



Community Health Needs Assessment
Pratt County, KS
On Behalf of Pratt Regional Medical Center



August 2021

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

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I. Executive Summary

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I. Executive Summary

Pratt Regional Medical Center – Pratt County, KS - 2021 Community Health Needs Assessment (CHNA)

The previous CHNA for Pratt Regional Medical Center 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 Pratt County, KS CHNA assessment began December 2020 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:

Pratt County, KS				
2021 CHNA Priorities - Unmet Needs				
CHNA Wave #4 Town Hall - April 22, 2021				
Pratt Regional Medical Center PSA (36 Attendees, 138 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Diagnosis, Placement, Aftercare)	22	15.9%	15.9%
2	Child Care Options	19	13.8%	29.7%
3	Affordable Quality Housing	14	10.1%	39.9%
4	Economic Development / Qualified Workforce	14	10.1%	50.0%
5	Drug / Substance Abuse	12	8.7%	58.7%
6	Uninsured / Underinsured	10	7.2%	65.9%
7	Obesity	8	5.8%	71.7%
8	Community Social Division	7	5.1%	76.8%
9	Chronic Disease Management	6	4.3%	81.2%
10	Suicide	6	4.3%	85.5%
Total Votes		138	100.0%	
Other Items receiving votes: Parenting, Alcohol Abuse, Domestic Violence, Food Insecurity, Smoking / Vaping, Elderly / Disabled Services and Safety Net Clinics.				

Town Hall CHNA Findings: Areas of Strengths

Pratt Co. (KS) "Community Health Strengths"			
#	Topic	#	Topic
1	Hospital Quality	6	School System/Education
2	Exercise/Fitness + Recreational Programs	7	Health Department
3	Access to Providers/Services	8	Prenatal Care
4	Ambulance Services	9	Hope Center
5	Primary Care	10	Transportation

Key CHNA Wave #4 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2020 Robert Woods Johnson County Health Rankings, Pratt County, KS Average was ranked 52nd in Health Outcomes, 43rd in Health Factors, and 71st in Physical Environmental Quality out of the 105 Counties.

TAB 1. Pratt County's population is 9,164 (based on 2019), with a population per square mile of approximately 13.1 persons. Roughly six percent (6.1%) of the population is under the age of 5, while the population that is over 65 years old is 21.2%. As of 2019, Hispanic / Latinos make up 7.3% of the population and 7.4% of citizens that speak a language other than English in their home. Children in single parent households make up a total of 25.3% compared to the rural norm of 26.9%, and 86.5% are living in the same house as one year ago.

TAB 2. In Pratt County, the average per capita income is \$24,309 while 11.2% of the population is in poverty. The severe housing problem was recorded at 14.8% compared to the rural norm of 10.9%. Food insecurity is 11.6%, and limited access to healthy foods (store) is 6.0%.

TAB 3. Children eligible for a free or reduced-price lunch in Pratt County is 45.2%. Ninety-one percent (91%) of students graduated high school in compared to the rural norm of 91.3% and 18.1% have a bachelor's degree or higher.

TAB 4. The percent of births where prenatal care started in the first trimester is 80.3% and 8.1% of births in Pratt County have a low birth weight. Continually, 67.7% (compared to the rural norm of 74%) of infants up to 24 months are receiving full immunization. The percent of mothers who were reported as smoking during pregnancy is 14.5% (2016 – 2018).

TAB 5. The Pratt County primary care service coverage ratio is 1 provider (county based offed physician who is a MD and/or DO) to 1,193 residents. The percentage of patients who gave their hospital a rating of 9 or 10 out of 10 is 83%, while 82.0% of patients reported Yes, They Would Definitely Recommend the Hospital. The average (median) time patients spend in the emergency department before leaving was 78 minutes.

TAB 6. In Pratt County, 23% of the Medicare population has depression. The percent of Medicare Part D beneficiaries receiving an opioid day supply >10 Days is 46.6%. The average mentally unhealthy days last reported (2017) is 3.6 days in a one-week period.

TAB 7a – 7b. Pratt County has an obesity percentage of 32.9% as of 2016, and physical inactivity percentage is 27.8%. The adult smoking is 15.8%, while the excessive drinking percentage is 17.4% as of 2017. The Medicare hypertension percentage is 61%, while their heart failure percentage is 18.4%. The percentage of individuals who were recorded with COPD was 16.2%. Pratt County recorded roughly nine percent for those who have cancer (8.7%) among their Medicare population and 3.2% stroke percentage.

TAB 8. The adult uninsured rate for Pratt County is 10.6% (based on 2017) compared to the rural norm of only 13%.

TAB 9. The life expectancy rate in Pratt County is roughly seventy-seven years of age (76.6) for the entire general population in this county. Alcohol-impaired driving deaths for Pratt County is at 0% while age-adjusted Cancer Mortality rate per 100,000 is 165.7, while the Age-adjusted Heart Disease Mortality rate per 100,000 is at 164.1.

TAB 10. Seventy-four percent (74%) of Pratt County has access to exercise opportunities. There are 8.6% of the population that have diabetes prevalence. Forty-five percent (45%) of women in Pratt County seek annual mammography screenings (based on 2017).

Key CHNA Wave #4 Primary Research Conclusions found:

Community Feedback from residents, community leaders and providers (N=539) provided the following community insights via an online perception survey:

- Using a Likert scale, 80% of Pratt County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Pratt County stakeholders are satisfied with some of the following services: Ambulance Services, Chiropractors, Dentists, Optometry, Inpatient Services, Outpatient Services, Pharmacy, and Primary Care.
- When considering past CHNA needs, the following topics came up as the most pressing: Behavioral / Mental Health Services, Drug / Substance Abuse, Child Care, Poverty / Economic Development, Lack of Insurance, Alcohol Abuse, Housing, and Obesity.

Pratt Co. KS- CHNA Wave #4		Ongoing Problem		Trend	Pressing
Past CHNAs Unmet Needs identified		Pratt Co. (N=539)			Pratt Co. (N=539)
Rank	Ongoing Problem	Votes	%		RANK
1	Behavioral / Mental Health	168	10.2%		1
2	Drug/Substance Abuse	164	10.0%		2
3	Child Care	162	9.8%		3
4	Poverty / Economic Development	136	8.3%		4
5	Obesity	124	7.5%		6
6	Lack of Insurance	107	6.5%		5
7	Alcohol Abuse	97	5.9%		8
8	Housing	87	5.3%		11
9	Nutrition - Healthy Food Options	79	4.8%		9
10	Exercise/Fitness	70	4.2%		12
11	Preventative Health / Wellness	67	4.1%		10
12	Access to Health Services	58	3.5%		7
13	Suicide	56	3.4%		14
14	Chronic Disease Management	53	3.2%		13
15	Health Education	49	3.0%		15
16	Transportation	47	2.9%		18
17	Community Engagement	39	2.4%		16
18	Falls/Fall Prevention	30	1.8%		19
19	Adolescent Health	29	1.8%		17
20	Teen Pregnancy	26	1.6%		20
TOTALS		1648			

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.*).

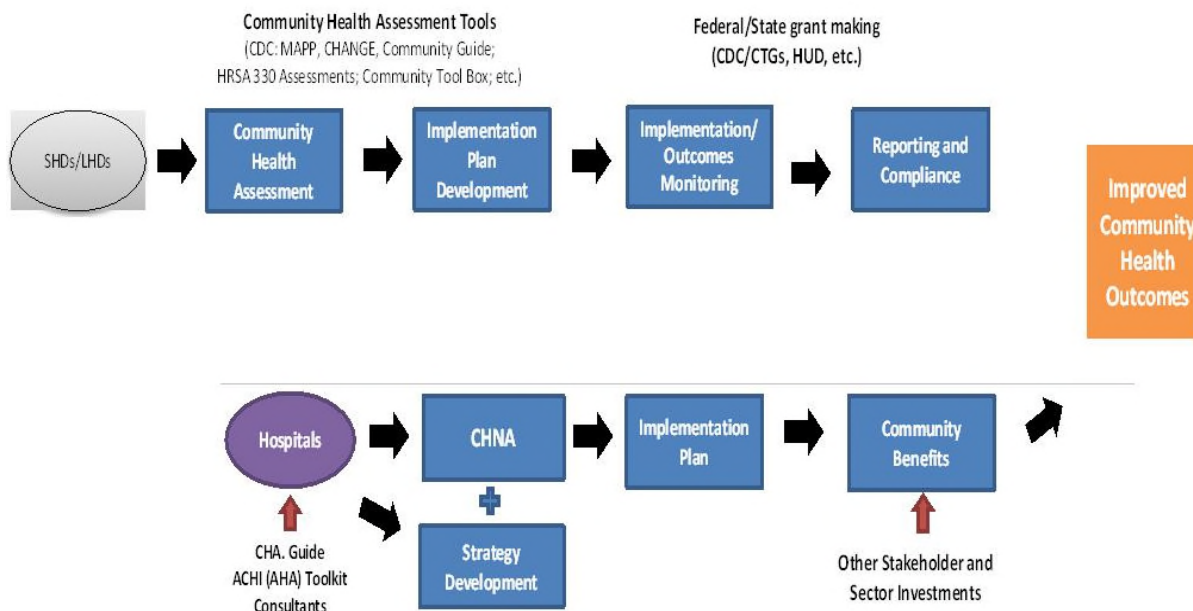
JOB #2: Making a CHNA Widely Available to the Public

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):

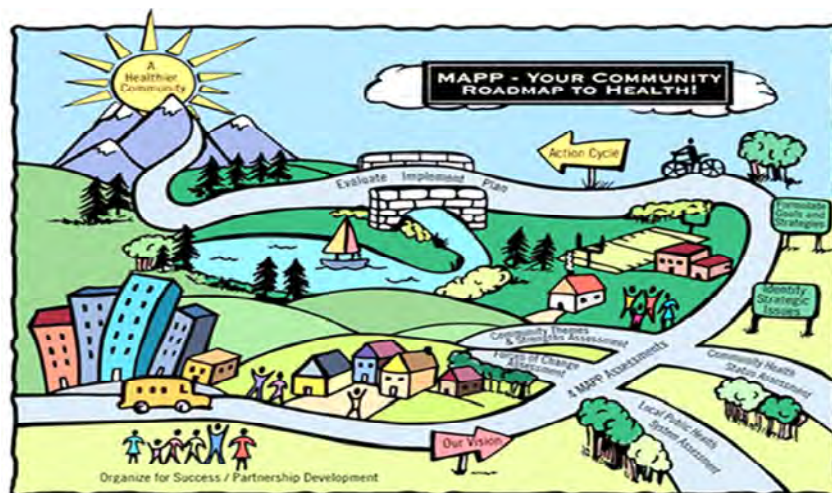
1. Pre-Application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

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:

Pratt Regional Medical Center Profile

200 South Main St, Pratt, KS 67665

President & CEO: Darrell Lavender

Phone: 620-672-7451

About Us: The Pratt County Hospital was built as the result of the vision and commitment of individuals, the Pratt County Commissioners, the Pratt County Hospital Board of Trustees and physicians. The original idea for a city hospital dates back to 1930. Following World War II, building materials were almost unavailable and a significant increase in the projected costs changed the focus from a city hospital to a county hospital.

Timeline:

April 22, 1947—The county hospital proposition carried.

Nov. 15, 1948—Ground breaking ceremony.

Aug. 6, 1950—Pratt County Hospital was dedicated. The final cost of the 64-bed hospital was \$925,000.

Sept. 11, 1950—The first patient was admitted.

1950 through 1988—Managed by Sisters of St. Joseph of Wichita, KS.

1988 to Present—Managed by PRMC, Inc.

Mission Statement: "Pratt Regional Medical Center provides excellent and compassionate healthcare services."

Service to Humanity: We believe that PRMC staff will provide considerate and respectful care for the sick and suffering, and/or dying regardless of age, sex, race, color, national origin, religious creed, handicap or economic status.

Excellence in Performance: We believe that the healthcare needs and expectations of the customer will be met through a commitment to safety and continuous quality improvement.

Respect for the Individual: We believe that every human is a unique composite of body, mind, and spirit; thus our concept of care embraces the physical, cultural, psycho-social, emotional, and spiritual needs of the patient. That ministerial services shall be utilized to meet the spiritual and emotional needs of the patient, family, and hospital personnel. That as a healthcare institution, we will abide by the patient's rights and decisions to the extent that the law allows.

Value to Employees: We believe that hospital personnel deserve, because of their personal worth and dignity, to be treated with respect. Employment of personnel must be based on qualifications and the ability to perform the required job skills. Employees should be of good moral character and willing to work cooperatively with one another to uphold the mission of

PRMC. Pratt Regional Medical Center will conform to all laws regarding equal employment opportunity. Our hospital has a responsibility to provide opportunities for continuing education of its personnel. This practice enables employees to maintain or increase competence in their respective fields.

Integrity in Relationships: We believe that our patients have certain responsibilities both moral and legal. We believe that is the individual's responsibility to notify the appropriate people of healthcare decisions and to provide to the health care provider a copy of an Advance Directive that the patient would expect to be followed. Patients are expected to conduct themselves properly by respecting facility policies, fellow patients, and hospital personnel. It is their obligation to maintain personal and fiscal integrity with respect to services provided on their behalf.

That those charged with the operation of this healthcare facility have responsibility to the employees, medical staff, board members, county commissioners, and the citizens of south central Kansas for the implementation of sound principles of management and social justice, as well as protecting the healthcare facility's resources through effective financial practices.

Community Responsibility: We believe that our hospital personnel should participate in community planning for health and medical care. The hospital should operate in accordance with the needs of the community it serves and should further education and research according to available resources.

Enhanced Access to Healthcare: We believe that access to healthcare is enhanced through skilled professionals, committed to technology and expansion of local and regional services.

Pratt Regional Medical Center Services

- Ambulatory Care
- Cardiac Rehabilitation
- Dietary Services
- Emergency Services
- Endoscopy
- Family Birth Suites
- Home Health Agency
- Intensive Care Unit
- Laboratory Services
- Occupational Therapy
- Oncology Services
- Outpatient Services
- Pharmacy Services
- Physical Therapy
- Pratt Home Care
- Radiology Services
- Speech-Language Pathology
- Surgical Services

Other Services Provided by Physicians One or Two Times Monthly

- Nephrologists
- Ophthalmologists
- Pulmonologist
- Sleep medicine specialist
- Neurologist
- Dermatologist
- Oncologist & Hematologist
- Urologist
- Cardiology/cardiothoracic
- Otolaryngology
- Orthopedic Spine Surgeon

Pratt County Health Department Profile

712 S. Main St. Pratt, KS 67124

Administrator / Health Officer: Darcie Vandervyver, RN

Phone: 785-483-6433

About Us: The Pratt County Health Department was established in 1961 and believes that everyone is entitled to receive adequate preventative health care at an affordable price. Our service area is Pratt County plus a fifty mile radius within our county. We are well known for our small home town friendly atmosphere where everyone is welcome.

Mission: "Our mission is to protect, promote, and enhance the health and well-being of all residents in Pratt County, and their environment, through the prevention and control of disease."

Pratt County Health Department offers the following services:

- Immunizations
- Nutritional Information and/or Assistance
- Information / Education in Caring for Infants and Children
- Well-Person Health Assessments
- Early Intervention Health Screening
- Family Planning / Well-Women Information and Services
- Disease Investigation

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 – Lead Consultant

VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences
 - Park University MHA (May 2021)
- 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 January of 2021 for Pratt Regional Medical Center located in Pratt County, KS to meet Federal IRS CHNA requirements.

In late December 202, a meeting was called by Pratt Regional Medical Center leaders to review CHNA collaborative options. <Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps.> Outcomes from discussion led to requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

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

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

Pratt Regional Medical Center - Define PSA					Inpatients			Outpatients		
Source: KHA - FFY 2018-20		24,713	Totals - IP/OP		1,629	1,579	1,437	8,555	6,117	5,396
Patient Zip Code	County	3YR TOT	%	Accum	FFY18	FFY19	FFY20	FFY18	FFY19	FFY20
67124-Pratt, KS	Pratt	9,757	39.5%	39.5%	596	545	522	3,786	2,269	2,039
67134-Sawyer, KS	Pratt	362	1.5%	41.0%	15	11	12	168	76	80
67028-Coats, KS	Pratt	293	1.2%	42.2%	21	9	2	163	50	48
67066-Iuka, KS	Pratt	247	1.0%	43.1%	11	8	11	79	54	84
67021-Byers, KS	Pratt	59	0.2%	43.4%	4	1	5	24	13	12
67801-Dodge City, KS	Ford	1,032	4.2%	47.6%	54	63	59	293	282	281
67059-Haviland, KS	Kiowa	879	3.6%	51.1%	59	58	35	352	229	146
67576-St John, KS	Stafford	837	3.4%	54.5%	51	69	51	253	238	175
67104-Medicine Lodge, KS	Barber	812	3.3%	57.8%	63	64	72	216	216	181
67583-Turon, KS	Reno	788	3.2%	61.0%	51	30	44	361	163	139
67054-Greensburg, KS	Kiowa	757	3.1%	64.0%	48	32	24	261	198	194
67578-Stafford, KS	Stafford	705	2.9%	66.9%	50	48	43	247	173	144
67035-Cunningham, KS	Kingman	665	2.7%	69.6%	45	39	32	206	176	167
67029-Coldwater, KS	Comanche	496	2.0%	71.6%	48	28	22	143	146	109
67547-Kinsley, KS	Edwards	404	1.6%	73.2%	22	28	27	107	114	106
67068-Kingman, KS	Kingman	375	1.5%	74.7%	27	35	34	105	84	90
67127-Protection, KS	Comanche	365	1.5%	76.2%	22	27	15	140	96	65
67557-Macksville, KS	Stafford	346	1.4%	77.6%	18	27	26	118	80	77
67834-Bucklin, KS	Ford	260	1.1%	78.7%	18	22	21	71	69	59
67550-Larned, KS	Pawnee	235	1.0%	79.6%	14	12	8	72	70	59
67901-Liberal, KS	Seward	229	0.9%	80.6%	25	31	30	47	53	43

© 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:

<p align="center">Development Steps to Create Comprehensive Community Health Needs Assessment</p>	
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>
<p>VVV Consultants, LLC Olathe, KS 913 302-7264</p>	

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
Business Quick Facts
Centers for Medicare and Medicaid Services
CMS Hospital Compare, 10/1/2015-9/30/2016
County Health Rankings
Geography Quick Facts
Kansas Health Matters
Kansas Hospital Association (KHA)
People Quick Facts
U.S. Department of Agriculture - Food Environment Atlas
US Centers 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.

Pratt Regional Medical Center			
VVV CHNA Wave #4 Work Plan - Year 2021			
Project Timeline & Roles - Working Draft as of 1/28/21			
Step	Timeframe	Lead	Task
1	10/30/2020	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	12/9/2020	Hosp	Select CHNA Wave #4 Option B. Approve (sign) VVV CHNA quote
3	1/22/20	VVV	Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	2/5/2021	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	On or Before 1/22/20	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	Feb-Mar 2021	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	2/10/2021	VVV / Hosp	Prepare/send out PR story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	By 2/15/2021	VVV / Hosp	Place PR story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	2/15/2021	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 3/15/2021 for Online Survey
10	3/29/2021	Hosp	Prepare/send out Community TOWN HALL invite letter and place local AD.
11	3/29/2021	VVV / Hosp	Prepare/send out PR story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
12	4/19/2021	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	Thursday, 4/22/2021	VVV	Conduct virtual CHNA Town Hall. Lunch 11:30-1pm (location TBD). Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 6/23/2021	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 6/30/2021	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	TBD	Hosp	Conduct Client Implementation Plan PSA Leadership meeting
17	On or Before 7/31/2021	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.

Pratt County Town Hall was held on Thursday April 22nd, 2021, onsite following COVID-19 safety requirements. Vince Vandehaar (MBA) and Cassandra Kahl (MHA) facilitated this 1½ hour session with 41 RSVP's and 36 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 – Pratt Co. (KS)
on behalf of Pratt Regional Medical Center**

VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

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Safe Table Seating Assignments (9)

Pratt County, KS 2021 CHNA Town Hall meeting - April 22nd (5:30-7pm)

#	Table	Lead	Last	First	Organization	Title	City	ST ZIP
1	A	#	Ruge	Scott	Pratt Regional Medical Center	President and CEO	Pratt	KS 67124
2	A		Jules	Tom	Pratt County	Commissioner	Pratt	KS 67124
3	A		Moore	Suzanne	Pratt Regional Medical Center	Board Member	Juka	KS 67065
4	A		Smith	Tommy	Pratt Regional Medical Center	VP and CMO	Pratt	KS 67124
5	B	#	Hanson	Stacy	Ninnescah Opioid Workforce Coalition	Project Director	Pratt	KS 67124
6	B		Harris	Robert	Pratt Regional Medical Center	Surgeon	Pratt	KS 67124
7	B		Willy	Bob	South Central Community Foundation	Executive Director	Pratt	KS 67124
8	B		Joubette	Siemens	Hope Center of Pratt/Agape Health	Board member	Pratt	KS 67124
9	C	#	Good	Patricia	Hope Center of Pratt/Agape Health	Director	Pratt	KS 67124
10	C		Hanson	Marie	Pratt Regional Medical Center		Pratt	KS 67124
11	C		Mike	Miller	Pratt Regional Medical Center	Risk Manager	Pratt	KS 67124
12	C		Van Der Viver	Darice	Pratt County Health Department	Administrator	Pratt	KS 67124
13	D	#	Buck	Laura	Pratt Regional Medical Center	Discharge Planner	Pratt	KS 67124
14	D		Evans	Ken	Pratt Regional Medical Center	VP of HR	Pratt	KS 67124
15	D		Garner	Kyle	City of Pratt City Commission	Commissioner	Pratt	KS 67124
16	D		McDermott	Kelly	Pratt Regional Medical Center	VP Client Operations	Pratt	KS 67124
17	E	#	Prickel	Kevin	PPSC	Member	Pratt	KS 67124
18	E		Siemens	Jerry			Pratt	KS 67124
19	E		Harp	Joni	Pratt County Zoning Board		Pratt	KS 67124
20	E		Thomesch	Jamie	Pratt Regional Medical Center	APRN	Cunningham	KS 67055
21	F	#	Galle	Jack	Lagacy Bank	President	Pratt	KS 67124
22	F		Garan	Shirley	Pratt Regional Medical Center		Pratt	KS 67124
23	F		Hosner-Quall	Donna			Pratt	KS 67124
24	F		Goldberger	Clare			Pratt	KS 67124
25	G	#	Winkler	Colleen	Pratt Regional Medical Center	Social Worker	Pratt	KS 67124
26	G		Estes	Bobby	Club D'Est	Owner	Pratt	KS 67124
27	G		NEARIC	CHRISTY	Pratt Regional Medical Center	PATIENT FINANCIAL	STAPFORD	KS 67124
28	G		Quinn	Billy			Pratt	KS 67124
29	H	#	Dean	Andie	Pratt Regional Medical Center	Community Ref Manager	Pratt	KS 67124
30	H		Quinn	Becky	Upland Care	Owner	Pratt	KS 67124
31	H		Flowers	Becca	SEVENS SCHOOLS, LTD 418	Superintendent	Pratt	KS 67124
32	H		Galle	Barbara	Pratt Regional Medical Center	Cardiac Rehab Nurse	Pratt	KS 67124
33	I	#	Vandervoort	Aminda	Pratt Regional Medical Center	Director of Clinical Info	Pratt	KS 67124
34	I		Hanson	Alan			Pratt	KS 67124
35	I		Whites	Alan	Pratt Regional Medical Center	VP and CFO	Pratt	KS 67124

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

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

3

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, CBOS of KC,
– Tillinghast Towers Perrin, and Lutheran Mutual Life
– Hometown: Bondurant IA



Cassandra Kahl, BHS – Lead Consultant
VVV Consultants LLC – Nov 2020
– University of Kansas – Health Sciences
• Park University MHA (May 2021)
– Pharmacy Management (CVS) – 2 ½ years
– Hometown: Maple, WI

*NOTE: Vince started VVV Consultants LLC on 1/1/2009, after working for Saint Luke’s Health System of Kansas City for 16 years. Saint Luke’s Hospital of KC, SLHS’s largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003.

4

I. Introductions: A Conversation with the Community & Stakeholders

Community members and organizations invited to CHNA Town Hall

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

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

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

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

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Town Hall Participation (You)

- ALL attendees practice "Safe Engagement". We will work together - Table Teams
- ALL attendees welcome to share. Engaging Conversation (No right or wrong answer)
 - Parking Lot
- ALL Take Notes – Important Health Indicators
- Please give truthful responses – Serious Community Conversation. Here to Update Unmet Needs List.
- Have a little fun along the way

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II. Review of a CHNA

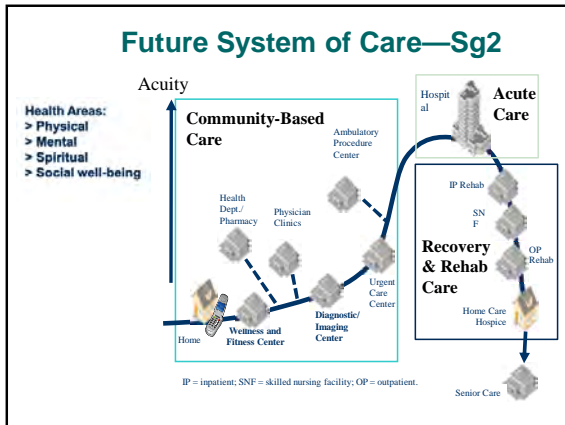
- A Community Health Needs Assessment (CHNA) is a....
 - Systematic collection, assembly, analysis, and dissemination of information about the health of the community.
- A CHNA's role is to....
 - Identify factors that affect the health of a population and determine the availability of resources to adequately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

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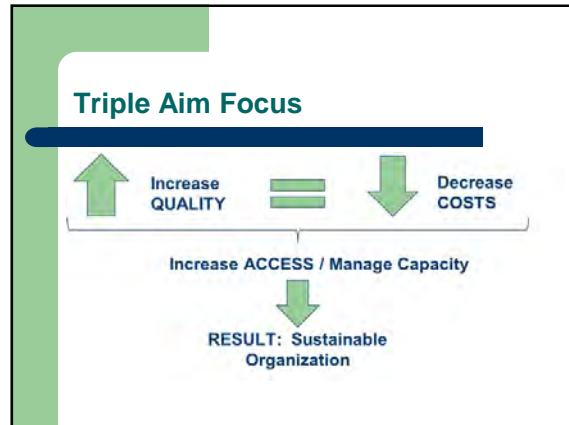
Purpose—Why Conduct a CHNA?

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

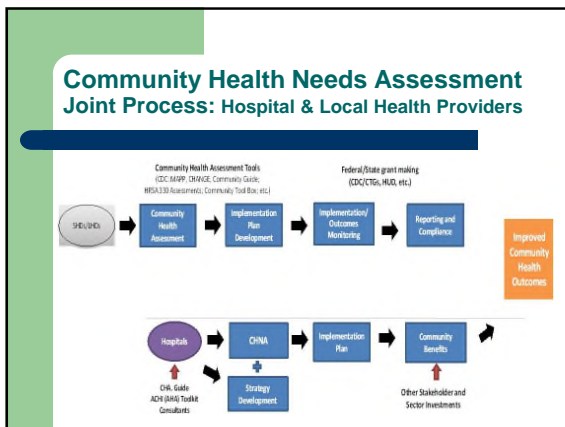
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- ### II. IRS Hospital CHNA Written Report Documentation – Table of Contents
- A description of the community served
 - A description of the CHNA process
 - The identity of any and all organizations and third parties which collaborated to assist with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

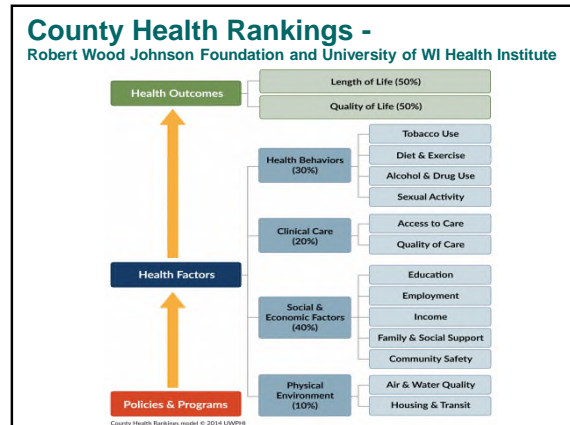
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III. Review Current County Health Status: Secondary Data by 10 Tab Categories & State Rankings

Trends: Good Same Poor

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

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

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

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Community Health Needs Assessment

Questions; Next Steps?

VV Consultants LLC
601 N Mahaffie
Olathe, KS 66061

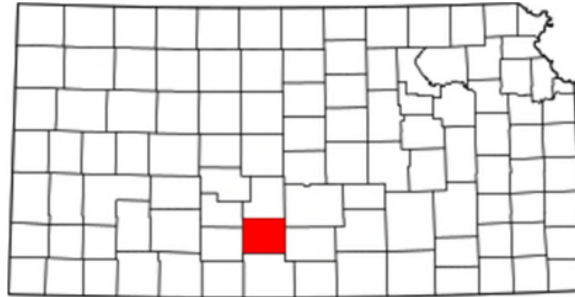
VV@VandelaarMarketing.com
CJK@VandelaarMarketing.com
(913) 302-7264

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II. Methodology

d) Community Profile (A Description of Community Served)

Pratt County Community Profile



Demographics

Pratt County (standard abbreviation: PR) is a county located in the U.S. state of Kansas. As of the 2010 census, the county population was 9,656. The largest city and county seat is Pratt. The population density was 13 people per square mile (5/km²). The racial makeup of the county was 95.28% White, 0.98% Black or African American, 0.35% Native American, 0.55% Asian, 0.03% Pacific Islander, 1.73% from other races, and 1.07% from two or more races. 3.09% of the population were Hispanic or Latino of any race.

In the county, the population was spread out, with 24.50% under the age of 18, 9.40% from 18 to 24, 24.00% from 25 to 44, 22.80% from 45 to 64, and 19.20% who were 65 years of age or older. The median age was 40 years. For every 100 females there were 94.00 males. For every 100 females age 18 and over, there were 91.30 males. The average household size was 2.35 and the average family size was 2.93.

The median income for a household in the county was \$35,529, and the median income for a family was \$43,156. Males had a median income of \$31,138 versus \$20,679 for females. The per capita income for the county was \$17,906. About 6.70% of families and 9.40% of the population were below the poverty line, including 11.50% of those under age 18 and 8.90% of those age 65 or over.

Transportation: Pratt is located directly on Highway 54/400, only 78 miles from I-35 the only Midwest interstate corridor in North America to connect Canada, the U.S. and Mexico. Under NAFTA this route has become crucial as trade increases with our northern and southern neighbors. Interstate 35 connects with major east-west interstates I-70 via I-135 about ninety miles to the north and I-40 about 150 miles to the south. As a major exporting state, Kansas takes its highways seriously.

Pratt County, KS Airports¹

Name	USGS Topo Map
Moore Field	Byers
Pratt Regional Airport	Pratt

Schools in Pratt County²

Name	Level
Liberty Middle School	Middle
Pratt Sr High	High
Skyline Elem	Elementary
Skyline High	High
Southwest Elem	Elementary

Parks and Amenities

Name	USGS Topo Map
Lemon Park	Pratt
Pratt Sandhills State Wildlife	Hopewell
Rock Island Park	Pratt
Sixth Street Park	Pratt
Texas Lake Wildlife Area	Cullison

Most Common Occupations³

Accounting
Engineering
Healthcare
Sales and Marketing
Government

¹ <http://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20167.cfm>

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

³ https://datausa.io/profile/geo/Pratt-county-ks/#category_occupations

Pratt County KS Detail Demographic Profile										
ZIP	NAME	County	Population			Households		HH	Per Capita	
			Year 2020	Year 2025	Change	Year 2020	Year 2025	Avg Size 2020	Income 2020	
67021	Byers	Pratt	74	72	-2.7%	37	35	2.0	\$38,415	
67028	Coats	Pratt	195	189	-3.1%	74	71	2.6	\$28,520	
67066	Iuka	Pratt	302	300	-0.7%	135	134	2.2	\$36,987	
67124	Pratt	Pratt	7,903	7,693	-2.7%	3,242	3,155	2.3	\$28,191	
67134	Sawyer	Pratt	373	359	-3.8%	140	135	2.7	\$28,784	
Totals			8,847	8,613	-2.6%	3,628	3,530	2.4	\$32,179	

ZIP	NAME	County	Population				Year 2020		Females
			Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
67021	Byers	Pratt	74	13	24	11	39	35	9
67028	Coats	Pratt	195	38	60	25	102	93	21
67066	Iuka	Pratt	302	66	82	31	154	148	28
67124	Pratt	Pratt	7,903	1,750	2,450	970	3,895	4,008	908
67134	Sawyer	Pratt	373	68	117	48	196	177	40
Totals			8,847	1,935	2,733	1,085	4,386	4,461	1,006

ZIP	NAME	County	Population 2020				Average Households 2020		
			Caucasian	African Amer	Amer Ind.	Hispanic	HH Income	HH	HH \$50K+
67021	Byers	Pratt	68	1	0	5	\$57,266	37	22
67028	Coats	Pratt	181	2	1	13	\$57,784	74	45
67066	Iuka	Pratt	288	2	3	13	\$63,363	135	95
67124	Pratt	Pratt	7,200	158	71	671	\$52,593	3,242	1,725
67134	Sawyer	Pratt	347	3	2	26	\$58,319	140	86
Totals			8,084	166	77	728	\$57,865	3,628	1,973

Source: ERSA Demographics

III. Community Health Status

[VVV Consultants LLC]

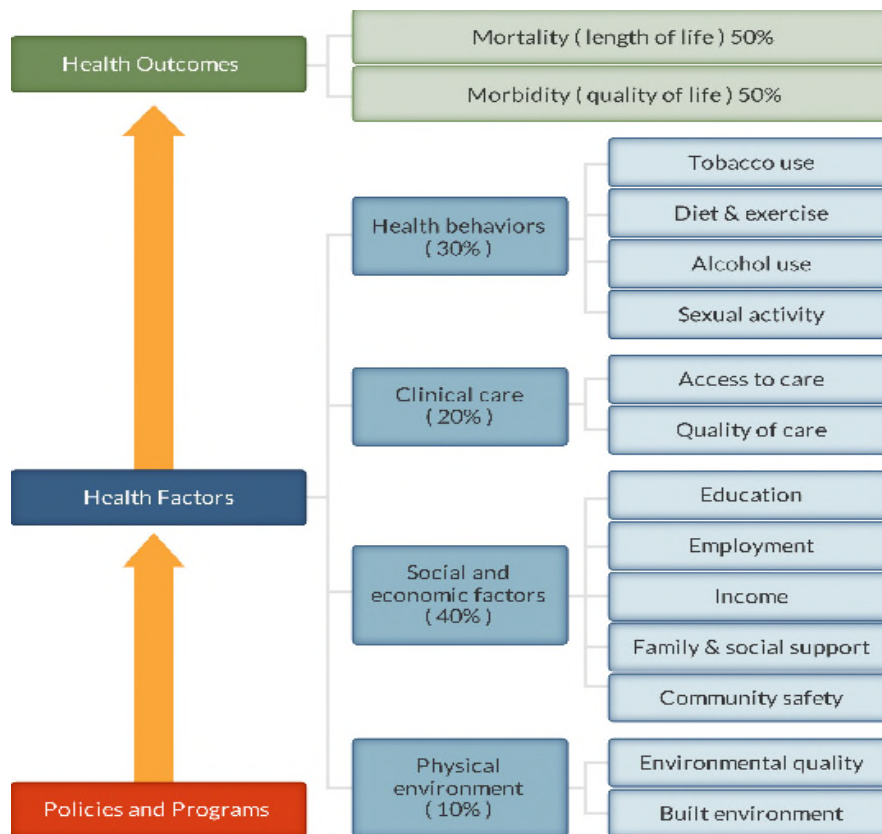
III. Community Health Status

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 participants. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

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



County Health Rankings model ©2012 UWPHI

National Research – Year 2020 RWJ Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Pratt Co. (KS)	TREND	SCKS RURAL NORM (N=16)
1	Health Outcomes		52		57
2	Mortality	Length of Life	83		51
3	Morbidity	Quality of Life	23		48
4	Health Factors		43		52
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	36		46
6	Clinical Care	Access to care / Quality of Care	27		66
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	47		50
8	Physical Environment	Environmental quality	71		46
http://www.countyhealthrankings.org , released 2020					
Kansas SC Rural Norm (N=16) includes the following counties: Barber, Clark, Comanche, Cowley, Edwards, Ford, Gray, Harper, Haskell, Hodgeman, Kindgman, Kiowa, Meade, Pratt, Seward, Sumner					

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	Pratt Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
1	a Population estimates, July 1, 2019, (V2019)	9,164		2,913,314	10,233	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	-5.1%		2.1%	-6.6%	People Quick Facts
	c Population per square mile, 2010 (V2019)	13.1		34.9	11.7	Geography Quick Facts
	d Persons under 5 years, percent, 2019, (V2019)	6.1%		6.4%	6.5%	People Quick Facts
	e Persons 65 years and over, percent, 2019, (V2019)	21.2%		16.3%	19.7%	People Quick Facts
	f Female persons, percent, 2019, (V2019)	50.3%		50.2%	49.6%	People Quick Facts
	g White alone, percent, 2019, (V2019)	93.8%		86.3%	93.7%	People Quick Facts
	h Black or African American alone, percent, 2019, (V2019)	1.7%		6.1%	1.5%	People Quick Facts
	i Hispanic or Latino, percent, 2019, (V2019)	7.3%		12.2%	17.3%	People Quick Facts
	j Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	7.4%		11.9%	16.6%	People Quick Facts
	k Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	86.5%		83.8%	88.5%	People Quick Facts
	l Children in single-parent households, percent, 2014-2018	25.3%		29.0%	26.9%	County Health Rankings
	m Total Veterans, 2015-2019	564.0		176,444	2254	People Quick Facts

Tab 2: Economic Profile

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

Tab	Economic - Health Indicators	Pratt 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	\$24,309		\$31,814	\$27,368	People Quick Facts
	b Persons in poverty, percent	11.2%		11.4%	11.8%	People Quick Facts
	c Total Housing units, July 1, 2019, (V2019)	4,468		1,288,401	4,636	People Quick Facts
	d Total Persons per household, 2015-2019	2.5		2.5	2.4	People Quick Facts
	e Severe housing problems, percent, 2012-2016	14.8%		13.0%	10.9%	County Health Rankings
	f Total of All firms, 2012	575		239,118	2,466	Business Quick Facts
	g Unemployment, percent, 2018	2.8%		3.4%	2.7%	County Health Rankings
	h Food insecurity, percent, 2017	11.6%		13.0%	10.5%	County Health Rankings
	i Limited access to healthy foods, percent, 2010	6.0%		8.0%	13.6%	County Health Rankings
	j Low income and low access to store, percent, 2015	6.0%		NA	13.6%	U.S. Department of Agriculture - Food Environment Atlas
	k Long commute - driving alone, percent, 2011-2015	11.3%		21.0%	20.8%	County Health Rankings

Tab 3: Educational Profile

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

Tab	Educative - Health Indicator	Pratt Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
3	a Children eligible for free or reduced price lunch, percent, 2017-2018	45.2%		48.0%	52.8%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2015-2019	91.0%		33.4%	91.3%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	18.1%		33.4%	23.1%	People Quick Facts

#	School Health Indicators - Year 2021	Pratt USD 382	Skyline USD 438
1	Total # Public School Nurses	1	1
2	School Nurse is part of the IEP team Yes/No	Y	Y
3	School Wellness Plan (Active)	Y	Y
4	VISION: # Screened / Referred to Prof / Seen by Professional	635 / 20 / 5	154 / 21 / 12
5	HEARING: # Screened / Referred to Prof / Seen by Professional	635 / 10 / 2	156/0/0
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	Dental Kit	Cancelled
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	NA	NA
8	# of Students served with no identified chronic health concerns	1135	333
9	School has a suicide prevention program	N (Training)	Y
10	Compliance on required vaccinations (%)	97%	98%

Tab 4: Maternal / Infant Profile

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

Tab	Maternal/Infant - Health Indicators	Pratt Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
4	a Percent of Births Where Prenatal Care began in First Trimester, 2016-2018	80.3%		81.0%	76.6%	Kansas Health Matters
	b Percentage of Premature Births, 2013-2015 (Latest)	7.3%		9.1%	7.9%	Kansas Health Matters
	c Percent of Infants up to 24 months that received full Immunizations, 2016-2018	67.7%		69.2%	74.0%	Kansas Health Matters
	d Percent of Births with Low Birth Weight, 2016-2018	8.1%		7.3%	6.9%	Kansas Health Matters
	e Percent of WIC Mothers Breastfeeding Exclusively, percent, 2016	17.8%		14.1%	17.3%	Kansas Health Matters
	f Percent of all Births Occurring to Teens (15-19), 2016-2018	6.4%		5.5%	6.2%	Kansas Health Matters
	g Percent of births Where Mother Smoked During Pregnancy, 2016-2018	14.5%		10.0%	11.3%	Kansas Health Matters

Tab 4: Maternal / Infant Profile (Continued)

#	Criteria - Vital Statistics	Pratt Co. (KS)	Trend	Kansas	SC KS Norm (N=16)
a	Total Live Births, 2015	142		39,126	158
b	Total Live Births, 2016	126		38,048	148
c	Total Live Births, 2017	104		36,464	142
d	Total Live Births, 2018	116		36,268	140
e	Total Live Births, 2019	99		35,395	142
f	Total Live Births, 2015-2019 - 5 year Rate (%)	12.4%		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	Pratt Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
5	a Primary care physicians (Pop Coverage per (No extenders incl.) , 2017	1193:1		1295:1	2804:1	County Health Rankings
	b Preventable hospital rate per 100,000, 2017 (lower the better)	3,546		4024	4,221	County Health Rankings
	c Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	83.0%		78.0%	78.7%	CMS Hospital Compare, Latest Release
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	82.0%		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)	78		112.0	86.5	CMS Hospital Compare, Latest Release

#	KS Hospital Assoc PO103	Total Pratt Co (KS) - Inpatients		
		FFY2018	FFY2019	FFY2020
1	Total Discharges	949	873	861
2	Total IP Discharges-Age 0-17 Ped	38	37	22
3	Total IP Discharges-Age 18-44	67	73	49
4	Total IP Discharges-Age 45-64	151	132	148
5	Total IP Discharges-Age 65-74	178	174	164
6	Total IP Discharges-Age 75+	276	228	251
7	Psychiatric	33	49	27
8	Obstetric	106	90	103
9	Surgical %	26.3%	23.5%	25.7%
#	KS Hospital Assoc PO103	Pratt Regional Medical (IP Only)		
		FFY2018	FFY2019	FFY2020
1	Total Discharges	644	574	552
	Pratt Reg IP Share - Pratt Co Only	67.9%	65.8%	64.1%
2	Total IP Discharges-Age 0-17 Ped	10	5	8
3	Total IP Discharges-Age 18-44	32	30	25
4	Total IP Discharges-Age 45-64	96	90	92
5	Total IP Discharges-Age 65-74	120	121	84
6	Total IP Discharges-Age 75+	227	183	184
7	Psychiatric	2	5	3
8	Obstetric	80	69	81
9	Surgical %	23.3%	20.0%	22.8%
#	Kansas Hospital Assoc OP TOT223E	FFY2018	FFY2019	FFY2020
1	Pratt Reg ER Share - Pratt Co Only	53.9%	22.2%	22.6%
1	Pratt Reg OpSRG Share - Pratt Co Only	75.1%	75.3%	76.7%
2	Pratt Reg TOT OP Share - Pratt Co Only	75.3%	66.4%	68.0%

Tab 6: Behavioral / Mental Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Mental - Health Indicator	Pratt Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
6	a Depression: Medicare Population, percent, 2017	23.0%		18.9%	17.6%	Kansas Health Matters
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2016-2018 (lower is better)	31.3		17.6	18.1	Kansas Health Matters
	c Mental Behavioral Hospital Admission Rates per 100,000, 2016-2018	49.7		75.1	55.7	Kansas Health Matters
	k Percent of Medicare Part D Beneficiaries Receiving Opioids Supply >10 Days	46.6%		37.8%	49.8%	Kansas Health Matters
	d Average Number of mentally unhealthy days, 2017	3.6		3.7	3.6	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	Pratt Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
7a	a Adult obesity, percent, 2016	32.9%		33.0%	33.6%	County Health Rankings
	b Adult smoking, percent, 2017	15.8%		17.0%	15.8%	County Health Rankings
	c Excessive drinking, percent, 2017	17.4%		19.0%	16.6%	County Health Rankings
	d Physical inactivity, percent, 2016	27.8%		25.0%	29.3%	County Health Rankings
	e # of Physically unhealthy days, 2015	3.4		3.6	3.5	County Health Rankings
	f Sexually transmitted infections (chlamydia), rate per 100,000 - 2017	303.8		13,554	290.3	County Health Rankings

Tab 7b: Chronic Risk Profile

Tab	Chronic - Health Indicator	Pratt Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
7b	a Hypertension: Medicare Population, 2017	61.0%		55.2%	55.8%	Kansas Health Matters
	b Hyperlipidemia: Medicare Population, 2017	46.1%		37.1%	35.2%	Kansas Health Matters
	c Heart Failure: Medicare Population, 2017	18.4%		13.4%	16.9%	Kansas Health Matters
	d Chronic Kidney Disease: Medicare Pop, 2017	19.5%		21.8%	22.4%	Kansas Health Matters
	e COPD: Medicare Population, 2017	16.2%		11.9%	12.0%	Kansas Health Matters
	f Atrial Fibrillation: Medicare Population, 2017	9.9%		8.8%	8.6%	Kansas Health Matters
	g Cancer: Medicare Population, 2017	8.7%		8.1%	7.4%	Kansas Health Matters
	h Osteoporosis: Medicare Population, 2017	1.3%		6.1%	5.6%	Kansas Health Matters
	i Asthma: Medicare Population, 2017	3.6%		4.3%	3.1%	Kansas Health Matters
	j Stroke: Medicare Population, 2015	3.2%		3.1%	2.8%	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	Pratt Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
8	a Uninsured, percent, 2017	10.6%		10.0%	13.0%	County Health Rankings

Source: Internal Hospital Records				
	Pratt Regional Medical Center	YR 2018	YR 2019	YR 2020
1	Charity Care (Free Care Given)	\$194,914	\$152,039	\$289,437
2	Bad Debt Writeoffs	\$3,255,679	\$2,929,550	\$3,015,229

Tab 9: Mortality Profile

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

Tab	Mortality - Health Indicator	Pratt Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
9	a Life Expectancy, 2016 - 2018	76.6		78.5	76.1	Kansas Health Matters
	b Age-adjusted Cancer Mortality Rate per 100,000 population, 2016-2018 (lower is better)	165.7		155.3	150.7	Kansas Health Matters
	c Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2016-2018 (lower is better)	164.1		156.7	161.7	Kansas Health Matters
	d Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2014-16 (Lower is better)	64.7		49.9	54.4	Kansas Health Matters
	e Alcohol-impaired driving deaths, percent, 2014-2018	0.0%		21.9%	38.1%	County Health Rankings
	f Total # Deaths involving COVID-19 if released, 2021	21.0		3575	10.4	NY Times

Causes of Death by County of Residence, KS 2020	Pratt Co. (KS)	%	Trend	Kansas	%
TOTAL	116			27,312	
Hypertensive Renal Disease	32	27.6%		3,603	13.2%
Cancer	22	19.0%		5,537	20.3%
Other causes	21	18.1%		6,058	22.2%
Heart disease	19	16.4%		5,520	20.2%
Chronic lower respiratory diseases	14	12.1%		1,774	6.5%
Suicide	12	10.3%		3,085	11.3%
Deaths involving COVID-19	11	9.5%		4	0.0%
Residual Infections and Parasitic Diseases	11	9.5%		514	1.9%

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	Pratt Co. (KS)	Trend	State of KS	SCKS Rural Norm (N=16)	Source
10	a Access to exercise opportunities, percent, 2019	74.0%		76.0%	58.7%	County Health Rankings
	b Adults with diabetes, monitoring, percent, 2016	8.6%		86.0%	11.0%	County Health Rankings
	c Mammography annual screening, percent, 2017	45.0%		63.0%	38.0%	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 Pratt Co. KS.

Chart #1 – Pratt County, KS Online Feedback Response (N=539)

Pratt Co. KS- CHNA Wave #4			
For reporting purposes, are you involved in or are you a ?	Pratt Co. N=539	Trend	NWKS Rural Norms N=1910
Business / Merchant	15.0%	Green	9.2%
Community Board Member	11.5%	Green	7.7%
Case Manager / Discharge Planner	1.6%	White	0.8%
Clergy	2.4%	White	1.1%
College / University	13.8%	Green	5.7%
Consumer Advocate	2.0%	White	1.3%
Dentist / Eye Doctor / Chiropractor	1.2%	White	0.5%
Elected Official - City/County	3.2%	Yellow	2.2%
EMS / Emergency	0.8%	White	2.2%
Farmer / Rancher	11.9%	Green	7.1%
Hospital / Health Dept	16.6%	Green	20.3%
Housing / Builder	0.8%	White	0.9%
Insurance	0.8%	White	1.1%
Labor	5.1%	Yellow	2.4%
Law Enforcement	1.2%	White	0.8%
Mental Health	1.2%	White	1.2%
Other Health Professional	11.1%	Green	12.7%
Parent / Caregiver	27.7%	Green	17.5%
Pharmacy / Clinic	1.6%	White	1.7%
Media (Paper/TV/Radio)	0.4%	White	0.5%
Senior Care	8.3%	Yellow	4.5%
Teacher / School Admin	25.7%	Green	9.9%
Veteran	7.1%	Yellow	3.3%
Other (please specify)	16.2%	White	9.3%
TOTAL	253		1320
Rural KS County Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa and Pratt.			

Chart #2 - Quality of Healthcare Delivery Community Rating

Pratt Co. KS - CHNA Wave #4			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Pratt Co. (N=539)	Trend	Rural Norms N=1910
Top Box %	37.1%		30.8%
Top 2 Boxes %	80.0%		75.8%
Very Good	37.1%		30.8%
Good	42.9%		45.0%
Average	16.1%		19.3%
Poor	3.2%		3.7%
Very Poor	0.7%		1.2%
Valid N	534		1,901
Rural KS County Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa and Pratt.			

Chart #3 – Overall Community Health Quality Trend

Pratt Co. KS - CHNA Wave #4			
When considering "overall community health quality", is it ...	Pratt Co. (N=539)	Trend	Rural Norms N=1910
Increasing - moving up	54.6%		49.1%
Not really changing much	40.6%		43.9%
Decreasing - slipping	4.8%		7.1%
Valid N	480		1698

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

Pratt Co. KS- CHNA Wave #4		Ongoing Problem		Pressing
Past CHNAs Unmet Needs identified		Pratt Co. (N=539)		Pratt Co. (N=539)
Rank	Ongoing Problem	Votes	%	Trend
1	Behavioral / Mental Health	168	10.2%	1
2	Drug/Substance Abuse	164	10.0%	2
3	Child Care	162	9.8%	3
4	Poverty / Economic Development	136	8.3%	4
5	Obesity	124	7.5%	6
6	Lack of Insurance	107	6.5%	5
7	Alcohol Abuse	97	5.9%	8
8	Housing	87	5.3%	11
9	Nutrition - Healthy Food Options	79	4.8%	9
10	Exercise/Fitness	70	4.2%	12
11	Preventative Health / Wellness	67	4.1%	10
12	Access to Health Services	58	3.5%	7
13	Suicide	56	3.4%	14
14	Chronic Disease Management	53	3.2%	13
15	Health Education	49	3.0%	15
16	Transportation	47	2.9%	18
17	Community Engagement	39	2.4%	16
18	Falls/Fall Prevention	30	1.8%	19
19	Adolescent Health	29	1.8%	17
20	Teen Pregnancy	26	1.6%	20
TOTALS		1648		

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

Pratt Co. KS - CHNA Wave #4			
In your opinion, what are the root causes of "poor health" in our community?	Pratt Co. (N=539)	Trend	Rural Norms N=1910
Lack of health insurance	17.7%		15.7%
Limited Access to Mental Health Assistance	16.3%		16.3%
Neglect	13.4%		12.4%
Lack of health & Wellness Education	12.8%		12.3%
Chronic disease prevention	8.0%		9.2%
Family assistance programs	7.3%		7.1%
Lack of Nutrition / Exercise Services	9.8%		9.1%
Limited Access to Specialty Care	9.7%		9.3%
Limited Access to Primary Care	5.1%		6.0%
Total Votes	838		2,857

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

Pratt Co. KS - CHNA Wave #4	Pratt Co. (N=539)		Trend	KS Rural Norms N=1910	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
Ambulance Services	85.3%	1.4%		88.3%	2.4%
Child Care	10.4%	21.2%		36.8%	17.5%
Chiropractors	48.3%	1.7%		69.4%	4.8%
Dentists	90.7%	3.0%		76.5%	7.0%
Emergency Room	58.7%	10.8%		74.6%	8.2%
Eye Doctor/Optometrlist	97.5%	3.6%		79.8%	6.6%
Family Planning Services	17.6%	14.8%		40.8%	15.3%
Home Health	29.4%	4.8%		46.4%	10.2%
Hospice	42.5%	6.0%		59.5%	8.5%
Telehealth	24.4%	8.4%		53.4%	8.5%
Inpatient Services	87.3%	2.7%		85.3%	3.2%
Mental Health	39.3%	20.7%		33.2%	31.5%
Nursing Home/Senior Living	68.3%	7.3%		68.2%	9.7%
Outpatient Services	79.1%	4.1%		80.6%	3.0%
Pharmacy	91.4%	0.3%		87.6%	2.7%
Primary Care	87.5%	4.7%		81.6%	4.9%
Public Health	71.7%	5.6%		69.4%	6.4%
School Health	68.9%	5.1%		69.1%	5.5%
Visiting Specialists	68.4%	9.3%		68.7%	8.4%
Walk- In Clinic	28.2%	42.0%		54.5%	23.0%

Chart #7 – Community Health Readiness

Pratt Co. KS- CHNA Wave #4		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Pratt Co. N=539	Trend	NWKS Rural Norms N=1910
Behavioral / Mental Health	23.8%	Red	27.1%
Emergency Preparedness	6.2%	Yellow	7.7%
Food and Nutrition Services/Education	17.1%	Red	14.1%
Health Screenings (as asthma, hearing, vision, scoliosis)	8.2%	Yellow	8.9%
Prenatal/Child Health Programs	9.6%	Yellow	8.3%
Substance Use/Prevention	29.2%	Red	32.5%
Suicide Prevention	29.1%	Red	32.4%
Violence Prevention	30.1%	Red	28.3%
Women's Wellness Programs	16.4%	Red	13.4%

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

Specialties:

Pratt Co. KS - CHNA Wave #4			
In the past 2 years, did you or someone you know receive HC outside of our community?	Pratt Co. (N=539)	Trend	Rural Norms N=1910
Yes	70.7%	Yellow	70.8%
No	29.3%		28.0%
I don't know	0.0%		1.2%
Valid N	345		1,150

Specialty	Total
OBG	16
SURG	15
CARD	13
SPEC	12
ORTH	11
DENT	9
OPHT	9
PEDS	9
PRIM	9
ALLER	8
NEU	7

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

Pratt 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?	Pratt Co. N=539	Trend	NWKS Rural Norms N=1910
Yes	65.4%	Green	59.2%
No	34.6%		40.8%
Valid N	338		1007

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

Pratt Co. KS - CHNA Wave #4			
What needs to be discussed further at our CHNA Town Hall meeting?	Pratt Co. (N=539)	Trend	Rural Norms N=1910
Abuse/Violence	5.4%	Red	4.5%
Alcohol	4.8%	Yellow	4.8%
Alternative Medicine	3.7%	Yellow	4.0%
Breast Feeding Friendly Workplace	1.0%	White	1.3%
Cancer	1.7%	White	2.2%
Care Coordination	2.4%	White	2.5%
Diabetes	2.8%	White	2.6%
Drugs/Substance Abuse	7.8%	Red	6.5%
Family Planning	1.7%	White	1.5%
Heart Disease	2.3%	White	2.0%
Lack of Providers/Qualified Staff	3.6%	Yellow	4.5%
Lead Exposure	0.1%	White	0.4%
Mental Illness	9.2%	Red	9.0%
Neglect	2.9%	White	2.3%
Nutrition	4.1%	White	4.1%
Obesity	6.5%	Red	6.2%
Occupational Medicine	0.5%	White	0.7%
Ozone (Air)	0.3%	White	0.9%
Physical Exercise	4.7%	White	4.0%
Poverty	6.8%	Red	4.8%
Preventative Health / Wellness	5.1%	Red	4.5%
Respiratory Disease	0.0%	White	0.2%
Sexually Transmitted Diseases	1.1%	White	1.2%
Smoke-Free Workplace	0.0%	White	0.1%
Suicide	4.7%	Yellow	6.3%
Teen Pregnancy	1.8%	White	1.7%
Telehealth	1.8%	White	2.2%
Tobacco Use	1.8%	White	2.0%
Transporation	1.4%	White	2.2%
Vaccinations	2.9%	White	3.8%
Water Quality	2.1%	White	2.2%
Health Literacy	2.7%	White	3.0%
Other (please specify)	2.2%	White	2.0%
TOTAL Votes	1,157		4,596

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

YR 2021 Inventory of Health Services - Pratt County, KS				
Cat	Services Offered in Pratt Co KS Yes / No	Hospital	HLTH Dept	Other
Clinic	Primary Care	yes		yes
Hosp	Alzheimer Center			
Hosp	Ambulatory Surgery Centers	yes		
Hosp	Arthritis Treatment Center			
Hosp	Bariatric/Weight Control Services			
Hosp	Birthing/LDR/LDRP Room	yes		
Hosp	Breast Cancer	yes		
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	yes		
Hosp	Cardiac Surgery			
Hosp	Cardiology Services	yes		yes
Hosp	Case Management	yes		yes
Hosp	Chaplaincy/Pastoral Care Services	yes		yes
Hosp	Chemotherapy	yes		
Hosp	Colonoscopy	yes		
Hosp	Crisis Prevention			yes
Hosp	CTScanner	yes		
Hosp	Diagnostic Radioisotope Facility	yes		
Hosp	Diagnostic/Invasive Catheterization			
Hosp	Electron Beam Computed Tomography (EBCT)			
Hosp	Enrollment Assistance Services	yes	yes	yes
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			
Hosp	Fertility Clinic			
Hosp	FullField Digital Mammography (FFDM)	yes		
Hosp	Genetic Testing/Counseling			
Hosp	Geriatric Services	yes	yes	yes
Hosp	Heart			
Hosp	Hemodialysis			
Hosp	HIV/AIDS Services		yes	
Hosp	Image-Guided Radiation Therapy (IGRT)			
Hosp	Inpatient Acute Care - Hospital Services	yes		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161			
Hosp	Intensive Care Unit	yes		
Hosp	Intermediate Care Unit	yes		
Hosp	Interventional Cardiac Catheterization			
Hosp	Isolation room	yes		
Hosp	Kidney			
Hosp	Liver			
Hosp	Lung	yes		
Hosp	Magnetic Resonance Imaging (MRI)	yes		
Hosp	Mammograms	yes		
Hosp	Mobile Health Services		yes	yes
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)			
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)	yes		
Hosp	Neonatal			
Hosp	Neurological Services	yes		yes
Hosp	Obstetrics	yes	yes	
Hosp	Occupational Health Services	yes		yes
Hosp	Oncology Services	yes		yes
Hosp	Orthopedic Services	yes		yes
Hosp	Outpatient Surgery	yes		
Hosp	Pain Management	yes		
Hosp	Palliative Care Program	yes		yes
Hosp	Pediatric	yes	yes	
Hosp	Physical Rehabilitation	yes		yes
Hosp	Positron Emission Tomography (PET)			
Hosp	Positron Emission Tomography/CT (PET/CT)			
Hosp	Psychiatric Services			yes
Hosp	Radiology, Diagnostic	yes		yes
Hosp	Radiology, Therapeutic	yes		
Hosp	Reproductive Health	yes	yes	yes

YR 2021 Inventory of Health Services - Pratt County, KS				
Cat	Services Offered in Pratt Co KS Yes / No	Hospital	HLTH Dept	Other
Hosp	Robotic Surgery			
Hosp	Shaped Beam Radiation System 161			
Hosp	Single Photon Emission Computerized Tomography (SPECT)			
Hosp	Sleep Center	yes		
Hosp	Social Work Services	yes		yes
Hosp	Sports Medicine	yes		yes
Hosp	Stereotactic Radiosurgery			
Hosp	Swing Bed Services	yes		yes
Hosp	Transplant Services			
Hosp	Trauma Center			
Hosp	Ultrasound	yes		yes
Hosp	Women's Health Services	yes	yes	yes
Hosp	Wound Care	yes		yes
SR	Adult Day Care Program			
SR	Assisted Living			yes
SR	Home Health Services	yes		yes
SR	Hospice			yes
SR	LongTerm Care			yes
SR	Nursing Home Services			yes
SR	Retirement Housing			yes
SR	Skilled Nursing Care	yes		yes
ER	Emergency Services	yes		
ER	Urgent Care Center	yes		
ER	Ambulance Services			yes
SERV	Alcoholism-Drug Abuse			yes
SERV	Blood Donor Center			yes
SERV	Chiropractic Services			yes
SERV	Complementary Medicine Services	yes		yes
SERV	Dental Services			yes
SERV	Fitness Center			yes
SERV	Health Education Classes	yes	yes	yes
SERV	Health Fair (Annual)	yes	yes	yes
SERV	Health Information Center			
SERV	Health Screenings	yes	yes	yes
SERV	Meals on Wheels			yes
SERV	Nutrition Programs	yes	yes	yes
SERV	Patient Education Center			
SERV	Support Groups	yes		yes
SERV	Teen Outreach Services			yes
SERV	Tobacco Treatment/Cessation Program		yes	yes
SERV	Transportation to Health Facilities			yes
SERV	Wellness Program		yes	yes

YR 2021 Physician Manpower - Pratt County, KS

# of FTE Providers	Supply Working in Pratt Co KS		
	Co Based MDs / DOs	Visiting Providers	Co Based APPs
Primary Care:			
Family Practice	5.0		7.0
Internal Medicine	3.0		1.0
Obstetrics/Gynecology	1.0		
Pediatrics			
Medicine Specialists:			
Allergy/Immunology			
Cardiology		3.0	
Dermatology		1.0	
Endocrinology			
Gastroenterology	1.0		1.0
Oncology/Rado		2.0	
Infectious Diseases			
Nephrology		1.0	
Neurology		1.0	
Podiatry	1.0		1.0
Psychiatry			
Pulmonary			
Behavioral Health	1.0		
Rheumatology			
Surgery Specialists:			
General Surgery	1.0	1.0	1.0
Neurosurgery		1.0	
Ophthalmology		1.0	
Orthopedics	3.0		5.0
Otolaryngology (ENT)		1.0	
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vasc		1.0	
Urology		2.0	1.0
Hospital Based:			
Anesthesia/Pain			5.0
Emergency			10.0
Radiology		1.0	
Pathology			
Hospitalist *			2.0
Neonatal/Perinatal			
Physical Medicine/Rehab			
Chiropractors			
Dentists			
Eye Doctors			
TOTALS	16.0	16.0	34.0

2021 PRMC Providers Providing Care at Pratt Regional Medical Center

SPEC	Our Providers	Groupname	City	Clinic Days in Pratt Co MM
FP	Eric R. Clarkson, D.O., M.B.A.	Pratt Family Prattice	Pratt	20
FP	Fredrick J. Farmer, III, D.O.	Pratt Regional Medical Complex	Pratt	20
FP	Gene Cannata, M.D.	Pratt Regional Medical Complex	Pratt	20
FP	J. Wakon Fowler, M.D.	Pratt Family Prattice	Pratt	20
FP	Steven R. Donnenwerth, M.D.	Pratt Family Prattice	Pratt	20
IM	Aaron Zook, M.D.	Pratt Internal Medicine Group	Pratt	20
IM	Alan Neal Pribil, M.D.	Pratt Internal Medicine Group	Pratt	20
IM	Brenda Westhoff, D.O.	Pratt Internal Medicine Group	Pratt	20
IM	Rachael Hauser, M.D.	Pratt Internal Medicine Group	Pratt	20
OBG	Luis E. Espinoza, M.D.	Pratt Regional Medical Complex	Pratt	20
BH	Mark Green, Ph.D., Psychologist	Pratt Internal Medicine Group	Pratt	20
CARD	Layne M. Reusser, M.D.	Pratt Internal Medicine Group	Pratt	1
CARD	Richard A. Steckley, M.D.	Pratt Internal Medicine Group	Pratt	1
CARD	Thomas L. Ashcom, M.D.	Cardiovascular Consultants of Kansas	Pratt	2
DERM	Stephen R. Marshall, M.D.	Pratt Family Prattice	Pratt	4
IM	Quoc V. Truong, M.D.	Cancer Center of Kansas	Pratt	2
NEP	Michael E. Grant, M.D.	Wichita Nephrology	Pratt	2
ONC	Christopher S.R. Dakhil, MD, FACP	Cancer Center of Kansas	Pratt	2
ORTHO	Alexander B. Neel, M.D.	Pratt Regional Medical Complex	Pratt	20
ORTHO	Christian Lothes M.D.	South Central Kansas Bone and Joint	Pratt	1
ORTHO	Ian S. Kovach, M.D., Ph.D.	Pratt Regional Medical Complex	Pratt	20
ORTHO	Jaya Shanmugam, M.D.	Pratt Regional Medical Complex	Pratt	20
OTAL	Robert A. Epp, M.D.	Pratt Family Prattice	Pratt	2
SURG	Aaron M. Nilhas, MD	Surgicenter	Pratt	1
SURG	R. Larry Beamer, MD	Surgicenter	Pratt	1
SURG	Robert B. Harris, MD, FACS	Surgicenter	Pratt	20
URL	Fadi N. Joudi, MD, FACS, FRCSC	Surgicenter	Pratt	2
POD	Scott Gordon, D.P.M.	Pratt Regional Medical Complex	Pratt	20

YR 2021 Pratt County KS Area Health Services Directory

Emergency Numbers:

Police	911
Fire	911
Ambulance	911

Non-Emergency Numbers:

Pratt County Sheriff	620-672-4133
Pratt County Fire	620_672-4600
Pratt County Ambulance	620_672-4130

Municipal Non-Emergency Numbers

Pratt	620-672-6446
Byers	620-546-2474
Iuka	620 423-3781
Sawyer	620-594-2551

AMERICAN CANCER SOCIETY

435 S. Broadway, Suite 100
Wichita, KS 67202
christine.brenner@cancer.org
1-800-227-2345

AMERICAN RED CROSS - South Central and Southeast Kansas

1707 N. Main
Wichita, KS 67203
1-316-219-4000

ANGEL FOOD MINISTRIES

First United Methodist Church
100 N. Jackson
Pratt, KS 67124
620-672-6473

Pratt Alcoholics Anonymous

223 N. Pearl St, Pratt, Kansas
Tuesdays at 7 P.M.
620-546-5417

Alzheimer's Support Group

Parkwood Village, Pratt
(620) 672-5541
Second Thursdays at 12:15 P.M.

Cancer Support Services

Pratt Regional Medical Center
200 Commodore, Pratt
Colleen Winkel, RN
(620) 450-1166

Divorce Care

First Southern Baptist Church
193 NE State Road 61.
620-672-7591

ARROWHEAD WEST, INC. CHILD SERVICES

620 East Second
Pratt, KS 67124
(620) 672-1005
(620) 672-3736

CATHOLIC SOCIAL SERVICE

2201 16th Street
Great Bend, KS 67530
Great Bend (620) 792-1393
Dodge City (620) 227-1562
Garden City (620) 272-0010

CHILD CARE LINKS

21 WEST 2nd ST
HUTCHINSON, KS 67501
1-888-488-7870
(620)669-0291

CIRCLES OF HOPE – PRATT COUNTY

314 SOUTH MAIN STREET
(HOPE CENTER)
PRATT, KS
(620) 933-2166

CROSSINGS COUNSELING & CONSULTING

111 West Second
Pratt, KS 67124
620-672-6168

DILLON'S PHARMACY

1108 East 1ST
Pratt, KS 67124
(620) 672-5584
1-800-246-1533
620-672-0508

Eagle Wings Ministry

Pratt Presbyterian Church Offices
123 N. Oak,
Pratt, KS 67124
620-672-5503

FAMILY CRISIS CENTER, INC

1924 Broadway P.O. Box #1543
Great Bend, KS 67530

Pratt Office: 1219 E. 1st, Suite C
Pratt, Ks 67124
(620) 793-9941 Adm. Office
(620) 672-7435 Pratt Office
24-hour crisis line: 1-866-792-1885
State-wide Hotline 1-888-END-ABUSE

FIRSTCARE

122 North Main
Pratt, KS 67124
(620) 672-6429

FIRST CHOICE SUPPORT SERVICES, INC.

1109 South Glendale Suite 200
Wichita, KS 67218
(316) 687-3636
(316) 687-2383

Pratt County Food Bank

111 West 4TH
Pratt, KS 67124
(620) 672-5150

**THE GIFT OF KNOWLEDGE CHILDREN'S
READING PROGRAM**

P.O. Box N - 223 South Main
Pratt, KS 67124
(620) 672-6421

HILLSIDE TERRACE APARTMENTS

414 Watson
Pratt, KS 67124
(620) 672-5052

HIV/AIDS INFORMATION

Positive Directions, Inc
154 N Emporia, Ste. 101
WICHITA, KS 67202
(316) 263-2214 Office

HOME AGAIN SENIOR LIVING, LLC

321 N. Main
Haviland, Ks 67059
(620) 862-5867
homeagainliving.com

The Hope Center

314 S. Main Street,
Pratt, KS 67124

(620) 933-2166
(620)933-2165
prattopecenter@gmail.com

Home Buddy

3510 W. Central, Suite 100
Wichita, KS 67203
(866) 922-8339
office@homebuddy.org
www.homebuddy.org

Broadway Home Medical

808 S Hillside & 3573799 W
Central Wichita, KS

HORIZONS MENTAL HEALTH CENTER

602 E. 2nd
Pratt, KS 67124
(620) 672-2332

HUD**SWKAAA - Attn.: Housing Department**

P.O. Box #1636
Dodge City, KS 67801
(620) 225-8230

**KANSAS COALITION AGAINST SEXUAL AND
DOMESTIC VIOLENCE**

ATCHISON, KS
DoVES (also serves Hiawatha)
800-367-7075
913-367-0363

COFFEYVILLE, KS

Crisis Resource Center of Southeast Kansas, Inc.
888-320-7218

DODGE CITY, KS

Crisis Center of Dodge City
620-225-6510

EL DORADO, KS

Family Life Center of Butler Co.
800-870-6967
316-321-7104

EMPORIA, KS S.O.S., Inc.

800-825-1295
620-342-1870

GARDEN CITY, KS

Family Crisis Services
620-275-5911

GREAT BEND, KS
Family Crisis Center
620-792-1885

HAYS, KS
Northwest KS Family Shelter
800-794-4624
785-625-3055

HUTCHINSON, KS
Sexual Assault & Domestic Violence Center
800-701-3630
620-663-2522

IOLA, KS
Hope Unlimited
620-365-7566

KANSAS CITY, KS
El Centro, Inc
913-677-0100

The Kansas Crisis Hotline 1-888-END ABUSE

KANSAS CITY, KS
Friends of Yates Joyce Williams Center
913-321-0951

KANSAS CITY, MO
MOCSA
816-531-0233

LAWRENCE, KS
GaDuGi Sage Center
785-841-2345

LAWRENCE, KS
Women's Transitional Care Services
800-770-3030
785-843-3333

LEAVENWORTH, KS
Alliance Against Family Violence
913-682-9131

LIBERAL, KS
Liberal Area Rape & Domestic Violence Service
620-624-8818

MANHATTAN, KS
The Crisis Center, Inc.
800-727-2785
785-539-2785

MAYETTA, KS
Prairie Band Pottawatomie Family Violence
Prevention Program
866-966-0173

NEWTON, KS
Harvey County DV/SA Task Force
800-487-0510

OVERLAND PARK, KS
Safehome, Inc.
888-432-4300
913-262-2868

PITTSBURG, KS
Crisis Resource Center of Southeast Kansas, Inc.
800-794-9148

SALINA, KS
Domestic Violence Assoc. of Central Kansas
800-874-1499

TOPEKA, KS
YWCA Battered Women's Task Force
888-822-2983
785-354-7927

ULYSSES, KS
DoVES of Grant Co.
620-356-2608

WICHITA, KS
Catholic Charities Harbor House
316-263-6000

WICHITA, KS
StepStone
316-265-1611

WICHITA, KS
Wichita Area Sexual Assault Center
316-263-3002

WICHITA, KS
YWCA Women's Crisis Center
316-267-SAFE (7233)

WINFIELD, KS
Cowley Co. Safe Home
620-221-HELP (4357)
800-794-7672

KANSAS FARMWORKER HEALTH PROGRAM

1000 SW Jackson, Suite #340
Topeka, KS 66612
(785) 296-1200
www.kdhe.state.ks.us

LEARNING CENTER

900 School Street
Pratt, Ks 67124
(620) 933-2075

LINCARE

510 E. 17th Ave
Hutchinson, KS 67501
(620) 672-7700

LIVING INDEPENDENTLY IN NORTHWEST KANSAS

2401 East 13th
Hays, KS 67601
(785) 625-6942
1-800-569-5926

Marketplace Navigator

314 S. Main St
Pratt, KS 67124
(620) 450-1153

**OPEN DOOR MINISTRY
FIRST UNITED METHODIST CHURCH**

100 N. Jackson
Pratt, KS 67124
(620) 672-6473

PARENTS AS TEACHERS

401 S. Hamilton
Pratt, KS 67124
(620) 672-4500

PARKWOOD VILLAGE

401 Rochester
Pratt, KS 67124
(620) 672-5541

**PRAIRIE INDEPENDENT LIVING
RESOURCE CENTER**

214 S Main St,
Pratt, KS 67124
(620) 672-9600

PRATT AREA CHAMBER OF COMMERCE

114 North Main
Pratt, KS 67124

(620) 672-5501
www.prattkansas.org

Pratt Health & Rehabilitation

1221 Larimer
Pratt, KS 67124
(620) 672-6541

PRATT CHURCH OF CHRIST CLOTHING ROOM

320 Country Club Road
Pratt, KS 67124
(620) 672-3182

**PRATT COMMUNITY COLLEGE & AREA
VOCATIONAL SCHOOL**

348 NE SR 61 Hwy
Pratt, KS 67124
(620) 672-5641
1-800-794-3091

**PRATT COMMUNITY HEALTH RESOURCE
COUNCIL**

200 Commodore
Pratt, KS 67124
(620) 450-1415

PRATT COUNTY ATTORNEY

P.O. Box #369
Pratt, KS 67124
(620) 672-7271

ASSEMBLY OF GOD

672-2384
1000 East 6th St.

PRATT BIBLE CHURCH

672-6601
612 North Thompson

CALVARY BAPTIST

672-2032

First Baptist Church of Pratt

121 S. Ninescah Office
620-672-2401
620-803-9676

FIRST SOUTHERN BAPTIST

672-7591
193 NE Highway 61 P.O. Box 451
fsbcpratt.com

SECOND BAPTIST

672-3644
803 South Main

OLD GERMAN BAPTIST

594-2478
50237 SE 30th, Sawyer

SACRED HEART CATHOLIC
672-6352
332 North Oak

CHRISTIAN CHURCH (DOC)
672-7403
123 N. Ninnescah

TRINITY EVANGELICAL
672-6126
403 N. Pine

CHURCH OF CHRIST
627-3182
320 Country Club Rd.

ISABEL CHURCH OF CHRIST
450-7481
672-2442

**CHURCH OF JESUS CHRIST OF LATTER
DAY SAINTS**
672-2703
1108 Stout

ALL SAINTS EPISCOPAL
672-2308
218 N. Main

PRATT FRIENDS CHURCH
672-5493
824 Maple
pastor@prattfriends.com

JEHOVAH'S WITNESS KINGDOM HALL
672-7319
718 S. New

OUR SAVIOR LUTHERAN
672-6203
2nd & Thompson

ST. PAUL'S LUTHERAN

672-5354
Rt. 1, Preston, KS 67569

FREE METHODIST
672-3027
1024 Maple

FIRST UNITED METHODIST
672-6473
100 North Jackson
www.prattumc.org

UNITED METHODIST
Coats, Glendale, Lake City Iuka, Byers, Cullison
Box 87, Iuka, KS
672-7720
893-2311
546-2263

FIRST CHURCH OF THE NAZARENE
672-7920
1120 Glenarm

PENTECOSTAL HOLINESS
450-7168
672-2449

FAITH CHAPEL
602 S. Hamilton

UNITED PENTECOSTAL
672-3025

APOSTOLIC FAITH TABERNACLE
515 S. Austin

PRMC
Chaplain Tom Harrison
620-450-1415

PRATT PRESBYTERIAN
672-5503
202 E. First
www.prattpresby.com

SEVENTH DAY ADVENTIST
664-5322
521 S. New

YOUTH CORE MINISTRIES
620-723-2727

PRATT COUNTY EXTENSION AGENCY

824 W. 1st
Pratt, KS 67124
(620) 672-6121
jdrake@ksu.edu
www.prattcountyextension.com

PRATT COUNTY PUBLIC HEALTH DEPARTMENT

712 South Main
Pratt, KS 67124
Darcie Van Der Vyver, R.N. - Public Health Director
(620) 672-4135
pchd@health.kscoxmail.com

PRATT COUNTY RETIRED AND SENIOR VOLUNTEER PROGRAM

619 North Main
Pratt, KS 67124
(620) 672-7811

PRATT COUNTY CITIZENS SERVICES

619 North Main
Pratt, KS 67124
(620) 672-7811

PRATT HEALTH FOUNDATION

203 S MAIN
PRATT, KS 67124
(620) 672-6411

PRATT HOME CARE

PRATT REGIONAL MEDICAL COMPLEX FOURTH FLOOR
203 WATSON
PRATT, KS 67124
(620) 450-1647

GATLIN PHARMACY

420 Country Club Road
Pratt, KS 67124
(620) 770-8008

PRATT POLICE DEPARTMENT

303 South Oak
Pratt, KS 67124
(620) 672-5551
911 FOR EMERGENCIES

PRATT PRAIRIE LAND FOODS

Pratt, KS 67124
(800) 998-9436

PRATT PUBLIC LIBRARY

4TH AND Jackson
Pratt, KS 67124
(620) 672-3041

PRATT RECREATION DEPARTMENT

117 West Third - P.O. Box #807
Pratt, KS 67124
(620) 672-3261
www.prattrecreation.com
prattrec@prattrecreation.com

PRATT REGIONAL MEDICAL CENTER

200 Commodore Pratt, KS 67124
(620) 672-7451
www.prmc.org

SCK Bone & Joint Center

203 Watson,
Pratt, KS 67124
(620) 672-1002
1-800-650-1000

St. John Clinic

609 E. First,
St. John, KS 67576
(620) 549-3251

Surgicenter

South Central Medical Clinic, Suite B
124 Commodore,
Pratt, KS 67124
(620) 672-6454
1-800-794-3092

PRMC Home Health Agency

203 Watson,
Pratt, KS 67124
620-450-1647

**PRATT REGIONAL MEDICAL CENTER ACTIVE
MEDICAL STAFF**

FAMILY PRACTICE

Pratt Family Practice
203 Watson, Suite 200
Pratt, KS 67124
(620) 672-7422
Gene Cannata, M.D.
Wakon Fowler, M.D.
Steven R. Donnenwerth, M.D.
Eric Clarkson, D.O., MBA

GENERAL SURGERY

Surgicenter
South Central Medical Clinic, Suite B
124 Commodore
Pratt, KS 67124
(620) 672-6454
1-800-794-3092
Luis Espinoza, MD., GYN Surgery
Robert B. Harris, M.D., FACS

INTERNAL MEDICINE

Pratt Internal Medicine
420 Country Club Road
Pratt, KS 67124
(620) 672-7415
1-800-974-3356
Alan Neal Pribil, M.D.
Aaron Zook, MD
Rachael Hauser, M.D.

ORTHOPEDICS, Sports Medicine & PODIATRY

South Central Kansas Bone & Joint Center
203 Watson
Pratt, KS 67124
(620) 672-1002
1-800-650-1002
Ian S. Kovach, M.D., Ph.D.
Alexander Neel, M.D.
Jaya Shanmugam, M.D.
Scott Gordon, D.P.M. Podiatrist

RADIOLOGY

200 Commodore
Pratt, KS 67124
(620) 672-7451

**PRATT REGIONAL MEDICAL CENTER HOME
HEALTH AGENCY**

200 Commodore
Pratt, KS 67124

PRATT USD #382

401 South Hamilton
Pratt, KS 67124
(620) 672-4500 Superintendent – Tony Helfrich
Director of Curriculum and Personnel – David
Schmidt

Attendance Center Information.

Pratt High School
Steve Blankenship, Principal
401 South Hamilton
Pratt, KS 67124
(620) 672-4540

Liberty Middle School
Ryan Creadick, Principal
300 South luka,
Pratt KS 67124
(620) 672-4530

Southwest Elementary
Kristin Blankenship, Principal

1100 West 8th
Pratt, KS 67124
(620) 672-4520

South Central Special Education Cooperative
(620) 672-7500

Parents As Teachers
Misty Piester
(620) 672-4561

Pratt – Skyline USD #438
20269 West Highway 54
Pratt, KS 67124
(620) 672-5651
1-888-413-0733

Right at Home
7348 W 21st St N, Suite 101
Wichita, KS 67205
316-721-6001
1-877-585-6349

SHICK – Prescription Assistance Program (PAP)
Hope Center,
314 S. Main Street,
Pratt KS 67124
620-933-2166
620-933-2165

Kansas Department for Children and Families
400 S. Main, Second Floor
Pratt, KS 67124
(620) 672-5955

**SOUTH CENTRAL KANSAS SPECIAL
EDUCATION COOPERATIVE**

412 Sandy Lane
Pratt, KS 67124-8458
(620) 672-7500

BRIDGES TO LEARNING PRESCHOOL
SOUTH CENTRAL KANSAS SPECIAL EDUCATION
COOPERATIVE
Ace Building
Pratt, KS 67124
(620) 672-4510

SOUTH WIND HOSPICE
496 Yucca Lane
Pratt, KS 67124
(620) 672-7553
(620) 672-7554

SOUTH WIND HOSPICE RESOURCE CENTER
496 Yucca Lane
Pratt, KS 67124
(620) 672-7553

**SOUTHWEST KANSAS AREA AGENCY ON
AGING, INC.**
AGING AND DISABILITY RESOURCE CENTER
123 N. Oak Pratt, KS
Pratt: (620) 672-2148
Dodge City: (620) 225-8230

WAL-MART PHARMACY

2003 East 4th St
Pratt, KS 67205
620 672-7525

Youth for Christ
211 East Garfield St.
Greensburg, Ks 67054
620-723-2727

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

Inpatient Origin Reports (Continued)



2018 Inpatient Origin by County
Pratt, KS Residents Treated in KHA Reporting Area
Federal Fiscal Year: 2018

Detail																				
Hospital Detail by County				Pediatric					Adult Medical/Surgical					Psychiatric		Obstetric		Newborn		Surg %
				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+		Cases	%	Cases	%	Cases	%	
Pratt Regional Medical Center - Pratt, KS	1	644	67.9%	10	1.6%	32	5.0%	96	14.9%	120	18.6%	227	35.2%	2	0.3%	80	12.4%	78	12.1%	23.3%
Ascension Via Christi Hospitals St. Francis - Wichita, KS	2	107	11.3%	5	4.7%	21	19.6%	26	24.3%	29	27.1%	15	14.0%	1	0.9%	5	4.7%	5	4.7%	39.3%
Wesley Healthcare - Wichita, KS	3	88	9.3%	13	14.8%	8	9.1%	17	19.3%	11	12.5%	15	17.0%	1	1.1%	11	12.5%	12	13.6%	36.4%
Hutchinson Regional Medical Center - Hutchinson, KS	4	46	4.8%	1	2.2%	0	0.0%	1	2.2%	4	8.7%	9	19.6%	20	43.5%	6	13.0%	5	10.9%	10.9%
Wesley Woodruff Hospital & ER - Wichita, KS	5	11	1.2%	0	0.0%	2	18.2%	3	27.3%	2	18.2%	4	36.4%	0	0.0%	0	0.0%	0	0.0%	36.4%
The University of Kansas Health System - Kansas City, KS	6	7	0.7%	0	0.0%	1	14.3%	3	42.9%	3	42.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	71.4%
Kansas Residents/Michigan Hospitals	7	4	0.4%	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%
Saint Luke's Hospital of Kansas City - Kansas City, MO	8	4	0.4%	0	0.0%	0	0.0%	1	25.0%	3	75.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	75.0%
Ascension Via Christi Hospital St. Teresa - Wichita, KS	9	3	0.3%	0	0.0%	1	33.3%	0	0.0%	2	66.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Children's Mercy Kansas City - Kansas City, MO	10	3	0.3%	2	66.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	33.3%	0	0.0%	33.3%
Kansas Residents/Illinois Hospitals	11	3	0.3%	3	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	33.3%
Stormont Vail Health - Topeka, KS	12	3	0.3%	2	66.7%	0	0.0%	1	33.3%	0	0.0%	0	0.0%	2	66.7%	0	0.0%	0	0.0%	33.3%
Kansas Residents/Nebraska Hospitals	13	2	0.2%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%
Kingman Community Hospital - Kingman, KS	14	2	0.2%	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%
Xiome County Memorial Hospital - Greensburg, KS	15	2	0.2%	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%
NMC Health - Newton, KS	16	2	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	50.0%
Sakha Regional Health Center - Salina, KS	17	2	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	50.0%
Sumner Community Hospital - Wellington, KS	18	2	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0.0%
The University of Kansas Health System Great Bend Campus - Great Bend, KS	19	2	0.2%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%
Children's Mercy Hospital Kansas - Overland Park, KS	20	1	0.1%	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%
Comanche County Hospital - Colkwater, KS	21	1	0.1%	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%
Edwards County Medical Center - Kinsley, KS	22	1	0.1%	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%
HaysMed, The University of Kansas Health System - Hays, KS	23	1	0.1%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Hiawatha Community Hospital - Hiawatha, KS	24	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	100.0%
Medicine Lodge Memorial Hospital - Medicine Lodge, KS	25	1	0.1%	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%
Overland Park Regional Medical Center - Overland Park, KS	26	1	0.1%	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%
Signature Psychiatric Hospital - Kansas City, MO	27	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0.0%
South Central Kansas Medical Center - Arkansas City, KS	28	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0.0%
St. Catherine Hospital - Garden City, KS	29	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
The University of Kansas Health System St. Francis Campus - Topeka, KS	30	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0.0%
Western Plains Medical Complex - Dodge City, KS	31	1	0.1%	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		949	100.0%	30	4.0%	67	7.1%	151	15.9%	178	18.8%	276	29.1%	33	3.5%	106	11.2%	103	10.9%	26.3%

Discharge Data Available from: 2015 Q1 through 2021 Q1

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Mar 30, 2021

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Outpatient Origin Reports

Outpatient Market Penetration By Service Type				
Pratt Regional Medical Center - Pratt Co. KS		Total Visits	Pratt, KS	
County by Federal Fiscal Year: 2020			Visits	%
1	Emergency Department (45x)	234	74	22.6%
2	Surgery (36x, 49x)	2,902	526	76.7%
3	Observation (76x, excl. 761)	273	77	67.0%
11	Radiology - Diagnostic (32x, excl. 322 and 323)	1,477	309	55.0%
14	Nuclear Medicine (34x)	438	109	85.8%
15	CT Scan (35x)	131	37	19.8%
16	Mammography (401, 403)	6	2	10.5%
17	Ultrasound (402)	70	14	16.7%
19	Magnetic Resonance Technology (61x)	169	25	33.3%
21	Chemotherapy (33x, excl. 333)	24	12	80.0%
23	Pulmonary Function (46x)	219	37	69.8%
25	Stress Test (482)	426	107	90.7%
28	G.I. Services (75x)	2,256	402	96.6%
35	Treatment Room (761)	284	72	34.4%
36	Respiratory Services (41x)	242	54	80.6%
37	EKG/ECG (73x)	2,163	478	76.7%
38	Cardiology (48x excl. 481-483)	49	11	37.9%
42	Physical Therapy (42x)	1,468	570	95.5%
43	Occupational Therapy (43x)	148	47	88.7%
44	Speech-Language Pathology (44x)	32	10	45.5%
47	Audiology (47x)	6		
Actual total visits		9,629	2,263	59.9%
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Outpatient Market Penetration By Service Type				
Pratt Regional Medical Center - Pratt Co. KS		Total Visits	Pratt, KS	
County by Federal Fiscal Year: 2019			Visits	%
1	Emergency Department (45x)	277	82	22.2%
2	Surgery (36x, 49x)	3,618	607	75.3%
3	Observation (76x, excl. 761)	306	100	80.6%
11	Radiology - Diagnostic (32x, excl. 322 and 323)	1,517	290	48.6%
14	Nuclear Medicine (34x)	545	133	89.9%
15	CT Scan (35x)	161	50	24.6%
16	Mammography (401, 403)	23	6	35.3%
17	Ultrasound (402)	105	22	25.6%
19	Magnetic Resonance Technology (61x)	173	26	38.2%
21	Chemotherapy (33x, excl. 333)	15	7	35.0%
23	Pulmonary Function (46x)	207	38	62.3%
25	Stress Test (482)	544	133	94.3%
28	G.I. Services (75x)	2,454	443	96.3%
35	Treatment Room (761)	334	77	33.3%
36	Respiratory Services (41x)	237	52	71.2%
37	EKG/ECG (73x)	2,324	515	77.0%
38	Cardiology (48x excl. 481-483)	97	25	54.3%
42	Physical Therapy (42x)	1,442	519	95.8%
43	Occupational Therapy (43x)	125	38	92.7%
44	Speech-Language Pathology (44x)	39	9	45.0%
47	Audiology (47x)	15	5	33.3%
Actual total visits		10,949	2,462	58.7%
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Outpatient Origin Reports (Continued)

Outpatient Market Penetration By Service Type			
Pratt Regional Medical Center - Pratt Co. KS County by Federal Fiscal Year: 2018	Total Visits	Pratt, KS	
		Visits	%
1 Emergency Department (45x)	1,103	349	53.9%
2 Surgery (36x, 49x)	3,528	688	75.1%
3 Observation (76x, excl. 761)	392	113	76.9%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	2,138	479	59.7%
14 Nuclear Medicine (34x)	504	126	83.4%
15 CT Scan (35x)	338	96	39.7%
16 Mammography (401, 403)	30	9	42.9%
17 Ultrasound (402)	118	26	30.6%
19 Magnetic Resonance Technology (61x)	182	28	44.4%
21 Chemotherapy (33x, excl. 333)	175	61	84.7%
23 Pulmonary Function (46x)	202	49	63.6%
25 Stress Test (482)	518	136	94.4%
28 G.I. Services (75x)	1,505	314	95.2%
35 Treatment Room (761)	2,618	735	84.9%
36 Respiratory Services (41x)	302	70	71.4%
37 EKG/ECG (73x)	2,908	684	80.2%
38 Cardiology (48x excl. 481-483)	77	23	60.5%
39 Sleep Lab (HCPC 95805-95811)	75	22	62.9%
42 Physical Therapy (42x)	1,463	544	95.8%
43 Occupational Therapy (43x)	138	48	84.2%
44 Speech-Language Pathology (44x)	31	9	47.4%
47 Audiology (47x)	18	4	40.0%
Actual visits in report	12,921	3,309	75.3%
Actual unclassified visits	2,817	911	64.9%
Actual total visits	15,738	4,220	72.8%

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b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Pratt County, KS 2021 CHNA Town Hall meeting - April 22nd (5:30-7pm)										
#	Table	Lead	Attend	Last	First	Organization	Title	City	ST	ZIP
1	A	##	X	Page	Susan	Pratt Regional Medical Center	President and CEO	Pratt	KS	67124
3	A		X	Moore	Suzanne	Pratt Regional Medical Center	Board Member	Iuka	KS	67066
4	A		X	Smith	Tammy	Pratt Regional Medical Center	VP and CNO	Pratt	KS	67124
5	B	##	X	Hanson	Stacy	Ninnescah Opioid Workforce Coalition	Project Director	Pratt	KS	67124
6	B		X	Harris	Robert	Pratt Regional Medical Center	Surgeon	Pratt	KS	67124
7	B		X	Holly	Rooks	South Central Community Foundation	Executive Director	Pratt	KS	67124
8	B		X	Siemens	Jeanette		Board member	Pratt	KS	67124
9	C	##	X	Ford	Pamela	Hope Center of Pratt/Agape Health	Director	Pratt	KS	67124
10	C		X	Hanson	Marie			Pratt	KS	67124
11	C		X	Miller	Mike	Pratt Regional Medical Center	Risk Manager	Pratt	KS	67124
12	C		X	Van Der Vyver	Darcie	Pratt County Health Department	Administrator	Pratt	KS	67124
14	D		X	Brown	Ken	Pratt Regional Medical Center	VP of HR	Pratt	KS	67124
15	D		X	Humble	Nate		Deputy	Pratt	KS	67124
16	D		X	McDermeit	Kelly	Pratt Regional Medical Center	VP Clinic Operations	Pratt	KS	67124
17	E	##	X	Schwartz	Joy	Pratt Regional Medical Center	APRN	Cunningham	KS	67035
18	E		X	Pinkall	Karen	PFAC	Member	Pratt	KS	67124
19	E		X	Siemens	Jerry			Pratt	KS	67124
20	E		X	Tharp	Jean	Pratt County Zoning Board		Pratt	KS	67124
21	F	##	X	Galle	Jack	Legacy Bank	President	Pratt	KS	67124
22	F		X	Besser	Sherry	Pratt Regional Medical Center	Safety Officer	Pratt	KS	67124
23	F		X	Hoener-Queal	Donna			Pratt	KS	67124
24	F		X	Will	Sharon	Parkwood Village	Administrator	Pratt	KS	67124
25	G	##	X	Dean	Andie	Pratt Regional Medical Center	Community Rel Manager	Pratt	KS	67124
26	G		X	Green	Mark	PIMG	Psychologist	Pratt	KS	67124
28	G		X	Vierthaler	Sherry	Pratt County Health	Billing Clerk	Pratt	KS	67124
30	H	##	X	Flowers	Becca	SKYLINE SCHOOLS, USD 438	Superintendent	Pratt	KS	67124
31	H		X	Galle	Belinda	Pratt Regional Medical Center	Cardiac Rehab Nurse	Pratt	KS	67124
32	H		X	Nation	Kerry	Horizons Mental Health Center	Area Office Director-LSCSW	Pratt	KS	67124
33	I	##	X	Vandervoort	Amanda	Pratt Regional Medical Center	Director of Clinical Info	Pratt	KS	67124
34	I		X	Hanson	Alan			Pratt	KS	67124
36	I		X	Waites	Alan	Pratt Regional Medical Center	VP and CFO	Pratt	KS	67124
37	J	##	X	Towns	Beth	Grand Plains Skilled Nursing	Administrator	Pratt	KS	67124
38	J		X	Freeman	Crystal	Pratt County Health	RN	Pratt	KS	67124
39	J		X	Houdyshell	Glenda	Pratt USD 382	District School Nurse	Pratt	KS	67124
40	J		X	Miller	Deb			Pratt	KS	67124
41	J		X	Shriver	Rick	Pratt County	Commissioner	COATS	KS	67028

NOTES: Pratt County Town Hall

Date: 4/22/2021

Established Needs/Strengths: Small Group Session

N = 36

Needs

- Access to Child Care (Infant)
- Affordable/Quality Housing
- Obesity
- Domestic Violence
- Behavioral/Mental Health Services
- Drug/Substance Abuse (Opioids, Meth)
- Social Division in Community
- Parenting (Programs)
- Economic Development/Workforce
- Chronic Diseases
- Services for Disabled/Elderly
- Alcohol Abuse
- Food Insecurity
- Uninsured/Underinsured
- Smoking/Vaping
- Suicide
- Safety Net Clinics

Strengths

- Hospital - Facility Quality
- Exercise/Fitness
- Hope Center
- Primary Care
- COVID Vaccines + Care
- Ambulance Services
- School/Education
- Senior Care
- Transportation
- Farmers Market
- The Arts (Library/etc.)
- Safe Environment
- Air Quality
- Prenatal Care
- Health Department
- Recreational Programs

c) Public Notice & Requests

[VVV Consultants LLC]

EMAIL #1 Request Message (Cut & Paste)

From: Susan Page, CEO

Date: 2/15/2021

To: Community Leaders, Providers and Hospital Board and Staff

Subject: Pratt County Community Health Needs Assessment 2021

Pratt Regional Medical Center is partnering with other community health providers to update the Pratt County Community Health Needs Assessment. 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 this countywide research. All responses will be confidential.

To gather community feedback, a short and confidential online survey has been developed. It can be accessed through the link below

LINK: https://www.surveymonkey.com/r/CHNA2021_Pratt

All community residents and business leaders are encouraged to complete the 2021 CHNA online survey by **Monday, March 15th**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Thursday, April 22nd**, for Lunch from **11:30 p.m. - 1:00 p.m.** Please stay on the lookout for more information to come soon. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities may be directed to Andie Dean at adean@prmc.org or call **(620) 672-7451**

CHNA News Release

Local Contact: Andie Dean

Media Release: 2/15/21

Community input requested for county health needs assessment.

Over the next few months, Pratt Regional Medical Center will be working with the Pratt County Health Department to update the 2018 Pratt County Community Health Needs Assessment (CHNA). Public input is important to understanding the healthcare needs, in order to complete the 2021 CHNA.

A brief community survey has been developed, in order to receive feedback, to accomplish this work. It can be accessed via the link available on Pratt Regional Medical Center social media accounts, www.prmc.org or the Pratt County Health Department website. “We hope that the community will take advantage of this opportunity to provide input into the future of healthcare delivery in our county,” stated by Susan Page, CEO. Feedback from our last CHNA revealed the need for an Urgent Care option in our county. Pratt Regional Medical Center is turning that request into a reality as construction is underway for a new Urgent Care clinic, slated to open in Summer 2021.

All Pratt County residents are encouraged to complete the 2021 CHNA online survey before Monday, March 15th. In addition to the online survey, please save the date for a town hall meeting scheduled for Thursday, April 22nd, from 5:00 p.m. - 7:30 p.m. More details about the town hall will be released, at a later date.

VVV Consultants LLC, an independent research firm from Olathe, KS has been retained to conduct this countywide research. The goal of this assessment update is to understand progress in addressing community health needs cited in both the 2015 and 2018 assessment reports while collecting up-to-date community health perceptions and ideas. If you have any questions regarding CHNA, contact Andie Dean, Community Relations Manager at Pratt Regional Medical Center at adean@prmc.org or call 620-450-1444.

EMAIL #2 Message (Cut & Paste)

From: Susan Page, CEO

Date: 3/29/2021

To: Community Leaders, Providers and Hospital Board and Staff

Subject: Kiowa Co. Scheduled Town Hall Meeting – **April 22 @ 5:30pm – 7pm**

Pratt Regional Medical Center is hosting a scheduled Town Hall Meeting for the 2021 Community Health Needs Assessment (CHNA), where they will review the community health indicators and gather feedback opinions on key community needs. This vital event will be held on **Thursday April 22nd, 2021 for Dinner from 5:30 p.m. – 7:00 p.m.** at the Barron Theatre.

Due to COVID, there are state-wide guidelines that must be taken in consideration for the safety of our community members. As all community residents and business leaders are encouraged to attend this meeting, we ask that you please RSVP for adequate preparation of socially distancing everyone who participates. We hope you will find the time to join us during this important event on **April 22nd**. Please use the link below to make your RSVP.

Note> Everyone who completes an RSVP will receive further information and confirming their RSVP a few days prior to ensure their seat that evening.

LINK: https://www.surveymonkey.com/r/PrattCoRSVP_CHNA2021

Thanks in advance for your time and support!

If you have any questions regarding CHNA activities may be directed to Andie Dean at adean@prmc.org

CHNA News Release

Local Contact: Andie Dean

Media Release: 3/29/21

Pratt Regional Hosts Local Town Hall

Join **Pratt Regional Medical Center** as they host their Town Hall Meeting for the 2021 Community Health Needs Assessment. The purpose of this event is to review the community health indicators and gather feedback opinions on key community health needs. This event will be held at the **Community Building** on **Thursday April 22nd, 2021 from 5:30 p.m. – 7:00 p.m.**

While Covid is still upon us, we must ensure the safety of our community members and follow state-wide guidelines. In order to do so, please visit the Pratt Regional website to complete the RSVP and confirm your seat in a social distanced arena. We hope that you find time to join us on April 22nd for this important event. Thanks in advance for your time and support!

Note> Those who RSVP will receive further information and confirmation a few days prior to the event.

If you have any questions regarding CHNA activities may be directed to Andie Dean at adean@prmc.org

Email #3 – Town Hall Event Reminder

The on-site Town Hall event being hosted by **Pratt Regional Medical Center** for the 2021 Community Health Needs Assessment, is almost here and we are sending this RSVP reminder in order to adhere to social distancing guidelines during this event. This community event is being held on **Thursday, April 22nd**, for Dinner from **5:30 p.m. – 7:00 p.m. at the Community Building**. If you are no longer able to attend this event, please let Andie Dean know via email at adean@prmc.org.

To keep things moving and cover all that is on our agenda promptly, we ask that you please plan to be **10 mins early**, as we will begin right away at **5:30 p.m.** In addition, we ask that you plan to stay for the full duration as the last 45 mins will be the most important for gathering community insight.

We look forward to seeing you all on Thursday, April 22nd, as we gather for an important community event.

Thank you for your time and support!

If you any questions or change in RSVP for this Town Hall meeting, please **contact Andie Dean**

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2021 Community Feedback: Pratt Co. KS (N= 539)

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1011		Poor	Not really changing much	ACC	NUTR		Lack of availability of good produce/healthy foods both in store and restaurant options
1110	67124	Good		ACC	BH		Access to mental health services is a big one!
1020	67124	Poor	Decreasing - slipping downward	ALT			Dr.'s are too quick to prescribe pharmaceuticals rather than discuss healthy food choices and lifestyle's.
1152	67124	Poor	Not really changing much	BILL			dont want to deal with the billing department. Very Rude
1172	67124	Very Good	Increasing - moving up	CARD	FAC		The heart health lab in the basement of the hospital is such a wonderful program, but it's crammed into a tiny room! They need more space!!
1529	67124	Very Good	Increasing - moving up	COMM	NUTR		and-general lack of knowledge about healthy food choices
1533	67124	Very Good	Decreasing - slipping downward	COVD			Currently the pandemic is a major player
1492	67028	Good	Increasing - moving up	COVD	BH		Covid has had a major impact on mental health issues.
1216		Good	Increasing - moving up	DRUG	ALC		Too much drug and alcohol abuse.
1087	67124	Good	Increasing - moving up	DRUG	ALC		Treatment for Drug and Alcohol addiction
1126	67124	Good	Increasing - moving up	DRUG			Drug adiction
1096	67124	Very Good	Not really changing much	DRUG	ALC		drug and alcohol abuse
1418		Poor	Decreasing - slipping downward	ECON			Lack of well paying jobs
1447	67124	Good	Increasing - moving up	FINA	INSU		The cost of health care is high. The cost of insurance is high. There needs to be something to help lower income people get health care on a scale based on their available income. Their healthcare needs and useage should be monitored closely to make effective use of the assistance they receive.
1396	67065	Average	Not really changing much	FINA			to expensive
1226	67124	Good	Decreasing - slipping downward	FIT	BH	INSU	There will always be those that don't care about health so I chose neglect but I do think if there was a community driven effort to get people out walking (not just the healthy people already doing it) the obesity levels would go down. Mental health has always been hard to get into every where I've lived. I currently do not have insurance so it limits me on specialty and primary care.
1192	67124	Very Good	Increasing - moving up	FIT			Bike trails to encourage safe biking.
1483	67124	Good	Not really changing much	FIT			The only gym available to our community is unaffordable by so many.
1454	67124	Good	Decreasing - slipping downward	IP	BH		Inpatient services for behavioral health issues
1342	67124	Very Good	Increasing - moving up	OTHR	COMM		Personal choice. There are plenty of ways to be active, both for a fee (Blythe) or for free (walking paths, etc) and I think that aspect is covered in a community our size. The community chooses bad decisions that lead to further problems, from drug abuse to unprotected sex to not seeing medical help for whatever reason when prevention could have aided the issue. We are blessed with wonderful resources, but does the community use them? Also, social media is a quick way to spread negativity.
1061	67124	Average	Increasing - moving up	OTHR			Breakdown of the family
1484	67124	Very Good	Increasing - moving up	OTHR			Peoples choices
1349	67124	Very Good	Increasing - moving up	OTHR			Those choosing not to access available healthcare and dental care.
1257	67124	Good	Not really changing much	OTHR			Ignorance and apathy.
1478		Good	Not really changing much	OTHR			self accountability
1235	67124	Good	Not really changing much	OTHR			Things are available but you can't force people to take advantage of servies
1012	67124	Very Good	Not really changing much	OTHR			Lack of motivation to change behaviors
1480	67124	Good	Increasing - moving up	PEDS	PRIM		Lacking a Pediatrician for primary care
1007		Very Good	Increasing - moving up	POV	ECON		Poverty and unsuitable rental properties.
1032	67124	Average	Increasing - moving up	POV			poverty
1446	67124	Good	Increasing - moving up	POV			As a teacher, I see generational poverty. We have kids that have needs but parents aren't or can't help them. These are kids that need support but don't get it from Horizons or other outside sources.
1132	67124	Good	Increasing - moving up	POV			socioeconomic level in the community - there are lots of people living on low incomes
1168	67124	Very Good	Increasing - moving up	POV			poverty
1373	67066	Very Good	Increasing - moving up	POV			Poverty
1069	67066	Very Good	Increasing - moving up	POV			Rural, systemic poverty
1122	67066	Very Good	Not really changing much	POV			Poverty
1424	67124	Good	Increasing - moving up	PREV			Education on importance of preventive care
1215	67124	Poor		PREV			People not going to see a doctor because of being treated poorly.
1352	67124	Good	Increasing - moving up	QUAL	BH		Horizons is not quality mental health care. We go outside of this area for care because of them.
1400	67124	Average	Not really changing much	SERV	FP	DOCS	I think Pratt family practice is great but the dr to patient ratio is too high.

CHNA 2021 Community Feedback: Pratt Co. KS (N= 539)							
ID	Zip	Overall	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?
1337	67035	Good	Increasing - moving up	ACC	WAIT		Many sick visits to the ER because the clinic could not get them in soon enough. Hopefully the urgent care will help with this concern.
1447	67124	Good	Increasing - moving up	ACC			In most cases the answer is yes, but there are some limitations to healthcare availability in Pratt.
1530	67124	Good	Increasing - moving up	ACC			There are some providers that are not taking new patients. And everyone deserves healthcare.
1510	67124	Very Good	Increasing - moving up	ACC			Immediate access is limited to ER only. Emergent care center will help.
1442	67124	Average	Not really changing much	ACC	BH		Mental health access
1057	67124	Good	Not really changing much	ACC	FP		Lack of family providers. Most are full and not taking on new patients.
1258	67124	Good	Not really changing much	ACC	GEN	SPEC	More general practitioners as well as specialists.
1152	67124	Poor	Not really changing much	ACC	SURG		able to have surgery when needed
1163		Average	Not really changing much	ACC	URG		I am very excited for the minor care facility to open as I believe this is very needed. Many go to the emergency room with non life threatening issues after hours because we do not have a facility of this type currently open. This will help relieve that burden and will provide care for those getting sick over a weekend or in the evening (assuming the minor care facility will provide evening hours).
1452	67124	Average	Not really changing much	ACC			Increased availability for walk-ins
1215	67124	Poor		ACC	INSU		I can't get in to see a Dr on a regular basis. I've been denied disability because I can't afford to get the necessary care/documentation. I've had cancer, diverticulosis, diabetes, and other illnesses that I haven't had treatment for.
1492	67028	Good	Increasing - moving up	ALT			We need more massage therapists and a periodontist plz.
1493	67124	Good	Increasing - moving up	BH	DRUG	ALC	Mental Health / Alcohol & Substance
1058	67124	Good	Increasing - moving up	BH			More psychologists and maybe a psychiatrist
1097	67124	Average	Not really changing much	BH			Again, back to mental health
1066	67124	Good	Not really changing much	BH			Horizons does a good job, but they cannot provide immediate services based on how many clients they have and the lack of providers.
1224	67124	Good	Not really changing much	CLIN			Walk in clinic that is actually walk in and not appointment based.
1476	67124	Very Good		COVD			Call for an appointment and was told the physician wasn't taking any new patients due to the coronavirus
1172	67124	Very Good	Increasing - moving up	DERM			Dermatology
1375	67124	Poor	Decreasing - slipping downward	DOCS	RUSH	WAIT	As previously mentioned, shortage of providers (or greed?) equals rushed patient services. They don't listen or take time needed with a patient, just prescribe antibiotics and rush you out the door. It's almost impossible to get a timely appointment with a doctor, let alone your own PCP.
1482	67124	Very Poor	Not really changing much	DOCS			Doc taking new pt.
1055	67124	Average	Decreasing - slipping downward	EMER			Maybe not in the er.
1344	67124	Very Poor	Not really changing much	EMER			Office Visits, ER
1511	67124	Good	Not really changing much	EMS	URG	BH	EMS transport issues, No Urgent Care Clinic Options, Lack of Mental Health Provider access
1048		Average	Not really changing much	FAC			This survey is skewed to Pratt county, however, PRMC has rural clinics outside of Pratt. The number of providers is adequate, yet the facilities are not.
1433	67066	Average	Not really changing much	FEM	PEDS	OBG	Need a female doctor! Need an OBGYN! NEED A PEDIATRICIAN! I have heard the worry is people won't see the family doctors if these are available but these people are leaving the community to see other doctors.
1127	67124	Good	Not really changing much	FEM			Need more female providers
1466	67124	Very Poor	Decreasing - slipping downward	FP	PRIM		We are limited to PFP and no other drs in our community. It had been rumored that PRMC and PFP refuse drs from setting up private practice in Pratt and would refuse to treat their patients at PRMC.
1308	67124	Very Good	Increasing - moving up	FP	ACC	PEDS	We could use more family doctors. Sometimes it is hard to make an appointment when I have a sick child. I would love a pediatrician added to PRMC staff.
1179	67124	Very Good	Increasing - moving up	FP	DOCS		We need more family primary care physicians.
1092	67583	Good	Not really changing much	FP	URG		I feel that our family practice providers are very overworked. They can usually squeeze someone in if necessary, but it would be nice to have more providers available and after hours care available.
1181	67124	Very Good	Not really changing much	FP			I will say there were a few men who complained pratt family practice would not call them on the weekends when they were suffering from Covid. They ended up
1430	67124	Poor	Not really changing much	HOSP	REF		Hospital in practice of sending patients elsewhere
1448	67124	Average	Decreasing - slipping downward	HRS	EMER	ACC	weekend sore throats, wounds, etc non existent, Friday afternoons not available. PA's at ER not fully trained in emergency care
1226	67124	Good	Decreasing - slipping downward	HRS			I've lived here a short time and do not understand why doctors don't work on Fridays or if they do it's 3 hours. If something happens on Friday morning you can't get in and only option is expensive emergency treatment.
1132	67124	Good	Increasing - moving up	HRS	URG	EMER	Friday afternoons are a hard time to see some doctors. Weekend healthcare is only available through the emergency room. The emergency care center will help.
1424	67124	Good	Increasing - moving up	HRS			Number yes, times no. Limited Friday, no eve or weekend
1520	67124	Good	Not really changing much	HRS			Evening and weekend hours need to be available for routine care as well as acute care. Some people cannot leave work for non urgent medical conditions.
1412	67124	Very Good	Increasing - moving up	IM	BH		Could possibly use another internist, and a psychiatrist.
1175		Good	Not really changing much	IM	FP	PEDS	More internist and family practice or pediatricians
1390	67124	Very Good	Increasing - moving up	INSU			Yes but not always access due to not accepting our insurance
1053	67124	Average	Decreasing - slipping downward	NURSE	SH		The schools need more nursing help. Glenda is fantastic, but she is only one person and it seems that there is more and more need for medical care in the schools.
1376		Very Good	Not really changing much	NURSE			Probably need more nurses
1042	67124	Very Good	Increasing - moving up	OBG	PEDS	ACC	more providers for OB/GYN and a pediatrician as those services are sometimes difficult to access here

CHNA 2021 Community Feedback: Pratt Co. KS (N= 539)							
ID	Zip	Overall	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?
1168	67124	Very Good	Increasing - moving up	ORTH			a back Dr. coming to town at a regular visit.
1254	67124	Good	Increasing - moving up	OTHR			Medical community becoming somewhat divided due to competing interests of employed vs independent practices. Sense of decreased support for independence.
1036	67124	Average	Decreasing - slipping downward	PEDS			General practitioners for adolescents. The ones we have are too expensive for the care they provide
1462	67583	Very Good	Increasing - moving up	PEDS	ORTH		Needed pediatric orthopedic care.
1115	67124	Good	Increasing - moving up	PEDS			We need a pediatrics person
1011		Poor	Not really changing much	PNEO	CHIRO	ALT	Improved prenatal care, family chiropractic care, holistic practices caring for health.
1416	67124	Good	Decreasing - slipping downward	PRIM	WAIT	ACC	very difficult to get an appointment with PCP for care related to acute illness
1533	67124	Very Good	Decreasing - slipping downward	PRIM	WAIT		It's particularly hard to get in to see your PCP in a timely manner.
1515	67124	Good	Increasing - moving up	PRIM	PEDS	OBG	Primary Care pediatric and Obstetric care in the city of Pratt. A participating/supervising M.D. physician in our ER in Pratt.
1386	67124	Good	Not really changing much	PRIM	ACC		More primary care physicians. The ones available are often swamped.
1513	67124	Good	Not really changing much	PRIM	AGE	WAIT	Not many primary care physicians are taking new patients. there comes a point in our agign community that people should change form Family Practice to Internal medince. When they are not taking new patient because they are maxxed out this is a problem.
1189	67124	Average	Not really changing much	PRIM	FP		PPF and PIMG need more providers.
1069	67066	Very Good	Increasing - moving up	RHE			We could use a rheumatologist in town.
1387	67124	Very Good	Not really changing much	RUSH			Rushed appointments.
1321	67124	Very Good	Increasing - moving up	SERV	GEN	DOCS	adding additional providers
1503	67124	Very Good	Increasing - moving up	SERV	IM		More internal med physicians.
1153	67124	Good	Increasing - moving up	SPEC	DOCS		We need addtl. full time specialists...

CHNA 2021 Community Feedback: Pratt Co. KS (N= 539)

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1252	67124	Very Good	Increasing - moving up	ACC	BH	INSU	Better access to mental health services and addiction help for the uninsured
1042	67124	Very Good	Increasing - moving up	ACC	COMM		I don't have any "new" ideas, but don't forget to continue offering services to those who may not need or be able to do things a "new" way
1028	67124	Good	Increasing - moving up	AGE	BH		A PROGRAM TO HELP THOSE DEALING WITH ALZHEIMER'S AND OTHER SENIOR MENTAL HEALTH ISSUES. THERE USED TO BE HELP AVAILABLE FOR THOSE HANDICAPPED INDIVIDUALS WHO NEEDED HELP GETTING A RAMP BUILT TO HELP THEM GAIN ACCESS TO THE HOMES. THERE IS NO LONGER THAT TYPE OF HELP READILY AVAILABLE, WHICH CREATES ADDITIONAL HARDSHIP FOR THOSE WHO NEED THAT KIND OF HELP.
1482	67124	Very Poor	Not really changing much	AGE	COMM		More extensive follow up with seniors who don't have access to wifi or internet or have a computer
1188	67124	Very Good	Not really changing much	AGE	FIT		Programs for senior exercise
1178	67124	Very Good	Not really changing much	AGE			Assistance for the elderly
1426	67124	Very Good	Increasing - moving up	ALC	DRUG		Alcohol and substance abuse
1404	67124	Very Good	Increasing - moving up	ALC	DRUG		Alcohol/Drug abuse program
1047	67124	Very Good	Increasing - moving up	ALC	DRUG	SUIC	Drug abuse and suicide prevention assistance
1414	67124	Good	Increasing - moving up	ALLER			Allergy Clinic
1268		Good	Not really changing much	ALLER			Allergist
1492	67028	Good	Increasing - moving up	ALT			We need a quality nail salon that can do senior foot & nail care. We could use a ethnic salon that can do threading, waxing, ear candles, facials etc. Start a massage training program at PCC.
1266	67124	Very Good	Increasing - moving up	ASLV			Assisted living
1507	67028	Average	Decreasing - slipping downward	BH			I feel there needs to be more affordable mental health services. I do not hear great things about Horizons, and I heard with Covid you can't really get much done. However, I have not experienced this myself.
1007		Very Good	Increasing - moving up	BH	ACC		We need better access to mental health for our community. The addition of Dr. Green has been a step in the right direction, but we have too many people with MH issues that become inmates at our county jail.
1183	67124		Increasing - moving up	BH	ACC		More mental health services and easily accessible
1232	67124	Good	Increasing - moving up	BH	DOCS		Mental health care providers.
1402	67124	Very Good	Increasing - moving up	BH	DRUG	ALC	Mental health and drug/alcohol treatment
1051	67124	Very Good	Increasing - moving up	BH	DRUG		Pediatrics could be improved. Cancer care and chronic illness options. Desperately need more help with mental health and substance abuse issues.
1222	67124	Very Good	Increasing - moving up	BH	FAC		Mental health facility.
1351	67124	Very Good	Increasing - moving up	BH	INSU		Mental health service for those who do not have health insurance, and a safe harbor for when someone is in crisis. The ER in our town will not deal with them!
1033	67124	Good	Increasing - moving up	BH	KID		I think mental health is severely overlooked. Access to good child care is a severe need in this community as well...would be so nice to have some type of licensed center for children under 5yrs old
1324		Very Good	Increasing - moving up	BH	KID		Mental Health and child care
1260	67124	Very Good	Increasing - moving up	BH	OBG	PEDS	More mental health specialists, available in the evenings. More OB doctors A dr for kids only. Pain management specialists
1032	67124	Average	Increasing - moving up	BH			increase in mental health awareness and help
1362	67124	Good	Increasing - moving up	BH			Increased mental health awareness
1535	67124	Good	Increasing - moving up	BH			Mental health
1102	67124	Good	Increasing - moving up	BH			Mental Health effects of covid. Cody's House needs to be approved.
1371	67124	Good	Increasing - moving up	BH			More mental health providers. Too long for intakes.
1219	67124	Very Good	Increasing - moving up	BH			Anything that would be able to help and facilitate mental health problems!
1180	67124	Very Good	Increasing - moving up	BH			Mental health homeless shelter
1511	67124	Good	Not really changing much	BH	CLIN	CHRON	More mental health options, walk in clinic options, increased awareness of chronic care program
1296		Good	Not really changing much	BH	DRUG		Mental health and substance abuse
1091	67124	Good	Not really changing much	BH	EDU		Mental health education, services, and treatment
1442	67124	Average	Not really changing much	BH	KID		Mental health and childcare
1437	67124	Good	Not really changing much	BH	NUTR		More focus on mental health initiatives, focus on healthy behaviors and nutrition.
1481	67124	Average	Not really changing much	BH	POV	FINA	There needs to be more mental health help available for all ages. For a small community there is a lot of people that struggle that don't have any access to help. We need more low cost food service help we have a lot of people below the poverty line that need help affording food.
1012	67124	Very Good	Not really changing much	BH	PREV		Mental Health and teaching people how to take care of themselves. Hope Center does a great job of this- but too many people want a hand-out, not a hand-up. People look at health care for treatment instead of prevention.
1356	67125	Average	Not really changing much	BH			Family education on mental health, how to deal with it and addiction
1491	67124	Good	Not really changing much	BH			Grief counseling, more mental health
1066	67124	Good	Not really changing much	BH			Mental Health Center PRMC partner with Horizons
1387	67124	Very Good	Not really changing much	BH			Deal with isolation of Covid and how lonely and hopeless it makes single people
1110	67124	Good		BH	PEDS		we need counselors. I hear of parents driving out of town to get help for their kids, trying to keep them off pills, and its a real hassle and impossible for single parents
1334	67124	Good	Increasing - moving up	CARD			Cardiac icu
1254	67124	Good	Increasing - moving up	CHRON	HH		Chronic care "coaches". Home services.
1447	67124	Good	Increasing - moving up	CLIN	CANC	BILL	A walk-in health clinic, a full time oncology/cancer center and possibly a medical financial assistance center.
1149	67583	Good	Increasing - moving up	CLIN			Walk-in clinic

CHNA 2021 Community Feedback: Pratt Co. KS (N= 539)

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1124	67124	Very Good	Increasing - moving up	CLIN			Walk in medical services
1201	124-81	Average	Not really changing much	CLIN			Walk in clinic
1213	67124	Good	Not really changing much	CLIN			WALK IN CLINIC THAT DOESN'T COST A FORTUNE-SORE THROAT, RASH, SPIDER BITE ETC
1094	67583	Good	Not really changing much	CLIN			Walk-in Health Care
1075	67124	Average	Not really changing much	COMM	EDU		Better communication and coordination of services that patients are seeing throughout the community
1455	67124	Very Good	Increasing - moving up	COVD			Incentive programs similar to Walk Kansas or local mask wearing campaigns.
1454	67124	Good	Decreasing - slipping downward	DIAB	PEDS		They should add more diabetic clinics and add pediatricians
1158	67124	Average	Not really changing much	DIAB	BH	DRUG	Diabetic teaching/counseling available to individuals. Insulin teaching for newly diagnosed. Mental health programs. Increased education in our schools on all these issues. Drug/alcohol also.
1275	67124	Very Good	Increasing - moving up	DRUG	ALC		Drug abuse and alcohol abuse programs
1138	67124	Very Good	Increasing - moving up	DRUG	ALC		I'm not sure. Maybe more programs for those with history of drug or alcohol abuse.
1462	67583	Very Good	Increasing - moving up	DRUG	EDU		Substance abuse education
1154	67124	Very Good	Increasing - moving up	DRUG	PREV	BH	Substance abuse prevention and suicide prevention and better mental health services access.
1216		Good	Increasing - moving up	DRUG	SPEC	ORTHD	Drug and alcohol rehab. More specialist. Orthodontists.
1259	67124	Very Good	Increasing - moving up	DRUG			A substance abuse center.
1467	67124	Very Good	Not really changing much	DRUG	ALC	FIT	Drug and alcohol abuse treatment. Public exercise and fitness to address obesity.
1093	67124	Average	Not really changing much	DRUG	BH		Pratt needs substance abuse and mental health specialists. What we have is good, but we absolutely need more.
1189	67124	Average	Not really changing much	DRUG	BH		Substance abuse And mental health
1503	67124	Very Good	Increasing - moving up	EDU	COMM	MRKT	How to engage the community in programs that are already available.
1132	67124	Good	Increasing - moving up	EDU			Providing education about healthcare on a regular basis would be a great idea. If there are rooms available at the emergency care center, that would be a great use of the facility, and it's in a great location for all to see as they drive by.
1347	67124	Good	Not really changing much	EDU	SPRT		Education. Support groups.
1340	67124	Good	Not really changing much	EDU	TELE	COMM	Perhaps a virtual lunch and learn series.
1197	67124	Good	Increasing - moving up	EMER			An emergency care center. Understand it is being developed.
1504	67124	Good	Increasing - moving up	FAM			Nutrition, Education, Child and Adolescents, Family Planning
1433	67066	Average	Not really changing much	FEM	OBG	PEDS	Female doctor, obgyn, pediatrician-look up mal practice cases from family doctors delivering babies, they're extremely high
1477	67124	Good	Not really changing much	FEM			Women's Health Clinic
1170	67124	Average	Not really changing much	FINA			Lower costs People dont want such expensive out of pocket expenses
1057	67124	Good	Not really changing much	FINA			More financial services for people that are already financially strapped.
1448	67124	Average	Decreasing - slipping downward	FIT	AGE		More opportunities at Blythe for smaller focused exercise classes with different age/ability classes
1226	67124	Good	Decreasing - slipping downward	FIT	ALC	DRUG	Community Walking Days - grab someone new, elderly, obese, get them out of the house and walk slow with them while wearing mask. This would help with loneliness, depression, obesity. Also severe problem here with alcohol and drugs. Have many ideas on this one. It's scary to see it so normalized. AA & NA are a start here but so much more needs to happen.
1515	67124	Good	Increasing - moving up	FIT	NUTR		A boot camp for whole and unprocessed food recognition, preparation, and meal planning preferably with a teaching kitchen.
1244	67124	Very Good	Increasing - moving up	FIT	NUTR		Diet & exercise programs for all ages.
1172	67124	Very Good	Increasing - moving up	FIT	REC		Outdoor exercise equipment for parents at 6th street park while their children play on the playground equipment!
1192	67124	Very Good	Increasing - moving up	FIT			Bike paths & lanes
1529	67124	Very Good	Increasing - moving up	FIT			winter activities for older adults for exercise
1386	67124	Good	Not really changing much	FIT	HRS		A gym with extended hours would be great. Bike lanes would be fabulous.
1269	67124	Good	Not really changing much	FIT			Low cost exercise
1430	67124	Poor	Not really changing much	FIT			Workout equipment in parks
1162	67124	Good	Decreasing - slipping downward	HRS			24 hours would be great to be seen.
1343		Poor	Decreasing - slipping downward	INSU	PREV		Understanding Insurance and needs of preventive health issues.
1317	67124	Very Good	Increasing - moving up	INSU			Let's get Medicaid passed
1396	67065	Average	Not really changing much	INSU	FINA		helping people pay for health care
1500	67124	Good	Increasing - moving up	KID	ACC		Increased child care access
1200	67124	Good	Increasing - moving up	KID	INSU		Efforts to expand the availability of quality childcare; there is also a growing need to assure that everyone in the community has adequate health insurance to guarantee access to adequate medical care, not just emergency medical care.
1242	67583	Good	Increasing - moving up	KID			Affordable child care.
1446	67124	Good	Increasing - moving up	KID			Child care, especially for infants. I am constantly helping people try to find a daycare provider for families expecting infants.
1097	67124	Average	Not really changing much	KID	BH	FIT	A child care center that takes all ages, a different mental health center to give alternatives, an affordable work out center (Blythe is completely out for low income families)

CHNA 2021 Community Feedback: Pratt Co. KS (N= 539)

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1163		Average	Not really changing much	KID	BH	NUTR	A daycare center would be a great addition as well as a facility to deal with mental health for all ages. Nutritionist or exercise fitness options available to the community for an affordable cost. Someone to provide insurance quotes for households that due not qualify for state aid due to income or have access to insurance through an employer, middle class families.
1412	67124	Very Good	Increasing - moving up	MKRT			Stop promoting abortion
1487	67124	Very Good	Increasing - moving up	MRKT	COMM		Internet or printed material sent to older community-showing exercise they can do at home
1020	67124	Poor	Decreasing - slipping downward	NUTR	FIT		Education on healthy food choices and fitness.
1036	67124	Average	Decreasing - slipping downward	NUTR	REC	FIT	Health & nutrition programs through the schools, outdoor exercise park with stationary equipment
1058	67124	Good	Increasing - moving up	NUTR	EDU	PREV	Nutrition education workshops, we need a lot of that type of program. Lots of preventative care through nutrition (what types of foods just besides fruits and vegetables)
1504	67124	Good	Increasing - moving up	NUTR	EDU	KID	Nutrition, Education, Child and Adolescents, Family Planning
1069	67066	Very Good	Increasing - moving up	NUTR			I wish we had access to dietitians/healthy weight loss programs in the community.
1464	67124	Good	Not really changing much	NUTR	FIT	OBES	Address diet, exercise, obesity.
1316	67124	Good	Increasing - moving up	OBES			Overall health program for obesity
1410	67124	Average	Not really changing much	OBES	DRUG	ALT	Something to fight obesity. This community is severely overweight. Have some vegan/plant-based dietician. Also something better to fight the drug problems here... might as well be skid row from LA. Offer alternative/homeopathic medicine.
1258	67124	Good	Not really changing much	OBES			Something targeting obesity and the many health related issues that occur due to obesity.
1480	67124	Good	Increasing - moving up	OBG	PEDS		Obstetrics and pediatrics
1377	67066	Very Good	Increasing - moving up	OTHR			Fast med
1353	67124	Very Good	Increasing - moving up	OTHR			Marijuana should be legal.
1051	67124	Very Good	Increasing - moving up	PEDS	CANC	CHRON	Pediatrics could be improved. Cancer care and chronic illness options. Desperately need more help with mental health and substance abuse issues.
1100	67124	Good	Increasing - moving up	PEDS	NUTR		Childhood Nutrition
1308	67124	Very Good	Increasing - moving up	PEDS			Pediatrician
1323			Increasing - moving up	PEDS			Pediatrician
1224	67124	Good	Not really changing much	PEDS	BH	VIO	Child mental health care needs to be addressed especially with Covid, and abuse prevention as well as education.
1215	67124	Poor		POV	FINA		Agape needs expanded somehow. I realize it's all volunteer, but it's just not enough to help the poor.
1424	67124	Good	Increasing - moving up	PREV	EDU		Prevention education
1067	67124	Very Good	Not really changing much	PREV	SMOK		Prevention of teen vaping
1206	67124	Good	Increasing - moving up	PRIM	PREV	URG	I would hope that we can have opportunities for people that have to use the ER as their doctor be able to find regular primary doctors. I have high hopes for the new emergency walk-in clinic. We have actually used those facilities in Hutchinson and Wichita instead of overusing the Pratt ER.
1130	67124	Average	Not really changing much	PULM			Pulmonary
1131	67124	Good	Not really changing much	PULM			Pulmonary
1373	67066	Very Good	Increasing - moving up	REC	FIT		Swimming pool indoors
1087	67124	Good	Increasing - moving up	REC	KID		Something to engage the young people when not in school or after school. Sports is not enough. We have a teen center who is trying but they only get a few.
1510	67124	Very Good	Increasing - moving up	REC			Continue to expand recreational opportunities
1257	67124	Good	Not really changing much	REC	FIT		Indoor swimming; add and improve, dedicated cycling lanes and walking trails.
1295	67124	Good	Increasing - moving up	SPEC			Occupational therapy for children with special needs.
1168	67124	Very Good	Increasing - moving up	SPEC			maybe regular visits by more specialty Drs.
1240	67124	Average	Not really changing much	SPEC	DOCS		Specialty doctors
1143	67124	Good	Increasing - moving up	SUIC	BH		suicide prevention coalition transportation for mental health patients to hospitals
1120	67124	Average	Not really changing much	SUIC			Suicide prevention
1127	67124	Good	Not really changing much	TOB	BH		Need more resources or programs to help with tobacco cessation and mental health services.

Let Your Voice Be Heard!

In 2018, Pratt Regional Medical Center surveyed the community to assess health needs. Today, Pratt requests your input in order to create a 2021 Pratt County (KS) Community Health Needs Assessment (CHNA). To gather current 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 Thursday, March 18th, 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 Decreasing - slipping downward
 Not really changing much

Why? (please specify)

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 Health Services | <input type="checkbox"/> Health Education |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Lack of Insurance |
| <input type="checkbox"/> Behavioral / Mental Health | <input type="checkbox"/> Nutrition - Healthy Food Options |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Chronic Disease Management | <input type="checkbox"/> Poverty / Economic Development |
| <input type="checkbox"/> Community Engagement | <input type="checkbox"/> Preventative Health / Wellness |
| <input type="checkbox"/> Drug/Substance Abuse | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Exercise/Fitness | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Falls/Fall Prevention | <input type="checkbox"/> Transportation |

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

- | | |
|---|---|
| <input type="checkbox"/> Access to Health Services | <input type="checkbox"/> Health Education |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Lack of Insurance |
| <input type="checkbox"/> Behavioral / Mental Health | <input type="checkbox"/> Nutrition - Healthy Food Options |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Chronic Disease Management | <input type="checkbox"/> Poverty / Economic Development |
| <input type="checkbox"/> Community Engagement | <input type="checkbox"/> Preventative Health / Wellness |
| <input type="checkbox"/> Drug/Substance Abuse | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Exercise/Fitness | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Falls/Fall Prevention | <input type="checkbox"/> Transportation |

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

- | | |
|--|--|
| <input type="checkbox"/> Chronic disease prevention | <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 (please specify)

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

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

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

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

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

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

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

Yes

No

If yes, please share your thoughts. Be specific



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

Yes

No

If YES, please specify the healthcare 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 | <input type="checkbox"/> Falls/Fall Prevention |

Other (please specify)

16. For the past 3 years, falls have been the #1 leading cause for 911 calls and the #1 leading cause of trauma in our county. In the past 2 years, have you or someone in your home experienced a fall or have a fear of falling?

- Yes
- No

Please share your thoughts, Be Specific

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

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

Other (please specify)



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



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