Community Health Needs Assessment

Osborne County, KS

On Behalf of Osborne County Memorial Hospital

May 2021

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment
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I. Executive Summary

[VVV Consultants LLC]

I. Executive Summary

Osborne County Memorial Hospital – Osborne County, KS - 2021 Community Health Needs Assessment (CHNA)

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

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

County Health Area of Future Focus on Unmet Needs

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

Osborne County, KS
2021 CHNA Priorities - Unmet Needs
CHNA Wave #4 Town Hall - April 6, 2021
Osborne County Memorial Hospital PSA (19 Attendees, 96 Total Votes)

#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Affordable Health Insurance	13	13.5%	13.5%
2	Child Care	13	13.5%	27.1%
3	Mental Health (Diagnosis, Placement, Aftercare)	12	12.5%	39.6%
4	Awareness of Health Services	11	11.5%	51.0%
5	Drug Abuse (Opioids)	9	9.4%	60.4%
6	Suicide	8	8.3%	68.8%
7	Exercise/ Fitness Options	6	6.3%	75.0%
8	Food Insecurity	6	6.3%	81.3%
	Total Votes	96	100.0%	

Other Items receiving votes: Alcohol Abuse, Preventive Health / Wellness, Tobacco / Vappimg, Nutrition, Home Health/ Hospital and Nursing Home / Senior Care.

Town Hall CHNA Findings: Areas of Strengths

Osborne County (KS) "Community Health Strengths"			
#	Topic	#	Topic
1	School Education / Options	6	Provider Availability
2	Medical Services / Options (Variety - Birth to Death)	7	Public Transportation
3	Unified Community	8	Hospital (High-ranking)
4	Safe Environment	9	Health Professionals (Young)
5	Health Department (Communication / Collaboration)	10	Food Programs

Key CHNA Wave #4 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2020 Robert Woods Johnson County Health Rankings, Osborne County, KS Average was ranked 47th in Health Outcomes, 48th in Health Factors, and 22nd in Physical Environmental Quality out of the 105 Counties.

TAB 1. Osborne County's population is 3,421 (based on 2019), with a population per square mile of approximately 4.3 persons. Roughly six percent (5.8%) of the population is under the age of 5, while the population that is over 65 years old is 25%. As of 2019, Hispanic / Latinos make up 2.3% of the population and 2.5% of citizens that speak a language other than English in their home. Children in single parent households make up a total of 27% compared to the rural norm of 25.2%, and 87.3% are living in the same house as one year ago.

TAB 2. In Osborne County, the average per capita income is $28,226 while 13.5% of the population is in poverty. The severe housing problem was recorded at 10.5% compared to the rural norm of 9.5%. Food insecurity is 13.5%, and limited access to healthy foods (store) is 9.4%.

TAB 3. Children eligible for a free or reduced-price lunch in Osborne County is 51.1%. Roughly ninety percent (90.5%) of students graduated high school in compared to the rural norm of 88.1% and 33.2% have a bachelor's degree or higher.

TAB 4. The percent of births where prenatal care started in the first trimester is 83.5% and 4.7% of births in Osborne County have a low birth weight. Continually, 66.7% (compared to 81.5% rural norm) of infants up to 24 months are receiving full immunization. The percent of mothers who were reported as smoking during pregnancy is 20.5% (2016 – 2018).

TAB 5. Osborne County population primary care service coverage is 1 provider (county based officed physicians either MDs and/or DOs) to 1805 residents. The percentage of patients who gave their hospital a rating of 9 or 10 out of 10 is only 87%, while 76% of patients reported Yes, They Would Definitely Recommend the Hospital. The average (median) time patients spend in the emergency department before leaving was 76 minutes.

TAB 6. In Osborne County, 20.6% of the Medicare population has depression. The percent of Medicare Part D beneficiaries receiving an opioid day supply >10 Days is 44.5%. The average mentally unhealthy days last reported (2017) is 3.6 days in a one-week period.

TAB 7a – 7b. Osborne County has an obesity percentage of 29% as of 2016, and physical inactivity percentage is 30.3%. The adult smoking is 15.9%, while the excessive drinking percentage is 16.9% as of 2017. The Medicare hypertension percentage is 56.2%, while their heart failure percentage is 24%. Osborne County recorded almost ten percent for those who have cancer (9.9%) among their Medicare population and 2.8% stroke percentage.

TAB 8. The adult uninsured rate for Osborne County is 12.3% (based on 2017) compared to the rural norm of only 11.9%.

TAB 9. The life expectancy rate in Osborne County is roughly seventy-seven years of age (77.3) for the entire general population in this county. Alcohol-impaired driving deaths for Osborne County is at 20% while age-adjusted Cancer Mortality rate per 100,000 is 178.8, while the Age-adjusted Heart Disease Mortality rate per 100,000 is at 244.

TAB 10. Forty seven percent (47%) of Osborne County has access to exercise opportunities. There are 15% of the population that have diabetes prevalence. Forty four percent (44%) of women in Osborne County seek annual mammography screenings (based on 2017).

Town Hall Review Past Unmet Needs: - During the virtual Town Hall session (via Zoom) on Tuesday, April 6th 20210, the table below (2018 CHNA unmet needs) was displayed amongst zoom attendees for discussion to confirm whether the past needs should move forward.

Osborne County, Kansas
Past Stakeholder Feedback - 2018

CHNA Wave #3		Ongoing Problem			Pressing
Past CHNAs health needs identified		Osborne Co N=132		Trend	Osborne
Rank	Topic	Votes	%		RANK
1	Fitness/ Exercise Options	75	17.4%		2
2	Affordable Insurance	70	16.3%		1
3	Dental	52	12.1%		3
4	Wellness/ Prevention	47	10.9%		4
5	Home Health/ Hospice Services	39	9.1%		5
6	Alcohol Abuse	36	8.4%		8
7	Mental Health Assitance	29	6.7%		9
8	Awareness of existing HC Services	24	5.6%		7
9	HC Transportation	20	4.7%		10
10	Nursing Homes	20	4.7%		6
11	Diabetes Education and Management	18	4.2%		11
	TOTALS	430	100.0%		

II. Methodology

II. Methodology

a) CHNA Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

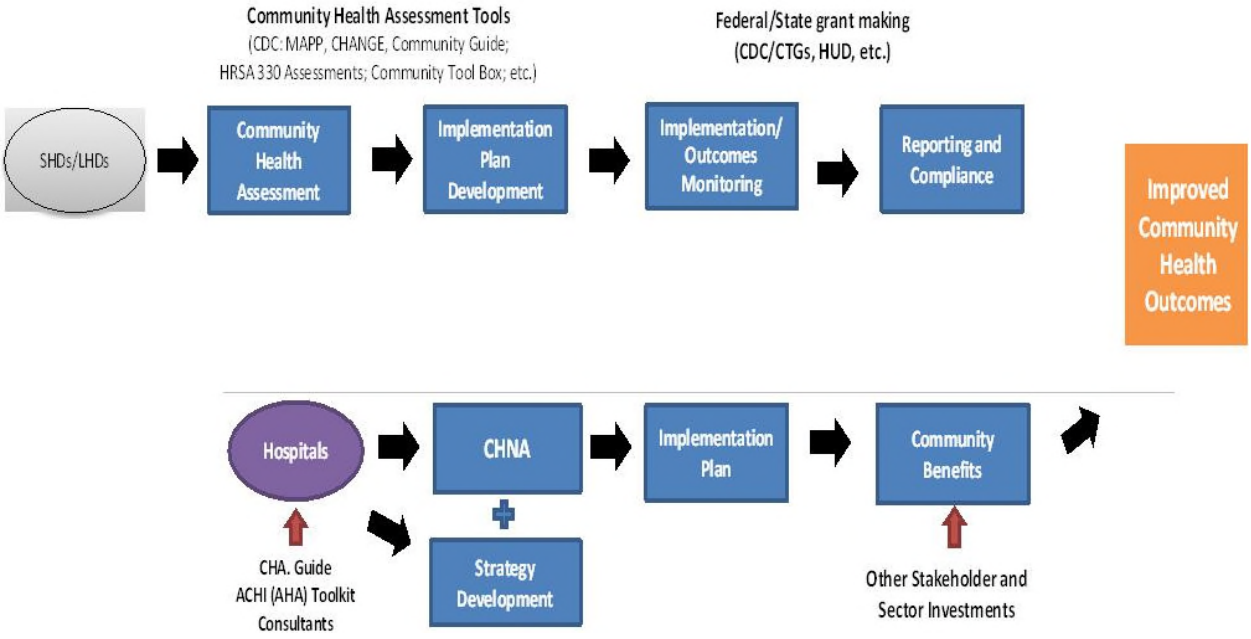
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Requirements Overview (Notice 2011-52)

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

Applicability of CHNA Requirements to "Hospital Organizations"

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

How and When to Conduct a CHNA

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

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

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

In addition to the general requirements for tax exemption under Section 501(c)(3) and Revenue Ruling 69-545hospital 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.

Drivers of Health Assessment & Improvement Planning

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

National Voluntary Accreditation Requirements

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

CDC Grant Requirements

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

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

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

Social Determinants of Health

What Are Social Determinants of Health?

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

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

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

II. Methodology
b) Collaborating CHNA Parties

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

Osborne County Memorial Hospital Profile

237 W Harrison St, PO Box 70, Osborne, KS 67473
Administrator: Marianna Harris

About Us: Osborne County Memorial Hospital (OCMH) is a Critical Access Hospital located in Northcentral Kansas. OCMH is a county owned hospital serving Osborne County and the surrounding communities. Governed by a board of 5 individuals appointed by the Osborne County Commissioners.

History: Osborne County Memorial Hospital (OCMH) was built as a district hospital in 1958. It was later transferred to Osborne County ownership through a vote of the people.

Our Board: The responsibility and authority for determining the hospital's mission, values and vision lies with the governing board. The board also is responsible for working with senior management to develop the goals, objectives and policies that grow out of, and are measured against, our mission, values and vision. Defining the hospital's mission and outlining a compelling vision of our future, with a recommended course of action to fulfill that vision, are among the most important contributions the board makes to our hospital's success.

The fiduciary responsibilities of the board are also important. The Board and Administration work together to establish an annual budget.

Services: Services include acute care, inpatient and outpatient surgical procedures, a full array of lab and radiology services, dietary, emergency medicine, inpatient and outpatient physical, occupational, and speech therapy, and swing-bed services.

- Acute Care
- Skilled Care
- Outpatient Clinics
    - Urology, Cardiology, Pain, Surgery, Orthopedics and Behavioral Health
- Surgical Services
- Rural Health Clinic
-
- Rehabilitation Therapy (Physical, Occupational, Speech)
- Laboratory / Radiology
- Emergency Room,
- Cardiac Rehab
- Respiratory Therapy

Osborne County Health Department Profile

115 North First, Osborne, KS 67473
Administrator / Health Officer: Carla Manns, RN

Services:

- Adult Services
  - Nursing Clinics, Foot Care, Prescribed Injections, Counseling/Consultation
- Children's Services
  - Well Child Assessments, Child Care Licensing, Kansas Services for Children with Special Health Care Needs, Hearing/Vision Screens
- Immunizations (Child)
- Immunizations (Adult)
  - Adult Tetanus/Diphtheria or Tdap, Hepatitis B, Flu Shots, Pneumonia, Hepatitis A
- Maternal & Infant Care Program
- Healthy Start Home Visitor
- WIC (Nutrition Program for Women, Infants & Children)
- Family Planning
- Public Health Services
- Health Education
- Environmental Consultations (Part of the North Central LEPP Program)

II. Methodology
b) Collaborating CHNA Parties Continued

Consultant Qualifications:

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

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

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

Cassandra Kahl, BHS – Lead Consultant
VVV Consultants LLC – *Nov 2020*
- University of Kansas – Health Sciences
  - Park University MHA (May 2021)
- Pharmacy Management (CVS) – 2 ½ years
- Hometown: Maple, WI

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

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

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

Our Values :

"Community" – Industry engagement…membership AMA KC, ACHE, EPBA, Forum and SHSMD.
"Stewardship" – Fair fees based on client, project scope, turnaround time, etc.
"Integrity" – Trustworthy delivery with numerous client recommendations / endorsements.
"Experience" – Skilled consulting; Marketing careers. We understand business because we have been there!
"Growth" – Process-driven; ongoing innovational delivery.

II. Methodology

c) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in December 2020 for Osborne County Memorial Hospital (Osborne, KS) located in Osborne County, KS to meet Federal IRS CHNA requirements.

In early January 2021, the OCMH CEO requested a zoom conversation 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 this discussion led to OCMH CEO requesting VVV Consultants LLC to complete a comprehensive CHNA IRS aligned report.

VVV CHNA Deliverables:

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

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

Source: Internal Rec / KHA YR 2018-20				34,207	100%	
Osborne Co Memorial Hospital - IP /OP /ER / Clinic						
#	ZIP	City	County	3Yr TOT	%	Accum
1	67473	Osborne KS	Osborne	21,137	61.8%	61.8%
2	67437	Downs KS	Osborne	3,905	11.4%	73.2%
3	67623	Alton KS	Osborne	1,662	4.9%	78.1%
4	67474	Portis KS	Osborne	1,085	3.2%	81.2%
5	67651	Natoma KS	Osborne	156	0.5%	81.7%
6	67638	Gaylord KS	Smith	632	1.8%	83.5%
7	67430	Cawker City KS	Mitchell	593	1.7%	85.3%

KHA Total Inpatients		160		177		164	
County	3YR OCMH	FFY18	%	FFY19	%	FFY20	%
Osborne, KS	449	148	92.5%	154	87.0%	147	89.6%
Russell, KS	16	5	3.1%	6	3.4%	5	3.0%
Rooks, KS	15	2	1.3%	8	4.5%	5	3.0%
Mitchell, KS	11	3	1.9%	7	4.0%	1	0.6%

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

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

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

Data & Benchmarks Review

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

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

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

Community health assessment indicators should be

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

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

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

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

Sources of community-health level indicators:

- County Health Rankings and Roadmaps
  The annual Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. They provide a snapshot of how health is influenced by where we live, learn, work and play.
- Prevention Status Reports (PSRs)
  The PSRs highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce important public health problems.
- Behavioral Risk Factor Surveillance System
  The world's largest, ongoing telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the US Virgin Islands, and Guam.
- The Selected Metropolitan/ Micropolitan Area Risk Trends project was an outgrowth of BRFSS from the increasing number of respondents who made it possible to produce prevalence estimates for smaller statistical areas.
- CDC Wonder Databases using a rich ad-hoc query system for the analysis of public health data. Reports and other query systems are also available.
- Center for Applied Research and Engagement Systemsexternal 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 Commonsexternal icon
  Interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
- Dartmouth Atlas of Health Careexternal 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 Warehouseexternal icon
  Indicators categorized by topic, geography, and initiative.
- US Census Bureauexternal icon
  Key source for population, housing, economic, and geographic information.
- US Food Environment Atlasexternal 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 Clearinghouseexternal 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 Warehouseexternal icon
  Research, statistics, data, and systems.
- *Healthy People 2030* Leading Health Indicatorsexternal icon
  Twenty-six leading health indicators organized under 12 topics.
- Kids Countexternal 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 siteexternal icon.
- National Center for Health Statistics
  Statistical information to guide actions and policies.
- Pregnancy Risk Assessment and Monitoring System
  State-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.
- Web-based Injury Statistics Query and Reporting System (WISQARS)
  Interactive database system with customized reports of injury-related data.
- Youth Risk Behavior Surveillance System
  Monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults.

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

Osborne County Memorial Hospital

VVV CHNA Wave #4 Work Plan - Year 2021

Project Timeline & Roles

Step	Timeframe	Lead	Task
1	12/1/2020	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	1/15/2021	Hosp	Received CEO approval - CHNA Wave #4 Option A BASIC
3	1/26/2021	VVV	Send out previous Community Roster file for update. Confirm PSA Stakeholders Names /Address /Emails
4	1/26/2021	VVV	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 zip origin file (Use **ZipPSA_3yrPOrigin.xls**)
5	Feb-Mar 2021	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
6	3/1/2021	VVV / Hosp	Prepare/send out PR story / E Mail Request announcing upcoming CHNA project to general community.
7	3/26/2021	Hosp	Prepare/send out Community Stakeholder Virtual TOWN HALL invite email to Roster names.
8	3/26/2021	VVV / Hosp	Prepare/send out PR #2 story to local media reminding community of virtual Town Hall. Send #2 Stakeholder Town Hall email asking for RSVP. VVV will mock-up both messages..
9	4/2/2021	ALL	Conduct conference call (time TBD) with Hospital (Public HLTH TBD) to review Town Hall data / meeting flow.
10	**Tuesday 4/06/2021**	VVV	Conduct virtual CHNA Town Hall 11:30-1pm. Review Basic health PSA data plus facilitate a community conversation to identify TOP Health Needs.
11	On or Before 5/21/2021	VVV	Complete Analysis - Release Draft 1- seek feedback from Client Leaders.
12	On or Before 5/28/2021	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
13	TBD	Hosp	Conduct Client Implementation Plan PSA Leadership meeting
14	On or Before 12/31/21	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

Overview of Virtual Town Hall Community Priority Setting Process

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

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

Osborne County Memorial Hospital's Virtual Town Hall was held on Tuesday April 6th, 2021 via Zoom due to COVID-19 safety requirements. Vince Vandehaar MBA and Cassandra Kahl facilitated this 1 ½ hour session with twenty-two RSVP's / 19 attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

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

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

Community Health Needs Assessment
Town Hall Meeting – Osborne Co. (KS)
on behalf of Osborne County Memorial Hospital

VVV Consultants LLC
Olathe, Kansas 66061

VVV@VandehaarMarketing.com
913-302-7264

1

Community Health Needs Assessment (CHNA) Town Hall Discussion Agenda

I. **Check-In / Introductions** (Start: 11:20 – 11:35)
II. **Review CHNA Purpose and Process** (11:35 – 11:40)
III. **Review Current County "Health Status"** 11:40 – 12:10)
- -Secondary Data by 10 TAB Categories
- -Review Past Community Unmet Needs - Previous CHNAs

IV. **Collect Community Health Perspectives**
- - Assigned Breakout Sessions (Lead/Reporter)
- - Uncover unmet needs/reporting back discussion (12:10 - 12:40)

V. **Returning To Community General Session**
- - Report up / Poll & End Town Hall (12:40 – 1:00)

2

II. Review CHNA Focus and Process
Town Hall Roles / Duties

- Attendees
  - Have Engaging Conversation (Be specific on your point)
  - No right or wrong answer)
  - Give truthful responses FINE FINE FINE
  - Take Notes – Make your list of Important Health Indicators
  - Complete Unmet Needs Poll – Representing Community
  - Chat – Log thoughts during meeting
- Local Leads (During Breakout Rooms)
  - Facilitate Community Conversation
  - Ensure Team Involvement – ALL speak up

Have a little fun too

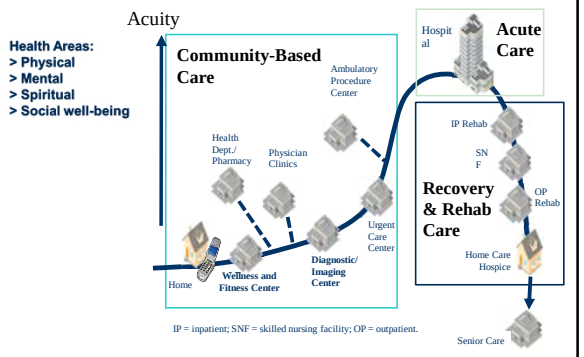
3

CHNA Brief Overview

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

4

Future System of Care—Sg2

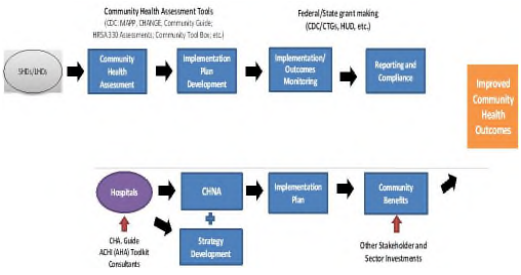


5

Triple Aim Focus

6

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



7

CHNA Written Report Documentation – Table of Contents

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

8

III. Review Current County Health Status:

Secondary Data by 10 Tab Categories & State Rankings

Trends: Good Same Poor

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

9

IV. Collect Community Health Perspectives
Ask your opinion. Your thoughts?

1) **Are there healthcare services in your community/neighborhood that you feel *need to be improved and/or changed*? *ASK: Top 3 unmet health needs per attendee – rapid fire*** (20 mins)
2) **What are the *strengths* of our community that contribute to health? *ASK: Top 3 Strengths per attendee – rapid fire*** (10 mins)

ROLES: Local LEAD – Guide discussion
VVV Staff – Take notes

10

Collaborate Breakout Room Discussions

- TEAMS: Share Themes from Breakout Sessions
- Unmet Needs - Consensus
- Administer Poll
- Close – Next Steps Moving Forward

After Meeting Thoughts: EMAIL
VVV@VandehaarMarketing.com
CJK@VandehaarMarketing.com

11

Community Health Needs Assessment

Questions; Next Steps?

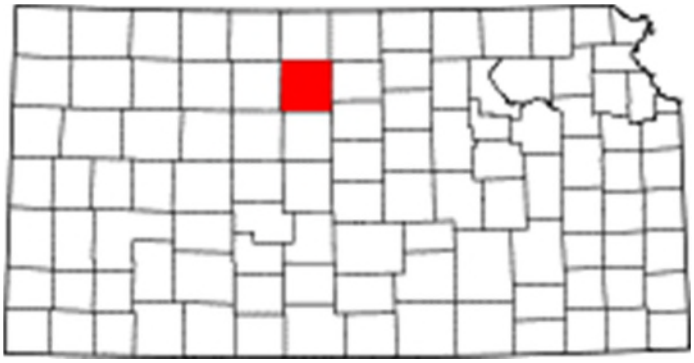
VVV Consultants LLC
601 N Mahaffie
Olathe, KS 66061

VVV@VandehaarMarketing.com
CJK@VandehaarMarketing.com
(913) 302-7264

12

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

Osborne County Community Profile



Demographics

The population of Osborne County was estimated to be 3,721 citizens in 2017 which is a -0.5% change in population from 2010–2017. Osbourne County covers a total of 893.1 square miles including the Alton Bluffs, Higgins Bluff and Center Twin Creek. The county has an overall population density of 4 persons per square mile.[1] The county was founded in 1867 and the county seat is OsbourneThe most common industries in Osborne County include agriculture, forestry, fishing and hunting, and mining, educational and health and social services.[2]

Major transportation in this area includes majority of state highways with U.S. Highway 70 a bit of the ways south of the county. Osbourne County is in the nortern central part of Kansas. Highway 281 runs north to south straight through the middle of the county. Highway 24 runs from east to west through the northern part of the county connecting Osbourne to larger cities like Manhatten.

Osborne County, KS Airports[3]

Name	USGS Topo Map
Griffith Field	Downs North
Osborne Municipal Airport	Osborne

Schools in Osborne County[4]

[1] http://kansas.hometownlocator.com/ks/osborne/
[2] http://www.city-data.com/county/Osborne_County-KS.html
[3] http://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20141.cfm
[4] http://kansas.hometownlocator.com/schools/sorted-by-county,n,osborne.cfm

Name	Level
Lakeside Elem at Downs	Primary
Lakeside High School at Downs	High
Natoma Elem	Primary
Natoma High (7-12)	High
Osborne Elem	Primary
Osborne Jr/Sr High	High

Parks and Amenities[5]

Osbourne Canal

Downs Carnegie Library

Osbourne County Library

Osbourne County Historical Museum

South Bend Hiking and Biking Trails

Hardmen Park

City Park

Roadside Park

Most Common Occupations[6]

Management

Administration

Production

Education, Training, Library

Sales

[5] http://discoverosborne.com/COMMUNITY/SportsRecreation.aspx
[6] https://datausa.io/profile/geo/osborne-county-ks/#category_occupations

Osborne Co KS -Detail Demographic Profile

			Population			Households		HH	Per Capita
ZIP	NAME	County	Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
67437	Downs	Osborne	988	926	-6.3%	456	428	2.1	$27,961
67473	Osborne	Osborne	1,517	1,414	-6.8%	684	638	2.1	$26,150
67474	Portis	Osborne	202	190	-5.9%	94	88	2.0	$30,658
67623	Alton	Osborne	257	243	-5.4%	112	106	2.3	$28,700
67651	Natoma	Osborne	485	461	-4.9%	222	212	2.2	$30,856
Totals			3,449	3,234	-29.4%	1,568	1,472	2.1	$28,865

			Population				Year 2020		Females
ZIP	NAME	County	Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
67437	Downs	Osborne	988	300	228	100	481	507	89
67473	Osborne	Osborne	1,517	468	367	135	744	773	111
67474	Portis	Osborne	202	63	47	18	98	104	15
67623	Alton	Osborne	257	60	63	25	142	115	21
67651	Natoma	Osborne	485	111	119	50	263	222	43
Totals			3,449	1,002	824	328	1,728	1,721	279

			Population 2020				Average Households 2020		
ZIP	NAME	County	Caucasian	African Amer	Amer Ind.	Hispanic	HH Inc	HH	HH $50K+
67437	Downs	Osborne	954	1	14	12	$46,067	456	204
67473	Osborne	Osborne	1,476	3	12	31	$38,712	684	276
67474	Portis	Osborne	194	1	2	1	$43,492	94	42
67623	Alton	Osborne	247	1	0	7	$44,415	112	50
67651	Natoma	Osborne	467	3	0	14	$45,979	222	106
Totals			3,338	9	28	65	$43,733	1,568	678

Source: ERSA Demographics

III. Community Health Status

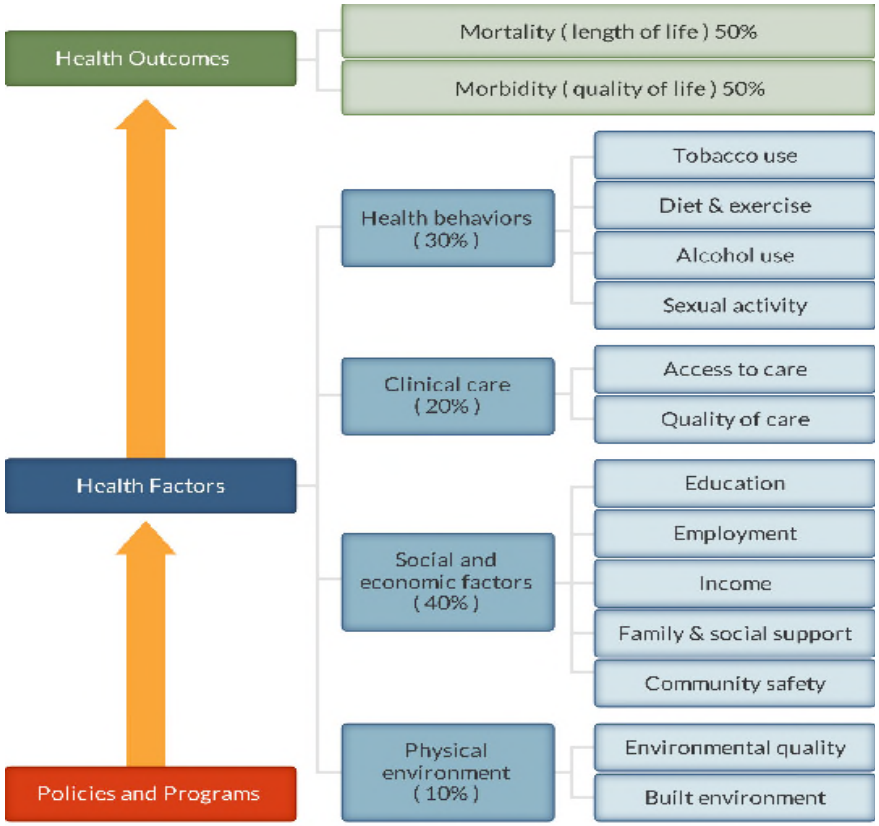
III. Community Health Status

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 use a number of health factors to rank each county.>



County Health Rankings model ©2012 UWPHI

National Research – Year 2020 RWJ Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Osborne Co (KS) 2021	TREND	NW KS RURAL NORM (N=20)
1	Health Outcomes		47		52
2	Mortality	Length of Life	38		42
3	Morbidity	Quality of Life	48		52
4	Health Factors		48		35
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	31		39
6	Clinical Care	Access to care / Quality of Care	66		53
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	57		44
8	Physical Environment	Environmental quality	22		22

http://www.countyhealthrankings.org, released 2020

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

PSA Secondary Research:

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

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

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
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Tab 1: Demographic Profile

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

Tab		Demographic - Health Indicators	Osborne Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
1	a	Population estimates, July 1, 2019, (V2019)	3,421		2,913,314	6,405	People Quick Facts
	b	Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	-11.4%		2.1%	-4.2%	People Quick Facts
	c	Population per square mile, 2010 (V2019)	4.3		34.9	7.4	Geography Quick Facts
	d	Persons under 5 years, percent, 2019, (V2019)	5.8%		6.4%	5.8%	People Quick Facts
	e	Persons 65 years and over, percent, 2019, (V2019)	25.0%		16.3%	23.8%	People Quick Facts
	f	Female persons, percent, 2019, (V2019)	49.2%		50.2%	49.4%	People Quick Facts
	g	White alone, percent, 2019, (V2019)	95.9%		86.3%	95.3%	People Quick Facts
	h	Black or African American alone, percent,2019, (V2019)	0.5%		6.1%	1.4%	People Quick Facts
	i	Hispanic or Latino, percent, 2019, (V2019)	2.3%		12.2%	5.6%	People Quick Facts
	j	Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	2.5%		11.9%	4.4%	People Quick Facts
	k	Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	87.3%		83.8%	86.0%	People Quick Facts
	l	Children in single-parent households, percent, 2014-2018	27.0%		29.0%	25.2%	County Health Rankings
	m	Total Veterans, 2015-2019	1,897		176,444	599	People Quick Facts

Tab 2: Economic Profile

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

Tab		Economic - Health Indicators	Osborne Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
2	a	Per capita income in past 12 months (in 2019 dollars), 2015-2019	$28,226		$31,814	25,383	People Quick Facts
	b	Persons in poverty, percent	13.5%		11.4%	12.0%	People Quick Facts
	c	Total Housing units, July 1, 2019, (V2019)	2,176		1,288,401	3,328	People Quick Facts
	d	Total Persons per household, 2015-2019	2.5		2.5	2.4	People Quick Facts
	e	Severe housing problems, percent, 2012-2016	10.5%		13.0%	9.5%	County Health Rankings
	f	Total of All firms, 2012	2,848		239,118	1021	Business Quick Facts
	g	Unemployment, percent, 2018	2.6%		3.4%	2.7%	County Health Rankings
	h	Food insecurity, percent, 2017	13.5%		13.0%	11.8%	County Health Rankings
	i	Limited access to healthy foods, percent, 2010	9.4%		8.0%	9.4%	County Health Rankings
	j	Low income and low access to store, percent, 2015	9.4%		9.4%	9.4%	U.S. Department of Agriculture - Food Environment Atlas
	k	Long commute - driving alone, percent, 2011-2015	14.0%		21.0%	15.6%	County Health Rankings

Tab 3: Educational Profile

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

Tab		Educative - Health Indicator	Osborne Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
3	a	Children eligible for free or reduced price lunch, percent, 2017-2018	51.1%		48.0%	46.7%	County Health Rankings
	b	High school graduate or higher, percent of persons age 25 years+, 2015-2019	90.5%		91.0%	88.1%	People Quick Facts
	c	Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	33.2%		33.4%	19.6%	People Quick Facts

#	School Health Indicators	YR 2021			YR 2018		
		USD #392	USD #399	USD #272	USD #392	USD #399	USD #272
1	Total # Public School Nurses	NA	one-half	1	1	1	1
2	School Nurse is part of the IEP team Yes/No	NA	No	N/A	Yes	NA	na
3	School Wellness Plan (Active)	NA	Yes	Yes	Yes	NA	Yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	NA	104/7/6	314/2/2	201/27/NA	NA	260/10/na
5	HEARING: # Screened / Referred to Prof / Seen by Professional	NA	104/5/3	223/2/2	203/10/NA	NA	190/1/na
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	NA	105/7/4	187/9/2	157/14/NA	NA	na
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	NA	na	N/A	NA	NA	10/na/na
8	# of Students served with no identified chronic health concerns	NA	na	312	158	NA	na
9	School has a suicide prevention program	NA	Yes	Yes	YES	NA	Yes
10	Compliance on required vaccincations (%)	NA	97%	100%	85%	NA	100%

Tab 4: Maternal / Infant Profile

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

Tab		Maternal / Infant - Health Indicators	Osborne Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
4	a	Percent of Births Where Prenatal Care began in First Trimester, 2016-2018	83.5%		81.0%	81.7%	Kansas Health Matters
	b	Percentage of Premature Births, 2016-2018	5.2%		9.1%	8.7%	Kansas Health Matters
	c	Percent of Infants up to 24 months that received full Immunizations, 2016-2018	66.7%		69.2%	81.5%	Kansas Health Matters
	d	Percent of Births with Low Birth Weight, 2016-2018	4.7%		7.3%	7.2%	Kansas Health Matters
	e	Percent of WIC Mothers Breastfeeding Exclusively, percent, 2018	NA		14.1%	27.3%	Kansas Health Matters
	f	Percent of all Births Occurring to Teens (15-19), 2016-2018	NA		5.5%	5.4%	Kansas Health Matters
	g	Percent of births Where Mother Smoked During Pregnancy, 2016-2018	20.5%		10.0%	13.7%	Kansas Health Matters

Tab 4: Maternal / Infant Profile (Continued)

#	Criteria - Vital Satistics	Osborne Co. (KS)	Trend	Kansas	NW KS Norm (N=20)
a	Total Live Births, 2015	49		39,126	82
b	Total Live Births, 2016	40		38,048	81
c	Total Live Births, 2017	45		36,464	72
d	Total Live Births, 2018	42		36,268	73
e	Total Live Births, 2019	44		35,395	69
f	Total Live Births, 2015-2019 - 5 year Rate (%)	12.3%		12.7%	11.6%

Tab 5: Hospitalization and Provider Profile

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

Tab		Hospital / Provider - Health Indicator	Osborne Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
5	a	Primary care physicians (Pop Coverage per) (No extenders incl.) , 2017	1805:1		1295:1	1850:1	County Health Rankings
	b	Preventable hospital rate per 100,000, 2017 (lower the better)	6383		4024	5,827	County Health Rankings
	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	87.0%		78.0%	82.3%	CMS Hospital Compare, Latest Release
	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	76.0%		78.0%	77.7%	CMS Hospital Compare, Latest Release
	e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	76		112	100.5	CMS Hospital Compare, Latest Release

#	KS Hospital Assoc PO103	Osborne County IP		
		FFY2018	FFY2019	FFY2020
1	Total Discharges	494	494	501
2	Total IP Discharges-Age 0-17 Ped	10	18	16
3	Total IP Discharges-Age 18-44	26	13	22
4	Total IP Discharges-Age 45-64	91	87	80
5	Total IP Discharges-Age 65-74	69	64	87
6	Total IP Discharges-Age 75+	213	215	202
7	Psychiatric	6	4	13
8	Obstetric	41	49	41
9	Surgical %	24.3%	25.1%	25.0%
#	KS Hospital Assoc PO103	Osborne Co Mem Hosp Only		
		FFY2018	FFY2019	FFY2020
1	Total Discharges	148	154	146
2	OCMH IP Share - Osborne Co Only	30.0%	31.2%	29.1%
3	Total IP Discharges-Age 0-17 Ped	1	4	1
4	Total IP Discharges-Age 18-44	2	5	7
5	Total IP Discharges-Age 45-64	17	22	23
6	Total IP Discharges-Age 65-74	17	14	24
7	Total IP Discharges-Age 75+	94	89	88
8	Psychiatric	1	1	1
9	Obstetric	8	11	1
10	Surgical %	2.7%	2.6%	0.7%
#	Kansas Hospital Assoc	FFY2018	FFY2019	FFY2020
1	OCMH ER Share - Osborne Co Only	57.2%	54.1%	52.4%
2	OCMH OPS Share - Osborne Co Only	21.5%	19.2%	29.6%
3	OCMH Tot OP Share - Osborne Co Only	58.9%	58.1%	55.4%

Tab 6: Behavioral / Mental Profile

Behavioral healthcare provides another important indicator of community health status.

Tab		Behavioral / Mental - Health Indicator	Osborne Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
6	a	Depression: Medicare Population, percent, 2017	20.6%		18.9%	17.8%	Kansas Health Matters
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2016-2018 (lower is better)	NA		18.6%	30.0%	Kansas Health Matters
	c	Mental Behavioral Hospital Admission Rates per 100,000, 2016-2018	23.1		75.1	26.7	Kansas Health Matters
	d	Percent of Medicare Part D Beneficiaries Receiving Opioids Supply >10 Days	44.5%		37.8%	42.5%	Kansas Health Matters
	e	Average Number of mentally unhealthy days, 2017	3.6		3.7	3.6	County Health Rankings

Tab 7a: Risk Indicators & Factors Profile

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

Tab		High-Risk - Health Indicator	Osborne Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
7a	a	Adult obesity, percent, 2016	29.0%		33.0%	32.9%	County Health Rankings
	b	Adult smoking, percent, 2017	15.9%		17.0%	15.6%	County Health Rankings
	c	Excessive drinking, percent, 2017	16.9%		19.0%	16.5%	County Health Rankings
	d	Physical inactivity, percent, 2016	30.3%		25.0%	29.9%	County Health Rankings
	e	# of Physically unhealthy days, 2015	3.4		3.6	3.4	County Health Rankings
	f	Sexually transmitted infections (chlamydia), rate per 100,000 2017	193.9		13554	264.7	County Health Rankings

Tab 7b: Chronic Risk Profile

Tab		Chronic - Health Indicator	Osborne Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
7b	a	Hypertension: Medicare Population, 2017	56.2%		55.2%	56.9%	Kansas Health Matters
	b	Hyperlipidemia: Medicare Population, 2017	28.0%		37.1%	37.2%	Kansas Health Matters
	c	Heart Failure: Medicare Population, 2017	24.0%		13.4%	19.0%	Kansas Health Matters
	d	Chronic Kidney Disease: Medicare Pop, 2017	22.1%		21.8%	21.2%	Kansas Health Matters
	e	COPD: Medicare Population, 2017	15.7%		11.9%	14.0%	Kansas Health Matters
	f	Atrial Fibrillation: Medicare Population, 2017	10.5%		8.8%	10.7%	Kansas Health Matters
	g	Cancer: Medicare Population, 2017	9.9%		8.1%	8.4%	Kansas Health Matters
	h	Osteoporosis: Medicare Population, 2017	8.7%		6.1%	9.3%	Kansas Health Matters
	i	Asthma: Medicare Population, 2017	4.1%		4.3%	3.6%	Kansas Health Matters
	j	Stroke: Medicare Population, 2015	2.8%		3.1%	3.6%	Kansas Health Matters

Tab 8 Uninsured Profile and *Community Benefit*

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

Tab		Coverage - Health Indicator	Osborne Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
8	a	Uninsured, percent, 2017	12.3%		10.0%	11.9%	County Health Rankings

Source: DOH Internal Records - Osborne County				
	Community Tax Dollars- Local Health Dept Operations	**Yr 2018**	**YR 2019**	**YR 2020**
1	**Core Community Public Health**	**$140,888**	**$145,190**	**$142,000**
2	**WIC Administration**	**$12,740**	**$15,154**	**$15,947**

Tab 9: Mortality Profile

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

Tab		Mortality - Health Indicator	Osborne Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
9	a	Life Expectancy, 2016 - 2018	77.3		78.5	78.4	Kansas Health Matters
	b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2016-2018 (lower is better)	178.8		155.3	146.8	Kansas Health Matters
	c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2016-2018 (lower is better)	244.0		156.7	169.8	Kansas Health Matters
	d	Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2014-16 (Lower is better)	52.1		49.9	52.2	Kansas Health Matters
	e	Alcohol-impaired driving deaths, percent, 2011-2015	20.0%		21.9%	38.9%	County Health Rankings
	f	Total # Deaths involving COVID-19 if released, 2021	NA		3575	13.6	NY Times

Causes of Death by County of Residence, KS 2016	Osborne Co. (KS)	%	Trend	Kansas	%
TOTAL	**50**			**27,312**	
Other causes	**16**	32.0%		**6,058**	22.2%
Suicide	**12**	24.0%		**3,085**	11.3%
Heart disease	**10**	20.0%		**5,520**	20.2%
Hypertensive Renal Disease	**10**	20.0%		**3,603**	13.2%
Cancer	**6**	12.0%		**5,537**	20.3%
Chronic lower respiratory diseases	**6**	12.0%		**1,774**	6.5%
Residual Infections and Parasitic Diseases	**6**	12.0%		**514**	1.9%

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.

`		Preventative - Health Indicator	Osborne Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
10	a	Access to exercise opportunities, percent, 2019	47.0%		80.0%	63.8%	County Health Rankings
	b	Adults with diabetes, monitoring, percent, 2016	15.0%		10.0%	11.3%	County Health Rankings
	c	Mammography annual screening, percent, 2017	44.0%		45.0%	42.9%	County Health Rankings
	d	Percent Annual Check-Up Visit with PCP					TBD
	e	Percent Annual Check-Up Visit with Dentist					TBD
	f	Percent Annual Check-Up Visit with Eye Doctor					TBD

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

YR 2021 Inventory of Health Services - Osborne County, KS				
Cat	HC Services Offered in County	Hospital	DOH	Other
Clinic	Primary Care	Yes	No	Yes
Hosp	Alzheimer Center	No	No	Yes
Hosp	Ambulatory Surgery Centers	No	No	No
Hosp	Arthritis Treatment Center	No	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	Yes	No	No
Hosp	Cardiac Surgery	No	No	No
Hosp	Cardiology Services	Yes	No	No
Hosp	Case Management	No	No	Yes
Hosp	Chaplaincy/Pastoral Care Services	Yes	No	Yes
Hosp	Chemotherapy	No	No	No
Hosp	Colonoscopy	Yes	No	No
Hosp	Crisis Prevention	No	No	Yes
Hosp	CTScanner	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	No	Yes	Yes
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	No	Yes	Yes
Hosp	Heart	Yes	No	No
Hosp	Hemodialysis	No	No	No
Hosp	HIV/AIDS Services	No	No	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	Yes	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	Yes	Yes	No
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	Yes	No	No

YR 2021 Inventory of Health Services - Osborne County, KS				
Cat	HC Services Offered in County	Hospital	DOH	Other
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)	No	No	No
Hosp	Neonatal	No	No	No
Hosp	Neurological Services	No	No	No
Hosp	Obstetrics	Yes	No	No
Hosp	Occupational Health Services	No	No	No
Hosp	Oncology Services	No	No	No
Hosp	Orthopedic Services	Yes	No	No
Hosp	Outpatient Surgery	Yes	No	No
Hosp	Pain Management	Yes	No	No
Hosp	Palliative Care Program	Yes	No	No
Hosp	Pediatric	No	No	No
Hosp	Physical Rehabilitation	Yes	No	Yes
Hosp	Positron Emission Tomography (PET)	No	No	No
Hosp	Positron Emission Tomography/CT (PET/CT)	No	No	No
Hosp	Pulmonary Rehab	Yes	No	No
Hosp	Psychiatric Services	Yes	No	Yes
Hosp	Radiology, Diagnostic	Yes	No	No
Hosp	Radiology, Therapeutic	Yes	No	No
Hosp	Reproductive Health	No	No	No
Hosp	Robotic Surgery	No	No	No
Hosp	Shaped Beam Radiation System 161	No	No	No
Hosp	(SPECT)	No	No	No
Hosp	Sleep Center	Yes	No	No
Hosp	Social Work Services	Yes	No	Yes
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	No	Yes	No
Hosp	Wound Care	Yes	No	No
SR	Adult Day Care Program	No	No	Yes
SR	Assisted Living	No	No	Yes
SR	Home Health Services	No	No	Yes
SR	Hospice	No	No	Yes
SR	LongTerm Care	No	No	Yes
SR	Nursing Home Services	No	No	Yes
SR	Retirement Housing	No	No	Yes
SR	Skilled Nursing Care	Yes	No	Yes
ER	Emergency Services	Yes	No	No
ER	Urgent Care Center	No	No	No

YR 2021 Inventory of Health Services - Osborne County, KS				
Cat	HC Services Offered in County	Hospital	DOH	Other
ER	Ambulance Services	No	No	Yes
SERV	Alcoholism-Drug Abuse	No	No	Yes
SERV	Blood Donor Center	No	No	Yes
SERV	Chiropractic Services	No	No	Yes
SERV	Complementary Medicine Services	No	No	No
SERV	Dental Services	No	No	No
SERV	Fitness Center	No	No	No
SERV	Health Education Classes	No	No	No
SERV	Health Fair (Annual)	No	Yes	Yes
SERV	Health Information Center	No	Yes	No
SERV	Health Screenings	No	Yes	No
SERV	Meals on Wheels	No	No	Yes
SERV	Nutrition Programs (WIC)	No	Yes	Yes
SERV	Patient Education Center	No	Yes	No
SERV	Support Groups	No	No	Yes
SERV	Teen Outreach Services	No	No	Yes
SERV	Transportation to Health Facilities	No	No	Yes
SERV	Wellness Program	No	No	No
SERV	Tobacco Treatment/Cessation Program	No	No	No

YR 2021 Physician Manpower - Osborne County, KS			
	Supply Working in County		
Number of FTE Providers	FTE County Based	Visting	PA/NP
Primary Care:			
Family Practice	2.0	0.0	2.0
Internal Medicine	0.0	0.0	0.0
Obstetrics/Gynecology	0.0	0.0	0.0
Pediatrics	0.0	0.0	0.0
Medicine Specialists:			
Allergy/Immunology	0.0	0.0	
Cardiology	0.0	<0.25	
Dermatology	0.0	0.0	
Endocrinology	0.0	0.0	
Gastroenterology	0.0	0.0	
Oncology/RADO	0.0	0.0	
Infectious Diseases	0.0	0.0	
Nephrology	0.0	0.0	
Neurology	0.0	0.0	
Psychiatry	0.0	0.0	
Pain	0.0	<0.25	
Urology	0.0	<0.25	
Surgery Specialists:			
General Surgery		<0.25	
Neurosurgery	0.0	0.0	
Ophthalmology	0.0	0.0	
Orthopedics	0.0	<0.25	
Otolaryngology (ENT)	0.0	0.0	
Plastic/Reconstructive	0.0	0.0	
Thoracic/Cardiovascular/Vasc	0.0	0.0	
Urology	0.0	0.0	
Hospital Based:			
Anesthesia/Pain	0.0	0.0	
Emergency	0.0	0.0	
Radiology	0.0	0.0	
Pathology	0.0	0.0	
Hospitalist *	0.0	0.0	
Neonatal/Perinatal	0.0	0.0	
Physical Medicine/Rehab	0.0	0.0	
Totals	2.00	1.25	2.00

Providers delivering care in Osborne County KS

YR 2021 Visiting Specialists to Osborne County Memorial Hospital					
SPECIALTY	*Physician Name/Group*	*Office Location*	*SCHEDULE*	*Annual Days*	*FTE Coverage*
Behavioral Health	Winder/Courser Lapo	Beloit KS	Every Friday	50	0.21
Cardiology	Curtis/DeBakey Heart	Hays, KS	2nd Thursday Monthly	12	0.05
Cardiology	Boxberger/Galachia Heart	Wichita, KS	3rd Thursday Monthly	12	0.05
Orthopedic	Rump/Salina Regional Orthopedic Clinic	Salina, KS	4th Thursday Monthly	12	0.05
Pain	Gary Hembd/Sunflower Anesthesia Associates	Norton KS	2nd & 4th Monday Monthly	24	0.10
Surgery	Mark Banker, MD	Beloit, KS	2nd & 4th Tuesday Monthly	24	0.10
Urology	Mattuchi/Salina Urology	Salina, KS	3rd Wednesday every other month	6	0.03

YR 2021 - OSBORNE COUNTY KS
AREA HEALTH RESOURCES AND SERVICES DIRECTORY

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

Non-Emergency Numbers

Osborne County Sheriff 785-346-2001

Municipal Non-Emergency Numbers

	Police/Sheriff	Fire
Alton	911	911
Downs	785-346-2001	911
Natoma	911	911
Osborne	785-346-5721	911
Portis	911	911

Ambulance/Emergency

Osborne County Emergency Medical Services (EMS)
124 W New Hampshire Osborne KS 67473
785-346-2379

Chiropractor

Osborne Chiropractic Center
121 W Main St Osborne KS 67473
785-346-2023
Ashley Taylor, D.C.
Jess Rietzke, D.C.

Clinics

Downs Clinic
907 Morgan Avenue Downs KS 67437
785-454-3311

Goad Medical Clinic
237 W Harrison St Suite 200 Osborne KS 67473
785-346-2510
Providers:
Kamel Barakat, M.D.
Barbara Brown, D.O.
Alison Begay, FNP-C
Joshua Choate, PA-C

Disability Services

American Association of People with Disabilities (AAPD)
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
1-888-236-3348
www.disabilitygroup.com

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

Domestic/Family Violence

Adult Abuse &Protective Services
1-800-922-5330

Child Abuse Hotline
1-800-922-5330

Domestic Violence and Sexual Assault (DVACK)
1-800-874-1499
www.dvack.org

Northwest Kansas Domestic & Sexual Violence Services (Hays)
1-800-794-4624

Northwest Kansas Family Shelter
1-800-794-4624

Environment

Environmental Protection Agency
901 N 5th Street Kansas City KS
1-800-223-0425
913-321-9516 (TTY)
www.epa.gov

Funeral Homes

Clark-Gashaw Mortuary Inc.
238 N 1st Osborne KS 67473
785-346-2634

Domoney Funeral Home
817 Morgan Avenue Downs KS 67437
785-454-3325

Pohlman-Varner-Peeler Mortuary
701 N 1st Natoma KS 67651
785-885-4221

Health Department

Osborne County Health Department
115 N First St Osborne KS 67473
785-346-2412

- *Adult Services*
- *Children's Services*
- *Immunizations (Child)*
- *Immunizations (Adult)*
- *Maternal & Infant Care Program*
- *Healthy Start Home Visitor*
- *WIC (Nutrition program for Women, Infants & Children)*
- *Women's Health Services*
- *Public Health Services*
- *Health Education*
- *Environmental Consultations (Part of the North Central LEPP Program)*

Health Resources

Alzheimer's Association
1-800-487-2585

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

American Diabetes Association
1-800-DIABETES (342-2383)
www.diabetes.org

AIDS/HIV Center for Disease Control and Prevention
1-800-CDC-INFO
1-888-232-6348 (TTY)
www.cdc.gov/hiv/

AIDS/STD National Hot Line
1-800-342-AIDS
1-800-227-8922 (STD line)

American Heart Association
www.americanheart.org

American Lung Association
1-800-586-4872

American Stroke Association
1-888-4-STROKE
www.americanheart.org

Center for Disease Control and Prevention
1-800-CDC-INFO
1-888-232-6348 (TTY)
www.cdc.gov/hiv/

Hearing

Kansas Relay Center
For TDD Customers
1-800-766-3777 or 711
www.kansasrelay.com

Home Health

Progressive Care Home Plus LLC
513 Mill Street Alton KS 67623
785-984-2290

Angels Care Home Health
802 N Maple Russell KS 67665
785-445-3500

Hospice

Hospice Service, Inc
424 8th Street Phillipsburg KS 67661
785-543-2900

Solomon Valley Hospice
311 W Main Beloit KS 67420
785-738-9260

Hospital

Osborne County Memorial Hospital
237 W Harrison Street Suite 100 Osborne KS 67473
785-346-2121 www.ochm.org

- Acute Care
- Skilled Care
- Observation
- Emergency Department
- Cardiac Rehabilitation
- Respiratory Therapy
- Lab
- Radiology
- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Surgery
- Specialty Clinics

Medicaid Services

Kansas Medical Assistance Program Customer Service
1-800-766-9012
www.kmpa-state-ks.us/

Medicare Information

1-800-MEDICARE
www.cms.hhs.gov
www.medicare.gov

Mental Health

High Plains Mental Health Center
209 W Harrison Street Osborne KS 67473
785-346-2184

- *Alcohol and Drug Treatment*
- *Case Management*
- *Counseling*
- *Court-ordered outpatient treatment*
- *Couples Therapy*
- *Crisis Intervention*
- *Group Therapy*
- *Individual Therapy*
- *Intensive Case Management*
- *Psychiatric Emergencies*
- *Psychosocial Rehabilitation*
- *Suicide Prevention*
- *Teen Parenting*

Nursing Home/Assisted Living

Downs Care & Rehabilitation Center
1218 Kansas Downs KS 67437
785-454-3321

Parkview Care Center
811 N 1st Osborne KS 67473
785-346-2114

Progressive Care Home Plus LLC
513 Mill Street Alton KS 67623
785-984-2290

Optometrist

Solomon Valley Vision
101 W Main Osborne KS 67473
785-346-5437
Kim Cheney, O.D.

Pharmacies

Corner Drug & Gift
823 Morgan Street Downs KS 67437
785-454-6614

Main Street Drug
103 W. Main Street Osborne KS 67473
785-346-2136

Poison Control Center

1-800-222-1222
www.aapcc.org

Pregnancy Services

Heart Choices
117 N 1st St Osborne KS 67473
785-345-3315

Rape

Domestic Violence Crisis Center
1-800-794-4624

Northwest Kansas Domestic & Sexual Violence Services (Hays)
785-625-3055
1-800-794-4624

School Nurse

Downs USD #272
1306 N Morgan Downs KS 67437
785-454-3332

Natoma USD #399
610 Third Natoma KS 67651
785-885-4478

Osborne #392
234 N Third Osborne KS 67473
785-346-5491

Senior Services

Downs Senior Citizens Inc.
514 Morgan Avenue (Downs)
785-454-6228

Homestead Nutrition
Home Delivered Meals
800-432-7422

Osborne Senior Center
108 W Main Osborne KS 67473
785-346-2303

Progressive Care Professional
513 Mill Street Alton KS 67623
785-984-2290

Senior Health Insurance Counseling for Kansas
1-800-860-5260
www.agingkansas.org/SHICK/shickindex.html

Social Security

Social Security Administration
1-800-772-1213
1-800-325-0778 (TTY)
www.socialsecurity.gov

Suicide Prevention

Suicide Prevention Hotline
1-800-SUICIDE
www.hopeline.com

1-800-273-TALK
www.suicidepreventionlifeline.com

Tobacco Use Quitline

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

Veterans Services

Health Resource Center
1-877-222-8387

Insurance Center
1-800-669-8477

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

Inpatient Origin Reports

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

Detail

Hospital Detail by County				Pediatric		Adult Medical/Surgical												
				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+		Psychiatric		Obstetric		Newborn	
Hospital Name	Rank	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Surg %
Osborne County Memorial HospitalOsborne, KS	1	146	29.1%	1	0.7%	7	4.8%	23	15.8%	24	16.4%	88	60.3%	1	0.7%	1	0.7%	1	0.7%	0.7%
Mitchell County Hospital Health SystemsBeloit, KS	2	90	18.0%	1	1.1%	1	1.1%	6	6.7%	12	13.3%	38	42.2%	2	2.2%	15	16.7%	15	16.7%	17.8%
Salina Regional Health Center Salina, KS	3	74	14.8%	0	0.0%	2	2.7%	20	27.0%	15	20.3%	21	28.4%	6	8.1%	5	6.8%	5	6.8%	52.7%
HaysMed, The University of Kansas Health System -Hays, KS	4	42	8.4%	0	0.0%	2	4.8%	4	9.5%	5	11.9%	16	38.1%	0	0.0%	7	16.7%	8	19.0%	26.2%
Smith County Memorial HospitalSmith Center, KS	5	33	6.6%	0	0.0%	0	0.0%	5	15.2%	3	9.1%	14	42.4%	1	3.0%	5	15.2%	5	15.2%	6.1%
Wesley Healthcare Wichita, KS	6	24	4.8%	3	12.5%	4	16.7%	4	16.7%	4	16.7%	3	12.5%	0	0.0%	3	12.5%	3	12.5%	33.3%
Rooks County Health Center Plainville, KS	7	23	4.6%	0	0.0%	1	4.3%	1	4.3%	4	17.4%	8	34.8%	0	0.0%	5	21.7%	4	17.4%	17.4%
Salina Surgical Hospital Salina, KS	8	19	3.8%	0	0.0%	0	0.0%	5	26.3%	8	42.1%	6	31.6%	0	0.0%	0	0.0%	0	0.0%	100.0%
Kansas Residents/Nebraska Hospitals	9	12	2.4%	0	0.0%	2	16.7%	3	25.0%	3	25.0%	4	33.3%	0	0.0%	0	0.0%	0	0.0%	58.3%
The University of Kansas Health System - Kansas City, KS	10	12	2.4%	3	25.0%	0	0.0%	3	25.0%	4	33.3%	2	16.7%	1	8.3%	0	0.0%	0	0.0%	66.7%
Ascension Via Christi Hospitals St. Francis Wichita, KS	11	8	1.6%	0	0.0%	1	12.5%	4	50.0%	3	37.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	75.0%
Children's Mercy Kansas CityKansas City, MO	12	8	1.6%	6	75.0%	1	12.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	12.5%	25.0%
Phillips County Health SystemsPhillipsburg, KS	13	2	0.4%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Stormont Vail Health Topeka, KS	14	2	0.4%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0.0%
Wesley Woodlawn Hospital & ER Wichita, KS	15	2	0.4%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	50.0%
Ascension Via Christi Hospital Manhattan - Manhattan, KS	16	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Ellsworth County Medical CenterEllsworth, KS	17	1	0.2%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Memorial Health System Abilene, KS	18	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0.0%
Russell Regional Hospital Russell, KS	19	1	0.2%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%

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Inpatient Origin by County
Osborne, KS Residents Treated in KHA Reporting Area
Federal Fiscal Year: 2019

Detail

Hospital Detail by County				Pediatric		Adult Medical/Surgical													
				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+		Psychiatric		Obstetric		Newborn	
Hospital Name	Rank	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Surg %
Osborne County Memorial HospitalOsborne, KS	1	154	31.2%	4	2.6%	5	3.2%	22	14.3%	14	9.1%	89	57.8%	1	0.6%	11	7.1%	9	5.8%	2.6%
Mitchell County Hospital Health SystemsBeloit, KS	2	99	20.0%	0	0.0%	0	0.0%	7	7.1%	16	16.2%	50	50.5%	0	0.0%	13	13.1%	13	13.1%	11.1%
HaysMed, The University of Kansas Health System - Hays, KS	3	59	11.9%	1	1.7%	2	3.4%	10	16.9%	4	6.8%	19	32.2%	1	1.7%	11	18.6%	11	18.6%	33.9%
Salina Regional Health Center Salina, KS	4	58	11.7%	1	1.7%	0	0.0%	18	31.0%	12	20.7%	21	36.2%	0	0.0%	3	5.2%	3	5.2%	67.2%
Smith County Memorial HospitalSmith Center, KS	5	35	7.1%	3	8.6%	0	0.0%	5	14.3%	3	8.6%	12	34.3%	0	0.0%	6	17.1%	6	17.1%	5.7%
Salina Surgical Hospital Salina, KS	6	21	4.3%	0	0.0%	1	4.8%	6	28.6%	5	23.8%	9	42.9%	0	0.0%	0	0.0%	0	0.0%	95.2%
Wesley Healthcare Wichita, KS	7	13	2.6%	4	30.8%	2	15.4%	3	23.1%	2	15.4%	1	7.7%	0	0.0%	1	7.7%	0	0.0%	61.5%
Rooks County Health Center Plainville, KS	8	12	2.4%	0	0.0%	0	0.0%	1	8.3%	1	8.3%	3	25.0%	0	0.0%	4	33.3%	3	25.0%	8.3%
The University of Kansas Health System Kansas City, KS	9	12	2.4%	0	0.0%	3	25.0%	3	25.0%	3	25.0%	3	25.0%	0	0.0%	0	0.0%	0	0.0%	75.0%
Kansas Residents/Nebraska Hospitals	10	10	2.0%	0	0.0%	0	0.0%	6	60.0%	1	10.0%	3	30.0%	0	0.0%	0	0.0%	0	0.0%	60.0%
Ascension Via Christi Hospitals St. Francis Wichita, KS	11	6	1.2%	0	0.0%	0	0.0%	2	33.3%	2	33.3%	2	33.3%	0	0.0%	0	0.0%	0	0.0%	16.7%
Children's Mercy Kansas CityKansas City, MO	12	5	1.0%	5	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Wesley Woodlawn Hospital & ER Wichita, KS	13	3	0.6%	0	0.0%	0	0.0%	1	33.3%	1	33.3%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	66.7%
Stormont Vail Health Topeka, KS	14	2	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0.0%
Clay County Medical Center Clay Center, KS	15	1	0.2%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Community Memorial Healthcare, Inc Marysville, KS	16	1	0.2%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Hutchinson Regional Medical Center Hutchinson, KS	17	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Kansas Residents/Minnesota Hospitals	18	1	0.2%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Russell Regional Hospital Russell, KS	19	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Overall		**494**	**100.0%**	**18**	**3.6%**	**13**	**2.6%**	**87**	**17.6%**	**64**	**13.0%**	**215**	**43.5%**	**4**	**0.8%**	**49**	**9.9%**	**45**	**9.1%**	**25.1%**

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Inpatient Origin Reports

Kansas Hospital Association

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

Detail

Hospital Detail by County				Pediatric		Adult Medical/Surgical												
				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+		Psychiatric		Obstetric		Newborn	
Hospital Name	Rank	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Surg %
Osborne County Memorial Hospital	Osborne, KS	1	148	30.0%	1	0.7%	2	1.4%	17	11.5%	17	11.5%	94	63.5%	1	0.7%	8	5.4%	8	5.4%	2.7%
Mitchell County Hospital Health Systems	Beloit, KS	2	91	18.4%	2	2.2%	3	3.3%	9	9.9%	13	14.3%	36	39.6%	1	1.1%	14	15.4%	14	15.4%	18.7%
Salina Regional Health Center	Salina, KS	3	79	16.0%	1	1.3%	9	11.4%	24	30.4%	17	21.5%	25	31.6%	2	2.5%	1	1.3%	0	0.0%	43.0%
HaysMed, The University of Kansas Health System	Hays, KS	4	56	11.3%	1	1.8%	4	7.1%	17	30.4%	4	7.1%	14	25.0%	0	0.0%	8	14.3%	8	14.3%	33.9%
Smith County Memorial Hospital	Smith Center, KS	5	40	8.1%	1	2.5%	1	2.5%	3	7.5%	1	2.5%	18	45.0%	0	0.0%	8	20.0%	8	20.0%	7.5%
Salina Surgical Hospital	Salina, KS	6	14	2.8%	0	0.0%	0	0.0%	4	28.6%	5	35.7%	5	35.7%	0	0.0%	0	0.0%	0	0.0%	100.0%
Rooks County Health Center	Plainville, KS	7	12	2.4%	0	0.0%	0	0.0%	2	16.7%	0	0.0%	9	75.0%	0	0.0%	1	8.3%	0	0.0%	16.7%
Kansas Residents/Nebraska Hospitals		8	10	2.0%	0	0.0%	0	0.0%	6	60.0%	1	10.0%	3	30.0%	0	0.0%	0	0.0%	0	0.0%	60.0%
The University of Kansas Health System	Kansas City, KS	9	10	2.0%	0	0.0%	7	70.0%	1	10.0%	1	10.0%	1	10.0%	0	0.0%	0	0.0%	0	0.0%	30.0%
Wesley Woodlawn Hospital & ER	Wichita, KS	10	7	1.4%	0	0.0%	0	0.0%	2	28.6%	2	28.6%	3	42.9%	0	0.0%	0	0.0%	0	0.0%	57.1%
Ascension Via Christi Hospitals St. Francis	Wichita, KS	11	6	1.2%	0	0.0%	0	0.0%	0	0.0%	2	33.3%	3	50.0%	1	16.7%	0	0.0%	0	0.0%	33.3%
The University of Kansas Health System Great Bend Campus- Great Bend, KS		12	4	0.8%	0	0.0%	0	0.0%	2	50.0%	1	25.0%	1	25.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Wesley Healthcare	Wichita, KS	13	4	0.8%	1	25.0%	0	0.0%	1	25.0%	0	0.0%	0	0.0%	0	0.0%	1	25.0%	1	25.0%	50.0%
AdventHealth Shawnee Mission	Shawnee Mission, KS	14	2	0.4%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Ascension Via Christi Hospital St. Teresa	Wichita, KS	15	2	0.4%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	50.0%
Children's Mercy Hospital Kansas	Overland Park, KS	16	2	0.4%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Hutchinson Regional Medical Center	Hutchinson, KS	17	2	0.4%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Stormont Vail Health	Topeka, KS	18	2	0.4%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0.0%
Children's Mercy Kansas City	Kansas City, MO	19	1	0.2%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Kansas Residents/Minnesota Hospitals		20	1	0.2%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%

Discharge Data Available from: 2015 Q1 through 2020 Q4
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Outpatient Origin Reports

Kansas Hospital Association

Outpatient Market Penetration By Service Type*
Osborne County Memorial Hospital - Osborne, KS

ZIP by Federal Fiscal Year: 2020	Total Visits	67473		67437		67623		67474		67485		67430		Other
		Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits
1 Emergency Department (45x)	1,197	357	77.4%	117	33.8%	35	66.0%	12	29.3%	14	26.4%	12	7.4%	639
2 Surgery (36x, 49x)	294	98	45.2%	21	16.8%	5	17.2%	6	35.3%	7	24.1%	2	2.5%	155
3 Observation (76x, excl. 761)	214	54	62.8%	20	42.6%	9	90.0%	3	30.0%	7	41.2%	2	8.3%	115
Actual total visits	12,319	4,199	80.2%	793	37.1%	305	47.7%	222	37.9%	99	26.8%	95	11.4%	6,372

ZIP by Federal Fiscal Year: 2019	Total Visits	67473		67437		67623		67474		67485		67430		Other
		Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits
1 Emergency Department (45x)	1,390	413	79.6%	107	29.8%	42	60.9%	29	50.9%	26	34.7%	16	8.9%	736
2 Surgery (36x, 49x)	249	92	35.7%	10	4.9%	5	15.2%	3	7.0%	3	4.8%	1	0.8%	133
3 Observation (76x, excl. 761)														
Actual total visits	12,786	4,516	80.6%	716	35.5%	374	54.4%	221	39.3%	110	24.1%	91	10.8%	6,602

ZIP by Federal Fiscal Year: 2018	Total Visits	67473		67437		67623		67474		67485		67430		Other
		Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits
1 Emergency Department (45x)	1,385	409	84.5%	109	32.0%	39	66.1%	28	40.0%	19	23.5%	21	16.2%	740
2 Surgery (36x, 49x)	266	91	39.7%	15	7.8%	5	16.1%	5	10.9%	5	8.8%			141
3 Observation (76x, excl. 761)	203	68	93.2%	21	42.0%	2	40.0%	2	33.3%	3	20.0%			105
Actual total visits	13,209	4,499	83.6%	853	41.0%	347	51.0%	253	39.3%	118	26.8%	100	12.6%	6,861

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

CHNA Town Hall RSVP's:

This represents a list Stakeholders / Residents (N = 22) of Osborne County, KS who RSVP'd for this event, with 19 in attendance.

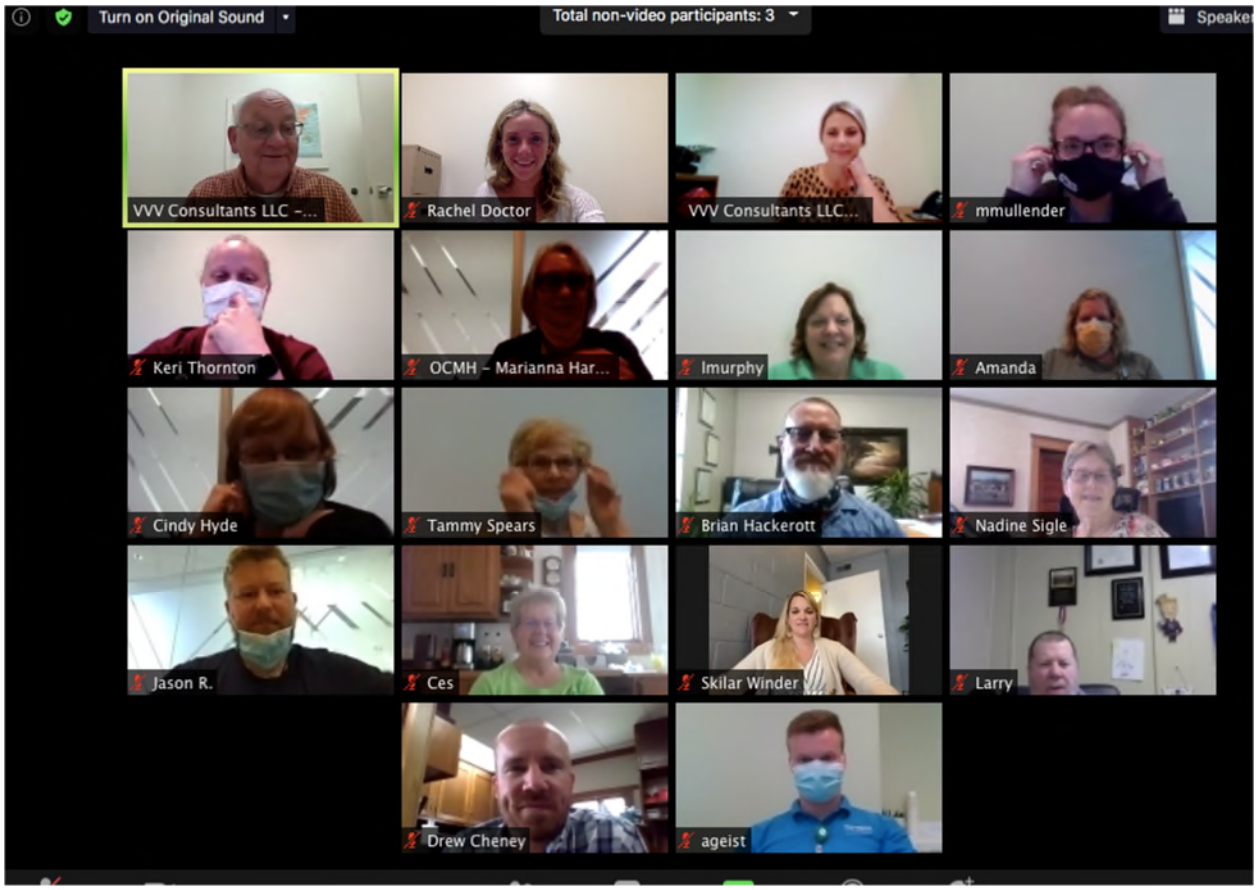
Osborne County, KS 2021 CHNA Virtual Town Hall - April 6th 11:30 to 1pm (N=19)							
#	Team	Attend	Lead	Last	First	Organization	Title
1	A	X		Sigle	Nadine	K-State Research and Extension	Extension Assoc, Comm Vitality
2	B	X		Cole	LaRhea	Local News	
3	B	X	XX	Burch	Janel	OCMH	Chairman of Board
4	A	X		Geist *	Aaron	OCMH	
5	A	X	XX	Harris	Marianna	OCMH	CEO
6	A	X		Hyde	Cindy	OCMH	RN
7	B	X		Mullender	Monica	OCMH	RN, DON
8	B	X		Murphy	Linda	OCMH	
9	B	X		Rothenberger	Jason	OCMH	Plant Operations Manager
10	B	X		Simon	Amanda	OCMH	Lab Manager
11	A	X		Spears	Tammy	OCMH	
12	A	X		Thornton	Keri	OCMH	IT Manager
13	B	X		Mans	Carla	Osborne Co Health Dept	RN Administrator
14	A	X		Reinart	Ces	Osborne Cty. Comm. Foundation	
15	A	X		Hackerott	Brian	Parkview Care Center	Administrator
16	B	X		Cheney	Drew & Kim	Solomon Valley Vision, LLC	
17	A	X		Geist	Larry	USD 399 Paradies	Superintendent
18	B	X		Windle	Susan	USD#392	School Nurse
19	B	X		Winder	Skilar		Social Worker

Note> local CHNA leads are tagged below who assisted with community zoom breakout room discussions.

Osborne County KS

Virtual 2021 Community Health Needs Assessment

Town Hall Attendees 4/6/21



NOTES: Osborne County Town Hall

Date: 4/06/2021

Established Needs/Strengths: Breakout Rooms

N = 19

Team A:

Needs

- Behavioral / Mental Health Services
- Drug / Substance Abuse
- Child Care
- Food Insecurity
- Opioids
- Nursing Home / Senior Care
- Nutrition – Healthy Food Options
- Suicide
- Alcohol Abuse
- Tobacco Use (Vaping)
- Home Health
- Affordable Health Insurance
- Awareness of HC Services / Resources
- Dental Care
- Exercise / Fitness Options

Strengths

- School Education / Options
- Health Department
- Transportation
- Vaccinations (COVID Vaccine)
- Wellness Growth / Recreations
- Provider Availability
- Unified Community
- Safe Environment
- Feeding Programs (Summer Meals)
- Medical Services Options
- Robust Medical System (Birth-Death)

Team B:

Needs

- Suicide
- Opioids
- Employee Benefits
- Preventative Health / Wellness
- Diabetes Care / Management
- Infant Immunization
- Alcohol Abuse
- Child Care
- Behavioral / Mental Health Services
- Awareness of HC Services / Resources
- Housing
- Behavioral Health Workforce

Strengths

- Opioid Reduction
- Telehealth / Telemedicine Usage (BH)
- School Nurse
- Emergency Services
- Clinic Access
- Referring Patients (PC)
- Library Services
- Public Transport
- Health Department
- High Ranking Hospital
- Variety of Services

c) Public Notice & Requests

[VVV Consultants LLC]

Email #1 Message: bcc to Stakeholders List

3:54 PM (4 hours ago)

Marianna Harris
to OCMH, bcc: me

TO: COMMUNITY LEADERS, PROVIDERS, BOARD AND STAFF

Osborne County Memorial Hospital (OCMH) is updating our 2018 Community Health Needs Assessment (CHNA). Over the next couple of months, OCMH will be working with area providers to complete the 2021 CHNA. The goal of this assessment is to understand community progress on addressing community health needs.

Your participation in providing feedback and suggestions regarding community health delivery is vital and will be collected virtually this year in order to take proper precautions due to COVID-19.

Please **HOLD THE DATE** for the virtual Town Hall scheduled for **Tuesday, April 6th, 2021, from 11:30 a.m. - 1:00 p.m.** via ZOOM. More information will be released late March on how to RSVP. If you have any questions about CHNA activities, please call (785) 346-2121 or email mharris@ocmh.net. Thank you in advance for your time and support!

Marianna Harris, CEO

Osborne County Memorial Hospital
237 W Harrison Street
PO Box 70
Osborne KS 67473
Office: 785-346-2121 x1121
Fax: 785-346-5498
mharris@ocmh.net

Email #2 Message: bcc to Stakeholders List

From: Marianna Harris, CEO
Date: 3/26/2021
To: Community Leaders, Providers, Hospital Board and Staff
Subject: Osborne Co. Community Town Hall Scheduled – April 6th @ 11:30am – 1pm

Osborne County Memorial Hospital (OCMH) will be hosting a virtual Town Hall meeting for the 2021 Community Health Needs (CHNA) on **Tuesday, April 6th, 2021 11:30 a.m. - 1:00pm.** As COVID is still upon us, we are not able to meet in person for the sake of keeping community members safe. Therefore, this meeting will be held virtually via ZOOM.

This virtual meeting will consist of reviewing the community health indicators and gathering feedback opinions on key community health needs. It is imperative that everyone who plans to attend this meeting RSVPs for adequate preparation. We hope you find time to join us for this important event. To RSVP, please utilize the link below to complete this step. **Note>** For those who do RSVP, additional information will be sent out a few days prior to the event. Thanks is advance for your time and support!

LINK: https://www.surveymonkey.com/r/OsborneCo_CHNA2021_RSVP

If you have any questions about CHNA activities, please call (785) 346-2121 or email mharris@ocmh.net

Email #3 Cut and paste (bcc) to RSVP attendees

Osborne County Medical Center is confirming your participation tomorrow (April 6th) for our Zoom Virtual 2021 Community Health Needs Assessment Town Hall meeting scheduled **from 11:30am to 1pm**.

To begin our agenda on time, we ask that each of you please be signed on to zoom by 11:20 am.to begin promptly at 11:30 am. In addition, we ask that you plan to stay for the full duration as the last 45 mins will be the most important for gathering community insight.

To access session please find link provided below.

Join Zoom Meeting: https://us02web.zoom.us/j/85734484495

Meeting ID: 857 3448 4495 **Passcode:** VVV

CHNA Zoom agenda – April 6th.

- Review Current Community Health Status
- Review past CHNA unmet HC needs.
- Collect current community health perspective through assigned breakout rooms.
- Report 2021 unmet needs – Breakout Room Discussions
- Participate in Zoom Unmet Needs Poll
- Wrap up discussion & review next steps.

Thank you in advance for contributing your time and support. We look forward to your Town Hall engagement. If you any further questions regarding this virtual Town Hall meeting, please contact me.

Osborne County Memorial Hospital 2021 Community Health Needs Assessment

Media Release: 2/18/21

Osborne County Memorial Hospital (OCMH) will be updating the 2018 Osborne County Community Health Needs Assessment (CHNA). Over the next few months, OCMH will be partnering with area providers to successfully complete the 2021 CHNA. <Note: ACA legislation requires all tax-exempt hospitals to submit a CHNA to the IRS every three years, regardless of hospital affiliation.>

"*With COVID pandemic outbreak, Town Hall community input will be virtual this year to keep all safe"* shared Marianna Harris, Osborne County Memorial Hospital, CEO.

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

Additionally, please **HOLD THE DATE** for our virtual Town Hall session on **Tuesday, April 6th from 11:30 p.m. - 1:00 p.m** via Zoom. More information will be released in late March on how to RSVP so please be on the lookout. Thanks in advance for tour time and support!

If you have any questions about CHNA activities, please call (785) 346-2121 or email mharris@ocmh.net

Join Osborne County Memorial Hospital as They Host A Virtual Town Hall

Media Release: 3/26/21

Osborne County Memorial Hospital (OCMH) will be hosting a virtual Town Hall meeting for the 2021 Community Health Needs Assessment on **Tuesday, April 6th, 2021, from 11:30 a.m. – 1 p.m.** via ZOOM.

While our focus is the safety of our community in conjunction with COVID guidelines, we have made the hard decision to hold this important meeting via ZOOM. During this meeting, we will review the community health indicators and gather feedback opinions on key community needs. We hope that you find the time to join us for this important virtual event.

Additionally, it is imperative that all those who plan to attend the virtual 2021 CHNA Town Hall on **April 6th**, utilize the link on our website to RSVP. This is especially important to adequately prepare for this event ahead of time. Thanks is advance for your support! Note> Those who RSVP will receive additional information a few days prior to the event.

If you have any questions about CHNA activities, please call (785) 346-2121 or email mharris@ocmh.net

VVV Consultants LLC

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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