	7.3%	38	30.9%	28	22.8%	63	51.2%	1	0.8%	0	0.0%	0	0.0%	5.7%		
The University of Kansas Health System - Kansas City, KS	5	105	3.5%	8	7.6%	31	29.5%	26	24.8%	27	25.7%	11	10.5%	8	7.6%	0	0.0%	0	0.0%	49.3%		
Wesley Healthcare - Wichita, KS	6	101	3.4%	18	17.8%	11	10.9%	34	33.7%	13	12.9%	13	12.9%	1	1.0%	8	7.9%	5	5.0%	44.6%		
Ascension Via Christi Hospital St. Francis - Wichita, KS	7	87	2.9%	1	1.0%	18	18.0%	25	25.3%	21	21.0%	22	22.7%	4	4.1%	3	3.1%	3	3.1%	34.0%		
Stormont Vail Health - Topeka, KS	8	66	2.2%	7	6.1%	2	2.3%	1	1.2%	0	0.0%	3	3.5%	80	93.0%	0	0.0%	0	0.0%	0.0%		
Neosho Memorial Regional Medical Center - Chanute, KS	9	72	2.4%	1	1.4%	2	2.8%	4	5.6%	3	4.2%	6	8.3%	1	1.4%	27	37.5%	27	37.5%	11.1%		
Frederick Regional Hospital - Fredonia, KS	10	56	1.9%	0	0.0%	1	1.8%	1	1.8%	2	3.6%	4	7.1%	48	85.7%	0	0.0%	0	0.0%	0.0%		
Children's Mercy Kansas City - Kansas City, MO	11	27	0.9%	26	96.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	3.7%	0	0.0%	25.9%		
Ascension Via Christi Hospital Pittsburg - Pittsburg, KS	12	10	0.3%	1	10.0%	1	10.0%	2	20.0%	1	10.0%	2	20.0%	0	0.0%	2	20.0%	2	20.0%	0.0%		
Wesley Woodburn Hospital - ER - Wichita, KS	13	9	0.3%	0	0.0%	0	0.0%	3	33.3%	4	44.4%	2	22.2%	0	0.0%	0	0.0%	0	0.0%	44.4%		
AdventHealth Shawnee Mission - Shawnee Mission, KS	14	8	0.3%	2	25.0%	0	0.0%	3	37.5%	2	25.0%	0	0.0%	1	12.5%	0	0.0%	0	0.0%	62.5%		
Salina Regional Health Center - Salina, KS	15	7	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	6	85.7%	1	14.3%	0	0.0%	0.0%		
Sedon City Hospital - Sedon, KS	16	6	0.2%	0	0.0%	1	16.7%	0	0.0%	3	50.0%	1	16.7%	1	16.7%	0	0.0%	0	0.0%	0.0%		
Children's Mercy Hospital Kansas - Overland Park, KS	17	5	0.2%	5	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	20.0%	0	0.0%	0	0.0%	0.0%		
Hutchinson Regional Medical Center - Hutchinson, KS	18	5	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	5	100.0%	0	0.0%	0	0.0%	0.0%		
Grand Medical Center - Grand, KS	19	4	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	25.0%	3	75.0%	0	0.0%	0	0.0%	0.0%		
Susan B. Allen Memorial Hospital - El Dorado, KS	20	4	0.1%	0	0.0%	0	0.0%	2	50.0%	0	0.0%	0	0.0%	0	0.0%	1	25.0%	1	25.0%	25.0%		
South Central Kansas Medical Center - Arkansas City, KS	21	3	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	66.7%	0	0.0%	1	33.3%	0.0%		
Allen County Regional Hospital - Topeka, KS	22	2	0.1%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Kansas Residents/Nebraska Hospitals	23	2	0.1%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Kansas Residents/Missouri Hospitals	24	2	0.1%	1	50.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%		
Overland Park Regional Medical Center - Overland Park, KS	25	2	0.1%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0.0%		
Saint Luke's South Hospital - Overland Park, KS	26	2	0.1%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Two Rivers Behavioral Health System - Kansas City, MO	27	2	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0.0%		
Crittendon - Kansas City, MO	28	1	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0.0%		
Kansas Residents/Iowa Hospitals	29	1	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Kindred Hospital Northland - Kansas City, MO	30	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Liberty Hospital - Liberty, MO	31	1	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
LMI Health - Lawrence, KS	32	1	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Menorah Medical Center - Overland Park, KS	33	1	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Neuman Regional Health - Emporia, KS	34	1	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Oletha Health - Olathe, KS	35	1	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Providence Medical Center - Kansas City, KS	36	1	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Saint Luke's Cushing Hospital - Leavenworth, KS	37	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0.0%		
Saint Luke's Hospital of Kansas City - Kansas City, MO	38	1	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
St. Joseph Medical Center - Kansas City, MO	39	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Sumner Community Hospital - Winthrop, KS	40	1	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
The University of Kansas Health System St. Francis Campus - Topeka, KS	41	1	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Tuman Medical Center Hospital Hill - Kansas City, MO	42	1	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Overall		2,969	100%	159	5.40%	213	7.20%	557	18.90%	486	16.40%	732	24.70%	228	7.70%	319	10.70%	320	10.80%	26.40%		



Patient Origin by Region - Inpatient
Montgomery, KS Residents Treated in KHA Reporting Area
Federal Fiscal Year: 2018

Hospital Detail by County				Pediatric		Adult Medical/Surgical										Psychiatric		Osteopathic		Rehabilitation		Surg %
Hospital Name	Rank	Total Cases	%	Age 0-17	Age 18-44	Age 45-64	Age 65-74	Age 75+	Psychiatric	Osteopathic	Rehabilitation	Surg %	Age 0-17	Age 18-44	Age 45-64	Age 65-74	Age 75+	Psychiatric	Osteopathic	Rehabilitation	Surg %	
Coffeyville Regional Medical Center - Coffeyville, KS	1	1,434	49.3%	27	1.9%	89	6.9%	252	17.6%	211	14.7%	424	29.6%	35	1.8%	205	14.3%	205	14.3%	205	14.3%	22.8%
Labette Health - Parsons, KS	2	435	14.8%	25	5.7%	31	7.1%	102	23.4%	190	23.0%	113	26.4%	0	0.0%	33	7.6%	30	6.9%	30	6.9%	42.1%
Kansas Residents/Other Missouri Hospitals	3	225	7.7%	42	18.7%	25	11.1%	37	25.3%	44	19.0%	32	14.2%	40	20.0%	0	0.0%	0	0.0%	0	0.0%	27.1%
The University of Kansas Health System - Kansas City, KS	4	316	4.0%	3	2.6%	33	28.4%	43	37.1%	27	23.3%	6	5.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	44.0%
Wilson Medical Center - Topeka, KS	5	115	4.0%	1	0.9%	6	5.2%	21	18.3%	25	21.7%	62	53.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	5.2%
Ascension Via Christi Hospitals St. Francis - Wichita, KS	6	110	3.8%	1	0.9%	12	10.9%	36	32.7%	27	24.5%	20	18.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	35.5%
Wesley Healthcare - Wichita, KS	7	83	2.9%	18	19.3%	3	6.0%	24	28.9%	9	10.8%	12	14.5%	0	0.0%	19	12.0%	10	12.0%	10	12.0%	31.3%
Stamont Valley Health - Topeka, KS	8	77	2.6%	17	22.1%	0	0.0%	0	0.0%	1	1.3%	1	1.3%	74	96.1%	0	0.0%	1	1.3%	1	1.3%	1.7%
Lawrence Memorial Regional Medical Center - Chanute, KS	9	71	2.4%	6	8.5%	1	1.4%	7	9.9%	4	5.6%	0	0.0%	26	36.6%	24	33.8%	24	33.8%	24	33.8%	23.9%
Frederick Regional Hospital - Frederick, KS	10	65	2.2%	0	0.0%	0	0.0%	4	6.2%	1	1.5%	6	9.2%	54	83.1%	0	0.0%	0	0.0%	0	0.0%	0.0%
Children's Mercy Kansas City - Kansas City, MO	11	40	1.4%	39	97.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	2.5%	25.0%
Salina Regional Health Center - Salina, KS	12	30	0.7%	0	0.0%	1	3.3%	0	0.0%	0	0.0%	0	0.0%	19	63.3%	0	0.0%	0	0.0%	0	0.0%	0.0%
Grand Medical Center - Grand, KS	13	18	0.6%	0	0.0%	0	0.0%	0	0.0%	2	11.1%	0	0.0%	16	88.9%	0	0.0%	0	0.0%	0	0.0%	0.0%
Ascension Via Christi Hospital Pittsburg - Pittsburg, KS	14	10	0.3%	0	0.0%	0	0.0%	1	10.0%	3	30.0%	1	10.0%	2	20.0%	2	20.0%	2	20.0%	2	20.0%	40.0%
Hutchinson Regional Medical Center - Hutchinson, KS	15	9	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	8	88.9%	1	11.1%	0	0.0%	0	0.0%	0.0%
Overland Park Regional Medical Center - Overland Park, KS	16	9	0.3%	0	0.0%	0	0.0%	2	22.2%	3	33.3%	1	11.1%	0	0.0%	1	11.1%	2	22.2%	2	22.2%	22.2%
Wesley Woodbine Hospital & IR - Wichita, KS	17	8	0.3%	0	0.0%	2	25.0%	2	25.0%	1	12.5%	3	37.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	25.0%
Selden City Hospital - Selden, KS	18	7	0.2%	0	0.0%	2	28.6%	0	0.0%	2	28.6%	3	42.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Kansas Residents/Other Hospitals	19	6	0.2%	0	0.0%	0	0.0%	0	0.0%	1	16.7%	5	83.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Kansas Residents/Minnesota Hospitals	20	6	0.2%	2	33.3%	2	33.3%	2	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%
AdventHealth Shawnee Mission - Shawnee Mission, KS	21	5	0.2%	0	0.0%	1	20.0%	1	20.0%	2	40.0%	1	20.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	40.0%
Saint Luke's South Hospital - Overland Park, KS	22	5	0.2%	0	0.0%	0	0.0%	3	60.0%	1	20.0%	1	20.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	40.0%
Ascension Via Christi Hospital St. Francis - Wichita, KS	23	3	0.1%	0	0.0%	0	0.0%	2	66.7%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	66.7%
Kansas Residents/Michigan Hospitals	24	3	0.1%	0	0.0%	0	0.0%	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Menorah Medical Center - Overland Park, KS	25	3	0.1%	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Nevenen Regional Hospital - Emporia, KS	26	3	0.1%	0	0.0%	0	0.0%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	33.3%	1	33.3%	0.0%
South Central Kansas Medical Center - Arkansas City, KS	27	3	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Children's Mercy Hospital Kansas - Overland Park, KS	28	2	0.1%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
North Kansas City Hospital - North Kansas City, MO	29	2	0.1%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Saint Luke's Hospital of Kansas City - Kansas City, MO	30	2	0.1%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Two Rivers Behavioral Health System - Kansas City, MO	31	2	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Ascension Via Christi Hospital Manhattan - Manhattan, KS	32	1	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Centerpoint Medical Center - Independence, MO	33	1	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Ottawa - Kansas City, MO	34	1	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Hydrex, The University of Kansas Health System - Hays, KS	35	1	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Kansas Residents/Ohio Hospitals	36	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Kansas Residents/Iowa Hospitals	37	1	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Olathe Health - Olathe, KS	38	1	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Pratt Regional Medical Center - Pratt, KS	39	1	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Providence Medical Center - Kansas City, KS	40	1	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Saint John Hospital - Leavenworth, KS	41	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Signature Psychiatric Hospital - Kansas City, MO	42	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
St. Catherine Hospital - Garden City, KS	43	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Sumner Community Hospital - Wellington, KS	44	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
The University of Kansas Health System St. Francis Campus - Topeka, KS	45	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Overall		2,911	100.0%	182	6.3%	225	7.7%	566	19.4%	473	16.2%	699	24.0%	257	8.8%	287	9.9%	286	9.8%	25.9%		

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20-Aug-19

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Coffeyville Regional Medical Center PSA CHNA Town Hall
Thursday, August 22nd 11:30 a.m. to 1:00 p.m. N=28

Attend	Last Name	First Name	Organization	Title	City	State	ZIP
1	Anderson	Steve	Coffeyville Regional Medical Center	Interim CFO	Coffeyville	KS	67337
1	Barkley	Neal	Coffeyville Regional Medical Center	CVR, VP	Coffeyville	KS	67337
1	Cline, DO	Whitney	Coffeyville Regional Medical Center	Pediatric Doctor	Coffeyville	KS	67337
1	Cook	Barbara	Midwest Real Estate	Sales Associate	Coffeyville	KS	67337
1	Davis	Pilar	Coffeyville Regional Medical Center	Compliance officer/IP Nurse	Coffeyville	KS	67337
1	Foreman	Nancy	CRMC- Medical Group Primary Care Clinic	Charge Nurse	Coffeyville	KS	67337
1	Hennen	Greg	Four County MHC	Executive Director	Coffeyville	KS	67337
1	Hoy	Sarah	Coffeyville Regional Medical Center	CNO	Coffeyville	KS	67337
1	Johnson	Tyler	KSRE	EFNEP Extension Agent	Pittsburg	KS	66762
1	Kelly	Jim	House District #11	Representative	Independence	KS	67301
1	Kiser	Kelle	Coffeyville Regional Medical Center		Coffeyville	KS	67337
1	Koenig	Courtney	Kansas Dept of Health and Environmet	Community Health Specialist	Pittsburg	KS	66762
1	Kohli, MD	Chitra	Coffeyville Regional Medical Center	Pathology Doctor	Coffeyville	KS	67337
1	Ludwig	Kylie	K-State Research & Extension	Family & Consumer Sciences	Altamont	KS	67330
1	Magana	Jessica	Coffeyville Regional Medical Center	Medical Assistant	Coffeyville	KS	67337
1	Miller, DO	Stephen	Coffeyville Regional Medical Center	Chief of Staff	Coffeyville	KS	67337
1	Miller	Patti	Midwest Real Estate	Realtor	Coffeyville	KS	67337
1	Muller	Carolyn	Montgomery County Health Department	Director	Coffeyville	KS	67337
1	Mund	Doug	Grace Fellowship	Pastor	Coffeyville	KS	67337
1	Purdon	Trisha	Montgomery County Action Council	Executive Director	Independence	KS	67301
1	Redden	Cari	CRMC Foundation	Director	Coffeyville	KS	67337
1	Rexwinkle	Lori	Coffeyville Regional Medical Center	CEO	Coffeyville	KS	67337
1	Roberts	Marci	Live Healthy MG County	Coordinator	Coffeyville	KS	67337
1	Schwartz-Eck	Nicole	Coffeyville First UMC	Rev.	Coffeyville	KS	67337
1	Shald	Cathy	Four County MHC		Coffeyville	KS	67337
1	Simpson	Melvin	First Church of God in Christ	Pastor	Coffeyville	KS	67337
1	Summer	Melissa	Coffeyville Regional Medical Center	Director of Comm, Gov Relations	Coffeyville	KS	67337
1	Wellson	Sonja	CRMC- Medical Group WH		Coffeyville	KS	67337

Coffeyville Regional Medical Center (Montgomery County, KS)

CHNA Town Hall August 22, 2019 N= 28

Spanish speaking is prevalent in County and at CRMC.

Low-income families try to get jobs here.

Annual Kindergarten health screenings, there is a School Nurse at each school.

Depression is prevalent in all ages.

Drug problems: Opioids, Meth, Oxycodone, Marijuana, Hydrocodone, Cocaine

There are exercise opportunities, but they are too expensive, and many cannot afford.

Things coming: New jobs, Marijuana law changes.

Things to Improve:

- Transportation
- Food Insecurity
- Drug Costs
- Uninsured
- Community Perception
- Drug Abuse
- Healthcare Delivery (Stay at home)
- Obesity (Exercise / Nutrition)
- Health Apathy
- Lack of Collaboration between County (Coffeyville and other cities)
- Providers: Internal Medicine, Primary Care, Derm, Psych, Podiatry, Endo
- Safe and Affordable Housing
- Availability of Social Services
- Tobacco
- Affordable Child Care
- Chronic Poverty
- Parental / Family Skill Education

Strengths:

- Scope of Services offered – Local Hospital
- School Health / Schools
- 4-County Mental Health based in Coffeyville
- Health Partner Magazine
- City Recreation Programs
- Growing Job Opportunities
- Wellness Coalition – no smoking in Parks
- Health Department
- Caring Hospital Staff
- Graduation Rates
- Free Lunches in Summer (extended)
- Midwest Pregnancy Care Center
- Home Health
- Chronic Disease classes with Health Dept and Hospital
- Hospital Care for Underserved

Wave #3 CHNA - Coffeyville Regional PSA

Town Hall Conversation - Strengths (Color Cards) N= 28

Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?
1	ACC	Many services are here ... need game plan to make all aware	16	HOSP	CRMC
4	ACC	Growing number of access points	17	HOSP	We have a hospital
6	ACC	Access to primary care	17	HOSP	M Co Co Health
22	ACC	Access to the hospital	18	HOSP	Hospital
11	ALT	Spiritual health options	19	HOSP	We have a hospital in our county
4	BH	Mental health	21	HOSP	Hospital that covers most services
16	BH	Four county mental health	22	HOSP	Hospital
17	BH	Four county health	23	HOSP	Hospital and services provided to the community
18	BH	Four county mental health	25	HOSP	Hospital - local with many specialities
19	BH	Four county mental health	26	HOSP	Hospital = many services
20	BH	4CMH	27	HOSP	Have community hospital
21	BH	Mental health	21	HSP	Hospice
21	CANC	Excellenct cancer care	17	HSP	Hospice program
18	CHRON	Hospital provides classes on chronic disease care	20	HSP	Hospice care
2	CLIN	Community Health Center of Southeast Kansas	6	JOB	Job opportunity
13	CLIN	CRMC Clinic	7	JOB	Jobs in the hopper
15	CLIN	Clinics	9	JOB	Good employers with insurance (but many don't have insurance/ not enough)
16	CLIN	Community health center	10	JOB	Low unemployment
18	CLIN	Montgomery County health facility	4	KID	Childhood services
11	CLUB	Boys & Girls Club	6	KID	Early childhood interventions
22	COMM	People wanting to talk	15	MARK	Good marketing
6	CORP	Community leadership	4	NH	Nursing homes
7	CORP	Community leaders in the room who care	5	NUTR	Grocery store effort
8	CORP	Pattern - people already are community here for healthcare	10	NUTR	Free lunch
12	CORP	Engaged community - willingness to help	12	NUTR	Free lunch in summer for children
13	CORP	Strength of people in community	4	OTHR	Trend for returning 20-39 age group
16	CORP	MC County Action council	8	PART	Great private/public partnerships & leadership
20	CORP	Desire for improvement - agencies willing & able to drive change and improvement	13	PHARM	Good access to pharmacies
25	CORP	Community that genuinely cares for another	20	POV	Charity care available - high level of assistance
4	DENT	Increasing dental providers	21	POV	Care for underserved
7	DOCS	Good docs	6	REC	Parks & recreation
8	DOCS	Great doctors / APRN	8	REC	Excellent recreation/gym locations
11	DOCS	We have some good providers	10	REC	City recs
12	DOCS	Good doctors	12	REC	City Rec programs
16	DOH	Montgomery County health department	5	SHEALTH	FQHC in schools - in Coffeyville
8	ECON	Likely growth opportunities (economic)	6	SHEALTH	FQHC services in school
6	EDI	Graduation rate	8	SHEALTH	Healthcare offered in schools - CHCSEK
3	EDU	Graduation rate	11	SHEALTH	Providers in the schools - clinic sattelites
10	EDU	Good schools	25	SHEALTH	School health - very public, free, access to care for all students
13	EDU	Early learning center & schools	27	SHEALTH	School health - public free access to care for all students
14	EDU	Education	27	SMOK	Recent ordinance for no smoking in parks
24	EDU	Good school system	18	SNUR	School nurse availability
13	FAM	Mothers and infants program	10	SPEC	Specialist
11	FIT	Exercise opportunities	15	SPEC	Specialist
15	HH	Home health	24	SPEC	Good healthcare - specialities
3	HOSP	Strong hospital	5	TOB	Tobacoo policy & education movement
5	HOSP	CDSME started last year	5	WELL	Mg. Co Wellness Coalition is formed
7	HOSP	Good hospital	5	WELL	"Reawakening Movement" in Coffeyville downtown
8	HOSP	CRMC - excellent healthcare - lots of clinics	6	WELL	Community education efforts: health

Wave #3 CHNA - Coffeyville Regional PSA

Town Hall Conversation - Strengths (Color Cards) N= 28

Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?
9	HOSP	Great hospital for its size	8	WELL	Momentum - community garden, new bike share, anti-smoking initiative in parks
10	HOSP	HOCD hospital	10	WELL	Reawaken
12	HOSP	Great hospital for its size	15	WELL	Magazine - Healthier Partner magazine
13	HOSP	CRMC Hospital			

Wave #3 CHNA - Coffeyville Regional PSA

Town Hall Conversation - Weakness (Color Cards) N= 28

Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
15	ACC	Community assistance	21	INS	Uninsured - underserved
21	ACC	Provide services locally that are sought in other counties currently	25	INS	Self-pay patients
1	BH	Behavioral health - trauma/anxiety/depression	26	INS	Uninsured
6	BH	Depression rates	12	JOB	Need more large businesses / employers
7	BH	Funding for needed mental health services	15	JOB	More employment
9	BH	Mental health issues	16	JOB	More employment opportunities
19	BH	Depression counseling	18	JOB	Employment
20	BH	Mental health access	10	KID	Affordable childcare
23	BH	Mental health issues	18	KID	Affordable childcare
25	BH	Mental health care resources	5	MARK	Ways to communicate available services to the county
26	BH	Mental health	11	MARK	Communication - brag about what we have
27	BH	Mental health access - for treatment working with 4 county and state for optimal solution	16	MARK	Education community services available
4	CHRON	Chronic disease rates	22	MARK	Information about healthcare - getting the word out to people in the community
20	CHRON	Education for chronic disease	1	NUTR	Access to healthy food - education & access
3	CORP	Community engagement	8	NUTR	Lack of healthy food restaurants
7	CORP	Negativity about most everything	8	NUTR	Distance to grocery stores
13	DIAB	Diabetes	10	NUTR	Food accessibility
6	DOCS	More physicians	11	NUTR	Healthy eating
13	DOCS	Long-term stability of healthcare providers	17	NUTR	Education on basic nutrition
17	DOCS	Physician availability	23	NUTR	Education - nutrition/healthy eating
19	DOCS	Availability of physicians	28	NUTR	Need better access to food
22	DOCS	Doctors that care	15	OBES	Obesity
22	DOCS	More doctors	16	OBES	Obesity
27	DOCS	Need more primary care	23	OBES	Obesity
28	DOCS	Need more physicians/providers	24	OBES	Obesity education/services
1	DRUG	Substance use interventions	7	OTHR	Tooting our own horn
6	DRUG	Drugs	3	PART	Participation in coalition - "breaking down silos"
7	DRUG	Drug use	4	PART	Coordination of care/services
11	DRUG	Drugs	9	PART	The two larger cities in the county don't work together
12	DRUG	Work on decreasing drug use	27	PHARM	Education about drugs - improve knowledge
13	DRUG	Meth - drugs	3	POV	Poverty rate - single head of household/ children in poverty
17	DRUG	Educate people to reduce drugs ,tobacco, alcohol	4	POV	Poverty
19	DRUG	Drugs	10	POV	Poverty/economic
23	DRUG	Drugs	11	POV	Poverty
24	DRUG	Drugs in our communities	13	POV	Poverty
25	DRUG	Opioid/ marijuana/ substance abuse	16	POV	Poverty
26	DRUG	Opioid issue	21	POV	Poverty
11	EDU	Education	25	POV	Poverty (food insecurity, decrease of jobs, lack of resources to "pull self up")
7	FAM	Lack of parent involvement	21	PSY	Psychiatric services
10	FAM	Care for single parents	8	REC	Walking/biking - no trails or paths
1	FIT	exercise as a culture - walking/cycling paths	12	SPEC	Better access to medical specialization
2	FIT	Affordable access to exercise	16	SS	Social work
8	FIT	Expensive gyms / memberships	4	TOB	Tobacco use
16	FIT	Access to exercise opportunities (affordable)	10	TRANS	Transportation issues (to medical, to stores, etc)
9	HOSP	Better job of people having confidence in hospital services	16	TRANS	Community assistance - transportation
17	HOSP	Approach to people entering the hospital	17	TRANS	Transportation needs
19	HOSP	Too much change in hospital	18	TRANS	Public transportation
24	HOSP	Confidence in CRMs	28	TRANS	Transportation to classes or wellness center

Wave #3 CHNA - Coffeyville Regional PSA

Town Hall Conversation - Weakness (Color Cards) N= 28

Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
7	HOUS	Housing	19	VACC	Vaccinations
13	HOUS	Good housing to recruit	6	WAIT	ED visit times
18	HOUS	Affordable housing	8	WELL	Already so deep in the hole for wellness
14	IM	More providers - internal medicine	12	WELL	Health education - childcare & adults
24	IM	More internal meds physician	12	WELL	Education regarding need for seeing doctors
27	IM	Need more internal medicine	13	WELL	Ownership of own health and financials
6	INS	Uninsured - do they need help with enrollment	16	WELL	Education - wellness
7	INS	Uninsured patients	24	WELL	Health initiatives - improve
8	INS	Risk of losing healthcare	26	WELL	Owning own health
19	INS	Insurance for people			

c) Public Notice & Requests

[VVV Consultants LLC]

EMAIL MESSAGE to Stakeholder list

From: Melissa Summer

Date: May 1, 2019

To: Community Leaders, Providers and Hospital Board and Staff

Subject: CRMC seeking Community Feedback for 2019 Health Needs Assessment

In order to gauge the overall healthcare needs of Montgomery County KS residents, CRMC invites area residents to participate in a Community Health Needs Assessment (CHNA) online feedback survey. The goal of this assessment is to understand progress in addressing community health since 2016 and to collect up-to-date community health perceptions.

To accomplish this work, a short online survey has been developed and can be accessed by visiting the following website or going to CRMC's Facebook page:

https://www.surveymonkey.com/r/Wave3_CoffeyvilleReg

Vince Vandelaar, MBA (VVV Consultants LLC, an independent research firm from Olathe, KS) has been retained to conduct this community wide research. All community residents are encouraged to **complete the confidential CHNA 2019 online survey by Friday, June 21st, 2019.** and to attend the upcoming scheduled Town Hall on Thursday, August 22nd from 11:30-1:00pm at Conference Center – 4th Floor.

If you seek any additional information or have any questions regarding this assessment, please contact Melissa Summer at (620) 252-2214 or msummer@crmcinc.org.

PRESS RELEASE

4/1/2019

For immediate release

Contact: Melissa Summer at (620) 252-2214 or msummer@crmcinc.org.

CRMC seeking Community Feedback for 2019 Health Needs Assessment

Coffeyville KS In order to gauge the overall healthcare needs of Montgomery County KS residents, CRMC invites area residents to participate in a Community Health Needs Assessment (CHNA) online feedback survey. The goal of this assessment is to understand progress in addressing community health since 2016 and to collect up-to-date community health perceptions.

To accomplish this work, a short online survey has been developed and can be accessed by visiting the following website or going to CRMC's Facebook page:

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Vince Vandelaar, MBA (VVV Consultants LLC, an independent research firm from Olathe, KS) has been retained to conduct this community wide research. All community residents are encouraged to **complete the confidential CHNA 2019 online survey by Wed July 31, 2019.** and to attend the upcoming scheduled Town Hall on Thursday, August 22nd from 11:30-1:00pm at Conference Center – 4th Floor.

“This Community Health Needs Assessment will be an opportunity to review our communities’ health needs, obtain our patients’ experiences and make suggestions to improve healthcare delivery within our service area,” said Lori Rexwinkle CRMC’s CEO.

If you seek any additional information or have any questions regarding this assessment, please contact Melissa Summer at (620) 252-2214 or msummer@crmcinc.org.

EMAIL #2 MESSAGE (Community Invite)

From: Melissa Summer

Date: August 2nd, 2019

To: Community Leaders, Providers and Hospital Board and Staff

Subject: CRMC – Montgomery County Community Town Hall – Aug 22nd

Coffeyville Regional Medical Center (CRMC), in partnership with the Montgomery County Health Department, is updating their 2016 Community Health Needs Assessment (CHNA). VVV Consultants LLC from Olathe KS has been retained to conduct this community-wide research.

The Montgomery County CHNA Town Hall working lunch meeting is on Thursday, August 22nd from 11:30 a.m. to 1:00 p.m. at CRMC (Conference Center – 4th Floor).

At this meeting, we will discuss the initial online survey results and set priorities.

Please RSVP here for the August 22nd Town Hall:

https://www.surveymonkey.com/r/CRMC_CHNA_RSVP2019

Thank you in advance for your time and support in participating with this important request. If you seek any additional information or have any questions regarding this assessment, please contact Melissa Summer at (620) 252-2214 or msummer@crmcinc.org.

PRESS RELEASE

8/2/2019

For immediate release

Contact: Melissa Summer at (620) 252-2214 or msummer@crmcinc.org.

CRMC and Montgomery Co Community Town Hall – Aug 22nd

Coffeyville Regional Medical Center (CRMC), in partnership with the Montgomery County Health Department, is updating their 2016 Community Health Needs Assessment (CHNA). The goal of this assessment is to understand progress in addressing community health since 2016 and to collect up-to-date community health perceptions. VVV Consultants LLC from Olathe KS has been retained to conduct this community-wide research.

The Montgomery County CHNA Town Hall working lunch meeting is on Thursday, August 22nd from 11:30 a.m. to 1:00 p.m. at CRMC (Conference Center – 4th Floor). At this meeting, we will discuss the initial online survey results and set new community health priorities.

Please RSVP here for the August 22nd Town Hall:

https://www.surveymonkey.com/r/CRMC_CHNA_RSVP2019

Thank you in advance for your time and support in participating with this important request. If you seek any additional information or have any questions regarding this assessment, please contact Melissa Summer at (620) 252-2214 or msummer@crmcinc.org.

d) Primary Research Detail

Neighborhood Roundtables & Online Research

[VVV Consultants LLC]

CHNA 2019 Community Feedback - CRMC (Coffeyville, KS) N= 296							
ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community? Please select top THREE.
1270	74072	Good	Not really changing much	DRUG			Drug use
1282	67337	Good	Not really changing much	DRUG			Drug abuse
1219	67337	Good	Not really changing much	HOSP			Four County is a joke!! New people in key positions constantly.
1198		Good		INSU			I don't have insurance because I fall in between the middle I can't afford to pay for it and I can't get it free
1189	67337	Good	Not really changing much	OBES	SMOK	DRUG	poor self care, smoking, drugs obesity, etc
1154	67333	Very Good	Increasing - moving up	OBES			Obesity
1045	67337	Average	Not really changing much	OTHR			You can lead a horse to water but you can't make them drink
1070	67337	Good	Not really changing much	OTHR			personal choices
1102	74072	Average	Not really changing much	OTHR			Laziness
1162	67337	Very Good	Increasing - moving up	OTHR			generational ignorance
1073	67337	Average	Decreasing - slipping downward	POV	TRAN		Housing for homeless and transportation for anyone who needs it
1128	67337	Average	Decreasing - slipping downward	POV			Poverty
1213	67337	Good	Decreasing - slipping downward	POV			Poverty
1241	67337	Good	Increasing - moving up	POV			Poverty
1044	67337	Average	Decreasing - slipping downward	PRIM			NEED MORE PRIMARY CARE PHYSICIANS!
1056		Good	Increasing - moving up	SS	DRUG	ALC	Four County and child welfare are very weak links in the community overall health. I have been involved with both and there needs to be done drastic changes to how drug, alcohol and family intervention is handled. It is a broken system that basically benefits no one.
1148	67337	Poor	Decreasing - slipping downward	SS	INSU	EMER	I hear every day, someone on welfare or medicaid so I just go to the ER to see a dr whenever I need to! REALLY its suppose to be for Emergencies! And Mental Health Providers here do not have enough highly qualified staff to Really Help anyone HERE
1185	67337	Average	Not really changing much	TRAN			Transportation
1036	67301	Good	Decreasing - slipping downward	WELL	EMER	URG	Education of what provider to seek ie emergency room vs urgent care vs doctors clinic
1161	67337	Average	Not really changing much	WELL	NUTR		Lack of good nutrition or nutrition education programs
1134	67337	Very Good	Increasing - moving up	WELL			At least one segment of the population is so busy trying to survive that learning about good health - and perhaps changing some habits - is not pressing.

CHNA 2019 Community Feedback - CRMC (Coffeyville, KS) N= 296							
ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1273	67337	Average	Not really changing much	AGE	WELL	ACC	Work more with the elderly. Make your programs more accessible. Its hard to get to some of your programs.
1009	67337	Good	Not really changing much	ALL			Give time for your newly established program to make an impact. Switching focus before accurate feedback can be collected could be detrimental to your forward motion.
1033	67337	Average	Increasing - moving up	ALL			Maybe not new programs but improve upon the ones we have.
1147	67337		Not really changing much	ALL			none. What is needed is greater utilization of programs already available.
1085	67337	Average	Not really changing much	ALL			Not just new, but improve what the community has.
1174	67333	Poor	Decreasing - slipping downward	ALT	DENT		Naturopathic/holistic practitioners, including dentistry.
1007		Very Good	Increasing - moving up	BH	DIAL		Mental health of any kind either than Four County. They are worthless and there is a great need for this. Dialysis center in town would be a huge help instead of those people having to go outside of town.
1213	67337	Good	Decreasing - slipping downward	BH	DRUG		Mental illness. Drug addiction services.
1191	67337	Good	Increasing - moving up	BH	FAC	DRUG	mental illness facility drug rehabilitation
1131	67337	Poor	Decreasing - slipping downward	BH	KID	DOH	Do we partner with mental health? local schools? public health?
1266		Good	Not really changing much	BH	KID		Mental health service for school aged children.
1211	67301	Good	Increasing - moving up	BH	POV	PREV	Mental Health. Most undeserved population. Who in your area provides these services? How can they help to be a layer of care, possibly help with better management of their diseases/conditions? This bringing less potential ER visits and readmissions and further protect their quality of life.
1099	67337	Good	Not really changing much	BH	WELL	NUTR	Mental health seems to be a continuing issue in communities and should be a priority. Early age health information for young people under the age of 18 is important for a community. Education is the key to healthy people to help individuals understand the consequences of unhealthy practices. Teaching about proper diet and exercise are the basic steps.
1289	67301	Very Good	Increasing - moving up	BH			I believe there needs to be a higher demand for mental health. Mental Health Disorders are truly a "silent killer"
1185	67337	Average	Not really changing much	BH			I think if we could partner with Four County and help with Mental Health it would be beneficial.
1272	67337	Very Good	Increasing - moving up	BH			Mental Health services
1036	67301	Good	Decreasing - slipping downward	BH			We need more mental health services. We should utilize the Indian Nation more, they could partner with us to bring more services to our community.
1145		Average	Not really changing much	CLIN	INSU		We already have clinics from our ot town from bigger hospital systems. They can only afford having small staffs due to insurance payments.
1244	74072	Good	Not really changing much	CLIN	POV	INSU	A volunteer ran free clinic would be helpful for the low income and uninsured.
1173	67337	Good	Increasing - moving up	CLIN	TRAV		Maybe clinics so we don't have to go out of town for appointments.
1212	67337	Average	Not really changing much	CORP			CRMC should be bought by a larger healthcare entity. That is how hospitals are staying alive now. CRMC is unable to give employees what they deserve.
1092	67301	Average	Not really changing much	CORP			Perhaps partnering with a larger healthcare organization like via christy or acension would help the community
1228	67337	Very Good	Decreasing - slipping downward	DERM	DIAB	CLIN	Dermatologist, diabetic, affordable health screening.
1194	67337	Average	Not really changing much	DERM	IM	DIAB	Get a dermatologist; Internist (diabetic specialty);
1083	67337	Good	Decreasing - slipping downward	DIAB			Diabetes
1203	67337	Poor	Decreasing - slipping downward	DIAL			Dialysis
1207	67337	Average	Not really changing much	DOCS			I feel we need doctors who really want to help and care
1162	67337	Very Good	Increasing - moving up	DOCS			My only observation would be it seems our population is not growing but more and more healthcare providers are moving in.
1267	67337	Very Good	Not really changing much	DOCS			Need more physicians

CHNA 2019 Community Feedback - CRMC (Coffeyville, KS) N= 296							
ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1153	67337	Average	Decreasing - slipping downward	DOCS			We need to get new docs and then introduce them to the community
1056		Good	Increasing - moving up	DOH	GOV		Utilize the county health nurse and department and other government agencies along with the medical community to provide greater care for the whole community.
1239	67337	Average	Not really changing much	DRUG	POV		Substance abuse is a huge problem here. Theres treatment here. Poverty is huge. Many people can not afford the basic necessities. SRS. Doesnt help like they used to. Makes hard for anyone with a job to get help so they end up having to do without something else. Usually something needed
1221		Poor	Not really changing much	DRUG	WELL		Free substance abuse education and treatment.
1069	67337	Average	Decreasing - slipping downward	EMER	DOCS		Don't know. Good to partner for ER doctor coverage.
1038	74369	Very Good	Increasing - moving up	ENDO			endocrinology
1077	67333	Good	Increasing - moving up	ENDO			Freeman Endocrinologist
1060	67335	Very Good	Increasing - moving up	ENT	CARD		ENT, Cardiology
1200	67337	Average	Not really changing much	FIT			Free or cheap exercise classes, water aerobics
1025	67337	Poor	Decreasing - slipping downward	FP			Need more FP Doctors.
1114	67337	Average	Increasing - moving up	GAS			GI doctors needed. I've receiving information from a couple of sources that esophagitis is not only common in the US but an issue in our area going back many years.
1178	67337	Average	Decreasing - slipping downward	GOV	INSU		City & County governments should work together to establish a pool for health insurance
1254	67337	Poor	Not really changing much	HRT	SPEC	NEU	as I have said before we need these heart specialist neurologist and eye specialist but can do surgery or close to this kind of things here in Coffeyville after all we are a medical center
1142	67337	Good	Not really changing much	IP	BH	OP	Need an input behavioral health unit and more outpatient services.
1188	67337	Good	Increasing - moving up	KID	REC		after school activities for school age children
1143	67337	Average	Increasing - moving up	KID	WELL	REC	give kids a hands on, about health and wellness. get more involved. the community need fun and active things for kids in summer and such to help promote health and wellness
1226	67337	Average	Not really changing much	KID			Early childhood, working with existing programs
1219	67337	Good	Not really changing much	MRKT	STFF	CORP	Advertise more. Get rid of hateful admission staff, including doctor admission staff and doctor staff who answer the phone. Who is Coffeyville going to partner with?? Ha ha.
1199		Good	Not really changing much	MRKT			We just need one place to share information so that the public benefits from the information
1256	67337	Good	Not really changing much	NEU	OP	HH	Neurologist/ outpatient homehealth / list of healthcare services available in our area and how to obtain them and how to apply to get financial help and assistance doing so. People need educated in all areas
1161	67337	Average	Not really changing much	NUTR	DOH		Nutrition and food preparation classes Perhaps implement KState Extension offices for suggestions
1135	67337	Very Good	Not really changing much	NUTR	WELL		Nutrition health programs
1233	67337	Good	Increasing - moving up	OBES	SPEC		I think obesity is a huge problem in our community. It would be nice if we had one particular physician who specialized in obesity treatment, sort of like the big cities do. I think it would create a lot of business for the hospital and be very helpful for those who can't do it on their own.
1068	67301	Poor	Not really changing much	OTHR	ALLER	DIAB	Asmatha, allergies, diabetes
1129	67337	Average	Decreasing - slipping downward	OTHR	CLIN		easier/cheaper pre-screenings/clinics
1096	67337	Average	Not really changing much	OTHR			Community health checks a couple of times a year at affordable cost for people who won't go to doctor because of expense. Maybe catch something before they end up in emergency room.
1037	74369	Very Good	Increasing - moving up	OTHR			Freeman
1072	67337	Good	Not really changing much	OTHR			Personal accountability and responsibility are hard to generate. More programs and dollars invested do not always fix this issue.
1098	67301	Poor	Not really changing much	PEDS			Pediatricians
1110	67337	Poor	Decreasing - slipping downward	PHY			See comment about a therapeutic pool.

CHNA 2019 Community Feedback - CRMC (Coffeyville, KS) N= 296							
ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1115	67337	Good	Increasing - moving up	POV	MRKT		We seem to be in a low income area. I'm not sure that the people that need to be reached. From what I hear most people only go if Court ordered. It seems to me that we need to create incentives to reach the proper people. Maybe different locations and times. Where would the most of these people congregate and why. It might help reach more people.
1070	67337	Good	Not really changing much	POV	OTHR		homeless shelter
1024	67301	Very Good	Not really changing much	POV			As of now, working with those in need of health care in Independence is an important issue.
1259	67337	Poor	Not really changing much	PREV	CORP		Disease prevention and management
1251	67335	Good	Increasing - moving up	PREV			Health prevention
1151	67337	Average	Not really changing much	PRIM	SPEC		Yes. Join, and let the largest primary care provider in SE Kansas, take over the primary care, and let CRMC do the speciality care.
1044	67337	Average	Decreasing - slipping downward	PRIM			GET MORE PRIMARY CARE PHYSICIANS!!!
1172	67337	Good	Decreasing - slipping downward	SMOK	REC	FIT	Wellness is badly needed - smoking cessation, walking/trails/bikes, exercise locations and pricing marketing, using parks to promote exercise and wellness
1148	67337	Poor	Decreasing - slipping downward	SPEC	BH	QUAL	Specialty REAL Mental Health Services that Follow through and CARE
1175	67337	Average	Not really changing much	SPEC	INSU		Get more specialists at the hospital. Have more doctor offices take more insurance carriers so people don't drive out of town for dr. visits. List of provided medical services with doctor names and what they treat in Coffeyville as a whole.
1292	67337	Very Good	Decreasing - slipping downward	STFF			More nursing in the community like industrial
1102	74072	Average	Not really changing much	SURG	CANC		I've heard that some doctors would like to be able to do more helpful surgeries (i.e. breast reconstruction, breast reduction, bariatric). I would like to see more help for breast cancer patients.
1073	67337	Average	Decreasing - slipping downward	TRAN			Transportation for all people, not just the ones with transportation to and from dr. appointments. We need service for those that need food, prescriptions and go to work.
1029		Good	Not really changing much	VACC	KID		immunization of all children entering school
1231	67337	Average	Decreasing - slipping downward	VIO	OTHR	POV	Batterers intervention..because we keep helping the victim but not the abuser and they are the one with the problem...there needs to be a REAL place for poor children to go and not the boys and girls club that charges too much..and all for your kids to come home and say teachers were mean to them because they ain't the Good kids or the boosters kids or the rich kids..there should also be a community showers for all the homeless people so they can get clean instead of taking baths in the public library bathrooms. There should be NICE people that work at the food banks not the ones that are there wanting you to beg them for outdated food..and if it's a food bank why keep giving away cakes n junk..poor people need REAL food so they can be healthier..n why does every store around here throw food in the dumpsters..they should give it away and that should be illegal..like it's illegal to park my own on my own grass in my own yard. Fine them for throwing stuff away. I could go on and on but I'll stop now
1281	67337	Good	Decreasing - slipping downward	WELL	CORP		1) More community outreach and education 2) Enter into financial/provider/care-coordination partnership with larger, more successful hospital - Labette Health System
1141	67337	Good		WELL	DRUG	PREV	Education/prevention of drugs usage. Services provided by county health advertised in local papers.
1236		Good	Decreasing - slipping downward	WELL	FIT		-education - knowing who is available with courses -what to do, where to go -exercise programs
1295	67337	Poor	Not really changing much	WELL	FIT		Community wellness, access to fitness instruction
1152	67301	Good	Increasing - moving up	WELL	MRKT	TRAN	There are lots of programs out there, but the access is limited, transportation is poor, and compliance can't be forced. You offer lots of programs, but people are not taking advantage of them.
1095	67337	Average	Decreasing - slipping downward	WELL	MRKT		Better education and outreach programs to inform community of healthcare options.

CHNA 2019 Community Feedback - CRMC (Coffeyville, KS) N= 296							
ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1252	67340	Good	Decreasing - slipping downward	WELL	MRKT		I'd like to see outreach programs at churches, library to educate people about local services. Have very limited medical screenings available at these facilities to reach more people. Educate people how to find services like hospice, caregiver support, people to volunteer to assist with building ramps, etc. No one should die because they feel they cannot afford to get screened.
1045	67337	Average	Not really changing much	WELL	NUTR	FIT	Educate adults about eating healthier. Encourage all people with healthy activities. Walking jogging ect
1154	67333	Very Good	Increasing - moving up	WELL	OBES		There needs to be additional programs/education about obesity control.
1127	67337	Average	Not really changing much	WELL			CRMC needs to be out in the community more. Get outside of the hospital.
1116	74072	Average	Decreasing - slipping downward	WELL			more community education programs held out in the public
1134	67337	Very Good	Increasing - moving up	WELL			perhaps have a table of information (and a person to answer questions) at every local event

Community Health Needs Assessment 2019 - Coffeyville Regional (Montgomery Co, KS)

Let Your Voice Be Heard!

Coffeyville Regional Medical Center (CRMC) is creating a 2019-2021 Montgomery County, Kansas Community Health Needs Assessment (CHNA). To collect "up to date" community feedback, a short online survey has been created to uncover any current community health issues and evaluate local health delivery.

While your participation is voluntary and confidential, all community input is valued. Thank you for your attention! Deadline to participate is Friday, June 21st, 2019.

Community Health Needs Assessment 2019 - Coffeyville Regional (Montgomery Co, KS)

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

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

Community Health Needs Assessment 2019 - Coffeyville Regional (Montgomery Co, KS)

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

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

Why? (please specify)

Community Health Needs Assessment 2019 - Coffeyville Regional (Montgomery Co, KS)

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

Community Health Needs Assessment 2019 - Coffeyville Regional (Montgomery Co, KS)

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

Community Health Needs Assessment 2019 - Coffeyville Regional (Montgomery Co, KS)

5. From past health assessments of our community, 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"/> Abuse / Violence | <input type="checkbox"/> Obesity (Nutrition / Exercise / Wellness) |
| <input type="checkbox"/> Affordable/ Safe Housing | <input type="checkbox"/> Ozone |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Primary Care Providers |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Chronic Diseases (Diabetes, Heart Disease, Hypertension, Respiratory Disease, etc) | <input type="checkbox"/> STDs |
| <input type="checkbox"/> Drugs/ Substance Abuse | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Economic Development (Seek Entrepreneurs, Address Unemployment) | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Lead Exposure | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Mental Health / Illness | <input type="checkbox"/> Water Quality |

Community Health Needs Assessment 2019 - Coffeyville Regional (Montgomery Co, KS)

6. Which past health assessment of our community need is NOW the "most pressing" for improvement?
Please select top THREE.

- | | |
|---|--|
| <input type="checkbox"/> Abuse / Violence | <input type="checkbox"/> Obesity (Nutrition / Exercise / Wellness) |
| <input type="checkbox"/> Affordable / Safe Housing | <input type="checkbox"/> Ozone |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Primary Care Providers |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Chronic Diseases (Diabetes, Heart Disease, Hypertension, Respiratory Disease, etc) | <input type="checkbox"/> STDs |
| <input type="checkbox"/> Drugs / Substance Abuse | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Economic Development (Seek Entrepreneurs, Address Unemployment) | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Lead Exposure | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Mental Health / Illness | |

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

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

Other (please specify)

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

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

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

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

	Very Good	Good	Fair	Poor	Very Poor
Early Childhood Development Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poverty/Financial Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings (such as asthma, hearing, vision, wellness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunization Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity Prevention & Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

☐ Yes

☐ I don't know

☐ No

If YES, please specify the healthcare services received.

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13. Are our healthcare organizations, providers and community members actively working together to address/improve health in our community?

☐ Yes

☐ I don't know

☐ No

Please explain

Community Health Needs Assessment 2019 - Coffeyville Regional (Montgomery Co, KS)

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

Community Health Needs Assessment 2019 - Coffeyville Regional (Montgomery Co, KS)

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

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

Other (please specify)

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

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

Other (please specify)

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17. What is your home ZIP code? Please enter 5-digit ZIP code; for example 00544 or 95305



VVV Consultants LLC

Vince Vandehaar, MBA

Principal & Adjunct Professor

(913) 302-7264 (C)

VVV@VandehaarMarketing.com

Tessa E. Taylor, BBA BA

Lead Consultant

(920) 250-3722 (C)

TET@VandehaarMarketing.com

Office:

601 N Mahaffie, Olathe, KS 66061

<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