



**Community Health Needs Assessment**  
Republic County, KS  
On Behalf Republic County Hospital



**June 2022**

VVV Consultants LLC  
Olathe, KS

# Community Health Needs Assessment

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# I. Executive Summary

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# I. Executive Summary

## Republic County Hospital – Republic County, KS - 2022 Community Health Needs Assessment (CHNA)

The previous CHNA for Republic County was completed in 2019. (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 Republic County, KS CHNA assessment began in January of 2022 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

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

## County Health Area of Future Focus on Unmet Needs

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

Republic County, KS				
2022 CHNA Priorities - Unmet Needs				
CHNA Wave #4 Town Hall - April 28, 2022				
Primary Service Area (20 Attendees / 67 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Diagnosis, Placement, Aftercare, Providers)	12	17.9%	18%
2	Obesity (Nutrition / Exercise)	10	14.9%	33%
3	Quality Child Care (Availability / Affordable)	10	14.9%	48%
4	Cancer Care	6	9.0%	57%
5	Housing	6	9.0%	66%
6	Lack of "Owning Your Health"	5	7.5%	73%
7	Home Health	4	6.0%	79%
8	Preventative Health & Wellness	4	6.0%	85%
9	Senior Health/ Programming	4	6.0%	91%
<b>Total Votes</b>		<b>67</b>	<b>100%</b>	
Other needs receiving votes: Drugs & Opioids, EMR, Neglect, and Spiritual Health				

## Town Hall CHNA Findings: Areas of Strengths

Republic Co KS - Community Health Strengths Recalled			
#	Topic	#	Topic
1	Collbrative Community	6	Schools
2	Rehab Services	7	Expanding Services
3	Fitness	8	EMS / ER Quality
4	Primary Care	9	Specialists Coming to Belleville
5	OB Services	10	ER Wait Times

### Key CHNA Wave #4 Secondary Research Conclusions found:

**KANSAS HEALTH RANKINGS:** According to the 2021 Robert Woods Health Rankings, Republic County, KS was ranked 96<sup>th</sup> in Health Outcomes, 37<sup>th</sup> in Health Factors, and 72<sup>nd</sup> in Physical Environmental Quality out of the 105 Counties.

**TAB 1.** Republic County's population is 4,636 (based on 2019). About six percent (5.9%) of the population is under the age of 5, while the population that is over 65 years old is 27.8%. There are 1.7% of citizens that speak a language other than English in their home. Children in single parent households make up a total of 17.0% compared to the rural norm of 20.1%, and 89.2% are living in the same house as one year ago.

**TAB 2.** In Republic County, the average per capita income is \$24,647 while 12.2% of the population is in poverty. The severe housing problem was recorded at 8.7% compared to the rural norm of 10.9%. Those with food insecurity in Republic County is 11.8%, and those having limited access to healthy foods (store) is 8.8%. Individuals recorded as having a long commute while driving alone is 24.0% compared to the norm of 25.5%.

**TAB 3.** Children eligible for a free or reduced-price lunch in Republic County is 49.9%. Roughly eighty-nine percent (88.8%) of students graduated high school compared to the rural norm of 90.3%, and 19.5% have a bachelor's degree or higher.

**TAB 4.** The percentage of births where prenatal care started in the first trimester is 82.3% and 6.7% of births in Republic County were premature births. The percentage of infants up to 24 months that received full immunization is 70.0%. The percentage of births where the mother smoked during pregnancy was recorded as 12.8% compared to the rural norm of 13.7%.

**TAB 5.** The Republic County primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 1,555 residents. Patients who reported “Yes, they would definitely recommend the hospital”, was recorded at 73%. The average (median) time patients spend in the emergency department before leaving was 80 minutes compared to the rural norm of 110.4 minutes. The recorded preventable hospital rate per 100,000 of Medicare enrollees is 5,354.

**TAB 6.** In Republic County, 15.4% of the Medicare population has depression. The percent of Medicare Part D beneficiaries receiving an opioid supply greater than 10 days was recorded at 50.3% compared to the rural norm of 42.9%.

**TAB 7a – 7b.** Republic County has an obesity percentage of 35.0% and a physical inactivity percentage is 30.7%. The percentage of adults who smoke is 19.0%, while the excessive drinking percentage is 20.6%. The Medicare hypertension percentage is 49.5%, while their heart failure percentage is 13.6%. Those with chronic kidney disease amongst the Medicare population is 15.3% compared to the rural norm of 20.3%. The percentage of individuals who were recorded with COPD was 9.1%. Republic County recorded 3.3% of individuals who have had a stroke and 7.0% of the population having cancer.

**TAB 8.** The adult uninsured rate for Republic County is 9.6% (based on 2019) compared to the rural norm of only 10.7%.

**TAB 9.** The life expectancy rate in Republic County for both females and males is roughly 75 years of age (75.1). The age-adjusted Cancer Mortality rate per 100,000 is 184.3, while the age-adjusted heart disease mortality rate per 100,000 is at 166.4.

**TAB 10.** A recorded 47.1% of Republic County has access to exercise opportunities. Those reported having diabetes is 7.1%. Continually, 42.0% of women in Republic County seek annual mammography screenings compared to the rural norm of 42.3%. Adults that reported being seen by a doctor for a routine check-up within the past year was 77.7% compared to the rural norm of 75.1%.

## Key CHNA Wave #4 Primary Research Conclusions found:

Community feedback from residents, community leaders and providers (N=111) provided the following community insights through an online perception survey:

- Using a Likert scale, average between Republic County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 81.1%.
- Republic County stakeholders are satisfied with some of the following services: Ambulance Services, Emergency Room, Hospice, Inpatient Services, Pharmacy, and Visiting Specialists.
- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health, Child Care, Senior Care, Preventative Health / Wellness, Cost for Health Services, Access to Exercise Opportunities, Cancer Care, Chronic Disease Management, Health Insurance, and Obesity.

Republic Co KS - CHNA YR 2022					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	RANK
1	Child Care	36	7.9%		2
2	Mental Health (Diagnosis, Treatment, Aftercare)	33	7.2%		1
3	Senior Care	27	5.9%		3
4	Cancer Care	24	5.3%		7
5	Obesity	23	5.0%		10
6	Cost for Health Services	20	4.4%		5
7	Poverty (Financial Brriers)	19	4.2%		17
8	Uninsured / Underinsured	19	4.2%		11
9	Access to Exercise Opportunities	18	3.9%		6
10	Preventative Health / Wellness	18	3.9%		4
11	"Owning Your Health"	17	3.7%		13
12	Awareness of Healthcare Services	17	3.7%		14
13	Chronic Disease Prevention and Management	17	3.7%		8
14	Smoking / Vaping	17	3.7%		15
15	Drug / Substance Abuse	16	3.5%		12
16	Health Insurance (Financial Assistance)	16	3.5%		9
17	Lack of Health Education / Literacy	14	3.1%		19
18	Limited Access to Healthy Foods / Nutrition	14	3.1%		16
19	Funding for Programs	11	2.4%		20
20	Transportation	9	2.0%		18
Totals		385	100.0%		

# II. Methodology

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## II. Methodology

### a) CHNA Scope and Purpose

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

#### **JOB #1: Meet/Report IRS 990 Required Documentation**

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

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

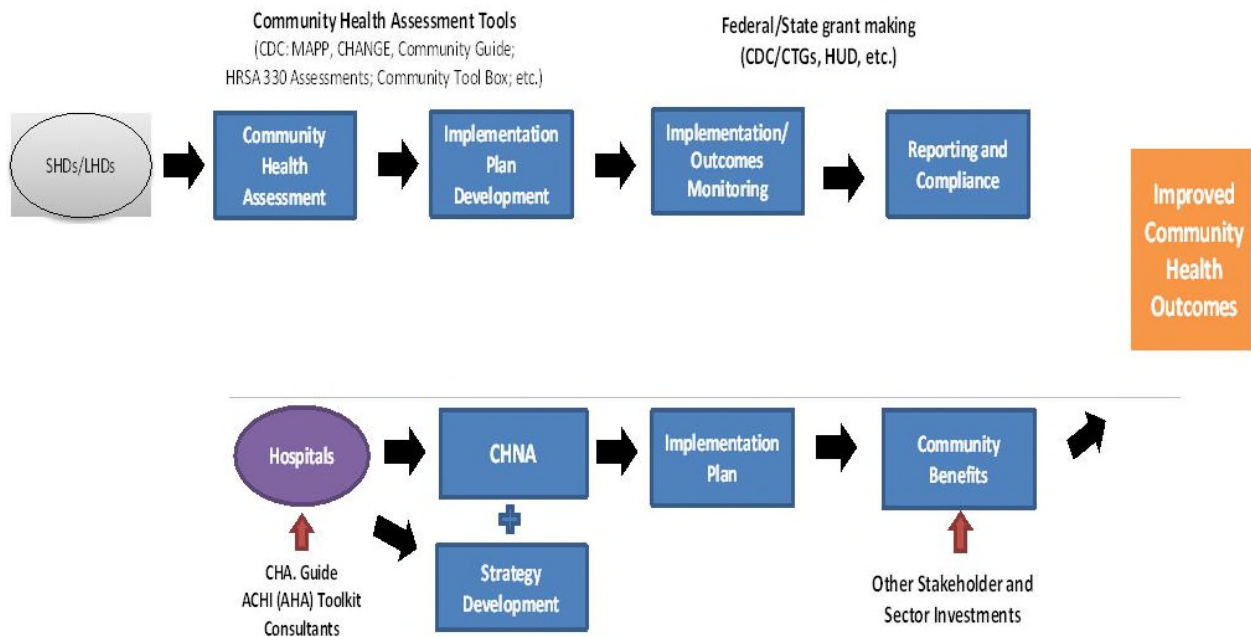
#### **JOB #2: Making a CHNA Widely Available to the Public**

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

### **JOB #3: Adopt an Implementation Strategy by Hospital**

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

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



## IRS Requirements Overview (Notice 2011-52)

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

#### Applicability of CHNA Requirements to “Hospital Organizations”

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

#### How and When to Conduct a CHNA

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

#### Determining the Community Served

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

#### Persons Representing the Community Served

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

#### Required Documentation

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

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

## **Making a CHNA Widely Available to the Public**

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

## **How and When to Adopt an Implementation Strategy**

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

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

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

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

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

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

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

### **Additional Sources of Input**

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

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

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

### **Collaboration on CHNA Reports**

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

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

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

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

### **Joint Implementation Strategies**

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

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

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

### **Adoption of Implementation Strategy**

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

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

### **New Hospital Organizations**

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

### **New Hospital Facilities**

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

### **Transferred/Terminated Facilities**

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

## **Public Health Criteria:**

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

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

#### **DOMAIN 1 includes 4 STANDARDS:**

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

#### **Required CHNA Planning Process Requirements:**

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

#### **Seven Steps of Public Health Department Accreditation (PHAB):**

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

## MAPP Process Overview

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

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

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





## Drivers of Health Assessment & Improvement Planning

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

### National Voluntary Accreditation Requirements

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

### CDC Grant Requirements

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

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

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

## Social Determinants of Health

What Are Social Determinants of Health?



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

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

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

## II. Methodology

### b) Collaborating CHNA Parties

Working together to improve community health takes collaboration. Listed below is an in-depth profile of the local hospitals and health department CHNA partners.

#### Republic County Hospital

CEO: Dan Kelly  
COO: Brent Martin  
2420 G Street Belleville, KS 66935

CFO: Barry Bottger  
CNO: Rebecca Brown  
785-527-2254

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

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

#### Local Provider Team:

- Dr. Nolan Beavers
- Dr. Kurtis Klecan
- Dr. Andy Walker
- Lauren Eitzmann, APRN
- Briana Jensen, APRN
- Lori Rhine, APRN

#### Services We Offer:

- Emergency Services
  - Level 4 trauma
  - Open 24-7
- Surgical Services
  - Advanced Cardiac Life Support
  - Trauma Nurse Core Registered Nurse
  - Scrub technicians
  - Central sterilizing technician
  - Seven physicians
    - General Surgery
      - Hysterectomy
      - Tubal Ligations
      - Mastectomy
      - Laparoscopic Appendectomy
      - Laparoscopic Cholecystectomy
      - Bowel Resection
    - Orthopedics
      - Total Joint Replacements- Shoulders, Hips, Knees
      - Joint Arthroscopy
    - Urology
    - ENT
    - Ophthalmology – cataract removal
  - Anesthetist- available 24-7
- Wound Care
  - Conventional and specialized therapies and dressing.
  - Promote healing and also prevent infection & re-injury
  - Wound care education and prevention
- Obstetrics
  - Remote monitoring of Obstetric patients
  - Cordless Fetal Monitoring

- Birthing Center
  - Childbirth Education Classes
  - Breast Feeding Support
  - “High 5 for Mom & Baby”
  - Special Gifts
- Laboratory
 

<ul style="list-style-type: none"> <li>○ Lab Hours: 24-7, Regular Hours: Monday-Friday 7:00 AM – 5:00 PM, Weekend &amp; after hours available.</li> <li>○ Hematology</li> <li>○ Coagulation</li> <li>○ Urinalysis</li> <li>○ Clinical Chemistry</li> </ul>	<ul style="list-style-type: none"> <li>○ Pathology</li> <li>○ Microbiology – including Biofire and Phoenix platforms</li> <li>○ Special Chemistry</li> <li>○ Serology</li> <li>○ Therapeutic Drug Monitoring</li> <li>○ Blood Banking</li> </ul>
--	--
- Radiology
  - Diagnostic Radiography
  - Ultrasound – General, Vascular, Echo cardiogram
  - Computer Tomography 64 slice (CT) – including Cardiac Calcium Scoring
  - Mammography (3D)
  - Nuclear Medicine
  - Magnetic Resonance Imaging (MRI) – in house starting Fall 2022
  - DEXA – Bone Density and Body Composition
- Rehabilitation
  - Outpatient Open M-F 7:30 am to 5 pm
  - Physical Therapy
    - Dry Needling
    - Pelvic Health
    - Alter G- Treadmill
    - Certified LSVT Big
  - Occupational Therapy
    - Custom Wrist/Hand Splinting
    - Fitness Testing (A-Fit)
  - Speech Therapy
    - Certified LSVT Loud
    - Vital Stim
  - Occupational Medicine
    - Physical Capacity Profile
    - Functional Capacity Evaluation
  - Cardiac Rehab
  - Pulmonary Rehab
  - Respiratory Therapy
    - Regular hours: 7:00 am – 7:00 pm, on-call available 24-7
    - Holter Monitoring
    - Complete Pulmonary Function Testing
    - Oximetry Testing
    - Arterial Blood Gas
    - RT inpatient services
      - Aerosols
      - Vest Therapy
      - BIPAP/ Vapotherm/Ventilator capabilities
- Sleep Studies
  - In home testing
  - Accredited sleep lab
- Dietary/Nutritional Services
  - Full time Licenses Registered Dietician
  - Certified Dietary Manager
  - Cafeteria service daily. from 12 to 1 p.m.
  - 4-week rotating menu
  - Guest meals available
- Senior Life Solutions – Intensive Outpatient Group Therapy Program for patients over the age of 65.

**Republic County Health Department**

2316 G Street  
Belleville, KS 66935  
785-527-5671

Monday, Tuesday, Thursday 8:00 AM - 5:00 PM  
Wednesday 8:00 AM – 6:00 PM  
Friday 8:00 AM – 12:00 PM

Our Licensed Home Health Agency provides a full range of medically necessary services to residents of Republic County regardless of color, race, handicap, or national origin.

**Services Provided:**

- Allergy & Vitamin Injections
- Blood Pressure Checks
- Blood Led Screening for children
- Blood Sugar Checks
- Communicable Disease Surveillance
- Early Detection Works
- Hemoglobin Checks
- Home Health Aide
- Homemaking
- Installation/Inspection of child safety seats by a certified technician
- Kan-Be-Healthy Assessments
- Lab
- Maternal/Child Visitor Program
- Nail Care (trimming toenails)
- Physicals (NO SPORTS PHYSICALS)
- Public Health Home Visits (Personal care & Homemaker)
- Skilled Nursing
- STI Surveys and Treatment
- Tuberculosis Testing (TB Skin Test), Treatment, & Follow-Up
- Tympanograms
- Vision Screenings
- Well Child, Daycare, & Kindergarten
- Urinalysis
- WIC

References

<https://www.rphospital.org/>  
<http://republiccounty.org/main/health-department>

## 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](http://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 MHA – Director, Project Management**

**VVV Consultants LLC – Nov 2020**

- University of Kansas – Health Sciences (BHS)
  - Park University - Masters of Health Administration (MHA)
- 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](http://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 January of 2022 for Republic County Hospital (RCH) located in Republic County, KS to meet Federal IRS CHNA requirements.

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

#### VVV CHNA Deliverables:

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

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

Republic County Hospital - Define PSA					Inpatients			Outpatients		
Source: KHA, FFY 2019 - 2021		28,620	Totals - IP/OP		714	718	828	8,565	8,065	9,730
Patient Zip Code	County	3YR TOT	%	Accum	FFY19	FFY20	FFY21	FFY19	FFY20	FFY21
66935-Belleville, KS	Republic	13,913	48.6%	48.6%	370	364	483	4,105	3,872	4,719
66966-Scandia, KS	Republic	2,006	7.0%	55.6%	28	48	46	610	601	673
66940-Cuba, KS	Republic	1,524	5.3%	60.9%	32	39	26	493	432	502
66939-Courtland, KS	Republic	1,302	4.5%	65.5%	22	38	30	346	424	442
66959-Munden, KS	Republic	976	3.4%	68.9%	12	14	18	341	281	310
66960-Narka, KS	Republic	534	1.9%	70.8%	12	14	15	175	170	148
66964-Republic, KS	Republic	408	1.4%	72.2%	10	7	4	109	113	165
66930-Agenda, KS	Republic	398	1.4%	73.6%	17	2	6	134	104	135
66901-Concordia, KS	Cloud	3,144	11.0%	84.6%	97	94	98	897	871	1087
66956-Mankato, KS	Jewell	617	2.2%	86.7%	22	25	11	171	174	214

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

**Phase I—Discovery:**

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

**Phase II—Qualify Community Need:**

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

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

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

**Phase III—Quantify Community Need:**

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

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

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



**Detail CHNA Development Steps Include:**

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

## Data & Benchmarks Review

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

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

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

Community health assessment indicators should be.

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

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

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

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


## Sources of community-health level indicators:

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

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

<b>Republic County Hospital - Belleville, KS</b> <b>VVV CHNA Wave #4 Work Plan - Year 2022</b>			
<b>Project Timeline &amp; Roles - Working Draft as of 1/19/22 Proj Lead:</b>			
Step	Timeframe	Lead	Task
1	1/6/22	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	1/10/2022	Hosp	Select CHNA Wave #4 Option B. Approve / Sign VVV CHNA quote
3	2/11/2022	VVV	Send out <b>REQCommInvite Excel</b> file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	By 2/11/2022	VVV	Hold Kick-off Meeting & Request Hospital Client to send IHA PO reports for FFY 19, 20 and 21. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use <b>ZipPSA_3yrPOrigin.xls</b> )
5	By 2/20/2022	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	Mar - April 2022	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	by 2/25/2022	VVV / Hosp	Prepare/send out PR story#1 / E Mail#1 Request announcing upcoming CHNA work to CEO to review/approve.
8	2/28/2022	VVV / Hosp	Place PR #1 story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	<b>3/1/2022</b>	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. <b>Cut-off 4/01/2022 for Online Survey</b>
10	by 4/4/2022	Hosp	Prepare/send out to leaders the PR#2 story / E Mail#2 Request announcing upcoming Community TOWN HALL invite letter and place local AD.
11	4/4/2022	VVV / Hosp	Place PR #2 story to local media / Send E Mail to local stakeholders announcing / requesting participation in upcoming Town Hall Event.
12	4/25/2022	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	<b>4/28/2022</b>	VVV	Conduct CHNA Town Hall for a working Lunch from <b>11:30 am - 1:00 pm</b> at <b>TBD</b> . Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 5/29/22	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 6/15/22	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16		TBD	Conduct Client Implementation Plan PSA Leadership meeting
17		TBD	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

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



**VVV Consultants LLC**  
Olathe, Kansas 66061

VandehaarMarketing.com  
913-302-7264

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### Socially Safe Seating Table Assignments

**Republic County, KS 2022 CHNA Town Hall April 28th (11:30am-1pm)**

#	Table	Lead	Last	First	Organization	Title	City
1	A	##	Whitley	David	EMS/Rescue	Director	Belleville
2	A		Hadachek	Mike	Astra Bank	Market President	Belleville
3	A		Kelly	Dan	Republic County Hospital	CEO	Belleville
4	B	##	Martin	Brent	Republic County Hospital	COO	Belleville
5	B		Urich	Al	Peace Lutheran Parish	Mr.	Belleville
6	B		Sheetz	Waylon	Belleville Chamber & Main St	Executive Director	Belleville
7	C	##	Anderson	Adam	City of Belleville	City Manager	Belleville
8	C		Diane	Reed			Jamestown
9	C		Kasl	Dawn	RCH	Employee Health	Belleville
10	D	##	Robertson	Adam	City of Belleville	Mayor	Belleville
11	D		Dunlap	Joseph	Reinke Manufacturing	Plant Manager	Belleville
12	D		Knedlik	Lela			Belleville
13	E	##	Carlson	Audrey	Republic County Hospital	Exec Dir, NCKHCF	Belleville
14	E		Terri	Popelka			Belleville
15	E		Hadachek	Deb	Republic County Hospital	Board Chair	Cuba
16	F	##	Larson	Kent	Republic County Hospital	Board Member	Belleville
17	F		Blecha	Jimmie	Munden City	Mayor	Munden
18	F		Ward	Donna	Prairie Ridge Estates resident	Interested Citizen	Belleville
19	G	##	Klauman	Marcia	Prairie Ridge Estates resident	Interested Citizen	Belleville
20	G		Childs	Barry	RCH	Board Treasurer	Belleville
21	G		Williams	Erin	Ems	Aemt	Belleville
	G		Joonas	Steve	USD 426	Superintendent	Scandia

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

- I. **Opening / Introductions** (5 mins)
- II. **Review CHNA Purpose and Process** (5 mins)
- III. **Review Current County "Health Status"**
  - Secondary Data by 10 TAB Categories
  - Review Community Feedback Research (40 mins)
- IV. **Collect Community Health Perspectives**
  - Hold Community Voting Activity
  - Determine Most Important Unmet Needs (35 mins)
- V. **Close / Next Steps** (5 mins)

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## Introduction: Who We Are

### Background and Experience








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

- Adjunct Full Professor @ Avila & 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

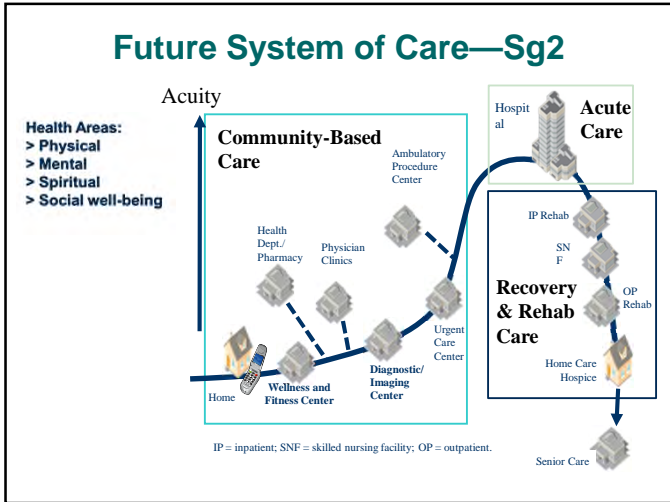
**Cassandra Kahl, BHS – Director, Project Management**  
VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences
- Park University - MHA
- Pharmacy Management – 2 ½ years
- Mayo Clinic PT Dept
- Hometown: Maple, WI

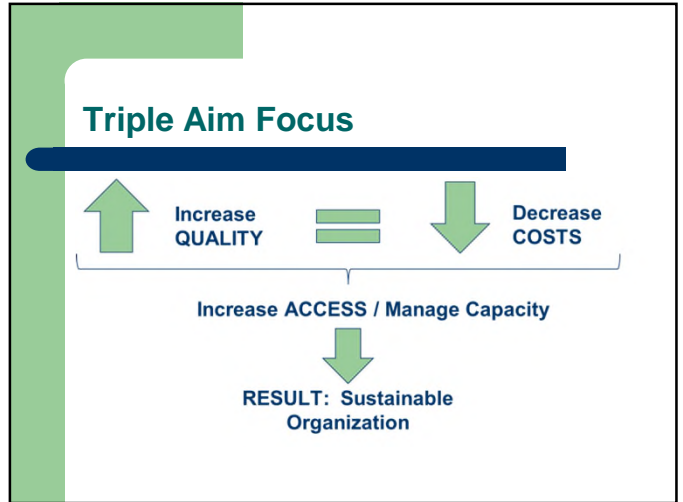
**Intern Associates:** **Hannah Foster MBA**  
**McKenzie Green BS**  
- Avila University

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

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

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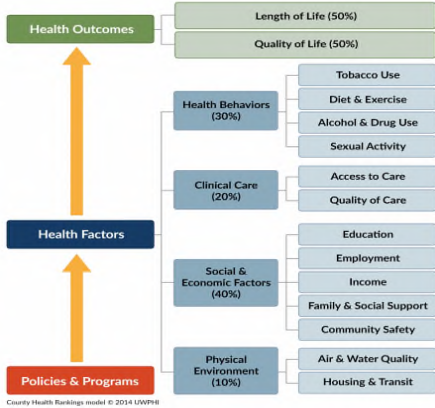
## III. Review Current County Health Status: Secondary Data by 10 Tab Categories & State Rankings

Trends: Good Same Poor

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

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



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Focus Area	Measure	Description	Focus Area	Measure	Description	
1 Air and water quality (5%)	Air pollution - particulate matter	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	2b Community safety (5%)	Violent crime	Violent crime rate per 100,000 population	
	Drinking water violation	Percent of population potentially exposed to water exceeding a violation limit during the past year		Injury deaths	Injury mortality per 100,000	
	Housing and transit (5%)	Severe housing problems	Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	3 Health Outcomes (10%)	Health Behaviors (10%)	
Driving alone to work		Percent of the workforce that drives alone to work				
Long commutes - driving alone		Among workers who commute in their car alone, the percent that commute more than 30 minutes				
2c Clinical Care (20%)			4a Social and Economic Environment (40%)			
2a Access to care (10%)	Uninsured	Percent of population under age 65 without health insurance	2b Tobacco use (10%)	Adult smoking	Percent of adults that report smoking >= 100	
	Primary care physicians	Ratio of population to primary care physicians		Diet and exercise (10%)	Adult obesity	Percent of adults that report a BMI >= 30
	Dentists	Ratio of population to dentists			Food environment index	Index of factors that contribute to a healthy food environment
	Mental health providers	Ratio of population to mental health providers		Alcohol and drug use (5%)	Physical inactivity	Percent of adults aged 20 and over reporting
Preventable hospitalizations	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	Access to exercise opportunities	Percent of the population with adequate access to locations for physical activity			
Quality of care (10%)	Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c screening	Excessive drinking	Binge plus heavy drinking		
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening	Alcohol-impaired driving deaths	Percent of driving deaths with alcohol involvement		
			Sexually transmitted infections	Chlamydia rate per 100,000 population		
2b Social and Economic Environment (40%)			Teen births	Teen birth rate per 1,000 female population, ages 15-19		
3b / 3c Education (10%)			3b / 3c Morbidity / Mortality			
Education (10%)	High school graduation	Percent of ninth grade cohort that graduates in 4 years	Quality of life (50%)	Poor or fair health	Percent of adults reporting fair or poor health (age-adjusted)	
	Some college	Percent of adults aged 25-44 years with some post-secondary education		Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	
Employment (10%)	Unemployment	Percent of population age 16+ unemployed but seeking work		Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	
Income (10%)	Children in poverty	Percent of children under age 18 in poverty		Low birthweight	Percent of live births with low birthweight (< 5,500 grams)	
Family and social support (5%)	Inadequate social support	Percent of adults without social/emotional support	Length of life (50%)	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)	
	Children in single-parent households	Percent of children that live in household headed by single parent				

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### IV. Collect Community Health Perspectives Thoughts/Opinions?

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

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## Community Health Needs Assessment

Questions?  
Next Steps?



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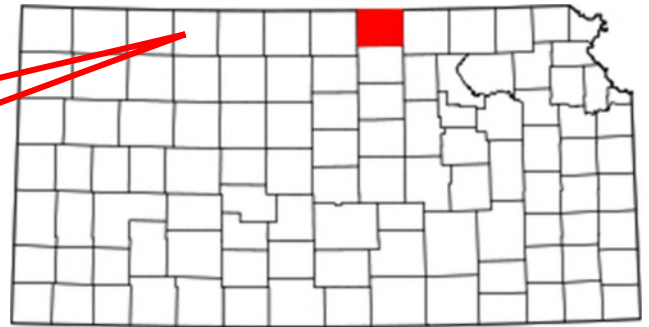
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## II. Methodology

### d) Community Profile (A Description of Community Served)

#### Republic County (KS) Community Profile



The population of Republic County (KS) was estimated to be 4,787 citizens in 2021 and a population density of 7 persons per square mile.

Republic County Hospital is located in the city of Belleville, Kansas, county seat of Republic County. Positioned on Highway 81, Republic County is about 72 miles north of the Salina, KS metropolitan area, which has a population in excess of 46,673.

#### **Republic County, KS Quick Demographic Profile**

2010 Population – 4,980  
Median Age – 50.6 Years  
Households – 2,274  
Average Household Size – 2.14

2020 Projected Pop – 4,809  
2025 Projection Pop – 4,645

Projected 2020-2025  
Decline Rate = -0.69% per year

## Republic County (KS) Community Profile

### Republic County Public Airports<sup>1</sup>

Name	USGS Topo Map
<a href="#">Belleville Municipal Airport</a>	Belleville

### Schools in Republic County: Public Schools<sup>2</sup>

Name	Level
<a href="#">Belleville East Elementary</a>	Elementary
<a href="#">Pike Valley Elem</a>	Elementary
<a href="#">Pike Valley High</a>	High
<a href="#">Pike Valley Jr High</a>	Middle
<a href="#">Republic County Jr./Sr. High School</a>	High

### Total Estimated Market Potential

#### Your Community's Likely Spending Capture Potential - \$51 million

Based on your community's unique market potential analysis we estimate your total consumer spending as follows:

#### Estimated Market Potential, 2020

Market Segment	Estimated Potential	Comments
Permanent Residents	\$122 million	Based on Household Budget Profile Estimate
Ventures	\$15.3 million	Busiensses, Nonprofits, & Government
Visitors	\$6.4 million	Travelors, Tourists, & Commuters
Total Market Potential	\$144 million	Total of the Three Above Areas
Total Market Capture	\$93 million	Based on the Retail MarketPlace Spending Leakage Ratio
Total Capture Potential	\$51 million	Total Market Potential less Total Market Capture

**Permanent Residents.** Republic County and its lead community of Belleville is experiencing chronic and severe depopulation resulting in eroding area spending and spending capture potential. Your community is part of a region that is also losing consumers undermining spending capture potential.

**Ventures and Visitors.** Because of your community's relative isolation, you have more ventures relative to your population and these ventures are smaller. These characteristics lead to great area spending capture when compared to communities with larger ventures when external purchasing is more feasible.

<sup>1</sup> <https://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20157.cfm>

<sup>2</sup> <https://kansas.hometownlocator.com/schools/sorted-by-county,n,repUBLIC.cfm>

## Republic Co, KS - Detail Demographic Profile

#	ZIP	NAME	County	Population			Households		HH	Per Capita
				Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
1	66930	Agenda	REPUBLIC	183	181	-1.1%	81	81	2.3	\$36,139
2	66935	Belleville	REPUBLIC	2,494	2,413	-3.2%	1,148	1,111	2.1	\$24,271
3	66939	Courtland	REPUBLIC	509	487	-4.3%	233	224	2.2	\$33,488
4	66940	Cuba	REPUBLIC	314	309	-1.6%	146	144	2.2	\$37,765
5	66959	Munden	REPUBLIC	204	196	-3.9%	98	95	2.1	\$39,117
6	66960	Narka	REPUBLIC	175	168	-4.0%	85	82	2.1	\$39,147
7	66964	Republic	REPUBLIC	189	181	-4.2%	95	92	2.0	\$28,852
8	66966	Scandia	REPUBLIC	581	556	-4.3%	264	253	2.2	\$28,324
<b>Totals</b>				<b>4,649</b>	<b>4,491</b>	<b>-3.4%</b>	<b>2,150</b>	<b>2,082</b>	<b>2.1</b>	<b>\$33,388</b>

#	ZIP	NAME	County	Population				Year 2020		Females
				Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
1	66930	Agenda	REPUBLIC	183	59	40	14	56	86	11
2	66935	Belleville	REPUBLIC	2,494	856	548	243	54	1,319	231
3	66939	Courtland	REPUBLIC	509	133	113	60	51	249	54
4	66940	Cuba	REPUBLIC	314	95	74	26	54	150	23
5	66959	Munden	REPUBLIC	204	50	54	19	49	99	16
6	66960	Narka	REPUBLIC	175	44	46	15	49	86	13
7	66964	Republic	REPUBLIC	189	50	43	21	51	90	18
8	66966	Scandia	REPUBLIC	581	151	129	65	51	283	59
<b>Totals</b>				<b>4,649</b>	<b>1,438</b>	<b>1,047</b>	<b>463</b>	<b>415</b>	<b>2,362</b>	<b>425</b>

#	ZIP	NAME	County	Population 2020				Average Households 2020		
				Caucasian	African Amer	Amer Ind.	Hispanic	HH 2020	Med \$ HH	HH \$50K+
1	66930	Agenda	REPUBLIC	98.4%	0.0%	0.5%	0.5%	81	\$55,366	48
2	66935	Belleville	REPUBLIC	95.7%	0.6%	0.3%	3.4%	1148	\$39,594	446
3	66939	Courtland	REPUBLIC	96.3%	2.0%	0.2%	1.8%	233	\$59,709	141
4	66940	Cuba	REPUBLIC	98.4%	0.0%	0.6%	0.6%	146	\$56,420	87
5	66959	Munden	REPUBLIC	99.5%	0.0%	0.0%	0.5%	98	\$62,152	57
6	66960	Narka	REPUBLIC	99.4%	0.0%	0.0%	0.6%	85	\$60,292	49
7	66964	Republic	REPUBLIC	97.4%	1.1%	1.1%	1.6%	95	\$48,013	47
8	66966	Scandia	REPUBLIC	96.9%	1.4%	0.9%	1.5%	264	\$51,933	139
<b>Totals</b>				<b>97.7%</b>	<b>0.6%</b>	<b>0.5%</b>	<b>1.3%</b>	<b>2150</b>	<b>\$54,185</b>	<b>1,014</b>

Source: ERSI Demographics

# III. Community Health Status

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[VVV Consultants LLC]

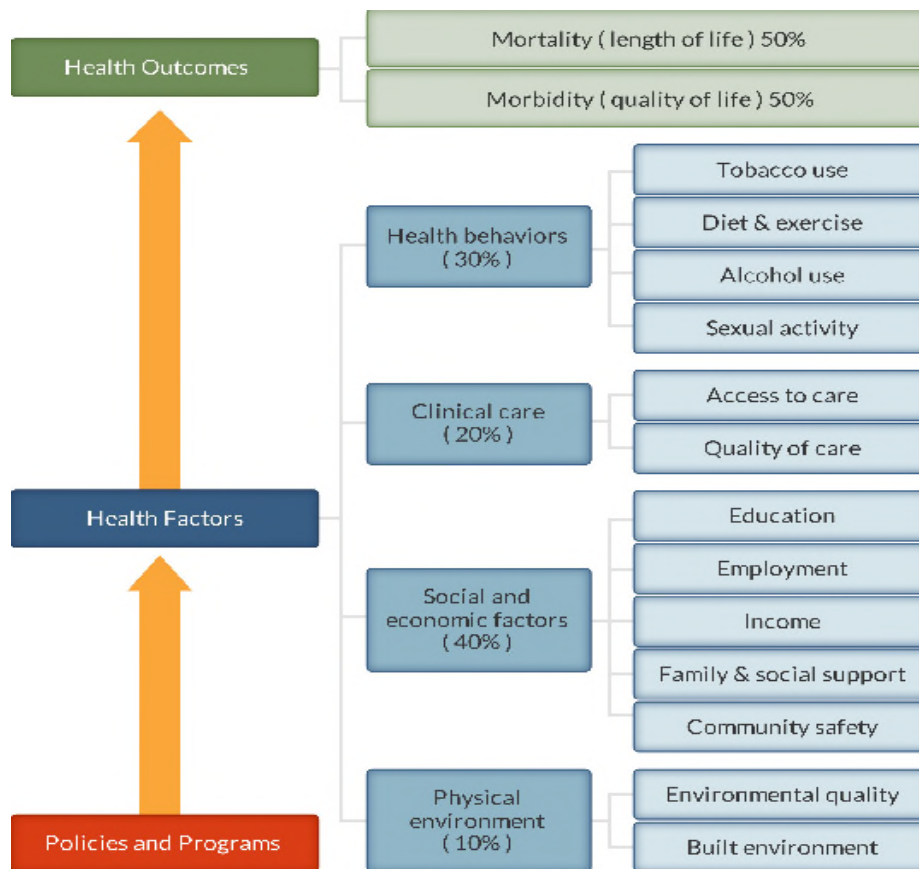
### III. Community Health Status

#### a) Historical Health Statistics- Secondary Research

##### Health Status Profile

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

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



County Health Rankings model ©2012 UWPHI

## National Research – Year 2021 RWJ Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Republic Co KS	TREND	KS Rural 27 Norm
1	Health Outcomes		96		62
2	Mortality	Length of Life	103		12
3	Morbidity	Quality of Life	52		98
4	Health Factors		37		97
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	31		60
6	Clinical Care	Access to care / Quality of Care	51		103
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	33		102
8	Physical Environment	Environmental quality	72		21

Kansas Rural Norm (27): Atchison, Brown, Butler, Chautauqua, Clay, Cowley, Dickinson, Doniphan, Ellsworth, Greenwood, Harvey, Jackson, Jefferson, Labette, Lincoln, Lyon, Marion, Mcpherson, Montgomery, Morris, Nemaha, Pottawatomie, Republic, Rice, Russell, and Seward.

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

## PSA Secondary Research:

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

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

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

### Tab 1: Demographic Profile

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

Tab	Demographic - Health Indicators	Republic Co KS	Trend	State of KS	KS Rural 27 Norm	Source
1	a Population estimates, July 1, 2019, (V2019)	4,636		2,913,314	17,139	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	-6.9%		2.1%	-2.3%	People Quick Facts
	d Persons under 5 years, percent, 2019, (V2019)	5.9%		6.4%	6.0%	People Quick Facts
	e Persons 65 years and over, percent, 2019, (V2019)	27.8%		16.3%	20.5%	People Quick Facts
	f Female persons, percent, 2019, (V2019)	50.2%		50.2%	49.9%	People Quick Facts
	g White alone, percent, 2019, (V2019)	96.6%		86.3%	92.3%	People Quick Facts
	h Black or African American alone, percent, 2019, (V2019)	0.8%		6.1%	2.1%	People Quick Facts
	i Hispanic or Latino, percent, 2019, (V2019)	2.4%		12.2%	7.9%	People Quick Facts
	j Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	1.7%		11.9%	3.9%	People Quick Facts
	k Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	89.2%		83.8%	86.7%	People Quick Facts
	l Children in single-parent households, percent, 2015-2019 (2021)	17.0%		29.0%	20.1%	County Health Rankings
	m Total Veterans, 2015-2019	2375		176,444	1,286	People Quick Facts

### Tab 2: Economic Profile

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

Tab	Economic - Health Indicators	Republic Co KS	Trend	State of KS	KS Rural 27 Norm	Source
2	a Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$24,647		\$31,814	\$26,891	People Quick Facts
	b Persons in poverty, percent	12.2%		11.4%	11.7%	People Quick Facts
	c Total Housing units, July 1, 2019, (V2019)	2875		1,288,401	7,834	People Quick Facts
	d Total Persons per household, 2015-2019	2.3		2.51	2.38	People Quick Facts
	e Severe housing problems, percent, 2013-2017 (2021)	8.7%		13.0%	10.9%	County Health Rankings
	f Total of All firms, 2012 (2021)	2589		239,118	1,639	Business Quick Facts
	g Unemployment, percent, 2019 (2021)	2.6%		3.4%	3.2%	County Health Rankings
	h Food insecurity, percent, 2018 (2021)	11.8%		13.0%	12.7%	County Health Rankings
	i Limited access to healthy foods, percent, 2015 (2021)	8.8%		8.0%	7.8%	County Health Rankings
	j Long commute - driving alone, percent, 2015-2019 (2021)	24.0%		21.0%	25.5%	County Health Rankings

### Tab 3: Educational Profile

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

Tab	Education - Health Indicator	Republic Co KS	Trend	State of KS	KS Rural 27 Norm	Source
3	a Children eligible for free or reduced price lunch, percent, 2018-2019 (2021)	49.9%		48.0%	50.1%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2015-2019	88.8%		91.0%	90.3%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	19.5%		33.4%	23.3%	People Quick Facts

**Tab 4: Maternal / Infant Profile**

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

Tab	Maternal/Infant - Health Indicators	Republic Co KS	Trend	State of KS	KS Rural 27 Norm	Source
4	a Percent of Births Where Prenatal Care began in First Trimester, 2018-2020 (2021)	82.3%		81.0%	80.8%	Kansas Health Matters
	b Percentage of Premature Births, 2018-2020 (2021)	6.7%		9.1%	9.5%	Kansas Health Matters
	c Percent of Infants up to 24 months that received full Immunizations, 2017-2018 (2021)	70.0%		69.2%	71.5%	Kansas Health Matters
	d Percent of Births with Low Birth Weight, 2018-2020 (2021)	NA		7.3%	7.1%	Kansas Health Matters
	e Percent of WIC Mothers Breastfeeding Exclusively, percent, 2020 (2021)	NA		14.1%	16.6%	Kansas Health Matters
	g Percent of births Where Mother Smoked During Pregnancy, 2018-2020 (2021)	12.8%		10.0%	13.7%	Kansas Health Matters

#	Criteria - Vital Statistics Rate (per 1,000 pop)	Republic Co KS	Trend	Kansas	KS Rural Norm
a	Total Live Births, 2016	12.4		13.1	11.9
b	Total Live Births, 2017	10.7		12.5	11.6
c	Total Live Births, 2018	11.4		12.5	11.6
d	Total Live Births, 2019	11.9		12.1	10.8
e	Total Live Births, 2020	10.6		11.8	10.7
	Total Live Births, 2013- 2017 Birth Rate per 1000	11.4		12.4	11.3

Source: Kansas Department of Health and Environment

**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	Republic Co KS	Trend	State of KS	KS Rural 27 Norm	Source
5	a Primary care physicians (Pop Coverage per) (No extenders incl.) , 2018 (2021)	1555:1		1295:1	1988:1	County Health Rankings
	b Preventable hospital rate per 100,000, 2018 (2021) (lower the better)	5,354		4024	4,335	County Health Rankings
	c Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	65.0%		73.0%	80.0%	CMS Hospital Compare, Latest Release
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	73.0%		72.0%	79.4%	CMS Hospital Compare, Latest Release
	e Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	80.0		112.0	110.4	CMS Hospital Compare, Latest Release



**Tab 5: Hospitalization and Provider Profile (Continued)**

#	KS Hospital Assoc PO103	Total Republic Co (KS) - ALL Inpatients		
		FFY2019	FFY2020*	FFY2021*
1	<b>Total Discharges</b>	<b>1,567</b>	<b>1,305</b>	<b>1,041</b>
2	Total IP Discharges-Age 0-17 Ped	16	13	28
3	Total IP Discharges-Age 18-44	49	58	20
4	Total IP Discharges-Age 45-64	119	108	103
5	Total IP Discharges-Age 65-74	146	171	147
6	Total IP Discharges-Age 75+	249	304	333
7	Psychiatric	8	23	36
8	Obstetric	42	26	50
#	KS Hospital Assoc PO103	Republic County Hospital (IP Only)		
		FFY2019	FFY2020	FFY2021
1	<b>Total Discharges</b>	<b>381</b>	<b>489</b>	<b>539</b>
	<b>% of IP Share in County</b>	<b>24.3%</b>	<b>37.5%</b>	<b>51.8%</b>
2	Total IP Discharges-Age 0-17 Ped	8	3	7
3	Total IP Discharges-Age 18-44	16	22	12
4	Total IP Discharges-Age 45-64	58	67	55
5	Total IP Discharges-Age 65-74	84	98	98
6	Total IP Discharges-Age 75+	162	253	300
7	Psychiatric	6	19	28
8	Obstetric	26	14	18
#	Kansas Hospital Assoc OP TOT223E	FFY2019	FFY2020	FFY2021
1	RCH ER Share - Republic Co Only	86.6%	85.8%	86.2%
1	RCH OpSRG Share - Republic Co Only	63.7%	61.3%	62.2%
2	RCH TOT OP Share - Republic Co Only	77.6%	75.3%	75.7%

\* COVID years

**Tab 6: Behavioral / Mental Profile**

Behavioral healthcare provides another important indicator of community health status.

Tab	Mental - Health Indicator	Republic Co KS	Trend	State of KS	KS Rural 27 Norm	Source
6 a	Depression: Medicare Population, percent, 2018 (2021)	15.4%		18.9%	18.1%	Kansas Health Matters
b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2018-2020 (lower is better)	NA		17.6	13.4	Kansas Health Matters
c	Mental Behavioral Hospital Admission Rates per 100,000, 2018-2020	23.2		75.1	52.1	Kansas Health Matters
k	Percent of Medicare Part D Beneficiaries Receiving Opioids Supply >10 Days 2017	50.3%		37.8%	42.9%	Kansas Health Matters
d	Average Number of mentally unhealthy days, 2018 (2021)	4.2		3.7	4.4	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	Republic Co KS	Trend	State of KS	KS Rural 27 Norm	Source
7a a	Adult obesity, percent, 2017 (2020)	35.0%		33.0%	36.3%	County Health Rankings
b	Adult smoking, percent, 2018 (2021)	19.0%		17.0%	20.6%	County Health Rankings
c	Excessive drinking, percent, 2018 (2021)	20.6%		19.0%	18.7%	County Health Rankings
d	Physical inactivity, percent, 2017 (2021)	30.7%		25.0%	27.8%	County Health Rankings
e	# of Physically unhealthy days, 2015	3.7		3.6	3.8	County Health Rankings
f	Sexually transmitted infections (chlamydia), rate per 100,000 - 2018 (2021)	186.3		13,554	254.5	County Health Rankings

**Tab 7b: Chronic Risk Profile**

Tab	Chronic - Health Indicator	Republic Co KS	Trend	State of KS	KS Rural 27 Norm	Source
7b	a Hypertension: Medicare Population, 2018 (2021)	49.5%		55.2%	56.0%	Kansas Health Matters
	b Hyperlipidemia: Medicare Population, 2018 (2021)	21.1%		37.1%	39.1%	Kansas Health Matters
	c Heart Failure: Medicare Population, 2018 (2021)	13.6%		13.4%	14.4%	Kansas Health Matters
	d Chronic Kidney Disease: Medicare Pop, 2018 (2021)	15.3%		21.8%	20.3%	Kansas Health Matters
	e COPD: Medicare Population, 2018 (2021)	9.1%		11.9%	12.8%	Kansas Health Matters
	f Atrial Fibrillation: Medicare Population, 2018 (2021)	9.1%		8.8%	9.1%	Kansas Health Matters
	g Cancer: Medicare Population, 2018 (2021)	7.0%		8.1%	7.9%	Kansas Health Matters
	h Osteoporosis: Medicare Population, 2018 (2021)	6.3%		6.1%	5.6%	Kansas Health Matters
	i Asthma: Medicare Population, 2018 (2021)	2.3%		4.3%	3.6%	Kansas Health Matters
	j Stroke: Medicare Population, 2018 (2021)	3.3%		3.1%	2.8%	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	Republic Co KS	Trend	State of KS	KS Rural 27 Norm	Source
8	a Uninsured, percent, 2018 (2021)	9.6%		10.0%	10.7%	County Health Rankings

#	Republic County Hospital	YR 2019	YR 2020	YR 2021
1	Bad Debt - Write off	\$316,861	\$196,299	\$477,308
2	Charity Care - Free Care Given	\$73,862	\$228,875	\$94,628

#	Community Dollars - Republic Co KS Health Dept. Operations	YR 2019	YR 2020	YR 2021
a	Core Community Public Health	NA	NA	NA
b	Home Health	\$110,000	\$120,000	\$94,640
c	Screenings: Blood pressure	\$300	\$100	\$175
d	Vaccine - received from State	state funded	state funded	state funded
e	WIC Administration	state funded	state funded	state funded

**Tab 9: Mortality Profile**

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

Tab	Mortality - Health Indicator	Republic Co KS	Trend	State of KS	KS Rural 27 Norm	Source
9	a Life Expectancy, 2017 - 2019 (2021)	75.1		78.5	77.7	Kansas Health Matters
	b Age-adjusted Cancer Mortality Rate per 100,000 population, 2018-2020 (lower is better)	184.3		155.3	169.8	Kansas Health Matters
	c Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2018-2020 (lower is better)	166.4		156.7	177.0	Kansas Health Matters
	d Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2018-2020 (Lower is better)	39.2		49.9	53.2	Kansas Health Matters
	e Alcohol-impaired driving deaths, percent, 2015-2019 (2021)	0.0%		21.9%	19.6%	County Health Rankings

Causes of Death by County of Residence, KS 2020	Republic Co. KS	%	Trend	State KS	%
<b>TOTAL</b>	<b>82</b>			<b>31,667</b>	
Other causes	19	23.2%		9,226	29.1%
Cancer	18	22.0%		5,471	17.3%
Heart disease	16	19.5%		6,202	19.6%
Ischemic Heart Disease	8	9.8%		3,641	11.5%
Chronic lower respiratory diseases	5	6.1%		1,630	5.1%

**Tab 10: Preventive Quality Measures Profile**

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

Tab	Preventative - Health Indicator	Republic Co KS	Trend	State of KS	KS Rural 27 Norm	Source
10	a Access to exercise opportunities, percent, 2019	47.1%		76.0%	59.7%	County Health Rankings
	b Adults with diabetes, monitoring, percent, 2016	7.1%		86.0%	11.4%	County Health Rankings
	c Mammography annual screening, percent, 2017	42.0%		63.0%	42.3%	County Health Rankings
	d Adults that report having visited a doctor for a routine check-up within the past year, percent, 2019	77.7%		NA	75.1%	Kansas Health Matters
	e Adults who visited a dentist or dental clinic in the past year, percent, 2018	66.1%		NA	63.1%	Kansas Health Matters

## PSA Primary Research:

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

**Chart #1 – Republic County, KS Online Feedback Response (N=111)**

<b>Republic Co KS - CHNA YR 2022</b>			
For reporting purposes, are you involved in or are you a ...?	Republic Co KS N=111	Trend	Wave 4 Norms N=5550
Business / Merchant	15.1%		9.5%
Community Board Member	15.1%		8.5%
Case Manager / Discharge Planner	0.0%		0.8%
Clergy	3.8%		1.4%
College / University	0.9%		2.7%
Consumer Advocate	0.9%		1.4%
Dentist / Eye Doctor / Chiropractor	0.0%		0.7%
Elected Official - City/County	2.8%		2.1%
EMS / Emergency	3.8%		2.2%
Farmer / Rancher	5.7%		6.2%
Hospital / Health Dept	7.5%		17.2%
Housing / Builder	0.0%		0.7%
Insurance	2.8%		1.1%
Labor	0.9%		2.0%
Law Enforcement	0.9%		1.2%
Mental Health	0.0%		1.7%
Other Health Professional	5.7%		10.5%
Parent / Caregiver	13.2%		14.8%
Pharmacy / Clinic	1.9%		2.0%
Media (Paper/TV/Radio)	1.9%		0.5%
Senior Care	3.8%		3.3%
Teacher / School Admin	3.8%		6.7%
Veteran	3.8%		3.0%
Other (please specify)	5.7%		7.4%
<b>TOTAL</b>	<b>106</b>		<b>5496</b>
<small>Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; MO Counties Furnas Co (NE), Carroll, Caldwell, Clinton, Daviess, DeKalb Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton.</small>			

**Chart #2 - Quality of Healthcare Delivery Community Rating**

Republic Co KS - CHNA YR 2022			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Republic Co KS N=111	Trend	Wave 4 Norms N=5,921
Top Box %	36.9%		28.8%
Top 2 Boxes %	81.1%		72.0%
Very Good	36.9%		28.8%
Good	44.1%		43.2%
Average	16.2%		22.3%
Poor	2.7%		4.6%
Very Poor	0.0%		1.1%
Valid N	111		5,888
Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; MO Counties Furnas Co (NE), Carroll, Caldwell, Clinton, Daviess, DeKalb Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton.			

**Chart #3 – Overall Community Health Quality Trend**

Republic Co KS - CHNA YR 2022			
When considering "overall community health quality", is it...	Republic Co KS N=111	Trend	Wave 4 Norms N=5550
Increasing - moving up	53.9%		46.4%
Not really changing much	33.3%		44.3%
Decreasing - slipping	12.7%		9.3%
Valid N	102		5,308
Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; MO Counties Furnas Co (NE), Carroll, Caldwell, Clinton, Daviess, DeKalb Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton.			

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

Republic Co KS - CHNA YR 2022					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	RANK
1	Child Care	36	7.9%		2
2	Mental Health (Diagnosis, Treatment, Aftercare)	33	7.2%		1
3	Senior Care	27	5.9%		3
4	Cancer Care	24	5.3%		7
5	Obesity	23	5.0%		10
6	Cost for Health Services	20	4.4%		5
7	Poverty (Financial Barriers)	19	4.2%		17
8	Uninsured / Underinsured	19	4.2%		11
9	Access to Exercise Opportunities	18	3.9%		6
10	Preventative Health / Wellness	18	3.9%		4
11	"Owning Your Health"	17	3.7%		13
12	Awareness of Healthcare Services	17	3.7%		14
13	Chronic Disease Prevention and Management	17	3.7%		8
14	Smoking / Vaping	17	3.7%		15
15	Drug / Substance Abuse	16	3.5%		12
16	Health Insurance (Financial Assistance)	16	3.5%		9
17	Lack of Health Education / Literacy	14	3.1%		19
18	Limited Access to Healthy Foods / Nutrition	14	3.1%		16
19	Funding for Programs	11	2.4%		20
20	Transportation	9	2.0%		18
Totals		385	100.0%		

**Chart #5 - Community Health Needs Assessment “Causes of Poor Health”**

Republic Co KS - CHNA YR 2022			
In your opinion, what are the root causes of "poor health" in our community?	Republic Co KS N=111	Trend	Wave 4 Norms N=5550
Chronic disease prevention	13.0%		11.2%
Lack of health & Wellness Education	18.8%		13.9%
Lack of Nutrition / Exercise Services	13.0%		10.6%
Limited Access to Primary Care	2.1%		5.7%
Limited Access to Specialty Care	9.4%		8.1%
Limited Access to Mental Health Assistance	14.1%		18.8%
Family assistance programs	3.6%		5.9%
Lack of health insurance	10.4%		14.1%
Neglect	15.6%		11.7%
<b>Total Votes</b>	<b>192</b>		<b>9,503</b>
<small>Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; MO Counties Furnas Co (NE), Carroll, Caldwell, Clinton, Daviess, DeKalb Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton.</small>			

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

Republic Co KS - CHNA YR 2022	Republic Co KS N=111		Trend	Wave 4 Norms N=5550	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?					
Ambulance Services	91.8%	0.0%		80.9%	5.4%
Child Care	38.6%	17.1%		43.8%	16.0%
Chiropractors	32.4%	29.4%		69.9%	6.3%
Dentists	31.9%	27.8%		71.3%	10.2%
Emergency Room	80.6%	2.8%		73.7%	8.2%
Eye Doctor/Optomtrist	81.7%	5.6%		75.4%	7.1%
Family Planning Services	42.2%	21.9%		38.9%	18.8%
Home Health	39.7%	19.1%		54.5%	10.5%
Hospice	66.2%	4.4%		62.9%	8.8%
Telehealth	51.5%	12.1%		51.0%	11.5%
Inpatient Services	83.1%	2.8%		77.5%	5.8%
Mental Health	32.4%	25.0%		27.9%	35.5%
Nursing Home/Senior Living	33.3%	30.4%		55.9%	13.2%
Outpatient Services	80.0%	5.7%		76.2%	4.4%
Pharmacy	88.9%	1.4%		87.5%	2.3%
Primary Care	84.3%	5.7%		79.0%	5.3%
Public Health	44.1%	11.8%		62.1%	7.5%
School Health	50.0%	10.9%		63.6%	7.0%
Visiting Specialists	73.4%	4.7%		66.6%	9.0%

**Chart #7 – Community Health Readiness**

Republic Co KS - CHNA YR 2022		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Republic Co KS N=111	Trend	Wave 4 Norms N=5550
Behavioral / Mental Health	33.8%		34.8%
Emergency Preparedness	1.4%		9.0%
Food and Nutrition Services/Education	12.1%		15.7%
Health Screenings (asthma, hearing, vision, scoliosis)	3.0%		10.9%
Prenatal/Child Health Programs	14.3%		12.4%
Substance Use/Prevention	29.2%		35.1%
Suicide Prevention	40.0%		37.5%
Violence Prevention	39.4%		34.9%
Women's Wellness Programs	18.8%		18.0%
Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; MO Counties Furnas Co (NE), Carroll, Caldwell, Clinton, Daviess, DeKalb Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton.			

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

Republic Co KS - CHNA YR 2022			
In the past 2 years, did you or someone you know receive HC outside of our community?	Republic Co KS N=111	Trend	Wave 4 Norms N=5550
Yes	76.1%		72.8%
No	23.9%		27.2%
Valid N	67		3,670
Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; MO Counties Furnas Co (NE), Carroll, Caldwell, Clinton, Daviess, DeKalb Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton.			

**Specialties:**

SPEC	CTS
SURG	6
DENT	5
CARD	4
DERM	3
NEU	3
OBG	3
PEDS	3

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

Republic Co KS - CHNA YR 2022			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Republic Co KS N=111	Trend	Wave 4 Norms N=5550
Yes	66.7%		61.6%
No	33.3%		38.4%
Valid N	66		3,497
Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; MO Counties Furnas Co (NE), Carroll, Caldwell, Clinton, Daviess, DeKalb Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton.			

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

<b>Republic Co KS - CHNA YR 2022</b>			
<b>What needs to be discussed further at our CHNA Town Hall meeting?</b>	<b>Republic Co KS N=111</b>	<b>Trend</b>	<b>Wave 4 Norms N=5550</b>
Abuse/Violence	4.2%	Red	4.2%
Alcohol	3.3%	Yellow	4.0%
Alternative Medicine	2.0%	Yellow	3.1%
Breast Feeding Friendly Workplace	2.6%	Red	1.3%
Cancer	8.1%	Red	2.8%
Care Coordination	1.2%	White	2.6%
Diabetes	3.8%	Red	2.8%
Drugs/Substance Abuse	2.0%	Yellow	6.4%
Family Planning	2.3%	Yellow	2.1%
Heart Disease	4.4%	Red	2.0%
Lack of Providers/Qualified Staff	1.7%	White	4.1%
Lead Exposure	1.5%	White	0.5%
Mental Illness	1.7%	White	8.7%
Neglect	4.4%	Red	2.5%
Nutrition	3.5%	Yellow	3.8%
Obesity	0.0%	White	5.5%
Occupational Medicine	1.7%	White	0.6%
Ozone (Air)	2.0%	Yellow	0.7%
Physical Exercise	4.9%	Red	4.1%
Poverty	0.3%	White	4.7%
Preventative Health / Wellness	0.0%	White	4.7%
Respiratory Disease	4.1%	Red	0.4%
Sexually Transmitted Diseases	2.0%	Yellow	1.6%
Smoke-Free Workplace	4.9%	Red	0.4%
Suicide	0.6%	White	6.2%
Teen Pregnancy	6.7%	Red	2.3%
Telehealth	1.2%	White	2.4%
Tobacco Use	2.3%	Yellow	2.2%
Transportation	0.9%	White	2.8%
Vaccinations	1.2%	White	3.6%
Water Quality	2.0%	Yellow	2.0%
Health Literacy	7.6%	Red	3.2%
Other (please specify)	0.9%	White	1.6%
<b>TOTAL Votes</b>	<b>306</b>		<b>17,049</b>



# IV. Inventory of Community Health Resources

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[VVV Consultants LLC]

## Inventory of Health Services 2022 - Republic Co KS

Cat	HC Services Offered in county: Yes / No	Hospitals	HLTH Dept	Other
Clinic	Primary Care	YES		YES
Hosp	Alzheimer Center			
Hosp	Ambulatory Surgery Centers			
Hosp	Arthritis Treatment Center			
Hosp	Bariatric/weight control services			
Hosp	Birthing/LDR/LDRP Room	YES		
Hosp	Breast Cancer	YES		
Hosp	Burn Care	YES		
Hosp	Cardiac Rehabilitation	YES		
Hosp	Cardiac Surgery			
Hosp	Cardiology services	YES		
Hosp	Case Management	YES		
Hosp	Chaplaincy/pastoral care services			YES
Hosp	Chemotherapy			
Hosp	Colonoscopy	YES		
Hosp	Crisis Prevention			YES
Hosp	CTScanner	YES		
Hosp	Diagnostic Radioisotope Facility			
Hosp	Diagnostic/Invasive Catheterization			
Hosp	Electron Beam Computed Tomography (EBCT)			
Hosp	Enrollment Assistance Services	YES		YES
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			
Hosp	Fertility Clinic			
Hosp	FullField Digital Mammography (FFDM)	YES		
Hosp	Genetic Testing/Counseling			
Hosp	Geriatric Services	YES		
Hosp	Heart	YES		
Hosp	Hemodialysis			
Hosp	HIV/AIDS Services			
Hosp	Image-Guided Radiation Therapy (IGRT)			
Hosp	Inpatient Acute Care - Hospital services	YES		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161			
Hosp	Intensive Care Unit			
Hosp	Intermediate Care Unit	YES		
Hosp	Interventional Cardiac Catheterization			
Hosp	Isolation room	YES		
Hosp	Kidney	YES		
Hosp	Liver	YES		
Hosp	Lung	YES		
Hosp	Magnetic Resonance Imaging (MRI)	YES		
Hosp	Mammograms	YES		
Hosp	Mobile Health Services			
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)			
Hosp	Multislice Spiral Computed Tomography (<128+ slice CT)	YES		
Hosp	Neonatal			
Hosp	Neurological services			
Hosp	Obstetrics	YES		
Hosp	Occupational Health Services	YES		
Hosp	Oncology Services			
Hosp	Orthopedic services	YES		
Hosp	Outpatient Surgery	YES		
Hosp	Pain Management	YES		
Hosp	Palliative Care Program	YES		

## Inventory of Health Services 2022 - Republic Co KS

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

**CHNA 2022 - RCH Primary Service Area  
Providers Delivering Care in Republic County, KS**

# of FTE Providers Working in County	FTE Physicians		FTE Allied Staff
	PSA Based DRs	Visting DRs coming to ECMC *	PSA Based PA / NP
<b>Primary Care:</b>			
Family Practice	3.0		2.8
Internal Medicine / Geriatrician			
Obstetrics/Gynecology	0.9		
Pediatrics			
<b>Medicine Specialists:</b>			
Allergy/Immunology			
Cardiology		0.1	
Dermatology			
Endocrinology			
Gastroenterology			
Oncology/RADO			
Infectious Diseases			
Nephrology			
Neurology			
Psychiatry			
Pulmonary			
Rheumatology		0.2	
<b>Surgery Specialists:</b>			
General Surgery / Colon / Oral	0.1		
Neurosurgery			
Ophthalmology		0.1	
Orthopedics		0.2	
Otolaryngology (ENT)		0.1	
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vasc			
Urology		0.1	
<b>Hospital Based:</b>			
Anesthesia/Pain		0.1	1.3
Emergency			
Radiology		0.1	
Pathology			
Hospitalist			
Neonatal/Perinatal			
Physical Medicine/Rehab		0.1	
Occ Medicine			
<b>Podiatry</b>			
Chiropractor	1.0		
Audiology			0.1
Dentists	1.0		
Mental Health			
Wound Care			0.2
<b>TOTALS</b>	<b>6.0</b>	<b>0.9</b>	<b>4.1</b>

\* Total # of FTE Specialists serving community who office outside PSA.

<b>2022 CHNA - Visiting Specialists to RCH</b>						<b>240.0</b>
<b>SP</b>	<b>Specialty</b>	<b>Physician Name</b>	<b>Visiting Provider Office/City</b>	<b>Schedule</b>	<b># of Days YR (240)</b>	<b>Calc FTE</b>
M	Cardiology	Dr. Baker	Lincoln, NE	Mondays 2x/mo	24	0.10
M	Physiatry	Dr. Kossow	Salina, KS	Wednesdays 1x/mo	12	0.05
M	Rheumatology	Dr. Baxa	Salina, KS	Every Friday	52	0.22
S	ENT	Dr. Bell	Salina, KS	Every other Monday	24	0.10
S	Ophthalmology	Dr. Graul	Lincoln, NE	Wednesdays 1x/mo	12	0.05
S	Orthopedic	Dr. David Samani	Lincoln, NE	Thursdays 3x/mo	36	0.15
S	Pain Management	Dr. White	Salina, KS	Wednesdays 1x/mo	12	0.05
S	Urology	Dr. Payne	Salina, KS	Every other Tuesday	24	0.10
H	Diag Radiology	Plains Radiology Services	Kearney, NE	PRN - 2x/mo	24	0.10

# Republic County, KS

## Emergency Numbers

<b>Police/Sheriff</b>	<b>911</b>
<b>Fire</b>	<b>911</b>
<b>Ambulance</b>	<b>911</b>

## Non-Emergency Numbers

Republic County Dispatch	(785) 527-5655
Republic County EMS	(785) 527-7149

## Municipal Non-Emergency Numbers

	<b>Police</b>	<b>Fire</b>
Belleville City	(785) 527 – 5655	(785) 527 - 5655

## **Non-Emergency Numbers**

Republic County Ambulance  
2405 F Street (Belleville)  
785-527-7149

Republic County Sheriff  
1815 M Street (Belleville)  
785-527-5410

KS Highway Patrol  
122 SW 7<sup>th</sup> St (Topeka)  
785-296-6800

## **Abuse/Neglect/Violence**

Child/Adult Hotline  
1-785-296-0044

Child Find of America  
1-800-426-5678

Kansas Amber Alert  
[www.ksamber.org](http://www.ksamber.org)

Elder Abuse Hotline  
1-800-842-0078

Domestic Violence Assoc.  
of Central KS  
1-800-874-1499

## **Alcohol/Drug**

Regional Prev. Centers. Of NC KS  
1805 S Ohio (Salina)  
1-785-825-6224

Heartland Regional  
1-913-789-0951  
Alcohol/Drug Abuse Hotline  
1-800-252-6465

Recovery Connection Helpline  
1-800-993-3869

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

Mothers Against Drunk Driving  
1-800-443-6233

Narcotics Anonymous  
1-866-864-8962

## **Shelters**

Salina Rescue Mission  
Box 1667 (Salina)  
1-785-823-2610

Ashby House  
153 S 8<sup>th</sup> St (Salina)  
1-785-826-4935

## **Health Services**

### **Hospital**

Republic County Hospital  
2420 G Street (Belleville)  
1-785-527-2254

### **Health Department**

Republic County Health Dept.  
1206 18<sup>th</sup> St (Belleville)  
785-527-5671

### **Medical Clinics**

Belleville Medical Clinic  
2337 G St. Ste 300 (Belleville)  
785-527-2217

## **Medical Professionals**

### **Chiropractors**

Resco Chiro. Clinic  
2316 G St. (Belleville)  
785-527-7000

### **Dentists**

Fischer Family Dentistry  
2337 G St. Ste 3 (Belleville)  
785-527-5602

**Wellness/ Fitness**

Pivotal Health and Wellness  
314 Mains St. (Courtland)  
(785) 955-0670

B Defined Fitness  
2310 G St (Belleville)  
(785) 527-8118

**Mental Health**

Courser Lapo Therapeutic Wellness  
1913 M St (Belleville)  
(785) 560-3101

Pawnee Mental Health Services  
210 W 21<sup>st</sup> St (Concordia)  
785-243-8900  
1836 M St (Belleville)  
785-527-2549

Lahodny Counseling Services, LLC  
2006 M St. (Belleville)  
(785) 246-7394

**Optometrists**

Blake Hoffman  
2204 M St (Belleville)  
785-527-2965

**Pharmacies**

B&C Drug Co.  
702 12th St (Belleville)  
785-527-2146

Oshkins Pharmacy  
1318 23RD St. (Belleville)  
785-527-9010

**Assisted Living/Nursing Home**

Belleville Health Care Center  
Wesleyan Dr (Belleville)  
785-527-5636

Country Place Senior Living  
530 23<sup>rd</sup> St (Belleville)  
785-527-5300

RP. Co. Hosp. ISB  
2420 G St (Belleville)  
785-527-2254

**Hospice**

Meadowlark Hospice Agency  
2220 7<sup>th</sup> St (Clay Center)  
785-632-2225

Solomon Valley Hospice  
311 W Main St (Beloit)  
(785) 738-9260

**Disability Services**

Social Security  
1410 E Iron Ste 7 (Salina)  
1-877-405-3494

KS Dept. on Aging/Disb. Services  
1-800-432-3535

Disability Rights Center of KS  
635 SW Harrison St. St 100 (Topeka)  
1-877-776-1541

Advocates for Better Living  
521 Commercial, Ste C (Atch.)  
913-367-1830

**Food/Nutrition**

Golden Belle Haven  
1401 17<sup>th</sup> St (Belleville)  
785-527-5760

Republic Co. Food Bank  
2013 M St (Belleville)  
785-955-0086



SNAP Food Prog.  
Dept. for Children and Families  
1501 E 6<sup>th</sup> St (Concordia)  
1-888-369-4777

NEK – CAP  
Summer Food Prog.  
Filling the Gap (Children ages 1-18)  
1112 N. Independence Ave. (Beloit)  
(785) 547-7136

Women Infant Children  
1206 18<sup>th</sup> (Belleville)  
785-527-5671

KS Food Bank  
1919 E Douglas (Wichita)  
316-265-4421

### **Government Healthcare**

KS Dept. on Aging  
503 S KS Ave (Topeka)  
1-800-432-3535

North Ctr. Flint Hills Area  
Agency on Aging  
401 Houston St (Manhattan)  
1-800-432-2703

Medicare  
7500 Security Blvd (Baltimore, MD)  
1-800-633-4227

### **Hearing/Visually Impaired Services**

KS Commission for the Deaf  
And Hearing Impaired  
915 SW Harrison (Topeka)  
1-866-213-9079

KS Relay Center  
734 Vermont Box 863 (Lawrence)  
1-800-766-3777

### **Medical Equipment/Supplies**

Central Plains Medical and  
Respiratory, LLC  
1331 18<sup>th</sup> St (Belleville)  
(785) 527-8727

Funk Medical and Mobility  
240 W 6<sup>th</sup> St (Concordia)  
1-800-569-0191

Family Health Mart Pharm.  
1526 Lincoln (Concordia)  
1-800-794-4803

Palmquist Drug  
135 W 6<sup>th</sup> St (Concordia)  
1-800-794-4803

Walmart Pharmacy  
S US 81 Hwy (Concordia)  
1-785-243-1824

Scott Specialties  
512 M St (Belleville)  
785-527-5627

### **Pregnancy Services**

Mary Elizabeth Maternity Home  
204 W 7<sup>th</sup> St (Hays)  
785-625-6800

Birthright of Salina  
1045 The Midway (Salina)  
1-800-550-4900

Republic Co. Health Dept.  
1206 18<sup>th</sup> St (Belleville)  
785-527-5671

Catholic Charities of Salina  
425 W Iron Ave (Salina)  
785-825-0208

# V. Detail Exhibits

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[VVV Consultants LLC]

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## a.) Patient Origin Source Files

[VVV Consultants LLC]

# Inpatient Origin Reports



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

Detail																						
Hospital Detail by County			Pediatric		Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		Surg %			
			Age 0-17	Age 18-44	Age 45-64	Age 65-74	Age 75+	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases		%		
Hospital Name	Rank	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Surg %
Republic County Hospital - Belleville, KS	1	381	56.9%	8	2.1%	16	4.2%	58	15.2%	84	22.0%	162	42.5%	0	0.0%	26	6.8%	23	6.0%	5	1.3%	115.5%
Kansas Residents/Nebraska Hospitals	2	112	16.7%	4	3.6%	15	13.4%	24	21.4%	28	25.0%	36	32.1%	0	0.0%	0	0.0%	5	4.5%	48.2%	48.2%	
Salina Regional Health Center - Salina, KS	3	101	15.1%	0	0.0%	5	5.0%	20	19.8%	15	14.9%	30	29.7%	1	1.0%	15	14.9%	15	14.9%	43.6%	43.6%	
Salina Surgical Hospital - Salina, KS	4	16	2.4%	0	0.0%	1	6.3%	7	43.8%	6	37.5%	2	12.5%	0	0.0%	0	0.0%	0	0.0%	0.0%	100.0%	
Wesley Healthcare - Wichita, KS	5	10	1.5%	0	0.0%	4	40.0%	0	0.0%	3	30.0%	3	30.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	50.0%	
Mitchell County Hospital Health Systems - Beloit, KS	6	6	0.9%	0	0.0%	0	0.0%	3	50.0%	2	33.3%	1	16.7%	0	0.0%	0	0.0%	0	0.0%	0.0%	16.7%	
The University of Kansas Health System - Kansas City, KS	7	6	0.9%	0	0.0%	2	33.3%	2	33.3%	2	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	66.7%	
Ascension Via Christi Hospitals Wichita, Inc. (St. Francis/St. Joseph) - Wichita, KS	8	5	0.7%	0	0.0%	1	20.0%	0	0.0%	1	20.0%	3	60.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	40.0%	
Clay County Medical Center - Clay Center, KS	9	4	0.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	50.0%	0	0.0%	1	25.0%	1	25.0%	0.0%	0.0%	
Cloud County Health Center - Concordia, KS	10	4	0.6%	0	0.0%	1	25.0%	0	0.0%	0	0.0%	3	75.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	0.0%	
Ascension Via Christi Hospital Manhattan - Manhattan, KS	11	3	0.4%	0	0.0%	0	0.0%	0	0.0%	2	66.7%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	0.0%	100.0%	
Children's Mercy Kansas City - Kansas City, MO	12	2	0.3%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	0.0%	
Goodland Regional Medical Center - Goodland, KS	13	2	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	0.0%	
HaysMed, The University of Kansas Health System - Hays, KS	14	2	0.3%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	0.0%	
LMH Health - Lawrence, KS	15	2	0.3%	0	0.0%	1	50.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	50.0%	
NMC Health - Newton, KS	16	2	0.3%	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%	50.0%	
Southwest Medical Center - Liberal, KS	17	2	0.3%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	0.0%	
Stromont Val Health - Topeka, KS	18	2	0.3%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0.0%	0.0%	
Community Memorial Healthcare, Inc. - Marysville, KS	19	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	0.0%	
Hanover Hospital - Hanover, KS	20	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	0.0%	
Hutchinson Regional Medical Center - Hutchinson, KS	21	1	0.1%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	0.0%	
Jewell County Hospital - Marikato, KS	22	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	0.0%	
Kansas Residents/Minnesota Hospitals	23	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	100.0%	
Kansas Residents/Virginia Hospitals	24	1	0.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	0.0%	
Memorial Health System - Albion, KS	25	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	0.0%	
The University of Kansas Health System St. Francis Campus - Topeka, KS	26	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	0.0%	
<b>Overall</b>		<b>670</b>	<b>100.0%</b>	<b>16</b>	<b>2.4%</b>	<b>49</b>	<b>7.3%</b>	<b>119</b>	<b>17.8%</b>	<b>146</b>	<b>21.8%</b>	<b>249</b>	<b>37.2%</b>	<b>8</b>	<b>1.2%</b>	<b>42</b>	<b>6.3%</b>	<b>44</b>	<b>6.6%</b>	<b>44</b>	<b>6.6%</b>	<b>26.3%</b>

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

Detail																						
Hospital Detail by County			Pediatric		Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		Surg %			
			Age 0-17	Age 18-44	Age 45-64	Age 65-74	Age 75+	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases		%		
Hospital Name	Rank	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Surg %
Republic County Hospital - Belleville, KS	1	489	66.7%	3	0.6%	22	4.5%	67	13.7%	98	20.0%	253	51.7%	19	3.9%	14	2.9%	13	2.7%	8	1.6%	8.6%
Salina Regional Health Center - Salina, KS	2	108	14.7%	2	1.9%	13	12.0%	22	20.4%	23	21.3%	22	20.4%	4	3.7%	11	10.2%	11	10.2%	42.6%	42.6%	
Kansas Residents/Nebraska Hospitals	3	75	10.2%	4	5.3%	12	16.0%	15	20.0%	25	33.3%	14	18.7%	0	0.0%	0	0.0%	5	6.7%	36.0%	36.0%	
Ascension Via Christi Hospitals Wichita, Inc. (St. Francis/St. Joseph) - Wichita, KS	4	9	1.2%	0	0.0%	6	66.7%	0	0.0%	3	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	55.6%	
Wesley Healthcare - Wichita, KS	5	9	1.2%	2	22.2%	1	11.1%	0	0.0%	3	33.3%	3	33.3%	0	0.0%	0	0.0%	0	0.0%	0.0%	44.4%	
The University of Kansas Health System - Kansas City, KS	6	7	1.0%	0	0.0%	2	28.6%	2	28.6%	3	42.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	57.1%	
Clay County Medical Center - Clay Center, KS	7	6	0.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	66.7%	0	0.0%	1	16.7%	1	16.7%	0.0%	0.0%	
Stromont Val Health - Topeka, KS	8	5	0.7%	1	20.0%	0	0.0%	0	0.0%	3	60.0%	1	20.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	60.0%	
Salina Surgical Hospital - Salina, KS	9	4	0.5%	0	0.0%	0	0.0%	0	0.0%	3	75.0%	1	25.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	100.0%	
Ascension Via Christi Hospital Manhattan - Manhattan, KS	10	3	0.4%	0	0.0%	1	33.3%	0	0.0%	1	33.3%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	0.0%	33.3%	
Cloud County Health Center - Concordia, KS	11	3	0.4%	0	0.0%	0	0.0%	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	0.0%	
Mitchell County Hospital Health Systems - Beloit, KS	12	3	0.4%	0	0.0%	0	0.0%	0	0.0%	1	33.3%	2	66.7%	0	0.0%	0	0.0%	0	0.0%	0.0%	33.3%	
Jewell County Hospital - Marikato, KS	13	2	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	0.0%	
NMC Health - Newton, KS	14	2	0.3%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	0.0%	
Olathe Health - Olathe, KS	15	2	0.3%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	100.0%	
Washington County Hospital - Washington, KS	16	2	0.3%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	0.0%	
Children's Mercy Kansas City - Kansas City, MO	17	1	0.1%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	0.0%	
Liberty Hospital - Liberty, MO	18	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	0.0%	
LMH Health - Lawrence, KS	19	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	100.0%	
Saint Luke's Hospital of Kansas City - Kansas City, MO	20	1	0.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	100.0%	
<b>Overall</b>		<b>733</b>	<b>100.0%</b>	<b>13</b>	<b>1.8%</b>	<b>58</b>	<b>7.9%</b>	<b>108</b>	<b>14.7%</b>	<b>171</b>	<b>23.3%</b>	<b>304</b>	<b>41.5%</b>	<b>23</b>	<b>3.1%</b>	<b>26</b>	<b>3.5%</b>	<b>30</b>	<b>4.1%</b>	<b>30</b>	<b>4.1%</b>	<b>19.2%</b>

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# Inpatient Origin Reports (Continued)



Inpatient Origin by County  
 Republic, KS Residents Treated in KHA Reporting Area  
 Federal Fiscal Year: 2021

Detail																															
Hospital Detail by County				Pediatric		Adult Medical/Surgical										Psychiatric		Obstetric		Newborn		Surg %									
Hospital Name	Rank	Total Cases	%	Age 0-17	Age 18-44	Age 45-64	Age 65-74	Age 75+	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Surg %		
Republic County Hospital - Belleville, KS	1	539	70.7%	7	1.3%	12	2.2%	55	10.2%	98	18.2%	300	55.7%	28	5.2%	18	3.3%	21	3.9%	6.9%											
Salina Regional Health Center - Salina, KS	2	106	13.9%	3	2.8%	3	2.8%	20	18.9%	17	16.0%	16	15.1%	3	2.8%	23	21.7%	21	19.8%	43.4%											
The University of Kansas Health System - Kansas City, KS	3	19	2.5%	0	0.0%	1	5.3%	9	47.4%	8	42.1%	1	5.3%	0	0.0%	0	0.0%	0	0.0%	57.9%											
Kansas Residents/Nebraska Hospitals	4	18	2.4%	0	0.0%	3	16.7%	4	22.2%	8	44.4%	3	16.7%	0	0.0%	0	0.0%	0	0.0%	33.3%											
Children's Mercy Kansas City - Kansas City, MO	5	14	1.8%	12	85.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	14.3%	1	7.1%	0.0%											
Wesley Healthcare - Wichita, KS	6	10	1.3%	5	50.0%	0	0.0%	1	10.0%	0	0.0%	3	30.0%	0	0.0%	1	10.0%	0	0.0%	40.0%											
Mitchel County Hospital Health Systems - Beloit, KS	7	7	0.9%	0	0.0%	0	0.0%	1	14.3%	4	57.1%	0	0.0%	0	0.0%	1	14.3%	1	14.3%	14.3%											
Salina Surgical Hospital - Salina, KS	8	6	0.8%	0	0.0%	0	0.0%	5	83.3%	1	16.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%											
Ascension Via Christi Hospitals Wichita, Inc. (St. Francis/St. Joseph) - Wichita, KS	9	5	0.7%	0	0.0%	0	0.0%	1	20.0%	1	20.0%	3	60.0%	0	0.0%	0	0.0%	0	0.0%	0.0%											
Smith County Memorial Hospital - Smith Center, KS	10	5	0.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	60.0%	0	0.0%	1	20.0%	1	20.0%	0.0%											
Ascension Via Christi Hospital Manhattan - Manhattan, KS	11	4	0.5%	0	0.0%	0	0.0%	1	25.0%	3	75.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%											
Clay County Medical Center - Clay Center, KS	12	4	0.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	25.0%	3	75.0%	0.0%									
Clayton County Health Center - Concordia, KS	13	4	0.5%	0	0.0%	0	0.0%	3	75.0%	0	0.0%	1	25.0%	0	0.0%	0	0.0%	0	0.0%	0.0%											
Saint Luke's Hospital of Kansas City - Kansas City, MO	14	4	0.5%	0	0.0%	0	0.0%	0	0.0%	4	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	25.0%											
AdventHealth Shawnee Mission - Shawnee Mission, KS	15	3	0.4%	0	0.0%	1	33.3%	1	33.3%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%											
Stormont Vall Health - Topeka, KS	16	3	0.4%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	1	33.3%	2	66.7%	0	0.0%	0	0.0%	0.0%											
Washington County Hospital - Washington, KS	17	3	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	100.0%	0	0.0%	33.3%											
Ascension Via Christi Hospital St. Teresa - Wichita, KS	18	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%											
Jewell County Hospital - Hanks, KS	19	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%											
Kansas Residents/Iowa Hospitals	20	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%											
UPH Health - Lawrence, KS	21	1	0.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%											
Memorial Health System - Abilene, KS	22	1	0.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%											
Saint Luke's South Hospital - Overland Park, KS	23	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%											
St. Joseph Medical Center - Kansas City, MO	24	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0.0%											
University Health Truman Medical Center - Kansas City, MO	25	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0.0%											
<b>Overall</b>		<b>762</b>	<b>100.0%</b>	<b>28</b>	<b>3.7%</b>	<b>20</b>	<b>2.6%</b>	<b>103</b>	<b>13.5%</b>	<b>147</b>	<b>19.3%</b>	<b>333</b>	<b>43.7%</b>	<b>36</b>	<b>4.7%</b>	<b>50</b>	<b>6.6%</b>	<b>48</b>	<b>6.3%</b>	<b>15.4%</b>											

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# Outpatient Origin Reports

Outpatient Market Penetration By Service Type				
Republic County Hospital		Total Visits	Republic, KS	
County By Federal Fiscal Year: 2019			Visits	%
1 Emergency Department (45x)		1,891	1,388	86.6%
2 Surgery (36x, 49x)		433	263	63.7%
3 Observation (76x, excl. 761)		249	172	90.1%
11 Radiology - Diagnostic (32x, excl. 322 and 323)		1,053	770	69.1%
14 Nuclear Medicine (34x)		102	71	67.0%
15 CT Scan (35x)		515	385	73.8%
16 Mammography (401, 403)		433	307	79.5%
17 Ultrasound (402)		197	135	61.9%
19 Magnetic Resonance Technology (61x)		245	170	70.5%
23 Pulmonary Function (46x)		190	147	87.0%
25 Stress Test (482)		82	61	92.4%
29 Telemedicine (78x)		23	17	85.0%
33 Cardiac Rehab (943)		20	16	84.2%
35 Treatment Room (761)		1,125	849	85.9%
36 Respiratory Services (41x)		111	87	87.0%
37 EKG/ECG (73x)		348	279	76.0%
38 Cardiology (48x excl. 481-483)		114	91	67.4%
39 Sleep Lab (HCPC 95805-95811)		61	41	93.2%
41 Behavioral Health (90x, 91x, 100x)		117	78	98.7%
42 Physical Therapy (42x)		1,065	848	95.9%
43 Occupational Therapy (43x)		80	58	87.9%
44 Speech-Language Pathology (44x)		41	33	89.2%
47 Audiology (47x)		11	9	90.0%
Actual visits in report		6,516	4,786	80.7%
Actual unclassified visits		2,049	1,534	69.3%
Actual total visits		8,565	6,320	77.6%

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# Outpatient Origin Reports (Continued)

Outpatient Market Penetration By Service Type				
Republic County Hospital		Total Visits	Republic, KS	
County By Federal Fiscal Year: 2020			Visits	%
1	Emergency Department (45x)	1,440	1,072	85.8%
2	Surgery (36x, 49x)	403	244	61.3%
3	Observation (76x, excl. 761)	226	171	85.1%
11	Radiology - Diagnostic (32x, excl. 322 and 323)	937	688	67.5%
14	Nuclear Medicine (34x)	135	101	65.2%
15	CT Scan (35x)	552	414	73.1%
16	Mammography (401, 403)	419	304	79.0%
17	Ultrasound (402)	179	124	54.9%
19	Magnetic Resonance Technology (61x)	254	189	67.0%
23	Pulmonary Function (46x)	170	119	85.6%
25	Stress Test (482)	101	70	87.5%
26	Echocardiology (483)	86	62	93.9%
29	Telemedicine (78x)	14	11	91.7%
33	Cardiac Rehab (943)	22	15	93.8%
35	Treatment Room (761)	1,006	817	82.2%
36	Respiratory Services (41x)	72	52	76.5%
37	EKG/ECG (73x)	269	199	67.0%
38	Cardiology (48x excl. 481-483)	45	33	42.9%
39	Sleep Lab (HCPC 95805-95811)	36	25	89.3%
41	Behavioral Health (90x, 91x, 100x)	141	99	98.0%
42	Physical Therapy (42x)	1,078	858	94.5%
43	Occupational Therapy (43x)	98	84	84.8%
44	Speech-Language Pathology (44x)	66	59	88.1%
47	Audiology (47x)	4	3	50.0%
Actual visits in report		5,959	4,468	78.4%
Actual unclassified visits		2,106	1,536	67.7%
Actual total visits		8,065	6,004	75.3%
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Outpatient Market Penetration By Service Type				
Republic County Hospital		Total Visits	Republic, KS	
County By Federal Fiscal Year: 2021			Visits	%
1	Emergency Department (45x)	1,823	1,299	86.2%
2	Surgery (36x, 49x)	519	323	62.2%
3	Observation (76x, excl. 761)	213	151	85.3%
11	Radiology - Diagnostic (32x, excl. 322 and 323)	1,176	858	67.3%
14	Nuclear Medicine (34x)	156	112	65.9%
15	CT Scan (35x)	819	609	76.6%
16	Mammography (401, 403)	455	314	80.5%
17	Ultrasound (402)	260	149	54.4%
19	Magnetic Resonance Technology (61x)	357	246	75.7%
23	Pulmonary Function (46x)	223	170	87.2%
25	Stress Test (482)	115	81	85.3%
26	Echocardiology (483)	229	178	93.7%
29	Telemedicine (78x)	11	10	76.9%
33	Cardiac Rehab (943)	43	40	95.2%
35	Treatment Room (761)	1,195	925	81.8%
36	Respiratory Services (41x)	112	91	87.5%
37	EKG/ECG (73x)	301	237	63.4%
38	Cardiology (48x excl. 481-483)	2		
39	Sleep Lab (HCPC 95805-95811)	2,743	1,952	78.3%
41	Behavioral Health (90x, 91x, 100x)	107	71	100.0%
42	Physical Therapy (42x)	942	760	95.1%
43	Occupational Therapy (43x)	95	79	89.8%
44	Speech-Language Pathology (44x)	61	53	94.6%
47	Audiology (47x)	8	6	85.7%
Actual visits in report		7,110	5,190	77.6%
Actual unclassified visits		2,620	1,904	70.8%
Actual total visits		9,730	7,094	75.7%
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## b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Republic County, KS 2022 CHNA Town Hall April 28th (11:30am-1pm)							
#	Table	Lead	Attend	Last	First	Organization	Title
1	A	##	X	Whitley	David	EMS/Rescue	Director
2	A		X	Hadachek	Mikel	Astra Bank	Market President
3	A		X	Kelly	Dan	Republic County Hospital	CEO
4	B	##	X	Martin	Brent	Republic County Hospital	COO
5	B		X	Sheetz	Waylon	Belleville Chamber & Main St	Executive Director
6	B		X	Urich	Al	Peace Lutheran Parish	Mr.
7	C	##	X	Anderson	Adam	City of Belleville	City Manager
8	C		X	Diane	Reed	Prior RCh-DON	Prio RCH- Dir of Nsg
9	D	##	X	Knedlik	Lela	NCK Healthcare Foundation	Board Member
10	D		X	Carlson	Audrey	Republic County Hospital	Exec Dir; NCKHCF
11	D		X	Hadachek	Deb	Republic County Hospital	Board Chair
12	F	##	X	Larson	Kent	Republic County Hospital	Board Member
13	F		X	Blecha	Jimmie	Munden City	Mayor
14	F		X	Ward	Donna	Prairie Ridge Estates resident	Interested Citizen
15	G	##	X	Klauman	Marcia	Prairie Ridge Estates resident	Interested Citizen
16	G		X	Childs	Barry	RCH	Board Treasurer
17	G		X	Joonas	Steve	USD 426	Superintendent
18	H	##	X	Williams	Erin	Ems	Aemt
19	H		X	Brown	Rebecca	Republic County Hospital	CNO
20	H		X	Hancock	Maci	Republic County Hospital	HR



# Republic County (KS) Town Hall Event Notes

Attendance: N=20

Date: 4/28/2022 – 11:30 a.m. to 1 p.m.

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**Community identified the following drugs and substances as being abused in Republic County, KS:** Drugs- Meth, Fentanyl, Opioids, Cocaine, Marijuana

## **Needs**

- Mental/Behavioral Health
- Obesity
- Lack of “Owning Your Health”
- Housing
- Cancer Care
- Drug / Substance Abuse
- EMR
- Preventative Health / Wellness
- Quality Child Care
- Home Health
- Senior Health / Programs
- Neglect
- Spiritual Health

## **Strengths**

- Quality Providers
- Scope of Local Services
- OB Services
- Community Collaboration
- Exercise / Fitness
- EMS / ER Services
- Primary Care

# Wave #4 CHNA - Republic County KS

## Town Hall Conversation - Strengths (White Cards) N=20

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
1	Hospital	9	Adequate PCP providers
1	Independent living	9	Improved Visiting specialists
1	Assisted living	9	Quick access - EMS/ ER times
1	Nursing home (adequate only)	9	3 gyms in county
1	EMT/ Ambulance	10	Senior life solutions
2	Community events	10	Job openings
2	Medical knowledge	10	Bright beginnings/ lactation consult
2	Medical compassion	10	EMS access/ ER times
2	Equipment	10	Rehab availability/ caring staff
2	Family help	10	Fitness center/ walking path
3	Number of primary care providers	11	Hospital and local health community
3	ER/ Emergency services	11	People's willingness to seek health care, preventative care
3	Specialists coming to Belleville	12	Community support- votes
3	Hospital service	12	Meal's on wheels
4	Scope of services	12	Sidewalks
4	Number of providers	13	EMS
4	Community support	13	Hospital ER
4	Strength of family structure/ relationships	13	Hospice care
5	Emergency care	13	Outpatient services
5	Housing for seniors	13	People see their PCP's
5	Hospital	14	Good Doctor to patient ratio
5	Special programs for seniors	14	Fast ER visits
5	Exercise location (inclement weather)	14	Good quality of care
5	Water system	14	Good senior care options
5	Child care	14	Good schools and hospitals
5	Vaping	15	Health care
5	Student mental health	15	Exercise for all
5	We are going to doctor	15	Training
5	Increasing quality for our health care system	15	Resources for depressions
5	Health screenings	15	Day care
5	Ambulance	16	Quality hospital and PCP's
5	Opioid perscriptions going down	16	Community support for local healthcare (financial)
6	Access	16	Visibility in community
6	SLS	16	Quality nurses with above board training
6	Fitness center/ walking paths - Belleville	16	Health care foundation
6	Diabetic educator	17	General medical provider care
6	Lactation education/ breastfeeding	17	Hospital provides quality care
7	Caring people hospital	17	Rehab strength of providers
7	Ambulance	17	Visibility of RCH
7	Great clinic doctors	17	EMS- collaboration
7	PT department	17	Foundation
8	Access to health care	17	Pilot exercise classes
8	Opportunity for exercise	18	Doctors/ schools
8	Lactation	18	Hospital/ clinic

# Wave #4 CHNA - Republic County KS

## Town Hall Conversation - Weaknesses (Color Cards) N=20

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
1	Child care	10	Frequency of specialists
1	Cancer care	10	Type of specialists
1	Senior care	10	Community initiative on mental health
1	Behavioral health	10	Number of PCP
1	Uninsured	10	Type of services ( i.e. chemo, etc)
2	Obesity	10	Missuse of prescription drugs- not opioids
2	Prevention of obesity	10	Neglect- check in system service needs to reach them
2	Depression questionnaire	10	Access to low lost, publicly open service/ wellness (obesity)
2	Child care	10	Mental health- for non medicare
2	Senior care	11	Targeted outreach (Alzheimers/ Parkinsons)
3	Open MRI- stop	11	Focused care and concern for veterans
3	Specialist teams needed	12	More emphasis on mental health with providers
3	Don't know enough outside specialists	12	More activities to promote exercise (visibility)
3	Transfer of data- both ways	12	Outreach groups for seniors (Parkinsons, etc)
4	Community involvement	13	Home care
4	Preventative mental health	13	Obesity
4	Obesity	13	Education for young adults
4	How we accept change with staying with the times	13	Apathy- attitudes
4	Mental health	13	Senior education
5	Mental health providers	14	Preventative care
5	Child care openings	14	Chronic disease prevention
5	Available housing	14	Alcohol/ drug abuse
5	Community involvement (volunteer)	14	Get people active
5	Cancer care	14	Lower obesity rate
6	Another dentist choice	15	Mental health
6	Water suitable for infants and elderly	15	Exercise options
6	Info on "Handy Bus"	15	Dental/ eye for seniors
6	Additional child care	15	Obesity
7	Vaping	15	Apathy
7	Child care	16	Mental health
7	Student mental health- anxiety/ depression	16	Home health/ senior care
7	Cancer morality	16	Child care
7	Access to healthy foods (also education)	16	Obesity/ exercise
8	Spiritual care	17	Mental health access
8	Child care	17	Cancer care
8	Marriage support	17	Child care
8	Mental health	17	Housing
9	Child care	17	Walking trails (Courtland, Cuba, etc)
9	Public health	18	Getting community buy in to wellness/ exercise
9	Smoking- pregnant mothers	18	Exercise- keeping people busy
9	Get people to be proactive with personal health care	18	Mental health education on depression, mental health

## **EMAIL #1 Request Message**

**From:** Brent Martin, Chief Operating Officer

**Date:** 3/1/2022

**To:** Community Leaders, Providers and Hospital Board and Staff

**Subject:** 2022 Republic County Community Health Needs Assessment

**Republic County Hospital** is working with other community health providers to update the 2022 Republic County, KS Community Health Needs Assessment. The goal of this assessment update is to understand progress in addressing health needs cited in the 2016 and 2019 CHNA reports and to collect up-to-date community health perceptions.

VVW Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct this countywide research. All responses will be confidential if you choose to participate in this online survey.

To gather community feedback, a short and confidential online survey has been developed. To access this survey, please utilize the link below to participate.

**LINK:** [https://www.surveymonkey.com/r/CHNA2022\\_RepublicCo](https://www.surveymonkey.com/r/CHNA2022_RepublicCo)

All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **April 1<sup>st</sup>, 2022**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Thursday, April 28<sup>th</sup>, 2022**, for lunch from **11:30 a.m. - 1:00 p.m.** Please stay on the lookout for more information to come soon. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (785) 527-2254

## PR#1 News Release

Local Contact: Brent Martin

Media Release: 3/01/22

# Republic County Hospital Conducts Community Health Needs Assessment

Over the next few months, **Republic County Hospital (RCH)** will be working with area providers to update the Republic County Community Health Needs Assessment (CHNA) for 2022. We strive to seek input from the community members regarding the healthcare needs in order to complete the 2022 Community Health Needs Assessment update from 2019.

VVV Consultants LLC, an independent research firm from Olathe, KS has been retained to conduct this countywide research. The goal of this assessment update is to understand progress in addressing community health needs cited in the both the 2016 and 2019 assessment reports, while collecting up-to-date community health perceptions and ideas.

A brief community survey has been developed in order to accomplish this work. The survey can be accessed by visiting the hospitals' website or their Facebook page if you would like obtain the link and participate in this important work.

All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **April 1<sup>st</sup>, 2022**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Thursday, April 28<sup>th</sup>, 2022** for lunch from **11:30 a.m. - 1:00 p.m.** Please, stay on the lookout for more information to come soon. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (785) 527-2254

**From:** Brent Martin, Chief Operating Officer

**Date:** 04/05/22

**To:** Community Leaders, Providers, Hospital Board Members and Staff

**Subject:** CHNA 2022 Town Hall Event – Republic County

Please join Republic County Hospital for a Town Hall meeting on Thursday April 28<sup>th</sup>, from 11:30 a.m. – 1:00 PM. The purpose of this meeting is to review key health indicators for Republic County and gather your feedback for our 2022 Community Health Needs Assessment (CHNA) programs.

Healthcare leaders, social service providers, community-based organizations, and county residents are all invited to this event – *please spread the word*.

To adequately prepare for this socially distanced gathering, we need your RSVP by April 26<sup>th</sup>. Please utilize the link below to complete your RSVP if you plan to attend this important event.

**RSVP Now:** [https://www.surveymonkey.com/r/CHNA2022\\_RSVP\\_RepublicCountyKS](https://www.surveymonkey.com/r/CHNA2022_RSVP_RepublicCountyKS)

We hope you can find the time to attend this event on April 28<sup>th</sup>! Thank you for your time and participation!

If you have any questions regarding CHNA activities, please call (785) 527-2254

# Join Republic County Hospital as They Host the 2022 CHNA Town Hall Event

Media Release: 04/05/22

**Republic County Hospital** will be hosting a Town Hall meeting for the 2022 Republic County Kansas Community Health Needs Assessment on **Thursday, April 28<sup>th</sup> from 11:30 a.m. to 1:00 p.m.** During this meeting, we will review the community health indicators and gather feedback opinions on key community needs.

As we continue to focus is the safety of our community in conjunction with COVID guidelines, it is vital everyone planning to attend this event RSVPs to properly adhere to guidelines for this social distanced event. Please visit our hospital website and social media sites to obtain the link to complete your RSVP! We hope that you find the time to join us for this important event on April 28th. Thanks in advance for your time and support!

If you have any questions about CHNA activities, please call (785) 527-2254

## d.) Primary Research Detail

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[VVV Consultants LLC]



## CHNA 2022 Community Feedback: Republic Co KS (N=111)

ID	Zip	Rating	Movement	c1	c2	c3	Q4 In your opinion, what are the root causes of "poor health" in our community? Other Comments
1079	66966	Very Good	Not really changing much	COVD			Again, Covid has changed healthcare priorities in the last two years.
1005	66935	Poor	Decreasing - slipping downward	DOCS	FF		Low quality of doctors and APRNs, they don't care about you, they never follow-up.
1046	66935	Very Good	Increasing - moving up	EDU			Little health education
1064	66966	Good	Increasing - moving up	FINA			Financial - Most individual have health insurance, but the deductibles or out-of-pocket expense are not affordable for most in our community, so they forgo voicing their concerns to their physician.
1003	66939	Good	Not really changing much	FINA			The cost of being healthy is too high for many in the area.
1074	66935	Good	Increasing - moving up	POV			Bad choices? Poverty and lack of family structures
1094	66935	Very Good	Not really changing much	PREV			More transparency and promotion of preventative health programs. Having "ra-ra" support from the health providers to be active and exercise frequently and to eat right is the first step to curb repetitive illness.

## CHNA 2022 Community Feedback: Republic Co KS (N=111)

ID	Zip	Rating	Movement	c1	c2	c3	Q7 Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community? If NO, please specify what is needed where. Be specific.
1040	66935	Average	Increasing - moving up	ACC			Every Healthcare Provider has a Now Hiring ad out there
1080	66935	Good	Increasing - moving up	CLIN	HRS		urgent care, after office hours - all that is available is the ER
1010	66935	Very Good	Increasing - moving up	CLIN			I think an urgent care set-up other than ER would be helpful, especially on weekends.
1074	66935	Good	Increasing - moving up	DOCS	NURSE		Need more doctors and nurses but I think they are working on that
1079	66966	Very Good	Not really changing much	DOCS	NURSE		At this time yes, but always looking for Doctors, nurses and physicians assistants for the future is prudent to a great healthcare community.
1005	66935	Poor	Decreasing - slipping downward	DOCS	SCH		Less APRNs and more Doctors needed. Doctor appointments should be made from 9-3 not at 4-6:00, if they would maintain a timely schedule it would help their own work-life balance. When in the hospital the Dr should round and the patient should know ahead of time to bring a family member in to listen and ask questions.
1025	66935	Very Good	Not really changing much	DOCS	SCH		feel we need more doctors. the clinic is always full need another place or a time set aside for walk ins. For being a rural hospital the hospital gets used alot for none emergent things
1061	66959	Good	Increasing - moving up	DOCS	SPEC	OBG	We are seeing an increase in younger people to our area. Therefore needing child care and child birth services need to increase. Dr and support personal that can fill these needs are needed.
1003	66939	Good	Not really changing much	FINA			The weekends have no affordable medical care available.
1058	66935	Good	Increasing - moving up	HRS			Nights and weekends
1033		Average	Increasing - moving up	SCH	EMER		Provider appts are hard to get, ER doctor not always available to see patients
1024	66935	Very Good	Increasing - moving up	SPEC			More specialist coverage (diversity and frequency) is needed.
1001	66935	Good	Decreasing - slipping downward	STFF			Short staffed everywhere.
1086	66935	Very Good	Increasing - moving up	STFF			Just looks possibly like there is a shortage of trained staffing.
1088	66901	Very Good	Increasing - moving up	STFF			More is always better
1064	66966	Good	Increasing - moving up	STFF			Staffing!!! We need sufficient staff at each medical facility so that patients can be cared for as needed and no more I don't have to do that because I am this status.

## CHNA 2022 Community Feedback: Republic Co KS (N=111)

ID	Zip	Rating	Movement	c1	c2	c3	Q8 What "new" community health programs should be created to meet current community health needs?
1005	66935	Poor	Decreasing - slipping downward	ACC	HRS		Stat Care or a designated doctor available daily to take only walk ins. When I have an illness I shouldn't have to wait 2 days to be seen.
1008	66939	Very Good	Increasing - moving up	ACC	MRKT		Add walking trails to all towns, not just belleville. More free screenings with better advertising to make people aware of it.
1089	66935	Average	Not really changing much	ADM	FINA		A new health department administrator with a better education and puts the health of Republic County residents first. She has cut important programs so she has enough money in her budget for her own raise.
1064	66966	Good	Increasing - moving up	AWARE	MRKT		I am unsure how to approach this as I know that our community had many programs that the community is unaware of. I think continuing the social and media presence of "get to know" what is available on the social platforms is great, but remember to put it in the newspaper as well. The average age of our community does not make them a social media type of crew. The Advertiser from Concordia constantly is telling us the services available in Cloud County..... Why is Republic County not advertising in this? That flyer goes in every mailbox in Republic Co
1020	66935	Very Good	Increasing - moving up	BH	DRUG		More focus on mental health and substance abuse/use
1101	66959	Average	Decreasing - slipping downward	BH			Mental health in our schools
1080	66935	Good	Increasing - moving up	CLIN	HRS		Community wellness center Urgent care walk in clinic - evenings and saturday mornings
1027	66935	Very Good	Increasing - moving up	DRUG			Addiction recovery
1069	66935	Very Good	Increasing - moving up	DRUG			More alcohol abuse prevention type programs
1068	66935	Average	Decreasing - slipping downward	EDU	PREV		Community programs focusing on health. Exercise help, information on walking for health, wellness programs.
1049	66935	Very Good	Not really changing much	EDU			General health education specific to age groups
1003	66939	Good	Not really changing much	HRS			Clinic hours on the weekend.
1086	66935	Very Good	Increasing - moving up	MRKT			Use what you already have and expand those services, sell what you already have at your hands.
1038	66935	Very Good	Decreasing - slipping downward	NH	HSP		More programs for the elderly and those who need hospice care. That care comes from out of county.
1058	66935	Good	Increasing - moving up	NH	PREV	BH	Senior health and wellness, exercise programs, & mental health care.
1040	66935	Average	Increasing - moving up	NH			Access to Healthcare monitoring. Access to Senior Health education.
1007	66935	Good	Increasing - moving up	NH			Something affordable for seniors on a limited income to get exercise.
1079	66966	Very Good	Not really changing much	NO			I really don't have any information about any new programs needed.
1061	66959	Good	Increasing - moving up	OBG			More doctors that deliver babies and support the early development of children.
1047	66935	Average	Increasing - moving up	OBG			OB
1024	66935	Very Good	Increasing - moving up	ONC	HH		Improved oncology services and home health.
1035	66939	Good	Increasing - moving up	PREV	FEM		Preventative Care, Women's Wellness
1057	66935	Good	Increasing - moving up	PREV			Exercise.
1073	66940	Very Good	Increasing - moving up	PREV			Health screenings for men
1072	66935	Very Good	Increasing - moving up	PREV			Holistic benefits of eating better foods and being more active outside with trails or adult recreation activities.
1043		Good	Increasing - moving up	PREV			Wellness/exercise activities for all ages combined with dietary and chronic health education.
1094	66935	Very Good	Not really changing much	PREV			Creating a more active preventative care program. Promoting regular exercise and hosting active events in the community to shift the mindset. We have all been cooped up in our homes for the past two years and physical health has deteriorated with obesity drastically increasing.
1076	66959	Average	Not really changing much	PREV			Weight management
1048	66935	Very Good	Not really changing much	SPEC			partnerships with "quality" specialty providers

Let Your Voice Be Heard!

**In 2019, Republic County Hospital surveyed the community to assess health needs. Today, we request your input again in order to create a 2022 Republic County, KS Community Health Needs Assessment (CHNA).**

**To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery.**

**While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention! Deadline to participate is April 1st, 2022**

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

- Very Good     Good     Average     Poor     Very Poor

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

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

Please specify why.

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

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

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

- |  |  |
|--|--|
| <input type="checkbox"/> Access to Exercise Opportunities          | <input type="checkbox"/> Limited Access to Healthy Foods / Nutrition                 |
| <input type="checkbox"/> Awareness of Healthcare Services          | <input type="checkbox"/> Mental Health (Diagnosis, Treatment, Aftercare, Physicians) |
| <input type="checkbox"/> Cancer Care                               | <input type="checkbox"/> Obesity   |
| <input type="checkbox"/> Child Care                                | <input type="checkbox"/> "Owning Your Health"  |
| <input type="checkbox"/> Chronic Disease Prevention and Management | <input type="checkbox"/> Poverty (Financial Brriers)                                 |
| <input type="checkbox"/> Cost for Health Services                  | <input type="checkbox"/> Preventative Health / Wellness                              |
| <input type="checkbox"/> Drug / Substance Abuse                    | <input type="checkbox"/> Senior Care   |
| <input type="checkbox"/> Funding for Programs                      | <input type="checkbox"/> Smoking / Vaping  |
| <input type="checkbox"/> Health Insurance (Financial Assistance)   | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> Lack of Health Education / Literacy       | <input type="checkbox"/> Uninsured / Underinsured                                    |

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

- |  |  |
|--|--|
| <input type="checkbox"/> Access to Exercise Opportunities          | <input type="checkbox"/> Limited Access to Healthy Foods / Nutrition                 |
| <input type="checkbox"/> Awareness of Healthcare Services          | <input type="checkbox"/> Mental Health (Diagnosis, Treatment, Aftercare, Physicians) |
| <input type="checkbox"/> Cancer Care                               | <input type="checkbox"/> Obesity   |
| <input type="checkbox"/> Child Care                                | <input type="checkbox"/> "Owning Your Health"  |
| <input type="checkbox"/> Chronic Disease Prevention and Management | <input type="checkbox"/> Poverty (Financial Brriers)                                 |
| <input type="checkbox"/> Cost for Health Services                  | <input type="checkbox"/> Preventative Health / Wellness                              |
| <input type="checkbox"/> Drug / Substance Abuse                    | <input type="checkbox"/> Senior Care   |
| <input type="checkbox"/> Funding for Programs                      | <input type="checkbox"/> Smoking / Vaping  |
| <input type="checkbox"/> Health Insurance (Financial Assistance)   | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> Lack of Health Education / Literacy       | <input type="checkbox"/> Uninsured / Underinsured                                    |

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

- Chronic Disease
- Limited Access to Mental Health
- Lack of Health & Wellness
- Family Assistance programs
- Lack of Nutrition/Exercise Services
- Lack of Health Insurance
- Limited Access to Primary Care
- Neglect
- Limited Access Specialty Care

Other (Be Specific).



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

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



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

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

Other (please specify)



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

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



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

- Yes  No

If yes, please specify your thoughts.

[Text input box]



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

- Yes  No

If yes, please specify the services received

[Text input box]



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

- Yes  No

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

[Text input box]



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

[Text input box]



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

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

Other (Please specify).



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

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

Other (Please specify).





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



**VWV Consultants LLC**



## **VWV Consultants LLC**

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