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

June 2024

VVV Consultants LLC
Olathe, KS

I. Executive Summary

Community Health Needs Assessment
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I. Executive Summary

[VVV Consultants LLC]

I. Executive Summary

Russell Regional Hospital (Primary Service Area) – Russell County, KS - 2024 Community Health Needs Assessment (CHNA)

The previous Community Health Needs Assessment for Russell Regional Hospital and its primary service area was completed in 2021. (Note: The Patient Protection and Affordable Care Act (ACA) requires non-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). The Round 5 Russell County, KS CHNA began in December of 2023 and was facilitated/created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

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

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

County Health Area of Future Focus on Unmet Needs

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

2024 CHNA Priorities
Unmet Health Needs - Russell Co, KS
on behalf Russell Regional Hospital, Russell KS
Town Hall - 03/08/24 (Attendees 22 / 83 Total Votes)

#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Childcare (Accessible & Affordable)	14	16.9%	17%
2	Mental Health (Diagnosis, Placement, Aftercare, Providers)	11	13.3%	30%
3	Housing (Quality & Affordable)	11	13.3%	43%
4	Health Apathy - Own Health	9	10.8%	54%
5	Economic Development / Job Development	6	7.2%	61%
6	Cancer	5	6.0%	67%
7	Food Insecurity (with a focus on Seniors)	5	6.0%	73%
8	Recruitment - Primary Care Doctors (MD's & DO's)	5	6.0%	80%
	Total Votes	83	100%	

Other needs receiving votes: Aging in Place, Awareness of Services (Community Source), Workforce (Skilled, Drug free), Access to Social Services, Collaboration of Healthcare Stakeholders, and Domestic Abuse.

Town Hall CHNA Findings: Areas of Strengths

Russell Co, KS PSA - Community Health Strengths			
#	Area or Topic	#	Area or Topic
1	EMS	7	Collaborative Hospital with community.
2	Quality Providers	8	Surgery Department
3	Quality Visiting Specialists	9	Optometry
4	Local Grocery Stores	10	Reasonable Access to Healthcare
5	PT Dept	11	School District offers after-school programs
6	Local community hospital - no travel	12	Strong hospital marketing efforts

Key CHNA Wave #5 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2023 Robert Woods Johnson County Health Rankings, Russell Co, KS, on average was ranked 52nd in Health Outcomes, 60th in Health Factors, and 75th in Physical Environmental Quality out of the 105 Counties.

TAB 1. Russell County's population is 6,639 (based on 2024 findings). About six percent (5.6%) of the population is under the age of 5, while the population that is over 65 years old is 24.6%. Children in single-parent households make up a total of 7.4% compared to the rural norm of 15%, and 91.2% are living in the same house as one year ago.

TAB 2. In Russell County, the average per capita income is $28,472 while 14.5% of the population is in poverty. The severe housing problem was recorded at 10% compared to the rural norm of 8%. Those with food insecurity in Russell County is 11%, and those having limited access to healthy foods (store) is 8.2%. Individuals recorded as having a long commute while driving alone is 17.7% compared to the norm of 17%.

TAB 3. Children eligible for a free or reduced-price lunch in Russell County is 53.9%. Findings found that 93.1% of Russell County ages 25 and above graduated from high school while 21.6% has a bachelor's degree or higher (2024).

TAB 4. The percent of births where prenatal care began in the first trimester was recorded at 85.4% compared to the rural norm of 82.8%. Additionally, the percentage of births with low birth weight was 6.5%. Russell County recorded 4% of births occurring to teens between ages 15-19. The percent of births where the mother smoked during pregnancy was 15.6% compared to the rural norm of 12.2%.

TAB 5. The Russell County primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 1,701 residents. There were 3,636 preventable hospital stays compared to the rural norm of 3,289. Patients who gave their hospital a rating of 9 or 10 (scale 0-10) was 85% while the average median time patients spent in the emergency department before leaving was 81 minutes.

Secondary Research Continued

TAB 6. In Russell County, adults ever diagnosed with depression as of 2024 was 19.5%. The Mental Behavioral Hospital admissions rate per 100k was 27.9 compared to the rural norm of 29.3.
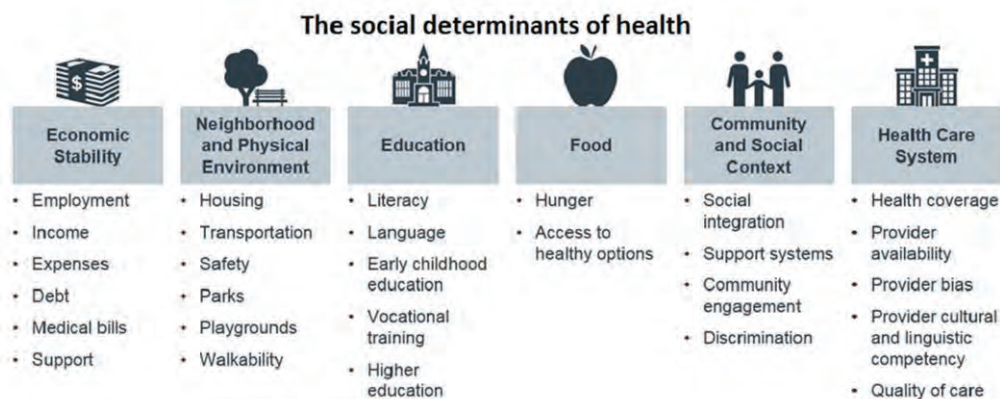
TAB 7a – 7b. Russell County has an obesity percentage of 37.5% and a physical inactivity percentage is 23.2%. The percentage of adults who smoke is 18.9%, while the excessive drinking percentage is 19.4%. The percentage of adults who have taken medication for high blood pressure is 83.6%, while their heart failure admissions rate was recorded at 25.6%. Those with kidney disease is 3.8% compared to the rural norm of 3.6%. The percentage of adult individuals who were recorded with cancer was 9.4% while adults recorded with diabetes (20+) is 6.9% compared to the rural norm of 8%.

TAB 8. The adult uninsured rate for Russell County is 12.3% compared to the rural norm of only 10.9%.

TAB 9. The life expectancy rate in Russell County for males and females is roughly 76 years of age (75.6). Alcohol-impaired driving deaths for Russell County is 30.8% while age-adjusted Cancer Mortality rate per 100,000 is 204.6. The age-adjusted heart disease mortality rate per 100,000 is at 218.6.

TAB 10. A recorded 68.1% of Russell County has access to exercise opportunities. Continually, 33% of women have done a mammography screening compared to the rural norm of 47.4%. Adults recorded in Russell County who have had a regular routine check-up is 73.8%.

Social Determinants Views Driving Community Health

The social determinants of health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
· Employment	· Housing	· Literacy	· Hunger	· Social integration	· Health coverage
· Income	· Transportation	· Language	· Access to healthy options	· Support systems	· Provider availability
· Expenses	· Safety	· Early childhood education		· Community engagement	· Provider bias
· Debt	· Parks	· Vocational training		· Discrimination	· Provider cultural and linguistic competency
· Medical bills	· Playgrounds	· Higher education			· Quality of care
· Support	· Walkability				

KEY "Social Determinant Takeaways" to Improve Our Community Health	
Economic stability. Need to bring in good paying jobs	There needs to be a transportation system within the county
Russell County needs to work on providing affordable housing and daycare.	More mental health services or local # to call. More fresh, Nutritional food available
Social/community support could be improved by creating camaraderie in Neighborhoods	Good learning environment at schools - Even with law enforcement presence at schools now, I have seen support lacking from teachers and administration on issue like drugs and bullying.

Key CHNA Wave #5 Primary Research Conclusions found:

Community Feedback **from residents, community leaders, and providers (N=151)**
provided the following community insights via an online perception survey:

- Using a Likert scale, the average between Russell County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 59.3%.

- Russell County stakeholders are very satisfied with some of the following services: Pharmacy Services, Ambulance Services, and Eye-Doctor / Optometrist Providers.

- When considering past CHNA needs, the following topics came up as the most pressing: Housing (Quality / Affordable), Child Care Access, Drugs / Alcohol Abuse, Mental Health Services (Access, Provider, Treatment, Aftercare), and Dental Services.

Russell County, KS - CHNA YR 2024 N=151

	Past CHNA Unmet Needs Identified	Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Housing (Quality / Affordable)	70	14.0%		3
2	Child Care Access	68	13.6%		1
3	Drugs / Alcohol Abuse	66	13.2%		2
4	Mental Health Services (Access, Provider, Treatment, Aftercare)	60	12.0%		4
5	Dental Services	45	9.0%		5
6	Obesity (Nutrition / Exercise)	31	6.2%		7
7	Economic Developement	30	6.0%		6
8	Awareness of Healthcare Services	20	4.0%		9
9	Transportation	20	4.0%		12
10	Access to Specialists	19	3.8%		8
11	Chronic Disease Management	18	3.6%		13
12	Healthcare Communication / Collaboration	18	3.6%		11
13	Senior Care	15	3.0%		10
14	Social Services Assistance	12	2.4%		14
15	Home Health	8	1.6%		15
	Totals	500	100.0%		

II. Methodology

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II. Methodology
a) CHNA Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

1. A <u>description of the community served</u> by the facility and how the community was determined;
2. A <u>description of the process</u> and methods used to conduct the CHNA;
3. The <u>identity of any and all organizations</u> with which the organization collaborated and third parties that it engaged to assist with the CHNA;
4. A <u>description of how</u> 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 <u>prioritized description of all of the community needs</u> identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and
6. A <u>description of the existing health care facilities and other resources within the community</u> available to meet the needs identified through the CHNA.

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

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

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

Great emphasis has been given to work hand-in-hand with leaders from hospitals, the state health department and the local health department. A common approach has been adopted to create the CHNA, leading to aligned implementation plans and community reporting.
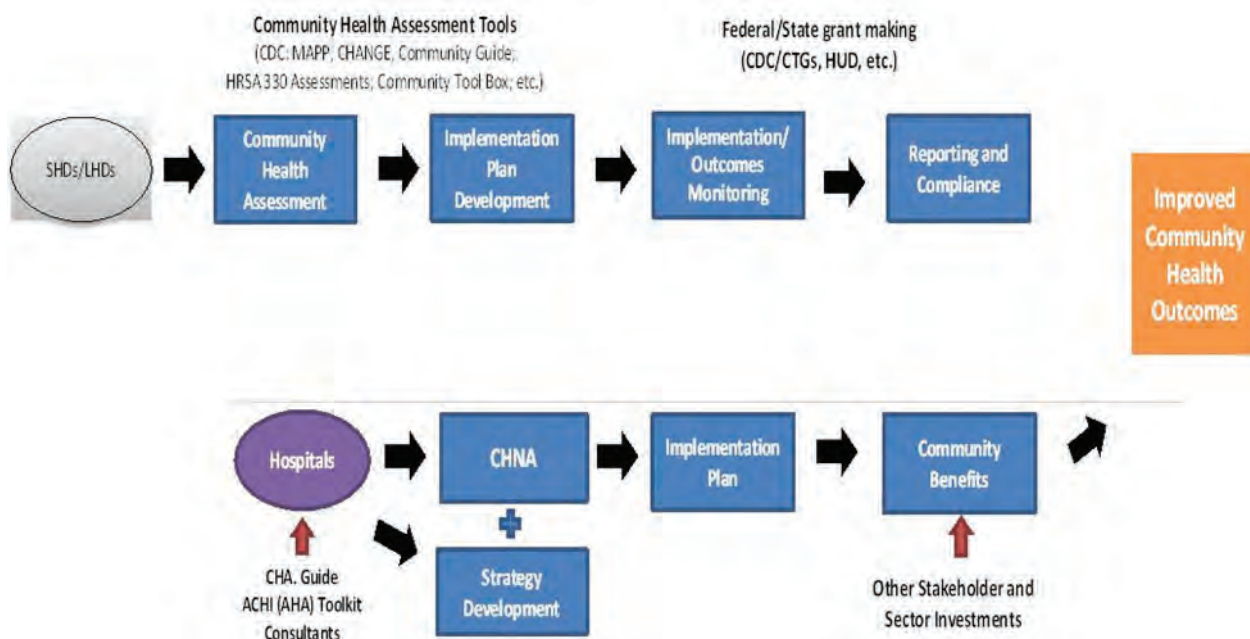
IRS Requirements Overview (Notice 2011-52)

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

Applicability of CHNA Requirements to "Hospital Organizations"

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

How and When to Conduct a CHNA

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

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

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

In addition to the general requirements for tax exemption under Section 501(c)(3) and Revenue Ruling 69-545hospital organizations must meet the requirements imposed by Section 501(r) on a facility-by-facility basis in order to be treated as an organization described in Section 501(c)(3). These additional requirements are:
1. Community Health Needs Assessment (CHNA) - Section 501(r)(3),
2. Financial Assistance Policy and Emergency Medical Care Policy - Section 501(r)(4),
3. Limitation on Charges - Section 501(r)(5), and
4. Billing and Collections - Section 501(r)(6).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Public Health Criteria:

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

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

DOMAIN 1 includes 4 STANDARDS:

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

Required CHNA Planning Process Requirements:

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

Seven Steps of Public Health Department Accreditation (PHAB):

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

MAPP Process Overview

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

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

     1. In this first phase, **Organize for Success/Partnership Development**, various sectors of the community with established relationships are reviewed, leading to the identification of areas for partnership development and creation of new relationships to enhance the MAPP process.

     2. In the second phase, **Visioning**, a shared community vision and common values for the MAPP process are created.

     3. In the third phase, **Four MAPP Assessments**, data is collected from existing and new sources about the health of our community, which results in a Community Health Assessment (CHA).

     4. In the fourth phase, **Identify Strategic Issues**, community partners and health professionals select issues based on data collected from the third phase that are critical to the local public health system and align with the vision from the second phase.

     5. In the fifth phase, **Formulate Goals and Strategies**, potential ways to address the strategic issues are identified by the community along with the setting of achievable goals. The final result is a Community Health Improvement Plan (CHIP).

     6. The sixth and final phase of the MAPP process is the **Action Cycle**, which is where the work happens for meeting the objectives set in the previous phase. Through these collaborative efforts, the health of the community is improved.

Social Determinants of Health

What Are Social Determinants of Health?

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

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

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

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

Centers for Medicare & Medicaid Services Health Equity Domains

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

Domain 1: Equity as a Strategic Priority

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

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

Domain 2: Data Collection

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

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

Domain 3: Data Analysis

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

Domain 4: Quality Improvement

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

Domain 5: Leadership Engagement

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

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

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

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

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

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

Element of Performance 1:

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

Element of Performance 2:

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

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

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

Element of Performance 3:

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

Element of Performance 4:

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

Element of Performance 5:

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

Element of Performance 6:

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

II. Methodology
b) Collaborating CHNA Parties

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

Russell Regional Hospital Profile

200 South Main St, Russell, KS 67665
Administrator: David Caudill
Phone: (785) 483-3131

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

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

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

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

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

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

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

In 1977 another expansion was made 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 in October 2005.

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

Mission Statement: Dedicating our lives improving yours.

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

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

Russell County Health Department Profile

189 W Luray, Russell, KS 67665
Administrator / Health Officer: Paula Bitter, BSN, RN
Phone: 785-483-6433

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

Russell County Health Department offers the following services:

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

II. Methodology
b) Collaborating CHNA Parties Continued

Consultant Qualifications:
VVV Consultants LLC   601 N. Mahaffie, Olathe, KS 66061 (913) 302-7264

VVV Consultants LLC is an Olathe, KS based "boutique" healthcare consulting firm specializing in Strategy, Research and Business Development services. To date we have completed 83 unique community CHNA's in KS, MO, IA, NE and WI (references found on our website VandehaarMarketing.com

Introduction: Who We Are
Background and Experience

VVV Consultants LLC
601 N Mahaffie
Olathe, KS 66061

Vince V Vandehaar, MBA – Principal
VVV Consultants LLC – *start 1/1/09* *
Adjunct Full Professor @ Avila, MNU & Webster Universities
40+ year veteran marketer, strategist and researcher
Saint Luke's Health System, BCBS of KC, and Towers Perrin
Hometown: Bondurant IA

Cassandra Kahl Parker, MHA– Dir, Project Management
University of KS / Park University
Hometown: Maple, WI

Olivia G Hewitt– Associate
Emporia State University– BS Communication
Hometown: Olathe, KS

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

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

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

Our Values:
> **Engaged** – we are actively involved in community relations & boards.
> **Reliable** – we do what we say we are going to do.
> **Skilled** – we understand business because we've been there.
> **Innovative** – we are process-driven & think "out of the box."
> **Accountable** – we provide clients with a return on their investment.

II. Methodology
c) CHNA and Town Hall Research Process

Round #5 Community Health Needs Assessment (CHNA) process began in early December of 2023 for Russell Regional Hospital in Russell County, KS to meet Federal IRS CHNA requirements.

In early December 2023, a meeting was called amongst the Russell Regional Hospital leaders to review CHNA collaborative options. <Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps.> Outcomes from discussion led to the Hays Medical Center to request VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

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

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

RRH -Defined Primary Serv Area (KHA)				Overall (IP/ER/OP/PC		
#	ZIP	City	County	Total 3YR	%	ACCUM
		TOTALS		42,846		
1	67665	Russell, KS	Russell	31866	74.4%	74.4%
2	67640	Gorham, KS	Russell	1500	3.5%	77.9%
3	67626	Bunker Hill, KS	Russell	922	2.2%	80.0%
4	67634	Dorrance, KS	Russell	844	2.0%	82.0%
5	67490	Wilson, KS	Russell	817	1.9%	83.9%
6	67649	Luray, KS	Russell	787	1.8%	85.7%
7	67673	Waldo, KS	Russell	513	1.2%	86.9%
8	67658	Paradise, KS	Russell	397	0.9%	87.9%
9	67648	Lucas, KS	Russell	383	0.9%	88.8%

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

	Russell Regional Hospital		
	VVV CHNA Wave #5 Work Plan - Year 2024		
	Project Timeline & Roles as of 12/04/23		
Step	**Timeframe**	**Lead**	**Task**
1	Aug. 2023	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	10/6/2023	Hosp	Select CHNA Wave #4 Option B. Approve (sign) VVV CHNA quote
3	12/13/2023	VVV	Send out **REQCommInvite Excel** file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	12/18/2023	VVV	Hold Kick-off Meeting & Request Hospital Client to send KHA PO reports for FFY 18, 19 and 20. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use **ZipPSA_3yrPOrigin.xls**)
5	On or Before 12/18/2023	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	Jan-Feb 2024	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	1/12/2024	VVV / Hosp	Prepare/send out PR story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	By 1/12/2024	VVV / Hosp	Place PR story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	12/15/2024	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. **Cut-off 1/19/2024 for Online Survey**
10	2/12/2024	Hosp	Prepare/send out Community TOWN HALL invite letter and place local AD.
11	2/12/2024	VVV / Hosp	Prepare/send out PR story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
12	3/6/2024	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	**Friday 3/08/2024**	VVV	Conduct CHNA Town Hall. **Lunch 11:30-1pm** (location TBD) Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 09/23/2021	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 09/30/2021	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16		Hosp	Conduct Client Implementation Plan PSA Leadership meeting
17	On our before fiscal yearend	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

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

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

Phase III—Quantify Community Need:

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

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

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

Slide 1

2024 Community Health Needs Assessment
Russell Regional Hospital
Town Hall Meeting- 03/08/2024

VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

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Slide 2

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

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

2

Slide 3

Town Hall Participation / Purpose & Parking Lot

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

3

Slide 4

System of Care Delivery
Birth to Grave (SG2)

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

4

Slide 5
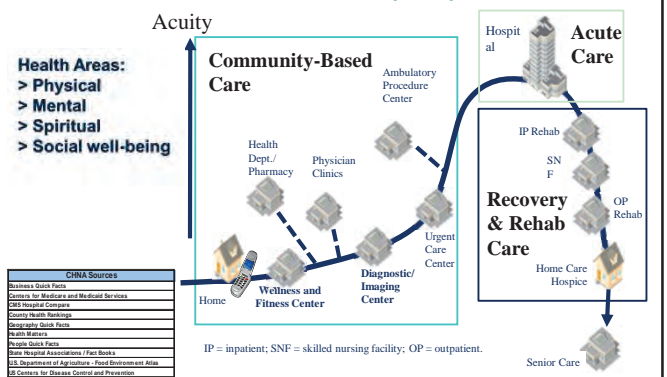
Community Health Needs Assessment
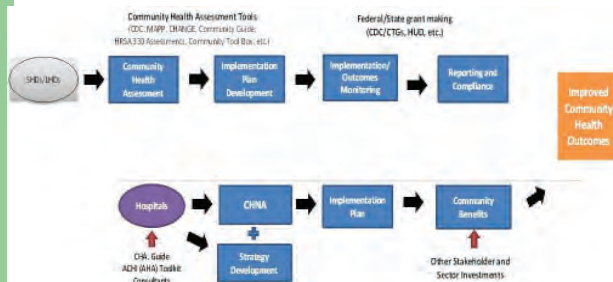**Joint Process:** Hospital & Local Health Providers

5

Slide 6

A Conversation with the Community & Stakeholders
Community Stakeholder – An Inclusive Conversation

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

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

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

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

6

Slide 7

II. Review of a CHNA

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

7

Slide 8

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

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

8

Social Determinants of Health

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

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

TASK: Your Initial Thoughts on SDoH? (Small White Card)
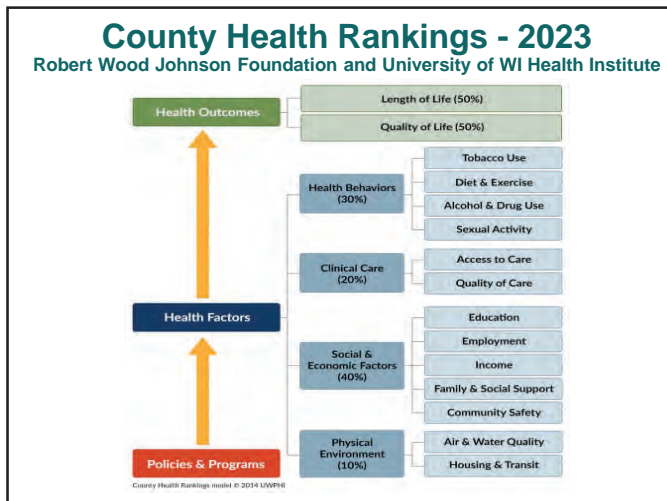
9

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

Trends: Good Same Poor

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

10

County Health Rankings - 2023
Robert Wood Johnson Foundation and University of WI Health Institute

11

IV. Community Health Conversation: Your Perspectives / Suggestions !

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

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

12

Data & Benchmarks Review

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

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

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

Community health assessment indicators should be.

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

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

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

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

Sources of community-health level indicators:

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

II. Methodology
d) Community Profile (A Description of Community Served)

Russell County Profile
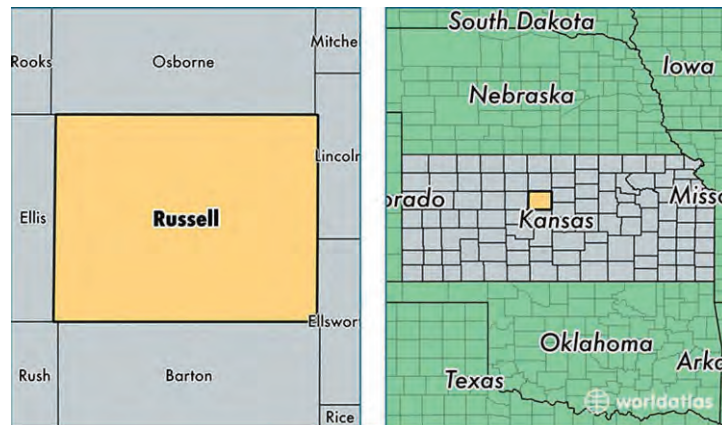
History and Demographics

Russell County was organized on July 18, 1872 by Benjamin Pratt and A. E Mathews, and is 1 of 105 counties in Kansas. The introduction of Turkey Red Wheat into the county in 1880 greatly changed the agricultural picture for the area. The discovery of oil in 1923, over 150 miles from the nearest oil-producing field, enabled Russell County to become one of the state's leading producers. The first Russell County fair was held in 1874 in Russell and continues at the 4H Grounds in Russell, Kansas. The first school district was formed in Bunker Hill on December 27, 1872. Russell County contains several interesting sites including the Fossil Station Museum, the Gernon House, the Garden of Eden, the Log House, Bowl Plaza, and the beautiful Wilson Lake Reservoir.[3]

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

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

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[1] http://kansas.hometownlocator.com/ks/russell/
[2] http://www.city-data.com/county/Russell_County-KS.html
[3] https://www.russellcountykansas.com/239/History-of-Russell-County

Pawnee County, KS Airports[3]

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

Schools in Russell County[4]

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

Parks and Amenities[5]

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

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[3] http://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20167.cfm
[4] http://kansas.hometownlocator.com/schools/sorted-by-county,n,russell.cfm
[5] https://kansas.hometownlocator.com/features/countyfeatures,scfips,20167,c,russell.cfm

Russell Co (KS) - Detail Demographic Profile

ZIP	NAME	ST	County	Population			Households		HH Avg Size23	Per Capita23
				Year 2023	Year 2028	5yr CHG	Year 2023	Year 2028		
67626	Bunker Hill	KS	RUSSELL	185	174	-5.9%	78	75	2.4	$39,988
67634	Dorrance	KS	RUSSELL	277	271	-2.2%	134	132	2.1	$47,444
67640	Gorham	KS	RUSSELL	451	441	-2.2%	208	206	2.2	$43,964
67648	Lucas	KS	RUSSELL	437	427	-2.3%	204	201	2.1	$39,460
67649	Luray	KS	RUSSELL	253	236	-6.7%	117	113	2.2	$39,864
67658	Paradise	KS	RUSSELL	79	86	8.9%	30	32	2.6	$32,760
67665	Russell	KS	RUSSELL	4,907	4,834	-1.5%	2,158	2,160	2.2	$34,161
67673	Waldo	KS	RUSSELL	115	110	-4.3%	48	47	2.4	$36,288
Totals				**6,704**	**6,579**	**-2.0%**	**2,977**	**2,966**	**2.3**	**$39,241**

ZIP	NAME	ST	County	Population				Year 2020		Females Age 20-35
				Pop 21+	Pop. 65+	Kids<18	Gen Y	Males	Females	
67626	Bunker Hill	KS	RUSSELL	157	61	27	40	102	83	30
67634	Dorrance	KS	RUSSELL	233	94	42	50	145	132	26
67640	Gorham	KS	RUSSELL	344	108	104	108	239	212	60
67648	Lucas	KS	RUSSELL	358	138	78	89	225	212	55
67649	Luray	KS	RUSSELL	208	79	42	56	124	129	36
67658	Paradise	KS	RUSSELL	58	15	21	18	38	41	9
67665	Russell	KS	RUSSELL	3828	1325	1023	1101	2,446	2461	808
67673	Waldo	KS	RUSSELL	88	35	25	16	58	57	14
Totals				**5,274**	**1,855**	**1,362**	**1,478**	**3,377**	**3,327**	**1,038**

ZIP	NAME	ST	County	Population 2020				Year 2023		Soc Econ Index
				White%	Black%	Asian%	Hispan%	Housing Units	% Rentals	
67626	Bunker Hill	KS	RUSSELL	95.1%	0.0%	0.0%	1.1%	109	6%	61
67634	Dorrance	KS	RUSSELL	93.5%	0.7%	0.7%	0.7%	177	14%	65
67640	Gorham	KS	RUSSELL	96.5%	0.4%	0.4%	2.9%	242	14%	62
67648	Lucas	KS	RUSSELL	92.2%	0.0%	0.2%	3.0%	309	14%	59
67649	Luray	KS	RUSSELL	95.7%	0.4%	0.4%	3.2%	157	13%	57
67658	Paradise	KS	RUSSELL	88.6%	0.0%	0.0%	1.3%	55	20%	60
67665	Russell	KS	RUSSELL	90.5%	1.1%	0.4%	4.3%	2,598	14%	52
67673	Waldo	KS	RUSSELL	93.9%	0.0%	2.6%	0.9%	82	9%	53
Totals				**93.2%**	**0.3%**	**0.6%**	**2.2%**	**3,729**	**12.9%**	**58**

**Source: ERSA Demographics 2023**

III. Community Health Status

III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

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

Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings.* As seen below, RWJ's model uses a number of health factors to rank each county.
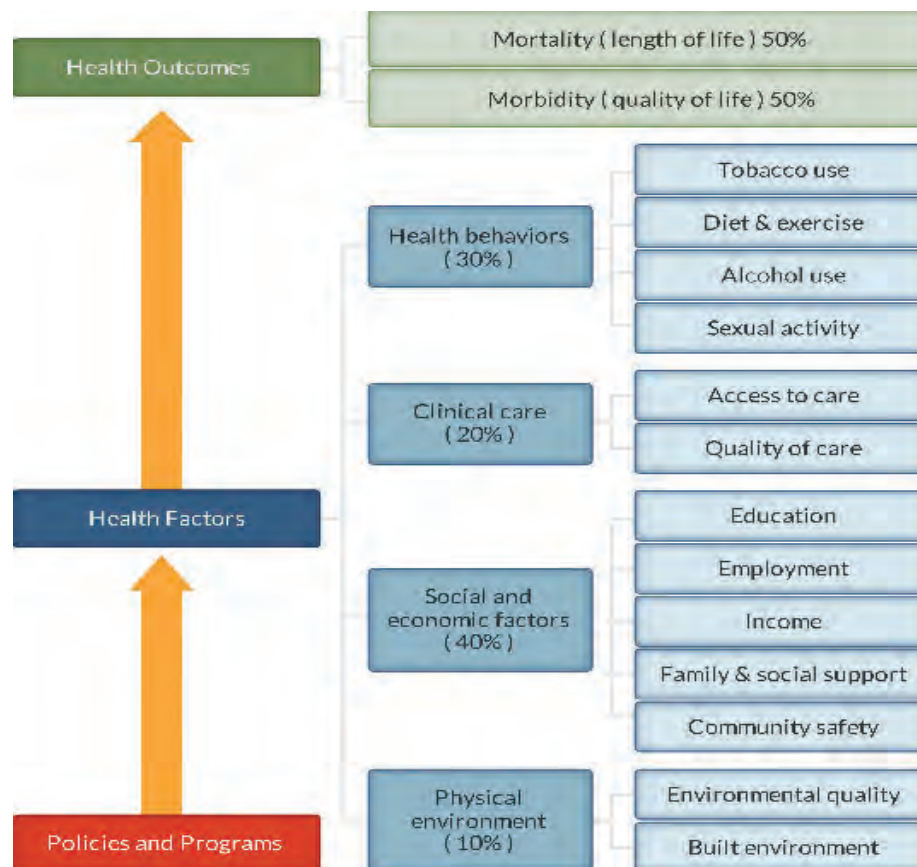
County Health Rankings model ©2012 UWPHI

National Research – Year 2023 RWJ Health Rankings:

#	2023 KS Rankings - 105 Counties	Definitions	Russell Co (KS) 2023	Russell Co (KS) 2020	Trend	NWKS Rural Norm (18)
1	Health Outcomes		52	39	-	44
	Mortality	Length of Life	84	85		47
	Morbidity	Quality of Life	22	12		39
2	Health Factors		60	72	+	33
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	47	55	+	50
	Clinical Care	Access to care / Quality of Care	78	78		43
	Social & Economic Factors	Education, Employment, Income, Family/Social Support, Community Safety	53	71	+	35
3	Physical Environment	Environmental quality	75	61	-	22

NWKS Counties: Decatur, Ellis, Gove, Graham, Logan, Ness, Norton, Pawnee, Phillips, Rawlins, Rooks, Rush, Russell, Sheridan, Osborne, Smith, Thomas, and Trego.

http://www.countyhealthrankings.org. released 2023

PSA Secondary Research:

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

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

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

Tab 1: Demographic Profile

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

1	Population Health Indicators	Russell County 2024	Russell County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Population estimates, 2020-2022	6,639	6,856	-	2,913,314	5,300	People Quick Facts
b	Persons under 5 years, percent, 2020-2022	5.6%	5.8%		6.4%	5.7%	People Quick Facts
c	Persons 65 years and over, percent, 2020-2022	24.6%	24.7%		16.3%	24.5%	People Quick Facts
d	Female persons, percent, 2020-2022	49.9%	50.8%		50.2%	48.9%	People Quick Facts
e	White alone, percent, 2020-2022	94.2%	94.9%		86.3%	92.0%	People Quick Facts
f	Black or African American alone, percent, 2020-2022	1.4%	1.3%		6.1%	1.6%	People Quick Facts
g	Hispanic or Latino, percent, 2020-2022	4.7%	3.9%		12.2%	5.6%	People Quick Facts
h	Language other than English spoken at home, percent of persons age 5 years+, 2017-2021	2.7%	4.2%		11.9%	3.8%	People Quick Facts
i	Living in same house 1 year ago, percent of persons age 1 year+, 2017-2021	91.2%	85.8%		83.8%	87.1%	People Quick Facts
j	Children in single-parent households, percent, 2017-2021	7.4%	14.0%	+	21.0%	15.0%	County Health Rankings
k	Veterans, 2017-2021	542	453		176,444	306	People Quick Facts

Tab 2: Economic Profile

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

2	Economic - Health Indicators	Russell County 2024	Russell County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Per capita income in past 12 months (in 2021 dollars), 2017-2021	$28,472	$26,090	+	$31,814	32,780	People Quick Facts
b	Persons in poverty, percent, 2020-2022	14.5%	14.4%		11.4%	11.7%	People Quick Facts
c	Total Housing units, 2022	3,676	3,893		1,288,401	2,701	People Quick Facts
d	Severe housing problems, percent, 2015-2019	10.0%	9.1%	-	12.5%	8.0%	County Health Rankings
e	Total employer establishments, 2021	249	NA		239,118	201	Business Quick Facts
f	Unemployment, percent, 2021	2.4%	2.9%		3.2%	2.1%	County Health Rankings
g	Food insecurity, percent, 2020	11.0%	11.0%		9.7%	9.9%	County Health Rankings
h	Limited access to healthy foods, percent, 2019	8.2%	9.0%	+	8.4%	10.4%	County Health Rankings
i	Long commute - driving alone, percent, 2017-2021	17.7%	22.0%		21.7%	17.0%	County Health Rankings
j	Community Spending on Food, 2023	13.3%	NA		12.7%	13.3%	Kansas Health Matters
k	Community Spending on Transportation, 2023	18.7%	NA		18.1%	20.0%	Kansas Health Matters
l	Households With Internet an Subsciption	85.6%	NA		86.7%	85.2%	Kansas Health Matters
m	Student Loan Spending-to-Income Ration, 2023	5.5%	NA		4.6%	5.3%	Kansas Health Matters

**New Social Determinant Data Resources

Tab 3: Educational Profile

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

3	Education - Health Indicators	Russell County 2024	Russell County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Children eligible for free or reduced price lunch, percent, 2020-2021	53.9%	56.0%	🟥	45.3%	44.8%	County Health Rankings
b	High school graduate or higher, percent of persons age 25 years+, 2017-2021	93.1%	92.1%	🟩	91.8%	93.1%	People Quick Facts
c	Bachelor's degree or higher, percent of persons age 25 years+, 2017-2021	21.6%	29.9%		34.7%	23.3%	People Quick Facts

#	School Health Indicators	Russell CO USD - YR 2023	Russell CO USD - YR 2015
1	Total # Public School Nurses		1
2	School Nurse is part of the IEP team Yes/No		Y
3	School Wellness Plan (Active)		Y
4	VISION: # Screened / Referred to Prof / Seen by Professional		699 / 61 / NA
5	HEARING: # Screened / Referred to Prof / Seen by Professional		699 / 13 / NA
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional		393 / 25 / NA
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional		NA
8	# of Students served with no identified chronic health concerns		552
9	School has a suicide prevention program		N
10	Compliance on required vaccincations (%)		95%

Tab 4: Maternal / Infant Profile

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

4	Maternal/Infant - Health Indicators (Access/Quality)	Russell County 2024	Russell County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Percent of Births Where Prenatal Care began in First Trimester, 2019-2021	85.4%	88.1%	-	81.0%	82.8%	Kansas Health Matters
b	Percentage of Premature Births, 2019-2021	7.0%	7.1%		9.1%	10.0%	Kansas Health Matters
c	Percent of Infants up to 24 months that received full Immunizations, 2017-2018	70.7%	70.7%		69.2%	81.5%	Kansas Health Matters
d	Percent of Births with Low Birth Weight, 2019-2021	6.5%	5.8%	-	7.3%	7.6%	Kansas Health Matters
e	Percent of all Births Occurring to Teens (15-19), 2019-2021	4.0%	6.2%		5.5%	3.8%	Kansas Health Matters
f	Percent of births Where Mother Smoked During Pregnancy, 2019-2021	15.6%	18.6%	🟥	10.0%	12.2%	Kansas Health Matters
g	Child Care Centers per 1,000 Children, 2010-2022	11.7	NA		7.0	8.3	County Health Rankings

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

#	Vital Satistics (Rate per 1,000)	Russell Co. (KS)	State of KS	NWKS RURAL NORM (18)
a	Total Live Births, 2017	10.6	12.5	10.9
b	Total Live Births, 2018	12.2	12.5	11.4
c	Total Live Births, 2019	10.1	12.1	10.4
d	Total Live Births, 2020	9.6	11.8	10.6
e	Total Live Births, 2021	9.7	11.8	11.0
f	Total Live Births, 2017- 2021 - 5 year (%)	10.4	12.1	10.9

Tab 5: Hospitalization and Provider Profile

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

5	Hospital/Provider - Health Indicators (Access/Quality)	Russell County 2024	Russell County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Primary Care Physicians (Pop Coverage per MDs & DOs) - No extenders Included, 2020	1701:1	2302:1	+	1260:1	1308:1	County Health Rankings
b	Preventable hospital rate per 100,000, 2020 (lower the better)	3,636	5,551	+	2,708	3,289	County Health Rankings
c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	85.0%	NA		78.0%	80.8%	CMS Hospital Compare, Latest Release
d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	80.0%	NA		78.0%	76.6%	CMS Hospital Compare, Latest Release
e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	81	82		112	115	CMS Hospital Compare, Latest Release

Source: Internal Records - Russell County KS			
Community Tax Dollars- Local Health Dept Operations	Yr 2021	YR 2022	YR 2023
1 Immunizations/Vaccine	$33,910	$30,797	$41,318
2 Vaccine - received from State	All VFC vaccine is provided by KDHE		
3 WIC Administration	WIC program funded by KDHE		

Tab 6: Behavioral / Mental Health Profile

Behavioral healthcare provides another important indicator of community health status.

6	Mental - Health Indicators	Russell County 2024	Russell County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Adults Ever Diagnosed with Depression, 2021	19.5%	NA		NA	19.1%	Kansas Health Matters
b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2018-2020	18.3	NA		18.7	21.6	Kansas Health Matters
c	Mental Behavioral Hospital Admission Rates per 100,000, 2018-2020	27.9	26.3		70.6	29.3	Kansas Health Matters
d	Average Number of mentally unhealthy days, 2020	4.4	3.8		4.4	4.3	County Health Rankings

*New Social Determinant Data Resources

CDC - 2022 U.S. County Opiod Dispensing Rates			
State	County	FIPS	Opioid Dispensing Rate per 100
KS	Russell County	20167	53.7
	KS Average 2022		45.7
Source: Drug Overdose | CDC Injury Center			

Tab 7a: Risk Indicators & Factors Profile

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

7a	High-Risk - Health Indicators	Russell County 2024	Russell County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Adult obesity, percent, 2020	37.5%	33.0%	-	35.8%	36.6%	County Health Rankings
b	Adult smoking, percent, 2020	18.9%	20.0%		17.2%	19.0%	County Health Rankings
c	Excessive drinking, percent, 2020	19.4%	20.0%		19.7%	19.8%	County Health Rankings
d	Physical inactivity, percent, 2020	23.2%	29.0%	+	21.4%	23.3%	County Health Rankings
e	Sexually transmitted infections (chlamydia), rate per 100,000 - 2020	160.4	231.4		501.8	233.0	County Health Rankings

Tab 7b: Chronic Risk Profile

7b	Chronic - Health Indicators	Russell County 2024	Russell County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Adults who Have Taken Medication for High Blood Pressure, 2021, percent	83.6%	NA		NA	82.8%	Kansas Health Matters
b	Congestive Heart Failure Hospital Admission Rate, Percent 2018-2020	25.6	NA		24.1	23.8	Kansas Health Matters
c	Adults with Kidney Disease, percent, 2021	3.8%	NA		21.8%	3.6%	Kansas Health Matters
d	Adults with COPD, percent, 2021	8.9%	NA		NA	8.3%	Kansas Health Matters
e	Adults 20+ with Diabetes, percent, 2021	6.9%	NA		8.8%	8.0%	Kansas Health Matters
f	Adults with Cancer, percent, 2021	9.4%	NA		NA	9.1%	Kansas Health Matters
g	Adults with Current Asthma, percent, 2021	10.1%	NA		4.3%	9.8%	Kansas Health Matters
h	Adults who Experienced a Stroke, percent, 2021	4.1%	NA		3.1%	3.8%	Kansas Health Matters

**New Social Determinant Data Resources

Tab 8: *Uninsured Profile* and *Community Benefit*

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

8	Ins Coverage - Health Indicators	Russell County 2024	Russell County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Uninsured, percent, 2020	12.3%	11.0%	-	10.3%	10.9%	County Health Rankings
b	Persons With Health Insurance, 2021	88.7%	NA		89.1%	88.7%	Kansas Health Matters
c	Kansas Medical Assistance Programs - Adults per 1,000 (ages 20-64), 2022	126.8	NA		99.4	97.4	Kansas Health Matters

**New Social Determinant Data Resources

Tab 9: *Mortality Profile*

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

9	Mortality - Health Indicators	Russell County 2024	Russell County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Life Expectancy, 2018 - 2020	75.6	77.5		78.5	77.7	Kansas Health Matters
b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2018-2020 (lower is better)	204.6	216.2		151.4	146.4	Kansas Health Matters
c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2018-2020 (lower is better)	218.6	166.5		162.0	157.4	Kansas Health Matters
d	Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2018-2020 (Lower is better)	45.2	30.2		47.1	46.4	Kansas Health Matters
e	Alcohol-impaired driving deaths, percent, 2011-2015	30.8%	33.0%		19.4%	25.1%	County Health Rankings

Causes of Death by County of Residence. KS Year 2021	Russell County	%	Trend	Kansas	%
TOTAL (All Causes)	83	100.0%		31,637	100.0%
All Other Causes	28	33.7%		9,536	30.1%
Cancer	18	21.7%		5,379	17.0%
Major Cardio vascular Diseases	18	21.7%		8,307	26.3%
Diseases of Heart	15	18.1%		6,260	19.8%
Ischemic Heart Diseases	11	13.3%		3,605	11.4%
Other Cancers	7	8.4%		1,161	3.7%
Cancer of Digestive Organs	6	7.2%		1,443	4.6%
Alzheimer's Disease	5	6.0%		804	2.5%

Tab 10: Preventive Quality Measures Profile

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

10	Preventative - Health Indicators	Russell County 2024	Russell County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Access to exercise opportunities, percent, 2020 & 2022	68.1%	64.0%	+	79.7%	49.0%	County Health Rankings
b	Mammography annual screening, percent, 2017	33.0%	42.0%	-	42.0%	47.4%	County Health Rankings
c	Adults who have had a Routine Checkup, percent, 2021	73.8%	NA		NA	73.9%	TBD
d	Percent Annual Check-Up Visit with Dentist	61.2%	NA		63.0%	64.1%	Kansas Health Matters
e	Percent Annual Check-Up Visit with Eye Doctor	NA	NA		TBD		TBD

**New Social Determinant Data Resources

PSA Primary Research:

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

Chart #1 – Russell County, KS PSA Online Feedback Response (N=151)

Russell County - CHNA YR 2024			
For reporting purposes, are you involved in or are you a ...? (Check all that apply)	**Russell Co, KS N= 151**	**Trend**	**Round #5 Norms N=1744**
Business/Merchant	18.9%		17.0%
Community Board Member	15.6%		14.2%
Case Manager/Discharge Planner	1.1%		1.3%
Clergy	1.1%		1.4%
College/University	1.1%		4.2%
Consumer Advocate	4.4%		2.7%
Dentist/Eye Doctor/Chiropractor	0.0%		0.6%
Elected Official - City/County	2.2%		2.7%
EMS/Emergency	1.1%		2.3%
Farmer/Rancher	14.4%		15.9%
Hospital	40.0%		33.7%
Health Department	1.1%		1.8%
Housing/Builder	1.1%		1.4%
Insurance	3.3%		1.9%
Labor	4.4%		6.1%
Law Enforcement	1.1%		1.4%
Mental Health	2.2%		3.6%
Other Health Professional	20.0%		17.9%
Parent/Caregiver	23.3%		26.0%
Pharmacy/Clinic	2.2%		3.4%
Media (Paper/TV/Radio)	0.0%		0.4%
Senior Care	1.1%		7.7%
Teacher/School Admin	14.4%		9.4%
Veteran	1.1%		3.7%
TOTAL	**90**		**854**
Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego.			

Typical Sample Sizes Research Studies		
Number of Subgroup Analyses	**Households** Regional	**Firms** Regional
None / Few (1-2)	200-500	50-200
Average (3-4).	500-1,000	200-1,000
Many (5+)	1,000+	1,000+
Sudman *Applied Sampling,* (Academic Press, 1976), 87. Ibid., 30.		

Quality of Healthcare Delivery Community Rating

Russell County, KS - CHNA YR 2024 N=151			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Russell Co, KS N=151	Trend	*Round #5 Norms N=1744
Top Box %	**12.0%**		**26.5%**
Top 2 Boxes %	**59.3%**		**72.3%**
Very Good	12.0%		26.5%
Good	47.3%		45.9%
Average	30.7%		23.1%
Poor	7.3%		3.8%
Very Poor	2.7%		0.7%
Valid N	150		1,738
*Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego.			

Re-evaluate Past Community Health Needs Assessment Needs

Russell County, KS - CHNA YR 2024 N=151					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Housing (Quality / Affordable)	70	14.0%		3
2	Child Care Access	68	13.6%		1
3	Drugs / Alcohol Abuse	66	13.2%		2
4	Mental Health Services (Access, Provider, Treatment, Aftercare)	60	12.0%		4
5	Dental Services	45	9.0%		5
6	Obesity (Nutrition / Exercise)	31	6.2%		7
7	Economic Developement	30	6.0%		6
8	Awareness of Healthcare Services	20	4.0%		9
9	Transportation	20	4.0%		12
10	Access to Specialists	19	3.8%		8
11	Chronic Disease Management	18	3.6%		13
12	Healthcare Communication / Collaboration	18	3.6%		11
13	Senior Care	15	3.0%		10
14	Social Services Assistance	12	2.4%		14
15	Home Health	8	1.6%		15
	Totals	500	100.0%		

Community Health Needs Assessment "Causes of Poor Health"

Russell County - CHNA YR 2024 N=151

In your opinion, what are the root causes of "poor health" in our community? Please select top three.	Russell Co, KS N= 151	Trend	Round #5 Norms N=1744
Chronic Disease Management	16.8%		25.7%
Lack of Health & Wellness	35.5%		33.1%
Lack of Nutrition / Access to Healthy Foods	26.2%		30.5%
Lack of Exercise	31.8%		43.4%
Limited Access to Primary Care	28.0%		12.2%
Limited Access to Specialty Care	15.0%		19.6%
Limited Access to Mental Health	42.1%		42.3%
Family Assistance Programs	17.8%		16.9%
Lack of Health Insurance	39.3%		35.3%
Neglect	29.0%		28.6%
Lack of Transportation	6.5%		12.5%
Total Votes	107		1,086

Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego.

Community Rating of HC Delivery Services (Perceptions)

Russell County - CHNA YR 2024 N=151	Russell Co, KS N= 151			Round #5 Norms N=1744	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	86.9%	3.8%		82.7%	2.6%
Child Care	26.0%	33.3%		41.5%	20.2%
Chiropractors	74.0%	4.1%		79.3%	2.8%
Dentists	24.0%	38.4%		47.5%	27.7%
Emergency Room	75.6%	3.9%		77.3%	4.6%
Eye Doctor/Optometrist	79.5%	3.1%		74.1%	7.1%
Family Planning Services	35.3%	21.8%		49.6%	13.7%
Home Health	59.3%	10.6%		54.1%	9.7%
Hospice/Palliative	53.3%	11.7%		66.3%	6.8%
Telehealth	40.0%	20.0%		52.7%	10.8%
Inpatient Hospital Services	66.1%	11.3%		77.6%	4.5%
Mental Health Services	31.1%	31.9%		39.3%	24.8%
Nursing Home/Senior Living	57.3%	10.5%		60.2%	10.1%
Outpatient Hospital Services	70.6%	5.6%		76.2%	3.5%
Pharmacy	92.0%	0.8%		86.1%	1.9%
Primary Care	68.3%	9.5%		80.4%	3.4%
Public Health	55.2%	8.8%		61.8%	9.4%
School Health	42.4%	12.7%		58.9%	7.0%
Visiting Specialists	61.5%	10.7%		68.5%	6.9%

*Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego.

Community Health Readiness

Russell County - CHNA YR 2024 N=151	Bottom 2 boxes		
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Russell Co, KS N= 151	Trend	Round #5 Norms N=1744
Behavioral/Mental Health	30.0%		28.4%
Emergency Preparedness	5.5%		5.9%
Food and Nutrition Services/Education	22.7%		14.3%
Health Wellness Screenings/Education	11.7%		8.0%
Prenatal/Child Health Programs	24.1%		10.7%
Substance Use/Prevention	51.4%		33.0%
Suicide Prevention	46.7%		35.8%
Violence/Abuse Prevention	43.8%		31.0%
Women's Wellness Programs	20.2%		13.9%
Exercise Facilities / Walking Trails etc.	12.7%		11.7%

Healthcare Delivery "Outside our Community"

Russell County - CHNA YR 2024 N=151			
In the past 2 years, did you or someone you know receive HC outside of our community?	Russell Co, KS N= 151	Trend	Round #5 Norms N=1744
Yes	86.9%		74.4%
No	13.1%		25.6%
Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego.			

Specialties:

SPEC	CTS
DENT	18
OBG	15
CARD	10
ORTH	9
OPTH	8
PEDS	8
CANC	6
PRIM	6
SURG	6
NEU	5
FEM	4
MH	4

Access to Providers / Staff in our Community

Russell County - CHNA YR 2024 N=151			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Russell Co, KS N= 151	Trend	Round #5 Norms N=1744
Yes	35.9%		61.6%
No	64.1%		38.4%

What healthcare topics need to be discussed further at our Town Hall?

Russell County - CHNA YR 2024 N=151			
What needs to be discussed further at our CHNA Town Hall meeting? Top 3	Russell Co, KS N= 151	Trend	Round #5 Norms N=1744
Abuse/Violence	30.5%		24.3%
Access to Health Education	15.8%		17.0%
Alcohol	31.6%		24.1%
Alternative Medicine	21.1%		19.5%
Behavioral/Mental Health	45.3%		45.5%
Breastfeeding Friendly Workplace	7.4%		5.2%
Cancer	20.0%		15.6%
Care Coordination	10.5%		14.4%
Diabetes	15.8%		14.6%
Drugs/Substance Abuse	52.6%		39.0%
Family Planning	14.7%		9.2%
Health Literacy	10.5%		14.5%
Heart Disease	6.3%		9.2%
Housing	31.6%		33.8%
Lack of Providers/Qualified Staff	45.3%		24.9%
Lead Exposure	1.1%		2.8%
Neglect	13.7%		9.8%
Nutrition	15.8%		21.4%
Obesity	13.7%		30.1%
Occupational Medicine	0.0%		3.8%
Ozone (Air)	1.1%		2.5%
Physical Exercise	18.9%		24.8%
Poverty	30.5%		23.5%
Preventative Health/Wellness	25.3%		25.5%
Sexually Transmitted Diseases	3.2%		7.2%
Suicide	46.3%		34.9%
Teen Pregnancy	12.6%		10.3%
Telehealth	10.5%		11.3%
Tobacco Use	10.5%		11.9%
Transportation	12.6%		14.1%
Vaccinations	5.3%		11.0%
Water Quality	17.9%		13.5%
TOTAL Votes	95		871

Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego.

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services - Russell County KS YR 2024

Cat	HC Services Offered in County: Yes / No	Hospital	Health Dept	Other
Clinic	Primary Care	Yes	No	No
Hosp	Alzheimer Center	No	No	No
Hosp	Ambulatory Surgery Centers	No	No	No
Hosp	Arthritis Treatment Center	Yes	No	No
Hosp	Bariatric / Weight Control Services	No	No	No
Hosp	Birthing / LDR / LDRP Room	No	No	No
Hosp	Breast Cancer	No	No	No
Hosp	Burn Care	No	No	No
Hosp	Cardiac Rehabilitation	No	No	No
Hosp	Cardiac Surgery	No	No	No
Hosp	Cardiology Services	No	No	No
Hosp	Case Management	Yes	No	No
Hosp	Chaplaincy / Pastoral Care Services	No	No	Yes
Hosp	Chemotherapy	No	No	No
Hosp	Colonoscopy	Yes	No	No
Hosp	Crisis Prevention	No	No	No
Hosp	CT Scanner	Yes	No	No
Hosp	Diagnostic Radioisotope Facility	Yes	No	No
Hosp	Diagnostic / Invasive Catheterization	No	No	No
Hosp	Electron Beam Computed Tomography (EBCT)	No	No	No
Hosp	Enrollment Assistance Services	Yes	No	No
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	No	No	No
Hosp	Fertility Clinic	No	No	No
Hosp	FullField Digital Mammography (FFDM)	Yes	No	No
Hosp	Genetic Testing / Counseling	No	No	No
Hosp	Geriatric Services	Yes	No	No
Hosp	Heart	No	No	No
Hosp	Hemodialysis	No	No	No
Hosp	HIV / AIDSServices	No	Yes	No
Hosp	Image-Guided Radiation Therapy (IGRT)	No	No	No
Hosp	Inpatient Acute Care - Hospital Services	Yes	No	No
Hosp	Intensity - Modulated Radiation Therapy (IMRT) 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	Yes	No	No
Hosp	Oncology Services	No	No	No
Hosp	Orthopedic Services	Yes	No	No
Hosp	Outpatient Surgery	No	No	No
Hosp	Pain Management	Yes	No	No
Hosp	Palliative Care Program	No	No	No
Hosp	Pediatric	No	No	No
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

Inventory of Health Services - Russell County KS YR 2024

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

Physician Manpower - Russell Co KS (Update YR 2024)

# of FTE Providers	MD/DO Co Based	Visiting Providers	PA/APP Co Based
	RRH	RRH	RRH
Primary Care:			
Family Practice	1.0	0.5	2.0
Internal Medicine			
Obstetrics/Gynecology			
Pediatrics			
Medicine Specialists:			
Allergy/Immunology			
Cardiology		0.10	
Dermatology			
Endocrinology		0.05	
Gastroenterology			
Oncology/Rado			
Infectious Diseases			
Nephrology			
Neurology		0.05	
Podiatry		0.15	
Psychiatry		0.20	
Pulmonary			
Rheumatology	2.0	0.20	
Surgery Specialists:			
General Surgery		0.10	
Neurosurgery		0.05	
Ophthalmology			
Orthopedics		0.20	
Otolaryngology (ENT)		0.10	
Plastic/Reconstructive	1.0		
Thoracic/Cardiovascular/Vasc			
Urology		0.05	
Hospital Based:			
Anesthesia/Pain	1.0	0.10	
Emergency	1.0	0.80	
Radiology		0.10	
Pathology		0.10	
Physical Medicine/Rehab			
Wound Care		0.3	
TOTALS	**6.0**	**3.2**	**2.0**

SPECIALTY CLINIC

RUSSELL
REGIONAL HOSPITAL

**Advanced Wound Care Clinic -
Thursday(s)**
785-498-8050

Dr. Bell - ENT-Otolaryngologist
Every Other Thursday
520 S Santa Fe Ave 200 B
Salina, Ks 67401
785-823-7225

Dr. Gregory Boxberger
3rd Wednesday of each month
Cardiology
Kansas Physician Group
2600 North Woodlawn Blvd.
Wichita, Ks 67220
316-260-1690

Dr. Michael Mattucci
2nd Wednesday every other month
Salina Urology
201 S. Santa Fe Ave
Salina, Ks 67401
785-827-9635

Babe Breit, APRN
1st, 2nd, and 4th Friday of each month
Foot Care Clinic
785-656-6363

Leslie Mack, FNP-BC, BC-ADM, CDE
4th Tuesday of each month
Endocrinology
Salina Regional Health Center
2090 S. Ohio
Salina, Kansas 67401
785-309-2323

Dr. Britton Zuccarelli - APRN
3rd Friday of each month
Pediatric Neurologist
Salina Regional Health Cr
501 S. Santa Fe Suite 100
Salina, Ks 67401
785-825-2273

Sam Gross - Dietician
2nd Friday of each month
785-617-8247

Mary Jo Gubitoso, DNP, APRN-C
3rd Monday of each month
Cardiology
Hays Medical Center
2220 Canterbury Drive
Hays, Ks 676601
785-625-4699 or 88-625-4699

Specialty care closer to home!

Please contact provider to schedule a visit @ the RRH Specialty Clinic.
Clinic located @ 222 S. Kansas St., Russell, Ks 67665

Russell County KS
2024 Healthcare Directory

Emergency Numbers

Police/Sheriff	**911**
Fire	**911**
Ambulance	**911**

Non-Emergency Numbers

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

Municipal Non-Emergency Numbers

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

Other Emergency Phone Numbers

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

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

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

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

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

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

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

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

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

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

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

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

Health Services

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

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

Mental Health

RRH Physicians Clinic
Counseling – 785-483-3333
200 S. Main – Russell

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

Chiropractors

Russell Chiropractic & Sports Therapy
138 W. 7th Street (Russell)
785-483-5356

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

Clinics

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

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

Russell Family Medical (Clara Barton)
410 N. Main (Russell)
75-483-3811

Dentists

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

Hearing

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

Optometrists

Russell Eyecare Center
702 N. Kansas Street
785-483-2451
Paul M. Lampert, O.D.
124 E. Wichita Avenue
785-483-2291

Pharmacies

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

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

Physicians and Health Care Providers

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

Morgan Galliart, PA
Linda Krug, RPAC
Leisha Lawson, APRN
Kaylee Kaiser, APRN
Kathy Linde, APRNC

Tyrel Somers, MD
John Whitehead, DO

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

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

Ronald Holweger, MD
Michael Matteucci, MD
Jeffrey Meyer, MD
Kirk Potter, DO
Dr. Joel Adams, DO

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

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

Rehabilitation Services

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

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

Assisted Living/Nursing Homes/LTC

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

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

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

Diabetes

American Diabetes Association
1-800-342-2383
Diabetes Care Club
1-888-395-6009

Domestic/Family Violence

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

Women's Shelters
www.WomenShelters.org

Kansas Crisis Hotline
800-273-8255

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

Options (Hays) 800-794-4624

Educational Training Opportunities

Association of Continuing Education
678-271-4319

Food Programs

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

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

Kansas WIC Program
1000 SW Jackson, Suite 220
Topeka, KA 66612

WIC Program Consultant
Amanda Owsley
785-296-1322
Amanda.owsley@ks.gov

Local WIC Office (Russell Health Department)
189 W Luray St (Russell)
785-483-6433

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

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

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

Government Healthcare

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

Kansas Department of Health Environment
1000 South W Jackson St.330
785-296-0127

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

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

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

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

Health and Fitness Centers

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

Home Health Services

Amazing Grace Homecare
785-259-6907

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

Good Samaritan Home Health of Central Kansas
2703 Hall St., Suite 6 (Hays)
785-621-2499 or 1-866-402-6458

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

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

Hospice

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

Massage Therapists

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

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

Medical Equipment and Supplies

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

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

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

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

School Nurses

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

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

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

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

Senior Services

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

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

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

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

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

Adult Protection

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

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

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

Alcohol and Drug Treatment

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

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

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

Child Protection

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

Children and Youth

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

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

Extension Office

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

Funeral Homes

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

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

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

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

Housing

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

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

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

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

Legal Services

Elder Law Hotline
1-888-353-5337

Kansas Legal Services
785-625-4514/1800-723-6953

Russell County Attorney's
401 N. Main Street
785-483-3119

Senior Health Insurance Counseling KS
510 W. 29th Street, Suite B
1800-432-7422 /7 85-628-8204

Pregnancy Services

Adoption Choices
316-209-2071

Adoption Network
1-800-367-2367

American Adoptions
1-800-236-7846

Birthright of Hays
785-628-3334

Graceful Adoptions
1-877-628-1415

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

Public Information

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

City of Paradise
PO Box 14
785-998-4473

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

City of Waldo
785-942-3365
Dorrance City Hall
785-666-4459

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

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

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

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

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

Russell County Commissioners
785-483-1513

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

Rape

Options Domestic/Sexual Violence
800-794-4624
785-625-4202

Kansas Crisis Hotline
Manhattan
785-539-2785
1-800-727-2785

Family Crisis Center
620-792-1885

Red Cross

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

Social Security Administration

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

Transportation

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

Adult Protection

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

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

Elder Abuse Hotline
1-800-922-5330
www.kdheks.gov

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

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

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

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

National Center on Elder Abuse
1-855-500-3537
www.ncea.acl.gov

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

National Sexual Assault Hotline
1-800-656-4673

National Suicide Prevention Lifeline
1-800-273-8255

Poison Control Center
1-800-222-1222

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

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

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

Suicide Prevention Helpline
1-800-273-8255

Alcohol and Drug Treatment Programs

A1-Detox Treatment
1-800-757-0771

AAAAAH
1-800-993-3869

Abandon Addiction
1-800-405-4810
Able Detox-Rehab Treatment
1-800-577-2481

Abuse Addiction Agency
1-800-861-1768

AIC
1-888-764-5510

Al-Anon Family Group
1-888-425-2666

Alcohol and Drug Abuse Hotline
1-800-ALCOHOL

Alcohol and Drug Abuse Services
1-800-586-3690

Alcohol and Drug Addiction Treatment Programs
1-800-510-9435

Alcohol and Drug Helpline
1-800-821-4357

Alcoholism/Drug Addiction Treatment Center
1-800-477-3447

Kansas Alcohol and Drug Abuse Services Hotline
1-800-586-3690

Mothers Against Drunk Driving
1-800-438-6233

National Council on Alcoholism and Drug
Dependence, Inc.
1-800-622-2255

Recovery Connection
www.recoveryconnection.org

Regional Prevention Centers of Kansas
1-800-757-2180

Children and Youth

Adoption
1-800-TO-ADOPT (862-3678)
www.adopt.org

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

Child Abuse Hotline
1-800-922-5330

Child Abuse National Hotline
1-800-4-A-CHILD (422-4453)
1-800-222-4453 (TDD)

Child Abuse National Hotline
1-800-422-4453

Child Find of America
1-800-426-5678

Child Help USA National Child
1-800-422-4453

Child Protective Services
1-800-922-5330

HealthWave
Topeka, KS 66601
1-800-792-4884

Heartspring
8700 E. 29TH Street North
Wichita, KS 67226
1-800-835-1043

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

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

Kansas Department of Health and Environment
785-296-1500

Kansas Society for Children with Challenges
100 N Main St., Suite 1002
1-800-624-4530
316-262-4676

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

Parents Anonymous Help Line
855-427-2736

Runaway Safeline
1-800-786-2929

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

Community Action

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

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

Counseling

Catholic Charities (Hays)
785-625-2644

Center for Counseling
1-800-875-2544

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

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

Kansas Behavioral Health Services
1-888-582-3759

Kansas Problem Gambling Hotline
1-800-522-4700

NEDA Helpline
1-800-931-2237

National Suicide Prevention Lifeline
1-800-273-8255

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

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

Disability Services

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

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

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

Disability Group, Incorporated
1-888-236-3348

Disability Rights Center of Kansas (DRC)
1-877-776-1541
1-877-335-3725 (TTY)
www.drckansas.org

Hearing Healthcare Associates
316-669-9948

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

Kansas Relay Center
1-800-766-3777
www.kansasrelay.com

National Center for Learning Disabilities
1-888-575-7373
www.ncld.org

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

Environment

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

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

Food and Drug

Center for Food Safety and Applied Nutrition
1-888-723-3366
www.fda.gov

US Consumer Product Safety Commission
1-800-638-2772
1-800-638-8270 (TTY)

USDA Meat and Poultry Hotline
1-888-674-6854
1-800-256-7072 (TTY)
www.fsis.usda.gov/

U.S. Food and Drug Administration
1-888-INFO-FDA
1-888-463-6332

Health Services

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

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

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

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

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

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

American Stroke Association
1-800-242-8721

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

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

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

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

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

National Health Information Center
1-800-336-4797

National Cancer Information Center
1-800-227-2345

Hospice

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

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

Housing

Kansas Housing Resources Corporation
785-217-2001

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

Legal Services

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

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

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

Kansas Legal Services
1-800-723-6953
www.kansaslegalservices.org

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

Medicaid/Medicare Services

Centers for Medicare & Medicaid Services
www.cms.gov

Kansas Health Wave
1800-792-4884

KS Medical Assist Program
1-800-766-9012

Medicaid Information
1-877-267-2323

Medicare Information
1-800-MEDICARE

Mental Health Services

Alzheimer's Association
1800-272-3900

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

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

Mental Health America
1-866-927-6327

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

National Institute of Mental Health
1-866-615-6464
www.nimh.nih.gov

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

National Mental Health Association
1-800-969-6642
www.nmha.org

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

Nutrition

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

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

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

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

Road and Weather Conditions

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

Senior Services

Alzheimer's Association
1-800-487-2585

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

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

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

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

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

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

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

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

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

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

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

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

Older Kansans Hotline
1-800-742-9531

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

Veterans Administration

Veterans Administration Benefits
1-800-669-8477
Life Insurance 1-800-669-8477
Income Verification and Means Testing 1-800-929-
8387
Agent Orange 1-800-749-8387
Telecommunications Device for the Deaf 1-800-829-
4833
Benefits Assistance
1-800-827-1000
Debt Management
1-800-827-0648
Life Insurance Information and Service
1-800-669-8477

Welfare Fraud Hotline

Welfare Fraud Hotline 1-800-432-3913

Social Security Administration
785-296-3959 or 785-296-1491 (TTY)

SRS Rehabilitation Services Kansas
785-296-3959

Suicide Prevention

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

Veterans

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

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

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

Mammography Helpline
1-888-492-7844

Memorial Program Service
1-800-697-6947

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

V. Detail Exhibits

[VVV Consultants LLC]

a.) Patient Origin Source Files

Patient Origin History 2021- 2023 for IP, OP and ER – Smith County, KS

Russell County, Kansas Residents

#	Inpatients - KHA HIDI	FFY23	FFY22	FFY21
	Total	798	835	763
1	Russell Regional Hospital - Russell, KS	216	234	167
	% Patients Receiving Care in Home County	27.1%	28.0%	21.9%
2	HaysMed - Hays, KS	261	274	249
3	Salina Regional Health Center - Salina, KS	63	65	91
4	Wesley Healthcare - Wichita, KS	61	24	24
5	The University of Kansas Health System - Kansas City, KS	41	30	32
6	Clara Barton Medical Center - Hoisington, KS	30	42	27
7	Ellsworth County Medical Center - Ellsworth, KS	16	36	32
8	The University of Kansas Health System Great Bend Campus - Great Bend, KS	22	19	24
9	Ascension Via Christi Hospitals Wichita, Inc. (St. Francis/St. Joseph) - Wichita, KS	21	18	23
10	Hutchinson Regional Medical Center - Hutchinson, KS	7	8	16
11	Salina Surgical Hospital - Salina, KS	10	9	11
12	Stormont Vail Health - Topeka, KS	7	13	9
13	Osborne County Memorial Hospital - Osborne, KS	3	14	11
	Others	40	49	47

Russell County, Kansas Residents

#	Outpatients - KHA HIDI	FFY23	FFY22	FFY21
	Total	18,231	19,386	18,736
1	Russell Regional Hospital - Russell, KS	10,076	11,506	11,300
	% Patients Receiving Care in Home County	55.3%	59.4%	60.3%
2	HaysMed - Hays, KS	3,257	3,201	3,008
3	Clara Barton Medical Center - Hoisington, KS	2,044	1,682	1,532
4	Ellsworth County Medical Center - Ellsworth, KS	850	930	839
5	Salina Regional Health Center - Salina, KS	421	413	351
6	The University of Kansas Health Great Bend Campus - KS	332	310	378
7	Rooks County Health Center - Plainville, KS	195	246	237
8	The University of Kansas Health System - Kansas City, KS	198	228	223
9	Osborne County Memorial Hospital - Osborne, KS	139	208	215
10	Lincoln County Hospital - Lincoln, KS	95	114	98
11	Children's Mercy Kansas City - Kansas City, MO	89	77	109
12	Children's Mercy Hospital Kansas - Overland Park, KS	58	43	56
13	Wesley Healthcare - Wichita, KS	41	69	42
	Others	435	358	347

Russell County, Kansas Residents

#	Emergency - KHA HIDI	FFY23	FFY22	FFY21
	Total	2,133	2,208	1,994
1	Russell Regional Hospital - Russell, KS	1,209	1,327	1,177
	% Patients Receiving Care in Home County	56.7%	60.1%	59.0%
2	HaysMed - Hays, KS	506	410	406
3	Ellsworth County Medical Center - Ellsworth, KS	98	139	94
4	Salina Regional Health Center - Salina, KS	74	78	77
5	Clara Barton Medical Center - Hoisington, KS	76	60	44
6	Osborne County Memorial Hospital - Osborne, KS	16	33	36
7	The University of Kansas Health - Great Bend, KS	31	26	28
8	Lincoln County Hospital - Lincoln, KS	17	24	23
9	Wesley Healthcare - Wichita, KS	22	18	18
10	Rooks County Health Center - Plainville, KS	11	12	22
11	Ascension Via Christi Hosp Wichita (St. Francis/St. Joe) - KS	8	12	18
12	The University of Kansas Health System - Kansas City, KS	8	9	4
13	Mitchell County Hospital Health Systems - Beloit, KS	3	7	3
	Others	53	52	43

b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

#	Table	Lead	Attend	Last	First	Organization
1	D		1	Cross	Andrea	Options
2	A		1	Muller	Angie	
3	A		1	Wickham	Ashley	RRH
4	C		1	Hoffman	Chelsee	Russell Regional Hospital
5	F		1	Werth	Clarissa	RRH
6	F	xx	1	Caudhill	David	Russell Regional Hospital
7	C	xx	1	Harrison	David	Russell Regional Hospital
8	B	xx	1	Talbott	Janae	Russell Regional Hospital
9	G		1	Muller	Kai	
10	D		1	Coleman	Kalena	Russell Regional Hospital
11	F		1	Boxberger	Kim	USD 407
12	B		1	Olson	Melinda	
13	A	xx	1	Sturgeon	Michelle	Russell Regional Hospital
14	E		1	Krug	Morris	
15	A		1	Harbaugh	Olinda	Hamilton Healthcare System
16	E		1	Bitter	Paula	
17	C		1	Haberer	Rhonda	RRH board
18	C		1	Gutshall	Rogene	RRH Physicians Clinic
19	D		1	Krug	Sheryl	
20	B		1	Flegler	Stephanie	Russell Regional Hospital
21	B		1	Ruggles	Vance	
22	G		1	Wegele	Wilmer	

Russell County, KS CHNA Town Hall, March 8 (11:30-1:00) N=22

Russell Regional Hospital Town Hall Event Notes
Date: 03/08/2024 – 11:30 a.m. to 1:00 p.m. @ RRH Classroom: N=22

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

- Senior Care in Russell: Homestead, Wheatland, & Mainstreet Manor.
- Spanish, German, and Vietnamese are additional community languages.
- The Community says the Population Health Indicator is incorrect and that the % of single parent homes is higher than 7%, closer to NW KS norms at 15%.
- Veterans go to Hays, Wichita, Topeka, and for extreme cases they go to Kansas City for care. Dr. Summers is a certified provider for Veterans in the community.
- Poverty rates cause the high rate of Free and Reduced Lunches in schools (62%). Food backpack program offered by school for students.
- Healthy foods are unaffordable- people are unwilling to prepare these foods or don't know how.
- Internet is good, but not affordable.
- Birth-3 and Kindergarten screenings are provided in the schools.
- Expecting mothers go to Hays, Salina, Great Bend & Lyon for Maternity/Labor and delivery.
- Vaccination hesitation is a concern, that it may cause the return of measles, and RSV.
- Drugs present in the community: Meth, Marijuana, Opioids, Delta 8 (man-made derivate of THC).
- Treat substance abuse separately from alcohol.
- Domestic Violence is a big problem in the community.
- A new dentist is coming to Russell.
- Decent transportation- not affordable options for traveling out of community.
- The community needs ways to welcome new members.

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

- Medicaid Expansion
- Cost of Care
- Immigration (Costs)

Community Healthcare Strengths reported:

- Good EMS
- Good quality providers that are in community
- Specialists coming to campus are quality
- Local grocery stores
- PT Dept
- Good hospital in community
- Collaborative hospital that works to grow services and good marketing
- Surgery Dept
- Optometry
- Reasonable access to healthcare
- Our school district has many after school programs

Community Healthcare Areas to Improve:

- Access to Social Services
- Aging in Place
- Awareness of Services (Community Source)
- Cancer
- Childcare (Accessible & Affordable)
- Collaboration of Healthcare Stakeholders
- Domestic Abuse
- Economic Development/ Job Development
- Food Insecurity (focus on Seniors)
- Health Apathy
- Mental Health (Diagnosis, Placement, Aftercare, Access to Providers)
- Quality and Affordable Housing
- Recruit More Primary Care Doctors and Sustain
- Workforce (Skilled, Drug free)

Round #5 CHNA - Russell Co KS

Social Determinants "A" Card Themes (N = 22): E=16, N=7, ED=9, C=10, F=3 & P=19

The social determinants of health
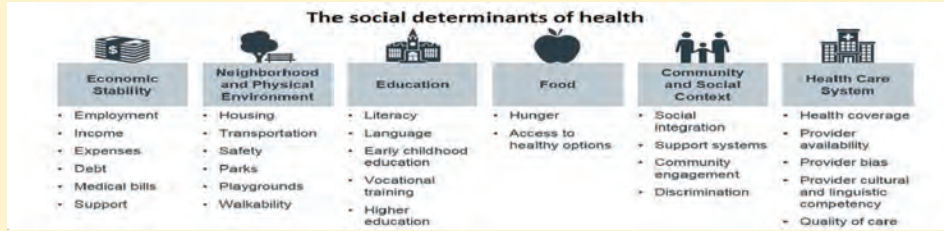
Card #	Code	First Impressions on Social Determinants Impacting Delivery	Card #	Code	First Impressions on Social Determinants Impacting Delivery
1	C	Acceptance of new community.	14	ED	Literacy, early child education.
13	C	Community awareness of what RRH offers due to c	6	ED	Promotion of benefits of exercise.
2	C	Community engagement.	14	F	Hunger - access to healthy food.
9	C	Community engagement.	13	F	Hunger - especially children.
12	C	More concern for individual needs & non terms.	17	F	Hunger.
9	C	Social community groups.	15	N	Housing/Income/Employment awareness services
12	C	Social disconnect.	4	N	Neighborhood development - housing
9	C	Social interaction.	6	N	Out of town transportation.
11	C	Social+ community context. - awareness of issues.	7	N	Transportation - out of town - affordable.
1	C/E	Community context + economic stability.	17	N	Transportation to providers & social services.
15	E	Economic stability - cost of things are just becoming	5	N	Transportation.
17	E	Economic stability - employment, income, debt.	12	N	Water quality.
4	E	Economic stability - needs diverse jobs.	9	P	Access to health education.
16	E	Economic stability - people aren't coming to	10	P	Access to healthcare - lowering poverty population
18	E	Economic stability - with the increase of insurance	5	P	Access to primary care providers.
16	E	Economic stability.	3	P	Alternative medicine.
10	E	Economic stability. - lack of diversity of industry jobs	16	P	Awareness of services (use the churches).
12	E	Economic stability/- older population, larger	1	P	Awareness of services available.
8	E	Economic stability/instability.	2	P	Awareness of services.
17	E	Lack of resources.	17	P	Awareness of services.
13	E	Lack of work force.	12	P	Depression - mental health.
16	E	Medication cost/access.	6	P	Drug abuse.
5	E	Money/income for family.	8	P	Health access.
4	E	Pay care.	10	P	Health care access + quality.
13	E	Social economic - poverty population.	16	P	Health equity.
6	ED	Child care.	12	P	Information is hard to get.
12	ED	Childcare - not enough.	8	P	Mental health -lack of.
1	ED	Education.	6	P	Mental health.
3	ED	Education.	3	P	Provider availability.
14	ED	Education.	3	P	Provider bias.
14	ED	Higher education- vocational training.	17	P	Social doctor community context - high
13	ED	Lack of quality education.			

EMAIL Request to CHNA Stakeholders

From: David Caudill and Janae Talbott
Date: 1/12/2024
To: Community Leaders, Providers, Hospital Board and Staff
Subject: CHNA Wave #5 Community Online Feedback Survey – Russell Co. KS

Russell Regional Hospital – Russell County, KS; will be working with other area providers over the next few months to update the 2021 Community Health Needs Assessment (CHNA). We are seeking input from community members regarding the healthcare needs in Russell County in order to complete the 2024 CHNA.

The goal of this assessment update is to understand progress in addressing community health needs cited in 2015, 2018, and 2021 CHNA reports while collecting up-to-date community health perceptions and ideas.

Your feedback and suggestions regarding current community health delivery are especially important to collect in order to complete this comprehensive report. To accomplish this work, a short online survey has been developed for community members to take. Please visit our hospital webpage, facebook page, or utilize the link below to complete this survey.

LINK: https://www.surveymonkey.com/r/CHNA2024_RussellRegional_OnliveSurvey

All community residents and business leaders are encouraged to complete the 2024 online CHNA survey by **February 9th, 2024.** All responses are confidential.

Please Hold the Date for a virtual community Town Hall is scheduled for **Friday, March 8th, 2024 for breakfast from 8:30am-10am.** More details regarding the virtual community Town Hall will be shared soon so stay on the lookout!

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

Thank you for your time and participation.

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Russell Regional to Start 2024 Community Health Needs Assessment

Over the next few months, **Russell Regional Hospital** will be working with area community leaders to update the Russell County, KS Community Health Needs Assessment (CHNA). Today we are requesting community input regarding the healthcare delivery and unmet needs necessary to complete this assessment update.

The goal of this assessment update is to understand progress in addressing community health needs cited in 2021, 2018, and 2015 assessment reports, while collecting up-to-date community health perceptions and ideas. VVV Consultants LLC, an independent research firm from Olathe, KS has been retained to conduct this countywide research.

A brief community survey has been developed to accomplish this work. The CHNA survey link can be accessed, if you would like to participate by visiting our hospital website or Facebook page. You may also utilize the QR code below for quick access.

All community residents and business leaders are encouraged to complete this online survey by **February 9th, 2024**. In addition, a CHNA Town Hall meeting to discuss the survey findings will be held on **March 8th, 2024** with more information to come. Thank you in advance for your time and support!

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

Let your voice be heard!

RussellHospital.org

RUSSELL REGIONAL HOSPITAL

We would like to hear from you!
Please access the health needs survey from our website, above, or just scan the QR code using your mobile device. Thank you!

RUSSELL REGIONAL HOSPITAL

200 South Main Street
Russell, KS 67665
785-483-3131

Place
Postage
here

Russell Regional Hospital is conducting our 2024 Community Health Needs Assessment.
Please take this survey to help us assess the health needs in our community.

Your voice matters!

EMAIL #2 Request Message

From: Janae Talbott
Date: 1/22/24
To: Area Community Leaders, Providers and Hospital Board & Staff
Subject: Russell Regional Hospital - Community Health Needs Assessment Town Hall lunch– March 8, 2024

Russell Regional Hospital will host a Town Hall Community Health Needs Assessment (CHNA) lunch on Thursday, March 8th. The purpose of this meeting will be to review collected community health indicators and gather community feedback opinions on key unmet health needs for Russell County, KS. **Note: This event will be held on Friday, March 8th, from 11:30 a.m.- 1:00 p.m. at the Russell Regional Hospital Classroom with a check-in time starting at 11:15 a.m.**

We hope you find the time to attend this important event. All business leaders and residents are encouraged to join us. To adequately prepare for this event, it is imperative all RSVP who plan to attend town hall.

LINK: https://www.surveymonkey.com/r/RussellCHNA2024

Thanks in advance for your time and support!

If you have any questions regarding CHNA activities, please call (785) 483-3131.

d.) Primary Research Detail

[VVV Consultants LLC]

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1005	67665	Very Good	CC	HOUS	DRUG	Lack of child care, decent housing, ongoing drug usage and associated safety affects children and prevents good people from moving to our wonderful community.
1117	67665	Average	CC	MH	FIT	A federally run childcare facility. Where there is only professionals to care for children. Income based (after taxes) would be great too. Where children can be taken to places while in their care (like parks, pool, library, etc) A mental health facility where patients can actually be seen in person and their needs met. A better exercise facility. More variety of exercise equipment and mulitiple exercise programs to attend
1074	67665	Very Poor	COMM	AWARE		Recently, the City of Russell has embarked on an effort at communicating with residents. The medical community could do the same. Residents are very poorly informed about available services let alone any avenue to express their concerns and experiences with medical care they receive.
1054	67665	Good	DRUG			Need to get drug abuse under control in our community
1026	67665	Very Good	ECON	HOUS	CC	The biggest problems in our community are economic development related - access to housing and quality daycare.
1052	67665	Poor	ECON	HOUS	SPRT	Community Gardens, Restoring homes that need repair instead of tearing them down, support groups for all ages.
1111	67665	Good	ECON	NUTR	HOUS	Better restaurants, better produce in grocery stores. Safer housing.
1044	67634	Average	ECON	WAG		Economic stability. Need to bring in good paying jobs
1034	67665	Good	ECON			Stability in area
1071	67665	Good	EDU	MH	NUTR	Adult education addressing parenting, mental health, nutrition and wellness, etc. More support for struggling families that teach them how to be healthy.
1037	67665	Good	EDU	NUTR		Educating adults on nutrition for children in their care
1039	67665	Poor	EDU	SH	ECON	Education is abysmal. Our schools need a good deal of improvement. Our economy is dependent on oil, which is volatile
1058	67665	Average	EDU			Education is important.
1145	67665	Good	FINA	ACC		NEED TO BE ABLE TO HELP ANYONE NO MATTER THEIR FINANCIAL CLASS
1105	67665	Average	FUND	SERV		Possibly more grant options for the places in russell that need improvement
1093		Good	FUND	TRAN	ACC	There is funding through state to fund transportation for out of town appointments. Funds are available to county. As I understand it, hospital is county hospital and could access funds through county.
1046	67665	Very Good	HOUS	CC		Russell County needs to work on providing affordable housing and daycare.
1011	67665	Average	HOUS	FINA		Need better housing with affordable rent.
1098	67665	Good	HOUS	NH	TRAN	Russell has very poor housing. I'm speaking for those who rent, live in community housing duplexes or apartments. In my opinion, from seeing the conditions and under maintenance case these place get, is disgusting. I'd say the only good place is our high rises for the elderly. Every other place, is run down, filthy, moldy, and their management does not care the condition their tenants live in. Russell will not grow unless these issues are addressed properly and landlords held accountable. We should have public transportation available 7 days a week. Limited hours available on the weekends.
1089	67665	Good	HOUS	QUAL		Slum lords are bringing people to town that need assistance in every aspect of their lives and it is a burden on our community.
1133	67665	Average	MH	INSU	DENT	Need more local mental health counseling for low income/Medicaid patients, same for dental health. Somehow need parental/community support for kids prone to bad behaviors
1099	67665	Average	MH	NUTR	ACC	More mental health services or local # to call. More fresh, Nutritional food available would be nice.
1004	67665	Average	NO			Why waste your breath?
1056	67665	Very Good	ONC	INSU	HOUS	Offer chemotherapy! Affordable health insurance Affordable housing!!!
1065	67665	Good	OWN	PREV		I don't know. People who are motivated to learn will learn. Same with self care. There are a select number of people who are stuck and not seeking help
1077	67665	Poor	OWN			People need to care more and end the stigma.
1129	67665	Poor	PRIM	DOCS	ACC	Access to care. There are 3 primary care providers at the Hospital clinic and Linda Krug. For a community/hospital this size, it is lacking. Clara Barton and Ellsworth have twice as many providers and are opening clinics in other towns. Experienced nurses do not want to work here.
1088	67665	Poor	QUAL	ACC	DOCS	Access to QUALITY health services. Recruit doctors and put someone in charge that doesn't run off quality healthcare staff.
1062	67665	Average	QUAL	ECON	SPRT	1) Accessibility but Quality issues re: unqualified teachers that are teaching core subjects, ability to find/hire quialfed staff/administration -- don't settle for unqualified!! 2) Feel we have a Higher rate of low socio-economic class w/in county, which needs services 3) however a closeness in the community ready & willing to assist, numerous churches also as a source 4&5) ability to offer transportation (grants) to out of town services/appointments; increase in community gardening plots & advertise; increase in previous services mentioned & health education/preventative focused on during med. appointments!!
1091	67665	Good	QUAL			If it hasn't worked in the past, try something different. Don't keep doing the same thing over and over
1009	67665	Average	RESO			Need more resources
1018	67601	Average	SAFE	VIO	SPRT	increase safety and offender accountability for domestic and sexual violence crimes that are hurting women and families in Russell

Table title: **CHNA 2024 Community Feedback: Russell County, KS (N=151)**

CHNA 2024 Community Feedback: Russell County, KS (N=151)

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1138	67665	Average	SCAN	NH	ACC	We need people with a medical background on the hospital board. The people making the decisions don't have a clue about health services and what would be best for the patient. They just care about the dollar signs. Example- Buying a used trailer for MRI and parking it outside in the elements so our elderly have to go out in the cold/ snow/ ice/ summer heat was a move of pure idiocy. I've been out to help the MRI tech with a patient and they aren't even able to get the bed off the truck for a code blue. Hospital resources are bought secondhand so they break easier and don't hold the same quality. JUST GIVE US QUALITY ITEMS
1130	67665	Good	SH	ADMIN	DRUG	Good learning environment at schools - Even with law enforcement presence at schools now, I have seen support lacking from teachers and administration on issue like drugs and bullying.
1101	67665	Average	SH	HOUS		Improving schools. Eliminating dilapidated rental houses.
1144	67665	Good	SH	SPRT		Our school system is fair to poor at its best, the town is over run with juvenile delinquents and parents that do not care for them. This is a huge issue and until these things are solved it effects everything.
1109	67665	Poor	SPRT	NH		Social/community support could be improved by creating cameraderie in Neighborhoods with getting neighbors to know each other somehow (block parties or get-togethers). I have recently seen neighbors band together to help an older widow in their neighborhood who became ill.
1125	67665	Average	SPRT	SERV	INSU	I would like to see seminars, classes, or workshops for seniors and navigating the insurance world. A detox location somewhere here for the community and more access to mental health providers.
1067	67665	Average	SPRT	SERV	NUTR	We do pretty well but we need more programs to assist families. Food is high so quality & nutrition will go down. We need to make sure that we keep this available to our community
1016	67665	Good	SPRT	SH	DRUG	Maybe more programs such as nurses or doctors going in to the schools to talk about drugs a how one pill can kill.
1082	67665	Very Good	TRAN	RET	STFF	Need to increase public transportation as I have noticed the City bus was not available on multiple occasions during the past year. Recruiting quality health professionals and retention incentives.
1151	67665	Good	TRAN	SERV		There needs to be a transportation system within the county. If the county doesn't want to coordinate it then they need to find someone that will start a business providing this service.
1020	67665	Good	VACC	SCREE	QUAL	People have to want to take care of themselves. Until people are willing take advantage of vaccines, health screenings, etc. Getting good community healthcare is an uphill battle.

CHNA 2024 Community Feedback: Russell County, KS (N=151)

ID	Zip	Rating	c1	c2	c3	Q8. In your opinion, what are the root causes of "poor health" in our community? Other (Be Specific)
1082	67665	Very Good	DRUG			Drug abuse
1030	67665	Poor	FAC	QUAL		People have no faith in our hospital.....more than less feel it will close soon.
1106	67665	Good	POV	ECON		Poverty and working poor
1144	67665	Good	QUAL			People don't want something if it isn't given to them directly
1062	67665	Average	TRAN	SCH	PREV	lack of transportation to out of town appointments; Focus on preventative Health before problem arises -- Health EDUCATION

ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1020	67665	Good	ACC	AWARE		We have plenty. We just need for people to access and use what is available.
1144	67665	Good	ADOL	EDU	DOCS	Structured after school programs, family education, more physicians
1061	67665	Good	ALT	NUTR	REC	Focus on natural health - nutrition, being outdoors, walking,etc
1056	67665	Very Good	CANC	ACC		Have Tammy Walker Cancer Center come to Russell.
1089	67665	Good	CC	FINA	DRUG	Child care, affordable elder care and heightened drug use prevention.
1138	67665	Average	CC	FINA		CHILDCARE- our community will die without it. People cannot afford to take off work due to no childcare. They will move to a place that offers everything they need.
1117	67665	Average	CC	FIT		Definitely childcare and more exercise programs
1054	67665	Good	CC	HOUS	ACC	Child care, better housing
1109	67665	Poor	CLIN	ACC	FUND	Promote hospital/clinic as it supports RUSSELL COUNTY. Other clinics in our town, their funds go to Barton or Ellis County ultimately.
1074	67665	Very Poor	COMM	DOH	FUND	If there are any current programs, I have never heard of them. Communication from the health community would be a start. Public health education would be helpful as well. I'm under the impression that we cannot get health programs here because of lack of funding.
1033	67665	Average	DENT	ACC	DRUG	Dentist availability, drug abuse
1091	67665	Good	DENT			More dentists
1034	67665	Good	DOCS	ACC		More drs
1119	67665	Good	DOCS	SCH	ACC	More providers to care for patients in a more timely manner.
1098	67665	Good	DRUG	EDU		Drug abuse, opiate education, people who live with these addicts need education as well. Addicts will drain their families and families need to learn how to say no, and learning the signs of addiction.
1123	67665	Good	DRUG	PREV		substance prevention and treatment is very much needed and needs to be a focus
1071	67665	Good	DRUG	SPRT		Drug and alcohol abuse programs
1039	67665	Poor	ECON	SH	MH	I think a local task force to address the economy, schools, etc. Parenting classes. Mental health resources. Drug and alcohol resources.
1009	67665	Average	EDU	RESO	NH	Education/resources for our elderly as they age and access to mental healthcare services
1037	67665	Good	EDU	SCREE		Education and possible free screenings
1082	67665	Very Good	EDU	SPRT	SH	Parenting classes for students with extreme behaviors.
1044	67634	Average	FIT	NH		Exercise classes for seniors
1105	67665	Average	FIT	REC		Free indoor exercise options for winter
1064	67648	Good	FIT	RURAL		fitness in rural communities
1011	67665	Average	HOUS	FINA		Rent assisst
1134	67665	Average	LAB	ADOL	CANC	IV methods, kids health and wellness, cancer outreach programs, more options for our senior citizens.
1125	67665	Average	MH	DRUG		a Mental Health facility, and access to detox.
1077	67665	Poor	MH	FIT	SPRT	Mental health first and foremost. More options for exercise programs
1099	67665	Average	MH	NUTR	SPRT	Mental Health Hotline Better Foid Choices
1145	67665	Good	MH	SERV		MENTAL HEALTH SERVICES
1066	67665	Very Good	MH	SPRT		Mental Health programs
1086	67665	Good	MH			More mental health services. Once a month or even once a week is not enough help.
1124	67601	Very Good	NO			NO SUGGESTIONS AT THIS TIME
1067	67665	Average	NUTR	CLIN	DENT	Food assistance, wellness clinics, dental checkup clinics in town
1046	67665	Very Good	NUTR	REC	ALT	Russell County should consider programs that promote healthy nutrition, such as access to local, freshly grown fruits and vegetables. The local farmer's market is nice, but not available year around and it does not provide many choices or sufficient quantities of food to serve the entire area. Suggest Economic Development work with local farmers to cultivate fresh, organic fruits and vegetables and make those available in the larger Russell area. My understanding is there are some organic farms producing vegetables in the area (primarily north part of county), but they DO NOT serve Russell and instead DRIVE THROUGH Russell to go to the Hays Farmers Market. Suggest nutritionists be made available in the community to help with food choices for all demographics, youth, families and seniors. We have many excellent exercise facilities (Rec, Hospital walking trail, Memorial Park walking trail, good sidewalks), but healthy eating is a missing link to maintaining good health. While the hospital provides excellent traditional health care, alternative health care is becoming increasingly popular, especially in the treatment of chronic conditions. Consider being a regional leader in innovative health care that combines traditional health care with holistic/naturopathic treatments, to include sound therapy, massage, homeopathy, infrared sauna, nutritional supplements/vitamins, and other treatments (see Riordan Clinic in Wichita).This would significantly improve the health of our community and likely attract new clients from neighboring rural communities who would come to Russell County for treatment that combines traditional health care with holistic treatments.
1032	67665	Good	OBE	NUTR	EDU	Obesity is a huge issue in our community. More of an emphasis on healthy eating and active living.
1035	67673	Average	PREV	NUTR	FIT	More health and fitness programs. Better access to healthy, wholesome foods
1094	67665	Poor	PRIM	EMER		Don't focus on new things. Focus on what the community needs. Strong primary care and strong emergency care.
1058	67665	Average	PRIM	NUTR		General health and nutrition
1013	67665	Average	REC	ACC	FIT	Expansion of the rec center to accommodate different sports and activities. Figure out how to get water aerobics available, besides at the hotel.
1004	67665	Average	RESO	SPRT	SERV	Health literacy programs.
1129	67665	Poor	SERV	DENT	PRIM	I don't know that we need any "new" services. Re-establish previous ones. Dental, primary
1088	67665	Poor	SERV			I don't know that we new any "new" programs. Fix the ones already in place.
1112	67665	Good	SPEC	CIN	DOCS	Not sure. It would be nice to have more specialty clinics but it is hard to keep clinics when the providers do not want to reside in the area.
1018	67601	Average	SPRT	SERV		Sexual Assault Nurse Exams
1030	67665	Poor	SPRT			Grief Support
1093		Good	TRAN	SCH	NH	Transportation to out of county appointments for elderly

Russell Regional Hospital (Russell, KS) area providers have begun the process of updating a comprehensive community-wide 2024 Community Health Needs Assessment (CHNA) to identify unmet health needs. To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery. NOTE: Please consider your answers to the survey questions as it relates to ALL healthcare services in our community, including but not limited to our local hospital.

While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention! CHNA 2024 online feedback deadline is set for Jan 19, 2024.

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

○ Very Good ○ Good ○ Average ○ Poor ○ Very Poor

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

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	○	○	○	○	○
Child Care	○	○	○	○	○
Chiropractors	○	○	○	○	○
Dentists	○	○	○	○	○
Emergency Room	○	○	○	○	○
Eye Doctor/Optometrist	○	○	○	○	○
Family Planning Services	○	○	○	○	○
Home Health	○	○	○	○	○
Hospice/Palliative	○	○	○	○	○
Telehealth	○	○	○	○	○

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

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Hospital Services	○	○	○	○	○
Mental Health Services	○	○	○	○	○
Nursing Home/Senior Living	○	○	○	○	○
Outpatient Hospital Services	○	○	○	○	○
Pharmacy	○	○	○	○	○
Primary Care	○	○	○	○	○
Public Health	○	○	○	○	○
School Health	○	○	○	○	○
Visiting Specialists	○	○	○	○	○

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

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

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

- ☐ Mental Health Services (Access, Provider, Treatment, Aftercare)
- ☐ Drugs / Alcohol Abuse
- ☐ Child Care Access
- ☐ Housing (Quality / Affordable)
- ☐ Economic Developement
- ☐ Obesity (Nutrition / Exercise)
- ☐ Awareness of Healthcare Services
- ☐ Dental Services

- ☐ Transportation
- ☐ Chronic Disease Management
- ☐ Social Services Assistance
- ☐ Healthcare Communication / Collaboration
- ☐ Senior Care
- ☐ Access to Specialists
- ☐ Home Health

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

- ☐ Mental Health Services (Access, Provider, Treatment, Aftercare)
- ☐ Drugs / Alcohol Abuse
- ☐ Child Care Access
- ☐ Housing (Quality / Affordable)
- ☐ Economic Developement
- ☐ Obesity (Nutrition / Exercise)
- ☐ Awareness of Healthcare Services
- ☐ Dental Services

- ☐ Transportation
- ☐ Chronic Disease Management
- ☐ Social Services Assistance
- ☐ Healthcare Communication / Collaboration
- ☐ Senior Care
- ☐ Access to Specialists
- ☐ Home Health

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

- ☐ Chronic Disease Management
- ☐ Lack of Health & Wellness
- ☐ Lack of Nutrition / Access to Healthy Foods
- ☐ Lack of Exercise
- ☐ Limited Access to Primary Care
- ☐ Limited Access to Specialty Care

- ☐ Limited Access to Mental Health
- ☐ Family Assistance Programs
- ☐ Lack of Health Insurance
- ☐ Neglect
- ☐ Lack of Transportation

Other (Be Specific).

[   ]

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

	Very Good	Good	Fair	Poor	Very Poor
Behavioral/Mental Health	○	○	○	○	○
Emergency Preparedness	○	○	○	○	○
Food and Nutrition Services/Education	○	○	○	○	○
Health Wellness Screenings/Education	○	○	○	○	○
Prenatal/Child Health Programs	○	○	○	○	○
Substance Use/Prevention	○	○	○	○	○
Suicide Prevention	○	○	○	○	○
Violence/Abuse Prevention	○	○	○	○	○
Women's Wellness Programs	○	○	○	○	○
Exercise Facilities / Walking Trails etc.	○	○	○	○	○

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

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

○ Yes   ○ No

If yes, please specify the services received

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

( ) Yes   ( ) No

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

[ ]

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

[ ]

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

[ ] Abuse/Violence   [ ] Health Literacy   [ ] Poverty
[ ] Access to Health Education   [ ] Heart Disease   [ ] Preventative Health/Wellness
[ ] Alcohol   [ ] Housing   [ ] Sexually Transmitted Diseases
[ ] Alternative Medicine   [ ] Lack of Providers/Qualified [ ] Suicide
                                      Staff
[ ] Behavioral/Mental Health   [ ] Teen Pregnancy
                                  [ ] Lead Exposure
[ ] Breastfeeding Friendly   [ ] Telehealth
    Workplace   [ ] Neglect
                                                                  [ ] Tobacco Use
[ ] Cancer   [ ] Nutrition
                                                                  [ ] Transportation
[ ] Care Coordination   [ ] Obesity
                                                                  [ ] Vaccinations
[ ] Diabetes   [ ] Occupational Medicine
                                                                  [ ] Water Quality
[ ] Drugs/Substance Abuse   [ ] Ozone (Air)

[ ] Family Planning   [ ] Physical Exercise

Other (Please specify).

[ ]

15. For reporting purposes, are you involved in or are you a....? Please select <u>all that apply</u>.

- [ ] Business/Merchant
- [ ] Community Board Member
- [ ] Case Manager/Discharge Planner
- [ ] Clergy
- [ ] College/University
- [ ] Consumer Advocate
- [ ] Dentist/Eye Doctor/Chiropractor
- [ ] Elected Official - City/County

- [ ] EMS/Emergency
- [ ] Farmer/Rancher
- [ ] Hospital
- [ ] Health Department
- [ ] Housing/Builder
- [ ] Insurance
- [ ] Labor
- [ ] Law Enforcement

- [ ] Mental Health
- [ ] Other Health Professional
- [ ] Parent/Caregiver
- [ ] Pharmacy/Clinic
- [ ] Media (Paper/TV/Radio)
- [ ] Senior Care
- [ ] Teacher/School Admin
- [ ] Veteran

Other (Please specify).

_____

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

_____

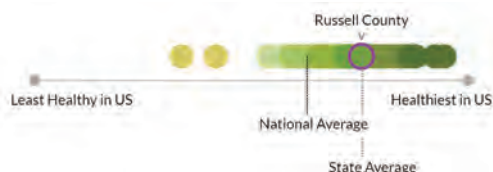# e.) County Health Rankings & Roadmap Detail
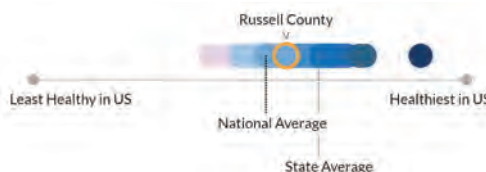
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Russell County

Health Outcomes

Least Healthy in US — Russell County — Healthiest in US
National Average
State Average

Health Factors

Least Healthy in US — Russell County — Healthiest in US
National Average
State Average

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

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

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

2024

Population: 6,639

	2020	2021	2022	2023	2024	Kansas 2024	U.S. 2024
Health Outcomes							
Length of life							
Premature death (years of potential life lost, per 100,000)[1]					9030	8079	7972
Quality of life							
% Reporting poor or fair health, adults[1]		15	18	13	15	14	14
Average number of poor physical health days, adults[1]		4	4	3	3.2	3.2	3.3
Average number of poor mental health days, adults[1]		4	5	4	4.7	5.0	4.8
% Low birthweight, <2,500 grams	6.1	5.2	5.3	5.3	6	7	8
Health Factors							
Health Behaviors							
% Smokers, adults[1]		20	19	19	20	16	15
% Obese, adults age 20 and older[1]			37	38	40	37	34
Food environment index, 0 (worst) to 10 (best)	7.5	7.8	7.6	7.7	7.9	7.1	7.7
% Physically inactive, adults age 20 and older[1]			32	23	27	23	23
% Access to exercise opportunities[1]				68	68	80	84
% Excessive drinking, adults[1]		20	19	19	17	20	18
% Driving deaths with alcohol-involvement	27	33	31	31	30	20	26
Sexually transmitted infection rate, per 100,000 population	130	231	219	160	193.9	506.1	495.5
Teen birth rate, per 1,000 females age 15-19[1]					19	19	17
Clinical Care							
% Uninsured, population under age 65	12	11	12	12	11	11	10
Primary care physicians rate, per 100,000 population	58	43	58	59	45	78	75
Dentists rate, per 100,000 population	43	44	44	45	45	63	74
Mental health providers rate, per 100,000 population						237	314
Preventable hospital stays rate, per 100,000 Medicare enrollees	5067	5551	4663	3636	3305	2576	2681
% Mammography screening, Medicare females age 65-74	32	42	40	33	38	48	43
% Flu vaccinations, Medicare enrollees	27	29	27	32	30	47	46
Social & Economic Factors							
% High school completion, adults age 25 and older[2]		88	93	93	93	92	89
% With some college, adults age 25-44	75	69	67	71	61	71	68
% Unemployed, population age 16 and older	3	2.9	4.2	2.4	2.3	2.7	3.7
% Children in poverty	21	20	19	20	19	14	16
Income inequality ratio, 80th to 20th percentile	3.4	4.1	4	4.3	4.5	4.4	4.9
% Children in single-parent households	20	14	14	7	19	21	25
Membership associations rate, per 10,000 population	21.7	20.3	17.5	19.1	22.4	13.2	9.1
Injury death rate, per 100,000 population[1]					97	82	80
Physical Environment							
Average daily density of fine particulate matter[3]	7.5	5.7	6.8	6.1	6.1	6.7	7.4
Drinking water violations?	Yes	Yes	Yes	Yes	Yes		
% Households with severe housing problems	9	7	6	10	13	12	17
% Driving alone to work	89	88	86	86	75	78	72
% Long commute - driving alone	24	22	18	18	22	22	36

Empty cells: Shaded cells indicate measures were omitted due to methodology change[1], new additions[2], or are unavailable due to low reliability.
[3]Source data have not been updated since the 2023 County Health Rankings Release.

Russell County

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

What do these drivers mean?

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

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

	Measure	Description	Factor Category	County Value	U.S. Value	Direction of Impact
1	Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	Social and Economic Environment	2.3%	3.7%	+
2	Social Associations	Number of membership associations per 10,000 population.	Social and Economic Environment	22.4	9.1	+
3	High School Completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	Social and Economic Environment	93%	89%	+
4	Drinking Water Violations	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	Physical Environment	Yes		–
5	Flu Vaccinations	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination.	Clinical Care	30%	46%	–

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

	Measure	Description	Factor Category	County Value	U.S. Value	Direction of Impact
1	Low Birthweight	Percentage of live births with low birthweight (< 2,500 grams).	Quality of Life	6%	8%	+
2	Premature Death	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	Length of Life	9030	7972	+
3	Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	Quality of Life	3.2	3.3	+
4	Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	Quality of Life	4.7	4.8	+
5	Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	Quality of Life	15%	14%	+

N/A: Not applicable due to insufficient data.

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

— **Red Minus:** Measure with a negative impact on a county's health grouping.

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

CONTINUE THE JOURNEY
Explore resources and strategies to move with data to action.

SCAN FOR MORE INFORMATION

TAKE ACTION TO IMPROVE HEALTH IN YOUR COMMUNITY
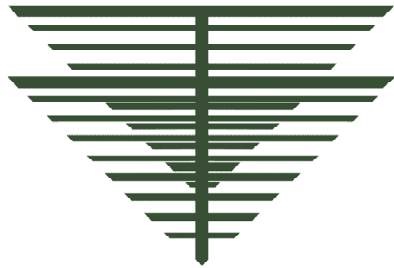
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VVV Consultants LLC is an Olathe, KS-based "boutique" healthcare consulting firm specializing in Strategy; Research, and Business Development services. We partner with clients. Plan the Work; Work the Plan