



Community Health Needs Assessment
Russell County, KS
On Behalf of Russell Regional Hospital



July 2021

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

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I. Executive Summary

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I. Executive Summary

Russell Regional Hospital – Russell County, KS - 2021 Community Health Needs Assessment (CHNA)

The previous CHNA for Russell Regional was completed in 2018. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #4 Russell County, KS CHNA assessment began December 2020 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

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

County Health Area of Future Focus on Unmet Needs

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

Russell County, KS				
2021 CHNA Priorities - Unmet Needs				
CHNA Wave #4 Town Hall - July 8, 2021				
RRH Primary Service Area (23 Attendees, 88 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Diagnosis, Placement, Aftercare, Providers)	19	21.6%	22%
2	Child Care	15	17.0%	39%
3	Housing	13	14.8%	53%
4	Drug / Alcohol Abuse	10	11.4%	65%
5	Economic Development	6	6.8%	72%
6	Awareness of Healthcare Services	5	5.7%	77%
7	Obesity (Nutrition / Exercise)	5	5.7%	83%
Total Votes		88	100%	
Other unmet needs receiving votes: Provider Collaboration/Communication, Provider Retention, Vaccinations, Spiritual Health, and Rural Russell Co: Transportation / Food Insecurity / Outreach clinics.				

Town Hall CHNA Findings: Areas of Strengths

Russell Co. (KS) - "Community Health Strengths"			
#	Topic	#	Topic
1	Access to Quality Food	6	School Health / Programs
2	EMS	7	Health Department
3	Fitness / Recreational Centers	8	Ancillary Services
4	Community Engagement / Leadership	9	Local Transportation
5	Quality Providers / Specialists	10	Active Community Organizations

Key CHNA Wave #4 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2020 Robert Woods Johnson County Health Rankings, Russell County, KS Average was ranked 39th in Health Outcomes, 72nd in Health Factors, and 61st in Physical Environmental Quality out of the 105 Counties.

TAB 1. Russell County's population is 6,856 (based on 2019), with a population per square mile of approximately 7.9 persons. Roughly six percent (5.8%) of the population is under the age of 5, while the population that is over 65 years old is 24.7%. As of 2019, Hispanic / Latinos make up 3.9% of the population and 4.2% of citizens that speak a language other than English in their home. Children in single parent households make up a total of 14% compared to the rural norm of 16.2%, and 85.8% are living in the same house as one year ago.

TAB 2. In Russell County, the average per capita income is \$26,090 while 14.4% of the population is in poverty. The severe housing problem was recorded at 9.1% compared to the rural norm of 9.5%. Food insecurity is 11%, and limited access to healthy foods (store) is 9%.

TAB 3. Children eligible for a free or reduced-price lunch in Russell County is 56%. Roughly ninety-two percent (92.1%) of students graduated high school in compared to the rural norm of 88.1% and 29.9% have a bachelor's degree or higher.

TAB 4. The percent of births where prenatal care started in the first trimester is 88.1% and 5.8% of births in Russell County have a low birth weight. Continually, 70.7% (compared to 82.7% rural norm) of infants up to 24 months are receiving full immunization. The percent of mothers who were reported as smoking during pregnancy is 18.6%.

TAB 5. The Russell County primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 2,302 residents. The preventable hospital rate per 100,000 (lower is better) is 5,551 compared to the rural norm of 5,888. The average (median) time patients spend in the emergency department before leaving was 82 minutes compared to the rural norm of 98 minutes.

TAB 6. In Russell County, 18.1% of the Medicare population has depression. The percent of Medicare Part D beneficiaries receiving an opioid day supply >10 Days is 36.8%. The average mentally unhealthy days last reported (2018) is 3.8 days in a one-week period.

TAB 7a – 7b. Russell County has an obesity percentage of 33%, and physical inactivity percentage is 29%. The percentage of adults who smoke is 20%, while the excessive drinking percentage is 20% as of 2018. The Medicare hypertension percentage is 55.9%, while their heart failure percentage is 16%. The percentage of individuals who were recorded having COPD was 16.3%. Russell County recorded roughly seven percent of those having cancer (7.5%) among their Medicare population and 2.2% of individuals who have had a stroke.

TAB 8. The adult uninsured rate for Russell County is 11% (based on 2018) compared to the rural norm of only 11.1%.

TAB 9. The life expectancy rate in Russell County is roughly seventy-eight years of age (77.5) for the entire general population in this county. Alcohol-impaired driving deaths for Russell County was at 33% while age-adjusted Cancer Mortality rate per 100,000 is 216.2 and the Age-adjusted Heart Disease Mortality rate per 100,000 is at 166.5.

TAB 10. It was recorded as of 2019, that sixty-four percent (64%) of Russell County has access to exercise opportunities. There are 13% of the population with diabetes monitoring and forty-two percent (42%) of women in Russell County seek annual mammography screenings.

Key CHNA Wave #4 Primary Research Conclusions found:

Community Feedback from residents, community leaders and providers (N=320) provided the following community insights via an online perception survey:

- Using a Likert scale, 61.9% 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 some of the following services: Ambulance Services, Chiropractic, Optometry, Pharmacy, and the Walk-In Clinic.
- When considering past CHNA needs, the following topics came up as the most pressing: Access to Mental Health Services, Child Care, Drug / Substance Abuse, Dental Services, Alcohol Abuse, Healthcare Communication / Collaboration, and Housing.

Russell Co. KS - CHNA Wave #4		Ongoing Problem		Trend	Pressing
Past CHNAs Unmet Needs identified					Russell Co
Rank	Ongoing Problem	Votes	%		RANK
1	Access to Mental Health Services	90	8.7%		1
2	Child Care	80	7.7%		3
3	Drug / Substance Abuse	78	7.5%		2
4	Dental Services	58	5.6%		6
5	Alcohol Abuse	49	4.7%		8
6	Healthcare Communication / Collaboration	49	4.7%		4
7	Housing	47	4.5%		9
8	Chronic Disease (Services / Prevention)	42	4.1%		5
9	Transportation	42	4.1%		11
10	Awareness of Health Services	41	4.0%		7
11	Community Social Services Assistance	41	4.0%		10
TOTALS		617			

II. Methodology

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II. Methodology

a) CHNA Scope and Purpose

The federal Patient Protection and Affordable Care Act (ACA) requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs. Any hospital that has filed a 990 is required to conduct a CHNA. IRS Notice 2011-52 was released in late fall of 2011 to give notice and request comments.

JOB #1: Meet/Report IRS 990 Required Documentation

1. A description of the community served by the facility and how the community was determined;
2. A description of the process and methods used to conduct the CHNA;
3. The identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA;
4. A description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications;
5. A prioritized description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and
6. A description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

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

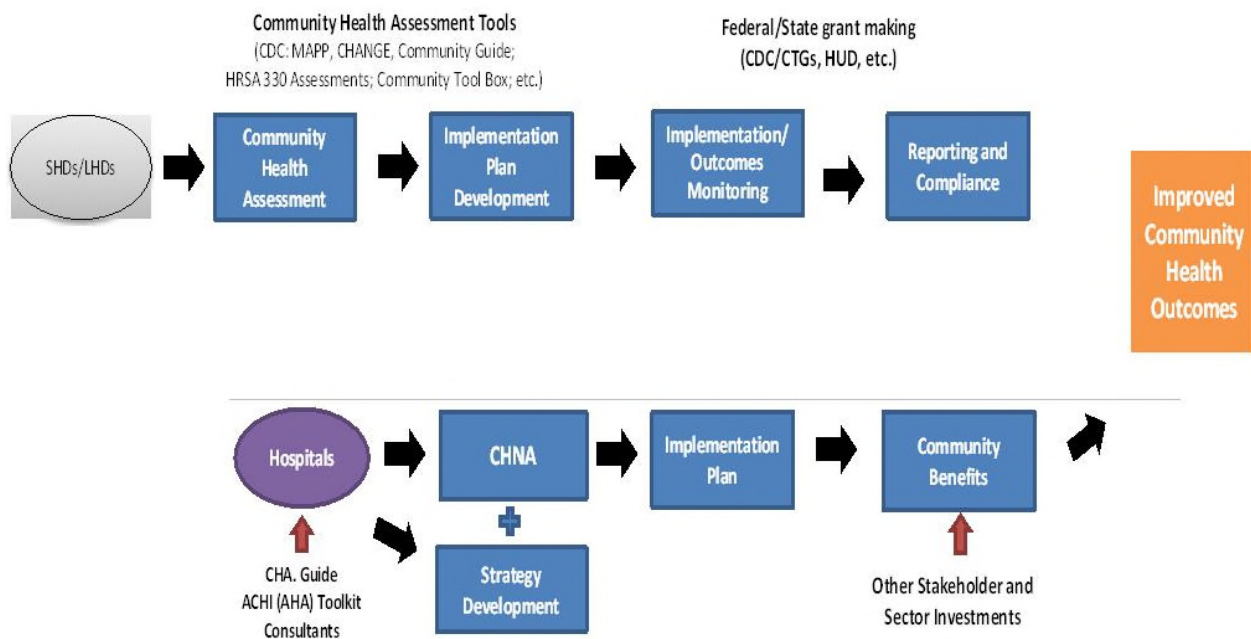
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Requirements Overview (Notice 2011-52)

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

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

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

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

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

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

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

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

Additional Sources of Input

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

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

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

Collaboration on CHNA Reports

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

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

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

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

Joint Implementation Strategies

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

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

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

Adoption of Implementation Strategy

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

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

New Hospital Organizations

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

New Hospital Facilities

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

Transferred/Terminated Facilities

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

Public Health Criteria:

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

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

DOMAIN 1 includes 4 STANDARDS:

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

Required CHNA Planning Process Requirements:

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

Seven Steps of Public Health Department Accreditation (PHAB):

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

MAPP Process Overview

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

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

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



Drivers of Health Assessment & Improvement Planning

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

National Voluntary Accreditation Requirements

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

CDC Grant Requirements

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

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

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

Social Determinants of Health

What Are Social Determinants of Health?



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

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

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

II. Methodology

b) Collaborating CHNA Parties

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

Russell Regional Hospital Profile

200 South Main St, Russell, KS 67665

Administrator: David Caudill

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

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



Vince Vandehaar, MBA – Principal

VVV Consultants LLC – start 1/1/09 *

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

Cassandra Kahl, BHS – Lead Consultant

VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences
 - Park University MHA (May 2021)
- Pharmacy Management (CVS) – 2 ½ years
- Hometown: Maple, WI



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

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

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

Our Values :

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

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

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

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

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

II. Methodology

c) CHNA and Town Hall Research Process

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

In late March 2021, a meeting was called by RRH leaders to review CHNA collaborative options. <Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps.> Outcomes from discussion led to SCHC CFO to request VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

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

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

Russell Regional Hospital - Define PSA					Inpatients			Outpatients		
Source: KHA - FFY 2018-20		43,619	Totals - IP/OP		204	229	205	15,431	14,465	13,085
Patient Zip Code	County	3YR TOT	%	Accum	FFY18	FFY19	FFY20	FFY18	FFY19	FFY20
67665-Russell, KS	Russell	31,811	72.9%	72.9%	158	189	159	11,368	10,384	9,553
67640-Gorham, KS	Russell	1,316	3.0%	75.9%	4	5	2	507	395	403
67649-Luray, KS	Russell	1,005	2.3%	78.3%	7	6	1	405	314	272
67626-Bunker Hill, KS	Russell	882	2.0%	80.3%	3	2	7	269	288	313
67634-Dorrance, KS	Russell	858	2.0%	82.2%	1	2	3	247	331	274
67673-Waldo, KS	Russell	463	1.1%	83.3%	0	3	1	133	148	178
67658-Paradise, KS	Russell	398	0.9%	84.2%	5	2	6	119	127	139
67648-Lucas, KS	Russell	335	0.8%	85.0%	3	8	3	131	103	87
© 2021 Hospital Industry Data Institute										

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

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

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

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

Phase III—Quantify Community Need:

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

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

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

Detail CHNA Development Steps Include:

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

Data & Benchmarks Review

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

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

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

Community health assessment indicators should be.

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

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

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

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

Sources of community-health level indicators:

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

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

Russell Regional Hospital			
VVV CHNA Wave #4 Work Plan - Year 2021			
Project Timeline & Roles - Working Draft as of 3/23/21			
Step	Timeframe	Lead	Task
1	Feb. 2021	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	3/22/2021	Hosp	Select CHNA Wave #4 Option B. Approve / Sign VVV CHNA quote
3	4/13/2021	VVV	Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	4/13/2021	VVV	Hold Kick-off Meeting & Request Hospital Client to send KHA PO reports for FFY 18, 19 and 20. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls)
5	4/15/2021	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	April - May 2021	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	4/23/2021	VVV / Hosp	Prepare/send out PR story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	By 4/23/2021	VVV / Hosp	Place PR #1 story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	5/1/2021	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 6/1/2021 for Online Survey
10	6/15/2021	Hosp	Prepare/send out Community TOWN HALL invite letter and place local AD.
11	6/17/2021	VVV / Hosp	Prepare/send out PR #2 story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
12	7/1/2021	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	Thursday 7/08/21	VVV	Conduct virtual CHNA Town Hall for Lunch 11:30 am - 1:00 pm (location TBD) . Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 07/14/2021	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 7/28/2021	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	7/16/2021 Zoom	Hosp	Conduct Client Implementation Plan PSA Leadership meeting (Tentative Date: 6/17/21)
17	On or Before 7/31/2021	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

Overview of Town Hall Community Priority Setting Process

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


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

Russell County Town Hall was held on Thursday July 8th, 2021, onsite following COVID-19 safety requirements. Vince Vandehaar (MBA) and Cassandra Kahl (MHA) facilitated this 1½ hour session with 31 RSVP's and 23 attendees. (Note: a detail roster of Town Hall attendees is listed in Section Va).

The following Town Hall agenda was conducted:

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

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



**Community Health Needs Assessment
Town Hall Meeting – Russell Co. (KS)
on behalf of Russell Regional Hospital**

VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

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Safe Table Seating Assignments

RSVP's Russell County, KS 2021 CHNA Town Hall, July 8th (11:30 a.m. to 1:00 p.m.)

#	Table	Lead	Last	First	Organization	Title
1	A	##	Parsons	Mike	Russell County Eco Devo	Director
2	A		Deines	Jessica	RRH Physicians Clinic	
3	A		Elliott	Ken	Business Owner/ Board	Business Owner
4	A		Kreutzer	Kevin	Russell Regional Hospital	CFO
5	B	##	Bitter	Paula	Health Dept	Exec Director
6	B		Caudill	David	Russell Regional Hospital	CEO
7	B		Maske	Sarah	Russell Regional Hospital	Rheumatology Dept.
8	B		Sohm	Charlene	RRH Rheumatology	RN
9	C	##	Alicia	Barrie	Homestead of Russell	Executive Director
10	C		Dinkel	kay		Board
11	C		Grismer	Margaret	Russell Regional Hospital	Interim CEO
12	C		Shinn	Deb	Russell Regional Hospital	APRN
13	D	##	Begler	Aaron	Russell Regional Hospital	CNO
14	D		Rogge	Rebecca	Homestead of Russell	Resident Care Coordinator
15	D		Sohm	Curtis	Russell Regional Hospital	Director of Rehabilitation
16	E	##	Talbott	Janae	Russell Regional Hospital	Public Relations
17	E		Farmer	Deon	Russell Regional Hospital	HR
18	E		Kootz	Jessica	K-State Extension	Extension Agent
19	F	##	HAMEL	DREW	Russell Regional Hospital	DIRECTOR OF RADIOLOGY
20	F		Harrison	Jordan	Police Dept	Chief
21	F		Vonfeldt	Sarah	Russell Regional Hospital	Social Services Director

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

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

3

I. Introduction: Who We Are
Background and Experience



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

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



Cassandra Kahl, BHS MHA– Lead Consultant
VVV Consultants LLC – Nov 2020

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



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

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Town Hall Participation (You)

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

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II. Review of a CHNA

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

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I. Introductions: A Conversation with the Community & Stakeholders

Community members and organizations invited to CHNA Town Hall

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

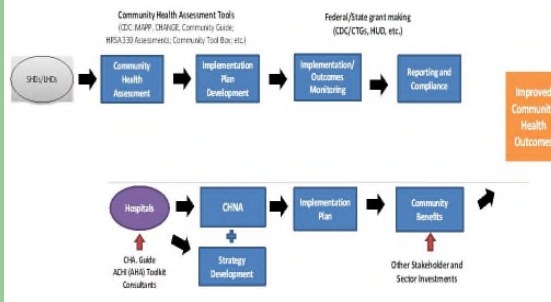
Community leaders and groups: The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs -- Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses – owners/CEO's of large businesses (local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

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

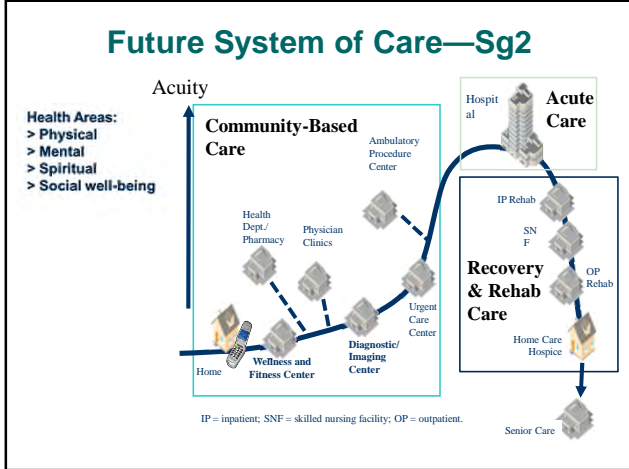
Other providers: Physicians, Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services, Leaders from Catholic Charities and other faith-based service providers, Mental health providers, Oral health providers, Health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

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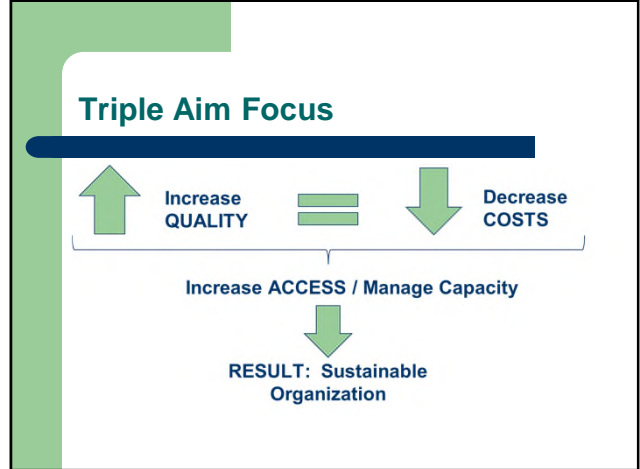
Community Health Needs Assessment Joint Process: Hospital & Local Health Providers



8



9



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II. IRS Hospital CHNA Written Report Documentation – Table of Contents

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

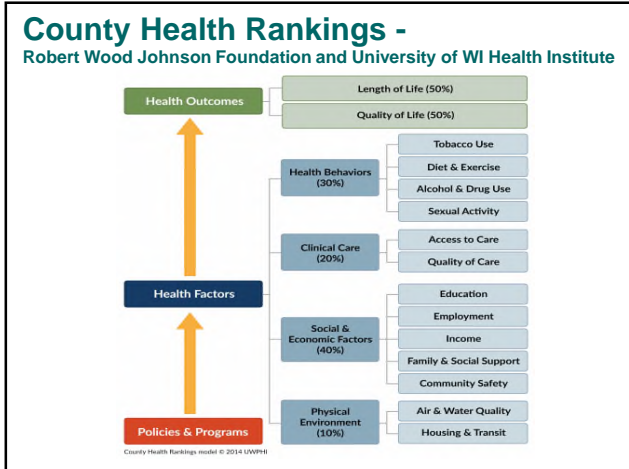
11

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

Trends: Good Same Poor

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

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IV. Collect Community Health Perspectives

Ask your opinion. Your thoughts?

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

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"Table Lead" Report Out. Unmet Needs and Strengths

RSVP's Russell County, KS 2021 CHNA Town Hall, July 8th (11:30 a.m. to 1:00 p.m.)						
#	Table	Lead	Last	First	Organization	Title
1	A	##	Parsons	Mike	Russell County Eco Devo	Director
2	A		Deines	Jessica	RRH Physicians Clinic	
3	A		Elliott	Ken	Business Owner/ Board	Business Owner
4	A		Kreutzer	Kevin	Russell Regional Hospital	CFO
5	B	##	Bitter	Paula	Health Dept	Exec Director
6	B		Caudill	David	Russell Regional Hospital	CEO
7	B		Maske	Sarah	Russell Regional Hospital	Rheumatology Dept.
8	B		Sohm	Charlene	RRH Rheumatology	RN
9	C	##	Alicia	Barrie	Homestead of Russell	Executive Director
10	C		Dinkel	Kay		Board
11	C		Grismer	Margaret	Russell Regional Hospital	Interim CEO
12	C		Shinn	Deb	Russell Regional Hospital	APRN
13	D	##	Begler	Aaron	Russell Regional Hospital	CNO
14	D		Rogge	Rebecca	Homestead of Russell	Resident Care Coordinator
15	D		Sohm	Curtis	Russell Regional Hospital	Director of Rehabilitation
16	E	##	Talbot	Janae	Russell Regional Hospital	Public Relations
17	E		Farmer	Deon	Russell Regional Hospital	HR
18	E		Koetz	Jessica	K-State Extension	Extension Agent
19	F	##	HAMEL	DREW	Russell Regional Hospital	DIRECTOR OF RADIOLOGY
20	F		Harrison	Jordan	Police Dept	Chief
21	F		Vonfeldt	Sarah	Russell Regional Hospital	Social Services Director

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Community Health Needs Assessment

Questions? Next Steps?

VAV Consultants LLC
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Olathe, KS 66061

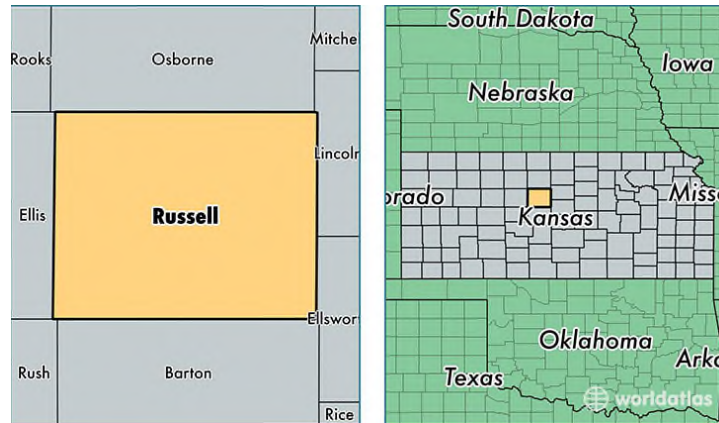
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II. Methodology

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.¹ The most common industries in Russell County include educational, health and social services, agriculture, forestry, fishing and hunting, and mining and retail trade.²

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 Airports³

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

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

² http://www.city-data.com/county/Russell_County-KS.html

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

Schools in Russell County⁴

Name	Level
Bickerdyke Elem	Primary
Lucas-Luray High	High
Luray-Lucas Elem	Primary
Ruppenthal Middle	Middle
Russell High	High
Simpson Elem	Primary

Parks and Amenities⁵

Name	USGS Topo Map
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 Occupations⁶

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

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

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

⁶ https://datausa.io/profile/geo/russell-county-ks/#category_occupations

Russell County Detail Demographic Profile

Zip	Name	County	Population			Households		HH	Per Capita
			YR 2020	YR 2025	Chg.	YR 2020	YR 2025	Avg. Size	Income 20
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
Totals			7,227	7,276	0.4%	3,303	3,337	2.1	\$29,462

Zip	Name	County	Population				YR 2020		Females
			YR 2020	Pop. 65+	Kids <20	Gen. Y	Males	Females	Age 20-35
67626	Bunker Hill	RUSSELL	172	53	34	16	91	81	15
67634	Dorrance	RUSSELL	311	97	59	28	163	148	26
67640	Gorham	RUSSELL	537	126	139	68	268	269	52
67648	Lucas	RUSSELL	505	140	120	52	253	252	45
67649	Luray	RUSSELL	291	81	68	30	146	145	26
67658	Paradise	RUSSELL	109	30	27	11	55	54	10
67665	Russell	RUSSELL	4,921	1,317	1,275	549	2,428	2,493	477
67673	Waldo	RUSSELL	101	27	24	10	52	49	9
Totals			6,947	1,871	1,746	764	3,456	3,491	660

Zip	Name	County	Population				Aver	HH	
			White	Black	Amer. Ind.	Hisp.	YR 2020	HH Inc. 20	HH \$50K+
67626	Bunker Hill	RUSSELL	95.9%	0.0%	2.3%	1.2%	86	\$44,299	42
67634	Dorrance	RUSSELL	96.8%	0.0%	2.3%	0.6%	150	\$45,851	73
67640	Gorham	RUSSELL	98.0%	0.0%	0.7%	1.3%	239	\$60,125	148
67648	Lucas	RUSSELL	95.8%	0.0%	0.6%	3.8%	244	\$45,109	117
67649	Luray	RUSSELL	95.9%	0.0%	0.7%	3.4%	136	\$45,211	64
67658	Paradise	RUSSELL	96.3%	0.0%	0.9%	3.7%	47	\$46,348	22
67665	Russell	RUSSELL	93.1%	2.0%	0.9%	4.4%	2,208	\$40,616	912
67673	Waldo	RUSSELL	97.0%	0.0%	0.0%	3.0%	46	\$42,348	22
Totals			96.1%	0.2%	1.1%	2.7%	395	\$369,907	1,400

Source: ERSA Demographics

III. Community Health Status

[VVV Consultants LLC]

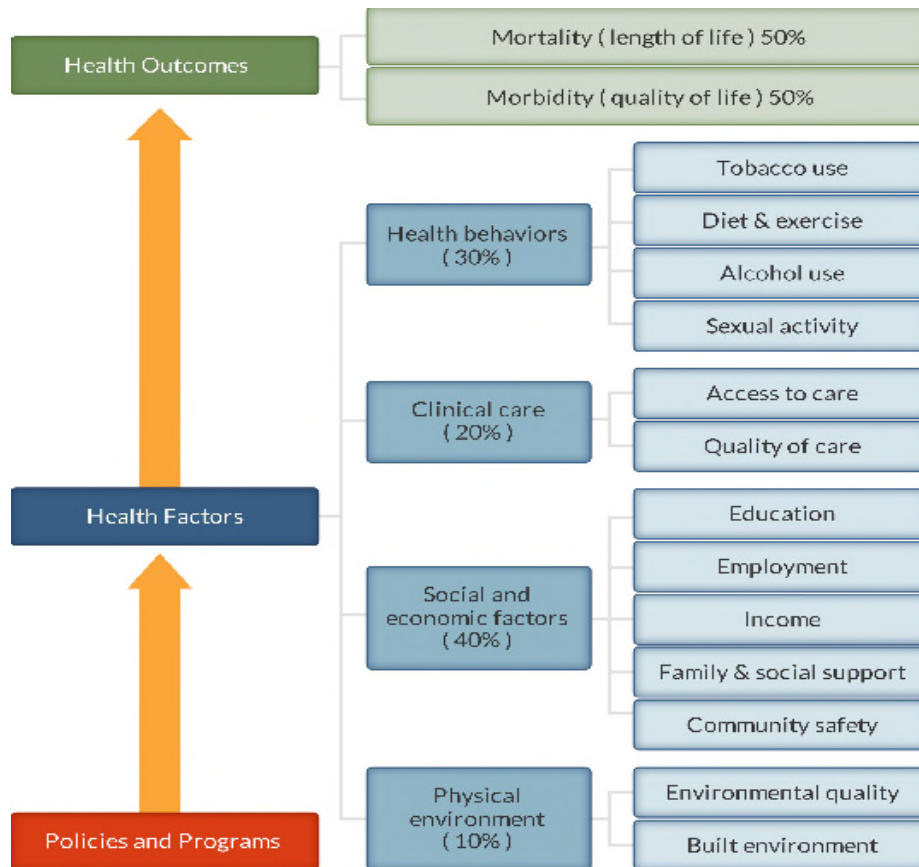
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

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

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



County Health Rankings model ©2012 UWPHI

National Research – Year 2021 RWJ Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Russell Co. (KS)	TREND	NW KS RURAL NORM (N=20)
1	Health Outcomes		39		49
2	Mortality	Length of Life	85		40
3	Morbidity	Quality of Life	12		51
4	Health Factors		72		39
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	55		49
6	Clinical Care	Access to care / Quality of Care	78		57
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	71		40
8	Physical Environment	Environmental quality	61		23

<http://www.countyhealthrankings.org>, released 2021

Kansas Rural Norm (N=20) includes the following counties: Cheyenne, Barton, Edwards, Ellis, Gove, Kiowa, Norton, Osborne, Pawnee, Phillips, Russell, Sheridan, Smith and Thomas.

PSA Secondary Research:

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

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

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

Tab 1: Demographic Profile

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

Tab	Demographic - Health Indicators	Russell Co. (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
1	a Population estimates, July 1, 2019, (V2019)	6,856		2,913,314	6,405	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	-1.6%		2.1%	-4.2%	People Quick Facts
	c Population per square mile, 2010 (V2019)	7.9		34.9	7.4	Geography Quick Facts
	d Persons under 5 years, percent, 2019, (V2019)	5.8%		6.4%	5.8%	People Quick Facts
	e Persons 65 years and over, percent, 2019, (V2019)	24.7%		16.3%	23.8%	People Quick Facts
	f Female persons, percent, 2019, (V2019)	50.8%		50.2%	49.4%	People Quick Facts
	g White alone, percent, 2019, (V2019)	94.9%		86.3%	95.3%	People Quick Facts
	h Black or African American alone, percent, 2019, (V2019)	1.3%		6.1%	1.4%	People Quick Facts
	i Hispanic or Latino, percent, 2019, (V2019)	3.9%		12.2%	5.6%	People Quick Facts
	j Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	4.2%		11.9%	4.4%	People Quick Facts
	k Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	85.8%		83.8%	86.0%	People Quick Facts
	l Children in single-parent households, percent, 2015-2019	14.0%		29.0%	16.2%	County Health Rankings
	m Total Veterans, 2015-2019	453		176,444	396	People Quick Facts

Tab 2: Economic Profile

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

Tab	Economic - Health Indicators	Russell Co. (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
2	a Per capita income in past 12 months (in dollars), 2019	\$26,090		\$31,814	\$28,859	People Quick Facts
	b Persons in poverty, percent (2019)	14.4%		11.4%	12.0%	People Quick Facts
	c Total Housing units, July 1, 2019, (V2019)	3,893		1,288,401	3,328	People Quick Facts
	d Total Persons per household, 2015-2019	2.4		2.5	2.4	People Quick Facts
	e Severe housing problems, percent, 2012-2016	9.1%		13.0%	9.5%	County Health Rankings
	f Total of All firms, 2012	1,087		239,118	1,024	Business Quick Facts
	g Unemployment, percent, 2019	2.9%		3.4%	2.6%	County Health Rankings
	h Food insecurity, percent, 2019	11.0%		13.0%	12.0%	County Health Rankings
	i Limited access to healthy foods, percent, 2015	9.0%		8.0%	9.3%	County Health Rankings
	j Low income and low access to store, percent, 2019	9.2%		9.4%	9.4%	U.S. Department of Agriculture - Food Environment Atlas
	k Long commute - driving alone, percent, 2015-2019	22.0%		21.0%	15.9%	County Health Rankings

Tab 3: Educational Profile

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

Tab	Educative - Health Indicator	Russell Co. (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
3	a Children eligible for free or reduced price lunch, percent, 2018-2019	56.0%		48.0%	47.1%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2015-2019	92.1%		91.0%	88.1%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	29.9%		33.40%	19.6%	People Quick Facts

#	School Health Indicators	Russell CO USD - YR 2020	Russell CO USD - YR 2015
1	Total # Public School Nurses		1
2	School Nurse is part of the IEP team Yes/No		Y
3	School Wellness Plan (Active)		Y
4	VISION: # Screened / Referred to Prof / Seen by Professional		699 / 61 / NA
5	HEARING: # Screened / Referred to Prof / Seen by Professional		699 / 13 / NA
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional		393 / 25 / NA
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional		NA
8	# of Students served with no identified chronic health concerns		552
9	School has a suicide prevention program		N
10	Compliance on required vaccinations (%)		95%

Tab 4: Maternal / Infant Profile

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

Tab	Maternal/Infant - Health Indicators	Russell Co. (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
4	a Percent of Births Where Prenatal Care began in First Trimester, 2017-2019	88.1%		81.0%	81.9%	Kansas Health Matters
	b Percentage of Premature Births, 2017-2019	7.1%		9.1%	10.0%	Kansas Health Matters
	c Percent of Infants up to 24 months that received full Immunizations, 2017-2019	70.7%		69.2%	82.7%	Kansas Health Matters
	d Percent of Births with Low Birth Weight, 2017-2019	5.8%		7.3%	7.9%	Kansas Health Matters
	e Percent of WIC Mothers Breastfeeding Exclusively, percent, 2018	18.8%		14.1%	27.3%	Kansas Health Matters
	f Percent of all Births Occurring to Teens (15-19), 2017-2019	6.2%		5.5%	5.2%	Kansas Health Matters
	g Percent of births Where Mother Smoked During Pregnancy, 2017-2019	18.6%		10.0%	13.1%	Kansas Health Matters

Tab 4: Maternal / Infant Profile (Continued)

#	Criteria - Vital Statistics	Russell Co. (KS)	Trend	Kansas	NW KS Norm (N=20)
a	Total Live Births, 2015	74		39,126	82
b	Total Live Births, 2016	81		38,048	81
c	Total Live Births, 2017	73		36,464	72
d	Total Live Births, 2018	84		36,268	73
e	Total Live Births, 2019	69		35,395	69
f	Total Live Births, 2015-2019 - 5 year Rate (%)	11.0%		12.7%	11.6%

Tab 5: Hospitalization and Provider Profile

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

Tab	Hospital/Provider - Health Indicator	Russell Co. (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
5	a Primary care physicians (Pop Coverage per) (No extenders incl.) , 2018	2302:1		1295:1	1850:1	County Health Rankings
	b Preventable hospital rate per 100,000, 2018 (lower the better)	5,551		4,024	5,888	County Health Rankings
	c Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	NA		78.0%	82.3%	CMS Hospital Compare, Latest Release
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	NA		78.0%	77.7%	CMS Hospital Compare, Latest Release
	e Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	82		112	98	CMS Hospital Compare, Latest Release

#	KS Hospital Assoc PO103	Russell County KS IP		
		FFY2018	FFY2019	FFY2020
1	Total Discharges	884	943	842
2	Total IP Discharges-Age 0-17 Ped	21	24	37
3	Total IP Discharges-Age 18-44	47	54	49
4	Total IP Discharges-Age 45-64	181	206	153
5	Total IP Discharges-Age 65-74	186	183	186
6	Total IP Discharges-Age 75+	278	321	263
7	Psychiatric	15	13	17
8	Obstetric	81	75	79
9	Surgical %	27.6%	26.6%	29.9%
#	KS Hospital Assoc PO103	Russell Regional IP only		
		FFY2018	FFY2019	FFY2020
1	Total Discharges	181	217	182
	IP Market Share - Trego Co	20.5%	23.0%	21.6%
2	Total IP Discharges-Age 0-17 Ped	0	0	0
3	Total IP Discharges-Age 18-44	5	8	5
4	Total IP Discharges-Age 45-64	31	39	24
5	Total IP Discharges-Age 65-74	34	41	60
6	Total IP Discharges-Age 75+	110	127	92
7	Psychiatric	1	2	1
8	Obstetric	0	0	0
9	Surgical %	0.0%	0.0%	0.0%
#	Kansas Hospital Assoc OP TOT223E	FFY2018	FFY2019	FFY2020
1	TCLMH ER Visits -Russell Co only	67.0%	63.5%	65.8%
2	TCLMH OP SRG Visits -Russell Co only	22.3%	17.5%	9.0%
3	TCLMH Total OP Visits -Russell Co only	66.1%	64.2%	64.8%

Tab 6: Behavioral / Mental Profile

Behavioral healthcare provides another important indicator of community health status.

Tab		Mental - Health Indicator	Russell Co. (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
6	a	Depression: Medicare Population, percent, 2018	18.1%		18.9%	18.6%	Kansas Health Matters
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2017-2019 (lower is better)	19.2		18.6	21.9	Kansas Health Matters
	c	Mental Behavioral Hospital Admission Rates per 100,000, 2017-2019	26.3		75.1	26.9	Kansas Health Matters
	k	Percent of Medicare Part D Beneficiaries Receiving Opioids Supply >10 Days (2017)	36.8%		37.8%	42.1%	Kansas Health Matters
	d	Average Number of mentally unhealthy days, 2018	3.8		3.7	3.6	County Health Rankings

Tab 7a: Risk Indicators & Factors Profile

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

Tab		High-Risk - Health Indicator	Russell Co. (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
7a	a	Adult obesity, percent, 2017	33.0%		33.0%	33.4%	County Health Rankings
	b	Adult smoking, percent, 2018	20.0%		17.0%	20.0%	County Health Rankings
	c	Excessive drinking, percent, 2018	20.0%		19.0%	19.4%	County Health Rankings
	d	Physical inactivity, percent, 2017	29.0%		25.0%	28.7%	County Health Rankings
	e	# of Physically unhealthy days, 2017	3.6		3.6	3.4	County Health Rankings
	f	Sexually transmitted infections (chlamydia), rate per 100,000 - 2017	231		13,554	234	County Health Rankings

Tab 7b: Chronic Risk Profile

Tab	Chronic - Health Indicator	Russell Co. (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
7b	a Hypertension: Medicare Population, 2018	55.9%		55.2%	57.0%	Kansas Health Matters
	b Hyperlipidemia: Medicare Population, 2018	35.0%		37.1%	39.0%	Kansas Health Matters
	c Heart Failure: Medicare Population, 2018	16.0%		13.4%	18.5%	Kansas Health Matters
	d Chronic Kidney Disease: Medicare Pop, 2018	21.9%		21.8%	21.6%	Kansas Health Matters
	e COPD: Medicare Population, 2018	16.3%		11.9%	14.4%	Kansas Health Matters
	f Atrial Fibrillation: Medicare Population, 2018	11.5%		8.8%	10.7%	Kansas Health Matters
	g Cancer: Medicare Population, 2018	7.5%		8.1%	8.0%	Kansas Health Matters
	h Osteoporosis: Medicare Population, 2018	5.2%		6.1%	9.4%	Kansas Health Matters
	i Asthma: Medicare Population, 2018	3.9%		4.3%	3.5%	Kansas Health Matters
	j Stroke: Medicare Population, 2018	2.2%		3.1%	3.0%	Kansas Health Matters

Tab 8 Uninsured Profile and Community Benefit

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

Tab	Coverage - Health Indicator	Russell Co. (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
8	a Uninsured, percent, 2018	11.0%		10.0%	11.1%	County Health Rankings

#	Charity Care- Russell Regional	YR 2018	YR 2019	Yr 2020
1	Free Patient Care Given	\$209,027	\$199,657	\$230,610
2	Bad Debt	\$914,811	\$825,941	\$883,694

Tab 9: Mortality Profile

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

Tab	Mortality - Health Indicator	Russell Co. (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
9	a Life Expectancy, 2017-2019	77.5		78.5	78.5	Kansas Health Matters
	b Age-adjusted Cancer Mortality Rate per 100,000 population, 2017-2019 (lower is better)	216.2		155.3	149.3	Kansas Health Matters
	c Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2017-2019 (lower is better)	166.5		156.7	162.4	Kansas Health Matters
	d Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2017-2019 (Lower is better)	30.2		49.9	52.8	Kansas Health Matters
	e Alcohol-impaired driving deaths, percent, 2015-2019	33.0%		21.9%	24.6%	County Health Rankings
	f Total # Deaths involving COVID-19 if released, 2021	22		3,575	14	NY Times

Causes of Death by County of Residence, KS 2016	Russell Co. (KS)	%	TREND	%	Kansas
TOTAL	100				27,312
Heart disease	25	25.0%		20.2%	5520
Cancer	19	19.0%		20.3%	5537
Other causes	18	18.0%		22.2%	6058
Pneumonia and influenza	10	10.0%		1.9%	514
Suicide	9	9.0%		11.3%	3085
Primary Hypertension/ Hypertensive Renal Disease & Secondary Hypertension	8	8.0%		13.2%	3603
# Of Drug Overdoses	7	7.0%		5.1%	1392
Known Death Percentage From Tobacco Use	7	7.0%		4.7%	1283

Tab 10: Preventive Quality Measures Profile

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

Tab	Preventative - Health Indicator	Russell Co. (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
10	a Access to exercise opportunities, percent, 2019	64.0%		80.0%	63.9%	County Health Rankings
	b Adults with diabetes, monitoring, percent, 2017	13.0%		10.0%	11.5%	County Health Rankings
	c Mammography annual screening, percent, 2018	42.0%		45.0%	42.0%	County Health Rankings
	d Percent Annual Check-Up Visit with PCP					TBD
	e Percent Annual Check-Up Visit with Dentist					TBD
	f Percent Annual Check-Up Visit with Eye Doctor					TBD

PSA Primary Research:

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

Chart #1 – Russell County, KS Online Feedback Response (N=214)

Russell Co. KS - CHNA Wave #4			
For reporting purposes, are you involved in or are you a ...?	Russell Co. N=214	Trend	2021 Norms N=3332
Business / Merchant	22.9%		12.0%
Community Board Member	12.7%		9.1%
Case Manager / Discharge Planner	2.5%		0.8%
Clergy	1.7%		1.4%
College / University	5.9%		4.7%
Consumer Advocate	4.2%		2.0%
Dentist / Eye Doctor / Chiropractor	2.5%		0.8%
Elected Official - City/County	2.5%		2.9%
EMS / Emergency	4.2%		3.0%
Farmer / Rancher	7.6%		9.1%
Hospital / Health Dept	39.0%		24.3%
Housing / Builder	0.8%		0.9%
Insurance	2.5%		1.3%
Labor	4.2%		3.1%
Law Enforcement	0.0%		1.0%
Mental Health	0.8%		1.4%
Other Health Professional	16.9%		13.3%
Parent / Caregiver	22.0%		21.7%
Pharmacy / Clinic	7.6%		2.7%
Media (Paper/TV/Radio)	1.7%		0.4%
Senior Care	6.8%		4.5%
Teacher / School Admin	8.5%		10.8%
Veteran	6.8%		3.7%
Other (please specify)	8.5%		9.4%
TOTAL	118		2060
Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego & Russell			

Chart #2 - Quality of Healthcare Delivery Community Rating

Russell Co. KS - CHNA Wave #4			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Russell Co. N=214	Trend	2021 Norms N=3332
Top Box %	19.0%		30.3%
Top 2 Boxes %	61.9%		74.0%
Very Good	19.0%		30.3%
Good	42.9%		43.7%
Average	28.6%		20.8%
Poor	5.7%		3.9%
Very Poor	3.8%		1.3%
Valid N	210		3,314
Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego & Russell			

Chart #3 – Overall Community Health Quality Trend

Russell Co. KS - CHNA Wave #4			
When considering "overall community health quality", is it...	Russell Co. N=214	Trend	2021 Norms N=3332
Increasing - moving up	33.9%		46.4%
Not really changing much	48.7%		45.6%
Decreasing - slipping	17.5%		8.0%
Valid N	189		2957
Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego & Russell			

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

Russell Co. KS - CHNA Wave #4		Ongoing Problem		Pressing
Past CHNAs Unmet Needs identified				Russell Co
Rank	Ongoing Problem	Votes	%	Trend
				RANK
1	Access to Mental Health Services	90	8.7%	
2	Child Care	80	7.7%	
3	Drug / Substance Abuse	78	7.5%	
4	Dental Services	58	5.6%	
5	Alcohol Abuse	49	4.7%	
6	Healthcare Communication / Collaboration	49	4.7%	
7	Housing	47	4.5%	
8	Chronic Disease (Services / Prevention)	42	4.1%	
9	Transportation	42	4.1%	
10	Awareness of Health Services	41	4.0%	
11	Community Social Services Assistance	41	4.0%	
TOTALS		617		

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

Russell Co. KS - CHNA Wave #4			
In your opinion, what are the root causes of "poor health" in our community?	Russell Co. N=214	Trend	2021 Norms N=3332
Lack of health insurance	18.3%		14.7%
Limited Access to Mental Health Assistance	18.5%		18.7%
Neglect	5.1%		10.6%
Lack of health & Wellness Education	14.8%		13.1%
Chronic disease prevention	9.9%		9.9%
Family assistance programs	6.5%		6.8%
Lack of Nutrition / Exercise Services	8.1%		11.7%
Limited Access to Specialty Care	10.8%		8.6%
Limited Access to Primary Care	8.1%		5.6%
Total Votes	372		4,587
Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego & Russell			

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

Russell Co. KS - CHNA Wave #4	Russell Co. N=214		Trend	2021 Norms N=3332	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?					
Ambulance Services	93.9%	0.7%		82.3%	5.0%
Child Care	40.0%	20.0%		43.0%	15.4%
Chiropractors	63.8%	4.3%		70.6%	5.1%
Dentists	43.1%	23.6%		72.1%	10.9%
Emergency Room	78.2%	9.5%		74.6%	8.4%
Eye Doctor/Optomtrist	81.3%	2.8%		77.4%	6.7%
Family Planning Services	38.0%	22.6%		41.2%	15.8%
Home Health	62.7%	8.5%		52.1%	10.4%
Hospice	58.6%	11.4%		61.0%	9.6%
Telehealth	54.2%	7.0%		53.0%	9.9%
Inpatient Services	74.8%	11.2%		80.6%	5.1%
Mental Health	18.4%	42.6%		30.4%	33.4%
Nursing Home/Senior Living	56.9%	13.9%		66.1%	9.3%
Outpatient Services	77.6%	7.7%		76.9%	4.4%
Pharmacy	93.7%	0.7%		88.2%	2.4%
Primary Care	76.9%	8.4%		79.5%	5.2%
Public Health	61.7%	7.8%		66.3%	7.0%
School Health	55.9%	8.8%		67.0%	6.3%
Visiting Specialists	67.6%	6.3%		66.3%	9.2%
Walk- In Clinic	84.0%	3.5%		57.8%	19.4%
Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego & Russell					

Chart #7 – Community Health Readiness

Russell Co. KS - CHNA Wave #4		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Russell Co. N=214	Trend	2021 Norms N=3332
Behavioral / Mental Health	42.3%		30.8%
Emergency Preparedness	7.9%		8.3%
Food and Nutrition Services/Education	18.5%		15.1%
Health Screenings (as asthma, hearing, vision, scoliosis)	12.5%		9.8%
Prenatal/Child Health Programs	16.9%		10.4%
Substance Use/Prevention	45.2%		34.5%
Suicide Prevention	44.7%		36.1%
Violence Prevention	44.3%		32.5%
Women's Wellness Programs	19.7%		16.1%
Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego & Russell			

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

Specialties:

Russell Co. KS - CHNA Wave #4			
In the past 2 years, did you or someone you know receive HC outside of our community?	Russell Co. N=214	Trend	2021 Norms N=3332
Yes	81.0%		74.2%
No	19.0%		25.8%
Valid N	137		2,010
Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego & Russell			

Specialty	Total
DENT	10
OBG	8
CARD	5
SPEC	5
EMER	4
ALL	3
COLON	3
ENT	3
ONC	3
OPHT	3
ORTH	3
SURG	3

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

Russell Co. KS - CHNA Wave #4			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Russell Co. N=214	Trend	2021 Norms N=3332
Yes	59.9%		62.1%
No	40.1%		37.9%
Valid N	137		1857
Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego & Russell			

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

Russell Co. KS - CHNA Wave #4			
What needs to be discussed further at our CHNA Town Hall meeting?	Russell Co. N=214	Trend	2021 Norms N=3332
Abuse/Violence	4.2%	Yellow	4.2%
Alcohol	4.2%	Yellow	4.7%
Alternative Medicine	2.7%	White	3.6%
Breast Feeding Friendly Workplace	0.7%	White	1.1%
Cancer	2.5%	White	2.6%
Care Coordination	2.5%	White	2.5%
Diabetes	3.8%	Yellow	2.7%
Drugs/Substance Abuse	7.4%	Red	6.5%
Family Planning	3.4%	White	1.8%
Heart Disease	2.6%	White	1.8%
Lack of Providers/Qualified Staff	4.4%	Yellow	4.1%
Lead Exposure	0.4%	White	0.3%
Mental Illness	8.5%	Red	9.1%
Neglect	2.7%	White	2.4%
Nutrition	3.3%	White	4.0%
Obesity	7.2%	Red	6.1%
Occupational Medicine	0.5%	White	0.6%
Ozone (Air)	0.1%	White	0.6%
Physical Exercise	3.7%	Yellow	4.1%
Poverty	4.0%	Yellow	4.7%
Preventative Health / Wellness	3.5%	Yellow	4.8%
Respiratory Disease	0.0%	White	0.1%
Sexually Transmitted Diseases	2.3%	White	1.3%
Smoke-Free Workplace	0.0%	White	0.1%
Suicide	4.7%	Yellow	7.1%
Teen Pregnancy	2.6%	White	1.9%
Telehealth	1.8%	White	2.5%
Tobacco Use	2.2%	White	2.2%
Transporation	3.0%	White	2.3%
Vaccinations	2.6%	White	3.3%
Water Quality	4.4%	Yellow	2.3%
Health Literacy	2.7%	White	2.8%
Other (please specify)	1.2%	White	1.9%
TOTAL Votes	766		8,667
Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego & Russell			

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services - Russell Co, KS YR 2021				
Cat	HC Services Offered in County: Yes / No	Hospital	Health Dept	Other
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 / AIDSServices	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

Inventory of Health Services - Russell Co, KS YR 2021				
Cat	HC Services Offered in County: Yes / No	Hospital	Health Dept	Other
Hosp	Palliative Care Program	No	No	No
Hosp	Pediatric	No	No	No
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 20121 Physician Manpower - Russell Co, KS

Number of FTE Providers	Supply Working in County		
	MD/DO County Based	Visiting Providers	PA/NP County Based
Primary Care:			
Family Practice	4.2		3.0
Medicine Specialists:			
Cardiology		0.05	
Neurology		0.05	
Psychiatry		0.20	
Pulmonary			
Rheumatology	0.2	0.20	
Surgery Specialists:			
General Surgery		0.10	
Neurosurgery			
Orthopedics		0.20	
Otolaryngology (ENT)		0.20	
Urology		0.05	
Hospital Based:			
Anesthesia/Pain		0.10	
Emergency	0.2	0.80	
Radiology		0.10	
Pathology		0.10	
Others			
Podiatry		0.05	
TOTALS	4.6	2.2	3.0

Visiting Specialists to Russell Regional Hospital - YR 2021						240
<i>Specialty</i>	<i>Physician Name</i>	<i>Group</i>	<i>Office Location</i>	<i>Schedule</i>	<i># of Days Yearly</i>	<i>Calc FTE</i>
Cardiology	Dr Greg Boxberger	Wesley Physician Medical Specialties	Wichita, Kansas	3rd Wednesday	12	0.05
ENT	Dr Mark Bell / Dr Gerald Cossette	Bell and Cossette ENT	Salina, Kansas	Every Thursday	48	0.20
Endocrinology	Leslie Mack, FNP-BC, BC-ADM, CDE	Salina Regional	Salina, Kansas	4th Tuesday	12	0.05
Orthopedic	Dr. Leonard Fleske, Dr. Randall Hildebrand	Central Kansas Orthopedic	Great Bend, Kansas	3rd and 4th Friday	24	0.20
Child Neurology	Dr. Britton Zuccerelli	Salina Regional	Salina, Kansas	3rd Friday per month	12	0.05
Pod (Foot)	Dr. Joshua 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
TOTALS						0.85

Russell County KS 2021 Healthcare Directory

Emergency Numbers

Police/Sheriff **911**

Fire **911**

Ambulance **911**

Non-Emergency Numbers

Russell County Sheriff	785-483-2151
Russell County Police	785-483-2121
Russell County Fire Dept.	785-483-2121

Municipal Non-Emergency Numbers

	<u>Police/Sheriff</u>	<u>Fire</u>
Bunker Hill	785-483-2151	911
Dorrance	785-483-2151	911
Gorham	785-483-2151	785-637-5385
Lucas	785-483-2151	911
Luray	785-483-2151	911
Milberger	785-483-2151	911
Paradise	785-483-2151	785-998-4313
Russell	785-483-2151	785-483-2121
Waldo	785-483-2151	911

Other Emergency Numbers

Kansas Child/Adult Abuse and Neglect
Hotline
1-800-922-5330

Domestic Violence Hotline
1-800-799-7233
www.thehotline.org

Emergency Management
785-274-1409
www.accesskansas.org/kdem

Federal Bureau of Investigation
1-866-720-5721
www.fbi.gov.htm

High Plains Mental Health Center
1-800-432-0333
1-785-628-2871
www.hpmhc.com

Kansas Arson/Crime Hotline
785-296-3401
www.firemarshal.ks.gov

Kansas Bureau of Investigation
(Topeka)
785-296-8200
www.kansas.gov/kbi

Kansas Crisis Hotline
1-888-END-ABUSE
1-888-363-2287
www.kcsdv.org

Kansas Road Conditions
1-866-511-KDOT
www.ksdot.org

Poison Control Center
1-800-222-1222
www.aapcc.org
www.poisonhelp.org

Suicide Prevention Hotline
1-800-SUICIDE
1-800-273-TALK

Toxic Chemical and Oil Spills
1-800-223-0425
www.epa.gov

Health Services

Russell Regional Hospital
200 S. Main Street (Russell)
785-483-3131
www.RussellHospital.org

Russell Regional Hospital services include:

- *Acute Care*
- *Cardiac Rehab*
- *ER*
- *Inpatient Services*
- *Laboratory*
- *Main Street Manor LTC*
- *Massage Therapy*
- *Medical Records*
- *Outpatient Services*
- *Radiology*
- *Rehabilitation Services (Physical, Speech and Occupational Therapy)*
- *Respiratory Services*
- *Social Services*
- *Swing bed/Skilled Care*
- *Physicians Clinic*
- *Specialty Clinics (Cardiology, ENT, Orthopedic, Rheumatology, Neurology, Urology, Podiatry, Endocrinology, Surgery)*
- *Walk-In Clinic*
- *Monthly Health Fair*

Russell County Health Department
189 W. Luray Street (Russell)
785-483-6433

www.russellcountyhealthdept.com

Russell County Health Department services include:

- *Immunizations*
- *Physicals*
- *WIC*
- *Child Care Licensing*
- *Early Disease Detection*
- *Kan Be Healthy Screenings*
- *Car Seat Program*
- *New Born Visits*
- *Pregnancy Testing*
- *Family Planning Clinic*
- *Multiphasic Screenings*
- *Voter Registration*
- *STD Testing & Counseling*
- *Vision USA*
- *Health Education & Counseling*
- *Early Detection Works Program*
- *Hemoglobin Screening*
- *Chronic Disease Risk Reduction Program*
- *Home Visits*
- *Adult Immunizations*
- *Tuberculosis Screening & Treatment*
- *Outreach Clinics*
- *Elevated Blood Lead Assessments & Inspections*
- *Blood Pressure Clinics*

Mental Health

Still Waters Counseling Center
708 N. Main (Russell)
785-445-4155

High Plains Mental Health
208 East 7th Street (Hays)
785-628-2871
1-800-432-0333

Chiropractors

Davidson Chiropractic Health
138 W. 7th Street (Russell)
785-483-5356

Keeler Chiropractic
758 E. Wichita Avenue
785-483-4909

Clinics

Russell Regional Hospital Physicians
Clinic
222 S. Kansas Street (Russell)
785-483-3333

Rural Health Clinic
216 S. Main Street (Lucas)
785-525-7788

Dentists

Michael R. Jones, D.D.S.
300 N. Main Street (Russell)
785-483-2411

Hearing

Midwest Hearing Aids, Inc.
319 W. Wichita Avenue (Russell)
785-445-4125

Optometrists

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

Paul M. Lampert, O.D.
124 E. Wichita Avenue
785-483-2291

Pharmacies

Midwest Family Health
208 S Fossil Street (Russell)
785-483-2119

Gregwire Drugstore
714 N. Main Street (Russell)
785-483-3301

Physicians and Health Care Providers

Russell Regional Hospital Physicians Clinic
222 S Kansas (Russell)
785-483-3333

Morgan Galliard, PA
Thomas Kriley, MD
Linda Krug, RPAC
Leisha Lawson, APRN

Kathy Linde, APRNC
Sam Panichabhongse, MD
Teal Sander, PA

Tyrel Somers, MD
Abbie Weigel, APRN
John Whitehead, DO

Russell Regional Hospital Specialty Clinic
200 S. Main Street (Russell)
785-483-3131

James Anderson, M.D.
Joshua Boone, DPM
Gregory Boxberger, M.D
Jeffery Curtis, M.D
Randall Hildebrand, M.D.

Ronald Holweger, MD
Michael Matteucci, MD
Kayanne Meitler, APRN
Jeffrey Meyer, MD
Kirk Potter, DO

Debra Shinn, APRN
Robert Sourk, MD
Patrick Stiles, MD
Leann Zimmerman APRN
Britton Zuccarelli, MD

Rural Health Clinic
216 S. Main Street (Lucas)
785-525-7788

Rehabilitation Services

Russell Regional Hospital
200 S. Main Street (Russell)
785-483-3131
www.RussellHospital.org

Select Rehab Wheatland Nursing
Center
320 S. Lincoln Street
785-483-4600

Assisted Living/Nursing Homes/LTC

Main Street Manor
200 S. Main Street
(Russell)
785-483-0870

Homestead of Russell
1070 E. Wichita Avenue
(Russell)
785-483-5882

Wheatland Nursing
Center
320 S. Lincoln Street
(Russell) 785-222-4082

Diabetes

American Diabetes Association
1-800-342-2383

Diabetes Care Club
1-888-395-6009

Domestic/Family Violence

Family Crisis Center
Hotline: 620-792-1885
Business Line: 620-793-9941

Kansas Crisis Hotline
800-273-8255

Women's Shelters
www.WomenShelters.org

Sexual Assault/Domestic Violence
Center (Hays)
1800-794-4624/785-625-4202

Educational Training Opportunities

Association of Continuing Education
678-271-4319

Food Programs

Kansas Food 4 Life
4 NW25th Road (Great Bend)
620-793-7100

189 W Luray St (Russell)
785-483-6433

Kansas Food Bank
1919 E Douglas (Wichita)
316-265-3663

Russell County Food Pantry
15 N Front St (Russell)
785-483-4113

Kansas WIC Program
1000 SW Jackson, Suite 220
Topeka, KA 66612
WIC Program Consultant
Amanda Owsley
785-296-1322

Russell Regional Hospital – Meals on
Wheels
200 Main (Russell)
785-483-2008

Amanda.owsley@ks.gov

Local WIC Office (Russell Health
Department)

Russell Senior Center
518 Main (Russell)
785-483-2008

Government Healthcare

Kansas Department on Aging
503 South Kansas Avenue
785-296-4986/1800-432-3535
www.agingcare.com

785-296-0127

Kansas Department of Health
Environment
1000 South W Jackson St.330

MEDICAID
2250 E 22nd St.(Hays)
785-628-1066

MEDICARE
1212 East 27th Street (Hays)
785-625-3496

785-628-1066

Social Security Administration
1212 East 27th Street (Hays)
1-888-552-7176 or 1-800-325-0778

DCF
2250 E 22nd St.(Hays)

Health and Fitness Centers

Fossil Creek Hotel and Suites
1430 S. Fossil Street
785-483-4200

Russell Recreation Commission
701 Fairway Dr. (Russell)
785-483-6966

Home Health Services

Amazing Grace Homecare
785-259-6907

785-621-2499 or 1-866-402-6458

Angels Care Home Health
802 North Maple
785-205-1690

Lincoln Park Manor Home Health
922 N. 5th Street (Lincoln)
785-524-4428

Good Samaritan Home Health of
Central Kansas
2703 Hall St., Suite 6 (Hays)

Professional Home Health Services
1307 Lawrence (Hays)
785-625-0055

Hospice

Harden Hospice of Kansas
1117 North Washington (Great Bend)
620-792-5034

Massage Therapists

Russell Regional Hospital
200 S. Main Street (Russell)
785-483-3131
www.RussellHospital.org

Yoga and Massage of Central Kansas
610 N Main Street (Russell)
808-349-0432

Medical Equipment and Supplies

American Medical Sales and Repair
1-877-412-4216

714 N. Main Street (Russell)
785-483-3301

Midwest Family Health
208 S Fossil St (Russell)
785-483-2119
Gregwire Drugstore

Jay Hatfield Mobility
11220 E Kellogg Drive (Wichita)
1-866-885-2593

School Nurses

Bickerdyke Elementary School
348 N. Maple (Russell)
785-483-6066

Ruppenthal Middle School
400 North Elm (Russell)
785-483-3174

Simpson Elementary School
1323 North Main (Russell)
785-483-6180

Russell High School
565 East State Street (Russell)
785-483-5631

Senior Services

NWKS Area Agency on Aging
510 W. 29th Street, Suite B
785-628-8204/1800-432-7422

100 S. Main Street (Luray)
785-698-2405

Lucas Golden Age Center
210 S. Main Street (Lucas)
785-525-6286

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

Luray Senior Center

Waldo Senior Citizen Center
301 Iva Avenue (Waldo)
785-942-3248

Local Government, Community, and Social Services

Adult Protection

Adult Protective
Services
1-800-922-5330
www.dcf.ks.gov/services

Elder Abuse Hotline
1-800-842-0078
www.elderabusecenter.org

Kansas Department of
Social/Rehab Services
West Region Protection
Reporting Center
1-800-922-5330

Alcohol and Drug Treatment

Alcohol/Drug Abuse Services
1-866-645-8216
www.dcf.ks.gov

Dream Incorporated
129 W 8th (Russell)
785-483-6468

Substance Abuse/Mental Health
1-800-662-HELP (4357)

Child Protection

Kansas Department of Social/Rehab Services West Region Protection Reporting Center
1-800-922-5330

Children and Youth

Children's Alliance
627 SW Topeka Boulevard
785-235-5437
www.childally.org

Kansas Children's Service League
1-800-332-6378
3520 Lakin Ave, Suite 107
www.kcsl.org

Extension Office

Russell County Extension Office
309 South Fossil Street (Russell)
785-483-3157
www.midway.k-state.edu

Funeral Homes

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

Rodrick and Minear Funeral Home
102 E. 1st Street (Luray)
785-698-2213

Pohlman-Varner-Peeler Mortuary
701 N. 1st Street (Natoma)
785-885-4221

Rodrick and Minear Funeral Home
201 N Maryland Ave
785-526-7345

Housing

Russell Housing Authority
330 West 4th Street (Russell)
785-483-3400

Northview Apartments
110 South Ash Street, Apt. 17 (Russell)
785-483-6745

Luray Housing Authority
201 N. Main Street – Luray, KS
785-698-2455

Russell September Housing
238 North Lincoln Street (Russell)
785-483-6786

Legal Services

Elder Law Hotline
1-888-353-5337

785-483-3119

Kansas Legal Services
785-625-4514/1800-723-6953
Russell County Attorney's
401 N. Main Street

Senior Health Insurance Counseling KS
510 W. 29th Street, Suite B
1800-432-7422 / 785-628-8204

Pregnancy Services

Adoption Choices
316-209-2071

American Adoptions
1-800-236-7846

Graceful Adoptions
1-877-628-1415

Adoption Network
1-800-367-2367

Birthright of Hays
785-628-3334

Kansas Children's
Service League
1-877-530-5275

Public Information

City of Bunker Hill
595 Elm St
785-483-6250

Gorham City Hall
119 2nd Street
785-637-5288

Russell Chamber of
Commerce
507 N. Main
785-483-6960

City of Paradise
PO Box 14
785-998-4473

Lucas Chamber of
Commerce
201 S. Main Street
785-525-6288

Russell County
Commissioners
785-483-1513
785-483-7873
785-483-0354

City of Russell
133 W 8th Street
785-483-6311

Lucas Public Library
209 S. Main Street
785-525-6305

Russell County Health
Department
189 W Luray Street 785-483-
6433

City of Waldo
785-942-3365

Luray City Office
115 S. Main Street
785-698-2302

Dorrance City Hall
785-666-4459

Rape

Options
Domestic/Sexual
Violence
800-794-4624

785-625-4202
Kansas Crisis Hotline
Manhattan
785-539-2785

1-800-727-2785
Family Crisis Center
620-792-1885

Red Cross

American Red Cross
 120 West Prescott
 (Salina)
 Salina, KS 67401
 785-827-3644
www.redcross.org

Social Security Administration

Social Security Field
 Office
 1212 East 27th Street
 Hays, KS 67601
 1-888-552-7176 or 1-
 800-325-0778

Transportation

Russell City Bus Service
 – in city limits only
 133 W. 8th Street –
 Russell, KS
 785-483-2525

State and National Information, Services, Support**Adult Protection**

Adult Protective Services
 1-800-922-5330
www.dcf.ks.org

1-855-500-3537
www.ncea.acl.gov

Domestic Violence and Sexual Assault
 (DVACK)
 785-827-5862
www.dvack.org

National Domestic Violence Hotline
 1-800-799-7233
 1-800-787-3224 (TTY)
www.ncadv.org
 National Sexual Assault Hotline
 1-800-656-4673

Elder Abuse Hotline
 1-800-922-5330
www.kdheks.gov
 Elder and Nursing Home Abuse Legal
 1-800-842-0078
www.kdheks.gov

National Suicide Prevention Lifeline
 1-800-273-8255

Poison Control Center
 1-800-222-1222

Kansas Coalition Against Sexual and
 Domestic Violence
 1-888-END-ABUSE (363-2287)
www.kcsdv.org

RAINN Sexual Violence Hotline
 1-800-656-HOPE (4673)
www.rainn.org

Kansas Department on Aging
 Adult Care Complaint Program
 1-800-842-0078

Sexual Assault and Domestic Violence
 Crisis Line
 1-800-656-4673

Kansas Department of Children &
 Families (DCF)
 2250 E 22nd Street (Hays)
 785-628-1066

Social and Rehabilitation Services
 (SRS)
 1-888-369-4777 (HAYS)
www.dcf.ks.gov

National Center on Elder Abuse

Suicide Prevention Helpline
 1-800-273-8255

Alcohol and Drug Treatment Programs

A1-Detox Treatment 1-800-757-0771	Alcohol and Drug Abuse Hotline 1-800-ALCOHOL	Kansas Alcohol and Drug Abuse Services Hotline 1-800-586-3690
AAAAAH 1-800-993-3869	Alcohol and Drug Abuse Services 1-800-586-3690	Mothers Against Drunk Driving 1-800-438-6233
AbandonAddiction 1-800-405-4810	Alcohol and Drug Addiction Treatment Programs 1-800-510-9435	National Council on Alcoholism and Drug Dependence, Inc. 1-800-622-2255
Able Detox-Rehab Treatment 1-800-577-2481		
Abuse Addiction Agency 1-800-861-1768		
AIC 1-888-764-5510	Alcohol and Drug Helpline 1-800-821-4357	Recovery Connection www.recoveryconnection.org
Al-Anon Family Group 1-888-425-2666	Alcoholism/Drug Addiction Treatment Center 1-800-477-3447	Regional Prevention Centers of Kansas 1-800-757-2180

Children and Youth

Adoption 1-800-TO-ADOPT (862-3678) www.adopt.org	1-800-426-5678	
Child/Adult Abuse and Neglect Hotline 1-800-922-5330	Child Help USA National Child 1-800-422-4453	
Child Abuse Hotline 1-800-922-5330	Child Protective Services 1-800-922-5330	
Child Abuse National Hotline 1-800-4-A-CHILD (422-4453) 1-800-222-4453 (TDD)	HealthWave Topeka, KS 66601 1-800-792-4884 Heartspring 8700 E. 29TH Street North Wichita, KS 67226 1-800-835-1043	
Child Abuse National Hotline 1-800-422-4453		
Child Find of America		

KS Big Brothers/Big Sisters
1-888-574-2447

Kansas Children's Service League
3520 Lakin Ave, Suite 107
620-603-8442
1-877-530-5275

Kansas Department of Health and
Environment
785-296-1500

Kansas Society for Children with
Challenges
100 N Main St., Suite 1002

1-800-624-4530
316-262-4676

National Society for Missing and
Exploited Children
1-800-843-5678

Parents Anonymous Help Line
855-427-2736

Runaway Safeline
1-800-786-2929

Talking Books
1-800-362-0699
620-341-6280

Community Action

Peace Corps
1-855-855-1961
www.peacecorps.gov

Public Affairs Hotline
1-800-662-0027
785-271-3100
www.kcc.state.ks.us

Counseling

Catholic Charities (Hays)
785-625-2644

Center for Counseling
1-800-875-2544

Central Kansas Mental Health Center
1-800-794-8281
785-823-6322

Consumer Credit Counseling Services
1-800-279-2227
www.kscgccs.org/

Kansas Behavioral Health Services
1-888-582-3759

Kansas Problem Gambling Hotline

1-800-522-4700

NEDA Helpline
1-800-931-2237

National Suicide Prevention Lifeline
1-800-273-8255

National Problem Gambling Hotline
1-800-522-4700
www.Ncpgambling.org

Senior Health Insurance Counseling
(SHICK)
1-800-860-5260
www.kdads.ks.gov

Disability Services

American Association of People with Disabilities
1-800-840-8844
www.aapd.com

www.drckansas.org

Hearing Healthcare Associates
316-669-9948

American Council for the Blind
1-800-424-8666
www.acb.org

Kansas Commission for the Deaf and Hearing Impaired
1-800-432-0698

Americans with Disabilities Act Information Hotline
1-800-514-0301
1-800-514-0383 (TTY)
www.ada.gov

Kansas Relay Center
1-800-766-3777
www.kansasrelay.com
National Center for Learning Disabilities
1-888-575-7373
www.nclld.org

Disability Group, Incorporated
1-888-236-3348
Disability Rights Center of Kansas (DRC)
1-877-776-1541
1-877-335-3725 (TTY)

National Library Services for Blind & Physically Handicapped
www.loc.gov/nls/
1-800-424-8567

Environment

Environmental Protection Agency
1-800-223-0425
913-321-9516 (TTY)
www.epa.gov

Kansas Department of Health and Environment
Hays - 785-628-9440
Russell - 785-483-6433
Salina - 785-826-6600
Topeka - 785-251-5600

Food and Drug

Center for Food Safety and Applied Nutrition
1-888-723-3366
www.fda.gov
US Consumer Product Safety Commission
1-800-638-2772
1-800-638-8270 (TTY)

USDA Meat and Poultry Hotline
1-888-674-6854
1-800-256-7072 (TTY)
www.fsis.usda.gov/
U.S. Food and Drug Administration
1-888-INFO-FDA
1-888-463-6332

Health Services

American Cancer Society
1-800-227-2345
www.cancer.org

American Diabetes Association
1-800-DIABETES (342-2383)

AIDS/HIV Center
1-800-CDC-INFO (232-4636)
1-888-232-6348 (TTY)

AIDS/STD National Hot Line
1-800-HIV-0440 (448-0440)
1-800-232-4636
1-888232-6348 (TTY)

American Heart Association
1-800-242-8721
www.heart.org

American Lung Association
1-800-LUNGUSA (586-4872)
www.Action.lung.org

American Stroke Association

1-800-242-8721
BrightFocus Foundation
1-800-437-2423
www.brightfocus.org

Center for Disease Control and
Prevention
1-800-232-4636
1-888-232-6348

Elder Care Helpline
1-800-677-1116
www.eldercare.acl.gov

Eye Care Council
1-800-960-EYES (960-3937)

Kansas Foundation for Medical Care
1-800-432-0770

National Health Information Center
1-800-336-4797
National Cancer Information Center
1-800-227-2345

Hospice

Kansas Home Care & Hospice
Association
785-478-3640
www.kshomecare.org

Kansas Palliative & Hospice Care
785-746-4400 (Topeka)
www.kansashc.com

Housing

Kansas Housing Resources Corporation
785-217-2001

US Department of Housing and Urban
Development
913-551-5462

Legal Services

Kansas Attorney General
1-800-432-2310 (*Consumer Protection*)
1-800-828-9745 (*Crime Victims' Rights*)
1-800-766-3777 (TTY)
www.ag.ks.gov

Kansas Bar Association
785-234-5696
www.ksbar.org

Kansas Department on Aging
1-800-922-5330
www.kdads.ks.gov

www.kansaslegalservices.org

Kansas Legal Services
1-800-723-6953

Northwest Kansas Area on Aging
785-628-8204/1800-432-7422
www.nwkaaa.com

Medicaid/Medicare Services

Centers for Medicare & Medicaid
Services
www.cms.gov

Medicaid Information
1-877-267-2323

Kansas Health Wave
1800-792-4884

Medicare Information
1-800-MEDICARE

KS Medical Assist Program
1-800-766-9012

Mental Health Services

Alzheimer's Association
1800-272-3900

www.nimh.nih.gov

Developmental Services of Northwest
Kansas
785-625-5678 (Hays)

National Library Services for Blind and
Physically Handicapped
1-888-657-7323
www.loc.gov/nls

KS Alliance for Mentally Ill
1-800-950-6264
www.namikansas.org

National Mental Health Association
1-800-969-6642
1-800-433-5959 (TTY)
www.nmha.org

Mental Health America
1-866-927-6327

National Alliance for the Mentally Ill
Helpline
1-888-999-6264
www.nami.org

State Mental Health Agency
KS Department of Social and
Rehabilitation Services
503 S Kansas Ave
Topeka, KS 66612
785-296-4986
www.kdads.ks.gov

National Institute of Mental Health
1-866-615-6464

Nutrition

Academy of Nutrition and Dietetics
1-800-877-1600
www.eatright.org

Department of Human Nutrition
Manhattan, KS 66506
785-532-5508
www.hhs.k-state.edu/fndh

Eating Disorders Awareness and
Prevention
1-800-931-2237
www.nationaleatingdisorders.org

Food Stamps
Kansas Department of Social and
Rehabilitation Services
1-888-369-4777

Road and Weather Conditions

Kansas Road Conditions
1-866-511-KDOT
511
www.ksdot.org

Senior Services

Alzheimer's Association
1-800-487-2585

American Association of Retired
Persons (AARP)
1-888-687-2277
www.aarp.org

Americans with Disabilities Act
Information Line
1-800-514-0301
www.ada.gov/infoline

Northwest Kansas Area Agency on
Aging
1-800-432-7422

Department for Children and Families
(DCF)
785-296-3959
785-296-1491 (TTY)
www.dcf.ks.gov

Eldercare Locator
1-800-677-1116
www.eldercare.acl.gov

Home Buddy
1-866-922-8339
www.homebuddy.org

Home Health Complaints
Kansas Department of Social and
Rehabilitation Services
1-800-842-0078

Kansas Advocates for Better Care Inc.
1-800-525-1782
www.kabc.org

Kansas Department on Aging
1-800-432-3535 or 785-291-3167 (TTY)
www.agingkansas.org/index.htm

Kansas Foundation for Medical Care,
Inc.
Medicare Beneficiary Information
1-800-432-0407

Kansas Tobacco Use Quitline
1-866-KAN-STOP (526-7867)
www.kdheks.gov/tobacco/cessation.html

Older Kansans Employment Programs
(OKEP)
785-296-7842

Older Kansans Hotline
1-800-742-9531

Older Kansans Information Reference
Sources on Aging
1-800-432-3535

785-296-3959 or 785-296-1491 (TTY)
SRS Rehabilitation Services Kansas
785-296-3959

Social Security Administration

Suicide Prevention

Suicide Prevention Services
National Suicide Prevention Lifeline
1-800-273-8255
www.suicidepreventionlifeline.org

Veterans

USAGov
1-844-872-4681
www.usa.gov

U.S. Department of Veterans Affairs
1-800-698-2411
www.va.gov

Education (GI Bill)
1-888-442-4551

Mammography Helpline
1-888-492-7844

Health Resource Center
1-877-222-8387

Other Benefits
1-800-827-1000

Insurance Center
1-800-669-8477

Memorial Program Service
1-800-697-6947

Veteran Special Issue Help Line
1-800-749-8387

Deaf/Hearing Impaired
1-800-829-4833 (TTY)

Veterans Administration

Veterans Administration Benefits
1-800-669-8477
 Life Insurance 1-800-669-8477
 Income Verification and Means
Testing 1-800-929-8387
 Agent Orange 1-800-749-8387
Telecommunications Device for the
Deaf 1-800-829-4833

Benefits Assistance
1-800-827-1000
Debt Management
1-800-827-0648
Life Insurance Information and Service
1-800-669-8477

Welfare Fraud Hotline

Welfare Fraud Hotline 1-800-432-3913

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

Inpatient Origin Reports



Inpatient Origin by County
 Russell, KS Residents Treated in KHA Reporting Area
 Federal Fiscal Year: 2020

Hospital Detail by County		Pediatric														Adult Medical/Surgical						Psychiatric		Obstetric		Newborn		Surg %
		Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+		Cases		%		Cases		%		Cases		%						
		Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%					
HaysMed, The University of Kansas Health System - Hays, KS	1	322	38.2%	5	1.6%	21	6.5%	69	21.4%	55	17.1%	66	20.5%	0	0.0%	57	17.7%	51	15.8%	39	11.9%	39	11.9%	39	11.9%			
Russell Regional Hospital - Russell, KS	2	182	21.6%	0	0.0%	5	2.7%	24	13.2%	60	33.0%	92	50.5%	1	0.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
Salina Regional Health Center - Salina, KS	3	87	10.3%	0	0.0%	5	5.7%	7	8.0%	18	20.7%	25	28.7%	6	6.9%	14	16.1%	12	13.8%	12	13.8%	12	13.8%	12	13.8%			
Wesley Healthcare - Wichita, KS	4	44	5.2%	12	27.3%	3	6.8%	5	11.4%	9	20.5%	9	20.5%	1	2.3%	4	9.1%	1	2.3%	1	2.3%	1	2.3%	1	2.3%			
Elsworth County Medical Center - Elsworth, KS	5	36	4.3%	0	0.0%	0	0.0%	4	11.1%	5	13.9%	27	75.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
Ascension Via Christi Hospitals St. Francis - Wichita, KS	6	34	4.0%	3	8.8%	2	5.9%	9	26.5%	11	32.4%	8	23.5%	3	8.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
The University of Kansas Health System Great Bend Campus - Great Bend, KS	7	28	3.3%	0	0.0%	0	0.0%	14	50.0%	5	17.9%	8	28.6%	1	3.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
The University of Kansas Health System - Kansas City, MO	8	23	2.7%	0	0.0%	3	13.0%	4	17.4%	9	39.1%	7	30.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
Children's Mercy Kansas City - Kansas City, MO	9	16	1.9%	11	68.8%	3	18.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	6.3%	1	6.3%	1	6.3%	1	6.3%	1	6.3%			
Clara Barton Hospital - Holsington, KS	10	14	1.7%	0	0.0%	0	0.0%	3	21.4%	3	21.4%	8	57.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
Salina Surgical Hospital - Salina, KS	11	13	1.5%	0	0.0%	0	0.0%	5	38.5%	5	38.5%	3	23.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
Wesley Woodburn Hospital & ER - Wichita, KS	12	6	0.7%	0	0.0%	4	66.7%	1	16.7%	0	0.0%	1	16.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
Osborne County Memorial Hospital - Osborne, KS	13	5	0.6%	1	20.0%	2	40.0%	0	0.0%	0	0.0%	2	40.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
Stomont Val Health - Topeka, KS	14	5	0.6%	5	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	5	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
NMC Health - Newton, KS	15	4	0.5%	0	0.0%	0	0.0%	1	25.0%	0	0.0%	3	75.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
Rooks County Health Center - Plainville, KS	16	4	0.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	50.0%	2	50.0%	2	50.0%	2	50.0%	2	50.0%	2	50.0%			
Elwood District Hospital - Elwood, KS	17	3	0.4%	0	0.0%	0	0.0%	1	33.3%	2	66.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
Hutchinson Regional Medical Center - Hutchinson, KS	18	2	0.2%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
Oltho Health - Oltho, KS	19	2	0.2%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
St. Catherine Hospital - Garden City, KS	20	2	0.2%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
Trego County-Lemke Memorial Hospital - Wakeeney, KS	21	2	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
Kansas Residents/Minnesota Hospitals	22	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
Kansas Residents/Nebraska Hospitals	23	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
Kansas Residents/Other Missouri Hospitals	24	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
Kansas Residents/Virginia Hospitals	25	1	0.1%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
Menorah Medical Center - Overland Park, KS	26	1	0.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
North Kansas City Hospital - North Kansas City, MO	27	1	0.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
Overland Park Regional Medical Center - Overland Park, KS	28	1	0.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
Research Medical Center - Kansas City, MO	29	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
Overall		842	100.0%	37	4.4%	49	5.8%	153	18.2%	186	22.1%	263	31.2%	17	2.0%	79	9.4%	67	8.0%	67	8.0%	67	8.0%	67	8.0%			

Discharge Data Available from: 2015 Q1 through 2021 Q2
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Inpatient Origin by County
 Russell, KS Residents Treated in KHA Reporting Area
 Federal Fiscal Year: 2019

Hospital Detail by County		Pediatric														Adult Medical/Surgical						Psychiatric		Obstetric		Newborn		Surg %
		Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+		Cases		%		Cases		%		Cases		%						
		Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%					
HaysMed, The University of Kansas Health System - Hays, KS	1	382	40.5%	8	2.1%	26	6.9%	86	22.5%	57	14.9%	103	27.0%	2	0.5%	52	13.6%	40	12.8%	40	12.8%	40	12.8%	40	12.8%			
Russell Regional Hospital - Russell, KS	2	217	23.0%	0	0.0%	8	3.7%	39	18.0%	41	18.9%	127	58.5%	2	0.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
Salina Regional Health Center - Salina, KS	3	52	9.8%	1	1.1%	4	4.3%	19	20.7%	19	20.7%	24	26.1%	3	3.3%	11	12.0%	11	12.0%	11	12.0%	11	12.0%	11	12.0%			
The University of Kansas Health System Great Bend Campus - Great Bend, KS	4	50	5.3%	0	0.0%	0	0.0%	17	34.0%	12	24.0%	13	26.0%	0	0.0%	4	8.0%	4	8.0%	4	8.0%	4	8.0%	4	8.0%			
Elsworth County Medical Center - Elsworth, KS	5	39	4.1%	0	0.0%	0	0.0%	4	10.3%	12	30.8%	23	59.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
The University of Kansas Health System - Kansas City, MO	6	36	3.8%	0	0.0%	1	2.8%	10	27.8%	19	52.8%	6	16.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
Wesley Healthcare - Wichita, KS	7	33	3.5%	9	27.3%	4	12.1%	4	12.1%	5	15.2%	4	12.1%	0	0.0%	4	12.1%	3	9.1%	3	9.1%	3	9.1%	3	9.1%			
Ascension Via Christi Hospitals St. Francis - Wichita, KS	8	17	1.8%	2	11.8%	2	11.8%	4	23.5%	7	41.2%	2	11.8%	1	5.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
Clara Barton Hospital - Holsington, KS	9	15	1.6%	0	0.0%	4	26.7%	6	40.0%	3	20.0%	2	13.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
Salina Surgical Hospital - Salina, KS	10	8	0.8%	0	0.0%	0	0.0%	2	25.0%	3	37.5%	3	37.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
Osborne County Memorial Hospital - Osborne, KS	11	6	0.6%	1	16.7%	0	0.0%	1	16.7%	0	0.0%	2	33.3%	0	0.0%	1	16.7%	1	16.7%	1	16.7%	1	16.7%	1	16.7%			
Stomont Val Health - Topeka, KS	12	5	0.5%	2	40.0%	1	20.0%	0	0.0%	0	0.0%	2	40.0%	1	20.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
Kansas Residents/Minnesota Hospitals	13	4	0.4%	0	0.0%	0	0.0%	4	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
Kansas Residents/Nebraska Hospitals	14	4	0.4%	0	0.0%	0	0.0%	4	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
Hutchinson Regional Medical Center - Hutchinson, KS	15	3	0.3%	0	0.0%	0	0.0%	1	33.3%	1	33.3%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
NMC Health - Newton, KS	16	3	0.3%	0	0.0%	0	0.0%	0	0.0%	1	33.3%	1	33.3%	2	66.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
Pratt Regional Medical Center - Pratt, KS	17	3	0.3%	0	0.0%	2	66.7%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%			
Rooks County Health Center - Plainville, KS	18	3	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	66.7%	1	33.3%	1	33.3%	1	33.3%	1	33.3%			
AdventHealth Shawnee Mission - Shawnee Mission, KS	19	2	0.2%	0	0.0%	0																						

Inpatient Origin Reports (Continued)



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

Hospital Detail by County				Pediatric		Adult Medical/Surgical						Psychiatric		Obstetric		Newborn		Surv %		
Rank	Total Cases	%		Age 0-17	Age 18-44	Age 45-64	Age 65-74	Age 75+	Psychiatric	Obstetric	Newborn	Surv %								
HaysMed, The University of Kansas Health System - Hays, KS	1	325	37.3%	3	0.9%	22	6.6%	58	17.3%	68	20.3%	74	22.1%	0	0.0%	50	16.7%	54	16.1%	29.9%
Russell Regional Hospital - Russell, KS	2	181	20.5%	0	0.0%	5	2.8%	31	17.1%	34	18.8%	110	60.8%	1	0.6%	0	0.0%	0	0.0%	0.0%
Sakva Regional Health Center - Sakva, KS	3	86	9.7%	2	2.3%	5	5.8%	21	24.4%	16	18.6%	17	19.8%	4	4.7%	11	12.8%	10	11.6%	32.6%
The University of Kansas Health System Great Bend Campus - Great Bend, KS	4	49	5.5%	0	0.0%	0	0.0%	15	30.6%	10	20.4%	16	32.7%	0	0.0%	4	8.2%	4	8.2%	77.6%
Ascension Via Christi Hospitals St. Francis - Wichita, KS	5	40	4.5%	1	2.5%	6	15.0%	14	35.0%	10	25.0%	8	20.0%	1	2.5%	0	0.0%	0	0.0%	45.0%
Wesley Healthcare - Wichita, KS	6	35	4.0%	8	22.9%	2	5.7%	6	17.1%	8	22.9%	3	8.6%	0	0.0%	4	11.4%	4	11.4%	42.9%
Elsworth County Medical Center - Elsworth, KS	7	28	3.2%	0	0.0%	0	0.0%	2	7.1%	10	35.7%	15	53.6%	1	3.6%	0	0.0%	0	0.0%	0.0%
The University of Kansas Health System - Kansas City, KS	8	26	2.9%	1	3.8%	2	7.7%	8	30.8%	8	30.8%	6	23.1%	1	3.8%	0	0.0%	0	0.0%	46.2%
Clara Barton Hospital - Herington, KS	9	21	2.4%	0	0.0%	1	4.8%	5	23.8%	6	28.6%	9	42.9%	0	0.0%	0	0.0%	0	0.0%	23.8%
Rooks County Health Center - Plainville, KS	10	11	1.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	6	54.5%	5	45.5%	9.1%
Sakva Surgical Hospital - Sakva, KS	11	10	1.1%	0	0.0%	0	0.0%	2	20.0%	6	60.0%	2	20.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Elwood District Hospital - Elwood, KS	12	5	0.6%	0	0.0%	0	0.0%	2	40.0%	1	20.0%	2	40.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Osborne County Memorial Hospital - Osborne, KS	13	5	0.6%	0	0.0%	0	0.0%	1	20.0%	0	0.0%	4	80.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Stamont Val Health - Topeka, KS	14	5	0.6%	2	40.0%	0	0.0%	1	20.0%	0	0.0%	1	20.0%	3	60.0%	0	0.0%	0	0.0%	20.0%
Children's Mercy Kansas City - Kansas City, MO	15	4	0.5%	4	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	75.0%
Kansas Residents/Minnesota Hospitals	16	4	0.5%	0	0.0%	0	0.0%	4	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	75.0%
Kansas Residents/Nebraska Hospitals	17	4	0.5%	0	0.0%	0	0.0%	4	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%
Lincoln County Hospital - Lincoln, KS	18	4	0.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Memorial Health System - Abilene, KS	19	4	0.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	25.0%	3	75.0%	0	0.0%	0	0.0%	0.0%
Wesley Woodman Hospital & ER - Wichita, KS	20	4	0.5%	0	0.0%	0	0.0%	0	0.0%	2	50.0%	2	50.0%	0	0.0%	0	0.0%	0	0.0%	50.0%
Mitchell County Hospital Health Systems - Bekal, KS	21	3	0.3%	0	0.0%	1	33.3%	0	0.0%	1	33.3%	0	0.0%	1	33.3%	0	0.0%	0	0.0%	33.3%
Saint Luke's Hospital of Kansas City - Kansas City, MO	22	3	0.3%	0	0.0%	1	33.3%	0	0.0%	2	66.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	66.7%
Hutchinson Regional Medical Center - Hutchinson, KS	23	2	0.2%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Menorah Medical Center - Overland Park, KS	24	2	0.2%	0	0.0%	1	50.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%
Olathe Health - Olathe, KS	25	2	0.2%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
The University of Kansas Health System St. Francis Campus - Topeka, KS	26	2	0.2%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%
Ascension Via Christi Hospital St. Teresa - Wichita, KS	27	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Centerpoint Medical Center - Independence, MO	28	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Gove County Medical Center - Quinter, KS	29	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
NMC Health - Newton, KS	30	1	0.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Overland Park Regional Medical Center - Overland Park, KS	31	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Rush County Memorial Hospital - La Crosse, KS	32	1	0.1%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Sheridan County Health Complex - Hoxie, KS	33	1	0.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
St. Catherine Hospital - Garden City, KS	34	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
UNKNOWN	35	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Overall		884	100.0%	21	2.4%	47	5.3%	181	20.5%	186	21.0%	278	31.4%	15	1.7%	81	9.2%	77	8.7%	27.6%

Discharge Data Available from: 2015 Q1 through 2021 Q2

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Outpatient Origin Reports

Outpatient Market Penetration By Service Type			
Russell Regional Hospital - Russell, KS County by Federal Fiscal Year: 2020	Total Visits	Russell, KS	
		Visits	%
1 Emergency Department (45x)	1,343	1,215	65.8%
2 Surgery (36x, 49x)	63	58	9.0%
3 Observation (76x, excl. 761)	104	89	50.3%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	1,587	1,359	59.8%
14 Nuclear Medicine (34x)	75	69	36.7%
15 CT Scan (35x)	754	680	59.0%
16 Mammography (401, 403)	380	331	56.3%
17 Ultrasound (402)	270	240	39.5%
19 Magnetic Resonance Technology (61x)	254	210	46.4%
23 Pulmonary Function (46x)	48	45	39.5%
25 Stress Test (482)	43	43	48.3%
27 Electroencephalogram (74x)	20	19	57.6%
35 Treatment Room (761)	1,163	930	74.6%
36 Respiratory Services (41x)	45	37	35.6%
37 EKG/ECG (73x)	706	622	62.7%
38 Cardiology (48x excl. 481-483)	116	110	59.1%
39 Sleep Lab (HCPC 95805-95811)	20	19	25.7%
42 Physical Therapy (42x)	403	373	69.9%
43 Occupational Therapy (43x)	21	21	28.0%
44 Speech-Language Pathology (44x)	7	7	24.1%
Actual visits in report	5,671	4,937	57.0%
Actual unclassified visits	7,414	6,282	72.6%
Actual total visits	13,085	11,219	64.8%

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Outpatient Origin Reports (Continued)

Outpatient Market Penetration By Service Type			
Russell Regional Hospital - Russell, KS	Total Visits	Russell, KS	
County by Federal Fiscal Year: 2019		Visits	%
1 Emergency Department (45x)	1,434	1,286	63.5%
2 Surgery (36x, 49x)	169	156	17.5%
3 Observation (76x, excl. 761)	138	128	57.4%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	1,882	1,578	60.6%
14 Nuclear Medicine (34x)	82	74	35.1%
15 CT Scan (35x)	772	711	57.3%
16 Mammography (401, 403)	478	433	57.0%
17 Ultrasound (402)	319	290	39.6%
19 Magnetic Resonance Technology (61x)	306	276	49.2%
23 Pulmonary Function (46x)	40	37	23.3%
25 Stress Test (482)	37	35	36.1%
27 Electroencephalogram (74x)	25	24	64.9%
35 Treatment Room (761)	1,166	966	71.5%
36 Respiratory Services (41x)	53	49	37.4%
37 EKG/ECG (73x)	731	659	56.7%
38 Cardiology (48x excl. 481-483)	137	127	55.0%
39 Sleep Lab (HCPC 95805-95811)	25	24	25.8%
42 Physical Therapy (42x)	527	494	71.8%
43 Occupational Therapy (43x)	21	19	33.9%
44 Speech-Language Pathology (44x)	12	12	28.6%
Actual visits in report	6,560	5,754	55.8%
Actual unclassified visits	7,905	6,336	74.3%
Actual total visits	14,465	12,090	64.2%

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Outpatient Origin Reports (Continued)

Outpatient Market Penetration By Service Type			
Russell Regional Hospital - Russell, KS County by Federal Fiscal Year: 2018	Total Visits	Russell, KS	
		Visits	%
1 Emergency Department (45x)	1,588	1,476	67.0%
2 Surgery (36x, 49x)	215	201	22.3%
3 Observation (76x, excl. 761)	115	108	55.4%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	1,887	1,590	60.3%
14 Nuclear Medicine (34x)	92	86	37.7%
15 CT Scan (35x)	803	750	59.3%
16 Mammography (401, 403)	489	435	56.7%
17 Ultrasound (402)	337	320	40.4%
19 Magnetic Resonance Technology (61x)	351	322	55.1%
23 Pulmonary Function (46x)	47	43	29.5%
25 Stress Test (482)	42	39	35.8%
27 Electroencephalogram (74x)	26	25	58.1%
35 Treatment Room (761)	1,080	927	66.9%
36 Respiratory Services (41x)	67	58	36.5%
37 EKG/ECG (73x)	687	636	54.6%
38 Cardiology (48x excl. 481-483)	132	124	52.8%
39 Sleep Lab (HCPC 95805-95811)	26	25	37.9%
42 Physical Therapy (42x)	524	486	75.3%
43 Occupational Therapy (43x)	18	18	31.6%
44 Speech-Language Pathology (44x)	19	17	38.6%
Actual visits in report	6,755	6,023	57.5%
Actual unclassified visits	8,676	7,156	75.5%
Actual total visits	15,431	13,179	66.1%
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b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Russell County, KS 2021 CHNA Town Hall RSVP - July 8th (11:30 a.m. - 1:00 p.m.)

#	Table	Attend	Lead	Last	First	Organization	Title
1	A	X	##	Parsons	Mike	Russell County Eco Devo	Director
2	A	X		Deines	Jessica	RRH Physicians Clinic	
3	A	X		Elliott	Ken	Business Owner/ Board	Business Owner
4	A	X		Kreutzer	Kevin	Russell Regional Hospital	CFO
5	B	X	##	Bitter	Paula	Health Dept	Exec Director
6	B	X		Caudill	David	Russell Regional Hospital	CEO
8	B	X		Krug	Morris	Management Board	
7	B			Maske	Sarah	Russell Regional Hospital	Rheumatology Dept.
9	C	X	##	Barrie	Alicia	Homestead of Russell	Executive Director
10	C	X		Dinkel	Kay	Alicia	Board
12	C	X		Farmer IV	John	Management Board	
11	C	X		Grismer	Margaret	Russell Regional Hospital	Interim CEO
13	D	X	##	Begler	Aaron	Russell Regional Hospital	CNO
15	D	X		Morris	Diana		
14	D	X		Rogge	Rebecca	Homestead of Russell	Resident Care Coordinator
	D	X		Ruggels	Vance	WCKA	Board - Director
16	D			Sohm	Curtis	Russell Regional Hospital	Director of Rehabilitataion
17	E		##	Talbott	Janae	Russell Regional Hospital	Public Relations
	E	X		Chimski	Nancy	RRH	Lab Director
19	E			DAVIS	MALLORY	WCKA	VICE CHAIR
18	E	X		Farmer	Deon	Russell Regional Hospital	HR
20	E	X		Kootz	Jessica	K-State Extension	Extension Agent
21	F	X	##	HAMEL	DREW	Russell Regional Hospital	DIRECTOR OF RADIOLOGY
22	F	X		Harrison	Jordan	Police Dept	Chief
24	F			Olson	Melinda	County Board	
	F	X		Schneider	Brian	RRH	Respiratory Director
23	F			Vonfeldt	Sarah	Russell Regional Hospital	Social Services Director
25	G		##	Sohm	Charlene	RRH Rheumatology	RN
27	G	X		Byers-Long	Jeannine	Business Owner	
28	G	X		Schneider	Kayla	Assistant City Manager to	
26	G			Shinn	Deb	Russell Regional Hospital	APRN

NOTES: Russell Co. – Russell Regional Hospital

Date: 7/08/2021 – 11:30 am to 1:00 pm

Established Needs/Strengths: Small Group Session

Attendance: N = 23

Needs

- Child Care
- Rural Russell Transportation
- Provider Collaboration / Communication
- Mental Health (Diagnosis, Treatment, Aftercare, Providers)
- Drug / Alcohol Abuse
- Awareness of Services
- Retaining Providers (MD/DO)
- Vaccinations
- Obesity (Fitness/Nutrition)
- Economic Development
- Food Insecurity (Rural Russell)
- Housing
- Spiritual Health
- Outreach Clinics (Rural Russell)

Strengths

- Quality Providers (Mid-level + DO)
- Access to Quality Food
- EMS
- Water Quality
- Recreational / Fitness Centers
- Community Engagement
- Leadership
- Community Collaboration
- Quality of Life (Air)
- Quality of Specialists
- Ancillary Services (Rad, PT, Lab, Diag.)
- Community Organizations (Active)
- Health Department
- School Health / Programs
- Local Transportation

Wave #4 CHNA - Russell County KS

Russell, KS: Town Hall Conversation - Strengths (White Cards) N=23

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
1	Water quality	11	Tragedy Assistance
1	Food Supply	12	ER Services
1	Providers	12	Good leaders
1	Health Care	12	Facilities
1	EMS	13	Local Providers
2	Water quality	13	Local Transit
2	Food Supply	13	community engagement
2	Good Providers	13	School programs
2	Health Care	14	Fitness options
3	Access to care	14	Free summer lunch program
3	Community supports health department	14	Fiber/Broadband/Network
3	Providers	15	Good doctors
3	EMS	15	School programs
3	Good LTC	15	WIC/County Health
4	ER Services	15	Specialities
4	Walkin Clinic	15	Meals on wheels
4	Diagnostic	16	EMS
4	Health Dept	16	Home Health
5	Providers	16	Education
5	EMS	16	Access to groceries
5	People who care	16	Involvement in community
5	Providers	17	Walkin Clinic
6	Russell Rec Fitness Center	17	EMS
6	Physical Therapy Dept	17	Chiropractor
6	Walking Trail	17	Pharmacy
6	Good doctors	17	PT
6	ER Services	18	Working together
7	Care that community is given those that come to RRH are treated well	18	School
8	community engagement	18	Quality of life
8	Food Supply	18	Admin
8	great fitness facilities	19	Fitness options
9	Providers	19	caring citizens
9	surgery options	19	Pharmacy
9	lab improvements	19	Interstate/Highway
9	stay engagement	19	Food Supply
9	marketing improvements	20	Community efforts
10	Passionate	20	School
10	Hospital	20	Quality of life
10	community engagement	21	Access to health care
10	community organizations	21	Specialities
11	Lots of people who care	21	Fitness options
11	Quality facilities	21	school
11	Educated citizen	21	Quality of life
11	community organizations		

Wave #4 CHNA - Russell County KS

Russell, KS - Town Hall Conversation - Weaknesses (Blue Cards) N=23

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
1	Transportation	9	more work needed
1	Mental Health	9	drugs
1	Long term care	9	housing
1	Health care	10	Speciality access
2	Health care communication	10	housing
2	overall quality A-19	10	Child Care
2	Exercise	10	Mental Health
2	Mothers Smoking	10	walkability-sidewalks
3	Bike Lanes	11	Senior Housing
3	Drugs	11	Housing
3	Alcohol	11	Functional medicine options
3	Healthy food options	11	Mental Health
3	obesity	11	Adult Day Care
3	Child Care	12	Unorganized
4	Mental Health	12	too many chiefs
4	Better Health	12	lack of communication
4	Health needs	12	lack of jobs
4	Retain Staff	12	wealth gap
4	Health Foundation	13	Collaboration
5	Mental Health	13	Mental Health
5	Nursing	13	Child Care
5	Number of providers	13	housing
5	Health services	13	Awareness of Services
5	surgical services	14	Community involvement
6	communications and involvement	14	Mental Health
6	providers	14	Child Care
6	behavioral health	14	Drugs
6	Mental Health	14	Alcohol
7	Dental Providers	14	Awareness of Services
7	adult providers	15	Transportation
7	improve community knowledge	15	Mental Health
7	Mental Health	15	Day Care
8	Health eating	16	Transportation
8	Chronic Disease	16	Mental Health
8	Mental Health	16	Vaccinations
8	Child Care	16	Day Care
8	food insecurity		
9	Transportation		
9	Improve community between facilities		

c) Public Notice & Requests

[VVV Consultants LLC]

EMAIL Request to Russell Co. KS CHNA Stakeholders

From: Sharon Collins

Date: April 23, 2021

To: Community Leaders, Providers, Hospital Board and Staff

Subject: CHNA Wave #4 Community Online Feedback Survey

Over the next three months, **Russell Regional Hospital** will be working with other area providers to update the 2018 Russell County Community Health Needs Assessment (CHNA). We are seeking input from community members regarding the healthcare needs in Russell County in order to complete the 2021 CHNA.

The goal of this assessment update is to understand progress in addressing community health needs cited in both the 2015 and 2018 CHNA reports and to collect up-to-date community health perceptions and ideas.

Your feedback and suggestions regarding current community health delivery are especially important to collect in order to complete a comprehensive 2021 Community Health Needs Assessment. The survey will take a max of ten mins and all answers are confidential.

To accomplish this work, a short online survey has been developed. Please access the survey by either clicking the link below to complete this task.

LINK: https://www.surveymonkey.com/r/CHNA2021_RussellCo

All community residents and business leaders are encouraged to complete the 2021 online CHNA survey by **Tuesday, June 1st, 2021**. In addition, please **HOLD THE DATE** for a community Town Hall scheduled for **Thursday, July 8th, 2021** for Lunch from **11:30 a.m. – 1:00 p.m.** More details regarding the virtual community Town Hall will be coming soon. All Community members are encouraged to attend.

Thank you for your time and participation.

If you have any questions about CHNA activities, please call (XXX) XXX-XXX

Email #2 Message: bcc to Stakeholders List

From: Margaret Grismer

Date: 06/17/2021

To: Community Leaders, Providers, Hospital Board and Staff

Subject: Russell Co. Community Town Hall Scheduled – July 8th

Russell Regional Hospital (RRH) will be hosting a Town Hall meeting for the 2021 Community Health Needs (CHNA) on **Thursday, July 8th**, for Lunch from **11:30 a.m. - 1:00 p.m.** at **XXX**. The purpose of this meeting is the review the community health indicators and gather feedback opinions on key community health needs. This work is being done in collaboration with the interim CEO as well as David Caudill, who will be joining RRH as the new CEO very soon.

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

LINK: https://www.surveymonkey.com/r/RussellCo_RSVP_CHNA2021

Note> Those who RSVP will receive additional information via email a few days before the event. Thanks in advance for your time and support!

If you have any questions about CHNA activities, please call at **(xxx) xxx-xxxx**

Russell Regional seeks residents' input on local health needs.

Media Release: 04/23/21

Russell Regional Hospital will be working with area providers over the next few months to update the 2018 Russell County Community Health Needs Assessment (CHNA). We are seeking input from community members regarding the healthcare needs in Russell County in order to complete the 2021 CHNA.

VVV Consultants LLC, an independent research firm from Olathe KS, has been retained to conduct this countywide research. The goal of this assessment update is to understand progress in addressing community health needs cited in the both the 2015 and 2018 assessment reports while collecting up-to-date community health perceptions and ideas.

To accomplish this work, a short online survey is available now. The survey will be distributed via social media, newspaper, and will be located on our website.

All community residents and business leaders are encouraged to complete the 2021 CHNA online survey by **Tuesday, June 1st**. In addition, please **HOLD THE DATE** for a virtual Town Hall meeting scheduled on **Thursday, July 8th** for Lunch from **11:30 a.m. - 1:00 p.m.** More information will be released soon. Thanks in advance for your time and support!

If you have any questions about CHNA activities, please call (XXX) XXX-XXXX or email xxx@xxx.com.

###

Join Russell Regional Hospital as They Host the 2021 CHNA Town Hall Event

Media Release: 06/17/21

Russell Regional Hospital (RRH) will be hosting a Town Hall meeting for the 2021 Community Health Needs Assessment on **Thursday, July 8th** for Lunch from **11:30 a.m. to 1:00 p.m.** at **XXX**. During this meeting, we will review the community health indicators and gather feedback opinions on key community needs. This work is being done in collaboration with the interim CEO as well as David Caudill, who will be joining RRH as the new CEO very soon.

While our focus is the safety of our community in conjunction with COVID guidelines, it is vital everyone planning to attend this event RSVPs to properly adhere to guidelines for this social distanced event. Please visit our [website](#) and [social media sites](#) to obtain the link to complete your RSVP! We hope that you find the time to join us for this important event on July 8th. Thanks in advance for your time and support!

Note> Those who RSVP will receive additional information via email a few days prior to the event.

If you have any questions about CHNA activities, please call **(xxx) xxx-xxxx**

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2021 Community Feedback: Russell Co. KS (N=212)

ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1156	67665	Good	Increasing - moving up	ACC	BH		MAJOR lack of access to mental health care
1065	67665	Very Good	Not really changing much	ALC	DRUG		alcohol and drug addiction
1176	67665	Very Good	Increasing - moving up	AWARE	EDU		I think there is access to these programs (with the exception of health insurance), but I believe there is a lack of community knowledge of these services.
1078	67665	Very Good	Not really changing much	DRUG			Drug use - illegal
1013	67665	Very Good	Increasing - moving up	FAM	SPRT		Parents who do not know how to parent.
1032	67665	Average	Decreasing - slipping downward	MAN	LDRS		Administration
1022	67665	Very Good	Increasing - moving up	NEG	OWN		patient neglecting themselves
1139	67665	Good	Not really changing much	NH	HH		Elder care for those trying to stay in their home - even with Home Health, lots of seniors fall through the cracks
1038	67665	Very Good	Increasing - moving up	OWN			being fat and lazy, apathetic
1073	67665	Good	Increasing - moving up	OWN			not going to the doctor
1129	67665	Good	Not really changing much	OWN	EDU		I don't believe that the services aren't there. I believe people are not motivated to improve their health. When you give people money and "free" things they don't appreciate or feel motivated to do anything
1133	67665	Good	Not really changing much	OWN	EDU		People have to be pushed to take advantage of the services that are available.
1037	67665	Very Good	Not really changing much	OWN	EDU		poor life choices
1143		Good	Not really changing much	OWN	PREV	EDU	Patients not taking care of their health
1068	67665	Poor	Not really changing much	OWN			Patient noncompliance
1026	67665	Average	Decreasing - slipping downward	POV			too much welfare people who don't work and want to be taken care of
1047	67601	Good	Increasing - moving up	POV	OWN		Low incomes correlate with poor health. Research has shown this.
1072	67665	Average	Decreasing - slipping downward	TRAV	QUAL		No confidence in the health care system available locally

CHNA 2021 Community Feedback: Russell Co. KS (N=212)

ID	Zip	Rating	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1156	67665	Good	Increasing - moving up	ACC	FP	BH	Access to family or personal mental health is critical.
1062	67640	Very Good	Increasing - moving up	BH	STFF		Poor psychiatrist is overworked. I dont know how he covers all of western kansas.
1059	67665	Very Good	Increasing - moving up	BH			Mental health
1075	67665	Good	Not really changing much	BH	FAM	PSY	MEntal health and family counseling
1192	67665	Good	Increasing - moving up	CLIN	FEM	PEDS	More clinic providers Specifically a female MD for women and children
1119	67665	Average	Decreasing - slipping downward	DENT			Dental
1026	67665	Average	Decreasing - slipping downward	DOCS	BED	NURSE	You need more doctors that aren't rude and care about the patients. You need to hire better nurses who aren't stupid
1188	67665	Average	Decreasing - slipping downward	DOCS	CLIN	HOSP	We could use at least one more doctor in the clinic/hospital and maybe more in the near future.
1003	67665	Poor	Decreasing - slipping downward	DOCS	QUAL		We do not have enough providers that are trusted.
1180	67640	Very Poor	Decreasing - slipping downward	DOCS	RUSH	EMER	Dr's in clinic suck and are never at work ER Dr's are always in a hurry to release you even with chest pains
1137	67665	Very Poor	Decreasing - slipping downward	DOCS	TRAIN		Should have more qualified physicians. Can't tell you how many times I have been to physicians clinic and my dr hasn't even listened to my heart/lungs
1148	67665	Poor	Decreasing - slipping downward	DOCS			Adequate mid levels. More physicians so the couple there aren't so hard to see.
1097		Average	Decreasing - slipping downward	DOCS			Drs and PAs-yes, long term-no
1072	67665	Average	Decreasing - slipping downward	DOCS			More providers
1197	67666	Good	Decreasing - slipping downward	DOCS			We need more providers in Russell
1194		Good	Increasing - moving up	DOCS	RET		Yes and No, the need is getting to where there may need to be another provider added to retirements.
1129	67665	Good	Not really changing much	DOCS	BED		We need another QUALIFIED DOCTOR that isn't a jerk.
1157	67640	Very Good	Not really changing much	DOCS	MAN		Yes, but they should have time to spend with their family and enjoy our community so hire more and share the load!
1200	67665	Average	Not really changing much	DOCS	NURSE	STFF	More providers, nurses and support staff- all of them are needed
1189	67640	Average	Not really changing much	DOCS	STFF		Need more physician's and staff
1207	67665	Average	Not really changing much	DOCS			More doctors
1104		Very Poor	Decreasing - slipping downward	EDU	PREV	DOCS	Better education/preventative health measures are needed for the community. More choices in physicians
1095	67640	Good	Increasing - moving up	EMER	SURG	HRS	They need possible emergency surgery at night.
1066	67665	Poor	Decreasing - slipping downward	FP	DOCS	NURSE	More family practice providers are needed. This could be physicians or nurse practitioners or PAs
1068	67665	Poor	Not really changing much	FP	OP		Family practice services and out patient services not affiliated with Russell Regional Hospital
1191	67640	Average	Not really changing much	HRS	URG		SUNDAYS AND EVENINGS
1151	67665	Very Good	Increasing - moving up	NURSE	MAN	CLIN	I think each provider at the clinic should have the same nurse. consistency is a must when it comes to your health
1211	68665	Poor	Decreasing - slipping downward	PRIM	BH	SPEC	Primary care providers. Mental health providers and specialist
1133	67665	Good	Not really changing much	PRIM	RET		I feel that the current primary care doctors are over worked. Dr. Sam needs to retire. His current salary would pay for two new PAs. He is training as a surgon and is not great at family care.
1108	67665	Average	Not really changing much	RET	DOCS		Retain doctors for more than 3-5 years
1112		Very Good	Decreasing - slipping downward	STFF	PHY	MAN	For office staff and physical therapist. Get rid of Sharon running things.
1089	67665	Good	Not really changing much	STFF	HOSP		HOSPITAL UNDERSTAFFED
1088		Good	Not really changing much	STFF	WAG		HOSPITAL UNDER STAFFED AND UNDERPAID
1123	67665	Average	Decreasing - slipping downward	WAIT	STFF	COMM	Wait times continue to increase, at the physicians clinic and in the hospital. I believe this is due in part to insufficient staffing, but also a breakdown in communication between the front offices and the providers.

CHNA 2021 Community Feedback: Russell Co. KS (N=212)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1017	67665	Good	Increasing - moving up	ACC	BH	PEDS	It's not necessarily new, but I think there needs to be more access to mental health services in Russell. There are more and more children who are in need of mental health services.
1178	67665	Good	Increasing - moving up	ALC	DRUG	SPRT	programs within Russell county to provide alcohol, drug and substance awareness and to help people
1023	67665	Average	Not really changing much	ALL	HOSP		There needs to be a lot of improvement in are little town, And could start with the hospital !!!!
1131	67665	Average	Not really changing much	ALL			Improve the old ones!!!!
1165		Very Good	Increasing - moving up	ALT	BH	DRUG	A holistic clinic that addresses the individual as a whole from physical, mental, emotional, and spiritual would be great, however, billing and paying would have to worked out. Mental health services, substance abuse treatment, and education on abuse and suicide are needed but comes down to funding and space.
1194		Good	Increasing - moving up	ALT	FINA		Holistic style options would be great, however, the issue of how to pay for those services is challenging.
1081	67665	Good	Increasing - moving up	AWARE	NUTR	BH	improve promotion/awareness of current services available in community, food and nutrition services/education, child health/pediatrics, alcohol and drug/substance abuse prevention/education, expand mental health
1137	67665	Very Poor	Decreasing - slipping downward	BED	SCAN	MAMO	Need physicians who actually examine patients. More diagnostic testing capabilities. Modern mammogram imaging. Improved public health nurse services. Health nurse office is both rude and dismissive. Assistance with applications for insurance, Medicare, Medicaid and disability.
1104		Very Poor	Decreasing - slipping downward	BH	EDU	CHRON	Mental health, education for chronic diseases.
1003	67665	Poor	Decreasing - slipping downward	BH	FAM	EDU	Mental health services Parenting courses Education opportunities Diabetes prevention and treatment
1211	68665	Poor	Decreasing - slipping downward	BH	VIO	DRUG	Mental health, violence prevention, substance abuse prevention , and parenting resources.
1118	67665	Average	Decreasing - slipping downward	BH			Mental health services
1146	67601	Good	Increasing - moving up	BH	DRUG		mental health and substance abuse
1151	67665	Very Good	Increasing - moving up	BH	FAM	PSY	adult/family counseling
1014	67665	Good	Increasing - moving up	BH	WAIT		Mental Health services need improved so the waiting list isn't more then a day or two.
1018	67665	Very Good	Increasing - moving up	BH			Additional Mental Health Services
1080	67601	Good	Increasing - moving up	BH			mental health care
1059	67665	Very Good	Increasing - moving up	BH			Mental health services locally
1164	67665	Good	Not really changing much	BH	ACC		We definitely need mental health programs and accessibility
1158	67665	Average	Not really changing much	BH	ADOL		Again, more available mental health options, especially during crisis. Possibly opening a behavioral health center for youth
1160	67665	Good	Not really changing much	BH	ADOL		There needs to be a full time therapist for mental health within Russell Co. There are many people (child to adults) who would benefit from mental health services.
1075	67665	Good	Not really changing much	BH	DRUG	PHY	Mental health, abuse sustance and physcial
1142	67665	Average	Not really changing much	BH	HSP		we need to meet the mental health and hospice needs
1129	67665	Good	Not really changing much	BH	IP	DENT	In patient psychiatric care. Dentists.
1173	67665	Very Good	Not really changing much	BH	NUTR		mental health services nutrition program
1190	67665	Very Good	Not really changing much	BH	SPEC	ORTH	Mental Health Counselors or Therapists. More Specialists to come down to visits such as hands/ upper extremity
1200	67665	Average	Not really changing much	BH			Mental health
1068	67665	Poor	Not really changing much	BH			There is a huge need for mental health services
1028	67665	Average	Not really changing much	CARD	DIAB	EDU	cardiac rehab diabetic education hypertension screening
1180	67640	Very Poor	Decreasing - slipping downward	CC			Child care
1171	67665	Good	Increasing - moving up	CC	BH		Daycare solutions. Integrated mental health services
1204	67665	Very Good	Increasing - moving up	CC			Community daycare center
1149	67665	Good	Not really changing much	CC			Extreme child care shortage, especially for 0-18 months.
1148	67665	Poor	Decreasing - slipping downward	CHRON	EDU	FEM	Chronic disease education. Female/contraception education and availability.
1154	67648	Average	Decreasing - slipping downward	CLIN	BH	ACC	Open clinics for people without designated primary care physicians, mental health access for all
1176	67665	Very Good	Increasing - moving up	DENT	DRUG		More dental provider choices, more substance abuse options.
1140	67665	Average	Increasing - moving up	DENT	SPEC		Dentists, speciality doctors come more often
1003	67665	Poor	Decreasing - slipping downward	DIAB	PREV		Mental health services Parenting courses Education opportunities Diabetes prevention and treatment
1084	67665	Very Poor	Decreasing - slipping downward	DOCS			doctors
1097		Average	Decreasing - slipping downward	DRUG	BH	CHRON	Drug, mental and chronic illnesses
1052	67665	Very Good	Increasing - moving up	DRUG	ALC	VIO	Drug/alcohol abuse programs, domestic violence programs
1047	67601	Good	Increasing - moving up	DRUG	EDU	PREV	More drug awareness/prevention.
1203	67665	Good	Increasing - moving up	DRUG	SAFE	ADOL	Substance/Alcohol abuse and ensuring the safety and well-being of our children. There is so much substance abuse that the well-being of the communities children weighs heavy on my mind.
1121	67665	Average	Not really changing much	DRUG	ADOL	FIT	Anything that can be done to expose how terrible meth is would be good. It's a HUGE problem in Russell. Also, anything we can do to promote active young adults would be appreciated. We have a rec center, but that's about it.
1153	67665	Very Good	Not really changing much	DRUG	ALC	SPRT	Maybe drug and alcohol abuse programs (not real familiar if there are some currently available)?
1209	67665	Good	Not really changing much	DRUG	SPRT	BH	Mandatory sentencing to substance abuse programs and more mental health programs.
1197	67666	Good	Decreasing - slipping downward	EDU	CHRON		More push for home health to provide education over medication management. Ways to manage chronic conditions and to help prevent frequent eR and hospital readmits
1119	67665	Average	Decreasing - slipping downward	EDU	SERV	MRKT	Symposiums and Health Fairs that are free to the public.....so people hear for themselves what is available. Not everyone has access to computers or the newspaper
1081	67665	Good	Increasing - moving up	EDU	PEDS	DRUG	improve promotion/awareness of current services available in community, food and nutrition services/education, child health/pediatrics, alcohol and drug/substance abuse prevention/education, expand mental health

CHNA 2021 Community Feedback: Russell Co. KS (N=212)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1165		Very Good	Increasing - moving up	EDU	VIO	SUIC	A holistic clinic that addresses the individual as a whole from physical, mental, emotional, and spiritual would be great, however, billing and paying would have to worked out. Mental health services, substance abuse treatment, and education on abuse and suicide are needed but comes down to funding and space.
1157	67640	Very Good	Not really changing much	EDU	INSU	FINA	2-3 experienced patient care coordinator/assistance coordinators who's job is to help sign people up for insurance/Medicare/Medicaid, and medication assistance. If our patients are able to afford their medicines and seek appropriate care AND our facility will get insurance reimbursement we ALL win!
1169	67665	Good	Not really changing much	EDU			Knowing you are not doing the best to stay healthy is good, but people don't always no how to get to a healthier life style and having the support to stay on track.
1101	67665	Average	Increasing - moving up	EMER	OBG		Emergency labor for pregnant women that have fast labor
1177	67665	Good	Increasing - moving up	ENT	EDU	CHRON	ENT procedures available, more education on chronic illnesses
1211	68665	Poor	Decreasing - slipping downward	FAM			Mental health, violence prevention, substance abuse prevention , and parenting resources.
1156	67665	Good	Increasing - moving up	FAM	ADOL		Partnerships to improve parent, child, home life. Perhaps with schools where all the children gather is a place to help parents know more and do more.
1039	67665	Good	Not really changing much	FAM			planned parenting,
1172	67665	Very Good	Not really changing much	FIT	REC		a good gym or exercise facility for health and exercise to accommodate a greater number of people.
1015	67665	Good	Increasing - moving up	HH	NH		In home, long term help for the elderly. For those who want to stay out of nursing homes.
1139	67665	Good	Not really changing much	HH			Reach the elderly who are in their homes, but falling through the cracks (needing help, but not eligible for Home Health).
1185		Good	Not really changing much	HOUS	VIO	SS	Improve rental properties, more intervention when problems at home are suspected
1137	67665	Very Poor	Decreasing - slipping downward	NURSE	INSU	DIS	Need physicians who actually examine patients. More diagnostic testing capabilities. Modern mammogram imaging. Improved public health nurse services. Health nurse office is both rude and dismissive. Assistance with applications for insurance, Medicare, Medicaid and disability.
1130	67665	Good	Increasing - moving up	NUTR	FIT	PREV	Nutrition, exercise, prevention
1207	67665	Average	Not really changing much	OBES	EDU		Awareness for obesity
1024	67665	Good	Increasing - moving up	OBG			gynecology
1038	67665	Very Good	Increasing - moving up	OPHT	SURG		eye care and surgery, eye injections etc
1192	67665	Good	Increasing - moving up	OTHR			Community Welcome Wagon
1081	67665	Good	Increasing - moving up	PEDS	ALC	DRUG	improve promotion/awareness of current services available in community, food and nutrition services/education, child health/pediatrics, alcohol and drug/substance abuse prevention/education, expand mental health
1069	67665	Good	Not really changing much	PEDS			Pediatrics.
1199	67665	Good	Not really changing much	REC	ADOL	NUTR	Create large, indoor public recreation facility with swimming pool, basketball and volleyball courts, and a friendly environment that encourages youth participation. One that also provides nutrition counseling on demand.
1123	67665	Average	Decreasing - slipping downward	SH	MKRT	DOCS	Providers need the opportunity to visit schools and businesses to spread awareness for the services they offer, especially services like family planning and physicals.
1022	67665	Very Good	Increasing - moving up	SPEC	ADOL		Maybe new spec providers, school aged kids day-camp
1133	67665	Good	Not really changing much	SPRT	NH	EDU	A free counseling service aiming at assisting the elderly in getting the services they need. Getting into programs they may not be aware of. Arranging transportation for out of town services. Making calls to setup appointments. Many older people will not or can not take advantage of on line services. They need somebody to listen.
1191	67640	Average	Not really changing much	TRAN	FINA		FREE RIDES TO MED APPTS
1133	67665	Good	Not really changing much	TRAN	SCH	COMM	A free counseling service aiming at assisting the elderly in getting the services they need. Getting into programs they may not be aware of. Arranging transportation for out of town services. Making calls to setup appointments. Many older people will not or can not take advantage of on line services. They need somebody to listen.
1134	67640	Average	Not really changing much	URG			Urgent care
1175	67601	Good	Increasing - moving up	WOU	ORTHO	URL	Woundcare Orthopedic to practice scopes Urology to practice procedures

Let Your Voice Be Heard!

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

While your participation is voluntary and confidential, all community input is valued. Thank you for your attention! Deadline to participate is Tuesday, June 1st, 2021.

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

- Very Good Good Average Poor Very Poor

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

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

Please specify why.

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

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

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

- | | |
|--|---|
| <input type="checkbox"/> Access to Mental Health Services | <input type="checkbox"/> Dental Services |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Drug / Substance Abuse |
| <input type="checkbox"/> Awareness of Health Services | <input type="checkbox"/> Healthcare Communication / Collaboration |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Chronic Disease (Services / Prevention) | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Community Social Services Assistance | |

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

- | | |
|--|---|
| <input type="checkbox"/> Access to Mental Health Services | <input type="checkbox"/> Dental Services |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Drug / Substance Abuse |
| <input type="checkbox"/> Awareness of Health Services | <input type="checkbox"/> Healthcare Communication / Collaboration |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Chronic Disease (Services / Prevention) | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Community Social Services Assistance | |

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

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

Other (Be Specific).



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

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



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

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

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

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

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

Yes

No

If yes, please specify your thoughts.

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

Yes

No

If yes, please specify the services received

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

Yes

No

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

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

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

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

Other (Please specify).

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

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

Other (Please specify).

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



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