

Community Health Needs Assessment 2019



Introduction

Internal Revenue Code (IRC) Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the *Affordable Care Act*, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- ✓ Conduct a community health needs assessment (CHNA) every three years.
- ✓ Adopt an implementation strategy to meet the community health needs identified through the assessment.
- ✓ Report how it is addressing the needs identified in the CHNA and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The CHNA must take into account input from persons including those with special knowledge of or expertise in public health, those who serve or interact with vulnerable populations and those who represent the broad interest of the community served by the hospital facility. The hospital facility must make the CHNA widely available to the public.

This CHNA, which describes both a process and a document, is intended to document Republic County Hospital's (RCH or Hospital) compliance with IRC Section 501(r)(3). Health needs of the community have been identified and prioritized so that the Hospital may adopt an implementation strategy to address specific needs of the community.

The *process* involved:

- ✓ An evaluation of the implementation strategy for fiscal years ending September 30, 2017, through September 30, 2019, which was adopted by the Hospital's board of directors in 2016.
- ✓ Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources and hospital data.
- ✓ Obtaining community input through interviews with key stakeholders who represent a) persons with specialized knowledge in public health, b) populations of need or c) broad interests of the community.

This *document* is a summary of all the available evidence collected during the CHNA, conducted in tax year 2018. It will serve as a compliance document, as well as a resource, until the next assessment cycle. Both the *process* and *document* serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.



Summary of Community Health Needs Assessment

The purpose of the CHNA is to understand the unique health needs of the community served by the Hospital and to document compliance with new federal laws outlined above.

The Hospital engaged **BKD, LLP** to assist with conducting a formal CHNA. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,700 partners and employees in 40 offices. BKD serves more than 1000 hospitals and health care systems across the country. The CHNA was conducted from December 2018 through August 2019.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of the Hospital's CHNA:

- An evaluation of the impact of actions taken to address the significant health needs identified in the tax year 2015 CHNA was completed to understand the effectiveness of the Hospital's current strategies and programs.
- The "community" served by the Hospital was defined by utilizing inpatient data regarding patient origin. This process is further described in *Community Served by the Hospital*.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in Appendices). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health indicators with significant opportunity for improvement were noted. Health indicators reported by CHSI were also reviewed.
- Community input was provided through key stakeholder interviews of 7 stakeholders. Results and findings are described in the *Key Stakeholder Interview Results* section of this report.
- Information gathered in the above steps was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were ranked utilizing a weighting method that weighs 1) the size of the problem, 2) the seriousness of the problem, 3) the impact of the issues on vulnerable populations, 4) the prevalence of common themes and 5) how important the issue is to the community.
- An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

Health needs were then prioritized taking into account the perceived degree of influence the Hospital has to impact the need and the health needs impact on overall health for the community. Information gaps identified during the prioritization process have been reported.

General Description of the Health Center

Republic County Hospital is located in Belleville, Kansas. Republic County Hospital is a general medical and surgical hospital with 25 critical access beds. Services provided include dietary, emergency, laboratory, nursery, pulmonary and cardiac rehabilitation, radiology, respiratory care, women's health and many others.

Mission & Vision Statements

MISSION: Republic County Hospital is dedicated to providing accessible, compassionate, comprehensive, quality health care that enhances the quality of life for our community.

VISION: The vision of Republic County Hospital is to be the health care provider and employer of choice for the surrounding North Central Kansas and South Central Nebraska areas.

Evaluation of Prior Implementation Strategy

The implementation strategy for fiscal years ending September 30, 2017 – September 30, 2019, focused on the following three strategies to address identified health needs.

- Lack of Health Knowledge/Health Literacy
- Chronic Disease Prevention and Management
- Financial Barriers

Action plans were developed for each of the identified needs and strategies are summarized above. Since 2016, the following activities have occurred in response to the needs identified in the prior CHNA.

Lack of Health Knowledge/Health Literacy:

- Implementation in 2017 of annual health fair with an average of 24 vendors providing education and resources to the community.
- Began providing monthly blood pressure checks to the Senior Citizens Center and Senior housing/apartments in spring of 2018.
- Began providing monthly education to the Senior Citizens Center on various topics/from various hospital departments in spring of 2018.
- Education and resources provided yearly at the hospital sponsored fair booth.
- Education and resources provided annually at the Farm and Home show
- Established an outpatient geriatric counseling service with an outside entity.
- The hospital provides breastfeeding education, parenting classes, and car seat education free to community members. We have an Internationally Board Certified Lactation Consultant.
- Designated resources to our dietitian to help her become a Certified Diabetic Educator (CDE) so she can provide education on diabetes to patients in ours and surrounding counties.

Chronic Disease Prevention and Management:

- The hospital, clinic, and health department have been working on a coordinated effort to monitor and track immunizations in the county.
- Participation in the CDRR (Chronic Disease Risk Reduction) Grant. This collaborative effort has recently been focused on tobacco cessation in youth. They are working on educational materials for the county schools. The collaborative group is also working on establishing walking trails and is in the beginning stage of the Rails to Trails project to establish a walking/biking trail to a county community 12 miles away.
- We are working with a Health Equity Grant to provide education to communities in the county. Currently working with the Agenda community on city clean up, education, and identifying needed resources.

Financial Barriers:

- The hospital departments participate in delivering Meals on Wheels to community members – we delivered meals 5 different weeks in 2019, helping to ensure healthy meals to a vulnerable population.
- The hospital assists with Resource Council grants that help county members that need financial assistance with food, rent, utilities, medications, etc.
- The hospital also assists community members with completing LEAP applications (Low Income Energy Assistance Program).
- The hospital has become a Kansas Healthy hospital. This commits us to providing healthy meal options and has helped us in establishing an internal Wellness Committee that works to enhance the health and wellness of our employees. This is done by providing healthy activities and challenges for employees to get them active (Step Challenge, Winter Wellness Challenge, pool parties, etc).
- The hospital promotes the Kansas Senior Farmers Market and provides vouchers to those in need.
- The hospital is currently working on a project with the Kansas Food Bank to establish a food pantry in the hospital that will provide fresh fruits and vegetables to patients being discharged from the facility.
- The hospital offers reduced lab and radiology screenings through our annual health fair.
- The hospital has a financial assistance program to help community members that need financial assistance with their hospital bills.

Summary of Findings – 2018 Tax Year CHNA

Health needs were identified and prioritized based on information gathered and analyzed through the 2019 CHNA conducted by the Hospital. These identified community health needs are discussed in greater detail later in this report and the prioritized listing is available at *Exhibit 25*.

Based on the prioritization process, the following significant needs were identified:

- Lack of Health Knowledge/Education
- Aging Issues
- Lack of Healthy Behaviors/Lifestyle Choices
- Financial Barriers (general lack of funds)/Poverty
- Physical Inactivity/Access to Exercise Opportunities
- Cost of Healthcare Services
- Unhealthy Eating Habits/Limited Access to Healthy Food Options
- Children in Poverty
- Uninsured/Limited Insurance
- Obesity
- Lack of Funding for Programs
- Lack of Preventative Care
- Lack of Mental Health Services

Community Served by the Hospital

The Hospital is located in Belleville, Kansas in Republic County. Belleville is located in the northern part of Kansas close to the Nebraska border and is approximately two and a half hours north of Wichita, Kansas and two hours southwest of Lincoln, Nebraska. Belleville is accessible by US Route 36 and 81.

Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing Hospital services reside. While the CHNA considers other types of health care providers, the Hospital is the single largest provider of acute care services. For this reason, the utilization of Hospital services provides the clearest definition of the community.

Based on the patient origin of acute care inpatient discharges from October 1, 2017, through September 30, 2018, management has identified Republic County as the defined community. Republic County represents nearly 69% of the discharges as reflected in *Exhibit 1* below.

Exhibit 1
Republic County Hospital
Summary of Inpatient Discharges by Zip Code
10/1/2017 - 9/30/2018

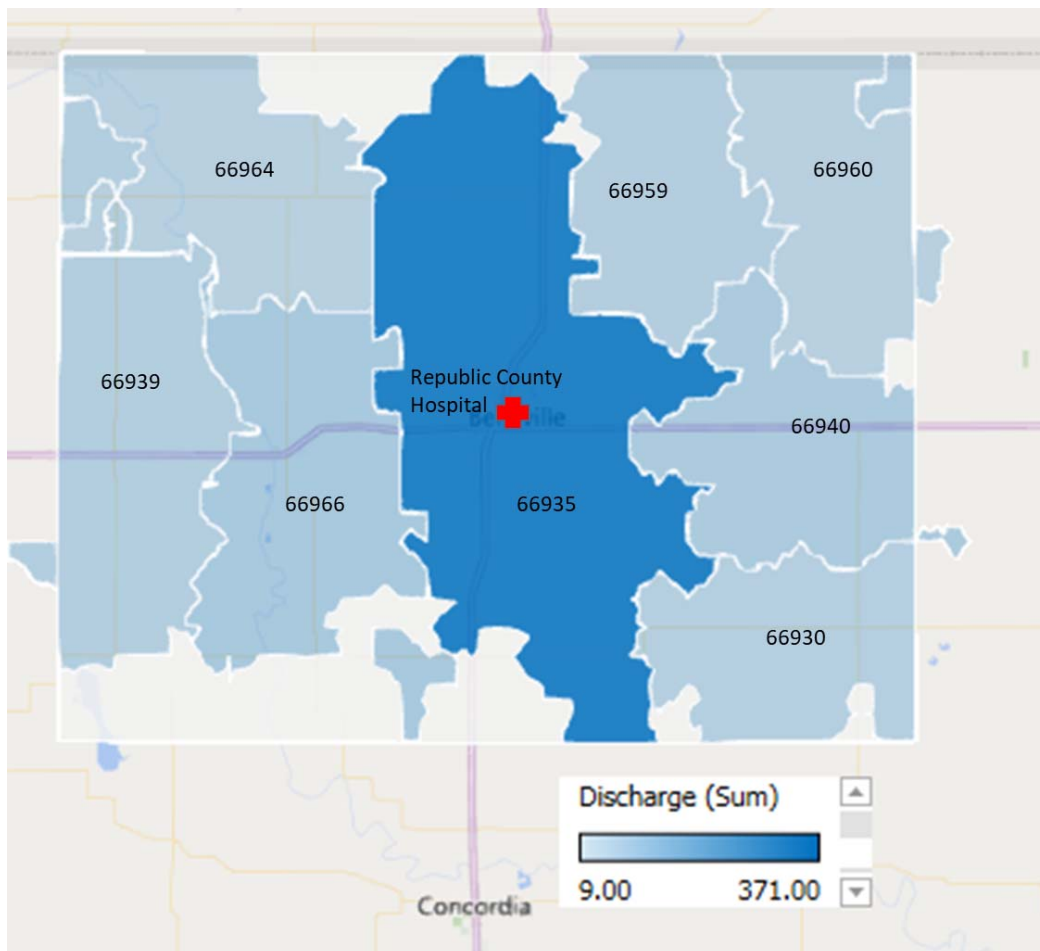
Zip Code	City	Discharges	Percent of Total Discharges
Republic County:			
66935	Belleville	371	49.7%
66966	Scandia	42	5.6%
66940	Cuba	33	4.4%
66939	Courtland	18	2.4%
66959	Munden	17	2.3%
66930	Agenda	14	1.9%
66960	Narka	9	1.2%
66964	Republic	9	1.2%
	Total Republic	513	68.7%
	Total Other Kansas	208	27.8%
	Total Other	26	3.5%
	Total	747	100.0%

Source: Republic County Hospital

Community Details

Identification and Description of Geographical Community

The following map geographically illustrates the Hospital's community by showing the community zip codes shaded by number of inpatient discharges. The map below displays the Hospital's geographic relationship to the community, as well as significant roads and highways.



Community Population and Demographics

The U.S. Bureau of Census has compiled population and demographic data. *Exhibit 2* below shows the total population of the community. It also provides the breakout of the community between the male and female population, age distribution, race/ethnicity and the Hispanic population. As illustrated on the *Exhibit 2*, the community has an aging population and persons who are 65 and older represent 27% of the population which is nearly twice the state and national percentages.

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. The population of the community by race illustrates different categories of race, such as white, black, Asian, other and multiple races. White non-Hispanics make up 96% of the community.

Exhibit 2
Demographic Snapshot
Republic County Hospital

DEMOGRAPHIC CHARACTERISTICS						
	Total Population					Republic
Republic County	4,705			Total Male Population		2,290
Kansas	2,903,820			Total Female Population		2,415
United States	321,004,407					

POPULATION DISTRIBUTION						
Age Group	Republic	Age Distribution		Percent of Kansas	United States	Percent of Total US
		Percent of Total Community	Kansas			
0 - 4	244	5.19%	196,826	6.78%	19,853,515	6.18%
5 - 19	709	15.07%	602,965	20.76%	62,377,283	19.43%
20 - 24	229	4.87%	217,288	7.48%	22,501,965	7.01%
25 - 34	433	9.20%	383,984	13.22%	44,044,173	13.72%
35 - 44	401	8.52%	348,347	12.00%	40,656,419	12.67%
45 - 54	596	12.67%	360,925	12.43%	43,091,143	13.42%
55 - 64	811	17.24%	367,212	12.65%	40,747,520	12.69%
65+	1,282	27.25%	426,273	14.68%	47,732,389	14.87%
Total	4,705	100%	2,903,820	100%	321,004,407	100%

RACE/ETHNICITY						
Race/Ethnicity	Republic County	Race/Ethnicity Distribution		Percent of Kansas	United States	Percent of Total US
		Percent of Total Community	Kansas			
White	4,525	96.17%	2,220,256	76.46%	197,277,789	61.46%
Hispanic	76	1.62%	334,860	11.53%	56,510,571	17.60%
Black	10	0.21%	163,490	5.63%	39,445,495	12.29%
Asian and Pacific Island	32	0.68%	20,926	0.72%	2,614,285	0.81%
All Others	62	1.32%	164,288	5.66%	25,156,267	7.84%
Total	4,705	100%	2,903,820	100%	321,004,407	100%

Source: Community Commons (ACS 2013-2017 data sets)

Exhibit 3 reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. This table helps to understand why transportation may or may not be one of the top needs within the community. Per the table below, Republic County has a population that is 100% rural.

Exhibit 3 Republic County Hospital Rural/Urban Population		
County	Percent Urban	Percent Rural
Republic	0.0%	100.0%
KANSAS	74.2%	25.8%
UNITED STATES	80.7%	19.3%
Data Source: US Census Bureau, Decennial Census. 2010.		
*Populations might not match between Demographic charts due to ACS 5 year data		

Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the community. The following exhibits are a compilation of data that includes household per capita income, unemployment rates, poverty, uninsured population and educational attainment for the community. These standard measures will be used to compare the socioeconomic status of the community to the state of Kansas and the United States.

Income and Employment

Exhibit 4 presents the per capita income for the CHNA community. This includes all reported income from wages and salaries, as well as income from self-employment, interest or dividends, public assistance, retirement and other sources. The per capita income in this exhibit is the average (mean) income computed for every man, woman and child in the specified area. Per the table below, Republic County has a per capita income that is slightly below the state of Kansas.

Exhibit 4
Republic County Hospital
Per Capita Income

	Total Population	Total Income (\$)	Per Capita Income (\$)
Republic County	4,705	\$ 127,606,200	\$ 27,121
KANSAS	2,903,820	\$ 83,734,036,100	\$ 28,836
UNITED STATES	321,004,407	\$ 9,658,475,311,300	\$ 30,088

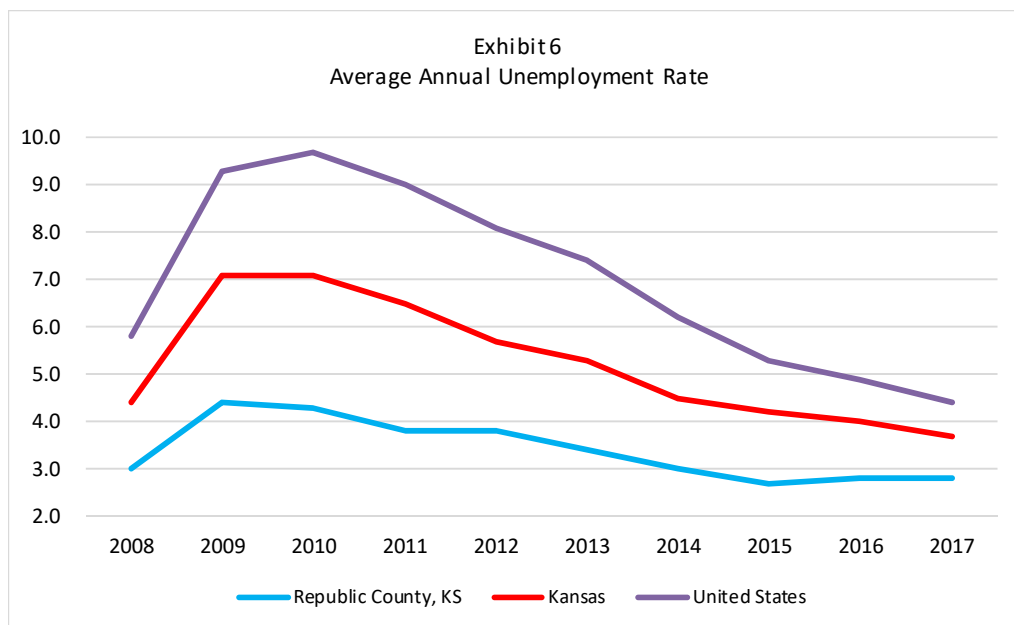
Data Source: US Census Bureau, American Community Survey. 2013-17.

Unemployment Rate

Exhibit 5 presents the average annual unemployment rate from 2008 - 2017 for Republic County, as well as the trend for Kansas and the United States. On average, the unemployment rate for the community is lower than both the United States and the state of Kansas. *Exhibit 6* illustrates that unemployment rates for Republic County had risen and peaked in 2010. The following years depicted an overall decline since 2010.

Exhibit 5 Average Annual Unemployment Rate										
County	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Republic County, KS	3.0	4.4	4.3	3.8	3.8	3.4	3.0	2.7	2.8	2.8
Kansas	4.4	7.1	7.1	6.5	5.7	5.3	4.5	4.2	4.0	3.7
United States	5.8	9.3	9.7	9.0	8.1	7.4	6.2	5.3	4.9	4.4

Data Source: US Department of Labor, Bureau of Labor Statistics. 2018 - March



Poverty

Exhibit 7 presents the percentage of total population below 100% Federal Poverty Level (FPL). Poverty is a key driver of health status and is relevant because poverty creates barriers to access, including health services, healthy food choices and other factors that contribute to poor health. Republic County's poverty rate is lower than both the United States and the state of Kansas.

Exhibit 7 Population Below 100% FPL			
County	Population (for Whom Poverty Status is Determined)	Population in Poverty	Percent in Poverty
Republic County, KS	4,601	537	11.7%
Kansas	2,820,265	361,285	12.8%
United States	313,048,563	45,650,345	14.6%

Data Source: US Census Bureau, American Community Survey. 2013-17.

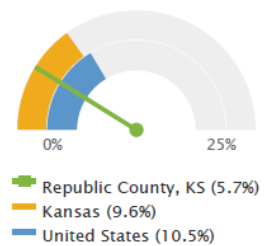
Uninsured

Exhibit 8 reports the percentage of the total civilian noninstitutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to health care access, including regular primary care, specialty care and other health services that contribute to poor health status. Republic County has an uninsured rate of 5.7%, which is lower than the state and national rates. Since the prior CHNA, Republic County has decreased its uninsured percentage by nearly 50%.

Exhibit 8 Health Insurance Coverage Status			
County	Population (Civilian Noninstitutionalized)	Total Uninsured	Percent Uninsured
Republic County, KS	4,610	261	5.7%
Kansas	2,843,739	274,403	9.6%
United States	316,027,641	33,177,146	10.5%

Data Source: US Census Bureau, American Community Survey. 2013-17.

Percent Uninsured Population



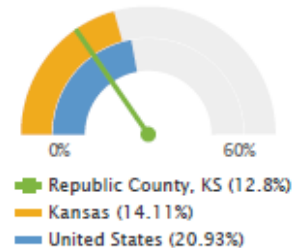
Medicaid

The Medicaid indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This is relevant because it assesses vulnerable populations, which are more likely to have multiple health access, health status and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. *Exhibit 9* shows the Medicaid rate in Republic County is lower than both the state of Kansas and the United States rates.

Exhibit 9 Health Insurance Coverage Status				
County	Total Population	Population with Any Health Insurance	Population Receiving Medicaid	Percent Receiving Medicaid
Republic County	4,610	4,349	590	12.80%
Kansas	2,843,739	2,569,336	401,259	14.11%
United States	316,027,641	282,850,495	66,131,167	20.93%

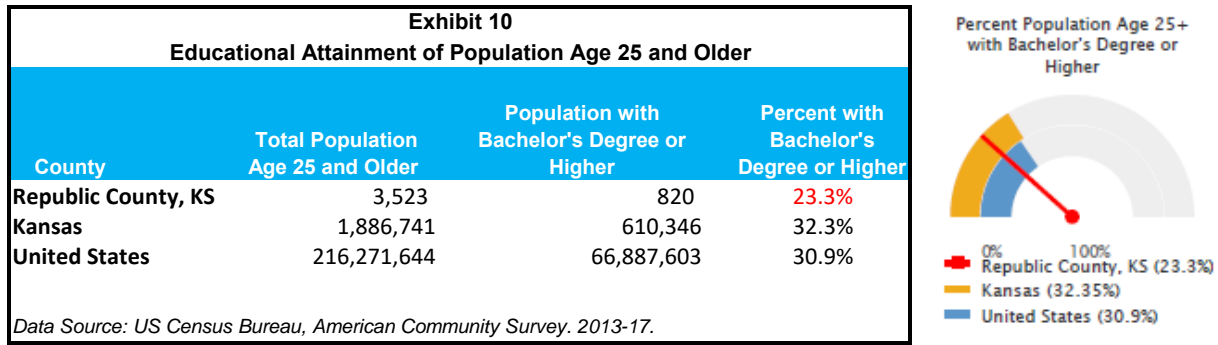
Data Source: US Census Bureau, American Community Survey. 2017.
Kansas Cares Reporting 2017.

Percent of Insured
Population Receiving
Medicaid



Education

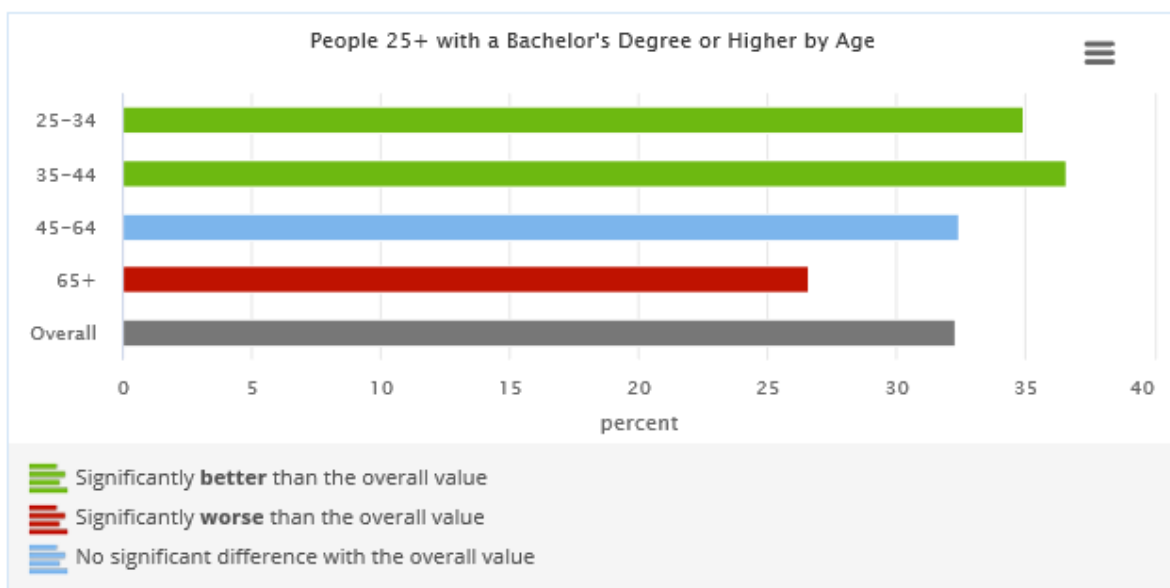
Exhibit 10 presents the population with a Bachelor's level degree or higher in Republic County versus Kansas and the United States.



Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. As noted in *Exhibit 10*, the percent of residents within the CHNA community obtaining a Bachelor's degree or higher is 23.3% which is significantly less than the state and national averages.

As seen in the chart below, the percentage of people 25 years and older with a Bachelor's degree has been increasing, and 35% of people age 25-34 in the community have a bachelor's degree or higher. This is higher than the overall state average of 32%.

People 25+ with a Bachelor's Degree or Higher by Age



Data Source: Kansashealthmatters.org, American Community Survey, 2013-2017.

Physical Environment of the Community

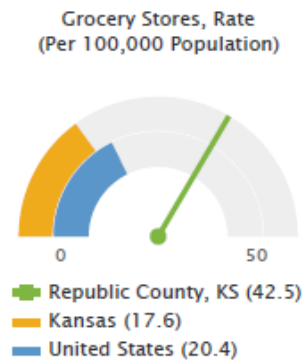
A community's health is also affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. This section will touch on a few of the elements that relate to needs mentioned throughout the report.

Grocery Store Access

Exhibit 11 reports the number of grocery stores per 100,000-population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods, fresh fruits and vegetables and fresh and prepared meats, fish and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Exhibit 11 Grocery Store Access			
County	Total Population	Number of Establishments	Rate per 100,000
Republic County	4,705	2	42.5
Kansas	2,903,820	511	17.6
United States	321,004,407	65,399	20.4

Data Source: US Census Bureau, County Business Patterns
Additional data analysis by CARES. 2016.

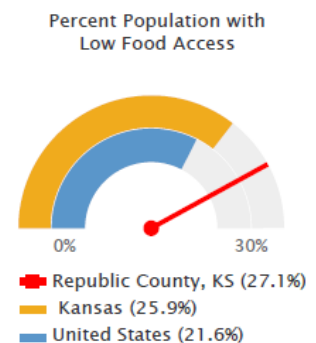


Food Access/Food Deserts

This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery stores. The information in *Exhibit 12* below is relevant because it highlights populations and geographies facing food insecurity.

Exhibit 12 Population with Low Food Access			
County	Total Population	Population with Low Food Access	Percent with Low Food Access
Republic County, KS	4,705	1274	27.1%
Kansas	2,903,820	752,888	25.9%
United States	321,004,407	69,266,771	21.6%

Data Source: US Department of Agriculture, Economic Research Service,
USDA - Food Access Research Atlas. 2015.

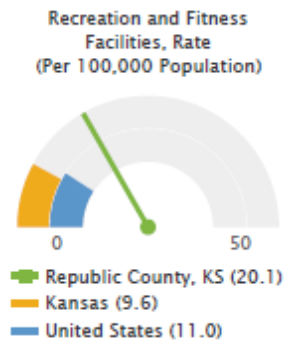


Recreation and Fitness Facility Access

This indicator reports the number per 100,000-population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. It is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors. *Exhibit 13* shows that Republic County has one fitness establishment available to the residents, which makes for a higher rate per 100,000-population than state and national average.

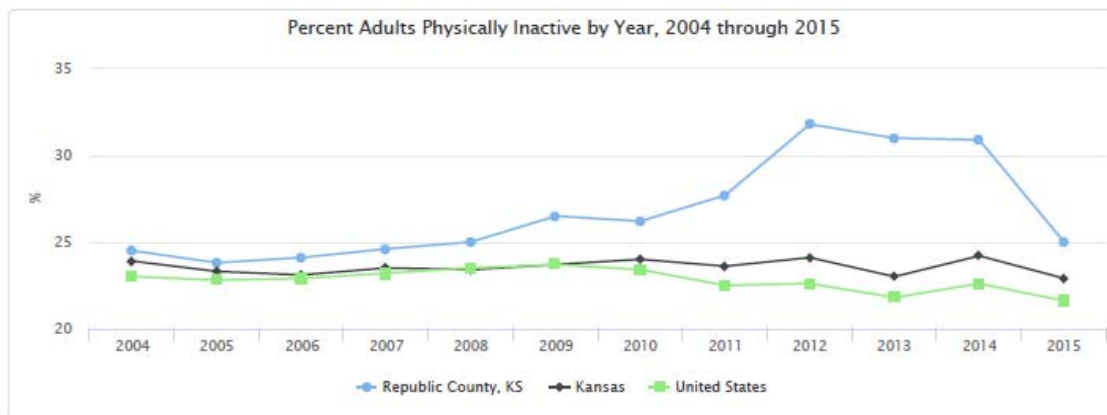
Exhibit 13 Recreation and Fitness Facility Access			
County	Total Population	Number of Establishments	Establishments Rate per 100,000
Ottawa County, KS	4,705	1	20.1
Kansas	2,903,820	273	9.6
United States	321,004,407	33,980	11.0

Data Source: US Census Bureau, County Business Patterns
Additional data analysis by CARES. 2016.



The trend graph below (*Exhibit 14*) shows the percentage of adults who are physically inactive by year for Republic County, compared to Kansas and the United States. Since 2004, the CHNA community has had a higher percentage of adults who are physically inactive compared to both the state of Kansas and the United States. The trend has been mostly increasing since 2004 and the latest data in 2012 showed Republic County at its highest point. The percentage of physically inactive adults is much higher than state and national average at 31.8% in 2012.

Exhibit 14



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

Clinical Care of the Community

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of un-insurance, financial hardship, transportation barriers, cultural competency and coverage limitations affect access.

Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

Access to Primary Care

Doctors classified as “primary care physicians” by the American Medical Association include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. Republic County currently has two primary care physicians. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Preventable Hospital Events

Exhibit 16 reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

Exhibit 16 Preventable Hospital Events			
County	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Republic County, KS	864	54	62.7
Kansas	261,763	13,441	51.3
United States	22,488,201	1,112,019	49.4

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015.

Population Living in Health Professional Shortage Area

Exhibit 17 shows the percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Exhibit 17 Population Living in a Health Professional Shortage Area			
County	Total Population	Population Living in HPSA	Percent Living in HPSA
Republic County, KS	4,705	4,705	100.0%
Kansas	2,903,820	1,418,050	48.8%
United States	321,004,407	102,289,607	31.9%

US Department of Health & Human Services, Center for Medicare & Medicaid Services Provider of Services File. March 2018

Health Status of the Community

This section of the assessment reviews the health status of Republic County residents. As in the previous section, comparisons are provided with the state of Kansas and the United States. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the CHNA community will enable the Hospital to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services.

Studies by the American Society of Internal Medicine conclude that up to 70% of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities and premature death.

The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle/behavior and related health care problems include the following:

Lifestyle	Primary Disease Factor
Smoking	Lung cancer Cardiovascular disease Emphysema Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental illness
Poor nutrition	Obesity Digestive disease Depression

Lifestyle	Primary Disease Factor
Driving at excessive speeds	Trauma Motor vehicle crashes
Lack of exercise	Cardiovascular disease Depression
Overstressed	Mental illness Alcohol/drug abuse Cardiovascular disease

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury, and mortality is defined as the incidence of death. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Leading Causes of Death and Health Outcomes

Exhibit 18 reflects the leading causes of death for the community and compares the rates to the state of Kansas and the United States.

Exhibit 18				
Age-Adjusted Rates				
Selected Causes of Resident Deaths	Age-Adjusted Death Rate per 100,000 Population	Kansas	United States	
Cancer	161.3	164.2	160.9	
Coronary Heart Disease	112.0	88.2	99.6	
Lung Disease	79.5	49.8	41.3	
Stroke	45.6	38.7	36.9	
Unintentional Injury	69.6	45.0	41.9	
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System.				
Accessesed via CDC WONDER. 2012-16.				

The table above shows leading causes of death within Republic County as compared to the state of Kansas and also to the United States. The age-adjusted rate is shown per 100,000 residents. The rates in red represent the county and corresponding leading cause of death that is greater than the state rate. As the table indicates, deaths related to heart disease, lung disease, unintentional injury and stroke are greater than the Kansas and national rates.

Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can, if improved, help make the community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment. This portion of the CHNA utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.*, 1 or 2, are considered to be the "healthiest." Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- ✓ Health outcomes – rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- ✓ Health factors – rankings are based on weighted scores of four types of factors:
 - Health behaviors (nine measures)
 - Clinical care (seven measures)
 - Social and economic (nine measures)
 - Physical environment (five measures)

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings (www.countyhealthrankings.org).

As seen in *Exhibits 18 and 19*, the relative health status of Republic County will be compared to the state of Kansas as well as to a national benchmark. Many of the indicators reflect improvement since the last CHNA such as adult smoking rates, adult obesity, excessive drinking and preventable hospital stays.

The current year information is also compared to the health outcomes reported compared to the top US performers. Indicators highlighted in gray show the current year outcomes that have room for improvement when compared to U.S. top performers. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment.

Exhibit 19
Republic County Hospital
County Health Rankings - Health Outcomes (2018)

	Republic County 2015	Republic County 2018	Kansas 2018	Top US Performers 2018***
Mortality	82	94*		
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)	9,400	10,200	6,900	5,400
Morbidity	73	85*		
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)**	14%	15%	15%	12%
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)**	3.3	3.2	3.1	3.0
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)**	3.1	3.4	3.3	3.1
Low birthweight - Percent of live births with low birthweight (<2500 grams)	8.0%	8.0%	7.0%	6.0%

* Rank out of 102 Kansas counties

** Data should not be compared with prior years due to changes in definition/methods

***90th percentile, i.e., only 10% are better

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

Exhibit 20
Republic County Hospital
County Health Rankings - Health Factors

	Republic County 2015	Republic County 2018	Kansas 2018	Top US Performers 2018***
Health Behaviors	12	45*		
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke**	16%	16%	17%	14%
Adult obesity - Percent of adults that report a BMI >= 30	29%	38%	33%	26%
Food environment index - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	8	7.8	6.9	8.7
Physical inactivity - Percentage of adults age 20 and over reporting no leisure-time physical activity	35%	27%	24%	19%
Access to exercise opportunities - Percentage of population with adequate access to locations for physical activity	44%	55%	80%	91%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days**	14%	14%	17%	13%
Alcohol-impaired driving deaths - Percentage of driving deaths with alcohol involvement	20%	25%	24%	13%
Sexually transmitted infections - Chlamydia rate per 100K population	82	127	417	153
Teen birth rate - Per 1,000 female population, ages 15-19	35	25	28	14
Clinical Care	54	45*		
Uninsured adults - Percent of population under age 65 without health insurance	15%	10%	10%	6%
Primary care physicians - Ratio of population to primary care physicians**	1,210:1	1,170:1	1,310:1	1,050:1
Dentists - Ratio of population to dentists**	4,800:1	4,690:1	1,740:1	1,260:1
Mental health providers - Ratio of population to mental health providers	4,800:1	2350:1	530:1	310:1
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	70	5,675	4,078	2,765
Diabetic screening - Percent of diabetic Medicare enrollees that receive HbA1c screening	83%	39%	43%	49%
Mammography screening - Percent of female Medicare enrollees that receive mammography screening	56.0%	46.0%	44.0%	52.0%
Social and Economic Factors	23	23*		
High school graduation - Percent of ninth grade cohort that graduates in four years**	N/A	86%	87%	96%
Some college - Percent of adults aged 25-44 years with some post-secondary education	64.0%	74.0%	70.0%	73.0%
Unemployment - Percentage of population ages 16 and older unemployed but seeking work	3.0%	2.8%	3.6%	2.9%
Children in poverty - Percent of children under age 18 in poverty	18%	16%	15%	11%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	4	4.0	4.3	3.7
Children in single-parent households - Percent of children that live in household headed by single parent	28%	17%	29%	20%
Social associations - Number of membership associations per 10,000 population	48	48.9	13.7	21.9
Violent crime rate - Violent crime rate per 100,000 population	107	169	365	63
Injury deaths - Number of deaths due to injury per 100,000	93	139	73	57
Physical Environment	17	58*		
Air pollution-particulate matter days - Annual number of unhealthy air quality days due to fine particulate matter	10.5	8.0	8.1	6.1
Drinking water violations - Percentage of population potentially exposed to water exceeding a violation limit during the past year	N/A	N/A	N/A	N/A
Severe housing problems - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	9%	8%	13%	9%
Driving alone to work - Percentage of the workforce that drive alone to work	78%	81%	82%	72%
Long commute driving alone - Among workers who commute in their car alone, the percentage that commute more than 30	17%	20%	20%	15%

* Rank out of 102 Kansas counties

** Data should not be compared with prior years due to changes in definition/methods

***90th percentile, i.e., only 10% are better

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

A number of different health factors shape a community's health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment. The following summary shows some of the major improvements from the prior community health needs assessment to current year and challenges faced by Republic County. The improvements/challenges shown below in *Exhibit 21.1* were determined using a process of comparing the rankings of the County's health outcomes in the current year to the rankings in the prior community health needs assessment. If the current year rankings showed an improvement or decline of four percent or four points, or was deemed to be significant, they were included in the charts below.

Exhibit 21.1 Republic County Improvements and Challenges	
Improvements	Challenges
Children in Poverty - percent decreased from 18% to 16%	Premature Death - number increased from 9,400 to 10,200
Some College - percent increased from 64% to 74%	Adult Obesity - percent increased from 29% to 38%
Uninsured Adults - percent decreased from 15% to 10%	Sexually Transmitted Infections - rate increased from 82 to 127
Unemployment - percent decreased from 3% to 2.8%	Alcohol-Impaired Driving Deaths - percent increased from 20% to 25%
Children in Single-Parent Households - percent decreased from 28% to 17%	Driving Alone to Work - percent increased from 78% to 81%

As can be seen from the summarized tables above, there are numerous areas that have room for improvement when compared to the state statistics. However, there are also significant improvements made within Republic County from the prior community health needs assessment.

The following exhibits show a more detailed view of certain health outcomes and factors for the community, Kansas and the United States.

The following exhibits show a more detailed view of certain health outcomes and factors. The percentages for Republic County are compared to the state of Kansas as well as nationally.

Diabetes

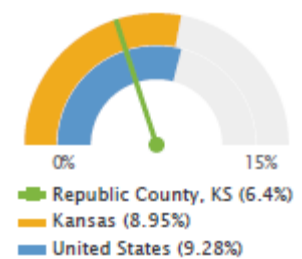
Exhibit 21 reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Exhibit 21			
Population with Diagnosed Diabetes			
County	Total Population Age 20 and Older	Population with Diagnosed Diabetes	Percent* with Diagnosed Diabetes
Republic County	3,677	342	6.4%
Kansas	2,107,012	207,387	8.95%
United States	241,492,750	24,722,757	9.28%

* Age-adjusted Rate

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015.

Percent Adults with Diagnosed Diabetes (Age-Adjusted)

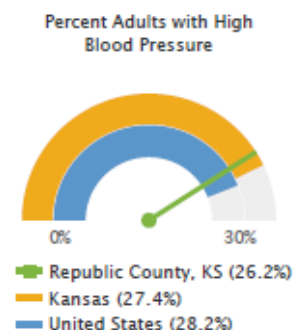


High Blood Pressure (Adult)

Per *Exhibit 22* below, 1,060 or 26.2% of adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension. The community percentage of high blood pressure among adults is lower than both the state of Kansas and the United States.

Exhibit 22			
Population with High Blood Pressure			
County	Total Population Age 18 and Older	Population with High Blood Pressure	Percent with High Blood Pressure
Republic County	4,046	1060	26.2%
Kansas	2,112,400	578,798	27.4%
United States	232,556,016	65,476,522	28.2%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-12.



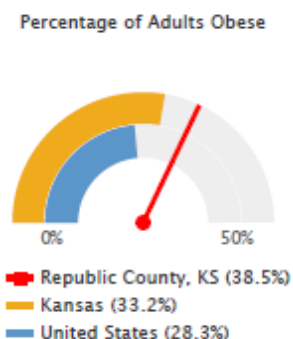
Obesity

Of adults aged 20 and older, 38.5% self-report that they have a body mass index (BMI) greater than 30.0 (obese) in the community per *Exhibit 23*. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. Republic County has a BMI percentage greater than the national percent but less than the state average.

Exhibit 23			
Population with Obesity			
County	Total Population Age 20 and Older	Population with BMI > 30.0 (Obese)	Percent* with BMI > 30.0 (Obese)
Republic County	3,696	1,390	38.5%
Kansas	2,106,148	699,363	33.2%
United States	238,842,519	67,983,276	28.3%

* Age-adjusted Rate

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015.

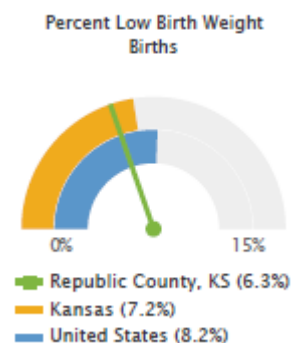


Low Birth Weight

Exhibit 24 reports the percentage of total births that are low birth weight (under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Exhibit 24			
Births with Low Birth Weight			
County	Total Live Births	Low Weight Births (Under 2500g)	Percent
Republic County	336	21	6.3%
Kansas	285,236	20,537	7.2%
United States	29,300,495	2,402,641	8.2%

Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12



Community Input – Key Stakeholder Interviews

Obtaining input from key stakeholders (persons with knowledge of or expertise in public health, persons representing vulnerable populations, or community members who represent the broad interest of the community) is a technique employed to assess public perceptions of the county's health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

Methodology

Interviews were performed with 7 key stakeholders. Stakeholders were determined based on a) their specialized knowledge or expertise in public health, b) their involvement with underserved and minority populations or c) their affiliation with local government, schools and industry.

All interviews were conducted by BKD personnel. Participants provided comments on the following issues:

- ✓ Health and quality of life for residents of the primary community
- ✓ Underserved populations and communities of need
- ✓ Barriers to improving health and quality of life for residents of the community
- ✓ Opinions regarding the important health issues that affect community residents and the types of services that are important for addressing these issues

Interview data was initially recorded in narrative form asking participants a series of 12 questions. Please refer to *Appendix D* for a copy of the interview instrument. This technique does not provide a quantitative analysis of the stakeholders' opinions but reveals community input for some of the factors affecting the views and sentiments about overall health and quality of life within the community.

Key Stakeholder Profiles

Key stakeholders from the community (see *Appendix D* for a list of key stakeholders) worked for the following types of organizations and agencies:

- ✓ Social service agencies
- ✓ Public health agencies
- ✓ Local government officials
- ✓ Local school system
- ✓ Other medical providers
- ✓ Republic County Hospital

Key Stakeholder Interview Results

The questions on the interview instrument are grouped into four major categories for discussion. The interview questions for each key stakeholder were identical. A summary of the stakeholders' responses by each of the categories follows. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with the statements. This section of the report summarizes what the key stakeholders said without assessing the credibility of their comments.

1. General opinions regarding health and quality of life in the community

The key stakeholders were asked to rate the health and quality of life in Republic County. They were also asked to provide their opinion whether the health and quality of life had improved, declined or stayed the same over the past few years. Lastly, key stakeholders were asked to provide support for their answers.

Over half of the key stakeholders rated the health and quality of life in the county as "good", "average" or "fair" while the remaining stakeholders rated the health and quality of life as "below average". Key stakeholders noted that for the size of the county and living in a small town environment, the health and quality of life is adequate. It was also noted that, although the health and quality of life is good, there is a large aging population within the community. Although the community is aging, persons over 65 years old are still very engaged and active in the community. Growing older is a natural part of life and with it comes certain ailments that cannot be helped, regardless of how healthy and proactive an individual is. Good schools, quality doctors and having the Hospital located within in the community were additional factors noted by stakeholders that contribute to good health and quality of life.

When asked whether the health and quality of life had improved, declined or stayed the same, responses were mixed; several stakeholders expressed they thought the health and quality of life had improved over the last three years and some stated it had stayed the same or declined. When asked why they thought the health and quality of life had improved, many of the key stakeholders attributed the improvements to the added health fairs, hospital staff and transportation access. The vaccination rates have increased which has contributed to a healthier community. Stakeholders who believed the health and quality of life has declined noted the lack of concern people have about their overall health and weight. They stated the fitness recreational center is not used to its full potential by the community because of cost.

Stakeholders who felt health and quality of life had stayed the same stated that while there are more options for improving and promoting healthy behaviors, it is hard to get people to change their ways until there is a health issue. They also noted that lack of health education and unhealthy lifestyles affect the health and quality of life in the community.

When stakeholders were asked to provide insight regarding how the Hospital communicates with the community, stakeholders generally felt the Hospital does a good job at communicating. They noted communication efforts through the newspaper, radio and e-mails were effective. The key stakeholders mentioned that increased use of social media and a monthly newsletter would be ways to further communicate important health information.

"The hospital is actively marketing the things the hospital is offering."

"People's quality of health is not as important to them."

"Having a hospital is in the county where you live is important."

2. Underserved populations and communities of need

Key stakeholders were asked to provide their opinions regarding specific populations or groups of people whose health or quality of life may not be as good as others. The key stakeholders were also asked to provide their opinions as to why they thought these populations were underserved or in need.

Stakeholders noted that many individuals live an inactive lifestyle due to lack of financial resources and unmotivated mindsets. This population lives a lifestyle that makes them more prone to disease from behaviors such as poor diets and inactivity. When forced to choose, they often choose to spend what little income they have on items other than health care. Motivation and change of mindset was also noted within the interviews as a reason why some individuals are in need.

The elderly was also identified as a population that is faced with challenges accessing care due to limited financial means and limited options with respect to facilities and providers. Senior citizens also have a need for more wellness programs.

3. Barriers

The key stakeholders were asked what barriers or problems keep community residents from obtaining necessary health services and improving health in their community. Responses to this were varied. Key stakeholders noted finances and motivation as two of the major barriers to improving health in the community.

Lack of participation in wellness and healthy lifestyles were also seen as barriers. Some individuals, as mentioned above, are not motivated to fix the unhealthy habits they have formed, especially the people living in poverty who do not have the financial means to do so. Limited access to health care providers and specialists in certain areas of the community was also mentioned as a barrier to improving health. Health education can help teach individuals about the adverse effects of unhealthy behaviors. Key stakeholders stated the free screenings and blood testing is helpful, but it would be more beneficial if these services were available more than once a year. The cost of gym facilities was also mentioned as a barrier, especially to those who are in the lower socioeconomic bracket. Stakeholders suggested an indoor fitness facility that is free to the community would be beneficial.

“Finances are always the huge barrier.”

“More education and awareness is needed for the community.”

“More nursing home options to choose from would be great”

4. Most important health and quality of life issues

Key stakeholders were asked to provide their opinion as to the most critical health and quality of life issues facing the county. The majority of the key stakeholders cited unhealthy behaviors such as physical inactivity and poor eating habits as critical issues that should be addressed within the community. Stakeholders noted obesity as a prevalent issue in the community that is a result of unhealthy lifestyles. Many stakeholders noted individuals do not make the effort to care for their own

personal health and that while there are places within the county to get fresh fruits and vegetables, such as the farmers market and the large grocery store, convenient stores do not carry many healthy food options.

Stakeholders also noted preventative care and access to health services, specifically for those who have inadequate insurance, as issues impacting the health and quality of life within the community. It was noted that funding for preventative care is limited and, therefore, it is hard to get a variety of programs and services out to the community.

With the aging population, stakeholders identified the need for increased communication, or care coordination, between the Hospital and other providers such as nursing homes, assisted living facilities and home health.

Stakeholders felt the best way to address these needs was to continue to increase education and outreach to community members regarding healthy living, preventative care and risky lifestyle choices. They also noted that efforts should be made to increase the community's knowledge of the ER. This includes education on when a patient should go to the ER and what other options are available when treatment is needed but the condition is not severe enough to warrant a visit to the ER. Other key stakeholders believe the Hospital should increase options for long-term health care and expand into home health to help more of the senior citizens.

The key stakeholders were also asked to identify the most critical issue the Hospital should address over the next three to five years. Responses included:

- Continue to expand programs and services including locations of clinics.
- More education out in the community regarding resources and preventive programs.
- Continue to retain and recruit new doctors.
- Increase wellness programs for senior citizens.
- Expand services for the elderly.
- Increase physician availability.

"People need to know who to go to or where to go for health issues."

"The community is not self-driven on their personal care."

Key Findings

A summary of themes and key findings provided by the key informants follows:

- Obesity and unhealthy lifestyles were noted as critical health issues within the community.
- The community does not offer enough services for the aging population.
- Financial restrictions negatively impact the health of the community.
- Increased communication and coordination between the Hospital and other providers such as nursing homes and assisted living facilities was recommended.

Health Issues of Vulnerable Populations

According to Dignity Health's Community Need Index (see Appendices), the Hospital's community has a moderate level of need. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance and housing). The zip code within the CHNA community that has the highest CNI score is Belleville (3.4).

Certain key stakeholders were selected due to their positions working with low-income and uninsured populations. Several key stakeholders were selected due to their work with minority populations. Based on information obtained through key stakeholder interviews and the community health survey, the following populations are considered to be vulnerable or underserved in the community and the identified needs are listed:

- Persons with low socioeconomic status
 - High cost of health care prevents needs from being met
 - Healthy lifestyle and nutrition education
 - Lack of financial assets
- Elderly
 - Lack of services for in-home care
 - Lack of health knowledge
 - Lack of places for increased physical activity

Information Gaps

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by the Hospital; however, there may be a number of medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publically available information or limited community input.

In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless, institutionalized persons, undocumented residents and members of certain ethnic groups who do not speak English or Spanish. Efforts were made to obtain input from these specific populations through key stakeholder interviews.

Prioritization of Identified Health Needs

Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the CHNA must provide a prioritized description of the community health needs identified through the CHNA and include a description of the process and criteria used in prioritizing the health needs.

Using findings obtained through the collection of primary and secondary data, the Hospital completed an analysis of these inputs (see Appendices) to identify community health needs. The following data was analyzed to identify health needs for the community:

Leading Causes of Death

Leading causes of death for the community and the death rates for the leading causes of death were compared to U.S. adjusted death rates. Causes of death in which the county rate compared unfavorably to the U.S. adjusted death rate resulted in a health need for the Hospital CHNA community.

Health Outcomes and Factors

An analysis of the County Health Rankings health outcomes and factors data was prepared for each county within RCH's CHNA community. County rates and measurements for health behaviors, clinical care, social and economic factors and the physical environment were compared to state benchmarks. County rankings in which the county rate compared unfavorably (by greater than 30% of the national benchmark) resulted in an identified health need.

Primary Data

Health needs identified through key informant interviews were included as health needs. Needs for vulnerable populations were separately reported on the analysis in order to facilitate the prioritization process.

Health Needs of Vulnerable Populations

Health needs of vulnerable populations were included for ranking purposes.

To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on the following five factors. Each factor received a score between 0 and 5.

- 1) **How many people are affected by the issue or size of the issue?** For this factor, ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized: >25% of the community= 5; >15% and <25%=4; >10% and <15%=3; >5% and <10%=2 and <5%=1.
- 2) **What are the consequences of not addressing this problem?** Identified health needs which have a high death rate or have a high impact on chronic diseases received a higher rating.
- 3) **What is the impact of the problem on vulnerable populations?** This rating factor used information obtained from key stakeholder interviews to identify vulnerable populations and determine the impact of the health need on these populations.
- 4) **Prevalence of common themes.** The rating for this factor was determined by how many sources of data (Leading Causes of Death, Primary Causes for Inpatient Hospitalization, Health Outcomes and Factors and Primary Data) identified the need.
- 5) **Alignment with Hospital's resources.** The rating for this factor was determined by whether or not the need fits within the Hospital's strategic plan, as well as the Hospital's ability to address the need. Rating of one (least) through five (greatest) was given to the need, based on management assessment.

Each need was ranked based on the five prioritization metrics. As a result, the following summary list of needs was identified.

Exhibit 25 Ranking of Community Health Needs						
Health Problem	How many people are affected by the issue?	What are the consequences of not addressing this problem?	What is the impact on vulnerable populations?	Prevalence of common themes	Alignment with Hospital's Resources	Total Score
Lack of Health Knowledge/Education	5	4	5	5	5	24
Aging Issues	5	4	4	5	4	22
Lack of Healthy Behaviors/Lifestyle Choices	4	4	4	5	4	21
Financial Barriers (general lack of funds)/Poverty	4	3	5	3	5	20
Physical Inactivity/Access to Exercise Opportunities	5	4	4	3	4	20
Cost of Healthcare Services	3	4	4	3	4	18
Unhealthy Eating Habits/Limited Access to Healthy Food Options	4	4	4	3	3	18
Children in Poverty	3	4	4	3	4	18
Uninsured/Limited Insurance	3	4	4	3	3	17
Obesity	3	5	1	3	4	16
Lack of Funding for Programs	3	3	5	1	4	16
Lack of Preventative Care	3	4	3	1	4	15
Lack of Mental Health Services	2	3	3	3	4	15
Children in Single-Parent Households	2	3	3	3	3	14
Adult Smoking/Tobacco Use	3	4	3	1	3	14
Diabetes	3	4	3	1	3	14
Preventable Hospital Stays	3	3	3	1	4	14
Heart Disease	3	5	1	3	2	14
Increased Collaboration With Other Providers	3	3	3	1	3	13
Lack of Dental Health Services	2	3	3	1	2	11
Transportation	2	2	4	1	2	11
Recruitment of Physicians	2	2	2	1	3	10
Affordable Housing	1	2	3	1	2	9
Stroke	2	3	0	1	3	9
Alcohol Impaired Deaths	3	3	0	1	1	8
Teen Birth Rate	2	1	1	1	1	6
Violent Crime Rate	1	1	0	1	1	4

Management's Prioritization Process

For the health needs prioritization process, the Hospital engaged a leadership team to review the most significant health needs reported in the prior CHNA, as well as in *Exhibit 25*, using the following criteria:

- ✓ Current area of Hospital focus
- ✓ Established relationships with community partners to address the health need
- ✓ Organizational capacity and existing infrastructure to address the health need

This data was reviewed to identify health issues of uninsured persons, low-income persons and minority groups, and the community as a whole. As a result of the analysis described above, the following health needs were identified as the most significant health needs for the community:

- Lack of Health Knowledge/Education
- Aging Issues
- Lack of Healthy Behaviors/Lifestyle Choices
- Financial Barriers (general lack of funds)/Poverty
- Physical Inactivity/Access to Exercise Opportunities
- Cost of Healthcare Services
- Unhealthy Eating Habits/Limited Access to Healthy Food Options
- Children in Poverty
- Uninsured/Limited Insurance
- Obesity
- Lack of Funding for Programs
- Lack of Preventative Care
- Lack of Mental Health Services

The Hospital's next steps include developing an implementation strategy to address priority areas.

Resources Available to Address Significant Health Needs

Health Care Resources

The availability of health care resources is a critical component to the health of a county's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers are vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care.

Hospitals

The Hospital is a 25-bed critical access hospital and is the only hospital facility located within the CHNA community. Residents of the community also take advantage of services provided by hospitals in neighboring counties, as well as services offered by other facilities and providers.

Exhibit 26 summarizes hospitals available to the residents of the Republic County in which the community resides. The facilities with an asterisk (*) next to their name in the table below are not located in the CHNA community; however, they represent hospital facilities that are within 30 miles of Belleville, Kansas.

Exhibit 26 Republic County Hospital Summary of Area Hospitals and Health Centers		
Hospital	Address	County
* Cloud County Health Center	1100 Highland Drive, Concordia, KS 66901	Cloud
* Brodstone Memorial Hospital	520 East Tenth Street, Superior, NE 68978	Nuckolls
* Thayer County Health Services	120 Park Avenue, Hebron, NE 68370	Thayer
* Jewell County Hospital	100 Crestvue Avenue, Mankato, KS 66956	Jewell

Source: Ushospitalfinder.com

Other Health Care Facilities

Short-term acute care hospital services are not the only health services available to members of the Hospital's community. *Exhibit 27* provides a listing of community health centers and rural health clinics within the Hospital's community. The facilities with an asterisk (*) next to their name in the table indicates these clinics are located outside of the CHNA community.

Exhibit 27 Republic County Hospital Summary of Other Health Care Facilities			
Facility	Facility Type	Address	County
* Family Care Center	Rural Health Clinic	1100 Highland Dr., Concordia, KS 66901	Cloud
* Jewell County Rural Health Clinic	Rural Health Clinic	102 S Center, Mankato, KS 66956	Jewell

Source: CMS.gov, Health Resources & Services Administration (HRSA)

Physicians

The Hospital regularly monitors physician supply and demand. The key stakeholder interviews indicated for the size of the community, there are a sufficient number of primary care physicians. Stakeholders also made note of specialists who travel to the area from larger surrounding cities once to twice a month to conduct appointments for residents of Republic County.

Physicians providing primary care within Republic County are listed on *Exhibit 28* below.

Exhibit 28 Republic County Hospital Physicians Serving Republic County			
Physician	Practice Group	Address	Phone
Dr. Nolan Beavers	Belleville Medical Clinic	2337 G Street, Suite 100, Belleville, KS 66935	785-527-2217
Dr. Andy Walker	Belleville Medical Clinic	2337 G Street, Suite 100, Belleville, KS 66935	785-527-2217

Health Departments

Within the Hospital's CHNA community resides Republic County Health Department, which offers a large array of services to patients, including assessments and screenings, as well as education and wellness resources.

Some of these services include child and adult immunizations, family planning (birth control), Women, Infants & Children (WIC), referrals for mammograms and pap smears, blood sugar checks, blood pressure checks, vision screenings, allergy and vitamin injections, communicable disease surveillance and many others. The health department also provides installation and/or inspection of child safety seats by a certified technician.

Many of the services are covered by Medicare, Healthwave and other insurances. In the case individuals are uninsured or their insurance doesn't pay for the service, the majority of the services are offered on a sliding fee scale basis.

APPENDICES

APPENDIX A
ANALYSIS OF DATA

Republic County Hospital
Analysis of CHNA Data
Analysis of Health Status-Leading Causes of Death

	(A)		(B)		
	U.S. Age-Adjusted Rates	10% of U.S. Age-Adjusted Rate	County Rate	County Rate Less U.S. Age Adjusted Rate	If (B)>(A), then "Health Need"
Republic County:					
Cancer	161.3	16.1	153.0	-8.3	
Heart Disease	112.0	42.2	174.6	62.6	Health Need
Lung Disease	79.5	8.0	47.0	-32.5	
Stroke	45.6	4.6	54.6	9.0	Health Need

*** The age-adjusted rate is shown per 100,000 residents. Please refer to Exhibit 19 for more information.

Analysis of Health Outcomes and Factors

	(A)		(B)		
	National Benchmark	30% of National Benchmark	County Rate	County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Republic County:					
Adult Smoking	14.0%	4.2%	16.0%	2.0%	
Adult Obesity	26.0%	7.8%	38.0%	12.0%	Health Need
Food Environment Index	8.7	3	7.8	-90.0%	
Physical Inactivity	19.0%	5.7%	27.0%	8.0%	Health Need
Access to Exercise Opportunities	91.0%	27.3%	55.0%	-36.0%	Health Need
Excessive Drinking	13.0%	3.9%	14.0%	1.0%	
Alcohol-Impaired Driving Deaths	13.0%	3.9%	25.0%	12.0%	Health Need
Sexually Transmitted Infections	153	46	127	-26	
Teen Birth Rate	14	4	25	11	Health Need
Uninsured	6.0%	1.8%	10.0%	4.0%	Health Need
Primary Care Physicians	1,050	315	1,170	120	
Dentists	1,260	378	4,690	3430	Health Need
Mental Health Providers	310	93	2,350	2257	Health Need
Preventable Hospital Stays	2765	830	5675	2910	Health Need
Mammography Screening	49.0%	14.7%	39.0%	10.0%	
Violent Crime Rate	63	19	169	106	Health Need
Children in Poverty	11.0%	3.3%	16.0%	5.0%	Health Need
Children in Single-Parent Households	20.0%	6.0%	17.0%	-3.0%	

Analysis of Primary Data - Key Informant Interviews

Poverty
 Lack of Health Knowledge/Education
 Healthy Behaviors/Lifestyle Choices
 Obesity
 Poor Nutrition/Lack of Healthy Food Options
 Aging Issues
 Increase collaboration with community groups
 Recruitment of physicians
 Lack of Preventative Care
 Lack of Funding for Programs

**Issues of Uninsured Persons, Low-Income Persons
 and Minority/Vulnerable Populations**

Population	Issues
Lower Socioeconomic Population	<p>High cost of health care prevents needs from being met</p> <p>Healthy lifestyle and health nutrition education</p> <p>Lack of financial assets</p>
Elderly	<p>Lack of services for in-home care</p> <p>Lack of health knowledge</p> <p>Lack of places for increased physical activity</p>

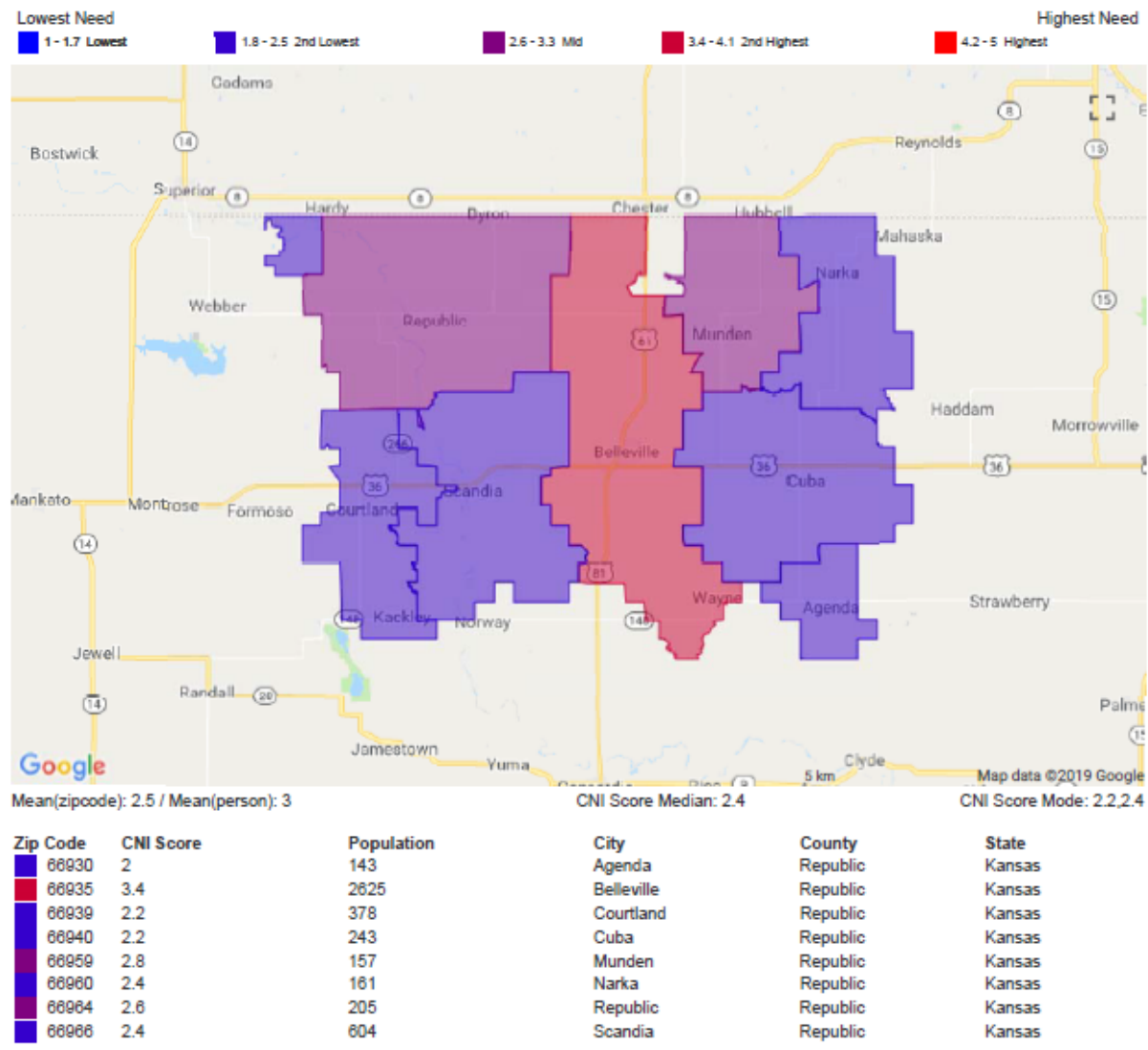
APPENDIX B

SOURCES

DATA TYPE	SOURCE	YEAR(S)
Discharges by Zip Code	Hospital	FY 2018
Demographics -Race/Ethnicity	Community Commons via American Community Survey http://www.communitycommons.org/	2013 - 2017
Demographics - Income	Community Commons via American Community Survey http://www.communitycommons.org/	2013 - 2017
Unemployment	Community Commons via US Department of Labor http://www.communitycommons.org/	2018
Poverty	Community Commons via US Census Bureau, Small Areas Estimates Branch http://www.census.gov	2013 - 2017
Uninsured Status	Community Commons via US Census Bureau, Small area Health Insurance Estimates http://www.communitycommons.org/	2013 - 2017
Medicaid	Community Commons via American Community Survey http://www.communitycommons.org/	2013 - 2017
Education	Community Commons via American Community Survey http://www.communitycommons.org/ American Community Survey, 2014 Kansashealthmatters.org	2013 - 2017
Physical Environment - Grocery Store Access	Community Commons via US Census Bureau, County Business Patterns http://www.communitycommons.org/	2016
Physical Environment - Food Access/Food Deserts	Community Commons via US Department of Agriculture http://www.communitycommons.org/	2015
Physical Environment - Recreation and Fitness Facilities	Community Commons via US Census Bureau, County Business Patterns http://www.communitycommons.org/	2016
Physical Environment - Physically Inactive	Community Commons via US Centers for Disease control and Prevention http://www.communitycommons.org/	2015
Clinical Care - Lack of a Consistent Source of Primary Care	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2016
Clinical Care - Population Living in a Health Professional Shortage Area	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2019
Clinical Care - Preventable Hospital Events	Community Commons via Dartmouth College Institute for Health Policy & Clinical Practice http://www.communitycommons.org/	2015
Leading Causes of Death	Community Commons via CDC national Vital Statistics System http://www.communitycommons.org/	2011 - 2015
Health Care Resources	Community Commons, CMS.gov, HRSA	

APPENDIX C
DIGNITY HEALTH COMMUNITY NEED INDEX
(CNI) REPORT

Map of Community Needs Index Scores for CHNA Community Based on Dignity Health's Community Need Index (CNI)



APPENDIX D

**KEY STAKEHOLDER INTERVIEW PROTOCOL
& ACKNOWLEDGEMENTS**

KEY STAKEHOLDER INTERVIEW

Community Health Needs Assessment for: Republic County Hospital

Interviewer's Initials: _____

Date: _____ Start Time: _____ End Time: _____

Name: _____ Title: _____

Agency/Organization: _____

of years living in _____ Republic County: _____ Current position: _____

E-mail address: _____

Introduction: Good morning/afternoon. My name is **Brian Todd**. Thank you for taking time out of your busy day to speak with me.

Republic County Hospital is gathering local data as part of developing a plan to improve health and quality of life in Republic County. Community input is essential to this process. Key informant interviews are being used to engage community members. You have been selected for a key informant interview because of your knowledge, insight, and familiarity with the community. The themes that emerge from these interviews will be summarized and made available to the public; however, individual interviews will be kept strictly confidential.

To get us started, can you tell me briefly about the work that you and your organization do in the community?

Thank you. Next I'll be asking you a series of questions about health and quality of life in Republic County. As you consider these questions, keep in mind the broad definition of health adopted by the World Health Organization: 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,' while sharing the local perspectives you have from your current position and from experiences in this community.

Questions:

1. In general, how would you rate health and quality of life in Republic County on a scale of 1 to 10, with 10 being the highest?
2. In your opinion, has health and quality of life in Republic County improved/declined

/stayed the same over the past few years?

3. Why do you think it has (based on answer from previous question: Improved/declined/stayed the same)?

4. What barriers, if any, exist to improving health and quality of life in Republic County?

5. In your opinion, what are the most critical health and quality of life issues in Republic County?

6. What needs to be done to address these issues? .

7. Please describe your familiarity and/or perceptions regarding available local health resources and services?

8. Are there any specialists (physicians) which are needed in the community? If so, what specialties are needed?

9. What groups of people in the community do you believe have the most serious unmet health care needs?

10. What is the most important issue that the hospital should address in the next 3-5 years?

Close: Thanks so much for sharing your concerns and perspectives on these issues. The information you have provided will contribute to develop a better understanding about factors impacting health and quality of life in Republic County. As a reminder, summary results will be made available by the **Republic County Hospital** and used to develop a community-wide health improvement plan.

Key Stakeholders

Thank you to the following individuals who participated in our key informant interview process:

Carolyn Westin, Retired Registered Nurse

Pamela Isaacson, Resident of Republic County

Michael Couch, Superintendent, Belleville School District

Jana Blad, Retired from Republic County Developmental Center

Mike Samples, Pastor

Josh Collard, Pharmaceuticals, Republic County Hospital

Danielle Swanson, Administration, Republic County Health Department