



Russell County, KS

Community Health Needs Assessment Round #2



May 2015

**VVV Research & Development, LLC
Olathe, KS**

Community Health Needs Assessment

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I. Executive Summary

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I. Executive Summary

Russell County, KS - 2015 Community Health Needs Assessment (CHNA) Round #2

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 local residents, to research and prioritize county health needs and document community health delivery successes. This health assessment will serve as the foundation for community health improvement efforts for the next three years. The last CHNA for Russell County, KS was published in May of 2012. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). This assessment was coordinated and produced by VVW Research & Development, LLC (Olathe, Kansas) under the direction of Vince Vandehaar, MBA.

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

Town Hall "Community Health Strengths" cited for Russell Regional Hospital's Primary Service Area are as follows:

Russell County KS - Community Health "Strengths"			
#	Topic	#	Topic
1	Community Support	7	Outpatient Clinics
2	Emergency Care	8	Perception of Hospital Operations
3	Fitness Facilities & Recreation Since 2012	9	Pharmacy
4	Health Services Available	10	Physical Therapy
5	Home Health Services	11	Physician Recruitment
6	Long-Term Care		

Town Hall “Community Health Changes and/or Improvements Ranking” cited for Russell Regional Hospital’s Primary Service Area are as follows:

Russell County, KS				
On Behalf of Russell Regional Hospital - PSA				
Town Hall Community Health Needs Priorities (29 Attendees)				
#	2015 Health Needs to Change and/or Improve	Votes	%	Accum
1	Improve Mental Health Screenings/Placement	28	23.0%	23.0%
2	Improve Chronic Disease Management (Diabetes, Heart, Stroke)	17	13.9%	36.9%
3	Improve Drugs/Alcohol & Placement	16	13.1%	50.0%
4	Increase Availability of Affordable Quality Housing	13	10.7%	60.7%
5	Expand Healthcare Transportation Out of County	10	8.2%	68.9%
6	Provide Dentist Services	9	7.4%	76.2%
7	Expand Child Care Offerings	8	6.6%	82.8%
Total Town Hall Votes		122	100.0%	
Note:	Other items receiving votes: Assisted Living/Nursing Home Services & Improved Communication, Obesity (Nutrition & Fitness), Available Healthcare Services, Private Duty Senior Services, Tobacco Cessation (Smoking & Chewing), Pharmaceutical Assistance for Low Income.			

Key Community Health Needs Assessment Conclusions from secondary research for Russell Regional Hospital’s Primary Service Area are as follows:

KS HEALTH RANKINGS: According to the 2014 RWJ County Health Rankings study, Russell County’s highest State of Kansas ranking (of 105 counties) was in Physical Environment.

- TAB 1: Russell County has a population of 6,933 residents as of 2013. 22.8% of Russell County’s population consists of the elderly (65+), and 34.7% percent of these elderly people (65+) are living alone. The percent of Hispanics and Latinos in Russell County is 2.2%. 25% percent of children in Russell County live in single-parent households. The percent of people living below the poverty level is 7.6%. The percent of people with limited access to healthy foods is 9%.
- TAB 2: Russell County per capita income equals \$27,606. The median value of owner-occupied housing units is \$64,800, lower than the Kansas rural norm of \$75,775. The percent of unemployed workers in the civilian labor force in Russell County is 3.1%. The percent of solo drivers with a long commute is 14.8%.
- TAB 3: In Russell County, 35.8% (2012-2013) of students are eligible for the free or reduced lunch program. Within the county, the high school graduation rate is 85.2%. The percent of persons (25+) with a Bachelor’s degree or higher in Russell County is 19.4%.

- TAB 4: The percent of births where prenatal care began in the first trimester in Russell County is 77.7%. The percent of births with low birth weights is 8.3%. The average monthly WIC participation rate in Russell County is 22.1%, higher than the Kansas rural average of 20.9%. 38% of births are occurring to unmarried women, higher than the Kansas rural norm of 31.3%.
- TAB 5: The ratio of the population in Russell County to primary care physicians is 1,703. The injury hospital admission rate of 1120 in Russell County is much higher than the Kansas rural norm of 691.
- TAB 6: The depression rate for the Medicare population in Russell County is 15.1%. The percent of alcohol-impaired driving deaths in Russell County is 50%, higher than the Kansas rural norm of 36.4%. The percentage of people in Russell County with inadequate social support is 17%, compared to the Kansas rural norm of 16%.
- TAB 7: The adult obesity rate in Russell County is 31%. The percent of people in Russell County who are physically inactive is 26%, per 2014 RWJ County Health Rankings. The rate of sexually transmitted infections in Russell County of 201 is lower than the Kansas rural norm of 369. Diabetes in the Medicare population is 26.7% and Alzheimer's disease or Dementia in the Medicare population is 10.1%.
- TAB 8: The uninsured adult population rate in Russell County is 19.3%, higher than the Kansas rural norm of 17.4%.
- TAB 9: The infant mortality rate in Russell County is 16.1%, much higher than the Kansas rural norm of 3.9%. The age-adjusted mortality rate in Russell County is 723 per 100,000. The age-adjusted suicide mortality rate per 100,000 in Russell County is 28, higher than the Kansas rural norm of 14.
- TAB 10: The percentage of infants fully immunized at 24 months in Russell County is 82.6%, higher than the KS rural norm of 78.6%. The percent of diabetic screenings per 2014 RWJ County Health Rankings in Russell County is 76%. Only 35.3% of people in Russell County have access to exercise opportunities, much lower than the Kansas rural norm of 51.3%.

Key 2015 Community Feedback Conclusions:

As seen below, the community still senses a health need for Collaborative Health Educations with School, City and DOH, Fostering Public Perceptions of Healthcare Services, Nutrition and Chronic Disease Prevention.

CHNA Round #2 Feedback 2015 - Russell Co						
From our last Community Health Needs Assessment (2012), a number of health needs were identified as a priority. Are any of these 2012 CHNA needs still an "ongoing problem" in our community?						
Answer Options	Not a Problem Anymore	Somewhat of a Problem	Major Problem	Problem %	Response Count	Most Pressing Rank
Collaborate Health Education with School, City and DOH	15	51	11	80.5%	77	6
Foster Public Perceptions of HC Services	17	54	7	78.2%	78	3
Nutrition	17	49	10	77.6%	76	7
Chronic Disease Prevention	18	48	12	76.9%	78	2
Elder Care Assistance	20	40	18	74.4%	78	1
Promote Wellness	23	49	6	70.5%	78	4
Exercise	31	37	10	60.3%	78	5

II. Methodology

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II. Methodology

a) Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

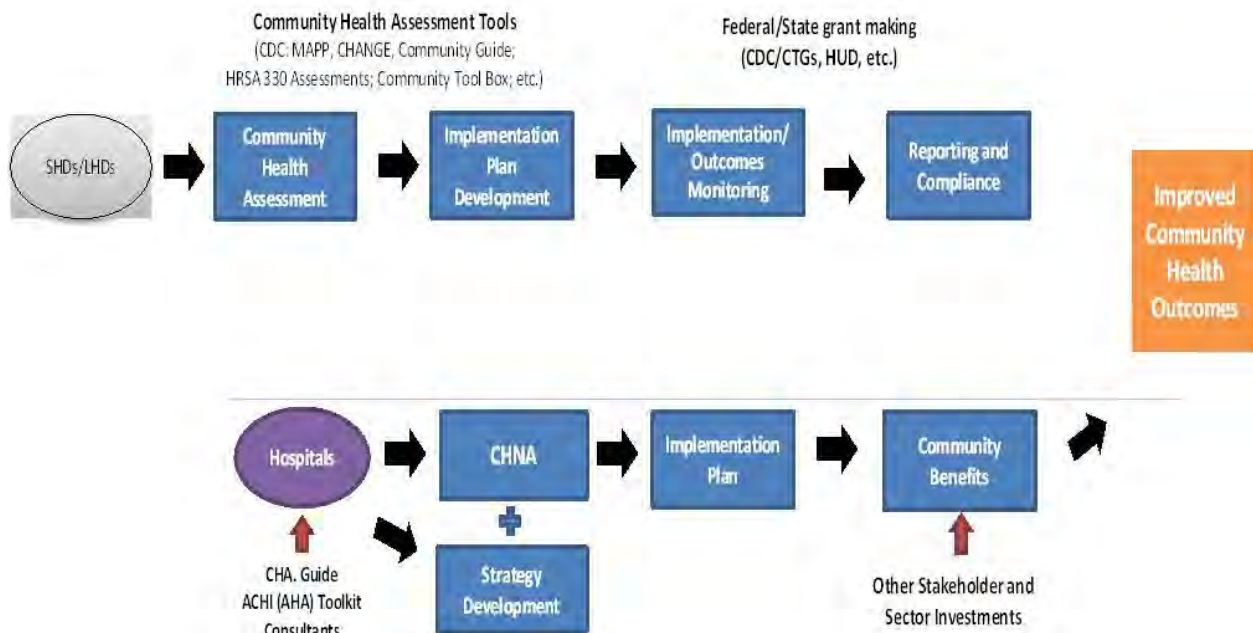
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Notice 2011-52 Overview

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

Applicability of CHNA Requirements to “Hospital Organizations”

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

How and When to Conduct a CHNA

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three taxable years. ***The CHNA must take into account input from persons representing the community served by the hospital facility and must be made widely available to the public. The CHNA requirements are effective for taxable years beginning after March 23, 2012.*** As a result, a hospital organization with a June 30 fiscal year end must conduct an initial CHNA for each of its hospital facilities by June 30, 2013, either during the fiscal year ending June 30, 2015 or during either of the two previous fiscal years.

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

Year 2015 - IRS and Treasury Finalize Patient Protection Rules for Tax-Exempt Hospitals

ACCOUNTING TODAY 1/2/15

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

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

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

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

continuing to provide meaningful guidance on protections for patients and requirements to assess community health needs," she added.

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

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

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

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

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

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: Harold Courtois

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: Our mission is to care for our communities and their citizens with the caring, compassion, quality, and commitment that validate their trust in us.

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 Walk-in Clinic allows you to see a doctor 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
- Medical Records
- Outpatient Services
- Radiology
- Rehabilitation Services
- Respiratory Therapy
- Social Services
- Swingbed
- Physicians Clinic
- Specialty Clinic
- Walk-In Clinic
- Blood Screening

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 Research & Development, LLC

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

VINCE VANDEHAAR, MBA

Principal Consultant & Owner of VVV Research & Development, LLC

VVV Research & Development, LLC was incorporated on May 28th, 2009. With over 30 years of business & faculty experience in helping both providers, payors, and financial service firms obtain their strategic planning and research & development needs, Vince brings in-depth health industry knowledge, research aptitude, planning expertise and energy. VVV Research & Development services are organized, formal processes of listening to the voice of the customer. Vince started his consulting business after working for Saint Luke's Health System (SLHS) of Kansas City for 16 years. *(Note: Saint Luke's Hospital of Kansas City, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003. The Baldrige examiners cited Vince's department as "Best Practice" in the areas of customer satisfaction, market research and evaluation efforts <Kansas City Star 3/10/04>).*

VVV Research & Development, LLC consultants have in-depth experience helping hospitals work with local Health Departments to engage community residents & leaders to identify gaps between existing health community resources & needs and construct detailed strategies to meet those needs - while still adhering to the hospital's mission and budget. Over the past 20 years, Vandehaar has completed 8 comprehensive Baldrige aligned Community Health Needs Assessments for Saint Luke's of Kansas City System facilities (3 campuses) and was contracted to conduct 2 additional independent Dept. of Health consulting projects (prior to IRS 990 regs). To date, VVV has completed 39 CHNA IRS aligned assessments for Kansas, Iowa and Missouri hospitals & Health Departments.

Vince Vandehaar, MBA is actively involved in the Kansas City community. He is a member the Greater Kansas City Employee Benefits Association, the Society for Healthcare Strategy & Market Development, the American Marketing Association Kansas City Chapter and Co-Chair of the AMA Kansas City Healthcare Special Interest Group. In addition to these roles, from 2000 to 2008, Vince served as the state chairman for MHA's Data Committee and was a member of KHA's Data Taskforce.

Collaborating Consultants

Alexa Backman, MBA 2015 - VVV Research & Development, LLC
Lead Business Development Analyst

II. Methodology

c) CHNA & Town Hall Research Process

Our Community Health Needs Assessment process began in December of 2014. At that time an inquiry by Hays Medical Center (Hays, KS) to all NW KS Health Alliance Network member hospitals was communicated to explore the possibility of a “group buy” to meet IRS CHNA requirements. (Note: Most NW KS Alliance Network hospitals work closely with Hays Medical Center to provide onsite IT, Telemedicine, Mobile Radiology and Bio-Medical services. In addition, many Hays based specialists will travel to neighboring counties to provide visiting outreach clinics).

In late December of 2014 a meeting was called (hosted) by Hays Medical to learn more from the NW Alliance members (24) regarding their CHNA needs and to review the possible CHNA collaborative options. VVV Research & Development, LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV Research CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss the next steps.

VVV CHNA Deliverables:

- Uncover/Document basic secondary research – health of county (Organized by 10 TABS)
- Conduct Town Hall meeting to discuss secondary data and uncover/prioritize county health needs
- Conduct & Report CHNA primary Research (valid N) – if elected by client
- Prepare & publish IRS-aligned CHNA report to meet requirements

VVV CHNA Russell Regional Hospital Work Plan Project Timeline & Roles 2015

Step	Date (Start-Finish)	Lead	Task
1	12/11/2014	VVV	Hold kickoff Northwest Alliance review.
2	1/1/2015	Hosp	Select CHNA Option A/B/C. Approve and sign VVV CHNA quote.
3	1/20/2015	VVV	Send out REOCommInvite Excel file. Hosp and Health Dept to fill in PSA stakeholders names / address / e-mail.
4	1/20/2015	VVV	Request Hosp client to send KHA PO reports (PO101, 103 and TOT223E) to document service area for FFY 11, 12 and 13. In addition, request Hosp to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls).
5	On or Before 1/28/15	VVV	Prepare CHNA Round#2 stakeholder feedback online link. Send text link for Hosp review.
6	On or Before 1/28/2015	VVV / Hosp	Prepare / send out PR story to local media announcing upcoming CHNA work. Hosp to place.
7	2/2/2015	VVV	Launch / conduct online survey to stakeholders. Hosp will e-mail invite to participate to all stakeholders.
9	2/11/2015	VVV / Hosp	Prepare / send out PR story to local media CHNA survey announcing online CHNA Round #2 feedback. Request public to participate.
10	On or Before 2/15/2015	VVV	Assemble and complete secondary research. Find / populate 10 TABS. Create Town Hall PPT for presentation.
11	2/18/2015	Hosp	Prepare / send out community Town Hall invite letter and place local ad.
12	2/18/2015	VVV / Hosp	Prepare / send out PR story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
13	4/10/2015	All	Conduct conference call (time TBD) with Hosp/Health Dept to review Town Hall data / flow.
14	4/15/2015	VVV	Conduct CHNA Town Hall. Lunch 11:30-1pm at RRH. Review and discuss basic health data plus rank health needs.
15	On or Before 5/31/15	VVV	Complete analysis (release draft 1). Seek feedback from leaders (Hosp and Health Dept).
16	On or Before 6/30/15	VVV	Produce and release final CHNA report. Hosp will post CHNA online.
17	On or Before 6/30/15	Hosp	Conduct client implementation plan PSA leadership meeting.
18	30 Days Prior to End of Hospital Fiscal Year	Hosp	Hold board meetings discuss CHNA needs, create and adopt an implementation plan. Communicate CHNA plan to community.

To meet IRS aligned CHNA requirements, a four-phase methodology was reviewed and approved as follows:

Phase I – Discovery:

Conduct a 30 minute conference call with CHNA hospital client and County Health Department. Review / confirm CHNA calendar of events, explain / coach client to complete required participants 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 PSA. Use Iowa Hospital Association (IHA), Vital Statistics, Robert Woods Johnson County Health Rankings, etc. to document “current state” of county health organized as follows:

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

B) Gather historical primary research to uncover public health needs, practices and perceptions for hospital primary service areas.

Phase III – QUANTIFY Community Need:

Conduct 90 minute Town Hall meeting with required county PSA residents. (Note: At each Town Hall meeting, CHNA secondary data will be reviewed, facilitated group discussion will occur, and a group ranking activity to determine the most important community health needs will be administered).

Phase IV - Complete data analysis & create comprehensive Community Health Needs Assessment:

Post CHNA report findings to meet IRS CHNA criteria.

After consideration of CHNA stakeholders (sponsoring hospital & local health department) the CHNA Basic option was selected with the following project schedule:

Phase I: Discovery.....	January 2015
Phase II: Secondary / Primary Research.....	Jan - Feb 2015
Phase III: Town Hall Meeting.....	April 15th, 2015
Phase IV: Prepare / Release CHNA report.....	May 2015

Detail CHNA Development Steps Include:

Steps to Conduct Community Health Needs Assessment	
	Development Steps
Step # 1 Commitment	<i>Determine interest level of area healthcare leaders (Hospital, Health Dept, Mental Health Centers, Schools, Churches, Physicians etc), hold community meeting.</i>
Step # 2 Planning	<i>Prepare brief Community Health Needs Assessment Plan - 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	<i>Conduct Community Roundtable (Qualitative Research). Review Secondary Research (Step3) with Community Stakeholders. Gather current opinions and identify health needs.</i>
Step # 4b Primary Research <Optional>	<i>Collect Community Opinions. (Quantitative Research). Gather current opinions (Valid sample size) regarding community health needs and healthcare practices. If appropriate, conduct Physician Manpower Assessment to determine FTE Physician need by specialty.</i>
Steps # 5 Reporting	<i>Prepare/Present comprehensive Community Health Needs Assessment report (to community leaders) with Recommended Actions to improve health. < Note: Formal report will follow IRS Notice 2011-52 regs ></i>
VVV Research & Development, LLC 913 302-7264	

Overview of Town Hall Community Priority Setting Process

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

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

Russell Regional Hospital's Town Hall was held on Wednesday April 15th, 2015 at Russell Regional Hospital. Vince Vandelaar and Alexa Backman facilitated this 1 ½ hour session with twenty nine (29) attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

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

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

(NOTE: To review detail Town Hall discussion content, please turn to Section V for detailed notes of session and activity card content reporting of open end comments).

**Community Health Needs Assessment
Pawnee County, KS Town Hall Meeting
on behalf of Pawnee Valley Community Hospital**

Vince Vandehaar, MBA
VVV Marketing & Development LLC
Owner and Adjunct Marketing Professor

Olathe, Kansas 66061
vmlvandehaar@aol.com

www.vandehaarmarketing.com
913-302-7264

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

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

VVV Marketing & Development INC.

I. Introduction:
Background and Experience



Vince Vandehaar MBA,
VVV Marketing & Development INC Principal Consultant, Olathe,
KS 913 302-7264

- > – Professional Consulting Services: Strategic Planning, Marketing Management, Business Research & Development Focus : Strategy, Research, Deployment
 - > – Over 25 years of experience with Tillinghast, BCBSKC, Saint Luke's
- Adjunct Professor - Marketing / Health Admin.- 26 years +**
- > Webster University (1988 – present)
 - > Rockhurst University (2010 – present)

Alexa Backman MBA 2015, VVV Lead Collaborative Analyst

**I. Introductions: a conversation with
the community.** Community members and organizations
invited to CHNA Town Hall

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

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

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

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

Town Hall Participation (You)

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

II. Purpose: Why conduct Community Health Needs Assessment?

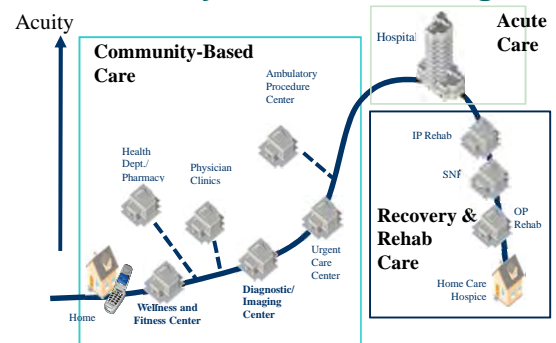
- To determine health-related trends and issues of the community.
- To understand/evaluate health delivery programs in place.
- To develop strategies to address unmet health needs.
- To meet Federal requirements – both local hospital & Health Department.

II. Review CHNA Definition

A Community Health Needs Assessment (CHNA) is a systematic collection, assembly, analysis, and dissemination of information about the health of the community. *<NOTE: Some the data has already been collected (published) by local, state and federal public health organizations. Some data will be collected today.>*

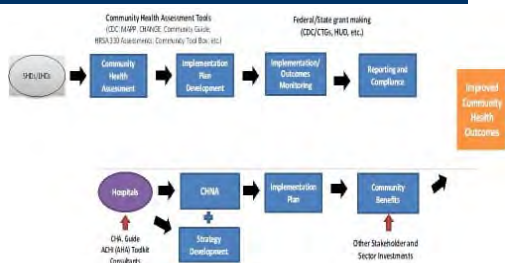
CHNA's role is to identify factors that affect the health of a population and determine the availability of resources to adequately address those factors.

Future System of CARE Sg2



IP = inpatient; SNF = skilled nursing facility; OP = outpatient.

Community Health Needs Assessment Joint Process: Hospital & Health Department



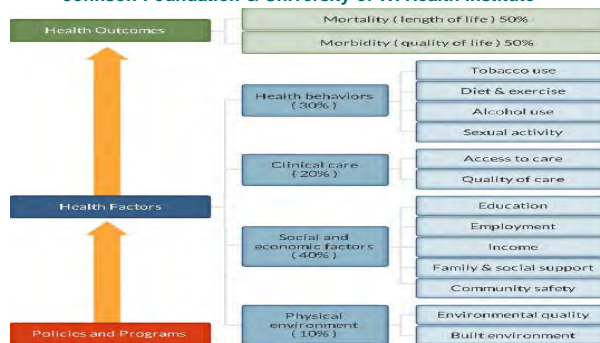
II. Required Written Report IRS 990 Documentation

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

III. Review Current County "Health Status" – Secondary Data by 10 TAB Categories plus RWJ State Rankings

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

County Health Rankings Robert Wood Johnson Foundation & University of WI Health Institute



1	Focus Area	Measure	Description
1	Air and water quality (5%)	Air pollution - particulate matter	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county
		Drinking water violation	Percent of population potentially exposed to water exceeding a violation limit during the past year
		Severe housing problems	Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of basic life or plumbing facilities
Housing and transit (5%)	Driving alone to work	Percent of the workforce that drives alone to work	
	Long commutes - driving alone	Among workers who commute in their car alone, the percent that commute more than 30 minutes	
2a	Focus Area	Measure	Description
2a	Access to care (10%)	Uninsured	Percent of population under age 65 without health insurance
		Primary care physicians	Ratio of population to primary care physicians
		Dentists	Ratio of population to dentists
		Mental health providers	Ratio of population to mental health providers
Quality of care (10%)	Preventable hospitalizations	Hospitalization rate for ambulatory care sensitive conditions per 1,000 Medicare enrollees	
	Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c screening	
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening	
2b	Focus Area	Measure	Description
2b	Social and Economic Environment (40%)	Education (10%)	Percent of ninth grade cohort that graduates in 4 years
		Employment (10%)	Percent of population age 16+ unemployed but seeking work
		Income (10%)	Percent of children under age 18 in poverty
Family and social support (5%)	Inadequate social support	Percent of adults without social/emotional support	
	Children in single-parent households	Percent of children that live in household headed by single parent	
2b	Focus Area	Measure	Description
2b	Social and Economic Environment (40%)	Community safety (5%)	Violent crime
		Injury deaths	Injury mortality per 100,000
3	Focus Area	Measure	Description
3	Health Outcomes (10%)	Adult smoking	Percent of adults that report smoking >= 100
		Adult obesity	Percent of adults that report a BMI >= 30
3a	Health Behaviors (10%)	Food environment index	Index of factors that contribute to a healthy food environment
		Physical inactivity	Percent of adults aged 20 and over reporting access to exercise opportunities
3b	Health Behaviors (10%)	Alcohol and drug use (5%)	Excessive drinking
		Alcohol-impaired driving deaths	Percent of driving deaths with alcohol involvement
3c	Health Behaviors (10%)	Sexual activity (5%)	Sexually transmitted infection
		Teen births	Teen birth rate per 1,000 female population, ages 15-19
3b / 3c	Focus Area	Measure	Description
3b / 3c	Morbidity / Mortality (10%)	Quality of life (50%)	Poor or fair health
		Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
3b / 3c	Morbidity / Mortality (10%)	Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)
		Low birthweight	Percent of live births with low birthweight (< 5500 grams)
3b / 3c	Morbidity / Mortality (10%)	Length of life (50%)	Premature death
		Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)

IV. Collect Community Health Perspectives

Ask your opinion. Your thoughts?

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

V. Have we forgotten anything ?

- | | |
|--------------------------------|------------------------------------|
| A. Aging Services | M. Hospice |
| B. Chronic Pain Management | N. Hospital Services |
| C. Dental Care/Oral Health | O. Maternal, Infant & Child Health |
| D. Developmental Disabilities | P. Nutrition |
| E. Domestic Violence, | R. Pharmacy Services |
| F. Early Detection & Screening | S. Primary Health Care |
| G. Environmental Health | T. Public Health |
| H. Exercise | U. School Health |
| I. Family Planning | V. Social Services |
| J. Food Safety | W. Specialty Medical Care Clinics |
| K. Health Care Coverage | X. Substance Abuse |
| L. Home Health | Y. Transportation |
| | Z. Other _____ |

Community Health Needs Assessment

Questions Next Steps ?

VVV Research & Development INC.
vmlvandehaar@aol.com
 913 302-7264

II. Methodology

d) Community Profile (A Description of Community Served)

Russell County Community Profile



Demographics

The population of Russell County was estimated to be 7,023 citizens in 2014, which is a 0.18% change in population from 2010–2014. The county has an overall population density of 1 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

Pawnee County, KS Airports³

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

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

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>

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

Detail Demographic Profile

ZIP	NAME	County	Population:			Households		HH	Per Capita
			Yr2014	Yr2019	Chg	Yr2014	Yr2019	Avg Size	Income 14
67626	Bunker Hill	RUSSELL	133	128	-3.8%	71	69	1.9	\$34,012
67634	Dorrance	RUSSELL	306	295	-3.6%	146	142	2.1	\$30,773
67640	Gorham	RUSSELL	488	475	-2.7%	219	213	2.2	\$26,798
67648	Lucas	RUSSELL	557	570	2.3%	271	278	2.1	\$22,786
67649	Luray	RUSSELL	301	308	2.3%	142	146	2.1	\$22,141
67658	Paradise	RUSSELL	100	103	3.0%	45	46	2.2	\$20,647
67665	Russell	RUSSELL	5,224	5,277	1.0%	2,359	2,393	2.2	\$26,417
67673	Waldo	RUSSELL	118	120	1.7%	50	50	2.4	\$20,507
Totals			1,885	1,879	-2.4%	894	894	2.1	\$26,193

ZIP	NAME	County	Population 2014:				YR 2014		Females
			Yr2014	POP65p	KIDS<18	GenY	MALES	FEMALES	Age20_35
67626	Bunker Hill	RUSSELL	133	37	21	27	69	64	7
67634	Dorrance	RUSSELL	306	85	46	63	160	146	17
67640	Gorham	RUSSELL	488	97	113	131	246	242	38
67648	Lucas	RUSSELL	557	146	114	129	278	279	35
67649	Luray	RUSSELL	301	78	63	70	152	149	18
67658	Paradise	RUSSELL	100	26	21	23	50	50	6
67665	Russell	RUSSELL	5,224	1,164	1,226	1,412	2,586	2,638	399
67673	Waldo	RUSSELL	118	29	25	28	60	58	7
Totals			1,885	469	378	443	955	930	121

ZIP	NAME	County	Population 2014:				Aver	Hholds	
			White	Black	Amer IN	Hisp	HH Inc14	Yr2014	HH \$50K+
67626	Bunker Hill	RUSSELL	130	0	2	0	\$63,713	71	34
67634	Dorrance	RUSSELL	297	0	5	2	\$64,496	146	71
67640	Gorham	RUSSELL	478	0	2	6	\$59,714	219	116
67648	Lucas	RUSSELL	538	0	2	12	\$46,834	271	89
67649	Luray	RUSSELL	291	0	1	7	\$46,933	142	47
67658	Paradise	RUSSELL	96	0	0	2	\$45,882	45	14
67665	Russell	RUSSELL	4,920	69	35	142	\$58,321	2,359	936
67673	Waldo	RUSSELL	114	0	0	3	\$48,396	50	16
Totals			1,830	0	12	29	\$54,595	894	371

Source: ERSA Demographics

III. Community Health Status

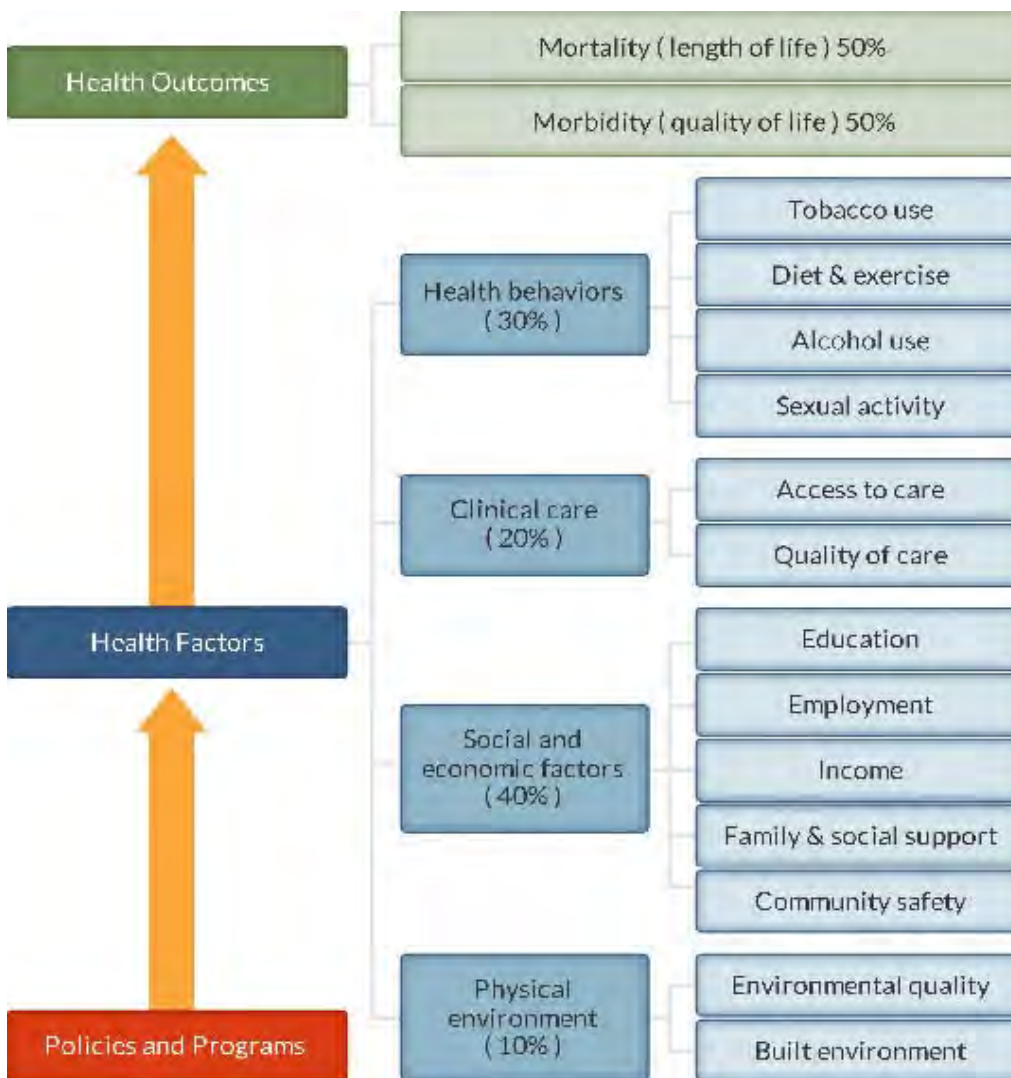
[VVV Research & Development, LLC]

III. Community Health Status

a) Historical Health Statistics

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators and results of our recent CHNA Town Hall. To produce this profile, VVV Research & Development staff analyzed 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 2015 County Health Rankings and conversations from Town Hall primary research. (Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*. As seen below in model, these rankings are based on a number of health factors).



County Health Rankings model ©2012 UWPHI

2015 State Health Rankings for Russell County, KS

#	Kansas 2015 County Health Rankings (105 counties)	Definitions	RUSSELL CO 2015	TREND	NW Alliance (12)
1	Physical Environment	Environmental quality	31		50
2	Health Factors		57		26
2a	Clinical Care	Access to care / Quality of Care	85		41
2b	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	55		29
3	Health Outcomes		74		44
3a	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	37		34
3b	Morbidity	Quality of life	87		48
3c	Mortality	Length of life	61		42
OVERALL RANK			74		44
NW KS Norms include the following 12 counties: Barton, Ellis, Gove, Kiowa, Norton, Osborne, Pawnee, Phillips, Russell, Sheridan, Smith and Thomas					
http://www.countyhealthrankings.org					

Secondary Research

When considering the state of community health, it's important to review published health data by topic area. Below is a summary of key TABS of information collected:

Tab 1 Demographic Profile

TAB		Health Indicator	RUSSELL CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
1a	a	Population, 2013 estimate	6,933		2,895,801	5,068	People Quick Facts
1a	b	Population, 2010	6,970		2,853,118	5,108	People Quick Facts
1a	c	Pop Growth % - April 1,10 to July 1, 13	-0.5%		2.1%	-0.5%	People Quick Facts
1a	d	Persons under 5 years, percent, 2013	6.2%		6.9%	6.0%	People Quick Facts
1a	e	Persons under 18 years, percent, 2013	21.3%		21.8%	22.1%	People Quick Facts
1a	f	Persons 65 years and over, percent, 2013	22.8%		13.6%	20.4%	People Quick Facts
1a	g	Female persons, percent, 2013	50.5%		49.7%	49.2%	People Quick Facts
1a	h	White alone, percent, 2013 (a)	95.8%		95.6%	95.4%	People Quick Facts
1a	i	Black or African American alone,% 2013 (a)	0.9%		1.0%	1.7%	People Quick Facts
1a	j	Hispanic or Latino, percent, 2013 (b)	2.2%		5.4%	5.2%	People Quick Facts
1a	k	Foreign born persons, percent, 2008-2012	0.4%		2.6%	2.1%	People Quick Facts
1a	l	% Language other than English spoken at home	4.0%		7.6%	4.7%	People Quick Facts
1a	m	% Living in same house 1 year +, 2008-2012	87.3%		75.8%	86.6%	People Quick Facts
1a	n	People 65+ Living Alone, 2009-2013	34.7%		29.4%	32.4%	American Community Survey

TAB		Health Indicator	RUSSELL CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
1b	a	Veterans, 2008-2012	630		NA	18,731	People Quick Facts
1b	b	Population per square mile, 2010	30.9		31.6	17	Geography Quick Facts
1b	c	Violent crime rate (Rate of Violent Crime per 1,000)	3.7		3.5	207.5%	Kansas Bureau of Investigation
1b	d	Children in single-parent households	25%		NA	29%	County Health Rankings
1b	e	People Living Below Poverty Level, 2009-2013	14.6%		13.7%	12.5%	American Community Survey
1b	f	Children Living Below Poverty Level, 2009-2013	22.5%		18.7%	18.1%	American Community Survey
1b	g	Limited access to healthy foods	9%		NA	8%	County Health Rankings
1b	h	People 65+ Living Below Poverty Level, 2009-2013	7.6%		7.6%	8.5%	American Community Survey
1b	i	People 65+ with Low Access to a Grocery Store, 2010	6.2%		NA	9.5%	U.S. Department of Agriculture - Food Environment Atlas
1b	j	Voter Turnout, 2012	73.7%		66.8%	71.0%	Kansas Secretary of State

Tab 2 Economic Profiles

TAB		Health Indicator	RUSSELL CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
2a	a	Households, 2008-2012	3,264		1,110,440	95,097	People Quick Facts
2a	b	Median household income, 2009-2013	\$37,111		\$51,332	\$44,017	American Community Survey
2a	c	Per capita money income in past 12 months (2012 dollars), 2008-2012	\$27,606		\$24,625	\$25,046	People Quick Facts
2a	d	Households with Cash Public Assistance Income, 2009-2013	1.8%		2.3%	1.6%	American Community Survey
2a	e	Housing units, 2013	3,877		NA	106,387	People Quick Facts
2a	f	Median value of owner-occupied housing units, 2008-2012	\$64,800		\$134,700	\$75,775	People Quick Facts
2a	g	Homeownership rate, 2009-2013	64.2%		60.7%	62.6%	American Community Survey
2a	h	Housing units in multi-unit structures, % 2008-2012	7.9%		23.4%	9.0%	People Quick Facts
2a	i	Persons per household, 2008-2012	2.08		2.3	2.3	People Quick Facts
2a	j	Severe Housing Problems, 2006-2010	9.2%		12.8%	8.5%	County Health Rankings
2a	k	Homeowner Vacancy Rate, 2009-2013	3.8%		2.0%	1.8%	American Community Survey
2a	l	Renters Spending 30% or More of Household Income on Rent, 2009-2013	44.7%		45.5%	37.0%	American Community Survey

TAB		Health Indicator	RUSSELL CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
2b	a	Retail sales per capita, 2007	\$10,110		\$18,264	\$9,577	Business Quick Facts
2b	b	Total number of firms, 2007	NA		3551	27,141	Business Quick Facts
2b	c	Unemployed Workers in Civilian Labor Force, 2014	3.1%		3.9%	2.7%	U.S. Bureau of Labor Statistics
2b	d	Private nonfarm employment, percent change, 2011-2012	3.4%		4.6%	5.3%	Business Quick Facts
2a	e	Households with No Car and Low Access to a Grocery Store, 2010	2.9%		NA	2.1%	U.S. Department of Agriculture - Food Environment Atlas
2b	f	Child Food Insecurity Rate, 2012	21.5%		22.5%	20.8%	Feeding America
2a	g	Grocery Store Density, 2011	0.4%		NA	0.4%	U.S. Department of Agriculture - Food Environment Atlas
2b	h	Low-Income and Low Access to a Grocery Store, 2010	9.4%		NA	15.4%	U.S. Department of Agriculture - Food Environment Atlas
2b	i	Low-Income Persons who are SNAP Participants, 2007	17.3%		NA	12.3%	U.S. Department of Agriculture - Food Environment Atlas
2b	j	Households without a Vehicle, 2009-2013	5.5%		5.3%	4.2%	American Community Survey
2b	k	Mean travel time to work (minutes), workers age 16+, 2008-2012	14.3		12.7	14	People Quick Facts
2b	l	Solo Drivers with a Long Commute, 2008-2012	1.0%		19.5%	12.2%	County Health Rankings
2b	m	Workers who Walk to Work, 2009-2013	2.7%		2.4%	4.6%	American Community Survey

Tab 3 Public Schools Health Delivery Profile Currently school districts are providing on site primary health screenings and basic care.

TAB		Health Indicator	RUSSELL CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
3	a	Students Eligible for the Free Lunch Program, 2011-2012	35.8%		38.9%	34.2%	National Center for Education Statistics
3	b	Poverty Status by School Enrollment, 2009-2013	10.8%		12.9%	12.6%	American Community Survey
3	c	Student-to-Teacher Ratio (% Student / Teacher), 2011-2012	NA		13	9.4	National Center for Education Statistics
3	d	High School Graduation, 2013	85.2%		85.8%	84.6%	Annie E. Casey Foundation
3	e	Bachelor's degree or higher, percent of persons age 25+, 2008-2012	19.4%		32.1%	20.5%	People Quick Facts

#	Health Indicators	Russell CO USD 2015
1	Total Number of Public School Nurses	1
2	School Nurse is Part of the IEP Team	Y
3	Active School Wellness Plan	Y
4	VISION: # Screened / Referred to Prof / Seen by Professional	699/61/unk
5	HEARING: # Screened / Referred to Prof / Seen by Professional	699/13/unk
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	393/25/unk
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	NA
8	Number 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 and Infant Health Profile. Tracking maternal & infant care patterns are vital in understanding the foundation of family health.

TAB		Health Indicator	RUSSELL CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
4	a	Percent of Births Where Prenatal Care began in First Trimester, 2011-2013	77.7%		78.4%	78.9%	Kansas Department of Health and Environment
4	b	Percentage of Premature Births, 2011-2013	9.9%		9.0%	8.9%	Kansas Department of Health and Environment
4	c	Percent of Births with Low Birth Weight, 2011-2013	8.3%		7.1%	7.6%	Kansas Department of Health and Environment
4	d	Percent of births Where Mother Smoked During Pregnancy, 2010-2012	NA		13.5%	NA	Kansas Department of Health and Environment
4	e	Percent of all Births Occurring to Teens (15-19), 2011-2013	7.2%		8.1%	7.6%	Kansas Department of Health and Environment
4	f	Percent of Births Occurring to Unmarried Women, 2011-2013	38.0%		36.7%	31.3%	Kansas Department of Health and Environment
4	g	Average Monthly WIC Participation per 1,000 population, 2013	22.1%		23.6%	20.9%	Kansas Department of Health and Environment
4	h	Percent of WIC Mothers Breastfeeding Exclusively, 2013	18.8%		12.9%	14.6%	Kansas Department of Health and Environment

TAB	Criteria	RUSSELL CO 2015	TREND	KANSAS	NW Alliance (12)
4	Total Live Births, 2008	84		41815	1293
4	Total Live Births, 2009	81		41388	1317
4	Total Live Births, 2010	93		40439	1274
4	Total Live Births, 2011	85		39628	1315
4	Total Live Births, 2012	85		40304	1370
4	Total Live Births, 2008-2012 - Five year Rate (%)	12.8		14.5	138.5

TAB 5 Hospitalization/Provider Profile Understanding provider access and disease patterns are fundamental in healthcare delivery. Listed below are several vital county statistics.

TAB	Health Indicator	RUSSELL CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
5 a	Ratio of Population to Primary Care Physicians, 2013	1703		1816	2114	Kansas Department of Health and Environment
5 b	Staffed Hospital Bed Ratio (per 1,000 Pop), 2012	3.6%		3.4%	13.1%	Kansas Hospital Association
5 c	Percent of Births with Inadequate Birth Spacing, 2011-2013	9.9%		11.0%	10.8%	Kansas Department of Health and Environment
5 d	Preventable hospital stays	84		NA	64	County Health Rankings
5 e	Heart Disease Hospital Admission Rate, 2009-2011	306		300	262	Kansas Department of Health and Environment
5 f	Congestive Heart Failure Hospital Admission Rate, 2009-2011	122		199	191	Kansas Department of Health and Environment
5 g	Chronic Obstructive Pulmonary Disease (COPD) Hospital Admission Rate, 2009-2011	170		136	194	Kansas Department of Health and Environment
5 h	Bacterial Pneumonia Hospital Admission Rate, 2009-2011	333		269	488	Kansas Department of Health and Environment
5 i	Injury Hospital Admission Rate, 2009-2011	1120		915	691	Kansas Department of Health and Environment

#	KS Hospital Assoc PO103	Russell County IP			TREND
		FFY2012	FFY2013	FFY2014	
1	Total Discharges	1,021	890	926	
2	Total IP Discharges-Age 0-17 Ped	23	25	22	
3	Total IP Discharges-Age 18-44	56	73	62	
4	Total IP Discharges-Age 45-64	161	158	161	
5	Total IP Discharges-Age 65-74	161	148	183	
6	Total IP Discharges-Age 75+	390	297	326	
7	Psychiatric	38	28	23	
8	Obstetric	98	84	78	
9	Surgical %	23.0%	23.7%	22.4%	
#	KS Hospital Assoc PO103	Russell Regional Hospital			TREND
		FFY2012	FFY2013	FFY2014	
1	Total Discharges	209	203	241	
2	Total IP Discharges-Age 0-17 Ped	0	1	1	
3	Total IP Discharges-Age 18-44	7	6	11	
4	Total IP Discharges-Age 45-64	29	36	33	
5	Total IP Discharges-Age 65-74	26	28	40	
6	Total IP Discharges-Age 75+	140	129	150	
7	Psychiatric	7	3	6	
8	Obstetric	0	0	0	
9	Surgical %	NA	0.5%	0.4%	
#	Kansas Hospital Assoc OP TOT223E	FFY2012	FFY2013	FFY2014	TREND
1	ER Market Share	NA	NA	70.4%	
2	Total OP Market Share	NA	NA	75.1%	

TAB 6 Social & Rehab Services Profile Behavioral health care provide another important indicator of community health status.

TAB		Health Indicator	RUSSELL CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
6	a	Depression: Medicare Population, 2012	15.2%		16.2%	15.2%	Centers for Medicare & Medicaid Services
6	b	Alcohol-Impaired Driving Deaths, 2008-2012	50.0%		34.7%	36.4%	County Health Rankings
6	c	Inadequate social support	17%		NA	16%	County Health Rankings
6	d	Poor mental health days	3.3		NA	2.8	County Health Rankings

TAB 7 Health Risk Profiles Knowing community health risk factors and disease patterns can aid in the understanding “next steps” to improve health. Being overweight/obese; smoking, drinking in excess, not exercising etc can lead to poor health.

TAB		Health Indicator	RUSSELL CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
7a	a	% of Adults with High Cholesterol, 2013	NA		38.1%	NA	Kansas Department of Health and Environment
7a	b	Adult obesity	31%		30%	30%	County Health Rankings
7a	c	Percent of Adults Who are Binge Drinkers, 2013	NA		15.4%	3.0%	Kansas Department of Health and Environment
7a	d	Percent of Adults Who Currently Smoke Cigarettes, 2013	NA		20.0%	NA	Kansas Department of Health and Environment
7a	e	% of Adults with Diagnosed Hypertension, 2013	NA		31.3%	5.8%	Kansas Department of Health and Environment
7a	f	% of Adults with Doctor Diagnosed Arthritis, 2013	NA		23.9%	4.2%	Kansas Department of Health and Environment
7a	g	% Physical inactivity	26.0%		NA	25.0%	County Health Rankings
7a	h	% of Adults with Fair or Poor Self-Perceived Health Status, 2013	NA		15.4%	NA	Kansas Department of Health and Environment
7a	i	Served Unaffected by SDWA Nitrate Violations, 2013	100.0%		99.7%	96.2%	Kansas Department of Health and Environment
7a	j	Sexually transmitted infections	201		NA	369	County Health Rankings

TAB 7 Health Risk Profiles

TAB		Health Indicator	RUSSELL CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
7b	a	Hypertension: Medicare Population, 2012	56.7%		52.7%	55.2%	Centers for Medicare & Medicaid Services
7b	b	Hyperlipidemia: Medicare Population, 2012	39.5%		39.3%	38.1%	Centers for Medicare & Medicaid Services
7b	c	Rheumatoid Arthritis: Medicare Population, 2012	39.2%		27.7%	33.5%	Centers for Medicare & Medicaid Services
7b	d	Ischemic Heart Disease: Medicare Population, 2012	31.0%		26.7%	29.7%	Centers for Medicare & Medicaid Services
7b	e	Diabetes: Medicare Population, 2012	26.7%		24.6%	23.0%	Centers for Medicare & Medicaid Services
7b	f	Heart Failure: Medicare Population, 2012	17.5%		14.0%	18.3%	Centers for Medicare & Medicaid Services
7b	g	Chronic Kidney Disease: Medicare Population, 2012	12.9%		13.9%	13.1%	Centers for Medicare & Medicaid Services
7b	h	COPD: Medicare Population, 2012	14.1%		11.0%	12.9%	Centers for Medicare & Medicaid Services
7b	i	Alzheimer's Disease or Dementia: Medicare Pop 2012	10.1%		9.9%	10.6%	Centers for Medicare & Medicaid Services
7b	j	Atrial Fibrillation: Medicare Population, 2012	9.7%		8.0%	9.3%	Centers for Medicare & Medicaid Services
7b	k	Cancer: Medicare Population, 2012	10.4%		8.0%	9.1%	Centers for Medicare & Medicaid Services
7b	l	Osteoporosis: Medicare Population, 2012	6.2%		6.1%	8.2%	Centers for Medicare & Medicaid Services
7b	m	Asthma: Medicare Population, 2012	3.9%		3.8%	3.5%	Centers for Medicare & Medicaid Services
7b	n	Stroke: Medicare Population, 2012	2.1%		3.2%	2.6%	Centers for Medicare & Medicaid Services

TAB 8 Uninsured Profiles Based on state estimations, the number of insured is documented below. Also, the amount of charity care (last 3 years of free care) from area providers is trended below.

TAB		Health Indicator	RUSSELL CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
8	a	Uninsured Adult Population Rate, 2012	19.3%		17.6%	17.4%	U.S. Census Bureau

#	Charity Care- Russell Regional	YR 2012	YR 2013	Yr 2014	TREND
1	Free Patient Care Given	\$162,649	\$116,607	\$104,360	
2	Bad Debt	\$777,139	\$678,314	\$824,205	

TAB 9 Mortality Profile The leading causes of county deaths are listed below. Areas of higher than expected are so noted.

TAB		Health Indicator	RUSSELL CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
9	a	Life Expectancy for Females, 2010	81		81	81	Institute for Health Metrics and Evaluation
9	b	Life Expectancy for Males, 2010	77		76	76	Institute for Health Metrics and Evaluation
9	c	Infant Mortality Rate, 2009-2013	16.1%		6.4%	3.9%	Kansas Department of Health and Environment
9	d	Age-adjusted Mortality Rate per 100,000 population, 2011-2013	723		757	740	Kansas Department of Health and Environment
9	e	Age-Adjusted Years of Potential Life Lost - Traffic Injury, 2011-2013	1533		490	1541	Kansas Department of Health and Environment
9	f	Age-adjusted Cancer Mortality Rate per 100,000 population, 2011-2013	136		166	148	Kansas Department of Health and Environment
9	g	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2011-2013	181		156	166	Kansas Department of Health and Environment
9	h	Disease Mortality Rate per 100,000 population, 2009-2013	42		51	51	Kansas Department of Health and Environment
9	i	Age-adjusted Traffic Injury Mortality Rate per 100,000 population, 2011-2013	30		13	25	Kansas Department of Health and Environment
9	j	Mortality Rate per 100,000 population, 2011-2013	63		40	66	Kansas Department of Health and Environment
9	k	Age-adjusted Suicide Mortality Rate per 100,000 population, 2003-2013	28		15	14	Kansas Department of Health and Environment

#	Causes of Death by County of Residence, KS 2012	RUSSELL CO	TREND	KANSAS	NW Alliance (12)
	TOTAL	177		43262	2013
1	Major Cardiovascular Diseases	33		7,458	341
2	Diseases of Heart	26		5,314	259
3	All Other Causes	19		4,215	194
4	Ischemic Heart Disease	18		2,990	156
5	All Malignant Neoplasms	15		5,406	256
6	Other Heart Diseases	8		2,156	100
7	All Other Accidents and Adverse Effects	7		894	39
8	Cerebrovascular Diseases	7		1,331	53
9	Chronic Lower Respiratory Diseases	5		1,680	75
10	Malignant Neoplasms of Respiratory and Intrathoracic Organs	5		1,537	72
11	Suicide	5		505	27
9	Other Malignant Neoplasms	4		1,145	48
15	Pneumonia and Influenza	4		621	37
3	Residual Infection & Parasitic Disease	4		586	24
10	Alzheimer's Disease	3		788	42
8	Malignant Neoplasms of Digestive Organs	3		1,288	51
13	Motor Vehicle Accidents	3		410	33

TAB 10 Preventive Health Profile The following table reflects future health of county. This information also is an indicator of community awareness of preventative measures.

TAB		Health Indicator	RUSSELL CO 2015	TREND	KANSAS	NW Alliance (12)	SOURCE
10	a	Access to Exercise Opportunities, 2014	35.3%		70.9%	51.3%	County Health Rankings
10	b	% of Infants Fully Immunized at 24 Mo, 2011-2013	82.6%		71.7%	78.6%	Kansas Department of Health and Environment
10	c	Immunized Against Influenza Past 12 Mo, 2013	NA		64.8%	NA	Kansas Department of Health and Environment
10	d	Percent of Adults Who Reported Consuming Fruit Less than 1 Time Per Day, 2013	NA		41.7%	NA	Kansas Department of Health and Environment
10	e	Percent of Adults Who Reported Consuming Vegetables Less than 1 Time Per Day, 2013	NA		22.9%	NA	Kansas Department of Health and Environment
10	f	Diabetic screening	76%		NA	86%	County Health Rankings
10	g	Mammography screening	60%		NA	64%	County Health Rankings
10	h	% Annual check-up visit with PCP	NA		NA	NA	TBD
10	i	% Annual check-up visit with Dentist	NA		NA	NA	TBD
10	j	% Annual check-up visit with Eye Doctor	NA		NA	NA	TBD

Community Feedback Research

For CHNA Round #2, it also important to gather community perspective from key stakeholders on their views of progress to address baseline CHNA needs documented 3 years ago. Below are findings of this online community primary research:

Question 1- Overall Quality Ranking

CHNA Round #2 Feedback 2015 - Community Feedback						
1. Three years ago a Community Health Needs Assessment was completed. This assessment identified a number of health needs for our community. Today we are updating this assessment and would like to know how you rate the "Overall Quality" of healthcare delivery in our community?						
Answer Options	Very Good	Good	Fair	Poor	Very Poor	Valid N
Russell County N= 88	16	55	17	0	0	88
Top 2 Boxes (Very Good / Good)	80.7%					
NW Alliance (10) Totals	411	769	236	34	7	1457
Top 2 Boxes (Very Good / Good)	81.0%					

Questions 5 & 6- Community Ranking of Healthcare Services 2015

CHNA Round #2 Feedback 2015 - Community Feedback			
5. How would our community rate each of the following ?	NW Alliance (10) Lower 2 Box %	Russell CO N= 88	TREND
Ambulance Services	3.7%	2.7%	Green
Child Care	18.9%	18.3%	Red
Chiropractors	5.8%	3.0%	Green
Dentists	13.8%	15.3%	Red
Emergency Room	4.3%	2.7%	Green
Eye Doctor / Optometrist	7.2%	2.8%	Green
Family Planning Services	15.7%	31.6%	Red
Home Health	15.0%	4.4%	Green
Hospice	9.2%	18.0%	Red
Inpatient Services	3.2%	1.4%	Green
Mental Health Services	26.2%	44.9%	Red
Nursing Home	12.5%	18.9%	Red
Outpatient Services	2.4%	2.7%	Green
Pharmacy	2.7%	0.0%	Green
Primary Care	5.1%	6.8%	Yellow
Public Health Dept.	2.4%	2.7%	Green
School Nurse	6.5%	13.6%	Red
Visiting Specialists	7.1%	2.8%	Green

Question 7- Receiving Healthcare Services Outside our Community

CHNA Round #2 Feedback 2015			
7. Over the past 2 years, did you or do you know someone who received health care services outside of our community?	NW Alliance (10)	Russell Co N= 88	TREND
Yes	84.1%	78.9%	
No	8.5%	9.2%	
Don't know	7.5%	11.8%	
TOTALS	100.0%	100.0%	

Question 8- Requested Discussion Items for Town Hall Agenda

8. Are there any other health needs that we need to discuss at our upcoming CHNA Town Hall meeting?	NW Alliance (10)	Russell Co N= 88	TREND
Abuse / Violence	4.8%	6.1%	
Alcohol	5.1%	7.1%	
Cancer	5.7%	4.4%	
Diabetes	4.9%	4.9%	
Drugs / Substance Abuse	7.8%	9.8%	
Family Planning	2.8%	3.2%	
Heart Disease	4.0%	3.4%	
Lead Exposure	0.7%	0.2%	
Mental Illness	6.8%	8.3%	
Nutrition	5.1%	3.9%	
Obesity	7.7%	7.6%	
Ozone (Air)	0.9%	0.2%	
Physical Exercise	6.2%	4.6%	
Poverty	4.3%	3.7%	
Respiratory Disease	2.7%	2.2%	
Sexual Transmitted Diseases	2.0%	3.4%	
Suicide	3.7%	4.4%	
Teen Pregnancy	4.1%	4.9%	
Tobacco Use	4.4%	5.1%	
Vaccinations	5.3%	3.9%	
Water Quality	4.0%	2.9%	
Wellness Education	6.0%	4.9%	
Some Other Need (please specify below)	0.8%	0.7%	
TOTAL	100.0%	100.0%	

IV. Inventory of Community Health Resources

[VVV Research & Development, LLC]

Inventory of Health Services - Russell County, KS				
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	No	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) 161	No	No	No
Hosp	Intensive Care Unit	No	No	No
Hosp	Intermediate Care Unit	Yes	No	No
Hosp	Interventional Cardiac Catherterization	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	No	No	No
Hosp	Oncology Services	No	No	No
Hosp	Orthopedic Services	Yes	No	No
Hosp	Outpatient Surgery	No	No	No
Hosp	Pain Management	Yes	No	No
Hosp	Palliative Care Program	No	No	No
Hosp	Pediatric	No	No	No
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

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

Physician Manpower - Russell County, KS

Number of FTE Providers	Supply Working in County		
	FTE County Based	FTE Visting	PA/NP
Primary Care:			
Family Practice	4.20	0.00	3.60
Internal Medicine	0.00	0.00	0.00
Obstetrics/Gynecology	0.00	0.00	0.00
Pediatrics	0.00	0.00	0.00
Medicine Specialists:			
Allergy/Immunology	0.00	0.00	
Cardiology	0.00	0.20	
Dermatology	0.00	0.00	
Endocrinology	0.00	0.00	
Gastroenterology	0.00	0.00	
Oncology/RADO	0.00	0.00	
Infectious Diseases	0.00	0.00	
Nephrology	0.00	0.00	
Neurology	0.00	0.10	
Psychiatry	0.00	0.20	
Pulmonary	0.00	0.10	
Rheumatology	0.20	0.20	
Surgery Specialists:			
General Surgery	0.00	0.10	
Neurosurgery	0.00	0.10	
Ophthalmology	0.00	0.00	
Orthopedics	0.00	0.20	
Otolaryngology (ENT)	0.00	0.20	
Plastic/Reconstructive	0.00	0.00	
Thoracic/Cardiovascular/Vasc	0.00	0.00	
Urology	0.00	0.10	
Hospital Based:			
Anesthesia/Pain	0.00	0.10	
Emergency	0.20	0.80	0.00
Radiology	0.00	0.10	
Pathology	0.00	0.10	
Hospitalist *	0.00	0.00	
Neonatal/Perinatal	0.00	0.00	
Physical Medicine/Rehab	0.00	0.00	
Others			
Podiatry	0.00	0.10	0.00
TOTALS	4.60	2.70	3.60

Visiting Specialists to Russell Regional Hospital					240
Specialty	Physician Name/Group	Office Location (City/State)	Schedule	# of Days Yearly	Calc FTE
Cardiology	Hagley/Hutch Clinic	Hutchinson, Kansas	1st Wednesday	12	0.05
Cardiology	Boxberger/Galichia Medical Group	Wichita, Kansas	3rd Wednesday	12	0.05
Cardiology	Mauricio Anaya/DeBakey Heart Institute	Hays, Kansas	Twice per Month	24	0.15
ENT	Cossette/Bell and Cossette	Salina, Kansas	Every Tuesday	48	0.20
General Surgery	Anthony Hornick/Southwind Surgical	Hays, Kansas	3rd Friday	12	0.05
Neurology	Ali Monguolu	Salina, Kansas	Twice per Month	24	0.15
Neurology	Anwarual Siddiqui	Salina, Kansas	3rd Thursday	12	0.05
Orthopedic	Randall Hildebrand, L.T. Fleske, Rhodes/Central Kansas Orthopedic	Great Bend, Kansas	Every Friday	48	0.20
Pain Management	Mark Snyder	Salina, Kansas	Once per Month	12	0.05
Pain Medicine	Mark Snyder	Salina, Kansas	Once per Month	12	0.05
Pod (Foot)	James Reeves	Lawrence, Kansas	4th Thursday	12	0.05
Rheumatology	James Anderson	Kansas City	Four times per month	48	0.20
Urology	Michael Matucci/Salina Urology	Salina, Kansas	2nd Wednesday	12	0.05
TOTALS					1.30

Russell County Health Services Directory

Emergency Numbers

Police/Sheriff 911

Fire 911

Ambulance 911

Non-Emergency Numbers

Russell County Ambulance Office 445-3720

Trego County Sheriff 483-2151

Municipal Non-Emergency Numbers

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

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

Other Emergency Numbers

Kansas Child/Adult Abuse and Neglect Hotline

Protection Report Center
800-922-5330
http://www.srskansas.org/services/child_protective_services.htm

Domestic Violence Hotline

800-799-SAFE (7233)
www.ndvh.org

Kansas Road Conditions

1-877-550-KDOT (5368) 511
www.ksdot.org

Kansas Bureau of Investigation (Topeka)

785-296-8200
www.accesskansas.org/kbi

Kansas Arson/Crime Hotline

800-KS-CRIME (572-7463)
www.accesskansas.org/kbi

Kansas Crisis Hotline (Domestic Violence/Sexual Assault)

888-END-ABUSE
www.kcsdv.org

Poison Control Center

800-222-1222
www.aapcc.org

Suicide Prevention Hotline

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

Toxic Chemical and Oil Spills

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

Emergency Management (Topeka)

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

Health Services

Hospitals

Russell Regional Hospital
200 Main Street
Russell
785-483-3131
haroldc@russellhospital.org
www.russellhospital.org

Russell Regional Hospital Services Include:

Bone Density
Long Term Care
Cardiology Clinic
Mammography
Medical Nutrition

Cardiolite Stress
MRI

CT Scans

Nuclear Medicine

Occupational Therapy

Echocardiography

Orthopedic Clinic

Education

PET Scans

Podiatry Clinic

Emergency Services

Physical Therapy

Family Care

Radiology/ Fluoroscopy

Home Delivered Meals

Speech Therapy

Inpatient Services

Swing Bed Services

Laboratory Services

Respiratory Therapy

Ultrasound

Health Department

Russell County Health Department
Luray and Maple Streets
Russell, Kansas 67665
785-483-6433
www.russellcountyhealthdept.com

Russell County Health Department Health Services

Include:

General Health

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

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

Medical Professionals

Chiropractors

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

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

Massage-Therapeutic

Sunflower Massage Therapy
225 N Seitz St.
Russell
785-385-2277

Optometrists

Mark Glenn, O.D.
702 N. Kansas St.
Russell
785-483-2451

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

Nursing Care and Rehabilitation Services

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

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

Pharmacies

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

Midwest Family Health
725 N. Main
Russell
785-483-2119

Physicians

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

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

Advanced Practitioners

Kayanne Meitler, APRN
Jamie Schneider, APRN
Camille Suchy, APRN
Sharon Zier, APRN
Linda Krug, PA

Veterinary Services

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

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

General Health Services

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

Home Health Referral

Angels Care Home Health
120 W. 3rd St
Russell
785-445-3500

Mental Health Services

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

Smoky Hill Foundation
209 East 7th Street
Hays
785-625-5521
www.smokyhillfoundation.com/index.html

School Nurse

Russell USD #407
Michelle Vanderwege, R.N.
802 N. Main
Russell
785-483-2173

Senior Services

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

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

Local Government, Community and Social Services

Day Care Providers

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

Crime Prevention

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

Economic Development

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

Funeral Homes

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

Pregnancy Services

Mary Elizabeth Maternity Home
204 W. 7th Street
Hays
785-625-6800

Sunflower Family Services Inc.
327 E. 8th Street
Hays
785-625-4600

Rape

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

Transportation

Public Transportation
785-483-2525

State and National Information, Services and Support

Adult Protection

Adult Protective Services
800-922-5330
www.srskansas.org/ISD/ees/adult.htm

Domestic Violence Association of Central Kansas
800-874-1499
www.dvack.org

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

Kansas Elder Abuse Hotline
800-922-5330
www.ncea.aoa.gov/NCEARoot/Main_Site/Find_Help/Help_Hotline.aspx

National Domestic Violence Hotline
800-799-SAFE (799-7233)
800-787-3224 (TDD)
www.ndvh.org

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

Northwest Kansas Domestic and Sexual Violence Services
800-794-4624
www.ksag.org/files/shared/dv_directory.pdf

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

Alcohol and Drug Treatment Programs

A Abandon A Addiction
800-405-4810

AIC Assessment Information Classes
888-764-5510

Alcohol and Drug Helpline
800-821-4357

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

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

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

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

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

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

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

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

Better Business Bureau

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

Children and Youth

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

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

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

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

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

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

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

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

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

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

Community Action

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

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

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

Counseling

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

Central Kansas Mental Health Center
800-794-8281

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

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

Kansas Problem Gambling Hotline
866-662-3800

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

National Problem Gambling Hotline
800-522-4700
www.npgaw.org/

Self-help Network of Kansas
800-445-0116
www.selfhelpnetwork.wichita.edu

Senior Health Insurance Counseling
800-860-5260
www.agingkansan.org/SHICK/shick_index.html

Smoky Hill Foundation
209 East 7th Street (Hays)
785-625-5521
www.smokyhillfoundation.com/index.html

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

Disability Services

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

Disability Advocates of Kansas, Inc.
866-529-3824
www.disabilitysecrets.com/kansas.html

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

Kansas Commission for the Deaf and Hearing Impaired
800-432-0698
www.srskansan.org/kcdhh

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

National Center for Learning Disabilities
888-575-7373
www.ncld.org

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

Environment

Kansas Department of Health and Environment
785-296-1500 (Topeka)

www.kdheks.gov/

Kansas Department of Health and Environment
785-827-9639 (Salina)

Food and Drug

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

USDA Meat and Poultry Hotline
888-674-6854
800-256-7072 (TTY)
www.fsis.usda.gov/food_safety_education/USDA_Meat_&_Poultry_Hotline/

U.S. Food and Drug Administration
888-INFO-FDA (888-463-6332)
www.fda.gov

Health Services

American Cancer Society
800-ACS-2345
www.cancer.org

American Health Assistance Foundation
800-437-2423
www.ahaf.org

American Heart Association
800-AHA-USA-1 (242-8721)
www.americanheart.org

Arthritis Foundation, Kansas Chapter
800-362-1108
www.arthritis.org/chapters/kansas/

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

Arthritis Foundation
800-283-7800
www.arthritis.org/chapters/kansas/

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

Eye Care Council, Inc.
800-960-EYES
www.seetolearn.com

Kansas Department of Health and Environment
785-296-1500
www.kdheks.gov/health/index.html

Kansas Foundation for Medical Care
800-432-0770
www.kfmc.org

National Health Information Center
800-336-4797
www.health.gov/nhic

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

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

Hospice

Hospice Services Inc.
800-315-5122
www.hospicenwks.net

Kansas Hospice and Palliative Care Organization
888-202-LIFE (5433)
www.lifeproject.org/akh.htm

Southwind Hospice
920 E. 1st Street
P.O. Box 862 (Pratt)
620-672-7553

Housing

Kansas Housing Resources Corporation
785-296-5865
www.kshousingcorp.org

U.S. Department of Housing and Urban Development,
Kansas Regional Office
913-551-5644
www.hud.gov/local/index.cfm?state=KS

Insurance Issues/Information

State of Kansas Insurance Commissioner
420 S.W. 9th Street (Topeka)
785-296-3071 or 800-432-2484
877-235-3151 (TTY/TDD)
www.ksinsurance.org/

Senior Health Insurance Counseling For Kansas
(SHICK)
800-860-5260 (Wichita)
www.agingkansas.org/SHICK/shick_index.htm

Legal Services

Kansas Attorney General
800-432-2310 (Consumer Protection)
800-828-9745 (Crime Victims' Rights)
www.ksag.org/home/

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

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

Kansas Legal Services
800-723-6953
785-233-4028 (TDD)
www.kansaslegalservices.org

Medicaid/Medicare Services

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

Kansas Medical Assistance Program
Customer Service
800-766-9012
www.kmap-state-ks.us/

Medicare Information
800-MEDICARE
www.medicare.gov

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services
800-MEDICARE (800-633-4227)
877-486-2048 (TTY)
www.cms.hhs.gov

Mental Health Services

Alzheimer's Association
800-272-3900
866-403-3073 (TDD)
www.alz.org

Developmental Services of NW Kansas
800-637-2229
www.dsnwk.org/

Kansas Alliance for Mentally Ill (Topeka)
785-233-0755
www.namikansas.org

Kansas Rural Family Helpline
Kansas State University
866-327-6578
www.humec.k-state.edu/fshs/pfws/krfhprogram.html

Make a Difference Information Network
800-332-6262

Mental Health America
800-969-6MHA (969-6642)
800-433-5959 (TTY)
www.nmha.org

National Alliance for the Mentally Ill Helpline
800-950-NAMI (950-6264)
703-516-7227 (TDD)
www.nami.org

National Institute of Mental Health
866-615-6464

866-415-8051 (TTY)
www.nimh.nih.gov

National Library Services For Blind & Physically Handicapped
800-424-8567

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

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

Nutrition

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

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

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

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

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

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

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

Road and Weather Conditions

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

Senior Services

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

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

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

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

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

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

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

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

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

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

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

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

Veterans

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

Kansas Persian Gulf War Health Initiative
800-513-7731

U.S. Department of Veterans Affairs:

Education (GI Bill)
888-442-4551
Gulf War/Agent Orange Helpline
800-749-8387
Health Care Benefits
877-222-8387
Life Insurance
800-669-8477
Mammography Helpline
888-492-7844
Other Benefits
800-827-1000
Status of Headstones and Markers
800-697-6947
Telecommunications Device for the Deaf
(TDD) 800-829-4833
www.vba.va.gov

Welfare

Welfare Fraud Hotline
800-432-3913

Weatherization

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

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

V. Detail Exhibits

[VVV Research & Development, LLC]

Patient Origin & Access

[VWV Research & Development, LLC]

# KS Hospital Assoc PO103		Russell County IP			TREND
		FFY2012	FFY2013	FFY2014	
1	Total Discharges	1,021	890	926	
2	Total IP Discharges-Age 0-17 Ped	23	25	22	
3	Total IP Discharges-Age 18-44	56	73	62	
4	Total IP Discharges-Age 45-64	161	158	161	
5	Total IP Discharges-Age 65-74	161	148	183	
6	Total IP Discharges-Age 75+	390	297	326	
7	Psychiatric	38	28	23	
8	Obstetric	98	84	78	
9	Surgical %	23.0%	23.7%	22.4%	
# KS Hospital Assoc PO103		Russell Regional Hospital Only			TREND
		FFY2012	FFY2013	FFY2014	
1	Total Discharges	209	203	241	
2	Total IP Discharges-Age 0-17 Ped	0	1	1	
3	Total IP Discharges-Age 18-44	7	6	11	
4	Total IP Discharges-Age 45-64	29	36	33	
5	Total IP Discharges-Age 65-74	26	28	40	
6	Total IP Discharges-Age 75+	140	129	150	
7	Psychiatric	7	3	6	
8	Obstetric	0	0	0	
9	Surgical %	NA	0.5%	0.4%	
#	Kansas Hospital AssocOP TOT223E	FFY2012	FFY2013	FFY2014	TREND
1	ER Market Share	NA	NA	70.4%	
2	Total OP Market Share	NA	NA	75.1%	

Town Hall Attendees Notes & Feedback

[VVV Research & Development, LLC]

Russell County, KS Town Hall Roster N=29

Date: 04/15/15

First	Last	Organization	Address	City	State	Zip
Barbara	Anschutz		45 Jay	Russell	KS	67665
Max	Barrett	Russell County Undersheriff	401 N. Main	Russell	KS	67665
Katie	Barkhurst		109 S. Grant St Apt. 8	Russell	KS	67665
Cathy	Boxberger	Russell Regional Hospital	921 S. Front	Russell	KS	67665
Jennifer	Cisneros	Russell County EMS	311 S. Fossil	Russell	KS	67665
Sharon	Collins	Russell Regional Hospital	200 S. Main	Russell	KS	67665
Harold	Courtois	Russell Regional Hospital	200 S. Main	Russell	KS	67665
Karen	Deatherage	Russell Regional Hospital	200 S. Main	Russell	KS	67665
Sarah	Depiesse	Russell Regional Hospital	747 E 7th	Russell	KS	
Jon	Finnegan					
John	Fletcher	Russell County Sheriff/Admin	401 N. Main	Russell	KS	67665
David	Harrison	County Board Chairperson	617 Margaret Ave	Russell	KS	67665
Bois	Harvey	Development Consultant-Self				
Kevin	Kreutzer					
Morris	Krug	Board Chairperson	130 Cindy Drive	Russell	KS	67665
Donna	Letsch	Russell Regional Hospital	200 S. Main	Russell	KS	67665
Ashley	Mai	Russell Regional Hospital	200 S. Main	Russell	KS	67665
Michele	Pellant					
Tammy	Pettijohn	Angels Care Home Health	120 W. 3rd Street	Russell	KS	67665
Jon	Quinday	City of Russell	133 W. 8th	Russell	KS	67665
Vicki	Richards	Russell Regional Hospital	200 S. Main	Russell	KS	67665
Curtis	Sohm					
Deb	Strobel	County Board Member	91 S Moir	Russell	KS	
Camille	Suchy					
John	Thompson	Trinity United Methodist Church	221 N. Maple	Russell	KS	67665
Mary	Ulrich	Russell Regional Hospital	200 S. Main	Russell	KS	67665
Dale	Weimaster	Russell Chief of Police	339 E. 8th	Russell	KS	67665
Jake	Windscheffel	Midwest Family Health	208 S. Fossil	Russell	KS	67665
Jeremy	Wondra	Russell Regional Hospital- Radiology	331 N Ash St	Russell	KS	

Russell County Community Health Needs Assessment Meeting
04.15.15
n=29

- 2.5 Chiropractors in town (one comes one day a week)
- ER woman in the room
- Eye doctor coverage seems okay
- Home health seems to be doing well
- Pharmacy guy in the room
- 281 is going under 2 year construction in 2017. Will be completely shut down and cause more driving issues

TAB 1: Demographic Profile

- Vets in the room go to Topeka to get service

TAB 6: BEHAVIORAL HEALTH PROFILE

- Police officers in the room say drinking and driving is a big issue

TAB 7: Risk Indicators/Factors Profile

- Obesity could be a red. Right in line with average, but has gone up from 20% to 30% since last time
- Sexual infections could also be a red- lower than average, but still is that good?

TAB 8: Uninsured Profile

- Exchange hasn't helped—aren't seeing more people with insurance. Could be a red for uninsured
- Bad debt going up due to bad policies
- Harold says ACA is not helping them due to increased deductibles

TAB 9: MORTALITY PROFILE

- Does infant mortality rate include miscarriages? Don't think the statistic makes sense

STRENGTHS:

- Health services available
- Good emergency care
- Good perception of hospital operations
- Community support
- Good fitness facilities and recreation since 2012
- Pharmacy
- Good home health services
- Good hospice services
- Good physician recruitment
- Good outpatient clinics

- Quality long-term care
- Good physical therapy

WEAKNESSES:

- Availability of Affordable Quality Housing
- Mental Health Screenings/Placement
- Child Care Offerings
- Assisted Living/Nursing Home Services & Improved Communication
- Chronic Disease Management (Diabetes, Heart, Stroke)
- Obesity (Fitness & Nutrition)
- Pharmaceutical Assistance for Low Income
- Drugs/Alcohol & Placement
- Dentist Services
- Healthcare Transportation out of County
- Communication of Healthcare Services Available
- Private Duty Senior Services
- Tobacco Cessation (Smoking & Chewing)

CHNA Round #2 Feedback 2015 - Russell Co KS

Let Your Voice Be Heard!

This Community Health Needs Assessment is being conducted in partnership with other area health providers. Feedback from this survey will identify current health issues in our community. Participation is voluntary and all answers will be kept confidential.

All CHNA Round #2 feedback is due by Friday April 3, 2015. Thank you for your participation.

Part I: Introduction

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

	Very Good	Good	Fair	Poor	Very Poor
Health Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Are there healthcare services in your community / neighborhood that you feel need to be improved and / or changed? (Please be specific)

3. From our last Community Health Needs Assessment (2012), a number of health needs were identified as a priority. Are any of these 2012 CHNA needs still an "ongoing problem" in our community?

	Not a problem anymore	Somewhat of a Problem	Major Problem
Promote wellness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic disease prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elder care assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foster public perceptions of HC Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaborate health ED with school, city, DOH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHNA Round #2 Feedback 2015 - Russell Co KS

4. Which 2012 CHNA health needs are most pressing TODAY for improvement? (Please Check Top 3 Needs)

- | | |
|-----------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Promote wellness | <input type="checkbox"/> Exercise |
| <input type="checkbox"/> Chronic disease prevention | <input type="checkbox"/> Foster public perceptions of HC Services |
| <input type="checkbox"/> Elder care assistance | <input type="checkbox"/> Collaborate health ED with School, City, DOH |
| <input type="checkbox"/> Nutrition | |

5. How would our community rate each of the following ? (Check one box per row)

	Very Good	Good	Fair	Poor	Very Poor	N/A
Ambulance Services	<input type="radio"/>	<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"/>	<input type="radio"/>
Chiropractors	<input type="radio"/>	<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"/>	<input type="radio"/>
Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Doctor / Optometrist	<input type="radio"/>	<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"/>	<input type="radio"/>
Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. How would our community rate of the following? (Check one box per row) CONT...

	Very Good	Good	Fair	Poor	Very Poor	N/A
Inpatient Services	<input type="radio"/>	<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"/>	<input type="radio"/>
Nursing Home	<input type="radio"/>	<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"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<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"/>	<input type="radio"/>
Public Health Dept.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHNA Round #2 Feedback 2015 - Russell Co KS

7. Over the past two years, did you or do you know someone who received health care services outside of our community?

- Yes
- No
- Don't know

If yes, please specify the healthcare services received

8. Are there any other health needs (from list below) that we need to discuss at our upcoming CHNA Town Hall meeting? Please check ALL that "need to be on our agenda".

- | | | |
|--------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Abuse / Violence | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Obesity | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ozone (Air) | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Drugs / Substance Abuse | <input type="checkbox"/> Physical Exercise | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Poverty | <input type="checkbox"/> Wellness Education |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Respiratory Disease | <input type="checkbox"/> Some Other Need (please specify below) |
| <input type="checkbox"/> Lead Exposure | <input type="checkbox"/> Sexual Transmitted Diseases | |

Other (please specify)

Demographics

CHNA Round #2 Feedback 2015 - Russell Co KS

9. For reporting purposes, are you involved in or are you a (Check all that apply)

- | | | |
|---------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Board Member -Local | <input type="checkbox"/> Elected Official - City / County | <input type="checkbox"/> Other Health Professional |
| <input type="checkbox"/> Business / Merchant | <input type="checkbox"/> EMS / Emergency | <input type="checkbox"/> Parent / Caregiver |
| <input type="checkbox"/> Case Manager / Discharge | <input type="checkbox"/> Farmer / Rancher | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Civic Club / Chamber | <input type="checkbox"/> Health Department | <input type="checkbox"/> Physician (MD / DO) |
| <input type="checkbox"/> Charitable Foundation | <input type="checkbox"/> Hospital | <input type="checkbox"/> Physician Clinic |
| <input type="checkbox"/> Clergy / Congregational Leader | <input type="checkbox"/> Housing / Builder | <input type="checkbox"/> Press (Paper, TV, Radio) |
| <input type="checkbox"/> College / University | <input type="checkbox"/> Insurance | <input type="checkbox"/> Senior Care / Nursing Home |
| <input type="checkbox"/> Consumer Advocate | <input type="checkbox"/> Labor | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Consumers of Health Care | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Low Income / Free Clinics | <input type="checkbox"/> Welfare / Social Service |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Other (Please note below) |
| <input type="checkbox"/> Education Official / Teacher | <input type="checkbox"/> Nursing | |

Other (please specify)

* 10. What is your home zip code?

You have just completed the Community Health Needs Assessment Survey. Thank you for your participation. By hitting "Next" you are submitting your responses and giving others an opportunity to complete the same survey.

Again, thank you for your participation.

Public Notice & Invitation

[VWV Research & Development, LLC]

Round #2 Community Health Needs Assessment – Russell Regional Hospital

Media Release 01/26/2015

Over the next three months, Russell Regional Hospital will be updating the 2012 Russell County (Russell, KS) Community Health Needs Assessment (CHNA). (*Note:* This assessment update is a follow-up to meet final IRS regulations released on 01/02/2015, requiring all 501(c)(3) hospitals to conduct a community health needs assessment and adopt an implementation strategy at least once every three years).

The goal of this assessment update is to understand progress in addressing community health needs cited in the 2012 CHNA report and to collect up-to-date community health perceptions. To accomplish this work, a short online survey has been developed:

<https://www.surveymonkey.com/s/Russell15>

All community residents and business leaders are encouraged to **complete the 2015 online CHNA survey by Tuesday 2/24** and to attend the upcoming scheduled **Town Hall on April 15th from 11:30-1pm at Russell Regional Hospital**. “We hope that the community and health professionals will take advantage of this opportunity to provide input into the future of healthcare delivery in our county,” comments Harold Courtois, CEO.

Vince Vandelaar, MBA (VVV Research & Development, LLC, an independent research firm from Olathe, Kansas) has been retained to conduct this countywide research. If you have any questions about CHNA activities, please call 785-483-3125.



Community Health Needs Assessment Community Town Hall Meeting

Russell Regional Hospital and
Russell County Public Health
will be sponsoring a
Town Hall Meeting on Wednesday, April 15th
from 11:30 to 1:00 p.m.
at Russell Regional Hospital

Public is invited to attend.
A light lunch will be provided

Please join us for this opportunity to share your opinions
and suggestions to improve health care delivery
in Russell County, KS.

Thank you in advance for your participation.

From: CEO

Date: February 2015

To: Community Leaders, Providers and Hospital Board and Staff

Subject: CHNA Round #2 Online Survey 2015

Russell Regional Hospital is partnering with other community health providers to update the 2012 Community Health Needs Assessment. (*Note:* This assessment update is a follow-up to meet final IRS regulations released on 01/02/2015, requiring all 501(c)(3) hospitals to conduct a Community Health Needs Assessment and adopt an implementation strategy at least once every three years).

Your feedback and suggestions regarding community health delivery are very important to collect in order to complete the 2015 Community Health Needs Assessment and implementation plan updates.

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

<https://www.surveymonkey.com/s/Russell15>

CHNA Round #2 due date for survey completion is Tuesday, February 24th. All responses are confidential. Thank you in advance for your time and support in participating with this important request.

Sincerely,
Harold Courtois
CEO

YOUR Logo

Date: Feb 13, 2015

Dear Community Member,

You may have heard that Russell Regional Hospital is partnering with other healthcare providers to perform a Community Health Needs Assessment. We need your input on the current state of health delivery in our community and your thoughts on the most important health needs that our community needs to address.

On Wednesday, April 15th, you are invited to attend a Russell County Town Hall meeting. We have retained the services Vince Vandehaar, MBA, of VVV Research and Development, LLC from Olathe, KS, to facilitate this meeting and prepare our report.

Your input is valuable, and will be incorporated into our final report. Please join us on Wednesday, April 15th, from 11:30-1:00 p.m. at Russell Regional Hospital. A light meal will be served starting at 11 a.m.

We look forward to seeing you at the Town Hall meeting, and appreciate your input.

Sincerely,

Harold Courtois
CEO

Detail Primary Research Primary Service Area

[VVV Research & Development, LLC]

Community Health Needs Assessment Round #2 Community Feedback

Methodology

A community feedback survey was created on behalf of the CHNA client to gather PSA stakeholder feedback on health perception and progress in addressing previous CHNA community needs. All community residents were encouraged to take the survey online by entering the following address into personal browser:

<https://www.surveymonkey.com/s/Russell15>. In addition, an invite letter was sent to all PSA stakeholders (i.e. Schools, County, City, Clergy, Public Health Leaders).

Below is a summary of public response:

CHNA Round #2 Feedback 2015 - NORMS			
9. For reporting purposes, are you involved in or are you a	NW Alliance (10)	Russell Co N=88	TREND
Board Member -Local	4.3%	7.1%	
Business / Merchant	6.0%	9.2%	
Case Manager / Discharge	0.5%	0.0%	
Civic Club / Chamber	4.4%	4.3%	
Charitable Foundation	2.3%	0.0%	
Clergy / Congregational Leader	1.1%	2.1%	
College / University	1.9%	0.0%	
Consumer Advocate	1.0%	0.7%	
Consumers of Health Care	8.8%	7.8%	
Dentist	0.2%	0.7%	
Economic Development	1.5%	2.1%	
Education Official / Teacher	5.0%	0.0%	
Elected Official - City / County	1.8%	3.5%	
EMS / Emergency	1.4%	3.5%	
Farmer / Rancher	4.6%	3.5%	
Health Department	1.4%	3.5%	
Hospital	13.4%	14.2%	
Housing / Builder	0.4%	0.0%	
Insurance	0.9%	0.7%	
Labor	1.6%	2.1%	
Law Enforcement	0.5%	1.4%	
Low Income / Free Clinics	0.6%	0.0%	
Mental Health	1.2%	0.0%	
Nursing	8.8%	10.6%	
Other Health Professional	5.6%	9.2%	
Parent / Caregiver	11.9%	5.7%	
Pharmacy	0.4%	0.7%	
Physician (MD / DO)	0.2%	0.0%	
Physician Clinic	1.2%	1.4%	
Press (Paper, TV, Radio)	0.3%	0.7%	
Senior Care / Nursing Home	1.4%	0.7%	
Social Worker	0.5%	0.7%	
Veteran	1.8%	1.4%	
Welfare / Social Service	0.4%	0.0%	
Other (Please note below)	2.5%	2.1%	
TOTAL	100.0%	100.0%	

KEY - CHNA Open End Comments			
Code	HC Themes	Code	HC Themes
VIO	Abuse / Violence	EMRM	Emergency Room
ACC	Access to Care	EMS	EMS
AGE	Aging (Senior Care / Assistance)	EYE	Eye Doctor / Optometrist
AIR	Air Quality	FAC	Facility
ALC	Alcohol	FAM	Family Planning Services
ALT	Alternative Medicine	FEM	Female (OBG)
ALZ	Alzheimers	FINA	Financial Aid
AMB	Ambulance Service	FIT	Fitness / Exercise
ASLV	ASSISTED LIVING	ALL	General Healthcare Improvement
AUD	Auditory	GEN	General Practitioner
BACK	Back / Spine	GOV	Government
BD	Blood Drive	HRT	Heart Care
BRST	Breastfeeding	HEM	Hematologist
CANC	Cancer	HIV	HIV / AIDS
CHEM	Chemotherapy	HH	Home Health
KID	Child Care	HSP	Hospice
CHIR	Chiropractor	HOSP	Hospital
CHRON	Chronic Diseases	MAN	Hospital Management
CLIN	Clinics (Walk-in etc.)	INFD	INFIDELITY
COMM	Communication	IP	Inpatient Services
CORP	Community Lead Health Care	LEAD	Lead Exposure
CONF	CONFIDENTIALITY	BIRT	Low Birth Weight
DENT	DENTIST	LOY	LOYALTY
DENT	Dentists	MAMO	Mammogram
DIAB	Diabetes	MRKT	MARKETING
DIAL	Dialysis	STFF	Medical Staff
DUP	Duplication of Services	BH	Mental Health Services
ECON	Economic Development	MDLV	MID-LEVELS
	HC Themes	SANI	Sanitary Facilities
NURSE	More Nurse Availability	SNUR	School Nurse
NEG	Neglect	STD	Sexually Transmitted Diseases
NP	NURSE PRACTITIONER	SMOK	Smoking
NH	Nursing Home	SS	Social Services
NUTR	Nutrition	SPEC	Specialist Physician care
OBES	Obesity	SPEE	Speech Therapy
ORAL	Oral Surgery	STF	STAFFING
ORTHOD	ORTHODONTIST	STRK	Stroke
OTHR	Other	DRUG	Substance Abuse (Drugs / Rx)
OP	Outpatient Services/Surgeries	SUIC	Suicide
OZON	Ozone	SURG	SURGERY
PAIN	Pain Management	TPRG	Teen Pregnancy
PARK	PARKING	TEL	TELEMEDICINE
PHAR	Pharmacy	THY	Thyroid
DOCS	Physicians	TOB	Tobacco Use
FLU	Pneumonia / Flu	TRAN	Transportation
FOOT	Podiatrist	TRAU	Trauma
POD	PODIATRIST	TRAV	TRAVEL
POV	Poverty	ALCU	Underage Drinking
PNEO	Prenatal	INSU	Uninsured/Underinsured
PREV	Preventative Healthcare	URG	Urgent Care/After Hours Clinic
PRIM	Primary Care:	VACC	Vaccinations
PROS	Prostate	VETS	VETERANS CARE
DOH	Public Health Department	WAG	Wages
QUAL	Quality of care	WAIT	Wait Times
REC	Recreation	H2O	Water Quality
RESP	Respiratory Disease	WELL	Wellness Education/Health Fair
NO	Response "No Changes," etc.	WIC	WIC Program

CHNA Round #2 Community Feedback 2015 - Russell Co N=88

ID	ZIP	c1	c2	c3	Are there healthcare services in your community / neighborhood that you feel need to be improved and / or changed?
1002	67665	DOCS	COMM		We need doctors that people like to go to. One that sits and listens to you, talks to you on your level of understanding, and one that you can communicate with. I hear Dr. Zielinski (the new doctor is good) so we need more like him
1003		BH	ACC	SPEC	Availability of Mental Health Services
1004	67665	CIN			Saturday walk-in clinic
1005	67665	FINA	CLIN	SPEC	Of course more financial assistance so we can expand our hospital and health care facilities--hospital clinic needs to be expanded--- and physical therapy needs much more room---a cardiac rehabilitation unit needs to be included plus and alzheimers unit
1006	67665	INFD			Infidelity is rampant. Mandatory stoning for those that commit the offense.
1010	67665	NO			no complaints
1014	67665	NO			N/A
1019		NO			No
1020	67665	NO			No.
1021	67665	SURG			Surgery
1023	67665	FEM	DOCS	CLIN	Woman MD, new clinic, added op services
1024	67665	SURG	BH	SPEC	There is a need for surgery and mental health services.
1029	67530	NO			Not sure
1031	67665	BH	DOCS		MENTAL HEALTH DIOCTERS
1033	67648	NO			no
1034	67648	NO			no
1035	67626	NO			No, they are wonderful.
1039	67626	BH	DOCS	SPEC	need more mental health services
1041	67665	PREV	WELL		More illness prevention programs
1042	67626	DOCS	SPEC		i think we need more of a selection of drs. and speciality drs. so there is less need to drive out of town.
1043	67648	NO			no
1045	67665	SURG	FEM	SPEC	Surgeries; birthing
1046	67658	SURG	PEDS	SPEC	There are not many services for surgical and or Pediatrics
1048	67665	NO			ok
1050	67665	CLIN	DOCS		Walk in weekend clinics and extended hours for clinics. Physician recruitment and retaining physicians longer. Stop the revolving door of physicians coming and leaving Russell
1055	67665	DENT	CLIN	MDLV	Another dentist in town. Saturday morning clinic which could be done by Mid-levels.
1056	67665	BH	DOCS	SPEC	Mental Health Services are lacking.
1059	67665	DOCS			Better job of keeping doctors here.
1063	67665	EMRM			Emergency Room Care from the Office - The Emergency Room Care is Excellent but the office personnel could use some sensitivity training
1066	67665	BH	DOCS	SPEC	Mental Health
1067	67665	SURG	SPEC		would like to at least minor surgeries performed here in Russell.
1069	67665	SURG	SPEC	TRAV	More options for healthcare so community members can do minor surgeries and other visits here in Russell instead of traveling out of town.
1071	67665	SURG	SPEC		We need more services like surgery etc...
1072	67665	DOCS			I would say improved a little, although it seems that we still lose doctors frequently.
1073	67665	SURG	MRKT		Basic surgery would be great, but may not be feasible. Marketing of services
1078	67665	DOCS	MDLV		Retention of medical providers. Not so many mid level providers.
1079	67665	HSP			Hospice opportunities are limited or come from a distance. Would be better if we had a local office.
1082	67665	SURG	SPEC		minor to mid-level surgeries
1083	67665	SURG	SPEC		We need to reopen our surgery department for small procedures.
1084	67665	CLINC	DOCS		Sometimes the Dr's in the clinic don't ask very many questions about issues before just trying some medicines