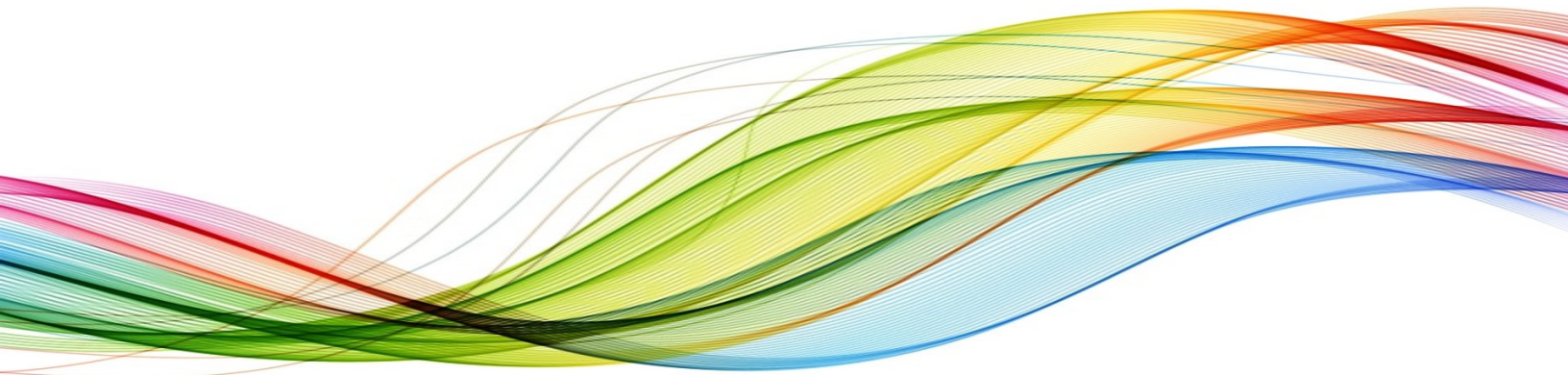




# **Community Health Needs Assessment Russell Regional Hospital- Russell County (KS)**

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**June 2018**

**VVV Consultants LLC  
Olathe, KS**

# **Community Health Needs Assessment**

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# I.Executive Summary

## Russell County, KS- 2018 Community Health Needs Assessment (CHNA) Wave #3

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

Russell Region Hospital - Russell County, KS was published in May of 2015. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). This Wave #3 CHNA assessment was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

**Important CHNA Benefits** for both the local hospital and the health department, as well as for the community, are as follows: 1) Increases knowledge of community health needs and resources 2) Creates common understanding of the priorities of the community’s health needs 3) Enhances relationships and mutual understanding between and among stakeholders 4) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community 5) Provides rationale for current and potential funders to support efforts to improve the health of the community 6) Creates opportunities for collaboration in delivery of services to the community and 7) Provides guidance to the hospital and local health department for how they can align their services and community benefit programs to best meet needs, and 8) fulfills Hospital “Mission” to deliver quality health care.

### Year 2018 Russell County “Community Health Improvements Needs”

Russell Regional Hospital				
Wave #3 CHNA - 2018 Town Hall Priorities ( 14 Attendees, 56 Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Screen, Treat, Rehab)	12	21.4%	21.4%
2	HC Collaboration/ Communication	11	19.6%	41.1%
3	Drug and Alcohol Abuse	10	17.9%	58.9%
4	Day Care	7	12.5%	71.4%
5	HC Transportation	4	7.1%	78.6%
6	Community Social Services Assistance	4	7.1%	85.7%
7	Housing	4	7.1%	92.9%
<b>Total Votes:</b>		<b>56</b>	<b>100.0%</b>	
Other Items Noted: Senior Care, Specialists (GI,Urology, ENT), Home Care, Dental.				

Russell County CHNA Town Hall “Community Health Strengths” cited are as follows:

Russell Regional Hospital - Community Health "Strengths"			
#	Topic	#	Topic
1	Accessibility to local healthcare services	5	Long Term Care Facilities
2	Adequate wellness facilities	6	School Health
3	Red Programs	7	Primary Care Providers
4	Physical Therapy Department	8	Good Social Services

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

**KS HEALTH RANKINGS:** According to the 2018 RWJ County Health Rankings Study, Russell County is in the top third for both Overall Health Outcomes and Mortality out of 105 Kansas Counties.

**TAB 1.** The population in Russell is 6,988 with 7.9 people per square mile. 6.8% of the population is under the age of 5 and 22.7% are over the age of 65. 51.1% of Russell is female. Hispanic or Latino’s make up 3.5% of the population, Black or African Americans account for 1.2%. 2.8% of the population speaks a language other than English at home. The amount of people living in the same house for over a year has decreased slightly to 83.4%. There are 24% of children in Russell living in a Single-parent household. There are 606 veterans living in Russell.

**TAB 2.** Russell has a per capita income of \$26,128 and 13.2% of their population is in poverty. There are 3,877 total housing units, and a severe housing problem of 13%. The unemployment rate in Russell is 3.8%, with 1,087 total firms. Food insecurity grows to 14% but Low income and low access to a grocery store decreased to 6.4%.

**TAB 3.** 53% of students in Russell are eligible for free or reduced-price lunch. The high school graduation rate has increased to 92.2%, 21.6% continue to get their bachelor’s degree or higher.

**TAB 4.** Births that prenatal care started in the first trimester has increased to 82.8%. Infants up to 24 months that have received full immunizations has increased to 87%. The percent of low birth weights has decreased to 6.9%. Teen births has risen to 10.4% of all births and 44% of births are to unmarried women. 26.6% of births were to mothers who smoked during their pregnancy.

**TAB 5.** One primary care physician covers 6,960 people. 77% of patients rated their hospital a 9 or 10 out of 10 and 68% would recommend the hospital to others.

**TAB 6.** The age-adjusted suicide mortality rate in Russell is 28.2. People getting treated for depression has remained steady at 15.3%.

**TAB 7.** 30% of Russell adults are obese, 24% of the population is physically inactive. 17% of adults in Russell smoke and 14% drink excessively. Sexually transmitted infections rate has

increased to 216.4. Hyperlipidemia has decreased to 34.3%, heart failure has decreased to 14.1%. Asthma increased to 7.1%.

**TAB 8.** The adult uninsured rate for Russell County is 14%.

**TAB 9.** The life expectancy in Russell for Males is 76.5 and 81.4 for Females. Alcohol-impaired driving deaths remains at 50%, high for a rural county. The age-adjusted cancer mortality rate has lowered to 127.7. Age-Adjusted Heart Disease Mortality Rate lowered as well to 135.2.

**TAB 10.** 33% of Russell has access to exercise opportunities. 65% of people monitor their diabetes. Mammography screening has decreased to only 51%.

**Key 2018 Community Feedback Conclusions: Stakeholder feedback from residents, community leaders and providers (N=67) provided the following community insights via an online perception survey:**

- Using a Likert scale, 58.2% of Russell County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Russell County stakeholders are satisfied with the following services: Ambulance Services, Emergency Room, Eye Doctor/Optomtrist, Pharmacy, Physician Clinics, Public Health.
- Russell County stakeholders perceive Limited access to Mental Health assistance to be the largest root cause of poor health in their community, followed by a Lack of awareness of existing local programs, providers, and services.
- When considering past CHNA needs, Drug/Substance Abuse; Mental Health; Alcohol Abuse continue as an ongoing problem and pressing.

CHNA Wave #3		Ongoing Problem		Pressing
Past CHNAs health needs identified		Russell N=67		Russell
Rank	Topic	Votes	%	Trend
				RANK
1	Drug / Substance Abuse	41	20.2%	
2	Mental Health	38	18.7%	
3	Alcohol Abuse	26	12.8%	
4	Child Care	26	12.8%	
5	Housing	22	10.8%	
6	Dental	20	9.9%	
7	HC Transportation	17	8.4%	
8	Chronic Disease	13	6.4%	
<b>TOTALS</b>		<b>203</b>	<b>100.0%</b>	

# II. Methodology

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[VVV Consultants LLC]

## II. Methodology

### a) CHNA Scope and Purpose

The federal Patient Protection and Affordable Care Act (ACA) requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs. Any hospital who 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 that are medically underserved, low-income, minority populations, and populations with chronic disease needs. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.).

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

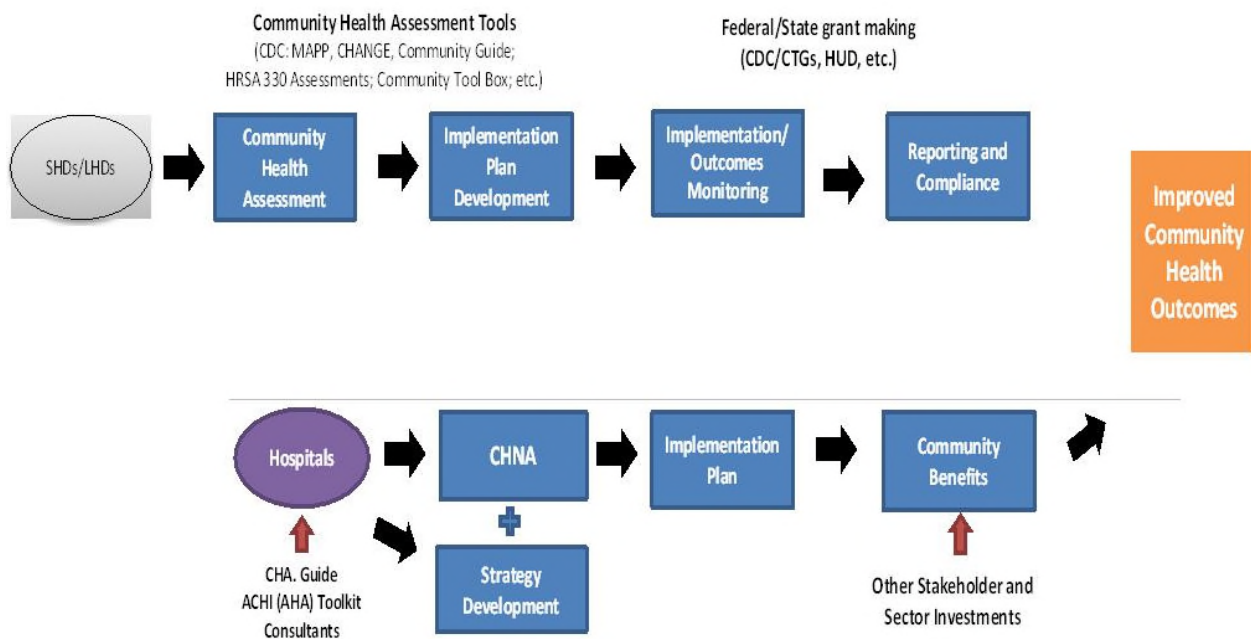
The Notice provides that a CHNA will be considered to be "conducted" in the taxable year that the written report of the CHNA findings is made widely available to the public. The Notice also indicates that the IRS intends to pattern its rules for **making a CHNA "widely available to the public"** after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



### **JOB #3: Adopt an Implementation Strategy by Hospital**

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

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





## **IRS Notice 2011-52 Overview**

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

#### **Applicability of CHNA Requirements to “Hospital Organizations”**

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

#### **How and When to Conduct a CHNA**

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

#### **Determining the Community Served**

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

#### **Persons Representing the Community Served**

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

## Required Documentation

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

## Making a CHNA Widely Available to the Public

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

## How and When to Adopt an Implementation Strategy

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

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

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

ACCOUNTING TODAY 1/2/15

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

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

The ACA also added a new Section 4959, which imposes an excise tax for failure to meet the CHNA requirements, and added reporting requirements. These final regulations provide guidance on the entities that must meet these requirements, the reporting obligations relating to these requirements and the consequences for failing to satisfy the requirements. "Charitable hospitals represent more than half of the nation's hospitals and play a key role in improving the health of the communities they serve," wrote Emily McMahon, Deputy Assistant Secretary for Tax Policy at the U.S. Department of the Treasury, in a **blog post** Monday explaining the requirements. "But reports that some charitable hospitals have used aggressive debt collection practices, including allowing debt collectors to pursue collections in emergency rooms, have highlighted the need for clear rules to protect patients. For hospitals to be tax-exempt, they should be held to a higher standard. That is why the Affordable Care Act included additional consumer protection requirements for charitable hospitals, so that patients are protected from abusive collections practices and have access to information about financial assistance at all tax-exempt hospitals."

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

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

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

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

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

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

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

RICH DALY, HFMA SENIOR WRITER/EDITOR

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

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

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

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

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

## Reasons for Revocation

Hospital 501(r) requirements include:

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

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

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

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

### Widespread Vulnerability

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

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

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

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

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

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

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

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

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

# Public Health Criteria:

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

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

### **DOMAIN 1 INCLUDES FOUR 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

### **Seven Steps of Public Health Department Accreditation (PHAB):**

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



## II. Methodology

### b) Collaborating CHNA Parties

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

#### **Russell Regional Hospital Profile**

**200 South Main St, Russell, KS 67665**

**Administrator: Rob Nahmensen**

**Phone: (785) 483-3131**

**About Us:** Located in north central Kansas, Russell Regional Hospital is a 25 bed Critical Access Hospital. We are proud to provide high quality and compassionate care to those in need in our community and the surrounding areas. We believe that our special touch is in the providing of modern medicine with old-fashioned care. Russell Regional Hospital has 24 hour physician coverage of the Emergency Department and Main Street Manor (21 bed long-term care facility), and Russell Regional Hospital's Physicians Clinic are all located on campus. Russell Regional Hospital is a 501(c)3 Not For Profit facility.

Russell, Kansas blends the small community attributes of safety, family, excellent schools, parks and recreation, and a strong community spirit.

Twenty minutes away, Lake Wilson's scenic beauty offers excellent boating, fishing, swimming, camping, hiking, hang-gliding, and hunting facilities. Golfing is readily available at the public golf course. Leave home and in just a few hours enjoy World class snow skiing and other cultural opportunities.

Our churches reflect the ethnic diversity and community spirit found within the region. Job opportunities abound for professional, skilled and unskilled labor. Accessed by Interstate 70, Russell is central to Denver, Kansas City, Lincoln, and Oklahoma City.

**History:** Russell Regional Hospital was formed in 1942 when civic-minded citizens worked together to form a twenty-four bed hospital on land donated by Jerry E. Driscoll, a Russell attorney. The bid to build this hospital came in at \$8,500. Local residents, businesses, and organizations contributed money, equipment, and furnishings. Since that time Russell Regional Hospital has experienced continual growth and expansion of services.

A bond issue was passed on March 20, 1957 and a \$40,000 building program was approved by the Russell City Council to expand the hospital to fifty-four beds and to remodel the older building in order to accommodate the growing facility and to insure quality healthcare.

In April, 1971 a \$525,000 bond issue brought about a complete renovation of the hospital, the addition of a building for mechanical equipment, an emergency entrance on the east, a new ambulance entrance, and a paved and lighted parking lot.

In 1977 another expansion was done for more space and modernization. A three-story addition

and basement were built on the south side of the existing building, increasing the bed capacity to fifty-eight. A four-bed Intensive Care Unit was added and the Radiology, Medical Records, and Physical Therapy areas were expanded. Laboratory facilities were extended and Business and Administrative Offices relocated. A new 2,320-foot addition was built on the northwest corner of the building for Food Services. This was financed by a bond issue.

The Medical Arts Building (Physician's Clinic) was added in 1981 to aid in physician recruitment and is located to the southeast of the hospital site and provides office space for physicians and other health organizations.

On November 4, 2003 a \$5.5 million dollar bond issue was passed to provide for another remodeling and expansion project, adding 9,555 sq. feet. This included expansion and renovation of the surgical area, expansion of the physical therapy department to over 4,000 square feet and a new public elevator. Main Street Manor, which is located on the premises, was renovated adding 10 beds to the long-term care unit. This project was completed October, 2005.

Over the years, the Board of Directors has recognized the need for upgrading medical technology to better serve the Russell area. In 1993 the hospital's name was changed from Russell City Hospital to Russell Regional Hospital to reflect the desire to offer quality health care services to all the citizens of Russell County and surrounding area. At that time the hospital passed from being city owned to county owned. An elected board of Russell county residents managed the hospital. The day-to-day operations of the hospital were subleased in 1997 to West Central Kansas Association, Inc., a 501c3 non-profit organization.

**Mission Statement:** Dedicating our lives improving yours.

**Services:** At Russell Regional Hospital we are proud to offer very dedicated and highly trained staff to provide quality healthcare in the area. Please take a few minutes to check out our departments and what services each of them provide. Russell Regional Hospital, along with the physician's clinic and the specialty clinic, is able to bring the type of health services that you would expect while "staying home" and not having to travel a long distance. The weekday morning and evening Walk-in Clinic allows you to see a provider without having to schedule an appointment in advance. The monthly Health Fair is a great service to our community at a discounted price.

- ER
- Inpatient Services
- Laboratory
- Main Street Manor, LTC
- Medical Records
- Outpatient Services
- Radiology
- Rehabilitation Services
- Respiratory Therapy
- Social Services
- Swingbed
- Physicians Clinic
- Specialty Clinic
- Walk-In Clinic
- Blood Screening
- Sleep Studies

## **Russell County Health Department Profile**

**189 W Luray, Russell, KS 67665**

**Administrator / Health Officer: Paula Bitter, BSN, RN**

**Phone: 785-483-6433**

**Mission:** To promote wellness, prevent disease, and protect the health of all citizens of Russell County and the surrounding areas, and to empower all citizens to make responsible decisions through health education, using public health functions of assessment, assurance, and policy development.

### **Russell County Health Department offers the following services:**

- Pregnancy Testing
- Family Planning
- STD Testing and Counseling
- Health Education and Counseling
- Multiphasic Screenings
- Hemoglobin Screening
- Vision USA
- Early Detection Works
- Home Visits
- Immunizations
- Physicals
- WIC (Women Infant Children)
- KanBe Healthy Screenings
- New Born Visits

## II. Methodology

### b) Collaborating CHNA Parties Continued

#### Consultant Qualifications



#### VVV Consultants LLC

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

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

[VVV@VandehaarMarketing.com](mailto:VVV@VandehaarMarketing.com)

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

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

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

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

#### **Collaborating Support:**

Heather Marine, BA CNA - VVV Consultants LLC

Collaborative Analyst

## II. Methodology

### c) CHNA and Town Hall Research Process

Wave #3 Community Health Needs Assessment (CHNA) process began in January 2018 for Russell Regional Hospital to meet IRS CHNA requirements.

In early January of 2018 a meeting was called (hosted) by Russell Regional Hospital to review possible 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 lead to RRH Administration requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

#### VVV CHNA Deliverables:

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

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

Russell Regional Hospital - Russell Co					
Defined based on historical KHA IP/ER/OP patient origin					
	RRH	Russell CO	PSA	Others	%
<b>Inpatient</b>					
-FFY 2017	231	212	91.8%	19	8.2%
-FFY 2016	199	183	92.0%	16	8.0%
-FFY 2015	264	247	93.6%	17	6.4%

Source: KHA Hospital Assoc

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

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

**Phase I—Discovery:**

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

**Phase II—Qualify Community Need:**

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

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

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

**Phase III—Quantify Community Need:**

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

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

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

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

Phase I: Discovery.....	Jan 2018
Phase II: Secondary / Primary Research.....	Jan-Feb 2018
Phase III: Town Hall Meeting.....	March 23, 2018
Phase IV: Prepare / Release CHNA report.....	May-June 2018

Detail CHNA Development Steps Include:

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



## Russell Regional Hospital - CHNA Work Plan

### Wave #3 Project Timeline & Roles 2018

Step	Date	Lead	Task
1	12/12/2017	VVV	Presented Wave #3 options to NW KS Network Alliance CEO's
2	12/21/2017	Hosp	Selected CHNA Option C. Approved / signed VVV CHNA quote.
3	1/15/2018	Both	Conduct CHNA Kickoff Conference Call (Hospital / DOH leaders).
4	1/15/2018	VVV	Send out REQCommInvite Excel file. Hospital client to fill in PSA key stakeholder names, addresses and e-mail addresses.
5	1/15/2018	VVV	Request hospital client to complete zip counts (three year historical PSA IP / OP / ED / Clinic). Use ZipPSA_3yrPOrigin.xls Patient Origin file.
6	1/15/2018	VVV	Request hospital client to send KHA Patient Origin reports for CCH to document service area for FFY 14, 15, 16 (KHA key).
7	On or before 1/18/18	VVV	Prepare CHNA stakeholder feedback online link. Send text link for hospital client to review. Prepare draft e-mail push.
8	On or before 1/25/18	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming CHNA work / online survey for hospital client to place. Request public to participate.
9	Jan / Feb 2018	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
10	2/1/2018	VVV	Launch online survey to stakeholders. Hospital client will e-mail invite to participate to all stakeholders. Client will finalize Town Hall location / food.
11	Monday 2/19/2018	VVV / Hosp	Prepare / release PR story to local media announcing upcoming Town Hall. VVV will mock up PR release.
12	Monday 2/19/2018	Hosp	Prepare and send out community Town Hall invite letter and place local advertisement.
13	Friday 3/9/2018	All	Conduct Town Hall practice conference call with hospital client to review Town Hall data and flow. Time TBD
14	Friday 3/23/2018	VVV	Conduct CHNA Town Hall from 11:30-1pm at XXX. Review and discuss basic health data and rank health needs.
15	On or before 5/15/18	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital client.
16	On or before 5/30/18	VVV	Produce and release final CHNA report. Hospital client will post CHNA online.
17	On or before 6/1/18	TBD	Conduct hospital client Implementation Plan meeting with PSA leadership.
18	30 days prior to end of hospital fiscal year	Hosp	Hold board meetings to discuss CHNA needs, create and adopt an Implementation Plan. Communicate CHNA plan to community.

## Overview of Town Hall Community Priority Setting Process

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

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

Russell Regional Hospital (Russell Co KS) was held on Friday, March 23th, 2018 at Russell Regional Hospital in Russell, KS. Vince Vandehaar and Heather Marine facilitated this 1 ½ hour session with fourteen (14) attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

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

At the end of each Town Hall session, VVV encouraged all community members to continue to contribute ideas to both hospital / health department leaders via e-mail or personal conversations.

(NOTE: To review detail Town Hall discussion content, please turn to Section V for detailed notes of session and activity card content reporting strengths & items to change or improve.)

## Community Health Needs Assessment Town Hall Meeting Russell Regional Hospital Primary Service Area



Vince Vandelaar, MBA  
VVV Consultants LLC  
Principal / Adjunct Professor

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

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

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

### I. Introduction:

Background and Experience



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

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

Adjunct Professor - Marketing / Health Admin, 25+ years

- Webster University
- Rockhurst University
- Avila University

Heather Marine BA CNA- Collaborative Analyst

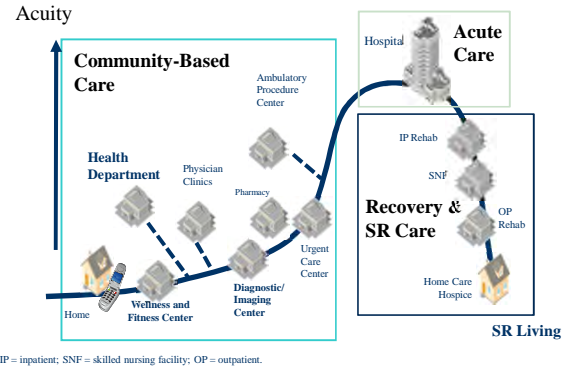
### II. Review CHNA Definition

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

## Purpose—Why Conduct a CHNA?

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

## Future System of Care—Sg2



## Wave #3 Focus: Next Generation Community Health / United Health Foundation

1. Collaboration with other hospitals, providers & agencies
2. Community Visioning (What we want to get to?)
3. Population Health – Collect / Use “Big Data”
4. Seek National Collaborative (Grants etc.)

**Understand....** Causes of Poor Health; Readiness programs (Caregiver Training, Violence Prevention, Chronic Disease Management); Community HC Perceptions and barriers to care.

## I. Introductions: A Conversation with the Community

*Community members and organizations invited to CHNA Town Hall*

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

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

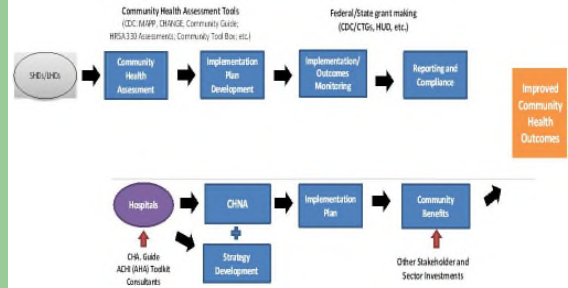
**Public and other organizations:** Public health officials, Directors or staff of health and human service organizations, City/Community planners and development officials, Individuals with business and economic development experience, Welfare and social service agency staff, Housing advocates - administrators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

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

## Town Hall Participation (You)

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

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



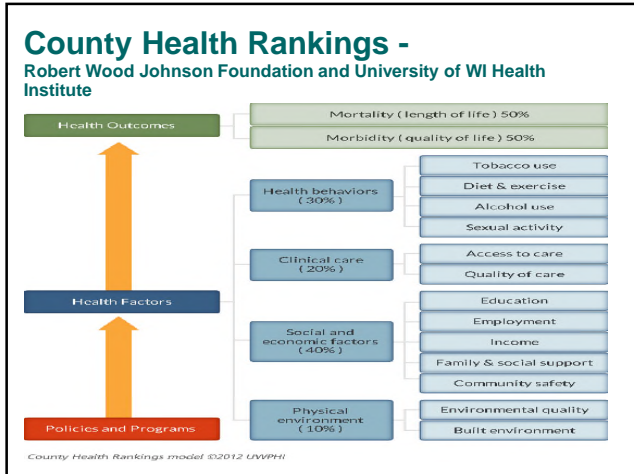
## II. IRS Hospital CHNA YR 2012 / 2015 / 2018 Written Report Documentation

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

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

Trends: Good Same Poor

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



1	Physical Environment (10%)	2b	Social and Economic Environment (40%)
<b>Focus Area</b>	<b>Measure</b>	<b>Focus Area</b>	<b>Measure</b>
<b>Air and water quality (5%)</b>	<b>Particulate matter</b>	<b>Community safety (5%)</b>	<b>Violent crime</b>
	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county		Violent crime rate per 100,000 population
	<b>Drinking water violations</b>		<b>Injury deaths</b>
	Percent of population potentially exposed to water exceeding a violation limit during the past year		Injury mortality per 100,000
<b>Housing and transit (5%)</b>	<b>Severe housing problems</b>		
	Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities		
	<b>Driving alone to work</b>		
	Percent of the workforce that drives alone to work		
	<b>Long-term driving alone</b>		
	Among workers who commute in their car alone, the percent that commute more than 30 minutes		
		<b>3</b>	<b>Health Outcomes (30%)</b>
		<b>3a</b>	<b>Health behaviors</b>
<b>2</b>	<b>Clinical Care (20%)</b>	<b>3b</b>	<b>Morbidity / Mortality</b>
<b>Focus Area</b>	<b>Measure</b>	<b>Focus Area</b>	<b>Measure</b>
<b>Access to care (10%)</b>	<b>Uninsured</b>	<b>Tobacco use</b>	<b>Adult smoking</b>
	Percent of population under age 65 without health insurance		Percent of adults that report smoking = 100
	<b>Primary care physicians</b>	<b>Diet and exercise (10%)</b>	<b>Adult obesity</b>
	Ratio of population to primary care physicians		Percent of adults that report a BMI >= 30
	<b>Deaths</b>	<b>Food environment index</b>	
	Ratio of population to deaths		Index of factors that contribute to a healthy food environment
<b>Mental health providers</b>	Ratio of population to mental health providers	<b>Physical inactivity</b>	Percent of adults aged 20 and over reporting access to exercise opportunities
<b>Preventable hospital stays</b>	Hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees	<b>Excessive drinking</b>	Percent of population with adequate access to locations for physical activity
<b>Diabetic screening</b>	Percent of diabetic Medicare enrollees that receive diabetic screening	<b>Alcohol and drug use (5%)</b>	<b>Single plus heavy drinking</b>
<b>Mammography screening</b>	Percent of female Medicare enrollees that receive mammography screening		Percent of driving deaths with alcohol involvement
		<b>Sexual activity (5%)</b>	<b>Sexually transmitted infections</b>
			Chlamydia rate per 100,000 population
		<b>Teen births</b>	Teen birth rate per 1,000 female population, ages 15-19
<b>3</b>	<b>Social and Economic Environment (40%)</b>	<b>3b / 3c</b>	<b>Morbidity / Mortality</b>
<b>Focus Area</b>	<b>Measure</b>	<b>Focus Area</b>	<b>Measure</b>
<b>Education (10%)</b>	<b>High school graduation</b>	<b>Quality of life (50%)</b>	<b>Poor or fair health</b>
	Percent of ninth grade cohort that graduates in 4 years		Percent of adults reporting fair or poor health (age-adjusted)
	<b>Some college</b>		<b>Poor physical health days</b>
	Percent of adults aged 25-44 years with some post-secondary education		Average number of physically unhealthy days reported in past 30 days (age-adjusted)
<b>Income (10%)</b>	<b>Unemployment</b>		<b>Poor mental health days</b>
	Percent of population age 16+ unemployed but seeking work		Average number of mentally unhealthy days reported in past 30 days (age-adjusted)
<b>Children in poverty</b>	Percent of children under age 18 in poverty		<b>Low birthweight</b>
<b>Family and social support (5%)</b>	<b>Inadequate social support</b>		Percent of live births with low birthweight (< 2,500 grams)
	Percent of adults without social/emotional support		<b>Premature death</b>
	<b>Children in single-parent households</b>		Years of potential life lost before age 75 per 100,000 population (age-adjusted)
	Percent of children that live in household headed by single parent		

### IV. Collect Community Health Perspectives

Ask your opinion. Your thoughts?

**Today:** 1) What are the *strengths* of our community that contribute to health? (Color card)

2) Are there healthcare services in your community / neighborhood that you feel *need to be improved and / or changed*? (White card)

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

## Community Health Needs Assessment

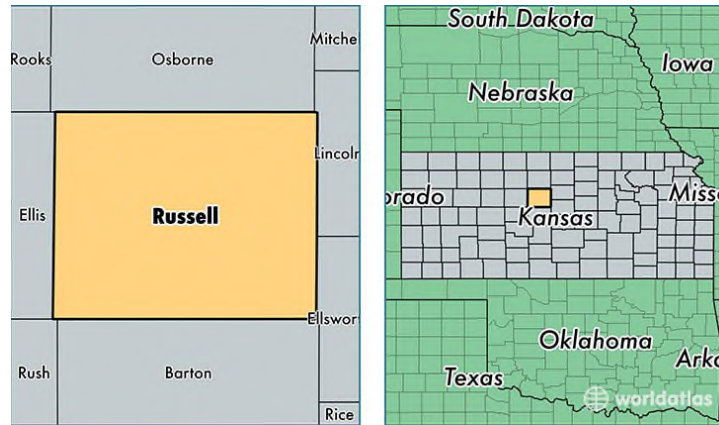
# Questions; Next Steps?

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VVV@VandehaarMarketing.com  
(913) 302-7264

## II. Methodology

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

#### Russell County Community Profile



#### Demographics

**The population of Russell County was estimated to be 7,162 citizens** in 2017, which is a 0.38% change in population from 2010–2014. Russell County is made up of 899.3 square miles which includes Herington Country Club, Greatlife Golf and Fitness Chisholm Trail Golf Course, and Four Seasons Recreational Vehicle Acres. The county has an overall population density of 8 person per square mile.<sup>1</sup> The most common industries in Russell County include educational, health and social services, agriculture, forestry, fishing and hunting, and mining and retail trade.<sup>2</sup>

**The major transportation** in the county includes a junction of Interstate 70, a major east-west highway through the Midwestern United States, and U.S. Route 281, which begins at the Canada–US border in North Dakota and ends at the Mexico–US border in Texas. I-70 also runs through Gorham on the western end of the county and Dorrance on the eastern end. K-18, a major east-west state highway in northern Kansas, enters from Osborne County to the west and runs through Paradise before joining up with US 281 through Waldo. US 281 and K-18 split again at the city limits of Luray, and K-18 continues east through Lucas and into Lincoln County. US 281 heads north into Osborne County.

#### Pawnee County, KS Airports<sup>3</sup>

Name	USGS Topo Map
Lucas Airport	Lucas
Russell Municipal Airport	Russell
Wilson Airport	Wilson

<sup>1</sup> <http://kansas.hometownlocator.com/ks/russell/>

<sup>2</sup> [http://www.city-data.com/county/Russell\\_County-KS.html](http://www.city-data.com/county/Russell_County-KS.html)

<sup>3</sup> <http://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20167.cfm>



### **Schools in Russell County<sup>4</sup>**

<b>Name</b>	<b>Level</b>
Bickerdyke Elem	Primary
Lucas-Luray High	High
Luray-Lucas Elem	Primary
Ruppenthal Middle	Middle
Russell High	High
Simpson Elem	Primary

### **Parks and Amenities<sup>5</sup>**

<b>Name</b>	<b>USGS Topo Map</b>
Lucas Park Recreation Area	Dorrance NE
Memorial Park	Russell
Minooka Park Recreation Area	Dorrance NE
Otoe Public Use Area	Wilson NW
Sylvan Public Use Area	Westfall
Wilson State Park	Dorrance NE
Wilson State Wildlife Area	Wilson NW
Deines Cultural Center	Russell
Grassroots Art Center	Lucas

### **Most Common Occupations<sup>6</sup>**

- Management
- Production
- Administrative
- Education Training and Library
- Installation, Maintenance and Repair

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

<sup>5</sup> <https://kansas.hometownlocator.com/features/countyfeatures,scfips,20167,c,russell.cfm>

<sup>6</sup> [https://datausa.io/profile/geo/russell-county-ks/#category\\_occupations](https://datausa.io/profile/geo/russell-county-ks/#category_occupations)

## Russell County Detail Demographic Profile

Russell County Detail Demographic Profile										
Zip	Name	County	Population			Households		HH	Per Capita	
			YR 2014	YR 2019	Chg.	YR 2014	YR 2019	Avg. Size	Income 14	
67626	Bunker Hill	RUSSELL	133	128	-3.8%	71	69	1.9	\$40,236	
67634	Dorrance	RUSSELL	306	295	-3.6%	146	142	2.1	\$36,319	
67640	Gorham	RUSSELL	488	475	-2.7%	219	213	2.2	\$29,799	
67648	Lucas	RUSSELL	557	570	2.3%	271	278	2.1	\$26,043	
67649	Luray	RUSSELL	301	308	2.3%	142	146	2.1	\$25,354	
67658	Paradise	RUSSELL	100	103	3.0%	45	46	2.2	\$23,480	
67665	Russell	RUSSELL	5,224	5,277	1.0%	2,359	2,393	2.2	\$30,812	
67673	Waldo	RUSSELL	118	120	1.7%	50	50	2.4	\$23,651	
<b>Totals</b>			<b>7,227</b>	<b>7,276</b>	<b>0.4%</b>	<b>3,303</b>	<b>3,337</b>	<b>2.1</b>	<b>\$29,462</b>	
Zip	Name	County	Population				YR 2014		Females	
			YR 2014	Pop. 65+	Kids <18	Gen. Y	Males	Females	Age 20-35	
67626	Bunker Hill	RUSSELL	71	37	21	27	55	64	7	
67634	Dorrance	RUSSELL	146	85	46	63	55	146	17	
67640	Gorham	RUSSELL	219	97	113	131	45	242	38	
67648	Lucas	RUSSELL	271	146	114	129	51	279	35	
67649	Luray	RUSSELL	142	78	63	70	50	149	18	
67658	Paradise	RUSSELL	45	26	21	23	50	50	6	
67665	Russell	RUSSELL	2,359	1,164	1,226	1,412	45	2,638	399	
67673	Waldo	RUSSELL	50	29	25	28	49	58	7	
<b>Totals</b>			<b>3,303</b>	<b>1,662</b>	<b>1,629</b>	<b>1,883</b>	<b>399</b>	<b>3,626</b>	<b>527</b>	
Zip	Name	County	Population				Aver	HH		
			White	Black	Amer. Ind.	Hisp.	HH Inc. 14	YR 2014	HH \$50K+	
67626	Bunker Hill	RUSSELL	130	0	2	0	\$46,052	69	34	
67634	Dorrance	RUSSELL	297	0	5	2	\$47,481	142	71	
67640	Gorham	RUSSELL	478	0	2	6	\$51,631	213	116	
67648	Lucas	RUSSELL	538	0	2	12	\$35,524	278	89	
67649	Luray	RUSSELL	291	0	1	7	\$35,412	146	47	
67658	Paradise	RUSSELL	96	0	0	2	\$33,920	46	14	
67665	Russell	RUSSELL	4,920	69	35	142	\$38,468	2,393	936	
67673	Waldo	RUSSELL	114	0	0	3	\$35,000	50	16	
<b>Totals</b>			<b>6,864</b>	<b>69</b>	<b>47</b>	<b>174</b>	<b>\$40,436</b>	<b>3,337</b>	<b>1,323</b>	

Source: ERSA Demographics

# **III. Community Health Status**

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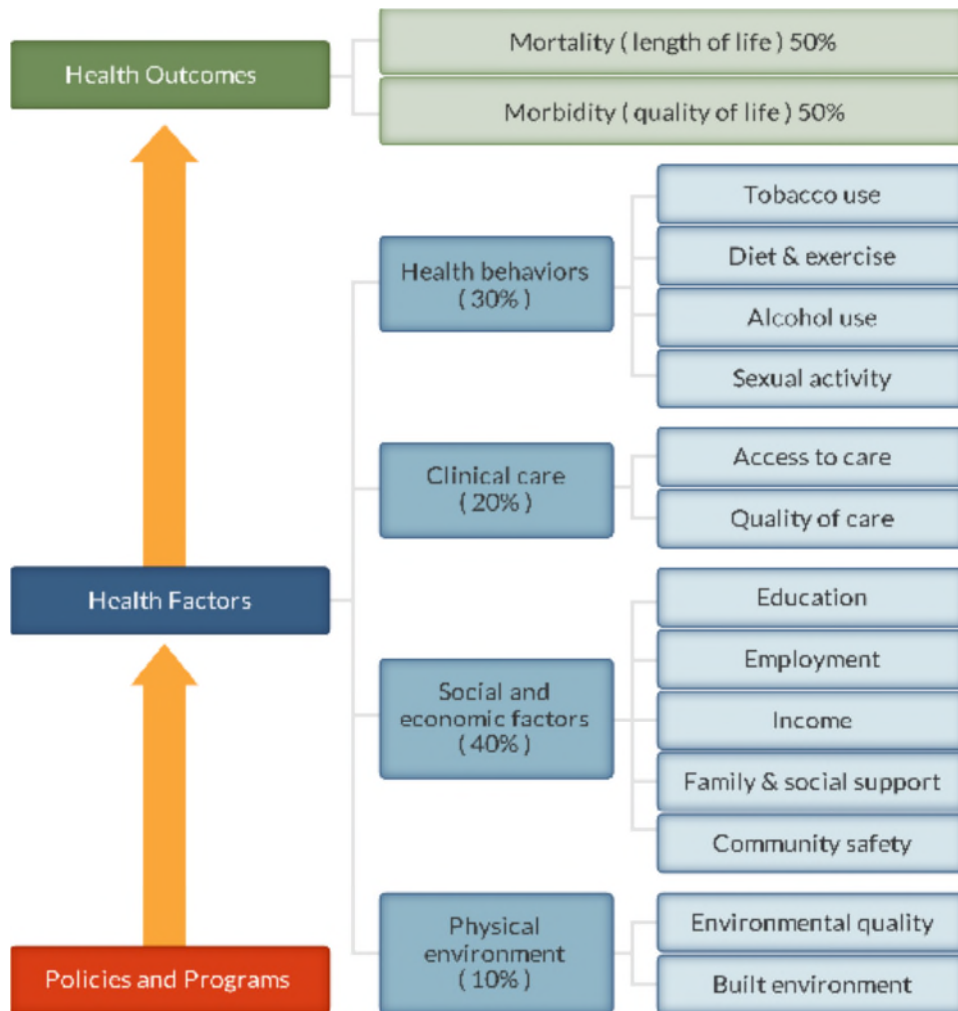
[VVV Consultants LLC]

### III. Community Health Status

#### a) Historical Health Statistics

#### 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 2018 RMJ County Health Rankings and conversations from Town Hall participantes. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators. <Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*. As seen below, RWJ’s model use a number of health factors to rank each county.>



County Health Rankings model ©2012 UWPHI

## National Research - State Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Russell Co KS 2018	TREND	Russell Co KS 2015	NORMS N=15
1	Health Outcomes		17		74	52
2	Mortality	Length of Life	5		61	52
3	Morbidity	Quality of Life	75		87	49
4	Health Factors		77		57	37
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	40		37	40
6	Clinical Care	Access to care / Quality of Care	95		85	56
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	81		55	38
8	Physical Environment	Environmental quality	42		31	33

<http://www.countyhealthrankings.org>, released 2018  
 Kansas Rural Norm (N=15) includes the following counties: Cheyenne, Barton, Edwards, Ellis, Gove, Kiowa, Norton, Osborne, Pawnee, Phillips, Russell, Sheridan, Smith, Thomas, and Trego.

## PSA Secondary Research:

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

### Tab 1 Demographic Profile

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

Tab	Health Indicator	Russell Co 2018	Russell Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
1a	a Population estimates, July 1, 2016, (V2016)	6,988	6,933		2,907,289	7,762	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2016, (V2016)	0.3%	-0.5%		1.9%	-2.7%	People Quick Facts
	c Population per square mile, 2012	7.9	7.9		34.9	8.9	Geography Quick Facts
	d Persons under 5 years, percent, July 1, 2016, (V2016)	6.8%	6.2%		6.7%	5.8%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2016, (V2016)	22.7%	22.8%		15.0%	21.4%	People Quick Facts
	f Female persons, percent, July 1, 2016, (V2016)	51.1%	50.5%		50.2%	49.2%	People Quick Facts
	g White alone, percent, July 1, 2016, (V2016)	94.9%	95.8%		86.6%	95.6%	People Quick Facts
	h Black or African American alone, percent, July 1, 2016, (V2016)	1.2%	0.9%		6.2%	1.3%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2016, (V2016)	3.5%	2.2%		11.6%	6.5%	People Quick Facts
	j Foreign born persons, percent, 2011-2015	1.0%	0.4%		6.9%	3.0%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2011-2015	2.8%	4.0%		11.3%	5.7%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	83.4%	87.3%		83.5%	86.9%	People Quick Facts
	m Children in single-parent households, percent, 2011-2015	24.0%	25.0%		29.0%	25.1%	County Health Rankings
	n Total Veterans, 2011-2015	606	630		198,396	567	People Quick Facts



### Tab 2 Economic Profile

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

Tab	Health Indicator	Russell Co 2018	Russell Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
2	a Per capita income in past 12 months (in 2015 dollars), 2011-2015	\$26,128	\$27,606		\$27,706	\$25,839	People Quick Facts
	b Persons in poverty, percent	13.2%	14.6%		12.1%	12.2%	People Quick Facts
	c Total Housing units, July 1, 2016, (V2016)	3,877	3,877		1,259,864	3,818	People Quick Facts
	d Total Persons per household, 2011-2015	2.1	2.1		2.5	2.2	People Quick Facts
	e Severe housing problems, percent, 2009-2013	13.0%	9.2%		14.0%	9.4%	County Health Rankings
	f Total of All firms, 2012	1,087	S		239,118	972	Business Quick Facts
	g Unemployment, percent, 2015	3.8%	3.1%		4.2%	3.2%	County Health Rankings
	h Food insecurity, percent, 2014	14.0%	12.4%		14.0%	12.8%	County Health Rankings
	i Limited access to healthy foods, percent, 2010	9.0%	9.0%		8.0%	16.9%	County Health Rankings
	j Low income and low access to store, percent, 2015	6.4%	9.4%		NA	7.5%	U.S. Department of Agriculture - Food Environment Atlas
	k Long commute - driving alone, percent, 2011-2015	19%	14.8%		20.0%	13.7%	County Health Rankings

### Tab 3 Schools Health Delivery Profile

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

Tab	Health Indicator	Russell Co 2018	Russell Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
3	a Children eligible for free or reduced price lunch, percent, 2014-2015	53.0%	35.8%		50.0%	48.9%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2011-2015	92.2%	85.2%		88.4%	95.7%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2011-2015	21.6%	19.4%		27.1%	32.2%	People Quick Facts

### TAB 4 Maternal and Infant Health Profile

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

Tab	Health Indicator	Russell Co 2018	Russell Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
4 a	Percent of Births Where Prenatal Care began in First Trimester, 2013-2015	82.8%	77.7%		80.4%	77.4%	Kansas Health Matters
b	Percentage of Premature Births, 2013-2015	9.9%	9.9%		8.8%	9.46%	Kansas Health Matters
c	Percent of Infants up to 24 months that received full Immunizations, 2015-2016	87.0%	82.6%		70.6%	85.08%	Kansas Health Matters
d	Percent of Births with Low Birth Weight, 2013-2015	6.9%	8.3%		7.0%	11.64%	Kansas Health Matters
e	Percent of WIC Mothers Breastfeeding Exclusively, percent, 2016	28.3%	18.8%		15.0%	31.85%	Kansas Health Matters
f	Percent of all Births Occurring to Teens (15-19), 2013-2015	10.4%	7.2%		6.8%	11.59%	Kansas Health Matters
g	Percent of Births Occurring to Unmarried Women, 2013-2015	44.0%	38.0%		36.3%	32.81%	Kansas Health Matters
h	Percent of births Where Mother Smoked During Pregnancy, 2013-2015	26.6%	28.8%		11.8%	15.21%	Kansas Health Matters

#	Criteria - Vital Statistics	RUSSELL CO 2018	Trend	KANSAS	NW Alliance (12)
a	Total Live Births, 2012	85		40,304	103
b	Total Live Births, 2013	94		38,805	94
c	Total Live Births, 2014	82		39,193	95
d	Total Live Births, 2015	74		39,126	97
e	Total Live Births, 2016	81		38,048	96
f	Total Live Births, 2012- 2016 - Five year Rate (%)	11.90%		13.5%	12.0%

### TAB 5 Hospitalization/Provider Profile

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

Tab	Health Indicator	Russell Co 2018	Russell Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
5 a	Primary care physicians (Pop Coverage per) , 2014	6960	1703:1		1,330:1	2,296:1	County Health Rankings
b	Preventable hospital stays, 2014 (lower the better)	76	84		52	74	County Health Rankings
c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	77%	NA		78.0%	75.0%	CMS Hospital Compare, 10/1/2015-9/30/2016
d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	68%	NA		77.0%	77.1%	CMS Hospital Compare, 10/1/2015-9/30/2016
e	Average Time Patients Spent in the Emergency Dept. Before They Were Seen by a Healthcare Professional (in Minutes)	NA	NA		24.0	20.0	CMS Hospital Compare, 10/1/2015-9/30/2016



**TAB 5 Hospitalization/Provider Profile (cont.)**

#	KS Hospital Assoc PO103	Russell County IP		
		FFY2015	FFY2016	FFY2017
1	Total Discharges	952	822	902
2	Total IP Discharges-Age 0-17 Ped	36	22	24
3	Total IP Discharges-Age 18-44	57	51	47
4	Total IP Discharges-Age 45-64	176	174	175
5	Total IP Discharges-Age 65-74	167	170	184
6	Total IP Discharges-Age 75+	324	253	278
7	Psychiatric	13	13	16
8	Obstetric	94	71	93
9	Surgical %	24.2%	27.6%	30.2%
#	KS Hospital Assoc PO103	Russell Regional Hosp only		
		FFY2015	FFY2016	FFY2017
1	Total Discharges	247	183	212
2	Total IP Discharges-Age 0-17 Ped	1	2	0
3	Total IP Discharges-Age 18-44	6	5	11
4	Total IP Discharges-Age 45-64	35	45	41
5	Total IP Discharges-Age 65-74	53	35	36
6	Total IP Discharges-Age 75+	151	96	123
7	Psychiatric	0	0	0
8	Obstetric	1	0	1
9	Surgical %	0.4%	0.5%	0.0%
#	Kansas Hospital AssocOP TOT223E	FFY2015	FFY2016	FFY2017
1	ER Total Visits	2129	2230	2202
2	Total OP Visits	20917	20432	20202

**TAB 6 Social & Rehab Services Profile**

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	Russell 2018	Russell Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
6 a	Depression: Medicare Population, percent, 2015	15.3%	15.2%		17.8%	16.5%	Centers for Medicare and Medicaid Services
b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2014-2016 (lower is better)	28.2	34.1		15.9	12.6	Kansas Health Matters
c	Poor mental health days, 2015	3.2	3.3		3.2	2.9	County Health Rankings

**TAB 7 Health Risk Profiles**

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

Tab	Health Indicator	Russell Co 2018	Russell Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
7a a	Adult obesity, percent, 2013	30.0%	31.0%		31.0%	32.3%	County Health Rankings
b	Adult smoking, percent, 2015	17.0%	19.0%		18.0%	16.4%	County Health Rankings
c	Excessive drinking, percent, 2015	14.0%	11.0%		17.0%	14.9%	County Health Rankings
d	Physical inactivity, percent, 2013	24.0%	26.0%		23.0%	25.9%	County Health Rankings
e	Poor physical health days, 2015	3.10	3.10		3.1	3.2	County Health Rankings
f	Sexually transmitted infections, rate per 100000, 2014	216.40	201.00		384.1	267.1	County Health Rankings



**TAB 7 cont**

Tab	Health Indicator	Russell Co 2018	Russell Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
7b a	Hypertension: Medicare Population, 2015	56.3%	56.7%		53.2%	55.1%	Kansas Health Matters
b	Hyperlipidemia: Medicare Population, 2015	34.3%	39.5%		40.0%	36.9%	Kansas Health Matters
c	Heart Failure: Medicare Population, 2015	14.1%	17.5%		13.0%	16.6%	Kansas Health Matters
d	Chronic Kidney Disease: Medicare Pop, 2015	13.8%	12.9%		16.2%	15.1%	Kansas Health Matters
e	COPD: Medicare Population, 2015	12.8%	14.1%		11.4%	12.7%	Kansas Health Matters
f	Atrial Fibrillation: Medicare Population, 2015	10.7%	9.7%		8.3%	10.1%	Kansas Health Matters
g	Cancer: Medicare Population, 2015	8.7%	10.4%		7.7%	8.6%	Kansas Health Matters
h	Osteoporosis: Medicare Population, 2015	4.1%	6.2%		5.7%	7.7%	Kansas Health Matters
i	Asthma: Medicare Population, 2015	7.1%	3.9%		7.3%	6.8%	Kansas Health Matters
j	Stroke: Medicare Population, 2015	3.4%	2.1%		3.4%	3.1%	Kansas Health Matters

**TAB 8 Uninsured Profiles/Community Invest**

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

Tab	Health Indicator	Russell Co 2018	Russell Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
8 a	Uninsured, percent, 2014	14.0%	19.3%		12.0%	13.0%	County Health Rankings

Source: Internal Hospital Records					
	Cheyenne County Hospital	YR 2014	YR 2015	YR 2016	Trend
1	Bad Debt	\$382,856	\$502,370	\$446,077	
2	Charity Care	\$139,146	\$41,510	\$108,428	

### **TAB 9 Mortality Profile**

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

Tab	Health Indicator	Russell Co 2018	Russell Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
9	a Life Expectancy for Males, 2014	76.5	77.0		76.5	76.8	Kansas Health Matters
	b Life Expectancy for Females, 2014	81.4	81.0		81.0	81.8	Kansas Health Matters
	c Age-adjusted Cancer Mortality Rate per 100,000 population, 2014-2016 (lower is better)	127.7	136.0		194.3	159.6	Kansas Health Matters
	d Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2014-2016 (lower is better)	135.2	181.0		157.4	174.3	Kansas Health Matters
	e Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2014-16 (Lower is better)	37.8	42.0		48.9	51.5	Kansas Health Matters
	f Alcohol-impaired driving deaths, percent, 2011-2015	50.0%	50.0%		27.0%	36.1%	County Health Rankings

### **TAB 10 Preventive Health Profile**

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

Tab	Health Indicator	Russell Co 2018	Russell Co 2015	Trend	State of KS	KS Rural Norm (N=14)	Source
10	a Access to exercise opportunities, percent, 2014	33.0%	35.3%		76.0%	46.1%	County Health Rankings
	b Diabetes monitoring, percent, 2014	65.0%	76.0%		86.0%	79.2%	County Health Rankings
	c Mammography screening, percent, 2014	51.0%	60.0%		63.0%	63.6%	County Health Rankings
	d Percent Annual Check-Up Visit with PCP	TBD	TBD		TBD	TBD	TBD
	e Percent Annual Check-Up Visit with Dentist	TBD	TBD		TBD	TBD	TBD
	f Percent Annual Check-Up Visit with Eye Doctor	TBD	TBD		TBD	TBD	TBD

## PSA Primary Research:

For each CHNA Wave # 3 evaluation, a community stakeholder survey has been created and administered to collect “current” healthcare information for PSA.

**Chart #1 – Russell Regional Hospital PSA Online Feedback Response N=67**

Community Health Needs Assessment Wave #3			
For reporting purposes, are you involved in or are you a .... ?	Russell N=67	Trend	Norms18 N= 1556
Business / Merchant	14.3%		8.9%
Community Board Member	8.6%		7.7%
Case Manager / Discharge Planner	1.4%		0.8%
Clergy	2.9%		1.1%
College / University	0.0%		2.0%
Consumer Advocate	1.4%		1.8%
Dentist / Eye Doctor / Chiropractor	0.0%		0.2%
Elected Official - City/County	4.3%		1.9%
EMS / Emergency	5.7%		2.2%
Farmer / Rancher	8.6%		5.8%
Hospital / Health Dept	14.3%		18.8%
Housing / Builder	2.9%		0.6%
Insurance	1.4%		0.8%
Labor	1.4%		2.0%
Law Enforcement	4.3%		0.8%
Mental Health	1.4%		1.8%
Other Health Professional	7.1%		8.6%
Parent / Caregiver	5.7%		14.0%
Pharmacy / Clinic	0.0%		1.9%
Media (Paper/TV/Radio)	2.9%		0.6%
Senior Care	1.4%		1.9%
Teacher / School Admin	0.0%		6.1%
Veteran	1.4%		2.2%
Other (please specify)	8.6%		7.1%
KS Rural Norms Include the following 8 Counties: Barton, Edwards, Hays, Kiowa, Pawnee, Nemaha, Russell, and Trego.			

**Chart #2 - Quality of Healthcare Delivery Community Rating**

Community Health Needs Assessment Wave #3			
Quality" of healthcare delivery in our community?	Russell N=67	Trend	Norms18 N= 1556
Valid N	67		1556
Top Box %	13.4%		27.1%
Top 2 Boxes %	58.2%		72.2%
Very Poor	1.5%		0.6%
Poor	6.0%		3.9%
Average	34.3%		22.8%
Good	44.8%		45.2%
Very Good	13.4%		27.1%



**Chart #3 - Overall Community Health Quality Trend**

Community Health Needs Assessment Wave #3			
When considering "overall community health quality", is it ...	Russell N=67	Trend	Norms18 N=1556
Valid N	65		1422
Increasing - moving up	43.1%		47.3%
Not really changing much	53.8%		44.0%
Decreasing - slipping	3.1%		8.7%

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

CHNA Wave #3		Ongoing Problem		Pressing
Past CHNAs health needs identified		Russell N=67		Russell
Rank	Topic	Votes	%	RANK
1	Drug / Substance Abuse	41	20.2%	1
2	Mental Health	38	18.7%	2
3	Alcohol Abuse	26	12.8%	4
4	Child Care	26	12.8%	3
5	Housing	22	10.8%	8
6	Dental	20	9.9%	6
7	HC Transportation	17	8.4%	7
8	Chronic Disease	13	6.4%	5
TOTALS		203	100.0%	

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

Community Health Needs Assessment Wave #3			
In your opinion, what are the root causes of "poor health" in our community?	Russell N=67	Trend	Norms18 N= 1556
Votes (Larger % )	47		1024
Limited access to mental health assistance	57.4%		40.2%
Lack of awareness of existing local programs, providers, and services	55.3%		61.1%
Elder assistance programs	36.2%		31.1%
Lack of health & wellness education	31.9%		34.4%
Chronic disease prevention	29.8%		30.3%
Family assistance programs	29.8%		23.7%
Case management assistance	19.1%		15.7%
Other (please specify)	21.3%		16.9%

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

CHNA Wave #3	Russell		Trend	Norms 2018	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?					
Ambulance Services	90.2%	0.0%		88.3%	2.4%
Child Care	45.1%	15.7%		52.2%	10.8%
Chiropractors	61.2%	10.2%		77.8%	6.0%
Dentists	48.0%	22.0%		66.8%	14.2%
Emergency Room	76.5%	2.0%		73.3%	9.0%
Eye Doctor/Optomtrist	86.3%	0.0%		79.8%	4.3%
Family Planning Services	34.0%	25.5%		43.5%	14.0%
Home Health	68.0%	6.0%		59.5%	10.7%
Hospice	60.0%	10.0%		66.4%	9.3%
Inpatient Services	78.4%	5.9%		79.0%	3.8%
Mental Health	10.4%	52.1%		28.6%	29.8%
Nursing Home	32.0%	14.0%		49.0%	18.7%
Outpatient Services	78.4%	7.8%		78.7%	4.1%
Pharmacy	98.0%	0.0%		90.7%	3.1%
Physician Clinics	92.2%	3.9%		82.4%	3.7%
Public Health	70.0%	2.0%		67.2%	5.4%
School Nurse	44.7%	8.5%		62.5%	9.2%
Specialists	50.0%	16.0%		55.4%	12.3%

**Chart #7 - Community Health Readiness**

Community Health Needs Assessment Wave #3	Bottom 2 boxes		
	Russell N=67	Trend	Norms 18 N= 1556
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)			
Caregiver Training Programs	20.5%		18.7%
Early Childhood Development Programs	19.6%		9.8%
Emergency Preparedness	6.1%		6.9%
Food and Nutrition Services/Education	19.1%		13.0%
Secure Grants / Finances to Support Local Health	13.3%		16.1%
Health Screenings (asthma, hearing, vision, scoliosis)	14.9%		11.6%
Immunization Programs	4.2%		3.8%
Obesity Prevention & Treatment	40.0%		30.7%
Spiritual Health Support	8.7%		7.0%
Prenatal / Child Health Programs	13.3%		9.6%
Sexually Transmitted Disease Testing	20.5%		12.4%
Substance Use Treatment & Education	51.1%		29.3%
Tobacco Prevention & Cessation Programs	43.2%		24.5%
Violence Prevention	43.2%		27.8%
Women's Wellness Programs	20.9%		13.8%
WIC Nutrition Program	13.3%		7.0%



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

Community Health Needs Assessment Wave #3			
In the past 2 years, did you or someone you know receive HC outside of our community?	Russell N=67	Trend	Norms18 N= 1556
Valid N	47		1105
Yes	87.2%		78.8%
No	6.4%		15.7%
I don't know	6.4%		5.4%

**Chart #9 - What HC topics need to be discussed future during Town Hall Meeting**

CHNA Wave #3		
What needs to be discussed further at our CHNA Town Hall meeting?	Russell N=67	Norms18 N= 1556
Mental Illness	10.8%	9.1%
Drugs/Substance Abuse	10.8%	8.7%
Wellness Education	8.6%	6.3%
Obesity	8.2%	7.9%
Physical Exercise	6.9%	5.8%
Poverty	6.5%	6.2%
Abuse/Violence	5.2%	5.2%
Cancer	4.7%	4.4%
Nutrition	4.7%	4.7%
Diabetes	4.7%	4.1%
Alcohol	4.3%	5.5%
Tobacco Use	3.9%	3.3%
Heart Disease	3.4%	3.1%
Suicide	3.0%	7.0%
Teen Pregnancy	3.0%	2.5%
Water Quality	2.6%	3.2%
Vaccinations	2.2%	2.4%
Sexually Transmitted Diseases	2.2%	1.9%
Smoke-Free Workplace	1.3%	1.4%
Family Planning	1.3%	2.2%
Breast Feeding Friendly Workplace	0.9%	1.4%
Respiratory Disease	0.4%	2.2%
Lead Exposure	0.4%	0.8%
Ozone	0.0%	0.4%

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

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[VVV Consultants LLC]

<b>Inventory of Health Services - Russell Co, KS (2018)</b>				
<b>Cat</b>	<b>HC Services Offered in County: Yes / No</b>	<b>Hospital</b>	<b>Health Dept</b>	<b>Other</b>
Clinic	Primary Care	Yes	No	No
Hosp	Alzheimer Center	No	No	No
Hosp	Ambulatory Surgery Centers	No	No	No
Hosp	Arthritis Treatment Center	Yes	No	No
Hosp	Bariatric / Weight Control Services	No	No	No
Hosp	Birthing / LDR / LDRP Room	No	No	No
Hosp	Breast Cancer	No	No	No
Hosp	Burn Care	No	No	No
Hosp	Cardiac Rehabilitation	No	No	No
Hosp	Cardiac Surgery	No	No	No
Hosp	Cardiology Services	No	No	No
Hosp	Case Management	Yes	No	No
Hosp	Chaplaincy / Pastoral Care Services	No	No	Yes
Hosp	Chemotherapy	No	No	No
Hosp	Colonoscopy	Yes	No	No
Hosp	Crisis Prevention	No	No	No
Hosp	CT Scanner	Yes	No	No
Hosp	Diagnostic Radioisotope Facility	Yes	No	No
Hosp	Diagnostic / Invasive Catheterization	No	No	No
Hosp	Electron Beam Computed Tomography (EBCT)	No	No	No
Hosp	Enrollment Assistance Services	Yes	No	No
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	No	No	No
Hosp	Fertility Clinic	No	No	No
Hosp	FullField Digital Mammography (FFDM)	Yes	No	No
Hosp	Genetic Testing / Counseling	No	No	No
Hosp	Geriatric Services	Yes	No	No
Hosp	Heart	No	No	No
Hosp	Hemodialysis	No	No	No
Hosp	HIV / AIDS Services	No	Yes	No
Hosp	Image-Guided Radiation Therapy (IGRT)	No	No	No
Hosp	Inpatient Acute Care - Hospital Services	Yes	No	No
Hosp	Intensity - Modulated Radiation Therapy (IMRT) 16	No	No	No
Hosp	Intensive Care Unit	No	No	No
Hosp	Intermediate Care Unit	Yes	No	No
Hosp	Interventional Cardiac Catheterization	No	No	No
Hosp	Isolation room	No	No	No
Hosp	Kidney	No	No	No
Hosp	Liver	No	No	No
Hosp	Lung	No	No	No
Hosp	Magnetic Resonance Imaging (MRI)	Yes	No	No
Hosp	Mammograms	Yes	No	No
Hosp	Mobile Health Services	No	No	No
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	No	No	No
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)	Yes	No	No
Hosp	Neonatal	No	No	No
Hosp	Neurological Services	No	No	No
Hosp	Obstetrics	No	No	No
Hosp	Occupational Health Services	Yes	No	No
Hosp	Oncology Services	No	No	No
Hosp	Orthopedic Services	Yes	No	No
Hosp	Outpatient Surgery	No	No	No
Hosp	Pain Management	Yes	No	No
Hosp	Palliative Care Program	No	No	No
Hosp	Pediatric	No	No	No



<b>Inventory of Health Services - Russell Co, KS (2018)</b>				
<b>Cat</b>	<b>HC Services Offered in County: Yes / No</b>	<b>Hospital</b>	<b>Health Dept</b>	<b>Other</b>
Hosp	Physical Rehabilitation	Yes	No	No
Hosp	Positron Emission Tomography (PET)	No	No	No
Hosp	Positron Emission Tomography / CT (PET/CT)	Yes	No	No
Hosp	Psychiatric Services	No	No	No
Hosp	Radiology, Diagnostic	Yes	No	No
Hosp	Radiology, Therapeutic	No	No	No
Hosp	Reproductive Health	No	No	No
Hosp	Robotic Surgery	No	No	No
Hosp	Shaped Beam Radiation System 161	No	No	No
Hosp	Single Photon Emission Computerized Tomography (SPECT)	No	No	No
Hosp	Sleep Center	Yes	No	No
Hosp	Social Work Services	Yes	No	No
Hosp	Sports Medicine	No	No	No
Hosp	Stereotactic Radiosurgery	No	No	No
Hosp	Swing Bed Services	Yes	No	No
Hosp	Transplant Services	No	No	No
Hosp	Trauma Center	No	No	No
Hosp	Ultrasound	Yes	No	No
Hosp	Women's Health Services	Yes	No	No
Hosp	Wound Care	Yes	No	No
SR	Adult Day Care Program	No	No	No
SR	Assisted Living	No	No	No
SR	Home Health Services	No	No	Yes
SR	Hospice	No	No	Yes
SR	LongTerm Care	Yes	No	Yes
SR	Nursing Home Services	Yes	No	Yes
SR	Retirement Housing	No	No	Yes
SR	Skilled Nursing Care	No	No	Yes
ER	Emergency Services	Yes	No	No
ER	Urgent Care Center	Yes	No	No
ER	Ambulance Services	No	No	Yes
SERV	Alcoholism - Drug Abuse	No	No	No
SERV	Blood Donor Center	No	No	No
SERV	Chiropractic Services	No	No	Yes
SERV	Complementary Medicine Services	Yes	No	No
SERV	Dental Services	No	No	Yes
SERV	Fitness Center	Yes	No	Yes
SERV	Health Education Classes	Yes	No	Yes
SERV	Health Fair (Annual)	Yes	No	No
SERV	Health Information Center	Yes	Yes	No
SERV	Health Screenings	Yes	Yes	Yes
SERV	Meals on Wheels	Yes	No	No
SERV	Nutrition Programs	Yes	No	Yes
SERV	Patient Education Center	Yes	Yes	No
SERV	Support Groups	No	No	Yes
SERV	Teen Outreach Services	No	No	Yes
SERV	Tobacco Treatment / Cessation Program	Yes	No	No
SERV	Transportation to Health Facilities	No	No	Yes
SERV	Wellness Program	Yes	Yes	No

## Yr 2018 Physician Manpower - Russell Co, KS

Number of FTE Providers	Supply Working in County		
	MD / DO County Based	Visiting Providers	PA/NP County Based
<b>Primary Care:</b>			
Family Practice	4.20	0.00	3.60
<b>Medicine Specialists:</b>			
Cardiology	0.00	0.20	
Neurology	0.00	0.10	
Psychiatry	0.00	0.20	
Pulmonary	0.00	0.10	
Rheumatology	0.20	0.20	
<b>Surgery Specialists:</b>			
General Surgery	0.00	0.10	
Neurosurgery	0.00	0.10	
Orthopedics	0.00	0.20	
Otolaryngology (ENT)	0.00	0.20	
Urology	0.00	0.10	
<b>Hospital Based:</b>			
Anesthesia/Pain	0.00	0.10	
Emergency	0.20	0.80	0.00
Radiology	0.00	0.10	
Pathology	0.00	0.10	
<b>Others</b>			
Podiatry	0.00	0.10	0.00
<b>TOTALS</b>	<b>4.60</b>	<b>2.70</b>	<b>3.60</b>

<b>Visiting Specialists to Russell Regional Hospital - 2018</b>					<b>240</b>
<i>Specialty</i>	<i>Physician Name/Group</i>	<i>Office Location (City/State)</i>	<i>Schedule</i>	<i># of Days Yearly</i>	<i>Calc FTE</i>
Cardiology	Boxberger/Galichia Medical Group	Wichita, Kansas	3rd Wednesday	12	0.05
Cardiology	DeBakey Heart Institute	Hays, Kansas	Twice per Month	24	0.15
ENT	Cossette/Bell and Cossette	Salina, Kansas	Every Thursday	48	0.20
Neurology	Ali Monguolu	Salina, Kansas	Twice per Month	24	0.15
Orthopedic	Randall Hildebrand, L.T. Fleske, Rhodes/Central Kansas Orthopedic	Great Bend, Kansas	3rd and 4th Friday	24	0.20
Child Neurology	Dr. Zuccerelli -SRHC	Salina, Kansas	5th Wed	3	0.05
Pain Medicine	Mark Snyder	Salina, Kansas	Once per Month	12	0.05
Pod (Foot)	Dr. Boone - Central Kansas Ortho	Great Bend, Kansas	2nd Tuesday	12	0.05
Rheumatology	James Anderson	Russell, ks	Six times per month	72	0.20
Urology	Michael Matucci/Salina Urology	Salina, Kansas	2nd Wednesday	12	0.05
<b>TOTALS</b>					<b>1.15</b>

# Russell Co - Health Services Directory 2018

## Emergency Numbers

**Police/Sheriff 911**

**Fire 911**

**Ambulance 911**

### Non-Emergency Numbers

Russell County Ambulance Office 445-3720

**Russell** County Sheriff 483-2151

### Municipal Non-Emergency Numbers

	<u>Police/Sheriff</u>	<u>Fire</u>	<u>Ambulance</u>
Dorrance	483-2151	483-5100	445-3720
Gorham	483-2151	483-5100	445-3720
Lucas	483-2151	483-5100	445-3720
Luray	483-2151	483-5100	445-3720
Milberger	483-2151	483-5100	445-3720
Paradise	483-2151	998-4391	445-3720

This directory contains contact information for a variety of services available from the health care system located in Russell County, KS. The directory also includes hotlines and Internet information for many kinds of services and information centers within the state of Kansas and across the United States.

### Other Emergency Numbers

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

Protection Report Center  
800-922-5330  
[http://www.srskansas.org/services/child\\_protective\\_services.htm](http://www.srskansas.org/services/child_protective_services.htm)

#### Domestic Violence Hotline

800-799-SAFE (7233)  
[www.ndvh.org](http://www.ndvh.org)

#### Kansas Road Conditions

1-877-550-KDOT (5368) 511  
[www.ksdot.org](http://www.ksdot.org)

#### Kansas Bureau of Investigation (Topeka)

785-296-8200  
[www.accesskansas.org/kbi](http://www.accesskansas.org/kbi)

#### Kansas Arson/Crime Hotline

800-KS-CRIME (572-7463)  
[www.accesskansas.org/kbi](http://www.accesskansas.org/kbi)

#### Kansas Crisis Hotline (Domestic Violence/Sexual Assault)

888-END-ABUSE  
[www.kcsdv.org](http://www.kcsdv.org)

#### Poison Control Center

800-222-1222  
[www.aapcc.org](http://www.aapcc.org)

#### Suicide Prevention Hotline

800-SUICIDE (784-2433)  
<http://hopeline.com>  
800-273-TALK (8255)  
[www.suicidepreventionlifeline.com](http://www.suicidepreventionlifeline.com)

#### Toxic Chemical and Oil Spills

National Response Center  
800-424-8802  
<http://www.nrc.uscg.mil/nrchp.html>

#### Emergency Management (Topeka)

785-274-1409  
[www.accesskansas.org/kdem](http://www.accesskansas.org/kdem)

### Health Services

#### Hospitals

Russell Regional Hospital  
200 Main Street  
Russell  
785-483-3131  
[haroldc@russellhospital.org](mailto:haroldc@russellhospital.org)  
[www.russellhospital.org](http://www.russellhospital.org)

#### Russell Regional Hospital Services Include:

Bone Density  
Long Term Care  
Cardiology Clinic  
Mammography  
Medical Nutrition

Cardiac Stress

MRI

CT Scans

Nuclear Medicine

Occupational Therapy

Echocardiography

Orthopedic Clinic

Education

PET Scans

Podiatry Clinic

Emergency Services

Physical Therapy

Family Care

Radiology/ Fluoroscopy

Home Delivered Meals

Speech Therapy

Inpatient Services

Swing Bed Services

Laboratory Services

Respiratory Therapy

Ultrasound

Sleep Studies

#### Health Department

Russell County Health Department  
Luray and Maple Streets  
Russell, Kansas 67665  
785-483-6433  
[www.russellcountyhealthdept.com](http://www.russellcountyhealthdept.com)

#### Russell County Health Department Health Services Include:

General Health

Family Planning  
Blood Pressure Checks  
Education  
Ear & Throat Checks  
STD counseling  
Height & Weight Checks  
Breast Cancer Screenings  
Lung Checks  
Cervical Cancer Screenings  
Healthy Start-MCH information on:  
O2 Sat checks  
Parent/child Relationships  
Fill Medication Syringes  
Community Resources  
Nail Trims  
Health care  
Tympanograms  
Child Health assessments  
Glucometer Blood Sugar Checks  
Child Development  
Pregnancy Testing  
Immunizations  
Blood Draws  
Healthy Pregnancy Planning  
Allergy Shots  
Filling out assistance forms  
Flu/Pneumonia Shots  
Volunteer Opportunities  
B-12 Shots  
Maternal and Infant Program  
Pregnancy and parenting  
Equipment Rentals  
Help obtaining Prenatal Care

Car Seat Program  
Support and Counseling  
Lead Screenings  
Links to Community  
Fluoride Varnishing  
Resources  
Lab One Blood Draws  
Home visit by Registered WIC Services Nurse  
Nutritious Foods  
Seat Installation  
Nutrition Education  
Family Planning Program  
Regular Assessments  
Pap Smears  
Breastfeeding Support  
Depo Provera Injections  
Immunizations  
Flu and Pneumonia  
Birth Control Pills

### **Medical Professionals**

#### **Chiropractors**

Davidson Chiropractic Health Center  
7<sup>th</sup> and Maple  
Russell  
785-483-5356  
Eugene Davidson, D.C.

Keeler Chiropractic  
758 E. Wichita Ave.  
Russell  
785-483-4909  
Jay Keeler, D.C.

#### **Optometrists**

Russell Eyecare Center  
702 N. Kansas St.  
Russell  
785-483-2451

Paul Lampert, O.D.  
124 E. Wichita Ave.  
Russell  
785-483-2291

#### **Nursing Care and Rehabilitation Services**

Main Street Manor  
200 S. Main Street  
Russell  
785-483-3131

Wheatland Nursing Center  
320 S. Lincoln  
Russell  
785-483-5364

#### **Assisted Living**

Homestead of Russell  
1070 E. Wichita  
Russell, Ks 67665  
785-483-5882

#### **Pharmacies**

Gregwire Drug Store  
714 N. Main  
Russell  
785-483-3301

Midwest Family Health  
208 S. Fossil  
Russell  
785-483-2119

#### **Physicians**

Russell Regional Hospital Physicians Clinic  
200 S Main Building B  
Russell  
785-483-3333

Russell Family Medical Care  
410 N. Main  
Russell  
785-483-3811

#### **MidLevel Providers**

Kayanne Meitler, APRN  
Jamie Schneider, APRN  
Teal Sander, PA  
Linda Krug, PA

#### **Veterinary Services**

Town and Country Animal Hospital  
655 S. Van Houten  
Russell  
785-483-2435

Russell Veterinary Service  
904 S. Fossil  
Russell  
785-483-5822

#### **General Health Services**

Russell County Health Department  
Luray & Maple  
Russell  
785-483-6433

#### **Home Health Referral**

Angels Care Home Health  
802 N Maple  
Russell  
785-445-3500

#### **Mental Health Services**

High Plains Mental Health Services  
208 East 7<sup>th</sup> Street  
Hays  
785-628-2871  
www.highplainsmentalhealth.com

Smoky Hill Foundation  
209 East 7<sup>th</sup> Street  
Hays  
785-625-5521  
[www.smokyhillfoundation.com/index.html](http://www.smokyhillfoundation.com/index.html)

#### **School Nurse**

Russell USD #407  
**Linette Klaus, R.N.**  
802 N. Main  
Russell  
785-483-2173

#### **Senior Services**

Northwest Kansas Area Agency on Aging  
510 W. 29<sup>th</sup> Street, Suite B  
Hays  
785-628-8204

Russell Senior Citizens Center  
518 N. Main  
Russell  
785-483-2008

#### **Local Government, Community and Social Services**

##### ***Day Care Providers***

NW Kansas Childcare Resource and Referral Agency  
877-628-2548  
877-678-2548

##### **Crime Prevention**

Russell County Sheriff  
401 N. Main  
Russell  
785-483-2151 or 911

##### **Economic Development**

Economic Development & CVB  
331 E. Wichita  
Russell  
785-483-4000

##### **Funeral Homes**

Pohlman-Varner-Peeler Mortuary  
610 N. Maple  
Russell  
785-483-2212

##### **Pregnancy Services**

Mary Elizabeth Maternity Home  
204 W. 7<sup>th</sup> Street  
Hays  
785-625-6800

Sunflower Family Services Inc.  
327 E. 8<sup>th</sup> Street  
Hays  
785-625-4600

#### **Rape**

Northwest Kansas Domestic & Sexual Violence Services Inc.  
403 E. 23<sup>rd</sup> Street  
Hays  
785-625-3055 Or 1-800-794-4624

#### **Transportation**

Public Transportation  
785-483-2525

#### **State and National Information, Services and Support**

##### **Adult Protection**

Adult Protective Services  
800-922-5330  
[www.srskansas.org/ISD/ees/adult.htm](http://www.srskansas.org/ISD/ees/adult.htm)

Domestic Violence Association of Central Kansas  
800-874-1499  
[www.dvack.org](http://www.dvack.org)

Kansas Crisis Hotline  
888-END-ABUSE (363-2287)  
[www.kcsdv.org/ksresources.html](http://www.kcsdv.org/ksresources.html)

Kansas Elder Abuse Hotline  
800-922-5330  
[www.ncea.aoa.gov/NCEARoot/Main\\_Site/Find\\_Help/Help\\_Hotline.aspx](http://www.ncea.aoa.gov/NCEARoot/Main_Site/Find_Help/Help_Hotline.aspx)

National Domestic Violence Hotline  
800-799-SAFE (799-7233)  
800-787-3224 (TDD)  
[www.ndvh.org](http://www.ndvh.org)

National Sexual Assault Hotline  
800-994-9662  
888-220-5446 (TDD)  
[www.4woman.gov/faq/sexualassault.htm](http://www.4woman.gov/faq/sexualassault.htm)

Northwest Kansas Domestic and Sexual Violence Services  
800-794-4624  
[www.ksag.org/files/shared/dv\\_directory.pdf](http://www.ksag.org/files/shared/dv_directory.pdf)

Kansas Department of Social and Rehabilitation Services  
785-296-3959  
785-296-1491 (TTY)  
[www.srskansas.org](http://www.srskansas.org)

##### **Alcohol and Drug Treatment Programs**

A Abandon A Addiction  
800-405-4810

AIC Assessment Information Classes  
888-764-5510

Alcohol and Drug Helpline  
800-821-4357

Alcoholics Anonymous and Narcotics  
785-625-9860 (Hays)

Al-Anon Family Group  
888-4AL-ANON (425-2666)  
www.al-anon.alateen.org

Dream Inc. (Educational camp for children)  
800-420-9282

Heartland Regional Alcohol and Drug Assessment  
Center  
Tina Schultze  
800-281-0029  
www.hradac.com

Kansas Alcohol/Drug Helpline  
800-586-3690  
www.srskansas.org/hotlines.htm

Mothers Against Drunk Driving  
800-GET-MADD (438-6233)  
www.madd.org

National Council on Alcoholism and Drug  
Dependence, Inc.  
800-NCA-CALL (622-2255)  
www.ncadd.org

Regional Prevention Center of Northwest Kansas  
800-757-2180  
http://www.smokyhillfoundation.com/

### **Better Business Bureau**

Better Business Bureau  
328 Laura St. (Wichita)  
316-263-3146 or  
800-856-2417  
www.wichita.bbb.org

### **Children and Youth**

Boys and Girls Town National Hotline  
800-448-3000  
800-448-1833  
www.girlsandboystown.org

Child Abuse National Hotline  
800-4-A-CHILD (422-4453)  
www.childabuse.com

Health Wave  
800-792-4884  
800-792-4292 (TTY)  
www.kansashealthwave.org

Heartspring (Institute of Logopedics)  
800-835-1043  
www.heartspring.org

Big Brothers/Big Sisters  
2707 Vine Street, Suite 14 (Hays)  
785-625-6672  
http://kansasbig.org/Counties.aspx?id=el/

Kansas Children's Service League (Hays)  
785-625-2244 or  
877-530-5275  
www.kcsl.org

Kansas Department of Health and Environment  
785-296-1500  
www.kdheks.gov

Kansas Society for Crippled Children  
800-624-4530  
www.kssociety.org

National Runaway Switchboard  
800-RUNAWAY  
www.1800runaway.org/

National Society for Missing and Exploited Children  
800-THE-LOST (843-5678)  
www.missingkids.com

### **Community Action**

Consumer Protection Hotline – Attorney General  
785-296-3751 or 800-432-2310  
www.ksag.org/content/page/id/39

Peace Corps  
800-424-8580  
www.peacecorps.gov

Public Affairs Hotline (Kansas Corporation  
Commission)  
785-271-3100 (Topeka)  
www.kcc.state.ks.us

### **Counseling**

Catholic Charities (Hays)  
877-625-2644  
www.catholiccharitiessalina.org

Central Kansas Mental Health Center  
800-794-8281

High Plains Mental Health Services (Hays)  
785-628-2871  
800-432-0333 (Emergency)  
www.highplainsmentalhealth.com

Kansas Consumer Credit Counseling Services (Hays)  
800-279-2227  
www.kscgccs.org

Kansas Problem Gambling Hotline  
866-662-3800

National Hopeline Network  
800-SUICIDE (784-2433)  
www.hopeline.com



National Problem Gambling Hotline  
800-522-4700  
[www.npgaw.org/](http://www.npgaw.org/)

Self-help Network of Kansas  
800-445-0116  
[www.selfhelpnetwork.wichita.edu](http://www.selfhelpnetwork.wichita.edu)

Senior Health Insurance Counseling  
800-860-5260  
[www.agingkansas.org/SHICK/shick\\_index.html](http://www.agingkansas.org/SHICK/shick_index.html)

Smoky Hill Foundation  
209 East 7<sup>th</sup> Street (Hays)  
785-625-5521  
[www.smokyhillfoundation.com/index.html](http://www.smokyhillfoundation.com/index.html)

Sunflower Family Services Inc.  
877-457-5437  
<http://www.sunflowerfamily.org/>

### Disability Services

American Council for the Blind  
800-424-8666  
[www.acb.org](http://www.acb.org)  
Americans with Disabilities Act Information Hotline  
800-514-0301  
800-514-0383 (TTY)  
[www.ada.gov/](http://www.ada.gov/)

Disability Advocates of Kansas, Inc.  
866-529-3824  
[www.disabilitysecrets.com/kansas.html](http://www.disabilitysecrets.com/kansas.html)

Disability Rights Center of Kansas (DRC) *Formerly Kansas Advocacy & Protective Services (KAPS)*  
877-776-1541  
877-335-3725 (TDD)  
[www.drckansas.org/](http://www.drckansas.org/)

Kansas Commission for the Deaf and Hearing Impaired  
800-432-0698  
[www.srskansas.org/kcdhh](http://www.srskansas.org/kcdhh)

Kansas Relay Center  
800-766-3777 or 711  
<http://kansasrelay.com>

National Center for Learning Disabilities  
888-575-7373  
[www.nclld.org](http://www.nclld.org)

National Library Services for Blind & Physically Handicapped  
800-NLS-READ (657-7323)  
[www.loc.gov/nls/](http://www.loc.gov/nls/)

### Environment

Kansas Department of Health and Environment  
785-296-1500 (Topeka)  
[www.kdheks.gov/](http://www.kdheks.gov/)  
Kansas Department of Health and Environment  
785-827-9639 (Salina)

### Food and Drug

Center for Food Safety and Applied Nutrition  
888-SAFEFOOD (723-3366)  
[www.cfsan.fda.gov/](http://www.cfsan.fda.gov/)

USDA Meat and Poultry Hotline  
888-674-6854  
800-256-7072 (TTY)  
[www.fsis.usda.gov/food\\_safety\\_education/USDA\\_Meat\\_&\\_Poultry\\_Hotline/](http://www.fsis.usda.gov/food_safety_education/USDA_Meat_&_Poultry_Hotline/)

U.S. Food and Drug Administration  
888-INFO-FDA (888-463-6332)  
[www.fda.gov](http://www.fda.gov)

### Health Services

American Cancer Society  
800-ACS-2345  
[www.cancer.org](http://www.cancer.org)

American Health Assistance Foundation  
800-437-2423  
[www.ahaf.org](http://www.ahaf.org)

American Heart Association  
800-AHA-USA-1 (242-8721)  
[www.americanheart.org](http://www.americanheart.org)

Arthritis Foundation, Kansas Chapter  
800-362-1108  
[www.arthritis.org/chapters/kansas/](http://www.arthritis.org/chapters/kansas/)

American Stroke Association  
888-4-STROKE (478-7653)  
[www.strokeassociation.org/presenter.jhtml?identifier=1200037](http://www.strokeassociation.org/presenter.jhtml?identifier=1200037)

Arthritis Foundation  
800-283-7800  
[www.arthritis.org/chapters/kansas/](http://www.arthritis.org/chapters/kansas/)

Center for Disease Control and Prevention  
800-CDC-INFO (232-4636)  
[www.cdc.gov/hiv/](http://www.cdc.gov/hiv/)

Eye Care Council, Inc.  
800-960-EYES  
[www.seetolearn.com](http://www.seetolearn.com)

Kansas Department of Health and Environment  
785-296-1500  
[www.kdheks.gov/health/index.html](http://www.kdheks.gov/health/index.html)

Kansas Foundation for Medical Care  
800-432-0770  
[www.kfmc.org](http://www.kfmc.org)

National Health Information Center  
800-336-4797  
[www.health.gov/nhic](http://www.health.gov/nhic)

National Institute on Deafness and Other Communication Disorders Information Clearinghouse  
800-241-1044  
800-241-1055 (TTY)  
[www.nidcd.nih.gov](http://www.nidcd.nih.gov)

## Hospice

Hospice Services Inc.

800-315-5122

[www.hospicenwks.net](http://www.hospicenwks.net)

Kansas Hospice and Palliative Care Organization

888-202-LIFE (5433)

[www.lifeproject.org/akh.htm](http://www.lifeproject.org/akh.htm)

Southwind Hospice

920 E. 1<sup>st</sup> Street

P.O. Box 862 (Pratt)

620-672-7553

## Housing

Kansas Housing Resources Corporation

785-296-5865

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

U.S. Department of Housing and Urban Development,  
Kansas Regional Office

913-551-5644

[www.hud.gov/local/index.cfm?state=KS](http://www.hud.gov/local/index.cfm?state=KS)

## Insurance Issues/Information

State of Kansas Insurance Commissioner

420 S.W. 9th Street (Topeka)

785-296-3071 or 800-432-2484

877-235-3151 (TTY/TDD)

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

Senior Health Insurance Counseling For Kansas  
(SHICK)

800-860-5260 (Wichita)

[www.agingkansas.org/SHICK/shick\\_index.html](http://www.agingkansas.org/SHICK/shick_index.html)

## Legal Services

Kansas Attorney General

800-432-2310 (Consumer Protection)

800-828-9745 (Crime Victims' Rights)

[www.ksag.org/home/](http://www.ksag.org/home/)

Kansas Bar Association

785-234-5696

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

Kansas Department on Aging

800-432-3535

785-291-3167 (TTY)

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

Kansas Legal Services

800-723-6953

785-233-4028 (TDD)

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

Northwest Area Agency on Aging

P.O. Box 610 (Hays)

785-628-8204 or 800-432-7422

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

## Medicaid/Medicare Services

Kansas Health Wave

800-792-4884

800-792-4292 (TTY)

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

Kansas Medical Assistance Program

Customer Service

800-766-9012

[www.kmap-state-ks.us/](http://www.kmap-state-ks.us/)

Medicare Information

800-MEDICARE

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

U.S. Department of Health and Human Services  
Centers for Medicare and Medicaid Services

800-MEDICARE (800-633-4227)

877-486-2048 (TTY)

[www.cms.hhs.gov](http://www.cms.hhs.gov)

## Mental Health Services

Alzheimer's Association

800-272-3900

866-403-3073 (TDD)

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

Developmental Services of NW Kansas

800-637-2229

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

Kansas Alliance for Mentally Ill (Topeka)

785-233-0755

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

Kansas Rural Family Helpline

Kansas State University

866-327-6578

[www.humec.k-](http://www.humec.k-state.edu/fshs/pfws/krfhprogram.html)

[state.edu/fshs/pfws/krfhprogram.html](http://state.edu/fshs/pfws/krfhprogram.html)

Make a Difference Information Network

800-332-6262

Mental Health America

800-969-6MHA (969-6642)

800-433-5959 (TTY)

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

National Alliance for the Mentally Ill Helpline

800-950-NAMI (950-6264)

703-516-7227 (TDD)

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

National Institute of Mental Health

866-615-6464

866-415-8051 (TTY)

[www.nimh.nih.gov](http://www.nimh.nih.gov)

National Library Services For Blind & Physically  
Handicapped

800-424-8567

State Mental Health Agency  
915 SW Harrison Street (Topeka)  
785-296-3959  
www.srskansas.org

Suicide Prevention Hotline  
800-SUICIDE (784-2433)  
www.hopeline.com

### **Nutrition**

American Dietetic Association  
800-877-1600  
www.eatright.org

The Department of Human Nutrition – Kansas State University  
119 Justin Hall (Manhattan)  
785-532-5500  
www.humec.k-state.edu/hn/

Eating Disorders Awareness and Prevention  
800-931-2237  
www.nationaleatingdisorders.org

Food Stamps (Kansas Department of Social and Rehabilitation Services)  
888-369-4777  
www.srskansas.org/ISD/ees/food\_stamps.htm

Kansas Department of Health and Environment  
1000 S.W. Jackson, Suite 220 (Topeka)  
785-296-1320  
www.kdheks.gov/nws-wic/index.html

Northwest Area Agency on Aging  
P.O. Box 610 (Hays)  
785-628-8204 or 800-432-7422  
www.nwkaaa.com

Nutrition and WIC Section  
1000 SW Jackson, Suite 220 (Topeka)  
785-296-1320  
www.kdheks.gov/nws-wic/index.html

### **Road and Weather Conditions**

Kansas Road Conditions  
866-511-KDOT (511-5368)  
511 (cell phones)  
http://kdot1.ksdot.org/divplanning/roadrpt/

### **Senior Services**

American Association of Retired Persons  
888-OUR-AARP (687-2277)  
www.aarp.org

Americans with Disabilities Act Information Line  
800-514-0301  
800-514-0383 (TTY)  
www.usdoj.gov/crt/ada

Eldercare Locator

800-677-1116  
www.eldercare.gov/eldercare/public/home.asp

Home Health Complaints (Kansas Department of Social and Rehabilitation Services)  
800-842-0078

Kansas Advocates for Better Care Inc., Consumer Information  
800-525-1782  
www.kabc.org

Kansas Department on Aging  
800-432-3535  
785-291-3167 (TTY)  
www.agingkansas.org/index.htm

Kansas Tobacco Use Quit line  
866-KAN-STOP (526-7867) Toll Free  
www.kdheks.gov/tobacco/cessation.html

Northwest Area Agency on Aging  
P.O. Box 610 (Hays)  
785-628-8204 or 800-432-7422  
www.nwkaaa.com

OKEP (Older Kansans Employment Programs)  
800-432-2703  
www.kansascommerce.com/Customers/Businesses/Services/BusinessResources.aspx?rscld=1057670175296&tval=50

Senior Health Insurance Counseling for Kansas  
800-860-5260  
www.agingkansas.org/SHICK/shick\_index.html

Social Security Administration  
800-772-1213  
800-325-0778 (TTY)  
www.socialsecurity.gov

Kansas Department of Social and Rehabilitation Services  
785-296-3959  
785-296-1491 (TTY)  
www.srskansas.org

### **Veterans**

Kansas Commission on Veterans' Affairs  
785-296-3976  
www.kcva.org

Kansas Persian Gulf War Health Initiative  
800-513-7731

U.S. Department of Veterans Affairs:  
Education (GI Bill)  
888-442-4551  
Gulf War/Agent Orange Helpline  
800-749-8387  
Health Care Benefits

877-222-8387  
Life Insurance  
800-669-8477  
Mammography Helpline  
888-492-7844  
Other Benefits  
800-827-1000  
Status of Headstones and Markers  
800-697-6947  
Telecommunications Device for the Deaf  
(TDD) 800-829-4833  
[www.vba.va.gov](http://www.vba.va.gov)

**Welfare**

Welfare Fraud Hotline  
800-432-3913

**Weatherization**

Kansas Department of Social and Rehabilitation  
Services  
888-369-4777

North Central Regional Planning Commission  
785-738-2218 or 800-432-0303

# V. Detail Exhibits

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[VVV Consultants LLC]

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## a) Patient Origin Source Files

[VVV Consultants LLC]

FFY 2017 (IP)



**Patient Origin by Hospital - Inpatient**  
 Russell Regional Hospital - Russell, KS  
 Federal Fiscal Year: 2017



County	Total Discharges		Pediatric Age 0 - 17		Age 18 - 44		Adult Medical/Surgical						Psychiatric		Obstetric		Newborn		Surg %
	Cases	%	Cases	%	Cases	%	Age 45 - 64		Age 65 - 74		Age 75+		Cases	%	Cases	%	Cases	%	
Russell, KS	212	91.8%	0	0.0%	11	5.2%	41	19.3%	36	17.0%	123	58.0%	0	0.0%	1	0.5%	0	0.0%	0.0%
Ellis, KS	11	4.8%	0	0.0%	0	0.0%	7	63.6%	0	0.0%	4	36.4%	0	0.0%	0	0.0%	0	0.0%	0.0%
Ellsworth, KS	5	2.2%	0	0.0%	1	20.0%	1	20.0%	0	0.0%	3	60.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Other Counties	3	1.3%	0	0.0%	1	33.3%	0	0.0%	0	0.0%	2	66.7%	0	0.0%	0	0.0%	0	0.0%	0.0%
<b>Hospital Total</b>	<b>231</b>	<b>100.0%</b>	<b>0</b>	<b>0.0%</b>	<b>13</b>	<b>5.6%</b>	<b>49</b>	<b>21.2%</b>	<b>36</b>	<b>15.6%</b>	<b>132</b>	<b>57.1%</b>	<b>0</b>	<b>0.0%</b>	<b>1</b>	<b>0.4%</b>	<b>0</b>	<b>0.0%</b>	<b>0.0%</b>

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FFY 2016 (IP)



**Patient Origin by Hospital - Inpatient**  
 Russell Regional Hospital - Russell, KS  
 Federal Fiscal Year: 2016



County	Total Discharges		Pediatric Age 0 - 17		Age 18 - 44		Adult Medical/Surgical						Psychiatric		Obstetric		Newborn		Surg %
	Cases	%	Cases	%	Cases	%	Age 45 - 64		Age 65 - 74		Age 75+		Cases	%	Cases	%	Cases	%	
Russell, KS	183	92.0%	2	1.1%	5	2.7%	45	24.6%	35	19.1%	96	52.5%	0	0.0%	0	0.0%	0	0.0%	0.5%
Osborne, KS	5	2.5%	0	0.0%	0	0.0%	0	0.0%	1	20.0%	4	80.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Other Counties	11	5.5%	0	0.0%	1	9.1%	2	18.2%	2	18.2%	6	54.5%	0	0.0%	0	0.0%	0	0.0%	0.0%
<b>Hospital Total</b>	<b>199</b>	<b>100.0%</b>	<b>2</b>	<b>1.0%</b>	<b>6</b>	<b>3.0%</b>	<b>47</b>	<b>23.6%</b>	<b>38</b>	<b>19.1%</b>	<b>106</b>	<b>53.3%</b>	<b>0</b>	<b>0.0%</b>	<b>0</b>	<b>0.0%</b>	<b>0</b>	<b>0.0%</b>	<b>0.5%</b>

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FFY 2015 (IP)



**Patient Origin by Hospital - Inpatient**  
 Russell Regional Hospital - Russell, KS  
 Federal Fiscal Year: 2015



County	Total Discharges		Pediatric Age 0 - 17		Age 18 - 44		Adult Medical/Surgical						Psychiatric		Obstetric		Newborn		Surg %
	Cases	%	Cases	%	Cases	%	Age 45 - 64		Age 65 - 74		Age 75+		Cases	%	Cases	%	Cases	%	
Russell, KS	247	93.6%	1	0.4%	6	2.4%	35	14.2%	53	21.5%	151	61.1%	0	0.0%	1	0.4%	0	0.0%	0.4%
Ellis, KS	5	1.9%	1	20.0%	0	0.0%	3	60.0%	0	0.0%	1	20.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Other Counties	12	4.5%	0	0.0%	0	0.0%	3	25.0%	2	16.7%	7	58.3%	0	0.0%	0	0.0%	0	0.0%	0.0%
<b>Hospital Total</b>	<b>264</b>	<b>100.0%</b>	<b>2</b>	<b>0.8%</b>	<b>6</b>	<b>2.3%</b>	<b>41</b>	<b>15.5%</b>	<b>55</b>	<b>20.8%</b>	<b>159</b>	<b>60.2%</b>	<b>0</b>	<b>0.0%</b>	<b>1</b>	<b>0.4%</b>	<b>0</b>	<b>0.0%</b>	<b>0.4%</b>

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FFY 2017 (OP)



**Outpatient Total Service Category Visits by Hospital\***  
 Russell Regional Hospital - Russell, KS  
 Federal Fiscal Year: 2017



Revenue Category	Total Visits	Emergency Dept		Surgery		Observation		Clinical Services		% Male
		Visits	Visits	Visits	Visits	Visits	Visits	Visits	Visits	
1 Emergency Department (45x)	1,621	1,621		4		135				46.0%
2 Surgery (36x, 49x)	241		4	241		3				41.1%
3 Observation (76x, excl. 761)	159		135		3	159				41.5%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	2,082		479		5	59		1,592		42.4%
14 Nuclear Medicine (34x)	135		1			1		134		57.8%
15 CT Scan (35x)	781		254		6	51		516		45.5%
16 Mammography (401, 403)	464							464		0.9%
17 Ultrasound (402)	426		15			10		410		31.5%
19 Magnetic Resonance Technology (61x)	358		5		1	4		352		39.1%
23 Pulmonary Function (46x)	53		4					49		60.4%
25 Stress Test (482)	60							60		65.0%
27 Electroencephalogram (74x)	19							19		52.6%
35 Treatment Room (76X excl. 762)	1,076		15		7	15		1,050		40.2%
36 Respiratory Services (41x)	81		63			38		14		56.8%
37 EKG/ECG (73x)	756		411		5	88		337		49.3%
38 Cardiology (48x excl. 481-483)	150		1			1		149		46.7%
39 Sleep Lab (HCP C 95805-95811)	19							19		52.6%
42 Physical Therapy (42x)	551		3			3		548		42.6%
43 Occupational Therapy (43x)	33							33		33.3%
44 Speech-Language Pathology (44x)	18							18		55.6%
<b>Visits by service category</b>		<b>Total Visits</b>	<b>Emergency Dept Visits</b>	<b>Surgery Visits</b>	<b>Observation Visits</b>	<b>Clinical Services Visits</b>			<b>% Male</b>	
Actual visits in report	7,167	1,621	241	159	5,285				39.8%	
Actual unclassified visits	9,666								40.7%	
<b>Actual total visits</b>	<b>16,833</b>								<b>40.3%</b>	

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FFY 2016 (OP)



**Outpatient Total Service Category Visits by Hospital\***  
 Russell Regional Hospital - Russell, KS  
 Federal Fiscal Year: 2016



Revenue Category	Total Visits	Emergency Dept		Surgery		Observation		Clinical Services		% Male
		Visits	Visits	Visits	Visits	Visits	Visits	Visits	Visits	
1 Emergency Department (45x)	1,682	1,682				148				40.2%
2 Surgery (36x, 49x)	69		69			1				37.7%
3 Observation (76x, excl. 761)	166		148		1	166				44.6%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	2,298		512			63		1,780		37.7%
14 Nuclear Medicine (34x)	131							131		39.7%
15 CT Scan (35x)	788		291		1	56		492		44.0%
16 Mammography (401, 403)	527		1					526		0.8%
17 Ultrasound (402)	454		10			5		444		26.2%
19 Magnetic Resonance Technology (61x)	321		7			4		314		45.8%
23 Pulmonary Function (46x)	53		2			1		50		37.7%
25 Stress Test (482)	59							59		50.8%
35 Treatment Room (76X excl. 762)	922		14			11		906		39.8%
36 Respiratory Services (41x)	72		56			37		11		44.4%
37 EKG/ECG (73x)	755		419			85		332		46.2%
38 Cardiology (48x excl. 481-483)	185		2			2		183		49.7%
42 Physical Therapy (42x)	494		2			2		492		43.1%
43 Occupational Therapy (43x)	30							30		50.0%
44 Speech-Language Pathology (44x)	13							13		38.5%
<b>Visits by service category</b>		<b>Total Visits</b>	<b>Emergency Dept Visits</b>	<b>Surgery Visits</b>	<b>Observation Visits</b>	<b>Clinical Services Visits</b>			<b>% Male</b>	
Actual visits in report	7,016	1,682	69	166	5,248				36.8%	
Actual unclassified visits	10,322								39.3%	
<b>Actual total visits</b>	<b>17,338</b>								<b>38.3%</b>	

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FFY 2015 (OP)



**Outpatient Total Service Category Visits by Hospital\***  
 Russell Regional Hospital - Russell, KS  
 Federal Fiscal Year: 2015



Revenue Category	Description	Total Visits	Emergency Dept		Surgery		Observation		Clinical Services		% Male
			Visits	Visits	Visits	Visits	Visits	Visits			
1	Emergency Department (45x)	1,458	1,458				72				41.9%
3	Observation (76x, exd. 761)	80		72			80				38.8%
11	Radiology - Diagnostic (32x, exd. 322 and 323)	2,223		434			29		1,787		38.4%
14	Nuclear Medicine (34x)	147							147		51.0%
15	CT Scan (35x)	686		215			30		468		44.9%
16	Mammography (401, 403)	496							496		1.0%
17	Ultrasound (402)	423		3			1		420		26.5%
19	Magnetic Resonance Technology (61x)	380		3			2		377		37.6%
23	Pulmonary Function (46x)	27		1					26		55.6%
25	Stress Test (462)	70							70		68.6%
35	Treatment Room (76X exd. 762)	1,021		11			6		1,009		36.6%
36	Respiratory Services (41x)	54		43			11		11		46.3%
37	EKG/ECG (73x)	724		306			39		416		41.7%
38	Cardiology (48x exd. 481-483)	161		2			1		159		48.4%
42	Physical Therapy (42x)	541							541		39.0%
43	Occupational Therapy (43x)	22							22		50.0%
44	Speech-Language Pathology (44x)	9							9		44.4%
			Emergency Dept	Surgery	Observation	Clinical Services					
		Total Visits	Visits	Visits	Visits	Visits	Visits			% Male	
Visits by service category			1,458			80	5,458				
Actual visits in report		6,925								36.5%	
Actual unclassified visits		10,875								39.7%	
<b>Actual total visits</b>		<b>17,800</b>								<b>38.4%</b>	

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

[VVV Consultants LLC]

## Town Hall Attendees

Russell Regional Hospital - CHNA Roster 2018 Update								
CHNA Cat	3/23/2018	Fname	Lname	Firm / Agency	Address	City	KS	Zip
Public health officials.	X	Tracy	Axtell	Russell County Health Dept	NA	Russell	KS	67665
Real Estate	X	Jeannine	Byers-Long	Advantage Realty	811 N Kansas	Russell	Ks	67665
BO Director RRH	X	Kalena	Coleman	Russell Regional Hospital	200 S Main	Russell	KS	67665
COO - HR Director RRH	X	Sharon	Collins	Russell Regional Hospital	200 S. Main	Russell	KS	67665
RRH	X	Sarah	Depiesse	Russell Regional Hospital	747 E 7th St	Russell	KS	67665
Safety Director RRH	X	David	Harrison	County Board AND SAFETY DIRECTOR	617 Margaret Ave	Russell	KS	67665
CFO RRH	X	Kevin	Kreutzer	Russell Regional Hospital	200 S Main	Russell	Ks	67665
Hospital board members	X	Morris	Krug	Board Chairperson	130 Cindy Drive	Russell	KS	67665
Case Managers/Social Service Director	X	Donna	Letsch	Russell Regional Hospital	200 S. Main	Russell	KS	67665
Hospital CEO	X	Robert	Nahmensen	Russell Regional Hospital	200 S. Main	Russell	KS	67665
HIM Director	X	Michele	Pellant	Russell Regional Hospital	200 S Main	Russell	Ks	67665
Asst DON RRH	X	Vicki	Richards	Russell Regional Hospital	200 S. Main	Russell	KS	67665
City of Russell	X	Kayla	Schneider	Resident	NA	Russell	KS	67665
DON Russell Hospital	X	Debbie	Strobel	Russell Regional Hospital	200 S. Main	Russell	KS	67665

## Notes

Attendees: 14

### Russell Regional Hospital

March 23, 2018

Russell, KS

### Town Hall

Providers make rounds at the senior centers.

School, Hospital, County are big employers.

Spanish speaking is increasing. Increase in population, a lot more families have been in our community and more kids in school then before.

Respondents: The ones in poverty use the ER and come to public health for free vaccines and immunizations.

Respondent: Backpack program for the kids and a food pantry. Also have a summer lunch program.

Respondent: The grocery store is expensive, we don't have access to organic, there isn't a farmer's market, so being able to buy healthy food is hard for some people.

Respondent: Used to do vaccines through high school but that might have changed in the last 10 years. There might have been a school psychologist at the open house at the beginning of school to inform parents on the signs of suicide and depression and what to do/ how to handle it.

Delivering babies at RRH, but not on purpose. We have to occasionally deliver in the ER.

Mothers go to Hays and Salina to deliver babies, most come back for follow up care.

Respondents: ER is very good at deliver quick service.

Respondents: A lot of people in our county are depressed and need help. Our suicide rate is too large.

Respondents: The fitness center is not that expensive but the people in this community don't want to pay for it and don't want to go. People don't want to own their health.

Meth and heroin are the number one drug in our community. Opioid use is here, but not as prominent.

Respondents: Communicating existing services is happening, but the accessibility of getting in to some of the programs are hard because they fill up fast, forcing them to leave our community for care.

Mental Health, GI, Urology, ENT, Geriatrics,

Respondent: Safe House or organization for help with Domestic Violence. Also want a Hospice House.

### Strengths

- Accessibility to local Health Care Services
- Adequate Wellness Facilities
- Red Programs
- Physical Therapy Department
- Long Term Care Facilities
- School Health
- Primary Care Providers
- Good Social Services

**Improve/ Change**

- Mental Health (Screen, Treat, Rehab)
- Day Care
- Drug and Alcohol Abuse
- Community Social Services Assistance
- Senior Care
- HC Collaboration and Communication
- Housing
- Specialists (GI, ENT, Urology, Geriatrics)
- HC Education and Wellness
- Home Care
- Dental

## Wave #3 CHNA - Russell Regional Hospital (PSA)

### Town Hall Conversation - Strengths (Color Cards)

Card #	C1	Community Health Strengths	Card #	C1	Community Health Strengths
4	ALL	Availability health care	6	FAC	Exercise facilities
15	ALL	Health care services	8	FAC	Exercise facilities
6	ALL	Health services	5	FAC	Exercises places
3	ALL	Healthcare services	12	FAC	Health care facility
13	ASLV	Assisted living	15	FAC	LTC facilities
2	ASLV	Senior care	13	FAC	Three areas for exercise
13	CLIN	New phys clinic	11	FIT	Walking tracks
10	CLIN	Number of special clinics	3	HOSP	Hospital
1	CLIN	Out reach clinics	15	HOSP	Hospital
7	CLIN	Physicians clinic	5	HOSP	Hospital services
10	DOCS	Number of providers	8	OTHR	Community support
8	DOCS	Physician recruitment	11	OTHR	County health
14	DOCS	Primary care	7	OTHR	Currently working to address housing needs
2	DOCS	Primary care providers	9	OTHR	Immunizations
4	DOCS	Primary care providers	14	OTHR	Immunizations
15	DOCS	Primary care providers	4	OTHR	LTC
9	DOCS	Providers	4	OTHR	School health
12	DOCS	Providers	9	OTHR	School screenings (health, dental)
11	DOCS	Providers for health care	1	PHAR	Pharmacy
5	EMER	Emergency care	2	PHAR	Pharmacy
1	EMER	Emergency room	4	PHAR	Pharmacy
1	EMER	EMT's	15	PHAR	Pharmacy
7	EMER	ER services	4	PHY	PT department
8	EMER	ER services	8	PHY	PT department at hospital
11	EMER	ER services	8	REC	Rec programs for all ages
13	EMER	Urgent care	2	SPEC	Specialists
14	EMER	Urgent care	15	SPEC	Specialists
3	EMS	EMS	10	SS	Number of social services
15	EMS	EMS	10	WELL	Number of wellness facilities
5	EMS	EMS services	4	WELL	Wellness programs
11	EMS	EMS services	9	WELL	Wellness programs

## Wave #3 CHNA -Russell Regional Hospital PSA

### Town Hall Conversation - Weakness (White Cards)

Card #	C1	Community Health Weaknesses	Card #	C1	Community Health Weaknesses
12	ALC	Alcohol	2	DRUG	Substance abuse
13	ALC	Alcohol issue	11	DRUG	Substance abuse
8	ALL	Rehab housing contributing to poor health care/health issues	1	ED	Education
1	ASLV	Home care	4	ED	Health education to community
4	ASLV	Senior care	4	FEM	Births unmarried (?) mothers
8	BH	Access to mental health specialists	7	HH	Home care
1	BH	Mental health	8	INSU	Insurance issues
2	BH	Mental health	5	KID	Access to quality childcare
3	BH	Mental health	6	KID	Childcare
6	BH	Mental health	7	KID	Childcare
7	BH	Mental health	11	KID	Childcare
9	BH	Mental health	13	KID	Childcare
11	BH	Mental health	4	KID	Daycare
12	BH	Mental health	1	KID	Daycare services
10	BH	Mental health access	2	KID	Daycare services
13	BH	Mental health access	3	KID	Daycare services
15	BH	Mental health availability	14	KID	Lack of childcare
4	BH	Mental health care	15	NUTR	Affordable quality food
14	BH	Mental health evaluations	4	OBES	Obesity
5	BH	Mental health services	10	OBES	Obesity
5	COMM	Communicating current services to the public	12	OBES	Obesity
1	COMM	Communication	7	OTHR	Cost of housing
3	COMM	Communication	4	OTHR	Housing
9	COMM	Communication	6	OTHR	Housing
14	COMM	Communication to public about services	11	OTHR	Housing
4	COMM	Communications	13	OTHR	Housing
8	COMM	Community awareness and education of available services	15	OTHR	Medicare
3	DENT	Dentistry	15	OTHR	Medicare
15	DENT	Dentists	10	OTHR	Safety (vehicle)
10	DENT	Dentistty	6	OTHR	Unemployment
14	DENT	Lack of dental	9	POV	Poverty
15	DIAB	Diabetes	12	POV	Poverty
4	DOCS	Health care providers	5	POV	Poverty levels- rentals
13	DRUG	Drug	15	REC	Community center
10	DRUG	Drug abuse	4	SPEC	Additional specialists
6	DRUG	Drug addiction	2	SPEC	Specialists
9	DRUG	Drug addiction	4	SS	Community social services education
3	DRUG	Drug usage	3	TOB	Tobacco use
5	DRUG	Drug usage	4	TRANS	Transportation
1	DRUG	Drugs	15	TRANS	Transportation
11	DRUG	Drugs	3	TRANS	Transportation for health services
12	DRUG	Drugs	12	WELL	Personel wellness
4	DRUG	Opiods/drug use			



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## c) Public Notice & Requests

[VVV Consultants LLC]

# 2018 Community Health Survey begins, Russell County KS

Media Release: 01/31/2018

Over the next three months, Russell Regional Hospital (RRH) will be updating the 2015 Russell County Community Health Needs Assessment (CHNA). (Note: This assessment update is a follow-up to meet final IRS regulations released on 01/02/2015, requiring all 501(c)(3) hospitals to conduct a community health needs assessment and adopt an implementation strategy at least once every three years).

The goal of this assessment update is to understand progress in addressing community needs and to collect up-to-date community health care perceptions / suggestions. VVV Consultants LLC, an independent research firm from Olathe, Kansas has been retained again to conduct this countywide research.

**To accomplish this work, a short online survey has been developed:**

**<https://www.surveymonkey.com/r/RussellCHNA3> OR text RusselCHNA3 to 48421** to receive the link on your smart phone. < Note: you can also find CHNA 2018 feedback link on RRH website & Facebook page.>

"This work is vital to determine the health direction for our county." said Robert Nahmensen, RRH CEO. All community residents are encouraged to complete the 2018 CHNA Wave #3 online survey by Wednesday March 14<sup>th</sup> 2018.

If you have any questions about CHNA activities, please call 785 483-3131.

# Mail Push – Stakeholder Roster

**From:** Robert Nahmensen

**To:** Russell County HC Stakeholders, Providers, Board & Staffs

**Date:** Feb 2, 2018

**Subject:** Russell County CHNA Wave #3 Community Feedback Survey

Over the next three months, Russell Regional Hospital will be partnering with other community health providers to update the 2015 Russell County Community Health Needs Assessment (CHNA).

Your feedback / suggestions regarding current community health are very important to collect in order to complete our comprehensive 2018 Community Health Needs Assessment and Implementation Plan.

**To accomplish this work, a short online survey has been developed:**

<https://www.surveymonkey.com/r/RussellCHNA3>

All responses are confidential. Thank you in advance for your time and support in participating with this important request. **Please complete CHNA Round #3 online survey by Wednesday, March 14, 2018.**

**NOTE: Please hold Friday March 23, 2018 (11:30-1pm)** to attend a CHNA Town Hall working lunch at RRH. Note: More town hall information will be coming in late February.

# E Mail Reminder

**Subject:**

**Town Hall Meeting - Friday March 23, 2018**

Russell Regional Hospital

Community Health Needs Assessment

11:30 -1p.m.

**You are invited to lunch on March 23<sup>rd</sup>.**

Russell Regional Hospital and other area providers are working together to update the 2018 Russell County Community Health Needs Assessment (CHNA) report. <Note: The goal of this assessment is to understand progress in addressing community health needs cited in 2015 report and to collect up-to-date community health perceptions. >

To continue this work, Russell Regional will host a **Town Hall lunch meeting on Friday, March 23 from 11:30-1p.m. at RRH Cafeteria Conference Room.**

**Please plan to attend one.** A light lunch will be served starting at 11:15 a.m.

In addition, last call to provide community CHNA feedback. Deadline to participate is Wednesday, March 14, 2018. <https://www.surveymonkey.com/r/RussellCHNA3>

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## d) Primary Research Detail

[VVV Consultants LLC]

2018 CHNA Community Feedback - Russell Co KS N= 67							
ID	Zip	Overall	Movement	c1	c2	c3	When considering "overall community health quality", is it increasing, decreasing or not really changing. Why?
1006	67665	Good	UP	ACC			New services and procedures coming in.
1001	67665	Good	UP	CLIN	SPEC		NEW CLINIC AND MORE SPECIALTY DOCS COMING IN
1049	67626	Very Good	UP	DOCS	PHY	SPEC	Additional excellent doctors; additional PT services; excellent specialists coming to Russell on a scheduled basis
1065	67665	Average	No CHG	DOCS			Aging doctors not retiring.
1016	67634	Average	No CHG	DOCS			Have not seen to many new doctors come in.
1064	67665	Poor	DOWN	INSU			Insurance is covering less
1020	67665	Average	No CHG	OBES	SPEC	DENT	Obesity isn't improving. Specialists and dental care seems to be getting worse.
1023	67665	Poor	No CHG	QUAL			Seems they hire physicians based on willingness to live in rural Kansas rather than ability. Also tend to automatically eliminate or discount hires based on geographical location.
1010	67665	Good	UP	SURG			Reinstatement of surgery.

2018 CHNA Community Feedback - Russell Co KS N= 67							
ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1035	67665	Average	No CHG	DRUG	ALC		Also a lack of sentencing in the judicial system for drug/alcohol related crimes. People will continue to use and abuse if they know there are little to no consequences for their actions.
1018	67665	Average	No CHG	DRUG			Drug abuse
1066	67665	Good	UP	DRUG	POV		Drug/substance abuse, low socioeconomic status
1004	67665	Very Good	No CHG	GOV			To many slumlords offering government paid rent. The people they bring in are nonproductive citizens.
1021	67665	Poor	No CHG	INSU	ACC		cost of health care of the uninsured. Access to health care for those who have Medicaid.
1040	67665	Average	No CHG	NEG			I think a lot of people are just too lazy to go get the help they need.
1055	67665	Very Good	No CHG	NEG			Lack of desire on the part of many to make an effort to take steps to improve their own health, and their children, in some cases.
1054	67665	Very Good	UP	OBES			obesity and lack of trying to be healthy
1039	67665	Good	UP	POV	WELL		Poverty level and lack of education
1058	67665	Very Good	UP	WELL			People applying the health & wellness education that is provided.

2018 CHNA Community Feedback - Russell Co KS N= 67							
ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1023	67665	Poor	No CHG	ALL	STFF	MAN	All existing programs need to be reviewed and improved. Keeping same providers; administrations and board members for years without change is counter productive to good health services. Community does not want to invest in programs and those in charge are only concerned with their own status quo. Need regular mental health care; more qualified physicians; dietary/nutritionist; assistance with Medicaid applications, Medicare and general insurance assistance.
1001	67665	Good	UP	BH			MENTAL HEALTH
1046	67665	Very Good	UP	BH			Mental health issues
1006	67665	Good	UP	BH			Mental health needs addressed.
1017	67665	Average	UP	BH	DRUG		Mental health, substance abuse. Using all stakeholders regarding drugs...a true community problem
1065	67665	Average	No CHG	BH	SURG	DENT	Mental health. Surgical services, Dental providers
1051	67665	Good	UP	BH			More mental health services locally.
1028	67665	Average	UP	CLIN	INSU		Clinics (eg. eye doctor, dentist) that have a sliding fee scale. There are still a lot of residents that do not have health insurance or a high deductible.
1043	67665	Very Poor	DOWN	CORP			Maybe they should all partner together instead of offering the same thing over and over again. It's like a competition.
1031	67665	Very Good	UP	DRUG			Drug prevention.
1012	67665	Good	No CHG	DRUG			Substance abuse programs
1049	67626	Very Good	UP	KID	FIT	NUTR	Child care/preschool program with school district; free informational programs on exercise and nutrition...partner with Russell Recreation Center
1044	67665	Good	UP	KID			Early childhood development partner with schools
1066	67665	Good	UP	KID	BH	DRUG	Reputable child care options, mental health provider, drug/substance abuse education and treatment
1016	67634	Average	No CHG	NO			?
1064	67665	Poor	DOWN	NO			Clara Barton seems to be winning!!
1056	67665	Average	No CHG	NO			Reinforce what's already offered
1018	67665	Average	No CHG	NO			Unknown
1058	67665	Very Good	UP	NUTR	WELL		Food and nutrition between county nurse and extension classes would be great. Home environment cleanliness with the same partners, education on the health effects to children and elderly.
1013		Good	No CHG	OTHR			It's difficult to include the private sector at this time due to commodities.
1034	67665	Average	No CHG	PNEO	ACC		Prenatal care More access to health care for non emergent incidences
1021	67665	Poor	No CHG	SPEC			Partner with Hays Med - they have lots of specialties. They don't all need to come to Russell, maybe a van could go to Hays 2-3 times a week so patients could go to Hays for OP appointments.
1048	67665	Very Good	UP	SPEC	BH		Yes, we can partner with others through the use of Specialty Clinics. Mental health is one that needs to be looked into.



Let Your Voice Be Heard!

**Russell Regional Hospital is requesting your help to update the 2018 Community Health Needs Assessment (CHNA). <Note: ACA legislation requires all tax-exempt hospitals to submit a CHNA to the IRS every three years, regardless of hospital affiliation. Each hospital, even those that serve overlapping populations, must submit a separate CHNA.>**

**To collect "up to date" community feedback, a short online survey has been created to uncover any current community health issues and evaluate local health delivery. While your participation is voluntary and confidential, all community input is valued.**

**Thank you for your attention! Deadline to participate is Wednesday, March 14, 2018.**

1. Three years ago, a Community Health Needs Assessment was completed. Today, we are updating this assessment and would like to know how would you rate the "Overall Quality" of healthcare delivery in our community?

Very Poor  Poor  Average  Good  Very Good

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

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

Why? (please specify)

3. Past Community Health Needs Assessments (CHNA's) review area health resources, patient access to care, health-related factors (i.e. smoking, eating and drinking habits etc), social determinants of health, health care utilization, area health status (i.e. mortality, mental health, chronic disease rates etc.), and community economics & demographics.

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



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



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

- |  |   |
|--|---|
| <input type="checkbox"/> Alcohol Abuse   | <input type="checkbox"/> Drug / Substance Abuse |
| <input type="checkbox"/> Child Care      | <input type="checkbox"/> Housing                |
| <input type="checkbox"/> Chronic Disease | <input type="checkbox"/> HC Transportation      |
| <input type="checkbox"/> Dental          | <input type="checkbox"/> Mental Health          |



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

- |  |   |
|--|---|
| <input type="checkbox"/> Alcohol Abuse   | <input type="checkbox"/> Drug / Substance Abuse |
| <input type="checkbox"/> Child Care      | <input type="checkbox"/> Housing                |
| <input type="checkbox"/> Chronic Disease | <input type="checkbox"/> HC Transportation      |
| <input type="checkbox"/> Dental          | <input type="checkbox"/> Mental Health          |



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

- Lack of health & wellness education
- Chronic disease prevention
- Limited access to mental health assistance
- Case management assistance
- Elder assistance programs
- Family assistance programs
- Lack of awareness of existing local programs, providers, and services

Other (please specify)

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

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

9. How would our community area residents rate each of the following health services? Con't

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

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

	Very Good	Good	Fair	Poor	Very Poor
Caregiver Training Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early Childhood Development Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to secure Grants / Finances to Support Local Health Initiatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings (such as asthma, hearing, vision, scoliosis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunization Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity Prevention & Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

- Yes
- No
- I don't know

Please specify the healthcare services received.

13. Are our healthcare organizations, providers and stakeholders actively working together to address community health?

- Yes
- No
- I don't know

Please explain



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



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

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



16. What is your home ZIP code? Please enter 5-digit ZIP code; for example, 00544 or 94305)

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

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

Other (please specify)





## Report Contact:

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