



Community Health Needs Assessment

Cowley County, KS

On Behalf of William Newton Hospital, City-Cowley County Health Department,
And Community Health Center in Cowley County



November 2021

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

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I. Executive Summary

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I. Executive Summary

William Newton Hospital and Community Partners – Cowley County, KS - 2021 Community Health Needs Assessment (CHNA)

The previous CHNA for Cowley County was completed in 2018. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #4 Cowley County, KS CHNA assessment began in March of 2021 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

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

County Health Area of Future Focus on Unmet Needs

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

Cowley County KS				
2021 CHNA Priorities - Unmet Needs				
CHNA Wave #4 Town Hall - August 31, 2021				
Primary Service Area (33 Attendees / 157 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Behavioral / Mental Health (Access, Diagnosis, Placement, Aftercare)	23	14.6%	15%
2	Poverty	16	10.2%	25%
3	Drug / Substance Abuse	15	9.6%	34%
4	Suicide	12	7.6%	42%
5	Awareness of Healthcare Services	10	6.4%	48%
6	Affordable Housing	9	5.7%	54%
7	Lack of Health Resources	9	5.7%	60%
8	Obesity (Nutrition / Physical Activity)	9	5.7%	66%
9	Preventative Health & Wellness	9	5.7%	71%
10	Child Care	7	4.5%	76%
11	Lack of "Owning Your Health"	7	4.5%	80%
12	Lack of Health Insurance	7	4.5%	85%
Total Votes		157	100%	
Other needs receiving votes: Coordination of Care, Domestic & Sexual Violence, Access to Rural Grocery Stores / Healthy Foods, Transportation, Access to Providers, Cultural Competence and Youth Support Services.				

Town Hall CHNA Findings: Areas of Strengths

Cowley Co. (KS) - "Community Health Strengths"			
#	Topic	#	Topic
1	Partnerships / Coalitions	6	Parks & Recreation
2	Clinical Providers	7	Public Health Leadership
3	Specialty Services	8	Community Resources
4	Access to Exercise / Fitness	9	Clergy
5	Community Support	10	Capacity of the Hospital

Key CHNA Wave #4 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2021 Robert Woods Cowley County Health Rankings, Cowley County, KS Average was ranked 94th in Health Outcomes, 84th in Health Factors, and 63rd in Physical Environmental Quality out of the 105 Counties.

TAB 1. Cowley County's population is 34,908 (based on 2019), with a population per square mile of approximately 32.3 persons. Six percent (6.0%) of the population is under the age of 5, while the population that is over 65 years old is 18.8%. As of 2019, 6.7% of citizens speak a language other than English in their home. Children in single parent households make up a total of 24.6% compared to the rural norm of 19.5%, and 83.2% are living in the same house as one year ago.

TAB 2. In Cowley County, the average per capita income is \$25,775 while 13.5% of the population is in poverty. The severe housing problem was recorded at 11.5% compared to the rural norm of 10.4%. Those with food insecurity in Cowley County is 14.2%, and having limited access to healthy foods (store) is 13.7%. Individuals recorded as having a long commute while driving alone is 21.2% compared to the norm of 21.3%.

TAB 3. Children eligible for a free or reduced-price lunch in Cowley County is 57.9%. Roughly ninety percent (90.3%) of students graduated high school compared to the rural norm of 91.3%, and 21.1% have a bachelor's degree or higher.

TAB 4. The percent of births where prenatal care started in the first trimester is 73.7% and 7.7% of births in Cowley County have a low birth weight. Continually, 60.4% (compared to 72.9% rural norm) of infants up to 24 months are receiving full immunization. The percent of mothers who were reported smoking during pregnancy is 15.5% compared to the rural norm of 10.4%.

TAB 5. The Cowley County primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 1,957 residents. The percentage of patients who gave their hospital a rating of 9 or 10 out of 10 is only 71%, while 71% of patients reported Yes, They Would Definitely Recommend the Hospital. The average (median) time patients spend in the emergency department before leaving was 83 minutes compared to the rural norm of 86.5 minutes.

TAB 6. In Cowley County, 23.1% of the Medicare population has depression. The percent of Medicare Part D beneficiaries receiving an opioid day supply >10 Days is 50.6%. The average mentally unhealthy days last reported (2020) is 4.6 days in a one-week period, while the age-adjusted suicide mortality rate (per 100,000) is 19.7.

TAB 7a – 7b. Cowley County has an obesity percentage of 39.1% and a physical inactivity percentage is 30.3%. The percentage of adults who smoke is 21.7%, while the excessive drinking percentage is 18%. The Medicare hypertension percentage is 58.5%, while their heart failure percentage is 15.2%. Those with chronic kidney disease amongst the Medicare population is 24.2% compared to the rural norm of 22.2%. The percentage of individuals who were recorded with COPD was 12.9%. Cowley County recorded roughly eight percent of those having cancer (7.5%) among their Medicare population and 2.6% of individuals who have had a stroke.

TAB 8. The adult uninsured rate for Cowley County is 12.9% (based on 2020) compared to the rural norm of only 13.0%.

TAB 9. The life expectancy rate in Cowley County is seventy-five years of age (75.2) for the entire general population in Cowley County. Alcohol-impaired driving deaths for Cowley County is at 16% while age-adjusted Cancer Mortality rate per 100,000 is 198. The age-adjusted heart disease mortality rate per 100,000 is at 192.6.

TAB 10. Roughly seventy-one percent (70.5%) of Cowley County has access to exercise opportunities. Those reported having diabetes is 12.8%. Continually, forty percent (40%) of women in Cowley County seek annual mammography screenings compared to the rural norm of 35.6%.

Key CHNA Wave #4 Primary Research Conclusions found:

Community Feedback from residents, community leaders and providers (N=315) provided the following community insights via an online perception survey:

- Using a Likert scale, average between Cowley County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 60.4%.
- Cowley County stakeholders are satisfied with some of the following services: Ambulance Services, Chiropractors, Dentists, Eye Doctor, Hospice, Outpatient Services, and Pharmacy.
- When considering past CHNA needs, the following topics came up as the most pressing: Behavioral / Mental Health, Drug / Substance Abuse, Affordable Health Insurance, Obesity, Preventative Health / Wellness, Youth Support / Services, Access to Affordable & Healthy Foods, and Provider Recruitment and Retention.

Cowley Co KS - CHNA Wave #4					
Past CHNAs Unmet Needs identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	RANK
1	Behavioral / Mental Health	157	11.3%		1
2	Obesity	134	9.7%		4
3	Drug / Substance Abuse	129	9.3%		2
4	Affordable Health Insurance	116	8.4%		3
5	Access to Affordable & Healthy Foods	89	6.4%		7
6	Provider Recruitment / Retention	86	6.2%		8
7	Youth Support / Services	84	6.1%		6
8	Preventative Health / Wellness	83	6.0%		5
9	Nutrition - Healthy Food Options	82	5.9%		11
10	Awareness of Healthcare Services	81	5.8%		12
11	Alcohol Abuse	78	5.6%		9
12	Exercise / Fitness	75	5.4%		13
13	Chronic Health	67	4.8%		10
14	Smoking / Tobacco Use	67	4.8%		15
15	Coordination of Care	60	4.3%		14
Total Votes		1388			

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.).

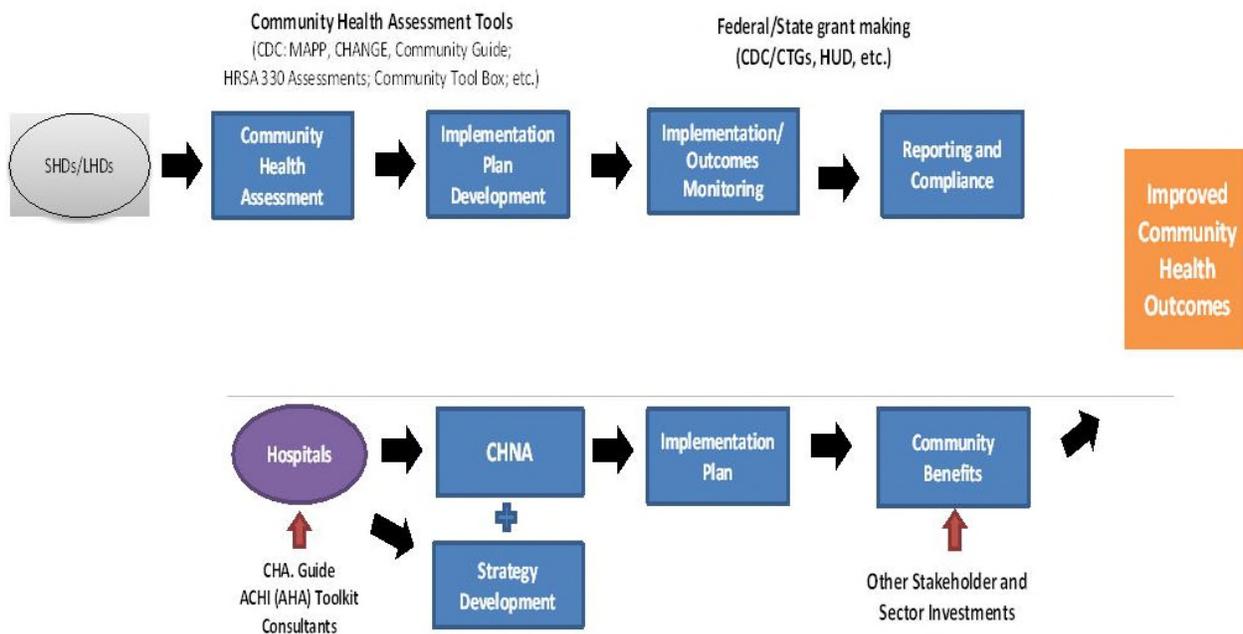
JOB #2: Making a CHNA Widely Available to the Public

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 Requirements Overview (Notice 2011-52)

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

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

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

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

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

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

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

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

Additional Sources of Input

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

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

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

Collaboration on CHNA Reports

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

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

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

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

Joint Implementation Strategies

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

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

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

Adoption of Implementation Strategy

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

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

New Hospital Organizations

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

New Hospital Facilities

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

Transferred/Terminated Facilities

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

Public Health Criteria:

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

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

DOMAIN 1 includes 4 STANDARDS:

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

Required CHNA Planning Process Requirements:

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

Seven Steps of Public Health Department Accreditation (PHAB):

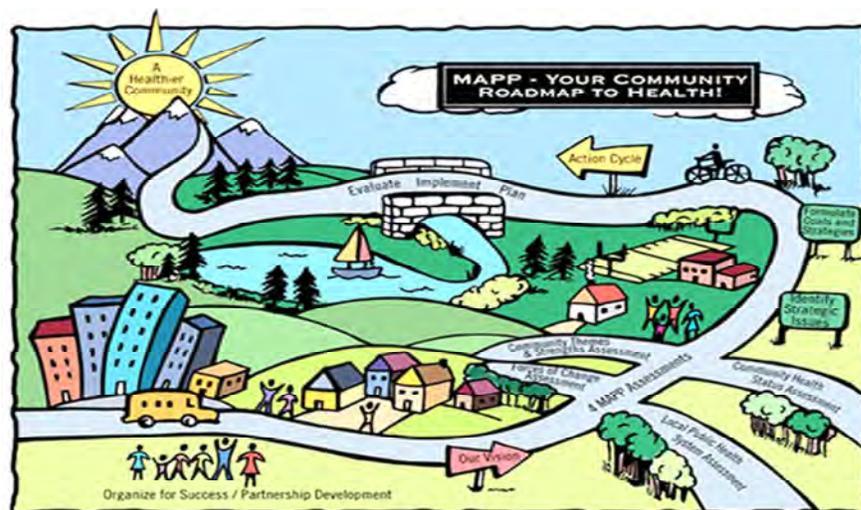
1. Pre-Application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

MAPP Process Overview

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

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

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



Drivers of Health Assessment & Improvement Planning

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

National Voluntary Accreditation Requirements

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

CDC Grant Requirements

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

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

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

Social Determinants of Health

What Are Social Determinants of Health?



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

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

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

II. Methodology

b) Collaborating CHNA Parties

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

William Newton Hospital Profile

1300 E 5th Ave, Winfield, KS 67156

Chief Executive Officer: J. Ben Quinton, MHA

Chief Nursing Officer: Debbie Marrs, BSN RN

Chief Financial Officer: Brian Barta, CPA

Chief of Staff: Todd Peters, MD

About Us: William Newton Hospital has been a respected healthcare provider since its doors opened on February 25, 1927. WNH is classified as a not-for-profit community general hospital. It remains locally managed and completely self-sufficient, receiving no tax support. The hospital is governed by a five-member Board of Trustees appointed by the Winfield City Commission. WNH was made possible through the generosity of William Newton who, upon his death in 1924, left considerable assets to the city of Winfield for the construction of a hospital. Newton was a local business owner and harness maker who slowly accumulated wealth from investments and oil on his properties.

Throughout its history, the hospital has been a proactive force in providing healthcare for the area. This is evidenced by the five rural health clinics, office facilities for medical staff, occupational health for local industry, Oxford, home health services, and all the other quality inpatient and outpatient services it provides.

Meeting the healthcare needs of the citizens in the surrounding area has always been, and always will be, our number one priority.

Mission: William Newton Hospital is a team of skilled individuals dedicated to meeting the ever changing needs of the community through advances in leadership, education, technology and continuous improvement in the delivery of quality health care. We are committed to sound financial management and ethical practices. We care for those we serve with dignity, kindness and compassion.

Vision: An institution of caring where patients choose to come, employees choose to work, and physicians choose to practice.

Values: Our belief in promoting a sense of family, unity, and well-being among those being served and those providing services.

- **Community**

- Our belief in promoting a sense of family and unity among those being served and those providing service.

- **Integrity**

- Our belief that all conduct must be based on moral principle, honesty and sincerity.

- **Dignity**

- Our belief that everyone deserves recognition, respect, self-worth, and empathy.

- **Excellence**

- Our belief in striving for the highest quality in all that we do.

City-Cowley County Health Department Profile

**320 E. 9th, Suite B Winfield, KS 67156
115 E. Radio Lane Arkansas City, KS 67005
Administrator: Thomas Langer MPA**

In 1946, a joint resolution was adopted by the Cowley County Board of Commissioners and the Board of Commissioners of the cities of Arkansas City and Winfield and was joined by additional health and nursing boards and the Joint City-Cowley County Health Department was formed, governed by a local Board of Health. Our Board of Health was one of the first eighteen within all of the state of Kansas and to this day retains the same governance structure as was designed by the founders.

More than seventy years later the City-Cowley County Health Department remains committed to public health and can be characterized as a multi-disciplinary organization that includes physicians, nurses, environmental officers, epidemiologists, biostatisticians, dietitians, health educators and communication professionals; that assess common health measures and work to improve community health and the quality of life by providing interventions and promoting healthy behaviors.

Our Vision:

Cowley County residents enjoying healthy lives, exercising personal responsibility for their health and the health of their family members.

Our Mission:

The City-Cowley County Health Department works to promote excellent health, prevent disease, and to protect the environment to benefit all our citizens.

Prevent~Promote~Protect

The City- Cowley County Health Department is open Monday through Friday 8:00am – 12:00pm and 1:00pm – 4:30pm.

Services:

- Kansas Women Infant Children Program
- Maternal Infant and Child Health Program
- Adult Health
- Chronic Disease Prevention
- Immunizations
- Laboratory Service
- Disease Surveillance
- Family Planning
- Elderly Home Care Assistance
- Home and Community Based Service
- Public Health in Office Services
- Dietician Consultation
- Environmental Sanitation
- Emergency Preparedness
- Healthy Start Home Visitor Program
- Breastfeeding Educator Program

Community Health Center In Cowley County, INC.

221 West 8th Avenue, Winfield, KS 67156

Hours: Monday through Friday, 8 am to 5pm (Closed Federal Holidays)

Chief Executive Officer: David Brazil

Chief Medical Officer: Treasure Wehner, DO

Chief Financial Officer: Brady Dutton

Chief Operations Officer: Melody Vaden

About Us: On August 28, 2015, the Community Health Center in Cowley County, Inc., began providing primary care health services at the Westside Clinic with the designation of Federally Qualified Health Center (FQHC). The health center offers a sliding-fee discount schedule to provide services at a lower cost based on an individual or family's ability to pay. Community Health Centers create savings in healthcare every time a patient opts for an exam and treatment at the first sign of a health issue. Every health center tailors its services to meet the needs of the people in its surrounding community. This local approach to healthcare, combined with an emphasis on comprehensive preventative care, generates over \$26 billion in annual savings to the healthcare system including the American taxpayer, local, state and federal governments and public and private payers. Our health center prioritizes integration of behavioral health, oral health and other support services into the primary care setting. Our FQHC is also committed to adaptive leadership and providing patient centered medical services.

Mission: The Mission of the Community Health Center in Cowley County is to provide comprehensive, integrated and holistic medical, dental and mental health care that is affordable and patient-centered for everyone in Cowley County.

Vision: The Vision of the Community Health Center in Cowley County as a non-profit organization is to be a financially sustainable health center, organized and managed to fulfill its mission, providing care by a highly collaborative and effective professional team; and to be a valued community partner working cooperatively to improve area-wide health outcomes.

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications:

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

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



Vince Vandehaar, MBA – Principal

VVV Consultants LLC – start 1/1/09 *

- Adjunct Full Professor @ Avila and Webster Universities
- 35+ year veteran marketer, strategist and researcher
- Saint Luke's Health System, BCBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA

Cassandra Kahl, BHS MHA – Director, Project Management

VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences (BHS)
 - Park University - Masters of Health Administration (MHA)
- Pharmacy Management (CVS) – 2 ½ years
- Hometown: Maple, WI



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

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

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

Our Values :

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

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

"Integrity" – Trustworthy delivery with numerous client recommendations / endorsements.

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

"Growth" – Process-driven; ongoing innovational delivery.

II. Methodology

c) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in March of 2021 for William Newton Hospital (WNH) located in Cowley County, KS to meet Federal IRS CHNA requirements.

In late March 2021, a meeting was called for William Newton Hospital & Community Partners' leaders to review CHNA collaborative options. <Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps.> Outcomes from discussion led to the William Newton Hospital and their Community Partners to request 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:

William Newton Hospital - Define PSA					Inpatients			Outpatients		
Source: KHA - FFY 2018-2020		96,827	Totals - IP/OP		1,066	1,270	1,259	31,713	29,899	31,620
Patient Zip Code	County	3YR TOT	%	Accum	FFY18	FFY19	FFY20	FFY18	FFY19	FFY20
67156-Winfield, KS	Cowley	53,879	55.6%	55.6%	655	712	699	17,989	16,635	17,189
67005-Arkansas City, KS	Cowley	20,244	20.9%	76.5%	207	321	321	6039	6379	6977
67019-Burden, KS	Cowley	3,187	3.3%	79.8%	29	24	31	1177	1015	911
67119-Oxford, KS	Sumner	3,021	3.1%	82.9%	19	39	45	989	978	951

© 2021 Hospital Industry Data Institute

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

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

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

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

Phase III—Quantify Community Need:

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

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

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

Detail CHNA Development Steps Include:

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

Data & Benchmarks Review

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

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

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

Community health assessment indicators should be.

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

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

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

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

Sources of community-health level indicators:

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

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

Cowley County, KS William Newton Hospital & Community Partners VVV CHNA Wave #4 Work Plan - Year 2021 Project Timeline & Roles - Working Draft as of 3/17/21			
Step	Timeframe	Lead	Task
1	3/1/2021	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	3/12/2021	Hosp	Select CHNA Wave #4 Option B. Approve / Sign VVV CHNA quote
3	5/3/20	VVV	Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	6/2/2021	VVV	Hold Kick-off Meeting & Request Hospital Client to send KHA PO reports for FFY 18, 19 and 20. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls)
5	6/15/2021	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	June - July 2021	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	6/19/2021	VVV / Hosp	Prepare/send out PR story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	By 6/19/2021	VVV / Hosp	Place PR #1 story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	6/21/2021	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 7/23/2021 for Online Survey
10	8/6/2021	Hosp	Prepare/send out Community TOWN HALL invite letter and place local AD.
11	8/9/2021	VVV / Hosp	Prepare/send out PR #2 story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
12	8/27/2021	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	Tuesday, 8/31/21	VVV	Conduct virtual CHNA Town Hall for Lunch 11:30 am - 1:00 pm (location TBD) . Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 10/04/2021	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 10/14/2021	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	10/31/2021	Hosp	Conduct Client Implementation Plan PSA Leadership meeting (Tentative Date: 6/17/21)
17	On or Before 12/31/2021	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

Overview of Town Hall Community Priority Setting Process

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

All Town Hall priority-setting and scoring processes involve the input of key stakeholders in attendance. Individuals and organizations attending the Town Halls were critically important to the success of the CHNA. The following list outlines partners invited to Town Hall: local hospital, public health community, mental health community, free clinics, community-based clinics, service providers, 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.

Cowley County, KS Town Hall was held on Tuesday, August 31, 2021, onsite following COVID-19 safety guidelines. Vince Vandelaar (MBA) and Cassandra Kahl (MHA) facilitated this 1½ hour session with 38 RSVP's and 33 attendees. (Note: a detail roster of Town Hall attendees is listed in Section V).

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) and Primary Online survey results.
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 (casting 3 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 Consultants encouraged all community members to continue to contribute ideas to both hospital / health department leaders via e-mail and/or personal conversations. < NOTE: To review detail Town Hall discussion content, please turn to Section V for detailed notes of retreat session and activities citing health strengths & unmet health needs to change or improve.>

Community Health Needs Assessment Town Hall Meeting – Cowley Co. (KS) on behalf of William Newton Hospital & Community Partners



VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

1

Community Health Needs Assessment (CHNA) Town Hall Discussion Agenda

- I. **Check-In / Introductions** (Start: 11:20 – 11:35)
- II. **Review CHNA Purpose and Process** (11:35 – 11:40)
- III. **Review Current County “Health Status”**
 - Secondary Data by 10 TAB Categories
 - Review Community Feedback Research (11:40 – 12:10)
- IV. **Collect Community Health Perspectives**
 - Assigned Breakout Sessions (Lead/Reporter)
 - Uncover unmet needs/reporting back discussion (12:10 - 12:40)
- V. **Returning To Community General Session**
 - Report up / Poll & End Town Hall (12:40 – 1:00)

2

I. Introduction: Who We Are

Background and Experience



Vince Vandehaar, MBA – Principal
VVV Consultants LLC – start 1/1/09 *

- Adjunct Full Professor @ Avila and Webster Universities
- 35+ year veteran marketer, strategist and researcher
- Saint Luke’s Health System, BCBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA



Cassandra Kahl, BHS MHA–
Director, Project Management
VVV Consultants LLC – Nov 2020
Hometown: Maple, WI



Ashley Meisinger, BS Associate Consultant
VVV Consultants LLC – Sept 2021
Hometown: Topeka, KS



3

Breakout Room Assignments

Community Lead Tagged

#	Breakout	County	Lead	Last	First	Organization
1	A	**	LANGER	THOMAS		CITY COWLEY COUNTY HEALTH DEPT
2	A		Andrews	Brad		Southwestern College
3	A		Bourman	Jeffrey		South Central Kansas Medical Center
4	A		Dickson	Jack		Arkansas City Ministerial Alliance
5	A		Morris	Annika		William Newton healthcare Foundation
6	A		Payne	Allyson		City Cowley County Health Department
7	A		Peters	Jodie		
8	A		Price	Dared		Graves Drug
9	A		Quinton	Ben		William Newton Hospital
10	A		RICHARDSON	MANCI		William Newton Hospital
11	A		Schwartz	Taylor		Community Health Center in Cowley County
12	A		Wright	Barry		Four County Mental Health Center, Inc.
13	B	**	Bratt	David		Community Health Center in Cowley County
14	B		Carson	Brienny		William Newton healthcare Foundation
15	B		Clawson	Sarah		William Newton Hospital
16	B		Colvin	KC		Cowley County Health Dept.
17	B		Dising	Robbie		Winfield Police Department
18	B		Fraser	Randy		City of Arkansas City KS
19	B		Gray	Michelle		WN - Physician Clinics Billing
20	B		Judd-Jenkins	Alinta		CHD
21	B		Kerr	Falsetti		Cowley First
22	B		Rittle	Dennis		Cowley College
23	B		Turner	Shona		SK Health
24	B		Wilke	Lindsay		RISE Cowley and USD 420
25	C	**	Johnson	Sarah		William Newton Hospital
26	C		Carol	Heame		Community Health Center in Cowley County
27	C		Hennert	Gera		Four County Mental Health Center, Inc.
28	C		Hoyt	Harlene		William Newton Hospital - Physician Clinics
29	C		Jackson	Donna		Kansas Pride Burden
30	C		Jinak	Sandra		USD 464
31	C		Keller	Michael		
32	C		McCutchen	Rebecca		Cowley Courier/Traveler
33	C		Meyer	Angela		Health Professionals of Winfield
34	C		Newsum	Steven		
35	C		Raid	Becky		Cowley County Extension
36	C		Smith	Christopher		19th Judicial District
37	C		Vora	MehBoob		William Newton Hospital

4

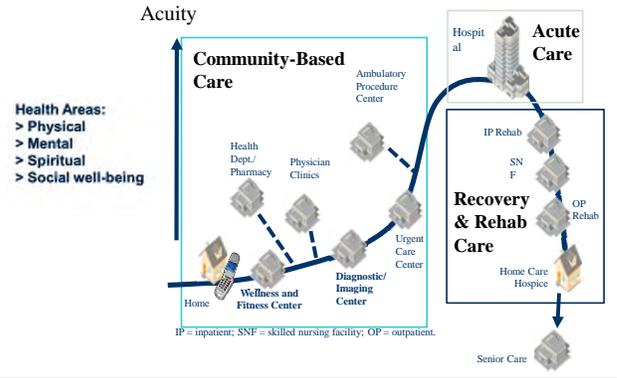
II. Review CHNA Focus and Process Town Hall Roles / Duties

- Attendees
 - Have Engaging Conversation (Be specific on your point)
 - No right or wrong answer)
 - Give truthful responses
 - Take Notes – Make your list of Important Health Indicators
 - Complete Unmet Needs Poll – Representing Community
 - Chat – Log thoughts during meeting
- Local Leads (During Breakout Rooms)
 - Facilitate Community Conversation
 - Ensure Team Involvement – ALL speak up

Remember, Have Fun Too!

5

Future System of Care - Sg2



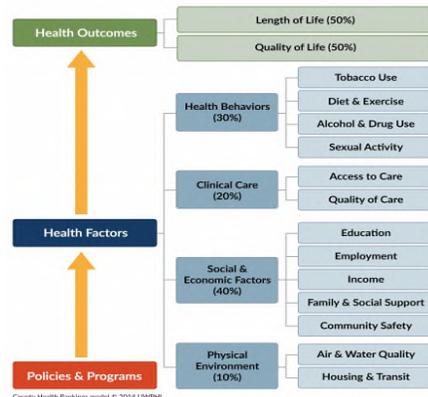
6

Triple Aim Focus



7

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



8

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

- 1) Are there healthcare services in your community/neighborhood that you feel *need to be improved and/or changed*? **ASK: Top 3 unmet health needs per attendee – rapid fire** (20 mins)
- 2) What are the *strengths* of our community that contribute to health? **ASK: Top 3 Strengths per attendee – rapid fire** (10 mins)

ROLES: Local LEAD – Guide discussion
VVV Staff – Take notes

9

Breakout Room Assignments

Share Conversation

Cowley County, KS 2021 CHNA Town Hall Meeting - Tuesday, August 31st					
#	Breakout	Lead	Last	First	Organization
1	A	**	LANGER	THOMAS	CITY COWLEY COUNTY HEALTH DEPT
2	A		Andrews	Brad	Southwestern College
3	A		Rosman	Jeffrey	South Central Kansas Medical Center
4	A		Dickson	Jack	Arkansas City Ministerial Alliance
5	A		Morris	Jannika	William Newton healthcare foundation
6	A		Paine	Kilgus	City-Cowley County Health Department
7	A		Peters	Judd	
8	A		Price	Dared	Graves Drug
9	A		Dumont	Ben	William Newton Hospital
10	A		RICHARDSON	NAWCI	William Newton Hospital
11	A		Schwartz	Taylor	Community Health Center in Cowley County
12	A		Wright	Barry	Four County Mental Health Center, Inc.
13	B	**	Brall	David	Community Health Center in Cowley County
14	B		Carson	Brittney	William Newton healthcare foundation
15	B		Olavson	Sarah	William Newton Hospital
16	B		Colvin	KC	Cowley County Health Dept.
17	B		Sejung	Julie	Winfield Police Department
18	B		Frazier	Randy	City of Arkansas City KS
19	B		Judd-Jenkins	Anita	CCHD
20	B		Kern	Valletti	Cowley First
21	B		Rittle	Dennis	Cowley College
22	B		Truener	Shona	SK Health
24	B		Wilke	Lindsay	RSE Cowley and USD 470
25	C	**	Johnson	Sarah	William Newton Hospital
26	C		Carol	Hearne	Community Health Center in Cowley County
27	C		Hemenen	Gregg	Four County Mental Health Center, Inc.
28	C		Jackson	Donna	Kansas Pride-Burden
29	C		Irak	Dandra	USD 463
30	C		McClutcheon	Rebecca	Cowley Courier/Traveler
31	C		Meyer	Angela	Health Professionals of Winfield
32	C		Newcome	Steven	
33	C		Reid	Betsy	Cowley County Extension
34	C		Smith	Christopher	19th Judicial District
35	C		Vora	Mehboob	William Newton Hospital

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Collaborate Breakout Room Discussions

- TEAMS: Share Themes from Breakout Sessions
- Unmet Needs - Consensus
- Administer Poll
- Close – Next Steps Moving Forward

After Meeting Thoughts: EMAIL
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Community Health Needs Assessment

Questions? Next Steps?



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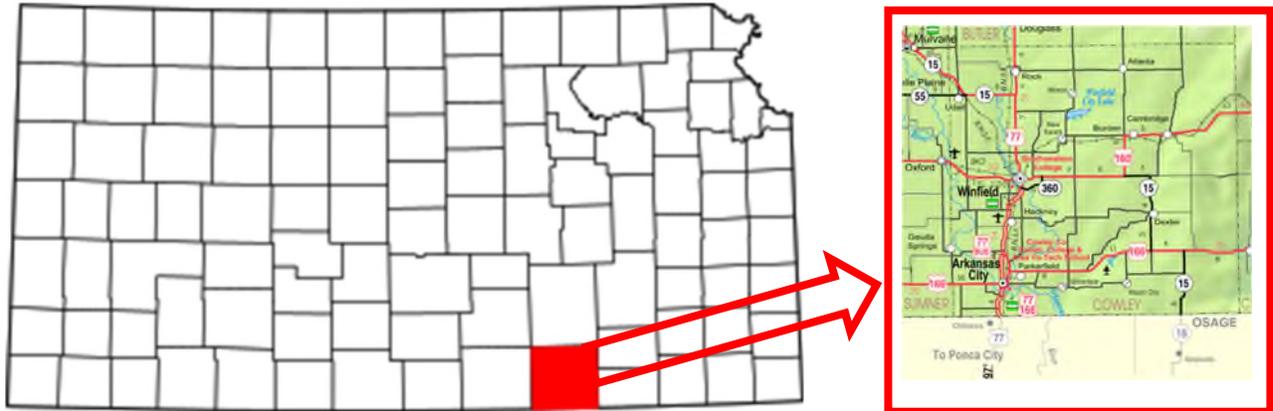
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II. Methodology

d) Community Profile (A Description of Community Served)

Cowley County (KS) Community Profile



The population of Cowley County KS was estimated to be 34,908 citizens in 2020 and had a -4% change in population from 2010–2020. The county covers 1,126 square miles. The county has an overall population density of 30.7 persons per square mile. The county is located in South-Central Kansas and Manufacturing, Health Care & Social Assistance, and Educational Services are the industries that provide the most employment. The county was founded in 1867 and the county seat is Winfield.

The major highway transportation access is K-360. K-360 is a state highway in Cowley County, Kansas, United States. It follows a route around the south and east sides of Winfield. The highway was established in 1997. It starts at US-77 in southern Winfield and proceeds east and north for 3.469 miles (5.583 km), ending at US-160 in eastern Winfield.

<https://en.wikipedia.org/wiki/K-360> (Kansas highway)

<https://datausa.io/profile/geo/cowley-county-ks/>

https://en.wikipedia.org/wiki/Cowley_County,_Kansas

Cowley County (KS) Community Profile

Cowley County Kansas Airports	
Haines Landing Airport	511 E. Quincy Ave., Arkansas, KS
Oxford Municipal Airport	15915 31 st Rd., Winfield, KS
Strother Airport	7 th Ave., Winfield, KS
Strother Field Airport	22193 Tupper St #1, Winfield, KS

Cowley County Kansas Public Schools			
Arkansas City Unified School District 470	2545 Greenway, Arkansas City, KS 67005	620-441-2000	Pre-K-12th
Winfield Unified School District 465	1407 Wheat Rd, Winfield, KS 67156	620-221-5100	Pre-K-12th
Dexter Unified School District 471	311 North Main, Dexter, KS 67038	620-876-5415	Pre-K-12th
Udall Unified School District 463	303 South Seymour, Udall, KS 67146	620-782-3355	Pre-K-12th
Central Unified School District 462	700 North Main, Burden, KS 67019	620-438-2218	Pre-K-12th

Cowley Co ST -Detail Demographic Profile

ZIP	NAME	County	Population			Households		HH	Per Capita
			Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
67005	Arkansas City	Cowley	15975	15482	-3.1%	6174	5981	2.5	\$23,758
67008	Atlanta	Cowley	496	488	-1.6%	210	207	2.36	\$31,107
67019	Burden	Cowley	910	885	-2.7%	364	355	2.49	\$26,772
67023	Cambridge	Cowley	221	215	-2.7%	95	92	2.32	\$28,380
67038	Dexter	Cowley	611	617	1.0%	234	236	2.51	\$28,692
67102	Maple City	Cowley	72	72	0.0%	22	22	3.27	\$21,476
67131	Rock	Cowley	313	309	-1.3%	122	121	2.57	\$28,096
67146	Udall	Cowley	1820	1772	-2.6%	724	708	2.51	\$28,807
67156	Winfield	Cowley	14817	14461	-2.4%	5615	5472	2.39	\$24,269
Totals			17,022	16,614	-2.4%	6,483	6,323	2.7	\$25,662

ZIP	NAME	County	Population				Year 2020		Females
			Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
67005	Arkansas City	Cowley	15975	2980	5440	2047	7,852	8123	2023
67008	Atlanta	Cowley	496	102	134	59	252	244	51
67019	Burden	Cowley	910	191	252	111	474	436	95
67023	Cambridge	Cowley	221	45	63	27	114	107	24
67038	Dexter	Cowley	611	154	163	67	309	302	62
67102	Maple City	Cowley	72	17	19	9	39	33	7
67131	Rock	Cowley	313	71	76	35	156	157	30
67146	Udall	Cowley	1820	324	567	215	875	945	211
67156	Winfield	Cowley	14817	2895	4589	1998	7,526	7291	1773
Totals			17,022	3,307	5,251	2,257	8,596	8,426	2,021

ZIP	NAME	County	Population 2020				Average Households 2020		
			Caucasian	African Amer	Amer Ind.	Hispanic	HH Inc	HH	HH \$50K+
67005	Arkansas City	Cowley	12,684	495	415	2,923	\$46,512	6174	3024
67008	Atlanta	Cowley	467	2	8	19	\$61,847	210	128
67019	Burden	Cowley	857	2	17	38	\$55,519	364	203
67023	Cambridge	Cowley	208	1	4	10	\$55,650	95	52
67038	Dexter	Cowley	585	2	16	9	\$59,649	234	154
67102	Maple City	Cowley	69	0	1	0	\$53,382	22	14
67131	Rock	Cowley	297	0	7	10	\$56,041	122	71
67146	Udall	Cowley	1,670	2	27	71	\$53,984	724	404
67156	Winfield	Cowley	12,654	489	207	1,037	\$49,584	5615	2826
Totals			14,690	491	242	1,118	\$53,248	6,483	3,315

Source: ERSA Demographics

III. Community Health Status

[VVV Consultants LLC]

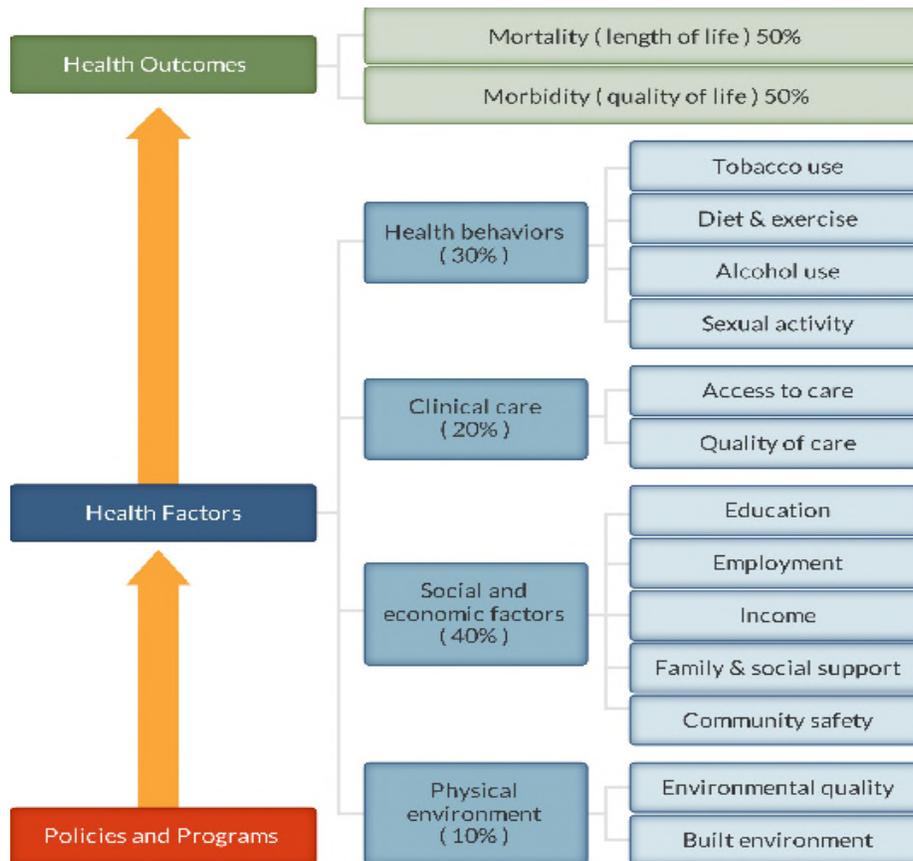
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2020 RWJ County Health Rankings and conversations from Town Hall participantes. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

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



County Health Rankings model ©2012 UWPHI

National Research – Year 2021 RWJ Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Cowley Co. (KS)	TREND	SCKS RURAL NORM (N=16)
1	Health Outcomes		94		64
2	Mortality	Length of Life	93		55
3	Morbidity	Quality of Life	90		55
4	Health Factors		84		54
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	93		46
6	Clinical Care	Access to care / Quality of Care	34		66
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	82		54
8	Physical Environment	Environmental quality	63		42
SC KS Rural Norm (N=16) includes the following counties: Barber, Clark, Comanche, Cowley, Edwards, Ford, Gray, Harper, Haskell, Hodgeman, Kindgman, Kiowa, Meade, Pratt, Seward, Sumner					
http://www.countyhealthrankings.org , released 2021					

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.

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

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

Tab 1: Demographic Profile

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

Tab	Demographic - Health Indicators	Cowley Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
1	a Population estimates, July 1, 2019, (V2019)	34,908		2,913,314	10,233	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	-3.9%		2.1%	-6.6%	People Quick Facts
	c Population per square mile, 2010 (V2019)	32.3		34.9	11.7	Geography Quick Facts
	d Persons under 5 years, percent, 2019, (V2019)	6.0%		6.4%	6.5%	People Quick Facts
	e Persons 65 years and over, percent, 2019, (V2019)	18.8%		16.3%	19.7%	People Quick Facts
	f Female persons, percent, 2019, (V2019)	49.7%		50.2%	49.6%	People Quick Facts
	g White alone, percent, 2019, (V2019)	88.9%		86.3%	93.7%	People Quick Facts
	h Black or African American alone, percent, 2019, (V2019)	2.8%		6.1%	1.5%	People Quick Facts
	i Hispanic or Latino, percent, 2019, (V2019)	11.2%		12.2%	17.3%	People Quick Facts
	j Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	6.7%		11.9%	16.6%	People Quick Facts
	k Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	83.2%		83.8%	88.5%	People Quick Facts
	l Children in single-parent households, percent, 2015-2019 (2021)	24.6%		29.0%	19.5%	County Health Rankings
	m Total Veterans, 2015-2019	2,330		176,444	514	People Quick Facts

Tab 2: Economic Profile

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

Tab	Economic - Health Indicators	Cowley Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
2	a Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$25,775		\$31,814	\$27,368	People Quick Facts
	b Persons in poverty, percent	13.5%		11.4%	11.8%	People Quick Facts
	c Total Housing units, July 1, 2019, (V2019)	16,209		1,288,401	4,636	People Quick Facts
	d Total Persons per household, 2015-2019	2.3		2.5	2.4	People Quick Facts
	e Severe housing problems, percent, 2013-2017 (2021)	11.5%		13.0%	10.4%	County Health Rankings
	f Total of All firms, 2012 (2021)	2,604		239,118	944	Business Quick Facts
	g Unemployment, percent, 2019 (2021)	3.4%		3.4%	2.6%	County Health Rankings
	h Food insecurity, percent, 2018 (2021)	14.2%		13.0%	11.1%	County Health Rankings
	i Limited access to healthy foods, percent, 2015 (2021)	13.7%		8.0%	13.6%	County Health Rankings
	j Long commute - driving alone, percent, 2015-2019 (2021)	21.2%		21.0%	21.3%	County Health Rankings

Tab 3: Educational Profile

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

Tab	Educative - Health Indicator	Cowley Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
3	a Children eligible for free or reduced price lunch, percent, 2018-2019 (2021)	57.9%		48.0%	52.8%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2015-2019	90.3%		91.0%	91.3%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	21.1%		33.4%	23.1%	People Quick Facts

Tab 4: Maternal / Infant Profile

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

Tab	Maternal/Infant - Health Indicators	Cowley Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
4	a Percent of Births Where Prenatal Care began in First Trimester, 2017-2019 (2021)	73.7%		81.0%	77.7%	Kansas Health Matters
	b Percentage of Premature Births, 2017-2019 (2021)	12.3%		9.1%	8.8%	Kansas Health Matters
	c Percent of Infants up to 24 months that received full Immunizations, 2017-2018 (2021)	60.4%		69.2%	72.9%	Kansas Health Matters
	d Percent of Births with Low Birth Weight, 2017-2019 (2021)	7.7%		7.3%	6.8%	Kansas Health Matters
	e Percent of WIC Mothers Breastfeeding Exclusively, percent, 2018 (2021)	11.5%		14.1%	17.3%	Kansas Health Matters
	f Percent of all Births Occurring to Teens (15-19), 2017-2019 (2021)	8.0%		5.5%	6.3%	Kansas Health Matters
	g Percent of births Where Mother Smoked During Pregnancy, 2017-2019 (2021)	15.5%		10.0%	10.4%	Kansas Health Matters

Tab 4: Maternal / Infant Profile (Continued)

#	Criteria - Vital Statistics	Cowley Co. (KS)	Trend	Kansas	SC KS Norm (N=16)
a	Total Live Births, 2015	445		39,126	158
b	Total Live Births, 2016	397		38,048	148
c	Total Live Births, 2017	415		36,464	142
d	Total Live Births, 2018	383		36,268	140
e	Total Live Births, 2019	392		35,395	142
f	Total Live Births, 2015-2019 - 5 year Rate (%)	11.5%		12.7%	12.6%

Tab 5: Hospitalization and Provider Profile

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

Tab	Hospital/Provider - Health Indicator	Cowley Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
5	a Primary care physicians (Pop Coverage per) (No extenders incl.) , 2018 (2021)	1957:1		1295:1	2804:1	County Health Rankings
	b Preventable hospital rate per 100,000, 2018 (2021) (lower the better)	3,922		4024	4,082	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%		78.0%	78.7%	CMS Hospital Compare, Latest Release
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	71.0%		78.0%	80.2%	CMS Hospital Compare, Latest Release
	e Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	83		112.0	86.5	CMS Hospital Compare, Latest Release

# KS Hospital Assoc PO103		Total Cowley Co (KS) - Inpatients		
		FFY2018	FFY2019	FFY2020
1	Total Discharges	3385	3323	3086
5	Total IP Discharges-Age 65-74	612	615	550
6	Total IP Discharges-Age 75+	958	930	824
7	Psychiatric	151	128	126
8	Obstetric	299	331	297
# KS Hospital Assoc PO103		William Newton Hospital Only		
		FFY2018	FFY2019	FFY2020
1	Total Discharges	945	1105	1088
5	Total IP Discharges-Age 65-74	151	198	186
6	Total IP Discharges-Age 75+	347	362	326
7	Psychiatric	15	8	11
8	Obstetric	188	231	205

# KS Hospital Assoc PO103		SCK Health Only		
		FFY2018	FFY2019	FFY2020
1	Total Discharges	727	622	576
5	Total IP Discharges-Age 65-74	116	91	94
6	Total IP Discharges-Age 75+	252	252	195
7	Psychiatric	62	43	46
8	Obstetric	8	0	3
#	Kansas Hospital AssocOP TOT223E	FFY2018	FFY2019	FFY2020
1	WNH ER - Cowley Co Only	6,758	5,970	6,217
2	WNH OpSRG - Cowley Co Only	1,653	1,701	1,591
3	WNH TOT OP Visits - Cowley Co Only	26,872	25,602	26,579

Tab 6: Behavioral / Mental Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Mental - Health Indicator	Cowley Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
6	a Depression: Medicare Population, percent, 2018 (2021)	23.1%		18.9%	18.7%	Kansas Health Matters
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2017-2019 (lower is better)	19.7		17.6	18.6	Kansas Health Matters
	c Mental Behavioral Hospital Admission Rates per 100,000, 2017-2019	40.4		75.1	52.2	Kansas Health Matters
	k Percent of Medicare Part D Beneficiaries Receiving Opioids Supply >10 Days 2017 (2020)	50.6%		37.8%	49.0%	Kansas Health Matters
	d Average Number of mentally unhealthy days, 2018 (2021)	4.6		3.7	4.4	County Health Rankings

Tab 7a: Risk Indicators & Factors Profile

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

Tab	High-Risk - Health Indicator	Cowley Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
7a	a Adult obesity, percent, 2017 (2020)	39.1%		33.0%	34.4%	County Health Rankings
	b Adult smoking, percent, 2018 (2021)	21.7%		17.0%	20.1%	County Health Rankings
	c Excessive drinking, percent, 2018 (2021)	18.0%		19.0%	18.0%	County Health Rankings
	d Physical inactivity, percent, 2017 (2021)	30.3%		25.0%	27.6%	County Health Rankings
	e # of Physically unhealthy days, 2015	4.0		3.6	3.5	County Health Rankings
	f Sexually transmitted infections (chlamydia), rate per 100,000 - 2018 (2021)	153.0		13,554	49.8	County Health Rankings

Tab 7b: Chronic Risk Profile

Tab	Chronic - Health Indicator	Cowley Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
7b	a Hypertension: Medicare Population, 2018 (2021)	58.5%	Red	55.2%	55.7%	Kansas Health Matters
	b Hyperlipidemia: Medicare Population, 2018 (2021)	38.1%	Yellow	37.1%	39.0%	Kansas Health Matters
	c Heart Failure: Medicare Population, 2018 (2021)	15.2%	Yellow	13.4%	16.4%	Kansas Health Matters
	d Chronic Kidney Disease: Medicare Pop, 2018 (2021)	24.2%	Red	21.8%	22.2%	Kansas Health Matters
	e COPD: Medicare Population, 2018 (2021)	12.9%	Red	11.9%	11.8%	Kansas Health Matters
	f Atrial Fibrillation: Medicare Population, 2018 (2021)	9.1%	Red	8.8%	8.6%	Kansas Health Matters
	g Cancer: Medicare Population, 2018 (2021)	7.5%	Yellow	8.1%	7.4%	Kansas Health Matters
	h Osteoporosis: Medicare Population, 2018 (2021)	4.4%	Green	6.1%	6.6%	Kansas Health Matters
	i Asthma: Medicare Population, 2018 (2021)	3.9%	Yellow	4.3%	3.0%	Kansas Health Matters
	j Stroke: Medicare Population, 2018 (2021)	2.6%	Green	3.1%	4.0%	Kansas Health Matters

Tab 8 Uninsured Profile and Community Benefit

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

Tab	Coverage - Health Indicator	Cowley Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
8	a Uninsured, percent, 2018 (2021)	12.9%	Yellow	10.0%	13.0%	County Health Rankings

Source: Internal Hospital Records					
#	William Newton Hospital - Winfield KS	YR 2018	YR 2019	YR 2020	YR 2021 6M
1	Bad Debt.. Insurance Writeoff / Can't Pay Bill	\$3,465,568	\$3,541,984	\$3,711,179	\$1,431,265
2	Charity Care .. Free Care given	\$1,076,981	\$725,441	\$1,149,023	\$192,368

Tab 9: Mortality Profile

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

Tab	Mortality - Health Indicator	Cowley Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
9	a Life Expectancy, 2017 - 2019 (2021)	75.2		78.5	75.6	Kansas Health Matters
	b Age-adjusted Cancer Mortality Rate per 100,000 population, 2017-2019 (lower is better)	198.0		155.3	148.4	Kansas Health Matters
	c Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2017-2019 (lower is better)	192.6		156.7	162.0	Kansas Health Matters
	d Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2017-2019 (Lower is better)	60.3		49.9	59.3	Kansas Health Matters
	e Alcohol-impaired driving deaths, percent, 2015-2019 (2021)	16.0%		21.9%	14.3%	County Health Rankings
	f Total # Deaths involving COVID-19 if released, 2021	9.0		3575	10.4	NY Times

Causes of Death by County of Residence, KS 2020	Cowley Co. (KS)	%	Trend	Kansas	%
TOTAL	487			27,312	
Hypertensive Renal Disease	121	24.8%		3,603	13.2%
Heart disease	111	22.8%		5,520	20.2%
Cancer	82	16.8%		5,537	20.3%
Chronic lower respiratory diseases	80	16.4%		1,774	6.5%
Suicide	53	10.9%		3,085	11.3%
Other causes	40	8.2%		6,058	22.2%
Residual Infections and Parasitic Diseases	29	6.0%		514	1.9%
Cancer of the Trachea, Bronchus, and Lungs	25	5.1%		1,180	4.3%
Chronic liver disease and cirrhosis	23	4.7%		398	1.5%
# Of Drug Overdoses	21	4.3%		1,392	5.1%

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	Preventative - Health Indicator	Cowley Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
10	a Access to exercise opportunities, percent, 2019 (2021)	70.5%		76.0%	58.7%	County Health Rankings
	b Adults with diabetes, monitoring, percent, 2017 (2021)	12.8%		86.0%	11.8%	County Health Rankings
	c Mammography annual screening, percent, 2018 (2021)	40.0%		63.0%	35.6%	County Health Rankings
	d Percent Annual Check-Up Visit with PCP	TBD		TBD	TBD	TBD
	e Percent Annual Check-Up Visit with Dentist	TBD		TBD	TBD	TBD
	f Percent Annual Check-Up Visit with Eye Doctor	TBD		TBD	TBD	TBD

PSA Primary Research:

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

Chart #1 – Cowley County, KS Online Feedback Response (N=315)

Cowley Co KS - CHNA Wave #4			
For reporting purposes, are you involved in or are you a ...?	Cowley Co KS N=315	Trend	2021 Norms N=3977
Business / Merchant	14.5%		12.6%
Community Board Member	13.9%		10.2%
Case Manager / Discharge Planner	1.2%		0.9%
Clergy	4.0%		1.6%
College / University	2.3%		4.3%
Consumer Advocate	2.9%		2.1%
Dentist / Eye Doctor / Chiropractor	1.2%		1.0%
Elected Official - City/County	0.6%		2.7%
EMS / Emergency	0.0%		2.7%
Farmer / Rancher	5.8%		9.9%
Hospital / Health Dept	27.2%		24.4%
Housing / Builder	1.2%		1.1%
Insurance	0.6%		1.3%
Labor	0.6%		3.2%
Law Enforcement	4.6%		1.3%
Mental Health	2.3%		1.7%
Other Health Professional	26.0%		14.2%
Parent / Caregiver	23.1%		21.8%
Pharmacy / Clinic	2.9%		2.7%
Media (Paper/TV/Radio)	0.6%		0.5%
Senior Care	6.9%		4.8%
Teacher / School Admin	8.7%		10.5%
Veteran	4.6%		4.4%
Other (please specify)	14.5%		10.6%
TOTAL	173		2383
County Norms: Ellis KS, Pawnee KS, Gove KS, Thomas KS, Sheridan KS, Kiowa KS, Pratt KS, Nemaha KS, Johnson KS, Miami KS, Harper KS, Trego KS, Russell KS, Cowley KS and Carroll MO.			

Chart #2 - Quality of Healthcare Delivery Community Rating

Cowley Co KS - CHNA Wave #4			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Cowley Co KS N=315	Trend	2021 Norms N=3977
Top Box %	21.1%		30.7%
Top 2 Boxes %	60.4%		73.3%
Very Good	21.1%		30.7%
Good	39.3%		42.6%
Average	32.9%		21.3%
Poor	6.4%		4.2%
Very Poor	0.3%		1.2%
Valid N	313		3,950
County Norms: Ellis KS, Pawnee KS, Gove KS, Thomas KS, Sheridan KS, Kiowa KS, Pratt KS, Nemaha KS, Johnson KS, Miami KS, Harper KS, Trego KS, Russell KS, Cowley KS and Carroll MO.			

Chart #3 – Overall Community Health Quality Trend

Cowley Co KS - CHNA Wave #4			
When considering "overall community health quality", is it...	Cowley Co KS N=315	Trend	2021 Norms N=3977
Increasing - moving up	42.8%		47.8%
Not really changing much	47.0%		44.3%
Decreasing - slipping	10.2%		7.9%
Valid N	285		3542
County Norms: Ellis KS, Pawnee KS, Gove KS, Thomas KS, Sheridan KS, Kiowa KS, Pratt KS, Nemaha KS, Johnson KS, Miami KS, Harper KS, Trego KS, Russell KS, Cowley KS and Carroll MO.			

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

Cowley Co KS - CHNA Wave #4					
Past CHNAs Unmet Needs identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	RANK
1	Behavioral / Mental Health	157	11.3%		1
2	Obesity	134	9.7%		4
3	Drug / Substance Abuse	129	9.3%		2
4	Affordable Health Insurance	116	8.4%		3
5	Access to Affordable & Healthy Foods	89	6.4%		7
6	Provider Recruitment / Retention	86	6.2%		8
7	Youth Support / Services	84	6.1%		6
8	Preventative Health / Wellness	83	6.0%		5
9	Nutrition - Healthy Food Options	82	5.9%		11
10	Awareness of Healthcare Services	81	5.8%		12
11	Alcohol Abuse	78	5.6%		9
12	Exercise / Fitness	75	5.4%		13
13	Chronic Health	67	4.8%		10
14	Smoking / Tobacco Use	67	4.8%		15
15	Coordination of Care	60	4.3%		14
Total Votes		1388			

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

Cowley Co KS - CHNA Wave #4			
In your opinion, what are the root causes of "poor health" in our community?	Cowley Co KS N=315	Trend	2021 Norms N=3977
Lack of health insurance	17.0%		18.6%
Limited Access to Mental Health Assistance	16.8%		22.5%
Neglect	13.3%		13.9%
Lack of health & Wellness Education	11.8%		15.9%
Chronic disease prevention	8.2%		12.6%
Family assistance programs	5.7%		8.1%
Lack of Nutrition / Exercise Services	8.8%		13.7%
Limited Access to Specialty Care	8.7%		10.4%
Limited Access to Primary Care	9.8%		7.4%
Total Votes	601		5,732
County Norms: Ellis KS, Pawnee KS, Gove KS, Thomas KS, Sheridan KS, Kiowa KS, Pratt KS, Nemaha KS, Johnson KS, Miami KS, Harper KS, Trego KS, Russell KS, Cowley KS and Carroll MO.			

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

Cowley Co. KS CHNA Wave #4	Cowley Co KS N=315		Trend	2021 Norms N=3977	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?					
Ambulance Services	84.4%	2.4%		78.6%	7.0%
Child Care	39.7%	17.2%		43.8%	15.1%
Chiropractors	70.7%	1.9%		69.8%	5.3%
Dentists	80.6%	3.8%		73.4%	9.8%
Emergency Room	65.6%	9.9%		74.7%	8.0%
Eye Doctor/Optomtrist	83.6%	1.4%		78.1%	6.0%
Family Planning Services	42.9%	18.7%		41.6%	15.9%
Home Health	64.1%	5.8%		54.6%	9.7%
Hospice	72.7%	3.4%		62.5%	8.8%
Telehealth	40.9%	15.8%		52.2%	10.2%
Inpatient Services	64.4%	7.8%		79.3%	5.2%
Mental Health	20.1%	38.2%		29.9%	32.9%
Nursing Home/Senior Living	49.5%	11.3%		63.3%	9.8%
Outpatient Services	68.6%	3.4%		76.6%	4.3%
Pharmacy	90.0%	2.9%		88.7%	2.4%
Primary Care	72.0%	9.7%		79.0%	5.4%
Public Health	56.3%	12.0%		65.1%	7.4%
School Health	58.7%	11.4%		66.6%	6.7%
Visiting Specialists	59.3%	11.3%		66.8%	9.0%
Walk- In Clinic	43.6%	16.2%		56.3%	19.2%
County Norms: Ellis KS, Pawnee KS, Gove KS, Thomas KS, Sheridan KS, Kiowa KS, Pratt KS, Nemaha KS, Johnson KS, Miami KS, Harper KS, Trego KS, Russell KS, Cowley KS and Carroll MO.					

Chart #7 – Community Health Readiness

Cowley Co. KS - CHNA Wave #4		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Cowley Co KS N=315	Trend	2021 Norms N=3977
Behavioral / Mental Health	37.4%		30.9%
Emergency Preparedness	10.3%		8.5%
Food and Nutrition Services/Education	22.1%		15.5%
Health Screenings (as asthma, hearing, vision, scoliosis)	16.2%		10.4%
Prenatal/Child Health Programs	11.1%		10.6%
Substance Use/Prevention	40.4%		34.6%
Suicide Prevention	50.0%		37.3%
Violence Prevention	49.7%		33.9%
Women's Wellness Programs	19.7%		16.1%
County Norms: Ellis KS, Pawnee KS, Gove KS, Thomas KS, Sheridan KS, Kiowa KS, Pratt KS, Nemaha KS, Johnson KS, Miami KS, Harper KS, Trego KS, Russell KS, Cowley KS and Carroll MO.			

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

Specialties:

Cowley Co KS - CHNA Wave #4			
In the past 2 years, did you or someone you know receive HC outside of our community?	Cowley Co KS N=315	Trend	2021 Norms N=3977
Yes	76.9%		73.5%
No	23.1%		26.5%
Valid N	199		2,420
County Norms: Ellis KS, Pawnee KS, Gove KS, Thomas KS, Sheridan KS, Kiowa KS, Pratt KS, Nemaha KS, Johnson KS, Miami KS, Harper KS, Trego KS, Russell KS, Cowley KS and Carroll MO.			

Specialty	Total
CARD	14
SURG	10
PRIM	9
SPEC	9
ORTHO	7
HOSP	5
OBG	5
DERM	4
MAMO	4
PEDS	4
URL	4

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

Cowley Co KS - CHNA Wave #4			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Cowley Co KS N=315	Trend	2021 Norms N=3977
Yes	57.5%		63.2%
No	42.5%		36.8%
Valid N	200		2264
County Norms: Ellis KS, Pawnee KS, Gove KS, Thomas KS, Sheridan KS, Kiowa KS, Pratt KS, Nemaha KS, Johnson KS, Miami KS, Harper KS, Trego KS, Russell KS, Cowley KS and Carroll MO.			

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

Cowley Co KS - CHNA Wave #4			
What needs to be discussed further at our CHNA Town Hall meeting?	Cowley Co KS N=315	Trend	2021 Norms N=3977
Abuse/Violence	4.7%	Yellow	4.3%
Alcohol	2.4%	Yellow	4.4%
Alternative Medicine	2.2%	Yellow	3.4%
Breast Feeding Friendly Workplace	1.5%	White	1.1%
Cancer	1.2%	White	2.5%
Care Coordination	2.9%	Yellow	2.5%
Diabetes	3.0%	Yellow	2.9%
Drugs/Substance Abuse	5.3%	Red	6.5%
Family Planning	1.7%	White	1.9%
Heart Disease	1.7%	White	1.9%
Lack of Providers/Qualified Staff	4.5%	Yellow	3.9%
Lead Exposure	0.5%	White	0.4%
Mental Illness	8.2%	Red	8.9%
Neglect	2.4%	Yellow	2.5%
Nutrition	3.6%	Yellow	3.9%
Obesity	5.5%	Red	6.0%
Occupational Medicine	0.5%	White	0.6%
Ozone (Air)	0.4%	White	0.6%
Physical Exercise	4.3%	Yellow	4.1%
Poverty	6.2%	Red	4.8%
Preventative Health / Wellness	4.8%	Yellow	4.7%
Respiratory Disease	0.0%	White	0.1%
Sexually Transmitted Diseases	1.4%	White	1.4%
Smoke-Free Workplace	0.0%	White	0.0%
Suicide	8.4%	Red	7.2%
Teen Pregnancy	2.6%	Yellow	2.1%
Telehealth	2.0%	Yellow	2.3%
Tobacco Use	1.6%	White	2.2%
Transporation	3.3%	Yellow	2.5%
Vaccinations	3.9%	Yellow	3.5%
Water Quality	1.3%	White	2.2%
Health Literacy	7.1%	Red	3.2%
Other (please specify)	1.1%	White	1.7%
TOTAL Votes	1,251		10,996
<small>County Norms: Ellis KS, Pawnee KS, Gove KS, Thomas KS, Sheridan KS, Kiowa KS, Pratt KS, Nemaha KS, Johnson KS, Miami KS, Harper KS, Trego KS, Russell KS, Cowley KS and Carroll MO.</small>			

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

2021 Inventory of Healthcare Services - Cowley County KS

Cat	Healthcare Services Offered in County: Yes / No	Hospital	Health Dept.	Other
Clinic	Primary Care	x		x
Clinic	Pediatrics	x		
Clinic	Podiatry	x		
Clinic	Cardiology	x		
Clinic	Orthopedics	x		
Clinic	Interventional Radiology	x		
Clinic	Rheumatology	x		
Hosp	Alzheimer Center			x
Hosp	Ambulatory Surgery Centers	x		
Hosp	Arthritis Treatment Center	x		
Hosp	Bariatric / Weight Control Services			x
Hosp	Birthing / LDR / LDRP Room	x		
Hosp	Breast Cancer Services	x		x
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	x		
Hosp	Cardiac Surgery			
Hosp	Cardiology Services	x		
Hosp	Case Management	x		x
Hosp	Chaplaincy / Pastoral Care			x
Hosp	Chemotherapy			x
Hosp	Colonoscopy	x		
Hosp	Clinical Laboratory	x		
Hosp	Crisis Prevention			x
Hosp	CT Scanner	x		x
Hosp	Diagnostic / Invasive Catheterization	x		
Hosp	Diagnostic Radioisotope Facility			
Hosp	Electron Beam Computed Tomography (EBCT)			
Hosp	Endoscopy	x		
Hosp	Enrollment Assistance		x	x
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			
Hosp	Fertility Clinic			
Hosp	Full Field Digital Mammography (FFDM)	x		x
Hosp	Genetic Testing / Counseling	x		x
Hosp	Geriatric Services	x	x	x
Hosp	Heart Services	x		
Hosp	Hemodialysis			x
Hosp	HIV / AIDS Services			
Hosp	Hospitalist Care	x		
Hosp	Image-Guided Radiation Therapy (IGRT)			
Hosp	Inpatient Acute Care Services	x		x
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	x		
Hosp	Intensive Care Unit	x		
Hosp	Intermediate Care Unit			
Hosp	Interventional Cardiac Catheterization	x		
Hosp	Interventional Radiology	x		
Hosp	Isolation Room	x		x

2021 Inventory of Healthcare Services - Cowley County KS

Cat	Healthcare Services Offered in County: Yes / No	Hospital	Health Dept.	Other
Hosp	Kidney Services			x
Hosp	Liver Services			
Hosp	Lung Services	x		
Hosp	Magnetic Resonance Imaging (MRI)	x		x
Hosp	Mammograms	x		x
Hosp	Medical Nutrition Therapy	x		
Hosp	Mobile Health Services			
Hosp	Multi-slice Spiral Computed Tomography (<64 Slice CT)	x		
Hosp	Multi-slice Spiral Computed Tomography (64+ Slice CT)			
Hosp	Neonatal Services			
Hosp	Neurological services	x		
Hosp	Obstetrics Services	x		x
Hosp	Occupational Health Services	x		x
Hosp	Oncology Services			x
Hosp	Orthopedic Services	x		x
Hosp	Outpatient Surgery	x		x
Hosp	Pain Management	x		
Hosp	Palliative Care Program			x
Hosp	Pediatric Services	x		x
Hosp	Physical Rehabilitation	x		x
Hosp	Positron Emission Tomography (PET)			
Hosp	Positron Emission Tomography / CT (PET / CT)			
Hosp	Psychiatric Services			x
Hosp	Radiology, Diagnostic	x		
Hosp	Radiology, Therapeutic	x		
Hosp	Reproductive Health			
Hosp	Robotic Surgery			
Hosp	Shaped Beam Radiation System 161			
Hosp	Single Photon Emission Computerized Tomography			
Hosp	Sleep Center	x		x
Hosp	Social Work	x	x	x
Hosp	Sports Medicine	x		x
Hosp	Stereotactic Radiosurgery	x		
Hosp	Swing Bed Services	x		
Hosp	Transplant Services			x
Hosp	Trauma Center -Level IV			
Hosp	Ultrasound	x		x
Hosp	Women's Health Services	x		x
Hosp	Wound Care	x		
SR	Adult Day Care Program			x
SR	Assisted Living			x
SR	Home Health	x		x
SR	Hospice			x
SR	Long-term Care			x
SR	Nursing Home			x
SR	Retirement Housing			x

2021 Inventory of Healthcare Services - Cowley County KS

Cat	Healthcare Services Offered in County: Yes / No	Hospital	Health Dept.	Other
SR	Skilled Nursing Care	x		x
ER	Emergency Services	x		x
ER	Urgent Care Center			x
ER	Ambulance Services	x		x
SERV	Alcoholism-Drug Abuse Services			x
SERV	Audiology Services	x		
SERV	Blood Donor Center			
SERV	Chiropractic Services			x
SERV	Complementary Medicine Services		x	x
SERV	Dental Services			x
SERV	Diabetes Education	x		
SERV	Fitness Center			x
SERV	Health Education Classes	x	x	x
SERV	Health Fair	x	x	x
SERV	Health Information Center		x	x
SERV	Health Screenings	x	x	x
SERV	Meals on Wheels	x		x
SERV	Nutrition Program	x	x	x
SERV	Patient Education Center		x	x
SERV	SANE (sexual assault nurse examiner)	x		
SERV	Support Groups			x
SERV	Teen Outreach Services			x
SERV	Tobacco Treatment / Cessation Program		x	x
SERV	Transportation to Health Facilities			x
SERV	Wellness Program	x		x

Physician Manpower - Cowley Co KS YR 2021 Update						
Supply Working in Cowley Co (KS)						
# of FTE Providers	MD/DO Co. Based		MD/DO Visiting		PA / NP Allied	
	WNH	SCKMC	WNH	SCKMC	WNH	SCKMC
Primary Care:						
Family Practice	6.0	5.0			9.0	
Internal Medicine	2.0	1.0				
Obstetrics/Gynecology	2.0				2.0	
Pediatrics	1.0					
Medicine Specialists:						
Allergy/Immunology						
Cardiology	1.0					
Dermatology						
Endocrinology						
Gastroenterology						
Oncology/Rado			2.0			
Infectious Diseases						
Nephrology			0.05			
Neurology						
Psychiatry						
Pulmonary						
Rheumatology			0.18			
Surgery Specialists:						
General Surgery	2.0	1.0				
Neurosurgery			0.1			
Ophthalmology						
Orthopedics		1.0	1.00			
Otolaryngology (ENT)			0.18			
Plastic/Reconstructive						
Thoracic/Cardiovascular/Vasc						
Urology			0.09			
Hospital Based:						
Anesthesia/Pain			0.1		4.0	
Emergency	1.0		3.0			2.0
Internal Medicine (Hospitalist)			4.0			
Radiology			1.0			
Pathology			0.05			
Physical Medicine/Rehab						
Other:						
Podiatry	2.0					
Chiropractic						
Optometry	2.0					
Dental						
TOTALS	17.0	8.0	11.8	0.0	15.0	2.0

2021 Visiting Specialists (William Newton Hospital Campus)

Specialty	Physician Name	Group Name	Group Office Location	Schedule	FTE
Cardiology	Saad Farhat, MD	Heartland Cardiology	Physicians Pavilion	Tuesdays	0.025
Cardiology	Jason Tauke, MD	Cardiovascular Consultants of Ks	Winfield Healthcare Center	1st Monday	0.05
Cardiology	Randee Lipman, MD	Cardiovascular Care	Winfield Healthcare Center	3rd Friday	0.025
Cardiology	Wassim Shaheen, MD	Heartland Cardiology	Physicians Pavilion	One Friday per month	0.0125
Endocrinology	Georges Elhomsy, MD	Wichita Diabetes And Endocrinology	Winfield Healthcare Center	One day per month	0.025
Interventional Radiology	Kumar Reddy, MD	Kansas Imaging Consultants	Winfield Healthcare Center	1st and 3rd Thursdays	0.025
Interventional Radiology	Nicholas Brewer, MD	Kansas Imaging Consultants	Winfield Healthcare Center	1st and 3rd Thursdays	0.025
Interventional Radiology	Robert Schmaltz, MD	Kansas Imaging Consultants	Winfield Healthcare Center	1st and 3rd Thursdays	0
Medical Oncology	Shaker Dakhil, MD	Cancer Center of Kansas	Winfield Healthcare Center	three Mondays a month	0.15
Medical Oncology	Michael Cannon, MD	Cancer Center of Kansas	Winfield Healthcare Center	one Thursday a month	0.0375
Medical Oncology	Chris Dakhil, MD	Cancer Center of Kansas	Winfield Healthcare Center	three Mondays a month	0
Nephrology	Michael Grant, MD	Wichita Nephrology Group	Winfield Healthcare Center	2nd Monday & 3rd Thursday	0.075
Neurosurgery	Thomas Frimpong, DO	Spine Med Specialists / Pain Management Associates	Winfield Healthcare Center	every other Thursday	0.075
Orthopedics	Kenneth Jansson, MD	Advances Orthopaedics Associates	Winfield Healthcare Center	Most Fridays	0.1
Orthopedics	Phillip Hagan, MD	Advances Orthopaedics Associates	Winfield Healthcare Center	Every other Wednesday	0.1
Orthopedics	Harry Morris, MD	Advances Orthopaedics Associates	Winfield Healthcare Center	One Wednesday per month	0.05
Orthopedics	Thomas Hendricks, MD	Advances Orthopaedics Associates	Winfield Healthcare Center	2nd and 4th Thursdays	0.05
Otolaryngology	Matthew Stumpe, MD	Mid Kansas ENT	Winfield Healthcare Center	Every Tuesday	0.2
Pain Management	Rodney Jones, MD	Pain Management Associates	William Newton Hospital	every other Thursday	0.1
Pulmonology	Maged M. El-Zein, MD	Ascension Via Christi Hospital-Wichita	Winfield Healthcare Center	Fridays, every 5 weeks	0.025
Radiation Treatment	Salman Hasan, MD	Ascension Via Christi Hospital-Wichita	Winfield Healthcare Center	days vary	
Radiation Treatment	David Bryant, MD	Ascension Via Christi Hospital-Wichita	Winfield Healthcare Center	days vary	
Rheumatology	Praveena Gorantla, MD		Physicians Pavilion	4 times a month, on Wednesdays and Fridays	0.095
Urology	Ayham Farha, MD	Wichita Urology Group	Winfield Healthcare Center	1st & 3rd Wednesday	0.025
TOTALS					1.27

Year 2021 Update
Cowley County, KS
Emergency Numbers

Police/Sheriff 911
Fire 911
Ambulance 911

Non-Emergency Numbers

Cowley County Sheriff (620) 221-5444

Municipal Non-Emergency Numbers

	Police	Sheriff/Fire
Winfield	(620) 221-5555	(620) 221-5560
Ark City	(620) 441-4444	(620) 441-4430

Online Cowley County Resource Directory Link: <https://www.risecowley.org/resources>

Alcohol and Drug Abuse

Al Anon
First Baptist Church
200 East 11th
Winfield, KS 67156
620-221-4680

Al Anon Helpline
627 South 1st
Arkansas City, KS 67005
620-442-5880

Alcoholic Anonymous
304 N Soward
Winfield, KS 67156
620-221-2388

Alcoholic Anonymous
Arkansas City
620-660-0026

Chestnut House
AA & NA
812 W Chestnut
Arkansas City, KS 67005

Narcotics Anonymous
Gracepointe Assembly of God
902 E 7th
Winfield, KS 67156
660-221-1064

Four County Mental Health Center
Cowley Branch Office
22214 D Street, Strother Field
Winfield, KS 67156
620-221-9664

Kansas Tobacco Quitline
Preferred Family Health
2720 E 12th St
Winfield KS 67156
866-526-7867

Child Care

Child Care Licensing and Registration
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
785-296-1270

Child Care Aware
1-877-678-2548

Child Start Early Childhood Connections
1002 S Oliver
Wichita KS 67218
316-682-1853

City-Cowley County Health Department
320 E 9th, Suite B
Winfield, KS 67156
620-442-3260 Ext 5584

Kansas Child Care Training Opportunities
KITS Infant Toddler Specialist Network
800-227-3578

Kansas Department of Children and Family
Services
122 West 19th
Winfield, KS 67156
620-221-6400

Children's Services

Arkansas City Pre-K Programs
USD #470
1201 N 10th Arkansas City, KS
Arkansas City, KS 67005
620-441-2075

Arkansas City Public Library
120 E 5th Ave
Arkansas City KS 67005
620-442-1280

Arkansas City Rec Center
225 E 5th Ave
Arkansas City KS 67005
620-221-4300

Big Brothers-Big Sisters of Cowley County
103 E. 9th Suite 316
Winfield, KS 67156
620-221-7766

City-Cowley County Health Department
320 E 9th, Suite B
Winfield, KS 67156
620-442-3260 Ext 5551

Cowley County Head Start
1201 N 10th St
Arkansas City, KS 67005
620-441-2075

Cowley County Special Services Co-op / PALS

Winfield, KS 67156
620-221-5100
Family Life Services
305 S Summit
Arkansas City, KS 67005
620-442-1688

Four County Mental Health Center
Cowley Branch Office
22214 D Street, Strother Field
Winfield, KS 67156
620-221-9664

REACH – tiny K
1407 Wheat Road
Winfield, KS 67156
620-229-8304

Winfield Public Library
605 College Street
Winfield KS 67156
620-221-4470

Winfield Recreation Commission
624 College Street
Winfield KS 67156
620-221-2160

Clothing Assistance

AC NAZ Clothes Closet
1928 North 11th Street
Arkansas City KS 67005

Angels in the Attic
109 S Summit
Arkansas City, KS 67005
620-446-5272

Central Christian Church
206 West Central
Arkansas City KS 67005

Eagle Nest, Inc.
112 East 9th
Winfield, KS 67156
620-229-8282

ECCRC
Dexter, KS. 67038
In town: 107 S Main
Rural: 282nd Rd
620-876-7323

Goodwill
1908 E 9th

Winfield, KS 67156
620-229-9452
Joseph's Storehouse
424 North Main
Burden, KS 67019
620-438-2497

Love Store
214 W 9th Street
Winfield, KS
620-221-7762

Winfield Thrift Store
122 E 5th
Winfield, KS 67156
620-221-1566

Counseling Services

Community Health Center in Cowley County, Inc
221 W 8th
Winfield KS 67156
620-221-3350

Four County Mental Health Center
22214 D Street
Strother Field
Winfield, KS 67156
620-221-9664

Life Counseling & Play Therapy, LLC
Suite 202
Winfield KS 67156
620-402-6988

Mind Matters
620-218-6534: Mary
620-218-9546: Brian
620-218-8576: Mark

New Perspectives
1809 Main Street
Winfield, KS 67156
620-402-6939

Winfield Family Therapy
222 East 9th Street
Winfield, KS 67156
620-719-8229

Dental Care

Affordable Dentures (formerly Central Dental Center)
4805 W Central
Wichita, KS 67212

316-945-9845

Easter Seals Capper Foundation (ESCF)
Dental Clinic
1500 E 8th, Suite 201
Winfield, KS 67156
620-221-1119

Grace Medical Clinic
1122 N Topeka
Wichita, KS 67214
316-866-2001

Guadalupe Clinic
Wichita, KS
316-264-8974

Hunter Health Clinic
2318 E Central
Wichita, KS
316-262-2415

Newkirk Dental Center
327 West South Street
Newkirk, OK 74647
580-362-2600

E.C. Tyree Health & Dental Clinic
525 North Lorraine, Wichita, KS 67214
316-681-2545

Disability Services
Aging and Disability Resource Center (ADRC)
620-221-5404

South Central Kansas Area Agency on Aging
304 S Summit Street
Arkansas City KS 67005
1-855-200-2372

Cowley County Community Developmental
Disability Organization
620-221-5404

Cowley County Courthouse
311 E 9th
Winfield, KS 67156
620-441-4504

Easter Seals Capper Foundation
1500 E 8th, Suite 201
Winfield, KS 67156
620-221-1119

Mosaic
2120 E 9th Ave

Winfield, KS 67156
620-229-8702
Resource Center for Independent Living (RCIL)
316-322-7853

Social Security Administration
Wichita Social Security Office
3216 N Cypress St
Wichita KS 67226
1-800-772-1213

Disaster Assistance

American Red Cross
Central and SE Kansas
(316) 219-4000
1900 E. Douglas
Wichita, KS 67214

Cowley County Emergency Management
Phone: (620) 221-0470 or (620) 441-4569
emergencymanagement@cowleycounty.org

Brian Stone, Director –
bstone@cowleycounty.org
John Stradal, Assistant Coordinator –
jstradal@cowleycounty.org
Taylor Dory, Volunteer Coordinator -
tdory@cowleycounty.org
Jason Kazban, EM Specialist -
jkazban@cowleycounty.org

Domestic Violence Support

Four County Mental Health Center
22214 D Street, Strother Field
Winfield, KS 67156
620-221-9664

SAFE Project
DCF, Winfield Service Center
122 W. 19th Avenue
Winfield, KS 67156
PO Box 3759
Wichita, KS 67201
620-221-6400

Domestic Violence and Sexual Assault
Resources
121 College Street
Winfield KS
620-229-7233

Durable Medical Equipment

Kansas Truck Mobility
8846 W Monroe Circle
Wichita, KS 67209

316-722-4291

Medical Loan Closet of South Central Kansas
501 Harter
Winfield, KS 67156
(by appointment only)
620-221-2700

Home Buddy
3510 W. Central Suite #100
Wichita, KS 67203
316-262-8339

Southwind Res Care
317 Viking Blvd
Winfield, KS 67156
620-221-4112

Education

Arkansas City Pre-K Programs
USD #470
1201 N 10th
Arkansas City, KS 67005
620-441-2075

Orion Diploma Completion –Winfield
113 W 9th
Winfield, KS 67156
620-221-2266

ECCRC (Eastern Cowley County Resource
Center)
PO Box 40
Dexter, KS. 67038
In town: 107 S Main
Rural: 282nd Rd
620-876-7323

Elevate Cowey County
PO Box 448
Winfield KS 67156
620-705-1864

Foster Grandparent Program
2101 Dearborn Suite 302
Augusta KS 67010
316-775-0500

GED Center
Cowley Community College
700 Gary, Suite C
Winfield, KS 67156
620-442-0430

Kansas Association of Retired School Personnel

(KARSP)
620-442-1266
K-State Research & Extension
Cowley County Courthouse
311 E 9th
Winfield, KS 67156
620-221-5450

Leadership Southwestern
Southwestern College
100 College Street
Winfield, KS 67156
620-229-6393

Parents as First Teachers
USD 465
620-221-6393

Winfield School Social Workers
USD #465
620-221-5155

Employment Assistance

Arnold Group
1214 Main Street
Winfield, KS 67156
620-221-7100

Life Style Staffing
1616 Wheat Road
Winfield KS 67156
316-281-4464

Mid-Kansas Community Action Program
305 S Summit
Arkansas City, KS 67005
316-755-3000

Cowley First – Cowley County Economic
Development
311 E 9th Ave
Winfield, KS 67156
620-221-7900

Cowley Workforce Center
108 E. 12th Avenue
Winfield, KS 67156

Kansas Work for Success Program
Mental Health Association of South Central
Kansas
316-685-1821

Eye Exams and Glasses

Lions Club International
620-222-1555

Family Planning

City-Cowley County Health Department
320 E 9th, Suite B
Winfield, KS 67156
620-442-3260 Ext 5551

Family Life Services
305 S Summit
Arkansas City, KS 67005
620-442-1688

Food Programs

Angels in the Attic
109 S Summit
Arkansas City, KS 67005
620-446-5272

Cowley County Senior Center
700 Gary, Room B
Winfield, KS 67156
620-221-7020

Arkansas City Senior Center
320 South A Street
Arkansas City, KS 67005
620-441-4419

ECCRC (Eastern Cowley County Resource
Center)
PO Box 40, 107 S Main
Dexter, KS. 67038.
620-876-7323

Kansas Department of Children and Family
Services
122 West 19th
Winfield, KS 67156
620-221-6400

Joseph's Storehouse
424 N Main
Burden, KS 67019
620-438-2497

Manna Ministries
First American Baptist Church
220 East Central
Arkansas City, KS 67005
620-442-3510

Winfield Community Food Pantry

Winfield, KS 67156
620-221-2183
Friendship Meals
Cowley County Senior Center
700 Gary
Winfield, KS 67156
620-221-2451

Meals on Wheels
Winfield, KS 67156
620-221-0448

Kansas Senior Farmers Market Nutrition
620-442-0268

Free Meals in Arkansas City

Arkansas City Rec Center
225 E 5th Ave
Arkansas City KS 67005

Northside Baptist
500 North 5th Street
Arkansas City, KS 67005

First Presbyterian Church
321 S 1st
Arkansas City, KS 67005

St Paul United Methodist Church
220 E Washington
Arkansas City, KS 67005

Shepherd's Grace Church
1125 S Summit
Arkansas City, KS 67005

Free Meals in Winfield

First United Methodist Church
Winfield, KS 67156
620-221-2700

Grace United Methodist Church
320 College Street
Winfield, KS 67156
620-221-0618

Hospital & Primary Care Clinics

Community Health Center in Cowley County, Inc
221 W 8th Ave #2718
Winfield, KS 67156
620-221-3350

Dexter Community Rural Health Clinic
204 N Main St
Dexter, KS 67038
620-876-5863

Family Care Center
1305 E 19th Ave
Winfield, KS 67156
620-221-9500

Health Professionals of Winfield
1230 E 6th Ave
Winfield, KS 67156
620-221-4000

SCK Primary Care Ark City
510 W Radio Ln
Arkansas City, KS 67005
620-442-2100

SCK Primary Care Summit
510 W Radio Ln
Arkansas City, KS 67005
620-442-4850

SCK Primary Care Winfield
3625 Quail Ridge Dr
Winfield, KS 67156
620-221-6100

South Central Kansas Medical Center
6401 Patterson Parkway
Arkansas City, KS 67005

Urgent Care of Cowley County
1305 E 19th Ave
Winfield, KS 67156
620-705-5050

William Newton Hillside Family Medicine
1700 E 9th Ave
Winfield, KS 67156
620-221-0110

William Newton Hospital
1300 E 5th Ave
Winfield, KS 67156
620-221-2300

William Newton Pediatrics
1230 E 6th Ave #1a
Winfield, KS 67156

Home Health

Angels Care Home Health
908 Main St.
Winfield, KS 67156
620-229-2223

William Newton Home Health
1305 E 5th Ave
Winfield, Ks 67156
620-221-2916

Healthback Home Health
1133 S Rock Rd #7
Wichita KS 67207
316-687-0340

Hospice

AseraCare Hospice
112 W Pine
El Dorado, KS 67042
316-322-7017

Harry Hynes Hospice
109 W 10th St
Winfield KS 67156
316-755-5286

Gentiva Hospice
917 Main Street
Winfield, KS 67156
620-221-3329

Angels Care Home Health
908 Main St.
Winfield, KS 67156
620-229-2223

ECCRC (Eastern Cowley County Resource
Center)
PO Box 40
Dexter, KS. 67038
In town: 107 S Main
Rural: 282nd Rd
620-876-7323

Heartland Hospice Care
3210 West Kellogg Drive
Wichita, KS 67213
1-800-896-5841

Good Shepherd Hospice
1323 N. A St.
Wellington, KS 67152
316-616-2277

River Cross Hospice
800 N Main St., Suite 203 Winfield, KS 67156
251 S. Whittier St. Wichita , KS 67207
1-316-260-9690

Housing

Baden Hall Apartments
619 College Street
Winfield, KS 67156
620-229-2221
Canterbury Heights
1700 East 7th
Winfield, KS 67156
620-221-6610

Canterbury Village
2300 St James Court
Winfield, KS 67156
620-221-4094

Catholic Charities Support Services for Veteran
Families
316-264-7233

Garden Walk Apartments
619 Skyline Road
Arkansas City, KS 67005
620-442-7183

Habitat for Humanity
Mid-Kansas Community Action Program
305 S Summit
Arkansas City, KS 67005
316-755-3000

Mundinger Hall I Apartments
1315 East 6th Avenue
Winfield, KS 67156
620-221-7312

Mundinger Hall II Apartments
1315 East 6th
Winfield, KS 67156
620-221-7312

Osage Apartments
100 North Summit
Arkansas City, KS 67005
620-441-0727

Project Independence Housing (HUD)
403 Windsor Rd
Arkansas City, KS 67005
620-442-8070

Rehwinkel Senior Housing Apartments
1415 East 6th
Winfield, KS 67156
620-221-2231

Rockridge Apartments
421 West Bryant Road
Arkansas City, KS 67005
620-221-0207

Section 8 Housing
304 South Summit
Arkansas City, KS 67005
620-442-6063

Silverwood Apartments
2726 East 12th Ave
Winfield, KS 67156
620-229-7946

Sunflower Apartments
1515 North 9th
Arkansas City, KS 67005
1803 East 19th
Winfield, KS 67156
620-442-4613

Walnut Towers
1201 Menor
Winfield, KS 67156
620-221-7210

West Village Apartments
215 S Blankenship
Udall, KS 67146
620-782-9686

Westwood Villa
1319 North 12th
Arkansas City, KS 67005
620-442-1150

Wheat Ridge Heights Apartment
1224 Wheat Road
Winfield, KS 67156
620-221-3655

Windsor Courts
305 East Windsor Road
Winfield, KS 67156
620-442-0802

Winfield Housing Authority
1417 Pine Terrace
Winfield, KS 67156
620-221-4936

Insurance

Senior Health Counseling for Kansas
1-800-860-5260

Legal Services

Legal Ministry
Winfield, KS 67156
620-229-8282

Kansas Department of Health and Environment
Office of Vital Statistics
900 SW Jackson
1st Floor, Room 151
Topeka, KS 66612-1290
785-286-1400

Medical

American Cancer Society
330 S Main Street, Suite 100
Wichita, KS 67202
800-227-2345

Community Health Center in Cowley County, Inc
221 W 8th
Winfield KS 67156
620-221-3350

City - Cowley County Health Department
(Arkansas City)
115 E Radio Lane
Arkansas City, KS 67005
620-442-3260

City - Cowley County Health Department
(Winfield)
320 East 9th,
Suite B
Winfield, KS 67156
620-221-1430

Four County Mental Health Center
Cowley Branch Office
22214 D Street, Strother Field
Winfield, KS 67156
620-221-9664

Thrive Pediatric Services
Golden Plains Pharmacy
511 State St
Augusta KS 67010
316-522-0608

HealthCore Clinic
2707 E 21st Street
Wichita KS 67214
316-691-0249

Hunter Health Clinic
2318 East Central
Wichita, KS 67214
316-691-0249

MEDICAID
1-800-792-4884

MEDICARE
1-800-633-4227

Windsor Place At-Home Care
215 W. 9th Street
Winfield, Kansas 67156
620-221-4440

Personal Improvement

SNAP-ED Nutrition Education
620-221-5450

Safety

Cowley County Safe Kids Coalition
620-221-1430

Senior Services

Arkansas City Senior Center
320 South A Street
Arkansas City, KS 67005
620-441-4419

Cowley County Council on Aging Information
and Referral
700 S Gary, Suite C
Winfield, KS 67156
620-221-7020

Cowley County Senior Center
700 Gary, Room B
Winfield, KS 67156
620-221-2451

Four County Mental Health Center
22214 D Street, Strother Field
Winfield, KS 67156
620-221-9664

Grandparents in Education Foster
Grandparent Program Butler
510 E Augusta
Augusta, KS 67010
316-775-0500

Home Buddy
3510 W Central, Suite 100
Wichita KS 67203
866-922-8339

Medicalodges Arkansas City
203 E Osage
Arkansas City, KS 67005
620-442-9300
Home Technology Solutions
149 S. Ridge Rd
Wichita, KS 67203
316-265-1700

Pleasant Valley Skilled Nursing by Americare
613 E Elm, PO Box 40
Sedan, KS 67361
620-725-1353

SCSEP – Senior Community Service
Employment Program
108 E. 12th Avenue
Winfield, KS 67156
316-771-6750

Sidwell Charitable Trust
Herlocker, Roberts & Peters
Attn: Gretchen Herlocker
115 East 9th
Winfield, KS 67156
620-221-4600

South Central Kansas Area Agency on Aging
Winfield Community Helping Hands
Fund
Winfield, KS 67156
620-221-2700

LIEAP (Low Income Energy Assistance
Program)
Mid-Kansas Community Action
Program
305 S Summit
Arkansas City, KS 67005
316-755-3000

Volunteer/Youth Mentor Programs

Arkansas City Public Library
620-442-1280

Big Brothers-Big Sisters of Cowley
County
103 E. 9th Suite 316
Winfield, KS 67156
620-221-7766

304 South Summit
Arkansas City, KS 67005
620-442-0268

State of Kansas Services

Kansas Department of Children and Family
Services
122 West 19th
Winfield, KS 67156
620-221-6400

SACK Substance Abuse
Center of Kansas
620-221-6400

Transportation

General Public Transportation
620-221-7020

Cowley County Council on Aging
700 Gary, Suite C
Winfield, KS 67156
620-442-3330

Utility Assistance

Angels in the Attic
109 S Summit
Arkansas City, KS 67005
620-446-5272

ECCRC (Eastern Cowley County
Resource Center)
PO Box 40
Dexter, KS. 67038
In town: 107 S Main
Rural: 282nd Rd
620-876-7323

K-State Research and Extension
Cowley County
311 E 9th
Winfield KS 67156
620-221-5450

Winfield Public Library
620-221-4470

Weatherization

SCKEDD
9730 E 50th Street
Bel Aire, KS 67226
316-262-7035

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

Inpatient Origin Reports

Hospital Detail by County		Detail																						
		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		%		
Rank	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%		
William Newton Hospital - Winfield, KS	1	1,088	35.3%	7	0.6%	94	8.6%	238	21.9%	186	17.1%	326	30.0%	11	1.0%	205	18.8%	25	2.3%	10.0%				
Wesley Healthcare - Wichita, KS	2	736	23.6%	66	9.0%	86	11.7%	167	22.7%	129	17.5%	155	21.1%	1	0.1%	70	9.5%	62	8.4%	36.3%				
SOK Health - Arkansas City, KS	3	576	18.7%	6	1.0%	58	10.1%	117	20.3%	94	16.3%	195	33.9%	46	8.0%	3	0.5%	57	9.9%	10.6%				
Ascension Via Christi Hospitals St. Francis - Wichita, KS	4	475	15.4%	15	3.2%	56	11.8%	144	30.3%	101	21.3%	96	20.2%	46	9.7%	13	2.7%	15	3.2%	34.5%				
Wesley Woodlawn Hospital & ER - Wichita, KS	5	101	3.3%	0	0.0%	10	9.9%	28	27.7%	27	26.7%	36	35.6%	0	0.0%	0	0.0%	0	0.0%	19.8%				
The University of Kansas Health System - Kansas City, KS	6	21	0.7%	2	9.5%	5	23.8%	11	52.4%	2	9.5%	0	0.0%	2	9.5%	1	4.8%	0	0.0%	19.0%				
Susan B. Allen Memorial Hospital - El Dorado, KS	7	16	0.5%	0	0.0%	1	6.3%	2	12.5%	2	12.5%	3	18.8%	0	0.0%	4	25.0%	4	25.0%	12.5%				
Ascension Via Christi Hospital St. Teresa - Wichita, KS	8	9	0.3%	0	0.0%	1	11.1%	3	33.3%	3	33.3%	2	22.2%	0	0.0%	0	0.0%	0	0.0%	44.4%				
Stormont Val Health - Topeka, KS	9	9	0.3%	3	33.3%	2	22.2%	0	0.0%	0	0.0%	0	0.0%	7	77.8%	0	0.0%	0	0.0%	11.1%				
Saint Luke's Hospital of Kansas City - Kansas City, MO	10	6	0.2%	0	0.0%	1	16.7%	1	16.7%	3	50.0%	1	16.7%	0	0.0%	0	0.0%	0	0.0%	16.7%				
Kansas Residents/Other Missouri Hospitals	11	5	0.2%	2	40.0%	0	0.0%	2	40.0%	0	0.0%	1	20.0%	2	40.0%	0	0.0%	0	0.0%	40.0%				
Olathe Health - Olathe, KS	12	5	0.2%	0	0.0%	0	0.0%	2	40.0%	0	0.0%	3	60.0%	0	0.0%	0	0.0%	0	0.0%	40.0%				
Sumner Community Hospital - Wellington, KS	13	5	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	20.0%	4	80.0%	0	0.0%	0	0.0%	0.0%				
Children's Mercy Kansas City - Kansas City, MO	14	4	0.1%	4	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	75.0%				
Hutchinson Regional Medical Center - Hutchinson, KS	15	4	0.1%	0	0.0%	1	25.0%	0	0.0%	0	0.0%	0	0.0%	3	75.0%	0	0.0%	0	0.0%	0.0%				
Overland Park Regional Medical Center - Overland Park, KS	16	4	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	75.0%	0	0.0%	0	0.0%	1	25.0%	25.0%				
Salina Regional Health Center - Salina, KS	17	4	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	100.0%	0	0.0%	0	0.0%	0.0%				
Kansas Residents/Virginia Hospitals	18	3	0.1%	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%				
AdventHealth Shawnee Mission - Shawnee Mission, KS	19	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/Illinois Hospitals	20	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%	100.0%				
Neosho Memorial Regional Medical Center - Chanute, KS	21	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%				
UNKNOWN	22	2	0.1%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%				
Children's Mercy Hospital Kansas - Overland Park, KS	23	1	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%	0.0%				
Coffeyville Regional Medical Center - Coffeyville, KS	24	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%				
Kansas Residents/Iowa Hospitals	25	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%				
Kansas Residents/Minnesota Hospitals	26	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%				
NMC Health - Newton, KS	27	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%	100.0%				
Saint Luke's South Hospital - Overland Park, KS	28	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%				
Sedan City Hospital - Sedan, KS	29	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%				
Overall		3,086	100.0%	106	3.4%	318	10.3%	722	23.4%	550	17.8%	824	26.7%	126	4.1%	297	9.6%	165	5.3%	21.5%				

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Aug 4, 2021

Hospital Detail by County		Detail																						
		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		%		
Rank	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%		
William Newton Hospital - Winfield, KS	1	1,105	33.3%	9	0.8%	98	8.9%	200	18.1%	198	17.9%	362	32.8%	8	0.7%	231	20.9%	3	0.3%	11.2%				
Wesley Healthcare - Wichita, KS	2	782	23.5%	72	9.2%	86	11.0%	195	24.9%	142	18.2%	145	18.5%	7	0.9%	69	8.8%	67	8.6%	37.7%				
SOK Health - Arkansas City, KS	3	622	18.7%	8	1.3%	58	9.3%	123	19.8%	91	14.6%	252	40.5%	43	6.9%	0	0.0%	47	7.6%	6.6%				
Ascension Via Christi Hospitals St. Francis - Wichita, KS	4	537	16.2%	20	3.7%	74	13.8%	132	24.6%	131	24.4%	103	19.2%	38	7.1%	24	4.5%	23	4.3%	34.6%				
Wesley Woodlawn Hospital & ER - Wichita, KS	5	105	3.2%	0	0.0%	8	7.6%	29	27.6%	25	23.8%	42	40.0%	1	1.0%	0	0.0%	0	0.0%	27.6%				
The University of Kansas Health System - Kansas City, KS	6	32	1.0%	3	9.4%	13	40.6%	8	25.0%	4	12.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	43.8%				
Sumner Community Hospital - Wellington, KS	7	25	0.8%	0	0.0%	0	0.0%	0	0.0%	9	36.0%	10	40.0%	6	24.0%	0	0.0%	0	0.0%	0.0%				
Stormont Val Health - Topeka, KS	8	18	0.5%	3	16.7%	1	5.6%	0	0.0%	0	0.0%	16	88.9%	0	0.0%	0	0.0%	0	0.0%	5.6%				
Coffeyville Regional Medical Center - Coffeyville, KS	9	9	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	44.4%	5	55.6%	11.1%				
Ascension Via Christi Hospital St. Teresa - Wichita, KS	10	8	0.2%	0	0.0%	0	0.0%	2	25.0%	4	50.0%	2	25.0%	0	0.0%	0	0.0%	0	0.0%	50.0%				
Children's Mercy Kansas City - Kansas City, MO	11	8	0.2%	7	87.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	12.5%	1	12.5%	0	0.0%	37.5%				
Kansas Residents/Minnesota Hospitals	12	8	0.2%	0	0.0%	0	0.0%	4	50.0%	3	37.5%	0	0.0%	1	12.5%	0	0.0%	0	0.0%	62.5%				
Susan B. Allen Memorial Hospital - El Dorado, KS	13	7	0.2%	0	0.0%	0	0.0%	1	14.3%	2	28.6%	2	28.6%	0	0.0%	1	14.3%	1	14.3%	28.6%				
Salina Regional Health Center - Salina, KS	14	6	0.2%	0	0.0%	3	50.0%	1	16.7%	0	0.0%	0	0.0%	2	33.3%	0	0.0%	0	0.0%	16.7%				
Kansas Residents/Nebraska Hospitals	15	5	0.2%	2	40.0%	0	0.0%	1	20.0%	0	0.0%	2	40.0%	0	0.0%	0	0.0%	0	0.0%	20.0%				
Saint Luke's Hospital of Kansas City - Kansas City, MO	16	5	0.2%	0	0.0%	2	40.0%	2	40.0%	0	0.0%	1	20.0%	0	0.0%	0	0.0%	0	0.0%	60.0%				
Belton Regional Medical Center - Belton, MO	17	4	0.1%	0	0.0%	0	0.0%	4	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%				
Kansas Residents/Iowa Hospitals	18	4	0.1%	0	0.0%	3	75.0%	0	0.0%	0	0.0%	1	25.0%	0	0.0%	0	0.0%	0	0.0%	25.0%				
Kansas Residents/Other Missouri Hospitals	19	4	0.1%	2	50.0%	0	0.0%	0	0.0%	1	25.0%	0	0.0%	2	50.0%	1	25.0%	0	0.0%	50.0%				
Hutchinson Regional Medical Center - Hutchinson, KS	20	3	0.1%	0	0.0%	0	0.0%	0	0.0%	1	33.3%	0	0.0%	2	66.7%	0	0.0%	0	0.0%	0.0%				
Kansas Residents/Illinois Hospitals	21	2	0.1%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%				
Labette Health - Parsons, KS	22	2	0.1%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%				
Olathe Health - Olathe, KS	23	2	0.1%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%				
Saint Luke's South Hospital - Overland Park, KS	24	2	0.1%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%				
Sumner County District No. 1 Hospital - Caltwell, KS	25	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%				
UNKNOWN	26	2	0.1%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%				
AdventHealth Shawnee Mission - Shawnee Mission, KS	27	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%	100.0%				

Inpatient Origin Reports (Continued)

Hospital Detail by County		Detail																		
		Pediatric				Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		Surg %
		Rank	Total Cases	%	Age 0-17	Age 18-44	Age 45-64	Age 65-74	Age 75+	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
William Newton Hospital - Winfield, KS	1	945	27.9%	9	1.0%	52	5.5%	180	19.0%	151	16.0%	347	36.7%	15	1.6%	188	19.9%	3	0.3%	10.9%
Wesley Healthcare - Wichita, KS	2	786	23.2%	76	9.7%	82	10.4%	173	22.0%	152	19.3%	160	20.4%	8	1.0%	72	9.2%	64	8.1%	35.4%
SOK Health - Arkansas City, KS	3	727	21.5%	11	1.5%	61	8.4%	130	19.0%	116	16.0%	252	34.7%	62	8.5%	8	1.1%	79	10.9%	7.0%
Ascension Via Christi Hospitals St. Francis - Wichita, KS	4	609	18.0%	14	2.3%	68	11.2%	192	31.5%	127	20.9%	128	21.0%	30	4.9%	27	4.4%	28	4.6%	32.5%
Wesley Woodlawn Hospital & ER - Wichita, KS	5	122	3.6%	0	0.0%	16	13.1%	27	22.1%	36	29.5%	42	34.4%	1	0.8%	0	0.0%	0	0.0%	32.0%
The University of Kansas Health System - Kansas City, KS	6	37	1.1%	1	2.7%	8	21.6%	14	37.8%	11	29.7%	3	8.1%	1	2.7%	0	0.0%	0	0.0%	48.6%
Sumner Community Hospital - Wellington, KS	7	32	0.9%	0	0.0%	0	0.0%	2	6.3%	5	15.6%	11	34.4%	10	31.3%	2	6.3%	2	6.3%	6.3%
Kansas Residents/Other Missouri Hospitals	8	18	0.5%	4	22.2%	6	33.3%	2	11.1%	1	5.6%	1	5.6%	6	33.3%	1	5.6%	1	5.6%	16.7%
Children's Mercy Kansas City - Kansas City, MO	9	14	0.4%	14	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	42.9%
Ascension Via Christi Hospital St. Teresa - Wichita, KS	10	11	0.3%	0	0.0%	4	36.4%	5	45.5%	2	18.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	54.5%
Stormont Vail Health - Topeka, KS	11	10	0.3%	5	50.0%	0	0.0%	1	10.0%	0	0.0%	1	10.0%	8	80.0%	0	0.0%	0	0.0%	10.0%
Susan B. Allen Memorial Hospital - El Dorado, KS	12	10	0.3%	0	0.0%	0	0.0%	5	50.0%	3	30.0%	2	20.0%	0	0.0%	0	0.0%	0	0.0%	50.0%
Kansas Residents/Minnesota Hospitals	13	8	0.2%	0	0.0%	0	0.0%	4	50.0%	3	37.5%	0	0.0%	1	12.5%	0	0.0%	0	0.0%	62.5%
Kansas Residents/Nebraska Hospitals	14	5	0.1%	2	40.0%	0	0.0%	1	20.0%	0	0.0%	2	40.0%	0	0.0%	0	0.0%	0	0.0%	20.0%
Olathe Health - Olathe, KS	15	5	0.1%	0	0.0%	0	0.0%	4	80.0%	1	20.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	80.0%
Saint Luke's Hospital of Kansas City - Kansas City, MO	16	5	0.1%	0	0.0%	0	0.0%	1	20.0%	0	0.0%	4	80.0%	0	0.0%	0	0.0%	0	0.0%	60.0%
Kansas Residents/Iowa Hospitals	17	4	0.1%	0	0.0%	3	75.0%	0	0.0%	0	0.0%	1	25.0%	0	0.0%	0	0.0%	0	0.0%	25.0%
Salina Regional Health Center - Salina, KS	18	4	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	100.0%	0	0.0%	0	0.0%	0.0%
Children's Mercy Hospital Kansas - Overland Park, KS	19	3	0.1%	3	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%
Coffeyville Regional Medical Center - Coffeyville, KS	20	3	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	33.3%	2	66.7%	33.3%
Fredonia Regional Hospital - Fredonia, KS	21	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%
Ascension Via Christi Hospital Pittsburg - Pittsburg, KS	22	2	0.1%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Hutchinson Regional Medical Center - Hutchinson, KS	23	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%
Kansas Residents/Illinois Hospitals	24	2	0.1%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%
Sedan City Hospital - Sedan, KS	25	2	0.1%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
UNKNOWN	26	2	0.1%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%
AdventHealth Shawnee Mission - Shawnee Mission, KS	27	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%	100.0%
Ascension Via Christi Hospital Manhattan - Manhattan, KS	28	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%
Centerpoint Medical Center - Independence, MO	29	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%
Greenwood County Hospital - Eureka, KS	30	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%
HaysMed, The University of Kansas Health System - Hays, KS	31	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%	100.0%
Kansas Residents/Michigan Hospitals	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%
Kansas Residents/South Dakota Hospitals	33	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%
Overland Park Regional Medical Center - Overland Park, 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%
Pratt Regional Medical Center - Pratt, KS	35	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%	100.0%
Providence Medical Center - Kansas City, KS	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%
Research Medical Center - Kansas City, MO	37	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%
Saint Luke's East Hospital - Lees Summit, MO	38	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%
Southwest Medical Center - Liberal, 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%
Sumner County District No. 1 Hospital - Colwell, 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%
Overall		3,385	100.0%	139	4.1%	307	9.1%	756	22.3%	612	18.1%	958	28.3%	151	4.5%	299	8.8%	179	5.3%	21.6%

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April 4, 2021

Outpatient Origin Reports

Outpatient Market Penetration By Service Type			
William Newton Hospital - Cowley, KS County By Federal Fiscal Year: 2020	Total Visits	Cowley, KS	
		Visits	%
1 Emergency Department (45x)	7,308	6,217	51.7%
2 Surgery (36x, 49x)	1,956	1,591	54.4%
3 Observation (76x, excl. 761)	743	645	66.7%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	5,962	4,961	56.7%
13 Radiation Therapy (333)	132	101	73.7%
14 Nuclear Medicine (34x)	475	375	58.9%
15 CT Scan (35x)	2,687	2,272	57.9%
16 Mammography (401, 403)	1,549	1,310	66.1%
17 Ultrasound (402)	1,200	967	47.8%
19 Magnetic Resonance Technology (61x)	1,111	897	55.0%
23 Pulmonary Function (46x)	467	415	73.8%
24 Cardiac Cath Lab (481)	70	53	23.7%
25 Stress Test (482)	365	317	75.8%
28 G.I. Services (75x)	583	484	84.2%
29 Telemedicine (78x)	2	1	25.0%
33 Cardiac Rehab (943)	536	476	98.8%
35 Treatment Room (761)	1,859	1,574	40.1%
36 Respiratory Services (41x)	336	300	51.5%
37 EKG/ECG (73x)	2,780	2,357	61.2%
38 Cardiology (48x excl. 481-483)	573	495	70.4%
39 Sleep Lab (HCPC 95805-95811)	62	54	90.0%
42 Physical Therapy (42x)	1,596	1,431	75.6%
43 Occupational Therapy (43x)	312	285	86.4%
44 Speech-Language Pathology (44x)	127	105	70.0%
47 Audiology (47x)	428	368	96.1%
Actual visits in report	22,847	19,299	55.4%
Actual unclassified visits	8,773	7,280	36.2%
Actual total visits	31,620	26,579	48.3%

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Outpatient Origin Reports (Continued)

Outpatient Market Penetration By Service Type			
William Newton Hospital - Cowley, KS		Cowley, KS	
County By Federal Fiscal Year: 2019		Total Visits	Visits
			%
1	Emergency Department (45x)	6,883	47.3%
2	Surgery (36x, 49x)	2,000	54.2%
3	Observation (76x, excl. 761)	862	60.0%
11	Radiology - Diagnostic (32x, excl. 322 and 323)	5,988	57.6%
13	Radiation Therapy (333)	181	68.4%
14	Nuclear Medicine (34x)	355	50.8%
15	CT Scan (35x)	2,840	58.2%
16	Mammography (401, 403)	1,980	71.8%
17	Ultrasound (402)	1,460	50.3%
19	Magnetic Resonance Technology (61x)	1,221	55.7%
23	Pulmonary Function (46x)	818	75.5%
25	Stress Test (482)	218	65.7%
28	G.I. Services (75x)	673	84.1%
33	Cardiac Rehab (943)	583	95.2%
35	Treatment Room (761)	2,013	40.0%
36	Respiratory Services (41x)	209	33.9%
37	EKG/ECG (73x)	2,856	58.4%
38	Cardiology (48x excl. 481-483)	343	63.2%
39	Sleep Lab (HCPC 95805-95811)	101	92.3%
42	Physical Therapy (42x)	1,710	75.0%
43	Occupational Therapy (43x)	287	73.9%
44	Speech-Language Pathology (44x)	145	59.5%
47	Audiology (47x)	406	93.5%
Actual visits in report		23,559	54.6%
Actual unclassified visits		6,340	35.4%
Actual total visits		29,899	48.9%

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Outpatient Market Penetration By Service Type			
William Newton Hospital - Cowley, KS		Cowley, KS	
County By Federal Fiscal Year: 2018		Total Visits	Visits
			%
1	Emergency Department (45x)	7,917	48.5%
2	Surgery (36x, 49x)	2,064	52.1%
3	Observation (76x, excl. 761)	761	45.5%
11	Radiology - Diagnostic (32x, excl. 322 and 323)	6,136	56.5%
13	Radiation Therapy (333)	253	88.5%
14	Nuclear Medicine (34x)	301	51.3%
15	CT Scan (35x)	2,819	57.1%
16	Mammography (401, 403)	2,084	70.9%
17	Ultrasound (402)	1,423	47.5%
19	Magnetic Resonance Technology (61x)	1,234	60.0%
23	Pulmonary Function (46x)	885	79.0%
25	Stress Test (482)	187	58.7%
28	G.I. Services (75x)	841	87.2%
33	Cardiac Rehab (943)	645	99.3%
35	Treatment Room (761)	1,820	37.6%
36	Respiratory Services (41x)	228	33.0%
37	EKG/ECG (73x)	2,760	59.4%
38	Cardiology (48x excl. 481-483)	355	72.1%
39	Sleep Lab (HCPC 95805-95811)	107	96.4%
42	Physical Therapy (42x)	1,932	78.2%
43	Occupational Therapy (43x)	307	79.8%
44	Speech-Language Pathology (44x)	132	64.5%
47	Audiology (47x)	442	95.5%
Actual visits in report		24,883	54.7%
Actual unclassified visits		6,830	40.7%
Actual total visits		31,713	50.9%

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b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Cowley County, KS 2021 CHNA Town Hall Meeting - Tuesday, August 31st (N=33)						
#	Breakout	Attend	Lead	Last	First	Organization
1	A	X	**	LANGER	THOMAS	CITY COWLEY COUNTY HEALTH DEPT
2	A	X		Andrews	Brad	Southwestern College
3	A	X		Bowman	Jeffrey	South Central Kansas Medical Center
4	A	X		Dickson	Jack	Arkansas City Ministerial Alliance
5	A	X		Morris	Annika	William Newton healthcare foundation
6	A	X		Payne	Allyson	City-Cowley County Health Department
7	A	X		Peters	Todd	
8	A	X		Quinton	Ben	William Newton Hospital
9	A	X		Schwartz	Taylor	Community Health Center In Cowley County
10	A	X		Mercer	Kim	Community Health Center In Cowley County
11	A	X		Wood	Yazmin	Legacy Foundation
12	B	X	**	Brazil	David	Community Health Center In Cowley County
13	B	X		Carson	Brittney	William Newton healthcare foundation
14	B	X		Clawson	Sarah	William Newton Hospital
15	B	X		DeLong	Robbie	Winfield Police Department
16	B	X		Frazer	Randy	City of Arkansas City KS
17	B	X		Gray	Michele	WN - Physician Clinics Billing
18	B	X		Judd-Jenkins	Anita	CCHD
19	B	X		Kerri	Falletti	Cowley First
20	B	X		Turner	Shona	SCK Health
21	B	X		Bumgardener	Ruth	K-State Research & Extention
22	B	X		Wilke	Lindsay	RISE Cowley and USD 470
23	B	X		Peil	Sheila	Four County Mental Health Center, Inc.
24	C	X	**	Johnson	Sarah	William Newton Hospital
25	C	X		Hennen	Greg	Four County Mental Health Center, Inc.
26	C	X		Jackson	Donna	Kansas Pride-Burden
27	C	X		Jirak	Sandra	USD 463
28	C	X		Keller	Michael	
29	C	X		McCutcheon	Rebecca	Cowley CourierTraveler
30	C	X		Reid	Becky	Cowley County Extension
31	C	X		Smith	Christopher	19th Judicial District
32	C	X		Langer	Trevor	SCK Health
33	C	X		Trimmer	Ed	

NOTES: Cowley Co. –

Date: 8/31/2021 – 11:30 am to 1:00 pm

Established Needs/Strengths: Small Group Session

RSVPs: N=38 Attendance: N=33 Votes: N=27

Needs

- Mental Health (Diagnosis, Treatment, Aftercare, and Providers)
- Access to Health Services
- Access to Providers (well-rounded)
- Awareness of Health Services
- Cultural Competence
- Neglect
- Poverty
- Health Literacy
- Owning Your Health
- Smoking / Vaping
- Transportation
- Lack of Resources
- Lack of Communication
- Coordination of Care
- Access to Grocery Stores/Healthy Foods
- Youth Support / Services
- Preventative Health / Wellness
- Affordable Housing
- Suicide
- Homelessness
- Child Care
- Drug / Substance Abuse
- Lack of Health Insurance
- Domestic / Sexual Violence

Strengths

- Partnerships / Coalitions
- Clinical Providers
- Capacity of the Hospital
- Resources
- Community Goodwill
- Specialty Services
- Community Support / Neighborly
- Access to Exercise / Fitness
- Recreation
- Public Health Leadership
- Public Institutions
- Churches
- Growth in Preventative Health

c) Public Notice & Requests

[VVV Consultants LLC]

EMAIL #1 Request Message (Cut & Paste)

From: Sarah Johnson, Director of Marketing
Date: 6/15/2021
To: Community Leaders, Providers and Hospital Board and Staff
Subject: Cowley County Community Health Needs Assessment 2021

Dear Community Leaders and Healthcare Providers,

William Newton Hospital, City-Cowley County Health Department, and Community Health Center in Cowley County have partnered to update the 2021 Cowley County Community Health Needs Assessment (CHNA). The goal of this assessment update is to understand progress in addressing health needs cited in the 2015 and 2018 CHNA reports and to collect up-to-date community health perceptions.

Your feedback and suggestions are important to understanding the health needs of Cowley County residents and will inform the Community Health Improvement Plan (CHIP). VVV Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct countywide research. To accomplish this work, a short online survey has been developed. All responses are confidential, and it only takes 5-10 minutes to complete.

LINK: https://www.surveymonkey.com/r/CowleyCo_CHNA2021

All community residents and business leaders are encouraged to complete the 2021 CHNA online survey by **Thursday, July 15th**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Tuesday, August 31**, from **11:30 a.m. - 1:00 p.m.** Please watch for more information soon. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (620) 222-6262

PR#1 News Release

Local Contact: Sarah Johnson

Media Release: 6/15/21

Providers Seeking Public Feedback on Health Needs

Over the next few months, **William Newton Hospital, City-Cowley County Health Department, and Community Health Center in Cowley County** will be working with community leaders and healthcare providers to update the 2021 Cowley County Community Health Needs Assessment (CHNA).

These partners are seeking input from the public to understand the healthcare needs of Cowley County residents.

“Over the last 18 months you have heard from us numerous times regarding the ongoing COVID-19 pandemic. I am now asking you to communicate back to the local healthcare community by taking a survey that will allow us to assess our progress and areas we must improve,” requests Thomas Langer, City-Cowley County Health Department Administrator & Public Health Officer.

The goal of this assessment update is to understand progress in addressing health needs cited in the 2015 and 2018 CHNA reports and to collect up-to-date community health perceptions. VVV Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct countywide research. A brief community survey has been developed in order to accomplish this work.

The survey can be accessed by visiting partner websites and social media pages, or directly at: https://www.surveymonkey.com/r/CowleyCo_CHNA2021

Responses are confidential, and the survey takes about five to 10 minutes to complete.

All community residents and business leaders are encouraged to complete the 2021 CHNA online survey by **Thursday, July 15**. In addition, please save the date for a Town Hall meeting scheduled **Tuesday, August 31 from 11:30 a.m. to 1:00 p.m.**

If you have any questions regarding CHNA activities or would like to participate in the Town Hall, please contact William Newton Hospital Director of Marketing and Business Development Sarah Johnson at
(620) 222 - 6262

The hospital, health department, and community health center thank you in advance for your time and support.

##

Email #2 Message: bcc to Stakeholders List

From: Sarah Johnson, Director of Marketing

Date: 07/22/2021

To: Community Leaders, Providers, Hospital Board and Staff

Subject: Cowley Co Community Town Hall Scheduled – August 31st, 2021

Dear Community Partner in Health,

William Newton Hospital, City-Cowley County Health Department, and Community Health Center in Cowley County will be hosting a Town Hall meeting for the 2021 Community Health Needs Assessment (CHNA). The purpose of this meeting is to review the community health indicators and gather feedback and opinions on key community health needs.

Community Health Needs Assessment for Cowley County

Town Hall Meeting

August 31, 2021 | 11:30 a.m. to 1:00 p.m.

Winfield Public Library | 605 College St.

A light lunch will be provided starting at 11:15 a.m. It is imperative that everyone who plans to attend this meeting RSVPs for adequate preparation for this socially distanced gathering. We hope you find time to join us for this important event.

To RSVP, please click the link below to complete the form:

https://www.surveymonkey.com/r/CHNA2021_CowleyCo_RSVP

If you have any questions about CHNA activities, please contact Sarah Johnson at sarah.johnson@wnmh.org

##

Public Invited to Health Needs Town Hall

Media Release: 07/26/21

William Newton Hospital, City-Cowley County Health Department, and Community Health Center in Cowley County will be hosting a town hall meeting for the 2021 Cowley County Community Health Needs Assessment on **Tuesday, August 31 from 11:30 a.m. to 1:00 p.m. at Baden Square.**

This event is being held to review community health indicators and prioritize the health needs of Cowley County residents. Feedback from the meeting will also serve to fulfill federal and state mandates.

“If you have a vested interest in the health and well-being of the people of Cowley County, please take time to join us,” says Ben Quinton, William Newton Hospital CEO. “Thank you in advance for your support.”

With a focus on health and safety, the town hall will follow COVID-19 guidelines for public gatherings. To allow for adequate preparation, an RSVP by **August 24** is required to attend. A link to RSVP online is located in the community calendar on the William Newton Hospital website or on the hospital’s Facebook page.

To allow for adequate social distancing, seating will be limited. Meeting logistics may change based on the number of RSVPs. Attendees will receive final instructions via email a few days prior to the event.

If you have any questions about Community Health Needs Assessment activities, please call Sarah Johnson, William Newton Hospital director of marketing and business development, at (620) 222-6262

##

Town Hall Zoom Link Email

Cut and paste to Town Hall RSVPs

Dear Community Leaders and Healthcare Providers,

In the spirit of promoting health and well-being in our community, **William Newton Hospital, City-Cowley County Health Department, and Community Health Center in Cowley County** leaders have made the decision to move the Cowley County Community Health Needs Assessment Town Hall to a virtual meeting. As in-person meetings are a challenge due to COVID-19 precautions, this decision to go virtual will ensure all participants stay safe.

The virtual Town Hall will be held **via Zoom** on the same day/time: **Tuesday, August 31 from 11:30am to 1pm**

We hope you find time to join us for this important event. This virtual meeting will consist of reviewing the community health indicators and gathering feedback on key community health needs. As this meeting was originally planned to be a working lunch, you are welcome to eat while you participate.

Those who RSVP will receive an email reminder with Zoom meeting details on Monday. If you have not already RSVP'd, please do so by **Friday, August 27**.

RSVP LINK: https://www.surveymonkey.com/r/CHNA2021_CowleyCo_RSVP

If you have any questions regarding CHNA activities, please contact me via email or call 620-222-6262.

##

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2021 Community Feedback: Cowley Co KS (N=315)

ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1185	67156	Average	Decreasing - slipping downward	ADOL	PREV		Lack of youth intervention to prevent drug and alcohol use which leads to addiction in adulthood.
1231	67156	Good	Not really changing much	AWARE			or knowledge of programs if there are programs
1208	67005	Good	Increasing - moving up	DRUG	ALC		Drugs and alcohol addiction in this community are horrible
1149	76095	Average	Not really changing much	DRUG			Drug abuse
1204	67156	Good	Increasing - moving up	ECON			poor socioeconomic conditions
1179	67005	Average	Not really changing much	EDU			Limited Educational Programs
1158		Very Good	Increasing - moving up	FINA	OWN		The poor don't have mone and som just don't care
1291	67156	Very Good	Increasing - moving up	FINA			Jobless- no money to pay copays for medical care
1248	67005	Poor	Not really changing much	FINA			low paying jobs, high healthcare costs
1144	67156	Good	Not really changing much	FIT	REC		Walking is free
1268	67146	Good	Not really changing much	NH	AWARE	EDU	Need more help for elderly to understand their needs and how to access solutions. A program similar to big brother big sister but for lonely unsupported elderly. Nurse navigators to help elderly.r
1207	67156	Poor	Not really changing much	NURSE			Increase advance practice nursing provider recruitment.
1007	67156	Good	Increasing - moving up	NUTR	FIT		affordable nutrition/exercise services
1293	67005	Average	Not really changing much	NUTR			Putting too much high carb and low nutrition food in our mouths
1057	67005	Good	Not really changing much	OWN	ALC	NUTR	Ambivalence, ignorance and promotion of destructive consumer goods (sales on alcohol, cheap processed foods).
1136	67156	Good	Increasing - moving up	OWN	BH	FINA	poor health habits, limited mental health treatment, people concern about cost
1019	67156	Good	Not really changing much	OWN	NUTR	FIT	lack of will power to actually engage in healthy eating and exercise
1186	67156	Very Good	Decreasing - slipping downward	OWN			Poor choices
1194	67156	Average	Increasing - moving up	OWN			Lack on interest in health options
1284	67156	Average	Not really changing much	OWN			Poor personal choices
1306	67005	Average	Increasing - moving up	POV	EDU		Poverty and lack of education
1146	67156	Very Good	Increasing - moving up	TRAN			Transportation to appts
1035	67156	Good	Not really changing much	TRAN			Transportation for people who can't independently ride the shuttle or cost is too much
1109	67156	Very Good	Increasing - moving up	VACC			A bad attitude for not getting the covid vaccine.

CHNA 2021 Community Feedback: Cowley Co KS (N=315)

ID	Zip	Rating	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1097	67156	Good	Not really changing much	ACC	HRS		More access to after hours and overnight without hospital er.
1225	67156	Average	Decreasing - slipping downward	BH	DRUG	ALC	need of better mental health and drug & alcohol services.
1153	67156	Average	Increasing - moving up	BH	DRUG	STFF	mental health and substance abuse staff appear to be inadequate
1207	67156	Poor	Not really changing much	BH	PNEO	FEM	Mental Health Prenatal and women's health has improved with midwifery services and birth center, but more providers are needed. Substance Abuse referral options are very limited. Primary care options that include APRN care.
1282	67156	Average	Not really changing much	BH			mental health services are non-existent
1116	67156	Good	Increasing - moving up	DENT	HRS		most dentist offices & doctors office close early
1128	67024	Average	Decreasing - slipping downward	DIAB	ACC		Diabetic care is not available at the same level in the community.
1177	67156	Average	Not really changing much	DIAB			We need more specialists, specifically having a sleep clinic and a endocrinologist/diabetes center
1207	67156	Poor	Not really changing much	DOCS	DRUG	PRIM	Mental Health Prenatal and women's health has improved with midwifery services and birth center, but more providers are needed. Substance Abuse referral options are very limited. Primary care options that include APRN care.
1216	67156	Good	Not really changing much	DOCS	NURSE	LAB	need more healthcare providers. Nurses, lab, resp. radiology.
1290	67005	Average	Not really changing much	DOCS	QUAL	HRS	Good quality doctors available outside of normal business hours. I do not want a PA!
1235	67156	Very Good	Increasing - moving up	DOCS	SCH	WAIT	SOME PHYSICIAN APPTS TAKE WEEKS TO GET IN TO.
1102	67156	Average	Not really changing much	DOCS	SCH		Hard to get into any of the doctor offices around here unless you are willing to see an APRN or PA
1094	67006	Average	Not really changing much	DOCS	SCH		I feel there isn't enough doctors so all appointments are set for weeks later. Time that some don't have to waste.
1057	67005	Good	Not really changing much	DOCS	SCH	NH	Need more competent doctors to provide more openings; delivery of geriatric care; more minority doctors and nurses.
1093	67156	Good	Not really changing much	DOCS			More doctors are needed
1253	67005	Average	Not really changing much	DOCS			More MDs
1300	67156	Average	Not really changing much	DOCS			Need more Dr. in Cowley County.
1271	67019	Average	Not really changing much	DOCS			need more providers
1129	67156	Good	Not really changing much	DRUG	PRIM		Drug treatment and primary care
1165	67156	Good	Increasing - moving up	EMER	DOCS		I do wish ER rotation docs from out-of-town were stronger. We have had a serious appendix rupture and a complete achilles tear misdiagnosed in the local ER, both costing thousands of extra dollars.
1107	67019	Good	Increasing - moving up	FAC	STFF		We would like a staffed healthcare facility in Burden.
1125	67005	Poor	Decreasing - slipping downward	FAC			More offices. People don't want to switch Dr and still have to go to the same building
1091	67156	Poor	Decreasing - slipping downward	FINA	BILL	ACC	Financial burden is a HUGE reason why people will not go to the doctor when sick. More financing options need to be available and transparent, as well as accessible.
1303	67156	Good	Increasing - moving up	FP	RET		As I mentioned previously, multiple family practice physicians have left. Many of those remaining are not presently taking new patients. Hence, it's hard for new families to the area or for those whose physician has left the county to find a new healthcare provider.
1232	67156	Very Good	Increasing - moving up	FP			Availability of family physicians is an issue in Winfield
1071	67005	Average	Not really changing much	FP			Need more family doctors
1106	67156	Good		GEN	SCH		It takes to long to get an appointment to see my gp.
1284	67156	Average	Not really changing much	HRS	URG		After 7 pm you must go elsewhere for urgent care or pay William Newton for years. This is ridiculous and hurts people who work.
1160	67156	Average	Not really changing much	LTC	HOSP		1. Long-term care at our local hospitals
1313	67156	Average	Not really changing much	NO	BED		I have never got the help I thought I needed - bed side manor was horrible.
1299	67207	Good	Increasing - moving up	PEDS			More pediatric services
1206	67156	Good	Increasing - moving up	PRIM	DOCS		As mentioned before, I believe we need some additional General Practice Doctors. There seems to few of doctors for their patient loads.
1092	67005	Poor	Not really changing much	PRIM	OBG		Need more primary care doctors everywhere. Need more ob/gyns in Ark City.
1059	67005	Average	Not really changing much	PRIM	SCH	WAIT	Need more primary care providers in Arkansas City. Increasingly long wait times to get appointments.
1230	67156	Very Good		PRIM	SCH		Urgent Care is a good substitute for a primary doctor but I feel that the primary doctor is often too busy to get into.
1294	67005	Good	Decreasing - slipping downward	PRIM			Additional primary care providers, specifically for underserved populations.
1185	67156	Average	Decreasing - slipping downward	PRIM			More primary care physicians are needed.
1275	67005	Average	Increasing - moving up	PRIM			No - Ark City needs more qualified primary care physicians.
1166	67156	Average	Not really changing much	PRIM			More PCP providers
1176	67038	Good	Not really changing much	PRIM			More primary care physicians for middle aged adults
1305	67156	Average	Not really changing much	PRIM			Need more PCP in Cowley County.
1216	67156	Good	Not really changing much	RADO			need more healthcare providers. Nurses, lab, resp. radiology.
1103	67156	Very Good	Increasing - moving up	REF			The nice thing about our hospital, they will send you on to Wichita for extensive health care if necessary.
1202	67005	Poor	Decreasing - slipping downward	RET			Retirement is high and no one is coming into replace them
1081	67005	Average	Increasing - moving up	RET			There all retiring and are town no one likes new
1021	67038	Average	Not really changing much	SCH	WAIT	POV	appointments available the day you call for an unexpected illness not a week out. When families try to call for physicals for their children sometimes its a month before they can get in. It is hard for a family to have a medical home when low income are not accepted

CHNA 2021 Community Feedback: Cowley Co KS (N=315)

ID	Zip	Rating	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1277	67156	Average	Not really changing much	SPEC	DOCS	SCH	Limited specialist availability. Primary care physicians are available, but choice is limited and providers are overloaded.
1177	67156	Average	Not really changing much	SPEC	SLEEP	ENDO	We need more specialists, specifically having a sleep clinic and a endocrinologist/diabetes center
1200	67156	Average	Decreasing - slipping downward	SPEC	SURG		We need more specialists and surgeons available.
1023	67156	Good	Not really changing much	STFF	RET		There are not enough staff available in the medical field. There has been such an outflow this past year of nurses and other medical staff.
1018	67156	Good	Not really changing much	STFF			More staff
1035	67156	Good	Not really changing much	TELE	EDU		Yes, but I think more people would get care if they understood telehealth better.
1076	67005	Poor	Decreasing - slipping downward	URG	CHRON	SPEC	Urgent care, chronic care management, specialists
1119	67156	Good	Not really changing much	URG	HRS		24/7 urgent care other than emergency room
1197	67156	Good	Increasing - moving up	URG	PRIM	PEDS	URGENT CARE, PRIMARY CARE, PEDIATRICS
1133	67156	Average	Not really changing much	URG			More Urgent care services need to be available.
1221	67005	Average	Not really changing much	WAIT	SCH		We sometimes have to wait weeks for an appointment
1132	67156	Good	Increasing - moving up	WAIT	SPEC		Waiting for a specialist to come 1 time a month isn't feasible for people with Heart issues. I have to go to KC for Neurology to see a movement specialist.
1136	67156	Good	Increasing - moving up				Yes but just barely enough

CHNA 2021 Community Feedback: Cowley Co KS (N=315)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1102	67156	Average	Not really changing much	ACC	FIT	NUTR	More access to walking trails and better options for healthier food choices
1185	67156	Average	Decreasing - slipping downward	ADOL	FAM		Mental health Drug and substance abuse early education and intervention programs Intervention programs to strengthen and support families in crisis
1170	67005	Good	Not really changing much	ADOL	PREV		I believe that it is vital for young people (teens) to have a safe place to go and hang out where they can receive guidance and counseling if needed. It is so important that they can still be kids, but be able to do so in a safe environment. Drugs, alcohol and tobacco are so bad among are young kids these days. So many turn to those negative options to deal with what's going on in their life and don't focus on making a bright future for themselves. If we don't help them, who will?
1172	67156	Average	Not really changing much	ADOL	SUIC	PREV	Youth programs including suicide awareness and prevention. More drug and alcohol abuse programs that don't relocate into our community. Homeless or underserved programs.
1187	67005	Good	Not really changing much	ADOL			Affordable drug addiction programs. Better mental health services and this should be integrated better into our clinics. Programs to get our youth involved in the community and off their phones and outside.
1294	67005	Good	Decreasing - slipping downward	ALL			Additional FQHC located in Arkansas City for high Arkansas City population needs.
1171	67156	Good	Increasing - moving up	ALT	EDU		NON TRADITIONAL PROGRAMS, EDUCATION FOR THOSE INTERESTED IN BECOMING ALTERNATIVE PRACTITIONERS
1096	67156	Average	Decreasing - slipping downward	ALT			Naturopathic and holistic doctor services.
1180	67005	Very Good	Increasing - moving up	AWARE	FINA		More awareness of what is out there health wise for the community. A lot of people don't even know that there is help out there for them and are concerned about it. A lot of low income people need help with medical stuff and need to know that there is help out there we all can't afford health care and need to know that there is some sort of help with this.
1213	67156	Very Good	Increasing - moving up	AWARE			Community Awareness
1249	67005	Average	Decreasing - slipping downward	BH	ACC	PREV	Improve access to mental health, especially crisis care focus on primary prevention education
1164	67156	Very Good	Increasing - moving up	BH	ACC		Access to mental health
1204	67156	Good	Increasing - moving up	BH	ACC		More mental health/behavioral health supports and access.
1038	67156	Very Good	Not really changing much	BH	ACC		Easier access to mental health services
1147	67156	Good	Increasing - moving up	BH	ADOL	SUIC	More Mental Health Services for adults and children. This would include suicide prevention and possibly drug abuse education
1165	67156	Good	Increasing - moving up	BH	ADOL	SH	Social Risk factors mentor team Mental Health Intervention Team in schools
1210	67156	Good	Increasing - moving up	BH	AWARE		Mental Health and awareness
1030	67156	Good	Increasing - moving up	BH	AWARE		Mental health help and awareness. Four county is not a good place to go. At all.
1309	67005	Average	Not really changing much	BH	CLIN		Mental health clinics for walk ins to adjust medications immediately.
1185	67156	Average	Decreasing - slipping downward	BH	DRUG	EDU	Mental health Drug and substance abuse early education and intervention programs Intervention programs to strengthen and support families in crisis
1282	67156	Average	Not really changing much	BH	DRUG	DIS	behavioral/mental health services addiction specialists autistic specialists
1257	67156	Good	Increasing - moving up	BH	FEM	OBG	Mental health. There needs to be more options for these type of providers. Women's health. Example OBGYN. There needs to be more options of providers that you are able to choose from. There is only 2 places you can choose from in the Winfield area.
1186	67156	Very Good	Decreasing - slipping downward	BH	FIT		Mental health care in and out patient. Fitness choices in the evening. Keep streets safe for elderly to walk, and fix dangerous sidewalks for everyone.
1014	67005	Good	Not really changing much	BH	SUIC		Mental Health issues are BIG right now, including suicide prevention.
1229		Average	Decreasing - slipping downward	BH	WAIT		mental help behavioral help i have seen mental patients sit in the er For hours upon hours waiting for a case worker
1253	67005	Average	Not really changing much	BH	WELL		Mental health/wellness
1087	67156	Average	Decreasing - slipping downward	BH			Overhaul mental health facility
1161	67156	Very Good	Increasing - moving up	BH			Increase mental health
1307	67038	Very Good	Increasing - moving up	BH			Mental health
1211	67156	Very Good	Increasing - moving up	BH			Mental health services!
1116	67156	Good	Increasing - moving up	BH			more mental health services
1297	67156	Good	Increasing - moving up	BH			New Mental Health providers to include psychiatrist as well as psychologist on staff full time. Perhaps a Geri-Psych unit @ WNH run, administrated, and staffed by WNH.
1104	67156	Very Good	Not really changing much	BH			Good mental health
1023	67156	Good	Not really changing much	BH			MENTAL HEALTH SERVICES
1040	67156	Good	Not really changing much	BH			We need a more robust Mental Health program. Each year the amount of individuals with mental illness seems to increase and the resources are not increasing with the need.
1276	67023	Good	Increasing - moving up	CC			More affordable child care so families can afford to take care of their health.
1106	67156	Good		CHRON	LAB	FINA	We need to continue to explore expanding service the for geriatric group which includes chronic problems. Somehow reduce the expense of the lab work. doctors require it but some in my family put it off because of the cost.
1132	67156	Good	Increasing - moving up	CHRON			Nutrition and wellness programs as well as educational programs for chronic health issues.
1025	67005	Good	Increasing - moving up	CLIN	HRS		After hours walk-in clinic at WNMH.
1093	67156	Good	Not really changing much	CLIN	NURSE		Maybe a clinic staffed with NPs
1053	67156	Good	Increasing - moving up	CLIN			More Community Health care clinics, one for Ark City.
1144	67156	Good	Not really changing much	COVD			Seminar on how masks don't work on viruses. How not to ignore exemptions.
1151	67156	Good	Increasing - moving up	DENT			dental assistance
1050	67156	Good	Not really changing much	DERM			Dermatology.
1138	67156	Average	Increasing - moving up	DIS			Tourette syndrome Specialist for children and adults
1021	67038	Average	Not really changing much	DOCS			more drs to see patients
1135	67156	Very Good	Increasing - moving up	DRUG	ALC	IP	Improved access to drug/alcohol abuse counseling and inpatient facilities.
1129	67156	Good	Not really changing much	DRUG	ALC		Drug and alcohol counselors

CHNA 2021 Community Feedback: Cowley Co KS (N=315)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1172	67156	Average	Not really changing much	DRUG	ALC	POV	Youth programs including suicide awareness and prevention. More drug and alcohol abuse programs that don't relocate into our community. Homeless or underserved programs.
1065	67005	Good	Increasing - moving up	DRUG	BH		more substance abuse and mental health programs
1042	67156	Good	Increasing - moving up	DRUG	BH	NEU	substance, mental health, neuro
1033	67156	Very Good	Not really changing much	DRUG	BH		additional drug take back programs and more behavioral mental help
1147	67156	Good	Increasing - moving up	DRUG	EDU		More Mental Health Services for adults and children. This would include suicide prevention and possibly drug abuse education
1220	67156	Poor	Not really changing much	DRUG	TOB		A dependable drug abuse/addiction program. Tobacco cessation programming.
1208	67005	Good	Increasing - moving up	DRUG	VIO		We have a desperate need for a rehab facility and a woman's shelter
1075		Very Good	Increasing - moving up	DRUG			Drug abuse
1140	67019	Very Good	Increasing - moving up	DRUG			Substance abuse
1148	67156	Good	Not really changing much	EDU	NUTR	FIT	Community health and wellness education, and child nutrition and exercise programs.
1055		Average	Decreasing - slipping downward	EMER	PRIM	DOCS	We need GOOD ER docs and more primary care docs.
1133	67156	Average	Not really changing much	FAC	SCH		Expansion of the Community Health Care Center, they are packed all the time, since they are the only affordable, low cost health providers in the county.
1207	67156	Poor	Not really changing much	FAM	FEM	CC	Support for midwifery and the birth center. A birth to age 5 programs to provide support to new families in the community. Drop in childcare that is reduced cost. Support group programs and food access that is not limited to 1-2 times a month.
1194	67156	Average	Increasing - moving up	FAM	SH		Child birth classes, puberty classes for pre teen girls.
1003		Good	Increasing - moving up	FAM			Support for family help care givers
1284	67156	Average	Not really changing much	FEM	TRAIN		Real womens' health without religious crap getting in the way. Scientific standards for all healthcare workers to adhere to - see COVID-19 response.
1285	67156	Very Good	Increasing - moving up	FINA	BH	DRUG	Affordable mental health and substance abuse professionals
1080	67005	Good	Increasing - moving up	FINA	BH		Low cost, mental health
1187	67005	Good	Not really changing much	FINA	DRUG	BH	Affordable drug addiction programs. Better mental health services and this should be integrated better into our clinics. Programs to get our youth involved in the community and off their phones and outside.
1177	67156	Average	Not really changing much	FINA	FIT		More free, guided physical activities.
1125	67005	Poor	Decreasing - slipping downward	FINA	HOUS	POV	Low cost/no cost for homeless
1303	67156	Good	Increasing - moving up	FINA	OBES	NUTR	Affordable weight management options. There are very few and those that are available aren't particularly affordable.
1149	76095	Average	Not really changing much	FINA			Hello or no income health access
1070	67005	Average	Not really changing much	FINA			More options for low income people to be able to receive health services.
1110	67005	Very Good	Increasing - moving up	FIT	NH		Exercise programs for older citizens.
1166	67156	Average	Not really changing much	FIT	NUTR	WELL	New indoor gym fitness options in Winfield, more nutrition/wellness opportunities
1202	67005	Poor	Decreasing - slipping downward	FIT	REC		unbiased programs. Get on the move programs, exercise equipment in the park
1136	67156	Good	Increasing - moving up	FIT	REC	ADOL	Trail initiative to increase biking, walking and increase safety for children to get around town
1216	67156	Good	Not really changing much	HOUS	ALC	INSU	more resources for homeless, alcoholics, uninsured. Transportation for people. medication help.
1263	67156	Good	Decreasing - slipping downward	HOUS	FAC		housing restoration and upkeep, increased litter
1219		Good	Not really changing much	HRS			after work appointments
1067	67156	Good	Increasing - moving up	HSP	ADOL	PEDS	Probably more hospice care, more care for kids and teens.
1141	67156	Poor	Decreasing - slipping downward	INSU	FINA	POV	Expanded medicare and medicaid is needed for poor people. Poor people can not afford the doctor bills and the prescriptions.
1049	67156	Average	Increasing - moving up	INSU			Community health insurance options
1268	67146	Good	Not really changing much	NH			Health and safety of or elderly. Meals, medical, loneliness, easily scammed, transportation
1066	67156	Good	Decreasing - slipping downward	NUTR	CUL	FIT	Nutrition behavior modification programs. Perinatal care clinics/programs for non English speaking persons. Exercise programs for those who are just learning
1262	67156	Good	Increasing - moving up	NUTR	FIT		Nutritional programs Exercise/Sport programs
1077	67005	Poor	Not really changing much	NUTR	PRIM		Dietary More primary care
1132	67156	Good	Increasing - moving up	NUTR	WELL	EDU	Nutrition and wellness programs as well as educational programs for chronic health issues.
1200	67156	Average	Decreasing - slipping downward	NUTR			Free, low cost nutrition classes for various health needs. Home delivered meals that reflect these needs.
1197	67156	Good	Increasing - moving up	NUTR			NUTRITION AND EATING HEALTHY, RECIPES/SUPPORT
1305	67156	Average	Not really changing much	NUTR			Dietary Clinic for Health Related Issues
1035	67156	Good	Not really changing much	OBES			Same as earlier, obese people with low activity need outreach to with an achievable program with encouragement and support.
1131	67156	Good	Not really changing much	OWN			You can't force people to change, I don't know of a program to address this stubborn mindset.
1248	67005	Poor	Not really changing much	PART	CORP		Northern Cowley county does a great job engaging community in health awareness. Southern Cowley County seems to lack community desire to collaborate for any sort of improvement other than youth sports. Perhaps a community health "inspiration" movement?
1091	67156	Poor	Decreasing - slipping downward	PART	SH	SS	Make a joint program between the schools and healthcare providers. Have enough social workers and nurses/doctors for EVERY school (not just shared care).
1299	67207	Good	Increasing - moving up	PEDS	DIAL		Expanded pediatric services like pediatric dialysis.
1012	67156	Good	Increasing - moving up	POV	FINA		program to help the poverty stricken community hope for getting out of their impoverished financial health problems
1143	67156	Very Good	Increasing - moving up	POV			Do we need help with homeless in Winfield
1160	67156	Average	Not really changing much	PREV	ADOL	DRUG	1. Prevention Programs that address youth substance use and suicide prevention.
1057	67005	Good	Not really changing much	REC	AWARE	MRKT	Sidewalk repair, bike paths. A reference of providers, services, price ranges, insurance options, etc. given to new arrivals.
1107	67019	Good	Increasing - moving up	RET			Put emphasis on maintaining current health programs with adequate staffing and attract more providers to sustain what we presently have. Emphasis on more locations with providers, then "new" programs.
1154	67156	Very Good	Increasing - moving up	SCAN			More diagnostic services.

CHNA 2021 Community Feedback: Cowley Co KS (N=315)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1222	67156	Good	Decreasing - slipping downward	SH			Professional counselors in our schools
1207	67156	Poor	Not really changing much	SPRT	NUTR		Support for midwifery and the birth center. A birth to age 5 programs to provide support to new families in the community. Drop in childcare that is reduced cost. Support group programs and food access that is not limited to 1-2 times a month.
1062	67005	Poor	Decreasing - slipping downward	SS			Social Services should be called to assess incoming E.R. and hospital Patients for needs to be met.
1235	67156	Very Good	Increasing - moving up	SUIC	ADOL		MORE SUICIDE PREVENTION AS WELL AS TEEN PROGRAMS.
1022	67156	Good	Increasing - moving up	SUIC	ADOL		suicide prevention programs for teens, adults and military.
1198	67156	Very Good	Increasing - moving up	SUIC	AWARE		Suicide Prevention Awareness of Services Available
1160	67156	Average	Not really changing much	SUIC			1. Prevention Programs that address youth substance use and suicide prevention.
1118	67146	Average	Not really changing much	TELE	CLIN		Mobile health clinics
1162	67156	Very Good	Not really changing much	TELE			Mobile health care for rural, small communities in Cowley county.
1216	67156	Good	Not really changing much	TRAN	PHARM		more resources for homeless, alcoholics, uninsured. Transportation for people. medication help.
1238	67156	Good	Increasing - moving up	URL			Urology
1291	67156	Very Good	Increasing - moving up	VIO	HOUS		Sexual and domestic violence- safe homes- it no longer exists- and shelter for homeless-
1146	67156	Very Good	Increasing - moving up	VIO			Domestic violence shelter
1058	67005	Very Good	Increasing - moving up	VIO			There is little to nothing for victims, usually women and girls, of domestic violence and abuse.
1119	67156	Good	Not really changing much	WELL	EDU		Wellness programs and educational programs
1122		Very Good	Increasing - moving up	WELL	EMER		we have a wellness center coming and the emergency help do there very best for all of us
1015	67024	Very Good	Increasing - moving up	WELL	FIT		Wellness and Fitness
1196	67008	Good	Increasing - moving up	WELL			health and wellness -

Let Your Voice Be Heard!

In 2018, William Newton Hospital & Community Partners surveyed the community to assess health needs. Today, we request your input again in order to create a 2021 Cowley County (KS) Community Health Needs Assessment (CHNA). To gather current service area feedback, a short online survey has been created to evaluate current community health needs.

While your participation is voluntary and confidential, all community input is valued. Thank you for your attention! Deadline to participate is Wednesday, July 28th, 2021.

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

- Very Good Good Average Poor Very Poor

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

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

Please specify why.

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

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

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

- | | |
|--|---|
| <input type="checkbox"/> Access to Affordable & Health Foods | <input type="checkbox"/> Exercise / Fitness |
| <input type="checkbox"/> Affordable Health Insurance | <input type="checkbox"/> Nutrition - Healthy Food Options |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Awareness of Healthcare Services | <input type="checkbox"/> Preventative Health / Wellness |
| <input type="checkbox"/> Behavioral / Mental Health | <input type="checkbox"/> Provider Recruitment / Retention |
| <input type="checkbox"/> Chronic Health | <input type="checkbox"/> Smoking / Tobacco Use |
| <input type="checkbox"/> Coordination of Care | <input type="checkbox"/> Youth Support / Services |
| <input type="checkbox"/> Drug / Substance Abuse | |

6. Which past CHNA needs are NOW the "most pressing" for improvement? Please select top three.

- | | |
|--|---|
| <input type="checkbox"/> Access to Affordable & Health Foods | <input type="checkbox"/> Exercise / Fitness |
| <input type="checkbox"/> Affordable Health Insurance | <input type="checkbox"/> Nutrition - Healthy Food Options |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Awareness of Healthcare Services | <input type="checkbox"/> Preventative Health / Wellness |
| <input type="checkbox"/> Behavioral / Mental Health | <input type="checkbox"/> Provider Recruitment / Retention |
| <input type="checkbox"/> Chronic Health | <input type="checkbox"/> Smoking / Tobacco Use |
| <input type="checkbox"/> Coordination of Care | <input type="checkbox"/> Youth Support / Services |
| <input type="checkbox"/> Drug / Substance Abuse | |

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

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

Other (Be Specific).



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

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



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

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

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

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

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

Yes

No

If yes, please specify your thoughts.

12. Over the past 2 years, did you or someone in your household receive healthcare services outside of Cowley County?

Yes

No

If yes, please specify the services received

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

Yes

No

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

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

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

Other (Please specify).

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 | |

Other (Please specify).

17. What is your home ZIP code? Please enter 5-digit ZIP code; for example 66544 or 65305



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2021 CHNA Community Health Improvement Plan

Wave #4 2021 CHNA Health Needs Tactics - Years 1-3 (Starting 1/1/2022 - 12/31/24)

PUBLISHED 11-30-21; UPDATED 3-7-22

Area of Need	T	Specific Actions to Address Community Health Need	Identified "Lead"	Identified Partners	Timeframe	WNH Actions to Address Need	(Hours)	\$\$\$
1. Behavioral / Mental Health (Access, Diagnosis, Placement, Aftercare)								
	a	Continue to promote existing mental health services, facilities, and providers. Educate community on screenings, bullying, MH care delivery, placement process, and depression.	FCMH, CHCCC	CCCHD, EMS, LawEnf, USDs, SCKMC, HofH, PCPs, MHPProf, Seniors, CAP, PIOs		This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		
	b	Continue to work with mental health providers to expand services & hours of care countywide. Continue crisis management & SUD treatment options. Continue same day access initiatives through telemedicine. Implement telemedicine for emergency psychiatric evaluations at WNH.	FCMH	CCCHD, CHCCC, MHPProf, NursHome, PCPs, WNH	2022-2024	WNH is working with Wesley Medical Center to add this service.	TBD	TBD
	c	Continue inpatient geriatric psych @ SCKMC.	SCKMC	-		This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		
	d	Investigate grant writing to fund mental health education and services. Seek additional funds to expand Mental Health First Aid training with grant funding through KRSE and FCMH.	FCMH, KSRE	SCKMC, CCCHD, Legacy	2023	This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		
	e	Create education (materials / presentations) in schools and community with programs (adults and youth) to destigmatize mental health issues. Leverage Mental Health First Aid and QPR training to educate parents.	CAP, KSRE	Hospitals, CCCHD, CHCCC, MHPProf, LawEnf, USDs, FCMH, RISE		This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		
	f	Increase the level of suicide & depression screening initiatives during primary care and nursing/retirement home visits. Provide intervention guidelines, handouts, and adequate education. Include trauma informed care strategies. (Ref. 4.c.)	CHCCC, FCMH	MHPProf, NursHome, PCPs, RISE	2023	WNH will support medical staff and primary care providers on this tactic.	24	\$200
	g	Continue to expand and formalize county-wide health coalition to develop relationships with key community partners in the area of mental health for collective impact. Designate a permanent home for this initiative in order to continue expanding. Develop & deploy communication plan.	CAP	FCMH, CCCHD, CHCCC, EMS, LawEnf, USDs, HofH, PCPs, MHPProf, Seniors, Hospitals, KSRE	2022-2024	WNH will continue serving as a member of CAP.	36	\$0
	h	Conduct a provider manpower assessment to identify number of mental health providers needed. Recruit Mental Health providers to meet specific mental inventory needs as identified. Consider recruitment of locum or visiting provider.	FCMH	MHPProf		This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		
	i	Expand Mental Health First Aid and QPR training to educate first responders, physicians, nurses, teachers, police officers, etc. on signs of depression and suicidal thoughts/actions. Seek CPD for law enforcement curriculum (Crisis Intervention Teams/CIT). Utilize the lunch and learn presentation format. (Ref. 4.e.)	CAP, SPCC	Hospitals, CCCHD, CHCCC, MHPProf, UCCC, LawEnf, FCMH, USDs, PIOs	2022-2023	WNH will work with CAP and area SMEs to coordinate this training.	112	\$1,200
2. Poverty								
	a	Continue to promote social assistance programs such as WIC, SNAP, and Double Up Food Bucks, Food Pantries, Helping Hands, etc. Promote awareness among parents about assistance available at schools.	CCCHD	KSRE, WVFM, RISE, Churches, PIOs, USDs, WT	Ongoing	RISE Cowley/Americorps VISTA	70	\$2,500
	b	Create a class that offers help on resume and interview skills hosted by local community HR reps.	Cowley1st	CWC, ECC, EagleNest, AngelsAttic, WT		This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		
	c	Launch financial literacy seminars or classes. Encourage individuals to open up a savings account and offer tips on paying off debt.	Cowley1st	CWC, ECC, EagleNest, AngelsAttic, WT		This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		
	d	Promote job fairs for the unemployed and career expo for high school students.	Cowley1st	CWC, Chambers, PIOs		This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		

2021 CHNA Community Health Improvement Plan

Wave #4 2021 CHNA Health Needs Tactics - Years 1-3 (Starting 1/1/2022 - 12/31/24)

PUBLISHED 11-30-21; UPDATED 3-7-22

Area of Need	T	Specific Actions to Address Community Health Need	Identified "Lead"	Identified Partners	Timeframe	WNH Actions to Address Need	(Hours)	\$\$\$
	e	Continue collaboration among local businesses to build downtown activities.	Chambers	Cowley1st		This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		
	f	Promote small business growth by securing TIF program/endowment funds.	Cowley1st	Cities, County, Chambers		This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		
3. Drug / Substance Abuse								
	a	Provide after-school programs and activity options to keep youth from developing habits involving drug / substance use. Continue D.A.R.E Program (Resource Officer). Explore how to get parents into educational groups to learn about the effects of drugs and how to explain it to their children.	LawEnf	USDs, USD-RNs, CCCHD, CHCCC, Clergy, NA, AA, FCMH, MHPProf, RISE		This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		
	b	Conduct research to determine needs to expanded pain management clinic and services, including medication assisted treatment.	Hospitals	FCMH, MHPProf, CHCCC, PCPs, DrugCourt, Pharmacies	2022	WNH will coordinate with SCKMC and specialty physicians at Pain Management Associates.	8	\$0
	c	Monitor prescription drug abuse (K-TRACS). Support area primary care physicians in discouraging prescription drug abuse. Continue participation in eScribe for narcotic prescriptions.	LawEnf	Hospitals, CHCCC, CCCHD, PCPs, EMS, FCMH, MHPProf, Pharmacies	2022-2024	WNH will support medical staff and primary care providers on this tactic and support eScribe reporting.	3	\$14,400
	d	Continue work from recent Substance Use Disorder grant, focusing on those in the judicial system for counseling, prioritizing households with children to break the cycle. Explore additional grant funding to further this work.	CAP, CHCCC	FCMH, MHPProf, DrugCourt, Legacy, NA, AA		This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		
	e	Supply educational handouts for medical providers to communicate effectively to patients when prescribing Schedule II drugs.	CAP, CHCCC	FCMH, MHPProf, Hospitals, PCPs, EMS	2022-2024	WNH support this tactic as a member of the Cowley Affinity Project and supply handouts at medical staff meetings.	3	\$0
	f	Support substance abuse counseling for community members. Promote local options including Cowley County Resource Directory to connect people to resources.	FCMH	MHPProf, CAP, RISE, NA, AA		RISE Cowley/Cowley Co. Resource Directory	50	\$7,000
	g	Host drug take-back events. Explore increasing frequency and locations. Proceed with program through Rotary Club International.	LawEnf	Rotary Clubs (& WNH rotarians), Pharmacies, PIOs	2023-2024	With several staff members as active rotarians, WNH will support employee engagement in project.	8	\$0
4. Suicide								
	a	Continue to implement suicide prevention public service announcements and education. Develop and sponsor an anti-suicide campaign.	CAP, SPCC	FCMH, MHPProf, LawEnf		This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		
	b	Further efforts of Suicide Prevention of Cowley County coalition. Explore partnerships with KS Suicide Prevention Coalition to utilize resources and learn from for future initiatives / plans.	CAP, SPCC	FCMH, MHPProf, LawEnf		This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		
	c	Increase the level of suicide & depression screening initiatives during primary care and nursing/retirement home visits. Provide intervention guidelines, handouts, and adequate education. Include trauma informed care strategies. (Ref. 1.e.)	CHCCC, FCMH	Hospitals, PCPs, CCCHD, HomeHealth, EMS, LawEnf	2022-2024	Same as 1.e.	-	-
	d	Increase representation from medical community on Suicide Prevention of Cowley County to align providers with community initiatives.	Hospitals	FCMH, PCPs, CHCCC, HomeHealth, School-RNs	2022	WNH will approach medical staff about service on SPCC.	12	\$0

2021 CHNA Community Health Improvement Plan

Wave #4 2021 CHNA Health Needs Tactics - Years 1-3 (Starting 1/1/2022 - 12/31/24)

PUBLISHED 11-30-21; UPDATED 3-7-22

Area of Need	T	Specific Actions to Address Community Health Need	Identified "Lead"	Identified Partners	Timeframe	WNH Actions to Address Need	(Hours)	\$\$\$
	e	Continue education for first responders, physicians, nurses, teachers, police officers, etc. on signs of depression and suicidal thoughts/actions. Educate those same individuals on how to respond (QPR training). Utilize the lunch and learn presentation format. (Ref. 1.h.)	CAP, SPCC	Hospitals, FCMH, PCPs, CHCCC, HomeHealth, LawEnf, USDs, EMS	2022-2023	Same as 1.h.	-	-
	f	Continue to support the 24-hour crisis hotline. Promote local options including Cowley County Resource Directory to connect people to resources.	CAP, SPCC	RISE, LawEnf		Same as 3.f.	-	-
5. Awareness of Healthcare Services & 7. Lack of Health Resources								
	a	Host community education sessions where healthcare staff describe services to a diverse set of demographics in the county. Include cultural competence initiatives in awareness of events.	Hospitals	PCPs, NursHome, CHCCC, CivicGroups, CCCHD, CCSA, PIOs	2023	WNH will partner to coordinate county-wide programming.	12	\$300
	b	Enhance the health literacy of parents and increase awareness of healthcare services for children. Partner with Parents as Teachers.	CHCCC	Recs, CCCHD, SafeKids, USD-RNs, LICC, REACH, HeadStart		This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		
	c	Coordinate communication efforts among healthcare providers to promote existing healthcare services, facilities, and specialists. Promote accessibility of mid-level providers. Increase media to promote awareness. Use both traditional & social media tools. Focus on multi-lingual messaging.	WNH	SCKMC, PCPs, CHCCC, CCCHD, PIOs	2022	WNH is an identified lead on this tactic.	8	\$500
	d	Continue to develop Cowley County Resource Directory to connect people to healthcare resources.	RISE	WNH, CCCHD, CCSA	2022	WNH's Director of Marketing is an active RISE Cowley member and the lead on this project.	20	\$0
	e	Develop "Healthcare Close to Home" campaign. Include information about mid-level providers. Use both digital and traditional media to promote local healthcare services. Include multi-lingual messaging.	WNH	CHCCC	2022	WNH will expand marketing to include multi-lingual messaging by retaining a translation service.	10	\$600
	f	Provide education to employers through work-site health fairs, educational programs, and screenings. Expand occupational health services county wide. (Ref: 9.b.)	WNH	Cowley 1st	2023-2024	WNH is an identified lead on this tactic.	72	\$0
	g	Revisit "Walk with the Doc" programming to build community awareness of local services. Host walks monthly. Explore county wide initiative.	WNH	SCKMC, PCPs, CHCCC	2022	WNH is an identified lead on this tactic.	24	\$0
	h	Promote telehealth services as a remote option to traveling for care for both primary care and specialty services.	WNH	SCKMC, PCPs, CHCCC	2022	WNH is an identified lead on this tactic.	16	\$0
	i	Continue to promote annual Health & Safety Fair including activities, education, booths, and speakers. Explore grant options to help fund and expand these initiatives. Target low literacy population.	CCCHD	SafeKids, RISE, Hospitals	2022-2024	WNH will continue to sponsor and participate in the annual Health & Safety Fair. USD 470/Early Literacy Initiative	140	\$4,500
6. Affordable Housing								
	a	Support city and county housing development plans addressing affordable and safe housing for community residents appeal to various levels of income. Encourage building new apartments to meet new community resident need.	Cowley1st	Cities, County	2022-2024	This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		
	b	Encourage banks to offer mortgage loans to first time home buyers and/or allow loans which aid in improvement of existing housing.	Cowley1st	Cities, County		This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		
	c	Establish re-home store for low cost renovation items. Partner with local businesses for appliance donation options (if someone buys a new appliance, donate the old one to those who need it).	Cowley1st	Cities, County		This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		

2021 CHNA Community Health Improvement Plan

Wave #4 2021 CHNA Health Needs Tactics - Years 1-3 (Starting 1/1/2022 - 12/31/24)

PUBLISHED 11-30-21; UPDATED 3-7-22

Area of Need	T	Specific Actions to Address Community Health Need	Identified "Lead"	Identified Partners	Timeframe	WNH Actions to Address Need	(Hours)	\$\$\$
	d	Engage landlords to maintain properties to improve safety and energy efficiency. Share funding opportunities for weatherization.	Cowley1st	Landlords, Cities, County, Hoff, Chambers		This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		
	e	Leverage CBDG housing funds secured by City of Arkansas City. Investigate additional grant opportunities for other communities to fund public/safe housing.	Cowley1st	Cities, County, Hoff, Legacy		This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		
	f	Offer rental tenant support resources such a unique payment plans. Evaluate county income to assist in accurate rent collection in the area to expand housing options for individuals.	Cowley1st	Cities, County		This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		
	g	Use data collected on social determinants of health (SDOH) to identify needs and refer to housing resources. (Ref: 9.a.)	Hospitals, CHCCC	FCMH, RISE, UCC, CCCHD, HomeHealth	2022-2024	Same as 9.a.	-	-
8. Obesity (Nutrition & Physical Activity)								
	a	Continue to provide free and/or low cost sports physicals and well child check ups. Promote among parents of school age children.	USDs	PCPs, CHCCC, USDs, Chiropractors	2022-2024	WNH will support medical staff and primary care providers on this tactic.	0	\$0
	b	Explore alliance of fitness professionals to support collaboration and outreach. Host low-cost events/classes for individuals of all fitness levels.	RECs	FitProf		This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		
	c	Include inventory of fitness centers in Cowley County Resource Guide. Promote free fitness activities within the community. Explore expanding free Fitness in the Park throughout the county.	RISE	RECs, UCC		This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		
	d	Promote new and existing free opportunities for active communities, encouraging usage of hike/bike trails, walking paths, and indoor and outdoor facilities. Host Walk to Work or Walk to School days. Tie in with Walk with a Doc. (Ref: 5.e.)	RISE	USDs, Chambers, Cowley1st, WNH, PIOs	2022-2024	Same as 5.e.	-	-
	e	Expand community educational series focusing on cooking demos, food labels, grocery store tours, restaurants healthy meals / portions options, health fairs, classes, speakers etc. Continue utilizing KSRE articles.	KSRE	RISE		RISE Cowley/Cowley College	40	\$20,000
	f	Continue to promote 'Dining with Diabetes' programming. Seek grants for healthy eating bulletin and host county events twice a year with speaker and panel.	KSRE	RISE, Hospitals, CHCCC, CCCHD, ThirdThurs, Churches, Seniors, PCPs, DiabetesEd	2022-2024	WNH will continue sponsorship by providing instruction from diabetes education coordinator.	72	\$0
	g	Expand & promote healthy weight-loss programs for obese population.	RISE	Sunflower OB, Chambers, CHCCC, CCCHD, RECs, Hospitals, NursHome, ThirdThurs	2022-2024	WNH support this tactic as a member of RISE Cowley.	36	\$0
	h	Continue to grow & promote community farmers' markets. Support 'Power of Produce' program for students.	WVFM, KSRE	RISE, USDs, Chambers, Cites		This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		
	i	Continue to support free or low cost meal service for schools and seniors (Meals on Wheels, ACRC food service, Elevate Cowley County) and increase the quality of food.	USDs, API	RECs, USDA, WNH, WT, Seniors, ECC	2022-2024	WNH will continue to prepare meals for Meals on Wheels and serve as a pick-up location. RISE Cowley/Farmers' Market	140	\$20,000

2021 CHNA Community Health Improvement Plan

Wave #4 2021 CHNA Health Needs Tactics - Years 1-3 (Starting 1/1/2022 - 12/31/24)

PUBLISHED 11-30-21; UPDATED 3-7-22

Area of Need	T	Specific Actions to Address Community Health Need	Identified "Lead"	Identified Partners	Timeframe	WNH Actions to Address Need	(Hours)	\$\$\$
9. Preventative Health & Wellness & 11. Lack of "Owning Health"								
	a	Partner among healthcare providers to streamline and expand screening tools used county wide, including screening, brief intervention, and referral to treatment (SBIRT). Expand efforts of RISE Cowley to address social determinants of health with PRAPARE tool. Continue screening and intervention initiatives in specialty clinics for peripheral arterial disease (PAD).	Hospitals, CHCCC	FCMH, RISE, UCC, CCCHD, HomeHealth	2022-2024	WNH support this tactic as a member of RISE Cowley and as a provider of screening services. RISE Cowley/SDOH	126	\$15,000
	b	Provide education to employers through work-site health fairs, educational programs, and screenings. Expand occupational health services county wide. (Ref: 5.f.)	WNH	Chambers, Cowley1st	2022-2024	Same as 5.f.	-	-
	c	Continue outreach for Medicare patients to keep up with annual wellness visits.	WNH	PCPs, CHCCC, SCKMC	2022-2024	WNH is an identified lead on this tactic.	72	\$2,400
	d	Work with local businesses to develop and/or expand worksite wellness programming.	RISE	Chambers, CHCCC, CCCHD, Cowley1st		This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		
	e	Create an "Owning your Health" program with an established lead. Include messaging about the cost of preventative care vs. medical treatment. Use launch of Cowley County Resource Directory to connect people to healthcare services. Include multi-lingual content.	WNH, CHCCC	SCKMC, RISE, PCPs, CCCHC, CCCHD	2022	WNH support this tactic as a member of RISE Cowley and partner with CHCCC to help reach uninsured population. See also 3.f.	8	\$500
10. Child Care								
	a	Assist with the recruitment of childcare firms to offer services in the county.	CCCHD	Cowley1st, KSRE	Ongoing	This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		
	b	Conduct child care support education i.e., teen babysitting classes etc. Continue to provide support for licensure i.e., CPR classes. Partner with high school family & consumer science programs to promote/educate options of in-home day care as career path.	CCCHD	Cowley1st, KSRE, USDs, Colleges, ChildStart	Ongoing	This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		
	c	Provide continuing education and training to parents.	CCCHD	Cowley1st, KSRE	Ongoing	This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		
	d	Educate young families on child care community options and resources in coordination with Child Care Aware of Kansas.	CCCHD	Cowley1st, KSRE	Ongoing	This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		
	e	Explore opportunities for local businesses to offer on-site child care services. Evaluate the child care needs of hospital employees and seek partnerships.	CCCHD	Hospitals, Cowley1st, KSRE, Chambers, USDs	2022	WNH will partner with leads on this tactic, and resume efforts to explore a child care benefit for staff.	x	\$1
	f	Conduct a child care needs assessment in the county to determine demand for child care providers. Investigate adding infant, toddler, and pre-school child care. Include services for special needs child care services.	CCCHD	Cowley1st, KSRE, HeadStart, Colleges		This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		
	g	Investigate grant writing for funding through Child Care Aware Kansas and Kansas Department for Children and Families for opportunities available for child care providers.	CCCHD	Cowley1st, KSRE		This health need is not part of WNH mission of critical operations. Will partner with others as appropriate.		

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Wave #4 2021 CHNA Health Needs Tactics - Years 1-3 (Starting 1/1/2022 - 12/31/24)

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Area of Need	T	Specific Actions to Address Community Health Need	Identified "Lead"	Identified Partners	Timeframe	WNH Actions to Address Need	(Hours)	\$\$\$
12. Lack of Health Insurance								
	a	Continue and expand Marketplace enrollment assistance education. Help residents enroll into Medicaid / ACA insurance coverage. Continue presumptive eligibility at CHCCC.	CHCCC	WNH, SCKMC, CCCHD, Cowley1st, CHW, Chambers, PCPs	2022-2024	WNH assist in promoting marketplace enrollment.	0	\$750
	b	Continue and expand advocacy for Medicaid expansion with a focus on elected local politicians. Participate in Kansas Hospital Association campaigns.	Hospitals	CHCCC, CCCHD, Cowley1st, PIOs	2022-2024	WNH will coordinate with SCKMC and other healthcare providers.	36	\$0
	c	Educate the public on payment options at the hospital. Expand payment options. Make presentations to local organizations (senior centers, civic groups, women's organizations) on navigating health insurance plans. Explore health literacy education curriculum through KRSE.	WNH	CHCCC, Seniors, CivicGroups, CCSA, NursHome, KRSE	2022	WNH is an identified lead on this tactic.	16	\$0
	d	Research federal assistance for health insurance policies for rural health organizations.	WNH	CHCCC	2023	WNH is an identified lead on this tactic.	8	\$0
	e	Promote self-insured model to area employers; Pursue contracts with area employers for healthcare services	WNH	Chambers, Cowley1st	2022	WNH is an identified lead on this tactic.	16	\$0
Overall Total Contributions							1,198	\$89,851

2021 CHNA Community Health Improvement Plan Cowley County (KS)

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KEY	Organization
AA	Alcoholics Anonymous
AngelsAttic	Angels in the Attic
CAP	Cowley Affinity Project
CCCHD	City-Cowley County Health Department
CCSA	Cowley County Service Alliance
Chambers	Area Chambers of Commerce
CHCCC	Community Health Center of Cowley County (FQHC)
ChildStart	Child Start, Inc.
Cities	City Governments – Udall, Dexter, Arkansas City, Winfield, Burden
CivicGroups	Rotary Clubs, Lions Clubs, Optimists, American Legion, Soroptimists, etc.
Clergy	Ministerial Alliances – Dexter, Ark City, Winfield
County	Cowley County Government
Cowley1st	Cowley First Economic Development
CWC	Cowley Workforce Center
DiabetesEd	William Newton Hospital – Diabetes Educator
DrugCourt	Separate court under the 19th District
EagleNest	Eagle's Nest
ECC	Elevate Cowley County
EMS	Emergency Responders
FCMH	Four County Mental Health – Cowley
FitProf	Fitness Professionals
HeadStart	Head Start of Cowley County
HofH	House of Hope – non-permanent housing for homeless – Cowley
HomeHealth	Home Health Agencies
Hospitals	WNH / SCKMC
KSRE	K-State Research & Extension
Landlords	Landlords with properties in Cowley County
LawEnf	City Law and County Law Separate
Legacy	Legacy Regional Community Foundation
Libraries	Arkansas City Public Library, Winfield Public Library
LICC	Local Interagency Coordinating Council
MHProf	Mental Health Professionals - Private Practice
NA	Narcotics Anonymous
NursHome	Skilled Nursing Facilities, Assisted Living, Retirement Homes
PCPs	Primary Care Providers – MD, DO, APRN, PA
PIOs	Cowley County Public Information Officer workgroup
REACH	REACH Infant and Toddler Services
RECs	Recreation Commissions
RISE	RISE Cowley - Health coalition – Cowley
SafeKids	Child health & safety coalition – Cowley
SCKMC	South Central Kansas Medical Center
Seniors	Council on Aging, Senior Centers, Aging Projects Inc. (API)
SPCC	Suicide Prevention of Cowley County
ThirdThurs	Third Thursday networking group
UCCC	Urgent Care Cowley County
USD-RNs	School Nurse Council
USDs	School Districts
WNH	William Newton Hospital
WT	Working Together – safety net services group – Cowley

Grant/Funding Opportunities: Kansas Health Foundation, Legacy Foundation, BCBS Pathways Grants, Ship Grant, HRSA Grant, Snyder Foundation, American Heart Association, Roberts Woods Johnson Grants, AG Sessions – Drug Court System/ Justice Assistance Grant, Substance Use Disorder Grant, Child Care Aware Kansas, Culture of Health Grant, Southwestern College Philanthropy Board, USDA-Rural Development, Mental Health First Aid Grants, Community Policing Development (CPD) funds, Community Development Block Grant (CDBG); RISE Cowley Story Telling Package for SDOH