



# **Community Health Needs Assessment Miami County, KS**

On Behalf of Miami County Medical Center



**June 2024**

VVV Consultants LLC  
Olathe, KS

# Community Health Needs Assessment

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# I. Executive Summary

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# I. Executive Summary

## Miami County Medical Center (Primary Service Area) – Miami County, KS - 2024 Community Health Needs Assessment (CHNA)

The previous Community Health Needs Assessment for Miami County Medical Center (MCMC) and its primary service area was completed in 2021. (Note: The Patient Protection and Affordable Care Act (ACA) requires non-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). The Round 5 Miami County, KS CHNA began in December of 2023 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, providers, and other residents to research and prioritize county health needs while documenting 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 a 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.) Guides the hospital and local health department on how they can align their services and community benefit programs to best meet needs, and 8.) fulfills the Hospital's “Mission” to deliver.

## County Health Area of Future Focus on Unmet Needs

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

2024 CHNA Priorities				
Unmet Health Needs - Miami County, KS				
On Behalf of Miami County Medical Center				
Town Hall - 04/09/24 (Attendees 44 / 163 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Child Care (Affordable & Accessible)	30	18.4%	18.4%
2	Mental Health (Diagnosis, Placement, Aftercare, Access to Providers)	23	14.1%	32.5%
3	Housing (Affordable & Accessible)	22	13.5%	46.0%
4	Substance Abuse (Drugs & Alcohol)	20	12.3%	58.3%
5	Chronic Disease Management (Cancer, Diabetes)	17	10.4%	68.7%
6	Obesity (Access to Healthy Foods / Exercise)	14	8.6%	77.3%
7	Uninsured/ Underinsured	8	4.9%	82.2%
Total Votes		163	100%	
Other needs receiving votes: Youth Health Education, WiFi Service (increase in rural community), Health Apathy, In-home Care, Veteran & Military Care (Tri-Care), Dental Providers Accepting Medicaid, Senior Health (Geriatric), Domestic Violence.				

## Town Hall CHNA Findings: Areas of Strengths

Miami Co, KS - Community Health Strengths			
#	Topic	#	Topic
1	Community collaboration	6	Local Hospital
2	Public Safety	7	KU Merge with Olathe Health
3	School screenings and food	8	Community wants to improve
4	Health Department	9	Education
5	FQHC	10	Economic progress

### Key CHNA Round #5 Secondary Research Conclusions found:

**KANSAS HEALTH RANKINGS:** According to the 2023 Robert Woods Johnson County Health Rankings, Miami County, KS Average was ranked 8<sup>th</sup> in Health Outcomes, 22<sup>nd</sup> in Health Factors, and 95<sup>th</sup> in Physical Environmental Quality out of the 105 Counties.

**TAB 1.** Miami County’s population is 34,867 (based on 2023 findings). About five percent (5.3%) of the population is under the age of 5, while the population that is over 65 years old is 18.5%. Children in single parent households make up a total of 16.5% compared to the rural norm of 18%, and 90.9% are living in the same house as one year ago.

**TAB 2.** In Miami County, the average per capita income is \$40,169 while 6.9% of the population is in poverty. The severe housing problem was recorded at 11% compared to the rural norm of 11%. Those with food insecurity in Miami County is 8.7%, and those having limited access to healthy foods (store) is 6.7%. Individuals recorded as having a long commute while driving alone is 53.3% compared to the norm of 32.6%.

**TAB 3.** Children eligible for a free or reduced-price lunch in Miami County is 31%. Findings found that 95.6% of Miami County ages 25 and above graduated from high school while 30.6% has a bachelor’s degree or higher (2022).

**TAB 4.** The percentage of births where prenatal care began in the first trimester was recorded at 86.1% compared to the rural norm of 80%. Additionally, the percentage of births with low birth weight was 5.8%. Miami Counts recorded 3.2% of births occurring to teens between ages 15-19. The percentage of births where mother smoked during pregnancy was 7.6% compared to the rural norm of 11%.

**TAB 5.** The Miami County primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 1,807 residents. There were 3,641 preventable hospital stays compared to the rural norm of 3,017. Patients who gave their hospital a rating of 9 or 10 (scale 0-10) was 81% while patients who reported they would definitely recommend the hospital was recorded at 71%.

## Secondary Research Continued

**TAB 6.** In Miami County, adults ever diagnosed with depression as of 2021 was 19.6%. The Mental Behavioral hospital admissions rate per 100,000 was 17.1 compared to the rural norm of 12.6.

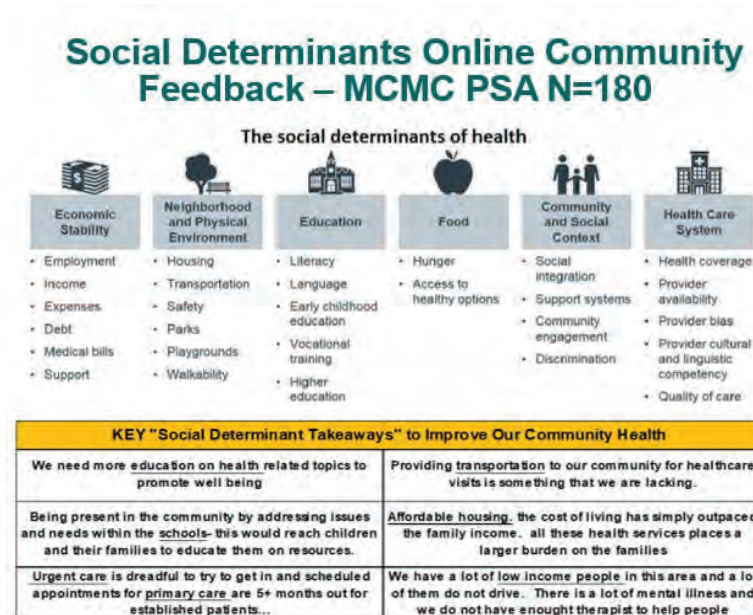
**TAB 7a – 7b.** Miami County has an obesity percentage of 37.1% and a physical inactivity percentage is 21.6%. The percentage of adults who smoke is 17%, while the excessive drinking percentage is 20.3%. The percentage of adults who have taken medication for high blood pressure is 79.7%, while their heart failure admissions rate was recorded at 24.7. Those with kidney disease are 3% compared to the rural norm of 3.3%. The percentage of adult individuals who were recorded with cancer was 8.0% while adults recorded with diabetes (20+) is 7.2% compared to the rural norm of 8.2%.

**TAB 8.** The adult uninsured rate for Miami County is 7% compared to the rural norm of only 10%.

**TAB 9.** The life expectancy rate in Miami County for males and females is roughly 80 years of age (80.1). Alcohol-impaired driving deaths for Miami County is 22.2% while age-adjusted Cancer Mortality rate per 100,000 is 123.8. The age-adjusted heart disease mortality rate per 100,000 is 160.1.

**TAB 10.** A recorded 70% of Miami County has access to exercise opportunities. Continually, 40% of women have done a mammography screening compared to the rural norm of 43.2%. Adults recorded in Miami County who have had a regular routine check-up is 77.4%.

**Social Determinants Views Driving Community Health:** From Town Hall conversations the Economy followed by Provider Access, Neighborhood / Physical Environment, and Community/Social Support are impacting community health, see Sec V for detailed analysis.



## Key CHNA Round #5 Primary Research Conclusions found:

Community Feedback from residents, community leaders, and providers (N=180) provided the following community insights via an online perception survey:

- Using a Likert scale, the average between Miami County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 45%.
- Miami County stakeholders are very satisfied with the following services: Ambulance Services and Pharmacy.
- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health Services, Drug / Substance Abuse, Affordable / Quality Housing, Local Specialty Care, After Hours Care / Access, Healthcare Insurance, Transportation, Affordable Healthcare Services, Obesity, and Awareness of Resources.

MCMC Primary Service Area - CHNA YR 2024 N=180					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	<b>Mental Health Services</b> (Access, Provider, Treatment, Aftercare)	83	12.3%		1
2	<b>Affordable / Quality Housing</b>	56	8.3%		3
3	<b>Drugs / Substance Abuse</b>	55	8.1%		2
4	<b>After Hours Care / Access</b>	50	7.4%		5
5	<b>Transportation</b>	45	6.6%		7
6	<b>Local Specialty Care</b>	45	6.6%		4
7	<b>Obesity (Fitness / Nutrition)</b>	44	6.5%		9
8	<b>Awareness of Resources</b>	40	5.9%		10
9	<b>Affordable Healthcare Services</b>	37	5.5%		8
10	<b>Healthcare Insurance</b>	33	4.9%		6
11	<b>Senior Care</b>	30	4.4%		12
12	<b>Smoking / Vaping</b>	29	4.3%		15
13	<b>Food Insecurity</b>	28	4.1%		11
14	<b>Maternal / Infant Care &amp; Education</b>	25	3.7%		13
15	<b>Suicide</b>	24	3.5%		14
16	<b>Lack of Healthcare Communication</b>	16	2.4%		16
17	<b>Owning Your Health (Apathy)</b>	15	2.2%		18
18	<b>Domestic Violence</b>	15	2.2%		17
19	<b>Immunizations</b>	7	1.0%		19
<b>Totals</b>		<b>677</b>	<b>100.0%</b>		

## 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.).

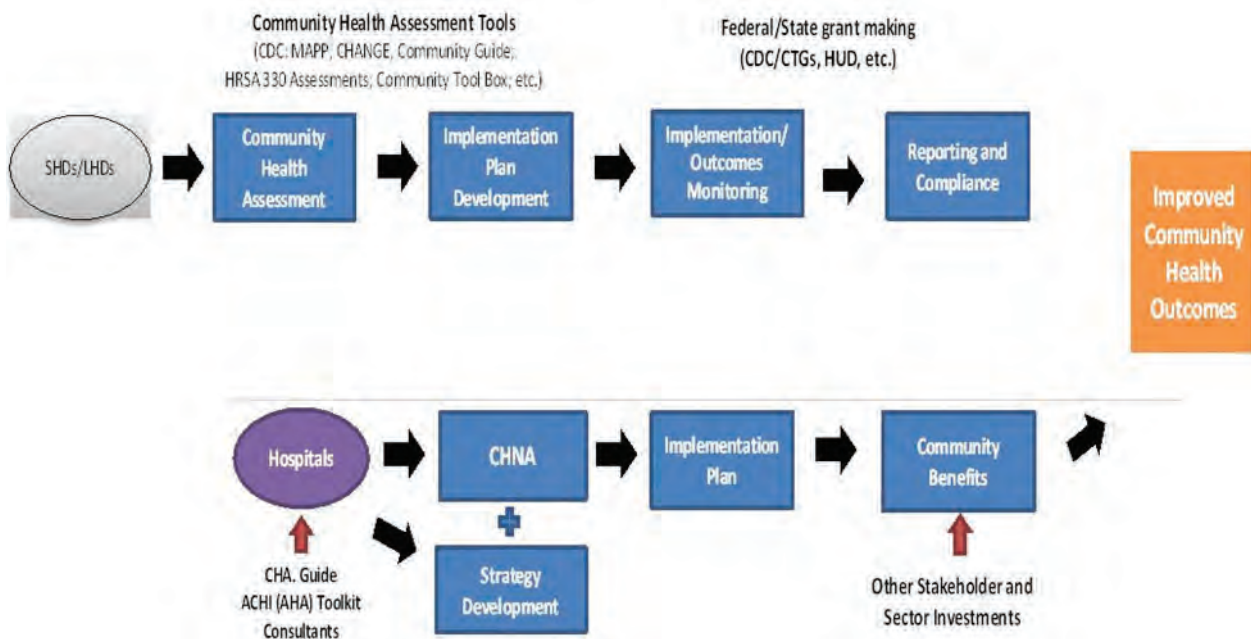
#### **JOB #2: Making a CHNA Widely Available to the Public**

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.





## 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 2030](#) external 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.

## **Round #5 CHNA focuses on Social Determinants & Health Equity.**

### **Centers for Medicare & Medicaid Services Health Equity Domains**

CMS' Hospital Commitment to Health Equity has introduced two equity-focused process measures in 2023: screening for Social Drivers of Health (SDOH-01) and Screen Positive Rate for Social Drivers of Health (SDOH-02). (Although these measures will not be required until 2024, it is highly recommended that hospitals begin tracking them in 2023.)

#### **Domain 1: Equity as a Strategic Priority**

The hospital has a strategic plan for advancing health care equity that accomplishes the following:

- Identifies priority populations who currently experience health disparities.
- Establishes health care equity goals and discrete action steps to achieve them.
- Outlines specific resources that are dedicated to achieving equity goals.
- Describes an approach for engaging key stakeholders, such as community partners.

#### **Domain 2: Data Collection**

The hospital is engaging in the following three key data collection activities.

- Collecting demographic information, including self-reported race and ethnicity, and SDOH information, on a majority of patients
- Training staff in the culturally sensitive collection of demographics and SDOH information
- Inputting patient demographic and/ or SDOH information into structured interoperable data elements using a certified electronic health record technology.

#### **Domain 3: Data Analysis**

The hospital stratifies key performance indicators by demographic and/ or SDOH variables to identify equity gaps and includes this information on hospital performance dashboards.

#### **Domain 4: Quality Improvement**

The hospital participates in local, regional and or national quality improvement activities that are focused on reducing health disparities.

#### **Domain 5: Leadership Engagement**

The hospital's senior leadership, including the chief executives and the entire hospital board of trustees, demonstrates a commitment to equity through the following two activities.

- Annual reviews of the hospital's strategic plan for achieving health equity
- Annual reviews of key performance indicators stratified by demographic and/ or social factors.

#### Sources:

The Joint Commission. (2022, June 20). R3 Report: New Requirements to Reduce Health Care Disparities. Retrieved from [https://www.jointcommission.org/-/media/tje/documents/standards/r3-reports/r3\\_disparities\\_july2022-6-20-2022.pdf](https://www.jointcommission.org/-/media/tje/documents/standards/r3-reports/r3_disparities_july2022-6-20-2022.pdf)

Health Equity Innovation Network. (2022, August 29). Quick Start Guide: Hospital Commitment to Health Equity Measure. Retrieved from <https://hqin.org/wp-content/uploads/2022/08/Quick-Start-Guide-Hospital-Commitment-to-Health-Equity-Measure.pdf>

## The Joint Commission (TJC) Elements of Performance - Regulatory and Accreditation Requirements Related to Health Equity and Social Determinants of Health

New and revised TJC requirements to reduce health care disparities went into effect Jan. 1, 2023. Below are the six elements of performance.

### Element of Performance 1:

The organization designates an individual to lead activities aimed at reducing healthcare disparities. **(Hospital Responsibility)**

### Element of Performance 2:

The organization assesses the patient's health-related social needs and provides information about community resources and support services. **(CHNA full report- Section I and III)**

Examples of health-related social needs may include the following:

- Access to transportation
- Difficulty paying for prescriptions or medical bills.
- Education and literacy
- Food insecurity
- Housing insecurity

### Element of Performance 3:

The organization identifies healthcare disparities in its patient population by stratifying quality and safety data. **(CHNA Town Hall)** Examples of sociodemographic characteristics may include but are not limited to the following: Age, Gender, Preferred Language, Race, and ethnicity.

### Element of Performance 4:

The organization develops a written action plan that describes how it will address at least one of the healthcare disparities identified. **(CHNA IMPL Development Plan)**

### Element of Performance 5:

The organization acts when it does not achieve or sustain goal(s) in its action plan to reduce health care disparities.

### Element of Performance 6:

At least annually, the organization informs key stakeholders, identifying leaders, licensed practitioners, and staff, about its progress in reducing identified healthcare disparities. **(Hospital Responsibility)**

## II. Methodology

### b. Collaborating CHNA Parties

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

#### **Miami County Medical Center**

2100 Baptiste Drive

Paola, Kansas 66071

913-294-2327

**CEO: Jason Hannagan**

Miami County Medical Center (MCMC) is now part of The University of Kansas Health System. The vision of the health system is to lead the nation in caring, healing, teaching and discovering. The mission of the health system is as an academic health system serving the people of Kansas, the region and the nation, The University of Kansas Health system will enhance the health and wellness of the individuals, families and communities we serve.

**About Us:** MCMC has a 39-bed license and offers a 24-hour emergency care center staffed by certified emergency professionals. We also specialize in providing quality care in numerous subspecialties, including general surgery, orthopedics, cardiology, and urology. MCMC is an Emergent Stroke Ready hospital as designated by the American Heart Association. This means that we can diagnose, treat and transfer patients, if necessary, who are experiencing stroke-like symptoms. For every minute that a stroke patient does not get to a stroke designated facility, that person loses 1.0 million neurons and ages by three weeks. MCMC also operates three rural health clinics that offer family medicine, walk-in care and urgent care.

MCMC believes patients are special. The hospital has been recognized for its commitment to providing excellent patient care for a number of years. MCMC was named a Top Performer by The Joint Commission and received an award from HealthStream for its commitment to excellence in patient care.

#### **Mission:**

The mission of the health system is as an academic health system serving the people of Kansas, the region and the nation, The University of Kansas Health system will enhance the health and wellness of the individuals, families and communities we serve.

**Values:** The vision of the health system is to lead the nation in caring, healing, teaching and discovering.

## Services and Specialties:

As a member of The University of Kansas Health System, MCMC has access to numerous health delivery areas such as primary care, cardiac, oncology, surgery, diagnostic imaging, rehabilitation, home health and hospice care.

- Allergy & Clinical Immunology
- Aortic Care
- Aquatic Physical Therapy
- Arthritis & Rheumatology
- Audiology
- Bariatric Surgery (Weight Loss)
- Behavioral Care    Nuclear Medicine
- Blood Disorders (Hematology)
- Bone Health Program
- Breast Care
- Burn and Wound Care
- Cancer Care (Oncology)
- Cardiac and Pulmonary Rehab
- Cardiothoracic Surgery
- Cardiovascular Care (Heart)
- Concussion Management
- Critical / Intensive Care
- Dentistry
- Dermatology
- Diabetes Care
- Doctors Who Deliver Babies
- Ear, Nose & Throat (Otolaryngology)
- Emergency Medicine
- Endocrinology
- Eye Care
- Family Medicine
- Gastroenterology
- Gender-Affirming Medicine
- Geriatric Medicine (general and specialty care)
- Gynecologic Oncology
- Hand Surgery
- Hearing and Balance
- Heart rhythm disorders and electrophysiology
- Hematology
- Hepatology
- Home Healthcare
- Hospice
- Hospital Medicine
- Infectious Disease
- Infertility (Reproductive Endocrinology)
- Internal Medicine
- Interventional Radiology
- Joint Replacement
- Labor and Delivery
- Laboratory and pathology
- Lymphedema Management
- Mammography
- Maternal-Fetal Medicine
- Migraine Surgery
- Neonatology
- Nephrology
- Neurology and Neurosurgery
- Nurse Navigation
- Obstetrics/Gynecology
- Occupational Medicine
- Oncology
- Ophthalmology
- Orthopedics & Sports Medicine
- Pain Management
- Palliative Care
- Pediatric therapy
- Pediatrics (general and specialty care)
- Pharmacy
- Physical Medicine and Rehabilitation
- Plastic & Reconstructive Surgery
- Podiatry
- Primary Care
- Psychology
- Pulmonology
- Radiation Oncology
- Radiology
- Rehabilitation Services (Physical, Occupational, Speech)
- Rheumatology
- Robotic surgery
- Sinus Care
- Skull base care
- Sleep Disorders
- Speech-language pathology
- Spine care
- Sports Medicine
- Stroke Care
- Surgical Care
- Telehealth
- Transplant Services
- Trauma and critical care surgery
- Urgent Care
- Urology
- Vascular Surgery
- Vein Care
- Women's Health
- Wound Care and Hyperbaric Medicine

## **Miami County Health Department**

1201 Lakemary Drive

Paola, KS 66071

Phone: 913-294-2431

**Public Health Director: Christena Beer, MPH, BSN, RN**

**About Us:** The role of the Community Health Department is to provide leadership to the public health and medical communities in a coordinated effort to detect, respond to, and prevent illness. Programs administered by the Health Department include:

- Care Resource Coordination
- Chronic Disease Risk Reduction
- Disease Investigation & Containment
- Immunizations for all ages
- Kan-Be-Healthy Screenings
- Maternal & Child Health (formerly Healthy Start)
- Nurse assessments and labs
- Services with Home Visitor
- Special Health Care Needs (SHCN)
- Women's Health Care
- Women, Infants, and Children (WIC)

### **Hours of Operation:**

Services are offered Monday through Friday 8:00am – 4:30pm

### **Our Vision:**

Healthy People in a Healthy Community

### **Our Guiding Principles:**

- Evidence-based practice
- Cross-sector communication and collaboration
- Education & Outreach
- Empowering members of the community to make informed and healthy choices.

### **Our Mission:**

To provide quality health services and resources for Miami County and surrounding communities through education and promotion to achieve optimal health.

## 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 83 unique community CHNA’s in KS, MO, IA, NE and WI (references found on our website [VandehaarMarketing.com](http://VandehaarMarketing.com))

#### Introduction: Who We Are

##### Background and Experience



VVV Consultants LLC  
601 N Mahaffie  
Olathe, KS 66061



**Vince V Vandehaar, MBA – Principal**

**VVV Consultants LLC – start 1/1/09 \***

Adjunct Full Professor @ Avila, MNU & Webster Universities

40+ year veteran marketer, strategist and researcher

Saint Luke’s Health System, BCBS of KC, and Towers Perrin

Hometown: Bondurant IA



**Cassandra Kahl Parker, MHA- Dir, Project Management**

**University of KS / Park University**

Hometown: Maple, WI



**Olivia G Hewitt- Associate**

**Emporia State University- BS Communication**

Hometown: Olathe, KS

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](http://VandehaarMarketing.com)

**Our Mission:** to research, facilitate, train, create processes to improve market performance, champion a turnaround, and uncover strategic “critical success” initiatives.

**Our Vision:** to meet today’s challenges with the voice of the market solutions.

#### Our Values:

**Engaged** – we are actively involved in community relations & boards.

**Reliable** – we do what we say we are going to do.

**Skilled** – we understand business because we’ve been there.

**Innovative** – we are process-driven & think “out of the box.”

**Accountable** – we provide clients with a return on their investment.



## II. Methodology

### c) CHNA and Town Hall Research Process

Round #5 Community Health Needs Assessment (CHNA) process began in January of 2023 for Miami County Medical Center in Miami County, KS to meet Federal IRS CHNA requirements.

In early January 2023, a meeting was called amongst the Miami County 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 the Hays Medical Center to request VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

#### VVV CHNA Deliverables:

- Document Hospital Primary Service Area - meets the 75% 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% Patient Origin Rule), a patient origin three-year summary was generated documenting patient draw by zips as seen below:

MCMC- Defined Primary Serv Area (KHA: 2021-23)					Overall (IP/ER/OP)		
#	ZIP	City	ST	County	Total 3YR	%	ACCUM
1	66071	Paola, KS	KS	MIAMI	42,031	38.0%	38.0%
2	66064	Osawatomie, KS	KS	MIAMI	21,955	19.9%	57.9%
3	66053	Louisburg, KS	KS	MIAMI	9,520	8.6%	66.5%
4	66026	Fontana, KS	KS	MIAMI	2,132	1.9%	68.4%
5	66013	Bucyrus	KS	MIAMI	298	0.3%	68.7%
6	66040	La Cygne, KS	KS	LINN	8,449	7.6%	76.3%



**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 the CHNA calendar of events, explain / coach clients to complete the required participant database, and schedule / organize all Phase II activities.

**Phase II—Qualify Community Need:**

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

<b>Health Indicators - Secondary Research</b>
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

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


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

<b>Miami County Medical Center</b>			
<b>VVV CHNA Round #5 Work Plan - Year 2024</b>			
<b>Project Timeline &amp; Roles as of 02/21/2024</b>			
Step	Timeframe	Lead	Task
1	Jan. 2024	VVV / Hosp	Sent Leadership information regarding CHNA Wave #5 for review
2	2/14/2024	Hosp	Select CHNA Wave #5 Option B. Approve (sign) VVV CHNA quote
3	2/29/2024	VVV	Send out <b>REQCommInvite Excel</b> file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	2/19/2024	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 <b>ZipPSA_3yrPOrigin.xls</b> )
5	On or Before 2/29/2024	VVV	Prepare CHNA Wave#5 Stakeholder Feedback "online link". Send link for hospital review.
6	Mar-April 2024	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	By 3/11/2024	VVV / Hosp	Prepare/send out PR story #1 / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	By 3/11/2024	VVV / Hosp	Place PR story to local media CHNA survey announcing "online CHNA Wave #5 feedback". Request public to participate. Send E Mail request to local stakeholders
9	3/11/2024	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. <b>Cut-off 4/12/2024 for Online Survey</b>
10	4/8/2024	Hosp	Prepare/send out Community TOWN HALL invite letter and place local AD.
11	4/8/2024	VVV / Hosp	Prepare/send out PR story #2 to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
12	5/1/2024	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	<b>5/2/2024</b>	VVV	Conduct CHNA Town Hall. <b>Breakfast 8:30-10:00am</b> (location TBD) Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 06/14/2024	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 06/21/2024	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	8/20/2024	VVV / Hosp	Conduct Client Implementation Plan Development PSA Leadership session.
17	on or before 6/30/2024	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

## 2024 Community Health Needs Assessment

### Miami County Medical Center PSA

The University of Kansas Health System  
Town Hall Meeting- 05/03/24



**VVV Consultants LLC**  
Olathe, Kansas 66061

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VandehaarMarketing.com  
913-302-7264

1

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

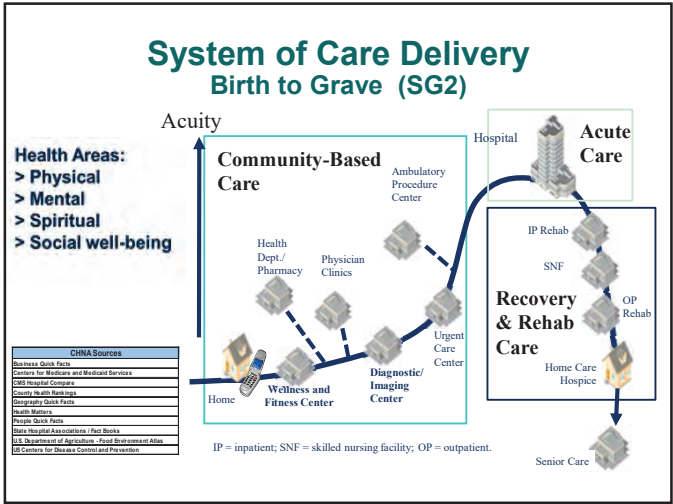
- > **Opening Welcome / Introductions / Review CHNA Purpose and Process (5 mins)**
- > **Discuss New Focus: Social Determinants of Health (5 mins)**
- > **Review Current Service Area “Health Status”**  
  - Review Secondary Health Indicator Data (10 TABs)*
  - Review Community Online Feedback (30 mins)*
- > **Collect Community Health Perspectives**  
  - Share Table Reflections to verify key takeaways*
  - Conduct an Open Community Conversation / Stakeholder Vote to determine the Most Important Unmet Needs (45 mins)*
- > **Close / Next Steps (5 mins)**

2

## Town Hall Participation / Purpose & Parking Lot

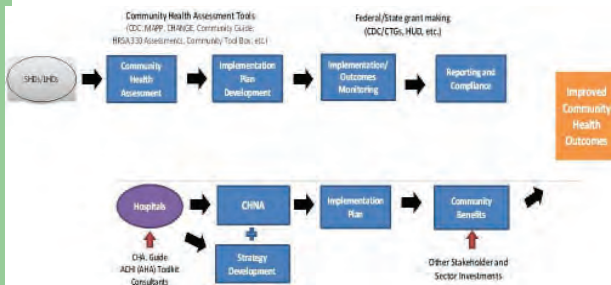
- ALL attendees practice “Safe Engagement”, working together in table teams.
- ALL attendees are welcome to share. Engaging conversation (No right or wrong answer)
- Request ALL to Take Notes of important health indicators
- Please give truthful responses – Serious community conversation.
- Discuss (Speak up) to uncover unmet health needs
- Have a little fun along the way

3



4

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



5

## A Conversation with the Community & Stakeholders

### Community Stakeholder – An Inclusive Conversation

**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

6

## II. Review of a CHNA

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

7

## CHNA Written Report Documentation to meet IRS 990 CHNA Requirements: Table of Contents

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

8

### Social Determinants of Health

**Social determinants of health** are the conditions in the places where people live, learn, work, play, and worship **that affect a wide range of health risks and outcomes.**

**Health equity** is when everyone has the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstances.

**TASK A: Your Initial Thoughts on SDOH? (Small White Card)**

9

### IV. Review Current County Health Status: Secondary Data by 10 Tab Categories with a focus on Social Determinants with a Local Norm & 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

10

### County Health Rankings Scoring

Robert Wood Johnson Foundation and University of WI Health Institute

Users of the 2024 RWJ report will find representation of county health has changed significantly.

*Rather than a numerical ranking, each county in a state is represented by a dot, shaded a certain color and placed on a scale from least healthy to healthiest in the nation. The new visual tool then shows where one county falls on a "continuum" of health nationally, compared to the least healthy and most healthy counties, which are unnamed in the visualization.*

County Health Rankings model © 2014 UMRPH

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### IV. Community Health Conversation: Your Perspectives / Suggestions !

**Tomorrow:**  
What is occurring or might occur that would affect the "health of our community"?

**Today:**

- 1) What are the **Healthcare Strengths** of our community that contribute to health? **(BIG White Card)**
- 2) Are there healthcare services in your community/neighborhood that you feel **need to be improved and/or changed?** **(Small Color Card)**
- 3) *What other Ideas do you have to address Social determinants?* **(Small White Card - A)**

12

## Data & Benchmarks Review

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

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

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

Community health assessment indicators should be.

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

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

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

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

## Sources of community-health level indicators:

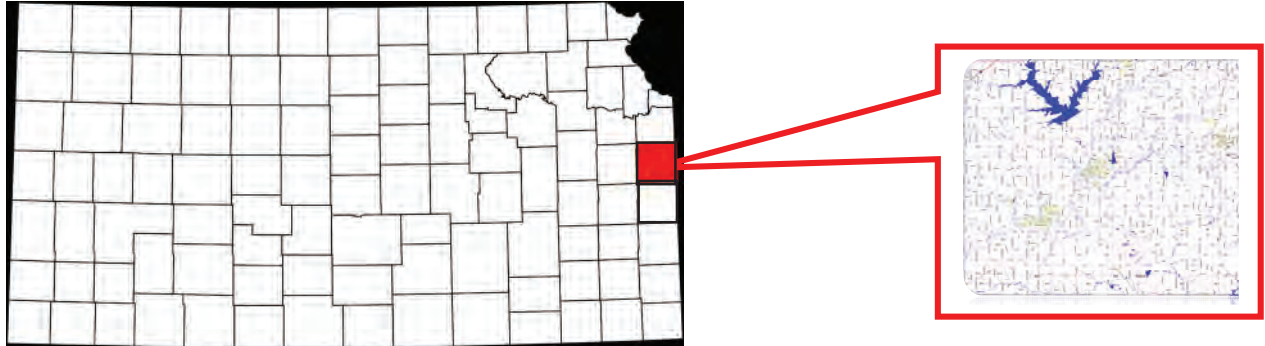
- [County Health Rankings and Roadmaps](#)  
The annual Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. They provide a snapshot of how health is influenced by where we live, learn, work and play.
- [Prevention Status Reports \(PSRs\)](#)  
The PSRs highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce important public health problems.
- [Behavioral Risk Factor Surveillance System](#)  
The world's largest, ongoing telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Data is 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 are 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.



## II. Methodology

### d) Community Profile (A Description of Community Served)

#### Miami County (KS) Community Profile



**The population of Miami County was estimated to be 35,007 citizens** in 2023 and a population density of 59 persons per square mile. Miami County covers 590 square miles and is in east Kansas. There are a total of 13,298 households also recorded in 2023.

**The major highway transportation** access to Miami County is Interstate 169 through Spring Hill, Osawatomie and Paola, Kansas. Interstate 69 runs vertical through Miami County and near Louisburg, Kansas.

**The location of Miami County**, a short drive south of Kansas City, allows it to offer residents and visitors aspects of both city and rural lifestyles. Miami County and its cities, Paola, Louisburg, Spring Hill, Osawatomie, and Fontana offer a variety of activities and hobbies. Among them are golf, hiking, camping, fishing, hunting, horseback riding, water sports, astronomy and a variety of community festivals and events that take place throughout the year. There are also historical places and museums to study its history. During the summer, each community offers a farmer's market with booths offering locally grown food and goods.<sup>1</sup>

**The county was originally established in 1855** as Lykins County, after Dr. David Lykins. Lykins was a Baptist missionary to the Native American Indian tribes in the area and had built a school for them in what is now rural Miami County. As a result of Dr. Lykins' views on slavery, Lykins County's name was changed to Miami County on June 3, 1861. The new name was in honor of the predominant Native American tribe that settled the area, the Miami.<sup>2</sup>

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<sup>1</sup> <https://www.miamicountyks.org/689/Visitors-Guide>

<sup>2</sup> <https://web.archive.org/web/20080919104444/http://www.kshs.org/genealogists/places/counties.php?county=MI>



## Miami County (KS) Community Profile

### Miami County Pubic Airports<sup>3</sup>

Name	USGS Topo Map
Albright Airport	Bucyrus
Amar Farms Airport	Wellsville
Chiles Airpark	Bucyrus
Cloud 9 Airport	Paola East
Crosswind Airfield	Louisburg
Dunn Field	Lane
Flying Z Ranch Airport	Spring Hill
Hayden Farm Airport	Antioch
Linders Cow-Chip Airport	Spring Hill
Miami County Airport	Paola West
Pine Sod Ranch Airport	Bucyrus

### Schools in Miami County: Public Schools<sup>4</sup>

School	Address	Phone	Levels
Broadmoor Elementary	105 S 5th St East Louisburg, KS 66053	913-837-1900	3-5
Cottonwood Elem	709 N Hedge Lane Paola, KS 66071	913-294-8050	PK-2
Louisburg High	202 Aquatic Dr Louisburg, KS 66053	913-837-1720	9-12
Louisburg Middle	505 E Amity Louisburg, KS 66053	913-837-1800	6-8
Osawatomie High	1200 Trojan Dr Osawatomie, KS 66064	913-755-2191	9-12
Osawatomie Middle School	428 Pacific Osawatomie, KS 66064	913-755-4155	6-8
Paola High	401 N Angela Paola, KS 66071	913-294-8010	9-12
Paola Middle	405 Hospital Dr Paola, KS 66071	913-294-8030	6-8
Rockville Elementary School	977 N Rockville Rd Louisburg, KS 66053	913-837-1970	PK-2
Spring Hill Middle School	301 E South St Spring Hill, KS 66083	913-592-7288	6-8
Sunflower Elem	1401 E 303rd St Paola, KS 66071	913-294-8040	3-5
Swenson Early Childhood Education Center	1901 Parker Ave Osawatomie, KS 66064	913-755-3220	PK-K
Trojan Elem	1902 Parker Ave Osawatomie, KS 66064	913-755-4133	1-5

<sup>3</sup> <https://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20121.cfm>

<sup>4</sup> <https://kansas.hometownlocator.com/schools/sorted-by-county,n,miami.cfm>

## Miami Co (KS) - Detail Demographic Profile

ZIP	NAME	ST	County	Population			Households		HH Avg Size23	Per Capita23
				Year 2023	Year 2028	5yr CHG	Year 2023	Year 2028		
66071	Paola	KS	MIAMI	12,867	13,040	1.3%	5,170	5,280	2.5	\$40,596
66064	Osawatomie	KS	MIAMI	6,116	6,211	1.6%	2,301	2,357	2.6	\$27,808
66053	Louisburg	KS	MIAMI	8,496	8,654	1.9%	3,171	3,254	2.7	\$42,769
66026	Fontana	KS	MIAMI	698	691	-1.0%	266	266	2.6	\$38,100
66013	Bucyrus	KS	MIAMI	2,239	2,229	-0.4%	779	781	2.9	\$60,005
66040	La Cygne	KS	LINN	3,599	3,610	0.3%	1,516	1,535	2.4	\$33,821
<b>Totals</b>				<b>34,015</b>	<b>34,435</b>	<b>0.6%</b>	<b>13,203</b>	<b>13,473</b>	<b>2.6</b>	<b>\$40,517</b>

ZIP	NAME	ST	County	Population				Year 2023		Females
				Pop 21+	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
66071	Paola	KS	MIAMI	9,618	2,579	3,113	3,183	6,243	6,624	2,225
66064	Osawatomie	KS	MIAMI	4,382	1,110	1,656	1,518	2,994	3,122	1,079
66053	Louisburg	KS	MIAMI	6,045	1,292	2,360	2,288	4,242	4,254	1,504
66026	Fontana	KS	MIAMI	537	157	151	180	359	339	83
66013	Bucyrus	KS	MIAMI	1,686	427	526	572	1,103	1,136	340
66040	La Cygne	KS	LINN	2,762	887	799	843	1,821	1,778	541
<b>Totals</b>				<b>25,030</b>	<b>6,452</b>	<b>8,605</b>	<b>8,584</b>	<b>16,762</b>	<b>17,253</b>	<b>5,772</b>

ZIP	NAME	ST	County	Population 2023				Year 2023		
				White%	Black%	Asian%	Hispan%	Housing Units	% Rentals	Soc Econ Index
66071	Paola	KS	MIAMI	89.9%	1.4%	0.4%	3.3%	5,539	19.0%	58
66064	Osawatomie	KS	MIAMI	88.5%	2.5%	0.4%	4.2%	2,639	26.3%	53
66053	Louisburg	KS	MIAMI	90.9%	0.5%	0.6%	3.9%	3,330	18.1%	60
66026	Fontana	KS	MIAMI	90.5%	0.6%	0.4%	4.2%	305	9.5%	58
66013	Bucyrus	KS	MIAMI	89.0%	0.9%	2.0%	4.6%	820	3.3%	70
66040	La Cygne	KS	LINN	92.0%	0.8%	0.2%	3.3%	1,956	19.9%	54
<b>Totals</b>				<b>90.1%</b>	<b>1.1%</b>	<b>0.7%</b>	<b>3.9%</b>	<b>14,589</b>	<b>16.0%</b>	<b>59</b>

Source: ERSA Demographics 2023

# III. Community Health Status

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[VVV Consultants LLC]

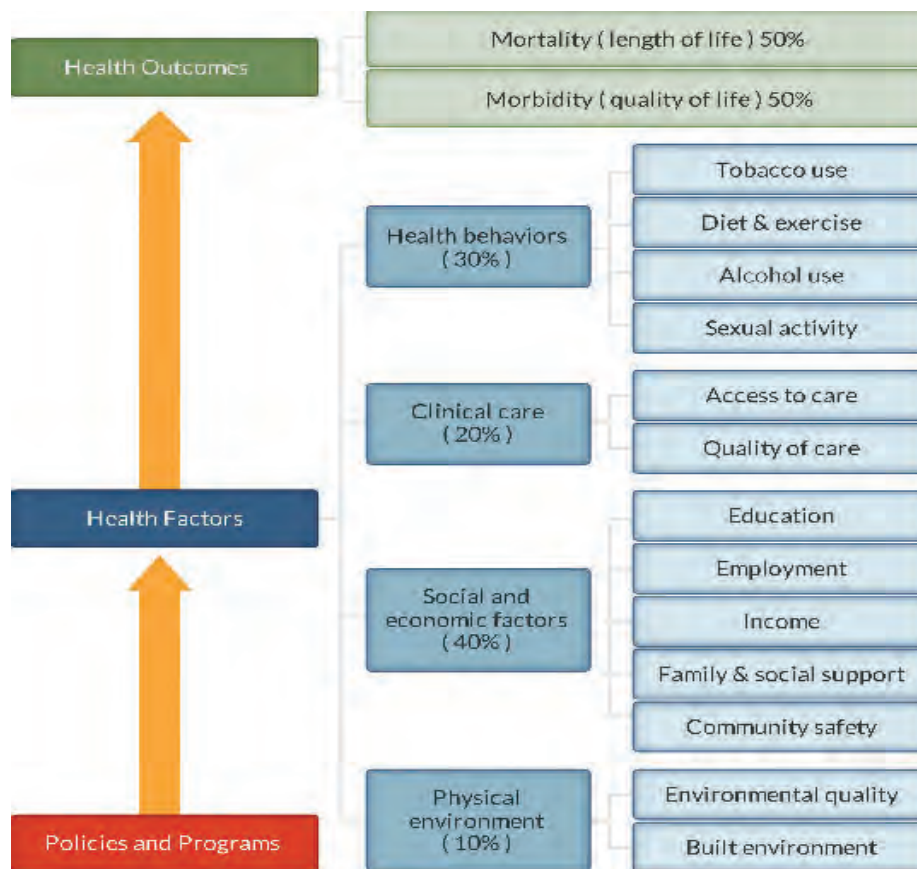
### III. Community Health Status

#### a) Historical Health Statistics- Secondary Research

#### Health Status Profile

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

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



County Health Rankings model ©2012 UWPHI

## National Research – Year 2023 RWJ Health Rankings:

#	2023 KS Rankings - 105 Counties	Definitions	Miami Co KS 2024	Miami Co KS 2021	Trend	NEC_KS Norm (N=16)
1	<b>Health Outcomes</b>		8	10		38
	Mortality	Length of Life	12	25	+	34
	Morbidity	Quality of Life	6	7		43
2	<b>Health Factors</b>		22	39	+	50
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	11	27	+	50
	Clinical Care	Access to care / Quality of Care	37	33		39
	Social & Economic Factors	Education, Employment, Income, Family/Social Support, Community Safety	21	30	+	48
3	<b>Physical Environment</b>	Environmental quality	95	103		72
NECKS Counties: Anderson, Atchison, Brown, Chase, Coffey, Doniphan, Franklin, Greenwood, Jackson, Jefferson, Linn, Lyon, Miami, Marshall, Morris, Nemaha, Osage, Pottawatomie, Riley, and Wabaunese						
<a href="http://www.countyhealthrankings.org">http://www.countyhealthrankings.org</a> , released 2023						

## PSA Secondary Research:

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

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

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

### Tab 1: Demographic Profile

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

1	Population Health Indicators	Miami Co KS 2024	Miami Co KS 2021	Trend	State of KS	NEC_KS Norm (N=20)	Source
a	Population estimates, 2020-2022	34,867	34,237		2,936,716	17,335	People Quick Facts
b	Persons under 5 years, percent, 2020-2022	5.3%	6.7%		6.0%	5.6%	People Quick Facts
c	Persons 65 years and over, percent, 2020-2022	18.5%	22.1%		17.2%	20.4%	People Quick Facts
d	Female persons, percent, 2020-2022	49.7%	50.3%		49.8%	49.3%	People Quick Facts
e	White alone, percent, 2020-2022	94.9%	96.5%		85.9%	92.5%	People Quick Facts
f	Black or African American alone, percent, 2020-2022	1.5%	0.6%		6.2%	1.9%	People Quick Facts
g	Hispanic or Latino, percent, 2020-2022	4.0%	2.7%		13.0%	5.7%	People Quick Facts
h	Language other than English spoken at home, percent of persons age 5 years+, 2017-2021	2.7%	3.0%		11.8%	12.9%	People Quick Facts
i	Living in same house 1 year ago, percent of persons age 1 year+, 2017-2021	90.9%	88.6%		84.4%	79.1%	People Quick Facts
j	Children in single-parent households, percent, 2017-2021	16.5%	20.7%		21.0%	18.0%	County Health Rankings
k	Veterans, 2017-2021	2,182	2,189		163,472	1,141	People Quick Facts

### Tab 2: Economic Profile

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

2	Economic - Health Indicators	Miami Co KS 2024	Miami Co KS 2021	Trend	State of KS	NEC_KS Norm (N=20)	Source
a	Per capita income in past 12 months (in 2021 dollars), 2017-2021	\$40,169	\$28,435	+	\$38,108	33,718	People Quick Facts
b	Persons in poverty, percent, 2020-2022	6.9%	7.2%		12.0%	11.3%	People Quick Facts
c	Total Housing units, 2022	14,255	14,034		1,292,622	7,740	People Quick Facts
d	Persons per household, 2017-2021	2.5	2.1		2.5	2.5	People Quick Facts
e	Severe housing problems, percent, 2015-2019	11.0%	9.8%		12.5%	11.0%	County Health Rankings
f	Total employer establishments, 2021	764	NA		75,057	401	Business Quick Facts
g	Unemployment, percent, 2021	2.9%	2.6%		3.2%	2.8%	County Health Rankings
h	Food insecurity, percent, 2020	8.7%	11.3%		9.7%	10.5%	County Health Rankings
i	Limited access to healthy foods, percent, 2019	6.7%	4.8%	-	8.4%	11.3%	County Health Rankings
j	Long commute - driving alone, percent, 2017-2021	53.3%	14.1%		21.7%	32.6%	County Health Rankings
k	Community Spending on Food, 2023 *	12.6%	NA		12.7%	13.2%	Kansas Health Matters
l	Community Spending on Transportation, 2023 *	18.7%	NA		18.1%	19.8%	Kansas Health Matters
m	Households With Internet an Subscription (2017-2021) *	81.7%	NA		86.7%	81.9%	Kansas Health Matters
n	Student Loan Spending-to-Income Ration, 2023 *	3.7%	NA		4.6%	4.8%	Kansas Health Matters

\*New Social Determinant Data Resources

**Tab 3: Educational Profile**

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

3	Education - Health Indicators	Miami Co KS 2024	Miami Co KS 2021	Trend	State of KS	NEC_KS Norm (N=20)	Source
a	Children eligible for free or reduced price lunch, percent, 2020-2021	31.0%	43.4%		48.0%	42.3%	County Health Rankings
b	High school graduate or higher, percent of persons age 25 years+, 2017-2021	95.6%	94.3%		91.0%	93.4%	People Quick Facts
c	Bachelor's degree or higher, percent of persons age 25 years+, 2017-2021	30.6%	23.1%		34.7%	25.4%	People Quick Facts

#	School Health Indicators by District - 2024	Paola	Louisburg	Osawatomie
1	Total # Public School Nurses	2 RNS, 2 aides	2 RNS, 1 aide	2 RNS, 1 MA
2	School Nurse is part of the IEP team	Yes	as needed	Yes
3	School Wellness Plan in place (Active)	Yes	Yes	Yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	1103/92	582/39*	684/25
5	HEARING: # Screened / Referred to Prof / Seen by Professional	629/13	229/60*	654/6
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	150/33/33	697/63*	798/77
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	none	none	none
8	# of Students served with no identified chronic health concerns	871	629*	1159
9	School has a suicide prevention program	yes	Yes	yes
10	Compliance on required vaccinations (%)	98%	100%	100%

**Tab 4: Maternal / Infant Profile**

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

4	Maternal / Infant - Health Indicators	Miami Co KS 2024	Miami Co KS 2021	Trend	State of KS	NEC_KS Norm (N=20)	Source
a	Percent of Births Where Prenatal Care began in First Trimester, 2019-2021	86.1%	85.4%		81.3%	80.0%	Kansas Health Matters
b	Percentage of Premature Births, 2019-2021	8.9%	9.1%		9.1%	9.2%	Kansas Health Matters
c	Percent of Infants up to 24 months that received full Immunizations, 2017-2018	42.0%	42.0%		69.2%	73.4%	Kansas Health Matters
d	Percent of Births with Low Birth Weight, 2019-2021	5.8%	6.5%		7.3%	6.5%	Kansas Health Matters
e	Percent of all Births Occurring to Teens (15-19), 2019-2021	3.2%	5.4%		5.5%	4.3%	Kansas Health Matters
f	Percent of births Where Mother Smoked During Pregnancy, 2019-2021	7.6%	11.4%		10.0%	11.0%	Kansas Health Matters
g	Child Care Centers per 1,000 Children, 2010-2022	8.0	NA		7.0	6.6	County Health Rankings

Vital Statistics (Rate per 1,000)	Miami Co KS	State of KS	NEC KS NORM (20)
Total Live Births, 2017	11.6	12.5	11.6
Total Live Births, 2018	11.0	12.5	11.6
Total Live Births, 2019	9.5	12.1	10.8
Total Live Births, 2020	9.6	11.8	10.4
Total Live Births, 2021	10.7	11.8	11.1
Total Live Births, 2017- 2021 - 5 YR (%)	10.5	12.1	11.1



**Tab 5: Hospitalization and Provider Profile**

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

5	Hospital/Provider - Health Indicators	Miami Co KS 2024	Miami Co KS 2021	Trend	State of KS	NEC_KS Norm (N=20)	Source
a	Primary care physicians (Pop Coverage per) (No extenders incl.) , 2020	1807:1	1949:1		1260:1	1918:1	County Health Rankings
b	Preventable hospital rate per 100,000, 2020 (lower the better)	3,641	6,306		2,708	3,017	County Health Rankings
c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	81%	82%		NA	79.3%	CMS Hospital Compare, Latest Release
d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	71%	75%		NA	74.0%	CMS Hospital Compare, Latest Release
e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	116	109		NA	109	CMS Hospital Compare, Latest Release

**Tab 6: Behavioral / Mental Health Profile**

Behavioral healthcare provides another important indicator of community health status.

6	Mental - Health Indicators	Miami Co KS 2024	Miami Co KS 2021	Trend	State of KS	NEC_KS Norm (N=20)	Source
a	Adults Ever Diagnosed with Depression, 2021 *	19.6%	NA		NA	19.9%	Kansas Health Matters
b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2018-2020	17.1	20.3		18.7	12.6	Kansas Health Matters
c	Mental Behavioral Hospital Admission Rates per 100,000, 2018-2020	45.2	47.1		75.1	56.5	Kansas Health Matters
d	Average Number of mentally unhealthy days, 2020	4.1	3.3		4.4	4.3	County Health Rankings

\*New Social Determinant Data Resources

**Tab 7a: Risk Indicators & Factors Profile**

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

7a	High-Risk - Health Indicators	Miami Co KS 2024	Miami Co KS 2021	Trend	State of KS	NEC_KS Norm (N=20)	Source
a	Adult obesity, percent, 2020	37.1%	35.4%		35.8%	37.1%	County Health Rankings
b	Adult smoking, percent, 2020	17.0%	15.0%	-	17.2%	19.0%	County Health Rankings
c	Excessive drinking, percent, 2020	20.3%	18.3%	-	19.7%	19.6%	County Health Rankings
d	Physical inactivity, percent, 2020	21.6%	29.5%		21.4%	23.3%	County Health Rankings
e	Sexually transmitted infections (chlamydia), rate per 100,000 - 2020	268.7	224.1		502	299	County Health Rankings



**Tab 7b: Chronic Risk Profile**

7b	Chronic - Health Indicators	Miami Co KS 2024	Miami Co KS 2021	Trend	State of KS	NEC_KS Norm (N=20)	Source
a	Adults who Have Taken Medication for High Blood Pressure, 2021, percent *	79.7%	NA		55.2%	80.9%	Kansas Health Matters
b	Congestive Heart Failure Hospital Admission Rate, 2018-2020	24.7	NA		24.1%	23.7	Kansas Health Matters
c	Adults with Kidney Disease, percent, 2021	3.0%	NA		21.8%	3.3%	Kansas Health Matters
d	Adults with COPD, percent, 2021	6.3%	NA		NA	7.7%	Kansas Health Matters
e	Adults 20+ with Diabetes, percent, 2021	7.2%	NA		8.8%	8.2%	Kansas Health Matters
f	Adults with Cancer, percent, 2021	8.0%	NA		NA	8.1%	Kansas Health Matters
g	Adults with Current Asthma, percent, 2021	9.6%	NA		4.3%	10.0%	Kansas Health Matters
h	Adults who Experienced a Stroke, percent, 2021	3.0%	NA		3.1%	3.4%	Kansas Health Matters

\*New Social Determinant Data Resources

**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.

8	Ins Coverage - Health Indicators	Miami Co KS 2024	Miami Co KS 2021	Trend	State of KS	NEC_KS Norm (N=20)	Source
a	Uninsured, percent, 2020	7.0%	7.2%		10.3%	10.0%	County Health Rankings
b	Persons With Health Insurance, 2021	92.0%	NA		89.1%	89.9%	Kansas Health Matters
c	Kansas Medical Assistance Programs - Adults per 1,000 (ages 20-64), 2022	78.4	NA		99.4	102.0	Kansas Health Matters

Community Benefit Report - MCMC Round#5		YR 2021	YR 2022	YR 2023
1	Charity Care and Means-Tested Government Programs	\$1,804,578	\$1,766,607	\$2,113,292
2	Subsidized Health Services	\$1,376,622	\$1,174,865	\$2,540,555
3	Health Professionals Education	\$10,336	\$5,000	\$7,000
4	General Community support	\$32,813	\$45,867	\$18,394

#	Community Services- Miami County Health Dept	YR 2022	YR 2023
1	Immunizations Administered	2,543	2,547
2	Laboratory Specimens Collected	368	868
3	TB Skin Tests	400	497
4	Unique # of WIC Clients	267	264
5	Animal Bite Investigations	52	92
6	Maternal & Child Health	20	64
7	EPI Case Investigations Conducted	21	52
8	Special Health Care Needs Clients	36	46
9	Care Resource Coordinator Clients	26	32
10	Foster Grandparent Physicals	30	28
11	Kan-Be-Healthy Screenings	9	12

**Tab 9: Mortality Profile**

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

9	Mortality - Health Indicators	Miami Co KS 2024	Miami Co KS 2021	Trend	State of KS	NEC_KS Norm (N=20)	Source
a	Life Expectancy, 2018 - 2020	80.1	79.2	+	77.8	78.1	Kansas Health Matters
b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2018-2020 (lower is better)	123.8	134.7		151.4	160.7	Kansas Health Matters
c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2018-2020 (lower is better)	160.1	163.5		162.0	171.0	Kansas Health Matters
d	Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2018-2020 (Lower is better)	41.1	56.9		47.1	51.1	Kansas Health Matters
e	Alcohol-impaired driving deaths, percent, 2016-2020	22.2%	21.0%		19.4%	26.2%	County Health Rankings

Causes of Death by County of Residence, KS (Year 2021)	Miami County	%	Trend	Kansas	%
<b>TOTAL (All Causes)</b>	<b>418</b>	<b>100.0%</b>		<b>31,637</b>	<b>100.0%</b>
All Other Causes	122	29.2%		9,536	30.1%
Major Cardio Vascular Diseases	121	28.9%		8,307	26.3%
Diseases of Heart	85	20.3%		6,260	19.8%
Cancer	74	17.7%		5,379	17.0%
Ischemic Heart Diseases	45	10.8%		3,605	11.4%
Cerebrovascular Diseases	25	6.0%		1,335	4.2%
Other Heart Diseases	25	6.0%		1,892	6.0%

**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.

10	Preventative - Health Indicators	Miami Co KS 2024	Miami Co KS 2021	Trend	State of KS	NEC_KS Norm (N=20)	Source
a	Access to exercise opportunities, percent, 2020 & 2022	70.0%	62.2%	+	79.7%	54.1%	County Health Rankings
b	Mammography annual screening, percent, 2017	40.0%	46.0%		42.0%	43.2%	County Health Rankings
c	Adults who have had a Routine Checkup, percent, 2021	77.4%	NA		45.0%	75.0%	Kansas Health Matters
d	Percent Annual Check-Up Visit with Dentist	60.0%	NA		TBD	62.0%	CDC
e	Percent Annual Check-Up Visit with Eye Doctor	NA	NA		TBD	TBD	TBD

## PSA Primary Research:

For each CHNA Round #5 evaluation, a community stakeholder survey has been created and administered to collect current healthcare information for Miami County, Kansas.

**Chart #1 – Miami County, KS PSA Online Feedback Response (N=180)**

MCMC Primary Service Area - CHNA YR 2024 N=180			
For reporting purposes, are you involved in or are you a ...? (Check all that apply)	MCMC PSA N=180	Trend	*Round #5 Norms N=3849
Business/Merchant	5.2%	Green	10.7%
Community Board Member	6.5%	Green	9.2%
Case Manager/Discharge Planner	0.6%	White	0.9%
Clergy	0.0%	White	1.2%
College/University	0.0%	White	2.5%
Consumer Advocate	1.9%	Yellow	2.2%
Dentist/Eye Doctor/Chiropractor	0.6%	White	0.7%
Elected Official - City/County	3.9%	Yellow	2.1%
EMS/Emergency	2.6%	White	2.3%
Farmer/Rancher	7.1%	Green	9.3%
Hospital	11.6%	Green	23.5%
Health Department	3.9%	Yellow	1.4%
Housing/Builder	0.6%	White	0.7%
Insurance	1.3%	White	1.3%
Labor	1.9%	White	4.0%
Law Enforcement	1.3%	White	1.0%
Mental Health	3.2%	Yellow	2.5%
Other Health Professional	20.0%	Green	13.8%
Parent/Caregiver	16.1%	Green	18.8%
Pharmacy/Clinic	3.9%	Yellow	2.7%
Media (Paper/TV/Radio)	0.0%	White	0.3%
Senior Care	0.0%	White	4.4%
Teacher/School Admin	5.2%	Green	6.0%
Veteran	2.6%	White	2.6%
<b>TOTAL</b>	<b>180</b>		<b>2848</b>
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson.			

Typical Sample Sizes Research Studies		
Number of Subgroup Analyses	Households	Firms
	Regional	Regional
None / Few (1-2)	200-500	50-200
Average (3-4)	500-1,000	200-1,000
Many (5+)	1,000+	1,000+

Sudman. Applied Sampling. [Academic Press, 1976], 87. Ibid., 30

### Quality of Healthcare Delivery Community Rating

MCMC Primary Service Area - CHNA YR 2024 N=180			
How would you rate the "Overall Quality" of healthcare delivery in our community?	MCMC PSA N=180	Trend	*Round #5 Norms N=3849
<b>Top Box %</b>	<b>10.0%</b>		<b>26.2%</b>
<b>Top 2 Boxes %</b>	<b>45.0%</b>		<b>68.2%</b>
Very Good	10.0%		26.2%
Good	35.0%		42.0%
Average	39.4%		24.7%
Poor	12.8%		5.7%
Very Poor	2.8%		1.3%
Valid N	<b>180</b>		<b>3,835</b>
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson			

### Re-evaluate Past Community Health Needs Assessment Needs

MCMC Primary Service Area - CHNA YR 2024 N=180					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health Services (Access, Provider, Treatment, Aftercare)	83	12.3%		1
2	Affordable / Quality Housing	56	8.3%		3
3	Drugs / Substance Abuse	55	8.1%		2
4	After Hours Care / Access	50	7.4%		5
5	Transportation	45	6.6%		7
6	Local Specialty Care	45	6.6%		4
7	Obesity (Fitness / Nutrition)	44	6.5%		9
8	Awareness of Resources	40	5.9%		10
9	Affordable Healthcare Services	37	5.5%		8
10	Healthcare Insurance	33	4.9%		6
11	Senior Care	30	4.4%		12
12	Smoking / Vaping	29	4.3%		15
13	Food Insecurity	28	4.1%		11
14	Maternal / Infant Care & Education	25	3.7%		13
15	Suicide	24	3.5%		14
16	Lack of Healthcare Communication	16	2.4%		16
17	Owning Your Health (Apathy)	15	2.2%		18
18	Domestic Violence	15	2.2%		17
19	Immunizations	7	1.0%		19
Totals		677	100.0%		

## Community Health Needs Assessment “Causes of Poor Health”

MCMC Primary Service Area - CHNA YR 2024 N=180			
In your opinion, what are the root causes of "poor health" in our community? Please select top three.	MCMC PSA N=180	Trend	*Round #5 Norms N=3849
Chronic Disease Management	9.5%		8.6%
Lack of Health & Wellness	12.5%		11.1%
Lack of Nutrition / Access to Healthy Foods	7.7%		9.9%
Lack of Exercise	9.8%		13.4%
Limited Access to Primary Care	6.4%		5.2%
Limited Access to Specialty Care	13.0%		6.7%
Limited Access to Mental Health	15.6%		15.1%
Family Assistance Programs	4.5%		5.0%
Lack of Health Insurance	9.0%		11.9%
Neglect	5.6%		8.7%
Lack of Transportation	6.4%		4.3%
<b>Total Votes</b>	<b>377</b>		<b>7,280</b>
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson			

## Community Rating of HCDelivery Services (Perceptions)

MCMC PSA - CHNA YR 2024 N=180 (+15% Red)	MCMC PSA N=180		Trend	Round #5 Norms N=3849	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
Ambulance Services	74.6%	4.2%		81.2%	4.2%
Child Care	26.7%	29.6%		37.8%	23.8%
Chiropractors	66.9%	8.6%		74.2%	5.0%
Dentists	65.5%	6.5%		60.6%	18.1%
Emergency Room	45.0%	16.4%		72.3%	8.6%
Eye Doctor/Optomtrist	69.6%	6.5%		73.7%	7.3%
Family Planning Services	27.3%	24.2%		46.9%	15.3%
Home Health	35.6%	20.7%		56.6%	10.3%
Hospice/Palliative	44.4%	17.0%		64.6%	8.0%
Telehealth	47.4%	14.1%		51.9%	12.5%
Inpatient Hospital Services	50.0%	17.6%		74.6%	7.2%
Mental Health Services	24.8%	39.8%		33.4%	30.2%
Nursing Home/Senior Living	32.6%	28.9%		55.4%	14.1%
Outpatient Hospital Services	47.1%	14.5%		73.9%	6.1%
Pharmacy	75.4%	5.1%		84.6%	2.9%
Primary Care	58.5%	11.1%		76.9%	6.7%
Public Health	53.0%	16.4%		62.3%	10.0%
School Health	49.6%	14.3%		59.3%	8.3%
Visiting Specialists	25.6%	29.3%		66.6%	8.6%
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson					

**Community Health Readiness**

MCMC Primary Service Area - CHNA YR 2024 N=180		% Bottom 2 Boxes (Lower is better)		
Community Health Readiness is vital. How would you rate each? (% Poor / Very Poor)	MCMC PSA N=180	Trend	*Round #5 Norms N=3849	
Behavioral/Mental Health	37.5%	Red	32.6%	
Emergency Preparedness	17.7%	Yellow	7.6%	
Food and Nutrition Services/Education	23.9%	Red	16.6%	
Health Wellness Screenings/Education	20.5%	Yellow	10.3%	
Prenatal/Child Health Programs	25.5%	Yellow	13.5%	
Substance Use/Prevention	39.1%	Red	34.4%	
Suicide Prevention	42.2%	Red	36.8%	
Violence/Abuse Prevention	37.3%	Red	33.3%	
Women's Wellness Programs	27.9%	Yellow	17.4%	
Exercise Facilities / Walking Trails etc.	22.1%	Yellow	14.1%	

**Healthcare Delivery "Outside our Community"**

**Specialties:**

MCMC Primary Service Area - CHNA YR 2024 N=180			
In the past 2 years, did you or someone you know receive HC outside of our community?	MCMC PSA N=180	Trend	*Round #5 Norms N=3849
Yes	80.9%	Red	70.5%
No	19.1%		29.5%
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson			

Spec	CTS
PRIM	15
SPEC	10
SURG	9
OPTH	7
ORTH	7
CARD	6
DENT	5
EMER	5
GAS	5

**Access to Providers / Staff in our Community**

MCMC Primary Service Area - CHNA YR 2024 N=180			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	MCMC PSA N=180	Trend	*Round #5 Norms N=3849
Yes	34.0%	Red	56.5%
No	66.0%		43.5%

**What healthcare topics need to be discussed in future Town Hall Meeting**

<b>MCMC Primary Service Area - CHNA YR 2024 N=180</b>			
<b>What needs to be discussed further at our CHNA Town Hall meeting? Top 3</b>	<b>MCMC PSA N=180</b>	<b>Trend</b>	<b>*Round #5 Norms N=3849</b>
Abuse/Violence	2.3%		3.5%
Access to Health Education	3.4%		3.0%
Alcohol	2.0%		3.8%
Alternative Medicine	1.6%		3.4%
Behavioral/Mental Health	8.9%		8.5%
Breastfeeding Friendly Workplace	1.4%		1.1%
Cancer	2.3%		2.6%
Care Coordination	4.2%		2.8%
Diabetes	4.7%		2.6%
Drugs/Substance Abuse	5.1%		6.5%
Family Planning	2.5%		1.7%
Health Literacy	3.0%		2.8%
Heart Disease	1.7%		1.6%
Housing	5.3%		6.1%
Lack of Providers/Qualified Staff	6.5%		5.0%
Lead Exposure	0.5%		0.4%
Neglect	0.9%		1.7%
Nutrition	3.3%		4.0%
Obesity	4.2%		4.9%
Occupational Medicine	0.5%		0.6%
Ozone (Air)	0.2%		0.4%
Physical Exercise	3.7%		4.4%
Poverty	4.5%		4.3%
Preventative Health/Wellness	6.2%		4.9%
Sexually Transmitted Diseases	2.2%		1.3%
Suicide	4.5%		5.4%
Teen Pregnancy	1.4%		1.7%
Telehealth	2.2%		2.1%
Tobacco Use	1.7%		1.9%
Transportation	4.7%		2.4%
Vaccinations	2.0%		1.9%
Water Quality	2.5%		2.6%
<b>TOTAL Votes</b>	<b>643</b>		<b>11,174</b>
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson			



# **IV. Inventory of Community Health Resources**

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[VVV Consultants LLC]

Inventory of Health Services 2024 - Miami County KS				
Cat	HC Services Offered in county: Yes / No	Hospital	Health Dept	Others
Clinic	Primary Care	YES		
Hosp	Alzheimer Center			
Hosp	Ambulatory Surgery Centers			
Hosp	Arthritis Treatment Center			
Hosp	Bariatric / Weight Control Services			
Hosp	Birthing / LDR / LDRP Room			
Hosp	Breast Cancer	YES		
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	YES		
Hosp	Cardiac Surgery			
Hosp	Cardiology Services	YES		
Hosp	Case Management	YES		
Hosp	Chaplaincy / Pastoral Care Services	YES		YES
Hosp	Chemotherapy			
Hosp	Colonoscopy	YES		
Hosp	Crisis Prevention			
Hosp	CT Scanner	YES		
Hosp	Diagnostic Radioisotope Facility	YES		
Hosp	Diagnostic / Invasive Catheterization			
Hosp	Electron Beam Computed Tomography (EBCT)			
Hosp	Enrollment Assistance Services	YES		
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			
Hosp	Fertility Clinic			
Hosp	FullField Digital Mammography (FFDM)	YES		
Hosp	Genetic Testing / Counseling			
Hosp	Geriatric Services	YES		
Hosp	Heart	YES		
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			
Hosp	Intermediate Care Unit			
Hosp	Interventional Cardiac Catherterization			
Hosp	Isolation room	YES		
Hosp	Kidney	YES		
Hosp	Liver	YES		
Hosp	Lung	YES		
Hosp	MagneticResonance Imaging (MRI)	YES		
Hosp	Mammograms	YES		
Hosp	Mobile Health Services		YES	
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	YES		
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)			
Hosp	Neonatal			
Hosp	Neurological Services			
Hosp	Obstetrics			
Hosp	Occupational Health Services	YES		
Hosp	Oncology Services			
Hosp	Orthopedic Services	YES		
Hosp	Outpatient Surgery	YES		
Hosp	Pain Management	YES		

<b>Inventory of Health Services 2024 - Miami County KS</b>				
<b>Cat</b>	<b>HC Services Offered in county: Yes / No</b>	<b>Hospital</b>	<b>Health Dept</b>	<b>Others</b>
Hosp	Palliative Care Program			
Hosp	Pediatric	YES	YES	
Hosp	Physical Rehabilitation	YES		
Hosp	Positron Emission Tomography (PET)	YES		
Hosp	Positron Emission Tomography / CT (PET/CT)			
Hosp	Psychiatric Services			YES
Hosp	Radiology, Diagnostic	YES		
Hosp	Radiology, Therapeutic			
Hosp	Reproductive Health		YES	
Hosp	Robotic Surgery			
Hosp	Shaped Beam Radiation System 161			
Hosp	Single Photon Emission Computerized Tomography			
Hosp	Sleep Center			
Hosp	Social Work Services	YES		
Hosp	Sports Medicine	YES		
Hosp	Stereotactic Radiosurgery			
Hosp	Swing Bed Services			
Hosp	Transplant Services			
Hosp	Trauma Center -Level IV	YES		
Hosp	Ultrasound	YES		
Hosp	Women's Health Services	YES	YES	
Hosp	Wound Care	YES		
SR	Adult Day Care Program			YES
SR	Assisted Living			YES
SR	Home Health Services	YES	YES	YES
SR	Hospice			YES
SR	LongTerm Care			YES
SR	Nursing Home Services			YES
SR	Retirement Housing			YES
SR	Skilled Nursing Care			YES
ER	Emergency Services	YES		YES
ER	Urgent Care Center	YES		
ER	Ambulance Services			YES
SERV	Alcoholism-Drug Abuse	YES		YES
SERV	Blood Donor Center			
SERV	Chiropractic Services			YES
SERV	Complementary Medicine Services			
SERV	Dental Services			YES
SERV	Fitness Center			YES
SERV	Health Education Classes	YES	YES	YES
SERV	Health Fair (Annual)	YES		
SERV	Health Information Center		YES	
SERV	Health Screenings	YES	YES	YES
SERV	Meals on Wheels			YES
SERV	Nutrition Programs	YES	YES	YES
SERV	Patient Education Center	YES	YES	
SERV	Support Groups	YES		YES
SERV	Teen Outreach Services			
SERV	Tobacco Treatment / Cessation Program	YES	YES	
SERV	Transportation to Health Facilities			YES
SERV	Wellness Program	YES	YES	

<b>Providers Delivering Care in MCMC PSA - Update 2024</b>				
<b>FTE Providers Working in County</b>	<b>FTE #</b>		<b>MCMC Cred Counts</b>	
	<b>PSA based</b>	<b>Visting PSA</b>	<b>MD / DO</b>	<b>PA / NP</b>
<b>Primary Care:</b>				
Family Practice	3.0		7.0	9.0
Internal Medicine / Geriatrician				
Obstetrics / Gynecology				
Pediatrics				
<b>Medicine Specialists:</b>				
Allergy / Immunology				
Cardiology			4.0	3.0
Dermatology				
Endocrinology				
Gastroenterology				
Oncology / Radiology				
Infectious Diseases				
Nephrology				
Neurology				
Psychiatry				
Pulmonary				
Rheumatology				
<b>Surgery Specialists:</b>				
General Surgery / Colon / Oral			1.0	1.0
Neurosurgery				
Ophthalmology			1.0	
Orthopedics	1.0	1.0	3.0	1.0
Otolaryngology				
Plastic / Reconstructive				
Thoracic / Cardiovascular / Vasc				
Urology			1.0	
<b>Hospital Based:</b>				
Anesthesia / Pain (CRNAs)			5.0	10.0
Emergency (ER physicians also provide hosp services)			9.0	
Radiology			35.0	
Pathology ***			9.0	
Hospitalist (ER physicians also provide hosp services)				
Neonatal / Perinatal				
Physical Medicine / Rehab				
Occ Medicine				
Podiatry			1.0	
<b>Chiropractor</b>	11.0			
<b>Optometrist</b>	7.0			
<b>Dentist</b>	11.0			
<b>TOTALS</b>	<b>33.0</b>	<b>1.0</b>	<b>76.0</b>	<b>24.0</b>

## 2024 Visiting Specialists to MCMC - Miami County KS

<i>Specialty</i>	<i>Provider / Degree</i>	<i>Group Name</i>	<i>From (City / ST)</i>	<i>SCHEDULE</i>	<i>Days per YR</i>	<i>FTE</i>
Cardiology	Cardiologists, MD and DO Nurse Practitioners, APRN	Olathe Health Cardiology Services	Olathe, KS	Three days every two weeks	61	0
Ophthalmology	Ophthalmologist, MD	Frank Eye Center, PA	Ottawa, KS	Every other Thursday	25	0
Urology	Urologist, MD	Kansas City Urology Care, PA	Olathe, KS	Every Friday morning, 8-12	18	0
Podiatry	Podiatrist, DPM	Jayhawk Foot and Ankle Clinic	Lenexa, KS	Every Wednesday and Friday	84	0

**MCMC Primary Service Area  
Health Services Directory 2024**

Healthcare providers (Alphabetical Order) within Miami County Medical Center's primary service area zip codes: Bucyrus (66013), Fontana (66026), LaCygne (66040), Louisburg (66053), Osawatomie (66064) and Paola (66071).

**BEHAVIORAL HEALTH RESOURCES**

• **MENTAL HEALTH SERVICES**

**Catholic Charities**

785-825-0208  
[www.ccnks.org](http://www.ccnks.org)

**Central Kansas Mental Health Center**

1-800-794-8281  
[www.ckmhc.org](http://www.ckmhc.org)

**Creative Counseling**

Brittney Bonham  
907 N. Pearl St.  
Paola, KS 66071  
913-557-0575  
[www.bbonham3.wixsite.com/creativecounselingks](http://www.bbonham3.wixsite.com/creativecounselingks)

**Developmental Services of Northwest Kansas**

785-625-5678  
[www.dsnwk.org](http://www.dsnwk.org)

**Give Grace Counseling**

Hannah Reed  
4 Lewis Dr.  
Paola, KS 66071  
913-755-1318  
[www.givegraceks.com](http://www.givegraceks.com)

**Hannah January**

4 Lewis Dr.  
Paola, KS 66071  
913-318-5248

**Kansas Behavioral Health Services**

503 S. Kansas  
Topeka, KS 66603  
785-296-3471  
[www.kdads.ks.gov/commissions/behavioral-health](http://www.kdads.ks.gov/commissions/behavioral-health)

**National Alliance for the Mental Illness (NAMI)**

1-800-539-2660  
[www.namikansas.org](http://www.namikansas.org)

**National Institute of Mental Health**

1-866-615-6464  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

**National Library Services for Blind and Physically Handicapped**

1-888-657-7323  
[www.loc.gov/nls](http://www.loc.gov/nls)

**Osawatomie State Hospital**

500 State Hospital Dr.  
Osawatomie, KS 66064  
913-755-7000

[www.kdads.ks.gov/state-hospitals-and-institutions/osawatomie-state-hospital](http://www.kdads.ks.gov/state-hospitals-and-institutions/osawatomie-state-hospital)

**Pawnee Mental Health**

2001 Claflin Rd.  
Manhattan, KS 66502  
785-587-4300  
[www.pawnee.org](http://www.pawnee.org)

**Elizabeth Layton Center – Community Support Services**

102 W Baptiste Dr.  
Paola, Kansas 66071  
913-557-9096  
[www.laytoncenter.org](http://www.laytoncenter.org)

**Elizabeth Layton Center - Outpatient & Children's Services**

25955 W. 327th St.  
Paola, Kansas 66071  
913-557-9096  
[www.laytoncenter.org](http://www.laytoncenter.org)

• **SUICIDE PREVENTION RESOURCES**

**Suicide Prevention Lifeline**

988  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

**Kansas Suicide Prevention Resource Center**

785-841-2345  
[www.kansasuicideprevention.org](http://www.kansasuicideprevention.org)

• **ALCOHOL AND DRUG TREATMENT RESOURCES**

**Abandon Addiction**

1-888-852-8452  
[www.abandonaddiction.com](http://www.abandonaddiction.com)

**Addiction Treatment Programs**

1-888-610-2445  
[www.thewatershed.com](http://www.thewatershed.com)

**Al-Anon Family Group**

1-888-425-2666  
[www.kansas-al-anon.org/](http://www.kansas-al-anon.org/)

**Alcohol and Drug Abuse Helpline - Kansas**

1-866-645-8216  
[www.usa.gov/substance-abuse](http://www.usa.gov/substance-abuse)

Arista Recovery  
Dorothy Horn  
Jennifer Elliot  
Laura Knight  
Grace Meikenhaus  
901 E Miami St.

Paola, Kansas, 66071  
913-349-6654  
[www.aristarecovery.com](http://www.aristarecovery.com)

**Cross Point Assembly of God**

1016 N. Pearl St.  
Paola, KS 66071  
913-294-2429  
[www.cpchurch.tv/](http://www.cpchurch.tv/)

**Eagle Recovery Services**

5 S. Peoria St.  
Louisburg, KS 66053  
913-837-4919

**Lighthouse Presbyterian Church**

1402 E. 303rd St.  
Paola, KS 66071  
913-292-2400  
[www.paolalighthouse.com](http://www.paolalighthouse.com)

**Louisburg Baptist Temple**

6961 W. 271st St.  
Louisburg, KS 66053  
913-837-2979  
[www.lbtemple.org](http://www.lbtemple.org)

**Mothers Against Drunk Driving**

1-877-MADD-HELP  
[www.madd.org](http://www.madd.org)

**National Council on Alcoholism and Drug Dependence**

1-800-622-2255  
[www.ncadd.org/](http://www.ncadd.org/)

**Recovery Connection**

1-866-812-8231  
[www.recoveryconnection.com](http://www.recoveryconnection.com)

**Recovery.Org: American Addiction Centers Resource**

1-888-500-2086  
[www.recovery.org](http://www.recovery.org)

**Regional Prevention Centers of Kansas**

785-625-5521  
[www.smokyhillfoundation.net](http://www.smokyhillfoundation.net)

**Substance Abuse and Mental Health Services Administration**

1-800-662-4357  
[www.samhsa.gov/](http://www.samhsa.gov/)

**Sunflower Wellness Retreat**

29875 W. 339th St.  
Osawatomie, KS 66064  
1-855-730-8825  
[www.sunflowerwellnessretreat.com](http://www.sunflowerwellnessretreat.com)

**COMMUNITY RESOURCES**

• **ADULT PROTECTION RESOURCES**

**Kansas Adult Abuse Hotline**

1-800-922-5330  
[www.dcf.ks.gov/services/PPS/Pages/APS/AdultProtectiveServices.aspx](http://www.dcf.ks.gov/services/PPS/Pages/APS/AdultProtectiveServices.aspx)

• **BETTER BUSINESS BUREAU**

**Better Business Bureau**

Kansas Plains  
402-391-1612

Midwest Plains

816-421-7800  
[www.bbb.com](http://www.bbb.com)

• **DEPARTMENT OF HEALTH**

**Kansas Department of Health and Environment**

1000 SW Jackson St.  
Topeka, KS 66612  
785-296-1500  
[www.kdheks.gov](http://www.kdheks.gov)

**Miami County Health Department (services below)**

1201 Lakemary Dr.  
Paola, KS 66071  
913-294-2431  
[www.miamicountyks.org/161/Community-Health-Department](http://www.miamicountyks.org/161/Community-Health-Department)

- Day Care Licensing
- Family Planning
- Healthy Start Program
- Immunizations
- Kan-Be-Healthy Screenings
- WIC
- Walk-In Services
  - Blood Pressure
  - Blood Sugar
  - General Counseling
  - Hemoglobin
  - Immunizations
  - Injections
  - TB Testing
  - Urinalysis

• **DOMESTIC AND FAMILY VIOLENCE RESOURCES**

**Child Protective Services**

800-922-5330  
[www.dcf.ks.gov/services/PPS/Pages/ChildProtectiveServices.aspx](http://www.dcf.ks.gov/services/PPS/Pages/ChildProtectiveServices.aspx)

**Kansas Child/Adult Abuse and Neglect Hotline**

1-800-922-5330  
[www.dcf.ks.gov/pages/HotlineNumbers.aspx](http://www.dcf.ks.gov/pages/HotlineNumbers.aspx)

**Kansas Crisis Hotline (Domestic Violence and Sexual Assault)**

1-888-363-2287  
[www.kcsdv.org](http://www.kcsdv.org)

**National Domestic Violence Hotline**

1-800-799-7233  
[www.thehotline.org](http://www.thehotline.org)



**Safehome (Shelter and Support)**

913-262-2868  
[www.safehome-ks.org](http://www.safehome-ks.org)

**Metropolitan Organization to Counter Sexual Assault**

913-642-0233  
[www.mocsa.org](http://www.mocsa.org)

• **DISABILITY RESOURCES**

**American Association of People with Disabilities**

1-800-840-8844  
[www.aapd.co](http://www.aapd.co)

**American Council for the Blind**

1-800-424-8666  
[www.acb.org](http://www.acb.org)

**Americans with Disabilities Act**

1-800-514-0301  
[www.ada.gov](http://www.ada.gov)

**Disability Rights Center of Kansas**

1-877-776-1541  
[www.drckansas.org](http://www.drckansas.org)

**Hearing Healthcare Associates**

316-223-4122  
[www.hearinghealthcareassoc.com](http://www.hearinghealthcareassoc.com)

**Kansas Commission for the Deaf and Hard of Hearing**

1-800-432-0696  
[www.dcf.ks.gov/services/RS/Pages/KCDHH.aspx](http://www.dcf.ks.gov/services/RS/Pages/KCDHH.aspx)

**Kansas Commission on Disability Concerns**

1-800-295-5232  
[www.kcdcinfo.ks.gov](http://www.kcdcinfo.ks.gov)

• **ENVIRONMENTAL RESOURCES**

**Environmental Protection Agency**

1-800-233-0425  
[www.epa.gov](http://www.epa.gov)

**Kansas Department of Health and Environment-Hays**

785-625-5663  
[www.kdheks.gov](http://www.kdheks.gov)

• **FOOD ASSISTANCE PROGRAMS**

**Catholic Charities of Northeast Kansas**

527 Brown Ave.  
Osawatomie, KS 68064  
913-433-2039

**Cross Point Assembly of God**

1016 N. Pearl St.  
Paola, KS 66071  
913-294-2429  
[www.cpchurch.tv/ministries/community](http://www.cpchurch.tv/ministries/community)

**Oz Food Pantry**

811 6th St.  
Osawatomie, KS 66064  
913-980-6284

• **FOOD AND DRUG RESOURCES**

**US Food and Drug Administration**

1-888-463-6332  
[www.fda.gov](http://www.fda.gov)

• **HOMELESS SHELTERS**

**My Father's House Community Services**

1004 N Pearl  
Paola, KS 66071  
913-294-3600  
[www.mfhcs.com](http://www.mfhcs.com)

• **LEGAL SERVICES**

**Kansas Attorney General**

785-296-2215  
[www.ag.ks.gov](http://www.ag.ks.gov)

**Kansas Legal Services**

785-233-2068  
[www.kansaslegalservices.org](http://www.kansaslegalservices.org)

**Kansas Elder Law Hotline**

1-888-353-5337

• **ROAD CONDITIONS**

**Kansas Rd. Conditions**

511  
[www.kandrive.org](http://www.kandrive.org)

• **WELFARE FRAUD HOTLINE**

**Welfare Fraud Hotline**

1-800-432-3913  
[www.dcf.ks.gov/Agency/GC/Pages/Fraud/Fraud-Investigation-Unit.aspx](http://www.dcf.ks.gov/Agency/GC/Pages/Fraud/Fraud-Investigation-Unit.aspx)

• **OTHER RESOURCES**

**Kansas Tobacco Use Quitline**

1-800-784-8669  
[www.quitnow.net/kansas](http://www.quitnow.net/kansas)

**Louisburg Chamber of Commerce**

215 S. Broadway St.  
Louisburg, KS 66053  
913-837-2826  
[www.louisburgkansas.com/](http://www.louisburgkansas.com/)

**Miami County Sheriff's Office**

209 S. Pearl St.  
Paola, KS 66071  
913-294-3232  
[www.miamicountyks.org/242/Sheriff](http://www.miamicountyks.org/242/Sheriff)

**Osawatomie Chamber of Commerce**

509 5th St.  
Osawatomie, KS 66064  
913-755-4114

[www.osawatomechamber.org](http://www.osawatomechamber.org)

**Paola Chamber of Commerce**

6 West Peoria St.  
Paola, KS 66071  
913-294-4335

[www.paolachamber.org](http://www.paolachamber.org)

**Paola Police Department**

805 N. Pearl St.  
Paola, KS 66071  
913-259-3631

[www.cityofpaola.com/198/Police-Department](http://www.cityofpaola.com/198/Police-Department)

**United Way**

211

[www.211kansas.myresourcedirectory.com](http://www.211kansas.myresourcedirectory.com)

**SENIOR SERVICES**

• **SENIOR RESOURCES**

**Alzheimer's Association**

1-800-272-3900

[www.alz.org](http://www.alz.org)

**American Association of Retired Persons (AARP)**

1-877-687-2277

[www.local.aarp.org/olathe-ks/?intcmp=CSN-LOCAL-NAV-HOME](http://www.local.aarp.org/olathe-ks/?intcmp=CSN-LOCAL-NAV-HOME)

**Community Senior Services Center**

815 6th St.  
Osawatome, KS 66064  
913-755-4786

**Eldercare Locator**

1-800-677-1116

[www.eldercare.acl.gov](http://www.eldercare.acl.gov)

**Kansas Advocates for Better Care, Inc.**

1-800-525-1782

[www.kabc.org](http://www.kabc.org)

**Kansas Aging and Disability Resource Center (ADRC)**

1-855-200-2372

[www.kdads.ks.gov/kdads-commissions/aging-and-disability-resource-centers](http://www.kdads.ks.gov/kdads-commissions/aging-and-disability-resource-centers)

**Kansas Department for Aging and Disability Services**

503 S. Kansas Ave.  
Topeka, KS 66603  
785-296-4986

[www.kdads.ks.gov](http://www.kdads.ks.gov)

**Kansas Home Health Abuse Hotline**

1-800-842-0078

[www.kdads.ks.gov/hotlines](http://www.kdads.ks.gov/hotlines)

**Medicare**

[www.medicare.gov](http://www.medicare.gov)

**Senior Citizens Center**

121 W. Wea St.  
Paola, KS 66071  
913-294-4630

[www.miamicountykansascouncilonaging.com](http://www.miamicountykansascouncilonaging.com)

**Senior Health Insurance Counseling of Kansas (SHICK)**

1-800-860-5260

**Social Security Administration**

15375 W 95<sup>th</sup> St.  
Lenexa, KS 66219  
1-800-772-1213

[www.ssa.gov](http://www.ssa.gov)

• **ASSISTED LIVING/NURSING HOMES**

**Country Club Estates**

2 Lewis Dr.  
Paola, KS 66071  
913-294-4531

**Life Care Center of Osawatome**

1615 Parker Ave.  
Osawatome, KS 66064  
913-755-4165

[www.lifecarecenterofosawatome.com/](http://www.lifecarecenterofosawatome.com/)

**Lakemary Center**

4 Sunrise Cir.  
Paola, KS, 66071  
913-294-9940

**Medicalodges**

501 Assembly Ln.  
Paola, KS 66071  
913-294-3345

[www.medicalodgespaola.com/](http://www.medicalodgespaola.com/)

**North Point**

908 N. Pearl St.  
Paola, KS 66071  
913-586-0053

[www.americareusa.net/senior-living/ks/paola/north-point/](http://www.americareusa.net/senior-living/ks/paola/north-point/)

**Paola Associates (Osage Terrace)**

502 N Hospital  
Paola, KS 66071  
913-294-2819

[www.bellmanage.com](http://www.bellmanage.com)

**Vintage Park Assisted Living**

Louisburg  
202 Rodgers St.  
Louisburg, KS 66053  
913-837-5133

Osawatome  
1520 Parker Ave.  
Osawatome, KS 66064  
913-755-2167

Paola  
601 N. East St.  
Paola, KS 66071  
913-557-0202

[www.vintageparkassistedliving.com](http://www.vintageparkassistedliving.com)

**Sunrise II Community Residence**

306 N East St.  
Paola, KS 66071

913-294-5603

## **HEALTHCARE**

### • **HOSPITAL SERVICES**

#### **Miami County Medical Center**

2100 Baptiste Dr.  
Paola, KS 66071  
(913) 294-2327  
[www.olathehealth.org/locations/miami-county-medical-center/](http://www.olathehealth.org/locations/miami-county-medical-center/)

#### **Osawatomie State Hospital**

500 State Hospital Dr.  
Osawatomie, KS 66064  
913-755-7000  
[www.kdads.ks.gov/state-hospitals-and-institutions/osawatomie-state-hospital](http://www.kdads.ks.gov/state-hospitals-and-institutions/osawatomie-state-hospital)

### • **HOME HEALTH HOSPICE**

#### **North Point**

908 North Pearl St.  
Paola, KS 66071  
913-586-4065  
[www.americareusa.net/senior-living/ks/paola/north-point/hospice-care](http://www.americareusa.net/senior-living/ks/paola/north-point/hospice-care)

Olathe Health Hospice Care  
20920 W. 151st St., Suite201  
Olathe, KS 66061  
913-324-8515  
[www.olathehealth.org/services-and-specialties/hospice-care](http://www.olathehealth.org/services-and-specialties/hospice-care)

Olathe Health Hospice House  
15310 S. Marion St.  
Olathe, KS 66061  
913-324-8588  
[www.olathehealth.org/locations/hospice-house](http://www.olathehealth.org/locations/hospice-house)

### • **CHIROPRACTORS**

#### **Fulk Chiropractic and Acupuncture**

Jaime Trent  
Justin Fulk  
Larry Fulk  
609 Baptiste Dr.  
Paola, KS 66071  
913-294-3851  
[www.fulkchiro.com/](http://www.fulkchiro.com/)

#### **Cook Chiropractic Office**

Andrew Cook  
Paola Office  
3 S. Pearl St.  
Paola, KS 66071  
913-294-2060

#### **Osawatomie Office**

411 6th St.  
Osawatomie, KS 66064  
913-755-2070

#### **Jaccard Chiropractic**

Lindsey Jaccard  
La Cygne Office  
618 E. Market St.  
La Cygne, KS 66040  
913-757-4044

#### **Louisburg Office**

4 South 1st St. Suite C  
Louisburg, KS 66053  
913-832-0131  
[www.jaccardchiropractic.com](http://www.jaccardchiropractic.com)

#### **LaCygne Chiropractic**

Chelsie Stainbrook  
210 N. Commercial St.  
Lacygne, KS 66040  
913-757-2003  
[www.lacygnechiropractic.com/](http://www.lacygnechiropractic.com/)

#### **Wilson Chiropractic**

Jeff A. Wilson  
820 ½ N. Pearl St.  
Paola, KS 66071  
913-294-9993  
[www.jeffwilsonchiro.com/](http://www.jeffwilsonchiro.com/)

#### **Community Chiropractic Office**

Eric Lovig  
302 N. Hospital Drive  
Paola, KS 66071  
913-294-5501

### • **DENTISTS**

#### **Annie Roberts, DDS**

113 N Broadway St.  
La Cygne, KS, 66040  
913-757-4429

#### **Barden Family Dentistry**

Deanna Barden  
Dennis Barden  
301 E. Main St.  
Osawatomie, KS 66064  
913-755-3014  
[www.barddentistry.com/](http://www.barddentistry.com/)

#### **Herwig DDS**

Andrew Herwig  
22 S. Silver  
Paola, Kansas 66071  
913-294-4321  
[www.herwigdds.com/](http://www.herwigdds.com/)

#### **Ironhorse Dental Group**

Angel Hale  
Laura Bowdoin  
Lauren Gehling  
Samuel Bowdoin  
1270 W. Amity St. Suite 100  
Louisburg, KS 66053  
913-583-4237  
[www.ironhorsedental.com/](http://www.ironhorsedental.com/)

#### **Louisburg Dental Office**

Melissa Trumpp  
William Hughe

4 S. Berkley St.  
Louisburg, Kansas 66053  
913-837-4746  
[www.louisburgfamilydental.com/](http://www.louisburgfamilydental.com/)

**Paola Family Dentistry**

Travis Howard  
1610 Willis Ct.  
Paola, KS 66071  
913-379-2218  
[www.paoladentist.com/](http://www.paoladentist.com/)

**Sanders Family Dentistry**

Ryan Sanders  
28 W. Peoria St.  
Paola, KS 66071  
913-294-5377  
[www.sandersfamilydentistry.com/](http://www.sandersfamilydentistry.com/)

**William McKee, DDS**

113 Broadway Street  
Lacygne, KS, 66040  
913-757-4429

• **GOVERNMENT HEALTHCARE**

**Kansas Medicaid Assistance Program**

1-800-766-9012  
[www.kmap-state-ks.us](http://www.kmap-state-ks.us)

**Medicare Information**

1-800-633-4227  
[www.medicare.gov](http://www.medicare.gov)

**U.S. Department of Health and Human Services**

1-800-633-4227  
[www.cms.gov](http://www.cms.gov)

• **HEALTH AND FITNESS CENTERS**

**BodyMaxx Fitness**

710 Baptiste Drive  
Paola, KS 66071  
913-294-1000

Firehouse Gym  
202 E. Wea St.  
Paola, KS 66071

[www.cityofpaola.com/301/Fire-House-Gym](http://www.cityofpaola.com/301/Fire-House-Gym)

**Forerunner Fitness**

121 N. Broadway St. #4305  
Lacygne, KS 66040  
913-534-8065  
[www.forerunnerfit.com](http://www.forerunnerfit.com)

**G&L Gym**

119 W Wea St.  
Paola, KS 66071  
913-713-8269

**Jazzercise Paola Fitness Center**

305 Angela St.  
Paola, KS 66071  
913- 937-3135  
[www.jazzercise.com](http://www.jazzercise.com)

**Jacq's Fitness Studio**

104 S. 4th St.  
Lacygne, KS 66040  
913-731-2424

**Louisburg Athletic Club**

401 S. Metcalf Rd.  
Louisburg, KS 66053  
913-837-1400  
[www.louisburgathleticclub.com](http://www.louisburgathleticclub.com)

**Ozone USD 367 Sports and Fitness Zone**

300 11th St.  
Osawatomie, KS 66064  
913-755-3622  
[www.usd367ozone.org/](http://www.usd367ozone.org/)

• **MASSAGE THERAPY**

**Best Massage Therapy**

4 Lewis Dr.  
Paola, KS 66071  
785-304-3965

**Lotus Wellness Spa inside Rose Aesthetic**

214 N Hospital Dr.  
Paola, KS 66071  
913- 424-0162

**Main Body Works**

564 Main St.  
Osawatomie, Kansas 66064  
913-755-3768  
[www.mainbodyworkslc.com](http://www.mainbodyworkslc.com)

**Mane 1 Salon & Spa**

905 N. Pearl St.  
Paola, KS 66071  
913-294-5005  
[www.mane1salon.com](http://www.mane1salon.com)

**Sheila's Spa**

101 S. 11th St.  
Louisburg, KS 66053  
913-709-5570

• **MEDICAL EQUIPMENT AND SUPPLIES**

• **NUTRITION**

**Kansas Department for Children and Families (Food Stamps)**

1-888-369-4777  
[www.dcf.ks.gov/services/ees/Pages/Food/FoodAssistance.aspx](http://www.dcf.ks.gov/services/ees/Pages/Food/FoodAssistance.aspx)

**Kansas Department of Health and Environment (WIC)**

1000 S.W. Jackson  
Topeka, KS 66612  
785-296-1320  
[www.kansaswic.org](http://www.kansaswic.org)

- **OPTOMETRISTS (EYE DOCTORS)**

**Andrew J. Hill, Optometrist**

3 S. Berkley St.  
Louisburg, KS 66053  
913-837-3636  
[www.louisburgeyedoc.com](http://www.louisburgeyedoc.com)

**Eyecare Associates of Osawatomie**

Kari Burchett  
Mark Herriott  
Melanie Deitch  
524 Brown Ave.  
Osawatomie, KS 66064  
913-256-2176  
[www.oseyecare.com/](http://www.oseyecare.com/)

**Eyecare Professionals of Paola**

Andrea Needham  
2 S. Silver St.  
Paola, KS 66071  
913-294-2300  
[www.eyecareofpaola.com](http://www.eyecareofpaola.com)

**The Eye Doctors**

Allison Zimmer  
Amy Havens-Lower  
Angela MacDonald  
Angela Truelove  
Brian Carpenter  
Bryan Pauls  
Bridgette Ostmeyer  
Cassandra Dvorak  
Christina Windhorst  
Connor Crumbliss  
Edwin Rodriguez  
Erin Hamilton  
James McDaniel  
Jason Manes  
Jayme Brown  
Jennie Kutschka  
Jessica Putnam  
Jody Buller  
Julie Bricker  
Kimberly Walker  
Kyle Bechtold  
Madison Evans  
Michael Moore  
Nathan Kluttz  
Rachel Christie  
Rebecca Klee  
Sally Irwin  
Scott McClain  
Terry Hilmes  
Thomas Hatesohl  
705 Baptiste Dr. Suite 200  
Paola, KS 66071  
913-294-4342  
[www.theeyedoctors.net/locations/ks/paola/](http://www.theeyedoctors.net/locations/ks/paola/)

**Wal-Mart Vision Center**

310 Hedge Ln.  
Paola, KS 66071  
913-294-0812

- **PHARMACIES**

**Auburn Pharmacy**

311 N. Hospital Dr.  
Paola, KS 66071  
913-294-3516  
[www.uburnpharmacies.com/paola-kansas/](http://www.uburnpharmacies.com/paola-kansas/)

**Auburn Pharmacy**

6 S. Metcalf Rd.  
Louisburg, KS 66053  
913-837-5555  
[www.auburnpharmacies.com/louisburg/](http://www.auburnpharmacies.com/louisburg/)

**Auten Pharmacy**

125 E. Main St.  
Osawatomie, KS 66064  
913-755-4111  
[www.autenpharmacy.com/](http://www.autenpharmacy.com/)

**Price Chopper Pharmacy**

309 N. Hospital Dr.  
Paola, KS 66071  
913-557-5666

**Rockers Pharmacy**

304 Baptiste Dr.  
Paola, KS 66071  
913-294-2715  
[www.rockerspharmacy.com/](http://www.rockerspharmacy.com/)

**Silver Creek Pharmacy**

945 E. Market St.  
Lacygne, KS 66040  
913-757-4744

**Vohs Pharmacy**

100 W. Crestview Dr. Suite 120  
Louisburg, KS 66053  
913-837-3784  
[www.vohspharmacy.com/](http://www.vohspharmacy.com/)

**Wal-Mart Pharmacy**

310 Hedge Ln.  
Paola, KS 66071  
913-294-5777

- **REHABILITATION SERVICES**

**F.I.T. Muscle & Joint Clinic Paola (Physical Therapy)**

505 S Hospital Dr.  
Paola, KS 66071  
913- 404-4101  
[www.physicaltherapy.fitmjc.com](http://www.physicaltherapy.fitmjc.com)

**Life Care Center of Osawatomie**

1615 Parker Ave.  
Osawatomie, KS 66064  
913-755-4165  
[www.lcca.com/locations/ks/osawatomie/](http://www.lcca.com/locations/ks/osawatomie/)

**Louisburg Healthcare and Rehabilitation Center**

1200 S. Broadway St.  
Louisburg, KS 66053  
913-837-2916  
[www.louisburghrc.com/](http://www.louisburghrc.com/)

**Olathe Health Rehabilitation Services – Louisburg**

J.J. Vogelsberg

102 W. Crestview Cir.  
Louisburg, KS 66053  
913-837-1600  
[www.olatehealth.org/locations/olathe-health-rehabilitation-services-louisburg/](http://www.olatehealth.org/locations/olathe-health-rehabilitation-services-louisburg/)

**Olathe Health Rehabilitation Services – Osawatomie**

Janie Cannon  
Lorena Spratt  
Teresa Pomatto  
635 Main St.  
Osawatomie, KS 66064  
913-755-2078  
[www.olatehealth.org/locations/olathe-health-rehabilitation-services-osawatomie-3/](http://www.olatehealth.org/locations/olathe-health-rehabilitation-services-osawatomie-3/)

**Olathe Health Rehabilitation Services – Paola**

Julie Feldman  
Julie Strausbaugh  
Lisa Robbins  
Lori Boden  
Lori Weaver  
Michele Ivans  
Richard Erickson  
Sarah Ward  
Ty McBride  
1312 Kansas Dr.  
Paola, KS 66071  
913-294-6679  
[www.olatehealth.org/locations/olathe-health-rehabilitation-services-paola/](http://www.olatehealth.org/locations/olathe-health-rehabilitation-services-paola/)

**PT Solutions**

1401 Baptiste Dr. Suite 200  
Paola, KS 66071  
913-632-4730  
[www.ptolutions.com/clinics/ks/paola/](http://www.ptolutions.com/clinics/ks/paola/)

• **OTHER CLINICS**

**AdventHealth Medical Group Primary Care at Paola**

Jeff Schroeder  
Jennifer Bulcock  
1401 Baptiste Dr., Suite A  
Paola, KS 66071  
913-294-2305

**Donald Banks, M.D.**

705 Baptiste Dr.  
Paola, Kansas 66071  
913-294-2305  
[www.olatehealth.org/locations/donald-e-banks-md/](http://www.olatehealth.org/locations/donald-e-banks-md/)

**Johnson County Orthopedics-Paola**

Brooke C. Hiatt  
Christopher A. Bagby  
Gregory P. Lynch  
Neel Jiwanlal  
2102 Baptiste Dr. Suite E  
Paola, Kansas 66071  
913-686-6274  
[www.olatehealth.org/locations/olathe-health-johnson-county-orthopedics-and-sports-medicine-paola/](http://www.olatehealth.org/locations/olathe-health-johnson-county-orthopedics-and-sports-medicine-paola/)

**Miami County Surgical Associates**

Christopher G. Lewis  
Rachel Henry  
2102 Baptiste Dr. Suite D

Paola, Kansas 66071  
913-586-0146  
[www.olatehealth.org/locations/olathe-health-miami-county-surgical-associates/](http://www.olatehealth.org/locations/olathe-health-miami-county-surgical-associates/)

**Olathe Health Family Medicine - Osawatomie**

Brian D. Cooke  
Jonathan L. Newkirk  
Paris Brenn  
Sara Cobine  
Taylor Westrom  
100 E. Main St.  
Osawatomie, Kansas 66064  
913-808-2192  
[www.olatehealth.org/locations/olathe-health-family-medicine-osawatomie/](http://www.olatehealth.org/locations/olathe-health-family-medicine-osawatomie/)

**Olathe Health Family Medicine - Paola**

Alex R. Johnson  
Elizabeth Petelin  
Georgina Green  
Nicole Avilez  
1318 Kansas Dr.  
Paola, Kansas 66071  
913-951-0906  
[www.olatehealth.org/locations/olathe-health-family-medicine---paola/](http://www.olatehealth.org/locations/olathe-health-family-medicine---paola/)

**Olathe Health Family Medicine - Louisburg**

Jenna Wehner  
Kristine L. Rains  
Natalie P. Hagman  
102 W. Crestview Cir.  
Louisburg, Kansas 66053  
913-538-9075  
[www.olatehealth.org/locations/olathe-health-family-medicine---louisburg/](http://www.olatehealth.org/locations/olathe-health-family-medicine---louisburg/)

**Olathe Health Urgent Care – Paola**

Amy McHenry  
Kari Gaskell  
Karl Kroen  
Katlynn Walter  
Kristin Hancock  
1318 Kansas Ave.  
Paola, KS 66071  
913-557-5678  
[www.olatehealth.org/locations/olathe-health-urgent-care-paola/](http://www.olatehealth.org/locations/olathe-health-urgent-care-paola/)

# V. Detail Exhibits

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[VWV Consultants LLC]



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## a.) Patient Origin Source Files

[VVV Consultants LLC]

# Patient Origin History 2021- 2023 for IP, OP and ER – Miami, KS

<b>Miami County, Kansas Residents</b>					
#	Inpatients - KHA HIDI	YR23	YR22	YR21	Total
	<b>Total</b>	<b>3,379</b>	<b>3,044</b>	<b>3,337</b>	<b>9,760</b>
1	Olathe Health - Olathe, KS	1,182	1,123	1,277	3,582
2	AdventHealth Shawnee Mission - Shawnee Mission, KS	346	271	362	979
3	Miami County Medical Center, Inc. - Paola, KS	278	319	340	937
4	The University of Kansas Health System - Kansas City,	337	254	306	897
5	Overland Park Regional Medical Center - Overland Park,	326	336	334	996
6	Saint Luke's South Hospital - Overland Park, KS	106	162	207	475
7	AdventHealth South Overland Park - Overland Park, KS	280	150	14	444
8	Children's Mercy Kansas City - Kansas City, MO	152	98	114	364
9	Menorah Medical Center - Overland Park, KS	110	114	121	345
10	Saint Luke's Hospital of Kansas City - Kansas City, MO	80	57	55	192
11	Research Medical Center - Kansas City, MO	38	28	36	102

<b>Miami County, Kansas Residents</b>					
#	Outpatients - KHA HIDI	YR23	YR22	YR21	Total
	<b>Total</b>	<b>55,928</b>	<b>52,369</b>	<b>52,899</b>	<b>161,196</b>
1	Miami County Medical Center, Inc. - Paola, KS	19,949	18,762	19,398	58,109
2	Olathe Health - Olathe, KS	9,617	9,171	9,937	28,725
3	The University of Kansas Health System - Kansas City, KS	9,445	8,416	8,501	26,362
4	Children's Mercy Hospital Kansas - Overland Park, KS	2,540	2,424	2,367	7,331
5	AdventHealth Shawnee Mission - Shawnee Mission, KS	1,512	2,347	2,859	6,718
6	Children's Mercy Kansas City - Kansas City, MO	2,486	1,865	1,971	6,322
7	Saint Luke's South Hospital - Overland Park, KS	1,792	1,768	1,650	5,210
8	Overland Park Regional Medical Center - Overland Park, KS	1,590	1,666	1,422	4,678
9	AdventHealth South Overland Park - Overland Park, KS	2,031	1,737	284	4,052
10	Menorah Medical Center - Overland Park, KS	1,090	1,075	1,133	3,298
11	Saint Luke's Hospital of Kansas City - Kansas City, MO	883	668	729	2,280

<b>Miami County, Kansas Residents</b>					
#	Emergency - KHA HIDI	YR23	YR22	YR21	Total
	<b>Total</b>	<b>12,347</b>	<b>11,746</b>	<b>11,099</b>	<b>35,192</b>
1	Miami County Medical Center, Inc. - Paola, KS	5,927	5,768	5,270	16,965
2	Olathe Health - Olathe, KS	1,864	1,765	1,971	5,600
3	AdventHealth South Overland Park - Overland Park, KS	1,396	1,220	246	2,862
4	Overland Park Regional Medical Center - Overland Park, KS	697	704	627	2,028
5	Saint Luke's South Hospital - Overland Park, KS	483	554	560	1,597
6	Children's Mercy Hospital Kansas - Overland Park, KS	465	488	415	1,368
7	AdventHealth Shawnee Mission - Shawnee Mission, KS	280	212	857	1,349
8	The University of Kansas Health System - Kansas City, KS	241	214	251	706
9	Children's Mercy Kansas City - Kansas City, MO	209	142	180	531
10	Menorah Medical Center - Overland Park, KS	180	150	178	508
11	AdventHealth Ottawa - Ottawa, KS	124	156	140	420

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## b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

## Attendees Miami Co, KS CHNA Town Hall Friday, May 3rd (7:30-9:00am)

#	Table	Lead	Attend	Last	First	Organization	Title
1	A	XX	X	Wieland	Deanell	Paola High School	School Counselor
2	A		X	House	Leigh	City of Paola	Mayor
3	A		X	Jensen	Mike	The University of Kansas Health Sys	Chief Strategy Officer
4	B	XX	X	Kane	Lacey	The University of Kansas Health Sys	Strategic Marketing Senior Liaison
5	B	XX	X	Smith	Makenzie		
6	B		X	Shane	Krull	Miami County Government	county administrator
7	B		X	Joiner	Lori	Paola HS	School Counselor
8	C		X	Falk	Amy	Health Partnership Clinic, Inc.	CEO
9	C		X	Taylor	Ashley	Osawatomie State Hospital	Assistant Superintendent
10	C		X	Meek	Matt	USD 368	Superintendent
11	D		X	Malin	Michael	Miami County Medical Center	
12	D		X	Waddle	Beth	My Father's House	
13	D		X	Byram	Ashley	Osawatomie State Hospital	Superintendent
14	E	xx	X	Beer	Christena	Miami County Health Department	Health Director
15	E		X	Troxel	Megan	East Central KS Special Ed Coop	School Psychologist
16	E		X	Davis	Holly	Tri-Ko, Inc.	Director of Medical Services
17	E		X	Clark	Greg	USD 367	Superintendent
18	F	XX	OBV	Arledge	Samantha	The University of Kansas Health Sys	Administrative Fellow
19	F		X	Bjork	Leslie	Elizabeth Layton Center	
20	F		X	Kelly	Meckenzie	Miami County Health Department	Assistant Health Director
21	F		X	Levings	Christy	Paola PEO	Member
22	F		X	Allyn	Emily	USD 367	School Psychologist
23	G	xx	X	Luce	Paul	The University of Kansas Health Sys	Hospital Administrator
24	G		X	Chester	Michelle	Tri-Ko, Inc.	
25	G		X	Murrow	Marley	USD 367-Trojan Elementary	School Counselor
26	H	XX	X	Hardwick	Abby	The University of Kansas Health Sys	volunteer services manager
27	H		X	Johnson	Shirlene	KUHS	
28	H		X	White	Janea		
29	I	XX	OBV	Alfatal	Sabah	The University of Kansas Health Sys	Administrative Fellow
30	I		X	Pond	K.D.	Miami County Health Department	
31	I		X	Barrett	Karen	The University of Kansas Health Sys	office manager
32	I		X	Culbertson	Kristine	USD 367	Counselor-primary
33	J	XX	OBV	Velarde	Adriana	The University of Kansas Health System	Administrative Fellow
34	J		X	Shields	Leanne	City of Paola	City Council
35	J		X	Corbin	Chad	Paola Police Department	Chief
36	J		X	Snouffer	Shelley	Paola United Methodist Church	Staff
37	J		X	Burrow	Frank		

# Miami County KS - Town Hall Event Notes

Date: 5/3/2024 – 11:30 a.m. to 1:00 p.m. @ Meadowlark K-State (N=37)

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**INTRO:** Following is a recap of the community conversation during CHNA 2024 Town Hall

- Demographics
  - Lots of kids and aging population – need care for both generations.
  - Spanish and Pakistani language needs, some Chinese needs in the community
  - Community members don't move much – multiple attendees lived in the same house for 40 years.
  - Veterans go to Topeka or Lincoln if required. Local hospitals take VA insurance; VA CCN will also provide community services.
  - Per capita income is good but still has ~10% poverty. Community represented by haves and have-nots.
  - The cost of **everything** has gone up, especially food and utilities. Food insecurity has gone down in the last 3 years, but it is still worth keeping an eye on. Also concerned about the ability to afford **healthy** food.
- The community is concerned about having good Wi-Fi in the area.
- Educational
  - Screenings in school – when do they start? Preschool, 4<sup>th</sup>-5<sup>th</sup> grade.
  - Community health in schools in the fall.
- Maternal & infant profile
  - Babies are being delivered to either local hospital. Topeka (Stormont Vail) or Manhattan or Onega for specialty care. Birth rate increased during Covid.
  - Increase in the number of children getting all their shots.
  - Worried about smoking mothers – number lower than norm but still worth paying attention to.
  - **Not enough childcare (unanimous agreement)**. Lost a couple centers.
- Hospital & providers
  - We need providers and EMS and particular specialists.
  - ER wait times are high – extremely sick and require more time for a full workup.
  - Transfers out of hospital also trigger high ER times.
  - Discussion about primary care: do we need more or different types?
- Mental and behavioral health
  - Very little care for mental and behavioral health in the community.
  - Issues in county: depression (~20%), anxiety, schizophrenia, bipolar, substance abuse, suicide, and attempted suicide
  - Opioid data shows providers are dispensing the right amount, but we know people are using others' opioids to get high.
  - Alcohol, opioids, and meth are the biggest substance abuse concerns, a little concerned about marijuana. Vaping is happening and is more than just nicotine (THC).
  - School survey results indicate that kids in our community feel alcohol is damaging but it's also double the use rate.
  - In Nemaha County, alcohol is acceptable and other drugs are illegal; vote to treat them separately rather than grouping together.

- Risk indicators.
  - Improved but obesity and alcohol use are up, while working out is down.
  - Health department and hospitals due communicable disease treatment, they say STDs are a problem in the community.
  - Chronic diseases: high blood pressure medications (link to obesity). The community is concerned about chronic disease management.
    - Comment that this should be moved up in priority of health needs for Nemaha County.
- Uninsured/community benefit
  - Medicaid expansion hasn't occurred yet.
- Mortality
  - Life expectancy of 79 is higher than others in the area.
  - Cardiovascular disease and deaths, cancer higher than the state average
  - Drinking & driving has gone down but is much higher than the state average.
- Access to exercise: Sabetha has a fitness center, but Seneca doesn't. We need more and it must be affordable.
- Preventative health

**What is coming/occurring that will affect health of the community:**

- Sales tax we're trying to get passed again for our county.
- War
- Medicaid expansion
- Changes in Medicare: capping cost on drugs, Medicare Advantage, "it sucks," prior authorizations.

**Community Strengths Recalled:**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>➤ Healthcare access</li> <li>➤ Full-time EMS</li> <li>➤ Industry support in both communities: collaborative</li> <li>➤ Self-help groups</li> <li>➤ Education options (beyond healthcare)</li> </ul> | <ul style="list-style-type: none"> <li>➤ Quality care: local facilities with good access and improving quality of care.</li> <li>➤ Elder care: assisted living community</li> <li>➤ Upgrading facilities</li> <li>➤ Community involvement: fundraising, etc.</li> <li>➤ Strong families</li> <li>➤ The economic engine is great.</li> </ul> |
|--|---|

**Areas to improve community health:**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>➤ Affordable Healthy Foods</li> <li>➤ Child Care (Availability / Affordable)</li> <li>➤ Chronic Disease Management (cancer, diabetes)</li> <li>➤ Dental providers accepting Medicaid.</li> <li>➤ Domestic violence</li> <li>➤ Health Apathy/Owning Your Own Health</li> <li>➤ Housing (Affordable &amp; Accessible)</li> <li>➤ In-home care (esp. for Homemakers)</li> </ul> | <ul style="list-style-type: none"> <li>➤ Mental Health (Diagnosis, Placement, Aftercare, Access to Providers)</li> <li>➤ Obesity - exercise needs</li> <li>➤ Senior Health (Geriatric)</li> <li>➤ Substance Abuse (Drugs &amp; Alcohol)</li> <li>➤ Uninsured/ Underinsured</li> <li>➤ Veteran &amp; Military Care: TriCare</li> <li>➤ Wi-Fi Service (Increase in rural community)</li> <li>➤ Youth Health Education</li> </ul> |
|---|--|

## Round #5 CHNA - Miami Co KS PSA

### Town Hall Conversation - Strengths (Big White Cards) N=35

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
32	Abulance and first responders	13	Homeless resources
3	Access (same day intakes) medically assisted and	28	Hospital access
24	Access and able to refer	31	Hospital and associated services
27	Access to ELC and PD	13	Hospital in community
6	Access to healthy activities	32	Improved Doctors
22	Access to recreation	7	Improvements/Certifications at ELC
17	Ambulance Services	11	Income
22	Ambulance services and public safety	22	Increase in Primary Care Providers/Hospital Access
30	Availablity of PCP locally	11	Increase in programs and services
9	CCBHC at ELC	2	Increased collab with mental health in schools
14	Central ER/Hospital	25	Increasing access to healthcare specialists
17	Chronic Care Mangement Program	14	Individuals wanting to improve
30	Close hospital	18	Insurance coverage
13	Collaboration between entities	4	KU Hospital
7	Collaboration with outside providers	13	KU merge with Olathe Health
33	Commitment from key stakeholders	23	Local clinics
29	Communication with community stakeholders	14	Local doctors/specialists
5	Community collaboration	15	Local hospital
10	Community collaboration	21	Local Hospital
18	Community collaboration	17	Local Hospital
20	Community collaboration	29	Lots of medical resources
22	Community Collaboration	1	Low income/uninsured/low cost provider
33	Community collaboration	9	MCMC
24	Community engagement	10	MCMC partnership with KU
26	Community focused	35	MCMC/KU partnership
31	Community has the desire to work together	17	Mental Health Program
13	Community health	17	MHD Services
25	Community Investment/Support Collab	21	More walking trails
15	Community involmnet	12	Mortality
11	Community partnerships	27	Multiple PCP options
6	Community resources	7	PAT (Parents as teachers in community)
32	Community supports	30	People care about one another
33	Connection to Health Systems with resources	26	Primary care is available
4	Conversation about needs	16	Primary care providers
8	Dedicated educators	28	Public Education Systems
21	Developing collaboration with depts.	5	Public Safety
34	Doctors in the community	11	Public safety
25	Economic Growth	19	Public safety
35	Economic progress	19	Public safety
12	Education	30	Public Safety
18	Education spending	31	Public Safety
14	ELC efforts	20	Public safety
7	ELC providers in schools	25	Public Safety
3	Elizabeth Layton Center plans to obtains CCBHC	33	Public safety
21	Emergency services	10	Road improvements
11	Employment	21	School
20	EMS	11	School and education
28	EMS System	20	School health
28	Enhanced collaboration among communities and agencies	27	School nurse staff
16	Food year round for students	25	School Supports
16	FQHC	31	School systems
4	Good community services	30	Schools
6	Good schools	22	Schools (grad rate), screenings, food available
28	Growing health department	29	Schools completing screenings early
1	Growth of Health Dept. and Services	18	Schools food
8	Harvester as a resouces	2	Screening and Dental Clinics in schools
7	Harvesters within schools	27	Screenings at schools
19	Have hospital and other options PT	15	Shelter
8	Having ELC as resource for families	35	Small and close knit community
8	Having the Olathe health facilities in the city	9	Tiny house project
5	Health Department	34	USD 365 - Clothing and extra help for kids
12	Health Department	34	USD 365 - Food for kids year round
15	Health Department	17	Variety of specialists
20	Health Department	10	Walking trails and bike trails
3	Health Dept grant partnerships and community collab	16	Willingness to improve
31	Health Dept.	1	Willingness to work with partners
15	Health Screenings	3	Workforce in bed health has improved
34	High level of care available	19	Working on improvements
26	Higher percentage of insured residents		



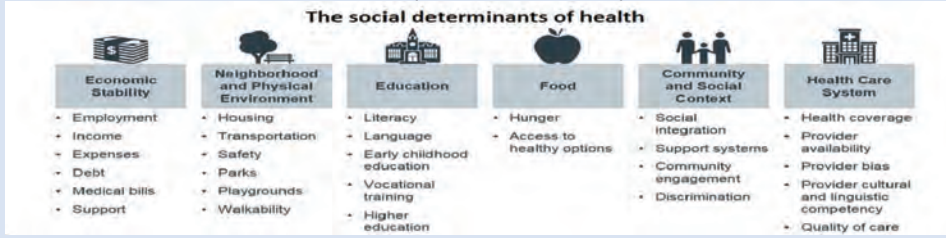
## Round #5 CHNA - Miami Co KS PSA

Town Hall Conversation - Weaknesses (Color Cards) N= 34

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
21	Access to BH services	11	Housing
13	Access to care	17	Housing
28	Access to health care	23	Housing
26	Access to healthy food	27	Housing
30	Access to mental health	31	Housing
33	Access to specialists	3	Housing (homeless shelters)
5	Affordable housing	25	Housing (safe, affordable, available)
10	Affordable and nice housing	26	Housing affordability
16	Affordable Child care	4	Housing availability
7	Affordable housing	29	Imm. Rates
8	Affordable housing	13	Immunizations
14	Affordable housing	12	Improved parks to make inclusive
19	Affordable housing	3	Increase inpatient mental health
28	Affordable housing	19	Knowledge of availability of services
30	Affordable housing	1	Local Hospital
24	After hours for mental health	14	Long commute with community working outside Mi Co
23	Alcohol	19	Low end economic stress
2	Another OB in Miami Co	14	Lower obesity rates
12	Assisted/transitional housing	20	Medical care insurance
22	Availability to food in southern counties	18	Mental Attitude
7	Awareness and access to resources	10	Mental health
2	Awareness of services and other entities	15	Mental health
5	Awareness of services and other entities	23	Mental health
13	Behavioral health	28	Mental health
31	Behavioral health	18	Mental health help
16	Behavioral health access for depression	20	Mental health in schools and for working parents
5	Behavioral health specialists access for youth	7	Mental health services and awareness
11	Better insurance	29	Mental/Behavioral health access
4	Bring specialists to the county	14	MH/BH services and access to care
22	Broad range of services	27	More accessibility
33	Cardiovascular and stroke	12	More providers for mental health
18	Care/Dr. visits for children	1	More specialists
23	Career development	11	More specialists
11	Child care	33	Need after care hours
23	Child care	26	Need specialists
26	Child care	25	Nutrition (affordability and availability)
31	Child care	15	Parenting skills
1	Childcare	32	Partnerships with org.
8	Childcare access (2nd and 3rd shift)	30	Perception of access to resources
21	Chronic disease	18	Preventative measures for health
1	Community	8	Primary care access
4	Continue community orgs	17	Providers
17	Delivery	25	Public knowledge / access to mental health/behavioral
3	Domestic violence support - Safe house	22	Public knowledge of mental health diseases and coping
15	Drug abuse	15	School and community mental health collab
34	Drug prevention in teens	12	School support and programs in behaviors
33	Drug use	34	Senior care
18	Drug use and vapes	9	Services - ABA therapy, mental health, medical
21	Drug use: prescription and illegal	15	Sexual health
20	Early childhood access to preschools	8	Specialty care
23	Economic stability	17	Substance abuse
9	Education and career development	23	Substance abuse

# Round #5 CHNA - Miami Co KS

Social Determinants "A" Card Themes (N = 25 with 70 Votes): E=30, N=9, ED=6. C=9, F=4 & P=12



Card #	Code	First Impressions on Social Determinants Impacting Delivery	Card #	Code	First Impressions on Social Determinants Impacting Delivery
28	P	Access	2	N	Housing
19	F	Access to food/healthy options	3	N	Housing
19	P	Access to Health Care Services	12	N	Housing
6	N	Affordable Housing	13	N	Housing
24	P	After hours for mental health access	19	N	Housing
16	P	Awareness of Services	25	N	Housing
23	N	Better Environment	26	N	Housing
32	C	Community engagement	34	N	Housing
4	E	Debt	29	E/N	Housing Costs
27	E	Debt from medical bills	6	E	Income
16	C	Domestic Violence	13	E	Income
21	Ed	Early Childhood Education	20	E	Income
7	Ed	Early Education	26	E	Income
1	E	Economic	30	E	Income
10	E	Economic	29	E	Insurance Costs
12	E	Economic	35	E	Insurance Coverage
21	E	Economic	18	P	Limited Child Care - staffing issues
18	E	Economic	18	E	Limited Income
9	E	Economic Stability	4	E	Medical Bills
14	E	Economic Stability	22	P	Mental Health Services
16	E	Economic Stability	23	N	Neighborhood
19	E	Economic Stability	31	N	Neighborhood and Environment
22	E	Economic Stability	14	N	Neighborhood and Physical Environment
26	E	Economic Stability	3	N	Neighborhood build structures
31	E	Economic Stability	11	F	Obesity
32	E	Economic stability	3	N	Physical environment
4	E	Economic stability	11	N	Physical Environment
5	E	Economic Stability	21	P	Preventative Health
27	E	Economic Stability	5	P	Primary Care Access
34	E	Economic Stability	2	P	Provider availability
3	E	Economic Stability/Income	33	P	Provider availability
13	E	Economic Support	33	P	Quality of care
28	E	Economy	16	P	Senior Care
25	E	Economic Stability - Income	16	P	Senior Health
1	Ed	Education	18	C	Social
9	Ed	Education Access	12	C	Social - Too much empathy
16	Ed	Education Access	20	C	Social and Community

## EMAIL Request to MCMC Stakeholders

**From:** Paul Luce

**Date:** March 5<sup>th</sup>, 2024

**To:** Community Leaders, Providers, Hospital Board and Staff

**Subject:** 2024 Community Health Needs Assessment Online Feedback Survey

**Miami County Medical Center (MCMC)**, now part of The University of Kansas Health System, will be partnering with other area providers to update the 2021 Community Health Needs Assessment (CHNA) for their service area. We are seeking input from MCMC community members regarding the healthcare needs to complete the 2024 CHNA. The goal of this assessment update is to understand progress in addressing community health needs cited in 2021, 2018 and 2015 reports and to collect up-to-date community health perceptions and ideas.

VVW Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct this community research. All responses will be confidential.

To gather community feedback, a short and confidential online survey has been developed. Please utilize the link below to participate and provide valuable feedback for this assessment.

**LINK:** [https://www.surveymonkey.com/r/CHNA2024\\_MCMC\\_OnlineSurvey](https://www.surveymonkey.com/r/CHNA2024_MCMC_OnlineSurvey)

All community residents and business leaders are encouraged to complete the 2024 CHNA online survey by **Friday, April 12<sup>th</sup>, 2024**. In addition, please **HOLD the date** for the Town Hall meeting scheduled for **Friday, May 3<sup>rd</sup>**, for Breakfast from **7:30 a.m. - 9:00 a.m.** Please stay on the lookout for more information to come soon.

If you have any questions regarding the CHNA survey or activities, please direct them to Lacey Kane at [lkane5@kumc.edu](mailto:lkane5@kumc.edu).

*Thanks in advance for your time and support!*

## PR Release #1

# Miami County Medical Center Launches the 2024 Community Health Needs Assessment

*Media Release: March 5<sup>th</sup>, 2024*

*Local Contact: Lacey Kane*

Over the next few months, **Miami County Medical Center (MCMC)**, now part of **The University of Kansas Health System**, will be working with other community providers to update the 2021 Community Health Needs Assessment (CHNA). The goal of this assessment update is to understand progress in addressing community health needs cited in the 2021, 2018 and 2015 CHNA report and to collect up-to-date community health perceptions in order to complete the 2024 CHNA.

To accomplish this work, a short online survey has been developed. To participate, please visit our website or social media sites to obtain the link to complete the survey. You may also utilize the QR code below with your smartphone.



VVV Consultants LLC, an independent research firm from Olathe, Kansas has once again been retained to conduct this community research.

All community residents are encouraged to complete the 2024 CHNA Round #5 online survey by **Friday, April 12<sup>th</sup>, 2024**. Additionally, please **HOLD the Date** for the scheduled Town Hall Meeting on **Friday, May 3<sup>rd</sup>, 2024**, for Breakfast **from 7:30 a.m. to 9:00 a.m.** Please stay on the lookout for more information coming soon. Thanks in advance for your time and support!

*If you have any questions about the CHNA activities or survey, please call 913-791-4311.*

## Email #2 Message: bcc to Stakeholders List

**From:** Lacey Kane

**Date:** May 7<sup>th</sup>, 2024

**To:** Community Leaders, Providers, Hospital Board and Staff

**Subject:** KCMH Community Town Hall Scheduled – June 4th, 2024

**Miami County Medical Center (MCMC)** will be hosting a 2024 Community Health Needs (CHNA) Town Hall on **Tuesday, June 4<sup>th</sup>**, for Dinner from **5:30 p.m. - 7:00 p.m.** at the **Paola Country Club**. The purpose of this meeting is to review local community health indicators and gather feedback and opinions on key community health needs.

It is imperative that everyone who plans to attend this meeting RSVPs to adequately prepare for this important event. We hope you find time to join us! To complete your RSVP, please utilize the link below.

**LINK:** [https://www.surveymonkey.com/r/CHNA2024\\_TownHallRSVP\\_MCMC](https://www.surveymonkey.com/r/CHNA2024_TownHallRSVP_MCMC)

Thank you in advance for your time and support!

If you have any questions about CHNA activities, please email Lacey Kane at [lacey.kane@olathehealth.org](mailto:lacey.kane@olathehealth.org)

# Miami County to Host 2024 CHNA Town Hall Dinner June 4<sup>th</sup> 2024

Media Release: May 7<sup>th</sup> 2024

Local Contact: Lacey Kane

Miami County Medical Center (MCMC) will be hosting a Town Hall meeting for the 2024 Community Health Needs Assessment on **Tuesday, June 4<sup>th</sup> from 5:30 p.m. to 7 pm** . During this meeting, we will review the community health indicators and gather feedback attendee opinions on key community needs.

It is vital everyone planning to attend this event RSVPs to adequately prepare for this important event. Please visit our website and social media sites to obtain the link to complete your RSVP! You may also utilize the QR code below with your smart phone.



Thank you in advance for your time and support!

If you have any questions about CHNA activities, please email Lacey Kane at  
[lacey.kane@olathehealth.org](mailto:lacey.kane@olathehealth.org)

## d.) Primary Research Detail

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[VVV Consultants LLC]

## CHNA 2024 Community Feedback: MCMC PSA (N=180)

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1129		Good	ACC	PRIM		Access to primary care
1042	66083	Good	ACC	QUAL	SERV	Access to quality health services closer to home.
1019		Good	CC	POV	FINA	There needs to be more childcare services so the community is not faced with single income homes and families.
1016	66053	Good	COLLAB	EDU	RESO	Being present in the community by addressing issues and needs within the schools- this would reach children and their families to educate them on resources.
1070	66071	Average	COLLAB			More community engagement
1176		Average	COMM	COLLAB		finding ways to continue to keep individuals interactive with others, social and community ties need to continue to be strengthened.
1151	66071	Good	COMM	MH	INSU	Communicate the availability, easier access to provide health/mental services, insurance or lack of seems to be a huge road block. Work closely with the agencies providing services.
1147	66064	Average	DOH	DIAB	SCREE	Community outreach, health fairs, free screening for diabetes and HTN
1137		Average	ECON	QUAL	FINA	Economic stability is a huge concern and growth in economic development for Linn and Miami county is crucial to improve the lives within the community. Quality Health Services could be improved by more than one provider in Linn County, while CHC is easier access and affordability, it lacks overall in compassion and caring and medical knowledge for and towards it patients.
1153		Average	EDU	ACC		Increased education on health for community would be helpful, many people do not understand care system and health problems. An education series could be helpful
1166	66053	Very Good	EDU	ECON	FINA	food banks could help those that are really in need. Education the individual has to want to get the education. Economic stability is hard when things rise in price when on a fixed income. Transportation for some to get to health services is probably a need.
1046		Average	EDU	HOUS	TRAN	We need more education on health related topics to promote well being. The lack of affordable housing for many and exorbitant food prices creates a strain on families. We lack transportation in our community and it would be good to have health fairs to promote good health.
1059		Poor	EDU			Education is huge. The education of people in general is lower here so health education should be pushed and taught more to people.
1017	66071	Good	FINA	HOUS	CC	affordable housing; expanded Medicaid; summer child food program available for both "townies" and rural kids, quality & affordable childcare
1023	66071	Average	FINA	HOUS	WAIT	Affordable housing - waiting lists are long for those who are economically challenged
1064	66071	Average	FINA	NURSE		Use our tax dollars wisely. Quit creating positions that have zero impact on the actual health of the community. This money should be used to help people see actual providers, not for hiring nurses to tell people that smoking is bad and so are twinkies. If people don't know that by now, I'm not sure we can help with that.
1149		Very Good	FINA	PREV	ACC	the cost of living has simply outpaced the family income. all these health services places a larger burden on the families. So preventive services become " when or if I can afford? many families will delay potential treatment until it to late"
1035	66071	Good	FINA	SPRT	HOUS	There needs to be more building of an affordable single family home that is affordable for the middle to lower class. Houses that are 200,000 plus are not affordable for that class and for single parents.
1018	66071	Poor	FINA	TRAN	PRIM	affordable taxi in our community is needed. behavioral health consultants in the office to serve alongside primary care providers.
1168	66071	Average	HOUS	NUTR	FINA	We need more affordable housing with strong management to ensure safety for residents. Our town needs access to more quality food at affordable price. A co op type grocery store. However we need a strong partner to help us keep it viable. Our transportation is very affordable but having access to transportation to more medical facilities would be helpful.
1100	66071	Poor	INSU	FINA		Health insurance needs to be more affordable
1052	66067	Average	MH	TRAN	ECON	Good mental health is a foundation to most social determinants. Also, If we can't bring the jobs and stores to Miami County, we need to have better transportation to the city. In the past there was a bus that would provide transportation to Johnson County. I don't think it comes to Miami County anymore.
1115	66013	Good	NH	RESO	NUTR	Senior Center needed with actual programs and resources available for the elderly. Dementia care. Food banks need better options for diabetics, Meals on wheels delivery with better food options even if a person can drive. Gas is expensive and some should NOT be driving especially after hospital discharge
1139	66071	Average	NUTR	ACC		Access to grocery stores in part of Miami County
1163	66053	Poor	OWN	PREV	SH	Students/Children in general do not have a "let's make healthy choices" mindset. Healthy choices aren't seen as cool. More programs like Girls on the Run for elementary students - especially in Osawatomie it is lacking.
1013		Good	POV	FINA	MH	We have a lot of low income people in this area and a lot of them do not drive. There is a lot of mental illness and we do not have enough therapist to help people
1089	66071	Good	QUAL			We need more everything. This community feels as no one cares about us down here. People up north aquire us and don't do anything to grow us and offer anything.
1144	66071	Very Good	REC			water aerobics needed



## CHNA 2024 Community Feedback: MCMC PSA (N=180)

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1004		Average	RESO	DOCS	SCH	Number 5. No resources/doctors in fast growing community. Urgent care is dreadful to try to get in and scheduled appointments for primary care are 5+ months out for established patients...not acceptable.
1105	66071	Good	RESO	GOV		Stop being stingy with the money! We could have great resources for our community but no one wants to let go of any money. We'd rather let another gas station come into town than anything that will help our community members. Our county representatives are a joke.
1164		Average	RET	PRIM	MH	Find a way to recruit and keep quality PCP and mental health professionals
1021	66092	Average	RURAL	ACC		A hospital that is in a rural area that can care for acutely ill patients would benefit all
1044	66053	Average	SERV	AWARE	ACC	Make the services that the community does have, more known to the public. I think alot is not taken advantage of, because average people aren't aware of what services are available.
1156	66071	Average	SPRT	EDU		We need to teach parents to be parents so anything along the line of family education and support. This is a huge issue in our schools and community as a whole. Parents ARE not parenting and teaching their children right from wrong and how to act and treat others.
1027		Very Good	TRAN	ACC	INSU	I think patients lack transportation to go further than MCMC, so if care isn't offered there than they can't receive it. Plus some lack insurance and are unaware there are resources available to assist them with their bills.
1075		Good	TRAN	ACC		Providing transportation to our community for healthcare visits is something that we are lacking.
1160	66071	Average	TRAN	COLLAB	GOV	Public transportation within the county needs to be consolidated to provide true transportation and not just services for the aging. We also need to look at connectivity into the metro area's transportation network. Society has changed and is less forgiving of persons who are not working due to a disability. Despite the statewide election to protect women's rights, the legislature continues to look for ways to create restrictions.
1010	66071	Good	TRAN	EMS	EMER	Transportation and the need for community paramedicine as well as that increased accessibility after an emergency, or change in care.
1175	66071	Very Good	TRAN	SCH	ACC	Lack of available transportation for those who don't have a method of transportation, or can not drive to appointments.
1161		Average	TRAN	SCH	NUTR	There's a lack of public transportation. This limits access to appointments, grocery stores, etc. Our health services are limited when it comes to specialists, couple that with transportation issues and we that is a huge factor. Affordable housing is always an issue and with the cost of goods going up that continues to be a stressor.
1054		Average	TRAN	SCH		transportation is mainly impacted by lack of drivers who have time and ability to drive them to these appointments.

### CHNA 2024 Community Feedback: MCMC PSA (N=180)

ID	Zip	Rating	c1	c2	c3	Q8. In your opinion, what are the root causes of "poor health" in our community? Other (Be Specific)
1143	66071	Very Good	DIAL			Dialysis needed
1007	66064	Average	FINA	PRIM	SCH	Everything is so expensive. The cost of Primary, Specialty or yet any type of health care appointments are just outrageously priced.
1043		Average	FINA	SERV		Cost for good healthcare
1148	66071	Very Good	FINA	SERV		the cost of health and the high inflation makes it unaffordable
1051	66064	Good	NUTR	ACC	FINA	Access to healthy food options and the cost of healthcare. If you live in Osawatomie, your only food options are Dollar Tree and Dollar General. The affordable food that can be purchased there is high sodium frozen food.
1175	66071	Very Good	OWN	COMM	MH	apathy or motivation. connectivity to the community/other people (isolation), mental health issues
1158	66071	Very Good	OWN	PREV		Lifestyle choices
1171	66064	Good	POV	SMOK	FIT	Generational poor health within households. Smoking, no exercise. poor eating, etc
1028	66053	Poor	SCH	ACC		It takes so long to get in for an appointment and travel is prohibitive for many.

## CHNA 2024 Community Feedback: MCMC PSA (N=180)

ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1083	66053	Poor	ACC	DRUG	RESO	access to drug abuse resources for lower class populations
1044	66053	Average	CLIN			Urgent care would be nice
1114	66071	Average	DIAB	EDU		Diabetic education for ALL! Don't charge just help people!
1143	66071	Very Good	DIAL			dialysis needed in community
1060	66053	Average	DOCS	CLIN	PEDS	Add more NP's/Docs so more people can be seen and not go to urgent care or the Er. Add pediatricians to Miami county and more specialty options.
1073	66071	Good	DOCS	OBG		additional providers who serve pregnant and post partum patients
1015	66064	Good	EDU	NUTR	RESO	Parenting classes for strategies, appropriate exposure and nutrition and needs
1041	66071	Average	EDU	RESO		education on resources available.
1179	66071	Average	EDU	RESO		more education on what resources are available
1078	66064	Average	EDU	SPRT	OBG	Prenatal classes, More providers, OB providers
1152	66071	Average	EDU			Healthcare education for community members
1139	66071	Average	FIT	ADOL		Anything to encourage kids and adults to be outside and exercising when the weather permits
1136	66075	Poor	FIT	REC	DOH	exercise programs, walking trails and events that engage the public to be more active.
1062	66053	Good	INSU	FINA		I'm not really out and see people and see what they need. It seems that good health insurance will s needed for seniors. Some don't have money to pay for it, but make just a little to much for help.
1167	66064	Good	MH	ADOL		Mental healthcare for teenagers specifically.
1026	66064	Good	MH	DRUG	RESO	Mental Health and drug rehab is a big resource that is needed in Miami County.
1058	66071	Average	MH	FEM	DRUG	Mental health. Pre/ post natal. Child care. Substance abuse.
1009		Poor	MH	HRS		Mental health services, after hours mental health crisis response.
1077	66071	Average	MH	NUTR	FIT	Mental health, healthy eating habits, exercise promotion, drug education
1118	66064	Good	MH	RESO	AWARE	More Mental Health resources/awareness programs More public access to the resources that are already available locally. Those are very hard to find unless you know the right people.
1021	66092	Average	MH	SH		mental health in schools
1016	66053	Good	MH	STFF	FINA	mental health in Louisburg is needed at least part-time, including social workers to connect those in need with services out there--we have SSA recipients unable to pay medical bills, substandard housing and food that on doing go-fund-me. they would not have to rely on SM strangers to find resources.
1034	miami c	Poor	MH			Mental health and wellness
1025	66013	Average	NH	FIT	DOH	Senior exercise program, senior health fairs for local care.
1064	66071	Average	NH			Elderly
1071	66071	Good	NUTR	DIAB	EDU	FT Dietitian Free classes for specific needs-Diabetes, High BP, Prenatal, childbirth
1051	66064	Good	NUTR	EDU	SPRT	Healthy food education programs. It would be nice to see a program that would include working with the whole family to educate everyone.
1138	66064	Good	NUTR	EDU		Food access and health information
1173	66064	Good	NUTR			Nutritionists
1045	66071	Average	OBES	VACC	MH	Weight management, immunizations, mental health, mammograms, healthy eating habits
1089	66071	Good	OBES			Weight loss
1020	66071	Poor	OBG			I would focus on a hospital that has maternal delivery and acute care
1147	66064	Average	OTHR			NFMH
1166	66053	Very Good	PEDS	INSU		Well child checks are often hit and miss with insured and under insured community members.
1003	66064	Very Poor	PEDS	OBG	DOCS	Need pediatrics and OB/GYN care providers.
1098	66083	Very Good	POV	RESO	REC	Free or income based exercise facility including indoor courts, track & pool.
1165	66053	Good	QUAL	SERV		dont know, just improve the current one will be a start
1063	66064	Very Poor	QUAL	SERV		I don't feel anything new is needed. We need less money wasted on non essential programs and make vital ones better.
1162	66064	Average	REC	FIT		Walking clubs, running clubs for all fitness levels, etc.
1150	66040	Very Good	RESO	COMM		We many have the right programs in place, just more resources provided within existing programs, communicate availability and service providers working closely with each other within these programs
1163	66053	Poor	RET	PRIM	OP	recruitment and maintaining quality PCP should be a priority; as someone who serves our vulnerable families, our outpatient therapists/mental health professionals do the best they can but they are not of high quality
1146		Average	SCREE	ACC		Free screenings
1128	66064	Average	SERV	ACC		Different services available.
1018	66071	Poor	SH	EDU	NUTR	Work with the schools to create better education with parents. Work with the schools on before/after school care to incorporate healthy snacks and exercise programs
1155	66064	Average	SPRT	EDU	DRUG	Family, Raising kids to be good community members, drug prevention, stopping vaping.
1068	66071	Average	SPRT			Family Planning
1082	66064	Poor	TELE	EMER	CLIN	telehealth services for non emergent issues, expanded urgent care-walk in svcs.
1160	66071	Average	TRAN	MH		Transportation. Mental health.
1104	66064	Very Poor	TRAN	NH	MH	More, better transportation options for elderly. More access to mental health!! Judges actually holding people responsible for drug/alcohol related citations and harming others. No one this county takes anything seriously.
1074	66071	Very Good	TRAN	NH	SCH	a transportation company that can take senior citizens to medical appointments.

Year 2024 - Let Your Voice Be Heard!

**Miami County Medical Center (MCMC), now part of The University of Kansas Health System, along with other area providers have begun the process of updating a comprehensive community-wide 2024 Community Health Needs Assessment (CHNA) to identify unmet health needs. To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery. NOTE: Please consider your answers to the survey questions as it relates to ALL healthcare services in our community, including but not limited to our local hospital.**

**While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention! CHNA 2024 online feedback deadline is April 12th, 2024.**

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

- Very Good     Good     Average     Poor     Very Poor

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

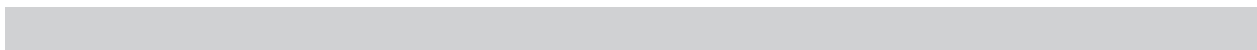
	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chiropractors	<input 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"/>

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

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Hospital 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 Hospital 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"/>



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



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



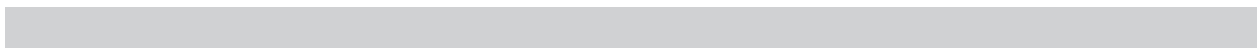
6. From our past CHNA, a number of health needs were identified as priorities. Are any of these an ongoing problem for our community? Please select top three.

- |  |  |
|--|--|
| <input type="checkbox"/> Mental Health Services (Access, Provider, Treatment, Aftercare) | <input type="checkbox"/> Owning Your Health (Apathy)   |
| <input type="checkbox"/> Drugs / Substance Abuse   | <input type="checkbox"/> Smoking / Vaping              |
| <input type="checkbox"/> Affordable / Quality Housing                                    | <input type="checkbox"/> Suicide                       |
| <input type="checkbox"/> Food Insecurity   | <input type="checkbox"/> Obesity (Fitness / Nutrition) |
| <input type="checkbox"/> Maternal / Infant Care & Education                              | <input type="checkbox"/> Immunizations                 |
| <input type="checkbox"/> Healthcare Insurance  | <input type="checkbox"/> Local Specialty Care          |
| <input type="checkbox"/> Lack of Healthcare Communication                                | <input type="checkbox"/> Domestic Violence             |
| <input type="checkbox"/> Senior Care   | <input type="checkbox"/> Awareness of Resources        |
| <input type="checkbox"/> Transportation  | <input type="checkbox"/> After Hours Care / Access     |
| <input type="checkbox"/> Affordable Healthcare Services                                  |  |



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

- |  |  |
|--|--|
| <input type="checkbox"/> Mental Health Services (Access, Provider, Treatment, Aftercare) | <input type="checkbox"/> Owning Your Health (Apathy)   |
| <input type="checkbox"/> Drugs / Substance Abuse   | <input type="checkbox"/> Smoking / Vaping              |
| <input type="checkbox"/> Affordable / Quality Housing                                    | <input type="checkbox"/> Suicide                       |
| <input type="checkbox"/> Food Insecurity   | <input type="checkbox"/> Obesity (Fitness / Nutrition) |
| <input type="checkbox"/> Maternal / Infant Care & Education                              | <input type="checkbox"/> Immunizations                 |
| <input type="checkbox"/> Healthcare Insurance  | <input type="checkbox"/> Local Specialty Care          |
| <input type="checkbox"/> Lack of Healthcare Communication                                | <input type="checkbox"/> Domestic Violence             |
| <input type="checkbox"/> Senior Care   | <input type="checkbox"/> Awareness of Resources        |
| <input type="checkbox"/> Transportation  | <input type="checkbox"/> After Hours Care / Access     |
| <input type="checkbox"/> Affordable Healthcare Services                                  |  |



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

- |  |  |
|--|--|
| <input type="checkbox"/> Chronic Disease Management                  | <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 / Access to Healthy Foods | <input type="checkbox"/> Lack of Health Insurance        |
| <input type="checkbox"/> Lack of Exercise                            | <input type="checkbox"/> Neglect                         |
| <input type="checkbox"/> Limited Access to Primary Care              | <input type="checkbox"/> Lack of Transportation          |
| <input type="checkbox"/> Limited Access to Specialty Care            |  |

Other (Be Specific).

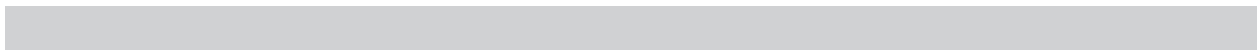


9. Community Health Readiness is vital. How would you rate each of the following?

	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 Wellness 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"/>
Exercise Facilities / Walking Trails etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



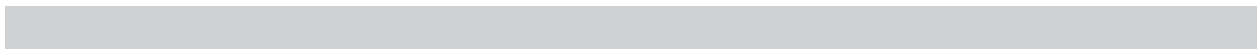
10. Social Determinants are impacting healthcare delivery. These determinants include 1) Education Access and Quality, 2) Economic Stability, 3) Social / Community support, 4) Neighborhood / Environment, and 5) Access to Quality Health Services. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? Be Specific



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

- Yes  No

If yes, please specify the services received



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

- Yes  No

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



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





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

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

Other (Please specify).



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

Other (Please specify).



16. For reporting analysis, please enter your 5-digit ZIP code.

## e.) County Health Rankings & Roadmap Detail

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[VVV Consultants LLC]

# Miami County



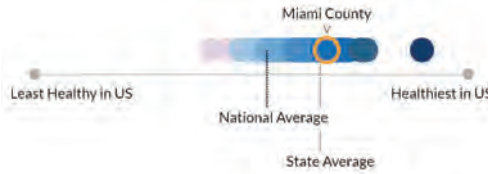
KANSAS HEALTH INSTITUTE

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## Health Outcomes



## Health Factors



khi.org

countyhealthrankings.org

Health Outcomes and Health Factors summaries replace the numerical ranking provided in previous years.

Each Kansas county with sufficient data is represented by a dot, placed on a continuum from least healthy to healthiest in the nation.

The color of each dot represents data-informed groupings of counties nationwide with similar Health Outcomes or Health Factors on the continuum.

Population: 34,867

	2020	2021	2022	2023	2024	Kansas 2024	U.S. 2024
<b>Health Outcomes</b>							
<b>Length of life</b>							
Premature death (years of potential life lost, per 100,000) <sup>(1)</sup>					8237	8079	7972
<b>Quality of life</b>							
% Reporting poor or fair health, adults <sup>(1)</sup>		14	14	11	12	14	14
Average number of poor physical health days, adults <sup>(1)</sup>		3	3	3	2.9	3.2	3.3
Average number of poor mental health days, adults <sup>(1)</sup>		4	4	4	4.2	5.0	4.8
% Low birthweight, <2,500 grams	6.2	6.4	6.3	6.3	6	7	8
<b>Health Factors</b>							
<b>Health Behaviors</b>							
% Smokers, adults <sup>(1)</sup>		18	17	17	15	16	15
% Obese, adults age 20 and older <sup>(1)</sup>			38	37	40	37	34
Food environment index, 0 (worst) to 10 (best)	8.5	8.5	8.3	8.4	8.6	7.1	7.7
% Physically inactive, adults age 20 and older <sup>(1)</sup>			28	22	23	23	23
% Access to exercise opportunities <sup>(1)</sup>				70	70	80	84
% Excessive drinking, adults <sup>(1)</sup>		22	20	20	19	20	18
% Driving deaths with alcohol-involvement	14	21	22	22	19	20	26
Sexually transmitted infection rate, per 100,000 population	224	302	257	269	309.3	506.1	495.5
Teen birth rate, per 1,000 females age 15-19 <sup>(1)</sup>					13	19	17
<b>Clinical Care</b>							
% Uninsured, population under age 65	7	7	7	7	8	11	10
Primary care physicians rate, per 100,000 population	48	48	53	55	58	78	75
Dentists rate, per 100,000 population	24	23	26	23	29	63	74
Mental health providers rate, per 100,000 population	160	164	166	162	158	237	314
Preventable hospital stays rate, per 100,000 Medicare enrollees	4909	4270	3976	3641	2977	2576	2681
% Mammography screening, Medicare females age 65-74	44	46	45	40	47	48	43
% Flu vaccinations, Medicare enrollees	40	42	42	46	42	47	46
<b>Social &amp; Economic Factors</b>							
% High school completion, adults age 25 and older <sup>(2)</sup>		96	96	95	96	92	89
% With some college, adults age 25-44	70	70	68	71	69	71	68
% Unemployed, population age 16 and older	3.6	3.3	5	2.9	2.6	2.7	3.7
% Children in poverty	10	9	8	9	8	14	16
Income inequality ratio, 80th to 20th percentile	4	4	4.1	3.7	3.7	4.4	4.9
% Children in single-parent households	20	15	15	17	19	21	25
Membership associations rate, per 10,000 population	13.4	13.1	13.1	12.5	12.7	13.2	9.1
Injury death rate, per 100,000 population <sup>(1)</sup>					86	82	80
<b>Physical Environment</b>							
Average daily density of fine particulate matter <sup>(3)</sup>	9.7	7.3	8	7.5	7.5	6.7	7.4
Drinking water violations?	Yes	Yes	Yes	Yes	Yes		
% Households with severe housing problems	13	13	13	11	13	12	17
% Driving alone to work	83	83	82	81	80	78	72
% Long commute - driving alone	50	51	51	53	56	22	36

**Empty cells:** Shaded cells indicate measures were omitted due to methodology change<sup>(1)</sup>, new additions<sup>(2)</sup>, or are unavailable due to low reliability.

<sup>(3)</sup>Source data have not been updated since the 2023 County Health Rankings Release.

2024

The annual *County Health Rankings & Roadmaps* data release provides a snapshot of the health of each county in two summaries: **Health Factors** (which measure issues that can shape the health outcomes) and **Health Outcomes** (which measure length and quality of life). Each county is placed on a continuum from least healthy to healthiest in the nation and categorized into a group of counties with similar Health Outcomes or Health Factors. The following tables illustrate the “drivers” for health of this county.

## What do these drivers mean?

The drivers indicate the measures with the greatest impact on the health of the county. Drivers labeled with a green plus sign are measures on which the county performed particularly well compared to all counties nationwide. Those labeled with a red minus sign are measures which could be improved and may warrant additional attention.

### Health Factors: Drivers with the greatest impact on health, Miami County, KS - 2024

	Measure	Description	Factor Category	County Value	U.S. Value	Direction of Impact
1	Children in Poverty	Percentage of people under age 18 in poverty.	Social and Economic Environment	8%	16%	+
2	Adult Smoking	Percentage of adults who are current smokers (age-adjusted).	Health Behaviors	15%	15%	+
3	Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	Social and Economic Environment	2.6%	3.7%	+
4	High School Completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	Social and Economic Environment	96%	89%	+
5	Some College	Percentage of adults ages 25-44 with some post-secondary education.	Social and Economic Environment	69%	68%	+

### Health Outcomes: Drivers with the greatest impact on health, Miami County, KS - 2024

	Measure	Description	Factor Category	County Value	U.S. Value	Direction of Impact
1	Premature Death	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	Length of Life	8237	7972	+
2	Low Birthweight	Percentage of live births with low birthweight (< 2,500 grams).	Quality of Life	6%	8%	+
3	Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	Quality of Life	4.2	4.8	+
4	Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	Quality of Life	2.9	3.3	+
5	Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	Quality of Life	12%	14%	+

**N/A:** Not applicable due to insufficient data.

**+ Green Plus:** Measure with a positive impact on a county’s health grouping.

**- Red Minus:** Measure with a negative impact on a county’s health grouping.

*Technical Note: The U.S. values are provided as a point of reference. However, the drivers and direction of impact are determined by using the county value and the average across counties in the U.S. and then applying measure weights. Drivers are provided in order of impact on health for this year. Values have been rounded according to how they are presented on the County Health Rankings and Roadmaps website. For more information on the derivation of health groups, please visit: [bit.ly/2024CHRzScores](https://bit.ly/2024CHRzScores). For more information on data sources, year(s) of data and weights for measures, please visit [bit.ly/2024CHRmeasures](https://bit.ly/2024CHRmeasures).*



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